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DATE: 11 July 2018

## HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

**Meeting to be held on Thursday 19 July 2018**

### QUESTIONS ON THE INFORMATION BRIEFING

The Briefing comprises:

#### **1 CHILDREN'S JOINT STRATEGIC NEEDS ASSESSMENT (Pages 3 - 158)**

The Information Briefing is available on the Council's website at the following link:

<http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=559&MId=6529&Ver=4>

Printed copies of the briefing are available to Committee Members upon request by contacting Kerry Nicholls on 020 8313 4602 or by e-mail at [kerry.nicholls@bromley.gov.uk](mailto:kerry.nicholls@bromley.gov.uk).

***Copies of the documents referred to above can be obtained from***  
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# **BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT 2018**

## **Children and Young People Executive Summary**

For more information visit [www.bromley.gov.uk/JSNA](http://www.bromley.gov.uk/JSNA) or contact  
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## Introduction

This report describes the main issues affecting the health and wellbeing of the population of Bromley. Its purpose is to provide the basis for an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning, commissioning of services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

The JSNA helps organisations in Bromley to fulfil the Equality Duty by considering the needs of all individuals in Bromley.

Much of the information in the JSNA is based on information from routine data sources and from health profiles which allow us to benchmark our position in Bromley against London and England.

This report is an update of the “Child Wellbeing Needs Assessment” completed in September 2016. It follows the same structure:

1. Demography
2. Risk Factors
3. Emerging Needs
4. Established Needs

Section 1 of this report will describe the population of children and young people aged 0-18 in Bromley.

This report will then describe how prevention could affect the wellbeing of children and young people in Bromley. Prevention can be primary, secondary or tertiary.

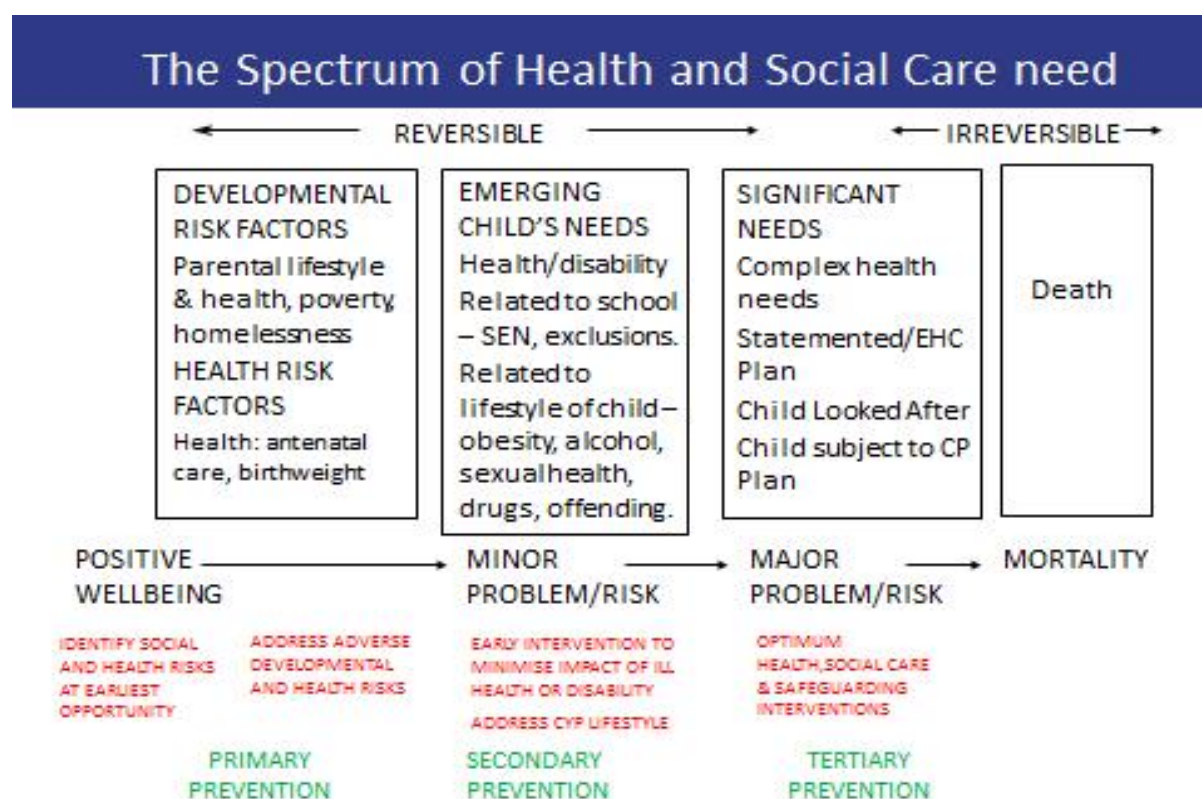
Primary prevention aims to prevent a problem before it occurs by identifying families within the population who are more likely to suffer poor outcomes for their children. Section 2 uses evidence to identify risk factors in families in Bromley.

Secondary prevention aims to identify a potential or emerging problem in a child or young person at an early stage in order to minimise the impact of that problem. Section 3 reviews what we know about emerging health, education and social care needs of children and young people in Bromley. Children with emerging needs include those receiving support from Children and Family Centres or those identified as having Special Educational Needs but who do not have an EHC Plan.

Tertiary prevention aims to minimise the impact of a known need. Section 4 reviews information about children and young people with established needs, including those with an Individual Health Care Plan in school, those children with EHC Plans, and Looked After Children and those on a Child Protection Plan.

The spectrum of need and prevention is summarised in the following figure.

**Figure 1.**



This Children and Young People's JSNA contains new sections on:

- Youth Violence
- Homeless young people
- Parental worklessness
- Long term health conditions of children and young people

# **Executive Summary**

## **Section 1: Demography**

- The main growth in the child population is now the 11-18 age group.
- Net migration into Bromley schools has reduced.
- The Black African population is the fastest growing BAME group.
- Under-recording of the Gypsy Traveller population makes pro-actively addressing the needs of this population difficult.

## **Section 2: Risk factors associated with poorer outcomes in children**

### **Health and lifestyle issues of parents**

- Life expectancy is lower in more deprived wards, especially for men.
- More adults are reporting poor health in the Cray Valley and Mottingham and Chislehurst North.
- Teenage pregnancy rates are still falling in Bromley. A high proportion of these conceptions result in a termination of pregnancy compared to national rates.
- Teenage pregnancy rates are highest in areas of greatest deprivation in Bromley
- Overall low levels of recorded drug use in Bromley mask high rates of opiate and/or crack use in young people aged 15-24.
- Bromley has a high proportion of drug users with a co-occurring mental health condition.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
- Alcohol consumption varies across the borough, with the highest rates of harmful alcohol consumption in Hayes and Coney Hall, West Wickham, and Farnborough and Crofton, and the lowest rates in Darwin and Crystal Palace.

### **Mental health of parents**

- More than 20% of pregnant women in Bromley reported a history of mental ill health at booking for pregnancy care
- GP data shows that recorded depression in adults is the third highest in London and the rate is increasing.

### **Social issues of parents**

- Referrals to Domestic Abuse advocacy services are increasing. 82% are women, many of whom are of child-bearing age.
- Poverty is low in Bromley, but the proportion of under 16s living in low income families in Bromley is rising.

- Children living in households with unemployment and financial issues are more likely to live in Mottingham & Chislehurst North and the Cray Valley.
- There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.

### **Protective factors**

- Breastfeeding and immunisation rates in Bromley are reducing, which in turn reduces the protective effect of these measures on child health.
- Opportunities for young children to benefit from funded early education appear to be reducing for 3 & 4 year olds in Bromley relative to statistical neighbours and national rates.

## **Section 3: Emerging needs in children and young people in Bromley**

### **Emerging health and lifestyle issues**

- Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
- There is overall a relatively low rate of new STIs in Bromley. Underlying this picture, rates of chlamydia infection detection are falling and rates of syphilis are rising.
- There is a high rate of attendance at sexual health clinics in Bromley, although some evidence that not all young people know how to access sexual health clinics.
- This data appears to show a significant drug problem in young people in Bromley and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing, although referrals from Health and Children and Family Centres are increasing.
- Obesity in children is a significant concern in terms of their health and well-being. In reception year and year 6 in Bromley primary schools there are 145 children who are known to be severely obese as well as 860 obese children.
- There are marked differences in rates of obesity within Bromley. Children in the north east and north west of the borough and Mottingham have the highest rates of obesity.
- Speech and language disorders are typically higher in more deprived populations, so low levels of need would be expected in Bromley. Early findings from the new Ages and Stages Questionnaire at age 2½ appear to show good development in communication at this age. However by school age Speech Language and Communication Needs (SLCN) are the commonest form of SEND, and rates are much higher than statistical neighbours. This requires further clarification.

## **Emerging mental health issues**

- Demand for early intervention services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).

## **Emerging education issues**

- The increasing number of children with SEMH correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley. It is also notable that Severe Learning Difficulties and Speech Language and Communication needs are relatively high in Bromley.
- This number of NEET is reducing in size, but the over-representation of young people with SEND in this group may indicate inadequate support for some young people with SEND.
- Exclusions, both permanent and fixed period exclusions, are lower for drug and alcohol related reasons than might be expected from other data on drug and alcohol use in Bromley's young people.
- The number of Electively Home Educated (EHE) children is increasing. Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- Gypsy Traveller young people are over-represented in the EHE group.

## **Emerging social issues**

- Additional support needs in children have been identified in Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North.
- The proportion of Children in Need with an EHC Plan is relatively high in Bromley.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. The small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.

- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.

## **Section 4: Children and young people with established needs**

### **Children with complex or long term health needs**

- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions still appear quite poor.
- Based on limited outcome data the outcomes for children with epilepsy in Bromley are good. New national standards on care of childhood epilepsy have been published and more detail on the management of children with epilepsy should be available soon.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.

### **Children with an Education Health and Care Plan**

- Rates of severe learning difficulties and speech, language and communication needs are higher in Bromley than in statistical neighbours.
- Rates of Social, emotional and mental health difficulties and ASD are rising in Bromley.

### **Children at risk of significant harm**

- Bromley has a lower rate of children subject to a Child Protection Plan than national rates or statistical neighbours.
- Bromley has a relatively low rate of Children Looked After (CLA) compared to London and national rates
- Coverage of routine health protection of CLA has reduced in 2017/18, especially immunisations
- The proportion of CLA with SEND is higher in Bromley than comparators

### **Deaths in childhood**

- Death rates in Bromley are low, although infant mortality has risen recently from a very low level.



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# **BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2018**

## **Section 1: Demography**

**Dr Jenny Selway**

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## A. The Population of Bromley: Demography

### Current Picture & Projections

The total population for Bromley is 330,909 of which nearly one in four (24%) are children aged 0-18 years. CYP population projections are shown in the table below. The age groups roughly correspond to pre-school, primary school and secondary school age groups. The largest growth is due to be in the secondary school age group.

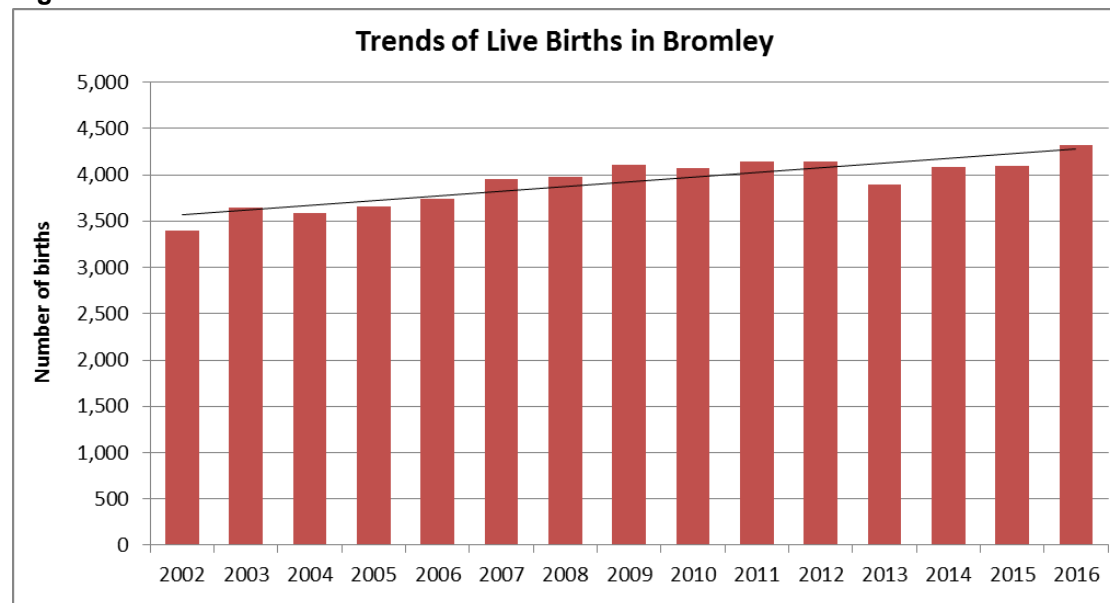
**Table A.1: Children's Population Projections 2017 to 2027**

Age	2017	2022	2027
0 - 4 years	21,600	22,100	22,200
5 – 10 years	26,700	27,100	27,300
11 – 18 years	30,100	34,400	36,800

As some health services as well as education services are provided to children who live outside the borough but attend pre-school or school within the borough, data on populations attending school in Bromley are also included in this description of the demography of children in Bromley.

The number of live births in Bromley has been increasing over the last few years. In 2002 there were 3,400 births in Bromley, which rose to 3,900 in 2013 and 4,326 in 2016. It is projected to reach 4,500 by 2027 (Office of National Statistics).

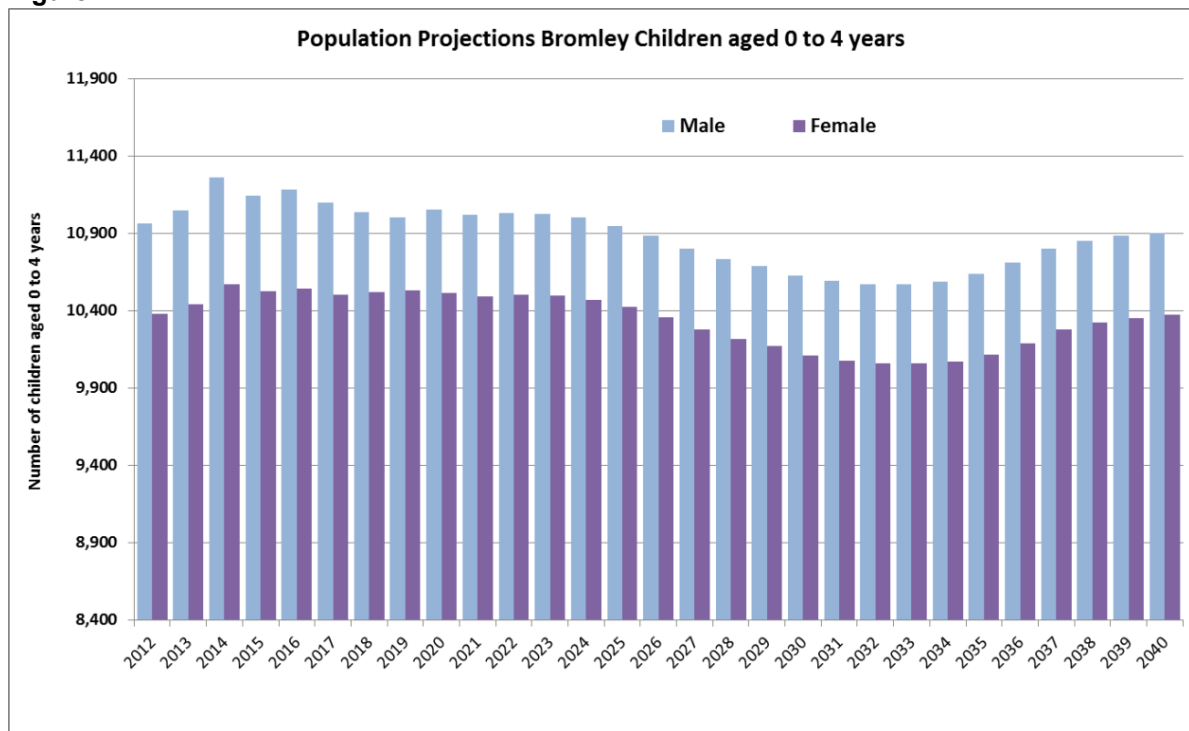
**Figure A.1**



Source: ONS 2016, Accessed September 2017

Despite the rising birth rate, the population projections for children aged 0-4 years in Bromley are fairly static and projected to fall in the mid-2020s.

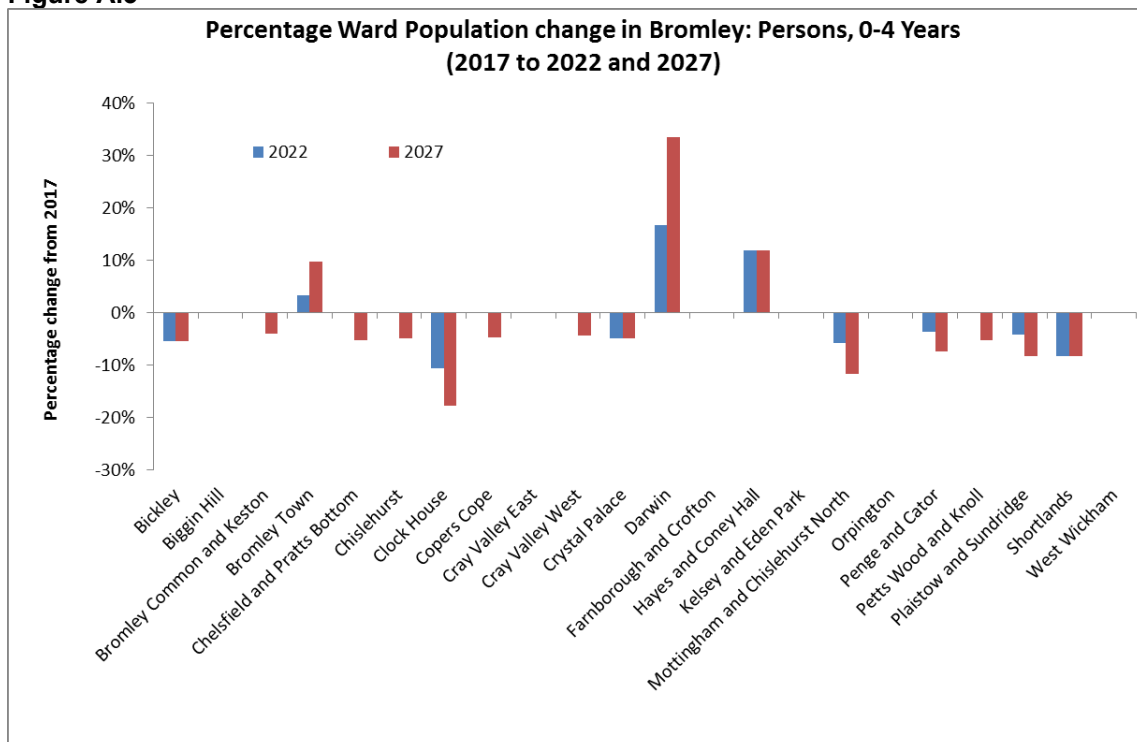
**Figure A.2**



Source: GLA 2016 based Housing led Model Population Projections

Some wards, such as Darwin, are expected to see a large rise in the proportion of young people, although the number of children in this ward is small. The largest reduction in the 0-4 year age group will be seen in Clock House (15%).

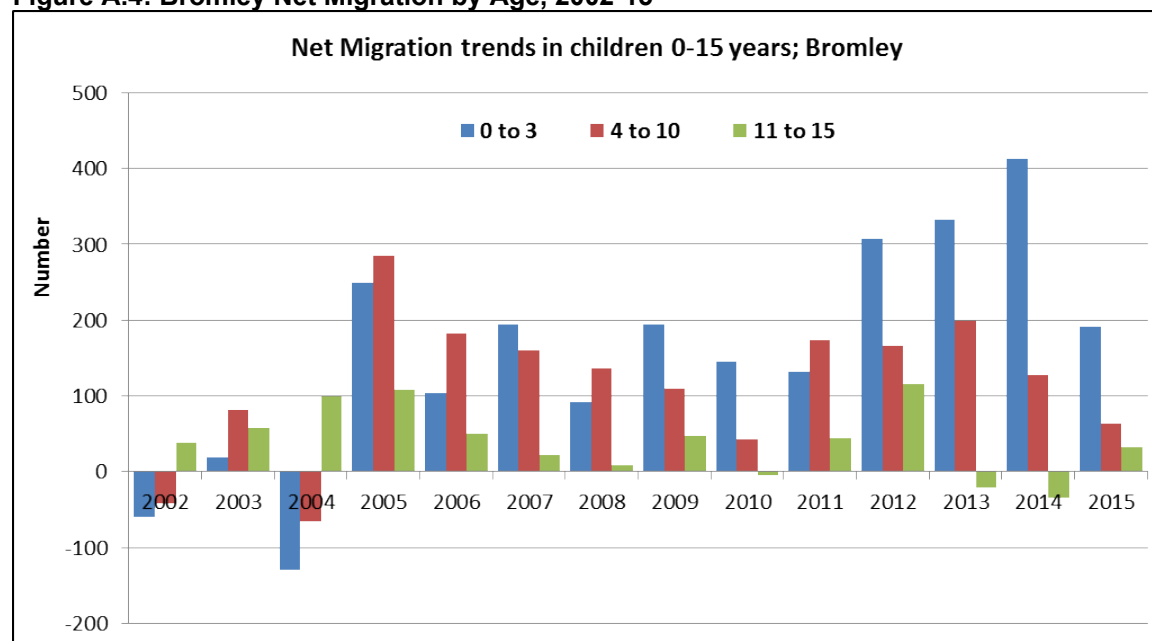
**Figure A.3**



Source: GLA 2016-based Ward Population Projections Housing-led Model (Accessed November 2017)

Bromley is a net importer of pupils to pre-schools. 2015 data saw a slowing of net-migration growth and it will be important to monitor migration in future years to understand its impact.

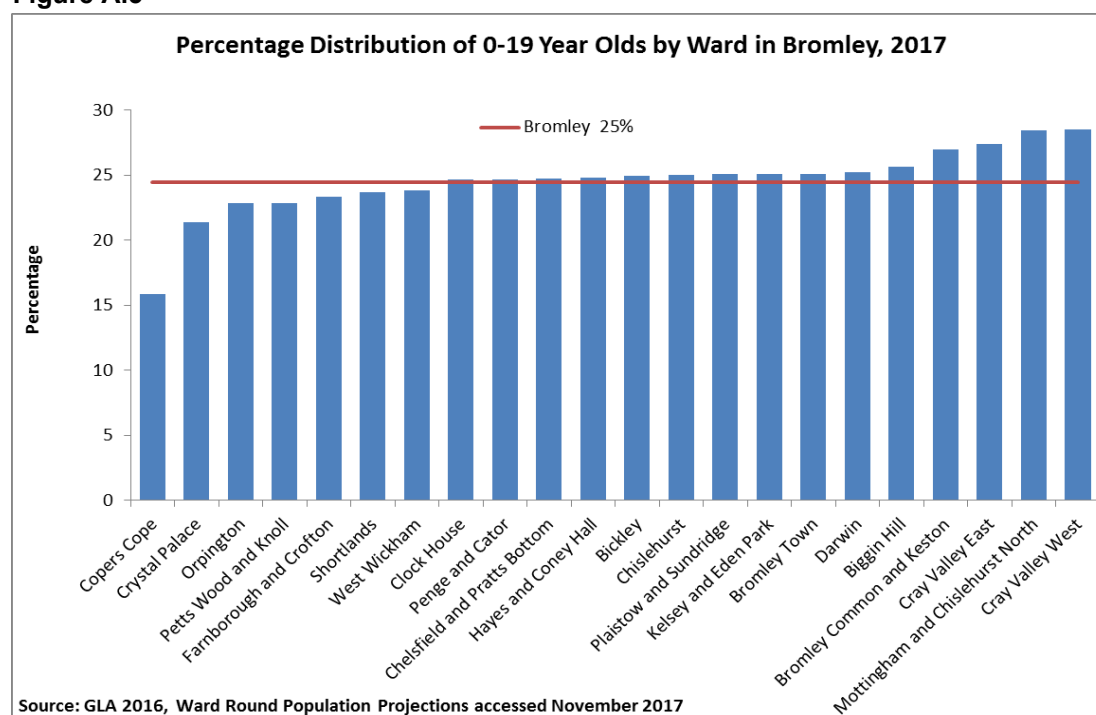
**Figure A.4: Bromley Net Migration by Age, 2002-15**



GLA Intelligence, Source: ONS internal migration estimates

Children and young people are unevenly distributed within the borough. Cray Valley West has the highest proportion of young people and Copers Cope the lowest.

**Figure A.5**



Source: GLA 2016, Ward Round Population Projections accessed November 2017

Since 2010 there has been an increase in the borough's school age population, particularly driven by an increase in birth rates and inward migration. However, the rate of inward migration to Bromley from other boroughs, a major driver of the projected growth in the school population, is showing signs of reduction.

While growth at reception age has now plateaued, growth in other age groups means that the school population will continue to increase into the middle of the next decade. Growth in pupil numbers has been most significant in Penge and Anerley, Beckenham, Central Bromley and Cray Valley, but rising school admissions have been experienced across most parts of the borough.

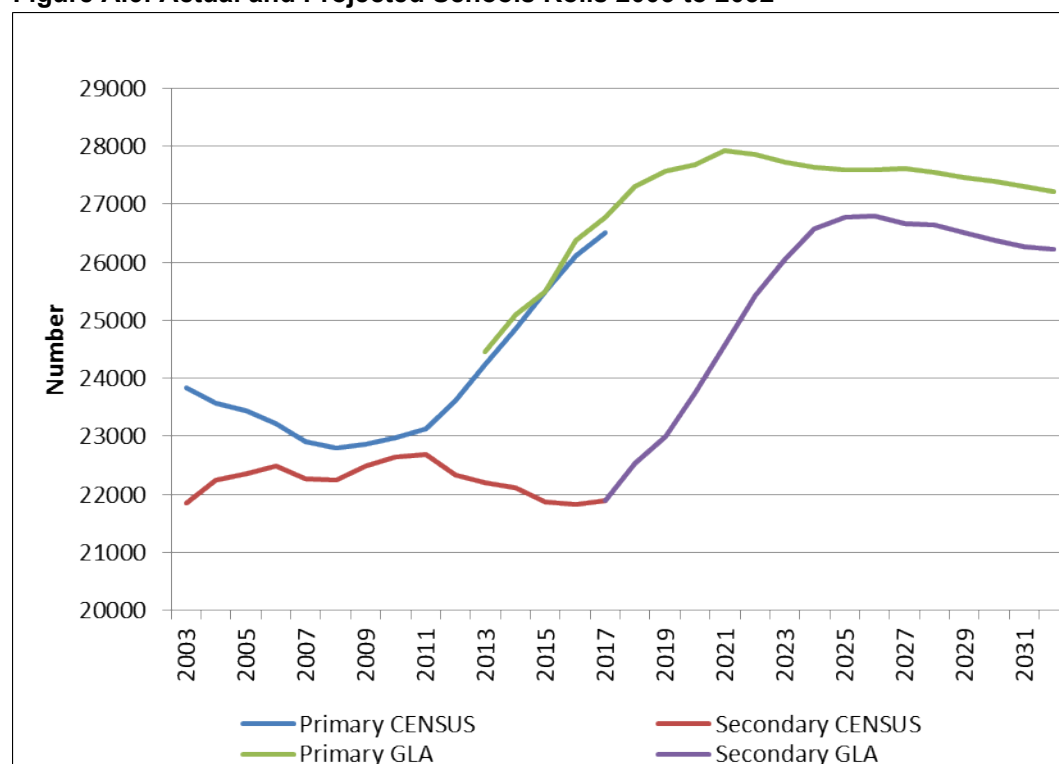
Since 2009 there has been a significant increase in the primary school population, with the number of Reception year pupils increasing from 3,442 in 2010 to 3,902 in 2017. The total primary school population increased from 22,983 to 26,508 over the same period, indicating an increase in admissions outside the main school transfer points and an overall increase in the number of pupils in the primary phase.

The growth in demand for school places is now passing from the primary to the secondary sector, with the need for Year 7 places in secondary schools forecast to increase from 3,445 in 2016/17 to 4,205 in 2023/24. This represents a 22% increase over 7 years.

Over the next 15 years the number of pupils in Bromley schools will increase. Based on the 2017 GLA School Roll Projections, the school population will rise from 48,679 in 2017 to a peak of 54,392 in 2026, before falling back slightly to 53,441 in 2032.

**Figure A.6** below provides details about actual changes to primary and secondary rolls from the school census up to 2017 and forecasts from the GLA School Roll Projections up to 2032. It demonstrates the significant growth in primary and secondary school rolls that will be sustained over the next decade.

**Figure A.6: Actual and Projected Schools Rolls 2003 to 2032**



Source: School Census and GLA 2017 School Roll Projections

## Bromley Pupil Migration

At both primary and secondary age Bromley is a net importer of pupils, although a significant number of local residents are educated in other boroughs. The following data is from the 2016 School Census and is based on pupils across all years in primary and secondary schools.

Whilst Bromley is a net importer of pupils at primary age, the number of cross borough movements is less than at secondary age. This is primarily because although children living close to borough boundaries access places in neighbouring boroughs, primary school pupils generally travel less distance to school.

**Table A.2: Primary School, Cross Borough Flows**

Inflow of Pupils Into Bromley	1,934
Outflow	1,372
Net inflow	562
Net inflow as a percentage of Bromley School Population	2.1%

Source: DfE January 2016 School Census

Primary school pupils attending school in Bromley from other boroughs are mostly from Croydon (628 pupils) and Lewisham (616 pupils). Bromley residents attending primary school outside Bromley are most likely to attend school in Lewisham (432 pupils), Croydon (274 pupils) or Greenwich (155 pupils).

There is a greater number of cross borough movements at secondary age, supported by secondary school pupils' ability to travel further for a school place and larger schools generally having a greater catchment area from which pupils are attracted.

**Table A.3: Secondary School, Cross Borough Flows**

Inflow of Pupils Into Bromley	3,501
Outflow	2,597
Net inflow	904
Net inflow as a percentage of Bromley School Population	4.5%

Source: DfE January 2016 School Census

21% of pupils in Bromley secondary schools are residents of another borough. Lewisham (1,112), Croydon (933), Bexley (545) and Greenwich (528) are the boroughs with the greatest number of pupils in Bromley schools.

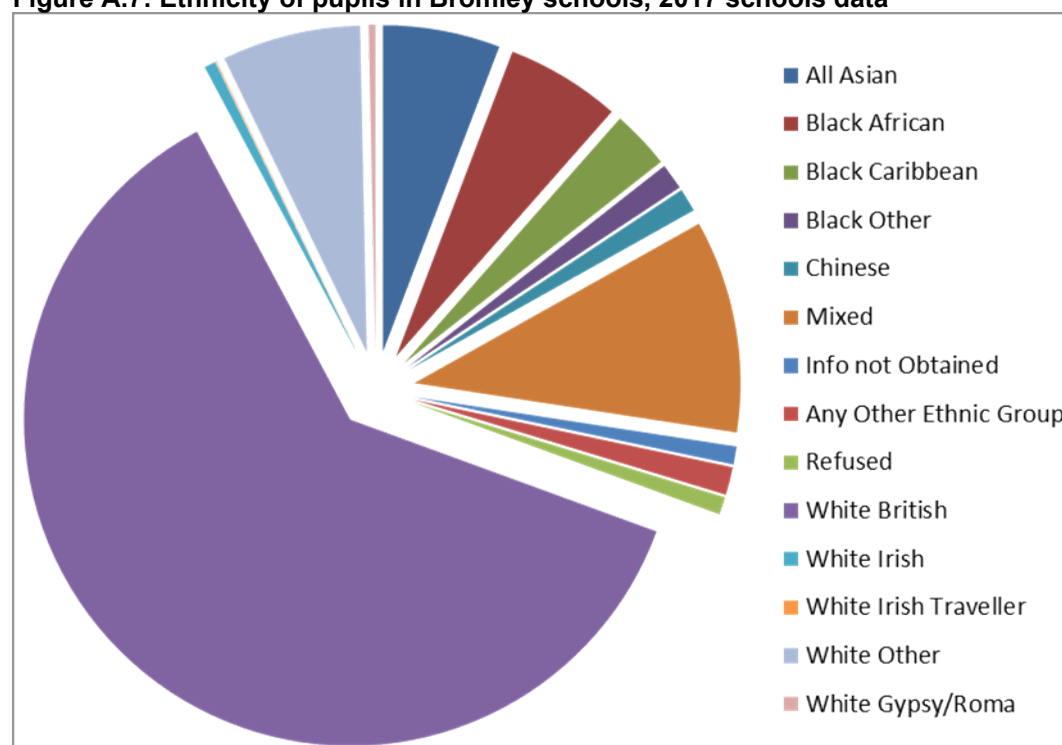
17% of Bromley residents attend secondary school in another borough. Croydon (663), Bexley (620) and Kent (602) have the greatest number of Bromley residents in their secondary schools.

## Ethnic Groups

The latest (2017) GLA population projection estimates show that in 2017, the ethnic minority population of Bromley was 19.8%. This proportion varies by age group, with the greatest proportion of the BME population being in children and young people. 19% of 0-4 year olds in Bromley are from BME groups compared to 5% of those who are post-retirement age. The overall ethnic minority population of Bromley is projected to rise to 23% by 2027. The greatest proportional rise is in the Black African group which is predicted to grow in size by 45% over the next decade. Data from the 2011 census shows that the North-West of Bromley has the highest proportion of ethnic minority population.

It is important to take into account the proportion of ethnic minorities in the population when planning health services as some conditions, such as Sickle Cell Disease, mainly affect ethnic minority groups. The majority of pupils in Bromley schools are white British as shown in **Figure A.7**.

**Figure A.7: Ethnicity of pupils in Bromley schools, 2017 schools data**



## Gypsy Traveller Population

Nationally 60% of Gypsy or Irish Travellers have no academic or professional qualification (2011 census) compared to 23% overall. Evidence shows that Gypsy, Roma and Traveller children are less likely to achieve a good level of development in their early years and reach the GCSE threshold compared to other 'White' children. The attainment gap between Gypsy and Roma children and the overall children population had widened between 2008/09 and 2012/13. This group were also among those most likely to be excluded from school, being four to five times higher than other 'White' children. There is also a marked decline in the number of enrolled Gypsy, Roma and Traveller pupils between primary and secondary school.

Traditionally the health of those living in traveller communities has been lower than that of those who are settled. Nationally, only 70% of Gypsy and Irish Travellers in 2011 census rated their health as good or very good compared to 81% overall. There are also issues directly impacting on children and young people such as high infant and maternal mortality rates and low rates of breast-feeding. This has been ascribed to the perception of services, lack of information owing to low literacy levels and reluctance to attend ante-natal classes. Nationally, child immunisation levels have been low.

In the 2011 census, at national level, only 47% of Gypsy or Irish Travellers were economically active compared to 63% overall. A quarter of these were self-

employed and a fifth were looking for work, both higher than the national average. In Bromley only 39% were economically active, of those nearly half (46%) were employed and a third were looking for work.

Bromley has a large settled Gypsy Traveller Community living in brick and mortar, concentrated chiefly in the east of the borough in the Crays.

The borough also owns and manages two traveller sites in the Cray Valley area: Star Lane with 22 pitches and Old Maidstone Road with 14 pitches. There are also a number of Traveller families on five small private sites across the borough (12 authorised pitches) and a notable cluster on 4 private sites, to the western borough boundary with Croydon ((near New Addington) which have a history of occupation by travellers and are proposed to be allocated as 'Traveller sites' in the draft Local Plan). Additionally, the Borough is home to a large community of Travelling Show people also located close to the boundary with Croydon (New Addington).

Estimating the number of people in these communities is problematic as individuals are often reluctant to identify themselves for a number of reasons and the categories to identify themselves may not align across agencies.

The 2011 census shows that nationally 39% of those self-identifying as 'Gypsies or Irish Travellers' were under the age of 20 compared to 24% overall in England and Wales. The Census data further showed that 45% of households nationally had dependent children compared to 29% overall in England and Wales.

Therefore, there is potentially a significant group of children and young people from these communities in Bromley.

In the 2011 census for Bromley, 582 individuals were recorded as Gypsy or Irish Travellers of whom 65% lived in the Cray Valley wards with another 10% in the Orpington Ward.

School census data from January 2017 included 185 pupils whose families classified them as either travellers of Irish heritage or Roma/Gypsy. Of these pupils, 135 were in primary schools and 46 in secondary schools. Half of Bromley's primary school pupils recorded as Roma/Gypsy or Irish Traveller are in two schools. It is worth noting that these numbers are likely to be an underestimate.

**What does this mean for Bromley residents and for children in Bromley?**

- The main growth in the child population is now the 11-18 age group.
- Net migration into Bromley schools has reduced.
- The Black African population is the fastest growing BAME group.
- Under-recording of the Gypsy Traveller population makes pro-actively addressing the needs of this population difficult.

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# **BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2018**

## **Section 2: Risk Factors**

**Dr Jenny Selway**

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## Key risk factors associated with poorer developmental outcomes in children

A number of key risk factors have been strongly associated with hindering successful child development. The higher the number of risk factors affecting the child, the more subsequent short- and long-term problems that child encounters. The risk factors include:

1. [Health and lifestyle issues of parents](#)
  - a) [parental illness or disability](#)
  - b) [issues in the period leading up to and around birth](#)
  - c) [parents who misuse drugs](#)
  - d) [parents who misuse alcohol](#)
2. [Mental health of parents](#)
  - a) [perinatal mental health](#)
  - b) [depression](#) in parents
3. [Social issues of parents](#)
  - a) [domestic violence](#)
  - b) [financial stress](#)
  - c) [parental worklessness](#)
  - d) [housing issues](#), including temporary housing and overcrowding

There are significant correlations between many of these factors. For example teenage motherhood, smoking in pregnancy and parental depression commonly occur together.

Adverse child outcomes at age five years have been most strongly correlated with parental depression, smoking in pregnancy and financial stress.

Other health indicators correlated with poorer outcomes later in life include pregnant women who book for antenatal care late in pregnancy and low birthweight babies.

Some factors are protective. These include:

4. [Protective factors](#)
  - a) [Breastfeeding](#)
  - b) [Immunisation](#)
  - c) [Uptake of Early Help services](#)
  - d) [Early education](#)

Research in 2017 among children and young people living in Bromley revealed information about their social media use.

5. Social Media use in children and young people in Bromley

## **Health and lifestyle issues of parents**

### **a) Parental illness or disability**

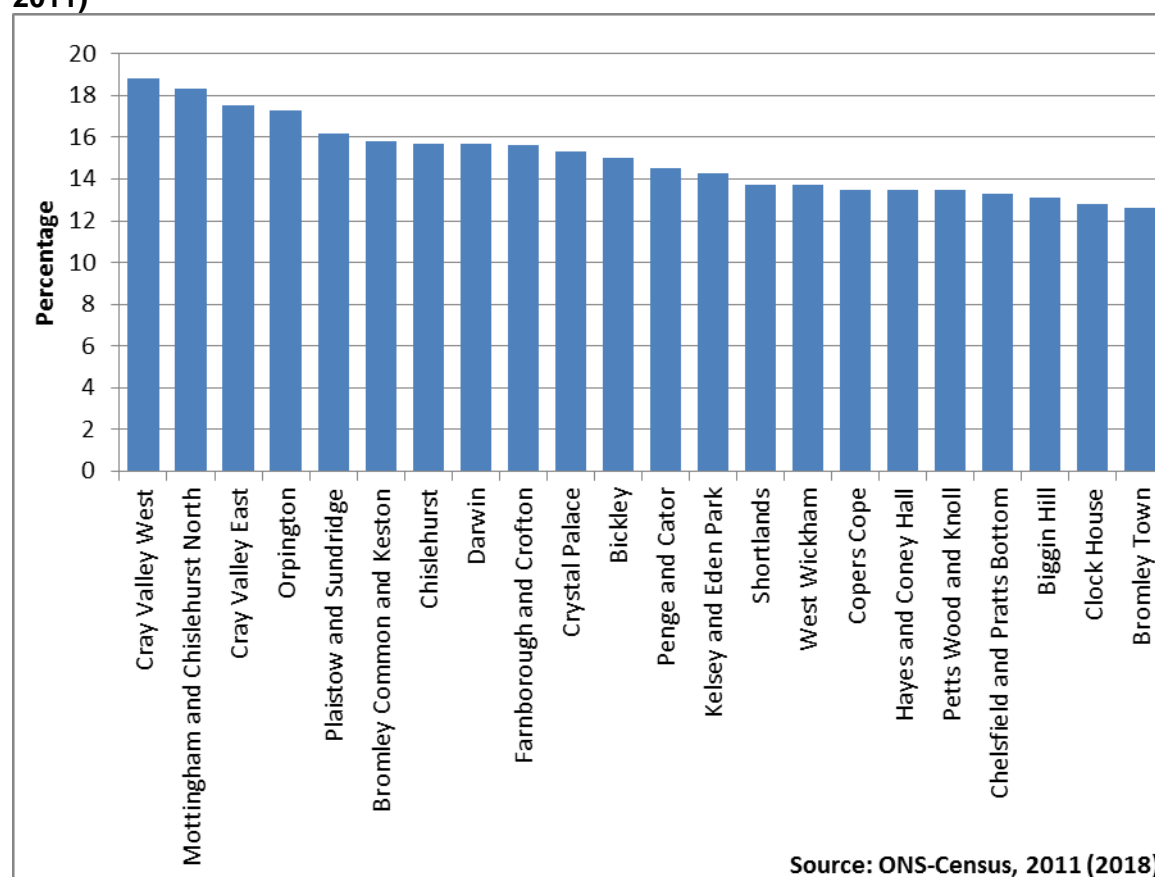
Life expectancy in Bromley has been increasing for the last 20 years and is currently 81.3 years for men and 85.1 years for women (2013-15). However, there is a gap between wards with the highest and lowest life expectancy of 8.3 years for men and 6.4 years for women. There is a negative correlation between levels of life expectancy and area deprivation. The wards with the lowest life expectancy for both men and women in Bromley are Crystal Palace (76.6 years and 81.6 years) and Plaistow & Sundridge (78.1 years and 82.4 years).

The rates of premature death (death before age 75) for cardiovascular disease (CVD), cancer and respiratory diseases are generally better than the regional or national averages. However there is a significant inequality in CVD premature mortality rates between men and women in Bromley (81.8 per 100,000 compared to 33.8 per 100,000 respectively).

The number of adults in Bromley with diabetes continues to rise as does the number of adults with cancer. Cancer survival rates have been improving and overall cancer mortality is falling, although cancer remains one of the key causes of mortality in Bromley.

The 2011 census showed more adults reporting bad or very bad health in the Cray Valley area and Mottingham & Chislehurst North (around 6% of adults). In the same wards around 18% of adults reported that their health was limiting their day to day activities.

**Figure A. 1: Percentage of adults reporting day to day activities limited (Census 2011)**



### **What does this mean for Bromley residents and for children in Bromley?**

Life expectancy is lower in more deprived wards, especially for men.

More adults are reporting poor health in the Cray Valley and Mottingham and Chislehurst North.

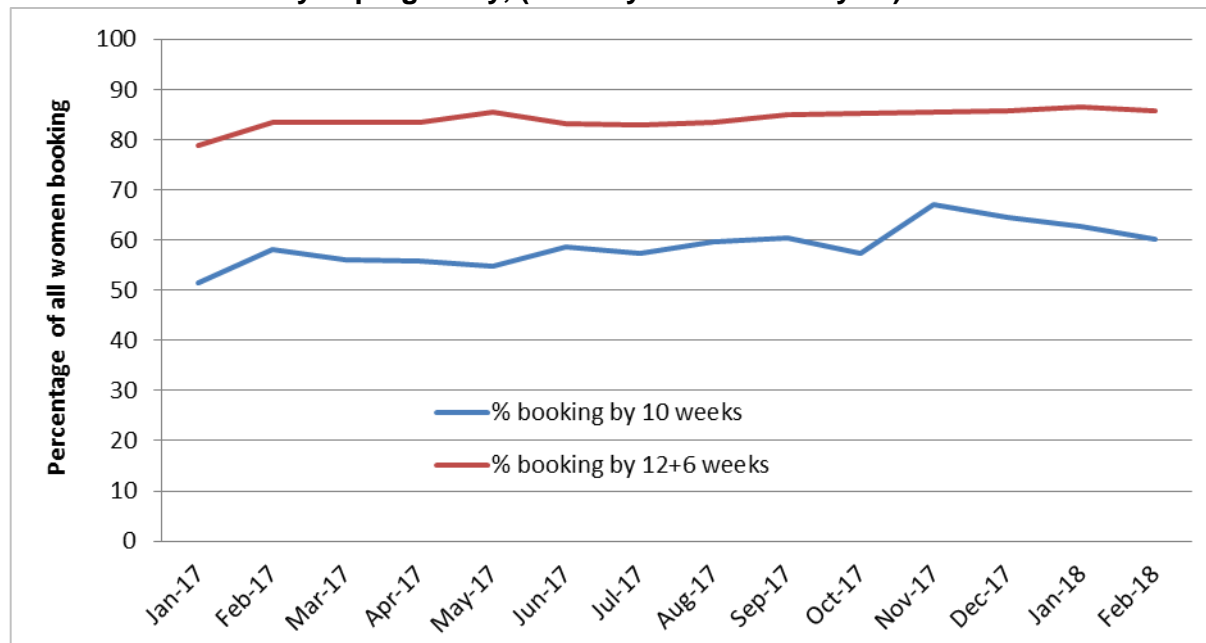
## **b) Issues up to and around the time of birth**

### **i. Booking for maternity care**

The National Institute for Health and Care Excellence (NICE) Guidance on Antenatal Care (2008) recommends that, women should have access to maternity services for a full health and social care assessment of needs, risks and choices before they reach 12 weeks of pregnancy. Ideally this assessment should take place at 10 weeks of pregnancy to allow women to have the full benefit of personalised maternity care and to improve outcomes and experience for mother and baby.

