

Children and Young People's Joint Strategic Needs Assessment

2021 - 2023

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Chapter 1: Demographics

- Newham has one of the youngest populations in England, with a median age of 32.3 years compared to 35.6 in London and 40.3 years in the UK
- 0-25 year-olds account for 37% of the Newham population
- 52% of the 0-25 population are male and 48% female
- It is anticipated that the 0-25 year old population will increase by 18% by 2030
- Newham has a diverse ethnic population, with a high proportion of Black African, Pakistani, Indian and Bangladeshi residents compared to London
- Deprivation in Newham is high, with the overall Index of Multiple Deprivation score in 2019 showing Newham as the 3rd most deprived London borough overall. For the Income Deprivation Affecting Children Index (IDACI), in 2019 the overall score ranked Newham 11th out of all London boroughs
- 27% of residents in Newham are paid below the London Living wage, which accounts for around 36,000 residents
- Average rent represents around 65% of average wages in Newham compared to 30% across the UK
- Demographics such as deprivation have resulted in Newham being disproportionately affected by Covid-19, with benefit claimants doubling during the pandemic
- 1 in 5 adults with children in Newham are over-indebted, which rises to 1 in 4 where there are 3 or more children in the family
- There is a rich diversity of over 200 different languages spoken in Newham, however this can present problems such as access to services and awareness of what is available

Strategic implications

- Often children's ethnicity data is not recorded in primary care. Only 62% of children aged 0 to 4 years had their ethnicity recorded in primary care data in Newham (60% for NE London) in 2020. This means understanding of primary care ethnicity inequality issues amongst young children, for example immunisation coverage, will be limited
- Recording of children's ethnicity needs to be improved in primary care datasets to enable better monitoring of inequalities. A new data template is being developed and implemented by the Clinical Effectiveness Group in 2021 to help to address this issue

Demographics: Age and gender

Why this is important

- Population size and structure is a very important factor when assessing need and planning services
- Knowledge of future anticipated population changes will enable help services to prepare for changing need
- Factors such as an increase in a particular age cohort can have an impact on placements in schools as well as demands in overall healthcare needs

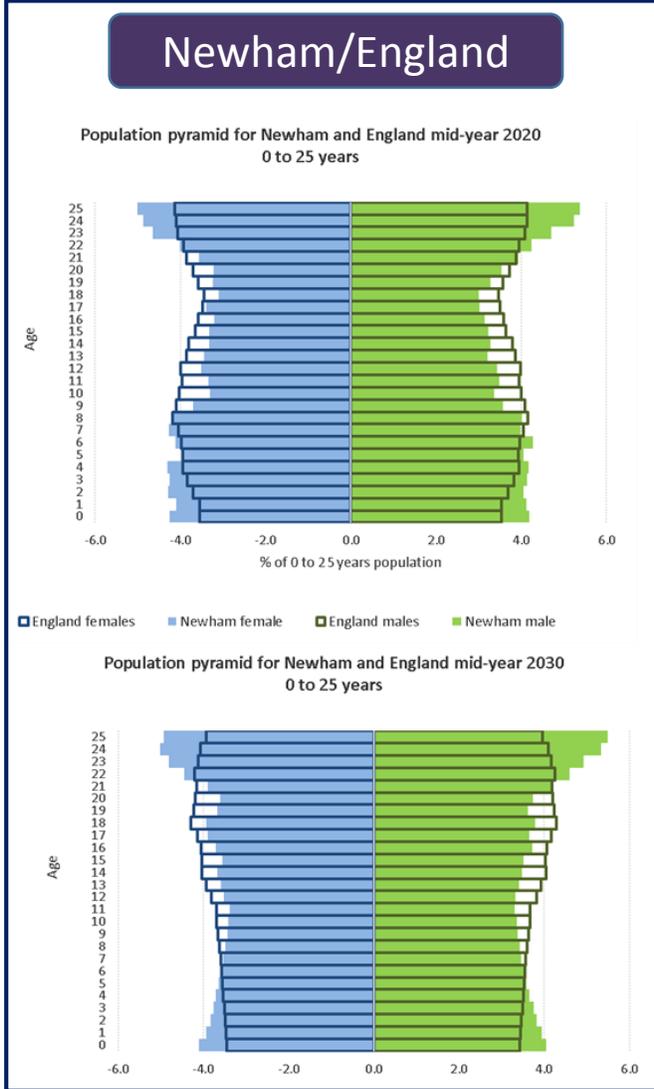
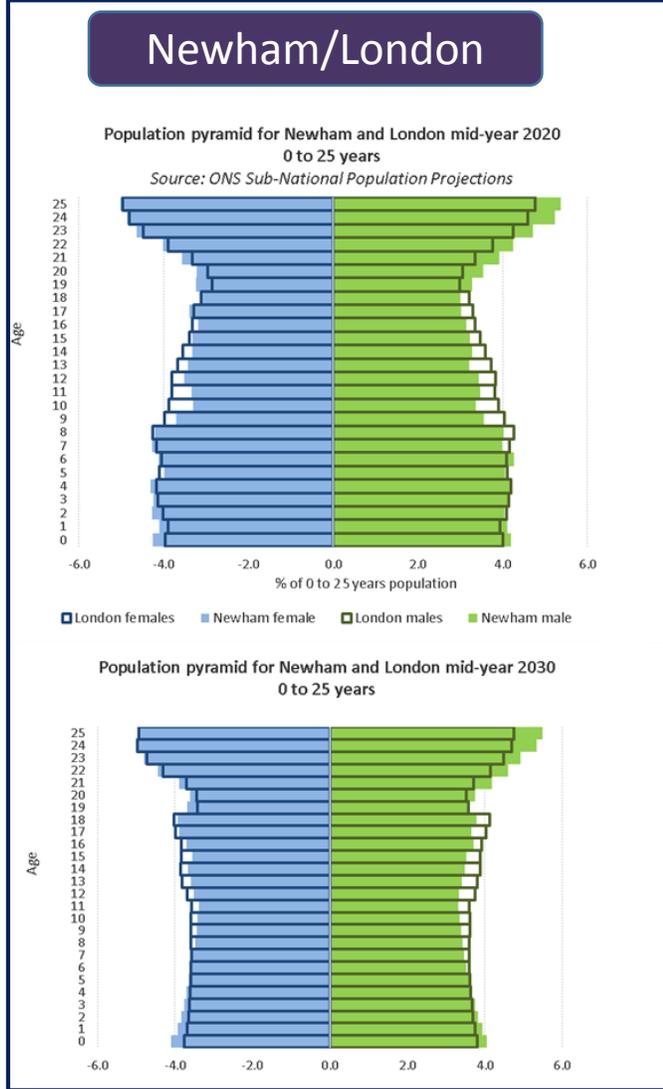
Local context for Newham

- Newham's population is estimated to be 364,346 people (GLA 2020)
- Newham has a young age structure in comparison to England and to a lesser extent London; it is one of the youngest boroughs in England
- Based on population projections it is anticipated that the population of 0 to 25 years will grow by 18% by 2030
- Newham has a fairly even gender split until the young adult age groups, when it is estimated that males outnumber females

2020

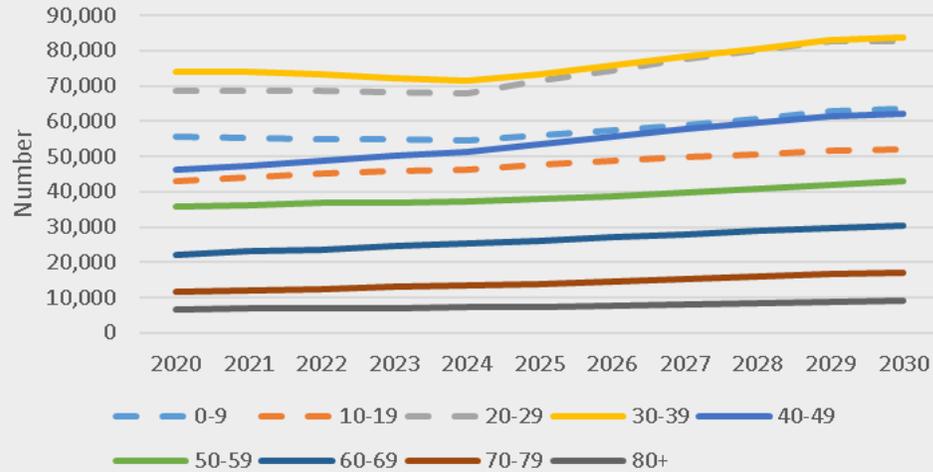
2030

Population changes in 0-25 years - showing 2020 and 2030

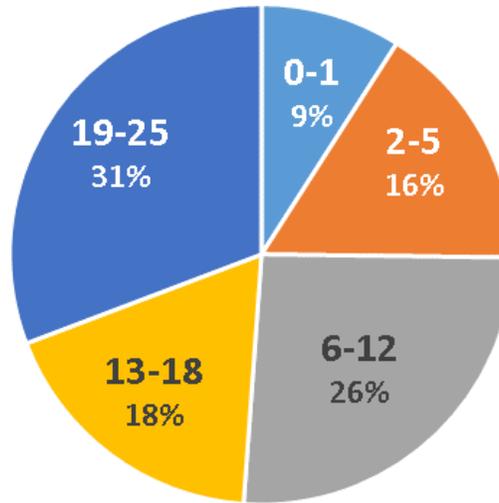


Demographics: Age and gender

Newham population projections 2020-2030 all ages



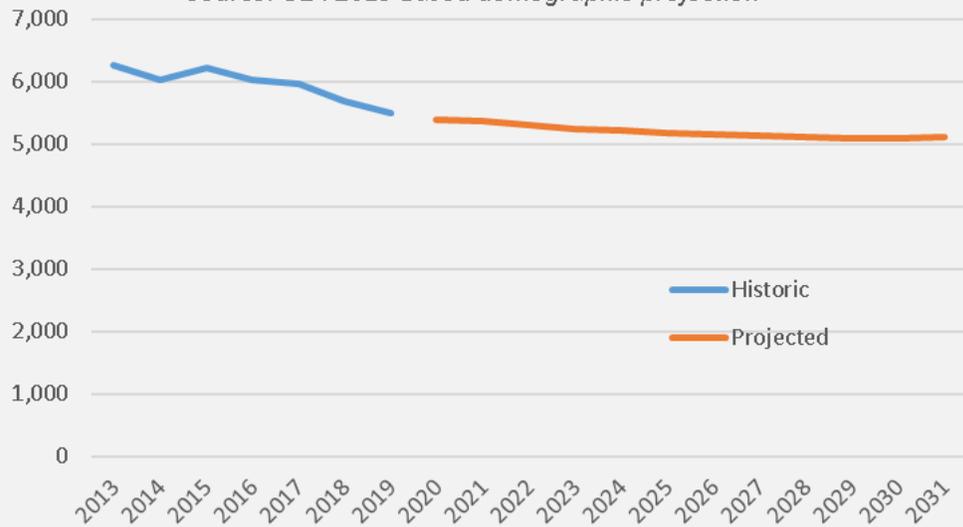
Newham CYP 2020



- In 2020, there were **136,000** children and young people aged 0-25 years in Newham, predicted to increase by 18% to **161,000** by 2030
- This accounted for 37% of Newham's population in 2020
- By 2030, 0-25 year-olds are projected to account for 36% of the population
- The gender split is 52% male and 48% female in 2020
- By 2030 it is anticipated that males will outnumber females

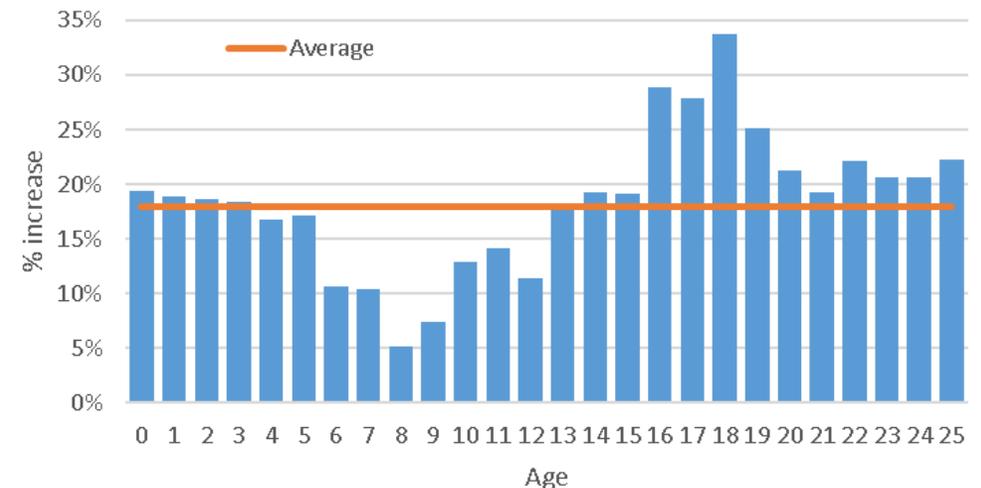
Births in Newham - past and predicted trend

Source: GLA 2019 based demographic projection



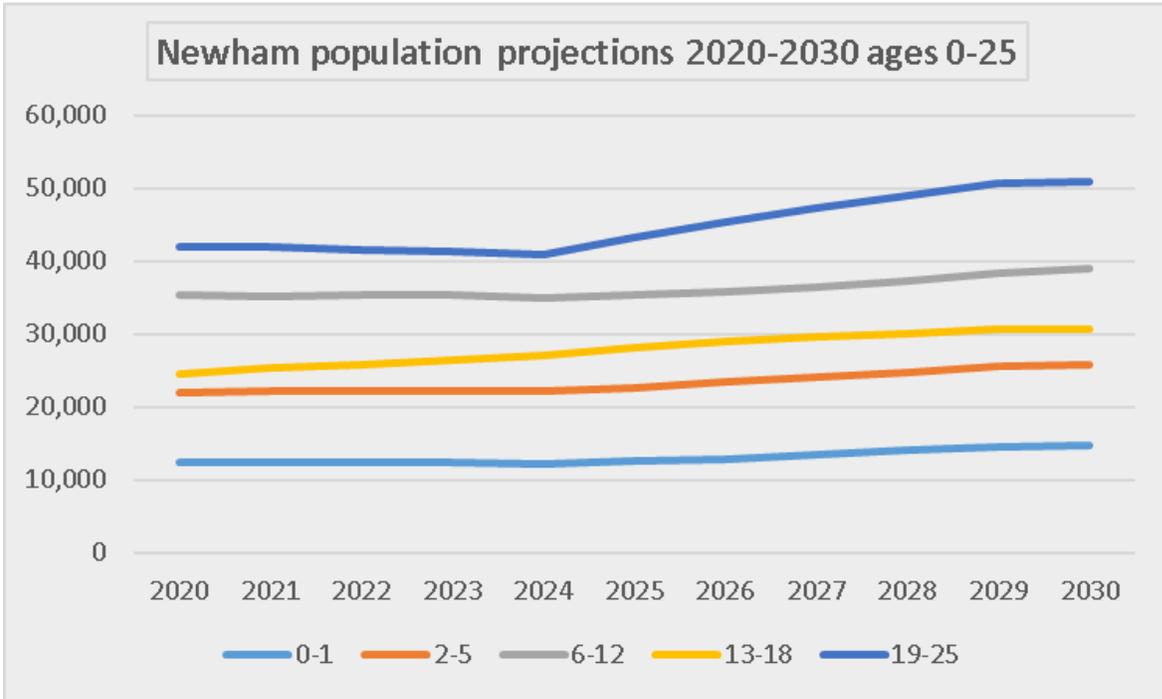
The number of annual live births has been decreasing in Newham in recent years and is forecast to reduce to around 5,200 annually over the next 10 years.

% predicted change by age from 2020 to 2030



Data source: GLA housing led population projections

Demographics: Population Projections – 0-25 years

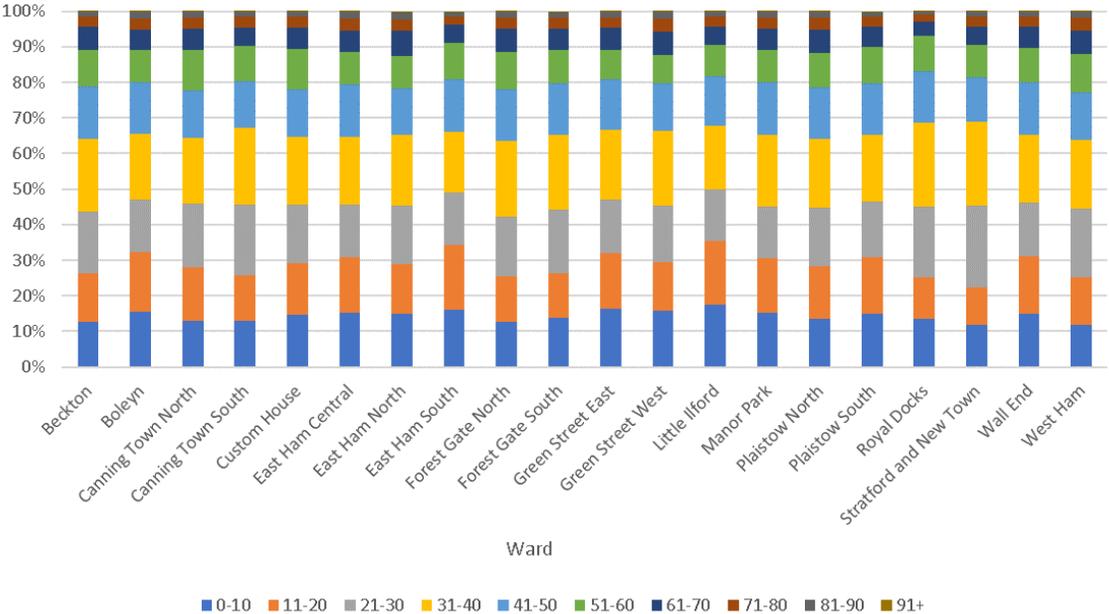


	0-1	2-5	6-12	13-18	19-25
2020	12,300	22,000	35,300	24,600	41,900
2021	12,300	22,100	35,200	25,300	41,900
2022	12,300	22,100	35,300	25,800	41,600
2023	12,300	22,200	35,300	26,400	41,300
2024	12,200	22,100	35,000	27,000	41,000
2025	12,500	22,700	35,300	28,100	43,200
2026	12,900	23,400	35,800	29,000	45,300
2027	13,500	24,000	36,500	29,600	47,300
2028	14,000	24,700	37,400	30,100	49,100
2029	14,500	25,500	38,300	30,600	50,800
2030	14,700	25,900	38,900	30,600	50,900

Data source: GLA housing led population projections

Demographics: Age and Location

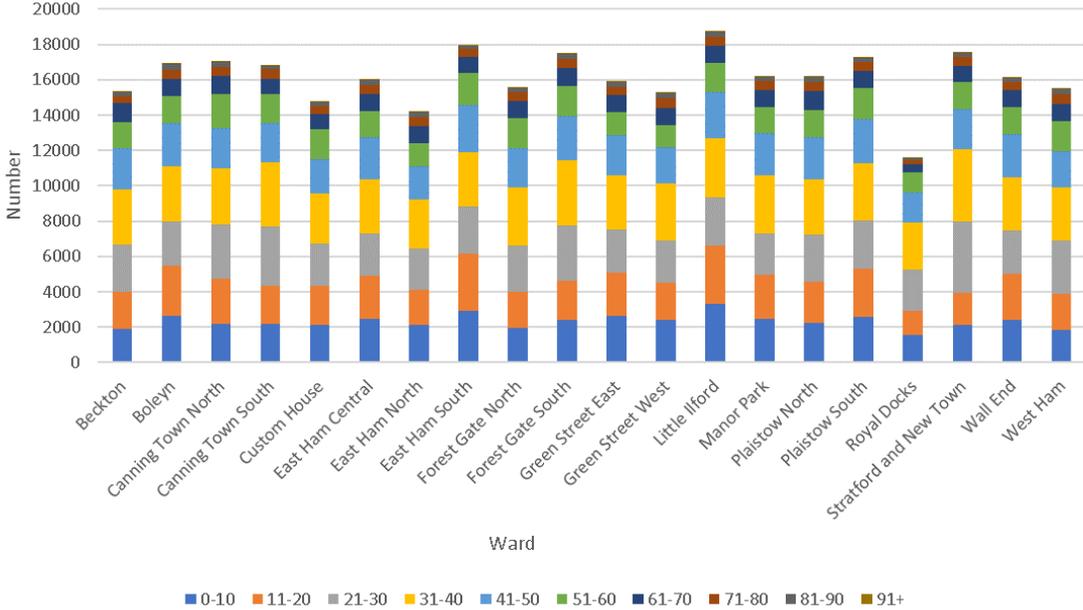
Residents of Newham by age band and ward
Source: Data Warehouse

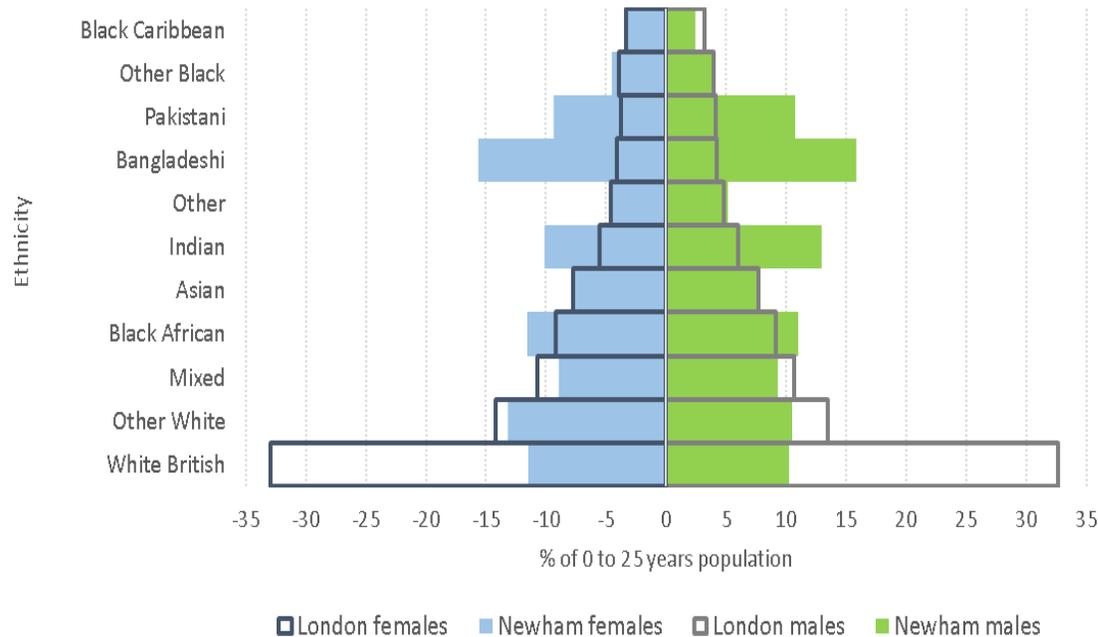


- The proportion of children and young people aged 0 to 20 years varies from 22% (Stratford) to 34% (Little Ilford) by ward
- There are no major differences in the age structure between wards

- Children and young people aged 0 to 25 years make up 37% of the total population
- Residents aged 40 years or less make up more than 60% for all wards within Newham
- There were just under 39,000 (9.8%) residents for whom age was not known and these have therefore been excluded from these charts

Residents of Newham by age band and ward
Source: Data Warehouse



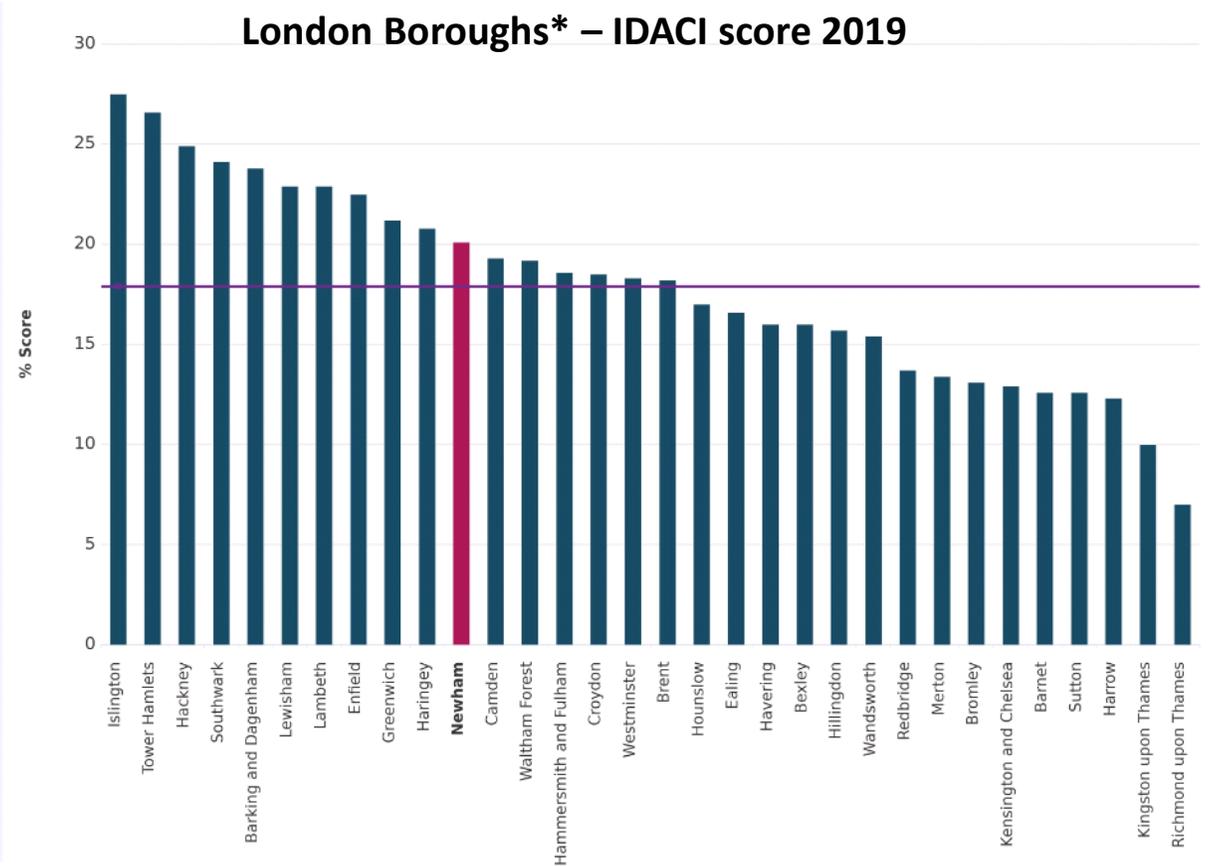
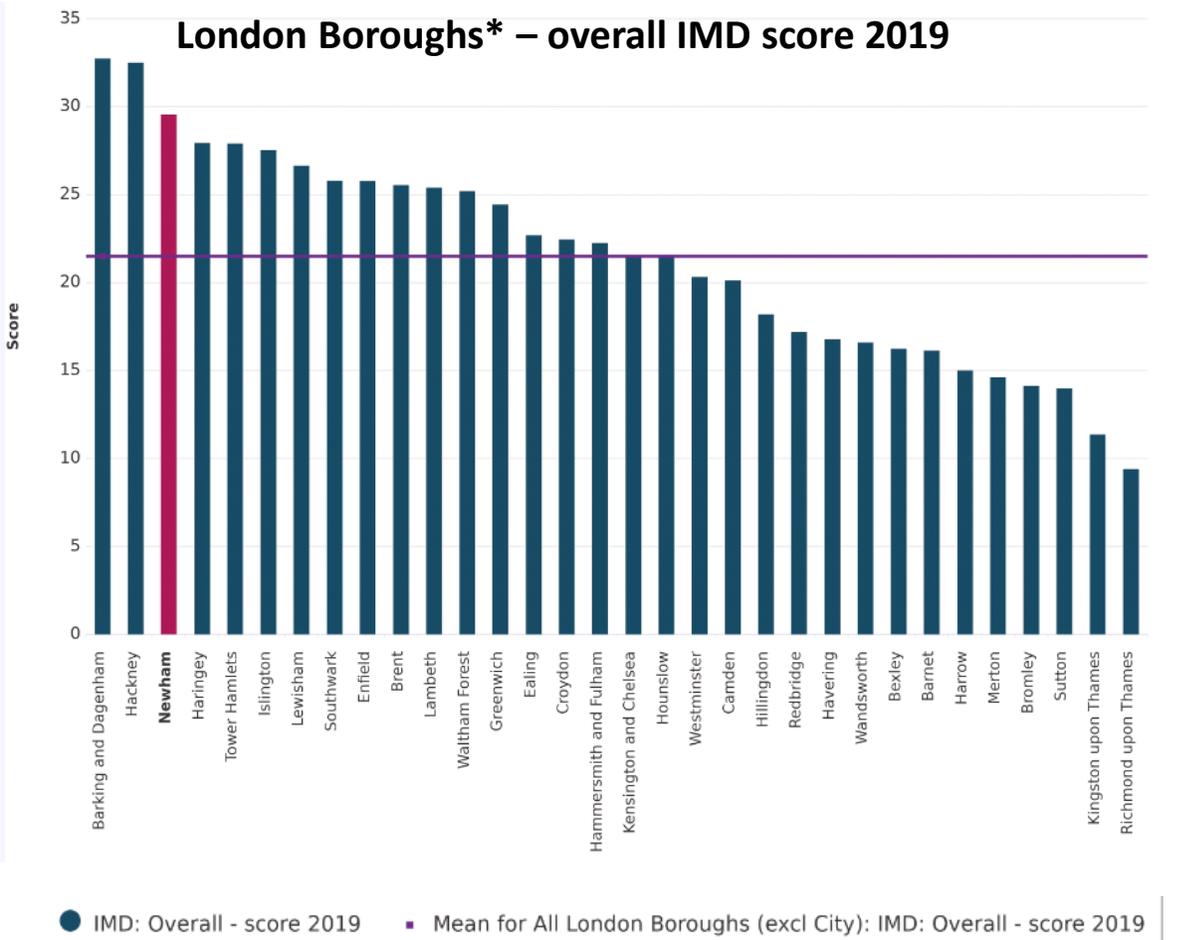


Source: GLA Ethnic Group Housing Led Population Projections (2020)

- Newham is a highly diverse borough as shown by the population pyramids which compare the proportions of Newham's various ethnic groups with those of London
- The pyramids show the percentage of residents by broad ethnic groups for 0 to 25 years
- The proportions of Black African, Pakistani, Indian and Bangladeshi residents are higher compared to London
- The proportion of Black Caribbean children in Newham is similar to that of London
- The proportion of children of Mixed or White ethnicity are less than that of London (substantially less in the case of White children)
- Overall 89.5% of children and young people are from an ethnic background other than White British
- The proportions of these broad ethnic groups making up Newham's population are not forecast to change substantially by 2030

Demographics: Deprivation overall scores

Source: Ministry of Housing, Communities and Local Government



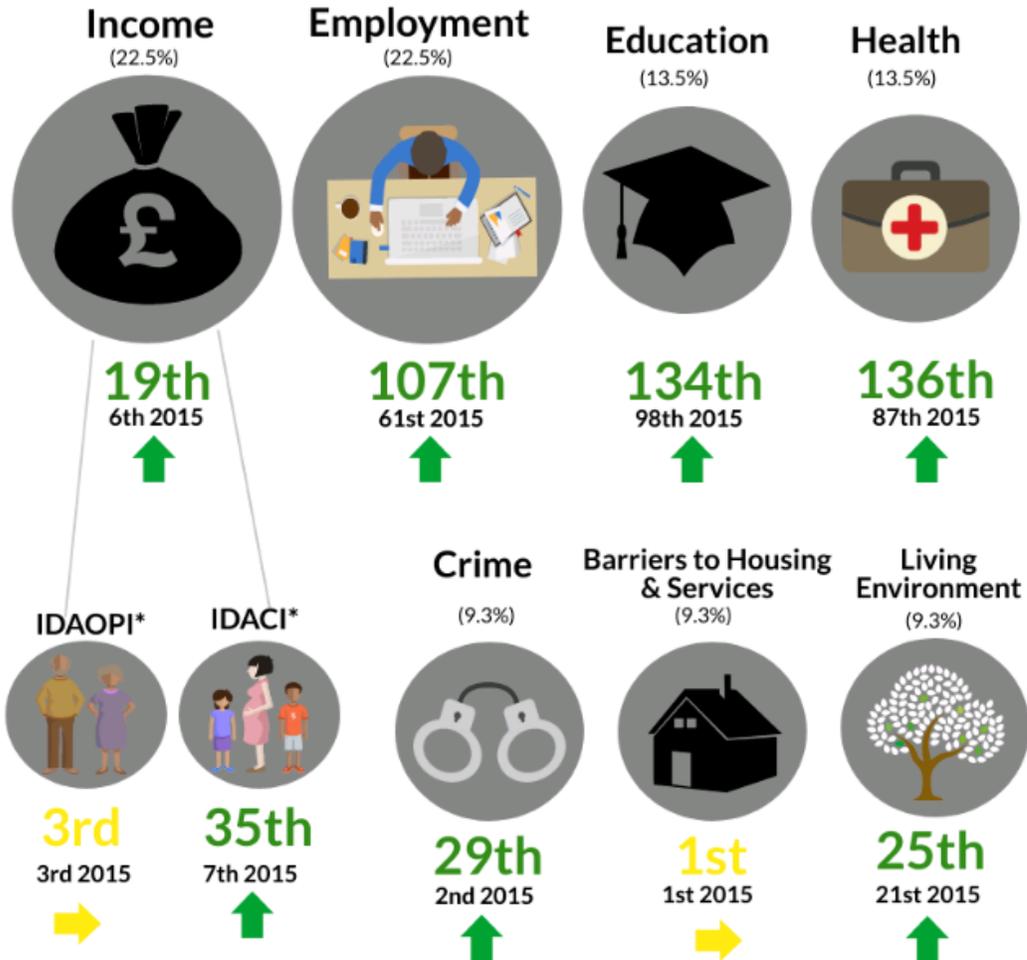
- The first graph is the overall IMD score for London Boroughs (2019) (Newham = 29.577, London borough mean = 21.5)
- The second graph showing Income Deprivation Affecting Children Index (IDACI) is calculated based on children under 16 rather than the total population (Newham = 20.1, London borough mean = 17.9)
- In 2019, Newham was the 3rd most deprived London borough overall but the 11th lowest borough based on IDACI

*Excluding City

Index of Multiple Deprivation

The 7 domains are combined and weighted (in brackets below) to produce an overall measure - The Index of Multiple Deprivation.

7 domains and 2 supplementary Indexes



Based on rank of average rank * Income Deprivation Affecting Older People (IDAOP1) and Income Deprivation Affecting Children Index (IDAC1)

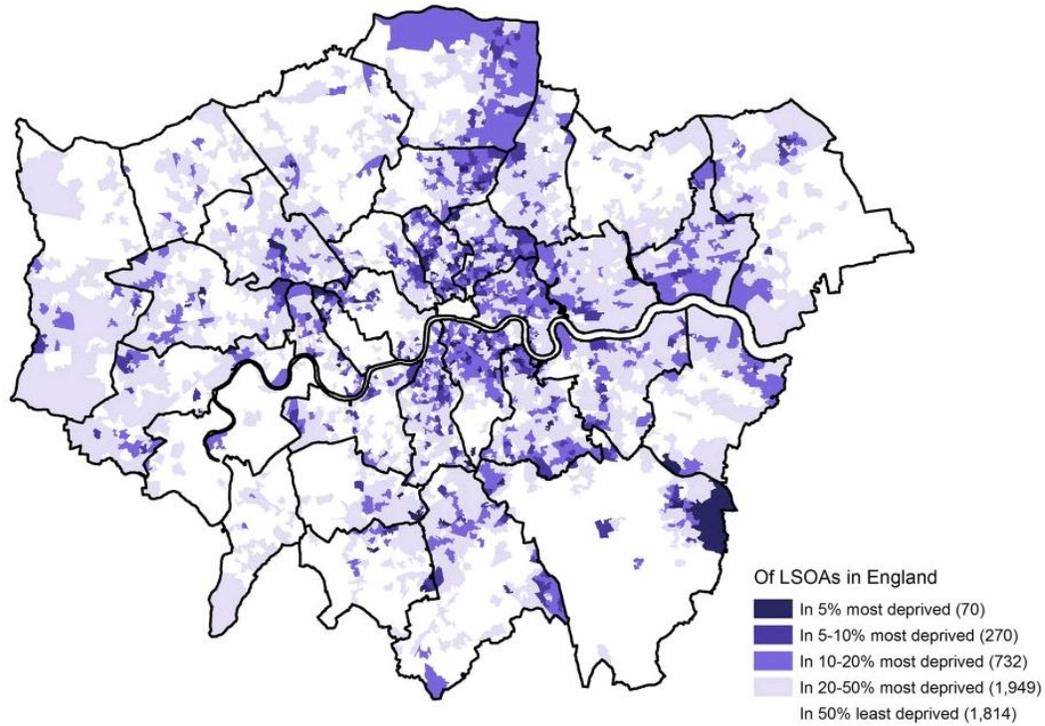
- The IMD broken down into its components shows improvements from 2015 to 2019 based on rank in England
- These figures are based on the rank of average rank and all LSOAs within the borough will contribute to this measure, whether highly deprived or not so highly deprived, therefore an area like Newham that is more uniformly deprived will tend to rank higher on this measure compared to other summary measures

- Newham as a borough has been disproportionately affected by Covid-19
- Around **102,000** residents are furloughed or on unemployment benefit
- Since February, the claimant count has increased by almost **200%** (even before the end of the Job Retention Scheme)
- Based on the government's current economic scenario, **42,000** jobs in Newham could go in the next recession

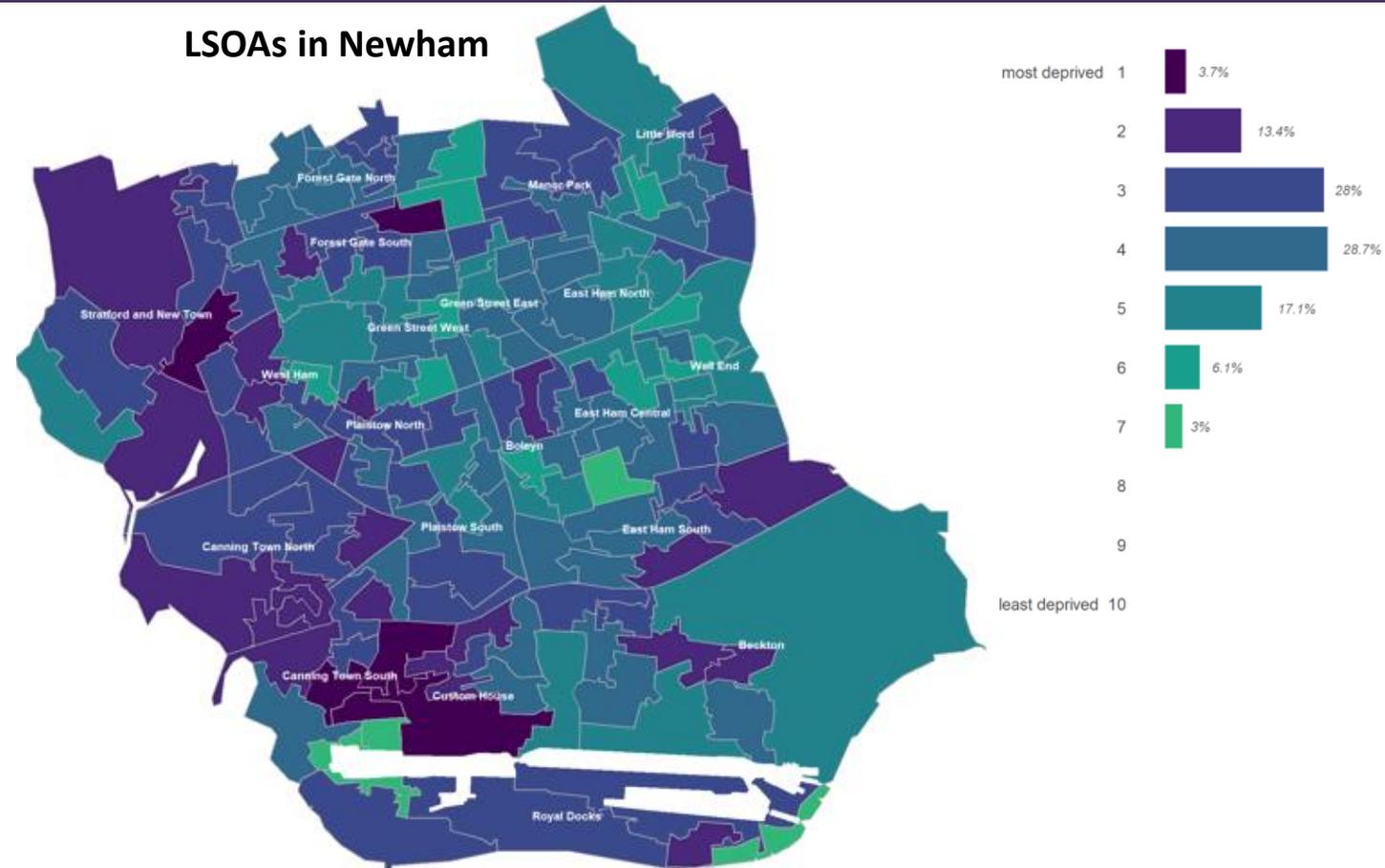
Source: Towards a Better Newham – Covid-19 Recovery Strategy, LBN

Demographics: Income Deprivation Affecting Children Index 2019

LSOAs in London



LSOAs in Newham

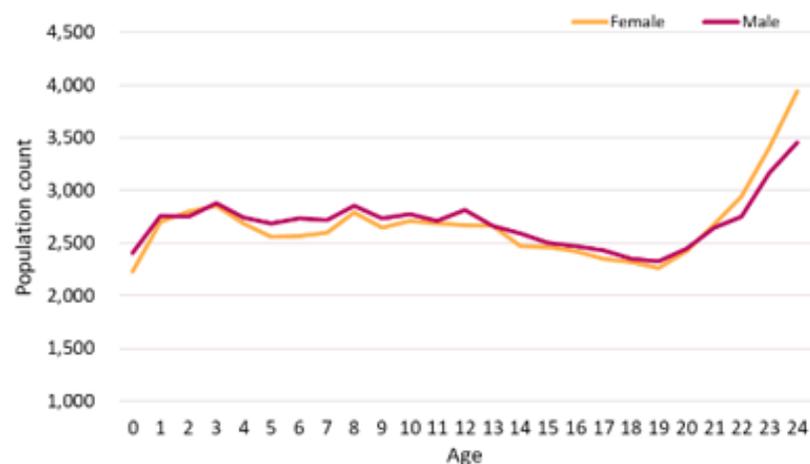


Source: Indices of Deprivation 2019, MHCLG via London Datastore

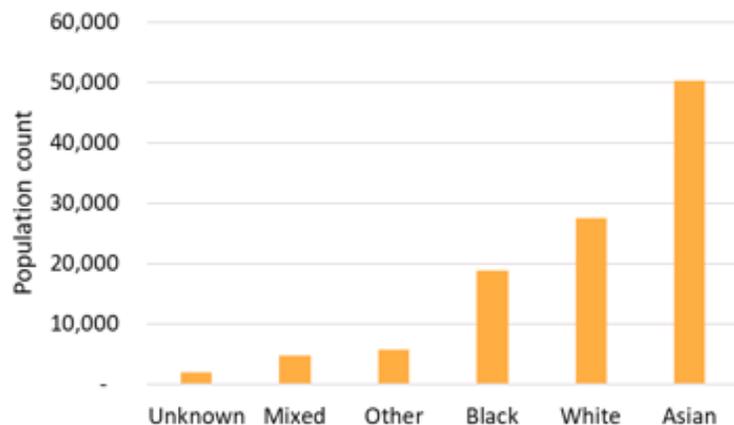
Source: English Indices of Deprivation (2019), MHCLG. Contains Ordnance Survey data © Crown copyright and database right 2019

- The darkest colours in the map of London show the most deprived areas by percentage
- These are reflected in the map of Newham that shows, by deprivation decile, the most deprived areas in Newham for children under 16 are centred around Custom House and Canning Town areas, with pockets of deprivation across the borough

Age and gender breakdown – October 2020



Ethnicity breakdown – October 2020



Number of people with 1 or more QOF indicators – October 2020

No. of QOF indicators	Population count
0	123,411
1	10,235
2+	612

Please note QOF indicators are adult-centric and recorded above a certain age e.g. diabetes is recorded for patients aged 17 and over, and therefore QOF indicators do not portray health needs of the younger population effectively.

Top 10 flags in GP data – October 2020

QOF indicators	Population count
Asthma	8,625
Smoking	4,371
Anxiety	3,260
Active Asthma	2,152
Low Mood	1,783
Depression	1,650
Obesity	1,186
Smoking Cessation	914
Learning Disability	615
Epilepsy	279

Rate of frailty per 1000 population – October 2020

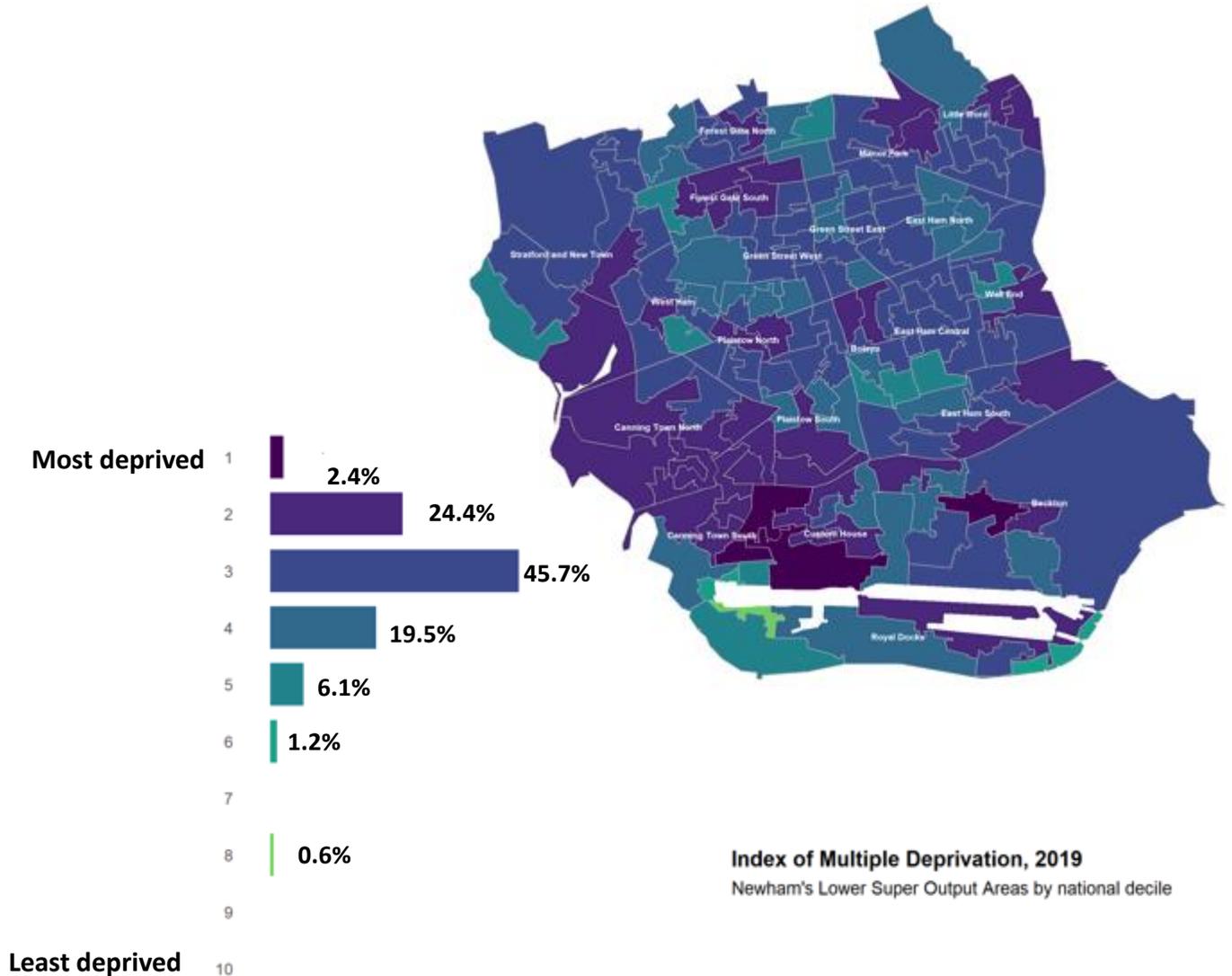
Frailty	Rate per 1000
Frailty	0.03

N.B. Population count above refersto the number of people in the growing well group that are registered at a GP practice in Newham.

Newham is the third most deprived borough in London:

- Over a quarter of our residents (27%) are paid below the London Living wage, which is around 36,000 residents
- Our residents are the most over-indebted in London
- Our average rents represent 65% of average wages compared to 30% across the UK.
- We have the highest overall level of homelessness in England.

Percent of Newham's LSOAs in each national decile



Demographics: Housing and income

1 Renting



Newham

62%

(London 48%)

Private or social rented

2 Larger families



this rises to



Newham

Second highest % of households with children

57%

(London 49%)

Second highest in England with 3 or more children

14%

(England 7%)

3 Single parents



compared with



Newham

14.8%

Single parents with dependent children

(London 8.5%)

4 Low incomes



Individuals are more likely to be over-indebted if their household income is below

£10,000

Newham

8% of households with income below £10,000

(London 4.4%, UK 6.5%)

The highest percentage in London of working residents who are low paid **36%**

5 Age



Newham



Highest populations numbers in the 25-29 and 20-34 category

Why this is important

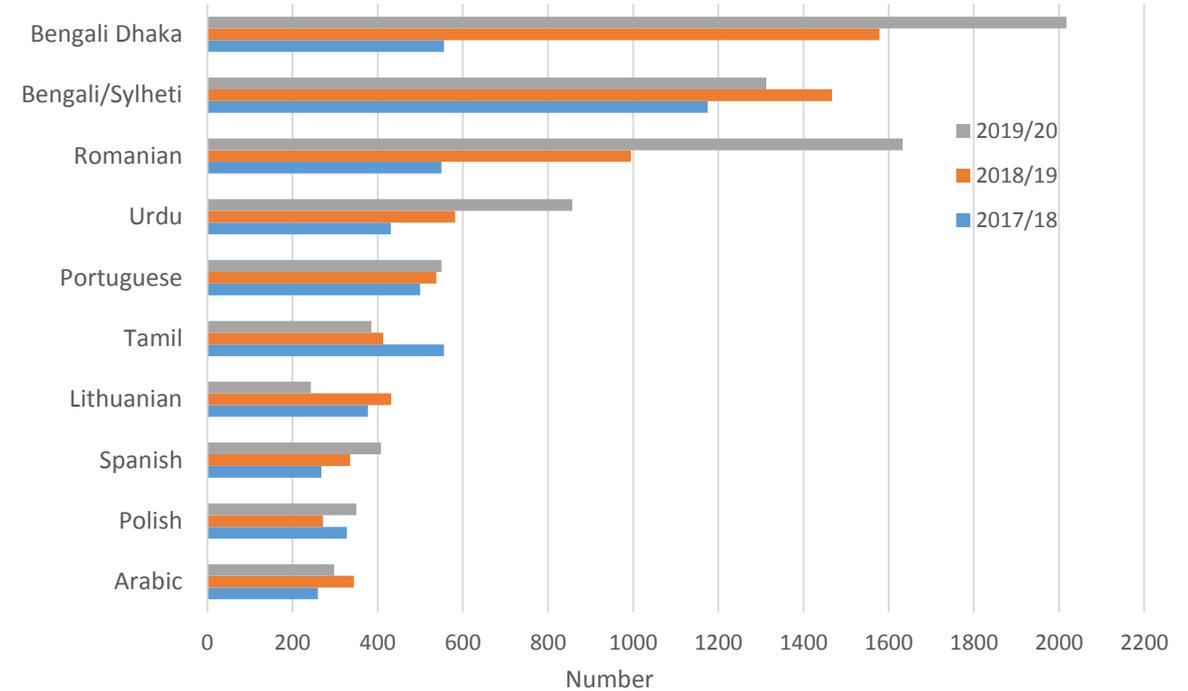
- Language barriers can present problems such as access to services, awareness of what is available and create misunderstanding, resulting in residents potentially not receiving the help and support they need
- For Health and Social Care Professionals, it is important to identify if there is a language problem and to ensure the appropriate channels in the way of reliable interpreters are utilised

Local context for Newham

- The 2011 Census showed that 58.6% of Newham residents stated English as their main language. At the time, this was the lowest proportion in England and Wales
- The 3 most common languages (other than English) spoken in Newham are Bengali, Urdu and Gujarati
- Staff may speak the language of their service users and service users may have their own advocacy organisations that they use
- The Language Shop is the sole provider of language services to the London Borough of Newham <https://languageshop.newham.gov.uk/>
- They provide face-to-face interpreting, telephone interpreting, video interpreting, BSL interpreting and document translation to the authority, along with ad-hoc communication requests

Top 10 Languages requested by LBN for interpretation and translation purposes

Source: The Language Shop



- The graph shows the language support requests to the Language Shop over the past 3 financial years
- The data shows a general increase in interpreting use, especially for Bengali Dhaka and Romanian speakers

Issues/challenges

- Services need to be aware of the interpretation service and how to access on-demand interpreting services, meaning that the community can access services available
- Ensuring up to date information is available on the intranet and added into new staff inductions may reduce this problem
- How often an interpreter will be needed is difficult to predict due to the transient nature of Newham's population

Involving family members

- Involving family members for interpretation purposes is actively discouraged due to the risk of misinterpretation or misrepresentation, either deliberate or accidental
- It also encourages the resident in question to rely on family members to engage with vital services, something that may be difficult to do in cases of domestic violence/child abuse for example
- Services should consider telephone interpretation line, and a Face to Face interpreting services which removes the need for family member interpretation
- Services need to make sure translation and interpreting services are used to their full extent due to convenience or lack of awareness of its existence

Recommendations

- Audit of language services, this would help to understand who has knowledge of the availability of the service and its impact, as well as how those who are aware and are using the service are finding it
- With regard to the uncertainty around the timeliness of need for interpretation, this could be alleviated by using services efficiently, such as on-demand services and remote services and reducing last-minute cancellations and officer DNA instances
- A central bank of translations for common literature/resident communication would be a cost-effective way of translating important information into different languages. For example, having a master leaflet for important services and Covid-19 information would only require translation once
- Services to work with translation and interpreting services to analyse where efficiencies could be made safely
- Promotion of translation and interpreting services and availability including updating the internet and adding the details into new staff induction packs

Chapter 2: Maternal Health

The NHS is committed to improving the experience and outcomes for pregnant women and babies and set out in the NHS long term plan how this will be achieved. Specifically this plan outlines that the NHS will:

- Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025
- Ensure every trust in England with a maternity and neonatal service is part of the National Maternal and Neonatal Health Safety Collaborative.
- Continue to work with midwives, mothers and their families to implement continuity of carer so that, by March 2021, most women receive continuity of the person caring for them during pregnancy, during birth and post-natally.
- Continue to improve how the NHS learns lessons when things go wrong and minimise the chances of them happening again
- Roll out digital health records, and by 2023/24, ensure all women will be able to access their maternity notes and information through their smart phones or other devices
- Improve access to postnatal physiotherapy to support women who need it to recover from birth
- Ensure all maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will have begun the accreditation process in 2019/20.

In 2019/20 there were 5,424 live births at NUH and 5,510 in 2020/21. In Newham the focus for maternity services is ensuring a safe, high quality and positive experience for women, babies and their families. This aim is supported by the implementation of the above Long term plan expectations, and other key national guidance expectations including Better Births, Savings Babies Lives Care Bundle and the recent Ockenden report (the independent review of Shrewsbury and Telford Hospital NHS Trust maternity service). Our focus is also on listening to and learning from women's own experiences including via our local Maternity Voices Partnership and gathering feedback from women through various mechanisms, as well as working across Newham in partnership to improve care pathways and delivery of seamless services.

Why this is important

Pregnancy, the birth and the early weeks of a child's life are a crucial period for the future of the family and of the child. For babies, this period has a major influence on their physical, social, emotional and language development. For mothers and the wider family, pregnancy may be the first time they have sustained contact with health services and so presents the ideal opportunity to influence their life style and to maximize their life chances.

(Taken from Better Births - <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report>)

Percentage of low births

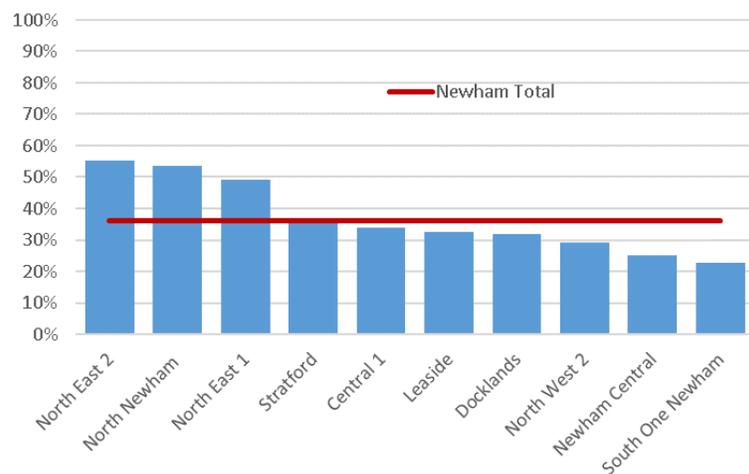
2016	2017	2018	2019	2020
4.1%	3.6%	3.8%	4.4%	4.4%

Local context for Newham

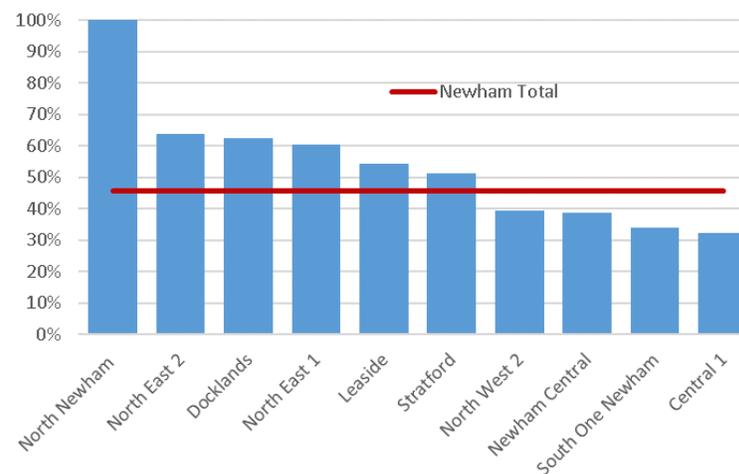
- In Newham, around 4% of full term babies are recorded to have low birth weight, this has remained fairly constant over time
- The number of neonatal deaths in the Asian Population is 6% above the Asian child population (excluding mixed ethnicity) in Newham. This may be related to monitoring of risks during pregnancy
- Annual flu vaccination is recommended in pregnancy for protecting health, and there is a large variation in uptake at Primary Care Network (PCN) level, especially for those at clinical risk

CEG Data	Flu programme 2019/20	Flu programme 2020/21
All pregnant women	44%	39%

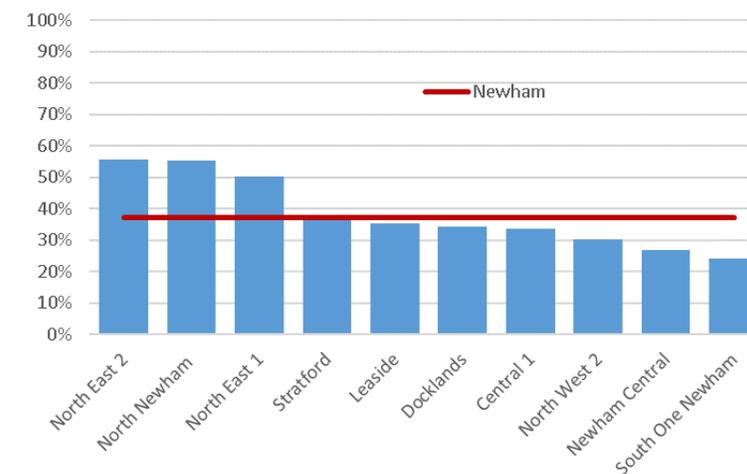
Seasonal Flu Vaccination Programme in Healthy Pregnant Women by PCN (01/09/2020 - 02/03/2021)
Source: CEG



Seasonal Flu Vaccination Programme in Pregnant Women at clinical risk by PCN (01/09/2020 - 02/03/2021)
Source: CEG



Seasonal Flu Vaccination Programme in all pregnant women by PCN (01/09/2020 - 02/03/2021)
Source: CEG



Why this is important

Having a baby is now safer than 10 years ago. Since 2010, despite increases in some risk factors such as age and comorbidities of mothers, there has been an 8% reduction in maternal mortality and maternal mortality occurs in fewer than 1 in 10,000 pregnancies.

(Taken from Better Births - <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report>)

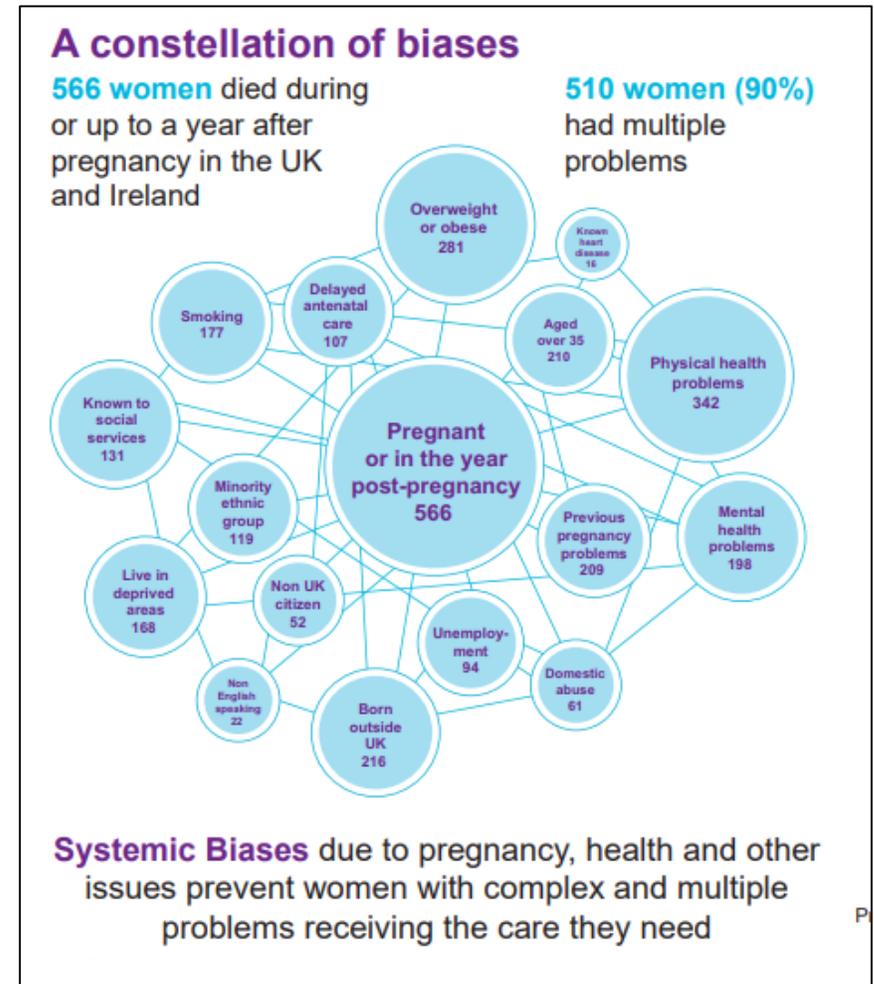
Local context for Newham

MBRRACE is a national organisation that audits and reports annually on maternal and perinatal mortality, highlighting themes from audits and making recommendations for reducing risk of mortality for mothers and babies.

In 2020 their report highlighted that in 2016-18, 217 women died during or up to six weeks after pregnancy, from causes associated with their pregnancy, among 2,235,159 women giving birth in the UK.

Of women who died during pregnancy or up to a year after pregnancy in England and Ireland, MBRRACE identified that out of the 566 women who died, 510 had multiple health and social care needs, or a “constellation of biases”. These findings have implications in an area as diverse as Newham, which also has high levels of deprivation.

In Newham the “Living Well” programme has identified maternity, and particularly responding to and reducing health inequalities in outcomes, as a priority. This goes alongside the priority for healthy pregnancies being a key step into Newham’s 50 steps public health plan, as well as significant work at a North East London level to implement all requirements from relevant national guidance including Better Births, Savings Babies Lives Care Bundle and the recent Ockenden report. Work will be taken forward locally through the 0-5 Board.



Maternal Health: Maternal Mortality

Inequalities

- Disparities in maternal mortality rates amongst women from different ethnic groups have been documented for many years.
- However, the 2020 MBRRACE analysis of the information showed, for the first time, the recent widening of this gap between women from Black and white ethnic groups. In both the 2018 and 2019 reports, MBRRACE highlighted the five times higher maternal mortality rate amongst women from Black ethnic groups compared with white.
- Many women have found these figures very worrying and it is important always to qualify such stark statistics with absolute numbers - in 2016-18 in the UK 34 Black women died among every 100,000 giving birth, 15 Asian women died among every 100,000 giving birth, and 8 white women died among every 100,000 giving birth.

Time trend

- While there has been a national reduction in maternal mortality and the numbers of women who die during pregnancy and in the first year after birth are extremely low, including in Newham, the increasing rates of women from BME groups who die is of the utmost concern..
- Across Newham and North East London our focus is ensuring we implement national guidance that is evidenced based in reducing maternal deaths. This includes ensuring we have robust mechanism to hear from local women on their experience and co-produce solutions to improve local services. Newham commissions a voluntary sector organisation to deliver our “Maternity Voices Partnership” which is a key engagement mechanism to listen to and respond to women. Our local maternity service is a key partner in this forum.

Forecasting future need

- Data on maternal mortality is reported on at a local and national level including into MBRRACE audits.
- In addition, across North East London a maternity dashboard has been developed and launched in 2021. This enables real time analysis of maternity outcomes.
- As part of the Ockenden review, Local Maternity Systems which locally operate on a North East London basis, are tasked with reviewing, sharing and embedding learning from serious incidents. This would include maternal deaths.

Strategic implications

- Development of maternal medicine networks across England.
- Continued increased delivery of “continuity of care” for women during pregnancy, targeted towards women from ethnically diverse groups and those living in deprived areas, for whom midwifery-led continuity of carer is linked to significant improvements in clinical outcomes.
- Implementation of the immediate and essential actions from the Ockenden review, to enhance safety, increasing women’s voices, staff training together, management of complex pregnancies and enhancing risk assessment and fetal monitoring.
- Across North East London a specific risk assessment tool to support women from ethnically diverse communities is in development.

Why this is important

Data from Consultant Midwife for Public Health, Barts Hospital NHS Trust

Screening tests are used to find people at higher chance of a health problem. This means they can get earlier, potentially more effective, treatment or make informed decisions about their health. Women are offered some screening tests during pregnancy to try to find any health conditions that could affect them or their baby. The tests can help women make choices about further tests and care or treatment during pregnancy or after their baby is born.

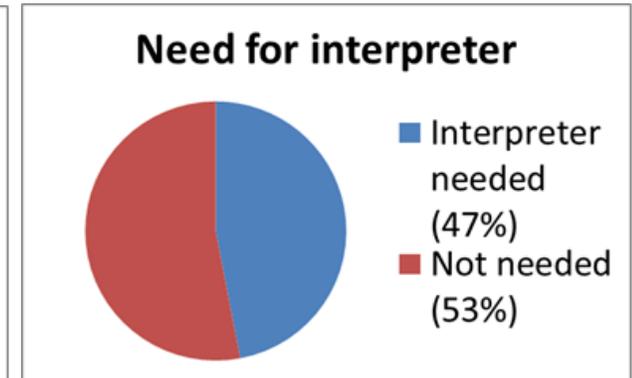
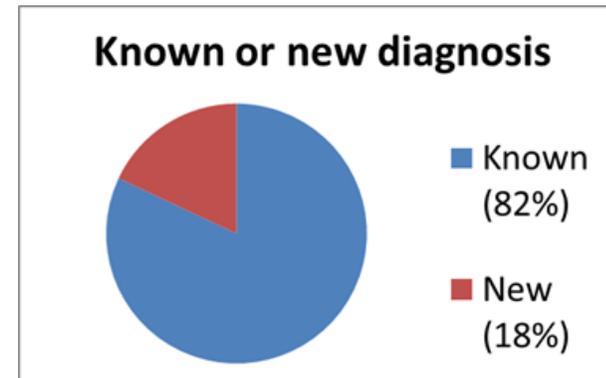
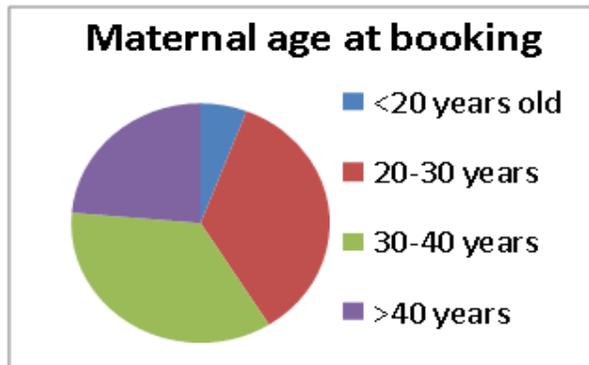
Local context for Newham

Infectious diseases screening programme

- Screening for HIV, hepatitis B and syphilis is strongly recommended in each pregnancy
- Over 99% of women in Newham have these tests and coverage is measured quarterly by NHSE
- The table shows the proportion of women booked for antenatal care at Newham University Hospital with HIV, hepatitis B or syphilis
- Women who screen positive for any of these infections should be seen by the specialist midwife within 10 working days of the result notification. This is a national standard set by PHE. This is an opportunity to deliver results sensitively, give health advice and make onward referral for treatment and monitoring.
- In 2019-20, an audit was undertaken of any woman who was not seen within 10 working days by the specialist midwife. 17 women were included in the audit (121 positive results in total for HIV, hepatitis B and syphilis). 12 of these women were given an appointment within the timeframe but did not attend, 5 women were not available within the timeframe. The charts below give some detail about the women who were not seen within 10 working days.

Proportion of women booked for AN care with HIV, Hep B or Syphilis

	2017-2018	2018-2019	2019-2020
HIV	0.3%	0.2%	0.2%
Hepatitis B	1.2%	0.9%	1%
Syphilis	0.3%	0.4%	0.4%



70% of women who were not seen within 10 working days had complex social issues identified during the pregnancy, defined as: Alcohol and/or drugs, diagnosed mental health problems, immigration issues (recent migrants, asylum seekers or refugees), difficulty reading or speaking English, young women aged under 20, intimate partner violence

Local context for Newham

Sickle cell and Thalassaemia screening

- Sickle cell and Thalassaemia screening is offered to all women in early pregnancy, ideally before 10 weeks gestation, to identify carriers of sickle cell and thalassaemia genes. This gives time for the biological fathers to be counselled and tested
- When both parents are carriers of sickle cell or thalassaemia genes, there is a 25% chance that the baby will have a haemoglobin disease

Around **100 women per quarter** are identified as carriers and results are currently sent to the East Ham sickle cell and Thalassaemia centre who inform the women and invite the biological fathers for testing. If both parents are carriers and a prenatal diagnosis is requested, the couple are referred to UCLH for this procedure. NHS England have a commissioning intention to bring this service into NUH maternity services as this delivery model supports:

- continuity of care
- partner testing
- timeliness of decision making for 'at risk' couples

Fetal anomaly screening programme

- All women presenting to maternity services in the first trimester are offered screening for Down's syndrome, Edwards' syndrome and Patau's syndrome with a combined test
- This test requires a nuchal translucency ultrasound and maternal blood sample to be taken between 11+2 weeks and 14+1 weeks gestation
- Women presenting in the second trimester before 20 weeks are offered Down's syndrome screening using maternal blood sample
- An anomaly scan is offered between 18 to 21 weeks to screen for 11 physical conditions.
- Ensuring the combined test is completed for women who accept screening for Down's syndrome, Edwards' syndrome and Patau's syndrome has been **identified as a risk** at NUH
- The issues with completing the test are:
 - Inability to schedule scans within the timeframe, especially for women presenting after 10 weeks gestation
 - Ensuring a blood sample is taken following the scan

Local context for Newham

Outcomes from Down's syndrome, Edwards' syndrome and Patau's syndromes screening

- In 2019-20, 49 women were identified as having a higher chance of having a baby with Down's syndrome, Edwards' syndrome or Patau's syndrome, either following first or second trimester screening
- 22 (42.3%) women decided to continue routine antenatal care with no further testing for the conditions and 4 of these babies were born with a condition
- 8 (15.3%) women opted to pay for a second private screening test which has a higher sensitivity and specificity than the NHS screening tests. 1 of these tests gave a high chance result and the woman proceeded to a diagnostic test
- 19 (36.4%) women opted for a prenatal diagnostic test which is able to confirm or rule out a condition
- Conditions were confirmed in 11 cases (please note that as well as high chance screening result, some women opting for prenatal diagnostic tests also had abnormal scan findings which would indicate why there are more conditions diagnosed in this group)

Data from Consultant Midwife for Public Health, Barts Hospital NHS Trust

Time trend

Screening coverage in Newham

Newham	2017/18				2018/19				2019/20				2020/21
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
HIV	99.8%	100.0%	100.0%	99.8%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%
Hepatitis B	99.8%	100.0%	100.0%	99.8%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%
Syphilis	99.8%	99.9%	100.0%	99.8%	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%

Coverage data measured quarterly by NHS England

Strategic implications

An action plan has been developed to address the following recommendations:

- Encourage women to refer for maternity care early.
- Ensure women have 'Screening tests for you and your baby' (STFYAYB) leaflet for the booking appointment
- Ensure STFYAYB information is accessible to women in other languages
- Ensure women know the process for screening
- Booking midwife to confirm date of scan and gestation of scan. Reschedule if outside the timeframe and woman accepts screening
- Have protocol to rebook scan within timeframe in case of late arrival of the woman for her scan or declining male sonographer
- Ensure informed consent and document this correctly
- DNA policy to be followed for women that do not attend booking/ dating scan
- Scan clinics to be supported by phlebotomy trained MSW
- Review reasons for growth scans as this impacts on the number of scan slots available for first trimester screening

Why this is important

- **Smoking during pregnancy**, is responsible for an increased rate of stillbirths, pre-term births, and heart defects (*Source: Royal College of Paediatrics*)
- A partner or living with someone who smokes during pregnancy can affect the baby before and after birth. **Secondhand smoke** can reduce a baby's birthweight and increase the risk of sudden infant death syndrome (SIDS). Furthermore, babies whose parents smoke are more likely to be admitted to hospital for bronchitis and pneumonia during their first year

Stopping smoking can:

- Reduce the risk of complications in pregnancy and birth
- Make it more likely to have a healthy pregnancy and birth
- Reduce the risk of stillbirth and SIDS
- Babies are less likely to be born too early and the problems associated with being born premature
- Babies are less likely to be born with low birth weight (*Source: NHS*)

Smoking is biggest driver of health inequalities. Reducing smoking among disadvantaged groups has positive impact on the wider determinants of health of the individual, family and community. (*Source: ASH Health Inequalities and Smoking*)

	Maternal Smoking	Secondhand smoke exposure
Low birthweight	2 times more likely	Average 30-40g lighter
Heart Defects	9% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Increased risk
Miscarriage	32% more likely	Possible increase
Sudden Infant Death	3 times more likely	45% more likely

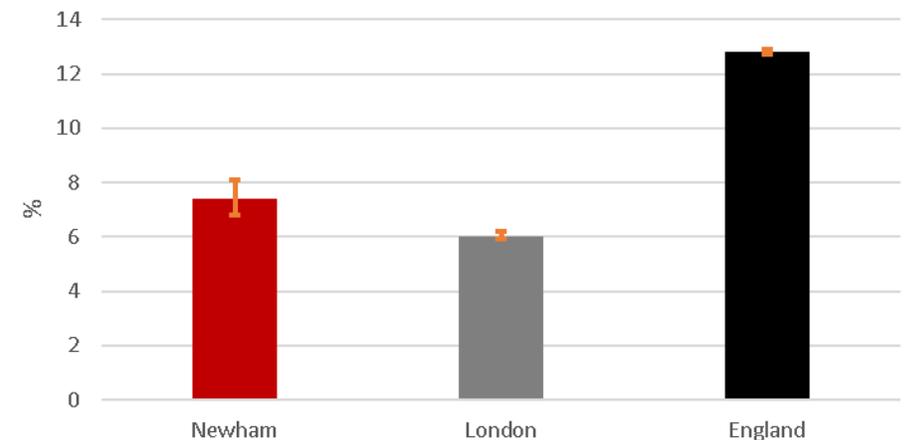
Source: RCP. Hiding in plain sight: treating tobacco dependency in the NHS, 2018; RCP & RCPCH. Passive Smoking and Children, 2010

Local context for Newham

- In Newham, the percentage of mothers smoking at the time of delivery is lower than England average (4.5% compared to 10.4%). However, it is higher among 15-24 years old (10%) and white women (13%).
- The percentage of mothers **Smoking in early pregnancy** (at the time of the maternity booking appointment) is higher than London but lower than England
- Since May 2019, NUH has made mandatory the recording of smoking status and CO reading at the booking appointment.
- In Jan 2021, Newham launched a Specialist Stop Smoking Service focused on supporting high risk groups including pregnant women. The service asks if partners smoke and support for them to quit can also be provided.
- A referral pathway has been established between the maternity unit at Newham University Hospital and the Stop Smoking Service to ensure women can access support as soon as possible.
- All maternity services are tasked with delivery the Saving Babies Lives Care Bundle, aiming to reduce stillbirths and infant mortality. It includes an aim to reduce smoking in pregnancy, including by the use of CO testing in pregnancy

Smoking in early pregnancy, 2018/19

Source: Maternity Services Dataset via Fingertips, PHE



Maternal Health: Smoking in Pregnancy

Inequalities

Age

Births in 2020	Smoking at time of delivery	Total births	% of those who smoke
15-19	<5	26	12%
20-24	36	425	8%
25-29	54	1178	5%
30-34	67	1563	4%
35-39	35	1126	3%
40+	9	399	2%

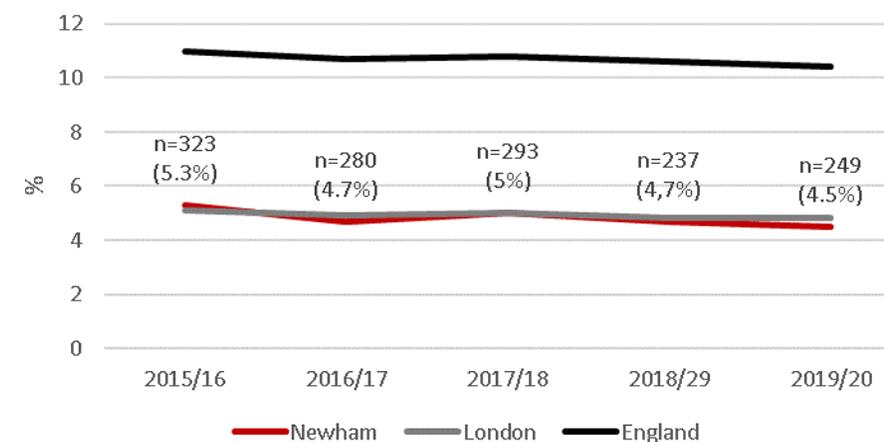
Ethnicity

Births in 2020	Smoking at time of delivery	Total births	% of those who smoke
White	121	920	13%
Mixed	<5	50	6%
Other	15	252	6%
Not stated	41	1250	3%
Black	13	487	3%
Asian	11	1758	1%

Time trend

Smoking status at time of delivery - % of all maternities

Source: SATOD - NHS Digital via PHE



Forecasting future need

- Stopping smoking is the single biggest modifiable risk factor and major cause of inequality in child and maternal health (*JSNA South Glos – Smoking in Pregnancy*)
- Future forecasting would explore inequalities in smoking status among pregnant women. The aim would be to identify risk factors which increase the likelihood of smoking during pregnancy (particularly among younger women and white women). This would help inform a clear pathway to support high risk women to quit smoking during their antenatal care.
- Whilst the prevalence of smoking among pregnant women is lower in Newham than England average, many more unborn babies are exposed to second-hand smoking. A clear pathway to support partners and other household members to quit smoking would be a priority.

Strategic implications

- As part of the NHS Long Term Plan, by 2023/24 all people admitted to hospital who smoke will be offered NHS Funded Tobacco Treatment Services. The model will be adapted for expectant mothers and their partners
- Newham is currently devising a CLeaR Local Tobacco Control Assessment to inform the local action plan.
- Newham Hospital to become fully compliant with Saving Babies Lives care Bundle element related to smoking screening – as at Dec 2020 services was partially compliant with a plan to roll out follow up screening at 36 weeks and at all antenatal appointments for those with higher levels of CO.

Maternal Health: Parental Support

Why this is important

As the newly published “Best Start for Life” report shares ; Pregnancy changes life for parents, carers and the family around them. The healthier a mum is during pregnancy, the easier it will be for her to adapt to her changing body and cope with labour as well as recover fully after the birth. The mental health and wellbeing of mums, dads, partners and carers is also important for the development of the baby. Poor mental health can impact a parent’s ability to bond with their baby. This is why it is important that parents and carers have their own needs met so they can meet the needs of their baby.

The mental and physical wellbeing of the mother is important for the baby’s healthy development.

Every year researchers learn more about the potentially damaging effects of ‘adverse childhood experiences’ (ACEs). These are traumatic events which may result from exposure to poor parental mental health, abuse, neglect and parental drug misuse amongst other risk factors. Parental conflict can impact on the mental health of the baby. That is why it is so important that parents and carers get the right type of support to help them give their babies the best start for life.

Local context for Newham

Newham is a young borough with an ethnically diverse population . Maternity services are commissioned through BARTS health, and maternity care can be accessed across five units with support from a wide range of experts who can provide specialist advice. Newham University Hospital alone deliver approximately 6,000 babies each year. Newham as a Local Authority has the 3rd highest levels of deprivation in the country contributing to high complex caseloads. Emotional wellbeing checks ensure women are monitored and supported to maintain good mental health.

Newham CCG Maternity service commissions two providers:

- Maternity Mates - who offer peer support to vulnerable women during their pregnancy and new mothers who are isolated in the community for various reasons, and/or have limited/ no support network of family and friends. Perinatal mental health support will also be provided to high risk women who have experienced all forms of baby loss, birth traumas and PTSD resulting from pregnancy.
- Maternity Voices Partnership - that provides an effective channel for pregnant mums, new mothers/ fathers to share their patient experience in an organised and ongoing way, to inform and shape how local services are commissioned and delivered in the future.

The CCG mental health service also commission Parents In Mind who provide low/ medium level peer support perinatal mental health support to families and are able to signpost them to other local health care professionals.

Maternal Health: Parental Support

Inequalities

- Maternity Voices Partnership (MVP): It has been recognised that there is little data capture of paternal experiences of the maternity services
- More data of women's experience from ethnically diverse communities is needed

Family support

Other programmes happening to support families which are supported by the CCG include

- Healthy Start Vitamins programme
- BCG vaccinations

Forecasting future need

- Commissioners are in discussion with MVP leads on models to capture paternal experience of maternity services
- MVP leads are currently looking to recruit more chairs from ethnically diverse communities to encourage ethnically diverse representation
- More work needs to be done around supporting the mental health needs for families under Care of Next Infant (CONI)
- More work needs to be done in relation to extended bereavement support for women in the community beyond the support provided by bereavement midwives

Strategic implications

- There is the desire in the community for services to return back fully to face to face contact.
- Maternity services are also looking at their current pathways to strengthen partnership working with the commissioned providers, community health care professionals, health visiting teams etc.
- Work is needed to raise awareness of Maternity Voices to capture data and better understand parental requires for support
- Antenatal workshops that are delivered in partnership with key professionals which encourage parent and family participation provide the basic foundations of parenting.
- Parenting workshops need to be sensitive and tailored to parent or family needs to enable equal access and tailored support for marginalised or minority groups

Maternal Health: Healthy Start Vitamin Uptake

Why this is important

- Vitamins are essential nutrients that are needed by the body in small amounts so that it can function properly
- The first 1000 days of life, are the most important and critical period for child development
- Vitamin D is essential for bone health and growth, and its deficiency can result in weak and poorly formed bones, seizures and even heart failure as a result of a lack of calcium
- Pregnant women and young children from ethnically diverse and low socio-economic groups are particularly at risk of vitamin D (Darker skin tone, covered up clothing, small gaps between pregnancies) and other nutritional deficiencies
- Good nutrition and vitamin D sufficiency in pregnancy and early days are important for baby's development, birthweight and future health
- 90% of Vitamin D comes from the action of sunlight on our skin and only 10% from foods so it is impossible to get enough Vitamin D from our diet.
- Vitamin uptake is part of Healthy Start National scheme and it addresses issues around Vitamin D and other nutritional deficiency and food poverty.
- Children's Healthy Start drops contain Vitamins A, C and D to help maintain normal vision (8% children in UK are not getting enough Vitamin A in their diet), healthy tissues and normal function of the immune system.
- Mother's Healthy Start Vitamin tablets contain Vitamin C, D and Folic Acid. Folic Acid helps reduce the chance of neural birth defect such as Spina bifida, Vitamin C for healthy tissues and Vitamin D helps mother's body to absorb calcium and so supports your baby's bones to develop properly and bones.

Local context for Newham

- Vitamin D deficiency is most common in people with darker skin and/or those who cover their skin when outside. Newham is home to many different cultures and religions – many of which may increase the risk of vitamin D deficiency.
- Currently vitamins are provided to targeted clients. Eligibility is means tested, for example whether or not the family is currently receiving benefits.
- Healthy Start that provides free vitamin D and healthy food for pregnant women and babies in low income households is a great intervention programme. However uptake needs to be improved as around 50% of eligible families in Newham (2,446 in Apr 2021) are still missing out
- Newham is due to roll out a universal offer of Healthy Start Vitamins in May 2021. This means that all children under the age of 4, as well as pregnant women & new mothers (with children under 1 year old) will be able to access vitamins for free.
- This will mean Newham is on par with our statistical neighbours - all of whom currently provide a universal Healthy Start vitamins scheme

Maternal Health: Healthy Start Vitamin Uptake

Inequalities

Vitamin D deficiency

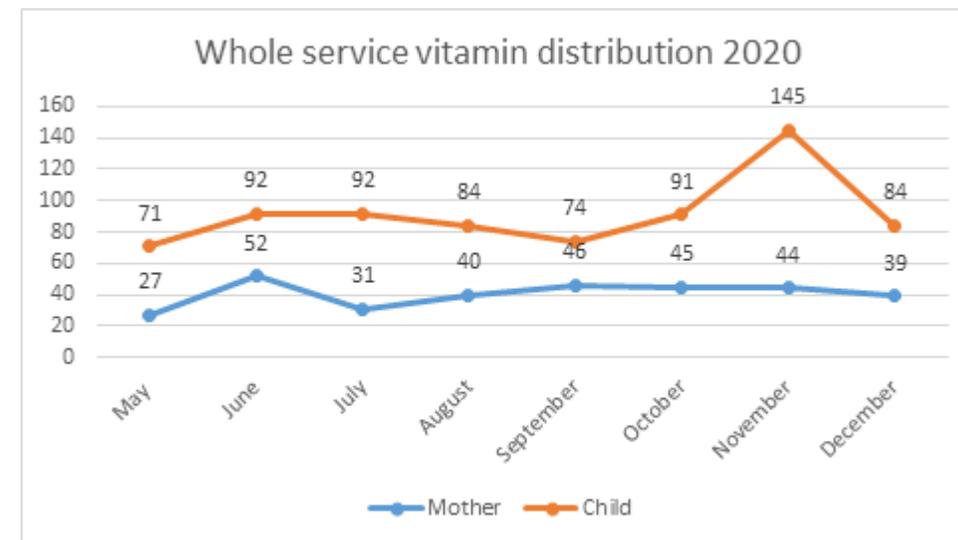
- In the UK it can be hard to get enough sunlight for natural Vitamin D from October to the end of March. This was exacerbated during COVID-19 lockdown where residents spent an increased amount of time indoors.
- Vitamin D deficiency is known to be common in:
 - People with darker skin (African, South Asian or African-Caribbean origin)
 - People who cover themselves up when outdoors
 - Pregnant and breastfeeding women
 - Infants and children under 5, especially those who are exclusively breastfed because mother's levels are likely to be low
 - The elderly and people who are housebound

Forecasting future need

- As a result of Covid-19 lockdown and people spending summer 2020 indoors, there are concerns about Vitamin D deficiency, particularly among Newham's Black, Asian and Minority Ethnic groups
- Current uptake of the targeted Healthy Start offer, which includes Healthy Start Vitamin containing recommended dose of Vitamin D, sits at 49%. This indicates the need to increase Vitamin D uptake among all pregnant women, new mothers and children under 4.

Time trend

The graph shows the targeted Healthy Start offer, available for eligible pregnant women, new mothers and children under the age of 4.



Strategic implications

- Newham is rolling out a universal offer of Healthy Start Vitamins for all children under the age of 4, pregnant women & new mothers (with children under age 1)
- Consideration is being given to funding a Vitamin D offer for adults. Research will need to be done to look at the value of offering a Vitamin D supplement to specific groups of adults, such as women of child bearing age.

**Please see Chapter 9 – Mental Health for data and narrative
around Perinatal Mental Health**

Chapter 3: Early Years

Newham has more children and young people than any other borough in London, with the population of children aged 0-5 predicted to grow over the coming years. Supporting families as early as possible – to ensure the Best Start in Life – is crucial to their overall development and health and wellbeing across the life course.

The desired outcome for Newham's young children is that all children:

- are healthy
- have the Best Start in Life and the importance of the first 1001 days of a child's life
- are ready to learn
- have families who are ready to support their child's learning
- have settings ready to provide a nurturing and enriched environment for every child

This JSNA has been informed by local and national evidence. Findings from a number of borough wide working groups have also been reflected in the JSNA. Findings from these working groups were developed by over 40 partners across the borough, in addition to input from parents and carers. The purpose of these working groups was to review current practise, identify gaps and needs and jointly commit to creating a consistent offer for families, covering a range of universal and targeted services.

Collectively, these findings, as reflected in the JSNA, can be used to inform strategic planning and ensure that Newham becomes the best place for children and young people to grow up. This includes: further developing the 0-5 pathway for all families in Newham, driving the uptake of targeted healthy start vouchers, focusing on the role that preventive measures can play in reducing unhealthy weight in childhood, raise the proportion of mothers breastfeeding, take up of immunisations, oral health concerns which has widened due to inequalities concerns linked to Covid 19, targeted family support in the community, wrap around support working in partnership with VCS partners across the Borough and the uptake of early education especially those most vulnerable.

Why this is important

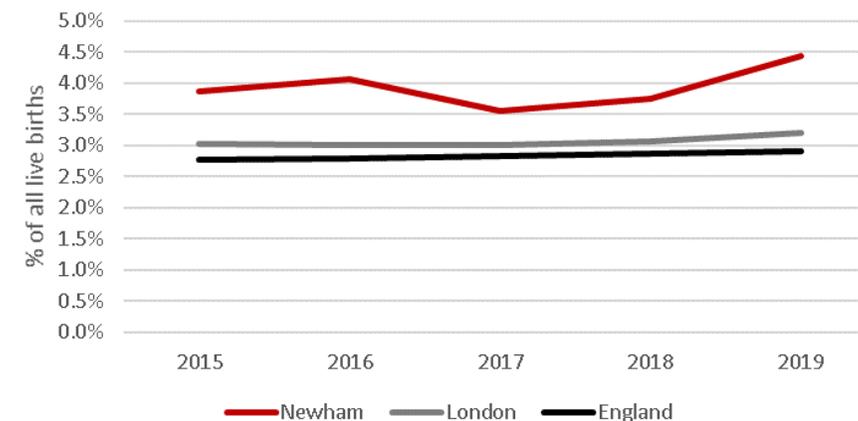
- Low birth weight in term babies is associated with an increased risk of infant mortality, developmental problems in childhood and poorer health later in life
- Whilst the risk of low birth weight can be related to non-modifiable risk factors such as the age of the mother (particularly if young), there are a number of modifiable risk factors that play a big part. For example, smoking during pregnancy, substance and alcohol misuse, high levels of deprivation, maternal mental health, maternal weight
- Low birth weight can be influenced by risky behaviours during pregnancy, such as smoking and drinking alcohol
- More generally, some pregnant women lack access to healthy nutritious foods and/or vitamin supplements

Local context for Newham

- Newham has consistently had a higher proportion of low birth weight term babies than London. Birthweight varies according to ethnic group and reasons for this should be considered within the context of Newham's culturally diverse communities
- There are modifiable risk factors associated with low birth weight, many of which are known to be relevant to Newham. For example, high levels of deprivation, maternal mental illness, maternal weight and risky behaviours during pregnancy (e.g. smoking and drinking)

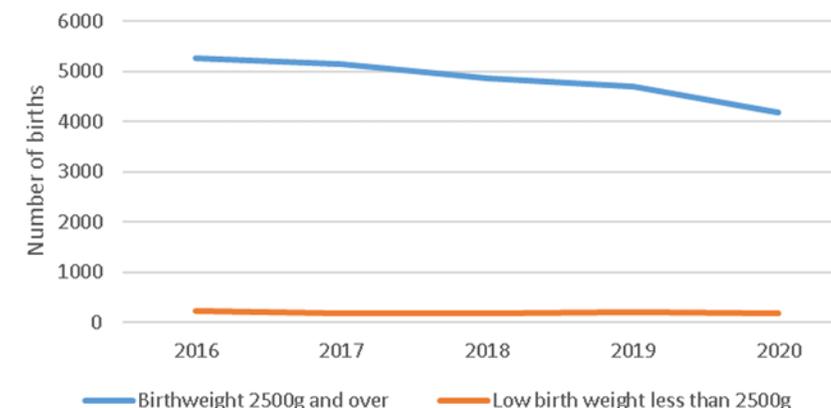
Low birth weight (<2500g) of term babies (>=37 weeks)

Source: Office for National Statistics



Births of term babies (37 weeks and over)

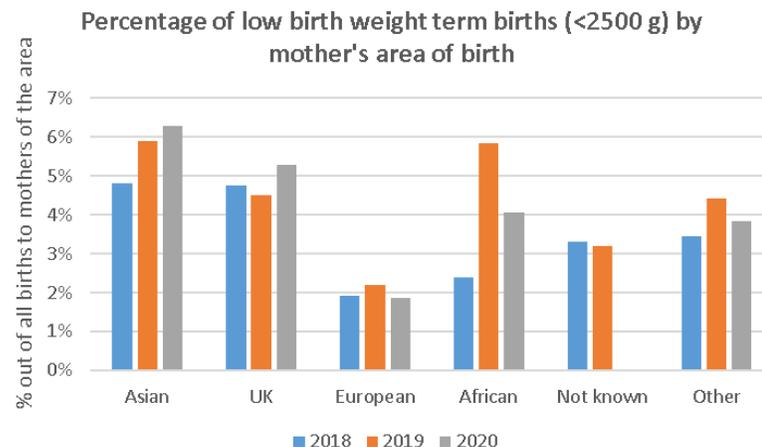
Source: NHS Digital



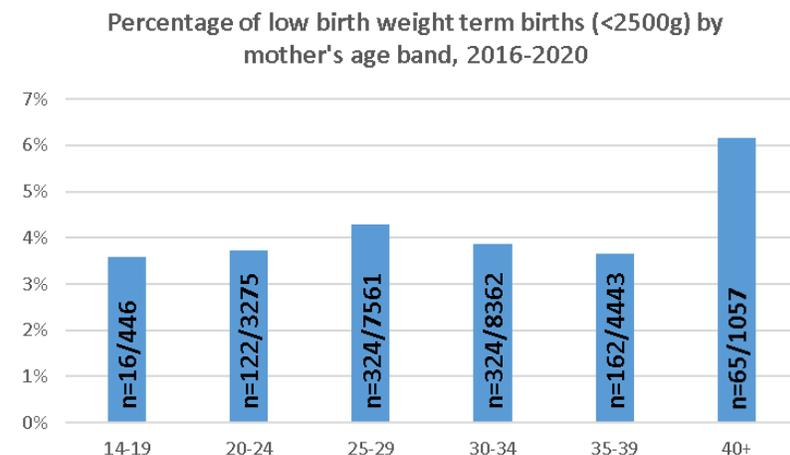
Early Years: Low Birth Weight

Inequalities

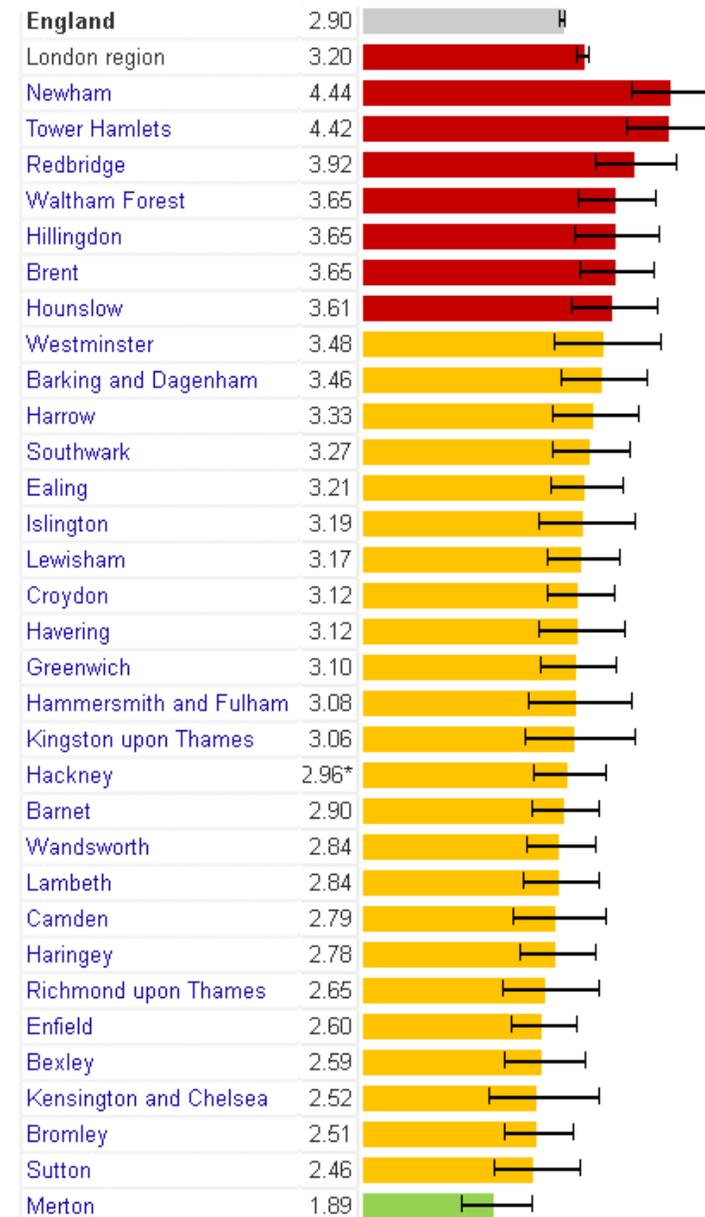
The chart shows the proportion of low birth weight babies out of all term (37+ weeks) births to mothers born in that country, for example in 2020, 6.3% of all term births to mothers whose country of birth is Asia were of low birth weight (less than 2500 g).



The chart below shows the percentage of low birth weight term babies born to mothers in different age groups.



