



Bromley Clinical Commissioning Group



THE LONDON BOROUGH

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BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2018

Section 2: Risk Factors

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Key risk factors associated with poorer developmental outcomes in children

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

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

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

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

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

Some factors are protective. These include:

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

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

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

Health and lifestyle issues of parents

a) Parental illness or disability

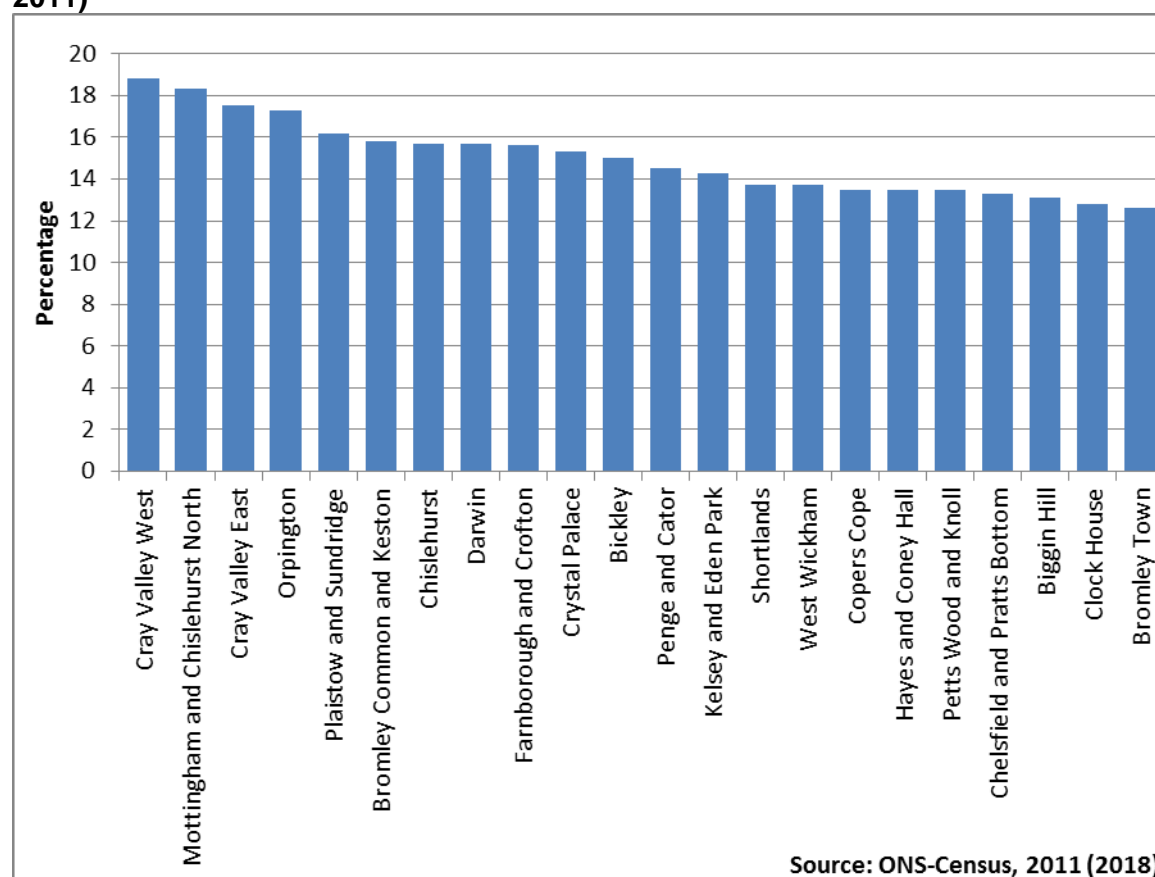
Life expectancy in Bromley has been increasing for the last 20 years and is currently 81.3 years for men and 85.1 years for women (2013-15). However, there is a gap between wards with the highest and lowest life expectancy of 8.3 years for men and 6.4 years for women. There is a negative correlation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

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

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

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

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



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

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

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

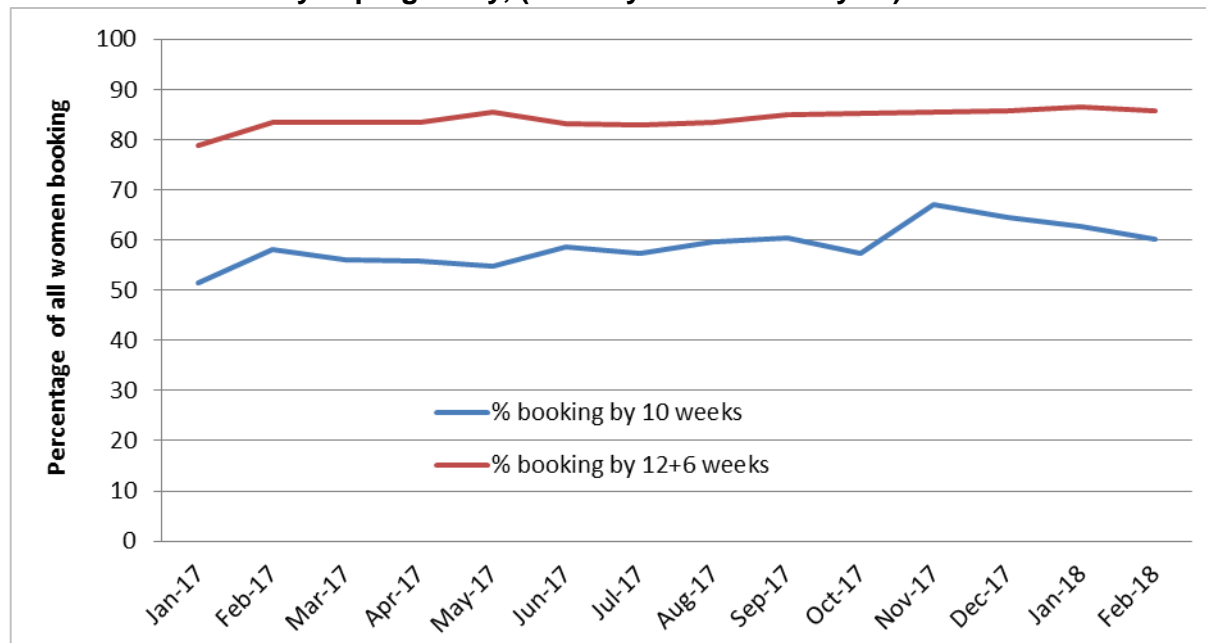
b) Issues up to and around the time of birth

i. Booking for maternity care

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

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

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



Source: Princess Royal University Hospital

A large study in Newham in 2013¹ showed that the women most likely to book late are from BAME groups (Black, Asian, Minority Ethnic groups). All BAME groups were significantly more likely to book late compared to women who identified as British white, particularly women who identified as Somali ethnicity, where only 45% booked by 13 weeks of pregnancy and 20% booked later than 20 weeks' gestation.

Other risk factors for late booking were:

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

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

This study also found that older women were less likely to book late for antenatal careⁱ.

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

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

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

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



Source: PHE fingertips, 2018

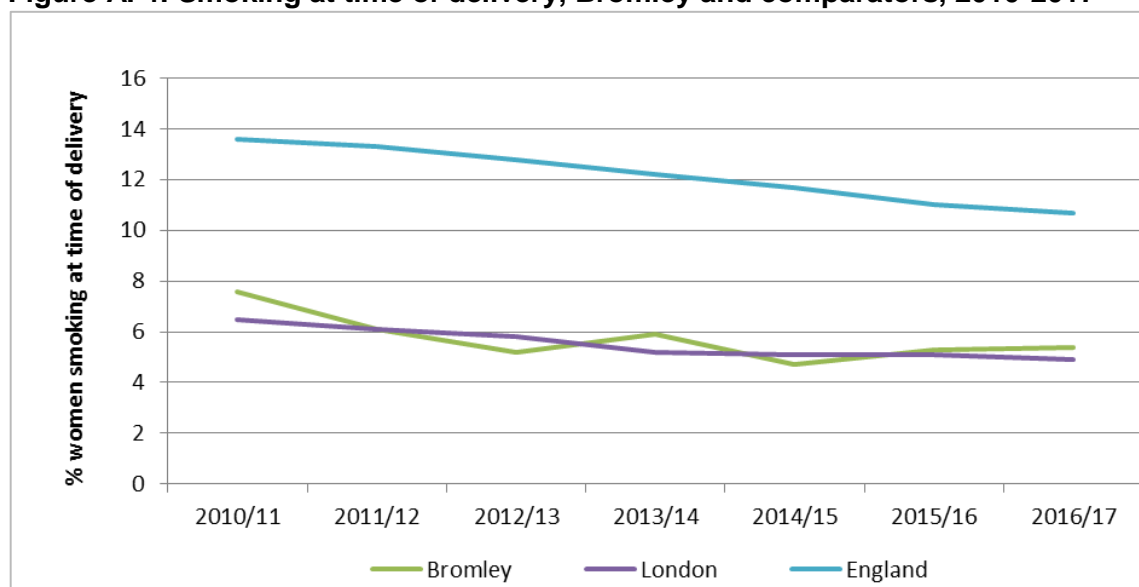
ii. smoking in pregnancy

Smoking in pregnancy has been shown to be linked to poorer developmental outcomes for the child at the age of five years². 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 older³.

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

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

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



Source: PHE fingertips, 2018

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

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

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

iii. Pregnancy in Children Looked After and Care Leavers

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

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

showing around a third of young people and a half of young women had become parents within 18-24 months of leaving care^{5,6,7}.

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

In this population of CLA and Care Leavers in Bromley there are 9 young fathers known to the service⁸ aged from 15-20 and 19 young mothers⁹ aged from 15-25. The majority of young mothers are aged 18 or under.

