



Bromley Clinical Commissioning Group



BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2018

Section 3: Children and Young People with Emerging Needs

Dr Jenny Selway

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EMERGING HEALTH AND LIFESTYLE ISSUES

a) Children and young people who smoke

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

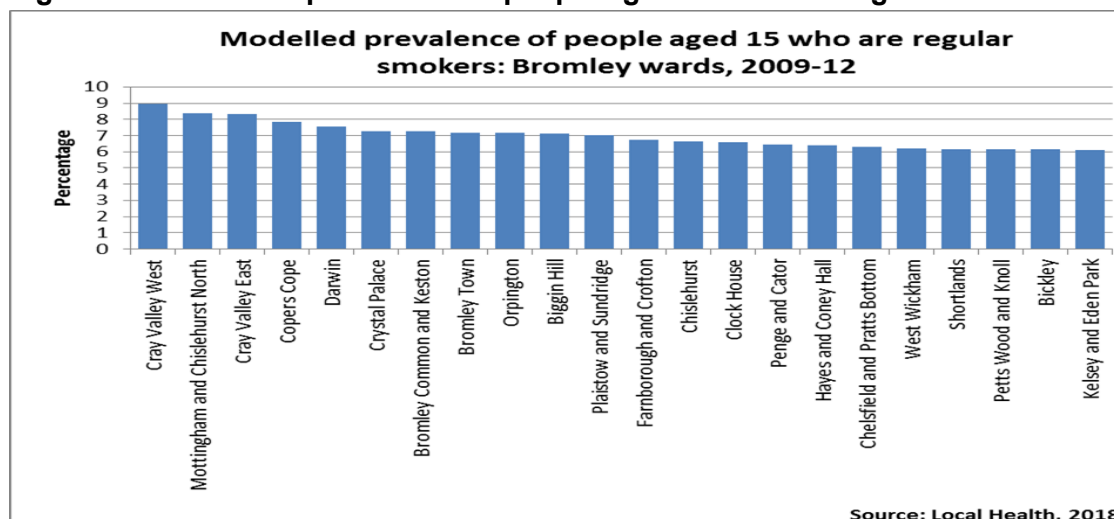
Table B. 1: Smoking rates in Bromley, London and England, 2014/15

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

Source: What About Youth survey, 2014/15

There has been no survey of smoking in young people in Bromley since 2014/15. There is variation in the estimated smoking rates across the wards in Bromley, with rates highest in areas of highest deprivation¹. The differences seen between wards have wide overlapping confidence intervals (**Figure B.1**).

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



What this means for Bromley residents and the children of Bromley

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

¹ Smoking, Drinking and Drug Use (SDD) Among Young People Survey 2016

b) Children and young people who need sexual health services

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

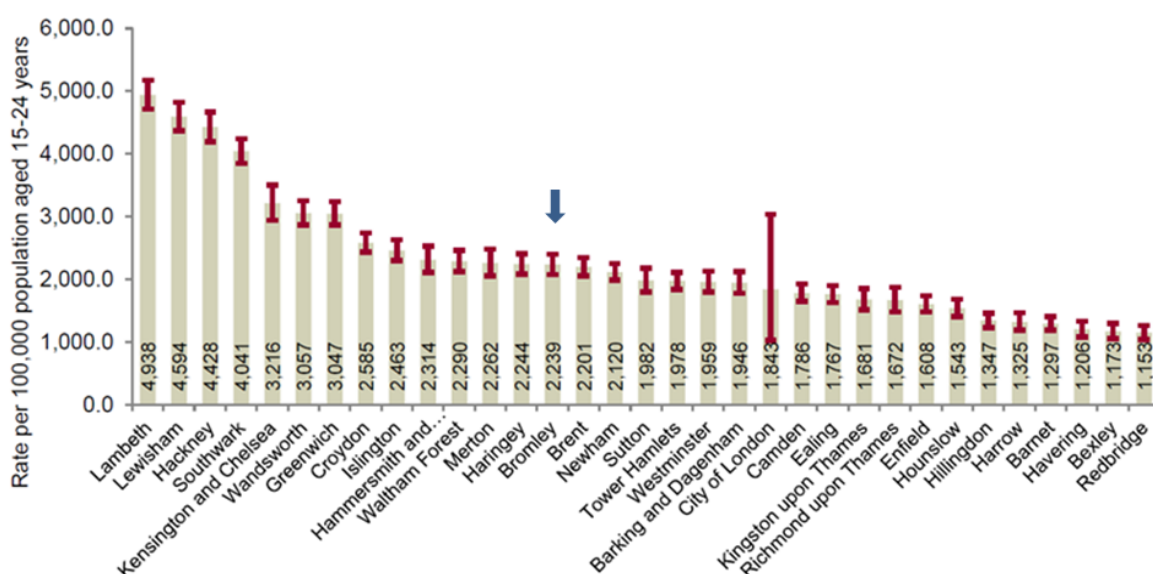
Sexually Transmitted Infections (STIs)

Young people experience the highest diagnosis rates of most common STIs and this is likely due to greater rate of partner change among 16 to 24 year old people².

Chlamydia

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

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



Source: 'PHE LASER' 2016 document

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

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf

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

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

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

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

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

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

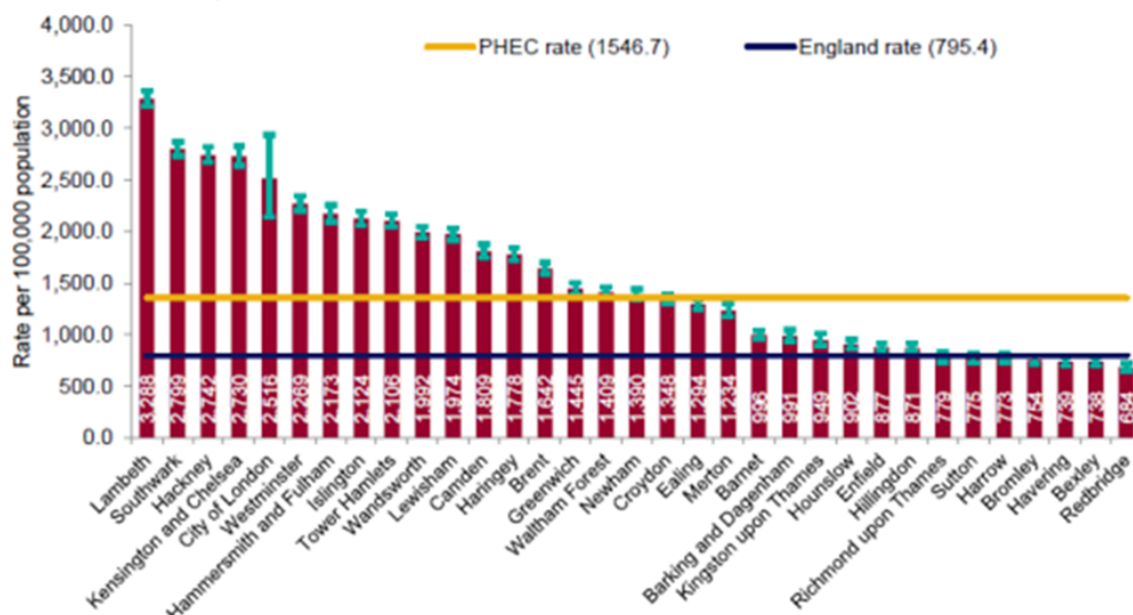
Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia

