

Joint Strategic Needs Assessment

[dates]

WE ARE NEWHAM.

Demographics	4
Summary.....	5
Age and sex	6
Population projections - 0-25 years.....	10
Age and location	11
Age and location	12
Ethnicity	13
Deprivation – overall scores	14
Demographics and need	17
Housing and Income	19
Language.....	27
Children unregistered with a GP practice	30
Maternal health	32
Summary.....	33
Smoking in pregnancy	34
Early years	39
Summary.....	40
Infant Feeding	41
Healthy Start Vitamin programme.....	47
Immunisations	54
Oral Health.....	62
Best Start in Life (Children’s Centres).....	69

Early Education and Childcare.....	74
Early Years Nutrition award scheme and Healthy Early Years London (HEYL) award scheme	78
School readiness.....	82
Child mortality	85
Family Support	90
Summary.....	91
Childhood poverty.....	92
Early Help Services.....	99
Parenting Interventions.....	112
Safeguarding: Referrals to Children’s Social Care	118
Safeguarding - Assessments.....	123
Safeguarding – contacts to MASH.....	128
Safeguarding - Child Protection Plans.....	134
Domestic abuse	139
Urgent & emergency care attendance.....	143
Physical Activity	147
Housing - overcrowding	150
Housing - The impact of temporary accommodation on babies, children and young people.....	152
Housing - Damp and mould.....	155
Consanguinity	157
Refugee and Asylum seeking children health and wellbeing.....	161
Home Learning Environment.....	165

School Age Children 167

Summary.....	168
Population projection 0-25 years	169
Excluded from education.....	170
School Attendance	175
Not in mainstream education-Elective Home Education (EHE)	178
Ready to learn – sensory impairment	185
Healthy schools and health promoting environment	192
Physical activity and green spaces	194
Good Nutrition.....	196

Adolescents 200

Summary.....	201
Sexually Transmitted Infections	202
Teenage Conceptions, Terminations and EHC	206
Smoking & Vaping.....	213
Alcohol and Substance Misuse	219
Safety.....	229
Exploitation	235
Wellbeing – Food Security Index	240
Support.....	242

Transition 243

Summary.....	244
Transition for young people with Learning Disabilities	245
Substance Misuse Service	248
Care Leavers.....	251

Inclusive Newham 258

Summary.....	259
Children in Care: Unaccompanied Asylum Seeking Children.....	260
Children's Speech and Language Therapy.....	263
Autism - LBN perspective.....	270
Learning Disability with focus on PMLD.....	280
Young Carers	289
Youth Justice Service.....	294
Children with life limiting conditions	300
Mortality – ages 2-17	307
Mortality – ages 18-25	315

Mental health 321

Summary.....	322
Key Facts.....	323
Children and Adolescent Mental Health Service (CAMHS).....	325
Engagement with ethnically diverse groups.....	336



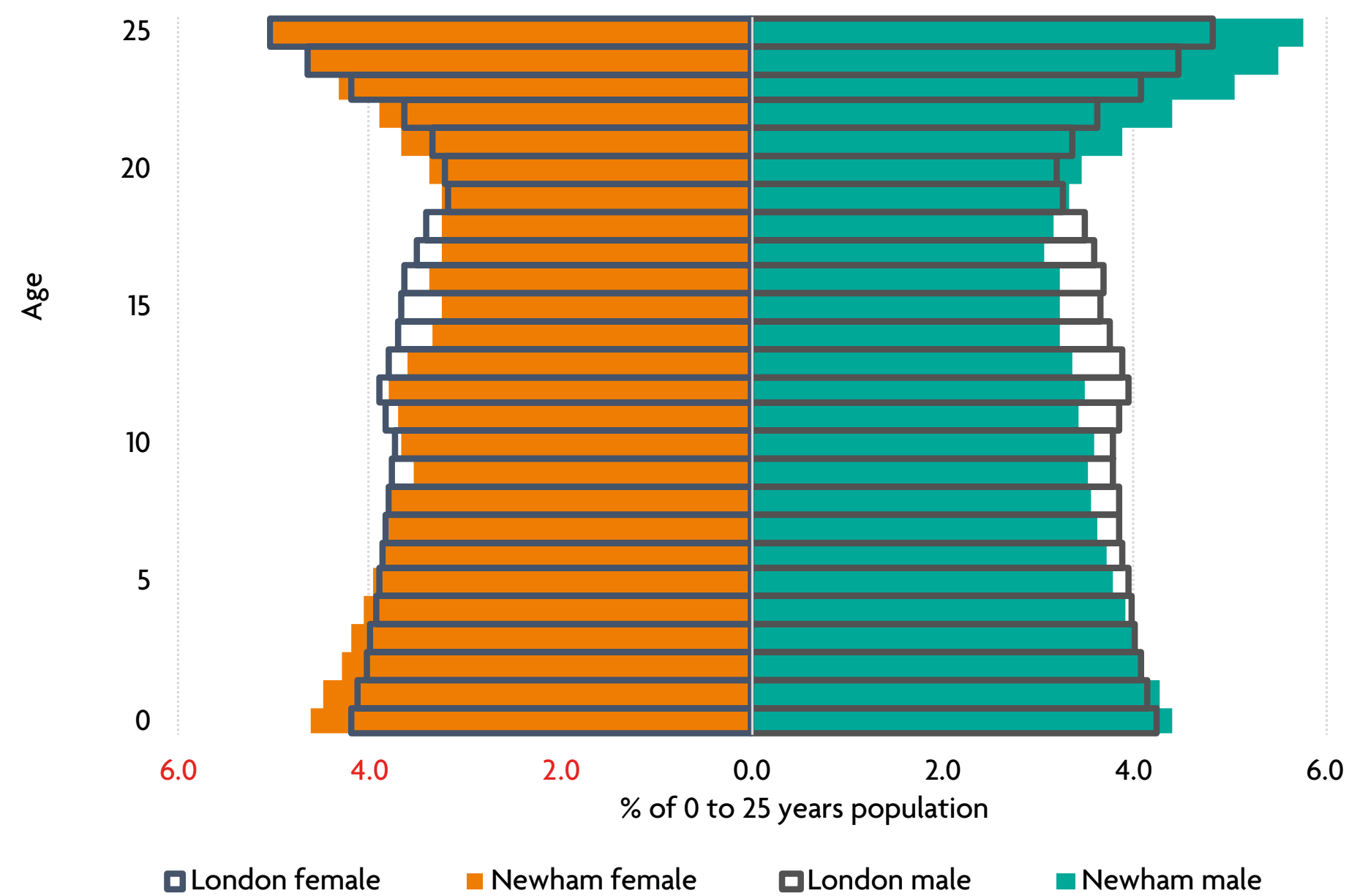
Demographics

Summary	5	Deprivation – overall scores	14
Age and sex	6	Demographics and need	17
Population projections - 0-25 years	10	Housing and Income	19
Age and location	11	Language	27
Age and location	12	Children unregistered with a GP practice	30
Ethnicity	13		

Why this is important

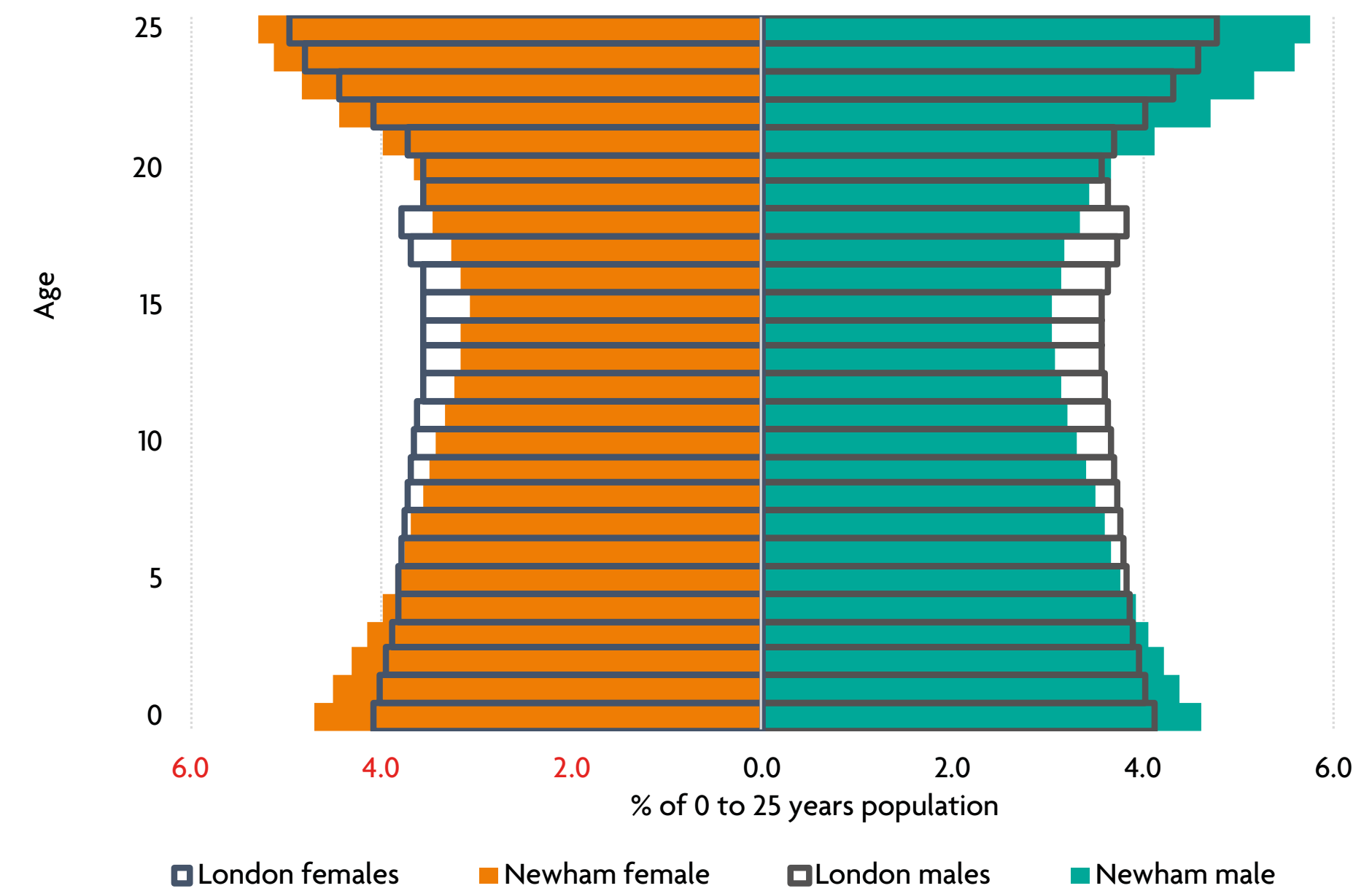
- Population size and structure is a very important factor when assessing need and planning services
- Knowledge of future anticipated population changes will enable help services to prepare for changing need
- Factors such as an increase in a particular age cohort can have an impact on placements in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

Figure 1: Population pyramid for Newham and London 2024, 0-25 years



Source: GLA Housing Led Population Projections

Figure 2: Population pyramid for Newham and London 2030, 0-25 years



Source: GLA Housing Led Population Projections

Local context for Newham

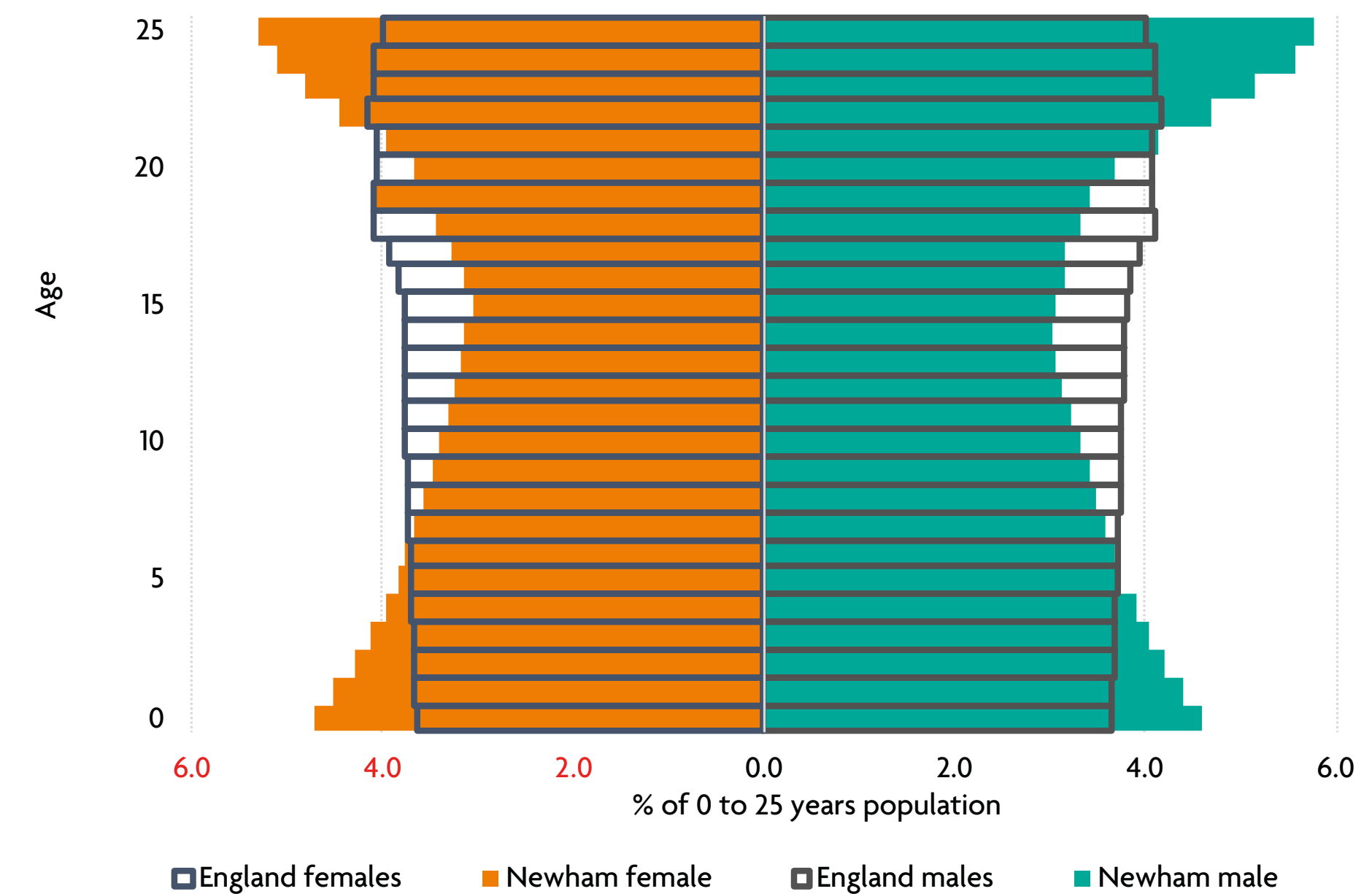
- Figure 3 and Figure 4 compares the Newham and London populations for 0-25 year-olds by gender, in 2024 compared to 2030
- Newham's male population 0-25 is anticipated to increase by 16% by 2030, compared to just 3.5% in London and 3% in England
- Newham's female population 0-25 is anticipated to increase by 19% by 2030, compared to 3.5% in London and 3% in England
- The biggest increases in males will be in those up to 12 months old, and from 18-22 years
- The biggest increase in females will in those up to 12 months old, and from 18-25 years

Figure 3: Population pyramid for Newham and England 2024, 0-25 years



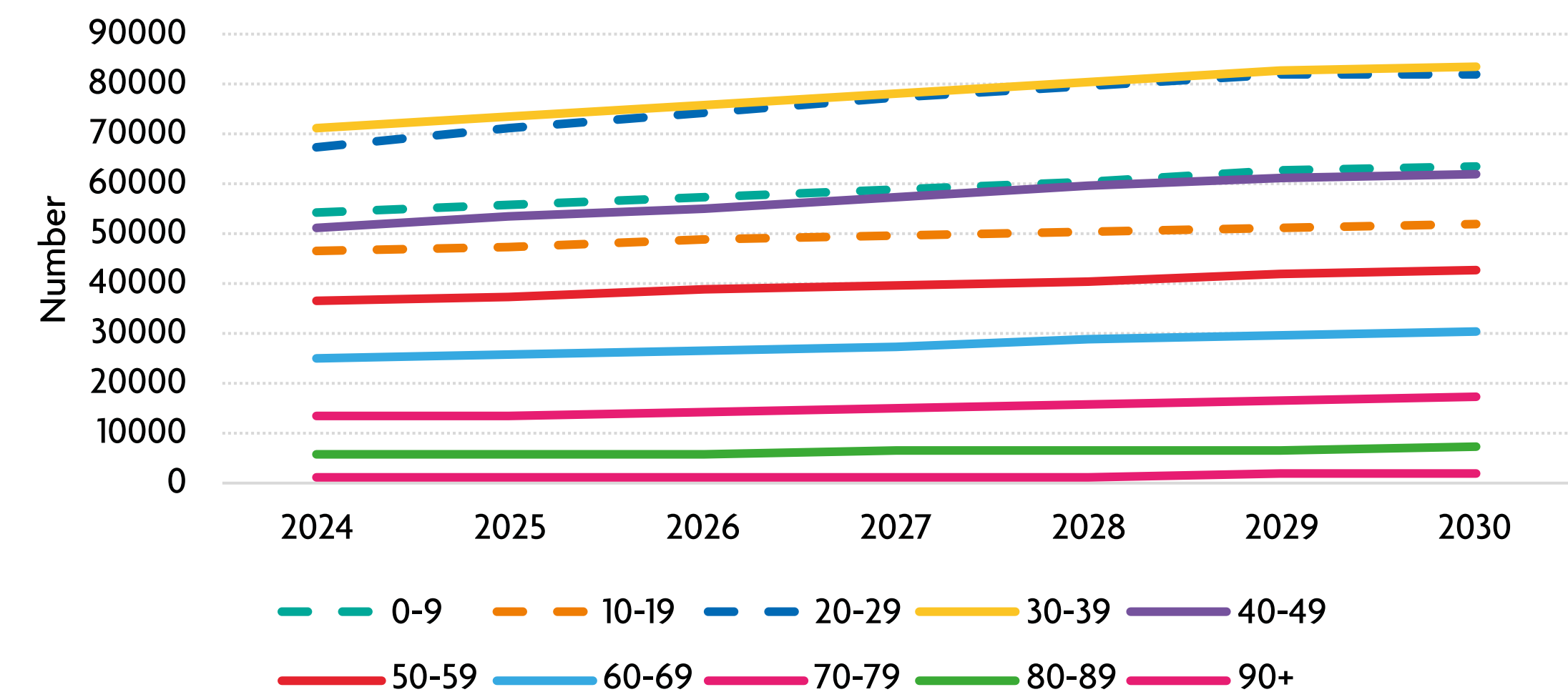
Source: GLA Housing Led Population Projections

Figure 4: Population pyramid for Newham and England 2030, 0-25 years



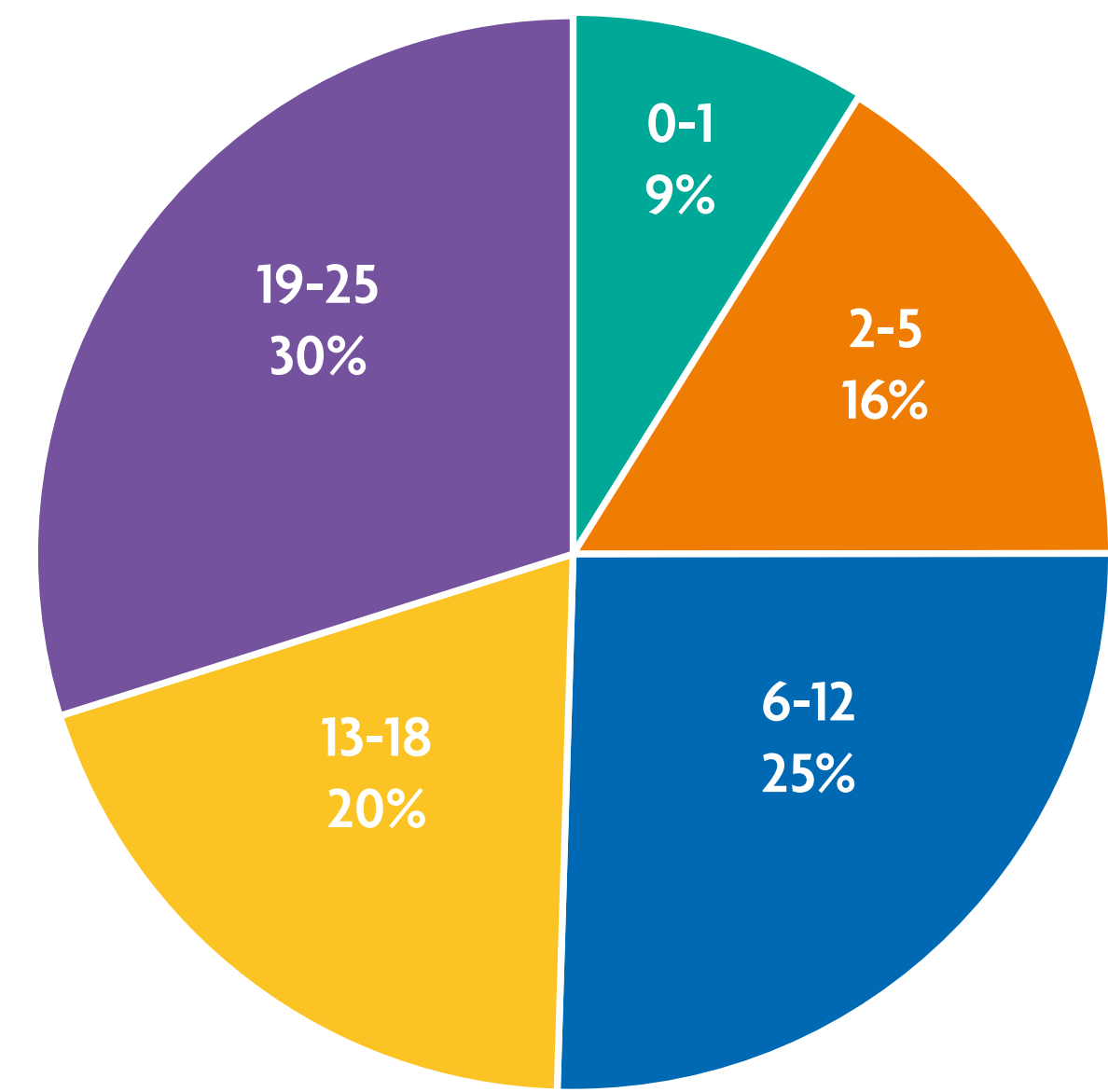
Source: GLA Housing Led Population Projections

Figure 5: Newham population projections 2024, all ages



Source: GLA Housing Led Population Projections

Figure 6: Newham CYP 2024, age breakdown

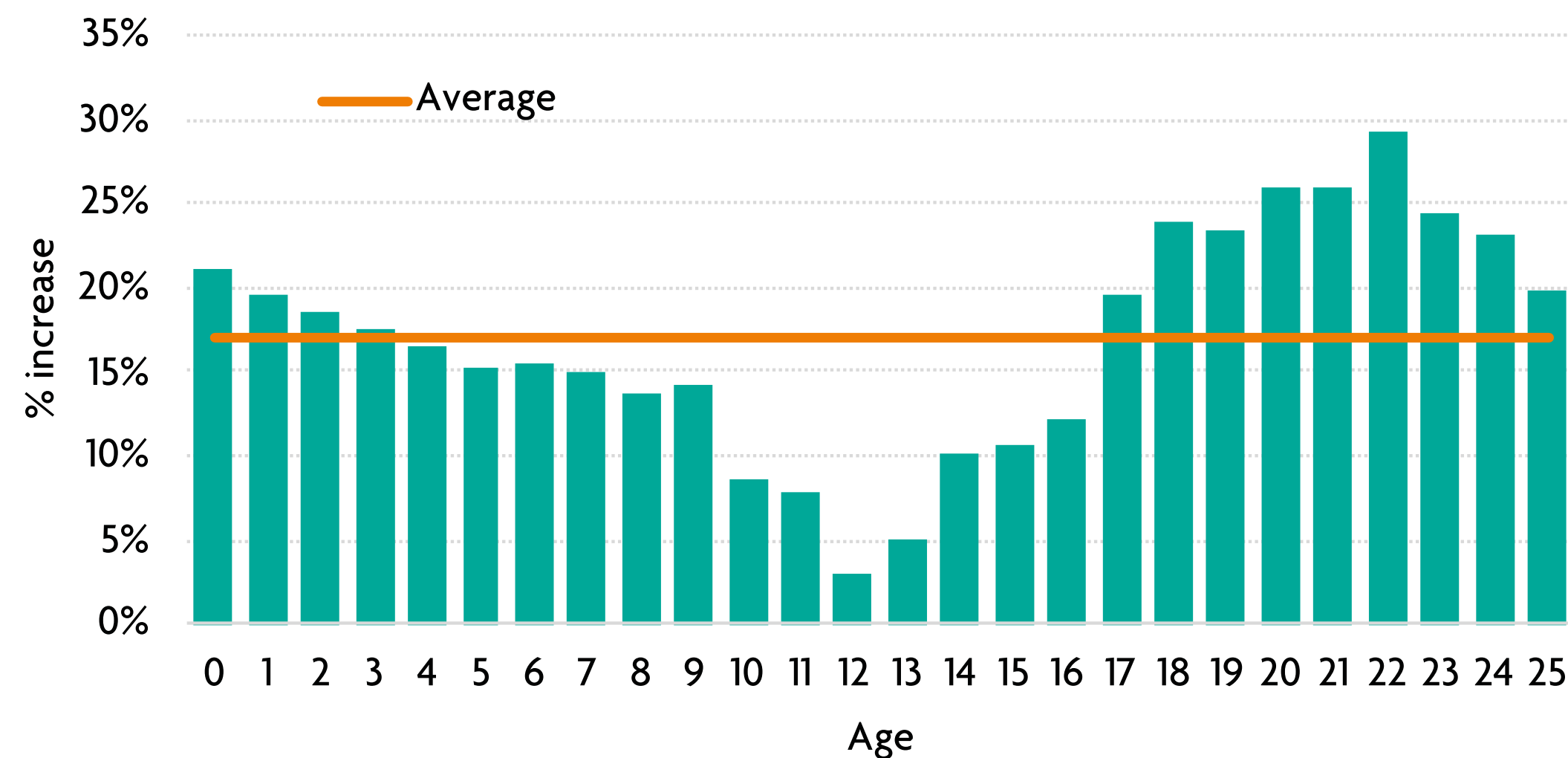


Source: GLA Housing Led Population Projections

Age and sex

- In 2024, there were 137,300 children and young people aged 0-25 years in Newham, predicted to increase by 17% to 161,000 by 2030
- This accounted for 37% of Newham's population in 2024
- 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 2024
- By 2030 it is anticipated this gender split will remain

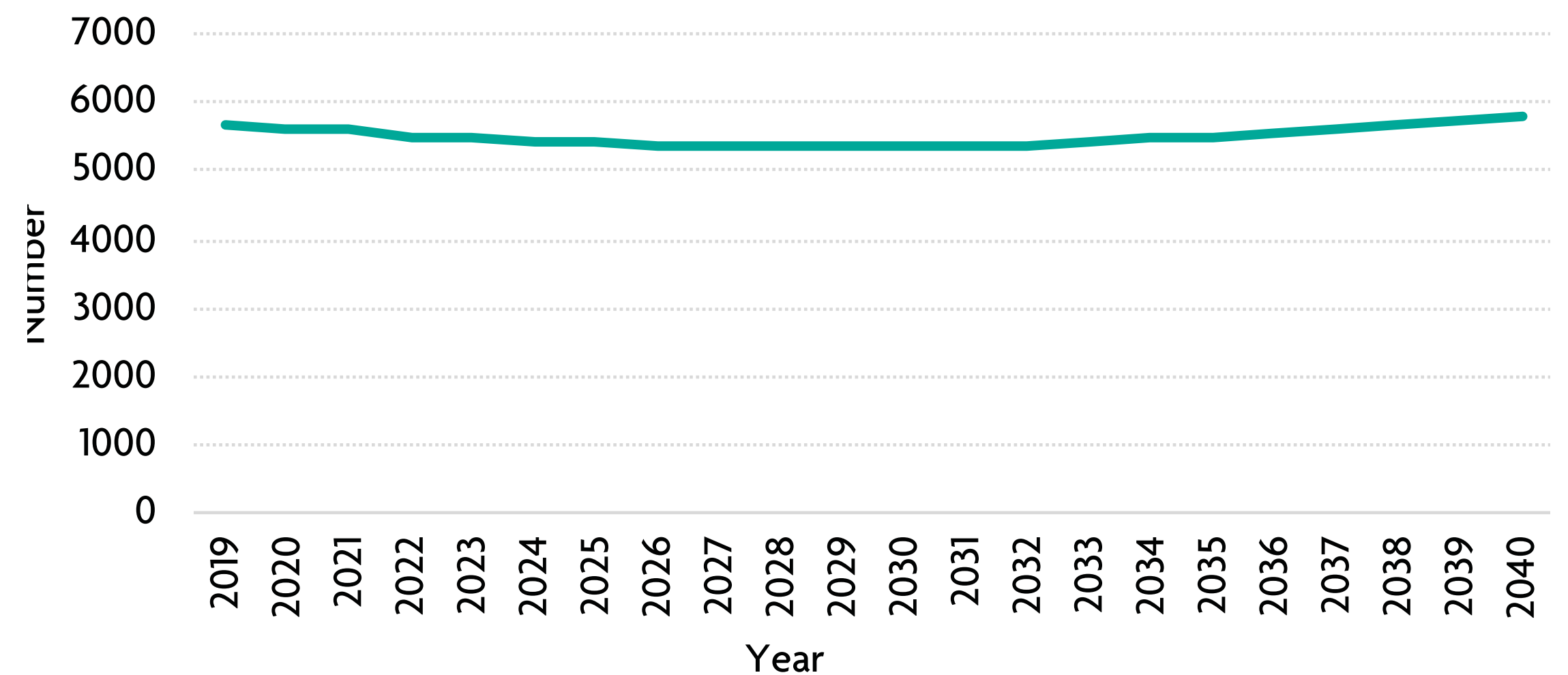
Figure 7: % predicted change by age from 2024 to 2030



Source: GLA Housing Led Population Projections

Compared to the previous report, the largest predicted change in proportion of ages has shifted from 16-18 years to 20-22 years and the smallest predicted change from 8-9 years to 12-13 years.

Figure 8: Projected births in Newham



Source: ONS birth projections for local authorities

The number of annual live births has been decreasing in Newham in recent years but the number is predicted to rise slowly, by 6% in 2040.

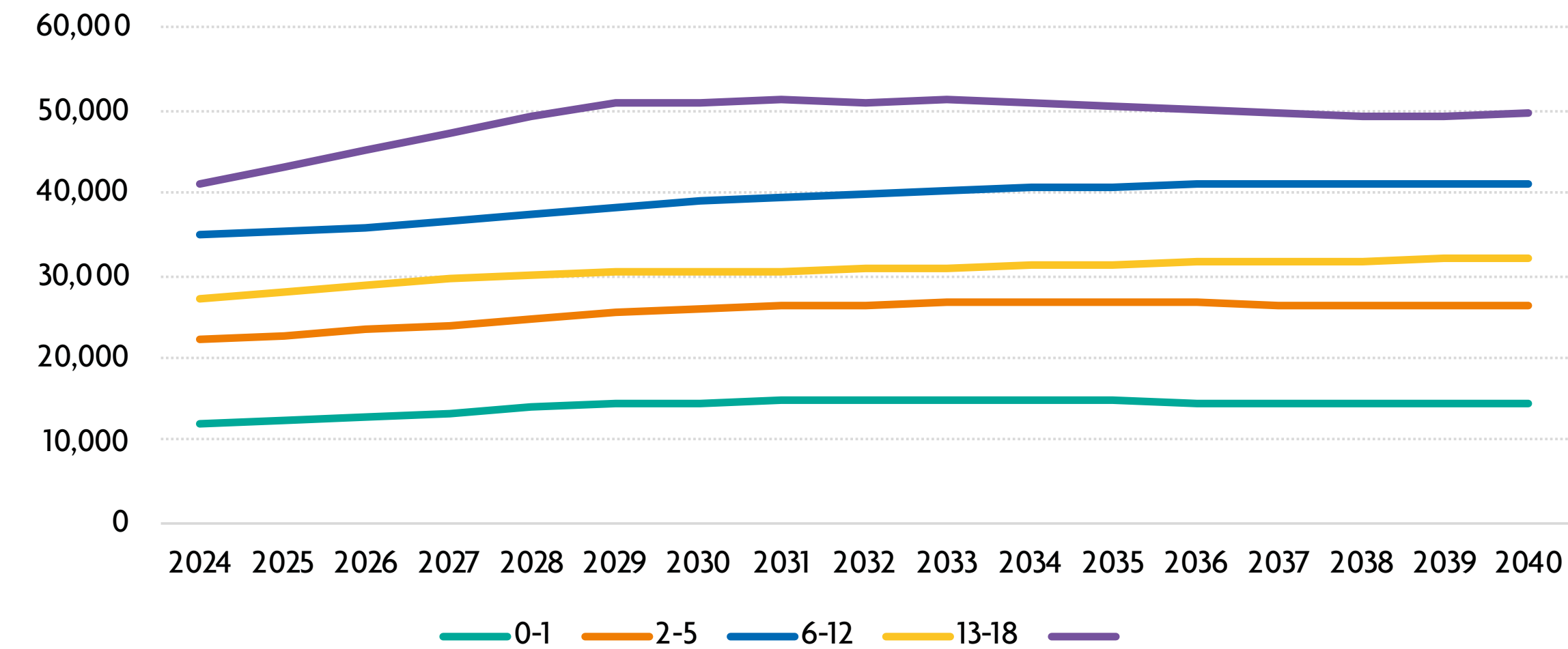
Population projections - 0-25 years



Year	0-1	2-5	6-12	13-18	19-25
2024	12181	22136	34992	27021	40971
2025	12493	22730	35270	28134	43236
2026	12914	23368	35822	28999	45267
2027	13456	24006	36485	29618	47300
2028	13967	24727	37396	30122	49127
2029	14454	25511	38321	30628	50823
2030	14658	25897	38876	30641	50942
2031	14751	26234	39323	30561	51117
2032	14751	26502	39759	30659	51114
2033	14751	26680	40185	30833	51156
2034	14761	26798	40597	31147	51038
2035	14715	26759	40858	31348	50693
2036	14642	26630	41054	31547	50277
2037	14546	26492	41160	31720	49834
2038	14457	26359	41225	31859	49431
2039	14379	26236	41216	32006	49256
2040	14357	26189	41225	32196	49490

- The 0-25 population is predicted to increase by 19% by 2040
- This equates to just over 26,000 more babies, children and young people
- The largest increase is predicted in the 19-25 age band at 21%
- Birth to 12 years are expected to increase by 18%
- 13-18 years are expected to increase by 19%

Figure 9: Newham population projections 2024-2040, ages 0-25

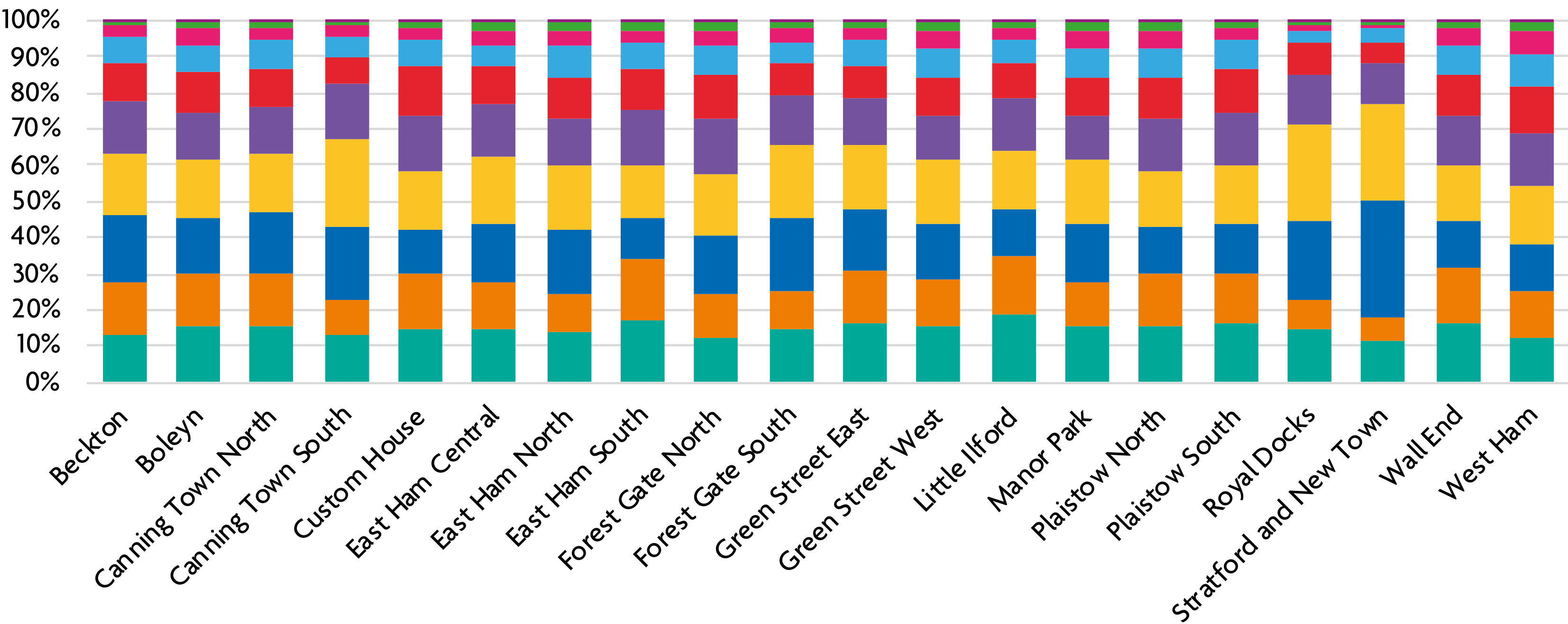


Source: GLA Housing Led Population Projections

Age and location

- The proportion of babies, children and young people aged 0-19 years varies from 18% in Stratford and New Town to 35% in Little Ilford
- Little Ilford and East Ham South have the largest percentages of young people up to 19 years of age
- Stratford and New Town and the Royal Docks have the largest percentages of younger people up to 29 years of age

Figure 10: Residents of Newham by age band and ward

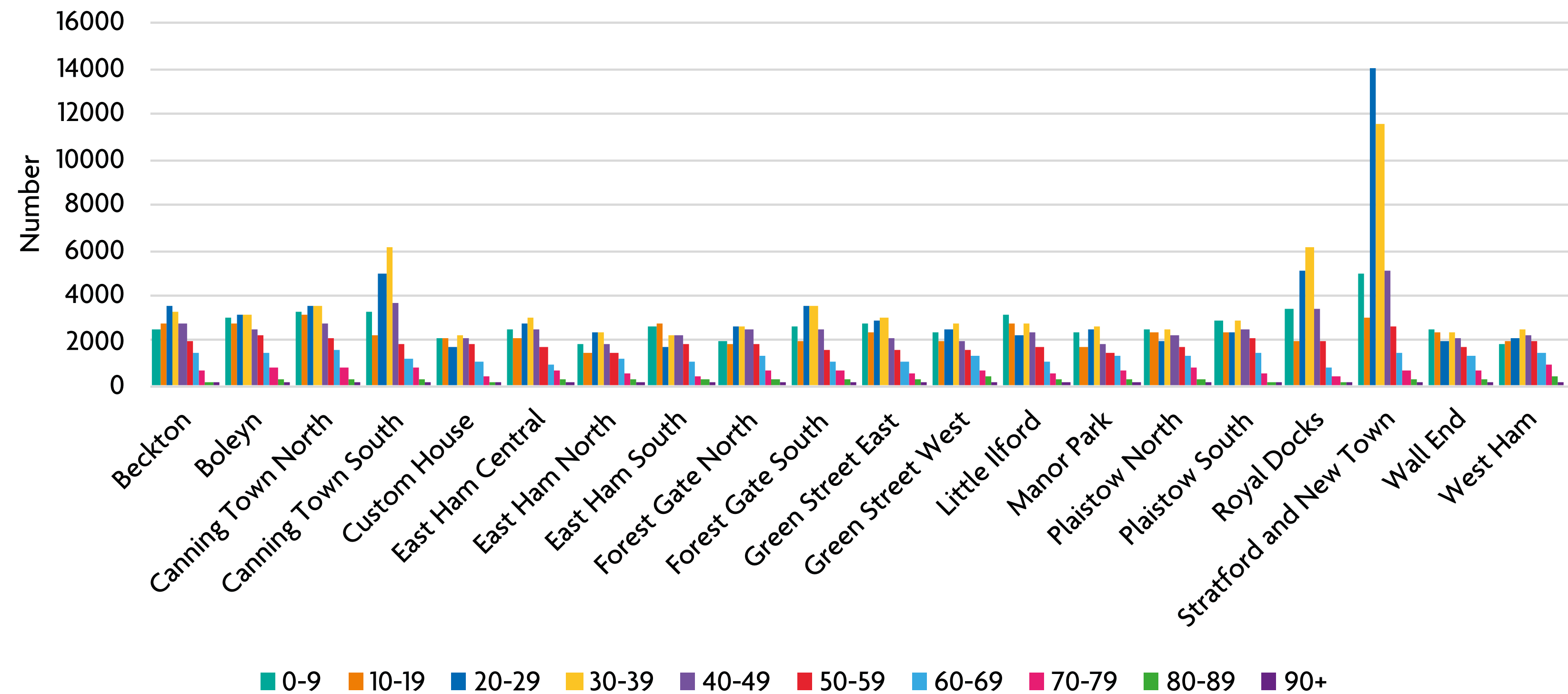


Source: GLA Housing Led Population Projections

Age and location

- Babies, children and young people aged 0-25 make up 37% of the total population of Newham
- Residents aged 40 year or less make up 66% of the total population

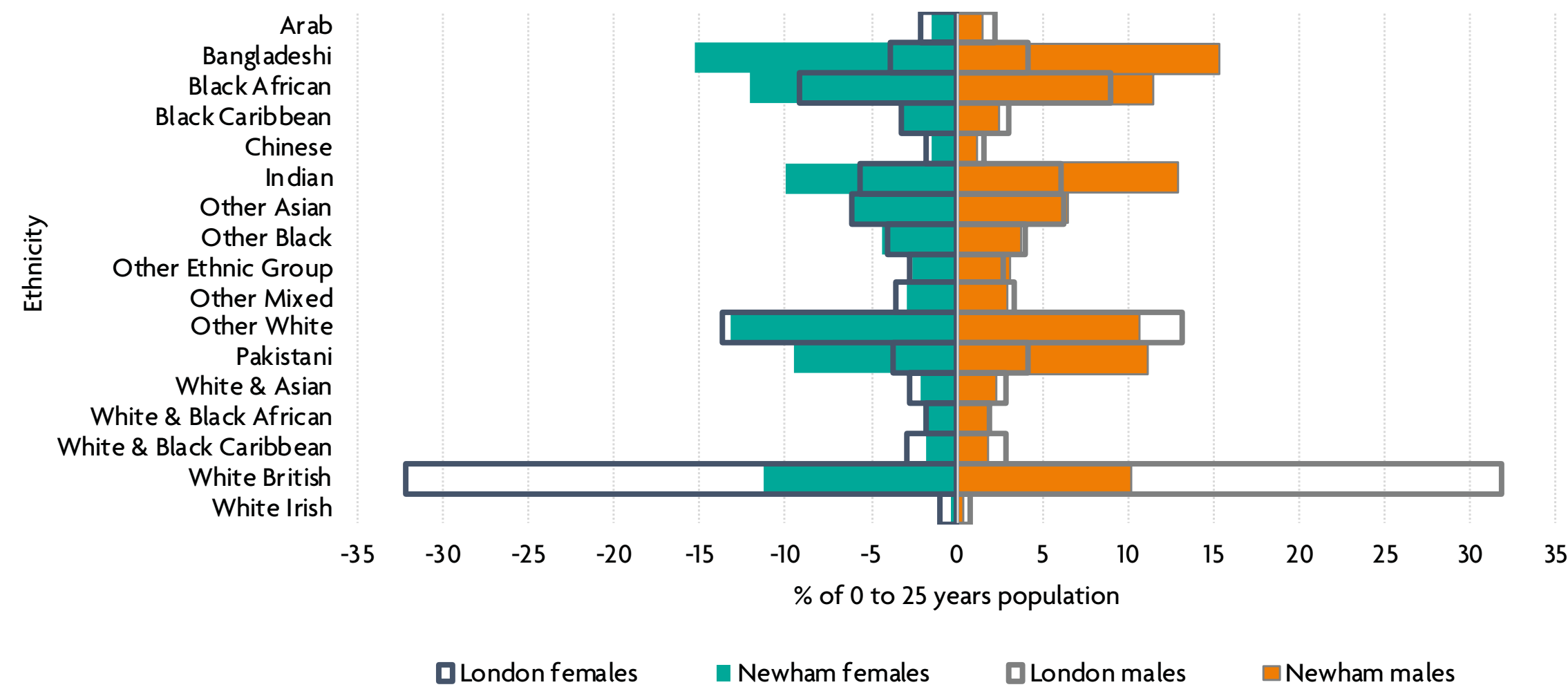
Figure 11: Residents of Newham by age band and ward



Source: GLA Housing Led Population Projections

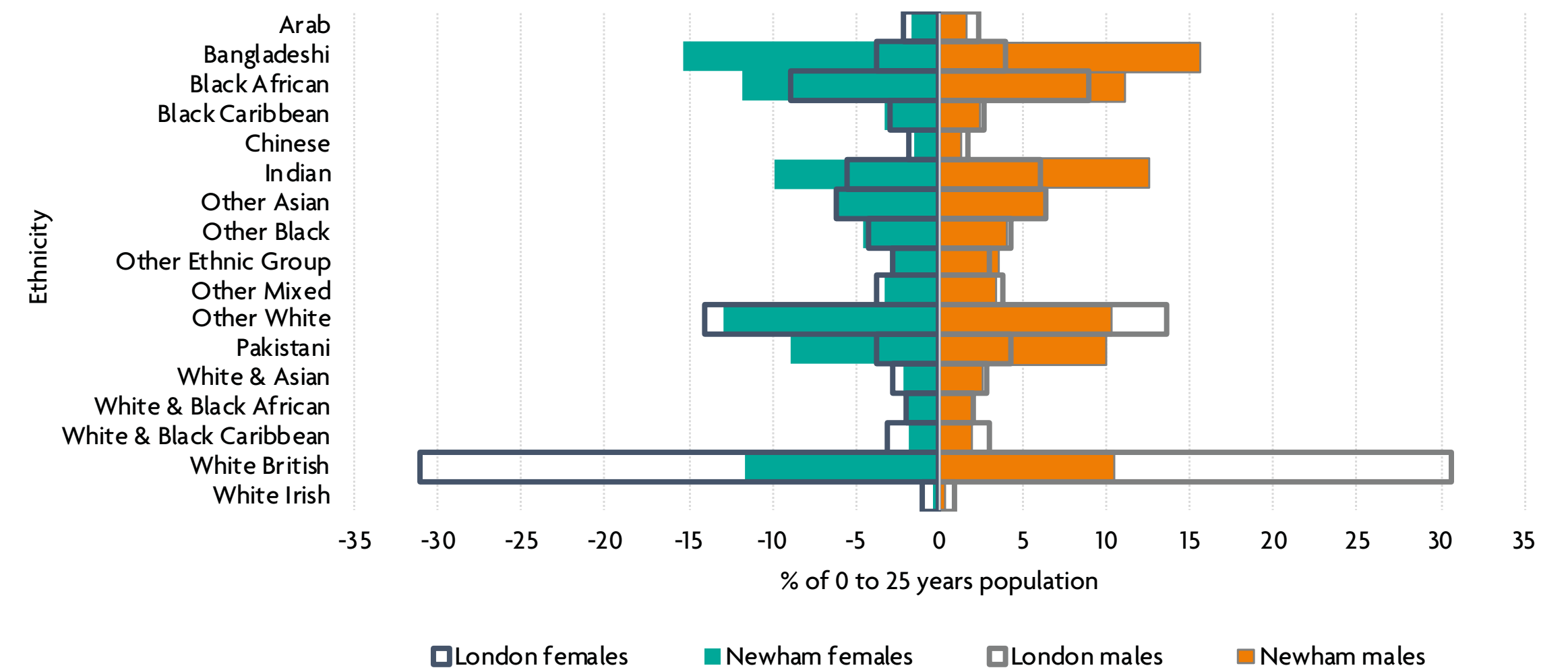
- Newham is a highly diverse borough as shown by the population pyramids which compare the proportions of Newham's various ethnic groups with those of London by sex
- The pyramids show the percentage of residents by detailed ethnic groups for 0 to 25 years
- The proportions of Bangladeshi, Black African, Indian and Pakistani residents are higher compared to London
- There is a lower proportion of "Other White" males in Newham than London
- The proportion of children of White ethnicity are substantially lower than that of London
- 88.9% of children and young people are from an ethnic background other than White British or Irish in 2024 – this is forecast to drop slightly to 88.5% by 2040
- The proportions of these ethnic groups making up Newham's population are not forecast to change substantially by 2040

Figure 12: Ethnic group population pyramid for Newham and London 2024, 0-25 years



Source: GLA housing led ethnic group population projections

Figure 13: Ethnic group population pyramid for Newham and London 2040, 0-25 years

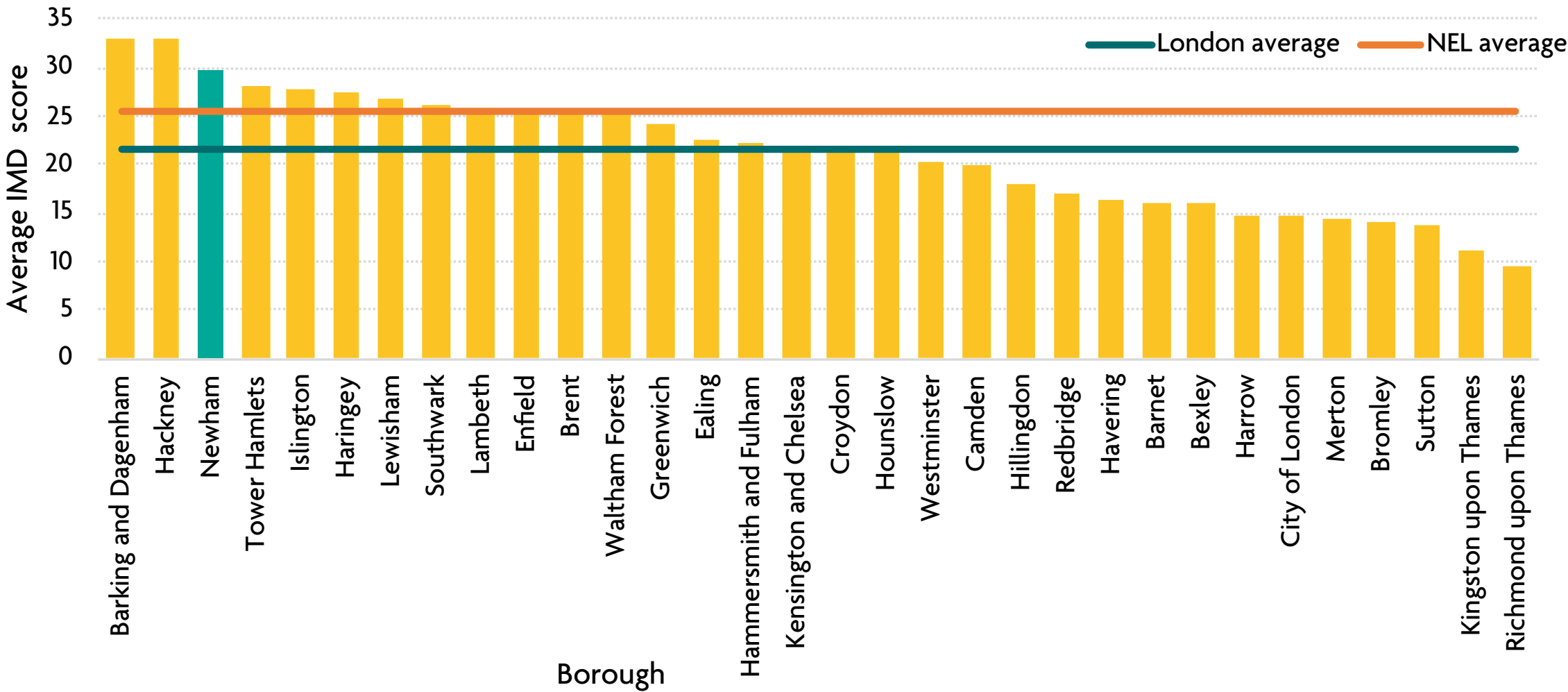


Source: GLA housing led ethnic group population projections

Deprivation – overall scores

Figure 14 shows Newham as the 3rd most deprived London borough overall, based on the average Index of Multiple Deprivation score (whole population). Newham’s score is 29.8 compared to the London average of 21.7. The average for North East London is 25.6.

Figure 14: London boroughs - average IMD score 2019



Source: English indices of deprivation 2019 – Gov.UK

Figure 15 shows Newham as the 11th most deprived London borough overall, based on the IDACI (income deprivation affecting children index) score – which is children under 16 years of age. Newham’s score is 20.1, below the London average of 17.9 and just below the North East London average of 20.6.

Figure 15: London boroughs - average IDACI score 2019

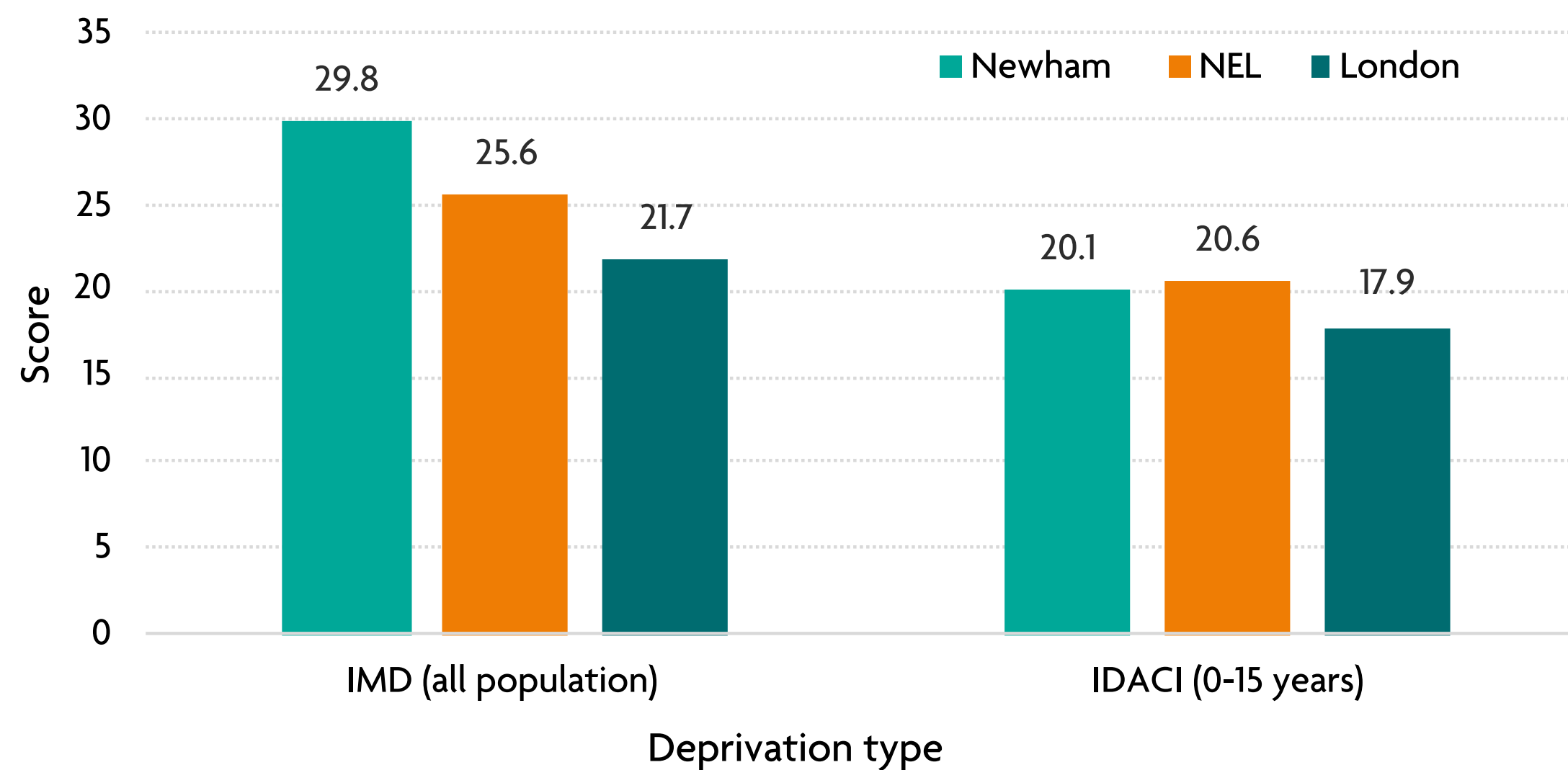


Source: Local Gov Inform

Deprivation – overall scores

Figure 16 compares IMD and IDACI for Newham, NEL and London. London boroughs - average IMD score 2019

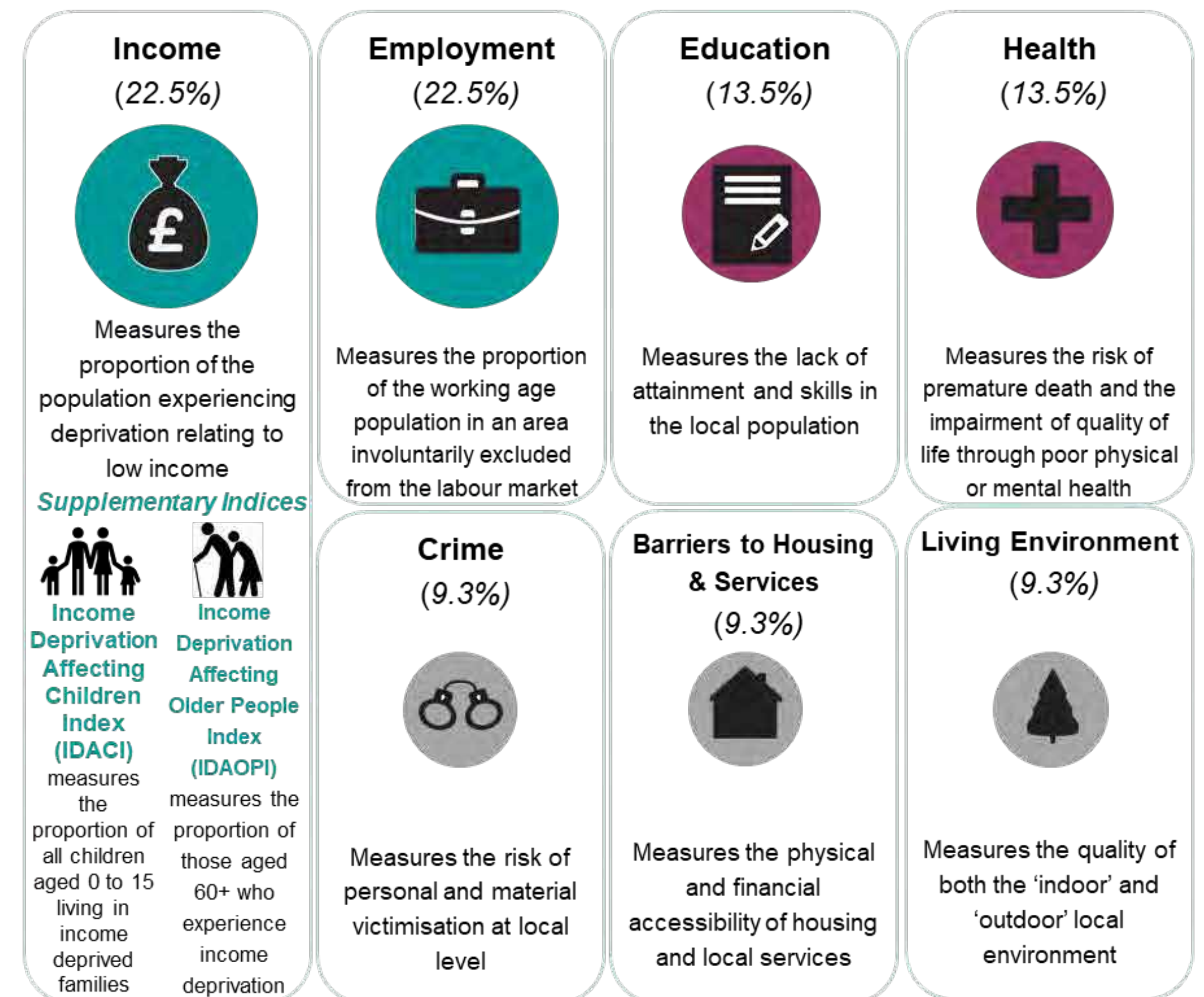
Figure 16: Deprivation score comparisons - 2019



Source:

The 2019 Index of Multiple Deprivation is the most up to date and this data was presented in the previous JSNA.

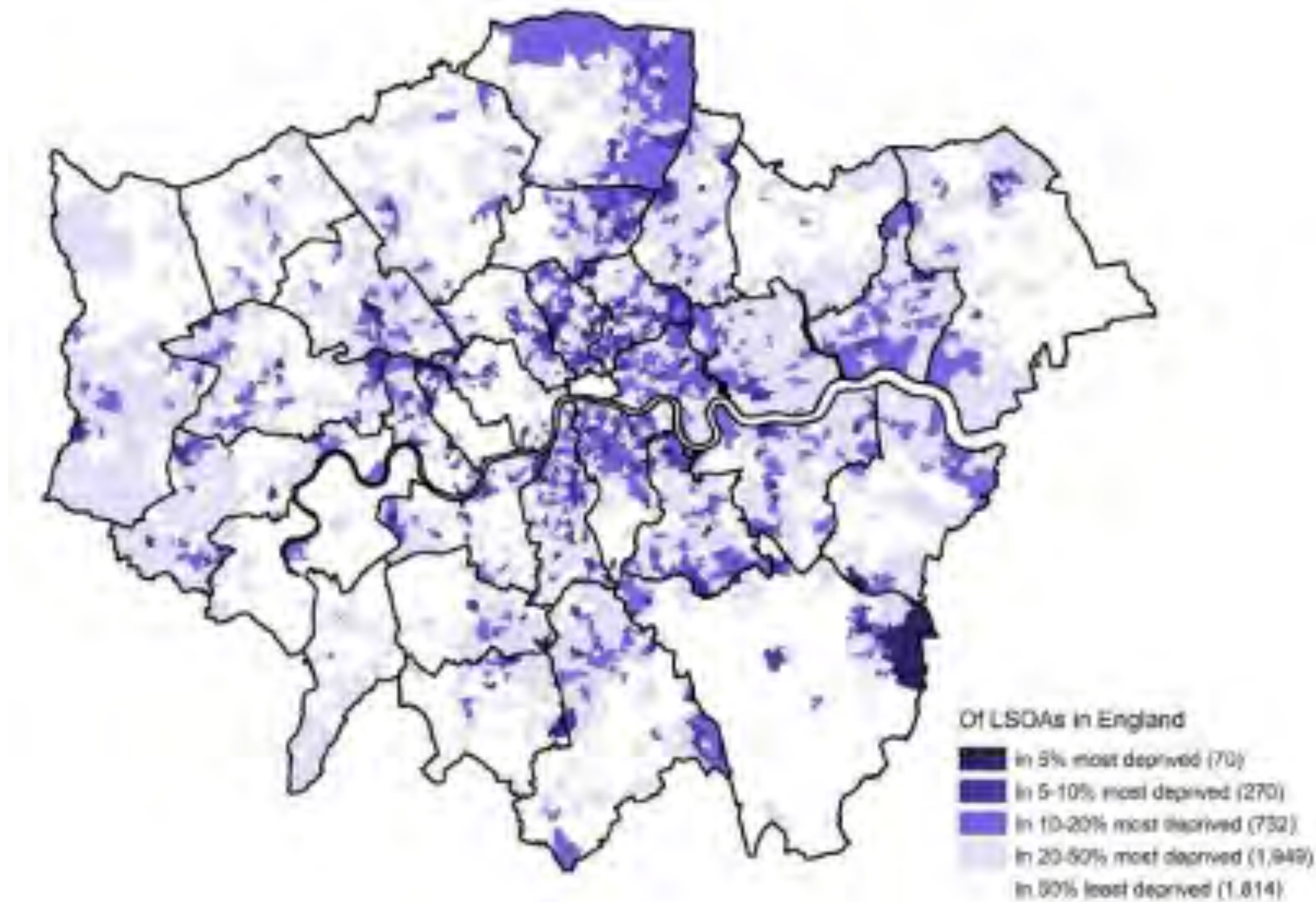
How is deprivation measured?



Source: ONS

Deprivation – overall scores

LSOAs in London

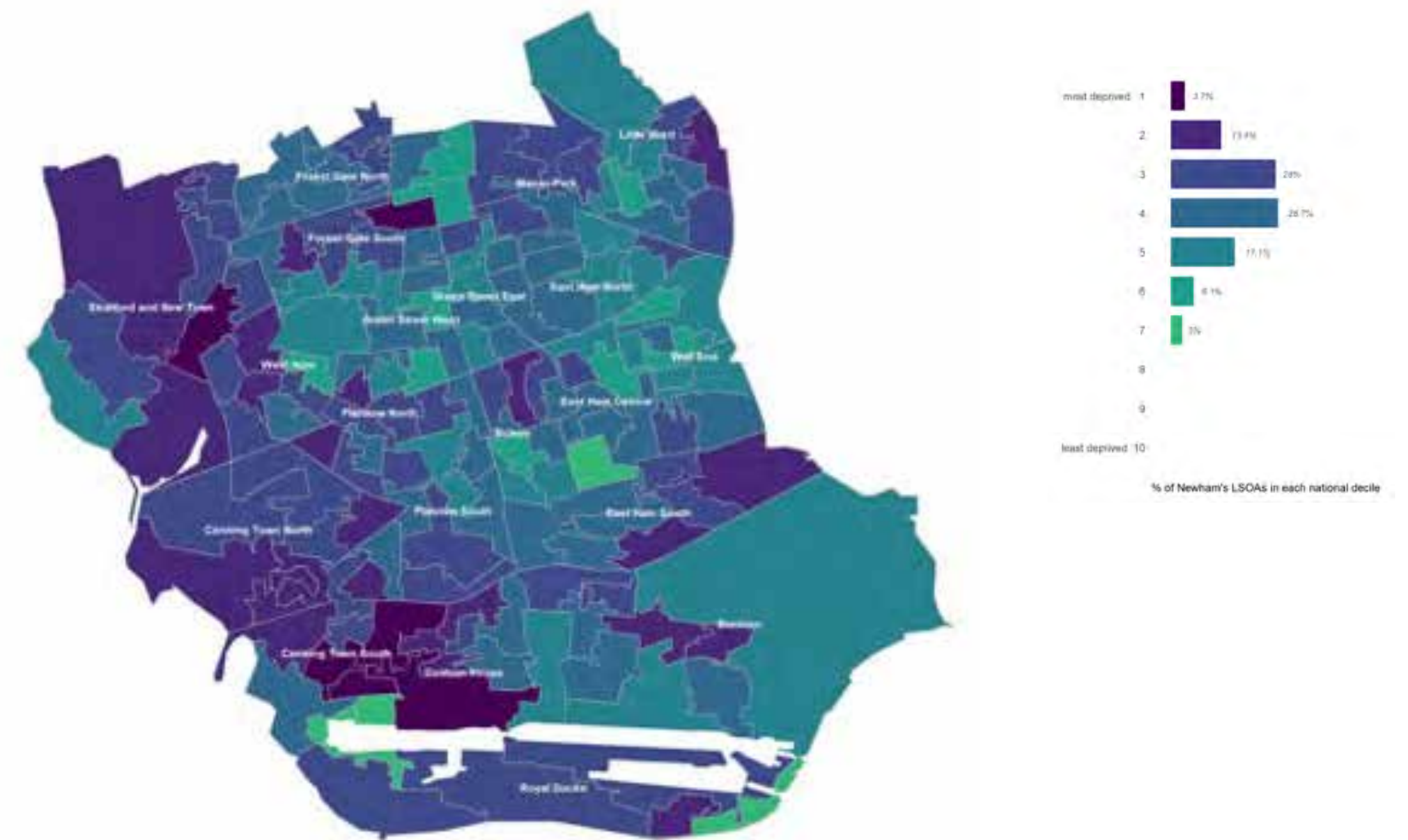


Source: Indices of Deprivation 2019, MHCLG via London Datastore

LSOAs in Newham

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

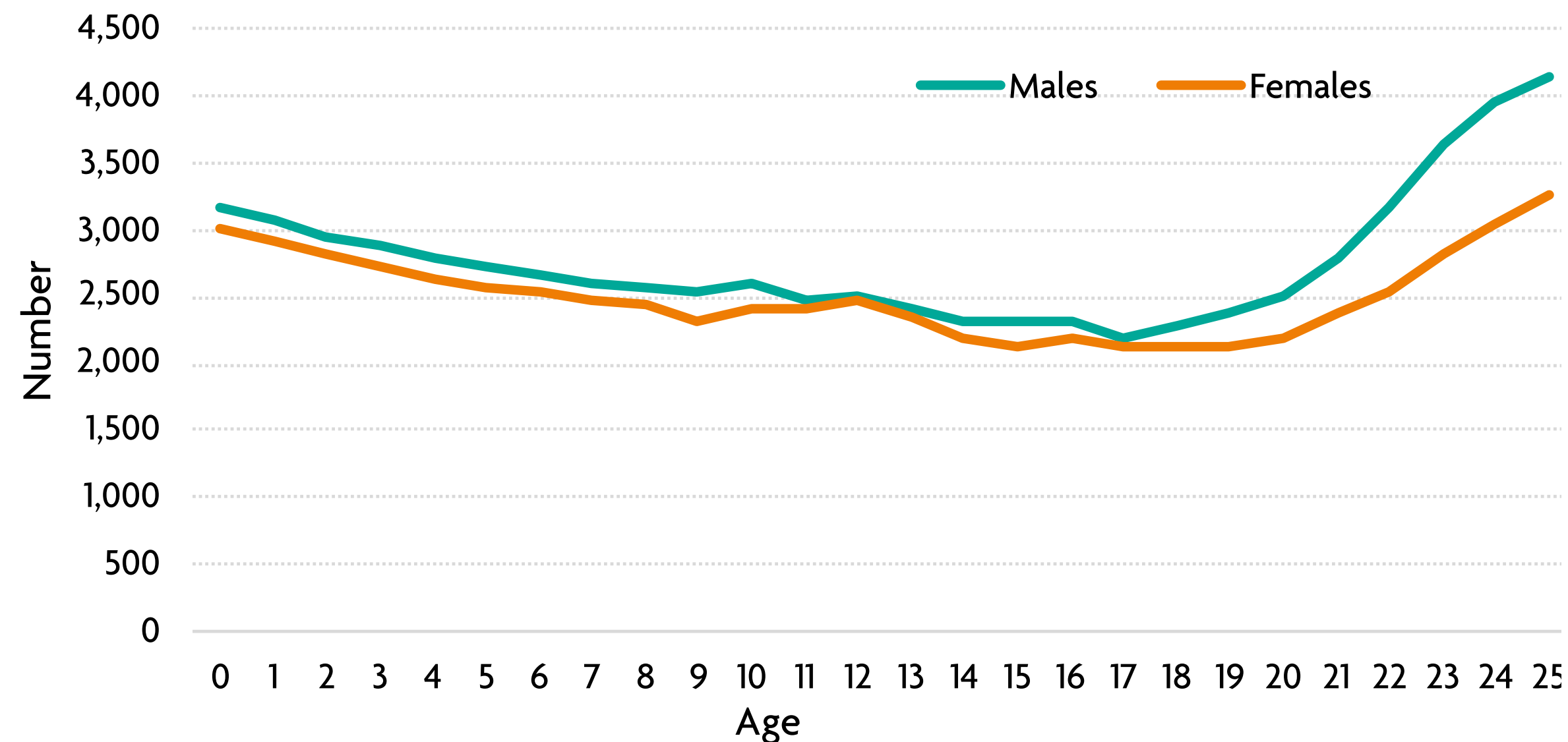


Source:

Demographics and need

- Figure 17 shows male and female numbers for each age from 0-25
- Males make up 52.5% of the 0-25 population and females 47.5%
- From the age of 19, the gap between males and females increases, from a 12.7% difference at 19 (12.7% more males than females) up to 27.2% difference at 25 years

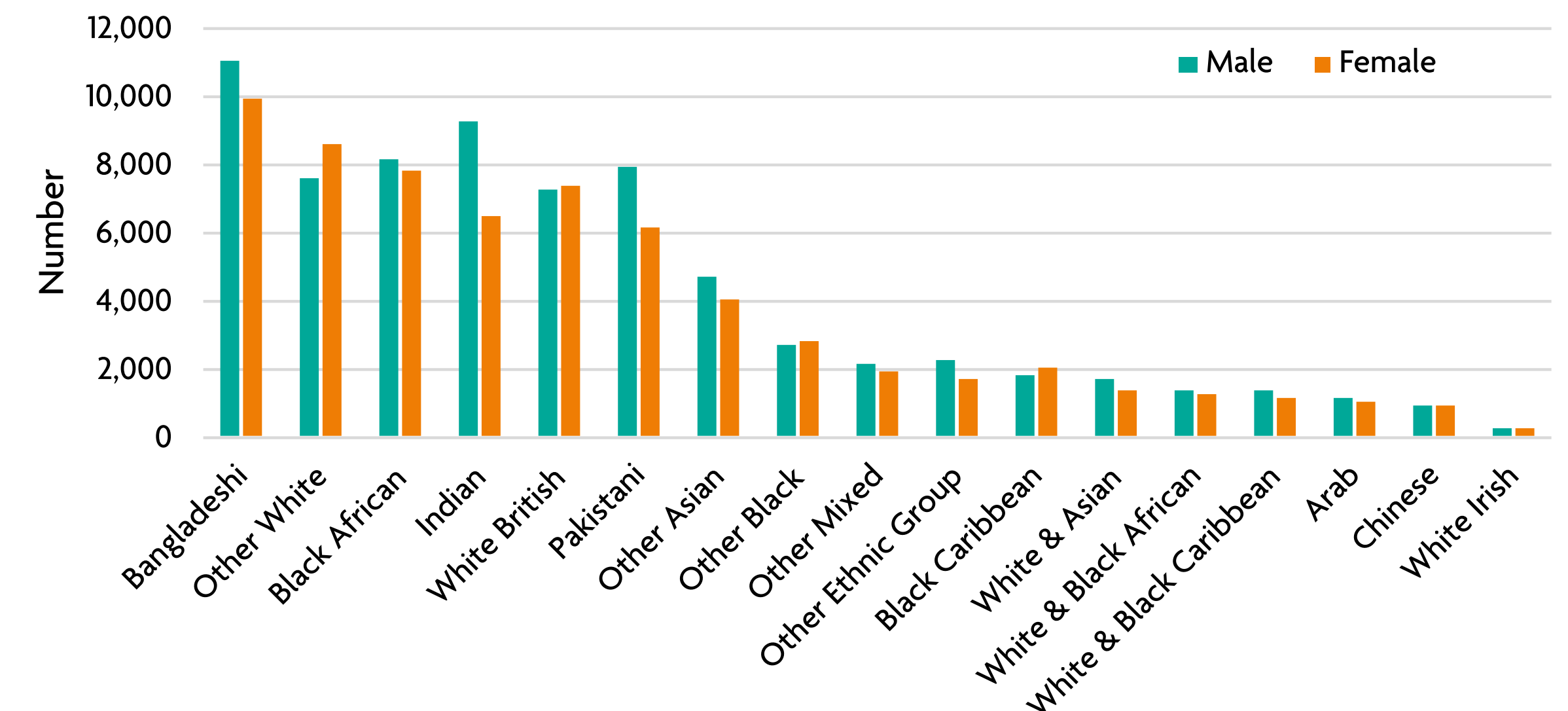
Figure 17: Age and gender breakdown - 2024



Source: GLA Housing Led Population projections, 2024

- Figure 18 shows the ethnicity breakdown by gender for ages 0-25 years
- The highest proportion of 0-25 year-olds are of Bangladeshi origin, making up 15.3%
- The next highest proportion are Other White (11.9%), Black African (11.8%), Indian (11.5%) White British (10.7%) and Pakistani (10.4%) – a total of 71.6%
- Other ethnic groups make up between 0.4% and 6.4% of the 0-25 population (a total of 28.4%)

Figure 18: Ethnicity breakdown by sex, ages 0-25 years - 2024



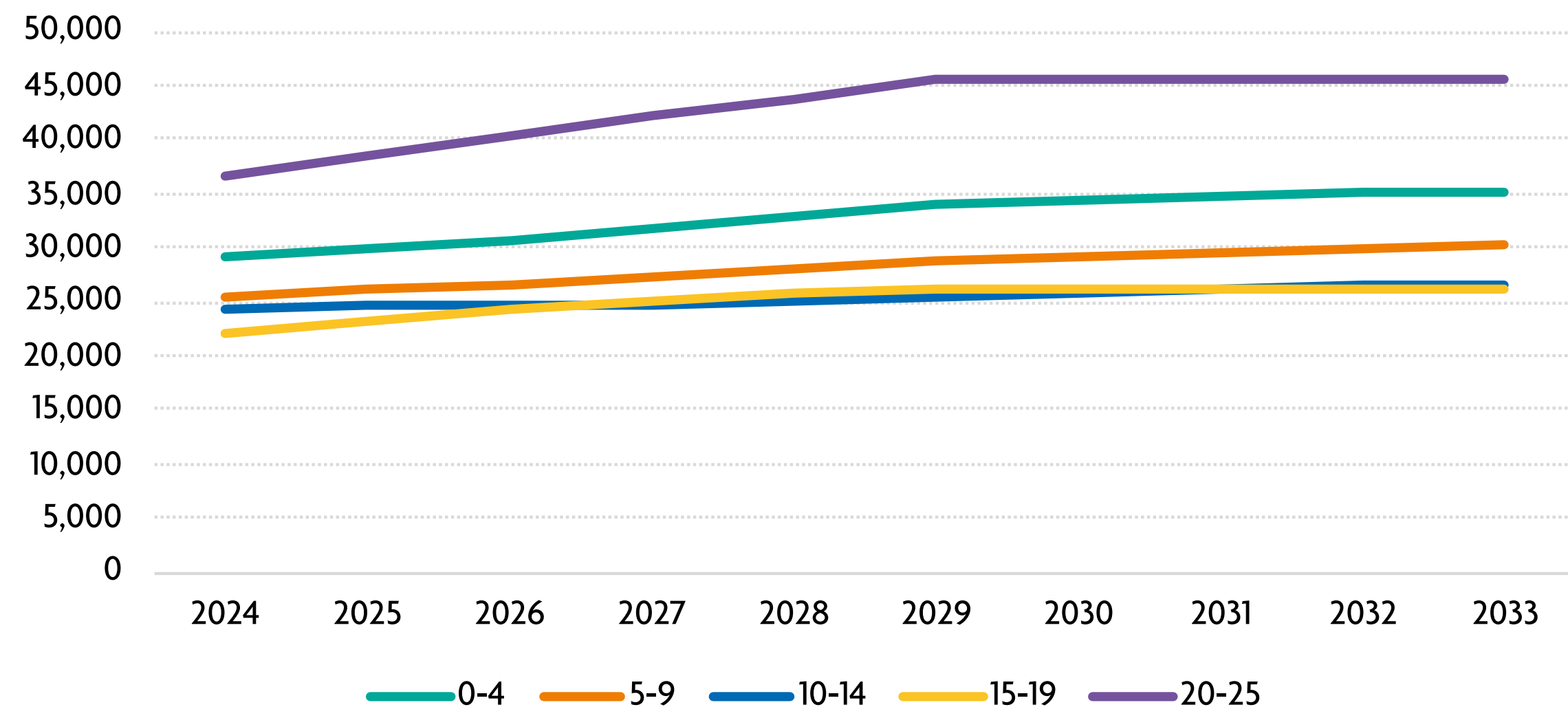
Source: GLA Housing Led Population projections, 2024

Demographics and need

Figure 19 shows the population projection by age band over the next 10 years and Figure 20 shows the percentage projected increase for each age band

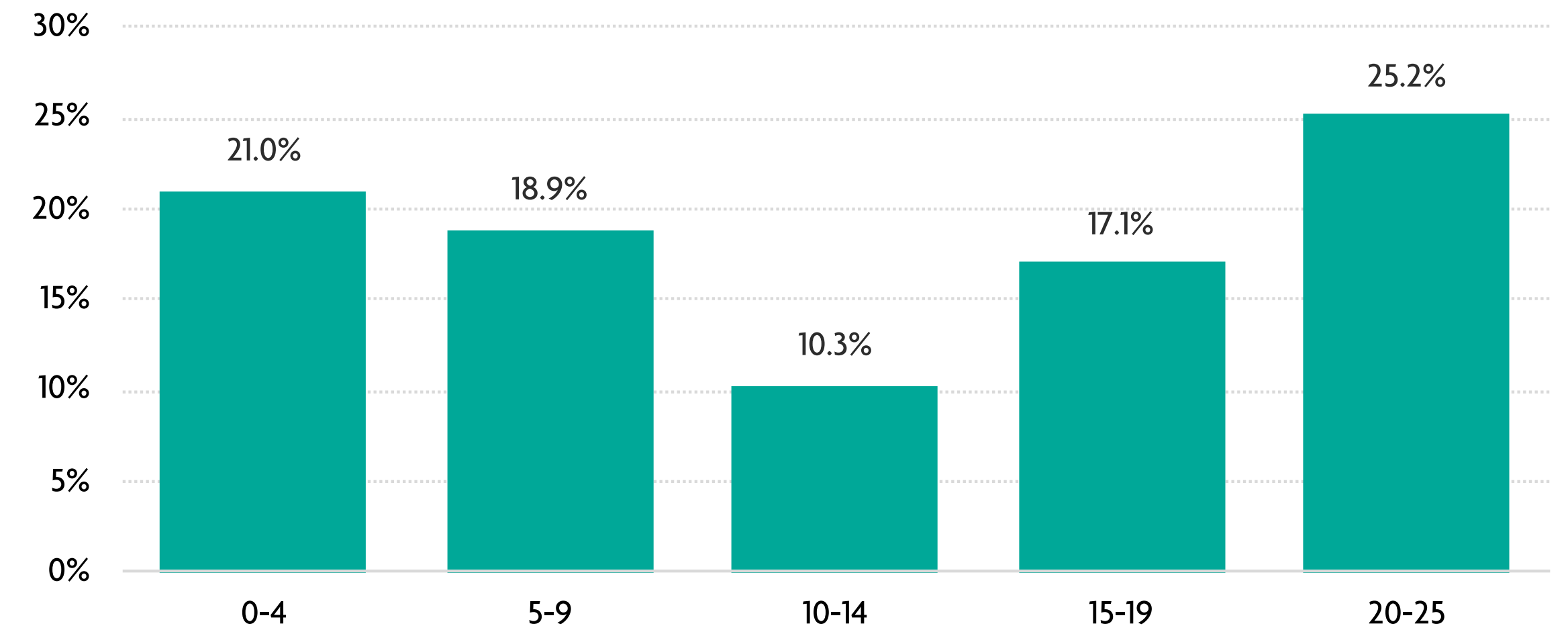
- The largest increase is in the 20-25 year age band – projected to increase by 25.2% (please note this actually covers 6 years compared to the other age bands that show 5)
- The second largest increase is predicted in the 0-4 age band, with a 21% increase by 2033. This will have implications on services for the younger population

Figure 19: 10 year population projections by age band



Source: GLA Housing Led Population projections, 2024

Figure 20: Percentage increase forecast from 2024-2023, by age band



Source:

Indicators – how Newham compares to London

Table 1: How Newham compares to London

	Newham	All London boroughs	Comparison with All London Boroughs
Housing			
Evictions - repossessions per 1000 households	4.46	2.42	Worse
Homeless acceptances - duty owed per 1000 households	1.47	0.93	Worse
Housing affordability for home ownership - ratio of of median house price to median income	11.4	12.7	Average
Housing affordability - median rent as a % of median pay	47.1%	46.4%	Average
Housing delivery - average net affordable, social and discounted housing completions	1085	353	Better
Rough sleeping - people seen sleeping rough by Outreach	503	219	Worse
Temporary accommodation - per 1000	50.25	16.62	Worse
Children (16 and under) living in relative low income households	23.2	15.8	Worse
Living standards			
Child poverty rate	44%	33%	Worse
Income deprivation (related to London overall)	1.49	1	Worse
Pay inequality (80:20 ratio of earnings)	2.39	2.5	Average
Poverty rate	35%	25%	Worse
Work			
Benefits (out of work benefits)	14.9%	12.8%	Average
Low pay (resident) - proportion of borough residents jobs that are low paid	20.0%	16.4%	Average
Unemployment rate	5%	5%	Average
Unemployment rate change - 1 year	-0.9 pts	0.6 pts	Better

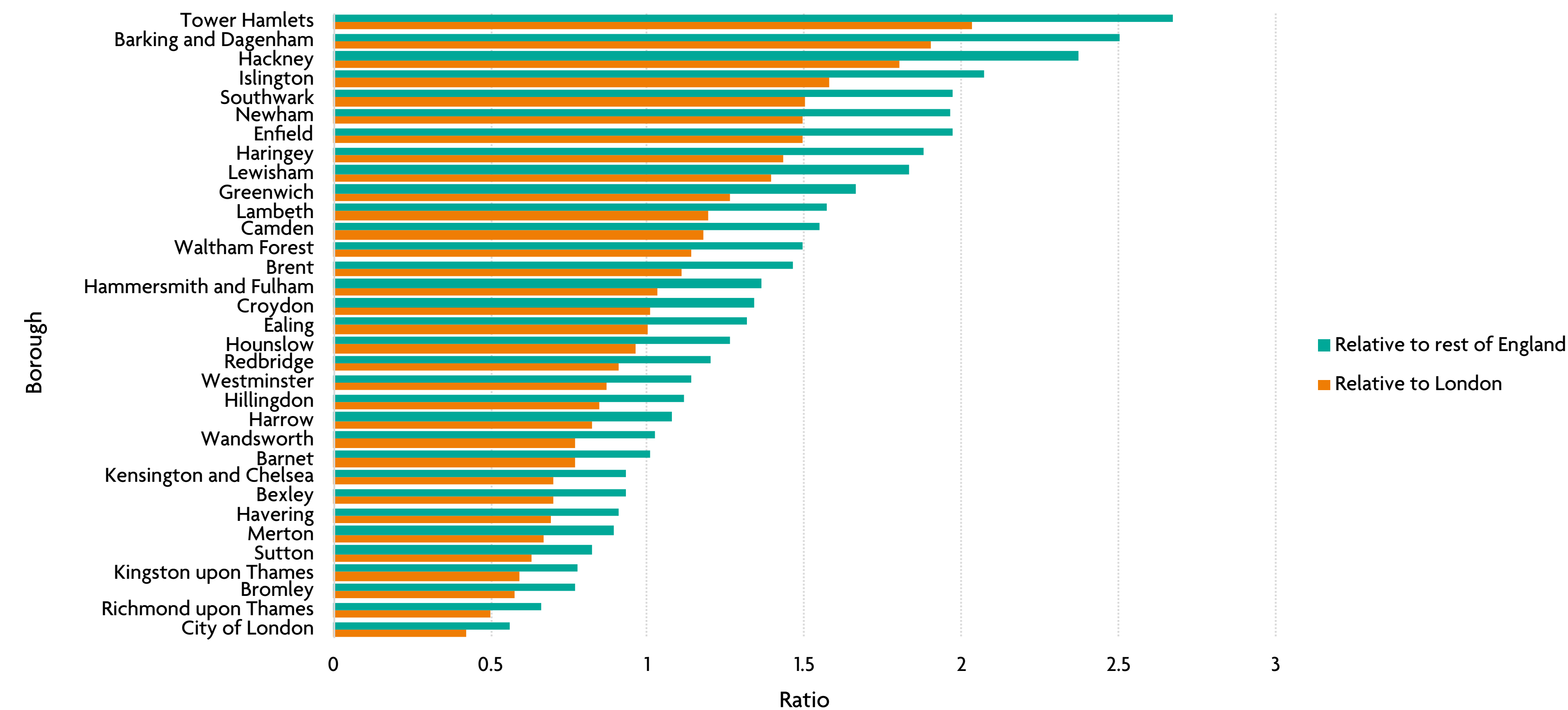
Housing and Income

- In 2022/23, 38% of people in the borough lived in households with an income of less than 60% of the UK median after housing costs have been subtracted. This was worse than the average London Borough
- 44% of children in the borough lived in households with an income of less than 60% the UK median after housing costs have been subtracted in 2022/23. This was worse than the average London Borough
- In Newham, 20% of residents were estimated to be earning below the Living Wage in 2023. This was around the same as the average London Borough
- Housing affordability in Newham is worse than England but in line with the London average for both renting and home ownership.
- Affordable, social and other discounted housing completions were better than in Newham the average London Borough, with 1085 delivered in 2020/21 - 2022/23
- Unemployment change in 2024 Q1 at -0.4 percentage points from 3 years ago was better than the average London Borough
- There were 4.46 repossessions by county court bailiffs per 1,000 in Newham in 2023 Q3 - 2024 Q2, worse than the average London Borough
- There were 50.96 households per 1,000 in temporary accommodation in 2024 Q1, worse than the average London Borough



Income deprivation ranking relative to London and England

Figure 21: Median income deprivation ranking relative to London and England (2019)



Source: Trust for London

Housing and Income

Figure 21 compares the average (median*) income deprivation in each borough to the average of London overall (in blue) and England overall (in orange).

The closer to the red line values are, the more similar they are to the comparison. Values to the right of the line (including Newham) are more income deprived.

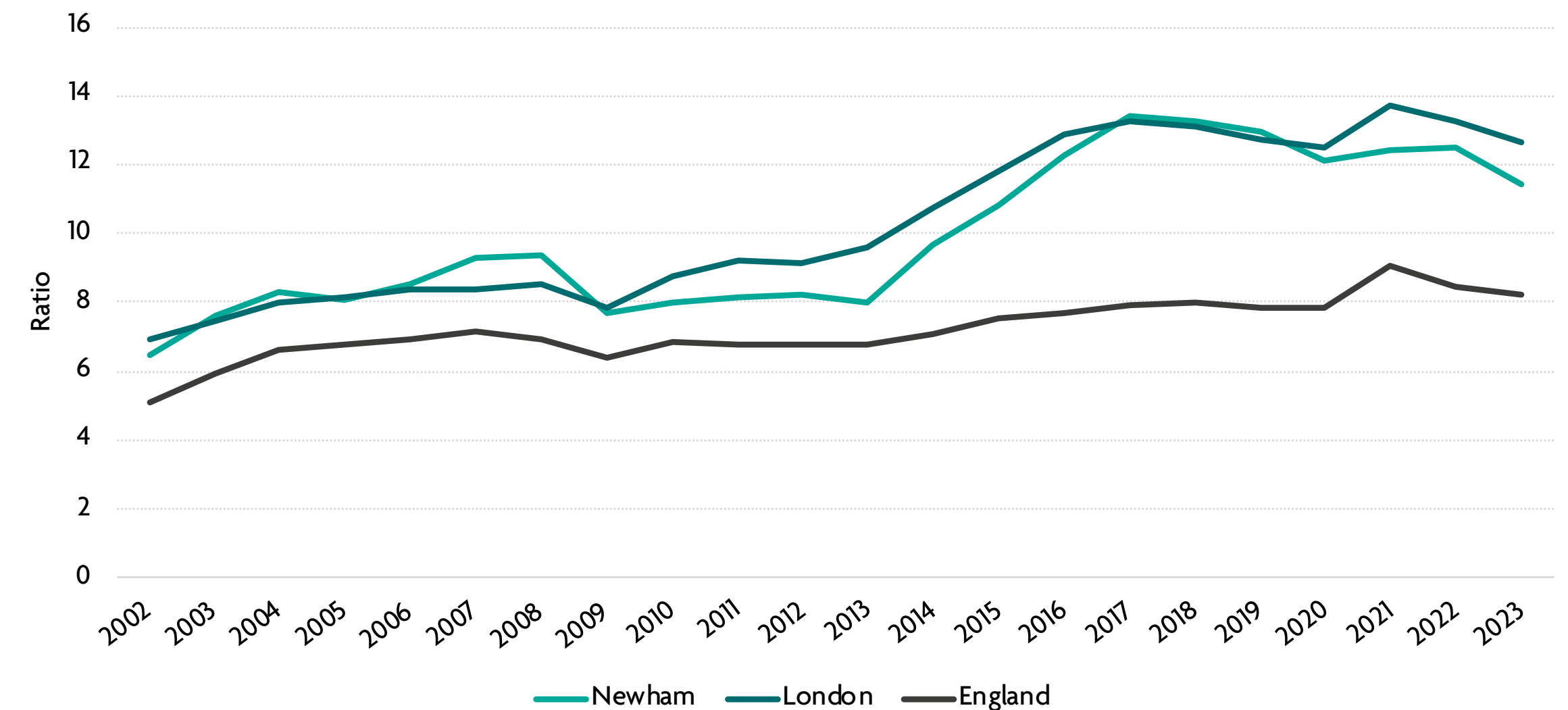
Values for Newham are 1.49 compared to London and 1.96 compared to the rest of England. This means that Newham is 1.49 times more income deprived than London and 1.96 times more income deprived than the rest of England.

*Median is a form of average that is calculated by taking the “middle” value of a set of numbers. It is beneficial because it excludes extreme (ie very high, or very low) values, which would skew the result if an “average” was used.

Affordability of housing compared to income

Figure 22 shows the trend in affordability of home ownership in Newham compared to London and England. The ratio between the median house price and household income has widened in recent years, especially since 2013. Between 2013 and 2017, the affordability ratio worsened from 8 to 13 times the average income. Although this figure has stabilised since 2017, it remains significantly higher than the England average and puts further pressure on residents who want to be able to buy a home.

Figure 22: Affordability of home ownership - ratio of median house price to median household income

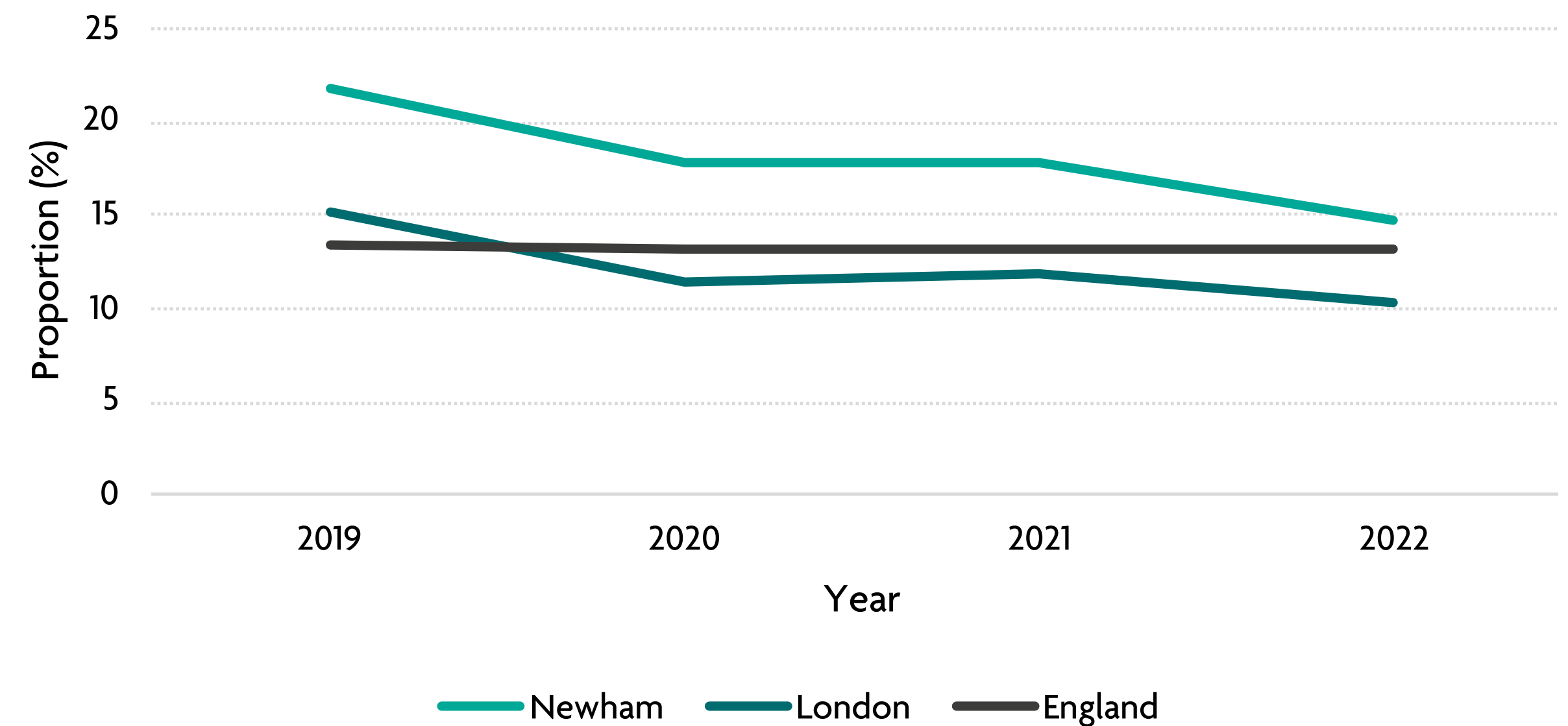


Source: Office for National Statistics

Fuel poverty

- A household is considered to be “fuel poor” if their household has an efficiency rating of D or below, and once heating bills are paid, they are left with an income below the official poverty line
- Cold homes are associated with poor health outcomes as well as an increased risk of morbidity (multiple health conditions) and mortality. Studies have shown that more than one in five (21.5%) of excess winter deaths in England are attributable to the coldest 25% of all homes
- Fuel poverty is measured on the amount of money needed to keep a house warm, well lit, with plenty of hot water and running of appliances, rather than money actually spent on fuel. This ensures that households with low energy bills due to simply not heating their home, or not running appliances, are not overlooked¹
- In north east London, Newham was the second highest borough in 2022/23 for households below the average income of less than 60% of the UK median, after housing costs

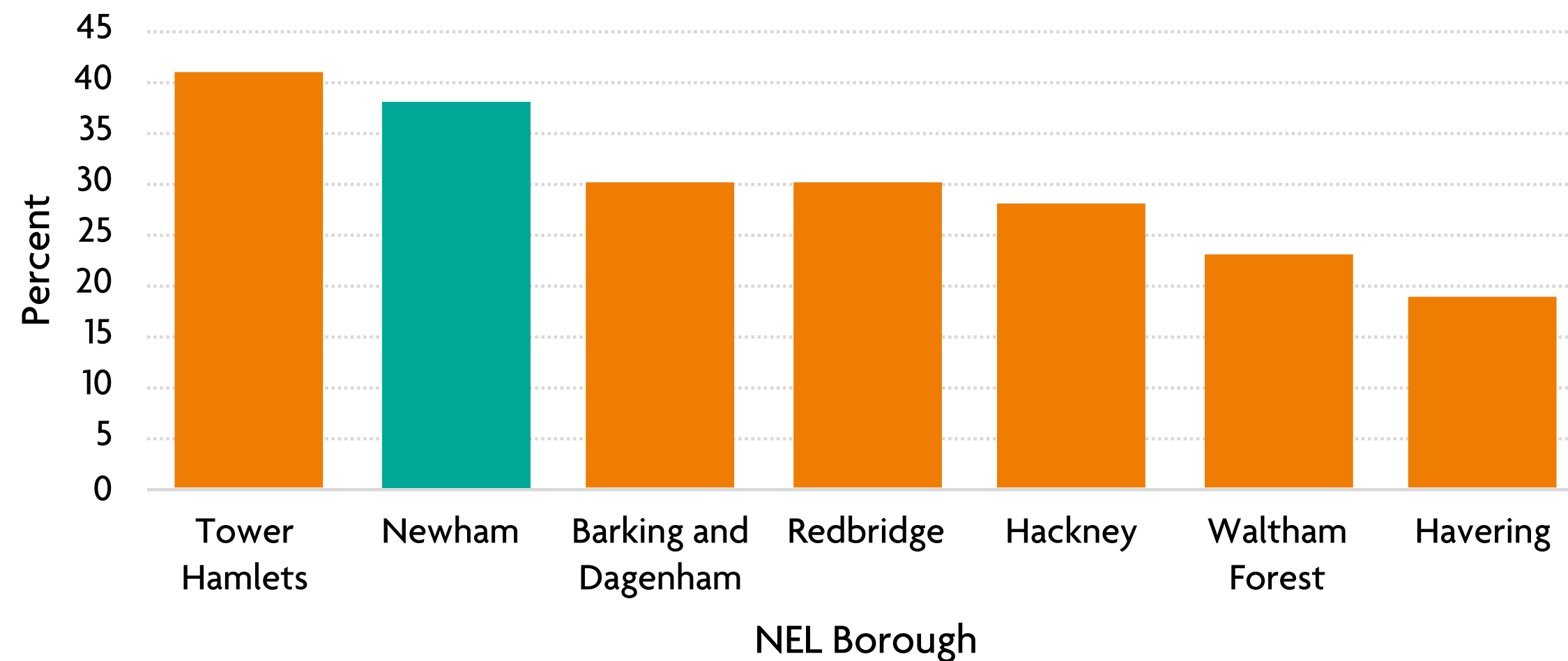
Figure 23: Fuel poverty



Source: Department for Business, Energy and Industrial Strategy

¹ Department for Business, Energy & Industrial Strategy (2021). Annual Fuel Poverty Statistics in England, 2021 (2019 data). Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/966509/Annual_Fuel_Poverty_Statistics_LILEE_Report_2021__2019_data_.pdf

Figure 24: Households below average income of less than 60% of the UK median, after housing costs 2022/23

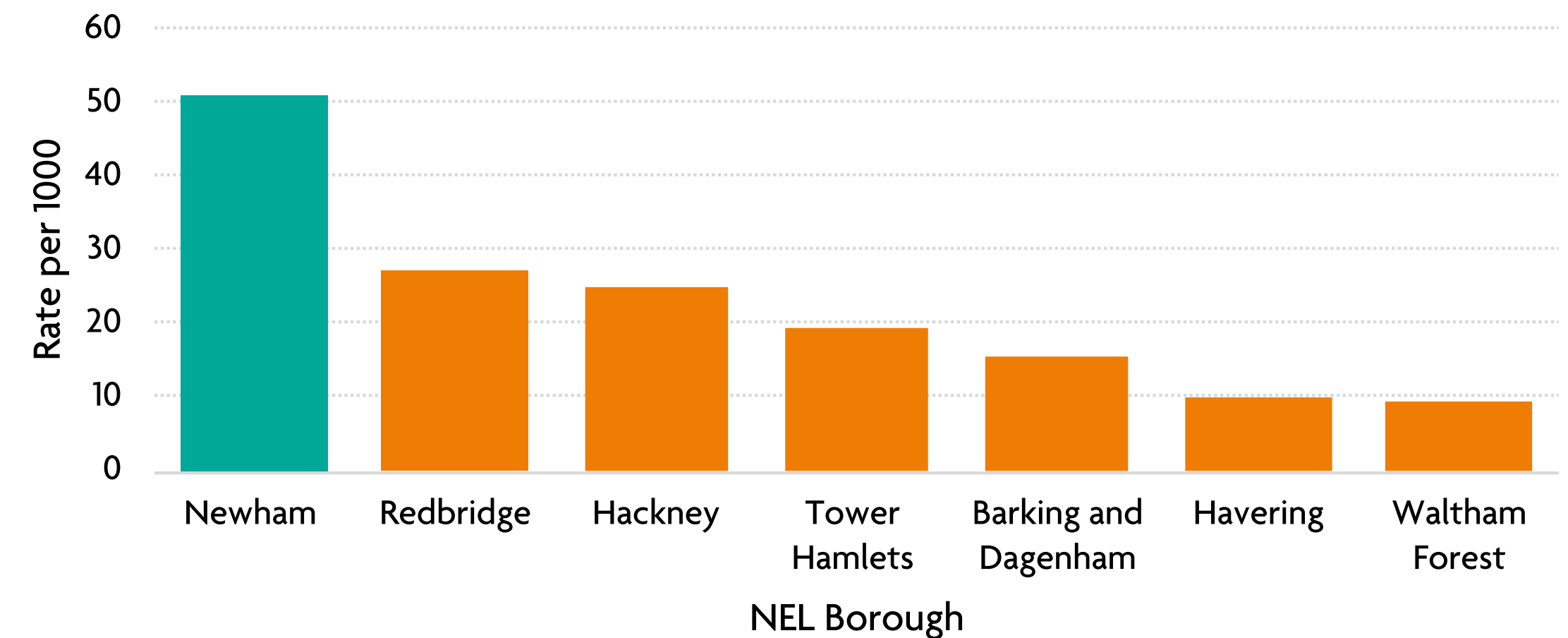


Source: DWP via Trust for London Report

Temporary accommodation

- Newham had the highest rate of households in temporary accommodation in Q1 2024
- The rate for Newham was 51 per 1000 households compared to an average of 22.5 across north east London

Figure 25: Households in temporary accommodation per 1000

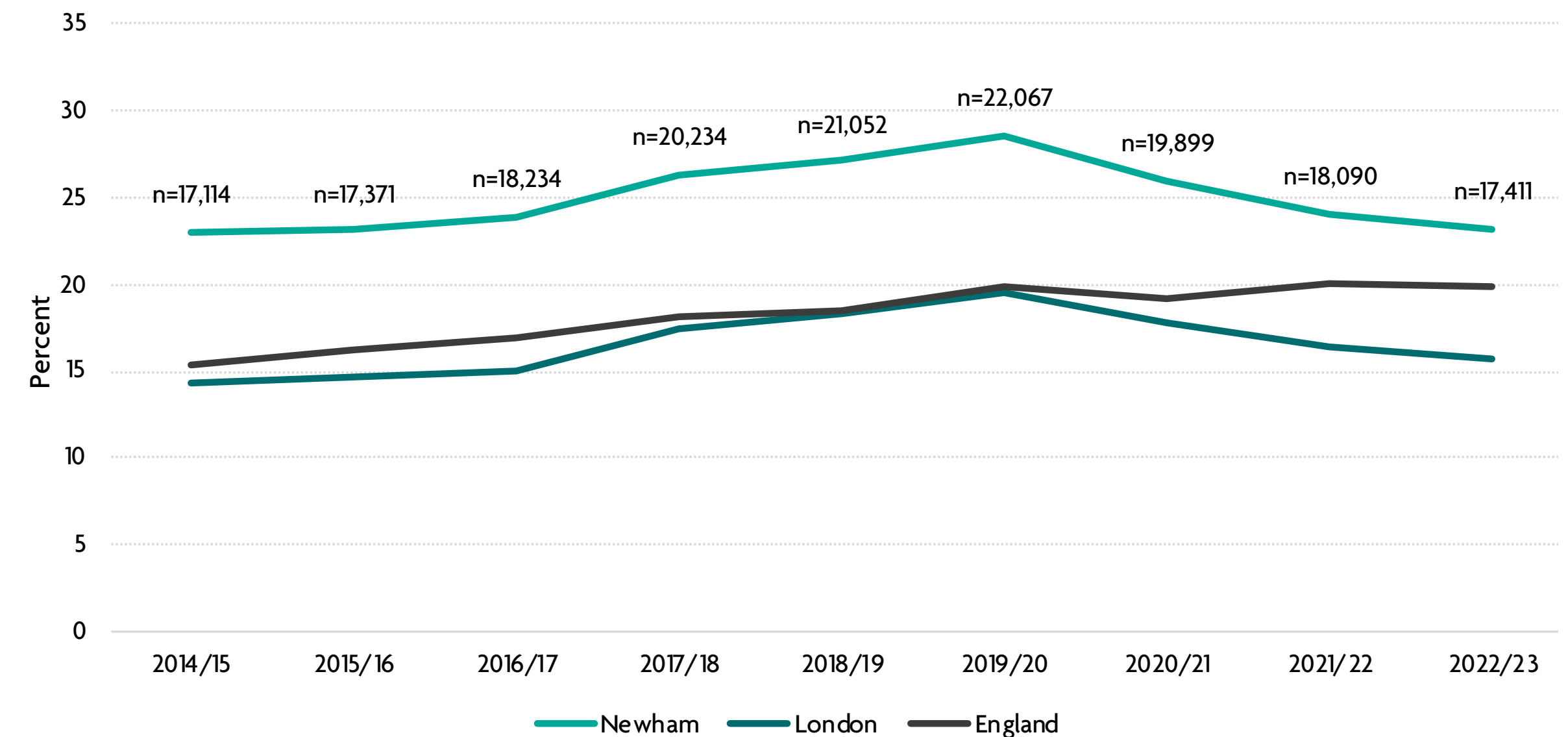


Source: Statutory homelessness live tables, Detailed local authority level tables, Ministry of Housing, Communities & Local Government

Children living in low income households

- The Marmot Review² (2010) suggested evidence that childhood poverty leads to poor health outcomes and premature mortality in adults
- Decreasing the number of children living in poverty should help to improve health outcomes as adults and increase healthy life expectancy
- The proportion of children living in relative low income households (described as a family in low income before housing costs, who must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year) has been constantly higher in Newham than London and England. The data for 2022/23 shows this is statistically significantly higher and this is the case with all the years shown on the bar chart

Figure 26: Percent of children (16 and under) living in (relative) low income households

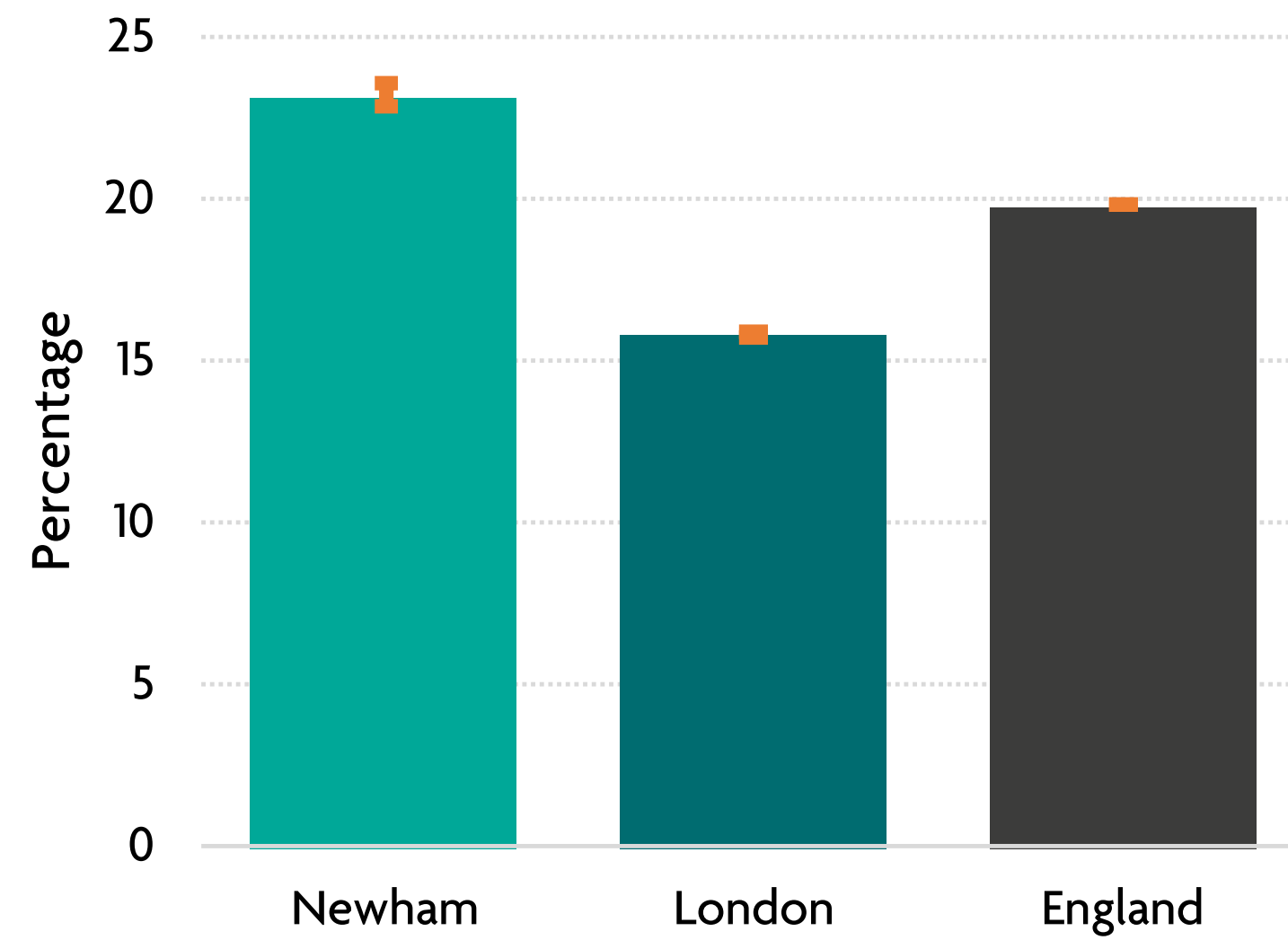


Source: OHID, based on Department for Work and Pensions and Office for National Statistics data

² Fair society, healthy lives : the Marmot Review : strategic review of health inequalities in England post-2010. - GOV.UK

Housing and Income

Figure 27: Percent of children living in low income households 2022/23



Source: OHID, based on Department for Work and Pensions and Office for National Statistics data



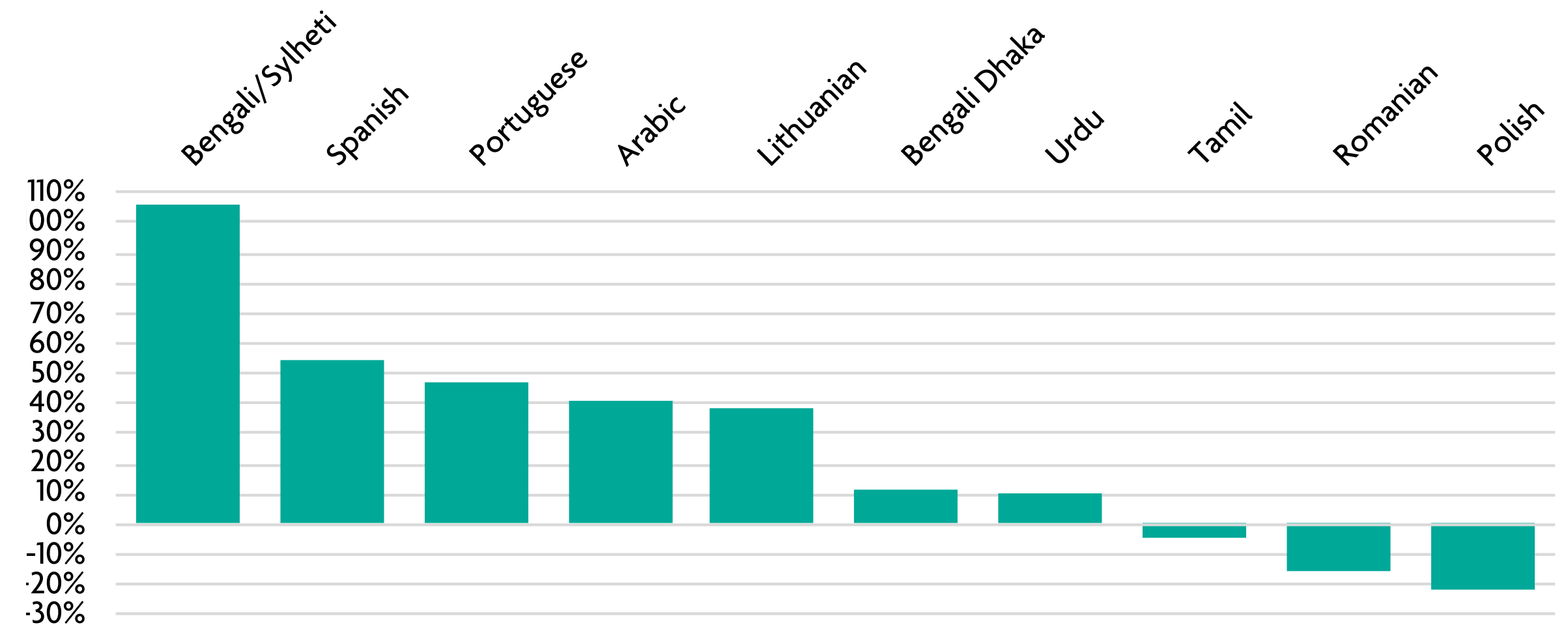
Why is this so important?

- 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

High level data summary

The largest increase in language interpretation or translation requests between 2020/21 and 2023/24 is Bengali/Sylheti – with an increase of 105%.

Figure 28: Percentage change in requests for language translation/interpretation between 2020/21 and 2023/24

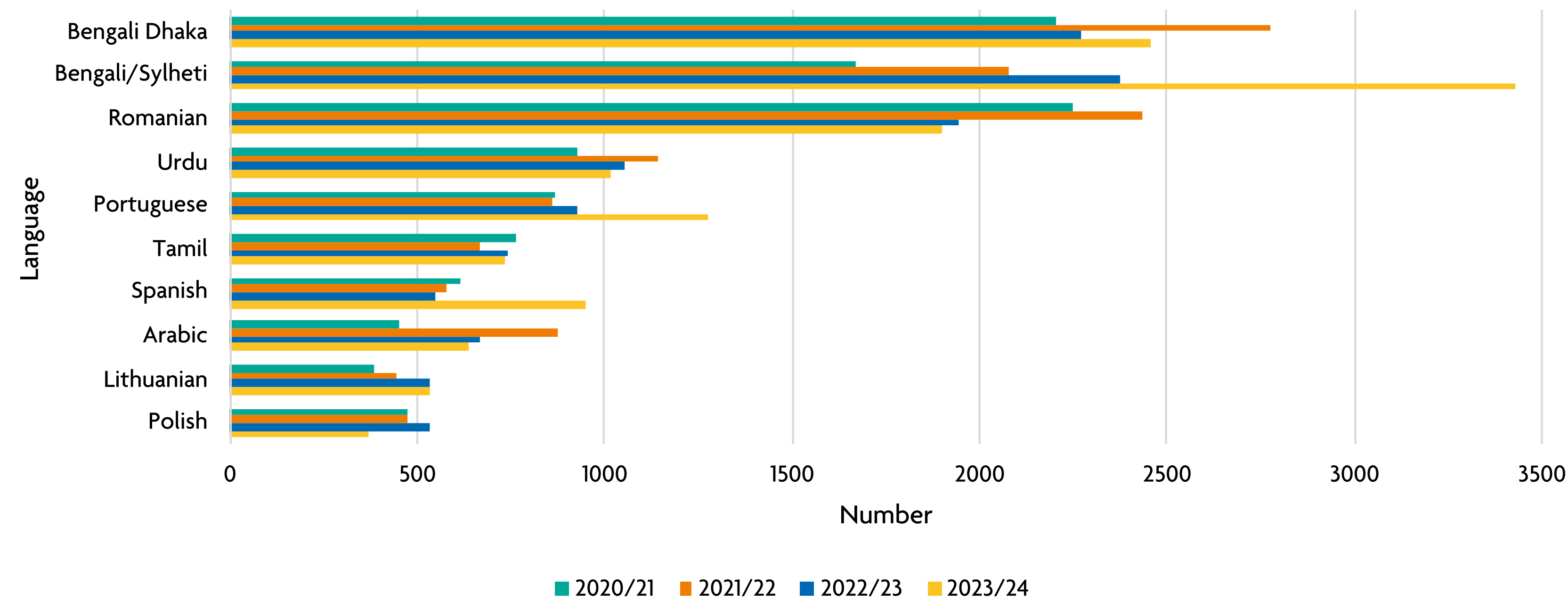


Source: The Language Shop

Local context for Newham

- The 2021 census data showed that 65.4% of Newham residents stated English as their main language. This equates to 220,022 people. At the time, this was the lowest proportion out of all Local Authorities in England and Wales, with Brent 2nd with 66.3% (Source: ONS Census 2021)
- The 3 most common languages (other than English) spoken in Newham are Bengali (with Sylheti and Chatgaya), 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 [languageshop.org](https://www.languageshop.org)
- They provide face-to-face interpreting, telephone interpreting, video interpreting, BSL interpreting and document translation to the authority, along with ad-hoc communication requests

Figure 29: Top 10 languages requested by LBN for interpretation and translation purposes



Source: The Language Shop

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

Children unregistered with a GP practice



Why is this so important?

- Children who aren’t registered with a GP Practice could miss out on vital routine healthcare, such as development or health checks, and immunisations
- Unregistered children would also miss out on access to primary care in relation to treatment, such as for common childhood illness or referrals to more specialist health services
- Vaccination rates need to be up at 95% to lower the risk of an outbreak (Source: World Health Organisation), however this is often not the case

High level data summary

- As of July 2024, data indicated that there were 5,643 children resident in Newham who were not registered with a GP
- A review against clinical records suggested that up to 59% of those identified as unregistered could be a partial match to a clinical record, for example through matching the home address
- The majority of unregistered children were across ages 5-11 years

Age	Number of unregistered children
30 days – 4 years	614
5 – 11 years	2715
12 – 17 years	2314
Total	5643

Source: Presentation “Children not registered with a GP”, Newham Health Collaborative, July 2024 (Paul Brown).

Children unregistered with a GP practice

Local context for Newham

- Newham has the largest child population in North East London and has many families move into the borough. It is important that each child has access to primary care to give them access to routine healthcare and other services
- Some immunisations are delivered in primary care, hence not being registered could impact immunisation rates. Additionally, if children are not registered they could be missed out of proactive attempts to contact parents and book immunisation appointments
- Newham has high rates of children attending hospital emergency departments. It could be that a proportion of the attendances would be appropriate to manage in primary care instead

Inequalities

- Refugee and asylum seeking children have the same rights to care as UK nationals and are eligible to sign up with a GP practice (Source: Royal College of Paediatrics and Child health), however issues such as language and communication barriers, or availability of interpreters, may hinder this process
- Documentation can be a barrier to registration. GP Practices in Newham are signed up to the 'Safe Surgeries' initiative that ensures lack of ID or proof of address, immigration status or language are not barriers to patient registration. However, it is acknowledged that barriers to registration still exist, either due to response from staff to requests to register, or because of perceived barriers.³

Strategic implications

- Further work would be needed to review records across different systems and confirm GP registration status
- Consideration should be given to the reasons and barriers for not registering, and families supported accordingly.

³ Worthing, K., Seta, P., Ouwehand, I., Berlin, A. and Clinch, M. (2022). Reluctance to register: an exploration of the experiences and perceptions of general practice staff in North East London. British Journal of General Practice. Available at mc.ncbi.nlm.nih.gov/articles/PMC9762756/ [Accessed November 2024]



Maternal health

Summary	33
Smoking in pregnancy	34

Summary

Why is this important?

- Smoking during pregnancy increases rates of stillbirth, miscarriage and can lead to eclampsia¹.
- An estimated 20% of women are exposed to secondhand smoke when a partner or someone living with them during pregnancy smokes²
- Secondhand smoke can affect the baby’s development pre and post birth, reducing birthweight, resulting in birth defects and increasing risk of sudden infant death syndrome (cot death).
- Babies whose parents smoke are more likely to be admitted to hospital for respiratory conditions such as bronchitis and pneumonia during their first year.

Stopping smoking is essential for pregnant women to protect their baby’s health during pregnancy and later in life³:

- Reduce risk of complication during pregnancy and birth
- Reduce risk of still birth
- Reduce risk of sudden infant death syndrome by 30%⁴
- More likely to have a healthier pregnancy and baby
- Baby is less likely to be born premature and face breathing, feeding and health problems
- Reduce risk of children later in life developing respiratory conditions such as Asthma

High-level data summary

Smoking during pregnancy is the leading risk factor for poor birth outcomes and wider health inequalities, where the effects can be reduced by quitting smoking.

Table 2:

	Maternal smoking	Secondhand smoke exposure
Low birthweight	2 times more likely	Average 30-40g lighter
Heart defects	25% more likely	Increased risk
Stillbirth	47% more likely	Possible increase
Preterm birth	27% more likely	Possible increase
Miscarriage	32% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

Source: Zhao L et al. Parental smoking and the risk of congenital heart defects in offspring: An updated meta-analysis of observational studies. 2020; RCP. Hiding in plain sight: treating tobacco dependency in the NHS. 2018; Pineless BL et al. Systematic review and meta-analysis of miscarriage and maternal exposure to tobacco smoke during pregnancy. 2014; RCP & RCPCH. Passive Smoking and Children. 2010. pubmed.ncbi.nlm.nih.gov/30905164

¹ Royal College of Midwives (2024). Support to quit smoking in pregnancy [rcm_position-statement_conference_2024_smoking_in_pregnancy_digital.pdf](#)

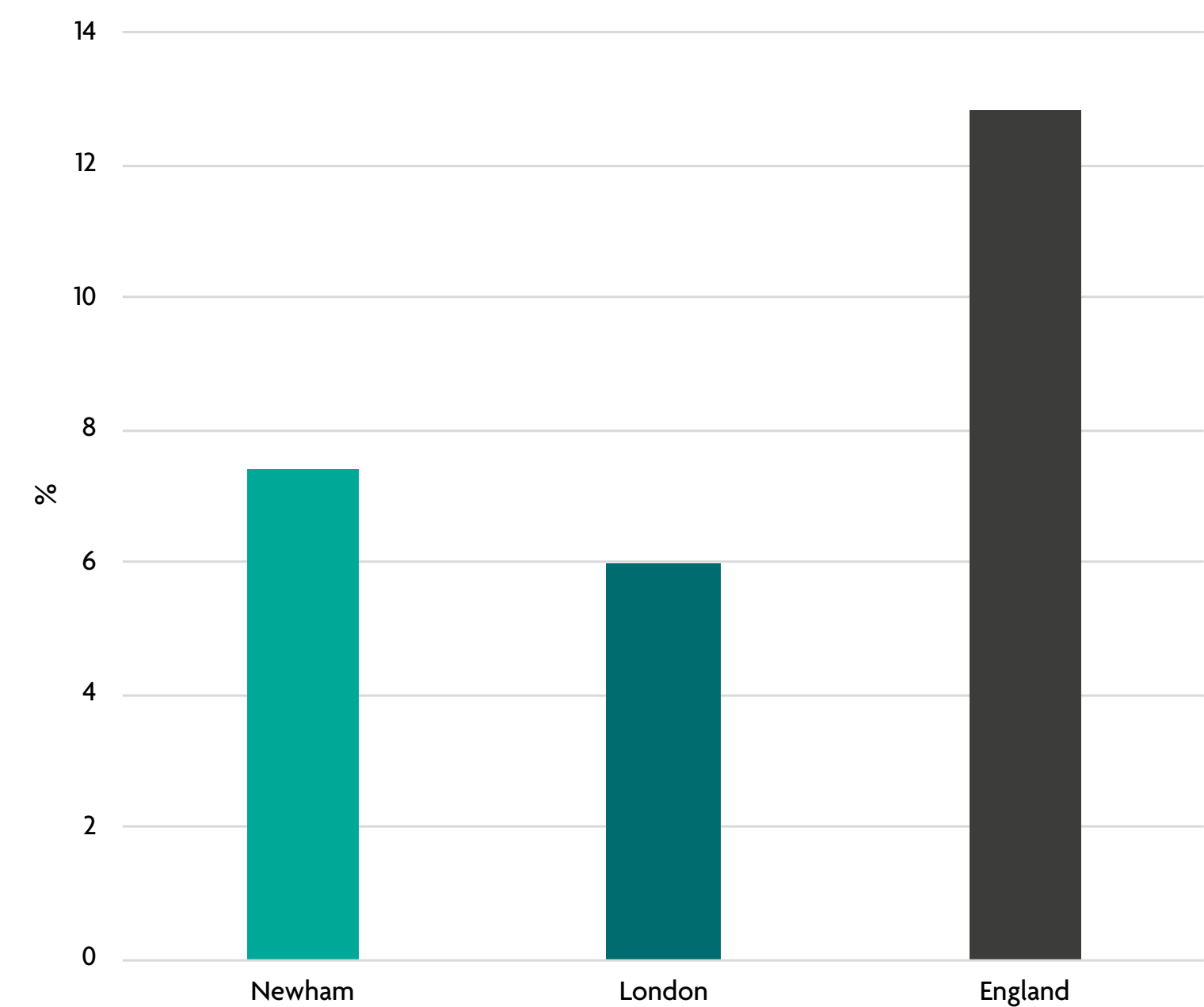
² Action on Smoking and Health (2024). Supporting partners to quit smoking Supporting partners to quit smoking - ASH

³ NHS (2023) Stop smoking in pregnancy. nhs.uk/pregnancy/keeping-well/stop-smoking

⁴ The Lullaby Trust (2024) Smoking during pregnancy or after birth increases the risk of SIDS. Smoking during pregnancy or after birth increases the risk of SIDS - The Lullaby Trust

Smoking in pregnancy

Figure 30: Smoking in early pregnancy 2018/2019



Source: Office for Health Improvement and Disparities, Newham area profile via Fingertips Smoking Profile Newham 2018 - 19 Office for Health Improvement and Disparities (2019) Smoking Profile Newham Smoking Profile - Data - OHID (phe.org.uk)

Local context for Newham

- In Newham, the percentage of mothers smoking at the time of delivery remains lower than the England average (4.8% compared to 8.8%)⁵.
- The percentage of mothers smoking in early pregnancy (at time of maternity booking appointment) is higher than London but lower than England (Graph 2).
- Since 2023, all people admitted to hospital who smoke are offered NHS funded tobacco treatment services and this is extended to expectant mothers and partners who smoke⁶.
- Newham University Hospital (NUH) maternity services adhere to the NG209 NICE guidelines & Saving Babies Live Care Bundle to routinely CO monitor at booking and at 36 weeks to reduce smoking in pregnancy.
- From October 2022 – early December 2023, the maternity tobacco dependence service at NUH has seen 127 pregnant smokers set a quit date of which 68% of were recorded as quit at 28 days⁷.
- Since January 2021, Newham stop smoking service ‘Quit Well Newham’ offer community support to high-risk groups including pregnant women. The service asks if partners or anyone in the home smokes to support them to quit.
- From 2021 – 2024, 265 pregnant women who smoke set a quit date with Quit Well Newham, with 193 quitting. The average three-year quit rate for pregnant women who smoke using Quit Well Newham is 72%.⁸
- A referral pathway has been established between maternity unit at NUH and Quit Well Newham to ensure pregnant women can continue to access support.

5 Office for Health Improvement and Disparities (2023) Smoking Profile Newham Smoking Profile - Data - OHID (phe.org.uk)
6 NHS (2019) NHS LTP Smoking NHS Long Term Plan » Smoking
7 Newham University Hospital (2024). Service initiation of maternity tobacco dependence service 2022-2023 [unpublished]
8 Pharm Outcome (2024). Smoking in Pregnancy for Quit Well Newham [unpublished]

Inequalities

- Smoking rates are particularly high among the White Other population (54%) and amongst those aged 31 – 35 years (21%) (Table 3)
- At time of delivery, NUH recorded the smoking status of 176 pregnant women at the time of delivery. The evidence shows pregnant women in Newham in the highest quintiles (1 &2) of deprivation were more likely to continue smoking at the time of delivery (Figure 31).

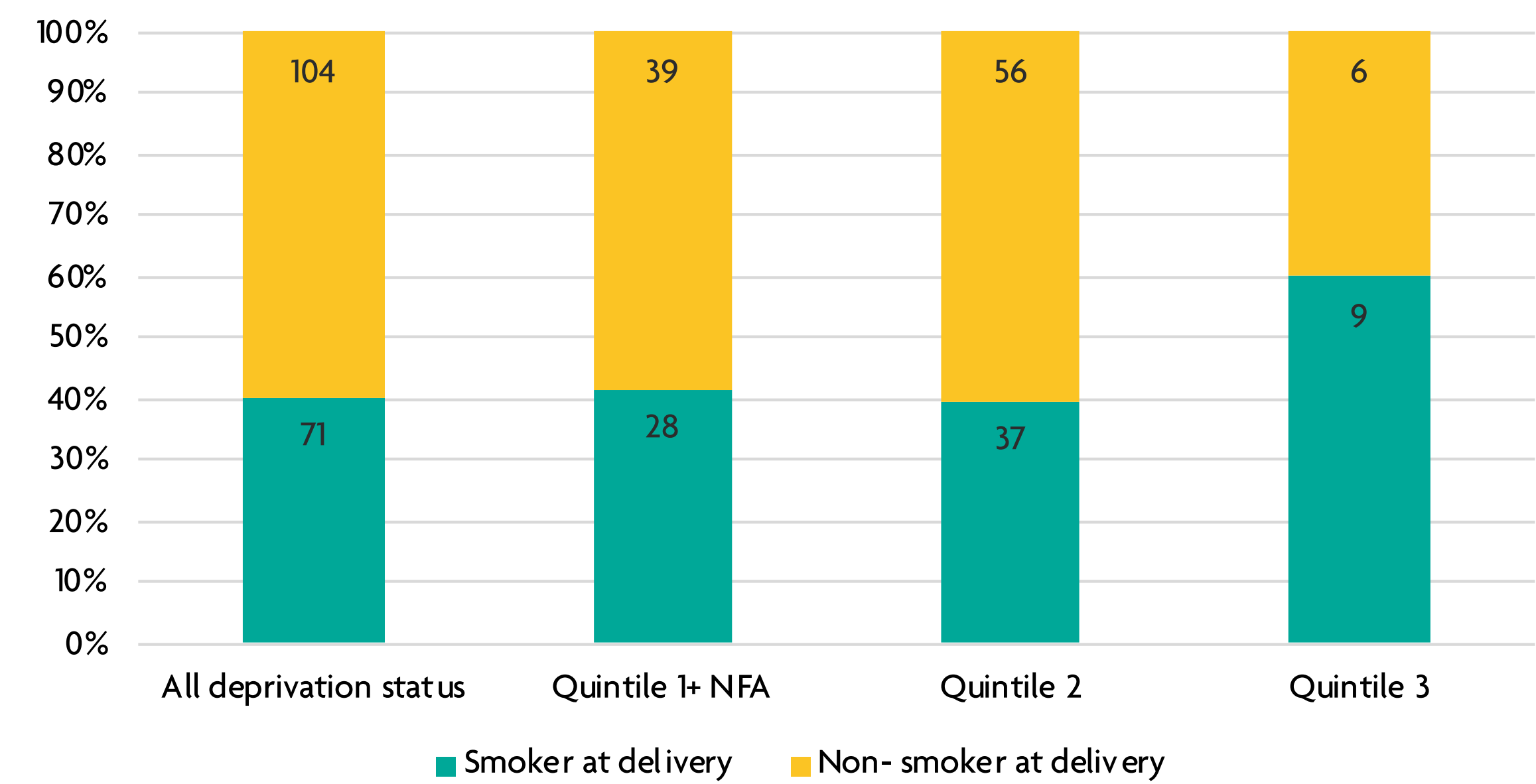
Table 3:

Age of pregnant women giving births between 2022-2023	% of those smoking in early pregnancy at time of registration	Ethnicity of pregnant women between 2022-2023	% of those smoking in early pregnancy at time of registration	IMD quintile of pregnant women between 2022 - 2023	% of those smoking in early pregnancy at time of registration
16 to 20	16 (5%)	White – British	75 (25%)	1 (most deprived)	114 (38%)
21 to 25	64 (21%)	White – Any other	161 (54%)	2	157 (53%)
31 to 35	85 (29%)	Mixed – White and Black Caribbean	8 (3%)	3	18 (6%)
36 and over	56 (19%)	Asian or Asian British – Pakistani	17 (6%)		
		Black or Black British – Caribbean	75 (25%)		

Source: Newham University Hospital (2024). Service initiation of maternity tobacco dependence service 2022-2023 [unpublished]

Smoking in pregnancy

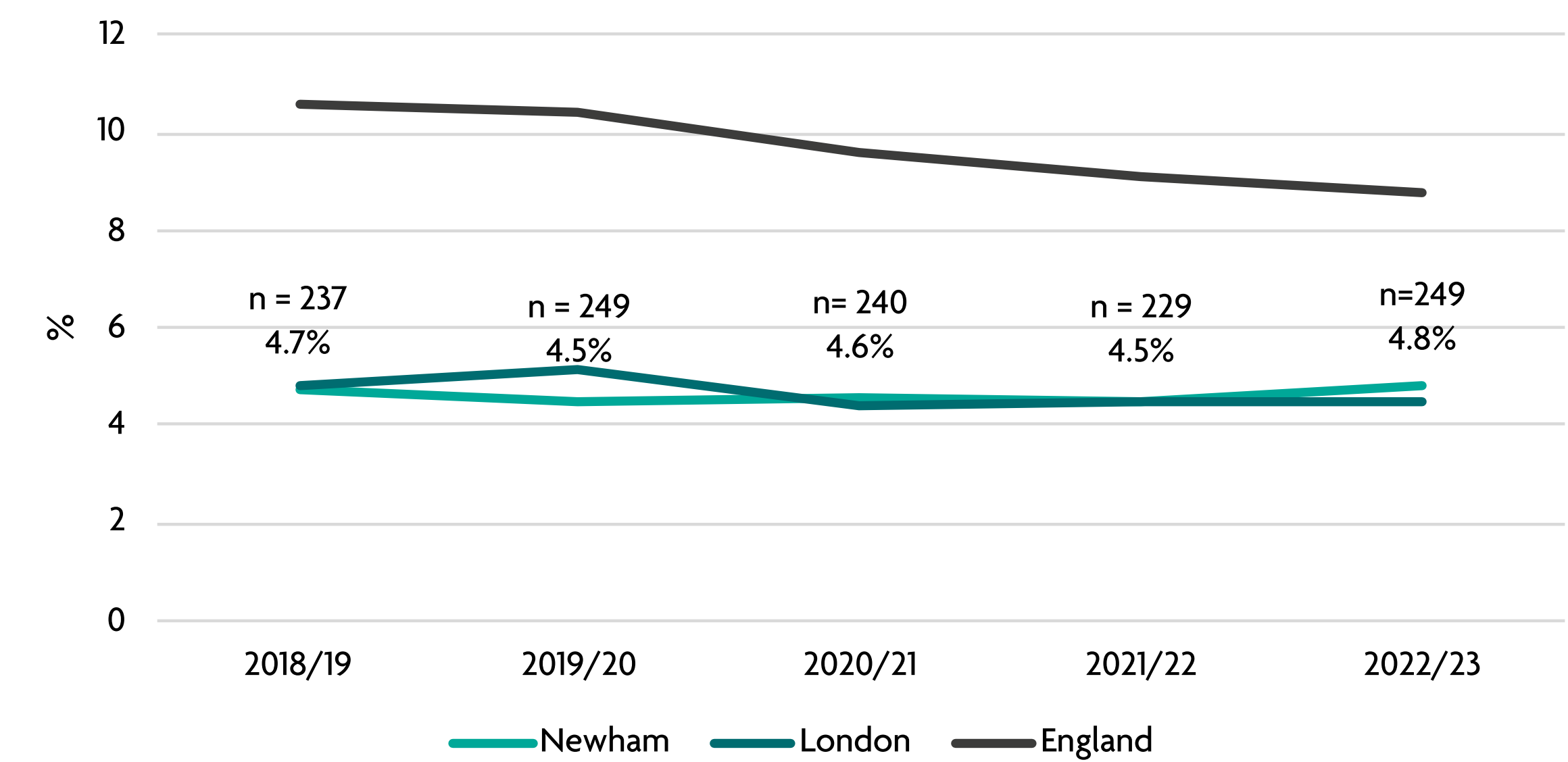
Figure 31: Smoking status at time of delivery by IMD quintile



Source: Newham University Hospital (2024). Service initiation of maternity tobacco dependence service 2022-2023 [unpublished]

Time trend

Figure 32: Smoking status at time of delivery - % of all maternities



Source: Office for Health Improvement and Disparities (2023) Smoking Profile Newham Smoking Profile - Data - OHID (phe.org.uk)

Smoking in pregnancy

Forecasting future need

- Stopping smoking during pregnancy is a key modifiable risk factor, which can reduce mortality and morbidity rates in child and maternal health.
- Future forecasting would establish wider health inequalities for smoking status among pregnant women. This would help with identifying the risk factors, which increase the likelihood of smoking during pregnancy particularly among Eastern European women.
- Smoking prevalence among pregnant women is lower in Newham than the England average, however many unborn babies are exposed to second hand smoke exposure. There is a need to monitor local data on partners or other household members who smoke to inform whether existing pathway needs to be strengthened to support these groups.

Strategic implications

- Develop a system-wide local tobacco control plan offering targeted support to at-risk priority groups including pregnant women who smoke.
- Utilisation of family hubs to deliver in-reach community stop smoking support for pregnant smokers.
- Strengthening partnerships with NUH and Quit Well Newham to enhance existing pathways to support pregnant women and partners who smoke.
- Barts Health NHS Trust to finalise the model for supporting pregnant women who smoke and continue to adhere to the saving babies lives care bundle.



Early years

Summary	40	Early Education and Childcare	74
Infant Feeding	41	Early Years Nutrition award scheme and	
Healthy Start Vitamin programme	47	Healthy Early Years London (HEYL) award	
Immunisations	54	scheme	78
Oral Health	62	School readiness	82
Best Start in Life (Children's Centres)	69	Child mortality	85

Summary

 **BACK TO CONTENTS**

Why is this important?

