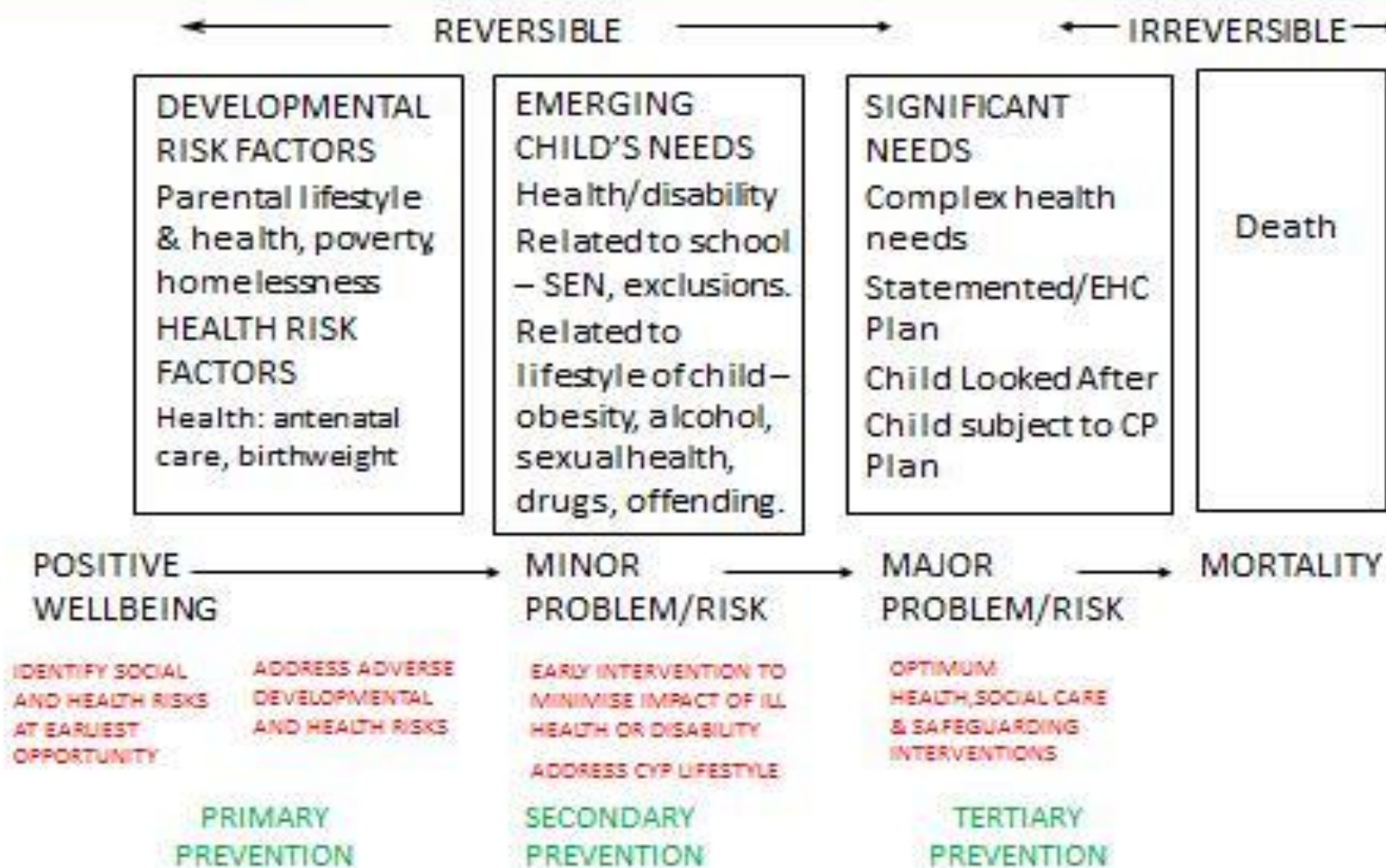


Child Wellbeing Needs Assessment

Dr Jenny Selway

September 2016

The Spectrum of Health and Social Care need



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Child Wellbeing Needs Assessment, September 2016

Introduction

This report will first describe the population of children and young people aged 0-18 in Bromley in terms of size of population and the ethnic make-up of that population, together with estimates of projected changes to that population.

This report will then describe how prevention could affect the health and wellbeing of the children and young people of Bromley. This in turn will inform the strategic commissioning of services and interventions in order to achieve better health and wellbeing outcomes and reduce inequalities.

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 A 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 B reviews what we know about emerging health, education and social care needs of children and young people in Bromley. This section will focus on children with identified low level needs, for example those known to Children's Social Care from Early Intervention Family Support or those identified as having Special Educational Needs but who do not have a statement or EHC Plan.

Tertiary prevention aims to minimise the impact of a known need. Much of this part of the review will be covered in the CCG-led part of the Review to be published in the autumn. Some information about tertiary prevention will be set out in Section C. Information in this section will include those CYP known to the school nursing service as needing an individualised Healthcare Plan in school, those children with EHC Plans or statement of SEN, Looked After Children and young people known to the Youth Offending Service, and those on a Child Protection Plan.

The Population of Bromley: Demography

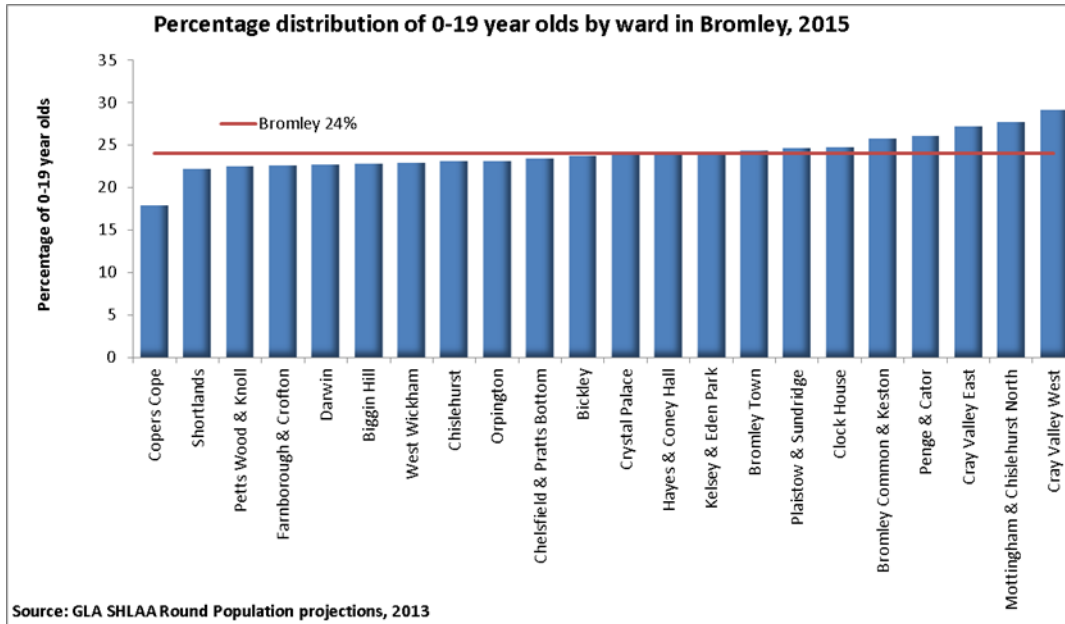
The total population for Bromley is 320,460 of which nearly one in four (24%) are children aged 0-18 years. CYP population projections are set in the table below. The age groups roughly correspond to pre-school, primary school and secondary school age groups. The largest growth is due to be in the secondary school age group by 2025.

Table 1. Children's Population Projections 2015 to 2025

Age	2015	2020	2025
0 - 4 years	21,000	20,300	20,100
5 – 10 years	24,300	25,300	24,700
11 – 18 years	29,000	30,000	33,100

Children and young people are not evenly distributed within the borough. Cray Valley West has the highest proportion of young people and Copers Cope the lowest.

Figure 1.

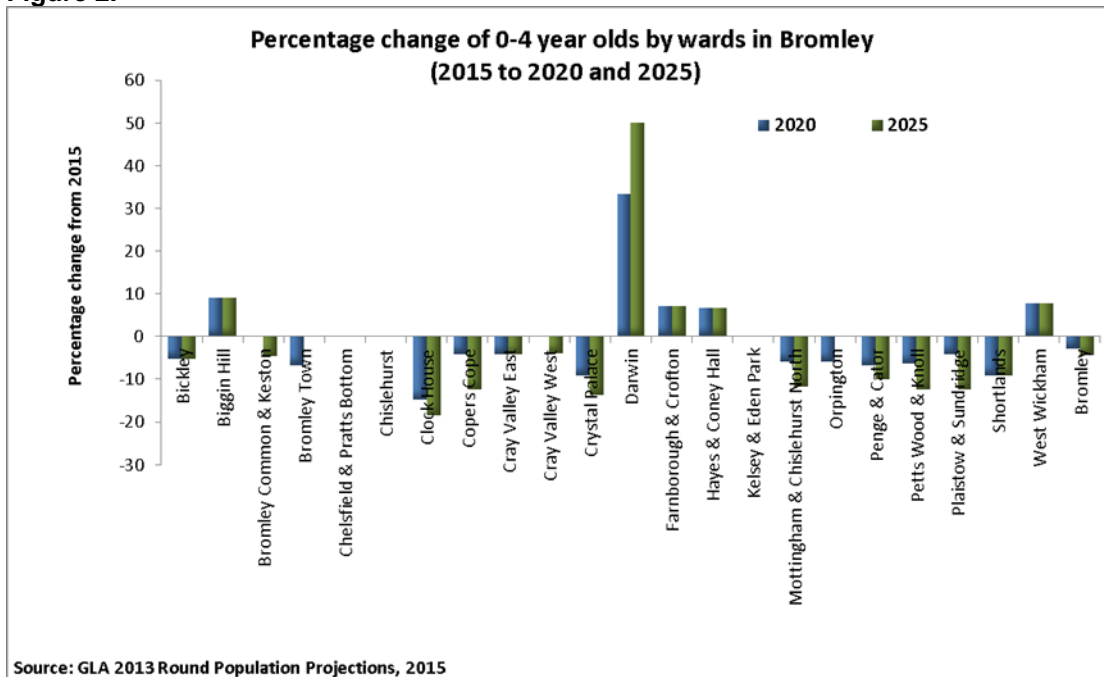


Population Projections

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

The JSNA indicates that the birth rate for Bromley is gradually increasing and expected to peak at around 20,000 0-4 year olds in 2016 before falling off slightly.

Figure 2.



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, 4,100 in 2015 and is projected to be 4,500 by 2027 (Office of National Statistics).

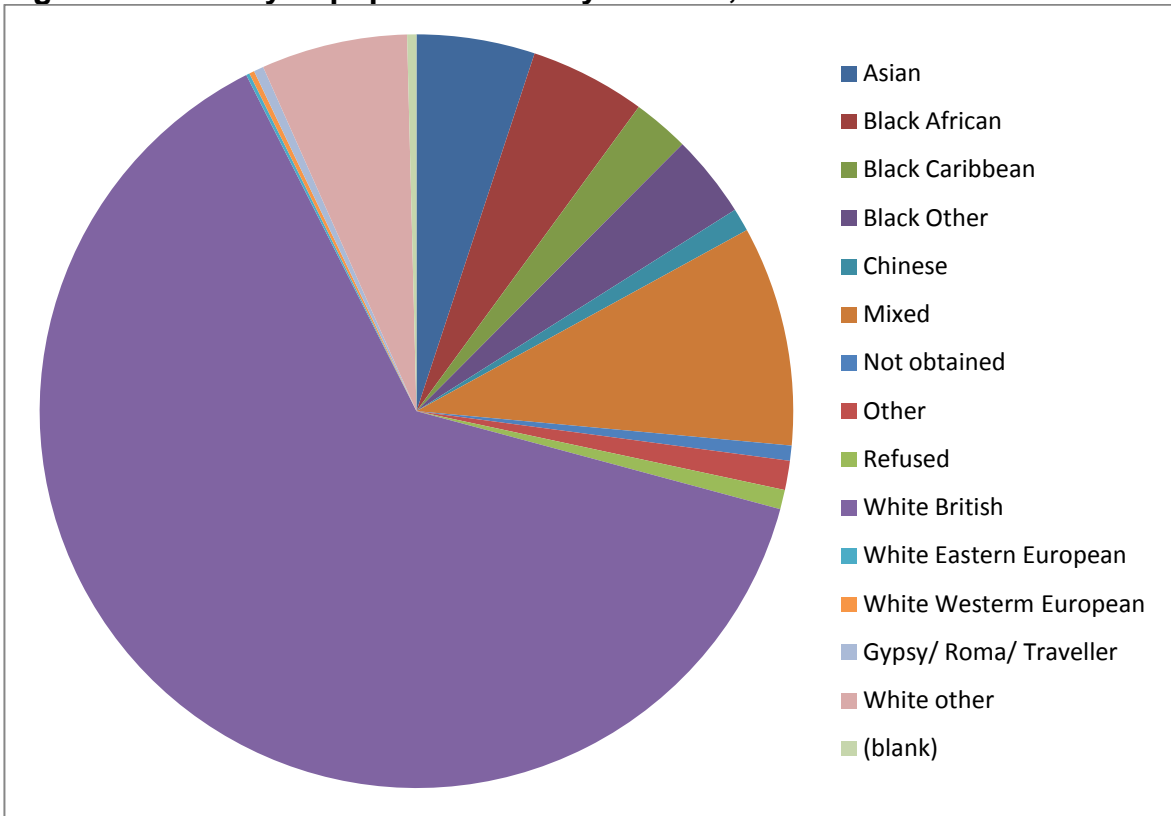
Ethnic groups

The GLA 2013 Round Ethnic Group Projections estimate that, in 2015, the ethnic minority population of Bromley is 17.9%, and this is projected to rise to 20% by 2025. The greatest proportional rise is in the Black African group.

More than a third of school children in Bromley in 2014 (35%) are from ethnic minority which is slightly higher than the national average rate of 27.8% but less than the London rate (70.3%). This includes children who live outside the borough but are attending school in Bromley.

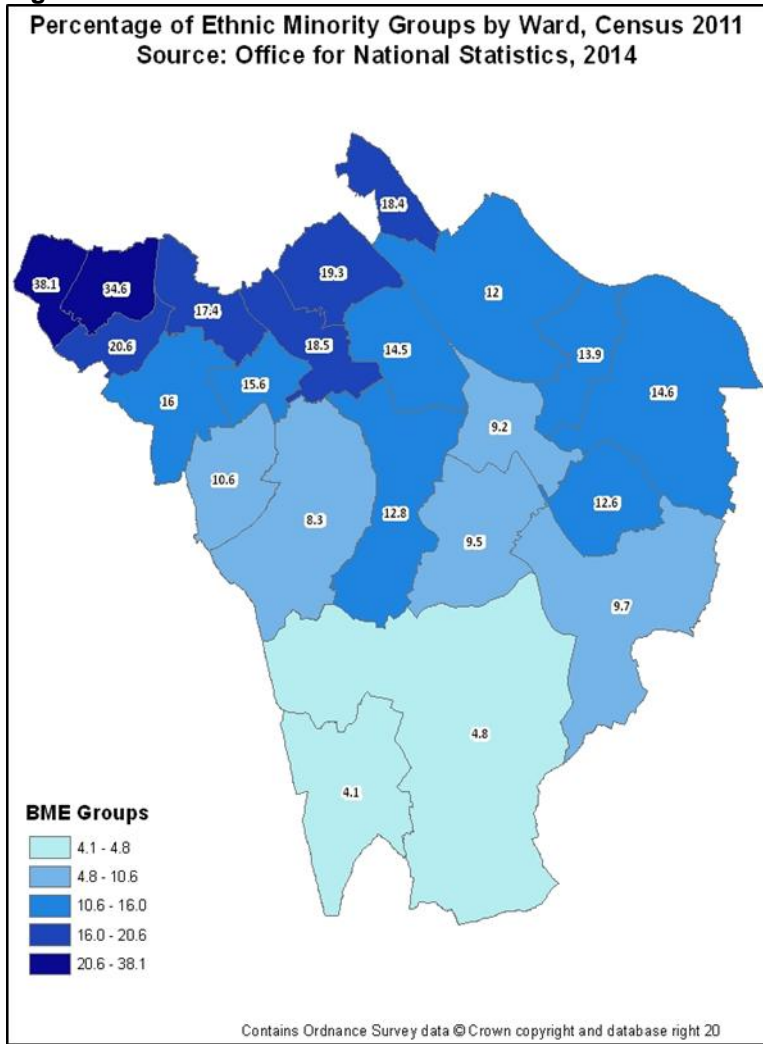
It is important to take account of the proportion of ethnic minorities in the population in planning health services. Some conditions, such as Sickle Cell Disease, mainly affect ethnic minority groups.

Figure 3. Ethnicity of pupils in Bromley schools, 2016 schools data



Data from the 2011 census shows that the North-West of Bromley has the highest proportion of ethnic minority population (Figure 4).

Figure 4.



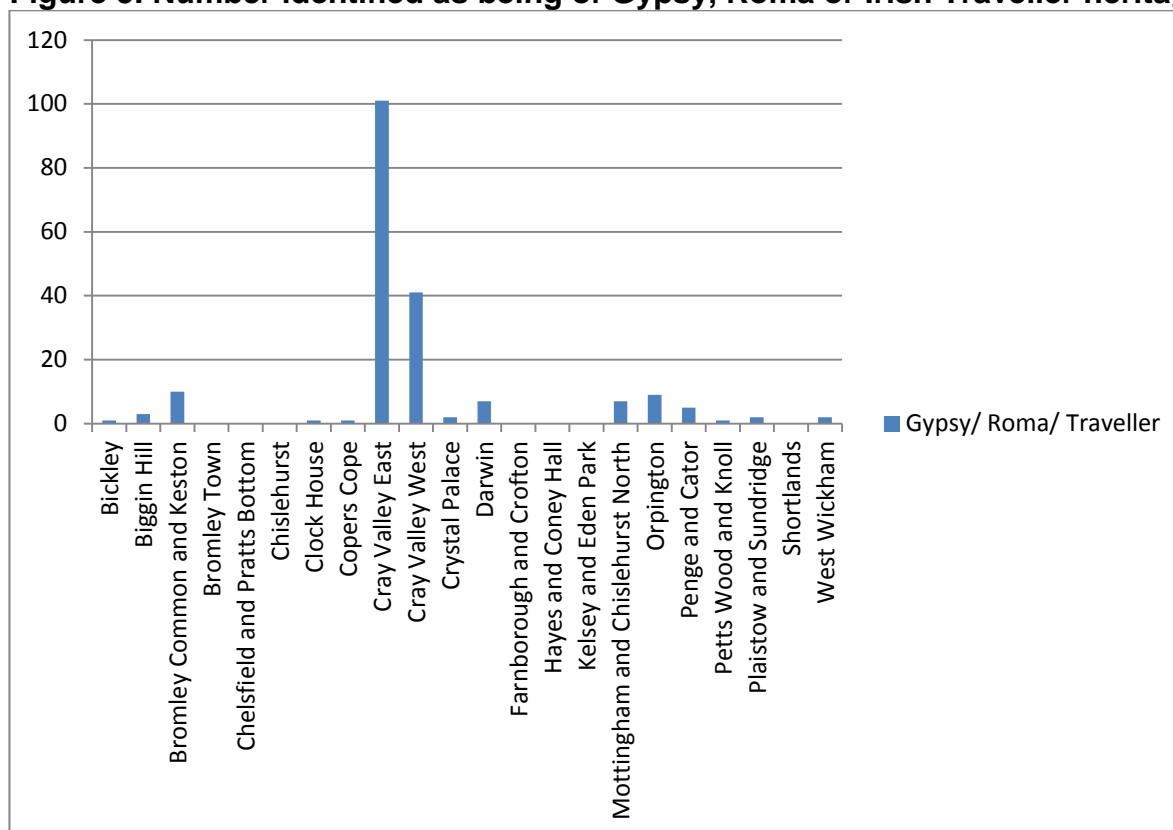
However the GLA population projections do not include Gypsy Travellers as an ethnic minority, although they do form a distinct ethnic group with particular needs.