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

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

iv. Low birth weight

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

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

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

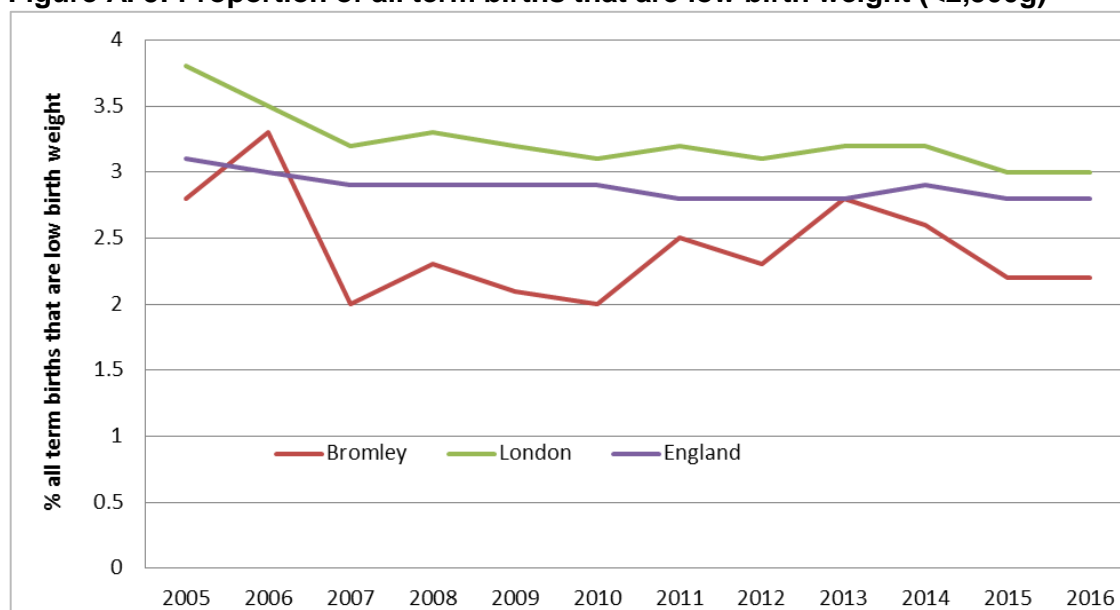
⁶ Dixon, J. & Stein, M. (2002). *Still a Bairn? Through Care and After Care Services in Scotland*, the final report to the Scottish Executive. University of York: Social Work Research and Development Unit.

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

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

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

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

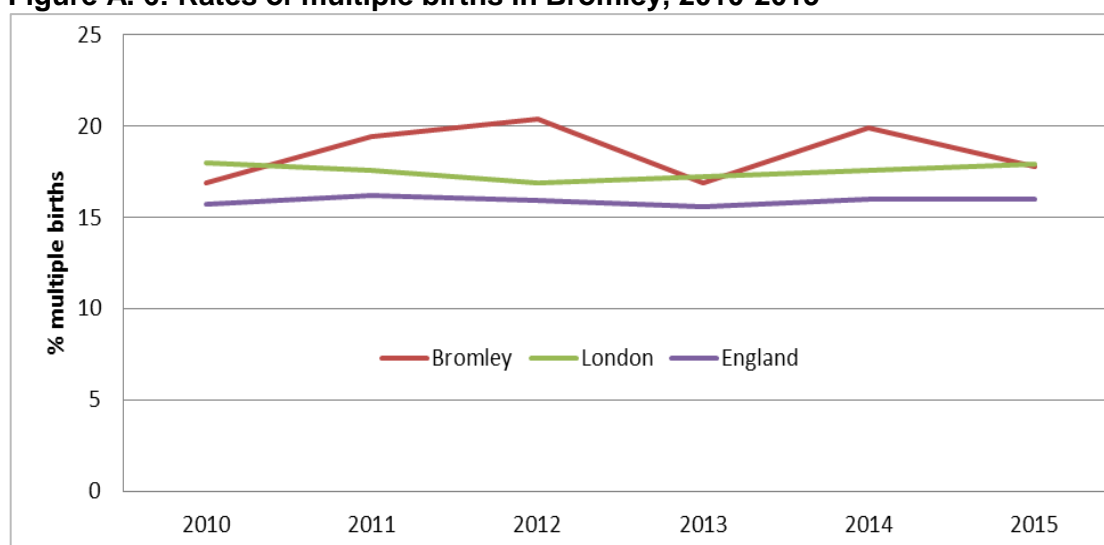


Source: Office for National Statistics, 2018

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

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

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

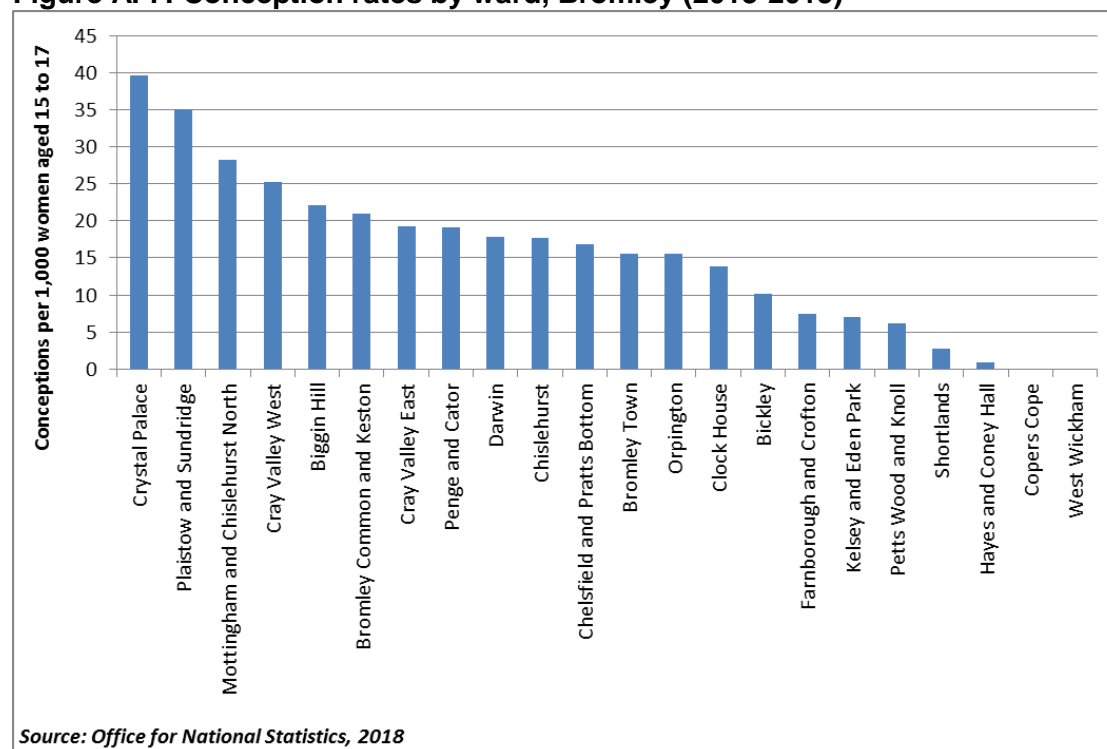


Source: PHE Fingertips, 2018

v. Teenage conceptions

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

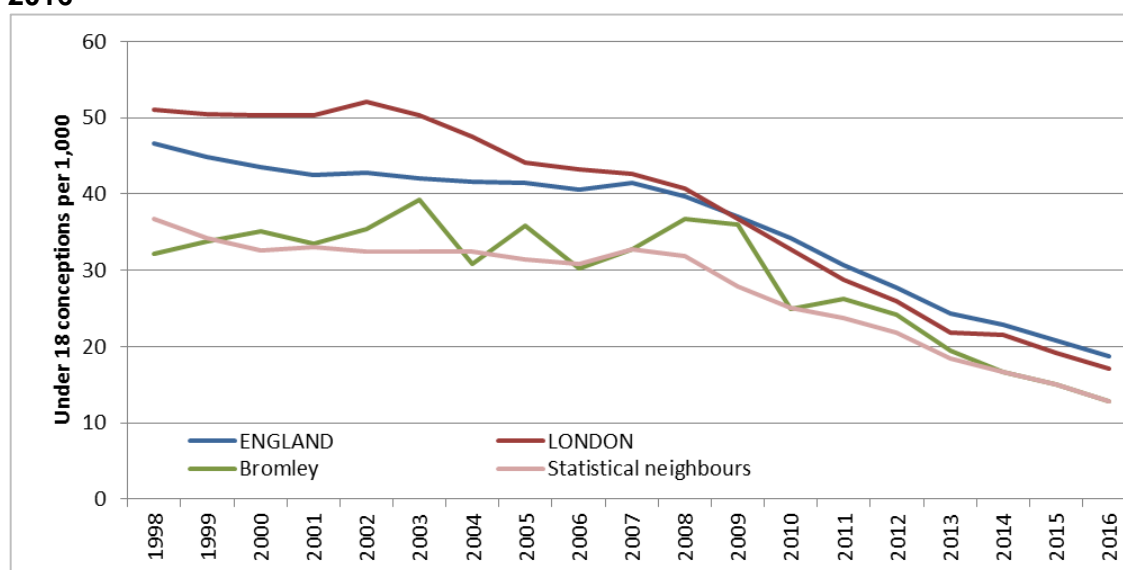
Figure A. 7: Conception rates by ward, Bromley (2013-2015)