**Figure A.2** shows a high rate of early booking for maternity care in Bromley.

**Figure A. 2: Proportion of all Bromley women booking for maternity care at the PRUH who book early in pregnancy, (January 17 to February 18)**



**Source: Princess Royal University Hospital**

A large study in Newham in 2013<sup>1</sup> showed that the women most likely to book late are from BAME groups (Black, Asian, Minority Ethnic groups). All BAME groups were significantly more likely to book late compared to women who identified as British white, particularly women who identified as Somali ethnicity, where only 45% booked by 13 weeks of pregnancy and 20% booked later than 20 weeks' gestation.

Other risk factors for late booking were:

- four or more previous births (more than twice as likely to book later compared to those with one previous birth),
- living in temporary accommodation, and
- age less than 20 years.

Among women who spoke English and were born in the UK, the only ethnic group at increased risk of late booking were those who identified as African/Caribbean.

This study also found that older women were less likely to book late for antenatal care<sup>i</sup>.

<sup>1</sup> Cresswell J et al. Predictors of the timing of initiation of antenatal care in an ethnically diverse urban cohort in the UK. BMC Pregnancy and Childbirth 2013; **13**: 103

Several small scale studies of late booking in pregnancy in Bromley have mirrored these findings that late bookers tend to be African/Caribbean, particularly those of Somali heritage, and young women under the age of 20.

The proportion of births in Bromley to women who are BAME has increased, although it is still lower than the rate for London and England (**Figure A.3**).

**Figure A. 3: Proportion of deliveries to Bromley women who are BAME**



**Source: PHE fingertips, 2018**

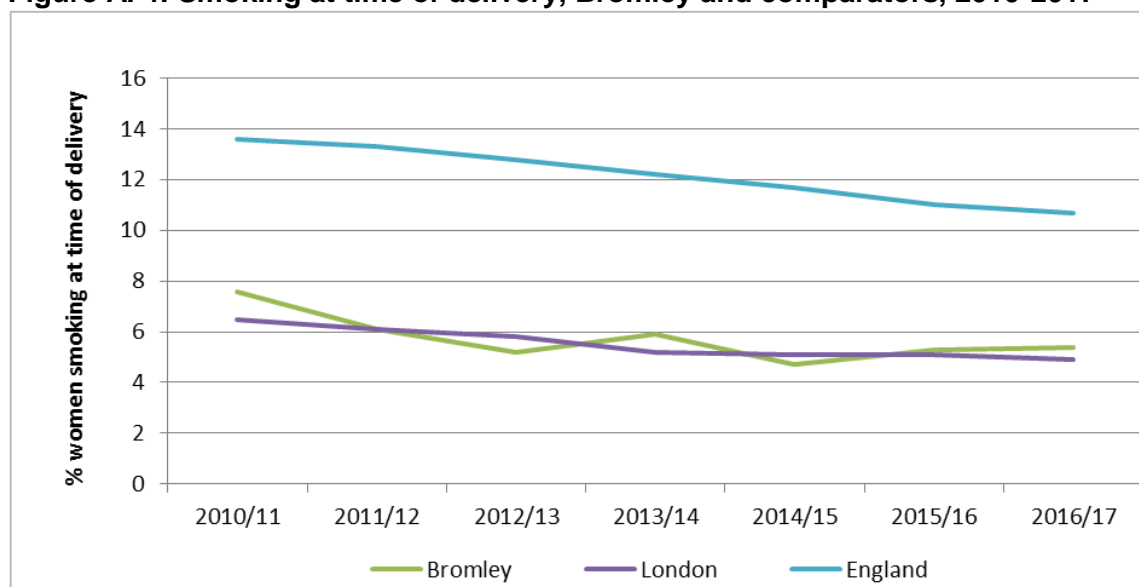
## ii. smoking in pregnancy

Smoking in pregnancy has been shown to be linked to poorer developmental outcomes for the child at the age of five years<sup>2</sup>. Further evidence has shown that early exposure to household tobacco smoke can be associated with increased propensity toward physical aggression and antisocial behaviour when the child is older<sup>3</sup>.

<sup>2</sup> The Impact of Multiple Risk Factors on Young Children's Cognitive and Behavioural Development. R Sabates, S Dex. Children and Society, **29**;2013.

<sup>3</sup> Children's School Readiness: Implications for Eliminating Future Disparities in Health and Education. L Pagani and C Fitzpatrick. Health, Education and Behavior, **41**(1), 25-33, 2013.

**Figure A. 4: Smoking at time of delivery, Bromley and comparators, 2010-2017**



**Source: PHE fingertips, 2018**

Smoking in pregnancy is linked to an increased risk of negative pregnancy outcomes including miscarriage, preterm birth, low birth weight and stillbirth. After birth it is linked to sudden infant death syndrome, childhood respiratory illness and behavioural problems.

Research shows that mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively), and mothers in routine and manual occupations are more than four times as likely to smoke throughout pregnancy – compared to those in managerial and professional occupations (29% and 7% respectively)<sup>4</sup>.

National benchmarking data shows that, the smoking rates at time of delivery in Bromley are similar to the London average and lower than the national rate (**Figure A.4**).

### **iii. Pregnancy in Children Looked After and Care Leavers**

Children Looked After (CLA) and Care Leavers are estimated to be six times more likely than others to have children in their teenage years, with figures

<sup>4</sup> <https://www.nice.org.uk/guidance/ph26/documents/quitting-smoking-in-pregnancy-and-following-childbirth-final-scope>

showing around a third of young people and a half of young women had become parents within 18-24 months of leaving care<sup>5,6,7</sup>.

Bromley mirrors national statistics which identify that 7% of care leavers are NEET due to pregnancy and parenting.

In this population of CLA and Care Leavers in Bromley there are 9 young fathers known to the service<sup>8</sup> aged from 15-20 and 19 young mothers<sup>9</sup> aged from 15-25. The majority of young mothers are aged 18 or under.

In all cases under the age of 20, there were referrals to Children's Social Care for pre-birth assessment. There are some identifiable trends in Bromley that are consistent with national research:

- That young people who have children do so within 12-18 months of leaving care.
- Children's Social Care involvement is a consistent feature but for most young people they continue to parent their children.
- The relationship of fathers and the part they play in abusive relationships leads to early separation and a lack of involvement in their child's life

#### **iv. Low birth weight**

Children born with reduced birth weights (below 2.5kg), both premature and full-term, tend to have more health problems than those with normal birth weight.

89 full term babies were born weighing less than 2,500 grams in Bromley in 2016. The rate (2.2%), although affected by random variation due to small numbers, is lower than for London (3.0%) and England (2.8%) (**Figure A.5**).

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<sup>5</sup> Biehal, N. & Wade, J. (1999). "I thought it would be easier": the early housing careers of young people leaving care. In J. Rugg (Ed.), *Young People, Housing and Social Policy* (pp.79-92). London: Routledge.

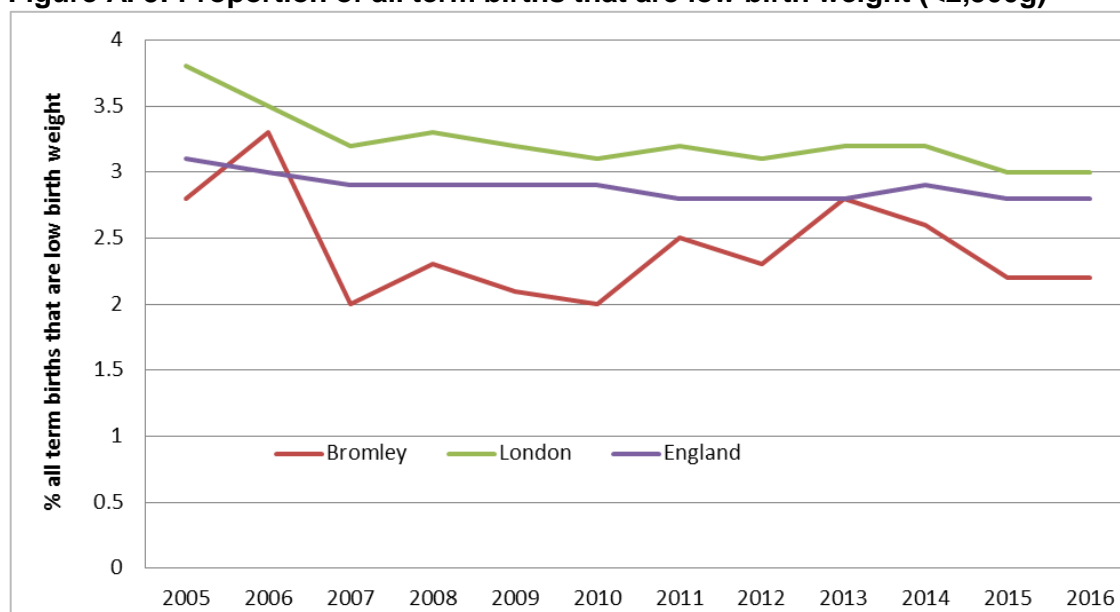
<sup>6</sup> Dixon, J. & Stein, M. (2002). *Still a Bairn? Through Care and After Care Services in Scotland*, the final report to the Scottish Executive. University of York: Social Work Research and Development Unit.

<sup>7</sup> Rodgers, H. & Carson, P. (2013). *Northern Ireland Care Leavers Aged 19 Statistical Bulletin 2011/12*. Department of Health, Social Services and Public Safety.

<sup>8</sup> Note that for one young father as there was a separation of parents in pregnancy and further details are not known.

<sup>9</sup> Note that where young people have had more than one child only the youngest age is counted in the distribution.

**Figure A. 5: Proportion of all term births that are low birth weight (<2,500g)**



**Source: Office for National Statistics, 2018**

Babies born with very low birthweight (below 1.5kg) are even more likely to have adverse outcomes. The rate of very low birthweight in Bromley (1.2%) is only slightly lower than the rate in London (1.3%) and England (1.3%).

Multiple birth is also a risk factor. The rate in Bromley is now similar to that in London. This may reflect changes in IVF, as only a single embryo is now implanted.

**Figure A. 6: Rates of multiple births in Bromley, 2010-2015**

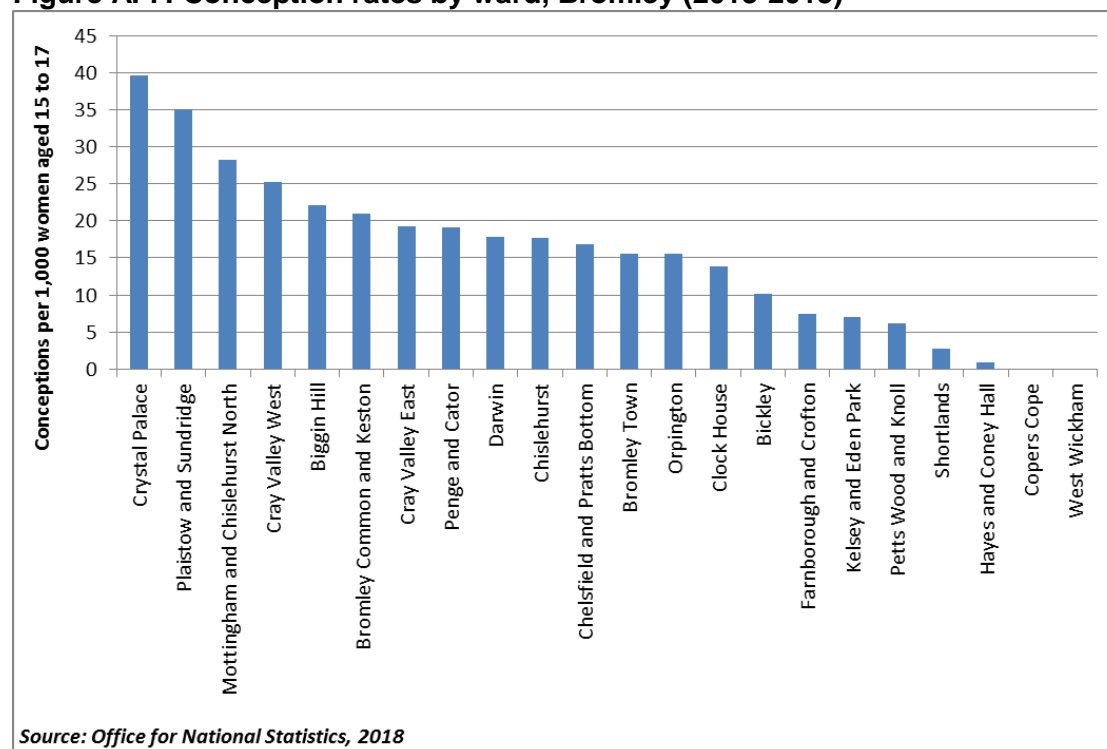


**Source: PHE Fingertips, 2018**

## v. Teenage conceptions

Teenage Pregnancy is associated with adverse health and social outcomes for children, young parents and families, including poor educational attainment and poor physical and emotional health.

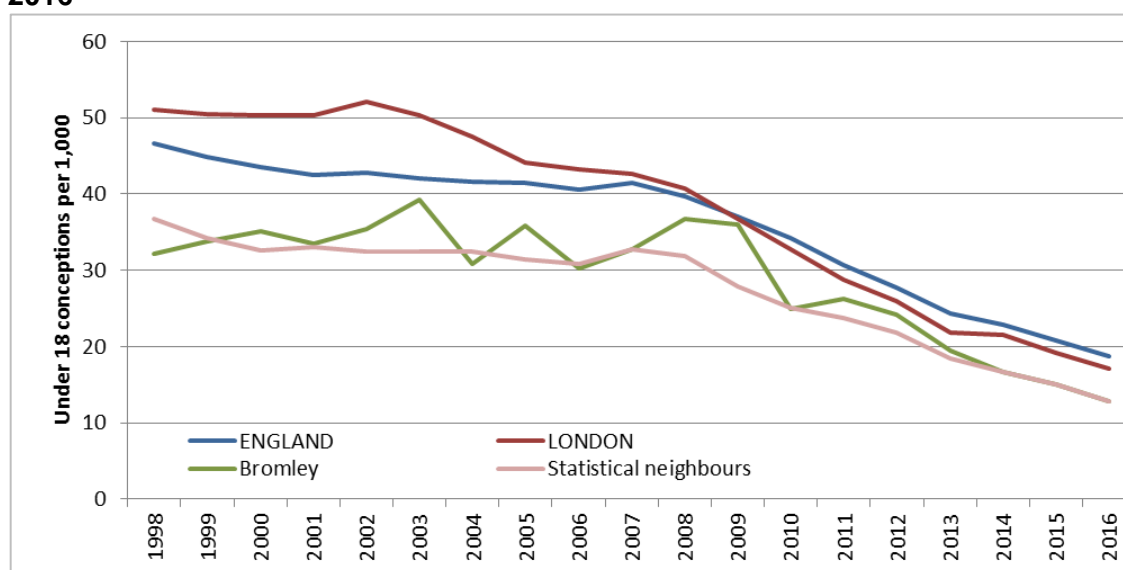
**Figure A. 7: Conception rates by ward, Bromley (2013-2015)**



Teenage conceptions are highest in Crystal Palace and Plaistow and Sundridge (**Figure A.7**).

In Bromley 12.9 young women per 1,000 population aged under 18 years (71 young women) conceived in 2016 compared to the England average of 18.9 per 1,000 population and the London average of 17.1 per 1,000 population. Of these conceptions in Bromley 76% led to termination of pregnancy, compared with an average of 52% in England.

**Figure A. 8: Rate of under 18 conceptions per 1,000 females aged 15-17, 1998 to 2016**

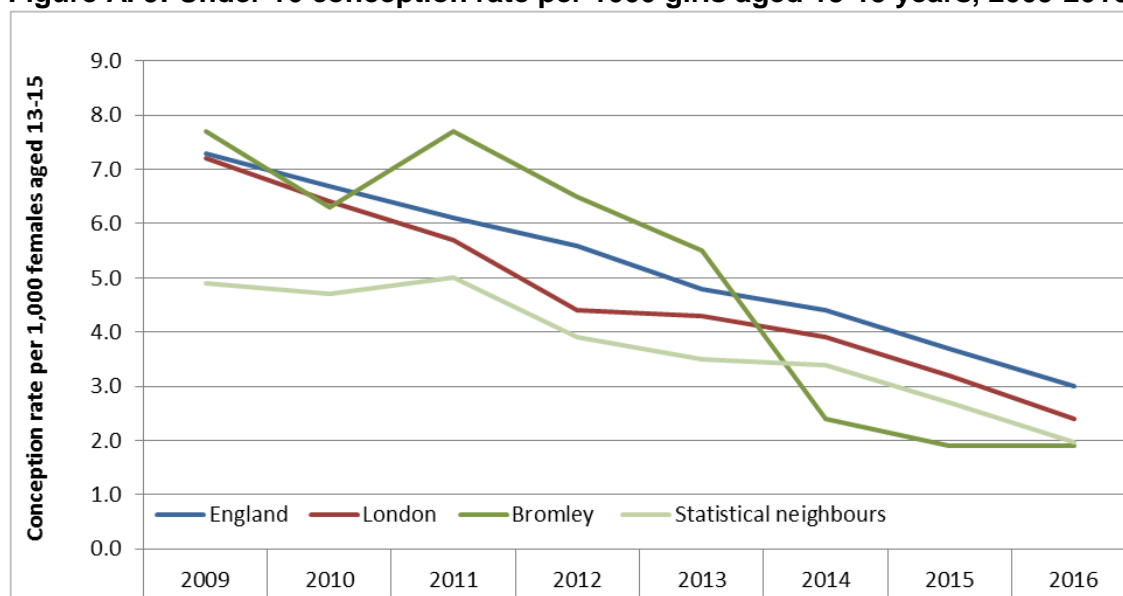


Source: Office for National Statistics, 2018

## Under 16s Conceptions

This rate has now fallen to 1.9 per 1000 girls aged 13-15 in Bromley (10 girls), which is well below the national and London rates. **(Figure A.9).** Of these conceptions to girls aged under 16 years, 90% led to termination of pregnancy in 2016, compared to 62% in England in 2016.

**Figure A. 9: Under 16 conception rate per 1000 girls aged 13-15 years, 2009-2016**



Source: Office for National Statistics, 2018

### **What does this mean for children in Bromley?**

Teenage pregnancy rates are still falling in Bromley. A high proportion of these conceptions result in a termination of pregnancy compared to national rates.

Rates are highest in areas of greatest deprivation in Bromley

### **c) Parents who misuse drugs**

Substance misuse can reduce a parent's ability to provide care. The effects on the child can include neglect, educational problems, emotional difficulties and abuse.

Parental substance misuse is rarely the sole cause of family difficulties, and often occurs alongside poverty, social exclusion, unemployment and poor mental health.

While use of opioids does not necessarily impact on parenting capacity, registration on UK child protection registers for neglect has been correlated strongly with parental heroin use, and parental problem drug use has been shown to be one of the commonest reasons for children being received into the care system.

The British Crime Survey and the National Psychiatric Morbidity Survey indicated that 8% of children lived with an adult who had recently used illicit drugs (Manning et al, 2013).

Bromley has the 7th lowest estimated rate of Opiate and/or Crack use in London and lower overall rates of drug use compared to the regional and national average. However the estimated consumption rate for Opiate and/or Crack use in young people in Bromley (age 15-24) is higher than the regional or national average.

Whilst the illicit use of drugs in Bromley is increasing, the number entering treatment is decreasing. Opiate users still dominate adult treatment, these clients generally face a more complex set of challenges and it is more challenging to achieve positive and sustainable outcomes.

The estimated level of unmet need (those with problematic substance misuse but not currently in contact with treatment services) in Bromley is much higher than the England average. It is estimated that 63% of drug users in Bromley are not known to treatment services, ranking Bromley second highest in the region.

Of those in contact with treatment services in Bromley nearly 50% of clients are age 40+; this is slightly higher than the national average. The age profile of clients newly presenting for treatment, has also shifted to an older population. In

2016/17 there were 100 children known to be living with people misusing drugs in Bromley who had presented to substance misuse services for the first time in that period.

Psychiatric comorbidity is common in drug misuse populations, with anxiety and depression generally common with antisocial and other personality disorders more prevalent than in the non-user population.

Bromley has a higher proportion (37%) of new clients presenting with a co-occurring mental health condition (dual diagnosis) compared to England (24%). Half of all women who present new to treatment, for non-opiate or non-opiate and alcohol misuse have a co-occurring mental health condition.

16% of all people presenting to drug treatment services in Bromley cited a problem with prescription only or over the counter medication (POM/OTC) this is similar to the national average (15%).

The crime survey for England and Wales estimates that 17,000 residents took illicit drugs in Bromley in 2014/15. The estimated prevalence of Class A drug use was 6,400 in Bromley in 2014/15, at a rate of 3.2% of the adult population.

Hospital admissions due to substance misuse (2011/12 to 2013/14 data) reveal that Bromley has a higher rate of admission compared to both national and London averages; 118.7 per 1000 compared to 81.3 and 65.2 per 1000 respectively.

The Common Assessment Framework process in Bromley in 2014/15 identified 158 families where at least one parent had substance misuse problems. The early intervention assessments completed by Bromley Children Project show that 15.1% of the 'Troubled Families' attached in 2015/16 have at least one adult with a substance misuse problem (either drug or alcohol).

The population in treatment for drug misuse is predominantly male (64.8%) and of White British ethnicity (82.6%). The substances most commonly misused by those in treatment in Bromley are opiates (44%) and alcohol (41%).

The highest proportion of substance misusers in treatment in Bromley are in the 40 to 49 year age group, in contrast to the national picture, which is 35 to 44 years.

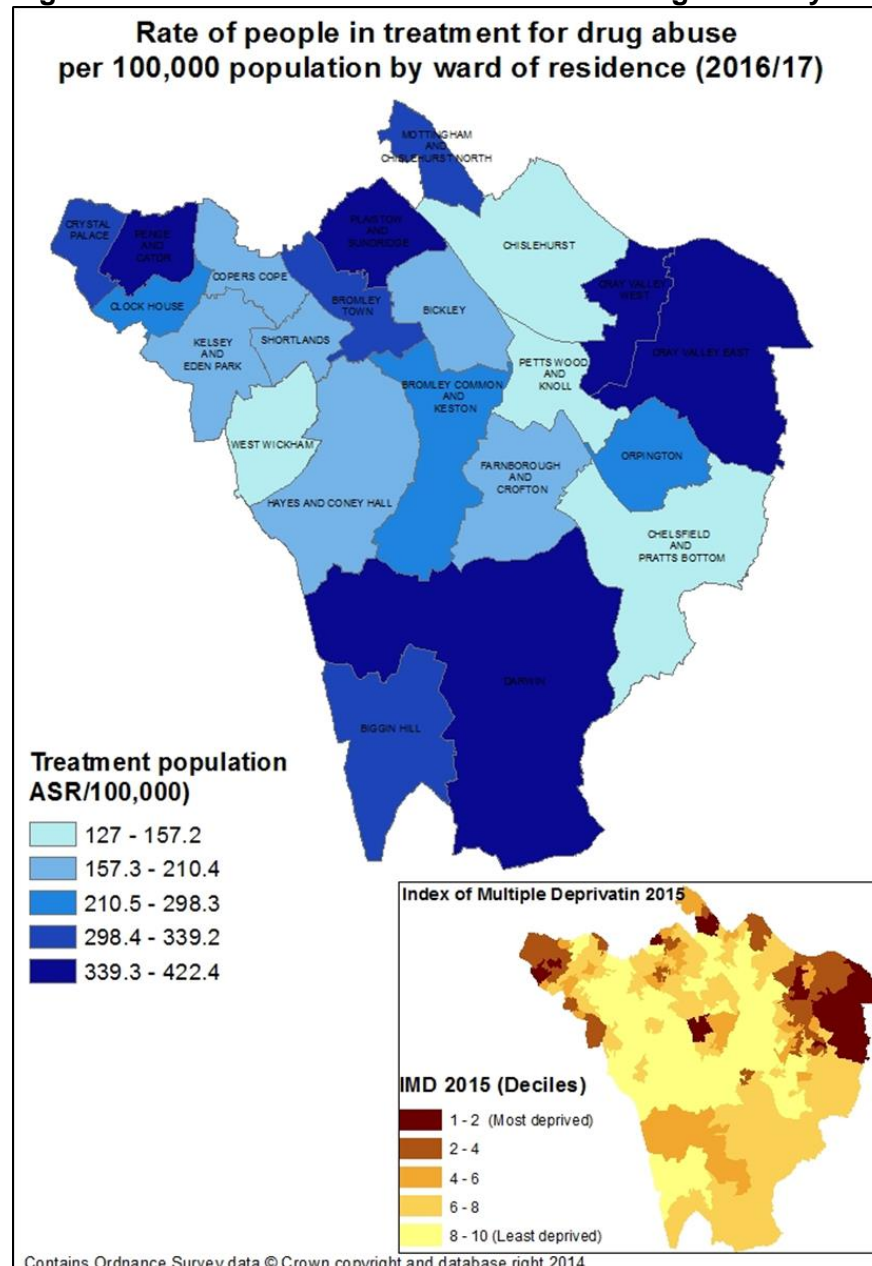
The highest proportion of presentations are self/family referrals (43.6%), with 19.9% being referred by GPs, and 15.5% through the criminal justice system. Only 2.1% of referrals were from mental health or other health services. It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services<sup>10</sup>.

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<sup>10</sup> [http://www.bromley.gov.uk/downloads/download/877/joint\\_strategic\\_needs\\_assessment\\_jsna\\_2017](http://www.bromley.gov.uk/downloads/download/877/joint_strategic_needs_assessment_jsna_2017)

The distribution of adults in treatment for drug misuse within Bromley is shown in **Figure A.10**.

**Figure A. 10: Rate of adults in treatment for drug abuse by ward**



17% of all drug treatment clients in Bromley successfully completed treatment compared to 15% in England. Locally the current treatment drop-out rate is lower than the national average (12% in Bromley compared to 17% nationally). Men were more likely to drop-out early across all substance groups both locally and nationally.

Opiate clients have the lowest proportion of successful completions compared to rates for the other substance groups (8% in Bromley, 7% nationally). In Bromley

the rates of opiate users achieving abstinence within 6 months is currently the same as the national average (39%). Women in Bromley presenting to treatment for opiate use had higher successful completion rates compared to men (12% compared to 6%).

#### **i. Substance misuse in pregnancy**

Around 5% of women booking for maternity care at the PRUH between December 2016 and February 2018 admitted to taking drugs in the past. 18 women were still using drugs at the time of booking. 52 women gave a history of cannabis use, 27 a history of cocaine use, and 8 a history of ecstasy use. Several women reported multiple drug use in the past.

Among those 18 women still using drugs at the time of booking, all 18 were still using cannabis and 5 were still using cocaine.

#### **What does this mean for Bromley children?**

- Overall low levels of recorded drug use in Bromley mask high rates of opiate and/or crack use in young people aged 15-24.
- Bromley has a high proportion of drug users with a co-occurring mental health condition.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.

For further information on drug misuse in adults please refer to the [Drug Misuse in Adults Chapter of the JSNA 2017](#).

([http://www.bromley.gov.uk/downloads/file/3371/jsna\\_drug\\_misuse\\_in\\_adults](http://www.bromley.gov.uk/downloads/file/3371/jsna_drug_misuse_in_adults))

#### **d) Parents who misuse alcohol**

Children and young people can do little to protect themselves from the effects of parental drinking and can suffer emotional distress, neglect or physical injury. Alcohol is also a common feature of domestic and sexual violence.

Parental alcohol problems are associated with negative outcomes in children, e.g. poorer physical and psychological health (and therefore higher hospital admission rates), poor educational achievement, eating disorders and addiction problems<sup>11,12</sup>, many of which persist into adulthood<sup>13</sup>.

<sup>11</sup> Parental alcoholism and childhood psychopathology. West MO, Prinz RJ. Psychol Bull. 1987 Sep;102(2):204-18.

<sup>12</sup> Families and heavy drinking: Impacts on children's wellbeing. Girling, M., Huakau, J., Casswell, S. and Conway, K. (2006). Wellington, New Zealand: Families Commission

A Danish study involving a cohort of nearly 85,000 children, followed from age 13 to 27, looked at the long-term consequences of parental alcohol abuse, identified through alcohol abuse related hospital admissions<sup>14</sup>. Parental alcohol abuse was found to be a risk factor for other disadvantages including premature death, suicide attempts, drug addiction, mental illness and teenage motherhood, and for certain life experiences including parental violence and family separation.

The Health Survey for England and the General Household Survey both estimated that 30% of children aged under 16 years in the UK lived with one binge drinking parent<sup>15</sup>.

The National Treatment Agency for Substance Misuse found that during 2011/12, one third of adults in treatment lived in a household containing children (this includes parents living with their own children and adults living in a house with children who are not theirs, for example step-children or grandchildren). Parents who live with their own children tend to have fewer drug-related problems than others in treatment, are less likely to use the most addictive drugs, and are less likely to inject drugs when compared to non-parents in treatment.

It is important to know the numbers of adults in alcohol treatment who have childcare responsibilities so that adequate support can be provided. In 2014-15 in Bromley, 75 (31%) of those in treatment were living with children, with a further 53 (22%) recorded as parents, but not living with their children. Almost half (112, 47%) were not a parent and had no child contact.

The Common Assessment Framework process in Bromley in 2014/15 identified 136 families where at least one parent had alcohol problems.

There are two types of measure for alcohol-related admissions: The broad measure, which is an indication of the totality of alcohol health harm in the local adult population. The narrow measure, which shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. The narrow measure is more responsive to change resulting from local action on alcohol.

Local GP data gives the numbers of people reporting drinking above the recommended weekly limits. This varies with ward of residence, Hayes & Coney Hall ward having the highest number, and Darwin having the lowest number (**Figure A.11**).

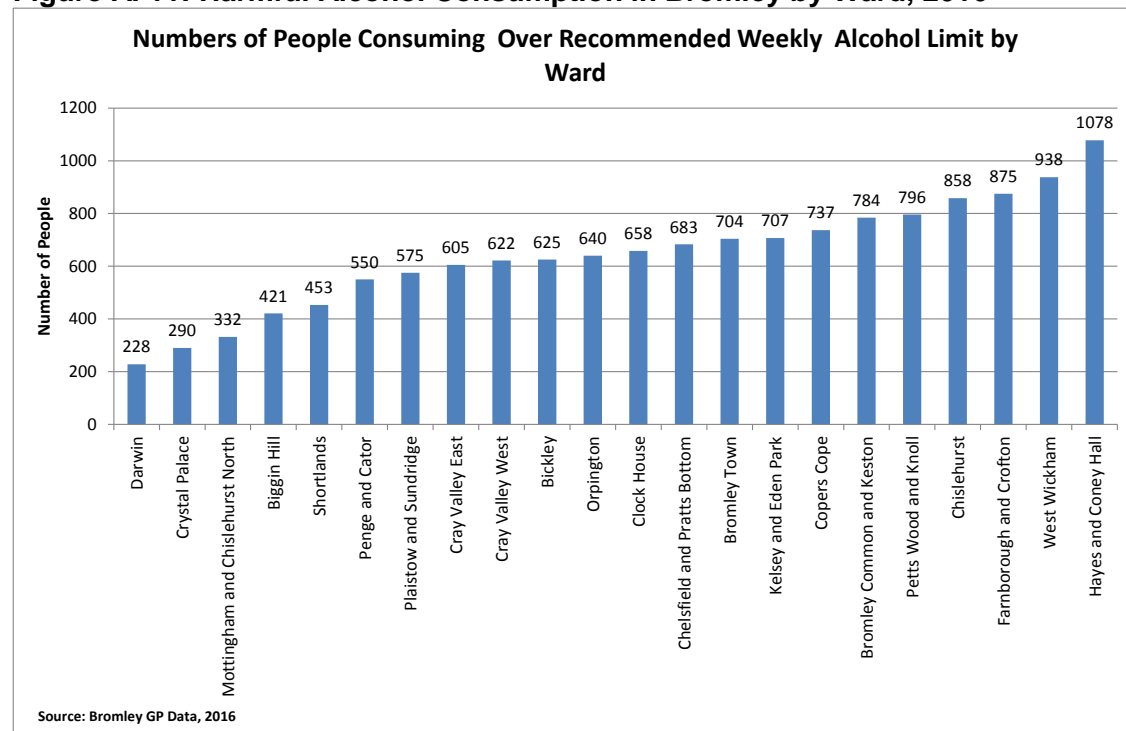
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<sup>13</sup> The health effects of parental problem drinking on adult children. Balsa, A.I., Homer, J.F. and French, M.T. (2009). *The Journal of Mental Health Policy and Economics*, **12**, 55-66.

<sup>14</sup> The long-term consequences of parental alcohol abuse: A cohort study of children in Denmark. Christoffersen, M.N. and Soothill, K. (2003). *Journal of Substance Abuse Treatment*, **25**, 107-116.

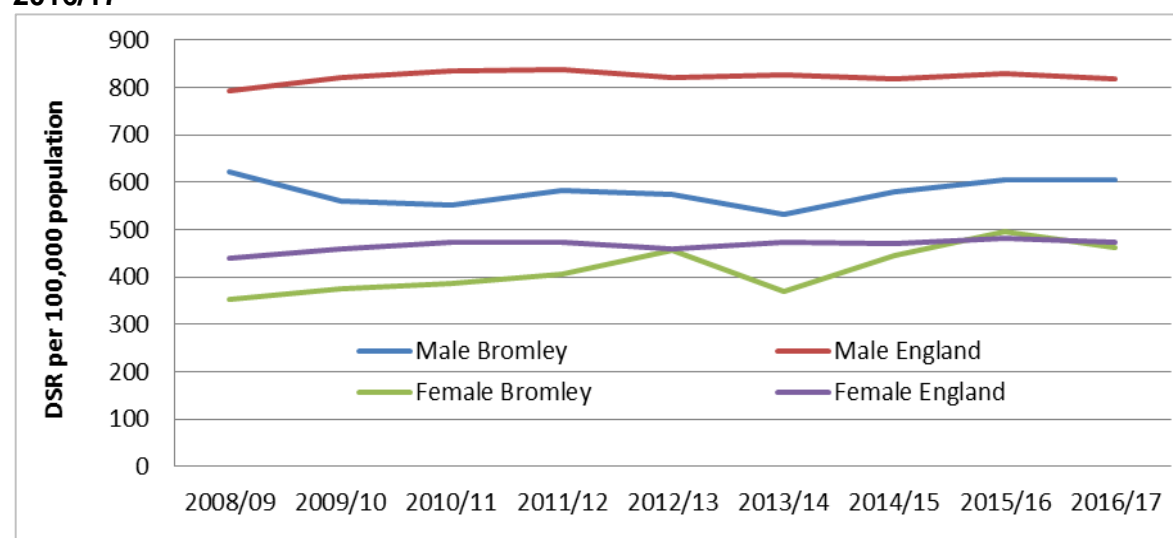
<sup>15</sup> Manning V, Best D, Faulkner N and Titherington E (2009) 'New estimates of the number of children living with substance misusing parents: results from the UK National Household Surveys'. *BMC Public Health*, 9: 377.

**Figure A. 11: Harmful Alcohol Consumption in Bromley by Ward, 2016**



The rate of alcohol-related hospital admissions has been lower in Bromley than for England. The admission rate in females in Bromley is now at the national rate, although the rate in males remains low as shown in **Figure A. 12** below.

**Figure A. 12: Alcohol-related NHS hospital admissions by gender 2008/09 to 2016/17**



Source: PHE fingertips, 2018

**What does this mean for children in Bromley?**

- There is an emerging picture of increasing alcohol use in women in Bromley.
- Alcohol consumption varies across the borough according to GP data, with the highest rates of harmful alcohol consumption in Hayes and Coney Hall, West Wickham, and Farnborough and Crofton, and the lowest rates in Darwin and Crystal Palace.

## Mental health of parents

Mental health problems in adults can have a significant impact on the wellbeing of their children. A systematic review<sup>16</sup> in 2011 found that:

- at any given time 9-10% of women and 5-6% men will be parents with a mental health problem
- Most will have "common mental disorders" such as depression or anxiety
- A very small proportion will have any kind of psychotic disorder (for example schizophrenia).

Some evidence suggests that younger mothers were more likely to have a mental health problem than older mothers.

### a) Perinatal mental health

Perinatal mental illnesses (most commonly depression, but also anxiety, and postnatal psychotic disorders) affect at least 10% of women.

These illnesses suffered by the mother increase the likelihood that:

- the baby will be premature or have a low birthweight;
- the baby may not develop a secure attachment relationship with the mother;
- the child will experience behavioural, social or learning difficulties and
- the child faces higher risk of depression in adolescence.

In extreme cases, parental mental illnesses increase the risk that the child will be abused or neglected.

The prevalence in the UK:

- Postpartum psychosis affects around 2 in 1,000 new mothers.
- Post-traumatic stress disorder (PTSD) affects approximately 3% of women after birth.
- Rates of perinatal depression are higher amongst women experiencing poverty or social exclusion, and the risk of depression is twice as high amongst teenage mothers.

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<sup>16</sup> Think child, think parent, think family: a guide to parental mental health and child welfare. The Social Care Institute for Excellence (SCIE), Diggins, 2011

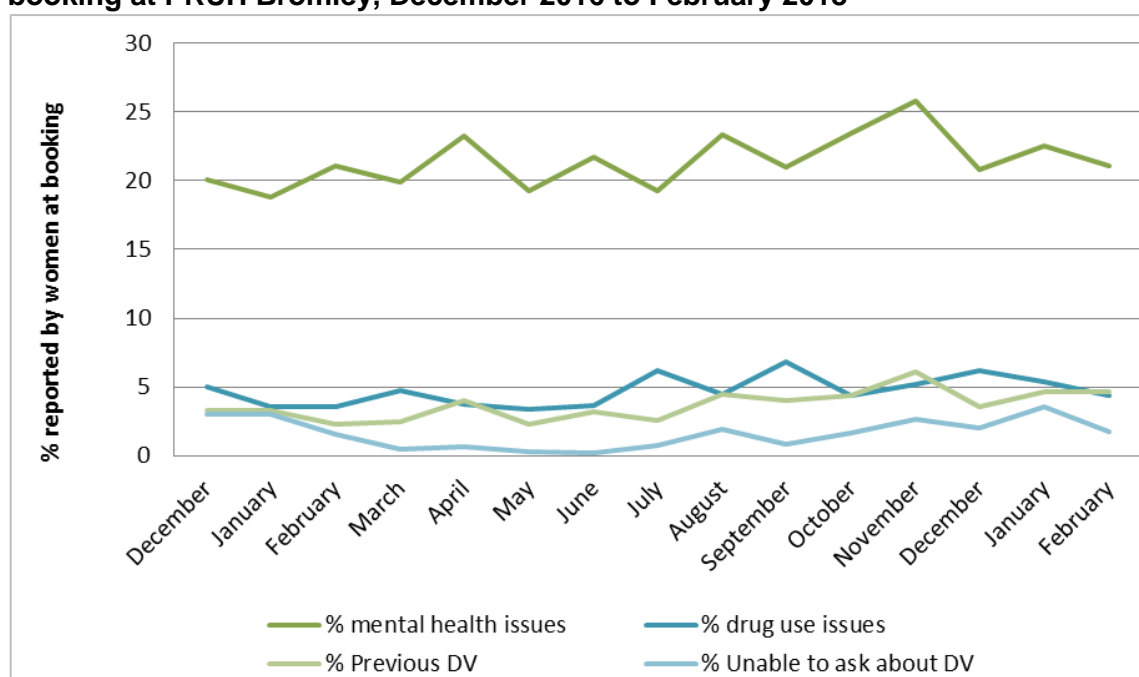
- Stress caused by poor housing, domestic violence and poverty can exacerbate symptoms of anxiety and depression.

Some pre-existing mental health problems are at increased risk of relapse during this period. This is particularly true of women with a history of bipolar disorder.

**Figure A.13** shows data collected from women booking for maternity care at the Princess Royal University Hospital (PRUH) between December 2016 and February 2018. Approximately 85% of Bromley-resident pregnant women book for maternity care at the PRUH.

As well as more than 20% of pregnant women (around 76 per month) reporting a history of mental ill health, around 20 women per month reported a history of drug use and similar numbers reported a history of domestic violence (DV). Also notable, was the number of women where midwives were unable to ask about DV. In the period December 2016 to February 2018, 7 women reported current domestic abuse.

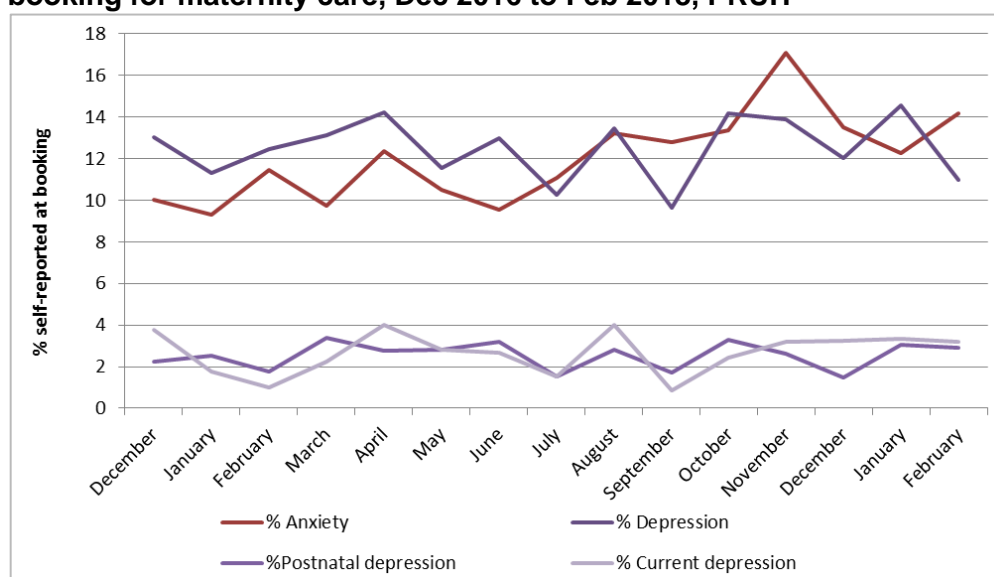
**Figure A. 13: Prevalence of self-reported risk factors, including mental health, at booking at PRUH Bromley, December 2016 to February 2018**



**Source: Maternity data, KCH (PRUH site), 2018**

The detail of self-reported history of mental health problems in pregnant women at booking, December 2016 to February 2018 is outlined in **Figure A.14**. The data shows that having a history of anxiety and or depression are the most common mental health conditions. The data further shows that around 3% of women self-reported current depression. During this period, (December 2016 to February 2018), 12 women with bipolar disease booked for maternity care at the PRUH, and 7 women with a history of puerperal psychosis following a previous birth.

**Figure A. 14: Prevalence of self-reported history of mental health conditions at booking for maternity care, Dec 2016 to Feb 2018, PRUH**



Source: Maternity data, KCH (PRUH site), 2018

### Severe mental ill health in Bromley

Over 2,900 adults in Bromley (0.84% of the adult population) have been identified by GPs as experiencing serious mental illness (**Table A.1** below). This is lower than the rate in London and England (0.9%), and is gradually increasing.

**Table A. 1: Bromley GP practice data: Changes in the Severe Mental Illness register size and prevalence in Bromley: 2005/06 to 2016/17**

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Severe Mental Illness Register Size	1667	2165	2265	2351	2389	2447	2544	2616	2667	2738	2808	2904
Severe Mental Illness Prevalence	0.50%	0.70%	0.70%	0.70%	0.70%	0.80%	0.80%	0.80%	0.79%	0.81%	0.82%	0.84%

Source: NHS Digital/QOF 2017

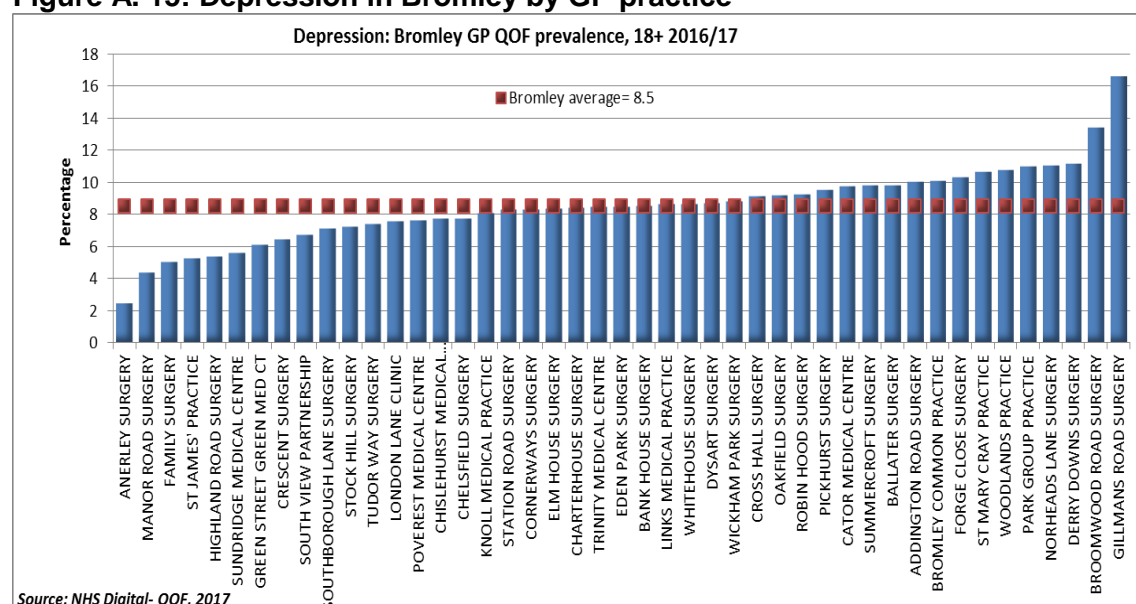
Analysis from Bromley's Primary Care Database shows that most people diagnosed with Severe Mental Illness in the borough are middle aged and live in the most deprived areas of the borough. More women are recorded as having an SMI than men and there is a higher proportion of cases recorded amongst people from a black and minority ethnic group than the overall population estimate for the borough.