Bromley has a large Gypsy Traveller community concentrated chiefly in the Crays. Figure 5 shows the number of children and young people identified as being of Gypsy, Roma or Irish Traveller heritage in Bromley school records living in Bromley..

There is evidence that Gypsies and Travellers are the most excluded ethnic minority in this country¹.

¹ Communities and Local Government, *Facts about Gypsies and Travelers*

Figure 5. Number identified as being of Gypsy, Roma or Irish Traveller heritage



Source: School data 2016

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

The greatest population growth 2015 to 2025 will be in secondary school age children.

Certain wards have a higher concentration of ethnic minorities than others. The North-West of Bromley has the highest proportion of ethnic minority population and the North-East of the borough has the highest proportion of Gypsy Travellers, in particular the wards of Cray Valley East and West.

There may be a higher disease burden due to the increased risk amongst certain BME groups, and evidence suggests that we can expect to see a lower life expectancy amongst Gypsy Travellers as well as higher prevalence of long term illness.

Section A

1. Key risk factors associated with poorer developmental outcomes in children

Sabates and Dex (2013) identified a number of key risk factors which strongly hinder successful development. They found that 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:

- parental depression
- parental illness or disability
- smoking in pregnancy
- parent at risk of alcoholism
- domestic violence
- financial stress
- parental worklessness
- teenage mother
- parental lack of basic skills, which limits their daily activities
- household overcrowding

They found a significant correlation between many of these factors, indicating that they are likely to occur jointly. Looking specifically at combinations of three risk factors, they found that teenage motherhood, smoking in pregnancy and parental depression commonly occurred together.

They examined the impact of these risk factors on six cognitive and behavioural outcomes (cognitive, emotional, conduct, hyperactivity, peer and prosocial) at age five years, and found that parental depression, smoking in pregnancy and financial stress were associated with worse outcomes for all or almost all of the six outcomes.

In addition, some health indicators are useful for identifying future need for health services in children. These are:

- pregnant women who book for antenatal care late in pregnancy
- low birthweight babies

Prevalence of risk factors

The following sections provide information about the factors in Bromley which indicate higher risks to children. Where possible these are provided at ward or school level.

a) Parental mental ill health

Mental health problems in adults can have a significant impact on the wellbeing of their children. A systematic review² in 2011 considered evidence on the prevalence of mental

² The Social Care Institute for Excellence (SCIE), Diggins, 2011

health problems among parents and their detection in health, social care and children's services. This research excluded post-natal depression.

- They found that in a population of non-elderly adults, at any given time: 9 to 10% of women and 5 to 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.

Table 2 below shows the estimated number of adults in Bromley (who may or may not be parents) with a variety of conditions and predicted numbers for future years. Data from GP registers in 2013/14 shows that the prevalence of people with depression over 18 in Bromley is similar (6.38%) to the average in England (6.52%).

Table 2. Bromley adults aged 18-64 predicted to have a mental health problem, projected to 2020

People aged 18-64 predicted to have:	2012	2014	2016	2018	2020
common mental disorder	30,949	31,581	32,341	33,121	33,837
Borderline personality disorder	868	886	907	929	949
Antisocial personality disorder	652	665	681	698	713
Psychotic disorder	770	785	804	824	841
Two or more psychiatric disorders	13,757	14,038	14,377	14,723	15,040

Based upon Adult Psychiatric Morbidity in England, 2007 (does not include people in secondary care) and ONS data

Over 2,600 adults in Bromley (almost 1% of the adult population) have been identified by GPs as experiencing serious mental illness (Table 3 below). This is significantly lower than the rate in London and England.

Table 3. Bromley GP practice data: Serious Mental Illness Prevalence

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Mental Health Register Size	1,667	2,173	2,270	2,351	2,389	2,511	2,563	2,616	2,667
Serious Mental illness Prevalence	0.5%	0.9%	0.8%	0.9%	0.9%	1.0%	0.94%	0.8%	0.80%

Source: HSCIC/ QOF, 2015

The early intervention assessments completed by Bromley Children Project show that 34.5% of the 'Troubled Families' attached in 2015/16 have at least one adult in the family with a mental health issue.

Perinatal mental health

Perinatal mental illnesses (most commonly depression, but also anxiety, and postnatal psychotic disorders³) affect at least 10% of women⁴.

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.

In addition:

- 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.
- 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.

The estimates in Table 4 are based on the number of women giving birth in Bromley. They do not take into account socioeconomic factors or other factors likely to cause local variation. Adding all these estimates together will not give an overall estimate of the number of women with antenatal or postnatal mental health conditions in Bromley, as some women will have more than one of these conditions. It is believed that overall between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth.

Table 4. Estimates of numbers of women with mental health problems during pregnancy and after childbirth

2013/14 estimates	Bromley
Estimated number of women with postpartum psychosis	10
Estimated number of women with chronic severe mental illness	10
Estimated number of women with severe depressive illness	130
Estimated number of women with mild-moderate depressive illness and anxiety	420 - 630
Estimated number of women with PTSD	130
Estimated number of women with adjustment disorders and distress	630 – 1,255

³ Glossary of perinatal mental health terms in Appendix

⁴ NSPCC “Prevention in mind”, Hogg, 2013.

Source of deliveries: Hospital Episode Statistics, Health and Social Care Information Centre. Source of rates of disorders: Joint Commissioning Panel for Mental Health. Guidance for commissioners of perinatal mental health services. Volume two: practical mental health commissioning. London: Joint Commissioning Panel for Mental Health; 2012. Available from: www.jcpmh.info/resource/guidance-perinatal-mental-health-services/

Postpartum depression in fathers

Goodman (2004) highlighted postpartum depression in men as a significant problem, and identified that maternal depression was the strongest predictor of paternal depression during the postpartum period. Goodman found that incidence of paternal depression ranged from 1.2% in community samples to 25% of men whose partners were experiencing postpartum depression.

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

What does this mean for Bromley children?

The prevalence of common mental health problems in adults in Bromley appears to be at least at the level seen nationally. This indicates that 9-10% of mothers and 5-6% of fathers are likely to be suffering from depression or anxiety at any one time.

b) parental illness or disability

The distribution of adults reporting poor health and limitation to daily activities by ward is set out in Figures 6 and 7 below. These both show higher rates in the Cray Valley wards and Mottingham and Chislehurst North.

Figure 6. 2011 census: % adults reporting bad or very bad health

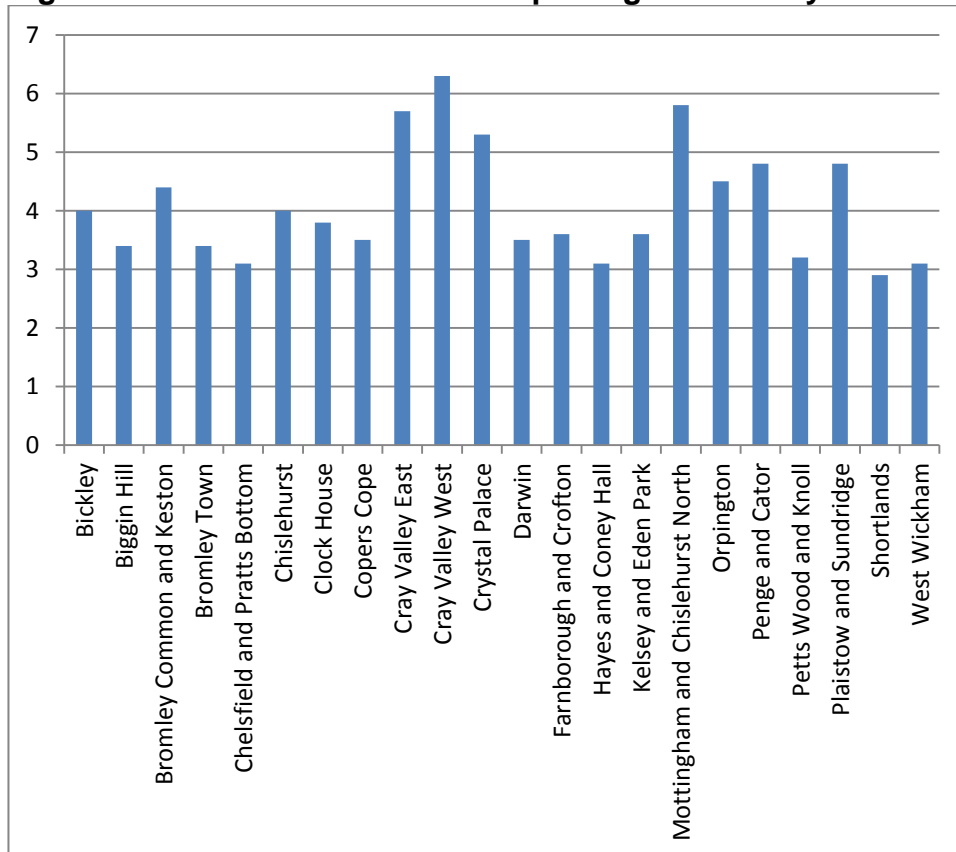
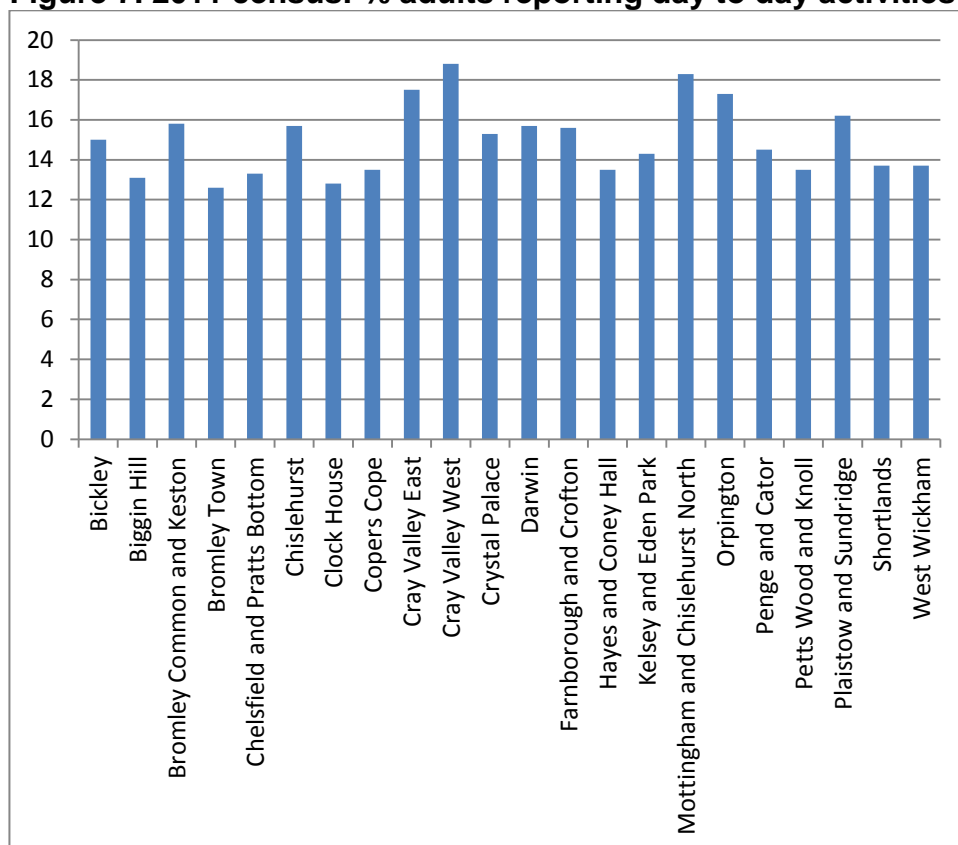


Figure 7. 2011 census: % adults reporting day to day activities limited



c) 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 (Sabates and Dex, 2013). 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. (Pagani and Fitzpatrick, 2013).

Smoking in pregnancy is also 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.

National benchmarking data shows smoking rates at time of delivery in Bromley (5.9%) are above London (5.1%) average.

- 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)
- 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).

d) Parents who misuse drugs and alcohol

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. 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.

Parental substance misuse is rarely the sole cause of family difficulties, and often occurs alongside poverty, social exclusion, unemployment and poor mental health. Alcohol is also a common feature of domestic and sexual violence.

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 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 (Manning et al, 2013). 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).

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.

Drug misuse in Bromley

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. This may be an overestimate as Table 5 shows the numbers and rates of illicit drug use in Bromley in 2011/12.

Table 5. Number of drug users in Bromley, 2011/12

	Number of Drug Users (Rate per 1000 Adult Population)			
	Opiate & Crack User	Opiate User	Crack User	Injecting
Bromley	1,117 (5.55)	814 (4.05)	750 (3.73)	119 (0.59)
London	54,985 (9.55)	43,918 (7.63)	40,080 (6.96)	11,351 (1.97)
England	293,879 (8.4)	256,163 (7.32)	166,640 (4.76)	87,302 (2.49)

Source: Glasgow Prevalence Estimates (2011/12)

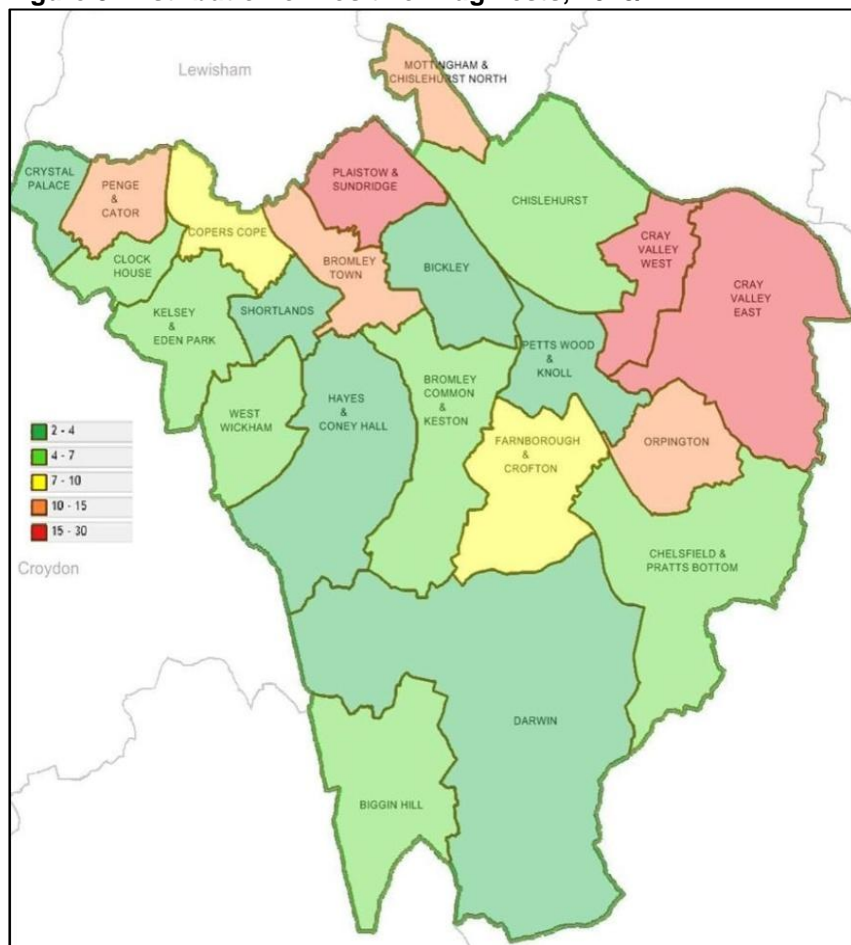
Hospital admissions due to substance misuse (2011/12 to 2013/14 data) reveal that Bromley has a higher rate of admission compared to both national and London averages; 118.7 per 1000 compared to 81.3 and 65.2 per 1000 respectively.

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 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%). Pregnant women represent 5% of the treatment population, which is higher than the national value of 2.3%. 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.

Figure 8. Distribution of Positive Drug Tests, 2013/14



Source: Metropolitan Police Drug Intervention Program

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.

What does this mean for children in Bromley?

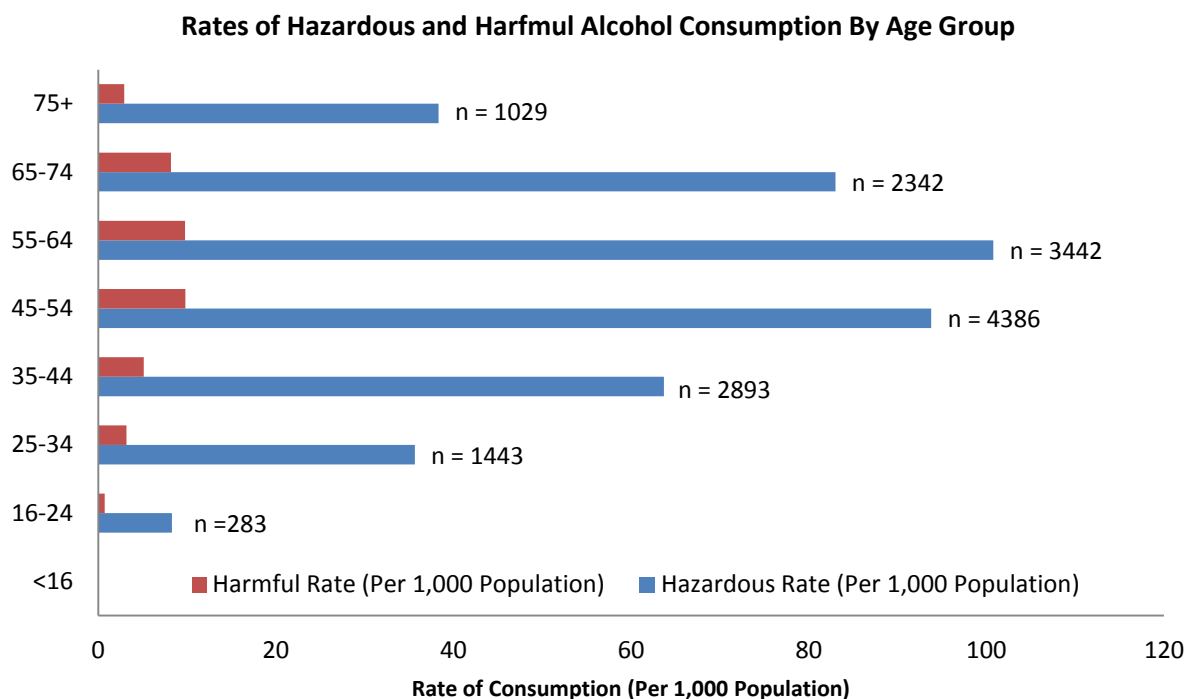
The high rate of pregnant women in drug treatment services and the high admission rate due to substance misuse both raise concerns. An update of the data later in 2016 should be used to determine future action.