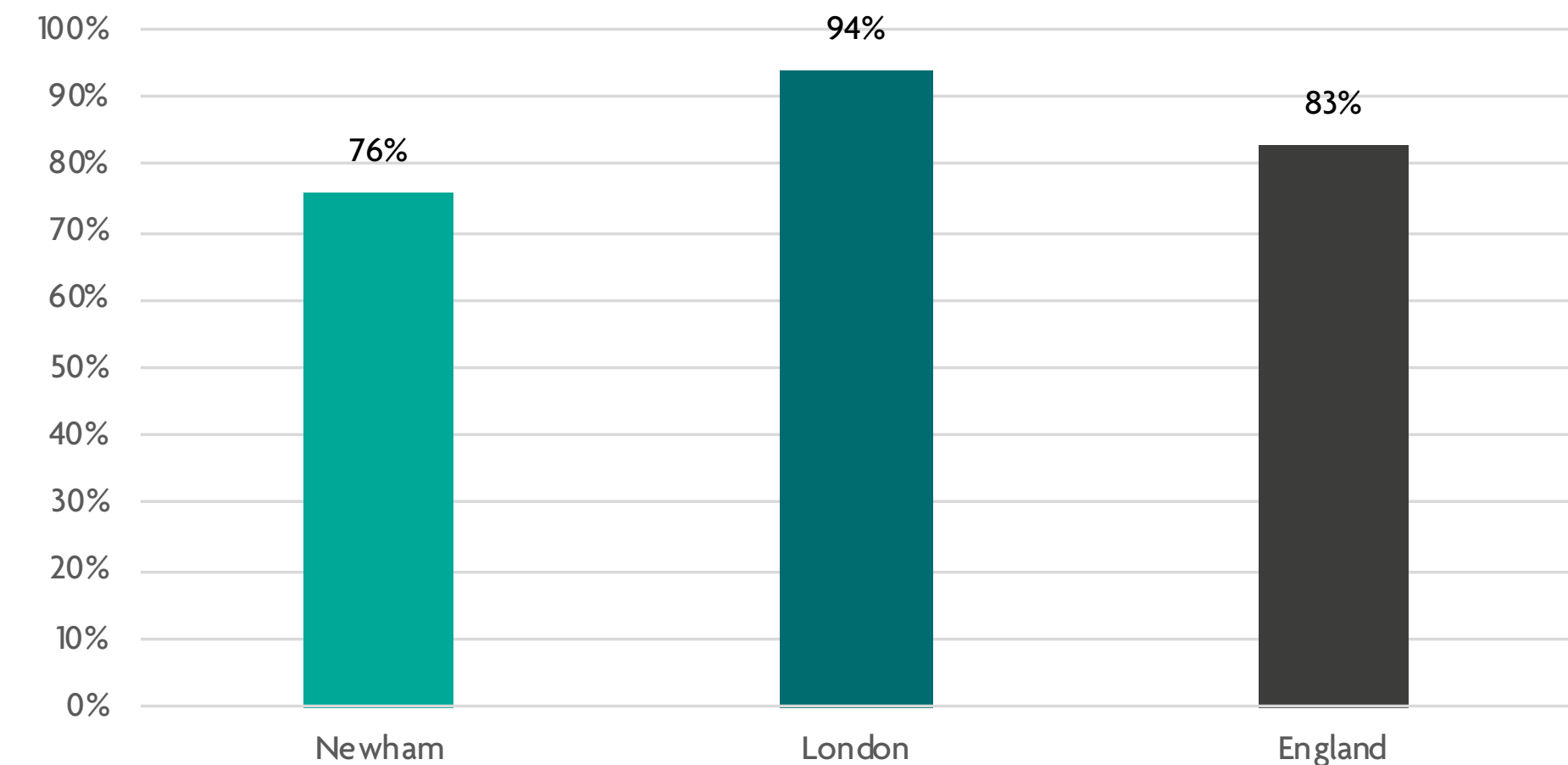
- Breastfeeding is one of the most effective ways to ensure child health. It has long-term benefits for a baby that last into adulthood.
- Breastmilk is the ideal food for babies, it provides all the essential nutrients, vitamins, and minerals that they need for healthy growth and development. It is safe, clean and contains antibodies which help protect against many common childhood illnesses.
- Breastfed children have reduced risk of certain diseases later in adult life, such as obesity, type 2 diabetes, and some childhood cancers.
- Women who breastfeed also have a reduced risk of breast and ovarian cancers. Breastfeeding can help space pregnancies as exclusive breastfeeding of babies under 6 months has a hormonal effect, which often induces a lack of menstruation.
- The act of breastfeeding fosters a strong emotional connection between mother and child, promoting feelings of security and attachment. It is also associated with improved cognitive development for the child.
- It is recommended by WHO and UNICEF that there is early initiation of breastfeeding within 1 hour of birth, followed by exclusive breastfeeding for the first 6 months of life. After this point, it is safe to introduce nutritionally-adequate and healthy complementary (solid) foods at 6 months along with continued breastfeeding up to 2 years of age or beyond.

Source: WHO, 2024

High level data summary

In Newham, breastfeeding rates decrease within the first 6-8 weeks following birth, with the most significant decrease observed upon discharge from hospital.

Figure 33: Percentages of newborn babies breastfed (January - October 2023)



Source: Newham University Hospital & Infant Feeding Survey, 2010

Local context for Newham

- For the purpose of this JSNA, initiation refers to the first initial feed offered to the baby following birth. Data from Newham University Hospital (NUH) for indicates that 76% of mothers initiate breastfeeding (inc. expressing) following birth. This figure is lower than the London and England averages, although not necessarily comparable due to different criteria used.
- By the point of discharge from hospital, breastfeeding rates reduce significantly. For example, during January 2023 to October 2023, 1378 more parents were mixed feeding (2631) than those exclusively breastfeeding (1253).
- Breastfeeding rates continue to decrease in the community, dropping by 5% between visits from Health Visitors at 10-14 days and 6-8 weeks (April 2023 – February 2024). Note: the data source for initiation/discharge figures (Newham University Hospital) is different to that used for 10-14 days and 6-8 weeks (LBN Health Visiting Service).

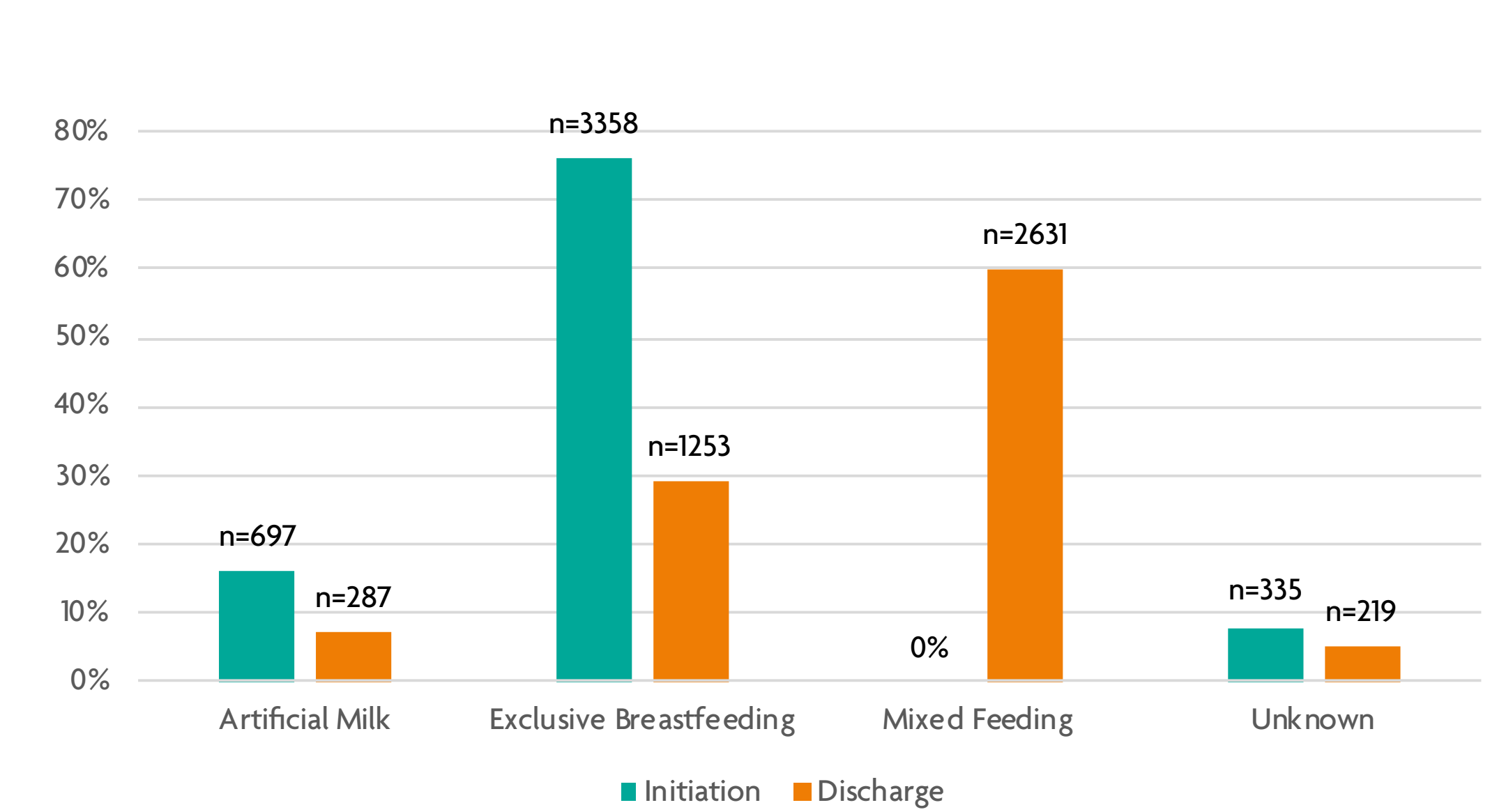
Table 4: % of women who exclusively breastfeed (April 2023-February 2024)

Days	%	Increase/decrease
10-14 days (after discharge)	44%	↓
6-8 weeks (after discharge)	39%	↓

Source: LBN Health Visiting Service

- In Newham, there are inequalities among those who breastfeed versus those who do not. In particular, these inequalities exist by maternal age, ethnicity and levels of deprivation.

Figure 34: Breastfeeding rates at initiation and discharge (January - October 2023)



Source: Newham University Hospital

Inequalities

Age

- Younger mothers (less than 20 years old) and older mothers (more than 40 years old) are less likely to breastfeed when compared to other age groups.
- Breastfeeding exclusively on initiation by age group varies between 68% (27 people) among mothers aged <20 to 78% (1691 people) among mothers aged 30-40.
- At discharge from hospital, the biggest drop in breastfeeding occurs in the 40-50 age group, with a drop of 133 people, or 54% (from 72% to 19%). Although, the <20 age group is most likely to use artificial milk exclusively at discharge.

Ethnicity

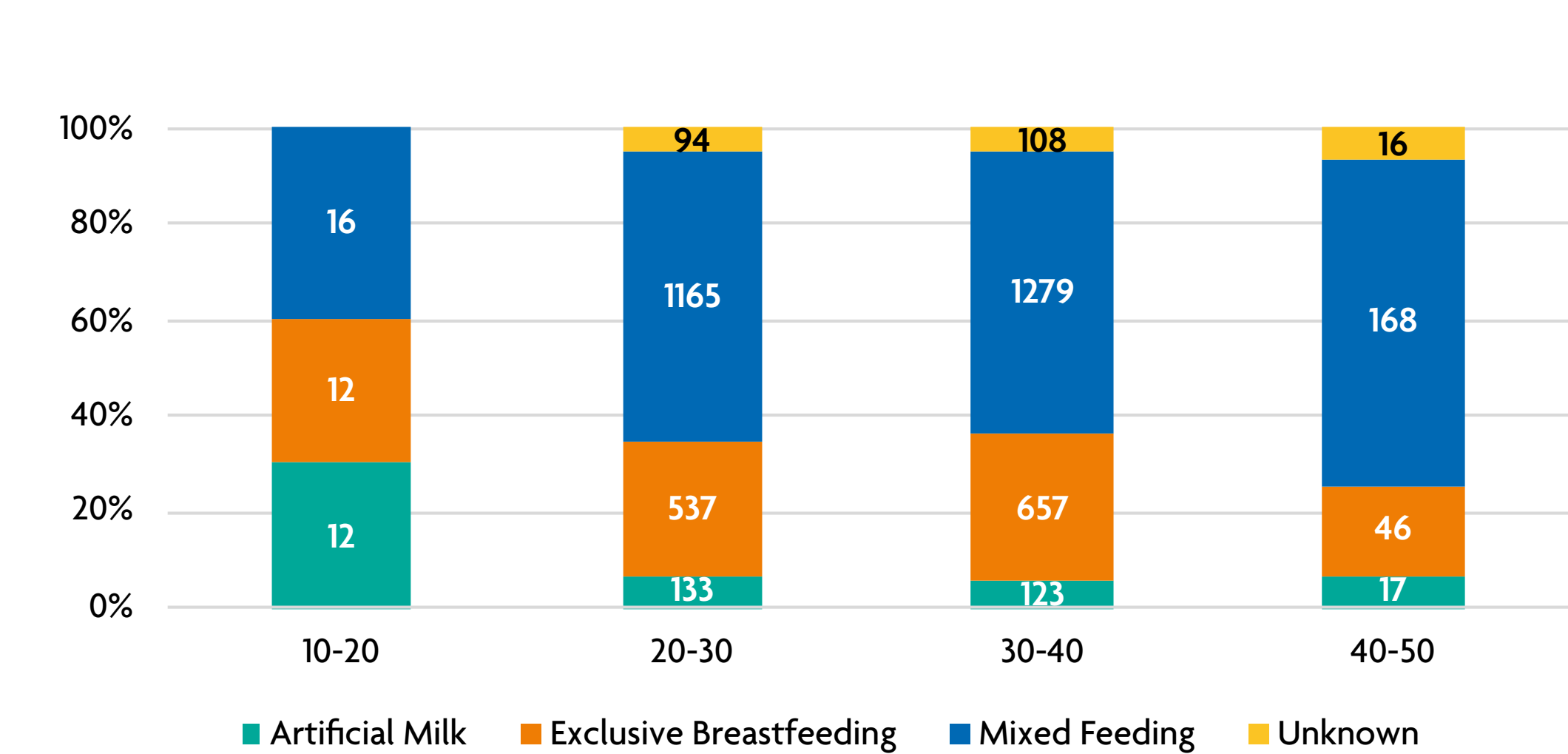
- A higher percentage of White British mothers bottle-feed exclusively both at initiation (38%) and at discharge (24%).
- At discharge, the highest percentage of exclusive breastfeeding is amongst the Other ethnic group (35%). Indian and White British mothers had the lowest percentages of exclusive breastfeeding (both 25%).

Note: data excludes ethnic groups where figures were <5 for a specific category (e.g. White Irish).

Geographical area

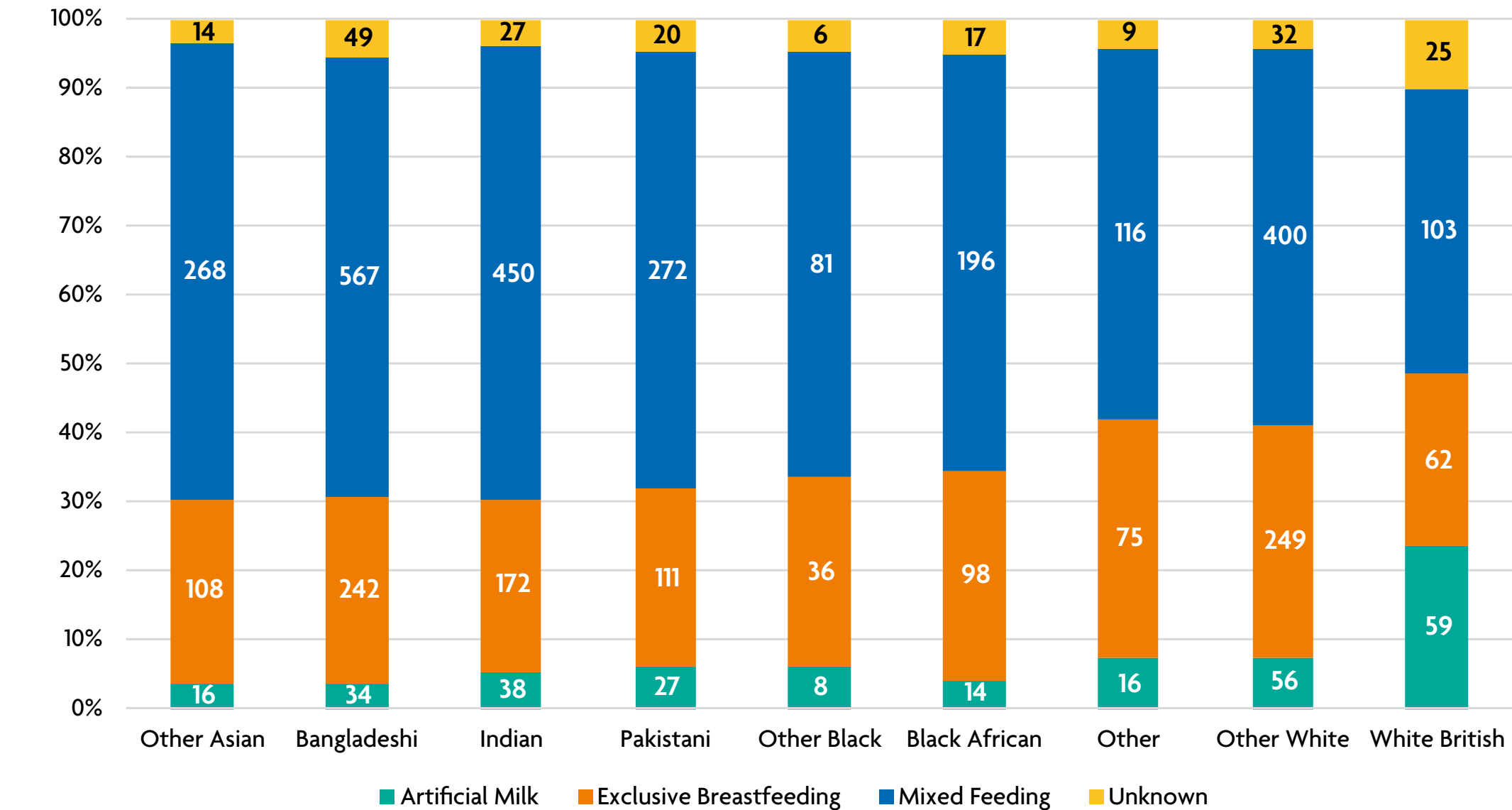
- Royal Victoria has the highest breastfeeding initiation rates (81.3%), with Canning Town South recording the lowest (66.3%)
- Stratford Olympic Park and Royal Victoria have the highest continuation rates in breastfeeding (after discharge) – 46.3% and 46.15% respectively. Canning Town South has the lowest (33.5%)
- The Wards with the biggest difference between mothers who initiate breastfeeding and mothers who stop exclusively breastfeeding at discharge are Stratford (-36.2%) and Royal Victoria (-35.2%). The Wards with the smallest reduction is Maryland and Little Ilford (-28.1% and -28.25).
- All Wards see a reduction in breastfeeding upon discharge from hospital.

Figure 35: Breastfeeding rates at discharge by age (January - October 2023)



Source: Newham University Hospital

Figure 36: Breastfeeding rates at discharge by ethnicity (January - October 2023)

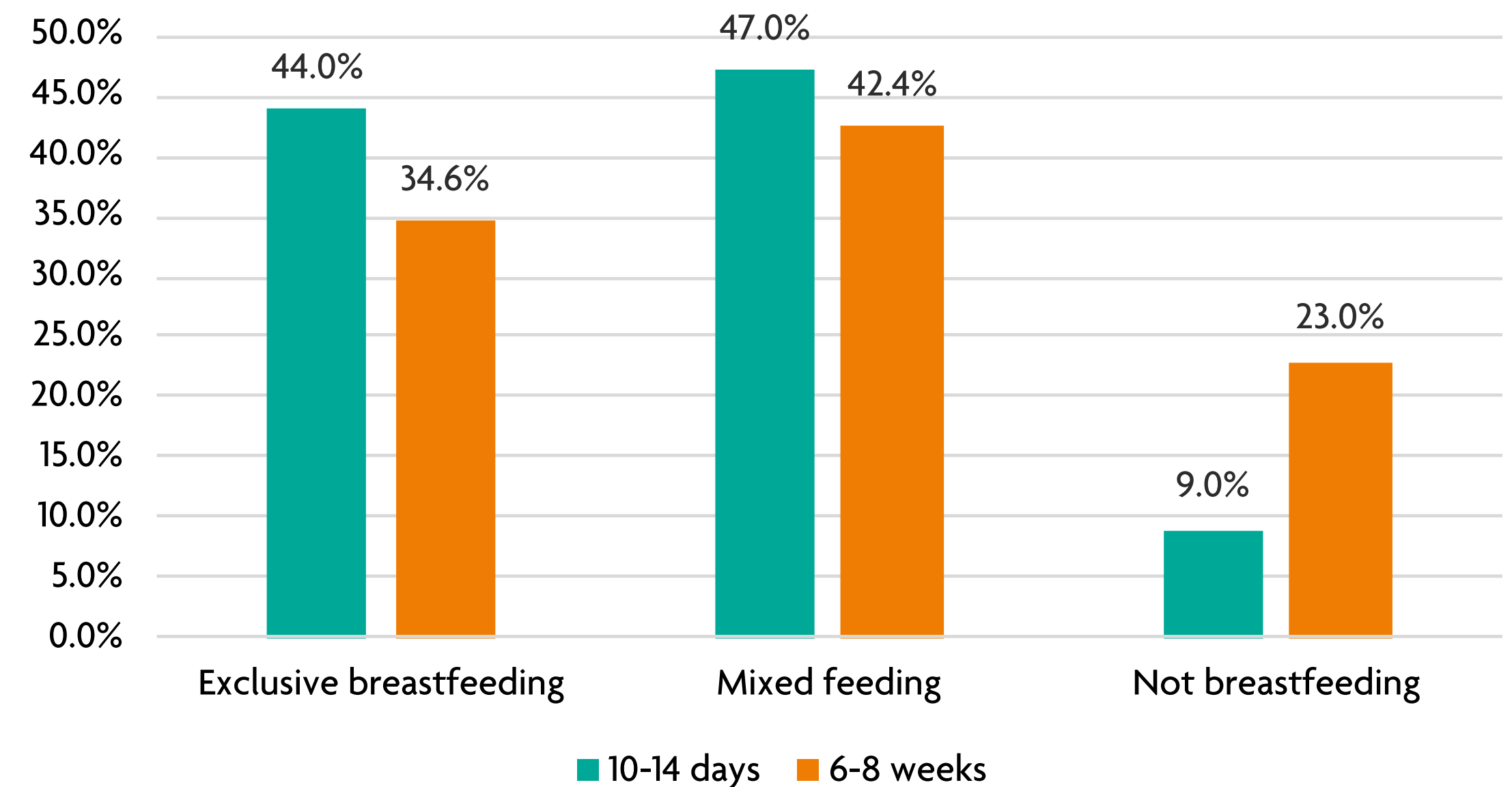


Source: Newham University Hospital

Time trend

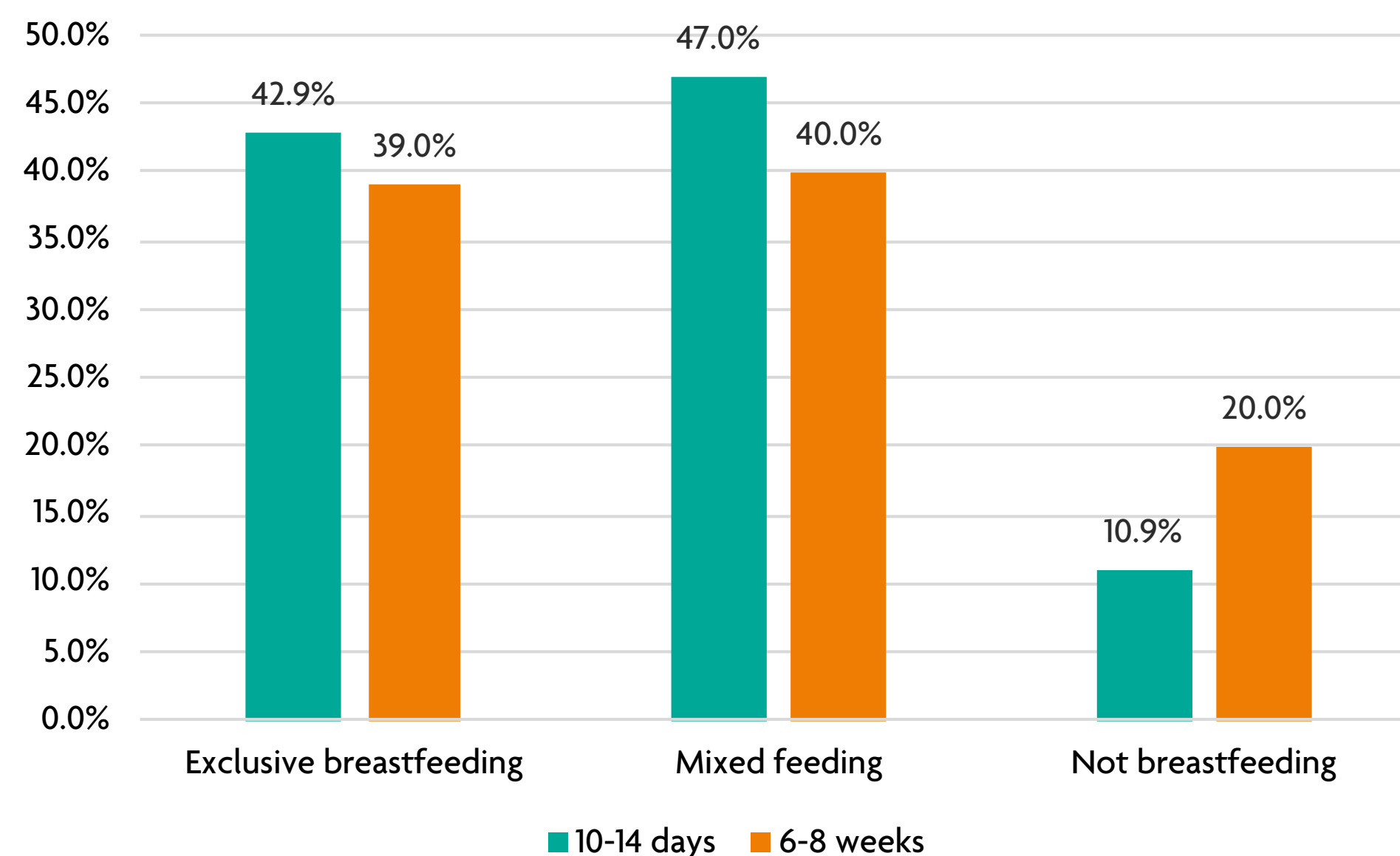
- Averaging data from April 2023 to February 2024, 94.3% of mothers had their breastfeeding status recorded by Health Visiting at the 10-14 day mark. Of these women/babies:
 - 44% were breastfed at 10-14 days (1.1% more in comparison with same time frame for 2021/2022)
 - 47% were partially breast fed at 10-14 days
 - 9% were not breast fed at 10-14 days (1.9% less in comparison with same time frame for 2021/2022)
- At the 6-8 week mark, 70.4% of mothers/babies had their breastfeeding status recorded on average from April 2023 to February 2024. Of these women/babies:
 - 39% were fully breast fed (5% reduction from 10-14 days, 4.4% more in comparison with same time frame for 2021/2022)
 - 40% were partially breastfed (7% reduction from 10-14 days, 2.4% less in comparison to same time frame for 2021/2022)
 - 20% were not breast fed (11% increase from 10-14 days, 3.0% less in comparison with same time frame for 2021/2022)

Figure 37: Breastfeeding status at 10-14 days compared with 6-8 weeks (April 2021 - February 2022)



Source: LBN Health Visiting Service

Figure 38: Breastfeeding status at 10-14 days compared with 6-8 weeks (April 2023 - February 2024)



Source: LBN Health Visiting Service

Forecasting future need

Births in Newham are predicted to fall slightly over the next few years before rising again. Between 2024 and 2040 a 6% increase in birth rate is expected (ONS, 2020). This increase in the number of births indicates additional need for infant feeding support.

Strategic implications

- North East London ICB has produced an infant feeding strategy, which will influence priorities and some activity at local and regional levels with the ultimate goal to improve breastfeeding rates and infant nutrition.
- There is a lack of join-up between the breastfeeding data recorded within hospital settings and that recorded by the LBN Health Visiting Service, improving on the continuity of this data would inform and improve future work on targeted support for parents facing challenges with breastfeeding.
- Improving breastfeeding rates will require a focus from public health, maternity services and community organisations to support parents throughout their infant feeding journeys. Therefore, this will need to be considered in plans for activity and capacity.
- The health inequalities that exist among babies who are breast fed versus those who are not can be long lasting. To reduce these inequalities, a breastfeeding peer support service has been introduced as an evidence based approach to increasing breastfeeding continuation and to help build social capital among Newham's young families. This will expand on existing support provided by the health visiting service and the LBN Baby Feeding Team in the form of antenatal classes, the baby feeding helpline, baby feeding cafes and workshops.

Healthy Start Vitamin programme



Why is this so 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
- Vitamins and good nutrition can also help young children to grow up healthy and strong and reduce the risk of Obesity, Type 2 diabetes and heart disease later in life.
- 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)

High level data summary

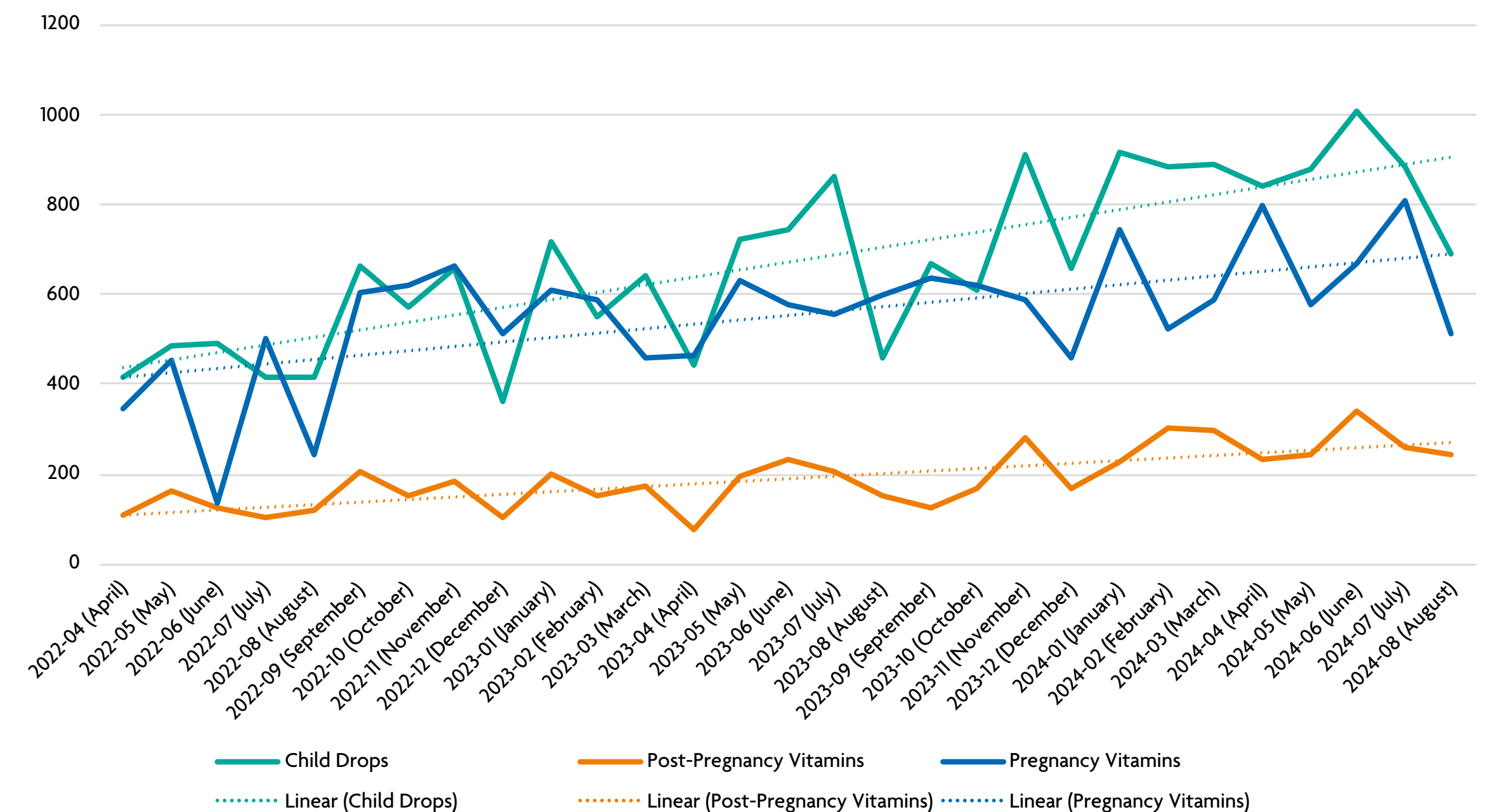
Healthy Start Vitamin programme



Local context for Newham

- Newham runs a Universal Healthy Start Vitamin programme that provides free healthy start vitamins 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.
- Healthy Start vitamins do not contain milk, egg, gluten, soya or peanut residues and they're suitable for vegetarians and halal diets.
- Work is ongoing to increase the awareness about health benefits of taking vitamins during pregnancy and infancy.
- Trend shows an increase in vitamin distribution across all three types over the past two years and five months.
- The vitamins programme moved over from Children Services to Newham's Public Health team in April 2023. From April 2023 - March 2024, 8761 children vitamin drops have been distributed (37% increase on the previous year), 2427 post pregnancy vitamins (37% increase on the previous year) and 6975 pregnancy vitamins (22% increase on the previous year)
- Vitamin distribution sites in Newham are Children Centres, Newham University Hospital and Public Health mobile outreach team for events and community sites.
- Training and awareness sessions are delivered on the national healthy start programme and include information on the Newham Universal Healthy Start vitamin programme.

Figure 39: Breastfeeding status at 10-14 days compared with 6-8 weeks (April 2023 - February 2024)



Source: Therapy Audit System

Healthy Start Vitamin programme



Barriers to uptake are as follows:

- Access to distribution sites, including geographically and opening times, especially at weekends and school holidays when the children centers are closed.
- Awareness of the programme, not enough people have heard about the universal vitamins programme, including some professionals such as: GPs, hospital staff and pharmacies.
- Capacity for frontline staff across all sectors to promote and distribute the vitamins.
- Hesitancy shown by Newham residents to share data in order to receive the vitamins, particularly amongst those who are No Recourse to Public Funds.
- Language barriers to understand the benefits of the vitamins and how to access them.
- Greater understanding of the barriers as to why lower numbers of the black community are accessing the vitamins programme.
- Knowledge, education and confidence on taking the vitamins and the programme.

Inequalities

Ethnicity

- Uptake across all vitamins types is highest for Asian/Asian British ethnic group with a steady increase over the past two years and five months.
- Uptake from the Black community is considerably lower than the Asian ethnic group and below the White ethnic group.
- There has been a very slight increase shown in uptake across all vitamin types for Black/Black British ethnic group, the total distribution figures are not representative of the Newham population for this ethnic group.

Geographical

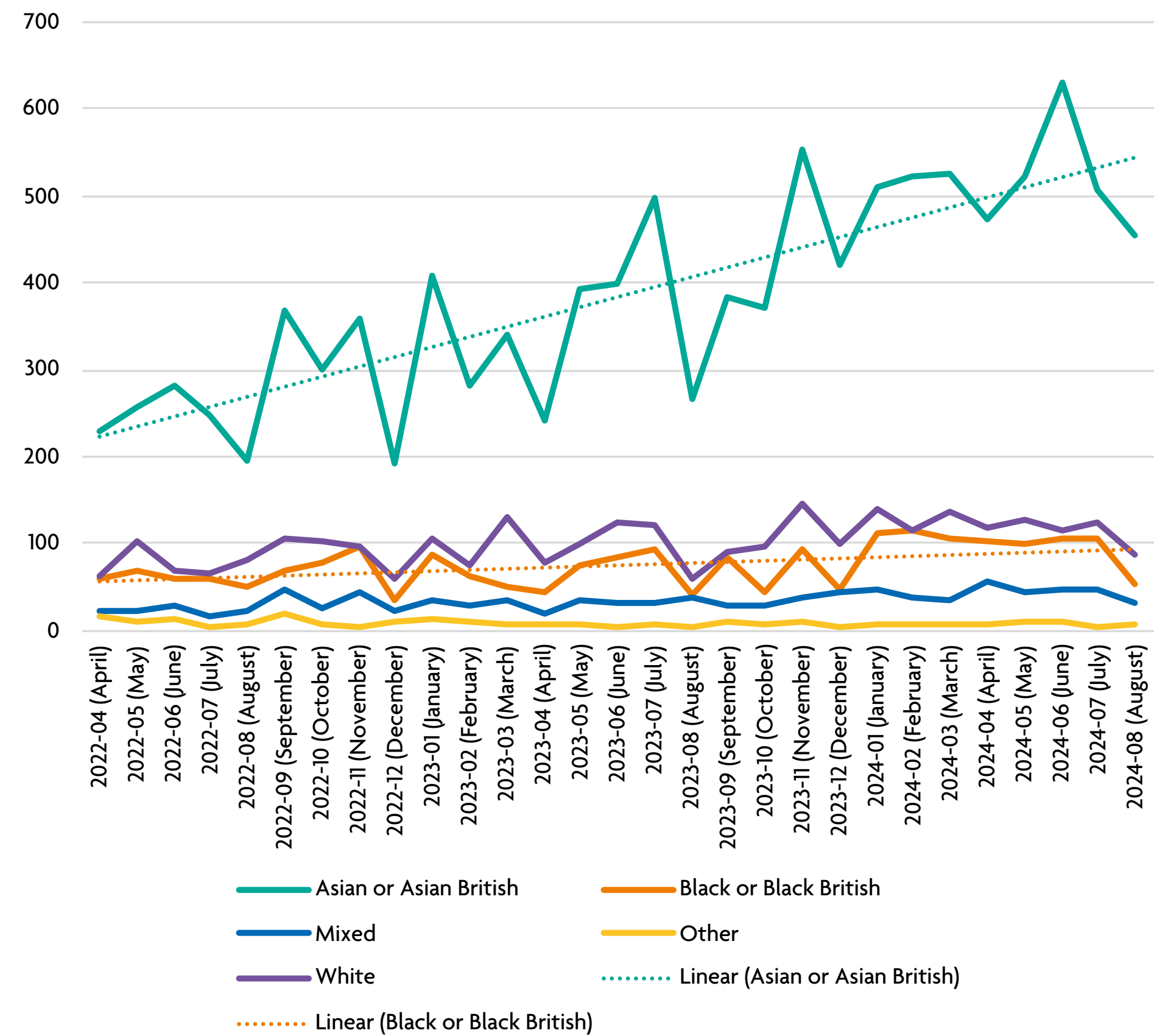
- East Ham and Green Street areas have the highest uptake of the vitamins programme.
- Stratford and West Ham, Beckton and Royal Docks and Forest Gate show the lowest uptake of the vitamins programme. Although there has been a gradual increase in uptake in all three areas across the last two years and five months.
- Lack of accessibility and awareness for those who don't attend children centres.
- Families living in temporary accommodation and/or in other precarious situations may find it difficult to access vitamin programme.

Healthy Start Vitamin programme

Health Literacy

- Knowledge and education within some communities for pregnant women to start taking vitamins early in their pregnancy, this has implications on the pregnancy and the child’s early start in life.
- Education around formula feeding and taking vitamins, lack of knowledge here can impact the baby.
- Education, knowledge and confidence on how to administer the vitamins to babies

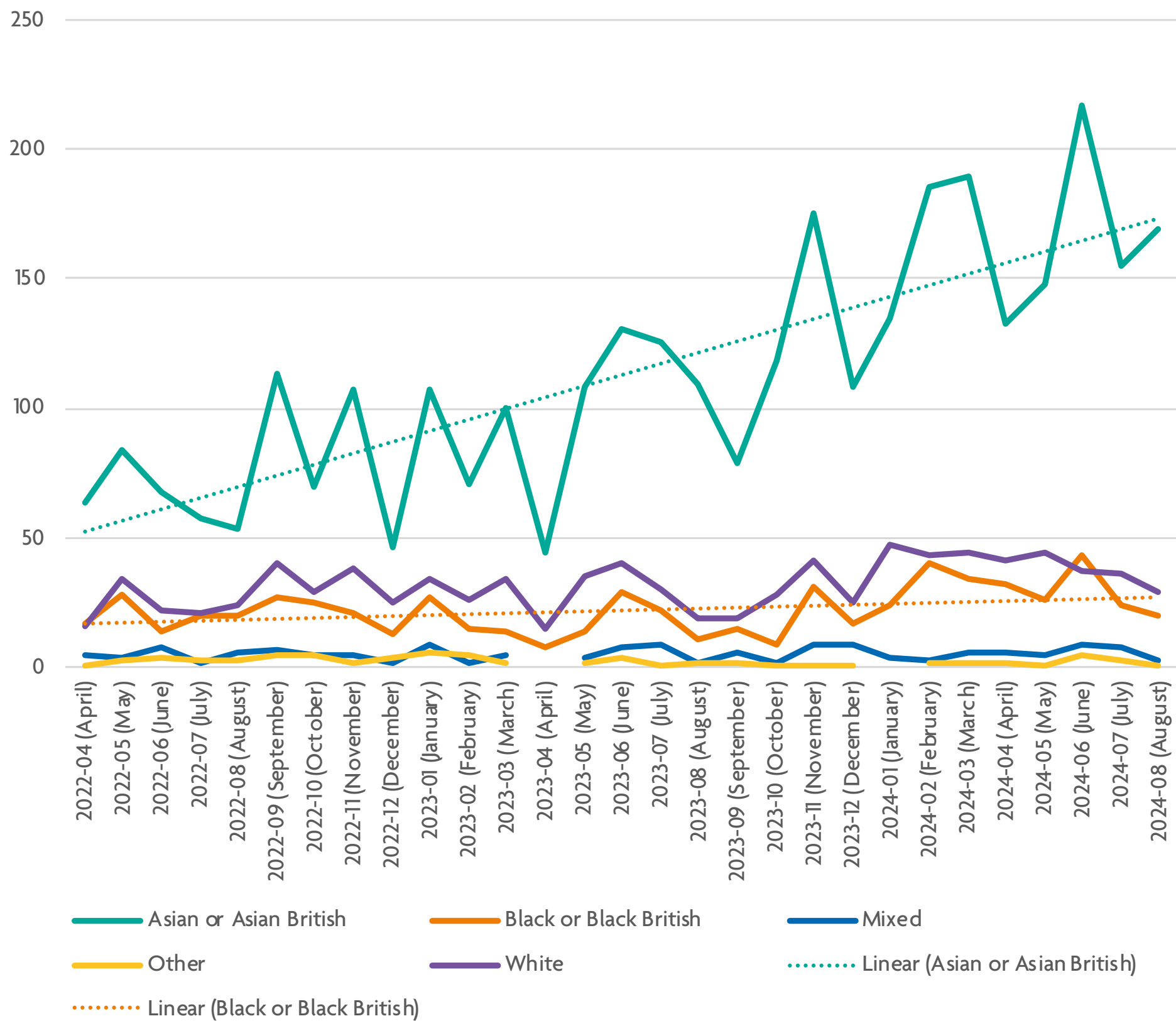
Figure 40: Child drops



Source: Therapy Audit System

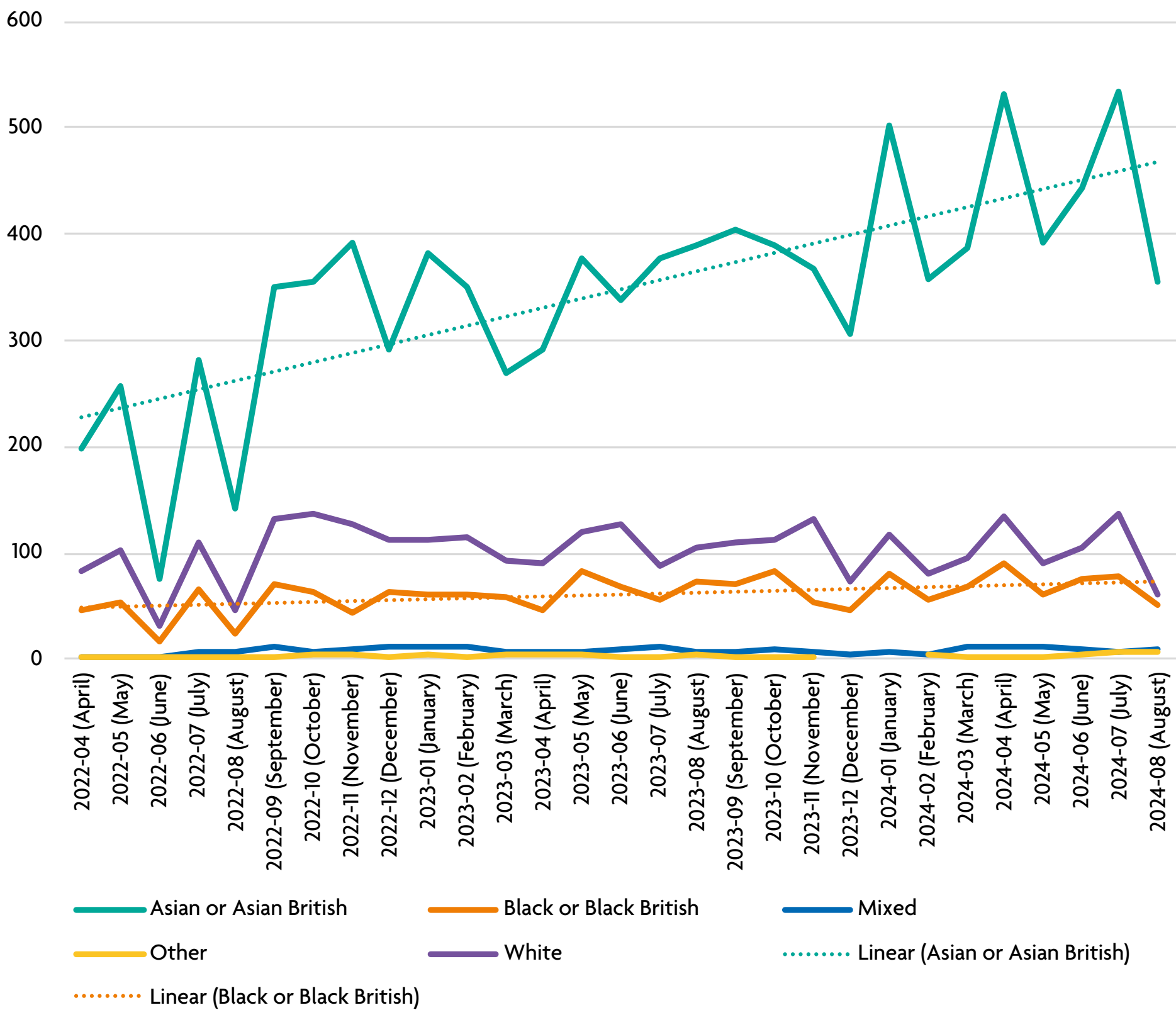
Healthy Start Vitamin programme

Figure 41: Post-pregnancy



Source: Therapy Audit System

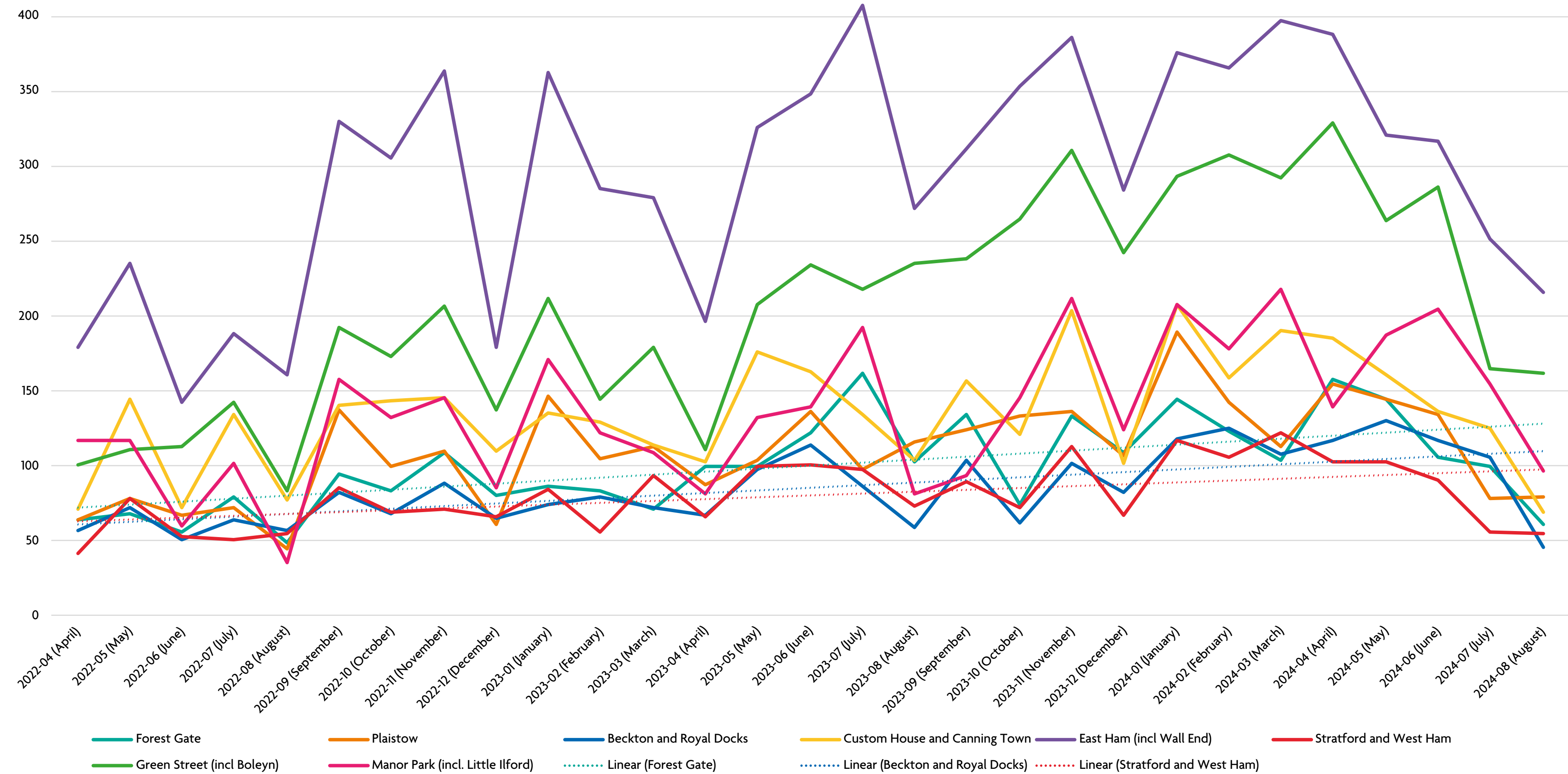
Figure 42: Pregnancy



Source: Therapy Audit System

Healthy Start Vitamin programme

Figure 43:



Source: Therapy Audit System

Healthy Start Vitamin programme



Forecasting future need

- The Cost of Living means a higher number of pregnant women and children will not be accessing these vitamins through their food.
- With a higher need to increase accessibility there will be an expansion of distribution sites to libraries and community centres, with longer opening times.
- Expansion to Voluntary and Community sites where families are already accessing services in a trusted and safe environment, with a focus on sites and organisations working with the black community and in the lower uptake areas of Stratford, West Ham, Beckton, Royal Docks and Forest Gate.
- Increase access is needed at the hospital through open days, events and awareness raising with midwives, with a particular focus on black women at the hospital.
- Continue to 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

Strategic implications

- More work needs to be done to increase uptake of the universal vitamins scheme in Newham- particularly amongst the Black Community.
- A system wide approach to be taken on raising the awareness and knowledge of the benefits and how to access the programme. Health professionals, all frontline staff and community leaders.
- Efforts to increase uptake could include:
 - Targeted communications
 - Expansion of distribution sites beyond the children centres and hospital to libraries and community centres with longer opening hours.
 - Expansion of distribution sites to the Voluntary, Community and Faith Sector organisations.
 - Utilising existing outreach teams.
 - Increase the age to 5 and under for children's vitamins.
 - Plan to procure Kosher and vegan vitamins, ensuring this is clearly communicated to remove any barriers or anxiety to take the vitamins.
 - Continue Healthy Start and Vitamin training sessions for communities and professionals.

Why is this important?

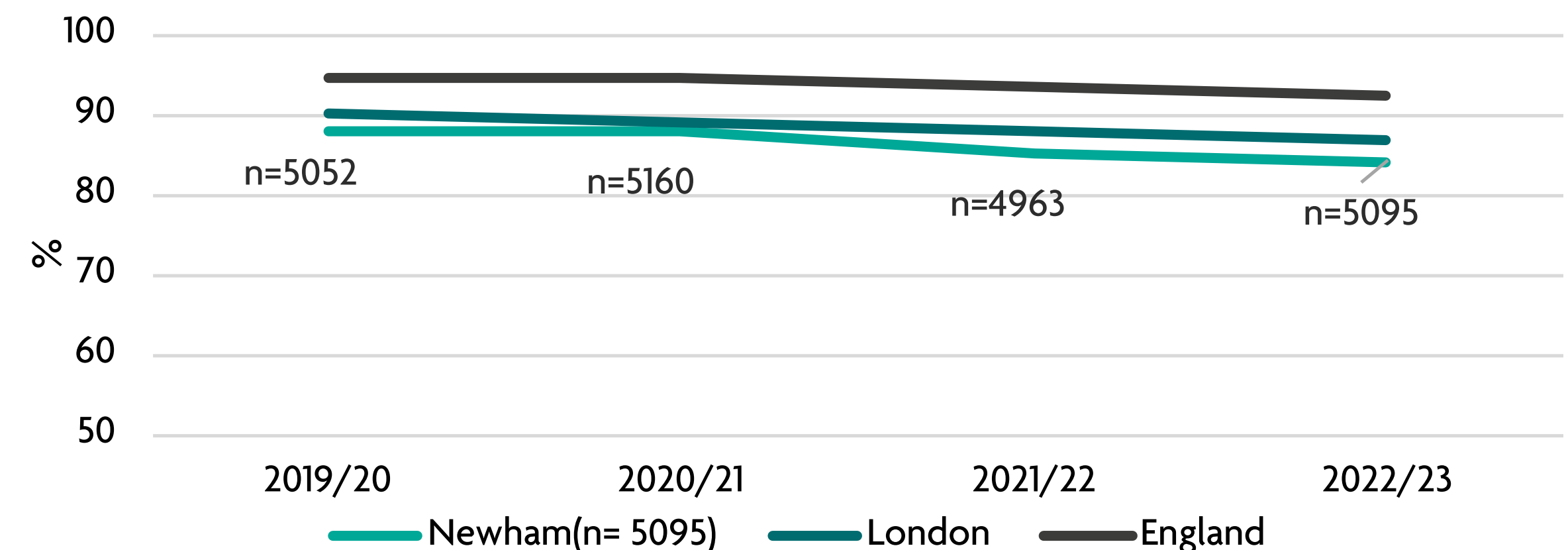
- Vaccines are effective at preventing many serious and potentially deadly infectious diseases.
- Vaccination is the most important way to protect children against ill health. They prevent millions of deaths worldwide every year.
- Vaccination also protects other people in the family and community – by helping to stop diseases spreading to those who cannot have vaccines, such as babies who are too young and individuals with health conditions that prevent them from being vaccinated.
- Vaccine-preventable diseases can cause hospitalisation, serious ongoing health conditions 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 complications from these diseases are far greater than the very small risks of side effects from vaccination.

Source: NHS, 2023 & UKHSA, 2021

High level data summary

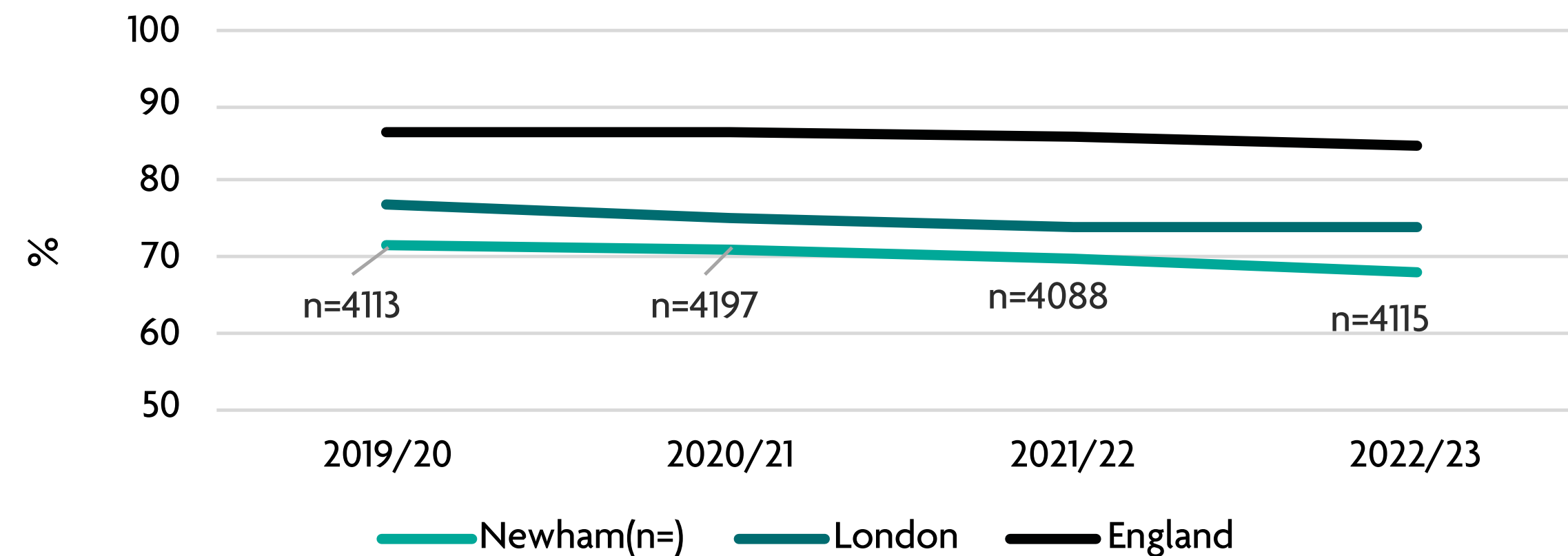
Over the last few years, national data indicates a decline in the number of children getting their immunisations. This is reflected in Newham, where decreases in vaccine coverage across many childhood immunisations, such as those for MMR, have been observed.

Figure 44: Population vaccination coverage of MMR for one dose (5 years old)



Source: NHS England Digital, 2023 & NHS England, 2023

Figure 45: Population vaccination coverage of MMR for two doses (5 years old)

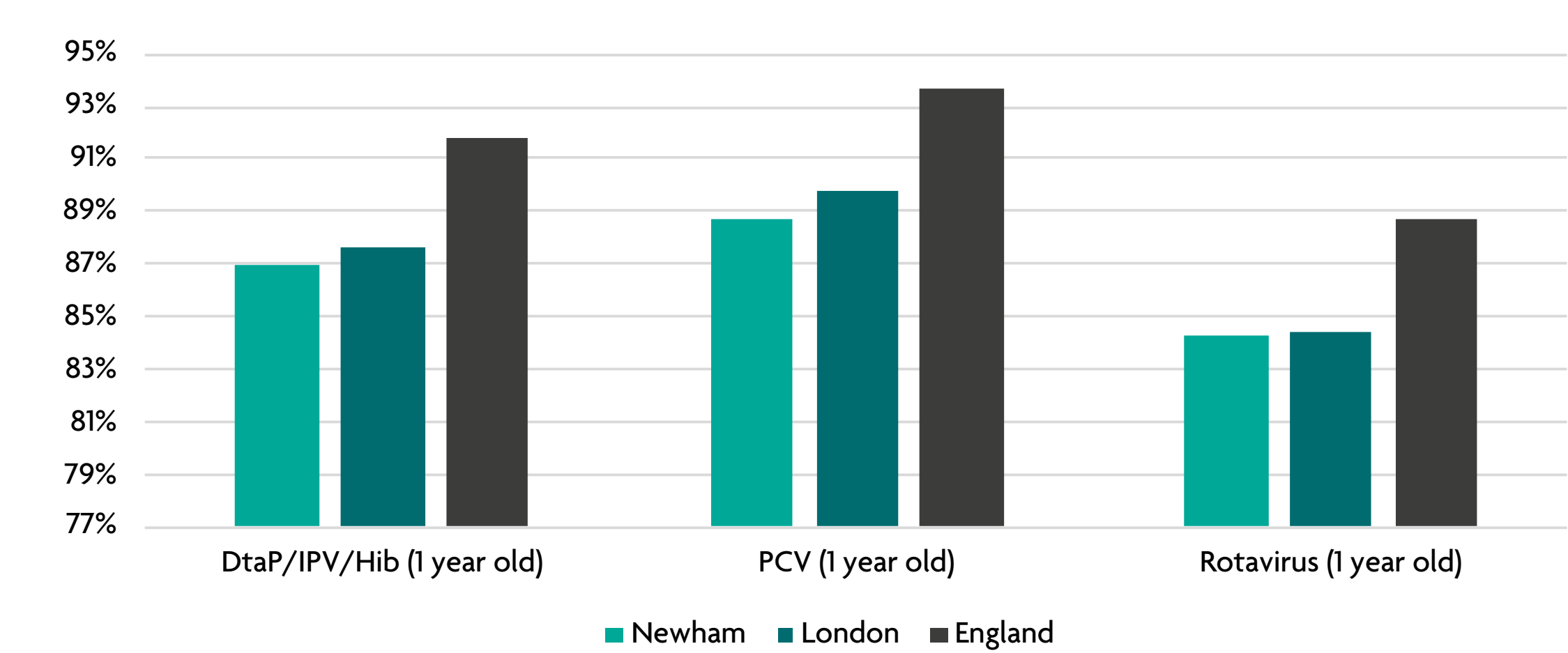


Source: NHS England Digital, 2023 & NHS England, 2023

Local context for Newham

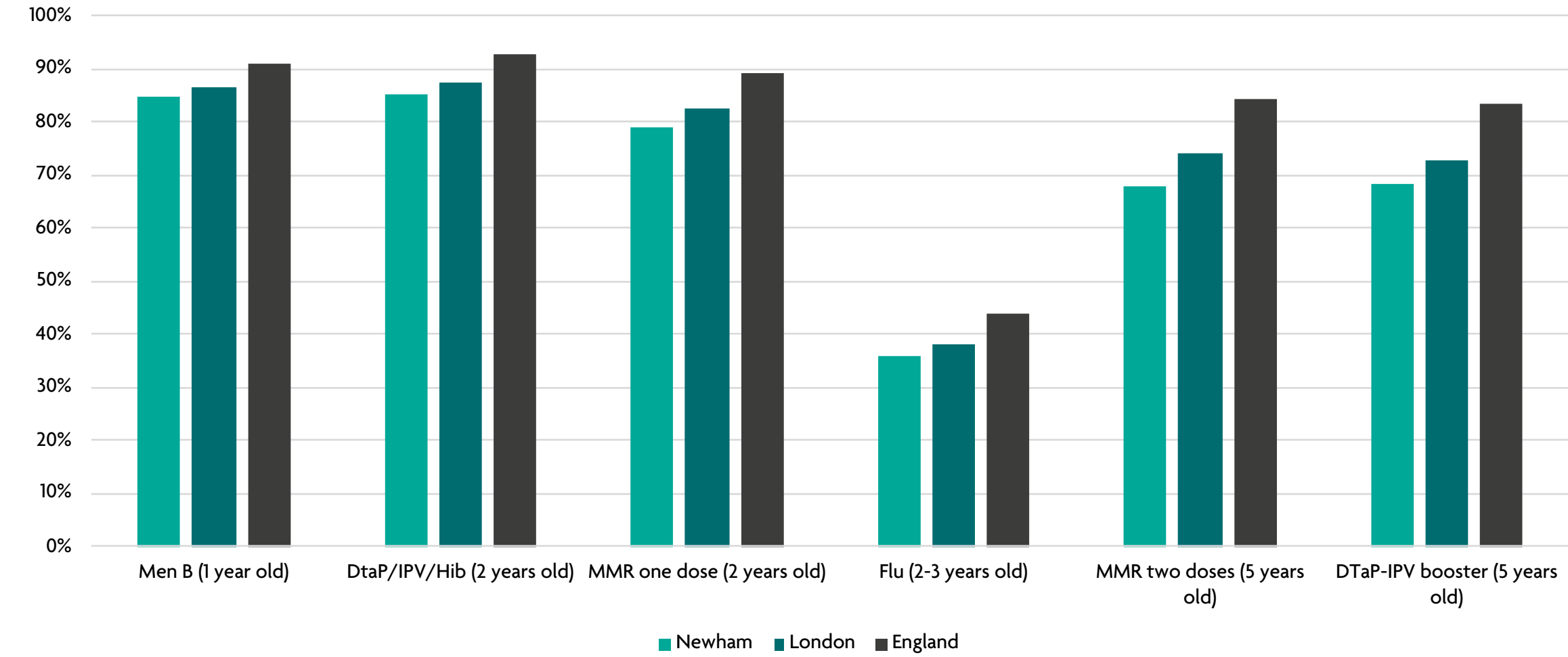
- For immunisation to be effective in achieving herd immunity (i.e. the rate of immunity at which infectious diseases are unlikely to spread) – approximately 95% of the population needs to be vaccinated. This is why NHS England set the target for childhood vaccinations at 95% (NHS England Digital, 2023).
- Newham did not meet the NHS England uptake target for any childhood vaccinations during the year 2022/23.
- In 2022/23, Newham values were similar to London (L) but below England (E) in coverage for DtaP/IPV/Hib, PCV and Rotavirus amongst those turning 1 year old.
- Newham values were below London and England in coverage for Men B (1 year old), DtaP/IPV/Hib (2 years old), MMR two doses (5 years old), DTaP-IPV booster (5 years old)

Figure 46: Percentage childhood vaccination coverage (2022/23)



Source: NHS England Digital

Figure 47: Percentage childhood vaccination coverage (2022/23)

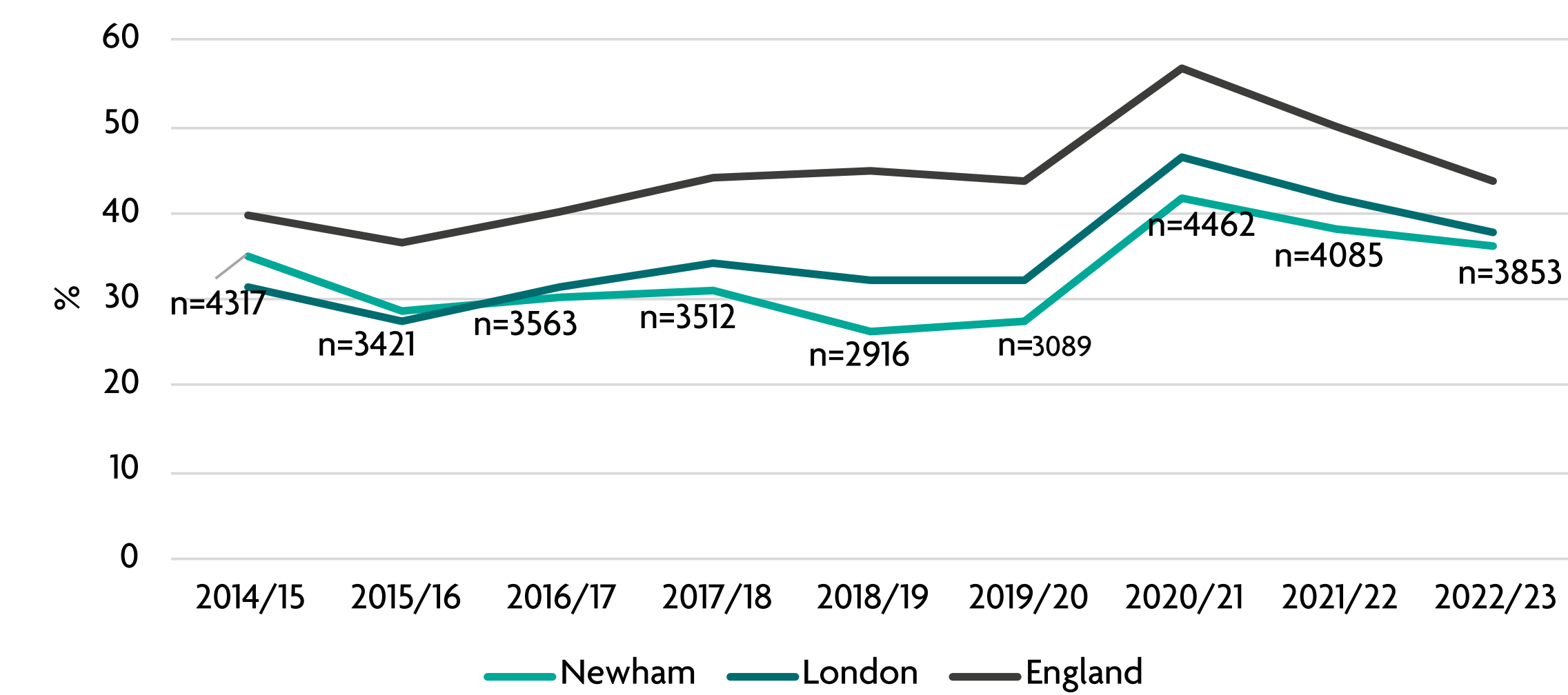


Source: NHS England Digital

Seasonal flu vaccination programme

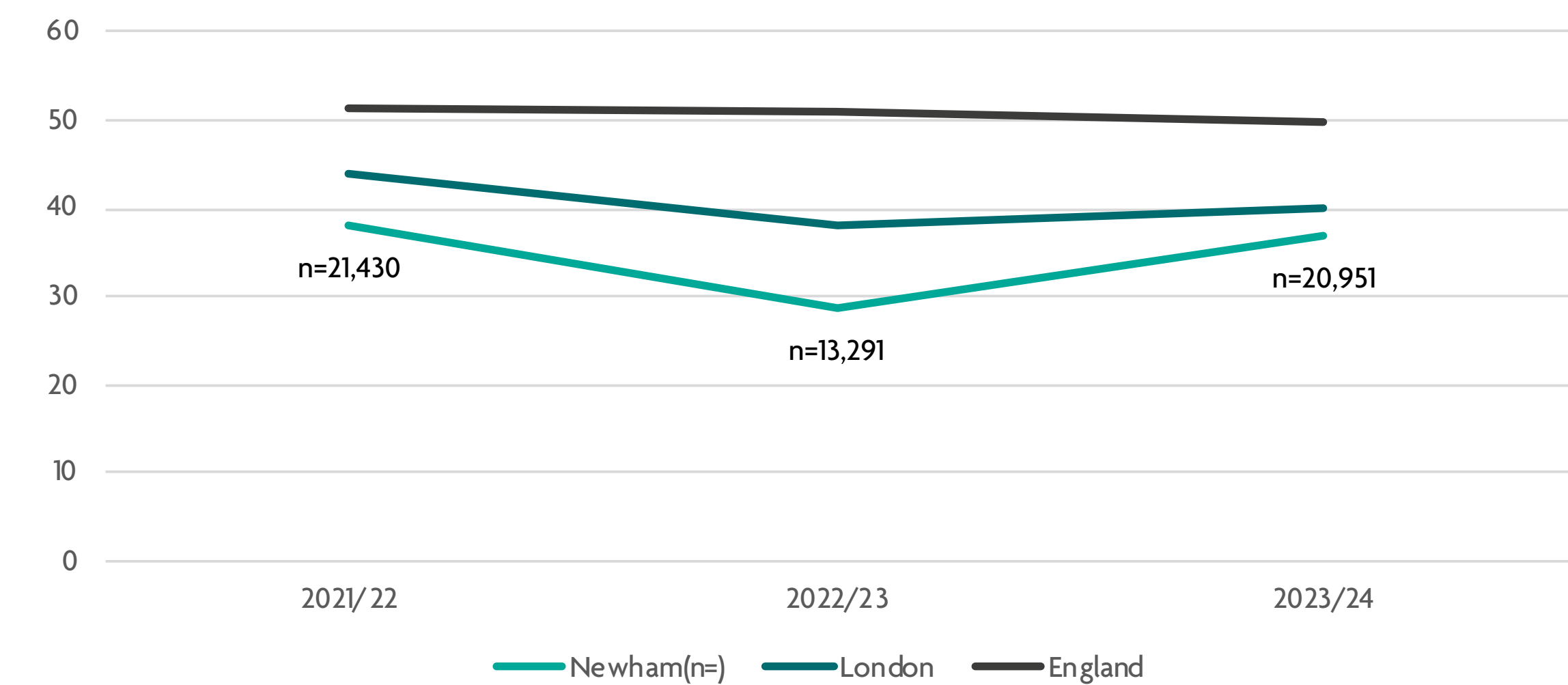
- In Newham there has been a 5.8% decrease in uptake of the seasonal flu vaccination amongst children aged 2 – 3 years old between the years 2020/21 and 2022/23. This follows a similar trend to that observed for London and England.
 - An 8.1% increase in flu vaccination uptake was observed between 2022/23 and 2023/24 amongst children of school age. It is worth noting that additional year groups were eligible for vaccination in 2023/24 (Reception to Year 11, compared with Reception to Year 9 in the previous year).

Figure 48: Seasonal flu vaccination programme uptake in children aged 2 - 3 years old



Source: CEG, 2024

Figure 49: Seasonal flu vaccination programme uptake in children of school age

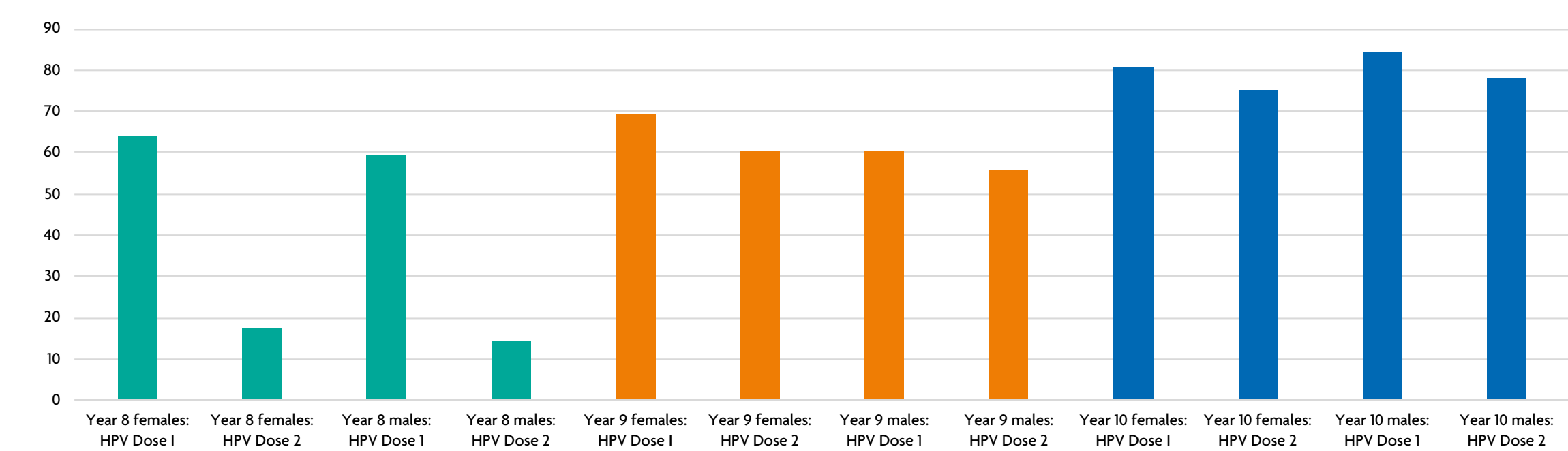


Source: UKHSA, 2024

HPV and MenACWY school vaccination programme

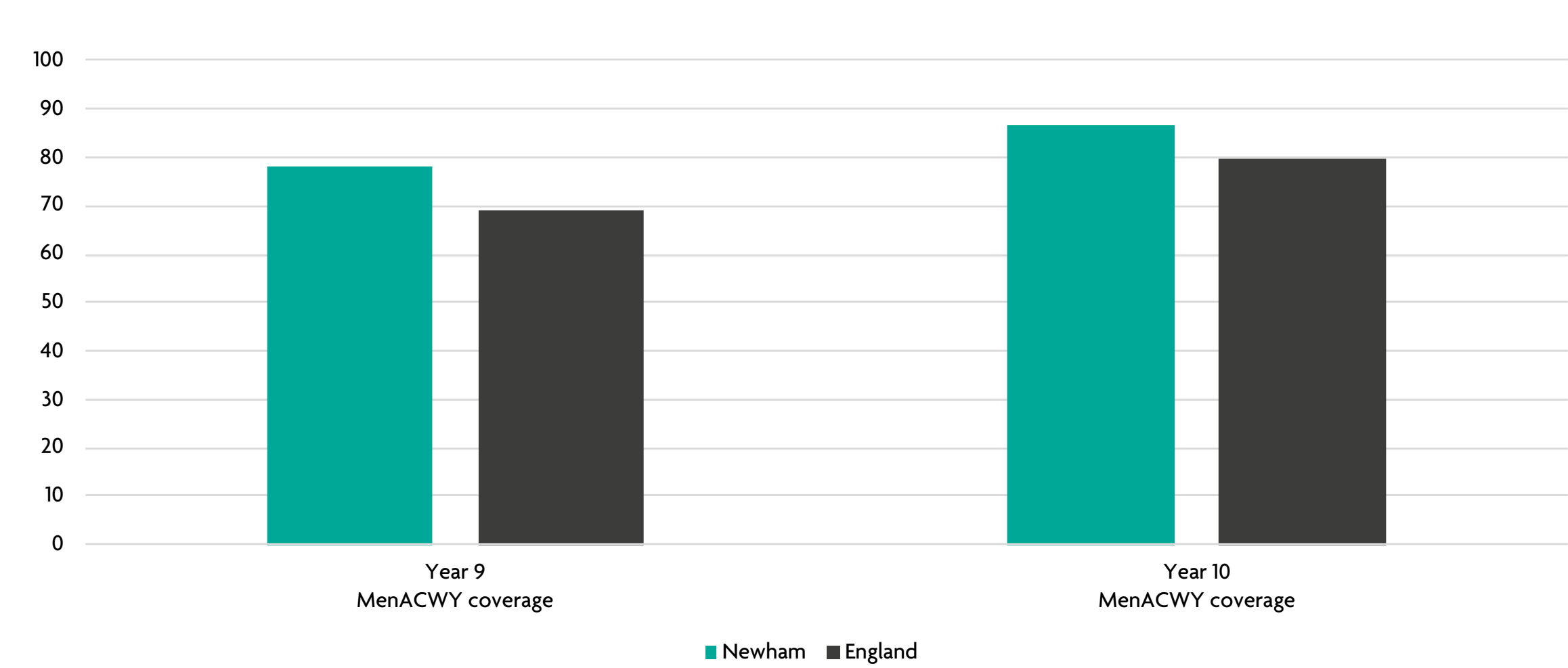
- Uptake for doses 1 and 2 of the HPV vaccine was lower for males in Years 8 and 9, but higher in Year 10, when compared with their female counterparts.
- For the academic year 2022/23, uptake was highest for both doses of the HPV vaccine amongst Year 10 pupils. 80.4% of Year 10 females and 84.1% of Year 10 males received their first dose. 75.4% of Year 10 females and 78% of Year 10 males received their second dose.
- For the academic year 2021/22, Newham saw a higher percentage uptake for the MenACWY vaccination than that for England. This pattern was observed across school Years 9 (Newham = 78%, England = 69%) and 10 (Newham = 87%, England = 80%).

Figure 50: Percentage uptake of HPV vaccine (academic year 2022/23)



Source: UKHSA, 2024 and UKHSA, 2023

Figure 51: Percentage uptake for MenACWY (academic year 2021/22)

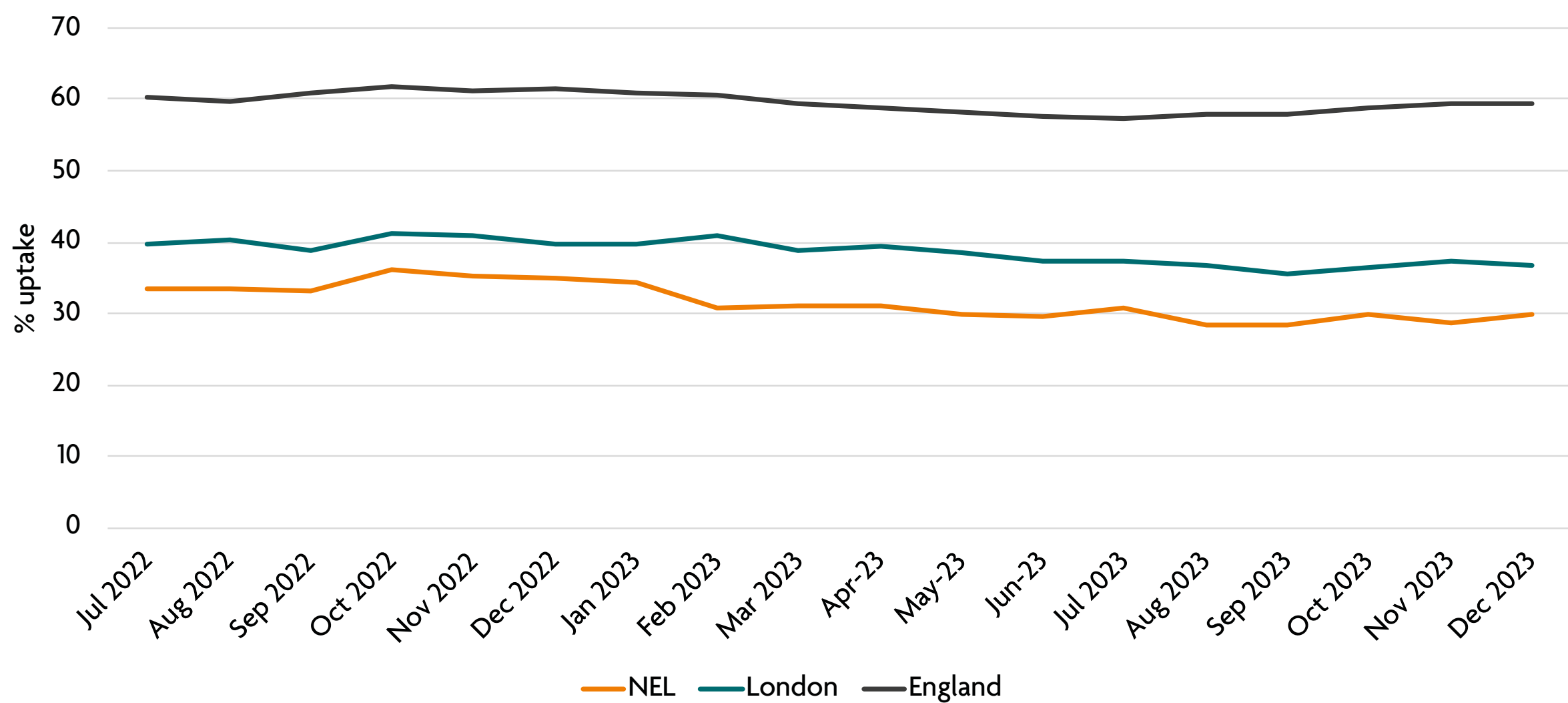


Source: UKHSA, 2024 and UKHSA, 2023

Pertussis

- Coverage for the DTap/IPV/Hib/HepB (6-in-1) vaccine at 12 months increased from 83.5% to 85.3% between the years 2021/22 and 2022/23. Coverage at all other ages (24 months, 5 years and booster dose at 5 years) decreased during this time. Overall there has been a decrease in childhood vaccination for pertussis since 2013/14, with immunisation rates in Newham being lower than England averages.
- As of December 2023, prenatal pertussis vaccination coverage was low across the North East London ICB at 29.9% in comparison to London (36.8%) and England (59.5%), following the trend observed since 2022.

Figure 52: Prenatal pertussis vaccine coverage monitoring programme, Jul 22 to Dec 23 North East London, London, and England



Source: NHS England, 2023

Inequalities

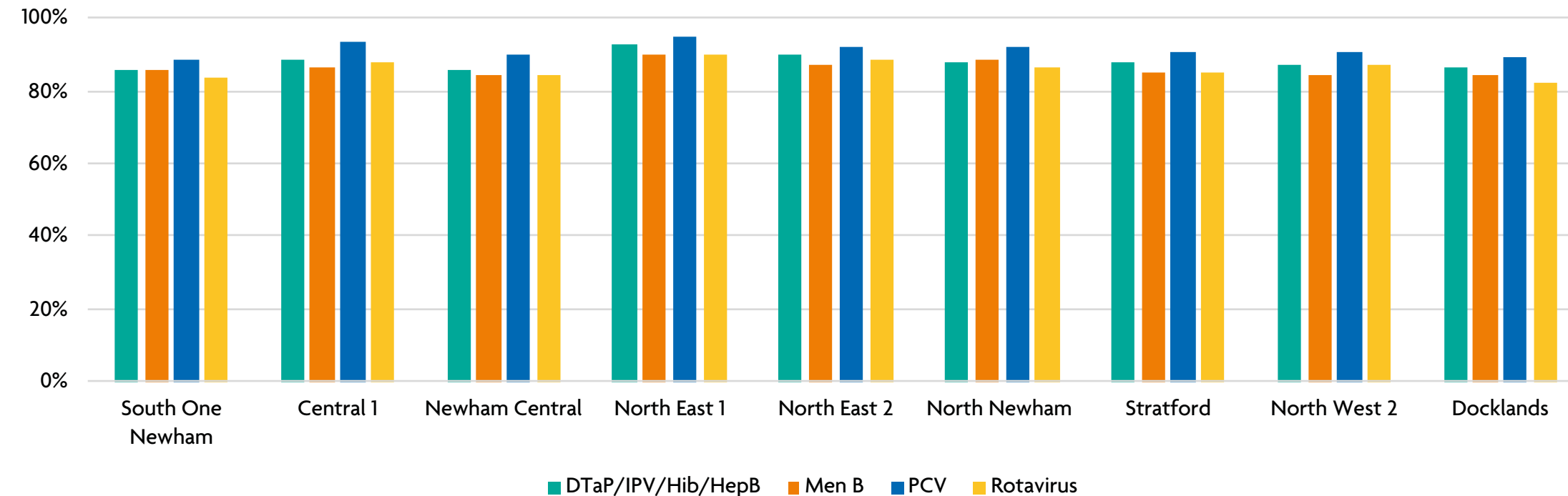
- Inequalities exist in vaccination uptake across the Newham Primary Care Networks (PCNs).
 - For vaccinations due when a child turned 12 months old in 2023/24, the Newham Central and Docklands PCNs had the lowest average uptake at 86% while North East 1 had the highest at 92%.
 - For vaccinations due when a child turned 24 months old in 2023/24, the Newham Central PCN had the lowest average uptake at 80% while North Newham and Stratford had the highest at 87%.
 - For vaccinations due when a child turned 5 years old in 2023/24, the Docklands PCN had the lowest average uptake at 79% while Central 1 had the highest at 87%.
- Children who are undocumented or not registered at a GP practice often miss out on routine vaccinations. For example, of the estimated 3353 children aged 1 – 11 years old who were not registered at a GP practice in October 2023, approximately 2848 (81%) had not had their MMR vaccination. (Source: “Children not registered with a GP (‘Unregistered’) – London Borough of Newham, NHS England).
- Families living in temporary accommodation and/or in other precarious situations may find it difficult to access routine vaccinations via a healthcare provider.
- There is variation in if, and how, GP practices escalate instances where a child has not had their routine vaccinations. There is also inconsistency in how childhood vaccinations that have been received abroad are recorded.

Immunisations



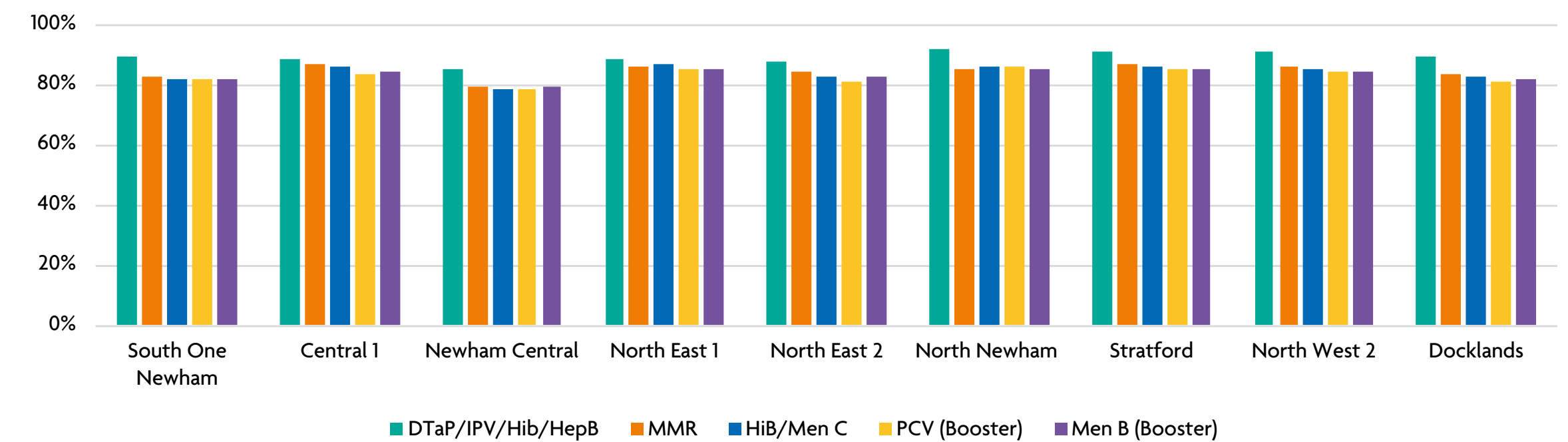
- School vaccinations require parents to sign a consent form which is usually online and in English. Digital exclusion, language barriers, and a lack of familiarity with the UK vaccination schedule may affect parent/carer ability or willingness to give consent for vaccinations.
- Through community engagement it has become apparent that using and navigating the NHS – particularly GP registration and understanding which services are provided for free – can be challenging for people who have not grown up in the UK. Therefore, those who are newer to the borough may be missing out on the opportunity to get vaccinated due to a lack of engagement with primary care.

Figure 53: Immunisations by PCN in children who are turning 12 months (2023/24)



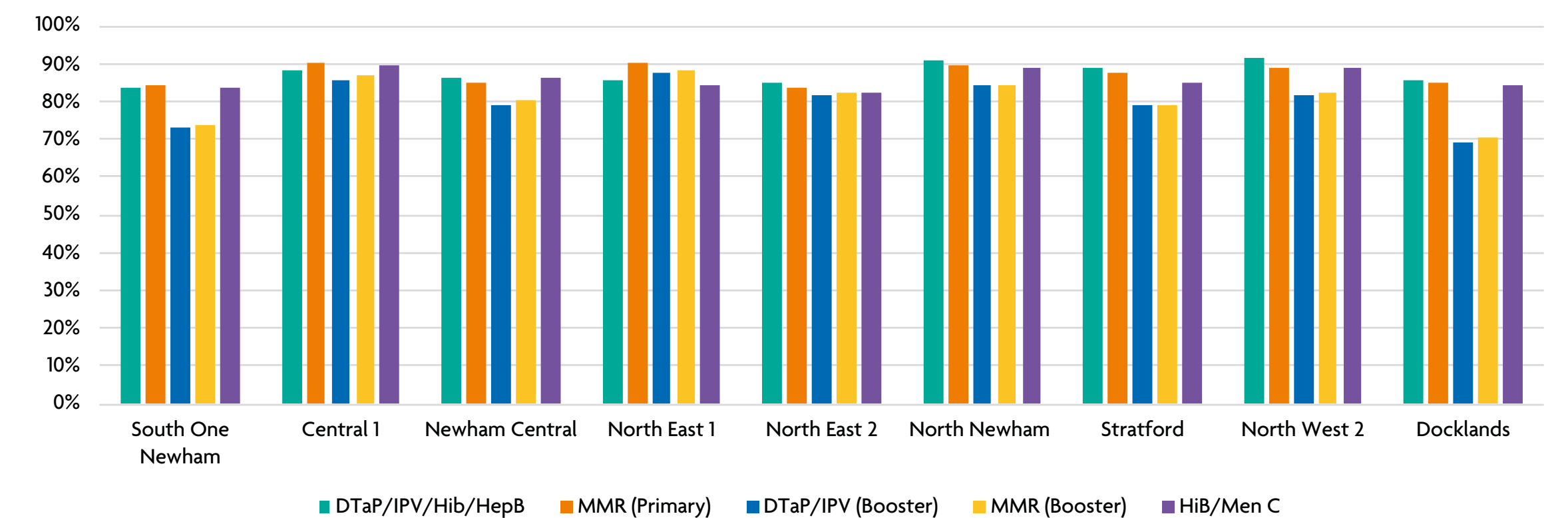
Source: CEG, 2024

Figure 54: Immunisations by Neighbourhood in children who are turning 24 months (2023/24)



Source: CEG, 2024

Figure 55: Immunisations by Neighbourhood in children who are turning 5 years (2023/24)



Source: CEG, 2024

Forecasting future need

- As the number of children in the borough increases, the need for vaccination services will also increase.
- Low vaccine and system trust in the wake of the COVID-19 pandemic have led to decreasing vaccination rates, leaving children and young people vulnerable to potential outbreaks of diseases such as measles (Lalot et al., 2022).
- Due to the positive impact of vaccinations historically, a lack of direct experience of illnesses such as measles, has resulted in a lack of understanding why some childhood vaccinations are important and necessary which has led to an increase in cases of vaccine preventable diseases. Without a continued effort to improve vaccination uptake, the impact of these diseases increasing in the community will be significant both on individuals and the system as a whole.
- Based on the local context and Newham's highly mobile population, further consideration is needed for addressing the challenge of children who are unregistered at a GP practice. This presents barriers that could prevent access to routine immunisations and healthcare.

Strategic implications

- NHS England's vaccination strategy focuses on three priority areas: improving access; vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations; and a more joined-up prevention and vaccination offer (NHS, 2024).
- Both London and the North East London ICB have produced immunisation strategies which will influence priorities and some activity at local and regional levels with the ultimate goal to improve uptake of vaccinations to meet or surpass targets.
- While vaccination uptake is low, it will require a focus from public health and health services either to increase uptake or respond to an increase in vaccine preventable diseases. Therefore, this will need to be considered in plans for activity and capacity.
- As part of the 50 Steps to a Healthier Newham Strategy, partners across the Borough will be working towards increasing immunisation uptake and reducing inequity in coverage.
- By providing accessible vaccination clinics in local venues such as children's centres, community organisations and Family Hubs, engagement and trust in vaccinations can be improved with a 'making every contact count' approach to signpost children and families to further support if needed.

Why is this important?

- Oral health remains an integral part of overall health
- Poor oral health can affect children's ability to learn and develop and is a priority under Best Start in Life.
- Nationally, tooth decay remains the most common reason for hospital admission in children aged 5 – 9 years old¹.
- 66% of all hospital tooth extractions were for children and young people 0 – 19 year olds²
- Oral health is one of the key clinical areas under NHS core20plus5³ to address the backlog of tooth extractions in hospital for children under 10.
- Following a pause in dental services being offered during the COVID pandemic, oral health is improving in England, as the number of children seen by an NHS dentist has increased to 6.4 million⁴
- Nationally and also locally, there are significant oral health inequalities with clear social gradients with vulnerable groups including looked after children and lower indexes of deprivation likely to have poorer oral health and face difficulties accessing dental care⁵.
- Five year olds living in deprived areas of England were 2.5x more likely to experience severe dental decay⁶

High-level data summary

Figure 56 shows decay experience (decayed, missing, filled teeth) among 5-year-old children in London.

Newham ranks 6th highest borough (1st = highest percentage of decay) and is considerably higher than London and England average.

¹ Office for Health Improvement and Disparities (2024). Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK (www.gov.uk)

² Office for Health Improvement and Disparities (2024). Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK (www.gov.uk)

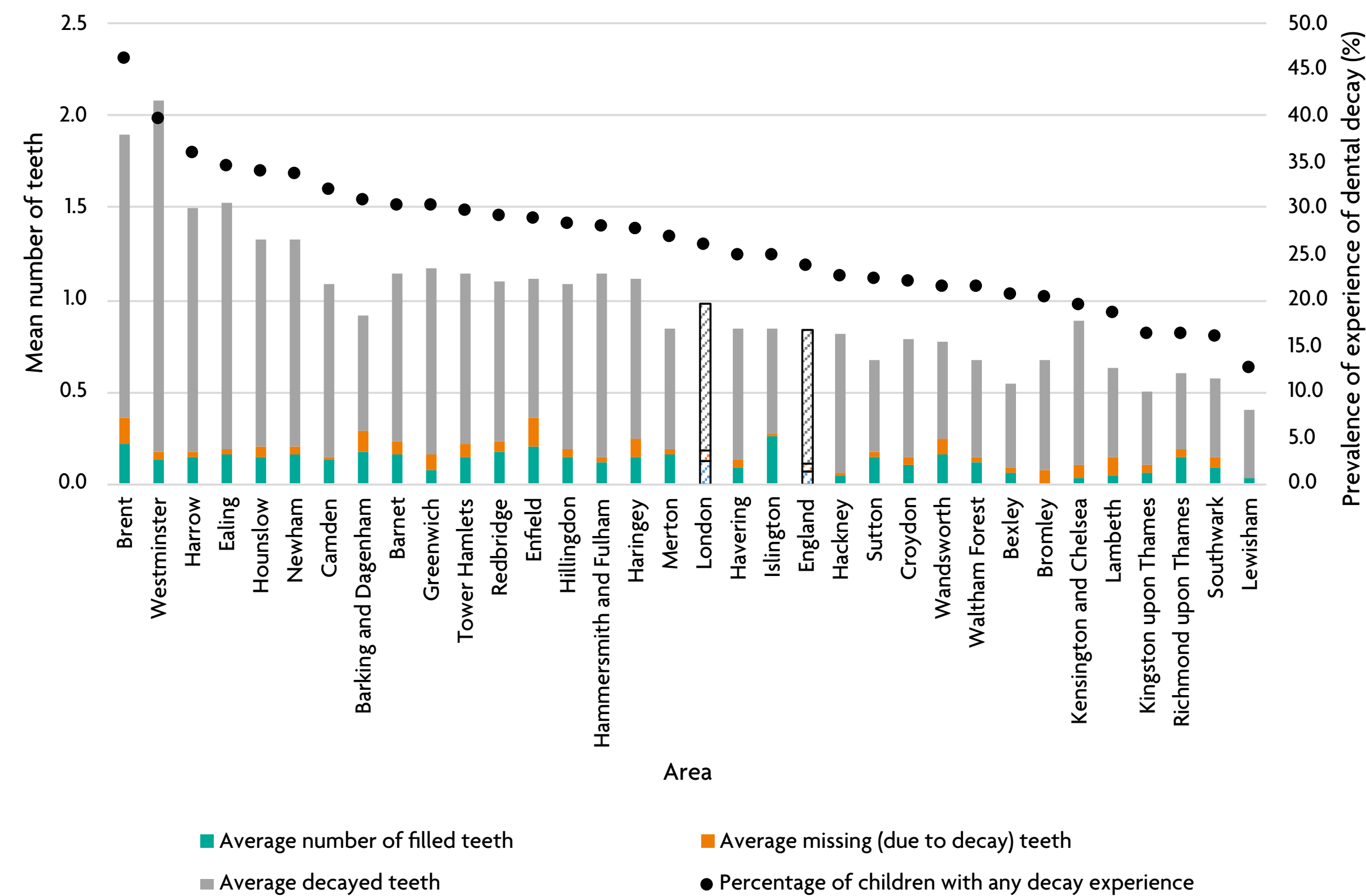
³ NHS England (2022) Core20plus5 infographic – Children and young people NHS England » Core20PLUS5 infographic – Children and young people

⁴ NHS Digital (2023). NHS Dental Statistics for England 2022-2023 Annual Report NHS Dental Statistics for England, 2022-23, Annual Report - NHS England Digital

⁵ Office for Health Improvement and Disparities (2021). Inequalities in oral health in England: summary Inequalities in oral health in England: summary - GOV.UK (www.gov.uk)

⁶ Office for Health Improvement and Disparities (2023). NDEP for England: oral health survey of 5 year old children 2022 National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)

Figure 56: Prevalence of dental decay experience among 5 year old children across London boroughs (decayed, missing and filled teeth)



Local context for Newham

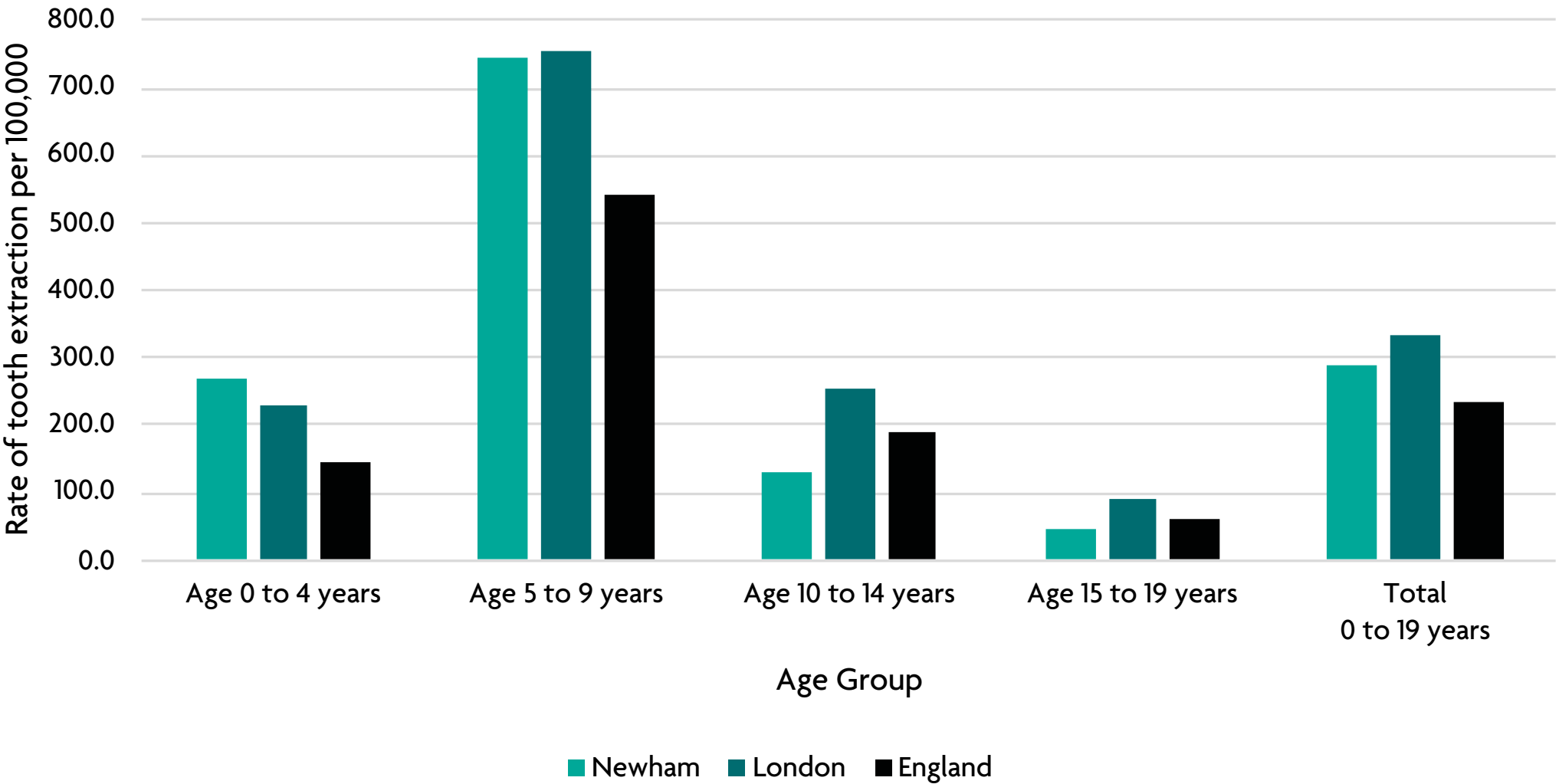
- Children and young people accessing a dentist in Newham is below the London and England average, but is particularly low for 2 year olds.
- Hospital admissions for dental caries in 0 – 9 years was higher than the London and England average using the latest data available, with 1,010 children in Newham being admitted in 2022-2023⁷ (Figure 57).
- In 2022, Newham values were significantly higher than London and England for the proportion of 5-year olds with dental decay experience.
- The average number of dentinally decayed (d3), missing due to dental decay (m) and filled (f) teeth (t) d3mft in children aged 5 years in Newham in 2022/23 was 1.3 teeth. This is higher than London (1.0 teeth) and England (0.8 teeth)⁸.
- The number of 5 – 9 year olds admitted for dental extractions (2022/23) is disproportionately higher compared to their proportion of the 0 – 19 population for 2022/23 as seen in Figure 58
- Routine dentistry has resumed following a pause due to the Covid-19 pandemic.
- Across all age groups, there has been a rise in the proportion of children accessing dental services in 2022/23 compared to the previous year as seen in Figure 60.
- Preventative measures have been adopted as part of Newham oral health provision for CYP including: (1) delivery of supervised tooth brushing sessions (2) oral health promotion sessions across 43 early years settings and (3) application of fluoride varnish programme to 69 mainstream primary schools and 7 nursery schools.⁹

Source: National Dental Epidemiology Programme for England: oral health survey of 5-year-old children 2022 Gov.uk, 2023

7 Office for Health Improvement and Disparities (2023). Hospital tooth extractions in 0 – 19 year olds 2022 Hospital tooth extractions in 0 to 19 year olds: 2022 - GOV.UK (www.gov.uk)
8 Office for Health Improvement and Disparities (2023). Oral Health survey of 5 year old children 2022 Oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
9 Sumaiyah Rahman (2024). Newham Oral Health Needs Assessment {unpublished}

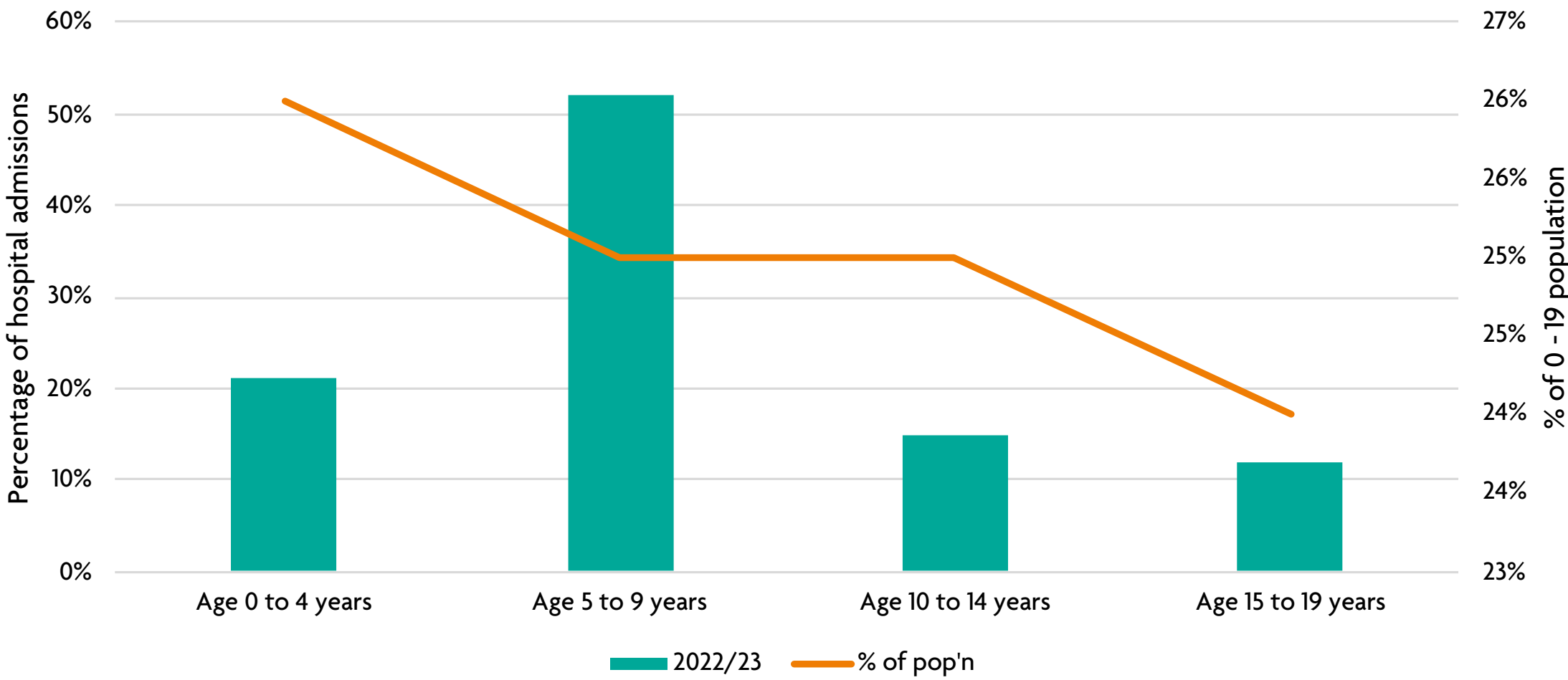
- As part of the tooth friendly nursery programme, 7,139 children aged 3 – 6 years had an application of fluoride varnish in 2022/23¹⁰.
- 1,309 children received daily-supervised tooth brushing screening and 5% (n=72) included special education needs settings¹¹.

Figure 57: Tooth extraction rate per 100,000 population 2022-2023



Source: Office for Health Improvement and Disparities Hospital tooth extractions 2022

Figure 58: Number of finished consultant episodes for 0 - 19 year olds for hospital dental extractions during 2022/23



Source: Office for Health Improvement and Disparities Hospital tooth extractions 2022

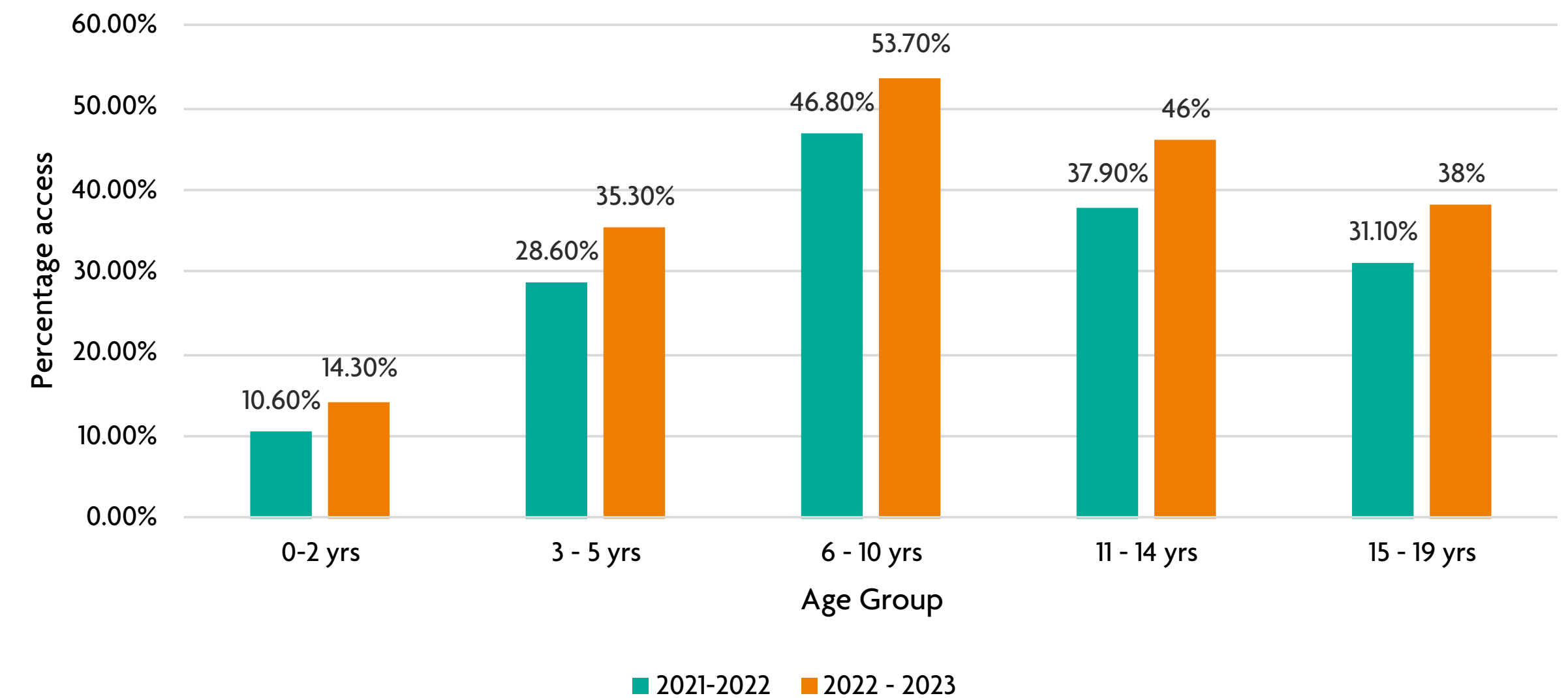
¹⁰ Office for Health Improvement and Disparities (2023). NDEP for England: oral health survey of 5 year old children 2022 National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
¹¹ Office for Health Improvement and Disparities (2023). NDEP for England: oral health survey of 5 year old children 2022 National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)

Figure 59: Percentage of 5 year olds with experience of obviously visual dental decay, 2022/23



Source: National Dental Epidemiology Programme for England: oral health survey of 5-year-old children 2022

Figure 60: Comparison of Child Dental Access Rate by Age Group for Newham in 2021 - 2022 and 2022-2023

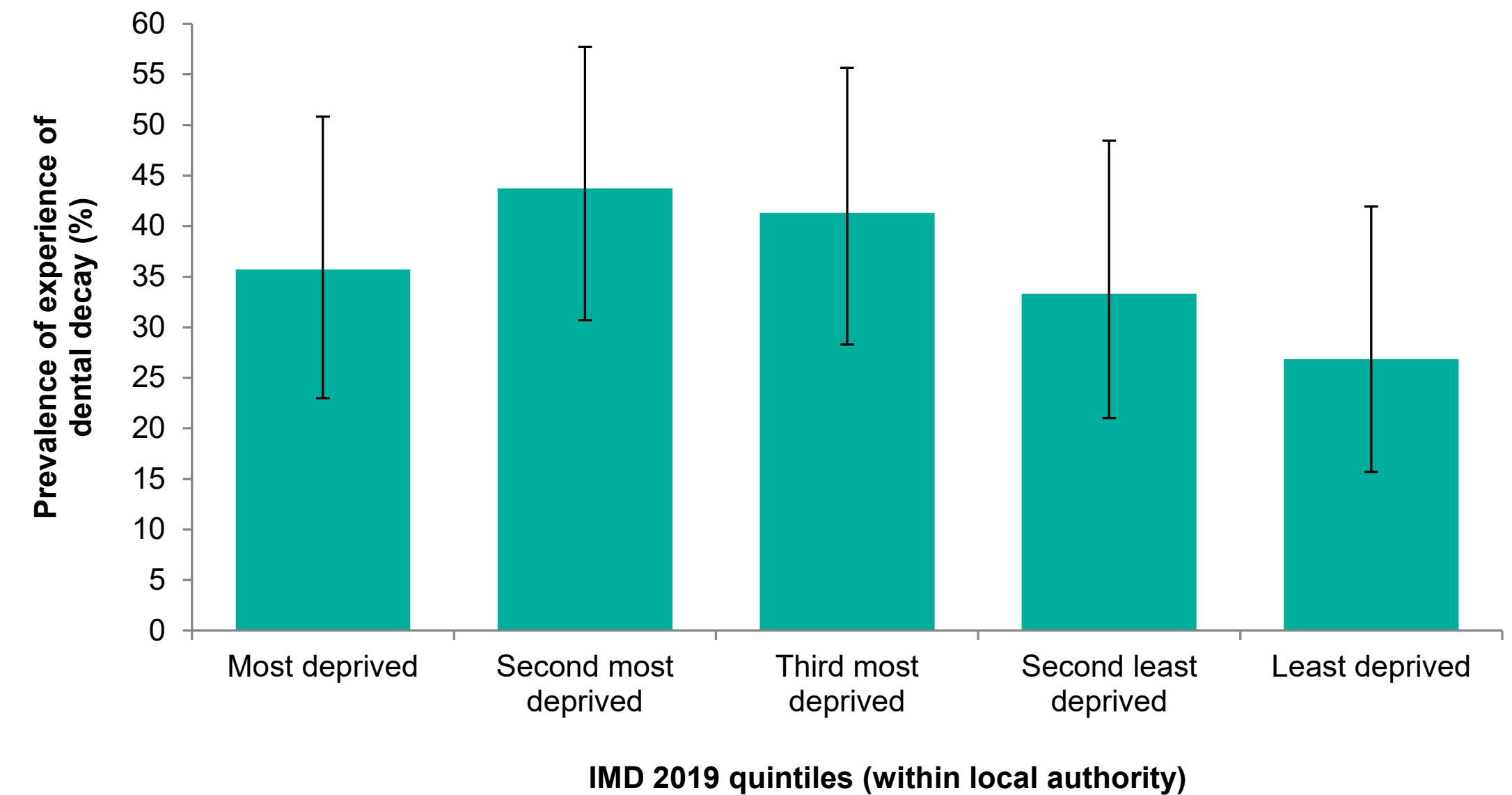


Source: NHS Business Services Authority (2024) Summary of NHS Business Services Authority Data for Newham 2021-2022 and 2022-2023

Inequalities

- Nationally dental decay in 5 year olds across England showed the ethnic group with the highest percentage of dental decay was those in 'other' ethnic groups (44.8%), followed by Asian or Asian British (37.7%).
- Black Caribbean or African (20.4%) Mixed (22.4%) and White (20.5%) groups showed similar values .
- The Newham Oral Health Profile (2020) highlighted 3 wards in particular where oral health was significantly worse than the Newham average:
 - Canning Town North
 - Canning Town South
 - West Ham
- There are inequalities in oral health provision across Newham for CYP depending upon geographical area. This is relevant for both clinical care and preventative programmes.

Figure 61: Experience of dental decay in 5 year olds in Newham by IMD quintiles (2019)



Error bars represent 95% confidence limits

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

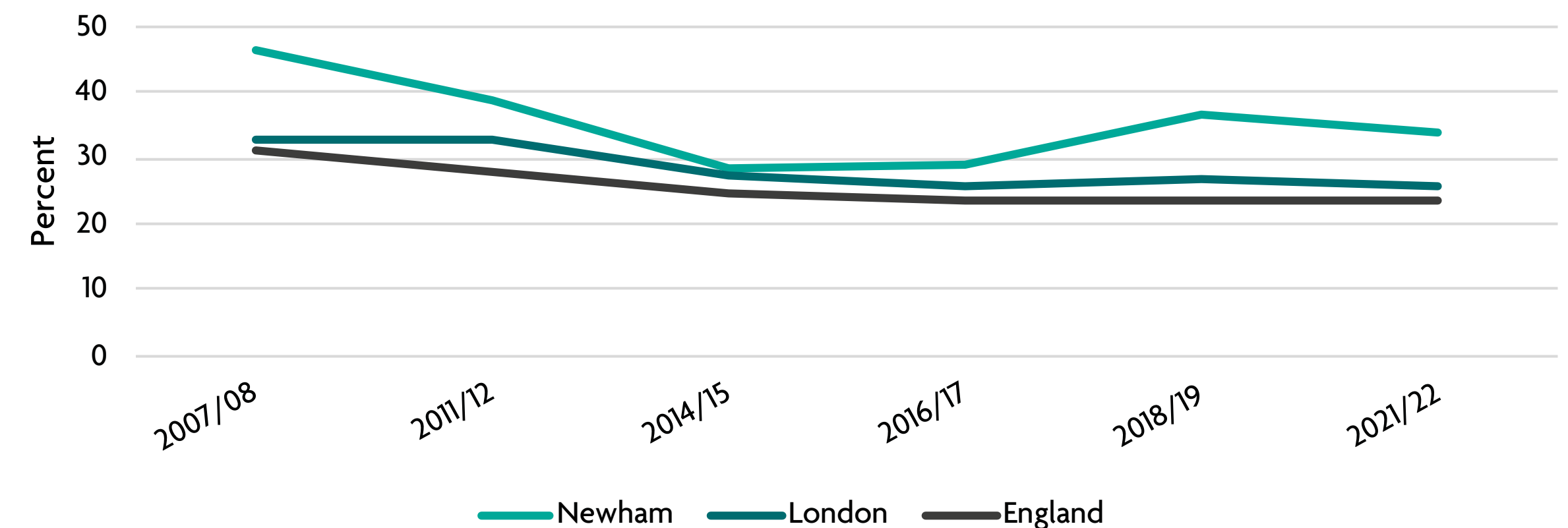
Figure 62: Prevalence and severity of experience of dental decay experience in 5-year olds in Newham, in wards where enhanced sample was taken

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

Forecasting future need

- Poor oral health remains an important and preventable cause of health inequalities. Inequalities may have widened due to COVID-19.
- Dental access rates for children in Newham are vastly improving; however, a recent breakdown of ethnicity profiles is needed to determine equity and coverage.
- Recent trend on 5 year olds experience visually obvious dental decay suggests rates are falling in Newham since COVID, but continues to remain higher than London and England.

Figure 63: Percentage of 5 year olds with experience of visually obvious dental decay 2007-2022



Source: Dental Public Health Epidemiology Programme Fingertips via Office for Health Improvement and Disparities

Strategic implications:

- Completion of an oral health needs assessment for children and young people, to help understand need and possible recommendations to help strengthen the oral health offer and improve good oral health among CYP.
- Better data capturing of key oral health indicators for protected characteristics (ethnicity and deprivation index) to identify and help address gaps in provision and support that may be contributing to health inequalities.
- Widen partnerships across the system to develop and implement a borough-wide oral health strategy and action plan.
- Strengthen the role primary care can play in supporting good oral health among their patients.
- Strengthen referral pathways and uptake of specialist services of vulnerable CYP (i.e., SEND and Asylum seeker and Refugee populations) CYP.
- Provide high quality support for children in early years to access dental care adopting the gold standard as per the PH55 NICE guidance¹² and best practice. This should include:
 - Expand the number of oral health promotion activities available to CYP through oral health promotion training and supervised tooth brushing.
 - Ensure equitable access to brush for life kits across Newham.
 - Increase uptake of fluoride varnish programme run with schools, which are at-risk of poor oral health.



¹² National institute for Health and Care Excellence (2014). Oral health: local authorities and partners Overview | Oral health: local authorities and partners | Guidance | NICE

Best Start in Life (Children's Centres)



Why is this so important

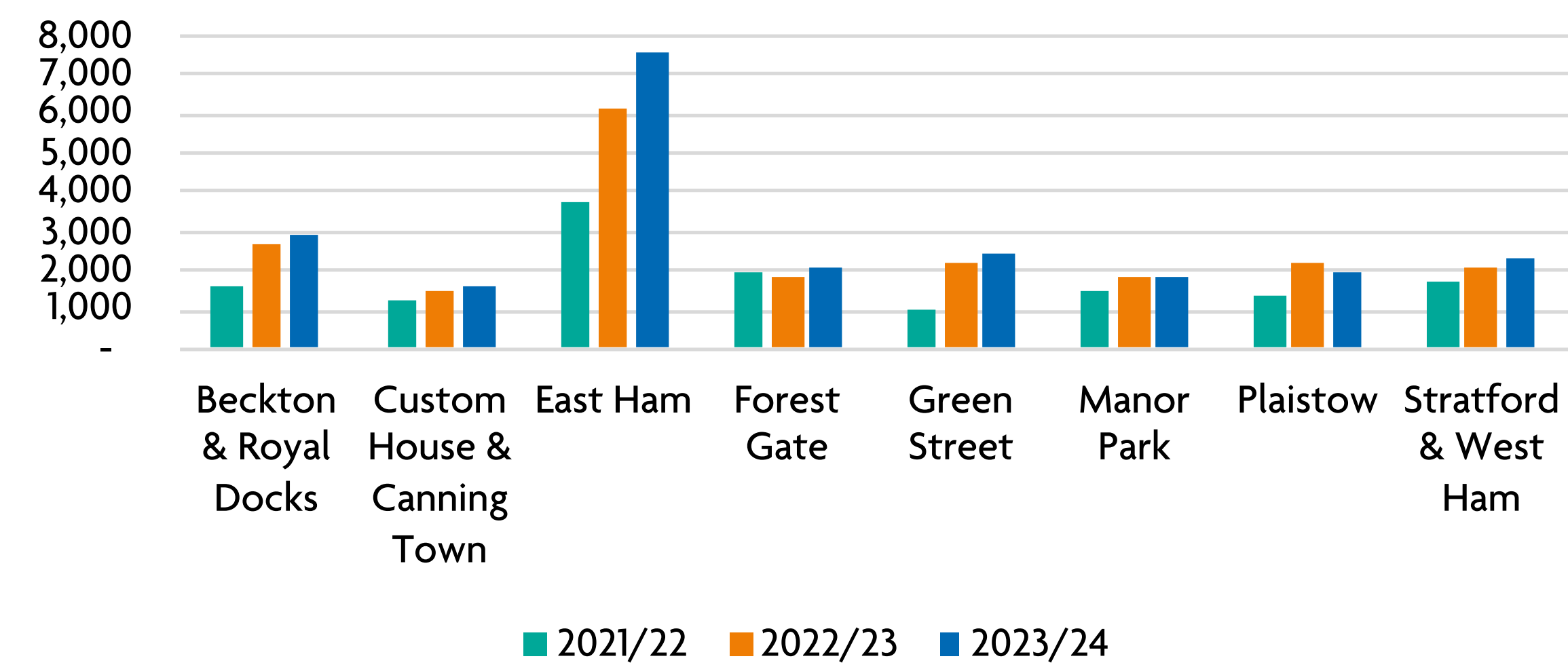
- Newham has one of the youngest and most diverse populations in the country, with the 2021 Census putting our 0-4 population at 23,855.
- A child's early years experiences have a major impact on every aspect of human development, including their health and life chances, as children and as adults
- Experiences 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
- Children's Centres provide modelling and guidance to parents on supporting child development through play. This supports parent/child relationships and bonding, as well as benefits the child's cognitive, social and emotional development, communication and language skills. In turn, this helps support children to achieve better life outcomes. We also support to reduce inequalities between families in greatest need and their peers.
- Children's Centres provide wider family support, which helps families to avoid or soften the impact of adverse childhood experiences, which can negatively impact a child's later life.
- 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.

High level data summary

- Newham has a young and ethnically diverse population, with over one-third of the population under 25 years old.
- 72% of our residents from Black, Asian and Ethnic Minority communities and over a hundred different languages spoken on our streets.
- The number of children aged between 0-4 is projected to increase by 7.2% by 2028 and by 13.8% by 2033.
- Due to Covid, we saw a large drop in the number of residents accessing Children's Centre sessions during 2021-22 (5,415 unique 0-4s were seen, with a total of 33,683 total contacts with 0-4 year olds). However, we have seen a strong recovery during both 2022-23 (7,555 unique contacts and 49,344 total contacts, 39.5% and 46.5% increases respectively) and 2023-24 (8,459 unique contacts and 51,520 total contacts, 12% and 4.4% increases respectively). These figures are attendance at sessions only, and do not include the numbers supported directly via Family Support.
- We have seen the number of family support referrals for families with children under 5 steadily decline over the last few years, with the need shifting to more Early Help referrals for children over 5. Alongside reductions in the number of staff within Children's Centres, we have seen the number of family support cases falling. 2021/22 saw 920 cases opened and 611 cases closed, 2022/23 saw 762 cases opened and 908 cases closes, and with 2023/24 seeing 614 cases opened and 615 cases closed.

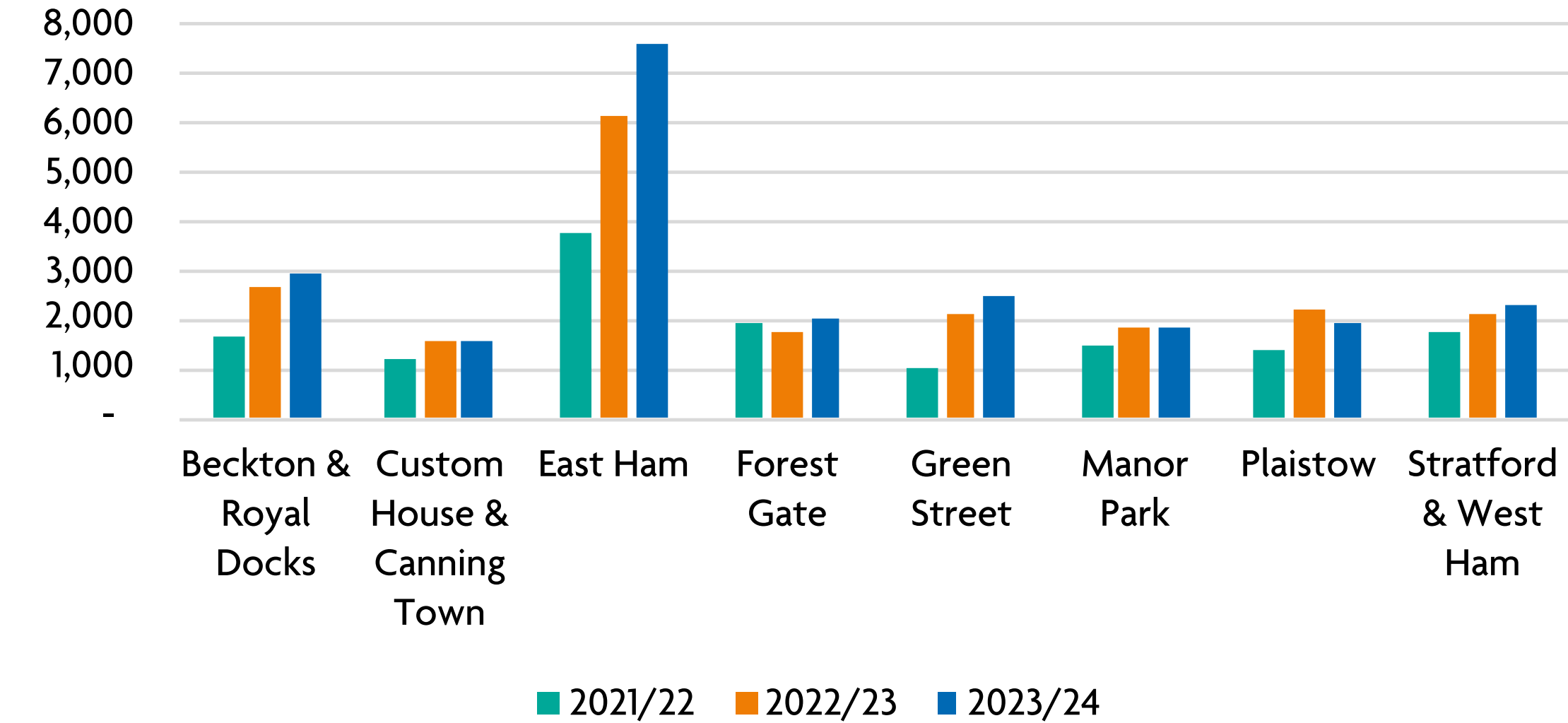
Best Start in Life (Children’s Centres)

Figure 64: Unique Attendances by Financial Year



Source: Childview Children’s Centre Manager (Childview CCM)

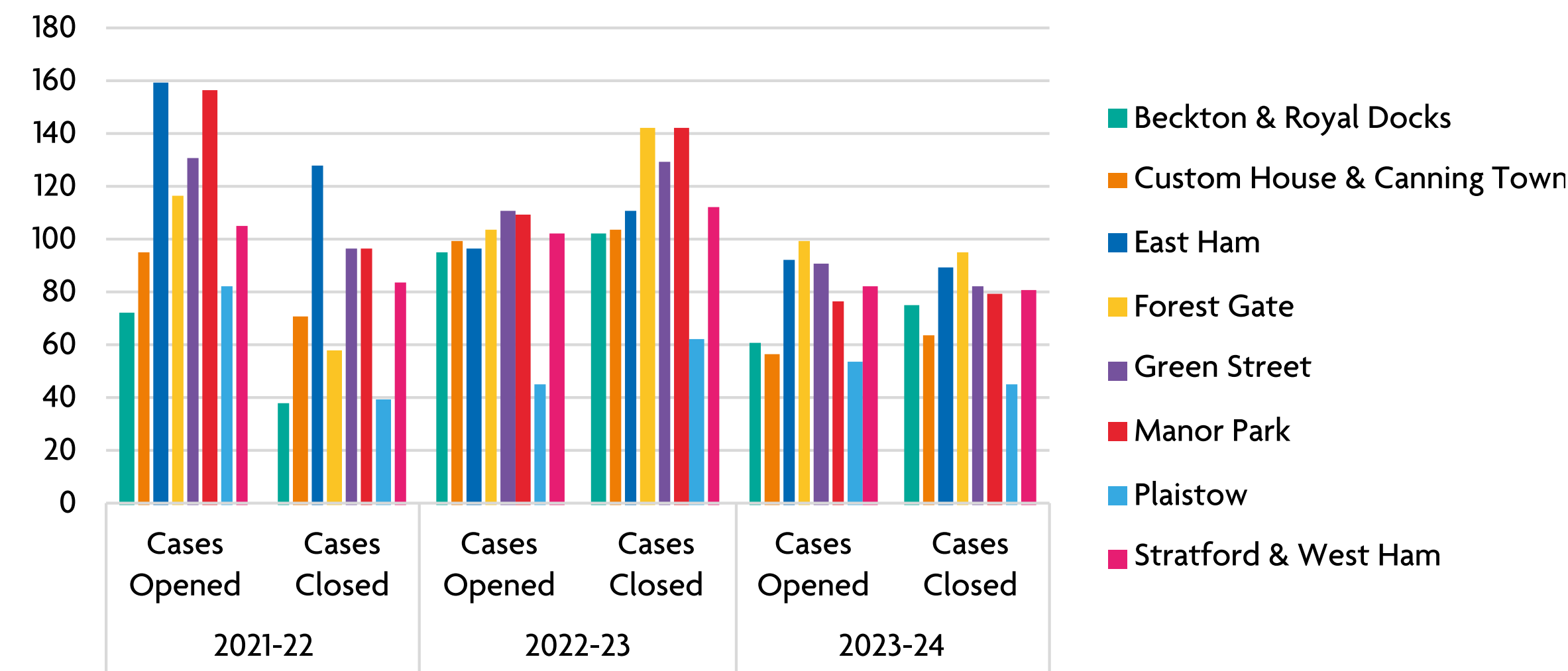
Figure 65: Total Attendances by Financial Year



Source: Childview Children’s Centre Manager (Childview CCM)

Best Start in Life (Children’s Centres)

Figure 66: Family Support Cases by Financial Year



Source: Childview Children’s Centre Manager (Childview CCM)

Local context for Newham

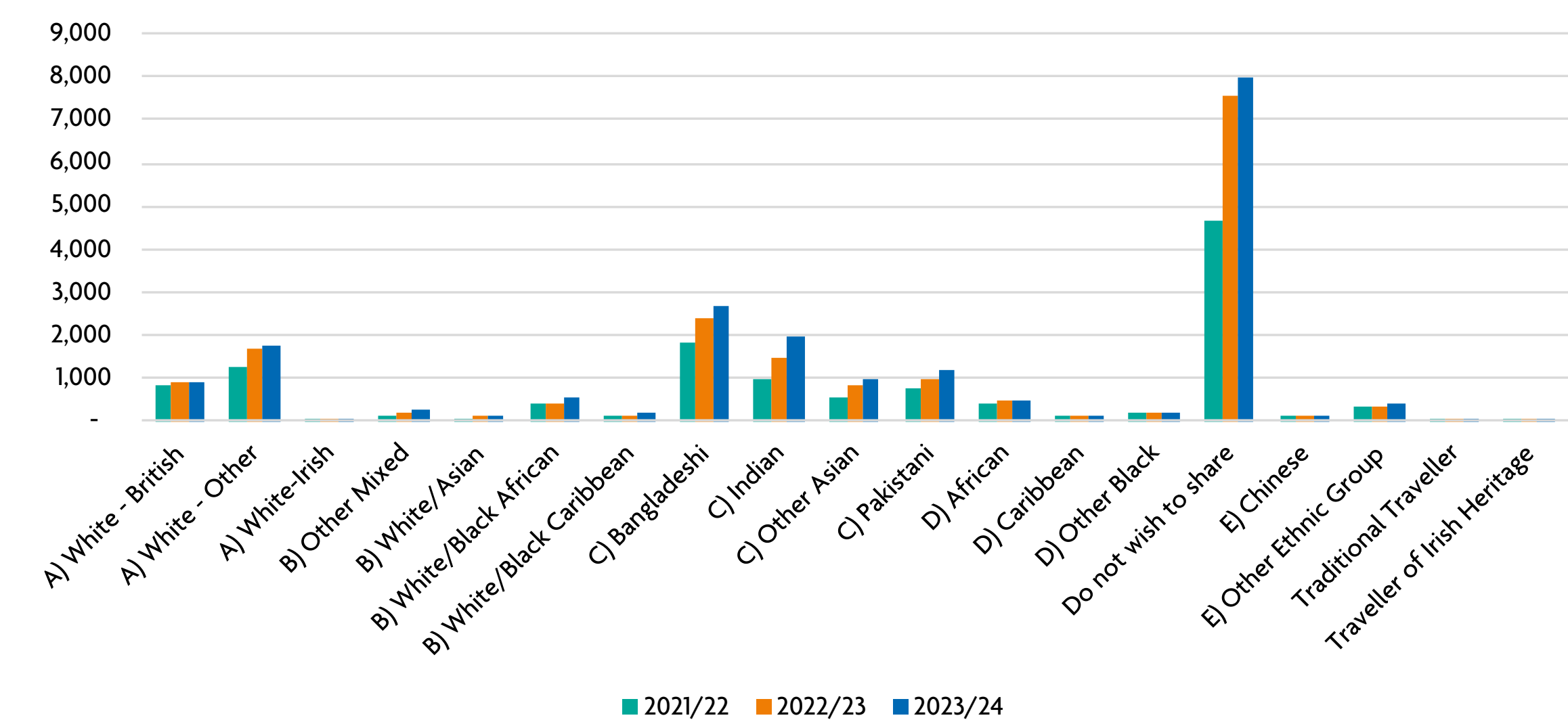
- There are currently 12 registered Children’s Centres in Newham, 11 of which are based on Maintained Nursery or Primary School sites, and 1 stand-alone site. These services are delivered by 9 different providers (Maintained Nursery or Primary Schools).
- There has been overlap between the Children’s Centre remit and the national Family Hubs agenda. Newham’s Children’s Centres are working together with LBN’s wider Early Help partnership to deliver services as part of the Family Hubs Network.
- The funded early year’s entitlements for working parents are being expanded. Currently a scheme for three and four year olds, from September 24, children from 9 months old will come into scope. It is anticipated that 2,500 children will be accessing funded childcare in this age range for the first time in 2024/25. This is likely to impact on the future demand for Children’s Centre services as more children are in Early Years provision.
- There are an increasing number of children being identified as having special educational needs within early years, rising from 854 in 2022/3 to 1,324 in 2023/24. We have also seen more children needing support with their speech and communication development since Covid. So while demand for universal provision may potentially decrease with the increase in childcare entitlement, rising needs may see a higher demand for universal plus provision.
- Due to financial challenges and reductions in staffing over the last few years, we have not been as able to provide crèche facilities for some sessions which has impacted on our offer over time.

Best Start in Life (Children’s Centres)

Inequalities

- Approx. 40% of service users choose not to share their ethnicity data with us, and over 50% choose not to share their religion with us, so inequalities data can be difficult to analyze.
- Where we do have ethnicity data shared us, our largest users remain consistent – Bangladeshi (21/22 – 13.8%, 22/23 – 13.2%, 23/24 – 13.4%), Indian (21/22 – 7.7%, 22/23 – 8.2%, 23/24 – 9.6%), and White British (21/22 – 9.8%, 22/23 – 9.1%, 23/24 – 8.7%).
- The service is utilised mostly by mothers, with dads being more likely to use services at weekends or during the holidays.

Figure 67: Ethnicity breakdown by Financial Year



Source: Childview Children’s Centre Manager (Childview CCM)

Best Start in Life (Children's Centres)



Time trend

See high-level data for attendance over time.

Forecasting future need

- The expansion of the funded early years entitlement means that more children from the age of 9 months are likely to enter early education settings. This in turn means that demand for children's centre services are likely to reduce as a result of more children enter provision and parents/carers may return to work.
- Within Early Help, we have seen a shift in needs over time, with family support referrals shifting towards older children and young people over the age of 5.
- The national Family Hubs programme recognized the need for support within the early years and built upon the work of children's centres as a national approach. With a change in government and Family Hubs funding currently ending in March 2025, we are currently unsure if this national programme will continue.
- Newham, alongside many other boroughs, is currently seeing a huge growth of families in temporary accommodation. If this trend continues, or families remain in temporary accommodation for prolonged periods of time, this could increase the demand for children's centre services as more families struggle to access appropriate play space and resources. Being in temporary accommodation may also be indicative of wider factors that families may require support with, which could increase the number of family support referrals in the future.

Strategic implications

- The Best Start in Life programme (Children's Centres) must continue to work closely with Early Help and Family Hubs in order to keep LBN's early help offer under review and maximize opportunities for integration and efficiency.
- To deliver on existing savings targets while maintaining and improving the consistency of the children's centre offer as much as possible.
- 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
- To continue to work locally with the voluntary and community sector to wrap around support for those families that are most in need

Why is this important?

- Early years is a crucial developmental period in a child's life. Attending high quality early years provision provides prepares children for success in later education by giving them the foundational skills for future learning. It particularly benefits their cognitive, social and emotional development, communication and language skills. Research has demonstrated that children who spend longer in early year's provision achieve better educational outcomes later on in life.
- Early education providers are regulated by the DfE, through adherence to the Early Years Foundation Stage (DfE,2024) and Education Inspection Framework (DfE,2024)
- Learning and development gaps start to appear before the age of 5, so participation in early education is encouraged through the funded entitlements offered by the Government.
- Early years education is delivered through play based learning, which provides a mixture of child initiated and adult guided learning. Through play children build their confidence, develop exploratory skills, learn to relate to others, set their own goals and learn to problem solve. The role of the adult is to facilitate play, thinking skills and increasing children knowledge and language.

High level data summary

- Newham has a young and ethnically diverse population, with over one-third of the population under 25 years old.
- 72% of our residents from Black, Asian and Ethnic Minority communities and over a hundred different languages spoken in our community.
- There are potentially 23,614 children that may require early year's early education and childcare.
- There are an increasing number of children being identified as having special educational needs within early years. With early notification rising from 854 in 2022/3 to 1,324 in 2023/24

Local context for Newham

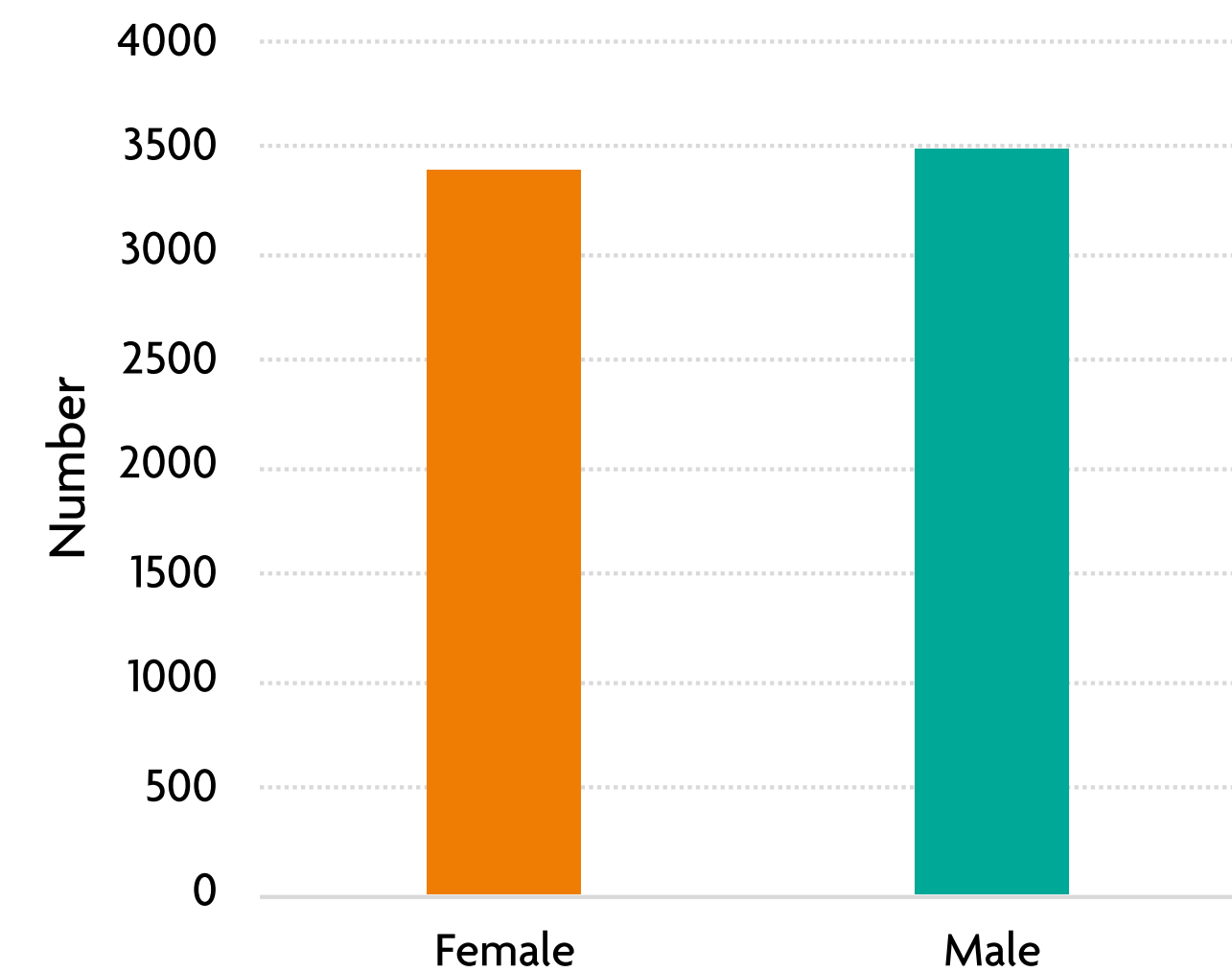
- There is a broad range of early year's provision across Newham. These include 133 child minder settings, 7 maintained nursery schools, 65 nursery units in school, 96 private nurseries.
- The OfSTED profile for providers a July 24 is as follows :
 - Child minder settings - 92% good & outstanding
 - MNS - 100% good & outstanding
 - Nursery in schools - 96% good & outstanding
 - PVI - 97% good & outstanding
- There are currently 27 CM and 14 PVI settings newly registered and awaiting inspection. They receive enhanced support from the LA's advisory team.
- Overall places across all providers, including both full time and part time, currently totals 10,509.
- The funded early year's entitlements for working parents are being expanded. The scheme was originally available for three and four year olds, was expanded to include 2 year olds in April 2024, and will be available for children from 9 months old . It is anticipated that 2,500 children will be accessing funded childcare in this age range for the first time in 2024/25.
- Overtime data is demonstrating an increase in the number of children with special educational needs and disability in the early year's sector. All settings are inclusive and access support via the area SENCO team requested via early notification.