### b) Depression in Bromley

Data from GP registers shows that the prevalence of adults over 18 with depression in Bromley is similar (6.38%) to the average in England (6.52%). The rate is increasing, which is in line with the regional and national trend. GP data in 2016/17 shows that 8.5% of Bromley registered patients (over 23,000 adults) have been diagnosed with depression. This places Bromley as the third highest London borough for recorded depression.

Recorded depression is not evenly distributed across the borough as shown in **Figure A.15** below.

**Figure A. 15: Depression in Bromley by GP practice**



Mental health problems are common among those needing treatment for substance misuse and substance misuse is common among those with a mental health problem. Particular population groups may be more affected by this dual diagnosis, for example alcohol dependence in combination with poor mental health is frequent in homeless people and prisoners<sup>ii</sup>.

The early intervention assessments completed by Bromley Children Project show that 34.5% of the families they are working with in 2015/16 have at least one adult in the family with a mental health issue.

The Common Assessment Framework (CAF) process in Bromley in 2014/15 identified 170 families where at least one parent had mental health problems. The Bromley Children Project early intervention service data shows that, where parents' declare a disability or additional need, more than 57% identified they were suffering from a mental health condition such as depression, anxiety and anorexia.

#### What does this mean for Bromley children?

- More than 20% of pregnant women in Bromley reported a history of mental ill health at booking for pregnancy care
- GP data shows that recorded depression in adults is the third highest in London and the rate is increasing.

## Social issues of parents

### a) Domestic violence

Lord Laming<sup>17</sup> identified that 1.8% of children in England live in households where there is a known high risk case of domestic abuse and violence. Her Majesty's Inspectorate of Constabulary<sup>18</sup> found that in the UK 1 in 4 young people aged 10-24 reported experience of domestic violence and or abuse in childhood.

In addition to the obvious increased risk of injury from any physical attack, the child is potentially at further risk due to the impacts domestic violence has on parenting. The victim (most commonly the mother) may prioritise their partner's needs, suffer from mental health issues and have his or her authority undermined, all of which will have an effect on his or her capacity to provide the child with a safe and secure environment. It is estimated that 62% of children and young people exposed to domestic violence are directly harmed.

Domestic violence often begins in pregnancy<sup>19</sup> and evidence suggests having experienced partner violence during pregnancy results in a three-fold increase in the odds of high levels of depressive symptoms in the postnatal period<sup>20</sup>.

**Table A. 2: Domestic violence statistics in Bromley, January to December 2017**

	Bromley	Sutton	Havering	London wide data
All domestic incidents	4,426	2,787	4,333	↑ 1.6% from 2016
Domestic abuse (DA) offences	2,568	1,382	2,283	
Domestic violence with injury	820	456	708	
Domestic abuse rate per 1,000 population	13	14	17	Average 24% of all DA victims were repeats
Domestic abuse: Total proceeded against	741	364	586	
Domestic abuse: Total charged	482	275	410	
% of those proceeded against for DA who were charged	65%	76%	70%	69%
Domestic abuse: Total cautioned	253	83	165	
% of those proceeded against for DA who were cautioned	34%	23%	28%	29%

**Source: MOPAC, 2018**

There were 2568 domestic violence offences reported in Bromley in 2017. The number of high risk domestic violence cases referred to MARAC<sup>21</sup> in Bromley rose by 6% in the last year, predominantly driven by an increase in referrals from

<sup>17</sup> The Protection of Children in England: A Progress Report. March 2009

<sup>18</sup> Everyone's business: Improving the police response to domestic abuse. HMIC, 2014.

<sup>19</sup> Why mothers die 2000 to 2002: the sixth report of the Confidential Enquiries into Maternal Deaths in the UK. G Lewis, J Drife. Royal College of Midwives., 2004

<sup>20</sup> Howard LM, Oram S, Galley H, Trevillion K, Feder G Domestic Violence and Perinatal Mental Disorders: May 28, 2013. <http://dx.doi.org/10.1371/journal.pmed.1001452>.

<sup>21</sup> Multi Agency Risk Assessment Conference

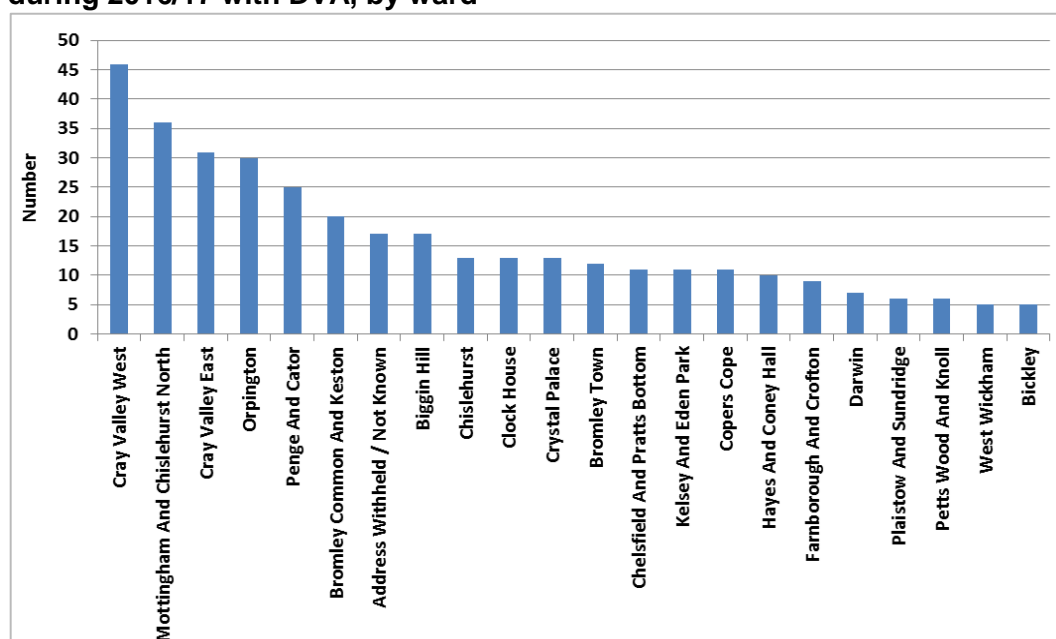
the police. The rate of cases discussed at MARAC is lower in Bromley than the national average (13 cases per 1000 population compared to 35 cases per 1000 population nationally).

There were 476 referrals to the Bromley Domestic Abuse Advocacy Project (BDAAP)<sup>22</sup>. The number of referrals has increased consistently from just over 300 in 2014/15. The highest volume of referrals was from residents living in Cray Valley, Clock House and Penge & Cator.

82% of the referrals to BDAAP were women. Women of childbearing age form a significant proportion of referrals received (16% of the domestic abuse referrals were in residents aged 18 to 24 years). In 2016/17, 212 dependents of the victims of domestic abuse were known to the BDAAP. There has been a decline in the proportion of referrals from people from a Black or Black British background over the last 3 years. However the highest proportion of referrals from the BME community still comes from this group.

The Common Assessment Framework process in Bromley in 2014/15 identified 279 families where there was Domestic Violence. Of the Troubled Families attachments in 2015/16, the Bromley Children Project Early Intervention and Family Support data shows 481 children living in families where there is domestic violence and abuse. The distribution of these children across the borough in 2016/17 is shown in **Figure A.16** below.

**Figure A. 16: Number of Children in Bromley living in 'Troubled Families' attached during 2016/17 with DVA, by ward**



Source: EIFS, LBB, 2018

For further information on Domestic Violence

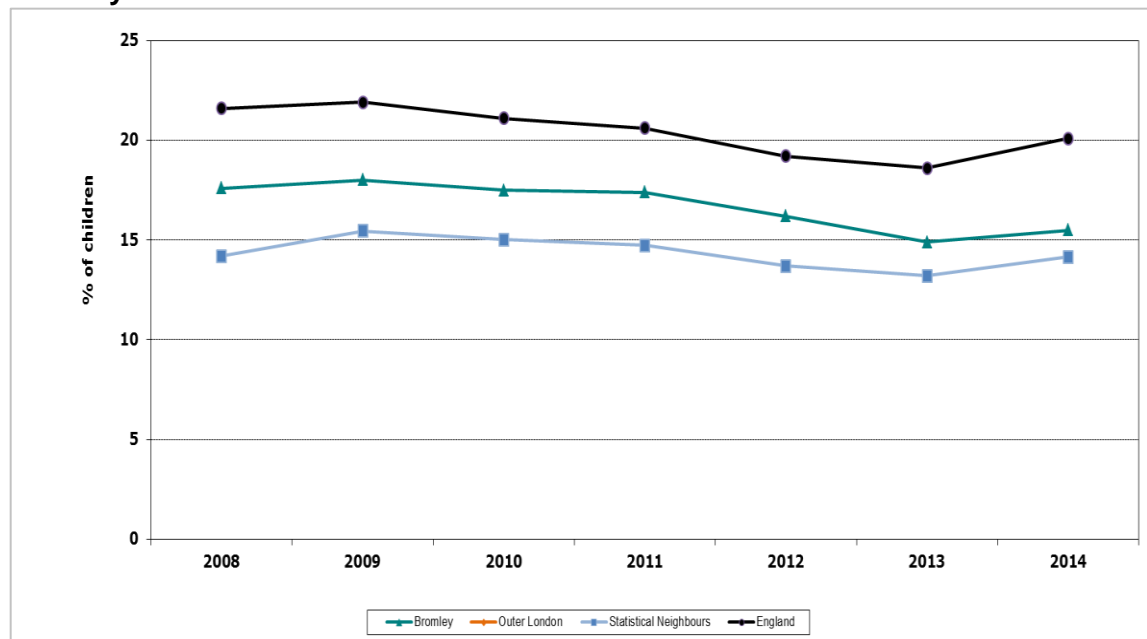
([http://www.bromley.gov.uk/downloads/file/3372/jsna\\_domestic\\_violence](http://www.bromley.gov.uk/downloads/file/3372/jsna_domestic_violence))

<sup>22</sup> [http://www.bromley.gov.uk/downloads/file/3372/jsna\\_domestic\\_violence](http://www.bromley.gov.uk/downloads/file/3372/jsna_domestic_violence)

## b) Financial stress

Bromley ranks 220 out of 326 local authorities in England (where 1 is most deprived). This makes Bromley the 107th least deprived local authority in England and the 4th least deprived borough in London (out of 33). The rate of children in Bromley living in poverty is low compared to England and slightly higher than statistical neighbours. The rate of under 16s living in poverty in Bromley is showing a slight increase (**Figure A.17**).

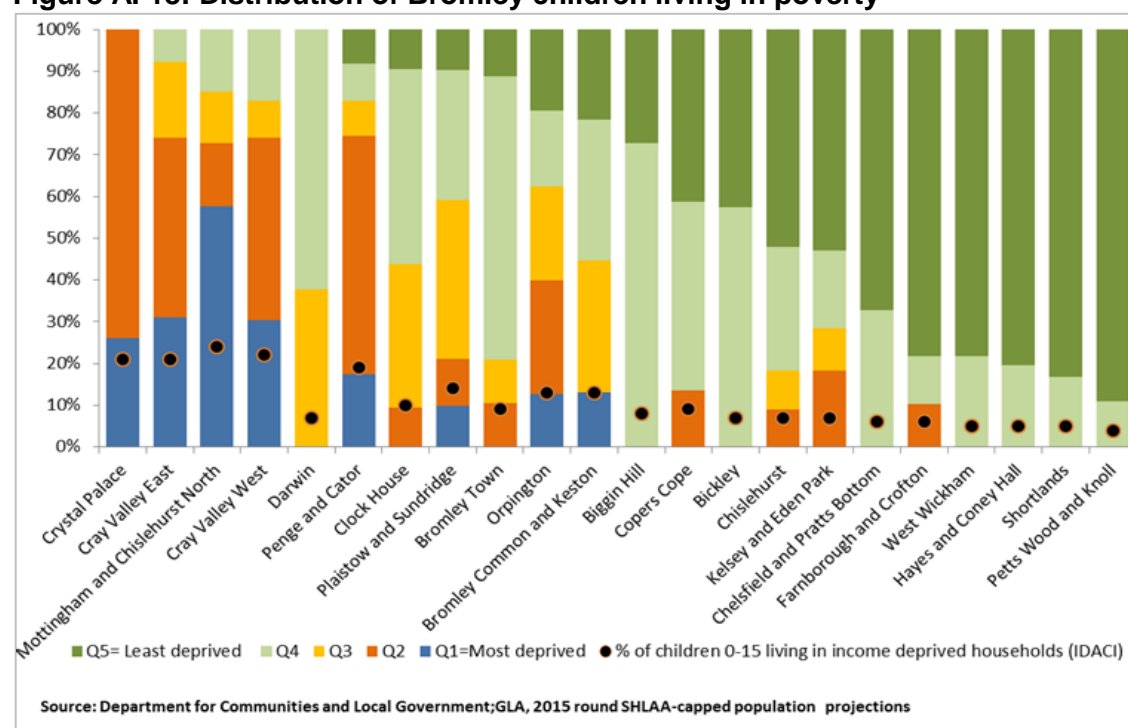
**Figure A. 17: Percentage of children under the age of 16 in low income families in Bromley**



Source: LAIT, 2018

The distribution of children living in poverty in Bromley is shown by **Figure A.18**. Overall, 15.5% of children aged under 16 in Bromley are living in poverty.

**Figure A. 18: Distribution of Bromley children living in poverty**



### What does this mean for Bromley children?

Poverty is low in Bromley, but the proportion of under 16s living in low income families in Bromley is rising.

### c) Parental worklessness

Worklessness not only reduces family income, it can also damage families' resilience, health and stability, and thus undermine child development. Children in workless families are almost twice as likely to fail at all stages of their education, and workless parents are more likely to experience relationship distress.

Overall employment rates in Bromley are high.

**Table A. 3: Employment in Bromley, October 2016 to September 2017**

	Bromley	Bromley	London	Great Britain
	(numbers)	(%)	(%)	(%)
All people				
Economically active	170,400	80.3	78.1	78.1
In employment	161,800	76.3	73.7	74.5
Employees	131,400	63.3	60	63.6Bottom of Form
Self employed	29,400	12.5	13.3	10.6
Unemployed (model-based)	7,700	4.5	5.5	4.5

Source: NOMIS Official labour market statistics

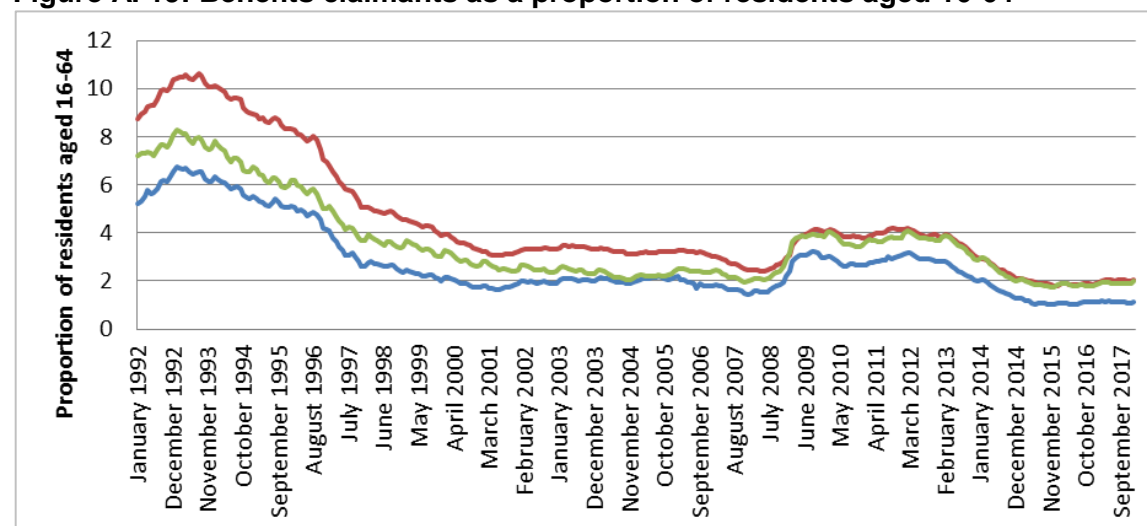
The proportion of lone parents on benefits is lower than the London and national rate. However this still represents 1,920 parents (**Table A.4**).

**Table A. 4: Working age benefits claimants, November 2016**

	Bromley	Bromley	London	Great Britain
	(numbers)	(%)	(%)	(%)
Total claimants	16,520	8.1	9.3	11.0
Lone parents	1,920	0.9	1.0	1.0

Source: DWP benefits claimants % is a proportion of resident population of area aged 16-64 years.

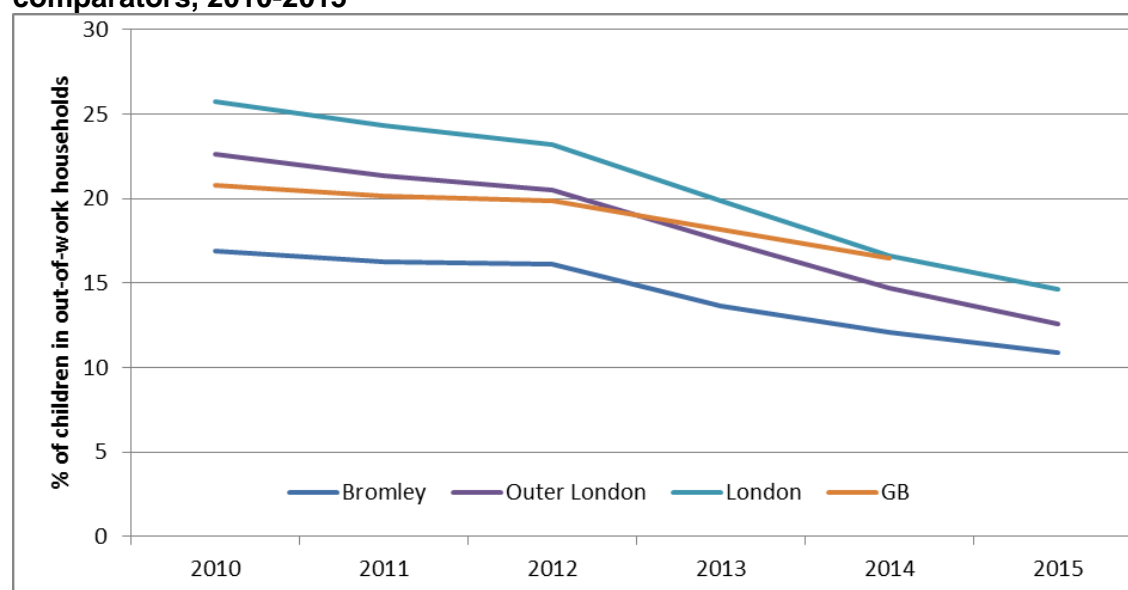
**Figure A. 19: Benefits claimants as a proportion of residents aged 16-64**



Source: NOMIS Labour Market Profile, 2018

In 2015, 10.9% of children in Bromley were living in households where there was no working adult present; this compares to 14.6% in London and 16.4% in Great Britain (2014).

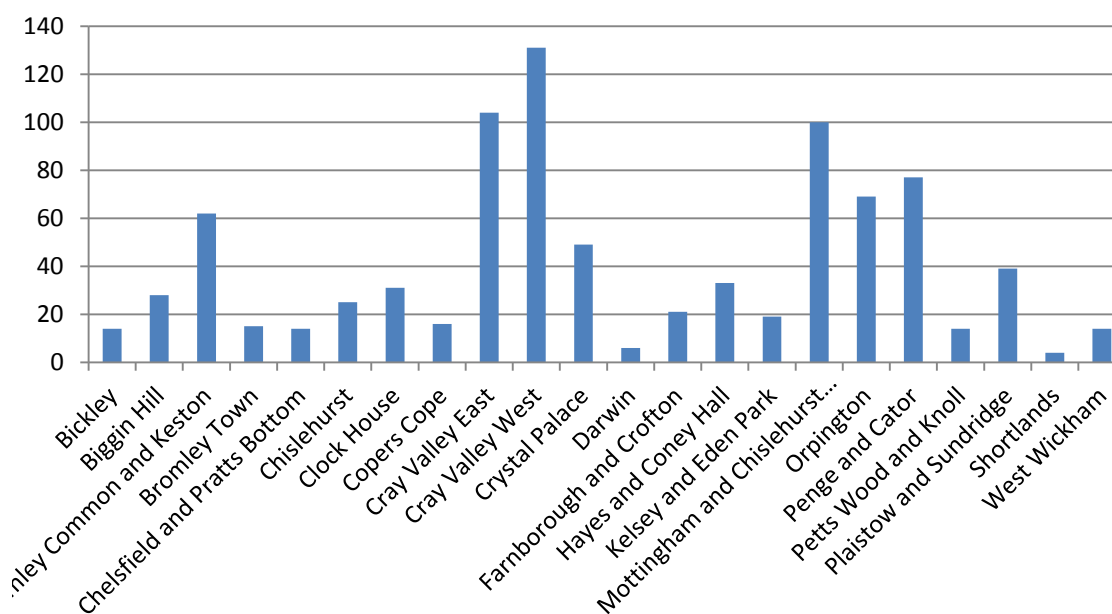
**Figure A. 20: Proportion of children living in workless households, Bromley and comparators, 2010-2015**



Source: DWP, 2018

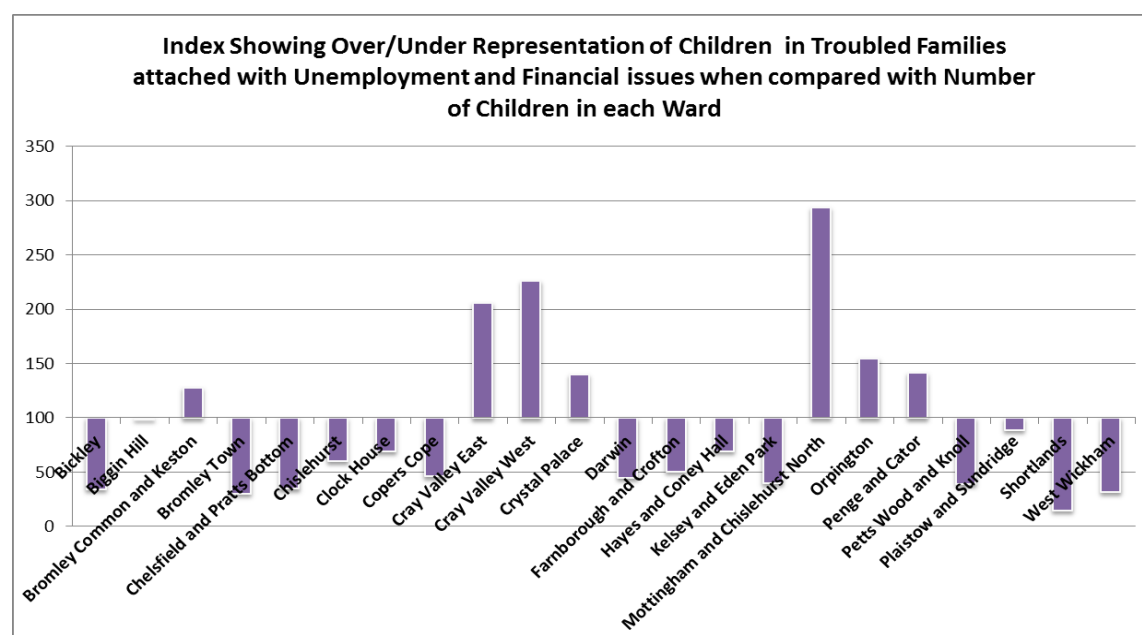
In 2015/16, the Bromley Children Project Early Intervention and Family Support service data shows 904 children living in families attached to the Troubled Families initiative under the “Unemployment, Housing and Finance” criteria. The distribution of these children across the borough is shown in **Figure A.21** below.

**Figure A.21. Number of children in Bromley living in ‘Troubled Families’ attached during 2015/16 under the Unemployment, Housing and Finance criteria, by ward**



Further analysis of this data shows that Mottingham and Chislehurst North ward is over-represented in this cohort when compared to the rest of the 0-5 population in Bromley. A child aged 0-5, living in Mottingham & Chislehurst North, is 3 times more likely to be attached to the Bromley Children Project under “Unemployment, Housing and Finance” compared to the rest of the wards. This is followed by Crays Valley West and East, both at just over 2 times more likely.

**Figure A. 21**



#### **What does this mean for Bromley children?**

- Children living in households with unemployment and financial issues are more likely to live in Mottingham and Chislehurst North and the Cray Valley.

#### **d) Housing issues**

There is an observed impact on families as a result of unstable accommodation, for example behavioural issues among children. There is also clear evidence that links poor health with poor housing. Those most susceptible include; children and those with chronic health problems. The impact of temporary housing goes beyond the uncertainty and unsettledness that results from feeling displaced and can impact, both, physically and mentally on homeless households. Co-ordination of services to these groups is critical to enable them to exercise decisions or choice over their situation and access health and support services. This can be particularly challenging for households based outside of the borough.

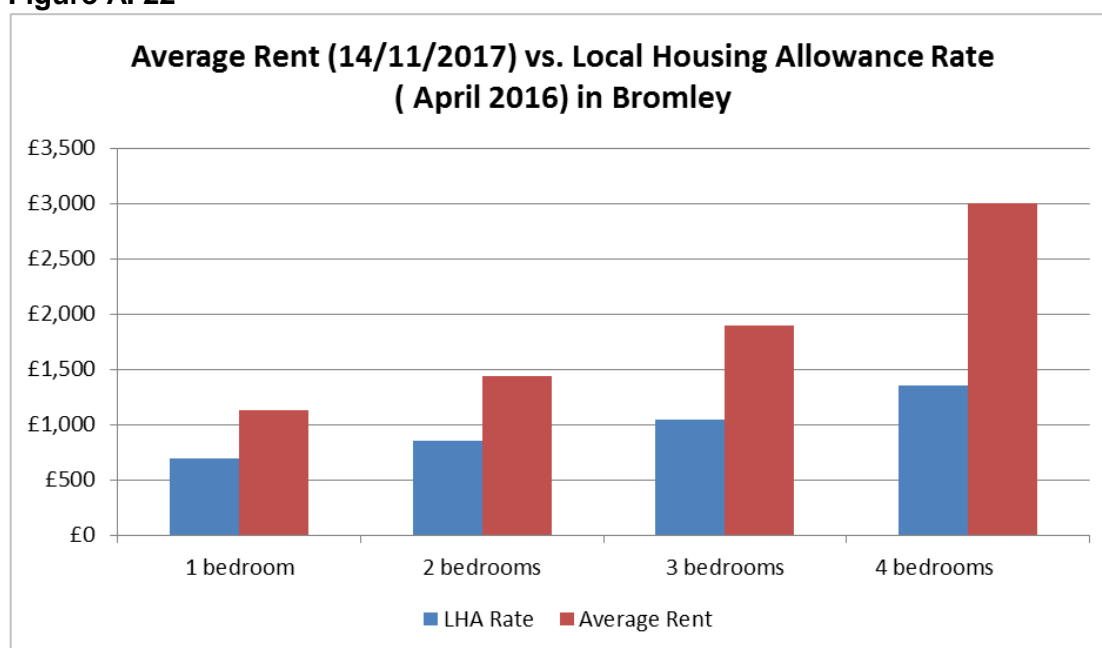
There are approximately 331,000 people living in Bromley in an estimated 140,600 households. Home ownership is high in Bromley at 73% compared to 51% in the rest of London.

Statutory homelessness refers to homeless people for whom the local authority has a duty to find accommodation. These are described as households deemed to be homeless, eligible and in 'priority need'. Most often 'priority need' refers to adults with dependent children and/ or households with a vulnerable member, such as someone with a disability or someone who has recently left prison.

'Non statutory homelessness' is often referred to as the single homeless i.e. people who find themselves with no stable accommodation but also have no dependents. They are legally entitled to advice rather than accommodation support. This definition also includes non-UK nationals whose immigration status renders them ineligible for acceptance as statutorily homeless<sup>23</sup>.

Private rent levels have risen sharply and this has subsequently reduced access and security for low income households. Between 2012 and 2016 there has been a 19% increase in private rent prices. **Figure A.22** below shows the mismatch between the local housing allowance and the average rent in Bromley

**Figure A. 22**

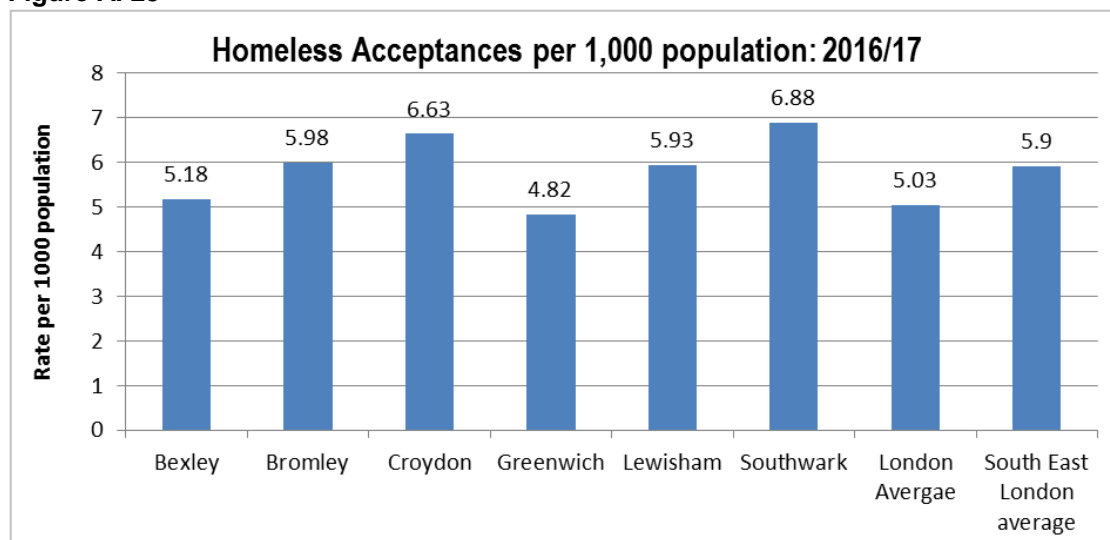


**Source: Homelessness Strategy, LBB, 2018**

The overall level of households in housing need has continued to rise and the upward trend in homeless is expected to continue. With many families effectively priced out of the market, they have little option other than approaching the local authority for assistance.

<sup>23</sup> Mayor of London Health Inequality Strategy Delivery Plan 2015-2018 Indicator Report (GLA, 2015) [https://www.london.gov.uk/sites/default/files/mayors\\_his\\_delivery\\_plan\\_indicator\\_report\\_final.pdf](https://www.london.gov.uk/sites/default/files/mayors_his_delivery_plan_indicator_report_final.pdf)

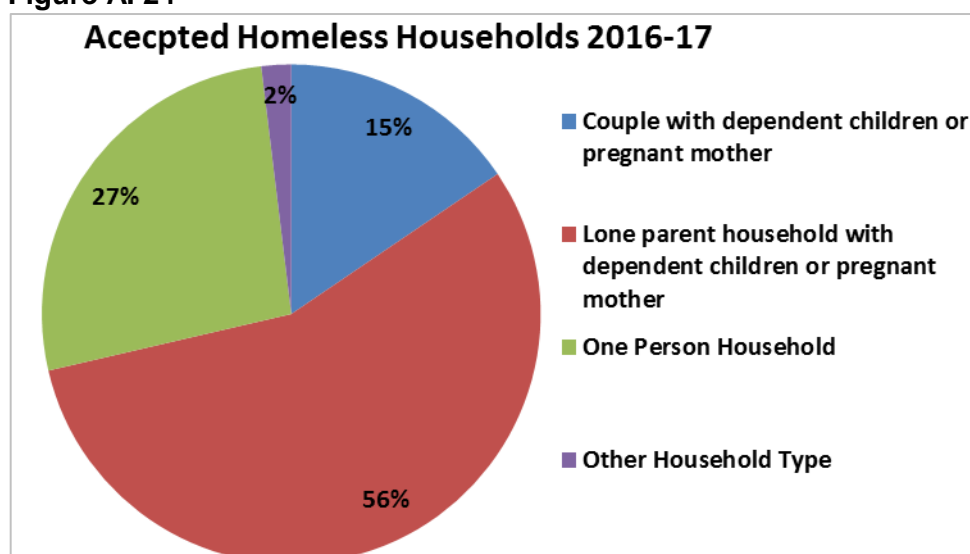
**Figure A. 23**



**DCLG: Local Authorities' action under the homelessness provision of the 1985 and 1996 Housing Acts (financial year), Local authority, 2016-17**

Families account for the majority of accepted homeless households. 56% of accepted homeless households are lone parents. This is slightly higher than the overall London average of 53%. 96% of single parent households were female, whereas 56% of single person households accepted were male.

**Figure A. 24**



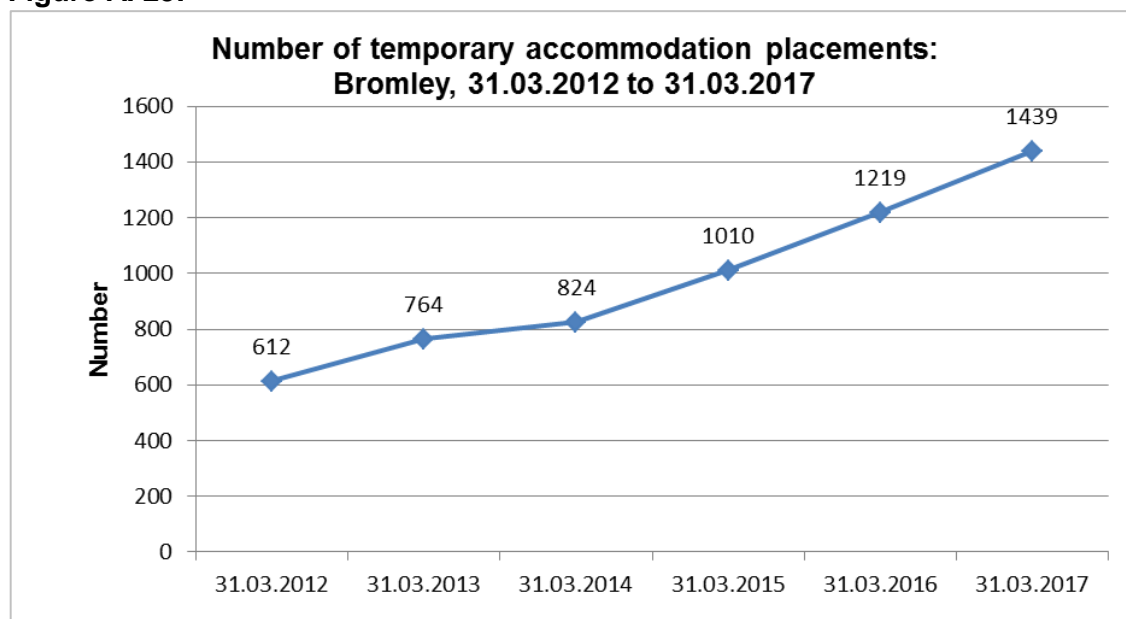
**Source: Homelessness Strategy, LBB, 2018**

### Temporary Accommodation

The number of households in temporary accommodation (TA) has risen significantly in the past five years due to the marked decline in housing association lettings and a reduction in the supply of private sector accommodation that is affordable.

As of 31<sup>st</sup> March 2017 there were 1,439 households in temporary accommodation.

**Figure A. 25:**



**Source: Homelessness Strategy, LBB**

These households consisted of 3,606 individuals, of which 1420 were children. There were 570 children under the age of 5 and 850 school aged children (5-16) in Temporary Accommodation (TA) in 2016/17. 81% of households in TA are families (pregnant or with at least one dependent child). The most common household composition in TA is single-parent households (63%). Only 18% are couples with dependent children, and this is closely followed by single-person households (15%). The average stay in TA in 2016/17 was 458 days. This is 142 days longer than the average stay in 2011/12 (314).

Those that identify as black are over represented in TA, making up 25% of all placements. This is considerably larger than the second biggest BAME group in TA, which are those who identify as mixed (7%).

**What does this mean for Bromley residents and for children in Bromley?**

There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.

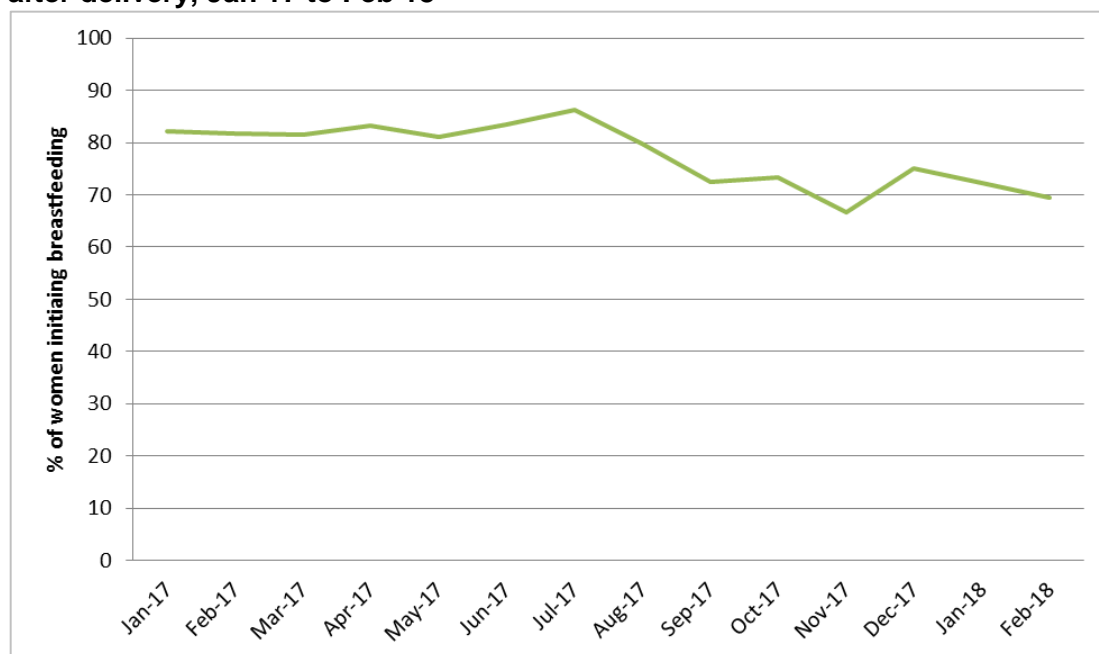
## Protective factors

### a) Breastfeeding

Breastfeeding not only provides the ideal nutrition for a baby and additional immunity, it is also important in promoting bonding between mother and baby.

Women are encouraged to initiate breastfeeding soon after delivery. Recent data from the PRUH indicates that the proportion of women initiating breastfeeding after delivery is falling and is now around 70% (**Figure A.26**)

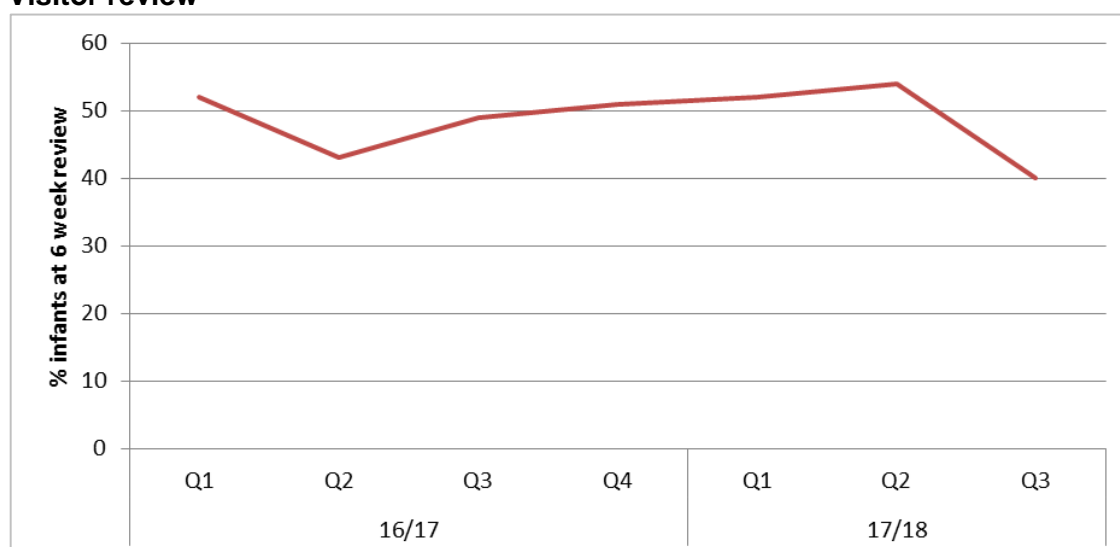
**Figure A. 26: Proportion of women delivering at PRUH who initiated breastfeeding after delivery, Jan 17 to Feb 18**



**Source: PRUH Maternity data**

Not all women who initiate breastfeeding will continue to breastfeed. The proportion of women still breastfeeding when they attend a review with a Health Visitor at 6-8 weeks is shown in **Figure A.27** below. This shows that only around 40-50% of women are still breastfeeding, although the data is not complete, particularly in Q3 2017/18.

**Figure A. 27: Proportion of infants partially or fully breastfed at 6 week Health Visitor review**



**Source: Bromley Healthcare and Oxleas, 2018**

## b) Immunisation

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine). The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against these five diseases. The vaccine is offered when babies are two, three and four months old.

The meningococcal C conjugate (MenC) vaccine protects against infection by meningococcal group C bacteria, which can cause meningitis and septicaemia. The MenC vaccine is given to all children under one year old as part of the childhood vaccination programme.

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They'll then have a booster dose before starting school, which is usually between three and five years of age.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. While it was initially a

three dose vaccination programme, it was run as a two-dose schedule from September 2014 following expert advice. The first HPV vaccine dose is usually offered to females in Year 8 (aged 12–13 years).

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

**Table A. 5: Vaccination coverage of some key immunisations, Bromley and comparators, 2016/17**

Vaccine	Age* (years)	Coverage of vaccination by specified age (%)					
		England	London	Bromley	Sutton	Bexley	Havering
DTaP/IPV/Hib - 3 doses	1	93.4	-	91.0	93.4	90.2	95.1
Men C - 1 dose	1	-	-	94.1	94.8	95.9	97.6
MMR – 1 <sup>st</sup> dose	2	91.6	85.1	85.9	88.1	89.3	93.0
MMR – 2 doses	5	87.6	-	79.4	80.4	83.2	89.4
HPV – 1 <sup>st</sup> dose	13	87.2	83.8	86.4	90.3	88.1	88.6

*\*This is the age by which the vaccine should have been given*

*Source: PHE- Fingertips, 2018*

This data shows that coverage in Bromley of some key vaccinations is low compared to national coverage rates and other similar London boroughs.

Child immunisation levels appear to be particularly low for the communities in the Cray Valley in Bromley, which has resulted in a recent measles outbreak.

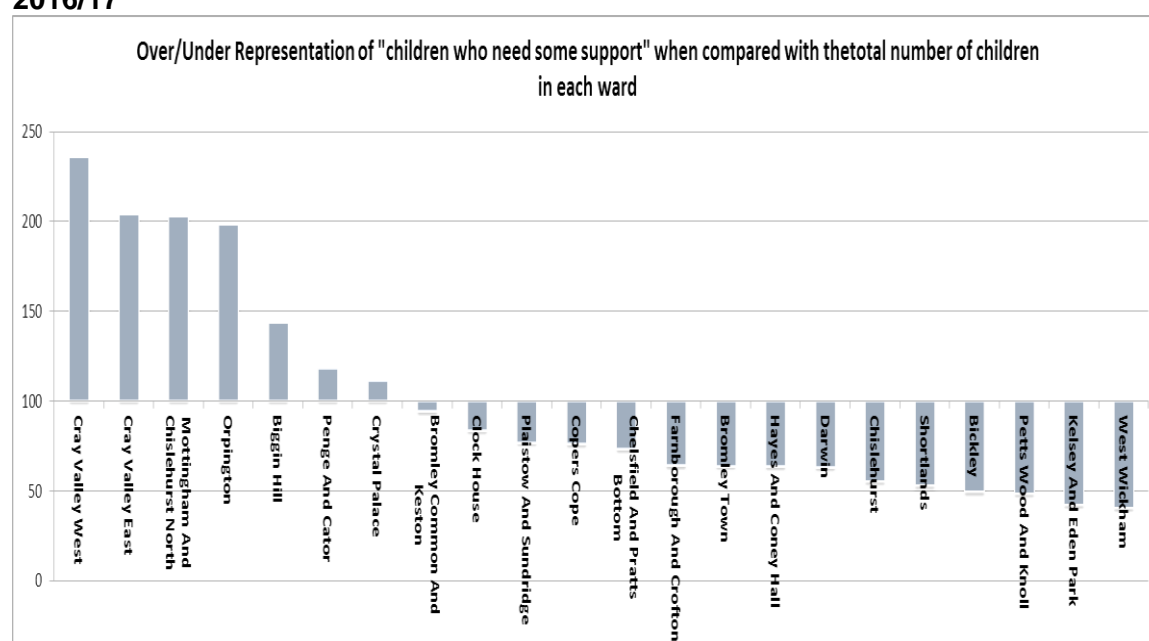
#### **What does this mean for Bromley residents and for children in Bromley?**

Breastfeeding and immunisation rates in Bromley are reducing, which in turn reduces the protective effect of these measures on child health.