Alcohol use in Bromley parents

People in Bromley are not thought to drink any more than the average for London or England. Hospital admissions due to alcohol specific conditions are lower than national

rate and just below the London rate (2011/12-2013/14 data). However, hospital admission rates for alcohol-related conditions for both men and women have been increasing since 2008 to a peak in 2010-11, with the rate reducing in 2013-14. More men are drinking at hazardous and harmful levels than women at every age.

Figure 9.



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.

e) Domestic violence

Lord Laming (2009) identified that 1.8% of children in England live in households where there is a known high risk case of domestic abuse and violence.

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.

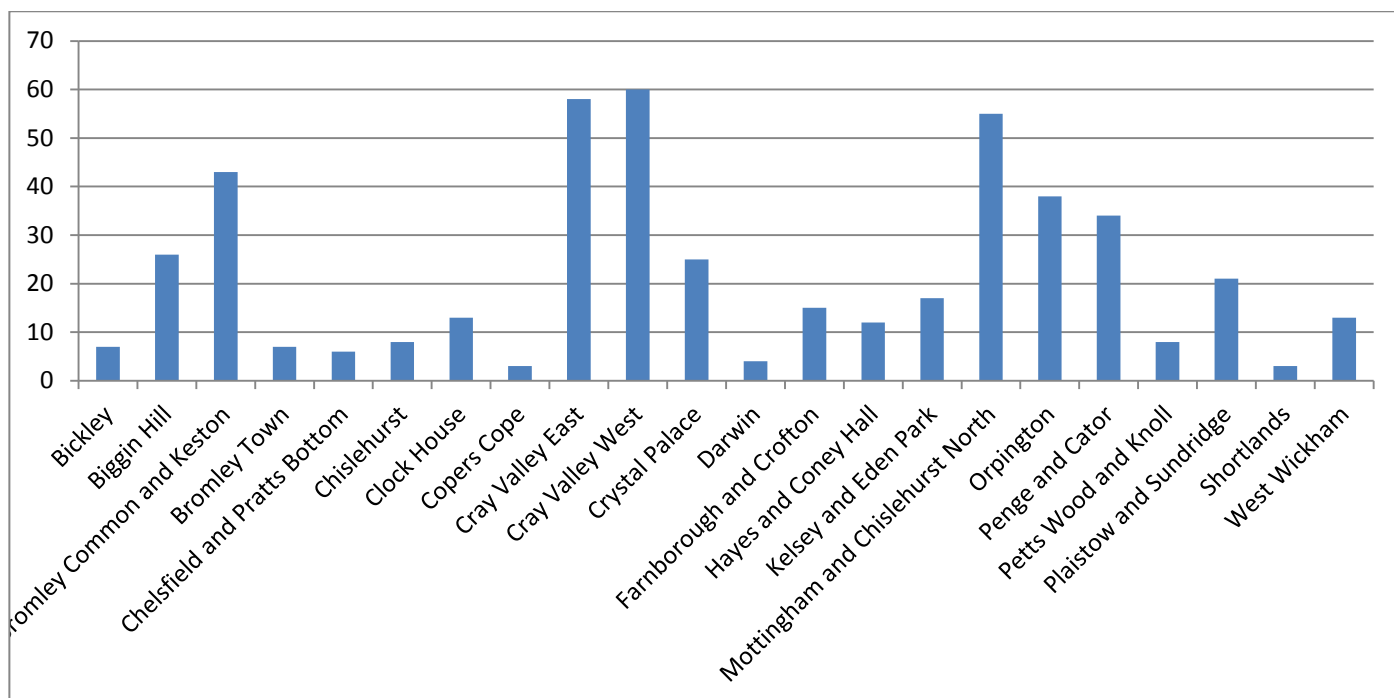
During 2013/14, the Metropolitan police received reports of domestic violence in Bromley at a rate of 15.8 per 1,000 all ages population, although not all would relate to households with children. The regional rate was 15.8.

Domestic violence often begins in pregnancy (Lewis and Drife, 2004) 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. (Howard et al, 2013).

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 is shown in Figure 10.

Figure 10. Number of children in Bromley living in ‘Troubled Families’ attached during 2015/16 with DVA, by ward



f) Finance and housing difficulties

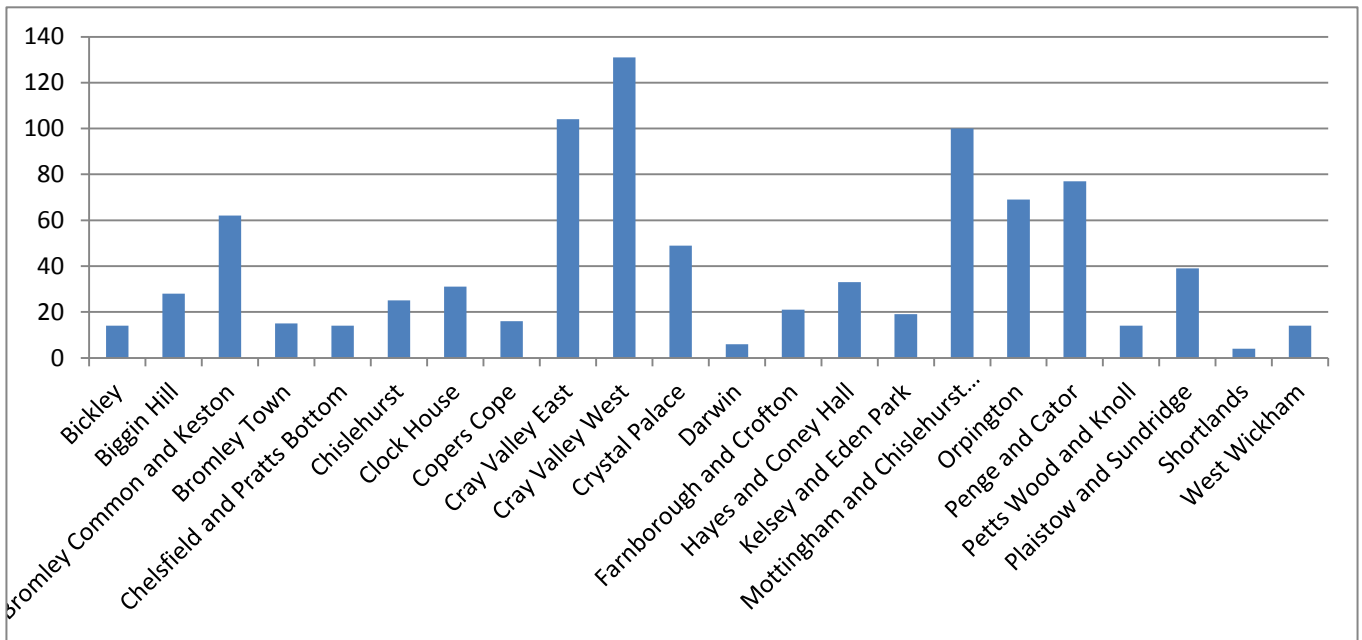
In Bromley

- 16.2% of children were living in poverty in 2014. This compares to an England average of 19.2% in 2014.
- 7.5% of children were living in households where there was no working adult present in 2012; this compares to 18% in London and 14.9% in England in 2012.
- 12.9% of young people aged 11-15 lived in low income families in 2012.
- There were 354 homeless households in Bromley with children or a pregnant woman in 2014/15, which equates to 2.6 per 1,000 households. In England, the rate was 1.8 homeless households for every 1,000 total households.

One of the most commonly used indicators of relative poverty is eligibility of the children in the household for Free School Meals (FSM). The educational attainment of this group will be covered in detail in the Joint Strategic Needs Assessment 2016.

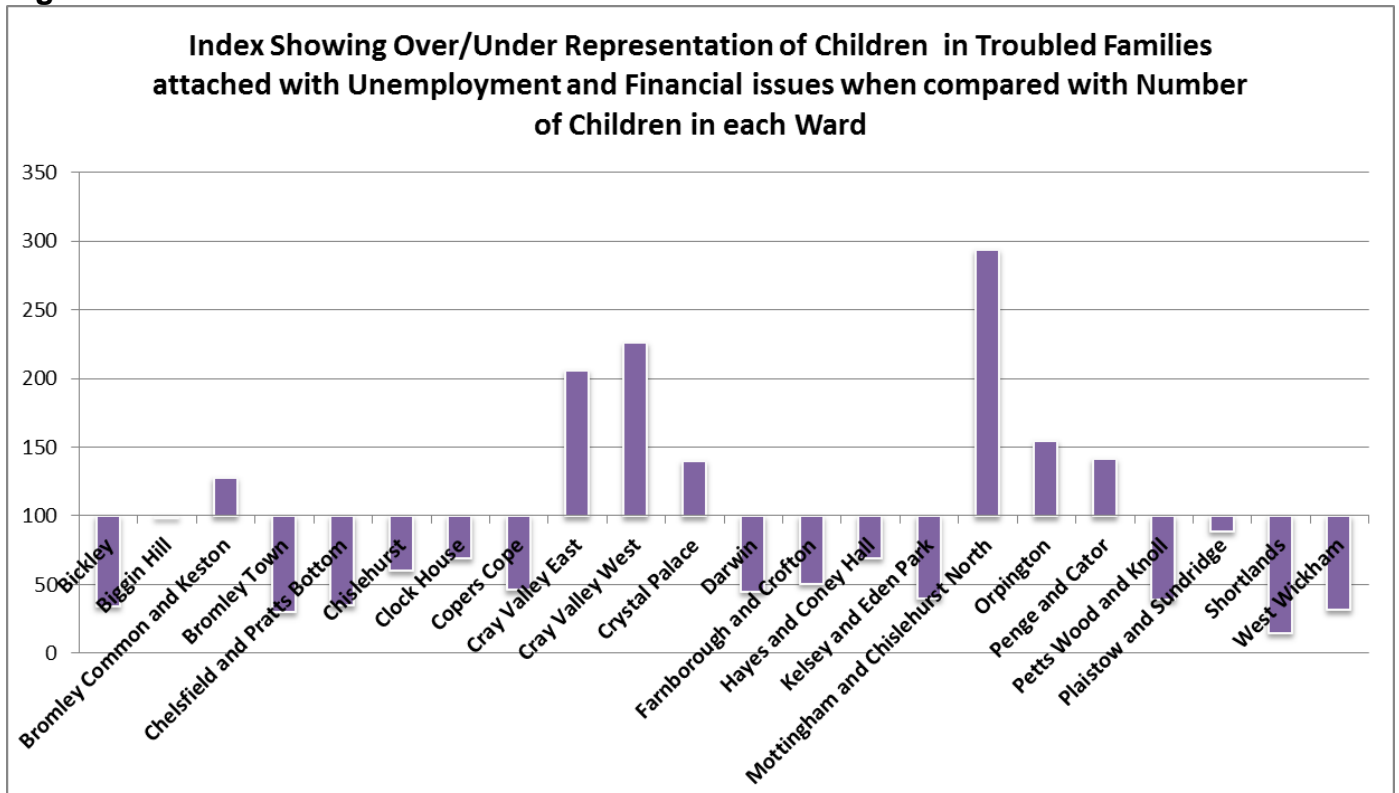
Of the Troubled Families attachments in 2015/16, the Bromley Children Project Early Intervention and Family Support service data shows 904 children living in families attached to the Troubled Families initiative under the “Unemployment, Housing and Finance” criteria. The distribution of these children across the borough is shown in Figure 11.

Figure 11. Number of children in Bromley living in ‘Troubled Families’ attached during 2015/16 under the Unemployment, Housing and Finance criteria, by ward



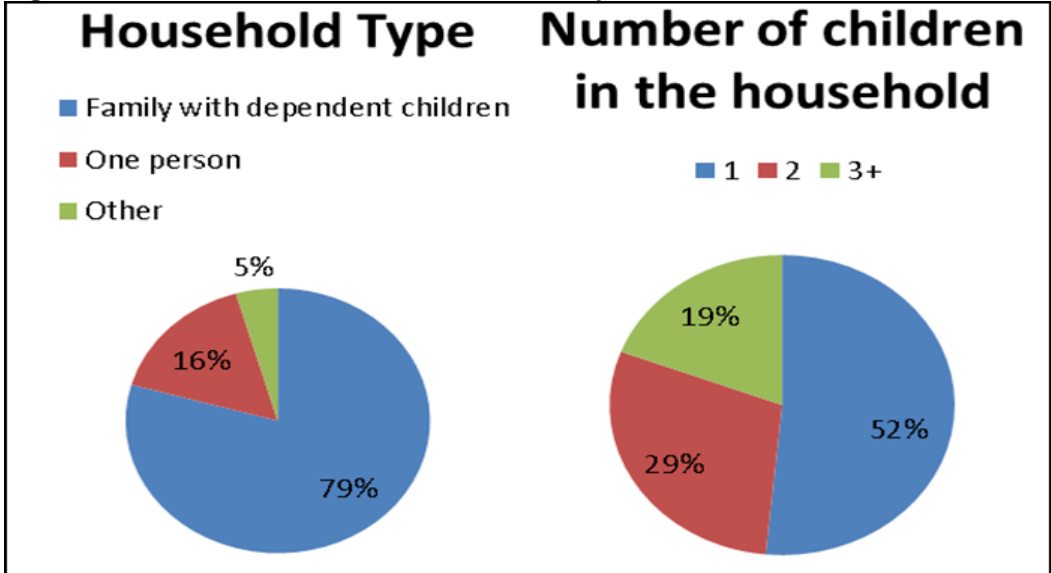
Further analysis of this data shows Mottingham and Chislehurst North ward is the most over-represented in this cohort when compared to the number of 0-5 population of Bromley; you are 3 times more likely to be attached under Unemployment, Housing and Finance criteria if you are a child living in a ‘Troubled Family’ aged 0-5 living in this ward. This is followed by Crays Valley West and East, both at just over 2 times more likely.

Figure 12.



There is clear evidence that links poor health with poor housing. Those most susceptible include children and those with chronic health problems. The number of homeless households in temporary accommodation year on year is increasing with many families being placed outside of the borough boundaries.

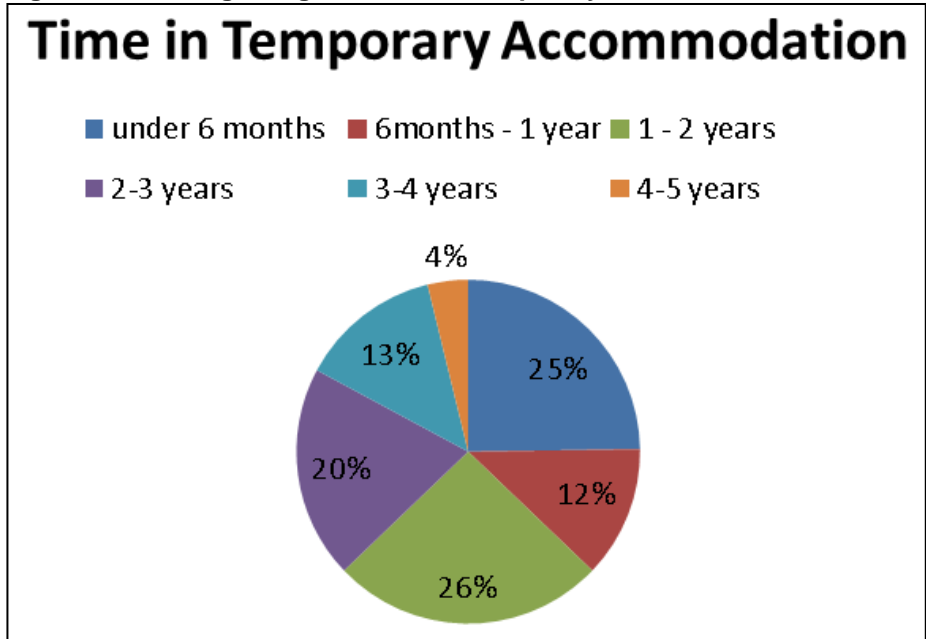
Figure 13. Homeless Households – household profile



Source: 2014-15 P1E Quarterly return: Households dealt with under the homelessness provisions of the 1996 Housing Act, and homelessness prevention and relief DCLG.

Figure 13 indicates that most homeless approaches are from family household types with 1 or 2 dependent children. In terms of family profile, approximately 82% declare that they are a lone parent household.

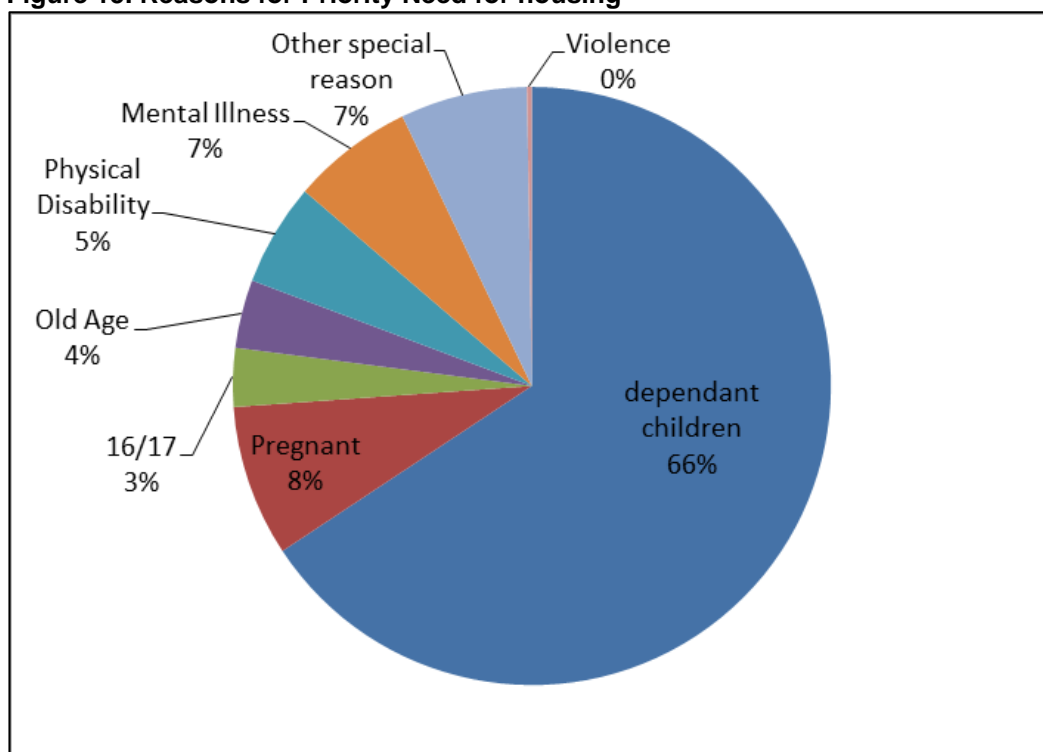
Figure 14. Average length of time in temporary accommodation when homelessness duty ended



Source: 2014-15 P1E Quarterly return: Households dealt with under the homelessness provisions of the 1996 Housing Act, and homelessness prevention and relief DCLG.