- We are engaged in the national wraparound childcare programme, part of the DfE childcare reforms, with the ambition that by 2026, all parents and carers of primary school-aged children who need it will be able to access term time childcare in their local area from 8am-6pm, so that parents can access employment and improve labour market participation.
- At the time of the 2023/24CSA, there were 189 recorded providers of childcare for school age children during term time with 3,062 recorded breakfast club places. We are currently engaged with providers in expanding provision to ensure the above target is met.

Inequalities

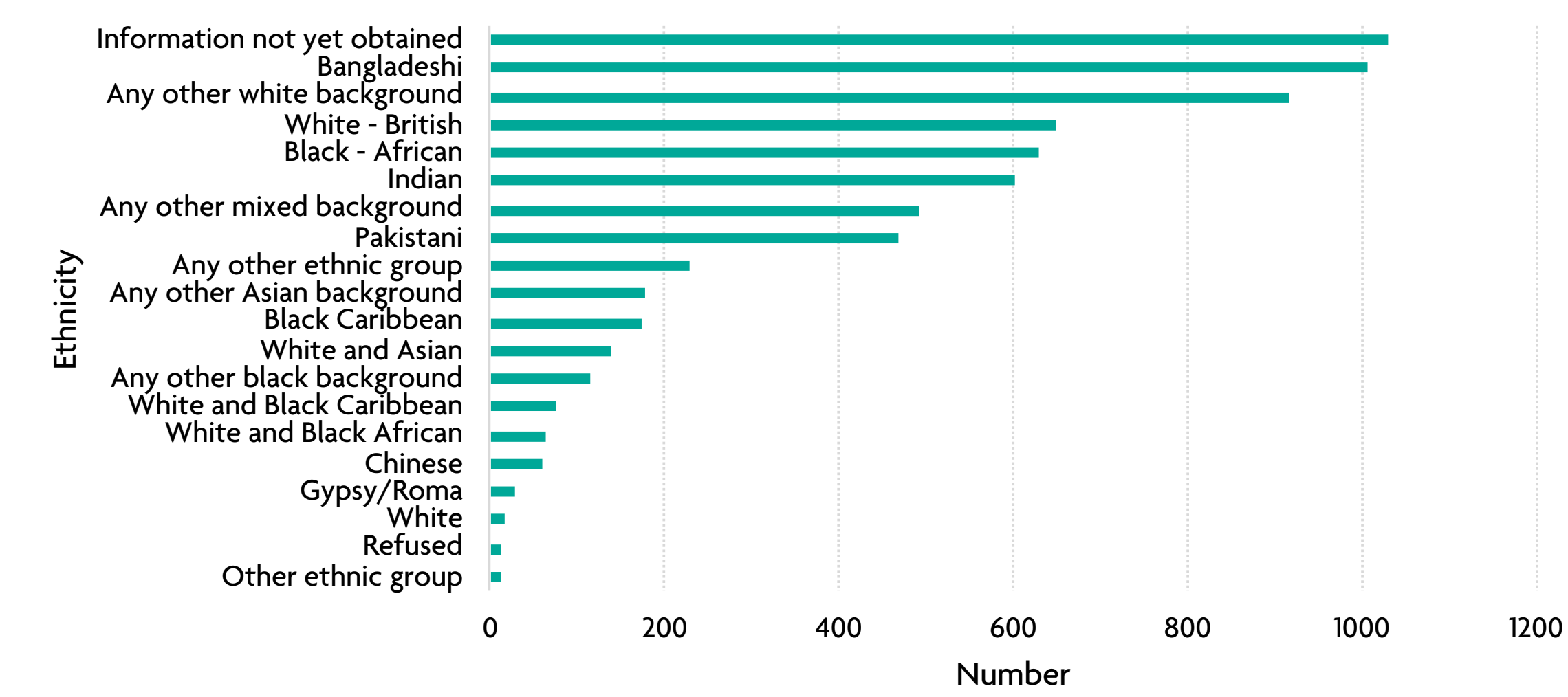
- Lack of childcare availability due to demand
- 2 year entitlement for vulnerable children may be impacted by the implementation of the 30 hours for working families.
- Provision for children with SEND does not meet their needs.

Figure 68: Pupils by gender



Source:

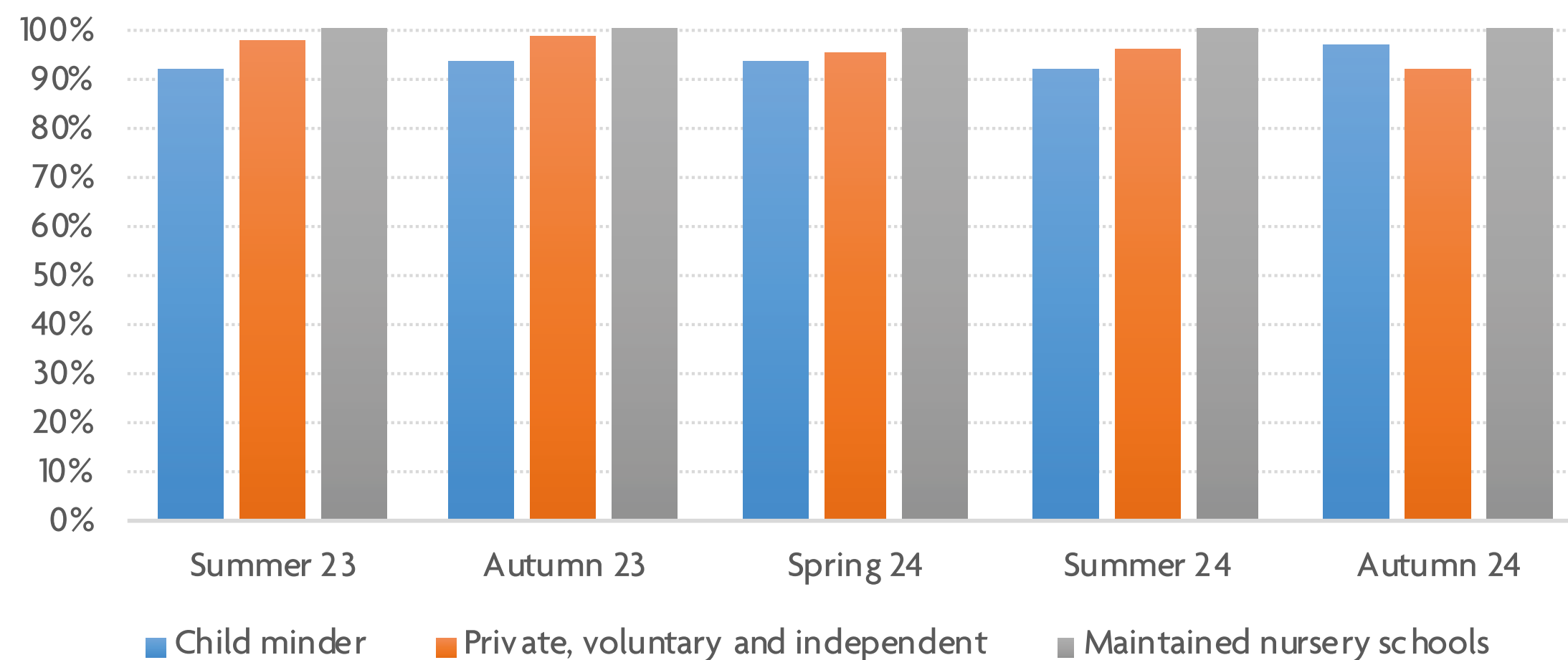
Figure 69: Pupils by ethnicity - Autumn 2024



Source:

Time trend

Figure 70: OfSTED profile overtime Good or outstanding



Source:

Forecasting future need

- The funded early year's entitlement for working parents will generate demand for an anticipated 2,500 children who will be accessing funded childcare 2024/25. Whilst we have sufficient places for the current demand, from September 2025, all children of working parents will be entitled to 30 hours of provision. This will effectively cut the places on offer by half. At that point, we expect a significant increase in demand.
- The number of children aged between 0-4 is projected to increase by 7.2% by 2028 and by 13.8% by 2033
- The number of children being identified with SEND is expected to continue to increase

Strategic implications

- Completion of the Annual Childcare sufficiency assessment and delivery of the implementation plan to address gaps
- Planned monitoring of demand and preparation to support place creation where needed.
- Clear communication of the funded entitlements for parents, health and early help colleagues.
- Ongoing review of SEND profile in early years and working across agency to ensure a cohesive offer of support. Response to gaps in provision of need of the workforce.
- Review and delivery of the Quality improvement strategy to ensure OfSTED profile remains at least 90% good or outstanding.
- Respond to the changes in early years provision suggested by the new Labour government.

Early Years Nutrition award scheme and Healthy Early Years London (HEYL) award scheme

Why is this so important?

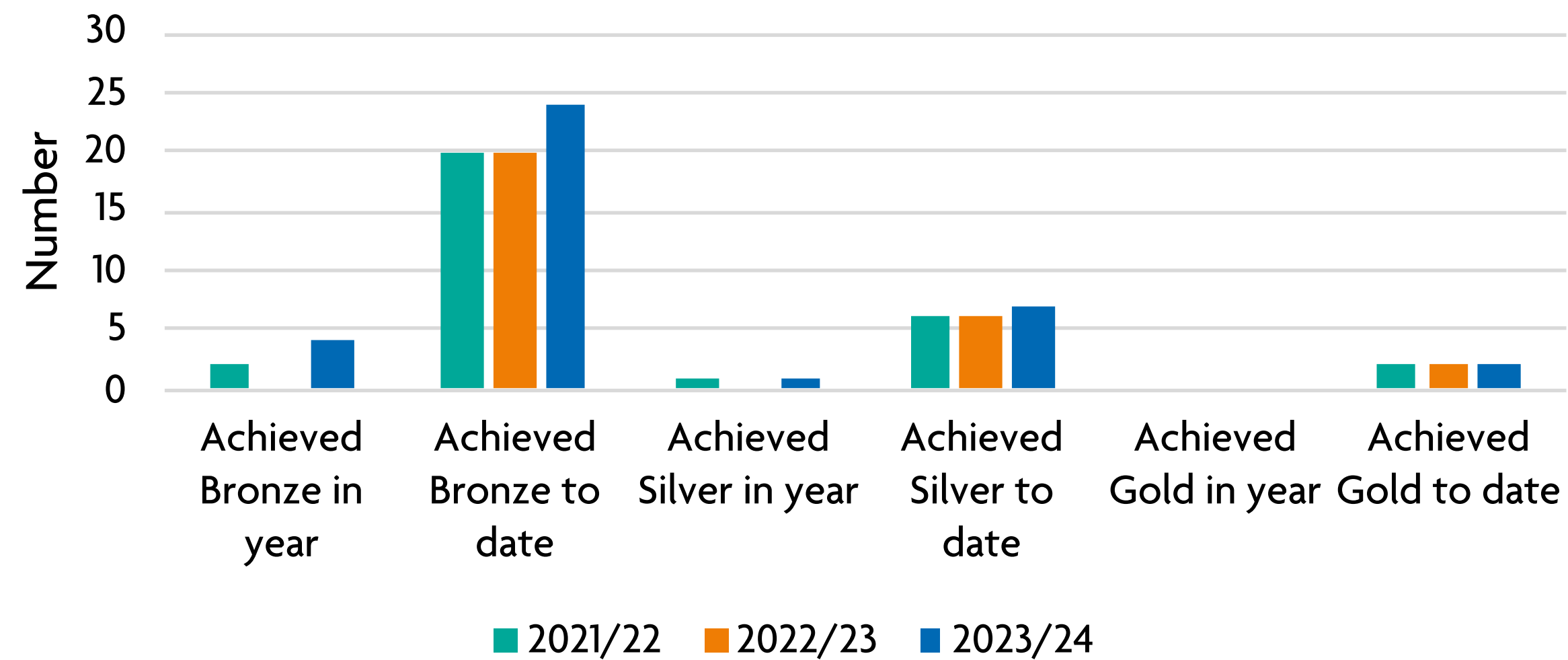
- Early years is a crucial developmental period in a child's life. Attending high quality early years provision provides prepares children for success in later education by giving them the foundational skills for future learning. It particularly benefits their cognitive, social and emotional development, communication and language skills. Research has demonstrated that children who spend longer in early year's provision achieve better educational outcomes later on in life.
- The Mayor of London has recognised the importance of early years and has a Healthy Early Years London (HEYL) award scheme to support and recognise good practice. This London-wide scheme is based partly on Newham's own local Early Years Nutrition award scheme. Any Newham Early Years setting that completes our own award, can simply re-submit the same evidence for the Nutrition element of the London scheme.
- The Early Years Nutrition award scheme is built into LBN's Pathway to Quality which is how we support Newham's Early Years providers to be deliver high-quality provision.

High level data summary

- Newham has a young and ethnically diverse population, with over one-third of the population under 25 years old.
- 72% of our residents from Black, Asian and Ethnic Minority communities and over a hundred different languages spoken on our streets.
- 32 Early Years settings in Newham have registered with the London Mayor's HEYL scheme and 18 had achieved First Steps. The scheme is changing and First Steps will no longer have to be completed from September 2024, with the scheme changing to just Bronze, Silver and Gold.
- The currently maintained Early Years Nutrition award scheme has 5 Bronze settings, 1 Silver setting and 1 Gold setting. Historic achievements are higher, but the award has to be regularly maintained to ensure settings continue high-quality delivery after achieving an award (24 Bronze, 7 Silver, 2 Gold).

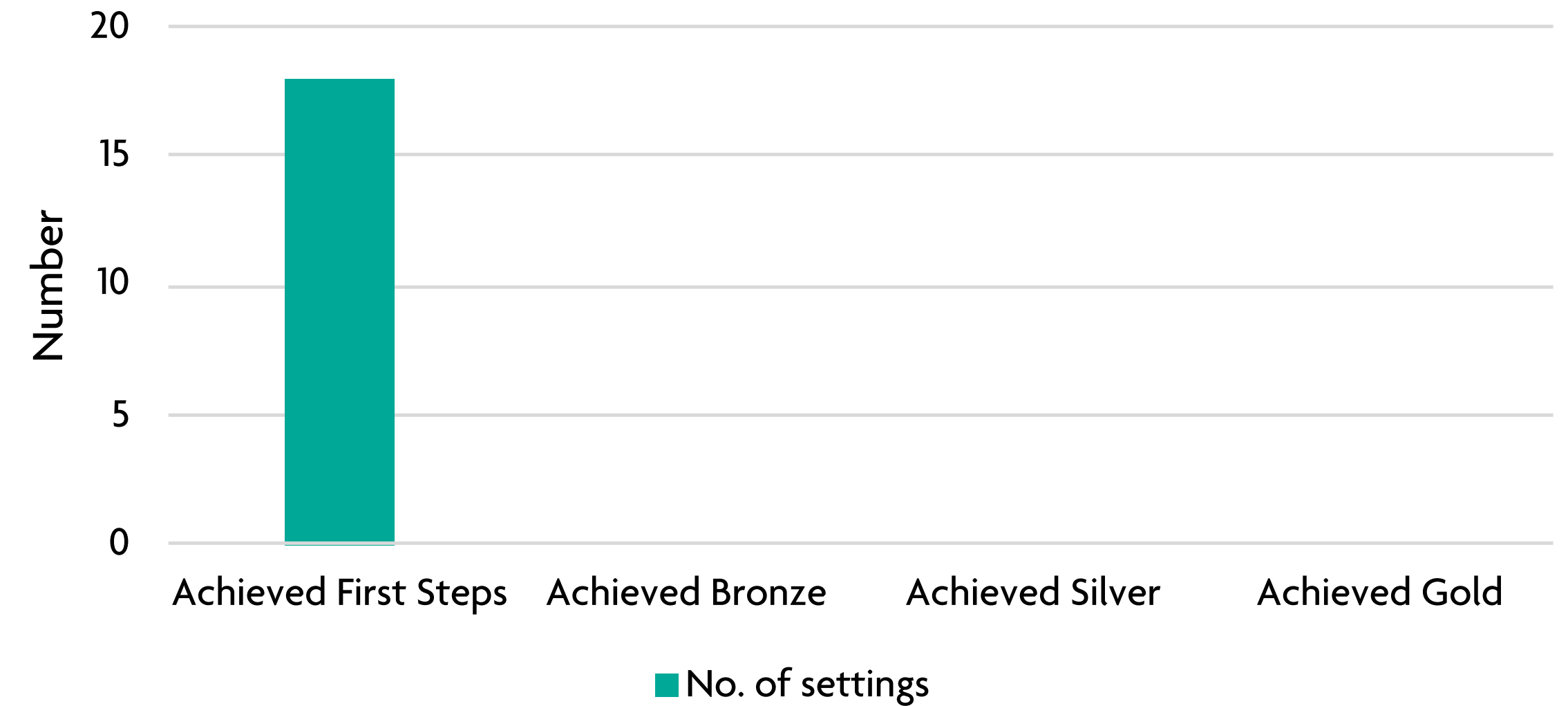
Early Years Nutrition award scheme and Healthy Early Years London (HEYL) award scheme

Figure 71: Early Years Nutrition award scheme by Financial Year



Source: Early Start Group monitoring data

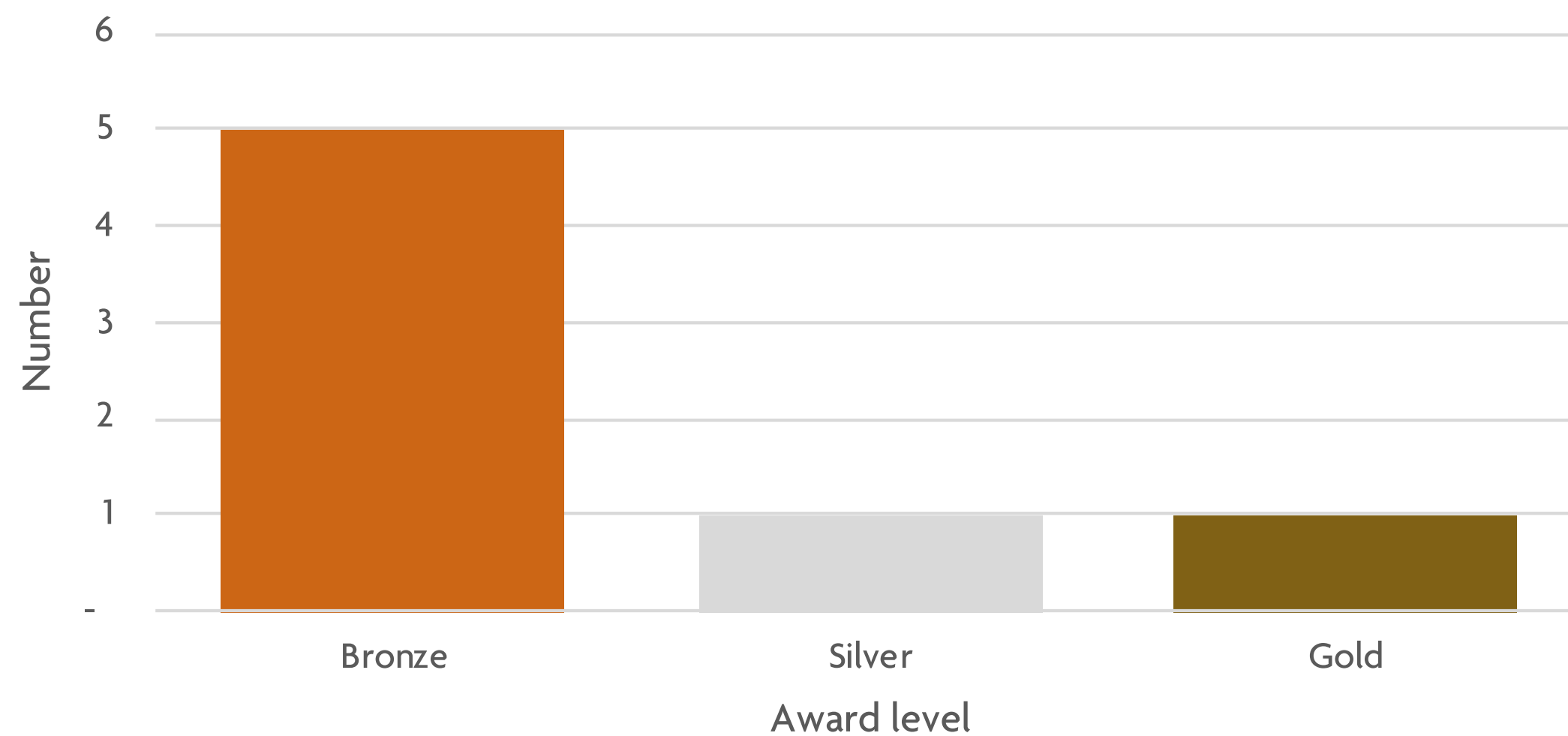
Figure 72: Healthy Early Years London award scheme



Source: Early Start Group monitoring data

Early Years Nutrition award scheme and Healthy Early Years London (HEYL) award scheme

Figure 73: Early years nutrition award - currently maintained



Source: Healthy Early Years London | London City Hall

Local context for Newham

- Newham has a young and ethnically diverse population, with over one-third of the population under 25 years old.
- There are potentially 23,614 children that may require early year's early education and childcare.
- The number of children aged between 0-4 is projected to increase by 7.2% by 2028 and by 13.8% by 2033
- LBN's Early Years Nutrition award scheme has been trying to align with the re-launch of the HEYL award scheme, but there has been significant delay in waiting for the London scheme to be re-designed.
- LBN's Early Years Nutrition award scheme is valid for one year once settings have achieved Bronze or Silver, with the expectation that they apply for the next level within that year. Gold awards are valid for three years, after which settings have to re-submit evidence to show they still meet the award criteria.
- LBN's Early Years Nutrition award scheme was not heavily promoted during 2022/23 and work focused on supporting already engaged settings, this was due to long delays in the re-launch of the London Mayor's HEYL scheme and trying to align the two schemes.
- Many settings that have achieved awards under LBN's Early Years Nutrition award scheme have since closed or allowed those awards to lapse, so there is currently a significant difference between those that have historically achieved an award and those that are currently maintaining an award.

Early Years Nutrition award scheme and Healthy Early Years London (HEYL) award scheme



Inequalities

This service provides training and support to early years settings, so we do not have any inequalities data to analyse.

Time trend

See high-level data for Early Years Nutrition Award over time.

Forecasting future need

- The expansion of the funded early years entitlement means that more children from the age of 9 months are likely to enter early education settings. Depending on how many parents choose to take up the entitlement from 9 months, we may see an increase in the number of early years setting within Newham.
- As more children are now eligible for funded childcare and from an earlier age, it will be increasingly vital that early years settings are supported to delivery high quality nutrition support and advice to children and families.

Strategic implications

- With the London Mayor's HEYL scheme having soft-launched some changes and formally re-launching their scheme in September 2025, it is vital that LBN continue to support the shaping of the HEYL scheme to assure alignment.
- LBN have been delaying strongly promoting the local Healthy Years Nutrition scheme, but following multiple delays to the HEYL relaunch, we now need to start really promoting the local scheme with providers to increase uptake.

Why is this important?

Children are defined as having a good level of development (GLD) at the end of the EYFS if they have achieved the expected levels for the early learning goals (ELGs) in the prime areas, and in the specific area of math and literacy. This helps us to understand broadly, what a child can do in relation to national expectations.

The main purpose of the EYFS profile assessment is to support successful transitions to year 1 by informing the professional dialogue between EYFS and the year 1 teachers and support them to plan the year 1 curriculum at the start of the new academic year. It is also useful for parents and/or carers to know about their child's development.

Therefore, it is really crucial that children and families have access to early years' service such as Children centre stay and play sessions, Family Hub services and good quality pre-school education via our private, voluntary and independent nurseries, nursery units in schools and childminder settings. This will help support their learning and development in all areas, from an early age.

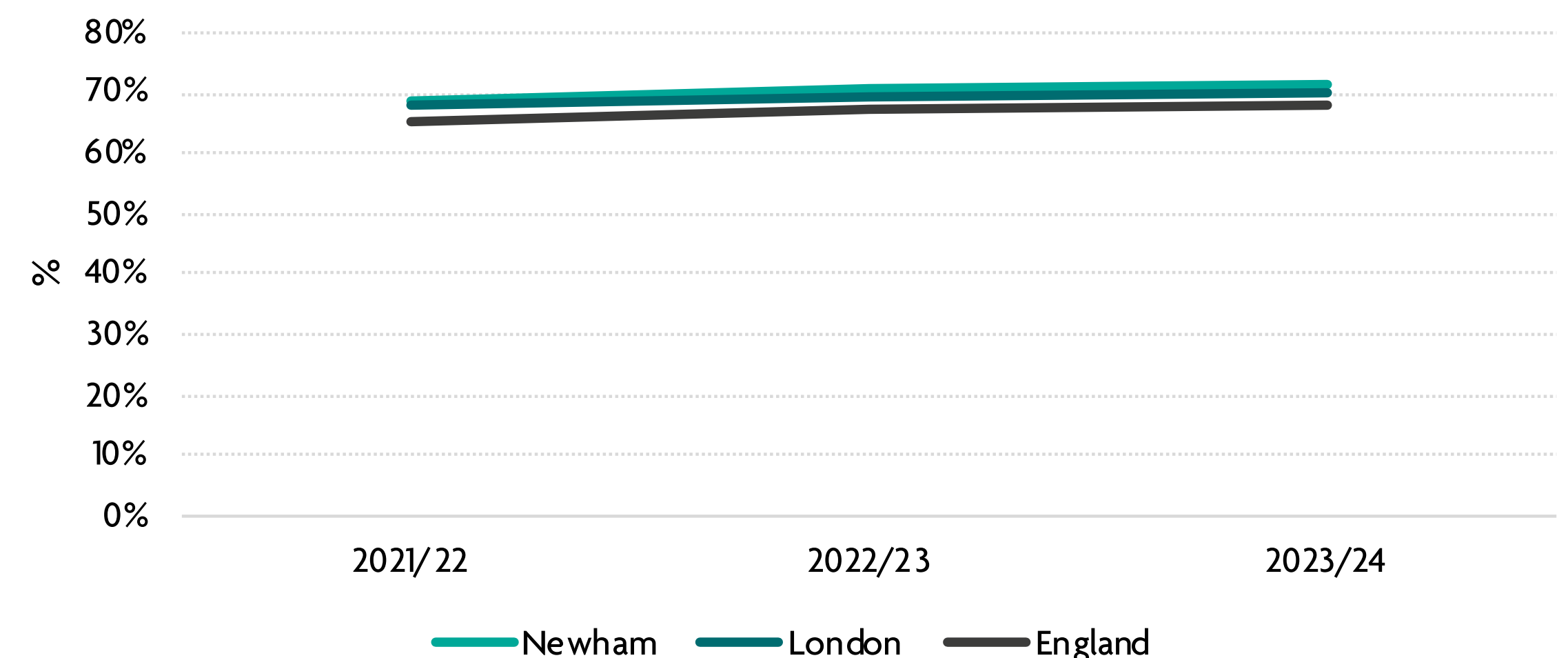
In summary, a strong foundation in early year's development sets the stage for future educational success and well-rounded growth of the child.

High level data summary

Early Years Foundation Stage (Aged 5) (Note: new assessment arrangements came into effect in 2021-22 which are therefore not comparable with previous years):

- 71% of pupils achieved a good level of development in 2023-24.
- Newham consistently outperforms London and national averages on this measure.

Figure 74: EYFSR: Males and females achieving a good level of development

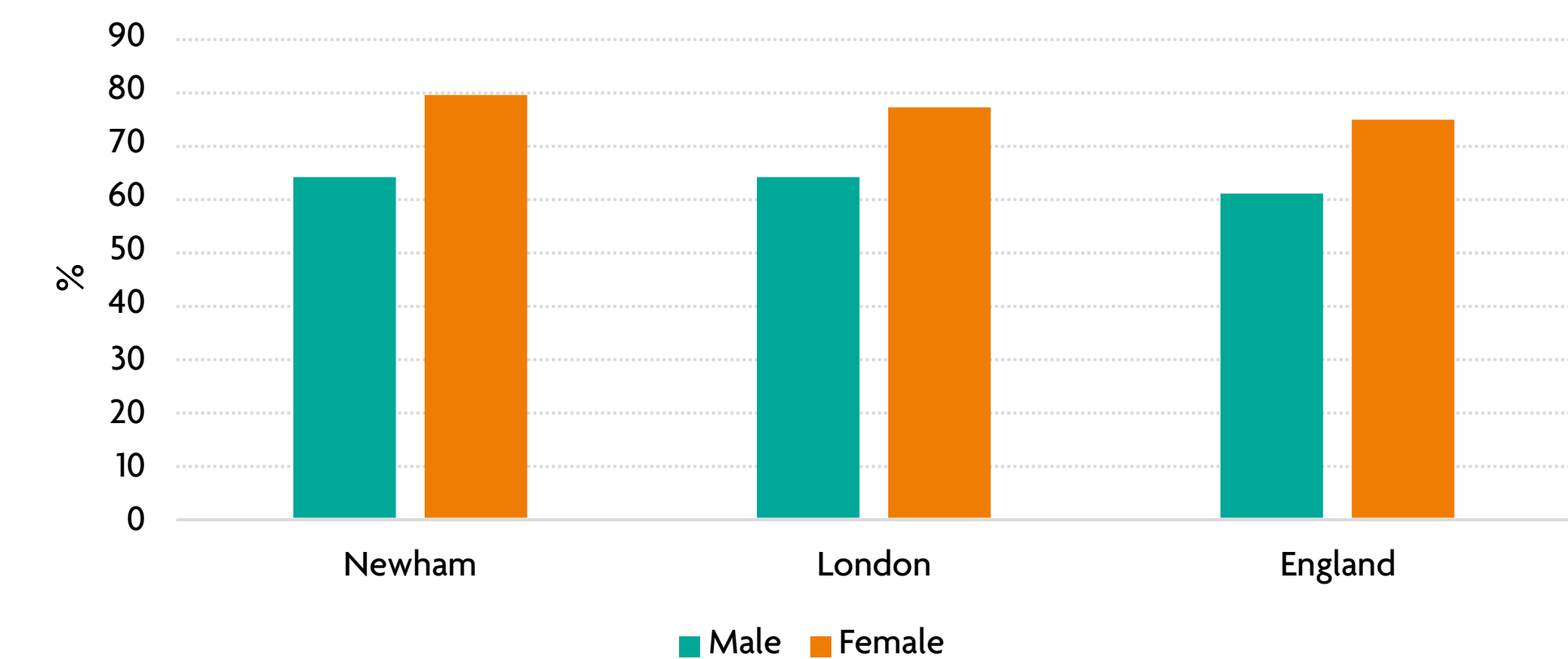


Source: Early years foundation stage profile results, Academic year 2023/24 - Explore education statistics - GOV.UK

Inequalities

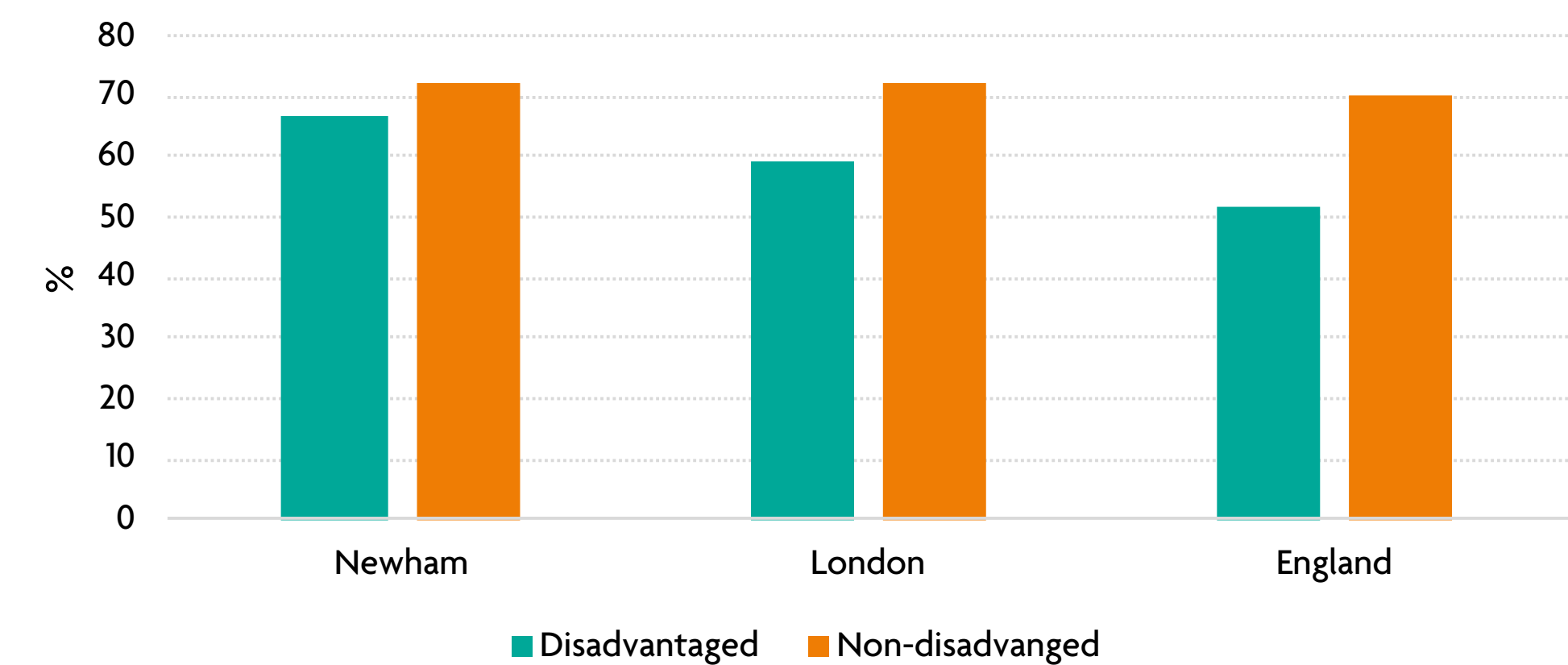
- Sex: differences between males and females in 2023/24 are slightly greater than across London and England (Figure 75)
- Disadvantage: differences between pupils classified as disadvantaged (defined as being entitled to free school meals at any point during the previous 6 years) and others is significantly lower in Newham than elsewhere, principally due to the high levels of attainment of disadvantaged pupils. (Figure 76)
- Ethnicity (Figure 77)

Figure 75: EYFSR: Males and females achieving a good level of development, 2023-24



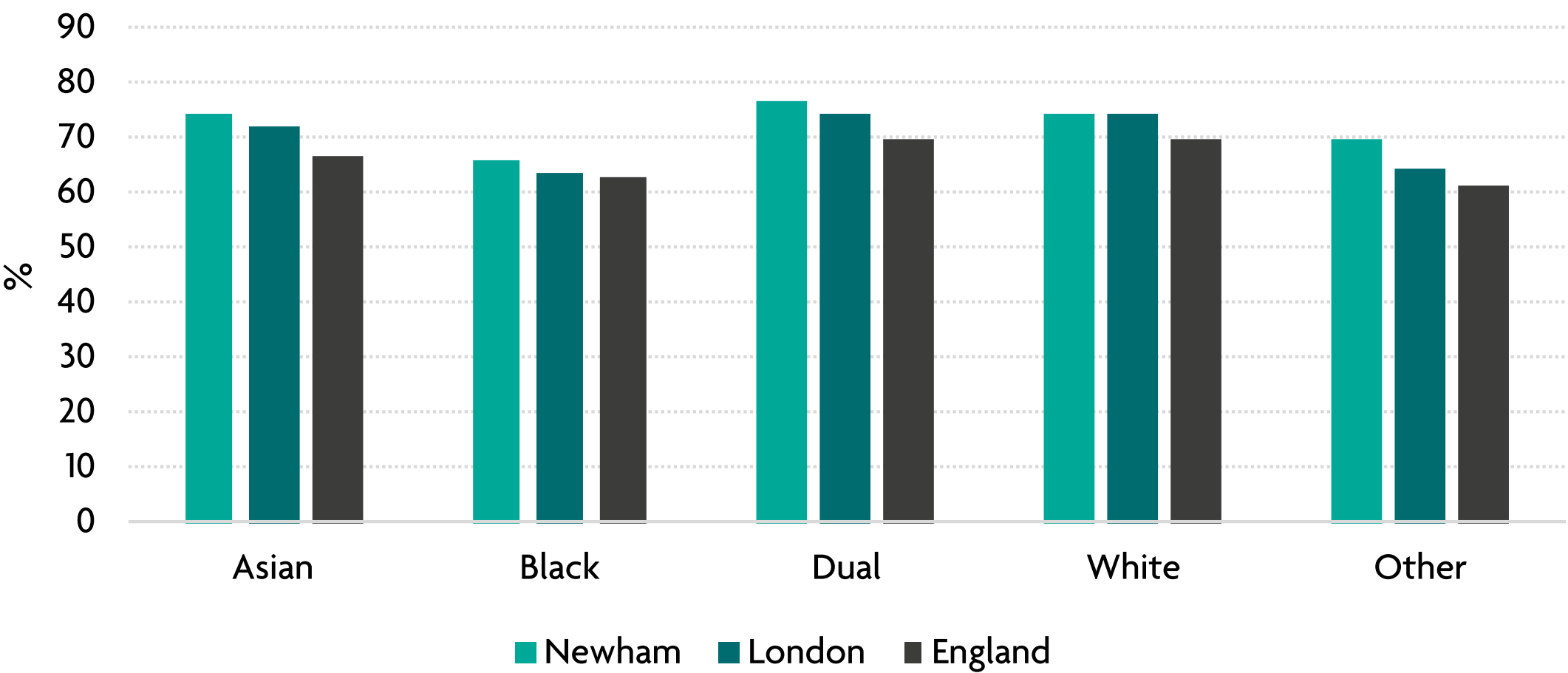
Source: Early years foundation stage profile results (2023-24)

Figure 76: EYFSR: Advantaged and non-disadvantaged achieving a good level of development, 2023-24



Source: Early years foundation stage profile results (2023-24)

Figure 77: EYFSR: Major ethnic groups achieving a good level of development, 2023-24



Source: Early years foundation stage profile results (2023-24)

Figure 78:

Figure 79:

Strategic implications

- Continue to work inter professionally with Health and early help colleagues in all aspects of the early years offer, through children’s centers, Family Hubs and particularly in relation to SEND.
- Continue to focus on the early acquisition of speech, language and communication skills for all children under 5.
- Continue to focus on the quality of preschool education particularly with regard to early literacy and math, as defined in Labour’s child poverty strategy, 2024.
- Continue to support the delivery of all funded entitlement for working parents and those for families of disadvantage, ensuring there are sufficient place for those that need early year’s provision.

Why is this so important?

- Infant mortality is an indicator of the general health of a population
- Furthermore research undertaken by the national Child Mortality Database which has been collecting data on child deaths since 2019 has found that:
 - 42% of deaths occur in the period 0-28 days – in Newham this tends to be higher
 - Children who are admitted to neonatal units continue to have higher risk of death than others throughout their next ten years, with 63% having an identifiable perinatal condition listed as a cause, or contributor to their deaths, the most common being prematurity and congenital abnormalities
 - Children with evidence of neonatal illness had increased risks of death from a range of causes including infections and SUDIC (Sudden unexpected Death in Infants/children)
 - The research states “This new evidence suggests that improvements to perinatal health and preterm births as well as a focus on reducing brain injury around birth could improve child health in the future”
- 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

- Perinatal events such as prematurity or congenital anomalies increases the risk of child death in under 10 year olds
- Reducing infant mortality overall and closing the gap between the richest and poorest groups are part of the Government’s strategy for Public Health
- Sudden Unexpected Deaths in Infants (SUDI) have been found to have modifiable factors such as smoking and unsafe sleeping practice. These deaths are potentially preventable and therefore clear strategies for reducing modifiable factors and preventing child death need to be in place.

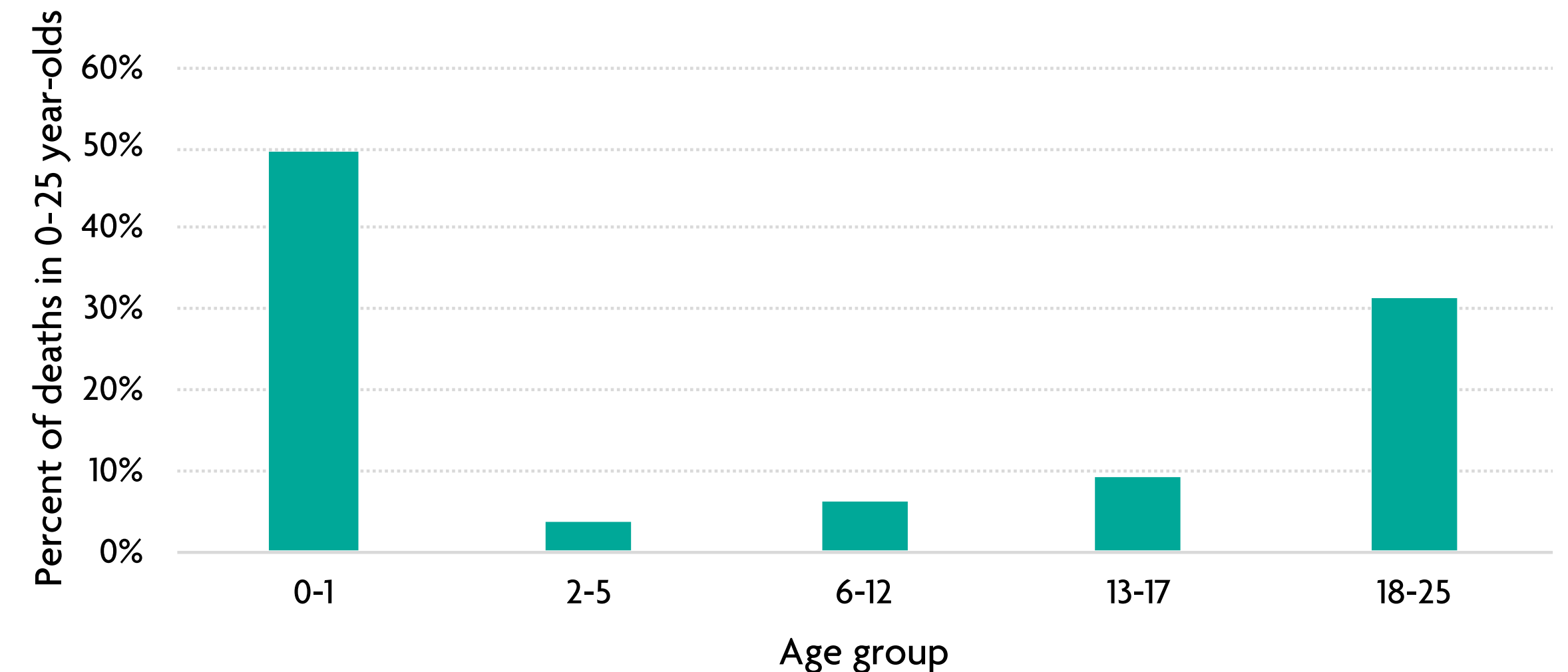
Source: “The contribution of newborn health to child mortality across England” – National Child Mortality Database, July 2022 (Newborn health and child mortality | NCMD)

Data source for * = Public Health England

Local context for Newham

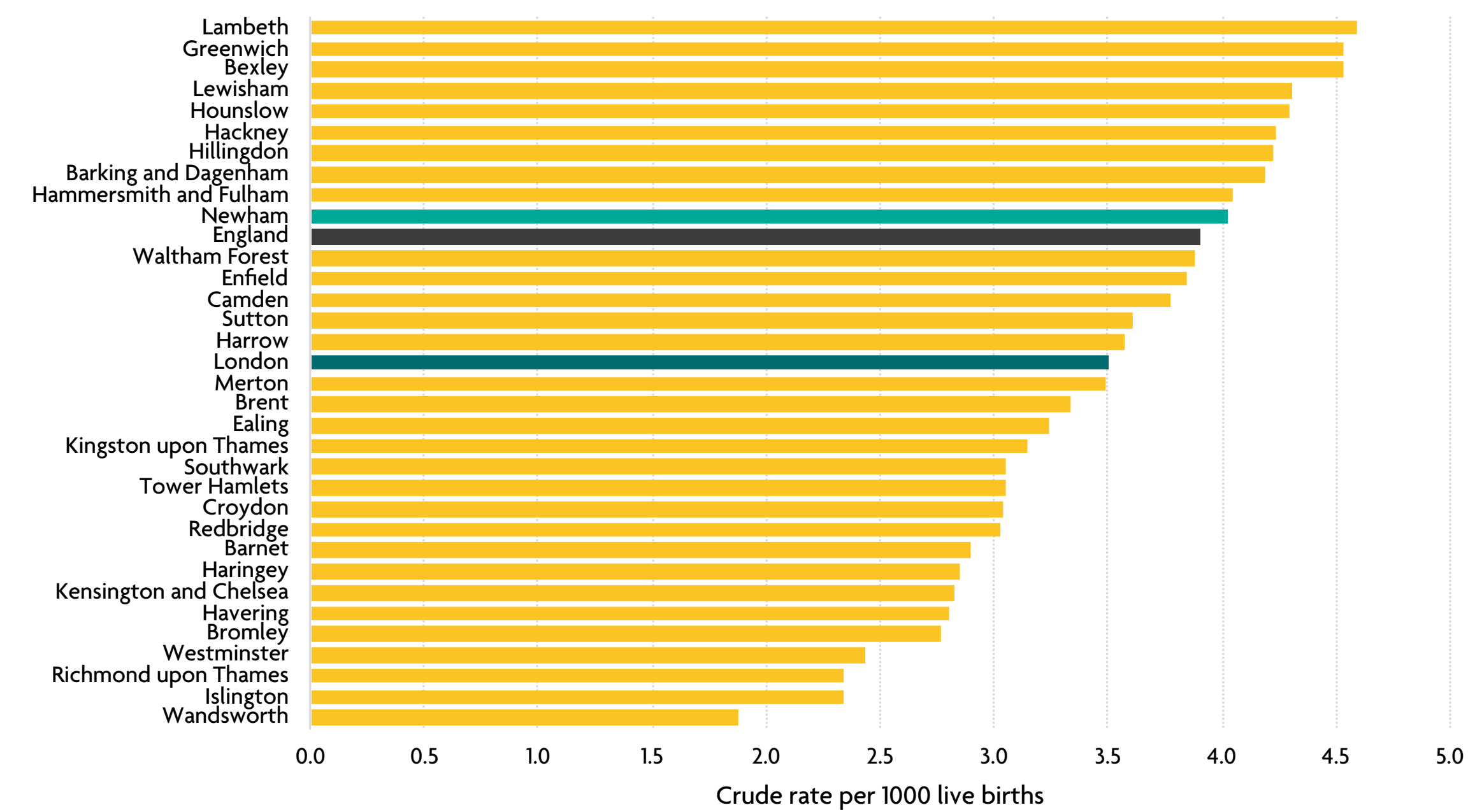
- Deaths due to SUDI (SIDS) have modifiable factors associated with vulnerabilities such as poor housing, low birth weight, smoking, domestic abuse and being known to police
- Unsafe sleeping practice was a factor in over 80% of SUDI according to local data in North East London
- Currently there are projects to raise awareness of the risk factors associated with SUDI with all professionals and persons that come into contact with young babies from midwives and health visitors to social workers, early years staff, childminders, foster carers, police and fire brigades
- Mortality amongst infants 0-1 years accounted for 48% (n=111) in babies, children and young people aged 0-25 from 2019-2023
- The main cause of death for 0-1 year olds is “Perinatal conditions”, accounting for a third of deaths. This includes prematurity, sepsis and organ failure
- Congenital anomalies account for 19% of deaths, including sudden cardiac death, congenital heart disease and chromosomal abnormalities Source: Primary Care Mortality Data, NHS England
- 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)
- Infant mortality - Newham was not significantly higher or lower than London or England in 2020-2022

Figure 80: Mortality in babies, children and young people by age group (Newham resident), 2019-2023



Source: Primary Care Mortality Data

Figure 81: Infant mortality 2020-2022

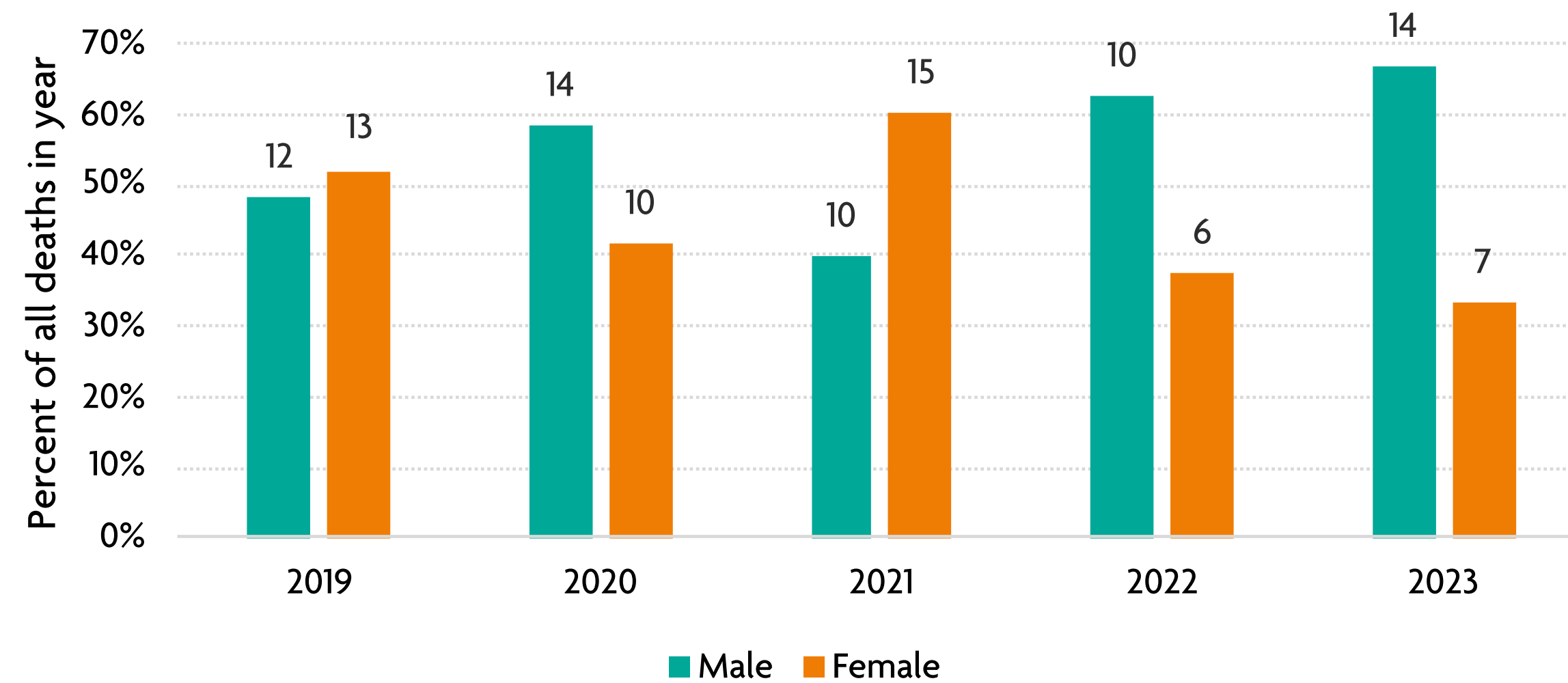


Source: Office for Health Improvement and Disparities (based on Office for National Statistics source data)

Inequalities

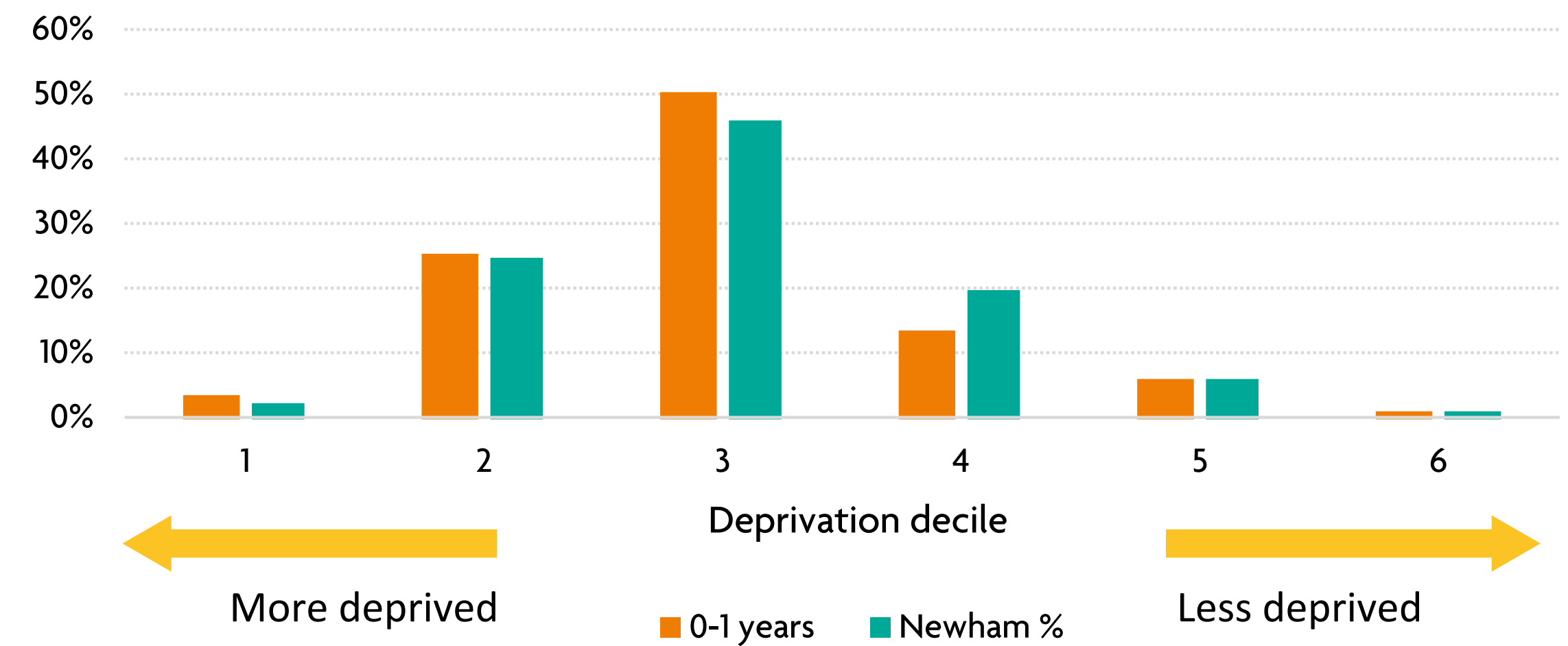
- There is the link between social deprivation and poverty overall (National Child Mortality Database 2022, “What is the relationship between deprivation, modifiable factors and childhood deaths?” Deprivation, modifiable factors and childhood deaths (ncmd.info)
- Out of the 111 deaths recorded in 0-1 year olds from 2019-2023, 54% (n=60) were male and 46%(n=51) were female
- Ethnicity is not recorded in Primary Care Mortality data, the country of birth was the UK for a majority of deaths
- The highest proportion of deaths in 0-1 year-olds were in deprivation decile 3 – where a majority of Newham residents lie. Mortality is proportionally higher than the Newham population in deprivation decile 3
- Research from the National Child Mortality Database shows that infants of non-white ethnicity are at a higher risk of child mortality than their white counterparts (Taken from “Race and ethnicity, deprivation and infant mortality in England, 2019-2022 (JAMA) – National Child Mortality Database (Race and Ethnicity, Deprivation, and Infant Mortality in England (ncmd.info))

Figure 82: Mortality in 0-1 year-olds by gender - Newham resident



Source: Primary Care Mortality Data

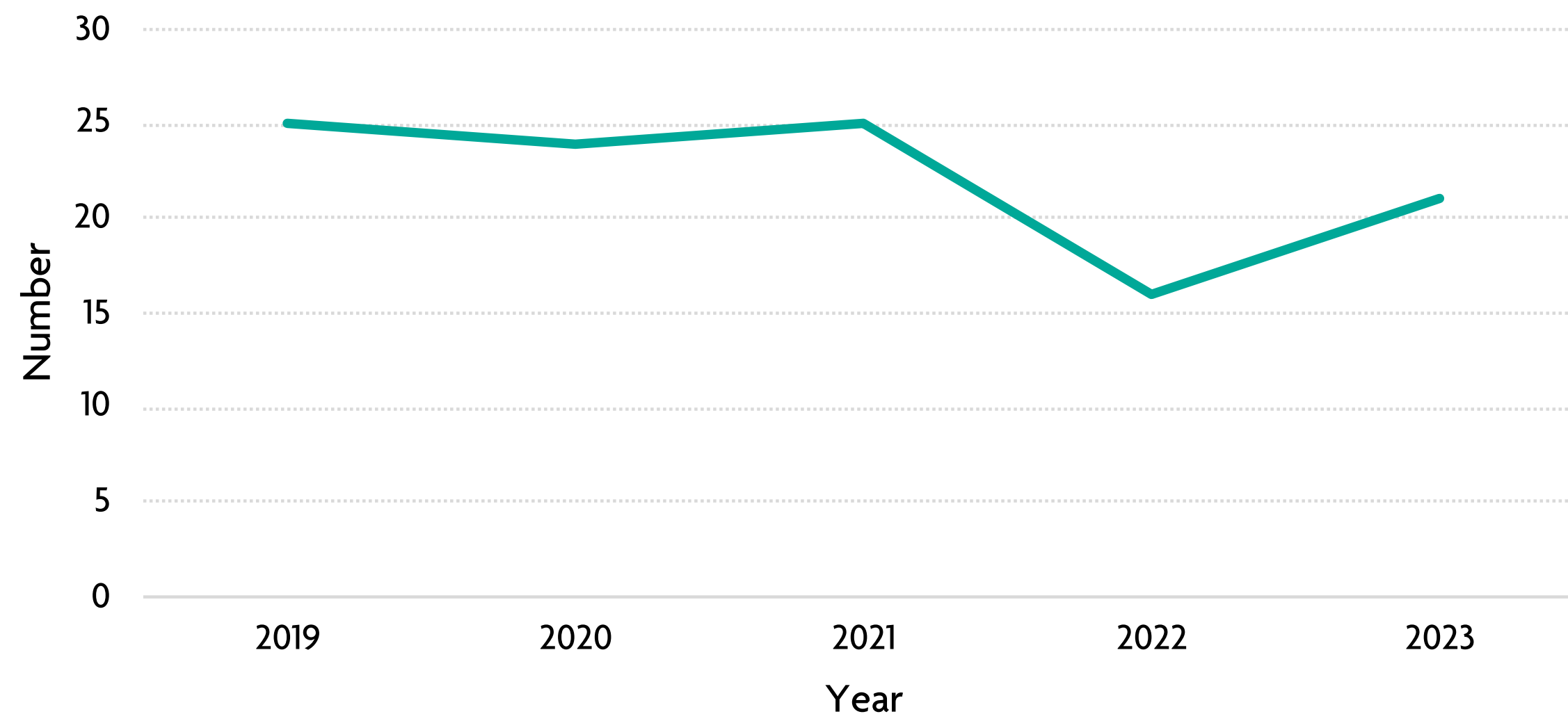
Figure 83: Mortality in 0-1 year olds by deprivation decile 2019-2023



Source: Primary Care Mortality Data

Time trend

Figure 84: Mortality in 0-1 year olds



Source: Primary Care Mortality Data

Forecasting future need

- Management of 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 stillbirth
- Following Ockenden Latest Document 3 year delivery plan NHS England » Three year delivery plan for maternity and neonatal services
- Listening to and working with women and families, with compassion
- Growing, retaining, and supporting our workforce
- Developing and sustaining a culture of safety, learning, and support
- Standards and structures that underpin safer, more personalised, and more equitable care.



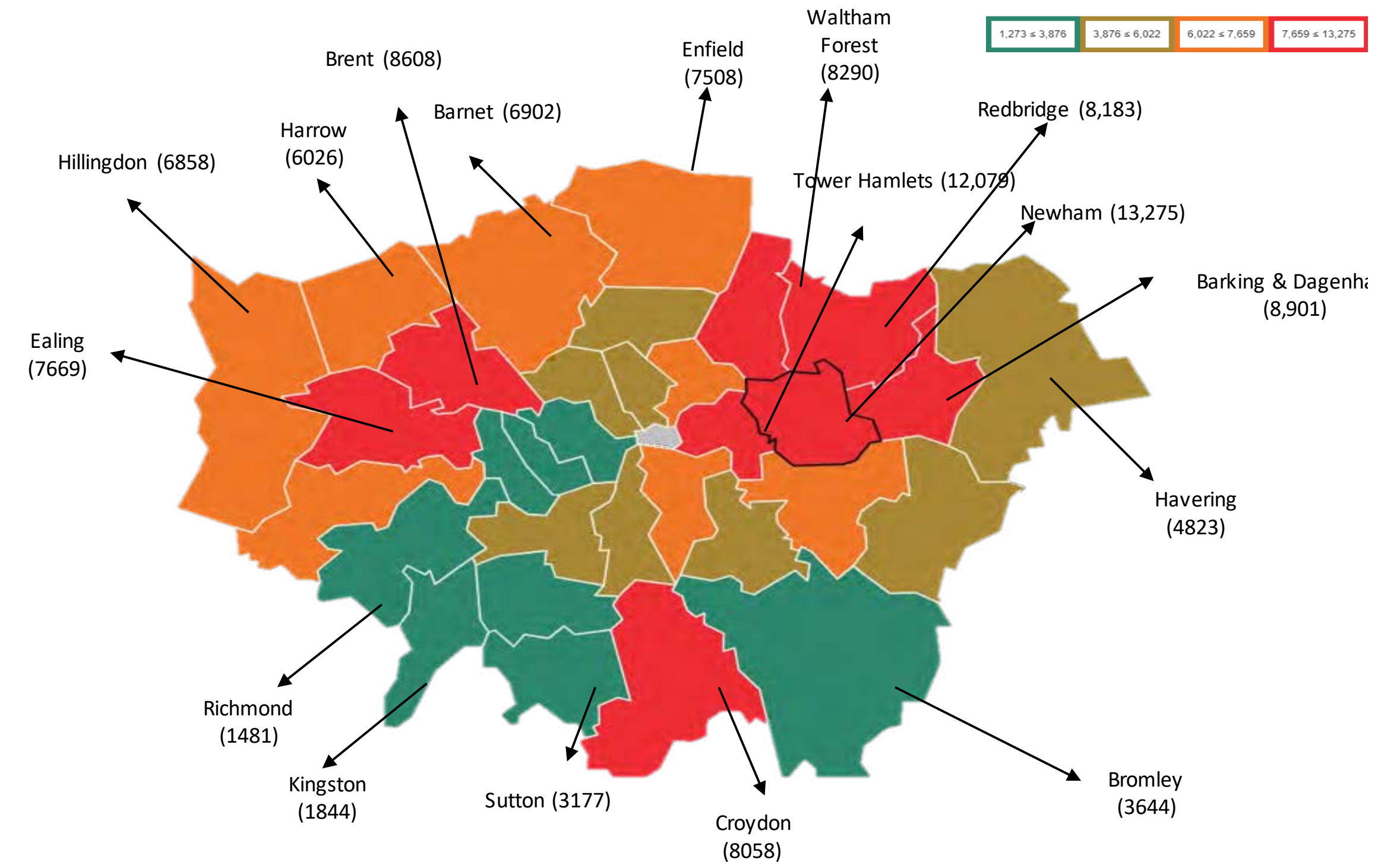
Family Support

Summary	91	Physical Activity	147
Childhood poverty	92	Housing - overcrowding	150
Early Help Services	99	Housing - The impact of temporary accommodation on babies, children and young people	152
Parenting Interventions	112	Housing - Damp and mould	155
Safeguarding: Referrals to Children's Social Care	118	Consanguinity	157
Safeguarding - Assessments	123	Refugee and Asylum seeking children health and wellbeing	161
Safeguarding – contacts to MASH	128	Home Learning Environment	165
Safeguarding - Child Protection Plans	134		
Domestic abuse	139		
Urgent & emergency care attendance	143		

Why is this so important?

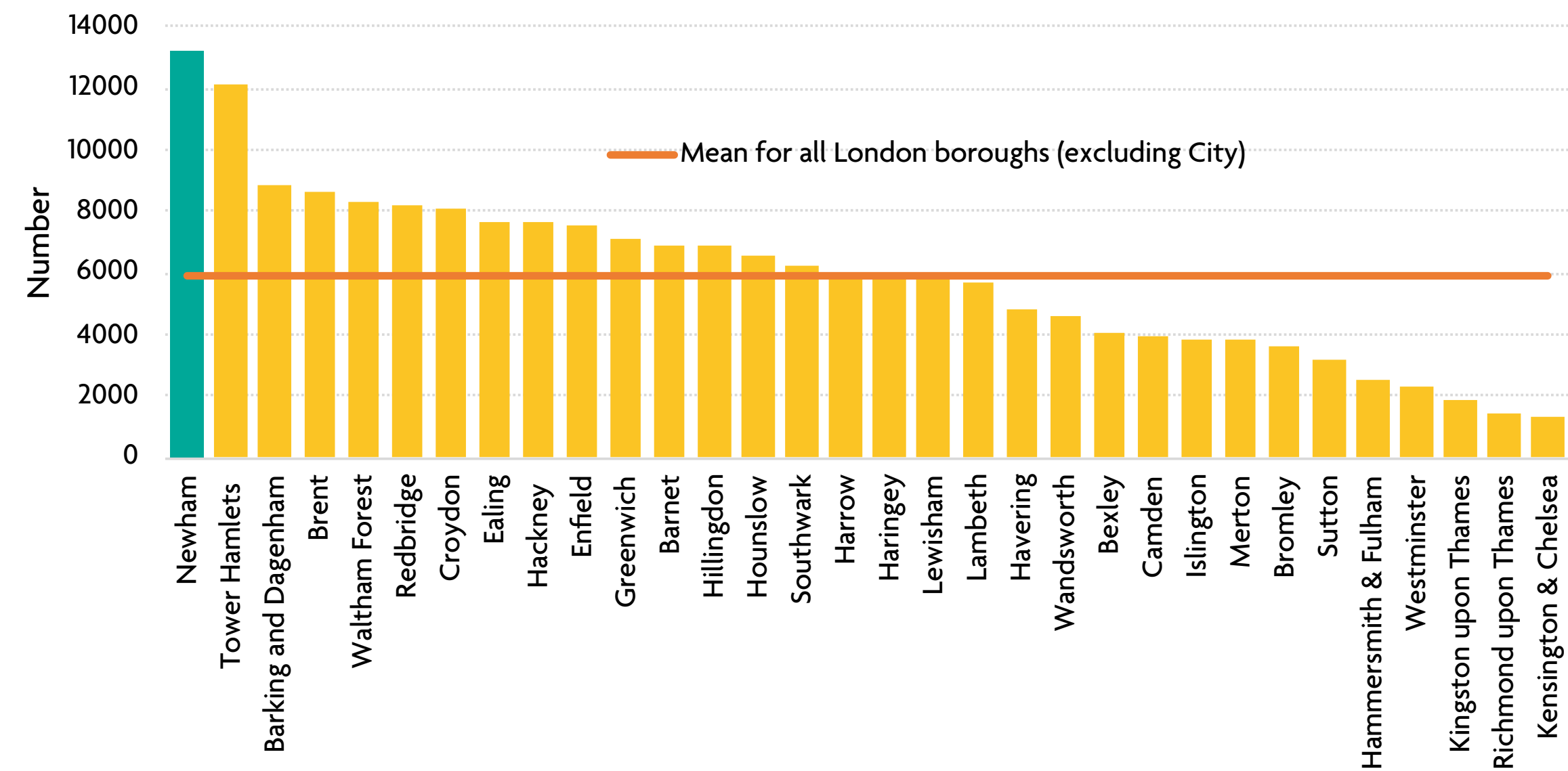
- Newham has a population of 351,000 of which 121,000 are under the age of 24
- 78% are from Black, Asian or from ethnically diverse countries of origin or heritage
- Around 9,900 residents are unemployed (2024)
- 13,275 children in working families in absolute low income (LGA) (Figure 85) (Figure 86)
- Poverty rate in Newham is 38%, the 4th highest in London
- Child Poverty rate is 44%
- Income Deprivation 1.49%
- 15.3% Out of work benefits (Trust for London)
- Since September 2023, the benefit claimant count has increased by 26%

Figure 85: Children in absolute low income families



Source: Department for Work and Pensions

Figure 86: Number of children living in working families in absolute low income (2022/23)



Source: Department for Work and Pensions

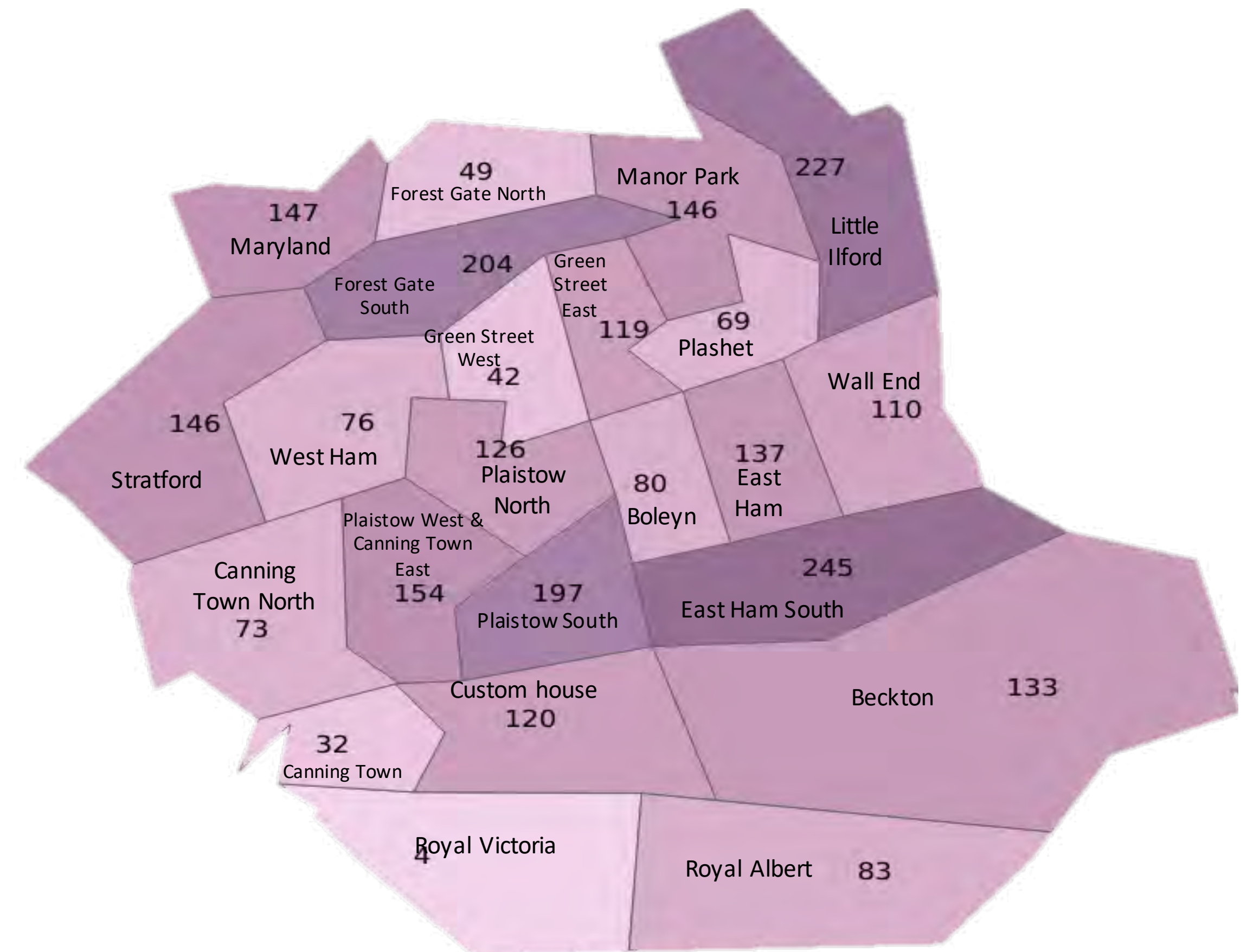
Local context for Newham

- Many families in Newham are affected by deprivation in the form of poverty, unemployment and poor housing conditions
- Poverty is defined as not having enough money or resources to meet basic needs such as buying food or not being able to heat their home
- The UK poverty line is below 60% of median income. There are 2 measures, Relative poverty which is below 60% of median income for the current year (£37,000) and Absolute poverty which is below 60% of median income in 2010/2011 (£26,244)
- The poverty Rate in Newham is 38% 4th highest amongst London Boroughs
- Corporate Priority 5 – Homes for our residents – 2/3 of residents are satisfied with the quality of their home. 3/5 of residents are satisfied with the overall safety of their home
- The rising costs of living have increased pressures on 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
- Priority 6 supporting our young people – 121,000 of residents in Newham are under the age of 24 however 2455 are claiming out of work benefits.
- The number of benefit claimants increased from 16,700 to 21,075 (26% increase)
- 6500 households in Temporary accommodation, 14% increase from previous year (inside Housing, 2024) (Figure 87)
- 38,000 households on the waiting List
- The London Average for is 15.99% per 1000 households (LGA Peer Challenge, 2023) for every 1,000 households 50.25 are living in temporary accommodation (Trust for London, 2024)

Childhood poverty

- There are over 6500 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
- Claimant counts have increased in similar proportion (between September 2023 and September 2024) in the 18 to 24 and 24 to 49 year age bands. The largest increase can be seen in those aged above 50 with 8% more claimants in comparison to lower age groups. Children in families are still affected with the 26% increase in comparison to the previous year. Children and families are mostly likely disproportionately affected by the effects of low income and inflation. (Table 5)

Figure 87: Number of Newham Households in Temporary Accommodation



Source: LIFT

Table 5:

Age Band/Month	Sep-23	Sep-24	Sep 23 to Sep 24 % change
Aged 16+	16,700	21,075	26%
Aged 16-24	2260	2,455	8.60%
Aged 25-49	10340	13,130	27%
Aged 50+	4095	5,485	34%

Source: Office for National Statistics

Food insecurity

- More families are relying on Universal Credit but evidence shows that this isn't enough to protect against food insecurity
- Food is under considered in Secondary schools – many children who face food insecurity feel there is little attention in how they are affected. They feel prices should be more affordable and want improvements to dining environments
- 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



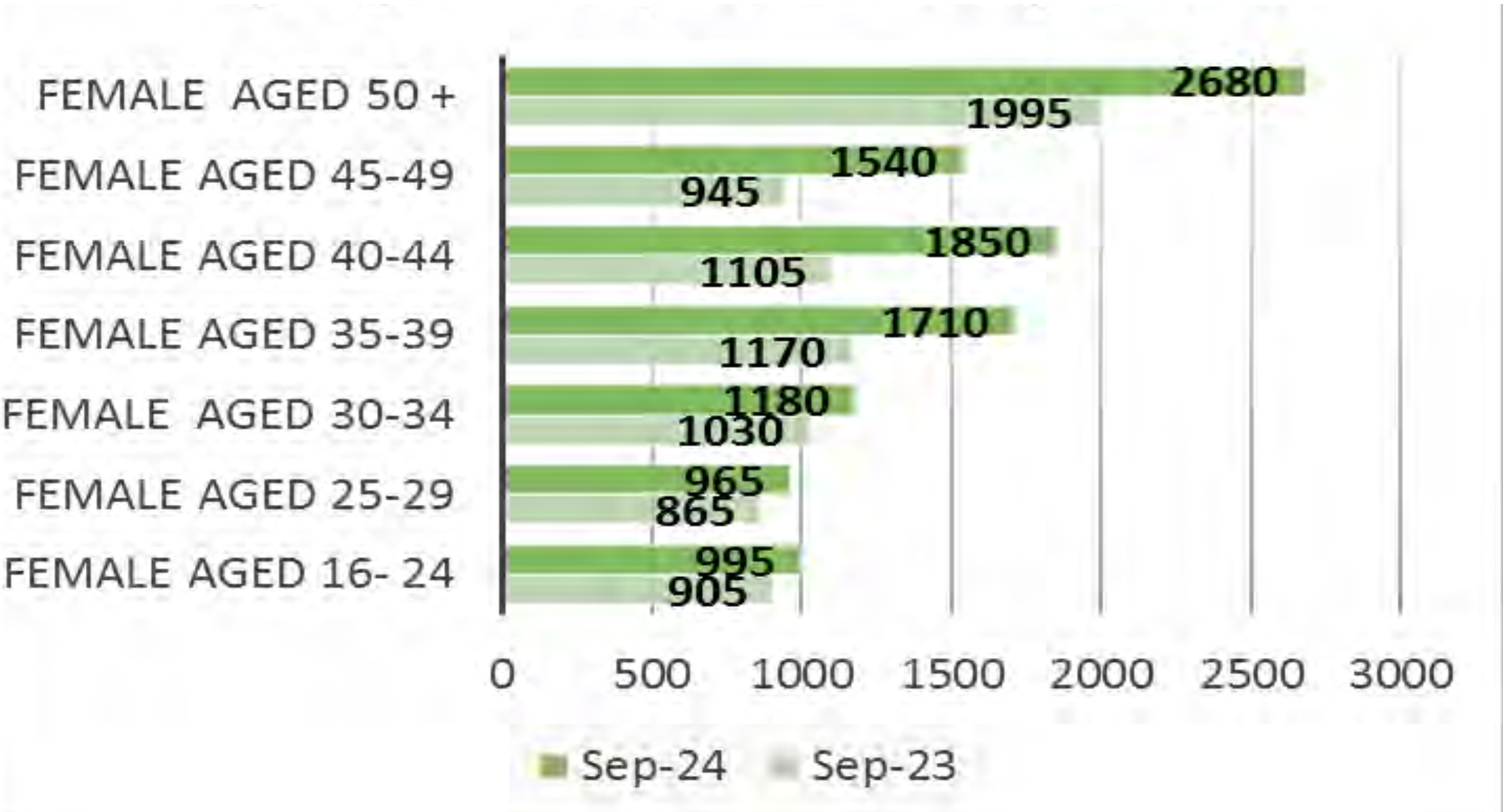
Inequalities

Figure 88: Number of male claimants by age - Sep 2023-Sep 2024



Source: Office for National Statistics

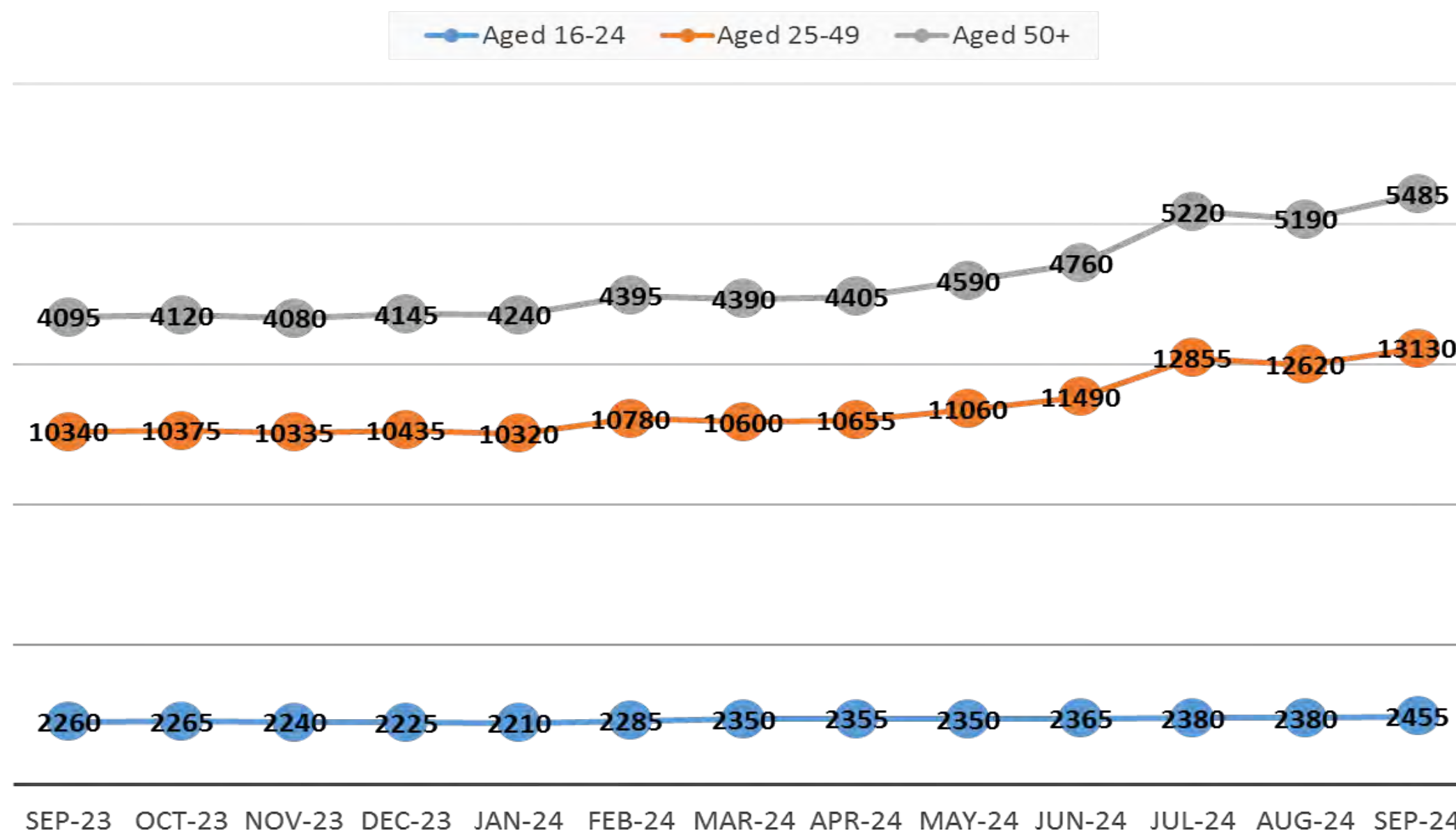
Figure 89: Number of female claimants by age - Sep 2023-Sep 2024



Source: Office for National Statistics

Time trend

Figure 90: Number of Newham claimants by age group



Source: Office for National Statistics

Strategic implications

- As we enter the new year, 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 inflation continue to unfold but what are the financial wellbeing challenges in Newham that need to be addressed as we enter 2025?
- **Rising Costs of Living** – the sharp rise in interest rates and the imbalance in rising inflation has made it very difficult for many residents to cope with everyday living costs. In 2022 we saw an exponential increase of inflation to 11.1% at its peak. This affected the costs of everyday items such as groceries, energy bills and mortgage rates.
- **Household support fund** – As announced in the autumn budget, the government will be providing £1 billion to extend support for 2025/26. This will in turn increase the number of residents that come to us for support. With increased funding, we can work provide immediate support, however the challenge arises in planning on managing funding this beyond 2025/26.
- **Affordable Homes** – the government have pledged £500 million for 5000 new homes. This is something that we can potentially bid for to alleviate the housing pressures we are currently facing in Newham.

Childhood poverty

- **Demand for Hardship support** – It is clear with the indications from rising living costs and the increasing number of families in temporary accommodation that the demand for hardship support will increase. The limitations of individuals to support themselves through rising costs and low income will mean they will look to the council to provide help.
- **Indicators for Poverty** – low income is the common trend within Newham where 38% of residents are in the relative poverty rate. The high costs of living disproportionately affect residents who struggle to meet requirements such as rent and household costs. The sharp increase in everyday day costs and the delay in the rising wages are the key indicators behind the rising demand for council support. The government have announced the increase in national minimum wage, but further support is needed in supporting residents to secure better employment for residents.
- **The Benefit cap** – the Government have announced changes in the benefits systems that will be coming into effect from April 2025. Those in the 'limited capability category will need to take more proactive measures to receive their Universal Credit payments. In addition to this all working age legacy benefit claimants will be moved onto universal credit by 2026. Depending on individual circumstances this will have some adverse effects on residents. It runs the risk of spiralling rent arrears, the threat of eviction and struggling to afford essential food and energy.



Why is this so important?

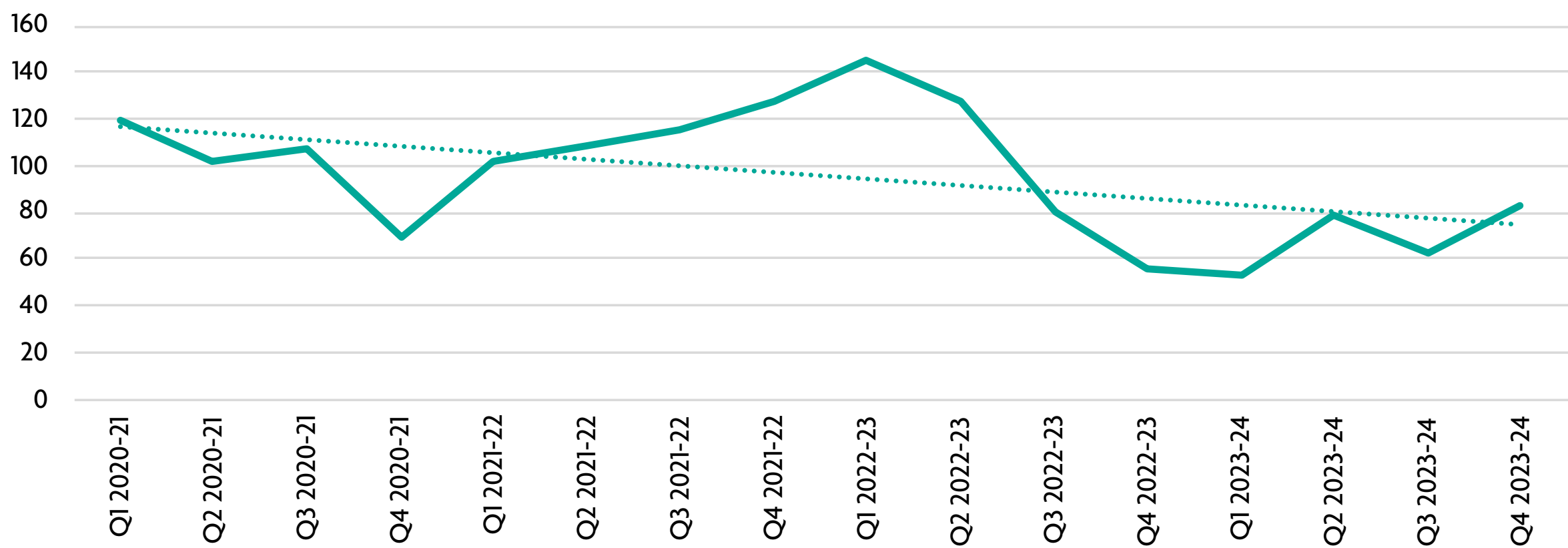
- Providing early help to families at the earliest opportunity avoids issues from escalating to the point of requiring statutory intervention.
- All universal services seek to identify children and families that might benefit from early help support and to respond quickly to put effective interventions in place.
- Early help supports a family's resilience and builds on their own capacity and resources to make changes in their own lives.
- The provision of early help is everyone's responsibility and so support may be provided by Council led services and universal services such as education, health and Voluntary, Community and Faith groups.
- Targeted early help is provided for those families that may need an additional layer of coordinated support to address particular needs and concerns.

Local context for Newham

- After the pandemic, Newham experienced an increase in the number of requests for support between 2021-2024. Over the last three years, these requests have remained steady but visibly higher than pre-Covid times.
- A high prevalence of deprivation and adversity has been seen over recent years as a result of the Cost of Living Crisis, a rise in energy prices, housing insecurity and the post-pandemic slump.
- Police remain our highest referrers to Newham MASH followed by health and Education services.
- The majority of early help requests progress to schools and education providers to act as the lead agency to offer support to families. After this, requests progress to the 0-19 Children's Health and/or Community Health Services, Early Help Hub and Children's Centres.
- A small number of early help requests are progressed to Substance Abuse Support Services.
- In 2023-24, there was a sharp decline in the number of requests to domestic abuse support services as a single agency response.
- In 2022-23, Newham experienced an increase in requests for support from the previous year. Although this dropped slightly in 2023/24, the level of demand remains high.
- The top five early help requests over 2020-2024 are Request for Support, Domestic Violence, Behaviour/Relationship Difficulties, Neglect and Parental Mental Health.
- In terms of referrals that progress to the Early Help Hub, the top five presenting issues are general requests for support, domestic violence, child mental health, behavior/relationship difficulties and parental mental health.

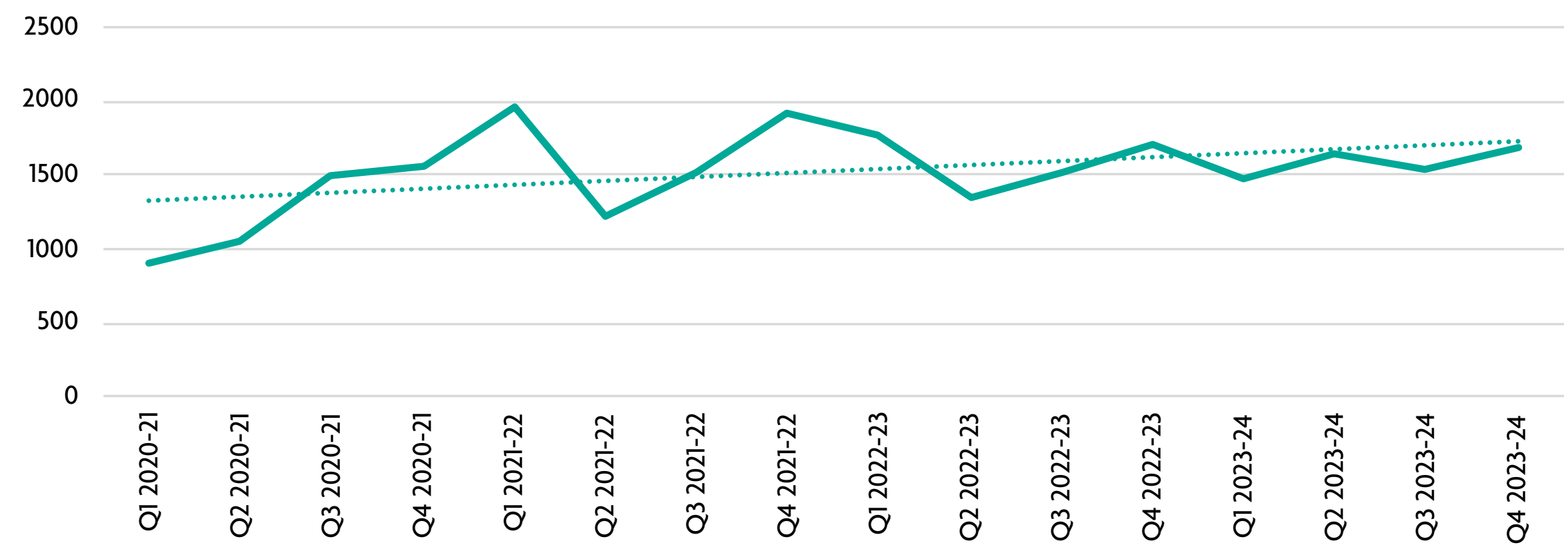
Source: Early Help Scorecard, Power BI

Figure 91: MASH Contacts with outcome of Domestic Violence Support



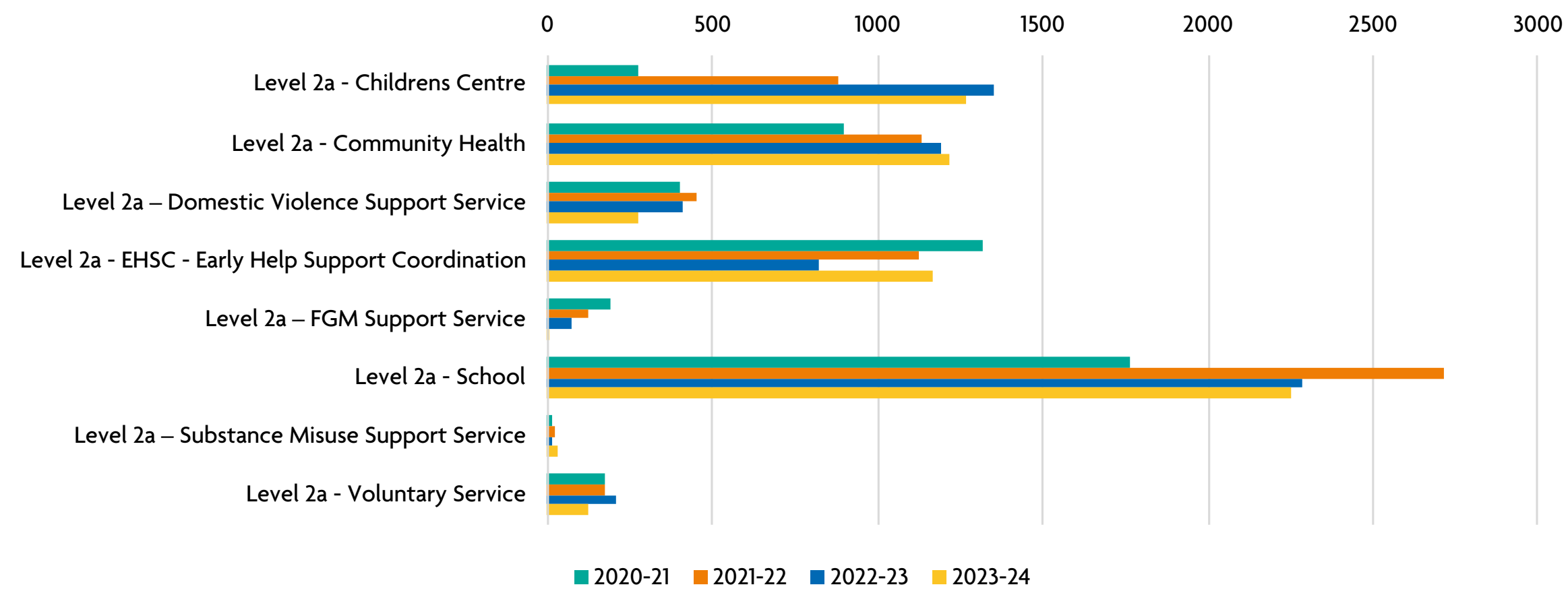
Source: AzeusCare MASH

Figure 92: MASH Contact with an outcome of Early Help Service



Source: AzeusCare MASH

Figure 93: Early Help Service MASH Contacts Referred to



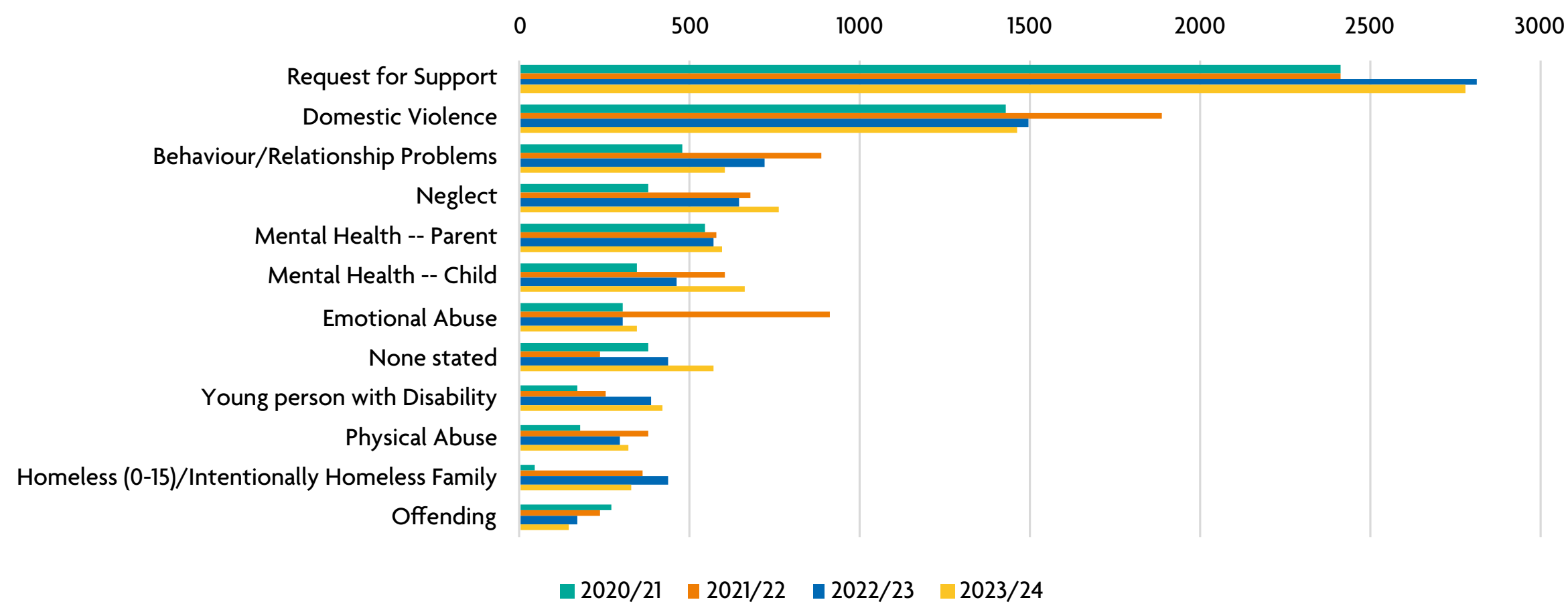
Source: AzeusCare MASH

Inequalities

- Gender remained consistently even across 2020-2024, although slightly more males are referred for support. In comparison to Newham average, the percentage of males being referred to services are higher.
- Over the last four years, Asian, Black and White ethnicity groups have featured the highest in referrals for early help support. Black and mixed heritage families are over represented within early help services.
- The age groups that are most referred for early help involvement are 10-15, 5-9 and 1-4 years. A slight dip was experienced across 2022-24 in the 5-9 and 10-15 cohort. Support for 1-4 years and 16-18 year olds has been steadily increasing from 2020 onwards.

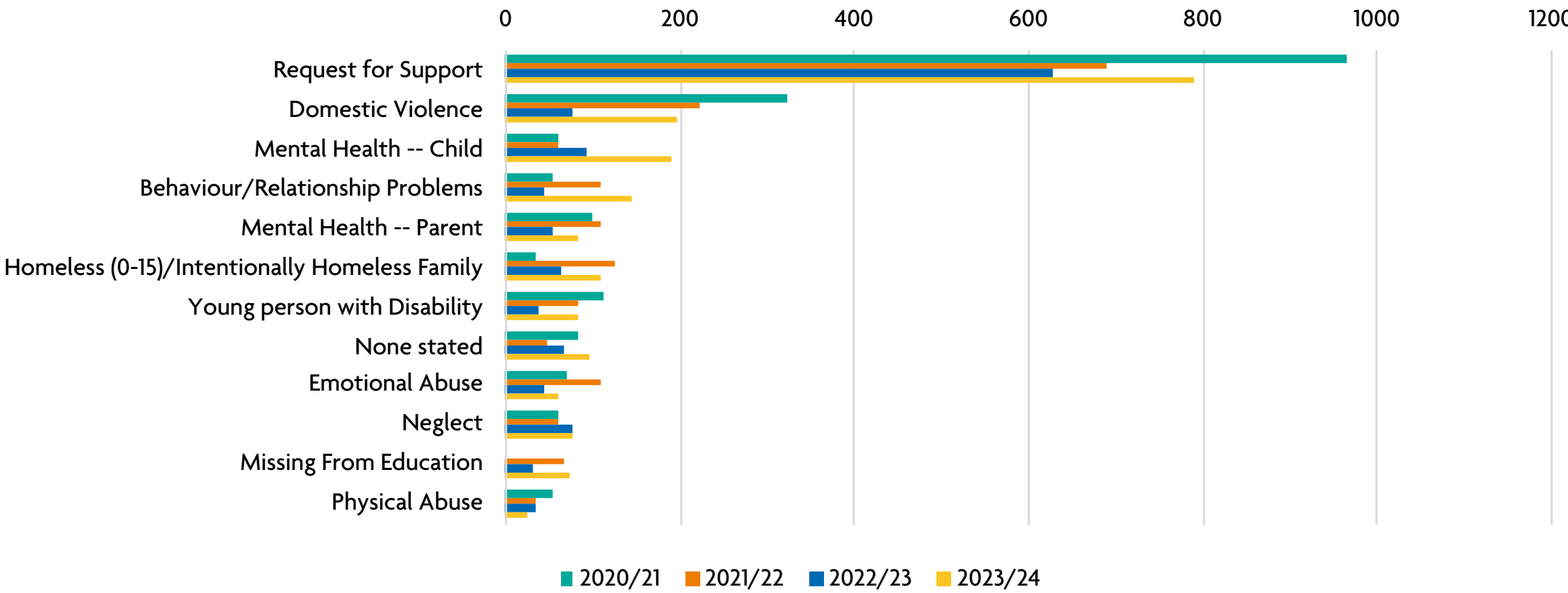
Source: Early Help Scorecard, Power BI

Figure 94: Top 12 Presenting Issue for Early Help MASH outcomes



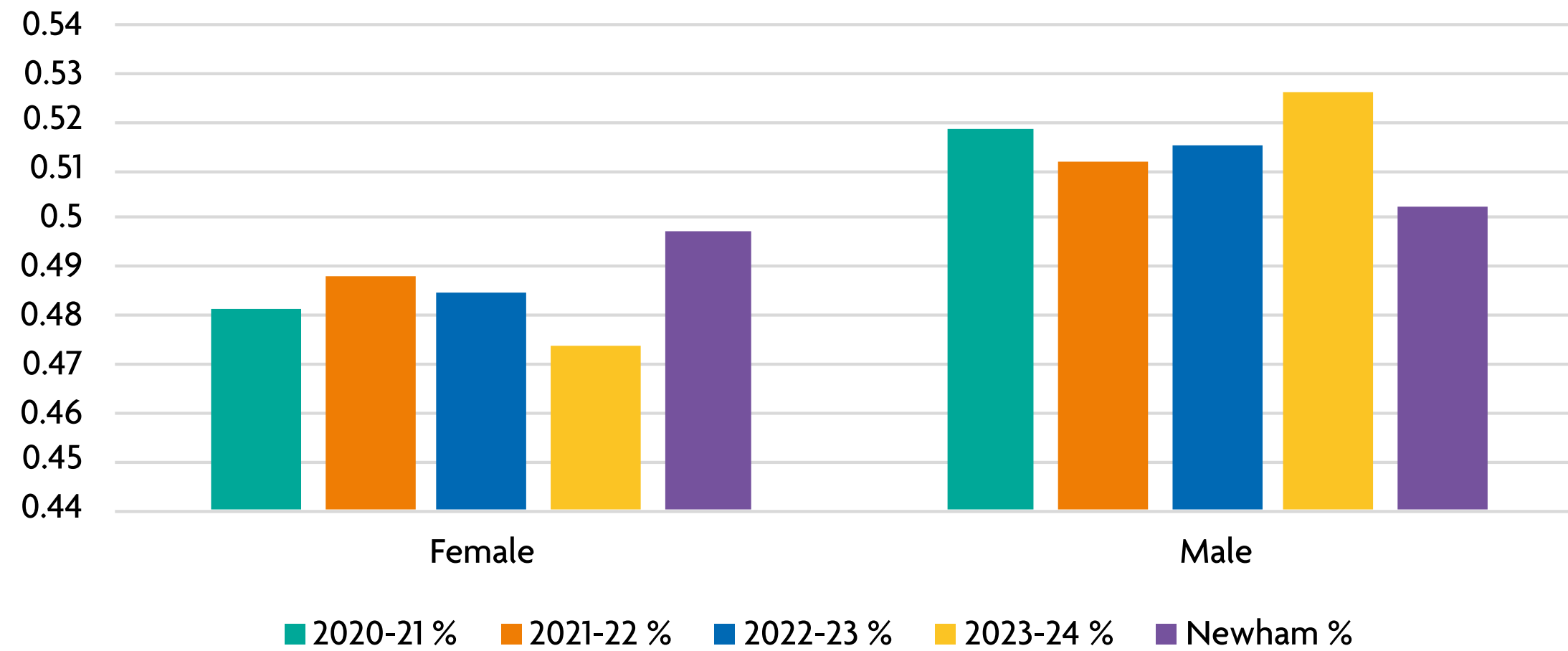
Source: AzeusCare MASH

Figure 95: Top 12 Presenting Issue for Early Help Support Coordination MASH outcomes



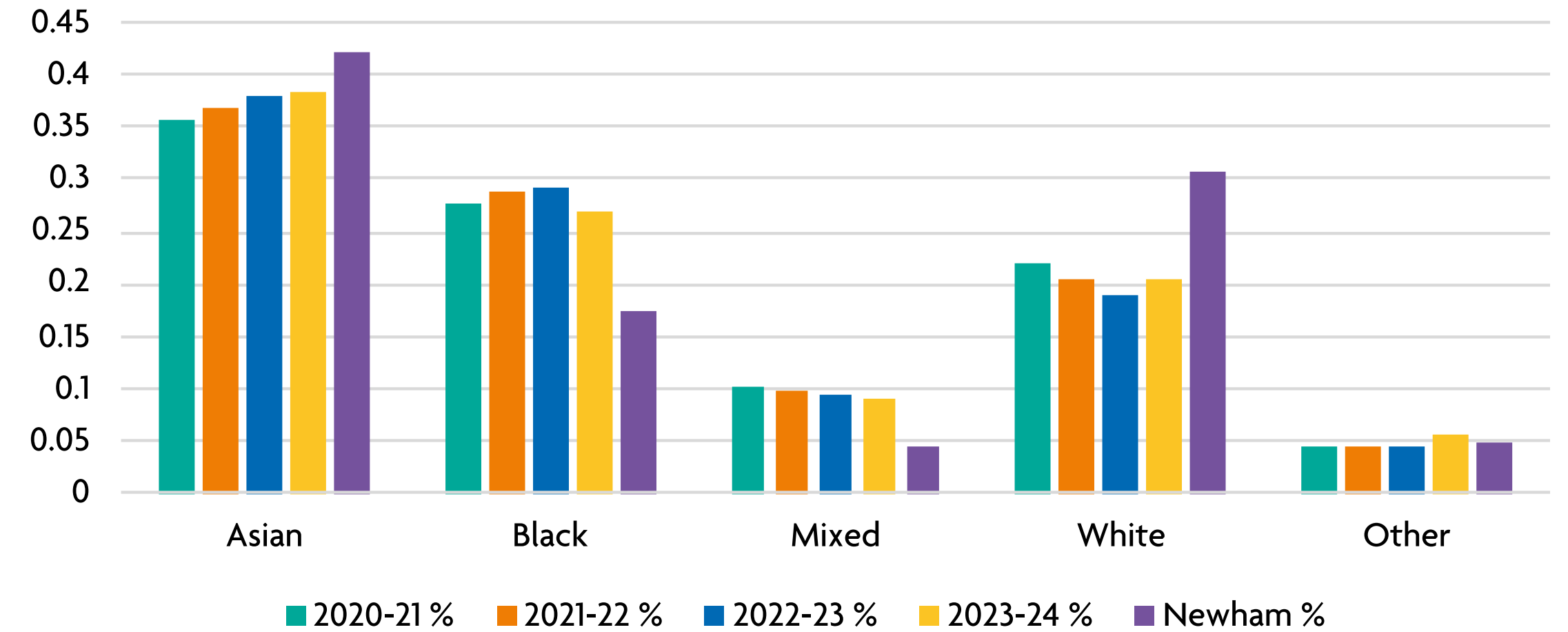
Source: AzeusCare MASH

Figure 96: MASH Early Help Outcome by Gender



Source: AzeusCare MASH

Figure 97: MASH Early Help Outcome by Ethnicity



Source: AzeusCare MASH

Strategic implications

- Given the increase in demand for early help services and the current financial constraints, the need to use our resources effectively and to upskill the wider workforce to act as Lead Practitioners is critical to ensuring that families are supported early.
- Given that families report that their first point of contact for support is their child's school and that the majority of early help requests are progressed for school to lead, the need to provide support this experienced and important education workforce is important to ensure that families can be supported by services that are already known to them.
- There is a need to ensure that the whole early help workforce is confident, skilled and prepared to work with older children and that we understand what works for this particular cohort to effect lasting change.
- A renewed focus on tackling institutional racism, inequality and anti-discriminatory practice is required to understand and respond to differences in why certain groups are more prominent in early help services.
- It is clear that following the pandemic, both parents' and children's mental health are still areas of high concern, which are exacerbated by housing, food insecurity and socio-economic pressures on the family unit. A Cross-Council focus on understanding child poverty is required to consider a whole system response to these external forces on a family's ability to meet their child's social, emotional and physical needs.
- There is a need to understand the decline in domestic abuse and substance misuse referrals and whether this is being underreported, unidentified or if our existing offer and response has led to positive outcomes.



- Families First (FF) is Newham's targeted Early Help offer, which aims to

engage the whole family on a weekly basis, and deliver an intense time-limited intervention within a 12 weeks period.

- One that locates the intervention in a series of linked phases that drive the intervention in a purposeful, planned and focused (PPF) way to enable change.
- Our phasic / relational whole family intervention model, is broadly systemic, and builds on evidenced based interventions such as Functional Family Therapy (FFT), and Multi Systemic Therapy (MST).

Phase 1 Engagement & Motivation

We start by learning about each family member and the key challenges for them. We adopt a strengths based approach, and encourage the family to create a more hopeful narrative that reduces blame. The aim being to build confidence in their ability to make changes and develop their awareness around how they relate to each other.

Phase 2 Behaviour Change & Meaning

Family Coach will work on developing new skills and strategies alongside the family, to Coach skills that enhance positive relationships within family and wider systems, enabling them to communicate more effectively with each other, and address the challenges.

Phase 3 Independence & Relapse Prevention

Family Coach will review skills with family, considering future challenges (relapse prevention). Support is given to apply new skills in different situations inside and outside of the home so that family can feel empowered and confident in sustaining / building on the progress they have made.

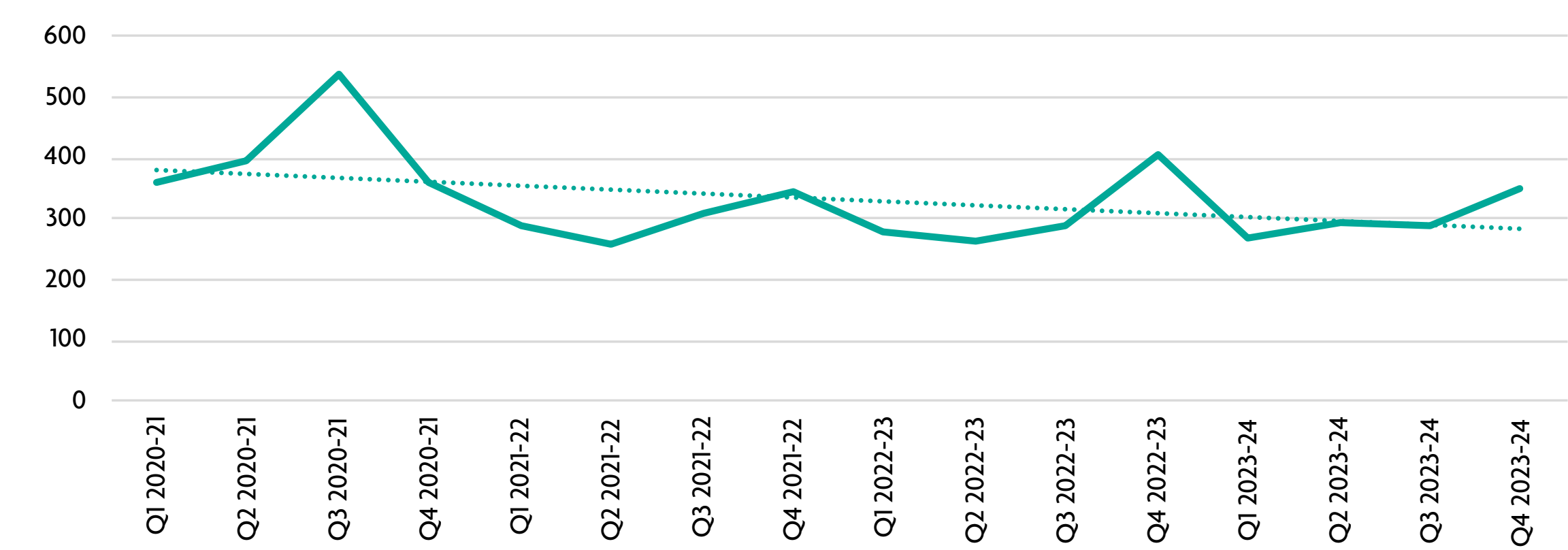
Why this is important

- We introduced our strengths-based and resilience-building model in Newham in January 2021, to reduce escalation and the likelihood of families requiring statutory intervention by offering the right support at the right time.
- In accordance with Newham's Early Help strategy, to improve children's long-term outcomes around health and education, improve emotional wellbeing, and ensure that children and young people can feel safe and thrive in their community.
- To ensure children, young people and their families with targeted needs have the best start in life through the provision of Early Help and Families First support.
- To target prevention, as evidence shows that interventions are most successful when undertaken early, and offer the greatest chances for improved outcomes for children and young people.
- Preventative and early intervention is more cost effective for the authority.
- To enable and empower families to sustain positive changes and outcomes for their children by providing timely purposeful, planned and focused Early Help support.
- Build resilience and resourcefulness by encouraging parents / carers to be the best advocates for themselves and their children.
- Encourage aspirational behaviours by reducing social isolation and poverty of experience.

Local context for Newham

- Families First key performance indicators measure the expectation that between 06-08% of referrals via Children's MASH meet threshold for FF targeted Early Help.
- Most quarters indicate steady rate of referrals between 260-360.
- We begin to observe a spike in referrals over Qtr's 2/3 2020-21, which coincides with national lockdown resulting from the Covid pandemic. Families adjusting to a changed reality, and impact of school closures, restricted access to healthcare, families living in overcrowded or temporary living situations, increased financial hardship, social isolation, increased toll that this is taking on familial relationships, and a decline in children's and adult's wellbeing.
- We again observe a spike in Qtr 4 2022-23, which correlates with data in graph 2, indicating increases in referrals requesting support around behavioural and relational issues, mental health and wellbeing of both children and adults, and domestic abuse, including child to adult aggression.

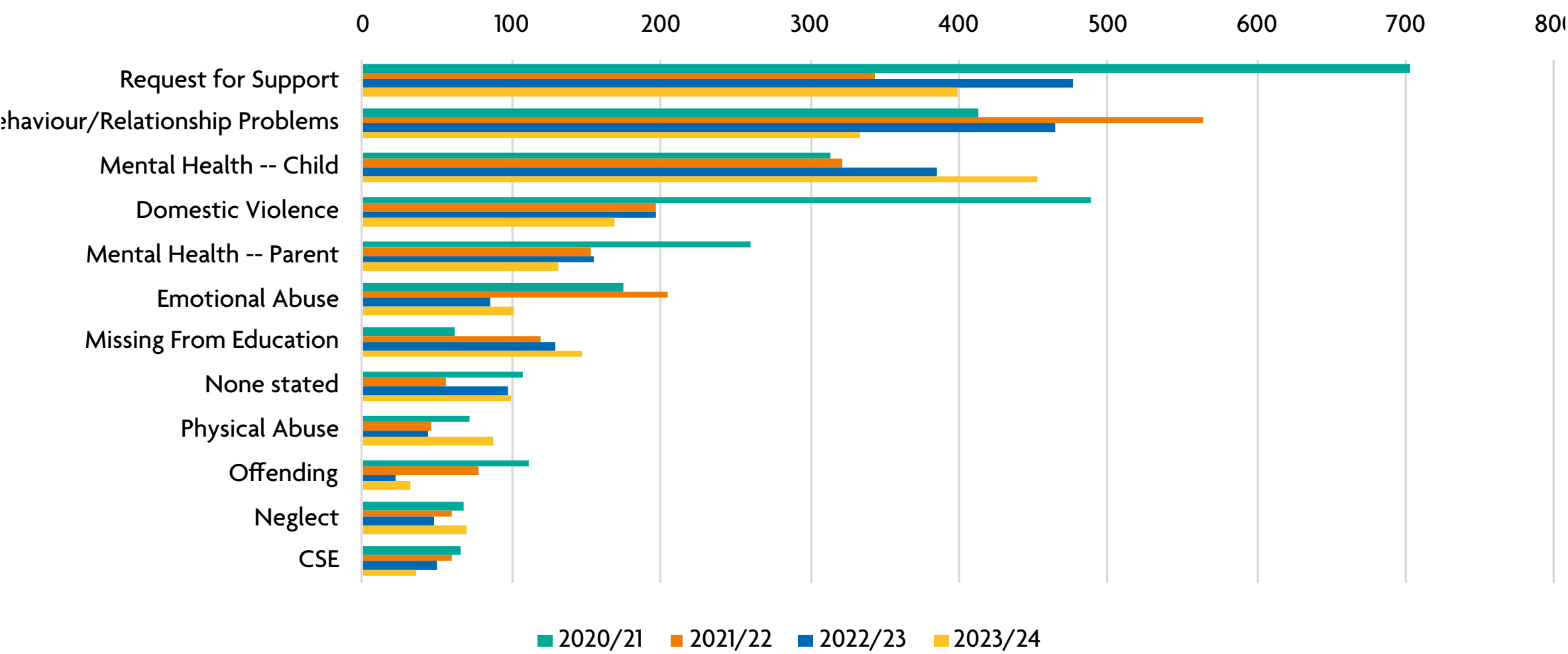
Figure 98: MASH Early Help Outcome by Gender



Source: AzeusCare MASH

- Observed is a consistent decline in generic requests for support, which could include a need for multi-agency case coordination or support to increase parenting capacity. Financial instability and increased risk of homelessness. As well as educational patterns, such as bullying, poor punctuality and attendance, online activity, or families seeking increased support, such as community resources or respite, to care for children with additional needs. There is a likelihood that these thresholds of need are directed towards Early Help provision, provided by the Hub Practitioners. The above issues could also relate to category where no presenting need is clarified or ‘none stated’.
- A decline in referrals that pertain to criminal or sexual exploitation, or offending behaviours, can be attributed to growing specialist provision within CYPS, as community risks for vulnerable young people become fully recognised, and resources have been targeted to meet growing demand.
- Behavioural or relational presenting issues remain a preference for FF’s communication and strengths based approach to whole family working, and we observe year on year increases with children and young people struggling with their wellbeing and engaging with their education.
- There is also a cultural shift within CYPS towards restorative and systemic thinking that influences how we language things. An example of this might be a young person struggling to consistently attend school, however, this might not be outcomed as an educational need, rather that the young person may be low in mood, maybe experiencing online bullying, or experiencing anxiety, and therefore we take account of contextual factors which may be influencing presenting behaviours.

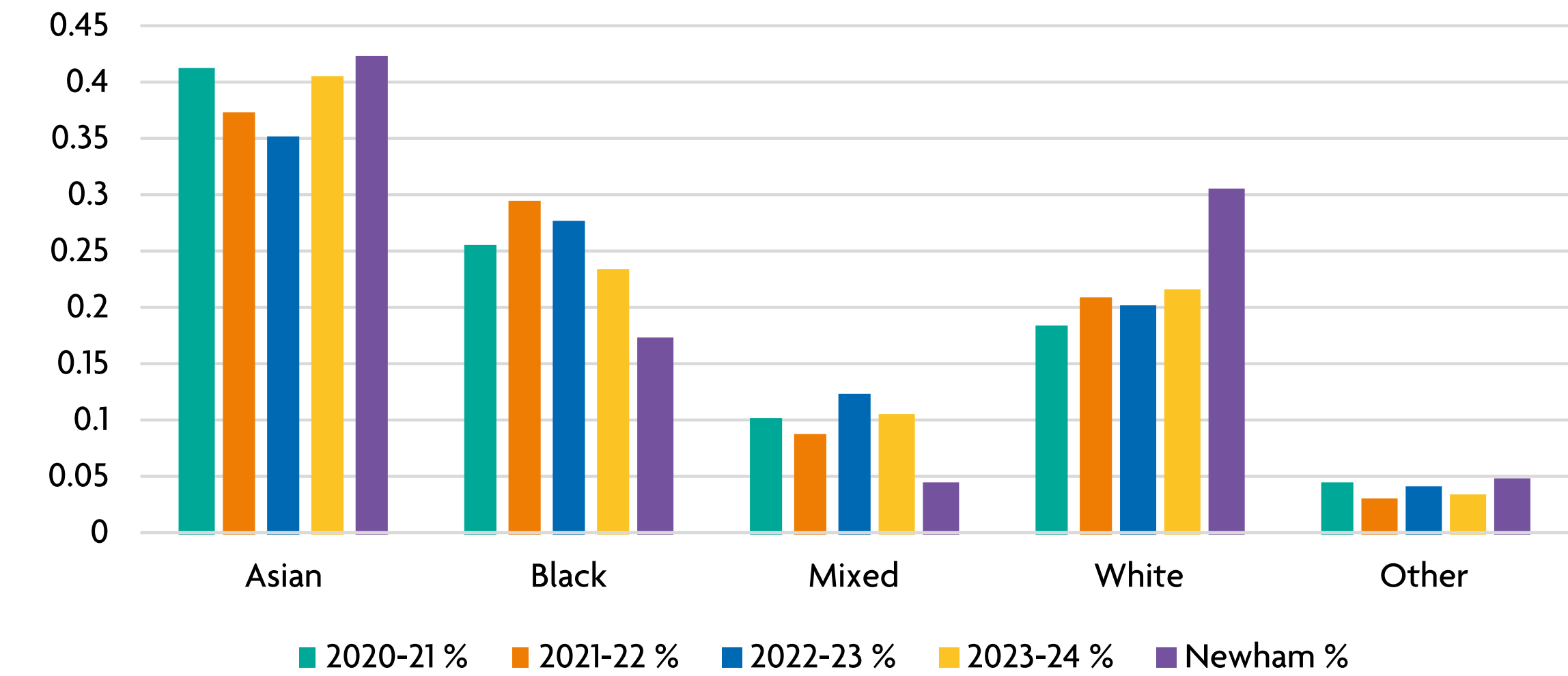
Figure 99: Top 12 Presenting Issue for Families First MASH outcomes



Source: AzeusCare MASH

- Data reflects significantly higher numbers of Asian families, 1,975 out of 5,081, or 42%, were consistently referred for FF relational whole family support.
- Secondary to this is White families, which account for 1,025 out of 5,081, or 31% of total referrals to FF.
- Noticeably lower are referrals for Black families (17%) Mixed (0.5%) and Other (0.5%).
- However, our measured categories do not currently reflect the intersectionality's or diversity of Newham's communities, and are not sufficiently nuanced for us to extract any meaningful themes, that would enable us to target resources to address where need is highest.

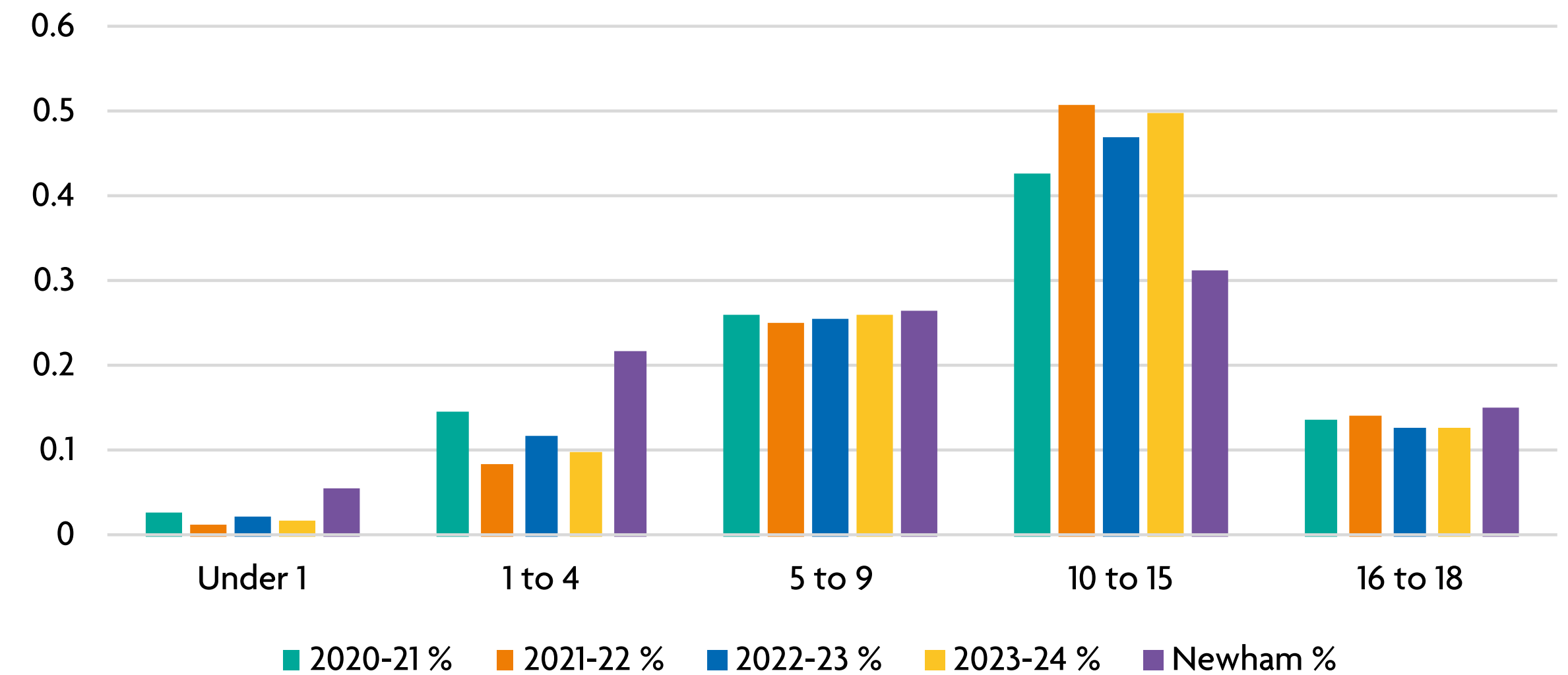
Figure 100: Ethnicity for Families First Outcome Contacts



Source: AzeusCare MASH

- Data consistently reflects children aged between 10-15yrs, 2,487 out of 5,267, or 47% referred for FF relational whole family support.
- Secondary to this is children aged between 05-09yrs, 1,355 out of 5,267, or 26% of total referrals to FF. Children aged 16-18yrs (13%) 01-04yrs (12%) Under 01yrs (02%).
- Ages correlate with reasons prompting referral and presenting issues, mental health and wellbeing of children, behavioural and relational issues, and children and young people struggling to engage meaningfully with their education.
- The younger age group of children aged 05-09yrs, reflects a pattern of children presenting with earlier diagnosed needs, or speculative needs that are awaiting assessment, such as ASD or ADHD, social, behavioural and/or emotional wellbeing needs.
- Data captures needs of presenting, or subject child. However, does not reflect size of/or age ranges within each sibling group, relational impact of subject child's presenting issue/s on sibling groups, or whether siblings may be presenting with their own individual needs.

Figure 101: Age Group for Families First Outcome Contacts

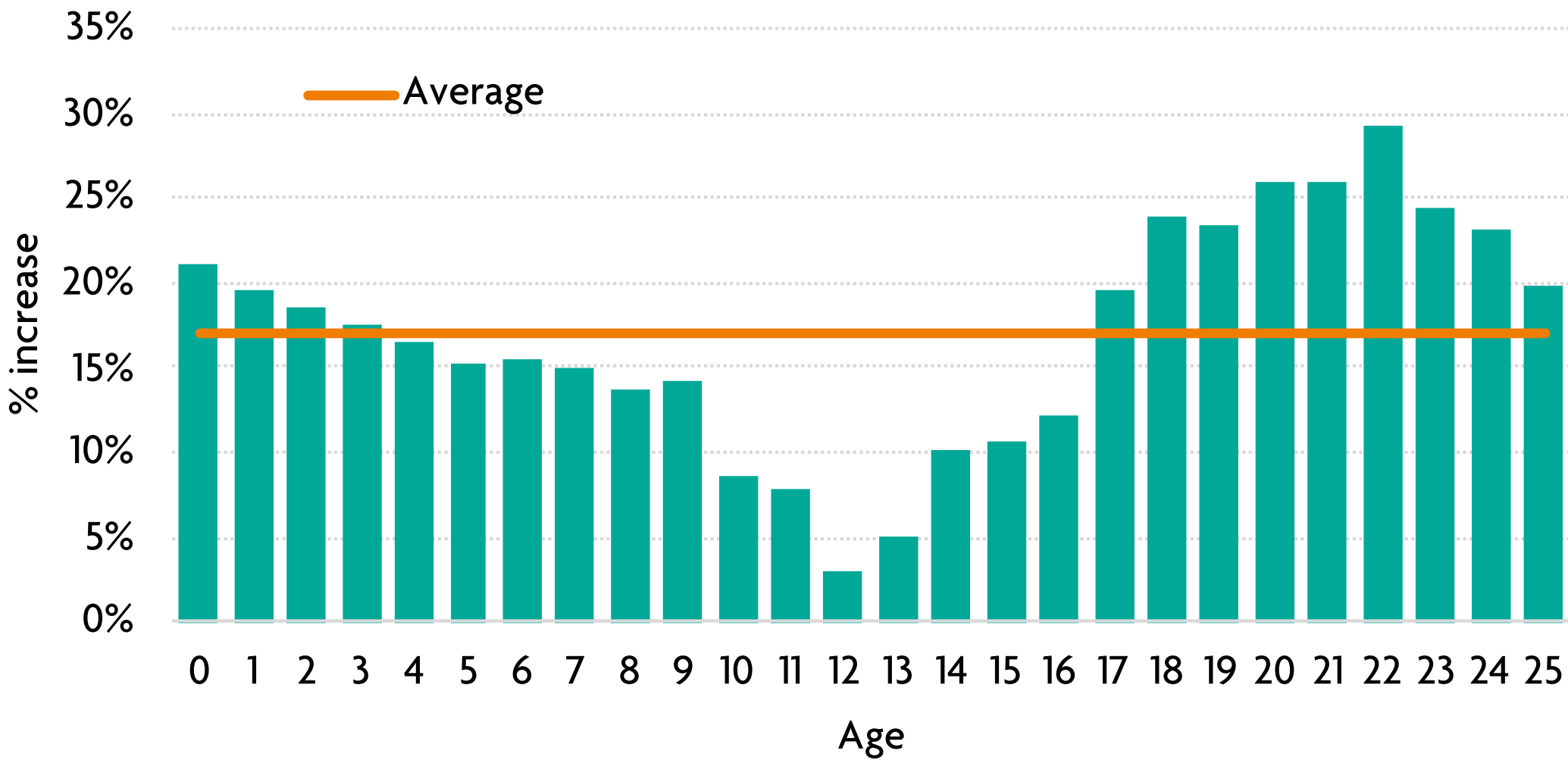


Source: AzeusCare MASH

Forecasting future need

- Predicted shift in age range growth by 2030, provides indication of where we should target resources over the next few years.
- In a post pandemic world, aligned with cost of living and housing crisis, increased numbers of teen children are struggling with their wellbeing, low mood and anxiety, are struggling to meaningfully engage with their education, or experience their immediate community as a safe and nurturing environment.
- In 2030 we will have increased numbers of young adults, aged between 20-22yrs, which translates into greater number of teens aged 14-16yrs in 2024, entering their crucial educational years, outcome of which will determine ability to move into further education and gainful employment, and increase life enhancing opportunities.

Figure 102: % predicted change by age from 2024 to 2030



Source: GLA Housing Led Population Projections

Strategic implications

- Access to nurturing and therapeutic spaces, will support teens to develop the resilience that will sustain them in their early adult years, and increased resourcefulness to navigate the challenges of adult life.
- Support to sustain meaningful engagement with education and structured activities, will encourage healthy development of self and self-identity, and create sense of achievement, and will counter disenfranchisement that may make teens more vulnerable to exploitation.
- FF supports families to change the family narrative towards something more strengths-based and hopeful, by encouraging families to develop healthy communication strategies, which will support children and young people to feel heard, valued, and anchored within familial relationships.
- A well resourced and integrated Early Help offer, will allow early detection of children's needs, and the right service to be offered at the right time, and prevent longer-term escalation to children's statutory services, reducing costly children in care episodes.



Why is this so important?

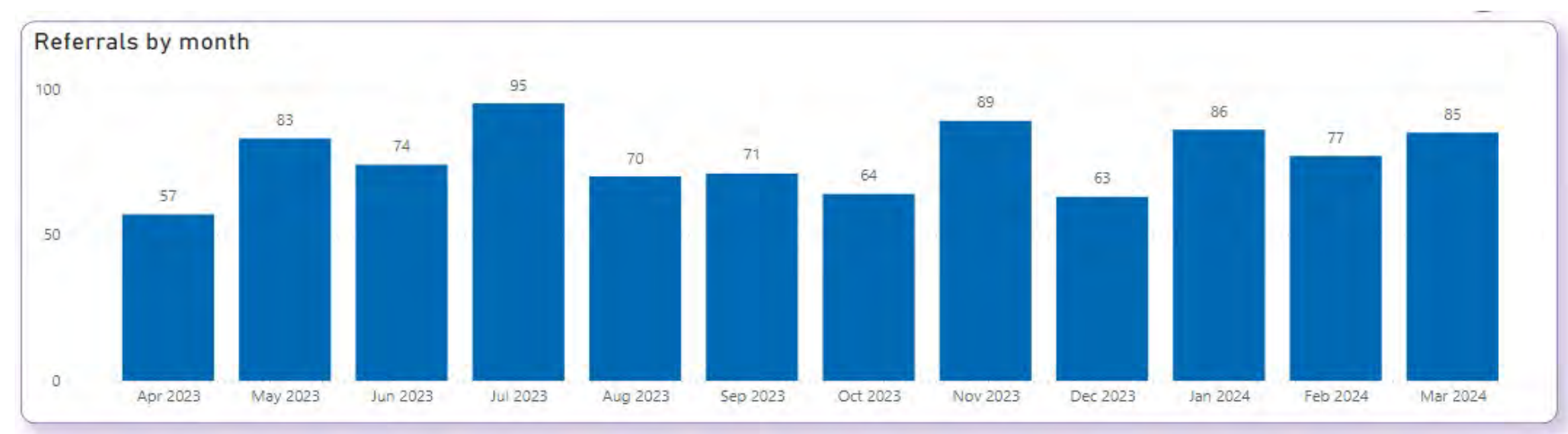
- Parenting support and evidence-based interventions can help caregivers to have a greater understanding of child development, build confidence and provide tools to support at various ages and transitional stages of a child's life.
- Parenting support programmes can enhance and build healthy and positive parent-child interactions.
- Good enough parenting can support children to build resilience and confidence, as well as take measured risks within a supportive home environment.
- Positive parenting with firm boundaries and routines, supports children's development and mitigates behavioral challenges.
- The quality of parenting affects children's physical, emotional, social and educational outcomes.

Local context for Newham

- Newham provides an extensive parenting offer that includes informal parenting support groups, evidenced-based programmes and digital self-directed learning packages that is responsive to local need. In addition, our local Children's Centres, Specialist Services, and Voluntary, Community and Faith Sector offer programmes that can be accessed universally.
- In 2023-24, 914 requests for parenting support were received, with an average of 76 referrals per calendar month (32.6% were from statutory services and 17.8% self-referrals respectively).
- The key factors that impact on parenting were managing challenging behaviour, raising child/ren with neuro-diverse needs, domestic abuse, parental conflict and school attendance. Physical chastisement was cited as the fifth reason in 2024/2025.
- Other areas cited were parents going through legal/court proceedings, exploitation, expectant parents, child to parent abuse, alcohol and substance and children at risk of school exclusion.
- Understanding child development, the teenage brain, neurodiversity, preparing for parenthood and supporting your child with their mental health were the most accessed self-directed programmes.
- Parent/Carers that were referred for support were geographically spread across the borough with many residing in Plaistow, Canning Town and Custom House, Forest Gate, Little Ilford, East Ham and Green Street.