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

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

Other Sexually Transmitted Infections

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



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

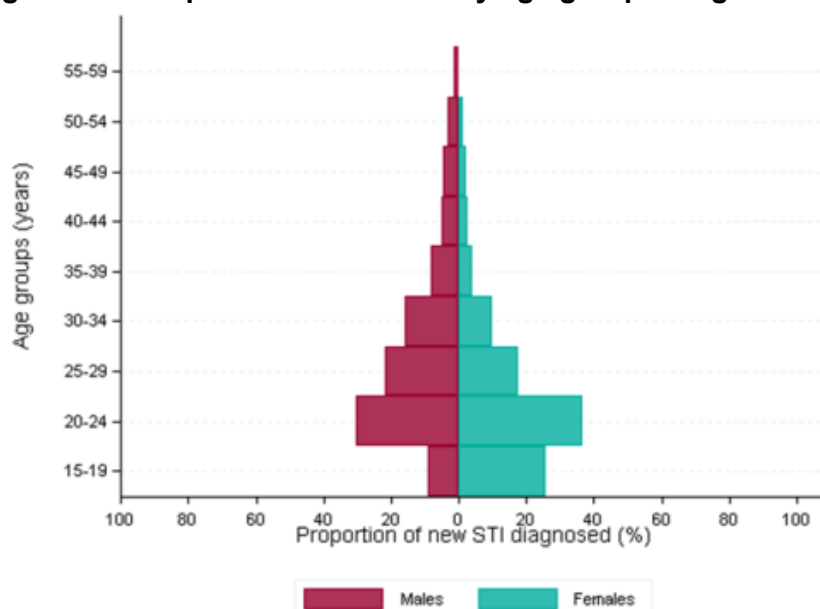
Analysis of STI diagnoses by age shows that, 51% of all new STIs diagnosed for Bromley residents are in young people under the age of 25, which is slightly less than the previous year (52%). This picture is in keeping with the national trend.

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

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

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

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



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

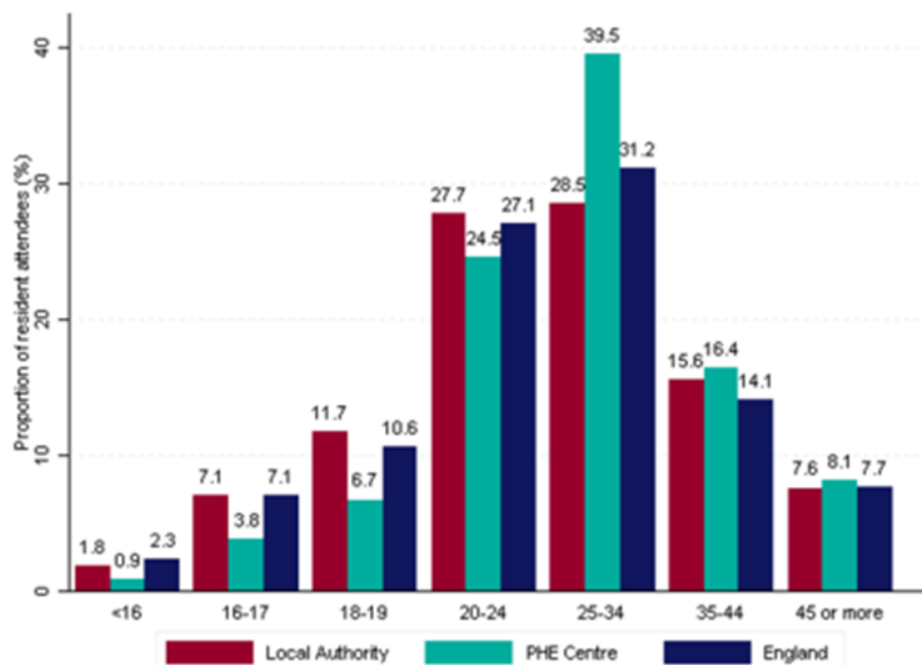
Source: PHE 2016 LASER (PHE 'Spotlight on STIs in London' CTAD 2016)

Contraception

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

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

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



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

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

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

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

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

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

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

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

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

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

Source: MOPAC

What does this mean for young people in Bromley?

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

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

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

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

Binge drinking

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

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

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

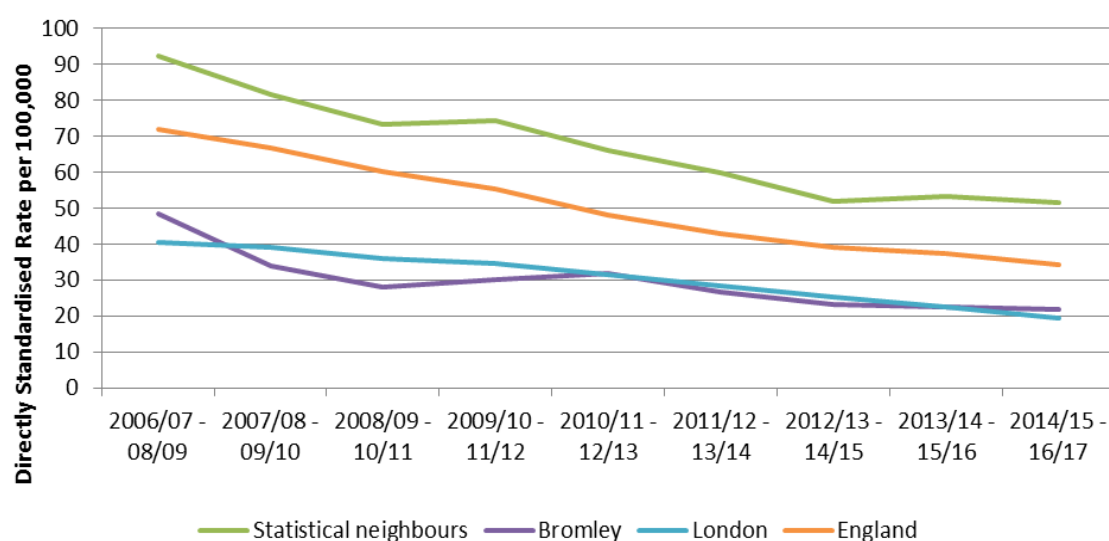
show that, in young women; the highest age-specific proportion of female binge drinkers is in the 16-24 year old age bracket.

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

Hospital Admissions-burden of ill-health due to alcohol

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

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



Source: PHE fingertips March 2018

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

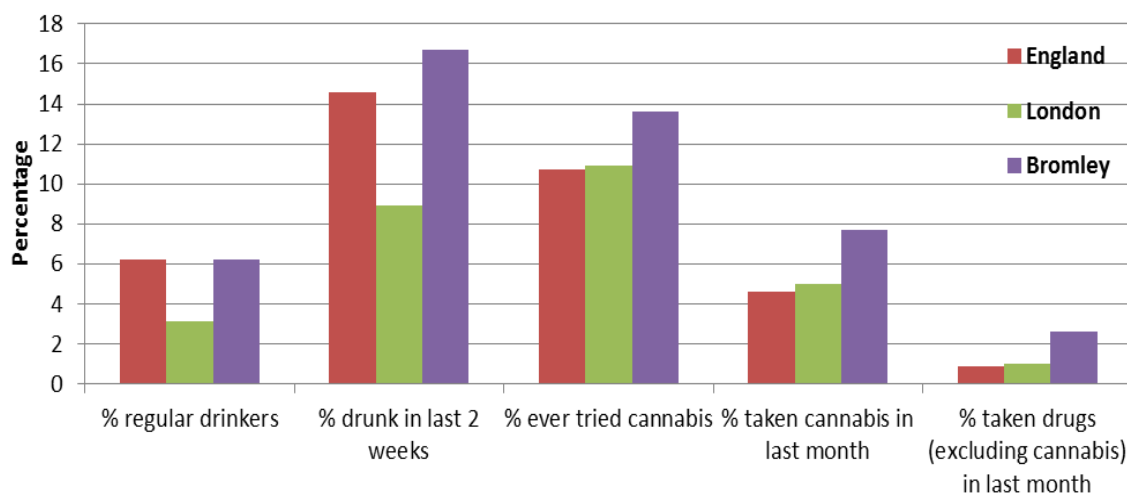
Table B.4: Proportions of pupils who drank alcohol in the last week, by region and sex, 2016