### c) Uptake of Early Help services

National evidence demonstrates a link between socio-economic status and attainment with a developmental gap, apparent as early as 22 months. This means that when children start school there is already a gap in attainment between children from socio-economically disadvantaged backgrounds and children overall. However, this early year's gap is likely to be attributable to a combination of factors, including; poverty and a child's age at the start of term: both impact on attainment at early years. It is now widely accepted that high quality early years services and high quality teaching and learning in schools can enable all children to achieve well.

**Figure A. 28: Number of "Children who need some support, by ward, Bromley, 2016/17**



Source: EIFS, 2018

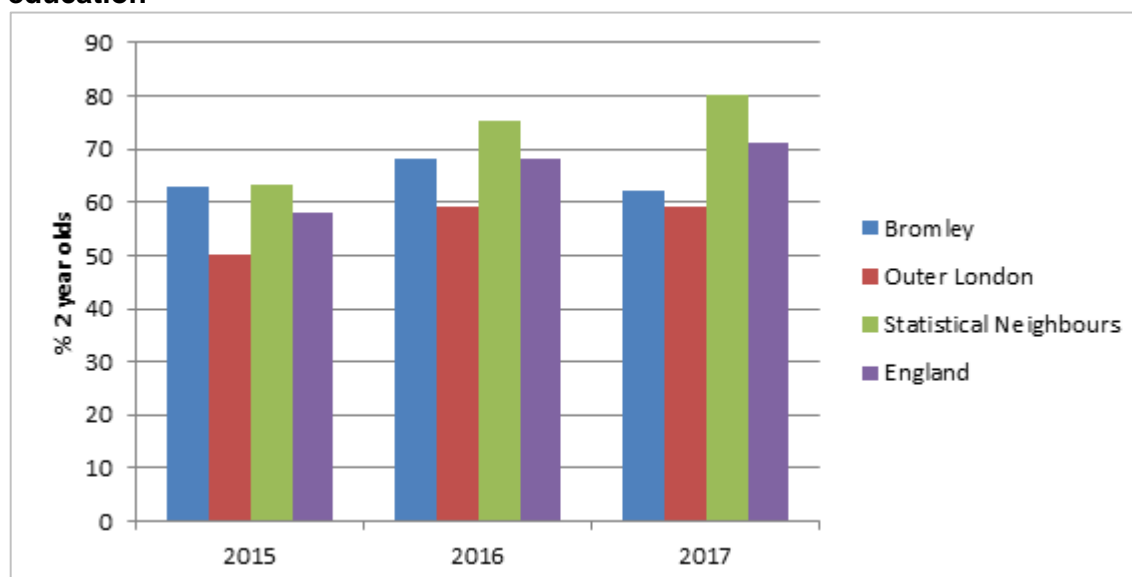
The proportion of children in each ward who access Early Help services and are identified as "need some support" is shown in **Figure A.28**. This shows that the wards where there are higher levels of need demonstrated by parental ill health are the wards where a higher proportion of children need support.

## d) Early Education

National evidence shows that the chances of starting school ready to learn are less for children from socio-economically disadvantaged backgrounds. A child's brain undergoes its most rapid growth in the years before they start school. Research has shown that children living in poverty often start school developmentally disadvantaged with a gap in achievement seen from as early as 22 months. Education is a key protective factor against poverty in later life due to its impacts on attainment, employment and health.

All 3 and 4 year olds in England and some 2 year olds (where the parents are on benefits) are entitled to 570 hours of free Early Educational Entitlement. This is usually taken as a maximum of 15 hours a week over 38 weeks of the year.

**Figure A. 29: Percentage of 2 year old children benefitting from funded early education**



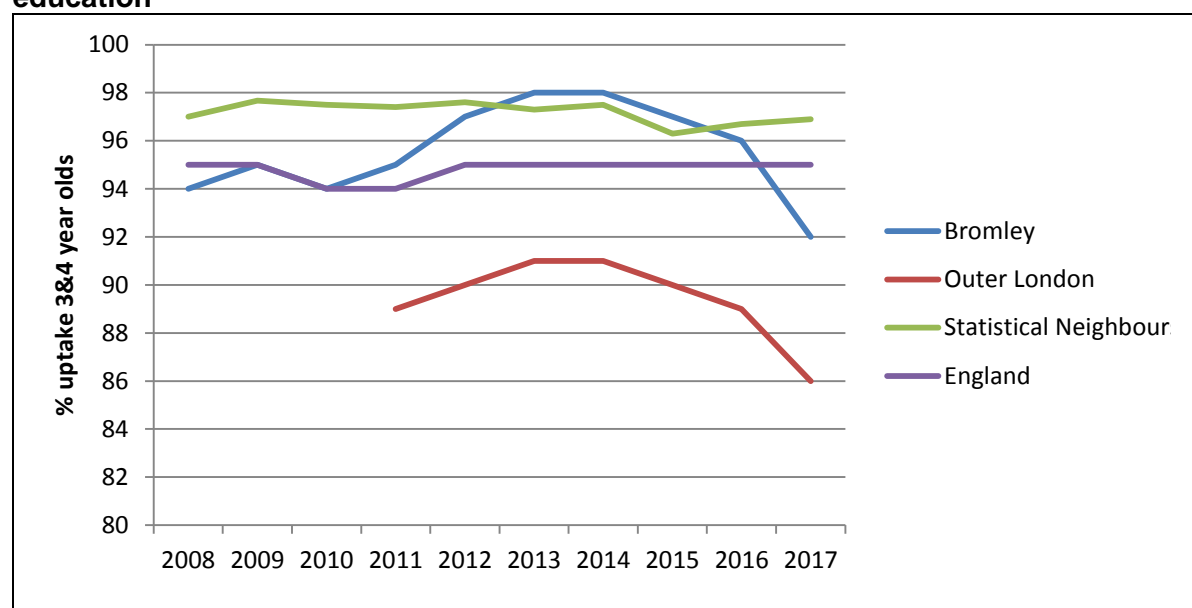
Source: LAIT, 2018

**Figure A.29** shows a good start to the take up of free early education for 2 year olds in Bromley, but the rate of take up appears to have fallen off relative to statistical neighbours and the national rate in 2017. Local data shows that this rate has increased to 71% take up of free early education for 2 year olds in 2018 (642 children). Comparator data is not yet available for 2018.

There is recent fall in take up of the free early education for 3 and 4 year olds as shown in **Figure A.30** below.

This represents a lost opportunity to reduce inequalities in children in Bromley.

**Figure A. 30: Percentage of 3&4 year old children benefitting from funded early education**



Source: LAIT

**What does this mean for Bromley residents and for children in Bromley?**

Opportunities for young children to benefit from funded early education appear to be reducing for 3 & 4 year olds in Bromley relative to statistical neighbours and national rates.

## **Key findings from Section 2**

### **Health and lifestyle issues of parents**

- Life expectancy is lower in more deprived wards, especially for men.
- More adults are reporting poor health in the Cray Valley and Mottingham and Chislehurst North
- Teenage pregnancy rates are still falling in Bromley. A high proportion of these conceptions result in a termination of pregnancy compared to national rates.
- Teenage pregnancy rates are highest in areas of greatest deprivation in Bromley
- Overall low levels of recorded drug use in Bromley mask high rates of opiate and/or crack use in young people aged 15-24.
- Bromley has a high proportion of drug users with a co-occurring mental health condition.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
- Alcohol consumption varies across the borough according to GP data, with the highest rates of harmful alcohol consumption in Hayes and Coney Hall, West Wickham, and Farnborough and Crofton, and the lowest rates in Darwin and Crystal Palace.

### **Mental health of parents**

- More than 20% of pregnant women in Bromley reported a history of mental ill health at booking for pregnancy care
- GP data shows that recorded depression in adults is the third highest in London and the rate is increasing.

### **Social issues of parents**

- Poverty is low in Bromley, but the proportion of under 16s living in low income families in Bromley is rising.
- Children living in households with unemployment and financial issues are more likely to live in Mottingham and Chislehurst North and the Cray Valley.
- There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.

### **Protective factors**

- Breastfeeding and immunisation rates in Bromley are reducing, which in turn reduces the protective effect of these measures on child health.
- Opportunities for young children to benefit from funded early education appear to be reducing for 3 & 4 year olds in Bromley relative to statistical neighbours and national rates.

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Bromley Clinical Commissioning Group



# **BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2018**

## **Section 3: Children and Young People with Emerging Needs**

**Dr Jenny Selway**



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# EMERGING HEALTH AND LIFESTYLE ISSUES

## a) Children and young people who smoke

Smoking status at age 15 years in 2014/15 shows that, Bromley has a greater number of current, regular and occasional smokers at this age than London and England. This is of concern as two thirds of smokers start smoking before the age of 18 years.

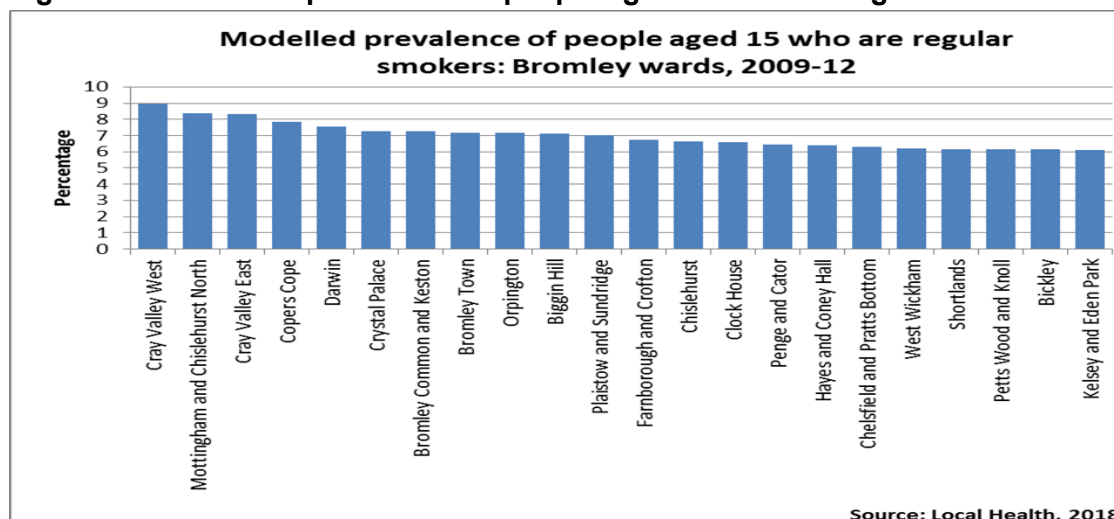
**Table B. 1: Smoking rates in Bromley, London and England, 2014/15**

Smoking status age 15, 2014/15	Bromley	London	England
Current smokers	9.9%	8.2%	6.1%
Regular smokers	6.6%	5.5%	3.4%
Occasional smokers	3.3%	2.7%	2.7%

Source: What About Youth survey, 2014/15

There has been no survey of smoking in young people in Bromley since 2014/15. There is variation in the estimated smoking rates across the wards in Bromley, with rates highest in areas of highest deprivation<sup>1</sup>. The differences seen between wards have wide overlapping confidence intervals (**Figure B.1**).

**Figure B.1: Modelled prevalence of people aged 15 who are regular smokers**



### What this means for Bromley residents and the children of Bromley

- Smoking rates in young people in Bromley are higher than London and national rates.
- Areas of highest deprivation are disproportionately affected.

<sup>1</sup> Smoking, Drinking and Drug Use (SDD) Among Young People Survey 2016

## b) Children and young people who need sexual health services

Sexual ill-health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions.

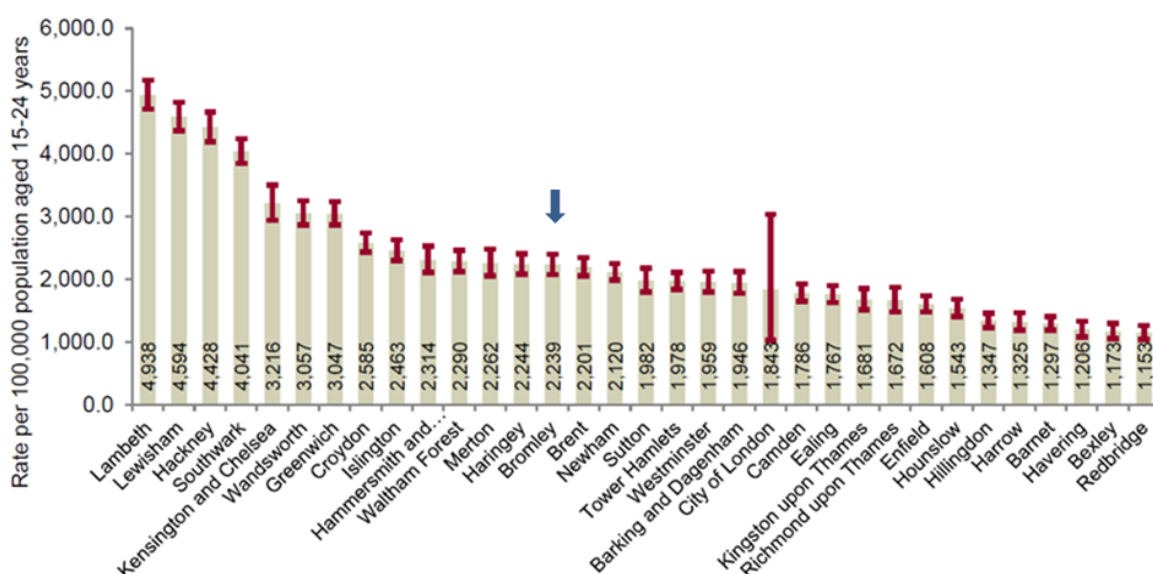
### Sexually Transmitted Infections (STIs)

Young people experience the highest diagnosis rates of most common STIs and this is likely due to greater rate of partner change among 16 to 24 year old people<sup>2</sup>.

### Chlamydia

The National Chlamydia Screening Programme (NCSP) provides opportunistic screening to sexually active young people aged 15 to 24 years with the aim of increasing the detection of chlamydia and reducing the prevalence of sequelae. This data is shown in **Figure B.2** below.

**Figure B.2: Chlamydia detection rate <sup>3</sup>per 100,000 population aged 15-24 years London: 2016.**



Source: 'PHE LASER' 2016 document

**Table B.2** shows that Bromley has a Chlamydia detection rate of 2, 239 per 100,000 population with a rank of 14<sup>th</sup> out of 33 London boroughs and 54<sup>th</sup> out of 326 local authorities in England, where 1 is highest number of diagnosis.

<sup>2</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/713962/hpr2018\\_AA-STIs\\_v5.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf)

<sup>3</sup> Detection rate is a measure referring to the number of diagnoses per 100,000

**Table B.2: Chlamydia detection rate per 100,000 population in 15-24 year olds in Bromley, London (PHE Centre) and England: 2016**

Rate of detection	Rate in the PHE Centre	Rate in England	Rank within PHE Centre†	Rank within England*
2,239.2	2,308.8	1,882.0	14	54

Rates based on the 2015 ONS population estimates (15-24 year olds)

†Out of 33 local authorities in London PHEC, 1st rank has the highest rates

\*Out of 326 local authorities in England, 1st rank has the highest rates

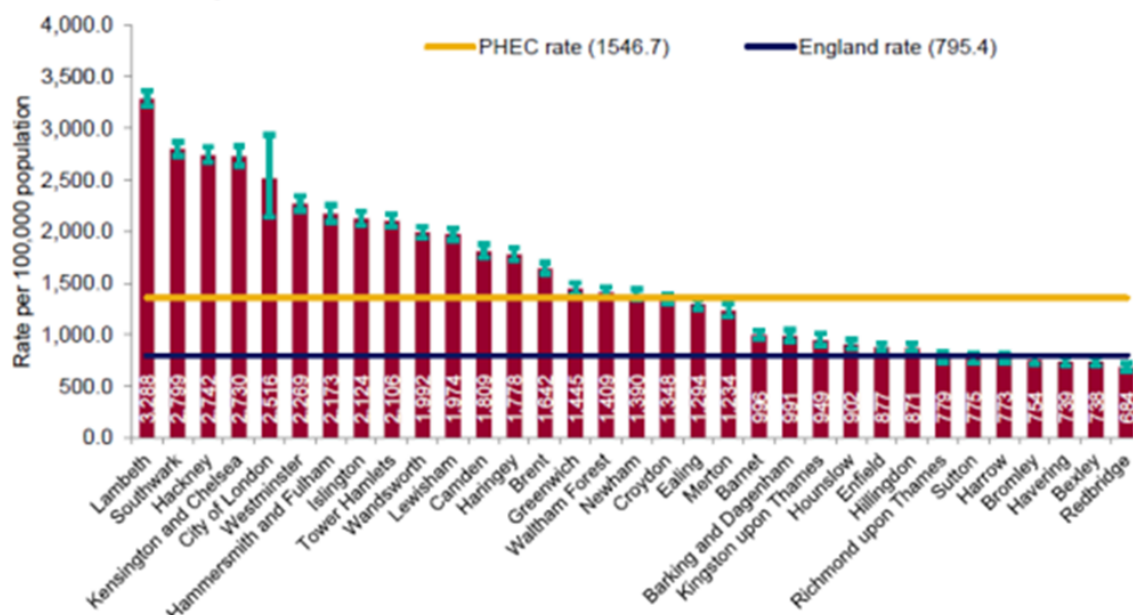
Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia

**Table B.2** shows that the Chlamydia detection rate in Bromley is lower than the region average (2,308 per 100,000) but higher than England (1882 per 100,000).

This detection rate for Chlamydia Infection indicates that, Bromley successfully screens Bromley residents who are at the highest risk of infection. However the rate of Chlamydia detection is relatively high compared to the rate of new STIs for diseases other than chlamydia (**Figure B.3**). Recently the chlamydia detection rate in Bromley has fallen.

## Other Sexually Transmitted Infections

**Figure B.3: Rate of new STI diagnoses (excluding chlamydia diagnoses in persons aged 15-24 years) per 100,000 population aged 15-64 years, London: 2016**



Source: PHE 2016 LASER (PHE 'Spotlight on STIs in London' CTAD 2016)

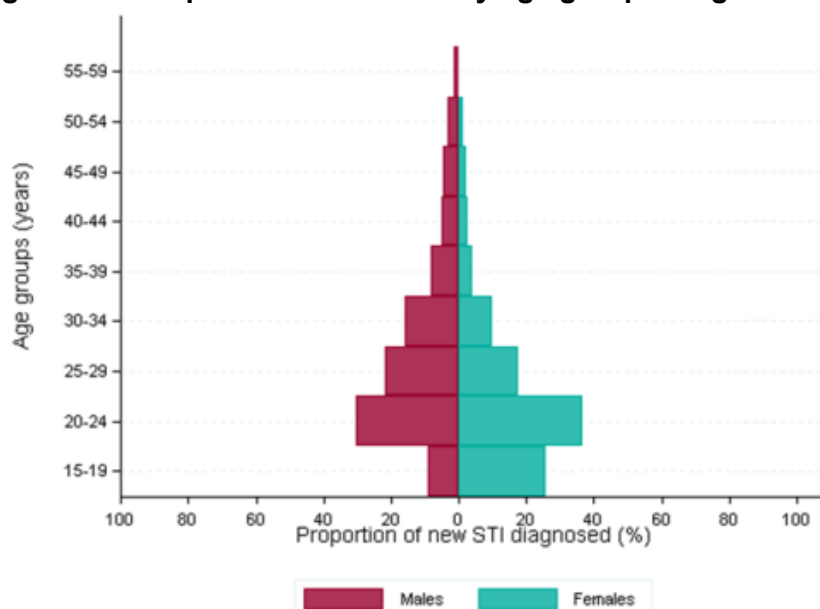
Analysis of STI diagnoses by age shows that, 51% of all new STIs diagnosed for Bromley residents are in young people under the age of 25, which is slightly less than the previous year (52%). This picture is in keeping with the national trend.

Higher rates of STIs are diagnosed in young women up to the age of 25, both nationally and locally (**Figure B.4 below**). This is mainly because of women's health seeking behaviour, they are more likely to be tested for STIs. However, in London, STI rates are similar in men and women aged 20-24. Above the age of 25, higher rates of STIs are diagnosed in men.

A particular concern, both locally and nationally, is the rise in the levels of diagnosis of Syphilis. However, numbers are still low in Bromley compared to other London boroughs.

Young people are also more likely to become re-infected with new STIs, contributing to infection persistence. Of particular concern, 10% - 14% of young Bromley residents aged 15-19 years become re-infected within 12 months, especially young men. This is similar to the national picture of re-infection.

**Figure B.4: Proportion of new STs by age group and gender in Bromley: 2016**



Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system (CTAD). \*Please note that to prevent deductive disclosure the number of STI diagnoses has been rounded up to the nearest 5.

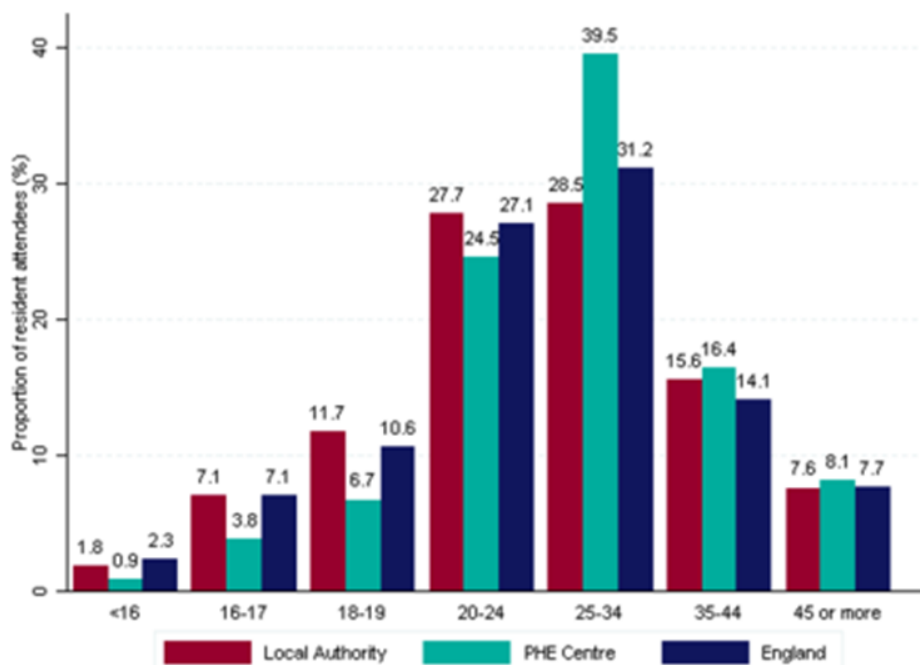
**Source: PHE 2016 LASER (PHE 'Spotlight on STIs in London' CTAD 2016)**

## Contraception

Contraception & Reproductive Health Clinics attended by Bromley young women aged 19 years or below is 20.6%, which is similar to the rate for England (20%) but much higher than other London Boroughs (11.4%). Bromley residents can also attend their GP for a broad range of Sexual Health and Contraception methods.

In 2016, 36.9% of contraception methods provided by GPs and Contraception clinics were LARC (Long Acting Reversible Contraception) compared to 34.5% in London and 46.4 % in England.

**Figure B.5: Proportion\* of SRH services attendees by age group, in residents of Bromley, London (PHE Centre) and England: 2016.**



Source: SRHAD. Data from Sexual and Reproductive Health Services.

This represents a breakdown of the number of individuals who have attended SRH services in the year, whether once or more than once.

\* Please note, to prevent deductive disclosure the underlying number of attendees by age group have been rounded to the nearest 5. Percentages may be distorted by rounding especially where small numbers are involved.

**Source: PHE 2016 LASER (PHE 'Spotlight on STIs in London' CTAD 2016)**

*Proportions may be distorted as numbers used to calculate the proportions are rounded- see footnotes.*

In the autumn of 2017, Bromley CCG commissioned a survey of young people aged 11-18 in Bromley. 182 young people responded, 67% of whom were girls and around a third were aged 16-18. Pupils from 15 schools participated in the survey.

The survey showed that two thirds of the group did not know how to access sexual health services (this may have been the younger people in the survey), and only a small number of young people were regularly accessing sexual health services.

**Table B.3** shows Metropolitan Police data on all sexual offences in Bromley between October 2016 and September 2017. The data shows that there were 502 sexual offences in Bromley, a rate of 1.5 per 1,000 population. This rate in Bromley is lower than in similar London boroughs, although overall sexual violence is increasing in London. Age analysis is not possible with the available data.

**Table B.3: Sexual violence in Bromley, October 16 to September 17**

October 2016 to September 2017	Bromley	Sutton	Havering	London trend from 2016
All sexual violence	502	373	435	↑ 9.4%
Rape offences	170	144	149	
Other sexual offences	332	229	286	
Sexual offences rate per 1,000 population	1.5	1.9	1.7	

Source: MOPAC

### What does this mean for young people in Bromley?

- There is overall a relatively low rate of new STIs in Bromley. Underlying this picture, rates of chlamydia infection detection are falling and rates of syphilis are rising.
- There is a high rate of attendance at sexual health clinics in Bromley, although there is some evidence that not all young people know how to access sexual health clinics.

## c) Children and young people who drink alcohol and take drugs

While the majority of young people do not use drugs, and most of those that do are not dependent, drug and alcohol misuse have a major impact on young people's; education, health, families and long-term chances in life.

High levels of alcohol consumption are associated with increased risk taking generally, particularly among young people, including; unsafe sex and drink driving. It is also a common feature of domestic and sexual violence.

### Binge drinking

The definition of binge drinking is drinking more than double the lower risk guidelines for alcohol in one session. Binge drinking for men, therefore, is drinking more than 8 units of alcohol – or about three pints of strong beer. For women, it's drinking more than 6 units of alcohol, equivalent to two large glasses of wine.

There has been a reduction in the prevalence of binge drinking across Great Britain since 2005, with 15% of those aged 16 years and over binge drinking in 2013, as compared with 18% in 2005.

The prevalence of binge drinking is higher in the younger age groups, with 18% of 16 to 24 year olds and 19% of 25 to 44 year olds binge drinking. National figures also

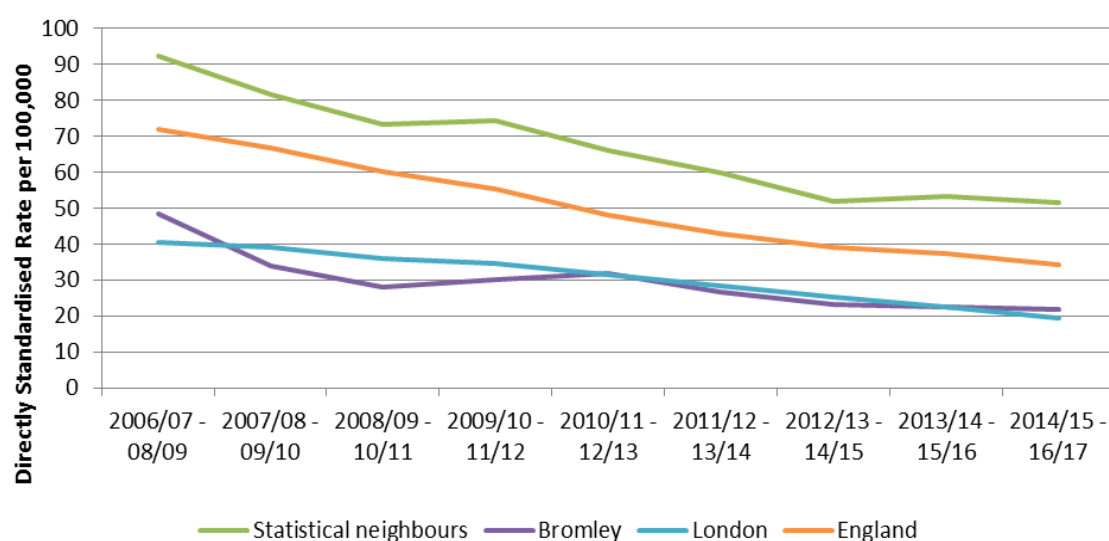
show that, in young women; the highest age-specific proportion of female binge drinkers is in the 16-24 year old age bracket.

There are no local Bromley estimates for the level of binge drinking in young people.

## Hospital Admissions-burden of ill-health due to alcohol

The alcohol-specific admission rate for under 18 year olds in Bromley has been falling for some time and is comparable to the rate for London, but significantly lower than the rate for England and that of Bromley's statistical neighbours (**Figure B.6**).

**Figure B.6: Alcohol-related hospital admissions, Bromley and comparators, 2008/09 to 2016/17**



Source: PHE fingertips March 2018

A 2016 survey of young people showed lower rates of consumption of alcohol in boys in London than in any other group.

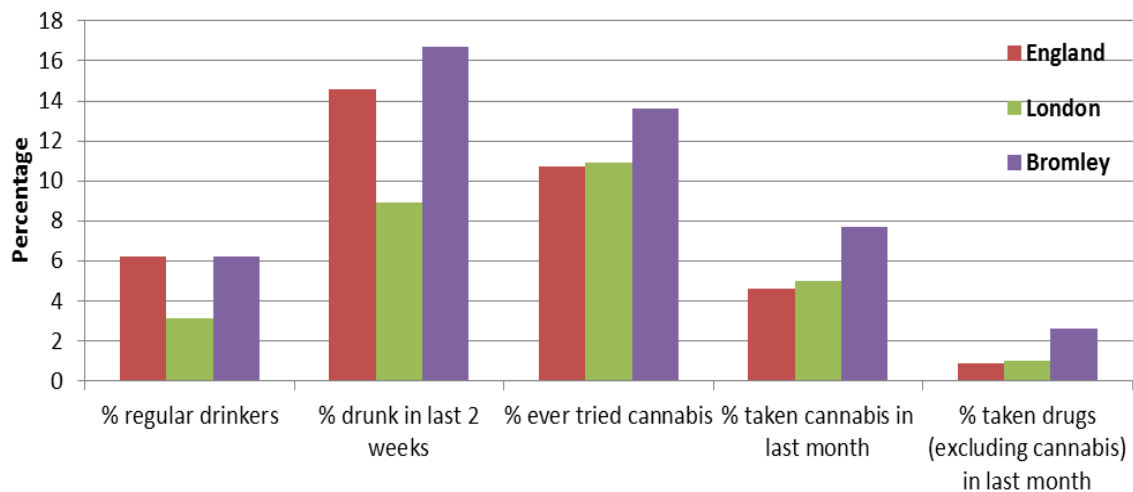
**Table B.4: Proportions of pupils who drank alcohol in the last week, by region and sex, 2016**

Proportions of pupils who drank alcohol in the last week, by region and sex, 2016									
	Region								
	North East	North West	Yorkshire & the Humber	East Midlands	West Midlands	East of England	London	South East	South West
	%	%	%	%	%	%	%	%	%
Boys	12	11	12	10	9	10	3	10	10
Girls	12	11	12	10	10	10	11	11	13
Total	12	11	12	11	10	10	6	11	11

Source: Smoking, Drinking and Drug Use (SDD) Among Young People Survey 2016

However an earlier survey (the WAY survey, 2014/15) which published results at borough level, showed that the rates in Bromley are higher than those for England for both regular drinkers and the proportion of young people who had been drunk in the previous two weeks.

**Figure B.7: Key findings from the “What About Youth” survey 2014/15, Bromley and comparators**



Source: *What about youth survey, 2014/15*

**Drug use in young people**

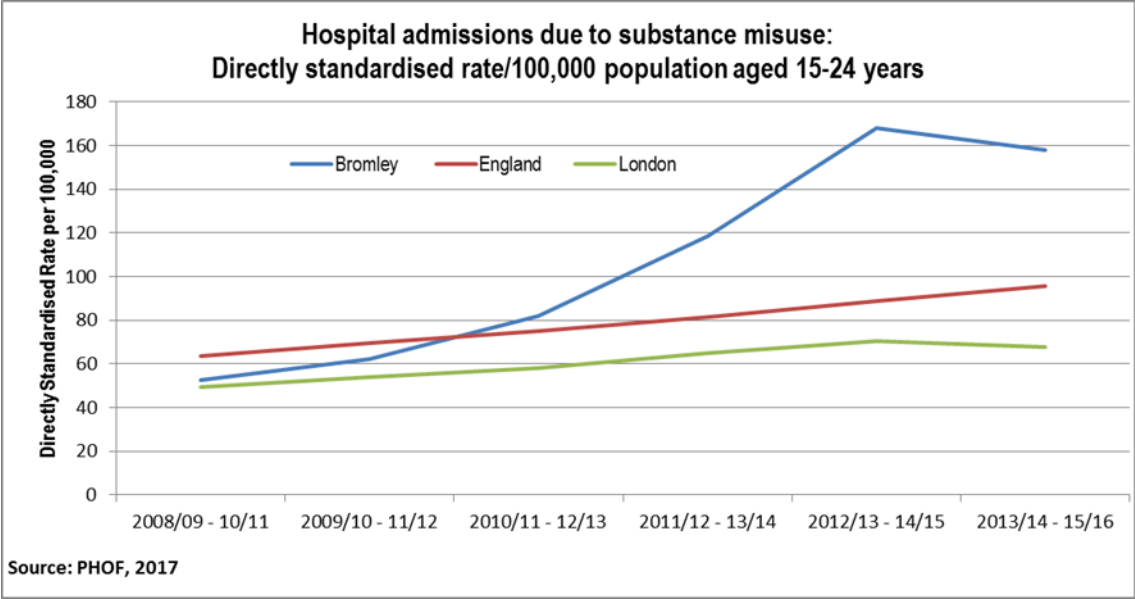
Among young people, drug use is linked to increased likelihood of a range of adverse experiences and behaviour including; truancy, exclusion from school, homelessness, time in care and serious or frequent offending <sup>4</sup>.

The “What About Youth” (WAY) survey in 2014/15 also indicated concerning levels of drug use in young people in Bromley.

Hospital admission data for substance misuse supports this survey finding, although data for under 18s only is not available. Hospital Episodes Statistics data shows that hospital admission rates have risen in the last few years at a faster rate than London and England, and although reducing slightly are still worryingly high.

<sup>4</sup> [http://www.bromley.gov.uk/downloads/file/3371/jsna\\_drug\\_misuse\\_in\\_adults](http://www.bromley.gov.uk/downloads/file/3371/jsna_drug_misuse_in_adults)

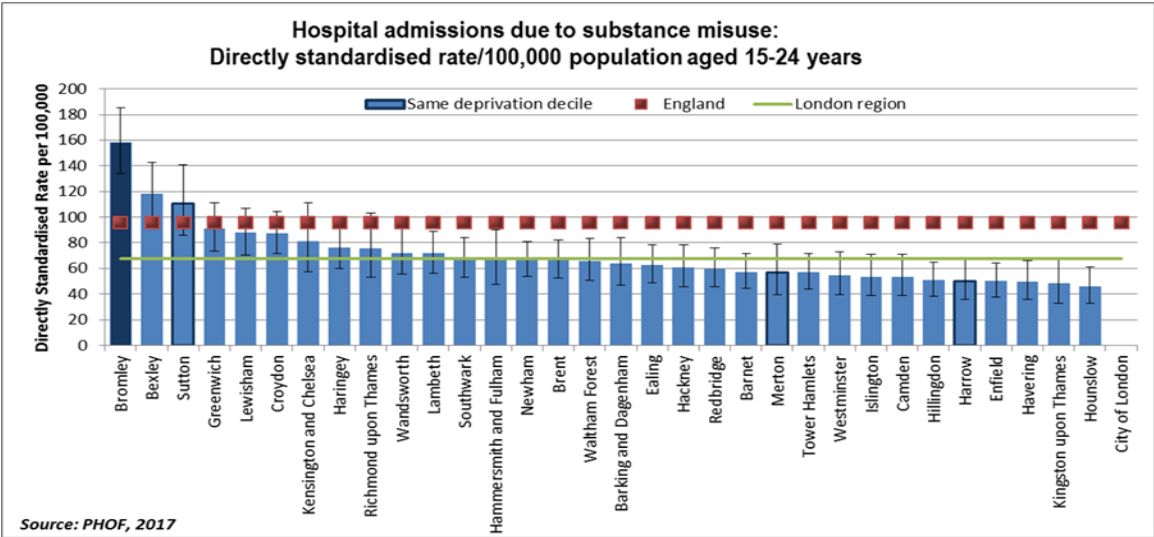
**Figure B.8: Admissions for substance misuse\*, age 15-24 years, Bromley and comparators**



\*Excludes alcohol

**Figure B.8** shows that the rate of hospital admissions for substance misuse in young people 15-24 years old<sup>5</sup> in Bromley is worse than all the London boroughs in the same socioeconomic deprivation bracket (Merton, Sutton and Harrow).

**Figure B.9: Hospital admissions due to substance misuse, London**



The 2016 national survey of young people (Smoking, Drinking and Drug Use Among Young People Survey 2016) is shown in **Table B.5**.

<sup>5</sup> This statistic doesn't include admissions related to alcohol, it related specifically to the misuse of drugs and other substances.

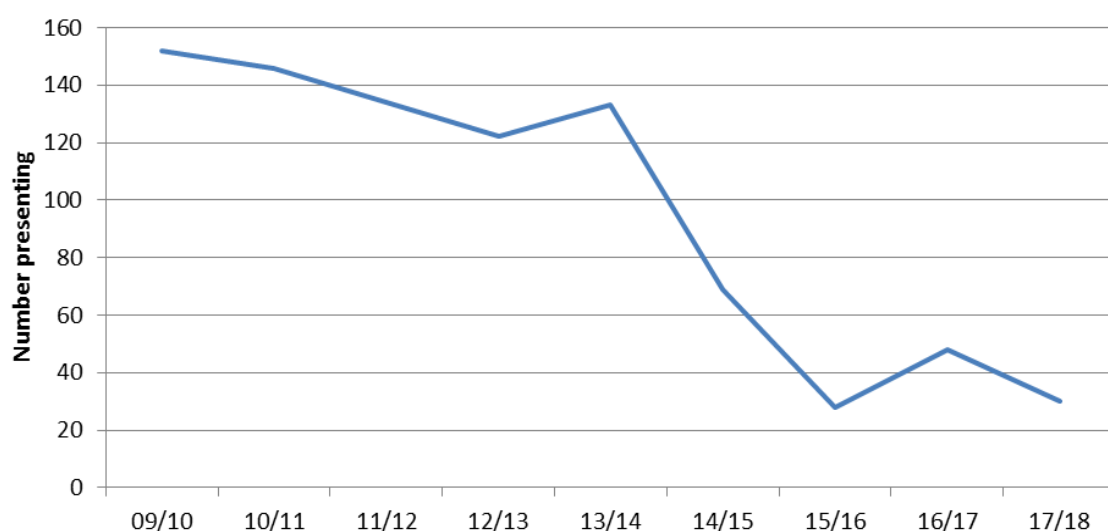
**Table B.5: Survey<sup>i</sup> of young people: “Took drugs in last month”, 2016**

	Region								
	North East	North West	Yorkshire & the Humber	East Midlands	West Midlands	East of England	London	South East	South West
	%	%	%	%	%	%	%	%	%
Boys	12	9	9	11	9	9	13	9	9
Girls	7	13	10	9	9	10	13	8	8
Total	10	11	9	10	9	10	13	9	9

Source: *Smoking, Drinking and Drug Use Among Young People Survey, 2016*

**Table B.5** shows higher rates of drug use in London than any other region of England. This makes the Bromley data in **Figure B.9** even more concerning as drug use appears higher in Bromley than London and London has the highest rate of drug use in England. This table refers to young people who have taken drugs in the last month when surveyed in 2016. Overall, 24% of young people reported they had ever taken drugs. This is much higher than the reported use by 15% in 2014. Part of the increase since 2014, may be explained by the addition to the survey of questions on nitrous oxide and new psychoactive substances.

In this context of apparent high levels of substance misuse in young people in Bromley, it is of concern that the number of young people presenting to specialist substance misuse services has been falling for some years as shown in **Figure B.10** below. The national picture shows only a small reduction in presentation to specialist substance misuse services over the same timescale.

**Figure B.10: New presentations to specialist substance misuse services in Bromley**

Source: *NDTMS – accessed 11.04.18*

Data from the National Drug Treatment Service (NDTMS) shows that, between April and December 2017, 37 young people accessed specialist substance misuse

treatment services in Bromley, 22 (59%) of whom were new referrals. Of these new referrals, 36% of referrals were from health services including A&E, 23% were referred from education services, 18% were referred through Children and Family Services, 9% were referred through the Youth Justice system and 9% were self-referrals. It should be noted that the numbers referred are small and show great variability, so caution should be taken in interpreting this data.

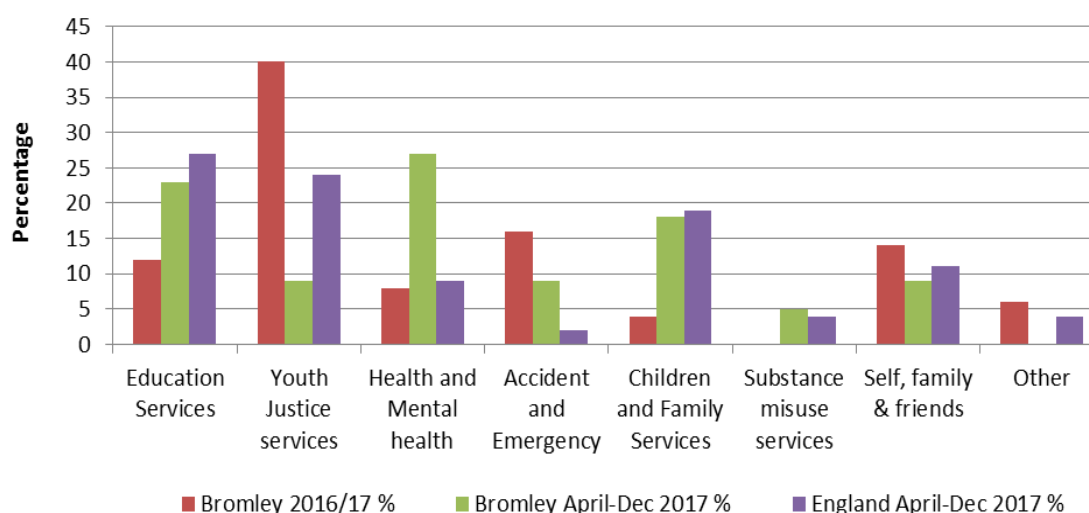
**Table B.6: Referral source to specialist substance misuse services 2017**

Referral source of new referrals	Bromley		England
	April-Dec 2017 (%)	2016- 2017 (%)	April-Dec 2017 (%)
Education Services	23	12	27
Youth Justice services	9	40	24
Health and Mental health	27	8	9
Accident and Emergency	9	16	2
Children and Family Services	18	4	19
Substance misuse services	5	0	4
Self, family & friends	9	14	11
Other	0	6	4

Source: NDTMS – accessed 11.04.18

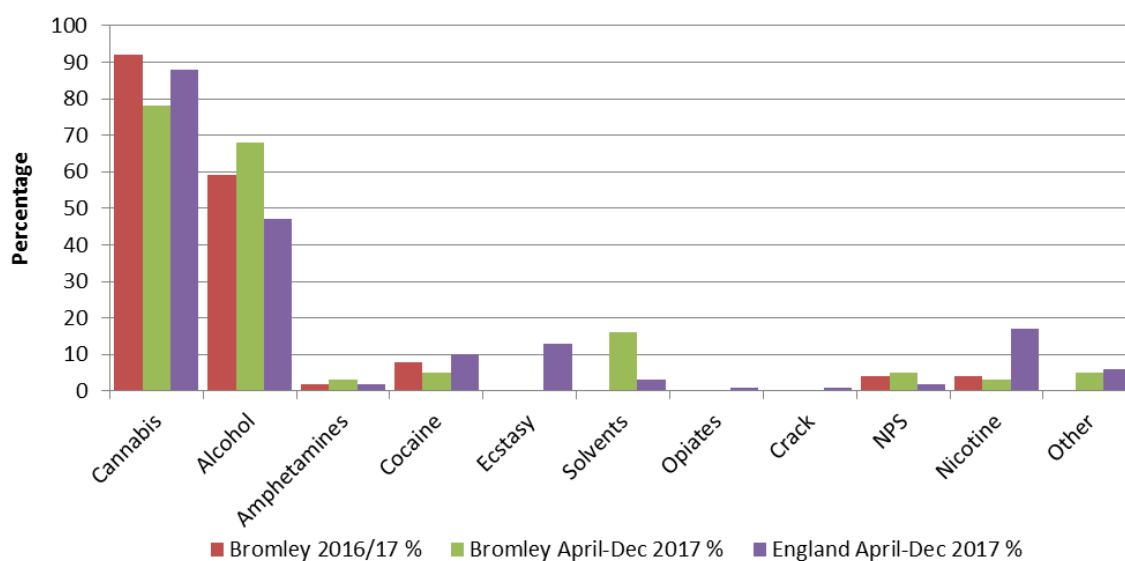
**Table B.6** data indicates that there are increasing referrals from education, health and Children and Family services. The proportion of referrals from Children and Family services now mirror the national picture more closely.