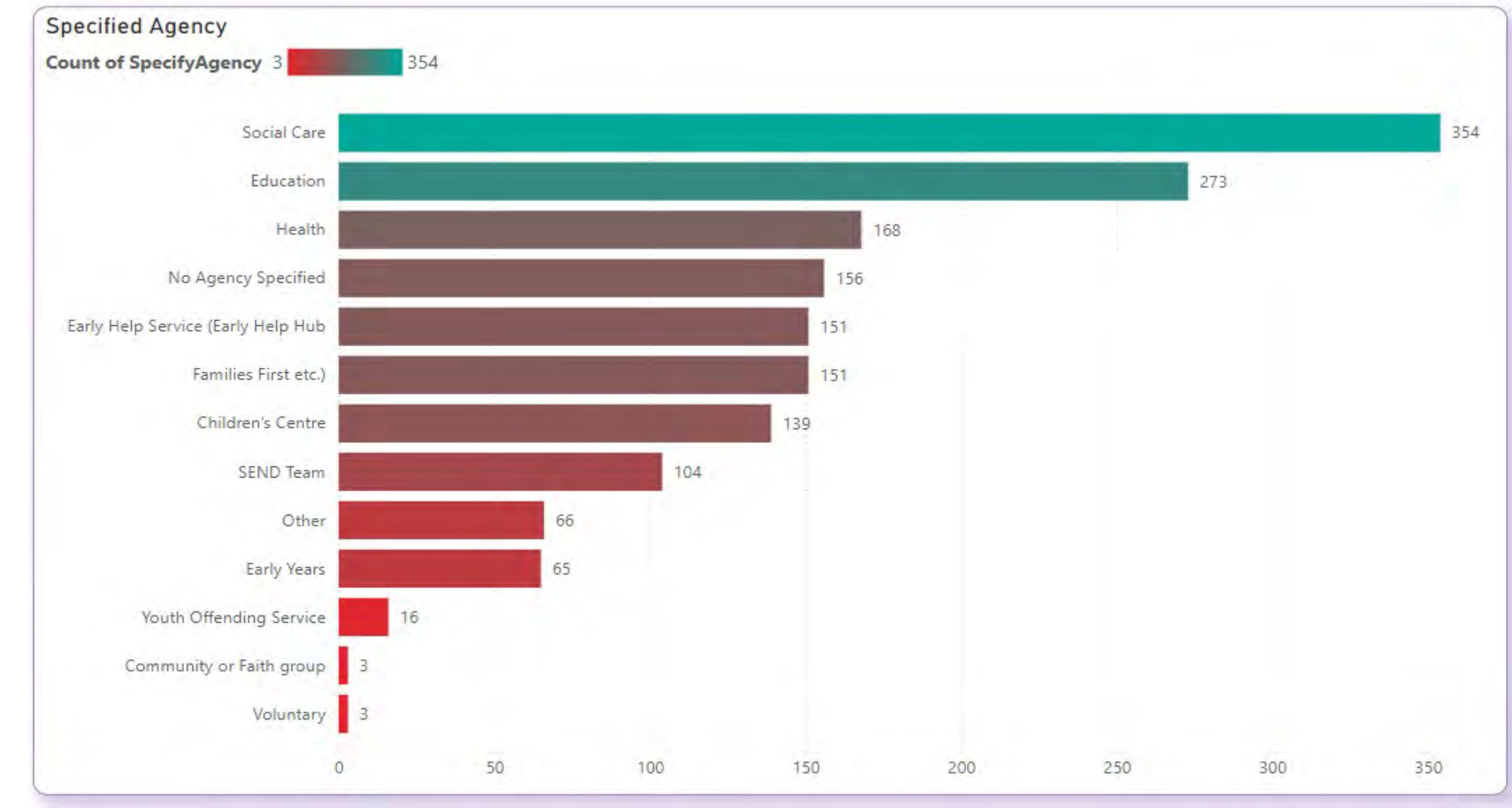
Source: Early Help Scorecard, Power BI

Figure 103: Referrals by month



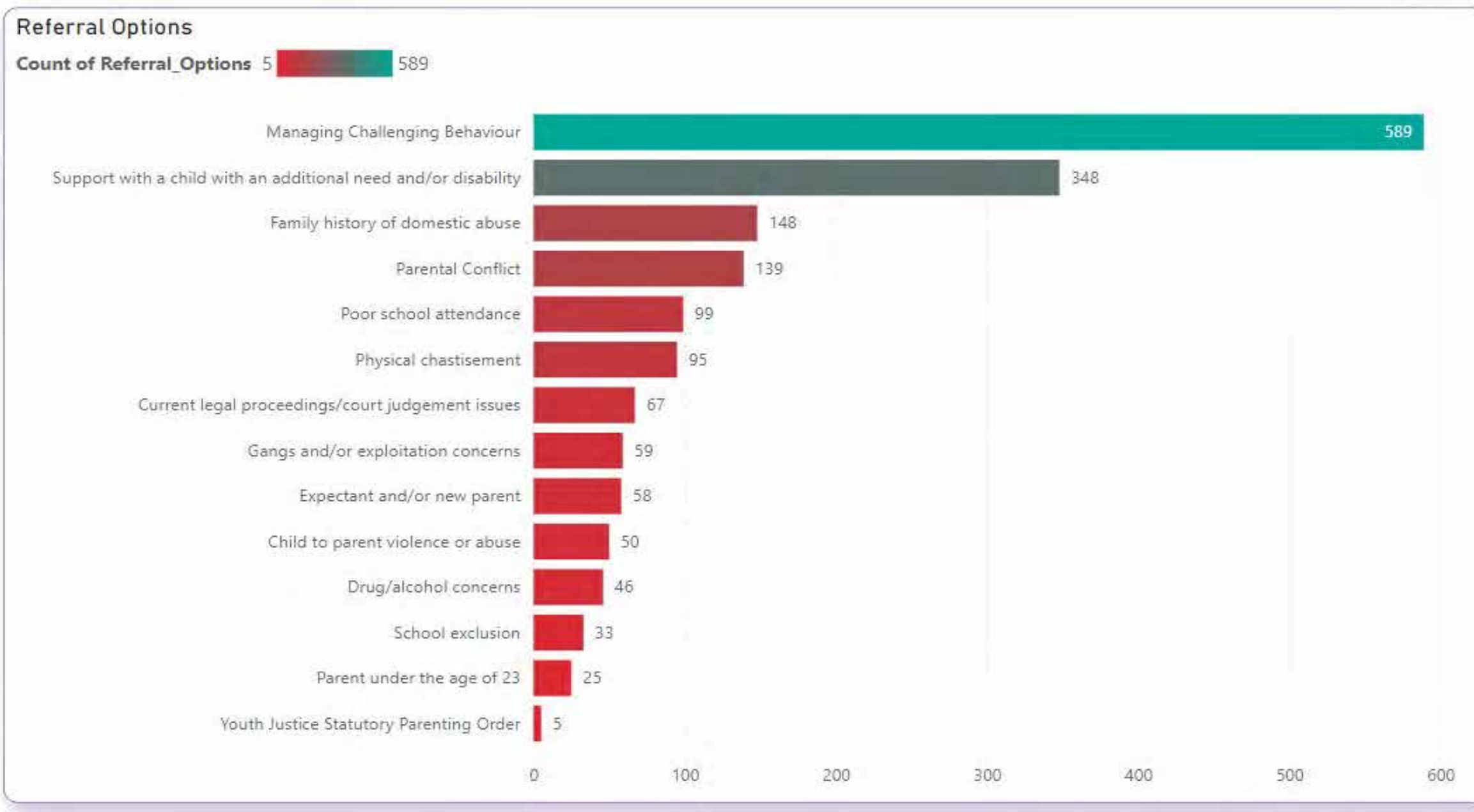
Source:

Figure 104: Specified agency



Source:

Figure 105: Referral options



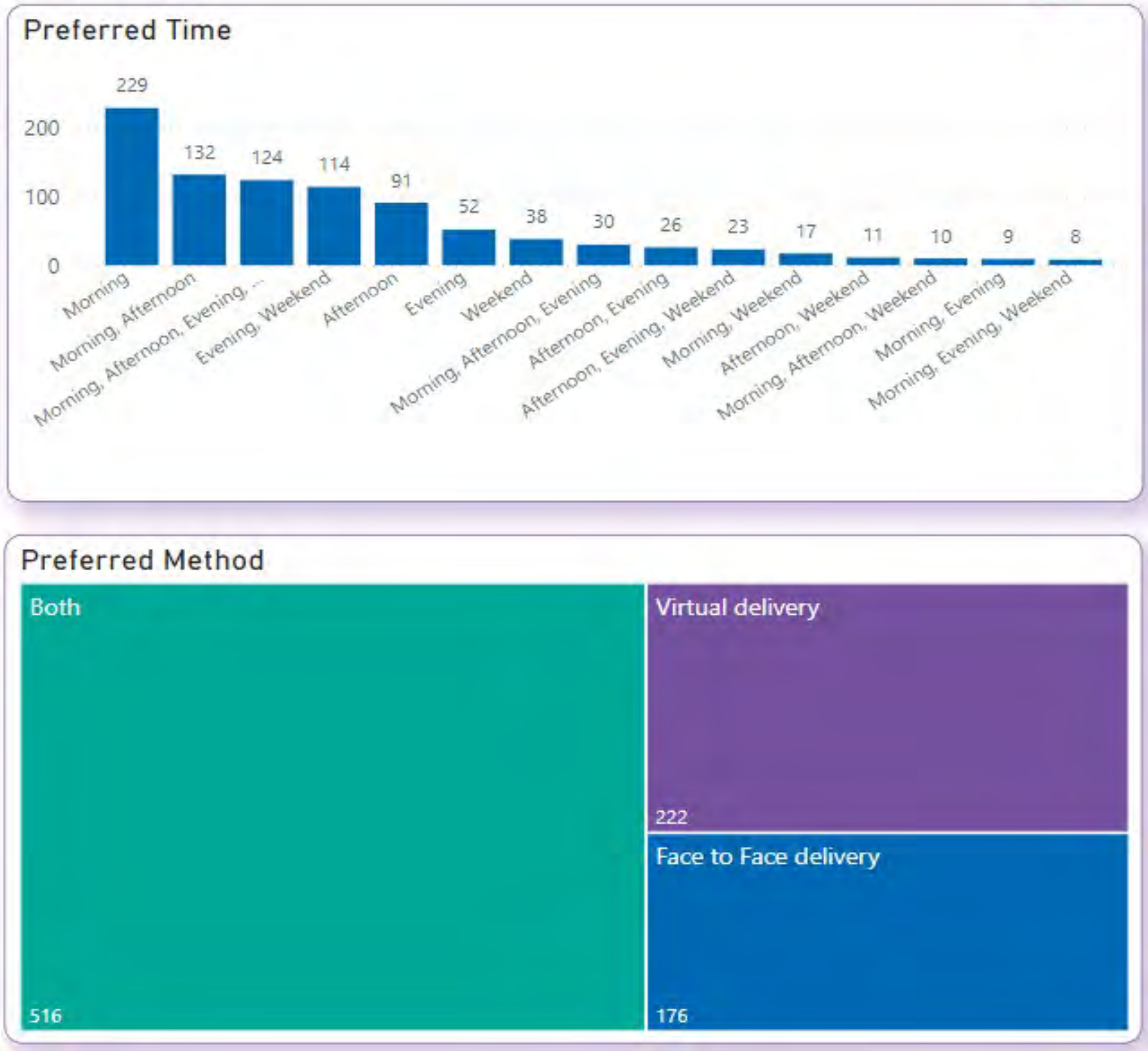
Source:

Inequalities

- In 2023-24, the highest percentage of parents that were referred for support were Asian or Asian Bangladeshi (24.9%) followed by those of White British background (13.9%). Parents/carers of Black Caribbean or Asian Indian ethnicity were less referred for support.
- The number of requests for an interpreter are minimal but where these have been requested, Bengali Dhaka and Sylheti was the most cited. Urdu, Portuguese, Romanian, Spanish and Lithuanian are other languages that were requested.
- 5.4% of parents and carers referred had additional needs of their own.
- Parents referred had children in the following age ranges – 5-9 years (37.5%), 10-15 years (30.9%) and 1-4 years (21.7%)
- Parents and carers inform us that they are more likely to attend programmes that are offered in the mornings, although there is substantial need for afternoon and evening delivery.
- Mixed mode (In person and virtual delivery) are requested in equal measures.

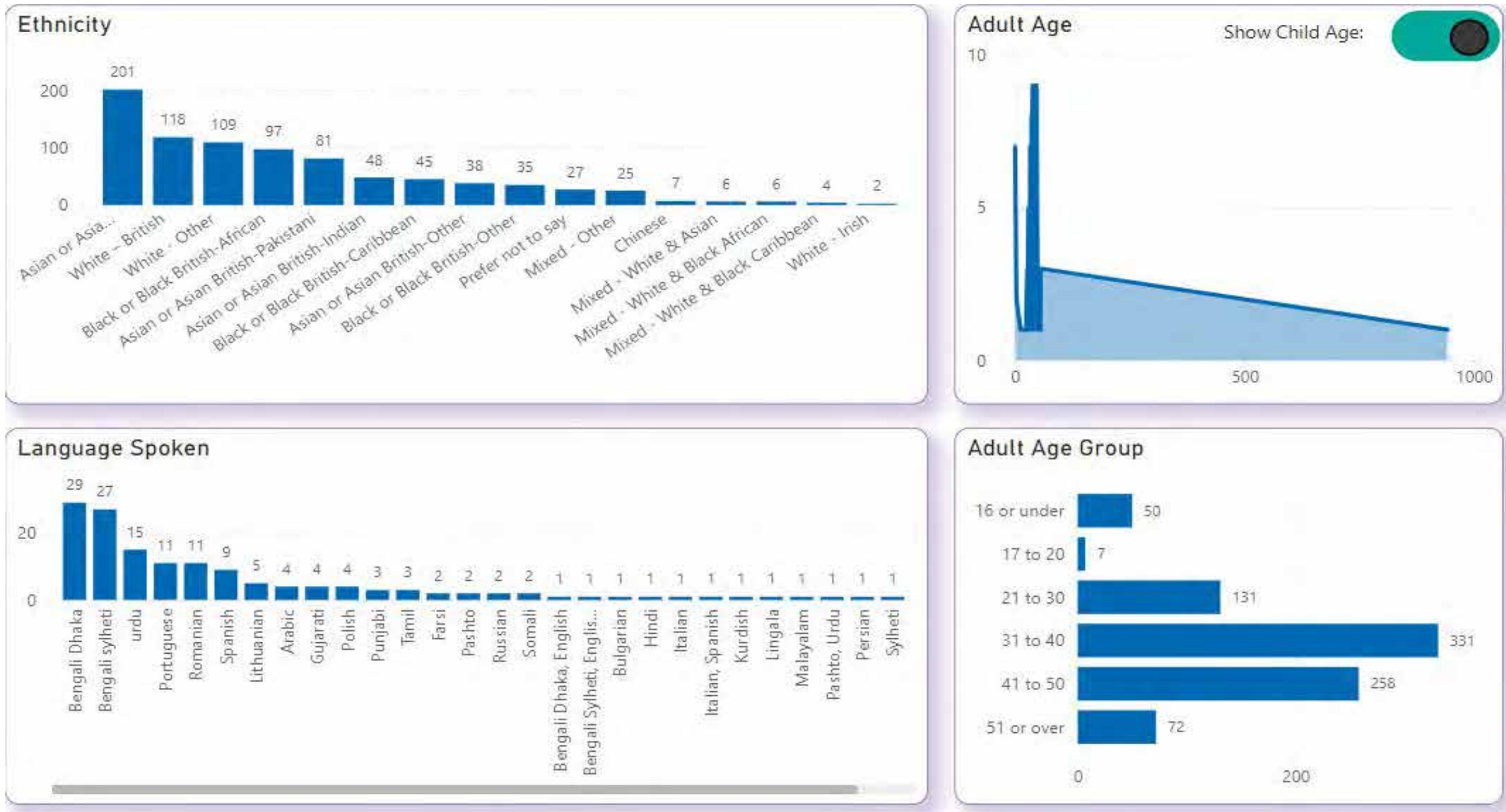
Source: Early Help Scorecard, Power BI

Figure 106: Preferred time



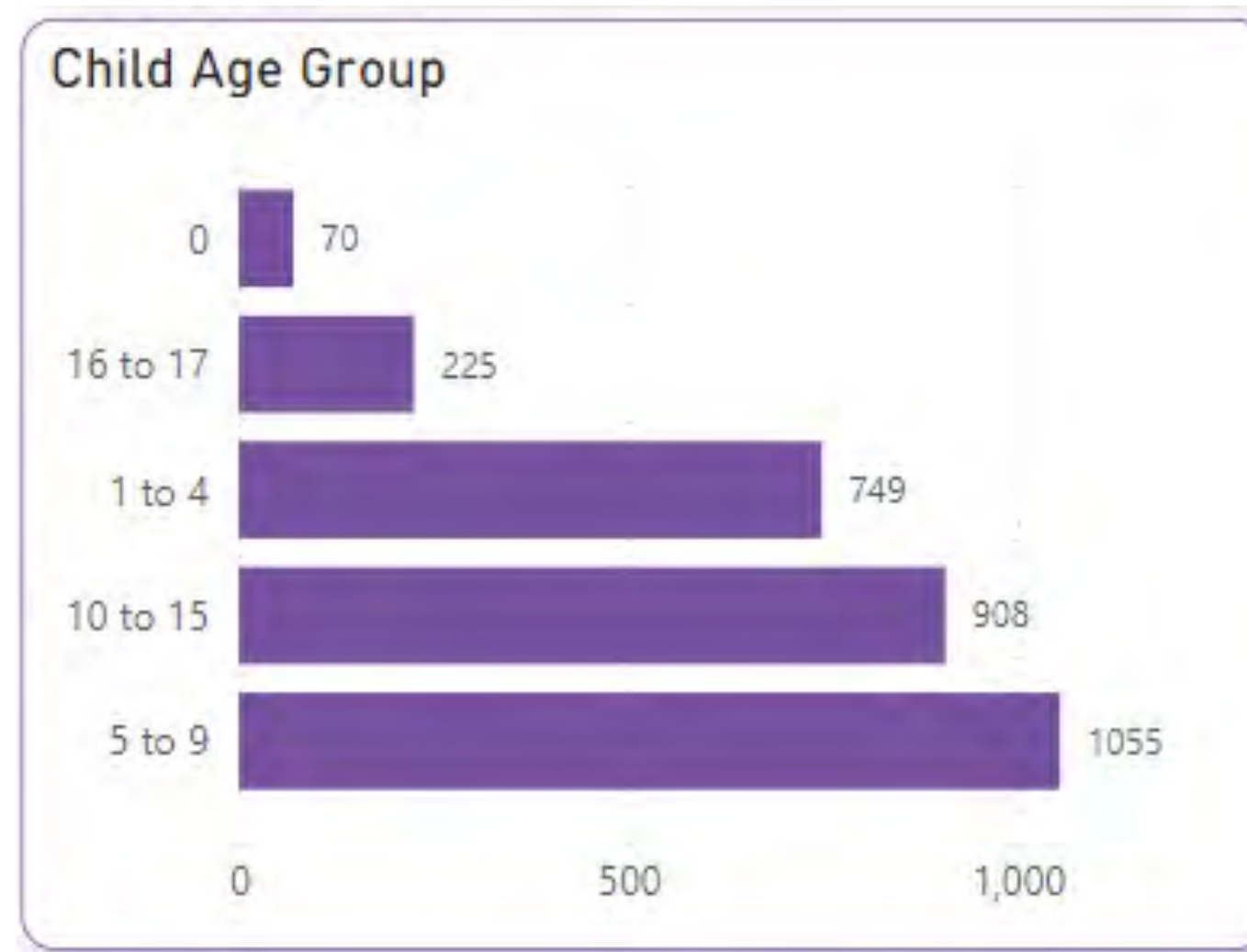
Source:

Figure 107: Ethnicity



Source:

Figure 108: Child age group



Source:

Strategic implications

- There continues to be a high need for both informal support mechanisms and evidenced-based parenting support interventions in Newham. Due to financial pressures and limited resources, there is a need to work in partnership with commissioned providers and the Voluntary, Community and Faith sector to expand our reach and provide an integrated offer of support.
- Parenting capacity is particularly reduced under particular circumstances and critical life stages such as the arrival of a new baby, pre-tweens and adolescence. In addition, family stressors such as parental relationship difficulties and raising a child with neuro-diverse needs can put an extra strain on the functionality of the family unit.
- Schools play a critical role in building effective partnerships with parents and carers to tackle poor school attendance, challenging and risky behaviour, suspensions and exclusions in a non-blaming, supportive and relational way.
- Post the pandemic, parents and carers continue to be concerned about their child's emotional wellbeing, but they may struggle to know how to respond effectively and offer support. Access to informal information and advice sessions with professionals may help support parents/carers to ask questions and seek support when they need it.
- A consideration for more culturally competent, anti-discriminatory and inclusive practice is required to ensure that our offer is accessible. Despite many families experiencing similar difficulties in their parenting role, we know that cultural stigma can hold parents back from seeking advice and help, causing undue worry that they might be perceived as a 'bad parent'. Steps need to be taken to understand the particular challenges that parents from diverse backgrounds face with a cultural lens. Spaces and places should be created that foster a welcoming environment, whilst ensuring that parenting material is translated and readily available.

Parenting Interventions

- Locally based peer parenting approaches can support to reduce feelings of shame when parenting interventions are facilitated by parents themselves. Building on our peer-led programmes and informal support groups will help to build feelings of self-efficacy and foster positive parental relationships.



Safeguarding: Referrals to Children's Social Care



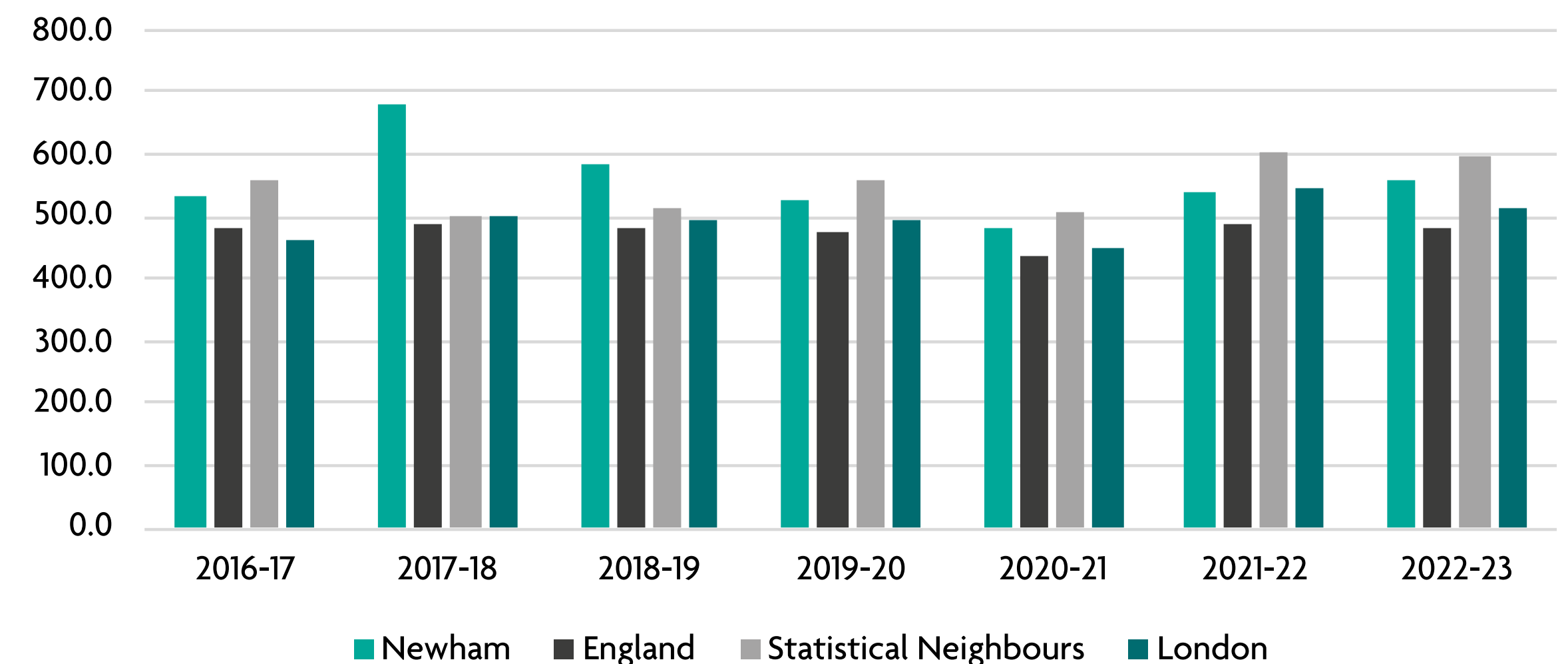
Why this is important

- 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, this is now more in line with the London wide rate, albeit slightly below our statistical neighbours (The 2023-23 benchmark data is yet to be published).
- There was a decline in the rate of referrals in 20/21. This was due to the Covid-19 lockdown. However, we have seen a gradual increase in the rate of referrals per 10,000 children since 2021, with the highest number of referrals recorded in 2022-23

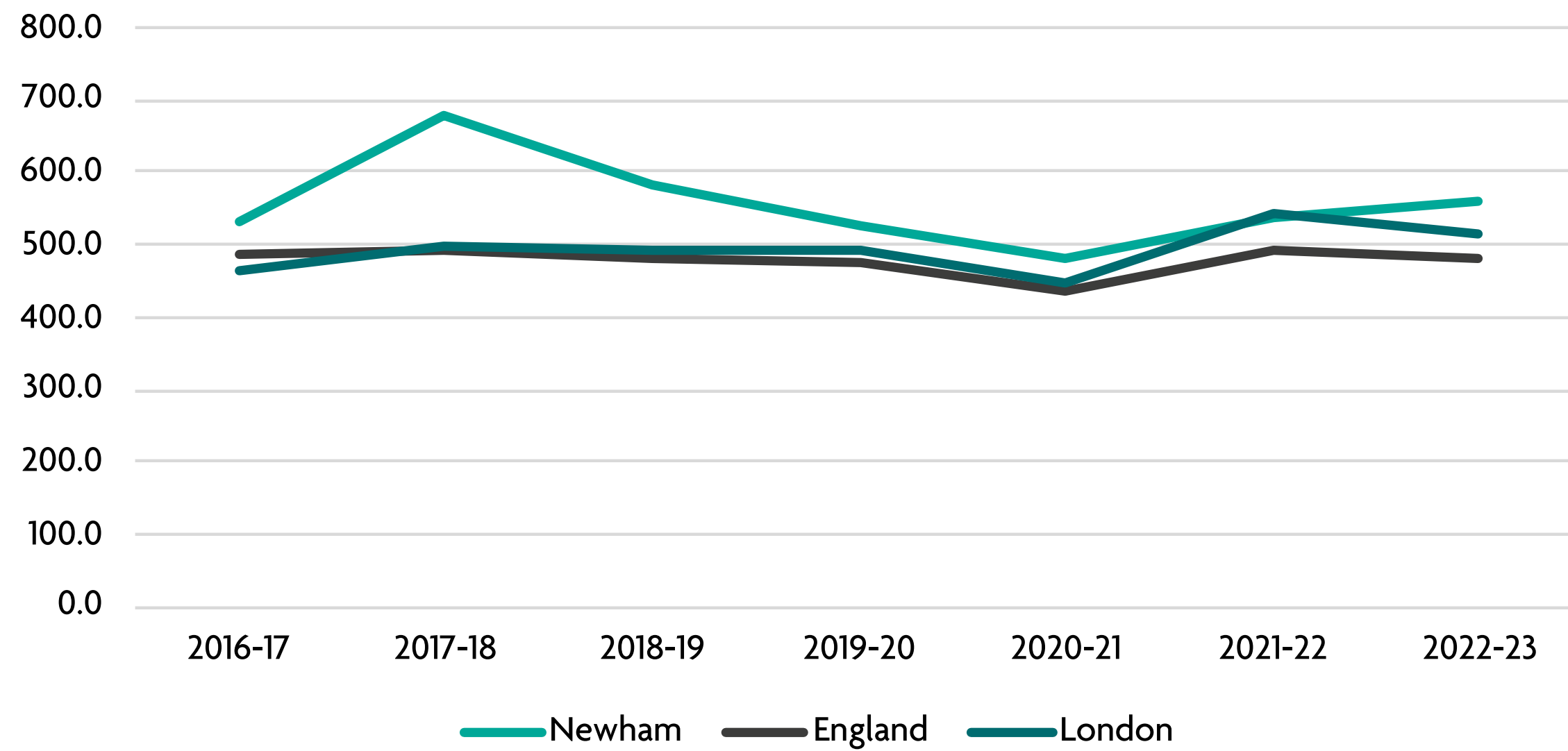
Figure 109: Rate of children with referrals in the year per 10,000 of children aged under 18 years



Source: Azeus, LBN

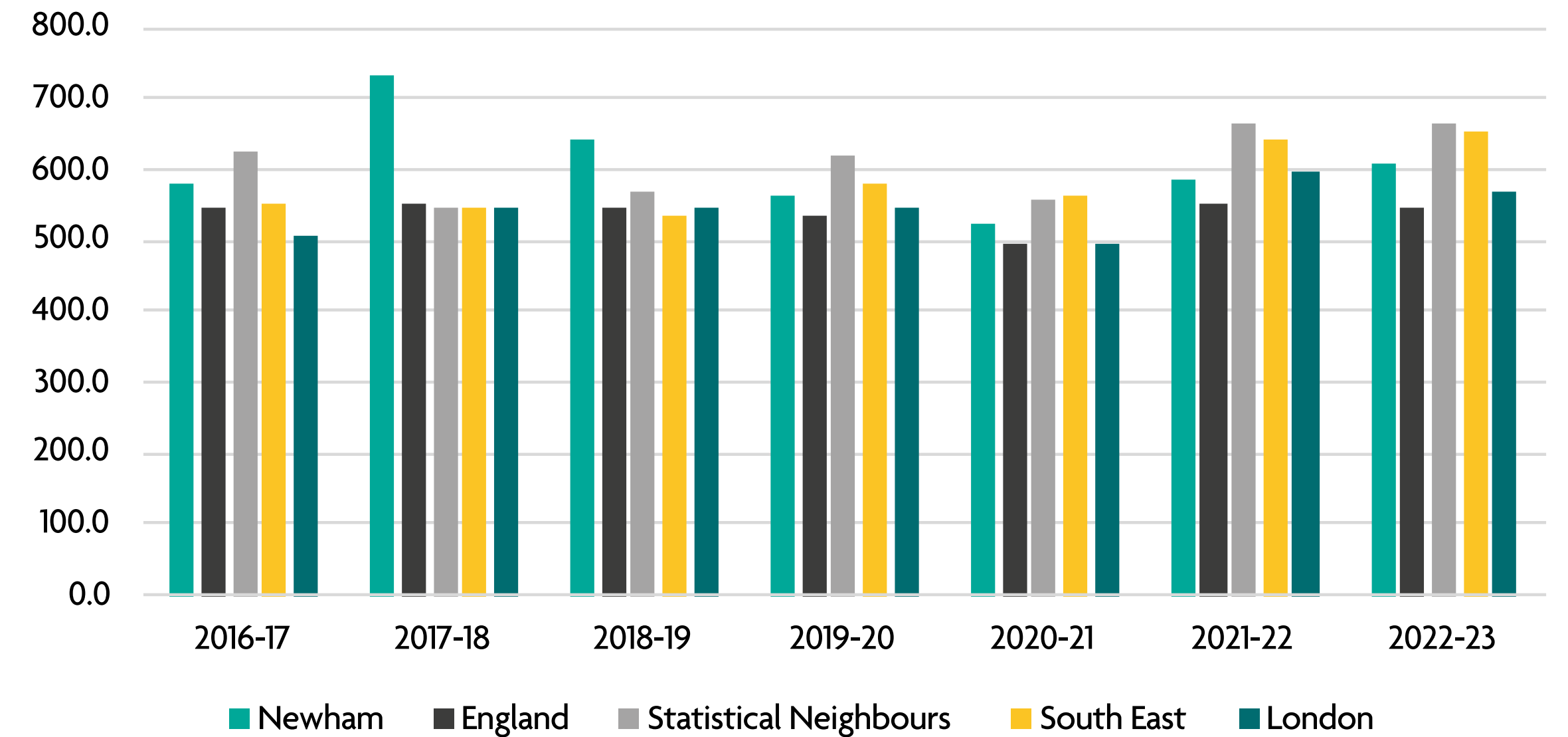
Safeguarding: Referrals to Children's Social Care

Figure 110: Referrals Aged 0-18



Source: Azeus, LBN

Figure 111: Rate of referrals per 10,000 children

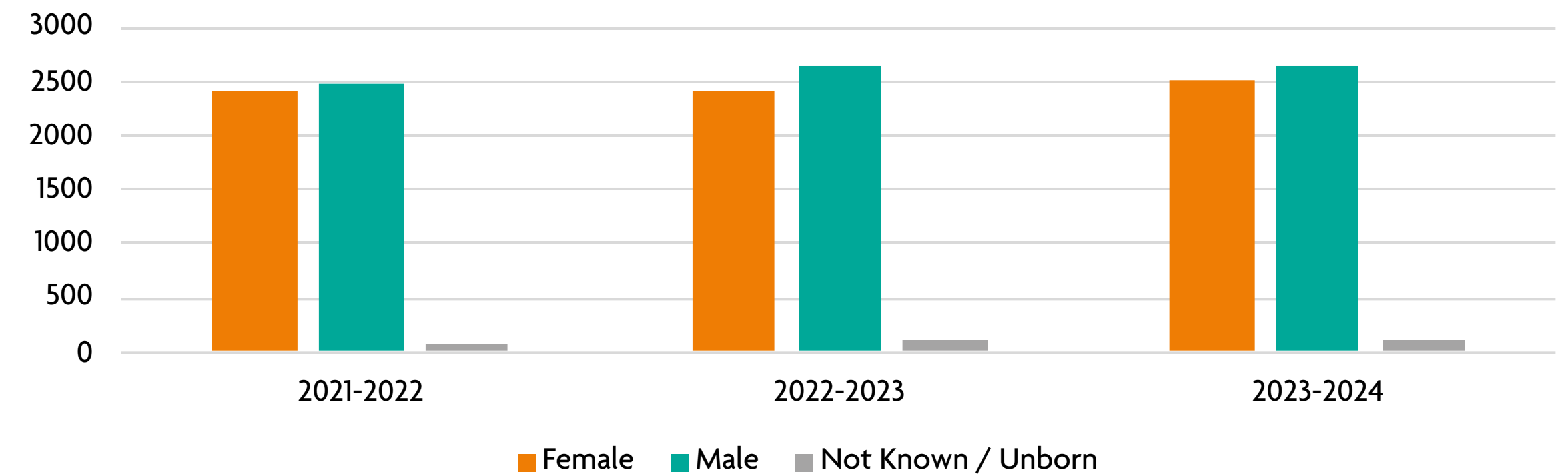


Source: Azeus, LBN

Inequalities - Gender

- More males than females are the subject of referrals to Children Social Care
- There has been a gradual increase in the referrals for Unborn Babies. 1.9% of the total referrals (15,030) to Children's Social Care between 2021 – 24, were for Unborn babies.
- Children from Black ethnic background are over represented in referrals to Children's Social Care when compared with the general population. Black children account for 27.4% of the referrals to social care.
- Whilst referrals for children from Asian background is lower than would be expected when compared to the general population.
- Children aged 10 -15 are over represented in the referrals to Children Social Care. This is followed by children aged 5-9 year olds.

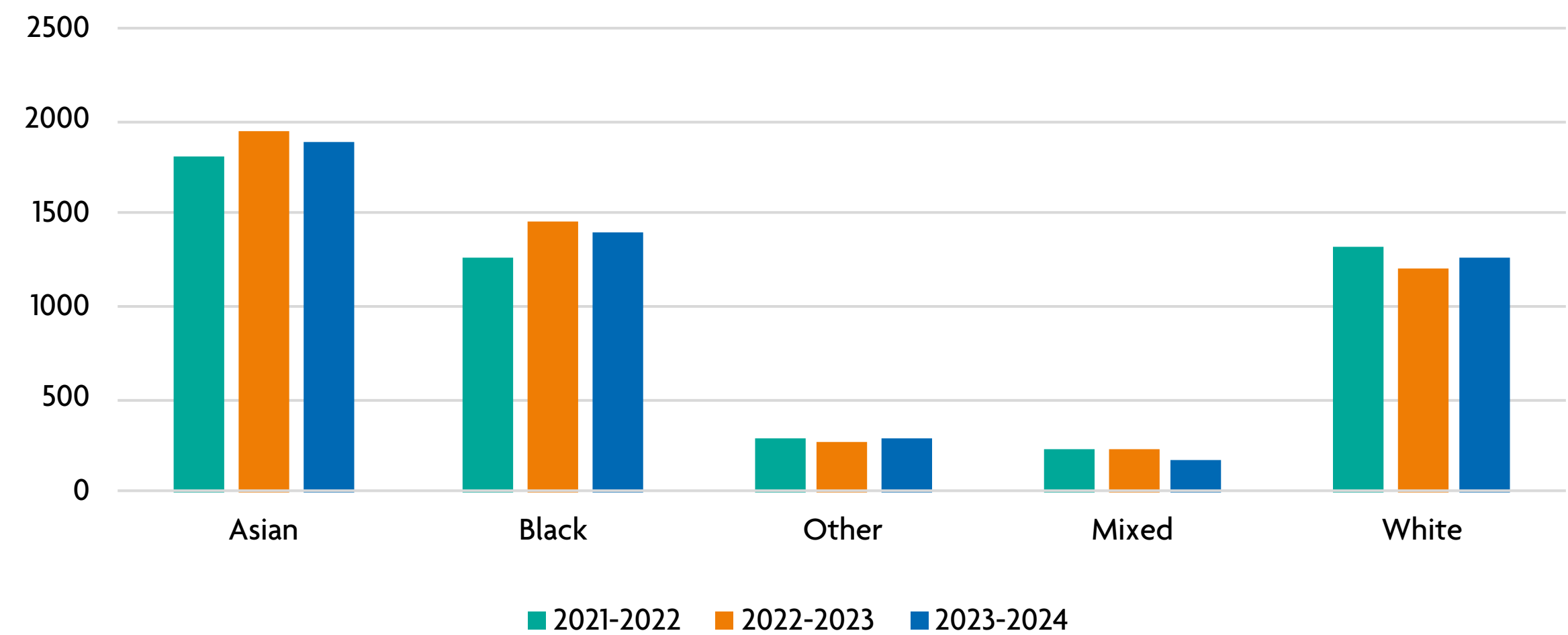
Figure 112: Gender



Source: Azeus, LBN

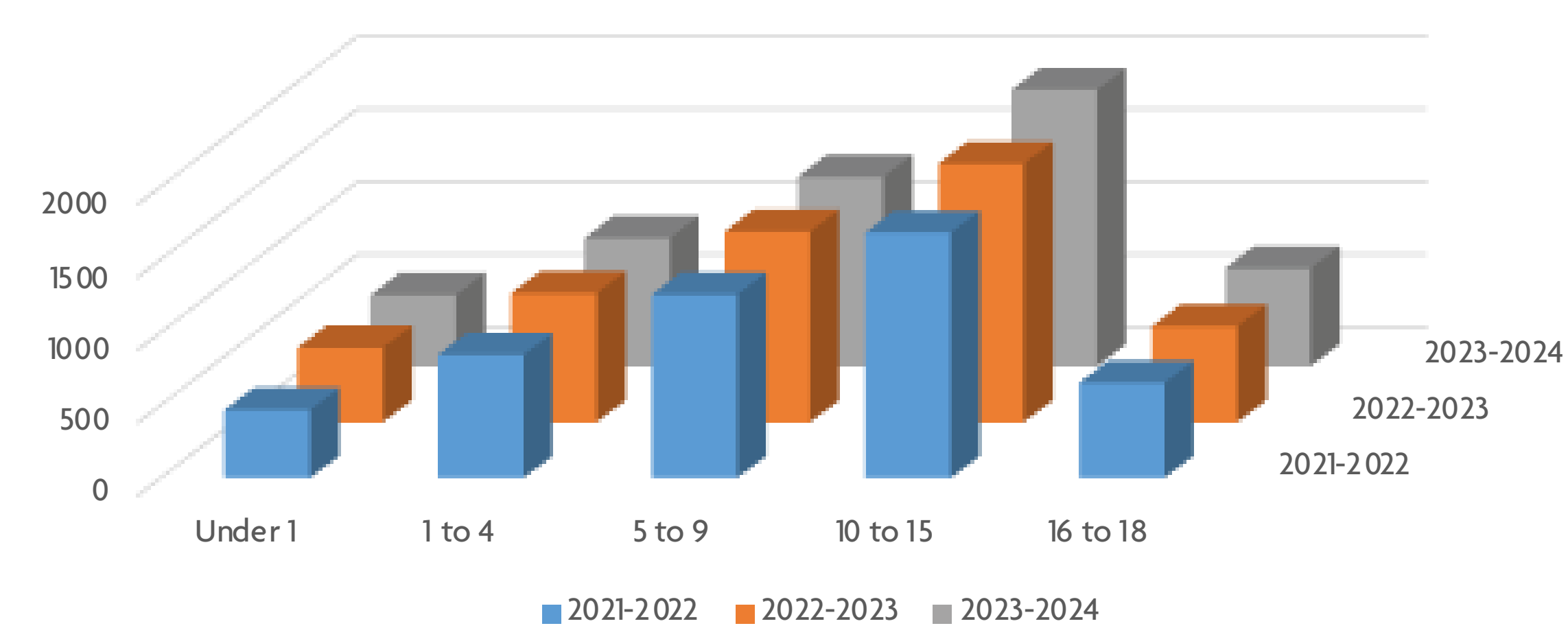
Safeguarding: Referrals to Children’s Social Care

Figure 113: Referral Ethnicity



Source: Azeus, LBN

Figure 114: Age at Referral



Source: Azeus, LBN

Forecasting Future Needs

Newham's level of referral rates is now more aligned to the National Average. The Data however, highlights that there is an over representation of Children from Black Ethnic background in this cohort. This is likely due to a number of factors, including socio-economic needs. This trend is likely to continue if nothing changes. As such, there need to be a systematic review and focus on equality, as this will help to understand and better act, in addressing the disproportionality, and why more Children from Black Ethnic background are referred to statutory children's services.

Strategic Implications

- Although the referral rate is more aligned to the National average, however, the complexity of referrals has been on the increase, as a result of which more children are the subject of Statutory Intervention both at the Child in need and Child Protection Levels.
- The increase in demand for statutory intervention equates a high level of spend for the Local Authority
- Investing more and increasing the scope of the Early Help offer and intervention will help reduce and mitigate harm to children



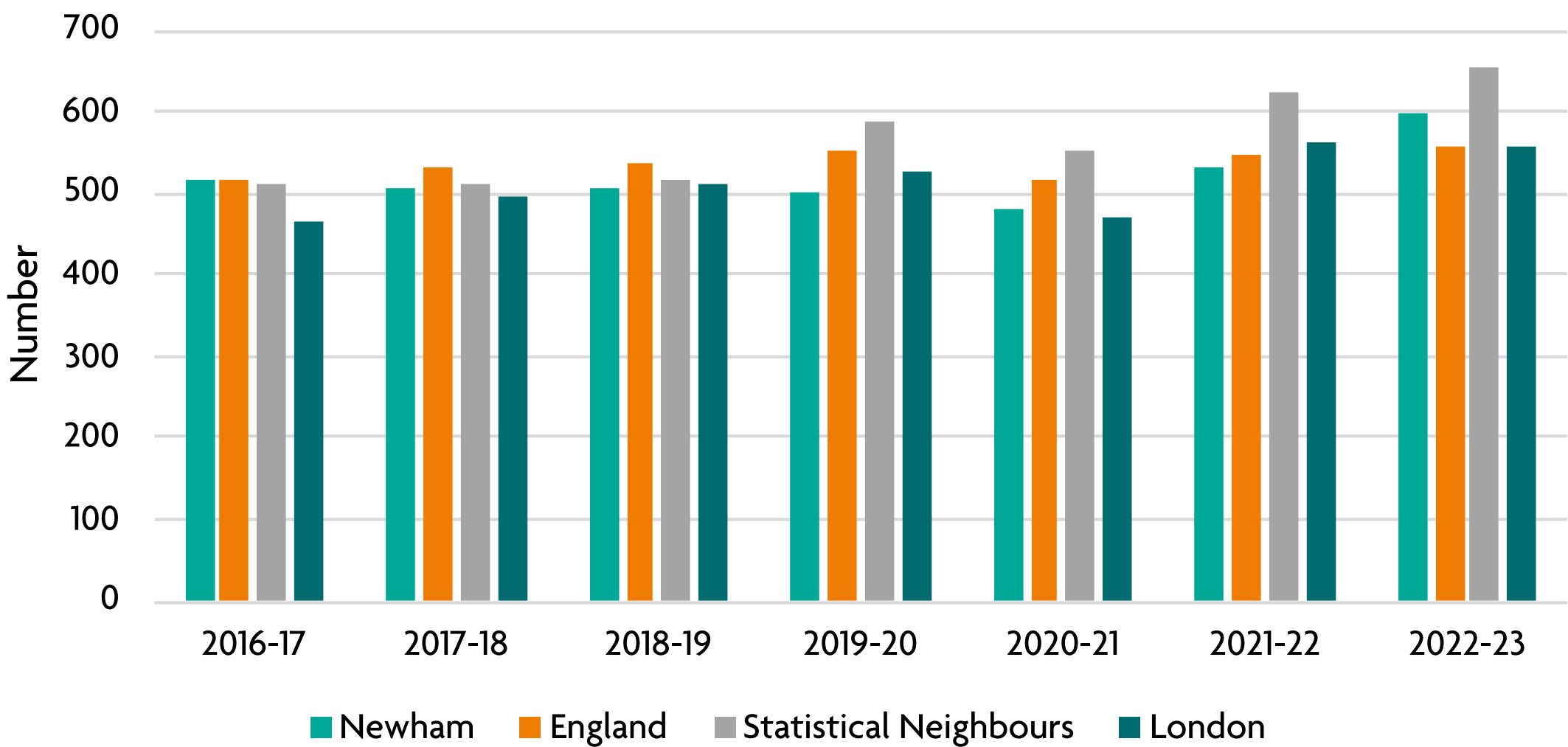
Why this is important?

- Local Authorities have a statutory duty to complete Assessments, under s17 of the children Act 1989, where a child is deemed to be a child in need of support (CIN), or under s47 Children Act 1989, where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm, and is in need of protection.
- The main purpose of Children’s Social Care Assessments is to gather important information about a child and family, provide support to address those needs, in order to improve the child’s outcomes and welfare, and where necessary to make them safe.
- These Assessments are referred to as Single Assessments in Newham, and should be completed within a 45 working day timeframe to seek to ensure that children and families receive timely response to any support or safeguarding requirements.

Local Context for Newham

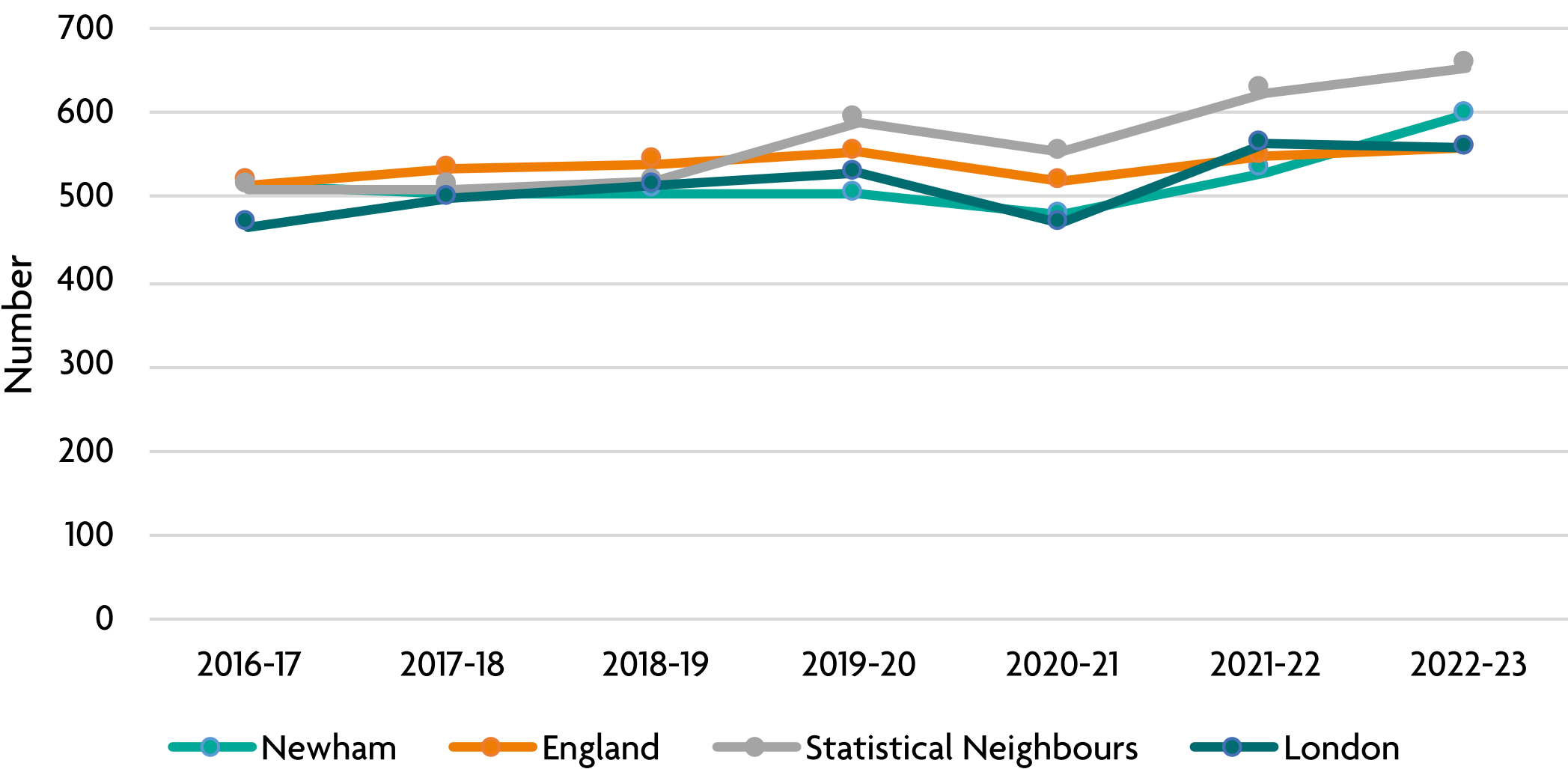
- There was a decline in the rate of Assessments in 2020-21 during the Covid period, which is proportionate to the decrease in the rate of MASH Contacts and Referrals for this period. However, there has been a gradual increase in the number of children aged 0-18 who are the subjects of Single Assessments, in the past couple of years. This is more in line with the London and England average, albeit higher than our statistical neighbours.
- Domestic Violence remains the highest factor identified following Assessments. Newham has also seen an increase in cases of Adult Mental Health, Child Exploitation, and Neglect.

Figure 115: Assessment aged 0-18



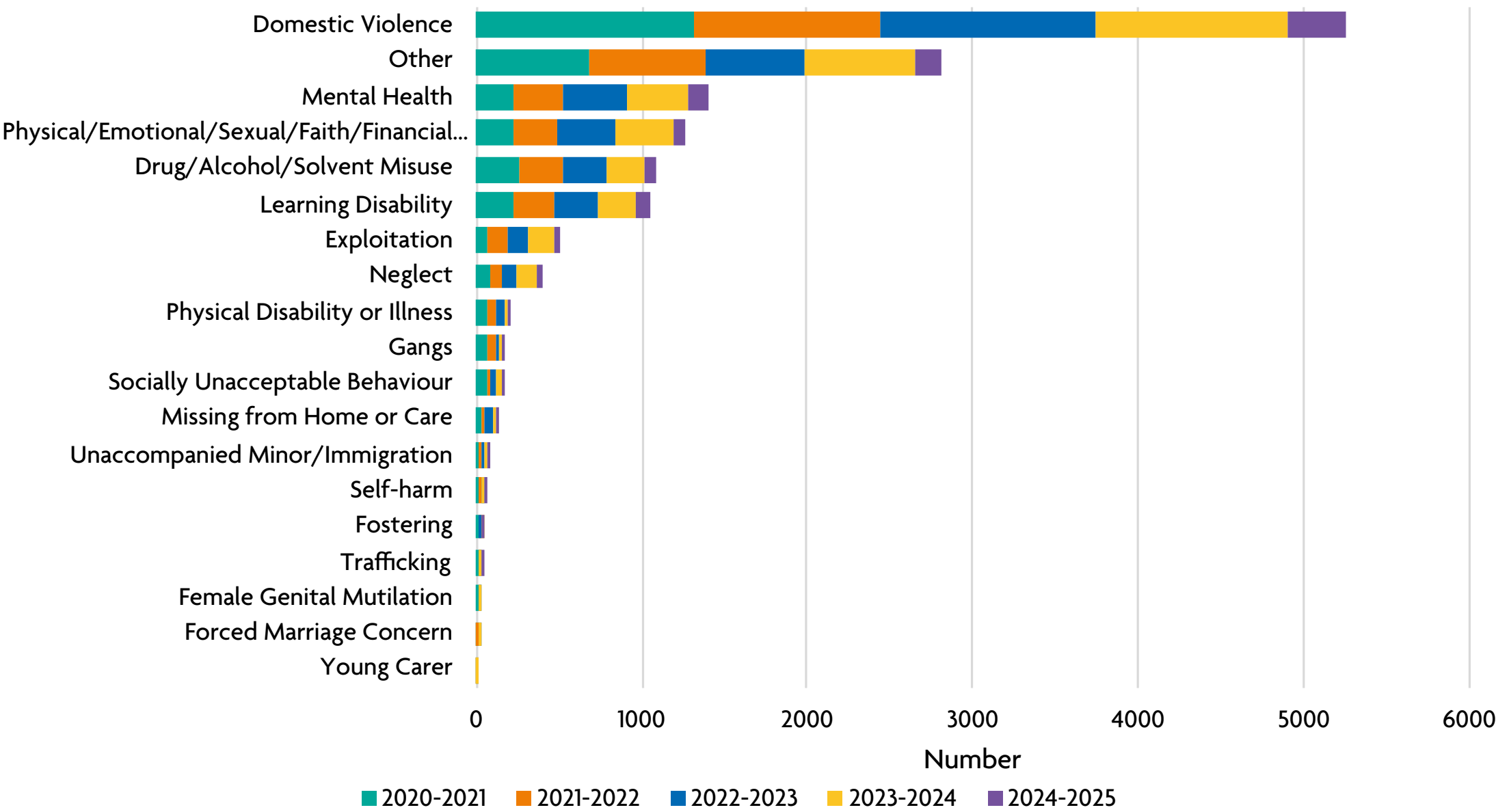
Source: Azeus, LBN

Figure 116: Assessment aged 0-18



Source: Azeus, LBN

Figure 117: Factors

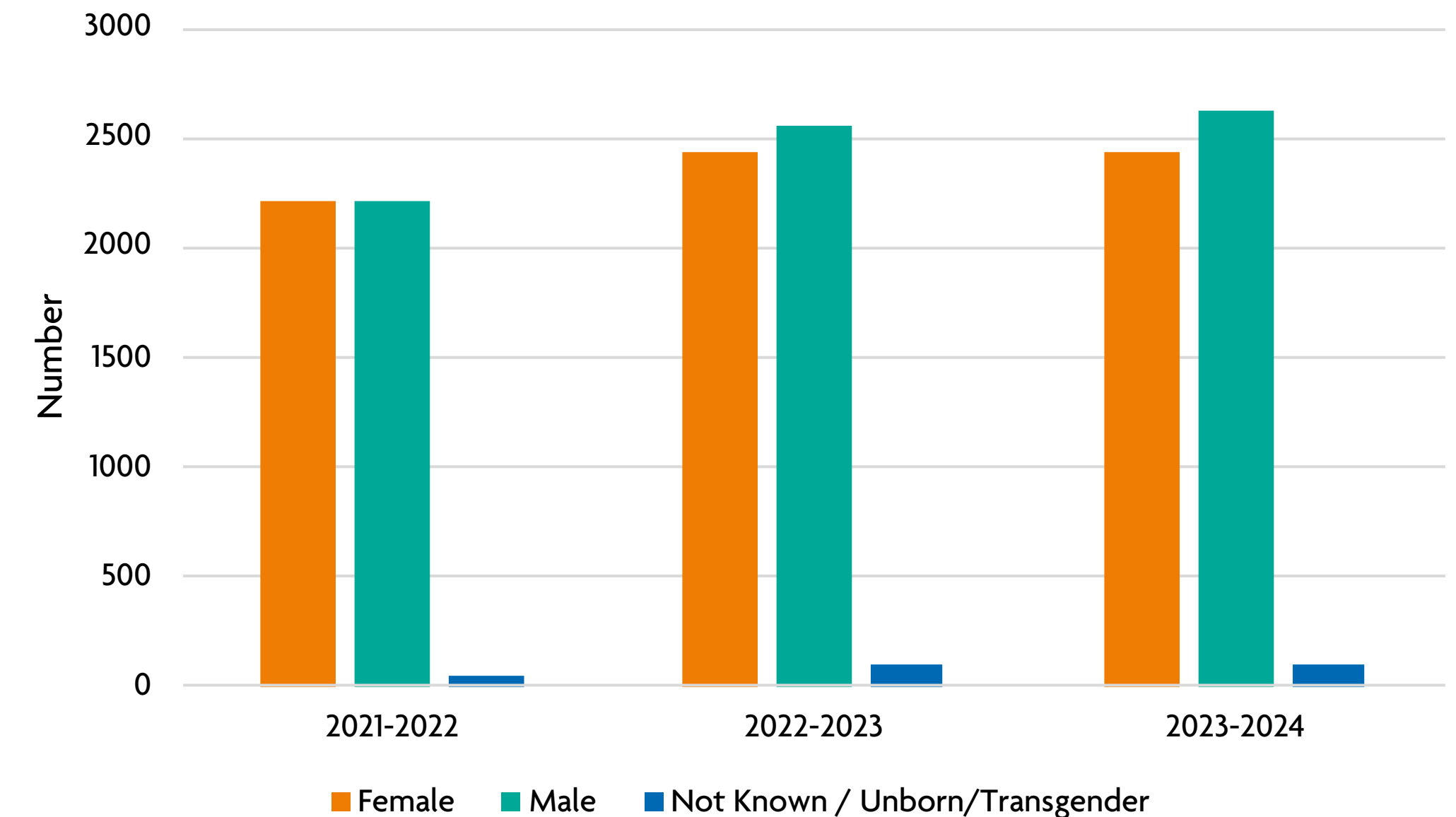


Source: Azeus, LBN

Inequalities

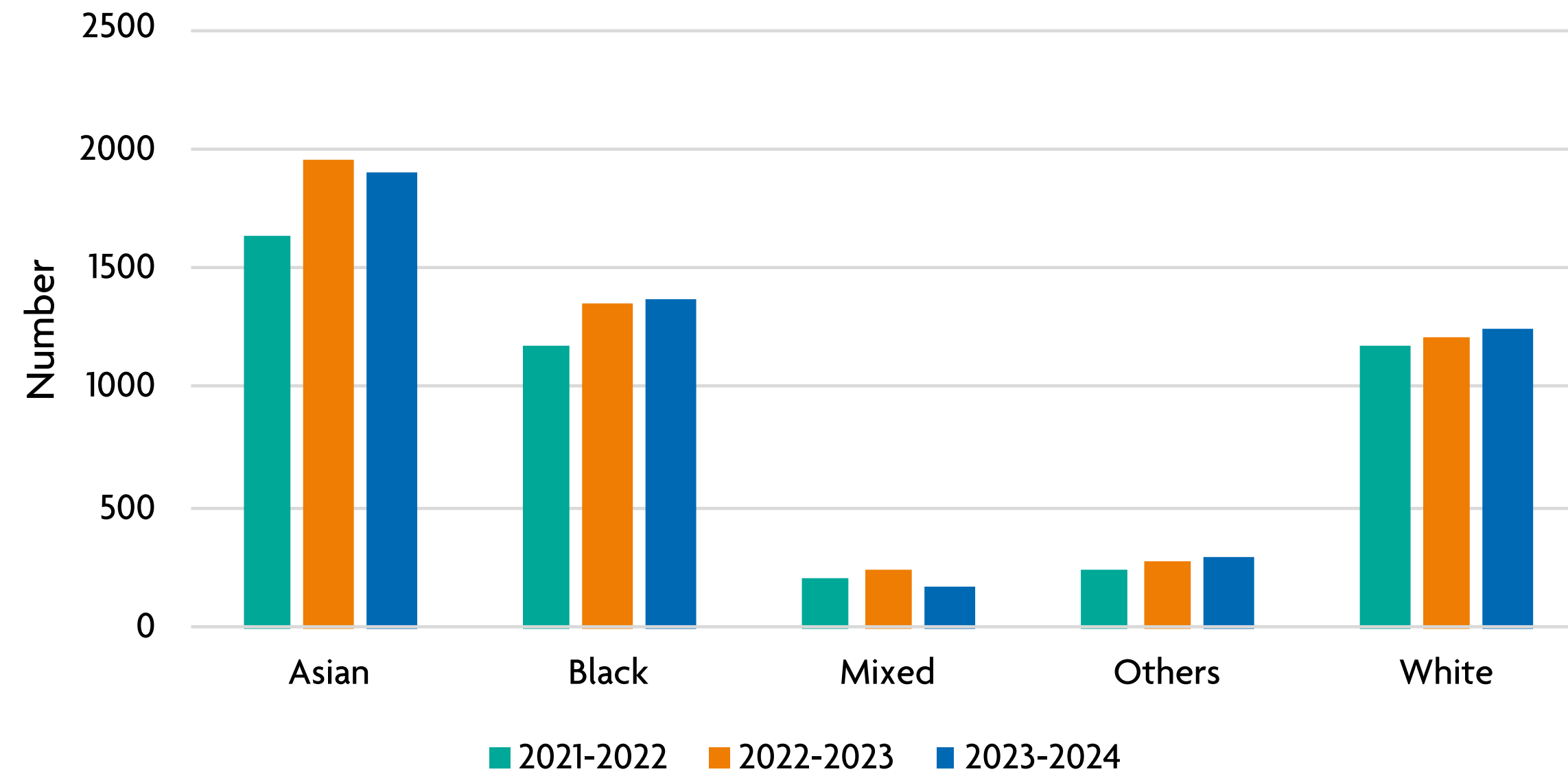
- Historically, more male children compare to female are the subject of Assessments in Newham, but similar numbers in both sexes were recorded in 2021-22. However, there has been a sharp increase in the number of male children subject to Assessments since 2022 compared to female children.
- The number of Unborn Babies subject to Assessments doubled in 2023-24, in comparison to 2021-22
- Although more children of Asian ethnicity are the subject of Assessments, however, this is lower than would be expected from the general population (42%). More children from Black ethnic background are subject to Assessments than would be expected from the general population (17%)
- Children aged 10-15 are significantly over represented in the cohort of children who are the subject of Assessment by children Social Care. This is closely followed by the aged group 5-9

Figure 118: Gender



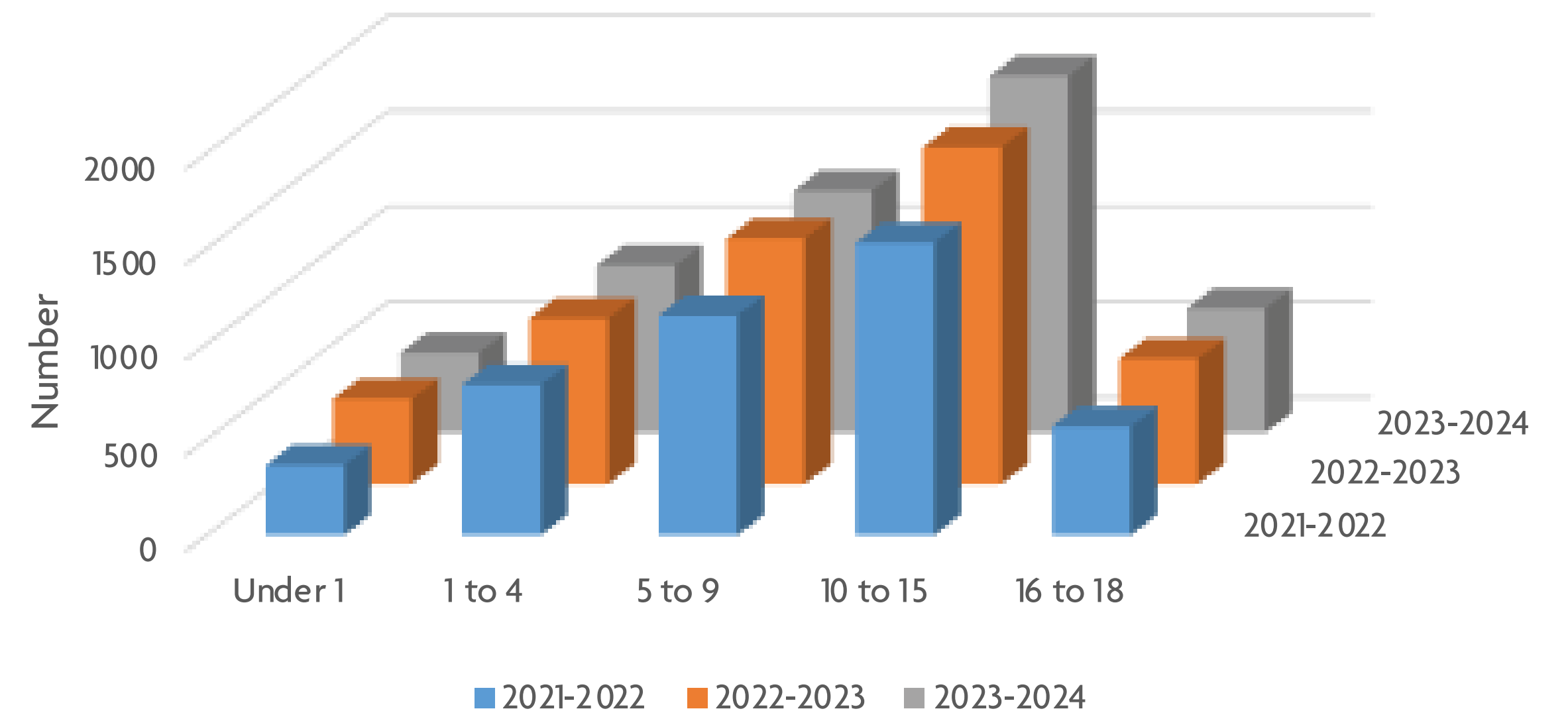
Source: Azeus, LBN

Figure 119: Ethnicity at assessment



Source: Azeus, LBN

Figure 120: Age at Assessments



Source: Azeus, LBN

Forecasting Future Needs

- Disproportional representation in relation to age, gender, and ethnicity is being identified at the outset of the Assessment process to Children's Social Care, just as Risk Factors
- We are seeing more cases with high complex needs referred to Statutory Children Social Care for Assessments and intervention.
- High rate of completion to timeliness, indicates timeliness of response and less delay to children who are referred for Children Social Care intervention.

Strategic Implications

- Risk factors identified at the time of completion of Assessments, are indicative of the socio-economic needs in the community. The prevalence and increase in factors such as extra-familial harm/contextual safeguarding, exploitation and neglect has cost implications for the Council in the long term, as this in turn spells an increase in statutory intervention with more children subject to child protection plans and becoming looked after.
- More multi-agency targeted and wrap around community based support services is needed at a much earlier stage in order to reduce escalations to statutory children social care. This is bound to reduce cost in the long term.

Why this is important

- The MASH is the Single Front door for enquiries regarding requests for support and safeguarding of children.
- The number of Requests for Support and Requests for Protection into the MASH may be indicative of the needs in Newham.
- Details and volume of contacts provide strategic decision makers with patterns of needs, and how best to distribute resources in Newham.
- Contacts to the MASH enables the right identification of the pathway for support and need for vulnerable children and their families.

Local context for Newham

- As all authorities have differing methods of managing Social Care/Children Services Front door, benchmarking is not possible
- The total number of MASH Contacts has remained relatively consistent over the last 4years, with a slight drop in Q1 & Q2 2020. This drop in the volume of contacts coincides with Covid-19 lockdown
- There was a spike in MASH Contacts in Q1 & Q4 in 2021, otherwise, the rate of MASH contacts has remained steady in the last 4years.

Contacts by Agency Source

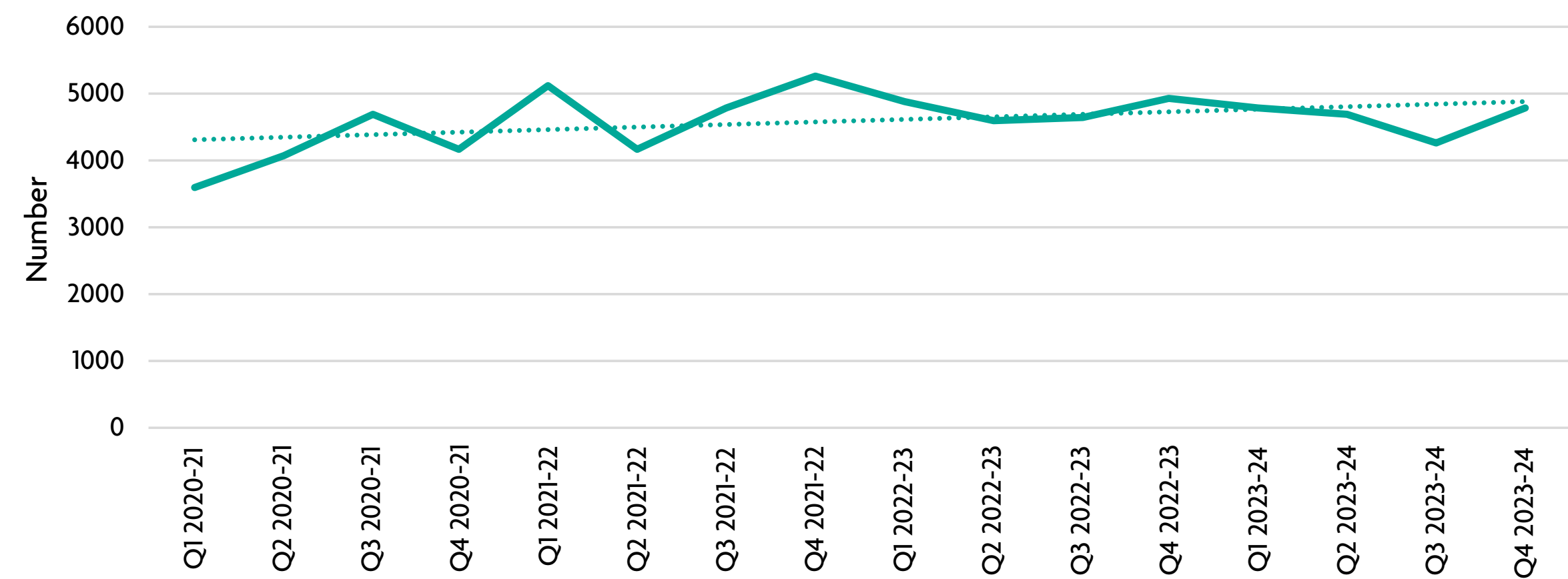
- The three core agencies (Police, Health, and Schools/Education) remain the highest contributors of contacts into the MASH.
- Of the total volume of MASH Contacts received in 23/24 (18, 587), the three core agencies collectively contributed 14,357/77% of these.
- Newham has continued to see an increase in the volume of MASH Contacts referred by the Police over the years, with Police contributing 7003/36% of the total volume of MASH Contacts in 23/24
- Of the three core agencies, Education/Schools referred the least number of contacts into the MASH over the past 3-4years.
- The number of contacts into the MASH tend to increase during School term times, and fall during breaks.
- The outcome and pathway for support for contacts referred to the MASH, is determined by the level of risks and need.
- The highest number of MASH Contacts are stepped down to Early Help and Universal support services. Outcome to Early Help accounts for approximately 40% of all MASH Contacts received over the past 3years. These are mainly children and families requiring support.
- The second highest proportion of MASH contacts over the last 3-4 years, have been stepped up to Statutory Children Services.

Safeguarding – contacts to MASH

Top 10 Presenting Issues

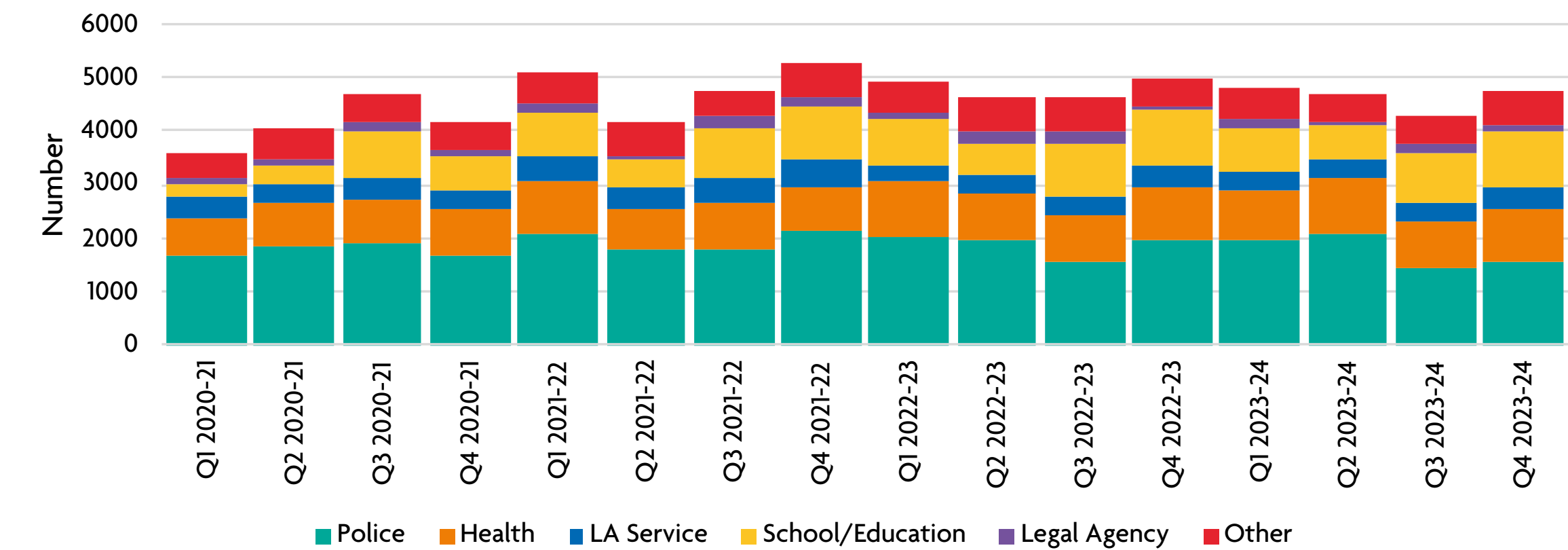
- Although there was a slight drop in the number of contacts with a presenting issue of Domestic Violence in 2022/23, 2023/24, however, other than Requests for Support, DV has remained the highest of the Top 10 presenting issues, in the contacts referred to the MASH.
- Other presenting issues are: Behaviour/Relationship problems, Neglect, Mental Health – Parent, Mental Health – Child, Emotional Abuse, Offending, Physical Abuse, Drug/Alcohol/Solvent Misuse - Parent

Figure 121: Contacts to MASH by Quarter



Source: AzeusCare MASH

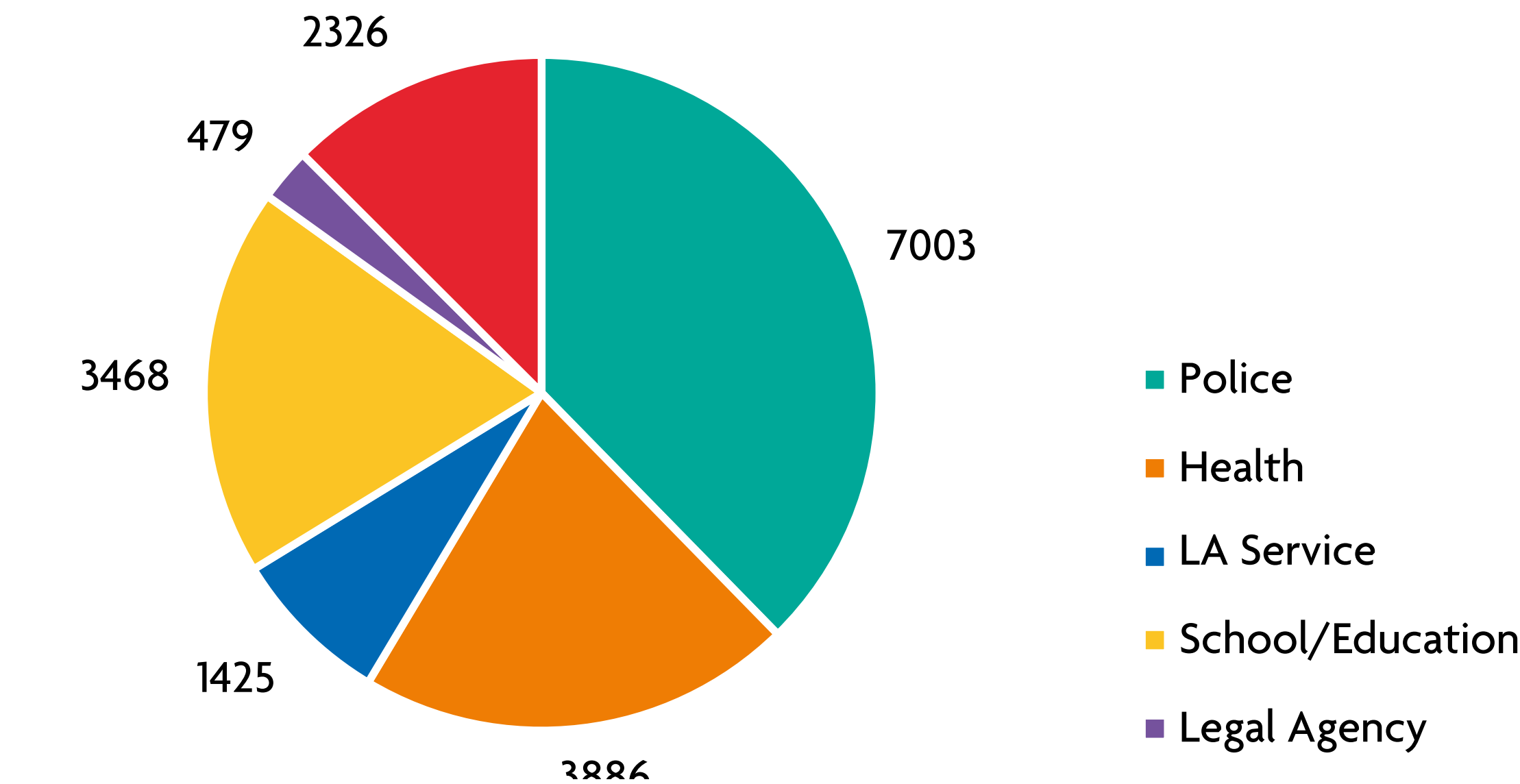
Figure 122: Contacts by Agency Source Type



Source: AzeusCare MASH

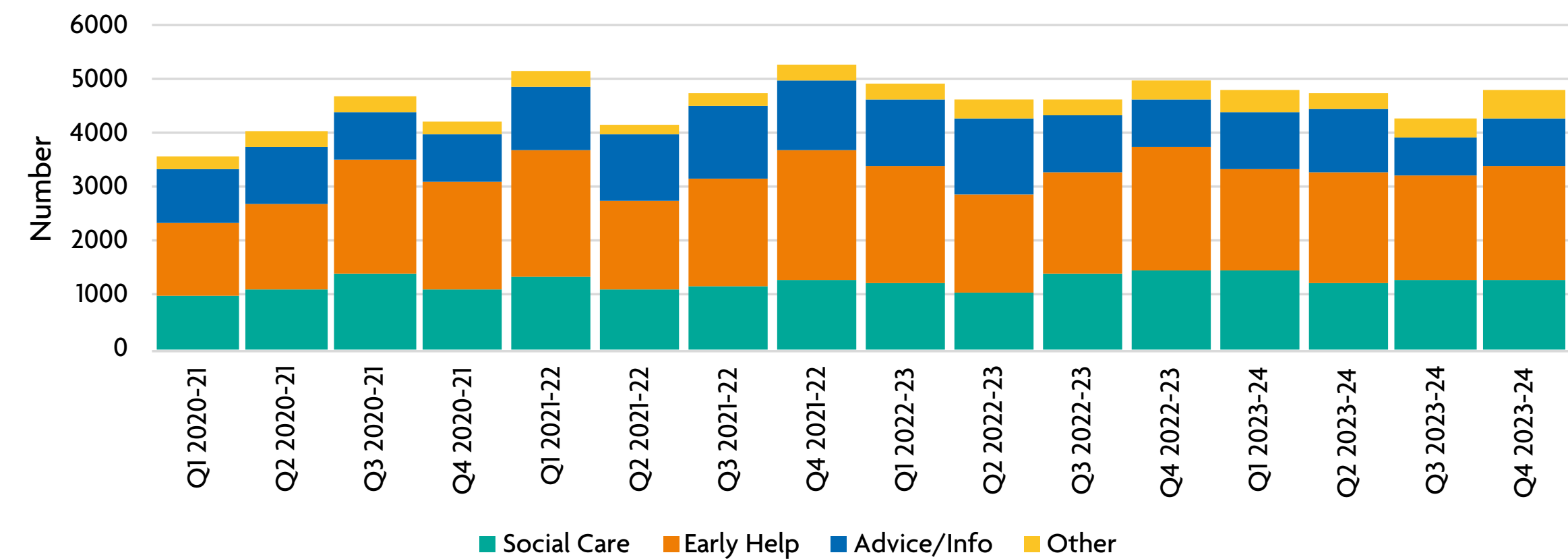
Safeguarding – contacts to MASH

Figure 123: Contacts for 2023/24 by Agency Source Type



Source: AzeusCare MASH

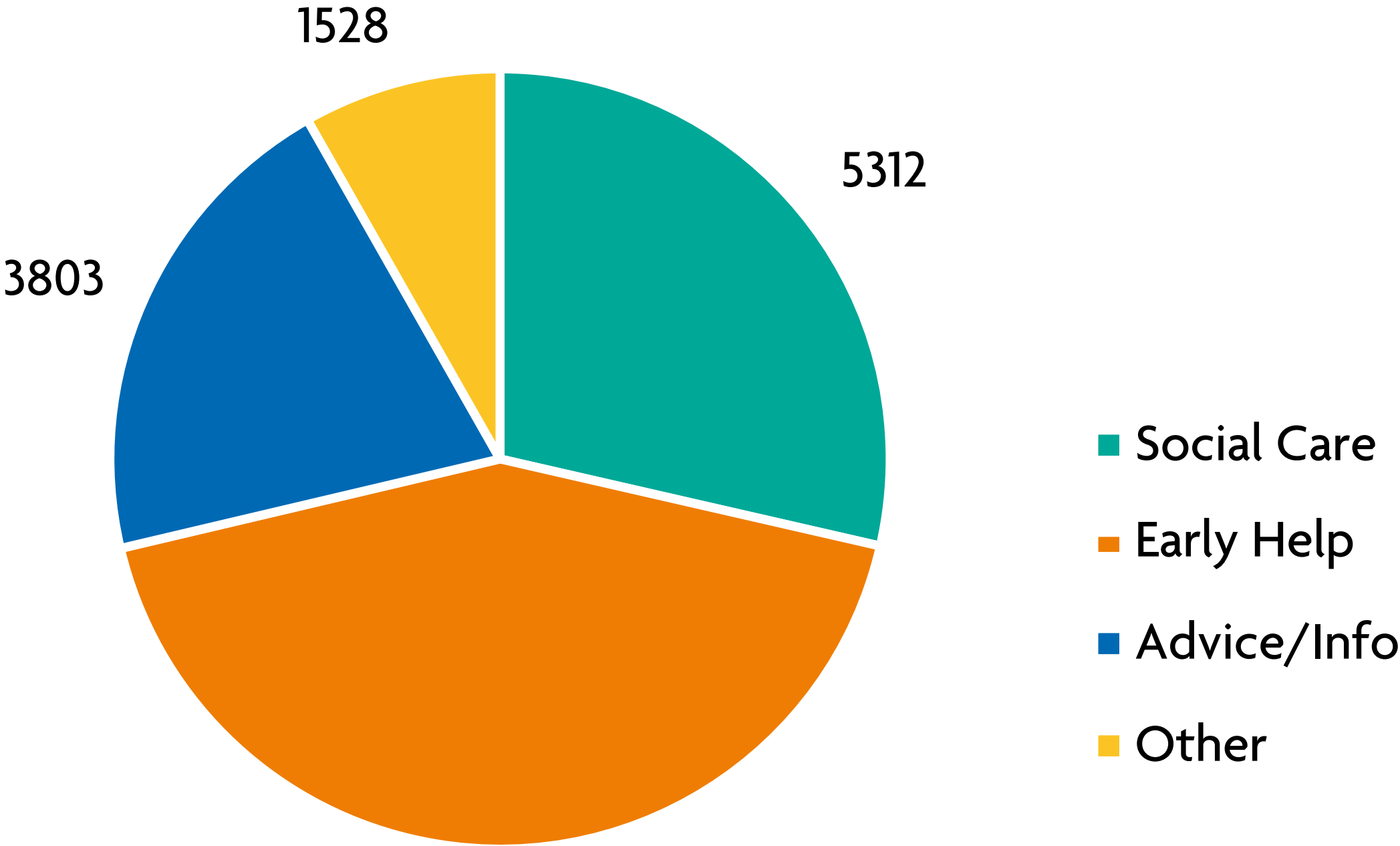
Figure 124: Contacts by Outcome Group



Source: AzeusCare MASH

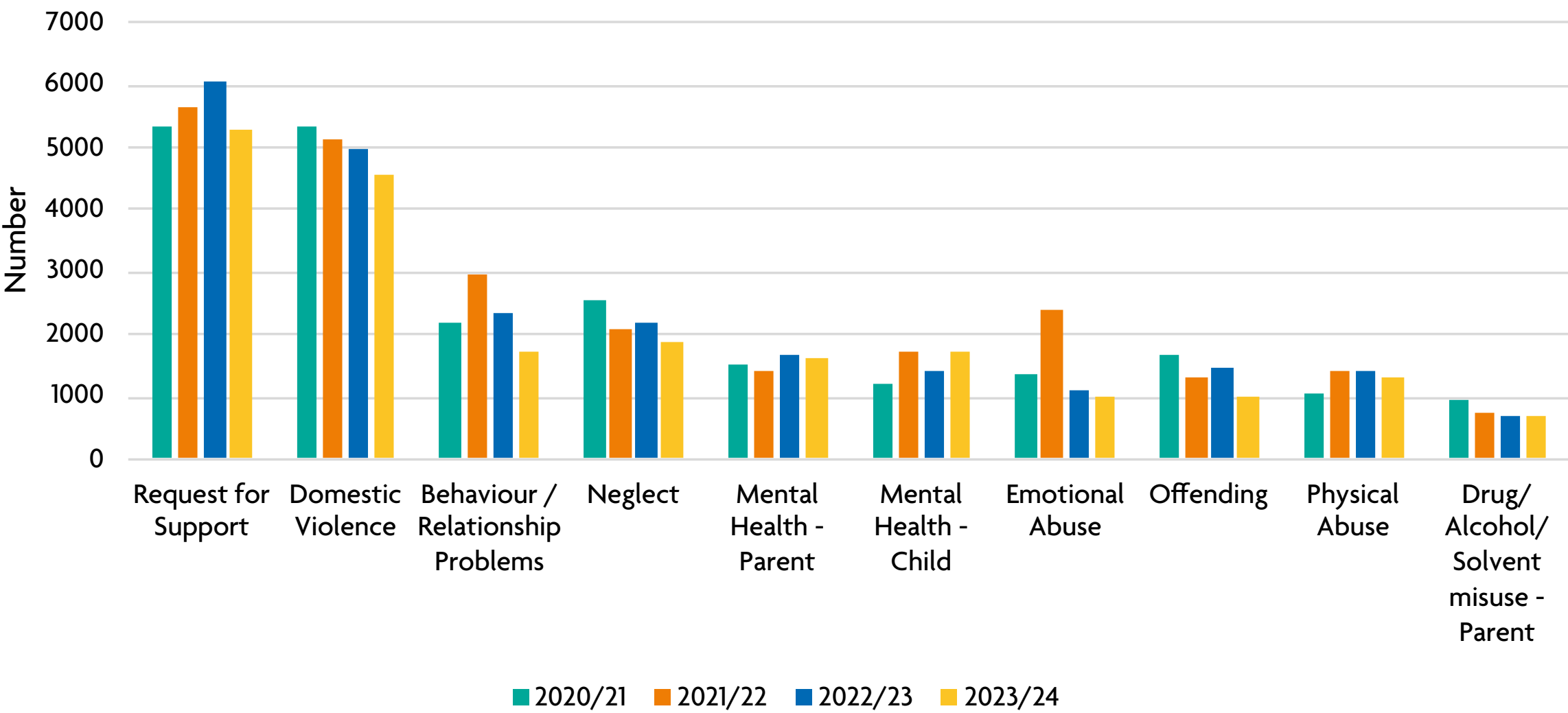
Safeguarding – contacts to MASH

Figure 125: Contacts for 2023/24 by Outcome Group



Source: AzeusCare MASH

Figure 126: Top 10 Contact Presenting Issues

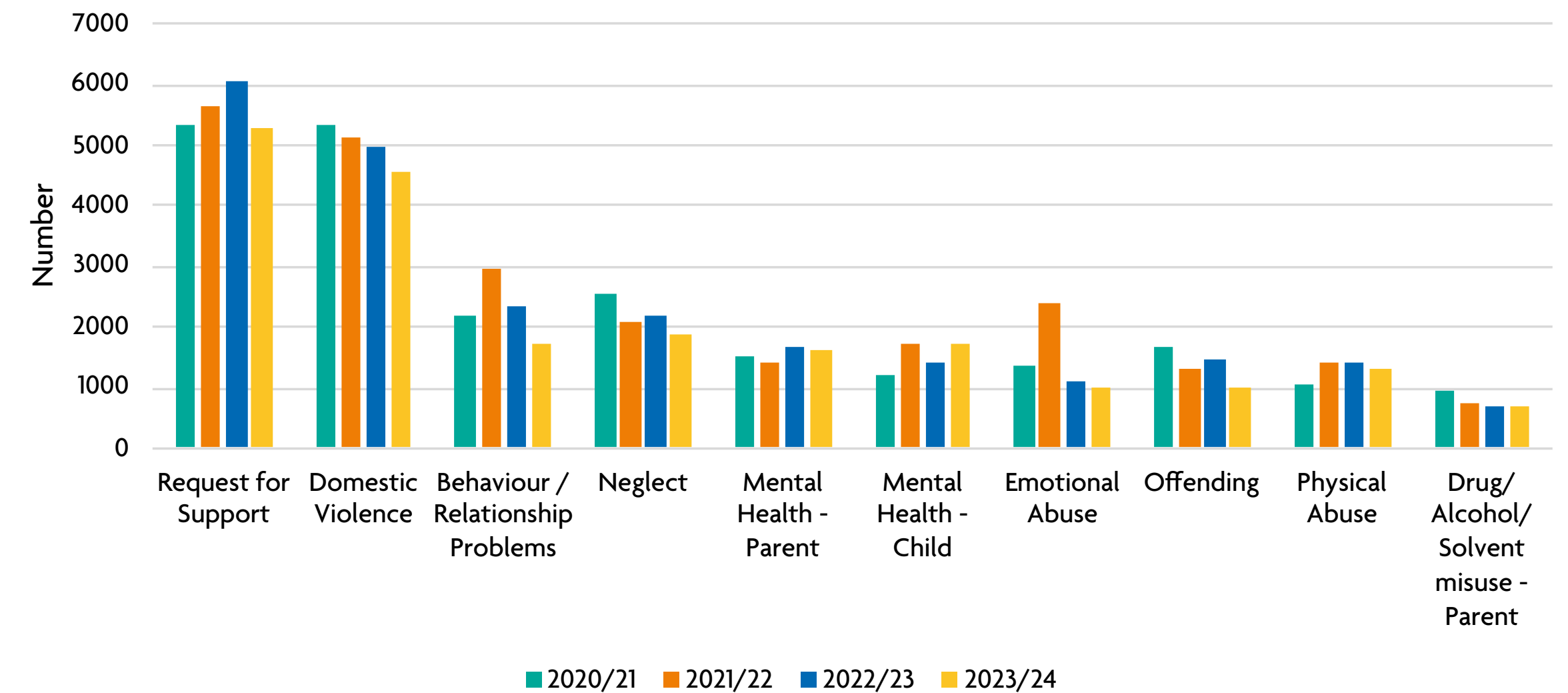


Source: AzeusCare MASH

Inequalities

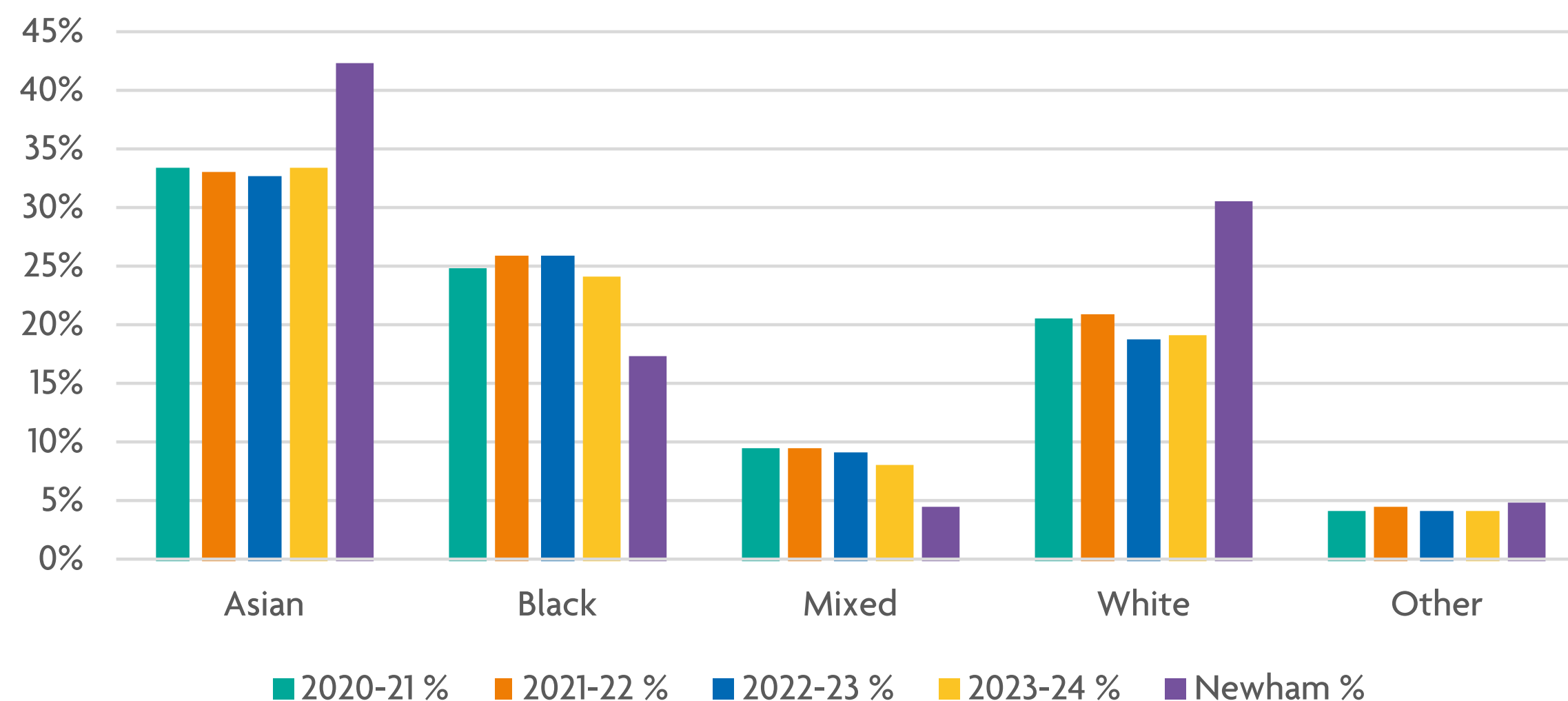
- Children aged 10 -15 are disproportionately represented in the contacts referred to the MASH. Based on the 2021 census, this is reflective of the general population for this age group.
- Newham continue to see a higher proportion of children from Black ethnic background referred to the MASH, which is more than would be expected of the general population. Comparatively, on the other hand, contacts regarding children and young people from an Asian ethnicity background, are lower. Against this is not reflective of the general population.
- Gender groups are equally represented within contacts to the MASH

Figure 127: Top 10 Contact Presenting Issues



Source: AzeusCare MASH

Figure 128: Ethnicity of Contacts



Source: AzeusCare MASH

Forecasting Future Need

- Due to the demography of the Local Area, and socio-economic needs such as poor quality of housing, poverty, and deprivation, the Request for Support for families has been on the increase. Also, Locally, the increase in stressors to parents and care givers, due to the cost of living crisis, increase in children's vulnerabilities and changes in access to universal services as a result of the Covid-19, may account for why Neglect as a 'presenting issue' is on the rise.
- This pattern of demand and trend is likely to continue in the coming years.
- Changes in Government policies on immigration laws (EU settlement and pre-settlement applicants), the war in Ukraine, and high numbers of Asylum Hotels in Newham has seen an influx of migrant families into the Local Area. These families are quite transient, impacting on effective tracking and intervention for vulnerable children and families.
- Locally and nationally, three factors have combined to place children at greater risk of abuse: increase in stressors to parents and care givers, increase in children's vulnerabilities and changes in access to universal services as a result of the COVID-19 pandemic

Strategic Implications

- The number of cases in the MASH, outcome to Early Help has continued to rise following the Covid Pandemic. There is therefore an expectation that more targeted support and additional resources will be required within Early Help and the wider network to support families with varied needs in the community.
- Newham need to promote and progress the Government's agenda on Family Help, as a whole Family approach would serve to provide families with the tools to achieve long-term change and stability.

Safeguarding - Child Protection Plans



Why is this so important?

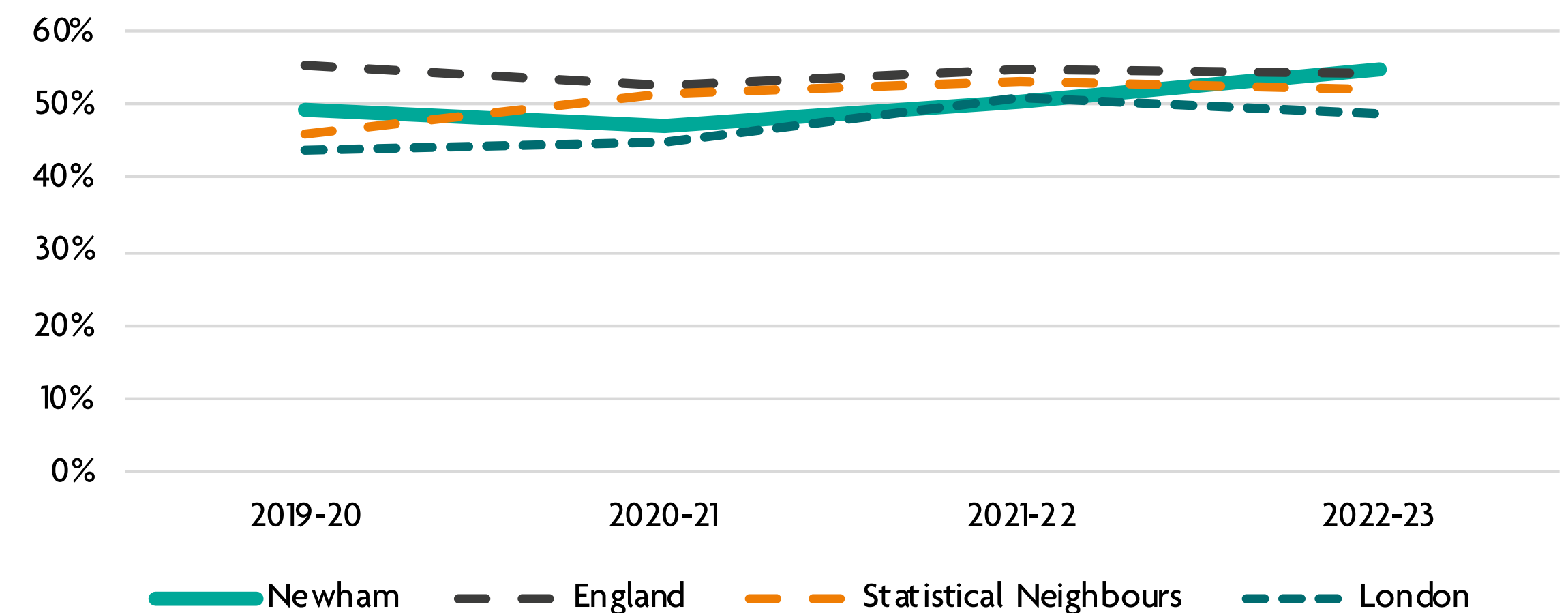
- Child protection plans are interventions where it is judged that a child is at serious risk from harm
- This is multi-agency work led by Social care

Local context for Newham

- Historically the rate of children with a Child Protection Plan at a snapshot date has been lower than London and England averages. In 2021-22 Newham's rate rose and appeared more in line with London, Strategic Neighbours and England averages. (Figure 129). The rate in Newham continued to rise to 2022-23. It is likely that following a period of Covid lockdown, more intense intervention could be reconvened and more direct work with both children and their families was seen (Figure 130)
- Emotional Abuse and Neglect were the most used categories for children being subject to a CP Plan 50% of children in 2023-24 were subject to a plan regarding concerns of Neglect (in the main linked to impact of Domestic Abuse) and over 40% of children were the subject of a CP Plan under the category of Emotional Abuse during 2023/24 (Figure 131)
- The use of the Neglect category has increased in 2023-24 and this is likely to be due to an increased understanding of how Neglect can encompass many different forms of harm.

- Children in Newham were the subject of CP Plans as a result of concerns about Physical Abuse or Sexual Abuse significantly less than they were with regard to Emotional Abuse and Neglect in 2022/23 and this has remained the same in 2023/24
- Emotional abuse went down to 35% in 2022/23 and up to 43% in 2023/24
- Regular audits are undertaken to ensure we are working with the right children at the right level of support.

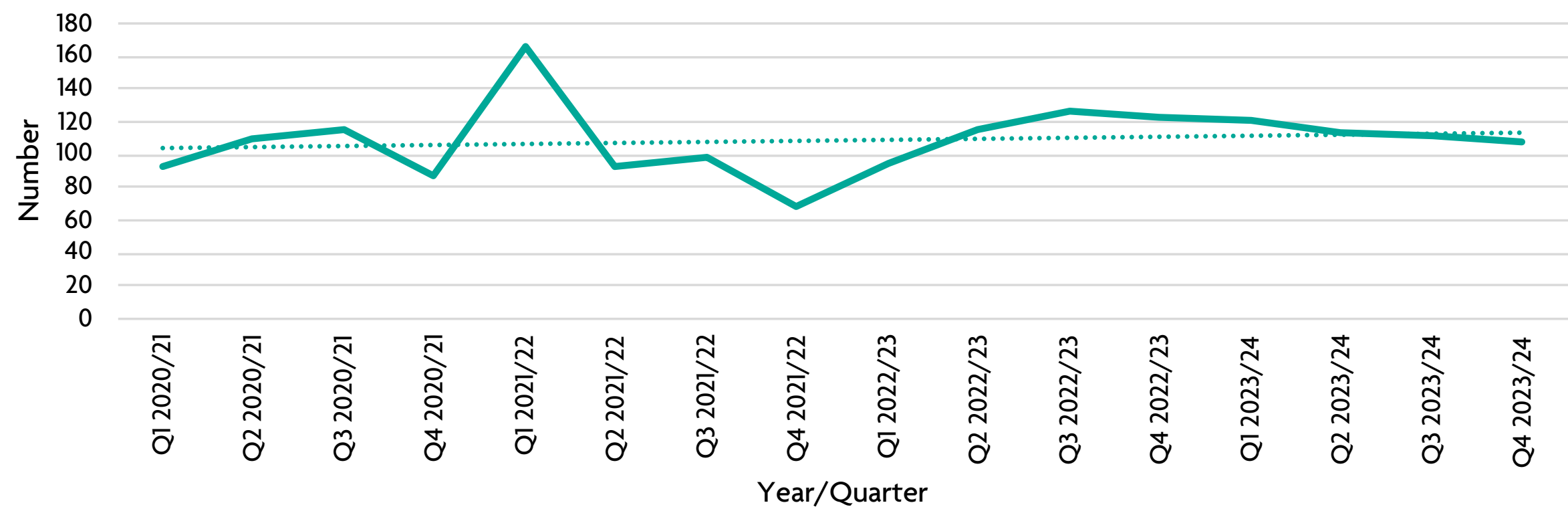
Figure 129: Children becoming subject of a CPP in year per 10,000 children



Source: Children's Social Care Benchmarking Tool

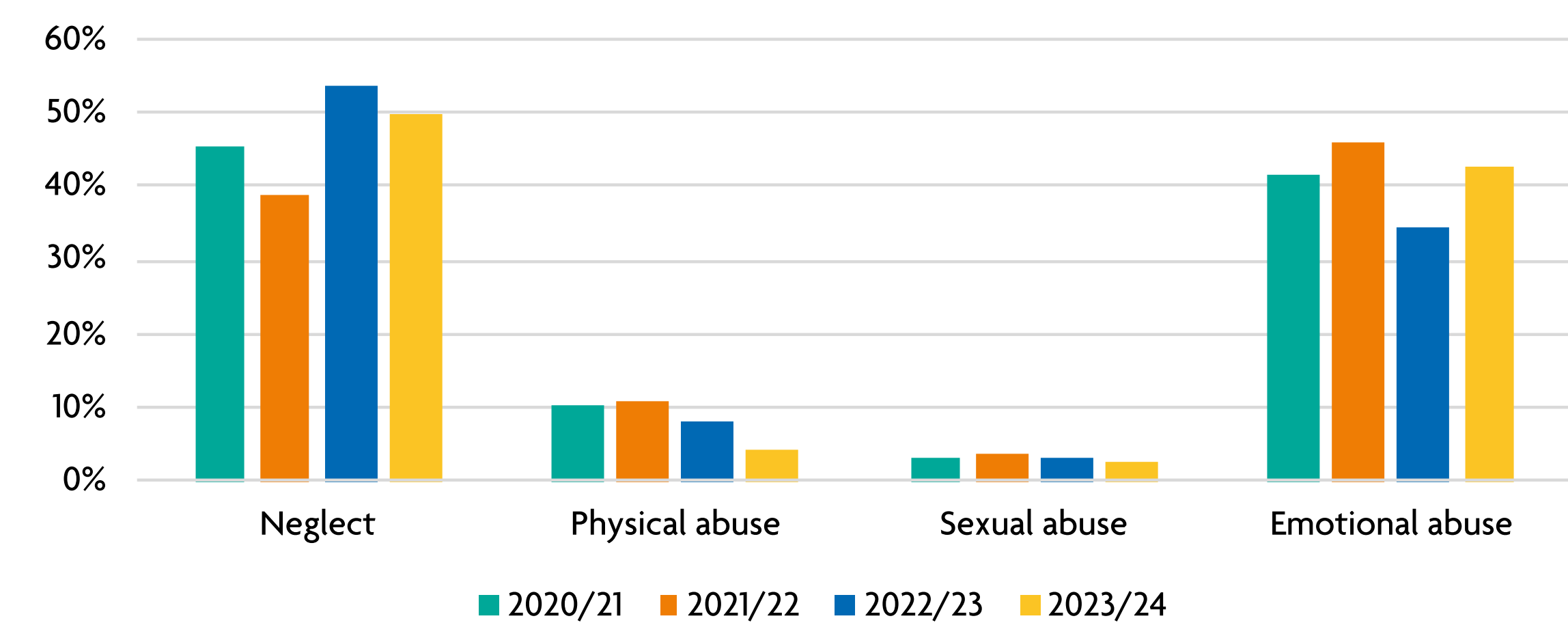
Safeguarding – Child Protection Plans

Figure 130: Children becoming subject to CPP by Quarter & Year



Source: AzeusCare

Figure 131: Children becoming subject to CPP by Category of Abuse



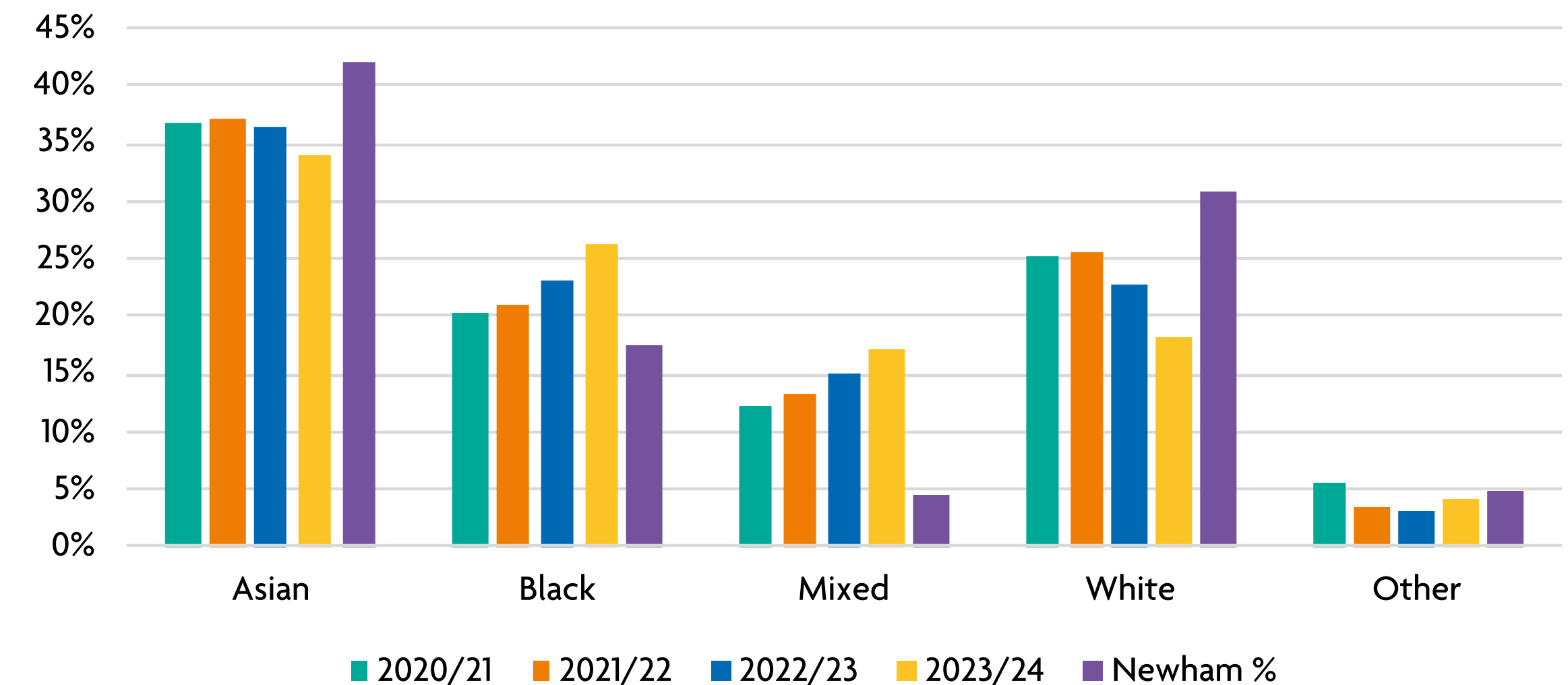
Source: AzeusCare

Inequalities:

The snapshot with regard to the ethnicity of children the subject of a CP Plan shows: (Figure 132)

- Children subject to a CP Plan in Newham are mainly children who identify as being 'Asian or Asian British' which would be expected due to the population ethnicity make up in Newham. However, the proportion of Asian children subject to a CPP has been less than expected considering the proportion.
- Those of Black and Mixed ethnicity proportionally are higher (over-represented) compared to the Newham population. This is a known factor within Newham and it is mainly boys who are responsible for this over-representation.
- The children subject to a CP Plan who identify as being White make up the second highest cohort of children. Children of Asian and White ethnicities are under-represented proportionally compared to the Newham population.
- The proportion for males seems to have increased in 2023/24, this will be monitored to see if these changes continue (Figure 133)
- The data is as would be expected, with the 16-18 age group under-represented compared to the proportion of the population and the other age-groups similar or over-represented (Figure 134)

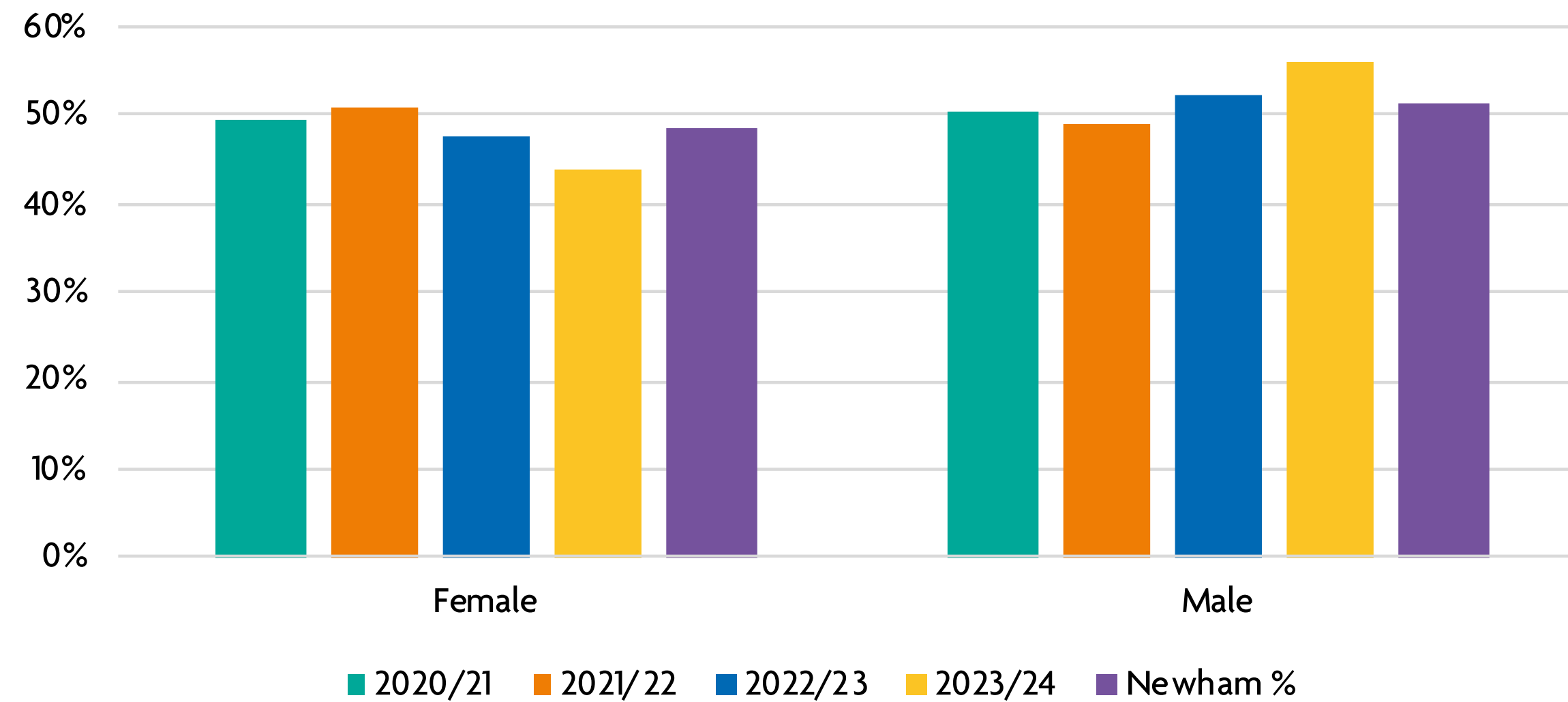
Figure 132: Children becoming subject to CPP by Ethnicity Group



Source: AzeusCare

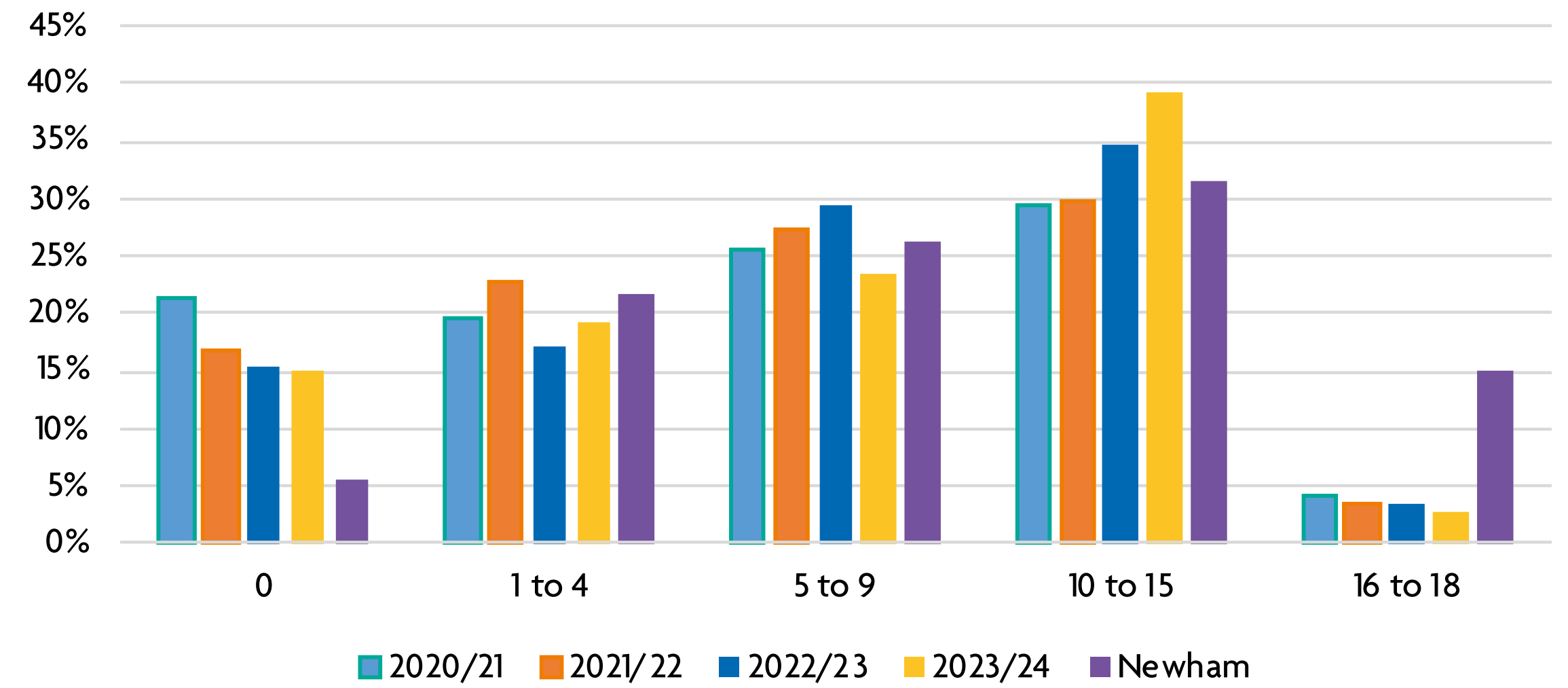
Safeguarding – Child Protection Plans

Figure 133: Children becoming subject to CPP by Gender



Source: AzeusCare

Figure 134: Children becoming subject to CPP by Age Group



Source: AzeusCare

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. Significant proportion of plans are due to Domestic Abuse and Neglect, often happening together. It is essential that we have the right tools to determine early what the issues are and that the workforce is skilled in recognising and working with families in the right way. It is acknowledged that Sexual Abuse may not be being recognised and therefore possibly being missed.

Forecasting future need

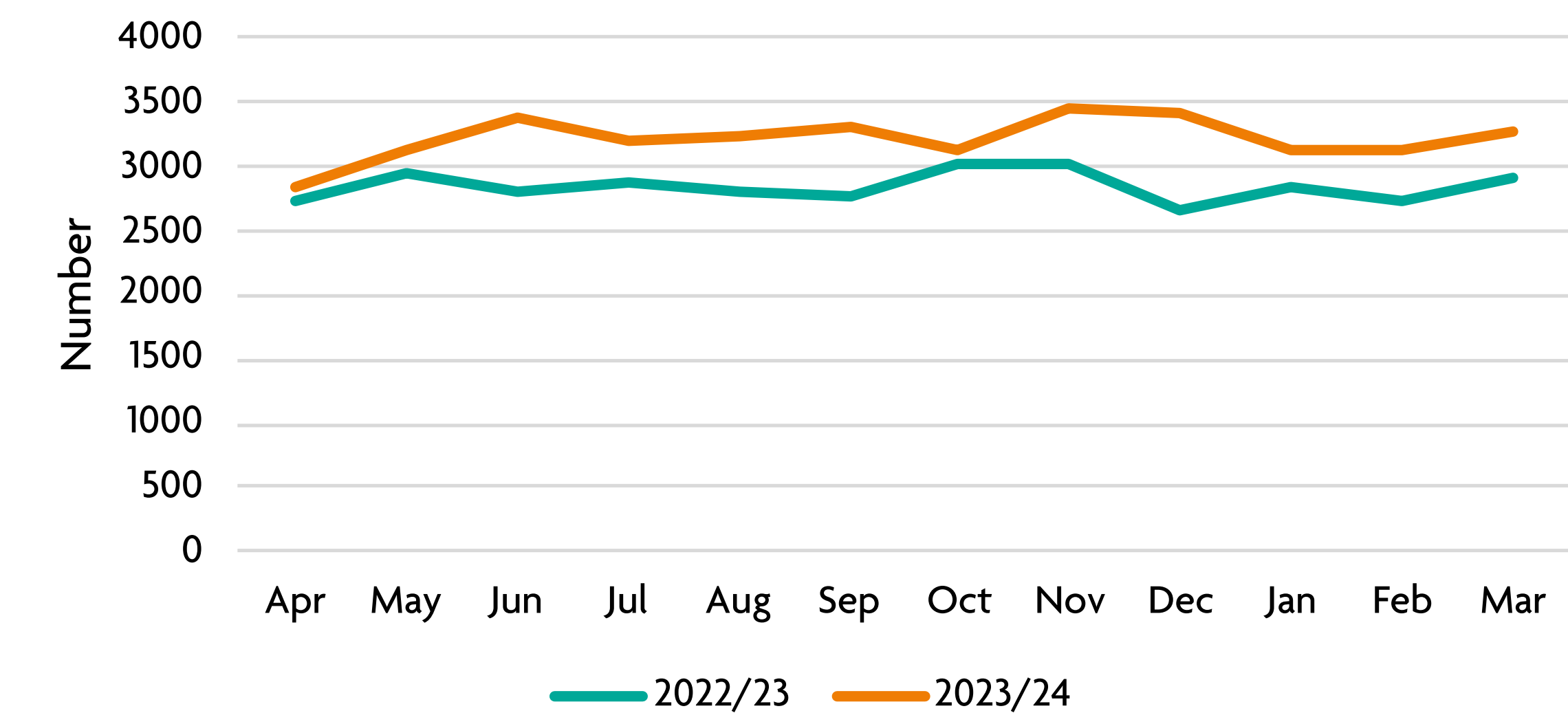
Early identification to inform interventions that make a difference for children, before they are harmed is essential. Effective multi-agency involvement to ensure impactful Child Protection Planning and Reviewing.



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

Figure 135: Total Notifiable Offences in Newham



Source: Metropolitan Police

Local Context for Newham

The levels of Domestic Abuse reported to Police in Newham has increased by 2.4% over the last financial year from 3,984 to 4,079. Domestic Abuse Violence with Injury during the same period decreased by 2.8% from 1,015 to 987. From a sanctioned detections point of view, both Domestic Abuse and Domestic Abuse Violence with Injury have decreased by 23.7% and 28.1% respectively. Sanction detections include offences which are cleared up through a formal sanction, by an offender being charged or summonsed; being cautioned, reprimanded or given final warning; having an offence taken into consideration; receiving a penalty notice for disorder; or receiving a warning.

In 2023-24 the Domestic Abuse community service is seeing additional demand with a greater number of referrals resulting in support and casework. There was a 11% increase in referrals from 2022/23 (1223 to 1359)

This includes an increase in the number (but not the proportion) of those with dependent children, 442 (57% of cases) in 2022/23 to 461 in 23/24 (57% of cases)

However, we have seen a decline in referrals from CSC and we will address this through the system review with SafeLives.

350 (26%) of referrals were from Children and Young People services.

There are currently 273 people receiving support from our community domestic abuse service.

In the last complete financial year (2023/24) the DA community service received 1359 referrals of these 733 (54%) received support from our community provider including counselling and safety planning.

597 (44%) [this is in line with other boroughs] referrals were 'declined' with reasons including they were from another area, the resident did not want support, and the resident was unable to be contacted after five attempts; in all these cases the referrer was informed of the outcome.

While the numbers of survivors taking up the offer of support following a referral is lower than it might be for other forms of service it is important to understand that there are specific barriers to engaging with domestic abuse services which impact across all domestic abuse services London wide and nationally. These include:

- Most domestic abuse survivors experience significant control, harm and coercion which limits their ability to contact services and makes it unsafe to do so. For example, the perpetrator may remove their phone or monitor their calls and messages. The perpetrator will often make threats to kill survivors if they disclose the abuse they are experiencing.
- Domestic abuse perpetrators often stalk survivors or monitor their whereabouts so survivors cannot visit services safely and confidentially.
- Survivors are scared/fearful and may be threatened with violence if they contact agencies for support.
- Sometimes there is family/cultural pressure to stay with the abusive partner.
- There can be additional pressure to stay within relationships where families are either not recognising the abuse or there are multiple family members perpetrating abuse.

Domestic abuse

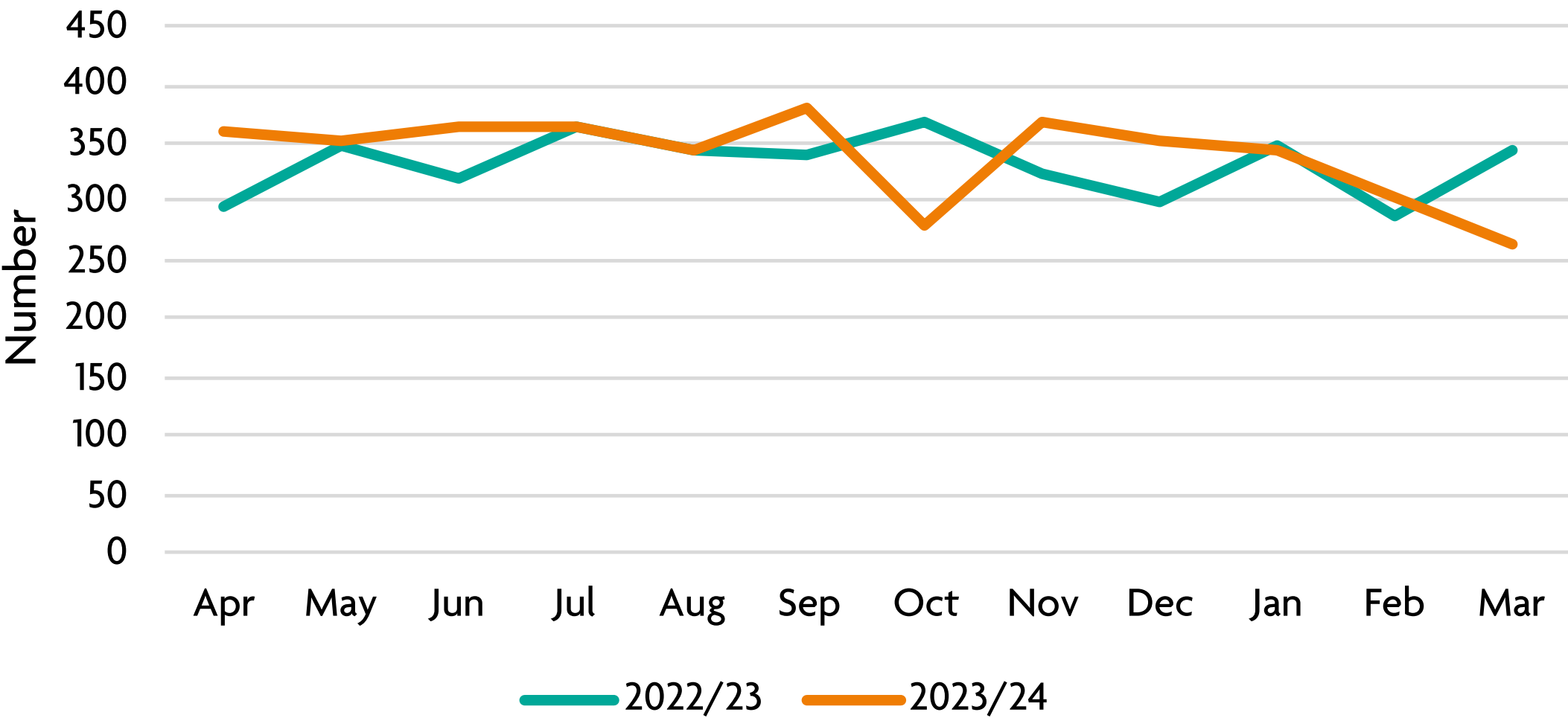
Over the same period the service supported 461 people with children (57% of open cases) where there were dependent children with a total of 886 individual children impacted. Service users with children were supported, by sign posting them to MASH, and attending CIN, CP and strategy meetings. Families were also referred for legal advice to obtain child arrangement orders.

- Throughout all of 2023/24 there were 20 drop-ins per quarter delivered at the family hubs, and 19 per quarter at the children’s centres.
- The team are based at 3 Family Hubs - East Ham, Shipman (Custom House) and Sheringham Children (Manor Park).
- In 2023/24 13 (12%) of DA Community service users were 24 years old or under.
- Of the total of 618 MARAC referrals In 2023/24 there were 73 (12%) for those under 25, with 7 of those aged 18 or under (1% of all referrals).
- There were 39 (6% of the total) referrals to MARAC where the perpetrator was identified as the child (under 18) of the victim/survivor.

Data source for information: Verified contract monitoring data from Hestia, MARAC data from the panel including police, LBN and Hestia

Domestic Abuse trends

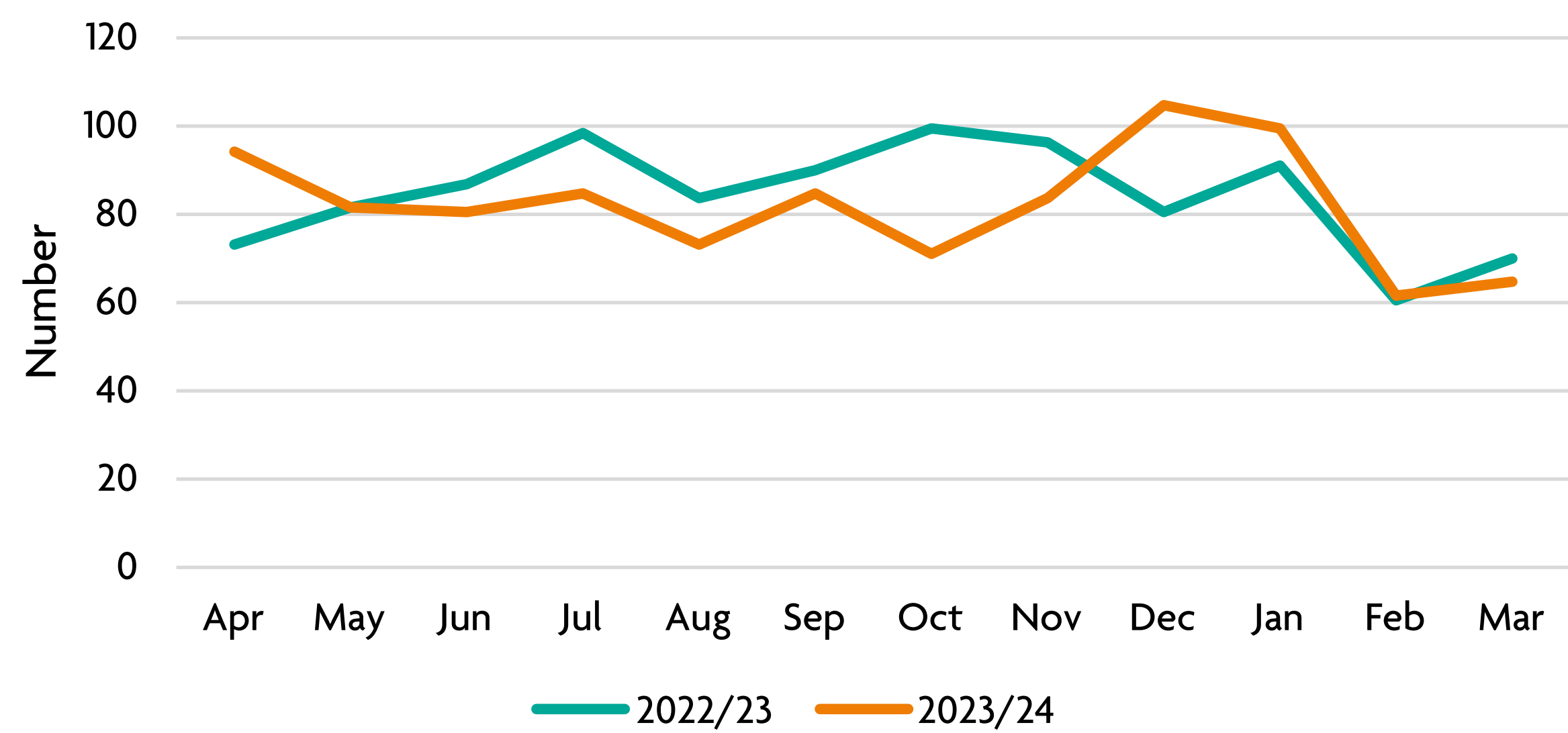
Figure 136: Domestic Abuse in Newham



Source: Metropolitan Police

Domestic Abuse reported to the Police rose by 2.4% between 2022/23 and 2023/24. Offences have tended in the past to increase around summer school holidays and Christmas, however in 2023/24 there was a sharp fall in cases between September and October, with November cases rising before a decline in figures into the New Year. (Source: Metropolitan Police)

Figure 137: Domestic Abuse Violence with Injury in Newham



Source: Metropolitan Police

Domestic Abuse Violence with Injury saw a decrease of 2.8% between 2022/23 and 2023/24. Increases can be seen during the summer holidays and also the build up to Christmas.

(Source: Metropolitan Police)

Strategic implications

- From 2024/2025 the data model for DA community services will be changing by collecting demographics for each aspect of the service rather than just at the point of referral to identify potential barriers including differences between those who access the service through the hubs, those from different referral sources, and those with dependent children rather than overall demographics of the service.
- The percentage of those accessing services who are care leavers will be monitored
- The outcomes of the interventions at family hubs and children’s centres will be monitored, to demonstrate the impact of this work for our residents

Urgent & emergency care attendance



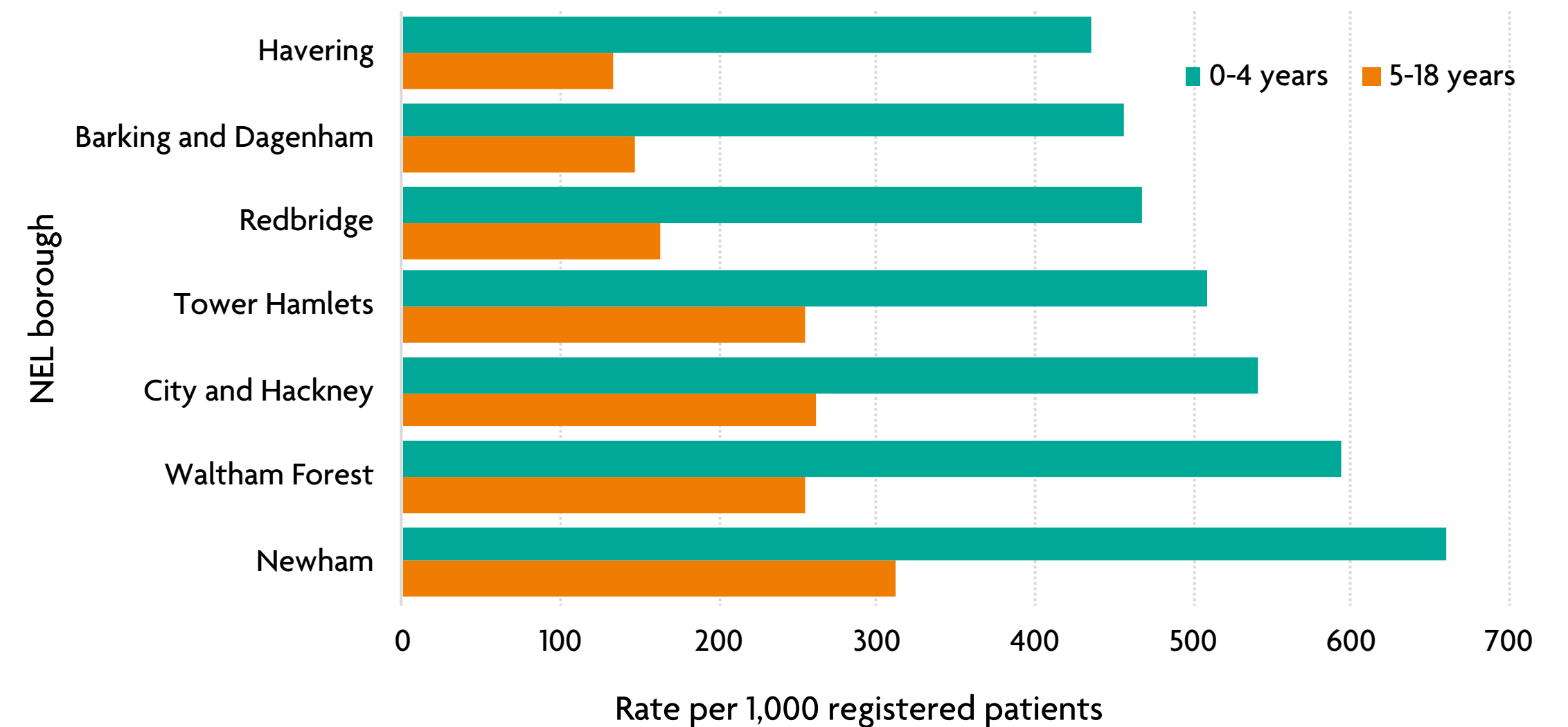
Why is this important

- Emergency care across the NHS in England is under pressure, with the number of people attending A&E and demand for beds remaining high
- Generally, children and young people under the age of 25 tend to be more frequent users of A&E than adults, accounting for approximately 25% of total attendances
- A proportion of attendances are likely to be appropriate to manage outside of the hospital setting, such as by a GP, pharmacist or calling 111
- Other attendances at A&E, for example repeat attendances, may be appropriate but indicate that a young person needs more support, such as frequent asthma attacks.

High level data summary

- A&E attendances for babies, children and young people (aged 0-18 years) are higher in Newham than any North East London borough, even when weighted to account for the large child population

Figure 138: A&E attendances by age, 2021/22



Source: NHS data - Secondary users services (SUS)

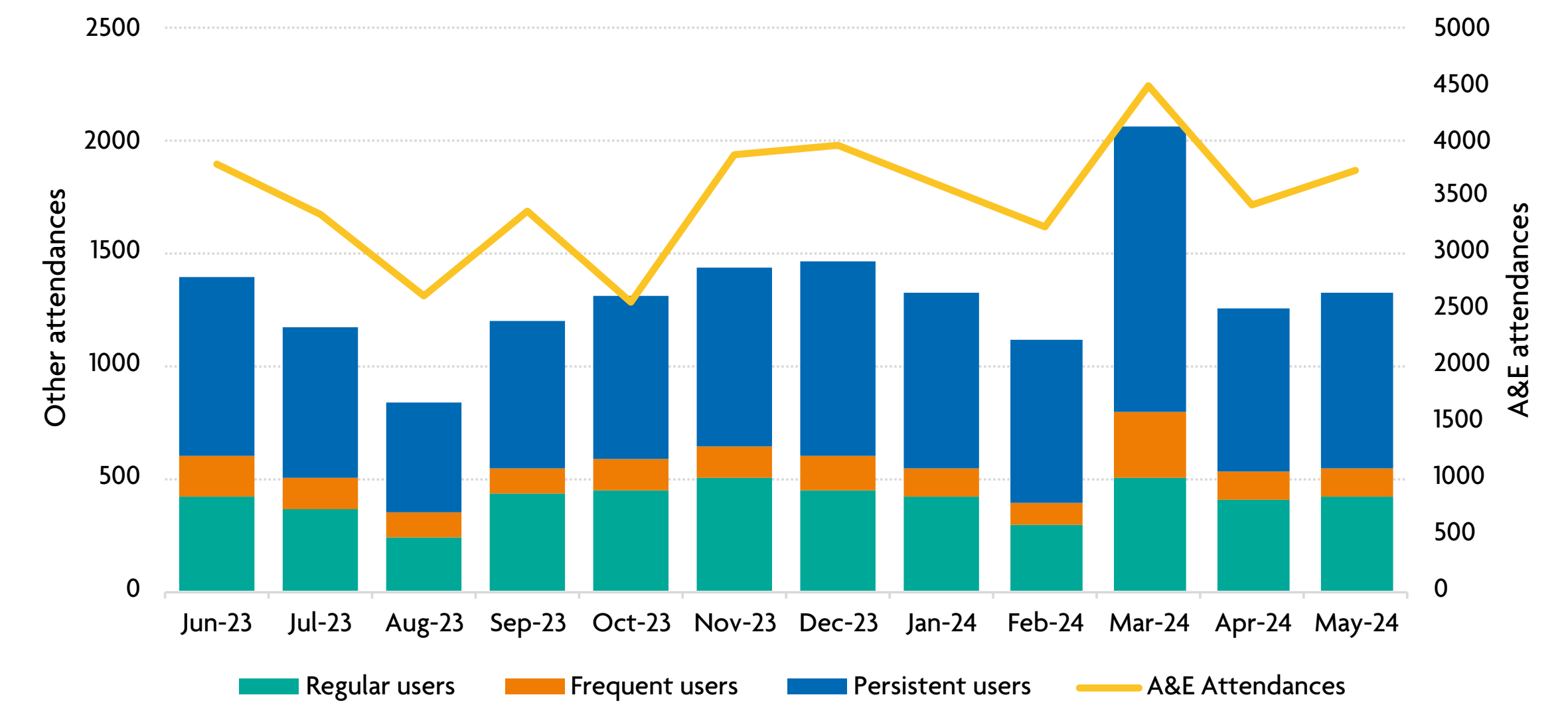
Urgent & emergency care attendance



Local context for Newham

- Between June 2023 – June 2024 there were 188,022 A&E attendances by Newham residents of all ages, at any hospital. BCYP accounted for 25.23% of these attendances. The most common age range is 0-4 years, with 21,929 attendances (11.67% of the total)
- Between 76-90% of BCYP attend A&E directly via self-referral, without accessing a GP or 111 beforehand
- The majority (75.55%) of attendances were classed as ‘standard level’ emergency care, suggesting they may have been appropriate to manage in a different setting
- An individual who attends A&E 5 or more times within a 12-month period would fall in the category of a high intensity user; in the 12-month period (June 2023 – June 2024) there were 47,442 A&E attendances in total for BCYP; 43.70% of these were by high intensity users¹ (20,732 out of 47,442 total attendances)
- Younger patients (0-9 years) tend to go to A&E for respiratory related illness or fever, while older patients (10-18 years) attend for abdominal pain or physical injury

Figure 139: Total A&E attendances for High Intensity users



Source: Secondary User Service (SUS) via NEL ICB

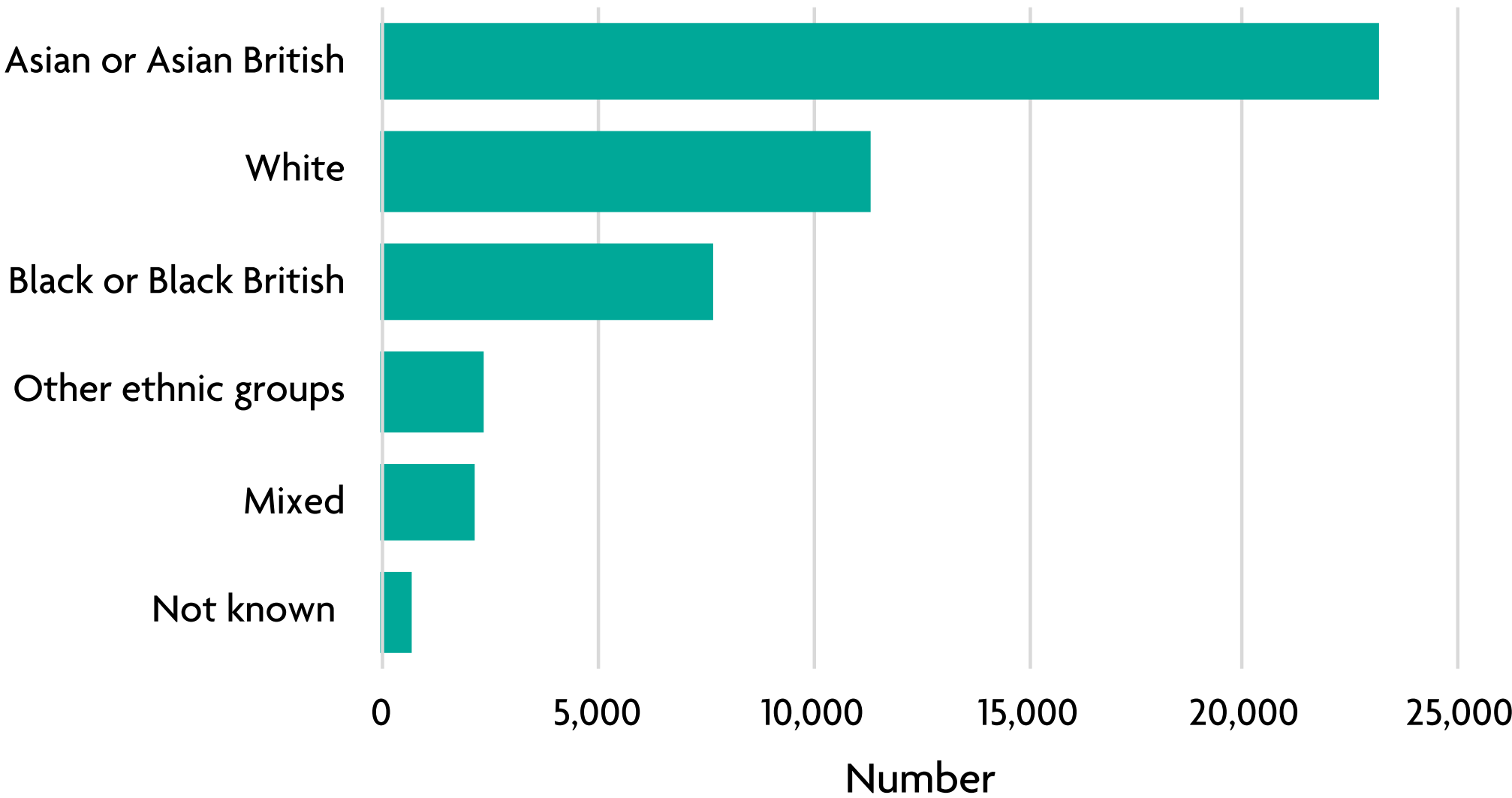
- Persistent (high intensity) attender: a patient with a period of four or more attendances within any three month period, or multiple three month periods with three or more attendances
- Frequent (high intensity) attender: a patient with one three month period of three or more A&E attendances
- Regular (high intensity) attender: a patient with no period of three months with three or more A&E attendances

¹ 5 or more A&E attendances within a 12 month period

Inequalities

- A&E attendances by BCYP are largely from the 2nd and 3rd most deprived decile, as is consistent with the general population
- Of the high intensity users, over 60% are aged 0-4 years
- In a sample month (8th May – 7th June 2024) there were 5,066 A&E attendances in total, including 50 (0.99%) for mental health and 339 (6.69%) for self-harm. The majority (4.51%) of mental health and self-harm attendances were by 15–18-year-olds
- Almost half A&E attendances are by BCYP of Asian or Asian British ethnicity, which is reflective of the demographic of the local population. White and Black or Black British are likely to have higher rates of attendance when the size of the population is considered, and the data shows that a large proportion of BCYP of these ethnicities have previously attended A&E (49.12% and 67.99%, respectively).

Figure 140: A&E attendances by ethnicity



Source: NHS data - Secondary users services (SUS) dashboard

Forecasting future need

The growth in the BCYP population between 2021-2041 is forecast to be small (less than 20,000). It is expected that services will remain similar with a small amount of extra capacity needed. However, it should be noted that the current demand for services is high and therefore is likely to remain so.

Strategic implications

- The overall aim is to address the level of babies, children and young people's urgent care activity in Newham and ensure families receive appropriate care, in a timely way and in an appropriate setting, in turn reducing avoidable attendances
- Further work is needed to fully establish the reasons for attendance at A&E, understanding why families access services in the way they do, including how this differs across certain groups
- It is possible that a proportion of attendances are low to medium acuity and may be appropriate to manage in the community. Community provision will need to be developed accordingly to enable this
- High intensity users contribute to a large proportion of A&E attendances; understanding whether these attendances are appropriate and if they could be better supported or prevented will provide an opportunity to reduce overall activity.