The chart on the right shows the percentage of live term births, with a recorded weight under 2500 g, as a percentage of all live term births with recorded birth weight



Data Sources: ONS via Fingertips, PHE
NHS Digital births data

Early Years: Low Birth Weight

Forecasting future need

- Pre-conception nutrition education (in schools and colleges)
- Contraception/family planning for spacing pregnancies and improving maternal health status
- Supplementation to prevent common deficiencies: Iron deficiency anaemia, micronutrient and Vitamin D deficiency
- Better antenatal care for underweight, overweight & under age women
- Access to Healthy Start food vouchers
- Preconception health behaviour education- activity/smoking/substance misuse/infections
- Parent education – to support breast feeding & discourage overfeeding of low birth weight babies. Evidence show that fast growth in early life is linked to childhood obesity and adult heart disease

Strategic implications

- There is strong evidence to show that poor maternal nutrition can adversely affect foetal and infant growth and development. For this reason, Newham is introducing a universal offer of vitamins for pregnant women and children under the age of 4
- We must also work to increase uptake of the Healthy Start targeted offer (includes access to free vitamins *and* fresh food). Current uptake among eligible families sits at approx. 50%. This means that over 2,400 eligible families are missing out
- Focusing on the role that preventive measures can play in reducing unhealthy weight in childhood is important (e.g. creating a healthy food and drink environment; offering smoking cessation services and opportunities for families to engage in regular physical activity). An integrated approach – one that considers the modifiable risk factors for low birth weight, is key

Why this is important

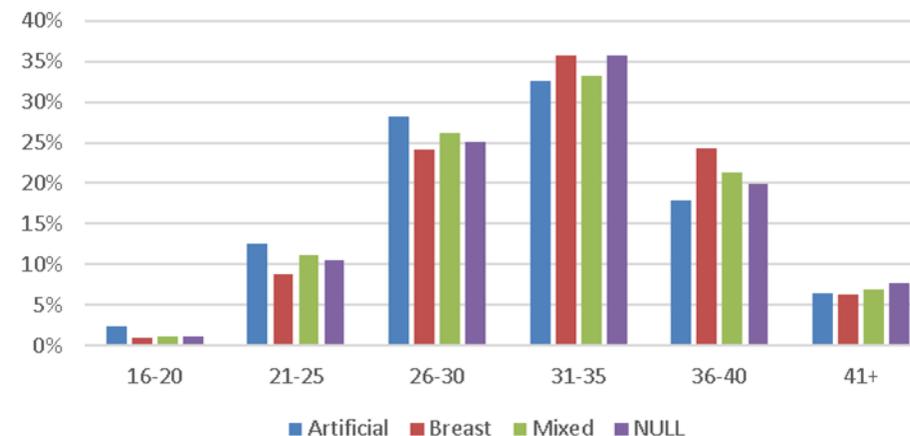
- Breastfeeding is one of the most effective ways to ensure child health and has long-term benefits for a baby that last into adulthood
- It contains all the energy and nutrients that an infant needs for the first few months of life and continues to provide some of their nutritional needs into their second year.
- Breastfed children are also more likely to be within a healthy weight range and are less likely to develop chronic diseases such as diabetes when they get older. Breastfeeding also reduces the mother's risk of some cancers.
- However, many infants are not exclusively breastfed for the recommended 6 months
- Breastmilk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses
- Breastfeeding also provides health advantages for mothers, including some protection against some cancers, diabetes and osteoporosis in later life

Local context for Newham

- In 2019, Newham achieved Stage 2 Unicef Baby Friendly accreditation.
- Most infants are not exclusively breastfed at 6 months in Newham
- In 2018, 75.6% of Newham mums initiated breastfeeding following the birth of their child and this increased to 84.5% by the time they went home
- There are substantial differences in the proportion of breastfed infants by maternal age and by ethnicity
- Younger mothers are less likely to breastfeed their infants as measured at point of discharge from hospital
- Mothers aged more than 30 years are slightly more likely to breastfeed than to use artificial foods where mothers less than 30 years are slightly more like to use artificial foods than breastfeed

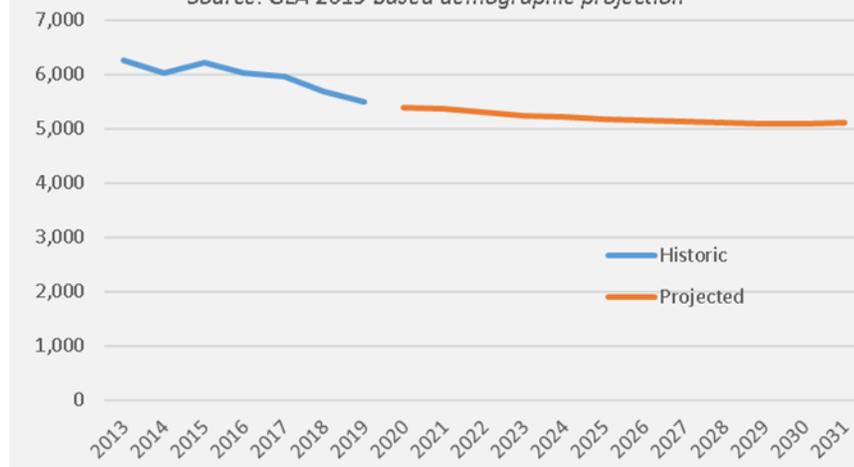
Feeding on discharge from hospital by age band, 2020

Source: Barts Health



Births in Newham - past and predicted trend

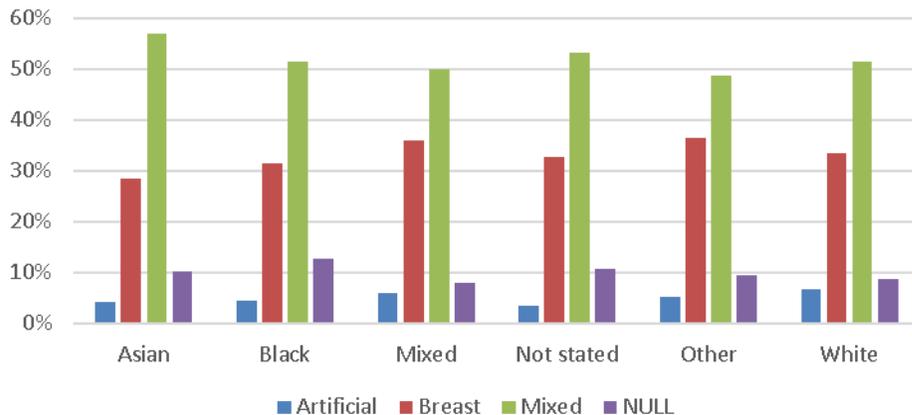
Source: GLA 2019 based demographic projection



Inequalities

Feeding on discharge from hospital by ethnic group, 2020

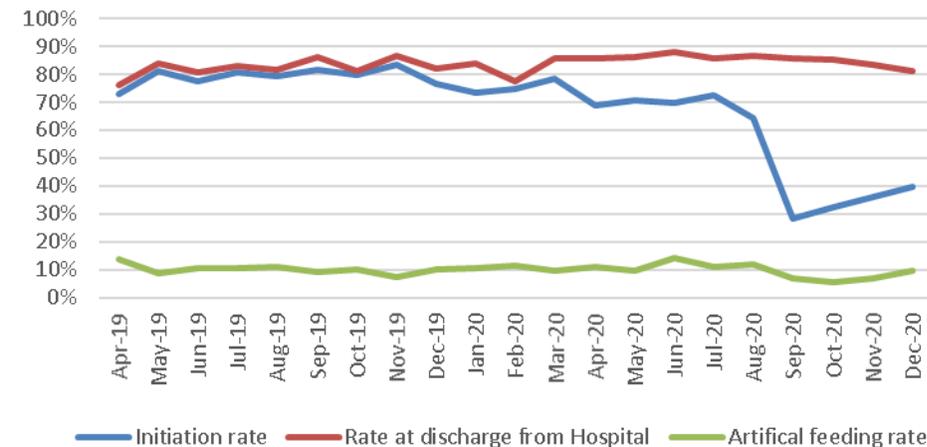
Source: Barts Health NHS Trust



Time trend

Breastfeeding

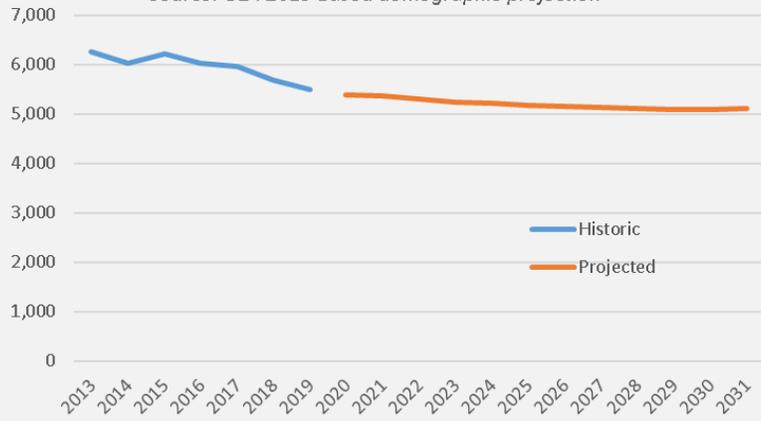
Maternity Dashboard, Barts Health



Forecasting future need

Births in Newham - past and predicted trend

Source: GLA 2019 based demographic projection



Strategic implications

- Breast feeding initiation has been impacted by Covid-19 as maternity services were impacted by the pandemic
- Further work is needed by raise the proportion of mothers breastfeeding
- Young mothers (less than 30 years), Asian mothers and Black mothers are less likely to breastfeed compared to other groups, contributing to longer term health inequalities
- Maternity and community services need to help support breast feeding generally across Newham, and to contribute to reducing these inequalities
- Breastfeeding peer support services should be considered as an evidence based approach to increasing breastfeeding continuation and to help build social capital among Newham's young families
- Newham is working towards Stage 3 Unicef Baby Friendly accreditation by October 2021

Why this is important

Newborn Infant and physical examination

- All babies are offered a physical examination to screen for congenital heart disease, congenital cataracts, hip dysplasia and undescended testes, as well as performing a holistic top to toe check
- This examination should be repeated at 6-8 week of age by the infant's GP in order to identify any conditions which were not present or detectable after birth
- Some babies will require outpatient diagnostic tests due to a finding from the examination and a priority of the service is to ensure these are scheduled and an outcome recorded for all babies

Newborn Blood Spot Screening (NBS)

- All babies up to but not including their first birthday are eligible for NBS which screens for 9 rare but serious conditions
- A health professional will take a blood spot sample from a child's heel on day 5 (birth day is 0) and this is sent for testing

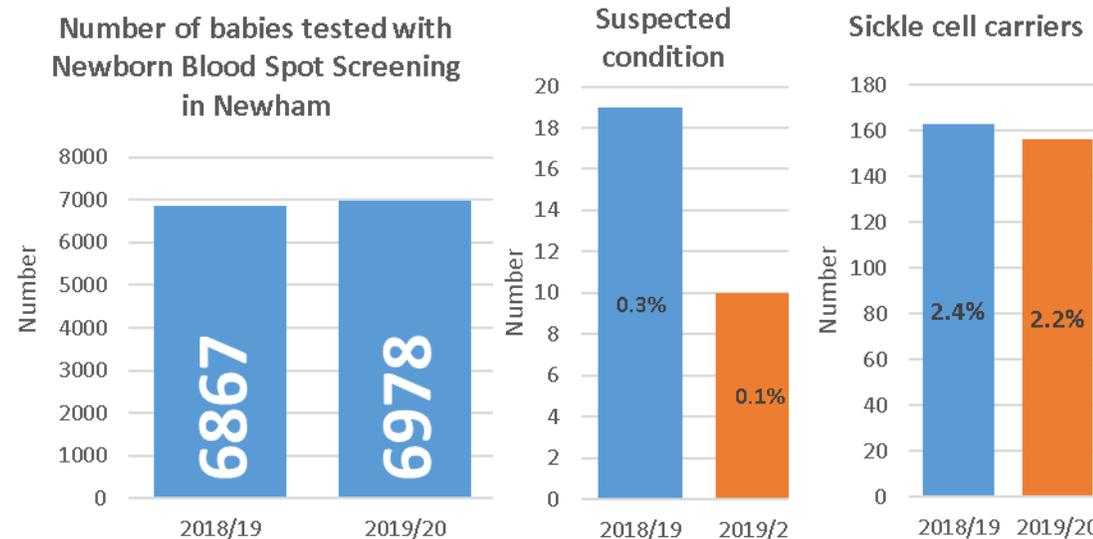
Local context for Newham

- Newborn bloodspot screening data is collated by the screening laboratory (GOSH) for babies in the Newham area
- The data is for babies up to one year of age, so includes babies who were born abroad and moved to Newham in the first year of life
- The second graph shows the results of screening indicating a suspected condition is present and the third graph the number of positive sickle cell carriers screened
- The laboratory report indicates the number of babies tested in each ethnic category, however ethnicity is not reported by borough
- The lab also does not report any data relating to maternal age

Strategic implications

- NHSE have directed local areas to embed the follow up and counselling element for babies at risk of sickle cell disease into the maternity led antenatal care pathway
- Work to revise the pathway to meet these expectations is underway across community and acute maternity services
- The aim of the pathway change is to bring all elements of the antenatal care pathway for screening into the maternity service to ensure a seamless service with continuity of care and support provided by women's lead maternity professionals

Data from screening laboratory, GOSH



Early Years: Healthy Start

Why this is important

- The first 1,000 days of life from conception to the child's second birthday is a unique period of opportunity when the foundations of optimum health, growth, and brain development are established.
- Vitamins are essential nutrients that our body needs in small amounts for it to function properly and the demand of certain vitamins are increased during pregnancy, lactation, infancy and early childhood.
- Vitamin D deficiency can cause bone pains, poor growth delayed walking and soft, weak bones that can lead to bone deformities or Rickets in children and Osteomalacia in mothers. 8% of all the children in UK are not getting enough vitamin A from their diet (essential for vision and immune health).
- Healthy Start, a National scheme, helps low income pregnant women and families with children under 4 years to get access to healthy food, milk and Healthy Start vitamins containing vitamin D, C & A in children's drops and Folic Acid and Vitamin D & C in mothers' tablets .
- Eligibility is for those who are at least 10 weeks pregnant, have a child under 4 years old and are in receipt of certain benefits or are pregnant and under-18 years even if they don't receive any benefits. Healthy Start voucher uptake is 50-60 percent in most areas but the take up of vitamins is less than 5%.

Local context for Newham

- Healthy Start is a targeted offer that is nationally funded and is means tested.
- Pregnant women and children from up to 4 years old get one vouchers worth £4.25 per week that can be spend on fruit and vegetables, pulses, milk and infant formula milk. Babies under one year old get 2 vouchers(£8.50) a week. Voucher for free vitamins are also provided.
- Currently, 48% of families eligible for the Healthy Start vouchers in Newham are not claiming, meaning that around 2,400 families are still missing out.
- Newham runs a Universal Healthy Start Vitamin Scheme that provides free healthy start vitamins (suitable for Halal and vegetarian diets) to all pregnant women, mothers with a child under one year old and all children under the age of 4 regardless of families' income or immigration status.

Barriers to uptake are as follows:

- Families worry that accessing the Healthy Start scheme will impact their benefit entitlements
- Not enough people have heard about the scheme – including some professionals
- There is no online form which makes the application process more difficult for some
- Language can be a factor in being able to complete the form
- Once you have given birth, you have to reapply for the scheme
- Since April 2020 a health professionals' signature is no longer needed but that section of the form is not removed which is causing confusion.
- Currently, the service is promoted via Maternity Services, Health Visitors, Children's Centres, local libraries, infant schools, Primary care, Newham Social Welfare Alliance Training and Newham Food Alliance partners

Early Years: Healthy Start

Inequalities

- The targeted Health Start application form is only available in English. This may be a barrier for people who are not proficient in reading/writing English
- The application form can be completed online but must be printed out. This may be a barrier for families who have no access to a printer
- Families claim that they were never heard about the scheme by their health professionals
- Families with no recourse to public funds are not currently eligible to receive Healthy Start

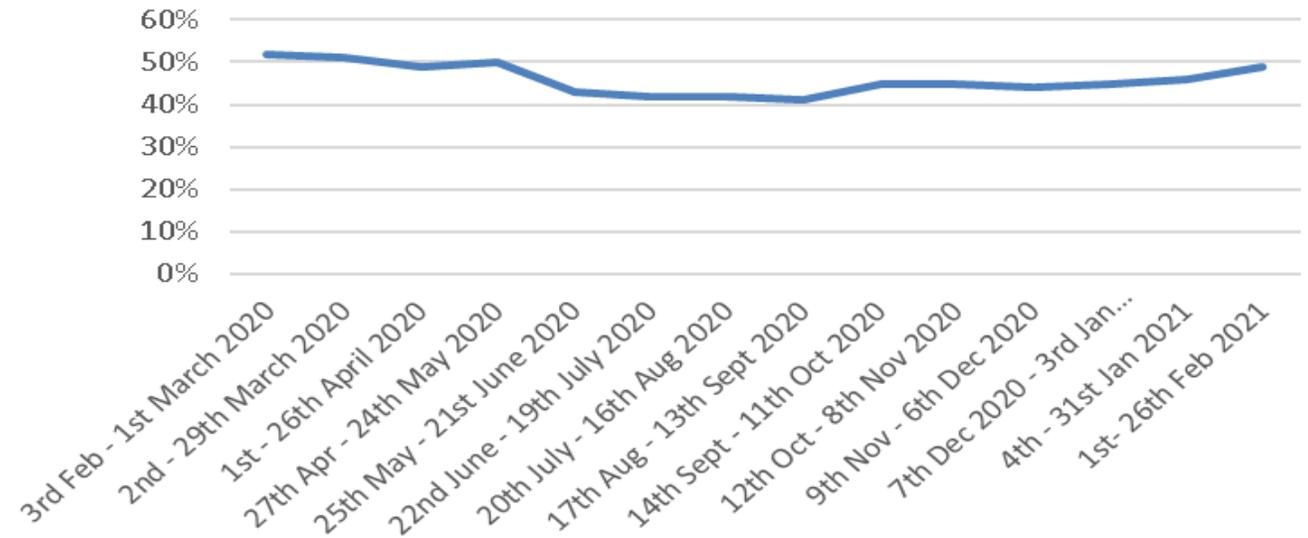
Forecasting future need

- Covid-19 lockdown has led to a decrease in Vitamin D levels and food poverty, particularly among ethnically diverse groups
- Support all eligible families to take up the Healthy Start national scheme and get access to healthy food and milk
- Promote the Health benefits and safety of Healthy Start vitamins for babies, young children, pregnant women and new mums to help improve the uptake of the Universal vitamins scheme
- Continuous Vitamin D and health promotion for families to consider buying over the counter vitamin D for children over 4 years and at-risk women (dark, covered up when outdoors) planning a pregnancy
- Promote regular safe sunlight exposure during summer time and intake of Vitamin D rich foods such as oily fish (salmon, mackerel, sardines), eggs and fortified breakfast cereals

Time trend

- Take-up of Healthy Start vouchers in Newham is 52% currently with a constant improvement from last year
- Take-up was highest in 2018, when the average was around 60%
- Take-up is the lowest in E6 (Beckon & East Ham) and E15 (Stratford & West Ham)

Take-up of Healthy Start Vouchers in Newham



Strategic implications

- Work needs to be done to increase uptake of the targeted Healthy Start scheme and universal vitamins scheme in Newham.
- Efforts to increase uptake could include:
 - ✓ Targeted communications
 - ✓ Expansion of engagement touch points through new channels, such as the Social Welfare Alliance, libraries, CVS, faith groups, pharmacies, infant schools, social housing, local markets and food banks. This should be in addition to maternity, health visitors and children centres
 - ✓ Promotion to the communities via social media (regular posts to 16 Newham Facebook groups with thousands of residents in each)
 - ✓ Healthy Start, Vitamin D and health training sessions for communities and professionals
- Newham has rolled out a universal offer of Healthy Start Vitamins for all children under 4 years old, pregnant women & new mothers (with children under age 1 year old) and work is being done to increase the awareness about health benefits of taking vitamins during pregnancy and infancy.
- A joint approach to communications and engagement is planned so that the targeted and universal offers are being promoted together.
- On 4th June 2021 government announced that Healthy Start scheme will extend to disadvantaged children under 4 years of age who were previously denied the support because of their families' immigration status.
- A consultation reviewing the broadening of the scheme will take place later this year. In the meantime, the government has agreed to implement a process by which NRPF families will be able to access support by way of an ex gratia benefit.
- Department of Health and Social Care has set up a new email for any queries Healthystartclaim@dhsc.gov.uk.

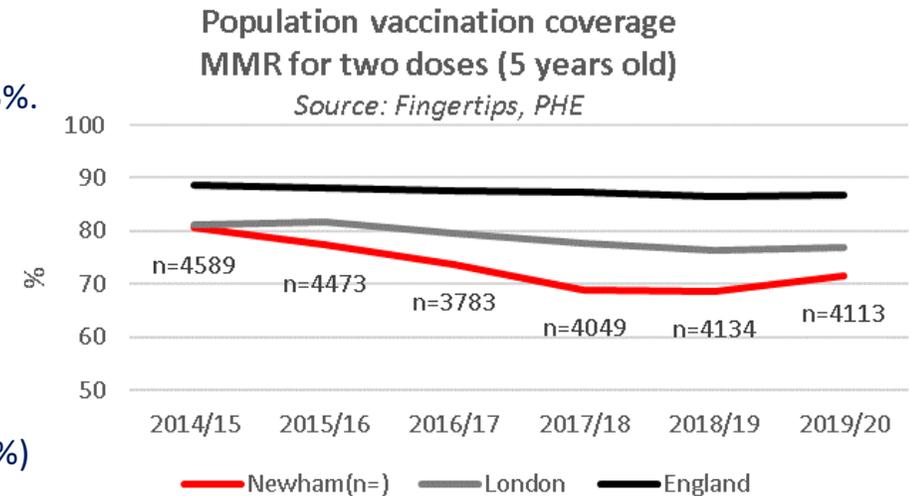
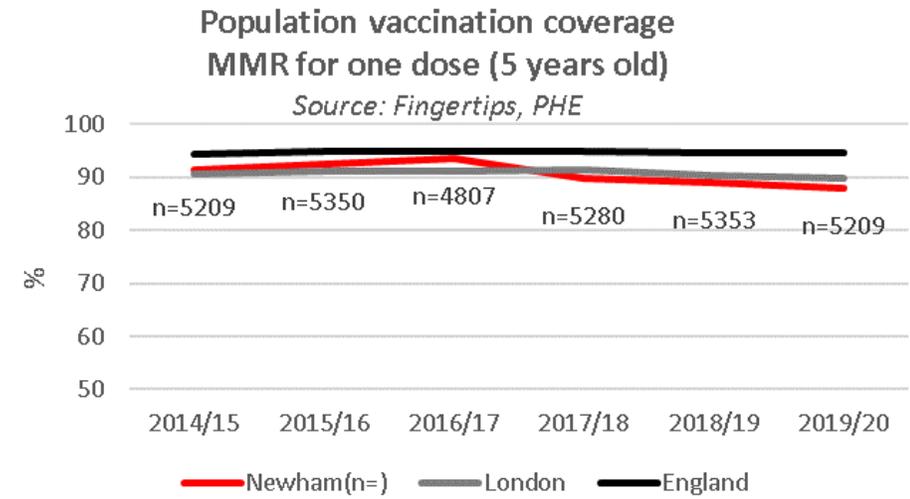
Early Years: Immunisations

Why this is important

- After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health (Public Health England)
- Immunisation helps to prevent serious, infectious disease
- It not only helps protect individuals, it also protects the broader community by minimising the spread of disease
- Vaccine-preventable diseases can cause hospitalisation, serious ongoing health conditions (including cancer, brain damage and deafness) and are sometimes fatal. High immunisation rates in the community have led to many of these diseases becoming rare. However, they still exist and the risks of side-effects or complications from these diseases are far greater than the very small risks of side effects from vaccination

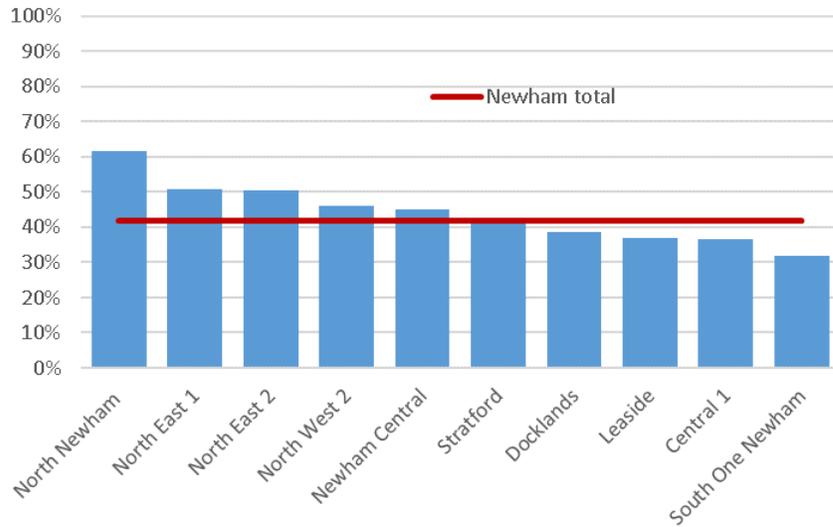
Local context for Newham

- For immunisation to be effective in achieving herd immunity (i.e. the rate of immunity at which infectious diseases are unlikely to spread) – approx. 95% of the population needs to be vaccinated. This is why NHS England targets for vaccinations are set at 90%, the Newham CCG target is set at 95%.
- Vaccination rates among CYP in Newham currently sit well below these thresholds.
- In 2019/20, Newham values were similar to London but below England in coverage for:
 - Dtap/IPV/Hib (1 year old) Newham = 89%
 - PCV/PCV Booster Newham = 89.6% and 82.4%
 - Hib/MenC booster (2 years) Newham = 82.3%
- Newham values were below London and England in coverage for:
 - MMR one dose (2 years) Newham = 82.5% (L=83.6%, E=90.6%)
 - Flu (2-3 years) – significantly lower than London and England Newham = 27.7% (L=32.4%, E=43.8%)
 - MMR one dose (5 years) Newham = 87.9% (L= 89.8%, E=94.5%)
 - MMR two doses (5 years) - significantly lower than London and England Newham = 71.6% (L=76.9%, E=86.8%)



Seasonal Flu Vaccination Programme

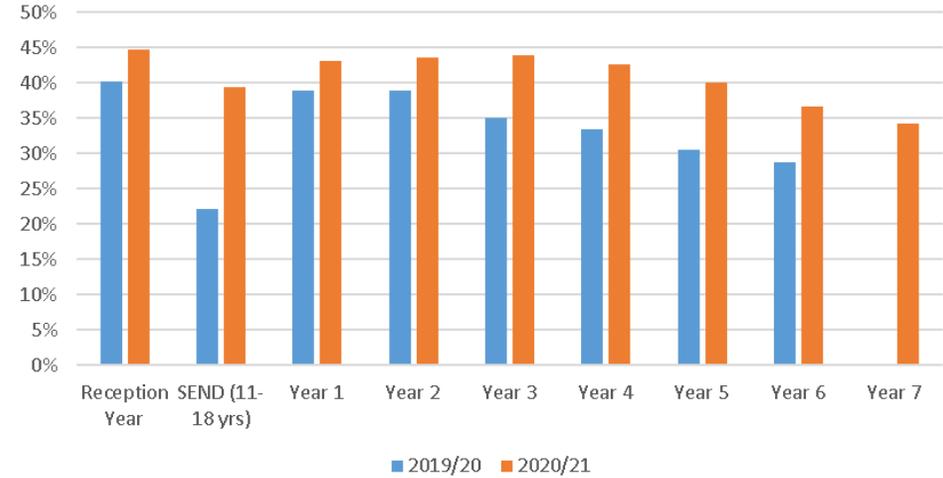
Seasonal Flu Vaccination Programme
in Children aged 2 or 3 (at 31st August 2020)
by PCN (01/09/2020 - 02/03/2021)
Source: CEG



	Flu programme 2019/20	Flu programme 2020/21
All Children aged 2 or 3	26%	41%
All pregnant women	44%	39%

Uptake of flu vaccination by school year

Source: Vaccination UK

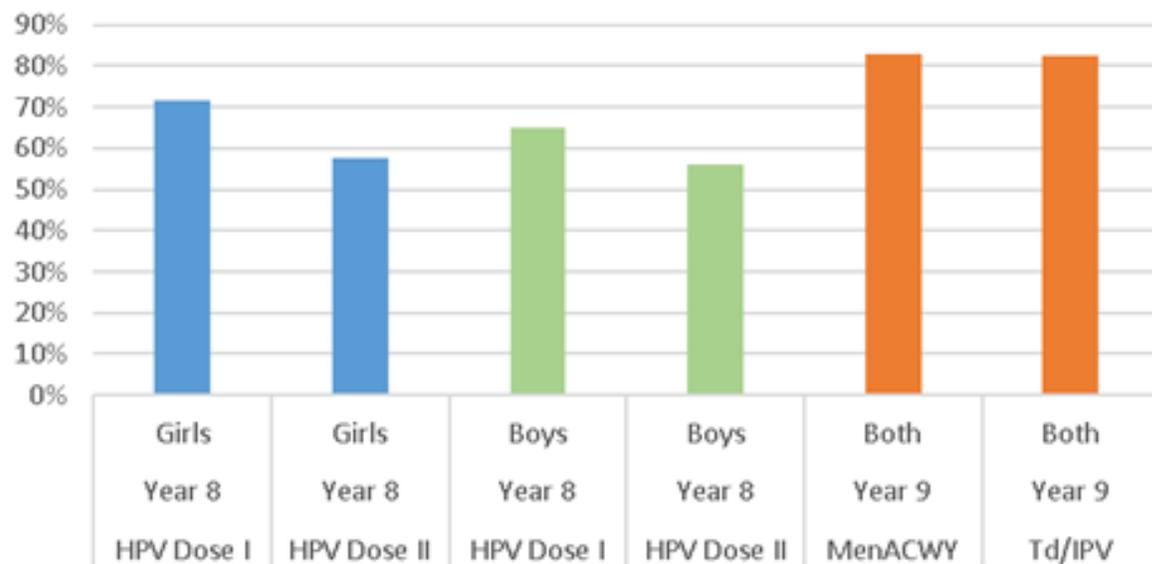


- The school aged flu vaccination programme saw an increase in uptake by 6% in 2020/2021
- Potential reasons for this increase are as follows:-
 - Concern about Covid-19
 - More nurses and admin staff this year
 - Regular Head teacher meetings
 - Weekly meetings with commissioning managers & Head of access and Infrastructure
 - Text messages were sent out to all parents in Newham
 - Posters sent to schools and GP's
 - Flu video made and used on school websites
 - IM vaccine also offered from mid November to parents who had previously refused

HPV, MenACWY and Td/IPV vaccinations by school year and gender

Uptake in those offered vaccine (%) - 2020/21

Source: Vaccination UK



- The percentage of uptake in HPV dose I in boys was slightly lower than girls (65% boys, 71% girls)
- There was lower uptake in HPV dose II in both girls and boys in 2020/21 (58% girls, 56% boys)
- Uptake in MenACWY and Td/IPV was higher at 82.8% and 82.5% respectively

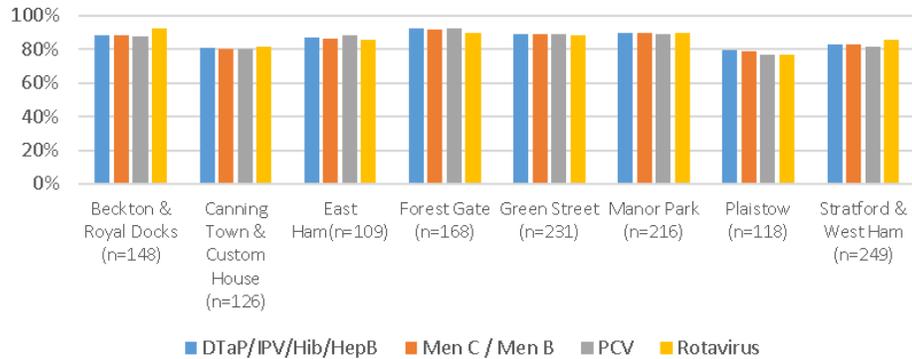
Time trend

Vaccination	Rank out of 32 London Boroughs (1=best)		
	2019/20	2018/19	Direction
Dtap/IPV/Hib (1 year old)	15th	23rd	↑
Flu (2-3 years)	28th	29th	↑
Hib/MenC booster (2 years old)	21st	26th	↑
MMR for one dose (2 years old)	20th	25th	↑
MMR for one dose (5 years old)	27th	26th	↓
MMR for two doses (5 years old)	23rd	26th	↑
PCV	15th	25th	↑
PCV Booster	19th	26th	↑

- Ranking in Newham out of all the London boroughs increased between 2018/19 and 2019/20 for all immunisations with the exception of MMR for one dose at 5 years which dropped slightly
- Dtap/IPV/Hib at 1 and PCV both rose considerably in the rankings between the two years shown

Inequalities

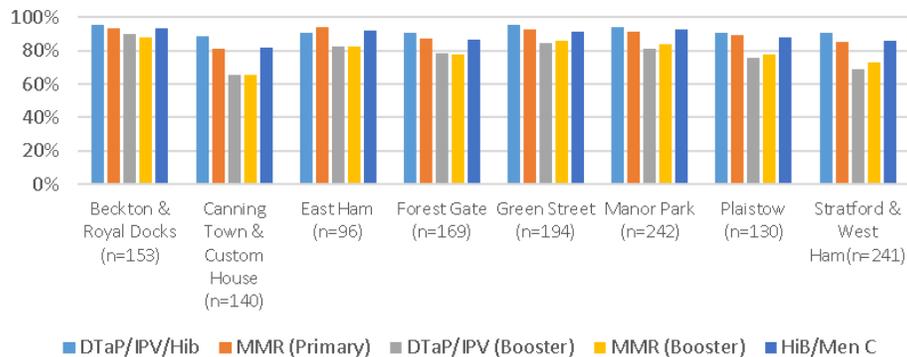
Immunisations by Neighbourhood in children who are turning 12 months
(Q3 - M1 October 2020 Source:CEG)



Immunisations by Neighbourhood in children who are turning 24 months
(Q3 - M1 October 2020 Source:CEG)



Immunisations by Neighbourhood in children who are turning 5 years
(Q3 - M1 October 2020 Source:CEG)



- Data shown here illustrates age and neighbourhood coverage
- Certain demographics in Newham yield particularly low rates of immunisation uptake. They include:
 - ✓ GP clusters in areas with the most severe levels of deprivation
 - ✓ Children who are looked after
 - ✓ Home schooled children
 - ✓ Children with disabilities
- Undocumented children often miss out on routine vaccinations because they are not registered with a GP
- Families living in temporary accommodation and/or in other precarious situations may find it difficult to access routine vaccinations via a GP
- There is variation in how (if at all), GP practises escalate instances where a child has not had their routine vaccinations

The following forecasts and strategic implications have been informed by data and a Borough-wide research study undertaken in late 2020 with key immunisations partners.

Forecasting future need

- As the number of children in the borough increases, the need for vaccination services will also increase. New programmes will further increase need for vaccination.
- Certain religious/cultural groups resist vaccines due to the porcine content. Further work needs to be done to encourage these groups to take up immunisations and to understand that there are alternative methods for vaccination that do not involve ingesting porcine.
- Newham has a highly mobile population and further consideration must be given to how we can ensure that children are being followed up for their routine vaccinations. We must also find ways to break down barriers to getting immunised.

Strategic implications

- Immunisation services will need to respond to children's Covid-19 vaccinations. This will probably take the form of an annual vaccination programme for either all or at-risk residents, including children
- Vaccine delivery might affect how primary care and school based immunisation services are delivered
- Failure to reach immunisation coverage targets across NE London means there are substantial numbers of unvaccinated children. We must work to increase uptake to ensure herd immunity is reached. Outbreaks of vaccine preventable disease such as measles have occurred in various parts of London as a result of not enough children being vaccinated
- The exception to this has been a 6% increase in the number of school age vaccinations that have taken place over the last year (2020/2021). We must learn from this success and apply findings to other immunisations, particularly the routine early years vaccinations
- Covid-19 immunisation may offer an opportunity to improve vaccine coverage generally in children
- The NHS Plan calls for vaccination co-ordinators to improve coverage locally
- We need to continue rolling out vaccination clinics in less traditional settings to help increase uptake (e.g. GPs, children centres, drive through clinics, youth zones, schools and through various school readiness initiatives).
- The new e-red book will provide an opening to facilitate uptake, via electronic prompts and reminders

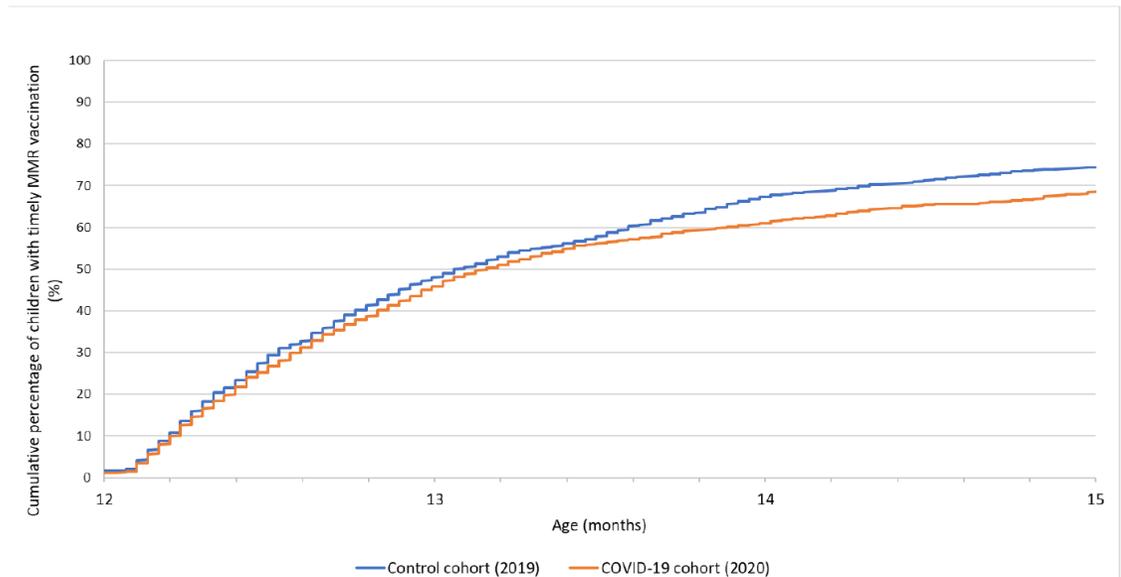
Strategic implications *(continued)*

- Consideration should be given to how immunisation partners across the Borough can better work together to achieve more integrated working (e.g. GP's, school nurses, health visitors, children centres, Vaccination UK). Strengthening connectivity of Newham's immunisation workforce is key.
- Consider how data sharing across immunisation providers and policy makers could be realised.
- Communication to families about the importance of vaccinations must be consistent in its messaging. It must also be offered in a number of different languages and via a number of different channels – both digital, hard copy and face to face.
- Consideration should be given to Integrating key learnings and messages about the importance of immunisation into school curriculum

The Impact of COVID-19

- There was an initial fall in proportion of timely first 6-in-1 vaccination following lockdown but uptake has now increased
- Initial fall in proportion of timely first MMR vaccination following lockdown and remains below 2019 levels in Newham
- One third of children are not receiving timely MMR
- School aged vaccinations increased by 6% over the last year (2020/2021)

Cumulative % children in COVID-19 and Control cohorts who had received timely first MMR vaccination



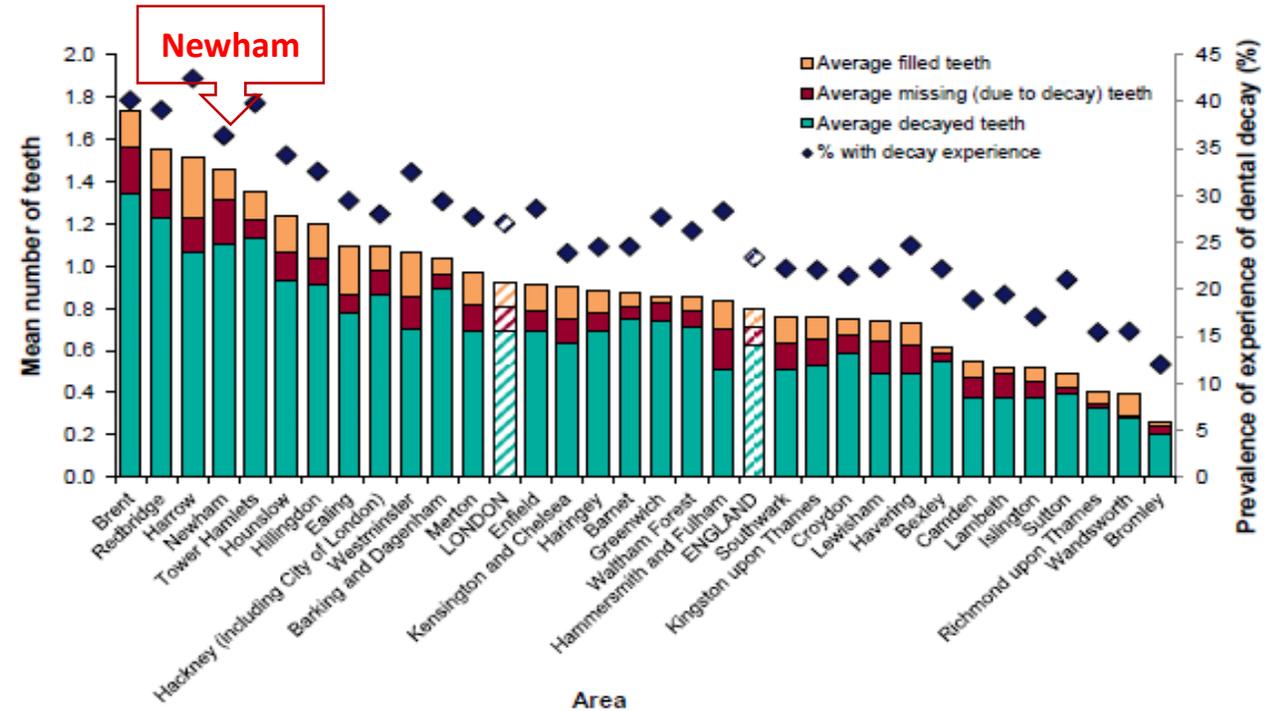
Why this is important

- Oral health is an integral part of overall health
- Poor overall health can affect children’s ability to learn and develop
- Poor oral health can cause pain, infection, lack of sleep and time off school
- Poor oral health is a priority under Best Start in Life
- Oral health concerns are the most common cause of hospital admission for 5-9 year-olds
- Poor oral health is largely preventable
- Tooth extraction is the most common reason for hospital admission for children aged 6-10, requiring dental treatment under general anaesthetic
- Although oral health is improving in England, the percentage of children with decayed, missing or filled teeth (dmft) remains high
- There are significant oral health inequalities with clear social gradients
- Prevalence of dental decay experience in 5-year-olds in England is correlated with deprivation which explained 38.4% of the variation
- The prevalence of tooth decay varies by ethnicity nationally with children

Source: Dental Public Health Epidemiology Programme for England, (2019)

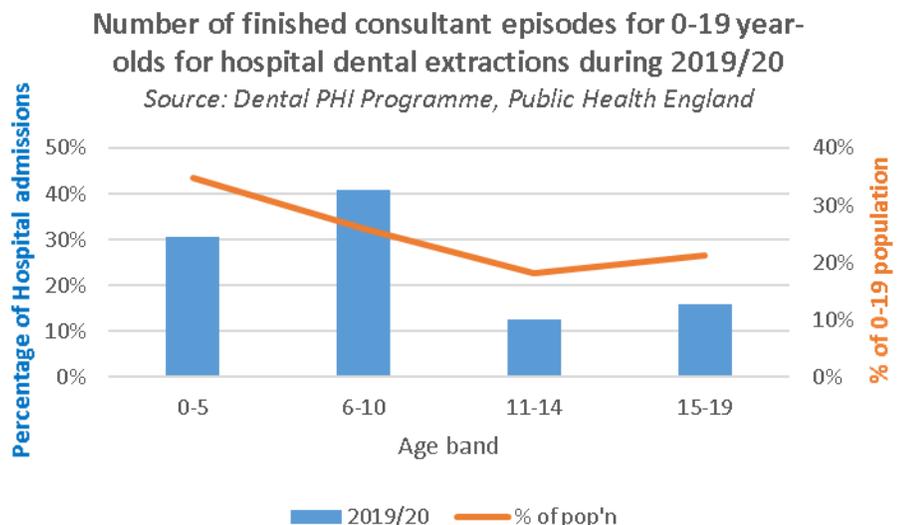
- The chart shows decay experience (decayed, missing, filled teeth) among 5 year old children in London
- Newham ranks 4th highest borough (1st = highest percentage of decay) and is considerably higher than London and England.

Source: Oral Health Profile Newham, PHE – data from the National Dental Epidemiology Programme 2019



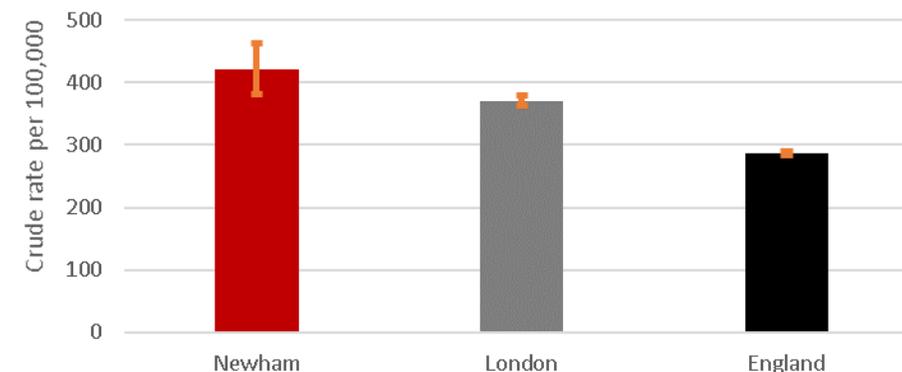
Local context for Newham

- Attending a dentist is very low for 2 year olds in Newham in line with national figures, but increases at the age of 5
- Hospital admissions for dental caries in 0-5 years was higher than London and significantly higher than England in the latest year of data available, with 425 children in Newham being admitted between 2017/19 and 2019/20
- In 2018/19, Newham values were significantly higher than London and England for the proportion of 5 year-olds with dental decay experience
- The average number of dmft teeth in children aged 5 years in Newham in 2018/19 was 1.46 teeth. This is significantly higher than London (0.92 teeth) and England (0.80)
- The number of 6-10 year-olds admitted for dental extractions (2019/20) is disproportionately high compared to their proportion of the 0-19 population for 2019/20



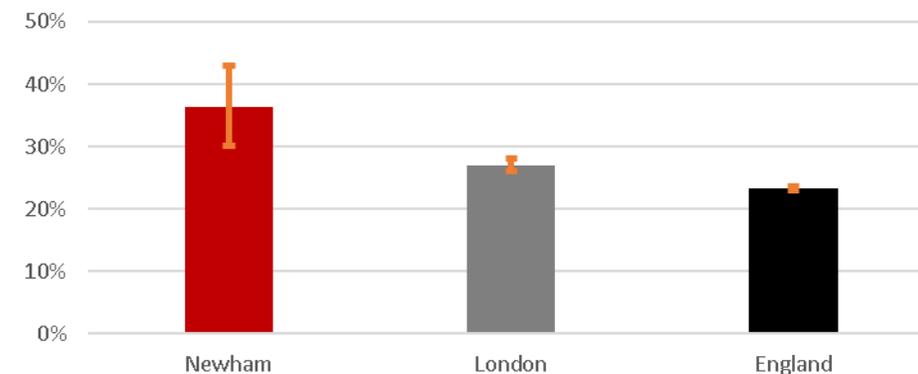
Hospital admissions for dental caries (0-5 years) 2017/18-2019/20

Source: Hospital Episode Statistics via Fingertips, Public Health England



Percentage of 5 year-olds with experience of obviously visual dental decay, 2018/19

Source: Dental Public Health Epidemiology Programme for England via Fingertips, Public Health England

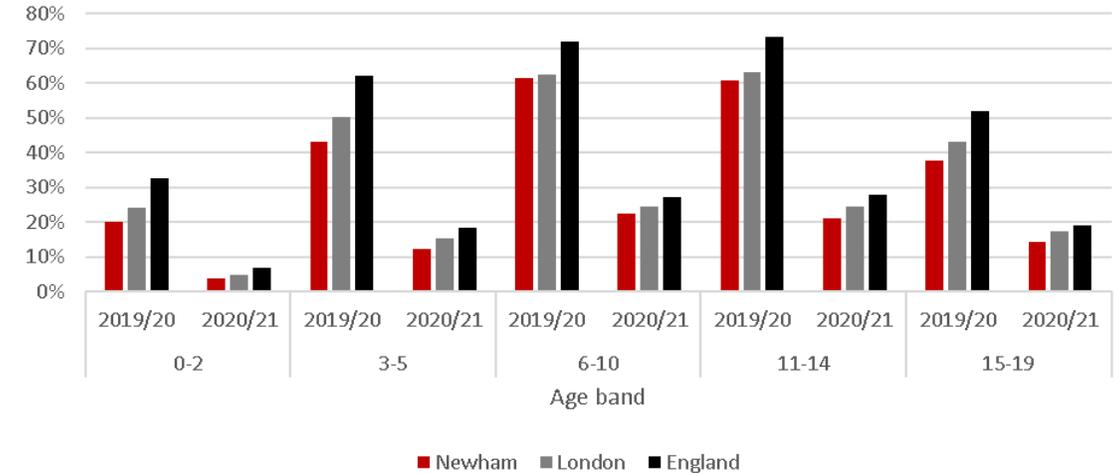


Local context for Newham

- In March 2020, routine dentistry along with other routine NHS services was paused due to the Covid-19 pandemic. The effects of children not being able to access a dentist during COVID-19 lockdown restrictions (2020/21) can be seen on the graphs
- Despite restrictions, the need for urgent dental care was recognised and during the pandemic, NHS dental services were mobilised across London as urgent dental care hubs to provide urgent dental care
- Priorities were set for those children and young people requiring urgent dental care and treating the backlog of CYP requiring dental treatment is now underway. This has been supported with the mobilisation of a single site service in London by NHS England
- A new initiative known as Dental Check by 1 was launched in 2018 which encourages parents to take their babies (aged 1 and under) to a dentist to start their oral health care as soon as possible
- The Newham oral health provision for CYP consists of three main areas to receive preventive advice and provide continuing care for younger children: (1) applying fluoride varnish for children in schools annually; (2) delivering supervised tooth-brushing in SEN schools; and (3) delivery oral health promotion sessions across the community (12,000 contacts per year)
- Due to COVID restrictions, the application of fluoride varnish has to be put on hold. As a result, greater emphasis is being placed on oral health promotion and distribution of brushing for life packs. Virtual train the train sessions for professionals working with children have also taken place

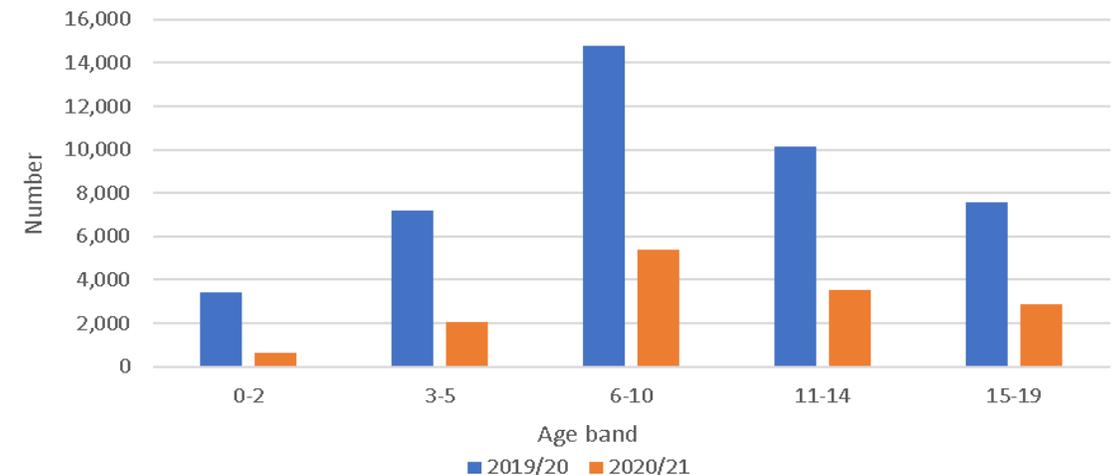
Percentage of children aged 0-19 who have accessed a dentist

Source: Public Health England



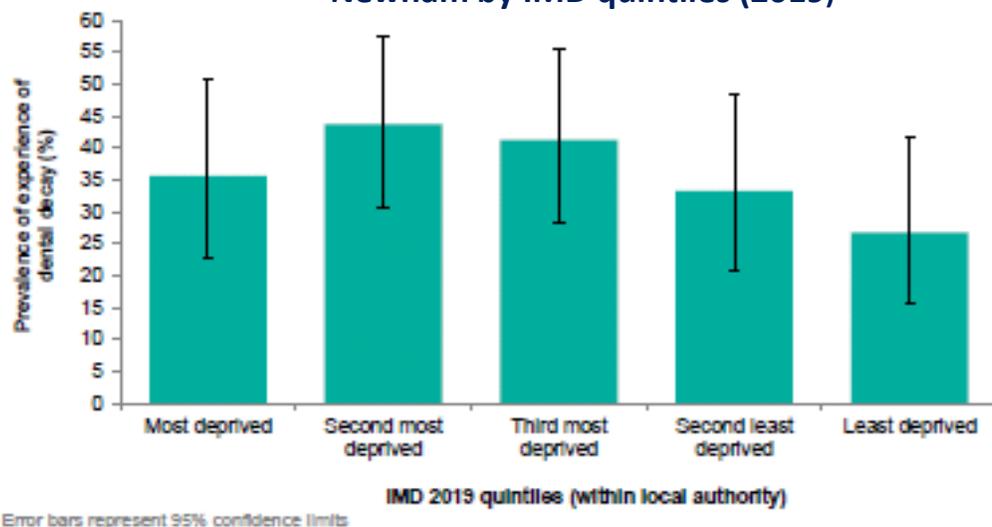
Newham children who have accessed a dentist

Source: Public Health England



Inequalities

Experience of dental decay in 5 year-olds in Newham by IMD quintiles (2019)



Ethnicity

Dental decay in 5 year-olds across London showed the ethnic group with the highest percentage of dental decay was in those of Other ethnic background at 40%, followed by Asian/Asian British at 36.9%. Black/Black British (23.8%) Mixed (22.6%) and White (22.6%) ethnic groups showed similar values.

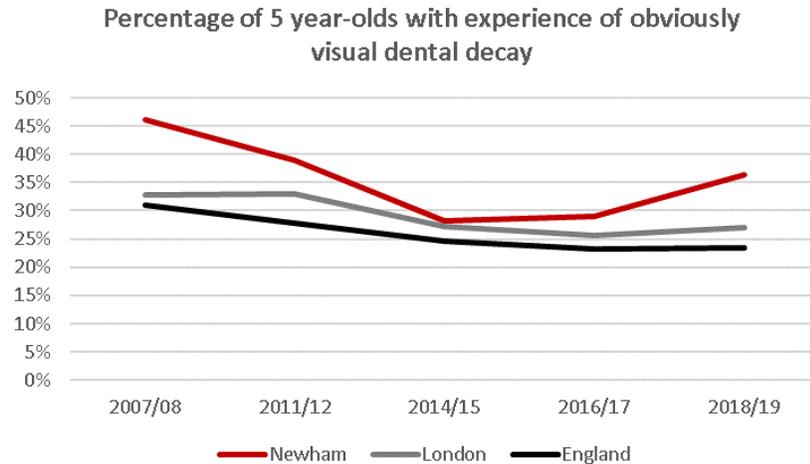
Deprivation

The Newham Oral Health Profile (2019) highlighted 3 wards in particular where oral health was significantly worse than the Newham average:

- Canning Town North
- Canning Town South
- West Ham

Ward	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay in the whole sample n (95% CI)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)
Canning Town North	45.2	1.6 (0.81 - 2.38)	3.5 (2.24 - 4.81)
Canning Town South	41.9	1.8 (1.11 - 2.40)	4.2 (3.14 - 5.25)
Custom House	31.0	1.1 (0.51 - 1.68)	3.5 (2.53 - 4.55)
Royal Docks	28.1	0.9 (0.28 - 1.54)	3.2 (1.84 - 4.60)
West Ham	41.9	2.2 (1.14 - 3.32)	5.3 (3.53 - 7.14)
Newham	36.3	1.5 (1.09 - 1.83)	4.0 (3.30 - 4.74)

Time trend



Forecasting future need

- Poor oral health remains an important and preventable cause of health inequality. Inequalities may have even widened since COVID-19
- Due to COVID-19 lockdown restrictions, there is a backlog of appointments
- The Covid-19 pandemic may have led to worsening oral health and an increase in inequality

Strategic implications

- It is recognised that during recovery, NHS dental services will resume seeing children and families
- The provision of public NHS services remains an important component of improving oral health. This is in addition to the important role that community and school health promotion services play. Efforts should be made to strengthen these pathways of support
- A holistic approach to oral health should be taken, including its relationship to food and nutrition
- Prevention is a priority: reduction of sugar intake, increasing the availability of fluorides and signposting to dental services
- Training of the wider workforce to deliver evidence-based messages to promote oral health
- Create supportive environments by implementing healthy food policies in schools and early years settings
- Prevention in community settings include the delivery of supervised tooth-brushing and fluoride varnish
- In addition to traditional avenues for oral health promotion (e.g. Health Visitors, Children Centres), new avenues for promotion should be used (e.g. Social Welfare Alliance, Food Banks, faith groups)

Early Years: Best Start in Life

Why this is important

- Newham has more CYP than any other borough in London, with the population of children aged 0-5 predicted to grow over the coming years
- A child's early years experiences have a major impact on every aspect of human development, including their health and life chances, as children and as adults
- Experiences in early life are increasingly being recognised as having a lasting effect on adult health both directly and through influencing adult health behaviours and outcomes
- Roughly half of the gradient in socio-economic mortality in later life can be explained by early life experience, including its influence on adult smoking rates

Local context for Newham

The following information is regarding unique contacts with various children's centre activities in 2019/20:

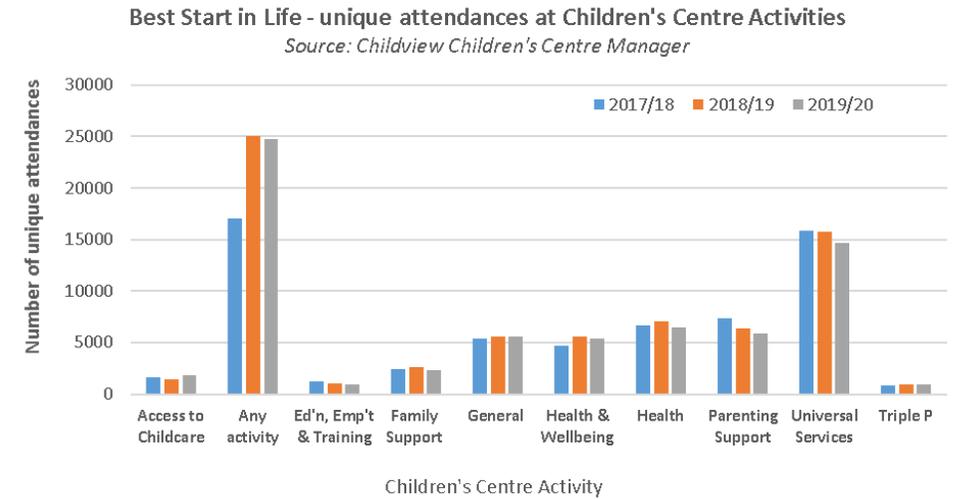
- **Any children's centre activity** - 2019/20 saw unique contacts fall by 7.16% and total contact fall by 9.21%. These numbers will have been impacted by the start of the Covid pandemic, as well as some staffing vacancies throughout the year.
- **Health and Wellbeing** - 2019/20 saw a continued growth in unique (5.93%) and total (6.95%) contacts, despite the impact from Covid which will have reduced what would otherwise have been achieved
- **Health** - 2019/20 saw a fall of 4.51% in unique contacts for Health activities, but a growth in total contacts of 1.73%. This difference will be the impact of Covid on universal health clinics on children's centre sites and the moved towards targeted only clinics during the pandemic. There has also been a reduction in the number of clinics on children's centre sites during the pandemic due to HV staff also being engaged in other work/being limited to the number of face to face appointments they could do due to lockdown restrictions.
- **Parenting Support** - Parenting Support contacts in 2019/20 saw a rise in both unique (1.41%) and total (24.94%) contacts compared to the previous year. This shows the focus on outreach in particular this year to identify and support vulnerable families
- **Family Support** - 2019/20 saw a drop in both unique (8.29%) and total (9.7%) family support contacts. This will be attributed to staff vacancies as well as the impact of Covid at the beginning of the crisis, with many children's centre staff taking on additional duties or isolating/working from home due to vulnerabilities or risks in the household
- **Triple P** - 2019/20 saw a large fall in the number of unique contacts for Triple P (25.88%), but also a large growth in the total contacts (16.25%). The data shows that the difference between unique and total contacts is aligned particularly with Q4, suggesting the impact of Covid was that parents already accessing the service continued to do so, but not many new parents were seen to take up the offer during Q4
- **Universal services** - 2019/20 saw a fall in both unique (7.4%) and total (15.8%) 0-4 aged contacts for stay and play sessions. This fall is largely attributed to the building works impacting on provision in Green Street for most of the year, as well as the impact from Covid

Early Years: Best Start in Life

Inequalities

- The highest Children Centre attendance where ethnicity is known is by Bangladeshi (14.7%), Other (10.2%), Indian (10.2%) and Pakistani (9.7%) residents. This compares to 12.4%, 13.7%, 14.8%, 9.8% population proportions respectively. Bangladeshi, Other and Indian residents are therefore over-represented amongst service users
- The services are utilised mostly by mothers and dads are more likely to use services at weekends or in holidays

Time trend



Forecasting future need

- There has been a substantial increase in the number of referrals received for families with children under 5 requiring children centre support and family support interventions for the last quarter
- The amount of referrals received in the last quarter was higher than the whole of a previous year related to Covid-19 disruptions
- The top 3 needs that have been identified within the requests for support are:
 - Support to accessing services
 - Housing and food
 - Accessing basic essentials
- Longer term, increases in the size of Newham's population are likely to drive increases in the need for services

Strategic implications

- A key priority is to increase the access for children 0-2 years and their families and this is a focus for 2021 and beyond.
- Eligible 2 year olds, as well as 3 and 4 year olds, are already encouraged to take up the early years offer.
- A corporate priority for the council is to increase the uptake of 2 year old provision across the Borough and there is a full plan of action to support this.
- Using a range of insights that have been gathered regarding the impact of Covid, a recovery plan is in place which will further explore gaps in the offer and ensuring that all families across Newham are able to engage in services, unpicking barriers to engagement. Disruption to services and changes in need due to Covid-19 are likely to have a substantial impact on need for services
- This is likely to result in increased need

Why this is important

The core purpose of Children's Centres is to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in:

- Child development and school readiness
- Parenting aspirations and parenting skills
- Child and family health and life chances
- Early identification of additional needs

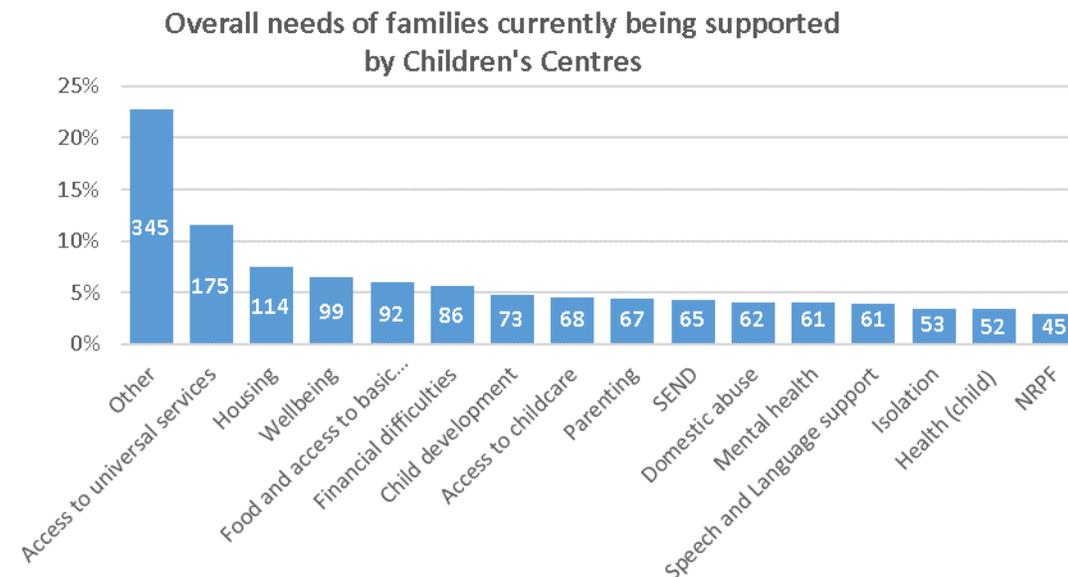
Children centres in Newham provide community based services that can be accessed by all families across the Borough with children under 5, this is to enable all families to engage in services and access help and support in their local neighbourhood.

Local context for Newham

Referral numbers September 2020 – mid January 2021

Neighbourhoods	Number of referrals
Beckton and Royal Docks	26
Canning Town and Custom House	39
East Ham	50
Forest Gate	43
Green Street	64
Manor Park	39
Plaistow	31
Stratford and West Ham	37
Grand Total	329

Referring Agencies	Counts
Children's Centre	46
Families First	2
Health	102
MASH	95
Nursery	4
Other	63
School Primary	13
Social Care	4
Grand Total	329



Service needs

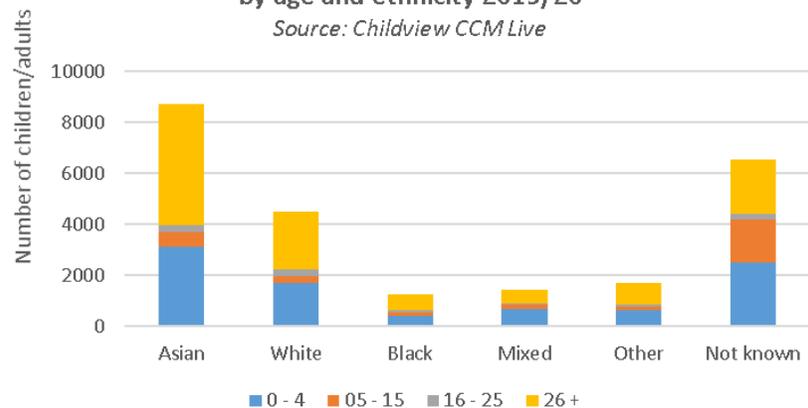
Out of all the service needs, access to universal services made up 12% of the total, followed by housing at 8% and Wellbeing at 7%.

Early Years: Families Accessing Children's Centres

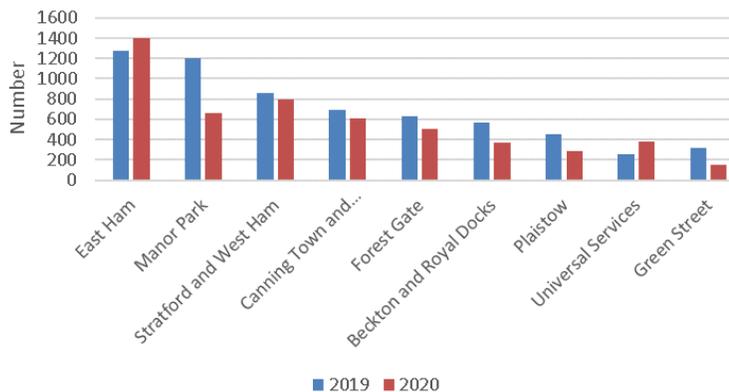
Inequalities

Number accessing Children's Centre Activities by age and ethnicity 2019/20

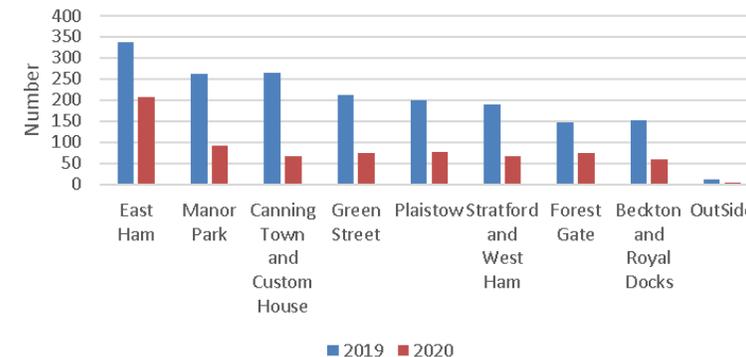
Source: Childview CCM Live



Children's Centres Sessions by neighbourhood - all

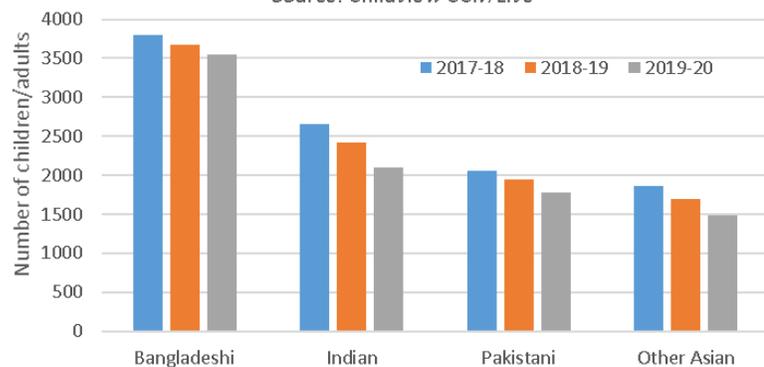


Children's Centres Sessions by neighbourhood Children 0-4

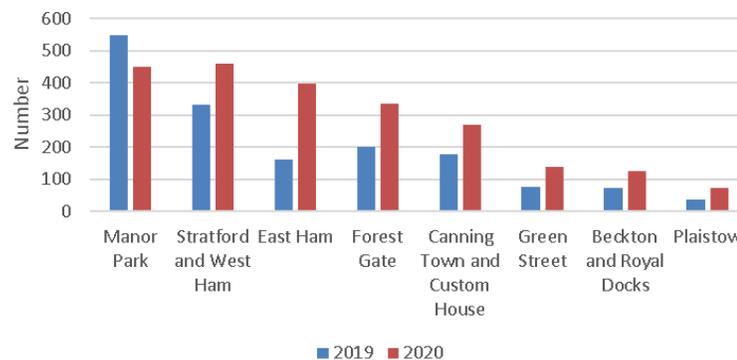


Breakdown of Asian ethnicities accessing Children's Centre Activities

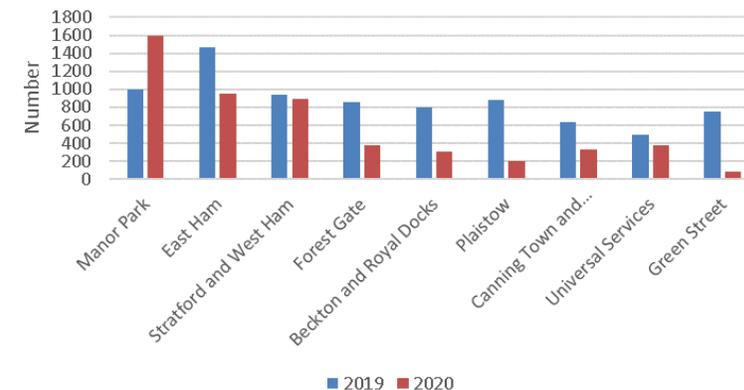
Source: Childview CCM Live



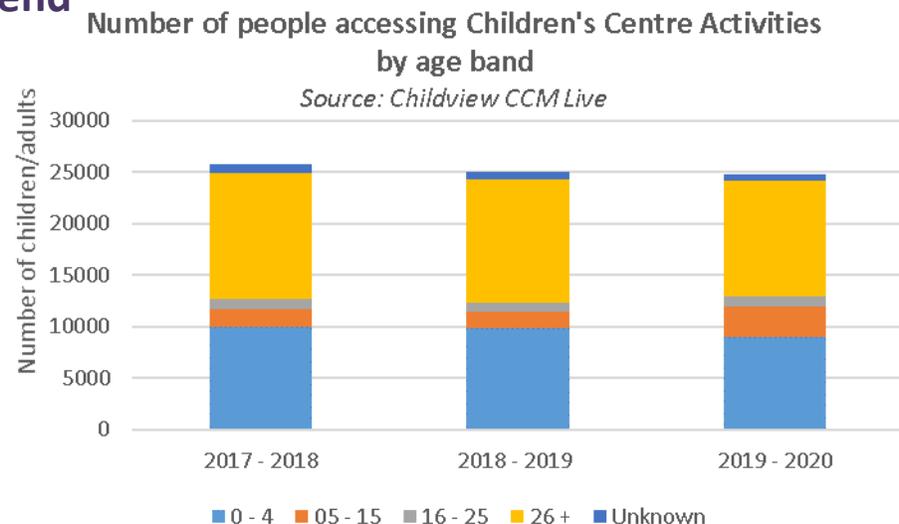
Children's Centres Sessions by neighbourhood Family Support



Families reached per Children's Centre



Time trend



Forecasting future need

It is known that the impact of Covid has caused isolation in new parents and a lack of services for young children and their families over the last year. The need for support is expected to continue to rise work is happening with partners all across the Borough to identify those most in need.

The expectation is that more targeted integrated support will be required to deal with family challenges such as parental conflict, DA, housing, food and basic needs, child development and parental confidence.

There will need to be a focus on communication and language and supporting young children who have been impacted by adverse childhood experiences.

Delivery will need to take place to build parental confidence in accessing universal services and more targeted help and support.

Strategic implications

- It is vital that across the 0-5 pathway, all partners across the Borough work together to build a consistent offer for all families in Newham and ensure that families are aware of their entitlement
- To continue to work locally with the voluntary and community sector to wrap around support for those families that are most in need
- To further develop the community outreach programme to ensure that services are not hard to engage and break down barriers of engagement
- To offer integrated services that have a lead professional role when required, to ensure that families receive the right help at the right time and deliver a “No wrong front door” approach
- Embed the strategic vision around the importance of the first 1001 days and the school readiness programme: Ready Children, Ready Families, Ready schools

Why this is important

Early years education aims to ensure that young children have high-quality learning experiences and enriching activities before they start school.

Gaps amongst peers emerge before the age of 5, so it is important to support children's learning in the early years particularly for those children from disadvantaged backgrounds.

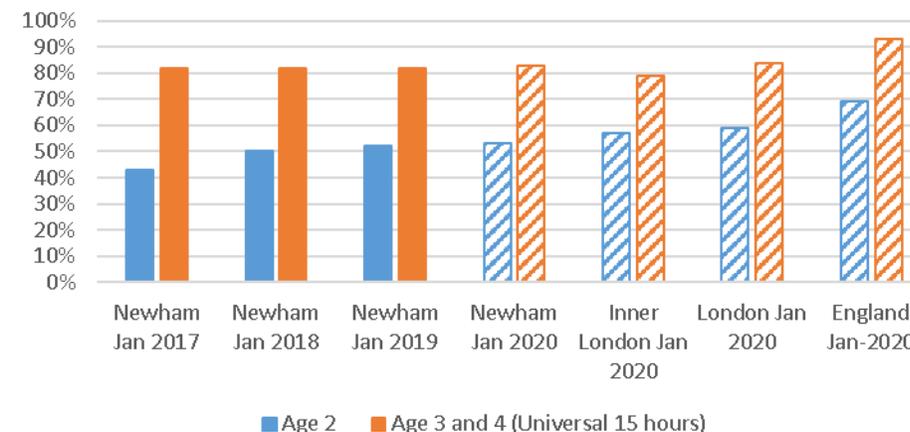
Early education approaches typically include:

- Communication and language activities
- Play-based learning
- Interactive story-book reading, physical and creative activities
- Support for parents to encourage learning at home
- Preparing parents for school routines

Local context for Newham

- Across Newham there is a wide range of good quality early education provision that can be accessed, these include: 7 maintained nursery schools, nursery class provision within primary schools, over 70 private nurseries and over 100 childminders
- The demand for good quality early years provision will continue to grow due to the longer term projections in child population in Newham. With this in mind, Newham will support and develop early education and childcare service options that continue meet the needs across the Borough
- Due to the impact of Covid including the impact to employment for local residents, there are some concerns about the business sustainability of some providers which will need to be monitored closely through the childcare sufficiency action plan
- There is also some concern about the falling rolls in nursery classes in primary schools which require monitoring and some local action
- Across Newham there is enough sufficiency for all 2 year olds that are eligible for free early education. The current uptake figures are lower than the national average and a further decrease of 12% has been seen due to Covid. A key priority is to increase the uptake of 2 year old early education provision across the Borough, to enable our most vulnerable 2 years old to access good quality learning experiences

Percentage of eligible children taking a funded place:
Newham compared with London and England



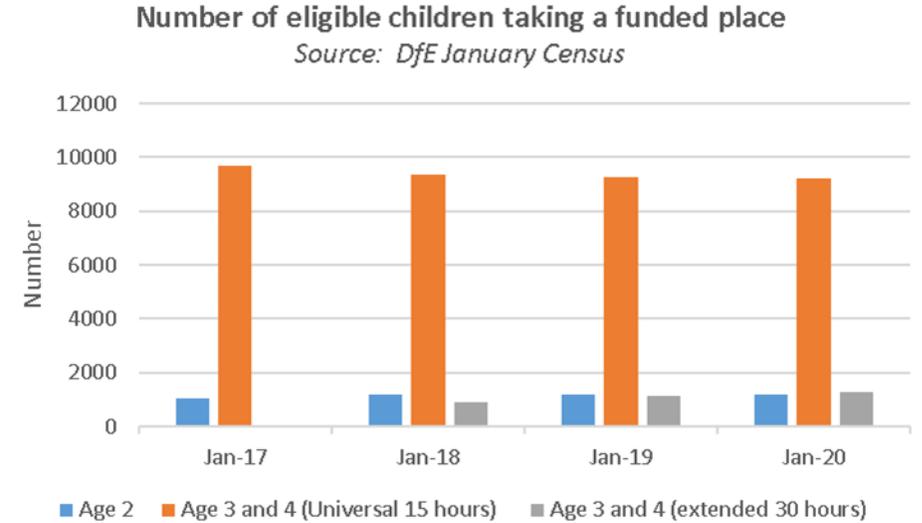
Early Years: Early Education

Inequalities

EYFSP: The Department for Education inequalities measure (attainment of the bottom 20% of pupils compared to the average of all pupils) increased in 2019, and Newham is ranked 98th in England on this measure

Covid-19: likely to have increased existing inequality, due to the fall in the number of eligible 2 year olds accessing provision. Disadvantaged families are less likely to take up the offer when the family doesn't require child care. Due to the non-statutory nature of Early Years education, those families with access barriers such as English as a second language, or disengagement with services, may not be fully aware of the offer and of the benefits of early education for children.

Time trend



Forecasting future need

- With regard to the 2 year old scheme (targeted at disadvantaged families) there is now likely to be an increase in the number of families that are eligible. We need to build on the marginal improvements that have been achieved in improving the take up of eligible families
- The take up of the universal offer 15 hours has fallen across London in recent years. We need to continue our work to promote and encourage higher take up and build on the marginal % improvement achieved in 2020
- 30 hours offer (for working parents) – Not an area of concern at the moment and take up continues to improve. We need to continue to raise awareness of this relatively new scheme to maximise take up which is a key support factor for parents returning to work and in work

Strategic implications

- Agreeing how to measure attainment and progress in the Early Years in long term as EYFSP is non-statutory and is no longer moderated
- Implementation of the Covid-19 recovery action plan which addresses issues of 2 year olds accessing provision, and engagement with our most disadvantaged families
- Communication strategy which will focus on families who are impacted by language barriers, and reaching out to families who are not currently engaged with services
- Developing the oversight role of the 0-5 Board in ensuring the corporate priorities in this area are achieved

Why this is important

The years from birth to age 5 are viewed as a critical period for developing the foundations for thinking, behaving, and emotional well-being. Child development experts indicate it is during these years that children develop linguistic, cognitive, social, emotional, and regulatory skills that predict their later success in many areas of life.

A child (at the end of reception year, typically aged 5) achieves a 'Good Level of Development' when they have achieved at least the expected age-related standard for communication and language, physical development, personal social and emotional development, literacy and mathematics.

New Healthy Child Programme - there is a new requirement for 3 year check under the revised Healthy Child Programme.

Within Newham we are focusing on the importance of:

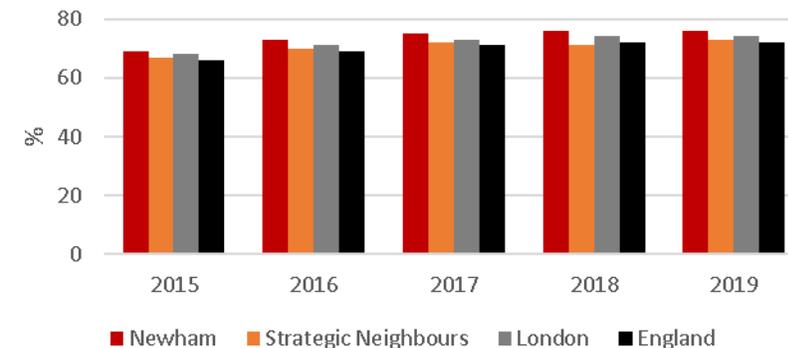
- Ready children, focusing on children's learning and development
- Ready schools, focusing on the school environment along with practices that foster and support a smooth transition for children into primary school and advance and promote the learning of all children.
- Ready families, focusing on parental and caregiver attitudes and involvement in their children's early learning and development and transition to school

Local context for Newham

- 76% of children achieved a good level of development, which is in line with 2018 result
- Newham is 4 percentage points higher than the national average (72%)
- In 2019 Newham was ranked 12th in England (out of 151 local authorities) on this measure
- Whilst engagement in early years provision across Newham is relatively consistent a focus on the uptake of 2 year old provision is required to reduce the inequalities gap
- Some children have experienced development delays at the 2.5 years check due to Covid-19. School readiness and speech and language will have been impacted as a result in some cases

Please note that data is for Newham schools and will include pupils who live outside Newham and attend Newham schools, but will not include pupils who live in Newham but attend schools in other boroughs.

Children with a good level of development at the end of Reception



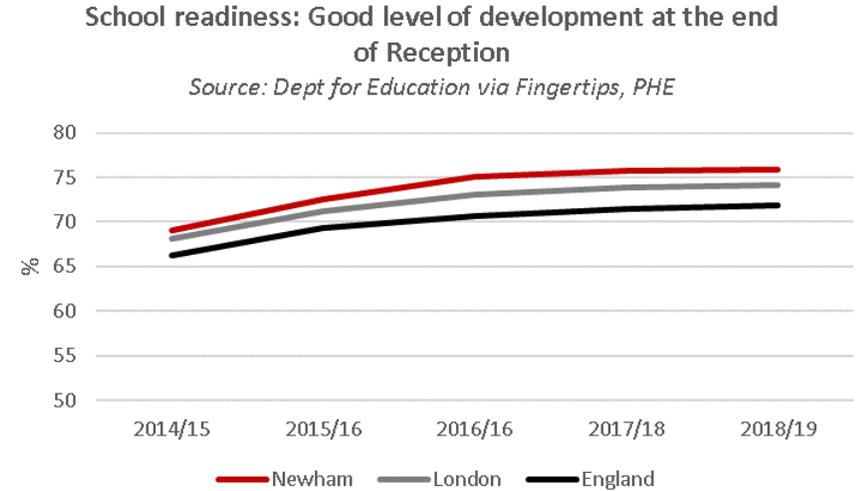
	%GLD		Total points		%Inequalities gap	
	2018	2019	2018	2019	2018	2019
Newham	76	76	35.1	34.9	32.9	34.5
Statistical neighbours	71	73	34.5	34.5	33.9	34.9
London	74	74	34.9	34.8	31.4	32.6
England	72	72	34.6	34.6	31.8	32.4
Rank (England)	15th	17th	47th	54th	93rd	98th

Early Years Foundation Stage : 3 out of every 4 children achieved a good level of development in 2019

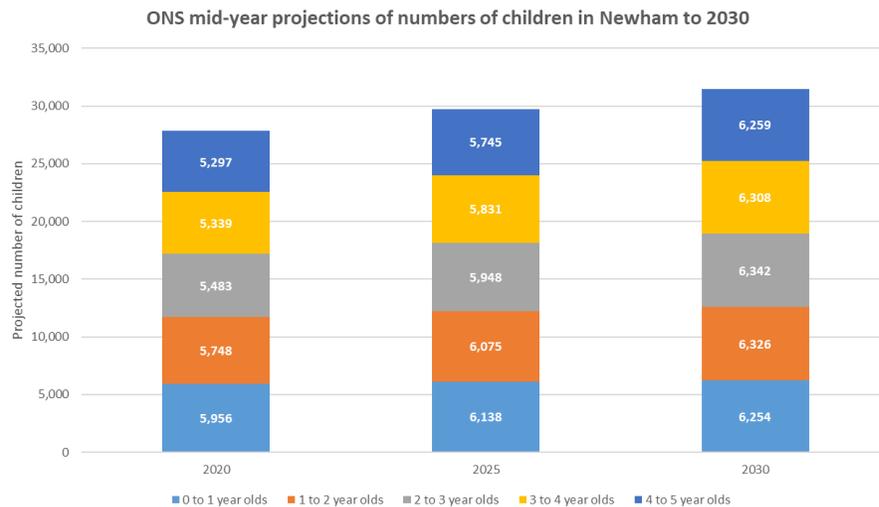
Inequalities

- The gap between the lowest and highest attaining children increased in 2019, and Newham was ranked 98th in England for this gap
- The gap in attainment between boys and girls was slightly smaller than nationally, and the gap between pupils entitled to free school meals and others was much smaller than nationally
- White pupils in Newham had the lowest comparative attainment of any of the DfE's main ethnic groups

Time trend



Forecasting future need



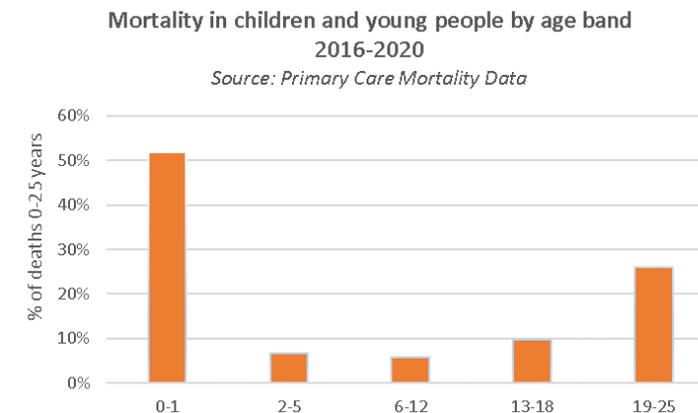
Strategic implications

- Working across the partnership to develop and implement a 0-5 pathway which will incorporate the priorities of the first 1001 Critical days as part of the school readiness agenda which includes Ready to learn at 2 and Ready for school by 5.
- Embed a Borough wide transition protocol for children starting school
- Ensure the 2 ½ integrated reviews are delivered in partnership.
- Increase the uptake of 2 year olds accessing early education
- Increase the uptake of the 3 year Free Early Education nursery places.
- Improve the Speech, language and communication skills by reducing the word gap by 3
- Increase the library registration and membership for 3 -4 year olds

Why this is important

- Infant mortality is an indicator of the general health of a population
- It reflects the relationship between causes of infant mortality and determinants of population health, for example economic, social and environmental conditions
- Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and baby
- Reducing infant mortality overall and closing the gap between the richest and poorest groups are part of the Government's strategy for Public Health

Source: Public Health England

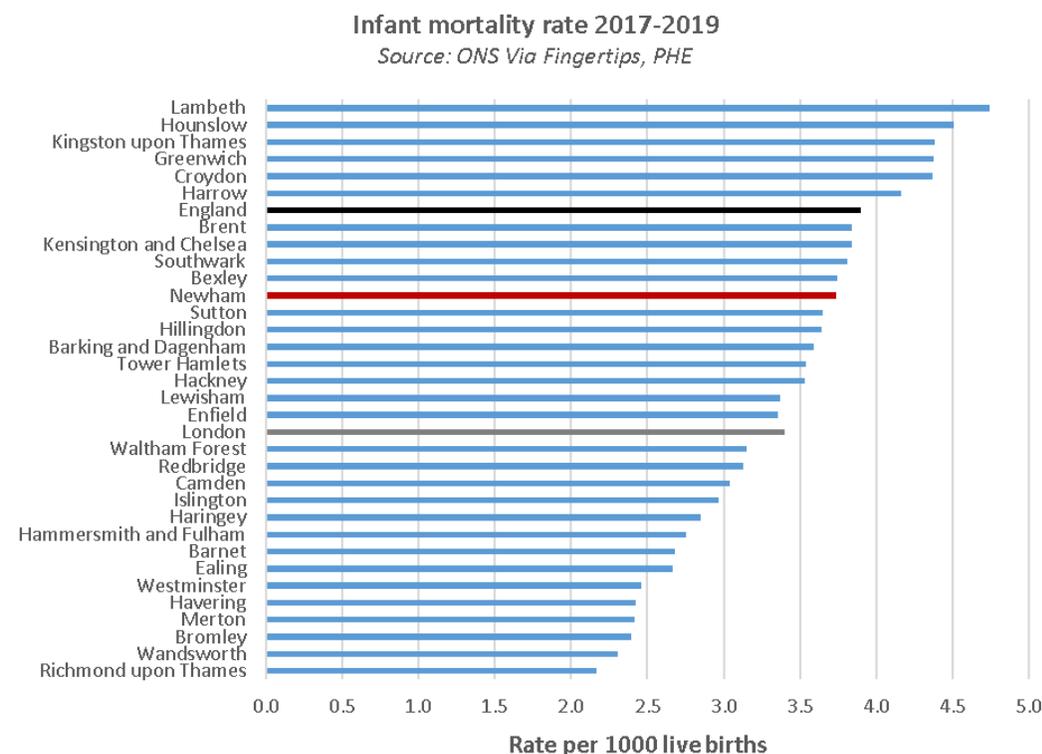


Local context for Newham

- Mortality amongst infants 0-1 years accounted for 52% (n=117) of all deaths (n=226) in CYP aged 0-25 from 2016-2020
- The main cause of death for 0-1 year-olds is perinatal conditions, accounting for 23% of deaths. This includes prematurity, sepsis and respiratory conditions such as pneumonia
- Congenital abnormalities account for 20% of deaths, including cardiac and respiratory failure, chromosomal abnormalities. This group is the 2nd highest cause of death

Source: Primary Care Mortality Data

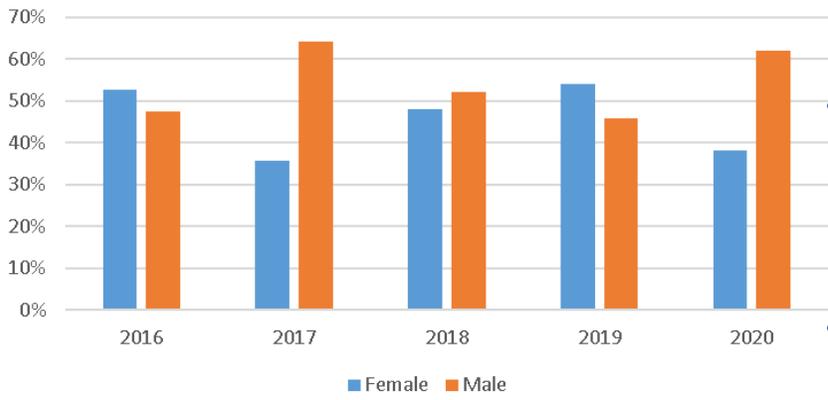
- A smaller percentage of deaths in the 0-1 year-olds display social factors, which could be a contributory factor to deaths such as Sudden Infant Death Syndrome (SIDS)
- Babies who are born prematurely (before 37 weeks), or are of low birth weight, are particularly vulnerable to SIDS (Source: Lullaby Trust)



Please note that due to the sensitive nature of Primary Care Mortality Data, figures have been suppressed where appropriate and percentages utilised. In addition, limited breakdown analysis has been done to prevent disclosure of small numbers.

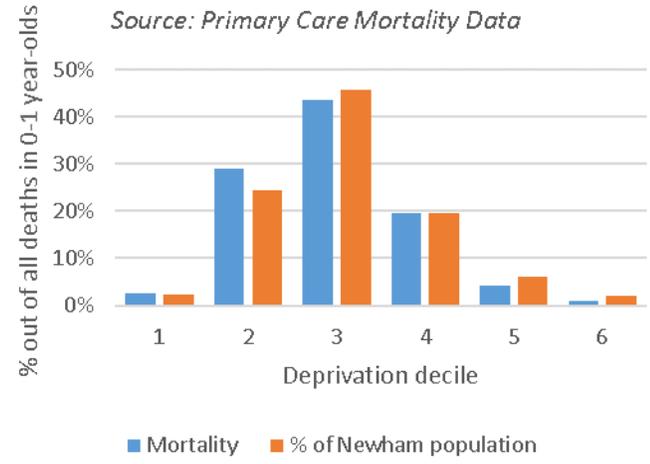
Inequalities

Mortality in 0-1 year-olds by gender
Source: Primary Care Mortality Data



- Out of the 117 deaths recorded in 0-1 year-olds from 2016-2020, 45% (n=53) were female and 55% (n=64) were male

Mortality in 0-1 year-olds by deprivation decile, 2016-2020
Source: Primary Care Mortality Data



- **Ethnicity** is not recorded in the Primary Care Mortality Data, country of birth was UK for a majority of deaths

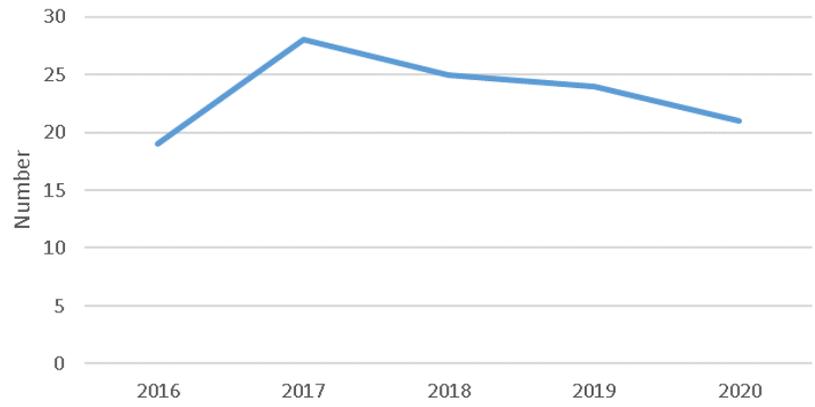
- The highest proportion of deaths in 0-1 year-olds were in deprivation decile 3, however this is as expected as a majority of households in Newham lie within this deprivation decile

- Mortality is higher than the % of the general population in deprivation decile 2

Most deprived → Least deprived

Time trend

Mortality by year in 0-1 year-olds
Source: Primary Care Mortality Data



Forecasting future need

- Improve maternal nutrition, physical and mental health with education
- Access to Healthy Start vouchers/payments to tackle child poverty
- Early access to antenatal care and support services such as weight management(low/high BMI), smoking cessation and Mental health
- Effective breast feeding and postnatal support
- Pre-pregnancy access to vitamin D and Folic Acid
- Birth spacing interventions with faith and community organisations
- Education and support for health professionals providing perinatal care

Strategic implications

Ensuring full compliance with the Savings Babies Live Care Bundle in maternity services alongside the Ockenden review to aid a reduction in infant mortality and stillbirths.

Chapter 4: Families

- Many families in Newham are affected by deprivation in the form of poverty, unemployment and poor housing conditions
- The Covid-19 pandemic has added to socio-economic needs such as food poverty, housing/at risk of homelessness, no recourse to public fund, financial constraints and unemployment – the Early Help Hub prioritising referrals of this nature
- The number of benefit claimants more than tripled in February 2021 compared to February 2020, increasing from 8,040 to 28,240 (251% increase)
- An increase in families at risk of homelessness is anticipated after 31st May 2021, when the Government intends to lift the eviction ban. The Borough is working closely with voluntary, faith, community sector and housing partners to ensure there is a co-ordinated offer for families potentially affected by this
- Referrals to Families First are expected to increase as lockdown eases, with increased contacts expected to the Multi-Agency Safeguarding Hub (MASH) for young people who have been involved in crime, anti-social behaviour and youth violence
- Safeguarding referrals are also expected to increase with the easing of lockdown and returning to schools
- The number of children becoming subject to a Child Protection Plan had been increasing and as children return to school and talk about their lockdown experiences, a rise in the number of children requiring a protection plan is anticipated
- The rates of referrals for support for domestic abuse has remained constant and there has not been a notable rise in incidents across the borough. However it is recognised that the Covid-19 context is adding to the complexity of some family circumstances
- There are over 10,000 children and young people aged 25 and under living in temporary accommodation in Newham. Factors such as overcrowding (particularly in multi-generational households) can have a profound effect on quality of life including lack of sleep, lack of privacy, depression, stress and anxiety and can affect family relationships
- Families who have No Recourse to Public Funds who do not apply for the EU Settlement Scheme by the end of June 2021 will lose their rights in the UK and become undocumented. The NRPF team is likely to see an increase in referrals from families who miss this deadline. Families with NRPF will not be able to work, rent or access essential support including pupil premium and free school meals. A training programme has been developed by the Social Welfare Alliance, including services that can be accessed and in what circumstances around support for NRPF

Families: Childhood Poverty

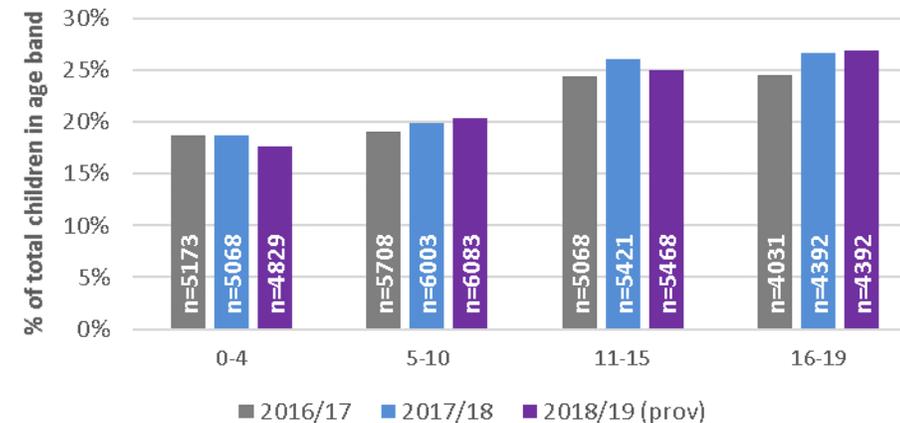
Why this is important

- Newham as a borough has been disproportionately affected by Covid-19
- Around **102,000** residents are furloughed or on unemployment benefit
- Since February, the claimant count has increased by almost **200%** (even before the end of the Job Retention Scheme)
- Based on the government's current economic scenario, **42,000** jobs in Newham could go in the next recession

Source: *Towards a Better Newham – Covid-19 Recovery Strategy, LBN*

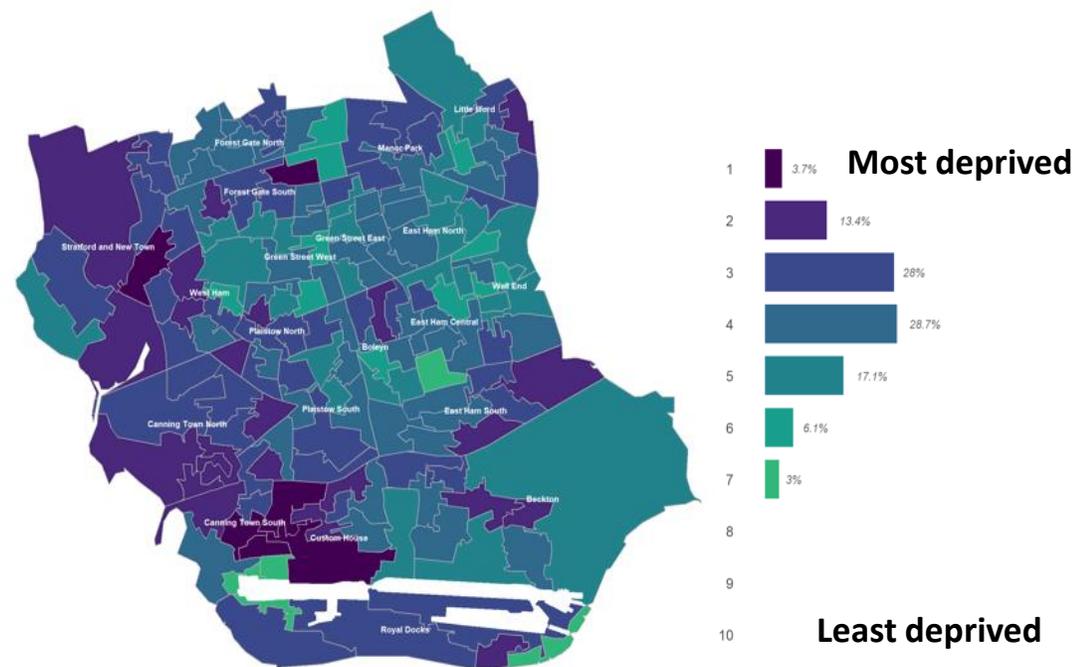
Newham children living in absolute low income families

Source: *Stat_Xplore/ONS mid-year population estimates*



Local context for Newham

- The IDACI (Income Deprivation Affecting Children Index) score measures the proportion of all children aged 0-15 living in income deprived families
- The darkest colours in the map of London show the most deprived areas by percentage
- These are reflected in the map of Newham that shows, by deprivation decile, the most deprived areas in Newham for children under 16 are centred around Custom House and Canning Town areas, with pockets of deprivation across the borough
- The IDACI score for Newham has improved from 2015 to 2019
- Around a fifth of children 0-19 in Newham lived in low income families 2016-2019



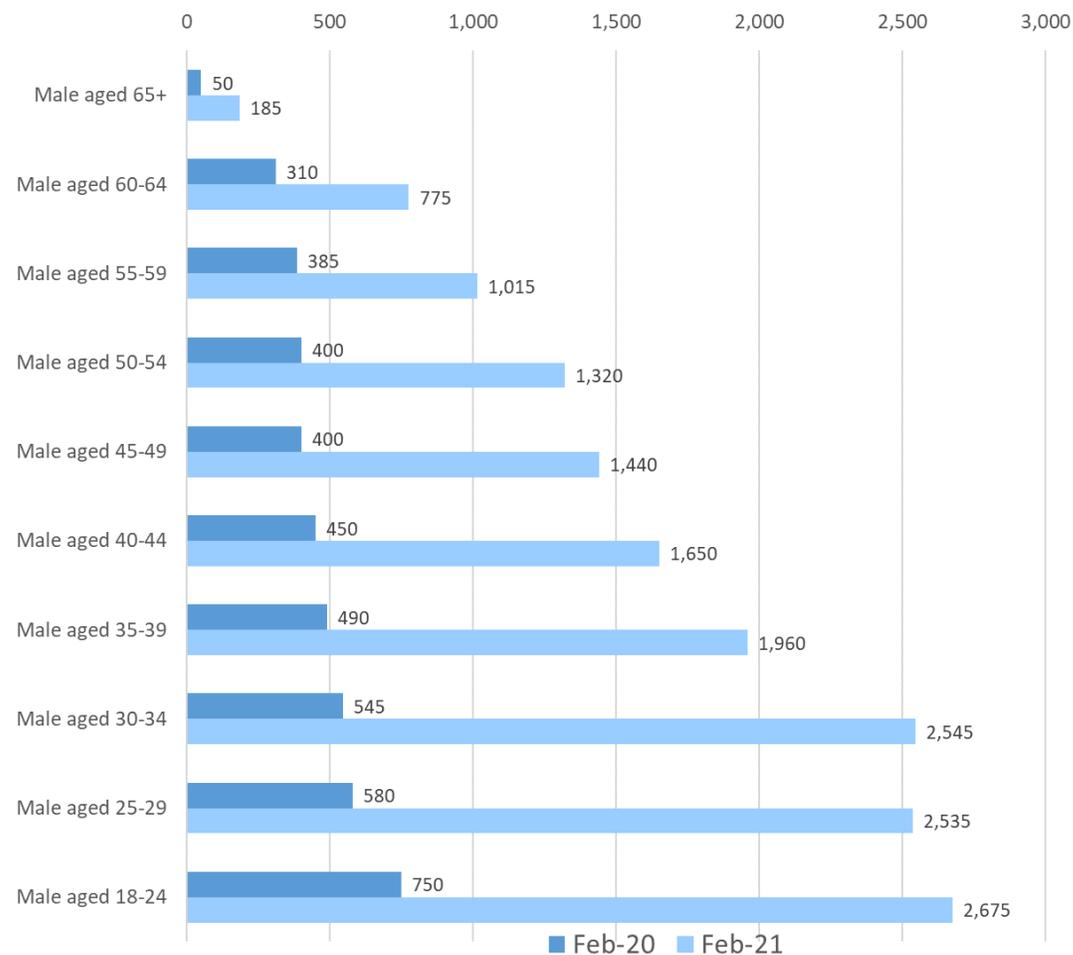
Families: Childhood Poverty

Newham Claimant Counts by Gender – February 2020 compared to February 2021

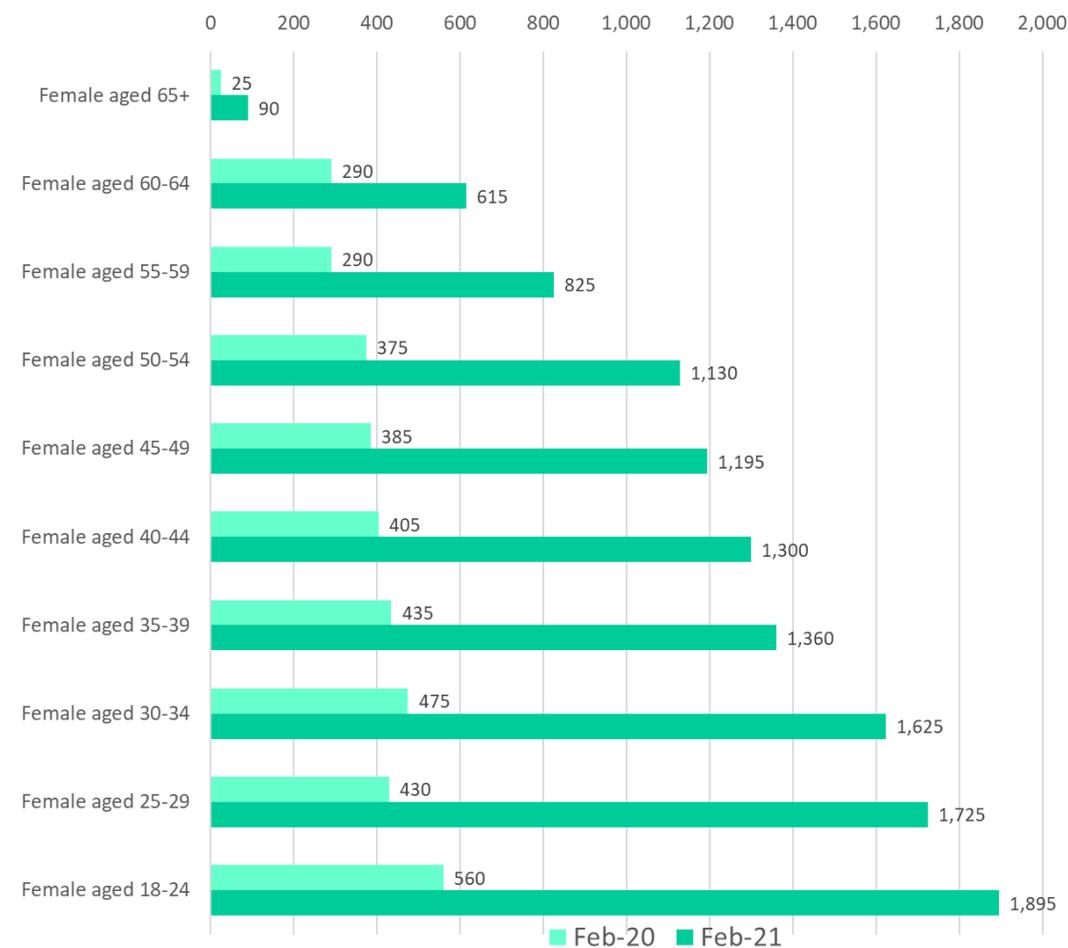
Source: Office for National Statistics

The large increase in claimants reflects the pandemic, with over 3 times as many claimants in both males and females in 2021 compared to 2020

Number of male claimant by age - Feb 20 & Feb 21



Number of female claimant by age - Feb 20 & Feb 21



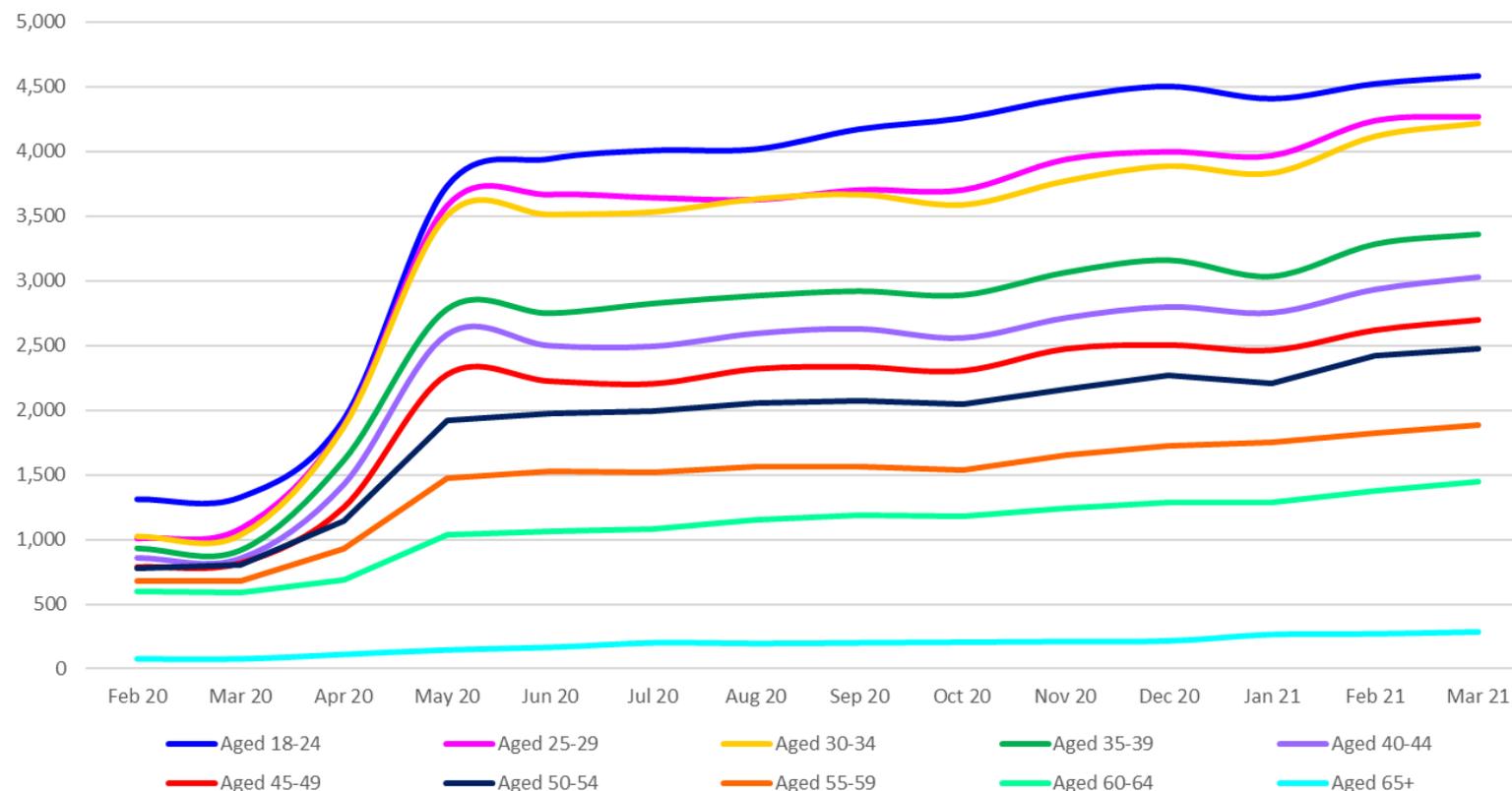
Families: Childhood Poverty

Newham Claimant Counts – February 2020 compared to February 2021

Source: Office for National Statistics

Claimant counts were highest in the 18 to 24 years ageband both before and during the pandemic period, followed by 25 to 29 years. Children in families will also be effected as the greatest increase in claimants has occurred in residents less than 34 years. Children and families are mostly likely disproportionately effected by the economic effects of the pandemic.