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

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

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

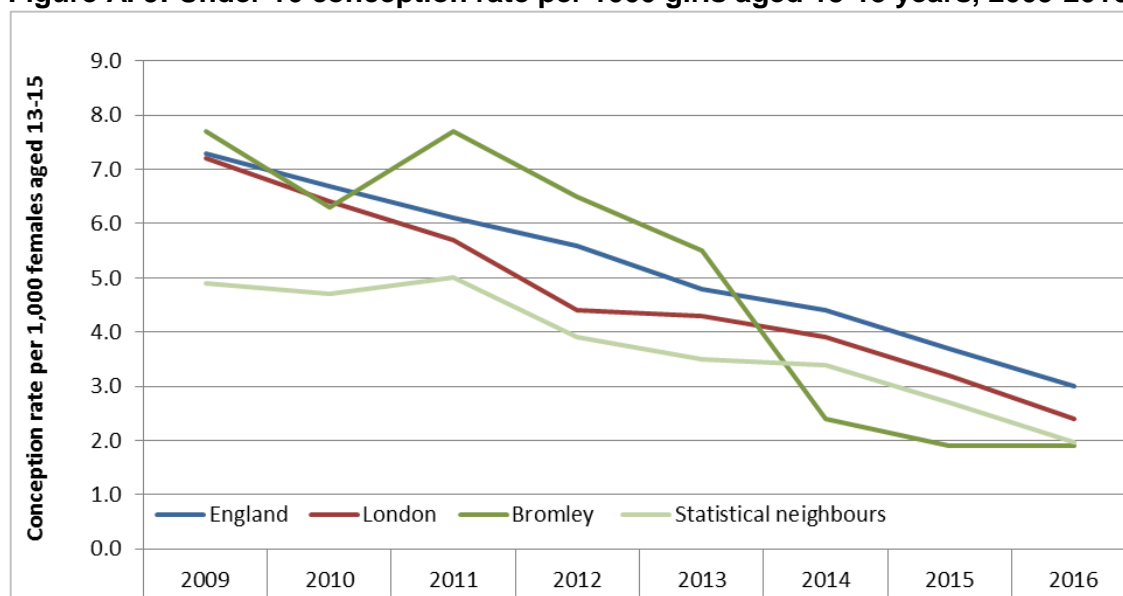


Source: Office for National Statistics, 2018

Under 16s Conceptions

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

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



Source: Office for National Statistics, 2018

What does this mean for children in Bromley?

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

Rates are highest in areas of greatest deprivation in Bromley

c) Parents who misuse drugs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

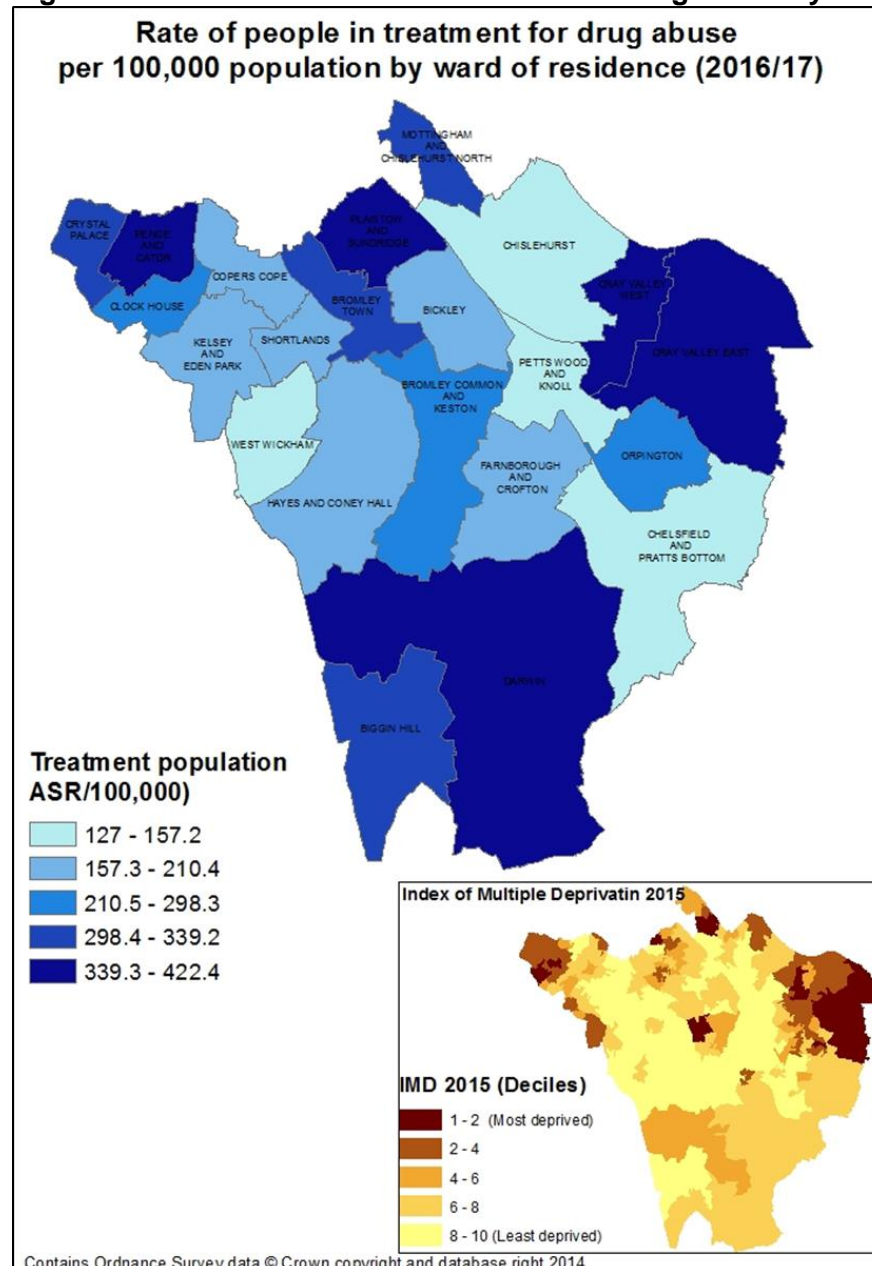
The highest proportion of substance misusers in treatment in Bromley are in the 40 to 49 year age group, in contrast to the national picture, which is 35 to 44 years.

The highest proportion of presentations are self/family referrals (43.6%), with 19.9% being referred by GPs, and 15.5% through the criminal justice system. Only 2.1% of referrals were from mental health or other health services. It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services¹⁰.

¹⁰ http://www.bromley.gov.uk/downloads/download/877/joint_strategic_needs_assessment_jsna_2017

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

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



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

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

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

i. Substance misuse in pregnancy

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

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

What does this mean for Bromley children?

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

For further information on drug misuse in adults please refer to the [Drug Misuse in Adults Chapter of the JSNA 2017](http://www.bromley.gov.uk/downloads/file/3371/jsna_drug_misuse_in_adults).
(http://www.bromley.gov.uk/downloads/file/3371/jsna_drug_misuse_in_adults)

d) Parents who misuse alcohol

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

Parental alcohol problems are associated with negative outcomes in children, e.g. poorer physical and psychological health (and therefore higher hospital admission rates), poor educational achievement, eating disorders and addiction problems^{11,12}, many of which persist into adulthood¹³.

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

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

A Danish study involving a cohort of nearly 85,000 children, followed from age 13 to 27, looked at the long-term consequences of parental alcohol abuse, identified through alcohol abuse related hospital admissions¹⁴. Parental alcohol abuse was found to be a risk factor for other disadvantages including premature death, suicide attempts, drug addiction, mental illness and teenage motherhood, and for certain life experiences including parental violence and family separation.

The Health Survey for England and the General Household Survey both estimated that 30% of children aged under 16 years in the UK lived with one binge drinking parent¹⁵.

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

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

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

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

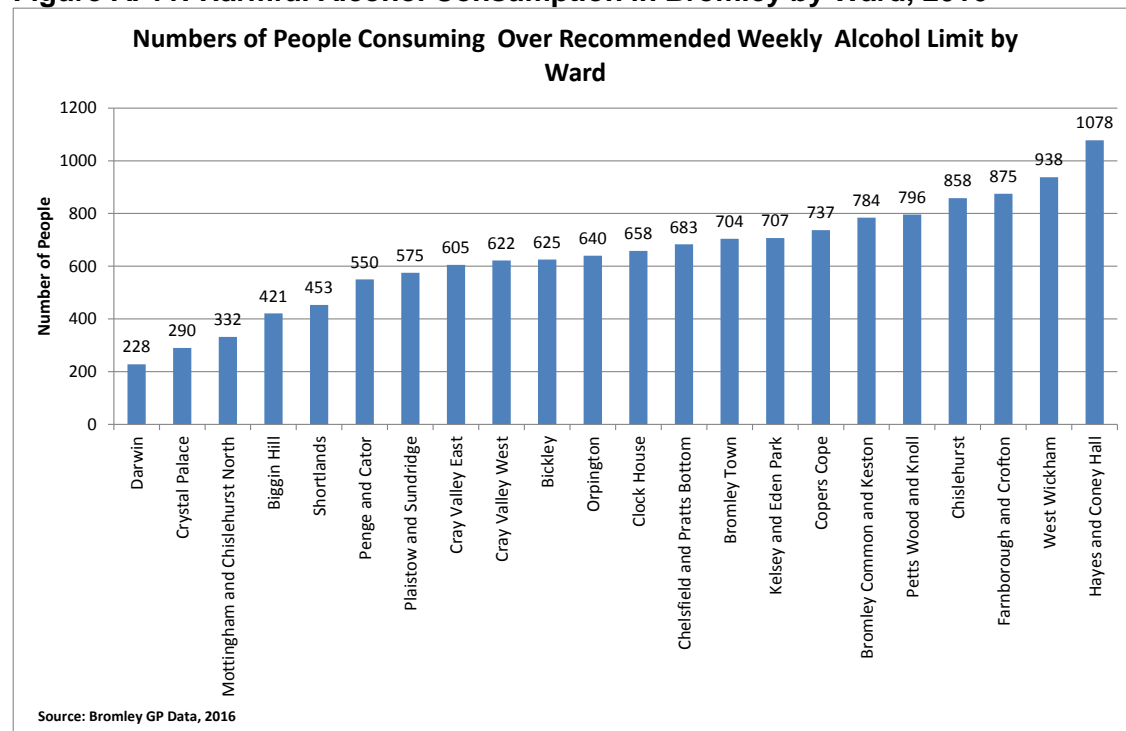
Local GP data gives the numbers of people reporting drinking above the recommended weekly limits. This varies with ward of residence, Hayes & Coney Hall ward having the highest number, and Darwin having the lowest number (**Figure A.11**).