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

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

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

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



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

Drug use in young people

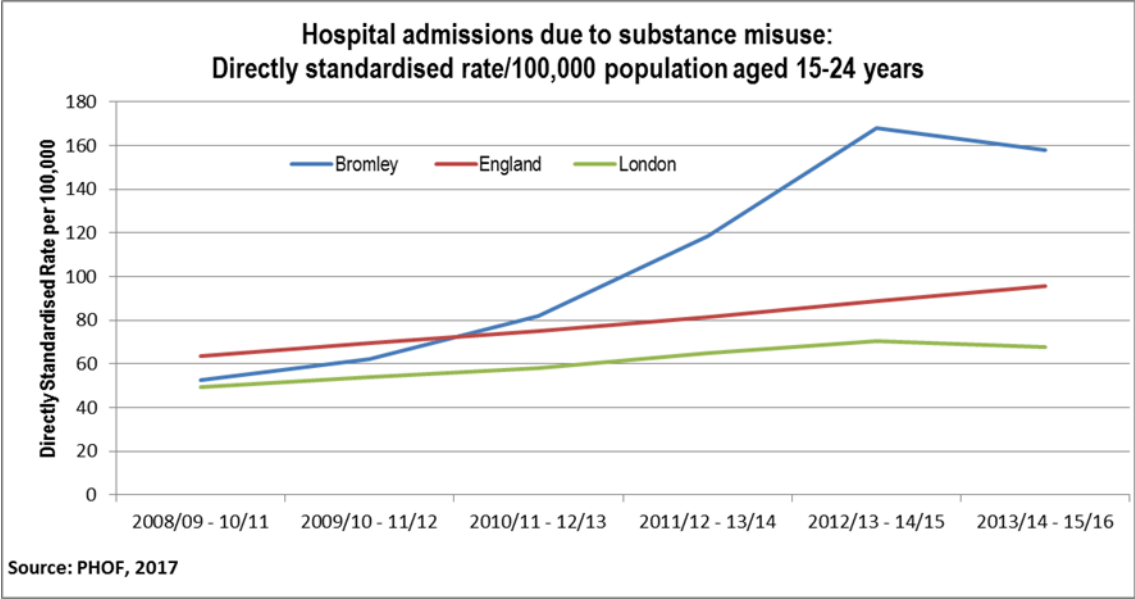
Among young people, drug use is linked to increased likelihood of a range of adverse experiences and behaviour including; truancy, exclusion from school, homelessness, time in care and serious or frequent offending ⁴.

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

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

⁴ http://www.bromley.gov.uk/downloads/file/3371/jsna_drug_misuse_in_adults

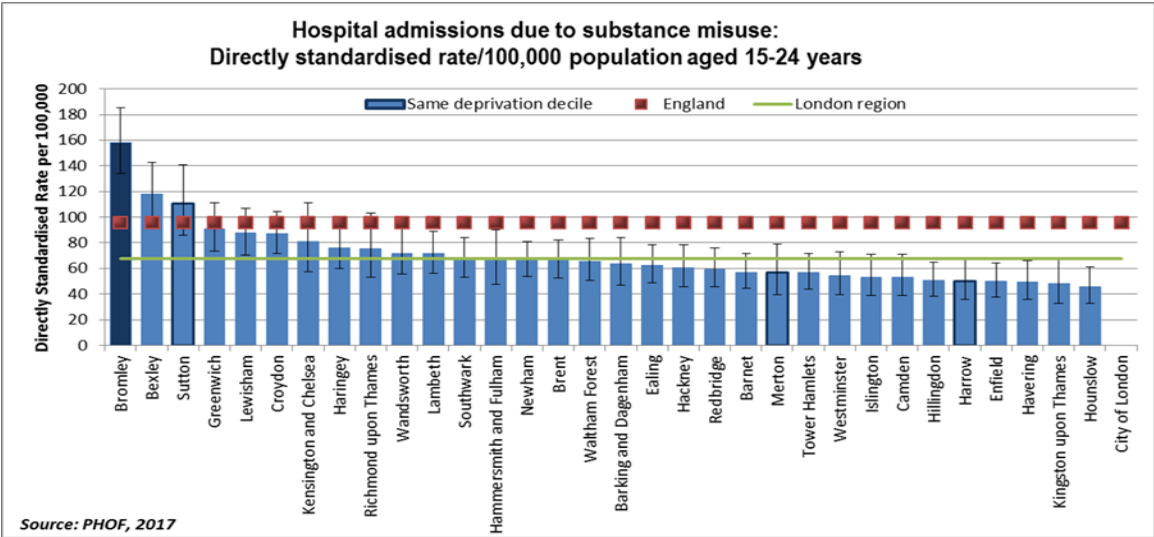
Figure B.8: Admissions for substance misuse*, age 15-24 years, Bromley and comparators



*Excludes alcohol

Figure B.8 shows that the rate of hospital admissions for substance misuse in young people 15-24 years old⁵ in Bromley is worse than all the London boroughs in the same socioeconomic deprivation bracket (Merton, Sutton and Harrow).

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



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

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

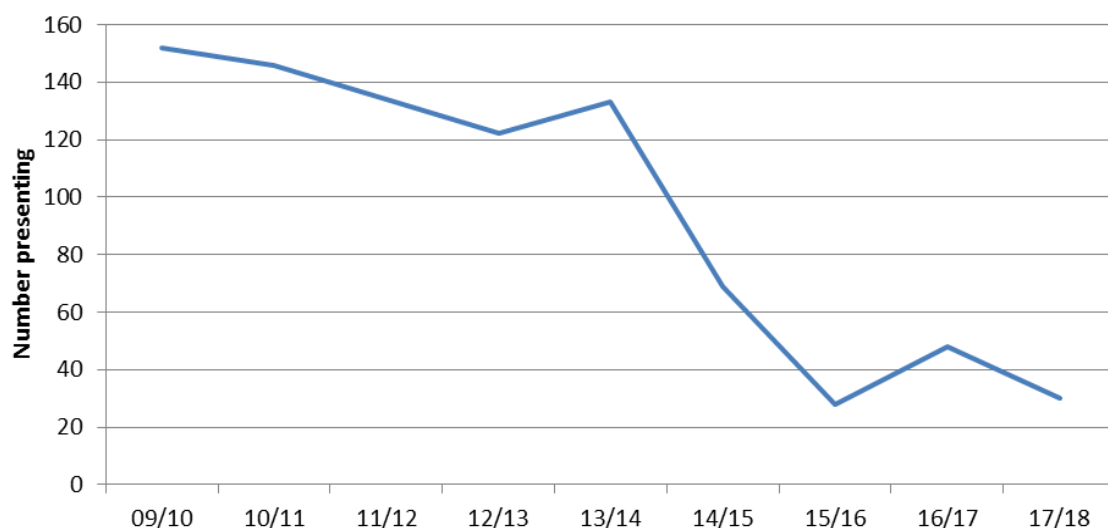
Table B.5: Surveyⁱ of young people: “Took drugs in last month”, 2016

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

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

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

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

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

Source: *NDTMS – accessed 11.04.18*

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

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

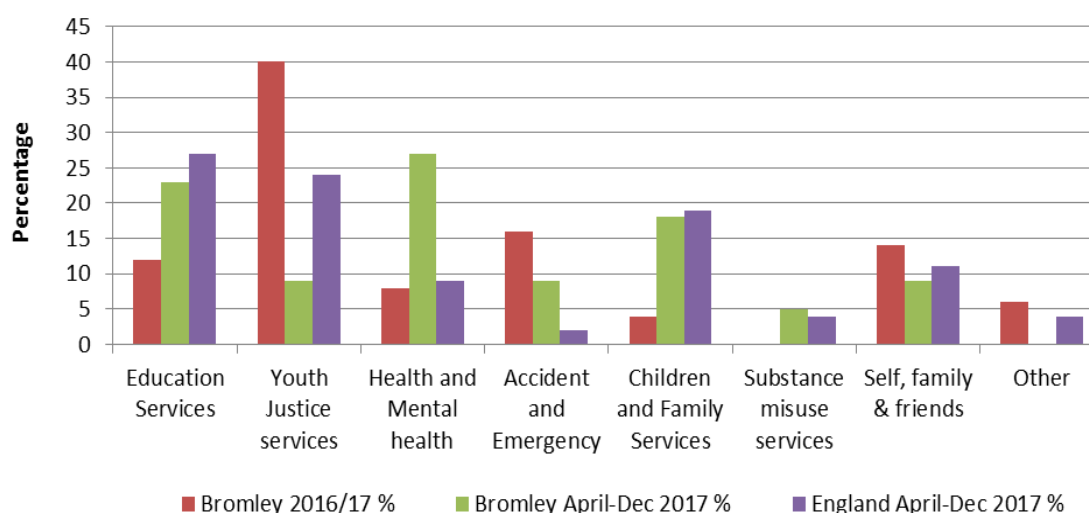
Table B.6: Referral source to specialist substance misuse services 2017