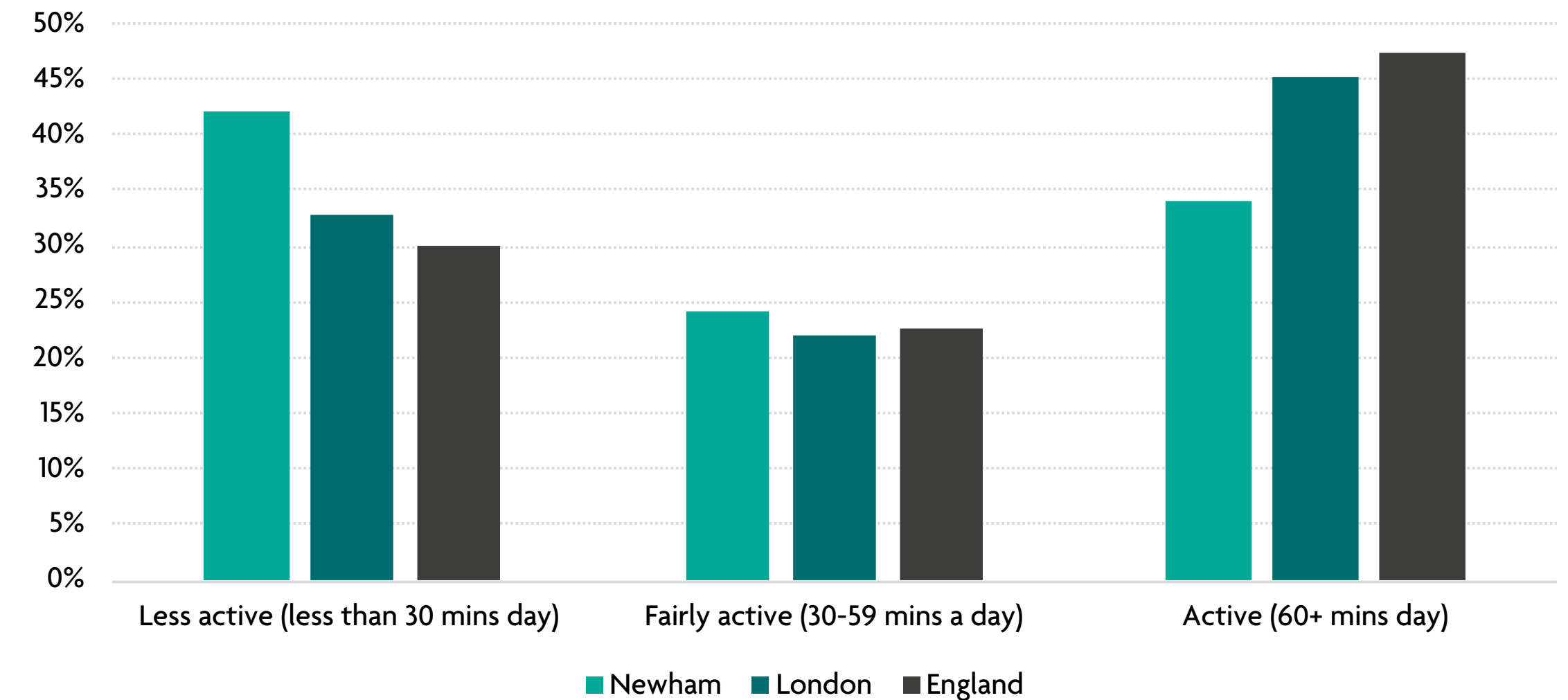


Why is this important

- Regular moderate to vigorous physical activity improves health and fitness, strengthens muscles and bones, develops co-ordination, maintains healthy weight, improves sleep, makes you feel good, builds confidence and social skills and improves concentration and learning
- 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. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports.
 - Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength.
 - Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.

Source: Physical activity guidelines: children and young people (5 to 18 years) - GOV.UK (www.gov.uk)

Figure 141: Levels of activity - academic year 2021-22



Source: Active Lives Children and Young People Survey – Academic Year 2021-2022 Report

Local context for Newham

- In 2021/22, an estimated one in three children and young people (5-16 years) in Newham were getting the recommended amount of physical activity. This was significantly lower (worse) than the London and England averages. 24% were fairly active (but not getting enough activity), and 42% were classed as inactive, getting under 30 minutes a day which is well below the recommended amount for children and young people. The proportion of inactive children and young people in Newham was significantly higher than the London and England averages.

Source: Active Lives Children and Young People Survey – Academic Year 2021-2022 Report)

Inequalities

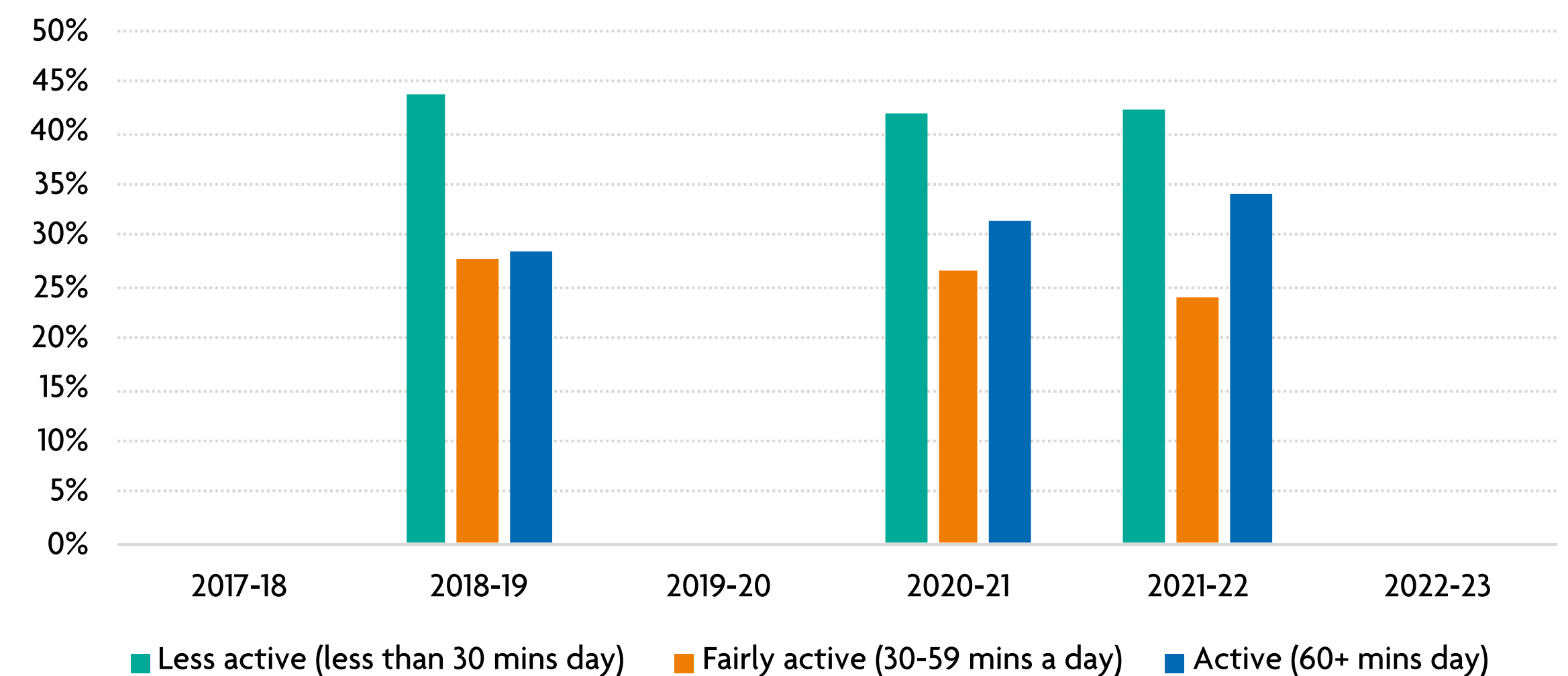
- Inequalities data at borough level is not available.
- Based on England data:
 - Activity levels are lowest for those in school Years 3-4 (ages 7-9, 40%)
 - Boys (51%) are more likely to be active than girls (44%)
 - Those from the least affluence families are the least likely to be active (44%)
 - Children and young people with a disability or long-term health condition (51%) are slightly more likely to be active than those without one (48%)
 - Children and young people of Black, Asian and Other ethnicities are the least likely to be active

Source: Active Lives Children and Young People Survey – Academic Year 2021-2022 Report)

Time trend

Academic Year 2018/19, Academic Year 2020/21 and Academic Year 2021/22 (data not available for Newham for 2019/20 or 2022/23)

Figure 142: Levels of activity - Newham



Source: Active Lives Children and Young People Survey – Academic Year 2021-2022 Report

Strategic implications

- Further work is needed to increase physical activity levels of children and young people, including children and young people with disabilities/SEND
- Working with the new leisure operator to develop and implement new offers to increase physical activity levels of children and young people, including children and young people with disabilities/SEND
- Working with the Parks and Green Assets Team to improve the physical activity and play infrastructure offer within our parks and open spaces, including children and young people with disabilities/SEND
- Working with schools to improve access to high quality provision



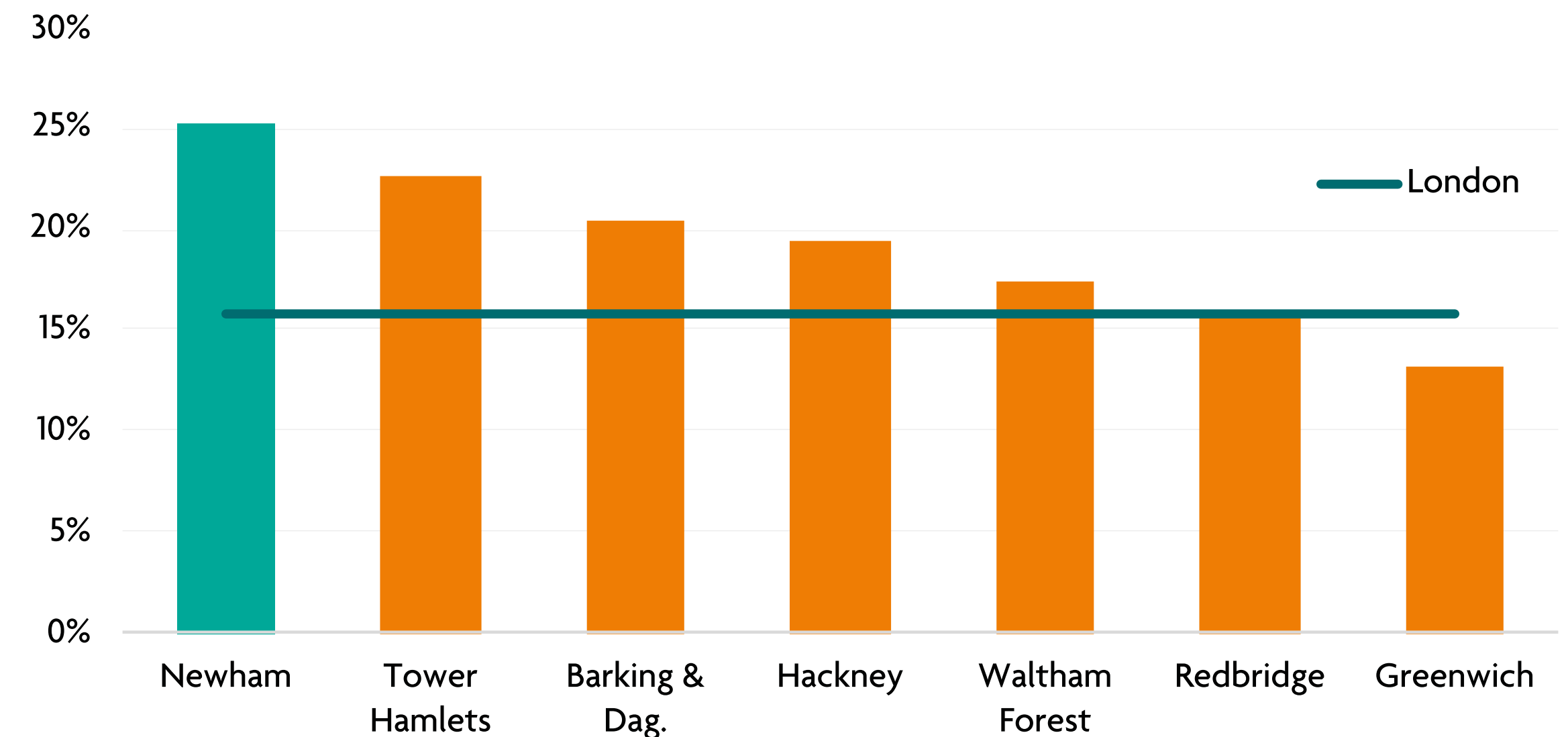
Why is this so important?

- Household overcrowding is where a home has at least one fewer bedrooms than the required standard, based on the size of the household.
- Among a range of impacts, it can directly affect children and young people's health, such as through spread of infections, and can disrupt sleep, damage family relationships and affect children's educational outcomes.

High level data summary

- Newham has the highest level of overcrowding among local authorities in England: in 2021, 25% of Newham households were overcrowded. This was higher (worse) than the London average of 16%.

Figure 143: Percent of households considered to be overcrowded, 2021 census



Source: Census 2021

Local context for Newham

- Newham has a high proportion of residents in private rented accommodation: more than half of all Newham residents, and 39% of households, are in private rented accommodation.
- Those who live in private rented accommodation are more likely to experience overcrowding than those who own their own homes (see stats below).

Inequalities

- Households living in rented accommodation were more likely to be overcrowded in England (8.5%) and in Wales (4.3%), compared with owner-occupied accommodation (1.9% in England and 1.2% in Wales). (ONS, 2023)
- Newham is one of the most ethnically diverse local authorities in England. In 2023, 72% of the population were from ethnic groups other than White: this included 45% of the population who identify as Asian and 18% who identify as Black.
- Households where all members identified as “Black, Black British, Black Welsh, Caribbean or African” had the highest level of overcrowding (16.1% in England, 11.9% in Wales) compared with all households (4.4% in England and 2.2% in Wales). (ONS, 2023)
- According to the Census, households where all members identified as “Muslim” were more than five times more likely to be in overcrowded accommodation in comparison to all households in England and six times more likely in Wales. (ONS, 2023)
- 34.8% of residents in Newham described themselves as Muslim in 2021.

Strategic implications

- We are undertaking a research project with the LSE to look into the health, social and educational harms of overcrowding in Newham. This will include recommendations for practical and feasible actions that the council can take to reduce the harms of overcrowding within the borough.
- Newham has had a large-scale private rented property licensing scheme in place since 2013 to improve housing standards and help landlords and renters understand their duties and rights and giving the local authority powers to proactively assess private rental properties against the licence conditions, encouraging and enforcing quick resolution of issues on behalf of tenants.

Housing - The impact of temporary accommodation on babies, children and young people

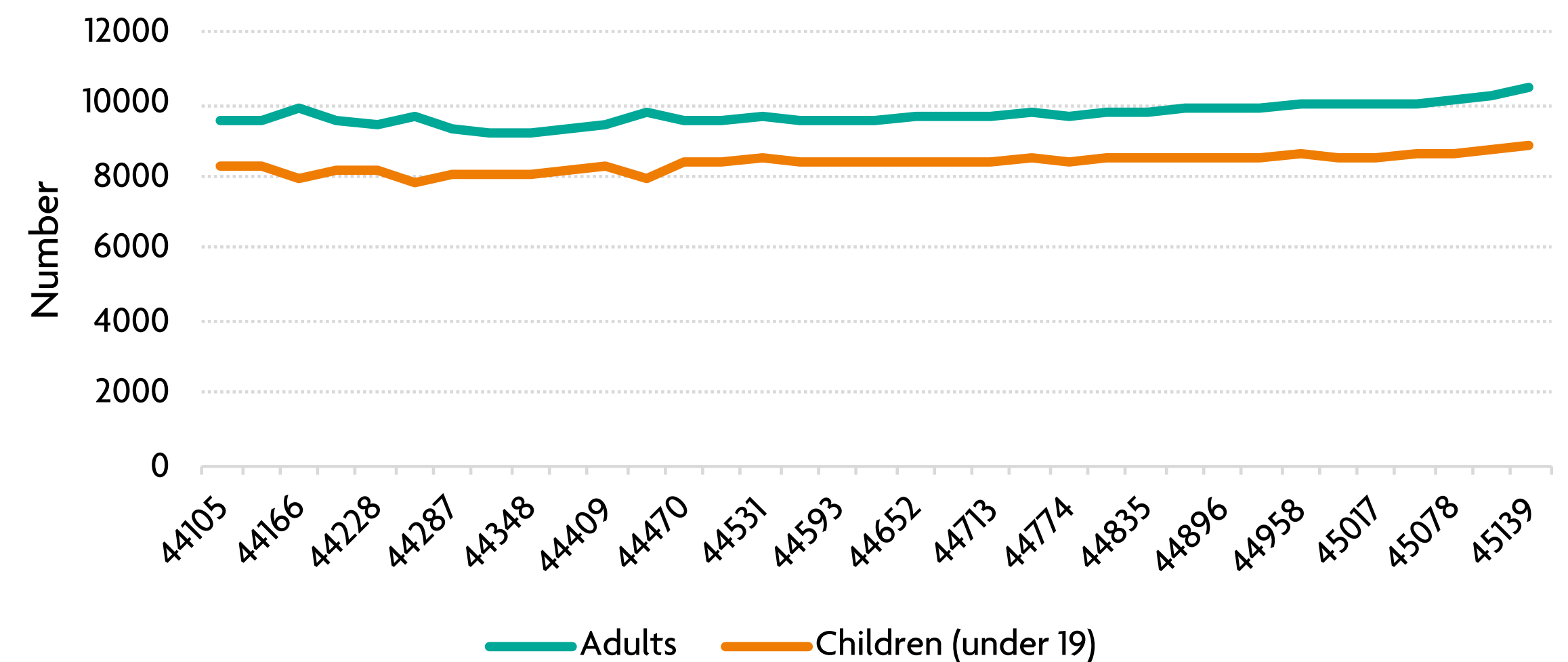
Why is this so important?

- Housing is a key determinant of health. Good quality housing helps keep people physically and mentally healthy and reduces the need for GP and hospital services. It also improves educational attainment, connects people with jobs and their community, and keeps people safe, among many other benefits.
- Temporary and unstable accommodation have profoundly adverse effects on people's health, wellbeing and life chances.
- The council faces a crisis in temporary accommodation at the moment.
- Physical health impact: Homeless children have four times as many respiratory infections, five times as many stomach and diarrhoeal infections, twice as many emergency hospitalisations, six times as many speech and stammering problems, and four times the rate of asthma compared to non-homeless children. At the same time, living in temporary accommodation makes it harder to access healthcare appointments.
- Mental health impact: Families report the development or exacerbation of mental health problems, such as depression, stress or anxiety, as a result of living in temporary or unstable accommodation.
- Educational impact: Children in temporary accommodation often have to move school, lose learning through missing days of school, are unable to participate fully in class, or are exhausted in school due to longer journeys to school.
- Social impact: Temporary accommodation limits children's ability to have happy social lives by isolating them from their peers and depriving them of a safe environment to grow and develop.

High level data summary

- In 2023/24, just under half of all Newham residents in temporary accommodation were children. In August 202, there were 8,903 Newham children in temporary accommodation.
- 37% of households in temporary accommodation are housed outside the borough due to challenges with the local supply.

Figure 144: Number of adults and children in temporary accommodation in Newham



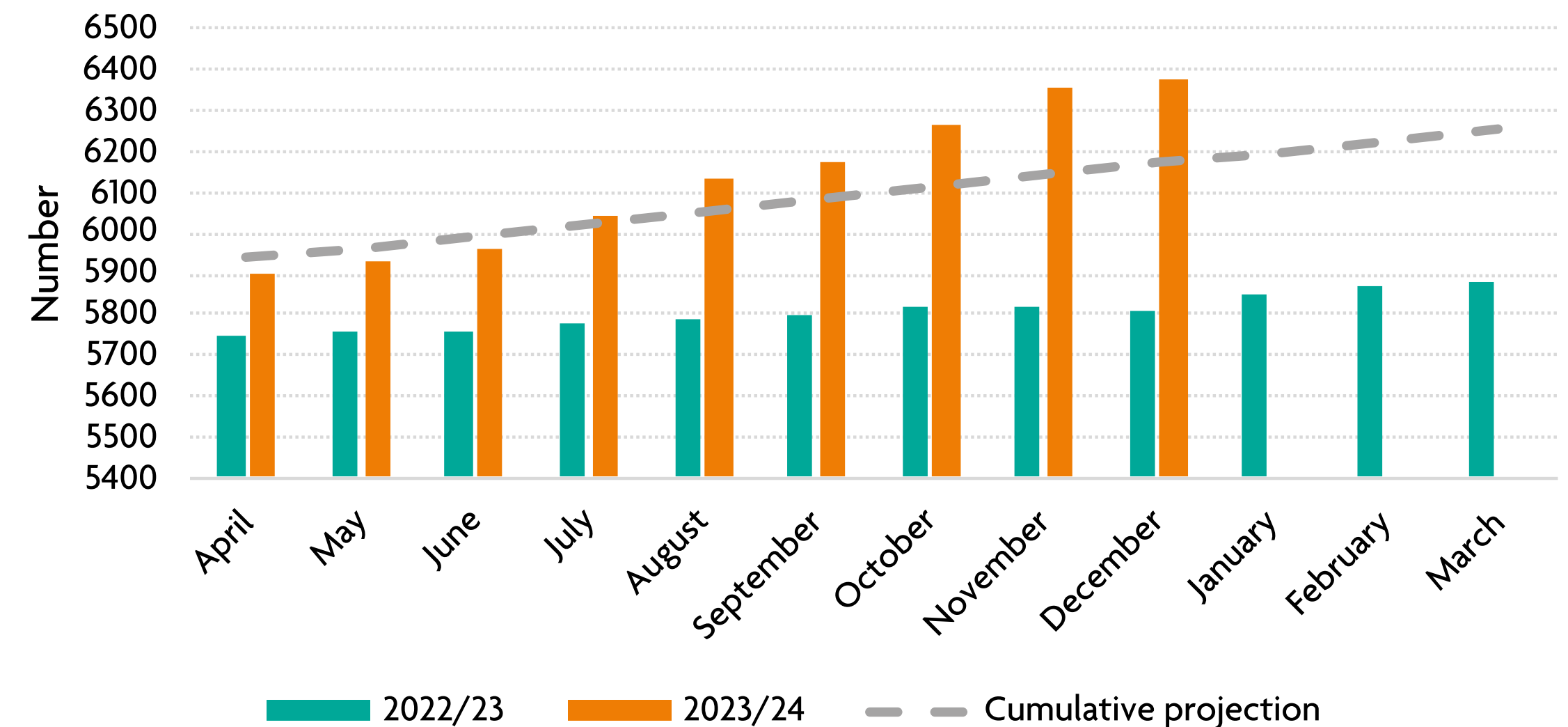
Source: Northgate System, LBN

Housing - The impact of temporary accommodation on babies, children and young people

Local context for Newham

- Newham has the highest rate of homelessness in England: it is estimated that one in 22 people in Newham are currently homeless, living in temporary accommodation or on the street.
- In December 2023 almost 6,400 Newham households were in temporary accommodation, representing a rate of 50 per 1,000 households. This was the highest in the country by far, almost double that of the next highest London borough. (See Figure 145)
- The number of households in temporary accommodation in Newham steeply increased between 2022/23 and 2023/24, which is linked to the rising cost of living, increasing rents and lack of affordable housing locally.
- In 2023/24, just under half of all Newham residents in temporary accommodation were children and the majority of households in temporary accommodation are housed outside the borough due to challenges with the local supply. This has implications for children's education, social isolation and loneliness and people being uprooted from their communities, which can compound the existing harms that come from experiencing homelessness.
- The council uses hotels as temporary accommodation due to limited housing supply. While necessary to ensure people are homed, hotels are not ideal homes as they can lack essentials such as cooking facilities and sufficient space for families. Between October 2022 and January 2024, the number of households in hotels peaked in June 2023 and then fell.

Figure 145: Households in temporary accommodation

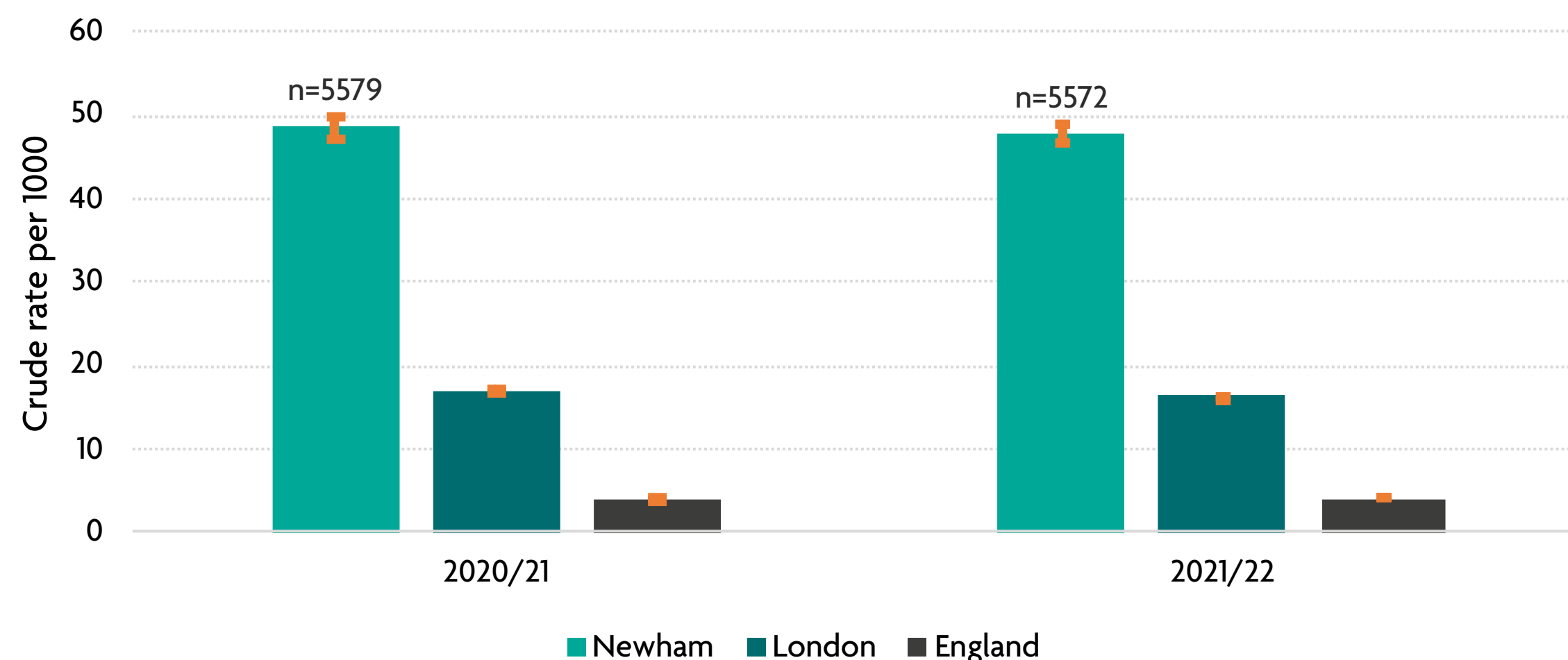


Source: Northgate System, LBN

Inequalities

People experiencing homelessness represent an inclusion health group. The term inclusion health is used to describe people who are socially excluded. These groups typically experience multiple overlapping risk factors for poor health, such as childhood and adult trauma, experience of poverty, violence, stigma and discrimination, and invisibility in health and care datasets. People belonging to inclusion groups tend to have very poor health outcomes, often much worse than the general population, and a lower average age of death. This contributes considerably to health inequalities.

Figure 146: Households in temporary accommodation



Source: Ministry of Housing, Communities & Local Government

Strategic implications

- The housing challenges Newham faces today are complex, with no simple solutions available to alleviate current pressures.
- The picture of temporary accommodation is extremely concerning as homelessness and insecure housing have profoundly adverse effects on people's health, wellbeing and life chances. Given most of the economic and other drivers are outside local control, the council and partners are taking steps to mitigate the harms of being in temporary accommodation at the same time as trying to prevent homelessness in the first place.
- Newham's Homelessness and Rough Sleeping Strategy 2021-2026 sets out an intelligence-led, public health approach to tackling homelessness and improving access to, and the quality of, housing in Newham. It aims to support people to move off and stay off the streets, to improve access to better housing, to reduce the current use of temporary accommodation and to adopt a partnership approach to preventing homelessness.

Housing - Damp and mould

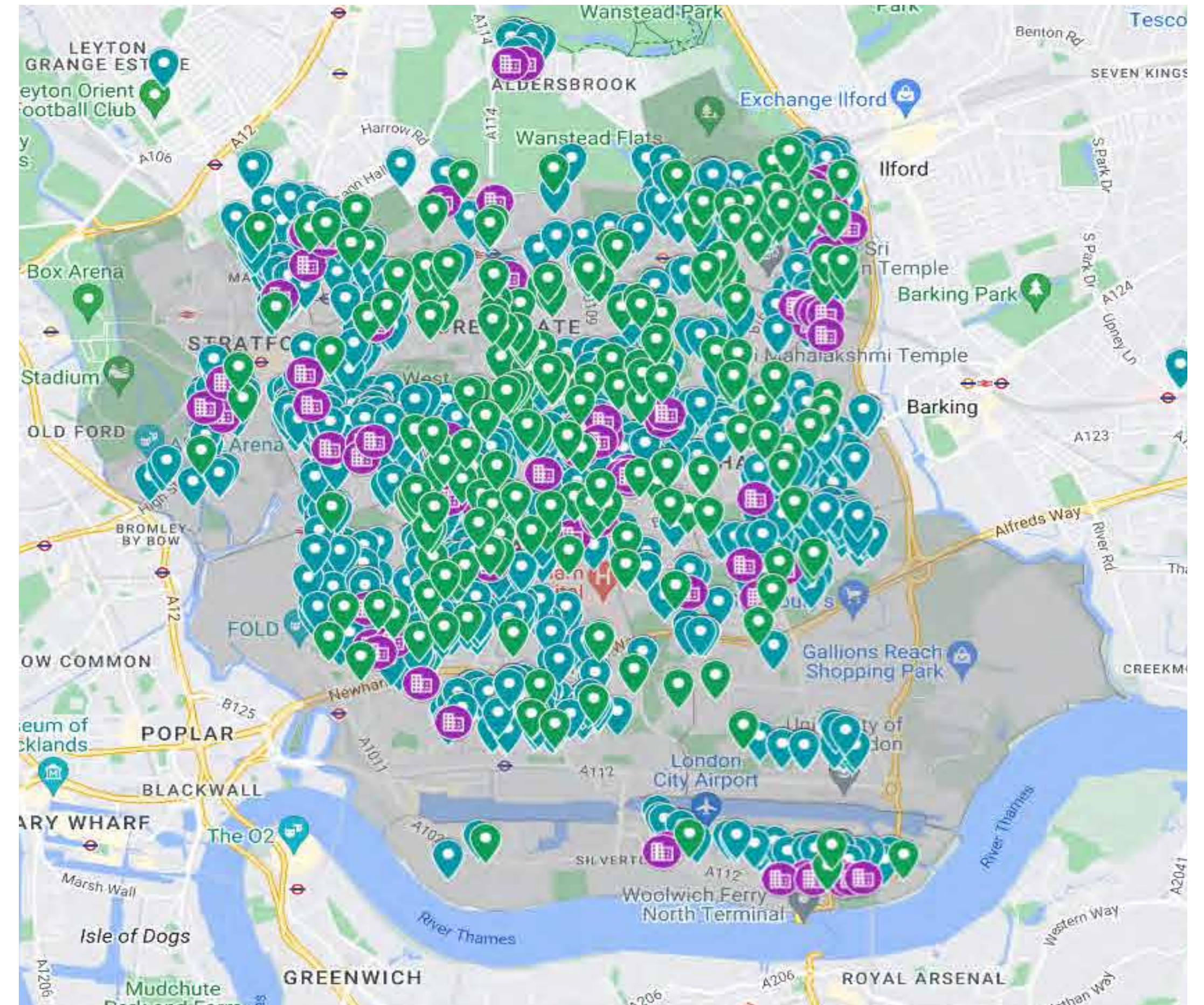
Why is this so important?

- Damp conditions are favourable to bacteria and viruses.
- Mould and fungi produce allergens that can lead to asthma and other respiratory problems.
- Children living in damp, mouldy homes are between one and a half and three times more prone to coughing and wheezing – symptoms of asthma and other respiratory conditions – than children in dry homes.
- Such symptoms can lead to sleep loss, restrictions on children's daily activities, and absence from school, all of which have long-term implications for a child's personal development.

High level data summary

- In 2023-24, there were 260 inspections of privately rented properties by Newham Council environmental health officers. Of these, 124 found damp and mould, 33 found excess cold and 96 found both. For socially rented properties, 1,688 properties have self-reported damp and mould.

Figure 147: Households in temporary accommodation



Source: LBN Housing

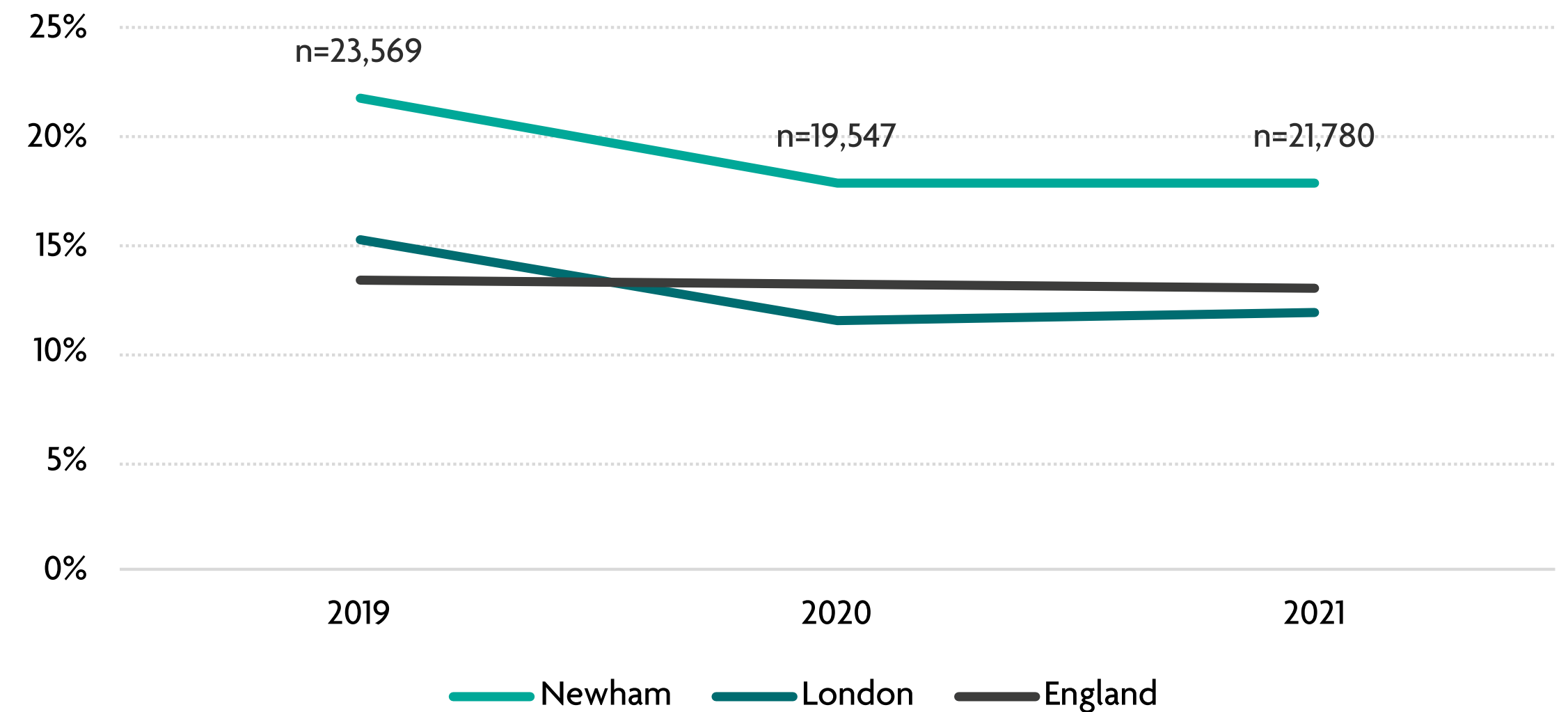
Local context for Newham

- A large number of households in Newham are in fuel poverty: fuel poverty harms people's health directly, through cold, damp and mouldy conditions that cause or exacerbate illnesses such as asthma, cardiovascular disease and mental health problems, in some circumstances leading to death.
- In 2021, an estimated 21,780 Newham households were in fuel poverty, representing almost 18% of households. This was the highest in London and significantly higher (worse) than London and England.

Inequalities

- Homes with an Energy Performance Certificate (EPC) D to G are 73% more likely to experience damp than those with an EPC of A to C. Over half of Newham residents live in private rental accommodation and 58% of these properties have an EPC of D or lower, suggesting many households across Newham are at risk of damp.

Figure 148: Homes in fuel poverty



Source: Department for Business, Energy and Industrial Strategy

Strategic implications

We are focusing on improving energy efficiency and providing targeted support to reduce fuel poverty among residents in Newham, in particular aiming to empower landlords to achieve an Energy Performance Certificate (EPC) C rating for their properties.

Why this is important

Consanguinity, or marriage between close relatives, has been practised globally since the early existence of human society, with both recognised benefits and risks.

- While consanguineous marriages may offer social, economic, and genetic advantages, research also links them to an increased risk of child mortality, disability, and genetic conditions associated with autosomal recessive inheritance
- An estimated 20% of the world's population live in communities where consanguineous marriage is favoured, and 8.5% of all births worldwide are to consanguineous parents
- The risk of infant mortality and disability is higher among communities practising close relative marriage. However, the extent of this risk is often exaggerated, leading to stigmatisation in the UK
- Asian British/Pakistani heritage children are over-represented in both mortality and chronic morbidity categories (MBRRACE-UK 2020, PHE, CDOP)
- Congenital abnormalities are the leading cause of death for Pakistani infants (Li et al., 2018)
- Despite the risks, over 90% of babies born to cousin couples are healthy
- Autosomal recessive genetic conditions occur when both copies of the same faulty gene are inherited. These conditions are present in all populations, and some are relatively common
- Individuals in consanguineous relationships are not inherently more likely to carry genetic faults. However, because they share a greater proportion of their genetic material, they have a higher likelihood of carrying the same faulty gene, increasing the risk of passing on recessive genetic conditions to their children

Local Context for Newham

- The NHS Three-Year Delivery Plan for Maternity and Neonatal Services outlines seven key priorities for Local Maternity and Neonatal Systems (LMNS) to promote equity and equality. One priority is piloting and evaluating new service models to reduce inequalities, including enhanced midwifery continuity of care and, from 2023, culturally sensitive genetic services for couples in close relative marriages within high-need areas
- To improve access to care for underserved groups, NHS England funded 10 high-need areas in 2023, including Newham, alongside dedicated roles in Regional Genetics Services to support affected families
- The project aims to:
 - Reduce unmet need for genetic counselling and testing
 - Increase informed reproductive decision-making for existing and future unions
 - Strengthen culturally competent access to services
 - Identify families with an affected member
 - Cascade information to support wider family members
- Newham's Close Relative Marriage Midwife has been in post since 2023, playing a key role in supporting families
- Between September 2023 and October 2024, 5.67% (434 women) of Newham University Hospital maternities were recorded as being in consanguineous relationships
- Of these, 39 women (9%) accessed the Close Relative Marriage service and met the criteria for a genetics referral, aligning with national statistics that indicate 90% of close relative marriages result in healthy children, while 10% are affected by genetic conditions

- Nearly half (49%) of referred couples proceeded with genetic testing
- Timely referrals to genetic services have facilitated carrier and prenatal testing, providing couples with ongoing support and increased genetic literacy throughout the process

Data and Intelligence

Key Observations:

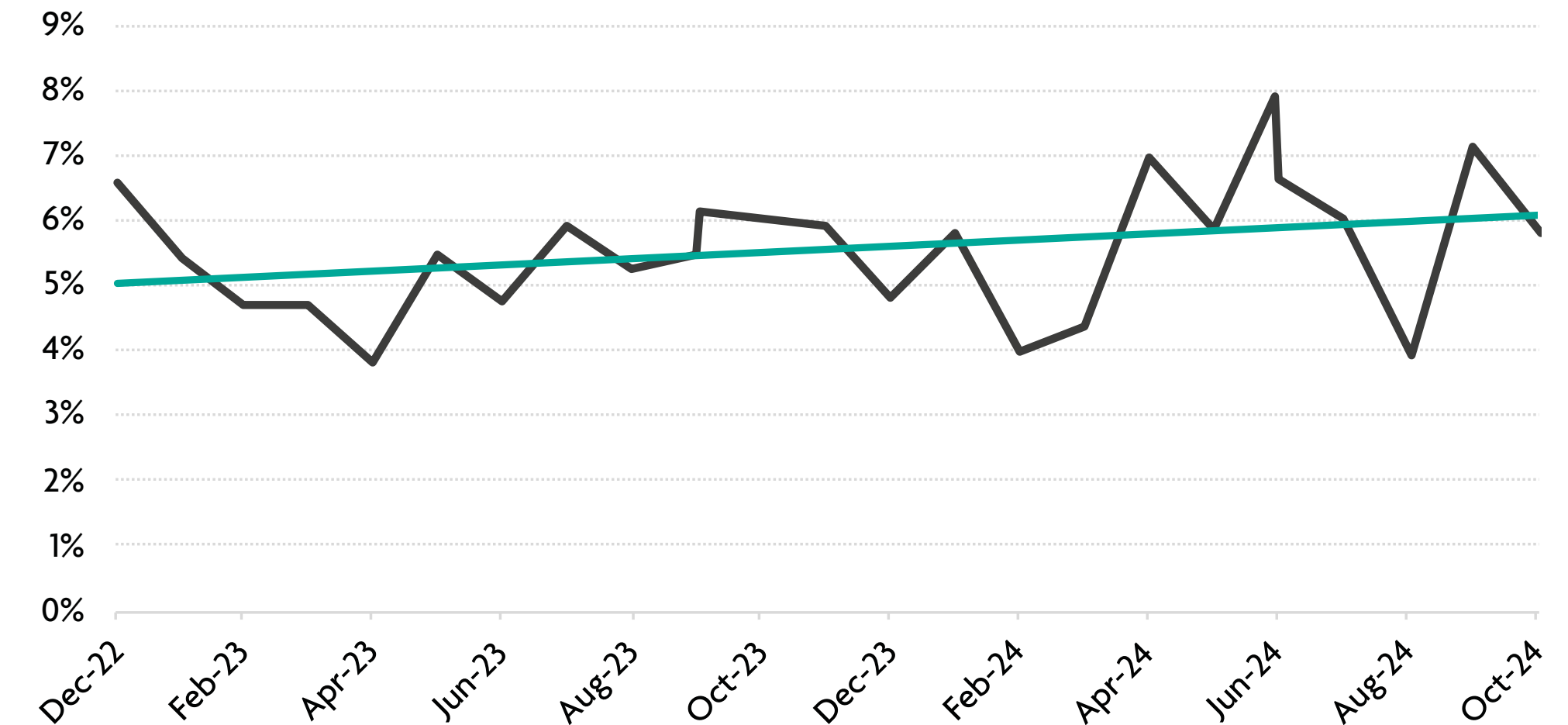
1. Consanguinity (5-7%) → Slight upward trend with periodic spikes are observed (Figure 149)
2. Non-Consanguinity (75-90%) → Gradual increase, overall stability is observed during 23/24 time period (Figure 150)
3. Unknown Consanguinity (↓ from ~14% to ~3%) → Steady decline, suggesting better data accuracy (Figure 151)
4. Asian Pakistani Mothers (~8-12%) → Stable with seasonal peaks, potentially influencing consanguinity rates. (Figure 152)

Conclusion

The data reflects positive trends in improved data accuracy and a gradual societal shift towards non-consanguinity.

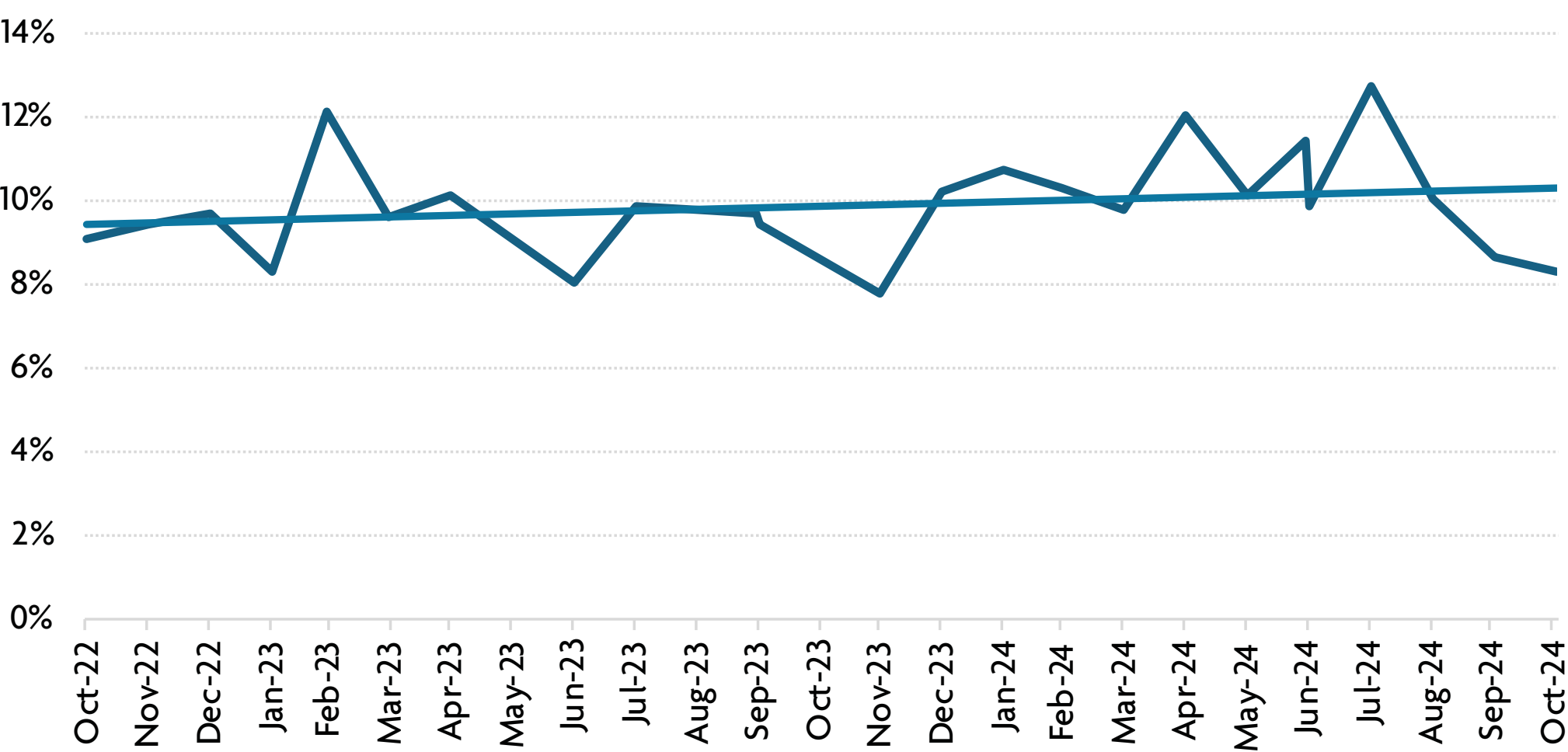
However, continued efforts in community education, policy interventions, and health support systems are crucial for sustaining this progress and ensuring informed marital decisions.

Figure 149: Prevalence of consanguinity for the high need area



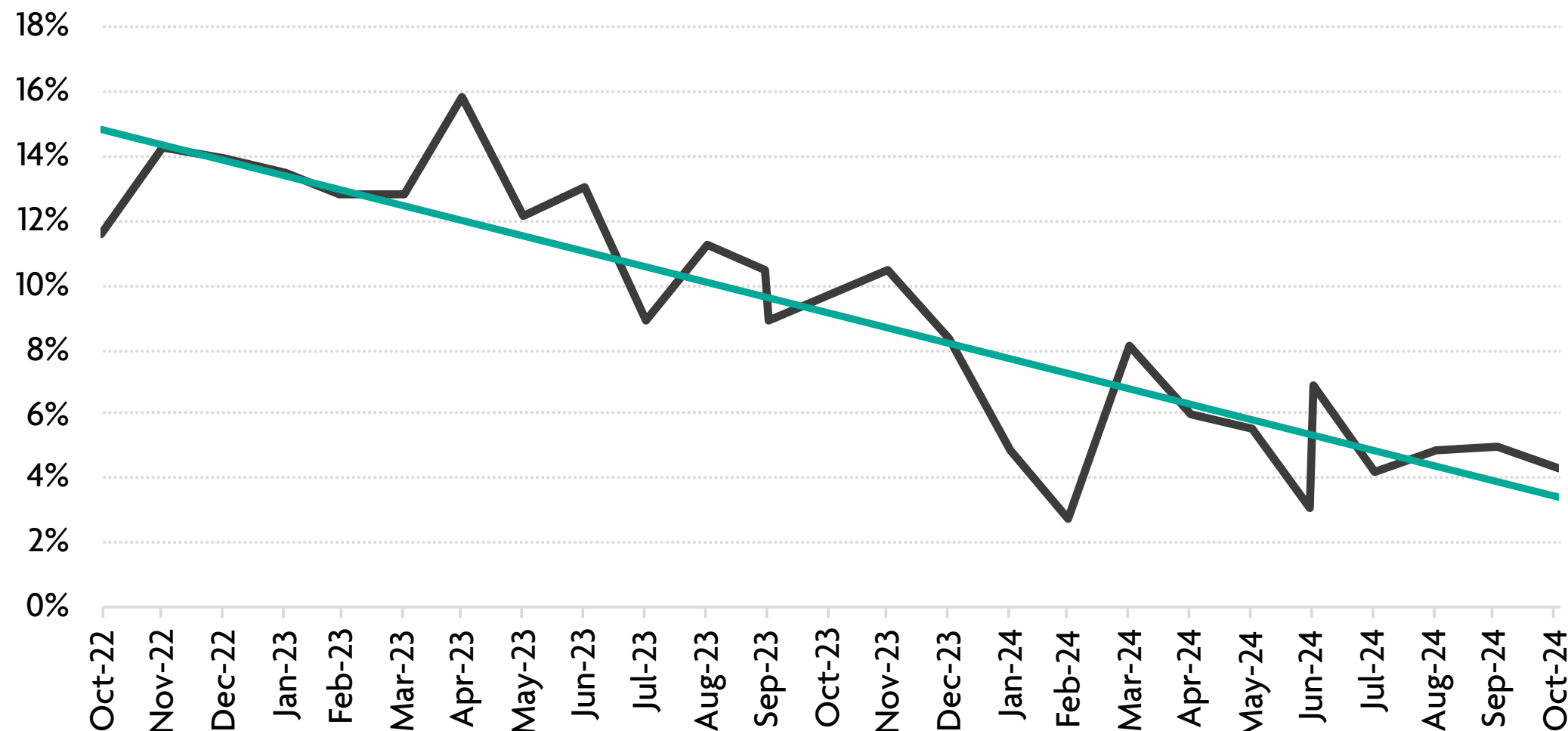
Source: Newham University Hospital

Figure 150: Percentage of mothers from Asian Pakistani ethnic groups



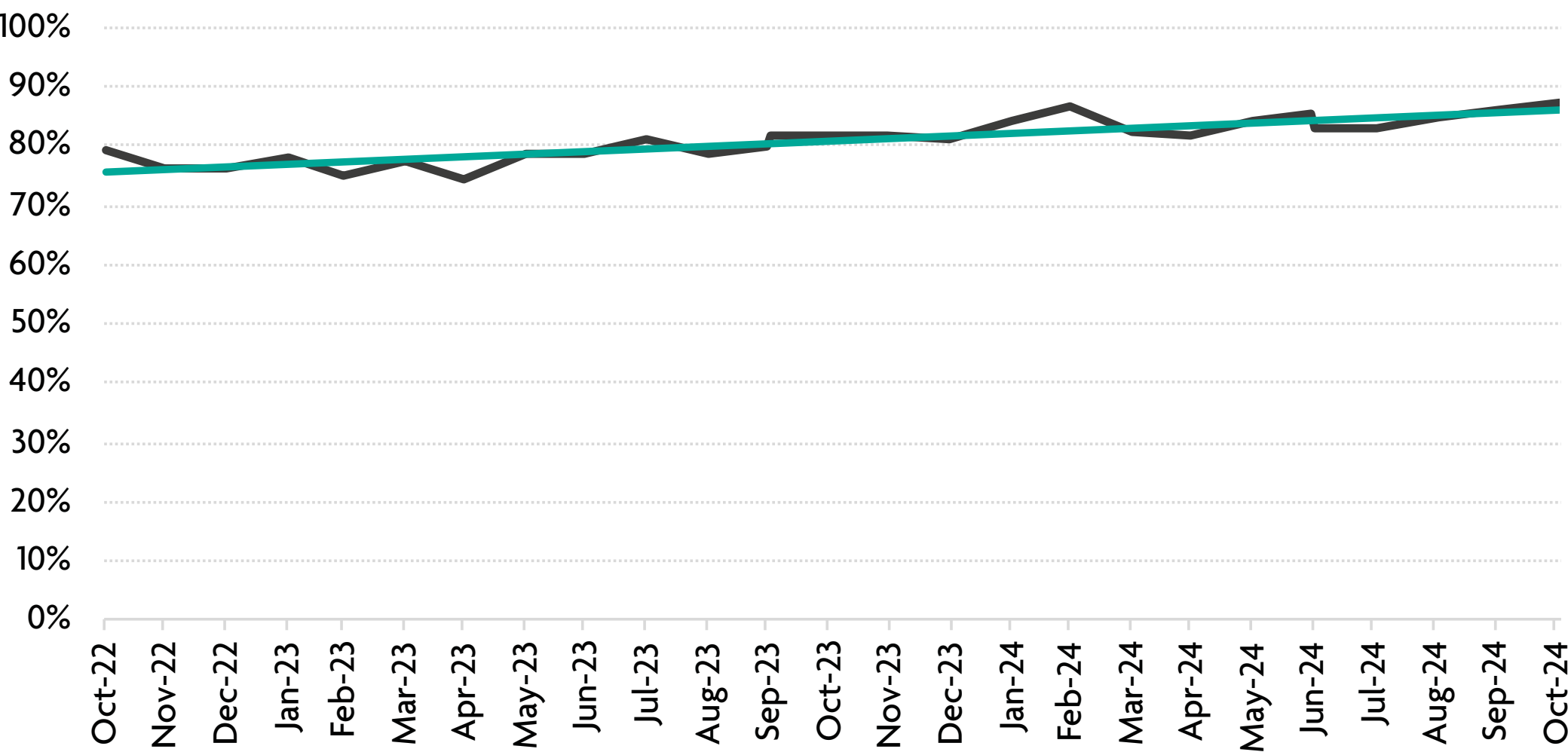
Source: Newham University Hospital

Figure 151: Prevalence where consanguinity is unknown for the high need area



Source: Newham University Hospital

Figure 152: Prevalence of non consanguinity for high need area



Source: Newham University Hospital

Forecasting Future Need

- The role of the Close Relative Marriage Midwife at Newham University Hospital will continue in 2025/26
- Culturally competent genetic training will be embedded into mandatory training for all midwifery staff at Newham General Hospital
- A national evaluation of culturally competent genetic projects across high-need areas will conclude in 2025, making recommendations on whether to continue these services based on their success

- Funding has now been secured to recruit a Close Relative Marriage Neonatal Nurse, further supporting families and ensuring comprehensive care

Strategic implications/recommendations:

- Re-establish culturally competent genetic services locally through the multi-disciplinary working group including Newham University Hospital, ICB, Genetic Team and Public Health in Newham to address the following:
- Enhance Data Collection & Monitoring:
 - Strengthen health record systems to reduce unknown consanguinity cases
 - Train healthcare professionals in culturally sensitive data collection methods to ensure accurate reporting
- Targeted Community Education and communication channels:
 - Develop culturally appropriate awareness campaigns on genetic risks associated with consanguinity
 - Partner with professional and voluntary and community sector colleagues to address misconceptions and promote informed decision-making
- Opportunistic Health Screening & Genetic Counselling through Primary care:
 - Integrate pre-marital and prenatal screening programmes into routine local healthcare services

Why is this so important?

- Children seeking sanctuary may have experienced multiple Adverse Childhood Experiences (ACEs) across the migration journey. ACE's among refugee and asylum seeking children can increase risk of mental health problems, behavioural problems, physical health problems, and can affect academic achievement. See Figure 153.
- RESPOND: Integrated Health Service for Asylum seekers in NCL reveals, in terms of social support, there is 10% child protection level
- Multiple systematic reviews have demonstrated that research studies consistently find that young refugees are at a higher risk of experiencing mental health problems, most commonly post-traumatic stress disorder (PTSD), depression, and anxiety².
- Immunisations prevent life-threatening diseases, helping people of all ages live longer, healthier lives. However, due to barriers such as knowledge of entitlements and language, recently-arrived refugees and asylum seekers are more likely to be under-vaccinated than other migrants³
- The UK are signed up to international legal requirements and responsibilities to safeguard and promote the welfare of children in the UK. However, there is evidence that the current provision for asylum seeking children residing in Home Office contingency hotels violates child rights and the UK's legal safeguarding obligations
- There is a lack of access to dental care, with 95% of people who received a RESPOND health assessment were experiencing pain and significant decay requiring dental extraction

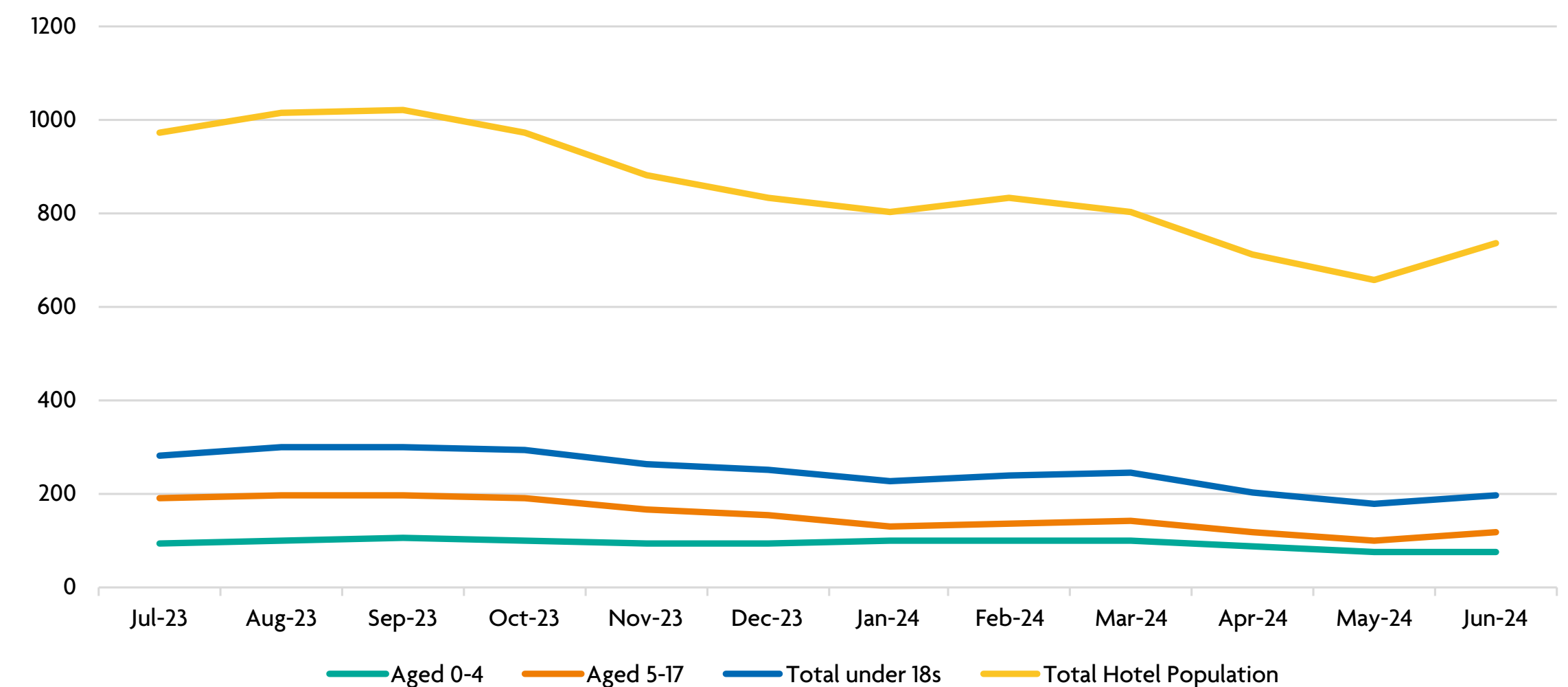
² A randomised controlled trial of My View A therapeutic intervention for unaccompanied asylum-seeking children (March, 2024)

³ How to increase vaccination uptake among migrant communities (nihr.ac.uk)

High level data summary

Number of children and young people living in asylum accommodation in Newham

Figure 153: Number of Children and young people staying in asylum hotel accommodation in Newham



Source: Clearsprings Ready Homes data portal

Local context for Newham

- Newham has a proud history of welcoming people fleeing conflict and persecution in their home countries. Since 2021, Newham has supported nearly 150 families who have arrived via Homes for Ukraine (around 400 people), and 10 families (49 people) from Afghanistan to make Newham their home. In addition, there are 4 Home Office contingency hotels in Newham which accommodate between 100 and 200 families at any one time, in addition to individual households. See Figure 153.
- Everyone living in the in Newham is entitled to register and consult with a GP, free of charge. As of May 2022, all Newham Practices are signed up as Safe Surgeries, which means they commit to taking steps to tackle the barriers faced by many refugees and people seeking asylum in accessing healthcare. At a minimum, this ensures that lack of ID or proof of address, immigration status or language are not barriers to patient registration.
- Initial health assessments have not been provided for people seeking asylum. However, Doctors of the World have been commissioned to deliver initial health assessments in Home Office asylum hotels. The programme will deliver clinical and social assessments, share information with GP practices and make referrals to support services.
- Via an in-person weekly one-stop shop and regular outreach, The Welcome Newham team support refugees and people seeking asylum with GP registrations, school applications, safeguarding referrals, and grants for oyster cards and school shoes
- Kensington Primary School have become the first school in Newham to be awarded as a School of Sanctuary, being recognized as creating a culture of welcome, understanding and belonging for those forced to flee

Inequalities

- Children and their families seeking asylum including those in receipt of home office financial and accommodation support experience many challenges during this period which can increase the risk of experiencing harm from ACEs.
- For example:
 - Many families seeking asylum live poverty and destitution. People seeking asylum are not allowed to work (with few exceptions). Those who are in receipt of home office support can be placed catered hotel accommodation where they receive just £8.86 each week for each person in their household. They do not have recourse to public funds. This money has to cover most costs, such as travel, leisure activities, and clothing. Very often it will also need to cover food. Research reveals that the food provided in catered hotels does not meet the needs of children and young people, resulting in poor physical and mental health, malnutrition and in some cases hospitalization.⁴
 - Children and their families can experience frequent and short notice moves which can affect continuity of care, disrupt education and increase risk of mental health problems. Other factors which can increase risk of harm from ACEs include perceived discrimination, poor parental mental health and low levels of social support.⁵

⁴ Food experiences of people seeking asylum in London: areas for local action | Sustain (sustainweb.org)

⁵ Wood S, Ford K, Hardcastle K, Hopkins J, Hughes K and Bellis MA (2020). Adverse Childhood Experiences in child refugee and asylum seeking populations. Cardiff: Public Health Wales NHS Trust

Figure 154: Number of Children and young people staying in asylum hotel accommodation in Newham



Source: Wood S, Ford K, Hardcastle K, Hopkins J, Hughes K and Bellis MA (2020). Adverse Childhood Experiences in child refugee and asylum seeking populations. Cardiff: Public Health Wales NHS Trust

Strategic implications

- Support Doctors of the World to deliver initial health assessments to people children and young people seeking asylum living in hotels
- Deliver safeguarding training to hotel staff to ensure best practice safeguarding process and policies
- Pilot the improving food safety and standards checklist with a asylum hotel
- Map mental health provision for refugee and asylum seeking children
- Ensure refugee and asylum seeker children are up to date with their routine vaccinations, including delivering outreach clinics



Why is this so important?

- The home learning environment refers to the everyday surroundings and activities within the home that influence a child's early development, including their cognitive, social, and emotional growth. It encompasses the interactions children have with parents and caregivers, the availability of learning materials such as books and toys, and the frequency of enriching activities like reading, singing, playing, and talking together.
- In the early years of a child's life, the home serves as the primary setting for learning and development. It is here that children first encounter language, problem-solving, and social norms. The quality of the home learning environment can significantly shape a child's readiness for school, affecting key skills such as communication, early literacy, and emotional regulation. A stimulating home learning environment not only supports educational achievement but also contributes to broader developmental outcomes, including self-confidence and resilience.
- For families in Newham, the home learning environment is particularly important due to the diverse range of socio-economic circumstances, cultural backgrounds, and potential barriers to accessing traditional early education services. Many children may face challenges such as language differences, financial constraints, or limited access to books and educational resources, which can impact their early learning experiences. Therefore, enhancing the home learning environment can play a vital role in addressing these disparities and promoting equity in child development. The home learning environment is supported in all Early Years settings and our free services like Children's Centers and Libraries who support child and parent relationships and learning in sessions like Play and Stay.

High level data summary

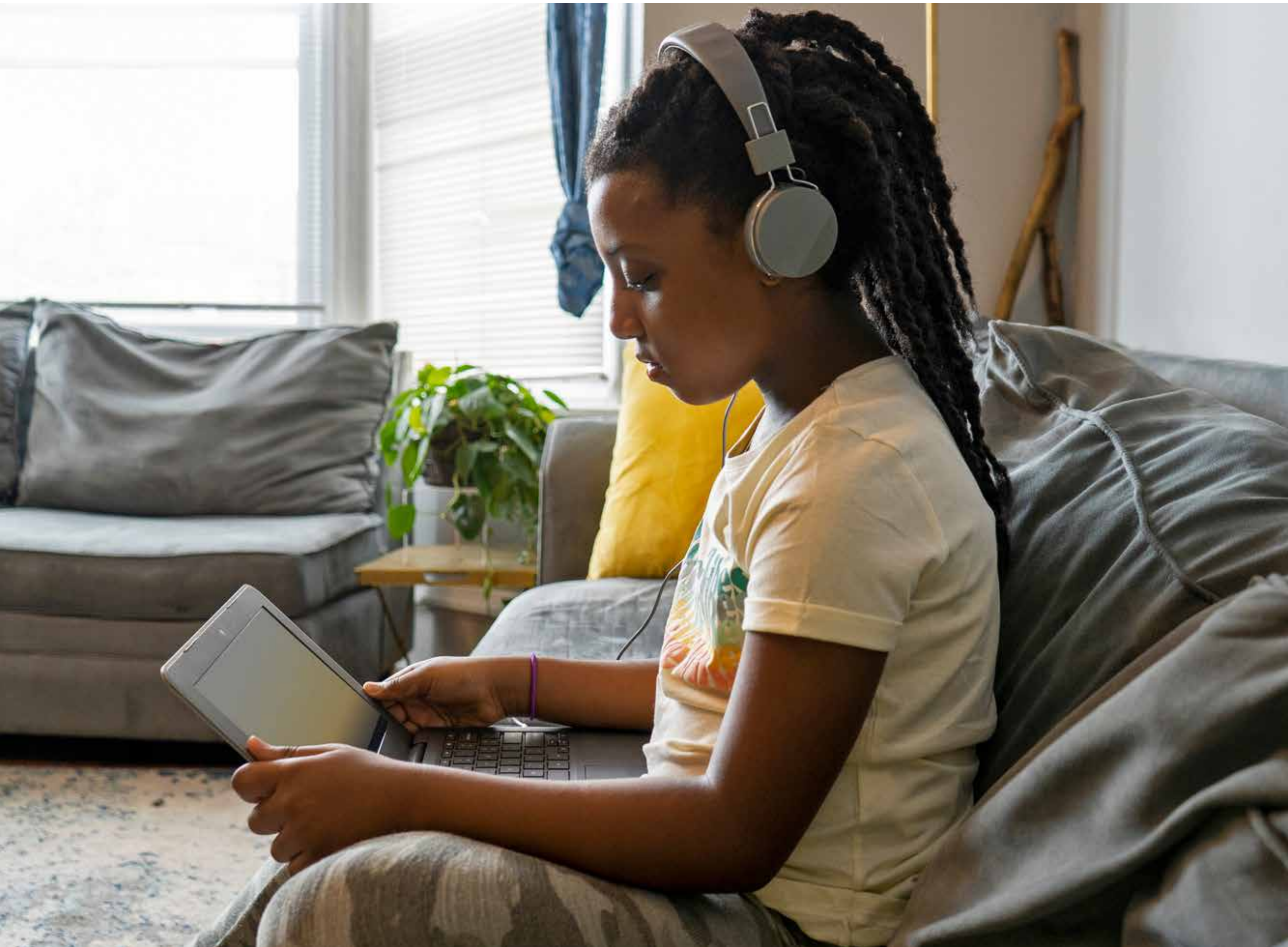
- All early years nurseries must adhere to the Early years foundation stage statutory framework (DFE, 2024). This stipulates that the practitioner support parent and carers in guiding their child's development at home. A recent survey of all Pre-School providers demonstrated that :
- A 100% of settings provide home learning opportunities for parents. These range from suggestions in the settings newsletter to providing resource packs to be used between parents and child at home.
- 22% of settings had engagement from between 75-100% of their parents
- 52% of settings had engagement from between 50 to 75% of their parents
- 26% of settings has engagement from less than 30% of their parents
- The outcomes from parental engagement in Home learning activities were confirmed as
 - increased confidence and independence of the child.
 - Improved use of language by the child
 - Stronger relationships between the setting and the parent.

Local context for Newham

- Home learning environment a key strand to Family Hubs work and investment has been made to strength this work and expand the Home learning packs at children centers, the story time at libraries and the training and roll out of evidence based Programme called PEEPLE
- Advisory teacher employed through the Family Hubs Programme has been supporting the development of this strand through developing a CPD offer for practitioners in the Children's centers and family hubs, which focuses on language acquisition and meaningful interactions.
- Home learning is part of business as usual for the preschool sector as indicated by the EYFS statutory framework. In support of this, a guidance documents on its importance with suggested activities, has been drafted.

Inequalities

- Socio-Economic Disparities: Low income, poverty, housing instability, and overcrowding limit access to learning resources and space for play.
- Parental Education and Employment Barriers: Low parental education levels and insecure or long working hours reduce time and capacity for engaging in early learning activities.
- Cultural and Language Barriers: Language differences and varied cultural beliefs about learning and play affect access to information and opportunities for language development.



School Age Children

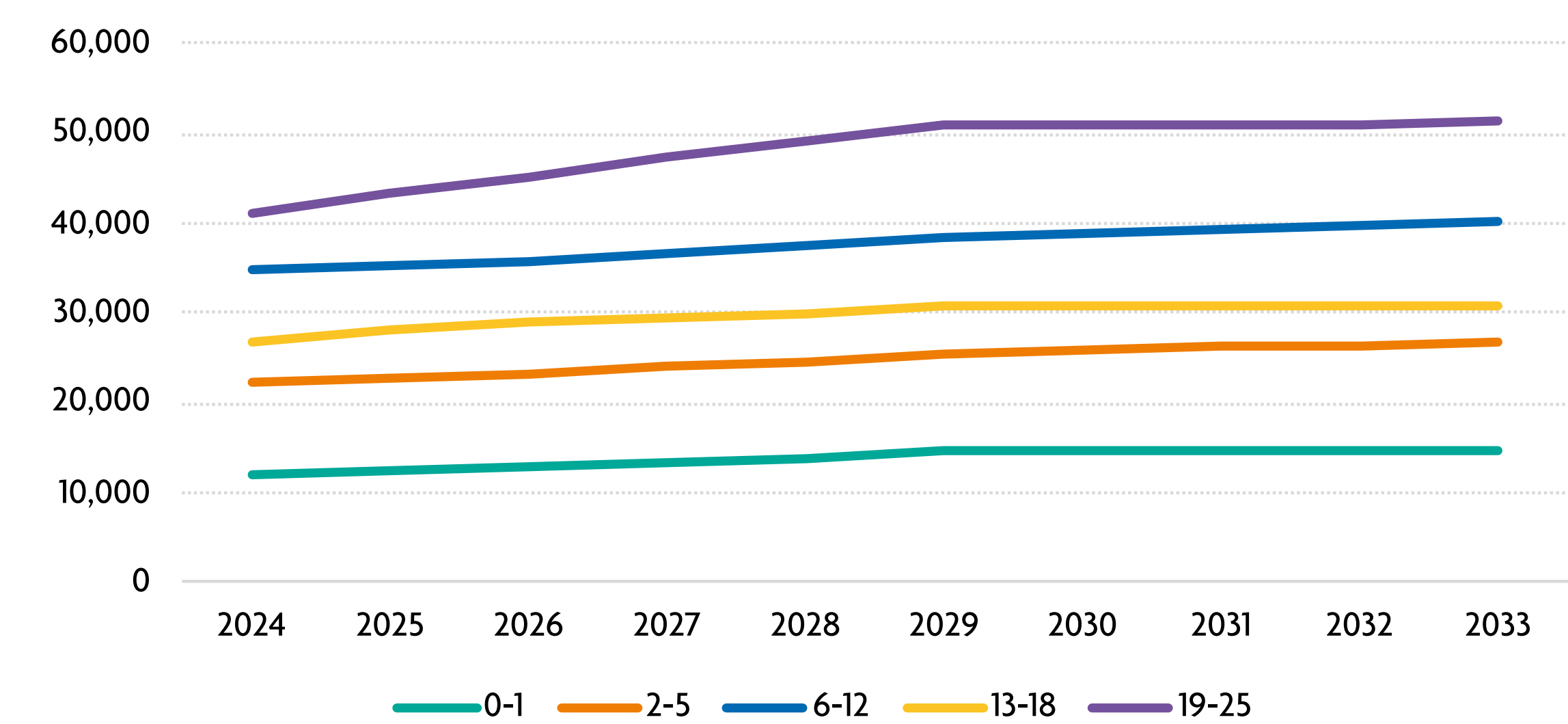
Summary	168	Ready to learn – sensory impairment	185
Population projection 0-25 years	169	Healthy schools and health promoting environment	192
Excluded from education	170	Physical activity and green spaces	194
School Attendance	175	Good Nutrition	196
Not in mainstream education-Elective Home Education (EHE)	178		

Summary

 **BACK TO
CONTENTS**

Population projection 0-25 years

Figure 155: Newham population projections 2024 - 2033 ages 0-25



Source: GLA housing led population projections

Why is this important?

Suspensions and exclusions from school are important for several reasons:

- **Maintaining Discipline and Safety:** These measures help maintain discipline and safety within the school environment. When students engage in disruptive or harmful behaviour, suspensions and exclusions serve as a deterrent and signal that such actions are unacceptable.
- **Protecting Other Students and Staff:** By removing a disruptive student, schools protect other students and staff members from potential harm. This ensures a safer learning environment for everyone.
- **Teaching Accountability:** When a student faces consequences like suspension or exclusion, it teaches them accountability for their actions. It emphasizes that behaviour has consequences and encourages responsible decision-making.
- **Addressing Serious Incidents:** For severe offenses (such as violence, drug-related incidents, or repeated misconduct), suspensions and exclusions are necessary to address the situation appropriately.
- **Supporting Positive Behaviour:** These measures also allow schools to focus on positive behaviour reinforcement. By addressing negative behaviour promptly, schools can promote a culture of respect, responsibility, and cooperation.

School exclusions can have several negative effects on students:

- **Mental Health Problems:** Exclusion from school can lead to mental health issues. A study by Exeter University found that even short-term exclusions (just a few days) can cause anxiety, depression, and behavioural difficulties. These issues often persist beyond the exclusion period.
- **Social Isolation:** Excluded students may experience social isolation, impacting their self-esteem and overall well-being.
- **Learning Time Loss and Exam Results:** Exclusions result in lost learning time, affecting academic performance and exam results.
- **Damaged Future Prospects:** Excluded students are more likely to face unemployment and other challenges later in life.

These effects highlight the importance of addressing behaviour issues through alternative strategies before resorting to exclusion. While suspensions and exclusions are essential tools, schools should always explore other strategies first and use these measures as a last resort.

High level data summary

Suspensions

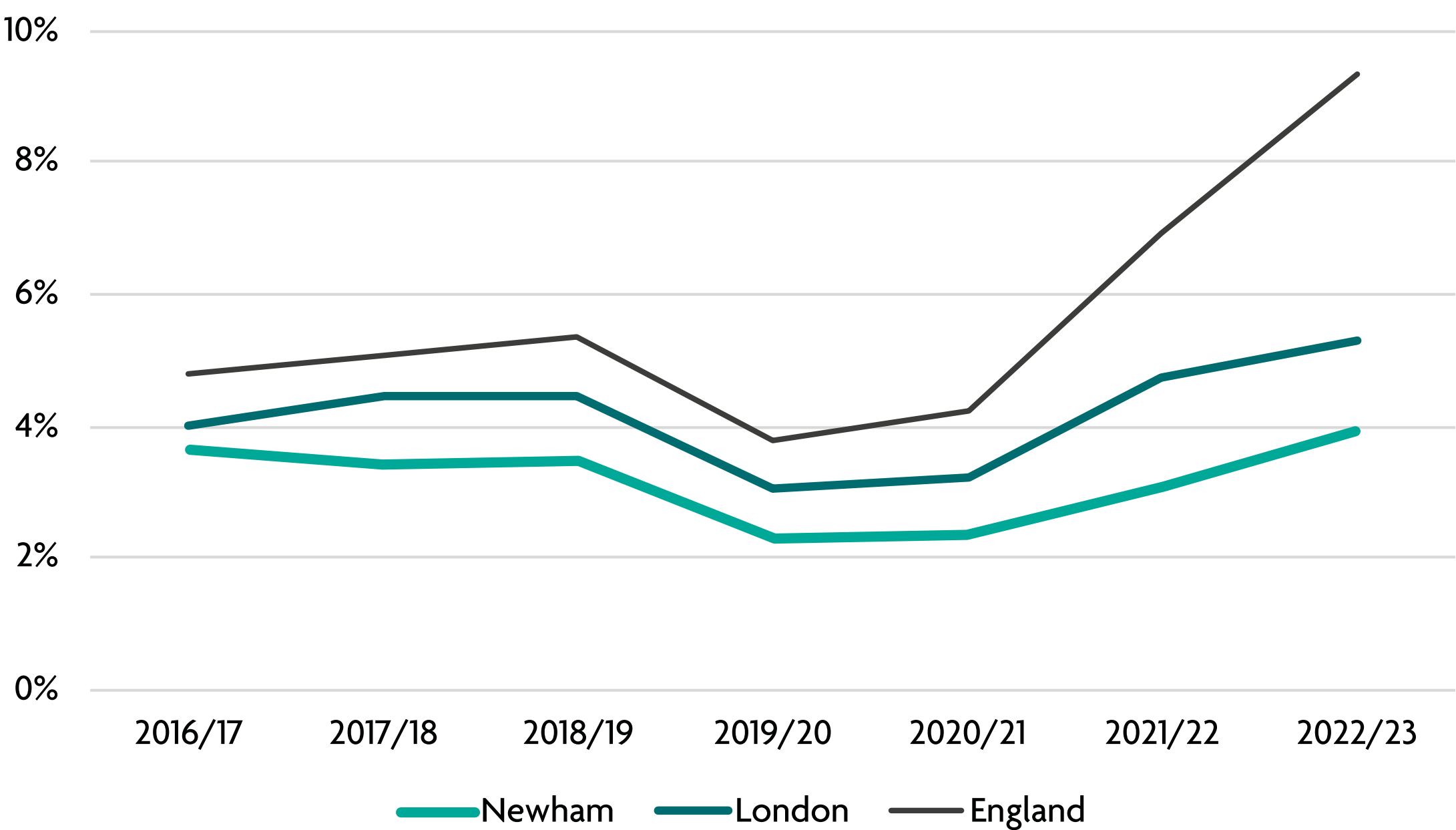
- Rates of suspensions in Newham are comparatively low. In the latest full year of data – 2022-23 – the number of suspensions as a percentage of the school population was 3.9%. This is in the lowest quartile nationally and below the London average.

School Age Children

Excluded from education

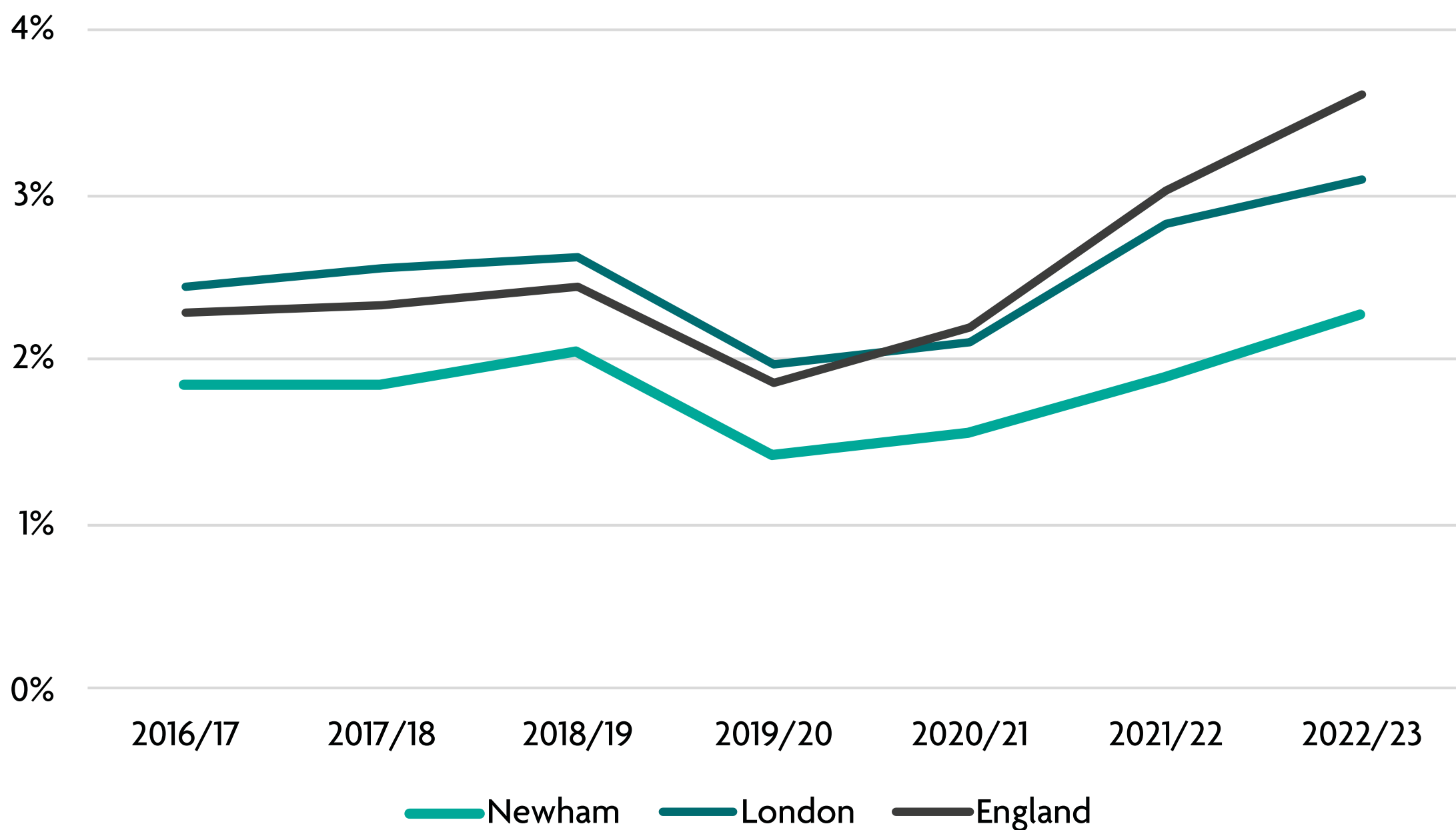


Figure 156: Suspensions: number of all school suspensions as a % of school population



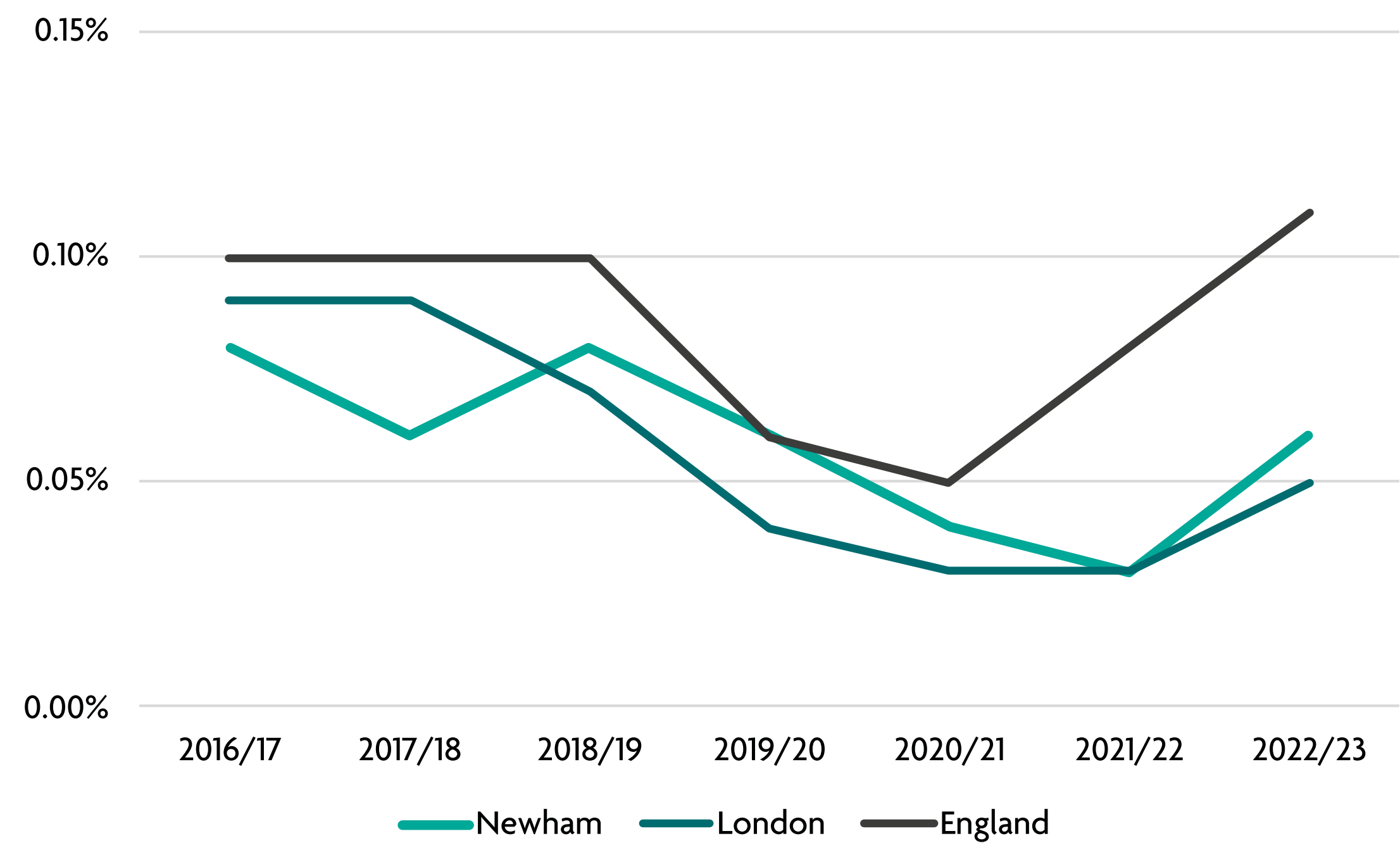
Source: Department for Education: gov.uk/government/collections/statistics-exclusions

Figure 157: Suspensions: number of pupils receiving 1+ suspensions as a % of school population



Source: Department for Education: gov.uk/government/collections/statistics-exclusions

Figure 158: % pupils receiving a permanent exclusion



Source: Department for Education: gov.uk/government/collections/statistics-exclusions_

Inequalities

In the academic year of 2022-2023, there were 40 permanent exclusions across the borough in total, compared to 30 in the previous year.

Gender – A higher amount of males were permanently excluded than females, with 28 males in total, and 12 females. This is a running theme throughout permanent exclusions which has shown in previous years too, where permanent exclusions in males dominate the amount in females.

Ethnicity – The majority of pupils permanently excluded were White British, which was closely followed by Black African.

SEN – Out of the 40 pupils permanently excluded, 7.5% held an EHCP, whilst 27.5% were K coded. The remaining 65% were recorded as having no special educational needs.

FSM – 26% of the permanently excluded pupils were eligible for free school meals, whereas the other 74% were not.

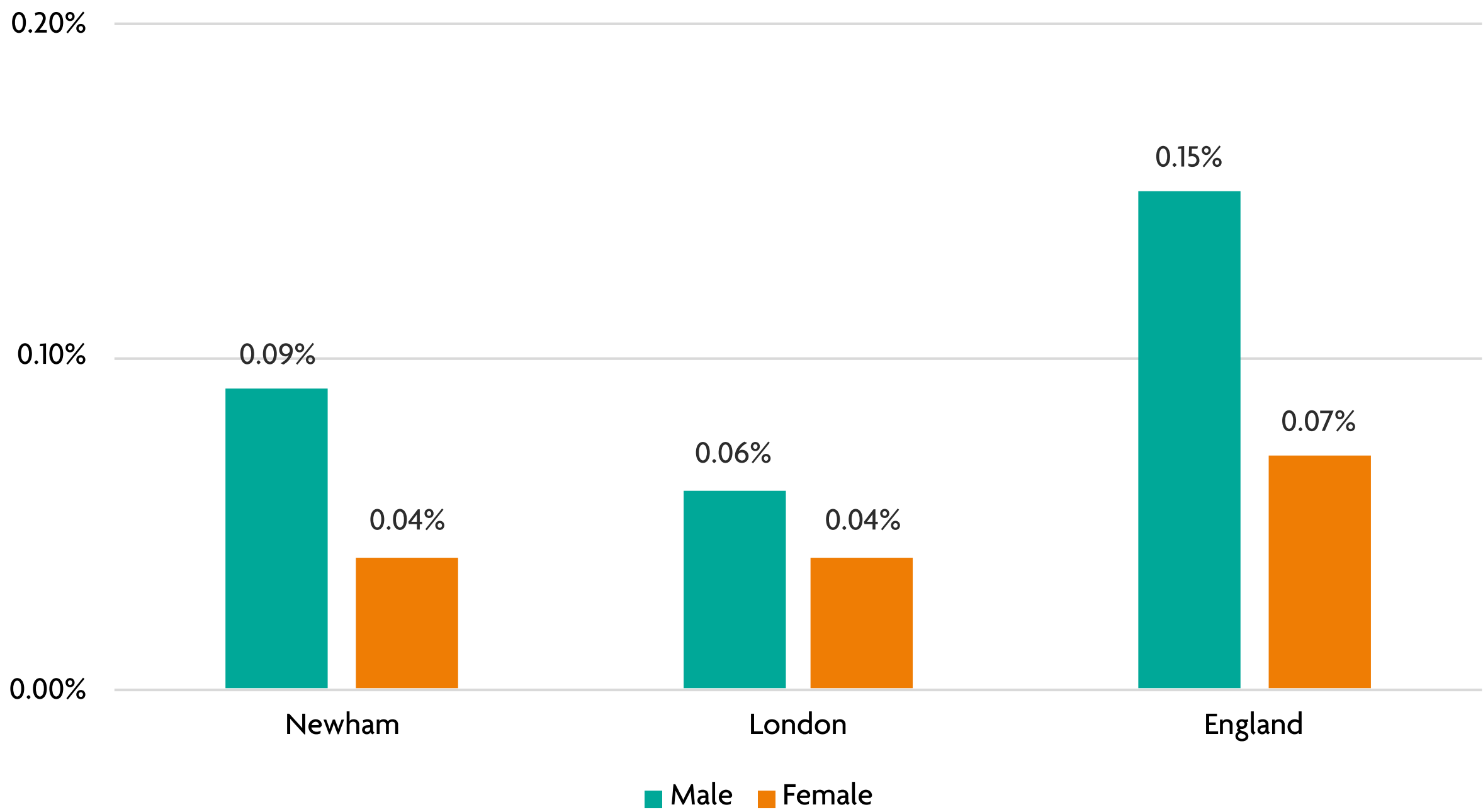
The percentage of young people know to services at time of permanent exclusion in 2022/23 were; 43% - Social Care, 29% - CAMHS, 23% - Police

School Age Children

Excluded from education

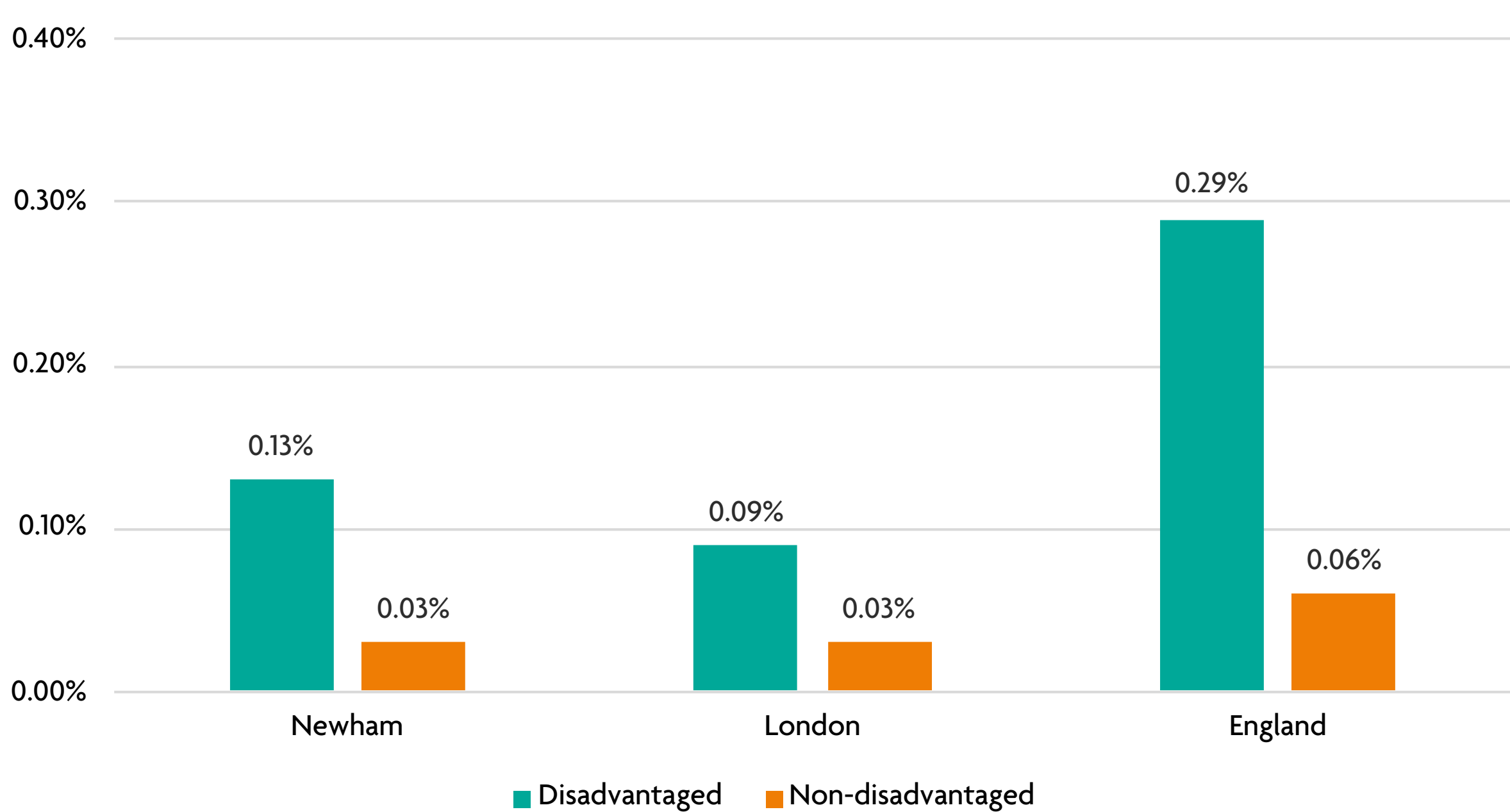


Figure 159: Exclusions: % males and females with permanent exclusions as a % of school population, 2022/23



Source: Department for Education: gov.uk/government/collections/statistics-exclusions

Figure 160: Exclusions: exclusions of disadvantaged and non-disadvantaged pupils as a % of school population, 2022/23



Source: Department for Education: gov.uk/government/collections/statistics-exclusions

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 the early identification of SEND. A multifaceted approach is needed, including the speed at which we provide and respond to the first signs for students with SEND, resources for mental health and a joint policy focusing on inclusion rather than exclusion.
- Continuation of working with schools and services around the issues of behaviour management, safeguarding, exclusions, persistent absence, and the effective commissioning of alternative education, is needed to support educational outcomes, achievement and participation to meet the needs of the different groups of pupils who are impacted disproportionately in their education experience.
- Setting key priorities for the year using data sets is required for effective multi-agency working to strengthen service response to individual children and families / carers, underpinned by robust tracking, monitoring and reporting of all cases of exclusions.
- Targeted support and review of primary/secondary transitions and transfer protocols and information sharing are needed to ensure successful outcomes.
- 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.

Why is this important?

School attendance is crucial for several reasons:

- **Learning Opportunities:** Every moment in school is important, and days missed add up quickly. For instance, a child in Year 10 who is absent for three days over a half term could miss 15 lessons in total. The more consistently a pupil attends, the better they are likely to learn and perform in exams and formal assessments.
- **Academic Achievement:** Evidence shows that students with high attendance throughout their time in school achieve better GCSE and A Level results. Pupils who perform well tend to miss fewer days than those who struggle academically.
- **Wellbeing and Development:** Being in school positively impacts a child’s wellbeing and wider development. It provides access to extracurricular opportunities, pastoral care, and a safe environment.
- **Child Protection:** Consistent school attendance allows teachers to offer necessary support. Missing school may also be an indicator of broader child protection concerns.

Parents and carers have a legal duty to ensure their child receives a suitable full-time education from age 5 to 16.

High level data summary

- **Overall Absence:** The overall absence rates in Newham schools are generally consistent with the London average. The latest census data for Newham schools (autumn and spring terms 2023/24) was as follows. Compared to the 2021/22 and 2022/23 averages, there is very significant improvement:

	Primary	Secondary
Newham	94.0%	93.3%
National	94.7%	91.6%

- Persistent absence is a key priority for Newham. We track and measure progress for two groups of children and young people:
 - PA10 are those who are absent for more than 10% of time
 - PA50 are those who are absent for more than 50% of time

Newham primary schools were ranked 150th in England for PA10 and 151st for PA50 in 2022/23 (autumn and spring terms combined). Newham’s rank position for PA10 and PA50 in primary schools had consistently been among the lowest performing local authorities in England between 2016/17 and 2022/23. In 2023/24, this improved significantly, to a ranking of 90th for PA10 and 100th for PA50.

Newham secondary schools were ranked 41st in England for PA10 in 2022/23 and 25th for PA50 in 2022/23 (autumn and spring terms combined). Newham’s rank position for PA10 and PA50 in secondary schools had generally been in the top 50% of local authorities in England between 2016/17 and 2022/23. In 2023/24, this improved further, to a ranking of 20th for PA10 and 22nd for PA50.

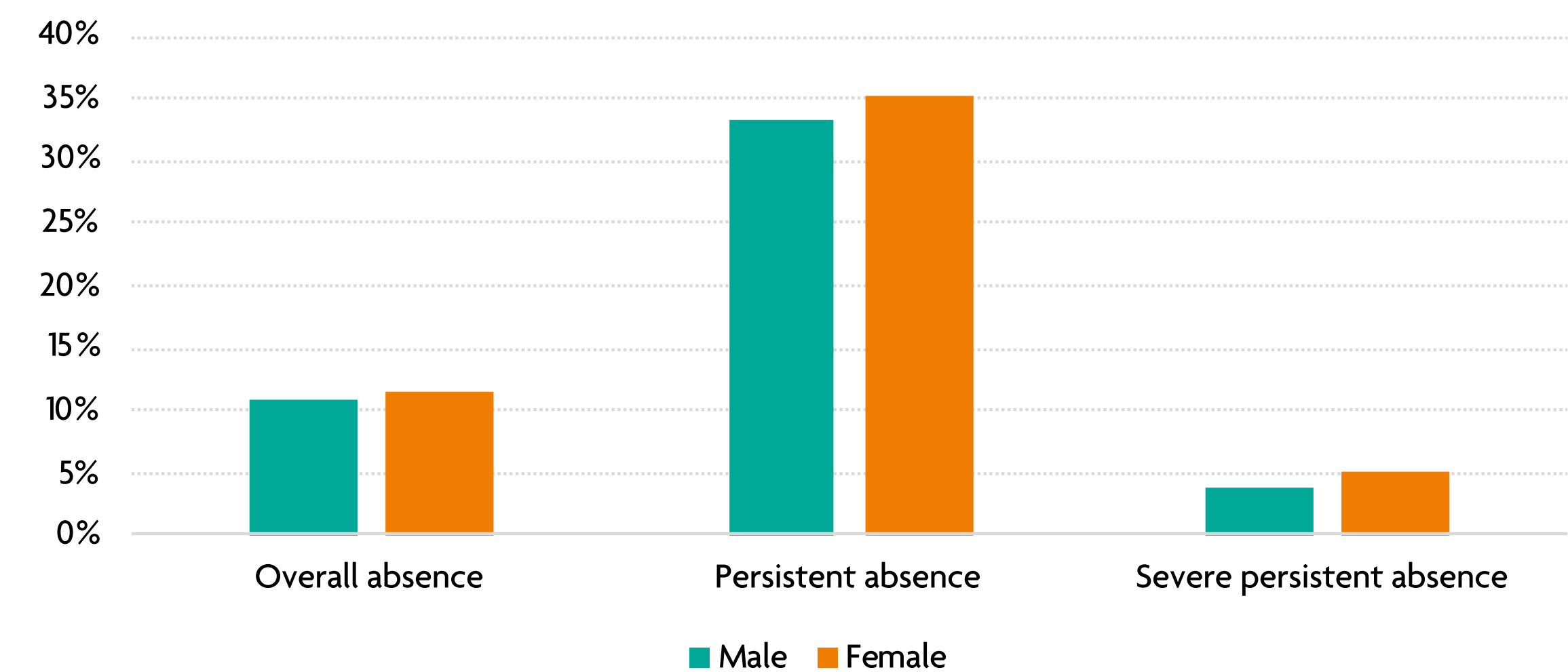
Inequalities

For children with special educational needs and disabilities (SEND), including both those with and without Education, Health and Care plans, absence and persistent absence are lower than national averages for autumn/spring terms 2023/24, and there have been significant improvements since the previous year 2022/23:

- For SEND children in Newham, overall absence in autumn/spring terms 2023/24 was 10.9%. This is 1.6% lower than the national average of 12.5%; and 1.8% lower than Newham’s average in the previous year of 12.7%.
- For SEND children in Newham, 33.8% of children are PA10, lower than the national average of 34.7%.
- For SEND children in Newham, 4.0% of children are PA10, lower than the national average of 6.5%.

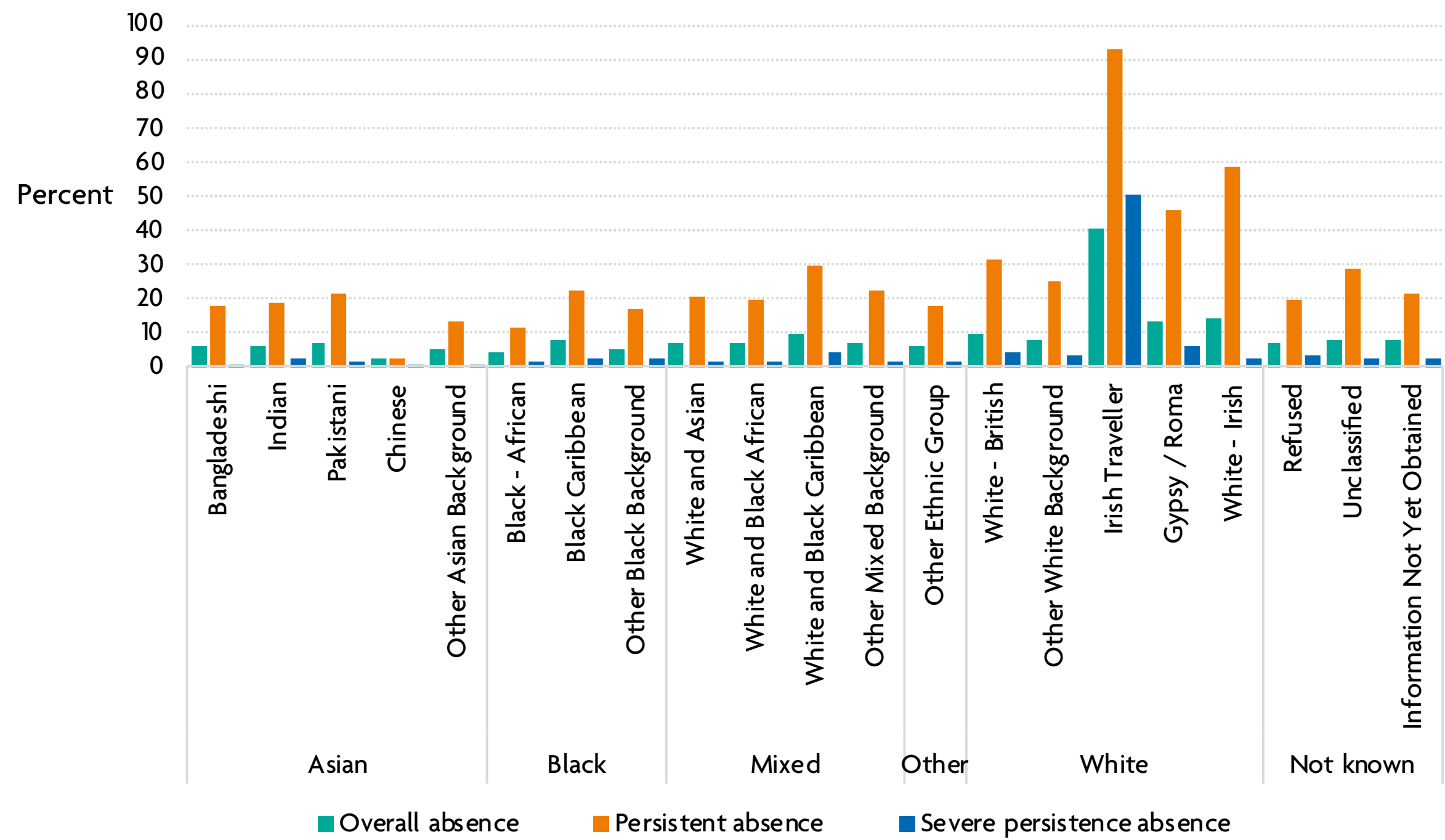
Regarding gender and ethnicity, the following tables for 2023/24 shows that absence and persistent absence are slightly higher for girls than boys, and significantly higher for White British, White and Black Caribbean, Gypsy/Roma, Irish Traveller and White Irish children than other ethnic groups:

Figure 161: Absence by gender, 2023/24



Source: School Census

Figure 162: Absence by ethnicity, 2023/24



Source: School Census

Strategic implications

Overall, there have been significant improvements in attendance and persistent absence, and we are continuing our strategy to tackle these issues and bring about further improvements.

By summer term 2024, 85 out of 95 state funded schools had taken up the offer of a free targeted attendance support meeting. These meetings are continuing in 2024/25, prioritising those schools causing concern. This support is supplemented by the following strategy:

- Attendance Forums – training, and advice, with guest speakers (autumn 2024 forum taken place)
- Close collaboration with the SEND service, re advice, guidance and support for schools for SEND pupils, including minimising the use of part time timetables
- Simplified attendance procedure, with training and guidance for Penalty Notices and Statutory intervention.
- New Children Missing Education (CME) code of conduct, including training.
- Multi Agency working at the CME board
- Borough wide Attendance Campaign School’s Here for You (pushed out on social media during the spring and summer of 2024)

Not in mainstream education-Elective Home Education (EHE)



Why is this so 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 harm, 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

- Since the pandemic in 2020, there has been a significant increase in the number of parents opting for EHE especially within the last year.
- Figures taken from EHE monthly updates, show total numbers of EHE children as at the end of May from 2020 to May 2024

Date	EHE total numbers
May 2024	421
May 2023	345
May 2022	350
May 2021	343
May 2020	223

This number drops in the following month each year when Year 11 children become school leavers and whose home education is no longer monitored by the LA.

Not in mainstream education-Elective Home Education (EHE)



The following table describes parents’ reasons for home educating and notes to provide for further information. This is data as of July 19th 2024.

Source: Impulse

Total number	%	Reason	Notes
67	17	Not yet obtained	May be parents who have declined meetings and decided to send in reports or are long standing families where this information was not previously recorded. May be EHE children yet to be contacted.
11	3	Child’s unwillingness or inability to go to school	Child refusing to attend or finding it hard to attend school
18	5	Special educational needs	Parents feels they can meet child’s needs better at home or feel school was unable to do so
41	10	Religious or cultural beliefs	Families tend to be of Christian or Muslim faith
51	13	Philosophical or ideological views	Parents say it is something they have always wanted to do
65	16.5	Parent’s desire for a closer relationship with child	Parents want to be able to have more time with their children and enjoy in their learning
1	0.3	Other health reasons	Child finding it hard to manage secondary school due to mobility issues
9	2	Mental health reasons	Children suffering anxiety which may also be linked to perceived bullying from peers or teachers or previous traumas within the home
47	12	Short term intervention for a particular reason	Wide ranging – could be for example while waiting for a preferred school place or in the middle of temporary accommodation/ eviction or just in need of some timeout
3	0.7	Familial reasons which have nothing to do with schools or education	Child perhaps spending more time pursuing a sport to a professional level
10	3	Distance or access to a local school	Parent is fearful to send child to a school that they consider too far or difficulty in dropping children off at right time if all at different schools.

Not in mainstream education-Elective Home Education (EHE)



Total number	%	Reason	Notes
50	13	Dissatisfaction with the school system	Parents are unhappy with what is being taught in the curriculum –not aligned with their values or reflective of their cultural values or how a matter has been unresolved
12	3	Disputes with school over the education, special needs or behaviour of child	Parents feeling school are not addressing potential SEND of their child
6	1.5	Bullying	Child has had negative experiences with school/peers. Some severe, others perceived and perhaps SEND related i.e. difficulty in forming friendships
391	100%		

The most popular reasons are:

- Parent’s desire for a closer relationship with child
- Philosophical or ideological views and
- Dissatisfaction with the school system

It is important to note that there has been a growing number of EHE cases due to mental health reasons as well.

The table below shows total EHE numbers across the academic year 2023 to 2024 from EHE monthly updates

Month	30th Sept	31st Oct	30th Nov	31st Dec	31st Jan	28th Feb	31st Mar	30th Apr	31st May	30th June
Total	345	348	369	386	416	403	412	418	421	385

The majority of the transition into and out of EHE tends to occur during the early part of autumn term, possibly due to parents failing to achieve their preferred school for September, or due to the child not settling into school for whatever reason. Numbers continue to rise and throughout the year with new cases from within and outside of the borough as well as those leaving for schools or moving out of the borough. The majority of children exiting EHE at the end of the month of June is due to Year 11 children no longer being of compulsory school age

Not in mainstream education-Elective Home Education (EHE)



Inequalities

Source: Impulse as at 19th July 2024

Gender	Number
Female	186
Male	205
Total	391

Year group	Number
Reception	19
1	31
2	27
3	32
4	47
5	36
6	38
Total	230

Year group	Number
7	28
8	45
9	52
10	36
11	0
Total	161

Not in mainstream education-Elective Home Education (EHE)



Gender and Year group

Gender	%
Female	48%
Male	52%

The highest cohort of children are in year 4, year 8 and year 9.

KS1 and KS2 are 59 % of EHE cases compared to 41 % for KS3. This can be attributed to many parents who, where they chose to home educate in the early years, will often apply for school places for KS3. New cases in secondary schooling appear to be down negative experiences faced by the child

Ethnicity

Ethnicity	%
Asian	22.2%
Black	13.8%
Mixed	14.0%
Other	1.2%
White	16.8%
Unknown	32.0%

The ethnicity for 32% of those EHE from 2024 was unknown.

Of those for whom ethnicity is known, 13.8 % were Black, 22.2 % Asian, 16.8 % White, 14 % Mixed, 1.2 % Other.

Not in mainstream education-Elective Home Education (EHE)



Children with SEND

Source: Impulse 19th July 2024

The SEND team are a new team and are in the process of finalising joint working with the EHE team.

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.

The tables below show the breakdown of SEN Level and then by SEN type.

SEN Level	Number
Education Health and Care Plan	15
Processing Assessment	1
SEN Support	25
Total	41

SEN Type	Number
Autism Spectrum Disorder	9
Hearing Impairment	2
Moderate learning difficulties	2
Other	1
Speech, Language and Communication	5
Social emotional and mental health	6
Physical disability	2
Profound and multiple LD	2
Visual impairment	1
Total	31

Not in mainstream education-Elective Home Education (EHE)



Open to social care

There are currently 3 children on CIN plans, 1 on a CP plan and none who are LAC.

The EHE team have been able to engage with all these families and except for one case but no concerns have arisen with regard to the educational provision. Usual processes are followed where education is deemed unsuitable.

Forecasting future need

School age children: Not in Mainstream Education (Electively Home Educated)

Following the pandemic factors contributing to the large rise in EHE cases in Newham, can be attributed to:

- EHE being a more widely known option where parents have had some experience during lockdown
- Increased availability of high quality online resources and the increase in virtual schools being available has meant learning can take place remotely
- This is coupled with the ability of working parents also to be able to work remotely and therefore can be more flexible with their time to be able to home educate
- There has been a rise in accessing tuition or education centres within Newham which offer parents / carers the opportunity to provide a blended home learning experience which can appear to rival what a good school might otherwise offer
- More opportunities are made available to those who are home educating such as sporting facilities or places of educational interest such as the London museums

These all combine to make EHE seem an attractive option for parents who feel their child is not managing at school or feel they can provide something better.

However, EHE has also been seen as a simpler way out of school where a child is facing negative experiences, which may lead to penalties for non-attendance or possible exclusions and in some cases seen as an option as there seems to be no other option. This is exacerbated when EHE may be subtly suggested to a parent by their school, when it may not have been a parent's initial choice as it leaves little room for conflicts or issues to be resolved within the school.

Strategic implications

- Need to ensure adequate integrated services – Attendance Management Services and Early Help Services to work alongside children's social care, health and community, requiring 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 tuition, part home, part complementary / online) will only facilitate a rise in EHE as a form of education and child development.
- The LA will need to consider the impact of the pandemic on the changes in the family and school environment now, and going forward, and the education vision, response and direction given to home educating parents and carers; numbers of which are likely to continue to grow. The LA needs to be supportive of the parental right and wish to home educate yet encouraging of attending school where necessary.

Ready to learn – sensory impairment



Why this is important?

- Deafness or Hearing impairments (the latter is not a term deaf people consider to be acceptable language although used by professionals)
- There are two main types of deafness. The first happens when there is a fault in the inner ear – usually in the cochlea. This is called ‘sensorineural deafness’ and is permanent.
- The level of hearing loss may be described as mild, moderate, severe or profound and may not be the same in each ear, with only a few children totally deaf
- The second type of hearing loss happens when sounds fail to pass efficiently through the outer and middle ear to the cochlea and auditory nerve. This is most commonly caused by a build-up of fluid in the middle ear, often referred to as ‘glue’ ear. This is known as ‘conductive deafness’ and is the most common type of hearing loss. A conductive loss is likely to fluctuate and be temporary.
- Hearing loss of both kinds will have an impact on learning and other aspects of a child’s development as a whole particularly, communication and social interaction skills.

Vision impairments (VI)

- The term ‘visually impaired’ is used to describe a child who has sight problems severe enough to interfere with their learning.
- The majority of children with a visual impairment still have some vision – only five per cent nationally are totally blind or severe sight impaired. Most blind or partially sighted children have their sight problem from birth, though a small number lose their sight later in life following illness or an accident
- Like hearing loss vision impairment affect child development as a whole. Since 80 per cent of communication is non-verbal, young children with impaired vision are at a huge disadvantage when developing interpersonal skills, developing learning, self-help skills and mobility.

Multisensory Impairment (MSI)

- This is a small group nationally but have dual loss and often this group overlaps with those with profound and multiple and severe learning difficulties. Important within this this group we identify those who have no learning needs but if specialist interventions are put in place they are more likely to thrive.

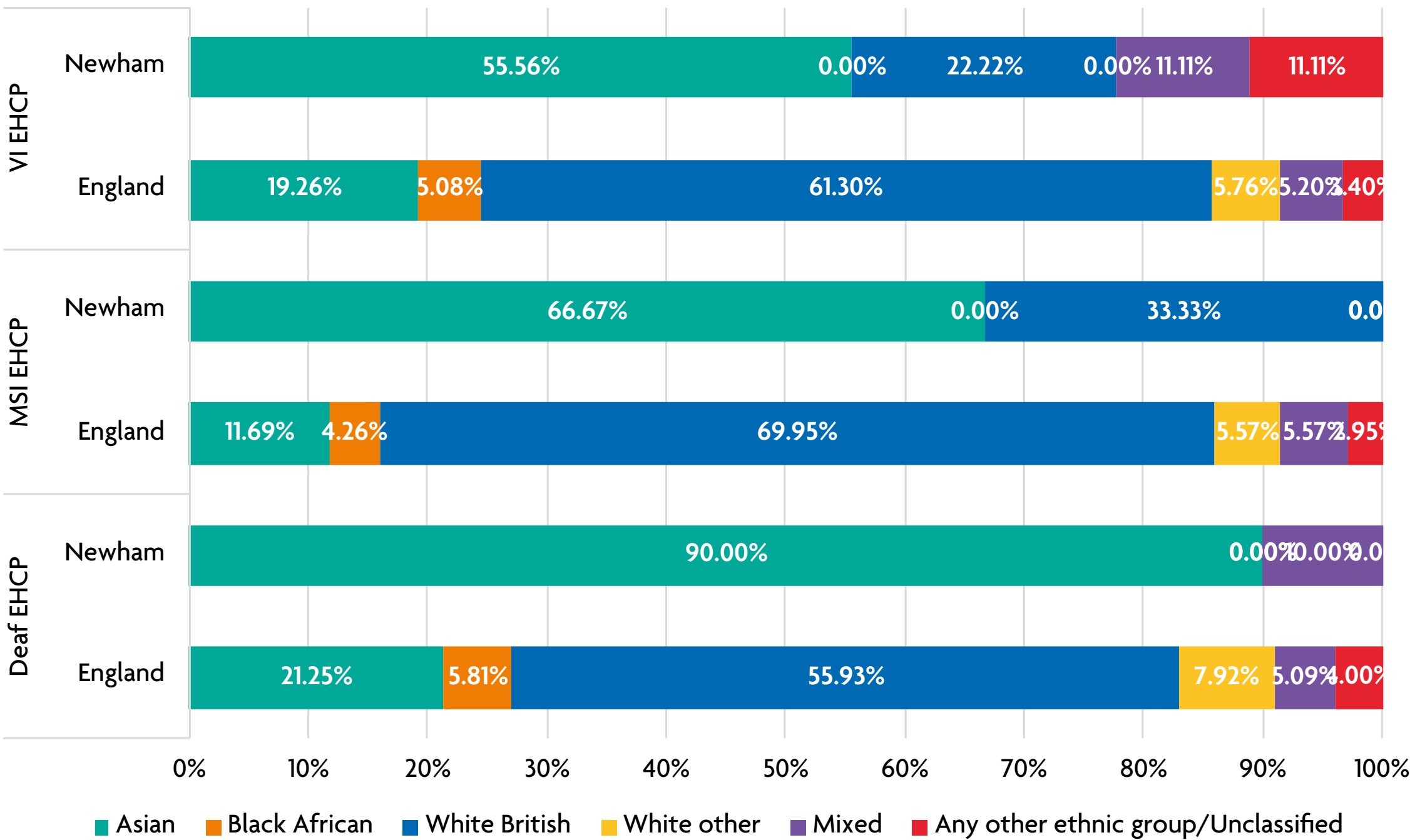
Ready to learn – sensory impairment



High Level data summary

- The need is low incidence .This means the actual numbers are in the hundreds or within a hundred of children or young people in each of the years between 2018 and 2023 in Newham compared to those who are autistic or have moderate learning disabilities for example.
- The key observations to make is that Newham compared to national norms for those with EHCPs , the three biggest groups with sensory needs are Asian, Black African and White other. Given Asians as while are biggest group in Newham, this statistically significant.
- The same observation can be made for children on SEN support in except for 2023 there appears to an anomaly of those in Mixed ethnic groups showing as big increase with 66% alongside Asian, Black African and White other. This will need monitoring.
- Within the sensory need group there is variation of presentation among ethnic groups.
- In terms of Visual Impairment for both those with EHCPs and SEN Support, Asians Black Africans and White British are the biggest groups.
- In terms of Multi-sensory impairment , the actual numbers are low and do not reflect the population patterns in deaf and visual impairment.
- For Deaf , the biggest groups are Asian, Black African and White other for both those with EHCPs and SEN Support.

Figure 163: EHCP for Deaf, MSI, and VI for England and Newham, 2018-19



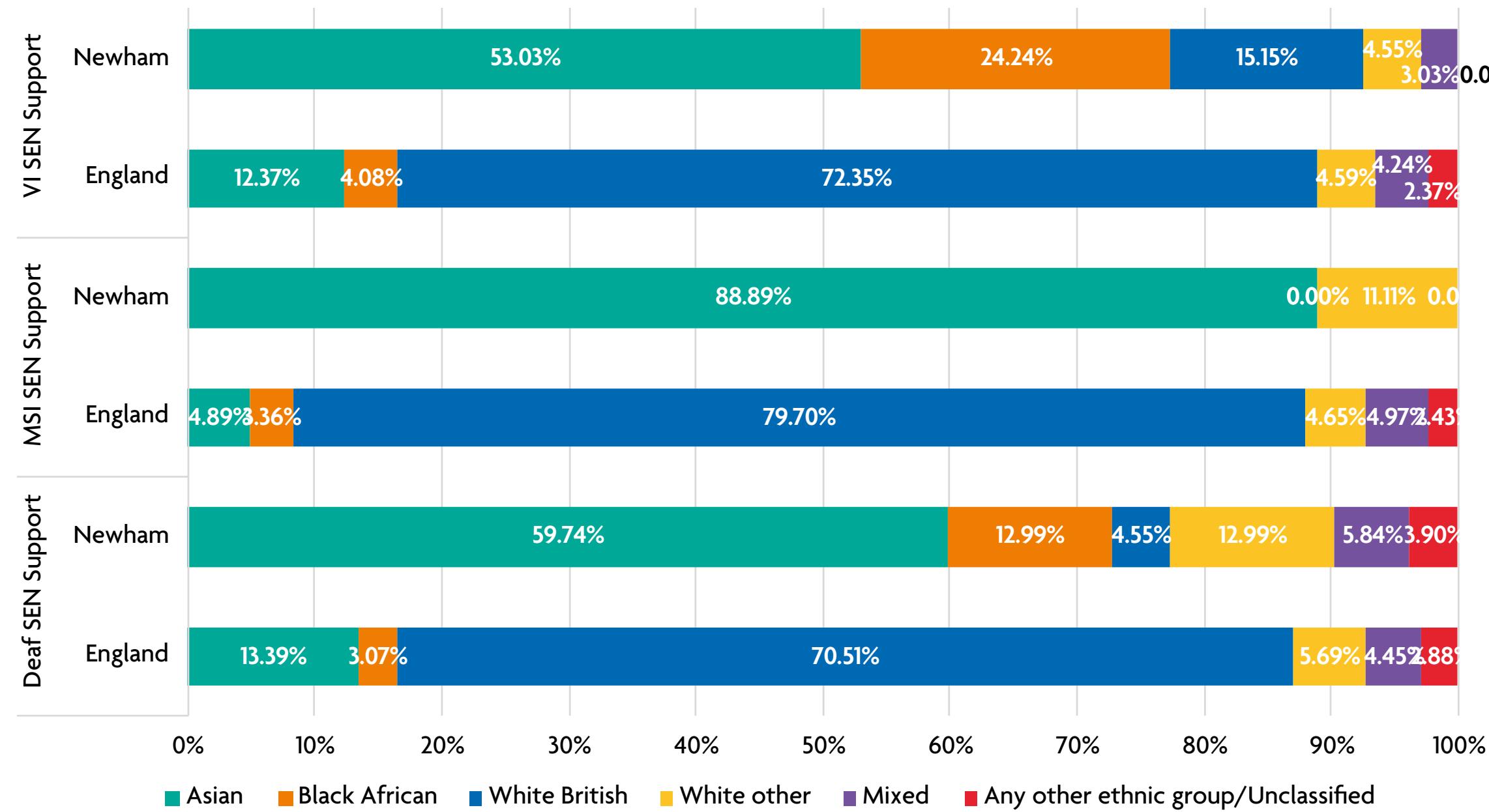
Source:

School Age Children

Ready to learn – sensory impairment

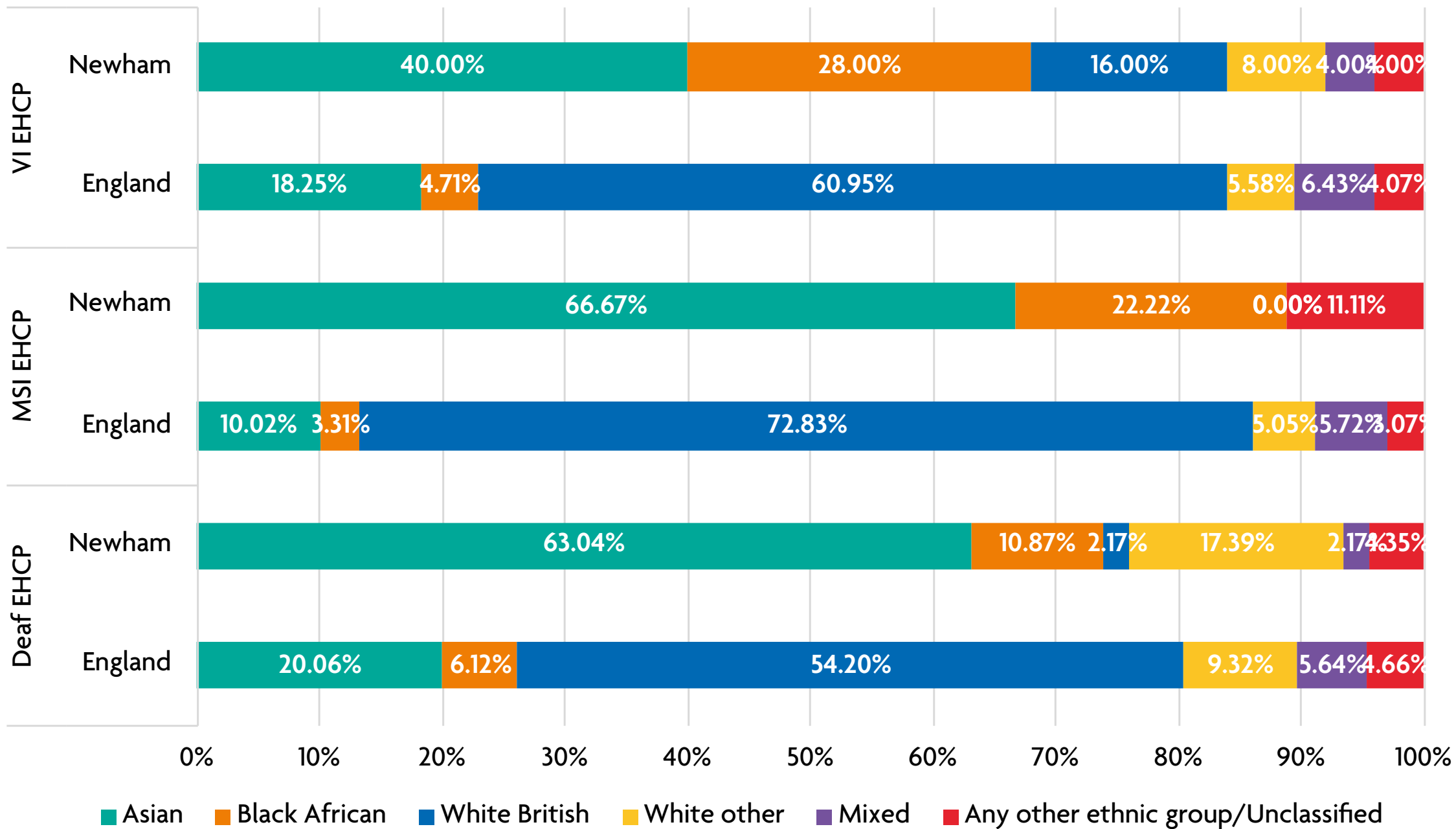


Figure 164: SEN for Deaf, MSI, and VI for England and Newham, 2018-19



Source:

Figure 165: EHCP for Deaf, MSI, and VI for England and Newham, 2022-23



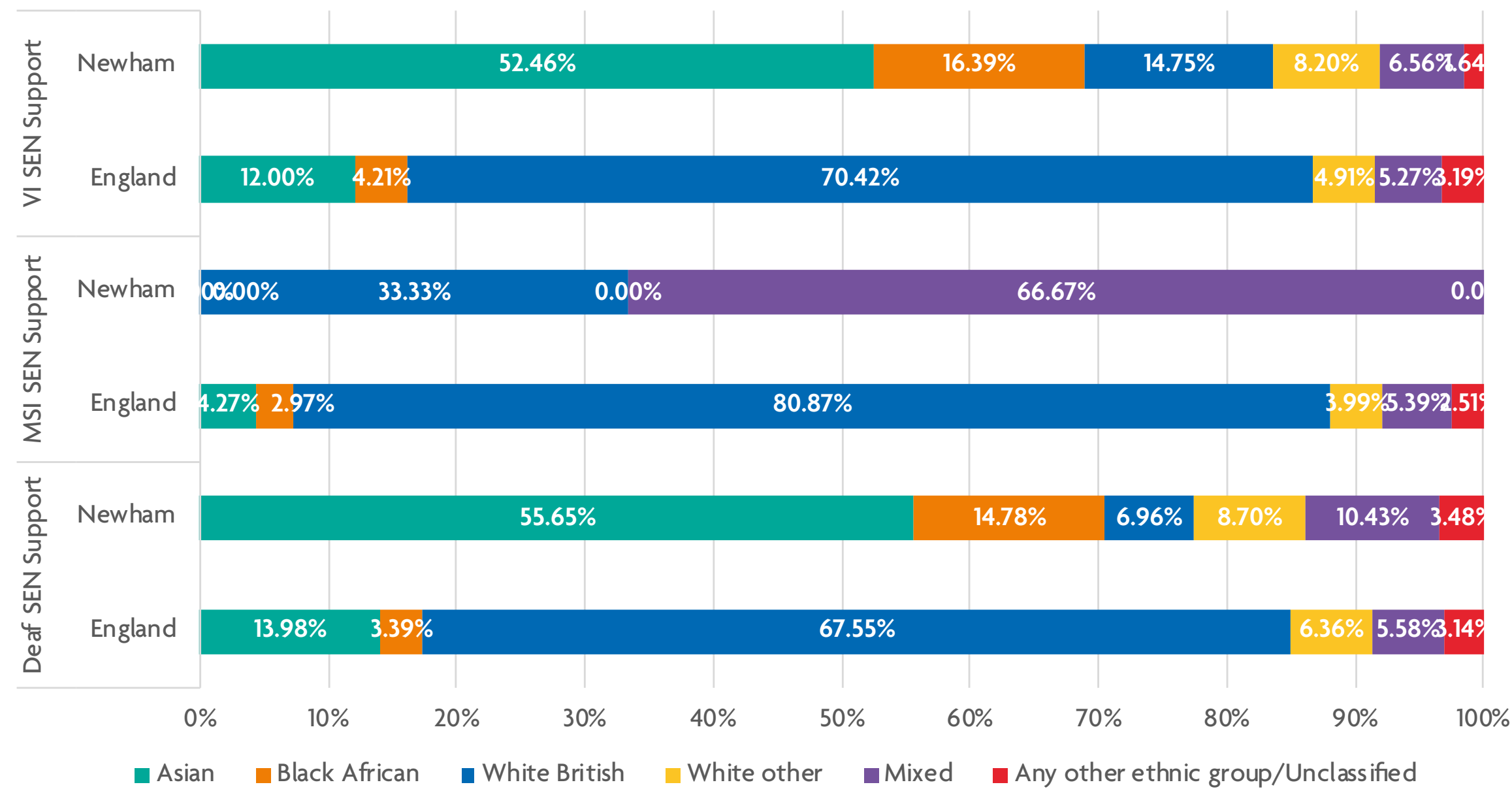
Source:

School Age Children

Ready to learn – sensory impairment

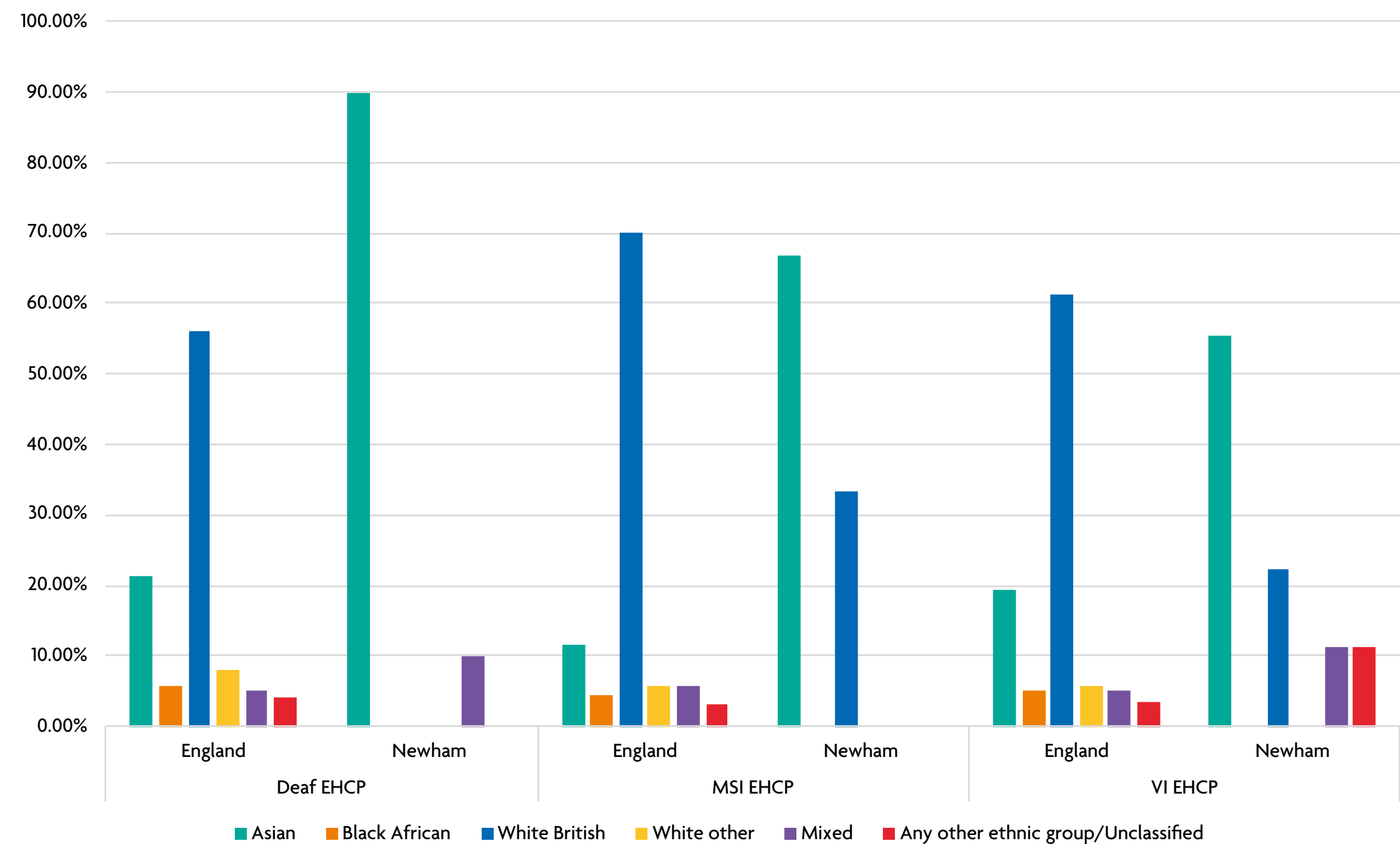


Figure 166: SEN for Deaf, MSI, and VI for England and Newham, 2022-23



Source:

Figure 167: EHCP for Deaf, MSI, and VI for England and Newham, 2018-19



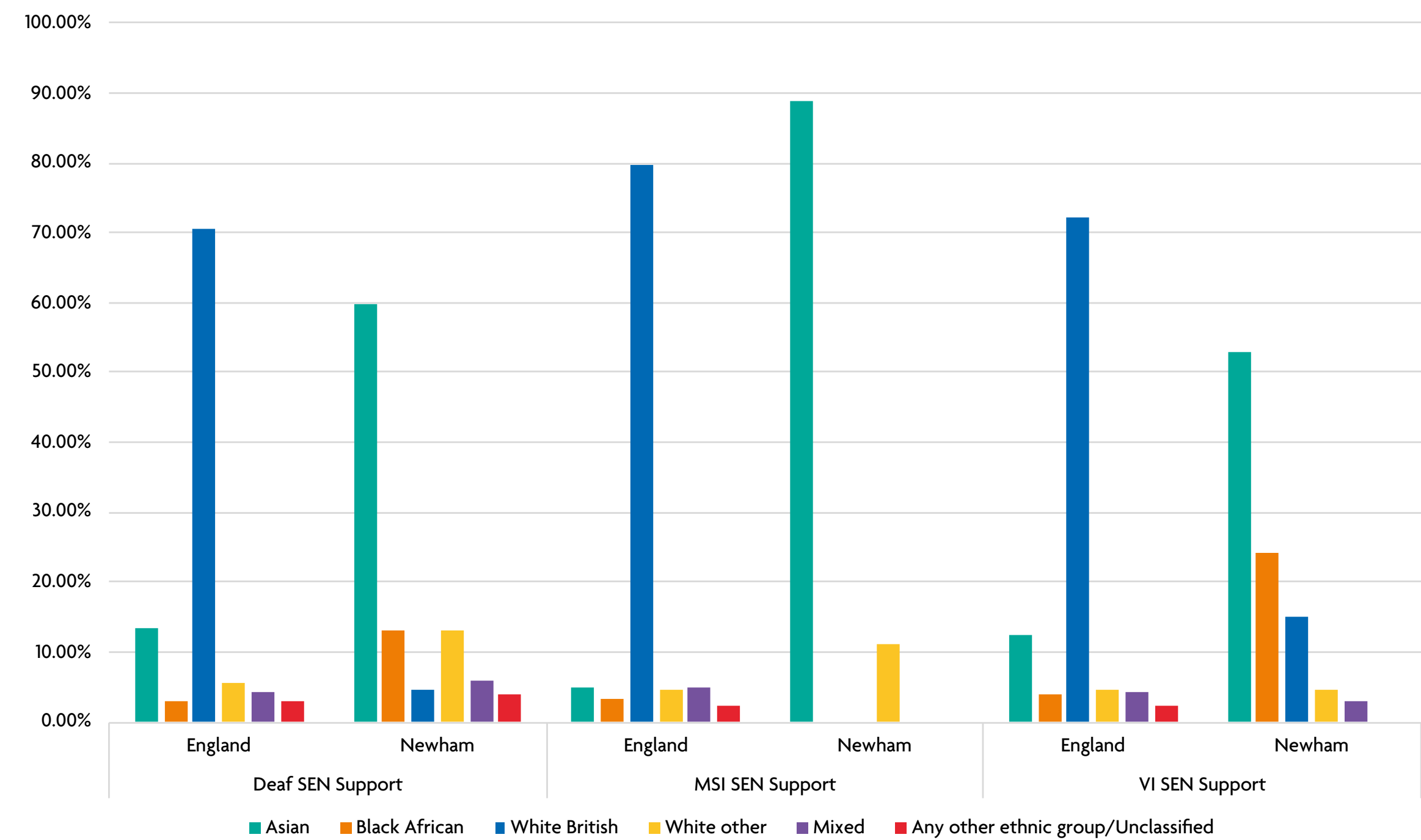
Source:

School Age Children

Ready to learn – sensory impairment

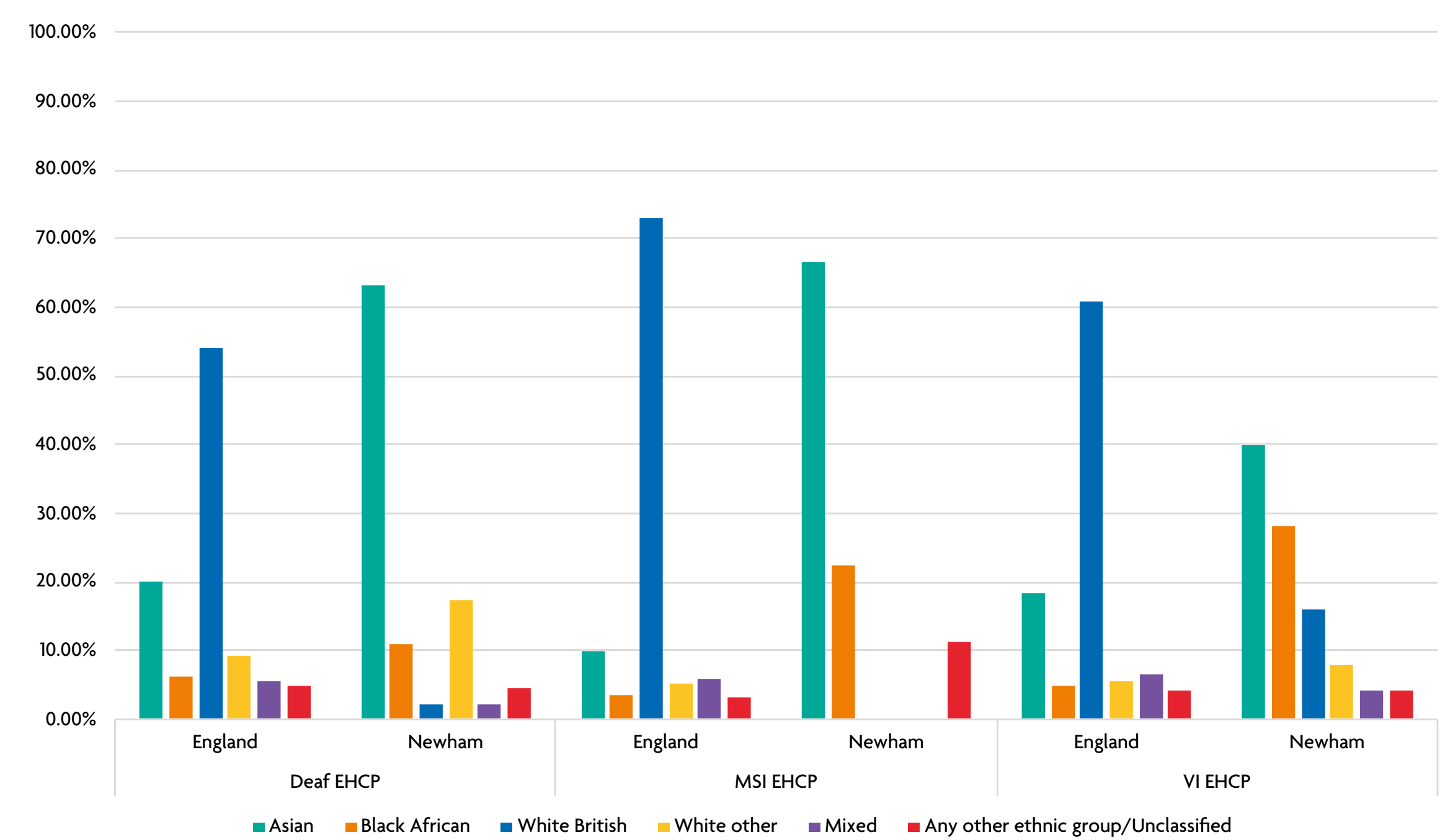


Figure 168: SEN for Deaf, MSI, and VI for England and Newham, 2018-19



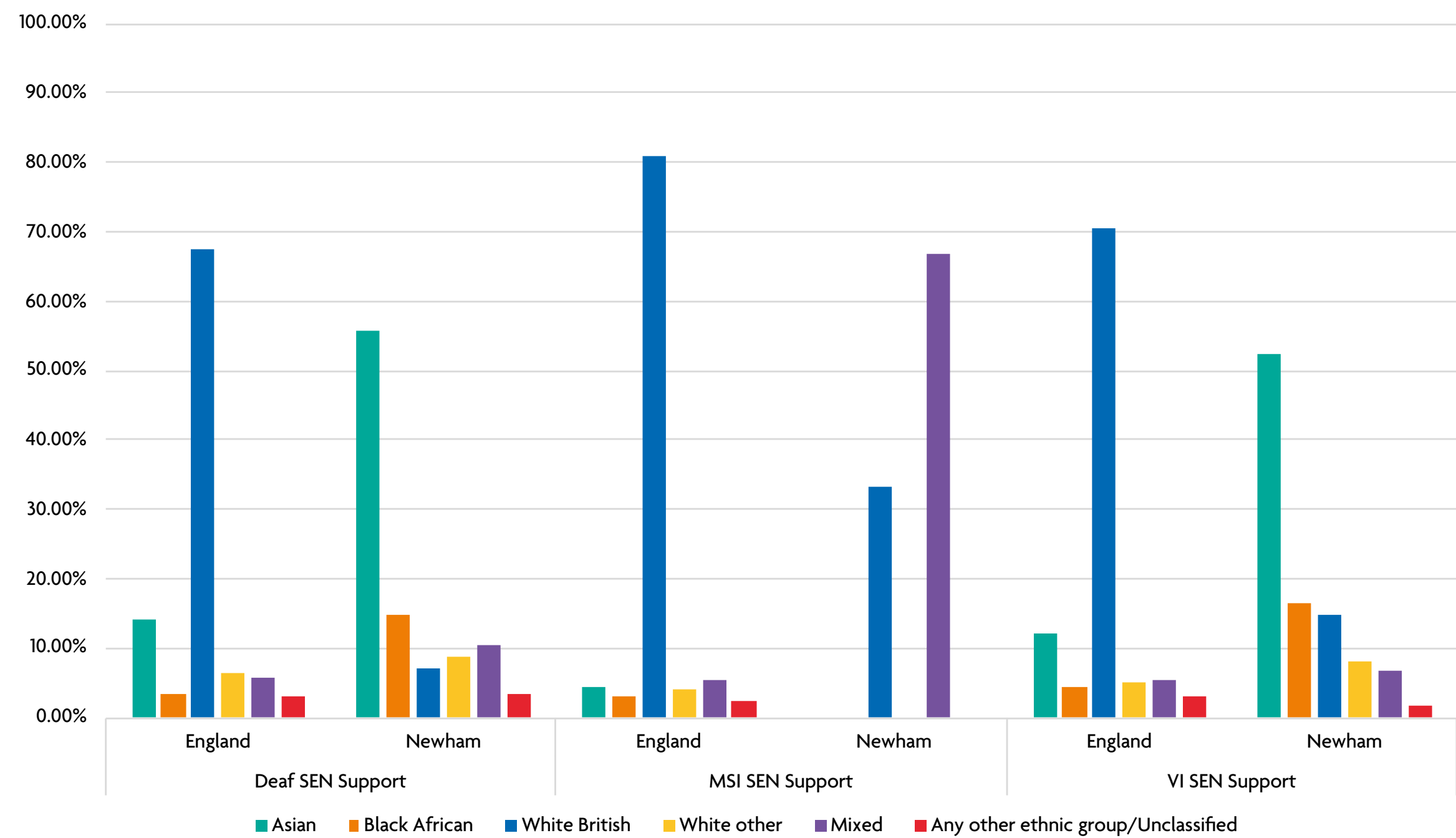
Source:

Figure 169: EHCP for Deaf, MSI, and VI for England and Newham, 2022-23



Source:

Figure 170: SEN for Deaf, MSI, and VI for England and Newham, 2022-23



Source:

Local context for Newham

- Given the ethnic profile of Newham it is not surprising that compared to national norms Newham does not match the national norms. What is significant especially given the size of Newham’s Asian populations is that it is other non Asian and generally non White British groups which are high in numbers for planning purposes
- The deaf service within education teams report year on year on increase in referrals – 2021-2 , we had 50 referrals, 22-23, we had 38 referrals, 22-24 , we have 62 . In 2024 deaf service had 313 on its caselist compared to 165 for Lewisham, 200 in Kensington and Chelsea, Hackney 392 and Tower Hamlets 563
- The VI service the key observation to make is the increasing number of severe sight impaired or blind children we have compared to neighbouring boroughs ie Tower Hamlets, Redbridge and Hackney

Newham Braillists	Primary	Secondary	Total
2021/22	3	2	5
2022/23	4	2	6
2023/24	3	4	7
2024/25	4	5	9
2025/26	5	5	10

- Significantly many who have significant visual impairment also have profound and multiple and severe learning difficulties . Visual needs co-occur significant with the latter needs.