**Figure B.11: Referral source: new presentations to specialist Substance Misuse services**



Source: NDTMS – accessed 21.05.18

**Figure B.12: Substances used by young people attending the Substance Misuse service**

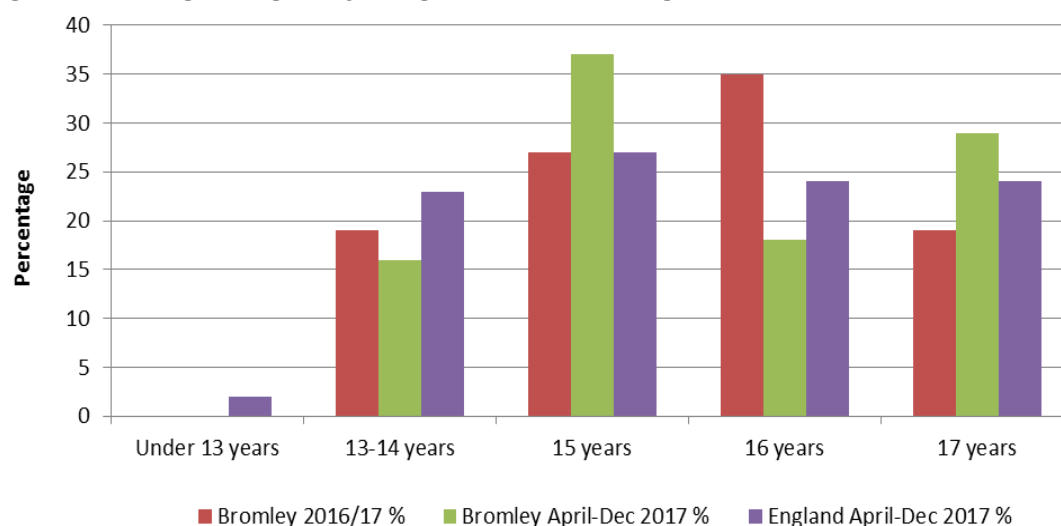


Source: NDTMS – accessed 21.05.18

The data in **Figure B.11** above is based on the 37 young people using the specialist Substance Misuse service in Bromley between April and December 2017. The analysis shows that the main substances used by those attending services are cannabis and alcohol. There appears to be an emerging picture of the use of solvents in 2017 which requires monitoring.

There is no distinct pattern in the service attendance by age group (**Figure B.13**).

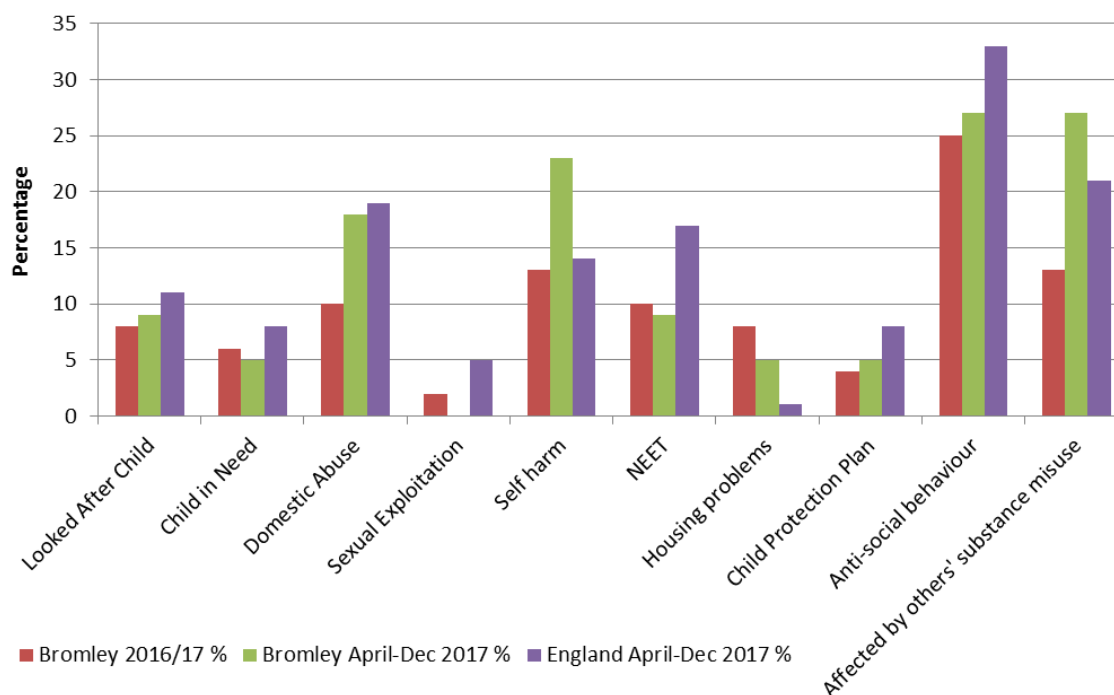
**Figure B.13: Age range of young people attending the Substance Misuse service**



Source: NDTMS – accessed 21.05.18

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely to be Looked After, not in education, employment or training (NEET), experiencing domestic violence, self-harming, displaying anti-social behaviour, or be affected by others' substance misuse.

**Figure B.14: Vulnerabilities of young people in substance misuse services.**



**Source:** NDTMS – accessed 21.05.18

Of the 22 young people presenting to specialist Substance Misuse services in Bromley in 2017 for the first time, 86% (19 young people) began using their main problem substance before the age of 15 years, and 50% were using two or more substances (this may include alcohol). Three young people were assessed as being a “high risk alcohol user”.

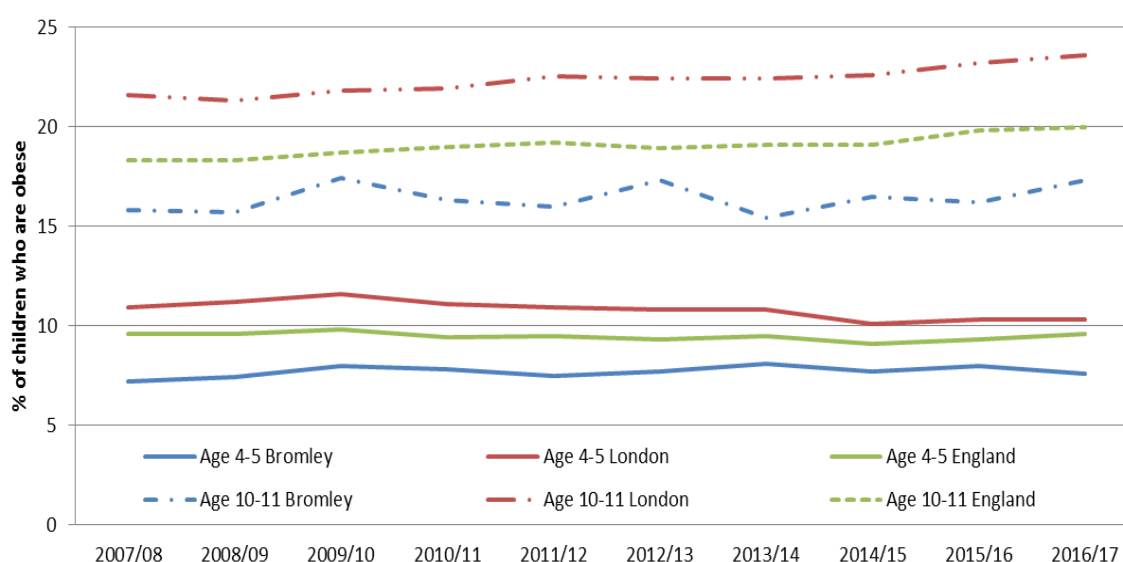
#### **What This Means for Children in Bromley**

This data appears to show a significant drug problem in young people in Bromley, and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing.

## d) Children and young people who are obese

Severely obese children are at risk of developing a number of serious acute and chronic health problems.<sup>6</sup> These children pose a significant concern in terms of their health and well-being, and may require the provision of specialist services. Severe obesity prevalence varies significantly by geography and is highest in children living in income deprived households and those from black ethnic groups, therefore, suggesting a need for the development and evaluation of more targeted interventions.<sup>7</sup> Although in relative terms, the prevalence of severe obesity remains low (55 children in reception and 90 in year 6), this represents children in Bromley who are likely to remain obese. A recent study by PHE<sup>8</sup> found that severely obese Reception children are likely to remain severely obese in Year 6. Only a small number of overweight and obese children return to a healthy weight in Year 6. Fewer children from Black and Asian groups and those from more deprived neighbourhoods are returning to a healthy weight.

**Figure B.15: Childhood obesity rates in Bromley, London and England, 2007-2017**



Source: PHE fingertips data

<sup>6</sup> Kelly AS, Barlow SE, Rao G, et al. Identification, associated health risks, and treatment approaches: a scientific statement from the American heart association. *Circulation* 2013;128:1689–712.

<sup>7</sup> Ells LJ, Hancock C, Copley VR, et al. Prevalence of severe childhood obesity in England: 2006–2013 *Archives of Disease in Childhood* 2015;100:631-636.

<sup>8</sup> Copley VR, Ells LJ, Bray C, et al. Changes in the weight status of children between the first and final years of primary school: a longitudinal analysis of data from the NCMP in four local authorities in England between 2006/07 and 2014/15; PHE, 2017

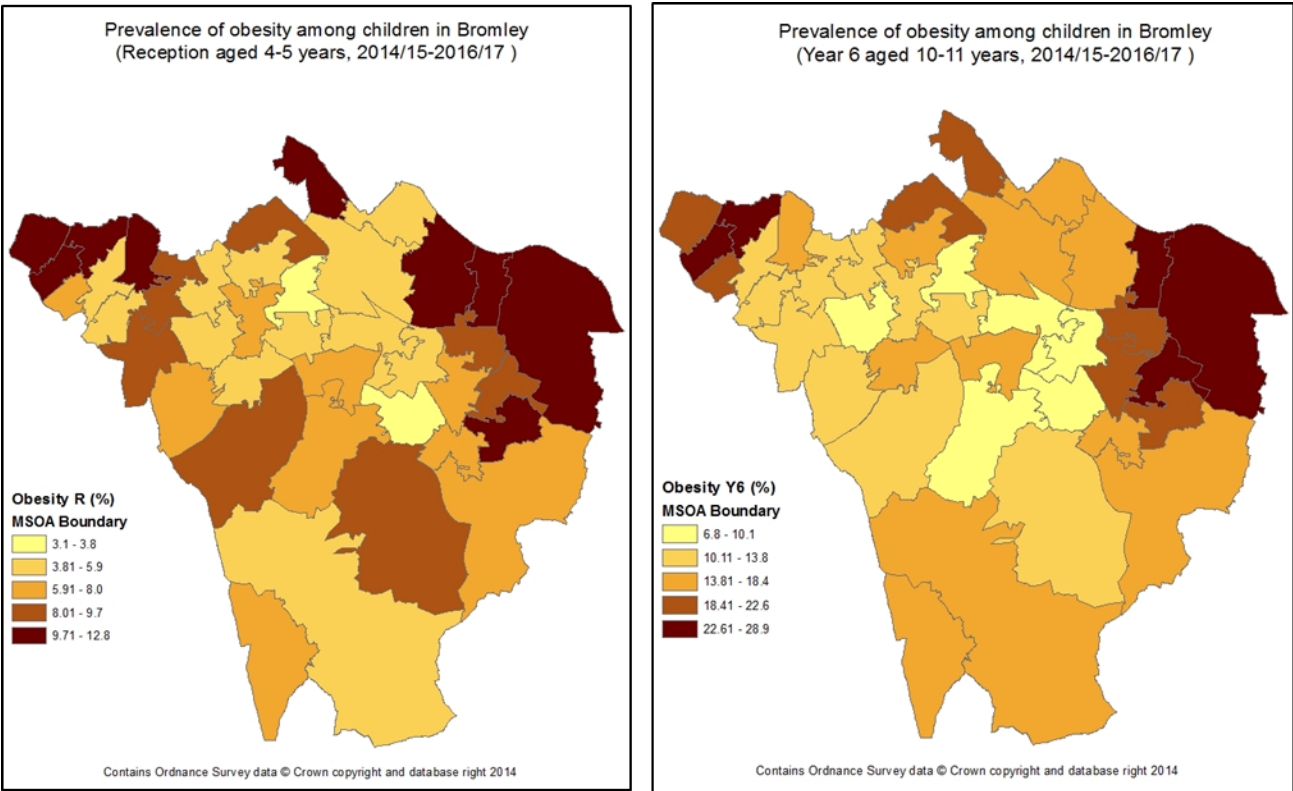
The rate of childhood obesity in Bromley is one of lowest rates in London and is also below the rates for England. The rate of severe obesity<sup>9</sup> is third lowest in London in reception year and fourth lowest in London in year 6.

The percentage of children in Bromley schools who are obese doubles from their first year in primary school (9.6% obese, 290 children) to their final year in primary school (20% obese, 570 children).

As can be seen from **Figure B.15**, there has been little change in the prevalence of obesity either locally or at London or national level. Half of parents do not recognise that their children are overweight or obese <sup>3</sup>.

Childhood obesity is not evenly distributed within Bromley as shown in **Figure B.16** and **B.17**.

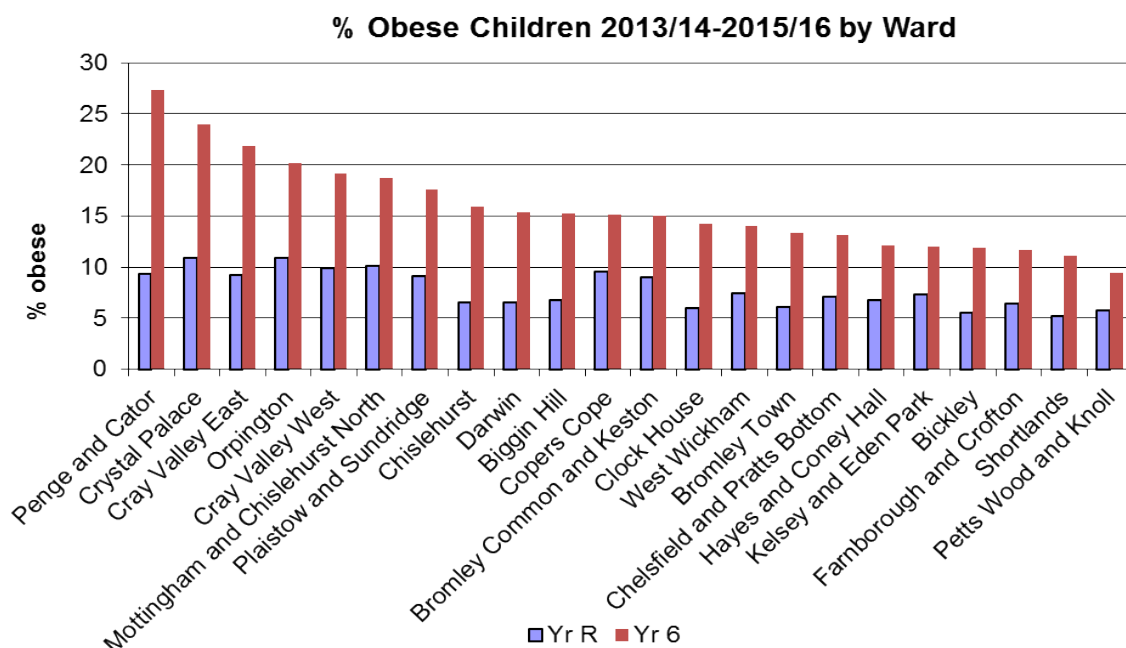
**Figure B.16: Prevalence of obesity among children in Bromley**



Source: NCMP data

<sup>9</sup> Prevalence of obesity (BMI greater than or equal to the 99.6th centile of the UK90 growth reference) among children in Reception (age 4-5 years)

**Figure B.17:**



Source: NCMP data

### What this means for Bromley residents and the children in Bromley

Obesity in children is a significant concern in terms of their health and well-being. In reception year and year 6 in Bromley primary schools there are 145 children who are known to be severely obese as well as 860 obese children. There are marked differences in rates of obesity within Bromley, with children in the north east and north west of the borough and Mottingham having the highest rates of obesity.

## e) Children and Young People with Sensory Impairment

Screening for vision problems is completed in reception year in all maintained schools and academies in Bromley. In 2014/15, 4.2% of pupils screened were identified as needing further evaluation of possible visual problems. The SEN data in **Table B.7** is likely to be an underestimate as it measures primary need.

**Table B.7: SEN data from maintained primary, secondary and special schools and academies, 2018**

	Primary school	Secondary school	Special school
Hearing Impairment	63	77	<5
Visual Impairment	38	38	<5

Source: LBB school SEN data 2018

Some children identified as vision impaired are registered blind or partially sighted.

**Table B.8: Registered Blind and Partially Sighted People year ending 31 March 2017**

	Age	Age
	0-4 years	5-17 years
Number of children registered blind	15	20*
Number of children registered partially sighted	5	25

\*Of whom 5 have an additional disability

Source: <https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2016-17#section-resources>

## Hearing Impairment

Half of all deaf children are born deaf, whilst half acquire deafness during childhood<sup>10</sup>. 2 out of 5 deaf children will have additional or complex needs<sup>11</sup>. National data shows that 71% of deaf children failed to achieve the government benchmark of five GCSEs at grades A\* to C, including English and Maths, in 2009.

In Bromley, attainment data is available at Key Stage 2 for these groups. In 2016/17 67% of children with visual impairment at KS2 (4 out of 6 children) achieved the expected standard in reading, writing and mathematics. In the same year, 49% of hearing impaired children (7 out of 15 children) achieved the expected standard in reading, writing and mathematics.

## f) Children and young people with speech, language and communication needs

Speech, language and communication skills are core to overall child development. Difficulties in these areas will potentially have significant and far-reaching impacts on social, emotional, behavioural and academic development. The term 'Speech, Language and Communication needs' (SLCN) is the most commonly used term to describe children who find it hard to talk and/or understand what people say to them. Autistic Spectrum Disorder is a type of social communication disorder.

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<sup>10</sup> Kelly AS, Barlow SE, Rao G, et al. Identification, associated health risks, and treatment approaches: a scientific statement from the American heart association. *Circulation* 2013;128:1689–712.

<sup>11</sup> National Deaf Children's Society Policy on Audiology 2010

A variety of adverse outcomes are associated with SLCN in a child. These include:

- being bullied
- mental health difficulties
- lower educational attainment
- up to 60% of young offenders have SLCN<sup>12</sup>
- 88% of long term unemployed men have SLCN<sup>12</sup>

It is estimated that, nationally, 7% of children 0-5 years will have speech, language and communication needs, but this may be as high as 55% of under 5s and 35% of 5-16 year olds in areas of high deprivation<sup>13</sup>.

A new “Ages and Stages Questionnaire” (ASQ) is used nationally as a screening tool to identify developmental delay in young children. In Bromley, between January and March 2017, 634 children aged 24-27 months were screened using this tool as part of the routine Health Visitor developmental review. Of the 634 children screened, only 44 (6.9%) were below the expected developmental standard for this age group. This mirrors the national rate of 7% SLCN in children aged 0-5 years.

At school children with significant SLCN needs will have an EHC Plan. Comparing EHC Plans in Bromley with statistical partners:

- Speech, language and communication needs are higher than statistical neighbours (31.6% Bromley, 25.2% statistical neighbours)
- Autistic Spectrum Disorder is slightly higher in Bromley than statistical partners (8.7% in Bromley, 7.6% statistical neighbours)

1804 children and young people in Bromley schools are identified as having SLCN. Of these, 1353 are in primary school, 416 in secondary school, and 20 in special schools. SLCN is described in more detail in Section 4: Children with Established Needs.

#### **What this means for Bromley residents and the children in Bromley**

Speech and language disorders are typically higher in more deprived populations, so low levels of need would be expected in Bromley. Early findings from the new Ages and Stages Questionnaire at age 2½ appear to show good development in communication at this age. However by school age, Speech Language and Communication Needs (SLCN) are the commonest form of SEND, and rates are much higher than statistical neighbours. This requires further clarification.

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<sup>12</sup> Chief Medical Officer Annual Report, 2012.

<sup>13</sup> Bercow Report – A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs (2008)

## **g) Children and young people's use of social media**

Between July and October 2017 in Bromley, 967 children aged 7-11 years, 1383 young people aged 11-18 years and 872 parents with children in education from preschool to Year 13 were surveyed online<sup>14</sup>.

### **KEY FINDINGS**

- Children access the internet and social media from multiple devices.
- 44.1% of parents surveyed did not know how to set the parental controls for the devices their children used.
- 29% of 7-11 year olds own a mobile phone. 93.3% of 11-18 year olds own a smart phone.
- Children as young as 4-5 years are beginning to own smart phones.
- On average, 50% of children have access to additional family devices.
- 74% of 7-11 year olds are accessing the internet and social media via the privacy of their bedrooms.
- Parents not fully aware of their children's membership of social media sites.
- Children as young as 4-5 years have been granted parental consent to use social media (1.7%).
- Facebook (30.8%), Snapchat (18%) and Instagram (13.4%) are the sites parents are most concerned about their children using.
- 24% of 17-18 year olds admitted that their parents were unaware that they had joined social media sites.
- Children's awareness of online safety needs raising. 61% of 7 year olds share their passwords with close friends. 3% of 7 year olds share passwords with everyone.
- 44.6% of parents surveyed allow their children to access digital media prior to completion of homework.
- Parents are confident (85%) in discussing online security measures and how to implement them with their children.
- Majority of parents say they are aware of how to set privacy controls. 69% of parents have social media privacy settings activated. Their privacy settings differ per account.
- Parent/carers awareness of negative implications of internet and social media usage by their children is surprisingly low.
- Potential negative effects of using social media include - children's difficulty stopping games and acceptance of losing games, viewing inappropriate content/games, grooming, bullying, low self-esteem and behavioural issues, including anger and use of swear words.

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<sup>14</sup>[https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/news/491\\_BromleySCBDigitalFootprintReport\\_21032018.pdf](https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/news/491_BromleySCBDigitalFootprintReport_21032018.pdf)

## EMERGING EMOTIONAL HEALTH NEEDS

The number of children and young people reporting emotional health difficulties is rising in Bromley as in the rest of the country. This section will examine how and why children access these services in order to understand this trend and potentially contribute to local work to promote emotional resilience in children and young people in Bromley.

In Bromley, most children and young people enter the system via the Single Point of Contact in the Wellbeing Service. A small number of children and young people have more complex issues requiring the support of Specialist CAMHS, provided by Oxleas NHS Trust in Bromley (see Section 4: Children and Young People with established needs). **Table B.9** shows a gradual increase in presentations to the Wellbeing Service and a slight decrease in accepted referrals to Oxleas CAMHS.

**Table B.9: Number of young people seen in CAMHS services in Bromley**

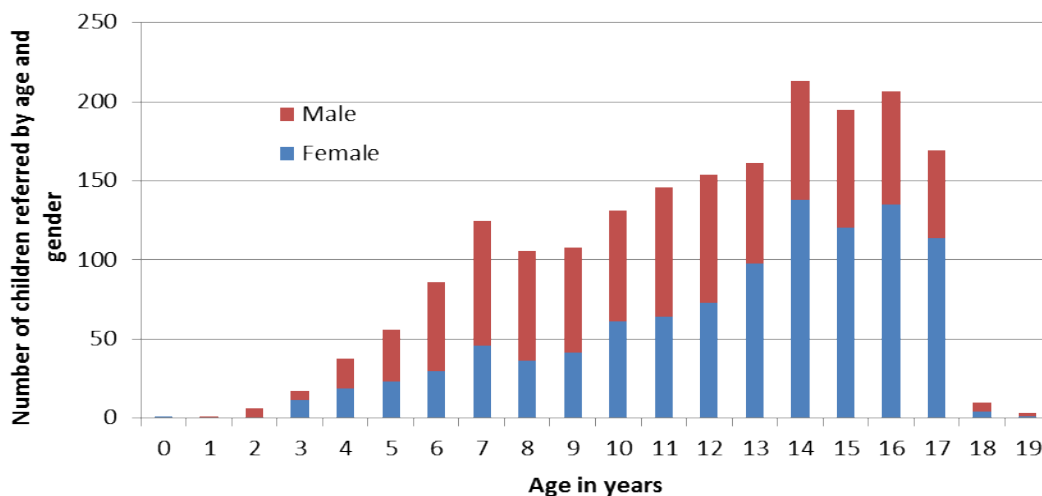
Provider	2015/16	2016/17	2017/18
Wellbeing Service	1,491	2,011	2721
Oxleas (Specialist) CAMHS	763	687	609

*Source: Children and Adolescents Mental Health Services, 2018*

It is not clear whether so many more children and young people are able to make contact with the Wellbeing Service each year because of improved access to services or because the need for services is increasing.

The ages of children accessing the Wellbeing service is shown in **Figure B.18**.

**Figure B.18: Wellbeing Service referrals by age and gender, Q1-Q3, 2017/18**



*Source: Wellbeing service data*

As a generalisation, boys tend to present younger with behavioural (externalising) issues, and girls tend to present later with anxiety and depression (internalising) issues.

The most common source of referral is GPs (34%), followed by carer referral then school referral.

**Table B.10: Referral Source (Q1-3 17/18): data from Wellbeing Service**

Referral Source	Number	% of total (n=1945)
GP	651	34
Parent/carers	487	25
School	325	17
Social Care	155	8
Self	53	3
Phoenix Centre	43	2
BCP	33	2
Hospital	27	1
YOT	22	1
Other CAMHS	11	1
School Nurse	0	0

*Source: Wellbeing service data*

As most new referrals to CAMHS services are referred via the Single Point of Contact in the Wellbeing service, the wider concerns of children and young people entering the local Wellbeing service indicate risk factors for emotional health problems locally.

**Table B.12** shows the frequency of some presenting issues. Each young person may present with more than one issue.

**Table B.11: Wider issues identified in CYP accessing the Wellbeing Service, April to December 2017 (n=1945).**

Wider issues	Number of CYP reporting issue	% of CYP reporting issue
Problems in Family Relationships	698	36
Problems in Peer Relationships	502	26
Not Attending / Functioning in School	434	22
Family Mental Health Issues	401	21
History of Bereavement / Loss / Trauma	281	14
History of Social Services Involvement	259	13
History of Domestic Violence	205	11
Physical Health Issues	154	8
Housing Issues	100	5
Identified Drug / Alcohol Use	98	5
Excluded From School (FTE, Permanent)	95	5
Current Child Protection Concerns	91	5
Involved in Criminal Activity	77	4
Living in Care	75	4
Unemployment	38	2

**Source: Wellbeing Service data**

The wellbeing service also collect data on the presenting emotional health concerns of children and young people coming into contact with their service

Recent data indicates that the numbers of young people presenting with self -harm, suicidal thoughts, and a history of suicide attempts is increasing. Between April and December 2017, 64 young people presented to the Wellbeing Service with a history of suicide attempts. This increase may reflect better access to services.

**Table B.12: Reason for Referral to Wellbeing Service July 16 to June 17 (n=2721)**

Reason for referral	Number	% of total
Anxiety	1513	56
Changes In Mood (Low Mood - SAD, Apathetic, High Mood - Exaggerated / Unrealistic Elation)	1118	41
Depressive Symptoms (e.g. Tearful, Irritable, Sad)	935	34
Anger Outbursts or Aggressive Behaviour Towards Children or Adults	887	33
Sleep Disturbance (Difficulty Getting to Sleep or Staying Asleep)	765	28
Conflict with parents	691	25
Panic attacks	439	16
Transition issues	399	15
Eating Issues (Change in Weight / Eating Habits, Negative Body Image, Purging or Binging)	389	14
Bullying	355	13
Hyperactivity (Levels of Overactivity; Impulsivity Beyond What Would be expected; in all Settings)	339	12
History of Self Harm (Cutting, Burning etc)	337	12
Current Self Harm Behaviours	298	11
Verbalised Suicidal Thoughts * (e.g. Talking About Wanting to Kill Self / How They Might do	293	11
History of Thoughts About Suicide	293	11
Thoughts of Harming Others * or Actual Harming / Violent Behaviour	292	11
Difficulties Following Traumatic Experiences (e.g. Flashbacks, Powerful Memories, Avoidance)	290	11
Autistic Spectrum Disorder	274	10
Children whose parents have a MH, drug or alcohol issue	271	10
Obsessive Thoughts and/or Compulsive Behaviours (e.g. Hand-Washing, Cleaning, Checking)	256	9
ADHD	195	7
Bereavement	194	7
Behavioural Issues	190	7
Oppositional Defiant Disorder	97	4
Soiling / Enuresis	89	3
Psychotic Symptoms (Hearing and/or Appearing To Respond to Voices, Overly Suspicious)	83	3
LAC	69	3
History of Suicidal Attempts (e.g. Deep Cuts to Wrist, Overdose, Attempting to Hang Self	66	2
Past sexual abuse	60	2
Delusional Thoughts (Grandiose Thoughts, Thinking they are Someone Else	28	1
Gender identity	22	1
Sexual identity issues	31	1
Risk of CSE	7	0

**Source: Wellbeing Service data**

A number of children and young people have emotional needs that require specialist services. These are described in more detail in Section 4: Children and Young People with Established Needs.

### **What this means for Bromley residents and the children in Bromley**

Demand for early intervention services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).

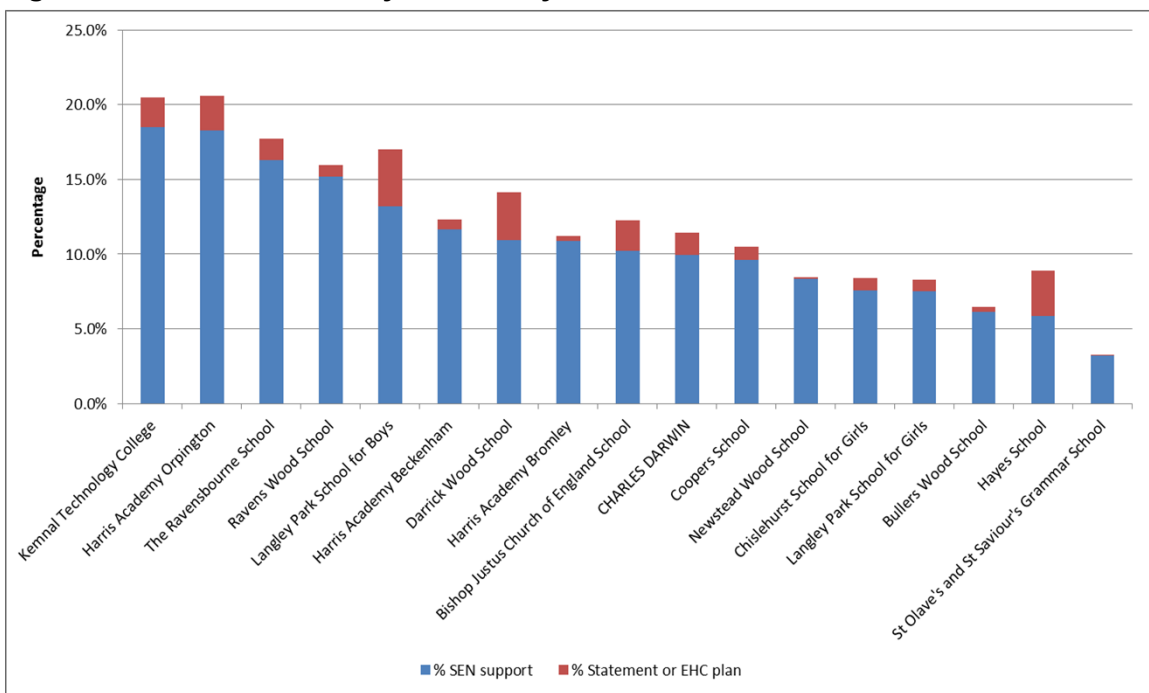
# EMERGING EDUCATION ISSUES

## a) Children with Special Educational Needs or Disabilities (SEND)

This section focuses on children and young people who have Special Educational Needs or Disabilities (SEND) at the school support level. Those with SEND needs at Education, Care and Health Plans (EHCP) level are discussed in Section 4.

Children with SEND can be very vulnerable; they often do not achieve the same educational outcomes as their peers and are more likely to be excluded from school.

**Figure B.19: SEN in Bromley Secondary Schools, 2018 data**



**Source:** School Census, January 2018

The number of pupils in Bromley schools with Special Educational Needs is currently at 7,436 pupils (based on the January 2018 school census). Of these, 5,927 pupils have SEN needs at support level, and do not have a statement of SEN or an EHC Plan. Distribution of SEN across schools is shown in **Figure B.19** and **Table B.13**. Some schools with high proportions of SEND have a specialist unit alongside the mainstream school. This includes Ravensbourne, Langley Boys and Hayes Schools.

Overall, in secondary schools, 13% need SEN support and 1.4% pupils have a statement or EHC Plan (2018 school census data).

**Table B.13: SEN in Bromley Primary Schools, 2018**

Primary schools	% Statement or EHC Plan	% SEN support	Primary schools	% Statement or EHC Plan	% SEN support
Harris Aspire Academy	6.7	33	Green Street Green Primary	6.9	11
Manor Oak Primary School	0.4	37	Mead Road Infant School	0	5
Chelsfield Primary School	3.0	23	La Fontaine	0	10
St Mary Cray Primary School	1.3	30	Churchfields Primary School	2.2	12
Dorset Road Infant School	0	22	HPA Kent House	2.1	12
Burnt Ash Primary School	6.0	25	Blenheim Primary	0.5	23
Midfield Primary School	4.8	26	Red Hill Primary	1.3	13
Alexandra Junior School	0.4	16	St Joseph's R.C.Primary School	1.0	11
Leesons Primary School	1.0	25	Darrick Wood Infant School	3.3	8
St Paul's Cray CE Primary	0	26	St James' RC Primary School	0.5	9
St Anthony's R.C Primary	0.6	17	Hawes Down Juniors	5.9	8
Trinity CofE Primary School	7.2	20	Pickhurst Infants' School	0.6	10
Farnborough Primary School	1.8	15	Cudham CE Primary School	1.0	12
Castlecombe Primary School	2.5	14	Raglan Primary School	7.3	10
Gray's Farm Primary School	0.9	20	St Philomena's RC Primary	0	9
The Pioneer Academy	0	12	Tubbenden Primary School	4.6	12
St Mary's Catholic Primary	1.2	15	Keston C.E. Primary School	0.5	14
James Dixon Primary School	2.8	15	Highfield Junior School	0.5	9
Mottingham Primary School	0.2	30	Edgebury Primary School	1.5	10
Pratts Bottom Primary School	1.3	24	Unicorn Primary	1.3	5
HPA Crystal Palace	0.2	11	Balgowan Primary School	1.0	13
Bromley Road Infant School	1.5	16	Oaklands Primary School	0.4	12
St Vincent's Catholic Primary	1.4	12	Warren Road Primary School	0.8	6
St Peter & St Paul R.C.	1.4	16	Parish C.E. Primary School	2.4	3
Pickhurst Junior School	1.3	13	St John's CE Primary School	0.9	17
Biggin Hill Primary School	1.7	20	Wickham Common Primary School	0	6
HPA Orpington	4.5	13	Crofton Infant School	3.9	4
The Highway Primary School	1.9	16	Downe Primary School	3.8	3
Darrick Wood Junior School	2.9	14	Alexandra Infant School	8.4	12
Holy Innocents Catholic Primary	0.9	15	Hayes Primary School	0.6	6
Poverest Primary School	7.2	12	Oak Lodge Primary School	0.6	5
St Mark's C.E. Primary School	0.8	10	Clare House Primary School	0.3	7
Scotts Park Primary School	0.8	10	Chislehurst (CofE) Primary	0.5	6
Valley Primary School	1.1	8	HPA Shortlands	2.1	11
Perry Hall Primary School	0.2	12	Marian Vian Primary School	0.5	4
St George's CE Primary	0.8	11	Crofton Junior School	0.8	4
Worsley Bridge Junior School	0	24	Highfield Infant School	0.4	7
Bickley Primary	1.0	13	Hawes Down Infant School	5.9	8
Southborough Primary School	1.2	14	HPA Beckenham	0.7	5

**Source: School Census, January 2018**

Overall, in primary schools 13% need SEN support and 1.8% have a statement or EHC Plan (2018 school census data).

Comparing EHC Plans in Bromley with statistical partners:

- Rates of Severe learning difficulties are much higher in Bromley (1.8 % Bromley, 0.6% statistical neighbours)
- Speech, language and communication needs are higher in Bromley than statistical partners (31.6% Bromley, 25.2% statistical partners)

- Some rates are slightly higher in Bromley than statistical partners (Autistic Spectrum Disorder, Social Emotional and Mental Health)
- Several rates are lower in Bromley than in statistical partners (Specific learning difficulties, Moderate learning difficulties, Profound and multiple learning difficulties, Hearing impairment, and Multi-sensory impairment)

It is also of note that two cohorts of children and young people with SEND are increasing in number – those with Social, Emotional and Mental Health difficulties (SEMH), particularly in secondary schools, and those with speech, language and communication needs (SLCN), particularly in primary schools .

Children and young people with mental health difficulties are an increasing source of concern for schools, especially secondary schools. Young people who self-harm or who have suicidal ideation are not uncommon, and these young people may absent themselves from school or be withdrawn from school by their parents. Some of these young people may require alternative education provision.

#### **What does this mean for Bromley residents and for children in Bromley?**

The increasing number of children with SEMH correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley. It is also notable that Severe Learning Difficulties and Speech Language and Communication needs are relatively high in Bromley.

### **b) Young People who are Not in Education, Employment or Training (NEET)**

Those at risk of being NEET include; young people from disadvantaged backgrounds, those who have underachieved in school, teenage parents, young people in or leaving care, and young people with learning disabilities or mental health problems.

This indicator also includes 16 to 17 year olds whose activity is not known.

The latest published rate of NEET in Bromley 16-17 year olds was 3% in 2016. This compares favourably to a rate of 5.3% in London and 6% nationally in the same monitoring period. Recent local data shows that:

- In April 2018, there were 134 young people age 16-17 who were NEET in Bromley (monthly NEET percentage of 2%).
- The largest proportion of the 16-17 year olds who are NEET are from Year 13 (55.2%, 74 young people)

- When compared with national benchmarking, Bromley would be within performance Quintile 2 (Ranking 37/150)
- Boys are overrepresented within the group
- 69% of Bromley NEET are white and 2.4% black

**Table B.14** compares the vulnerabilities of young people aged 16-17 who are NEET in April 2018 with the cohort of all 16-17 year olds in Bromley. This shows that almost all vulnerable groups are over-represented in the NEET cohort of 16-17 year olds in Bromley.

**Table B.14: Vulnerability indicators in NEET compared to the general population**

Vulnerable group	Number	% of NEET	Total cohort aged 16-17 yrs (n=7,200)	% of 16-17 year olds
SEN (EHCP/Statement)	17	13%	302	5%
SEN Support	18	13%	408	6%
Child Looked After	<5	2%	38	1%
Care Leaver	6	5%	26	0%
Teenage mother	7	5%	11	0%
Pregnancy	<5	2%	<5	0%
In contact with YOS	17	13%	40	1%
Substance Misuse	<5	1%	<5	0%
Young Carer	<5	1%	<5	0%

Source: ECHS data

#### **What does this mean for Bromley residents and for children in Bromley?**

This very vulnerable group of NEET is reducing in size, but the over-representation of young people with SEND in this group may indicate inadequate support for some young people with SEND.

### **c) Children and young people excluded from school**

School is a protective factor in the life of most children and young people. When a young person does not attend school regularly they can quickly lose step with their peers, both educationally and socially. They are also less likely to be protected from harm and may not be observed by adults who recognise the signs of harm.

Attendance at school also limits the extent to which young people can engage in harmful or antisocial behaviours such as self-harm, drug and alcohol use, offending and gang association. It also reduces the risk of CSE.

Persistent absence is defined as an attendance record of less than 90%, measured over a single term.

Exclusion from school is known to impact significantly on young people's life chances and wellbeing. Over 80% of permanently excluded children are estimated to develop mental health difficulties and many will struggle with poor self-esteem. They may struggle to secure opportunities in employment or studies later in life.

**Table B.15: Rate of Fixed Period and Permanent Exclusions in maintained Primary, Secondary and Special Schools in Bromley 2015/16**

	Primary schools		Secondary Schools		Special Schools	
	Fixed Period Exclusion %	Permanent Exclusion %	Fixed Period Exclusion %	Permanent Exclusion %	Fixed Period Exclusion %	Permanent Exclusion %
England	1.21	0.02	8.46	0.17	12.53	0.08
London	0.84	0.01	6.87	0.16	13.34	0.10
Bromley	0.92	0.04	2.50	0.14	10.67	0.00
Statistical partners	1.13	0.02	6.81	0.18	17.17	0.03

Source: Department for Education

**Table B.15** above shows that, in 2015/16 permanent exclusions of primary school pupils were at a higher rate than statistical partners but all other exclusion rates were lower. This rate of permanent exclusions of primary school pupils has since reduced.

**Table B.16: Number of exclusions in maintained schools and academies in 2015/16 in Bromley**

Type of school	Number of permanent exclusions	Number of fixed period exclusions
Primary	10	248
Secondary	31	548
Special	0	46
Total	41	842

Source: ECHS data

**Table B.17** gives a detailed analysis of reasons for exclusions, both Fixed Period and Permanent, and gives some insight into how issues are managed in schools in

Bromley. For example, Bromley has a much higher rate of Fixed Period Exclusions for verbal abuse and threatening behaviour against a pupil than other areas, but not for such behaviours against an adult.

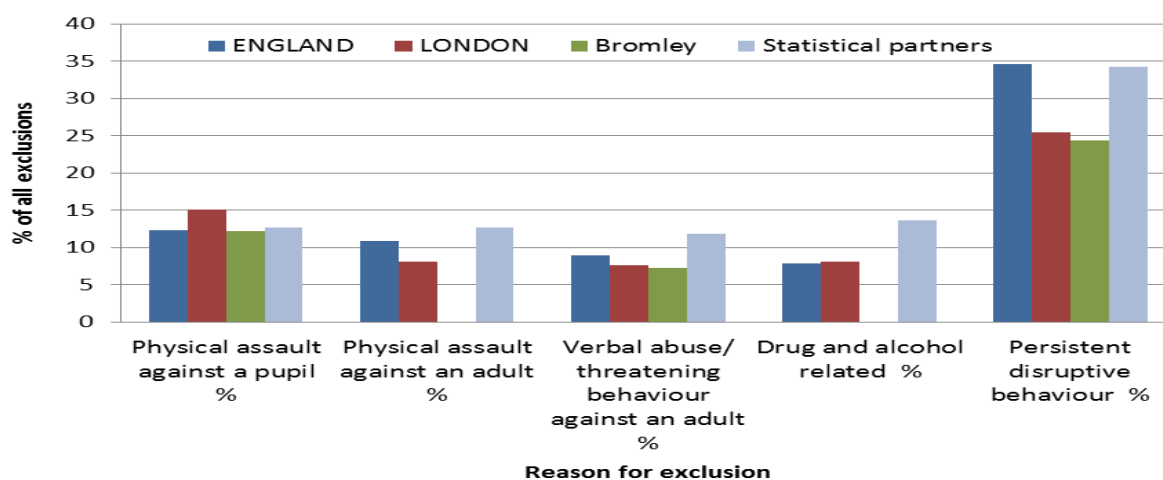
**Table B.17: Fixed Period Exclusions in maintained schools and academies in Bromley (primary, secondary and special schools)**

	Physical assault against a pupil %	Physical assault against an adult %	Verbal abuse/ threatening behaviour against a pupil %	Verbal abuse/ threatening behaviour against an adult %	Bullying %	Racist abuse %	Sexual misconduct %	Drug & alcohol related %	Damage %	Theft %	Persistent disruptive behaviour %
England	18	7	4	17	1.1	1.2	0.6	3	2	1.2	28
London	22	7	6	12	2.0	1.0	1.2	2	2	2.4	20
Bromley	16	10	11	10	1.5	1.5	x	2	2	1.1	18
Statistical partners	19	8	4	17	1.0	1.5	0.5	3	3	1.4	25

Source: Department for Education

It is also notable that both Fixed Period and Permanent Exclusions are relatively low for Drug and Alcohol related issues when other evidence indicates a significantly higher rate of drug use in young people in Bromley compared to other areas.

**Figure B.20: Percentage of permanent exclusions by reason for exclusion, Bromley and partners 2016/17**



Source: Department for Education

### What does this mean for the residents of Bromley?

Exclusions, both permanent and fixed period exclusions, are lower for drug and alcohol related reasons than might be expected from other data on drug and alcohol use in Bromley's young people.

## d) Children who are Electively Home Educated (EHE) 2013/14, Bromley

Elective Home Education is a conscious decision by parents or carers to educate their children at home.