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

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

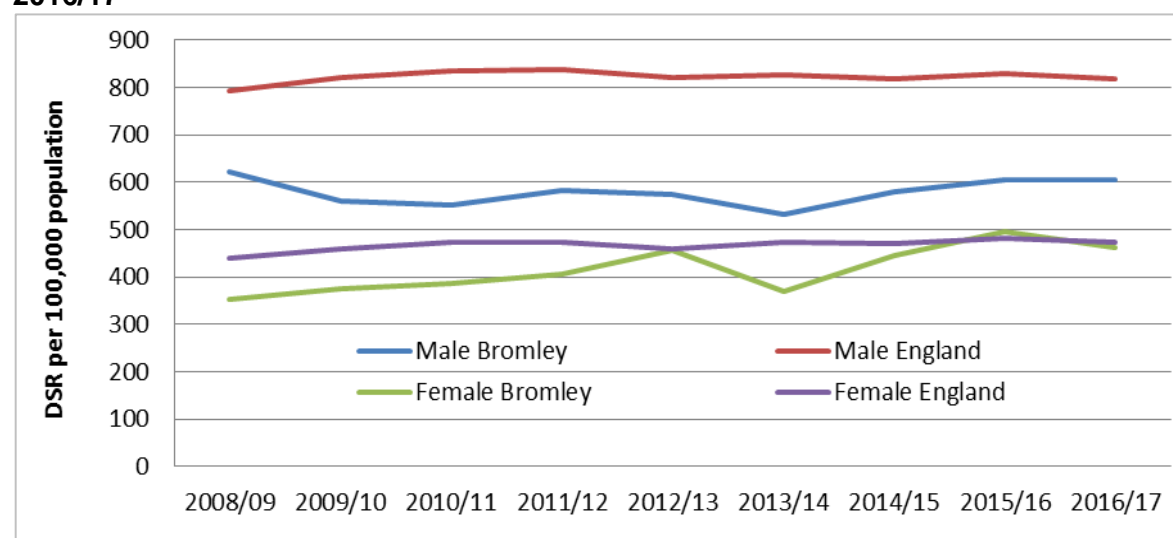
¹⁵ Manning V, Best D, Faulkner N and Titherington E (2009) 'New estimates of the number of children living with substance misusing parents: results from the UK National Household Surveys'. *BMC Public Health*, 9: 377.

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



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

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



Source: PHE fingertips, 2018

What does this mean for children in Bromley?

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

Mental health of parents

Mental health problems in adults can have a significant impact on the wellbeing of their children. A systematic review¹⁶ in 2011 found that:

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

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

a) Perinatal mental health

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

These illnesses suffered by the mother increase the likelihood that:

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

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

The prevalence in the UK:

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

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

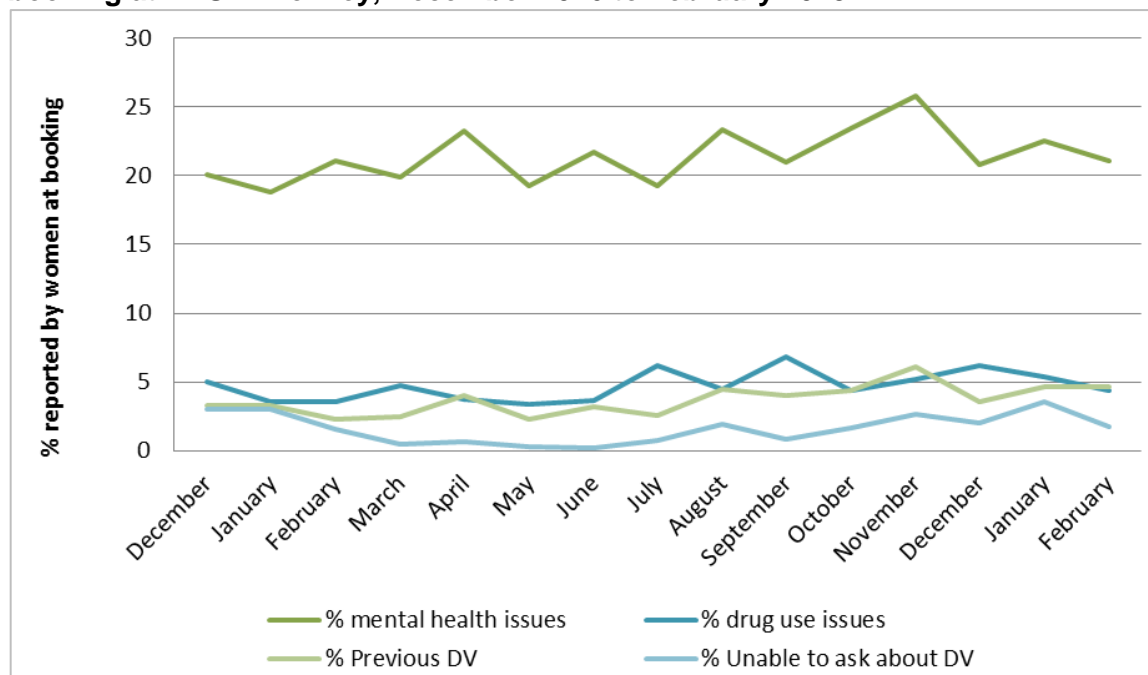
- Stress caused by poor housing, domestic violence and poverty can exacerbate symptoms of anxiety and depression.

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

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

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

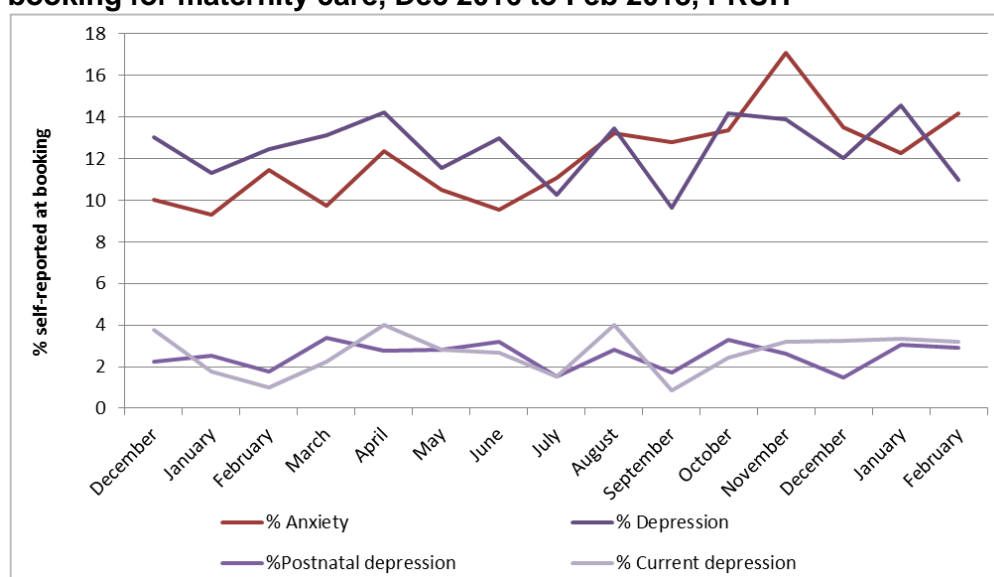
Figure A. 13: Prevalence of self-reported risk factors, including mental health, at booking at PRUH Bromley, December 2016 to February 2018



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

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

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



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

Severe mental ill health in Bromley

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

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

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

Source: NHS Digital/QOF 2017

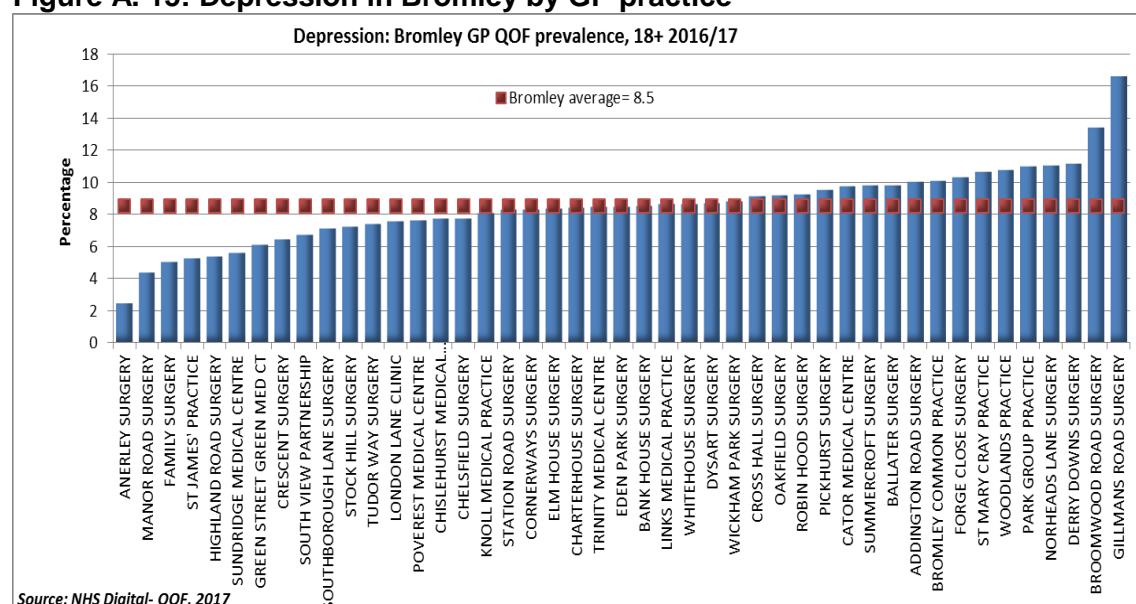
Analysis from Bromley's Primary Care Database shows that most people diagnosed with Severe Mental Illness in the borough are middle aged and live in the most deprived areas of the borough. More women are recorded as having an SMI than men and there is a higher proportion of cases recorded amongst people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

b) Depression in Bromley

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

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

Figure A. 15: Depression in Bromley by GP practice



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

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

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

What does this mean for Bromley children?