Newham claimant count Feb 2020 to March 2021 by age bands



Age band/month	Feb 20	Mar 21	Difference Feb 20 to March 21	Feb 20 to March 21 % change
Aged 18-24	1,310	4,580	3,270	250
Aged 25-29	1,010	4,265	3,255	322
Aged 30-34	1,025	4,220	3,195	312
Aged 35-39	930	3,360	2,430	261
Aged 40-44	855	3,025	2,170	254
Aged 45-49	785	2,700	1,915	244
Aged 50-54	775	2,470	1,695	219
Aged 55-59	675	1,885	1,210	179
Aged 60-64	600	1,450	850	142
Aged 65+	75	285	210	280

Numbers of 16 and 17 years olds claimants are very low. At their peak only 20 per month combined.

50% children
living in
poverty:
39,638

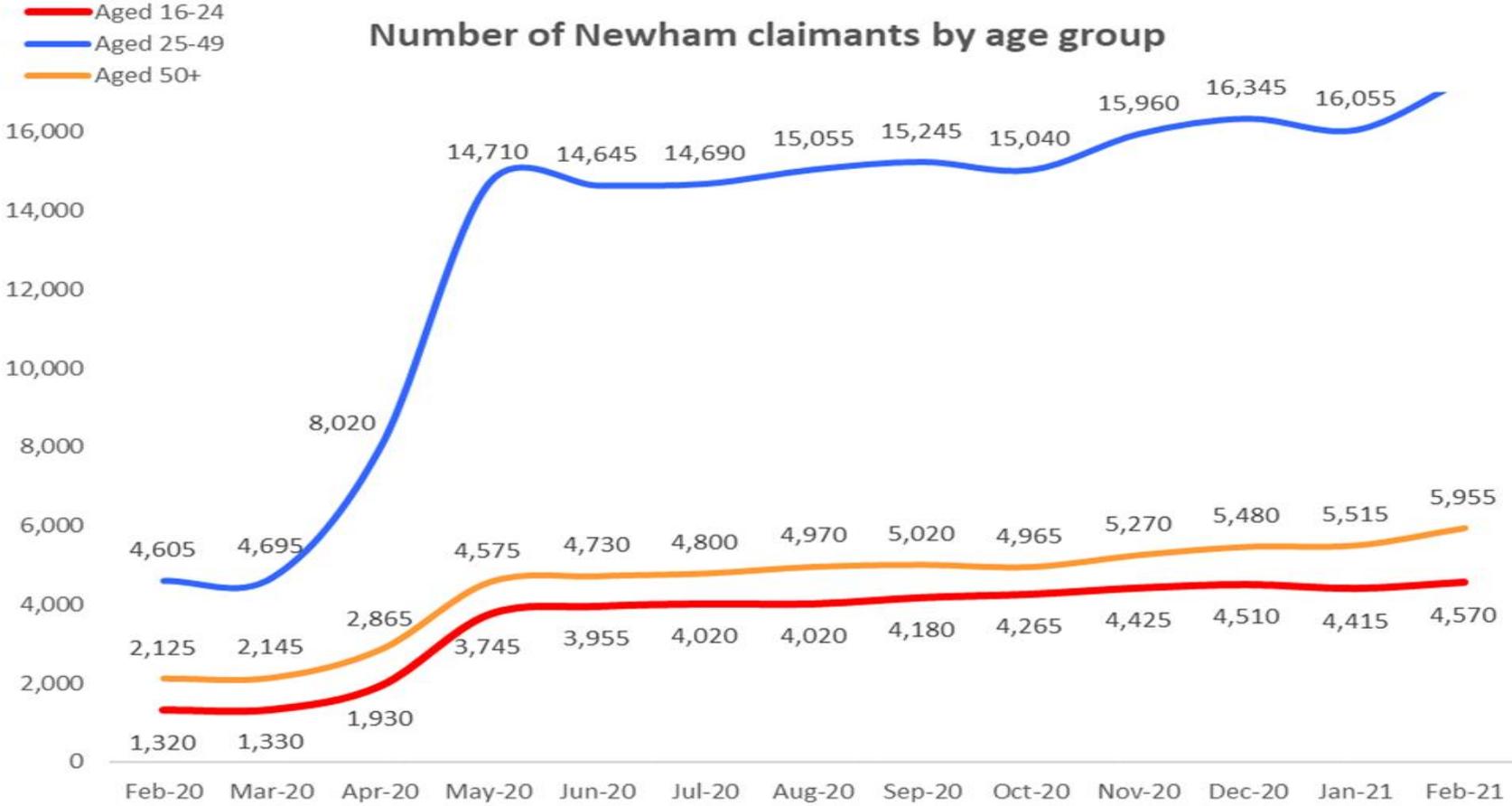
32% children
in food
insecurity:
25,700

17,154
pupils received
food vouchers
during Easter
holidays 2021

- More families are relying on Universal Credit but evidence shows that this isn't enough to protect against food insecurity
- According to The Trussell Trust, the £20 uplift in Universal Credit is essential: without it, 41% of people fear they would have to cut back on food and 13% of parents would be very likely to cut back on food for their children
- There has been an increase in children eligible for free school meals from around 20% pre-pandemic to 30% in 2021

Families: Childhood Poverty

Time trend



Source: Office for National Statistics

Inequalities and strategic implications

As we emerge from what we hope is the worst of the health crisis, it is important to review what the impact Newham resident might face in terms of financial wellbeing.

Those residents working in sectors such as retail or hospitality and those on variable income or insecure employment have suffered badly. So too have those who have had to give up work or reduce their hours to look after children or other relatives, or recover from illness or bereavement. These groups are disproportionately represented amongst the young, those from ethnic minorities and those with children; especially women and even more so single parents.

The economic consequences of COVID-19 continue to unfold but **what are the financial wellbeing challenges in Newham that need to be addressed as we emerge from the pandemic?**

Impact of Furlough - Newham remains the borough with the highest Coronavirus Job Retention Scheme (Furlough) take up rate in London – with 33,300 residents in receipt of payments in March. The Coronavirus Job Retention Scheme provided 80% of a resident's income whilst payment deferrals for loans and other mainstream credit temporarily reduced monthly outgoing. For those in financial stress, 'forbearance' meant that bailiffs couldn't reclaim unpaid debts or landlords evict tenants in arrears. Whilst this support has undoubtedly helped residents survive the immediate economic consequences of the pandemic, this has deferred rather than denied the problems. Credit card and loan repayments will be higher, unpaid rents will be pursued.

Demand for Debt Advice - It is clear that the demand for debt advice will increase over the next 12 months. A key challenge will be meeting the needs of the digitally excluded and those who have never before needed debt advice and may therefore be less able to navigate the system. Those on low and/or variable incomes who use credit for essentials and these are the same people who have suffered most during the pandemic – the key workers, renters, parents especially lone parents, those with disabilities or poor mental health, those from ethnic minorities and the self-employed or gig workers. As the demand for debt advice increases so will the demand for universal credit and the end of the Coronavirus Job Retention Scheme will also result in an increased level of unemployment through redundancies.

£20 uplift of Universal Credit - UC payments were increased by £20 a week in April 2020, to help struggling families during the pandemic and although £20 may not sound much it has been a lifeline to many residents. When the payment comes to an end in September, more residents will be driven into poverty and debt. Debt impacts people's mental and physical health, as well as causing relationships to break down and social isolation. *Newham's Universal Credit (UC) claimant count has increased by 250% since the start of the pandemic (vs 178% in London), with 28,245 residents in receipt of UC as at March 21.*

The Benefit cap - for many residents that lost their jobs during the pandemic, they needed apply for benefits and this is reflected in the huge increase in UC claimants. Residents that had lost employment were given a 9 months grace period before having their benefits capped and pre-pandemic for most people that would be enough time to secure employment. In the current climate this protection is too brief especially as the economic impact is still unfolding. This situation risks leaving residents impacted by the benefit cap with spiralling rent arrears, the threat of eviction and struggling to afford essential food and energy. The ending of the UC uplift and furlough scheme in September and the end of the eviction ban in June will create a cliff edge for many of Newham's residents.

Families: Early Help Hub (targeted support)

Why this is important

- To promote the health and wellbeing of children by offering wrap around early help support.
- To ensure children, young people and their families with targeted needs have the best start in life through the provision of Families First and Early Help support.
- To ensure families receive targeted support and intervention at the earliest opportunity. Evidence shows that interventions are most successful when undertaken early and offer the greatest chances for improved outcomes for children and young people
- To enable and empower families to sustain positive changes and outcome for their children by providing purposeful, planned and focussed early help support
- To reduce the likelihood of families requiring statutory intervention by offering the right support at the right time

Local context for Newham

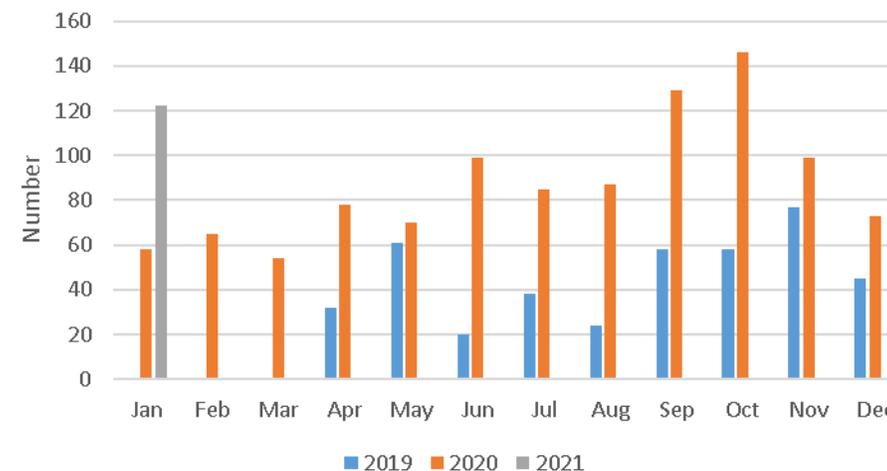
Requests for the early help hub (targeted support) increased dramatically from April 2020 to January 2021 with September, October and January 2021 reflecting the highest number of referrals to this service. Interestingly, this appears to correlate with schools reopening where staff were able to identify children and young people that required additional support upon return to school. MASH outcome data below indicates that referrals to domestic violence support services and/or the Early Help Hub remained steady throughout the lockdown period and levels remained lower than the previous year. However when both figures are combined, domestic abuse/violence remains the highest presenting need within Newham.

Referrals to Domestic Violence Support Services

MASH outcome data

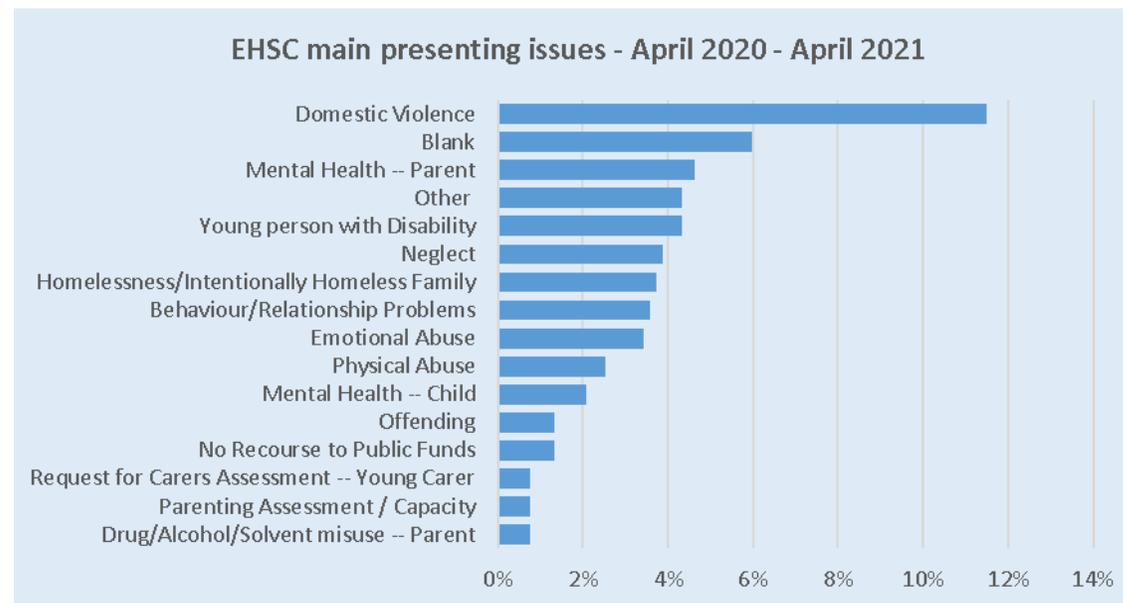
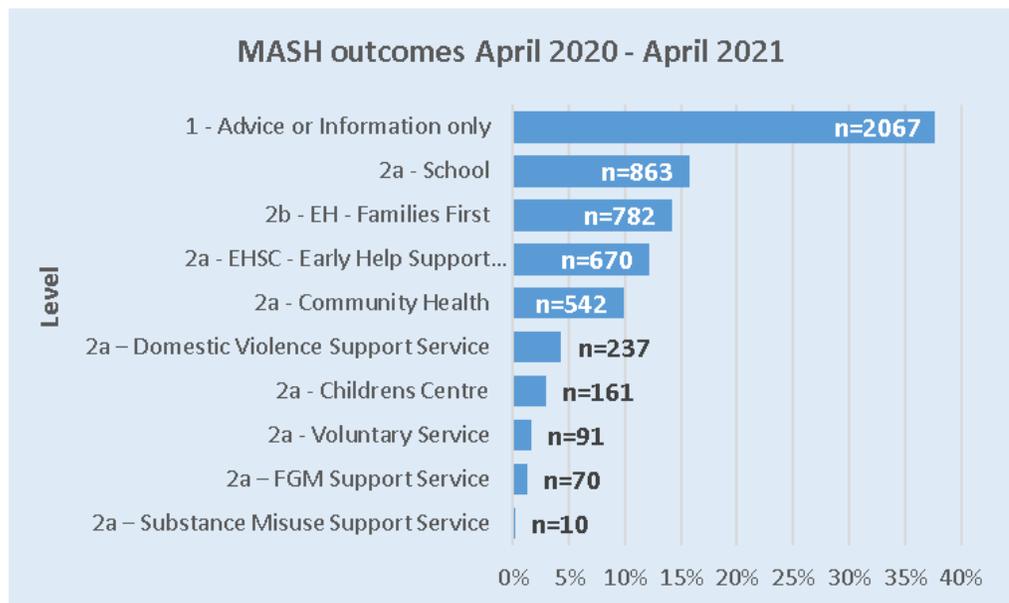


Referrals to Early Help Hub



Families: Early Help Hub (targeted support)

EHSC referrals presenting factors that are identified at the point of contact via MASH



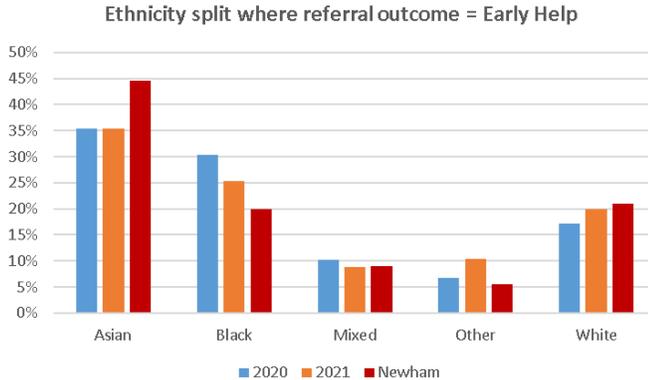
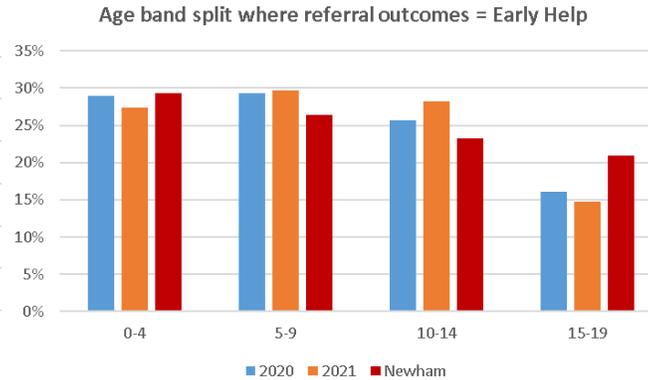
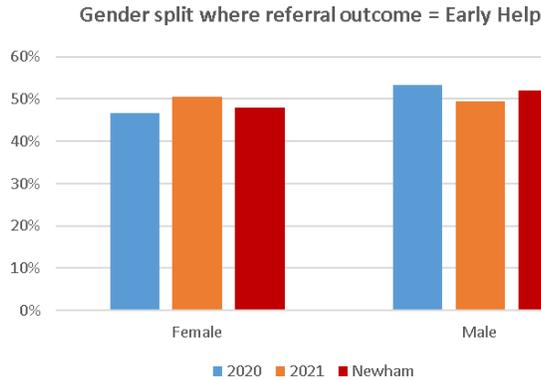
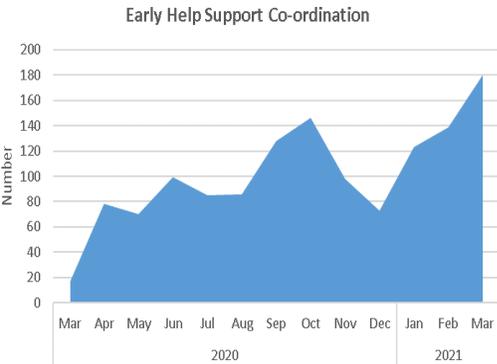
- Please note that Request for Support was the highest main presenting issue at 45.1% (n=302) - the graph shows the remaining top 15 main presenting issues
- “Other” includes CSE; Drug/Alcohol/Solvent misuse – child; missing from home; parental conflict; request for carers assessment – parent; asylum seekers – parent; sexual abuse; transfer CIN; Covid-19, FGM; Gangs, Legal; pre-birth assessment; private fostering; racial harassment; request for accommodation under Children Act

Families: Early Help Hub (targeted support)

Local context for Newham

MASH continues to receive a high number of contacts for targeted support. The main areas of need, in order of prevalence, are: domestic abuse, general requests for support (i.e. food poverty, no recourse to public funds, financial issues or unemployment), families where there is a child with a disability or additional need, child or parental mental health, low level neglect, parental capacity or families at risk of homelessness/intentionally homeless.

Inequalities



Forecasting future need

- Since the beginning of the pandemic, families have presented with socio-economic needs such as food poverty, housing/at risk of homelessness, no recourse to public funds, financial constraints and unemployment, with referrals of this nature taking precedent in the early help hub
- In addition, support has been requested in regards to parental and children’s mental health, children with additional SEND needs and helping families that have fled domestic violence from another borough

Strategic implications

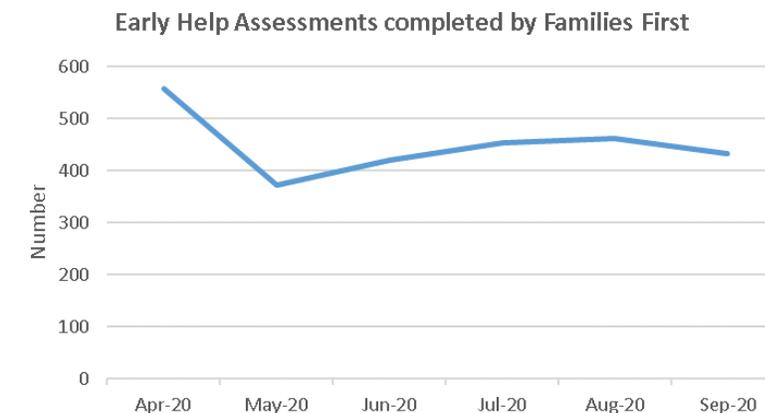
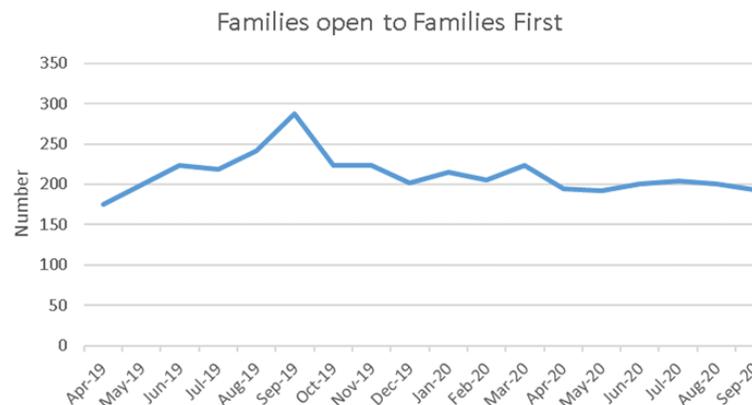
- As lockdown continues to ease, it is anticipated that we may see an increase in families at risk of homelessness after 31st May 2021 when the government intends to lift the eviction ban. The borough is working closely with their voluntary, faith, community sector and housing partners to ensure that there is a co-ordinated offer.
- With the likelihood that children and young people will continue to present with mental health difficulties post lockdown, the borough has a CYP mental health and wellbeing partnership in response to this need.
- In light of Families First new practice model and reported demand for the Early Help Hub, additional resourcing and capacity building will need to be considered to ensure that the service is able to adequately meet families’ needs

Why this is important

- To promote the health and wellbeing of children by offering wrap around early help support.
- To ensure children, young people and their families with targeted needs have the best start in life through the provision of Families First and Early Help support.
- To ensure families receive targeted support and intervention at the earliest opportunity. Evidence shows that interventions are most successful when undertaken early and offer the greatest chances for improved outcomes for children and young people
- To enable and empower families to sustain positive changes and outcome for their children by providing purposeful, planned and focused early help support
- To reduce the likelihood of families requiring statutory intervention by offering the right support at the right time

Local context for Newham

- Generally Families First see an increase in referrals a few weeks after the schools return in September
- In preparation for this, cases are closed so that it doesn't have such a huge impact on the total number of cases open
- Cases this year (2020/21) have been lower, approximately a month behind where it would normally be.
- The drop off in April/May is almost certainly due to the pandemic as there is no other obvious reason for it and this pattern has not been seen previously
- From January 2021, it is expected that a lot of referrals previously sent to Families First will go elsewhere in Community Early Help

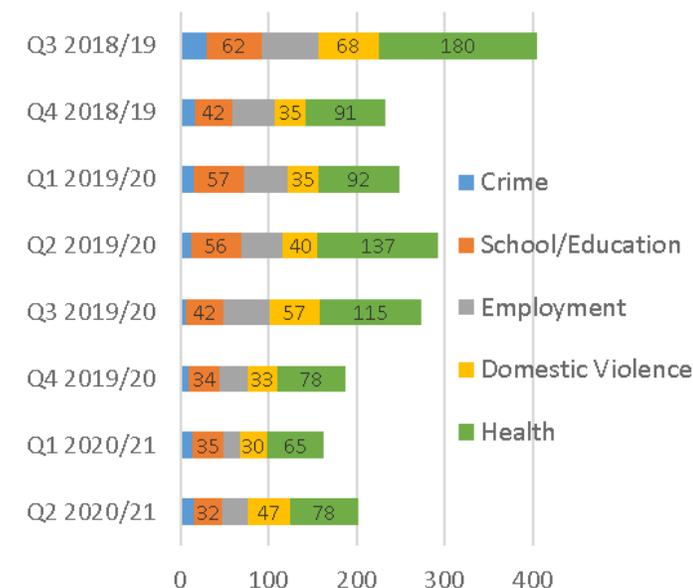


Families: Families First (Intensive Early Help)

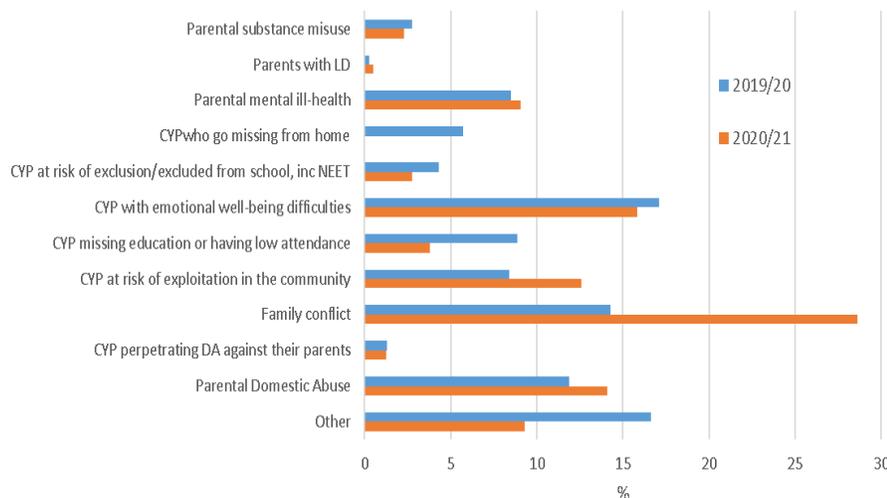
Local context for Newham

- Using factors within the case closure form for Families First cases it is possible to identify key issues families were impacted by
- These factors follow the Troubled Families criteria of 6 key areas, 5 of which are shown on the graph on the right
- Each family support would trigger the Children in Need factor, so this has been omitted from the data to focus on the other key factors
- The most prominent area impacting families supported by with targeted early help are health related. This is the highest recorded issue in each quarter from Q3 2018/19 to Q2 2020/21. 58% of the 1,448 cases closure in this timeframe having this issue.
- The lowest recorded issue is Crime, with 8%. This should not suggest that there is not as great a need in this area, but more that Crime related cases are not allocated for targeted help support as often. Instead are allocated to other services.
- The factors tell us that 10% of families had both Health (physical/mental/substance misuse) and Domestic Violence as key factors

Factors identified by quarter
Source: AzeusCare



Primary eligibility criteria for Families First Service - targeted Early Help

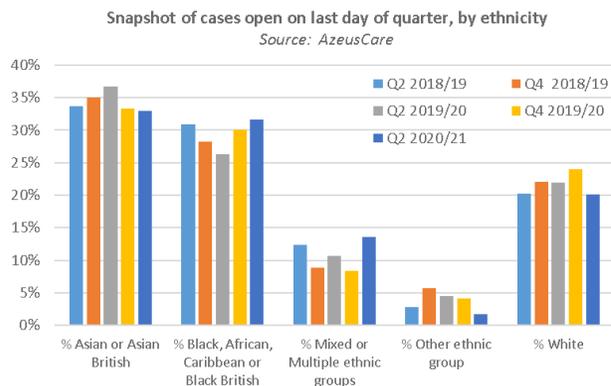


- The large increase in family conflict referrals in 2020/21 could partly be due to the Covid-19 context but could also be due to a programme that has been running from April 2020 to raise awareness with professionals around reducing parental conflict

Families: Families First (Intensive Early Help)

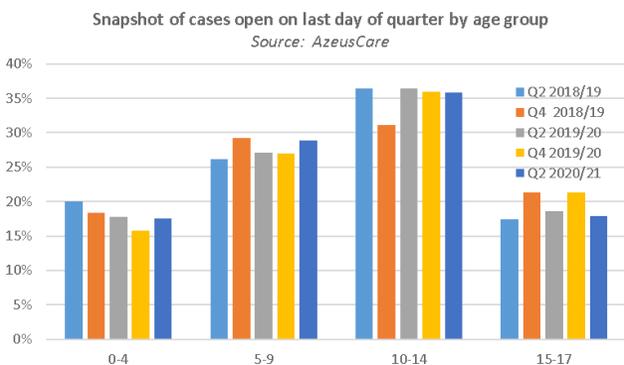
Inequalities

Ethnicity



- Individuals from Black, African Caribbean or Black British are over represented while White ethnic groups are under represented within the Newham population
- Individuals of Mixed or Multiple ethnic groups over represented in each period. 5% of Newham is projected as from Mixed ethnic groups. 14% of the individuals as at close of Q2 2020/21 were from this group, nearly three times the projected Newham percentage

Age



- The age group with the highest level of need across each snapshot date has been the 10-14 year olds
- Both 5-9 and 15-17 year old age groups have fluctuated over the five snapshot dates, but have remained within no more than a 4% swing.
- The 0-4 year old age group has also stayed within a 4% range. However, this age group has shown the lowest level of need at each of the past 4 snapshot dates.
- The two older age groups combining have consistently been higher levels of need across each of the five snapshot dates compared to the combined younger two age group

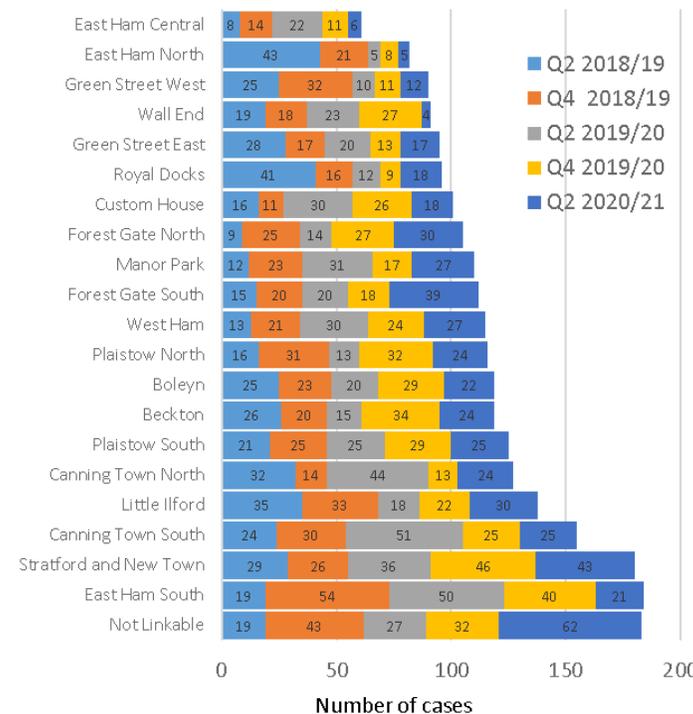
Gender

As recording for Families First and the Early Help hub is completed on a family level, looking at gender is not appropriate.

Geography

Snapshot of cases open on last day of quarter by Ward

Source: AzeusCare

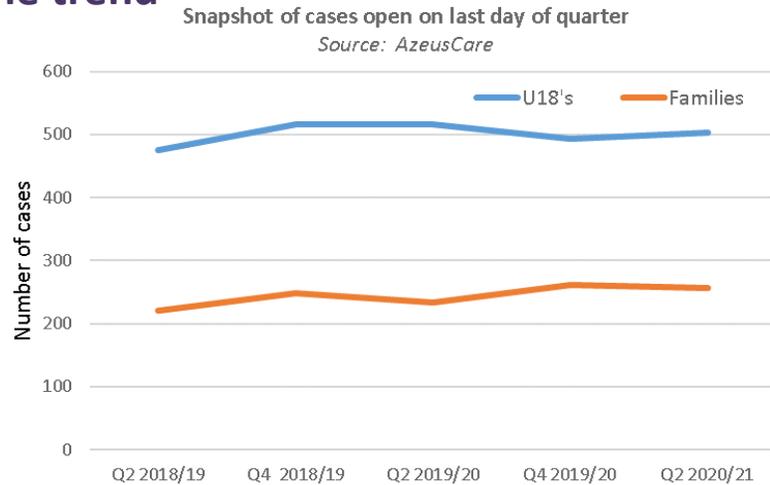


- Stratford and New Town consistently had a high level of need across all 5 periods, being ranked highest level of need Ward at the last two snapshot dates.
- East Ham South, which held the highest or second highest level of need in the three periods prior to latest snapshot date has reduced by nearly half its number, to a lower mid-level area
- East Ham North has moved from having the highest level of need during the first snapshot date to being the 2nd lowest or lowest in the last 3 snapshots.
- East Ham Central's highest level of need was snapshot 3, ranked 10th highest. All other periods have been in the lowest three areas of need

- Forest Gate South has moved from being one of the mid-level areas of need in all previous snapshots to the second highest in the latest, an increase of 21 individuals between last snapshots and one directly before
- This is the highest increase from one Ward in Newham
- The second highest increase was 11 individuals in Canning Town North during the same periods.

Families: Families First (Intensive Early Help)

Time trend



- At the first snapshot period (Q2, 2018/19) there were 475 U18's from 220 families with an allocated worker. This was the lowest allocated caseload for the reporting timeframe
- Snapshot 2 (Q4, 2018/19) saw a significant increase in both individuals (42, 9%) and families (28, 13%) compared to snapshot 1. However, snapshot 3 (Q2, 2019/20) shows little change to previous period in terms of individuals, however there were 15 fewer families with allocated workers (-6%).
- The difference between individuals and families is more relevant when viewing snapshot 4 (Q4, 2019/20) Although this period shows a reduced number of individuals (23) there was an increase of 12% (29) families supported.
- Latest snapshot data 5(Q2, 2020/21) shows little change to previous period. There is a marginal increase in individuals and slight fall in families by snapshot 5.

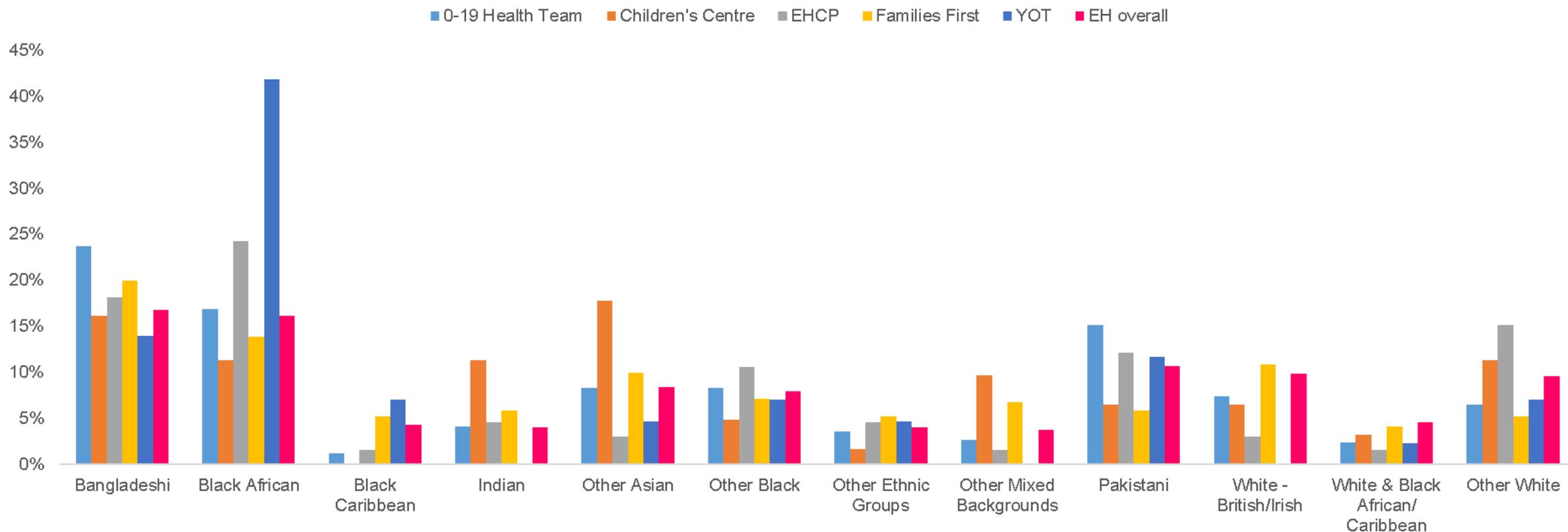
Forecasting future need

- The referral to Families First during Covid 19 and especially since September 2020 has been steady. As the lockdown eases and with the increased contacts in the Multi-Agency Safeguarding Hub (MASH) , there is a likelihood of referrals to Families First increasing
- The MASH continues to see a high number of contacts relating to families requesting support, domestic violence, neglect and behaviour and relationship problems. The new intervention model in the Families First Service, which is based on restorative and relational practice will help support families to address these issues
- Since the beginning of the pandemic, socio-economic needs such as food poverty, housing/homelessness, no recourse to public funds, finances and unemployment have taken precedent in referrals to the early help hub
- In addition to this, support has been requested around parental and children's mental health, children with additional SEND needs and reintegrating families that have fled domestic violence from another borough
- In terms of the future, a re-design has been developed which will reduce overall capacity
- The team are also implementing a new model of practice which will change the type of work done and help to define families that are suitable
- Discussions are being held with social care managers as they are the source of the majority of referrals

Strategic implications

- As lockdown eases, the borough may see an increased referrals for young people that have been involved in crime, anti-social behaviour and youth violence
- The council is devising a strategy to offer wrap around early help support for young people that may not require statutory social care intervention

Percentage of Teams' caseload by ethnicity



- 42% of all YOT cases involve children or young people with a Black African background, despite representing only 16% of the overall Early Help population
- Similarly, 18% of all Children's Centres cases involve people of an Other Asian background and 11% involve people of an Indian background despite Other Asians representing only 8% of the Early Help population and Indian only 4%

Families: Safeguarding – Referrals to Children’s Social Care

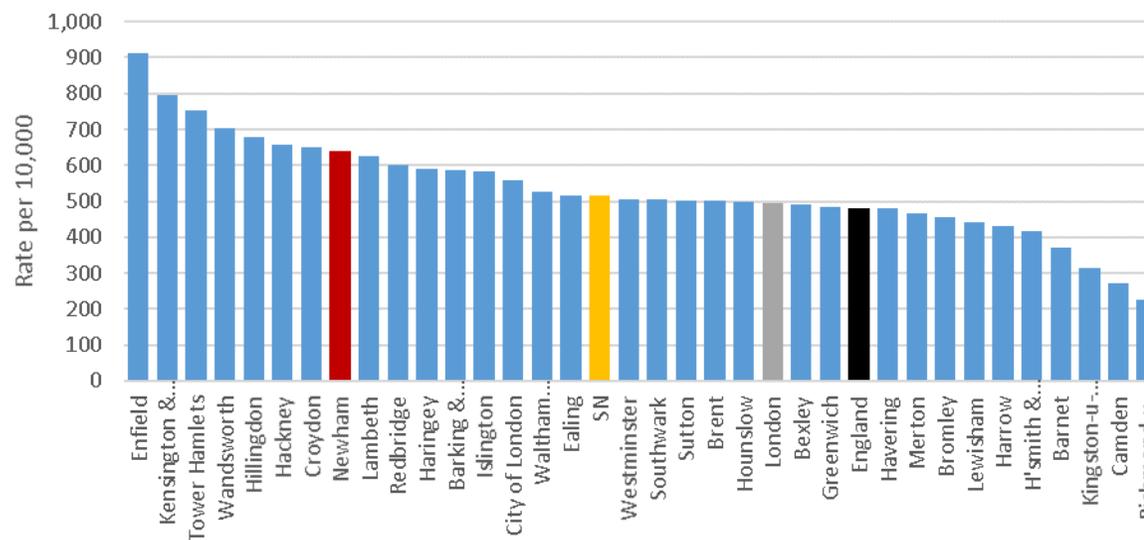
Why this is important

- Numbers of enquiries may be indicative of need within Newham
- Contacts proceed to a referral when it would seem that thresholds for social care involvement may have been met
- Details of contacts and referrals provides strategic decision makers with key information about levels and patterns of need and potential harm in the local area

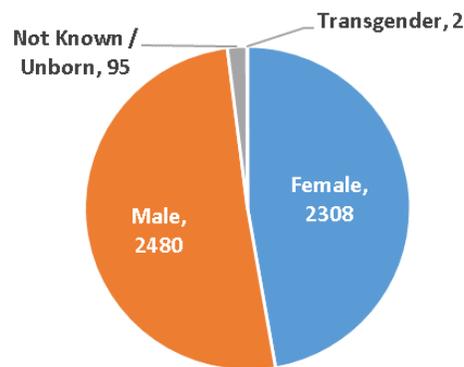
Local context for Newham

- Historically the referral rate in Newham has been higher than other London boroughs, Statistical Neighbours and England
- However in 2019/20 the referral rate fell and appeared to be more in line with other authorities (2019-20 benchmark data not yet published)
- In 2018/19 referrals from Health services were lower than London and England averages
- In 2018/19 referrals from other Local Authority services were high compared London and England averages
- The Covid-19 lockdown saw a decline in referrals to children’s social care, however this has since returned to normal levels

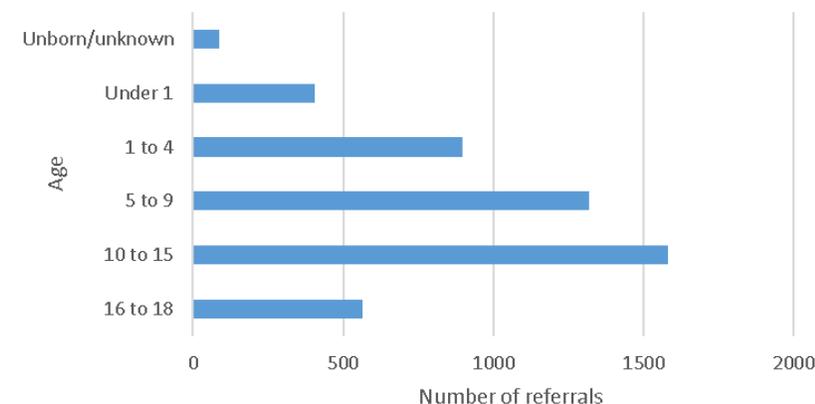
Referrals aged 0-18, 2018/19



Referrals aged 0-18 by gender, 2019-20

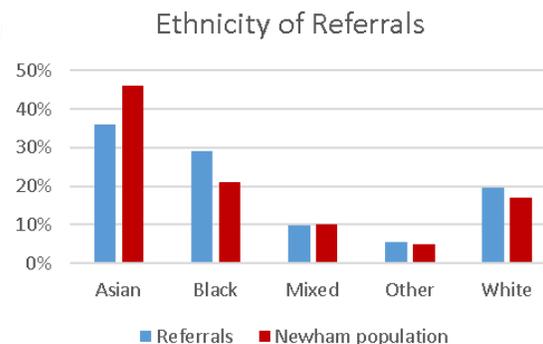


Age at referral

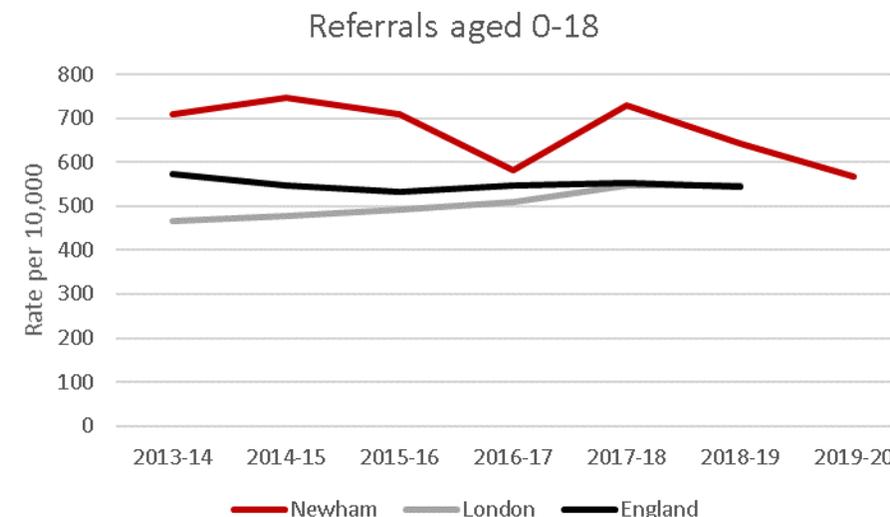


Inequalities

- More males than females are subject to referrals
- 10 to 18 year olds appear to be over represented in referrals to social care when compared to the 10-18 population
- Referrals of children with an Asian ethnicity are lower than would be expected when compared with the general population, whereas contact regarding children from Black and White ethnic groups are higher than would be expected



Time trend



Forecasting future need

- The easing of lockdown and return to school is anticipated to increase the number of safeguarding referrals.
- Covid-19 has had a significant impact upon levels of deprivation and poverty in the borough, as a result more families may require additional support and more children potentially requiring safeguarding.
- Newham’s level of referral rates is now more aligned to London and national averages.

Strategic implications

- Higher levels of need for a statutory safeguarding response correspond to higher levels of spend to mitigate risks and harm.
- Failure to provide support in response to demand carries an equally high, if not higher level of spend.
- There is a need for services that provide support alongside safeguarding to prevent harm from escalating
- Increasing demand for services could be addressed through effective multi-agency working and a greater understanding of need, at earlier points in the child’s journey.

Families: Safeguarding – Assessments

Why this is important

- Assessments are a statutory duty required when a child has been identified as being in need of support and protection
- Assessments (single) should be completed within a 45 working day timeframe to seek to ensure that children and families receive a timely response to any support of safeguarding requirements

Local context for Newham

- Historically the assessment rate in Newham was higher than other London boroughs, Statistical Neighbours and England. However in recent years the rate of children being assessed has been in line with London and England averages
- The Covid-19 lockdown saw a decline in assessments (direct result of fewer contacts / referrals), however this has since returned to normal levels

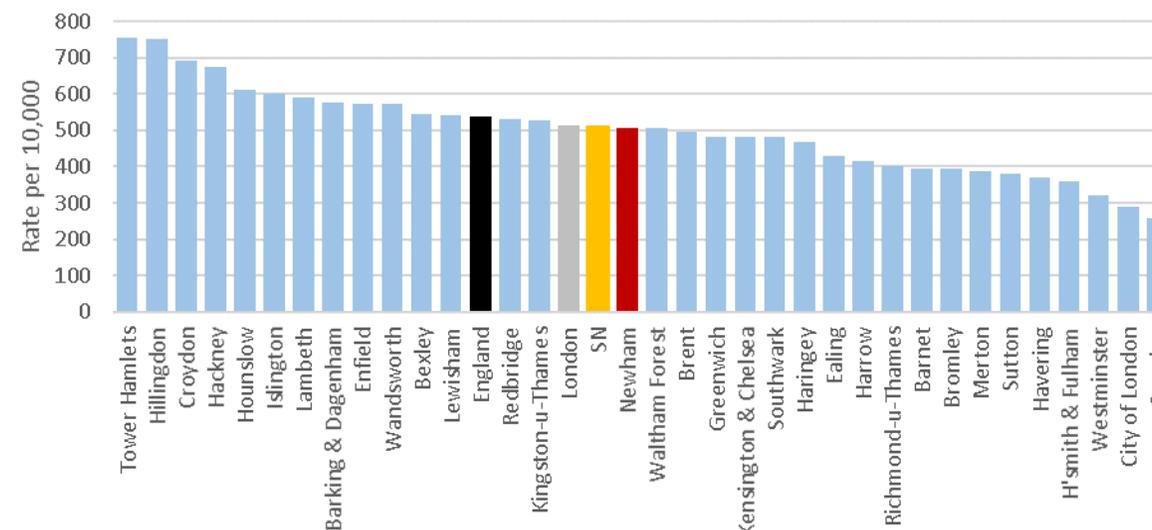
Factors identified after assessment:

- Most factors are less frequently identified when compared to London boroughs (is this a recording issue?)

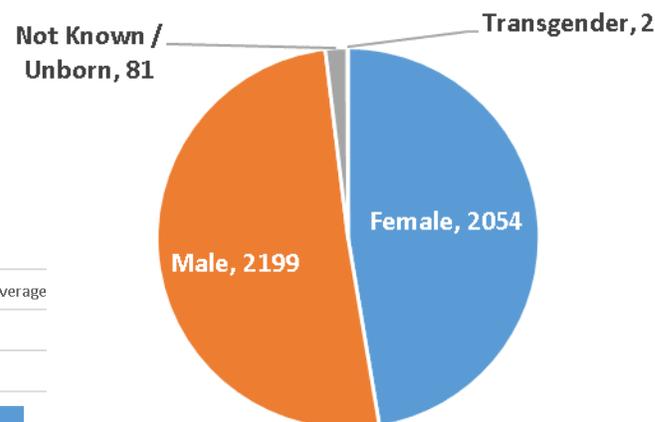
Exceptions:

- Physical abuse more prevalent
- Sexual abuse more prevalent
- CSE and trafficking more prevalent (although small numbers)
- DV in line with London boroughs

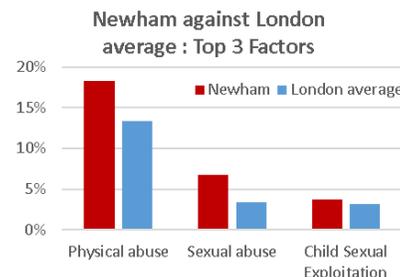
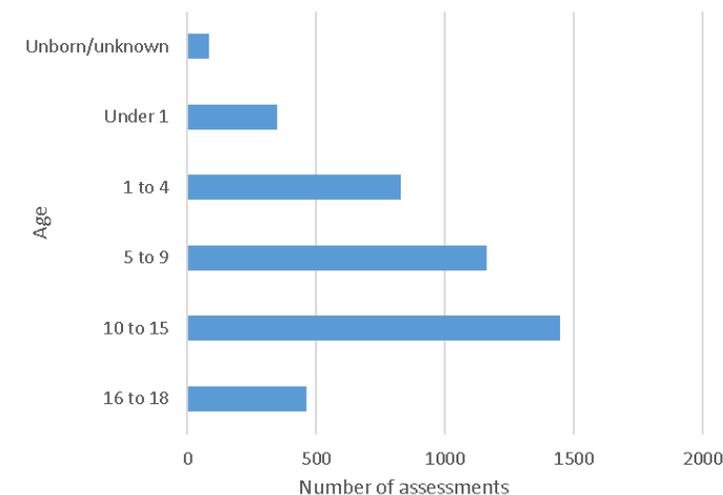
Assessments aged 0-18, 2018/19



Assessments by gender, 2019/20



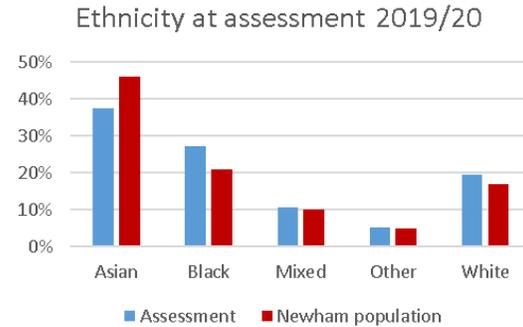
Age at assessments



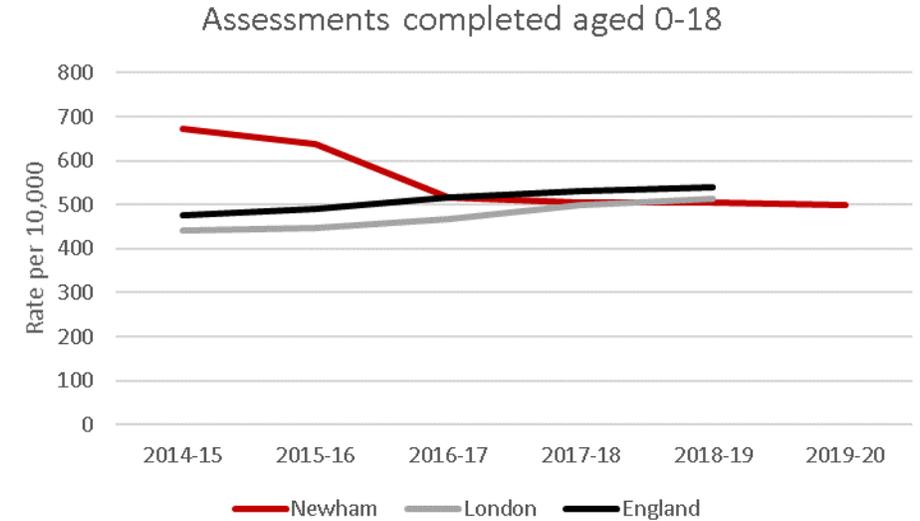
Families: Safeguarding – Assessments

Inequalities

- Slightly more Males than females are subject to an assessment
- 10 to 15 year olds appear to be over represented in referrals to social care, and under 1
- Assessments regarding children with an Asian ethnicity are lower than would be expected from the general population, whereas contact regarding children from Black ethnic groups and white ethnic groups are higher than would be expected



Time trend



Forecasting future need

- Newham has more males than females referred for a statutory social work service. This correlates to higher numbers of males who then go onto become Children Looked After
- Newham’s completion times of assessments tallies with London and national averages
- Newham captures information in respect of key characteristics of an assessment. Neglect, exposure to Domestic Abuse and Parental Mental Health impacting upon children’s outcomes are our most common assessment characteristics and reasons why children go onto to become subject to a Child Protection Plan, following assessment completion

Strategic implications

- Disproportional representation in relation to age, gender and ethnicity is being identified at the outset the referral and assessment process to Children’s Social Care. Reflecting upon the wider system of support available for children and families, prior to reaching the statutory threshold for intervention
- There are significant cost implications to addressing harm for children and families once they reach statutory threshold for intervention – particularly related to experiencing Neglect, Domestic Abuse
- Support for older children would benefit from thinking about how parents, carers, extended family and the multi-agency network could be engaged to support at earlier points. Taking a whole family approach

Families: Safeguarding – Contacts to MASH

Why this is important

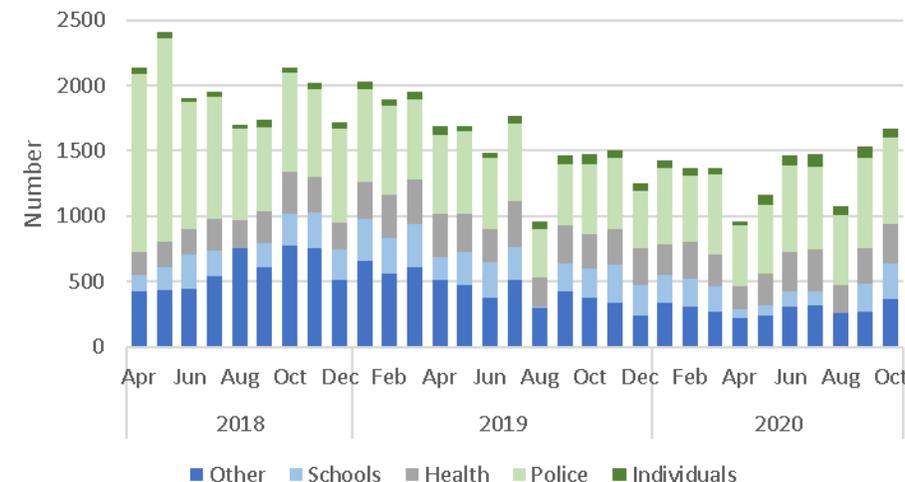
- The MASH is the front door for enquiries regarding safeguarding of children within Newham
- Numbers of enquiries may be indicative of need within Newham

Local context for Newham

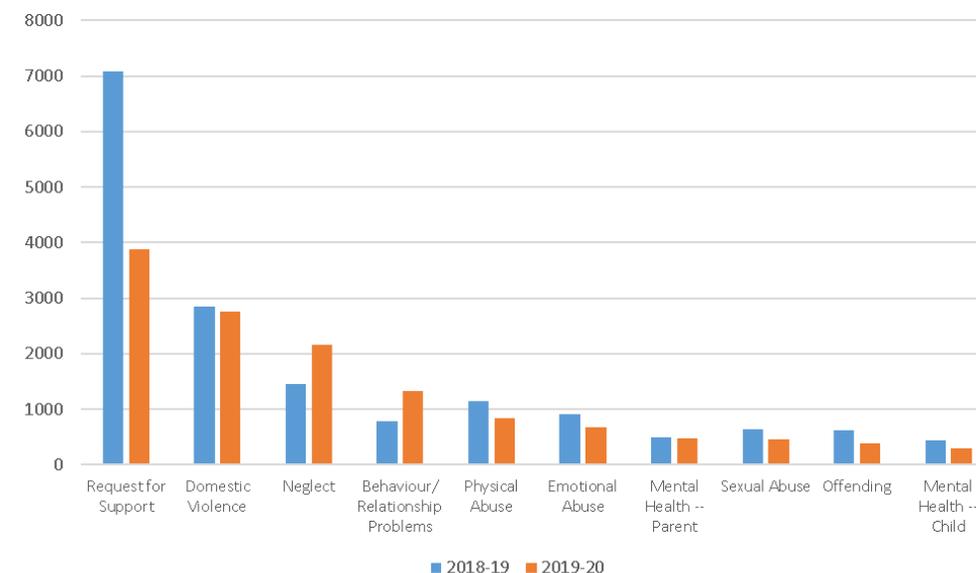
- As all authorities have differing methods of managing the social care / children service front door, benchmarking is not possible
- Since April 2018 contacts into MASH have dropped, this is in part due to a change in recording after July 2018
- Contacts by month tends to fall during school breaks (no contact from schools)
- Although there was a sharp decline in the contacts recorded from police between April 2018 and July 2019, this was due to recording changes. However we have seen an increase in police contacts recently - particularly since Covid-19
- Newham saw a sharp drop in contacts in April 2020, however numbers have now returned to pre-lockdown levels
- Top 10 presenting issues for contacts: **Domestic Violence, Neglect, Behaviour/Relationship Problems, Physical Abuse, Emotional Abuse, Mental Health – Parent, Sexual Abuse, Offending, Mental Health – Child, CSE**

Fewer MASH referrals from schools since lockdown:	Health	LA Service	Legal Agency	Other	Police	School
Lockdown	20.3%	10.3%	2.8%	12.4%	44.9%	9.2%
6 months prior to lockdown	19.0%	11.2%	3.5%	13.6%	35.9%	16.9%

Contacts to MASH by source



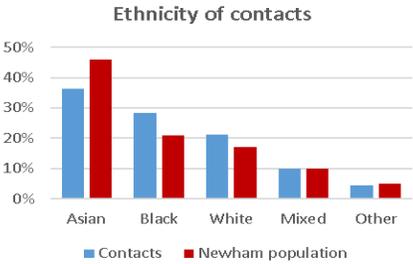
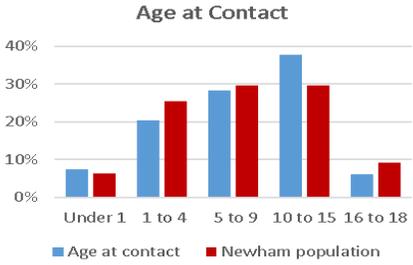
Top 10 presenting issues at contact



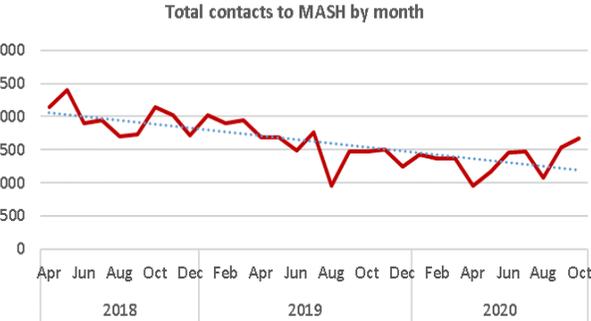
Families: Safeguarding – Contacts to MASH

Inequalities

- Gender groups are equally represented within contacts
- A higher proportion of contacts involve the age group 10 to 15 than would be expected from the general population
- Contacts regarding children with an Asian ethnicity are lower than would be expected from the general population, whereas contact regarding children from Black ethnic groups are higher than would be expected

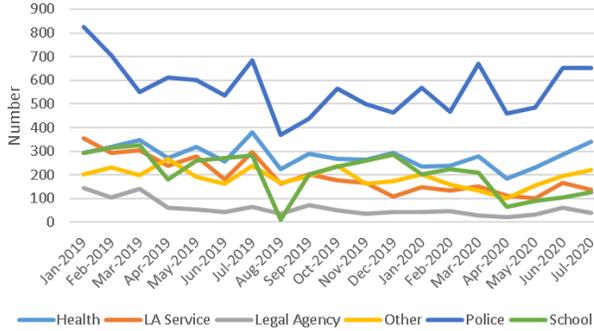


Time trend

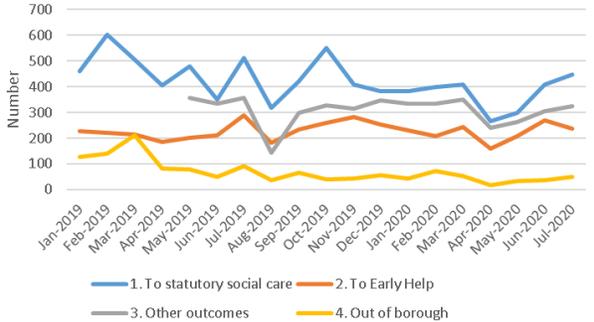


The total number of MASH referrals over time has been largely consistent, with a slight dip at the start of lockdown in March, which has since rebounded. The biggest area of both dip and subsequent growth following lockdown was in referrals to CYP statutory services.

MASH Referral Source



MASH Outcomes



Forecasting future need

- Covid-19 has had and will continue to have a disproportional impact upon Newham's population, due to the demography of the local area e.g. levels of poverty, deprivation, housing quality, health needs and high levels of furlough and anticipated job losses as a result of the pandemic, families subject to NRPF, the impact of which is anticipated to be felt more acutely i.e. young and older population. Intersectional analysis informs us this will likely increase demand for safeguarding services
- Newham typically sees a more transient population than other London Boroughs impacting upon ability to effectively track and intervene on a child's behalf when need and harm is identified

Strategic implications

The under-representation of Asian children requires further investigation and needs to be linked to understanding access to support at earlier points, for example take up of Children Centre place plus 2 year funded place is historically low in these cohorts giving some children insufficient access to early help services and specialist pathways such as speech and language or for opportunities for professionals to identify need and risk.

Families: Safeguarding – Child Protection Plan

Why this is important

- Child protection plans are interventions where it is judged that a child is at serious risk from harm
- This is multi-agency work led by Social care

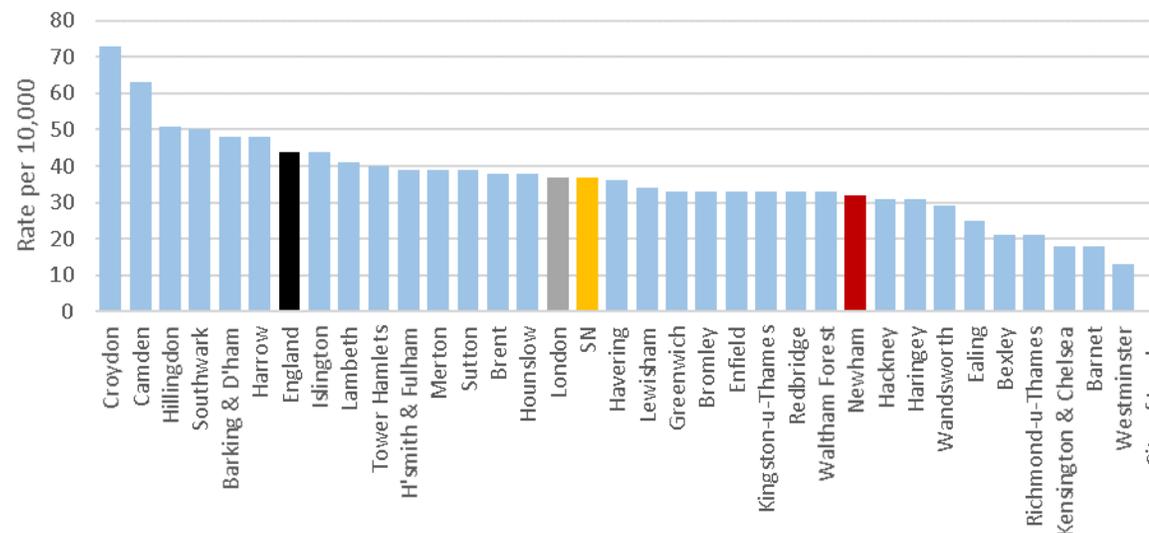
Local context for Newham

- Historically the rate of children with Child Protection Plan at a snapshot date has been lower than London and England averages, however at the end of March 2020, Newham's rate rose and appeared more in line with London, Strategic Neighbours and England averages (benchmarking not yet available to confirm)
- In recent months there has been a drop in numbers
- Children should not be on a plan for a long period of time and we therefore see new children starting a plan each month
- In 2019/20 ,on average, 36 New Children started a plan
- This year to date the average is 32 per month
- The Covid lockdown saw a decline in new plans starting in April and May, possibly due to boroughs agreeing not to transfer cases during the lockdown

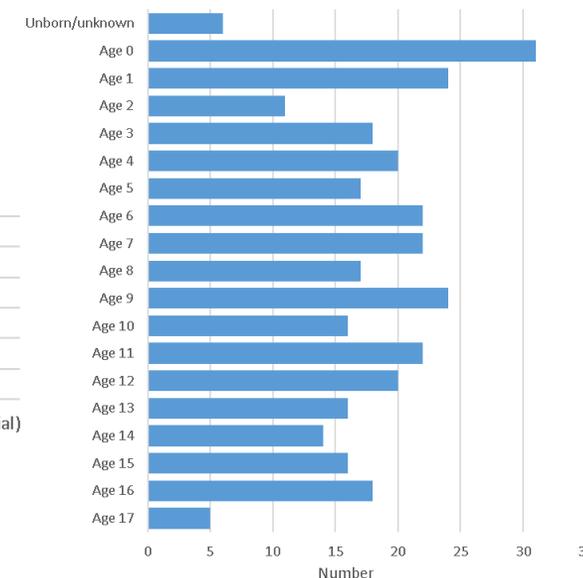
Reasons children are on a plan

- Compared to London and England averages, more children are on plans for Neglect or Physical abuse in Newham but fewer for Emotional abuse

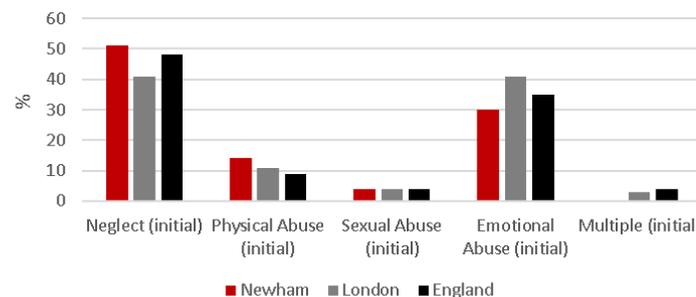
Child Protection Plan 2018/19



Age as at 31st October 2020



CP plan category

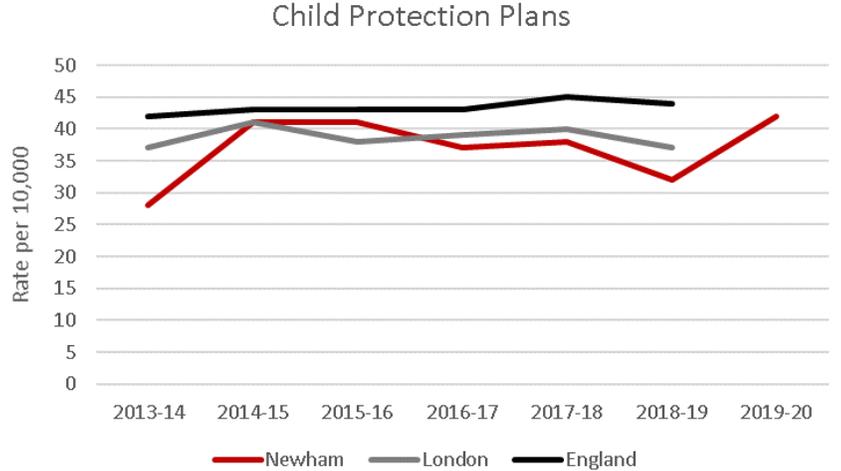


Families: Safeguarding – Child Protection Plan

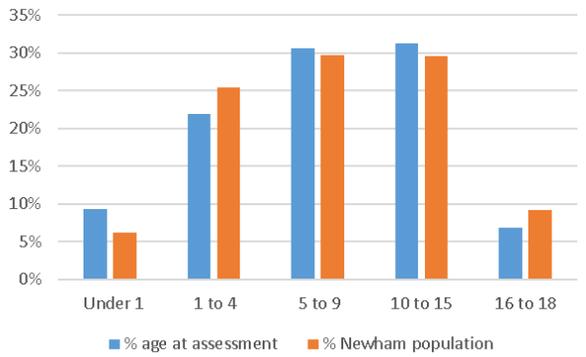
Inequalities

- There can be unborn children who are on a plan (6 at the end of October 2020)
- A snap shot of children who currently have a plan shows more females than males (53% female, 47% male – Oct 2020) - however due to the small numbers and high movement in this group, this is not a consistent picture
- Of the children who started a plan in 2019/20, the gender was equal (50%:50%) however 2020/20 to date has shown a female bias of (54%:46%)
- Although in the snapshot of 31st October 2020 the proportion of Asian ethnic groups is higher, for children starting a plan Asian and Black ethnic groups are underrepresented when compared to the wider population
- White are over represented (note the White ethnic grouping is over 50% white other as opposed to white British)

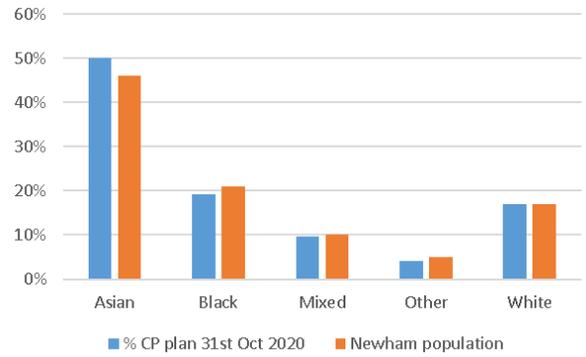
Time trend



CP plans by age at 31st October 2020



CP plan by ethnicity at 31st October 2020



Forecasting future need

- We have seen an increase in the number of children becoming subject to a Child Protection Plan (CPP), which may be as a result of improved threshold decision making within the multi-agency network
- As children return to school and talk about their lockdown experiences, a rise in the number of children requiring a Protection Plan is anticipated

Strategic implications

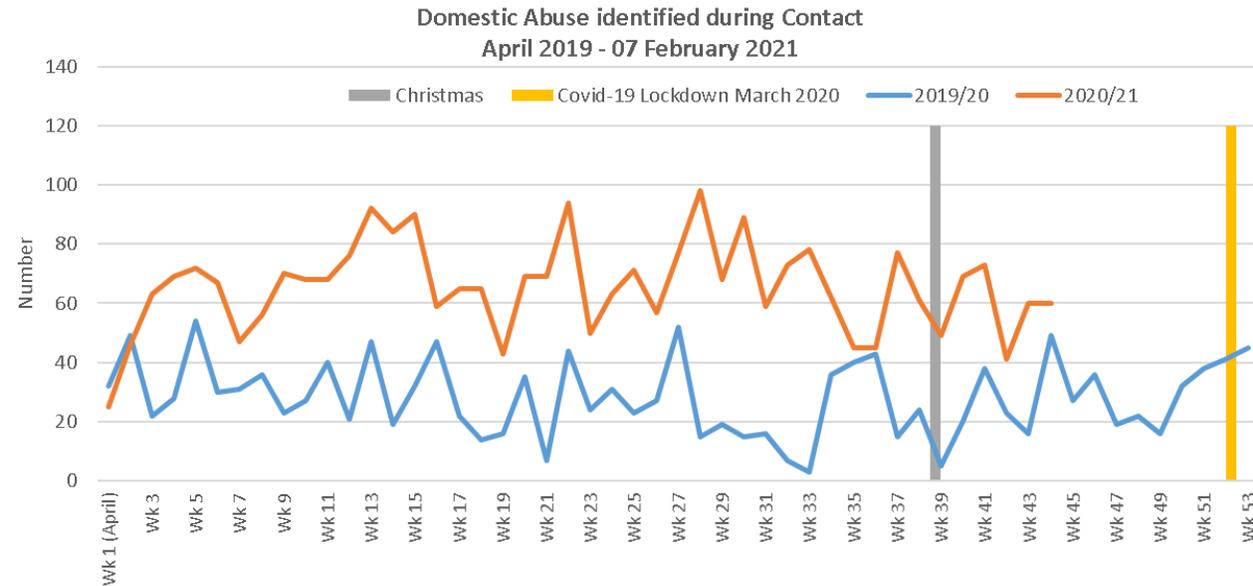
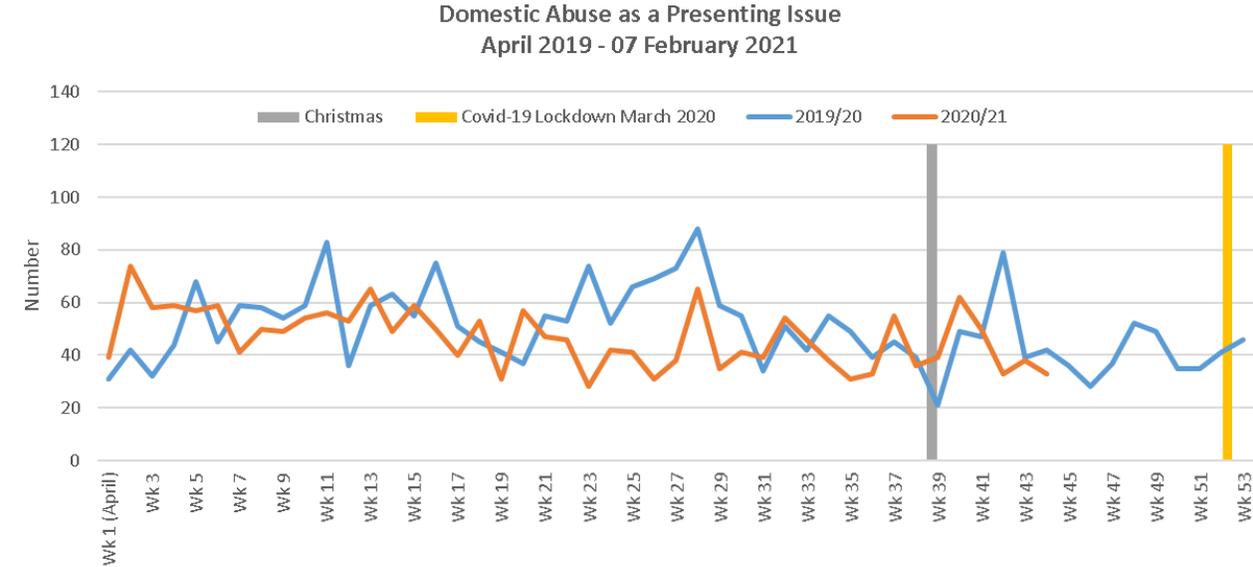
- Children are made subject to a Child Protection Plan where there is reasonable cause to suspect that they have experienced significant harm. The multi-agency partnership have a duty to prevent harm from happening to children. Rising numbers of children subject to CPP suggests that work to prevent harm has not been effective for these children
- Our understanding of disproportional representation at key points in children’s journeys needs to be better understood, alongside early identification to inform interventions that make a difference for children, before they are harmed

Why this is important

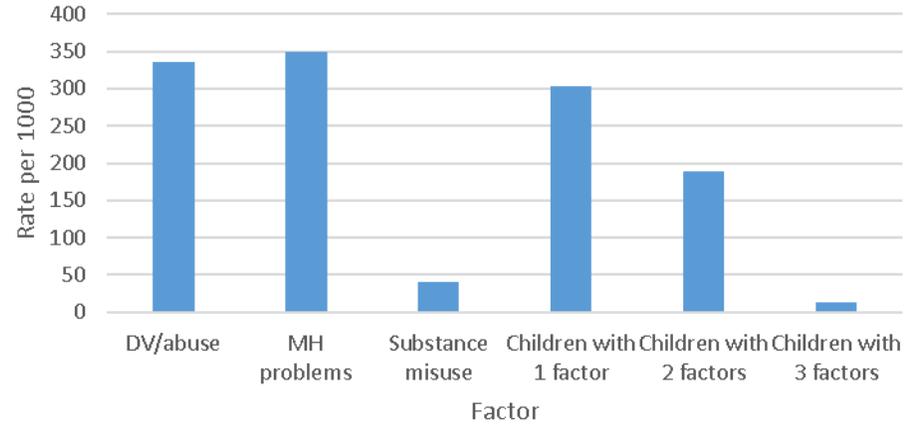
- Domestic Abuse is the most common risk factor identified by social workers in assessments and is a key driver of need for children’s social care (Domestic Abuse Bill June 2020)
- The harmful impact of Domestic Abuse is far reaching and early exposure, as a young child is often cited as a pre-disposing factor to vulnerability in adolescence and adulthood
- The economic impact of Domestic Abuse is significant with the Home Office (The economic and social costs of domestic abuse, 2019) citing that an estimated £66 billion is lost each year in England and Wales, as a result of the need to address the physical and emotional harm incurred by victims

Local context for Newham

- Newham ranks as being the second highest borough in terms of volume and rates of domestic abuse offences in London with 4,176 in the past 12 months. (MOPAC)
- The ward of Stratford is the highest in London with 370 offences. (MOPAC)
- In Newham, domestic abuse is the highest presenting factor for referrals into Newham’s MASH, approaching 3000 in 2019/20
- The impact of the pandemic, repeated lockdowns, job losses has seen a rise in the complexity of some family circumstances that has exacerbated need
- Responses to Domestic Abuse require a strong multi-agency partnership and co-ordinated strategic and commissioned response to effectively address the need to prevent & anticipate, to respond and to deal with the consequences
- Since March 2020, the Caring Dads Programme has received 120 referrals with almost a third of those referrals indicating a need for an interpreter

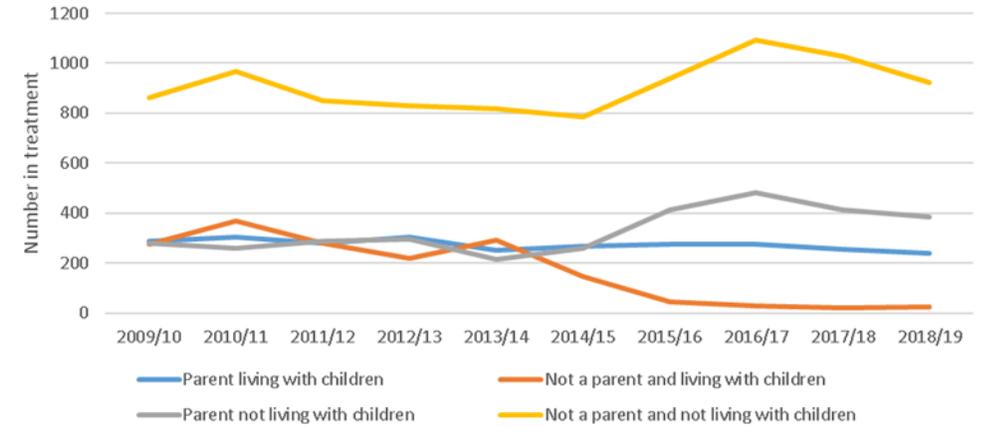


Known Family Stress Factors
August 2018 - July 2020



Time trend

Clients who are parents/carers in treatment
Source: National Drug Treatment Monitoring System



Forecasting future need

- Rates of referrals for support remain consistent and there has not been a noticeable rise in incidents across the borough, although recognised that the Covid context is adding to the complexity of some family circumstances
- As children return to school and start to speak about home life again we anticipate an increase in identification of need and response
- As far as possible services are returning to Business as Usual, albeit within the context of social distancing measures
- Newham was the first local authority in the country to begin to deliver Caring Dads online. The planning and development in Newham influenced a national Caring Dads online guidance protocol
- We are developing a DA data dashboard to support the identification of patterns of harm and to determine impact of services to support

Strategic implications

- There is a need to review and update Newham's VAWG & Early Help strategies. Taking account of the needs of different communities within Newham to inform the need for co-ordinated delivery of DA services, women, children and men
- Work with children and adult Safeguarding Partnership, Public Health & relevant Communication teams to develop a plan to support both effective identification and response
- Continued monitoring required of the impact of lockdown restrictions upon residents & the impact upon the provision of services
- There are a number of repeat offenders within the local community and whilst Newham has a Caring Dad's programme, it has no other specific perpetrator programme which serves the local community. Placing an emphasis upon victims to resolve issues relating to the behaviour of others

Families: Emergency Hospital Admissions

The impact of Covid-19

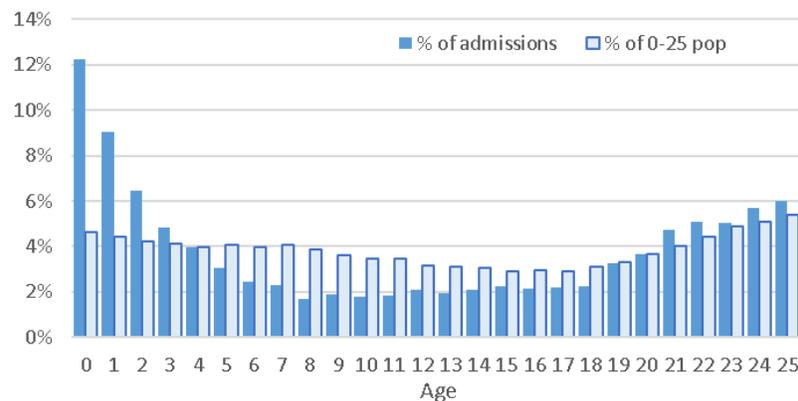
Nationally, visits to A&E for CYP have seen a 62% reduction. This is much higher than the 45% reduction seen for the whole (all ages) population

Source: Health Foundation (2020) How has children and young people's usage of A&E been impacted by lockdown and social distancing?

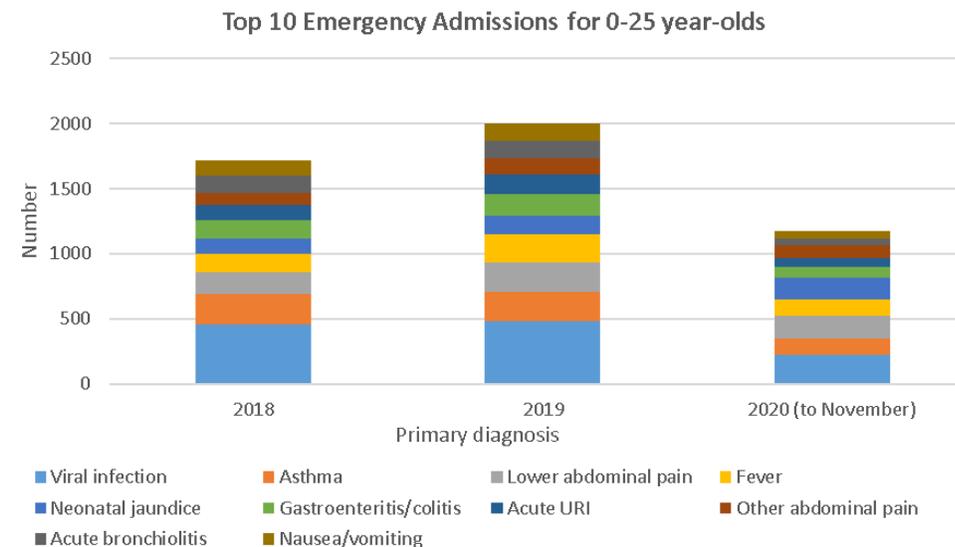
Local context for Newham

- The percentage of emergency (non-elective) admissions out of all admissions during 2020 for 0-25 year-olds was 40%, this had reduced slightly from 43% in 2019 and 42% in 2018
- The highest percentage of emergency admissions was in the 10-14 year-olds, at 80% in 2020
- In the 3 years 2018-2020, just over half of emergency admissions were by females (51%)
- The table shows a breakdown by gender and age

Percentage of emergency admissions against population by age band 2018 - 2020



Age band	Females	Males
0-1	18%	25%
2-12	27%	38%
13-18	14%	11%
19-25	41%	26%

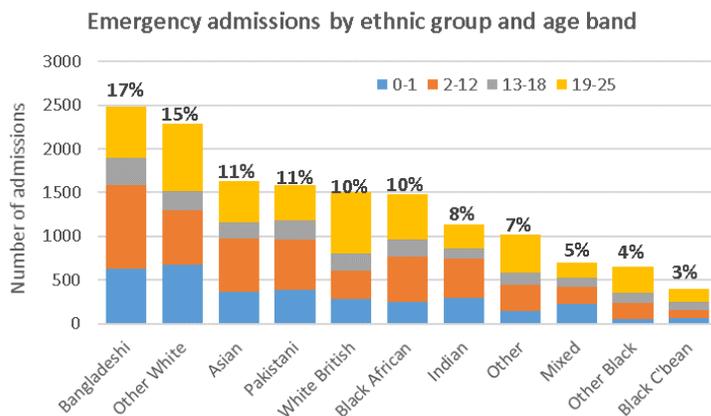


Age	Most common Primary diagnosis	% of top 10 admissions	% of all admissions
0-25 years	Viral infections	22%	10%
0-1	Neonatal jaundice	27%	12%
2-12	Viral infections	40%	16%
13-18	Lower abdominal pain	33%	7%
19-25	Lower abdominal pain	35%	5%

Families: Emergency Hospital Admissions

Inequalities

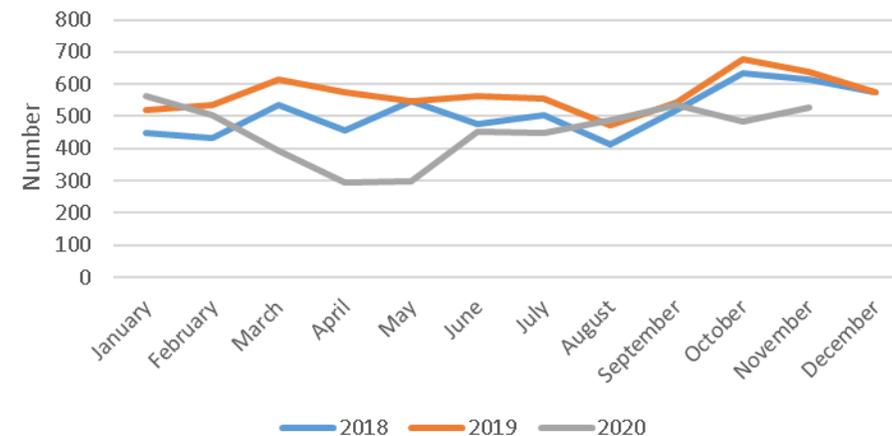
Bangladeshi, Other White, Asian and Other ethnic groups are over-represented compared to their proportion of the Newham population.



Time trend

Emergency hospital admissions for 0-25 year-olds

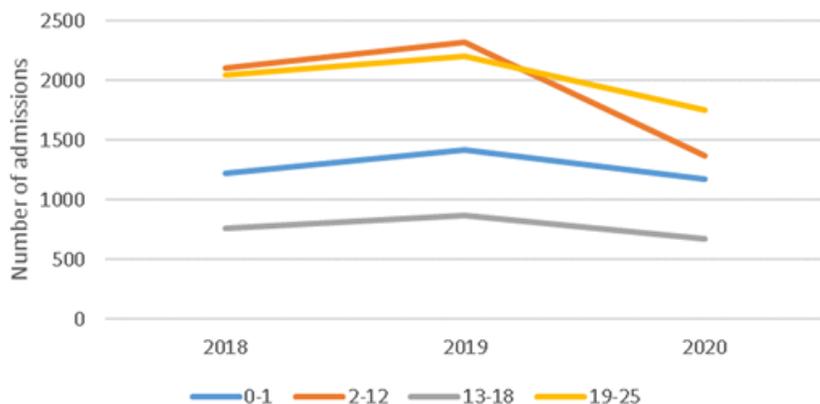
Source: HES data via NEL CSU



Forecasting future need

Trend of emergency admissions by age band

Source: HES data from NEL CSU



The trend of emergency hospital admissions dropped for all ages in 2020, however the effects of the pandemic should be taken into account and this trend not expected to continue in the same direction.

Strategic implications

- The NHS long term plan states that 25% of all emergency attendances are for children and that many of these attendances could be better managed in primary care or community settings
- Local areas will be expected to design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services
- These models will support health development by providing holistic care across local authority and NHS services, including primary care, community services, speech and language therapy, school nursing, oral health, acute and specialised services

Families: Hospital admissions for injuries

Why this is important

- Injuries are a leading cause of hospitalisation for children
- They also represent a major cause of premature mortality
- They can be responsible for long-term health issues including mental health relating to experiences
- Nationally, A&E visits for injuries by those aged 5-19 years during the pandemic were 67% lower than the same period in 2019, for all other age groups the figure was 42%

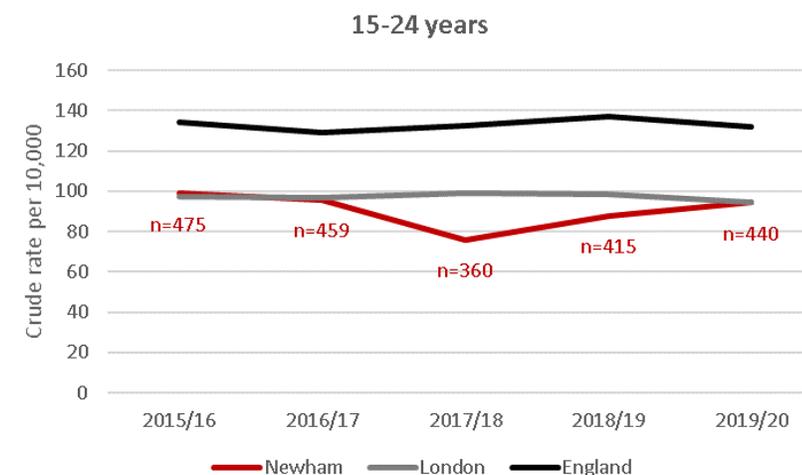
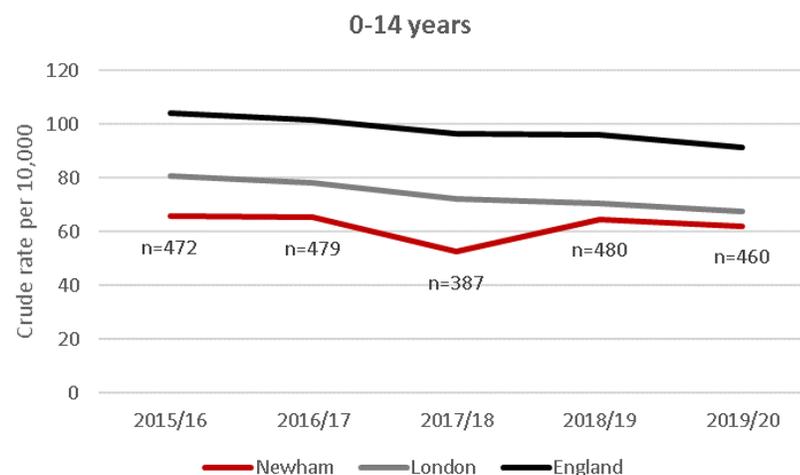
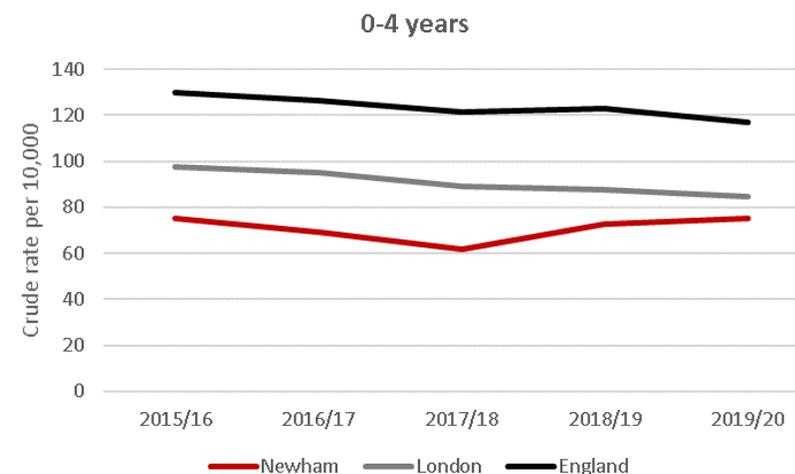
Source: Health Foundation (2020) How has children and young people's usage of A&E been impacted by lockdown and social distancing?