Whilst the average overall waiting time to secure permanent accommodation is usually under 3 years there are currently many households, particularly those with larger families or with specific location requirements who have been in temporary accommodation in excess of 6 years.

Figure 15. Reasons for Priority Need for housing



Source: 2014-15 P1E Quarterly return: Households dealt with under the homelessness provisions of the 1996 Housing Act, and homelessness prevention and relief DCLG.

The provision of supported housing in the borough is limited for 16/17 year olds. Unfortunately 23% of the accepted homeless cases are 16-24 year olds and this is set to rise. The prevalence of domestic and associated violence within this group has significantly increased.

What does this mean for children in Bromley?

Families affected by unemployment, housing and financial difficulties and require support are more likely to live in the Crays, Mottingham or Penge.

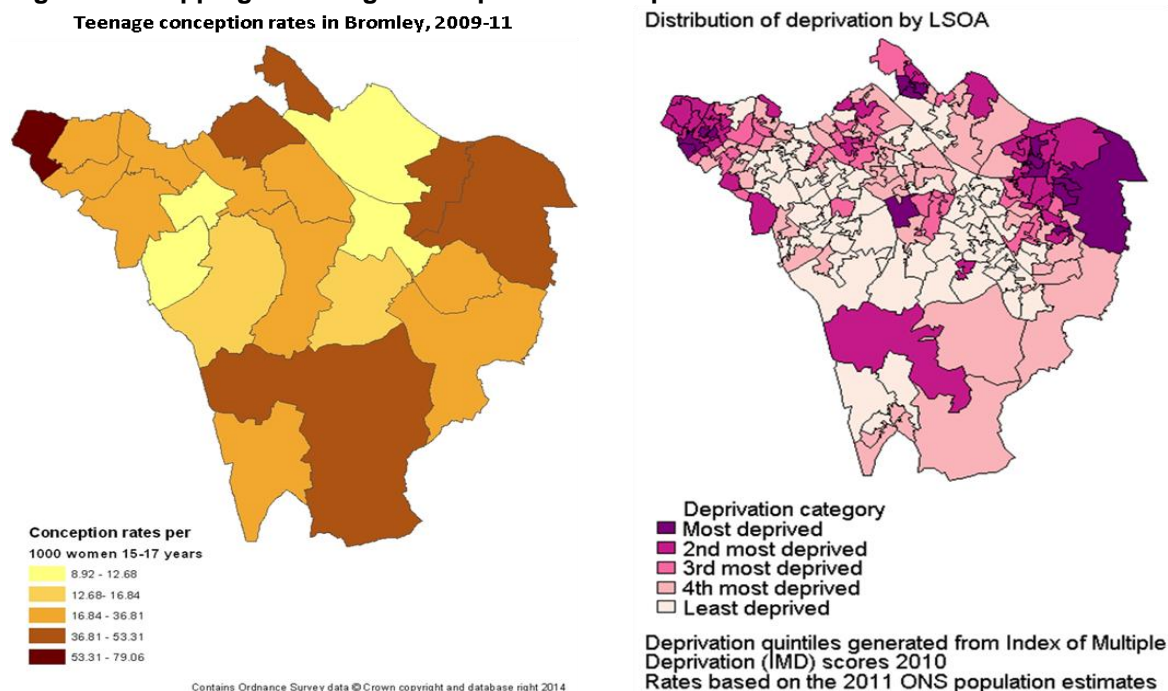
There are increasing numbers of households with children residing in temporary accommodation and outside Bromley.

g) 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.

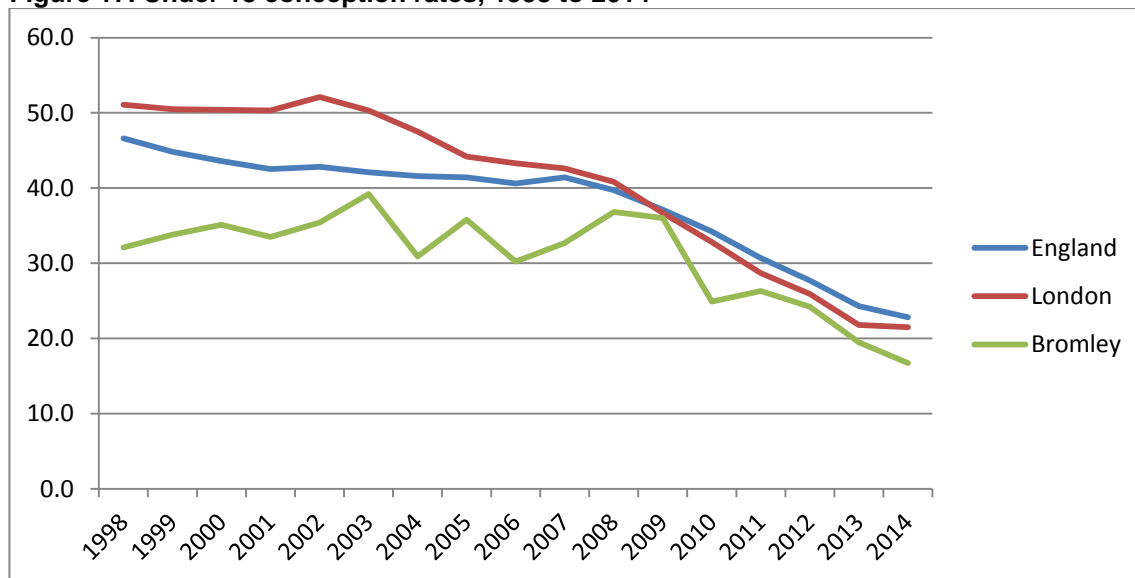
Teenage pregnancy in Bromley is linked to deprivation as shown in Figure 16. Teenage conceptions are higher in Cray Valley East, Cray Valley West, Crystal Palace, Mottingham and North Chislehurst, Plaistow and Sundridge.

Figure 16. Mapping of teenage conceptions and deprivation



In Bromley 16.7 young women per 1,000 population aged under 18 years (93 young women) conceived in 2014 compared to the England average of 22.8 per 1,000 population. Of these conceptions in Bromley 68.8% led to termination of pregnancy, compared with an average of 51.1% in England.

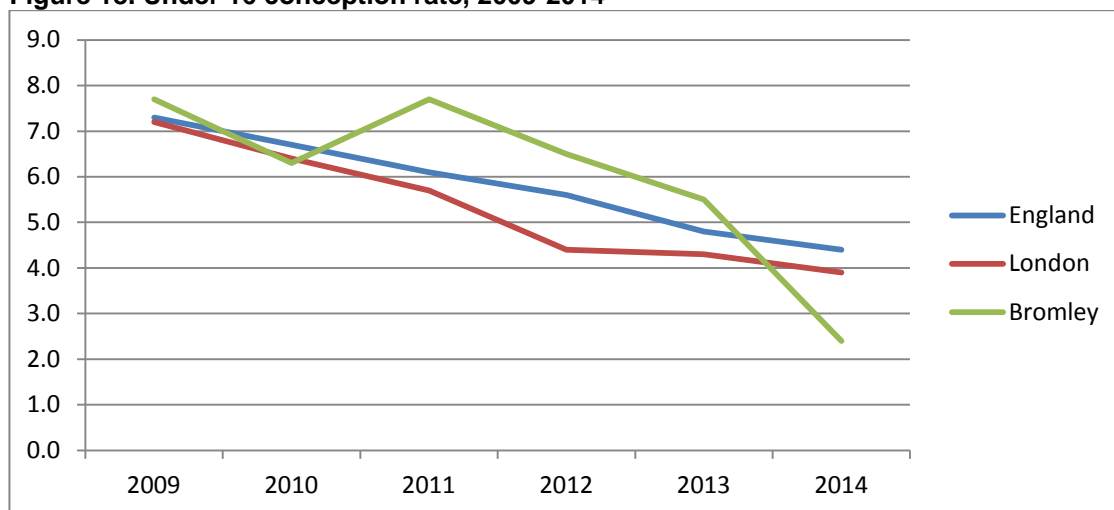
Figure 17. Under 18 conception rates, 1998 to 2014



Under 16s Conceptions

This rate has now fallen to 2.4 per 1000 girls aged 13-15 in Bromley (13 girls), which is well below the national and London rates. (see figure 18). Of these conceptions to girls aged under 16 years, 72.2% led to termination of pregnancy, compared to 61.5% in England in 2014.

Figure 18. Under 16 conception rate, 2009-2014



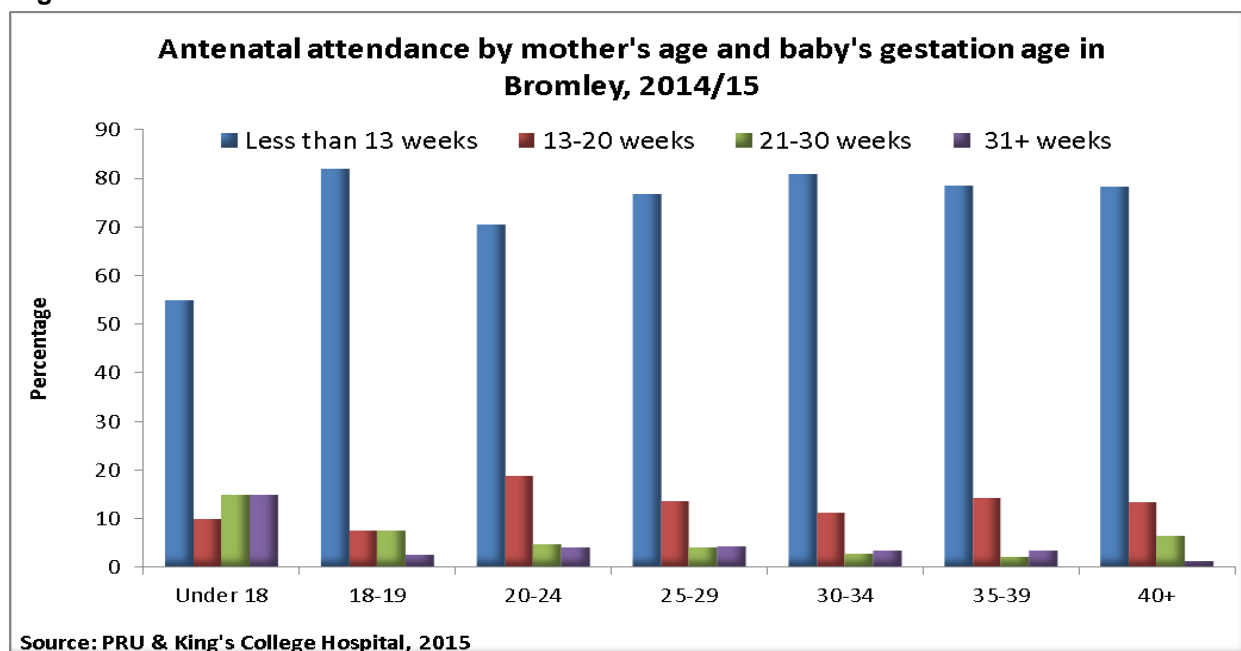
What does this mean for children in Bromley?

Under 18 and under 16 conception rates are falling in Bromley. Distribution within the borough mirrors rates of deprivation in the borough.

h) Early booking in pregnancy

Early booking to antenatal care is essential to ensure early risk assessments, promote uptake of folic acid and Vitamin D and optimise outcomes for mother and baby. Figure 19 shows that more than half of mothers aged under 18 years booked for antenatal care later than the recommended 13 weeks gestation in 2014/15 in Bromley.

Figure 19.

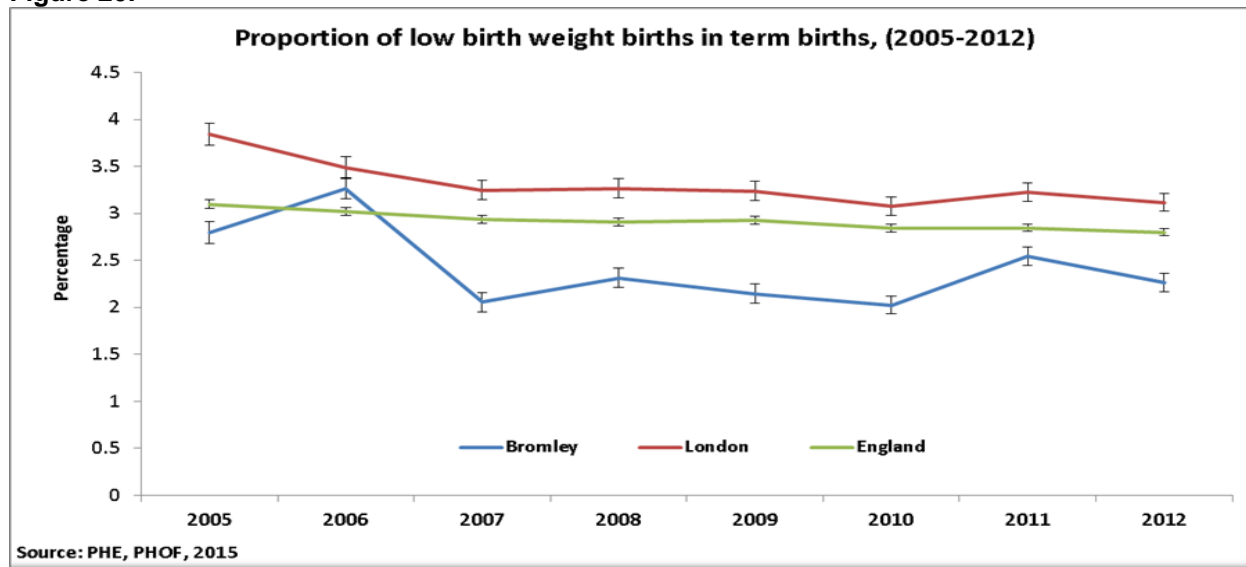


i) Low birth weight

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 weights.

About 90 full term babies were born weighing less than 2,500 grams in Bromley in 2012. The rates, (2.26%) although affected by random variation due to small numbers, are consistently significantly lower than London (3.12%) and England (2.8%) (Figure 20).

Figure 20.



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

Earlier booking for antenatal care of pregnant young people aged under 18 should be prioritised.

Key findings from Section A

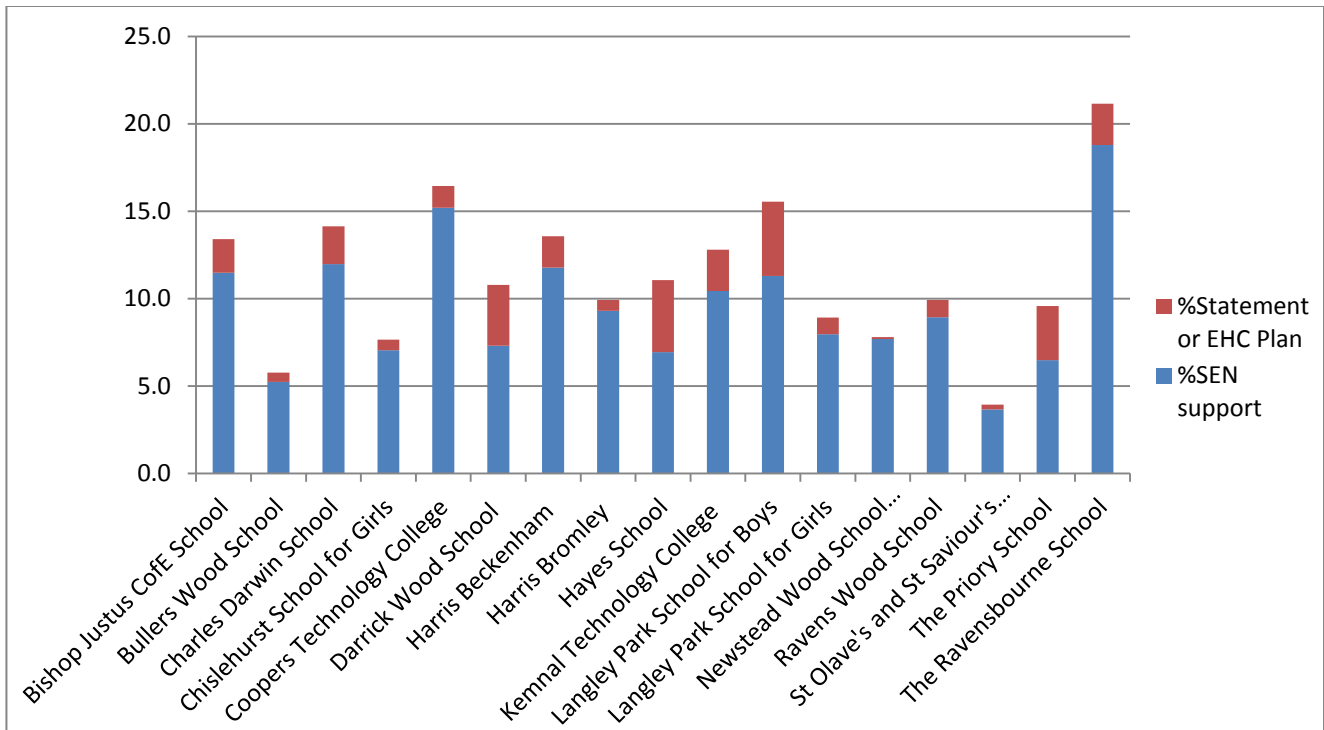
- Mental health issues in parents in Bromley is at least as common as national rates
- Illness and disability of parents is of concern, especially in areas of higher deprivation
- Smoking in pregnancy is more common in Bromley than in London, and is particularly high in pregnant young people under the age of 20 and pregnant women in routine and manual occupations.
- Recorded drug and alcohol misuse in Bromley is below the national average. However the proportion of pregnant women in substance misuse services and hospital admissions for substance misuse are both higher than national and London averages. These should be reviewed after an update of the data in 2016.
- Domestic violence is recorded more frequently in Cray Valley wards and Mottingham and Chislehurst North
- Homelessness of families with children is higher than national rates. There are increasing numbers of households with children residing in temporary accommodation and outside Bromley
- Families affected by unemployment, housing and financial difficulties and require support are more likely to live in the Crays, Mottingham or Penge
- Teenage pregnancy rates are reducing significantly, although still more frequent in areas of higher deprivation. Late booking for antenatal care in pregnant teenagers is of concern.

Section B. Emerging needs in children and young people in Bromley

- Children and young people identified as having SEN support needs
- Children and young people who smoke
- Children and young people who need sexual health support
- Children and young people using alcohol & drugs
- Children and young people who are obese
- Children and young people who are not in employment, education or training (NEET)
- Children and young people who are Children in Need (CiN)
- Children and young people with sensory impairment
- Children and young people with emotional health needs
- Young carers
- Children and young people who are in contact with YOS
- Children and young people who are excluded from school
- Children and young people who are involved in gangs
- Children and young people who are Lesbian, Gay, Bisexual or Transgender
- Children and young people who are sexually exploited (CSE)
- Children and young people who are electively home educated (EHE)

a) Special Educational Needs at “school support” level

Figure 21. SEN in Bromley Secondary Schools, 2016 data



The number of pupils in Bromley schools with Special Educational Needs is currently at 6,647 pupils (based on the January 2016 school census). Of these, 5159 pupils have SEN needs at support level, and do not have a statement of SEN or an EHC Plan. Distribution of SEN across the schools is shown below in Figure 21 and Table 6. Some

schools with high levels of Special Educational Needs have a specialist unit alongside the mainstream school. This includes Ravensbourne, Langley Boys and Hayes Schools.