Ready to learn – sensory impairment

- Interestingly, this may explain why Newham figures for MSI are relatively high compared to national and neighbouring authorities. In 2024 Newham recorded 71 as having MSI many of the children and young people are those with profound, multiple and severe learning difficulties . In Lewisham only 10 are recorded as MSI, Kensington, Westminster and Chelsea record 16 as MSI , Hackney record 25 as MSI and Tower Hamlets record 42 as MSI. Kent the biggest county record 40 as MSI

Inequalities

- Most significant is the co-occurring feature of presentation for those with sensory loss especially those with visual impairment and multi-sensory impairment. They often have profound and multiple and severe learning difficulties as their primary needs.

Time Trend and Forecasting need

- Although sensory needs are low incidence , there is steady growth in numbers in all 3 groups with sensory cohort are a whole
- Planning for provision for increasing sight impaired children , 10 in all for 2024-5 is significant. There are no resource provisions for VI or a dedicated special school for VI needs. This group , some of whom do not have learning difficulties is among highest when compared to neighbouring boroughs

Strategic Implications

- The children and young people with sensory loss requires planning and staffing from specialist therapists including audiology, speech therapy and other therapies and inclusion which will support their development and learning in school and community. Some excellent services but the numbers especially with co-occurring needs need planning from education, health and social care and services for adulthood and placement planning for Deaf and MSI in particular
- We may benefit from a closer look or deep dive into the figures for MSI and VI where there is co-occurring need especially learning difficulty.

Healthy schools and health promoting environment



Why this is important

- The Mayor of London’s Healthy Schools London (HSL) awards programme was established in 2013. It provides a framework for schools to address health and wellbeing issues and supports London schools to create an environment and culture that helps their pupils to be healthy. All schools across every borough are eligible to join the programme.
- The programme offers a key opportunity to make children, teachers, parents and communities more aware of the opportunities that exist in schools for enabling good health and wellbeing and seeks to help schools develop their health and wellbeing policies and recognise health promoting activities. This is done through a 3-tier approach of Bronze, Silver and Gold awards.

Local context for Newham

- In Newham, Healthy Schools is coordinated and delivered by Public Health (Newham Council) with a borough lead who promotes, recruits and supports schools to achieve Healthy Schools status, as well as working closely with partners and providers. The programme is therefore an important vehicle for a range of initiatives aimed at school age children.
- The programme in Newham officially started with Public Health in 2020. However, due to the COVID-19 pandemic the programme wasn’t officially launched until 2022.
- The Mayor of Newham, Rokhsana Fiaz, opened the Healthy Schools launch event in November 2022. The event was attended by over 60 schools and Cabinet members and senior directors from the Council were also present. A further Healthy Schools event was held in June 2024, to share best practice and celebrate the schools who have achieved their awards.

High level data summary

- 88 out of the 118 schools in Newham (75%) have registered for the Healthy Schools award. 54 of these have achieved the Bronze award, 19 have achieved Silver and 4 have achieved the Gold award.
- Below is an overview of the total number of award-winning schools (by year) across Newham (as at August 2024).

Year	Bronze	Silver	Gold
2020/21	12	2	0
2021/22	3	1	0
2022/23	24	2	1
2023/24	7	9	2
2024/25	8	5	1
Total	54	19	4

Healthy schools and health promoting environment



Forecasting future need

- Target our Healthy Schools programme to support schools in Newham's more deprived areas so that they progress their achievements at least as quickly as schools in other areas of Newham.
- Ongoing support, motivation and guidance to help schools complete their planning and reporting. The borough lead continues to signpost to local and national services, resources and other schemes of work.
- Adapt the current Healthy Schools framework to better reflect the specific needs of the borough, including climate and multilingualism.
- Update our series of Newham Healthy Schools toolkits. These currently cover the key priorities, but would like to expand this to include other emerging themes.
- Continue to hold annual Healthy Schools celebration events to share learning and celebrate Newham schools that have achieved their Bronze, Silver and Gold awards.

Healthy School Streets

- Many schools suffer with parking, congestion, road danger and air quality issues immediately outside their school. The Healthy School Streets project aims to make the streets outside schools safer at the start and end of the school day, encourage active journeys, improve air quality and cut down on traffic outside schools.
- Newham currently has 19 Healthy School Street zones in the borough. These 19 zones cover 24 schools.
- There are an additional 8 Healthy School Streets zones due to go in at the end of September 2024. These new 8 zones will cover 10 schools. This will take the total of Newham schools with a Healthy School Streets zone up to 34.

Physical activity and green spaces



Why this is important

- There is significant evidence on the health benefits of access to good quality green spaces.
- Greener environments are associated with better mental health and wellbeing outcomes including reduced levels of depression, anxiety, and fatigue, and enhanced quality of life.
- People living in greener urban environments are more likely to meet the national physical activity recommendations and less likely to be overweight or obese.
- Greenspace, especially in urban settings, can provide places where people can come together to engage in social activities, help people feel connected to their communities, and help minority groups become better integrated and identify with their new communities.

Source: Improving access to greenspace - A new review for 2020 – Public Health England

Local context for Newham

- Newham has significant levels of deficiency in green space relative to other Boroughs.
- There is approximately 262.42 hectares of publicly accessible green space in Newham.
- The council manage over 70 public parks and numerous green spaces.
- In addition, there are several other public parks including West Ham Park managed by the City of London, Queen Elizabeth Olympic Park managed by London Legacy Development Corporation and Thames Barrier Park managed by the Greater London Authority.

Inequalities

- Not everyone has equal access to a quality local green space.
- People living in the most deprived areas are less likely to live near green space and will therefore have fewer opportunities to experience the health benefits, compared with people living in less deprived areas.

Source: Improving access to greenspace - A new review for 2020 – Public Health England

Physical activity and green spaces

Time trend

- The projected increase in the population of the Borough between 2023 and 2038 will significantly increase the level of demand for existing green space. There is limited potential to add additional green space over this period due to the already developed nature of the Borough.

Forecasting future need

- There is a need for good quality green infrastructure across Newham to meet the challenge of a rapidly increasing population.
- The council have recently commissioned an updated Playing Pitch & Outdoor Sport Strategy to ensure that outdoor playing pitch provision meets the needs of existing and future residents. The strategy covers pitches and facilities for football, cricket, rugby union, rugby league, tennis, hockey, bowls, American football, Aussie rules, lacrosse, baseball/softball, ultimate frisbee and Gaelic football.
- Newham's Built Leisure Needs Assessment provides an evidence base to inform the Councils approach to future leisure infrastructure to ensure there is a sufficient level of built leisure and recreation assets to meet the needs of our growing population. This includes the provision and activation of open space (outdoor gyms/leisure provision in green spaces), and urban street sports (e.g. wheeled sports such as roller blading, skating, skateboarding, BMX and activities such as Parkour and basketball).
- Access to play in its broadest sense is a key priority for the Council. The emerging, cross cutting Play Action Plan will provide key insights on our current play offer (physical infrastructure/play in parks, structured play and informal play) and future opportunities to grow and further develop a high quality play offer in Newham with residents and key stakeholders.

Strategic implications

- Improving, maintaining and protecting existing greenspace is essential.
- Investing in parks and facilities will help to achieve better health outcomes and reduce health inequalities.
- Provision for children – including play areas, adventure playgrounds, skate parks, basketball courts and other informal areas will help to increase physical activity levels.
- Newham's Playing Pitch Strategy and Built Leisure Needs Assessment will help to inform planning and investment decisions by the Council and National Governing Bodies of Sport for provision and activation of open space.
- Organised activities alongside improvements to facilities will help children to start using green spaces and to continue to use them.
- Engaging the community in the design process is important to ensure greenspaces are inclusive and accommodates people with a range of needs.

Why is this so important

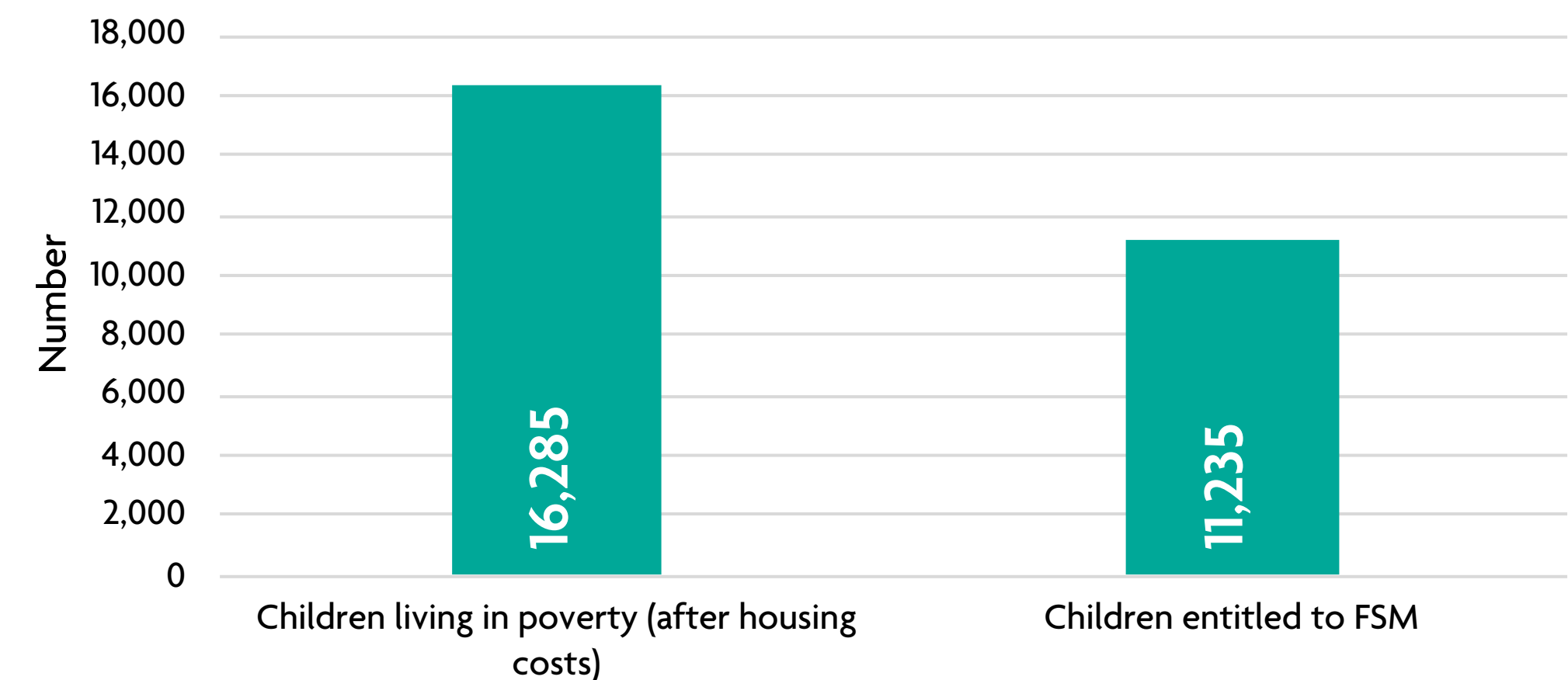
- Access to healthy and nutritious school meals has benefits for children and young people's health and development
- It is essential to tackling childhood obesity rates as well as instilling positive relationships with food and nutrition that as life progresses are again essential for good health.
- School meals are a universal way to ensure every child has at least one nutritious, healthy and filling daily meal
- Beyond this, they provide a crucial opportunity to nurture an understanding and appreciation of a diverse and healthy diet that can support healthy eating beyond the school gates, through childhood, adolescence and beyond

High level data summary

- It is estimated that the Universal Infant Free School Meals (UIFSM) and Eat for Free (EFF) schemes capture over 5000 primary school aged children who are living in poverty but would otherwise not meet the low threshold to access a statutory free school meal.
- Due to the threshold for statutory free school meals being set extremely low, only households who meet certain requirements can access this benefit. This creates a landscape where children living in households facing financial difficulties and food insecurity, cannot access a free school meal because of the strict eligibility requirements.

- Evidence shows that children consuming school meals are more likely to meet minimum recommendations for vegetables, protein-rich foods and fibre, and not exceed maximum recommendations for salt, savoury and sweet snacks compared with pupils consuming packed lunches. The additional meals provided through the universal primary offer increase the number of children accessing a nutritious daily lunch.

Figure 171: Children living in poverty who are entitled to statutory free school meals



Source: Trust for London

Local context for Newham

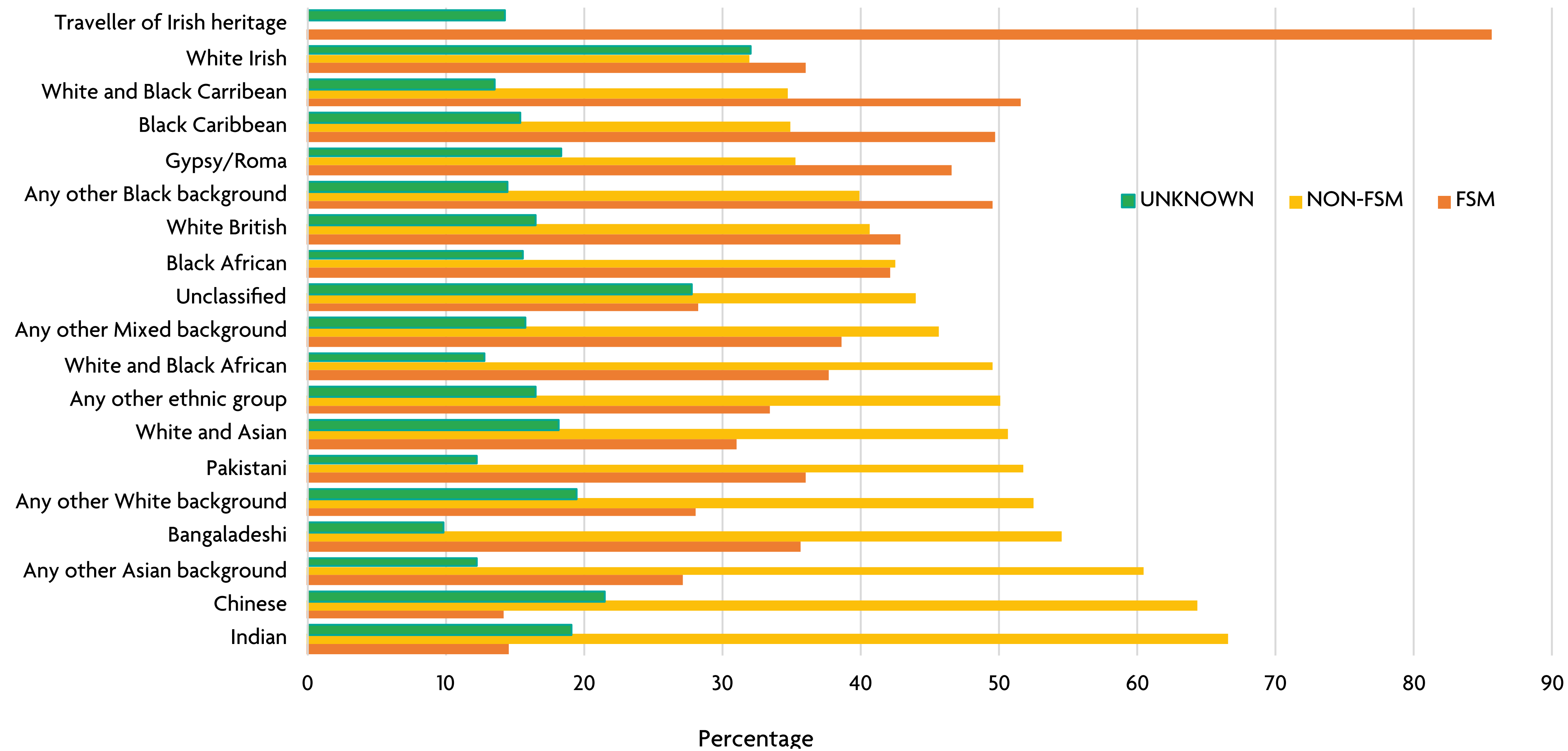
- Newham have provided Universal Primary Free School Meals (UPFSM) for 15 years (as of May 2024). The Mayor of London introduced UPFSM scheme across all London boroughs in the 23/24 academic year, this has been extended to a permanent offer.
- Newham has been integral in the development of this scheme and supporting other boroughs to implement the offer successfully.
- Newham has co-produced grant conditions and principles with school leaders which were introduced in 2019. These include community wealth building elements, like caterers paying London Living Wage and paying LGPS, as well as an ask that schools are on a journey to meet principles, e.g. offering food growing opportunities, working to develop food literate young people and sustainability asks to link with the Just Transition plan.
- Newham meal rates are designed to ensure schools have enough money to pay for a balanced and nutritious meal supporting children's good nutrition. Newham pay £3.29 in comparison to the statutory and infant FSM rate of £2.53 and the Mayor of London rate of £2.65.
- As of July 2024, 40% of KS2 children qualify for statutory FSM compared to 29% in 2020.
- Since 2021, the Public Health team have been involved in a project (Shaping Places for Healthier Lives) which has focused on increasing access to nutritious food for adolescents. This work has focused in on secondary schools and the local youth sector in taking a whole systems approach to food and nutrition.

- During school holidays the Holiday Activity and Food (HAF) programme supports good nutrition by ensuring that children and young people who are eligible to receive benefit-related free school meals, have access to healthy (school food standard compliant) food during the Easter, Summer and Christmas school holidays. An integral part of the programme is to also provide nutritional education, providers are supported with training and relevant resources from the public health team. During the 23/24 HAF provision almost 80,000 meals were served to CYP.

Inequalities

The Education team have data showing a breakdown of students who are entitled to FSM, not entitled and those who have never registered so are unknown. There are around 9237 students who fit into the unknown category. Following on from other councils, nationally and locally, we are working on a FSM auto-enrolment project to capture all children and young people entitled to FSM and therefore maximise access to a nutritious lunch. This aims to support equity, evidence from one local authority trialling auto-enrolment shows children from lone parent households, households with English as an additional language, and children from Black, Asian and multi-ethnic backgrounds were most likely to not be signed up.

Figure 172: Percentage eligible for Free School Meals by ethnicity (2023-24)



Source: Power BI dashboard from Education team

Forecasting future need

Expenditure for the Eat for Free scheme is expected to remain stable with a small set of pupil numbers offset by the lower cost of the scheme delivery due to the partnership with the Mayor of London funding GLA. To have wider benefits and impact on the good nutrition of secondary aged children, budget would be required to extend free school meals to more pupils in years 7-11 at a cost of approximately £7-8.5 million.

Strategic implications

- Work is needed on FSM auto-enrollment to capture more young people in Secondary Schools who may not be aware they are entitled to a FSM
- Continue building on the Shaping Places for Healthier Lives project and taking a whole school approach to food and nutrition in both primary and secondary settings
- Build the picture in the wider youth sector around existing food provision and develop an offer to improve the nutritional content of the food





Adolescents

Summary	201	Alcohol and Substance Misuse	219
Sexually Transmitted Infections	202	Safety	229
Teenage Conceptions, Terminations and EHC	206	Exploitation	235
Smoking & Vaping	213	Wellbeing – Food Security Index	240
		Support	242

Summary

 **BACK TO CONTENTS**

Sexually Transmitted Infections



Why is this so important?

- Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection (STI) in England
- Young people experience the highest Chlamydia diagnosis rates and this reflects the higher rates of partner change among this age group.
- Chlamydia can be cured with antibiotics, however if left untreated it can lead to infertility
- In most cases Chlamydia is asymptomatic; screening is recommended by the National Chlamydia Screening Programme for women and other people with womb or ovaries including transgender men and non-binary people assigned female at birth, who are under 25 (annually or on each change of sexual partner)¹

High level data summary

- The number of Chlamydia diagnosis in London has increased by 19% between 2021 and 2022. In 2022, the Chlamydia detection rate among female London residents aged 15-24 was 2,137 per 100,000 female residents, which was significantly below UKSHA recommended chlamydia detection rate of 3,250 per 100,000 females.
- The proportion of London male and female residents aged 15 - 24 years screened for Chlamydia has increased from 20% in 2021 to 20.5% in 2022.

¹ www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp

Sexually Transmitted Infections

Figure 173: Chlamydia detection rate per 100,000 aged 15-24 (female) 2023



Source: OHID (2023) Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

Sexually Transmitted Infections

Local context for Newham

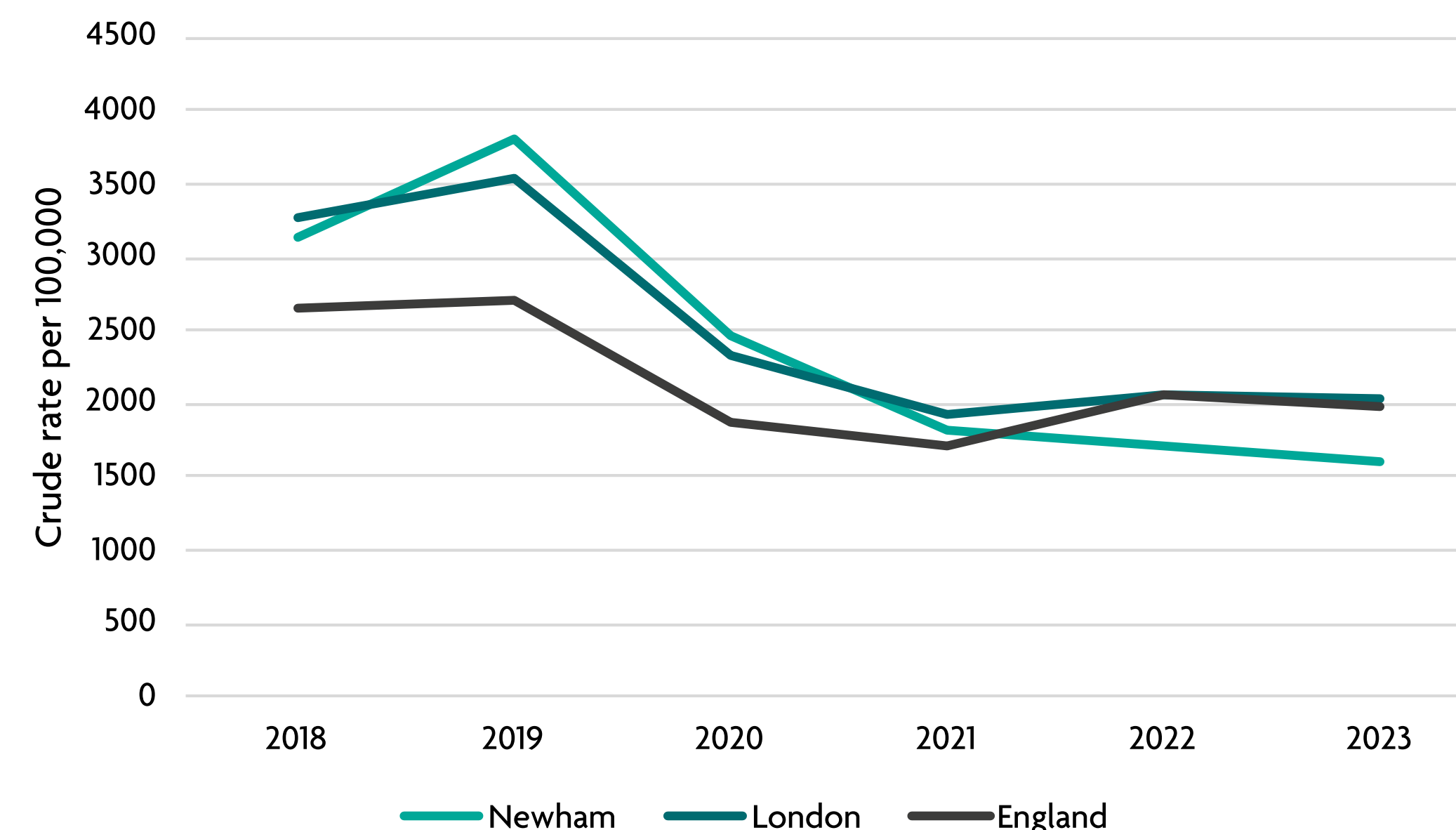
- STI diagnostic rates in Newham have increased significantly after a decline in 2020
- Of all new STIs diagnosed in Newham in 2022, 73% were among male and 27% among female
- Chlamydia and gonorrhoea remain the most commonly diagnosed STIs in Newham
- Compared to the rest of London, in 2023 Newham had one of the highest rates of chlamydia diagnoses per 100,000 people (555 per 100,000 people). Since 2022 there has been a 13% increase in new Chlamydia diagnoses compared to 2021 in Newham, which is comparable with London trends.
- Testing rates have increased in Newham following the pandemic in 2020, however STI testing rates for Newham are still below the London average.

Inequalities

- Strong evidence suggests that chlamydia affects young people disproportionately
- The LGBT (lesbian, gay, bisexual, transgender, and queer) population makes up about 4% of the Newham population. Newham has the largest Transgender population in London.
- Newham has the 4th highest deprivation score in London at 32.9 and ranks as the 21st most deprived borough in England
- National data suggest that chlamydia detection rates were highest among young women living in the most deprived quintile
- Newham is the third most deprived local authority in London: three out of every four residents live in the 30% most deprived neighbourhoods in the country

Time trend

Figure 174: Chlamydia Detection Rate per 100,000 aged 15-24 (Female)- 2018-2023



Source: UK Health Security Agency via Fingertips, OHID (2023) Sexual and Reproductive Health Profiles - Data | Fingertips | Department of Health and Social Care (phe.org.uk)

Sexually Transmitted Infections



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 online access for screening and uncomplicated STI treatment (SHL online)

Teenage Conceptions, Terminations and EHC



Why is this so important?

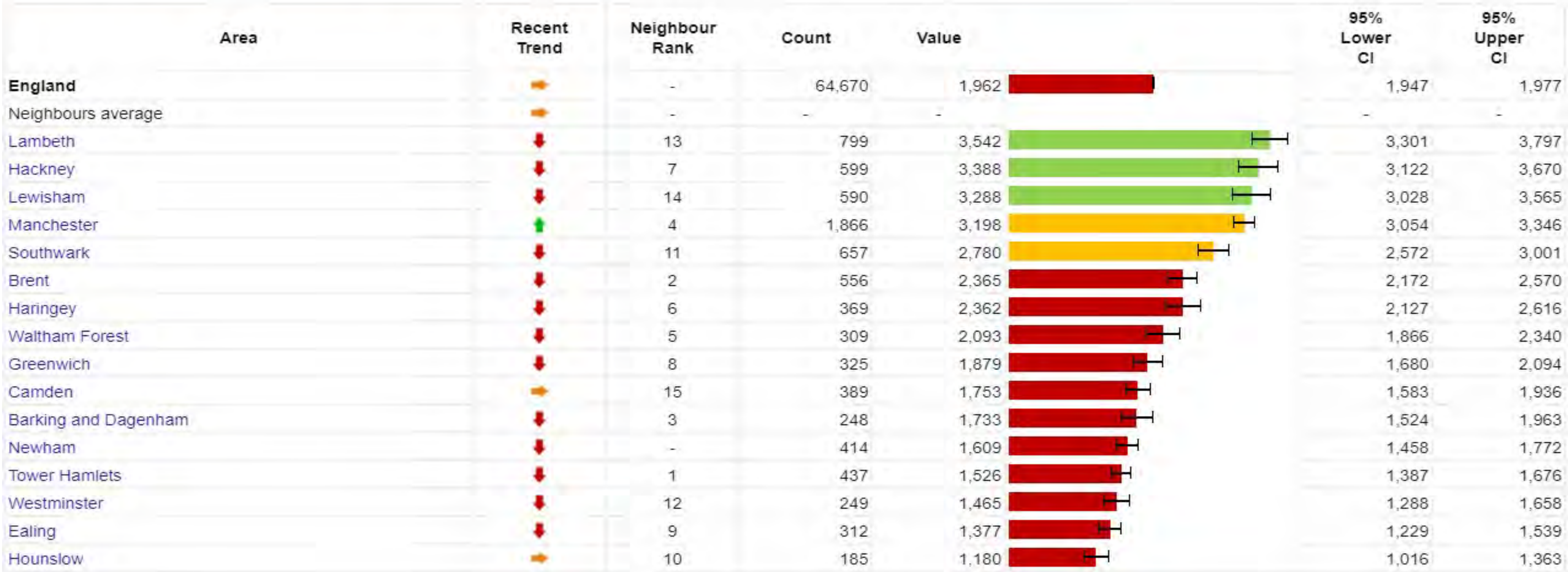
- Abortion rates for those aged under 18 have declined over the last 10 years (from 15.0 to 6.4 per 1,000 between 2011 and 2021). The decline since 2011 is particularly marked in the under 16 age group, where the rates have decreased from 3.4 per 1,000 women in 2011 to 1.1 per 1,000 women in 2021.
- The percentage of women aged under 18 who had one or more previous abortions has remained consistent at 7% in both 2011 and 2021 - this could indicate challenges in access to good quality contraception services and advice as well as need for greater contraception education amongst this age groups.
- The COVID-19 pandemic significantly affected the reasons for taking emergency contraceptives, and the prescription rate dropped in these years. According to NHS Digital, 3 per 1,000 of the female population were provided emergency contraception by a Sexual Reproductive Health service in 2023, with 83,235 forms of emergency contraception issued.
- Women between the ages of 18-24 are most likely to be prescribed emergency contraception.

High level data summary

- Annual 2021 conception data* released on 30 March 2023 by the Office for National Statistics (ONS) show that in England 13.1 per 1,000 young women under-18 became pregnant (This is a small increase of 0.8% from 2020)
- The 2021 conception rate for under-16s also showed a slight increase from was 2.0/1000 13-15 year olds in 2020 to 2.1 in 2021.
- The number of conceptions in under 18s in 2021 was 65, 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, in 2021 the Newham rate (9.8/100) is similar to London average (9.5/1000) and significantly lower than England average (13.1/1000).
- The proportion of under 25s repeat abortion has dropped from 2018 to 2021 and the rates for Newham (29.6%) are lower than London average (31.6%) an similar to England average (29.7%)

Teenage Conceptions, Terminations and EHC

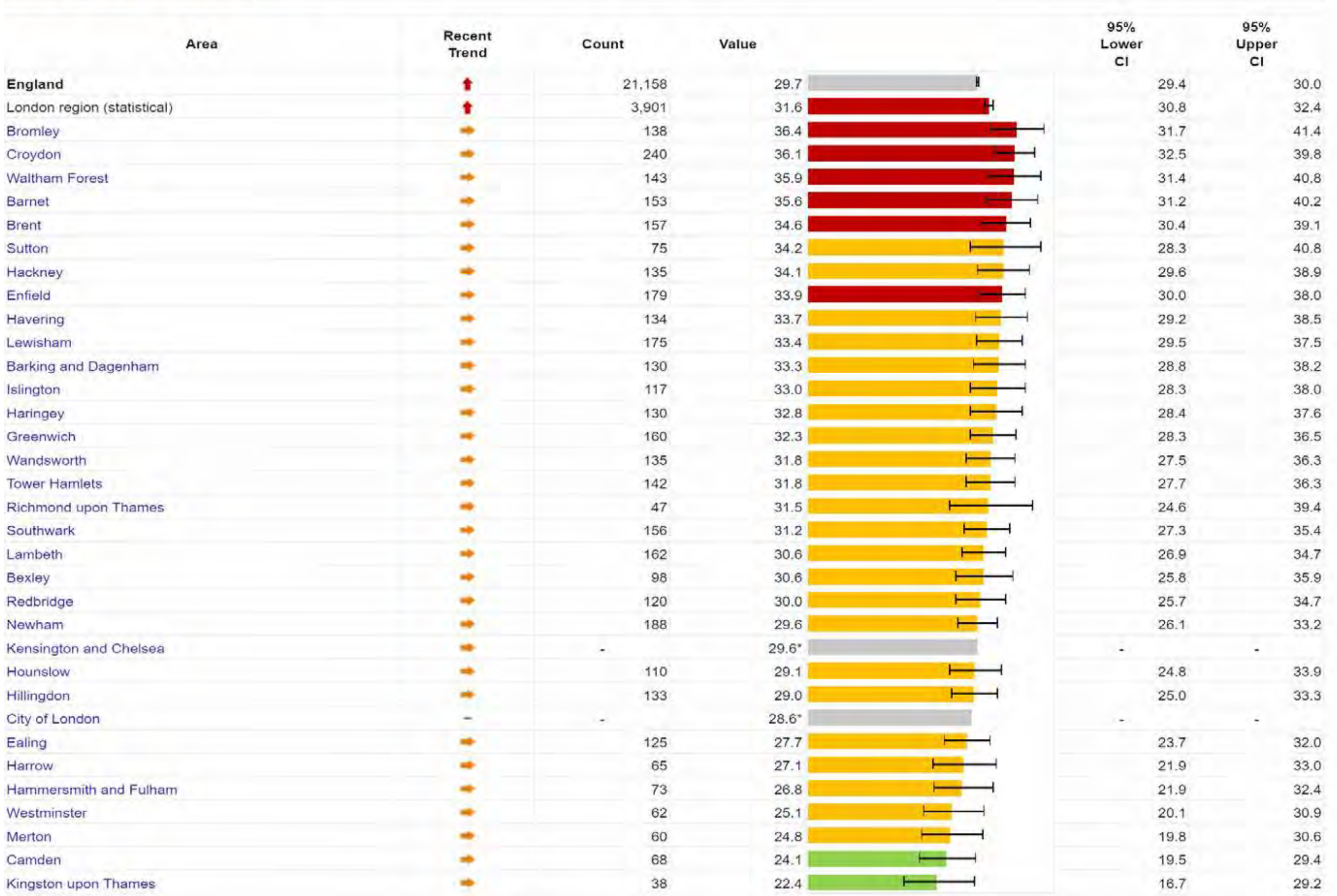
Figure 175: Chlamydia detection rate per 100,000 aged 15-24 (female) 2023



Source: UK Health Security Agency via Fingertips, OHID

Teenage Conceptions, Terminations and EHC

Figure 176: Under 25s repeat abortions (%) 2021



Source: UK Health Security Agency via Fingertips, OHID

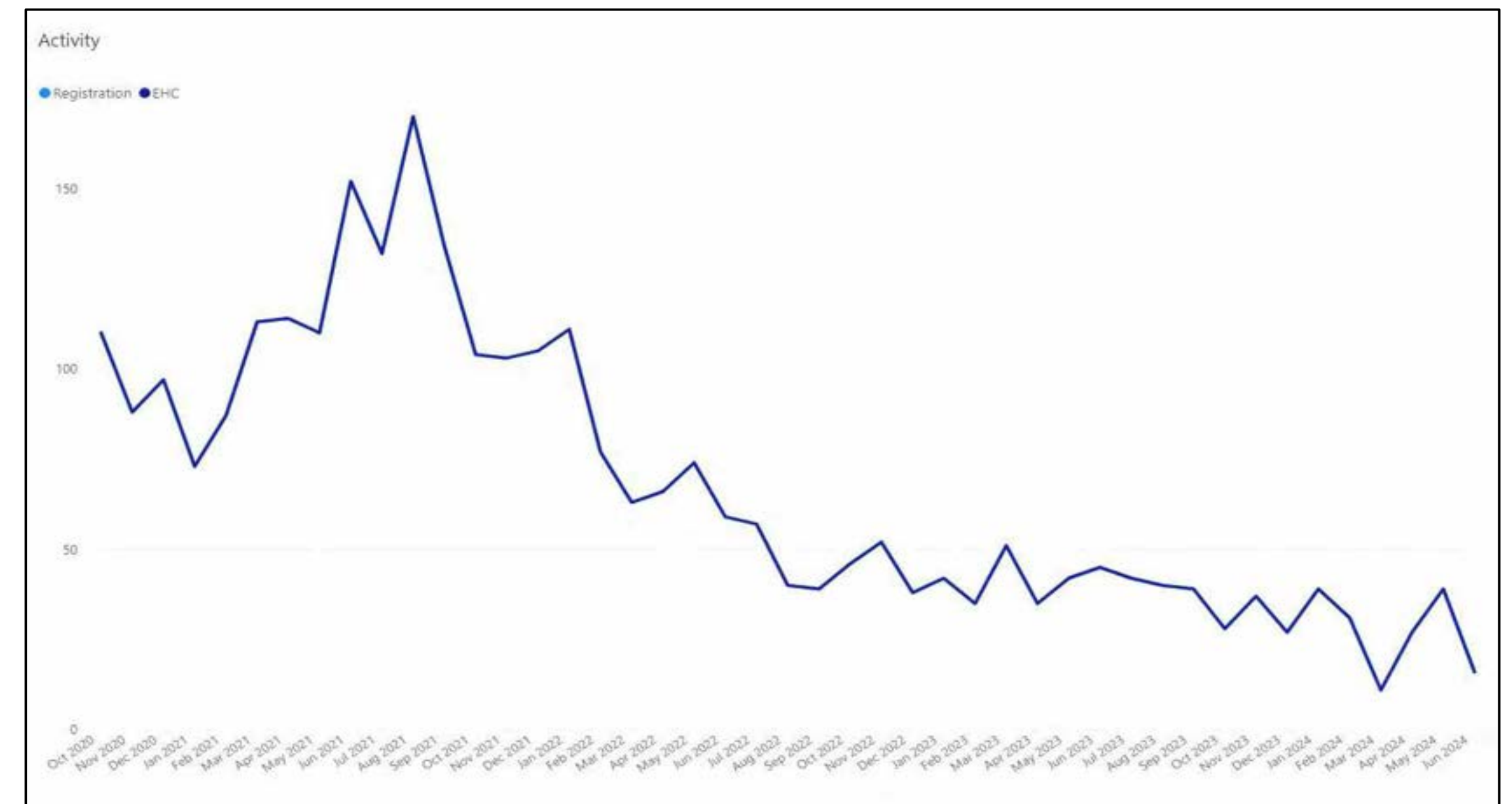
Teenage Conceptions, Terminations and EHC



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

Figure 177: Emergency Hormonal Contraception uptake trend in Community Pharmacy (Newham 2020-2024)

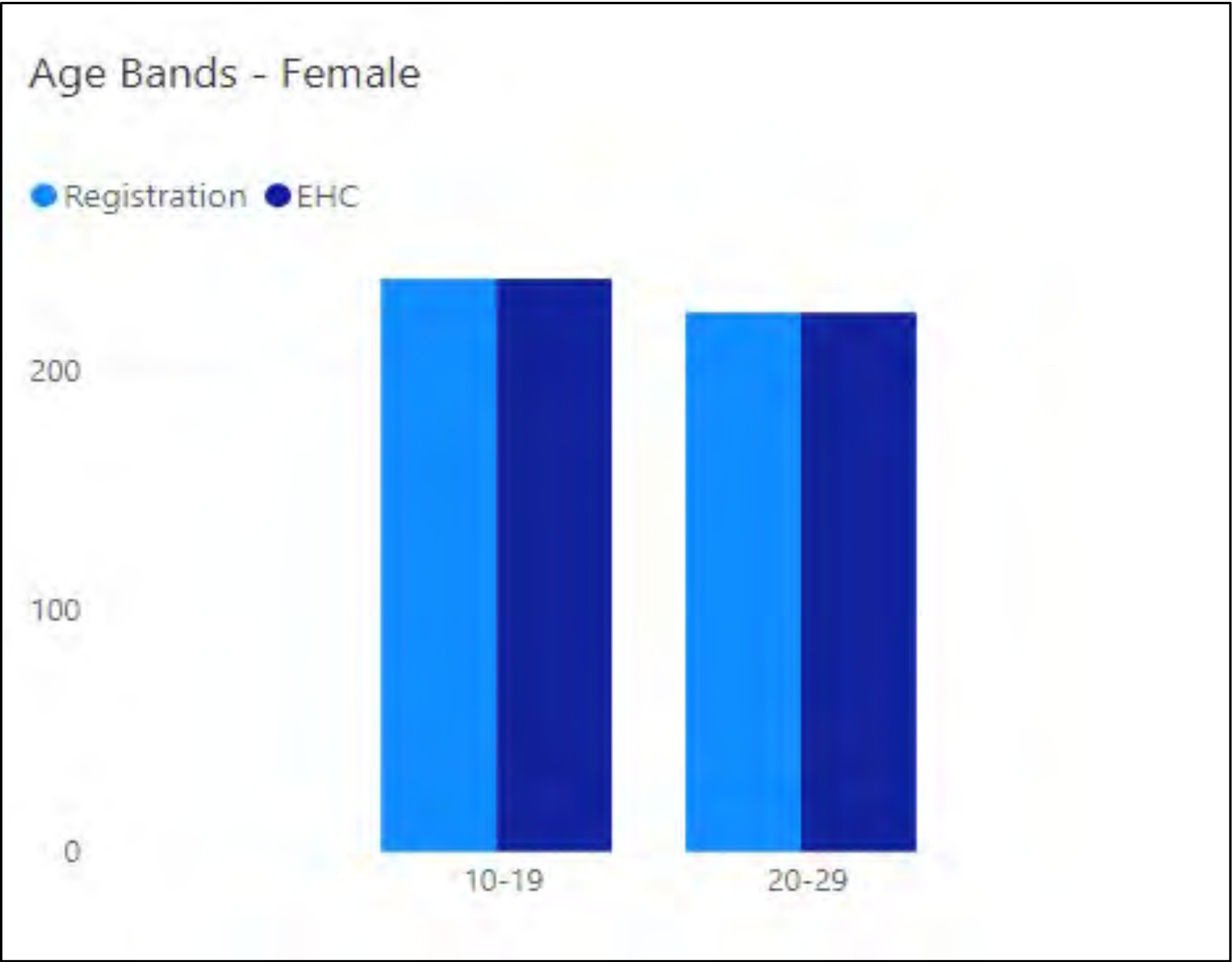


Source:

Teenage Conceptions, Terminations and EHC

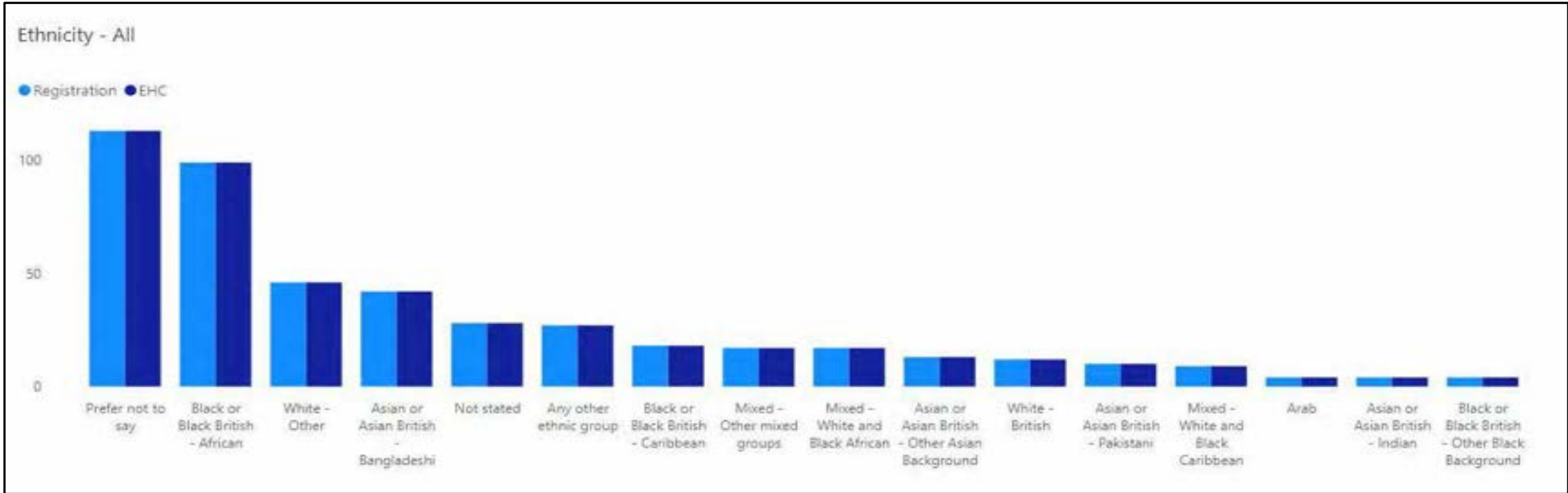


Figure 178: Emergency Contraception uptake among young females (Newham 2023))



Source:

Figure 179: Emergency Contraception Uptake – Demographic Background (Newham 2023)



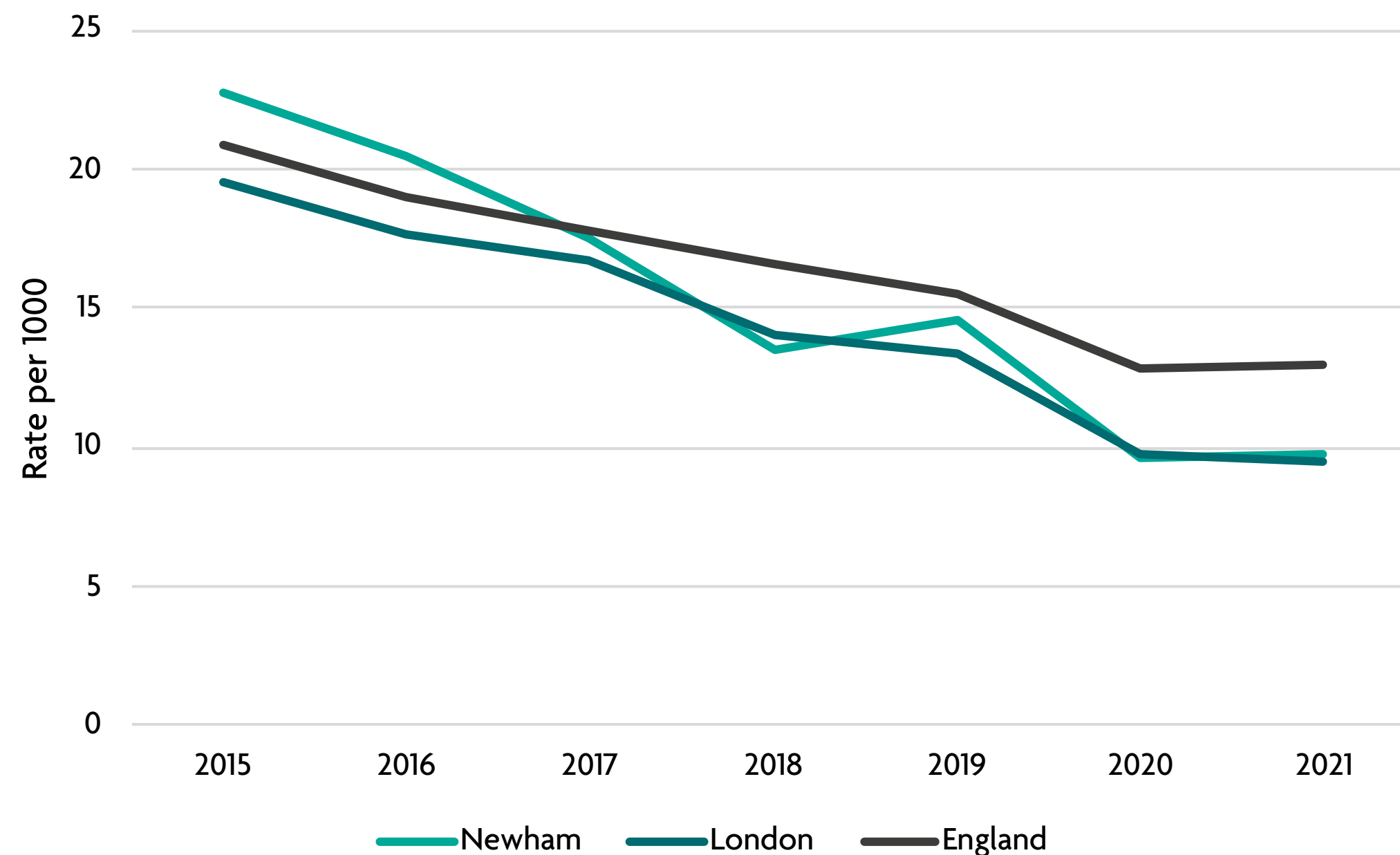
Source: PowerBI - Jyoti Singh (Primary Care and Community Pharmacy Commissioner – may provide you with more detail breakdown)

Teenage Conceptions, Terminations and EHC



Time trend

Figure 180: U 18 Conception Rate per 1000 (2015-2021)



Source: OHID, based on Office for National Statistics data

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

Teenage Conceptions, Terminations and EHC



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 is this so important?

- Starting smoking from a young age, results in greater harm as early uptake is associated with heavier smoking, higher levels of dependency, a lower chance of quitting and higher rates of mortality
- There is a wide range of factors associated with childhood smoking initiation including: ease of obtaining cigarettes, peer influence, lower social-economic status and media depictions.
- Children with parents who smoke are three times more likely to start smoking themselves.
- Around 400,000 11 – 15 year olds in England have tried smoking at some point.
- There is a notable association between smoking and substance misuse.
- A survey in 2012 conducted by the Royal College of Physicians found young people who either played truant or excluded from school in the last 12 months were twice as likely to smoke compared to those who had never been truant or excluded.
- In recent years, smoking rates among adolescents have fallen due to regulatory measures reducing young people's exposure to tobacco marketing and a rise in the number of young people using vapes.
- The proportion of children experimenting with vapes has grown by 50% year on year to 1 in 9.
- Vape usage among young people is increasing, as it is easier to get hold of than cigarettes, young people becoming addicted and appealing flavours being made available.

- The nicotine in vapes can have a negative effect on brain development in teenagers causing problems with attention span, learning and making them prone to addiction.
- Young people can access vapes containing harmful substance such as THC and spice with 50 recent cases of hospitalization from 5 – 19 year olds².

Source: Young People and Smoking: ASH³

² NHS Digital (2023). Hospital admissions for vaping related disorders Hospital admissions for vaping related disorders - NHS England Digital

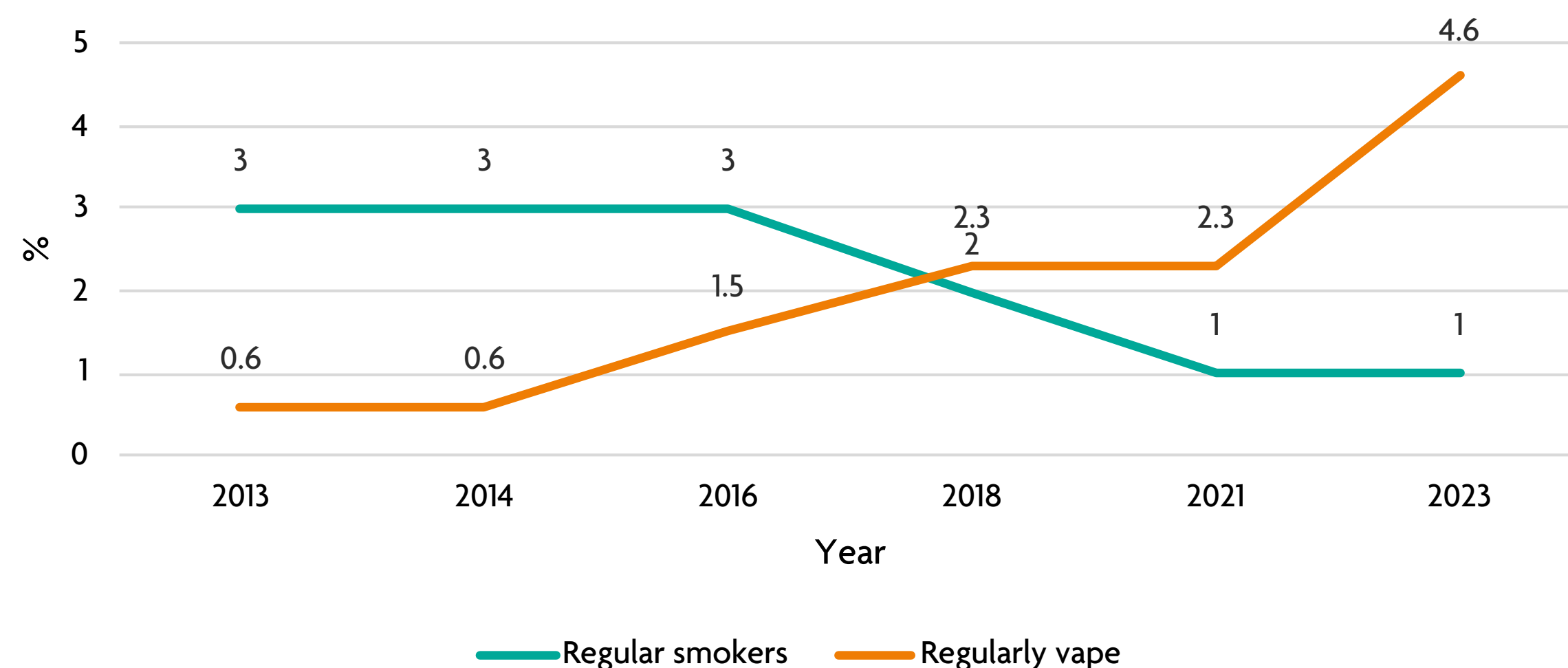
³ Action on Smoking and Health (2024). Young People and Smoking Youth-Smoking-Fact-Sheet-2024.pdf (ash.org.uk)

Smoking & Vaping

High-level data summary

There is a decline in the number of adolescents currently smoking, but a steep rise in the number of 11 – 15 year olds taking up vaping.

Figure 181: Current use of cigarettes and vape among 11 - 15 year olds in Great Britain



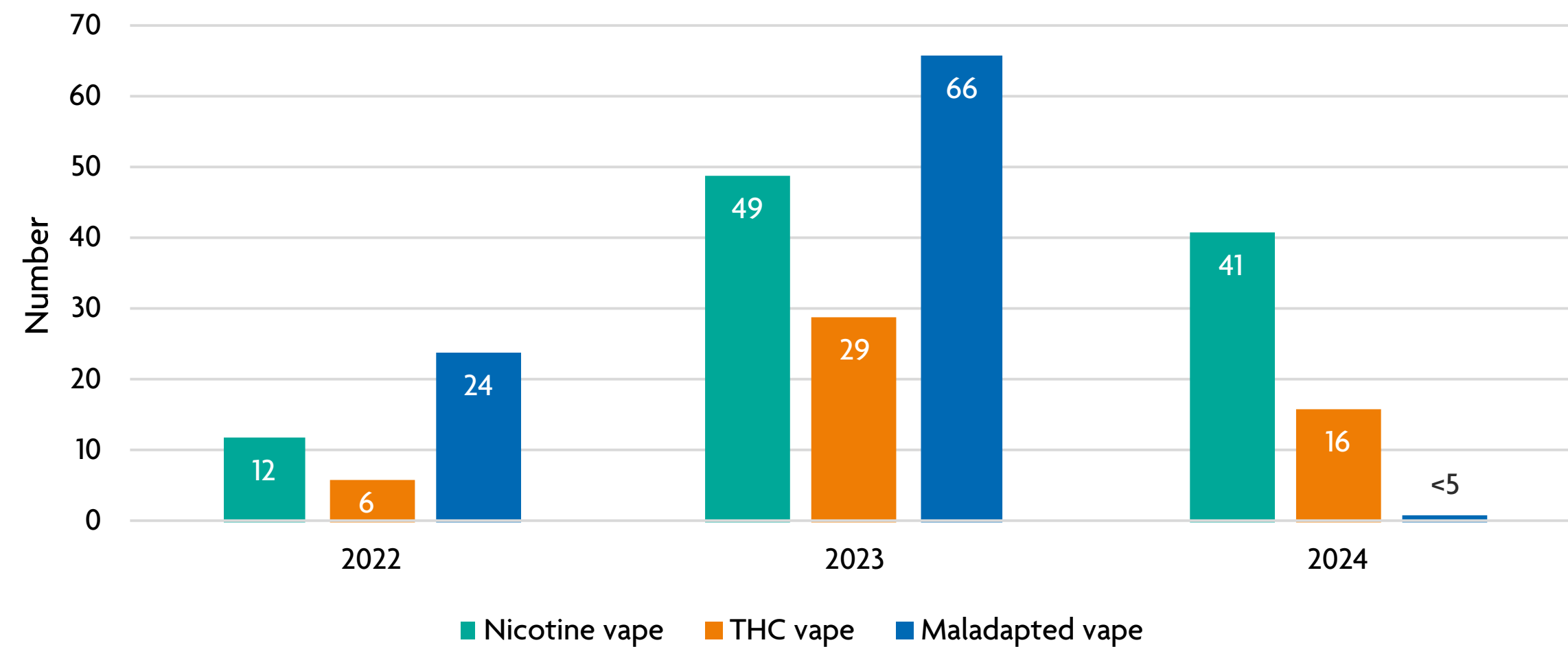
Source: Action on Smoking and Health Smokefree survey & NHS Digital

Local context for Newham

- Newham launched a specialist stop smoking service Quit Well Newham in January 2021 alongside 11 active pharmacies to support young people including looked after children to quit smoking.
- Since 2021, 220 young people aged between 12 – 25 years registered with Quit Well Newham⁴.
- 134 successfully quit between 2021 – 2024 (please note this is not the exact same cohort of CYP as those who registered) with an average quit rate of 61%.
- Newham has followed a similar trend to the national landscape with a decreasing smoking rate and a greater number of young people taking up vaping.
- In 2022, a pathway was set up between Quit Well Newham for nicotine vaping cessation and substance misuse provider Change Grow Live Newham Rise (tackling harmful substances inside vapes) to support young people to reduce, quit or learn how to use vapes more safely.
- Results from the Schools Health Education Unit Survey (SHEU) obtained data on vapes use among children in Newham. 4% of year 6 children (n = 40/1014) said they at least tried vapes and 8% (n = 202/2336) said their parents/carers used e-cigarettes.
- Change Grow Live Newham Rise also collected data on vaping during initial assessment following a referral. From November 2022 – March 2024, 176 young people were referred, 55% were vaping nicotine, 30% were vaping THC and 3% were using a maladapted vape.

⁴ PharmOutcomes (2024) Standard Report for Smoking – Smoking Cessation Quit Status Evaluation Weeks 4 and 12 [unpublished]

Figure 182: Types of vapes used by children and young people in Newham



Source: Change Grow Live Newham Rise. *Data for 2024 not fully collected and accounts for Jan - Mar 2024

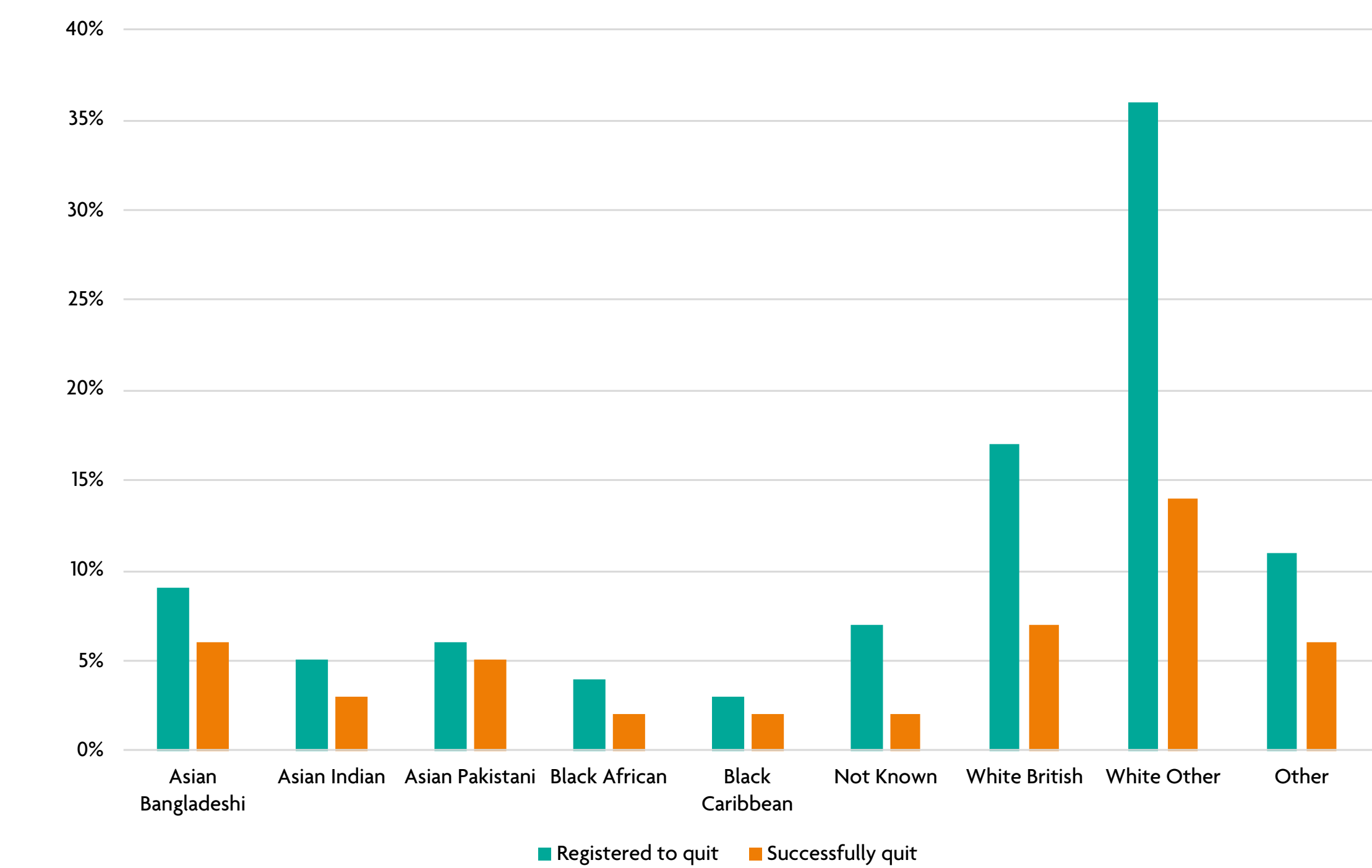
Inequalities

- There were low levels of registrations into Quit Well Newham among those aged 12-25 from the Black African (4%) /Caribbean community (3%).
- Of those where ethnicity was known, the ethnic group who had high success of quitting were the White Other (14%) followed by White British (7%).
- Majority of adolescents registered into Quit Well Newham are aged between 22 – 25 years (66%).
- 24% of all vaping referrals CGL receive are for young people aged 15 years .
- In recent years, the proportion of females referred for vaping has doubled from 20% (2022/23) to 40% in 2024 *note – only for Jan – Mar 2024.
- The greatest proportion of vaping referrals CGL receive are from Asian British Bangladeshi (15%)

Adolescents

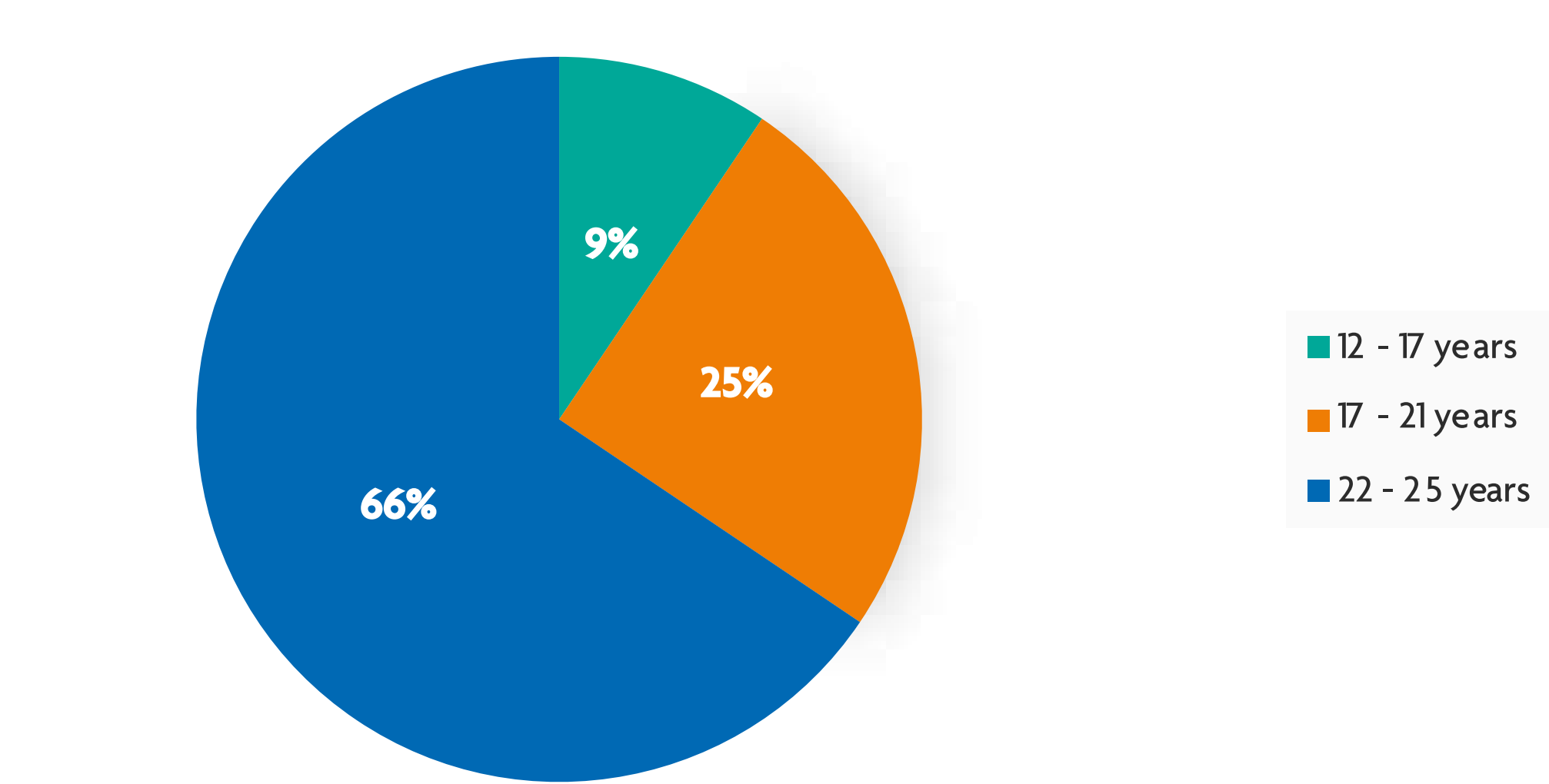
Smoking & Vaping

Figure 183: Percentage of those registered into Quit Well Newham and those who successfully quit by ethnic group (aged 12 - 25) 2021 - 2024



Source:

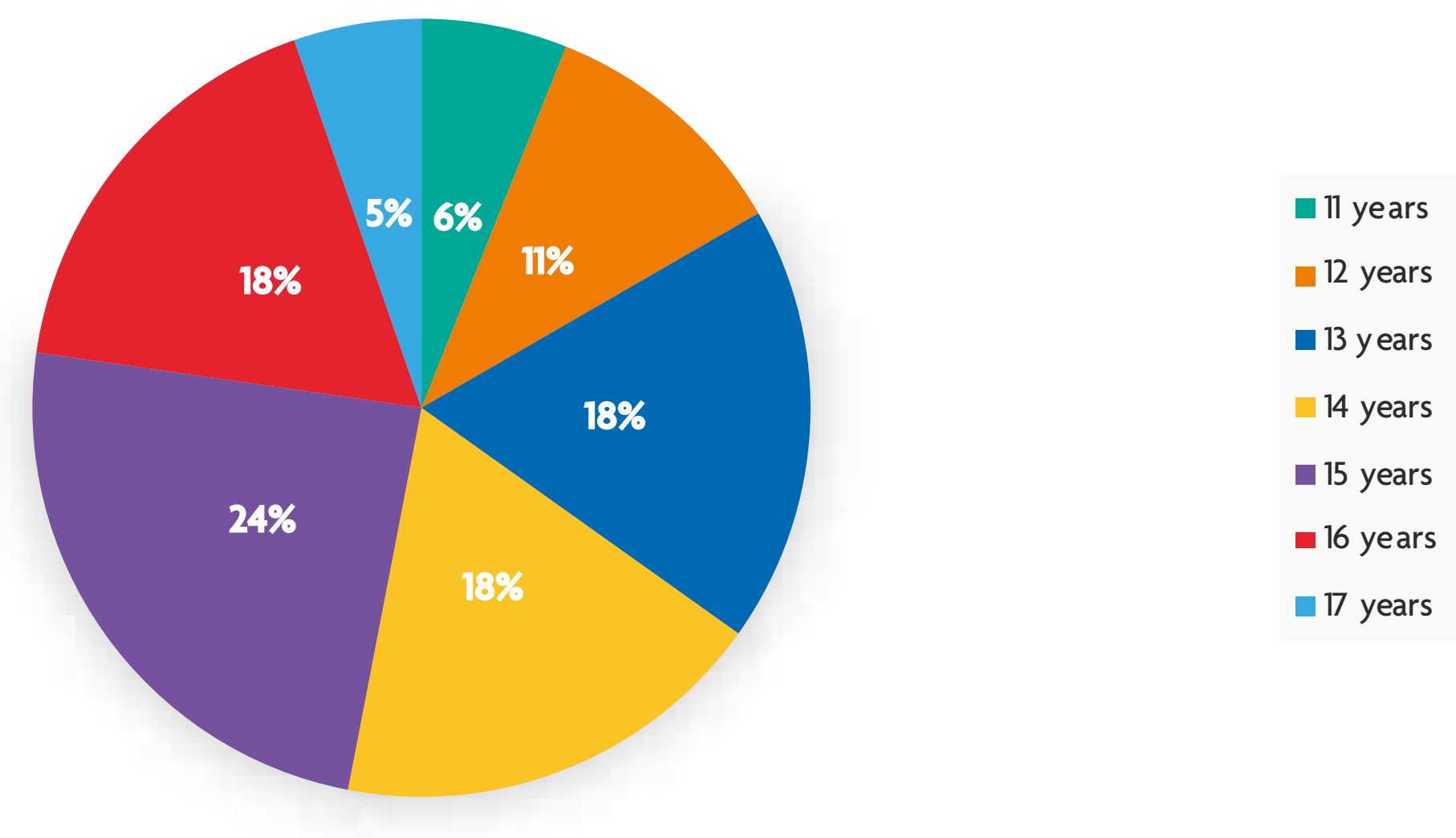
Figure 184: Proportion of 12 - 25 year olds registered into Quit Well Newham



Source:

Smoking & Vaping

Figure 185: Proportion of age bands among young people referred to CGL Newham Rise for vaping



Source:

Time trend

Figure 186: Number of children and young people aged 12 - 25 who registered and numbers who successfully quit smoking by year



Source: PharmOutcomes

Forecasting future need

- Local data on smoking and vaping for adolescents is limited.
- Future forecasting is required to establish trends in smoking and vaping rates among adolescents in Newham including data on demographics and wider factors, which influence onset smoking and vaping.
- In order to implement positive behaviour change, further exploration is required around effective preventative measures well before age of onset.

Strategic implications

- Continue to implement the Young People Action Plan on Smoking and Vaping to prevent uptake of vaping and smoking among young people aged 12 – 17 whilst providing cessation support to those who have already started.
- Embed the young people action plan into the system-wide local tobacco control plan offering targeted support to at-risk priority groups including looked after children and young people under 25.
- This plan will address the gaps in data and help inform future planning of services.
- Enhance the service offer to increase support for children and young people who are currently vaping.

Alcohol and Substance Misuse (0-17 years)

Why is this so important

- Substance misuse can negatively impact on young people in terms of their physical, emotional, social or academic development.
- 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.
- Young people who regularly consume alcohol from an early age are more likely to develop later alcohol misuse or abuse⁵
- Frequent use of cannabis in young people can be associated with negative mental health experience⁶

Local Context for Newham

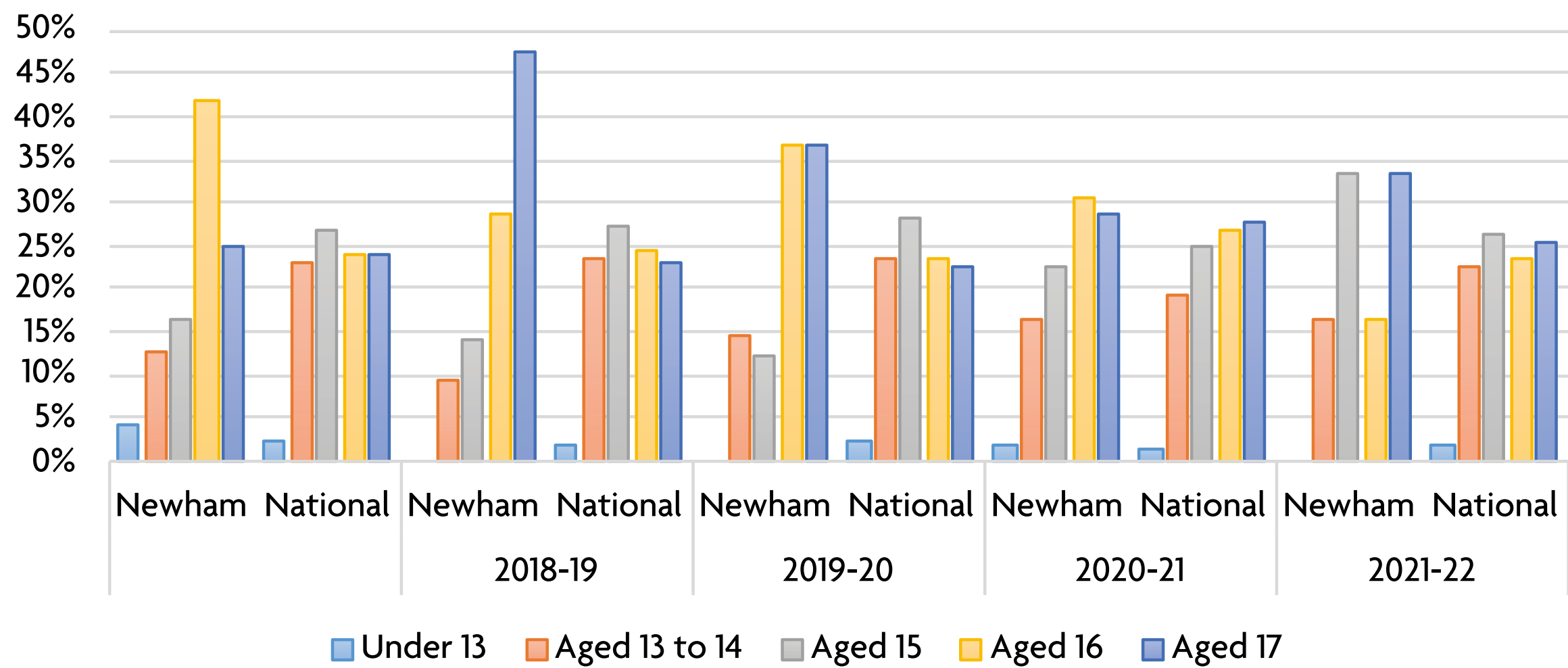
- Young people aged 16-17 make up the largest proportion of all young people (0-17) in treatment. Compared to the national picture, Newham has a higher percentage of 16-17 year olds in treatment (Figure 187)
- Newham has seen a sharp increase in the number of young people accessing treatment in 2021-22 and this has been stable since (Figure 188)
- The majority of referrals were made by Youth Justice Services (YOS); these made up an average of 62% of all referrals between 2017 – 2022 (Figure 189)
- YOS is the main referral source of young people into treatment, compared to national figures where a higher number of referrals are made by Children & Family Services and Education Services. (Figure 190)
- The high number of referrals from YOS could indicate that a significant number of young people referred to drug and alcohol treatment and support have already been involved in offending behaviour and/ or substance use.
- Cannabis is the main substance used by young people age 18 and under; followed by alcohol and nicotine. (Figure 191)
- Cannabis has consistently been reported as the main substance of use as can be seen in Figure 192, and the types of substances used by young people in Newham is comparable to national trends.

⁵ Alcohol and drug use in young people – RCPCH – State of Child Health

⁶ Alcohol and drug use in young people – RCPCH – State of Child Health

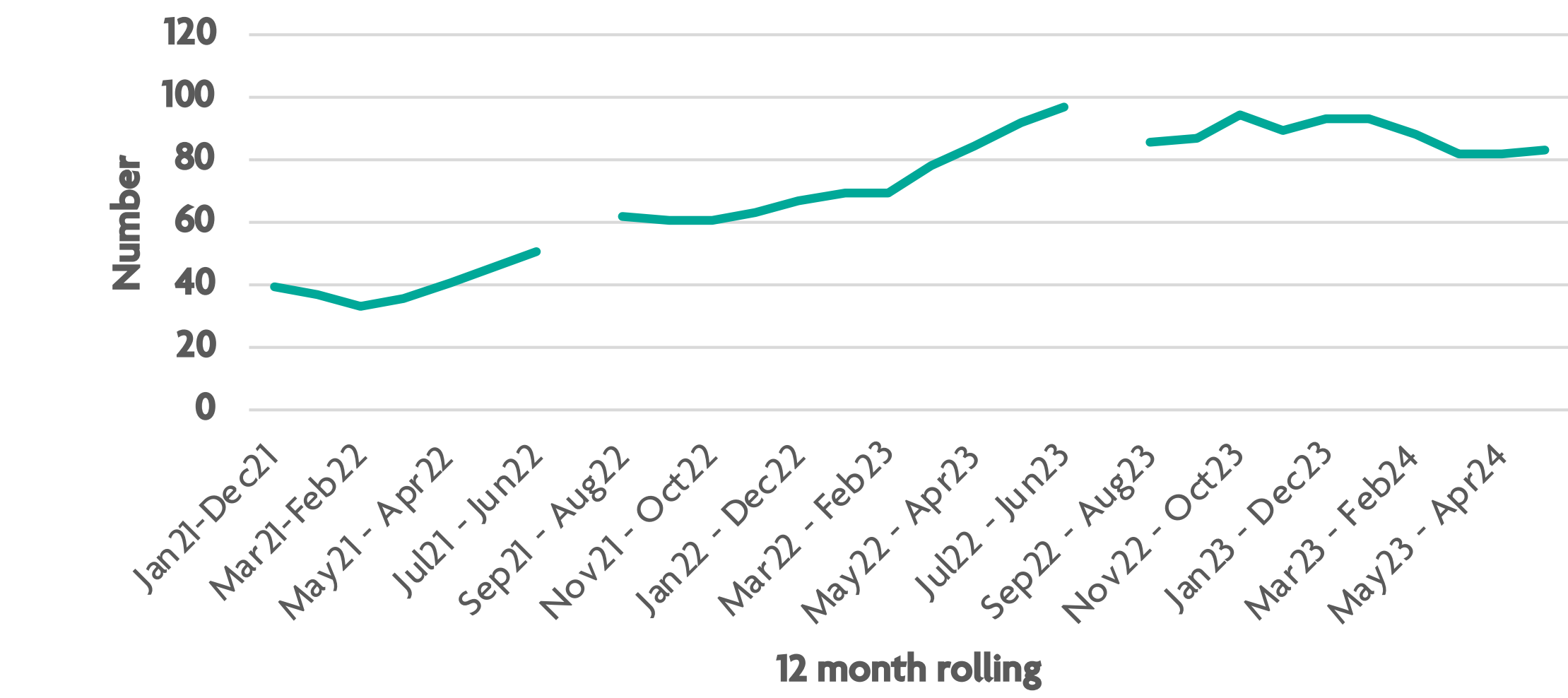
Alcohol and Substance Misuse

Figure 187: All in treatment by age - Newham compared to England



Source: National Drug Treatment Monitoring System

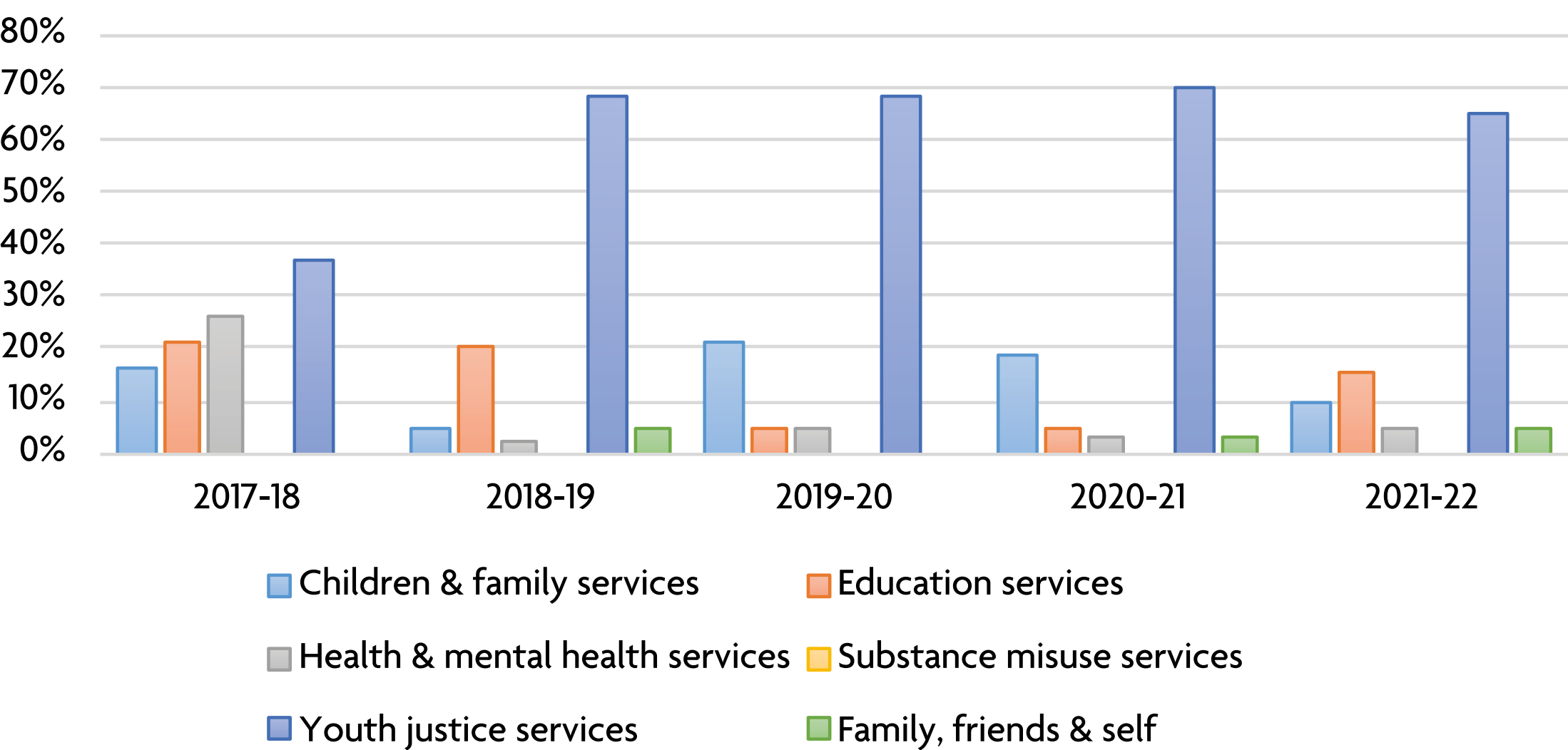
Figure 188: Numbers of young people in treatment - Newham



Source: Young People Specialist Substance Misuse Interventions - Executive Summary Report from Public Health England

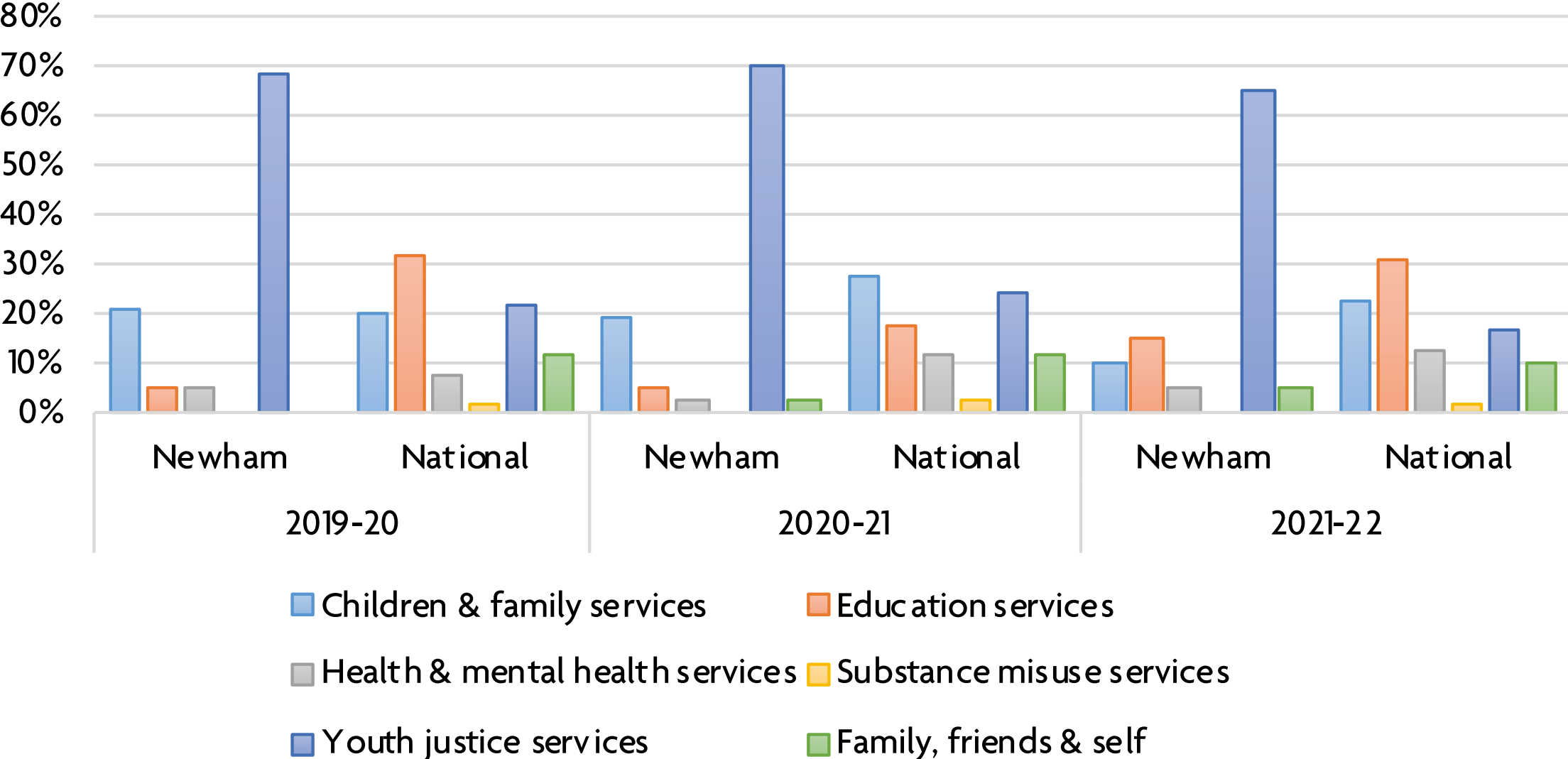
Alcohol and Substance Misuse

Figure 189: Source of referral for young people 0-17



Source: National Drug Treatment Monitoring System

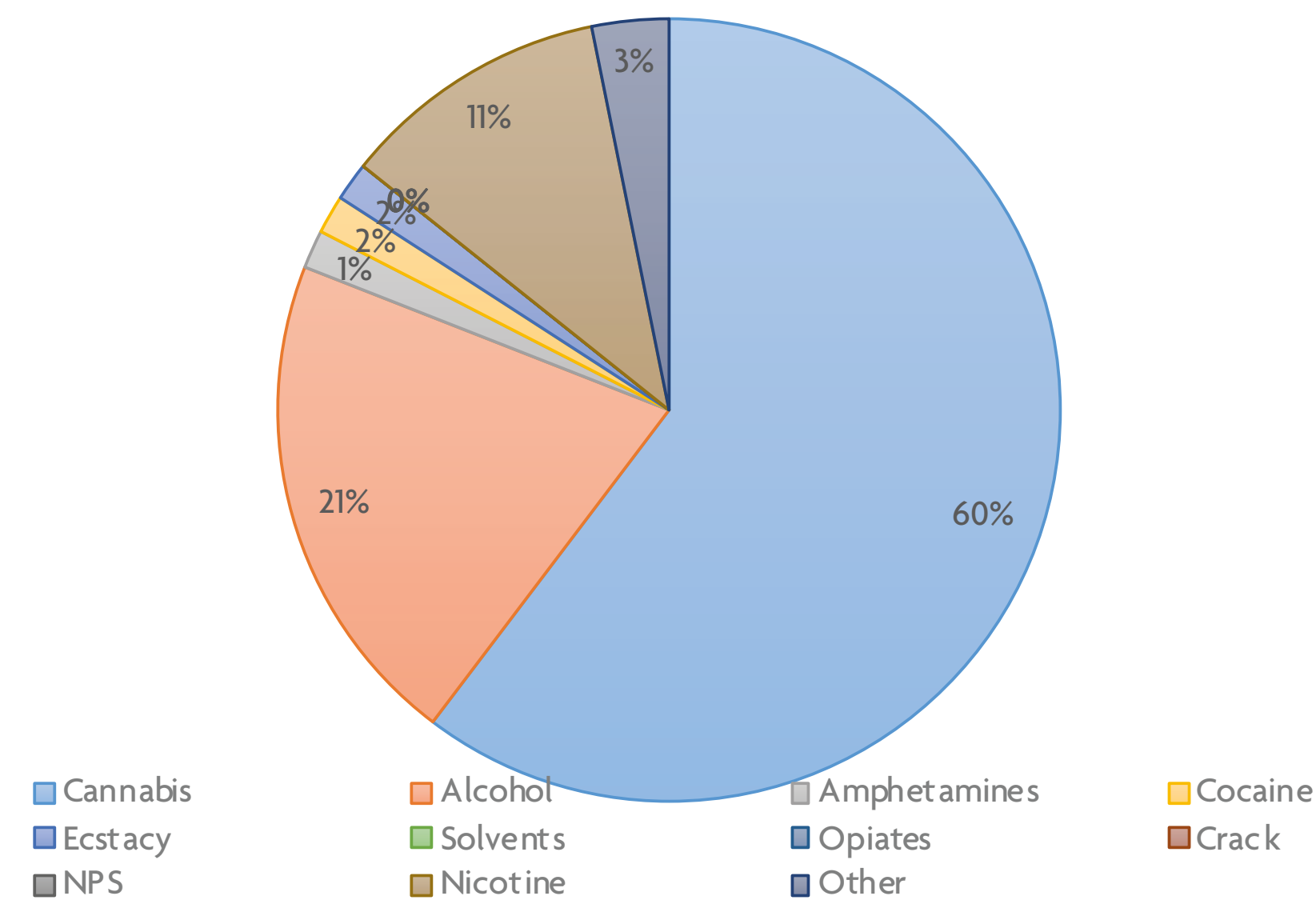
Figure 190: xx



Source: National Drug Treatment Monitoring System

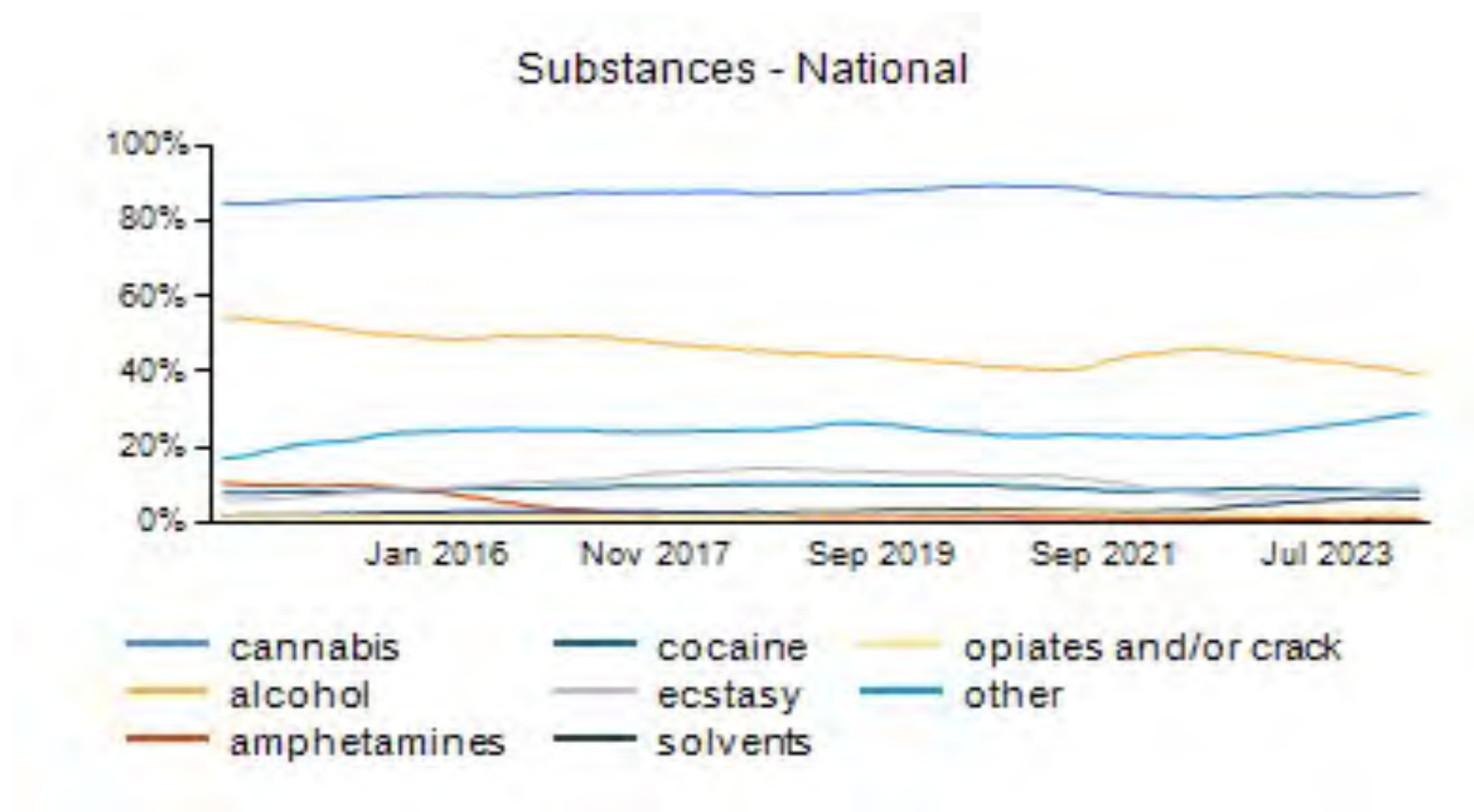
Alcohol and Substance Misuse

Figure 191: Substance use 2019-2022



Source: National Drug Treatment Monitoring System

Figure 192: Substances - National

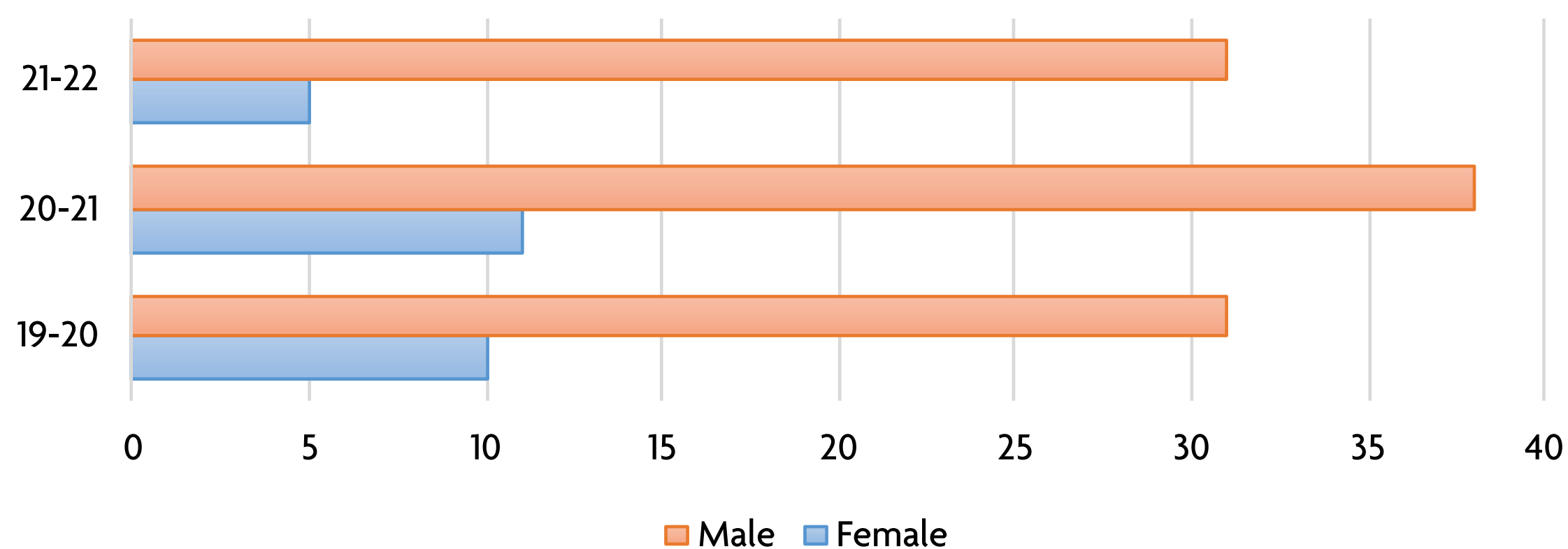


Source: Young People Specialist Substance Misuse Interventions - Executive Summary Report from Public Health England

Equalities – Age 0-17

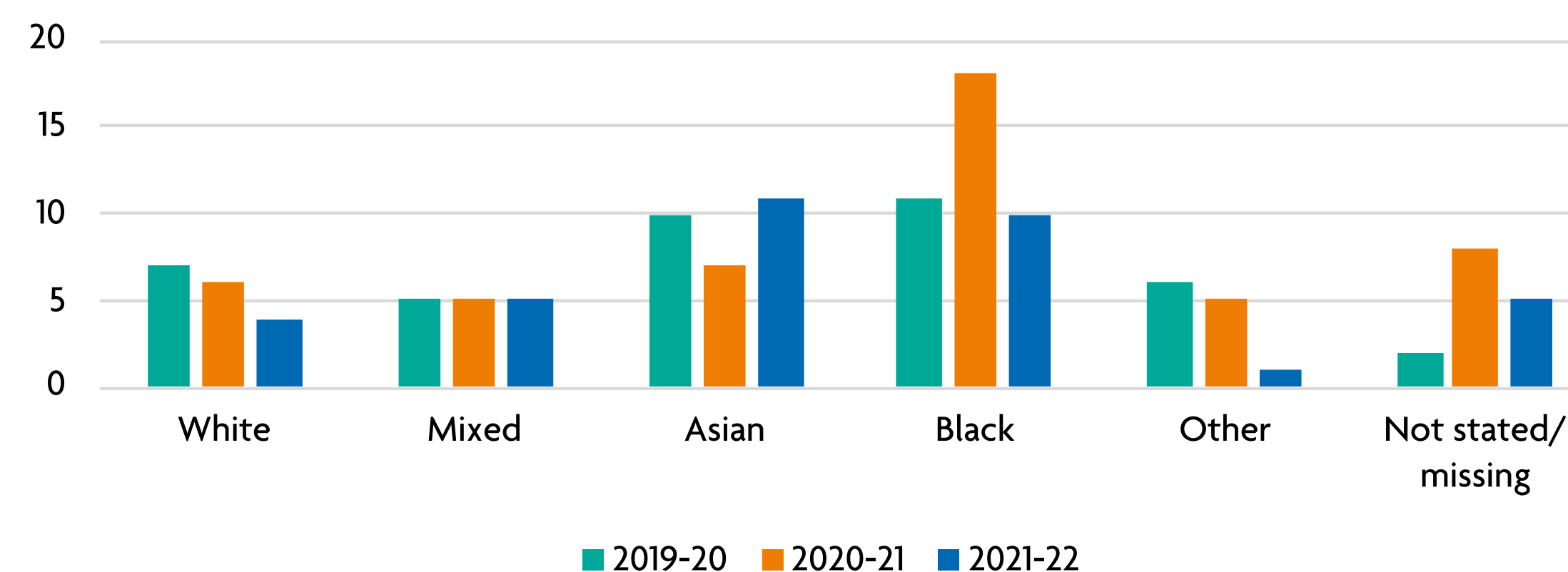
- There are considerably more males than females in treatment (Figure 193)
- The majority of those in treatment are aged 16-17 years; Newham has a lower number of young people aged 14 and under
- Young people from Black and Asian ethnicity accounted for the highest numbers of young people in treatment between 2019-2022. (Figure 194)
- Compared to national data, Newham has a higher number of young people who are in alternative education settings; and a higher number who are not in employment, education or training (NEET) (Figure 195)

Figure 193: Gender (0-17 year old in treatment)



Source: National Drug Treatment Monitoring System

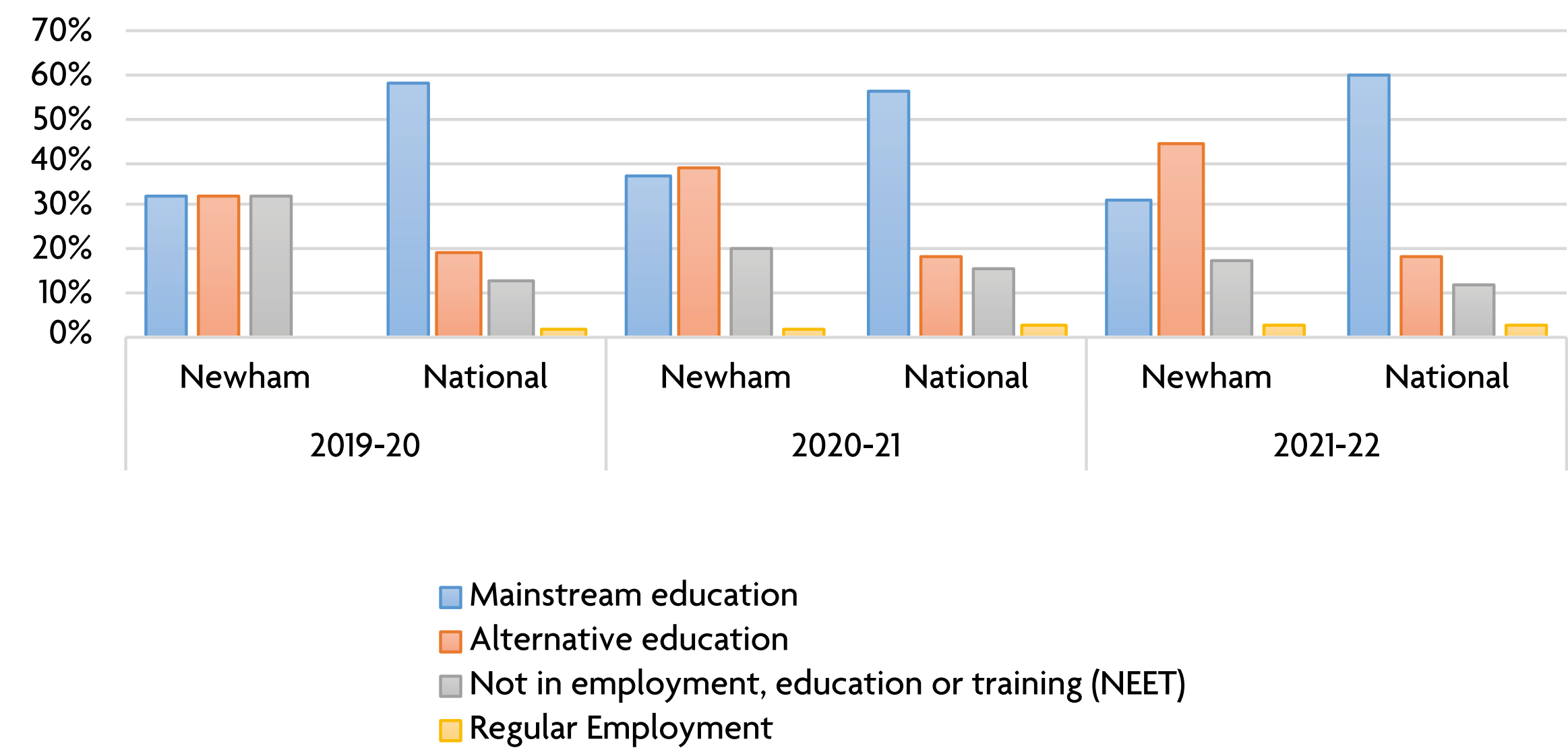
Figure 194: Ethnicity of young people in treatment (0-17)



Source: National Drug Treatment Monitoring System

Alcohol and Substance Misuse

Figure 195: Education, Employment and Training



Source: National Drug Treatment Monitoring System

Alcohol and Substance Misuse (18-24 years)

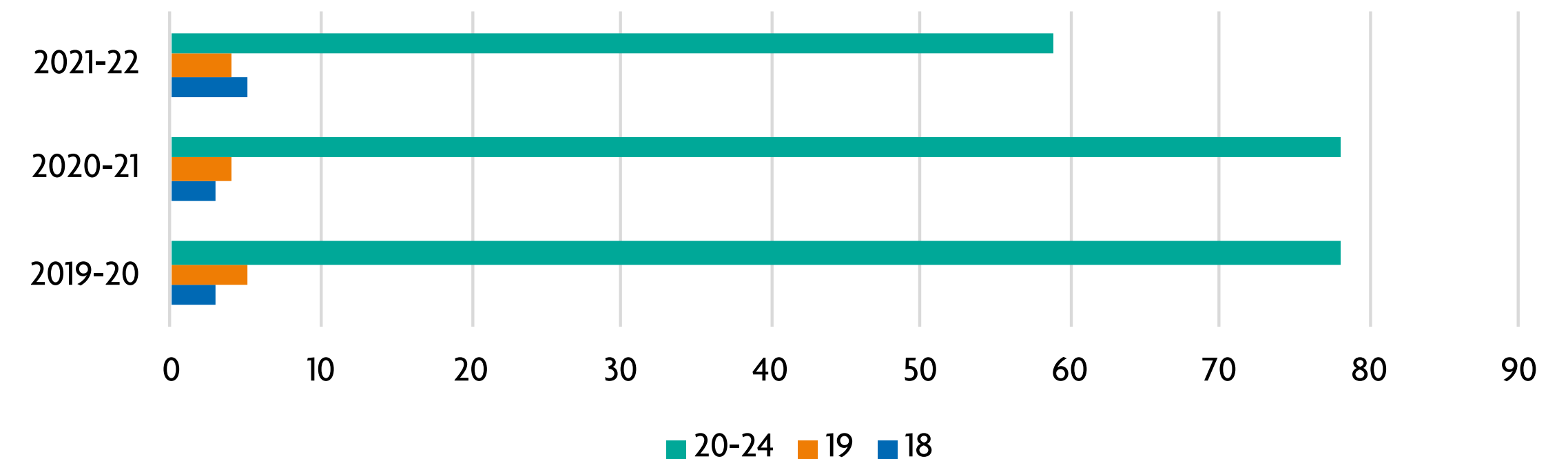
Why is this so important

- The number of adolescents engaging in structured treatment in Newham has been steady, with the age-group 20-24 making up the highest proportion of young people under 25 engaged in adult treatment services (Figure 196)
- The highest proportion of referrals into treatment were self-referrals (and/or family and friends), followed by referrals from health services and social care, and criminal justice. (Figure 197)
- Those from White ethnicity accounted for the highest numbers engaged in treatment (Figure 198)

Health outcomes

- There has been a recent decline in the rate of hospital admissions due to substance misuse (YP age 15-24), seen both locally and nationally. (Figure 199)
- This is also reflected in hospital admissions for alcohol-specific conditions (in under 18s) (Figure 200)

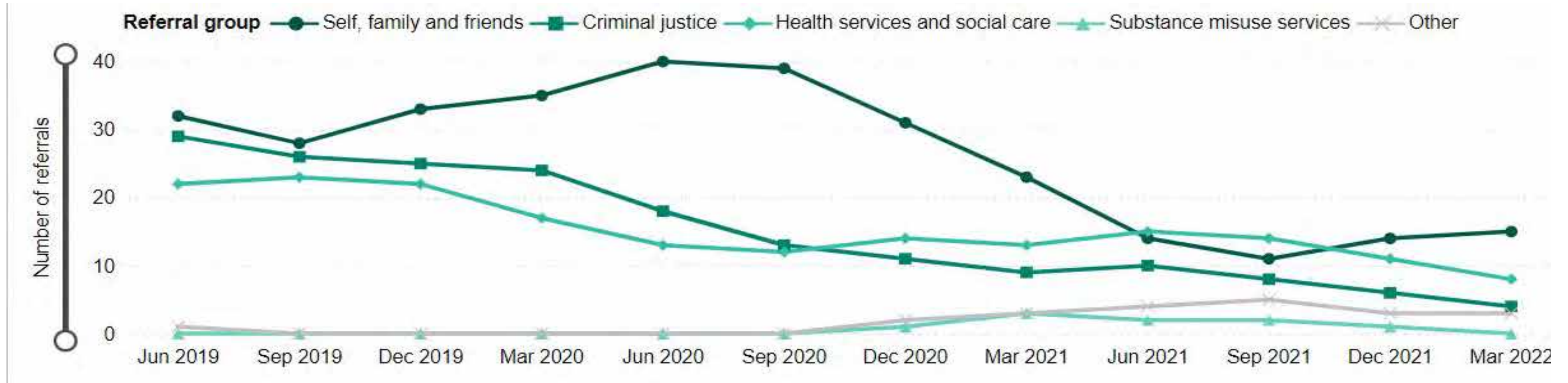
Figure 196: Age of those in treatment



Source: National Drug Treatment Monitoring System

Alcohol and Substance Misuse

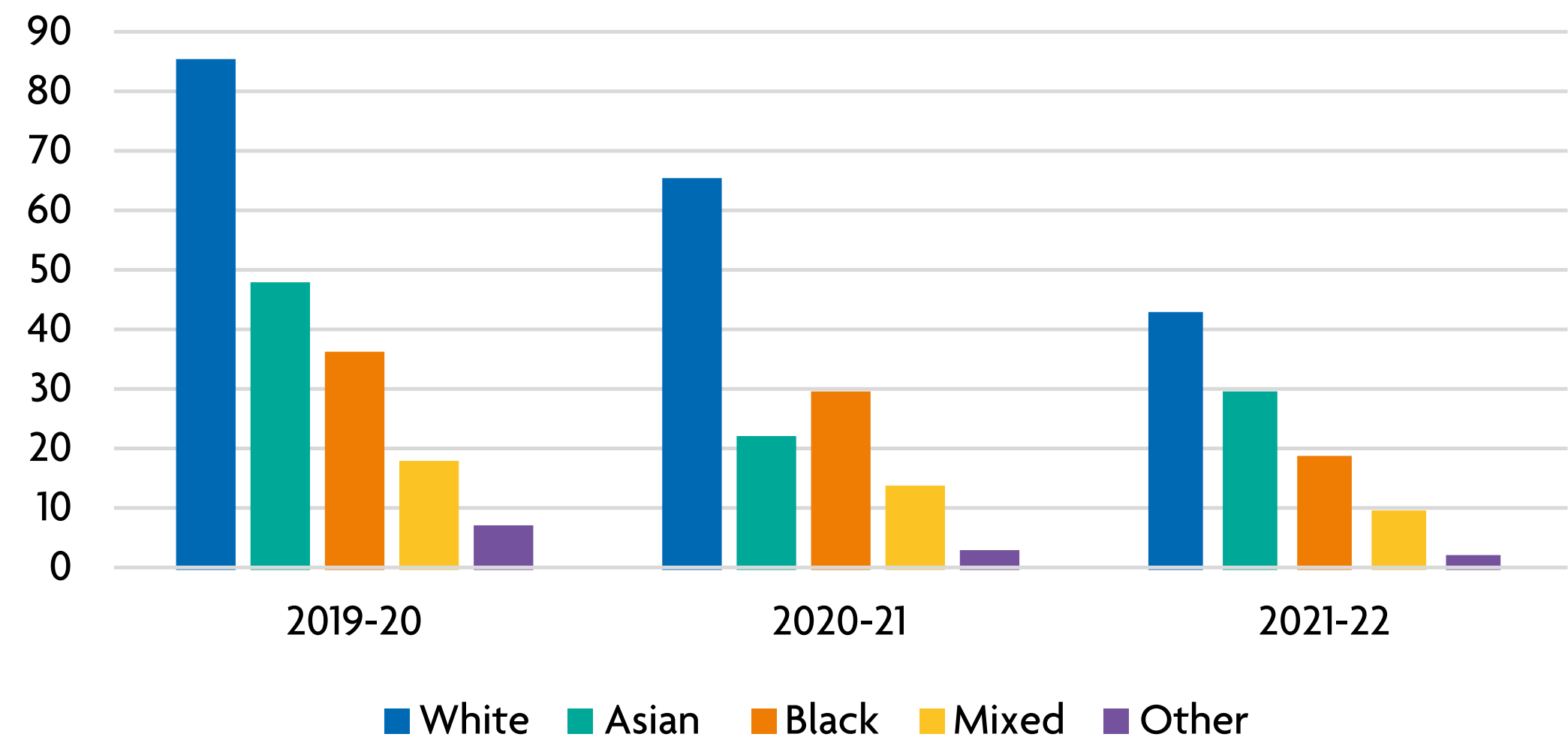
Figure 197: Trends in Referral Sources (all in treatment, age 18-24)



Source: National Drug Treatment Monitoring System

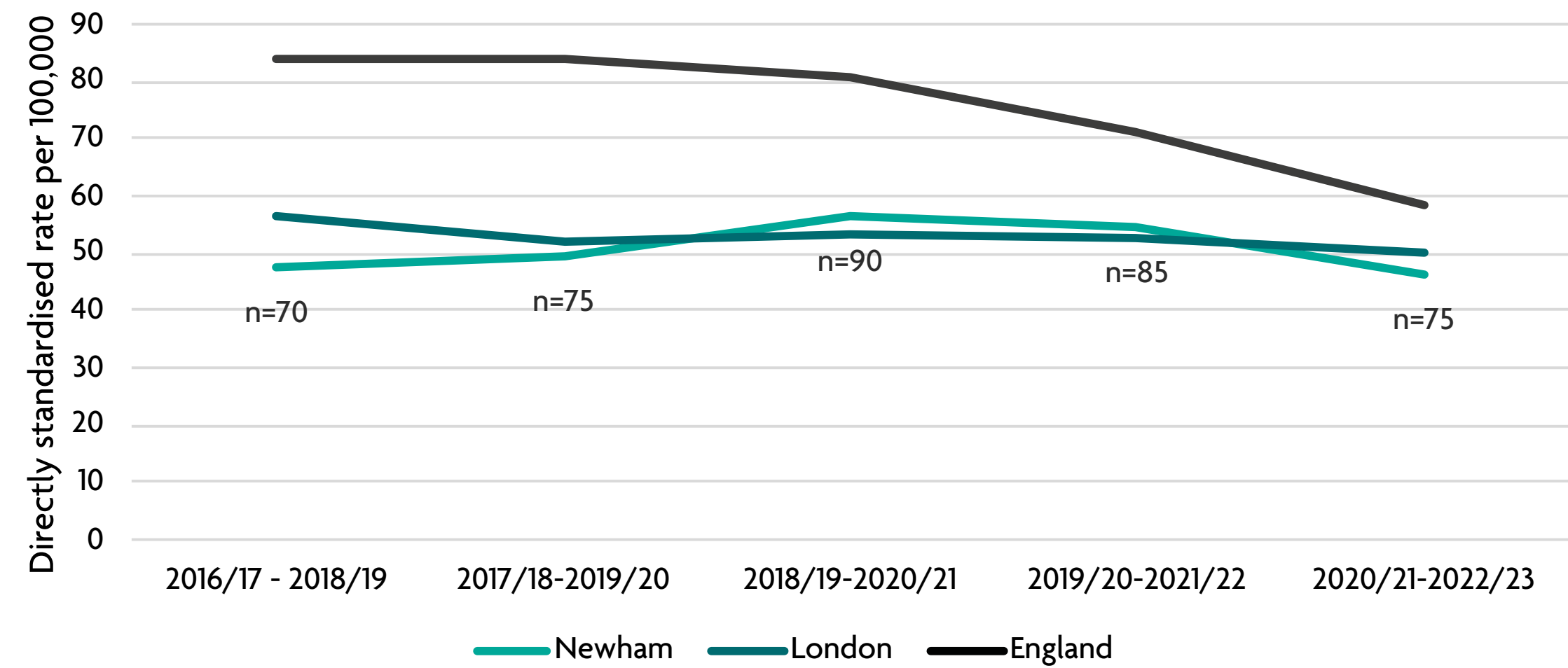
Alcohol and Substance Misuse

Figure 198: Ethnicity of Young People in treatment age 18-24



Source: National Drug Treatment Monitoring System

Figure 199: Hospital admissions due to substance misuse (15-24 years)

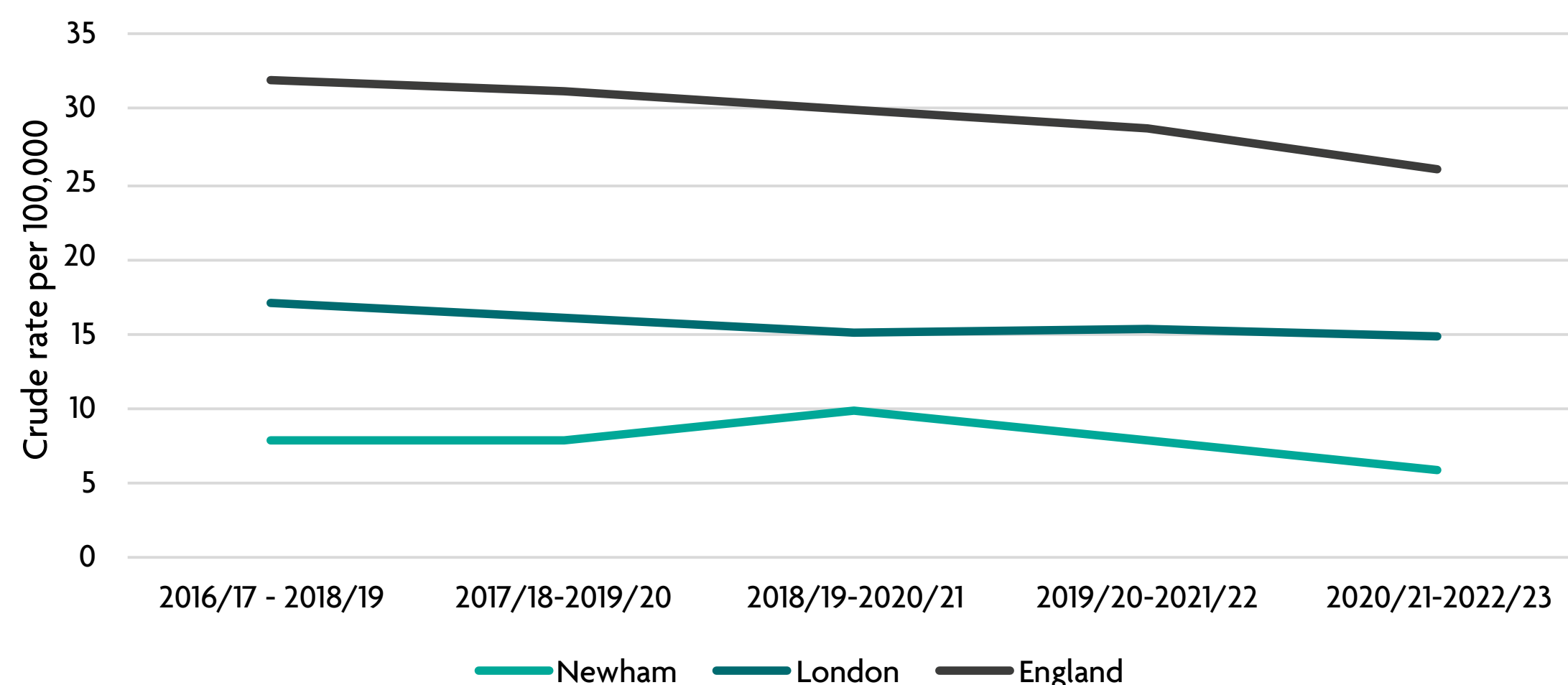


Source: Hospital Episode Statistics (HES) and Office for National Statistics (ONS), via Fingertips, OHID

Alcohol and Substance Misuse



Figure 200: Admission episodes for alcohol-specific conditions - under 18s



Source: Hospital Episode Statistics (HES) and Office for National Statistics (ONS), via Fingertips, OHID

Forecasting future need/ Strategic Implications

- It is imperative that we continue monitoring emerging trends in substance use among young people, such as vaping, and associated risks.
- The Drug & Alcohol Treatment Service is committed to supporting the LBN Young People Action Plan on Smoking and Vaping, aimed at preventing the uptake of vaping, smoking and substance use.
- Youth Justice Services continue to be the primary referral source for young people in treatment. There is a need to improve referrals from other sources including school or education settings and mental health services.
- The number of referrals from Children & Family Services (CFS) has halved since 2019-20. There is a need to improve referral rates from CFS and identify any barriers to referral.
- Additionally, it is necessary to review the local early intervention, prevention and education offer for young people, particularly those aged 15 and under, with the aim of preventing future problematic substance use or involvement in offending behaviour.
- There is a clear need for reviewing the offer of support for the transitional cohort, those aged 18-19 engaging with the adult service.
- Current local and national (NDTMS) data is reflective of people engaged in structured treatment interventions (i.e. Tier 3); local service-level data can be used alongside NDTMS data to better assess the level of engagement and need. Furthermore, there is limited data on young people receiving support for Hidden Harm⁷ impacts.
- Future funding levels are uncertain and may impact our ability to enhance existing service offer to meet identified needs.

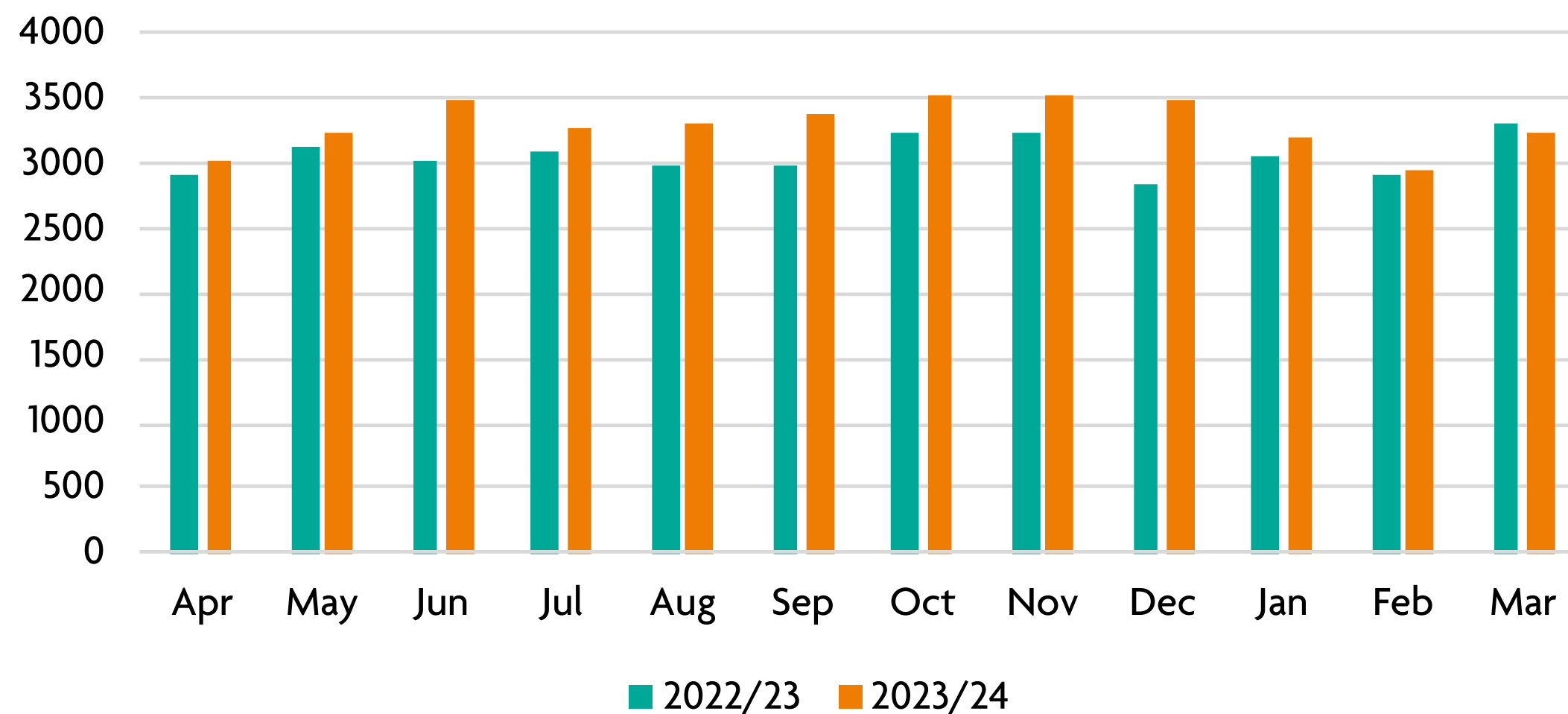
⁷ The term Hidden Harm refers to the impact on children or parental problematic drug or alcohol use

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

Figure 201: Total Notifiable Offences in Newham



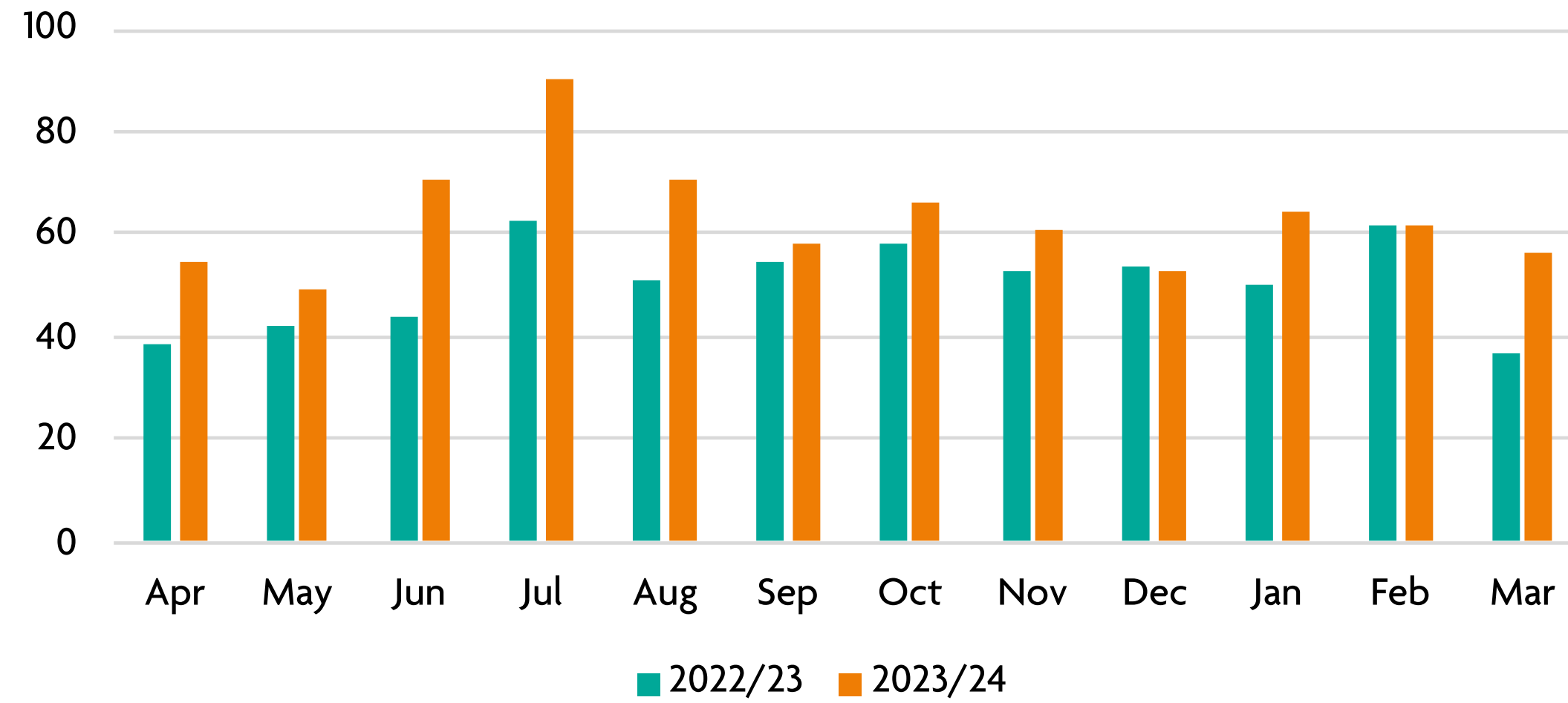
Source: UPSHOT (www.upshot.org.uk) via Youth Empowerment Services, LBN

Local context for Newham

- The crime trends in Newham over the past year reveal concerning increases in several key categories, particularly those related to violent offenses and personal safety. Knife crime offences and knife crime with injury offences have surged by 24.3% and 21.6%, respectively, compared to the same period last year.
- Another notable spike is observed in personal robbery, which has seen a significant increase of 25.9% over the past year. Moreover, the data reveals a troubling rise in serious youth violence, with incidents increasing by 20.2% compared to the previous year.
- Additionally, knife crime with injury among individuals under 24 years old has also seen an increase of 11.3% over the past year.

Source: Metropolitan Police

Figure 202: Knife Crime Offences in Newham



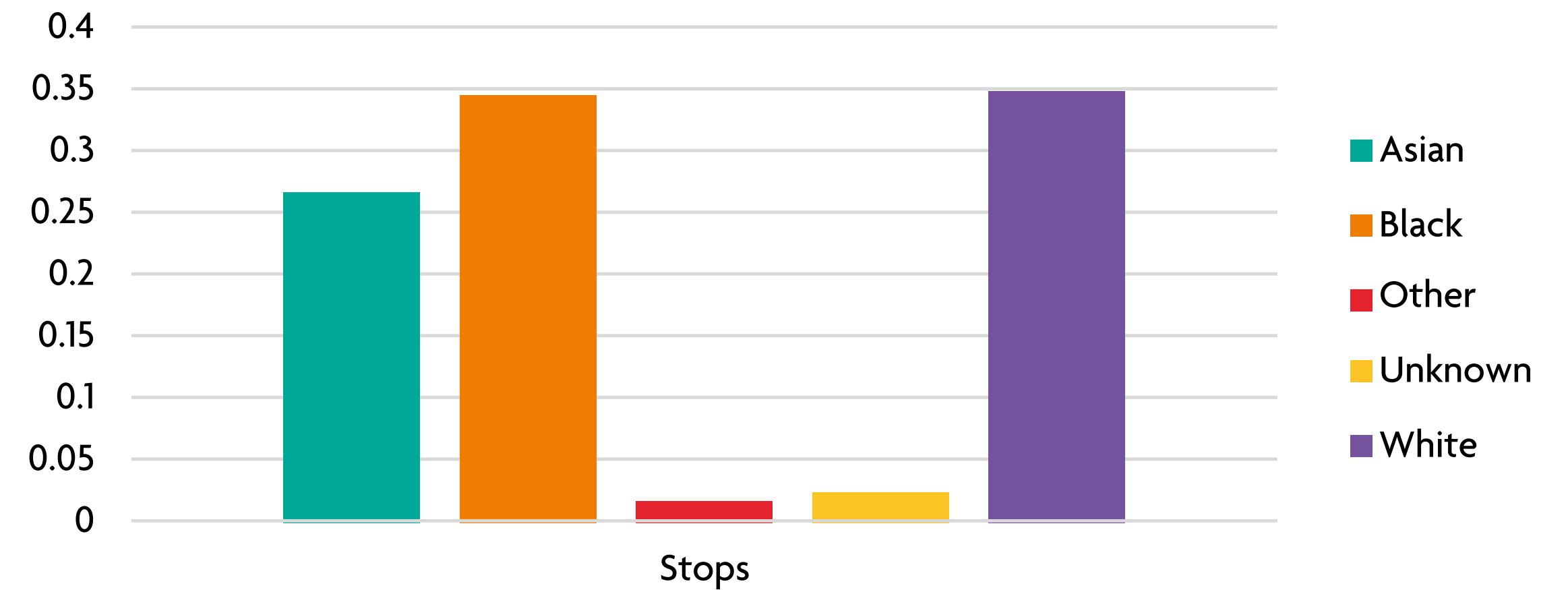
Source: UPSHOT (www.upshot.org.uk) via Youth Empowerment Services, LBN

Inequalities

- 47.7% those involved in Stop and Search were aged 12-24
- Drugs (s.23 Drugs Misuse Act) accounts for 60.3% of all stop and searches
- 34.9% of these stopped are White and 34.3% are Black. Asians make 26.7% of all individuals stopped and searched in Newham.