Local context for Newham

- The rates for Newham are mostly lower than London and considerably lower than England for the ages available
- The rates appear to be rising from 2017/18 in the 0-4 and 15-24 age groups

Hospital admissions caused by unintentional and deliberate injuries in children

Source: HES data via Fingertips, PHE

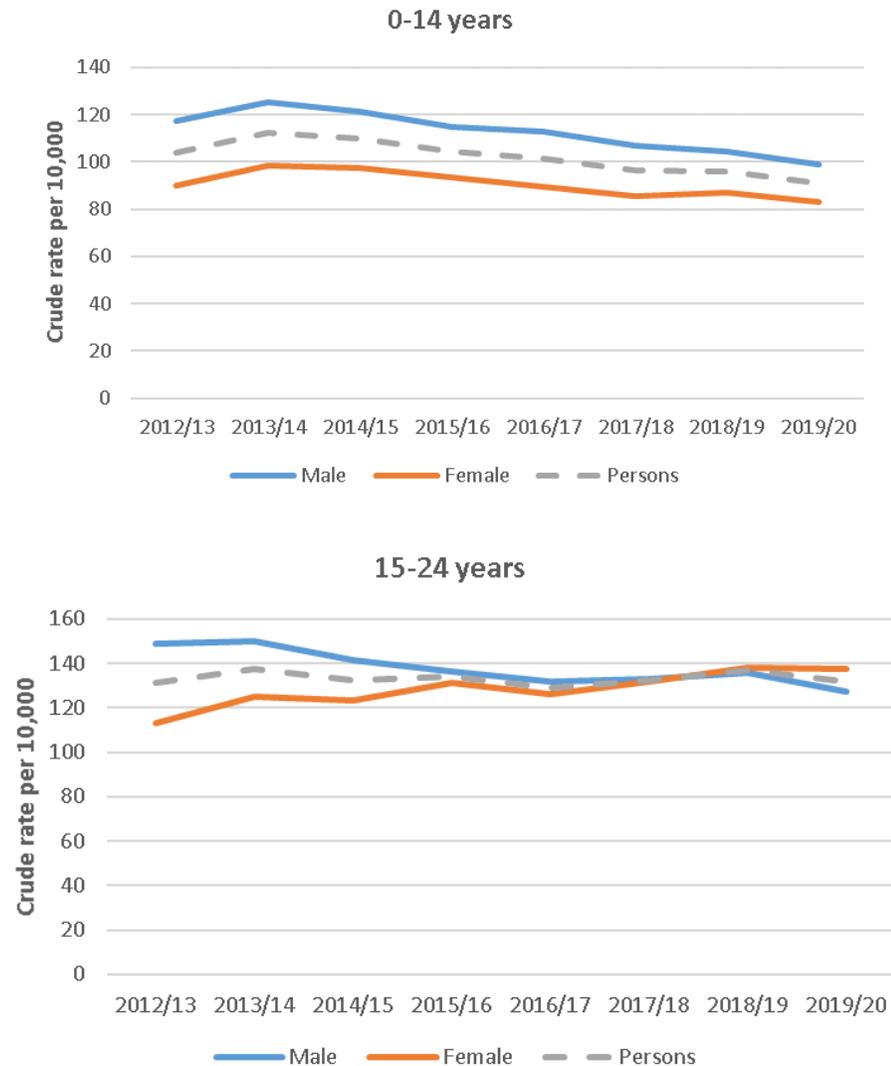


Families: Hospital admissions for injuries

Inequalities

- Identifying admissions for injuries was not possible using hospital admissions data available and therefore HES data from Fingertips, Public Health England was used
- In England, the gender split of 0-4 admissions is higher for males than females, however in Newham it is the same at 75 per 10,000
- The gender split for 0-14s in Newham is higher in males (68.5) than females (55.2)
- The gender split for 15-24 years in Newham is higher for males (105.6) compared to females (79.9) – however in England the rate is higher for females than males

Time trend



Families: Health of CYP – Physical Activity

Why this is important

- Regular moderate to vigorous physical activity improves health and fitness, strengthens muscles and bones, develops co-ordination, maintains healthy weight, improves sleep, improves mood, builds confidence and social skills and improves concentration and learning
- Good physical activity habits established in childhood and adolescence are also likely to be carried through to adulthood, reducing the risk of morbidity and mortality from chronic, non-communicable diseases later in life

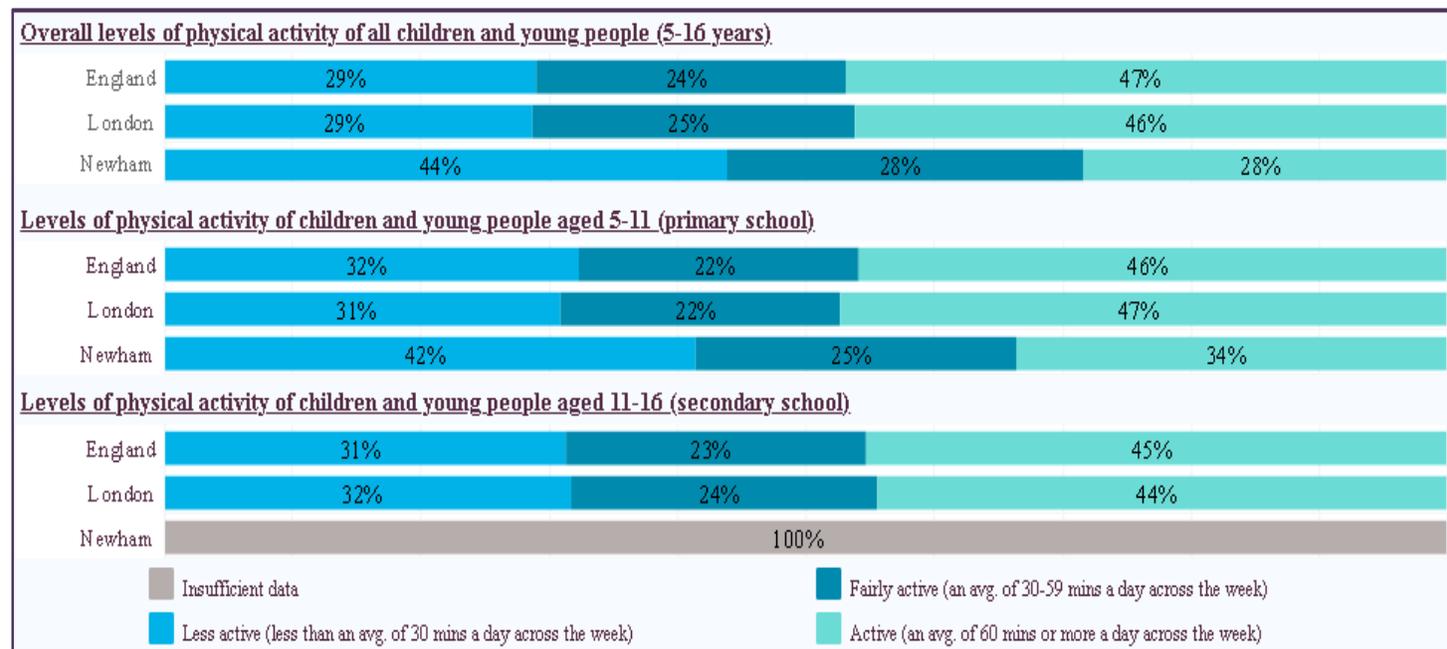
The Chief Medical Officer Physical Activity Guidelines for children and young people (5-18) state that:-

- They should engage in moderate to vigorous physical activity for an average of at least 60 minutes a day across the week – including PE, active travel, after-school activities, play and sports
- This is important to develop movement skills, muscular fitness and bone strength
- They should aim to minimise time spent being inactive and where possible, break up periods of inactivity

(Source: Active Lives Children and Young People Survey, Sport England)

Local context for Newham

- Levels of physical activity in Newham school children 5-16 overall were lower than London and England in 2018/19
- Values for activity levels for 11-16 year-olds are not available but the previous year's data (2017/18) showed that 41% were classed as "less active", with London values at 35% in that year



Inequalities

- Inequalities data at borough level is not available
- Based on England data, a higher percentage of boys than girls were physically active during 2018/19 (51%: 43%)
- Asian and Other ethnic groups were less likely to be active in England (39% and 41.5%) than other ethnic groups
- Years 7-11 (45%) are less likely to be active than years 3-6 (46%) with years 1-2 being the most active (52%)

Families: Housing/Temporary Accommodation

Why this is important

- Household overcrowding is a major issue
- The map on the following slide shows the average number of people per bedroom by LSOA
- Quality of life can be affected by overcrowding, including lack of sleep, lack of privacy, depression, stress, anxiety and can affect family relationships
- Particularly when combined with multi-generational living, overcrowding may increase infection risk

Local context for Newham

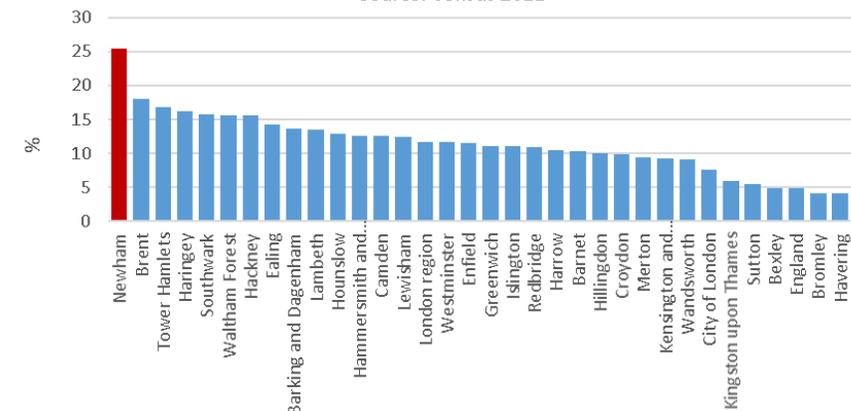
- There are over 10,000 children and young people aged 25 and under in temporary accommodation
- Of the 5,788 households in temporary accommodation at the end of November, there were 17,826 members, by age as follows:-

Under 18	18-25	26 and over	Total
7966	2140	7720	17826
45%	12%	43%	100%

- The chart on the right shows the number of all families in temporary accommodation with children and/or where at least one member of the household is 25 or under, and where the TA is located
- The data is a snapshot at the time it was extracted (December 2020)
- Over half of all the placements are for families with children and/or where at least one member of the household is 25 or under

Percentage of households with one less bedroom than the standard requirement

Source: Census 2011



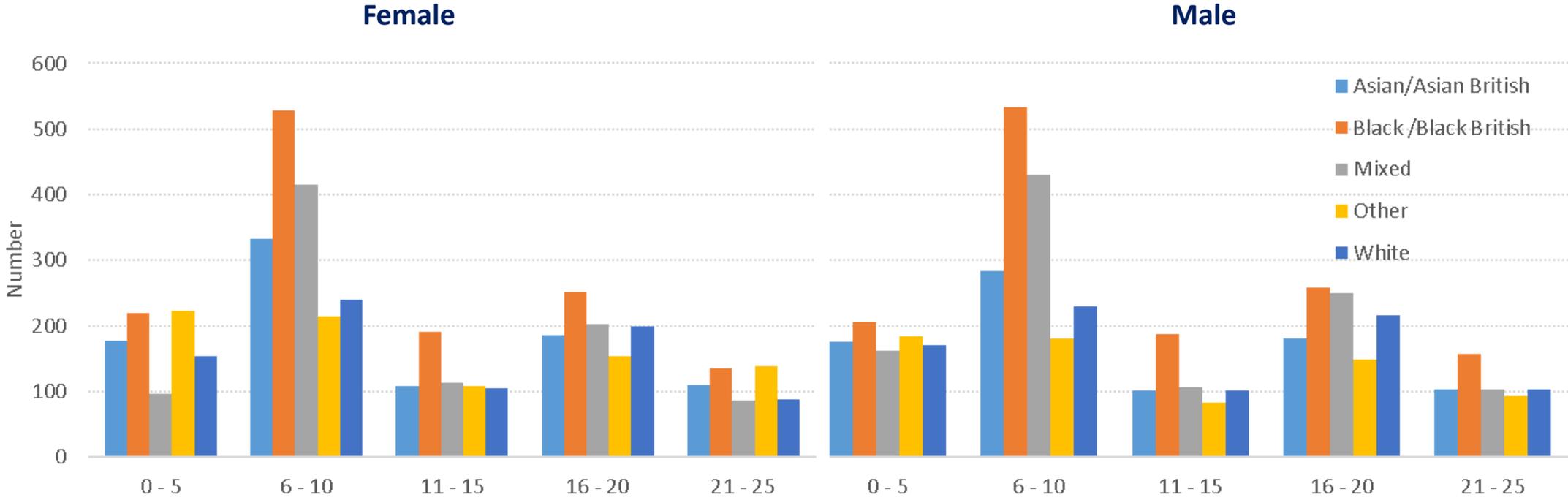
Newham Temporary Accommodation Area Placements

Source: Northgate System



Families: Housing/Temporary Accommodation

Local context for Newham – children and young people in temporary accommodation by gender, age and ethnicity



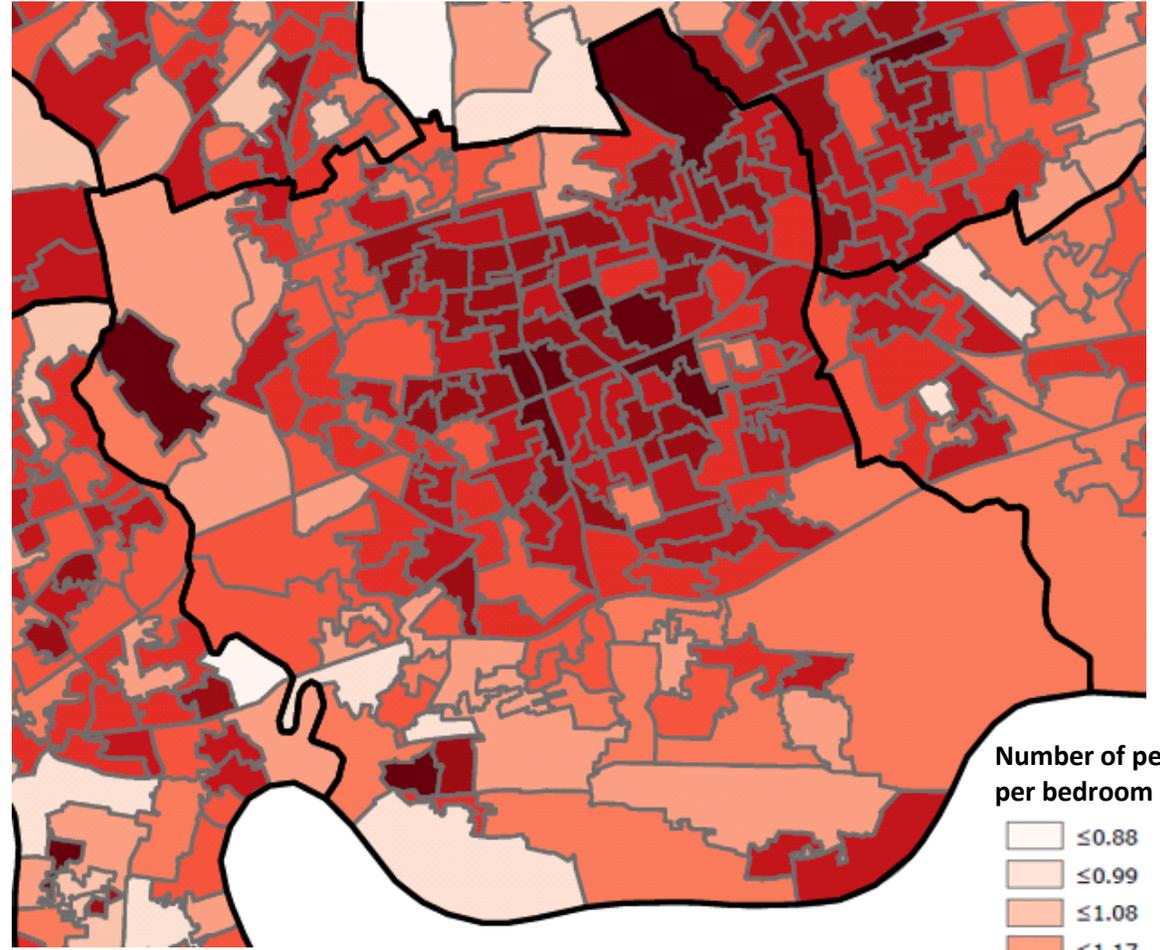
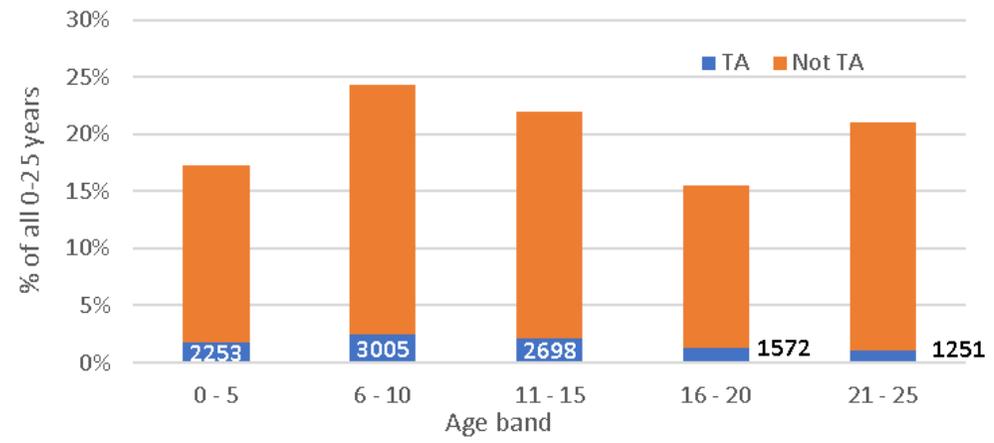
Source: Data Warehouse, LBN

Inequalities

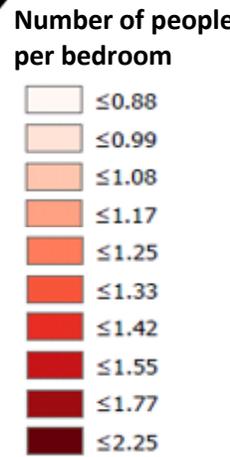
There are 10,431 individuals between 0-25 years old in TA, of which:

- 21% are under 6 (n=2253)
- 28% are 6-10 (n=3005)
- 25% are 11-15 (n=2698)
- 15% are 16-20 (n=1572)
- 12% are 21-25 (n=1251)

Newham residents by accommodation type and age band, 0-25 years
Source: Data Warehouse, LBN



Average number of people per bedroom by LSOA



Source: Coplug overcrowding score. ONS mid year projections at LSOA 2019
VOA Council tax stock of property data 2019

Families: Consanguinity

Why this is important

- Consanguinity is a marriage between close relatives which has been practised globally since the early existence of human society
- 10.4% of the population are married to a biological relative or a progeny of such a relationship
- The role of consanguinity and inbreeding affecting human health is a topic of great interest in medical genetics
- There is evidence that while there are potential social, economic, and genetic advantages to consanguineous marriages, there is also a significant association between consanguinity and increased risk of child mortality, disability, death and other conditions linked to autosomal recessive inheritance
- The negative impact on families emotionally, physically and economically should also not be overlooked
- The impact of consanguinity on children's health is a major public health concern
- Public health aims are to prolong life and prevent health inequality within the population and through this, individuals can spend more of their years in good health
- Improved health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, more productive lives and in turn save more money
- There are a number of factors that influence health status and a country's ability to provide quality health services for its people
- Public health helps detect health issues as early as possible and responds appropriately to avoid the development of disease
- According to the World Health Organisation (WHO) every year an estimated 8 million children (6 percent of total births worldwide) are born with a serious birth defect of genetic or partially genetic origin

Local context for Newham

A report from the Public Health Team in May 2017 indicated that since April 2010, of 225 childhood deaths, 14 were due to diagnosed autosomal recessive disease in children born of consanguineous couples. A further 11 were either born to consanguineous couples and had undiagnosed congenital or metabolic disorders or had confirmed autosomal recessive disease where information is missing about consanguinity. The estimated contribution of consanguinity to the total deaths is therefore 6-11% depending on which figure is used. This can be compared to Sudden Infant Death Syndrome which accounts for 6.5% of deaths. It was further stated however, it is widely acknowledged that the relationship between consanguinity and infant autosomal recessive disorders needs further research, as precise estimates of the increased genetic risk between them have been severely impacted by insufficient data (LBN Public Health May 2017). Consanguinity is one of the main focuses in the 50 steps to healthier Newham strategic document. It featured on the CDOP consanguinity, and resultant effects on child health pointed out the impact on the overall death rates in Newham.

Families: Consanguinity

Forecasting future need

Genetic education should be provided to all health professionals, policy-makers, and the public and needs to include topics such as:

- Consanguinity
- Prenatal and new-born screening and detection of signs of possible genetic conditions common in the area
- Prevention and care programmes that take place in the community
- Ethical, legal and social issues

Education is required to efficiently implement community genetics services in primary health care.

Strategic implications/Recommendations

- Population analysis- data on how many households in Newham practice Consanguinity
- Monitor antenatal data to see if there is a trend over time in the proportion of consanguineous relationships leading to conception.
- Complete the data analysis of the Child Development service for those children who are accessing the service with autosomal recessive conditions that are from related parents, to those with non-related parents, to identify the level of disability experienced by these children and the significance of the two
- Engage with the clinical genetics service at Great Ormond Street Hospital to discuss current service provision in terms of genetic testing and counselling for families
- Work with community leaders to agree on how to explore the public perspective of consanguinity and service needs in a culturally sensitive manner in Newham
- Engage with the wider community to obtain a better understanding of their experiences, challenges and barriers they faced
- Organise workshops with all stakeholders (eg antenatal services, genetics teams, GPs and community leaders), in order to agree on a uniform approach to actions on consanguinity (eg Improved awareness initiative at all levels)
- Work with the local community to develop a culturally sensitive strategy that addresses the impact of consanguinity and empowers families to make decisions about managing their own genetic risk
- Activities at community level to raise genetic literacy and encourage uptake of services including creating champions focus group
- Recruit staff to support the local champions in local engagement and awareness
- Public presentations on the issues of Consanguinity and stalls on local events with information banners
- Provide a safe space to talk and counselling to those affected who wish to share their experiences
- Integrated working with child development servers to support families with children affected by the consanguinity practices
- Establish a network of community volunteers within vulnerable communities (e.g. Muslim community) to gain insightful knowledge and perceptions of practices of consanguinity
- Training to enhance competence and confidence of health professionals, particularly frontline staff (to provide information and make appropriate referrals to genetic services)

Families: No Recourse to Public Funds

Why this is important

- The Home Office set up the EU Settlement Scheme as a result of the UK's decision to leave the EU and as part of the Government's Hostile Environment Policy. The Scheme is for EU citizens (and their family members of any nationality) to apply in order to receive a new immigration status that protects their rights to continue to live in the UK
- Those who do not apply before the end of June 2021 and receive their status will lose their rights in the UK and become undocumented, they will not be able to work, rent and access essential support. They will miss out on pupil premiums, children won't access free school meals, for example
- People who have no legal entitlement to financial support or assistance from the state are people who have no recourse to public funds. They may self-refer for support or are referred from other agencies, in the case of families with children under 18 with this status the referral will be made to children and young people's services
- Following Brexit, the number of families that could fall into this bracket is likely to increase. Central government have set date of 30 June 2021 for those from the EU to apply for settled status scheme
- In 2018/19, 95 referrals (2% of all referrals) were received by Children's Social Care. The team dealing with these families has seen a recent increase in the number of referrals, given the rapid change in some families' economic circumstances as a result of Covid

Local context for Newham

- There are potentially 30,000 residents in total in Newham that are entitled to apply for the Settlement Scheme, a large part of which are from the Roma community
- For the purposes of the Covid winter grant payments made at Christmas 2020 and February 2021, the Public Health and Education Teams estimated that there might be up to 1500 – 2000 children who are undocumented
- This is such an important issue for the Borough that the Social Welfare Alliance provides a wealth of training on immigration and NRPF issues. There is also a Migrant Community Action Plan and in April 2021 the council commissioned a consortium of partners to support residents on the EU Settle Status issue in the build up to the 30th June deadline
- There are an estimated 3000 international students who are NRPF who are stranded in the Borough. They arrived to study, anticipating working in the cash economy which has been destroyed by the pandemic. The UK universities have turned their back on this issue and the Newham community project has provided support for the students since March 2020
- Currently approximately 325 children from 190 families are supported by the NRPF team
- Referrals to the NRPF team peaked during Lockdown

Families: No Recourse to Public Funds

Inequalities

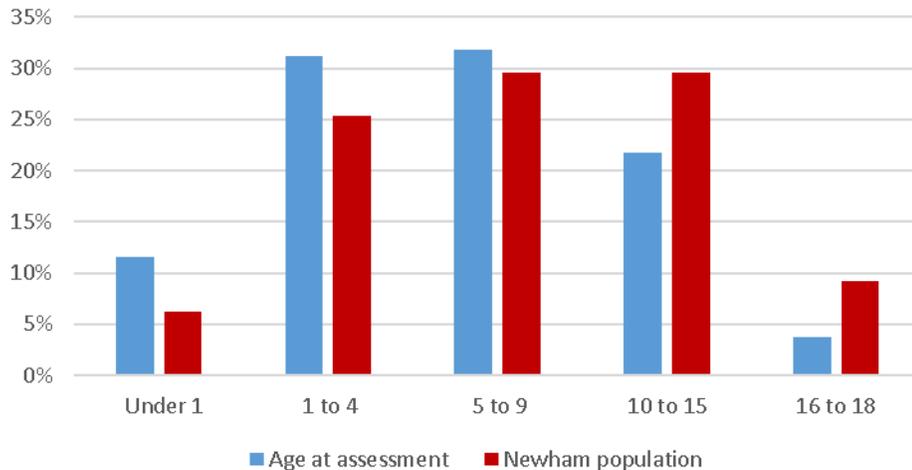
EU Settled Status (EUSS)

- Residents who are most likely to be in a position to apply for this status will have very low levels of EUSS, may not be accessing mainstream British news media, will have low levels of digital skills/access, poor literacy skills and limited English, limited social networks with limited support to help with the application

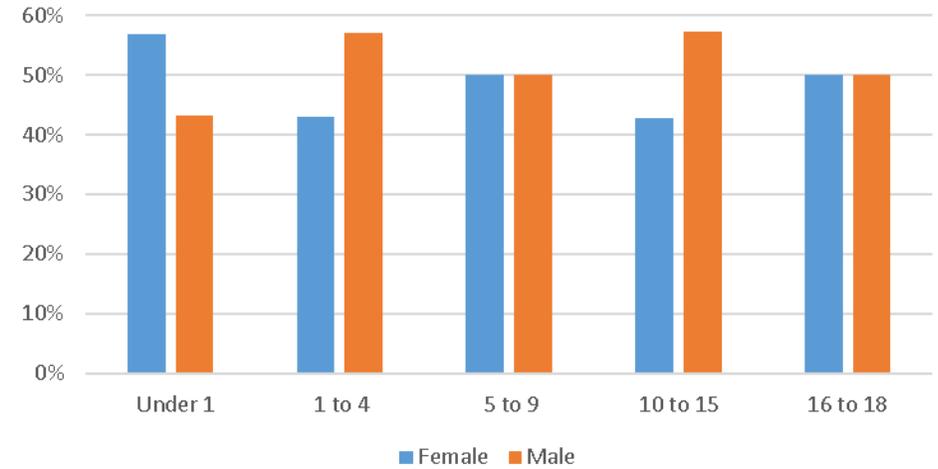
NRPF team supported children:

- Gender overall: 47% Female, 53% male
- Age range; most within the 1-4 and 5-9 range, age profile of NRPF is younger than the Newham population profile
- Ethnicity: the NRPF population reflects the Asian population within Newham Black groups are over represented and all other ethnic groups are lower than the % of Newham population

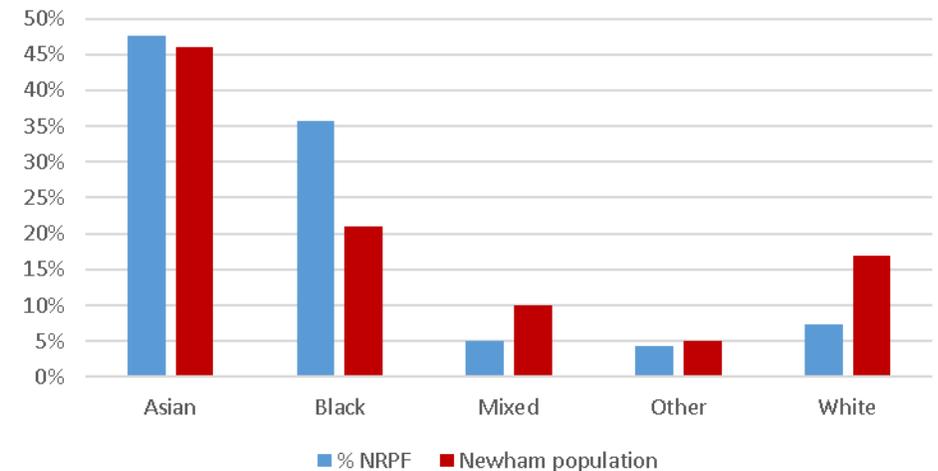
Age compared to Newham population



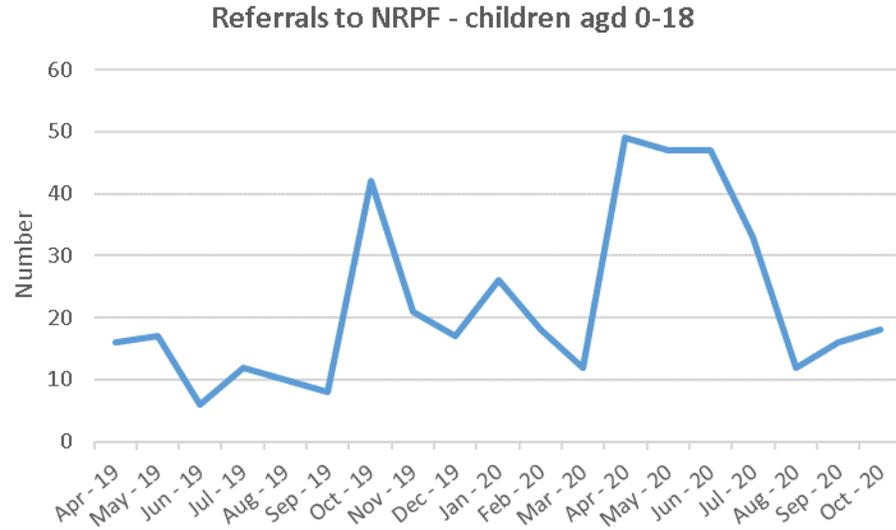
Gender and age band of children supported by NRPF



Ethnic groups compared to Newham population



Time trend



Forecasting future need

- The NRPF team is likely to see an increased referrals due to families not applying for the EU Settlement Scheme by 30/06/21
- Those families who do not apply and receive their status will lose their rights in the UK and become undocumented
- This will mean they will not be able to work, rent and access essential support including pupil premium and free school meals
- A training programme has been developed by the Social Welfare Alliance to include services that can be accessed and in what circumstances around support for NRPF

Strategic implications

- The increase in referrals to support families that have not applied to the EU Settlement Scheme will have additional pressure on resources
- The borough is developing a strategy by closely working with voluntary sector and faith organisations to support families to apply for the scheme and prevent them from being destitute
- To further develop the wrap around family support offer with the voluntary sector and faith organisations as part of the social welfare alliance
- To drive the uptake of young children who are now entitled to early education at 2

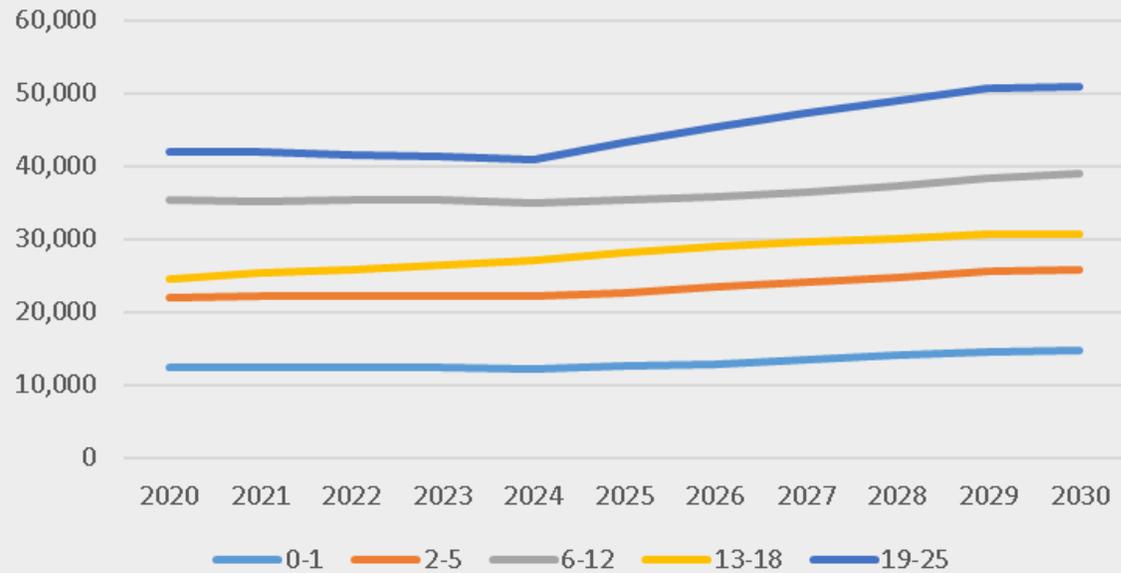
Chapter 5: School Age Children

- This Chapter describes children's outcomes across educational attainment and development, excluded from or missing education, home education, sensory impairment, healthy schools, healthy weight, physical activity and nutrition, and the digital exclusion impact of Covid-19.
- Covid-19 has impacted adversely on children's fundamental movement skills, physical fitness and excessive weight levels which are estimated to have deteriorated in Newham more than for England during lockdown. Digital access improved during 2020/21 as about 11% of students in the borough did not have access to a home computer/laptop and 8% didn't have access to the internet. This improved to 8% and 4% respectively with Council support to schools.
- Newham's educational attainment was similar to, or better than, the equivalent national outcomes and an inequality gap (attainment of the bottom 20% of pupils compared to the average of all pupils) improved in 2019. However Covid-19 has increased existing inequalities in attainment and has left a strategic need to address significant learning loss in writing, reading and maths and to support emotional health and wellbeing.
- Generally progress made by schools and groups of pupils in Newham is extremely high, but some pupil groups (for example boys of White or Black ethnicities with lower prior attainment) may struggle to close the gap in attainment by the end of secondary school, and may experience higher exclusion rates (particularly from academies), leading to their referral to alternative education provision / PRU settings
- The rise in SEMH and SEND demand may continue to adversely affect exclusions if not addressed. The rise in exclusions linked with trends in youth offending, crime and unemployment amongst key groups of young people must be reversed to PREVENT a continued rise in demand for system support during adulthood.
- Newham values for overall absence have remained steady over the last 4 years, but a current rise in children missing education cases, contributed to by Covid pandemic, has placed pressures on case management and services.
- Children at risk of poorer mental health outcomes and their families are receiving support from Headstart and a sustainable funding model, based on the evaluated outcomes of the programme, will be needed.

- Since September 2020 there was a marked increase in children becoming home educated, partly related to Covid-19. The rise of online education, and the increasing appetite from parents and pupils for 'blended' education (a mix of school, home and complementary / online) requires a response from the Council as more schools adapt their delivery to embrace online / remote learning.
- Homes learning may also impact on delivery of immunisation and screening services for example.
- Healthy Schools Newham has started in January 2020 and has made good progress in support schools through the scheme. The programme is up and running with 27 schools who've been awarded their Bronze Awards in 2021. 4 schools who received their Silver Awards and more workshops will be scheduled in 2021 to support more schools to get their awards
- Despite the national picture highlighting that activity levels are on the rise, only 28% of children and young people in Newham are active on average at least 60 minutes or more a day across the week compared to 46% across London and 47% across England. Boys remain more active than girls. 54% of children from the most affluent families considered active compared to 42% from the least affluent families. Physical inactivity is a major public health issue in Newham. Evidence suggests a direct link between levels of deprivation and the inactivity of residents.
- Childhood obesity is a major public health issue in Newham. Newham has identified child obesity as an early priority for the 5 year plan under the growing well work stream. This aligns with the Newham 50 steps strategy priority.
- Newham was the 8th highest borough for overweight Reception pupils (significantly higher than London) and the 2nd highest borough for overweight Year 6 pupils (significantly higher than London and England). This suggests that the proportion of primary school aged children who are obese in Newham increases more rapidly than for London.

School Age Children: Population projections for 0-25 years

Newham population projections 2020-2030 ages 0-25



	0-1	2-5	6-12	13-18	19-25
2020	12,300	22,000	35,300	24,600	41,900
2021	12,300	22,100	35,200	25,300	41,900
2022	12,300	22,100	35,300	25,800	41,600
2023	12,300	22,200	35,300	26,400	41,300
2024	12,200	22,100	35,000	27,000	41,000
2025	12,500	22,700	35,300	28,100	43,200
2026	12,900	23,400	35,800	29,000	45,300
2027	13,500	24,000	36,500	29,600	47,300
2028	14,000	24,700	37,400	30,100	49,100
2029	14,500	25,500	38,300	30,600	50,800
2030	14,700	25,900	38,900	30,600	50,900

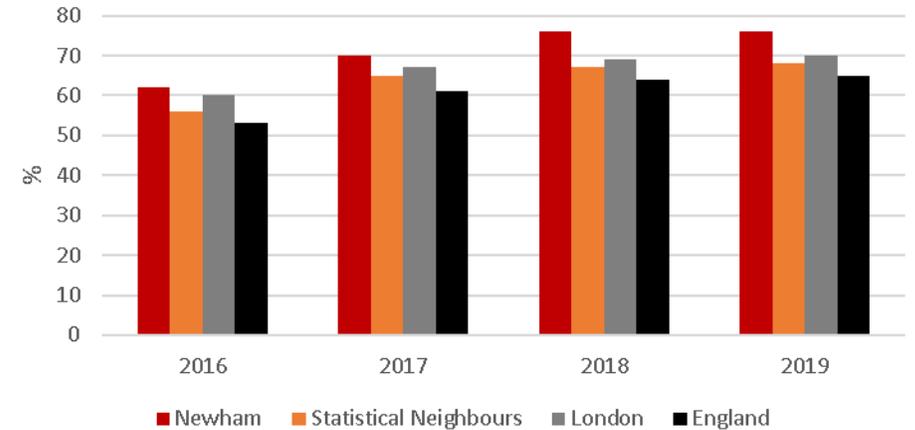
Why this is important

- Educational attainment is important because it influences adult outcomes such as literacy, unemployment and average household income. Pupils with good educational attainment often have better outcomes in these other categories
- High quality education can instil a love of knowledge and culture for their own sake. Education is also concerned with ensuring that young people receive the preparation they need to secure a good job and a fulfilling career, and have the resilience and character to overcome challenges and succeed

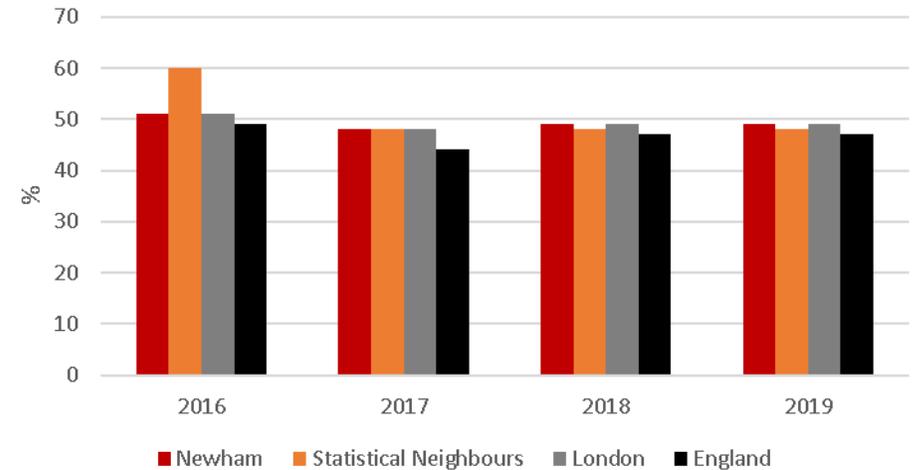
Local context for Newham

- Newham's attainment is at or above (often well above) the equivalent national outcomes
- Between 2017-2019, key stage 1 attainment at the expected standard or better was better than the average for London, England and Newham's statistical neighbours
- Outcomes for Newham pupils working at greater depth at key stage 1 are also above the average for London, England and Newham's statistical neighbours
- A higher percentage of Key Stage 2 pupils in Newham reached the expected standard in all of reading, writing and mathematics (RWM) than London and England, between 2016-2019. In fact Newham was ranked 5th highest in England on this combined measure
- Newham's ranking of key stage 2 pupils for RWM at the higher standard jumped from 18th in 2018 to 8th in 2019
- At key stage 4 (GCSE) Newham was ranked 38th in England in 2019 for Attainment 8, which reflects performance in 8 subjects with English and mathematics double weighted
- 40% of pupils in Newham achieved at least a grade 5 in both English and mathematics, giving a rank position of 39th in England

Key stage 2: Percentage of pupils reaching the expected standard in all of reading, writing and mathematics



Key stage 4: Attainment 8



School age children: Educational Attainment

Inequalities

EYFSP: the DfE inequalities measure (attainment of the bottom 20% of pupils compared to the average of all pupils) increased in 2019, and Newham is ranked 98th in England on this measure

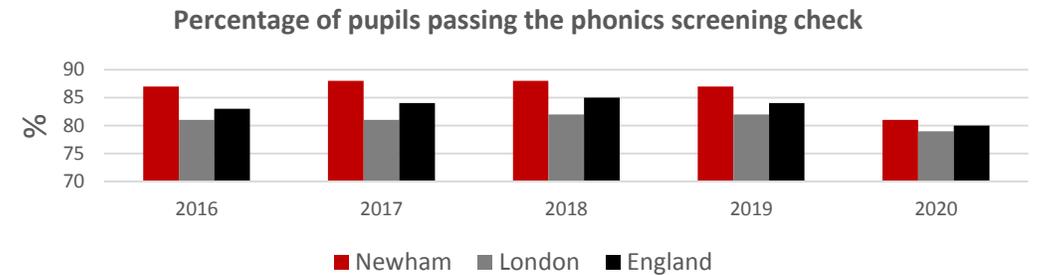
Key stage 2: almost all pupil groups attain very well compared to national averages for similar pupils nationally, but attainment of SEN support and EHCP pupils is comparatively low

Key stage 4: Similar to key stage 2. For ethnic groups, Newham pupils classified as 'white' by the DfE had the lowest comparative performance, being ranked 103rd in England

Covid-19: likely to have increased existing inequality, responding to the fall in attainment and rising gaps between disadvantaged pupils and the rest

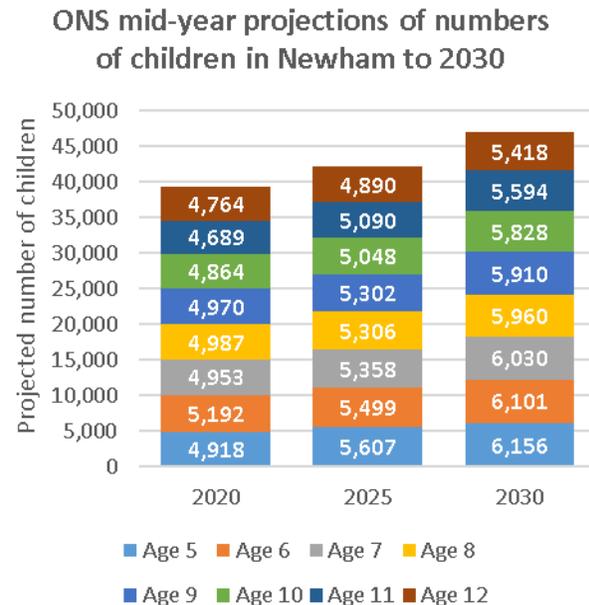
Time trend – phonics screening check inequalities

The chart shows the fall in the percentage of pupils passing the phonics screening check in Newham compared with England in 2020. The gap in 2020 closed significantly, with the COVID lockdown and deprivation in Newham playing a part



Forecasting future need

The number of pupils aged 5 to 12 years is forecast to increase by just under 20% from 39,340 in 2020 to 47,000 in 2030 (ONS mid year projections).



Strategic implications

Covid-19 has increased existing inequalities in attainment and has left a strategic need to respond to the long term effect on educational outcomes and future life chances of the so-called 'Covid generation' affected by:

- variability in pupil engagement in remote learning across the Borough
- variability in the provision of remote learning in the Borough
- significant learning loss (Ofsted) -
 - Reading 2 months
 - Maths 3 months
 - Writing 24 months

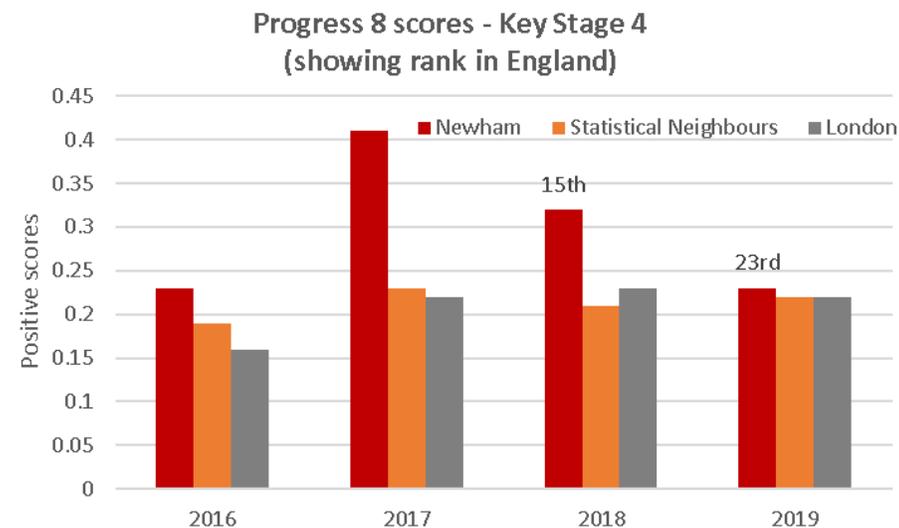
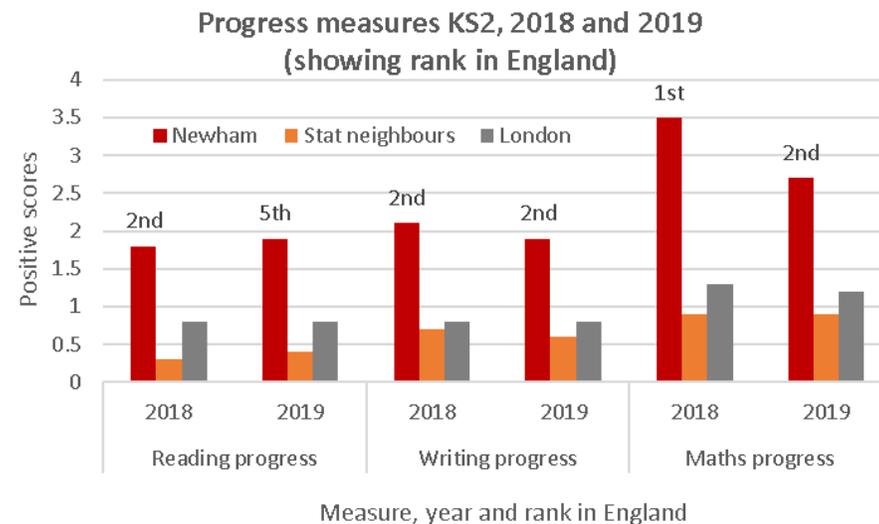
Additional support and targeted intervention is needed to close gaps and to help children and young people catch up on lost learning and to support emotional health and wellbeing.

Why this is important

- Progress measures attempt to capture the rate at which pupils progress successfully along their educational path, from key stage 1 to key stage 2 in primary schools, and key stage 2 (on entry attainment) to key stage 4 in secondary schools
- Some pupils may start the school system with a comparatively low level of attainment but compensate for this by making rapid progress, and their achievement is recognised in the progress measures
- Similarly some schools may have cohorts of pupils who join them with low levels of attainment, but because of the support the school provides, make faster than average progress

Local context for Newham

- Progress measures used are based on 0.0 as the national average; a positive score means that on average pupils made more progress than pupils nationally
- The charts on the right show the progress measures for key stage 2 in Newham, 2018 and 2019 and for key stage 4 from 2016 to 2019
- Newham consistently performs amongst the best authorities in England on progress measures at key stage 2, ranking 5th for reading, 2nd for writing and 2nd for maths in 2019
- For Key Stage 4, Progress 8 captures progress from the end of Primary school to the end of key stage 4
- Newham has consistently performed better than statistical neighbours and London in Progress 8 measures, although in 2019 the margin of higher performance compared to neighbours and London decreased



School age children: Educational Development

Inequalities

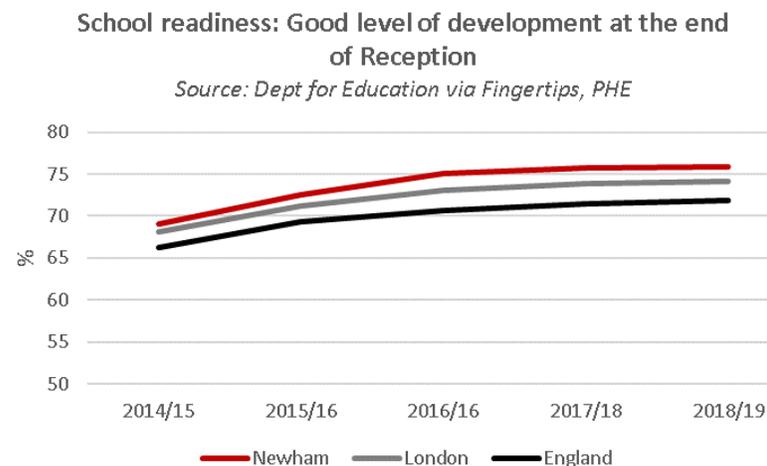
Generally the progress made by schools and groups of pupils in Newham is extremely high, with rankings in the top decile of all local authorities in England for key stages 2 and 4

However, although overall progress is above national average, some pupils with lower prior attainment starting points struggle to close the gap in attainment, especially by the end of secondary school

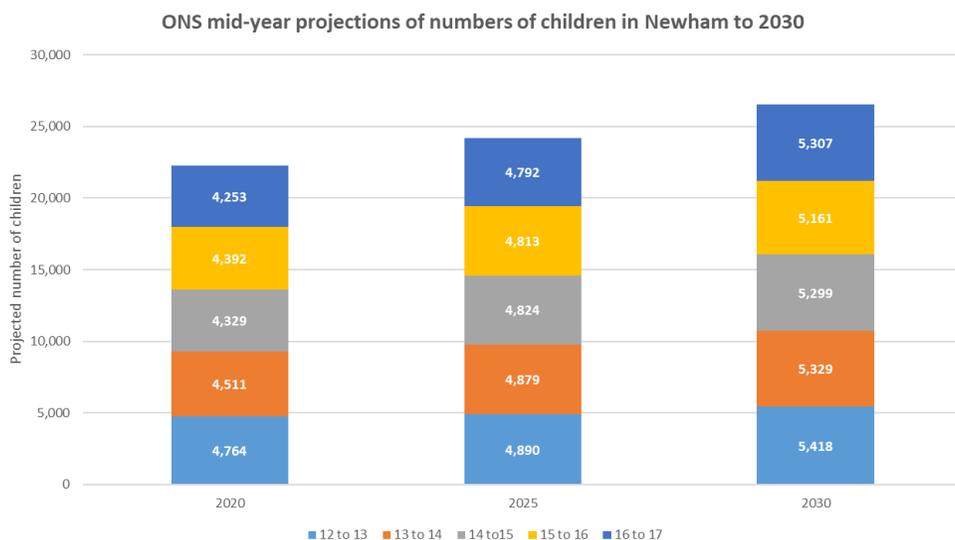
Inequalities in progress and development are likely to be exacerbated by the impact of Covid-19 and lockdown

Time trend

Newham has seen a continued improvement in educational development, remaining above that of London and England



Forecasting future need



Strategic implications

Responding to the long term effect on educational outcomes and future life chances of the so-called 'Covid generation' affected by

- variability in pupil engagement in remote learning across the Borough
- variability in the provision of remote learning in the Borough
- significant learning loss (Ofsted) -
 - Reading 2 months
 - Maths 3 months
 - Writing 24 months

Additional support is needed to close gaps in educational development. Recent decreases in Progress 8 (end of Primary school to end of Key Stage 4) from 2018 to 2019 mean a continued focus on development is required.

School age children: Excluded from Education

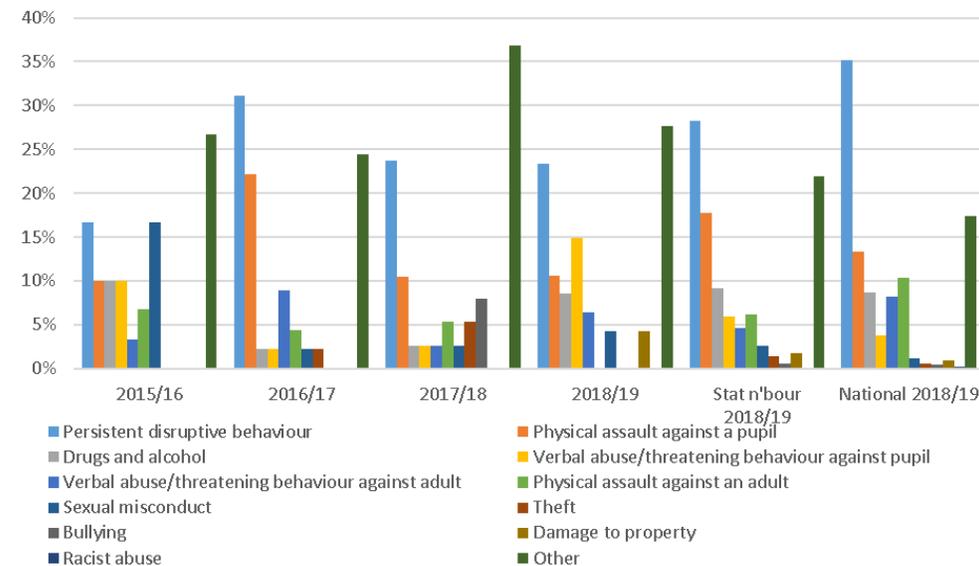
Why this is important

- All children and young people have the right to attend at least a good school or setting in Newham, and to achieve well in their educational journey.
- The link between pupil absence / exclusion and youth offending is a clear indicator of a young person's disaffection with the quality of education they experience, and of their social and economic context.
- Exclusion from education can often be triggered by underlying and undiagnosed special educational needs not being met at the earliest of stages, as well as social and economic influences, manifesting into young people not being able to access further education and or employment (NEET) and further compounding into more complex difficulties later in early adulthood.
- A permanent exclusion from school is the very last decision any school would wish to take when determining the best support to any pupil who is experiencing difficulties in life.

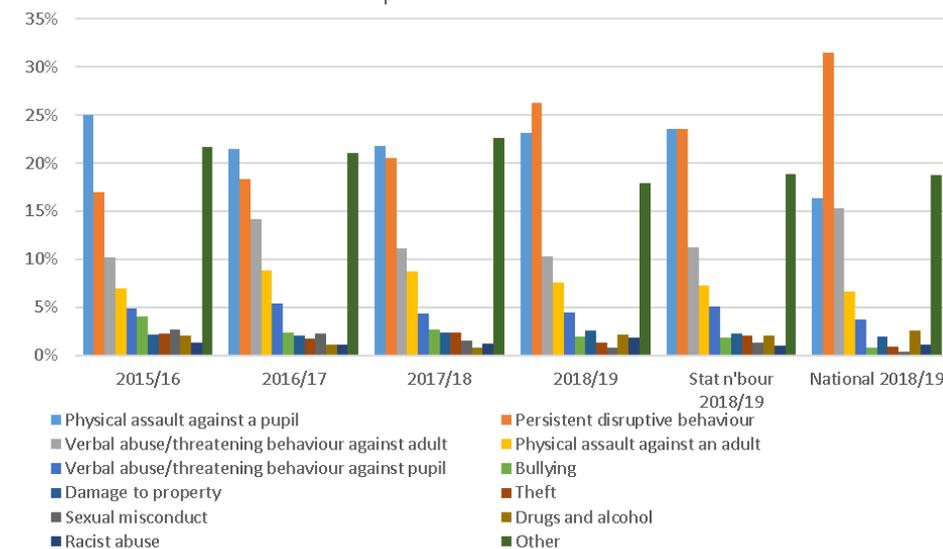
Local context for Newham

- Persistent disruptive behaviour and physical assault against a pupil accounts for the highest percentage reasons for permanent and fixed period exclusions in Newham
- The same top 2 reasons apply for statistical neighbours and national data
- The rise of SEMH (social, emotional, and mental health) concerns in children and young people, and the exponential rise of special educational needs diagnosis in early years, together with undiagnosed SEMH amongst a rising number of pupils, means that pupil's needs are not always met early enough to prevent absence and / or exclusion from their school
- The impact of the Covid pandemic on pupils' mental health and wellbeing is widely understood to influence the speed at which they can re-engage fully in their education, get back on track in their educational journey and to achieve success
- Of concern, is the disproportionate representation of key ethnic groups, including boys with White or Black ethnicities in the rates of exclusions in schools, and particularly in academies, leading to their referral to alternative education provision / PRU settings

Permanent exclusion reasons



Fixed period exclusion reasons



School age children: Excluded from Education

Inequalities

- Gender – a higher proportion of boys are excluded than girls (5% compared to 1.8% girls in 2018/19) although the figure is still lower than statistical neighbours (5.8%) and nationally (7.6%)
- Ethnicity – a higher proportion of mixed and black ethnicities are excluded (5.4% and 6% in 2018/19) – lower than statistical neighbours (5.7% and 6.3%). Nationally the figure is higher for mixed (6.3%) but lower for black ethnicities (5.5%)
- Free School Meals – a higher percentage of children entitled to FSM are excluded than those not entitled (6.9% and 2.7%, 2018/19). This is lower than both statistical neighbours (7.7% and 3.1%) and nationally (13.7% and 3.8%)
- SEN – a high proportion of those with EHC plans are excluded with 38.6% in 2018/19 compared to 10.9% stat neighbours and 16.4% nationally

Forecasting future need

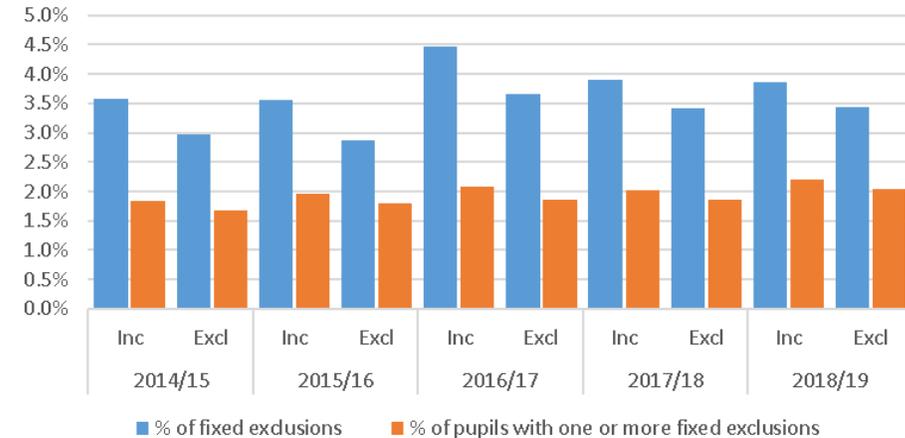
- The continued rise in % of boys excluded compared with girls and the representation of boys from ethnic minority groupings and white working class in absence, exclusions, youth offending, NEET and educational underachievement requires PREVENT and EQUALITY measures to mitigate continued rise
- Educational achievement of all pupils is in focus, particularly vulnerable, disadvantaged, SEND and those who are more able, particularly ensuring the otherwise good start made (school readiness leading to GLD) is continued to delivery 9-5 English Maths GCSE, Attainment 8 and Progress 8 above national averages for every child
- Inclusive education strategy - inclusive schools with high quality curriculum, transitions and pathways to secure every pupil's educational achievement and life chances of success, facilitated by inclusion partnerships (local boards / hubs) to address system pressures, meet needs, and to ensure educational success for every child and young person

Strategic implications

- It is likely there will be a continued rise in the % of boys compared with girls who are excluded from school if we do not address the rise in SEMH and SEND demand in the system, in the way we provide our services and the speed at which we respond to needs at point of first sign and need
- Inter-agency working and dependency on case management of an excluded or missing child is required to strengthen service response to individual children and families / carers, underpinned by robust tracking, monitoring and reporting of all cases of exclusions
- Systematic review of the educational provision in Newham, including SEND, resource provision, alternative education, complementary education, and our schools to ensure Newham curriculum is 'fit for purpose' and delivers the very best start for every child and young person in Newham from Early Years through to Higher Education and into adulthood (0-25 inclusion strategy)
- Newham has secured additional funding to implement mental health support teams in schools. This programme if focused locally on supporting inclusion and with a specific focus on identifying and supporting children at risk of exclusion due to social, emotional and mental health needs. The service will need to be embedded into local pathways for support in schools.
- HeadStart supports children at risk of poorer mental health outcomes, providing support for the child and their families. Going forward the task will be to develop a sustainable model after charitable funding ends, based on the evaluated outcomes of the programme

Time trend

Fixed exclusions including/excluding Alternative Provision (AP) and Pupil Referral Units (PRU)



Permanent exclusions accounted for less than 0.1% across all years.

School age children: Missing from Education (absence)

Why this is important

- All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have.
- Children missing education (CME) are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school, often referred to as CMS (Children missing school for more than 10 consecutive days) and / or CMO (Children Missing Out on education as a result of poor parenting or failings of the professionals, systems and services working with families). CME are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.
- It is the duty of local authorities to effectively resource to intervene early in the lives of vulnerable children to help prevent poor outcomes. Newham has the most ethnically diverse population, and a high transient migration of families into and out of the Borough including traveller families (Gypsy and Roma families).

Local context for Newham

- Newham values for overall absence have remained steady in each of the categories over the last 4 years and are in line with statistical neighbour (SN) and national values (see time trend graph on the next slide)

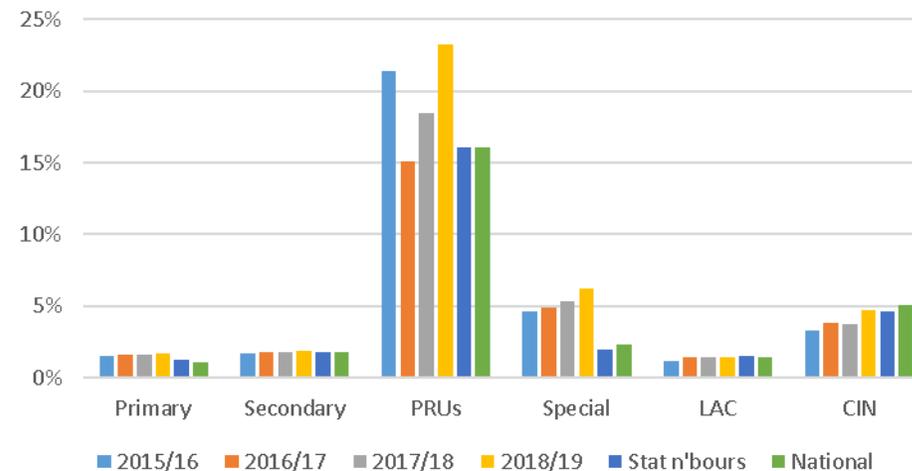
Unauthorised absence (2018/19)

- A breakdown into school type shows higher values in Newham for PRU pupils (23%) compared to SN and nationally (16%)
- Values for pupils attending Special schools are also higher in Newham (6%) compared to SN and nationally (2%)
- Values for Looked After Children and Children in Need are similar to SN and national figures

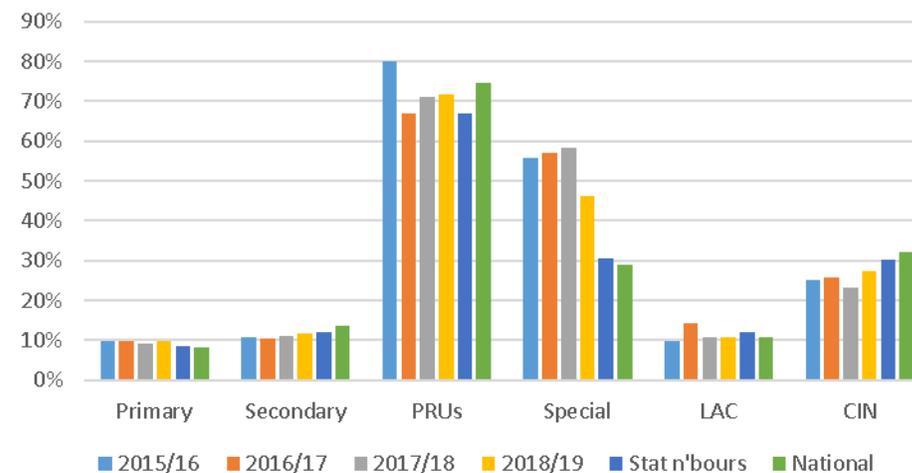
Persistent absence (2018/19)

- Values for PRU pupils are higher in Newham (72%) than SN (67%) but lower than nationally (75%)
- Values for pupils attending Special schools are higher in Newham (46%) than SN (31%) and nationally (29%)
- Values for Looked After Children are similar in Newham to SN and nationally
- Values for Children in Need are lower for Newham (27%) than SN (30%) and nationally (32%)

Unauthorised absence by school type and pupil group



Persistent absence by school type and pupil group



School age children: Missing from Education (absence)

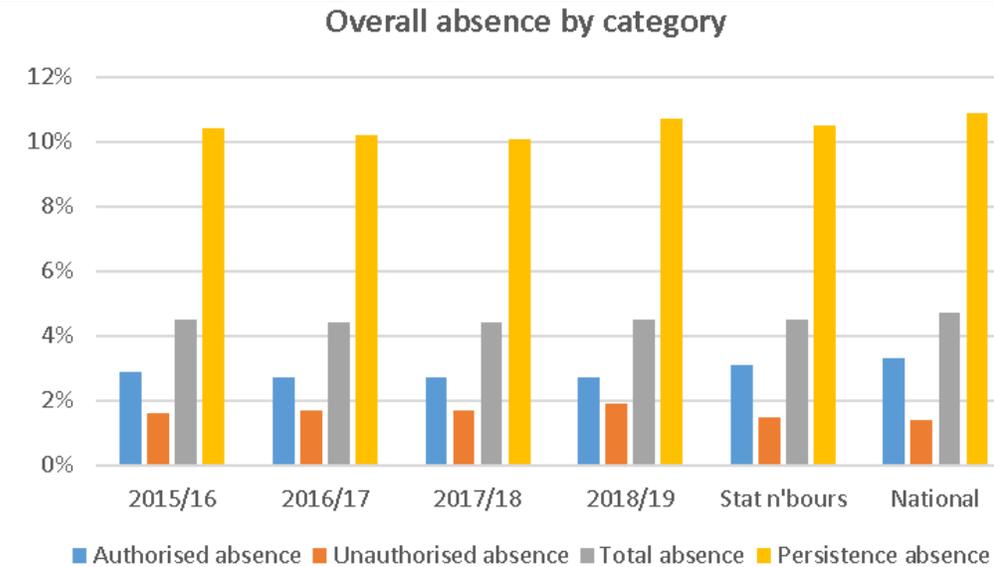
Inequalities

Persistent absence:

- A higher percentage of girls have shown persistence absence than boys in Newham, this is reflected in the neighbours and England figures also
- Apart from those unknown, white and mixed ethnic group pupils show the highest percentages of persistent absence
- Pupils eligible for Pupil Premium meals have a higher percentage of persistent absence than those not entitled, however figures for Newham are lower than stat. neighbours and national (14% in Newham, 16% SN and 20% nationally)
- Pupils with EHC plans have a higher absence than those with SEN support. The figures for Newham (32% in 2018/19) are higher than statistical neighbours (23%) and nationally (25%)

Time trend

A current rise in children missing education cases in Newham, contributed to by Covid pandemic, has placed additional pressures on case management and services



Forecasting future need

- A current rise in CME cases in Newham, contributed to by Covid pandemic, has placed pressures on case management and services responding to need
- The rise in exclusions linked with trends in youth offending, crime and unemployment amongst key groups of young people, must be reversed to PREVENT a continued rise in demand for system support during adulthood
- Early parenting, family support, parent and carer support networks, including the Newham Universal Offer (website and services) needed as PREVENT measure to build resilience, provide transparency of service, and improve response times at point of need and first point of concern whether raised by parent / carer, young person, school, health, care or community professionals.
- The educational and youth offer to any child or young person in Newham must ensure sufficient high quality curriculum and enrichment opportunities, formal and informal, to provide multiple pathways / routes to educational achievement leading to securing life chances (social and economic mobility)

Strategic implications

- Ensuring a single central record of every child, their location and status in Newham to ensure they are known to the Council, are not missing, and are supported by services – we currently do not have a joined up approach to case management across education, health, care and community services.
- A rise in CME, including those who are unknown in status but living in Newham (CMO), and an continued influx of transient / migrant families will continue to increase system pressures for case management and early response leading to system pressure in adult social care, health and community.
- Need to ensure adequate integrated services - Attendance Management Services, Family Support and Early Help Services alongside children's social care, health and community, require integration of intelligence and data to confidently track, monitor and support any child who is missing in education (CME), missing school (CMS), missing out (CMO) or unknown.

Why this is important

- All children, regardless of their circumstances, are entitled to an efficient, full time education which is suitable to their age, ability, aptitude and any special educational needs they may have
- Children missing education are at significant risk of underachieving, being victims of hard, exploitation or radicalisation and becoming NEET (not in Education, Employment or Training) later in life
- Effective information sharing between parents, schools and authorities is essential to ensure school-aged children are safe and receiving suitable education
- Local authorities should focus their resources effectively in intervening early in the lives of vulnerable children to help prevent poor outcomes

Taken from Children Missing Education report, Department for Education, September 2016

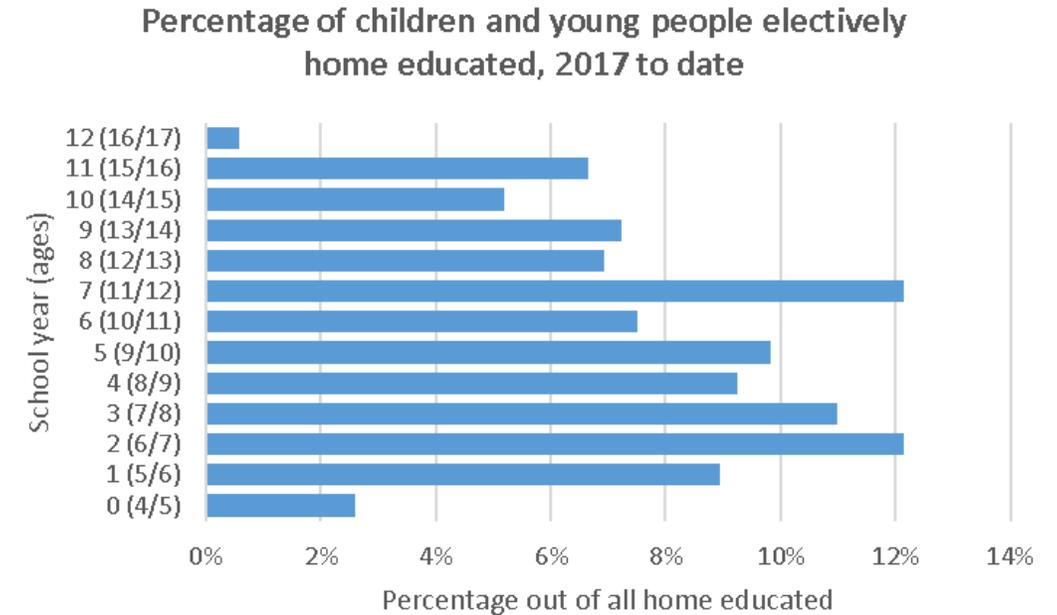
Local context for Newham *taken from EHE Report, October 2020*

- In a Elective Home Education (EHE) report in October 2020, the table on the right describes parents' reasons for home schooling
- Whilst Covid-19 related reasons have only accounted for 1% of the reasons given for parents opting for EHE, the increase in the number of EHE notifications from schools to the LA have increased on previous years, and with 32% of parents yet to record a reason for opting to EHE, it is predicted that the % of parents opting for EHE due to Covid-19 will increase significantly, potentially becoming the biggest reason
- The majority of the transition into and out of EHE tends to occur during the early part each Term, possibly due to parents failing to achieve their preferred school for September, or perhaps a reluctance to return to school after a number of weeks away from school. Numbers do remain quite consistent throughout each year. The majority of children exiting EHE in the month of June is due to Year 11 children no longer being of compulsory school age (see time trend on following slide)
- There is a marked increase in children becoming EHE in September 2020 that requires further investigation to identify if Covid-19 has been a contributing factor, and to consider a local authority response to this. Some of the increase could be attributed to the reduced numbers of parents opting for EHE following the national lockdown in March because they were home educating without the need to register, however this would only attribute to about 50% of the increase. Additional resources (2 x Teachers) have already been resourced to meet the increasing demand
- The numbers of children starting EHE increased between 2015-18, and appears to have stabilised until 2019-20, however as mentioned previously, Covid-19 is predicted to lead to a further increase in parents opting to EHE

Parent reason for EHE (October 2020)	Percentage
Bullying	3.3%
Child's unwillingness or inability to go to school	3.0%
Dissatisfaction with the school system	13.7%
Distance or access to a local school	1.0%
Parent's desire for a closer relationship with child	4.4%
Philosophical or ideological views	16.4%
Religious or cultural beliefs	14.7%
Short term intervention for a particular reason	7.0%
Special educational needs	3.0%
COVID-19 related reasons	1.0%
Yet to be established	32.4%

Inequalities

Year Group	EHE pupils (08/10/2020)	% of EHE Cohort
1	22	7.3%
2	34	11.3%
3	28	9.3%
4	24	8.0%
5	26	8.6%
6	32	10.6%
Primary total	164	55%
7	37	12.3%
8	26	8.6%
9	27	8.9%
10	19	6.3%
11	27	8.9%
Secondary total	135	45%



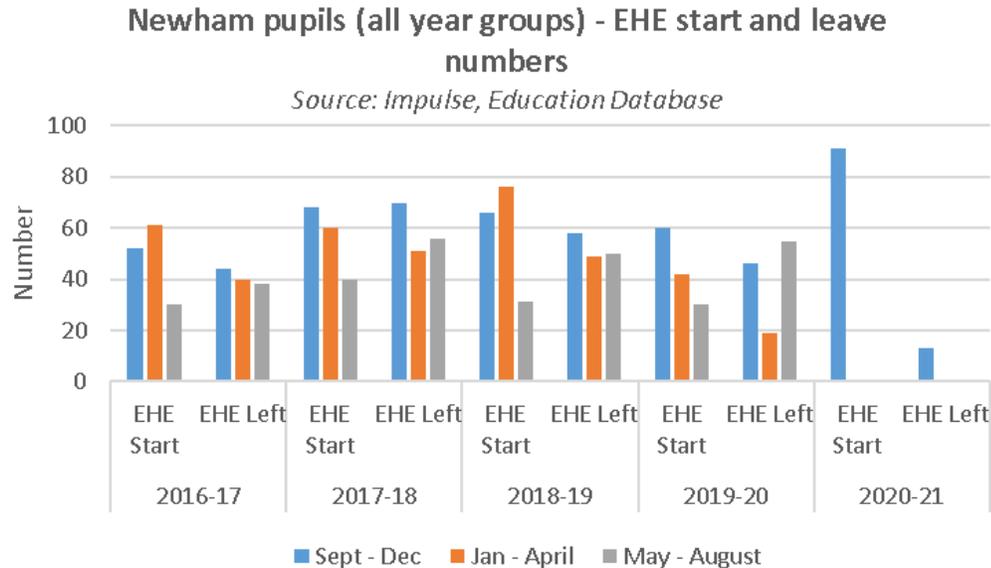
Gender and Ethnicity

- The ethnicity for 60% of those EHE from 2017 was unknown, making interpretation of impacts on ethnic groups uncertain. Of those for whom ethnicity is known, 13% were Black, 12% Asian, 6% White, 5% Mixed, 3% Other. 51% were male and 49% female

Children with SEND taken from EHE Report, October 2020

- SEND have allocated a lead SEN Officer for children with SEND who are currently home educated
- The process is for EHCP annual reviews to take place as part of the annual EHE visit, and that the visit is conducted by both the EHE Teacher and the lead SEN Officer
- There are currently 12 children recorded as having SEND, 10 children are recorded as having an EHCP, and 2 are undergoing assessment for an EHCP
- 6 of the 10 children with an EHCP have needs linked to Autistic Spectrum Disorder, and then each of the remaining 4 children have either a Profound & Multiple Learning Difficulty, Severe Learning Difficulty, Social, Emotional and Mental Health Need, or a Specific Learning Difficulty

Time trend



Strategic implications

- Need to ensure adequate integrated services - Attendance Management Services, Family Support and Early Help Services alongside children's social care, health and community, require integration of intelligence and data to confidently track, monitor and support any child who is being educated at home so we can be confident the child receives the very best start in life in Newham
- The rise of Online education / curriculum delivered remotely, and the increasing appetite from parents and pupils to adopt a 'blended' model of education (part school, part home, part complementary / online) will only facilitate a rise in EHE as a form of education and child development. The Council will need to consider the impact of the Covid-19 pandemic now, and going forward, and the education vision, response and direction given to parents and carers to embrace the advantages of a mixed economy of education provision, but within the clear expectation of attending a school full time. The concept of school, however, is fast becoming blurred as more and more schools adapt their curriculum models and delivery modes to embrace online / remote aspects in order to widen their curriculum offer

Forecasting future need

- A current rise in EHE cases in Newham, contributed to by Covid pandemic and increased availability of high quality National Academy education and learning content online / remote, has made the option of home schooling attractive to parents
- The rise of complementary and supplementary education available in Newham, which is well established and embedded in communities, offers parents / carers the opportunity to provide a blended home learning experience which can appear to rival what a good school might otherwise offer
- The Covid-19 pandemic necessitated home schooling, home working, and investment in information technology to facilitate this during extended lockdown periods – the continuation of this, together with the attractiveness of learning / working from home, with consideration of the impact of low social interaction leading to school reluctance / school refusal, disengagement from society, will continue to exacerbate the EHE trends seen today

Why this is important

- The London Borough of Newham Children's Health 0-19 Service offers all children who are resident in Newham in the reception aged cohort (aged 4 -5) hearing and vision screening. This includes children who are electively home educated and those who attend independent schools. The purpose of the hearing test is to identify hearing loss that may be significant enough to affect development and identify any problems that may have been missed at the new-born hearing screen or have been slowly getting worse^[1].
- The purpose of the vision test is to detect amblyopia and other common predisposing conditions such as strabismus (squint) and refractive errors. Early detection of amblyopia is necessary to avoid permanent visual impairment and enables treatment to be undertaken within the sensitive period of growth and change in the visual system¹.
- Children who are educated within special needs schools should undergo vision assessment delivered by a multidisciplinary team using a test appropriate for their developmental stage and are therefore exceptions to this programme.

The purpose of the hearing test is to detect:

- Hearing loss
- Glue ear, a build-up of fluid in the middle ear
- And ensure access to any specialist support services
- The impact of impaired hearing:
- Affect speech and language development
- Impact social skills
- Impaired hearing can affect ability to learn and behaviour^[2]

The impact of impaired vision acuity:

- Children can appear to function well and seem visually normal because one eye 'is doing all the work'
- A child who has undetected poor vision may show clumsiness, learning difficulties, behavioural problems and be disruptive in school
- Impaired visual acuity can affect ability to learn and behaviour^[3]

The purpose of the vision test is to detect children with:

- Amblyopia, a form of abnormal vision system development colloquially known as a lazy eye
- Strabismus (Squint), a condition where the eyes do not align properly
- Hypermetropia, where you can see distant objects clearly but objects nearby appear out of focus
- Myopia, where distant objects appear blurred while objects close by are out of focus
- Astigmatism, where the transparent layer at the front of the eye (cornea) is not perfectly curved
- Ensure access to any specialist support services

^[1] <https://www.nhs.uk/conditions/hearing-tests-children/>

^[2] <https://www.nhs.uk/conditions/hearing-tests-children/>

^[3] <https://www.gov.uk/government/publications/child-vision-screening/service-specification>

Why this is important

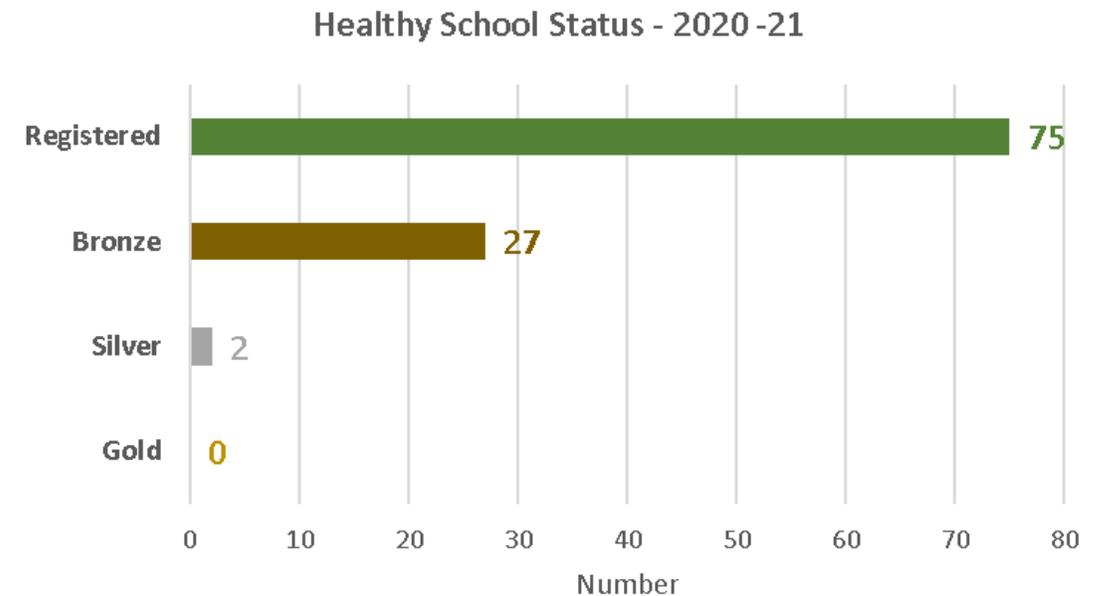
- The Healthy Schools programme is a well evidenced “whole school approach” to improve the health and wellbeing of children and young people
- The Healthy School London programme is based on the National Healthy Schools programme (NHSP), and was developed by the London Health Improvement Board to be specifically tailored for London as part of a project to tackle child obesity in London
- Participating schools are recognised and rewarded for their health promoting activities through an accreditation process for the awarding of Bronze, Silver, and Gold healthy school status

The Programme Benefits for Schools

- ✓ Supports OFSTED: SMSC, behaviour, safety, risk, school food, PE & Sport, physical activity & healthy lifestyles premium
- ✓ Better knowledge, cooking skills, curriculum links to encourage attitude & behaviour change
- ✓ More designed & active playgrounds
- ✓ Bike sheds, road safety, walking /cycling to school
- ✓ Increased school meal uptake
- ✓ Welcoming dining room environments
- ✓ Healthier school meals, packed lunches & snacks
- ✓ Less bullying, playtime buddies, resilience
- ✓ Improved pupil & staff wellbeing & confidence in managing behaviour
- ✓ Reduced pupil absence

Recognition for Schools

- ✓ Certificates
- ✓ Awards ceremonies
- ✓ Annual celebration event for Silver/Gold
- ✓ Case studies featuring on website



Local context for Newham

What is being done currently?	Where is it happening? (Who is providing it? From where is it delivered?)	What time lines are relevant? (E.g. is it live v when will it go live? How long will it run for? Is it an allocated provision for a set period of time?)
<p>Healthy Schools Newham - Healthy Schools Newham is an Awards Programme and a Whole school approach that will reach out to every Newham child, working with schools to improve children and young people's health & wellbeing.</p>	<ul style="list-style-type: none"> • Healthy Schools Newham is an open programme and available for all Newham Schools • Healthy Schools Programme is delivered by Public Health – Newham Council with a designated borough lead • Aimed at 5-19 year-olds 	<ul style="list-style-type: none"> • Healthy Schools Newham had started in January 2020 • The programme was paused and the launch event didn't take place due to COVID pandemic • The programme is now up and running with 17 schools who've been awarded their Bronze Awards in 2021 and 3 schools who received their Silver Awards • More Bronze workshops and Silver workshops will be scheduled in May 2021 to support more schools to get their awards
<p>Healthy Schools Street - Many schools suffer with parking, congestion, road danger and air quality issues immediately outside their school. The Healthy School Streets project aims to:</p> <ul style="list-style-type: none"> • make the streets outside schools safer at the start and end of the school day • discourage car journeys to school • improve air quality in the vicinity of the school • cut down on traffic outside the school 	<ul style="list-style-type: none"> • 14- 15 schools so far • Aimed at 5-19 year-olds 	<ul style="list-style-type: none"> • Live and accelerated because of COVID

Local context for Newham

- A number of schools in Newham have expressed their concern over the current lack of support in the borough to help them complete the Healthy Schools Programme.
- Healthy Schools Newham has started in January 2020
- Healthy Schools Newham is an open programme and available for all Newham Schools
- Healthy Schools Programme is delivered by Public Health – Newham Council with a designated borough lead
- The programme has been paused and the launch event that was planned in May 2020 didn't take place due to Covid-19 pandemic
- The programme is up and running with 27 schools who've been awarded their Bronze Awards in 2021. 4 schools who received their Silver Awards
- More Bronze workshops and Silver workshops will be scheduled in May 2021 to support more schools to get their awards

Support offered to Schools:

- Offer high quality support to schools ongoing
- Offer a Free borough wide validation process (schools used to reach out for this support outside the borough and pay for it)
- Run Super Bronze workshops to support schools achieve their Bronze awards
- Provide 1:1 support to support schools achieving their Silver/Gold award

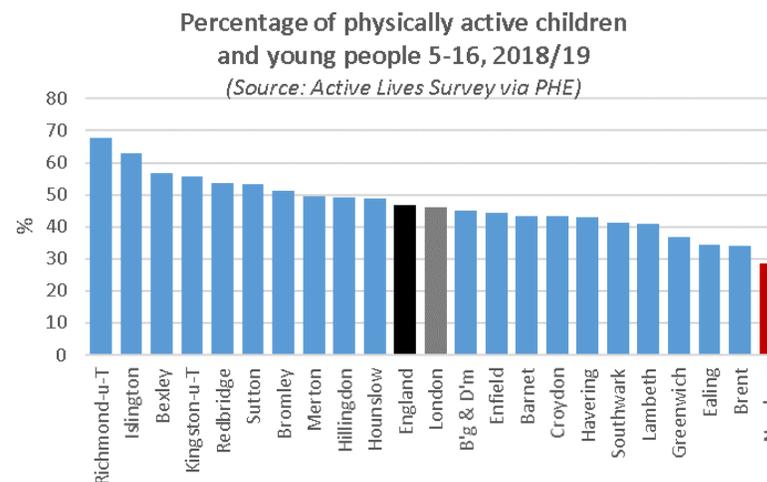
Forecasting future need

- Ongoing support for schools across Newham to achieve the Healthy School award programme
- Schedule more Bronze workshops to get >90% of Newham schools over the Bronze line
- Offer 1:1 support and encourage schools to complete their Silver award.
- Hold a celebration event at the end of the academic year to celebrate schools that have achieved Bronze/Silver/Gold

School age children: Physical activity and green spaces

Why this is important

- Research indicates that inactive children are likely to become inactive adults, putting young people at risk of developing life-threatening conditions such as heart disease and cancer
- Regular physical activity has also been found to help children be more confident, have better concentration, and to be better able to cope with stress and regulate their emotions



- In 2018/19, Newham shows the lowest % of active CYP in boroughs where values were available
- Newham values were significantly lower than London and England

Local context for Newham

- Despite the national picture highlighting that activity levels are on the rise, only 28% of children and young people in Newham are active on average at least 60 minutes or more a day across the week compared to 46% across London and 47% across England
- 28% are fairly active, taking part on average of 30-59 minutes a day across the week compared to 25% across London and 24% across England
- 44% do less than 30 minutes per day across the week compared to 29% across London and England. This has increased from the previous year (2017/18) which highlighted 42% did less than 30 minutes per day across the week compared to 33% across London and 33% across England
- *At School* - Only 29% of children and young people in Newham are active on an average 30 minutes per day at school compared to 42% across London and 40% across England
- *Outside School* - Only 39% of children and young people in Newham are active on an average 30 minutes per day outside of school compared to 56% across London and 57% across England
- The **Daily Mile**, where children run or jog at school each day, is run in 79 countries, with England having the highest number of schools participating at 6459 (source: thedailymile.co.uk)
- In Newham, just under a quarter of schools (16/66, 24%) are registered, however this does not mean that they are active participants. This proportion is low compared to examples such as Tower Hamlets (70%) and Islington (57%)
- Local co-ordinators are working with Ben Cooper, the Head of School Engagement for London Marathon Events (leading on the delivery of the Daily Mile in London Primary Schools) to increase active participation across the borough

Inequalities

- The Active Lives Children and Young People Attitudes towards Sport and Physical Activity Survey (2017/18) highlights that girls and children from less affluent families enjoy sport and physical activity
- 54% of children from the most affluent families considered active compared to 42% from the least affluent families. However, activity levels have increased from 2017/18 which highlighted that 39% of children in the least affluent families did fewer than 30 minutes of activity a day, compared to 26% of children from the most affluent families
- Boys (51%) are more likely to be active than girls (43%). Although there is a still gender divide between activity levels of boys and girls both have seen an increase in activity levels over the last 12 months. Inactivity levels have increased from 20% for boys and 14% for girls in 2017/18
- Children and young people in Years 3-6 and 7-11 (ages 7-16) with a disability or long term health condition are more likely to be less active than those without. This has increased since the first survey in 2017/18 which showed no real difference in the activity profile of children and young people with and without a disability, with only a small difference in 'less active' for Years 7-8 (ages 11-13) and 9-11 (ages 13-16)
- Black (34%) and Asian (35%) children and young people are more likely to be less active than those from other ethnic groups. Inactivity levels have seen a decrease since 2017/18 which saw 41% of and 37% of Asian children and young people being active

Time trend

Trend data is limited for children so the following trend information is based on 19 and over:

- Physical activity in England was at its highest ever level before the Covid-19 outbreak
- Newham was the third most inactive borough in London in 2018/19, with 30.6% of the population aged 19+ classified as inactive (this was above the London average of 22.1%)
- Inactivity levels in Newham have increased from 29.7% in 2017/18 to 30.6% in 2018/19

Forecasting future need

- There has been a massive disruption of the physical activity behaviours of children and adults in England due to COVID-19 so the local picture in Newham is likely to get worse
- Sport England's research exploring Children's Experience of Physical Activity in Lockdown (July 2020) identified that just 19% of children under 16 were doing an hour or more of activity (meeting CMO guidelines) on a typical day. And around 43% of children under the age of 16 were reported to have being doing less than half of hour of physical activity a day and even more worryingly 7% said they were do nothing to stay active during lockdown

Strategic implications

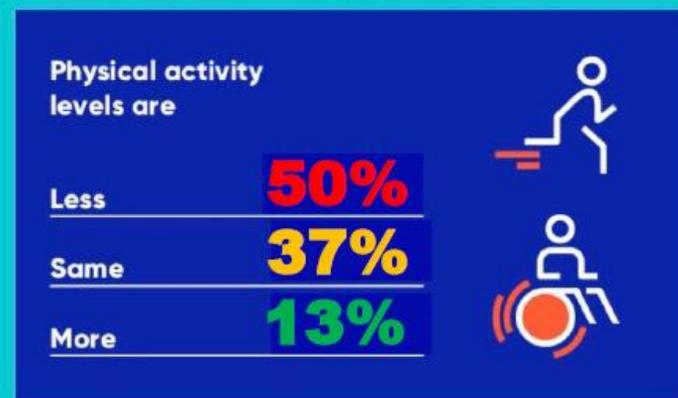
- Physical inactivity is a major public health issue in Newham
- In our borough people die younger, are more likely to suffer from poor mental health and more likely to die from diseases such as cancer and CVD
- Evidence suggests a direct link between levels of deprivation and the inactivity of residents.
- Inactive children and young people are more likely to become inactive adults
- We need to provide targeted sport and physical activity programmes to reduce the decline in activity levels and address the inequalities that exist among certain groups of children

School age children: Physical activity and green spaces

LOCAL AREA DATA :NEWHAM

Teachers have noticed a range of concerning issues since returning to school on 8 March, following the third national lockdown...

Schools Active Movement



To ensure all of the criteria were met, **Schools Active Movement** engaged the **Koboca School Consultation System**, which has a unique way of collecting and presenting the data in real time at a local, regional and national level. It can break down the data into specific filter groups for deeper analysis.

It is estimated that children's fundamental movement skills, physical fitness and excessive weight levels are estimated to have deteriorated in Newham more than for England during lockdown.

Source: Schools Active Movement (April 2021)

Why this is important

- Access to healthy and nutritious school meals has wider health benefits for children's health and development
- It has the potential to help tackle childhood obesity rates as well as instilling healthy eating tendencies for later life
- School meals are a universal way to ensure every child has a nutritious, healthy and filling daily meal
- Beyond this, it gives an opportunity to nurture an understanding and appreciation of a diverse and healthy diet that can support healthy eating beyond the school gates, through childhood and beyond

Local context for Newham

- Newham alongside three other London Boroughs (Tower Hamlets, Southwark and Islington) are outliers in providing universal free school meals to all primary school aged children
- Newham had experienced an ongoing decline in free school meal entitlement rates until 2018; this is now reversing due to universal credit transitional protections and most recently Covid-19
- A child may qualify for FSM if parents receive certain benefits
- As a result of COVID-19 Newham has seen a significant increase in the number of children eligible for FSM. Since the start of the pandemic there were 2586 (updated as of 12 July 2020) new FSM entitlements, which is likely to reduce EFF expenditure
- Currently (October 2020) 29% of KS2 children qualify for statutory FSM

- As part of ongoing plans to address poverty and inequality in Newham, Mayor Rokhsana Fiaz announced in January 2021 an expert-led food security initiative to stamp out food poverty facing children and young people in the borough
- This will build on the £6 million annual investment the Council makes in the Eat for Free programme

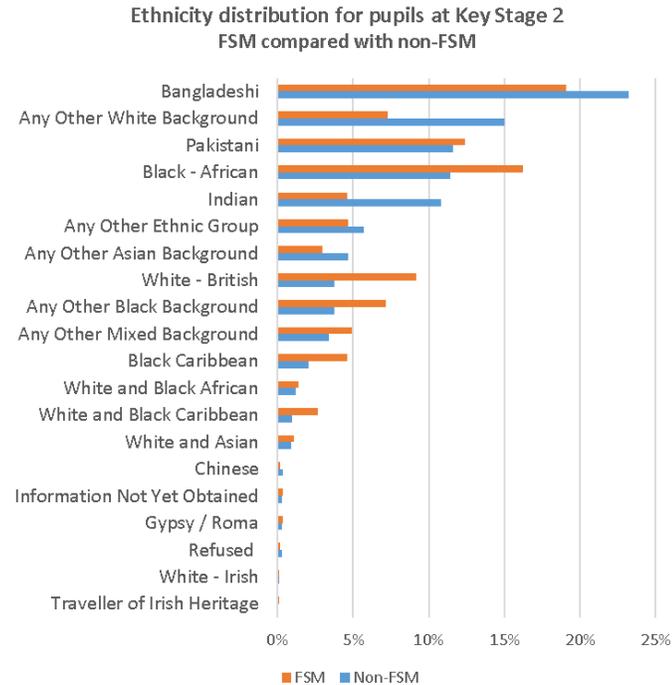
Census year	Eligible for FSM KS1+KS2	Eligible for FSM KS2	Eligible for Eat For Free
Jan-17	5699	3869 (15.6%)	15231
Jan-18	4118	2825 (12%)	16620
Jan-19	5556	3872 (15.4%)	15752
Jan-20	6873	4380 (19.9%)	14089

School age children: Good Nutrition

Inequalities

Pupils in years 3 to 6 in the January School Census

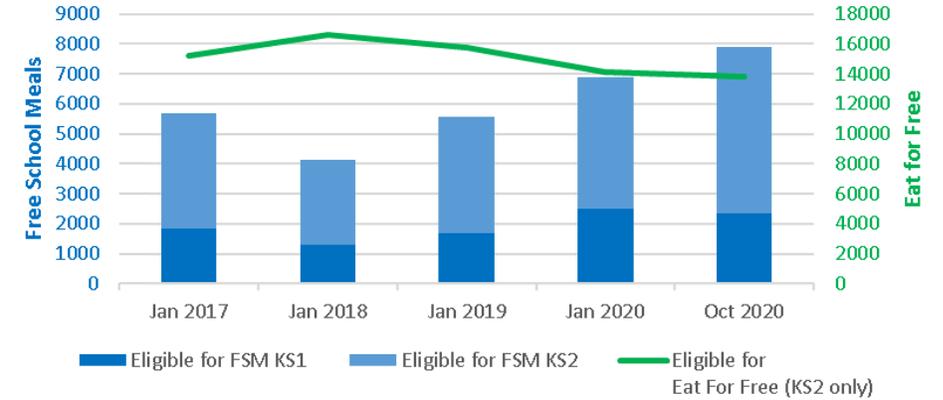
The January 2020 school census contains pupil-level ethnicity data which can be used to compare the differing proportions of ethnic groups for pupils at key stage 2 who are/are not entitled to free school meals, as shown in the chart.



Time trend

Entitlement to FSM/EFF in Newham

Source: Eat for Free Review 2020



Forecasting future need

The table below gives an indication of the budgetary impact for 2021-22 and 2022-23, if the scheme were to continue based on current take up rate of 91%.

Year	Eligible for FSM KS2	Eligible for EFF factoring 91% take up	Expenditure
2021-22 (£2.42)	5447	12,820	£5,894,636
2022-23 (£2.49)	5389	13,959	£6,604,002

Strategic implications

- Newham has identified child obesity as an early priority for the 5 year plan under the growing well work stream. This aligns with the Newham 50 steps strategy priority
- There are opportunities to bid for national funding to support child obesity support services which are being explored across the North East London Integrated Care System

Why this is important

- Childhood obesity is one of the most serious Public Health challenges in the 21st Century
- Currently in England, more than 1 in 5 children are overweight or obese when they begin school and this increases to 1 in 3 in children leaving primary school
- Being overweight can affect physical and mental health including being teased and suffering from low esteem and anxiety
- Maintaining a healthy weight helps with both physical and mental health, including reducing chances of developing conditions such as Type II diabetes and cardiovascular disease later in life
- Children who are obese are more likely to become obese adults
- Being overweight as a child can increase the severity of disease risk factors as an adult

Local context for Newham

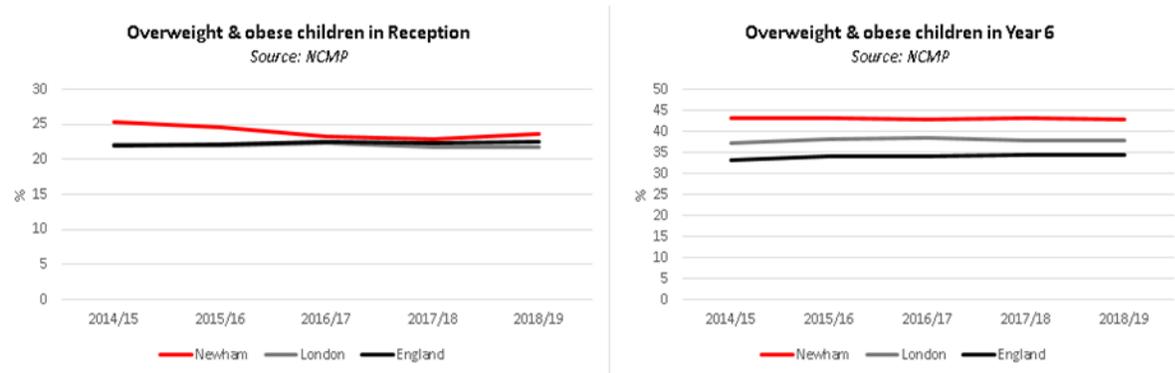
- Childhood obesity is a major public health issue in Newham
- National Child Measurement Programme data is collected annually from Reception (aged 4/5) and Year 6 (aged 10/11) pupils in Newham schools
- Participation is usually over 96% and of those measured, split equally between boys and girls
- This data includes all pupils who attend Newham schools, whether they are residents within the borough or not
- Newham pupils who attend schools outside the borough are not included in these figures
- Excess weight includes being overweight and obese
- In Reception, 23% of pupils were overweight
- In Year 6, 43% of pupils were overweight
- Newham was the 8th highest borough for overweight Reception pupils (significantly higher than London)
- Newham was the 2nd highest borough for overweight Year 6 pupils (significantly higher than London and England)
- This suggests that the proportion of primary school aged children who are obese in Newham increases more rapidly than for London
- Additionally, the numbers of pupils in Newham schools is rising year on year which will mean a proportionate increase in those with excess weight

School age children: Healthy Weight

Local context for Newham

- Obesity is an issue in Newham School children, notably in Year 6 where Newham's proportion of overweight pupils is 43% compared to 38% in London and 35% in England
- Newham has constantly shown higher values than London and England for overweight pupils
- ****Please note that data for Reception children in Newham for 2019/20 was not published due to the data submitted being less than 25% of the total numbers for the 2018/19 year*****

Time trend

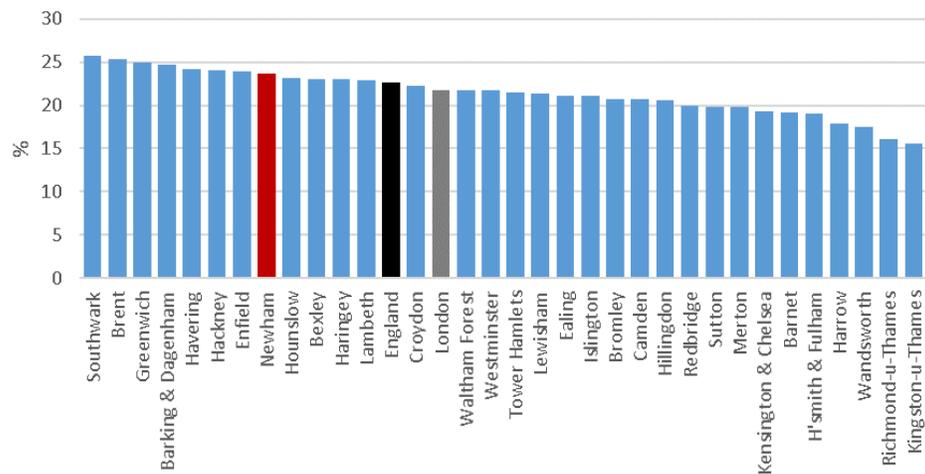


In Reception, the percentage of overweight pupils was falling but rose again slightly in 2018/19

The percentage of overweight pupils in Year 6 has remained constant and above values for London and England

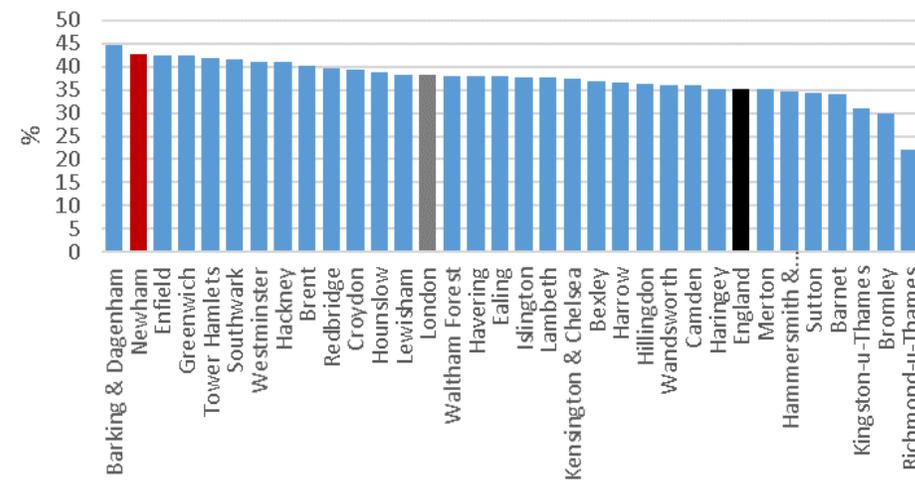
Prevalence of overweight pupils in Reception 2018/19

Source: NCMP



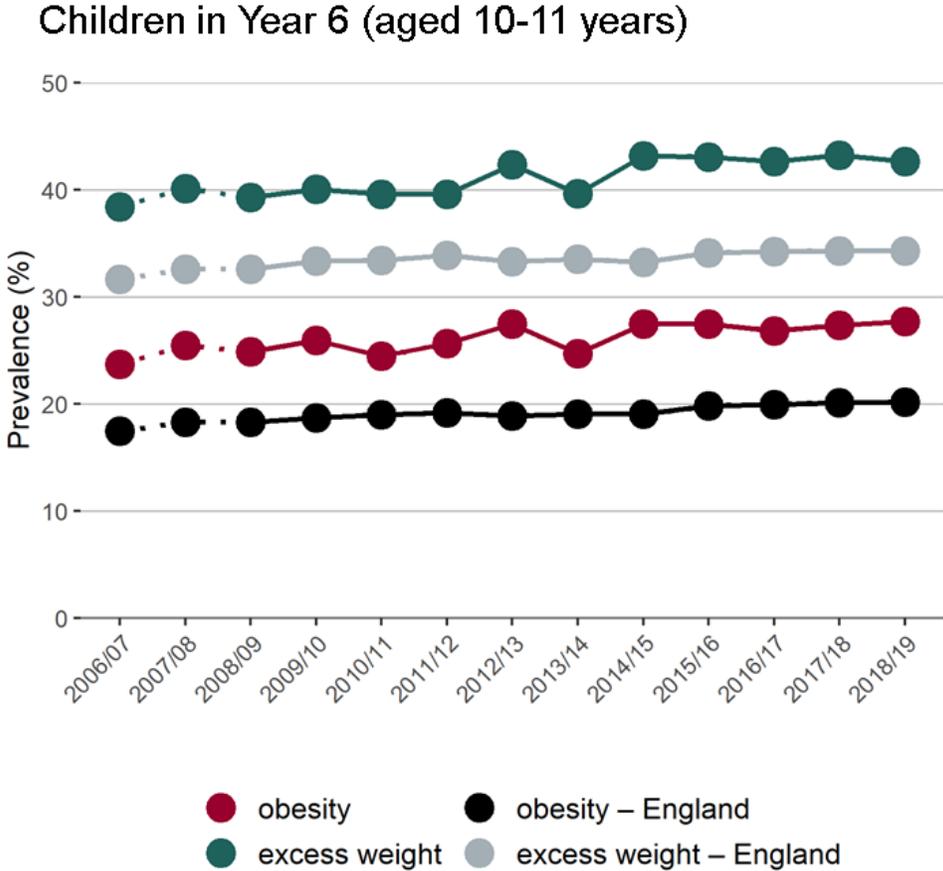
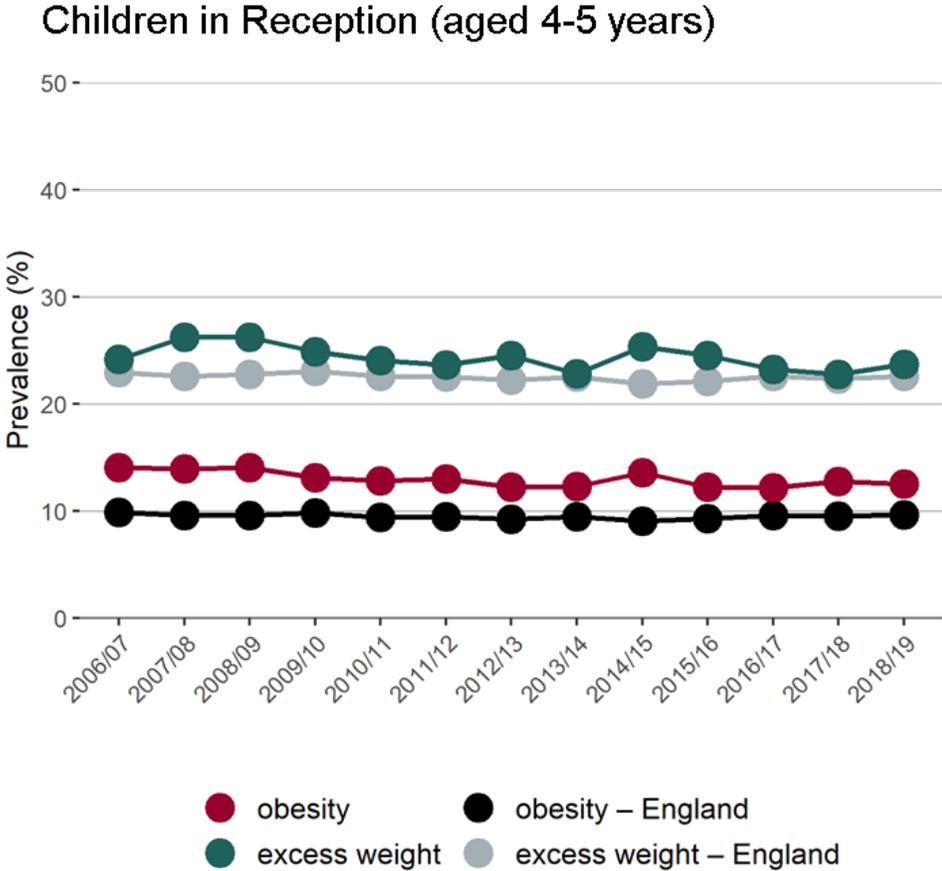
Prevalence of overweight pupils in Year 6 2019/20

Source: NCMP



School age children: Healthy Weight

Prevalence of obesity – trends

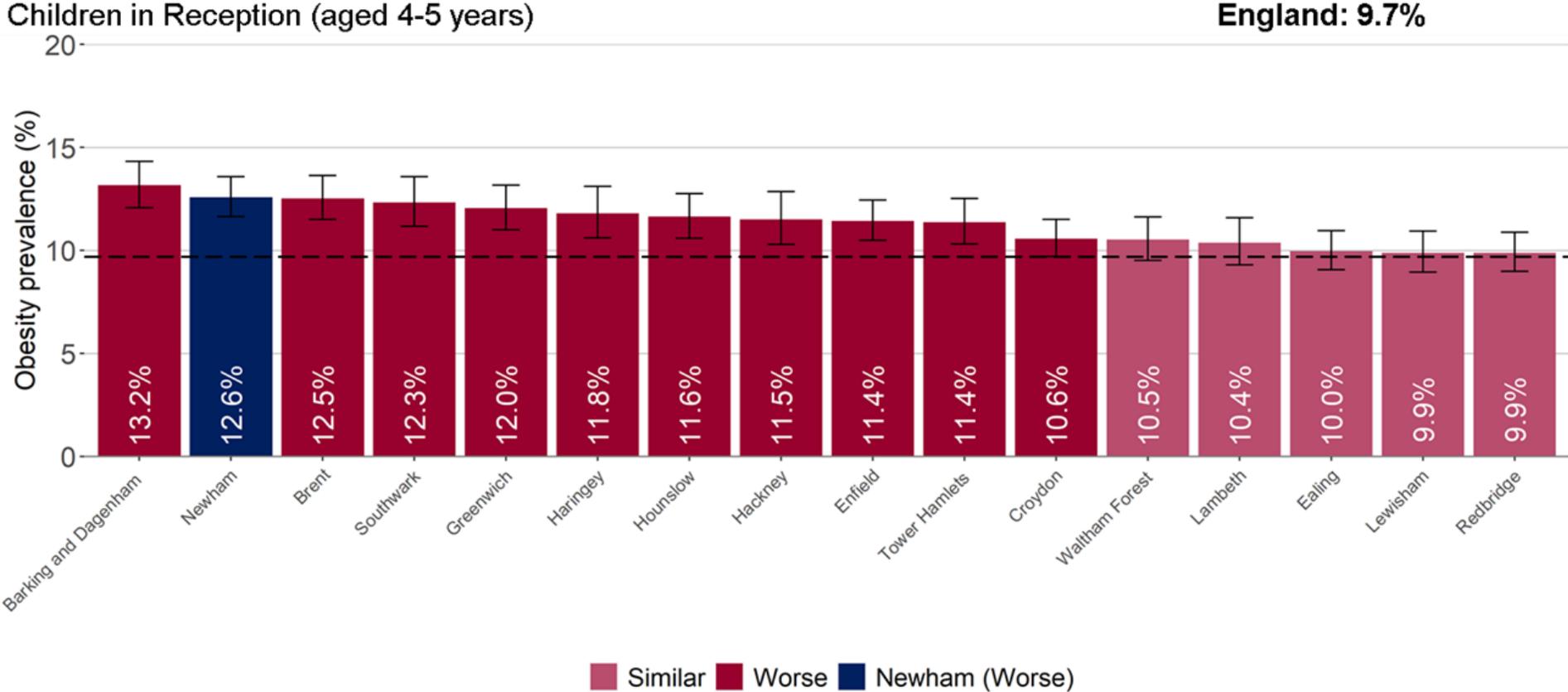


Note: for Year 6, comparisons are not possible with the first years of the NCMP (2006/07 to 2008/09) as low participation levels led to underestimation of obesity prevalence

School age children: Healthy Weight

Prevalence of obesity – Reception

Newham compared to its statistical nearest neighbours, CIPFA 2019

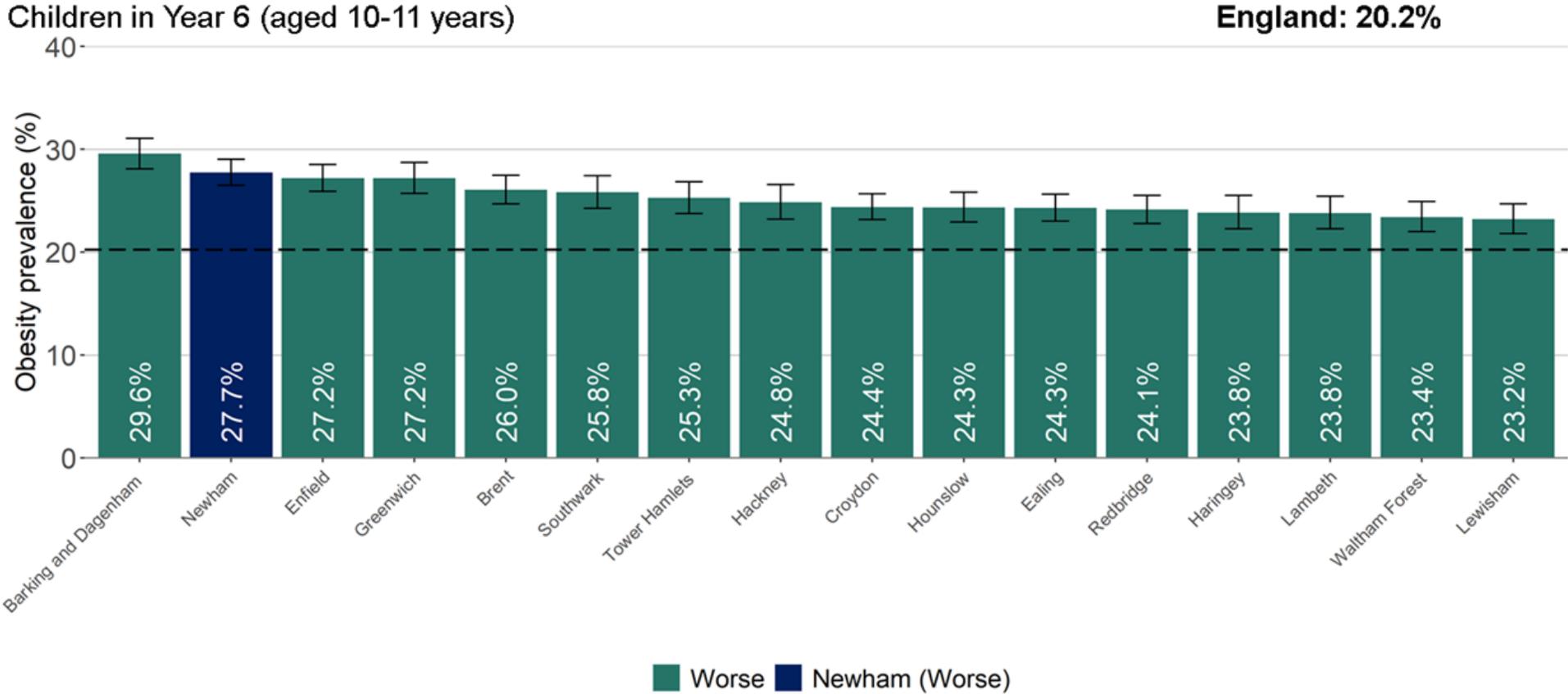


Source: National Child Measurement Programme

School age children: Healthy Weight

Prevalence of obesity – Year 6

Newham compared to its statistical nearest neighbours, CIPFA 2019



Prevalence of obesity by age, 2018/19

Over 1 in 10 children (12.6%) in Reception were living with obesity



Around 3 in 10 children (27.7%) in Year 6 were living with obesity



Prevalence of excess weight by age, 2018/19

Around 1 in 4 children (23.7%) in Reception (aged 4-5 years) were overweight or living with obesity



Around 2 in 5 children (42.7%) in Year 6 (aged 10-11 years) were overweight or living with obesity

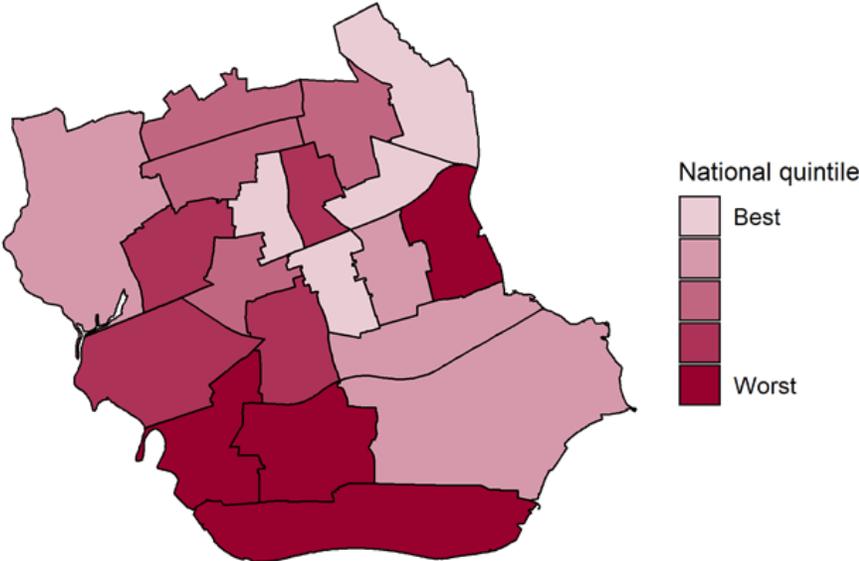


Source: National Child Measurement Programme 2018/19

Source: National Child Measurement Programme

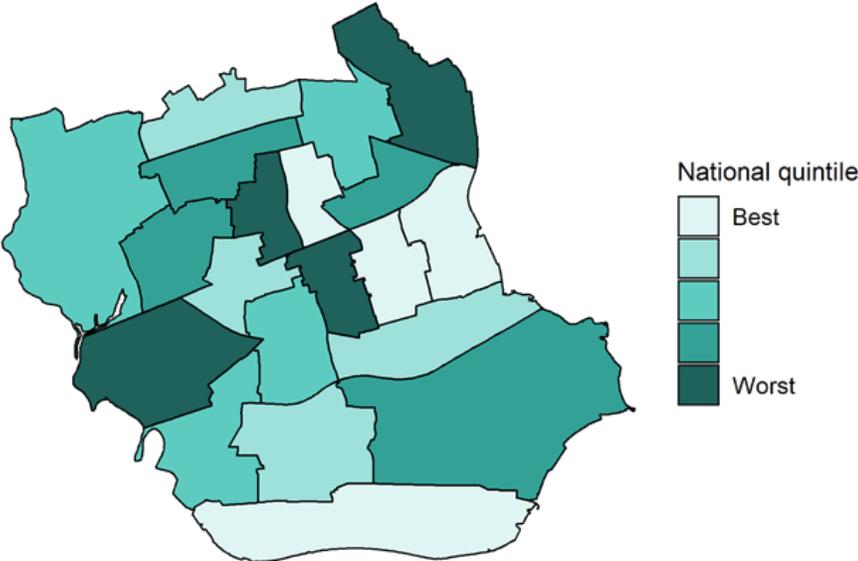
Prevalence of obesity by age, 2016/17-2018/19 – Newham wards

Children in Reception (aged 4-5 years)



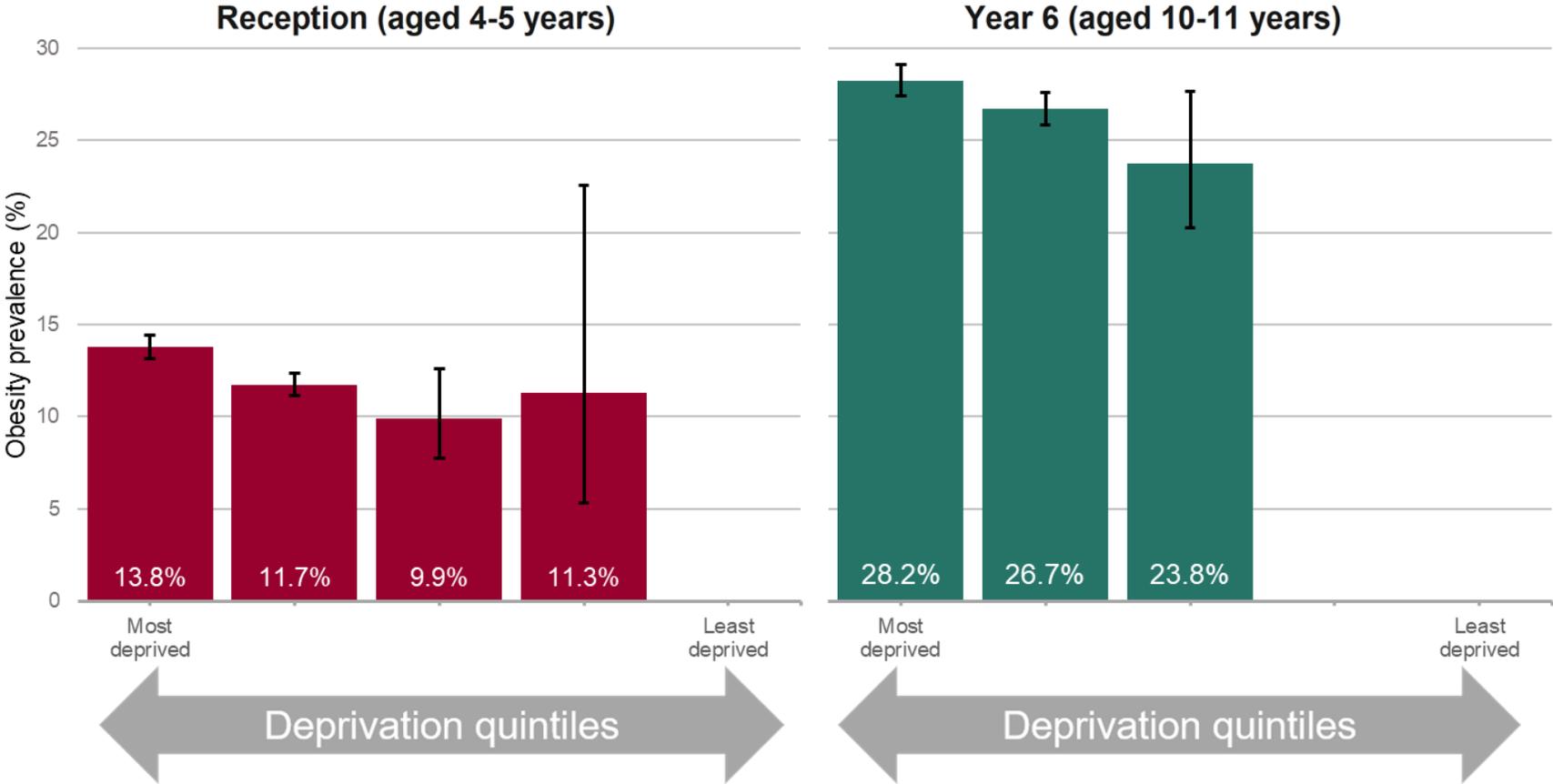
Contains Ordnance Survey data © Crown copyright and database right 2021.
Contains National Statistics data © Crown copyright and database right 2021.