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

Source: NDTMS – accessed 11.04.18

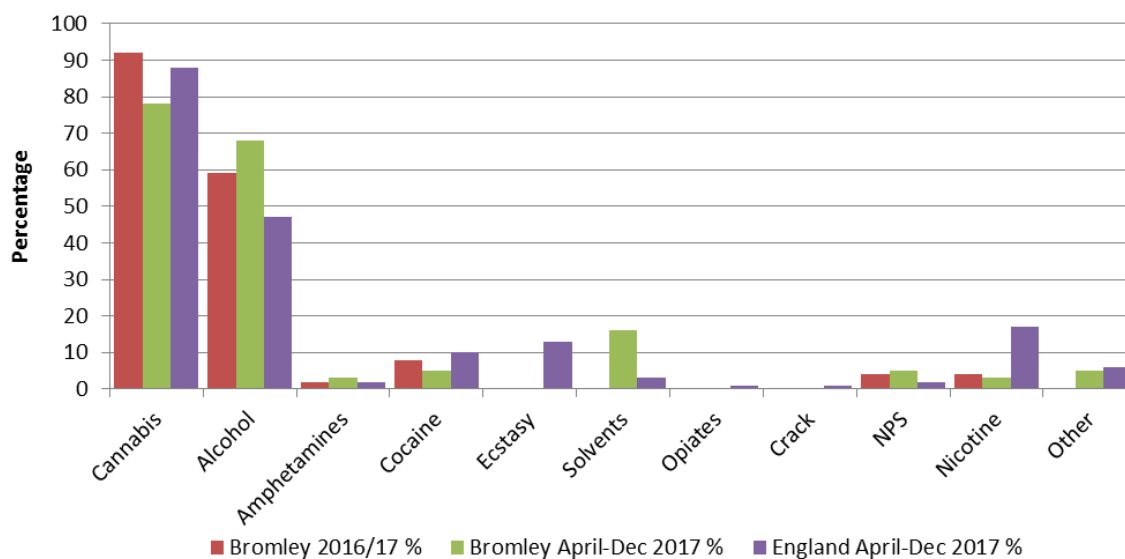
Table B.6 data indicates that there are increasing referrals from education, health and Children and Family services. The proportion of referrals from Children and Family services now mirror the national picture more closely.

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



Source: NDTMS – accessed 21.05.18

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

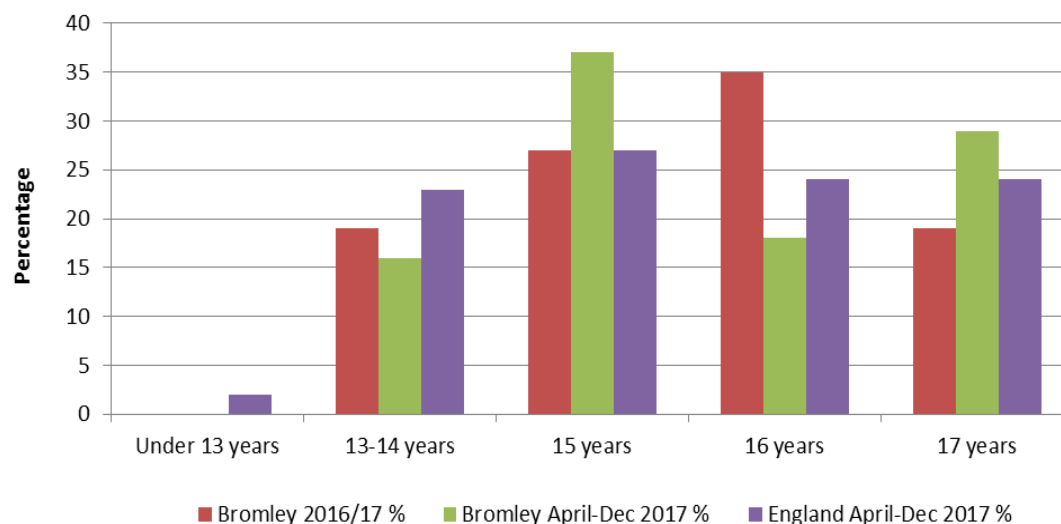


Source: NDTMS – accessed 21.05.18

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

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

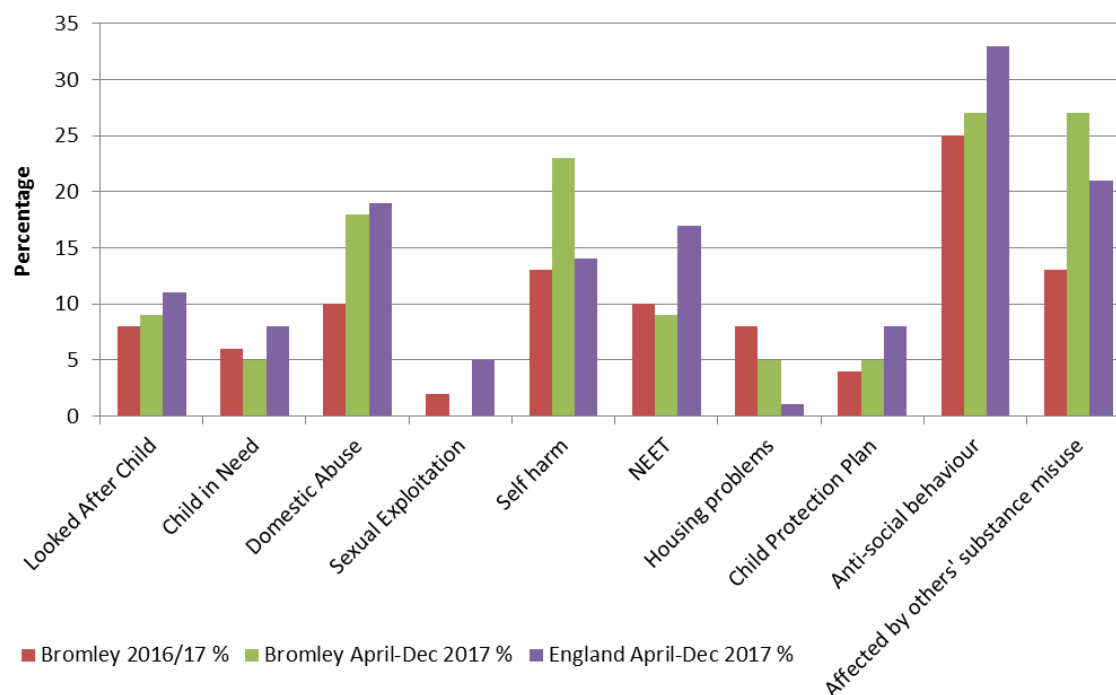
Figure B.13: Age range of young people attending the Substance Misuse service