Source: Metropolitan Police

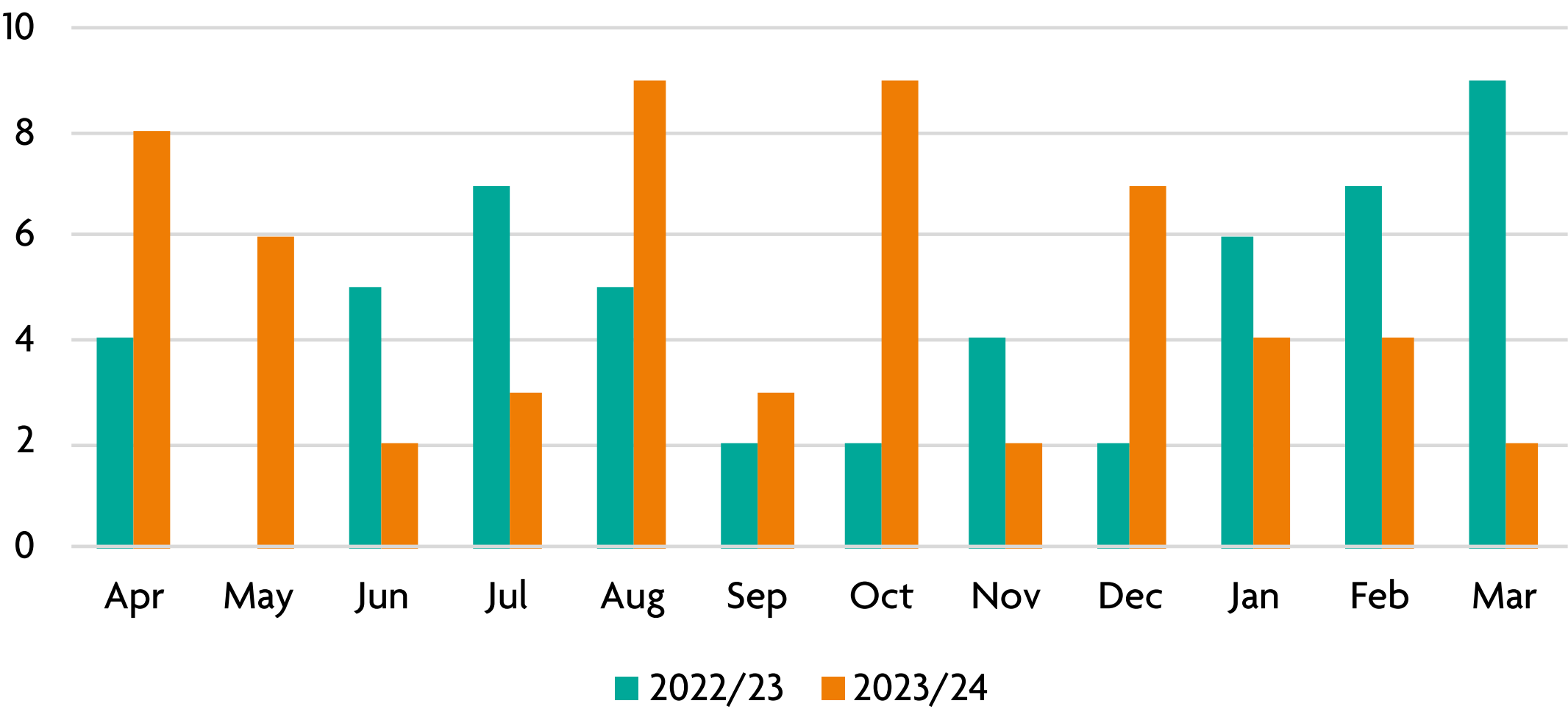
Figure 203: Stops by Ethnicity



Source: UPSHOT (www.upshot.org.uk) via Youth Empowerment Services, LBN

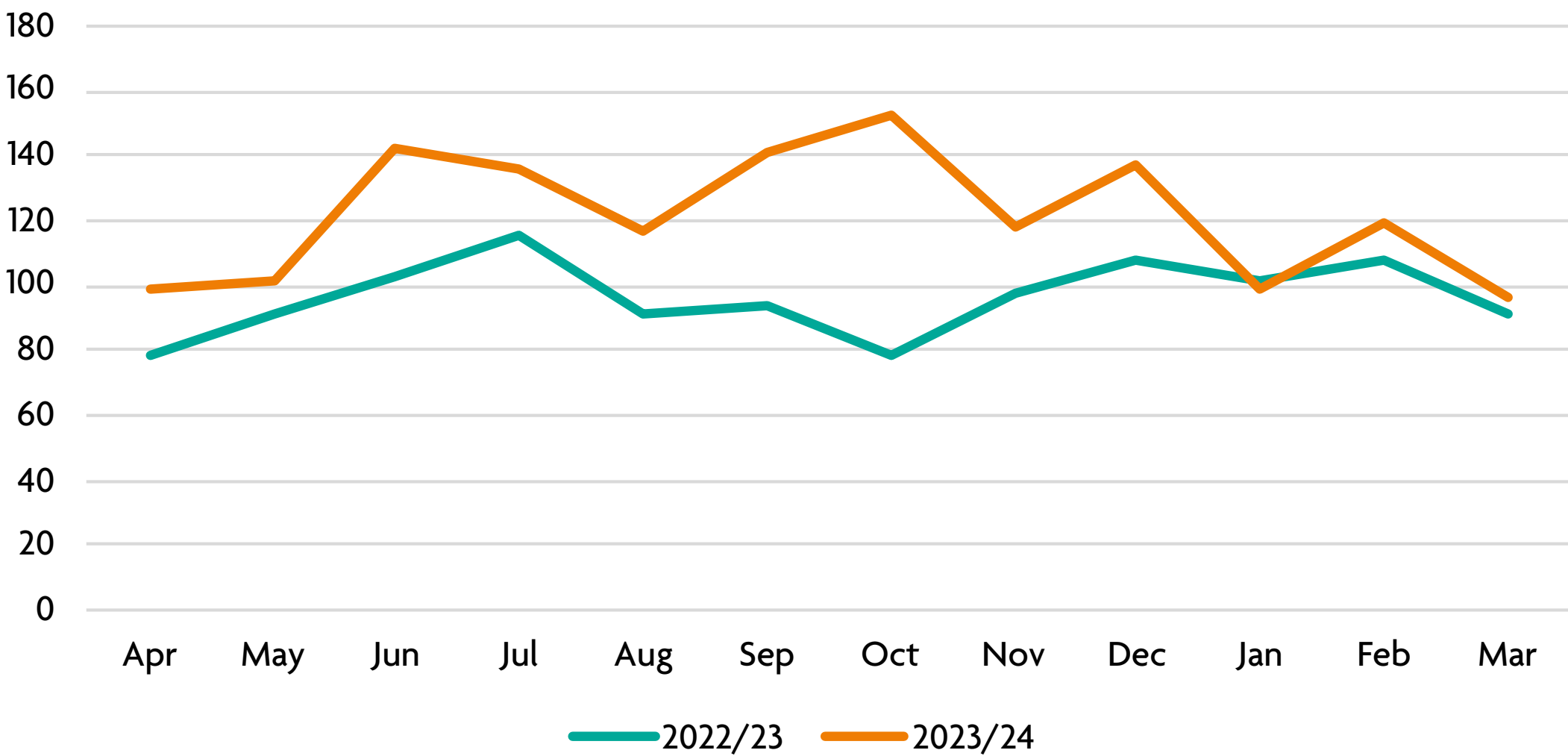
Time trend

Figure 204: Knife Crime with Injury Non-DA Under 24



Source: UPSHOT (www.upshot.org.uk) via Youth Empowerment Services, LBN

Figure 205: Personal Robbery Offences

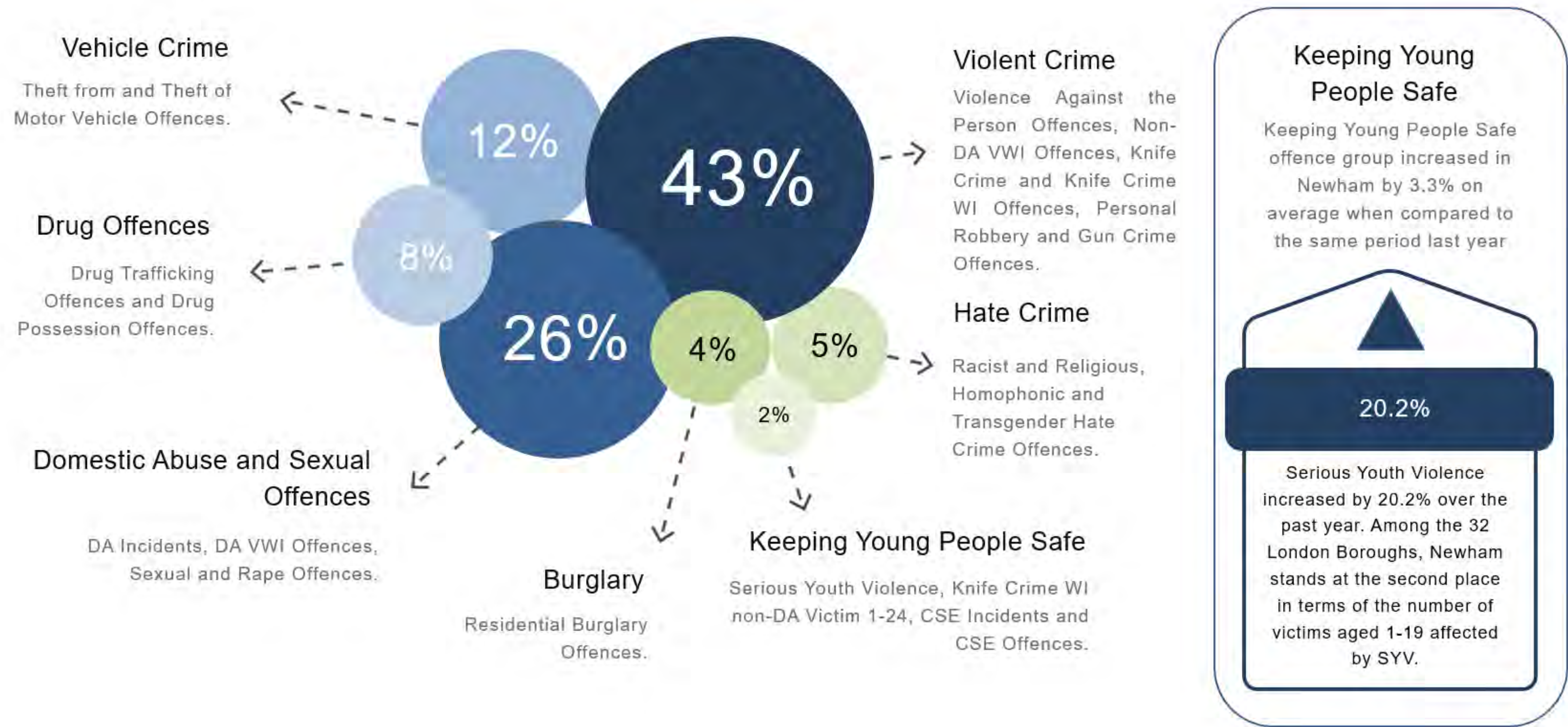


Source: UPSHOT (www.upshot.org.uk) via Youth Empowerment Services, LBN

Youth violence – trends and outcomes

- The rise in Personal Robbery Offences emerges as a noteworthy proxy for youth violent crime, suggesting that this category serves as an indicator of the extent to which young people are both victims and perpetrators of violent acts in the community. Personal robberies often involve confrontations and physical violence, reflecting the challenges faced by youth in Newham and the need for tailored strategies to prevent such incidents and support affected individuals.
- The analysis highlights a concerning trend in the significant increase in violent offences, particularly among youth, as a key area of focus for addressing crime in Newham. Specifically, categories such as Serious Youth Violence Victims aged 1-19 and Knife Crime Offences experienced notable spikes, indicating the urgency of targeted interventions to address youth involvement in violent crime.
- The data underscores the critical importance of addressing violent offences, particularly those involving youth, as a primary focus of crime prevention efforts in Newham. By targeting interventions towards reducing youth involvement in violence and addressing underlying social and economic factors contributing to crime, stakeholders can work towards creating safer communities and improving the well-being of residents.

Figure 206: xx



Source:

Table 6: xx

Newham and London Crime									
Priorities	Crime Category KPI's	Newham			Priority Average	London			Priority Average
		Apr 2022 -Mar 2023	Apr 2023 -Mar 2024	Newham % Change		Apr 2022 -Mar 2023	Apr 2023 -Mar 2024	London % Change	
Tackling Violent Crime – In all its forms	Violence Against the Person Offences	10198	10893	6.8%	10.9%	241053	252608	4.8%	5.3%
	Non-Domestic Abuse VWI Offences	2267	2353	3.8%		54757	56165	2.6%	
	Knife Crime Offences	608	756	24.3%		13221	14935	13.0%	
	Knife Crime with Injury Offences	153	186	21.6%		3625	3724	2.7%	
	Robbery of Personal Property Offences	1159	1459	25.9%		26244	29716	13.2%	
	Gun Crime Offences	70	58	-17.1%		1519	1452	-4.4%	
Keeping Young People Safe and Reducing Their Risks from Crime	Serious Youth Violence Victims aged 1-19	346	416	20.2%	3.3%	7207	8123	12.7%	9.2%
	Child Sexual Exploitation Incidents	61	68	11.5%		1705	2062	20.9%	
	Child Sexual Exploitation Offences	60	42	-30.0%		1290	1339	3.8%	
	Knife Crime With Injury Non DA Victims under 24	53	59	11.3%		1317	1307	-0.8%	
Reducing Burglary and Keeping People Safe at Home	Residential Burglary Offences	1275	1387	8.8%	8.8%	37534	38274	2.0%	2.0%
Promoting Cohesion and Tackling Hate Crime	Hate Crime Offences	1862	1790	-3.9%	-3.9%	47241	46616	-1.3%	-1.3%
Dealing with Anti-Social Behaviour	ASB Calls	1673	492	-70.6%	-70.6%	258152	202407	-21.6%	-21.6%
Drugs (Driver for violent crime)	Drug Offences	2229	1738	-22.0%	-26.8%	43972	37398	-15.0%	-20.1%
	Drug Possession Offences	1902	1300	-31.7%		35285	26388	-25.2%	
Tackling Vehicle Crime	Theft from a Motor Vehicle	2754	2792	1.4%	-10.8%	64828	59687	-7.9%	-3.6%
	Theft or Taking of a Motor Vehicle	1908	1470	-23.0%		32625	32855	0.7%	
Domestic Abuse, Sexual and Rape Offences	Domestic Abuse Incidents	6634	6863	3.5%	-2.1%	149884	151940	1.4%	-0.2%
	Domestic Abuse VWI Offences	1065	1021	-4.1%		22858	24028	5.1%	
	Sexual Offences	1137	1089	-4.2%		24947	24251	-2.8%	
	Rape Offences	446	431	-3.4%		9173	8753	-4.6%	
TNO	Total Notifiable Offences	36655	39461	7.7%	7.7%	877512	931283	6.1%	6.1%

Source:

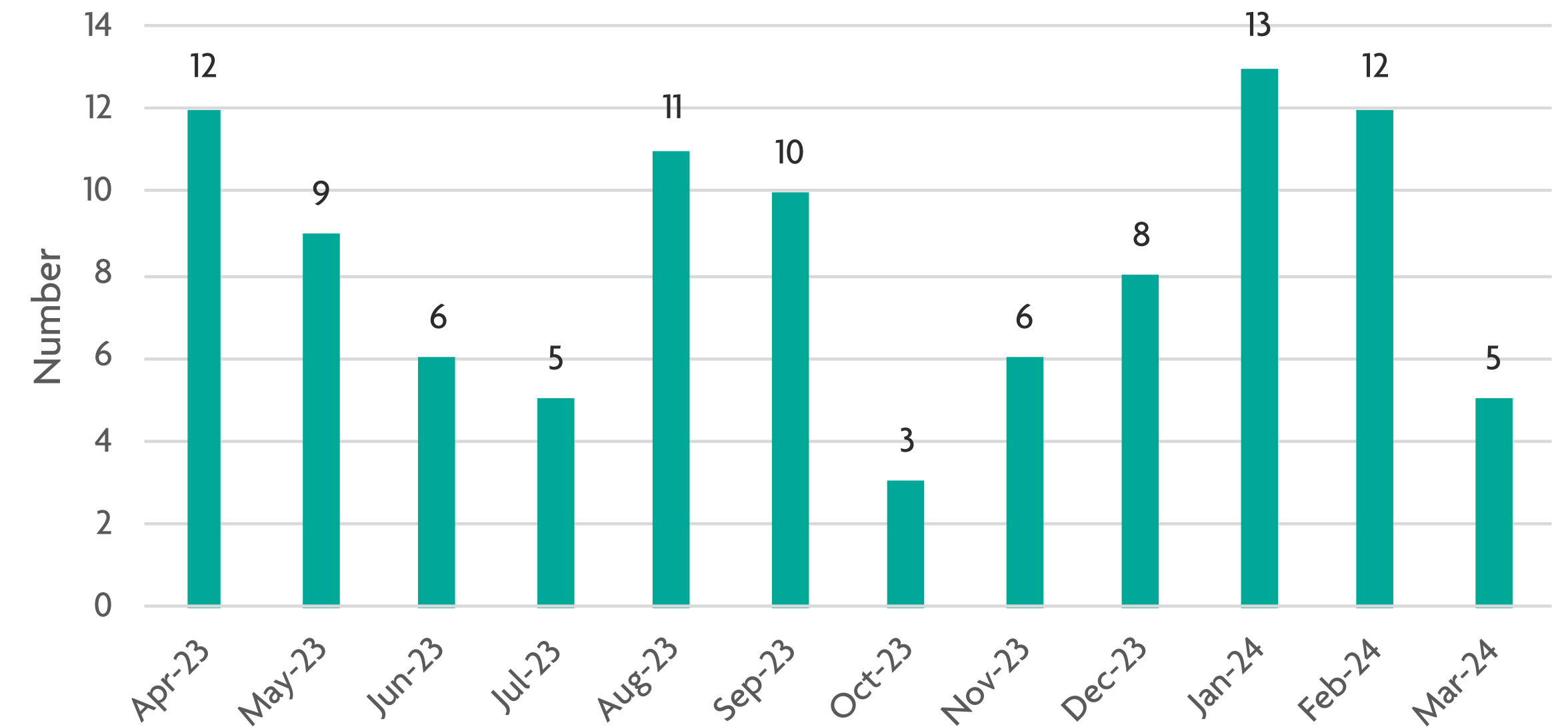
Why is this important?

- 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 organized criminal groups via trafficking, online abuse, and the influences of extremism that lead to radicalization.

High level data summary

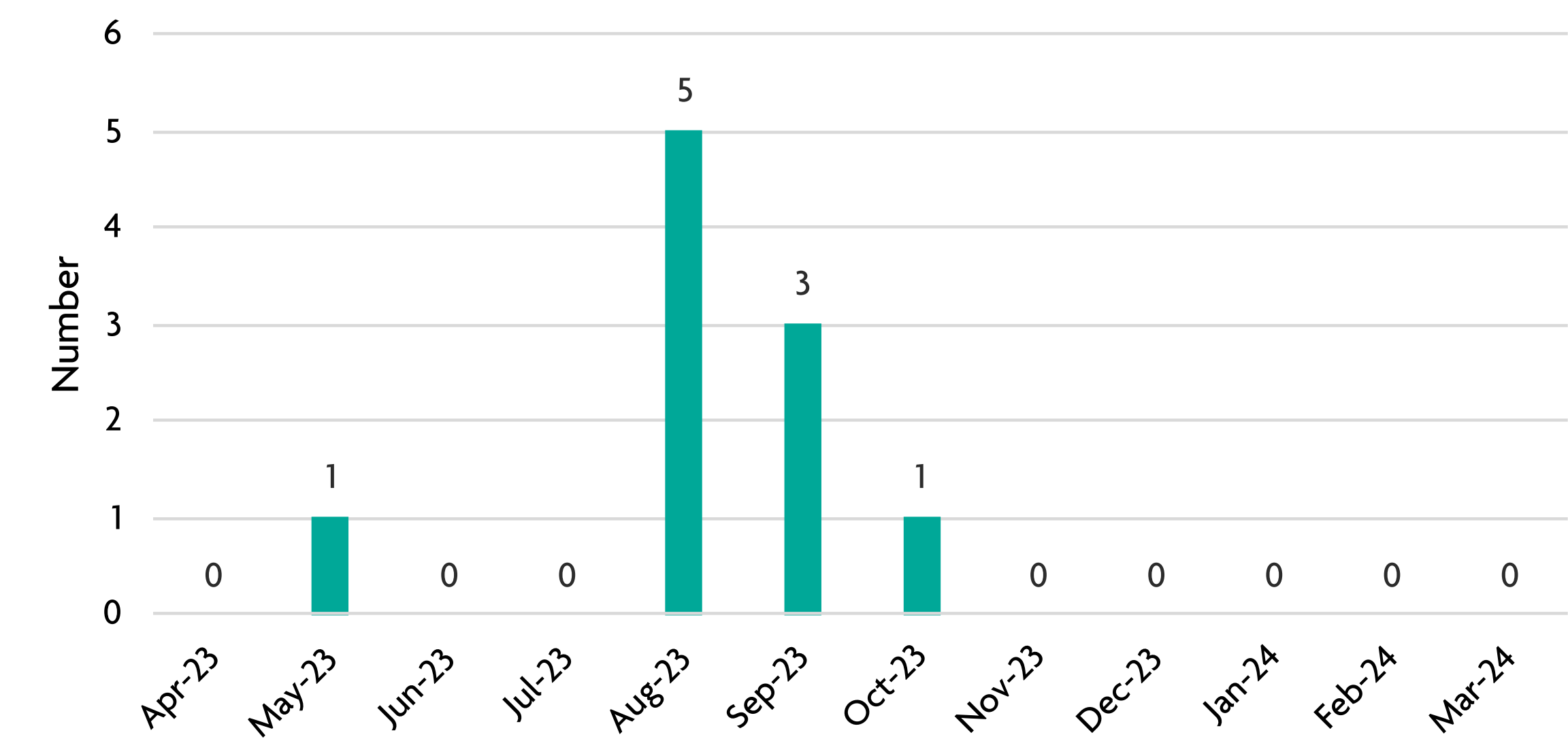
These charts present an overview of Newham's youth cohort regarding four forms of exploitation.

Figure 207: Online Grooming



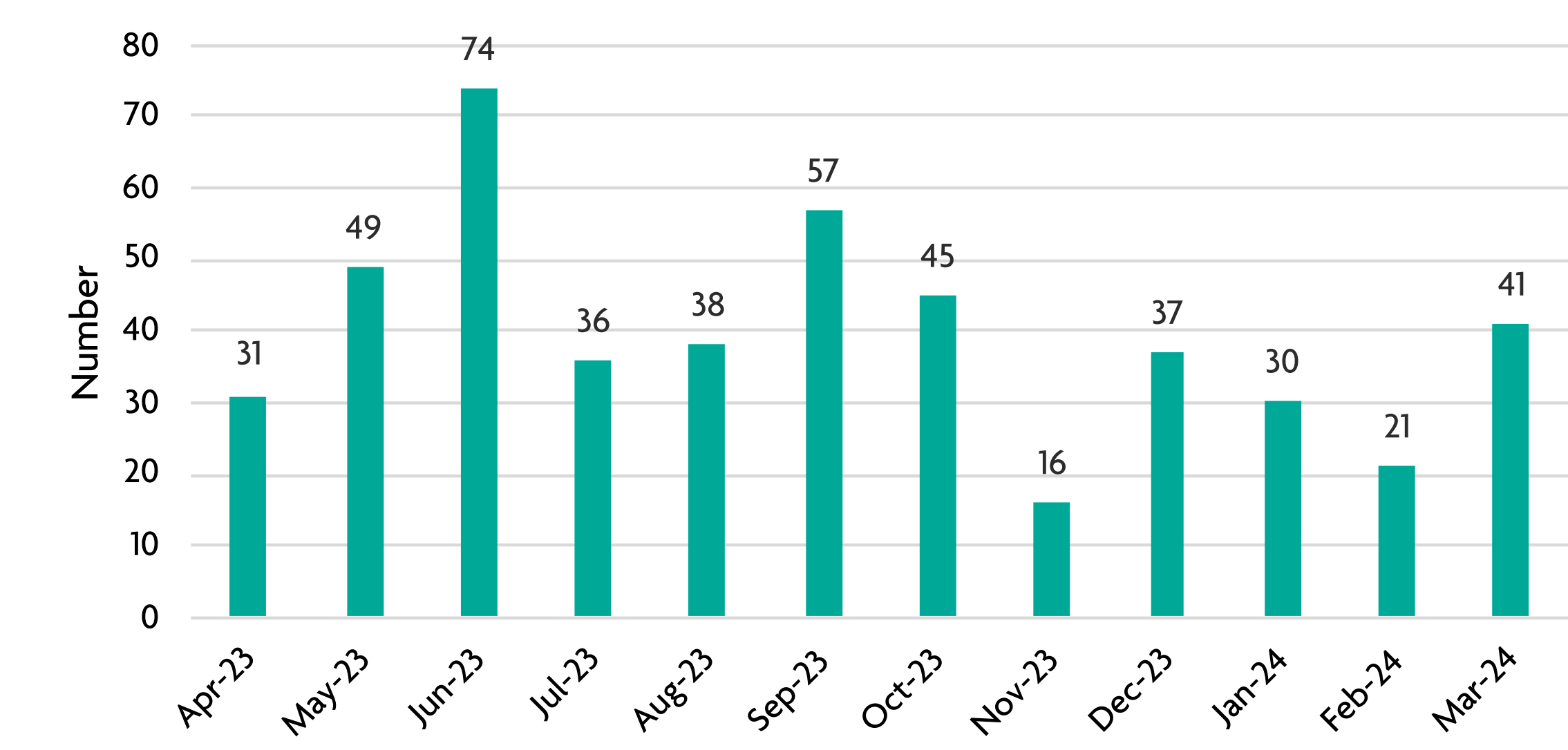
Source: MASH

Figure 208: Modern Slavery



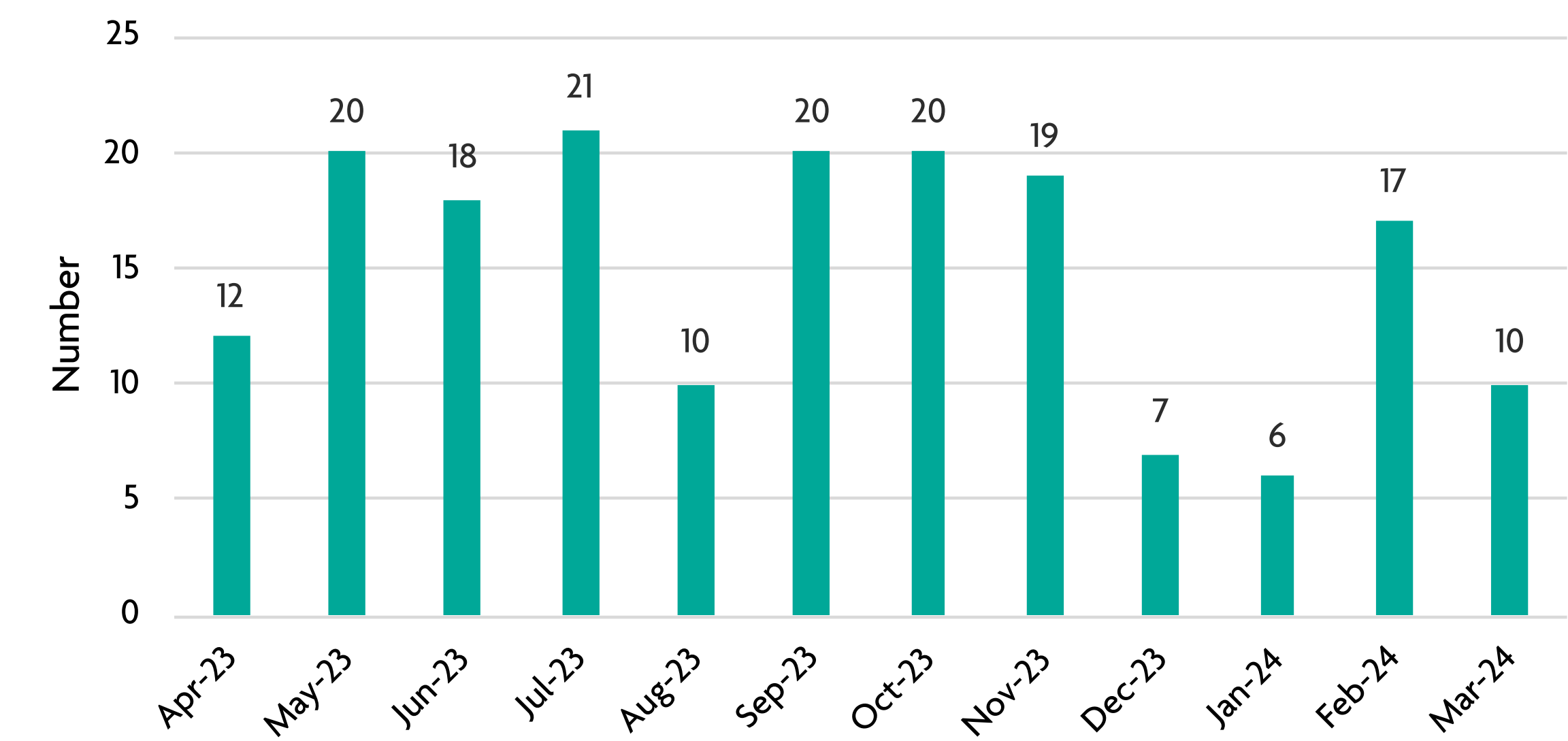
Source: MASH

Figure 209: Child Criminal Exploitation



Source: MASH

Figure 210: Child Sexual Exploitation



Source: MASH

Local context for Newham

- Child criminal exploitation (CCE) continues to be the most prevalent form of exploitation faced by Newham’s young people: 62% of the 2023/24 cohort.
- Child sexual exploitation (CSE) is the second most prevalent form of exploitation: 24% of the 2023/24 cohort.
- Since February 2023 the London Borough of Newham Information and Intelligence Partnership Briefing (LBNIIPB) has met multiple times a week to share intelligence and information regarding criminal and sexual exploitation of young people in Newham.
- The partnership allocates support to young people, refers to the Multi Agency Child Exploitation (MACE) Panel, and identifies emerging themes and trends relating to this cohort.

Inequalities

- 55% of the CCE & CSE 2022/23 cohort were male, 45% were female.
- 35% were of Asian ethnicity. 28% were Black, 17% were White.
- 62% of the CCE cohort was male, 38% female. 64% of the CSE cohort was female, 36% male.

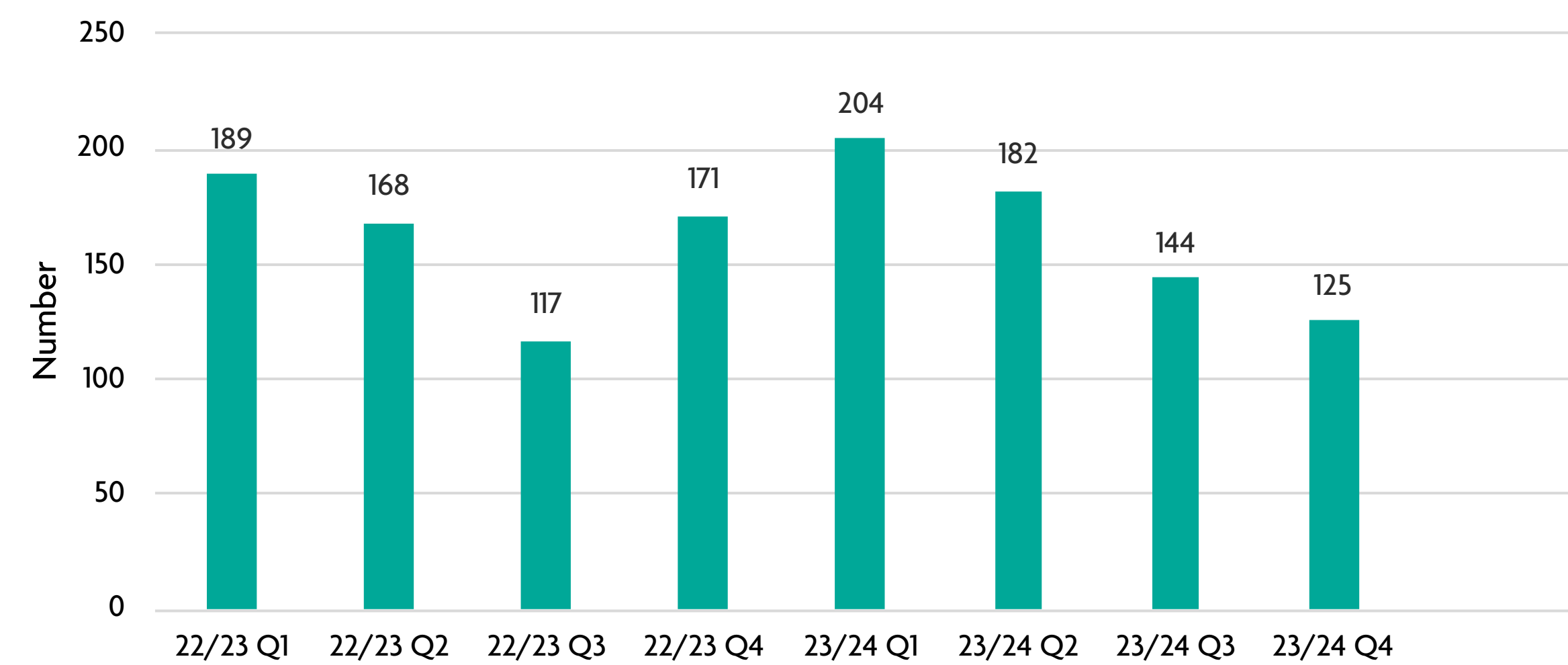
Figure 211: Ethnicity of CSE & CCE referrals 2023/24



Source: MASH

Time trend

Figure 212: Referrals for CCE & CSE April 2022 - March 2024



Source: MASH

Forecasting future need

- The cost of living crisis has greatly increased the financial burden placed upon families in Newham. This can be expected to increase the vulnerability of Newham's young people to exploitation.
- Continuing pressure in the form of food inflation and housing cost increases could cause instances of child criminal exploitation and child sexual exploitation to rise.
- It is expected that increased coordination between services will maintain or increase the numbers of young people being discovered to be at risk of CCE & CSE.

Strategic implications

- There is a need to investigate the causes of disproportionality when it comes to forms of exploitation. For example, girls are reported at higher risk of CSE than boys. It is also particularly pertinent with regards to the number of Asian and Black boys that are at risk of CCE.
- The effects of the cost of living crisis on CCE and CSE should be investigated further. Attempts to mitigate the factors that place children and young people at risk of exploitation should bear in mind the changing financial landscape.
- Identifying areas where scarce resources can best be utilized to support young people in Newham can help ensure targeted interventions are deployed to maximum effect.

Why is this important?

- Adolescence is a critical period for growth. Adequate nutrition ensures proper physical development, including bone growth, muscle development, and overall physical health. Nutrition directly impacts brain development and cognitive function. Food security ensures adolescents receive the necessary nutrients for optimal brain health and academic performance.
- Food insecurity can lead to stress, anxiety, and depression. Ensuring food security helps maintain mental and emotional wellbeing. Consistent access to nutritious food can positively influence behaviour, reducing incidences of aggression and promoting better social interactions.
- Hunger and malnutrition can impair concentration and memory, negatively affecting learning outcomes. Adequate nutrition supports better school performance and higher educational attainment. Food insecurity can lead to social stigma and isolation. Ensuring food security helps adolescents maintain healthy peer relationships and social integration.

Local context for Newham

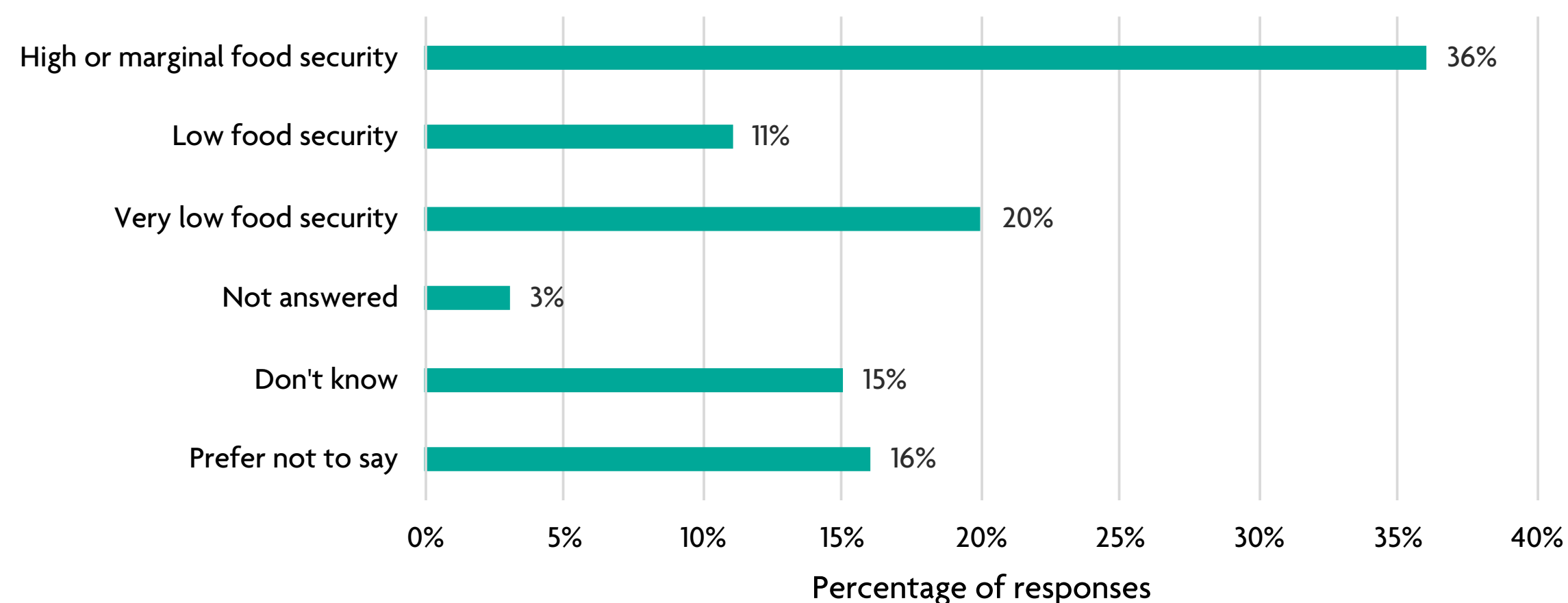
- The Survey is conducted every two years and is based on a representative sample of Newham's population, engaging with over 2,200 residents on their experiences, attitudes and behaviours.
- It acts as a baseline by which we will use future research to understand how people's views evolve.
- This provides us with a collective view of their personal, economic, community and democratic wellbeing. It helps us understand what are the most important issues and where we need to improve as a borough and a council.
- 145 respondents were in the 16-24 age bracket. Section 5 of the survey relates to Household Food security.

Inequalities

- 38% of Black respondents age 16-24 reported low or very low food security. 51% reported high or marginal food security, 12% preferred not to say.
- 29% of Asian respondents age 16-24 reported low or very low food security. 34% reported high or marginal food security, 22% preferred not to say or didn't know.

High level data summary

Figure 213: Food Security Index Age 16-24 Cohort



Source: Newham Residents Survey 2023

Forecasting future need

- There may be a surge in demand for food banks and other charitable food assistance programs as more families struggle to make ends meet.
- Increased reliance on free school meal programs, breakfast clubs etc can be expected, putting additional pressure on these services to meet the rising demand.
- Community organizations and local government services may face increased pressure to provide support, stretching already limited resources.

Strategic implications

- There is an increased need for robust data collection and monitoring to understand the extent of food insecurity and effectively allocate resources.
- There is a need for engagement with community groups to understand specific needs and develop tailored interventions to support those most affected by the crisis.
- The cost of living crisis is likely to significantly worsen food security in Newham, impacting health, education, and overall wellbeing, especially among vulnerable populations. Addressing these challenges will require coordinated efforts from local authorities, community organizations, and policy makers to mitigate the adverse effects and support those in need.

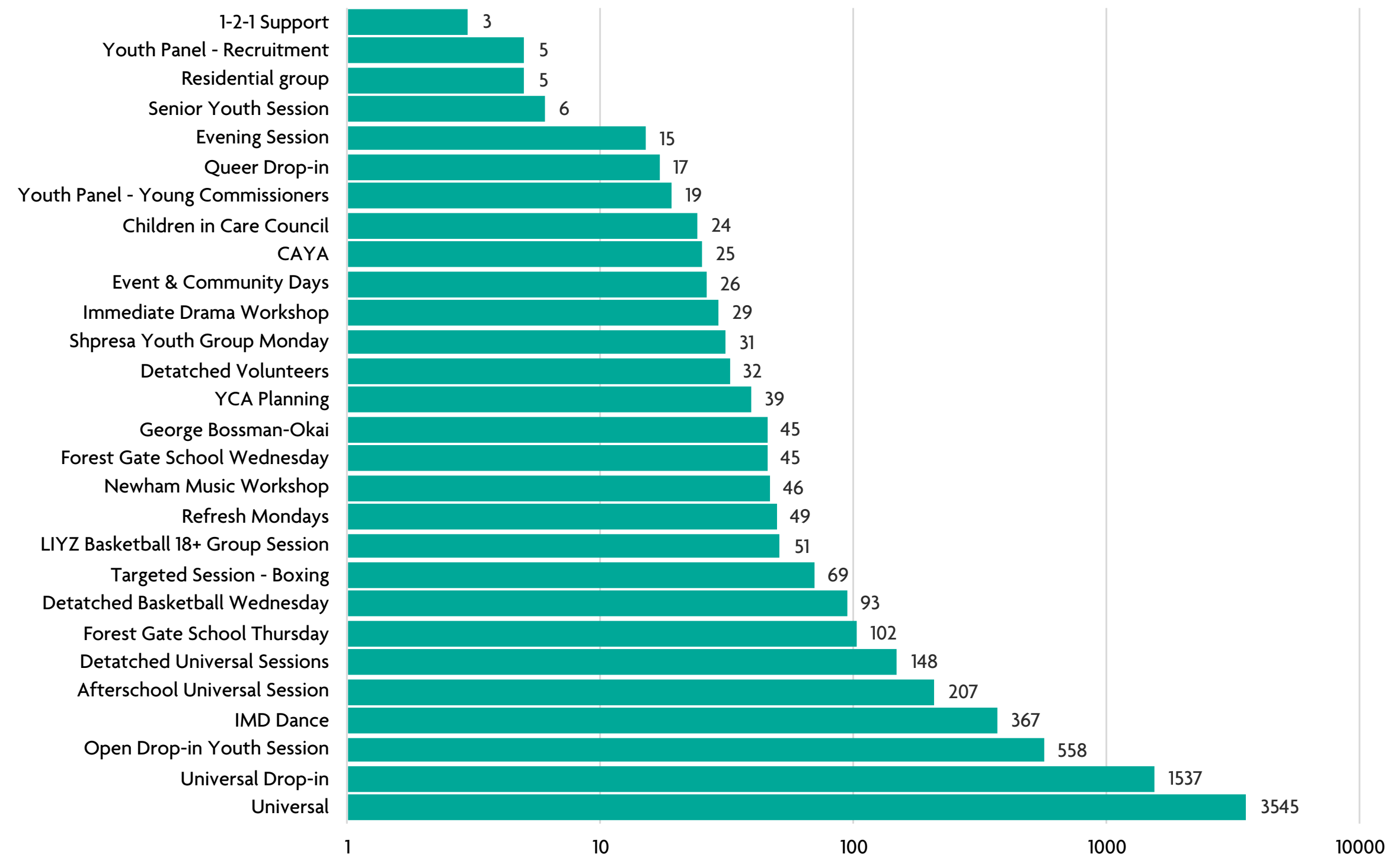
Why is this important?

- **A safe and supportive environment:** Youth Zones provide a safe space for young people to spend their time, away from potential dangers such as gang violence, crime, and other negative influences. They offer structured and supervised environments where young people can engage in positive activities under the guidance of trained staff.
- **Positive Activities and Opportunities:** Access to sports, arts, music, and other recreational activities helps young people develop new skills and interests. Opportunities for learning new skills, both practical and social, can enhance personal development and future employability.
- **Social Interaction and Community Building:** Interaction with peers in a structured setting helps develop social skills and builds friendships. Youth Zones foster a sense of community and belonging, encouraging young people to take pride in their local area and engage positively with others.

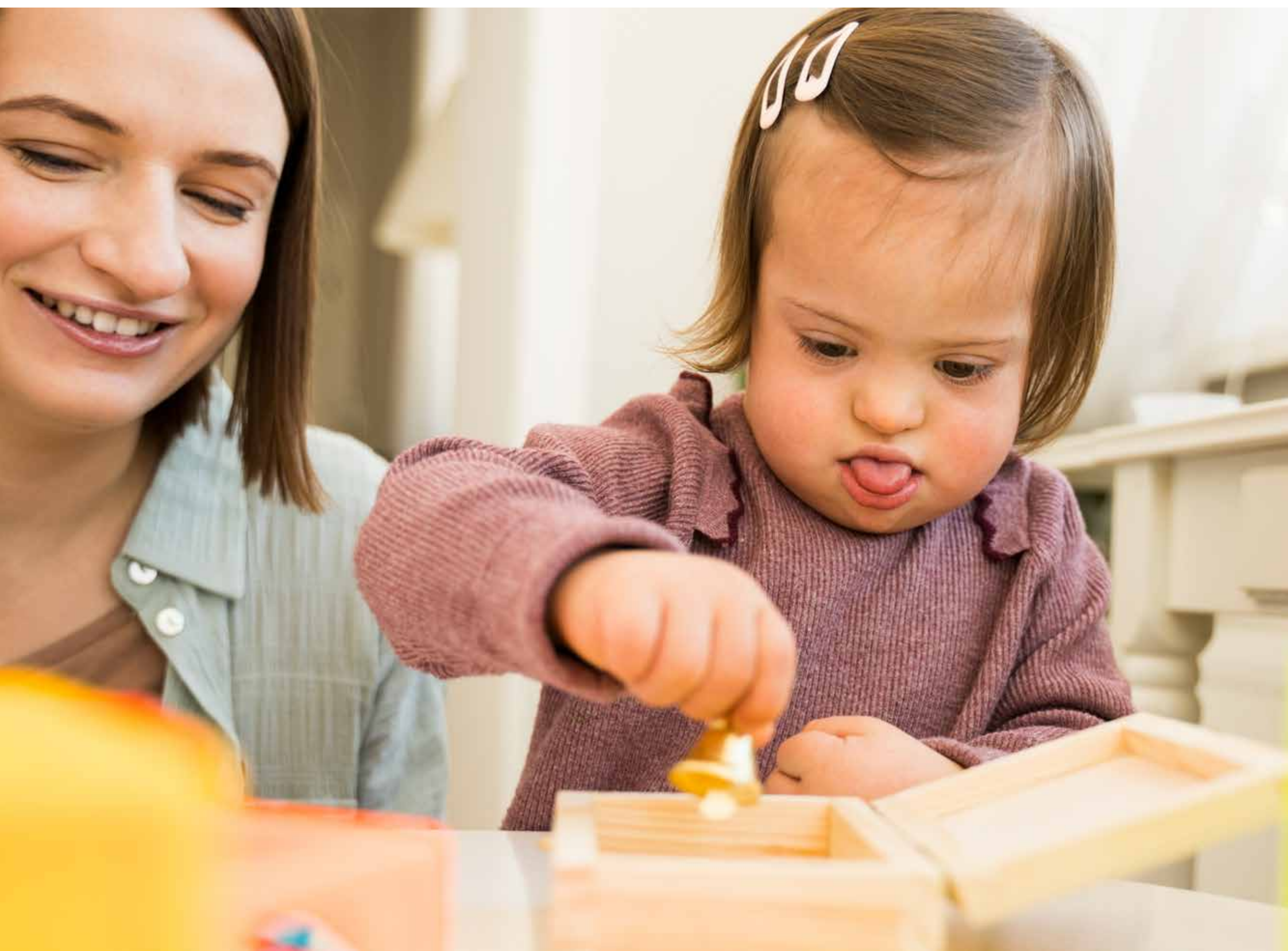
Local context for Newham

- In Newham, where socio-economic challenges and youth vulnerabilities are prevalent, Youth Zones play a critical role in providing the support, resources, and opportunities necessary for young people to thrive and reach their full potential.
- Newham has Youth Zones in Beckton, Custom House, Forest Gate, Little Ilford and Stratford. There is also a Detached Youth Work Team.
- The below diagram displays Youth Zone project participation by number of attendees.

Figure 214: Number of Attendees by Activity



Source: UPSHOT (www.upshot.org.uk) via Youth Empowerment Services, LBN3



Transition

Summary	244
Transition for young people with Learning Disabilities	245
Substance Misuse Service	248
Care Leavers	251

Summary

Transition for young people with Learning Disabilities



Why is this important?

- People with learning disabilities face barriers to healthcare including lack of joint working among care providers, poor follow ups to appointments, inadequate after care and lack of accessible transport to get to and fro appointments.
- The transition from paediatric to adult health is a time of great change and uncertainty for many patients. If patients do not transition smoothly to adult health care services there are likely to be gaps in health provision and poorer health as a result. It is vital that the transition to adulthood is supportive in order to improve health outcomes in adulthood.

National data summary

- Adults with learning disabilities die approximately 20 years earlier than those without a learning disability (Learning disabilities mortality review, 2023¹).
- People with learning disabilities from an ethnic minority die at a younger age. The median death for people from an ethnic minority group with a learning disability is 34 years old compared to 62 for white people (NHS Race & health observatory, 2024²). In the UK approx. 18% of people are from an ethnic minority background (ONS, 2022)³.

•

- An enquiry into premature deaths of adults with learning disabilities showed that 42% of deaths were avoidable (Learning disabilities mortality review, 2023).
- Mortality rates are higher for people who have never had an annual health check (Kennedy et al, 2019⁴). 71% of people with learning disabilities in England had an Annual health check in 2021-2022. NHS England had a projection aim for this to reach at least 75% by 2023-2024 (NHS England, 2022⁵).
- GP annual health checks can identify unexpected health conditions, promote health and monitor ongoing treatments. This is why it is vital that all those with learning disabilities attend a GP annual health check from the age of 14 and upwards. This forms a vital part of transition to adulthood.
- Hospital passports are documents which contain information about a person's health needs and reasonable adjustments that should be made in medical settings for adults with learning disabilities. It has been found that when hospital passports are implemented, they improve communication between the patient and health care staff and also improved person centred care (McCormick et al, 2022⁶).

1 NHS: Bristol, North Somerset & South Gloucestershire ICB (2023). Learning disabilities mortality review (LeDeR) Annual Report. NHS. bnssg.icb.nhs.uk/wp-content/uploads/2023/07/LeDeR-Annual-Report-2022-23-FINAL-PUBLICATION.pdf

2 NHS Race & Health Observatory (2024). We deserve better: Ethnic minorities with a Learning Disability and access to health care. NHS Race & Health Observatory. nhsrho.org/wp-content/uploads/2023/05/Part-A-RHO-LD-Policy-Data-Review-Report.pdf

3 ONS (2022). How life has changed in Newham: Census 2021. Office for National Statistics. ons.gov.uk/visualisations/censusareachanges/E09000025

4 Kennedy, N., Brophy, S., Kennedy, J & Kerr, M. (2019). Mortality in adults with learning disabilities with and without a health check: a cohort study. The Lancet.

5 NHS England (2022): Annual Health Checks. NHS England. england.nhs.uk/learning-disabilities/improving-health/annual-health-checks

6 McCormick, F. Marsh, L., Taggart, L. & Brown, M. (2022). Using a hospital passport from the perspective of adults with intellectual disabilities, family carers and health professionals: A qualitative study. Journal of Intellectual Disability. 28(1), 170-184.

Transition for young people with Learning Disabilities



Local context for Newham

- 70% of the population of Newham are from an ethnic minority background (ONS, 2022). This may be an underestimation
- 1,677 people aged 18-64 are registered with a learning disability in Newham (PHAST report 2024⁷). This is predicted to be an underestimation of the true number which is estimated to be 6,591 (pansi.org.uk,2022⁸).
- Newham is also the 4th most deprived area of London leading to some of the poorest life outcomes in the country (DWP, 2022⁹). It also is the London borough with the highest number of people living in temporary accommodation (Trust for London, 2024).
- The average life expectancy in Newham is 76 years for men and 81 for women making it the 3rd lowest age of life expectancy in London with only Tower Hamlets and Barking & Dagenham having a lower life expectancy (Trust for London, 2024¹⁰).
- Newham has a higher than national level of people from an ethnic minority background. Those from an ethnic minority with learning disabilities have a much shorter life expectancy than those from a white background.
- The combination of having a learning disability, being from an ethnic minority and living in poverty will increase the likelihood of poor health outcomes.
- One positive finding within Newham is the uptake of Annual health checks among adults with learning disabilities which is 84.5% and 88% for those aged 14-17. This is above the national target of 75% and above the neighbouring borough of Tower Hamlets which is 70.8% for adults and 71.3% for 14-17 year olds (PHAST, 2023).

- There is no available data on the use of hospital passports among young people with learning disabilities in the borough so it is unclear how many patients have this in place.

Forecasting future need

The number of adults with learning disabilities in Newham is predicted to grow in the coming years. There for the health needs of the populations will grow. The population growth trend also expects that by 2030 the population of Newham will be 375,003 (Varbes, 2024¹¹).

7 PHAST (2023) Learning Disabilities in Tower Hamlets, Newham & Hackney. PHAST. elft.nhs.uk/sites/default/files/2024-05/Learning%20disabilities%20needs%20assessment%20City%20and%20Hackney%2C%20Tower%20Hamlets%20and%20Newham.pdf

8 Pansi.org.uk (2022).

9 DWP (2022). Households below average income 5 year averages 2021/2022 DWP.

10 Trust for London (2024) trustforlondon.org.uk/data/boroughs/newham-poverty-and-inequality-indicators/?tab=health

11 Varbes (2024) Population of Newham. varbes.com/population/newham-population

Transition for young people with Learning Disabilities



Strategic implications

- It is vital that all children with a learning disability from aged 14 and above have an annual health check with their GP. Health, education and social care services coming into contact with teenagers with learning disabilities should ensure they signpost them to GP annual health checks and the importance of attending them..
- All people with a learning disability should be on the learning disability register. Services coming into contact with people with learning disabilities should be checking that residents are on the register.
- Adults with learning disabilities should have a hospital passport in place. GP practices play a key role in this along with community learning disability health teams. Awareness of the importance of hospital passports should be raised in learning events for GP's and community teams.
- Health care providers should ensure that cultural needs are being met such as the use of interpreters, health information being provided in local languages and services being culturally sensitive.
- Information should also be provided in accessible formats such as 'easy read' documents and increased used of pictorial information.
- Health care providers should involve young people with learning disabilities in the planning of health provision to ensure that it is tailored to their needs. This can be facilitated through local patient participation leads.

Why this is important

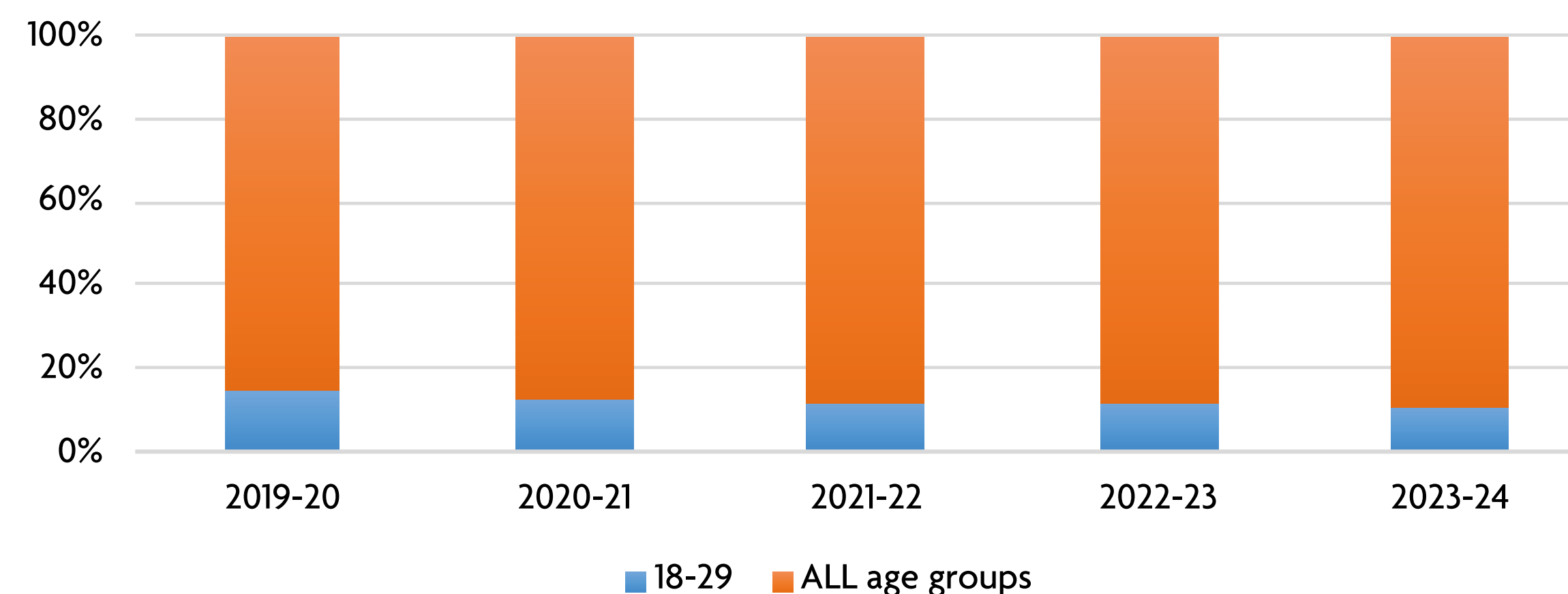
- Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse on young adults are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Young adults may also experience academic difficulties and involvement in the criminal justice system.

Local context for Newham

- Newham Rise Drug & Alcohol Treatment Service offers support to all residents aged 11 and over. The Young People's service supports young people aged 11 – 18 and supports those transitioning into the Adults' service, giving them the option to remain in the YP service until age 21 led by individual need, or where there are additional care needs or vulnerabilities.
- The proportion of young adults in treatment has reduced from 17% in 2019-20 to 12% in 2023-24. (Figure 215)
- Whilst referrals into treatment for YP under 18 years old were mainly through the Youth Justice Services, the main source of referral for those aged 18-29 was self, family and friends. Criminal Justice, and Health and Social Care services were the other two main referral sources. (Figure 216)
- Newham Rise employs a transition to adults' services protocol to support young adults transferring from the YP service. This includes a readiness assessment prior to the client's 18th birthday, a transitional care plan co-produced with the client and a multi-agency handover for the first 3 months of transition.
- To support this cohort, Newham Rise has a dedicated transitional worker to support 18-25 year olds through multiple life transitions, co-locating at Probation within the 'Y2A hub' weekly. They'll deliver age-appropriate interventions, recognising young adults may feel uncomfortable accessing adult services.

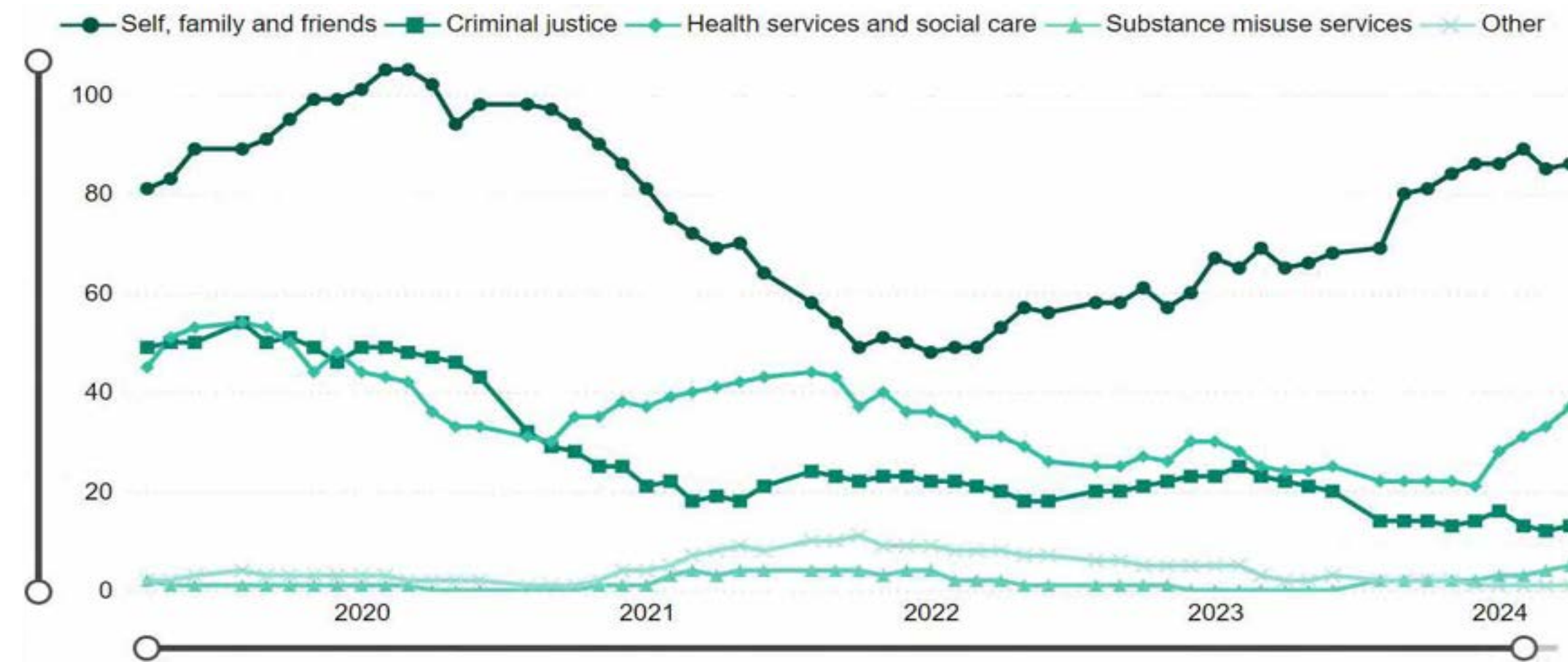
- The Y2A hub is a dedicated to supporting young adults who are involved in the criminal justice system. This aims to improve the engagement and uptake of treatment for this cohort, with consideration to those involved with Probation services or under a treatment order.
- As indicated in the Adolescents (0-17) data, the main substance used by this cohort is cannabis. Young adults (18-24) may decline transition to the Adults' service due to the perception that their substance use doesn't warrant further treatment.

Figure 215: 18-29 year olds as a proportion of all in treatment



Source:

Figure 216:



Source:

Inequalities

- Similarly to the YP Service gender profiles, the proportion of male clients is much higher than female, on average 75% male to 25% female.
- Gender is currently recorded as male or female, this is determined nationally as client profiles recorded onto the National Drug Treatment Monitoring System (NDTMS), and has been identified as an issue by multiple stakeholders. This doesn't take into consideration individuals' identified gender identity and may present a barrier to engaging with services.

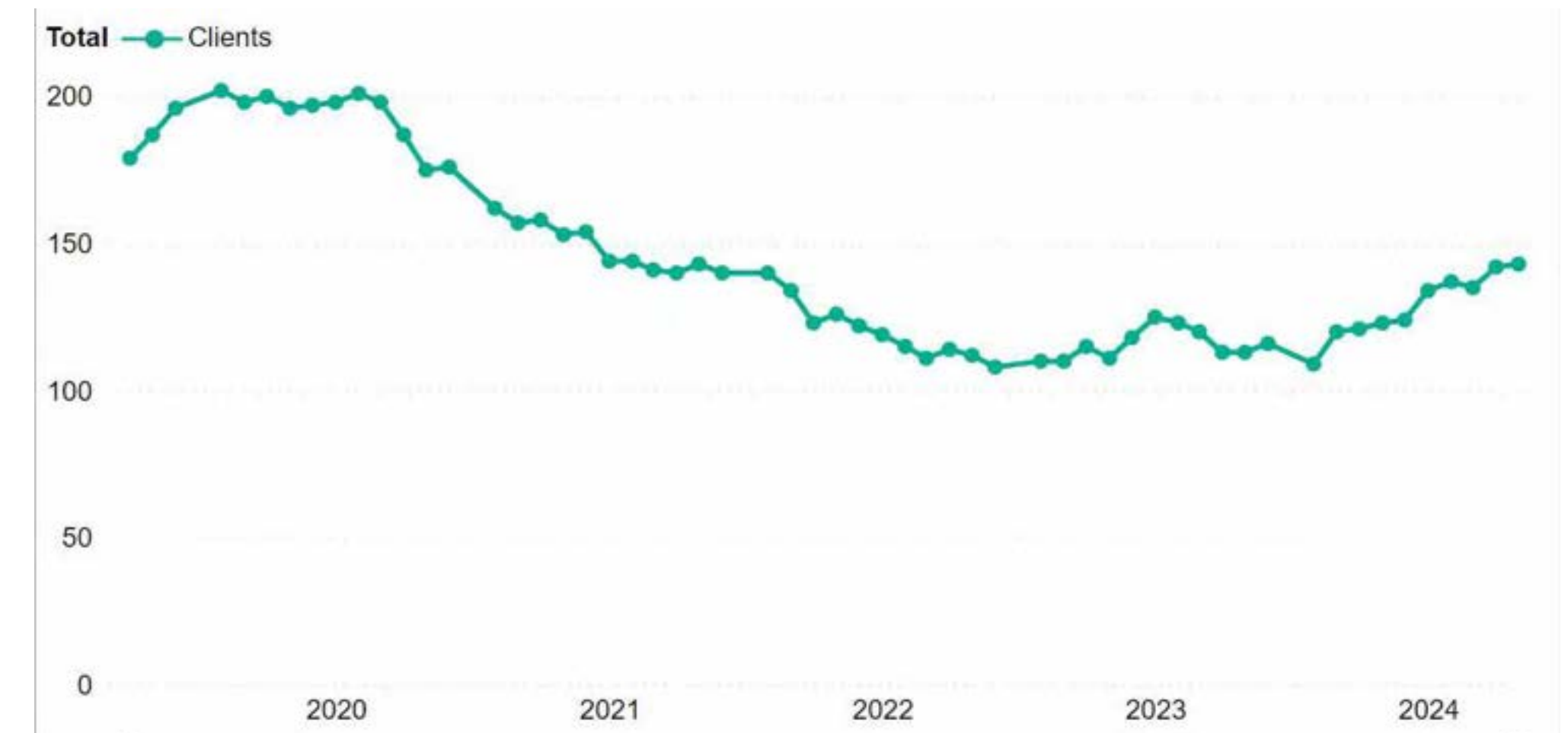
Strategic implications and future trends

- The YP and Adult services have markedly different profiles of use and need; transitioning young people into the adult service needs careful consideration.
- This would aim to cater for the unique needs of this cohort and to ensure vulnerable young adults are not exposed to the complexities of much older substance misuser, which could increase the vulnerabilities of these young adults.
- A steady decline in the number of new clients starting treatment can be seen in the period 2020 – 2022. It is likely that treatment uptake was impacted by COVID-19, including restrictions and impact on service delivery (Figure 217)
- Following that period, we are seeing positive trends in engagement and the number of new treatment starts has been on an upward trajectory.

Substance Misuse Service

- As noted, NDTMS dataset does not currently enable the recording of all gender identities, which can be problematic for some service users and many young adults. However; local, service-level recording and consultation with stakeholders can take individuals' gender identities into consideration and data can be used to improve our understanding of needs, contributing to an improved service offer where necessary.
- Commissioners, alongside Newham Rise, continue to work closely with the Police, including Project ADDER, and Criminal Justice partners to review client engagement and our local offer around prevention and safeguarding – including involvement in 'County Lines'
- A dedicated protocol for supporting those in the transitional age group can positively impact continued engagement in services.

Figure 217:



Source:

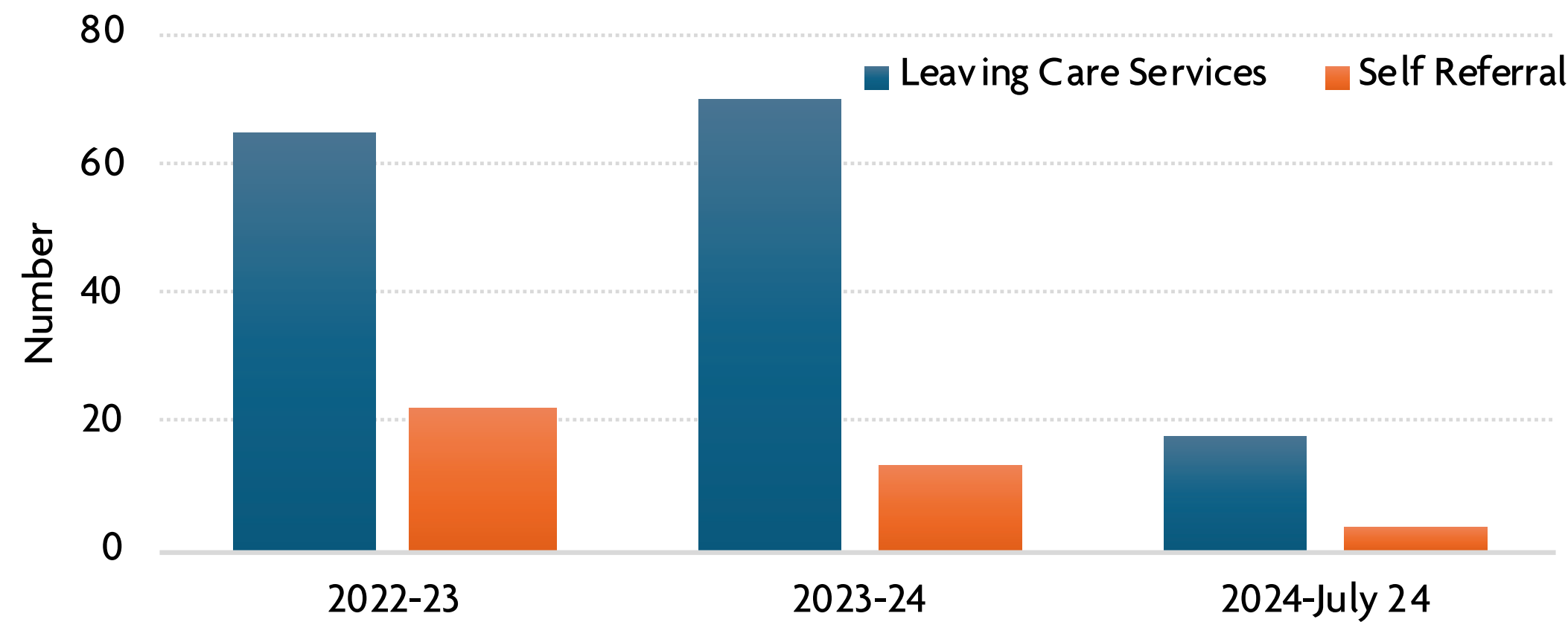
Why this is important

- Children who have been in care for a prescribed amount of time after their 14th birthday are eligible for Leaving Care services and support.
- The Local Authority has a statutory Corporate Parent duty to these young people until the age of 25.
- Care Leavers are more likely to experience mental health problems and lower wellbeing than their non-care-experienced peers.
- Early adulthood is a challenging time for many young adults, however those care experienced often have unique needs as a result of adverse childhood experiences and being in care. This is often intensified as they move out of care.
- Care leavers are specifically impacted by the longer term challenges of having to deal with personal identity issues and risks to mental health have been greatly exacerbated by the lack of familial support which in contrast is afforded to many of their peers.
- To complicate this further, there is a known gap between access and criteria thresholds from children's mental health services (CAMHS) to adult's mental health services (AMHS), and many of those care experienced may not meet the threshold for community mental health input.

Local context for Newham

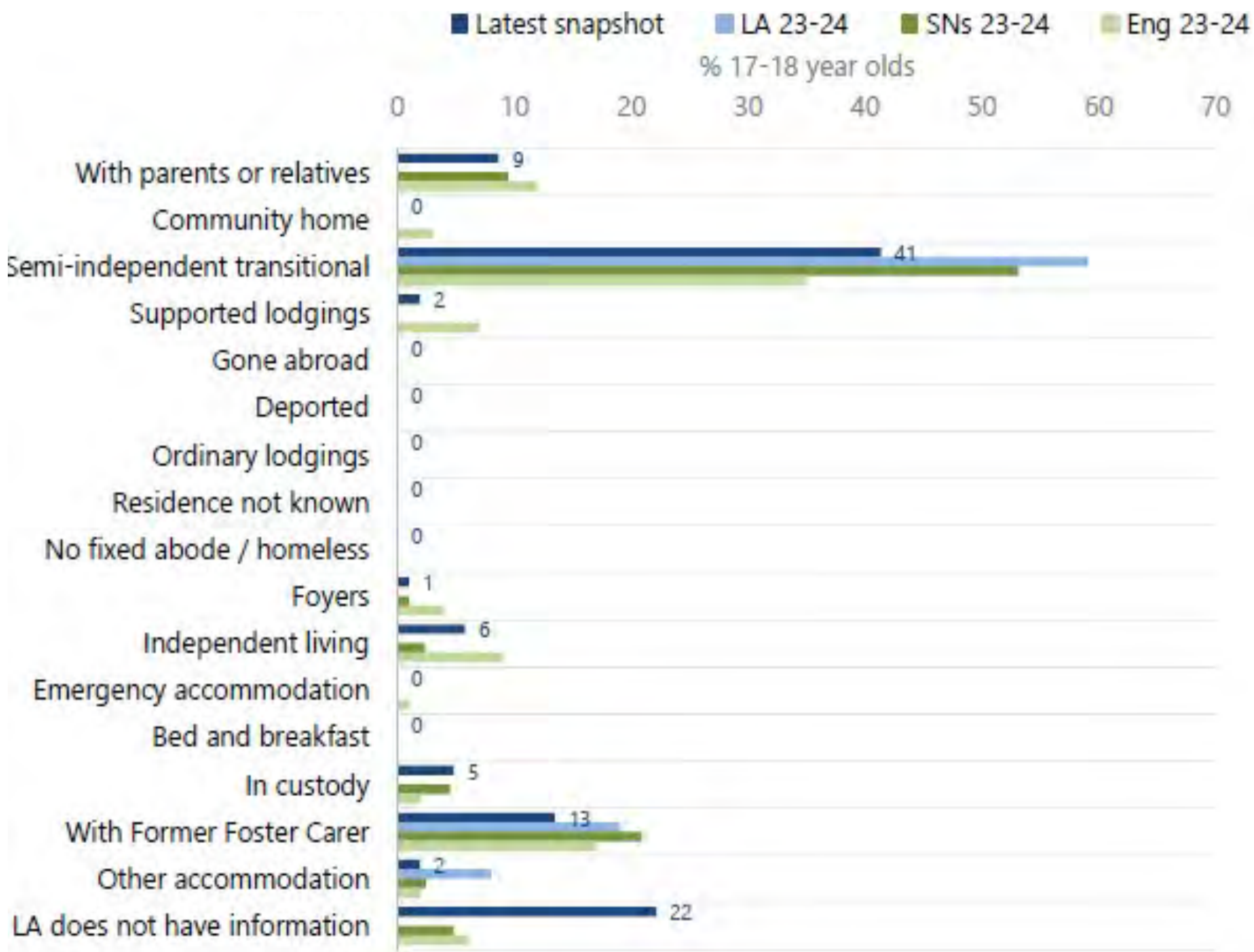
- A qualifying care leaver is required to be 18 to 25 years old and had previously been a Child in Care (CIC) for a period of time between their 16th and 18th Birthday.
- The new eligibility criteria (22 to 25) has added a further 299 to those who are eligible for a service
- On transition from Children in Care (CIC) all young people will receive a final health summary via the CIC nurses. This includes a comprehensive review and individualised health report.
- All care leavers are offered a purposeful, planned movement to prepare them for changes from child centred to adult orientated health care systems. This includes a bespoke health information booklet.
- As from 2021, access to an 'opt in' nurse led health service specific to Newham Care Leavers aged 18-25 years.
- Access to a purpose built, collaboratively designed and multipurpose care leavers building 'The Cove'.
- In 2023 there were approximately 450 young adults eligible for Newham care leaving services which increased to 500 in 2024.
- From 2021-2022, Year 1 of service implementation – 95 care leavers opted to use the care leaver's health service, with a 13% increase in Year 2 with 105 referrals made. Total referrals to date 296. (Figure 218)
- In terms of accommodation, a high percentage of 17-18 year olds are in Semi Independent Accommodation or residing with their former foster carers (Figure 219). In terms of 19-21 years old, the graph shows that a high percentage of young people were living in semi-independent accommodation followed by those residing in their own independent accommodation (Figure 220)

Figure 218: Referral Source (Care Leavers)



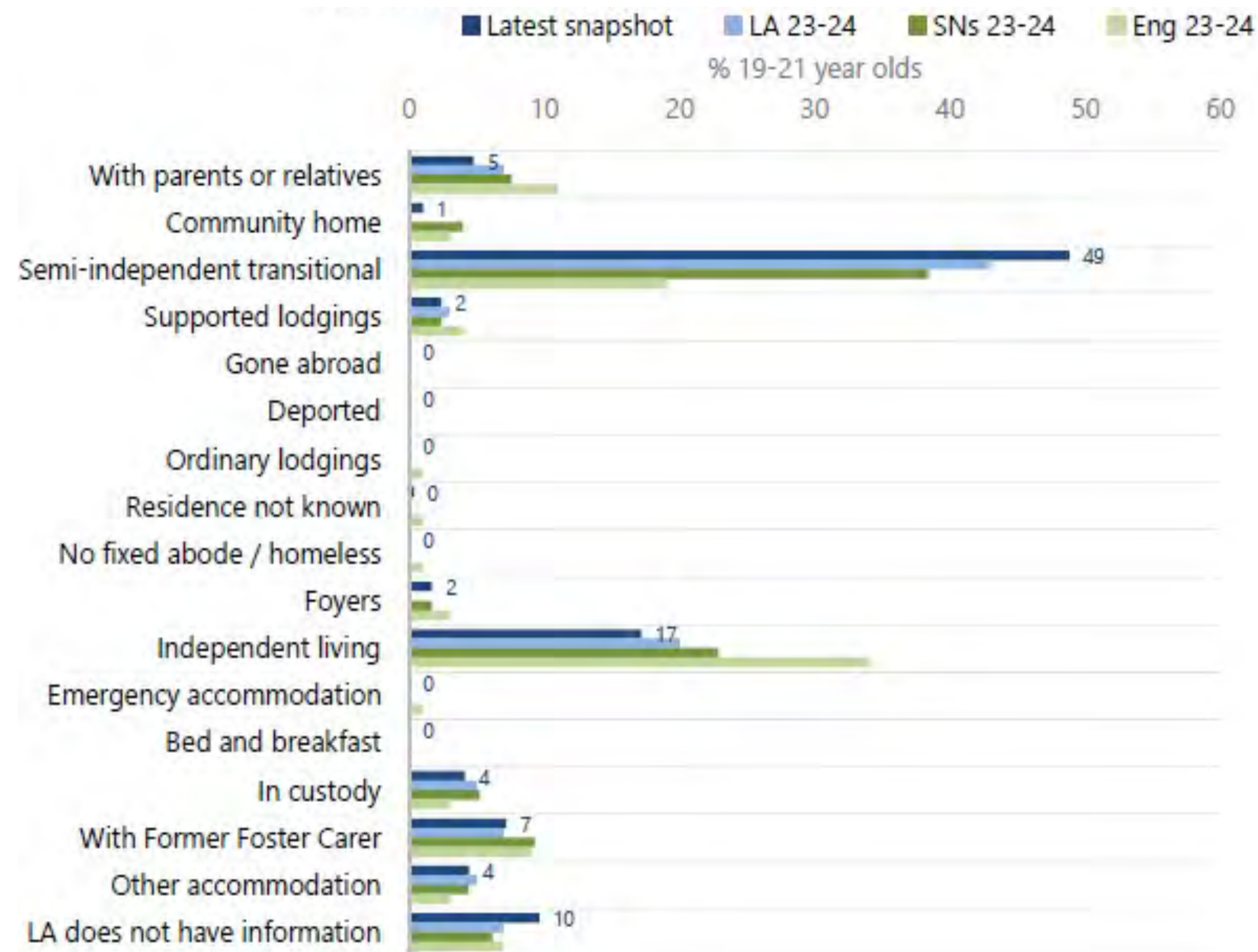
Source: East London NHS Foundation Trust. (n.d.). Reporting services.

Figure 219: Accommodation types of 17-18 year olds



Source: Azeus Care System

Figure 220: Accommodation types of 19-21 year olds

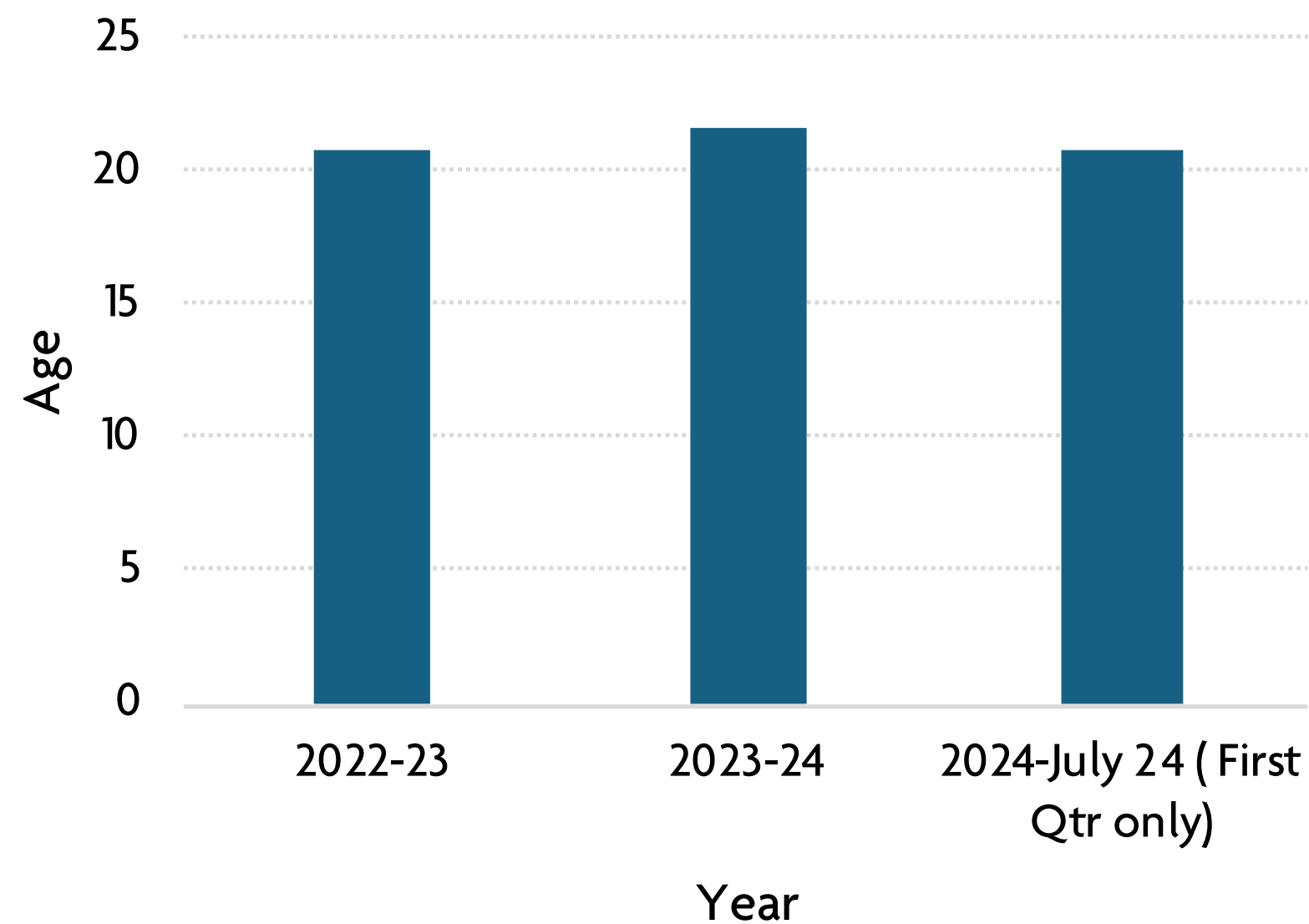


Source: Azeus Care System

Inequalities

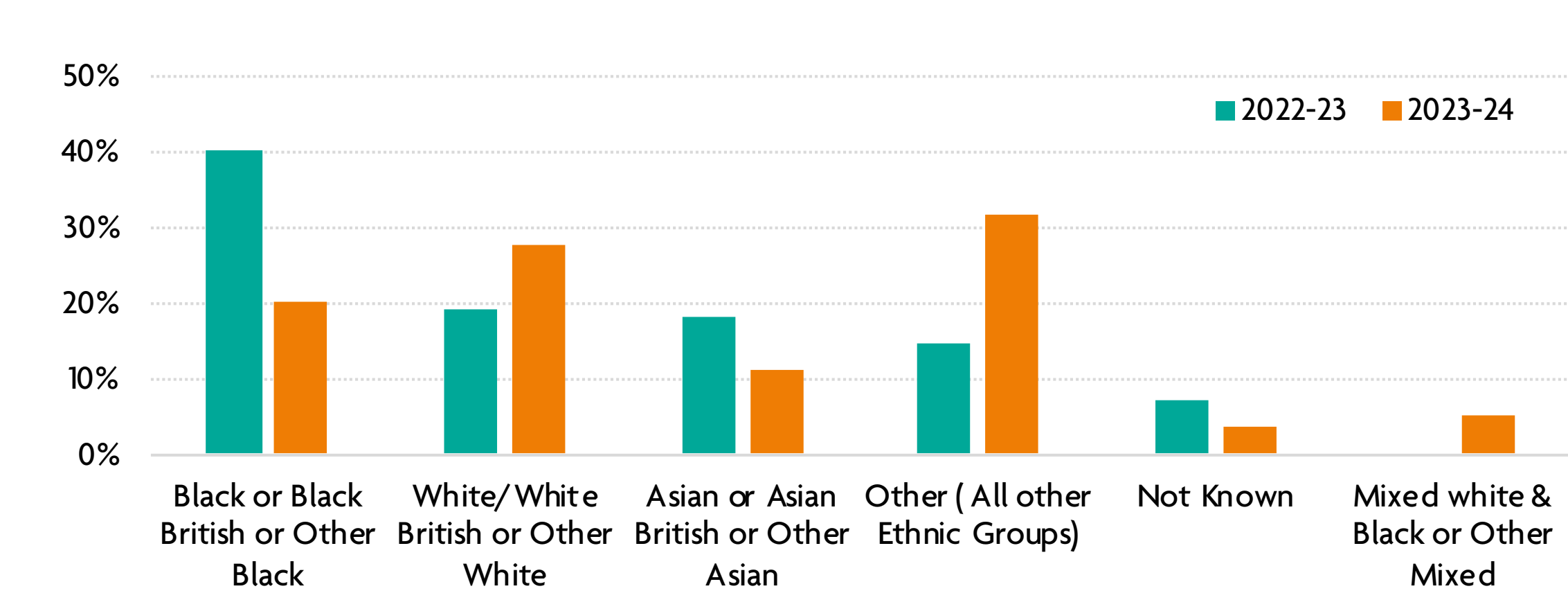
- Newham is the third most deprived borough in London. It is also a highly diverse population.
- Care Leavers do not receive annual health checks in the same way as children in care.
- It is also noted that local authorities generally have dedicated mental health support for care leavers; however, there is significant variations in service availability. This creates inequalities for care leavers.
- Newham is one of the first areas to provide 'opt in' nurse led service specific for care leavers from 2021.
- The average age of care leavers opting to utilise leaving care health is approximately 21 years old (Figure 221)
- 2022-2023 noted higher number of referrals from Black British or other ethnic groups. 2023-2024 demonstrates higher referral rates of White British or other ethnic groups (Figure 222)
- Average age of referral to Leaving Care Health Service, 21 years (Figure 223)
- Referrals as per sex as assigned at birth (Figure 224)

Figure 221: Average age



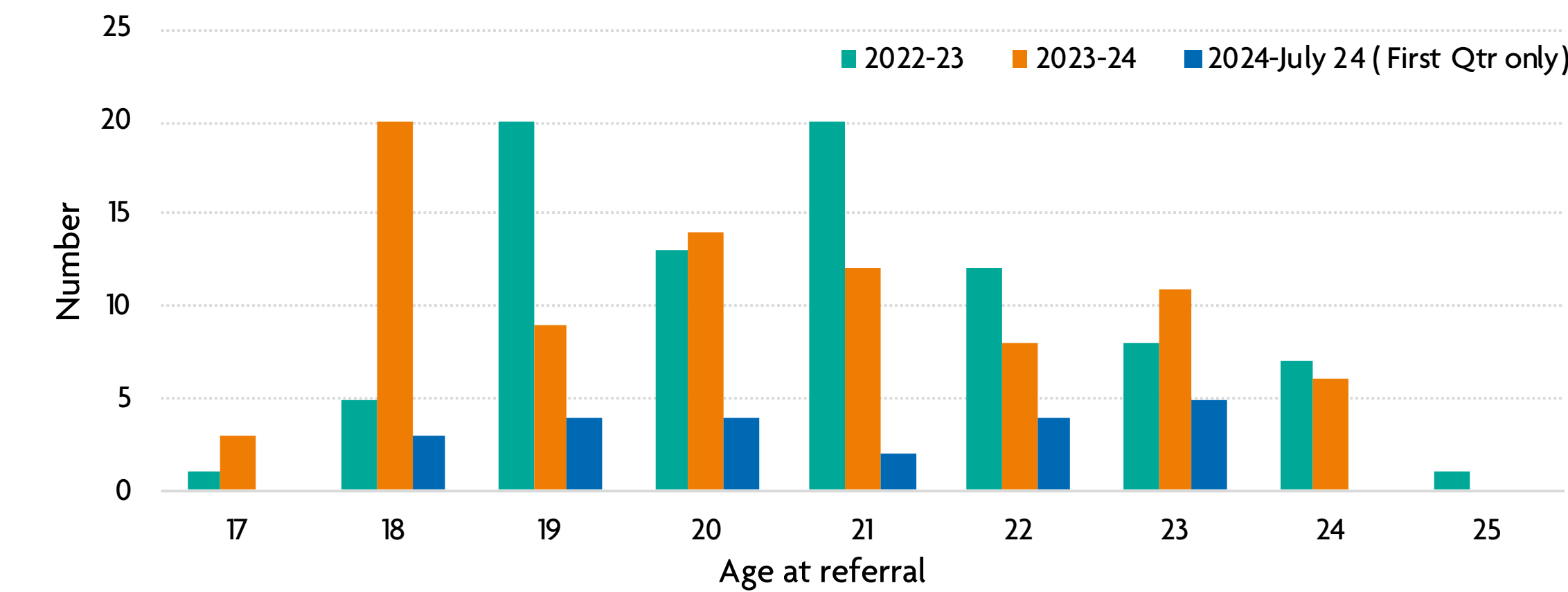
Source: East London NHS Foundation Trust. (n.d.). Reporting services

Figure 222: Referrals by ethnicit



Source: East London NHS Foundation Trust. (n.d.). Reporting services

Figure 223: Age at Referral to Care Leavers Health Service



Source: East London NHS Foundation Trust. (n.d.). Reporting services

Figure 224: Care Leavers - Gender

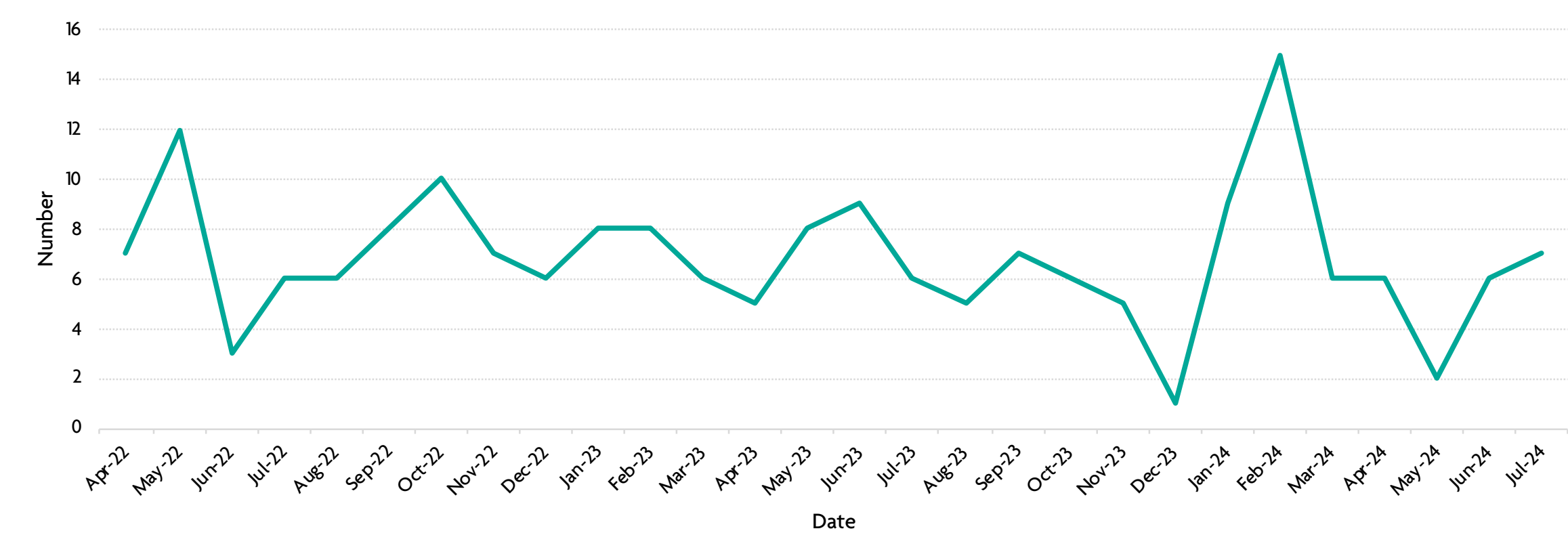


Source: East London NHS Foundation Trust. (n.d.). Reporting services

Time trend

The number of care leavers accessing leaver care health services increased steadily from Year 1 to Year 2, with a predicted increase of self-referrals as the service grows.

Figure 225: Referrals to Care Leavers - Health



Source: East London NHS Foundation Trust. (n.d.). Reporting services

Forecasting future need

- Data pre-pandemic identified an ever growing mental health crisis and the wellbeing of under 25 year olds in England has worsened since 2017.
- A survey completed by Barnardo’s which looked at case files in 2017¹², found 46% of care leavers had been identified as having mental health concerns. Of those, 65% received no service and 9% were on waiting list for NHS Mental Health Services. This highlights the gaps in health provisions of this cohort.
- Specific to Newham, there has been a clear increase in children entering care at a later date which results in a higher number of care leavers eligible to care leaver health services. It also prevents CIC accessing CAMHS services due to their age and the limited time to provide assessment or intervention. This creates further barrier in accessing AMHS.
- Referral rates to Leaving Care Nurse are predicted to continue to grow and as demonstrated within the Time Trend data.
- Good practice shared from care leavers and professionals who have used Newham’s nurse led service has created further interest and enquiry since implementation. Whilst identifying need and effectiveness this will continue to put strain on the service and resources.
- A prediction of increased self-referrals as care leavers from those previously utilised the service for specific emotional health support. As well as professionals
- Further analysis and development is therefore required from the NHS regarding the expansion of the leaving care health service as there is currently one whole time equivalent nurse and growing number of care leavers eligible.

¹² Smith, N. (2017). Neglected Minds: A report for mental health support of young people leaving care. Barnardo’s.

- Continued analysis and development of the support structure and Local Authority offer is needed given the statutory requirements of support to care leavers being extended until they are 25 years old.
- Males, certain ethnicities and age groups are overrepresented within the Leaving Care population, as they have been in Children in Care 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

Strategic implications

- Newham has a higher number of CIC than neighbouring boroughs, resulting in high numbers of eligible care leavers. This includes a high number of CIC coming into care later.
- This will impact on resources due to high numbers of eligible care leavers.
- The NHS Long Term Plan (NHS England, 2019¹³) sets out an ambition to create a comprehensive mental health service for those aged 18-25 years. It is therefore essential that the care leaver's population who are an identified vulnerable group are incorporated into the planning of this.
- The Government has published its Consultation Response to the Review (Gov.Uk 2023) and has committed to updating its Guidance on supporting the health of the CIC and care leaver up to the age of 25 years.
- They have also committed to increasing access to training for staff working with children in care and care leavers which is fundamental need for a growing population with declining resources.
- The development of a robust Care Leavers Strategy will be needed, taking into account the growing population and declining resources.
- Lack of properties in Newham means that a high number of young people 19 – 21 are still residing in supporting accommodations.

¹³ NHS England. (2019). The NHS Long Term Plan. NHS England.



Inclusive Newham

Summary	259	Young Carers	289
Children in Care: Unaccompanied Asylum Seeking Children	260	Youth Justice Service	294
Children’s Speech and Language Therapy	263	Children with life limiting conditions	300
Autism - LBN perspective	270	Mortality – ages 2-17	307
Learning Disability with focus on PMLD	280	Mortality – ages 18-25	315

Summary

 [BACK TO CONTENTS](#)

Why is this so important?

- Unaccompanied asylum seeking children have often experienced multiple or prolonged traumatic events, such as war, conflict, persecution, violence, displacement, and/or separation from family
- Traumatic experiences can contribute to emotional dysregulation, impair social functioning, and increase the risk of psychological distress, making them higher risk to mental health problems
- Supporting wider literature, Newham integrated clinic pathway data reveals that there are higher levels of infectious diseases, trauma and dental health need in UASC living in Newham or under the care of the Local Authority. (See table below)

Local context for Newham

- The Newham integrated pathway for UASC includes an enhanced initial health assessment (IHA) with support from a senior CAMHS practitioner and a Health improvement practitioner with a follow up professional MDT to support the foster carer and social worker with care planning. An interpreter, preferably face to face, is organized for each assessment. (A randomized controlled trial of My View: A therapeutic intervention for unaccompanied asylum-seeking children)
- The integrated pathway for UASC model involves a multi-disciplinary and a trauma-informed approach which prioritises three key areas for the UASC IHA: physical, sexual and emotional health

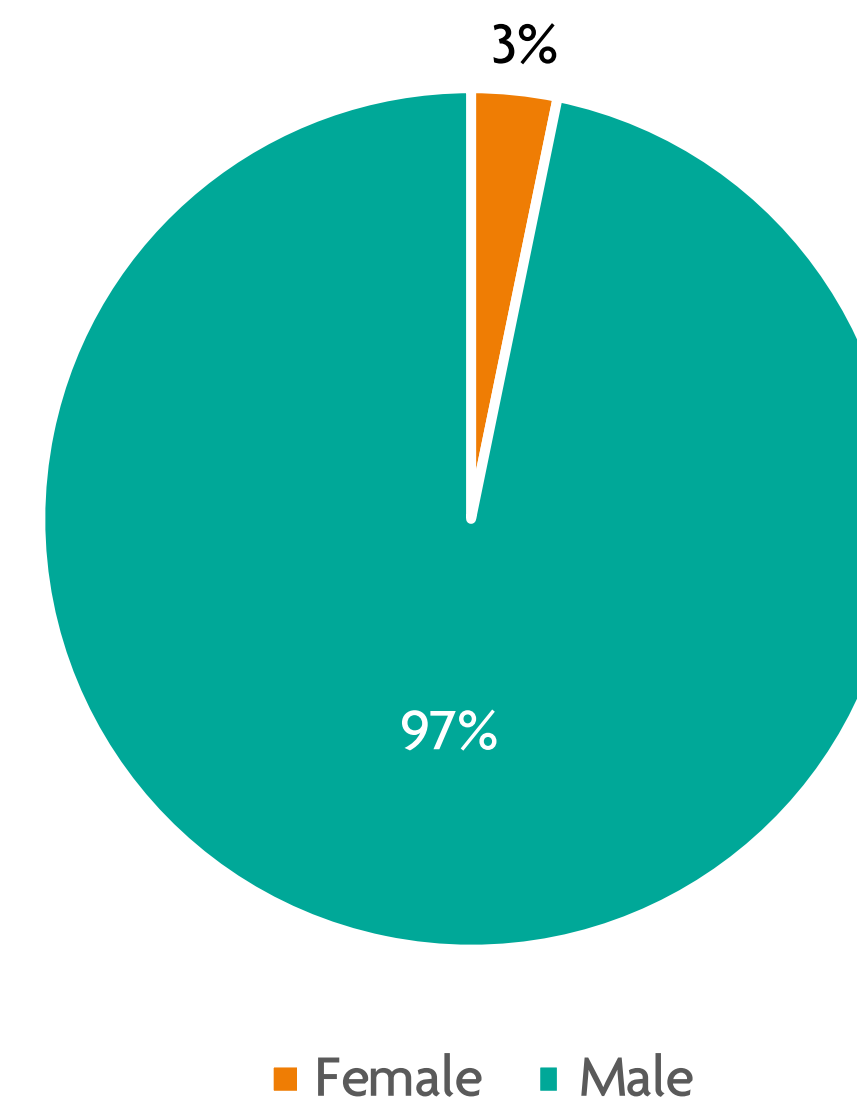
Table 7:

Area of health / wellbeing need	Approximate prevalence rate in Newham UASC population (2023/4 data from UASC Newham health clinic)
Infectious diseases	• 20% (N=8) tested positive for latent TB • 1 person tested positive for active TB • 1 person had active Hep B+
Mental Health	• 28% (N=11) reported trauma symptoms where they required a referral to CAMHS
Dental Health	• 28% (N=11) had dental issues requiring treatment
Physical Health	• 20% (N=8) had Vitamin D deficiency • 13% (n=5) had treatment for scabies

Inequalities

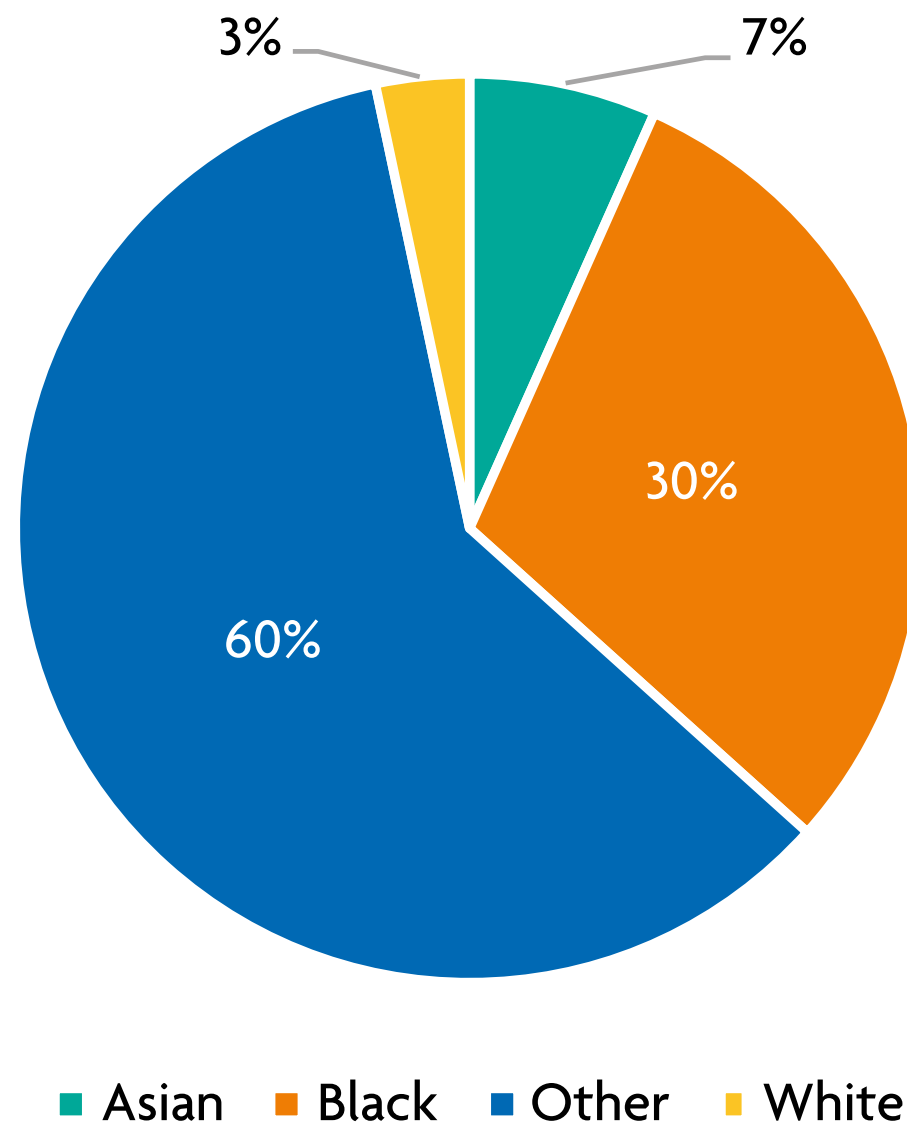
- UASC frequently have complex physical and mental health needs due to trauma and violence, poor access to healthcare, family separation and their inherent vulnerabilities as children
- Have higher rates of infectious diseases than other children
- UASC children are more likely to experience sexual abuse and exploitation due to conditions pre-migration, on their migration journey and post migration
- 97% (N=30) of unaccompanied asylum seeking children seen by the Newham integrated clinic pathway as at 31st March 2024 were male (Figure 226)
- A majority of children in care are from Other ethnic backgrounds – an average of 60% (Figure 227)
- 16-17 year old make up a higher proportion of children in care than those of 10-15 years – an average of 86% over the 4 months shown (Figure 228)
- There were no children in care with a disability in the 4 months shown (April – July 2024)

Figure 226: UASC by gender



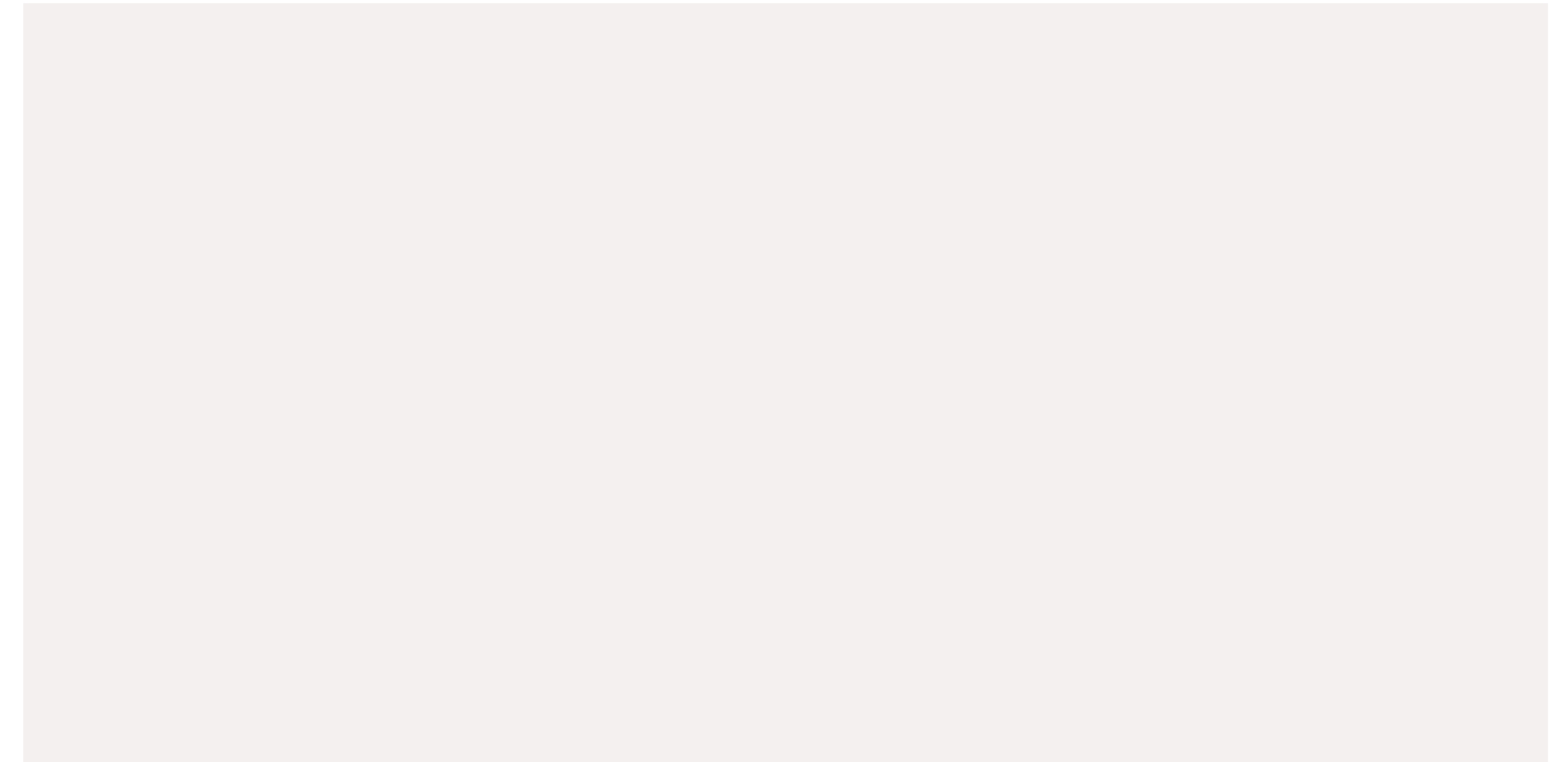
Source:

Figure 227: UASC by ethnicity



Source:

Figure 228: ?



Source:

Strategic implications

- Due to its success, there are ambitions for regional and national scale up of the integrated pathway for UASC
- Increase mental health support to increase resilience

Why is this important?

- Communication is crucial. The ability to communicate thoughts, feelings, desires and to be understood is a fundamental human right.
- Children and young people (CYP) with speech, language and communication needs are more likely to struggle to read, write and achieve basic maths skills. They are more likely to have mental health problems, end up in the criminal justice system and more likely to be out of work as an adult.¹
- Speech, Language and Communication Needs (SLCN) remains the most common type of need for SEN support, with Autism being the highest type of need for those with an EHCP²
- As many as 1.7 million CYP in the UK are behind in talking and understanding words³
- More than 10% of CYP have long term speech, language and communication needs (SLCN) which create barriers to communication and learning in every day life.⁴
- If children with challenges in talking and understanding words do not get the help they need, they leave primary school without the literacy and numeracy skills they need. Children assessed as having poor language at age 5 are six times more likely to be behind in English at age 11 than those with good language and eleven times more likely to be behind in Maths at age 11.⁵
- Children living in areas of social disadvantage are at much higher risk with around 50% of children starting school with delayed language skills and other identified SLCN.⁶
- The Covid 19 Pandemic has had a significant and lasting impact on children's language development. In 2021, The Education Endowment Foundation (EEF) found that 76% of schools said pupils starting school in 2020 needed more support with communication than in previous years. The EEF surveyed 1,000 teachers and as many as 70% of teachers thought that the Government was not prioritising this issue.⁷
- Over 60% of young people in contact with the Youth Justice System have difficulties with speech, language and communication yet only 5% of young people with communication needs have their needs identified before entering the Youth Justice System⁸.

1 [bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf](https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf)

2 [nasen.org.uk/news/sen-data-january-2024](https://www.nasen.org.uk/news/sen-data-january-2024)

3 [speechandlanguage.org.uk/wp-content/uploads/2024/02/1.7-million-young-futures-FINAL.pdf](https://www.speechandlanguage.org.uk/wp-content/uploads/2024/02/1.7-million-young-futures-FINAL.pdf)

4 [bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf](https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf)

5 [speechandlanguage.org.uk/wp-content/uploads/2023/12/speaking-up-for-the-covid-generation-i-can-report.pdf](https://www.speechandlanguage.org.uk/wp-content/uploads/2023/12/speaking-up-for-the-covid-generation-i-can-report.pdf)

6 [bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf](https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf)

7 [speechandlanguage.org.uk/wp-content/uploads/2023/12/speaking-up-for-the-covid-generation-i-can-report.pdf](https://www.speechandlanguage.org.uk/wp-content/uploads/2023/12/speaking-up-for-the-covid-generation-i-can-report.pdf)

8 5Bryan, K., Freer, J., Furlong, C. (2007) Language and Communication Difficulties in Juvenile Offenders. International Journal of Language and Communication Disorders, Sep-Oct;42(5):505-20. doi: 10.1080/13682820601053977. PMID: 17729143

Local context for Newham

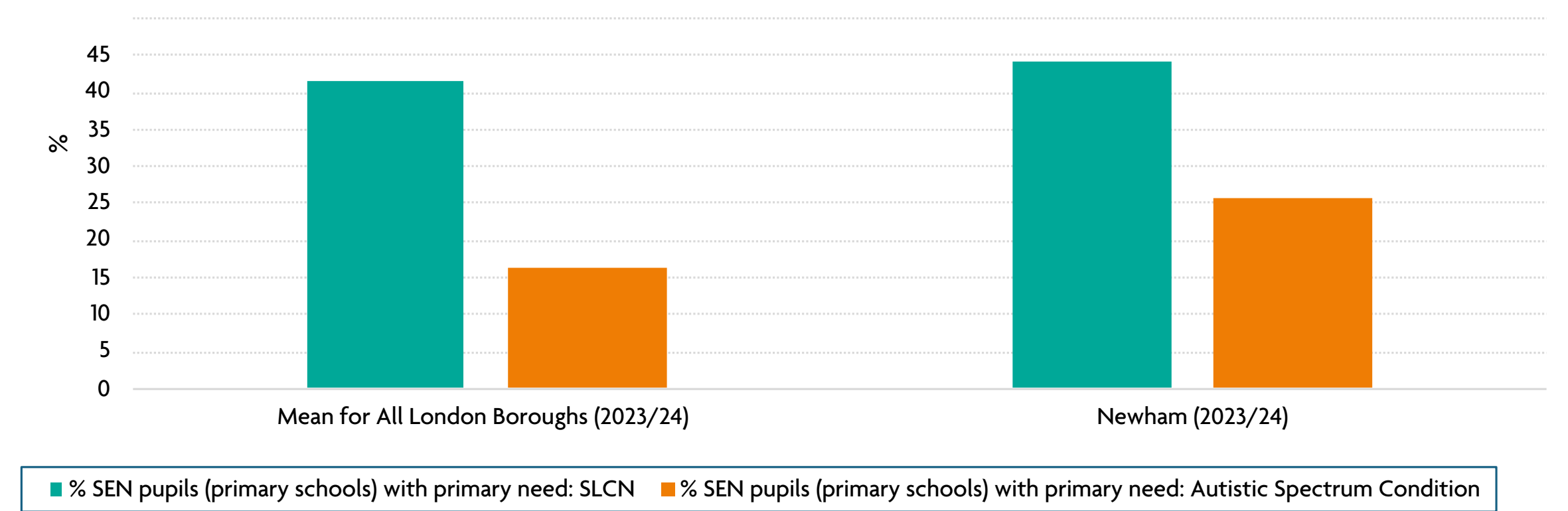
Table 8: Estimates of prevalence for SLCN were applied to Newham resident population.

	Under 5- year olds	6-18 years old
Newham Population	34,300	59,900
50% of children starting school with transient delay who with the right help will likely catch up	17,150	
10% of children with long term SLCN (complex and persistent)	3,430	5,990

Source: Newham JSNA, 2021-2023

- Newham has comparatively high rates of CYP with Autism (12th highest in the country), Profound and Multiple Learning Disability (6th highest in the country) and Speech, Language and Communication needs (8th highest in the country)⁹
- The percentage of SEN pupils with a primary need in SLCN and Autism continues to be higher when compared to the data for all London boroughs.

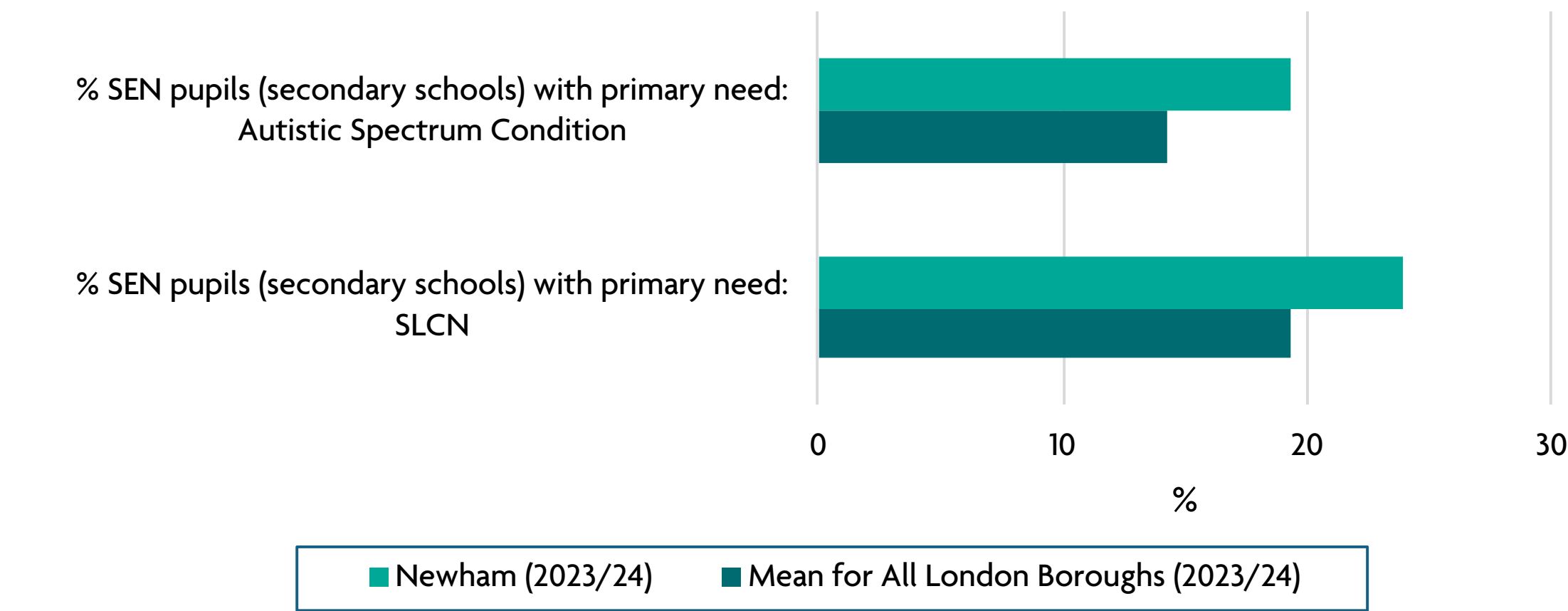
Figure 229: Primary Needs of SEN Pupils in Primary Schools: Newham vs. London Averages (2023/24)



Source:

Children’s Speech and Language Therapy

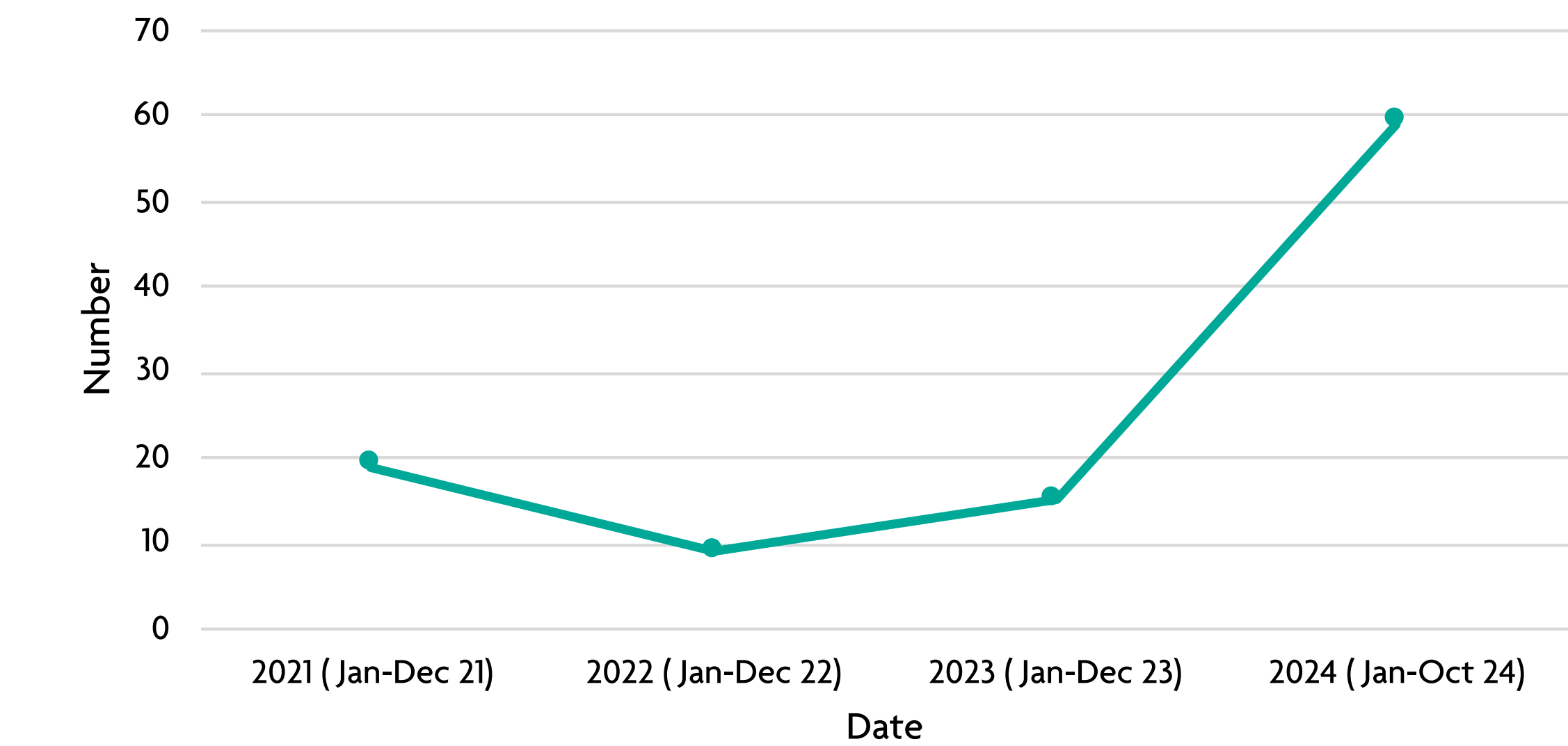
Figure 230: SEN Needs in Secondary Schools: Newham vs London Boroughs (2023/24)



Source:

- The number of requests each month for SaLT to contribute to Education, Health and Care Needs assessments increased significantly in the year 2024- increasing by 229% compared to 2023.

Figure 231: Average EHC Requests Received by SLT Service

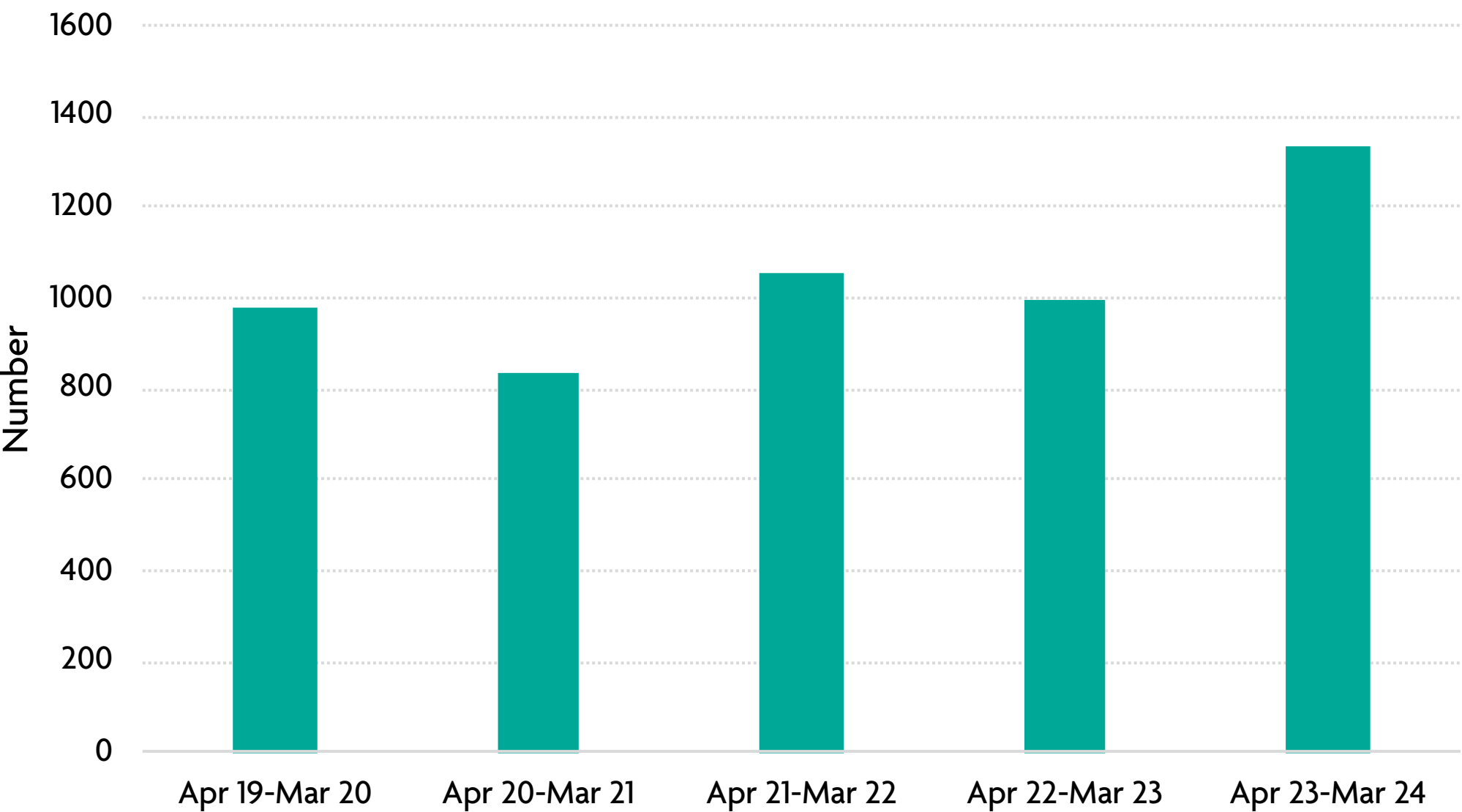


Source:

Children’s Speech and Language Therapy

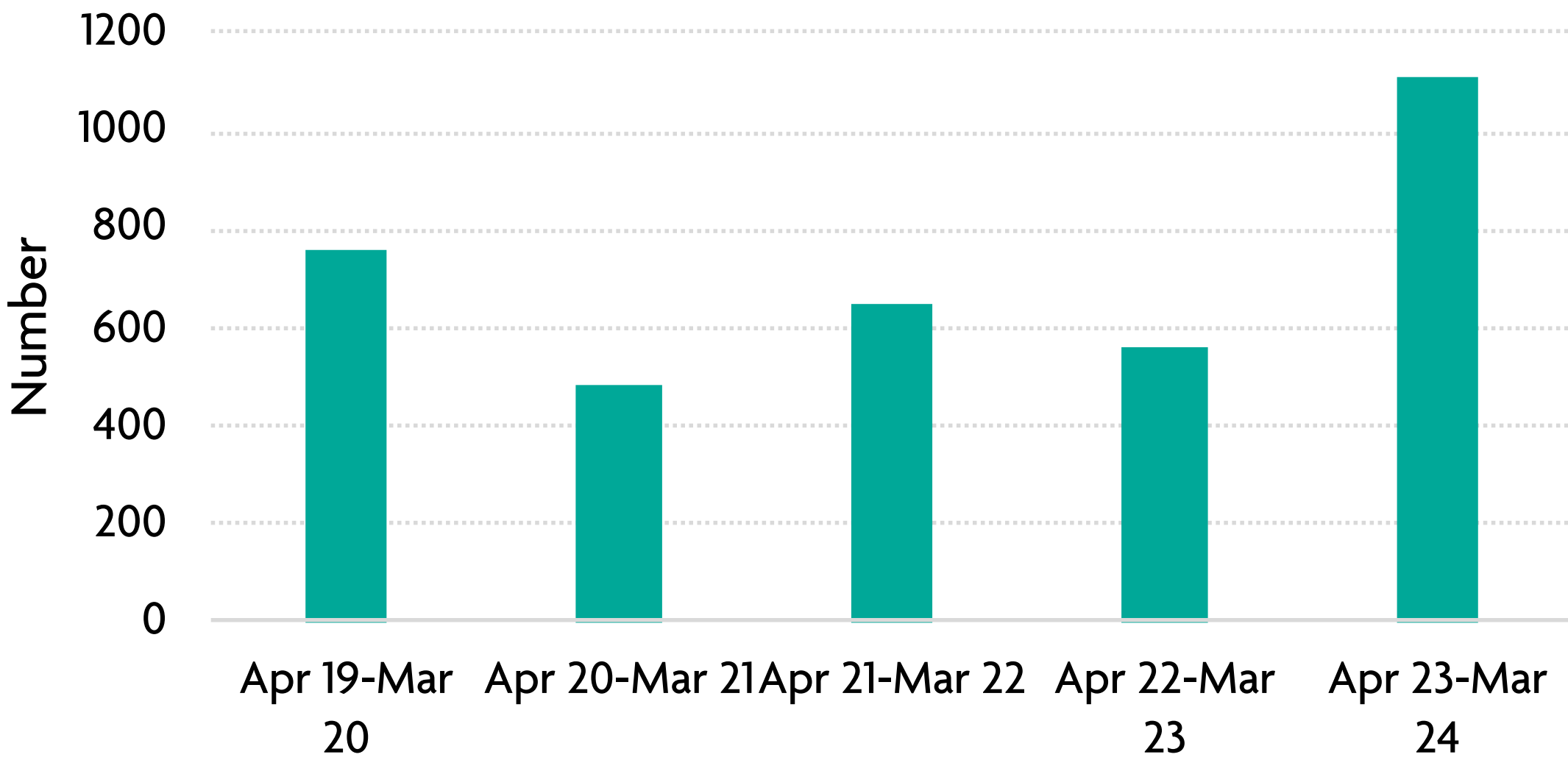
- The number of referrals accepted by the SaLT service has remained high and increased significantly both for under 5s and school age CYP in the year 2023-24.

Figure 232: Yearly Referrals for Under-5 SaLT Services (2019–2024)



Source:

Figure 233: Yearly Referrals for Under-5 SaLT Services (2019–2024)

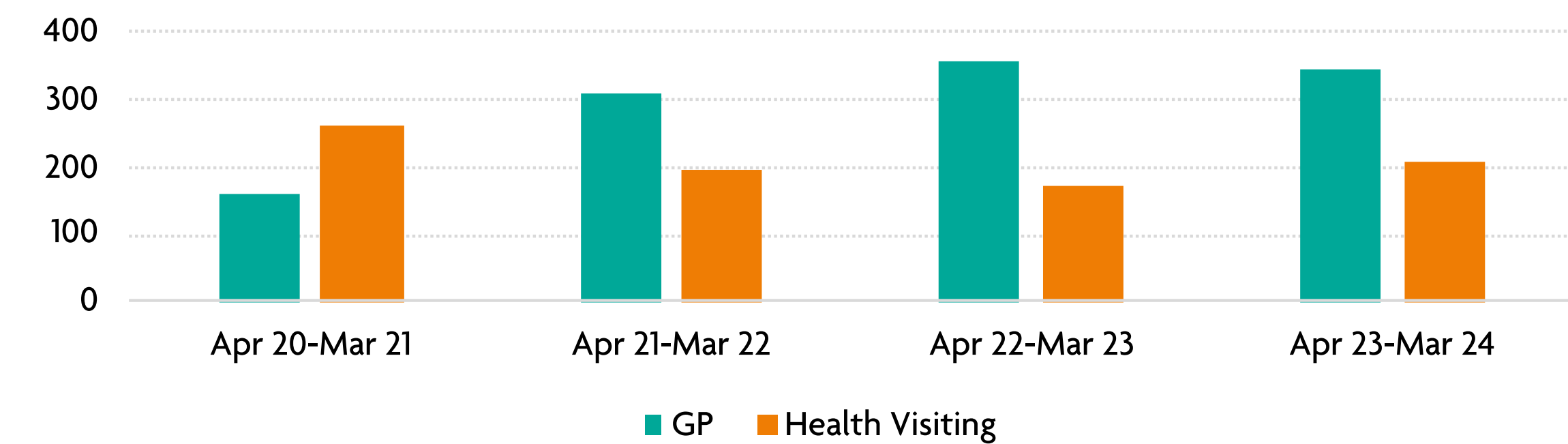


Source:

Children’s Speech and Language Therapy

- The highest number of referrals to the service for children under 5 years continue to be made by GPs. Fewer referrals are made by Health Visitors. Reasons for this should be explored.

Figure 234: Yearly trends in referrals made by GPs and Health Visiting Service

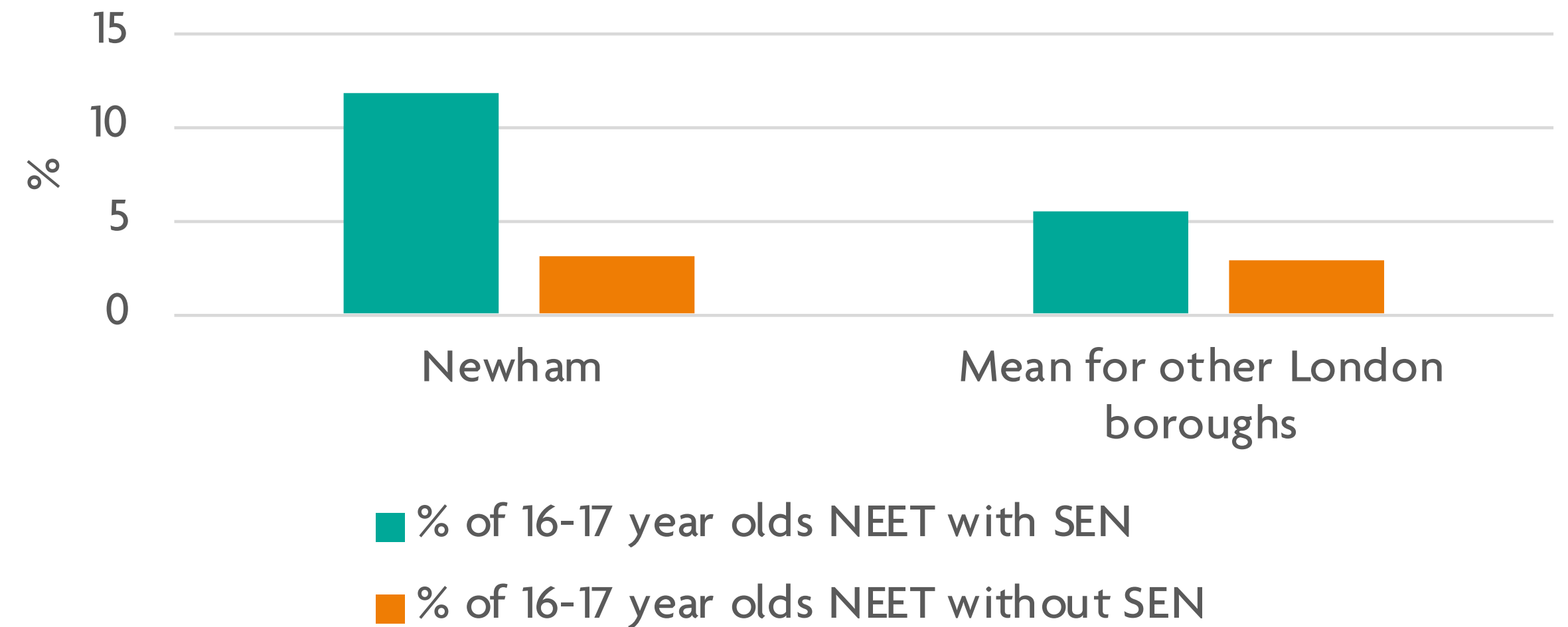


Source:

Inequalities

- CYP in Newham with an EHCP were on average more likely to be male, of Asian ethnicity and be aged between 5-10 years old⁶
- The attainment gap between pupils with SEND and their peers remains high particularly in the context of Newham’s exceptional attainment⁶
- The percentage of 16-17 year olds in Newham with SEN Not in Education, Employment or Training (NEET) is far higher than those 16-17 year olds without SEN (DFE, November 2023)

Figure 235: NEET Rates for 16–17-year-olds with and without SEN: Newham vs London averages

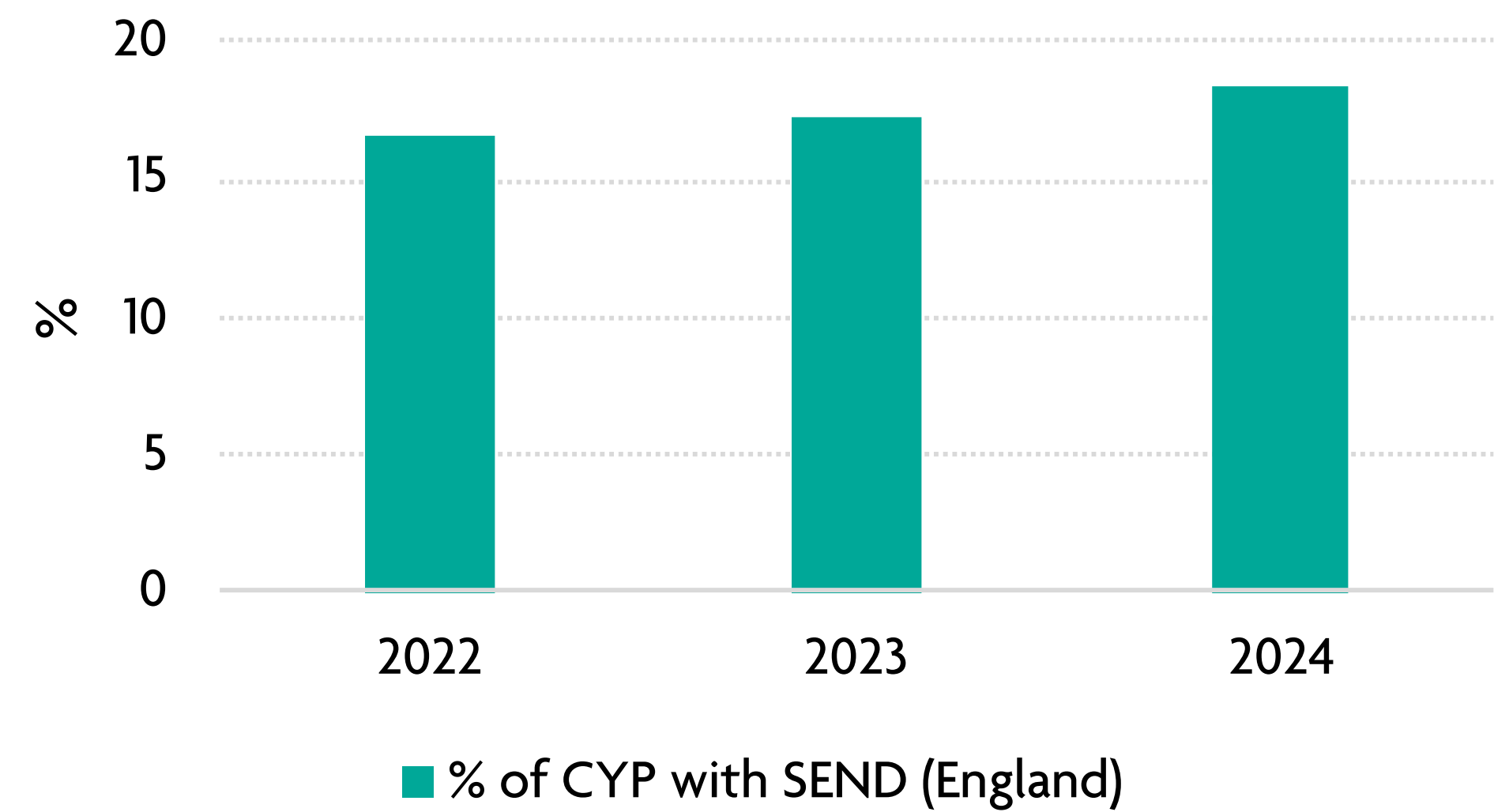


Source:

Time trend

The number of CYP with SEND has increased steadily over the last few years.

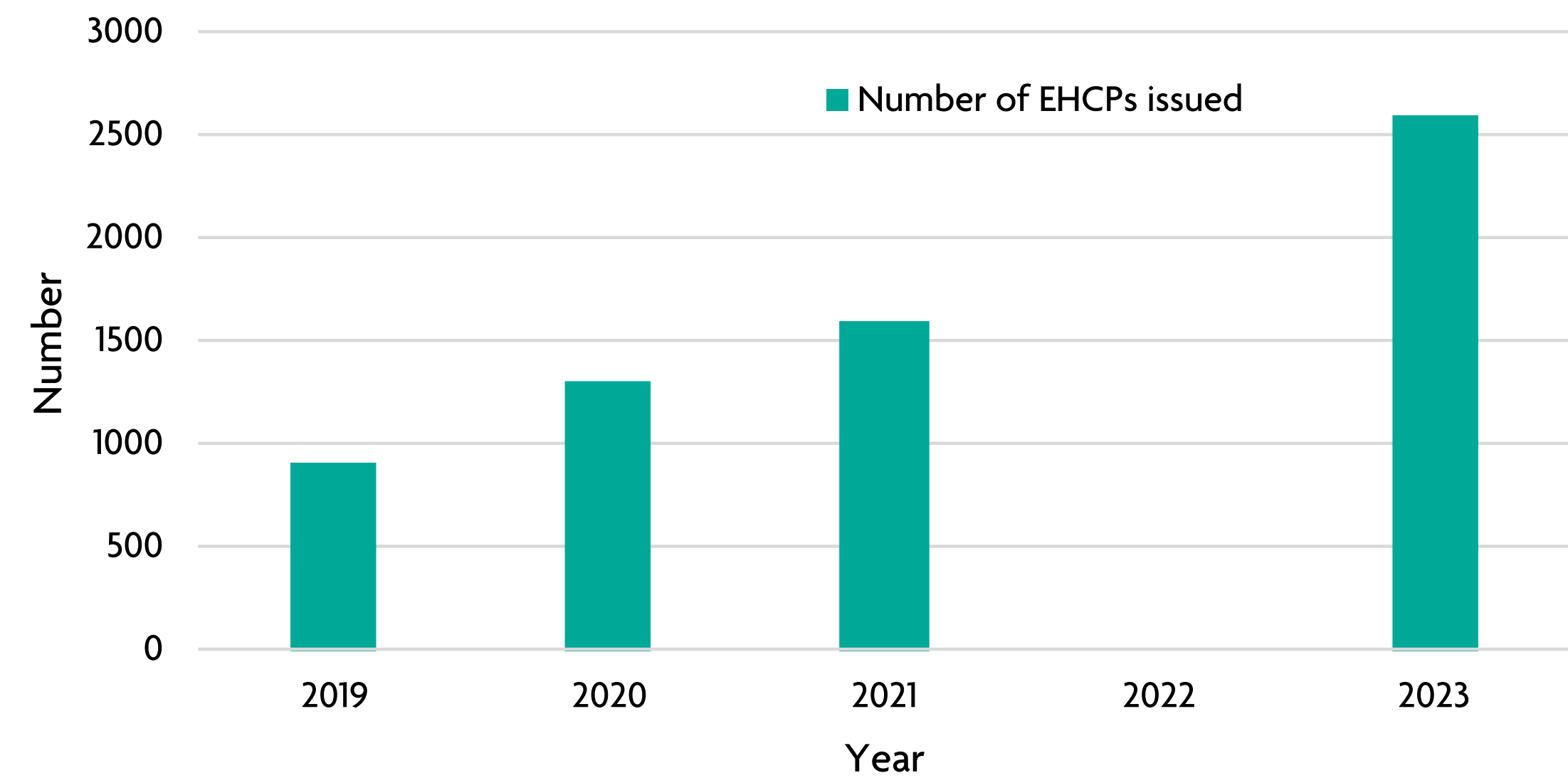
Figure 236: Steady Rise in CYP with SEND Across England (2022–2024)



Source:

There has been a significant increase in the number of EHCPs issued for CYP in Newham between 2019 and 2023.

Figure 237: Yearly Growth in EHCPs Issued (2019–2023)



Source:

Forecasting future need

- Births in Newham are predicted to fall slightly over the next few years before rising again. Between 2024 and 2040 a 6% increase is predicted (Source: ONS). This has implications for referral rates to SaLT.
- Due to the significant and lasting impact of the COVID 19 pandemic on children's language development, it is likely that the number of CYP with SEND will continue to increase.
- The significant and steady increase in requests for Education, Health and Care Needs Assessments for CYP in Newham has implications for planning and funding as we know that SLCN remains the most common type of need for SEN support².
- The number of EHCPs issued to CYP in Newham increased to 3.5% in 2023/24 and continues to be lower than the national average which is 4.8% (Source: DFE). Based on the knowledge that Newham is an area of social disadvantage and there is a clear link between deprivation and SEND, it is anticipated that the number of EHCPs will increase to meet the national average.

Strategic implications

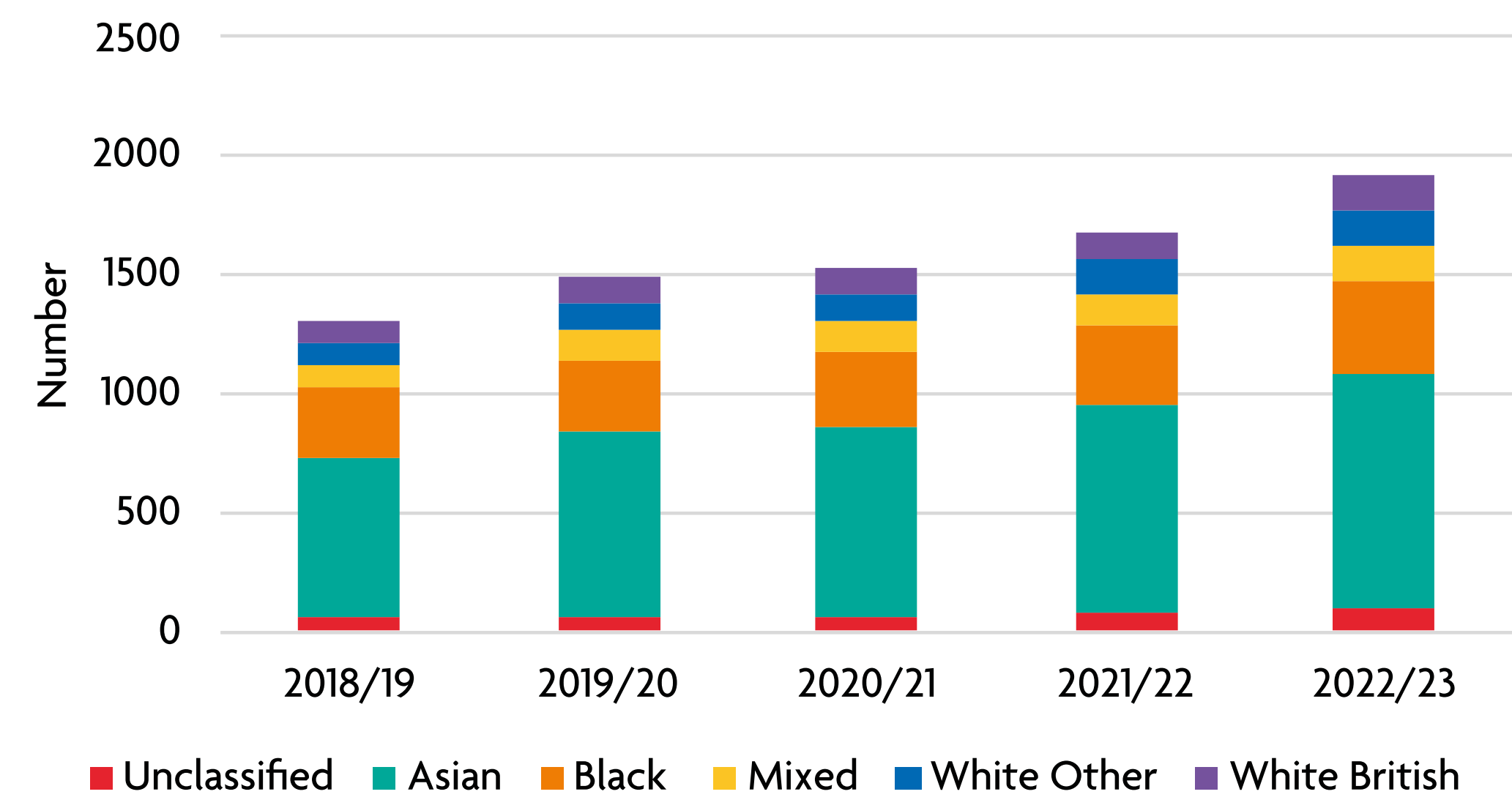
- Exploring and understanding the reasons why more referrals for children under 5 years are made by GP rather than Health Visiting Service.
- Collaboration with partner agencies to strengthen the training offer to schools to support all Newham schools to put in place self-sustaining systems for supporting pupils with SLCN. This will address the continuous increase in level of need.
- Addressing the limited SaLT provision for students post 16 and identify training needs of Post 16 providers.
- Strengthening joint commissioning arrangements for CYP with SLCN and integrating models of delivery to ensure that increasing need is managed efficiently and effectively.