Children in Year 6 (aged 10-11 years)



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Contains National Statistics data © Crown copyright and database right 2021.

Obesity prevalence by deprivation and age, 2014/15-2018/19

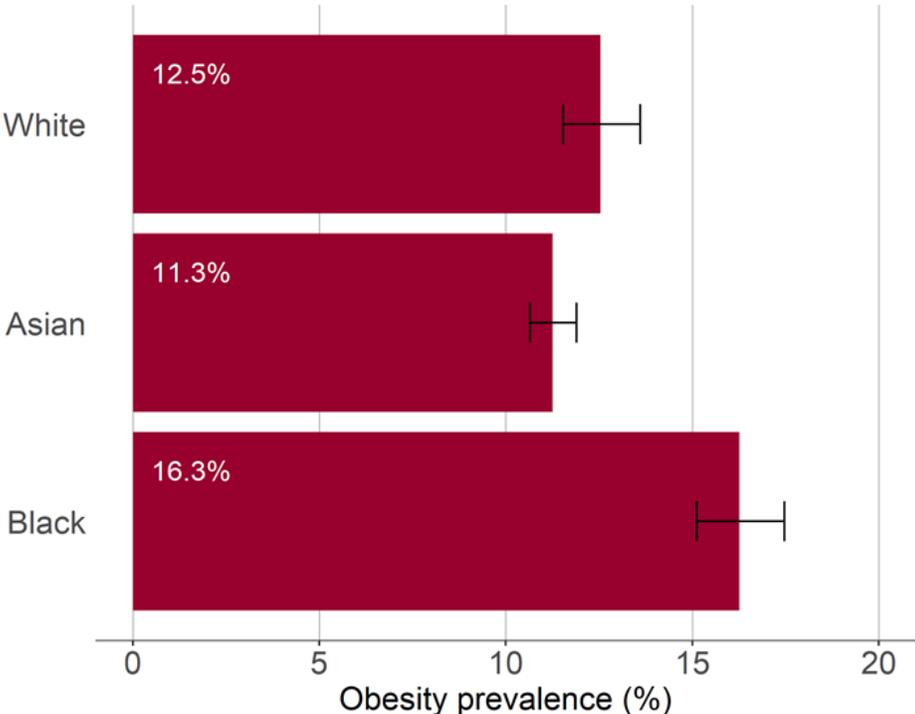


Data missing on the chart is due to suppression for disclosure control reasons
Index of Multiple Deprivation 2015

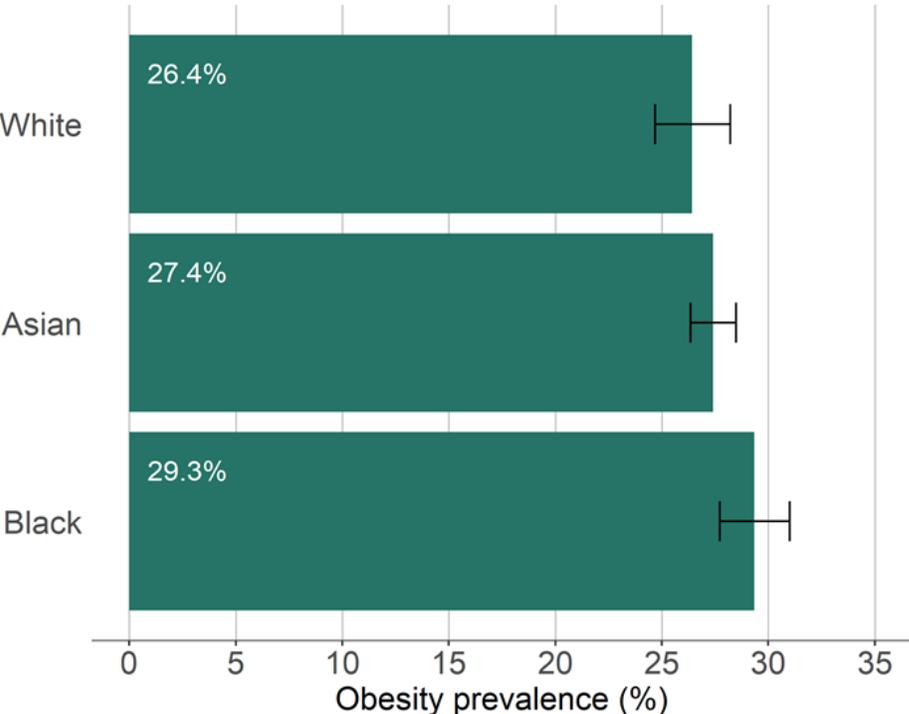
Data combined 5-years
95% confidence intervals are displayed on the chart

Obesity prevalence by ethnicity, 2014/15-2018/19

Children in Reception (aged 4-5 years)



Children in Year 6 (aged 10-11 years)



Data combined 5-years
95% confidence intervals are displayed on the chart

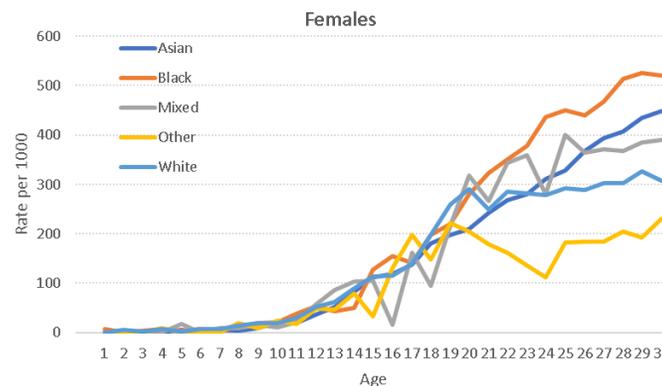
School age children: Healthy Weight

Inequalities

- In Reception, 23% of boys and 21% of girls were overweight
- In Year 6, 46% of boys and 38% of girls were overweight
- In Reception, 29% of pupils of black ethnicity were overweight
- In year 6, 46% of pupils of black ethnicity and 45% of pupils with Asian ethnicity were overweight
- Of those not measured, there are more boys (60%) in reception and more girls (54%) in Year 6
- Geographically, London as a region has the highest proportion of overweight pupils out of all regions in Year 6 (38%) but the 7th (out of 9) highest region for overweight pupils in Reception (22%)
- Newham's proportion of overweight pupils in Reception is 24% compared to 22% in London and 22.5% in England
- Newham's proportion of overweight pupils in Year 6 is 43% compared to 38% in London and 34% in England

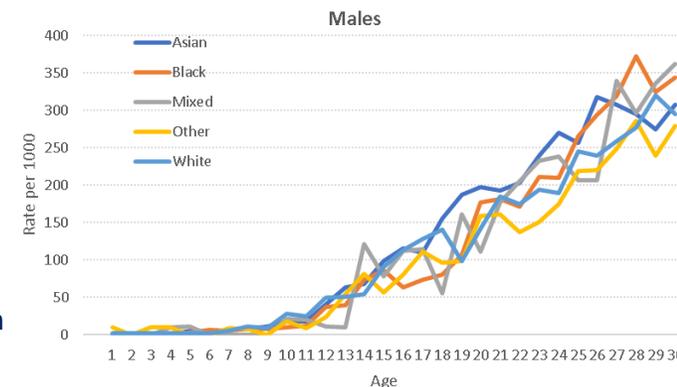
BMI greater than 25 by gender, age and ethnicity (2020)

Source: CEG



Females of Black ethnicity in particular show a high increase in rates as they reach their early 20s

These graphs show how the rates of those with a BMI greater than 25 increases with age. The graphs show the difference by ethnicity and gender. Note the differences in the Y axis between genders.

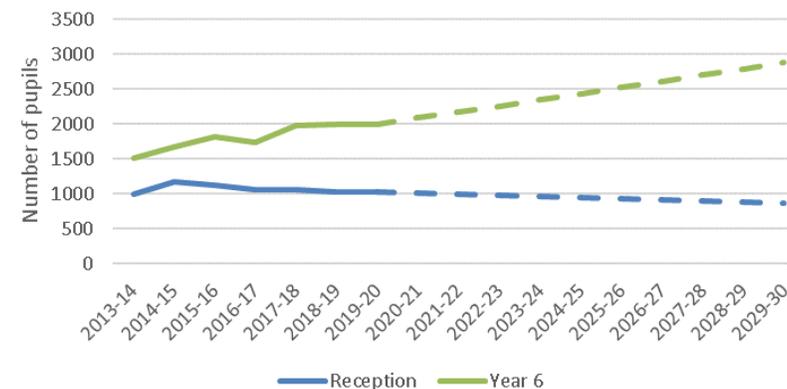


Forecasting future need

- If the current trend of overweight children in Year 6 continues, the figure will increase by an estimated 44% by 2029-30 (an additional 900+ pupils)
- In addition to this, there is a year on year rise in school pupil numbers which will result in increased numbers
- Obese children tend to become obese adults, therefore intervention to prevent this will effect adults' health
- The percentage of overweight adults in Newham fell in 2018/19, however the overall value (57.4%) remains considerable

Forecast values of overweight pupils by school year

Source: NCMP



Strategic implications

- Obese children are more likely to have high blood pressure and cholesterol (risk factors for heart disease/stroke), Type 2 diabetes, breathing problems (asthma, sleep apnoea), joint problems and musculoskeletal discomfort, fatty liver disease, gallstones and heartburn
- Childhood obesity is also related to psychological problems such as anxiety and depression, low self esteem and social problems such as bullying
- This will have implications on commissioning of healthy weight services and reinforces the need for a whole system approach to tackle childhood obesity across the Newham system
- Further work to increase physical activity levels and ensure healthy diets for children is required
- Over the long term we have seen a reduction in the prevalence of unhealthy weight in reception aged children but little change in Year 6 prevalence
- Generally the prevalence of obesity increases with age. However the development in adult obesity and inequalities seen in adult obesity are established in children and young people. Therefore in order to tackle these issues, prevention is needed for children and young people
- Inequalities in obesity by ethnic group are more pronounced in females than in males. Obesity develops more quickly and is more common in Black females compared to other ethnic groups
- It is likely that there has been an increase in child obesity, or widening of inequality, during 2020 due to the impacts of Covid-19
- The impacts of Covid-19 on healthy weight will become known more clearly as robust NCMP data becomes available (expected in 2021/22)
- Work needs to continue to address healthy weight across all CYP ages and settings

School age children: Widening Attainment Gap due to Covid-19 and/or Digital Exclusion

Why this is important

- Schools have been closed at various times to all pupils from 20th March 2020 at the start of the pandemic lockdown, with the exception of those children of key workers
- Lessons are being continued online, however not all pupils have access to computers/laptops or the internet at home. Where this is the case, schools are supplying young people with paper copies of work
- A link between poverty and digital exclusion is recognised, with only 51% of households in the UK earning between £6000-£10,000 having home internet access compared to 99% of households with an income over £40,001*
- The effect of digital exclusion during the Covid-19 pandemic will potentially increase the attainment gap between pupils

Local context for Newham

- A survey was carried out in December 2020 - January 2021 with 89 schools and 4 colleges in Newham to estimate how many students do not have access to laptops or the internet
- A margin of error was included to allow for children who are not known to schools in the authority, such as those with NRPF
- More than 60 schools responded and it was estimated that approximately 11% of students in the borough do not have access to a home computer or laptop and 8% don't have access to the internet (these figures are now 8% and 4% respectively, as the Council has supported schools to get more devices from the DfE and they have purchased more themselves)
- A Digital Empowerment Stocktake was carried out in January 2021, looking at the activity in Newham around the provision of laptops and hubs to disadvantaged children across the borough
- This included purchasing and loaning of laptops and provision of Internet to groups such as Looked After Children, Care Leavers, Children with Special Educational Needs, Children in Need, Children in Protection, digitally disadvantaged children, YOT and NRPF families
- Equipment was distributed via the Voluntary Sector and social workers and via schools, the school transport service, the Youth Service and the NRPF service . An additional 300 devices have been procured by the council to be allocated via schools in March
- A follow-up survey will be carried out once schools have returned to give us an updated picture of continuing need

*Source: ONS "Exploring the UK's digital divide"

<https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

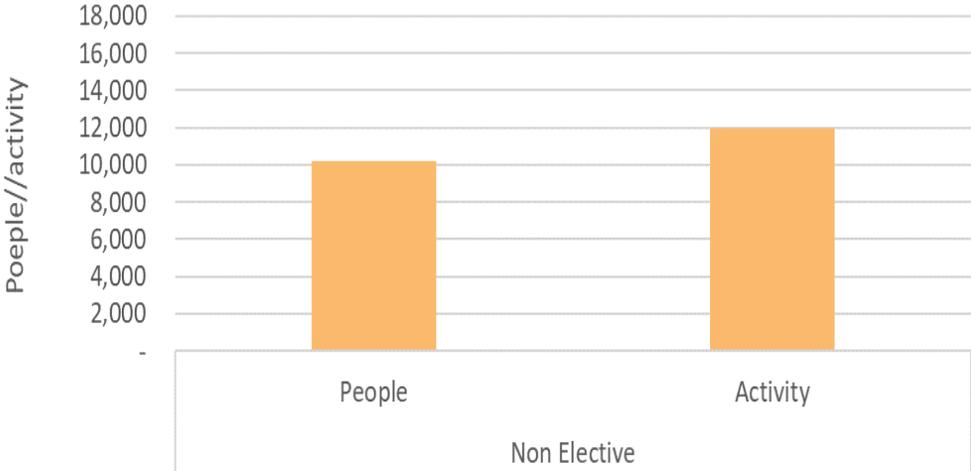
Chapter 6: Adolescents

- Adolescents who are not in education, employment or training (NEET) often have multiple barriers including low literacy and numeracy skills, SEN, behavioural needs, young parents and involvement in the care or youth justice system
- Time spent NEET can have a detrimental effect on physical and mental health, increasing the likelihood of unemployment, low wages or low quality of work later in life
- Supporting the most vulnerable groups is imperative during the post 16 transition period, to ensure that young people progress to education, employment and training
- Sexually transmitted infections - rates of Chlamydia are substantially higher in young adults than other groups. Screening is encouraged however for the first half of 2020, there was a 30% reduction in tests compared to the same period in 2019
- The full impact of Covid-19 measures on sexually transmitted infection transmission and longer term health outcomes will take time to emerge
- Rates for teenage conceptions are falling and were below the rates for England in 2019
- Repeat abortions in those under 25 has fallen from 2017 – 2019
- Monitoring of EHC (Emergency Hormonal Contraception) will continue along with the promotion of Long-Acting Reversible Contraception (LARC) to all women aged 16-44
- Starting smoking is associated with a wide range of risk factors, including smoking by family members, friends, peer group members
- The younger the age of a person starting smoking, the greater the harm and there is a notable association between smoking and other substance use
- A specialist Stop Smoking Service with a particular focus to support young people to quit smoking was launched in Newham in January 2021

Adolescents: Growing Well – Resource Use – Acute Activity and Spend



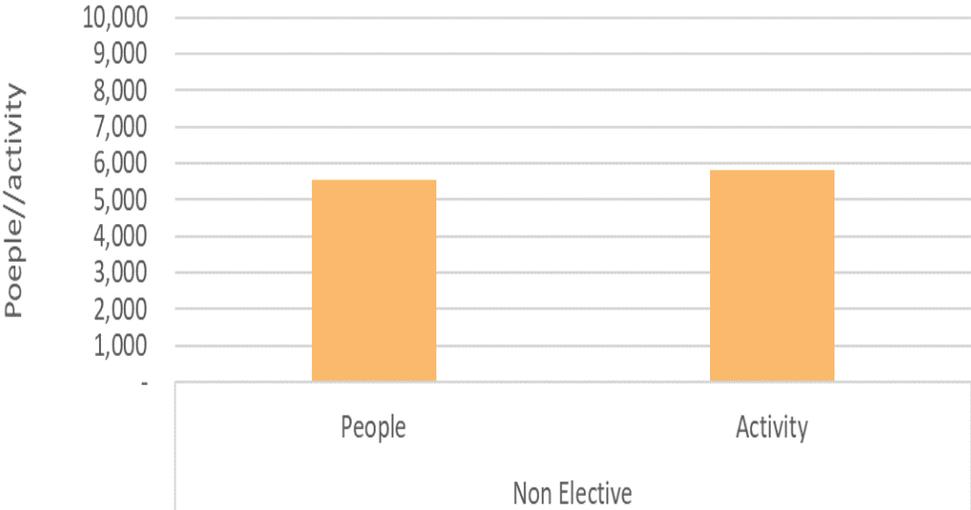
Activity and number of people by non elective service type – 2019/20



Activity, cost and service use summary table, 2019/20

	Rate per 1,000 pop		Cost per 1,000 pop	Cost per unit of activity
	People	Activity		
Non Elective	84.3	98.9	123,901	1,253

Activity and number of people by non elective service type – 2020/21



Activity, cost and service use summary table, 2020/21

	Rate per 1,000 pop		Cost per 1,000 pop	Cost per unit of activity
	People	Activity		
Non Elective	45.8	48.2	67,886	1,410

Data source: Newham Borough Joint Health & Social Care 5 Year Strategic Plan: Phase 2: Level 1 Segmentation Analysis, January 2021

Adolescents: Growing Well – Resource Use – Acute Activity and Spend

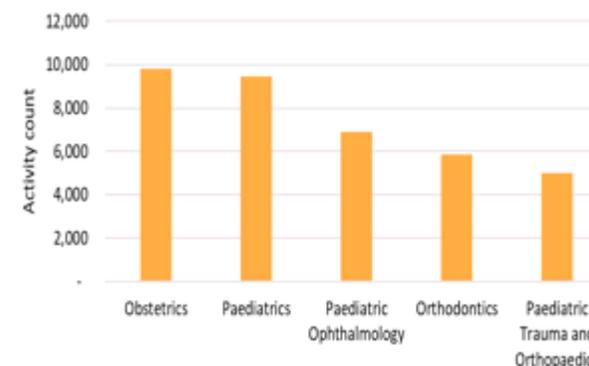
A&E - Top 5 chief complaints – 2019/20

Chief complaint	Activity count
Injury of upper extremity	3,640
Fever	3,137
Injury of lower extremity	3,117
Abdominal pain	2,535
Cough	2,226

Inpatient - Top 5 primary diagnosis – 2019/20

Primary Diagnosis	Activity count
Activity related to reproduction	3,352
Not Coded	767
Haemolytic anaemias	617
Oral cavity, salivary glands and jaws	525
Digestive system and abdomen	500

Outpatients - Top 5 specialties – 2019/20



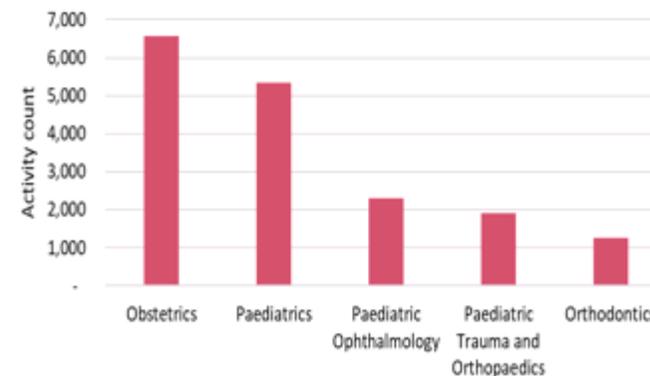
A&E - Top 5 chief complaints – 2020/21 (Apr-Oct)

Chief complaint	Activity count
Injury of upper extremity	1,365
Abdominal pain	1,256
Injury of lower extremity	1,032
Fever	873
Disorder of skin	742

Inpatient - Top 5 primary diagnosis – 2020/21 (Apr-Oct)

Primary Diagnosis	Activity count
Activity related to reproduction	1,540
Not Coded	397
Haemolytic anaemias	341
Complications of labour and delivery	306
General symptoms and signs	258

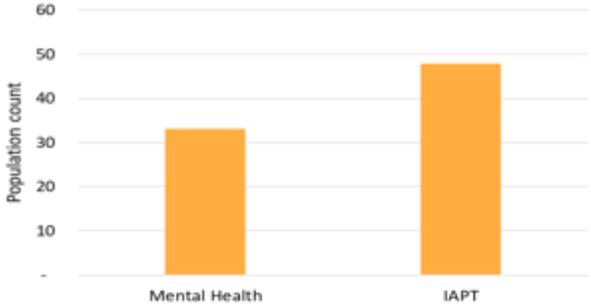
Outpatients – Top 5 specialties – 2020/21 (Apr-Oct)



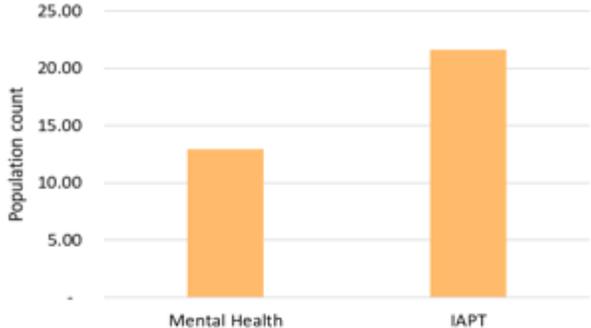
Adolescents: Growing Well – Resource Use – Mental Health, IAPT and Community



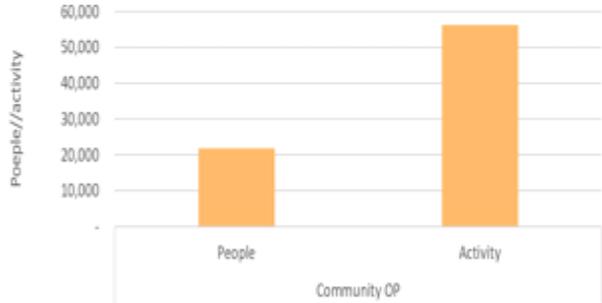
Number of people using service per 1000 population - 2019/20



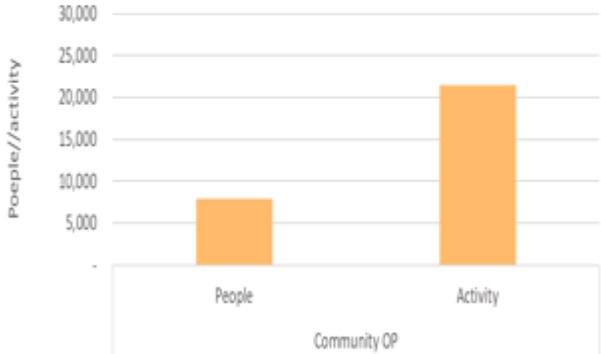
Number of people using service per 1000 population - 2020/21 (Apr-Oct)



Number of people using service per 1000 population - 2019/20



Number of people using service per 1000 population - 2020/21 (Apr-Oct)



Community OP	Rate per 1,000 pop	
	People	Activity
Community OP	179.9	465.1

Community OP	Rate per 1,000 pop	
	People	Activity
Community OP	65.9	177.7

Segment	Outcome measure	Newham value	Similar 10	Best 5 of similar 10	Date
Growing Well	% of low birthweight babies (<2500g)	10	8	7	2016
	A&E attendance rate for <5s	820	734	664	2016/17
	% of children aged 4-5 who are overweight or obese	13	11	11	2014/15 - 16/17

Given the age of the most recent Right Care benchmarking, some of the findings may now be out of date. These are included here to raise potential issues that could be explored further.

Adolescents: Not in Education, Employment or Training (NEET)

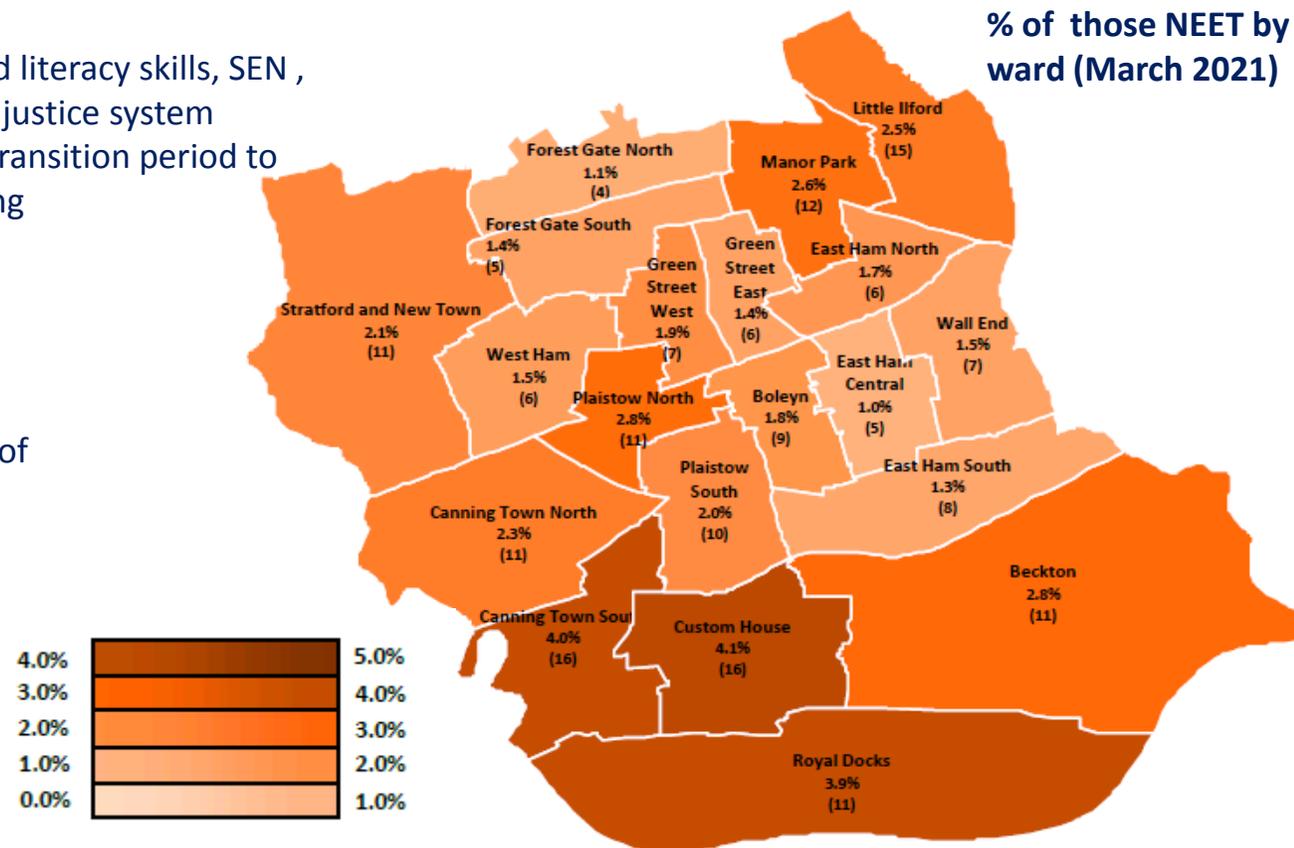
Why this is important

Support services for NEET young people:

- Play a key role in supporting the LA to meeting its duty in relation to the Education and Skills Act 2002 and The Education Act 2011
- Help young people into education, employment or training therefore reduces borough NEETs
- Act as a broker between meeting the needs of a young person and finding the right activities which enable a young person to progress
- Have specialist knowledge relating to education, employment and training opportunities for young people
- Play a key role in proactively tracking and monitoring Unknown and NEET young people as well as those at risk of becoming NEET and supporting them back into some form of education or training activities
- The NEET cohort often have multiple barriers including low numeracy and literacy skills, SEN, behavioural needs, young parents, involvement in the care and or youth justice system
- Supporting the most vulnerable groups is imperative during the post 16 transition period to ensure that young people progress to education, employment and training

Local context for Newham

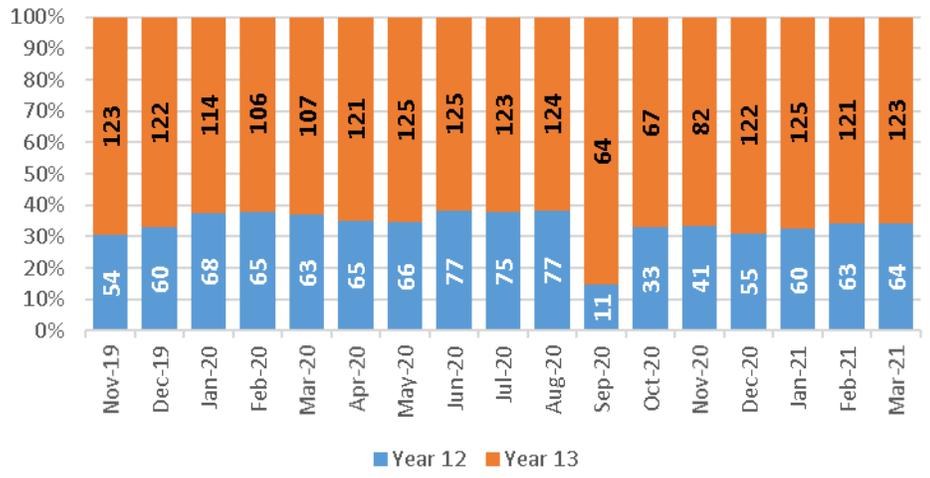
At the start of the academic year, unknown figures are high as most young people are yet to have their activity confirmed. In the following months of tracking and monitoring, young people are identified as NEET as the number of not known falls as young people have their destinations ascertained. Also during these months leavers lists are received from post 16 providers which may show Newham residents who have dropped out of learning at these establishments.



Adolescents: Not in Education, Employment or Training (NEET)

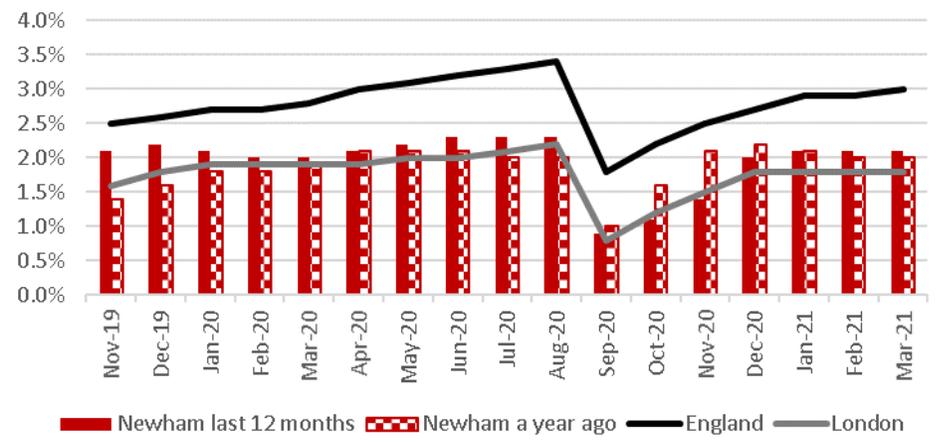
Local context for Newham

NEET only figures by Year Group



Time trend

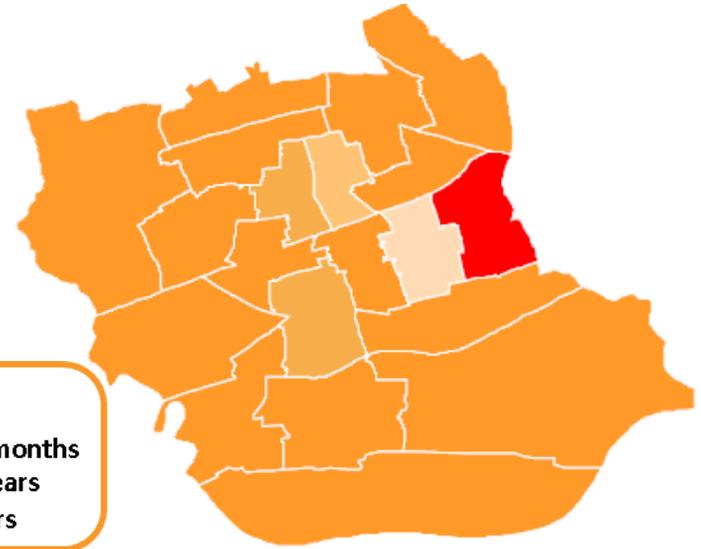
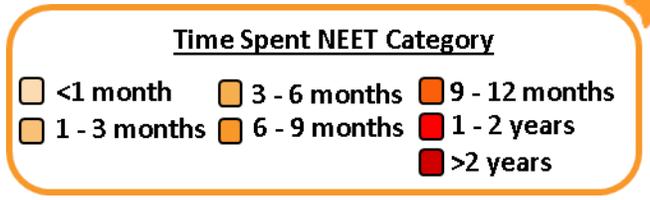
NEET only (excluding unknowns) cohort over time
Years 11 and 12



Time Spent NEET



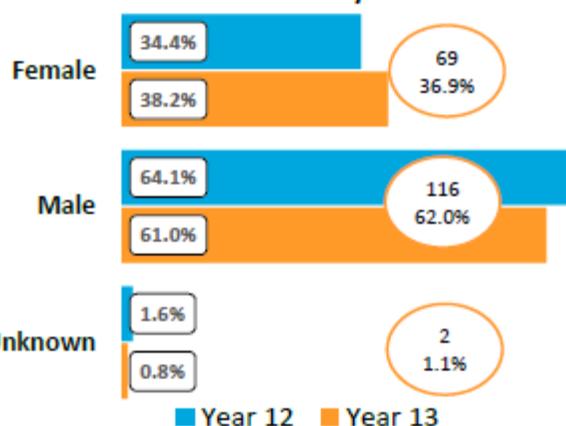
Time spent NEET by ward (March 2021)



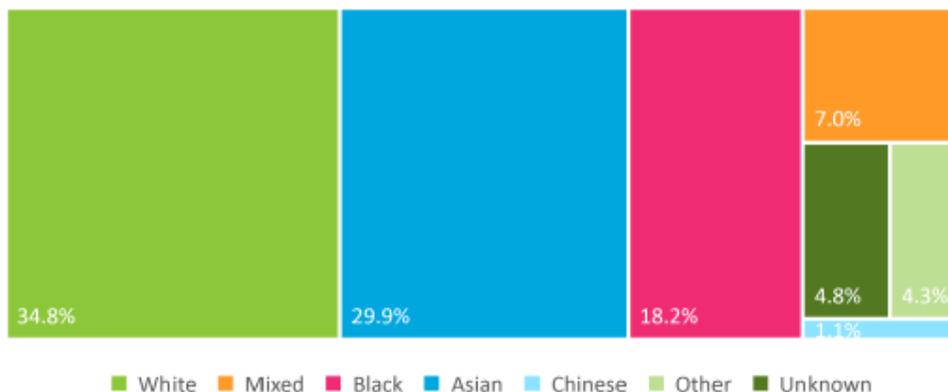
Adolescents: Not in Education, Employment or Training (NEET)

Inequalities

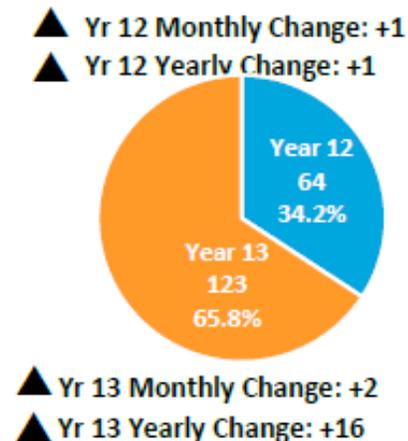
Gender Analysis



Ethnicity Group Analysis (Year 12 & 13)



Year Group Analysis



Forecasting future need

As the Newham NEET figure remains somewhat constant, there is no particular projection to be made from this, however a couple of points to note:

- Usually March would be quite a robust month for comparison, where the Not Known percentage is low and figures stable
- However, it is worth noting when considering the current NEET figure, that our Not Known is slightly higher than this point last year:
 - March 2021 - 2.6% (230 young people)
 - March 2020 - 1.8% (155 young people)
- It is possible that a proportion of these 230 young people (current “Not Known”) will be NEET

Strategic implications

- Time spent NEET can have a detrimental effect on physical and mental health, and increase the likelihood of unemployment, low wages, or low quality of work later on in life
- There are emerging skills challenges. Analysis for the LGA shows a growing skills gap. By 2030, it estimates there will be a skills gap between our future workforce and those required by employers
- Across England, it predicts that by 2030 there could be a shortage of two and half million high-skilled people and a surplus of six million intermediate or low-skilled people to available jobs

Why this is important

- Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection (STI) in England
- Rates are substantially higher in young adults than other groups
- It is avoidable however can cause infections which can affect fertility
- Screening is recommended by the National Chlamydia Screening Programme for men and women under 25, annually or on each change of sexual partner

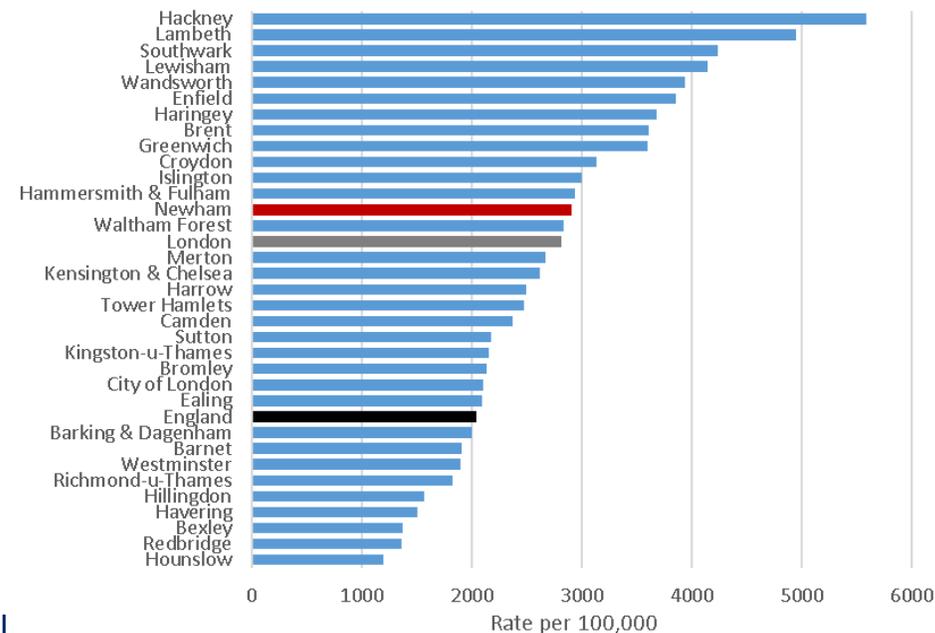
Impact of Covid-19 (Nationally)

- Nationally, from January – June 2020, there are a 30% reduction in tests for chlamydia, gonorrhoea and syphilis at sexual health services compared to the same period in 2019
- The number of bacterial STI and HIV tests in sexual health declined between January and April 2020, by 71% for STIs and 77% for HIV
- The proportion of bacterial tests accessed via internet services has increased substantially since April 2020
- The full impact of the Covid-19 measures on infection transmission and longer term health outcomes will take time to emerge

Taken from The Impact of Covid-19 on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England, via the Wider impact of Covid-19 on children and young people – Dr Marilena Korkodilos, Deputy Director, Wellbeing and Workforce, PHE London, April 2021

Chlamydia detection rate aged 15-24 - London Boroughs (2019)

Source: Public Health England

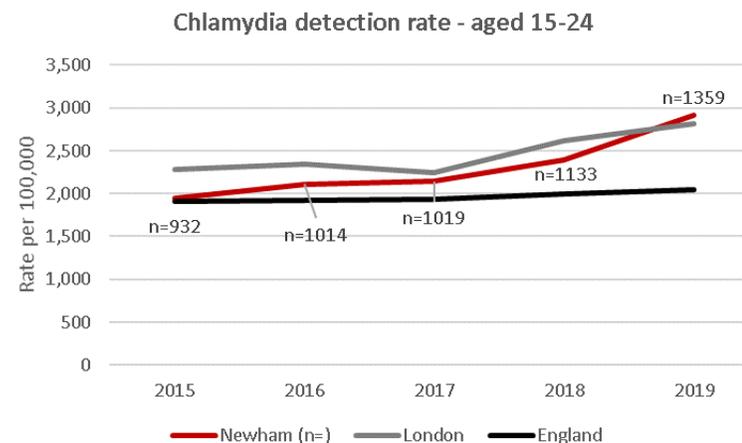


Adolescents: Sexually Transmitted Infections

Inequalities

- Newham has the 4th highest deprivation score in London at 32.9 and ranks as the 21st most deprived borough in England
- Deprivation is found to have a large impact, as expected
- Almost half (46%) of men in highest-income households had 2+ risks, compared with 62% of men in lowest-income households
- Among women, only a third (34%) in highest income households had 2+ risks, compared with 60% of women in the lowest income households

Time trend



Forecasting future need

- Ensure access to high quality, equitable and cost effective sexual health screening and treatment that meets the needs of Newham's diverse population
- Increase the uptake of the condom card scheme amongst young people under 24 and increase condom use.
- Increase the uptake of vaccinations where available, e.g. Hep A/B
- Increase the detection and treatment of STIs, in particular Chlamydia and Gonorrhoea (CnG)
- Provide high quality information and advice about healthy sexual relationships, maximising opportunities for screening, treatment and access to regular forms of contraception.
- Develop and maintain pathways into healthy living services (i.e. stop smoking and weight management), domestic violence support, mental health and addiction services.

Strategic implications

- Work in partnership with local services (e.g. safeguarding, substance misuse, young people's services) to promote healthy relationships, especially among our most vulnerable and high risk populations
- Reduce the prevalence of STIs in young people through access to preventative services like contraception (especially LARC) and vaccinations (Hep A/B)
- Enhance digital access for screening and uncomplicated STI treatment

Adolescents: Teenage Conceptions, Terminations and EHC

(Emergency hormonal contraception)



Why this is important

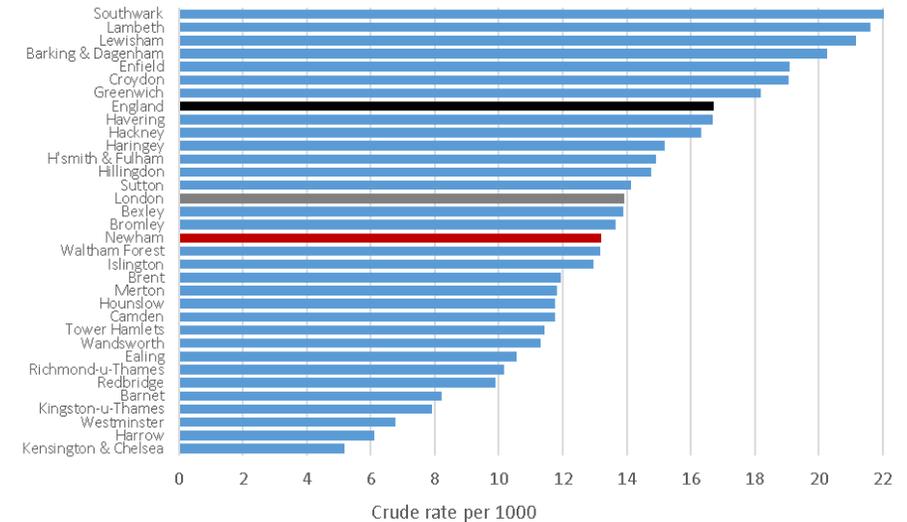
- Over a quarter of abortions in England in this age group are repeat abortions
- This could indicate a lack of access to good quality contraception services and advice
- It could also indicate problems with individual use of contraceptive method
- During 2019/20, 5 per 1000 of the female population (all ages) were provided emergency contraception by a Sexual and Reproductive Health (SRH) service (Emergency Hormonal Contraception (EHC) can also be purchased over the counter at a pharmacy by females aged 16 and over, as well as being supplied by nurses and pharmacists under a Patient Group Direction – data on EHC supplied by the latter is not collected centrally and therefore the actual rates will be higher)
- The likelihood of a female using the SRH service to obtain emergency contraception varies with age, those aged 18 or 19 were most likely, with 18 per 1000 population having done so at least once during the year

Local context for Newham

- The number of conceptions in under 18s in 2018 was 79, this figure has continued to fall from 2014 and the rates for Newham are lower in 2018 than London and England
- Compared to all London boroughs, the Newham rate (13.2) is just under the average (13.7)
- The rate of under 25s repeat abortion has dropped from 2018 to 2019 and the rates for Newham are lower than London but higher than England
- Compared to all London boroughs, the Newham rate (28.7%) is lower than the average at 30.5%

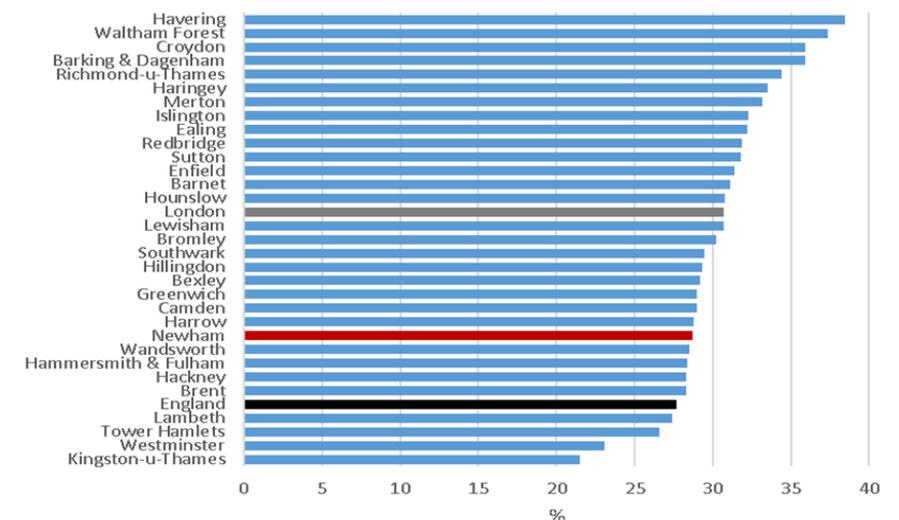
Under 18s conception rate - 2018

Source: Office for National Statistics via Fingertips, PHE



Under 25s repeat abortions 2019- London Boroughs

Source: Department of Health



Adolescents: Teenage Conceptions, Terminations and EHC

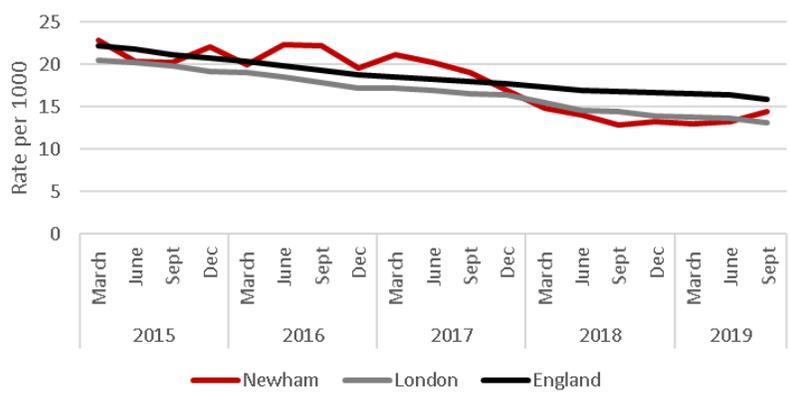
(Emergency hormonal contraception)



Time trend

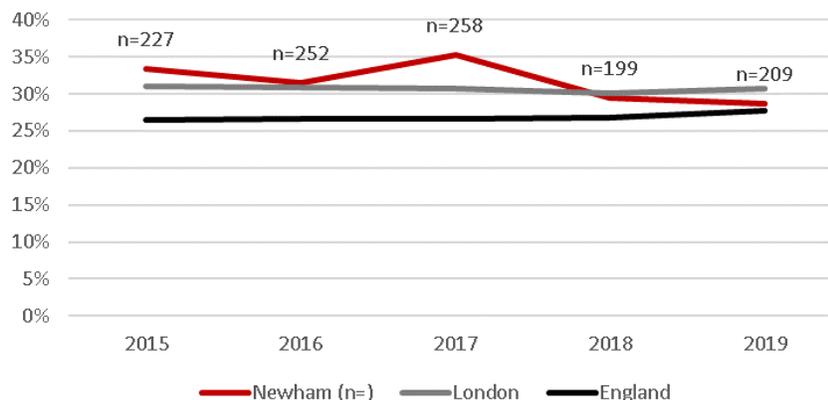
Annual rolling rate of conception in 15-17 year-olds

Source: Office for National Statistics



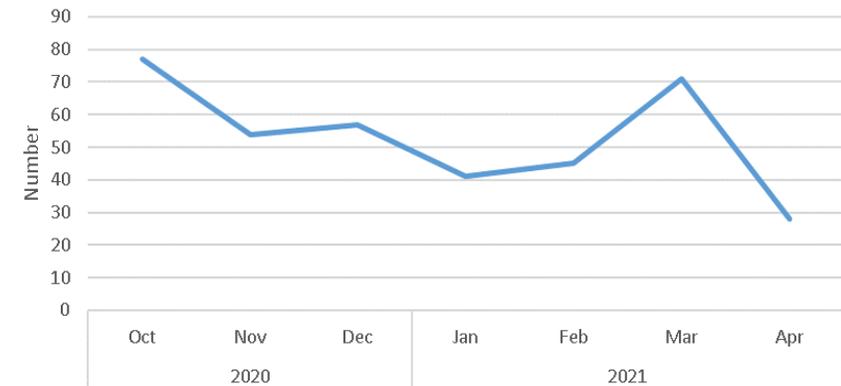
Under 25s repeat abortions

Source: Department of Health



Emergency hormonal contraception - females aged 14-24

Source: Pharma

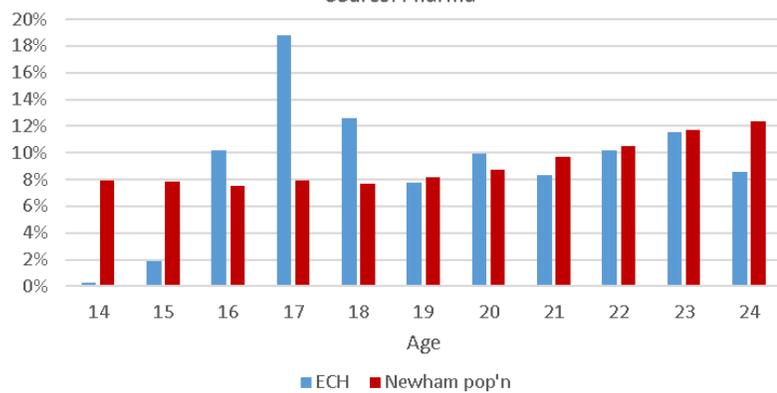


Inequalities

- Limited information around inequalities is available for the graphs showing regional and national comparisons on the time trend, however data for England shows that the highest rates of conception in under 18s are found in areas of the highest deprivation
- For repeat abortions for the under 25s, rates for England are mainly higher in the more deprived areas, however there is not such a strong pattern when compared to conceptions
- Compared to the Newham population, the percentage of females receiving EHC is disproportionate in Black and Mixed ethnic groups, where there is a higher percentage of recipients than would be expected compared to the Newham population of that age group
- Girls aged 17 and 18 are disproportionately represented

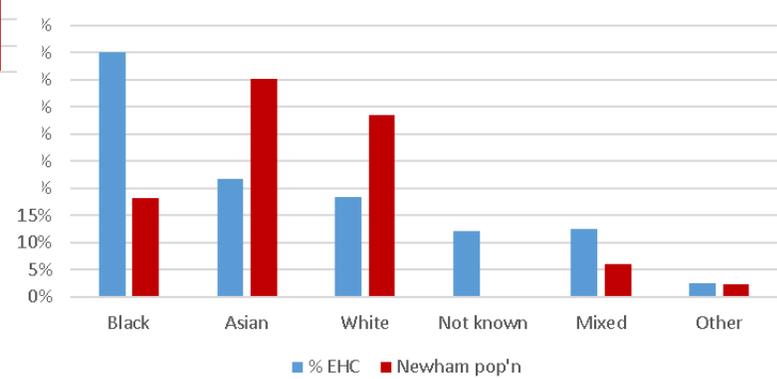
Age of females receiving EHC

Source: Pharma



Ethnicity of females aged 14-24 receiving EHC

Source: Pharma



Forecasting future need

- Promote a preventative approach to unplanned pregnancy by:
 - Analysing service-level data to understand demographic disproportionality in uptake of EHC at pharmacy level and develop an Improvement Plan with providers.
 - Developing opportunities to offer information, advice and education about healthy relationships across partner organisations, particularly among high risk and vulnerable young people (such as but not limited to domestic sexual violence, exploitation and substance misuse).
 - Increasing access to a high quality, cost effective contraception pathways for young people.
 - Maximising opportunities to choose the most reliable forms of contraception (e.g. Long-Acting Reversible Contraception or 'LARC') wherever possible.
 - Continuing to monitor EHC uptake (and especially repeat EHC access) in relation to teenage conceptions and terminations in order to guard against disproportionality.
 - Providing high quality signposting to healthy living services (i.e. stop smoking and weight management), domestic violence support and mental health and addiction services.

Strategic implications

- There are opportunities to review the provision of TOP services across North East London, to ensure value for money, swiftest access and equity of access for aligned services such as contraception and STI testing
- Working in partnership with local services (e.g. safeguarding, substance misuse, young people's services) to promote healthy relationships, especially among vulnerable, high risk and ethnically diverse populations
- Promoting Long-Acting Reversible Contraception (LARC) to all women aged 16-44 and offer referrals to All East Integrated Sexual Health Service or their GP to reduce unwanted pregnancies in all ages as evidenced through reductions in teenage conception and abortion rates
- Working in partnership with local services (such as safeguarding and young people's services) to promote and support sustained behaviour change interventions

Why this is important

- Starting smoking is associated with a wide range of risk factors, including smoking by parents, siblings, friends and peer group members, the ease of obtaining cigarettes, socio-economic status, exposure to tobacco marketing and depiction of smoking in the media
- Children who live with parents or siblings who smoker are up to 3 times more likely to become smokers themselves, compared to children where no-one in the household smokes
- There is a notable association between smoking and other substance use.
- A survey in 2012 carried out by the Royal College of Physicians (Smoking and the Young, Tobacco Control. 1992:1:231-235) found that young people who either played truant from school, or who had been excluded from school in the past 12 months were almost twice as likely to smoke when compared to those who had never been excluded or played truant
- The younger the age of starting smoking, the greater the harm – early uptake is associated with heavier smoking, higher levels of dependency, a lower chance of quitting and higher mortality

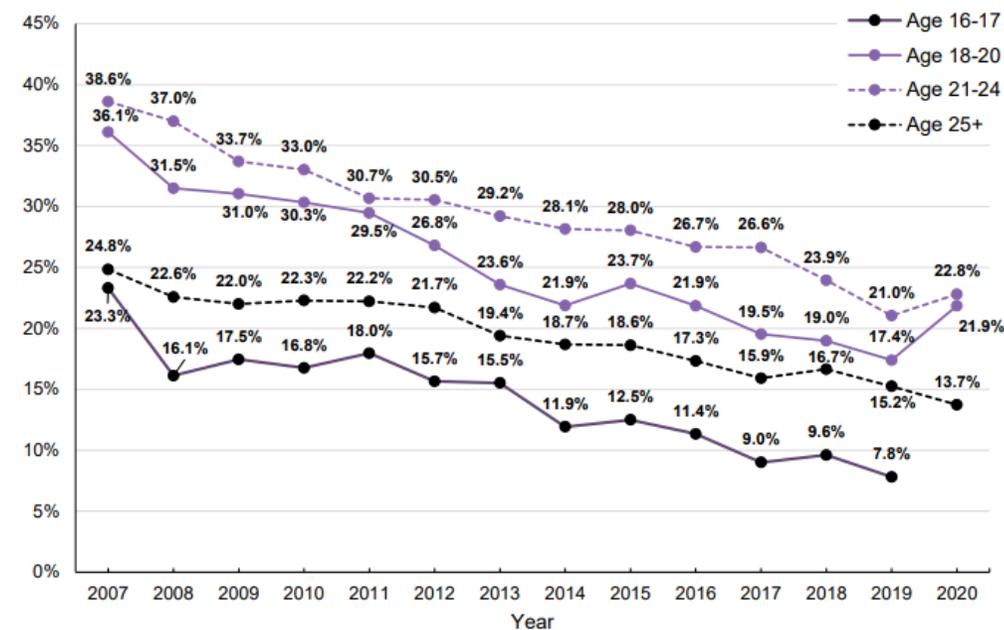
Source: *Young People and Smoking: ASH*

Local context for Newham

- Between 2017-2020, 245 young people between 12 – 25 registered with a pharmacy Stop Smoking Service
- 53% of those who registered to quit were male (n=130) and 47% female (n=115)
- 183 successfully quit between 2017-2020 (please note this is not the exact same cohort of CYP as those who registered)
- 52% of those who successfully quit were male (n=95) and 48% female (n=88)
- Newham launched a Specialist Stop Smoking Service in January 2021 with a particular focus to support young people to quit smoking

Smoking prevalence by age group, England

Source: *ASH: Profile of 16/17 year-old smokers, March 2021*



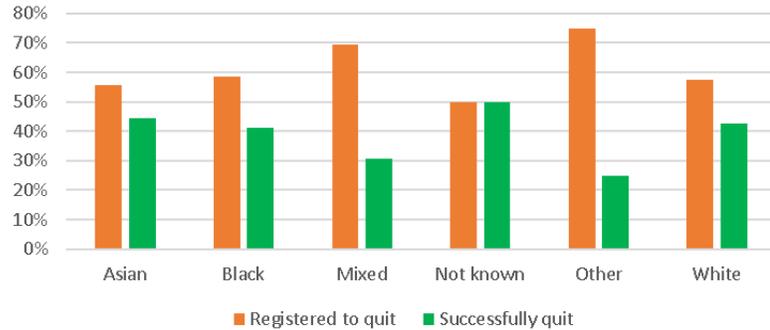
There is a downward trend in all the age bands shown for current smokers in England, although a rise in the 18-20 and 21-24 age groups is noted in 2020.

Adolescents: Smoking

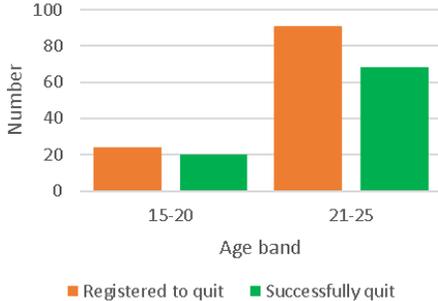
Inequalities

Percentage of those registered and those who successfully quit by ethnic group (aged 12-25) 2017-2020

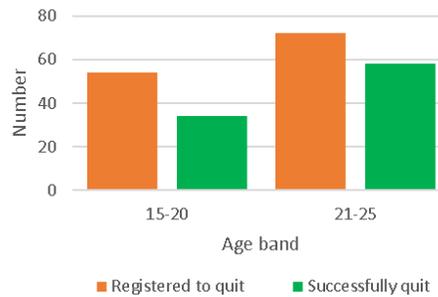
Source: PharmOutcomes



Females who registered to quit and those who quit successfully 2017-2020



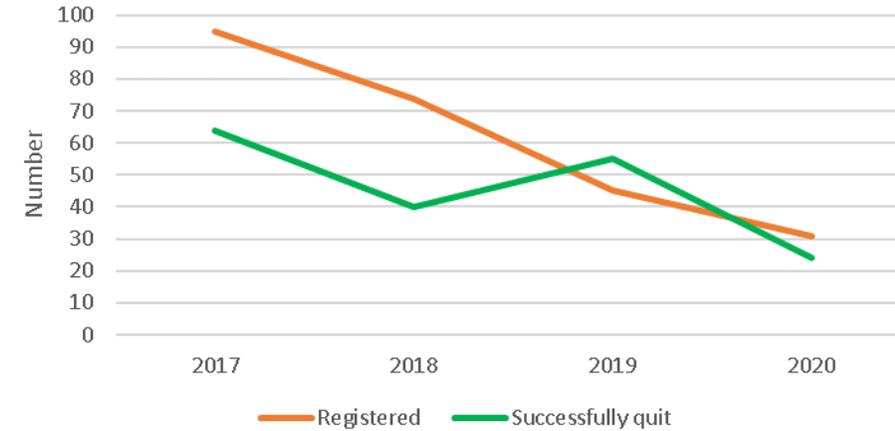
Males who registered to quit and those who quit successfully 2017-2020



- The percentage of females who successfully quit out of those who registered was slightly higher at 43% than males (42%)
- The proportion of females who successfully quit out of those who registered to quit was slightly higher in the 15-20 age group than the 21-25 (45% compared to 43%)
- The proportion of males who successfully quit out of those who registered to quit was higher in the 21-25 age group (45% than the 15-20 age group (39%))
- Of those where ethnicity was known, the highest ethnic group who successfully quit were of Asian ethnicity at 44% followed by White at 43%

Time trend

Number of CYP aged 12-25 who registered and numbers who successfully quit by year



Forecasting future need

Childhood is a time when most people become addicted to nicotine. Local data on adolescents and smoking is sparse. Future forecasting would look to explore levels of smoking among adolescents in Newham, at what age they become smokers and the factors which influence onset of smoking. In order to influence attitudes, we would look to identify preventative measures well before age of onset.

Strategic implications

- Newham is currently devising a CLear Local Tobacco Control Assessment to inform the local action plan
- This plan will help to inform where there are gaps in the data that will help with future planning of services

Adolescents: Alcohol and Substance Misuse (0-17 years)

Why this is important

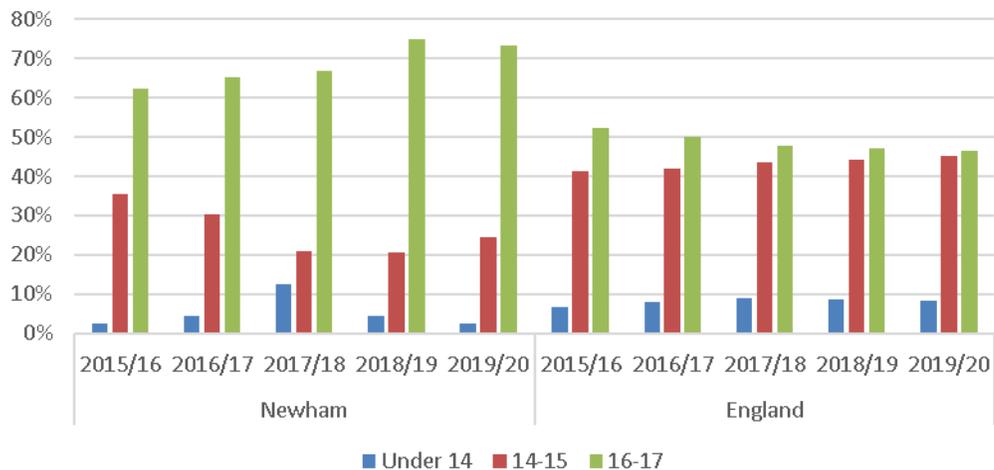
Young people's drug and alcohol use is especially concerning as it may cause damage to the developing brain, interfere with normal developmental challenges and further exacerbate existing problems for those who are vulnerable.

Local context for Newham

- As can be seen in the graph below, Newham has a much higher percentage of 16-17 year-olds in treatment compared to England out of all in treatment aged 0-17
- A majority of referrals in Newham comprise of older adolescents referred via the Youth Offending Team (YOT), as can be seen in the graphs on the right. Compared to London and England, this is a high percentage of the referrals
- The high number of referrals from the YOT means that the system is primarily offering treatment and support for young people who have already developed a level of substance misuse

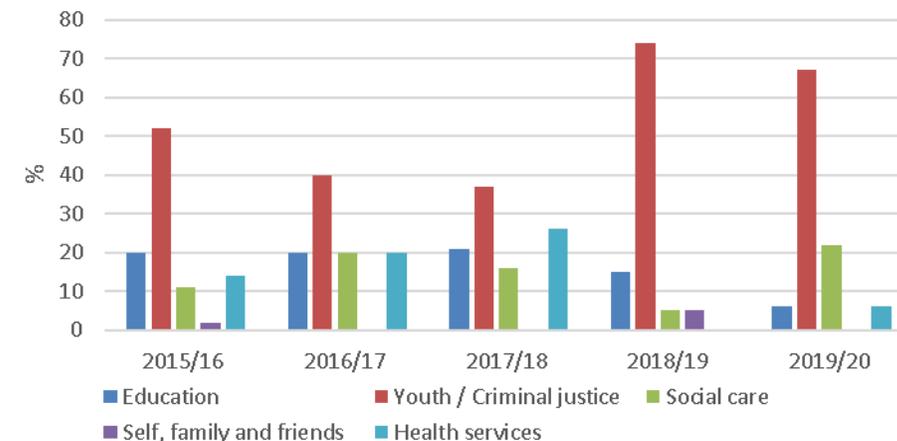
All in treatment by age - Newham compared to England

Source: NDTMS



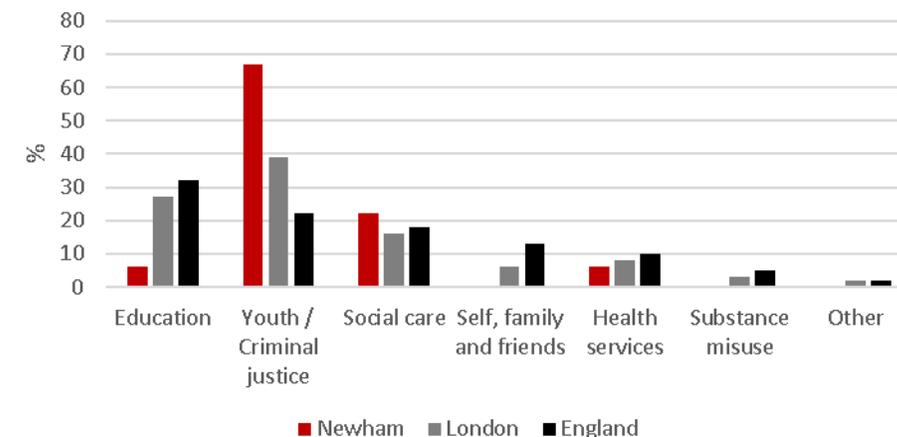
Source of referral for young people 0-17

Source: NDTMS



Source of referral for young people 0-17, 2019/20

Source: NDTMS

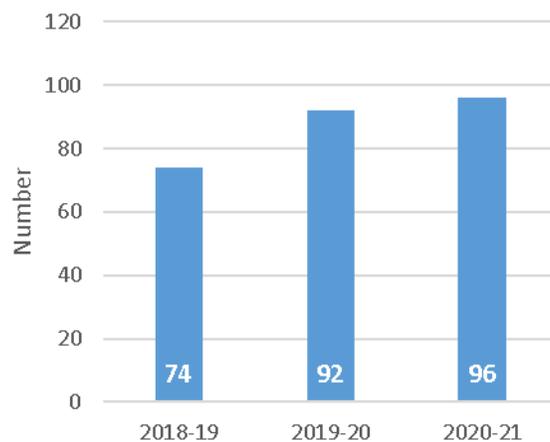


Adolescents: Alcohol and Substance Misuse (18-25 years)

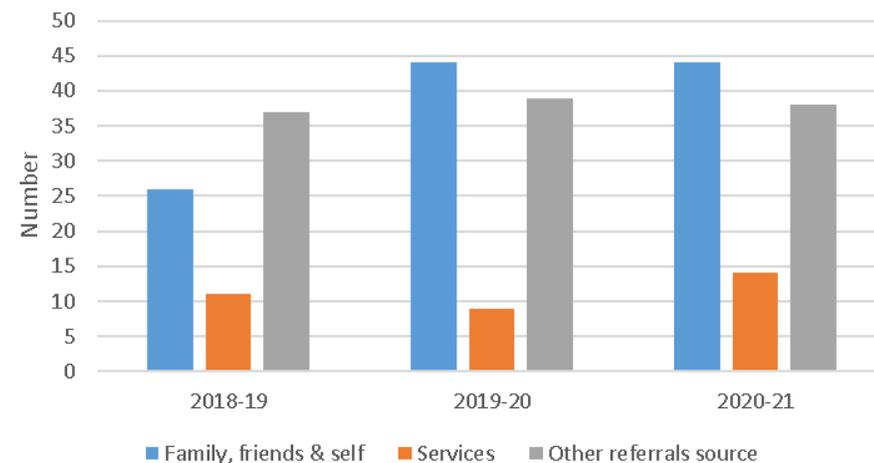
Local context for Newham

- The number of adolescents engaging in structured treatment in Newham are slowly increasing each year since 2018-19
- Referrals into treatment from family, friends and self are much higher than from the education or health services
- The majority of service users in treatment are for non-opiate use and non-opiate & alcohol use
- Mental health need, parental and/or pregnancy and housing support have been identified as major vulnerabilities with this age group

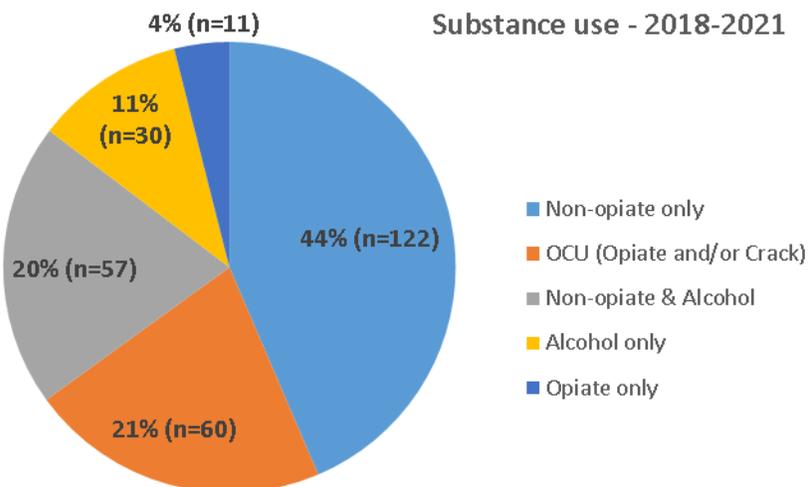
Adults aged 18-25 in treatment at CGL Newham



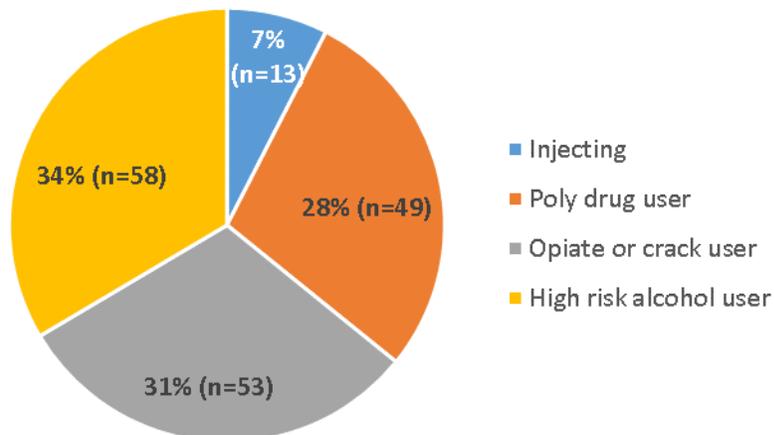
Route of entry to the service - all in treatment



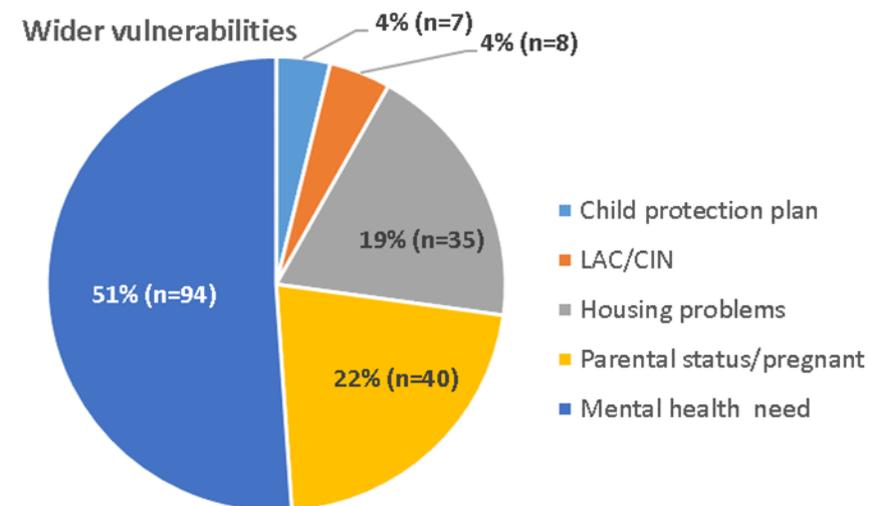
Substance use - 2018-2021



Substance misuse specific vulnerabilities



Wider vulnerabilities

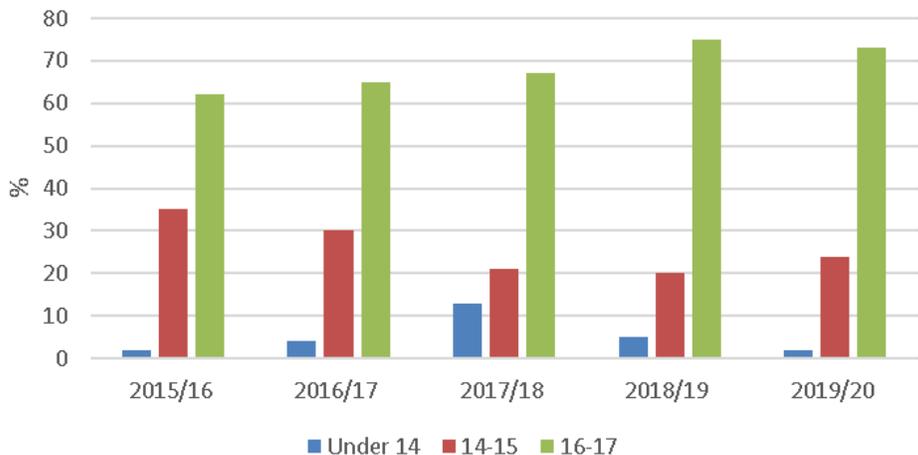


Adolescents: Alcohol and Substance Misuse (0-17 years)

Inequalities

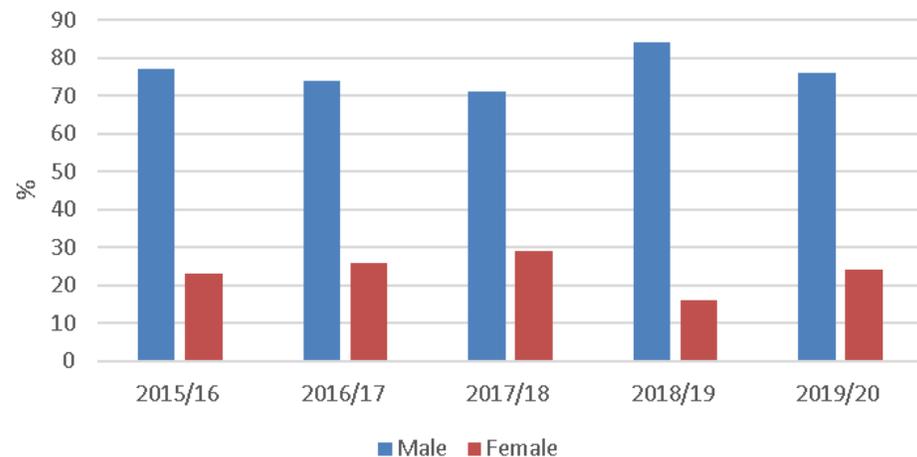
Age breakdown of young people in treatment

Source: NDTMS



Gender breakdown of young people 0-17 in treatment

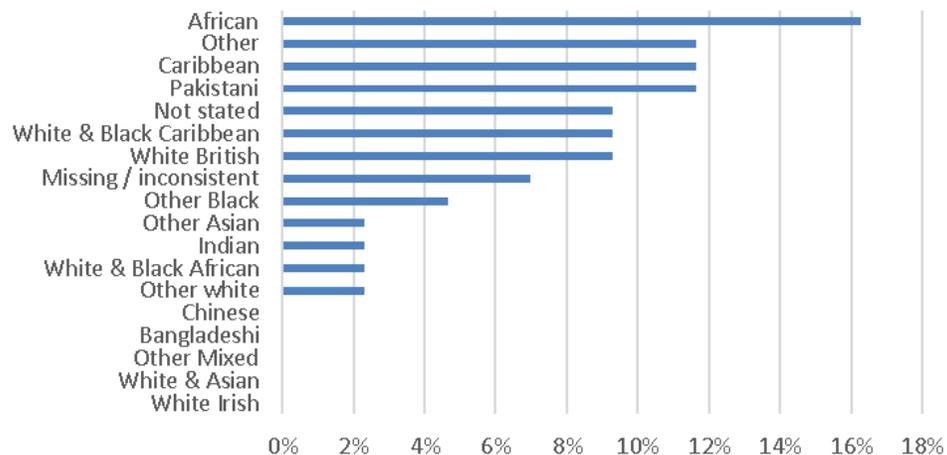
Source: NDTMS



- There are considerably more males than females in treatment
- The majority of those in treatment are aged 16-17 years
- There was a fall in the percentage of 14-15 year olds in treatment from 2015/16 to 2018/19, rising slightly in 2019/20

Ethnicity of young people in treatment, April - Dec 2020

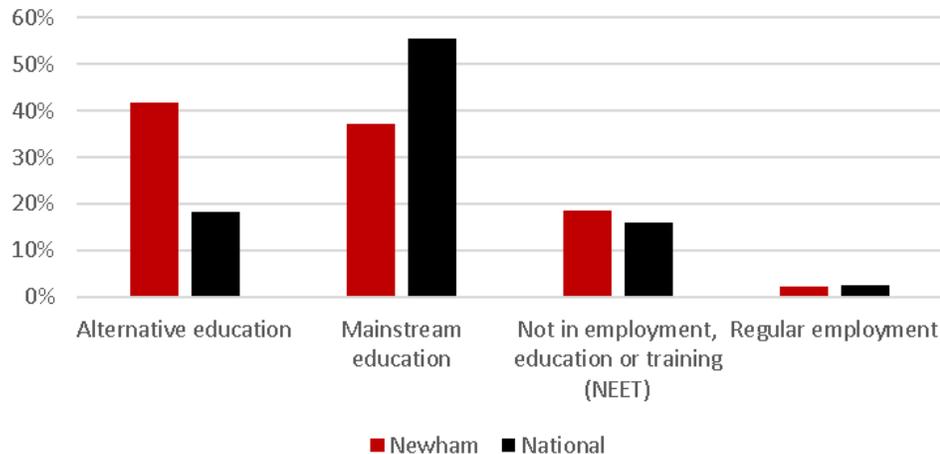
Source: NDTMS



- Adolescents of African ethnicity accounted for the highest percentage of young people in treatment April – December 2020

Education, Employment and Training

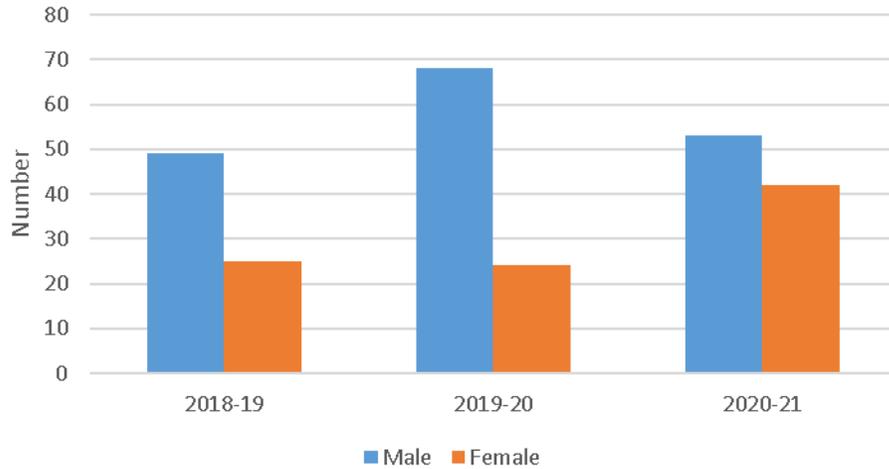
Source: NDTMS



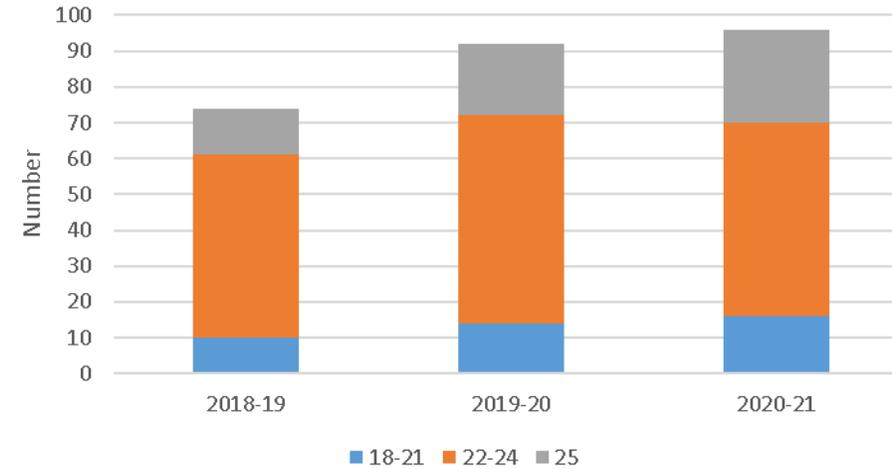
Adolescents: Alcohol and Substance Misuse (18-25 years)

Inequalities

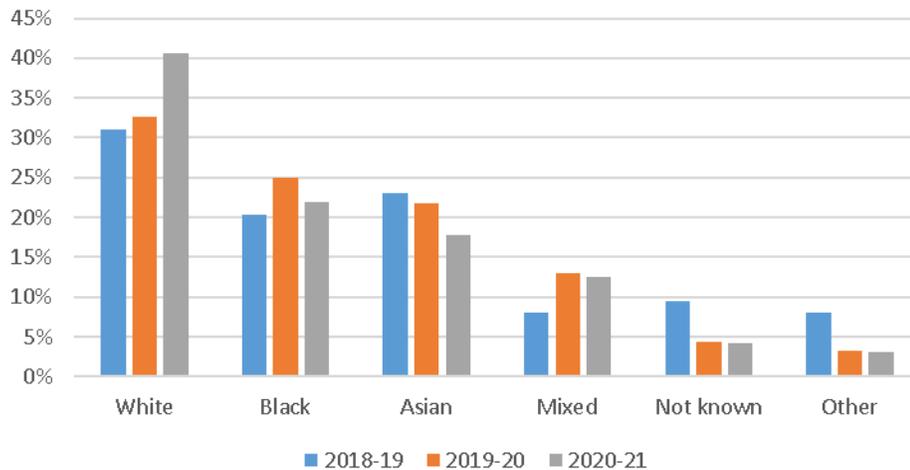
Gender of 18-25 year-olds in treatment



Age of those in treatment



Ethnicity of those in treatment

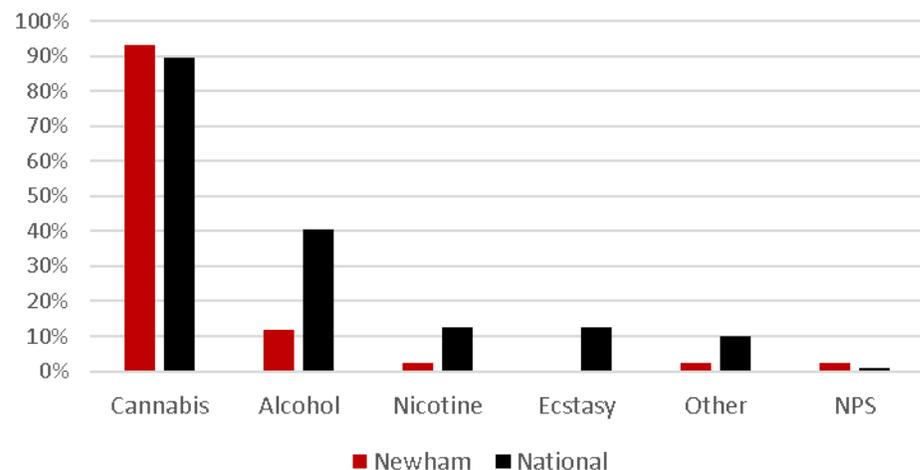


- The number of males in treatment is consistently higher than females although the gap narrowed in 2020/21
- The number of those in treatment overall rose slightly in 2020/21
- Those of white ethnicity account for the highest percentage of those in treatment and the percentage rose in 2020/21 from over 40% compared to around 32% in 2019/20

Adolescents: Alcohol and Substance Misuse (0-17 years)

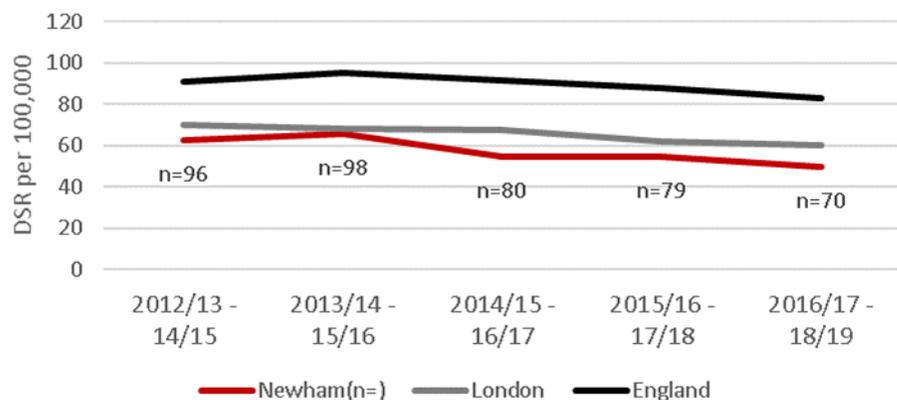
Type of substance misuse

Substance use 2020



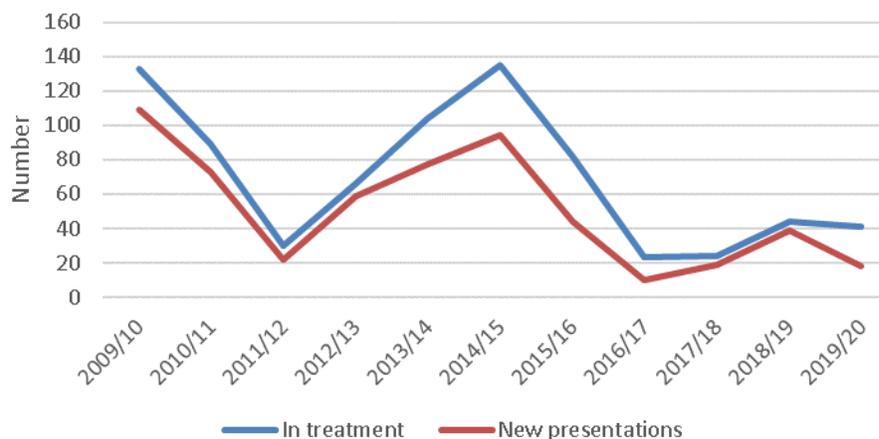
Hospital admissions due to substance misuse (15-24 years)

Source: HES via Fingertips, PHE



Time trend

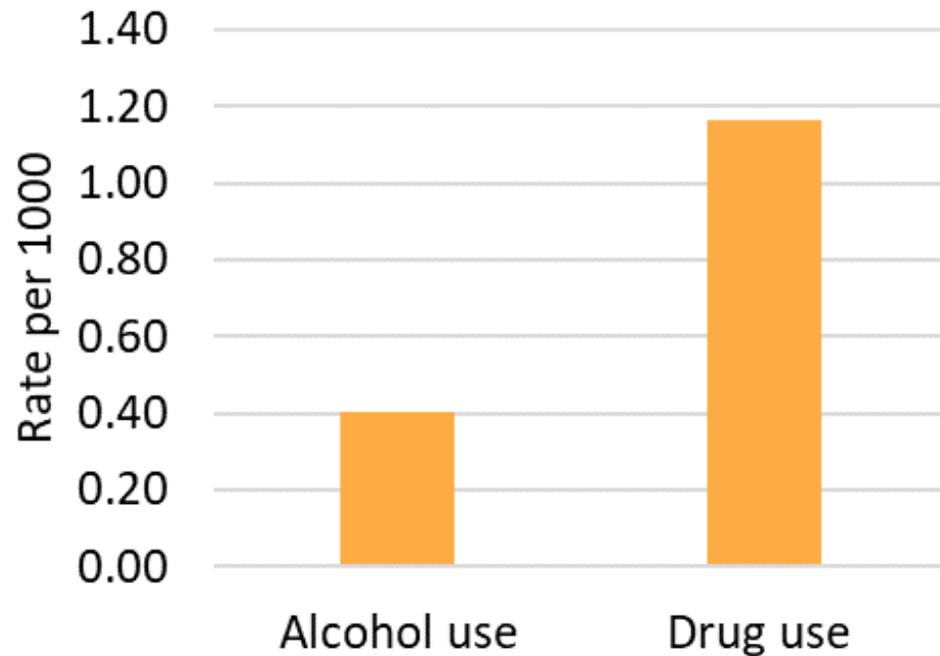
Young people (under 18) in treatment
Source: National Drug Treatment Monitoring System



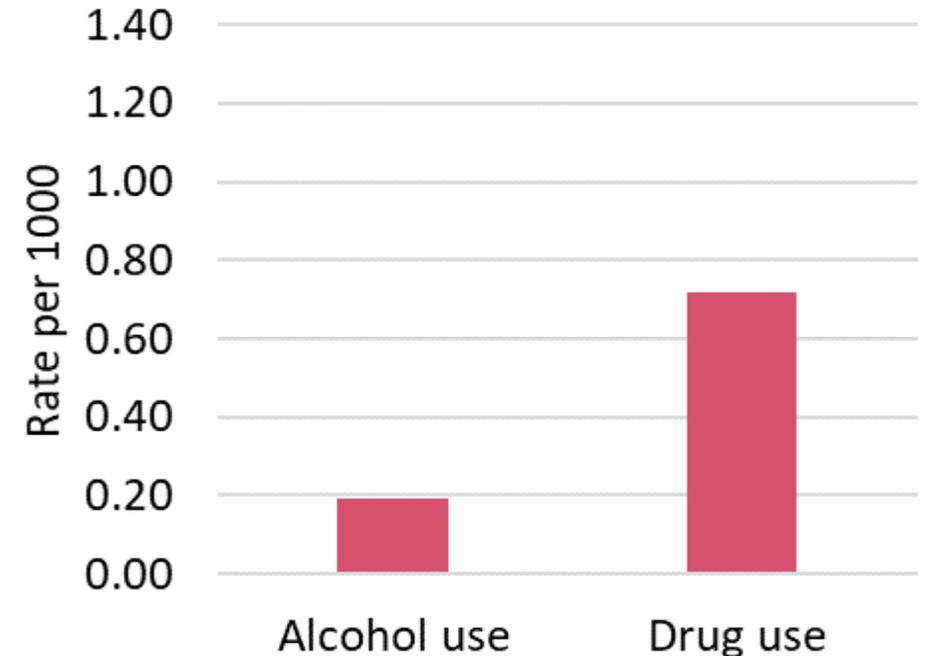
Strategic implications

- There is a need to look at increased work with the Youth Service and schools in order to improve referrals from other sources
- There is a need to increase work with the mental health services and children & family services
- There is also a need for increased provision to support the 18-25 cohort specifically within the adult service. This is being explored in terms of having a dedicated 18-25 young adult worker at CGL Newham
- Additionally, there is also a need to improve the prevention part of the offer, particularly with younger adolescents and pre-teens
- There were plans for the service to expand some of the work with schools prior to Covid, however that was curtailed by the epidemic
- Current funding levels will limit the expansion of the service however
- Current data availability is limited, therefore a strategic objective to look for other data sources or information to help understand needs across all our young people would be helpful

Number of non-elective emergency admissions per 1000 population due to alcohol and drug use – 2019/20



Number of non-elective emergency admissions per 1000 population due to alcohol and drug use – 2020/21



Why this is important

- Children entering adolescence brings new risks and experiences
- Violence, abuse and exploitation can take different forms as children get older
- In addition to bullying and extreme discipline, adolescents may face gender-based violence, intimate partner violence and violence from gangs or armed groups
- Adolescents who grow up in neglectful homes, belong to minority groups or identify as LGBTQI or those with disabilities are especially vulnerable to violence and abuse

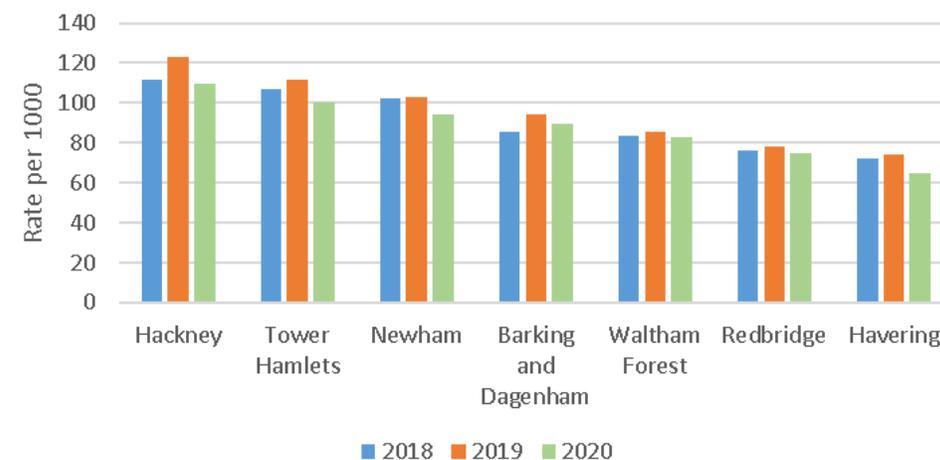
Source: UNICEF

Local context for Newham

- The Youth Safety Board was set up in March 2019 in order to identify and accelerate actions to improve safety for CYP who live, work or study in Newham
- The Crime rate in Newham, like other boroughs in the NEL region, fell during 2020
- The highest crime groups in Newham are violence and theft, both accounting for around a quarter each of all offences
- Between 2018 – 2020, a third of violent crimes resulted in injury (33.6%) and two-thirds (66.3%) did not
- Between 2018-2020, 22.8% of thefts were from a person
- The main reason for stopping CYP up to 24 years old in Stop and Search was for suspected drugs, accounting for around two-thirds of all searches, with weapons, points and blade offences the 3rd highest at around 8%
- Violence (including common assault, actual bodily harm and grievous bodily harm) accounted for just under 1% of reasons for Stop and Search

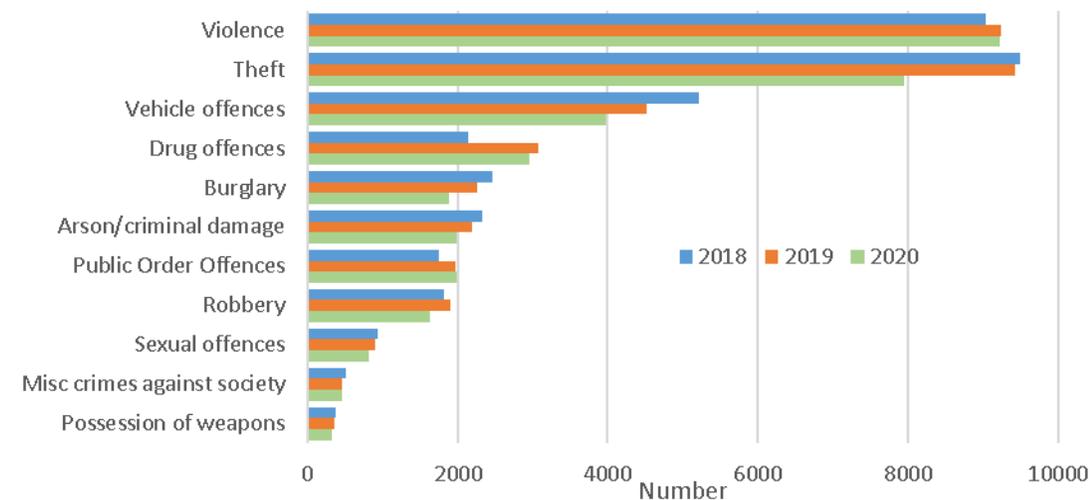
Crime rate by borough in NEL region

Source: Met Police Stats



Offences by Group - all ages (Newham)

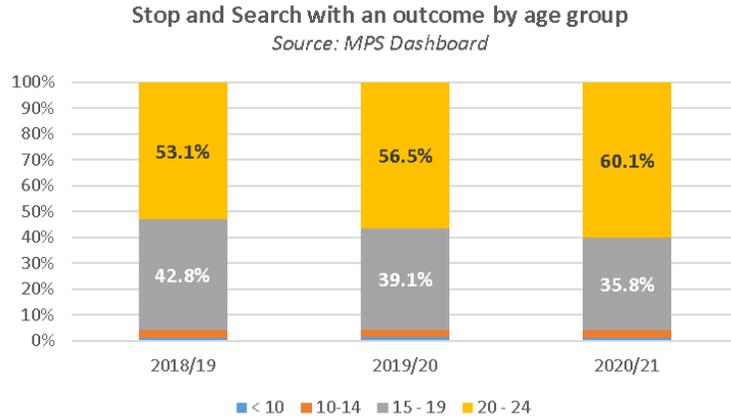
Source: Met Police Stats



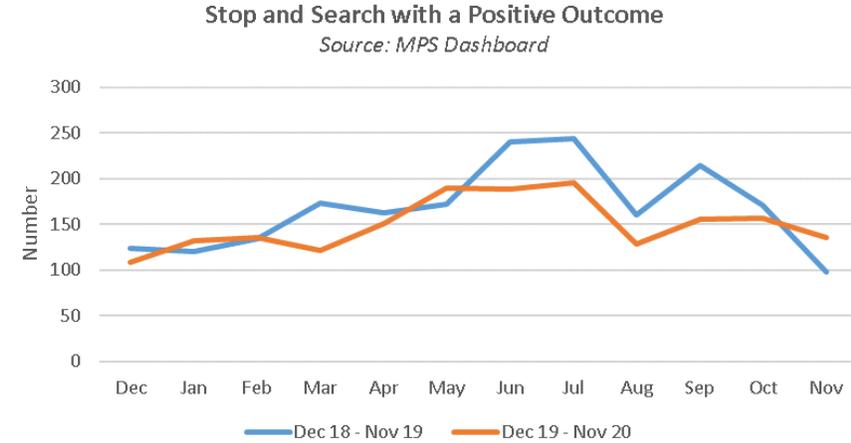
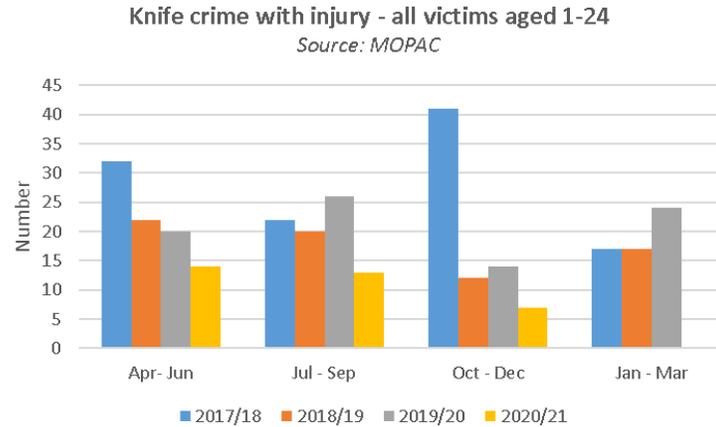
Adolescents: Safety

Inequalities

- Over half of those involved in Stop and Search were aged 20-24
- An outcome / positive outcome is where the stop and search isn't recorded as blank or No Further Action



Time trend



Forecasting future need

The Mayor of Newham's Youth Safety Board Report (March 2019) recommended the following:

1. More work should be done to make public spaces and public transport safe for young people in Newham.
2. There should be better information for young people and their families about keeping safe and positive activities, and how to get support, including after serious incidents. Services should work with all of Newham's diverse young people and communities to promote trust and tackle inequality.
3. There should be more youth services, cultural, sporting and leisure opportunities where young people can safely enjoy themselves and develop their potential.
4. When children have had a difficult start in life, they and their families should get support as early in childhood as possible.
5. If there are any signs that a young person is vulnerable to harm, or if they are admitted to accident and emergency after an assault, or they are arrested, support should be available right away.
6. Schools and other services in Newham should work together to give young people who are at risk the right support to remain safe in school and do well, and to reduce exclusions.
7. There should be an adolescent safeguarding strategy so that all services work together to keep young people safe from exploitation and violence..
8. There should be more support for young adults who are at a high risk of being a victim or perpetrator of violence.