**Table B.18: Number of EHE children in Bromley, 2011 to 2018**

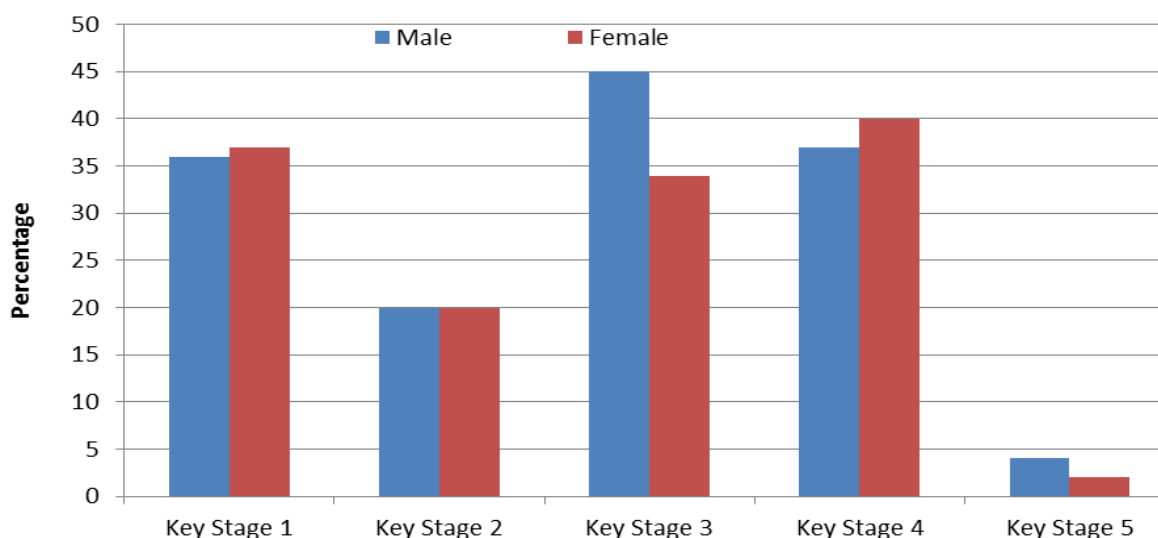
Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number of EHE children	122	139	146	178	212	232	268

Source: ECHS data

There is a steady year on year increase in EHE, both locally and nationally. This number is fluid with some children returning to mainstream education during the academic year. 89% of Bromley families with a child who is EHE have face to face visits with the education advisor for EHE families.

The academic stage and gender of the EHE children in Bromley in April 2018 is shown in **Figure B.22**.

**Figure B.22: Number of EHE children by Key Stage and gender in Bromley, April 2018**



Source: ECHS data

The main reasons given for EHE remain fairly consistent year on year:

- 26% due to philosophical preference (27% in 2016/17)
- 17% due to bullying and anxiety issues (18% in 2016/17)
- 16% due to dissatisfaction with the school (10% in 2016/17)

The gender split of students declaring EHE remains balanced and the ethnic breakdown of students appears to be representative of the demographic mix of the population of Bromley, the only exception being an over-representation of young people from a Gypsy Traveller background. Of the 232 families that declared EHE in 2016/17, 189 had a record of their ethnicity:

- 69.3% of EHE come from a white British background
- 30.6% from a minority ethnic background, including
- 8.3% of the EHE population from a Gypsy Traveller background.

**What does this mean for the residents of Bromley?**

- Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- Gypsy Traveller young people are over-represented in this vulnerable group.

## EMERGING SOCIAL ISSUES

This section starts with the lowest level of social care support as seen in Early Help services and CAF assessments. The next level of need is Children in Need (CiN), and the highest levels of need are seen in children subject to a Child Protection Plan (CPP) or children who are taken into public care, Children Looked After (CLA). The needs of CPP and CLA are set out in Section 4: Children and Young People with Established Needs.

### **a) Early help**

Most children grow up without needing more than the help of universal services such as health and education. However, some children at different stages of their life journey may have additional needs which require support so that they can grow up successfully in secure, healthy home environments.

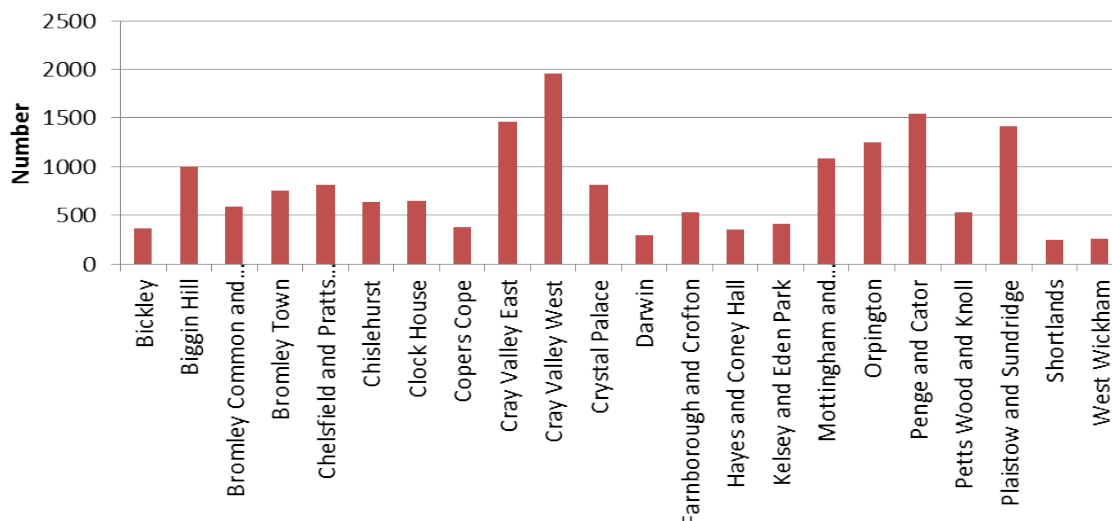
Local agencies in Bromley work together, to identify children with additional needs and provide support as soon as a problem emerges. A key way by which emerging needs are assessed is by using the Common Assessment Framework (CAF)

#### **The Common Assessment Framework**

The Common Assessment Framework (CAF) for children and young people is a shared assessment tool to help develop a shared understanding of a child's need, so they can be met more effectively. It is used whenever there is a concern about a child or young person's wellbeing and the cause and appropriate response are not clear. It facilitates early identification of needs, leading to co-ordinated provision of services.

Some children and families with lower levels of need are supported by Bromley Children Project Early Intervention Family Support and the Children and Family Centres. The total number of children living in families where the family are receiving support from Bromley Children Project Family Support, CAF, IASS or Children and Family Centres is set out below by ward.

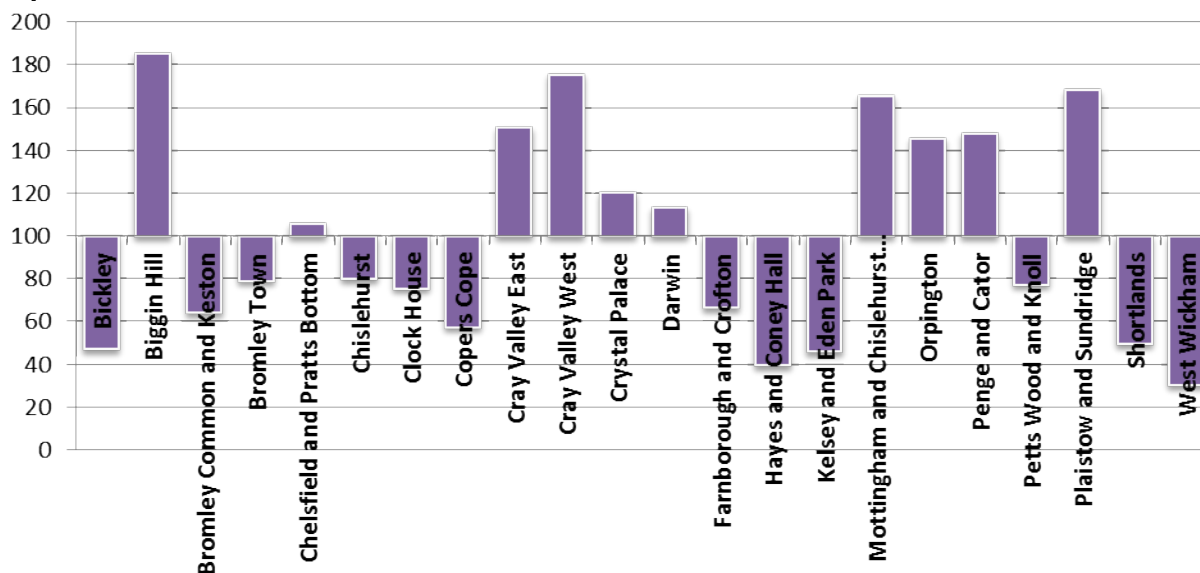
**Figure B.23: Number of children in families receiving support, by ward, 2017**



Source: EIFS data

This could just reflect the number of children in each ward, so a further analysis allows for the child population of each ward. This shows clearly that, some wards have a higher proportion of children living in families who are receiving support, namely Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North.

**Figure B.24: Over/under representation of "children who need some support" when compared with the total number of children in each ward, 2017**



Source: EIFS data

This data may be skewed by distance from a Children and Family Centre. Families living near a Children and Family Centre are more likely to use the centre, although the need for support is identified after assessment.

The use of the CAF process by schools varies considerably. This is likely to reflect both the needs of the school population and the processes within each school.

### What this means for children in Bromley

Additional support needs in children have been identified in Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North.

## b) Children in Need (CiN)

If it is judged that a particular child is unlikely to reach or maintain a satisfactory level of health or development without the provision of services, or the child is disabled, then that child is judged to be a Child in Need (CiN)<sup>15</sup>. These children and their families may be facing complex and/or multiple needs.

There were 762 children who were assessed to be Children in Need as at 31<sup>st</sup> March 2018. Of these 762 children, 238 were assessed to be at the lowest level of need, 41 were assessed to have complex needs, and 12 were assessed to have safeguarding needs. The 762 children reflect a snapshot on a single date. **Table B.19** presents the number of Children in Need each year in Bromley and comparators.

**Table B.19: Children in Need in Bromley compared with the national picture**

	Number of Children in Need in Bromley	Bromley - Rate of CiN per 10,000 at 31 <sup>st</sup> March	London - Rate of CiN per 10,000 at 31 <sup>st</sup> March	England - Rate of CiN per 10,000 at 31 <sup>st</sup> March
2015/16	1738	241	355	338
2016/17	2294	313	343	330
2017/18*	1854	249		

*\*Provisional data*

*Source: Department for Education*

**Table B.20** compares the characteristics of CiN in Bromley with data for England. The proportion of children eligible for free school meals is lower in Bromley but the proportion with an EHC Plan is relatively high in Bromley. The proportion of CiN absentees who are persistently absent is similar to England. What is of concern is

<sup>15</sup> A child in need is defined under the Children Act 1989

that number in real terms as these children are at increased risk of permanent exclusion and subsequent negative effects.

**Table B.20: Descriptors of Children in Need in Bromley, 2017**

Descriptor	Bromley number	Bromley %	England %
CiN with no Special Educational Needs	492	48.2	54.1
CiN with SEN support needs	248	24.3	25.3
CiN with SEN EHC Plan	281	27.5	20.6
CiN eligible for free school meals	413	40.5	50.4
CiN achieving expected standard at Key Stage 2 in reading, writing & mathematics	29	34	30
CiN achieving expected standard at Key Stage 4 (Level 4/C in English and Mathematics GCSEs)	78	29.5	19.1
CiN with unauthorised absence from school (% sessions missed)		3.8	4.3
Proportion of CiN absentees who are persistent absentees	286	28.7	29.9
CiN who are excluded for a fixed period	23	3.2	7.7
CiN who are permanently excluded	*	*	0.22

*\*Number suppressed as < 5*

*Source: Department for Education*

393 (17%) Children in Need were recorded to have a disability in March 2017.

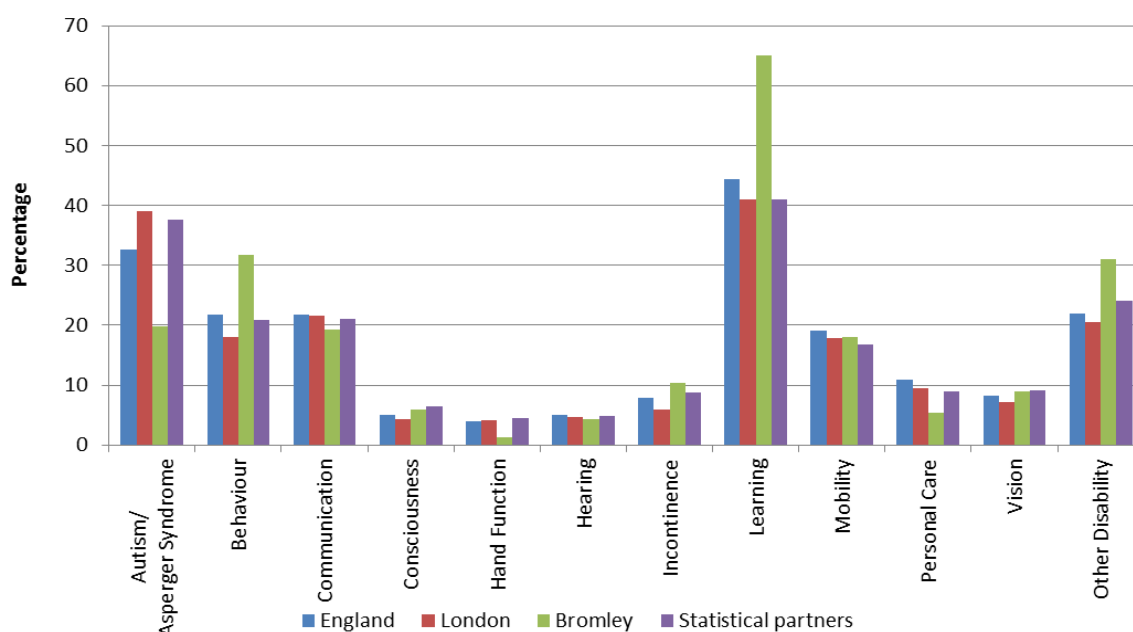
The rate of recorded disability in CiN in Bromley is much higher than both the London rate (12.9%) and the England rate (12.9%).

Categorisation of the recorded disability, shown in **Figure B.25**, shows that there is a high proportion (65%) of CiN with a Learning Disability followed by CiN with behavioural need (32%).

In comparison, the Learning Disability Profile shows that 26.9 per 1000 children in Bromley schools have a learning disability compared to 12.4 per 1000 children on the autistic spectrum. The rates equate to 1,479 and 681 children respectively.

Looking at the data in detail, it can be seen that the proportion of CiN with learning disability in Bromley is very high but the proportion of CiN with autism in Bromley is very low. This is unexpected as the number of children on the autistic spectrum in Bromley is relatively high (see Section 4). As many children on the autistic spectrum also have learning disabilities, this may be a classification error.

**Figure B.25: Percentage of children in need at 31 March 2017, by disability, Bromley and comparators**



Source: Dept for Education. Characteristics of Children in Need 2017

**Table B.21** shows the assessment of CiN by primary need. The analysis shows some differences between Bromley and comparators, particularly in “Family in acute stress”, where fewer families have this identified as a primary need in Bromley.

Bromley has a higher proportion (53%) of CiN assessed in the primary need category of “Abuse or neglect” compared to all the comparators. It is also worth noting that, the proportion of CiN assessed to be in “Dysfunction families” and “Child’ disability or illness” primary need category is higher in Bromley than London and England.

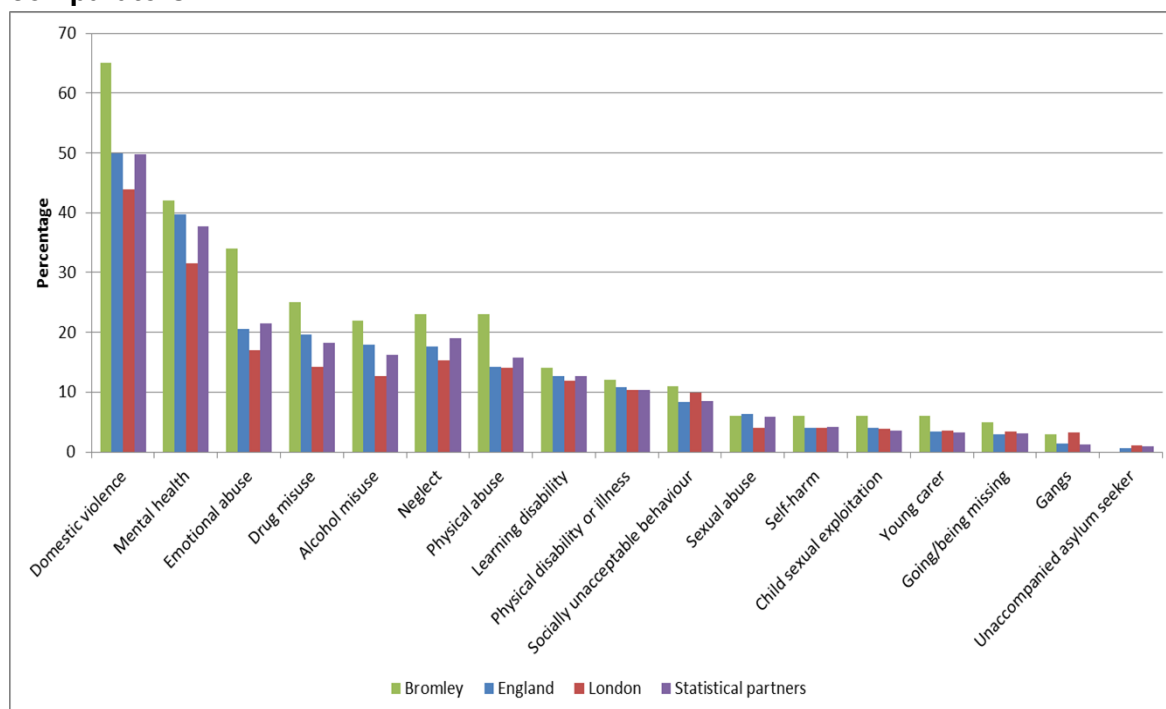
**Table B.21: Percentage of children in need at 31 March 2017, by primary need, Bromley and comparators**

	Primary need at assessment							
	Abuse or neglect %	Child's disability or illness %	Parent's disability or illness %	Family in acute stress %	Family dysfunction %	Socially unacceptable behaviour %	Low income %	Absent parenting %
Bromley	53	12	3	7	18	3	0.4	3
England	52	9	3	9	16	2	0.4	3
London	48	11	4	10	12	3	0.7	7
Statistical neighbours	47	12.8	5.6	16.6	25	3.5	0.4	3.9

Source: Department for Education

Further analysis of CiN assessment in Bromley identified higher rates than comparators in all factors as shown in **Figure B.26**. As all rates are raised in Bromley this could be a local recording issue. However the rates appear particularly high in; Domestic Violence (65%), Mental Health (42%), emotional abuse (34%), drug misuse (25%), physical abuse (23%) and alcohol misuse (21%). These findings support many of the other findings identified in this needs assessment.

**Figure B.26: Percentage of episodes with assessment factor information, in the year ending 31 March 2017: factors identified at the end of assessment. Bromley and comparators**



Source: Statistics: children in need and child protection

It is noteworthy that, for those CiN where the needs are at the level requiring a Child Protection Plan, few have been categorised as being for physical abuse and a relatively high proportion are on a plan for “multiple” types of abuse.

## Children at risk of significant harm

This small group of children/young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention. This is examined in more detail in Section 4.

### What this means for children in Bromley

The proportion of Children in Need with an EHC Plan is relatively high in Bromley.

## c) Young Carers

The Children and Families Act 2014 defines a young carer as, “**someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol**”.

In Bromley in 2016, 960 children and young people had been identified as living in a family where someone is affected by a long term illness, disability, mental health issue, alcohol or substance misuse or HIV.

The new Bromley Well Young Carers service provides support to young carers who actually undertake caring responsibilities. During the first 9 months of provision 172 young people have been identified as undertaking caring responsibilities and this number is steadily increasing through outreach and engagement with schools and other organisations.

#### **d) Young People in contact with the Youth Offending Service**

The Youth Offending Service (YOS) is currently working with approximately 130 young people. Referrals to YOS have increased by 10% this year, including young people who are persistent serious offenders. It is believed that, this could be due in part to the local Police operations, which have identified a number of young people carrying drugs or weapons and who have been referred to YOS either by Police for an out of court disposal or via Court if charged.

57 of the 130 young people are attached for “out of court disposals”. These include diversion, youth caution or youth conditional caution.

73 of the 130 young people are being supervised for bail supervision, remand to youth detention accommodation, or are subject to court orders.

In summary, of the 130 young people:

- 25 are female (19%),
- 96 young people (74%) are aged between 15 and 17 years,
- 7% of the caseload are aged 11- 13 years,
- 45% were described as Black African, Black British or Black Caribbean;
- 50% were described as White British, White Irish or White Other;
- 5% were described as “Other”,
- The majority of young people, both male and female, are involved in offences of violence,
- Apart from violence, the majority of the males are involved in motor offences and drugs and other offences.

Of the 25 females, 11 are subject to Referral orders, mainly for offences of violence and are between the ages of 14-17 years. The youngest females are aged 12 years and are attached for offences of violence.

Violence against the person, Drugs and motoring offences make up a large proportion of all crimes for which young people received a substantive outcome in court either a

Youth Conditional caution, a community sentence or custody. Young people are more likely to be the victims of crime and not just perpetrators.

Using the YOS national assessment tool (AssetPlus), there are 10 young people currently assessed as presenting a high risk of serious harm to others, either due to offences of violence or repeated use / carrying of weapons. The majority of these young people are also known to be involved in Serious Youth Violence (SYV).

The data highlights the disproportionate number of black young people within the youth justice cohort in Bromley.

**What does this mean for the residents of Bromley?**

Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. A small proportion of young women are referred for offences of violence. There is an over-representation of black young people.

### **e) Children and young people involved in gangs**

In 2015, Bromley had 44 known gang members, 6 of whom were in custody. All were male. The vast majority were from the Penge and Anerley area and most were aged 13-24 of black ethnic background.

From 30<sup>th</sup> May 2017 to date, Bromley have **63** young people suspected to have gang affiliation. Of these 63 young people, 31 are black (49%), 14 are white (22%), 12 are mixed race (19%), and 6 are of unknown ethnicity. Almost all are male (58, 92%).

Most are aged 13 to 19 and live in the Penge and Anerley area. 7 of the 63 are currently in custody.

**What does this mean for the residents of Bromley?**

There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.

### **f) Lesbian, Gay, Bisexual and Transgender (LGBT) young people**

Research in 2012 showed that, 55% of LGBT pupils in secondary schools experienced homophobic bullying and over half had self-harmed. This can lead to health problems such as alcohol and drug abuse, depression, suicide and self-harm. There is no data on LGBT in young people in Bromley.

## **g) Children and young people who are sexually exploited (CSE)**

Both locally and nationally, child sexual exploitation is often hidden from sight and affects the most vulnerable in society including; Children Looked After, Children in Need, young carers, children and young people with disabilities, LGBT young people, and Electively Home Educated children and young people.

It is unlikely that the current data on children who have been exposed to CSE is complete. Reasons for under-reporting may include:

- Victim may not recognise themselves as a victim and may believe they are consenting
- Social stigma and attitudes particularly around boys; preventing males from coming forward
- Victims may be scared of their abusers
- Victims may feel a sense of loyalty to their abusers and feel that they are in a 'special relationship'
- Allegiance to cultural societal values - Child not being able to talk against or challenge parents or older people

The London Safeguarding Children Board data shows that the number of victims of CSE in Bromley is higher than in Sutton, Bromley's closest statistical neighbour in London.

### **Bromley CSE data**

A new system to collect data on CSE in Bromley is in place. Quarters 2 & 3 of 2017/18 (1 July 2017 – 31 December 2017) were analysed<sup>16</sup>.

Current CSE Figures and Initial Profile:

- 80 known or suspected victims of CSE in Bromley
- Perpetrator profiles appear currently to be peer-on-peer with some gang-related association and on-line grooming where children and young persons are being groomed both on and offline
- The recent geographical analysis identified known hotspot locations of CSE activity
- CSE victims come from across the borough

The main factors, identified by analysis, associated with an increased risk of CSE are:

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<sup>16</sup> Data sources: Missing/CSE Risk Assessment RAG Rating Tools, MASH Referral Forms, Return Home Interview Report, CareFirst (LBB Recording System), Police Merlin Reports

- CSE cohort is 14-16years (but predominantly 16)
- Being female
- Being a Looked After Child
- Going missing from home or care
- Not in attendance at a mainstream school
- Attending a Pupil Referral Unit

A large proportion of the CSE cases involve 'grooming' with the victim not necessarily recognising the exploitative nature of the relationship.

Other common factors presented included:

- Substance misuse (Alcohol and Drugs)
- Friends and associates playing a role
- Risky Internet Usage of Information technology (e.g. sexual bullying via circulation of explicit material, naked 'selfies' or meeting the perpetrator online)

Return Home Interviews (RHI) offered to children and young people who go missing indicate that, a high number of young people who go missing are affected by peer-on-peer influence (e.g. going missing in order to see and socialise with friends). Return Home Interviews also indicate links between missing episodes and peer-gang association, as well as offending behaviour.

Those Bromley Looked after Children who went missing were most likely to be in residential care (40% of young people), and they were most likely to be white (48%).

#### **What does this mean for the residents of Bromley?**

CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.

## **h) Youth Violence**

Metropolitan Police data (MOPAC) for the whole of London shows that, gang activity makes up only a small proportion of serious youth violence (less than 5% in 2015/16), and GLA Peer Outreach indicates that much of the violent activity in London involves peer groups. The Metropolitan Police data also shows that knives were a factor in around half of youth violence in 2015/16. This also found that girls now make up almost a quarter of victims of serious youth violence, and there are also indications of an increasing number of young women committing serious violence.

The reasons young people become victims and perpetrators of serious youth violence are many and varied. Factors such as; the influence of peer groups; the level of exposure to violence within the family; or the impact of the community have all been cited as reasons why a young person might engage in serious violence.

A dominant driver, particularly of knife crime among young people, appears to be a belief that they need to be prepared to defend themselves.

Data from the Metropolitan Police and the London Safeguarding Children Board have informed this section. **Table B.22** shows the number of young victims of violence, including knife crime, in Bromley and comparators during 2017.

**Table B.22: Violence involving young people in Bromley, Jan to Dec 17**

Period January to December 2017	Bromley	Sutton	Havering
Victims of knife crime injury aged 1-24 years	51	22	36
Victims of serious youth violence	257	155	267
Number of gang linked offences	14	<10	<10

Source: MOPAC

The London Safeguarding Board also collects data on young victims of crime. This data shows the number of under 18s who are victims of crime, not necessarily victims of violent crime, over the last 2 years. These tables indicate that there are significant levels of crime or violence in Bromley for young people.

**Table B.23: London Safeguarding Board data from 2016/17 to 2017/18**

	Bromley	Sutton	Bexley	Havering	Other London data
Number of under 18 victims of crime 2016/17 to 2017/18	3,686	2,349	2,942	3,604	Highest 5,844 in Croydon, lowest 1,434 in Kensington and Chelsea
Number of under 18s shown as victims on DA reports, average per quarter	39	28	35	42	

Source: MOPAC, 2018

In the context of significant levels of crime or violence, it is interesting to note that perception of knife crime in Bromley is very low.

**Table B.24: Public perceptions of crime in Bromley**

Public Attitude Survey	Bromley	Sutton	Havering	London wide data
To what extent are gangs a problem in Bromley?	6%	13%	10%	
To what extent is knife crime a problem in Bromley?	5%	14%	13%	Bromley has lowest perception of knife crime in London
To what extent is gun crime a problem in Bromley?	3%	6%	5%	

Source: MOPAC, 2018

#### What does this mean for the residents of Bromley?

There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.

### i) Women who have undergone Female Genital Mutilation (FGM)

The daughters of women who have undergone FGM are themselves at risk of FGM. Few cases of FGM are identified in Bromley, usually by maternity services.

### j) Homeless young people

Young people are one of the groups most susceptible to homelessness. Recent research by King's College found that homeless young people are most likely to experience difficulties after being resettled into accommodation compared to other age groups but are least likely to receive support. They are also more likely than any other age group to become homeless again and to accumulate significant debt (55% of 20 to 24 year olds surveyed had debts of over £6,000 or more at 60 months of being resettled)<sup>17</sup>.

There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17. This is a 42% rise compared to 2015/16 when 88 people aged 16 to 21 were accepted as homeless.

#### What does this mean for the residents of Bromley?

There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.

<sup>17</sup> Crane, M, Joly, L, Manthorpe, J., "Rebuilding Lives Formerly homeless people's experiences of independent living and their longer-term outcomes"; Kings College London; January 2016  
<https://www.kcl.ac.uk/sspp/policyinstitute/publications/RebuildingLives-FULL.pdf>

## KEY FINDINGS FROM SECTION 3

### Emerging health and lifestyle issues

- Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
- There is overall a relatively low rate of new STIs in Bromley. Underlying this picture, rates of chlamydia infection detection are falling and rates of syphilis are rising.
- There is a high rate of attendance at sexual health clinics in Bromley, although still some evidence that not all young people know how to access sexual health clinics.
- This data appears to show a significant drug problem in young people in Bromley, and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing, although referrals from Health and Children and Family Centres are increasing.
- Obesity in children is a significant concern in terms of their health and well-being. In reception year and year 6 in Bromley primary schools there are 145 children who are known to be severely obese as well as 860 obese children. There are marked differences in rates of obesity within Bromley, with children in the north east and north west of the borough and Mottingham having the highest rates of obesity.
- Speech and language disorders are typically higher in more deprived populations, so low levels of need would be expected in Bromley. Early findings from the new Ages and Stages Questionnaire at age 2½ appear to show good development in communication at this age. However, by school age Speech Language and Communication Needs (SLCN) are the commonest form of SEND, and rates are much higher than statistical neighbours. This requires further clarification.

### Emerging mental health issues

- Demand for early intervention services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (64 young people between April and December 2017).

### Emerging education issues

- The increasing number of children with SEMH correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley. It is also notable that Severe Learning Difficulties and Speech Language and Communication needs are relatively high in Bromley.

- This very vulnerable group of NEET is reducing in size, but the over-representation of young people with SEND in this group may indicate inadequate support for some young people with SEND.
- Exclusions, both permanent and fixed period exclusions, are lower for drug and alcohol related reasons than might be expected from other data on drug and alcohol use in Bromley's young people. This may be due to the hidden nature of drug misuse in Bromley.
- Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- Gypsy Traveller young people are over-represented in this vulnerable group.

### **Emerging social issues**

- Additional support needs in children have been identified in Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North.
- The proportion of Children in Need with an EHC Plan is relatively high in Bromley. Compared to national rates and statistical partners. CiN in Bromley suffer from living with relatively high rates of Domestic Violence, emotional or physical abuse, and drug and alcohol misuse.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. A small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.
- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.

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<sup>i</sup> Smoking, Drinking and Drug Use (SDD) Among Young People Survey 201

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Bromley Clinical Commissioning Group



THE LONDON BOROUGH  
[www.bromley.gov.uk](http://www.bromley.gov.uk)

# **BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT 2018**

## **Section 4: Children and Young People with Established Needs**

Dr Jenny Selway





## **Children and Young People with Established Needs.**

This section reviews the needs of children and young people who already have an identified need that is significant. This may be a long term health need or it may be a social care need (such as being Looked After or being the subject of a Child Protection Plan). Prevention for these children and young people, aims to minimise the impact their situation has on their wellbeing and outcomes. This section also includes information on child deaths in Bromley.

- a) [Children with complex or long term health needs](#)
- b) [Children with complex mental health difficulties](#)
- c) [Children with an Education Health and Care Plan](#)
- d) [Children at risk of significant harm](#)
- e) [Deaths in childhood](#)

## **a) Children with complex or long term health needs**

“Long term conditions” is generally used to describe chronic health conditions in childhood. Some of the most common conditions are diabetes mellitus, asthma and epilepsy. Chronic neurodevelopmental conditions include autistic spectrum disorder.

Long term health conditions in childhood are primarily managed within health services, usually by a combination of a Paediatrician with a special interest based in the local hospital, a specialist nurse for that condition (usually working closely with the Paediatrician) and the child’s GP. Diabetes and epilepsy will usually be managed primarily by the Paediatrician with support from the GP. Asthma will generally be managed by the GP and the primary care team, with support from the Paediatrician as required.

The effective pro-active management of long term conditions offers an opportunity to minimise interference of the condition on daily life, and prevent adverse outcomes such as emergency admissions to hospital and longer term complications of the condition.

The data for the following analysis comes from;

- School Nurse records (March 2018),
- the annual SEN census in all schools,
- GP data collected in 2016 (limited range of diagnoses only), and
- national data on prevalence of disease in childhood

The national data is helpful to estimate how many cases of each condition may be expected in the Bromley population.

School Nurse records are reliant on schools collecting information from parents about medical conditions which they then collate for children attending Bromley’s maintained primary and secondary schools and academies. Therefore, they may not be a true picture of the medical conditions in children and young people.

**Table C. 1: Prevalence of some long term health conditions in Bromley**

Condition	Number of children identified with the condition			
	School nurse data March 18	School SEN data January 18	GP data summer 16	Predicted number of cases
Epilepsy and other seizures	80	-	424	385
Asthma*	1742	-	5846	6470
Autistic Spectrum Disorder	488	669	462	750
Diabetes	72	-	166	133
Hearing impairment	137	142	-	150
Vision impairment	100	78	-	100

**Source:** School nurse records, 2018; SEN Census, 2018; Bromley GP data 2016

**Table C 1** shows the number of cases of some long term health conditions using different sources of information. National level data is used to estimate the number of cases we may expect to see. Comparison of the expected number of cases to the observed number of cases as recorded by the School Nurses shows that there may be underreporting. This is especially marked for children with epilepsy and diabetes. This is especially important as Bromley schools are net importers of children from surrounding areas.

Children with long term health conditions are not equally distributed throughout the borough. GP data shows the number of children with each condition in each ward.

**Table C. 2: Distribution of children with long term conditions in Bromley**

Ward	Number of cases recorded			
	Asthma	Epilepsy	Diabetes	Autistic Spectrum Disorder
Cray Valley West	411	21	12	29
Hayes and Coney Hall	357	20	9	32
Bromley Common and Keston	321	21	12	32
Farnborough and Crofton	286	22	4	22
Orpington	270	12	5	23
Cray Valley East	263	19	8	29
Bickley	258	20	1	25
Chislehurst	258	23	8	12
Bromley Town	247	34	5	21
Petts Wood and Knoll	232	17	5	27
Chelsfield and Pratts Bottom	227	10	3	26
Kelsey and Eden Park	217	16	3	10
Penge and Cator	211	24	0	19
Plaistow and Sundridge	210	20	10	12
West Wickham	209	11	4	20
Clock House	199	12	3	23
Copers Cope	165	16	3	16
Crystal Palace	153	10	4	12
Shortlands	142	9	4	12
Biggin Hill	133	9	7	10
Mottingham and Chislehurst North	124	9	5	11
Darwin	57	5	4	4
Bromley	4950	360	119	427

**Source:** Bromley School Nurse Records, 2018

The number of children with complex needs requiring support from specialist services is set out below (**Table C.3**)

**Table C. 3: Children requiring specialist support, Bromley – 2013/2-17**

School year	Number of children
2013/14	175
2014/15	163
2015/16	162
2016/17	171

Source: ECHS data

The majority of the children and young people referred to the services have an EHC Plan (or previously had a Statement of SEND). There is a smaller proportion of children referred by virtue of complex health needs only who, if appropriate against criteria, are supported in school through health needs child-specific funding without statutory assessment.

**Table C.3** does not show a clear trend in the number of children with complex needs in receipt of specialist services in the last 4 monitoring periods.

## 1) Diabetes Mellitus (DM)

Nationally, rates of diabetes in children in 2009 applied to the Bromley population identify that, we would expect to see 133 cases of Diabetes in Bromley. Although, up to 97% of those cases are expected to have Type 1 Diabetes, there is a small number who may have Type 2 diabetes, a condition more commonly seen in obese adults.

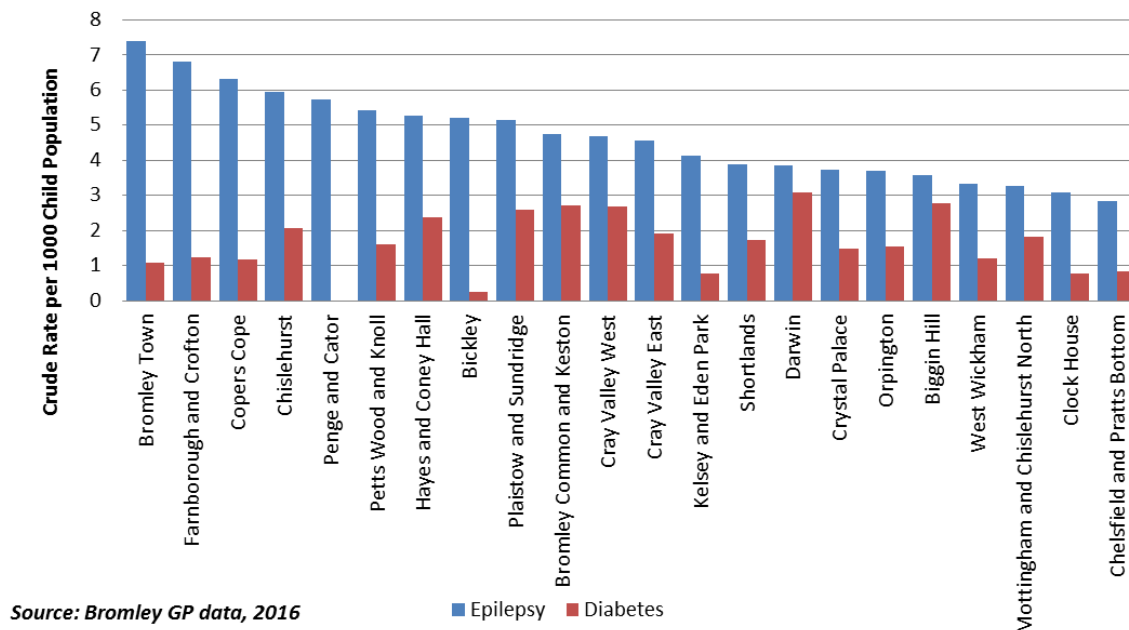
**Table C. 4: Predicted vs actual number of diabetic children in Bromley**

Age group	Predicted number Type 1 DM	Predicted number Type 2 DM	Actual number of DM (GP data 2016)
0-4	5	<1	3
5-9	29	<1	12
10-14	55	2	37
15-17	40	2	49
Total	129	4	101

Source: *Growing up with Diabetes. Royal College of Paediatrics and Child Health, 2009*

Comparing the expected prevalence with the numbers on the GP database shows that the prevalence of Type 1 Diabetes seen in Bromley is roughly as expected, with slightly higher numbers than expected in 15-17 year olds. The distribution across the borough is not uniform as shown in **Figure C.1**. Rates of diabetes are higher in Darwin, Biggin Hill and Bromley Common and Keston wards, although numbers are small.

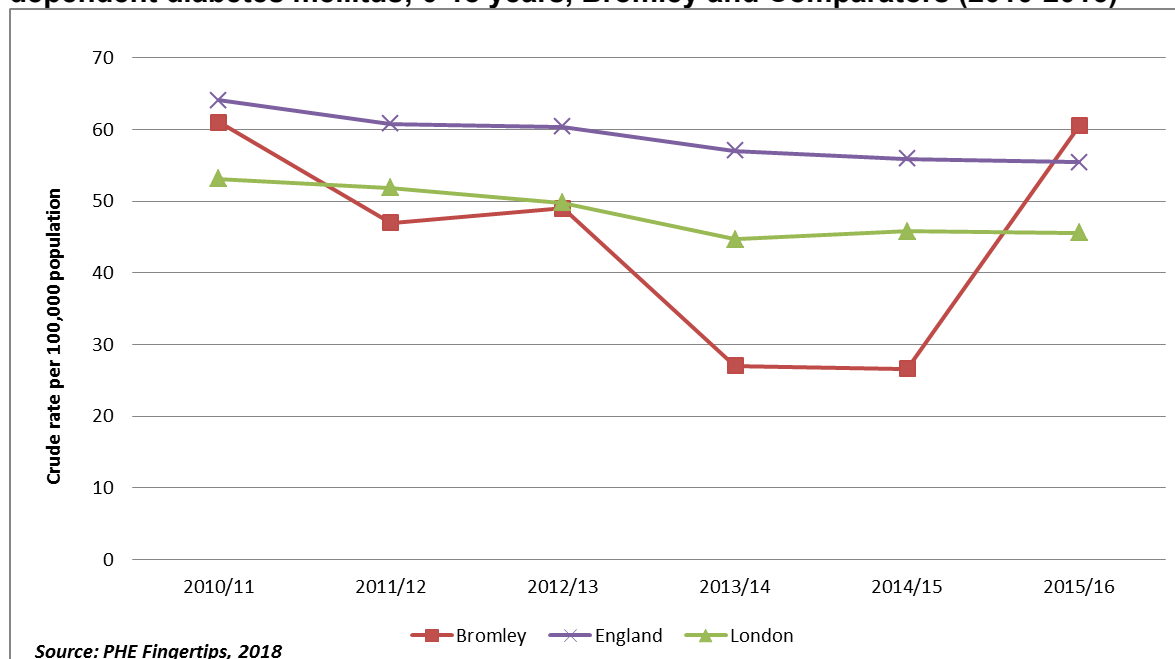
**Figure C. 1: Crude Rate of GP recorded Diabetes and Epilepsy per 1000 Child Population: wards, 2016**



## Outcomes for children with diabetes in Bromley

Admission rates for children with diabetes in Bromley have increased recently, relative to the rates in London and England in 2015/16. **Figure C.2** below shows admission rates for all children aged under 19 in Bromley.

**Figure C. 2: Emergency hospital admission with a primary diagnosis of Insulin-dependent diabetes mellitus; 0-18 years, Bromley and Comparators (2010-2016)**



The increased admission rate in 2015/16 in Bromley is of concern as it shows a marked change from the previous downward trend and is now higher than the London and national rates (**Figure C.2**). The number of emergency admissions per year has risen from 20 in 2014/15 to 46 in 2015/16.

Haemoglobin A1c (HbA1c), or glycosylated haemoglobin, is a measure of long term blood sugar control and is used to monitor the effectiveness of the management of diabetes. It is measured every 3 months when the child visits the specialist diabetes team based in their local hospital. A national audit of the care of children with diabetes showed that these tests are completed in 99% of children with diabetes at the PRUH. Ideally the level of HbA1c should be maintained at below 58 mmol/mol. In the audit, 70.3% of children achieved this in Bromley compared to 72.6% across London and 72% nationally.

**Table C. 5: Diabetes management process measures in Bromley compared to London and England, 2015**

Process measure	PRUH	London	England
% missing HbA1c	1	4	1.8
% with HbA1c <58 mmol/mol	70.3	72.6	72

Source: National Paediatric Diabetes Audit 2015

#### What does this mean for Bromley residents and for children in Bromley

- There are higher emergency admission rates in diabetic children in Bromley compared to London or England and this rate is increasing since the last monitoring period.
- There is good monitoring of blood sugar control, however the control of blood sugar in diabetic children in Bromley is poorer than in London or England.

## 2) Asthma

There are 5,846 children aged 18 and under with a diagnosis of asthma on the GP disease register in Bromley. Diagnosis of asthma in young children is not straightforward<sup>1</sup>. **Table C.6** shows, higher prevalence in the older children, which may be in part indicative of the complexity of diagnosis of asthma in young children.

**Table C. 6: Number of children with an asthma diagnosis by age; Bromley**

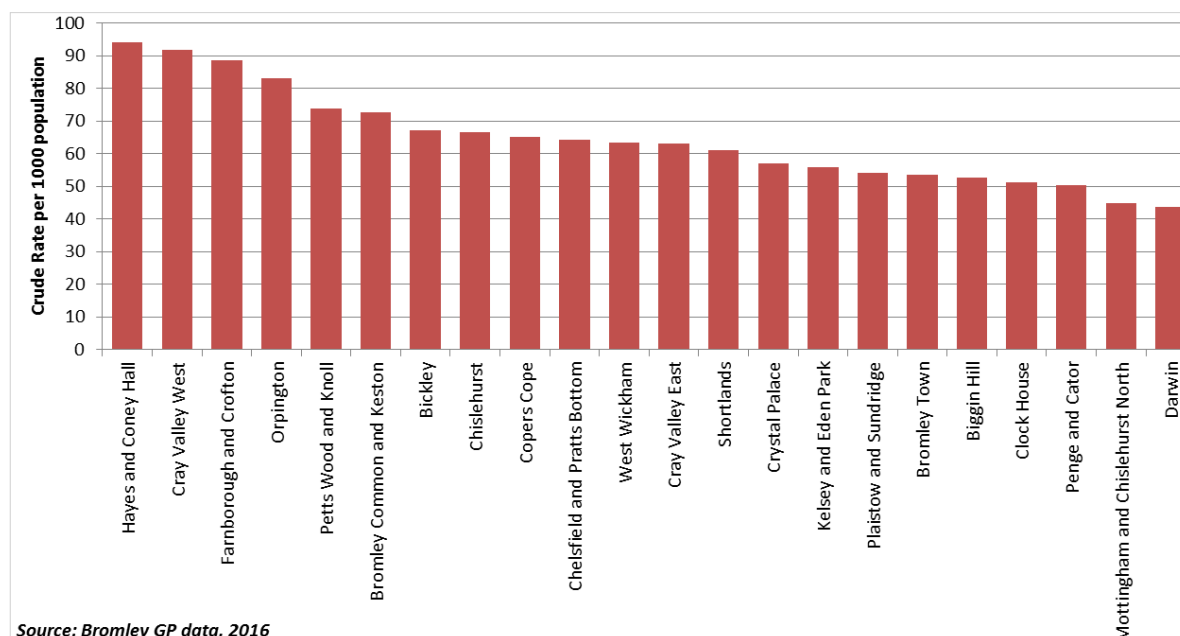
Age	1-4 years	5-9 years	10-14 years	15-17 years
Number of children with asthma	292	1,202	1,869	1,368

Source: Bromley GP data, 2016

<sup>1</sup> <https://www.health24.com/Medical/Asthma/Overview/How-is-asthma-diagnosed-20130205>

The distribution of asthma cases across Bromley is not uniform. **Figure C.3** shows the distribution of cases across Bromley. This shows that, the 4 wards with the highest cases of asthma in Bromley are; Hayes and Coney Hall, Cray Valley West, Farnborough & Crofton and Orpington. This data is adjusted for the number of children living in each ward.