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

Social issues of parents

a) Domestic violence

Lord Laming¹⁷ identified that 1.8% of children in England live in households where there is a known high risk case of domestic abuse and violence. Her Majesty's Inspectorate of Constabulary¹⁸ found that in the UK 1 in 4 young people aged 10-24 reported experience of domestic violence and or abuse in childhood.

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

Domestic violence often begins in pregnancy¹⁹ 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 period²⁰.

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

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

Source: MOPAC, 2018

There were 2568 domestic violence offences reported in Bromley in 2017. The number of high risk domestic violence cases referred to MARAC²¹ in Bromley rose by 6% in the last year, predominantly driven by an increase in referrals from

¹⁷ The Protection of Children in England: A Progress Report. March 2009

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

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

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

²¹ Multi Agency Risk Assessment Conference

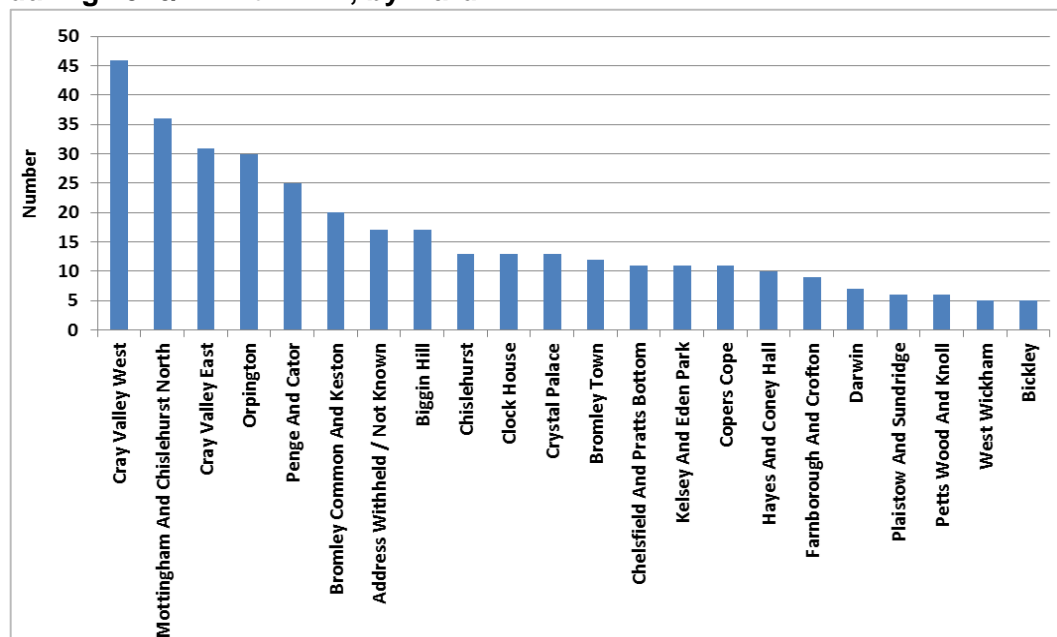
the police. The rate of cases discussed at MARAC is lower in Bromley than the national average (13 cases per 1000 population compared to 35 cases per 1000 population nationally).

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

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

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

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



Source: EIFS, LBB, 2018

For further information on Domestic Violence

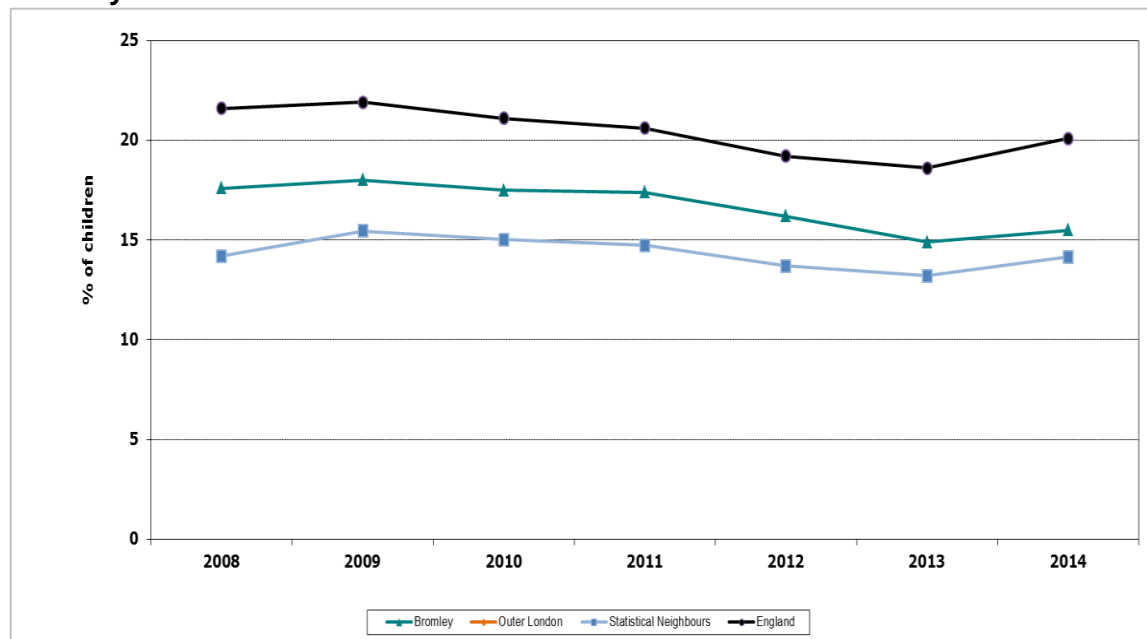
(http://www.bromley.gov.uk/downloads/file/3372/jsna_domestic_violence)

²² http://www.bromley.gov.uk/downloads/file/3372/jsna_domestic_violence

b) Financial stress

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

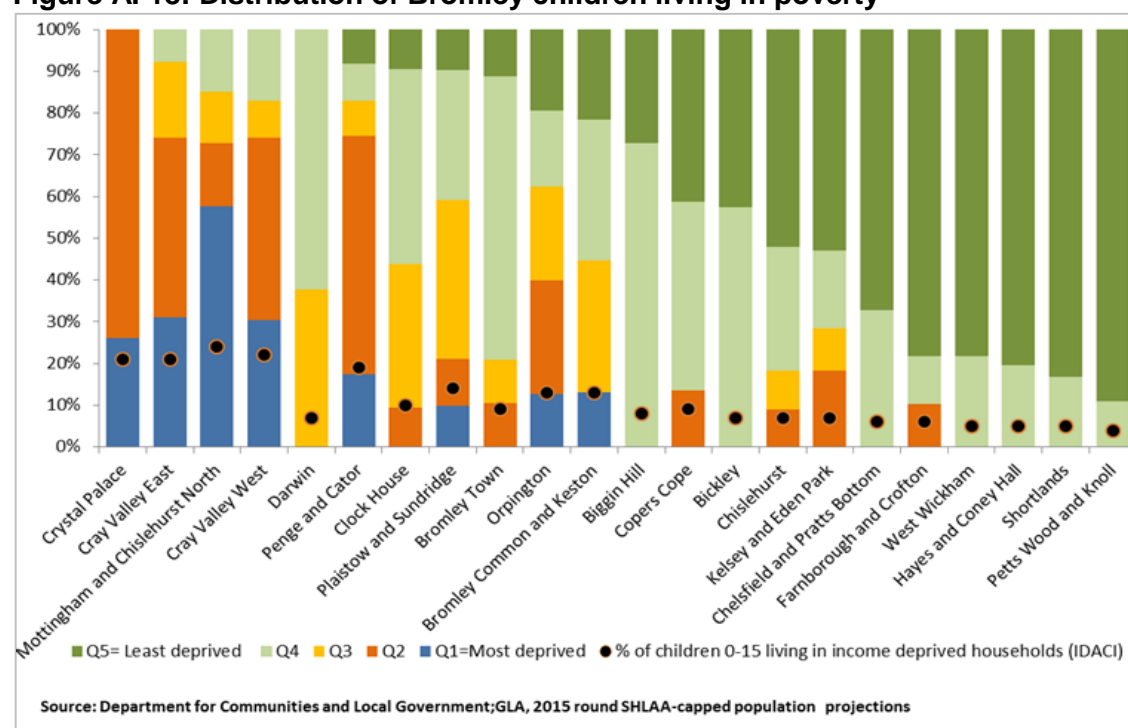
Figure A. 17: Percentage of children under the age of 16 in low income families in Bromley



Source: LAIT, 2018

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

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



What does this mean for Bromley children?

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

c) Parental worklessness

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

Overall employment rates in Bromley are high.

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

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

Source: NOMIS Official labour market statistics

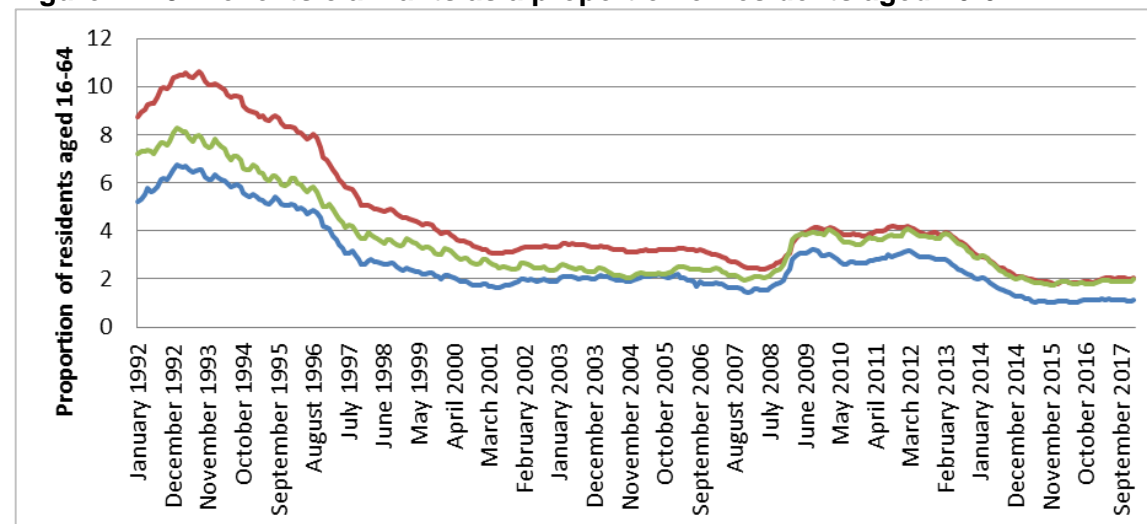
The proportion of lone parents on benefits is lower than the London and national rate. However this still represents 1,920 parents (**Table A.4**).