Source: NDTMS – accessed 21.05.18

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

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



Source: NDTMS – accessed 21.05.18

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

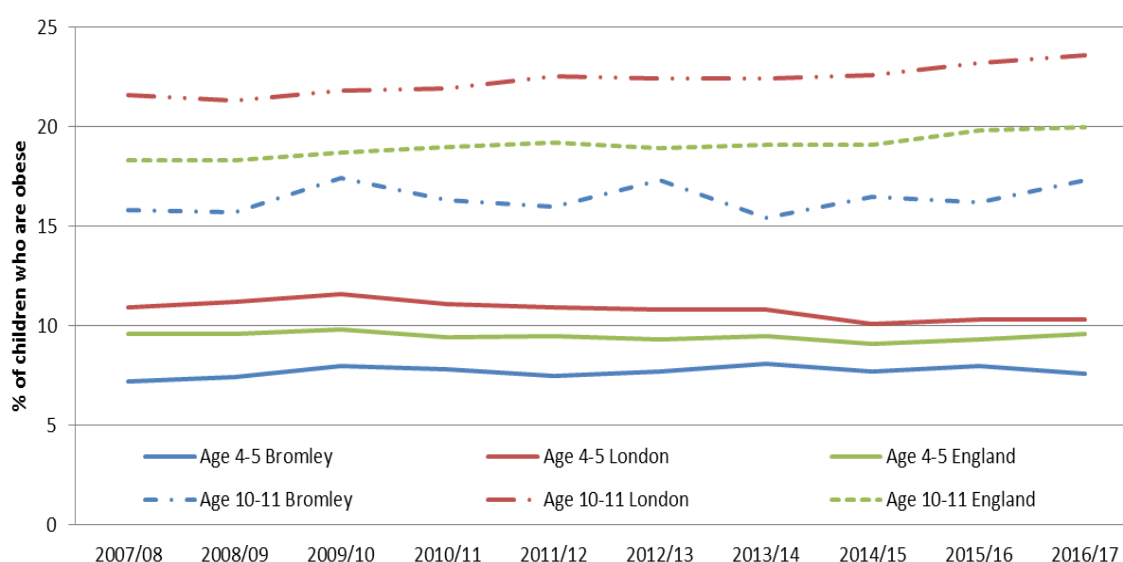
What This Means for Children in Bromley

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

d) Children and young people who are obese

Severely obese children are at risk of developing a number of serious acute and chronic health problems.⁶ These children pose a significant concern in terms of their health and well-being, and may require the provision of specialist services. Severe obesity prevalence varies significantly by geography and is highest in children living in income deprived households and those from black ethnic groups, therefore, suggesting a need for the development and evaluation of more targeted interventions.⁷ Although in relative terms, the prevalence of severe obesity remains low (55 children in reception and 90 in year 6), this represents children in Bromley who are likely to remain obese. A recent study by PHE⁸ found that severely obese Reception children are likely to remain severely obese in Year 6. Only a small number of overweight and obese children return to a healthy weight in Year 6. Fewer children from Black and Asian groups and those from more deprived neighbourhoods are returning to a healthy weight.

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



Source: PHE fingertips data

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

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

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

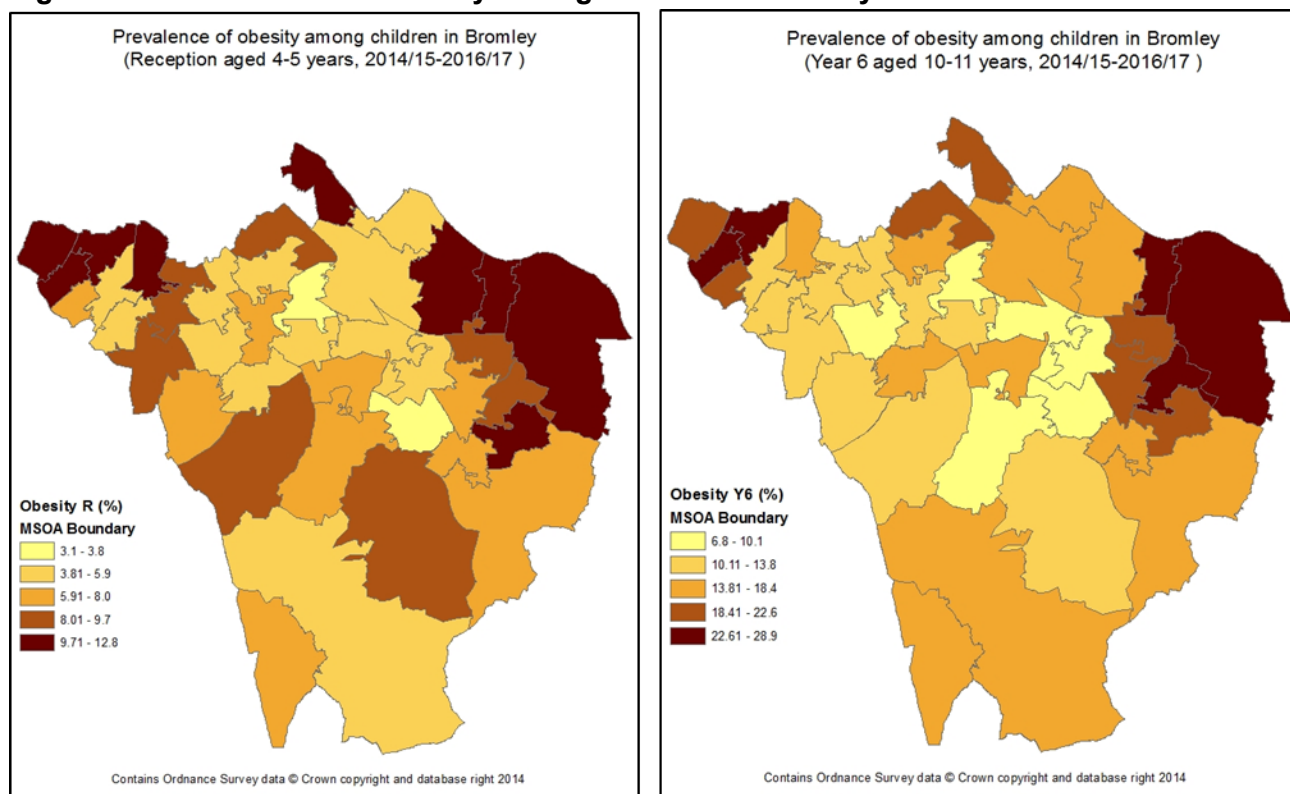
The rate of childhood obesity in Bromley is one of lowest rates in London and is also below the rates for England. The rate of severe obesity⁹ is third lowest in London in reception year and fourth lowest in London in year 6.

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

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

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

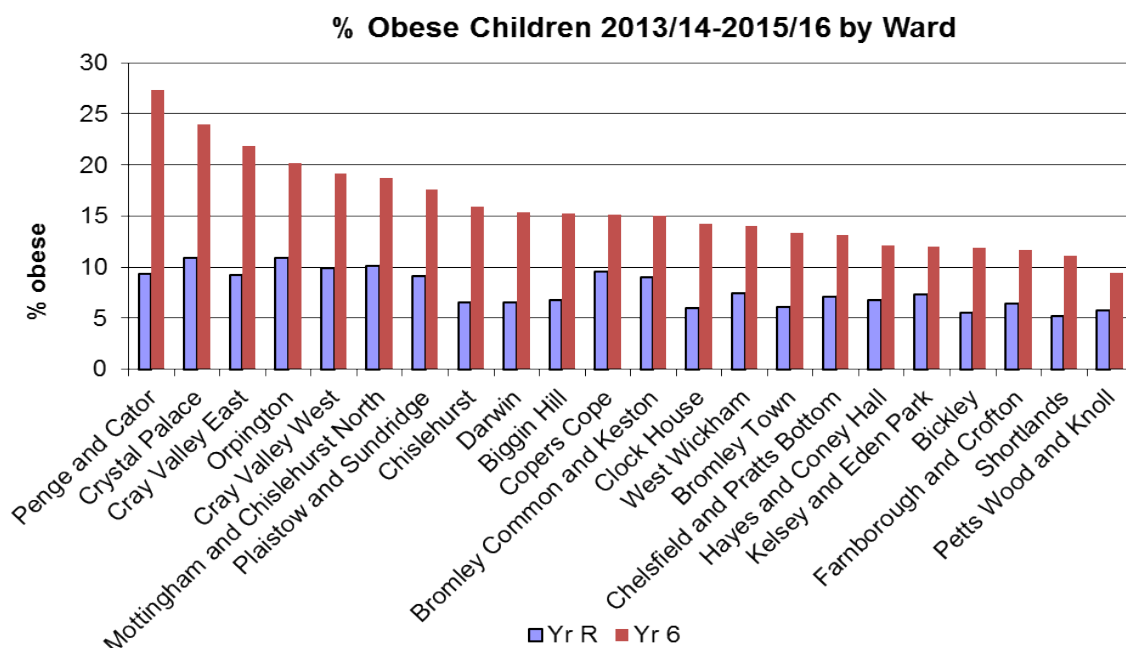
Figure B.16: Prevalence of obesity among children in Bromley