The Mayor of Newham's Youth Safety Board report one year on – with the Covid-19 pandemic – states:

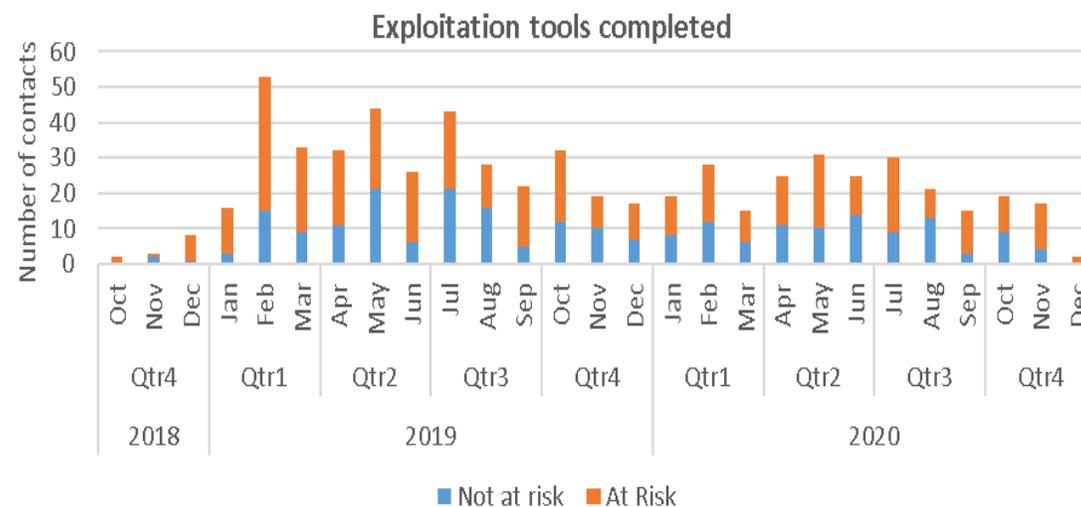
“Newham should be a place where every child feels safe, thrives and where they can reach their full potential though accessing all sorts of enriching opportunities. The Youth Safety Board produced an ambitious and positive agenda that is aimed at contributing to making Newham best place for child and young people.”

Why this is important

- Evidence shows us that young people who experience adversity in childhood, such as abuse, neglect, domestic abuse, poverty and parental substance misuse may be more vulnerable to harm and exploitation within their family.
- Young people face threats outside of family life, including sexual, physical, and emotional abuse in a range of contexts outside of home. Young people can be exploited by organised criminal groups via trafficking, online abuse, and the influences of extremism that lead to radicalisation

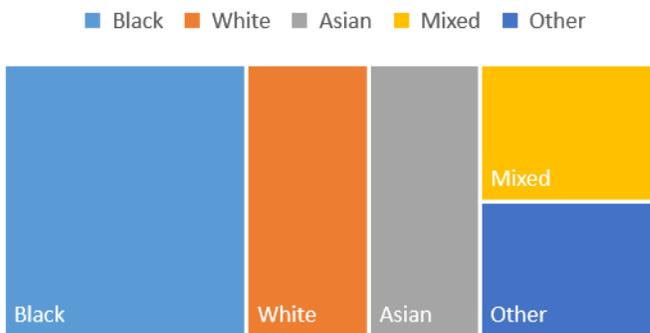
Local context for Newham

- 59 young people aged between 13 and 18 were referred for Child Sexual Exploitation (CSE) or Child Criminal Exploitation (CCE) between 2019 and 2020 (*Source: National Referral Mechanism*)
- Newham has had an exploitation screening tool since December 2018. It does not indicate the 'type' of exploitation but does identify whether or not 'at risk' of exploitation is identified
- As children will have repeat exploitation tools carried out (until exploitation is deemed to not be a risk or case closes) the number completed therefore does not represent the number of individuals
- A new exploitation screening tool is being piloted in Jan 2021, with plan for roll out to the partnership in Feb 2021



Inequalities

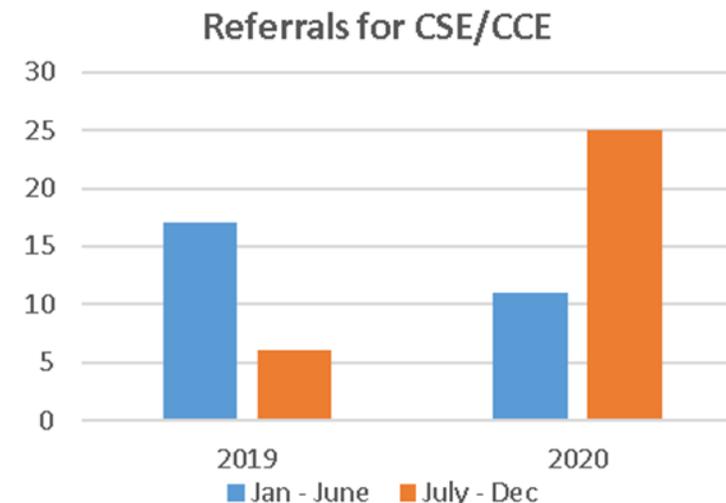
Ethnicity of referrals for CSE/CCE 2019-2020



Source: Azeus Social Care System

- 10% of referrals for Child Sexual Exploitation/Child Criminal Exploitation in 2019-2020 were female and 90% male
- 71% of referrals in 2019-20 were aged 16 or 17
- 37% of referrals were of Black ethnicity – 25% were Black African

Time trend



Forecasting future need

- It is expected that there will be an increase in reported cases of exploitation linked to improved awareness following the launch of the local strategy
- Easing of lockdown restriction may provide more opportunity for young people to be exploited through gangs and county line activity and give rise to an increase in the identification of hidden harm
- An increase in the amount of referrals around CSE and CCE followed the first lockdown. This could be due to delayed reporting and could potentially repeat itself following the second lockdown
- Newham has experienced a reduction in reported serious youth violence over recent years. It is unclear as to why this is and will require further research and investigation

Strategic implications

- There is a need to investigate the causes of disproportionality when it comes to forms of exploitation. For example young girls are reported at higher risk of CSE than boys. It is also particularly pertinent with regards to the amount of young black males who are reported to be at risk of CCE
- Adolescent exploitation strategy was created in the fall of 2020 with the aim of developing an improved partnership response to issues of extra-familial harm and contextual safeguarding
- Increased number and appropriateness of referrals is to be expected. This will enable us to recognise signs of exploitation earlier and apply appropriate interventions

Why this is important

- Wellbeing is defined in the Oxford English Dictionary as “*the state of being comfortable, healthy or happy*”
- Mental wellbeing can include talking about how a person feels, how well someone is coping with daily life or what feels possible at the moment
- Having good mental wellbeing doesn’t mean you are always happy or unaffected by your experiences, but poor mental wellbeing can make it more difficult to cope with daily life (*Source: MIND*)
- People with a higher wellbeing have lower rates of illness, recover more quickly and for longer and generally have better physical and mental health (*Source: Public Health England*)

Local context for Newham

Newham Youth Wellbeing Survey

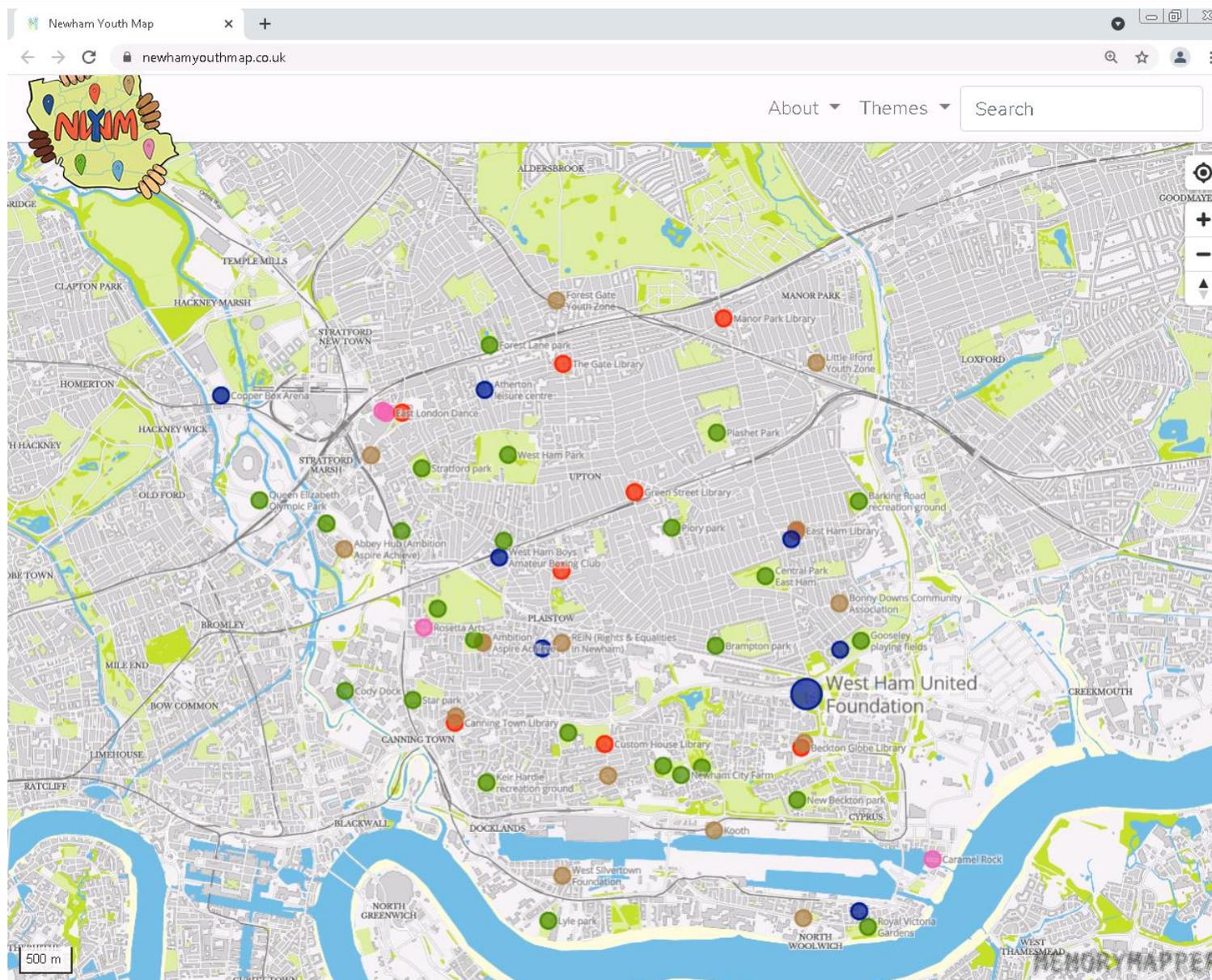
- The Newham Youth Wellbeing Survey was open for responses from 8th July – 27th November 2020
- It was delivered to better understand the experiences of children and young people in Newham during the coronavirus pandemic and lockdown period
- The council intends to use this information to improve how we support children and young people in these areas, especially during and after the coronavirus pandemic

Demographics

- The survey was open to children and young people aged 10 to 24 who live in Newham or go to school in Newham
- 120 responses were received to the survey
- A majority of respondents were aged 14-17 (77%)
- 48% of respondents said they were female, 33% male and 20% preferred not to give their gender
- 35% of respondents were Black, 20% Asian, 13% White, 10% mixed, 2% other and 20% did not wish to state ethnicity
- 48% were in years 5-11 and 43% in years 12-13, 3% at University and 6% not in education
- 86% attended school within Newham , 8% attended schools outside Newham and 6% were not in education
- Nearly 1 in 10 respondents (9%) stated they had a special educational need or disability

Newham Youth Map

- The Newham Youth map is a digital map of CYP Services/organisations in the borough
- It has been created by young people for young people, with targeted information
- The map is designed for any young person wishing to find out more about activities available to them in the borough
- Themes include:
 - Creative Arts
 - Libraries
 - Sports and Physical Activities
 - Parks and Outdoor Spaces
 - Youth Organisations
 - Events
- Clicking on the coloured dots reveals more information, including videos and clips from young people talking about the facilities available
- This is available via www.newhamyouthmap.co.uk



Chapter 7: Transition

- Adolescent transition into adulthood is a vital phase of life and experiences during these years can affect long term health, happiness and wellbeing
- Behaviours in adolescence can have a long-term impact into adulthood and therefore it is important that health promoting attitudes are adopted during these years
- Social inequalities such as substance misuse, violence/abuse and mental health issues are all areas in adolescent health that require interventions in order to promote health, happiness and wellbeing into adulthood (*Mental Health Foundation*)
- In areas such as substance misuse, the Young Person service can provide support up until the age of 21. However additional needs such as vulnerability may mean that transition to Adult services is not automatic, and discussions about each individual are made to ensure that the appropriate care is continued, either by transfer to Adult services or by remaining under the care of the YP service
- Substance misuse may increase due to domestic violence, family breakdown, redundancies and job losses
- Schools returning full time following the pandemic will increase referrals to the substance misuse service, with teachers and professional referring young people but also the effects of lockdown and the increased pressure on families
- Pupils with sensory issues such as hearing loss and visual impairment would receive assessments to assess their needs, which includes offering Travel training to familiarise pupils with routes during transition to their chosen Further Education establishments
- The process for families of young people with long-term complex medical needs, neurodisabilities and SEND from children's to adult services can be complex and concerns have been raised over pathways into adulthood for this cohort of young people
- Young people with Social, Emotional and Mental Health (SEMH) needs are significant, accounting for 14% of children and young people aged 14-25 . There is a need to ensure education leaders, particularly at secondary and Further Education level, are supported to develop access to learning and planning staff training and support, related to increasing incidence of both SEMH and autism
- Care leavers – Newham has a large number of children who come into care at an older age which impacts the support offered due to the increase pressure on the workload
- It is acknowledged that the pandemic has had a significant impact on young people; for care leavers looking for employment for example, support for them considering their additional needs and potential vulnerabilities may be reduced

Transition: Special Educational Needs & Disabilities

Why this is important

All children may experience learning difficulties at some point. For most, the difficulties are temporary and are soon overcome with help and encouragement from home and school.

The term 'Special Educational Needs' is used to describe learning difficulties or disabilities that make it harder for children to learn than most children of the same age. Children with Special Educational Needs (SEN) are likely to need extra or different help from that given to other children their age, known as special educational provision.

Children are not considered to have SEN just because their first language is not English.

Local context for Newham

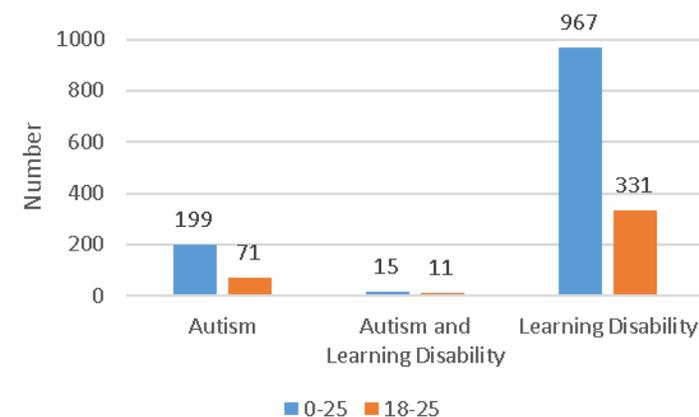
- The proportion of pupils with SEN in Newham schools fell between 2011 and 2018, but in 2019 rose slightly. In January 2020 there were 7,959 pupils with SEN, making up 12.2% of pupils aged 0 to 18 (15.4% nationally).
- In Newham in January 2020, 10.8% of pupils received SEN support (12.1% nationally) and 1.4% had an EHC plan or statement (3.3% nationally).
- Between 2009 and 2020 the number of pupils with statements or EHC plans increased approximately 82% (from 506 to 919) and the number of SEN support pupils fell by approximately 38% (from 11,419 to 7,040). Nationally over the same period the number of EHC plans rose by 39% and the number of pupils receiving SEN support fell by 25%.

Forecasting future need

The number of residents with autism and/or learning disabilities can be seen by age in the graph (right) gives an indicator of the likely demand for future needs as these children and young people age. The number of children with learning disability becoming 25 years old will fall over 5 to 10 years by ~80 people, before rising again by about 100 people (assuming no other population changes).

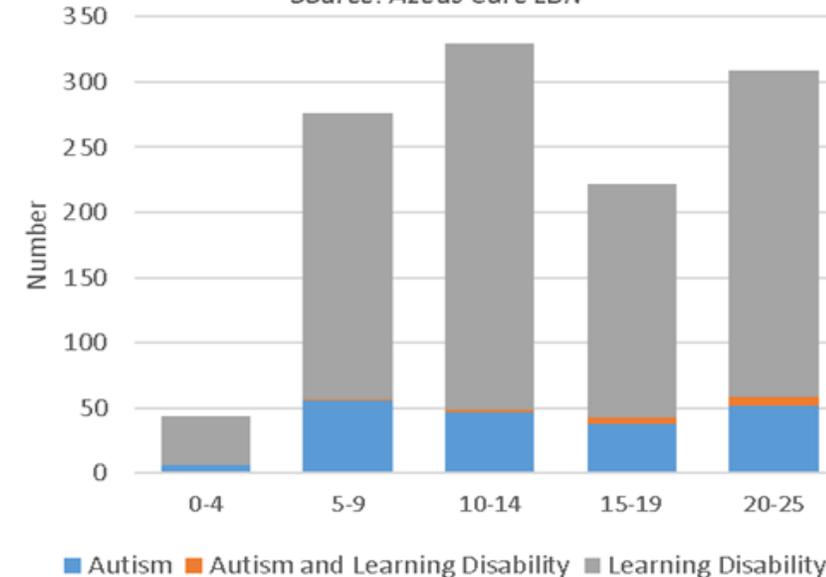
Children and young people with Autism and/or Learning Disabilities by age band

Source: Azeus Care LBN



Residents aged 0-25 with autism and/or learning disabilities by age band

Source: Azeus Care LBN



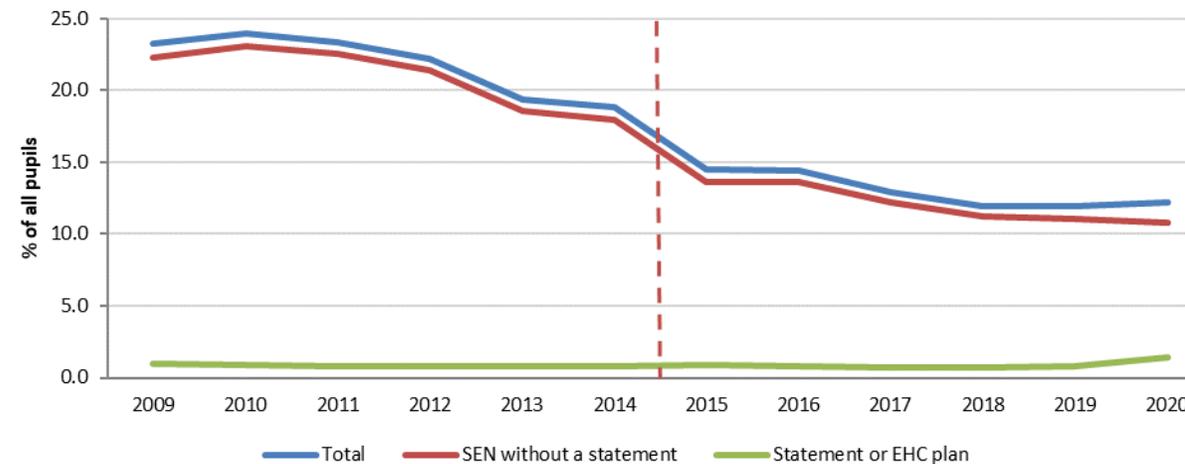
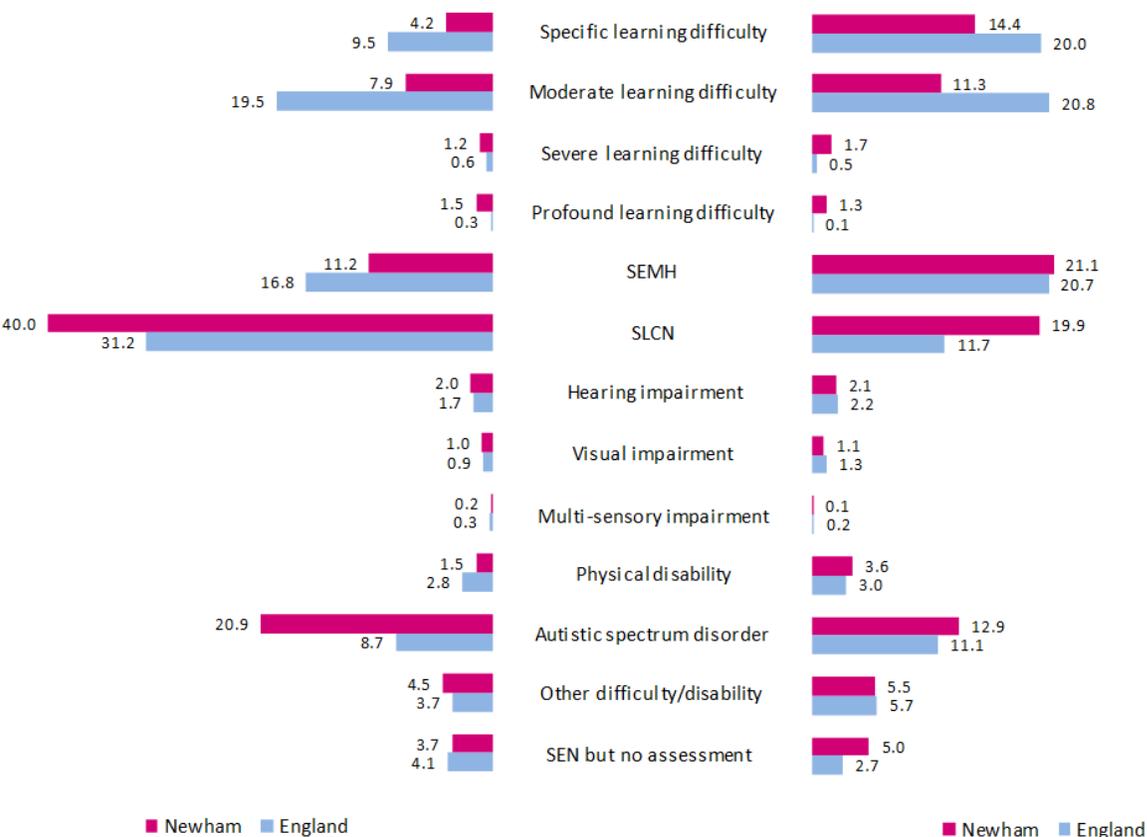
Transition: Special Educational Needs & Disabilities

Local context for Newham

Time trend

Primary schools

Secondary schools

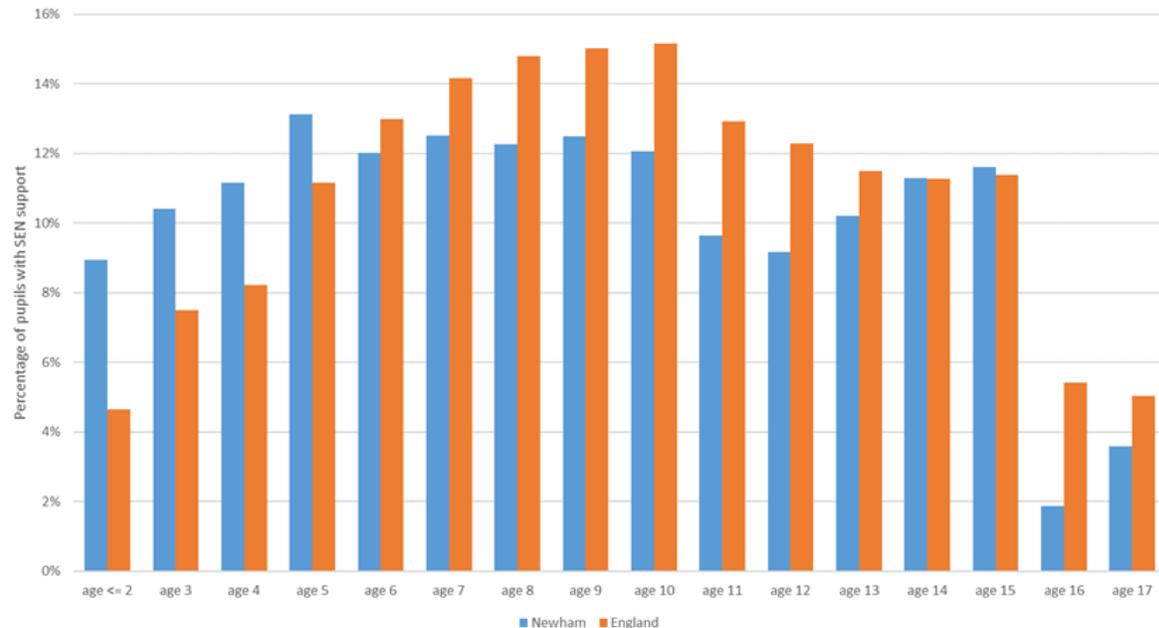


Time series showing the percentage of pupils with special educational needs

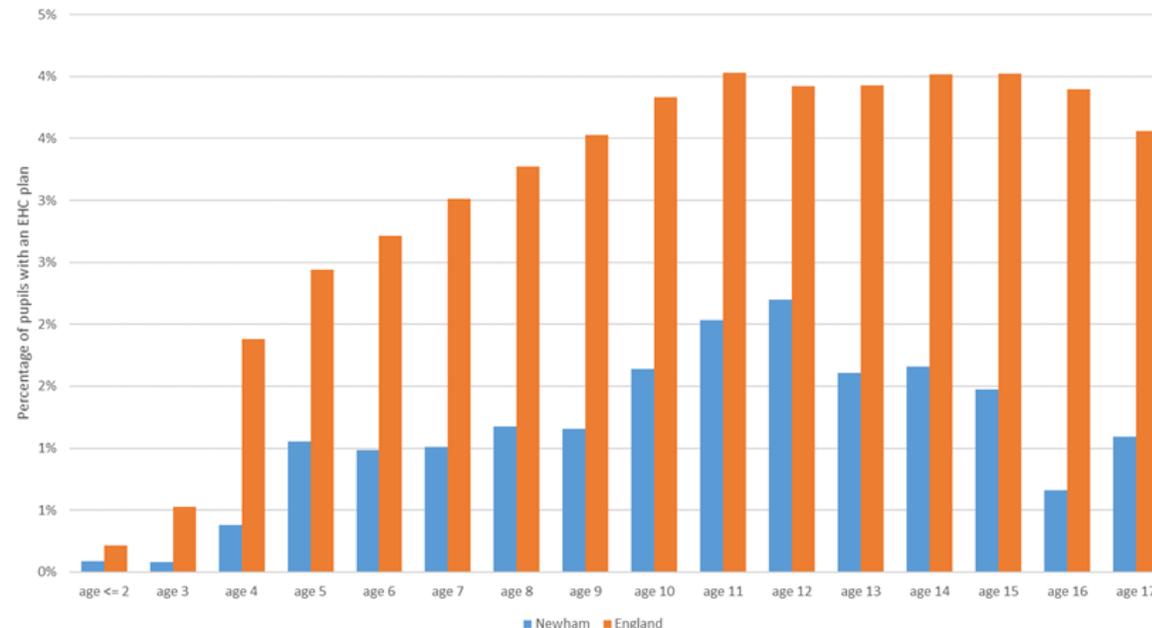
The proportion of pupils with SEN in Newham increased very slightly in 2020, reversing the previous downward trend. In January 2020 there were 12.2% of pupils with SEN, compared with 14.6% in England. The increase was driven by the rise in the number of EHC plans, as the number of students with SEN support fell slightly from 2019.

- Specific Learning Difficulties and Moderate Learning Difficulties are low when compared to national average
- Profound Multiple Learning Difficulties (PMLD) and Autistic Spectrum Disorder (ASD) are comparatively high.
- Newham primary schools have the highest proportion of PMLD and ASD children in England.

Local context for Newham



The distribution of pupils with SEN Support by age



The distribution of pupils with EHC plans by age

The substantial differences in distribution of pupils with SEN Support and EHC plans compared to England is clear.

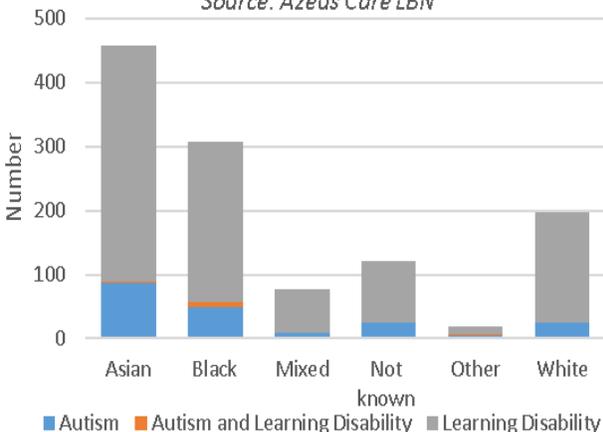
EHC plans are much less used in Newham compared to England. In children less than 6 years in Newham, SEN support is now more common than for England.

Transition: Special Educational Needs & Disabilities

Inequalities

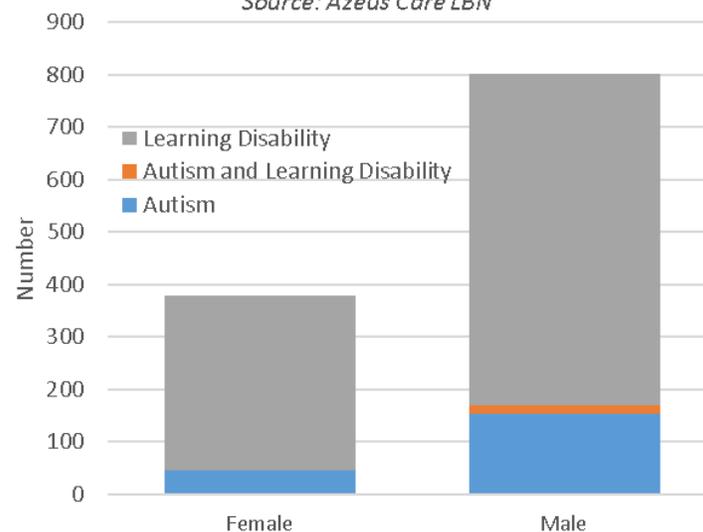
Residents aged 0-25 with autism and/or learning disabilities by ethnicity

Source: Azeus Care LBN



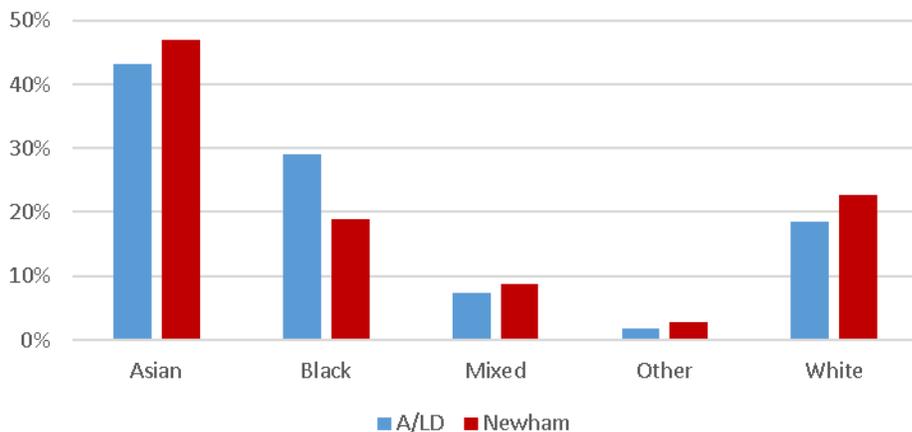
Residents aged 0-25 with autism and/or learning disabilities by gender

Source: Azeus Care LBN

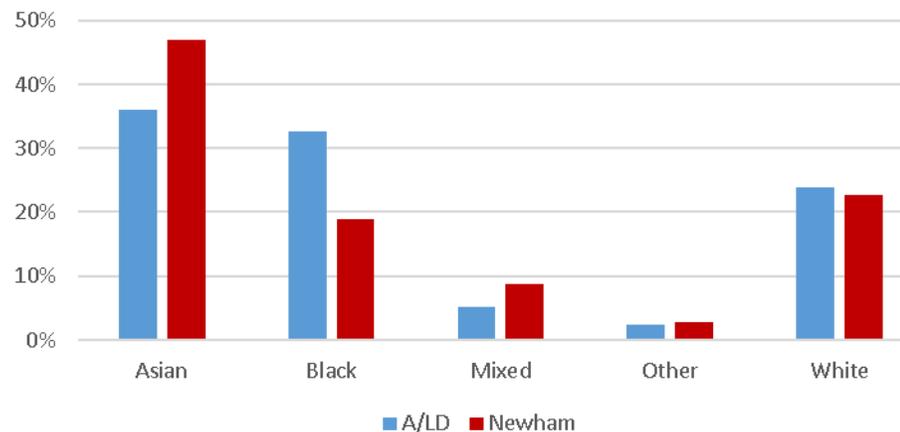


- The percentage of males is double that of females in the 0-25 year-olds with autism and/or a learning difficulty (68% males, 32% females)
- For the transition ages of 18-25, the percentage split is 60% males and 40% females
- Males are over-represented
- Residents of black ethnicity with autism and/or LD aged 0-25 are over-represented compared to the proportion of the Newham population
- For the transition ages of 18-25, those of black and white ethnicity are over-represented compared to the Newham population
- The current highest number of residents with autism and/or learning disabilities is in the 10-14 age band, accounting for 28% of all with autism/LD

Percentage of 0-25 year-olds with autism and/or learning disability compared to Newham population



Percentage of 18-25 year-olds with autism and/or learning disability compared to Newham population



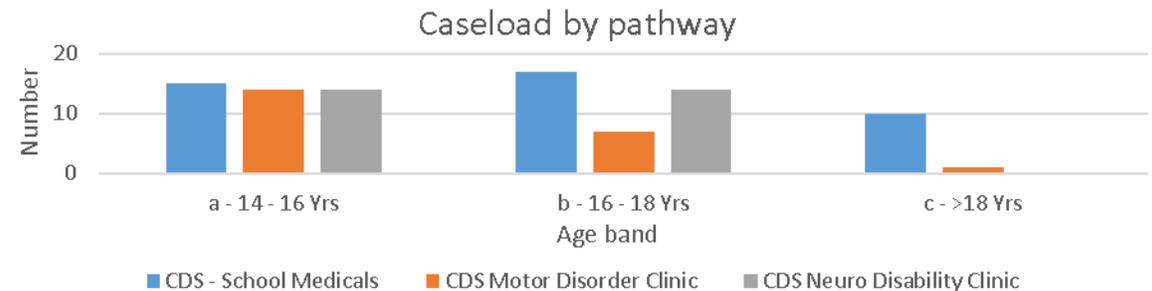
Data from Azeus Care is a snapshot at a point in time.

Why this is important

- The percentage of KS4 SEN pupils with SEN support going to, or remaining in education and employment: 89% (2018) and 87% (2019) – nationally 89% in 2019
- The percentage of KS4 SEN pupils with EHC plans going to, or remaining in education and employment: 84% (2018) and 86% (2019) – nationally 90% in 2019
- The percentage of 16-17 year olds with SEN in education and training as at 31st December: 89.47% (2018) and 87.93% (2019) – nationally 88.47 in 2019
- The national LeDeR programme has identified that action is needed to reduce early deaths of people with learning difficulties

Local context for Newham

- Around 90 young people with complex needs and SEND between age 14-19 years are currently being followed up by the Community Paediatric team
- Around half are attending the one special school in the borough, and the rest attend a mainstream school or college
- The process for families of young people with long-term complex medical needs, neurodisability and SEND from Children's to Adult services can be complex to navigate
- Parent Carer Forum has raised concerns over pathways to adulthood particularly into employment, and particularly where there are complex health, care and learning needs

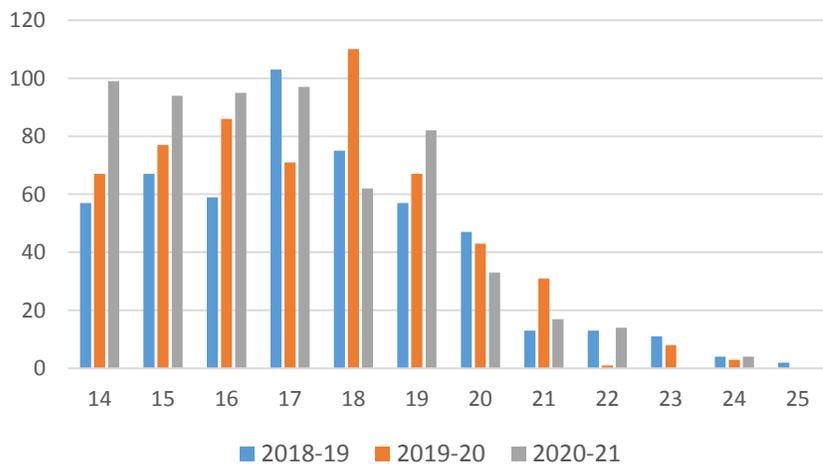


Inequalities

Age Group	2019-18	2020-19	2020-21
14-19	418	478	529
20-25	90	86	68
Total	508	564	597

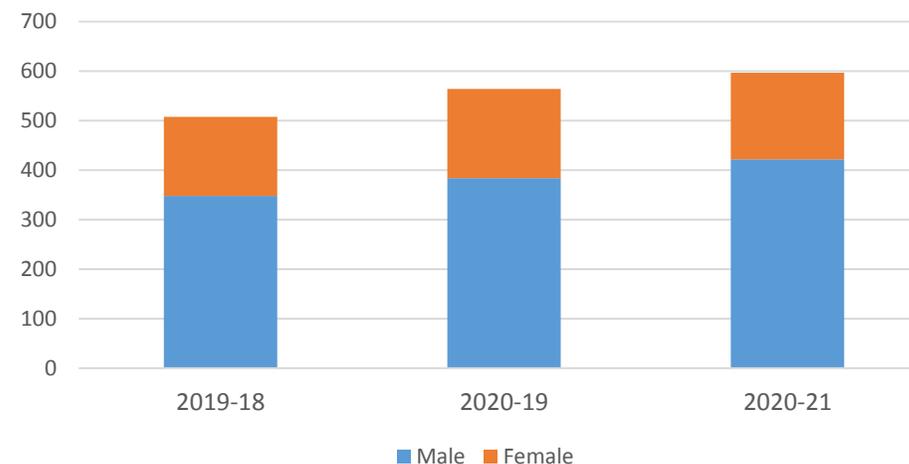
Age Group	2019-18	2020-19	2020-21
14-19	82%	85%	89%
20-25	18%	15%	11%

CYP with EHCP by age

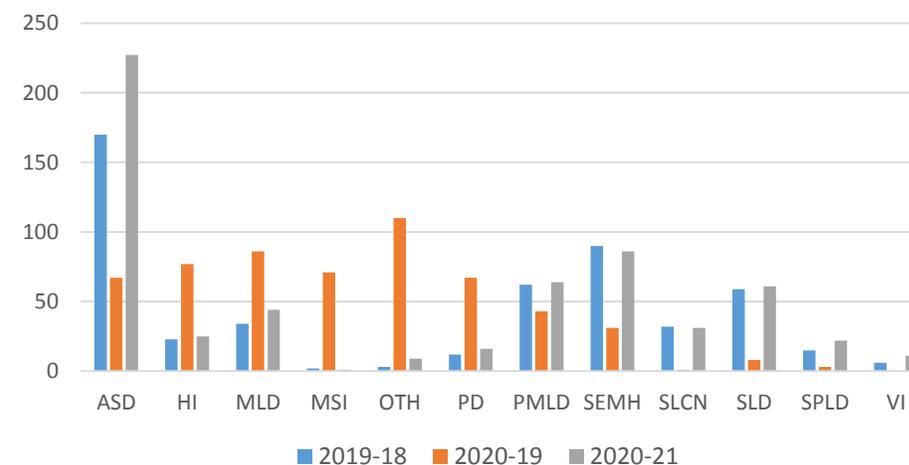


- A majority of SEND CYP are in the 14-19 age bracket with increases each year (89% in 2020/21)
- Over two-thirds of SEND CYP are male (71% in 2020/21)
- ASD in Newham is higher than national average and is one of the biggest challenges, represents the biggest primary need for those aged between 14-25 with 38% in 2020/21. SEMH (Social, Emotional and Mental Health) is also a significant need with 14% of CYP aged 14-25

CYP with EHCP by gender

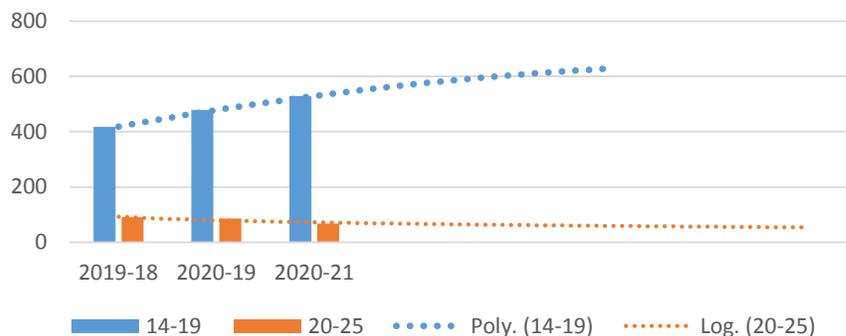


CYP with EHCP by primary need



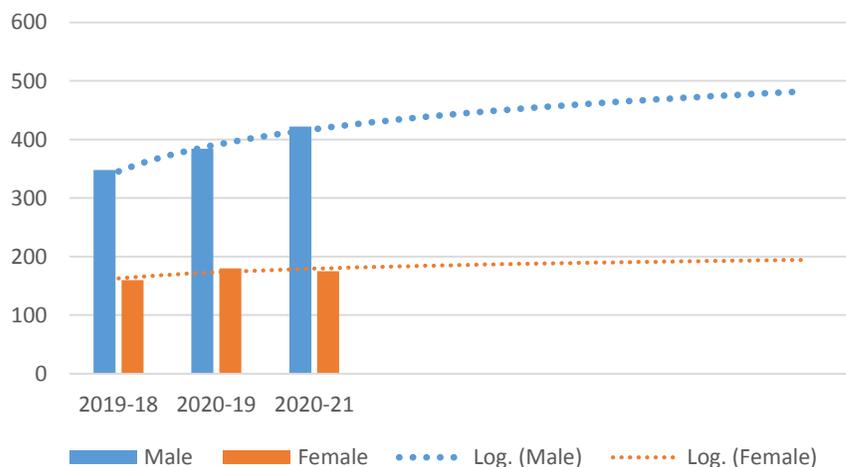
Forecasting future need/ Time trend

CYP with EHCP aged 14-25



Future forecasting expects CYP aged 14-19 to increase above 600 however CYP aged 20-25 is expected to decrease.

CYP with EHCP by gender



Future forecasting expects CYP increases in both male and female population with EHCP however the male population is expected for a greater increase in overall numbers.

These two cohorts of CYP are still new (statements ended at age 16)

Strategic implications

1. Joint commissioning focus on service planning from children's to adult services particularly for young people with complex health needs, and for increased use of individual personal budgets for personal care and independence
2. Increase access to 14+ annual health checks and identify early opportunities for other preventative measures indicated by LeDeR programme
3. Need for an increased range of pathways from 18 to include supported internship for young people with EHCPs, work with local employers on job carving and work experience schemes, and apprenticeships- review options available through e.g. local authority and CCG to offer such options
4. Improve support and impact of effective transition planning at the year 9 annual review and develop improved partnerships between schools, especially special schools and FE providers as part of an FE area wide review
5. Ensure education leaders, particularly at secondary and FE level, are supported to develop access to learning and planning staff training and support related to the increasing incidence of autism and SEMH
6. Developing of parenting support for autism and SEMH at adolescence to work alongside early identification and parenting support in these areas
7. Short breaks and care packages to continue to develop opportunities for community inclusion, physical and mental well being , self esteem and self-advocacy

Why this is important

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

Local context for Newham

Most of the referrals that the treatment provider (Change. Grow, Live (CGL)) receives are in the 18-21 years age category, tending to be Youth Offending Service clients who are under a treatment order. Unfortunately, once their orders are completed, service users tend not to want CGL ongoing (adult) support. Additionally, the vast majority of Young Person (YP) service users are Cannabis users and many of these decline transition to adult services. Typically they do not see their substance use as misuse that warrants further treatment.

The YP service can provide support YP to the age of 21. So far YP have not transitioned to the adult part of the service due to significant levels of vulnerability. CGL have a process which considers if a YP should transition into the adult service based on their needs and vulnerabilities rather than their age. The YP and Adult services have markedly different profiles of use and need so that transitioning a YP service user into the adult service needs careful consideration. So far, after much consideration and discussion between the service and the service users it has been decided that it is most appropriate to continue receiving support from the YP team.

Commissioners expect that transition from YP services to adults' services could be improved by the implementation of group work and other treatment pathways being designed just to accommodate young adults age 18- 21 adults and delivered jointly by YP and Adults workers. This would aim to cater for the unique needs of this cohort and to ensure vulnerable YP are not exposed to the complexities of much older substance misusers. Otherwise this could increase the vulnerabilities of these young people.

The adult service provides treatment from the age of 18 and currently 5% of the population in treatment are in the 18 to 24 years age range.

Inequalities

Males are over-represented in the YP service currently (x3 times as many males on the caseload as female). This is partly because most of the referrals still come from the YOS, however we are seeing an increase in referrals from Children's Services and Schools and the proportion is staying the same. The females who are referred to us and are engaging with are in general more complex cases, presenting with a wider range of issues – edge of care, potential for placement breakdown, poor mental health, CSE – this would suggest we are not being referred or coming into contact with the lower threshold less risky female YP's. This may be because female YP's are more socially skilled at hiding it, it is more taboo for them to engage in substance misuse particularly within some ethnically diverse cultures prevalent in Newham.

Ethnically White British and White Irish are under-represented and Black African and Asian Pakistani/Bangladeshi Males are over-represented.

LGBTQ YP are under-represented in treatment, only a small handful over the last year. This may well be stigma and fear of being honest, equally some may not be certain of their own sexuality yet. We have attempted to address this by setting up a LGBT group with the Youth Zones, and also set up one for the YOS called 'she' for female YOS clients but it is also promoted as being sensitive to the needs of lesbian and transgender YP.

Strategic implications

As a service, anticipated trends will increase pressure on the staff team to manage the increase in cases and the heightened risk. The YP/Families team will have to work more closely with the clinical team to manage possible increased poly-substance use, risk of sedation and overdose.

Commissioners need to continue working closely with the Police through the Complex Safeguarding Hub, other avenues and with the YOS. These partners are key to good risk management. Links with Youth Zones continue to be strong.

A strategic gap for Newham is the need for a closer working relationship with CAMHS. Some referrals are received from them with joint working on some cases but there is a need to engage more closely with them.

The team plan to engage with specific schools in the borough who have been identified as sending a lot of children to PRU's without referring to treatment services.

Drop-in clinics will be established in Newham's PRU's. New group services will be provided in each PRU following staff appointments.

Future trends

There has been a large increase in Hidden Harm referrals in the last few months since November 2020 (caseload increased by approx. x3 times since then), this coincides with the 2nd lockdown but also with the addition of a Hidden Harm Worker. Referrals are expected to increase as most will be coming from Children's services and the dialogue, queries and joint work is only increasing. A satellite service will also be offered that covers both young people and adults jointly, run by CGL Outreach & Engagement Team and Young People/Families Team.

Schools returning full-time will increase referrals, not only because more contact with teachers and professionals who may refer young people to the service but the pressure of a year of lockdown on families. Substance misuse may increase due to Domestic Violence, family breakdown, redundancies and job losses once furlough ends. The number of young people with mental health issues is expected to rise and in addition, those having experienced trauma during this period that has been hidden from professionals. This may lead to an increase in drug/alcohol use and risk-taking behaviour.

Increased socialising is also expected over the summer when people are fully out of lockdown. It is expected that there will be numerous festivals, parties and unlicensed parties and young people will be looking to enjoy themselves and socialise after lockdown. This is expected to result in an increase in risky drug/alcohol use, unsafe sex and youth violence in Newham.

Increased use of transport means it will be easier for young people to be disguised during County Lines activities heightening risk to them also.

An increase in poly drug use has been observed during the pandemic and this trend is expected to continue.

Why this is important

A significant hearing loss can have a major impact on other aspects of a child's development – particularly on communication and social interaction skills. Since 80 per cent of communication is non-verbal, a child with impaired vision is at a huge disadvantage when developing interpersonal skills. Unable to discern the facial expressions of others, they cannot 'read' reactions to things they say and find verbal turn-taking very difficult. These children cannot learn by watching, only by doing.

Restricted vision also leads to restricted mobility. In a typically developing child, vision is a huge motivator: seeing a desired toy just out of reach prompts the child to stretch for it or crawl towards it, but the visually impaired child doesn't know the toy exists.

The development of play – leading to concepts such as conservation, classification and one-to-one correspondence – is also negatively affected by visual impairment. When a child cannot observe others at play, it limits their own skills.

Finally, independence and self-help skills are significantly delayed in a child with sight problems.

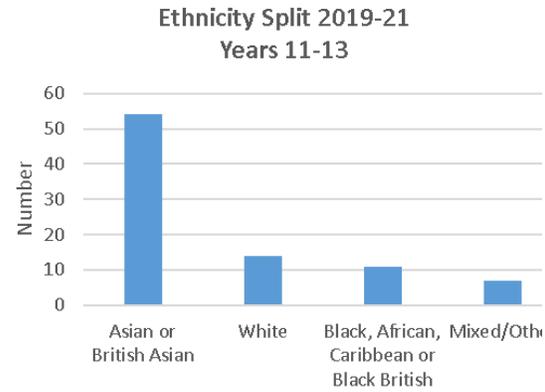
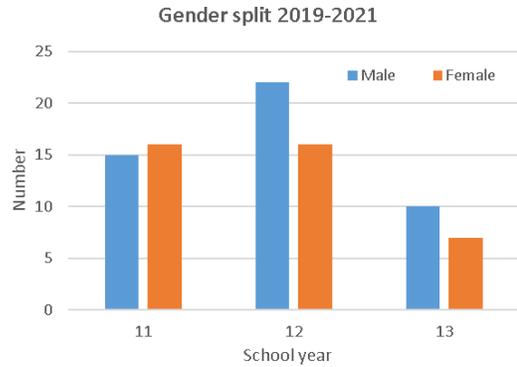
Sensory impairments impair learning by effecting access to educational resources rather than through inability to learn. People with sensory impairment may find it harder to communicate causing confusion and isolation. Dementia and hearing loss can also make people feel socially isolated, so having both conditions at once can be very difficult for someone.

Local context for Newham

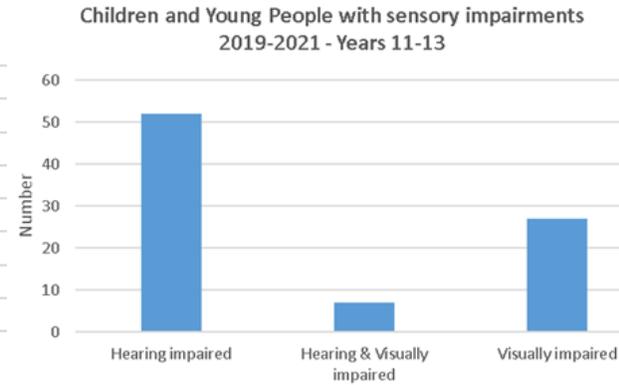
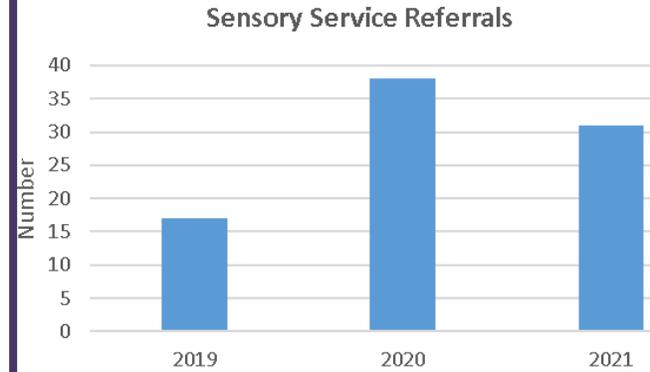
- The three groups that make up the Sensory Service are HI (hearing impaired), VI (visually impaired) and MSI (a mixture of hearing and visual impairment)
- These pupils would have received a varying level of support with their transition. This would have ranged from providing the most recent functional visual/hearing assessment which would include action plans to support their access to the curriculum. VI and MSI pupils may have received an ICT and/or mobility assessments to explain their equipment and mobility needs. Travel training may have been offered to VI/HI pupils to familiarise them with their routes to their chosen FE establishment
- These numbers have been gathered using the caseload database. An overview of the caseload is available and can be sorted by academic year, which is how plans for pupils transitioning between schools are developed
- The lower values in 2019 reflects the number of 15/16 year olds that year
- The 2021 figures reflect the current caseload that are in year 11

Transition: Sensory Service

Inequalities



Time trend



Forecasting future need

- The number of children with hearing impairment (primary need) in Newham has fallen from 2.3% to 2.0% (2017 to 2020), compared to 1.7% for England.
- Visual impairment prevalence has remained unchanged at 1.0% compared to 0.9% for England.
- Multi-sensory impairment prevalence has remained unchanged at 0.2%
- However the number of referrals to the Sensory Service has risen considerably over the last three years.

Data source: LB Newham SEN strategic dashboard, 2021

Strategic implications

- Funding is the largest concern as it links to what can be offered and achieved for this every growing cohort, whose needs do not cease at the point of leaving school age
- Clear pathways of support for students with Sensory Loss at Post 16 need to be established
- An equitable and transparent level of Support Allocation for this cohort needs to be determined
- Funded staffing capacity across the 3 specialisms for this cohort needs to be established
- Links with hospitals/clinics, educational settings, wider adult disabled services and organisations to support access/grants are needed-information sharing consents
- A development of processes for intervention support packages focused on P4A (the national Preparations for Adulthood and Independence) needs to begin
- SLA need to be created for all this cohort including Out of borough provision and/or agreements
- PSE and workplace access needs and assessment to be developed for this cohort (social connections groups for this cohort and their families set up)
- Reporting – early intervention in P4A from Year 9 is essential- feeding in SEN/EHCP objectives- Specialist training/monitoring and assessments of educational environments will be essential

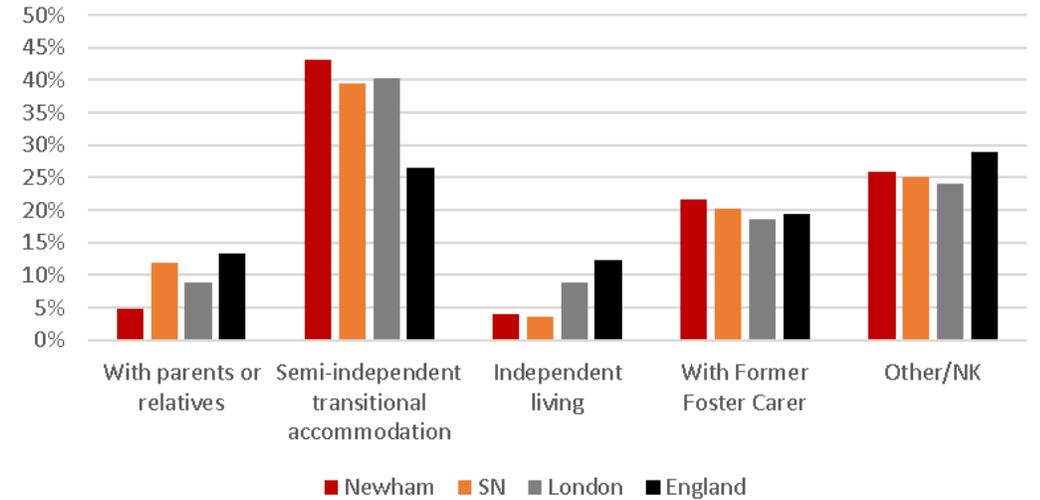
Why this is important

- Children who have been in care for a prescribed amount of time after their 14th birthday are eligible for Leaving Care services and support
- Recent changes expanded the eligible age range for these services

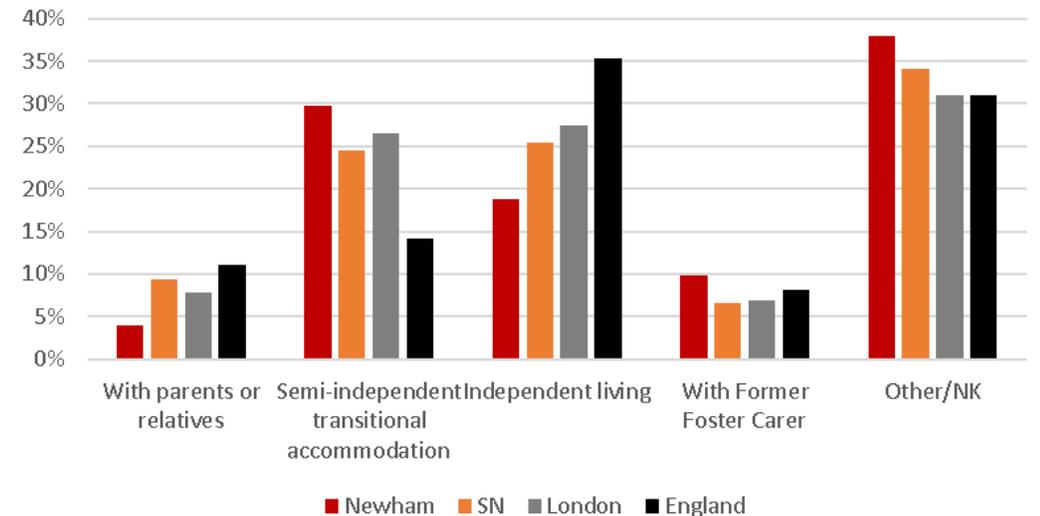
Local context for Newham

- The numbers of 19, 20 and 21 year olds eligible for a service has risen since 2015/16
- The numbers of 17/18 year-olds who have left care and are eligible for a service has fallen. This is a result of more young people staying in care until 18 only counted as eligible once they have left care
- The new eligibility criteria (22 to 24) has added a further 265 to those who are eligible for a service
- Accommodation: 17/18 year olds (leaving care during 2018/19) are in line with London and Strategic Neighbours (SN), Newham has a higher proportion in semi-independent accommodation and fewer in independent living ; Newham has fewer young people living with parents or relatives
- Accommodation :19-21 (leaving care during 2018/19) - the picture is similar to the younger age group with Newham (in line with SN and London) having a higher proportion in semi-independent living, however at this age group Newham has fewer young people in independent living than London, SN and England

Accommodation type - 17/18 year-olds (2018/19)



Accommodation type - 19-21 year-olds (2018/19)



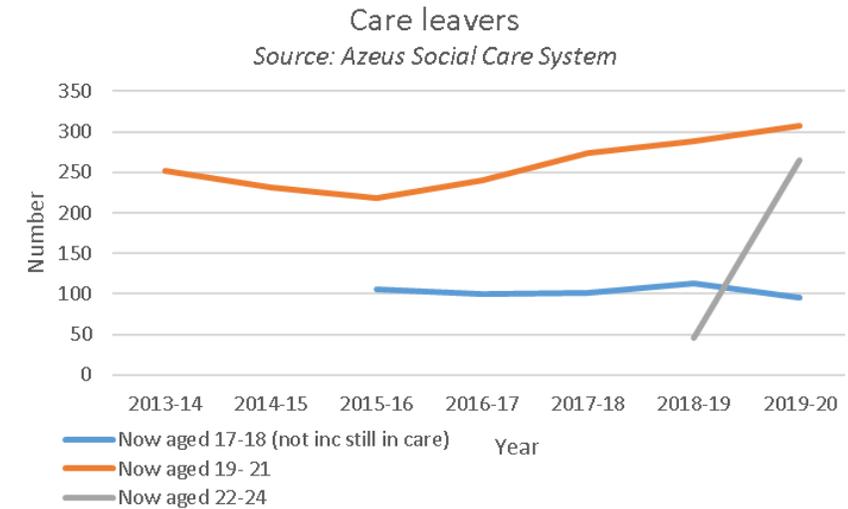
Transition: Care Leavers

Inequalities

- Gender: Males are disproportionality represented in this cohort with an overall figure of 40% female: 60% male, in the younger age range the males make up a higher percentage (possibly due to the recent increase in UASC)
- Age range: Numbers are spread evenly across the age range, with the exception of smaller numbers aged 17 (this is due to some eligible still being in care and therefore not counted yet)
- There are currently 184 children aged 17 or 18 who will be eligible for Leaving Care service once they cease being Children Looked After
- Ethnicity: White and Other children are over represented and Asian children are under represented, as per the ethnicities of Looked After Children

Time trend

The number of older children coming into care increased substantially from 2018/19



Forecasting future need

- As stated above, males, certain ethnicities and age groups are overrepresented within the Leaving Care population, as they have been in the Children Looked After population in Newham. This calls for a greater intersectional analysis and understanding of the impact of gender, ethnicity, poverty and access to support, education, training and employment in order to support care leavers, given the higher numbers NEET in Newham compared to statistical neighbours and nationally
- Further analysis and development of the support structure and Local Authority offer is needed given the new statutory requirements of support to care leavers being extended until they are 25 years old
- It is acknowledged that the pandemic has had a significant impact on young people overall, however care leavers have been impacted more so in some instances, particularly in employment options given their support needs and potential vulnerabilities. It must therefore be acknowledged that following the pandemic when additional supports are reduced, care leavers could potentially be further impacted negatively with regard to the support available to them

Strategic implications

- As Newham has larger numbers of children who come into the care at an older age, this has an impact on the support offered to care leavers as the service continues to grow consistently year on year
- This growth has an impact on resources and support due to the ongoing pressures overall on Local Authority resources
- Given the growing numbers of care leavers and pressures on resources, Newham will need to review and explore strategically how to continue to support care leavers given the new legislation
- The development of a robust Care Leavers Strategy will be needed, taking into account the growing population and declining resources

Chapter 8: Inclusive Newham

- This chapter covers areas that cross over ages of children and young people 0-25 covered in this JSNA
- This includes children who are looked after and children in need, accounting for higher levels of older children coming into care and the rising rate during 2020/21 following previously falling rates of children in need, as an example
- Asthma as a long term condition is included with the air quality in Newham contributing towards the higher rates for Newham than London and England for hospital admissions in the under 19s
- Special Educational Needs are broken down into the different areas of need and the prevalence of each in different school years (primary, secondary) along with a look at how needs differ by age, gender and ethnicity
- There is data around missing children, from care or home, and how the pandemic has impacted upon this due to the lockdown restrictions
- The effect on unaccompanied asylum seeking children is covered and the traumatic impact that this can have on their wellbeing
- The chapter covers young carers and the effect that this can have on children and young people including their mental health as well as their education, with a recognition that young carers are likely to have significantly lower educational attainment at GCSE level than their peers as well as potential health problems due to young carers being more likely to miss key health appointments and checks due to their caring responsibilities
- Young offenders are covered, looking at the importance of early intervention. The section also covers those with first offences, re-offending and those potential victims of modern slavery and exploitation
- There is a look at children with life limiting conditions, looking at services offered and care packages developed
- The chapter covers mortality, split into those aged 2-18 and 19-25 (mortality in the 0-1 year-olds is covered in Early Years) with a look at the most common causes of death
- Where data is available, it has been broken down to look at gender, age and ethnicity. It compares the proportion of the cohort of study with the Newham population, in order to identify where there may be areas of disproportionality

Inclusive Newham: Children Looked After

Why this is important

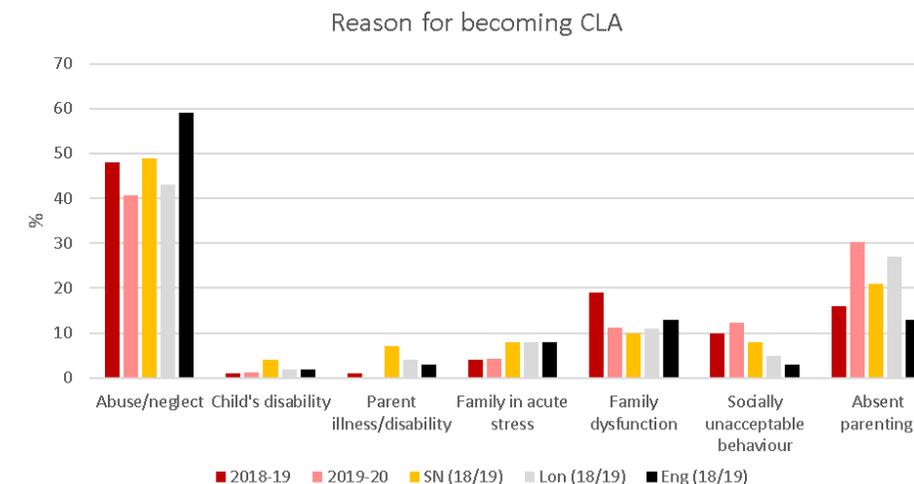
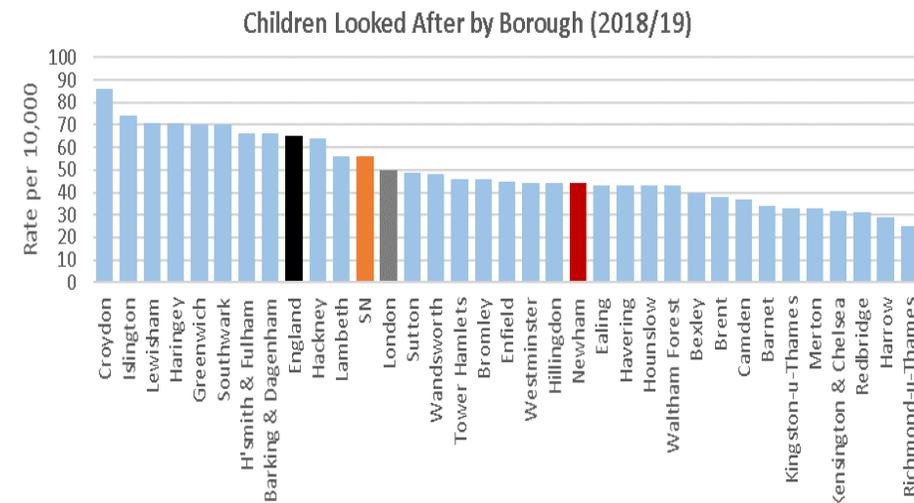
- The Local Authority has a duty to accommodate children if certain conditions are met under S20, Section 22 and/or under s31 (1) (a) of the CA 1989.
- Children come into the care of the local authority for a range of reasons, but typically it is as a result of abuse and neglect, absent parenting or adverse behaviours.
- Children typically come into the care of the Local Authority when the multi-agency network of support services have been unable to support children remaining safely in the care of their families.
- Health and wellbeing outcomes for children who grow up in care are proportionally lower than those of children within the general population, however when compared to children identified as Children In Need (i.e. children in need of safeguarding and support) some outcomes are improved overall through being in care, for e.g. educational outcomes

Local context for Newham

- Historically the rate per 10,000 of children who are looked after in Newham has been below England, London and SN averages. Whilst throughout 2019/20 this rose, in recent months we have seen a drop in numbers back to 2018/19 levels
- Legal status of CLA– Newham has proportionally more children who are CLA under a Section 20 agreement than the England averages but in line with London average and, when we take into consideration Unaccompanied asylum-seeking children (UASC), Section 20 are more in line (UASC are normally CLA under a Section 20)
- During the lockdown there were fewer children becoming CLA. This trend has continued, with fewer children becoming CLA per month this year compared to the previous year (average 19 per month 2019/20, average 14 per month 2020/21 YTD)

Reasons Children become Looked After

- Abuse or Neglect figures are the main reasons and a similar proportion to London and SN
- Absent parenting is above England averages but in line with SN and London (this is the reason usually used for Unaccompanied asylum-seeking children (UASC))
- Child or parent disability are rarely cited as the reason a child has become Looked After (low compared to comparators)
- Socially unacceptable behaviour is above comparators but has been falling as a reason

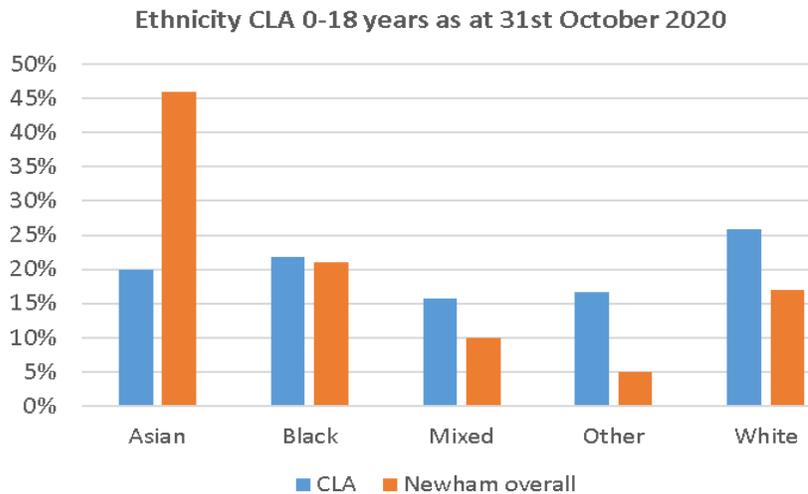
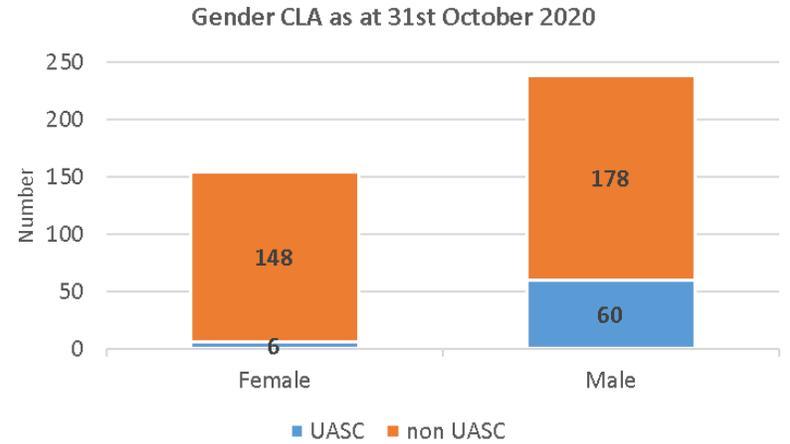


Abuse or neglect accounts for almost a half of all reasons for a children to become looked after

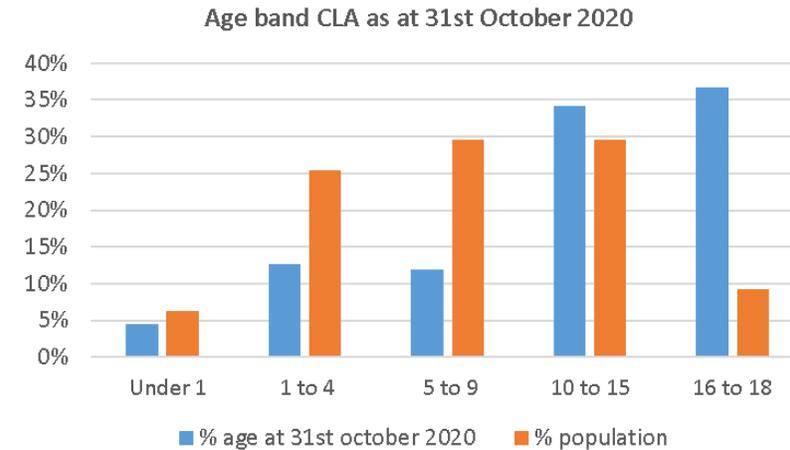
Inclusive Newham: Children Looked After

Inequalities

- **Gender:** Males are disproportionately represented within the CLA cohort with 39% female and 60% male (1% recorded as Transgender). However when we look at the difference between UASC and all others, this becomes less biased towards males, with UASC (9% Female: 91% Male) and all others (45% Female: 54% Male)
- **Age range:** A snapshot of the age range represented by Newham's CLA shows an extreme variation in the 16 to 18 age range. In the population, this range represents 9% of Newham 0-18 year olds, however within the CLA cohort this age group represent 37%. Even when the UASC (who tend to be in the older age range) are taken into account, Newham would still have 30% in this age range. Whilst these figures are also higher than SN, it is normal for CLA aged 16-18 to be represented higher than the general population
- **Age of becoming CLA:** Within Newham there is a higher proportion of starters in the 10 to 15 year old age range than with comparators. Whilst the proportion of starters in the 16-18 age range is higher than the England average, it is in line with SN and London
- **Ethnicity:** The percentage of CLA from Asian ethnic groups is far lower than would be representative of the general population, whereas Mixed, Other and White ethnic groups are over represented



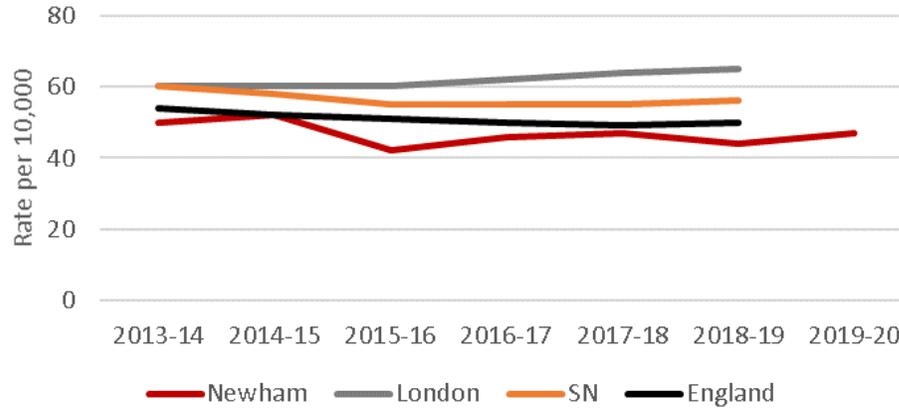
The proportion of Asian children who are looked after (20%) is low compared to the proportion of the Newham population (46%) but the opposite is true for White children (26% cf. 17%) and children of Other ethnicities (17% cf. 5%)



Time trend

Children Looked After

Source: DFE



The rate of looked after children in Newham has remained lower than London, England or other comparator Councils (SN)

Strategic implications

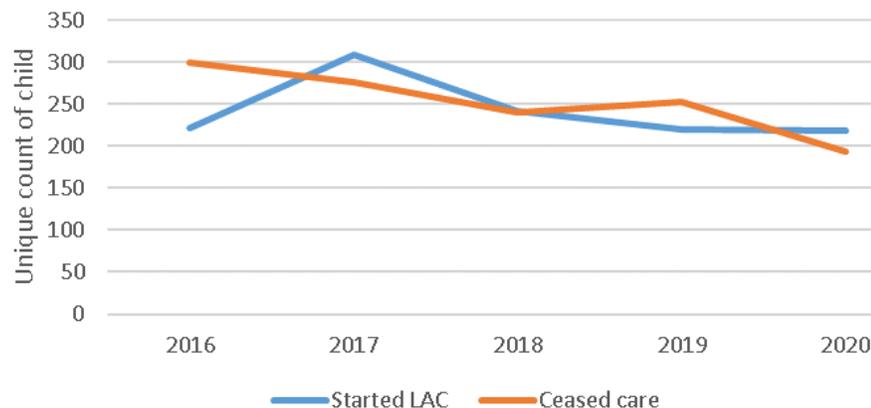
- Newham has a higher levels of older children coming into care. This Indicates the need for effective family interventions at an earlier point, when concerns are initially identified, to divert children and young people to remain in the care of their family and community networks where possible and safe to do so
- Children who come into the care of the local authority at an older age typically face poorer and more costly outcomes in human and financial terms than for those children who the local authority successfully supports to find permanency at an earlier age
- Males and certain ethnicities and age groups are overrepresented within the Children Looked After population in Newham, calling for a greater intersectional analysis and understanding of the impact of gender, ethnicity, poverty and access to support, education, training and employment is required to support children and young people to remain in the care of their families, networks and community

Forecasting future need

The number of children entering and leaving care in Newham has tended to fall over time since 2016

Children starting and ceasing to be Looked After during the year

Source: DfE CLA system



Inclusive Newham: Children in Need

Why this is important

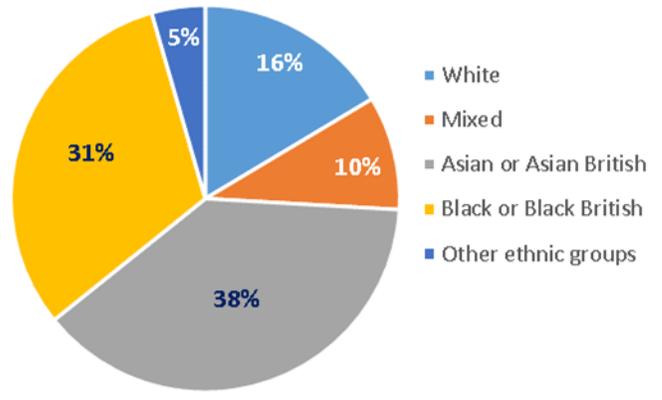
- It is the duty of the local authority to safeguard and promote the welfare of children within their area who are in need
- It is deemed that a child is in need if they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of children's social care services by a local authority, or if the child is disabled (DfE)
- At the beginning of 2021, just over 1,300 children in the borough were considered to be a child in need
- Without proper intervention at the time when a child is considered to be in need, the result can lead to further safeguarding concerns that will result in escalation to child protection or in them becoming looked after

Local context for Newham

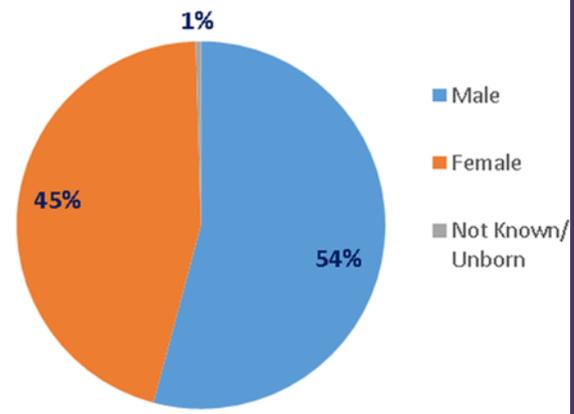
- The rate of children in need in Newham per 10,000 under 18 has continued to fall over the past two years from 456 per 10,000 to 371 per 10,000 though the rate is still higher compared to London and statistical neighbours
- Newham has higher numbers of children in the 10-15 year age bracket requiring statutory support in order to achieve what is assessed to be a reasonable standard of health and development
- The numbers of children classified as being in need has increased in the year between 2020-2021, despite referrals to children's social care having fallen overall in the Covid context
- Children can be deemed to be in need for a variety of reasons and information from children who go onto become looked after suggest that a higher proportion of children's needs are exacerbated as a result of abuse and neglect and/or absent parenting, with family dysfunction and socially unacceptable behaviours being more highly represented with the Newham context than elsewhere, when benchmarked against comparators
- Effective evidence based early intervention can be successful in providing support and preventing needs escalating to the point that a child is deemed to be in need
- Newham typically has a more transient and mobile community than comparators. The mobility and movement of families has been impacted by Covid Public agencies have worked tirelessly to continue to support vulnerable children during the pandemic however rates of children being identified as in need may have been impacted by repeated lockdowns and absence from school, for some children. Referral and notification rates are being closely monitored within this context

Inequalities

CIN Plan - Snapshot by ethnicity



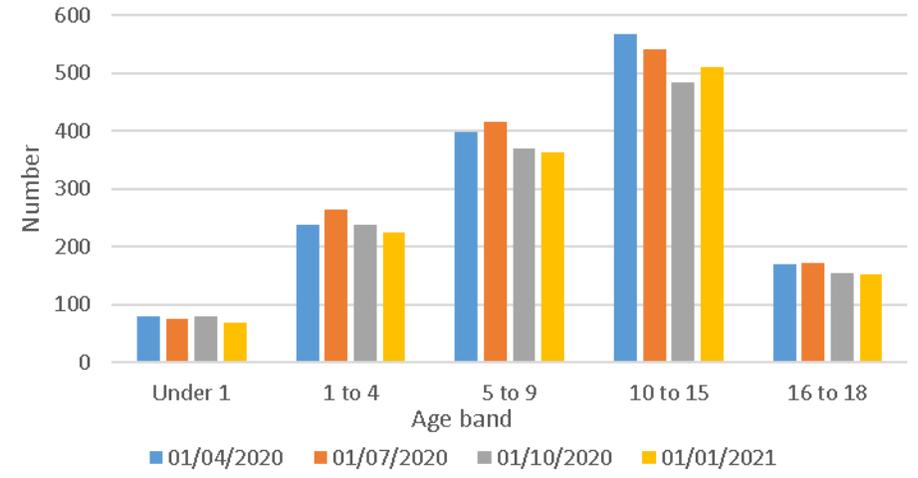
Gender Split



Black and Asian Groups are over-represented and White groups are under-represented. A majority of Children in need are male.

Time trend

Children in Need by ageband



Forecasting future need

- The rate of children in need at 31 March 2020 was 323.7 per 10,000 children, the lowest rate in the last 8 years (DfE). While the rates of Children in need has decreased, it shouldn't be discounted that the impact of Covid-19 may have adverse affects which will only be fully recognised during the recovery from this period of time
- It is acknowledged that whilst the overall numbers of children identified as being in need have dropped over time, that the complexity of needs presenting as requiring support have in some cases been caused by and in others exacerbated and children's lives made worse as a result of their experience of the pandemic
- Children's requirement for recovery and support is understood to be unlikely to follow a linear path within this context

Strategic implications

- As with our Children Looked After, disproportionate representation can be identified within our Children in Need cohort. However differentials in profile and ratio related to ethnicity are not replicated across the child's journey from community based support to becoming looked after
- Issues related to disproportionality can be ameliorated and addressed through taking a whole system approach that takes account of the effective delivery of culturally competent services, supported by a skilled workforce, provided at points when need is identified
- This will be promoted through a comprehensive Helping Early/Whole Family approach strategy and a collective and shared understanding of threshold to the provision of services to support

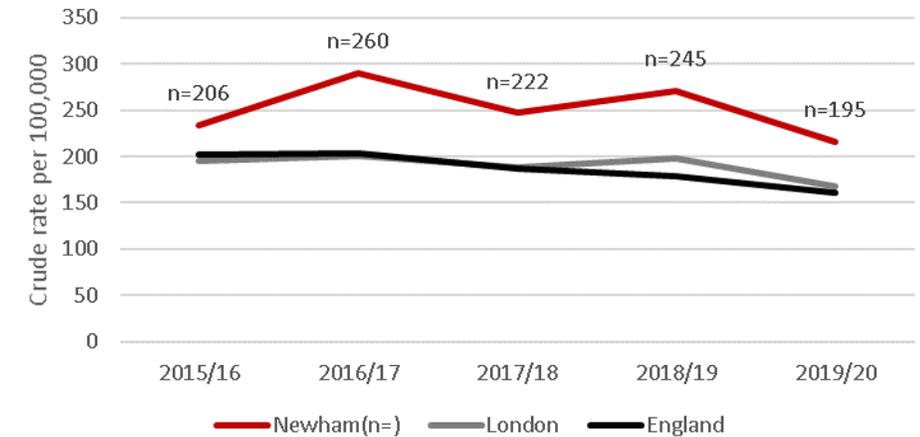
Why this is important

- Asthma is a common lung condition that causes occasional breathing difficulties
- There is currently no cure but treatments are available to help keep symptoms under control so that it reduces impact upon lifestyle
- Asthma in children can go away or improve during the teenage years but may return later in life
- Badly controlled asthma can cause problems such as:
 - Feeling tired
 - Underperformance and/or absence from school/work
 - Stress/anxiety/depression
 - Disruption to education/work due to unplanned visits to a GP or hospital
 - Lung infections (pneumonia)
 - Delays in growth or puberty in children
 - Severe asthma attacks can also be life threatening
- Severe asthma counts as a disability according to The Equality Act 2010

Source: NHS and Asthma UK

Hospital admissions for asthma (under 19 years)

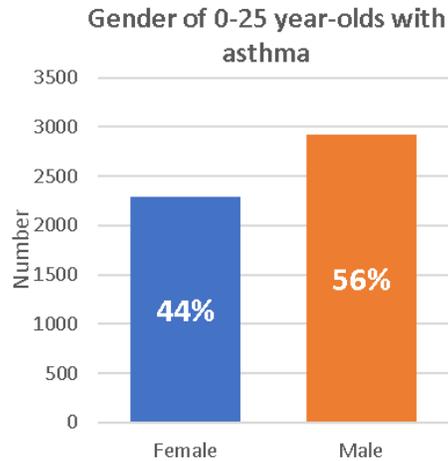
Source: HES via Fingertips, PHE



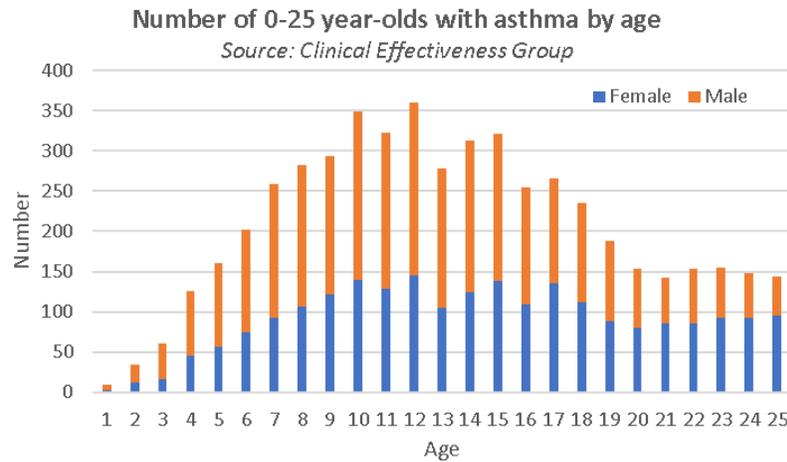
Local context for Newham

- Air quality in Newham is a contributing factor towards respiratory conditions
- On average, Newham residents are exposed to a level of airborne particulate matter (PM2.5) that is 35% greater than the World Health Organisation guidelines
- Improving air quality in the borough is a primary focus for the council
- An anti-idling campaign “Engine Off” was launched with street banners, posters and online media
- Improvements to pedestrian and cycle networks to encourage alternative transport had been paused due to a lack of TfL funding (Covid) but these will resume
- The Newham Delivery of Air Quality Action Plan 2019-2024 Measures state that air quality risks should be fully evaluated in all transport feasibility studies and proposals

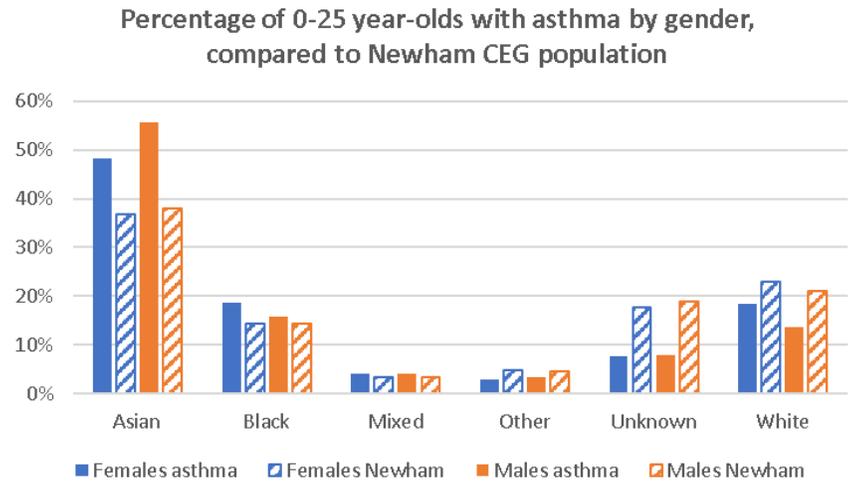
Inequalities



Males are over-represented at 56%, compared to 49.9% of the CEG population of 0-25 year-olds



37% of asthma cases fall within 10-15 year-olds – which account for 22% of 0-25 year-olds in the CEG population



- Males and females are both over-represented in the Asian ethnic group when compared to the Newham CEG population
- Black ethnicities are also over-represented but to a lesser degree

Data source: Clinical Effectiveness Group

Forecasting future need

- HLP partnership and Barts respiratory Fellow estimated asthma prevalence in Newham at 9% in 2018.
- Data from our Clinical Effectiveness Group in 2018 provided us with a snapshot of known and likely levels of need:
 - 94,172 children aged 0-18 were registered with a Newham GP
 - Of these 3,861 children were recorded as active asthma, which is 4.1% incidence rate. Incidence varied by practice from 2% to 6.7%
 - If incidence was akin to prevalence (9%) the number of children would be 5,775.

Strategic implications

- Improving the care and support for children with asthma is a priority in Newham and across North East London
- There is a strong children's clinical asthma network across North East London which enables commissioners and services to compare their provision and share best practice to drive up our response to childhood asthma
- In 2021 NEL CCG are working with GPs to develop a pilot to offer follow up in primary care for children who have attended or been admitted to hospital with asthma. 2021 data will be used to review the results of the pilot

National Context

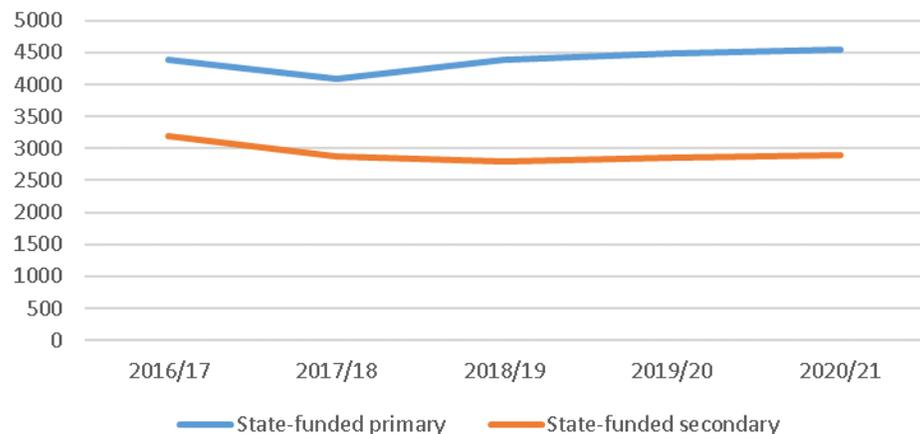
- The incidence of children and young people with SEND is increasing 14.4% of the CYP population had an EHCP/SEN Support in 2015/16 in 2019/20 it was 15.4%, this is in addition to overall increases, year on year, in the population of children and young people. 12.1% are recorded at SEN Support
- The percentage of children with an EHCP increases as age increases: 2.4% at age 5, to 3.8% at age 10, and to 4.0% by age 15. Overall 3.3% (up from 3.1%) in January 2020
- Within that time frame (2015/16 – 2019/20) CYP with a primary need of ASC (SEN Support or EHCP) has increased from 100,801 to 150,714; a 50% increase
- Between school differences (particularly primary) is found to affect the identification of SEN more than anything about the individual child, their experience or the local authority they live in (more than half the identified difference is explained by the school attended)
- Invisibility of SEN is also found to be adversely affected by a child attending an academy school, being most disadvantaged in a disadvantaged area, being geographically mobile, interrupted attendance at school and being known to social care. The pandemic has exacerbated the invisibility particularly in relation to being absent from school. The research concludes that understanding the reasons for potential missed identification and the delayed identification because of the pandemic requires awareness in all school leaders and monitoring and safeguarding to ensure the visibility of children in the visibility risk group for SEN ((Education Policy Institute, March 20210
- *Covid update (from Wave 6 Covid-19 LA SEND Service Data Collection)*
 - 49% of responding LAs were operating with a reduced SEND caseworker capacity in February 2021, 45% in March. 70% under capacity for Educational Psychologists (66% in February)
 - The total number of reported new requests for EHC needs assessments was 8019 in March 21 (February 2021 was 6,073, January 2021 5,266), 64% issued within 20 weeks (62% February) (excluding exceptions). Numbers of CYP with EHCPs on EHE continues to increase (3434 April 21)
- National outcome data for children with SEND – publication May each year, so available data relates to 2018/19.
 - 25% (up 1%) of children achieved a good level of development in early years compared 77% for children with no SEN
 - 43% (-1%) met the expected standard for phonics (88% no SEN)
 - A reduction of 0.5% in level 2 by aged 19 including English and Maths for both SEN (30.4% down 0.5%) and no SEN (65.3%) is thought to relate to reduced vocational qualifications counting in school performance tables
 - A gap of around 50% has remained between SEN and non SEN for measures of attainment across Key stage 1 and 2
 - The average attainment 8 score for looked after children with SEN was 13.0 compared with 25.7 for non-looked after children with SEN and 9.3 for CiN

Local context for Newham

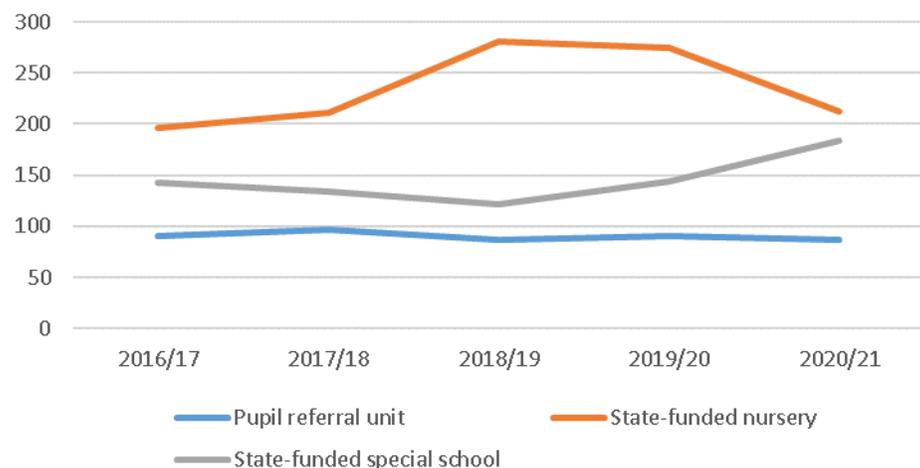
- 1,606 children and young people with an EHCP – as of January 2021
- 1.8% of children in mainstream schools with an EHCP plus 2.9% with High Needs (Jan school census)
- Joint area inspections of local area provision for special educational needs and disabilities will recommence in June 2021. These focus on how well the local area is meeting the needs and how well service providers work together to deliver positive outcomes. Newham is yet to be inspected.
- As is seen across England, the child population is increasing in Newham in addition to increases in the percentage of the child population with SEND. Newham's school age population has increase from 61,029 in 2015/16 to 65,468 in 2019/20: an increase of 7% (compared to an increase nationally of 3.9%)
- As a result, there is a need for more specialist provision, in particular for those with a complex condition
- Newham remains a highly inclusive local authority, with many of its pupils with special educational needs attending mainstream provision or resource provision within mainstream settings
- Around 14.7% of the school population in Newham with EHCPs are in maintained special schools, which is very low compared to a national average of 36.0% and inner London average of 31.9%
- Newham has two special schools and 24 resourced provisions within mainstream school settings. They offer specialist provision to meet the needs of pupils with:
 - Profound Multiple Learning Disorders (PMLD)
 - Autistic Spectrum Disorders (ASD)
 - Social Emotional and Mental Health disorders (SEMH)
 - Hearing Impairment (HI)
 - Cognitive Learning Needs (CLN)
- Analysis of the School Census over recent years indicates that within primary mainstream sector the number of pupils identified with ASD has significantly increased by 109% between 2016 and 2020 (those on SEN Support and those with an EHCP). Nationally the increase was 54% over the same period.
- The next highest increase within the primary mainstream sector for the same period is Speech, Language and Communication Needs which increased by 17%
- In the secondary sector, between 2016 and 2020, ASD also showed the largest increase of 71% (45% nationally), followed by physical disability (37% increase, although with low numbers of pupils) and speech, language and communication (22% increase, in-line with the national change over the same period)

Time trend

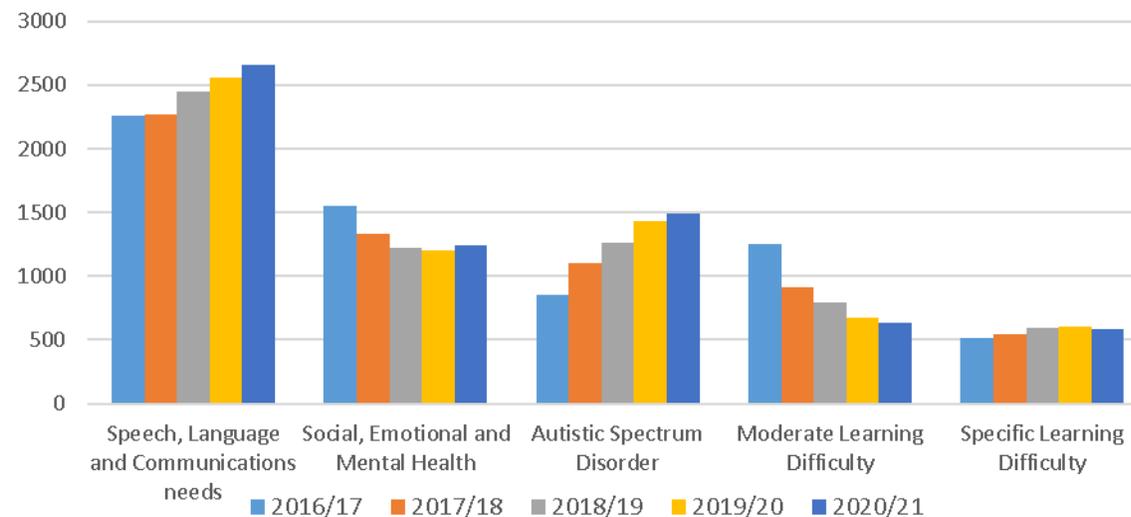
Number of SEN in Newham primary and secondary schools



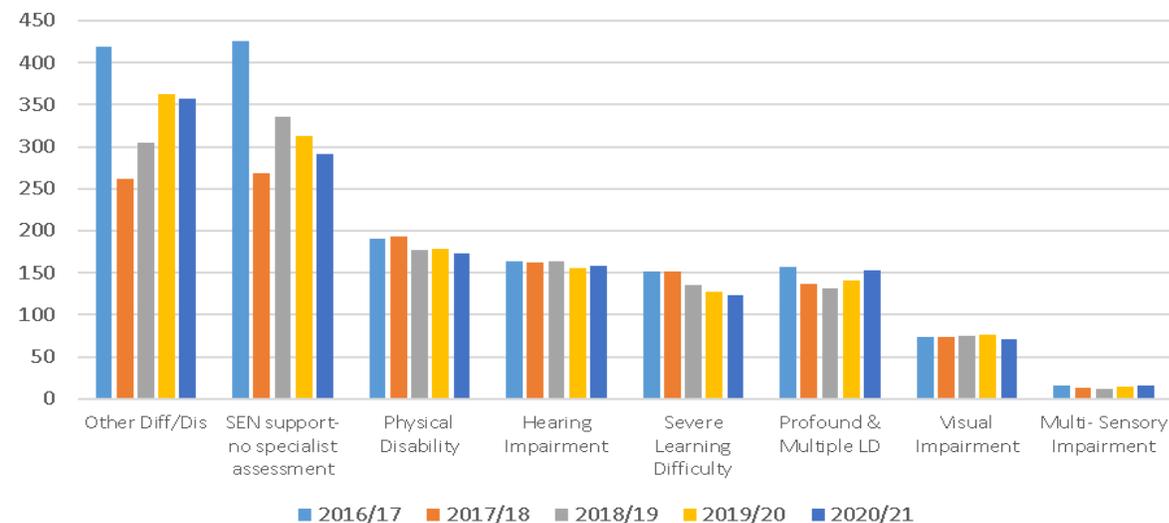
Number of SEN in other Newham schools



Top 5 needs by year - all schools

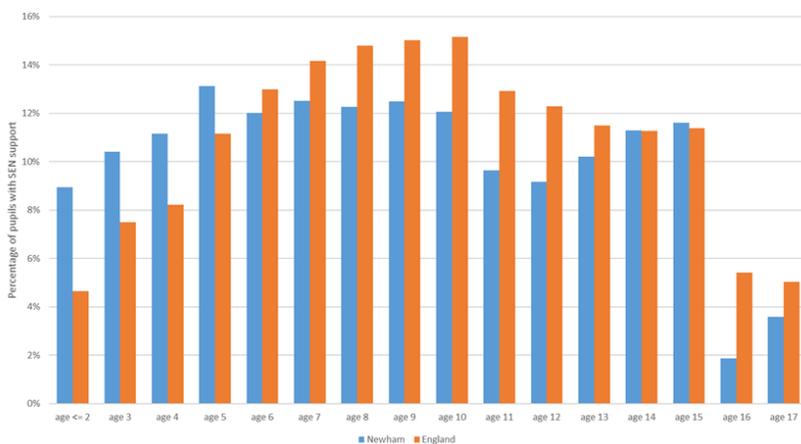
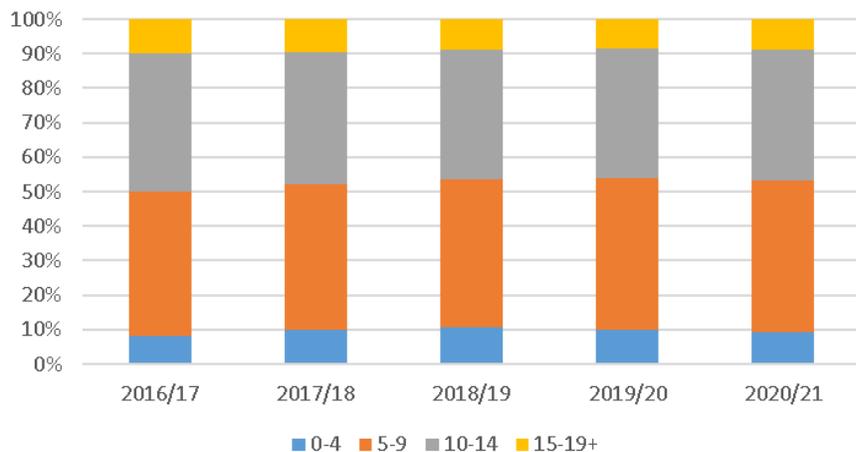


Other needs by year - all schools



Inequalities

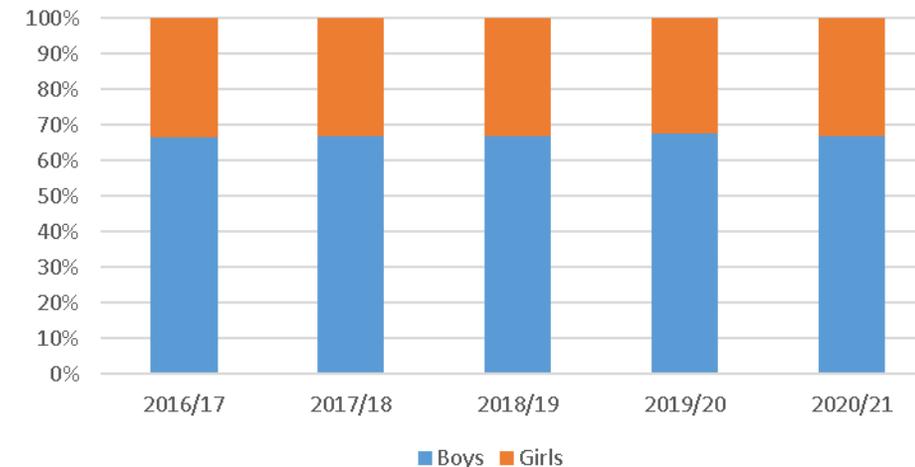
SEN pupils by age band



The distribution of pupils with SEN Support by age Newham and England, January 2020

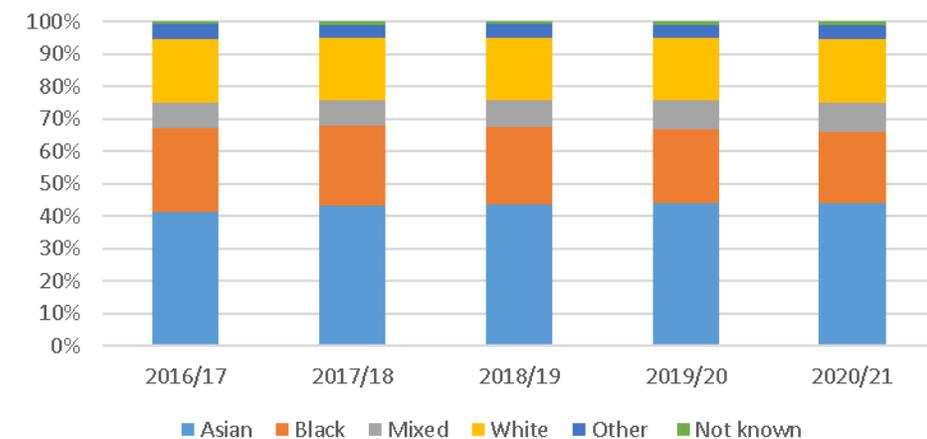
- A majority of SEN pupils are in the 5-9 age bracket (44% in 2020/21)
- Over two-thirds of SEN pupils are boys (67% in 2020/21)
- White ethnic groups are over-represented compared to the Newham population of school aged children (20% SEN, 17% Newham population, whilst Asian pupils are slightly under-represented (44%, Newham population 46%) and Black and Mixed populations are as expected against the population (2020/21)
- 16.3% of Newham's SEN pupils are eligible for FSM which is similar to the inner London figure, but higher than the average for England (13.6%) and considerably higher than our closest statistical neighbour, Brent (11.7%)

SEN pupils by gender



SEN pupils by ethnicity

Source: DFE



Inclusive Newham: Special Educational Needs

Forecasting future need – proposed SEND provision

Short to Medium term:

- Ensuring our Mainstream Resource Provisions operate at full occupancy
- Increasing specialist provision through the JFK annex in Lister Community School
- Supporting workforce development, to ensure settings are able to meet the needs of the children and young people
- Reviewing Early Years' assessments to ensure that there is appropriate support for all children and timely EHCP assessments for those with complex needs

Medium term:

- A new special school is to be delivered through wave-2 of the special school and alternative provision central wave. This will provide 105 additional places for primary and secondary pupils with complex ASD
- Review of out of borough placements, to inform local provision redesign to encourage local commissioning
- Analysis of impact of EU exit, migration patterns and school roll data to inform sufficiency planning

Strategic implications

- A commitment to reviewing national research in order to more accurately identify hidden cohorts of need as part of general sufficiency analysis and place planning for children with high needs
- A clear commissioning approach to provision based on local need for 0-25 year olds needs to be developed, focusing on PfA from the earliest age
- Develop an ongoing system which can review outcomes for children and young people with high needs
- Significant work is required to reduce delays in accessing health assessments
- Improved transition planning is required to ensure that settings are prepared for the needs of children – at Reception, Year 7 and into post-16 provision
- CGG are getting in additional funding and resources to supporting reducing the diagnosis times. The service aims to be more needs led in how services are offered

Why this is important

Speech, language and communications needs (SLCN) can be associated with a wide range of factors including social and environmental causes, neuro-developmental difficulties or sensory impairment. Some children and young people will have complex needs resulting from more than one of these causes, for example delayed speech development combined with a specific language impairment.