Table 6. SEN in Bromley Primary Schools

Primary schools	%Statement or EHC Plan	%SEN support	Primary schools	%Statement or EHC Plan	%SEN support
Harris Aspire Academy	4.0	35.4	Green Street Green Primary	6.8	10.7
Manor Oak Primary School	0.9	30.3	Mead Road Infant School	1.2	10.6
Chelsfield Primary School	2.0	30.0	La Fontaine	0.0	10.5
St Mary Cray Primary School	0.9	29.0	Churchfields Primary School	4.6	10.4
Dorset Road Infant School	1.5	28.4	HPA Kent House	2.9	10.0
Burnt Ash Primary School	6.2	26.7	Blenheim Primary	0.9	10.0
Midfield Primary School	6.5	21.6	Red Hill Primary	1.3	9.9
Alexandra Junior School	0.8	20.5	St Joseph's R.C.Primary School	1.9	9.6
Leesons Primary School	1.9	20.2	Darrick Wood Infant School	1.2	9.4
St Paul's Cray CE Primary	0.7	20.1	St James' RC Primary School	2.8	9.2
St Anthony's R.C Primary	0.0	19.9	Hawes Down Juniors	6.0	9.1
Trinity CofE Primary School	8.2	18.8	Pickhurst Infants' School	0.8	8.6
Farnborough Primary School	2.0	18.7	Cudham CE Primary School	4.3	8.5
Castlecombe Primary School	2.0	18.2	Raglan Primary School	7.7	8.4
Gray's Farm Primary School	1.0	16.3	St Philomena's RC Primary	0.5	8.1
Stewart Fleming Primary School	0.2	16.3	Tubbenden Primary School	4.0	8.1
St Mary's Catholic Primary	1.4	15.3	Keston C.E. Primary School	0.0	7.9
James Dixon Primary School	4.0	15.3	Highfield Junior School	0.5	7.3
Mottingham Primary School	0.5	15.3	Edgebury Primary School	1.4	7.2
Pratts Bottom Primary School	2.5	15.2	Unicorn Primary	1.2	6.9
HPA Crystal Palace	0.3	15.0	Balgowan Primary School	1.6	6.9
Bromley Road Infant School	1.1	14.8	Oaklands Primary School	1.2	6.4
St Vincent's Catholic Primary	0.0	14.4	Warren Road Primary School	0.8	6.2
St Peter & St Paul R.C.	1.4	14.0	Parish C.E. Primary School	1.7	6.0
Pickhurst Junior School	0.0	13.9	St John's CE Primary School	1.2	5.8
Biggin Hill Primary School	1.6	13.9	Wickham Common Primary School	0.2	5.6
Hillside Primary School	4.7	13.7	Crofton Infant School	3.4	5.0
The Highway Primary School	0.5	12.8	Downe Primary School	2.5	5.0
Darrick Wood Junior School	3.9	12.8	Alexandra Infant School	6.8	4.7
Holy Innocents Catholic Primary	0.5	12.6	Hayes Primary School	0.2	4.6
Poverest Primary School	6.0	12.1	Oak Lodge Primary School	0.8	4.3
St Mark's C.E. Primary School	1.2	11.9	Clare House Primary School	0.3	4.2
Scotts Park Primary School	0.2	11.8	Chislehurst (CofE) Primary	0.5	3.7
Valley Primary School	0.2	11.8	HPA Shortlands	1.9	3.7
Perry Hall Primary School	0.5	11.3	Marian Vian Primary School	0.3	3.5
St George's CE Primary	1.1	11.2	Crofton Junior School	1.0	3.1
Worsley Bridge Junior School	0.3	11.1	Highfield Infant School	0.0	2.6
Bickley Primary	0.7	11.0	Hawes Down Infant School	5.2	1.6
Southborough Primary School	0.7	10.9	HPA Beckenham	0.0	0.0

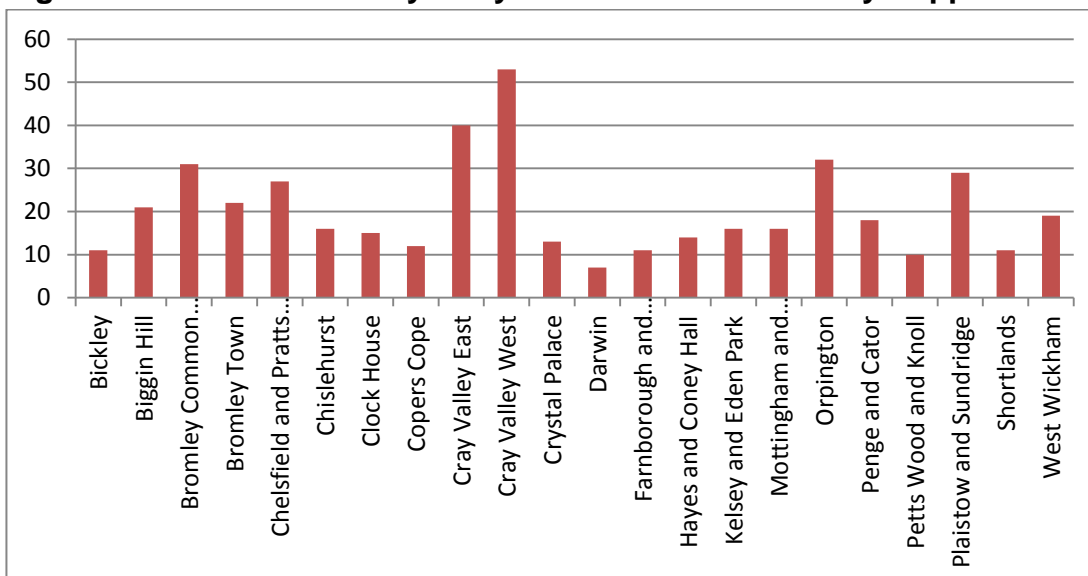
Overall, in primary schools 10.4% need SEN support and 3% have a statement or EHC Plan, and in secondary schools, 9.6% need SEN support and 1.9% have a statement or EHC Plan (2016 school census data).

Compared to national average rates and statistical neighbours:

- There are significantly more pupils in Bromley with Speech, Language and Communication Needs (SLCN), and these pupils are more likely to be in maintained mainstream schools.
- There are slightly more pupils with Behavioural, Emotional and Social Difficulties (BESD, now known as Social Emotional and Mental Health needs, SEMH). The rate for Bromley is 2.97 per 1000 pupils compared to 2.65 across statistical neighbours.
- Students with SEMH/BESD are more likely to attend maintained mainstream schools but the proportion is slightly lower compared to the statistical neighbours (24% and 27% respectively). These pupils are more likely to attend independent schools compared to statistical neighbours (24% and 15% respectively).
- Bromley has higher rates of pupils with specific and moderate learning difficulties and they are more likely to attend mainstream schools.
- There are more pupils in Bromley who have severe or profound and multiple learning difficulties, and they are more likely to be attending maintained special schools.
- There are higher numbers of pupils with Autistic Spectrum Disorder; 5.20 compared to average rate of 4.54. They are more likely to attend mainstream schools (51% compared to statistical neighbours average of 45%) or SEN units in mainstream schools compared with statistical neighbours.

Children known to the wider Early Intervention and Family Support services with SEN number 450, based on self-declaration data. The distribution of these children is set out in Figure 22 below.

Figure 22. SEN recorded by Early Intervention and Family Support services



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

The distribution of children with Special Educational Needs across the borough is higher in some wards, notably the Cray Valley wards, Bromley Common and Keston, Orpington and Plaistow and Sundridge.

Children with learning disabilities are three to four times more likely to have behavioural problems than peers without a disability (prevalence of 40% mental health problems).

b) 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 7. 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

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.

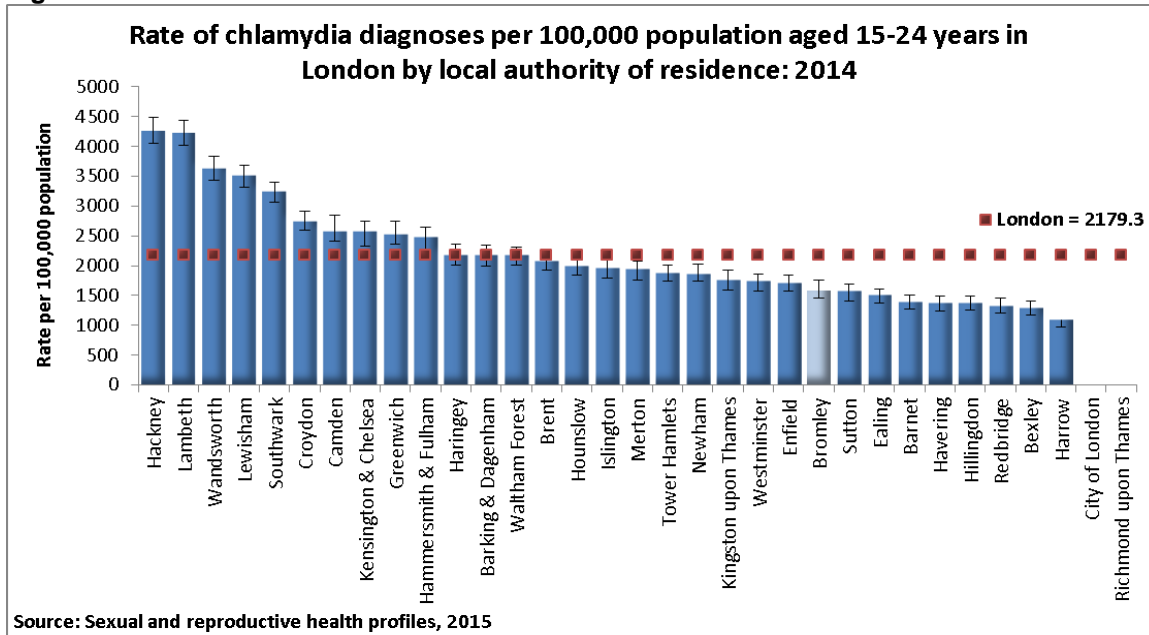
c) Children and young people who need sexual health support

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

Chlamydia

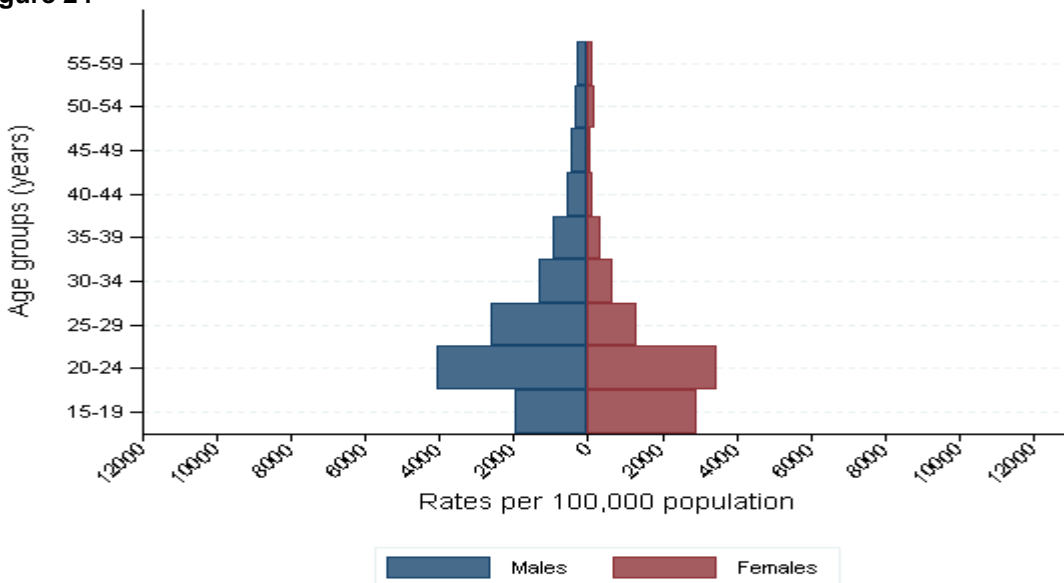
The prevalence rate of Chlamydia in Bromley is below the national average. This is in line with its low prevalence of all sexually transmitted infections (STIs) compared to other London boroughs.

Figure 23.



In Bromley, 52% of diagnoses of new STIs were in young people aged 15-24 years. The age profile is shown in Figure 24 below.

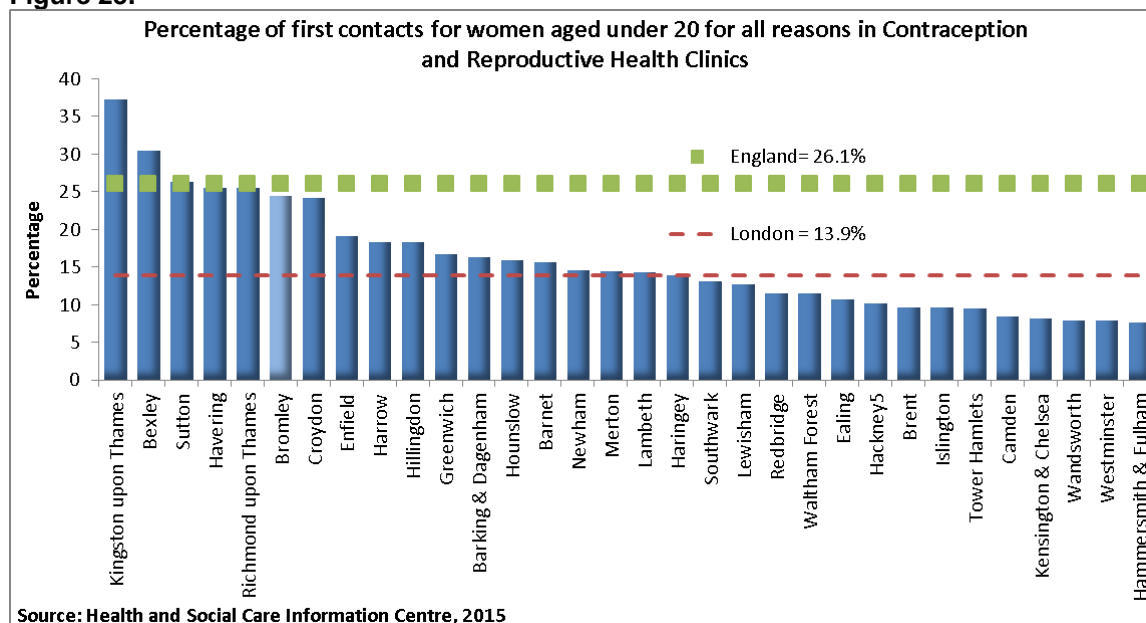
Figure 24



Source: Data from Genitourinary Medicine Clinics and community settings (for Chlamydia only)
Rates based on the 2012 ONS population estimates

Contraception and Reproductive Health Clinics use by women aged below 20 years is similar to the England average at 24.5% but significantly higher than the London average (Figure 25). London boroughs with the highest contacts have population indicators similar to Bromley.

Figure 25.



Source: *KT31&SHRAD return, HSCIC, 2015*

Feedback from Bromley secondary schools

Many schools mentioned “sexting” as a problem which creates intense anxiety among young people

What does this mean for young people in Bromley?

Young people between 15 and 24 years old continue to have the highest rates of new STIs. Males of all ages are more affected by new STIs than females.

d) 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, their health, their families and their 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.

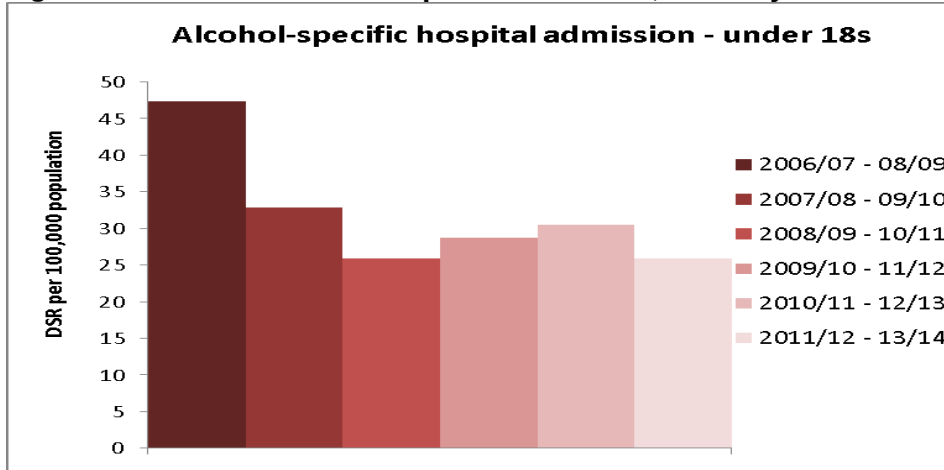
The prevalence of binge drinking is higher in the younger age groups with 18% of 16 to 24 year olds and 19% of 25 to 44 year olds binge drinking.

There are no recent local Bromley estimates for the level of binge drinking available.

Hospital Admissions-burden of ill-health due to alcohol

The alcohol-specific admission rate for under 18 year olds in Bromley is comparable to the rate for London, but significantly lower than the rate for England (40.1 per 100,000 population). In 2013/14 the rate in Bromley was 25.9 admissions per 100,000 population compared to 26.6 for the London region. Amongst those aged 15 years and under the most common causes of admission were for mental and behavioural disorders.