Source: NCMP data

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

Figure B.17:



Source: NCMP data

What this means for Bromley residents and the children in Bromley

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

e) Children and Young People with Sensory Impairment

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

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

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

Source: LBB school SEN data 2018

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

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

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

*Of whom 5 have an additional disability

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

Hearing Impairment

Half of all deaf children are born deaf, whilst half acquire deafness during childhood¹⁰. 2 out of 5 deaf children will have additional or complex needs¹¹. National data shows that 71% of deaf children failed to achieve the government benchmark of five GCSEs at grades A* to C, including English and Maths, in 2009.

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

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

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

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

¹¹ National Deaf Children's Society Policy on Audiology 2010

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

- being bullied
- mental health difficulties
- lower educational attainment
- up to 60% of young offenders have SLCN¹²
- 88% of long term unemployed men have SLCN¹²

It is estimated that, nationally, 7% of children 0-5 years will have speech, language and communication needs, but this may be as high as 55% of under 5s and 35% of 5-16 year olds in areas of high deprivation¹³.

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

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

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

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

What this means for Bromley residents and the children in Bromley

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

¹² Chief Medical Officer Annual Report, 2012.

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

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

Between July and October 2017 in Bromley, 967 children aged 7-11 years, 1383 young people aged 11-18 years and 872 parents with children in education from preschool to Year 13 were surveyed online¹⁴.

KEY FINDINGS

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

¹⁴https://media.inzu.net/f0e9b37b8c44e338f64ae38c6d41e267/mysite/news/491_BromleySCBDigitalFootprintReport_21032018.pdf

EMERGING EMOTIONAL HEALTH NEEDS

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

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

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

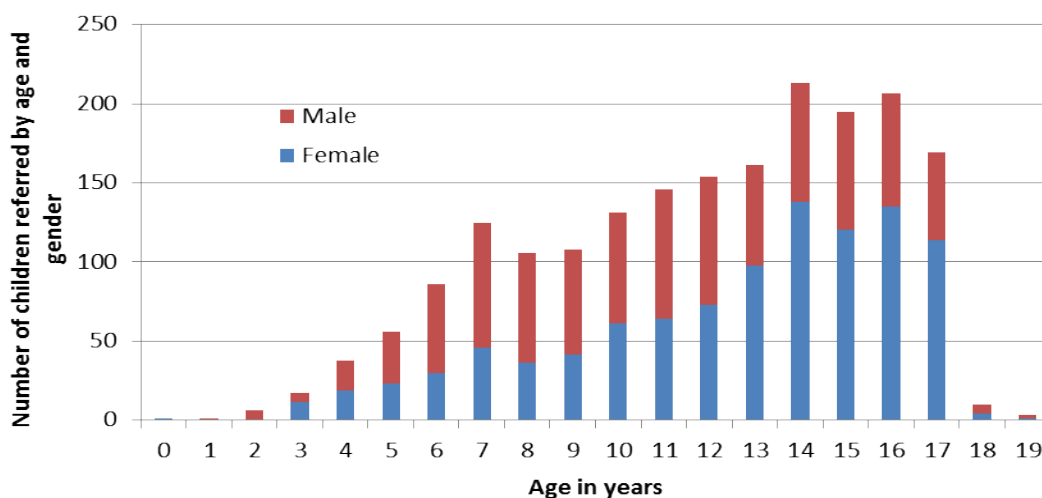
Provider	2015/16	2016/17	2017/18
Wellbeing Service	1,491	2,011	2721
Oxleas (Specialist) CAMHS	763	687	609

Source: Children and Adolescents Mental Health Services, 2018

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

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

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



Source: Wellbeing service data

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

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

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

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

Source: Wellbeing service data

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

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

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

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

Source: Wellbeing Service data

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

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

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

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

Source: Wellbeing Service data

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

What this means for Bromley residents and the children in Bromley

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

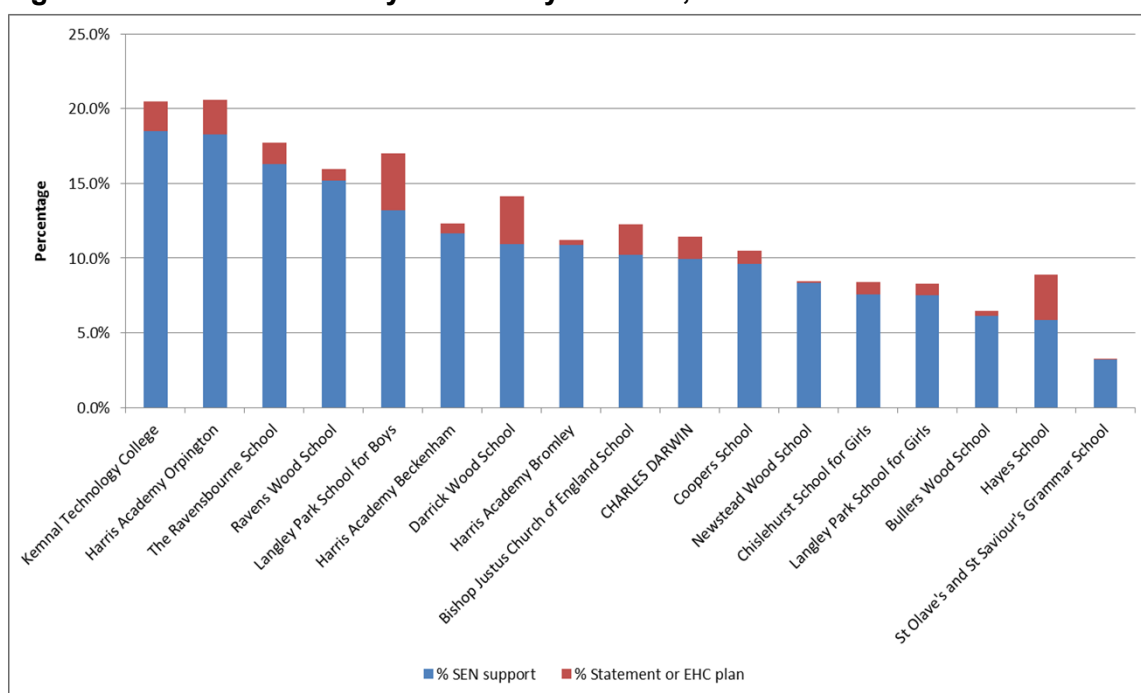
EMERGING EDUCATION ISSUES

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

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

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

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



Source: School Census, January 2018

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

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

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

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

Source: School Census, January 2018

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

Comparing EHC Plans in Bromley with statistical partners:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Source: ECHS data