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

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

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

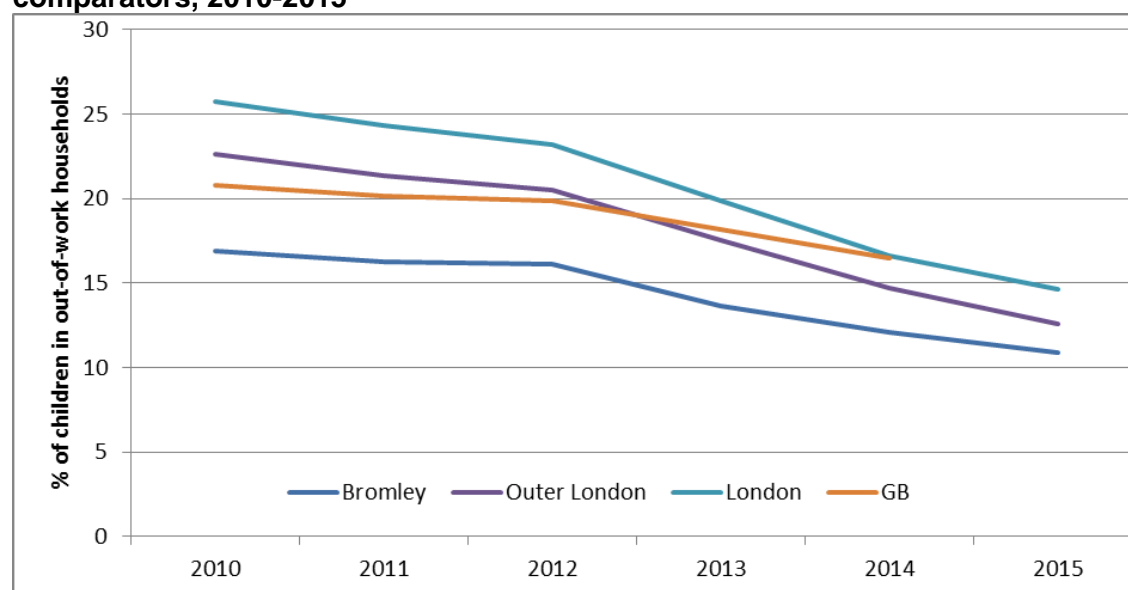
Figure A. 19: Benefits claimants as a proportion of residents aged 16-64



Source: NOMIS Labour Market Profile, 2018

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

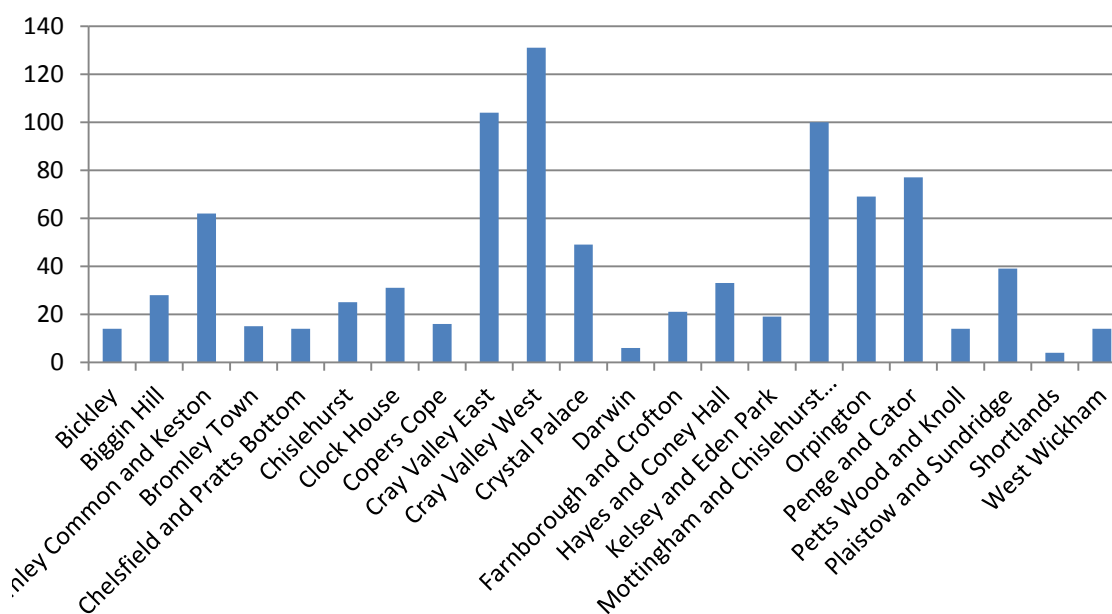
Figure A. 20: Proportion of children living in workless households, Bromley and comparators, 2010-2015



Source: DWP, 2018

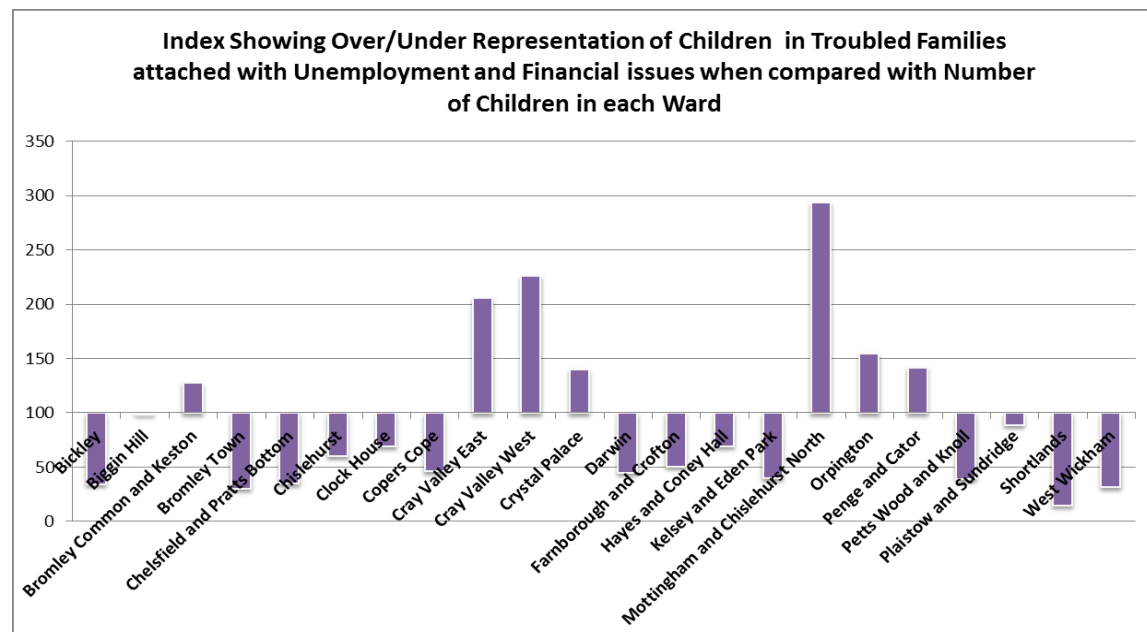
In 2015/16, the Bromley Children Project Early Intervention and Family Support service data shows 904 children living in families attached to the Troubled Families initiative under the “Unemployment, Housing and Finance” criteria. The distribution of these children across the borough is shown in **Figure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

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



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

Figure A. 21



What does this mean for Bromley children?

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

d) Housing issues

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

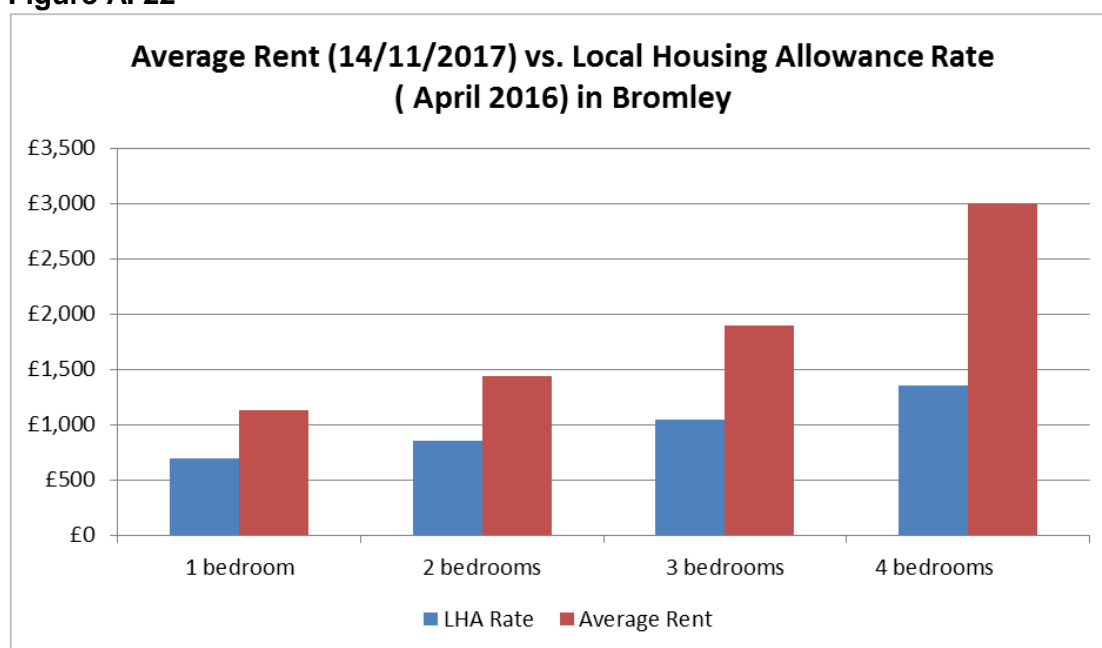
There are approximately 331,000 people living in Bromley in an estimated 140,600 households. Home ownership is high in Bromley at 73% compared to 51% in the rest of London.