Figure 26. Alcohol-related hospital admissions, Bromley 2008/09 to 2013/14

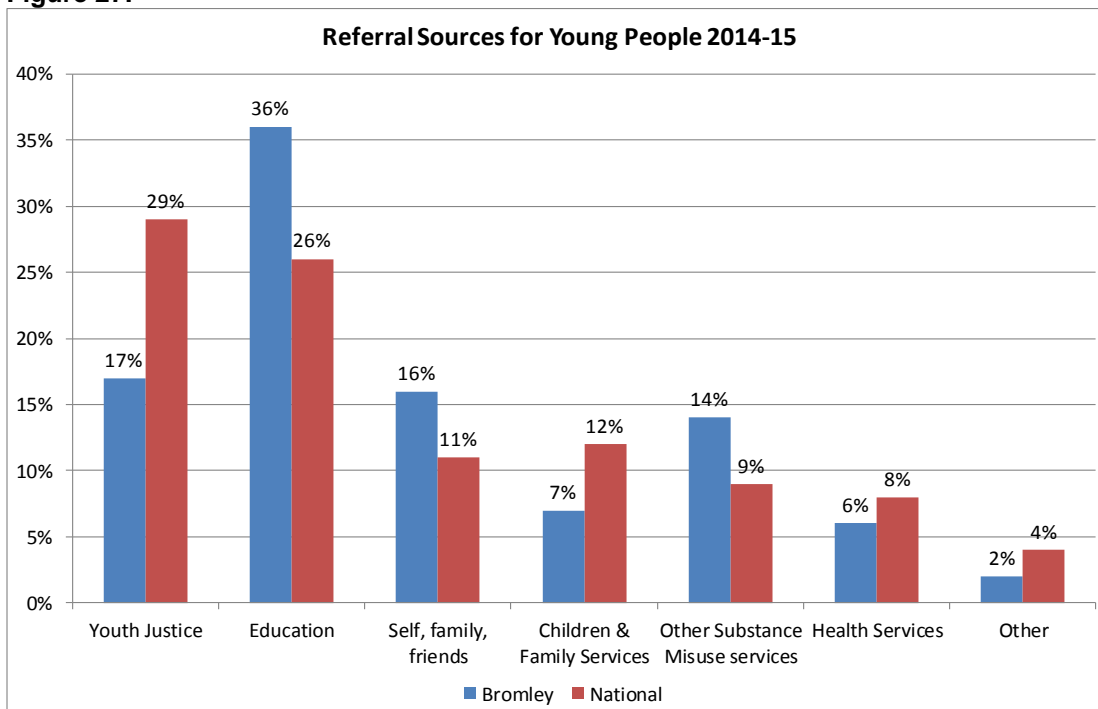


Source: Local Alcohol Profiles for England, 2015

Drug use in young people

Between April and October 2014, 90 young people accessed specialist substance misuse treatment services in Bromley. Of these, the largest proportion (36%) were referred from education services, 17% were referred through the Youth Justice system and 16% were self-referrals. 6% of referrals were from health services including A&E. Nationally, there are a higher proportion of referrals from Youth Justice (29%) and a lower proportion from education (26%).

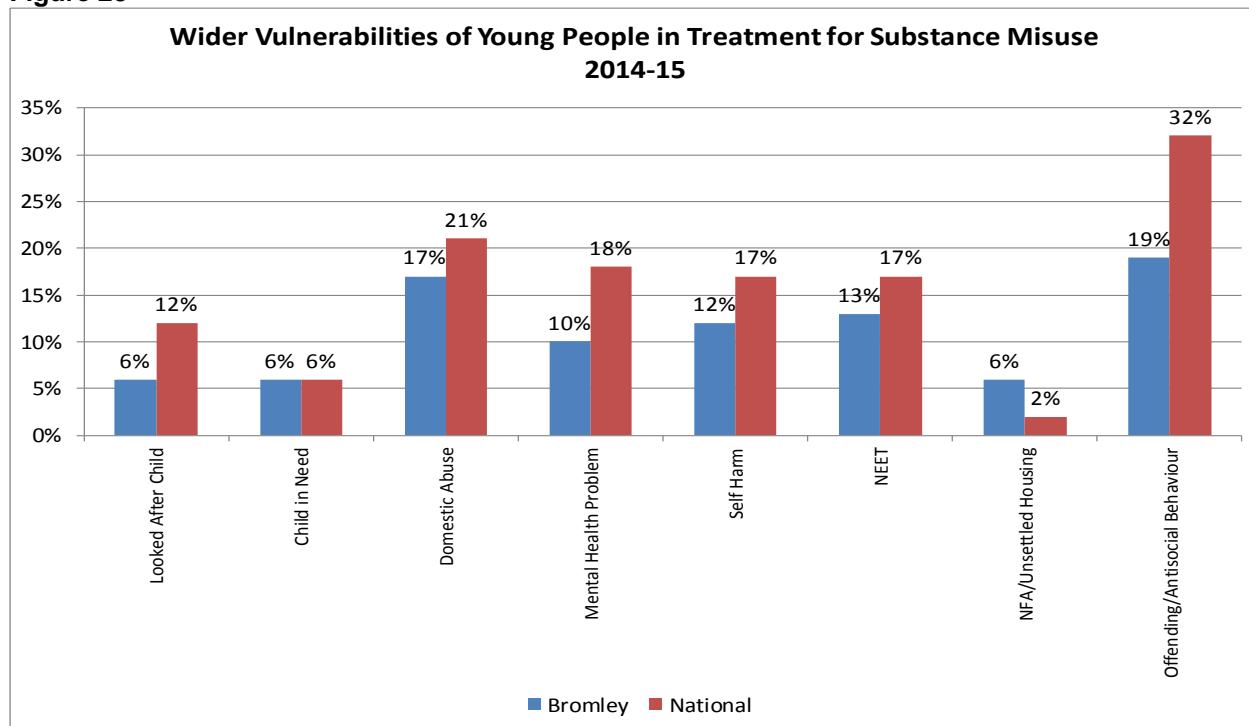
Figure 27.



Source: NDTMS JSNA Support Pack 2015

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. They are more likely to be not in education, employment or training (NEET), have contracted a sexually transmitted infection, experiencing domestic violence, experiencing sexual exploitation, or be in contact with the youth justice system.

Figure 28



Source: *NDTMS JSNA Support Pack 2015*

Of the young people in treatment in Bromley in 2014-15, 70% were using two or more substances (this may include alcohol) and 97% began using their main problem substance before the age of 15 years.

The early intervention assessments completed by Bromley Children Project show that 5.9% of the 'Troubled Families' attached in 2015/16 have at least one child / young person with a substance misuse problem (either drug or alcohol).

Feedback from Bromley secondary schools

Schools report increase in drug use, especially in boys. A reduction in binge drinking has also been noticed by some schools.

What This Means for Children in Bromley

Of the 90 young people in treatment in Bromley in 2014-15, 70% were using two or more substances (this may include alcohol) and 97% began using their main problem substance before the age of 15 years.

e) Childhood obesity

In 2014-15 the National Childhood Measurement Programme (NCMP) highlighted that 20% of children in Reception and 31% in Year 6 were either overweight or obese. Around 8% and 17%, respectively, were obese, this equates to over three hundred 4/5 year olds and four hundred & eighty 10/11 year olds in Bromley. The

prevalence of obesity is strongly linked with socioeconomic deprivation and is more prevalent in urban areas of the borough.

There has been little change in the prevalence of obesity in Reception Year between 2005 and 2014, ranging between 7% and 8% annually. With each cohort the prevalence of obesity tends to almost double between Reception Year and Year 6. For example, in 2007/8, 7.3% of the Reception Year children in Bromley were classified as obese. In 2013/14, when this cohort was in Year 6, 15.4% were classified as obese. Half of parents do not recognise that their children are overweight or obese ³.

The proportion of children classified as obese in reception year and in Year 6 is better than the national and London average. There are more obese children in reception class in Crystal Palace, Mottingham and Chislehurst North, Cray Valley East, Penge, Cator, and Plaistow and Sundridge. Pupils in reception who were obese were more likely to remain obese at year 6 in Crystal Palace, Mottingham and Chislehurst North, Cray Valley East and Cray Valley West

What this means for Bromley residents and the children in Bromley
 Nearly a third of children in Year 6 in Bromley are either overweight or obese. Pupils obese in reception year were more likely to remain obese at year 6 in Crystal Palace, Mottingham and Chislehurst North, Cray Valley East and Cray Valley West

d) Young People who are Not in Education, Employment or Training (NEET)

The rate of NEET in Bromley is 3.4%, the same rate as London and England in 2014. This is an improvement on the previous year where the cohort had been 4.5% NEET. In December 2015, Bromley NEET were 60% male and 65% white ethnicity. Some wards had a higher proportion of NEET, including Penge and Cator ward (5.9% of all 16-18 year olds) and Cray Valley West ward (4.8% of all 16-18 year olds).

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.

Table 8. Risk factors in Bromley NEET, 2015

Descriptor	Number of Bromley NEET	% of Bromley NEET
Learning Disabled (statemented)	36	10.8
Teenage mother	22	6.6
Supervised by Youth Offending Service	16	4.8
Pregnant	12	3.6
LAC/Care Leaver	9	2.7
Young carer	4	1.2

e) Children in Need (CiN)

Section 17 of the Children Act defines a child in need as a child who is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services

The number of CiN in Bromley on 31st March 2015 was 1,189.

Table 9. Descriptors of Children in Need in Bromley, 2015

Descriptor	Bromley number	Bromley %	England %
CiN with no Special Educational Needs	471	47.6	50.2
CiN with SEN support needs	235	23.8	28.2
CiN with statement of SEN or EHC Plan	283	28.6	21.6
CiN eligible for free school meals	399	40.3	52.8
CiN with unauthorised absence from school (% sessions missed)		3.8	3.9
Proportion of CiN absentees who are persistent absentees		12.0	13.8
CiN who are excluded for a fixed period	36	4.25	6.5
CiN who are permanently excluded	*	*	0.17

*Number suppressed as < 5

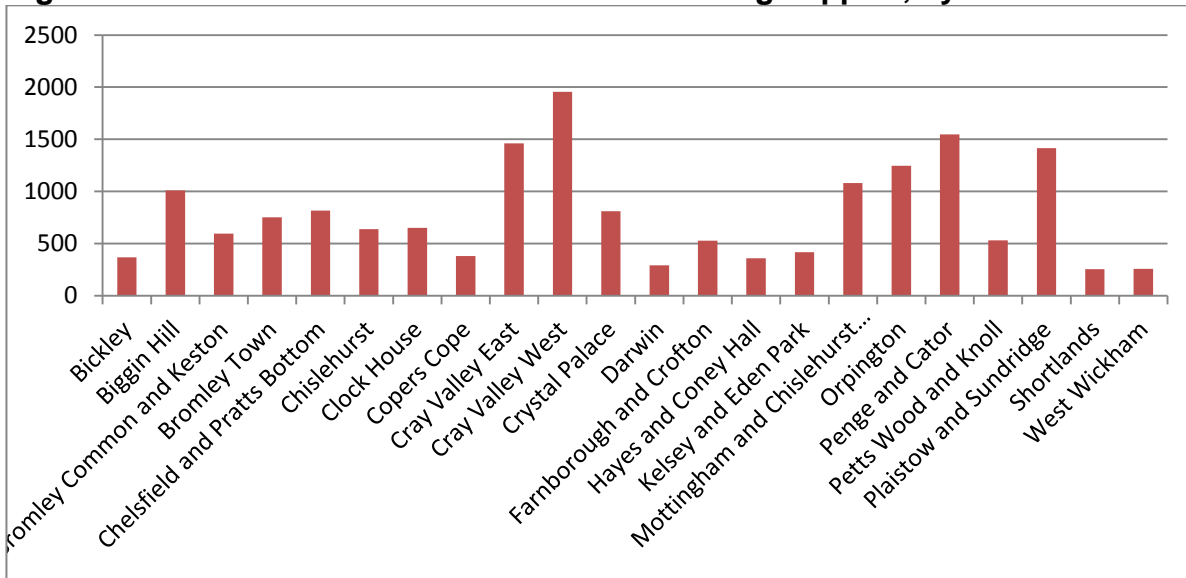
The Common Assessment Framework (CAF) for children and young people is a shared assessment tool to help develop a shared understanding of a child's need, so they can be met more effectively. It is used whenever there is a concern about a child or young person's wellbeing and the cause and appropriate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

- staff are concerned about how the child/young person is progressing, in terms of their health, welfare, behaviour, learning, or any other aspect of their wellbeing;
- a service (e.g. a school) receive a request from the child/young person or parent/carer for more support;
- staff are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than their service can address;
- a service wants to use the CAF to help identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better.

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.

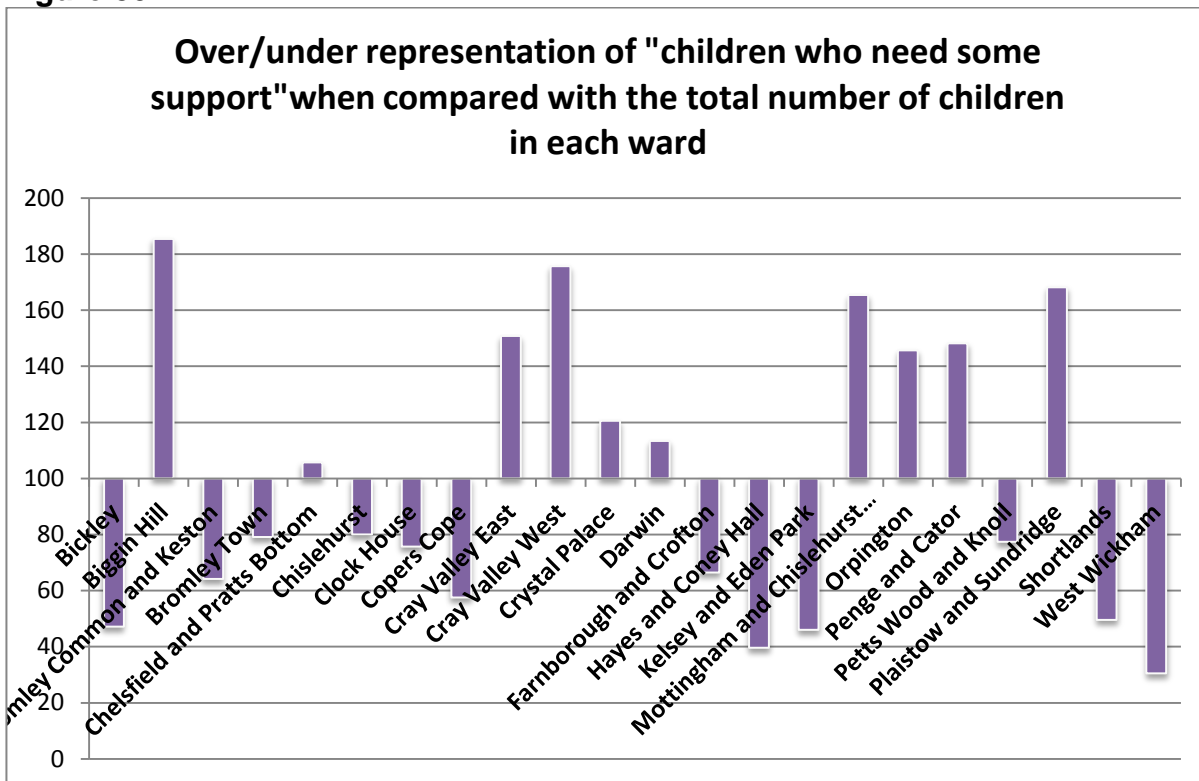
The total number of children living in families where the family are receiving support from Bromley Children Project Family Support, CAF, IASS or Children and Family Centres is set out below by ward.

Figure 29. Number of children in families receiving support, by ward



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 30



The use of the CAF process by schools varies considerably as shown in Table 10. This is likely to reflect both the needs of the school population and the processes within each school.

Table 10. Completion of CAFs by school, 2013-2016

School	Number of CAFs completed			Total
	2013/14	2014/15	2015/16	
Secondary Schools				
Coopers Technology College	26	19	12	57
The Ravensbourne School	22	16	14	52
Charles Darwin School	21	16	13	50
Bishops Justus CE School	3	8	15	26
Bullers Wood School for Girls	3	10	6	19
The Priory School	7	0	5	12
Chislehurst School for Girls	4	3	3	10
Darrick Wood School	0	5	5	10
Harris Academy Beckenham	1	2	8	11
Langley Park Girls School	1	0	9	10
Ravens Wood School	3	4	4	11
Hayes School	4	0	4	8
Primary Schools				
St. Mary Cray Primary School	0	12	38	50
Midfield Primary School	14	3	14	31
Southborough Primary School	8	9	9	26
Burnt Ash Primary School	11	4	12	27
St George`s CoE Primary School	11	4	5	20
Grays Farm Primary School	2	10	9	21
Hayes Primary School	0	2	17	19
James Dixon Primary School	4	5	8	17
Hillside Primary School	11	1	6	18
Manor Oak Primary School	4	1	11	16
Pickhurst Infant School	3	5	6	14
Stewart Fleming Primary School	8	6	4	18
Oaklands Primary School	4	5	5	14
Wickham Common Primary School	1	10		
St John`s Church of England Primary School	2	1	8	11
St Vincent`s Catholic Primary School	4	4	3	11
Harris Primary Academy Kent House	6	3	2	11
Leesons Primary	4	4	3	11
Valley Primary School	7	3	0	10
Crofton Junior School	6	1	2	9
Oak Lodge Primary School	1	6	2	9
Redhill Primary School	2	2	5	9
Crofton Infants School	2	5	1	8
Harris Primary Academy Crystal Palace	4	2	3	9
Worsley Bridge Junior School	6	1	1	8
Special School/PRU				
Bromley Trust Academy Midfield Campus	5	8	1	14
Glebe School	4	9	2	15

What this means for children in Bromley

Some wards have a higher proportion of children living in families who are receiving support: Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North.

f) Children and Young People with Sensory Impairment

Screening for vision and hearing problems is completed in reception year in all maintained schools in Bromley. In 2014/15 this identified 4.2% of pupils as needing further evaluation of possible visual problems.

Table 11. SEN data from maintained primary, secondary and special schools, 2014

	Primary school	Secondary school	Special school	Total
Hearing Impairment	73	62	30	165
Visual Impairment	26	24	0	50

It is unlikely that no children in special schools have visual impairment. This finding may be due to each child having only their main impairment recorded on the SEN register. Hearing Impairment data comes from the Teachers of the Deaf team.

39 children that have accessed Early Intervention and Family Support services during 2015/16 have self-declared a sensory impairment.

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

Table 12. Registered Blind and Partially Sighted People year ending 31 March 2014

	Age 0-4 years	Age 5-17 years
Number of children registered blind	10	15
Number of children registered partially sighted	10	25

Source: www.hscic.gov/pubs/blindpartiallysighted14

Hearing Impairment

Half of all deaf children are born deaf, whilst half acquire deafness during childhood⁵. As many as 40% of deaf children will have additional or complex needs⁶. 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.

g) Emotional Health issues in children and young people

Service User feedback

Transition from children to adult services for those with long term conditions was the key issue followed by mental health and sub-threshold symptoms for mental health. Service users raised concerns about anxiety being an issue for many younger people.

⁵ NDCS Technology Appraisal 2007.