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

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

c) Children and young people excluded from school

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

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

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

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

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

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

Source: Department for Education

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

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

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

Source: ECHS data

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

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

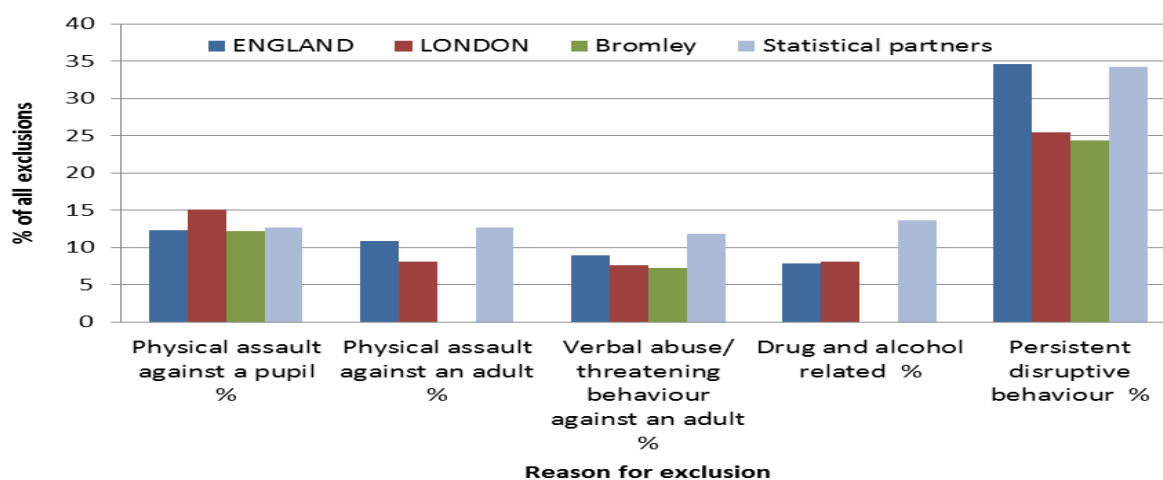
Table B.17: Fixed Period Exclusions in maintained schools and academies in Bromley (primary, secondary and special schools)

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

Source: Department for Education

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

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



Source: Department for Education

What does this mean for the residents of Bromley?

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

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

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

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

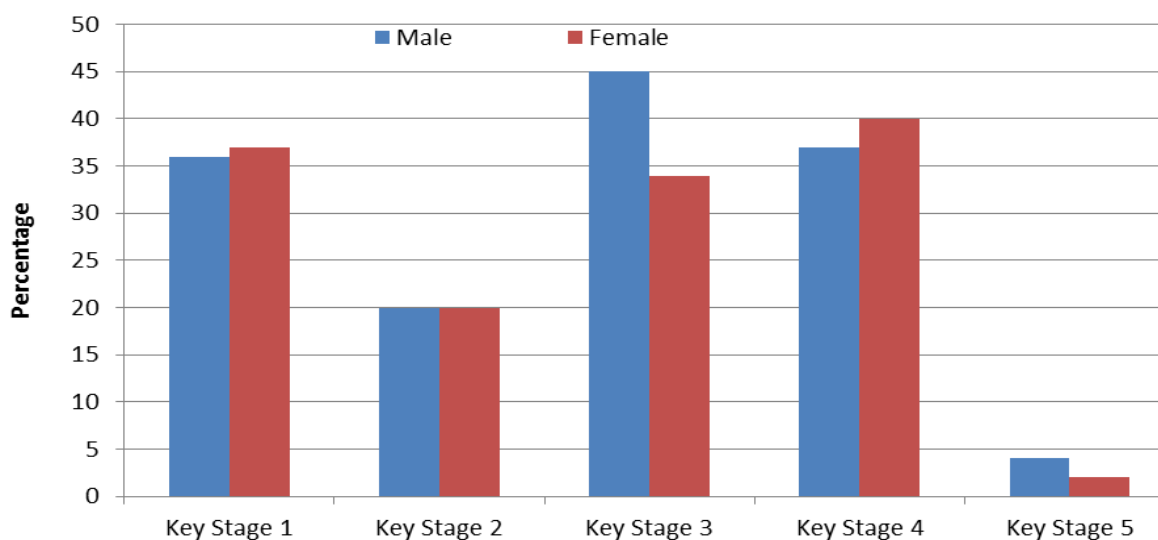
Year	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Number of EHE children	122	139	146	178	212	232	268

Source: ECHS data

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

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

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



Source: ECHS data

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

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

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

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

What does this mean for the residents of Bromley?

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

EMERGING SOCIAL ISSUES

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

a) Early help

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

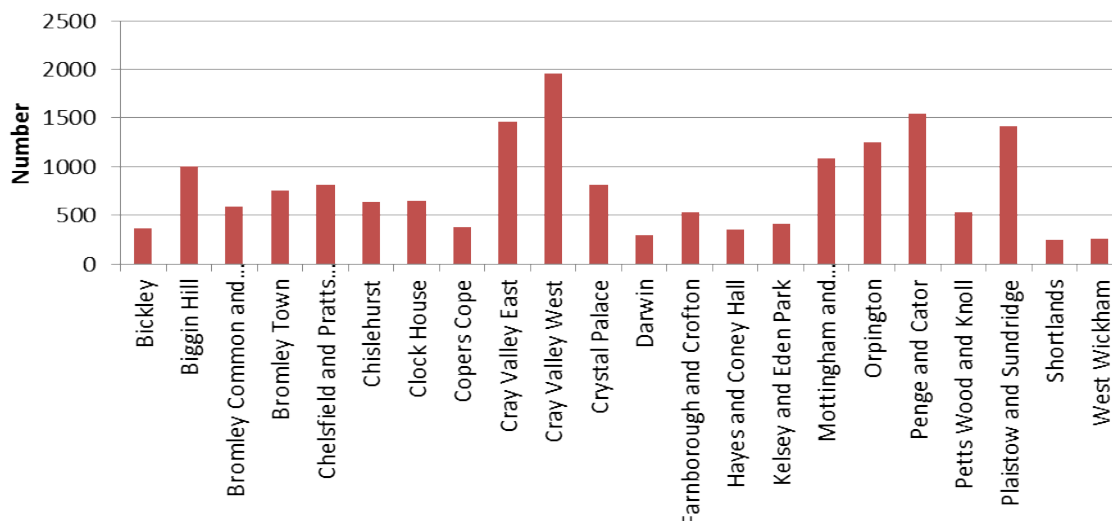
Local agencies in Bromley work together, to identify children with additional needs and provide support as soon as a problem emerges. A key way by which emerging needs are assessed is by using the Common Assessment Framework (CAF)

The Common Assessment Framework

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

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

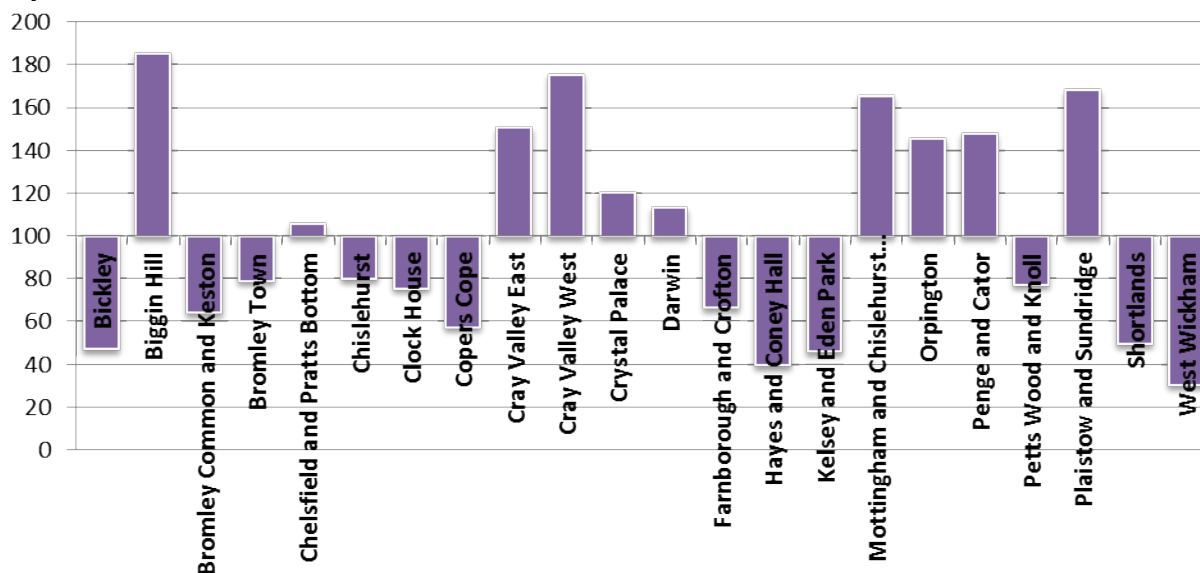
Figure B.23: Number of children in families receiving support, by ward, 2017