**Figure C. 3: Rate of Asthma per 1000 Child Population; Bromley Wards (2016)**

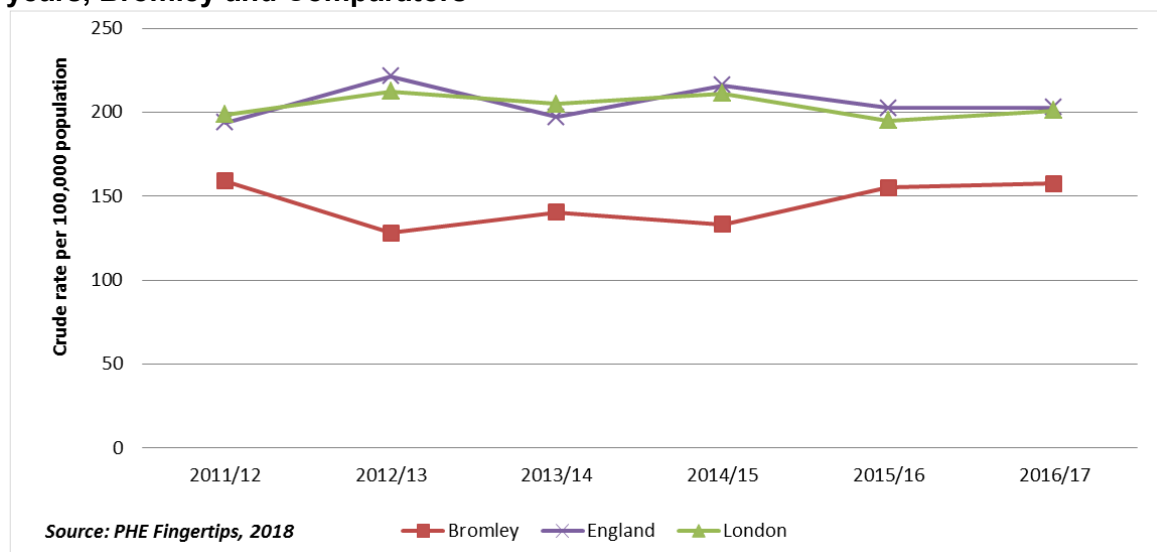


In 2016/17, hospital admission rates in Bromley (157.4/ 100,000) were significantly below the national rate and regional rate (202.8/100,000 and 200.9/100,000 respectively). Trends show that although Bromley rates are still below the region and national averages, there has been an increase to levels similar to 2011/12 rates (**Figure C.4**).

A national audit of the care of asthmatic children against Royal College of Paediatricians standards in 2017 showed some gaps in care. Areas where Bromley services performed poorly included;

- giving the family information leaflets about their condition,
- giving them peak flow meters so that they could monitor the condition at home,
- giving them a store of steroids to give when the condition worsens, and
- assessment of inhaler technique was also rarely done.

**Figure C. 4: Emergency hospital admissions with a primary diagnosis of asthma;0-18 years, Bromley and Comparators**



A previous audit of asthma care in Paediatric A&E at the Princess Royal University Hospital in 2016 found that 39% of the 47 children audited were re-attenders, but recording of their risk factors for asthma exacerbations was poor and previous A&E attendances had not always been followed up appropriately. This audit also found that follow-up in primary care within 48 hours of discharge from hospital was not happening in some cases.

#### **What does this mean for Bromley residents and for children in Bromley**

Although emergency admissions of children with asthma remain relatively low, some processes to prevent future admissions appear quite poor.

### **3) Epilepsy**

Epilepsy syndromes are defined as distinctive disorders identifiable on the basis of a typical age of onset, specific EEG (electroencephalogram) characteristics, seizure types, and other features. A wide range of epilepsy syndromes present throughout infancy, childhood and adolescence from benign self-limiting syndromes to severe epileptic encephalopathies.

Epilepsies are some of the most common chronic neurological conditions of childhood with approximately one in every 200 children affected. **Table C.7** shows that there is no clear relationship between epilepsy prevalence and age.

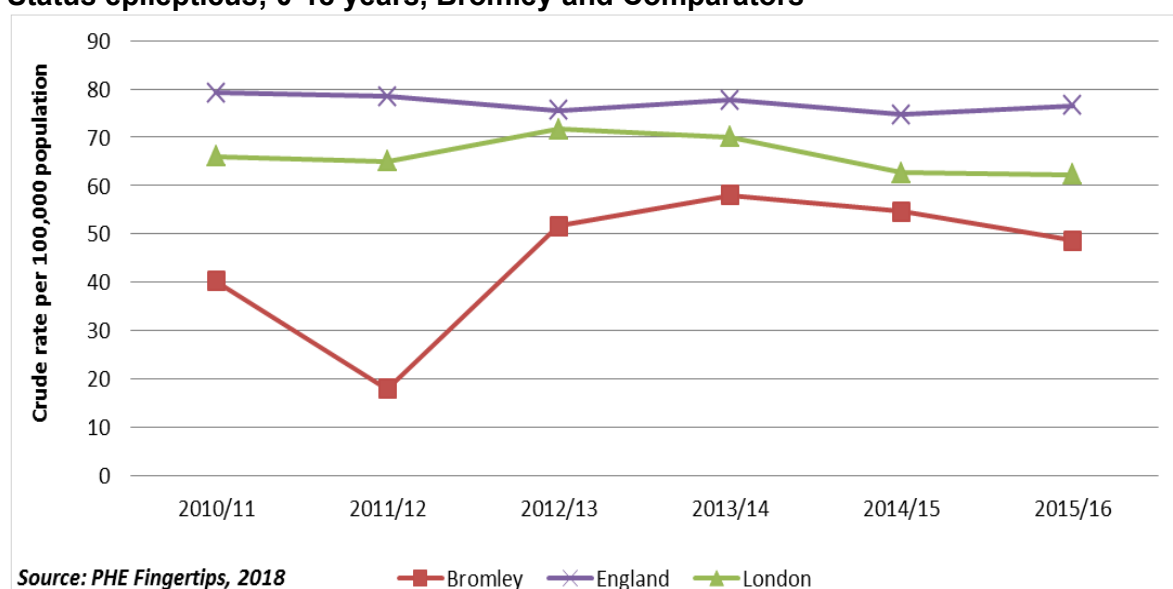
**Table C. 7: Number of children diagnosed with epilepsy in Bromley, by age**

Age	0-4 years	5-9 years	10-14 years	15-17 years
Number of children with epilepsy	56	121	133	87

Source: Bromley GP data, 2016

The distribution of epilepsy and diabetes across Bromley varies markedly between wards, with higher rates of epilepsy in Bromley Town, Farnborough and Crofton and Copers Cope (Figure C.1)

**Figure C. 5: Emergency hospital admissions with a primary diagnosis of epilepsy or Status epilepticus; 0-18 years, Bromley and Comparators**



**Figure C.5** shows that during the period 2010-16 emergency admissions to hospital with epilepsy for Bromley children were consistently below London and national rates. Data also shows that the rates that had risen in 2011/12 have been declining since the last two monitoring periods. The trends need to be monitored to see if this is enduring.

A child with epilepsy is by definition, at risk of epileptic seizures, but may also have a number of associated neurological, educational or psychosocial problems relating to the cause of their epilepsy or associated co-morbidities.

#### What does this mean for Bromley residents and for children in Bromley

Based on limited outcome data, the outcomes for children with epilepsy in Bromley are improving. New national standards on care of childhood epilepsy have been published and more detail on the management of children with epilepsy should be available soon.

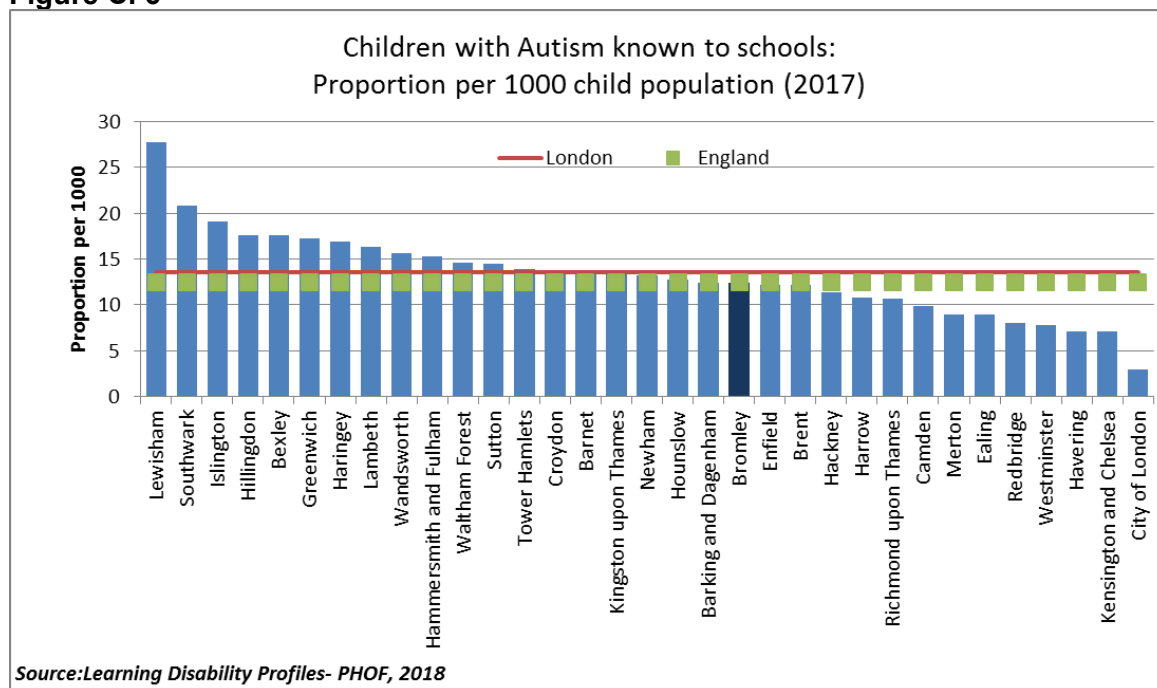
#### 4) Autistic Spectrum Disorder (ASD)

Autism is a lifelong developmental disability that affects how a person communicates and relates to other people, and how they experience the world around them. Those on the Autistic Spectrum experience difficulties with social interaction, social communication and rigidity of thought. They may also be more sensitive to everyday sensory information.

Autistic Spectrum Disorder describes a wide range of needs. Most young people on the Autistic Spectrum are educated in mainstream schools.

The proportion (12.4%) of children with Autism known to schools in Bromley is lower than London (13.5%) but similar to England (12.5%) average (**Figure C.6**). The process by which children are formally assessed to identify the nature of their special educational need has changed recently. At present not all of those identified as ASD in the SEN statistics will have been formally assessed.

**Figure C. 6**



The Learning Disability Profiles<sup>2</sup> show a year on year increase in the number of children with Autism known to schools. This trend will be monitored.

**Table C.8** shows that, there are 420 children aged 0-17 with ASD recorded with Bromley General Practice in 2016. The number on record in General Practice is 38% less than those identified in Bromley schools in the same year. This may be in part due to the process of assessment in schools discussed on page 13 of this report.

<sup>2</sup> <https://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0>

The number of 15-17 year olds on the spectrum as shown in **Table C.8** below has implications for the transitional services.

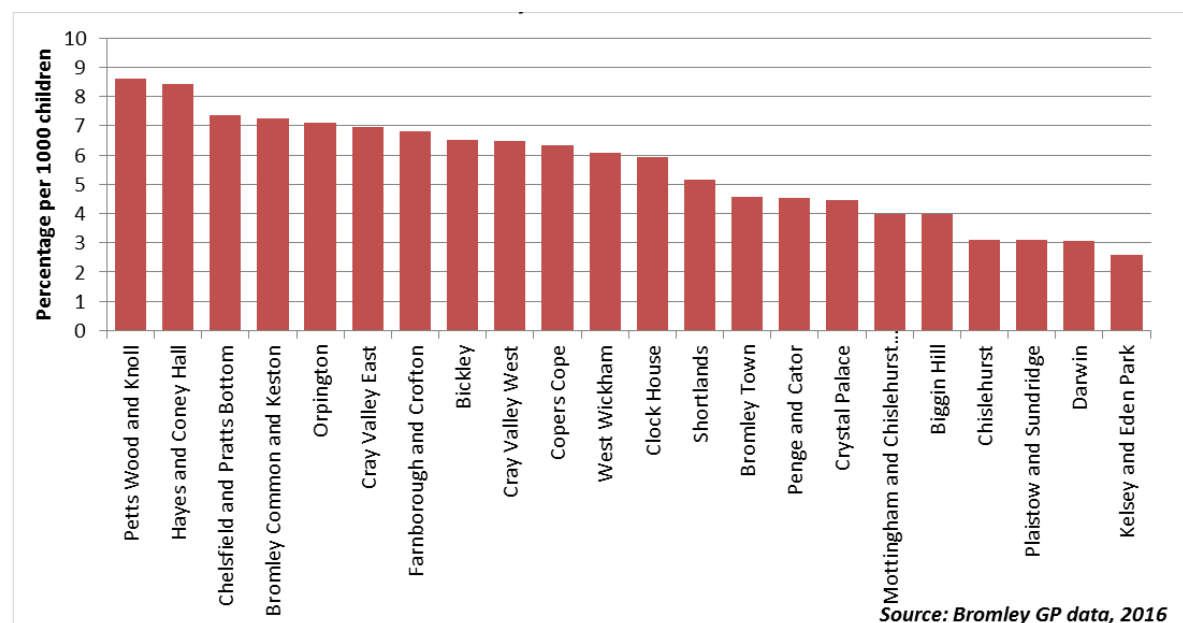
**Table C. 8: Number of children diagnosed with ASD in Bromley, by age**

Age	0-4 years	5-9 years	10-14 years	15-17 years	0-17 years
Number of children on the Autistic Spectrum	15	127	164	114	420

Source: Bromley GP data, 2016

Children on the Autistic Spectrum are not evenly distributed across the borough, with higher rates in Hayes and Coney Hall, Petts Wood and Knoll (**Figure C.7**). Standardisation has not been possible to enable controlling for population variation across the wards.

**Figure C. 7: Percentage of Children on the Autistic Spectrum per 1000: Bromley Wards**



Between April 2016 and July 2017, 75 young people with ASD were seen in specialist CAMHS. Some of these will have been as part of the diagnostic process. See section on [Children with complex mental health difficulties](#) for more information

#### What does this mean for Bromley residents and for children in Bromley

The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.

## 5) Other long term conditions

Some other long term conditions that affect the life of a child in school are collected by schools and collated by the School Nurses. It is important that schools are aware of children who have long term health conditions in their schools so that they can support the child and family and respond appropriately if the child becomes unwell in school.

**Table C. 9**

Condition	Number of children identified with the condition		
	School nurse data (March 18)	School SEN data (January 18)	Predicted number of cases
Allergies and anaphylaxis	1598	-	
Cystic Fibrosis	7	-	23
Dyslexia	528	1059*	
Cardiac issues	76	-	
Sickle Cell Disease	35	-	36
Hypermobility	122	-	
Eczema	511	-	
Migraines	102	-	
Dyspraxia	47	-	

*\*Not all children with Specific Learning Difficulties have dyslexia but it is the most common condition in this group*

Source: School nurse records, 2018

## b) Children with complex mental health difficulties

A number of children and young people have emotional needs that require specialist services. The vast majority of those needs are addressed by CAMHS out-patient services, although each year a small number of young people are admitted to an inpatient ward for treatment. Children and young people with less severe mental health needs are described in Section 3: Children and Young People with Emerging Needs.

### 1. Specialist CAMHS

Most specialist CAMHS services in Bromley are provided by Oxleas NHS Trust. Around half of the referrals to specialist CAMHS services come via the Wellbeing Service, where there has been a Single Point of Access (SPA) for CAMHS services since December 2014. Direct referrals to specialist CAMHS come from A&E referrals for attempted suicide, direct referrals from other CAMHS services, and hospital Paediatricians.

The following **Table C.10** shows an analysis of the changes in referrals to specialist CAMHS with the introduction of the Wellbeing service and the Single Point of Access in December 2014. Most “Tier 2” referrals are seen in the Wellbeing service. Most of the fall in numbers seen in specialist CAMHS services is due to the reduction in children whose needs are assessed as being at “Tier 2” level.

**Table C. 10: Referrals to Specialist CAMHS before and after the introduction of the Single Point of Access (SPA)**

	All accepted referrals	All referrals : variance from baseline*	Tier 2 cases: Number & % of accepted referrals	Tier 3 cases: Number & % of accepted referrals	Tier 3 cases: Variance from baseline *
Dec 13 - Nov 14 <i>Year prior to introduction of SPA</i>	706		176 (25%)	530 (75%)	
Dec 14 - Nov 15 <i>Year post introduction of SPA</i>	736	+ 4.2%	129 (17.5%)	607 (83%)	+14.5%
Dec 15 - Nov 16	696	-1.4%	109 (15%)	587 (84%)	+10.75%
Dec 16– Nov 17	662	-6.2%	72 (11%)	590 (89%)	+11%

\*Baseline = December 2013-November 14 – year prior introduction of the SPA

Tier 2 breakdown: Tier 2 cases include joint neurodevelopmental cases with Community Paediatrics.

**Source: Children and Adolescents Mental Health Services, 2018**

**Table C.10** shows that the number seen in specialist CAMHS services at “Tier 3” level in 2016/17 (i.e. children and young people with complex needs requiring specialist CAMHS services) is 11% above the rate in 2013/14. Service data indicates that those children and young people accessing specialist services have increasingly complex needs.

**Figure C.8** shows that the age and gender split of children and young people accessing specialist CAMHS services in 2017.

**Figure C. 8 Number of Referral to Oxleas by Age and Gender, 2017**



**Table C.11 below** shows some of the wider issues mentioned by the 687 young people accessing specialist CAMHS between 01/4/2016 and 31/7/2017. Although most of these relate to circumstances around the child (home or school issues, parental health issues, experience of abuse), a small proportion of these risk factors relate to pre-existing conditions within the child such as neurological or developmental issues.

**Table C. 11: Wider Issues Identified in CYP Accessing Specialist Oxleas CAMHS Services**

Risk factors	Number	%
Home issues	263	38
School issues	248	36
Community issues	160	23
Parental health issues	112	16
Engagement issues	89	13
Experience of abuse	84	12
Pervasive Developmental Disorder	68	10
Financial difficulties	37	5
Learning disability	30	4
Child in Need	28	4
Young Carer	25	4
Physical health issues	22	3
Neurological	20	3
Current Child Protection Plan	18	3
Contact with youth justice service	11	2
Experience of war	5	1

**\* Small numbers**

Source: Oxleas Children and Adolescents Mental Health Services, 2018

Following assessment, each child or young person will be given a diagnostic code using the National CAMHS Data Set (NCDS) descriptors. Each child may have more than one descriptor. The NCDS descriptors presented in **Table C.12** represent data from most of the 687 children and young people seen by the service between April 2016 and July 2017 inclusive, and gives a sense of the numbers of children and young people seen with each condition.

**Table C. 11: National CAMHS Data Set descriptors used by Oxleas CAMHS service**

NCDS descriptors	Number of young people with this descriptor	% with this descriptor (n=687)
Emotional Disorders, includes OCD, PTSD	295	43
Autism Spectrum Disorders	75	11
Deliberate Self Harm, includes overdose	66	10
Conduct Disorders, inc anti-social beh'r	60	9
Hyperkinetic Disorders includes ADHD etc	43	6
Other	38	6
Developmental Disorders	22	3
Learning disabilities, moderate - severe	19	3
Eating Disorders, inc preschool problems	12	2
Habit Disorders, includes tics, soiling	8	1
Substance Abuse, drug and alcohol misuse	5	1
Psychotic Disorders	1	0

*Source: Oxleas Children and Adolescents Mental Health Services, 2018*

## 2) Mental Health crisis presentations via A&E

Oxleas specialist CAMHS see all young people who present to A&E with a mental health crisis. These numbers are increasing as shown in **Table C.13** below.

**Table C.13: A&E mental health crisis presentations, Bromley, 2013-18**

	13/14	13/14	15/16	16/17	17/18
Number of presentations	136	181	234	244	297
% increase - annual	-	+33%	+29%	+4%	+22%
% increase - from baseline in 2013/14	-	+33%	+72%	+79%	+118%

*Source: Oxleas Children and Adolescents Mental Health Services, 2018*

### 3) In-patient CAMHS

The total number of occupied bed days in CAMHS inpatient units has increased most years for which we have data. However, the number of young people admitted to a CAMHS inpatient unit has fallen in recent years to a level similar to that seen in 2012.

**Table C. 12: In- Patient Bed Use, Trends (2010- 2018)**

Financial Year	Number of young people admitted	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011	-	1091	-
2011/2012	16	1403	↑ 29%
2012/2013	24	2003	↑ 43%
2013/2014	26	2669	↑ 33%
2014/2015	31	2373	↓ 11%
2015/2016	43	3615	↑ 65%
2016/2017	28	-	
2017/2018	24	-	

Source: Oxleas Children and Adolescents Mental Health Services, 2018

### 4) Eating Disorder

There is a specialist Eating Disorder Service for Children and Young people at the South London and Maudsley (SLAM) NHS Foundation Trust. The following three tables use data from SLAM to show referrals to this service from Bromley and other local London boroughs.

**Table C.15: Accepted referrals to Eating Disorder service, 2016-2018**

	2016/17				2017/18				2018/19
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Bromley	13	25	10	17	12	9	16	28	23
Bexley	8	<5	7	7	<5	8	6	11	<5
Croydon	8	8	7	18	13	9	9	7	10
Greenwich	6	7	<5	7	5	8	13	7	<5
Lambeth	6	9	8	14	12	11	14	8	9
Lewisham	9	6	8	4	8	9	13	5	6
Southwark	5	<5	12	7	8	6	13	9	9

Source: SLAM Children and Adolescents Mental Health Services, 2018

**Table C.15** clearly shows a relatively high number of referrals to the Eating Disorder service from Bromley since 2016. **Table C.16** analyses this data, allowing for the size of population of children in each borough.

**Table C.16: Referral rates to Eating Disorder service, Bromley and comparators**

	0-18 population, mid-2017	Total referrals accepted 2016-2018	Referral rate per 1,000 population aged 0-18	Number of urgent referrals 2016-2018	Urgent referral rate per 10,000 population aged 0-18
Bexley	59543	59	1.0	<5	0.8
Bromley	77624	153	2.0	17	2.2
Croydon	99505	89	0.9	6	0.6
Greenwich	71357	59	0.8	9	1.3
Lambeth	65427	91	1.4	10	1.5
Lewisham	71286	68	1.0	6	0.8
Southwark	67403	70	1.0	<5	0.7

Source: SLAM Children and Adolescents Mental Health Services, 2018; population data ONS

This clearly shows a high rate of referrals, including urgent referrals to this service. The service now takes referrals from young people, their parents, schools and other professionals as well as GPs and other CAMHS services. GPs now account for just over a quarter of referrals (**Table C.17**)

**Table C.17: Referral source for Eating Disorder service, 2016-18**

Referral source	% of referrals
GP	27
CAMHS	16
Self	4
Parent	17
School	4
Other professional	32

Source: SLAM Children and Adolescents Mental Health Services, 2018

#### What does this mean for Bromley residents and for children in Bromley?

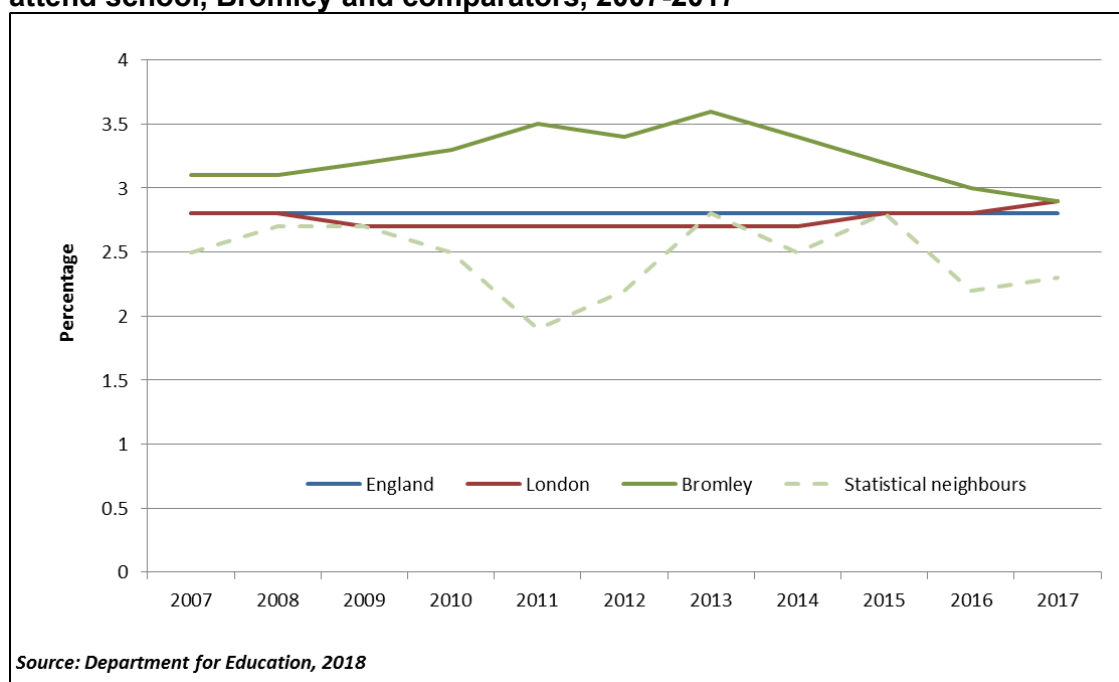
- Children and young people accessing specialist services have increasingly complex needs
- Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
- The number of young people admitted to a CAMHS inpatient unit has fallen in recent years

### c) Children with an Education Health and Care Plan (EHCP)

The existence of an EHC Plan is an indicator of significant need. It is a plan put in place to ensure that a young person reaches their full potential, not just in education.

The percentage of pupils with an EHCP in Bromley schools has declined over the last decade to levels similar to the national and London average. It is not clear whether this is due to a real change or a difference in the application of thresholds. Comparison with statistical neighbours is shown in **Figure C.9** below, and Bromley rates have consistently tracked higher over the same ten year period. The vast majority of these pupils are in mainstream maintained schools or academies or special schools.

**Figure C. 9: Percentage of pupils with statements/EHC Plans based on where they attend school, Bromley and comparators, 2007-2017**



**Table C.18** shows that, the top four types of needs in children with SEN in order of highest, are;

- Speech, Language and communication Needs,
- Social Emotional and Mental Health Difficulties,
- Moderate Learning Difficulty, and
- Specific Learning Difficulty.

It is worth noting that, the number of pupils with a recorded Specific Learning Difficulty and Other Difficulty/Disability in Secondary school doubles that in Primary School. It is unclear, what drives the current picture.

**Table C. 13: Children with SEN by type of need in maintained schools and academies, 2017**

	Primary school	Secondary school	Special school	Pupil referral unit	Total
Speech, Language and Communications Needs	1353	416	20	15	1,804
Social Emotional and Mental Health Difficulties	686	489	149	131	1,455
Moderate Learning Difficulty	595	346	78	-	1,022
Specific Learning Difficulty	391	659	-	7	1,059
Autistic Spectrum Disorder	328	272	67	-	669
Other Difficulty/Disability	181	310	-	-	494
SEN support needed but no specialist assessment	128	18	0	0	146
Physical Disability	107	81	-	-	192
Severe Learning Difficulty	68	0	203	-	272
Hearing Impairment	63	77	-	0	142
Visual Impairment	38	38	-	0	78
Multi-Sensory Impairment	11	-	0	0	12
Profound & Multiple Learning Difficulty	7	-	123	0	131

(-)*small numbers*

Source: School Census January 2018

**Table C. 14: Percentage of Children with SEN by type of need, Bromley and comparators, 2017**

	England (%)	London (%)	Bromley (%)	Statistical Neighbours (%)
Speech, Language and Communications Needs	29.0	37.5	31.6	25.2
Moderate Learning Difficulty	23.3	14.8	17.6	23.2
Social, Emotional and Mental Health	15.7	16.0	17.5	16.4
Specific Learning Difficulty	9.7	8.0	9.9	12.6
Autistic Spectrum Disorder	6.7	8.7	8.7	7.6
SEN support but no specialist assessment of type of need	4.6	4.7	3.0	3.8
Other Difficulty/ Disability	4.2	4	4.7	4.8
Physical Disability	2.9	2.6	2.7	2.7
Hearing Impairment	1.7	1.6	1.5	1.8
Visual Impairment	0.9	0.7	0.9	1.0
Severe Learning Difficulty	0.7	0.7	1.8	0.6
Profound & Multiple Learning Difficulty	0.3	0.3	0.1	0.3
Multi-Sensory Impairment	0.3	0.3	0.1	0.3

Source: Department for Education, 2018

The top three most represented needs across the spectrum of SEN in each geographical area are; Speech Language and Communication (SLC), Moderate Learning Disability (MLD) and Social, Emotional and Mental health need (SEMH). These three combined, contribute two thirds of all special education need in children.

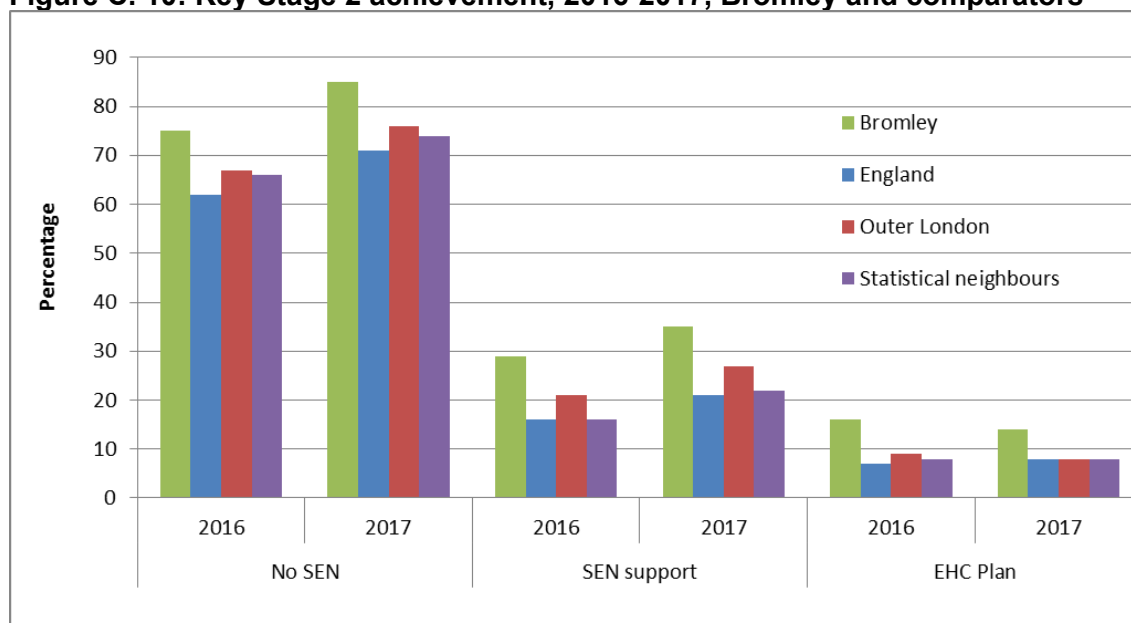
Comparing Bromley to England, London and statistical neighbours shows that;

- Bromley has high rates of SLC compared to statistical neighbours and England,
- Bromley has the highest rates of SEMH,
- the rate for MLD is lower in Bromley than statistical neighbours and England.

Bromley has higher rates (9.9%) of Specific Learning Difficulty than England (9.7%) and London (8.0%) but not the statistical neighbours (12.6%). The rates in Bromley are particularly driven by the high numbers in secondary school.

## 1. Educational Attainment in Children with Special Educational Needs

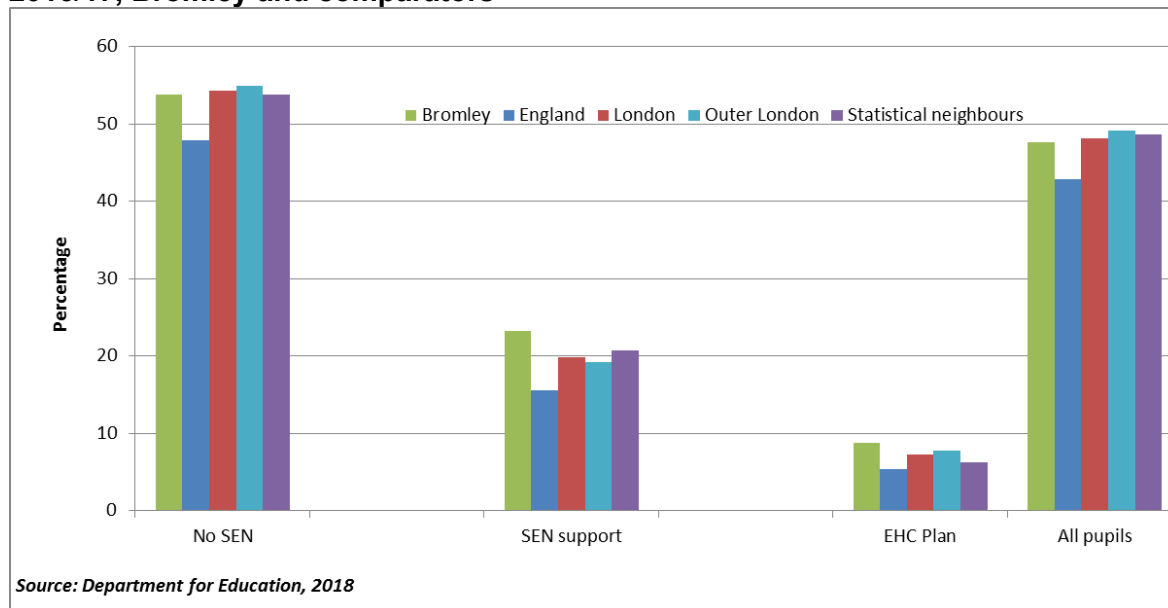
**Figure C. 10: Key Stage 2 achievement, 2016-2017, Bromley and comparators**



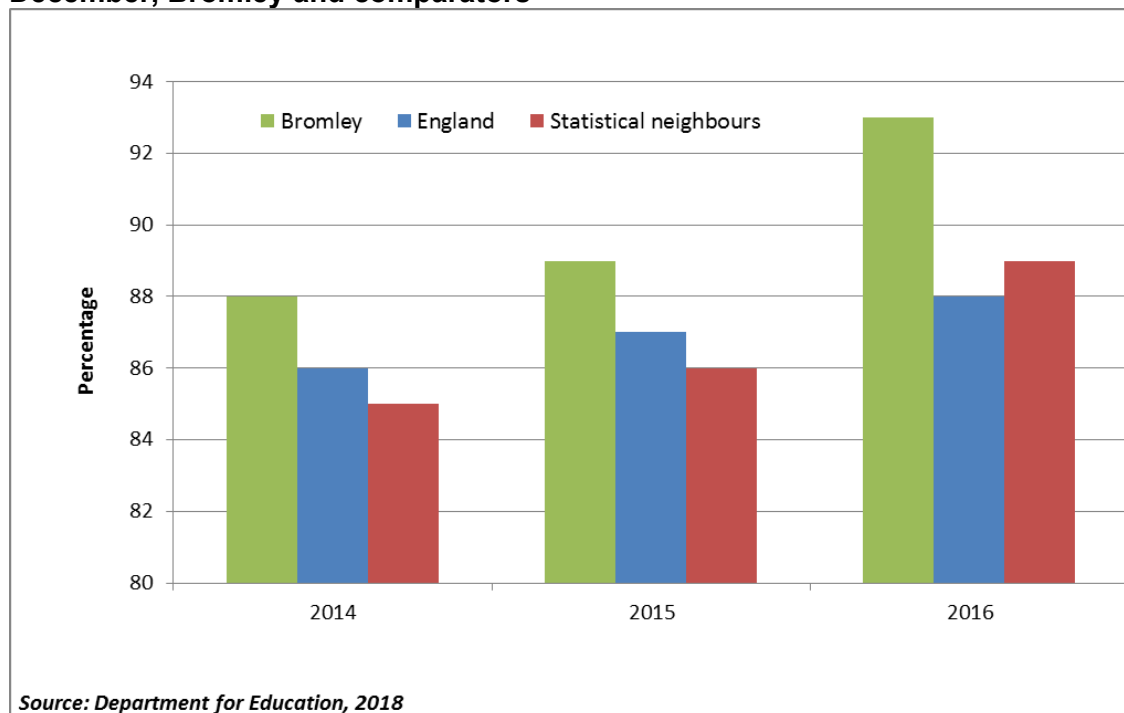
**Source:** Department for Education, 2018

**Figure C.10** shows that, achievement in Key Stage 2 in Bromley has improved in all groups except for children with an Education Health Care Plan. Furthermore, the pupils in Bromley are achieving better in all groups than pupils in comparator areas. However **Figure C.11** shows that, pupils at GCSE level are achieving better than Bromley in all comparator areas except for England.

**Figure C. 11: Percentage of pupils achieving score 5-9 at GCSE in English and Maths, 2016/17, Bromley and comparators**



**Figure C. 12: Percentage of 16-17 year olds in education and training as at 31st December, Bromley and comparators**



**Figure C. 12** shows that Bromley has a higher percentage (93%) of pupils with special education needs who were in education or training in 2016 compared to England (88%) and statistical neighbours (89%). Furthermore, the data shows year on year improvement in the last three monitoring periods.

**What does this mean for Bromley residents and for children in Bromley?**

- Rates of severe learning difficulties and speech, language and communication needs are higher in Bromley than in statistical neighbours.
- The percentage of pupils with an EHCP in Bromley schools has declined over the last decade to levels similar to the national and London average.

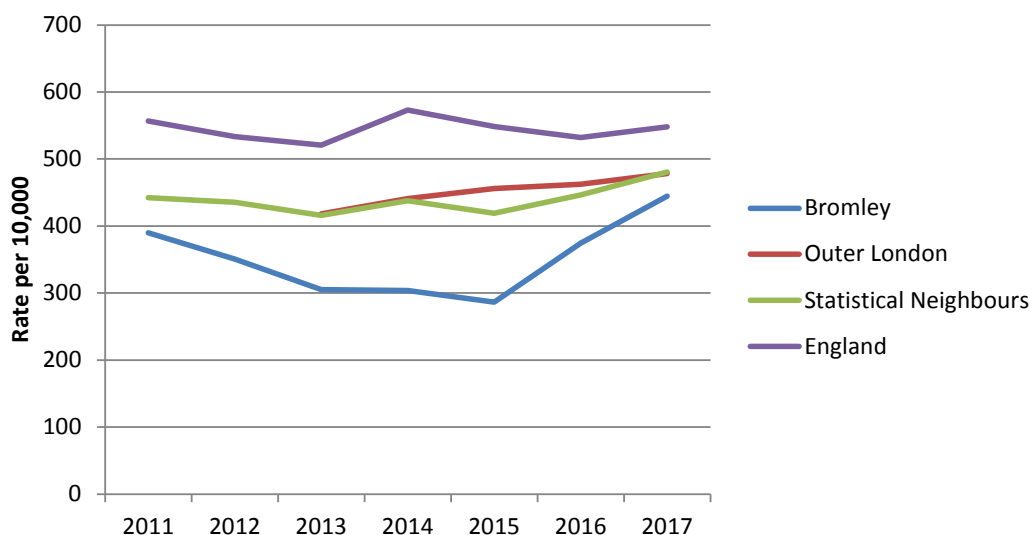
## d) Children at risk of significant harm

The risks can be broadly of two kinds:

- a) Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/ young person's health or development, or
- b) A chronic and long-term risk of harm to the child's health or development.

This small group of children/young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention.

**Figure C. 13: Referral rates to Children's Social Care, Bromley and comparators**



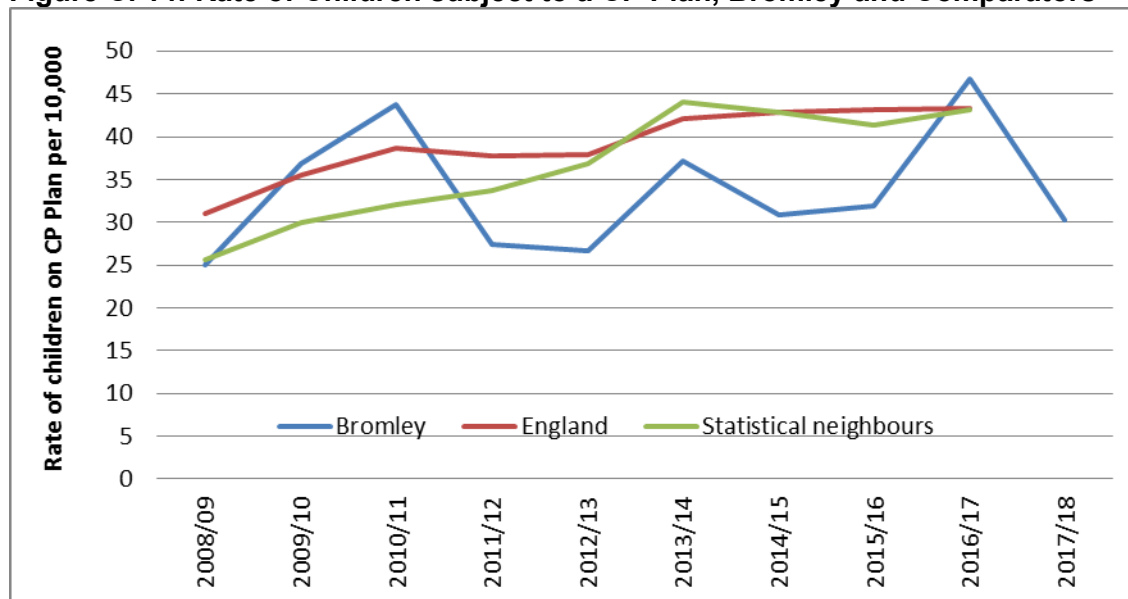
Source: LAIT

Although the referral rate in Bromley has increased in the last three reporting periods, it is still lower in Bromley compared to the comparator areas as shown in **Figure C.13**.

### 1. Children who are the subject of a Child Protection Plan

There are currently 225 children subject to a Child Protection Plan (CPP). This is equivalent to a rate of 30.2 per 10,000 population, which is considerably lower than the rate in 2016/17 when it was 46.7, but similar to the rate in the previous 2 years (**Figure C.14**). It is lower than national rates and those of statistical neighbours. It is worth noting that, the rates would be subject to random variation due to small numbers.