⁶ NDCS Policy on Audiology 2010

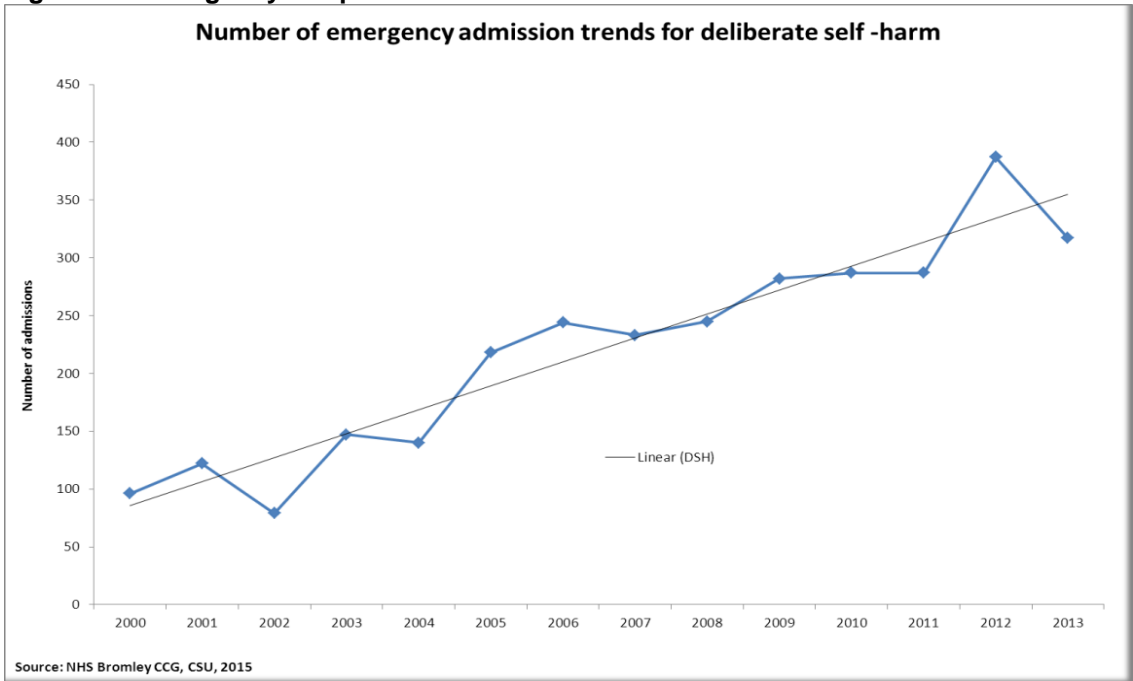
Deliberate Self Harm

Deliberate self-harm is a way of coping with life and most commonly starts in teenage years. There is a link between self-harm and completed suicide. In 2000 there were 122 hospital admissions for deliberate self-harm in Bromley. In 2013 this number had increased to 318, and in fact between 2010 and 2013 Bromley reported some of the highest rates of emergency hospital admissions due to self-harm in London.

Data from Bromley Wellbeing service by Bromley Y shows from December 2014-April 2015, 15% of service users referred to the service were currently self-harming, 12% having verbalised thoughts or plans of suicide and 3% with a history of suicide attempts (some of those referred fit each of these categories).

Analysis shows an upward trend in the number of emergency admissions for all age groups for deliberate self-harm in Bromley as shown in figure 31 below.

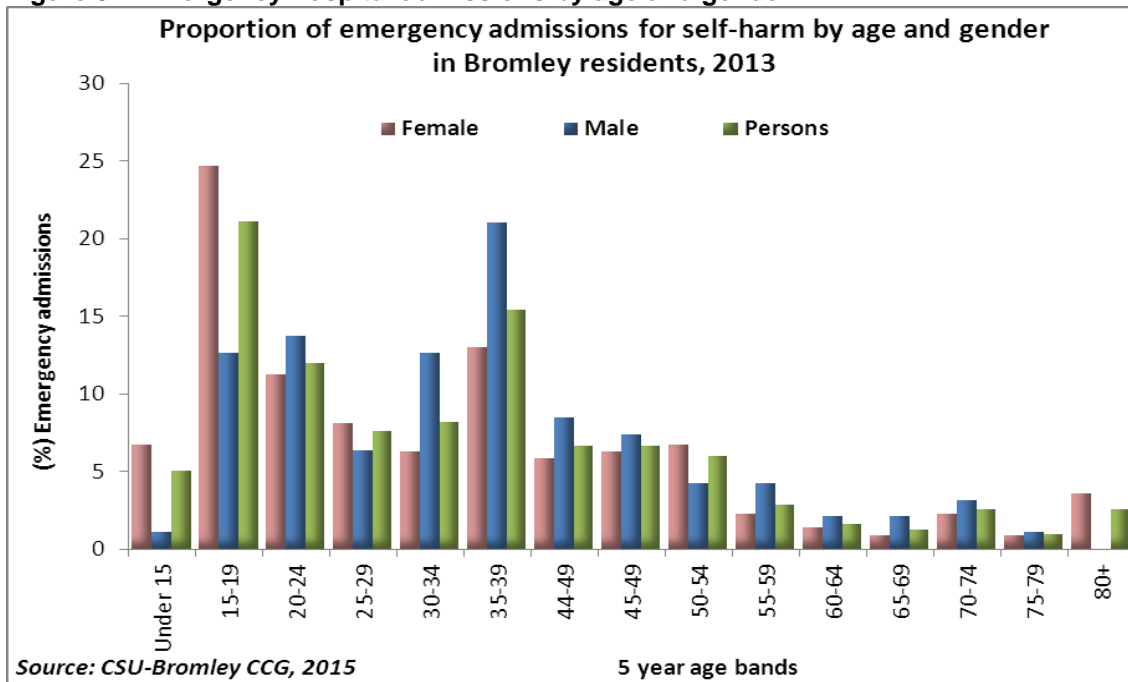
Figure 31. Emergency Hospital admissions for Deliberate self-harm



Deliberate Self Harm in Bromley

There are age and gender differences in hospital admissions for deliberate self-harm. Deliberate self-harm is more prevalent (70%) in women especially younger women as shown in figure 32. The 15 -19 year old age band have the highest number of hospital admissions following self-harm.

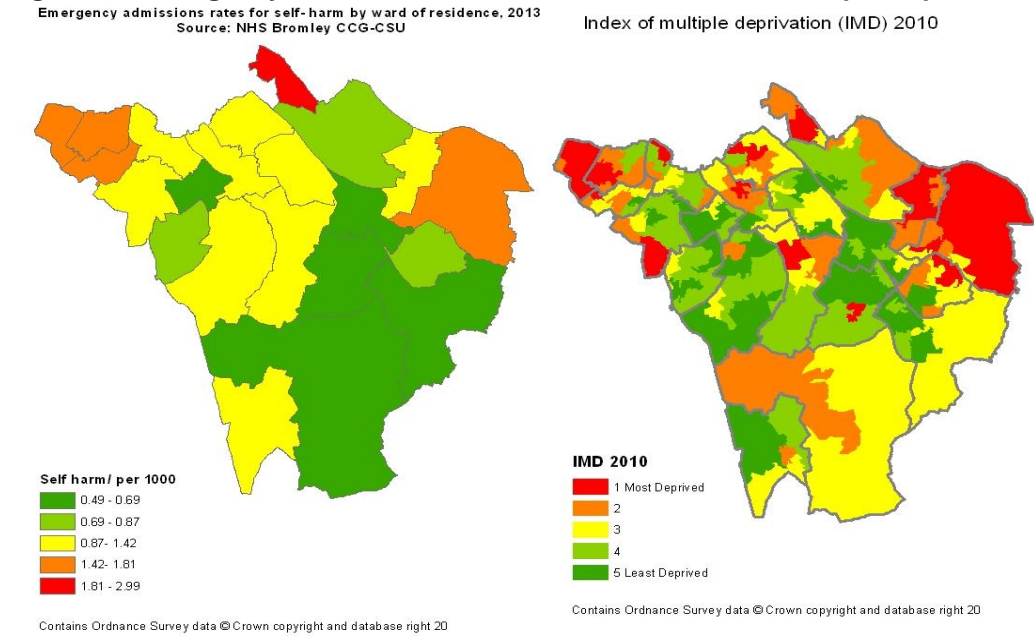
Figure 32. Emergency hospital admissions by age and gender



Geographical distribution of self-harm

Deliberate Self-Harm acts seem to be concentrated around deprived areas within Bromley. However, deliberate self-harm is also most concentrated in young people and these deprived wards also have higher numbers of young people.

Figure 33. Emergency admissions for self-harm and Index of Multiple Deprivation



Feedback from Bromley secondary schools

Schools are reporting an increase in self harm, especially in girls, and it is being seen in younger and younger pupils.

There is an increase in severe anxiety in pupils who are unable to deal with stress whether due to academic pressure or issues outside school (especially parental divorce or bereavement).

Some schools are seeing an increase in eating disorders in girls, especially high achieving girls, and an increase in anger problems in boys. All schools have young people who are suicidal. Some schools report depression among older pupils, but also a sense that pupils are more open to talk about it. Some schools report particular concerns around pupils who are thought to be at risk but won't engage with CAMHS, or where the parents refuse to agree to a referral. On a more general note, many schools are doing a lot of work around self esteem in their pupils.

What does this mean for children in Bromley?
 Community and hospital services indicate that young people in Bromley have a high level of need for support around self harming behaviour. A brief survey of emotional health concerns in secondary schools in Bromley in 2015 confirms this.

j) Young Carers

Definition

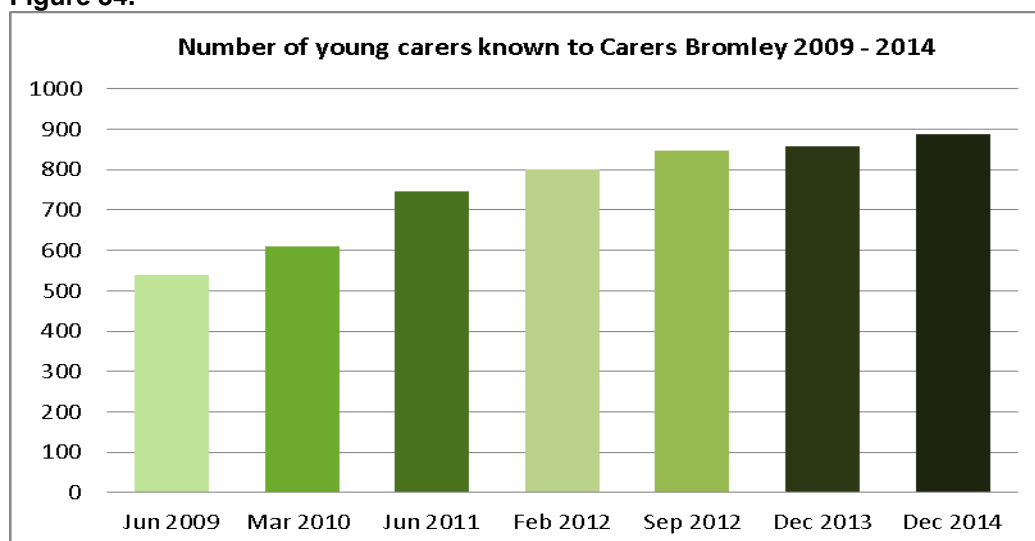
The Children and Families Act 2014 defines a young carer as **“someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol”**.

As young carers grow older, they become more heavily involved in caring, particularly with regard to personal and intimate care and there are gender differences in the roles they typically undertake. Support needs to be provided to whole families to ensure that young carers are not required to undertake caring roles which impact negatively on their health, education, or personal development.

Local Information

The number of young carers identified and supported by Carers Bromley has increased significantly over the past few years. As of December 2015, a total of 960 young carers were known to Carers Bromley.

Figure 34.



Source: Carers Bromley

Impact of being a young carer

A national survey found:

- A third of young carers in secondary schools experienced educational difficulty and 70% of young carers reported being the target of bullying.
- Young carers between 16 and 18 are twice as likely not to be in education, employment or training (NEET) as their peers⁷
- Young carers have significantly lower educational attainment than their peers the equivalent to nine grades lower overall
- Around 1 in 20 misses school due to their caring responsibilities
- Young carers are 1.5 times more likely than their peers to have a Special Educational Need or Disability
- There may be up to 30 young carers in an average sized secondary school and that more than one in four (27%) of young carers of secondary school age experience educational difficulties⁸. This rose to four in ten where young people care for someone who misuses drugs or alcohol.
- Over 39% of young carers surveyed said their schools were not aware that they were young carers.

There is very little known about the health effects of caring on young carers however, they commonly report:

- Feeling worried, anxious or stressed about caring responsibilities and the person they care for.
- Physical injuries (e.g. back strain or muscular injuries) as a result of caring duties.
- Missing healthcare appointments with doctors or dentists.
- Poor diet because of financial constraints on the family food budget, or because they have responsibility for preparing meals but lack basic cooking skills.
- Emotional health problems, particularly self-harm.
- 45% reported feeling tired at school, 55% experience disturbed sleep and 12% were caring for more than one person
- Young carers are more likely compared to other young people, to live in workless households, be in lone parent families and experience limiting long term illness themselves.

k) Young People in contact with the Youth Offending Service

Between 1st of April 2016 and 30th of July 2016, 41 out of 168 (24%) young people worked with were assessed as having a health need by YOT Practitioners.

Table 13. Young people in contact with the YOS: referral type

Fits General Health Criteria	29
Fits Mental Health Criteria	10
Fits Sexual Health Criteria	2

Of the 41 young people in this cohort, 31 were male and 10 were female.

⁷ 'Against the Odds', Audit Commission, p19, July 2010

⁸ The Princess Royal Trust for Carers School Resource Pack 2010

Table 14. Young people in contact with the YOS: age

13	5
14	6
15	13
16	11
17	6

Table 15. Young people in contact with the YOS: ethnicity

Ethnicity	Number
Asian or Asian British	1
Black or Black British	8
Mixed	7
White	25

What does this mean for the residents of Bromley?

A quarter of young people in contact with the YOS have health needs.

e) Children and young people excluded from school

Table 16. Exclusions in maintained schools and academies in 2014/15 in Bromley

Type of school	Number of permanent exclusions	Number of fixed period exclusions
Primary	8	199
Secondary	44	769
Special	0	65
Total	52	1033

Source: Department for Education

Of the permanent exclusions, 8 were due to physical assault against another pupil, 5 were drug and alcohol related, and 14 were due to persistent disruptive behaviour.

What does this mean for the residents of Bromley?

The number of exclusions of primary school pupils is very high.

f) Children and young people involved in gangs

Currently Bromley has 44 gang members, 6 of whom are in custody. All are male. The vast majority are from the Penge and Anerley area and most are aged 13-24 of black ethnic background.

g) LGBT young people

Research in 2012 showed that 55% of Lesbian, Gay, Bisexual and Transgender (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.

h) Children and young people who are sexually exploited (CSE)

There are no reliable figures on the occurrence of child sexual abuse. Radford et alⁱ found that 11.3% of young adults aged 18-24 had experienced contact sexual abuse, 9.4% in the last year. It is also estimated that 1 in 8 victims of sexual abuse comes to the attention of statutory authorities.ⁱⁱ Most sexual abuse is discovered between the ages of 13 – 16 years. Boys are more likely to be recognised as victims at a younger age. For many victims of child sexual abuse in the family environment abuse began around 9yrs.

Table 17. Known CSE victims in Bromley

Source of identification	Bromley
CSE identified by CSC	94
Police - suspicions of CSE*	23
Brooks CSE	1
*Assessed by CSC - CSE as a factor	52
Barnardos	9
Bromley Y	12
CAMHS	3
TOTAL	194(**110)

*potential double counting **after adjusting for double counting

- There are 110 known or suspected victims of CSE in Bromley
- CSE was identified in assessments of 52 young people by children's social care.
- Perpetrator profiles relating to child sexual abuse appears to be peer on peer with some gang related

Table 18. Potential victims of CSE in Bromley

	Bromley
Potential victims (9.4% all children under 18 ⁹)	7020
Actual Police recorded offences**	813
CSC: CSA factor in Assessment	95
CSC: children subject to CPP during 2015	8
Identified by 3rd sector providers	98
Attended Haven: Average per year age under 13	3
Attended Haven: Average per year age 13-18 ***	11
Total	1025
As % of potential victims	19

*potential double counting **after adjusting for double counting

What does this mean for the residents of Bromley?

There appears to be significant under-reporting or lack of identification of CSE in Bromley, particularly by health services.

⁹ Radford, L et al. (2011) Child abuse and neglect in the UK today, NSPCC

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

The number of Elective Home Education students in 2015/16 (Academic year) is 209, compared with 145 students in 2014/15. Although there are no national records for benchmarking or comparisons, participation with other local authority elective home education teams suggests that Bromley is mirroring the national trend.

These figures relate to students whose parents have declared elective home education, and does not include those who receive home tuition for medical needs or with SEN awaiting placement. At the moment 54 students are in receipt of hospital home tuition and Nightingale Unit on medical grounds or awaiting placement via SEN. Those only accessing Home Tuition as of July 2016 is approximately 40 students.

Most children do not remain in home education but return to mainstream education. A summary of reasons given for elective home education by 67 families in 2014/15 are summarised in Table 19.

Table 19. reasons given for Electively Home Educating, 2014/15

Reason given for EHE	% of cohort
Lack of progress/ unhappy at school or college	24
EHE ethos	37
Health issue including school anxiety/ bullying	26

A pilot project by School Nurses in Bromley between 2013 and 2015 offered School Nursing services to EHE pupils. The most significant finding of this pilot project was a small number of safeguarding concerns in EHE which had not been detected by other agencies.

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.

j) Women who have undergone Female Genital Mutilation (FGM)

The daughters of women who have undergone FGM are themselves at risk of FGM.

Data on FGM is now being collected in England. This was mandated for acute trusts from July 2015 and for GP practices and mental health trusts from October 2015 onwards. So far, there are 5,702 newly recorded¹ cases of FGM reported, and more than half of these relate to women and girls from London. Only 20 cases have so far been recorded in Bromley.

Self-report is the most frequent method of FGM identification, accounting for 73 per cent of cases where the FGM identification method was known. 50% (10 of the 20 cases) were identified by self report in Bromley.

The vast majority of identified cases across England were under maternity services, and only 2% were aged under 18. In Bromley, 10 of the 20 cases were aged 30-34, and 5 aged 35-39 years.

Nationally, 90 per cent of women and girls with a known country of birth were born in an Eastern, Northern or Western African country, and 6 per cent were born in Asia. Somalia accounts for more than one third of all newly recorded women and girls with a known country of birth (37 per cent). Bromley has a large Somali population, although the country of birth of the 20 cases in Bromley is not recorded.

Key findings from Section B

- The distribution of children with Special Educational Needs across the borough is higher in some wards, notably the Cray Valley wards, Bromley Common and Keston, Orpington, and Plaistow and Sundridge.
- Smoking rates in young people in Bromley are higher than London and national rates.
- Young people between 15 and 24 years old continue to have the highest rates of new STIs. Males of all ages are more affected by new STIs than females
- Of the 90 young people in treatment in Bromley in 2014-15, 70% were using two or more substances (this may include alcohol) and 97% began using their main problem substance before the age of 15 years.
- Nearly a third of children in Year 6 in Bromley are either overweight or obese. Pupils obese in reception year were more likely to remain obese at year 6 in Crystal Palace, Mottingham and Chislehurst North, Cray Valley East and Cray Valley West
- Some wards have a higher proportion of children living in families who are receiving support: Biggin Hill, Cray Valley West, Plaistow and Sundridge, and Mottingham and Chislehurst North
- Community and hospital services indicate that young people in Bromley have a high level of need for support around self harming behaviour. A brief survey of emotional health concerns in secondary schools in Bromley in 2015 confirms this.
- A quarter of young people in contact with the YOS have health needs.
- The number of exclusions of primary school pupils is very high.
- There is no data on LGBT in young people in Bromley, although this is a known risk factor for several adverse outcomes in this age group.
- 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.
- There appears to be significant under-reporting or lack of identification of CSE in Bromley, particularly by health services

Section C.