The impact of not addressing this special education need is borne out by the longer term impact on a young person’s life chances and outcomes. The Bercow Report Ten Years On¹ (March 2018) identified that Speech, language and communication difficulties can have severe long terms effects on education, emotional well-being and employment prospects.

Nationally, 4% of primary school aged children have an identified speech, language and communication need (5.5% in Newham), although research studies have shown that there are likely to be a larger percentage of children who are having difficulties. The latest Early Years Foundation Stage Profile results cited in the Children’s Commissioner June 2019 Report showed that 18% of five-year olds, which equates to 114,822 children, were not reaching the expected development levels in communication in England.

Children from more deprived backgrounds are more likely to experience these problems, with nearly one in four five-year olds (23%) eligible for free school meals not meeting the expected levels in speech, language and communication at the end of Reception, compared to 13% of those not eligible for free school meals. It is estimated that approximately 60-90% of the youth offending population has SLC needs in England and Wales².

Local context for Newham

Estimates of prevalence for SLCN need were applied to Newham resident population providing the figures as shown in the table.

38% of primary students who receive SEN support or have an EHCP have SLCN as a primary need and 20.6% of secondary pupils on EHCP or SEN support. (January 2019 school census data). Further analysis of the school’s data shows that 2,848 school aged pupils in Newham have SLCN as either a primary or secondary need. 2,455 of these have SCLN as primary need and are most likely to be in receipt of SEN Support. Most of the SLCN need is located at primary school level.

	Under 5	0-19 years old
Newham Population	28,400	96,700
30-50% children with a rectifiable delay	8,520 -14,200	29,000- 48,350
7-10% children with a significant needs	1,988-2,840	6,769- 9670
1 % severe and pervasive SLCN	284	967

1: <http://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf>

2: Bryan et al, 2007; Taylor et al 2015:13 Justice Committee 2012:EV32)

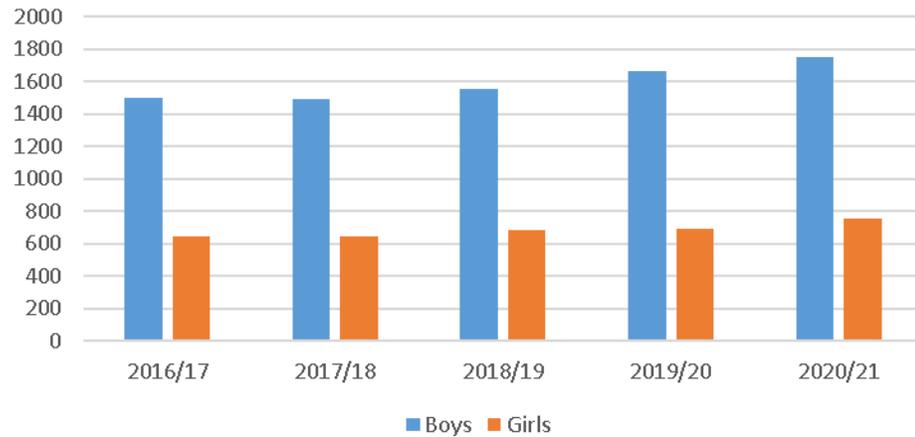
(Taken from Newham Speech and Language Therapy Services for CYP, Joint Commissioning Review and Needs Assessment March 2020)

Inclusive Newham: SEN Needs – Speech, language & communication Newham London

Inequalities

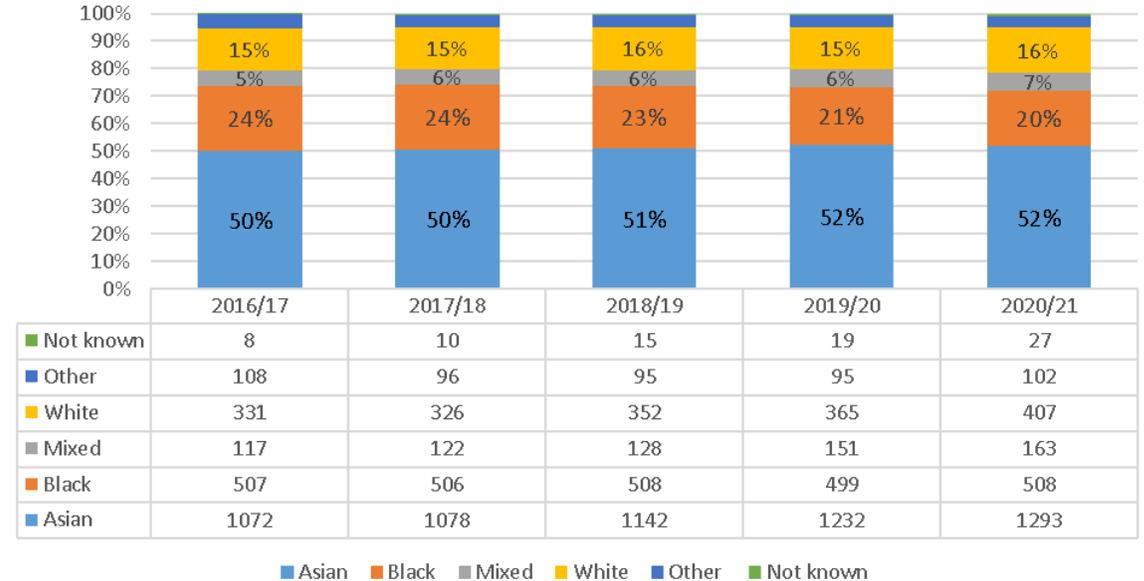
SLC pupils by gender

Source: DFE



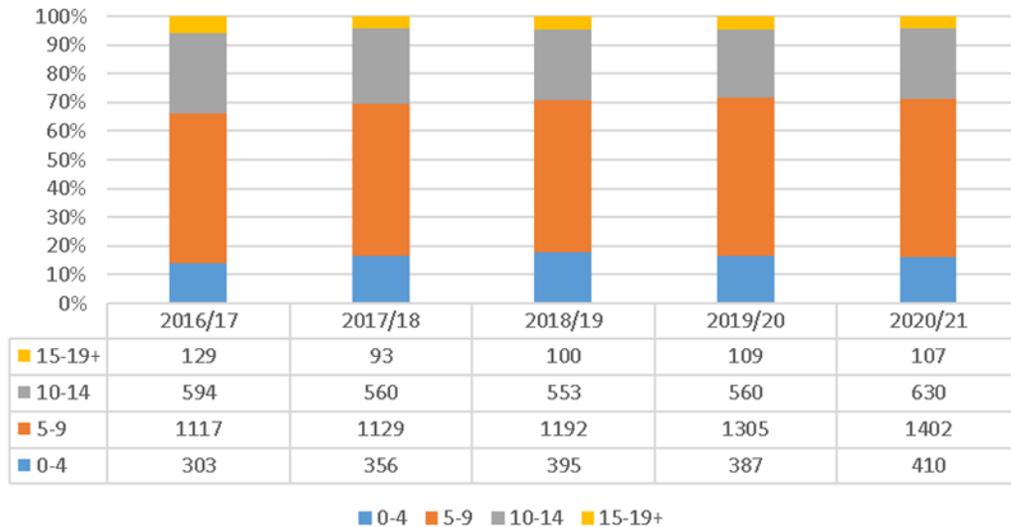
SLC pupils by ethnicity

Source: DFE



SLC pupils by age band

Source: DFE

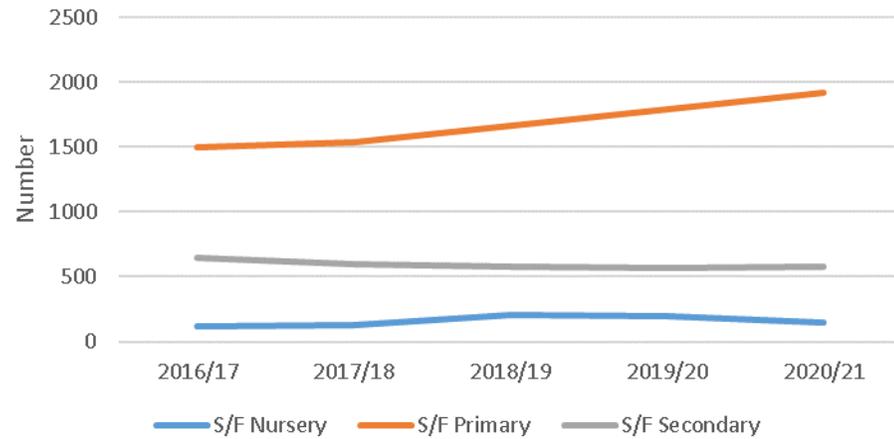


- There are over twice as many boys as girls with SLC needs
- A majority of pupils are aged 5-9
- Compared to Newham population of school children, those with Asian ethnicities are over-represented (52% SLC, 46% Newham) and other groups slightly under-represented
- Data shows pupils from State Funded Primary, Secondary and Special Schools only

Time trend

SLC pupils by school phase

Source: DFE



Forecasting future need

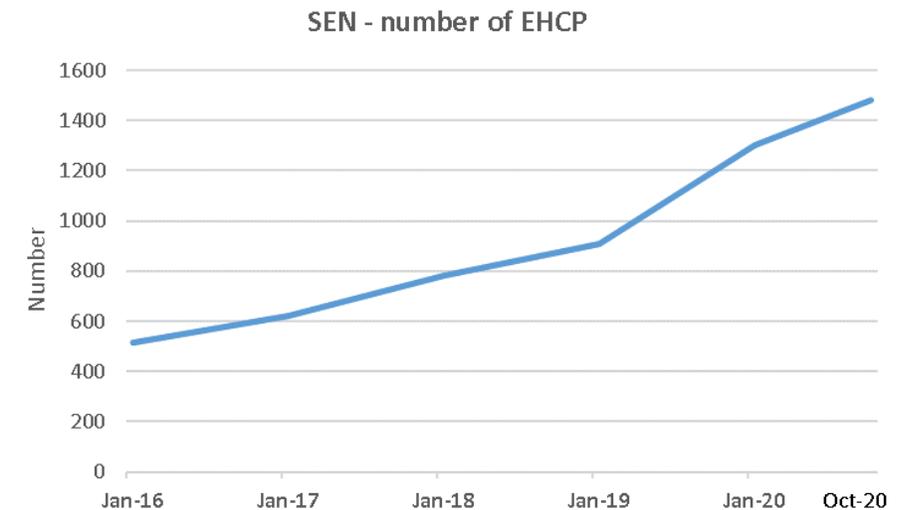
- Data on educational outcomes (taken from Newham Council's performance and policy team November 2019) for children with speech, language and communication needs (SLCN) reveals a positive picture overall
- In 2019, Newham reception age children with SLCN achievement is in line with national average (26.9 points compared to the national rate of 26.3), as measured by the early year's foundation stage profile
- In terms of attainment at Key Stage 2, more Newham pupils with SLCN are more likely to achieve the expected level in reading, writing and maths; in 2019 the figure was 27% compared to national rate of 19%
- At Key Stage 4, Newham pupils with SLCN still remain more likely to meet the expected attainment rate compared to nationally; in 2018 their attainment 8 score was 26.7 compared to national rate of 25.8

Strategic implications

- The future need section raises the question about the difference in perception in terms of the efficacy of the speech and language services provided and the outcomes achieved for children with speech, language and communication needs in Newham
- The data suggests that more work needs to be focused on improving knowledge of the services and model of interventions with stakeholders (parents and schools) while continuing to ensure that the focus of the service continues to be outcomes based
- NHS funding for SLT has focused on the gaps for 16 and 17 year olds and more recently on SLT input into the ASD pathways
- Commissioners have begun working collaboratively with the two service leads for LCIS and ELFT Therapies to align the service models, develop a co-ordinated offer for schools and joint training
- LCIS and ELFT SLTs are developing a shared approach for quantifying SLT input into Education Health and Care Plans
- There should be an emphasis on the importance of sharing books with babies as a universal/prevention tool, specifically how to build a stronger link between maternity services and libraries, to encourage mums-to-be and new mums to join up, borrow books to share and attend rhymes and story times

Local context for Newham

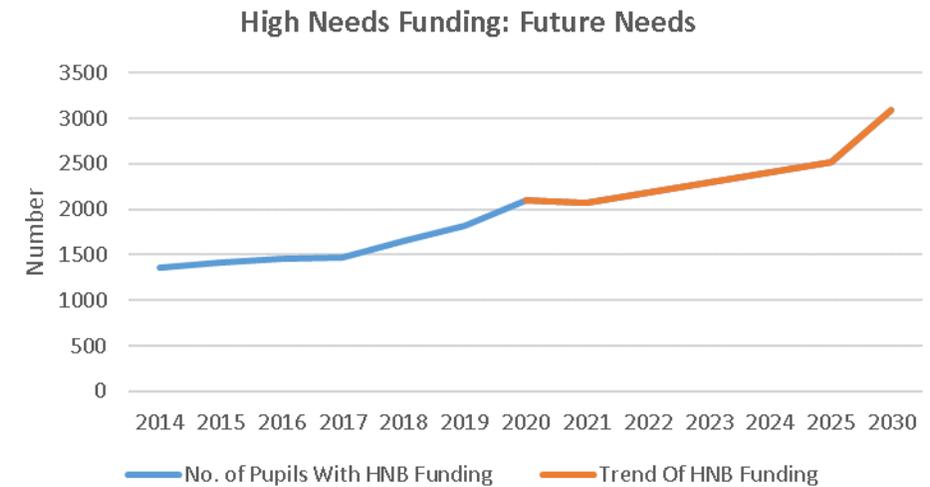
- The funding for pupils with SEND in Newham schools and alternative provision is provided through a combination of funds from the schools block, the early years block and the high needs block of the DSG (delegated schools budget)
- High needs funding is for pupils who have particularly high levels of need and funding arrangements for these pupils are agreed between the Local Authority and the Schools
- The number of EHCP's in Newham has significantly increased from 2018. Prior to 2018, Newham ensured the needs of SEN pupils could be met through high needs funding without needing a Statement/ EHCP
- In comparison to our statistical neighbours, Newham maintained a lower number of EHCP's. Following a review in 2018, Newham has begun working towards ensuring pupils with SEN receive the same level of protection in schools placements as our neighbouring authorities by completing EHCP assessments for pupils in special, resource provision and level 4 mainstream schools. This has added to the increase in demand for EHC assessments from parents, educational settings and professionals.
- Going forward, the service will need to assess all level 3 pupils who are in receipt of high needs funding and decide if they meet the requirements for an EHCP.
- It is difficult to predict the future trend of EHCP numbers due to the additional assessments being conducted by the LA, however the number of EHCPs should be relative to the number of pupils receiving High Needs funding going forward.



Inequalities

- Pupils with EHCP (all state-funded) at 1.4% of school population, compared to 3.3% nationally. Ranked 150th of 152 local authorities
- ASD in Newham is higher than national average and is one of the biggest challenges, 18.3% in 2020 compared to national average of 11.8%. Ranked 11th highest nationally
- Out of Borough placements: male at 70%, females at 30%, with an 18% increase each year since 2018.

Time trend



Forecasting future need

In June 2020, Newham Council's Cabinet agreed a budget recovery plan to address the over spend on the high needs budget. The number of pupils who receive high needs funding in Newham has steadily increased in absolute and proportional terms from 2014 to 2020. This year represents the highest proportion of pupils in receipt of high-level funding, at 3.17% of the total pupil population in Newham. This increase represents the identification of previously unmet needs and an increase of EHC plans within Newham.

If the current trend of high needs funding for children continues, the figure will increase by an estimated 48% by 2030 (an additional 1000+ pupils). In addition to this, there is a year on year rise in school pupil numbers which will result in increased numbers.

Strategic implications

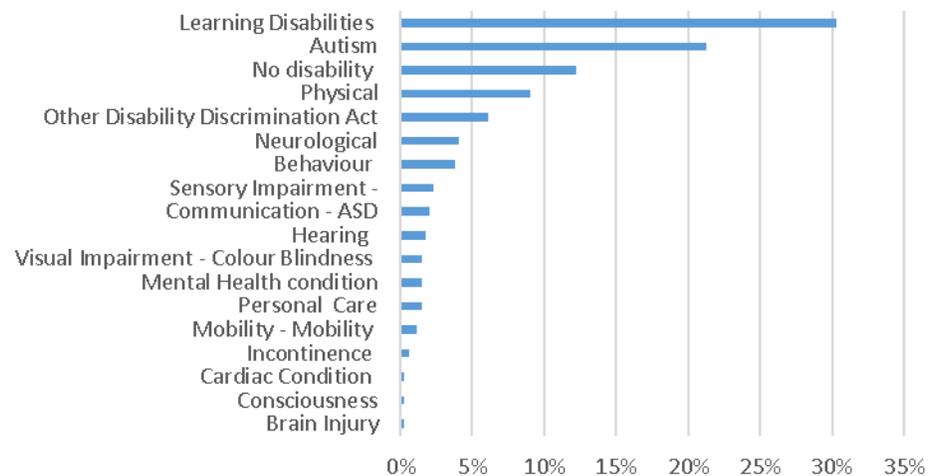
- Significant demand in special school and resource provision places within the borough and also an increase in placements outside the borough
- Additional pressure on schools places due to population growth
- Additional pressure on budgets for school places with HNF
- Continued demand for EHCP assessments
- Capacity in staffing to meet demand

Local context for Newham

- Newham has strengthened its delivery of care, education and treatment reviews for children with LD/ASD and challenging behaviours
- The CETR process aims to bring together the professional network to develop shared plans that help children avoid admissions to hospital
- There is a good uptake of LD health checks in primary care in Newham but uptake could be increased for those aged 14-18
- Work has started to support delivery of health passports for children with LD/ASD to enable their use of health services to be responsive to their needs and communication preferences
- An increase in obesity has been noted during Covid-19 in some children with learning disabilities

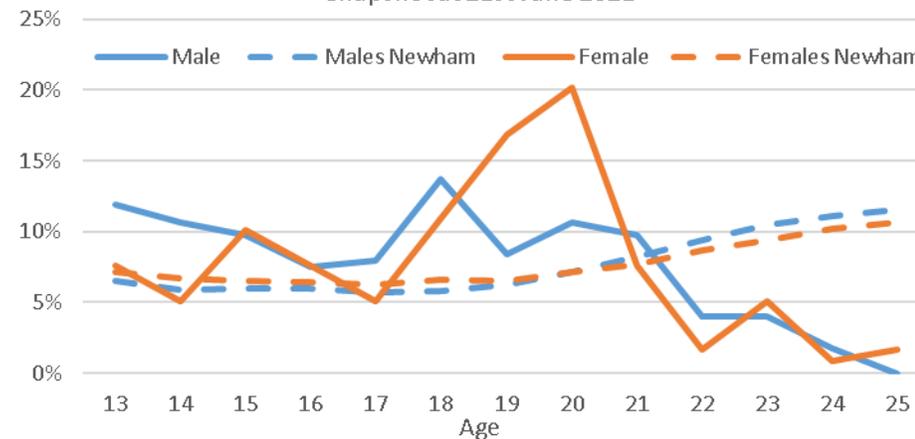
Primary Health Needs

Snapshot 21st June 2021



Percentage of CYP with LD by age, compared to Newham population

Snapshot at 21st June 2021

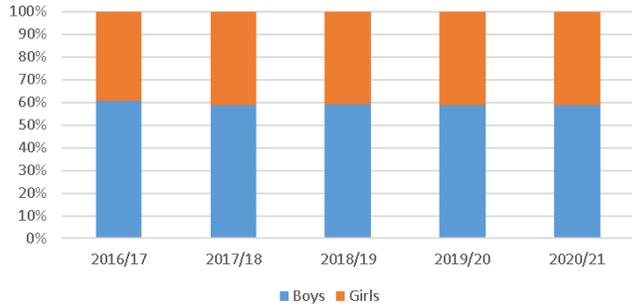


Inclusive Newham: Learning Disabilities/Difficulties

Inequalities

Pupils with Learning Difficulties by gender

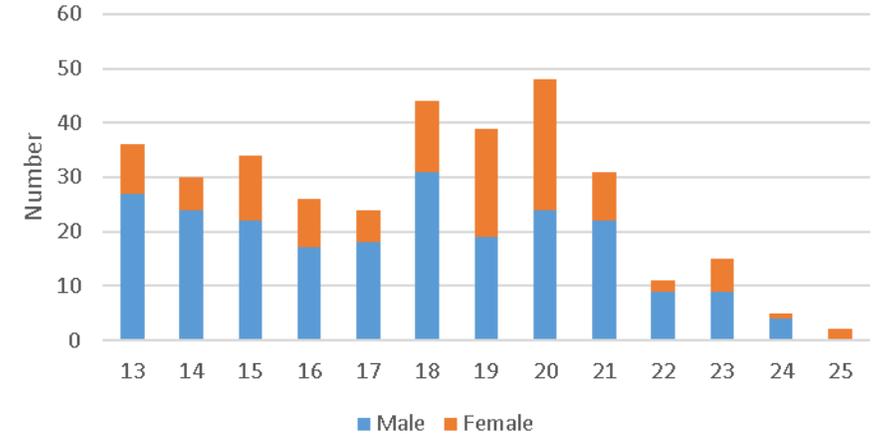
Source: DFE



The majority of school pupils with Learning Difficulties are boys, 59% in 2020/21

Transition in Learning Disabilities - gender split

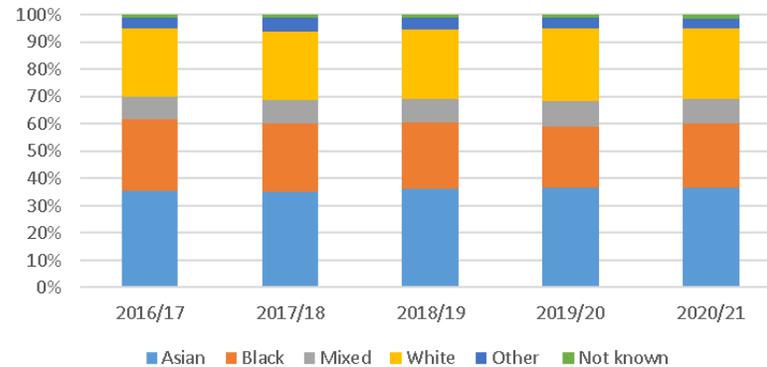
Snapshot 21st June 2021



Compared to Newham school pupils overall, Asian pupils are under-represented (37% compared to 46% Newham population) and White pupils are over-represented (26% compared to 17% Newham)

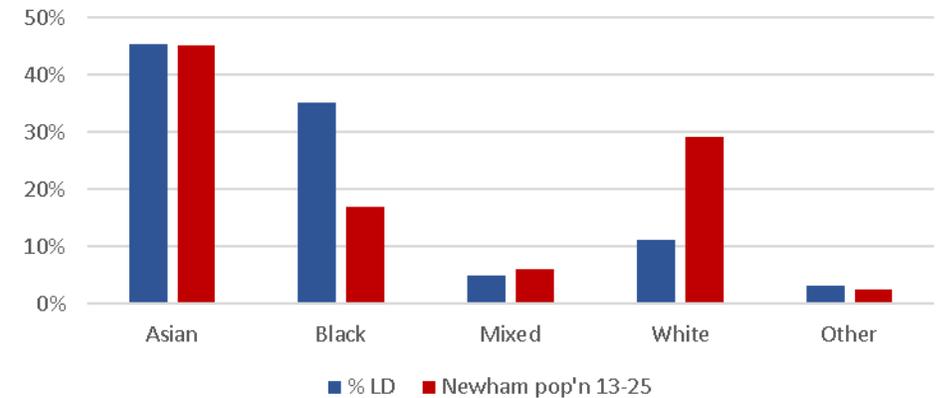
Pupils with Learning Difficulties by Ethnicity

Source: DFE



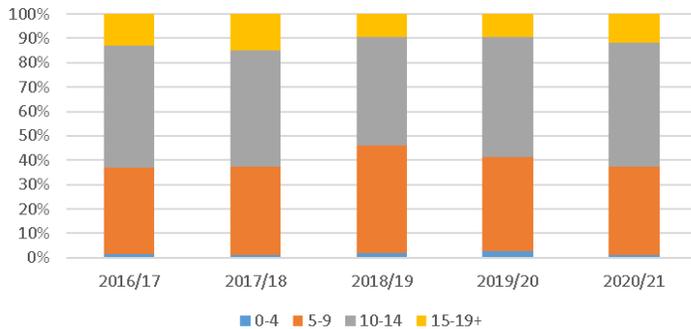
Percentage of 13-25 year-olds with LD compared to Newham Population

Snapshot 21st June 2021



Pupils with Learning Difficulties by age

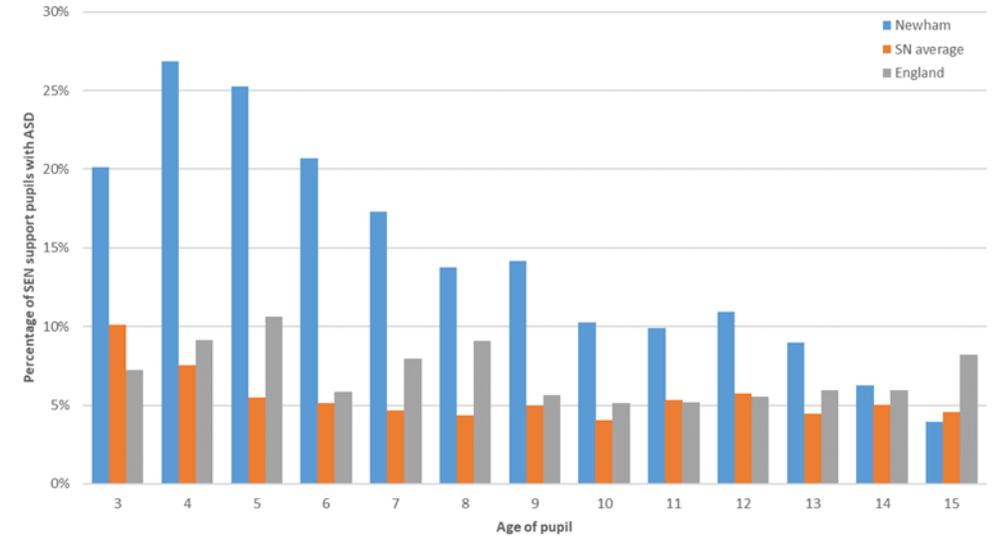
Source: DFE



The majority of school pupils with Learning Difficulties are in the 10-14 age bracket (51%) and are over-represented compared to the Newham population in that age group, at 23%

Why this is important

- ASD is a lifelong condition which affects how a person communicates and relates to other people and the world.
- The definition of autism has changed as we have come to understand more, although the causes for autism is still unclear and may be linked to genetic and environmental factors.
- People with ASD have varying needs across the spectrum and can present at any age – children may be diagnosed as early as 18 months if symptoms are obvious, but most children will be diagnosed after age 2 years or in later childhood depending on their symptoms and difficulties. Some children will have complex needs associated to other medical co-morbidities.
- There are long-term implications of ASD on a child's education and learning and social inclusion into society, hence the importance for early intervention for positive outcomes.



Percentage of pupils with SEN Support and ASD as their primary need type, by age: Newham, Statistical neighbours and England, January 2020

Local context for Newham

- There is a high referral rate for children with speech and language and social communication concerns. Children who are given a diagnosis of ASD should also be provided tailored interventions for their health and educational needs
- Diagnostic assessments in children in non-English speaking families needs to be modified
- The waiting list for a diagnostic assessment can be up to 2 years and this is similar in other places in the UK
- ASD prevalence in Newham is higher than the UK national prevalence of 1%

Forecasting Future Need

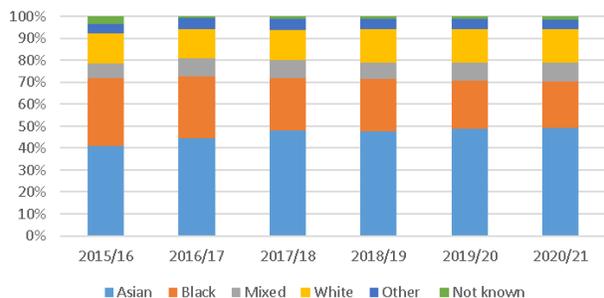
- The SEND Executive Board has developed an ASD work stream which will provide prioritisation and partnership planning for ASD
- NEL CCG with partners are developing their plans to address ASD diagnostic pathway waiting lists as well as the wider support offer for children, including for future growth in need

Inclusive Newham: Autistic Spectrum Disorder

Inequalities

Autistic Spectrum Disorder by ethnicity

Source: DFE

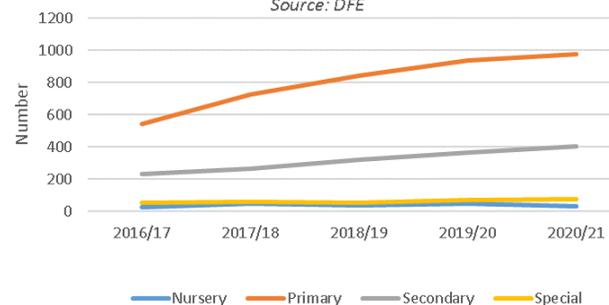


Compared to Newham school pupils overall, Asian pupils are slightly over-represented (49% compared to 46% Newham population) and White (15%, 17% Newham) and Black (21%, 23% Newham) pupils are under-represented.

Time trend

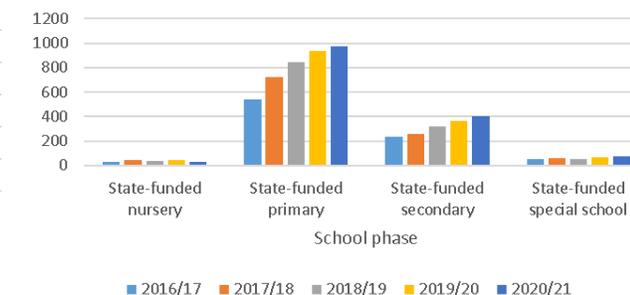
Number of pupils with Autistic Spectrum Disorder, Newham Schools

Source: DFE



Number of pupils with Autistic Spectrum Disorder, Newham Schools

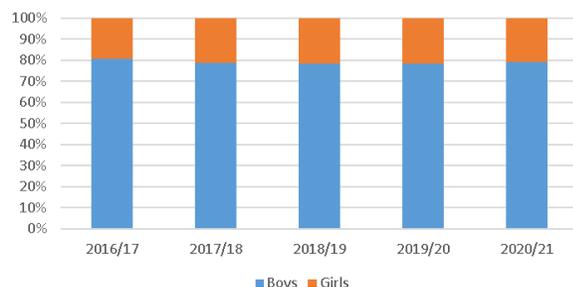
Source: DFE



The majority of school pupils with ASD are boys, 79% in 2020/21 compared to 51% boys in that age group in the Newham population

Autistic Spectrum Disorder by gender

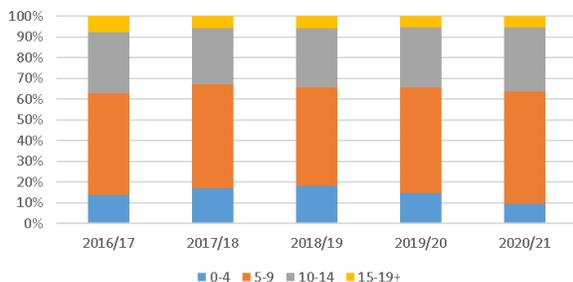
Source: DFE



The majority of school pupils with ASD are in the 5-9 age group, 54% in 2020/21 compared to 27% of that age group in the Newham population

Autistic Spectrum Disorder by age

Source: DFE



Strategic implications

- All-age strategy for ASD across the borough – including education, employability, leisure, housing, etc
- Early recognition and identification of social communication needs in children of all ages
- Timely referral to Speech and Language Therapy services, Community Paediatrics and CAMHS for a diagnostic assessment
- Adequate and appropriate commissioning of services for diagnostic assessment and therapy intervention according to when children present with identified needs across ages from early years to school age
- Integrated life-course approach to autism support and interventions for children, young people, adults and their families
- Increased funding for leisure and social activities, respite care and support for families with children and young people with additional needs
- Training for workforce across all sectors that work with children, young people and adults with ASD
- Appropriate investment to develop Newham into an all-inclusive, Autism Friendly borough

Inclusive Newham: Missing Children

Why this is important

- Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another (ACPO, 2013)
- Going missing from home, care or education puts young people at risk of various forms of exploitation. There is a recognised correlation between children going missing and an increased risk of child sexual exploitation (CSE), being involved in county lines and substance misuse.

Local context for Newham

- Benchmarking in this area is currently not very reliable due to differences in recording practice. The DfE collects data on 'missing' and 'absent' and benchmarks accordingly. Newham records all episode as missing and does not make a distinction
- Until 2019/20, recording of missing (in a reportable manner) was inconsistent, making year on year data unreliable
- Monthly trends from both missing from home and missing from care show that fewer children go missing in the winter months
- Children in care are more likely to be reported missing multiple times

Missing from care:

- In 2019/20 the average number of missing episodes per child in care was 8.6, this year to date it is 8.0. April and May saw a reduction from previous year (lockdown)
- Fewer episodes are recorded during the winter months
- In 2019/20, 158 individuals had missing episodes, adding up to 1361 episodes. One individual had 63 recorded episodes
- In 2020/21 to date, 93 individuals have had missing episodes (748 episodes) with one individual already having 61 recorded episodes

Missing from home:

- in 2019/20 the average episode per individual was 1.9, 2020/21 to date is 1.7. As with those in care there was a lower figure than usual in Apr and May
- Fewer episodes are recorded during the winter months
- In 2019/20, 234 individuals had missing episodes, adding up to 446 episodes. One individual had 17 recorded episodes
- In 2020/21 to date, 109 individuals have had missing episodes (184 episodes) with one individual having 10 recorded episodes

Inclusive Newham: Missing Children

Inequalities

Missing from care

Gender: More Individual males have at least one episode of missing, however females are more likely to have multiple missing episodes (average 10.9 females: 6.6 males in 2019/20, average 10.6 females : 6.4 males in 2020/21)

14 females and 8 males had more than 20 episodes recorded in 2019. In 2020, 7 females and <5 males have had over 20 episodes

Missing from home

Gender: In 2019/20 more males than females were reported missing with a far closer average per child than for Care. (2.0 females : 1.8 males)

In 2020/21 this has reversed with an average of 1.5 episodes per female and 1.9 per male

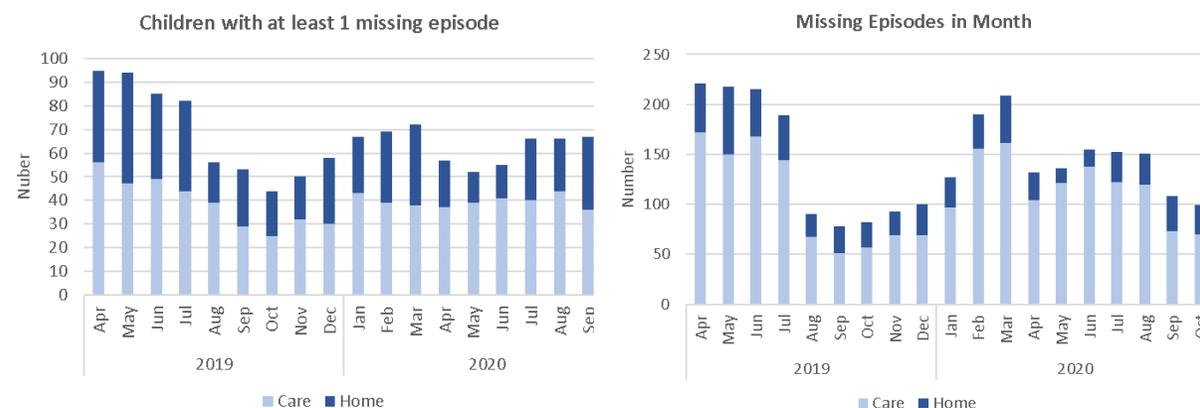
Age range - care: The majority of children who go missing from care are in the 16+ age range. However there are some younger children who go missing with their mother

Age range - home: The majority of children missing from home are in the 14 to 16 age range. Again young children do appear often when mother / father has failed to return with the child.

Forecasting future need

- The numbers of missing children over the last year has reduced compared the previous year due to the impact of the Covid-19 restrictions. Children living at home who go missing are often underreported. Children in care remain overrepresented.
- With Covid-19 lockdown restrictions easing, it is anticipated that unreported incident become known and increased risk to children is exposed. Return home interviews (RHI) will need to be undertaken for those missing in that time, particularly those that happened during periods of full lockdown, when visits may have been harder to undertake.
- Increased pressure on the service administering RHIs and those delivering work for children and young people who may have been exploited in that time or experiencing problems at home. This will result in a need for sufficient capacity to respond to demand.

Time trend



On average over the 19 months shown, 27 children go missing from home each month compared to 39 from Care Homes and there are 33 episodes of missing from home compared to 111 missing from care.

Strategic implications

- On-going improvements are being made to the RHI process and response to missing children in line with the improvements being made in the wake of the 2019 Ofsted inspection. While this is a much improved, it will need to be considered the impact of rising numbers ahead of the next inspection.
- Children missing from home could be symptomatic of larger problems within the family. Should issues become more apparent following further investigation, additional work/interventions may need to take place in home, potentially with greater emphasis on relational work with the family.
- Less restrictions following lockdown easing has the potential to lead to increased risk of exploitation, and so understanding the pressure on young people when they return to schools and through other sources such as additional youth groups/ activity. Helping children and young people to stay safe and provide respite from home environments can help to mitigate the risk of harm and exploitation.

Inclusive Newham: Unaccompanied Asylum Seeking Children

Why this is important

- The Local Authority has a duty to accommodate children if certain conditions are met under S20, Section 22 and/or under s31 (1) (a) of the CA 1989
- Children come into the care of the local authority for a range of reasons, but typically for this cohort of young people they come into care under S20 as there are no adults to care for them and exercise parental responsibility
- In addition to the risks, concerns, and challenges associated with other children in care, this cohort of young people also have an added layer of complexity due to their legal status and also some of the unique trauma that they may have faced in their journey to come into Local Authority Care
- Without the appropriate supports in place the outcomes for these young people can be lower than that of other children both in care or at home

Local context for Newham

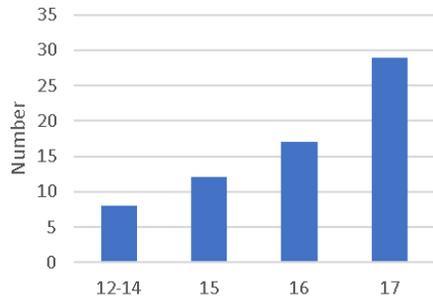
- Historically Newham's proportion of LAC children who are UASC has been just below the London average
- The published figures are snapshot at 31st March and in 2018/19 there was a sharp drop at this date, this was due to multiple UASC turning 18 and ceasing to be LAC just before the collection date and therefore appears as artificially low
- As can be seen numbers have since increased
- Along with other London Authorities, Newham agrees to accommodate UASC on a rota until a particular proportion is reached
- Newham currently has 66 UASC

Inclusive Newham: Unaccompanied Asylum Seeking Children

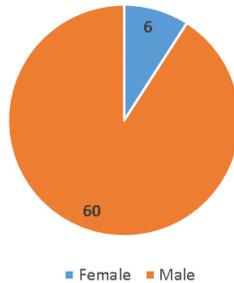
Inequalities

- Gender: Males are disproportionality represented in this cohort with only 9% being female
- Age range: Currently the cohort ranges from 12 to 17
- Age of becoming LAC: Newham's youngest starter has been 10 in 2018/19 however the majority are 16 / 17 when they become accommodated
- Ethnicity: The ethnicity of starters in this cohort varies from year to year depending on world situations, however over recent years the largest represented groups have been Afghan, Vietnamese, Iranian and other Black African
- Pashto is the most commonly recorded language of the current cohort (Eastern Iranian)

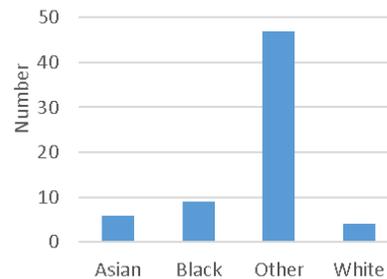
Age of UASC - at 31st October 2020



UASC by gender - at 31st October 2020



UASC by ethnic group - at 31st October 2020

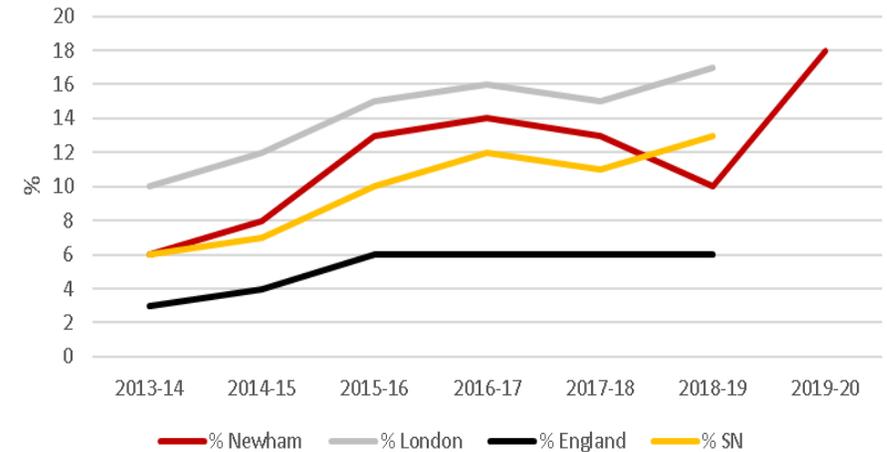


Forecasting future need

- It is important to note that the pandemic has impacted this cohort of young people. Despite numbers of UASC in care having lowered throughout the pandemic, this is largely due to the fact they have become care leavers
- There have been delays in decisions from the Home Office and therefore the pressure on resources continues for the Local Authority
- It is acknowledged that the complexity of needs presenting as requiring support have in some cases been caused by - and in others exacerbated and children's lives made worse as a result of - their experience of the pandemic
- A specific unique need for this cohort of young people is around the need for robust age assessments. These assessments are complex and rigorous and without the necessary expertise can have a life long impact for young people in this cohort

Time trend

Proportion of LAC children who are UASC (31st March)



Strategic implications

- The trauma associated with potential trafficking and the journey that UASC face can have long lasting harm to these children's physical and emotional wellbeing, that can have long lasting implications for children that will go into adulthood.
- Improved understanding is required in identifying and responding to individual needs of this cohort of children. Workers must also be familiar with the legal challenges and process associated with immigration for these children in addition to safeguarding needs. Without a more developed understanding the correct support and intervention could be missed
- Age assessments are significant are tool that have a significant impact for these children. A poor quality assessment can devastate a child's life, but also can have significant financial implications for the Local Authority
- Further resource and support is needed in this area in order to develop a robust understanding

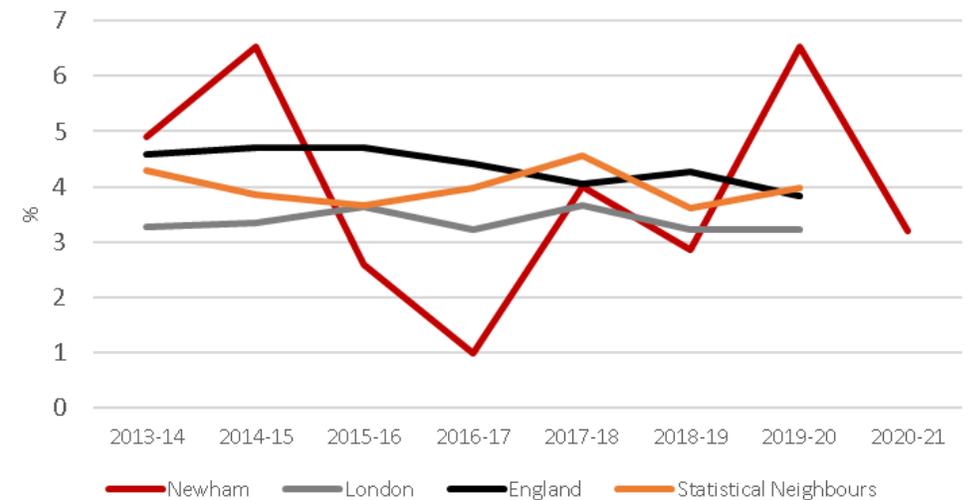
Why this is important

- Numbers of enquiries may be indicative of need within Newham
- Contacts proceed to a referral when it would seem that thresholds for social care involvement may have been met
- Sexual Abuse of children causes significant harm and impacts upon children's physical and emotional health and wellbeing as they grow.
- Sexual Abuse in childhood has the potential to cause harm that can last a lifetime and transmit generational harm due to the potential inability to establish safe, caring and trusted relationships
- It is estimated that sexual abuse in childhood is underreported due to needs analysis of adult populations frequently citing higher levels of incidence

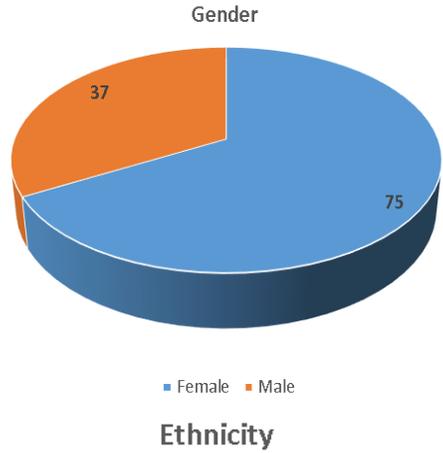
Local context for Newham

- Historically the referral rate in Newham was higher than other London boroughs and above Statistical Neighbours and England
- However in 2019/20, the referral rate fell and appeared to be more in line with other authorities (2019-20 benchmark data not yet published)
- In 2018/19, referral from Health services was lower than London and England averages
- In 2018/19, referral from Other Local Authority services was high compared London and England averages
- The Covid lockdown saw a decline in referrals to children's social care, however this has since returned to normal levels with referral rates now increasing

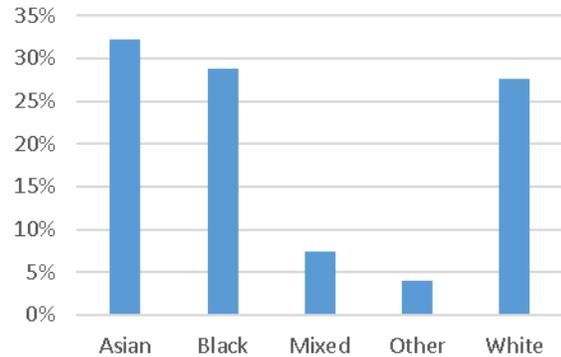
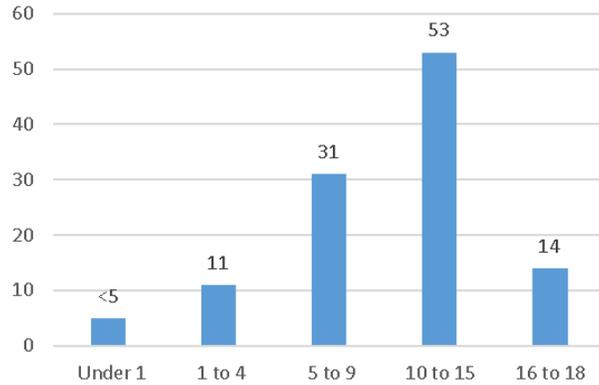
CP plans with category of Sexual Abuse



Inequalities



Age at assessment where sexual abuse was identified

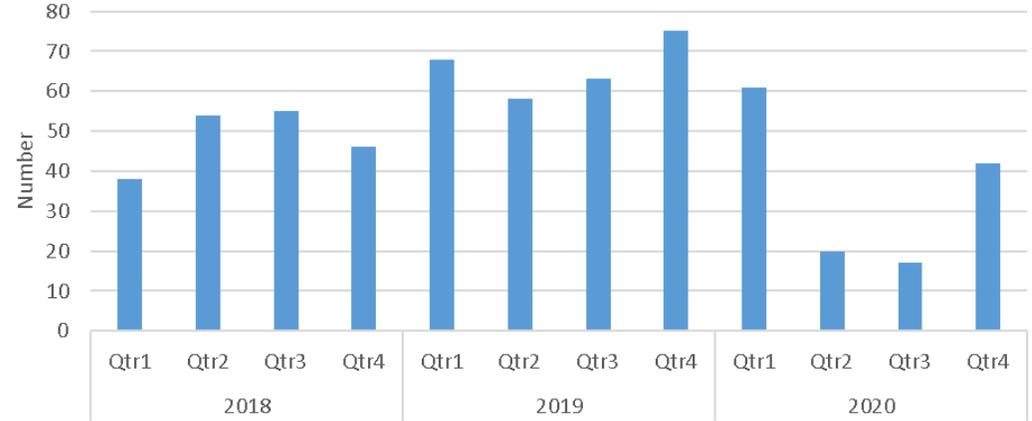


- Data is from 2018 – 2020
- Data source is CYPS

- More females than males are subject to referrals
- 10 to 18 year olds appear to be over represented in referrals to social care
- Referrals regarding children with an Asian ethnicity are lower than would be expected from the general population, whereas contact regarding children from Black ethnic groups and White ethnic groups are higher than would be expected

Time trend

Assessments with Sexual Abuse identified



Strategic implications

- Child sexual abuse can cause long lasting harm to children’s physical and emotional wellbeing, that can have long lasting implications for children and adults who experienced abuse as children.
- Improved understanding required in identifying and responding to need. Ensuring that children can stay safe, perpetrators are dealt with and managed in custody or within the community and children receive support to aid recovery when CSA is identified.
- Addressing CSA requires a co-ordinated and effective multi-agency approach.

Forecasting future need

- Research indicates that nationally CSA is underreported, as services improve it is likely that rates of CSA will increase
- It is anticipated that the Covid context of lockdowns will have increased the opportunity and likelihood of children experiencing intra familial CSA and/or online grooming and that referrals for safeguarding and support will increase

Why this is important

- A Young Carer is defined in section 96 of the [Children and Families Act 2014](#) as: ‘a person under 18 who provides or intends to provide care for another person ...’
- The age range applied in Newham is up to their 19th birthday
- There are distinctions between younger & older children in the kinds of support provided but they are all defined as young carers
- It is also our responsibility under the act to ensure there is proper transition in place to adult carers services

Local context for Newham

- The last National Census in 2011 identified approximately 1,204 Young Carers in Newham, this is well below what we know there to be
- 250+ families where a Young Carer is present are already engaged with LBN statutory SEND services
- 100+ families where a Young Carer is present are engaging with Early Help services in LBN
- Approximately 150 Young Carers are currently known to LBN Children’s Services; this means there are over 1000 ‘Hidden’ Young Carers in LBN
- Around 10% of Young Carers on Newham are caring for a family member with substance misuse issues
- Inaccuracies in reporting and recording accurate data on carers is a huge issue, both nationally and locally. This impacts all carers but young carers are disproportionately disadvantaged as around one in 20 miss school because of their caring responsibilities. This naturally has a huge impact on future of these young people
- Number of carers have been increasing year on year (9.5% from 2018/19 – 2019/20 and set to be bigger increase this year)
- Increase in carers from whom primary support reasons are as follows:
 - Social Support - Support for social isolation / other
 - Sensory Support - Support for visual impairment
 - No PSR - Carer-For person not recorded or details not current
 - Social Support - Support to carer
 - Sensory Support - Support for hearing impairment
 - Physical Support - Personal care support
 - Physical Support - Access & mobility only
 - Learning Disability Support - Learning Disability Support
- Decrease in number of carers for whom the primary support reasons are the following:
 - Mental Health Support - Mental Health Support
 - Support with Memory and Cognition - Support with Memory and Cognition
 - In terms of carers assessments the number of carers getting an assessment with their cared for person has decreased
 - Number of carers getting support via direct payment has decreased but there has been an increase in carers using information, advice and other universal services/signposting

Impact of being a Young Carer

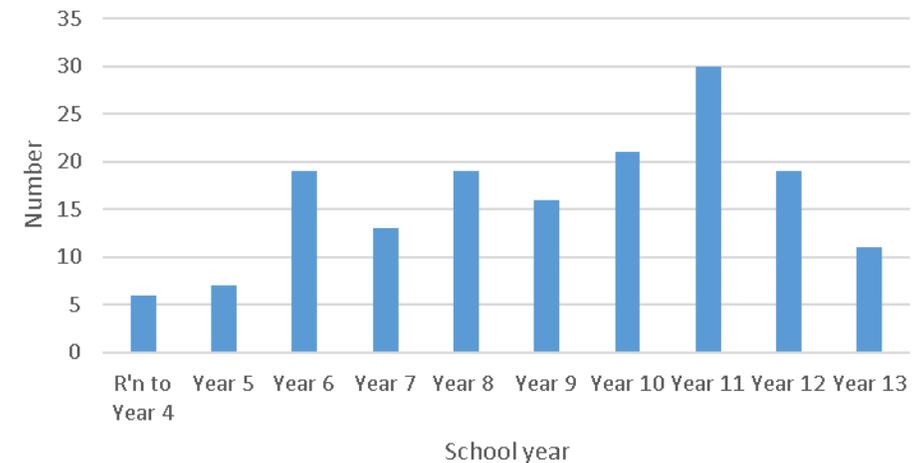
- 1 in 3 Young Carers describe having mental health issues
- 8 in 10 people caring for loved ones say they have felt lonely or socially isolated
- Young carers are likely to have significantly lower educational attainment at GCSE level than their peers (*The Children's Society, 2013*)
- The COVID-19 pandemic risks exacerbating the situation, stopping young carers from reaching their full potential
- 27% of Young Carers miss school as a direct effect of their caring responsibilities
- 39% of Young Carers report their school is not aware of their caring responsibilities
- With the added complications of COVID-19, young carers are missing even more school than before and urgent support is needed if they are not to be left behind their peers
- Caring can have a dramatic detrimental effect on the education and aspirations of young and young adult carers, so urgent support is essential
- Young Carers are more likely to miss key health appointments and checks due to caring responsibilities

Impact of the role of being a Carer

Data from Carers Week 2020:

- Every day another 6,000 people take on a caring responsibility – that equals over 2 million people each year.
- 58% of carers are female and 42% are male.
- 1.3 million people provide over 50 hours of care per week.
- Over 1 million people care for more than one person
- 72% of carers report to have suffered mental ill health as a result of caring
- 61% said they had suffered physical ill health as a result of caring

Number of Young Carers by school year 2019/20

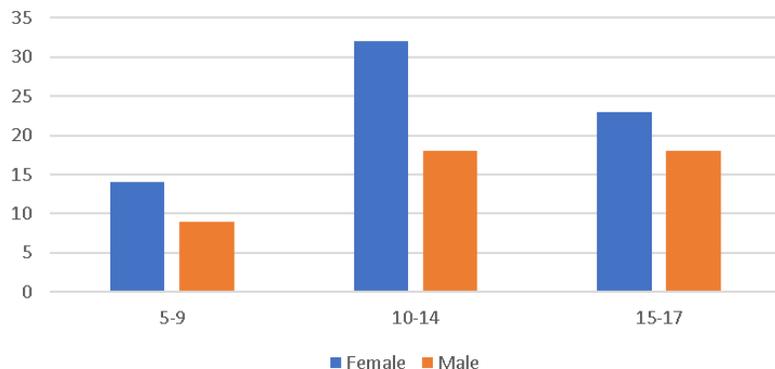


- There are 161 carers currently attending school
- There are an additional 54 carers who are 25 and under but whose exact ages could not be clarified

Inequalities

Number of Young Carers in Newham by age and gender

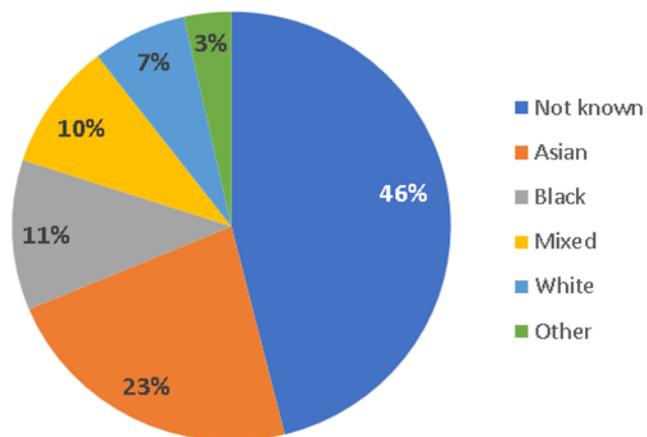
Source: Carers First



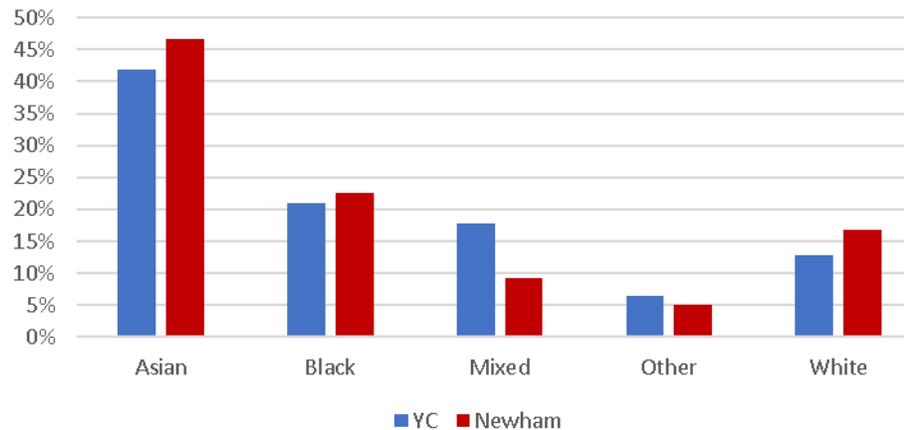
- Out of a total of 115 young carers (snapshot from Carers First, March 2021), from those whose gender was recorded (99%), 61% were female and 39% male
- 16 year-olds represented the most common age at 17% (n=20), with 10 and 13 year-olds second highest at 11% (n=13 each)
- Ethnicity was not stated for 46% of young carers (n=53/115)- this is something that the team are working on improving, however it is not always possible if parents do not wish to engage
- Excluding those whose ethnicity was unknown, Mixed ethnicity groups were over-represented in young carers at 18% compared to 9% of the Newham 5-17 population
- A majority of young carers are in the Stratford and West Ham Neighbourhood (17%, n=20)

Ethnicity of Carers aged 5-17

Source: Carers First



Percentage of Newham Young Carers by ethnicity compared to Newham population, aged 5-17



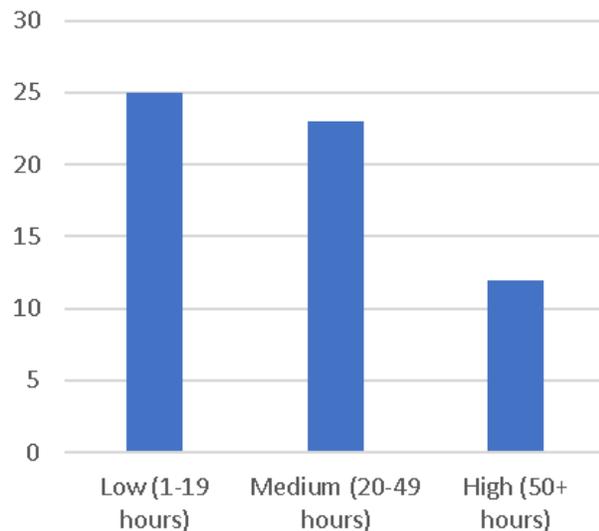
Newham Young Carers by Neighbourhood

Source: Carers First



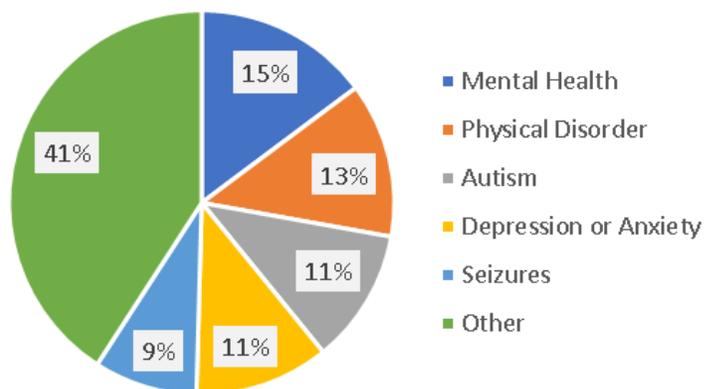
Hours of caring per week

Source: Carers First



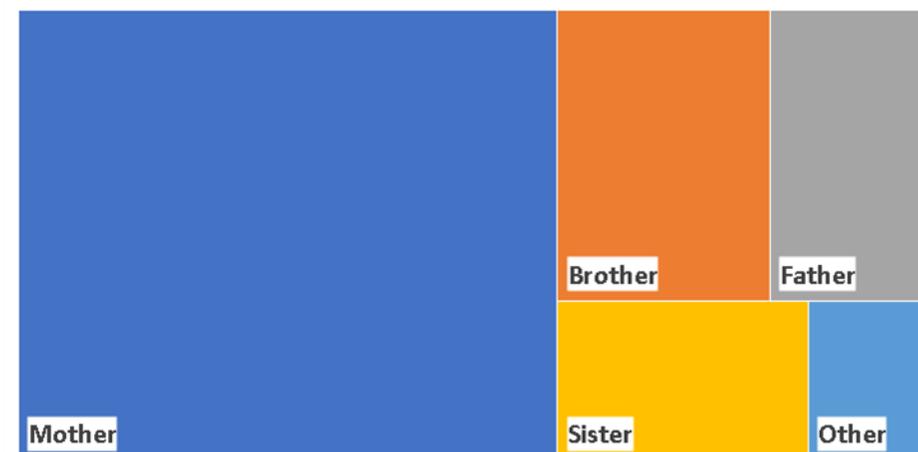
- The number of hours of caring per week is recorded and split into Low, Medium and High
- For 55 young carers, the number of hours was not recorded but for the 60 where hours were recorded, a majority (42%, 25/60) did under 20 hours, 38% (n=23) did 20-49 hours and 20% (n=12) did over 50 hours a week
- A majority of young carers are caring for mothers (58%, n=67)
- The main health issues requiring care include mental health, physical disorders, autism, depression or anxiety or seizures – these make up 59% of care needs
- Other reasons for caring include neurological disorders, arthritis, cancer, learning difficulties, genetic or blood disorders, cardiovascular, diabetes, social and behavioural and substance misuse

Main health issue



Relationship type of person caring for

Source: Carers First



Forecasting future need

- It is anticipated that the number of Carers will increase as both the population and the number of residents with long-term conditions increases
- It should also be noted that whilst the Census provides valuable data, it is widely recognized that the Census may be underreporting the number of Carers for a number of reasons. Accurately identifying the number of Young Carers is even more challenging. Many children and young people will not identify themselves as a Young Carer because they:
 - do not realise that they are a Carer (particularly in certain cultures) or that their life is different to their peers;
 - don't want to be any different from their peers;
 - want to keep their identity at school/with their peers separate from their caring role;
 - are worried they will be separated from the cared for individual;
 - don't feel they can discuss their caring role - because they feel others wouldn't understand,
 - feel embarrassed and/or are worried about bullying;
 - See no reason or positive outcome because of telling their story

The vast majority of care in the UK is provided by family and friends, who make up the UK's carer population. Social services and the NHS rely on carers' willingness and ability to provide care and without it they would collapse. (*Carers UK Policy Briefing, August 2019*)

The care provided unpaid by the nations' carers is worth an estimated £132bn per year – considerably more than total spending on the NHS in England.

Strategic implications

- School attainment is lower for Young Carers; links with schools and early identification mechanisms are essential. Low school attainment has implications for the aspirations of Young Carers leading to lower paid jobs in adulthood. Lower income families have more health risks
- Absence from school health and community health appointments means early identification of health needs is greatly reduced
- Implications for Substance Misuse services where it becomes a learned behaviour whether as an escapism, learned behaviour or seen as normal
- Demand for CAMHS services amongst school aged children is high. Enhanced commissioning of Adult Mental Health services could be required if CAMHS or early intervention services are not sufficient or successful
- Implications for health issues into adulthood; early intervention from Nutrition and associated service could offset greater need in future years
- Implications for 0-19 Health Service in particular School Nurses. Additional and catch up screening and measurement assessments and appointments will be required
- Integrated Multi Systemic approach to whole family identification, intervention and support is essential to tackle adverse effects of caring responsibilities for families and young carers in Newham

Key aims for carers strategy

- 1: Recognise and Raise the profile of Carers in the borough; and support residents to identify themselves as a Carer early in their caring journey; particularly in seldom heard of groups
- 2: Involve, listen and respect Carers in planning the care and support which the cared for individual receives - enabling safe, effective and personalised care; with a marked increase in carers assessments and combined assessments
- 3: Empower Carers to manage their caring role - in order that they are able to look after their own health and wellbeing and have a life of their own alongside their caring responsibilities;
- 4: Support Carers to maintain / fulfil their education and employment potential - in order that they are free from financial disadvantage related to their caring role
- 5: Support Young Carers from inappropriate caring and provide the support they need to learn, develop and thrive; and enjoy a positive childhood.

Inclusive Newham: Youth Offending Service

Why this is important

- Intervening early and diverting young people away from offending & custody is key to improving life chances and preventing harm in the future
- The numbers of children open to the Youth Offending Service provides an insight into how effectively the support system, including schools, early help etc is working to divert children and young people from the criminal justice system

Local context for Newham

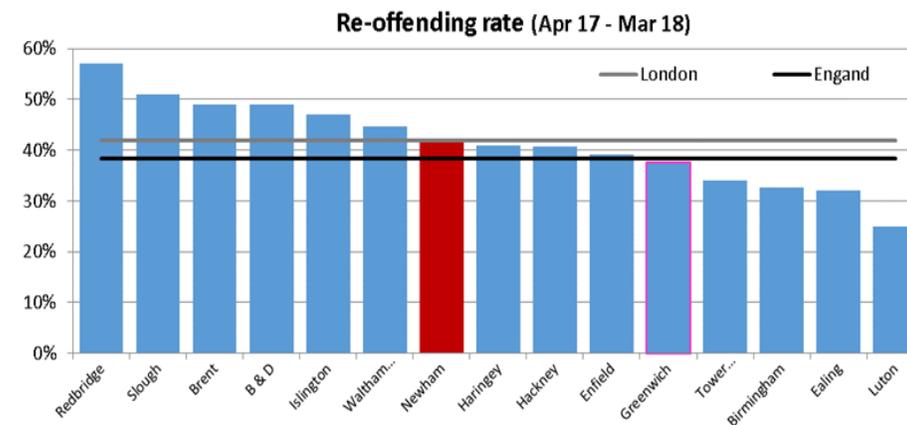
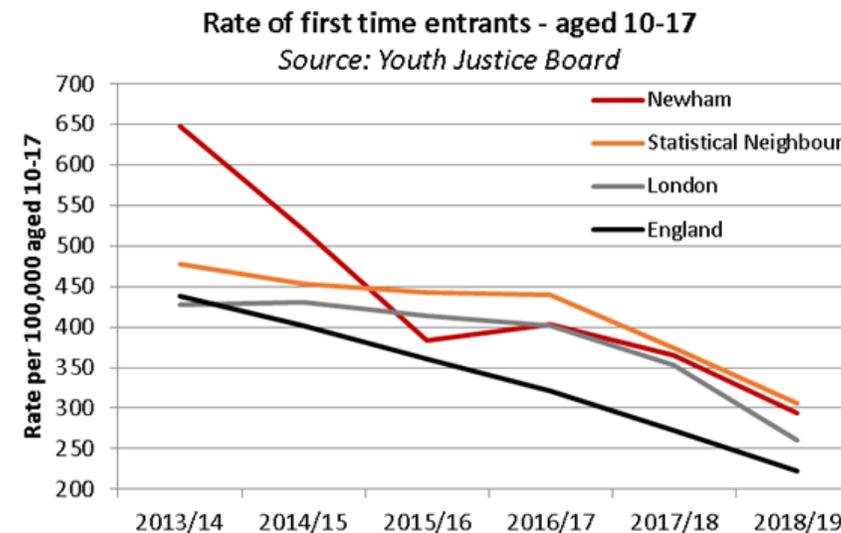
The YOS is measured on 3 key performance indicators, First Time Entrants, Young People sentenced to Custody and Reoffending rate.

First Time Entrants (FTE):

- This measures the number of young people who receive a youth caution or court conviction for the first time
- The rate of FTE has been steadily declining over the last 6 years in line with the national trend
- Newham's FTE rate is higher than the London and England but below the average level of its Statistical and geographical neighbours

Re-offending:

- This measures the number of young people that commit a further offence within a one year follow-up period resulting in a court conviction, caution, reprimand or warning and is expressed as a percentage of the total cohort of offenders sentenced in court over the year
- Please note a more recent update to reoffending statistics is not currently available as the MoJ has cancelled the latest publication due to the Covid-19 pandemic
- The rate of Re-offending has declined steadily over the last 5 years from 47.1% in 2013/14 to 41.5% in 2019/20, which is in line with the local and national trend
- Newham's Re-offending rate is lower than both than the London rate but higher than the England rate and is also same as the average for its Statistical and geographical neighbours



Referrals to the National Referral Mechanism(NRM)

The NRM is a framework for identifying and referring potential victims of **Modern Slavery**, ensuring they receive the appropriate services and support.

First Responder Organisations upon identifying a potential victim of modern slavery refer to the **Single Competent Agency** (SCA) via the online referral portal. Upon receipt of the NRM, the SCA will review the information within the referral and write to the First Responder within 5 working days whether there are **Reasonable Grounds** to believe the individual is a victim of modern slavery.

Following a Reasonable Grounds decision, the SCA will commence a 45-day recovery/reflective period during which it may request further information from the First Responder and other agencies involved with the individual to assist it reach a decision on whether there are **Conclusive Grounds** that the person is a victim of modern slavery.

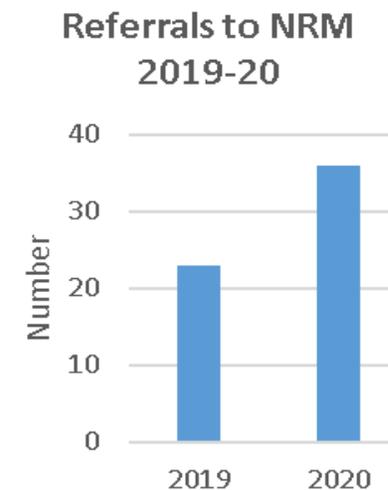
Modern Slavery – Human trafficking, slavery, servitude, forced or compulsory labour

First Responder Organisations – An authority that is authorised to refer a potential victim of modern slavery into the National Referral Mechanism, including Police Forces, Border Force, Local Authorities, Barnardo's, The NSPCC

Single Competent Agency – National Crime Agency/Home Office (England & Wales)

Reasonable Grounds – Decision taken by the SCA to determine whether it suspects but cannot prove that an individual is a potential victim of modern slavery

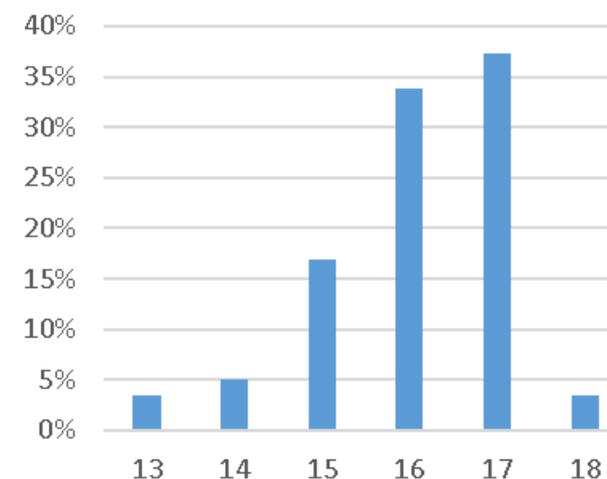
Conclusive Grounds – A decision taken by the SCA as to whether on the balance of probabilities, there are sufficient grounds to decide that the individual being considered is a victim of modern slavery



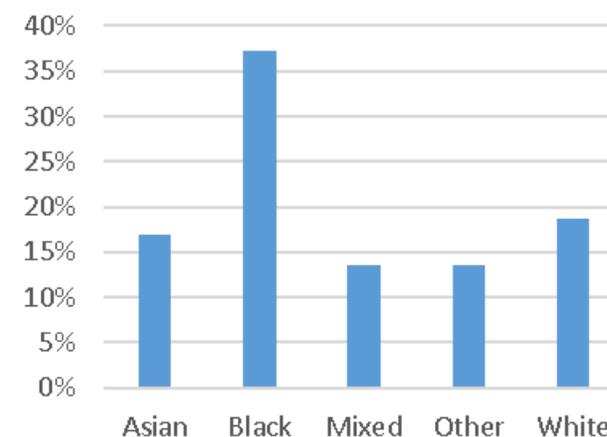
Referrals to the National Referral Mechanism(NRM) - Local context for Newham

- There were 59 referrals to the National Referral Mechanism Service in 2019-2020, 61% of which were during 2020
- These referrals were mostly for Child Criminal Exploitation (CCE) but a small number were for CCE and Child Sexual Exploitation (CSE)
- The main reason leading to a referral is county line offending, accounting for 61% of referrals
- 90% of referrals were male and 10% female
- 35% of referrals were of Black ethnicity and 25% overall were Black African
- 16 and 17 year-olds made up 71% of referrals
- Conclusive Grounds decision outcome in 34% of referrals
- For 39% (not necessarily between March 20 – March 21), a Referral to Rescue and Response has been completed
- Young people where an NRM was completed relating to county lines:
 - 96% are Male
 - Aged 17 years
 - 50% of Black Heritage
 - Conclusive Grounds decision outcome in 42% of referrals
 - Referral to Rescue and Response completed for 46%

Referrals to NRM by age
2019-20



Referrals to NRM by ethnicity
2019-20



Referrals to Rescue and Response and Vulnerabilities and Exploitation Panel

The Rescue and Response County Lines Project findings for Year 2 between May 2019 and April 2020 identified that involvement of individuals from London has remained consistent over the 2 years and demand continued during the COVID-19. However, the period of lockdown affected county lines due to the reduced number of people in public spaces enabling the easier detection of criminal activity easier and grooming of young people more difficult. Drug supply chains were interrupted leading to the closure of some county lines and an increased demand for drugs during the period due to an interruption in the supply chain.

During the lockdown period, there were 14 young people open to the YOS and Children Social Care with episodes of missing; 8 of them identified by Rescue and Response as having an identified link to county line offending. For <5 of these young people there were weekly missing Strategy Meetings chaired by Children Social Care, with these young people either recovered as part of a police operation or missing from home for a short period of time. Youth Service will have attempted to engage the young people in return home interviews.

The Rescue and Response Analyst related that organised crime groups adapted their operations to meet the challenges of the lockdown environment including:

- The use of bicycles for shorter journeys
- Using fast food delivery drivers to transport drugs
- Increasing their use of social media to groom young people
- Utilising ride-hailing services such as Uber for longer journeys and deliveries
- The use of key worker uniforms and the acquisition of fake or stolen NHS identify cards as a means to explain movements during unsocial hours

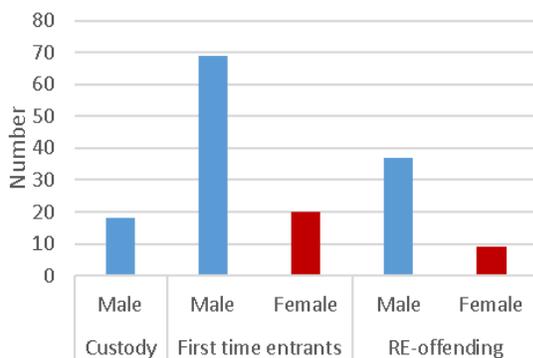
Social media continues to be an influencing factor in the grooming and exploitation of young people. The assessment highlights grooming is not limited by geography or locality, peer association exploited over wide distances. The evolution of apps such as WhatsApp with end-to-end encryption and Snapchat where communications can be set to disappear after a prescribed period of time make it more difficult for activity of young people involved in criminal and anti-social behaviour to be tracked or associates identified.

While the lack of identification of young women, as victims resulting in many are unsupported. The year-on-year analysis demonstrates an increase of young women in county lines offending; although this may in part be due to increased awareness rather than increased activity. The view that the involvement of young women in county lines offending is limited to low-level roles such as holding and transporting drugs is being challenged with professionals reporting young women as undertaking the same activities as young men, including holding lines of their own. The partnership have identified young women as currently involved in county line offending.

Inequalities

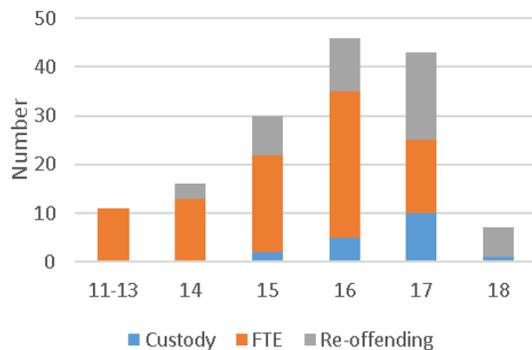
Youth Offenders by gender - 2019/20

Source: LBN YOS Team



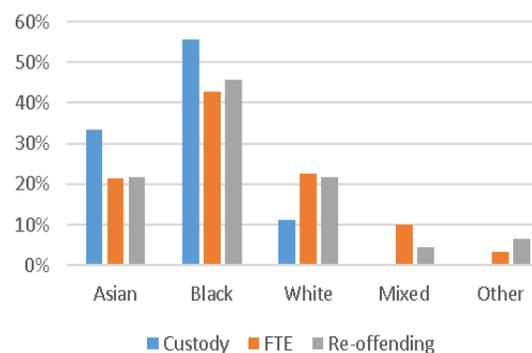
Youth Offenders by age - 2019/20

Source: LBN YOS Team



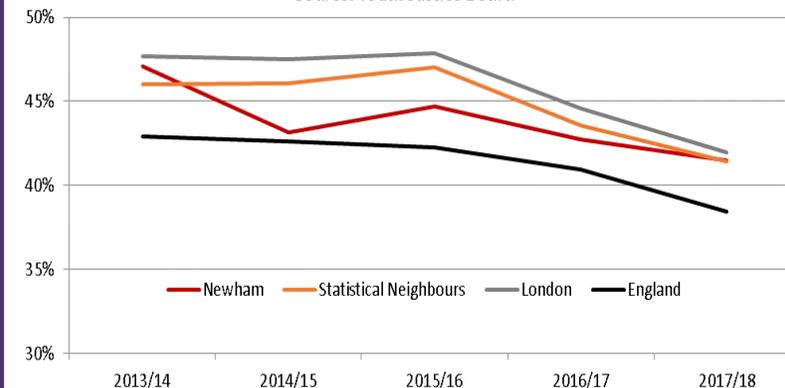
Youth Offenders by ethnicity - 2019/20

Source: LBN YOS Team



Time trend

Re-offending rate
Source: Youth Justice Board



Based on a snapshot of data from April 2020 to March 2021, YOS worked with 326 Newham young people:

Gender - Males are disproportionately over represented in this cohort with an overall figure of 12% female and 88% male.

Age – The largest age group was 14-16 year olds with 61% followed by 17-18 year olds with 33% and 10 – 13 year olds represented 5% of the YOS cohort

Ethnicity – Black young people are disproportionately over represented in this cohort with 40% of all young people and Asian young people are underrepresented with 25% of the YOS cohort

Forecasting future need

Over the last 5 years the trend has been steadily decreasing in all of the 3 YOS key indicators, however due to the pandemic there is a back log in the courts resulting in a 44% increase in the number of young people remanded into youth detention accommodation from 18 in the year 2019-20 to 26 in 2020-21. Therefore we anticipate an increase this year and we have already seen an increase on first time entrance in recent months.

Strategic implications

- The financial management of Remand bed nights continues to be a challenge, and is beyond our control
- The use of Youth Detention Accommodation is being used appropriately, however we are balancing the welfare and risk management concerns in a climate
- Newham does not have a dedicated Speech and language offer

Inclusive Newham: Children with Life Limiting Conditions

Why this is important

Palliative care for children and young people with life-limiting or life-threatening conditions is an active and total approach to care, from the point of diagnosis or recognition throughout the child's life and death. It embraces physical, emotional, social, and spiritual elements, and focuses on enhancement of quality of life for the child/young person and support for the family. It includes the management of distressing symptoms, provision of short breaks and care through death and bereavement. (Together for Short Lives – A guide to children's palliative care, 4th edition) <https://www.togetherforshortlives.org.uk/wp-content/uploads/2018/03/TfSL-A-Guide-to-Children%E2%80%99s-Palliative-Care-Fourth-Edition-FINAL-SINGLE-PAGES.pdf>

Life-limiting conditions are those for which there is no reasonable hope of cure. Some conditions cause progressive deterioration, meaning that the child becomes increasingly dependent on parents and carers. Life-threatening conditions are those for which curative treatment may be feasible but may fail. (same source as above)

Local context for Newham

Different services are commissioned in Newham for children with life threatening or life limiting conditions. These include:

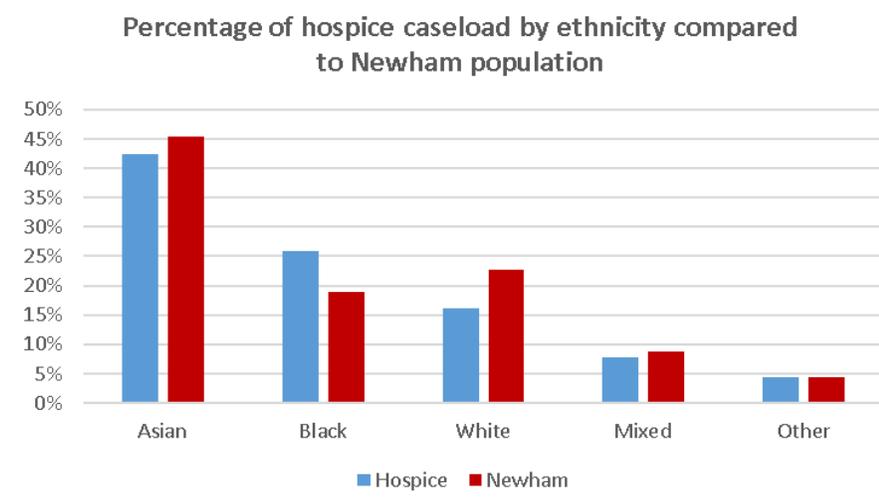
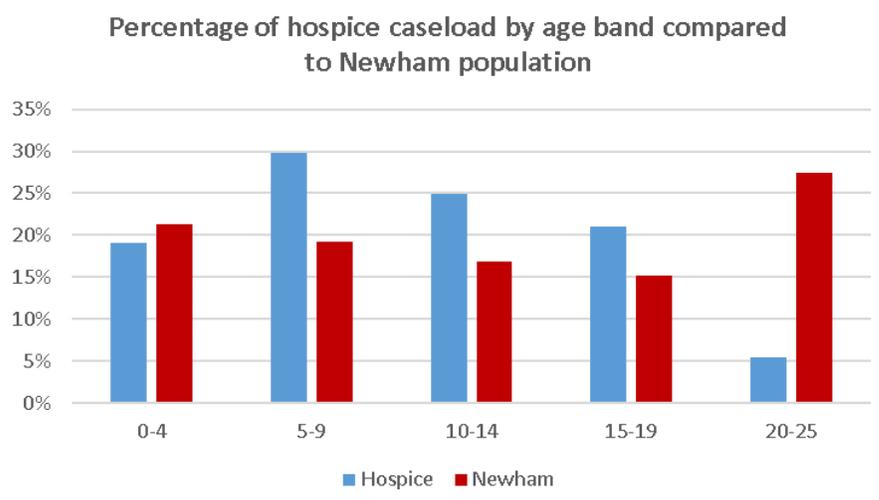
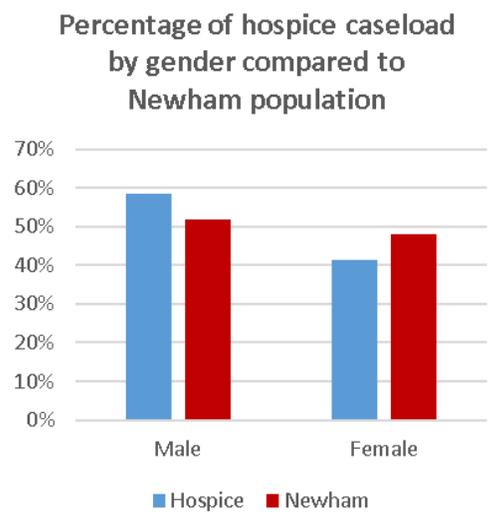
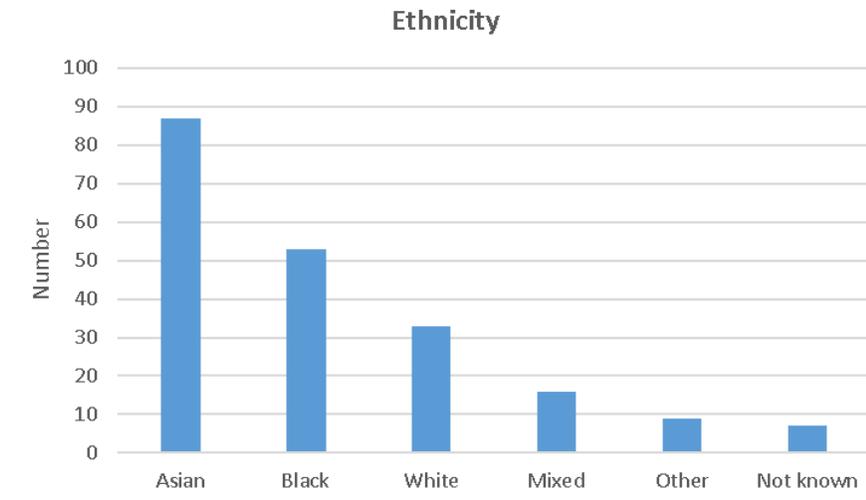
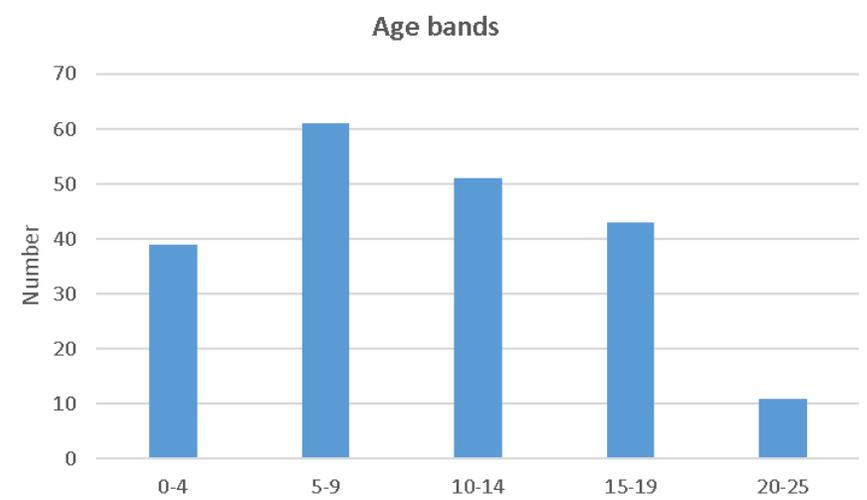
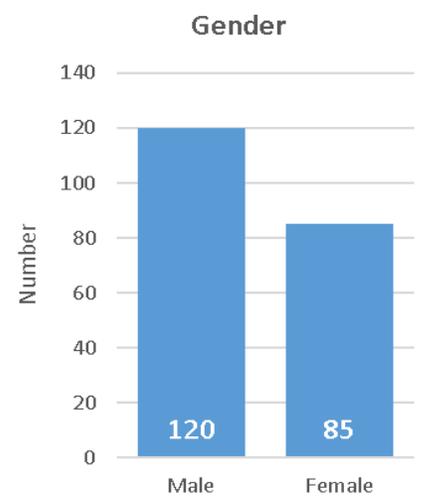
- Children's hospice support including specialist respite or "short breaks" (at the hospice or at a child's home), step down care e.g. to support discharge from hospital, end of life and bereavement care and symptom management care. In Newham hospice care is provided by Richard House Children's Hospice.
- Children's community health services including the "Diana team". This team provides multi-disciplinary care within family homes and other community settings for infants, children and young people who have a palliative care condition, including specialist nursing care, symptom control management, end of life care, health play specialist interventions and clinical psychology support and consultation.
- Specialist hospital services for palliative care – often provided by Great Ormond Street Hospital.
- Care packages for children who meet children's continuing criteria. This is a national criteria which sets out how CCG's provide additional and bespoke health support for children who have needs that surpass what can be provided by other health services.
- As at quarter 3 2020/21 there were 83 children and young people aged 0-25 accessing Richard House Hospice. Of these 72 were aged 0-18. In the first 3 quarters of 2020/21 11 new referrals were accepted into the service
- Data on the next slide from Richard House Hospice looks at a snapshot of caseload in May 2021, broken down by age, gender and ethnicity

Inclusive Newham: Children with Life Limiting Conditions



Inequalities

Caseload at Richard's House Hospice, May 2021



Males, all those aged 5-15 and those of Black ethnicity are over-represented compared to their percentage of the Newham population of 0-25 year-olds.

Inclusive Newham: Children with Life Limiting Conditions

Inequalities

- The report “Life-limiting and life-threatening conditions in children and young people in the United Kingdom” in 2011 recorded prevalence in the male population was significantly higher than the female population, across all age groups
- In Newham our services for children and young people with life limiting or life threatening conditions are utilised by children who reflect our local population in terms of diversity such as ethnicity
- In the Richard House Hospice data, there is over-representation by males, those in the 5-15 age bands and those of Black ethnicity compared to the percentage Newham population

Time trend

- There were almost 3,000 child deaths in England in 2017 which were due to medical conditions, with 2,351 of these deaths due to a known life-limiting condition or a neonatal death
- There is an emerging picture of the number of babies, children and young people living with a life-limiting or life-threatening condition in the UK
- Research has estimated that there are 49,000 children and young people with a life-limiting or life threatening condition in the UK aged 0-18 years.
- In addition, there are 55,000 young adults aged 18-40 living with a life-limiting or life-threatening condition in England, of which almost 13,000 are in the 18-25 age group.

Also from Together for Short Lives

Forecasting future need

The Council for Disabled Children reported in 2014 a 50% increase in the last decade in numbers of children and young people with complex needs or life-limiting conditions.

<https://councilfordisabledchildren.org.uk/news-opinion/news/numbers-children-complex-needs-50-2004>

Strategic implications

- Children’s palliative and end of life care is an important priority for the NHS as outlined in the NHS Long term plan.
- Over a five year period starting 2019/20, NHS England will increase its contribution by match-funding clinical commissioning groups (CCGs) who commit to increase their investment in local children’s palliative and end of life care services including children’s hospices.
- Newham as part of NEL CCG has signed up to this match funding commitment and is therefore increasing its funding to our local children’s hospice year on year.

Inclusive Newham: Mortality in CYP aged 2-18

(see Early Years chapter for 0-1 years)

Why this is important

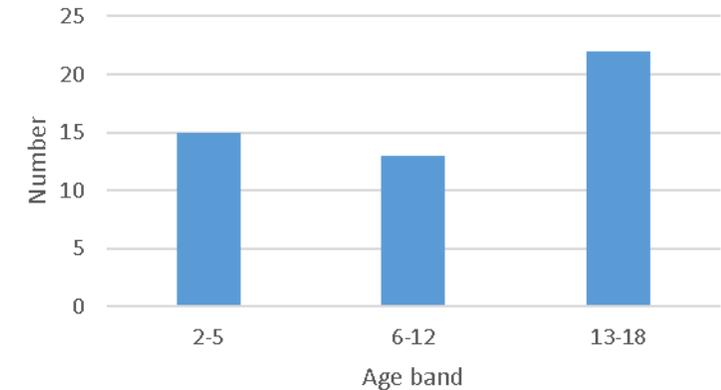
Every child death from 0 and up to the age of 18 is reviewed to identify 'modifiable' factors. This means that if those factors had or had not been present, the death might have been avoided. The child death reviews have found that there are nearly always modifiable factors in deaths due to intentional injuries or harm including youth violence and suicide. The same applies to deaths due to asthma in older children. These deaths are potentially preventable and therefore clear strategies for reducing modifiable factors and preventing child death need to be in place.