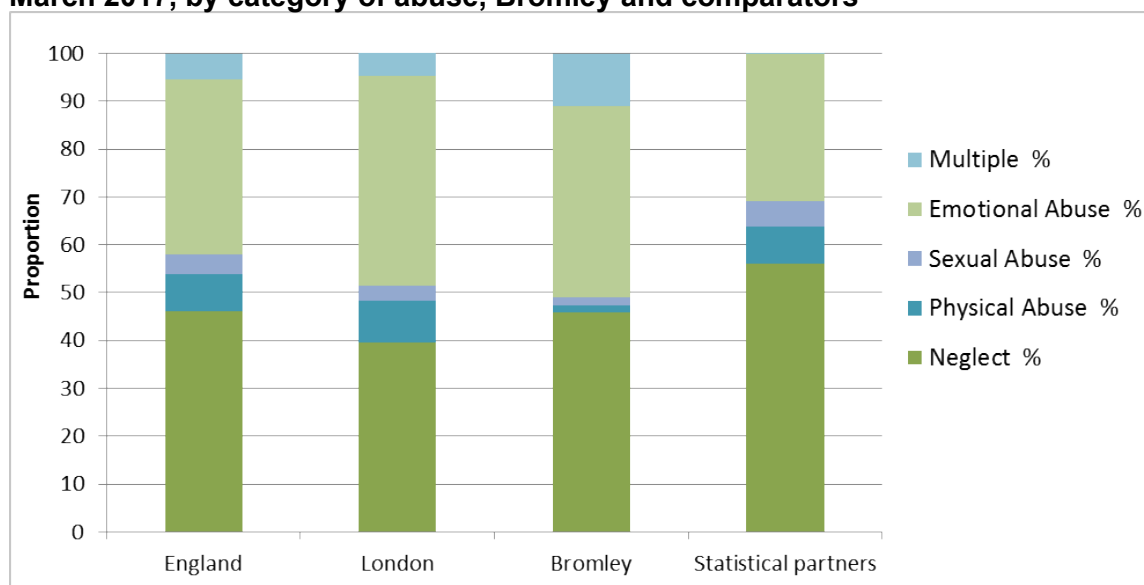
**Figure C. 14: Rate of Children subject to a CP Plan, Bromley and Comparators**



Source: LAIT

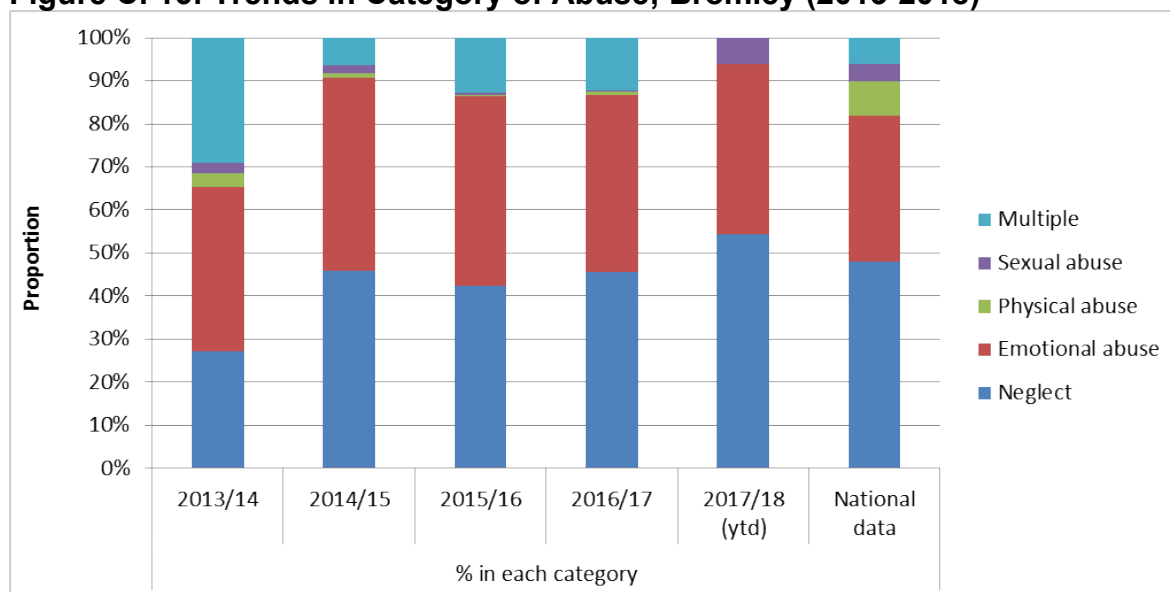
**Figure C.15** shows that Neglect and Emotional Abuse are the categories of abuse most represented in children subject to a CPP across all geographical areas. Rates of children subject to a CPP due to neglect in Bromley, are similar to England but higher than London and lower than the statistical neighbours.

**Figure C. 15: Proportion of child protection plans starting during the year ending 31 March 2017, by category of abuse, Bromley and comparators**



Source: Statistics: children in need and child protection

**Figure C. 16: Trends in Category of Abuse; Bromley (2013-2018)**



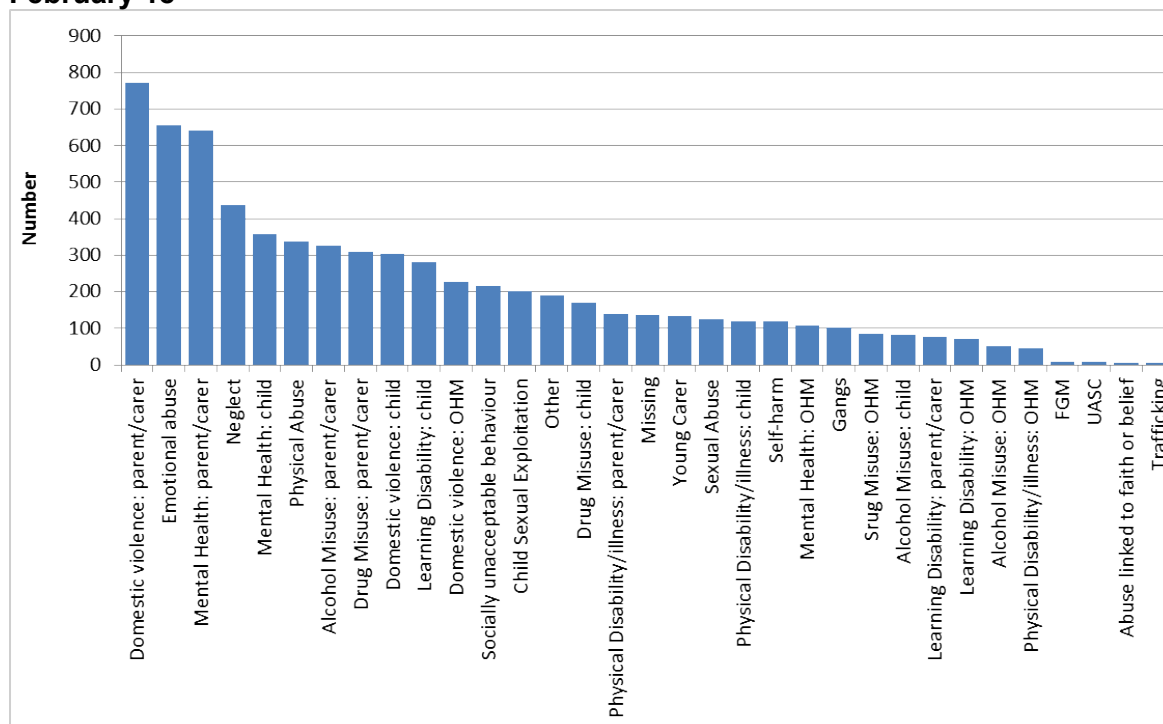
**Source: Statistics: children in need and child protection**

The primary category of abuse when made subject to a Child Protection Plan is shown in **Figure C.16**. This shows variation in categories over time which may represent changes in practice. National data from 2016/17 is presented for comparison. Relative to the national categories, more children in Bromley are subject to a Child Protection Plan due to neglect, emotional abuse or sexual abuse. The data further emphasises an increase in the proportion of children subject to a CPP due to sexual abuse in the last reporting period.

If a family is referred to Children's Social Care, risk and protective factors are identified as part of the Social Work Assessment. The risk factors identified during these assessments in April 2017 to February 2018 are presented in **Figure C.17**

This data is not available in such detail at national level for comparison.

**Figure C. 17: Risk factors identified during Social Work Assessments, April 17 to February 18**



Source: Children Social Care data, LBB

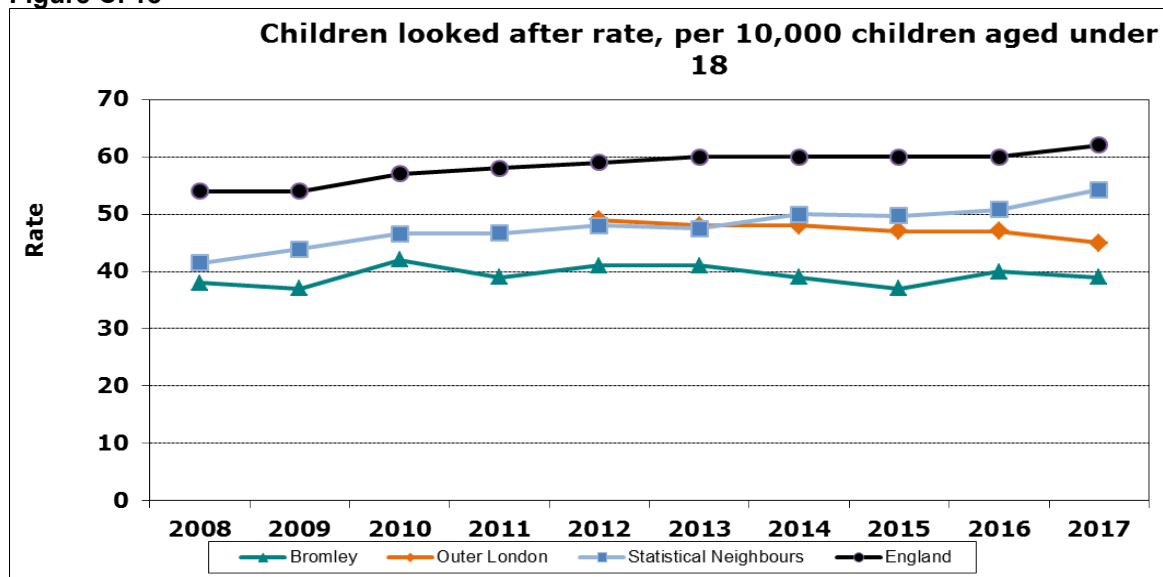
### What does this mean for children in Bromley?

Bromley has a lower rate of children subject to a Child Protection Plan than national rates or statistical neighbours.

## 2. Looked After Children (Children in Care)

- The number of looked after children ranges between 250 - 302 over the last seven years, and is currently at the top of this range (302 in February 2018).
- The rate of 40.6 looked after children per 10,000 population under 18 is lower than comparator groups. The rate is 48/10,000 for outer London and 60/10,000 nationally (**Figure C.18**).
- There are currently 20 unaccompanied asylum seeking children in Bromley and this number remains stable.
- 71% of looked after children are in foster placements (March 18).
- The percentage of looked after children placed out of the borough and more than 20 miles from where they used to live is currently 25% of the looked after children population compared to 15% of children in statistical neighbour authorities, and 13% nationally. This rate has increased from 18% in 2016/17.

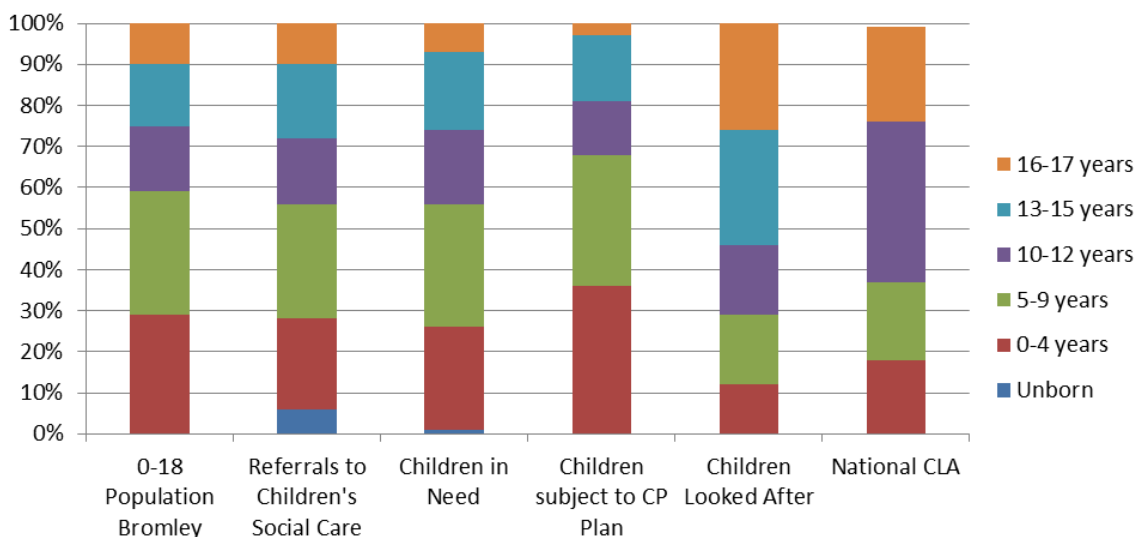
Figure C. 18



Source: LAIT, 2018

Bromley has a relatively low proportion of children under 5 years who are Looked After. The comparison of the proportions of CLA in each age group is compared to national data from 2016/17 in **Figure C.19**. The national data does not separate the 10-15 year old age group into two groups as the internal Bromley data does. Overall the proportion of children aged 10 and over in Bromley is slightly higher than the national data.

Figure C. 19: Children known to Children's Social Care by age group

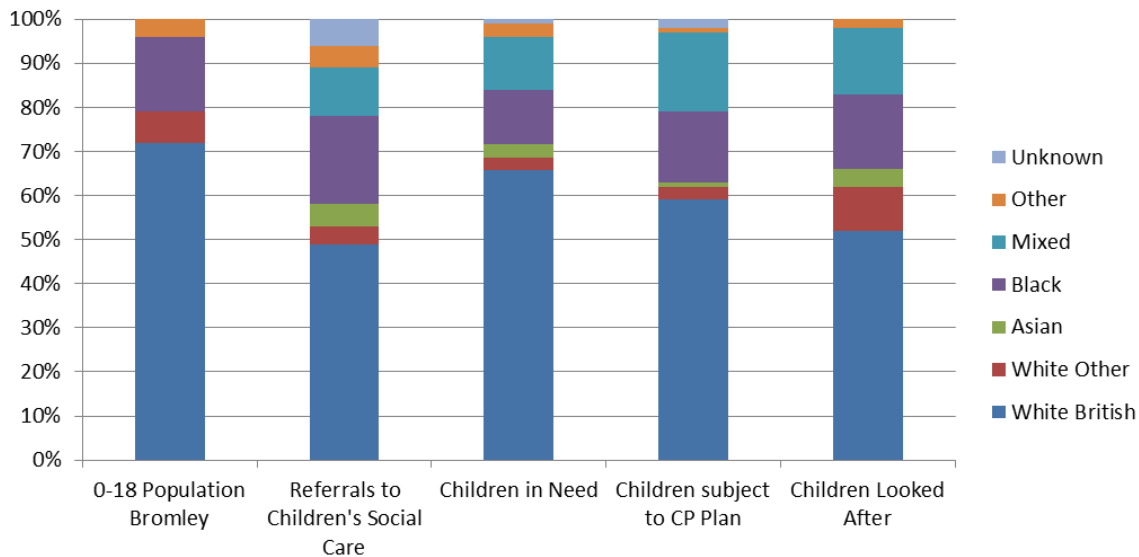


Source: Children Social Care data, LBB- 2018

### Ethnicity of LAC

The number of LAC from BME groups fluctuates. This rate is higher than the resident population BME proportion, but does reflect the BME population demographic for the areas where LAC are coming from within the borough.

**Figure C. 20**

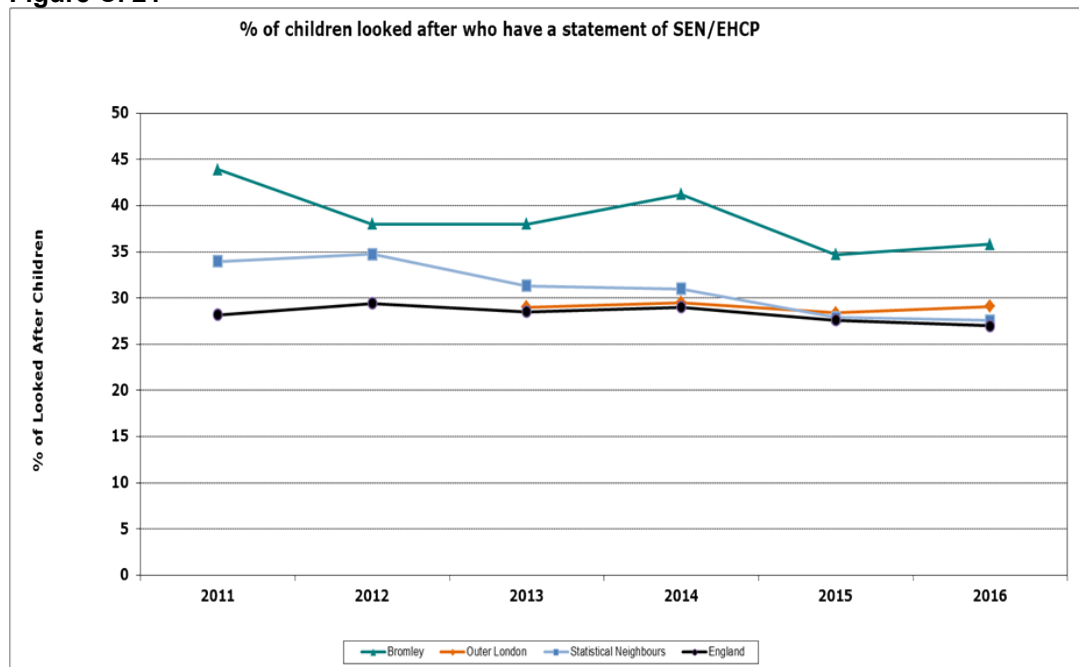


Source: Children Social Care data, LBB-2018

### Special Education Needs of LAC

These fluctuate from year to year but a much higher proportion of LAC have SEN compared to the rest of Bromley children. The proportion of CLA who have special educational needs in Bromley is also higher than London, national and statistical neighbour rates.

**Figure C. 21**



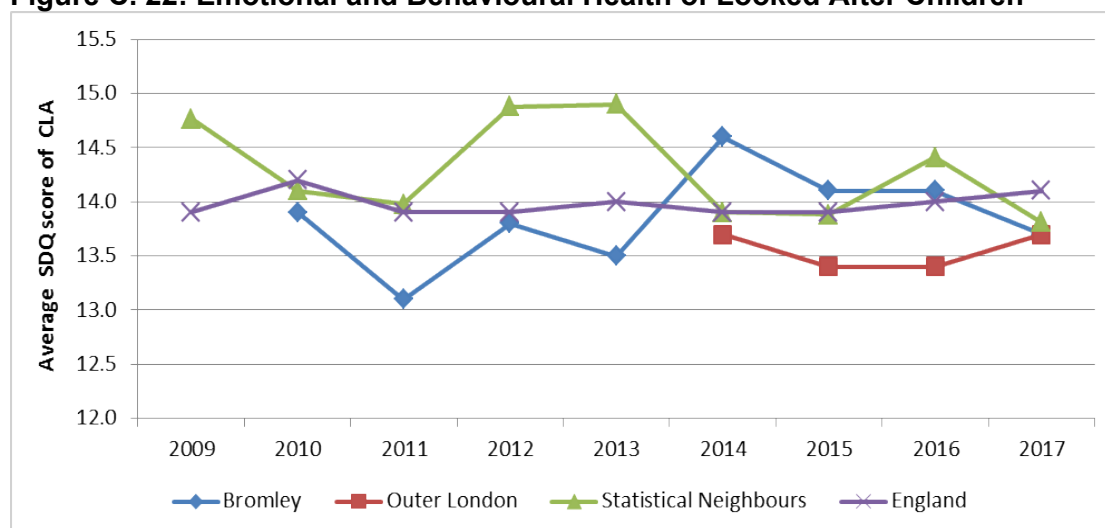
Source: LAIT, 2018

## Emotional Health needs of Bromley LAC

An audit by the Bromley CAMHS Looked After and Adopted Children's (LAAC) Specialist Mental Health Team in 2015 found that, the most common presenting problems were extreme neglect and emotional abuse, with 43% of referrals having experienced at least one of these. Eleven per cent of referrals were known to social care to have sexual abuse histories. Almost 30% of children had been physically abused, while 20% had witnessed domestic violence in the family. Eleven per cent of children had a parent with mental health difficulties and almost 30% of children had at least one parent with substance abuse difficulties. 20% of children referred had also experienced multiple placement breakdowns since being in foster care.

There has been a reduction in Bromley's emotional health (SDQ) questionnaire score in the last four reporting periods, since 2014, to levels similar to statistical neighbours but lower than England average. Although the score is distinctly erratic year on year, this represents an improvement in the emotional health of LAC in Bromley.

**Figure C. 22: Emotional and Behavioural Health of Looked After Children**



Source: LAIT, 2018

## Health Protection of LAC

**Table C. 20:**

	England	Bromley	
	2016/17	2015/16	2016/17
CLA aged under 5 with up to date health checks	82%	100%	100%
CLA with up to date health checks	89%	92%	97%
CLA with up to date dental checks	83%	91%	87%
CLA with up to date immunisations	84%	88%	97%

\*Provisional data

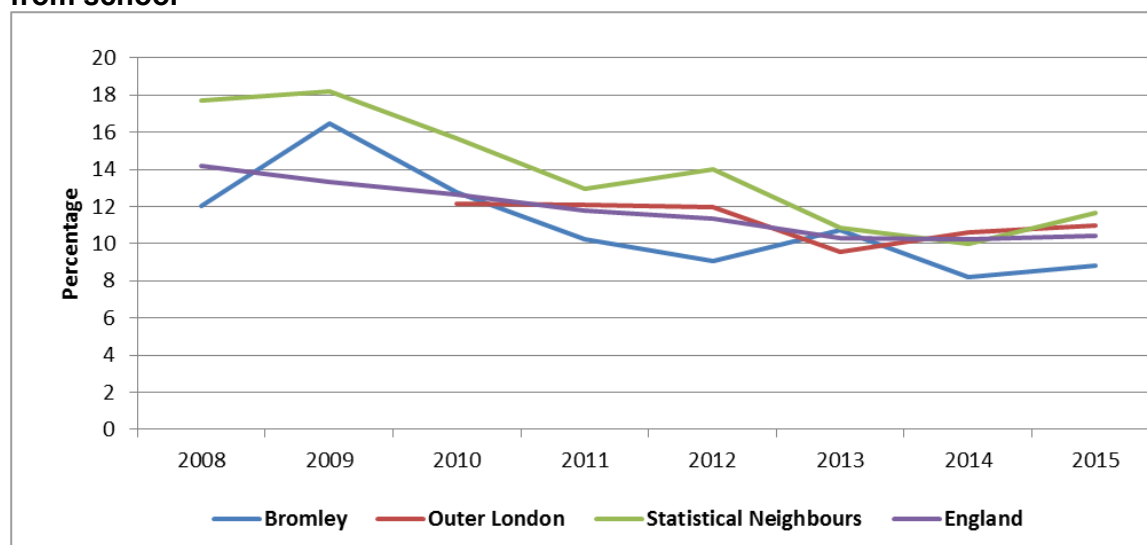
Source: Statistics: children in need and child protection

**Table C.20** shows that coverage of routine health protection in Bromley seems to have declined in 2017/18, especially immunisations. The figures will need updating with the final national publication later on in the year.

## Exclusions and School Attendance

There has been one Bromley LAC permanently excluded from school in 2017/18. Bromley's fixed term exclusion rate had been decreasing and is now lower than statistical neighbours, London and national rates (**Figure C.23**).

**Figure C. 23: Percentage of children looked after with at least one fixed term exclusion from school**



Source: LAIT

Children looked after and young people in Bromley have an overall attendance rate in line with our statistical neighbours and national comparators. However, the level of persistent absence is higher. The level in 2016/17 was 17%, compared to 9.1% nationally in 2016. Year on year erratic rates are due to small numbers.

## Not in education, employment or training (NEET)

In 2017, 33% of Bromley Care Leavers were NEET, 46% were in education employment and training (EET) and 6% were in higher education. Bromley has a lower percentage of NEET than our statistical neighbours and London.

## Care Leavers in Suitable Accommodation

**Table C.21** shows that the proportion of Care leavers in suitable accommodation is lower in Bromley (74%) than statistical neighbours (82%), Outer London boroughs (82%) and England (84%). The table further shows that, the trend which was declining in the last two periods, has improved.

**Table C. 21: Percentage of Care Leavers in suitable accommodation**

	Percentage of care leavers in suitable accommodation			
	2014	2015	2016	2017
<b>Bromley</b>	83	75	70	74
<b>Statistical neighbours</b>	81	83	81	82
<b>Outer London</b>	80	84	81	82
<b>England</b>	78	81	83	84

Source: LAIT, 2018

### Substance Misuse in CLA

In 2017, of the 180 young people who had been LAC for longer than 12 months, 10 were identified as having a substance misuse problem. This represents 7% of the Bromley LAC population (**Table C.22**).

**Table C. 15**

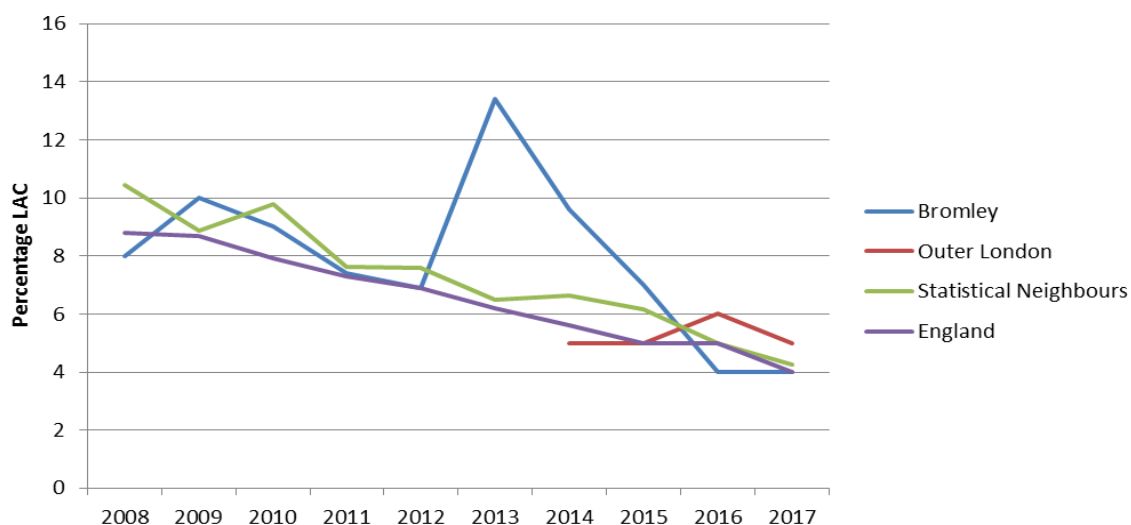
	Percentage of LAC with a substance misuse problem			
	2014	2015	2016	2017
<b>Bromley</b>	4.4	-	7.0	7.0
<b>Statistical neighbours</b>	8.03	7.0	5.4	5.8
<b>Outer London</b>	6.2	4.0	4.9	5.0
<b>England</b>	3.5	4.0	4.0	4.0

Source: LAIT, 2018

### Children looked after - offending data update

In 2017, 4% of 10-17 year old CLA young people in Bromley were convicted or subject to a final warning or reprimand during the year, a drop from 13.4% in 2012/13. This is lower than our statistical neighbours and outer London and equal to the rate for England. The rate is subject to random variation due to small numbers.

**Figure C. 24: Percentage of children looked after (CLA) subject to a conviction, final warning or reprimand during the year**



Source: LAIT, 2018

## Unaccompanied Asylum Seekers (UASC)

There are currently approximately 20 unaccompanied asylum seeking children in Bromley. These young people are automatically “Children Looked After”. Studies of refugees of all ages have found that 1 in 6 has significant health problems and over two thirds suffer with anxiety or depression.

### What does this mean for Bromley residents and for children in Bromley?

- Bromley has a relatively low rate of LAC compared to London and national rates
- The proportion of CLA with SEND is higher in Bromley than comparators

## e) Deaths in childhood

Deaths in childhood are rare. Analysis of data on child death is important to prevent future ill health and deaths.

### 1) Gender and ethnicity of child deaths

Analysis of data 2008-2014 shows that 58% of child deaths in Bromley were boys, which is similar to the England rate of 56%. 5 years’ worth of data has been aggregated to bring the deaths to numbers that allow for meaningful statistical analysis.

**Table C. 16: Comparison of ethnicity of Bromley deaths 2011-2018 with death rates in England, 2016/17**

	Bromley 6 year average child deaths 2011-2018 (% of deaths by ethnicity)	Bromley general population - % aged 0-24 by ethnicity (2011 census)	All child deaths England 2016/17 (% of deaths by ethnicity)
White British	45	73	61
White other	9	5	
Black African	12	5	7
Black Caribbean	7	3	
Asian	13	5	15
Mixed	16	8	5
Not recorded	1	0	11

Source: Child Deaths database, LBB

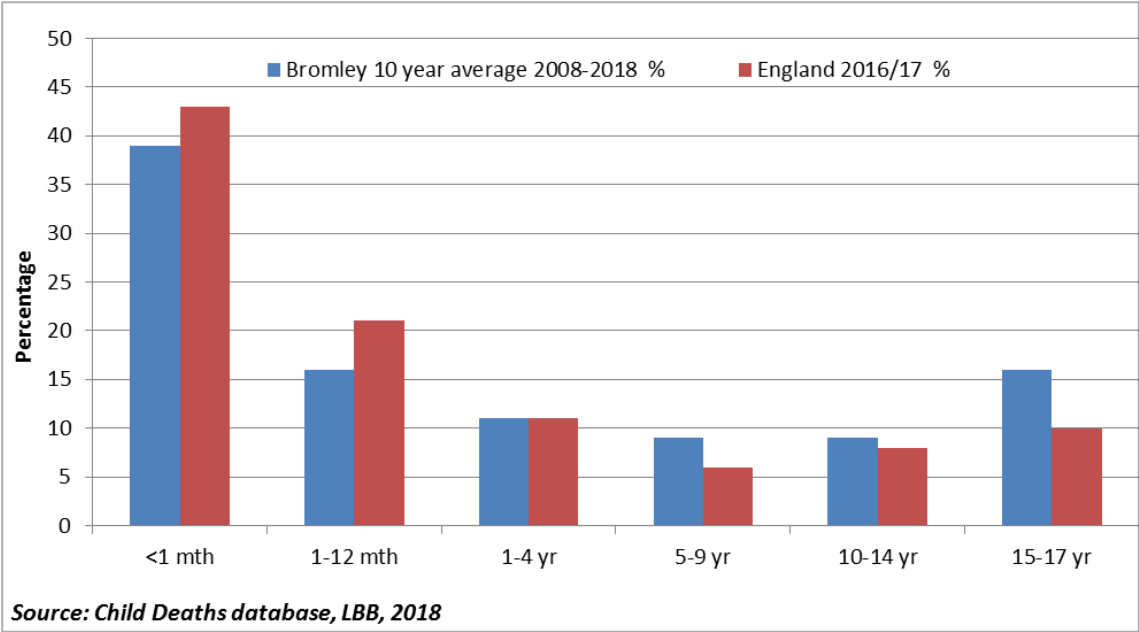
Aggregate data of the ethnicity of children dying in Bromley 2011-2018 shows some differences to those dying in England in 2016/17 and the general Bromley population aged 0-24 years (2011 census data). It is worth noting the small numbers in Bromley, even with 7 years’ worth of aggregated data.

### 2) Age of child at time of death

Summarising all the child death data in Bromley 2008-2018 and comparing to national data shows similar rates of death in all age groups except adolescents aged 15-17 years (**Figure C.25**). The death rate in this group has been low in recent years, so this

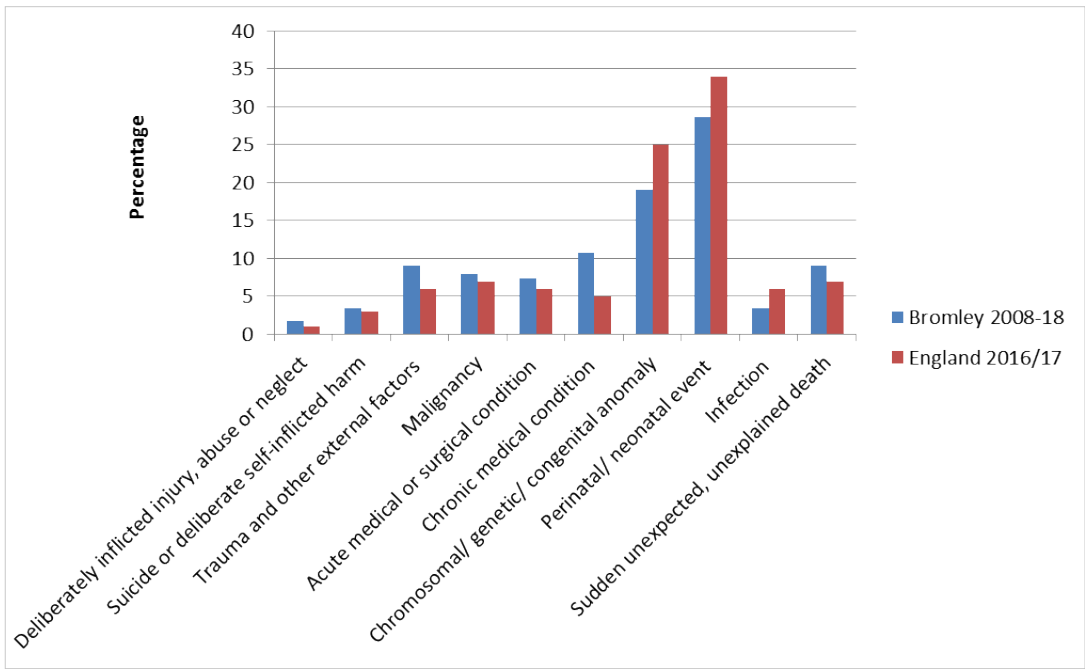
rate is coming closer to the national rate. Overall, deaths in children are rare in Bromley.

**Figure C. 25: Comparison of age at death in Bromley 2008-2018 and England, 2016/17**



**Figure C.26** shows that, the majority of child deaths in Bromley and England are due to chromosomal, genetic or congenital anomalies and perinatal or neonatal events. The data also shows that, Bromley has higher rates of child death than England in all categories except the top two aforementioned categories.

**Figure C. 26: Categories of death recorded; Bromley and England.**



Source: Child Deaths database, LBB

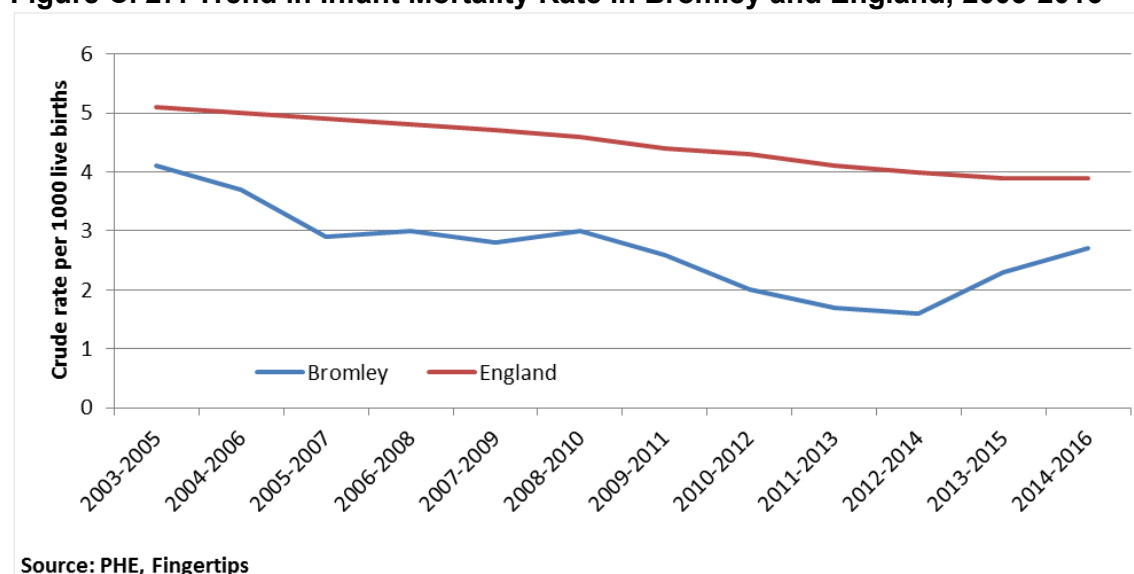
**Table C. 17: Child death rates<sup>3 4</sup> in Bromley and comparators in 2014-16**

	Bromley	London	England
Infant Mortality Rate <sup>3</sup>	2.7	3.2	3.9
Death rate children aged 1-17 years <sup>4</sup>	10.7	11.6	11.6

Source: PHE Fingertips

The death rates are measured as a rolling average over three years. Infant mortality has been rising in Bromley recently.

**Figure C. 27: Trend in Infant Mortality Rate in Bromley and England, 2003-2016**



The trend in deaths of older children is downward, although the rates are closer to those in London and England.

**Figure C. 28: Trend in Child Mortality (1-17 years) rate, Bromley and England, 2010-2016.**



<sup>3</sup> Infant Mortality Rate is the number of deaths of babies under 1 year of age per 1000 live births, per year

<sup>4</sup> Directly standardised death rate per 100,000 children aged 1-17 years

### 3) Infant deaths<sup>5</sup> in Bromley 2008-2018

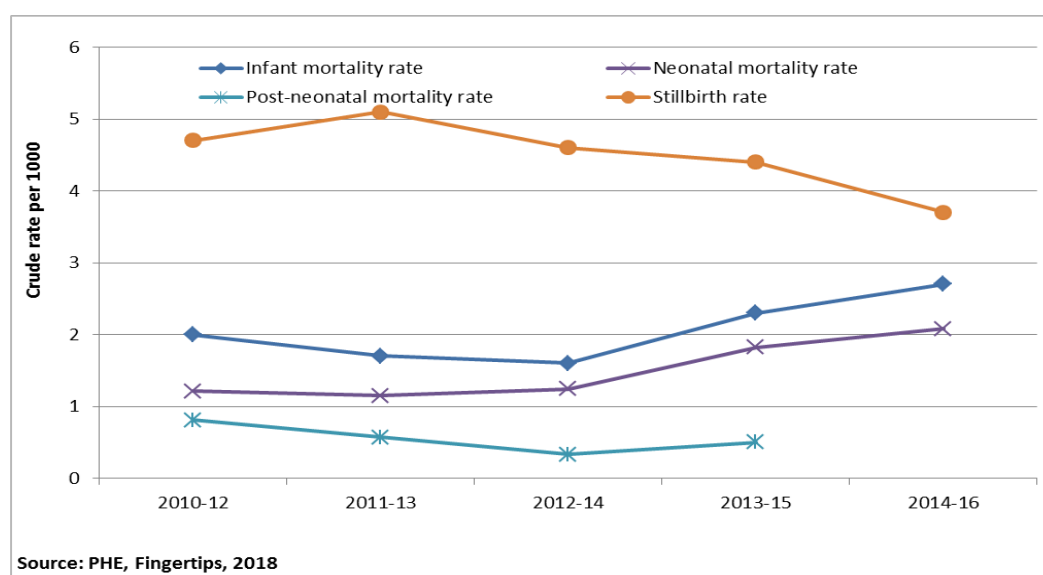
Deaths of infants in the first year of life, as demonstrated by the infant mortality rate, continues to be lower in Bromley than the rate for all England. This rate has been falling for many years before a recent upturn.

Infant mortality can be divided into neonatal mortality rates (deaths under 28 days) and post-neonatal mortality rates (deaths between 28 days and 1 year).

Deaths occurring during the first 28 days of life in particular are considered to reflect the health and care of both mother and newborn and are often largely caused by perinatal and biologic conditions (endogenous causes).

In contrast, post-neonatal deaths are more likely to be linked to non-perinatal conditions such as injuries and socio-environmental causes (exogenous causes).

**Figure C. 29: Analysis of infant deaths and stillbirths 2010-2016 using rolling three year averages**



**Figure C.29** does indicate that the increase in infant mortality rates shown in Figure 1 is largely due to neonatal mortality. However, it is interesting to note the falling stillbirth rate which mirrors the rising neonatal mortality rate.

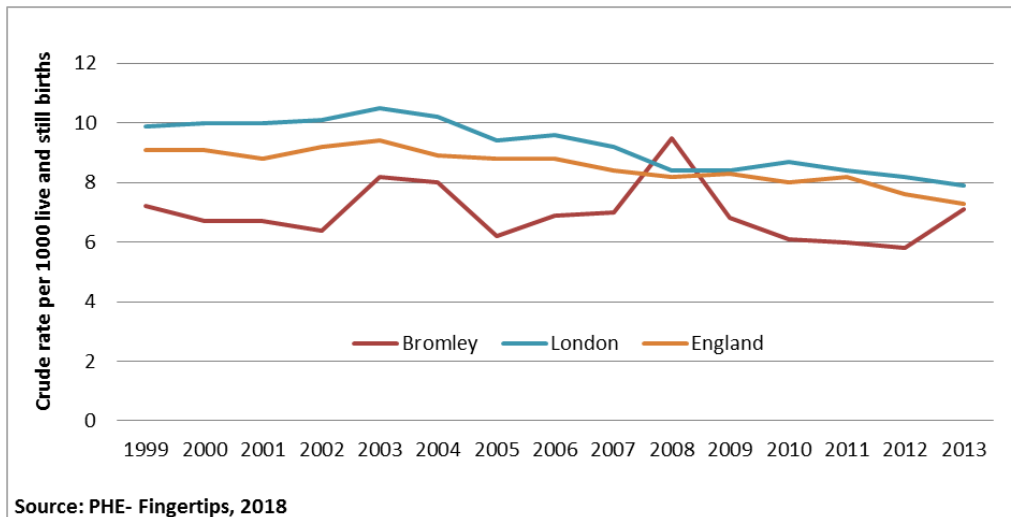
There is potential overlap between the descriptors “stillbirth” and “neonatal death”. If a newborn baby shows any sign of life it should be described as a neonatal death rather than a stillbirth. In practice, it may be classified as a stillbirth rather than a neonatal death, especially if the baby is very premature.

A combined analysis of stillbirth and neonatal deaths together is published by Public Health England. **Figure C.30** shows the long term trends of this combined indicator. As expected, there is more variability in the Bromley rates because of small numbers. However, the overall picture is that the combined rate is below the rate for England

<sup>5</sup> Definitions of infant mortality, neonatal mortality, post-neonatal mortality and stillbirths in Appendix

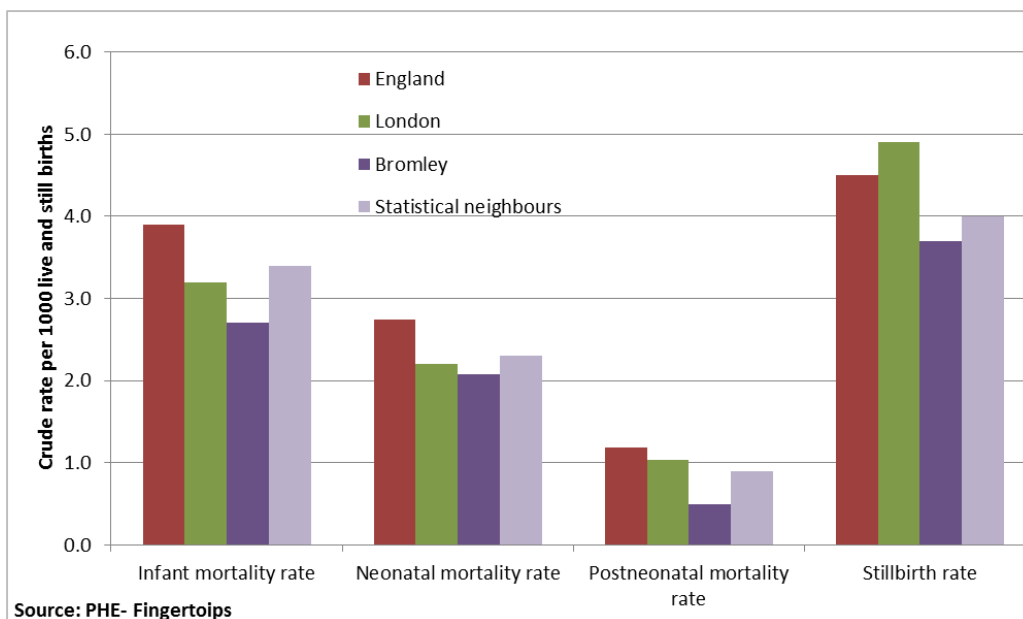
and London, which would be expected for Bromley. What it is not possible to say at the moment is whether the recent upturn is a short-term change as in 2008 or a general trend.

**Figure C. 30: Combined neonatal and stillbirth rates, Bromley, London and England, 1999-2013**



Another key analysis to interpret a possible rise in infant mortality rates is to compare all infant mortality measures with statistical partners for health across England. The measures in **Figure C.31** all relate to the period 2014-16 apart from the post-neonatal measure which is currently only available for the period 2013-15.

**Figure C. 31: Infant mortality measures in Bromley compared to health statistical partners**



**Figure C.31.** shows that Bromley still compares favourably with similar areas for all measures of infant mortality. It is possible that the Infant Mortality Rate in Bromley

really is rising and that the recent increase represents a significant change in life chances of babies born in Bromley. However, there are several reasons to conclude that this is not currently a significant problem:

- The variations due to small numbers of infant deaths in Bromley,
- The recent data on infant deaths in Bromley which indicate that numbers are falling again,
- The evidence from comparison with statistical partners that the deaths in infancy in Bromley are still very low.

**What does this mean for Bromley residents and for children in Bromley?**

Death rates in Bromley are low, although infant mortality has risen recently from a very low level.

## **Key findings from Section C**

### **Children with complex or long term health needs**

- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions still appear quite poor.
- Based on limited outcome data the outcomes for children with epilepsy in Bromley are good. New national standards on care of childhood epilepsy have been published and more detail on the management of children with epilepsy should be available soon.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.

### **Children with an Education Health and Care Plan**

- Rates of severe learning difficulties and speech, language and communication needs are higher in Bromley than in statistical neighbours.
- Rates of Social, emotional and mental health difficulties and ASD are rising in Bromley.

### **Children at risk of significant harm**

- Bromley has a lower rate of children subject to a Child Protection Plan than national rates or statistical neighbours.
- Bromley has a relatively low rate of CLA compared to London and national rates.
- The proportion of CLA with SEND is higher in Bromley than comparators.

### **Deaths in childhood**

- Death rates in Bromley are low, although infant mortality has risen recently from a very low level.

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