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 group includes:

- Children with complex or long term health needs, but no Statement or EHC Plan
- Children with a statement of Special Educational Needs and Disabilities (SEND) or an Education Health and Care Plan
- Children who are Looked After
- Children who are the subject of a Child Protection Plan

a) Children with complex or long term health needs, but no Statement or EHC Plan

There are 43 children in mainstream schools with complex health needs, including some requiring airway support, Hickman lines, support for complex diabetes and gastrostomy tube feeding. This support has been implemented across 30 primary and secondary schools in the Borough, without necessitating a full Statement or EHC Plan. Support is also offered from the integrated team for specialist equipment to meet both health and learning needs.

202 children who have complex health needs, but no Statement or EHC Plan were supported by Information Advice and Support Service (EIFS) during 2015/16.

The number of children with complex needs needing support from specialist services is increasing. The number of referrals of children and young people to the Specialist Support and Disability Panel in Bromley increased by 7% between 2012-13 and 2013-14.

School Nursing identifies that 600 Health Care Plans are in place for children attending Bromley's primary, secondary and special schools. These are in addition to any Statements or EHC Plans. Of these Health Care Plans, 365 are for children in primary schools, 217 are for young people in secondary schools, and 18 are for children in special schools.

An outline of the conditions these Health Care Plans cover include:

Condition	Number of children with a Health Care Plan
Epilepsy and other seizures	121
Allergies and anaphylaxis	184
Asthma*	38
Cystic Fibrosis	7
Diabetes	76
Cardiovascular system problems	15
Sickle Cell Disease	12
Musculoskeletal system problems	26
Bowel and continence problems, including gastrostomy	28

*Health Care Plans for mild asthma are written by the school and do not require school nurse involvement

What does this mean for the residents of Bromley?

At least 200 children and young people with complex health needs but no EHC Plan or Statement require support to attend school, and this number is increasing. A total of 600 children and young people in Bromley schools require some nursing support to access school.

b) Children with a statement of Special Educational Needs and Disabilities (SEND) or an Education Health and Care Plan

The percentage of pupils with statements in Bromley schools is above the national and London average and above the three closest statistical neighbours. The current number of pupils with statement or Education, Health and Care Plan is 1,515 of which 1158 pupils have a statement while 759 pupils have an Education, Health and Care Plan (figures correct as of 1st August 2016).

116 Children who have complex health needs with a Statement or EHC Plan were supported by Information Advice and Support Service (EIFS) during 2015/16.

The proportion of school aged children who are statemented or have an EHC Plan is higher in Bromley than across London, England or in statistical neighbour areas. The vast majority of these pupils are in maintained mainstream or special schools.

Table 20. Percentage of pupils with statements based on where they attend school

	2009	2010	2011	2012	2013	2014	2015
England	2.8	2.8	2.8	2.8	2.8	2.8	2.8
London	2.7	2.7	2.7	2.7	2.7	2.7	2.8
Bromley	3.2	3.3	3.5	3.4	3.6	3.4	3.2
Hertfordshire	2.1	2.0	2.0	2.0	1.9	1.9	1.9
Trafford	2.5	2.9	3.0	3.2	3.3	3.5	3.4
Sutton	3.1	3.1	3.2	3.2	3.1	3.0	2.9

Source: Department for Education

Table 21. Statements issued by Bromley by type of school

	2012	2014
Maintained special schools	482	493
SEN units in mainstream	184	146
Maintained mainstream schools	1059	1008
Independent non-maintained schools	204	208
Other	60	69
TOTAL	1989	1924

Source: London Borough of Bromley

Table 22. Children with SEN by type of need in maintained schools and academies, 2014

	Primary school	Secondary school	Special school	Total
Specific Learning Difficulty	206	374	7	587
Moderate Learning Difficulty	392	356	62	810
Severe Learning Difficulty	67	12	167	246
Profound & Multiple Learning Difficulty	3	3	114	120
Behaviour, Emotional & Social Difficulties	437	317	58	812
Speech, Language and Communications Needs	633	319	23	975
Hearing Impairment	47	57	0	104
Visual Impairment	26	24	0	50
Multi-Sensory Impairment	0	0	0	0
Physical Disability	73	50	10	133
Autistic Spectrum Disorder	249	222	48	519
Other Difficulty/Disability	91	78	0	169

Source: Department for Education

It is helpful to review the percentage of each type of need of pupils with statements. These are mostly similar to those of 38 other authorities, with the following exceptions:

- Specific learning difficulties – above average (1.77% Bromley, 0.77% statistical neighbours)
- Moderate learning difficulties – below average (2.60% Bromley, 3.24% statistical neighbours)
- Speech, language and communication needs (SLCN) -significantly above average
- (10.12% Bromley, 3.16% statistical neighbours) 64 children with SLCN (9%) in independent non-maintained schools against statistical neighbours average of 6%.

The proportion of SEN pupils in Bromley who achieved 5 or more GCSE A*-C grades (including English and mathematics) is lower than that of pupils who have no SEN and lower than last year. However, performance in all groups is above the national average.

Profound and Multiple Learning Disabilities

Children with Profound and Multiple Learning Disabilities (PMLD) have more than one disability, the most significant of which is a profound learning disability. All children who have profound and multiple learning disabilities will have great difficulty communicating. Many will have additional sensory or physical disabilities, complex health needs or mental health difficulties. The combination of these needs and/or the lack of right support may also affect behaviour. Some other people, such as those with autism or Down's syndrome, may also have profound and multiple learning disabilities. All children with profound and multiple learning disabilities will need high levels of support with most aspects of daily life.

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

Compared to similar areas there are higher rates in Bromley of children with speech, language and communication needs, children with severe, profound and multiple learning difficulties, and pupils on the autistic spectrum. Pupils with behavioural, emotional or mental health needs are more likely to attend independent schools.

c) Looked After Children (Children in Care)

- The number of looked after children has remained relatively stable, ranging between 250 - 286 over the last seven years.
- The rate of 39.8 looked after children per 10,000 population under 18 (281 children) is lower than comparator groups. The rate is 64 for inner London, 48 for outer London and 60 nationally.
- There is an increase in the percentage of looked after children from black and minority ethnic (BME) groups. In March 2014, nearly a third of the Looked after cohort (31%) were from BME groups.
- A high proportion of looked after children (72%) have special educational needs, and 41.2% of LAC have a Statement of Special Educational Needs.
- There are currently 21 unaccompanied asylum seeking children in Bromley but this number is expected to increase.

Placements and Stability

- 68% of looked after children are in foster placements.
- The percentage of children in long term placements (over 2 years) has always been an area of good performance for Bromley.
- The percentage of looked after children placed out of the borough and more than 20 miles from where they used to live is currently 20% of looked after children compared to 15% of children in statistical neighbour authorities, and 13% nationally. It has reduced from 22% in 2012/13.

Bromley has a relatively high proportion of older children. This reflects a similar trend across the statistical neighbours, London and England.

Ethnicity of LAC

The number of LAC from BME groups has fluctuated between 25-28% over the last 4 years. In March 2014 this was 31% (85 young people) from BME groups. This rate is higher than the resident population BME figure of 18%, but does reflect the BME population demographic for the areas where LAC are coming from within the borough.

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.

Table 23. Special Education Needs of LAC, 2010-2014

	2014		2013		2012		2011		2010	
	% All SEN	% with Statements	% All SEN	% with Statements	% All SEN	% with Statements	% All SEN	% with Statements	% All SEN	% with Statements
Bromley *	71.8% (95)	41.2% (55)	67.8% (80)	38% (45)	77.7% (95)	38.0% (45)	89.4% (120)	43.9% (60)	83.9% (95)	46.4% (50)
Statistical Neighbours	66.7%	30.2%	67.2%	29.4%	71.8%	31.6%	72.8%	31.2%	73.1%	31.6%
London	67.6%	30.1%	68.7%	29.6%	73.0%	30.7%	73.0%	30.7%	73.0%	30.7%
England	66.6%	29.0%	67.8%	28.5%	71.5%	29.4%	71.5%	29.4%	71.5%	29.4%

*Numbers of young people in brackets

Source: Department for Education

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 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 slight decrease in the emotional health (SDQ) questionnaire score which is currently 14.4¹⁰. This is similar to comparator boroughs.

Exclusions and School Attendance

There have been no Bromley Looked After Children permanently excluded from school in the last 6 years. Bromley's fixed term exclusion rate had been decreasing from the 2009 figure, but increased again to 16.5% in 2013/14. This pertains to 22 young people out of a cohort of 133. This is higher than statistical neighbours, London and national data.

Table 24. Percentage of children with at least one fixed term exclusion

	2013	2012	2011	2010	2009	2008
Bromley	16.5%	9.1%	10.3%	12.8%	16.5%	12.0%
Statistical Neighbours	11.4	13.4%	13.2%	14.7%	17.2%	16.6%
London	10.0	12.5%	12.9%	13.5%	13.2%	13.2%
England	9.8	11.4%	11.8%	12.6%	13.3%	14.2%

Source: Department for Education

Table 25. Absence of children looked after

	2013		2012		2011		2010		2009	
	<i>Overall Absence %</i>	<i>Persistent Absence %</i>	<i>Overall Absence %</i>	<i>Persistent Absence %</i>	<i>Overall Absence %</i>	<i>Persistent Absence %</i>	<i>Overall Absence %</i>	<i>Persistent Absence %</i>	<i>Overall Absence %</i>	<i>Persistent Absence %</i>
Bromley	4.1	8.2	4.3	6.0	5.5	10.1	6.0	8.3	7.2	11.1
Statistical Neighbours	4.3	6.5	4.9	8.4	5.7	8.7	5.7	8.8	6.3	9.8
London	4.5	5.5	4.7	6.4	5.4	7.4	6.1	8.7	6.1	8.2
England	4.4	5.0	4.7	6.0	5.5	7.3	5.8	7.8	6.2	8.8

Source: DFE 903 Return. Notes: Data collected each year based on 5 half terms. The percentage attendance is calculated by the number of sessions missed due to overall absence expressed as a percentage of the total number of possible sessions. Persistent absentees are defined as having round 15% overall absence rate for 5 terms this equates to 46 or more sessions

¹⁰ "Strength and difficulties questionnaires" (SDQs) are required annually to assess the emotional health of LAC aged 4 to 16 who have been looked after continuously for at least twelve months. The questionnaire is completed by the carer. A higher score on the SDQ indicates more emotional difficulties. A score of 0-13 is considered normal, 14-16 is considered borderline cause for concern and a score of 17 and over is a cause for concern. Bromley has averaged a score of 13 over the last 4 years.

Looked after Children 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 2013 was 8.2% compared to 5.0 nationally and 5.5% in London.

Not in education, employment or training (NEET)

In 2013/14, 43% of Bromley LAC were NEET, 46% were in education employment and training (EET) and 11% of LAC whose status was not known. Bromley has a higher percentage of NEET than our statistical neighbours and London.

Table 26. Care leavers NOT in education, employment or training

	Percentage of young people aged 19 who were looked after aged 16 who were not in education, employment or training			
	2014	2013	2012	2011
Bromley	43%	47%	49%	29%
Statistical Neighbours	35%	31.7%	32.2%	29.5%
London	33%	23.0%	29.8%	21.0%
England	37%	34%	36%	33%

Source: Department for Education

Table 27. Care Leavers - The percentage in education employment and training (EET) by type 2014

	All children now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday	In higher education i.e. studies beyond A level	In education other than higher education	In training or employment	Total percentage in education, employment or training
Bromley	150	5%	23%	18%	46%
Statistical Neighbours	2,405	5%	21%	22%	48%
London	5,900	10%	27%	17%	54%
England	27,220	6%	19%	20%	45%

Source: Department for Education

Care Leavers in Suitable Accommodation

Although this percentage dropped in 2013 to 87% and further in 2014 to 83%, this is higher than statistical neighbours and national comparators and in line with the London average.

Table 28. Care leavers in suitable accommodation

	Percentage of young people aged 19 who were looked after aged 16 who were in suitable accommodation			
	2014	2013	2012	2011
Bromley	83%	87%	91%	91%
Statistical Neighbours	76%	90.3%	78.8%	80.8%
London	82%	87.5%	85.2%	89.5%
England	78%	88%	88%	90%

Source: Department for Education

Substance Misuse in LAC

In 2014 of the 180 young people who had been LAC for longer than 12 months 10 were identified as having a substance misuse problem. This is 5 less than in 2012/13. This represents 4.4% of the Bromley LAC population.

Table 29. Substance misuse data

	Number of children looked after at 31 March who had been looked after for at least twelve months ¹	Number identified as having a substance misuse problem during the year	Percentage identified as having a substance misuse problem during the year
Bromley	180	10	4.4
Statistical Neighbours	3,035	125	7.5
LONDON	6,550	400	6.1
ENGLAND	47,670	1,680	3.5

Data SSD903 2014

Looked after Children - offending data

In 2014, 9.6% of 10-17 year old LAC 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 higher than our statistical neighbours, London and England.

Table 30. The number and percentage of looked after young people who received a warning or conviction during the year

	Number of children looked after at 31 March who had been looked after for at least twelve months ¹	Number of children aged 10 - 17 at 31 March ²	Number convicted or subject to a final warning or reprimand during the year	Percentage convicted or subject to a final warning or reprimand during the year
Bromley	180	125	10	9.6
Statistical Neighbours	3,035	2,220	105	5.1
LONDON	6,550	4,750	270	5.7
ENGLAND	47,670	30,660	1,710	5.6

Source: Department for Education

Unaccompanied Asylum Seekers (UASC)

The numbers in Bromley are very small compared to authorities such as Croydon. As part of the national dispersal programme, up to 50 UASC will be allocated to Bromley, although only 21 have been allocated so far. These young people will automatically be Children Looked After.

These young people may have very limited knowledge of the health care and welfare systems. They are likely to experience poverty, dependence and a lack of social support. They may have experienced the death of a close family member or friend. 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?

Some indicators, for example on substance use in Bromley Looked After Children, are reassuring. Others raise concerns:

- Exclusions from school and persistent absence of Bromley LAC are higher than statistical neighbours, London and national data.
- The proportion of LAC who are Not in Education, Employment or Training is also higher than comparators. This may be due in part to the relatively high rates of LAC with Special Educational Needs in Bromley.
- The proportion of LAC who have been convicted or subject to a final warning or reprimand during 2014 was also higher than comparators, although the numbers are small.
- The predicted increase in the number of UASC will require support from health as well as social care agencies.

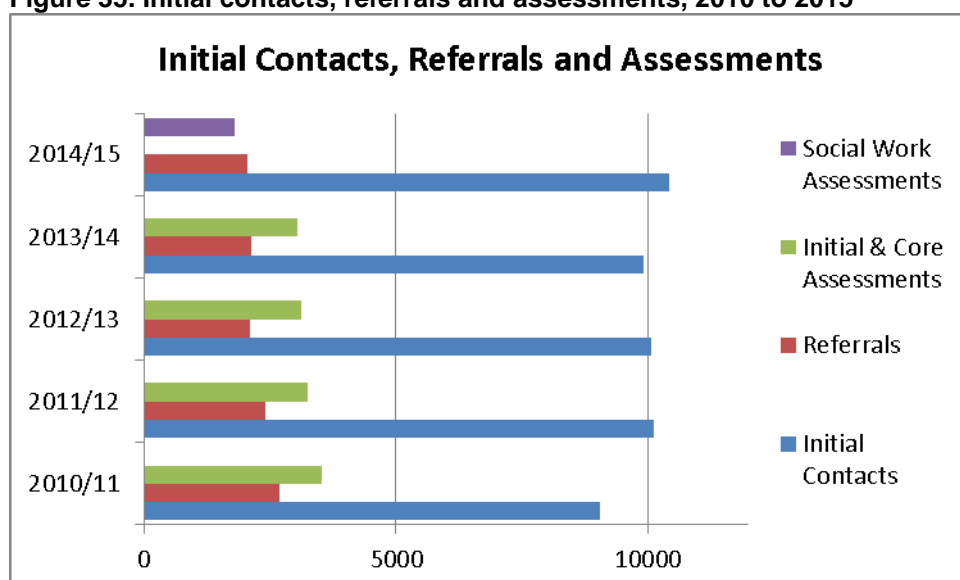
d) Children who are the subject of a Child Protection Plan

Within Bromley, initial contacts have remained relatively stable over the last 3 years. In July 2011 a new multiagency support hub (MASH) service was introduced to address the pressures, and by forming an effective triage service has resulted in a continued reduction in the number of initial contacts going onto a referral.

Since June 2014, initial and core assessments have ceased to exist and following a referral, children are assessed under a single continuous assessment known locally in Bromley as a Social Work Assessment. Historical data still refers to Initial and Review Case Conferences.

229 children and young people were the subject of a child protection plan in March 2016.

Figure 35. Initial contacts, referrals and assessments, 2010 to 2015



Source: London Borough of Bromley

Table 31. Number of case conferences per year, 2010 to 2016

		Year								
Conference Type Description	Age	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	Total	
CP Initial Conference	5 - 17	194	109	140	184	162	189	21	999	
	unborn - 4	201	119	111	156	147	123	12	869	
CP Initial Conference Total		395	228	251	340	309	312	33	1868	
CP Review Conference	5 - 17	516	413	353	372	448	383	75	2560	
	unborn - 4	432	389	296	262	316	304	27	2026	
CP Review Conference Total		948	802	649	634	764	687	102	4586	
CP Transfer in Case Conference	5 - 17		3	6	4	1	4		18	
	unborn - 4		4	7	11	4	10		36	
CP Transfer in Case Conference Total			7	13	15	5	14		54	
Grand Total		1343	1037	913	989	1078	1013	135	6508	

Table 31 sets out the number of each of the key conferences where health input is desirable over the last 6 years in Bromley. This shows significant variability in the number of conferences each year.

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

Initial contacts to assessments by children's social care services have begun to level off and in the case of referrals decrease significantly based on levels prior to 2011. This is likely to be due to the success of the targeted approach of the MASH service

Key findings from Section C

- At least 200 children and young people with complex health needs but no EHC Plan or Statement require support to attend school, and this number is increasing. A total of 600 children and young people in Bromley schools require some nursing support to access school.
- Compared to similar areas there are higher rates in Bromley of children with speech, language and communication needs, children with severe, profound and multiple learning difficulties, and pupils on the autistic spectrum. Pupils with behavioural, emotional or mental health needs are more likely to attend independent schools
- Some indicators, for example on substance use in Bromley Looked After Children, are reassuring. Others raise concerns:
 - Exclusions from school and persistent absence of Bromley LAC are higher than statistical neighbours, London and national data.
 - The proportion of LAC who are Not in Education, Employment or Training is also higher than comparators. This may be due in part to the relatively high rates of LAC with Special Educational Needs in Bromley.
 - The proportion of LAC who have been convicted or subject to a final warning or reprimand during 2014 was also higher than comparators, although the numbers are small.
 - The predicted increase in the number of UASC will require support from health as well as social care agencies.
- Initial contacts to assessments by children's social care services have begun to level off and in the case of referrals decrease significantly based on levels prior to 2011. This is likely to be due to the success of the targeted approach of the MASH service

ⁱ Radford, L et al. (2011) Child abuse and neglect in the UK today, NSPCC

ⁱⁱ Protecting children from harm: A critical assessment of child sexual abuse in the family network in England and priorities for action November 2015, Offices of the Children's Commissioner