Local context for Newham

- There has tended to be a decline in child deaths in the past 3 years. However there has been an increase in unexpected deaths in older children 15-18 years, relating to suicide or exploitation
- Deaths in children less than 18 years from exploitation have occurred in children of Black African, Black Caribbean, Black British and Mixed ethnicities (Source: Child Death Overview Panel)
- Mortality in 2-18 year-olds accounted for 30% of all deaths in 0-18 year-olds (0-1 years accounting for 70% - please see Early Years chapter for data on mortality in 0-1 years)
- Deaths due to cancer accounted for the highest number of deaths (18%), of which cancer of the brain was responsible for half of those deaths
- Intentional injuries accounted for 12% of deaths, including homicide/assault and suicide, all of which were in the 13-18 year age band
- Please note that any deaths that go to inquest will not be included in these statistics until the inquest has concluded, this can take months or years on occasion

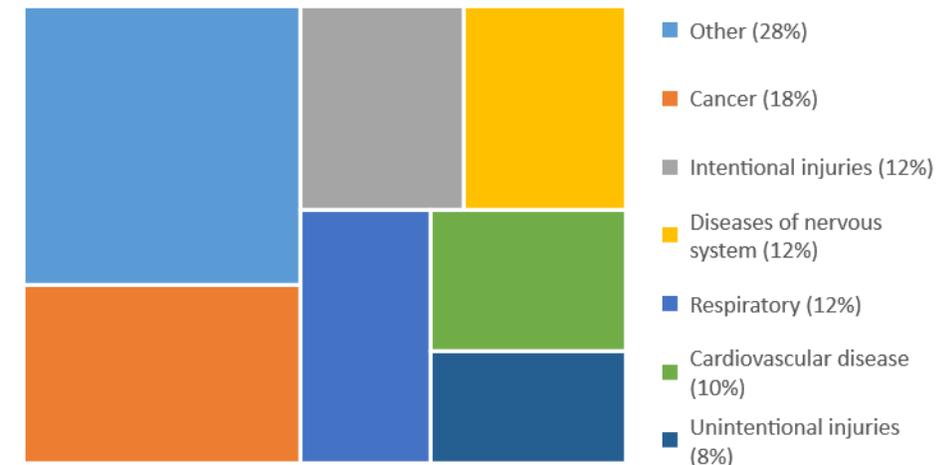
Mortality in children and young people by age band. 2016-2020

Source: Primary Care Mortality Data



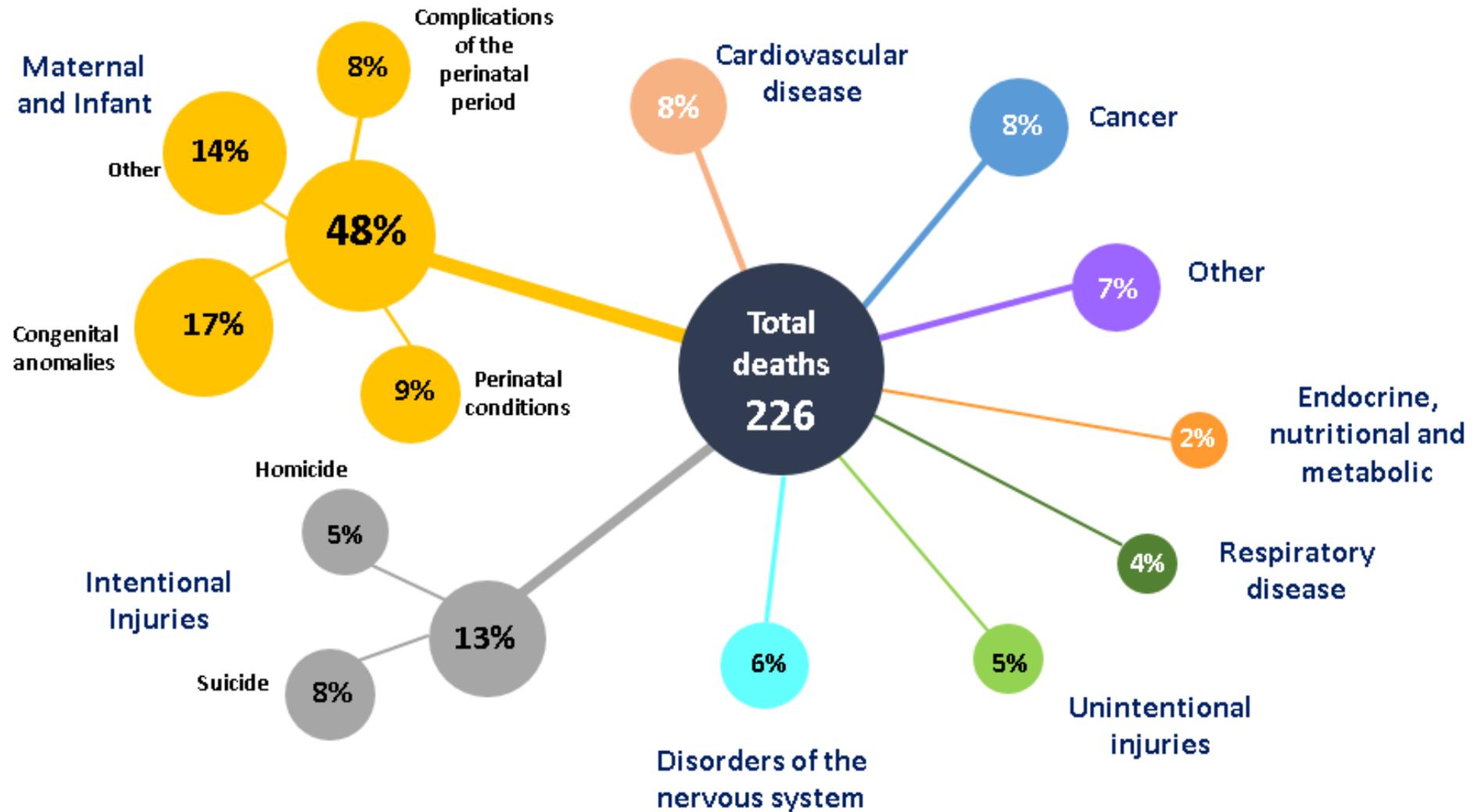
Main causes of death in CYP aged 2-18 - 2016-2020

Source: Primary Care Mortality Data



Inclusive Newham: Mortality

Causes of death in children and young people aged 0-25 years, 2016-2020



Numbers show the deaths by cause in Newham residents from 2016-2020

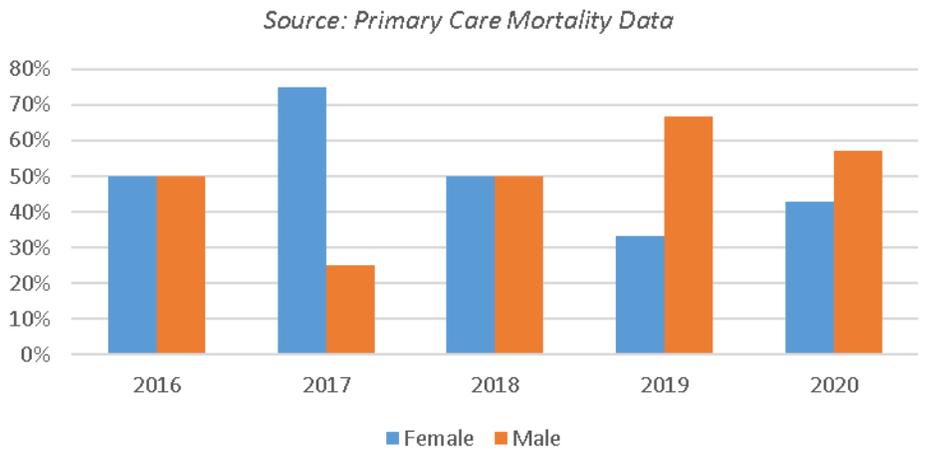
Source: Primary Care Mortality Data

Inclusive Newham: Mortality in CYP aged 2-18

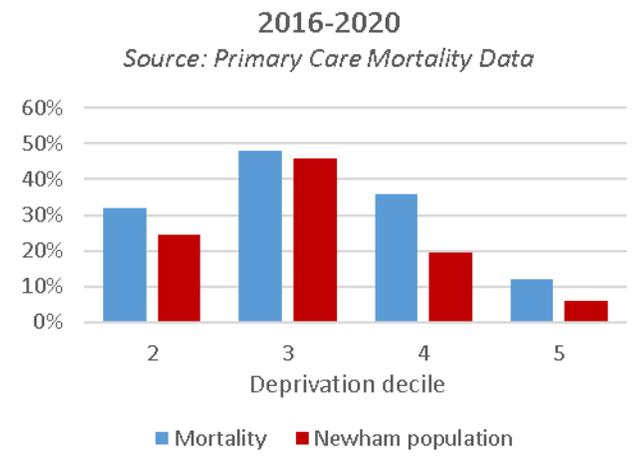
(see Early Years chapter for 0-1 years)

Inequalities

Mortality in children and young people aged 2-18 by gender, 2016-2020

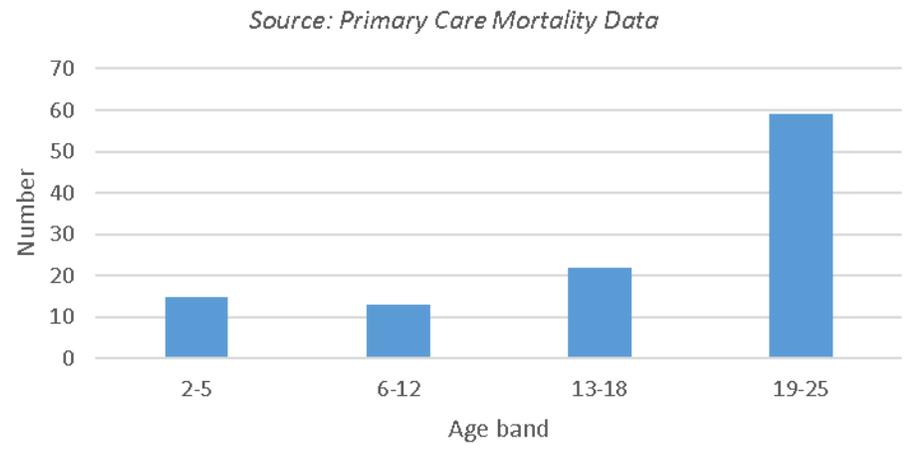


Mortality in 2-18 year-olds by deprivation decile, 2016-2020



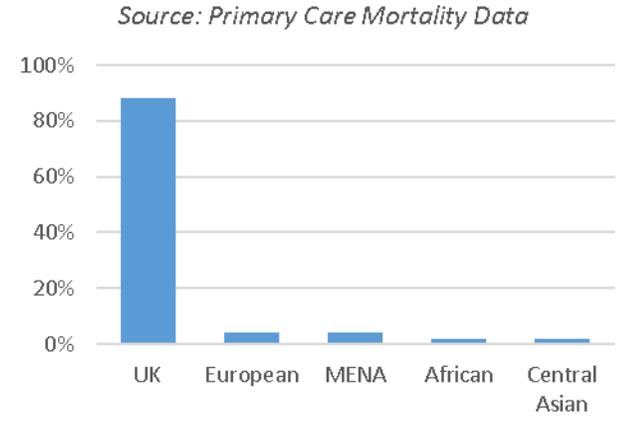
Most deprived → Least deprived

Mortality in children and young people by age band, 2016-2020



- Out of the 50 deaths recorded in 2-18 year-olds, 54% were males and 46% females
- 44% of deaths were in the 13-18 age group
- The majority of deaths in the 2-18 year-olds were of those living in deprivation decile 3, however a majority of households in Newham are within this deprivation decile. Deaths in those living in decile 3 were over-represented compared to the population
- The highest proportion of deaths in 2-18 year-olds were born in the UK (88%)

Mortality in 2-18 year-olds by country of origin, 2016-2020



Ethnicity is not available in Primary Care Mortality Data

Inclusive Newham: Mortality in CYP aged 2-18

(see Early Years chapter for 0-1 years)

Inequalities

In a report based in April 2019 – March 2020 data, the National Child Mortality Database has identified key findings between child mortality (aged 0-18 years) and social deprivation:

- There is a clear association between the risk of death and levels of deprivation (in all categories except malignancy)
- There is a relative 10% increase in the risk of death between each decile of increasing deprivation (on average)
- More than 1 in 5 child deaths might be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived
- There is an increased proportion of deaths with modifiable contributory factors with increasing deprivation
- In 12 child deaths reviewed in 2019/20 identified 1 or more factors relating to deprivation
- Exemplar projects highlighting strategies informed by recurring themes and local learning to reduce mortality

Recommendation: Using the data in the report (<https://www.ncmd.info/2021/05/13/dep-report-2021/>) to develop and monitor the impact of future strategies to reduce social deprivation and inequalities

Action by: Policy Makers, Public Health Services, Service Planners and Commissioners at local and national level

Inclusive Newham: Mortality in CYP aged 2-18

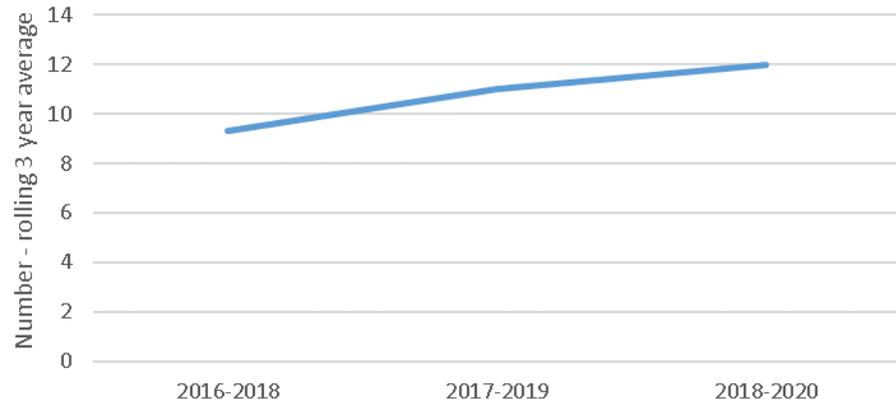
(see Early Years chapter for 0-1 years)

Time trend

Mortality in children and young people aged 2-18

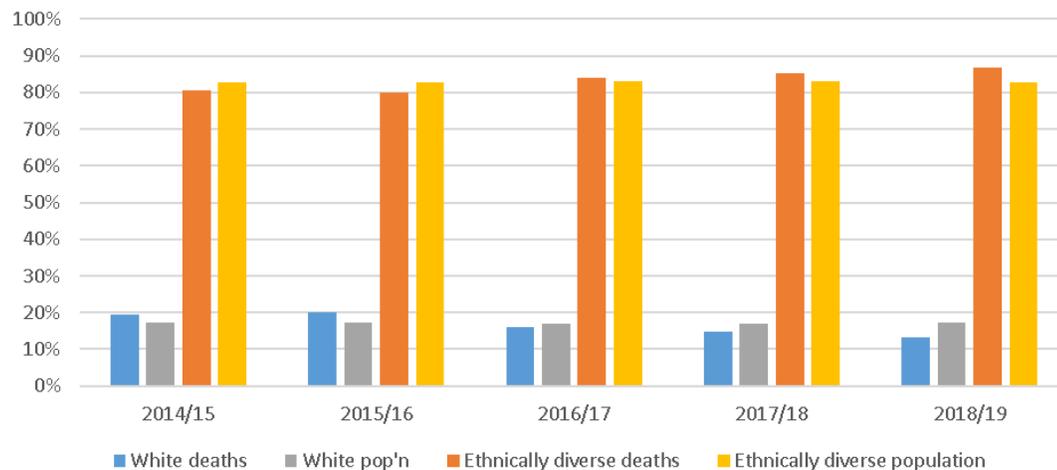
Rolling 3 year average

Source: Primary Care Mortality Data



Comparison of child population aged 0-18 compared to deaths of children by ethnicity

Source: National Child Mortality Database



The National Child Mortality Database covers up to 18 years only

Forecasting future need

Outcome from child death reviews in ages 2-18 show that whilst there has reduced number of child deaths in the past 3 years there have been increases in deaths due to intentional causes such as exploitation and trauma. Almost all of these deaths occur in the ethnically diverse Black male community. In most cases there are preventable factors identified as poor communication between agencies involved with the child. Evidence from Serious Case Reviews show a failure to implement a multi agency joined up working approach to share information so that appropriate support can be put in place for families. As the risk of death is greater in this group, especially through exploitation, a targeted approach to supporting young black men in our community is a priority.

Strategic implications

Whilst there has been some excellent work around youth services in Newham, there are opportunities to improve on this by incorporating and embedding a robust plan for joint strategic working across all agencies. There is evidence that working with young people and families with interventions from a younger age to improve self esteem of young people may help to reduce deaths due to violence and trauma and suicide in communities.

Objective: reduce the number of deaths in young people where there are opportunities to do so by:

- Identifying where need is greatest
- Applying resources to those areas for joined up working approach

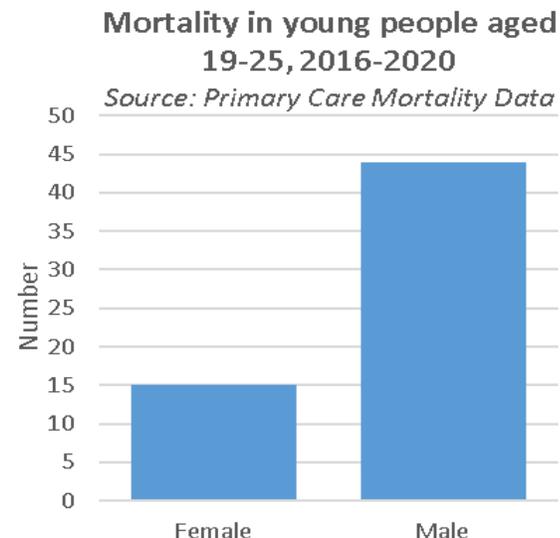
Why this is important

- From the Child Death Overview Panel data, there is evidence to suggest that modifiable factors that may have prevented the death are almost always identified in deaths of young people
- Adverse Childhood Experiences (ACEs) are documented and have been identified as causes of health harming behaviour in young people
- This includes parental separation, domestic abuse, physical and emotional abuse, dysfunctional family, inappropriate use of alcohol or drugs and others
- They are common and are strong predictors of health and disease and the leading determinant of health and social wellbeing of our nations and in Newham
- The link below to a presentation from Public Health England details how ACEs can have a detrimental effect on the lives of children and young people

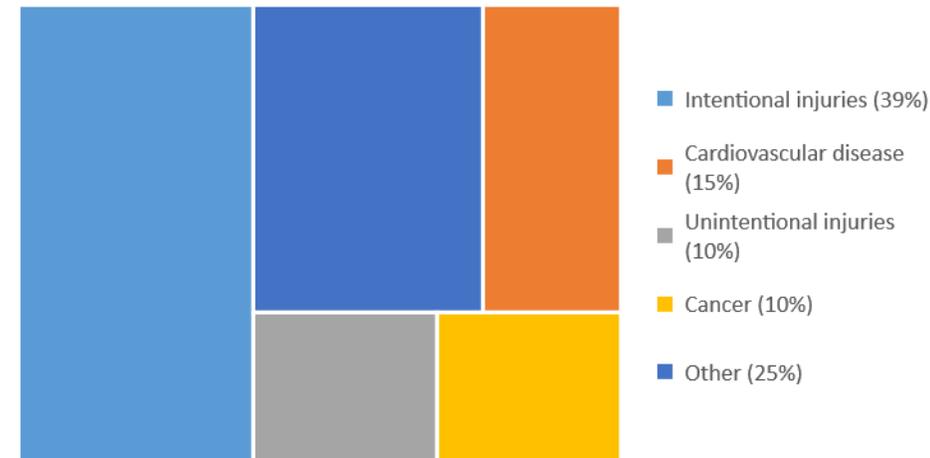
<https://www.nwcpwd.nhs.uk/attachments/article/276/Presentation.pdf>

Local context for Newham

- Intentional injuries accounted for 39% (n=23) of deaths in the 19-25 year age group from 2016-2020 – this includes homicide and suicide
- Of these deaths from intentional injuries, around ¾ were in males (n=17)
- 43% of deaths from intentional injuries were of people born in Europe (*Ethnicity is not available in the Primary Care Mortality Data*)
- 65% of deaths from intentional injuries were suicide and 35% homicide/assault
- Suicide accounted for 25% of deaths in the 19-25 age group from 2016-2020
- Please note that any deaths that go to inquest will not be included in these statistics until the inquest has concluded, this can take months or years on occasion



Main causes of death in YP aged 19-25 - 2016-2020
Source: Primary Care Mortality Data

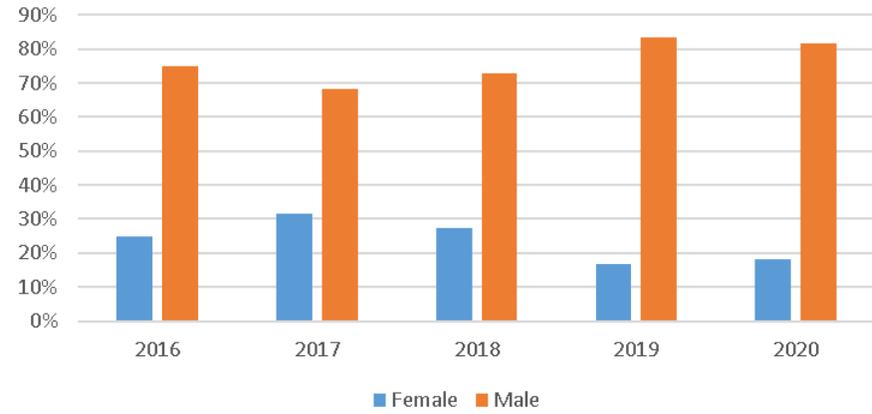


Inclusive Newham: Mortality in young people aged 19-25

Inequalities

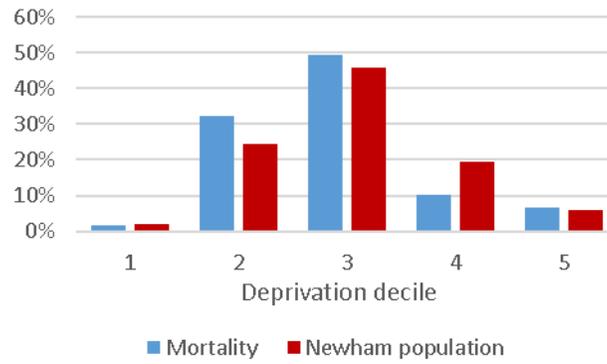
Mortality in Young People aged 19-25 by gender

Source: Primary Care Mortality Data



Mortality in 19-25 year-olds by deprivation decile 2016-2020

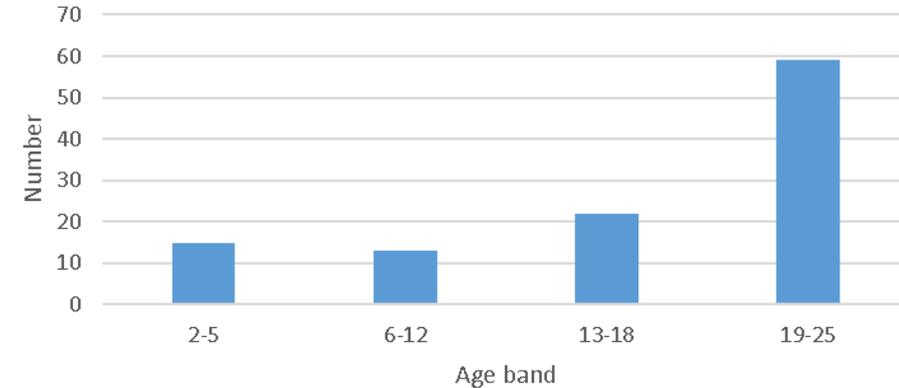
Source: Primary Care Mortality Data



Most deprived → Least deprived

Mortality in children and young people by age band 2016-2020

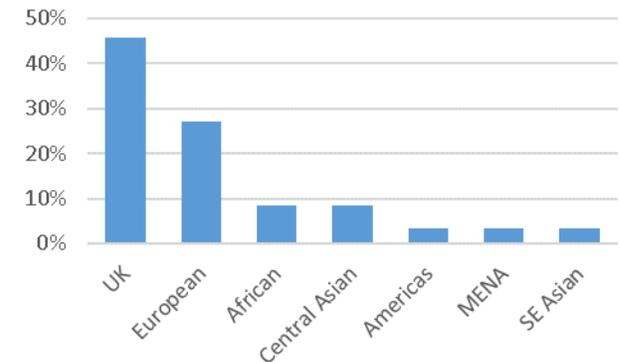
Source: Primary Care Mortality Data



- Out of the 59 deaths recorded in 19-25 year-olds, 75% were males and 25% females
- The majority of deaths in the 19-25 year-olds were of those living in deprivation decile 3, however a majority of households in Newham are within this deprivation decile. Deaths in those living in deciles 2 and 3 were over-represented compared to the population
- The highest proportion of deaths in 19-25 year-olds were born in the UK (46%) followed by Europe (27%)

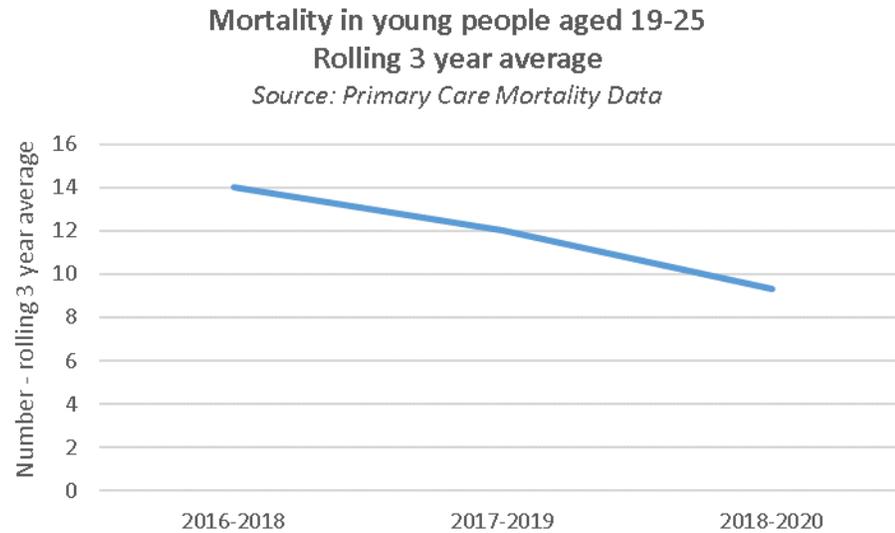
Mortality in 19-25 year-olds by country of origin, 2016-2020

Source: Primary Care Mortality Data



Ethnicity is not available in Primary Care Mortality Data

Time trend



Forecasting future need

- Details around mortality in young people aged 18-25 is not well recorded or reviewed unless they have a learning disability
- These deaths are reviewed by LeDeR (Learning Disabilities Mortality Review)
- There is minimal information and little understanding around causes of death, in particular unexpected deaths, in young people aged 18-25
- There is currently little opportunity to learn from deaths in this age group and therefore no framework exists to approach learning in the same way as there is for deaths in the 0-18 age group, such as the Child Death Overview Panel/Child Death Review process

Strategic implications

- There is a clear gap as alluded to in the Forecasting Future Need section around recording of information relating to deaths in young people aged 18-25
- For causes of death that are not related to disabilities, such as trauma, sepsis, self inflicted harm, suicide and homicide, where there are potentially modifiable factors, the recording of more detailed information could identify learning and opportunities for prevention in the future
- ACES and Prevention:
 - a) Primary preventative approach: ensuring all children grow up in nurturing homes with stable and supportive family relationships – best start in life principles (reducing the likelihood of Adverse Childhood Experiences occurring, building resilience, supporting parents).
 - b) Secondary preventative approach: identifying adverse events when they occur, at the earliest opportunity, in order to reduce the impact these experiences have on children and young people. This could also reduce the likelihood of multiple experiences occurring.
 - c) Tertiary preventative approach: identifying ACEs in those with established physical and emotional disease/ problems and ensuring their needs are met, including opportunity for therapeutic and practical support <https://www.nwcpwd.nhs.uk/attachments/article/276/Presentation.pdf>

Chapter 9: Mental Health

- Mental health problems are very common, with anxiety and depression the most common, affecting around 1 in 10 people at any one time
- Mental health ranges from everyday worries to serious long-term conditions and can affect anyone
- The majority of people who experience mental health problems can get over them or learn to deal with them, especially if they get help early on (Source: The Mental Health Foundation)
- Nationally it is estimated that up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth. This can not only affect the mother and father, but can also impact upon a child's development
- At least 1 in 8 children suffer with a significant emotional or behavioural disorder and the rates are rising
- Half of all mental health disorders in adults start in childhood and there is a strong association between mental health disorder and Adverse Childhood Experiences including poverty, family dysfunction, poor parental mental health, being a Looked After Child and being a Young Offender
- Newham has support in the way of HeadStart, Kooth (online platform) and the Children and Adolescent Mental Health Service (CAMHS)
- The demand for support from services such as these is rising and there was a notable increase in Crisis presentations in September and October 2020 compared to the same time period in 2019, appearing to be relating to Covid-19 and the re-opening of schools following lockdown
- The prevalence of psychosis is higher in Newham than the average for East London, highlighting the importance of early intervention services. Deprivation can also be a variable in developing mental illness which is relevant in Newham
- Psychosis is higher in certain ethnic groups such as Black and Caribbean and rates are much higher in first and second generation immigration populations
- Findings in the Newham Youth Wellbeing Survey (children and young people aged 10-24) showed a clear story that mental health and wellbeing had been impacted by the Covid-19 pandemic, with 51% reporting low wellbeing and 60% reporting that it was harder to carry out schoolwork or studies and 53% reporting a lack of motivation due to lockdown restrictions

Mental Health: Key Facts

- There are over 90,000 ONS registered CYP aged 0-18 in Newham
- Extrapolating national prevalence rates onto Newham's population, expected numbers are as follows:

Age range	NHSE Prevalence	ONS population	Expected CYP with MH
2-4	5.5%	16,336	898
5-15	12.8%	50,922	6518
16-18	16.9%	12,027	2033
Total number of CYP aged 2-18 with a diagnosable mental illness			9449
Total number of CYP receiving two contacts during 2019/20			3425

- 2019 results for primary and secondary schools:

Primary Schools	Emotional difficulties	14.5%
	Behavioural difficulties	9.9%
Secondary Schools	Emotional difficulties	22.8%
	Behavioural difficulties	27.3%
	Attention difficulties	25.4%
	Peer difficulties	20.1%

Mental Health: Key points from Mental health provision for children and young people audit – March 2021

- 464 patients audited – 261 aged 12-17, 203 aged 18-25
- 2.4% of all CYP A&E attendances are recorded as “Mental health” – equating to 2700 young people a month
- The majority of CYP presenting at A&E present with depression and anxiety, complicated by high levels of suicide and safety risks
- Of these presenting, 2% had learning disability and autism and 3% had eating disorders
- Of those presenting at A&E, 50% go home, 16% go to a specialist mental health inpatient unit, 6% are transferred to another unit/hospital and 28% are not recorded
- 70% of those attending the A&E department do so out of hours
- A significant number arrive in A&E by ambulance and 8% of under 18s arrive with a police escort
- 70% of all mental health crisis A&E attendances were young girls
- 53% of all young people attending A&E were white
- 9% of A&E referrals in CYP are made by teachers
- 8% of those attending A&E are experiencing school attendance or engagement issues
- The majority of young people attending A&E are known to services (57%), most of which also had a CPA Care Co-ordinator. 43% were unknown
- Of the CYP known to services, the majority would have been seen by either psychiatric liaison services or community mental health services
- 37% of females who presented at A&E had some form of contact with adult social care
- 5% of all over 18s attending A&E were referred for safeguarding concerns
- 11% of all under 18s attending A&E were referred for safeguarding concerns

Why this is important

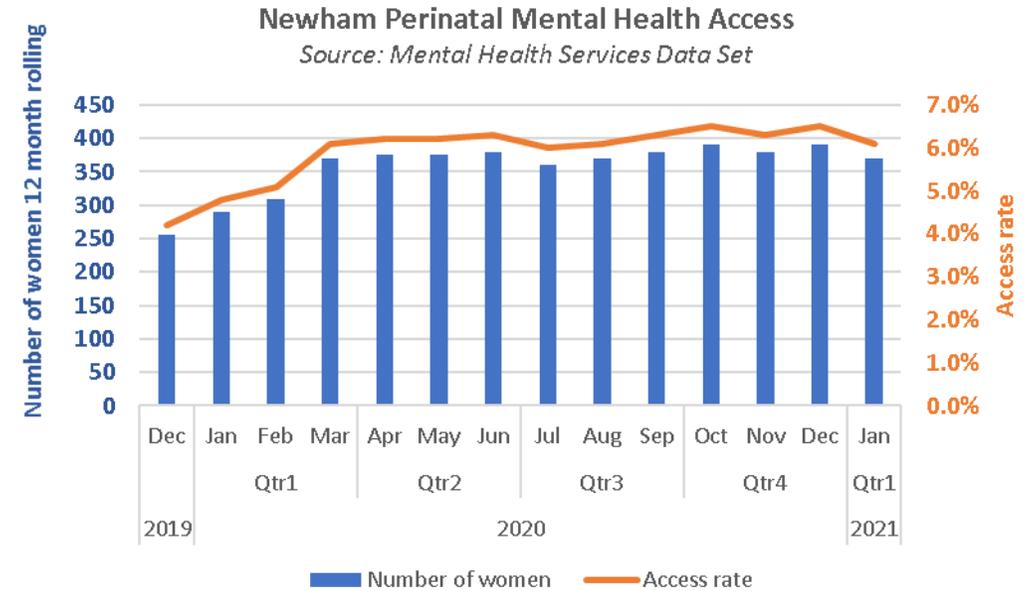
- Perinatal mental health includes the time from becoming pregnant up until one year after giving birth
- It is important to support perinatal health not only for the mother's and father's health outcomes, but in recognition of the impact that a parents' health and wellbeing will play in their child's overall growth and development
- Nationally it is estimated that up to 20% of women develop a mental health problem during pregnancy or within a year of giving birth

Local context for Newham

- In Newham specialist perinatal mental health services are delivered by East London Foundation Trust (ELFT). The service is aimed at women with moderate – severe mental health problems. Other service available for those in the perinatal period include:
 - ✓ Newham Talking therapies [NTT] (Mild-Moderate / Common mental illness)
 - ✓ Parents in Mind [PiM] (Peer Support led service)
 - ✓ Specialist Health Visitor in Perinatal and Infant Mental Health

Together these services aim to ensure women receive the appropriate form of care, at the right time. The Perinatal mental health team work closely with NTT and PiM to ensure women are signposted to the appropriate team.

Newham is also part of a national pilot for the implementation of Maternity Mental Health Teams. These teams will extend the offer of specialist psychological treatment for women experiencing loss or trauma during the maternity experience – but whom may not reach the threshold for traditional perinatal mental health services.



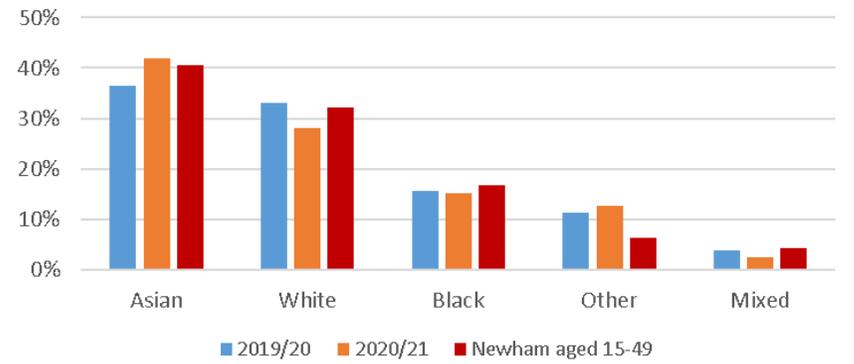
Newham System LTP Trajectory		2019/20	2020/21	2021/22	2022/23	2023/24
Perinatal	Number of women accessing specialist community PMH service in the reporting period	271	428	519	601	601

Mental Health: Perinatal Mental Health

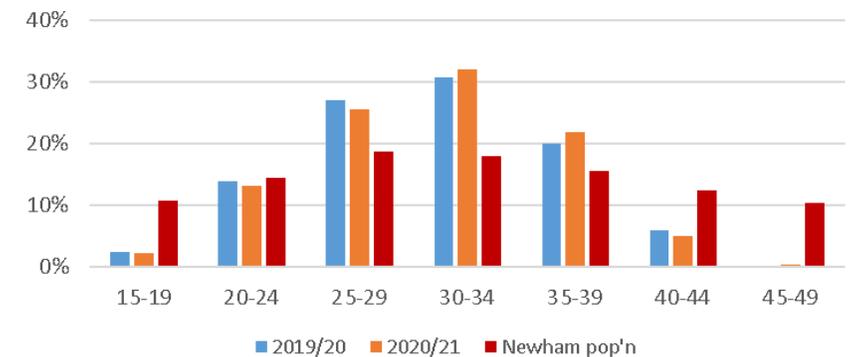
Inequalities

- Whilst Newham has a strong provision of specialist perinatal mental health support, there are gaps in the provision of support for parents with moderate needs
- There are also limited avenues of support for fathers/male carers

Mothers seen by the Perinatal Mental Health team by ethnicity where known (aged 15-49)
Source: MH Services Dataset via NEL CSU

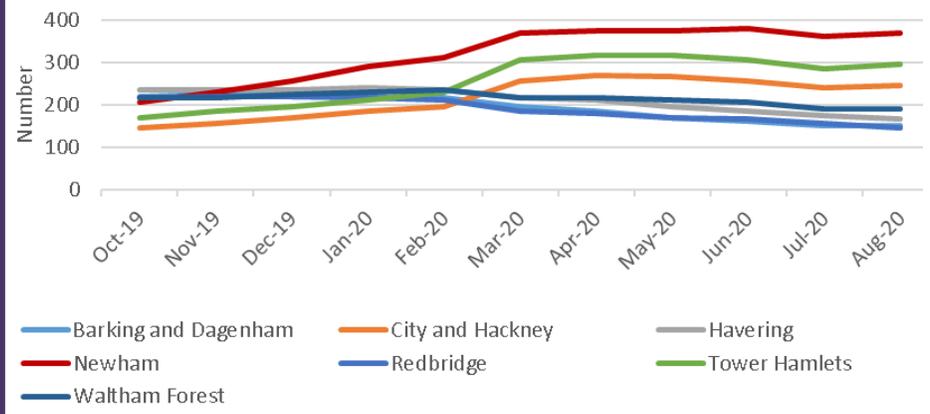


Mothers seen by the Perinatal Mental Health team by age band
Source: MH Services Dataset via NEL CSU

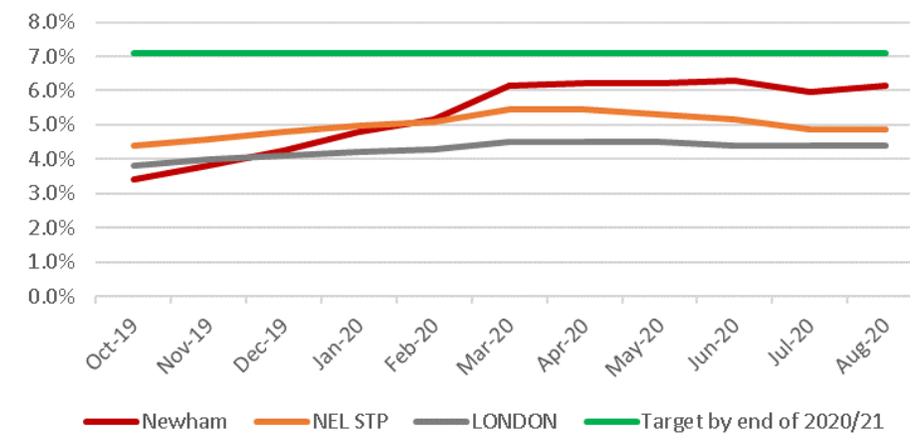


Time trend

Number of women in contact with specialist perinatal MH services - NEL
Source: Mental Health Core Data (Future NHS Collaboration)



Perinatal access (proportion of births) Newham compared with NEL STP and London



Strategic implications

The NHS Long Term plan outlines local system requirements for specialist perinatal mental health services in England. One of the key objectives of the LTP is to increase access to specialist services to at least 66,000 women in England by 2023/24. This equates to 10% of all births (based on ONS 2016 Figures).

Other NHS LTP objectives for Perinatal Mental health include:

- Development of Maternity Mental health Services in all STP/ICS areas by 2023/24
- Extended period of care from 12 to 24 months & increased availability of psychological therapy by 2023/24
- Evidenced-based assessments for partners and signposting where required by 2023/24

Why this is important

At least 1 in 8 children suffer with a significant diagnosable emotional or behavioural disorder. This means that their symptoms are having significant impact on themselves and their families, and how they function at school and socially. These rates are rising.

Half of all mental health disorders in adults start in childhood. There is a strong association between mental disorders and Adverse Childhood Experiences including poverty, family dysfunction and poor parental mental health, being a Looked After Child, being a young offender.

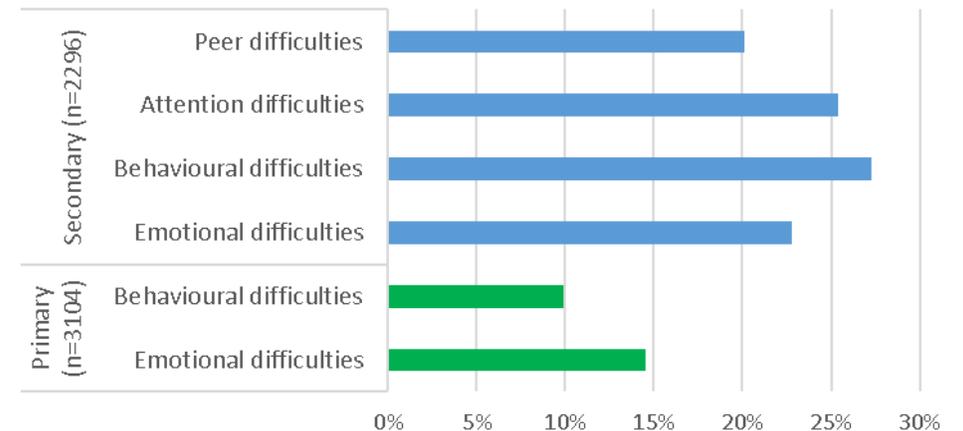
CAMHS can help young people with significant mental health disorders such as depression, anxiety, OCD, psychosis, eating disorders, self-harm, or suicidal thoughts. They offer a range of evidenced based therapies and treatments delivered by skilled and highly trained multi-disciplinary teams.

Age Range	NHSE Prevalence	ONS Pop'n	Expected number of CYP with MH
2-4	5.5%	16,336	898
5-15	12.8%	50,922	6,518
16-18	16.9%	12,027	2,033
Total number of CYP aged 2-18 with a diagnosable mental illness			9,449
Total number of CYP receiving two contacts 2019/20			3,425

Local Context for Newham

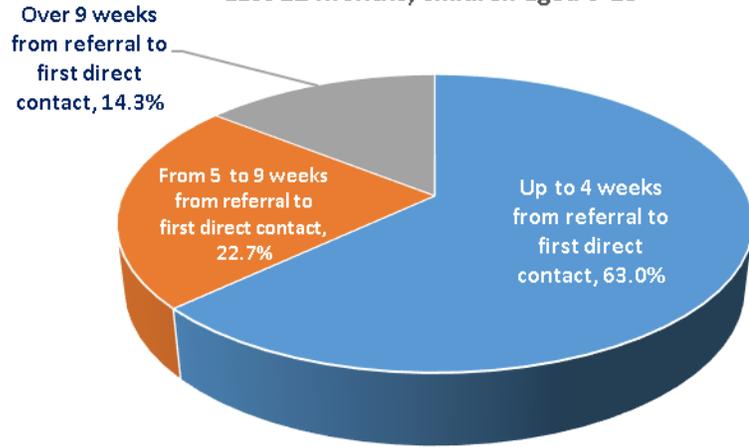
- There are over 90,000 ONS registered CYP aged 0-18 in Newham and with a national prevalence rate of 5.5% for 2-4 year-olds, 12.8% for 5-15, 16.9% for 16-18, it is possible to extrapolate that there are around 9,449 CYP that could have a diagnosable MH condition
- A higher rate of emotional and behavioural difficulties are reflected in HeadStart's Wellbeing Measurement Framework – an annual survey conducted with primary (years 5 and 6) and secondary (year 9) pupils
- The impact of lockdown on mental health during the Covid-19 pandemic is strongly recognised

Annual Survey - HeadStart
Wellbeing Measurement Framework 2019

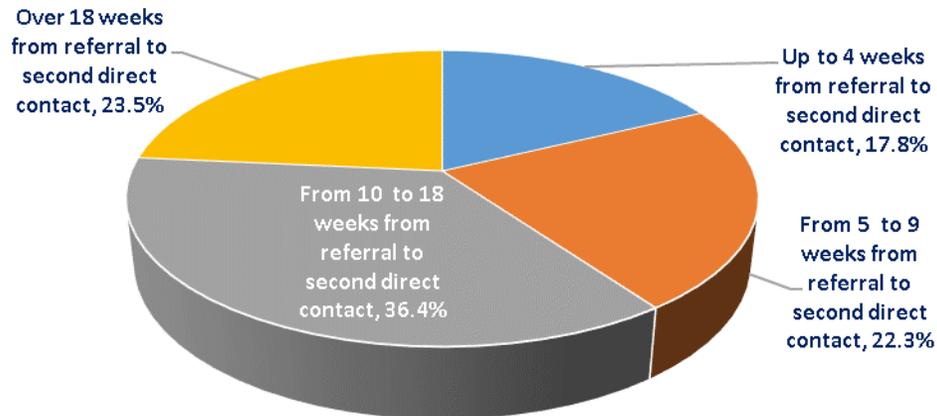


Waiting Times

Newham CAMHS Waiting Times - Referral to Assessment
Last 12 months, children aged 0-18



Newham CAMHS Waiting Times - Referral to Treatment
Last 12 months, children aged 0-18

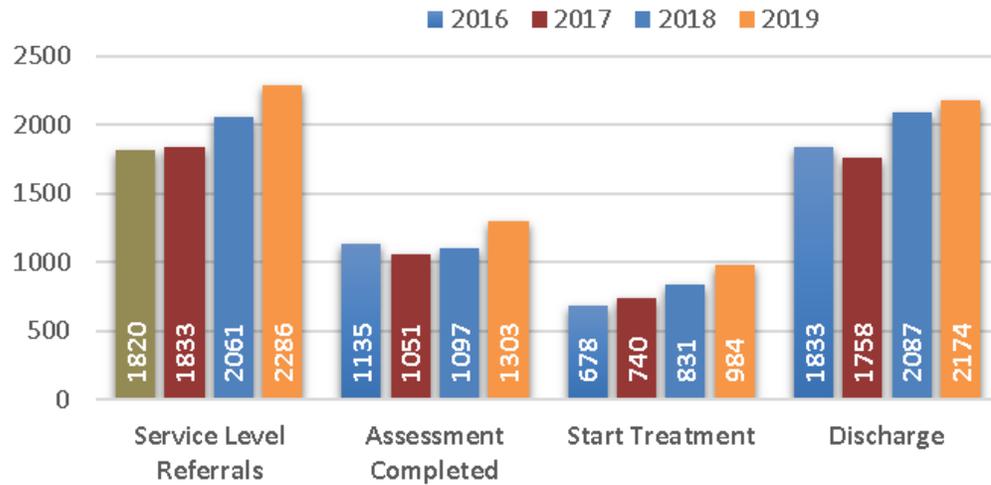


Waiting Times

- Demand is currently outstripping capacity within the service and referrals continue to increase
- Cases are presenting with increasingly complex difficulties requiring longer assessments, more multi-disciplinary input and risk management. These cases often require multi-agency liaison to support children in the community
- Urgent cases need to be prioritised at the expense of less severe cases who wait longer risking their condition become more entrenched or worse

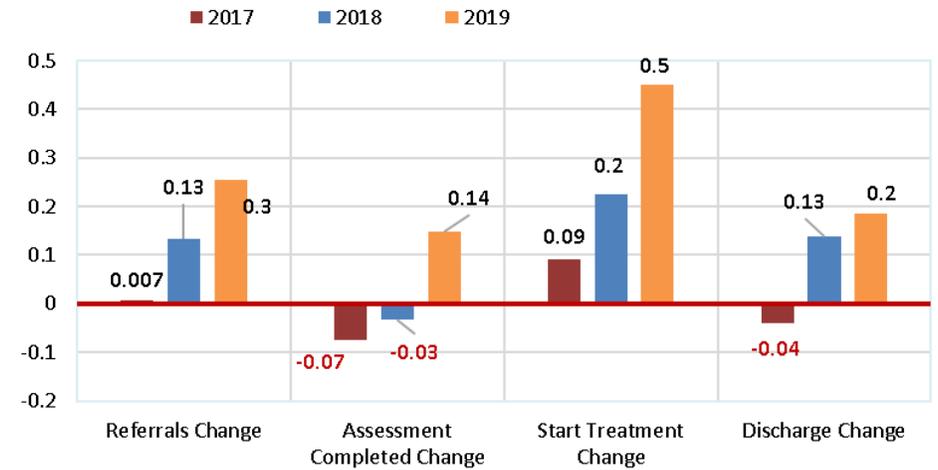
Referral trends

Newham CAMHS Service Level



- A total of 26% increase in referral since 2016, 15% more new assessments and 45% increase in treatment

Newham CAMHS Service Level Demand
In comparison with 2016



- Numbers of new treatment cases exceeds the numbers of discharges so the clinic is increasingly over capacity

Crisis Presentations

Crisis presentations appear to have doubled over September and October 2020 compared to last year. This does seem to be a COVID related effect after Lockdown and the re-opening of schools.

The capacity of the Extended Crisis team has been increased over the last year as has the hours of availability have shifted across the week to 9am to 9pm every day. The trends do show an increase in presentations at the weekends.

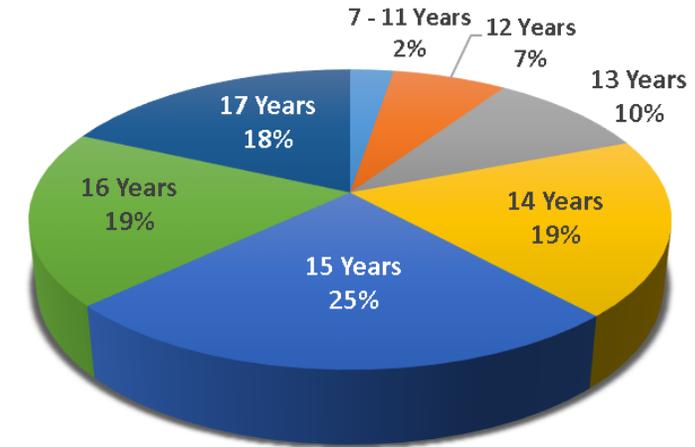
Regarding the types of problems presenting, there has been a doubling of presentations citing social problems as being the main cause of the crisis. Again this would reflect the impact of COVID with difficulties such as isolation, safeguarding, housing, community stresses as driving these presentations.

Self harm, anxiety and depression presentations seem to be reduced but there are higher numbers of presentations of crisis in young people with LD, Eating disorders and severe mental illness (Psychosis). We would speculate that this is a COVID effect of the impact on the reduction on the usual community support/respite availability, reduced surveillance of difficulties e.g. in Eating Disorders and late presentations in the case of Psychosis.

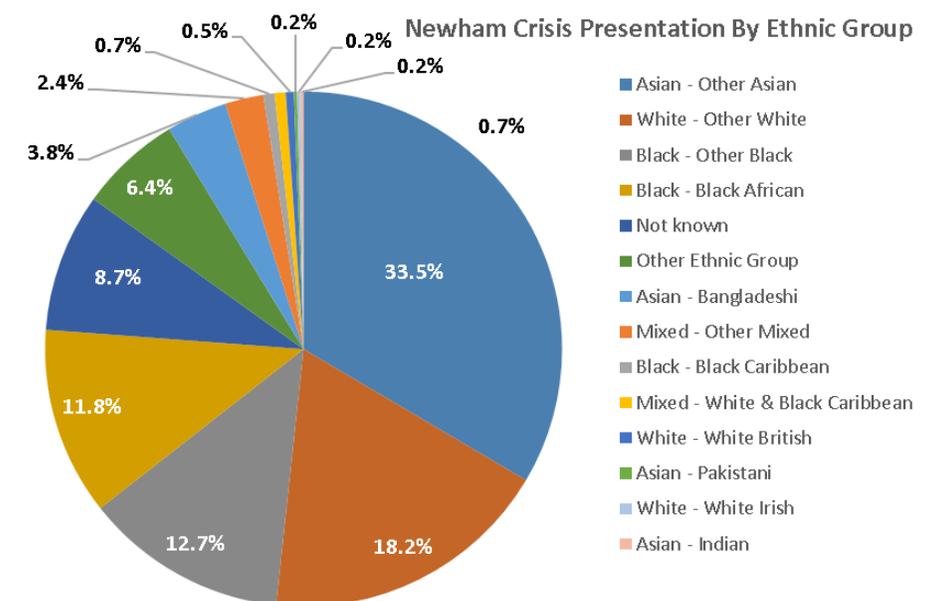
Age comparison suggests higher number of younger children are presenting in crisis.

Ethnicity data suggests higher number of White children, Asian Bangladeshi and Indian children have presented in Crisis in 2020 compared to 2019. By contrast fewer Black children, except those categorised as Black Other, have presented in Crisis.

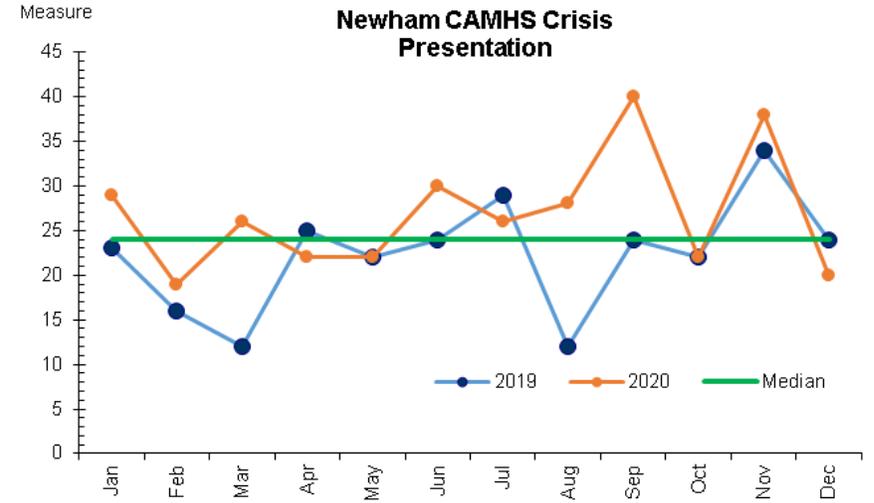
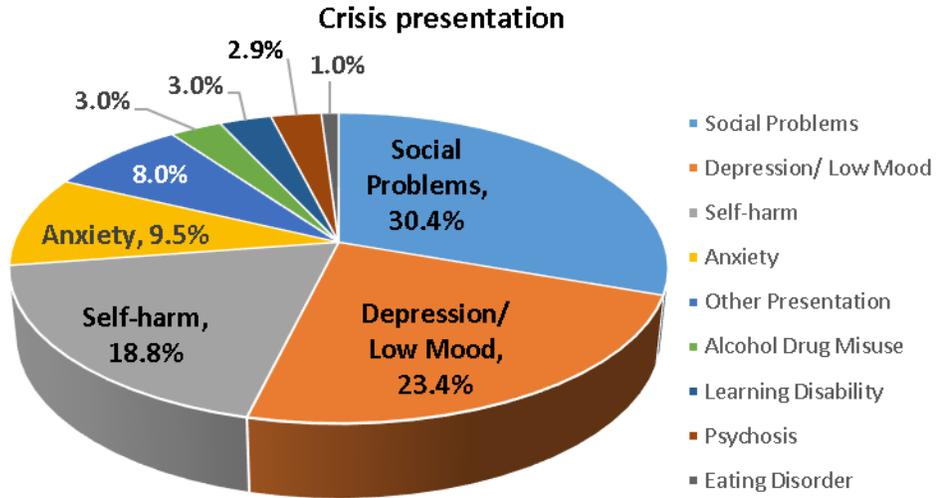
Newham Crisis Presentation By Age



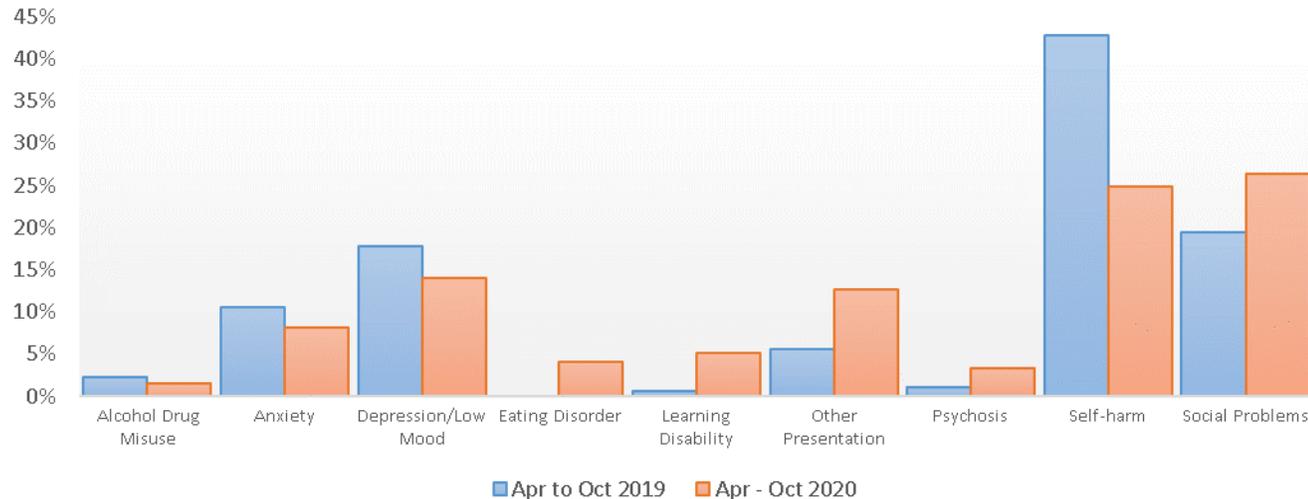
Newham Crisis Presentation By Ethnic Group



Crisis Presentations

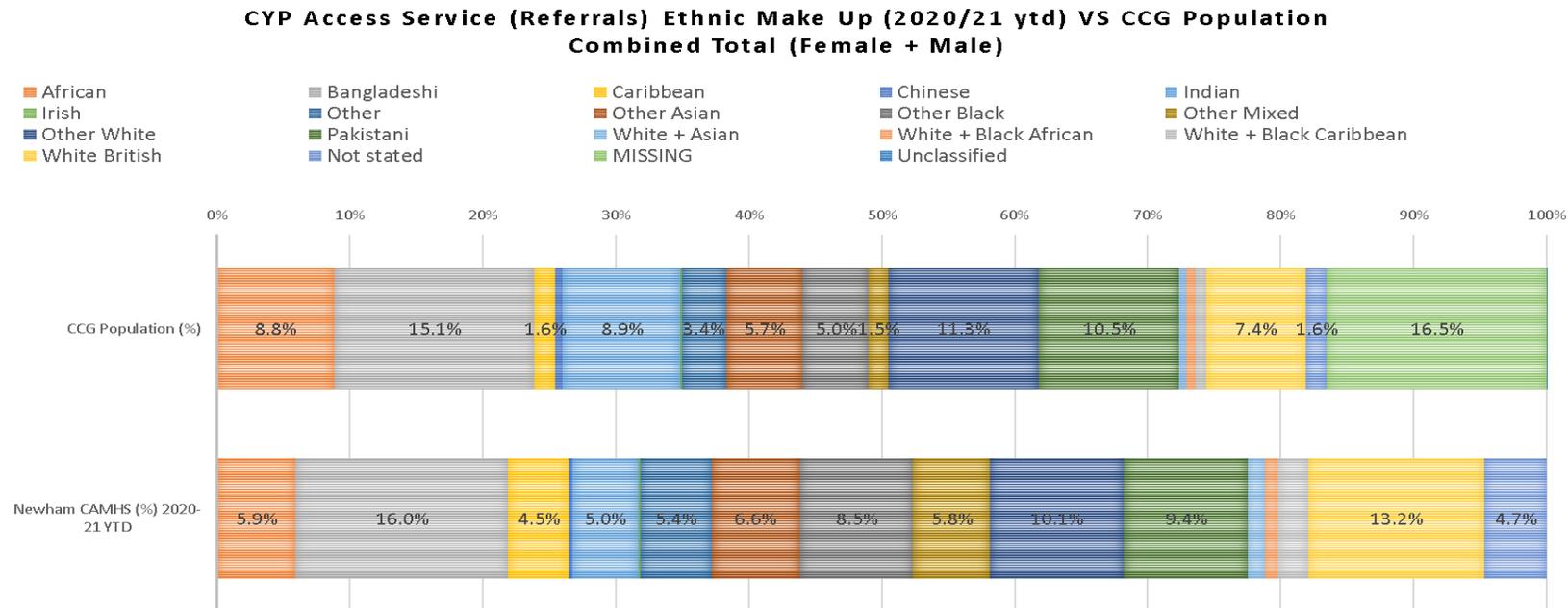


Newham Crisis By Presentation Data Comparison



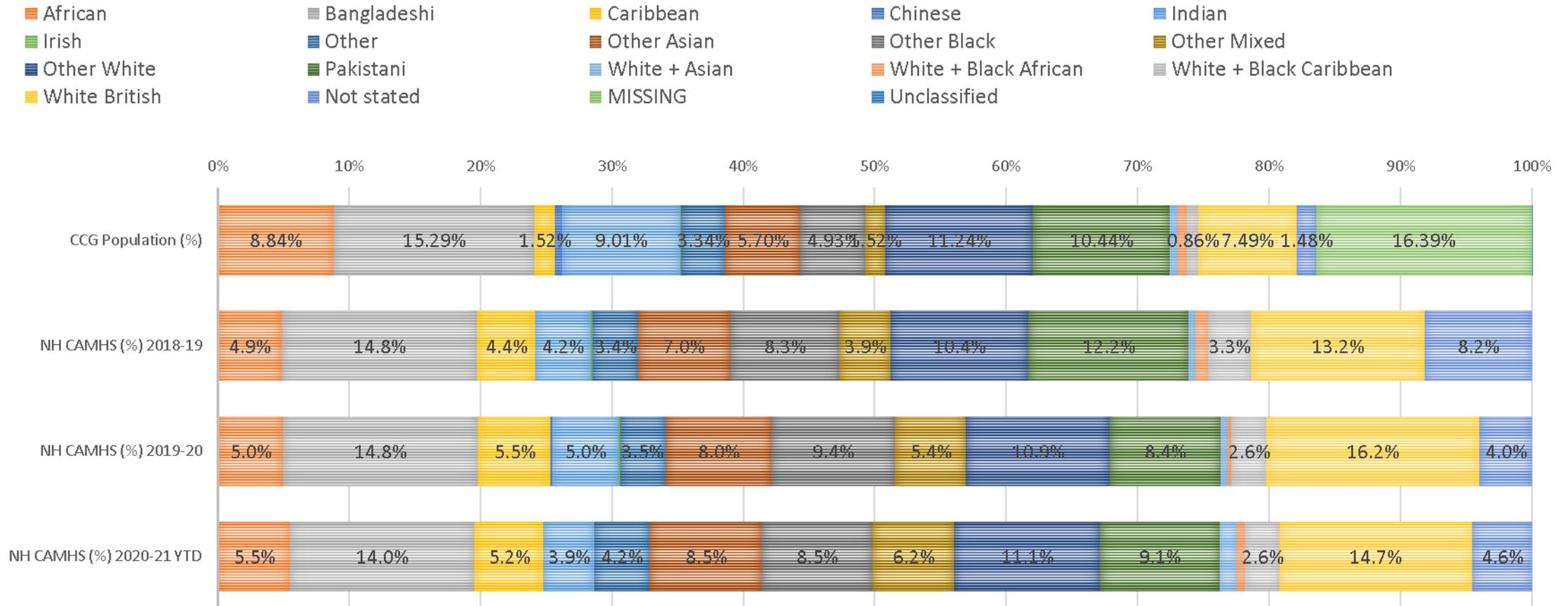
Inequalities

- There are increasing numbers of girls from the older teenage years compared to boys who seem to present more at a young age
- RAG ratings are the team's shorthand risk labels. There are increasing numbers of Red and Amber cases suggesting a trend for riskier cases presenting to CAMHS
- I-Thrive is used to categorise severity of cases but the recording has only been reliable relatively recently. The majority of cases are in the 2-3 categories which would be expected
- The ethnicity groups have always been very diverse in Newham and the bar chart below compares the percentage by ethnic group compared to Newham's population
- Referrals to all teams has increased but this seems particularly high in E+B, FDT and our AMHT – Adolescent Mental Health Team who see the young people with the highest level of risk and severity of illness



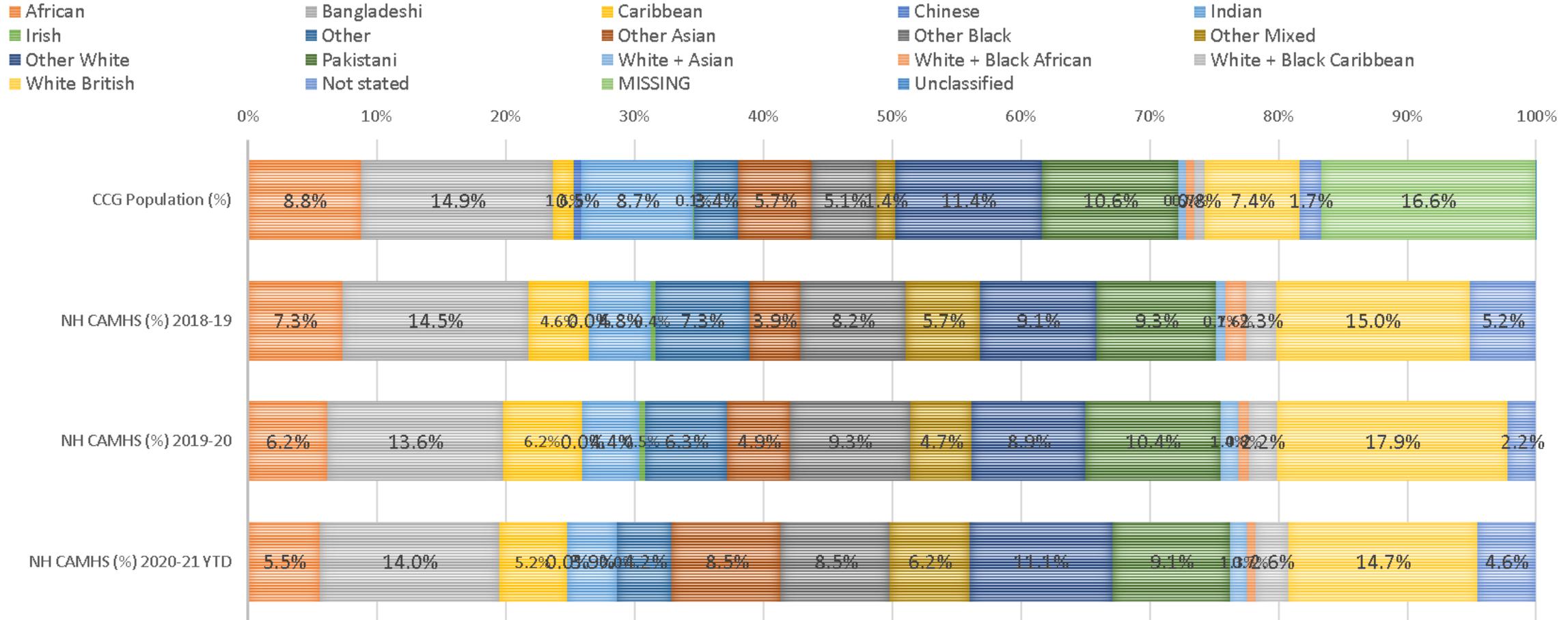
Inequalities - Females

CYP Access Service (Referrals) Ethnic Make Up VS CCG Population - Female Total



Inequalities – Males

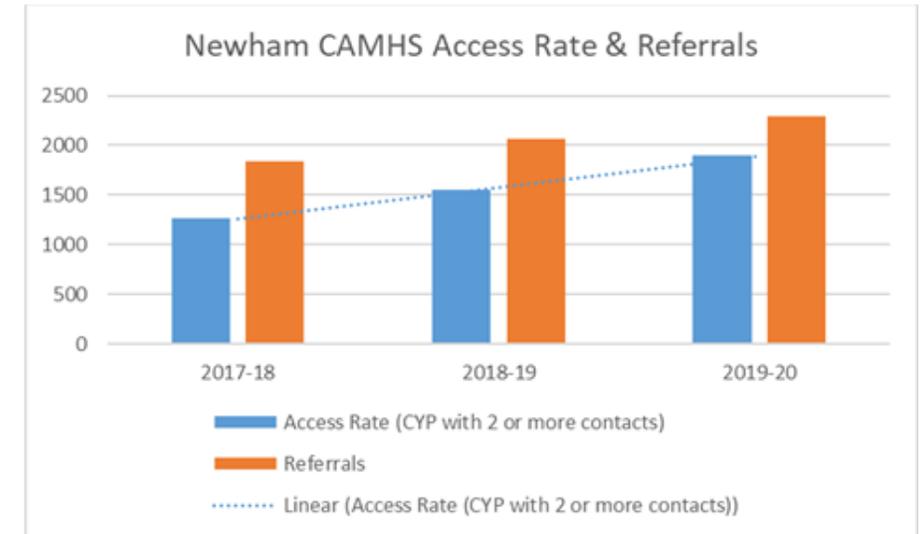
CYP Access Service (Referrals) Ethnic Make Up VS CCG Population - Male Total



Forecasting future need

- Too many young people are reaching crisis point before accessing support
- There is a need for a single “front door” and a multi-agency CYP MH Hub
- Eating Disorders has been particularly affected by COVID
- Do we have the workforce to cope with the need?
- Crisis services to manage demand with a longer term goal of developing the Assertive Outreach and Home Treatment Teams
- Community Eating Disorders Service – the referral rate looks lower than would be expected in the population, future work required to understand this
- Paediatric Liaison enhancement into NUH to manage presentations there
- Neuro Developmental Team investment and closer alignment to physical health services
- Enhancement in general to Core CAMHS to manage expectations about access and waiting times and also recognising that “red and amber cases” tend to need more intensity of work, so same number of referrals but higher acuity still points to a question about increased capacity
- Implementation of Mental Health in Schools Teams and how CAMHS works with Schools
- Primary Care investment as part of the ARRS (additional Roles Reimbursement Schemes for Primary Care) work – PCNs have the ability to recruit with ELFT specific roles to support their surgery population and a CAMHS worker is an option

Time trend



Strategic implications

- Focussed task & finish sprint to jointly develop a new 16-25 transitions pathway
- Agree shared governance through Health and Wellbeing Board
- Develop joint commissioning plan regarding transition
- Identify gaps in the pathway & propose service adaptations / developments to meet these
- Map Voluntary and Community Sector & wider provision
- Identify workforce development needs across children & adult services to support improved transition
- Look to replicate the Multi Agency Collaborative (MAC) approach around service transition
- Utilise social prescribing to bridge support
- Look at using spending review investment to develop ‘Navigator’ roles

Why this is important

- Mental Health problems affect about 1 in 10 children and young people
- They include depression, anxiety and conduct disorders and are often a direct response to what is happening around them in their lives
- A high proportion of children and young people who experience mental health problems have not had appropriate interventions at a sufficiently early age
- Emotional wellbeing is just as important as physical health
- Good mental health allows children and young people to develop the resilience to cope with life and develop into healthy minded adults

Source: Mental Health Foundation

Age Range	NHSE Prev.	ONS Pop.	Exp. CYP with MH
2-4	5.5%	16,336	898
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16-18	16.9%	12,027	2,033
Total number of CYP aged 2-18 with a diagnosable mental illness			9,449
Total number of CYP receiving two contacts 2019/20			3,425

Local context for Newham

- There are over 90,000 ONS registered CYP aged 0-18 in Newham
- With a national prevalence rate of 5.5% for 2-4 year-olds; 12.8% for 5-15 year-olds and 16.9% for 16-18 year-olds, you can extrapolate that there are around 9,449 CYP that could have a diagnosable MH condition
- HeadStart Newham is a mental health service improving lives for young children and families in Newham
- A higher rate of emotional and behavioural difficulties are reflected in HeadStart's Wellbeing Measurement Framework (WMF) – annual surveys conducted with primary (Y5 & Y6) and secondary (Y9) pupils
- 2019 results for primary pupils (n=3,104) demonstrated 14.5% were experiencing emotional difficulties and 9.9% behavioural difficulties; and for secondary (n=2,296) 22.8% reported emotional difficulties, 27.3% behavioural problems, 25.4% attention difficulties and 20.1% peer difficulties
- According to NHSE Mental Health Services Dataset (MHSDS), ELFT CAMHS and HeadStart combined reached **3425 CYP in 2019/20**. This equates to **38.8% CYP access** using the 2004 CYP prevalence rates as the denominator^[3]. This was possible through the Mental Health Investment Standard (MHIS) in 2018/19, enabling CAMHS to work innovatively through open access groups and Saturday pop up clinics
- Kooth is an online counselling and emotional wellbeing platform and supports children and young people aged 10-16 inclusive

Mental Health: School age children

Inequalities

In comparison with Newham CYP census data, HeadStart Newham cohort data for 2019/20 differ in the following ways:

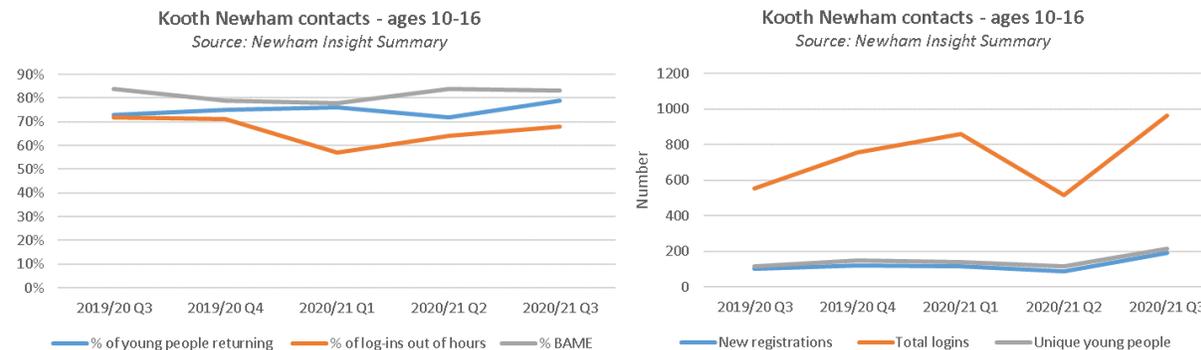
- Main category Asian is under-represented compared with Newham CYP census data 28% vs 47%
- Main category Black is over-represented compared with Newham CYP census data 30.4% vs 20.7%
- Main category White is over-represented compared with Newham CYP census data 24.1% vs 17.9%

Forecasting future need

The NHS Long Term plan outlines the ambitions for CYPMH, by 2023/24:

- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21).
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice
- Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it

Time trend



- New registrations to Kooth increased by 122% between July – Sept and Oct – Dec 2020
- Total logins increased by 86% over the same time period
- The number of unique people also increased by 83%

Strategic implications

- Newham's Mental Health Support Teams (MHST) are currently working with 16 education sites and will expand to 24 in May 2021
- The opportunities to work with education staff, pupils and families will continue to grow as we recruit to our full complement of staff over the coming months
- NEL are working with NHSE, DfE and Healthy London partnership to plan the expansion of MHST over the next 3 years and will likely double the size of the offer across NEL
- As the MHST is new for Newham, it is expected to change and adapt over time with regular feedback from host sites, pupils and families and discussions at communities of practice
- The MHST plans to develop an integrated schools offer, fostering the working relationships between education, MHST, HeadStart, 0-19 Health, CAMHS, Education outreach and TOPS

Mental Health: Transition - 16-25 Years

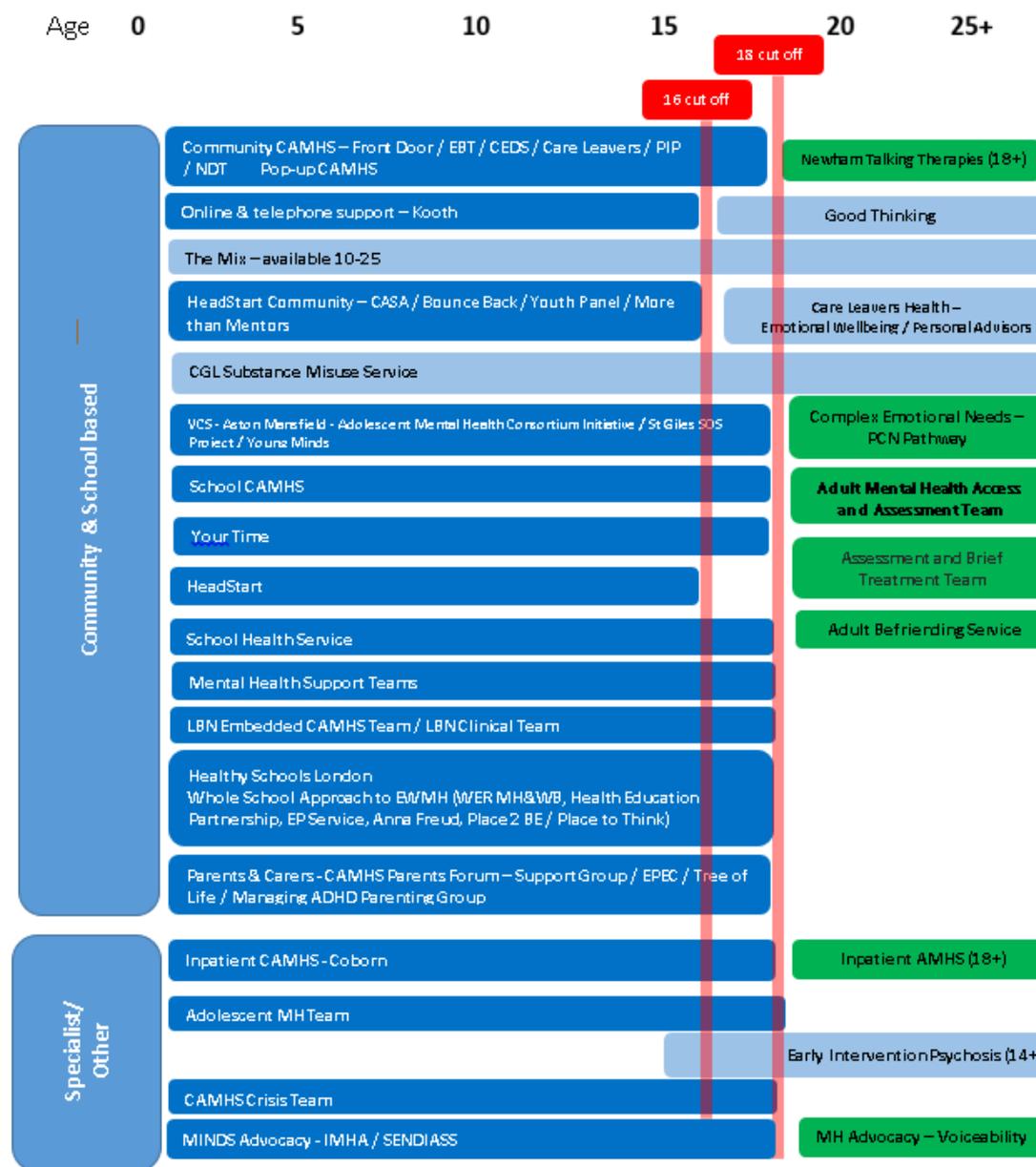
Why this is important

Young people face a 'cliff edge' when trying to access mental health care after reaching the upper age limit of child and adolescent mental health services (CAMHS), usually at the age of 18. If they still require support, care should be transferred to adult mental health services through a transition process. Distinct from a simple transfer of care, transition should be part of the therapeutic process, taking into account the young person's preferences, current circumstances and developmental maturity. However, we know that in many cases transition doesn't occur in this way, leaving some young people to try to manage their illness on their own.

Newham Mental Health and Wellbeing Services Map

Local context for Newham

- An Action Plan for 16-25 year-olds is currently being developed, based on the related projects/activities identified in the 16-25 group
- The plan will include areas of potential gaps in this area (based on Pillar 2 of the Towards a Better Newham Recovery and Re-orientation Strategy)
- The activities in the plan cover a range of service areas including mental health
- A map of the Mental Health and Wellbeing Services and the ages that they cover can be seen on the right



Forecasting future need

Gaps / transition issues / challenges:

- Joint planning of provision is low – silo commissioning / rigid age thresholds
- Lack of pooled funding - adults/children & LBN/CCG re transitional service planning
- Transition much clearer for SMI in secondary care but for lower needs there are significant gaps in both services available and around transition process between CYP & Adult MH Services
- CYP with lower level MH needs taken on by CAMHS at 17+ unlikely to ever get a service before being discharged
- There are very few services that follow through from 16-25 (excepting SEND & Care Leavers – although noted that EHCPs may not focus sufficiently on MH&WB)
- There were also some gaps identified between 16-18
- No 'wrap-around' or defined transition process in place e.g. YP with low-moderate MH needs discharged from CAMHS do not get 'handed over to adult services' – discharged back to GP (although discharge letter also has some contact details for adult services)
- Adult MH service eligibility thresholds higher than CYP - Young people need to have a 'presenting need' that matches definitions within adult provision
- Little identifiable work with parents / carers around transition – also not automatically involved in decision making processes
- Loss of trusted adults on 19th birthday can cause increased stress
- Transition links to other support (employment / education) not well defined
- Greater focus on prevention & diversity of service available within CYP particularly around lower level MH&WB support leaves many young people unclear where to get this kind of support in adult services – don't know how to navigate to find what they need
- Few 'like for like' services
- Little support to develop independent living skills
- Differences in assertive outreach / engagement between CYP & Adults
- New PCN model – SMI will stay with secondary services but majority of services will be primary care based – many 'green' CAMHS cases will be excluded
- No means of measuring successful transition

Forecasting future need

Areas of good join up around transition:

- Autism pathway provides good transition
- Transition work in YOT
- Early Intervention in Psychosis (14+)
- Substance Misuse service (CGL) commissioned as all-age

Opportunities

- NHS Long Term Plan – ambition for 0-25 MH services
- Non-recurrent spending review investment for Newham 21/22 for MH includes transition funding for 18-25 young adults
- Social prescribing across CYP & adults
- New PCN model – opportunity for shaping of transition support
- Explore Recovery College model (TH)

Strategic implications

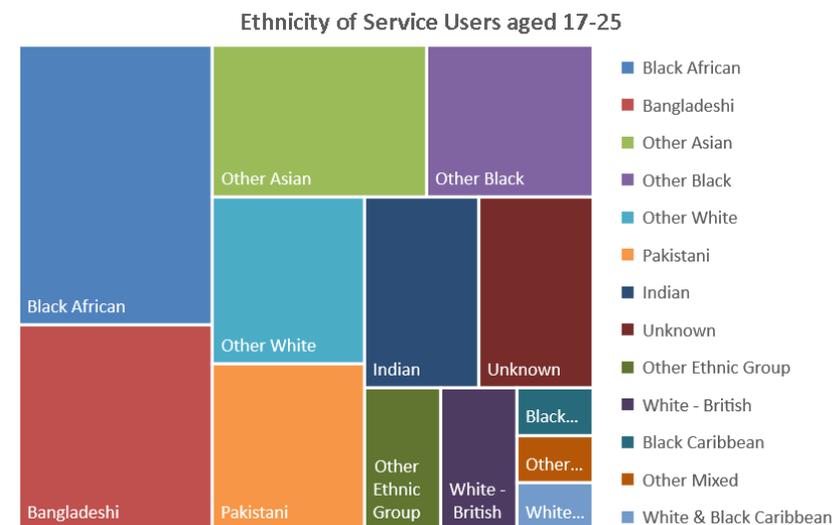
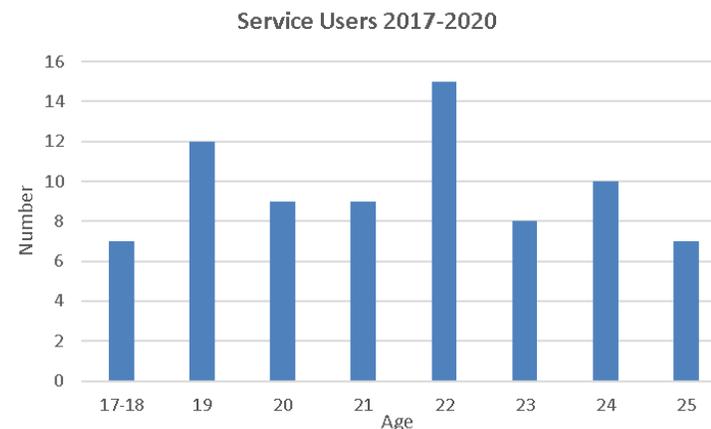
- Focussed task & finish sprint to jointly develop a new 16-25 transitions pathway
- Identify gaps in the pathway & propose service adaptations / developments to meet these
- Agree shared governance through HWBB
- Develop joint commissioning plan re transition
- Map VCS & wider provision
- Identify workforce development needs across children & adult services to support improved transition
- Look to replicate the Multi Agency Collaborative (MAC) approach around service transition
- Look at how to utilise social prescribing to bridge support
- Work with CCG to plan use spending review investment to develop 'Navigator' roles across children & adult services

Why this is important

- We know from the evidence base that intervening early in the course of a psychotic illness, ideally before or just after the first episode, has a positive impact on long term prognosis
- General issues of concern including employment opportunities, housing, economic situation and supported accommodation needs are significant areas of stress for this vulnerable group and Newham has high needs around these areas

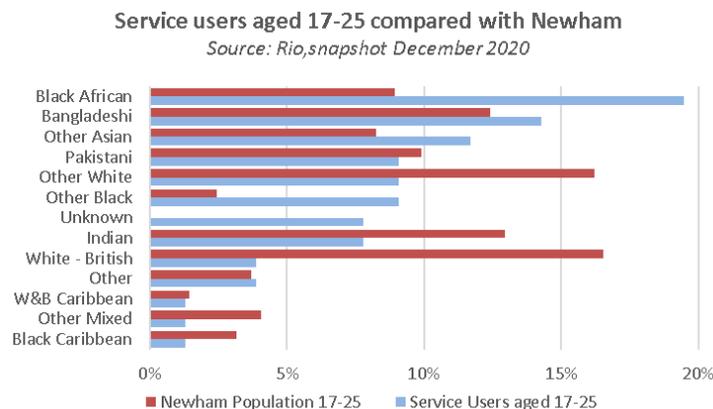
Local context for Newham

- Newham generally has a higher than average prevalence of psychosis within East London, which is why early intervention services are so critical for the overall health and wellbeing of the borough – particularly as the population is relatively young
- This is additionally important as deprivation can be a variable in developing mental illness and Newham is a deprived area.
- General lifestyle issues like weight management, exercise, well being are important as physical morbidity is high in these populations over time, however engaging patients with psychosis in these areas is key and a difficult one
- A majority of referrals (60% 2017-2020) are for males compared to 40% females in the 17-25 age bracket
- EI services across the country has increased rates of First Episode Psychosis (FEP) during the Covid period in 2020-21
- Newham manages caseloads well with proactive discharges – this prevents a huge overload and significant pressure on the EI services

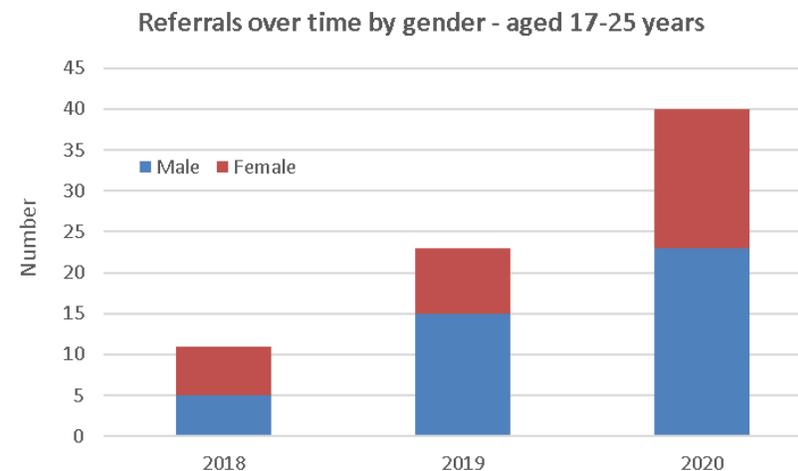


Inequalities

- First Episode Psychosis and psychosis are 8-9 times higher in Black and Caribbean groups and 2-3 times higher in South Asian population.
- Rates are much higher in first and second generation immigration population
- Although Newham has a diverse ethnicity, rates are higher in black and Asian people and there is a need to look at these populations and the migrant population



Time trend



Forecasting future need

- At Risk Mental State and prevention of psychosis is not covered by Newham data as dedicated services are not available
- Service development in this area is important
- Psychoeducation and prevention strategies in schools, colleges, universities and faith communities play an important role and specialist service input once At Risk people are identified will be important
- FEP services are catering to age groups 18-65, however the needs of age groups of FEP in 17-25 year-olds are different to the older age group such as onset in 35-65 years. Therefore, exploration of specialist EI and ED service for the 17-25 year age group and a separate service/ sub-service for the older age group

Strategic implications

- Need for re-development of services/organisations that will look at needs of Black and Asian populations, for example services such as those that were active years ago but less active or non-existent now in Newham
- Improving access to help - this could take various forms including faith communities, colleges, schools, reducing or no wait times when they need a service for emerging psychosis or FEP
- Development of At Risk Mental State or Early Detection service

Local context for Newham

- ELFT recently carried out a series of engagement groups to help improve the overall relationship between ethnically diverse groups and mental health services in the borough
- The aim was to work with young people who identify as ethnically diverse and over 18 to understand issues effecting access to services
- The first engagement group was with residents of black ethnicity

Strategic implications

- Members of the black community may face additional barriers to accessing services due to stigma towards mental health amongst the community
- This can be supported through culturally competent training to front line staff to help provide support and awareness for mental health issues
- More support for the importance of self care and awareness for mental health is needed, especially amongst men.
- Mental health services and support must be adapted and routed in the appropriate community or culture
- Risk factors for poor mental health, such as socio-economic adversity, stigma, language barriers, lack of awareness of mental health issues and beliefs or assumptions about mental health contribute to the substantial burden of mental health issues in Newham

Findings in the 18-25 year-old group

What have you found to be beneficial when accessing NHS mental health services?

“It’s very streamline and straight forward.”

“The fact that it’s free.”

“Different options, not one subject to one place”

What have you found to be unhelpful when accessing NHS mental health services?

“Cognitive behavioural therapy was not direct enough for my issues”

“The availability”

“Own views aren’t always taken into account”

Do you feel there are any barriers for the black community to access psychological therapies in the borough?

“Yes very hard to access.”

“I find a lot of people in the black community don’t believe in mental health. So it is sort of shameful to be getting help.”

“Knowing where to go can involve a lot of research and pushing for access. This can be difficult without support.”

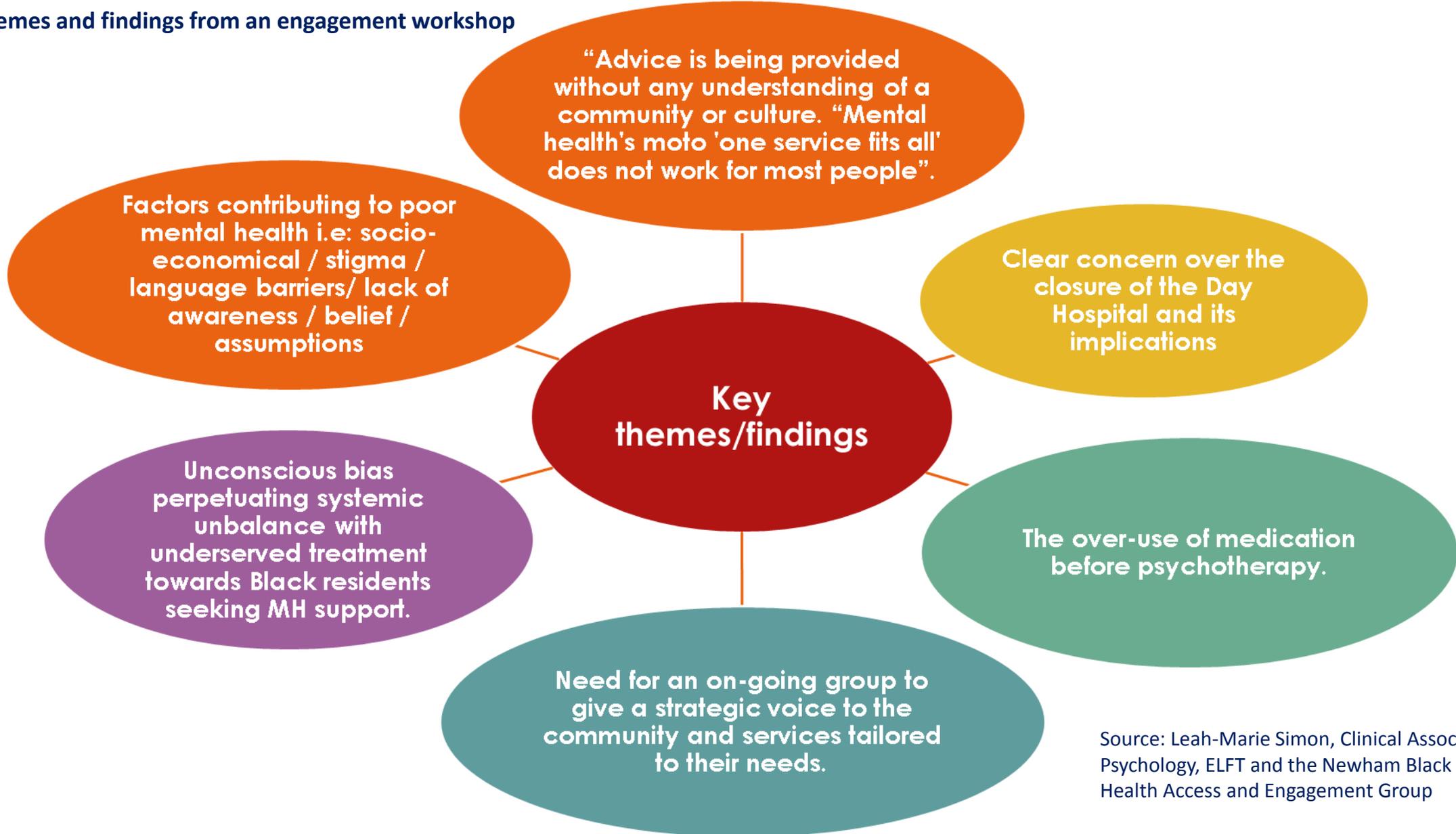
Are there any further points you would like mental health services to consider to help improve mental health in the community?

“More marketing and emphasis on the available support and importance of self care and awareness for mental health (especially marketing with men). Other than that I’m thankful everyday for this NHS, we are very very lucky compared to the rest of the world. As a young black man from Newham who has a Ghanaian mum and a Bajan dad and has been suicidal and felt like I lost my mind I have never once ever felt like I didn’t have access to support for my mental health because of the colour of my skin. I was treated with genuine care and attention, which I’m grateful for.”

“Day centre would be helpful. More activities to support the individual and CBT.”

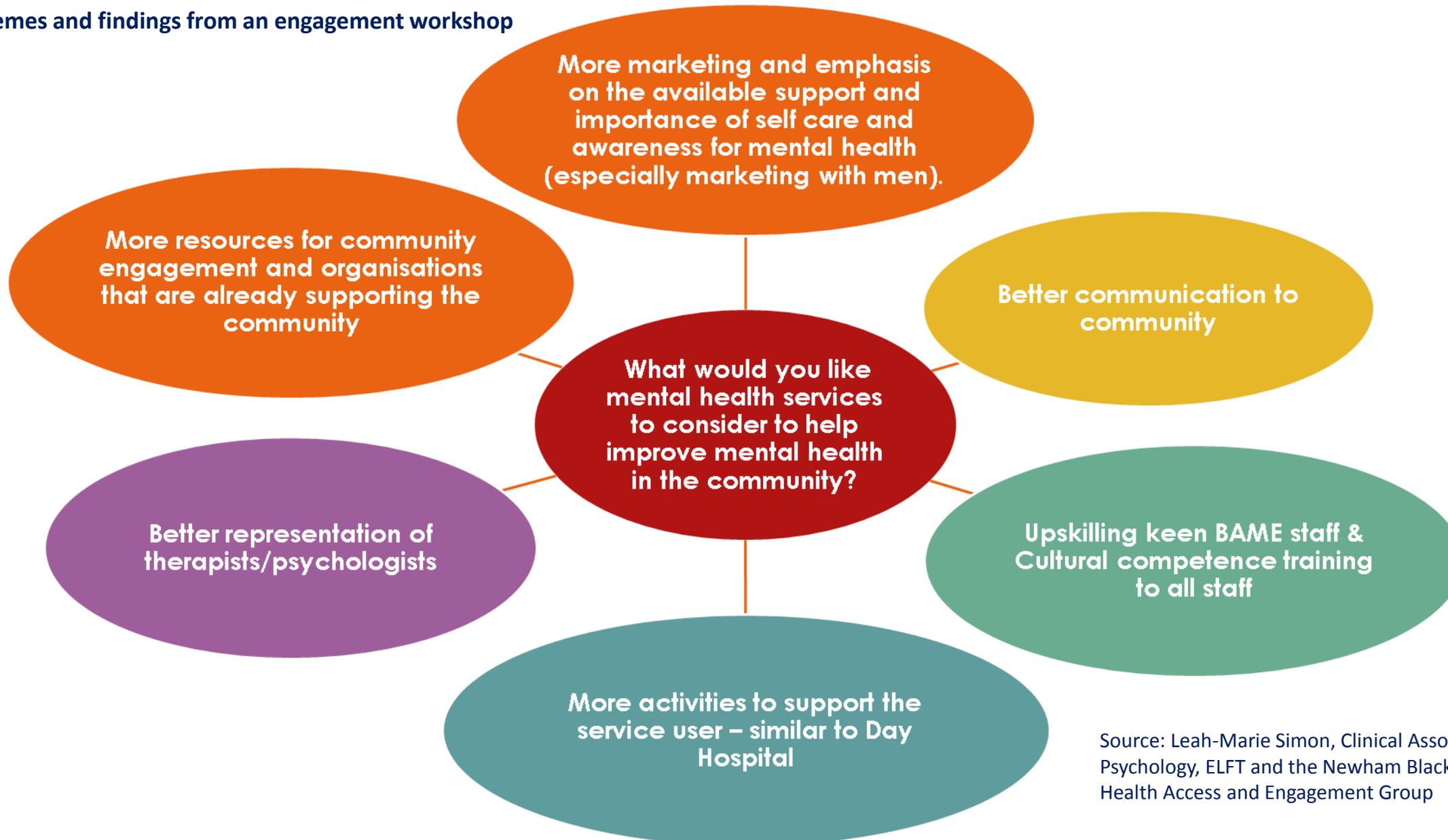
“To be taken more seriously”

Key themes and findings from an engagement workshop



Source: Leah-Marie Simon, Clinical Associate in Psychology, ELFT and the Newham Black Mental Health Access and Engagement Group

Key themes and findings from an engagement workshop



Source: Leah-Marie Simon, Clinical Associate in Psychology, ELFT and the Newham Black Mental Health Access and Engagement Group

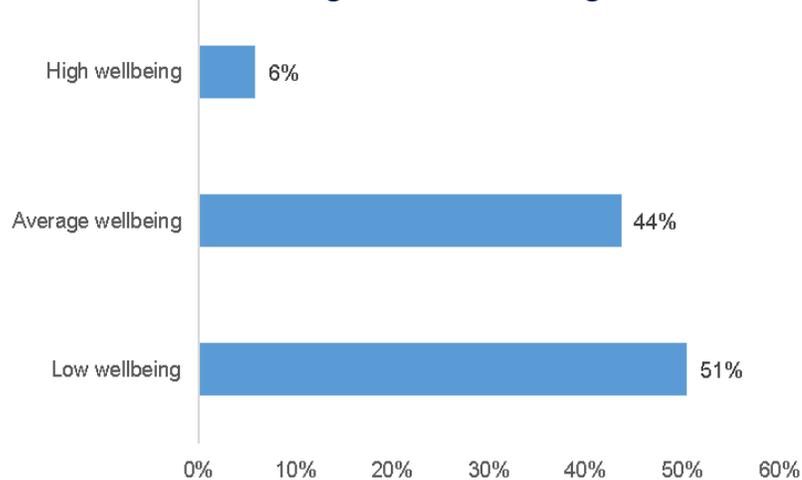
Local context for Newham

- The Newham Youth Wellbeing Survey was open for responses from 8th July – 27th November 2020
- It was delivered to better understand the experiences of children and young people in Newham during the coronavirus pandemic and lockdown period
- The survey was open from children and young people aged 10-24
- From the survey, it is clear that mental health and wellbeing has been impacted by the Covid-19 pandemic as the findings below show:
 - Respondents aged 14 to 24 have a tendency towards low wellbeing
 - The most common person that respondents said they could talk to if they were worried was 'My mum or dad or the people who look after me at home', 71% of respondents said that they could do this
 - Respondents have a tendency to be lonely more often than similar age groups nationally
 - Just over four in ten respondents (42%) said that they felt lonely a bit more or much more compared to before the pandemic
 - Survey responses indicate the importance of having access to friends and family for combatting loneliness in children and young people during the pandemic, and that access is often through information and communications technology
 - Respondents have fairly low levels of physical activity, though the survey provides some evidence that the pandemic may have substantially reduced the amount of physical activity respondents are currently doing
 - There was a significant difference by gender for the impact of the pandemic on physical activity, 40% of female respondents said that the amount of physical activity was much less than before the pandemic, compared to 26% overall and 13% of male respondents
 - Six in ten respondents (60%) said that it has been harder to do their school work during the pandemic
 - Lack of face to face contact with teachers and peers or having to do school work online was the main barrier to learning
 - Lockdown restrictions due to the pandemic had the biggest detrimental impact on respondents' motivation, 53% of respondents said that their motivation had got worse during lockdown
 - Notably, lockdown had a moderately positive impact on respondents' relationships with friends and family
 - Respondents were asked about how often they worry about certain aspects of their lives in the context of coronavirus restrictions. Respondents worried most about missing out on education, 47% worried often or all of the time about this

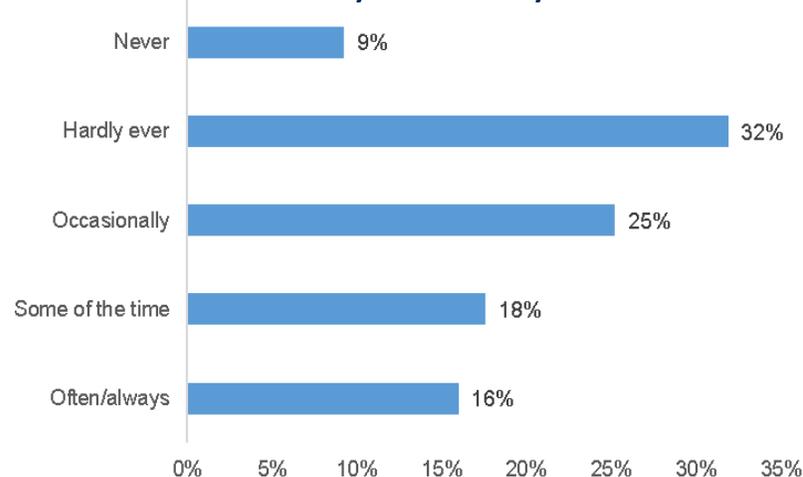
Mental Health: Impact of Covid-19

Findings from the Newham Youth Wellbeing Survey (ages 10-24, survey carried out 8th July – 27th November 2020)

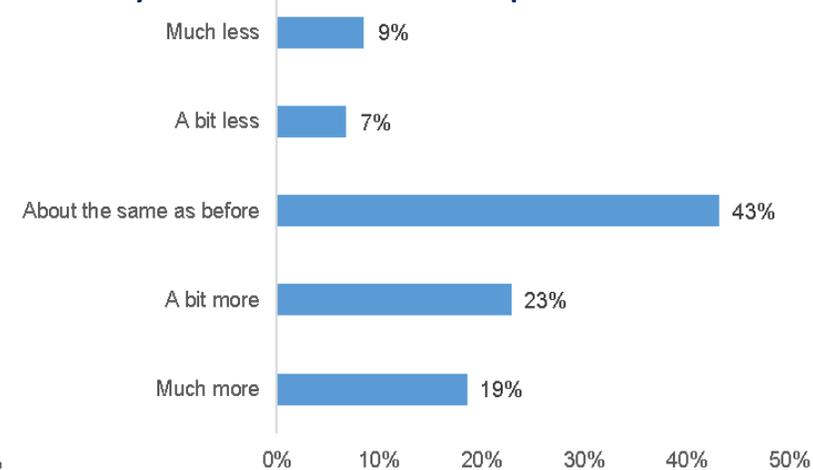
Short Warwick-Edinburgh Mental Wellbeing Scale



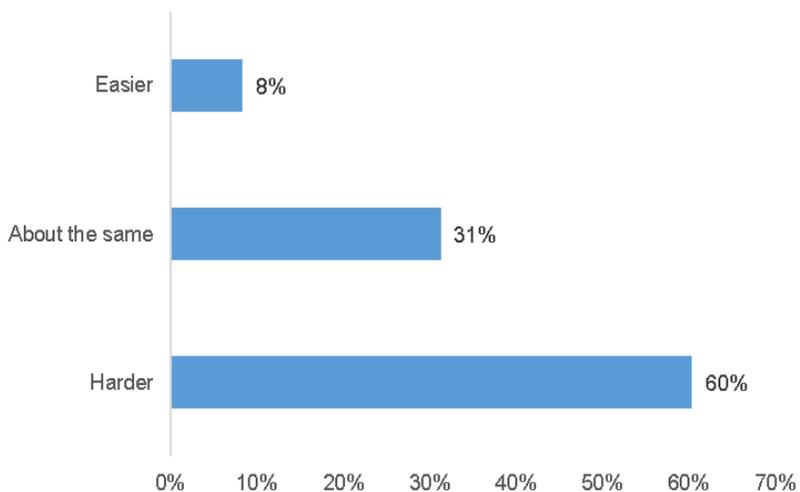
How often do you feel lonely?



Feeling lonely - is this more or less often than how you felt before the Covid-19 pandemic?



Has it been harder or easier to do your school work or studies during the Covid-19 pandemic?



School work during the pandemic: What made it harder?

"It's online. Less face to face contact with teachers so it's harder to ask questions and be taught well. Less stamina for writing questions because typing on a device is different."

"Online school work. [...] I prefer being taught in school it's much more easier to understand what your being taught."

"I struggle to complete school work on my own at home and I find that teacher support helps me, I haven't been able to do even half as much work as I could've done if a teacher was there to support me."

Covid-19 pandemic experience

Respondents were asked about their wider experience and the impact of the coronavirus pandemic:

- Lockdown restrictions due to the pandemic had the biggest detrimental impact on respondents' motivation
- 53% of respondents said that their motivation had got worse during lockdown
- Just over half of respondents also said that lockdown had made their feelings of anger or frustration worse (51%)
- Four in ten respondents also thought that their ability to sleep during lockdown and their mental health was worse (both 41%)
- Notably, lockdown had a moderately positive impact on respondents' relationships with friends and family
- A minority of respondents thought that their relationships with their friends and with their parents/carers and siblings had got worse (23% and 19% respectively); but just over a third of respondents thought that their relationships with friends had got better (35%), and almost four in ten (39%) thought that their relationships with parents/carers and siblings had got better

Respondents were asked about how often they worry about certain aspects of their lives in the context of coronavirus restrictions:

- Respondents worried most about missing out on education, 47% worried often or all of the time about this
- This was followed by their own mental health and their own physical health (42% and 41% respectively worried often or all of the time).
- Respondents worried least about how their relationships with friends may be affected; here, 45% said they worried none of the time or rarely about it

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