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

'Non statutory homelessness' is often referred to as the single homeless i.e. people who find themselves with no stable accommodation but also have no dependents. They are legally entitled to advice rather than accommodation support. This definition also includes non-UK nationals whose immigration status renders them ineligible for acceptance as statutorily homeless²³.

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

Figure A. 22

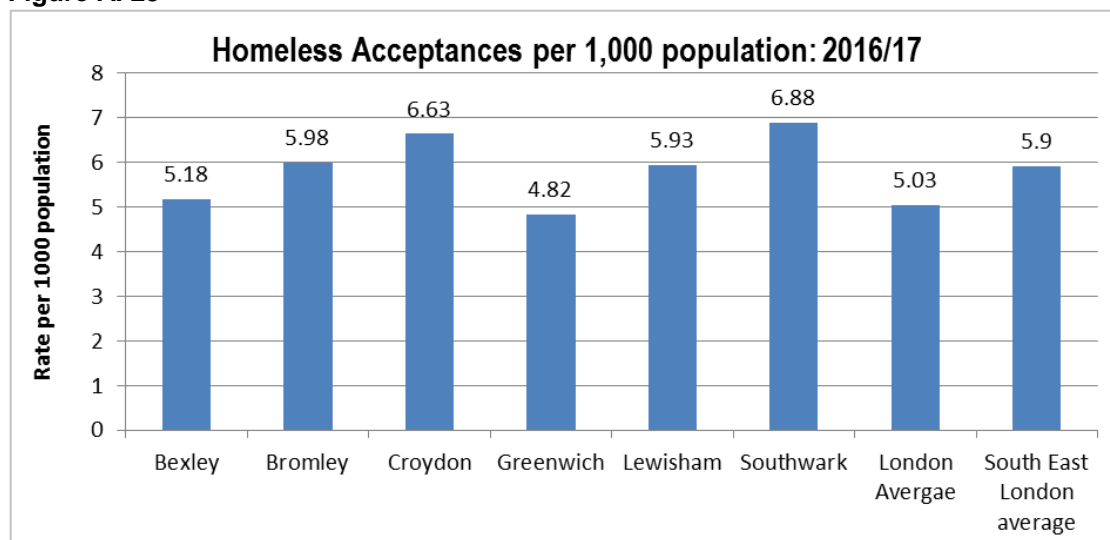


Source: Homelessness Strategy, LBB, 2018

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

²³ Mayor of London Health Inequality Strategy Delivery Plan 2015-2018 Indicator Report (GLA, 2015) https://www.london.gov.uk/sites/default/files/mayors_his_delivery_plan_indicator_report_final.pdf

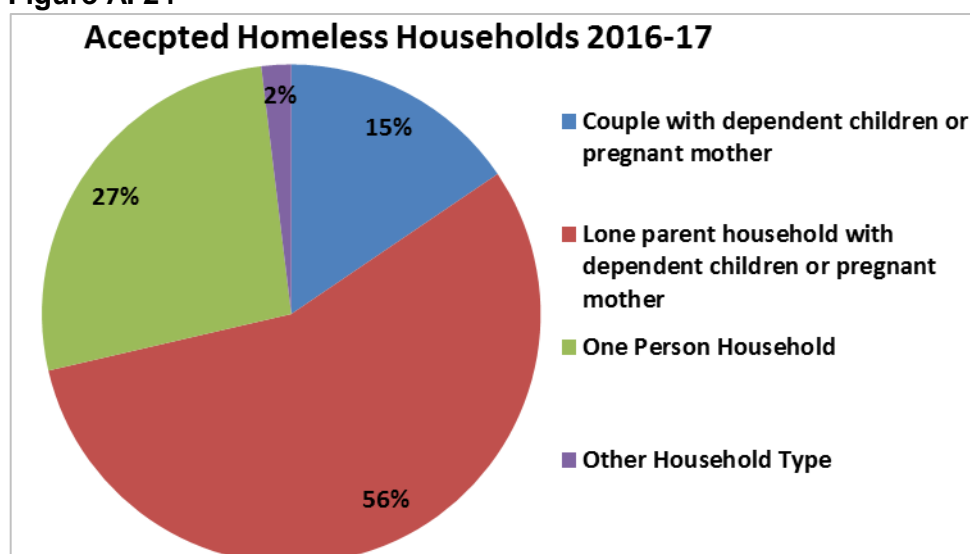
Figure A. 23



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

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

Figure A. 24



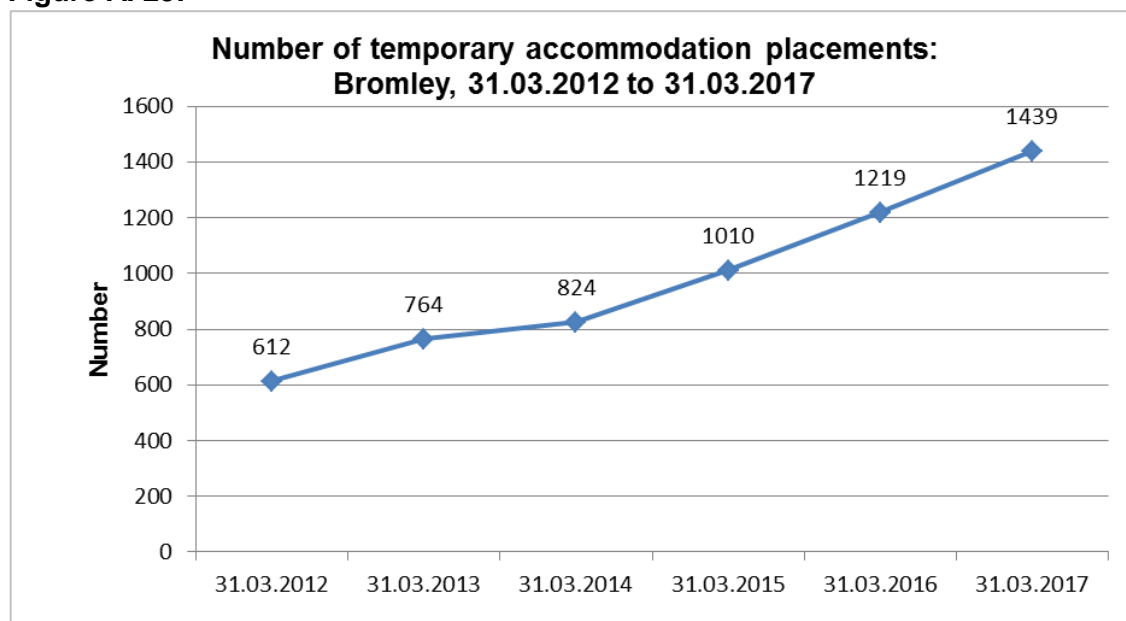
Source: Homelessness Strategy, LBB, 2018

Temporary Accommodation

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

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

Figure A. 25:



Source: Homelessness Strategy, LBB

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

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

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

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

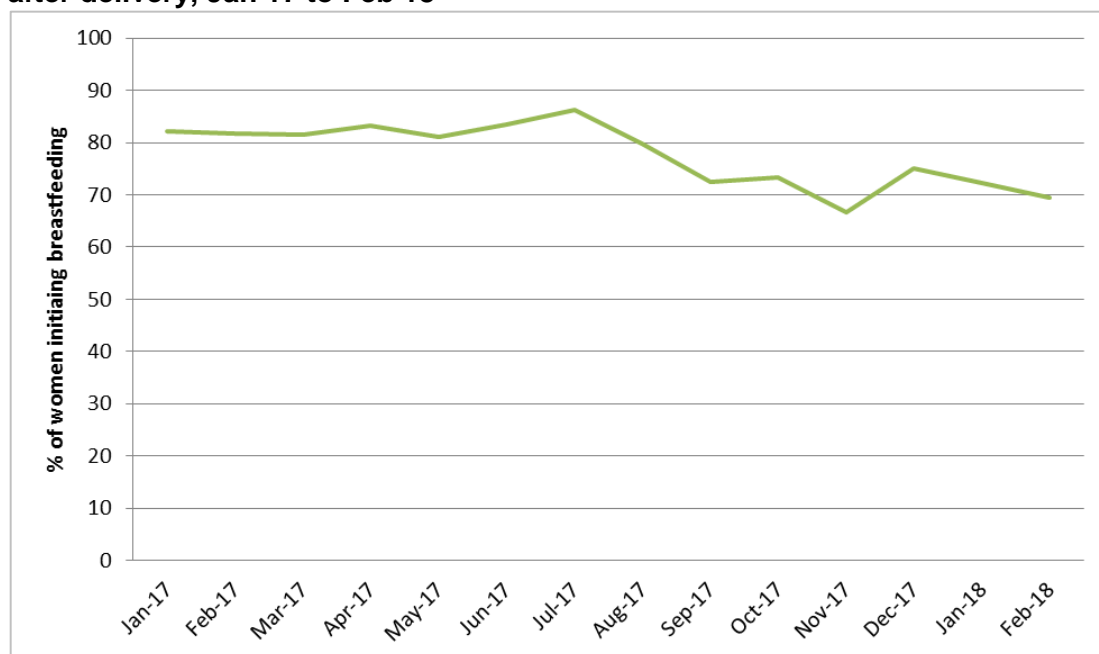
Protective factors

a) Breastfeeding

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

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

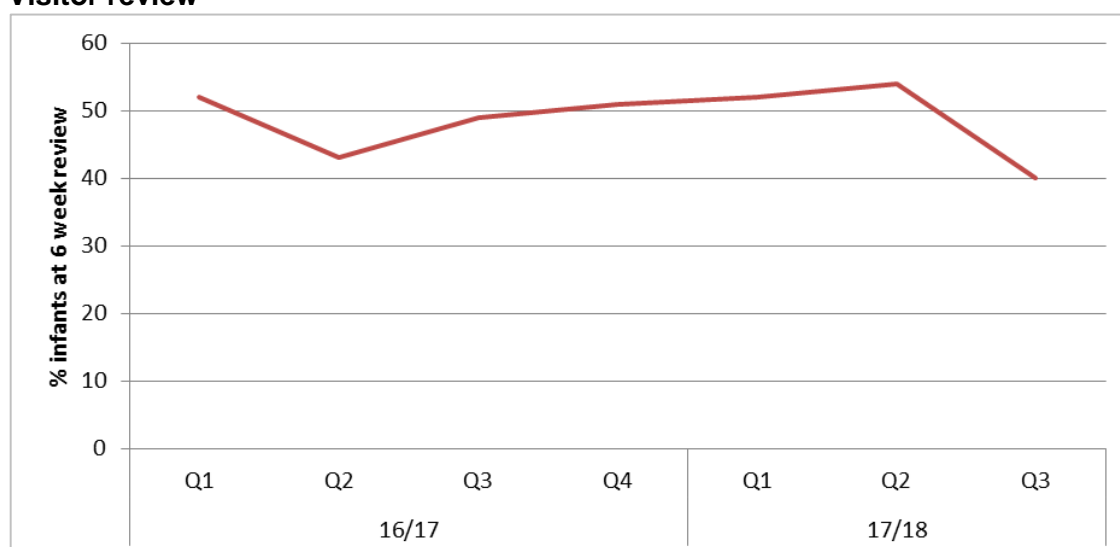
Figure A. 26: Proportion of women delivering at PRUH who initiated breastfeeding after delivery, Jan 17 to Feb 18



Source: PRUH Maternity data

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

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



Source: Bromley Healthcare and Oxleas, 2018

b) Immunisation

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

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

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

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

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

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

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

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

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

Source: PHE- Fingertips, 2018

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

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

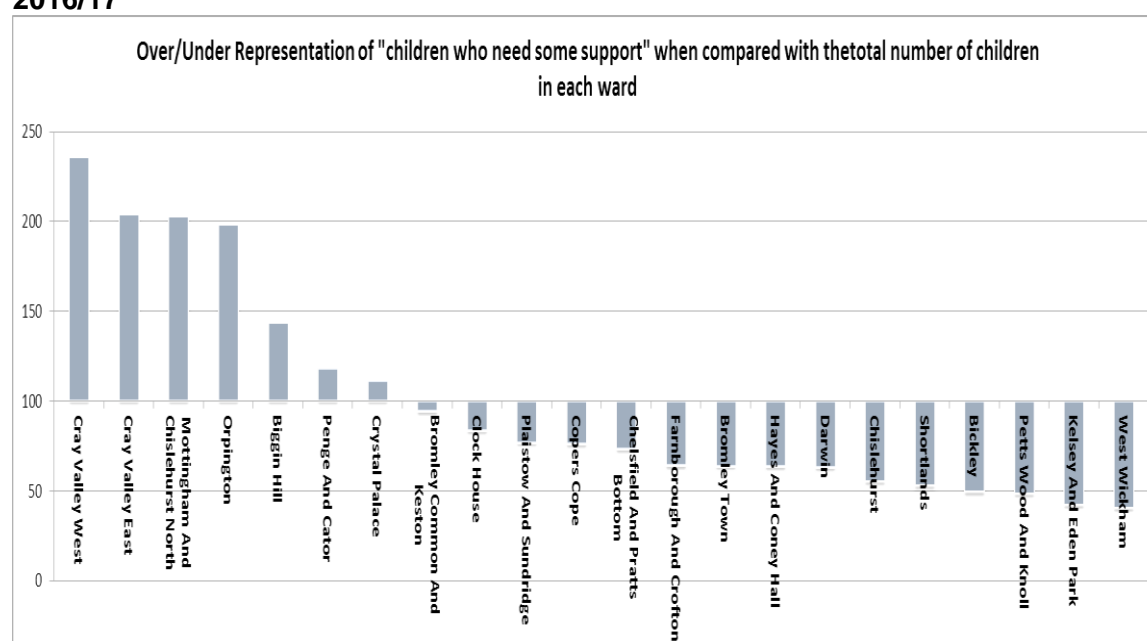
What does this mean for Bromley residents and for children in Bromley?

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

c) Uptake of Early Help services

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

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



Source: EIFS, 2018

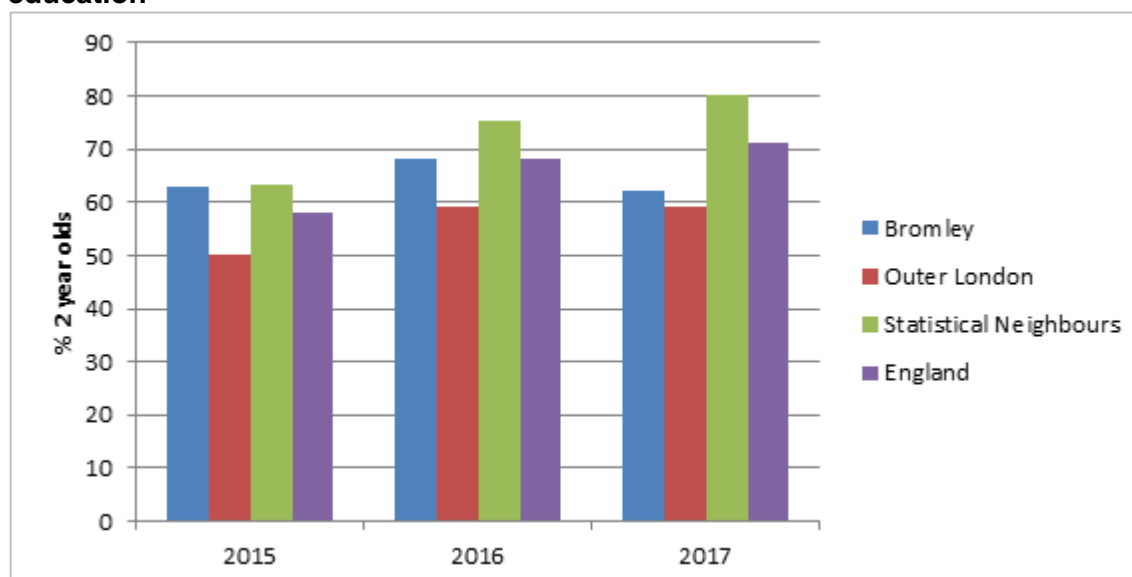
The proportion of children in each ward who access Early Help services and are identified as "need some support" is shown in **Figure A.28**. This shows that the wards where there are higher levels of need demonstrated by parental ill health are the wards where a higher proportion of children need support.

d) Early Education

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

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

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



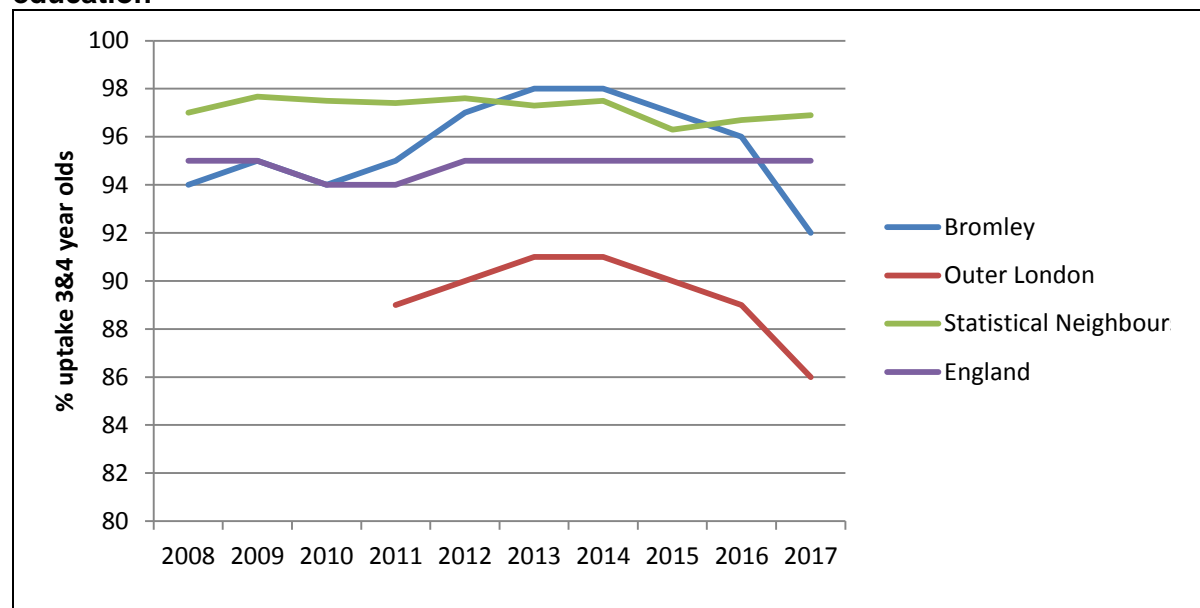
Source: LAIT, 2018

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

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

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

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



Source: LAIT

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

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

Key findings from Section 2

Health and lifestyle issues of parents

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

Mental health of parents

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

Social issues of parents

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

Protective factors

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