Source: EIFS data

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

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



Source: EIFS data

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

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

What this means for children in Bromley

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

b) Children in Need (CiN)

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

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

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

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

**Provisional data*

Source: Department for Education

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

¹⁵ A child in need is defined under the Children Act 1989

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

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

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

**Number suppressed as < 5*

Source: Department for Education

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

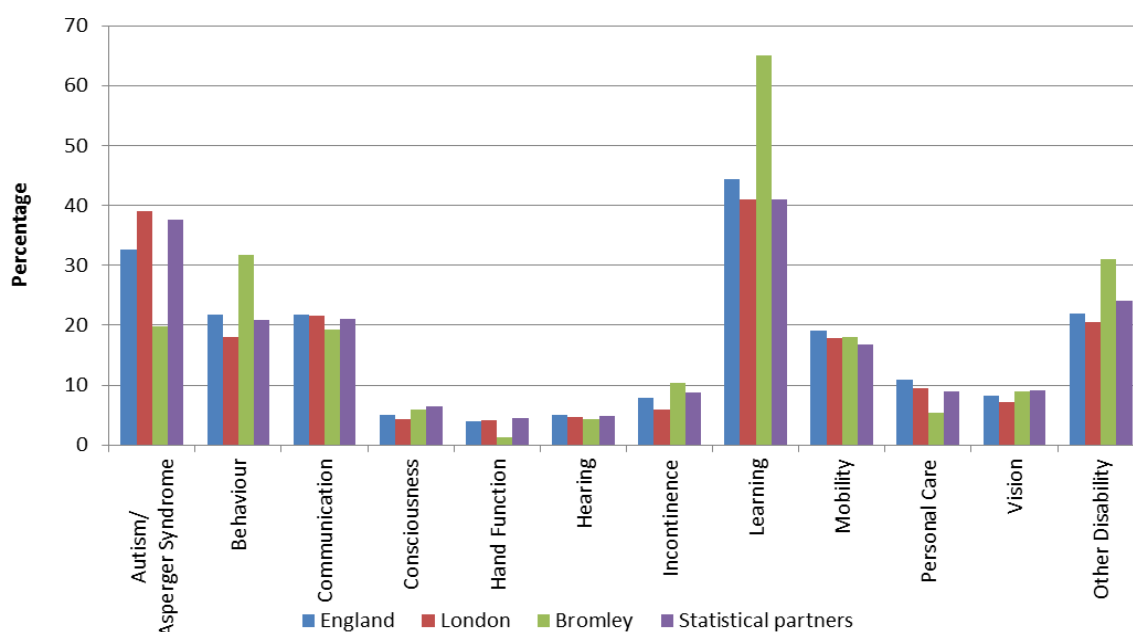
The rate of recorded disability in CiN in Bromley is much higher than both the London rate (12.9%) and the England rate (12.9%).

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

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

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

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



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

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

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

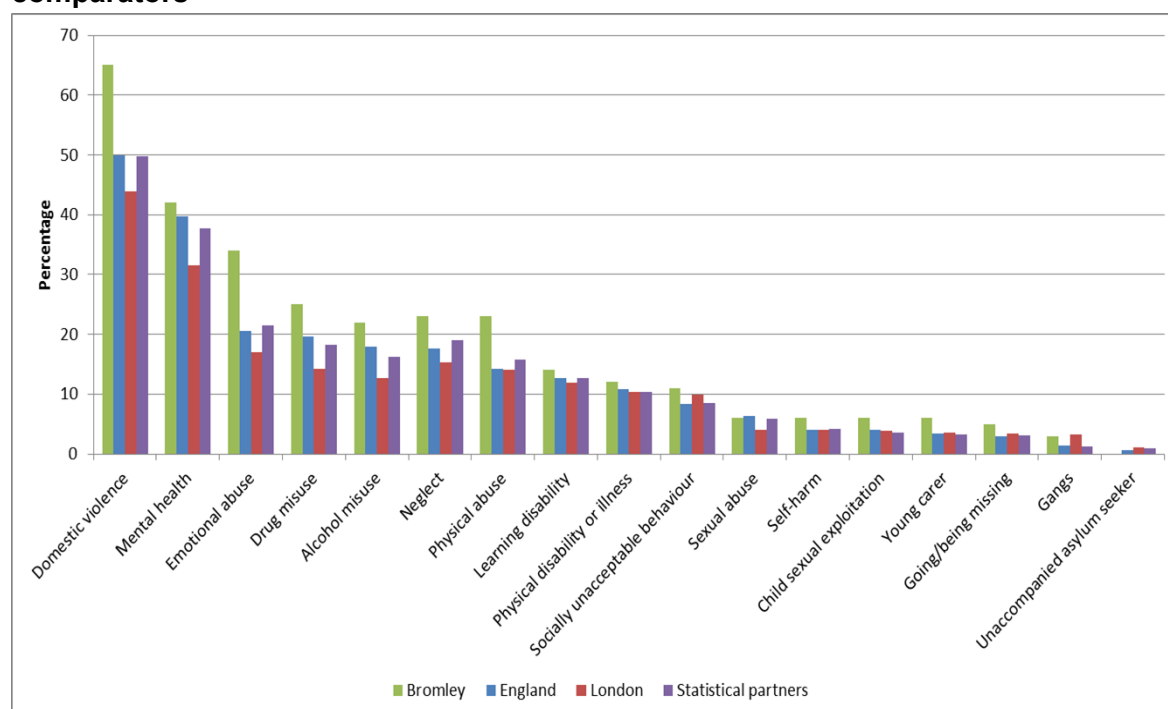
Table B.21: Percentage of children in need at 31 March 2017, by primary need, Bromley and comparators

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

Source: Department for Education

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

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



Source: *Statistics: children in need and child protection*

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

Children at risk of significant harm

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

What this means for children in Bromley

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

c) Young Carers

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

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

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

d) Young People in contact with the Youth Offending Service

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

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

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

In summary, of the 130 young people:

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

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

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

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

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

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

What does this mean for the residents of Bromley?

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

e) Children and young people involved in gangs

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

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

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

What does this mean for the residents of Bromley?

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

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

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

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

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

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

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

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

Bromley CSE data

A new system to collect data on CSE in Bromley is in place. Quarters 2 & 3 of 2017/18 (1 July 2017 – 31 December 2017) were analysed¹⁶.

Current CSE Figures and Initial Profile:

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

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

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

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

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

Other common factors presented included:

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

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

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

What does this mean for the residents of Bromley?

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

h) Youth Violence

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

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

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

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

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

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

Source: MOPAC

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

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

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

Source: MOPAC, 2018

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

Table B.24: Public perceptions of crime in Bromley

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

Source: MOPAC, 2018

What does this mean for the residents of Bromley?

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

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

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

j) Homeless young people

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

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

What does this mean for the residents of Bromley?

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

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

KEY FINDINGS FROM SECTION 3

Emerging health and lifestyle issues

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

Emerging mental health issues

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

Emerging education issues

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

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

Emerging social issues

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

ⁱ Smoking, Drinking and Drug Use (SDD) Among Young People Survey 201