Why is this important?

- Educational provisions need increased access to integrated services for those on social communication needs pathways and Autism because:
- In Newham there has been an increase of almost 50% in pupils with a diagnosis of Autism between 2018 and 2023. This increase in the Autism population tracks the general increase nationally. See Figure 238.
- The Covid-19 pandemic had an impact on children’s social development across the country. Children and young people with social communication needs and Autism, whose social networks were already fragile, felt that impact the hardest. This is also a factor to consider in the increased complexity of needs we are seeing in schools.
- The number on SEN support 10.2 % in 2022 is below the national average 12.65% which does not reflect the level of need that schools are reporting. (Newham Local Area SEND and Inclusion Strategy 23-28). This requires a deep dive into factors which may explain this in LBN (see Figure 239).
- Newham has a higher population of Autistic children compared to other areas of the UK. In 2022, Autism represented 13.3% of all SEN pupils in the UK, but 19.7% of all SEN pupils in Newham (Newham Local Area SEND and Inclusion Strategy 23-28).
- This means one in five children with SEN are Autistic. Many of them will not need EHCPs but will need access to a much better universal and targeted services at key points like transitions in schools. For the most vulnerable Autistic CYP for those with EHCPs the London borough of Newham will need to work improve partnership working.
- The number of Autistic children with EHCPs has more than quadrupled from 2018-2023 (see Figure 240). The majority of these children are educated in their mainstream primary school (and nursery). Capacity to meet this need in settings is challenge for all partners

- An increasing number of primary schools are resorting to informal ‘alternative’ provision within their school setting as opposed to developed more inclusive solutions within school communities

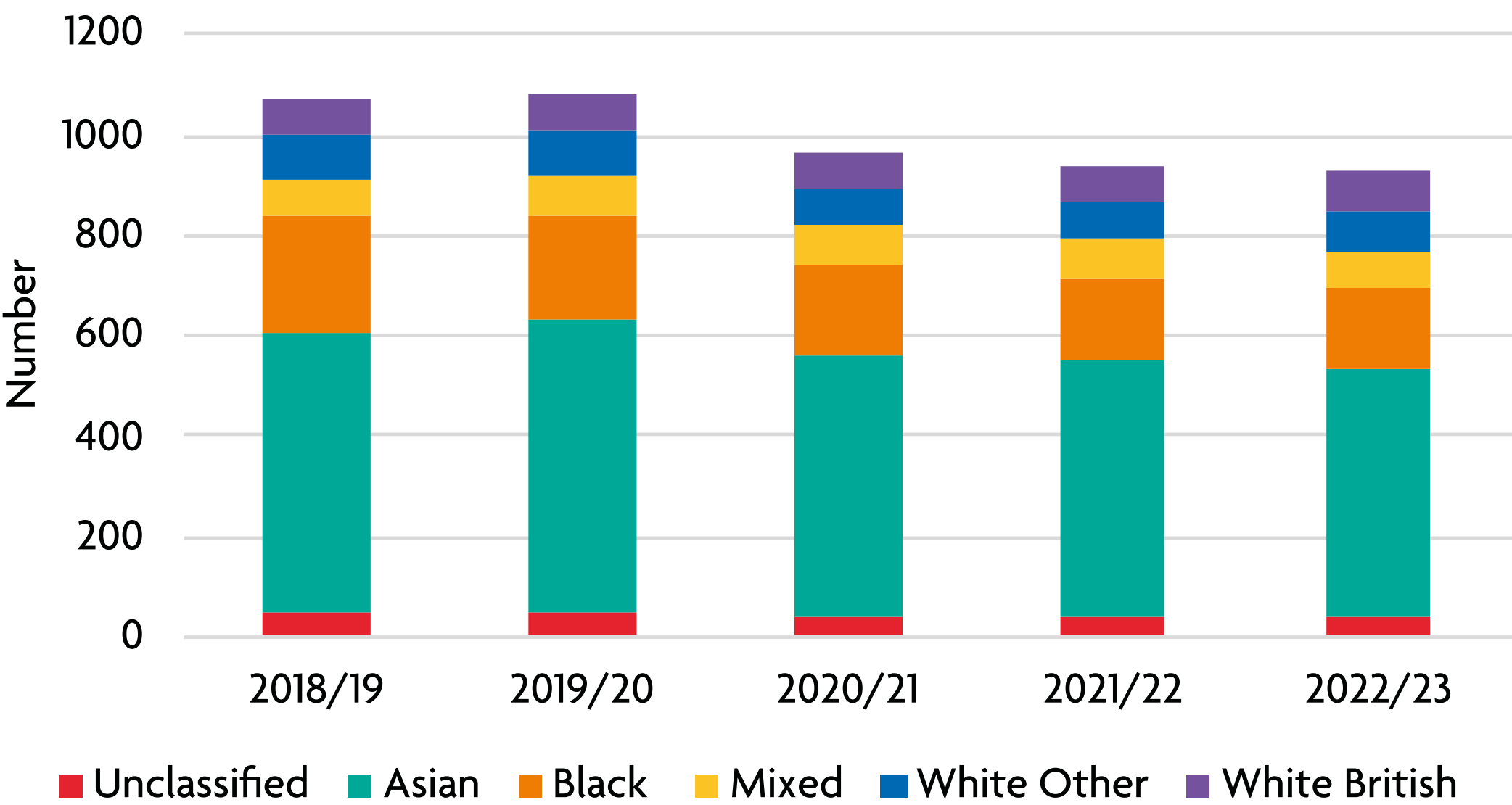
Figure 238: Autism by ethnicity - all pupils



Source:

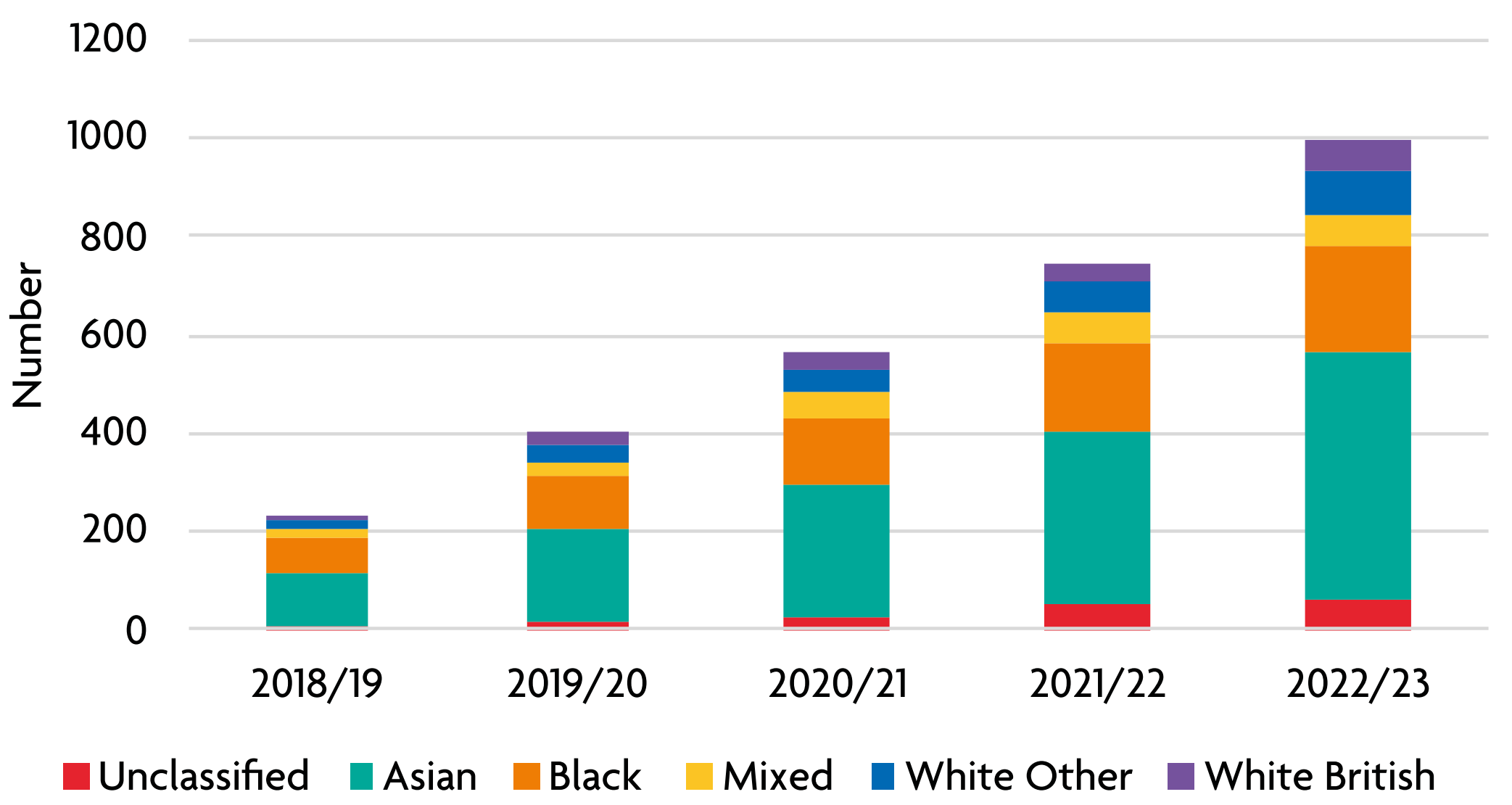
Autism - LBN perspective

Figure 239: Autism by ethnicity - SEN support



Source:

Figure 240: Autism by ethnicity - EHCPs



Source:

Local context for Newham

- Historically, Newham was a very inclusive borough with low numbers of pupils with Statements of Special Educational Needs. Perhaps the LBN working with partners need to consider a new inclusive model to address the extent of need in this area. This status quo was maintained over a number of years. Statements/EHCPs were not prioritised by schools as they were able to receive appropriate support for their autistic pupils through a strong offer from local integrated services.
- From 2018, the LA has prioritised funding EHCP assessment on legal plans.

Inequalities:

- Early Notification Panel was established in 2018 as single point of access for referral into all SEND Services for children showing signs of additional needs under 5 and to filter them to the correct services. Early Identification is streamlined as a result. Perhaps this model can be extended for Key Stage 1 children as well. In 2019, LBN received 199 Early Notifications however by 2023 this had increased to 416. The data shows increased need locally and will carry on to when they are older.
- Access to speech and language therapy intervention in mainstream schools varies significantly as it is either dependent on services bought in from ELFT or private companies or from CYP being on the LCIS Specialist SLT caseload. Schools now have to buy in or commission support from a range of providers. Children and young people are receiving different offers based on where they are in Newham
- Varying level of expertise and experience of staff working with autistic CYP across schools and staff in partner organisations
- LBN will need a workforce development plan to address universal , targeted and specialist support required for the growing need in this area. Partners for example need to focus on best practice to support transitions and placement breakdown in settings

Time trend

- See point 1 and 2 above highlighting significant increase in need (DFE data graph)

Forecasting need

- There is no evidence that this increase in need is slowing down, so we expect it to continue to grow over the coming years (DFE data graph).
- As the number of pupils with EHCPs increase, so also will the number who have statutory specified and quantified specialist speech and language provision on those EHCPs.

Strategic implications

- A need for increased integrated support from services for Autism both at the SEN support and statutory level which includes teachers, SLTs, SENPs (this ties in with Priority 3 on the Newham SEND and inclusion strategy 2023-2028).
- There is a need for increased maintained resourced provision places and special school places for Autism across the borough.
- Increased monitoring of educational placements for CYP with Autism, in particular informal provisions.
- All school staff to have training in supporting Autistic CYP (e.g. through SCERTS conference and follow-up support).
- A position statement reflecting Newham as a SCERTS borough.

About autism

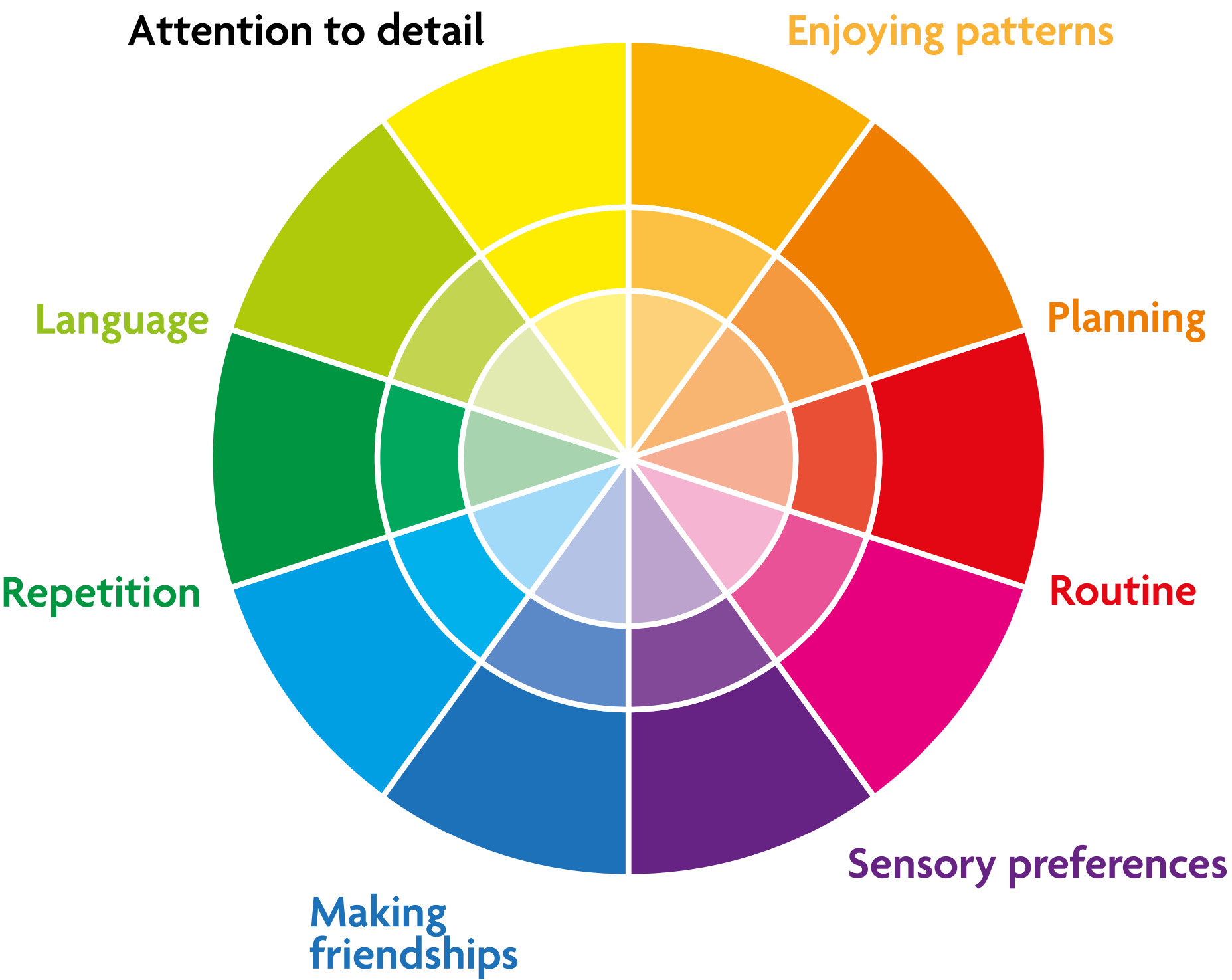
Autism / ASC is a life-long developmental condition affecting around 2-3 % of the population. It impacts an individual’s ability to socially interact and communicate with the world. Autistic people are ‘wired’ to think and learn differently. Autistic Spectrum Condition affects people in different ways. Like all people, autistic children and adults have their own strengths and difficulties. They may have difficulties making their needs known and having their emotions and feelings understood, particularly when using conventional methods of communication and interaction. They may display interests and behaviours that can appear unusual or be misunderstood by others.

It is important for caregivers and clinicians to be mindful of the individual needs of the child in front of them. They will not always want or need to tell others what has happened to them; support should still be given regardless.

Figure 241 shows more clearly what is meant by the Autism Spectrum. It is not a single scale but a collection of scales.

Each individual has their own special mix of difference, which changes over time, depending on their individual presentation of autism, the support they are given and how difficult they find the environment they are in.

Figure 241:



Source:

Every Health, Care and Education setting in the UK is expected by law to make 'reasonable adjustments' for autistic children so they can attend to and absorb information; interact with peers, teachers and professionals; and to develop their skills. The type and level of adjustments needed will be different for each child, as well as the setting that suits them best. All settings in the UK are expected to have an 'inclusive' approach. For example, some autistic behaviours (reduced eye contact, or stimming) are comforting or regulating for a child. We don't want to force a child to remove behaviours that help them regulate.

Sometimes children on the spectrum have a 'spikey' educational profile, showing significant gains in one subject area but significant challenges in another. An area of intense interest for an autistic child is usually an area of strength and learning. Some children on the autism spectrum will have a recognisable learning disability. Other children may appear to excel academically but continue to have significant challenges emotionally to adjust to the typical social environment of school life.

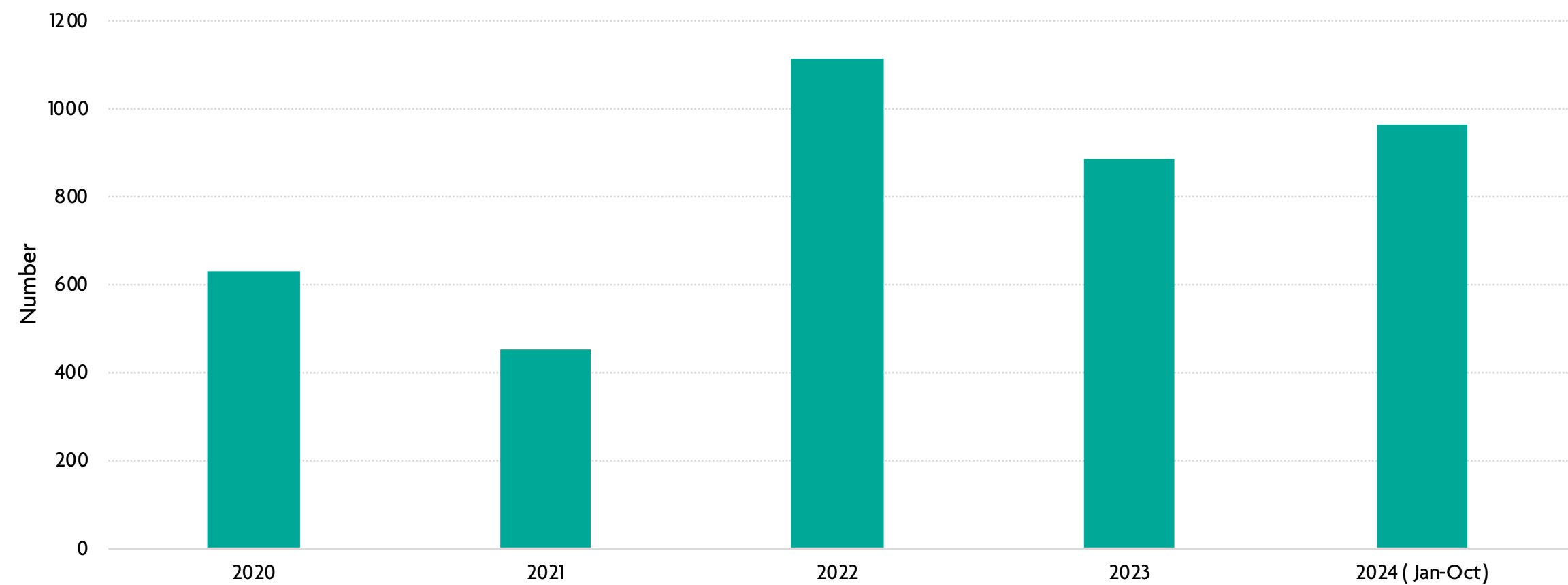
ASC is part of who the person is and will be present throughout their life, but the ways it impacts the person will often change over time.

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 ASC should also be provided tailored interventions for their health and educational needs

- Children are referred to the CHAND service (Children with Autism in Newham – Diagnosis service). Since September 2023 all referrals requesting autism assessment for children aged 2-12 years go through the CHAND front door
- At CHAND front door triage children who may need to be expedited for assessment are identified
- Young people aged 13-18 are currently referred to CAMHS. Work is in progress to have an integrated referral process with CHAND
- The waiting list for a diagnostic assessment can be up to 2 years and this is similar in other places in the UK
- ASC prevalence in Newham is higher than the UK national prevalence of 1%

Figure 242: Total accepted referrals for children with autism in Newham Diagnosis Service

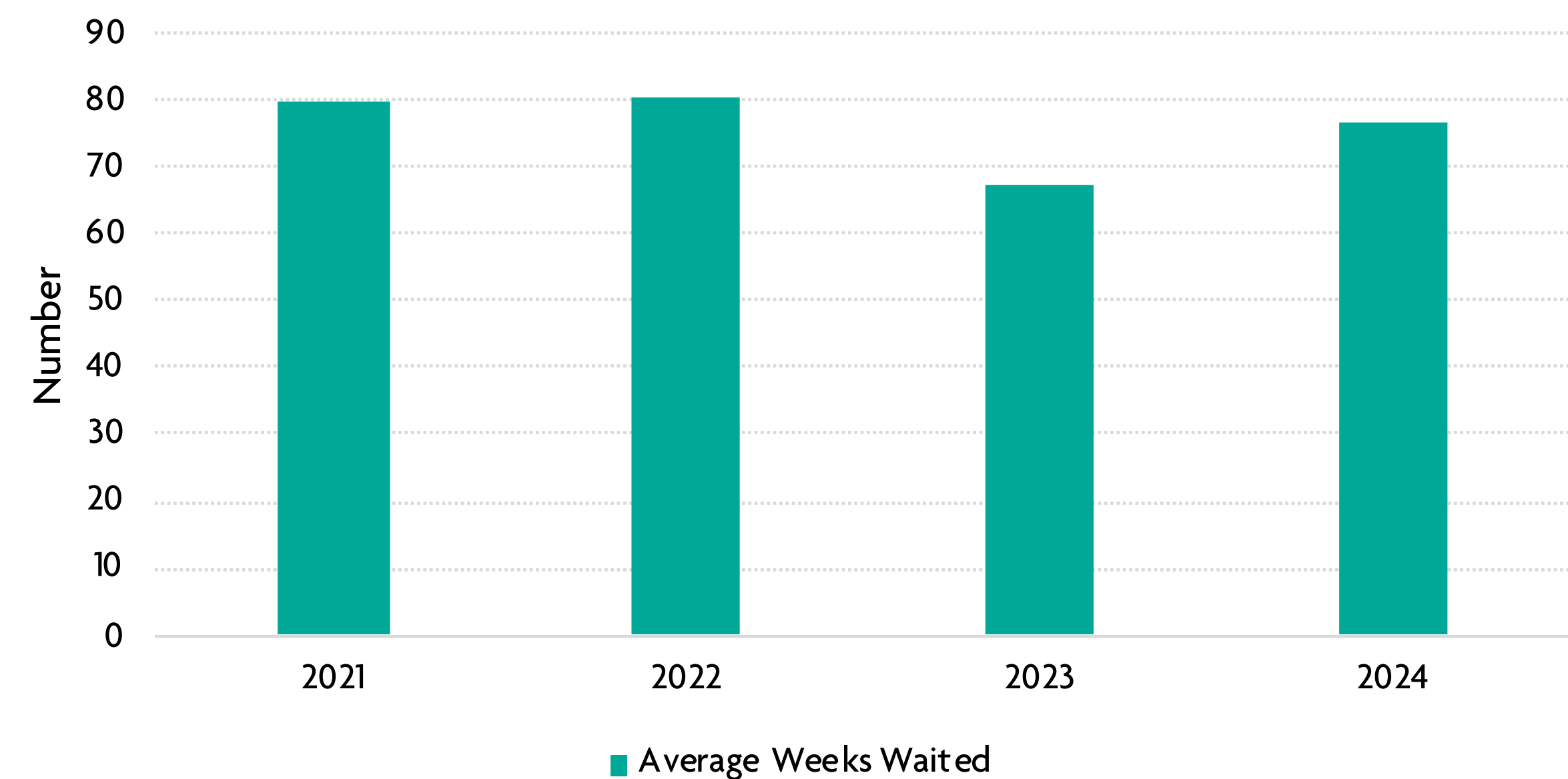


Source: East London NHS Foundation Trust. (n.d.). Reporting services.

Waiting time trend for diagnosis 2021 -2024

- In 2021 and 2022, waiting times for assessment remained high with an average of 80 weeks
- In 2023, there was a marked improvement to an average waiting time of 67 weeks, showing the most consistent decline in waiting times.
- In 2024, there was an increase to 78 weeks
- Improvement in waiting times in 2023 may be due to considerable investment and higher staffing levels in the CHAND team. However, this improvement has not been sustained due to the increasing number of referrals

Figure 243: Average Weeks



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

Inequalities

Under identification and diagnosis of girls who are autistic.

In the past, it was assumed that autistic people were overwhelmingly men and boys, and only very rarely women and girls. This is wrong. There are many women, girls and non-binary people who are autistic. (National Autistic Society)

Although we now know much more about the experiences of autistic women and girls, society’s understanding of autism has been limited by outdated stereotypes and incorrect assumptions. Although autism research and professional practice are slowly catching up to the realities of life for autistic women and girls, many barriers to diagnosis and support remain.

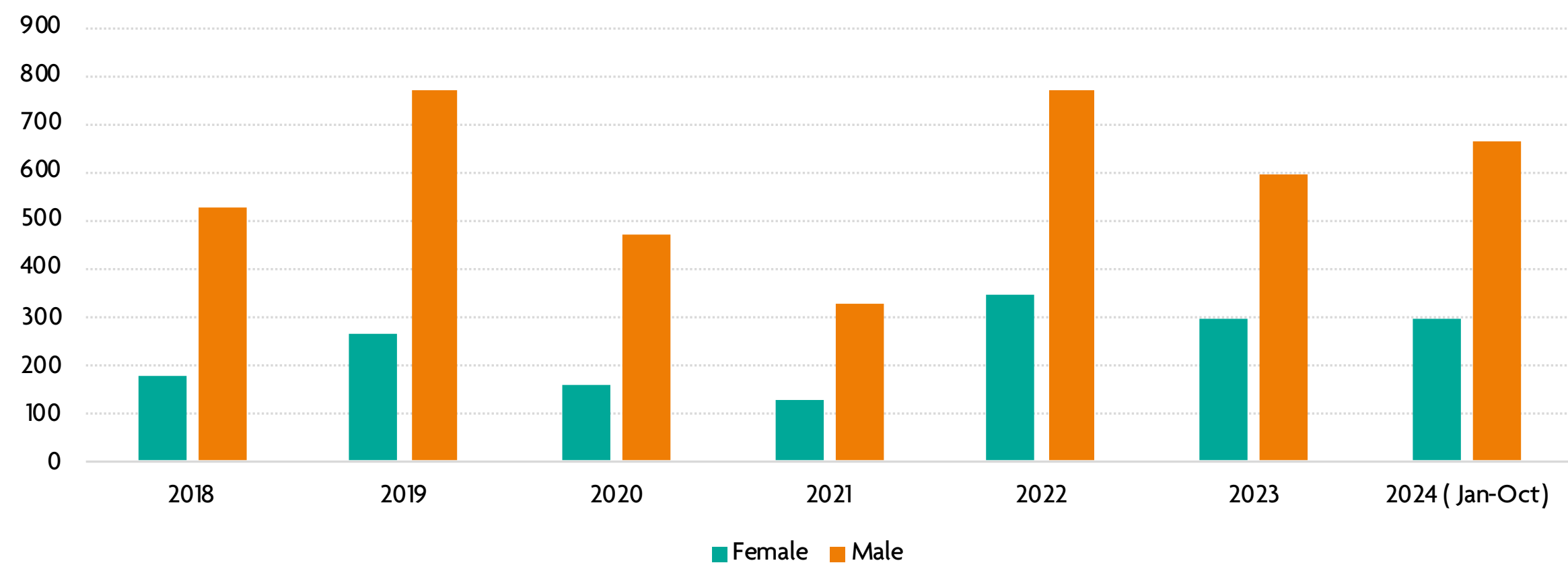
Does autism present differently in women and girls?

It is important that autistic women and girls receive a diagnosis (or recognise that they are autistic) so they can understand themselves and access support. However, because of stereotyped ideas about what autism looks like and who can be autistic, many autistic women and girls struggle to get a diagnosis, receive a diagnosis late in life or are misdiagnosed with conditions other than autism.

Autistic characteristics in women and girls may differ from those of other autistic people. They might seem to have fewer social difficulties than autistic men and boys, but this could be because they are more likely to ‘mask’ their autistic traits (though the stress of doing so can result in anxiety and overwhelm). At school, autistic girls may be more likely to be part of a friendship group and this could be a reason that teachers don’t notice their differences. They may also be missed if their academic achievement masks difficulties they are facing in other areas.

Education and healthcare professionals can lack knowledge about how autism may present differently in women and girls. This means women and girls may be misdiagnosed with mental health issues or their autistic traits may be missed amid the symptoms of co-occurring conditions. Some tools used to diagnose autism are designed to identify autistic characteristics that may be more common in autistic men and boys. This means the process may not be as sensitive to characteristics more commonly found in autistic women and girls.

Figure 244: Yearly gender distribution trends (2020-2024)



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

Gender and Ethnicity Intersection

- While gender data indicates a male dominance, ethnicity trends show that Asian individuals receive the most referrals, suggesting potential cultural or demographic factors influencing these trends.
- Ethnic groups with lower referrals (e.g., “Mixed Background”) might face compounded challenges if intersected with female gender, exacerbating inequalities.

Growth Patterns

- The total referrals have fluctuated over the years, with some ethnic and gender groups experiencing faster growth than others.
- For example, “Asian or Asian British” referrals surged in 2022, while others, like “Mixed Background,” remained stagnant.

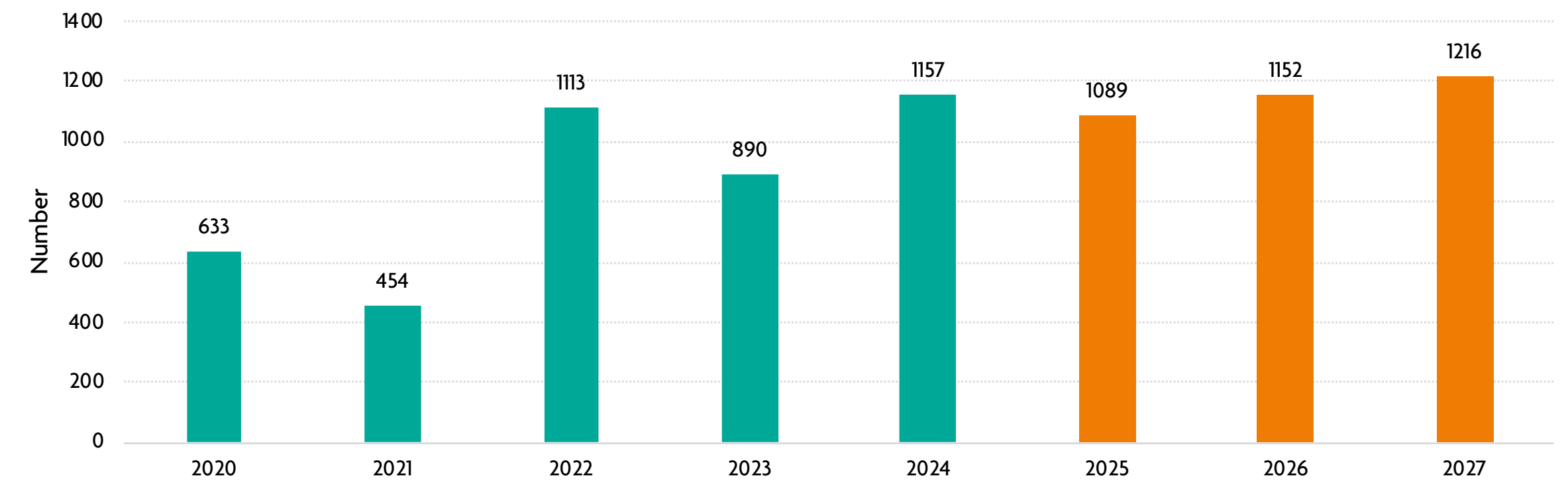
Impact on Resources

- The disparities in referrals could indicate unequal access to services, unequal resource allocation, or structural barriers affecting certain demographics.
- Although additional investment has been secured this will not result in all referrals being seen under 52 weeks due to the increased number of referrals currently being received.

Forecasting future need

- Referrals for an autism assessment continue to rise
- Earlier recognition and identification of girls will also have an effect on rising numbers
- The 2024 joint SEND inspection highlighted children wait too long to be assessed for autism (<https://files.ofsted.gov.uk/v1/file/50262991>)
- The SEND Executive Board has developed an ASC work stream which will provide prioritisation and partnership planning for ASC
- NEL Integrated Care Board 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

Figure 245: Forecasting CHAND Demand



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

- Referrals are projected to rise steadily, reaching 1,244 in 2027, with an average of 1,161 per year (2024–2027). This marks a 47.35% increase from the 2020–2023 average of 773
- Male referrals are expected to remain dominant (65–70%), with females accounting for 30–35%. The gender gap persists but is narrowing slightly.
- “Asian or Asian British” will likely remain the most-referred group, followed by “White British.”
- “Mixed Background” and “Other Ethnic Groups” remain underrepresented.
- “Not Known or Not Stated” is growing rapidly and could obscure actual trends.

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 ASC
- Appropriate investment to develop Newham into an all-inclusive, Autism Friendly borough

Why this is so important

- A learning disability (termed learning difficulty in various education categories in DFE) or intellectual disability, is a neurodevelopmental difference that affects how people learn throughout their lives. There are different types of learning disabilities, and they can be mild, moderate, severe or profound. Confusingly organisations also refer to those with severe and profound learning disabilities, often with occurring needs like deafness, visual loss or physical disability as complex learning needs or disabilities/difficulties nationally and locally
- Learning disabilities manifest differently for everyone – as no two people are the same. The level of support depends on the unique challenges that each individual faces. For example, some people with learning disabilities experience challenges with dressing themselves, feeding themselves, and understanding complicated information. Other individuals lead independent lives but may benefit from additional support in homes and schools and community.

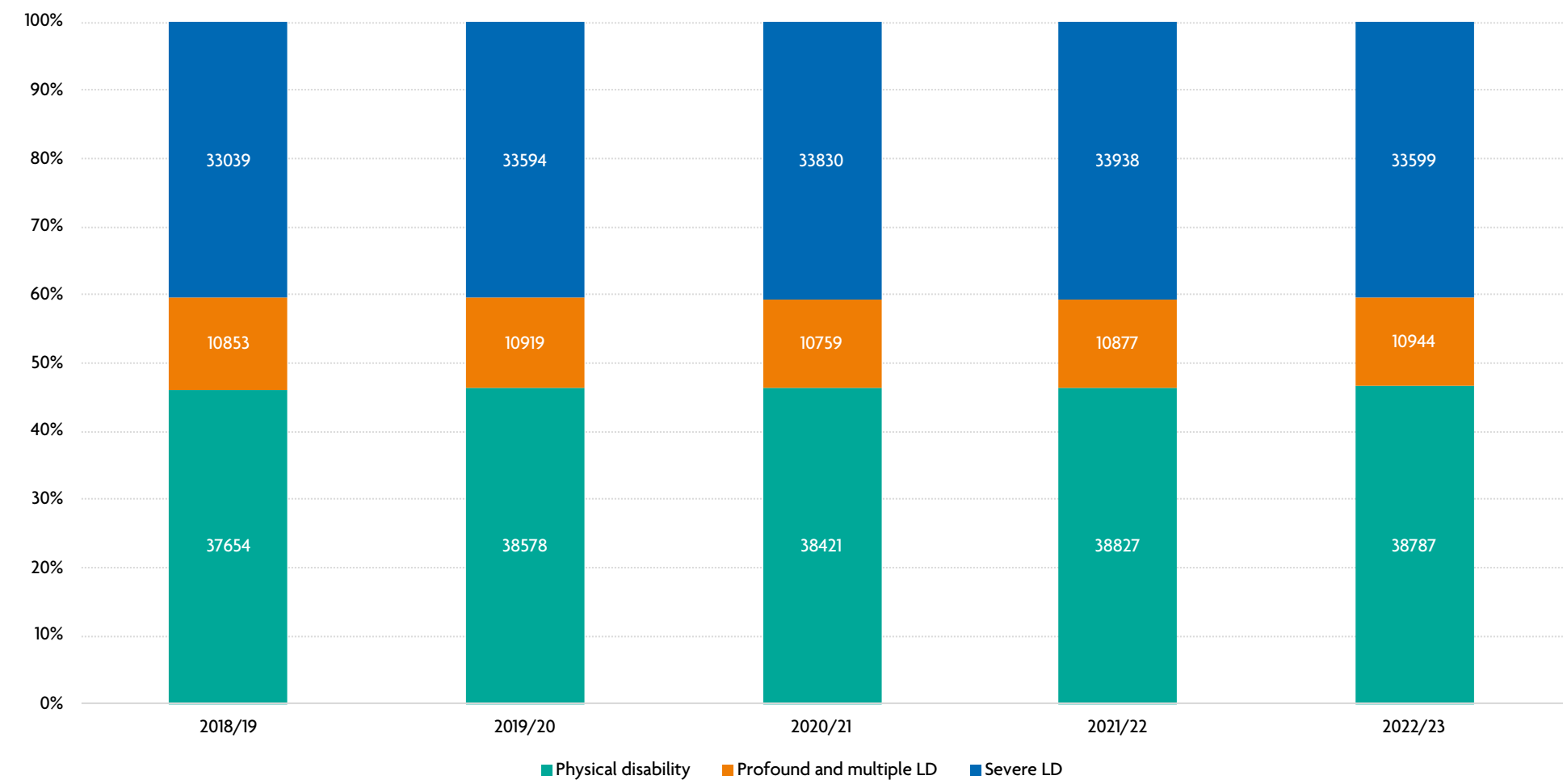
High level data summary

- It is important to emphasise that this area of need is low incidence with numbers in their hundreds in terms of actual numbers but they are some of the most vulnerable we have in terms of disability
- Nationally the proportion of the Newham population for PMLD is consistently higher than the national profile. See Figure 246 and Figure 247
- Between 2018 and 2023, when looking specifically at the most vulnerable of group or those with profound and multiple and learning disability, Newham has seen a 27 % increase or in real terms there was 132 in 2018 and 167 pupils in 2023. Given this is perhaps the most vulnerable of groups within the SEND field, planning services for PMLD is not an insignificant finding given this group have lifelong needs. See Table 9
- It is Important to stress - we deliberately highlighted numbers overall for those with PMLD, SLD and Physical Disability to take account of complexities of presentation. For example many with cerebral palsy can often be identified as having PMLD, Physical Disability or SLD a primary needs - individuals present differently.
- Nationally the profile of those with learning disability and Education and Health Care Plans, specifically those with severe, profound and physical disability, are predominately white British with Asian, those with mixed ethnicity and white other the next biggest groups. See Figure 248
- In Newham we see the inverse of national trends - White British is relatively small in comparison to Asian, Black African and White other groups. See Figure 249
- Table 10 and Figure 250 and Figure 251 draw a direct comparison in ethnic demographics between the National picture and the context Newham. Key points are that White British are 57% less representative in Newham, while Asian are 37% more representative in Newham. Black people are also significantly higher in

Learning Disability with focus on PMLD

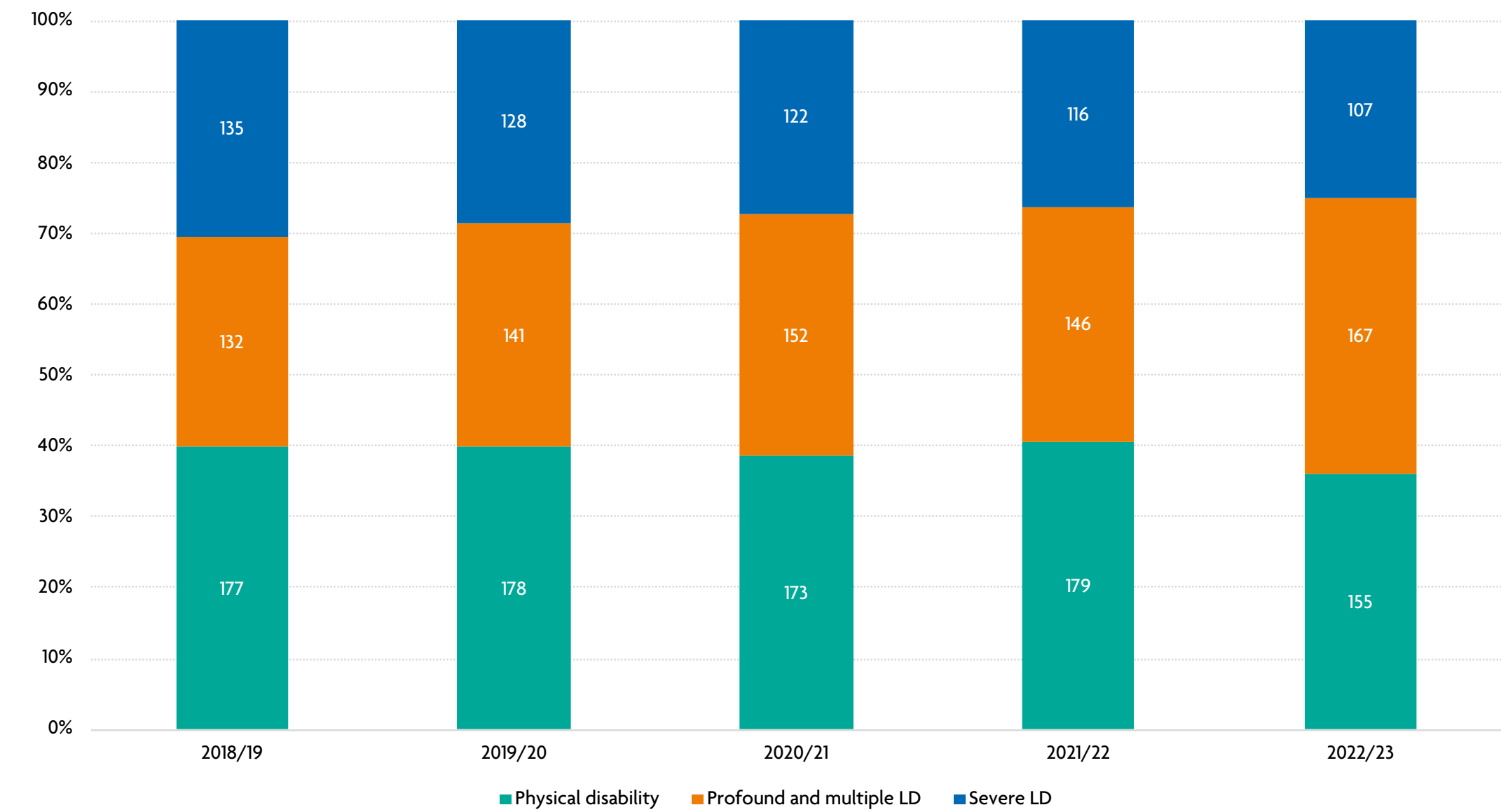
Newham by 13% relative to National figures.

Figure 246: National Total per Profile per Year



Source:

Figure 247: Newham Total per Profile per Year



Source:

Learning Disability with focus on PMLD

Table 9:

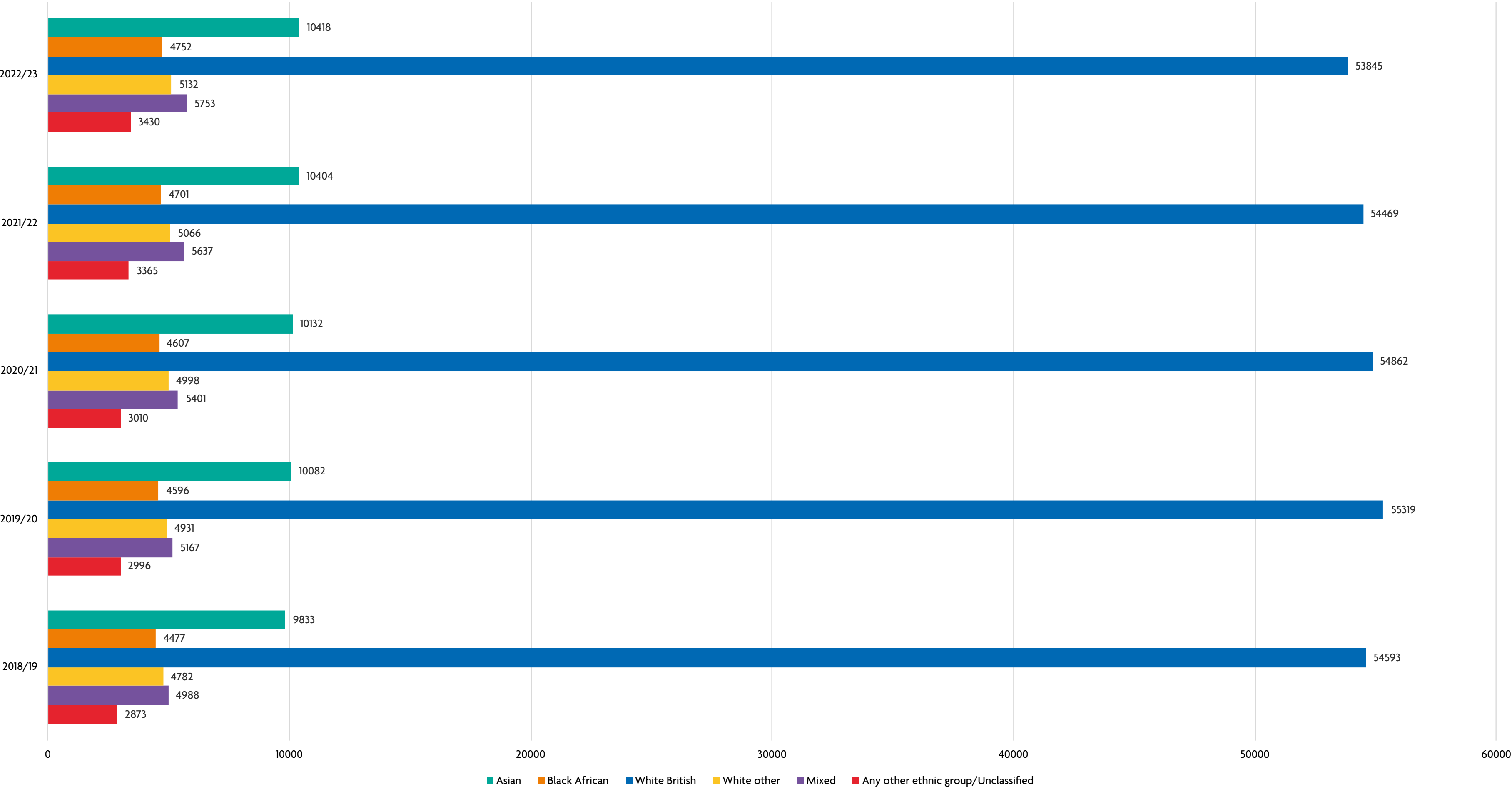
For ECHP and SEN support	Newham Totals					Change 2018-23	
	2018/19	2019/20	2020/21	2021/22	2022/23	Amount	Total +/- %
Year Totals	444	447	447	441	429	-15	-3%
Physical disability	177	178	173	179	155	-22	-12%
Profound and multiple LD	132	141	152	146	167	35	27%
Severe LD	135	128	122	116	107	-28	-21%

Table 10:

Ethnicity Breakdown (2023)	National	ratio %	Newham Total	ratio %	% Difference
Asian	20836	13	422	49	37
Black African	9504	6	160	19	13
White British	107690	65	64	7	-57
White other	10264	6	82	10	3
Mixed	11506	7	78	9	2
Any other ethnic group/Unclassified	6860	4	52	6	2

Learning Disability with focus on PMLD

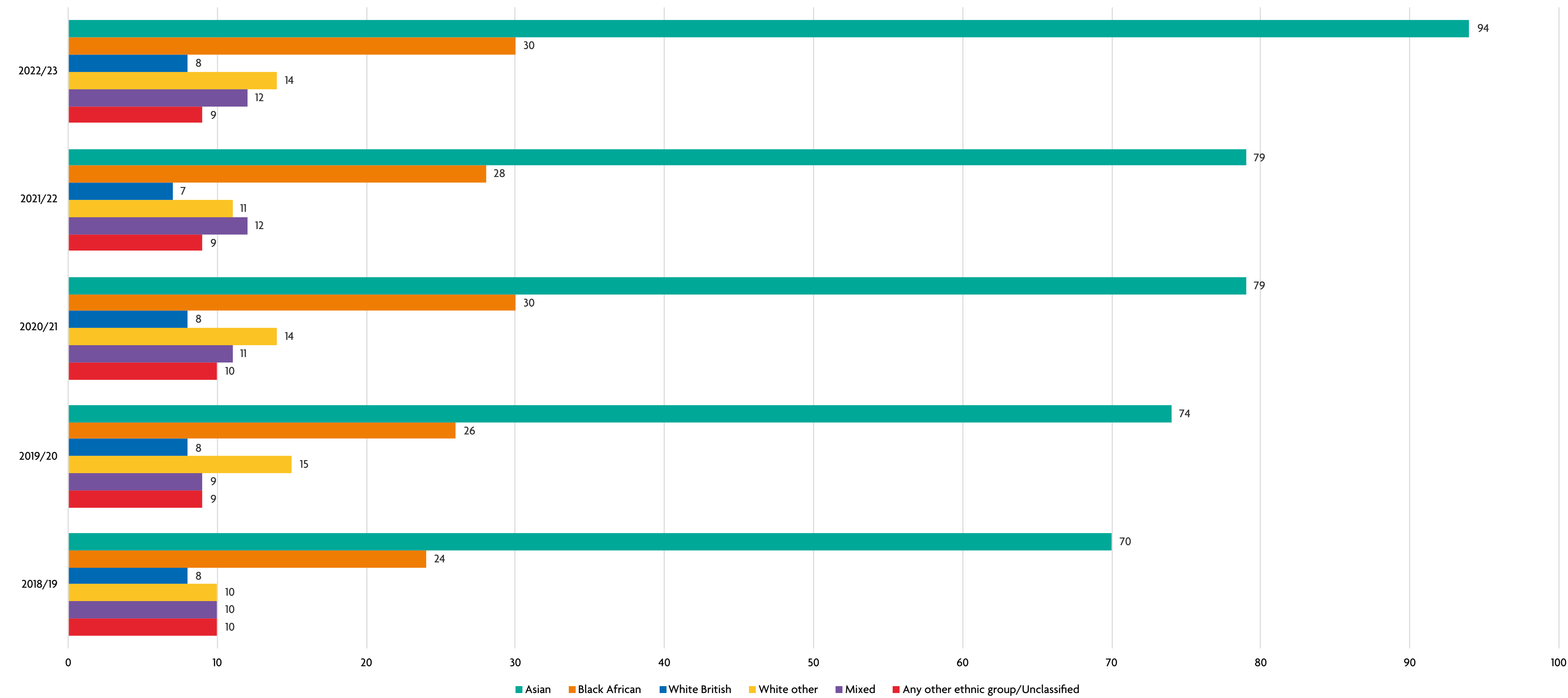
Figure 248: National EHCP/SEN Total for PMLD, SLD, and PHYS/Med



Source:

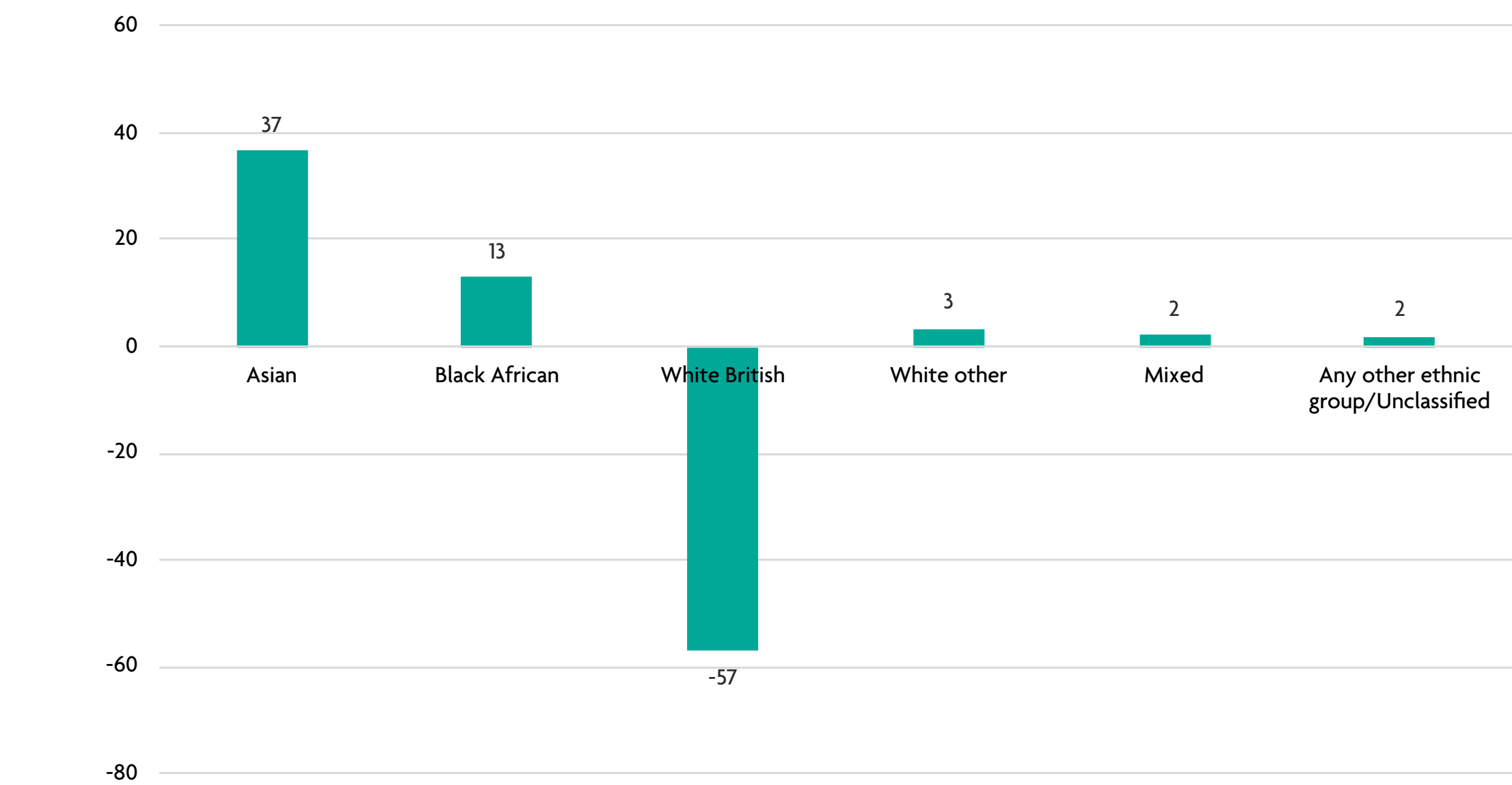
Learning Disability with focus on PMLD

Figure 249: Newham Total EHCP/SEN for by Ethnicity by Year 2018-2023



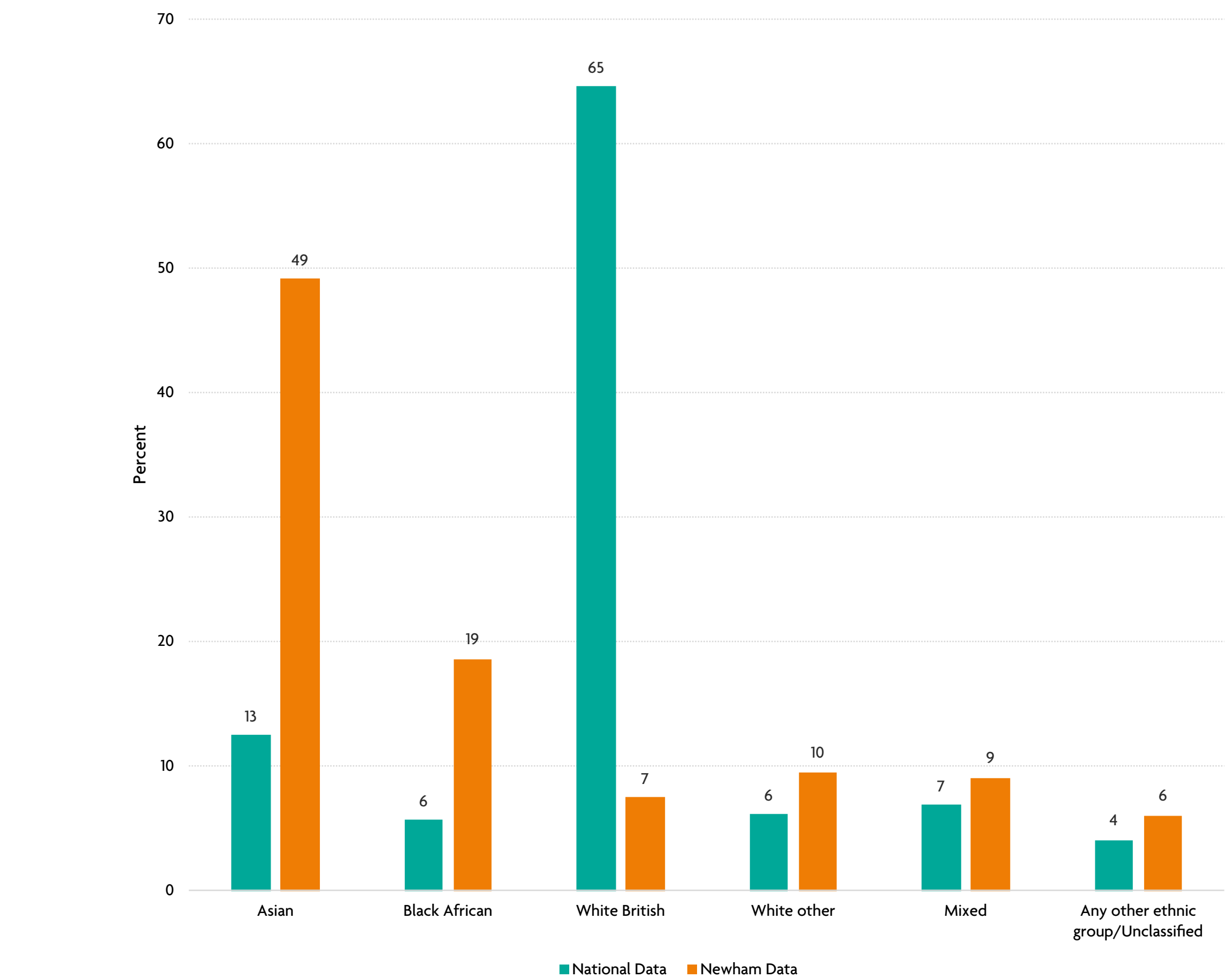
Source:

Figure 250: Percentage Difference between National Data and Newham Data for EHCP/SEN by Ethnicity



Source:

Figure 251: Percentage of EHCP/SEND by Ethnicity (2023)



Source:

Learning Disability with focus on PMLD



- In terms of Newham, those with PMLD has seen a significant increase in growth of 27 % between 2018 and 2023
- Unsurprisingly, those with PMLD are largely non White British or Asian, Black African, White other and mixed ethnicity
- There are planning implications for education, health and social care in terms of services which currently are needed and which will be needed for them as adults
- There does need to be culturally sensitive processes and systems to be developed especially given nationally practices will be shaped and modelled for the majority White British cohort.

Inequalities

- Care does need to be taken for planning for White British cohort given there are minority and services in Newham may be planned for more populous Asian , Black African and White Other groups
- Questions do need to be asked about categorisation and identification. In this data analysis no attempt was made to look at those with mild or moderate learning disabilities, the majority of whom will be without EHCPs . Some of this group may be at the higher end of need in their categorisation and may well need planning for health and social care for example
- No attempt was made to look at those where their secondary need is LD. For example some with deafness also have learning difficulties.

Strategic implications

- 27% increase in PMLD alone in EHCPs between 2018-23 or 35 pupils in terms of pupil numbers is significant. Ideally services should be planned for this group in Newham and not rely on more expensive placement in neighbouring local authorities
- The combined figures for those with PMLD, SLD and Physical Disability although low incidence compared to autism are when measured against national comparators significant with resource implications

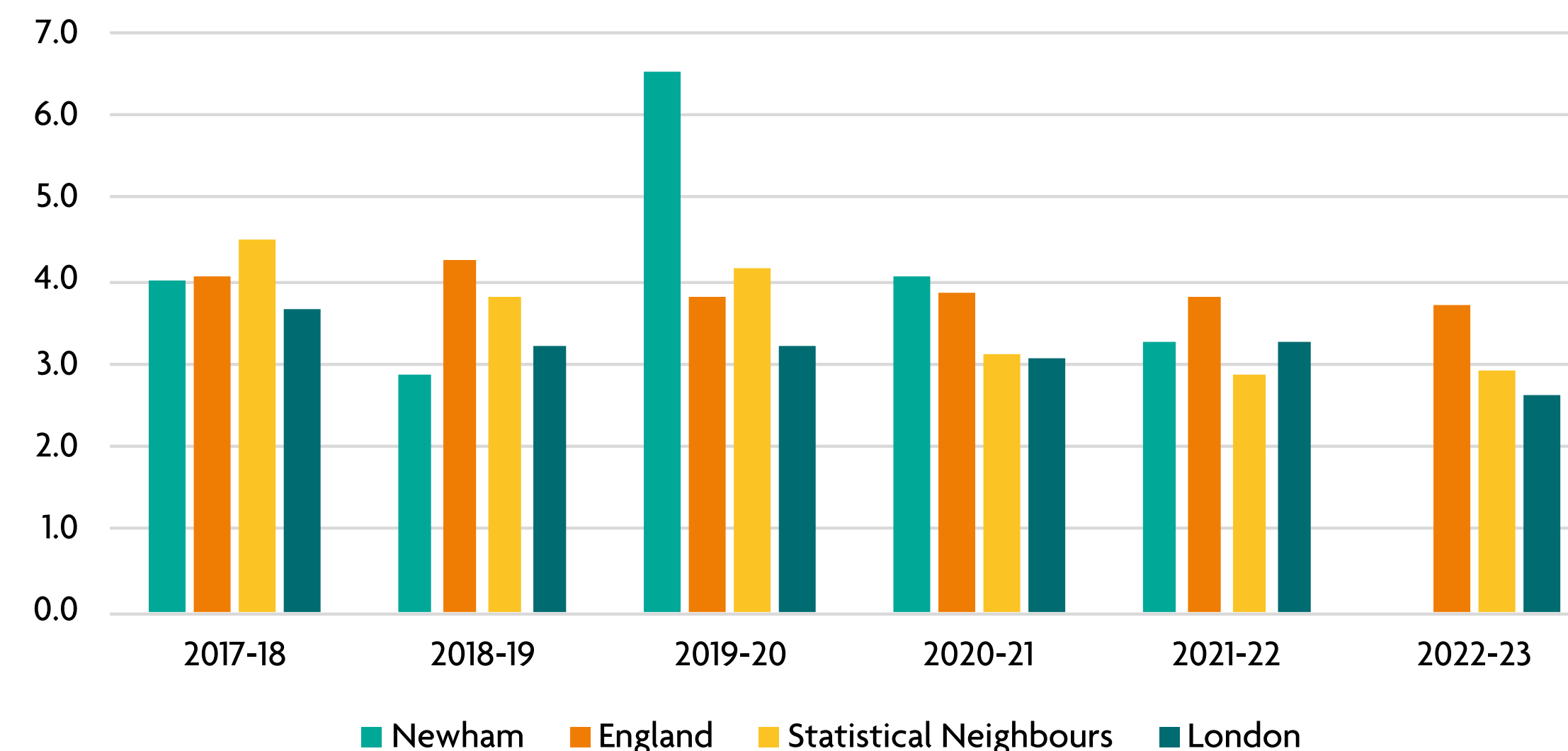
Why is this so important?

- Child protection plans are interventions where it is judged that a child is at serious risk from harm. One of the four categories is Sexual Abuse.
- The Report of the Independent Inquiry into Child Sexual Abuse (2022) stated
- Nearly every one of the Inquiry's investigation reports concluded that the true scale of sexual abuse of children is likely to have been much higher than the actual numbers recorded, and this continues to be the case with current methods of data-gathering. Information collected by children's services shows high numbers of assessments where child sexual abuse and exploitation is identified as a risk factor, but the number of children placed on child protection plans under the primary category of child sexual abuse is comparatively low.

Local context for Newham

- Newham has previously had a similar amount of Children on Child Protection Plans as the rest of the London and Nationwide and therefore the issue of under-reporting is considered a national issue. However the figures suggest that we have not had any children on a Child Protection Plan for Sexual Abuse for the 2022/23 (please see Figure 252 and Figure 253)
- The Report of the Independent Inquiry into Child Sexual Abuse (2022) states that everyone spending time with children, either professional or otherwise, should not rely on children coming forward as the sole means of identifying and detecting child sexual abuse.

Figure 252: CPP at 31 March category of abuse: % Sexual Abuse

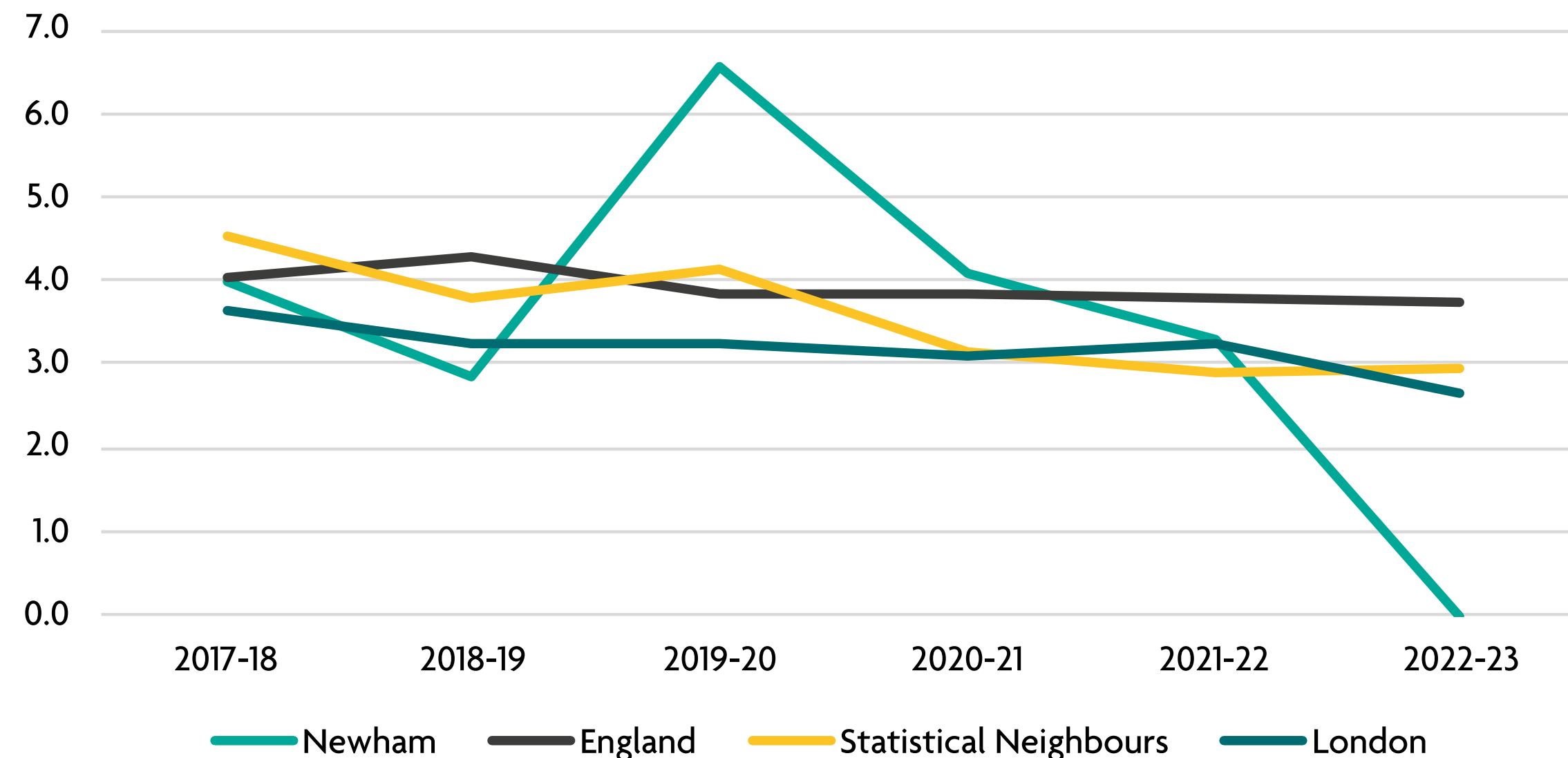


Source: Azeus LBN

Child Protection Plans and Sexual Abuse



Figure 253: CPP at 31 March category of abuse: % Sexual Abuse



Source: Azeus LBN

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. We are aware that Sexual Abuse is often not recognised when it happens. Research shows that Sexual Abuse often takes place amongst families where there is Neglect and Domestic Abuse. Auditing should help to ensure that Sexual Abuse is named when people have concerns about it happening.

Forecasting future need

- Everyone working with children and young people need to have greater understanding and curiosity about the potential of sexual abuse and create an environment where this can be openly considered and discussed.
- All professional assessments need to include behaviours of children which could suggest sexual abuse has happened to them. Observations of known worrying behaviours in children should in itself be enough to instigate Child Protection Investigations.
- Effective multi-agency involvement to ensure impactful Child Protection Planning and Reviewing.

Parent and Young Carer Service

- Newham Parent & Young Carer Service operates in accordance with national legislation and guidance, and local policy; Children Act 1989, Children and Families Act 2014, and defines a Young Carer as a person under the age of 18 years, who provides or intends to provide care for another family member of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work. A Young Adult Carer defined as an adult aged between 18 and 25 years who is caring for another adult or child within the family.
- Noted, external provider Family Action previously commissioned to deliver Parent and Young Carer services for LBN until November 2021, before service was bought in-house and managed by the commissioning team, and prior to transfer to CYPS, under the umbrella of Early Help - Families First, in April 2023.
- Resources were increased January 2023, and LBN now has two full-time Parent & Young Carer Support & Assessment Practitioners.
- A Young Carer Needs Assessment is accessed via referral into the Children's Multi-Agency Safeguarding Hub (MASH) team, with the exception of families currently open too, and being supported by, a team within Children & Young Peoples Services (CYPS).
- In instances where family is supported by more than one internal CYPS team, and in the interests of 'one family one plan' we are promoting joint assessments, which anecdotal feedback suggests, families have favoured. In accordance with Children and Families Act 2014 (17ZE) which stipulates that where the authority is required to complete a Needs assessment, and are required or have decided to, carry out some other assessment of the parent carer or of the disabled child cared for, the authority may combine the assessments.



- Noted here, that only a significant change in circumstances would warrant a subsequent assessment.
- Parent & Young Carer Service offers a planned, purposeful and focused targeted intervention, aligned with LBN's Circles of Support, known as the 6C's.
 - The service aims to undertake and conclude a Young Carer Needs Assessment within 30 working days, from date of case allocation, which will be shared with family and key agencies in accordance with parental consent (clarity).
 - The needs assessment is one component part of a planned purposeful and focused intervention, which can last for a period of up to 12 weeks in duration, dependent on child and family's need (confidence).
 - Needs Assessments are contextual and relational, and will explore the wishes, feelings and lived experience of parents (including Father's and non-resident parents) children and young people, and potential support available within the wider extended family (curiosity).
 - Needs Assessments are strengths based, and aim to build resilience, in recognition of the challenges that families face. We want parents to become confident, effective, and informed advocates for themselves and their children (compassion).
 - During the assessment process, the Young Carer will be provided bespoke guidance and information that supports them in their caring role, inclusive of referral to Newham Carer's Community and intelligent signposting to local resources and our local offer (community).
 - Intelligent signposting will include thoughtful referrals that aim to increase life skills, self-advocacy and peer networks of support, to reduce poverty of experience and to ensure social inclusion.
 - A team around the family, or taf, meeting can be scheduled, to ensure effective multi-agency communication, central to which is the Young Carer and family's voice and needs, to ensure seamless support (co-production).

Why this is important

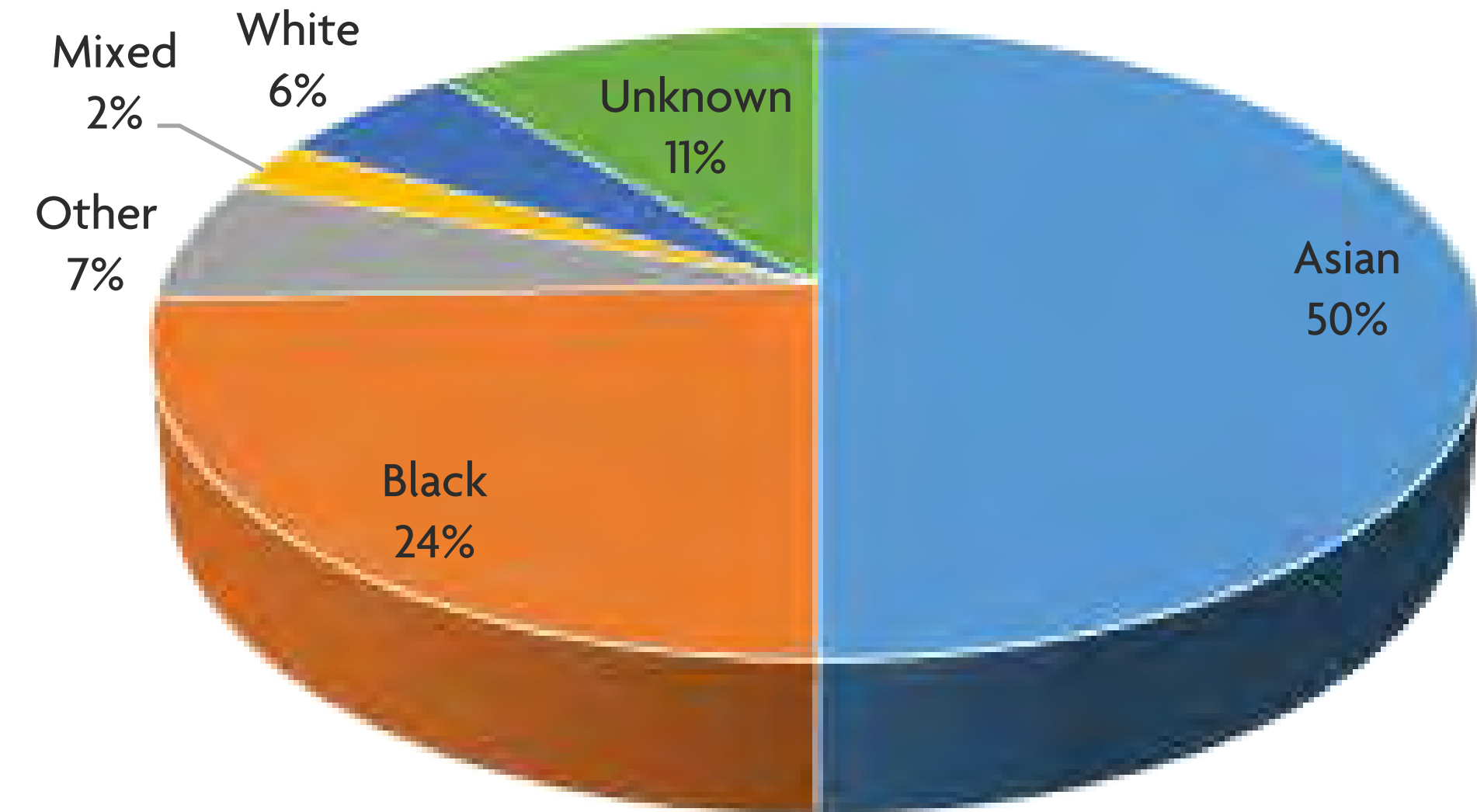
Newham Carers Strategy (refreshed priorities for 2021-2024) aims to:

- Recognise and raise the profile of Carers, of all ages, in the borough; and support residents to self-identify themselves as a Carer early in their caring journey
- Involve, listen and respect Carers in planning the care and support which the cared for person receives, enabling safe, effective and personalised care
- 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 and outside of their caring responsibilities
- Support Carers to maintain/fulfil their education and employment potential in order that they are free from financial disadvantage related to their caring role
- Support Young Carers away from age-inappropriate caring roles and provide the support they need to learn, develop and thrive, and to embrace positive childhood experiences

Local context for Newham

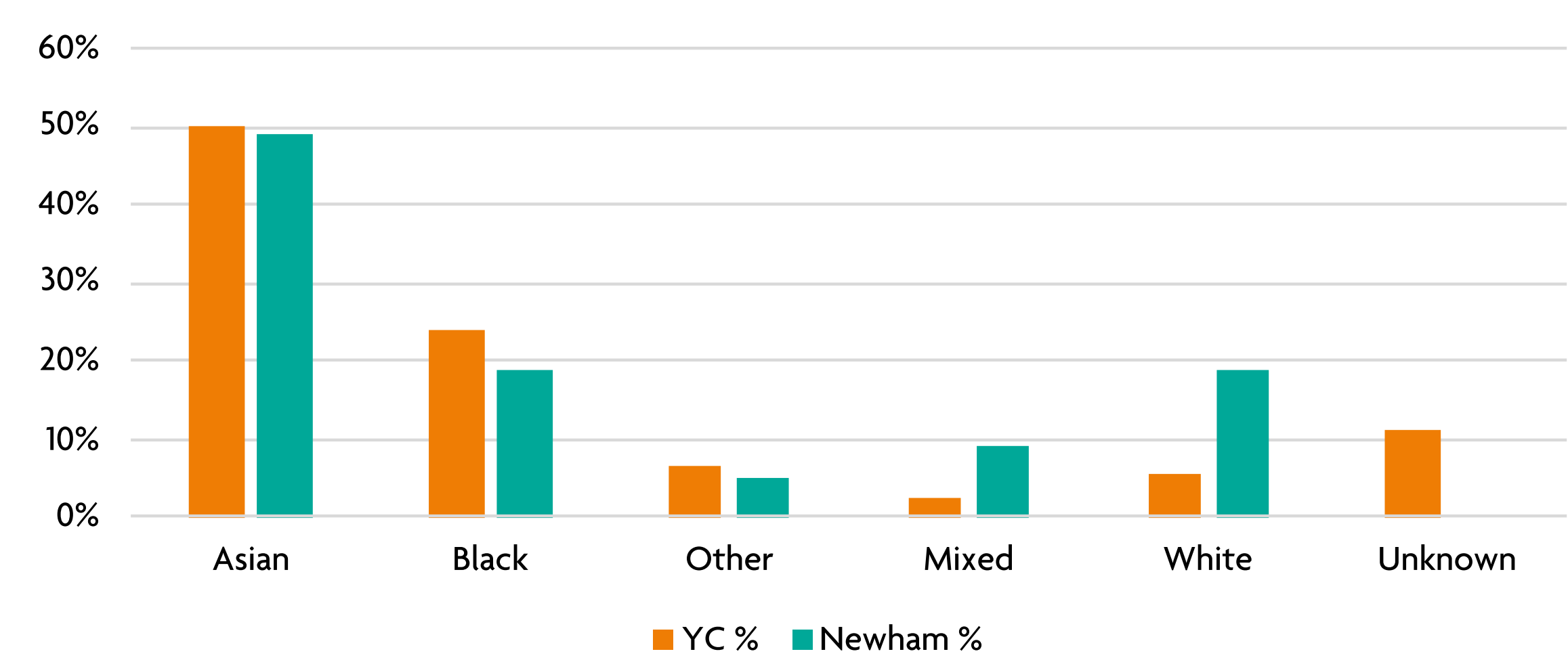
- We currently only have limited Young Carer data while we are awaiting pathways / pages to be built in Azeus / Power BI (anticipated that this work will begin August 2024).
- And the following data has been extracted from volume of referrals submitted into Children's Multi-Agency Safeguarding Hub, or MASH team, and outcomed to Young Carers.
- Please note that the following will only provide a limited demographic picture of volume of Young Carers across Newham, as assessment by other internal CYPS teams; Early Help, Families First, Assessment, Safeguarding & Intervention, Disabled Children's team's, will also identify Young Carers in the course of their interventions.
- The following data provides a 2023-24 snapshot of Young Carers (YC) by:
 - Ethnicity
 - Ethnicity of Young Carers compared with Newham population
 - Age and Gender

Figure 254:



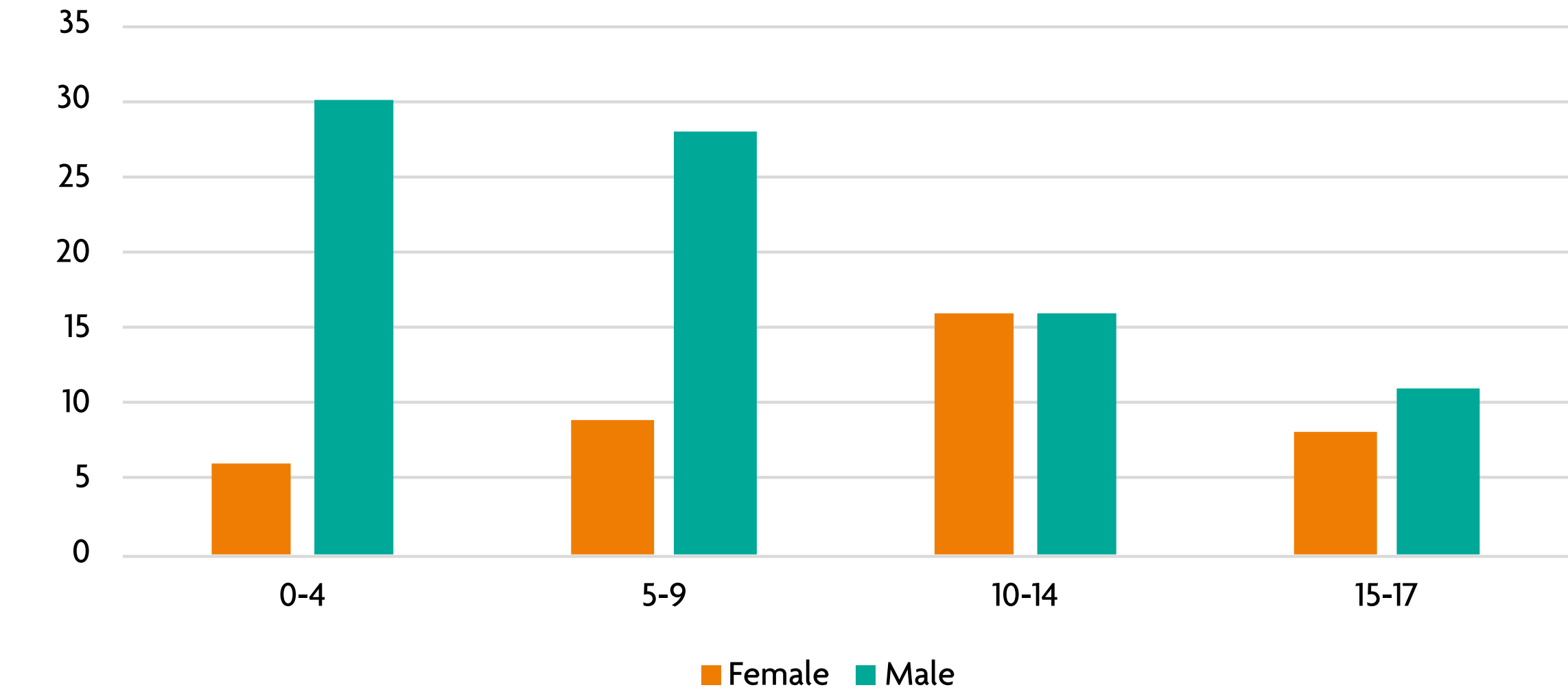
Source:

Figure 255: % of Newham Young Carers By Ethnicity compared to Newham Population



Source:

Figure 256: Young Carers By Age and Gender



Source:

Forecasting future need

- Current commissioned agency the 'Renewal Programme' has a target to reach and engage 2000 Young Carers by end of Year 02 of the existing contract (May 2025).
- Renewal Programme has a target to engage 10 schools per quarter, for the life of the contract (03yrs+02yrs+02yrs), with 100% of Young Carers identified.
- Current provider the 'Renewal Programme', which makes up one third of the consortium of agencies who hold the contract for Carers support services in LBN (and the youth provision arm), has been tasked with rolling out the nationally recognised Carers Trust - Young Carers in Schools Programme / Award.
- I have requested data from the commissioning team, pertaining to progress made against targets by the Renewal Programme, and am awaiting a response.

Strategic implications

- Creation of pathways in our case management system (Azeus) and Power BI will allow us to extract more meaningful and qualitative data, and identify the extent of children and young people across the authority undertaking caring roles.
- Given that on referral, Young Carers are not always immediately identifiable; hidden caring roles may be masked by other presenting issues, such as a young person missing education, issues of punctuality, and not reaching their full educational potential.
- Or young people identified as anxious or low in mood, their lived experience creating a sense of social isolation, their emotional wellbeing affected by having to assume caring responsibilities beyond their physical age and emotional maturity. We have requested that a Young Carer flag is created in Azeus, which can be raised by any team / service within CYPS that have identified a Young Carer in the course of their work, and which seamlessly transitions across to Adult's Azeus system, and allows for identification of Young Adult Carers.
- All Young Carers will be linked in / referred to Newham Carers Community (NCC) to support them away from age-inappropriate caring roles, and will provide access to peer support and guidance, and the stability to learn, develop and thrive, in order to embrace positive childhood experiences, and build the necessary resilience required to navigate early adulthood.

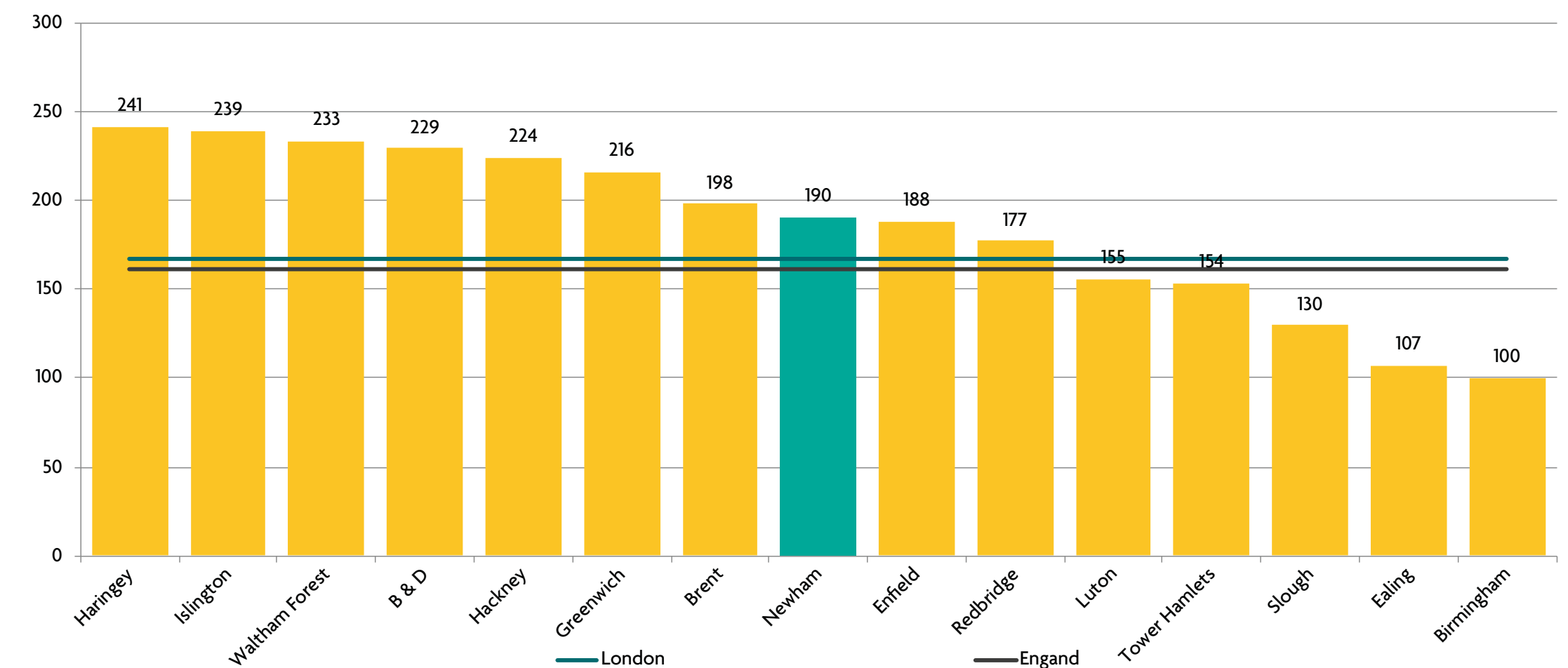
Why is this important?

- 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.

High level data summary

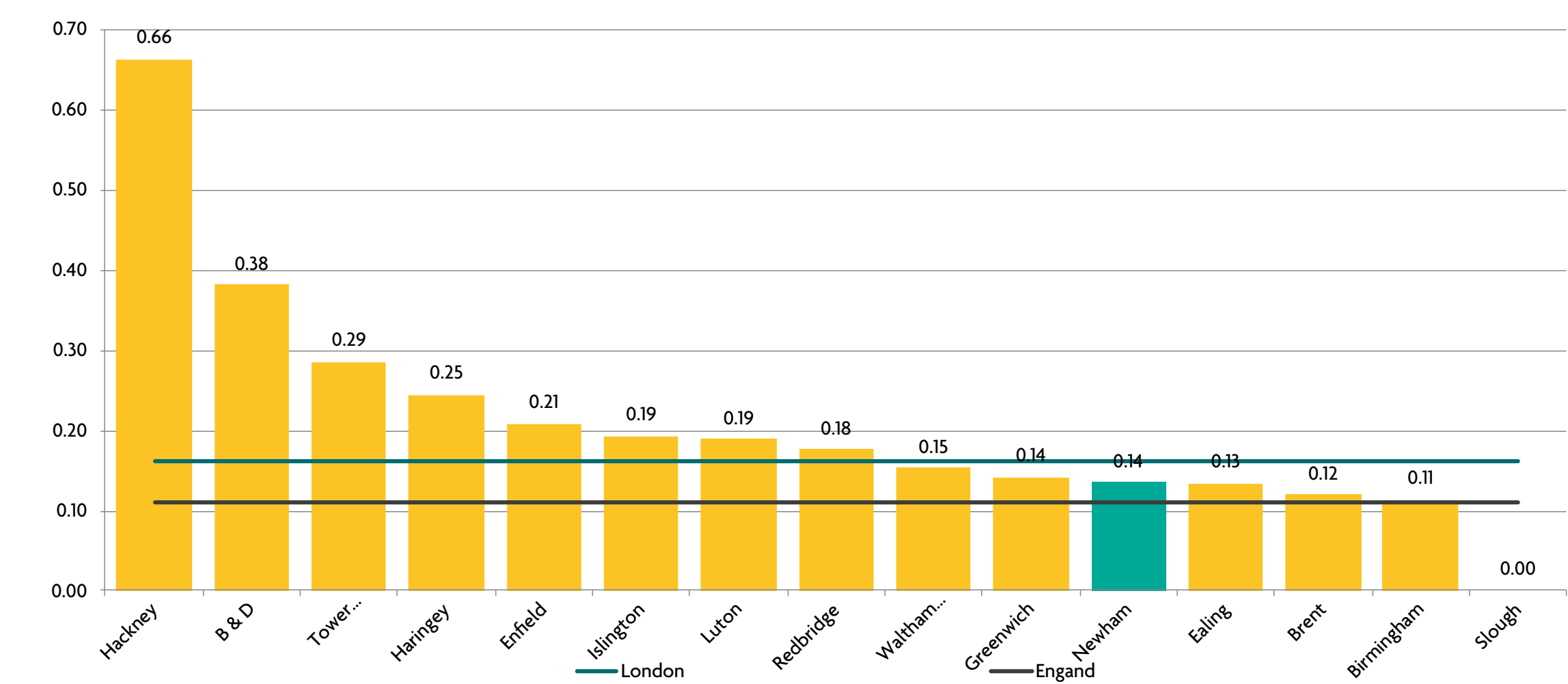
- The Youth Justice Service (YJS) is measured on 3 key performance indicators, First Time Entrants (FTE), Use of Custody and Reoffending rate.
- FTE measures the number of young people who receive a youth caution or court conviction for the first time. See Figure 257.
- Use of Custody measures the number of children who were sentenced to Custody during the year. See Figure 258.
- Reoffending 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. See Figure 259.

Figure 257: FTE rate per 100,000 of 10-17 population (Apr 23 - Mar 24)



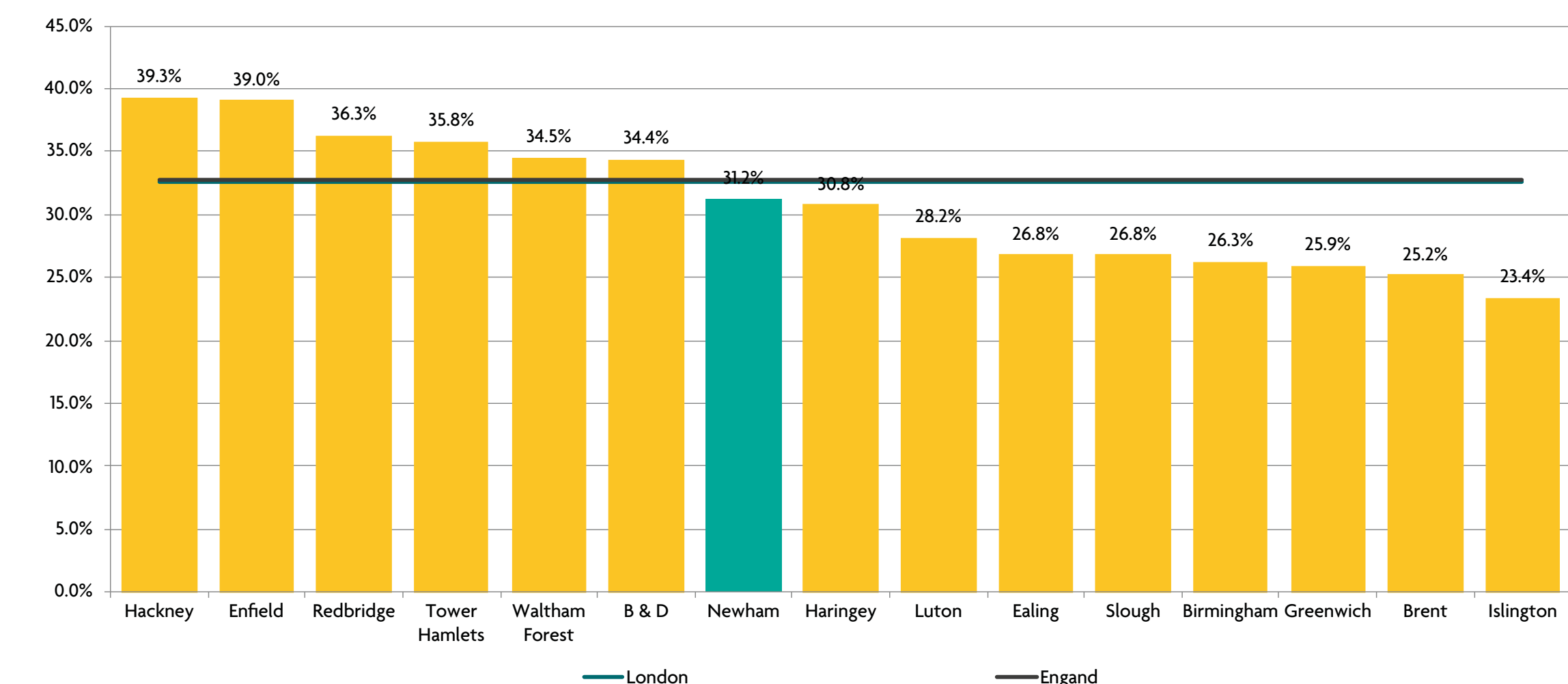
Source: Youth Justice Board

Figure 258: Custody rate per 1,000 youth population (Apr 23 - Mar 24)



Source: Youth Justice Board

Figure 259: Re-offending rate (Jul 21 - Jun 22)



Source: Youth Justice Board

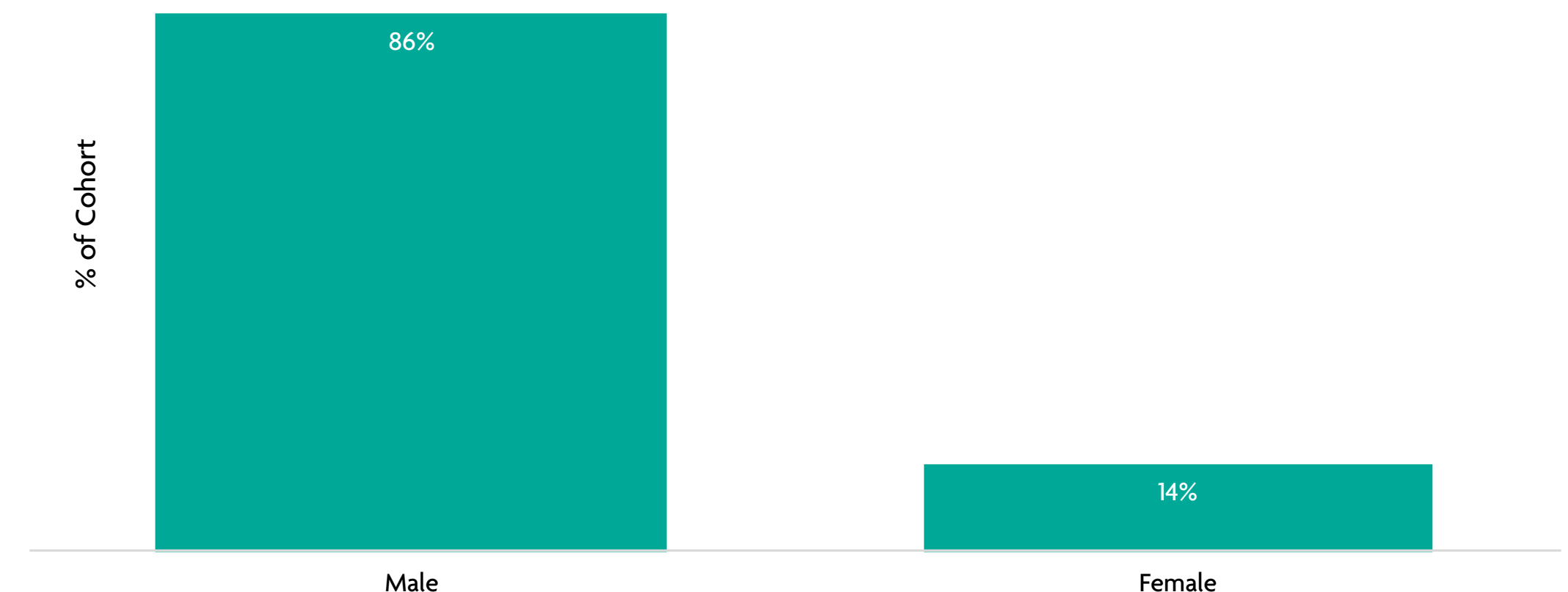
Local context for Newham

- Newham's FTE rate per 100,000 youth population for the year April 2023 to March 2024 is 190, which ranks Newham 4th out of the 8 neighboring boroughs. Our FTE rate is higher than both the London average of 167 and the National average of 161.
- Newham's Custody rate per 1,000 youth population for the year April 2023 to March 2024 is 0.14, which ranks Newham 1st out of the 8 neighboring boroughs. Our Custody rate is below both the National average of 0.11 but below the London average of 0.16.
- Newham's Reoffending rate from the latest yearly YJB data (July 2021 to June 2022) is 31.2%, which ranks Newham 2nd out of the 8 neighboring boroughs. Our Reoffending rate is lower than both the London average of 32.5% and the National average of 32.7%.

Inequalities

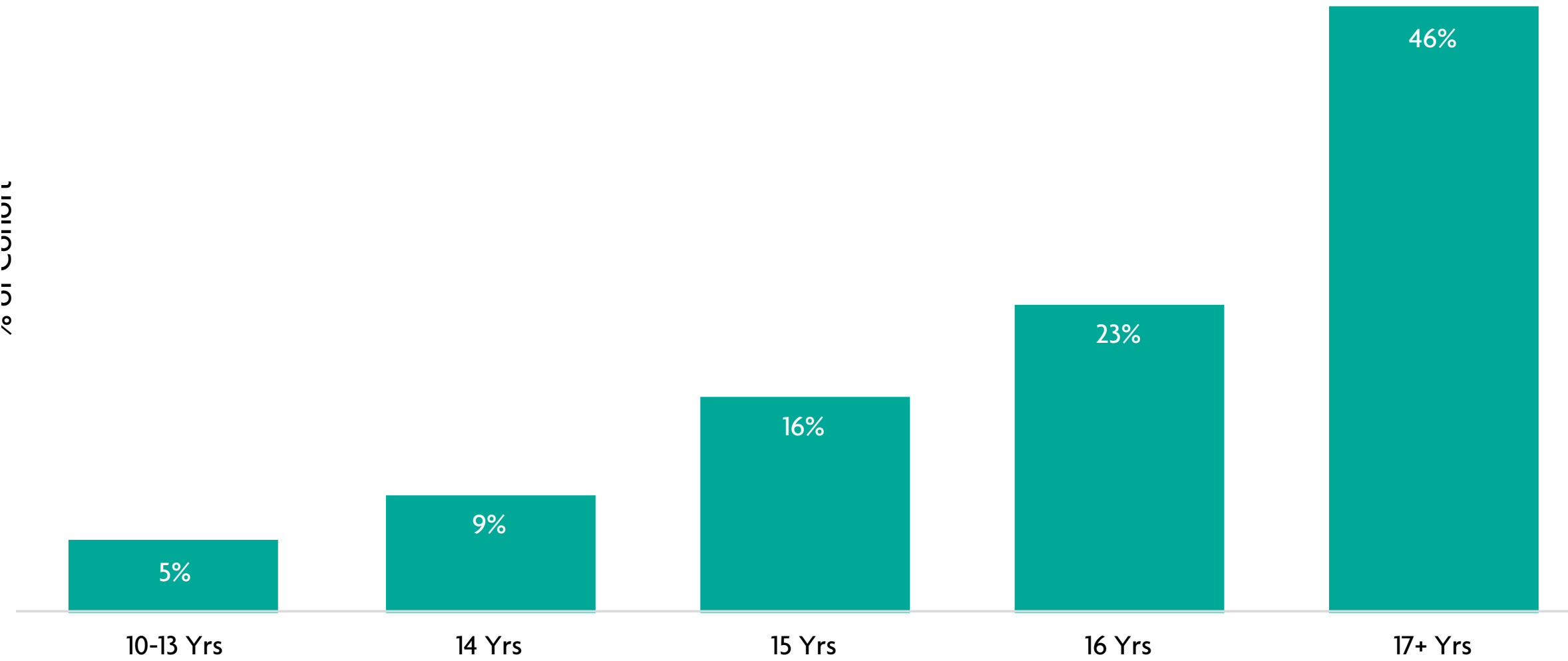
- Newham YJS worked with 257 children during the year April 2023 to March 2024.
- Gender - Males are disproportionality over represented in the YJS cohort with an overall figure of 14% female and 86% male.
- Age – The largest age group was 14-16 year olds with 49% followed by 17-18 year olds with 46% and 10 –13 year olds represented 5% of the YJS cohort.
- Ethnicity – Black children are disproportionality over represented in the YJS cohort with 39% and Asian children are underrepresented with 22% of the YJS cohort.

Figure 260: YJS Children by Gender



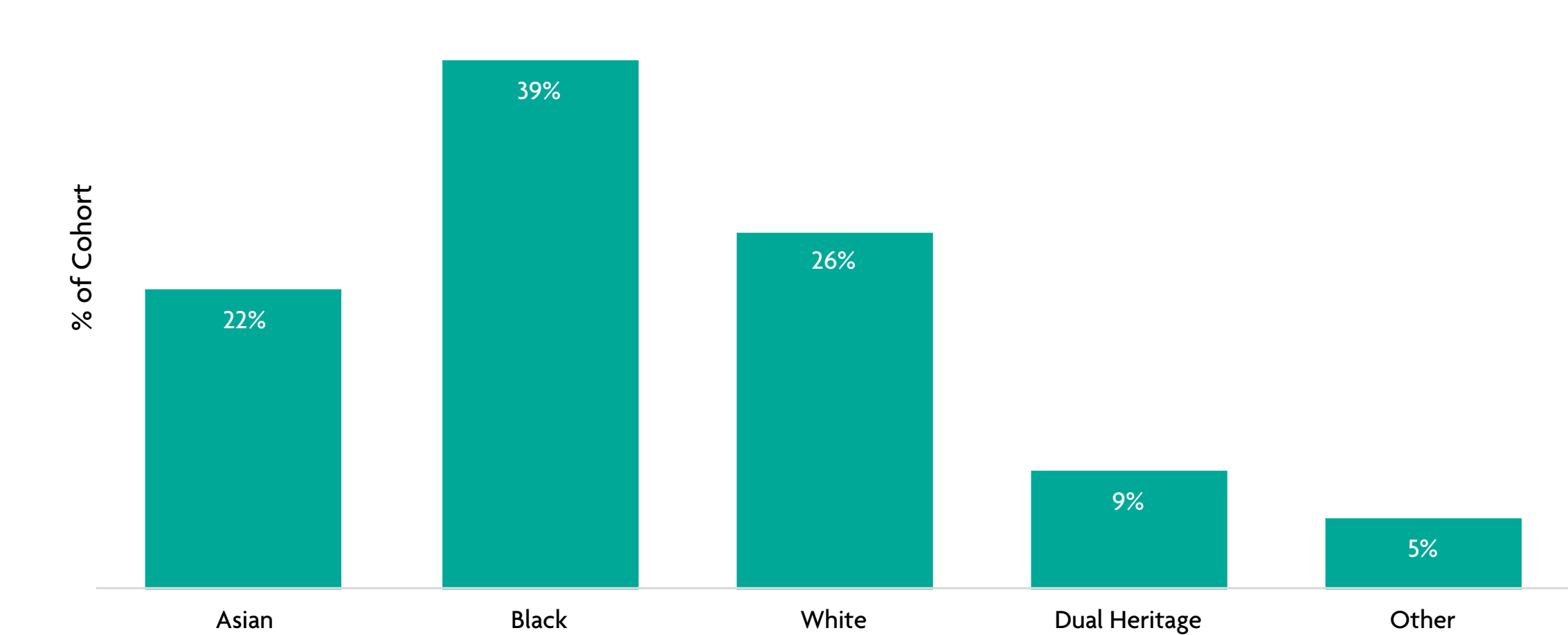
Source:

Figure 261: YJS Children by Age



Source:

Figure 262: YJS Children by Ethnicity



Source:

Time trend

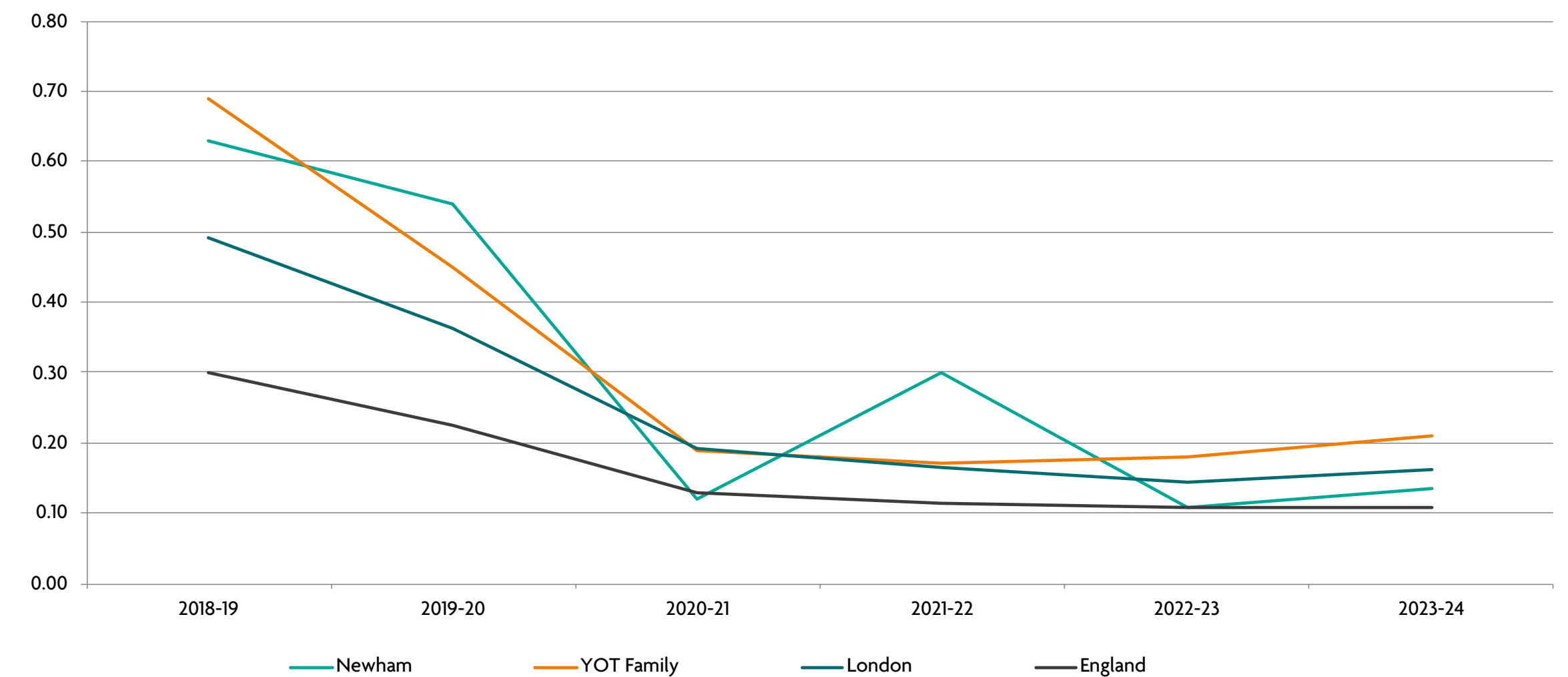
- Newham's FTE rate has reduced by 5% this year to 190 from 201 per 100,000 youth population in the previous year which is in line with the national trend.
- Newham's Custody rate has increased by 25% this year to 0.14 from 0.11 per 1,000 youth population in the previous year but is in line with the regional trend.
- Newham's reoffending rate has decreased by 3 percentage points this year to 31.2% from 34.1% in the previous year which is in line with the national trend.

Figure 263: FTE rate Trend



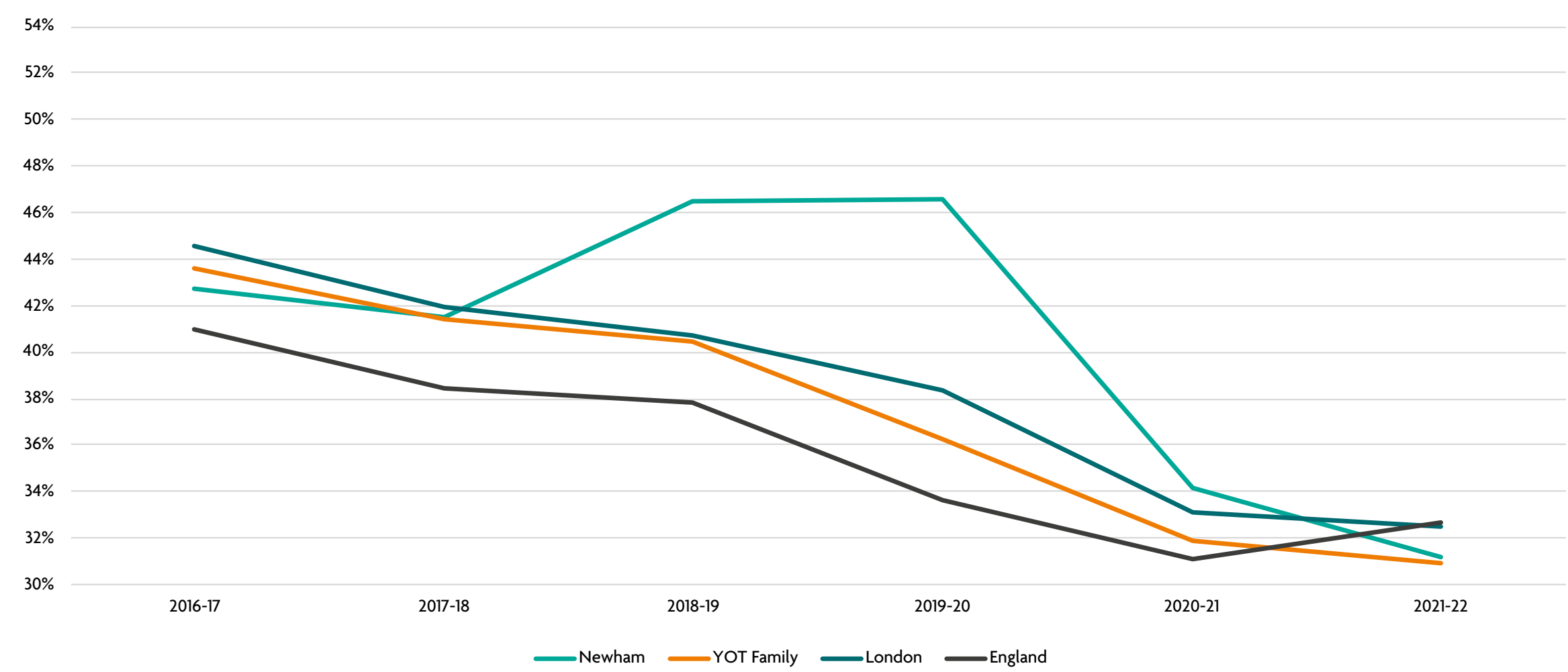
Source: Youth Justice Board

Figure 264: Custody rate Trend



Source: Youth Justice Board

Figure 265: Re-Offending Trend



Source: Youth Justice Board

Forecasting future need

- Over the last 5 years the trend has been steadily improving in all of the 3 YJS key indicators. However we anticipate a further increase in the number of children sentenced to custody this year due to a high number of children remanded into Youth Detention Accommodation for serious violent offences and we have already seen an increase on first time entrance this year.

Strategic implications

- The financial management of Remand bed nights continues to be a challenge, and is beyond our control.
- Newham has been commended by the courts for the quality of our Pre Sentence Reports resulting in children being diverted from

Why this is important

Children's community palliative care for children and young people is an active and total approach to care, from the point of diagnosis, throughout the child's life, death and beyond. It embraces compassionate, comprehensive, family centred care that incorporates physical, emotional, social and spiritual elements and focuses on the enhancement of quality of life for the child or young person and support for the whole family. (Williams, G. E. 2023¹⁰)

Children's community palliative care is crucial for several reasons:

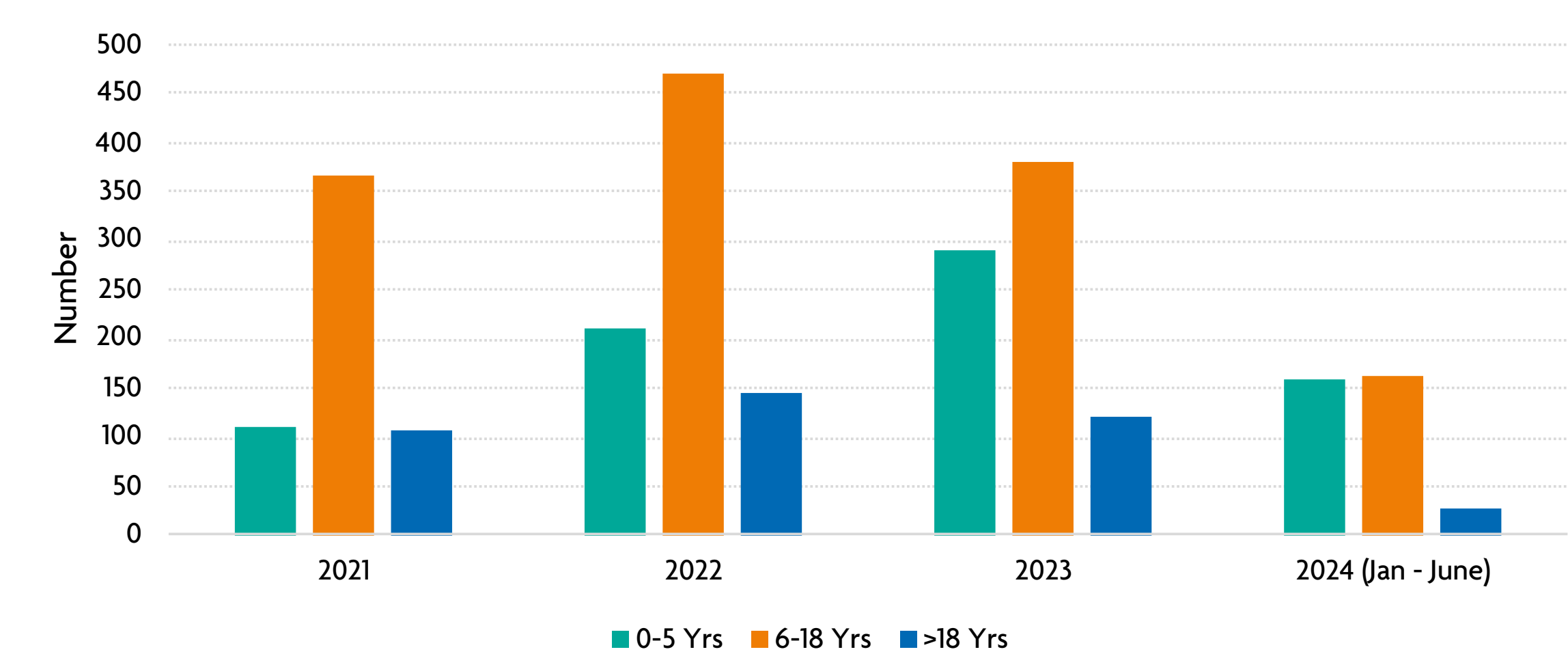
- **Holistic Support:** It addresses not only the physical symptoms of a child's illness but also emotional, psychological, and social needs. This comprehensive approach ensures that the child and their family receive well-rounded care.
- **Family-Centred Care:** Palliative care involves the entire family in the care process. It recognises the impact of a child's condition on family dynamics and provides support for siblings and parents, helping families cope with the challenges they face.
- **Improves Quality of Life:** Palliative care focuses on enhancing the quality of life for children with life-limiting conditions. By managing symptoms effectively, it allows children to engage in daily activities, maintain their dignity, and experience a better quality of life.
- **Early Integration:** The earlier palliative care is introduced, the better the outcomes tend to be. It can be provided alongside curative treatments, helping to alleviate suffering from the outset and ensuring that children receive comprehensive care throughout their illness.
- **Culturally Sensitive Care:** Community palliative care can be tailored to meet the cultural and individual needs of families, ensuring that care is respectful and relevant to their beliefs and values.
- **Continuity of Care:** Community palliative care offers a consistent support system, allowing families to remain in their familiar environment. This continuity can be comforting for both children and families, reducing anxiety and promoting a sense of security.
- **Education and Resources:** Palliative care teams often provide education about the child's condition, available resources, and care strategies. This empowers families, helping them to make informed decisions and navigate the complexities of the healthcare system.
- **Emotional and Psychological Support:** Children with life limiting conditions and their families often experience significant emotional distress. Diana team can provide psychological support to help families cope with grief, anxiety, and the challenges of caregiving.
- **End-of-Life Care:** For children with terminal conditions, Diana team ensures that they receive compassionate end-of-life care in a familiar setting, surrounded by loved ones, while managing pain and other distressing symptoms.
- **Advocacy and Guidance:** Diana team can advocate for the needs of the child and family within the healthcare system, ensuring they receive appropriate services and support.

¹⁰ Williams, G. E. (2023). Implementing partnership working to enhance the care of the acutely unwell child in children's community palliative care services. *Nursing Children and Young People*, 35(5), 28–34. <https://doi.org/10.7748/ncyp.2023.e1440>

Local context for Newham

- Diana Team support children in Newham who meet the four groups of life-limiting and life-threatening conditions (Together for short lives, 2019¹¹). Supporting the whole family with Nursing, psychology and play service. Referrals age range from 0-19 years.
- In Newham, Diana Nursing Team received 582 referral which increased 826 in 2022 and 789 in 2023. Please see Table 1. (Rio reporting service)
- Neonates surviving longer into infancy or childhood often have far greater and more complex care needs for example requiring interventions such as long-term ventilation (Fraser et al. 2020¹²)
- Children with many life limiting conditions has been seen to now living much longer than they would have been expected to have survived 5 or 10 years ago, or even outliving initial prognoses given to them in more recent years. Diana Nursing team are in more demand providing care for newly diagnosed BCYP as well continuing care for existing BCYP receiving care but for a longer time.
- Adult services are experiencing more patients transitioning from paediatric palliative care services with conditions and needs they may have not experienced before (or at least in any significant numbers). (Together for short lives)
- Unexpected child deaths are more likely in babies older than 28 days. Majority of deaths in neonatal period under 1 month old are expected and usually caused by prematurity or congenital anomalies. There are more likely to be modifiable factors identified in unexpected deaths. Newham has the highest number of expected deaths and unexpected deaths across WELC. (WELC Child Death Overview Panel 2020-2021)

Figure 266: Population Distribution by Age Band (2021-2024)



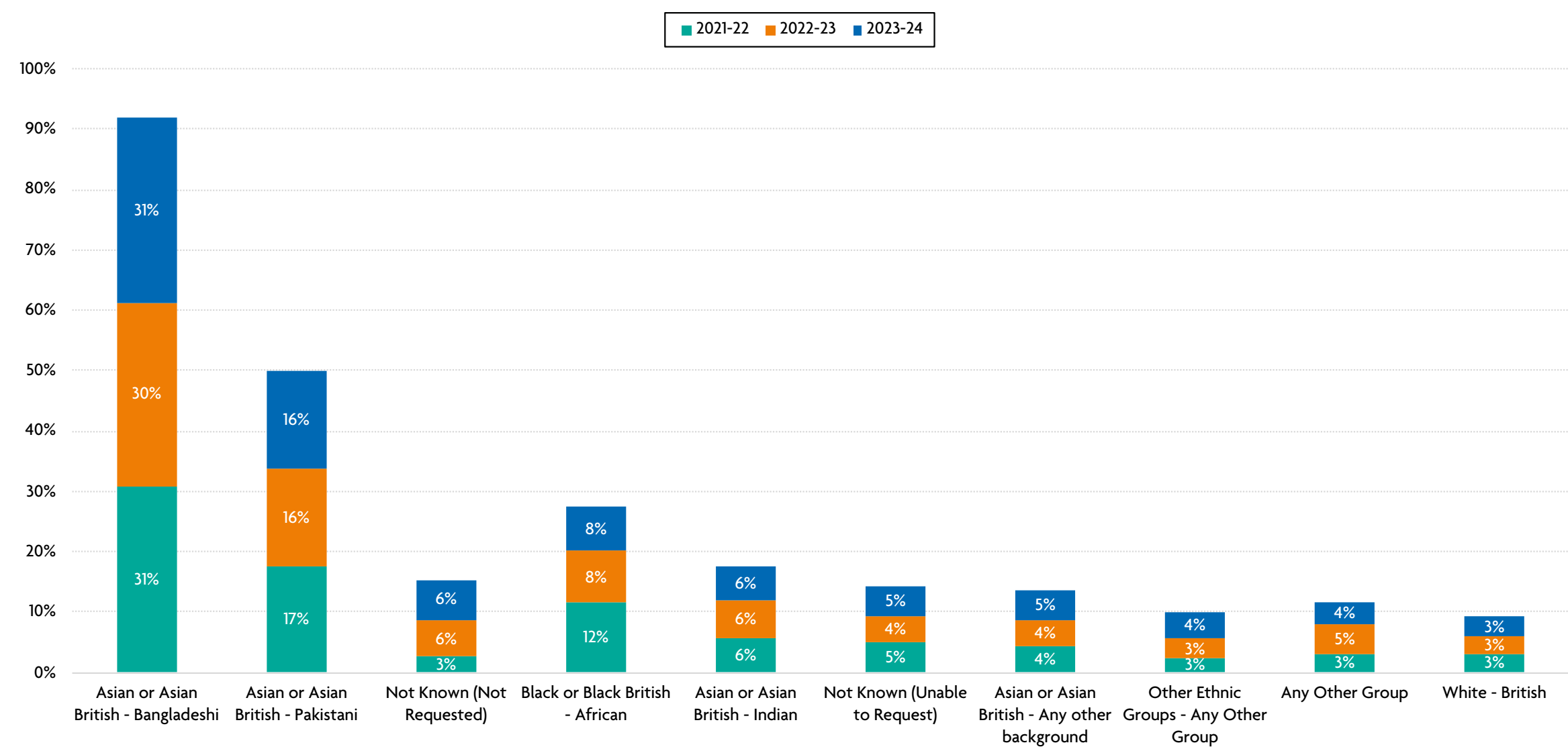
Source: East London NHS Foundation Trust. (n.d.). Reporting services.

¹¹ Together for Short Lives. (2019). Key Information about Children Who May Need Palliative Care. Together for Short Lives. www.togetherforshortlives.org.uk/changing-lives/supporting-care-professionals/introduction-childrens-palliative-care/categories-of-life-limiting-conditions/ (Accessed 21/11/24)

¹² Fraser, L. K., Gibson-Smith, D., Jarvis, S., Norman, P., & Parslow, R. C. (2020). Estimating the current and future prevalence of life-limiting conditions in children in England. *Palliative Medicine*, 35(9), 026921632097530. <https://doi.org/10.1177/0269216320975308>

Children with life limiting conditions

Figure 267: Ethnicity (Top 10)



Source: East London NHS Foundation Trust. (n.d.). Reporting services

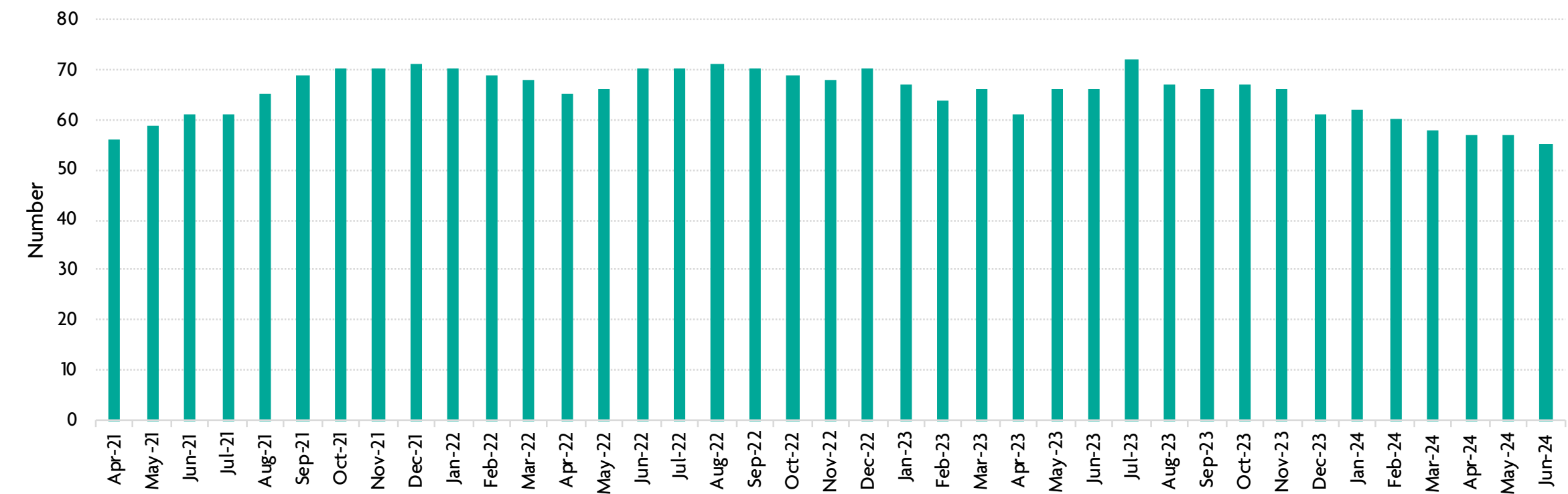
Inequalities

- Newham is higher than the national average and higher than the London Region rate at 3.4.
- Newham has the highest infant mortality rate in Northeast London. (Child Death Overview Panel (CDOP) Annual Report, 2020¹³)
- Newham is the third most deprived borough in London (Fraser et al. 2020.) It is also a highly diverse population as shown by the ethnicity chart.
- While deaths are reducing, the prevalence rates of children with an LLC/LTC are rising in Newham and prevalence is higher in Bangladeshi, Pakistani Black and other ethnic groups.
- The prevalence of long-term conditions is significantly higher among boys with the prevalence rate as shown in Figure 269

13 Child Death Overview Panel (CDOP) Annual Report. (2020). <https://trixcms.trixonline.co.uk/api/assets/nesubregion/edeb1830-c661-4aff-90e3-9c57057e87fb/cdop-annual-report-2020-2021-1.pdf>

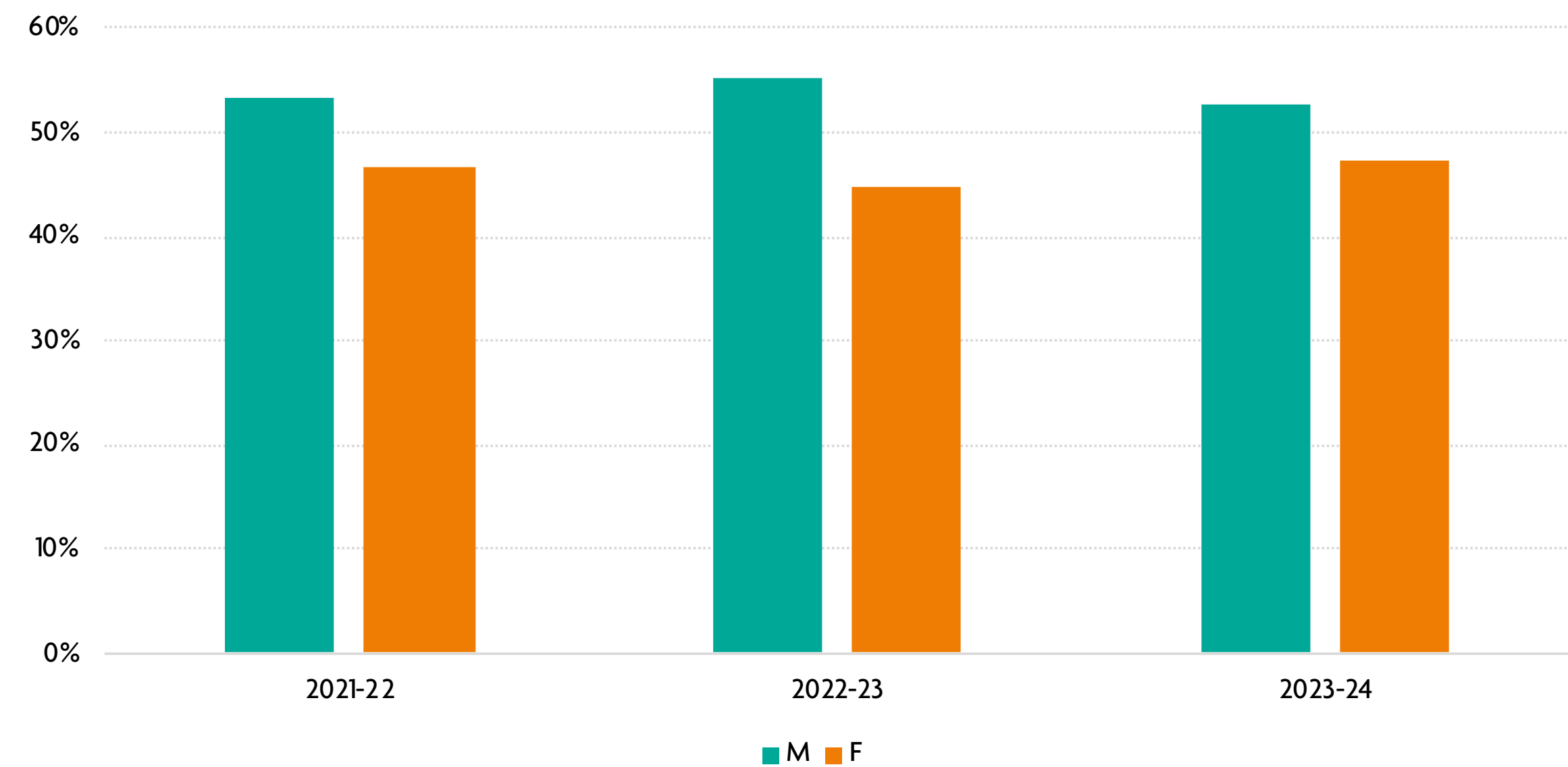
Children with life limiting conditions

Figure 268: CCNS Diana Nursing



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

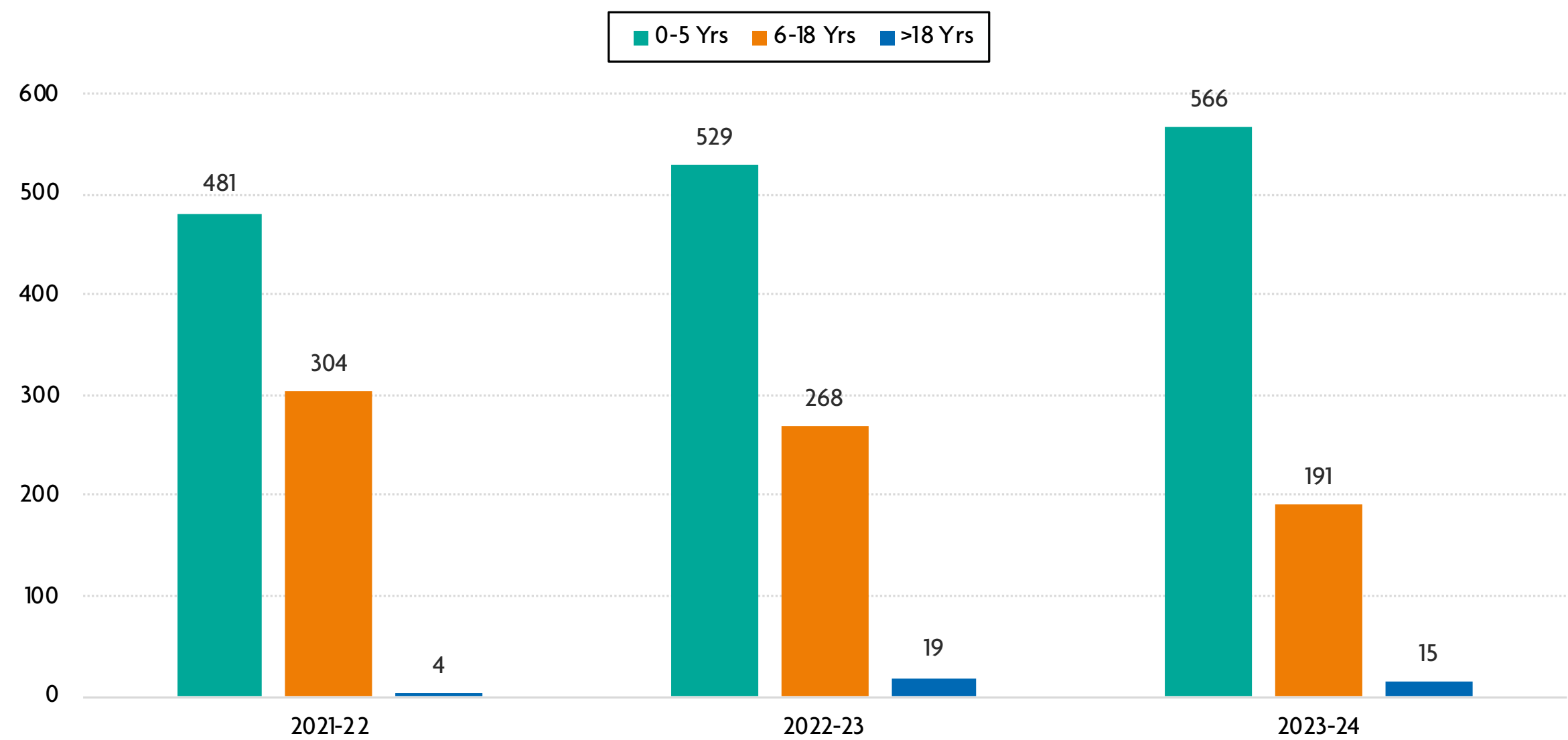
Figure 269: Gender



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

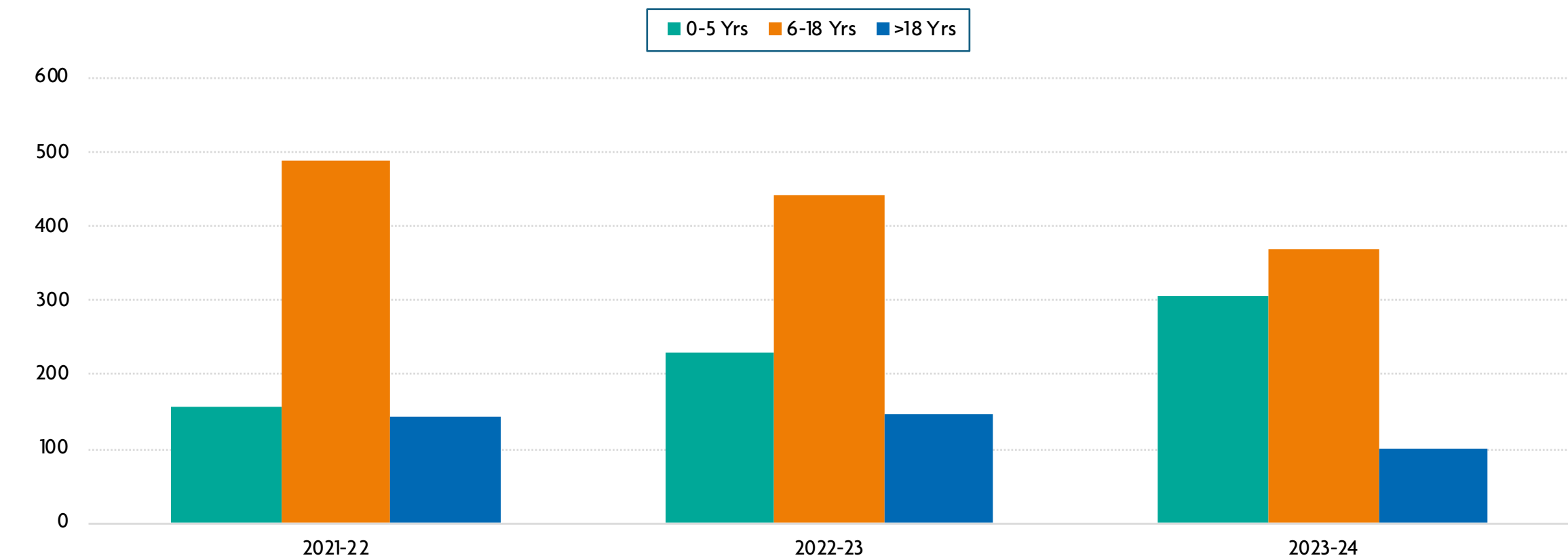
Children with life limiting conditions

Figure 270: Age Band - Age at Referral



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

Figure 271: Age Now



Source: East London NHS Foundation Trust. (n.d.). Reporting services.

Children with life limiting conditions



Forecasting future need

- In 2017 across London there were 14,360 children aged 0-19 with a life limiting condition compared with 10,113 in 2010. Although it is difficult to predict, it is estimated that the national prevalence of life-limiting conditions in young people will increase over the next ten years. The number had increased from 33.5 per 10,000 in 2009/10 to 46.7 per 10,000 in 2017/18 and is estimated to increase to up to 62.2 per 10,000 by 2030, indicating an increased need for children's palliative care services in all parts of the UK. (Jarvis et al. 2020¹⁴)
- Diana service is in more demand providing care for newly diagnosed BCYP as well continuing care for existing BCYP receiving care but for a longer time period. This means that caseload will continue to be consistent without changes in numbers but an increase due to longer continuing care due developed medical interventions for these conditions.
- Research suggests that this rise in prevalence rates may be partly down to better recording of data and improved diagnosis. Also, children are living longer because of better care being provided and advances in medical technology (More Children than Ever Living with Life-Limiting Conditions | the Children's Trust, 2020¹⁵)
- Not only do these factors result in a greater strain and direct usage of palliative services, but it also results in families themselves having to take on greater care responsibilities and effectively learn how to provide and execute quite complex care activities at home. These families therefore require greater guidance and education to support them.
- A recent report from Together for Short Lives has revealed that due to a lack of funding and available children's palliative care nurses and consultants, families in only a fifth of local areas in England are able to access 24/7 end of life care at home that fully meets the NICE quality standards. (Suite et al, 2023¹⁶)

¹⁴ Jarvis, S., Parslow, R., Hewitt, C., Mitchell, S., & Fraser, L. (2020). GPs' role in caring for children and young people with life-limiting conditions: a retrospective cohort study. *British Journal of General Practice*, 70(693), e221–e229. <https://doi.org/10.3399/bjgp20x708233> Make Every Child Count. (2020, July 23). Together for Short Lives. togetherforshortlives.org.uk/resource/make-every-child-count

¹⁵ More children than ever living with life-limiting conditions | The Children's Trust. (2020). thechildrenstrust.org.uk/brain-injury-information/latest/more-children-than-ever-living-with-life-limiting-conditions

¹⁶ Suite, T. for S. L., Whitefriars, Mead, L., Bristol (2023). Access to 24/7 children's palliative care. Together for Short Lives. togetherforshortlives.org.uk/changing-lives/speaking-up-for-children/policy-advocacy/access-to-247-childrens-palliative-care/

Strategic implications

- Newham is a diverse region with a diversity of needs. The Diana service is catering to this diverse population therefore need to be able to tailor and adapt services accordingly.
 1. Greater accessibility needs e.g. translation services, different communication formats
 2. Greater education and training on different conditions & management of these
 3. Greater understanding of cultural sensitivities and practices
 4. Families requiring greater support or guidance to help look after their children
- Using the NICE quality standard (QS160) and the ambitions framework, Diana Service need to agree and define the outcomes that demonstrate each of the six ambitions is met in Newham (England, 2021) (NICE, 2017¹⁷)
- Children with palliative and end of life care needs, and complexity of their needs, will fluctuate throughout their journey, and this means that a flexible model of care is required in Diana Service.
- Children with palliative and end of life care needs should be supported by a whole system approach. This means that care and support should be provided by the right professional, at the right time. This includes access to out of hour's palliative and end of life care. (NHS England, 2023¹⁸)

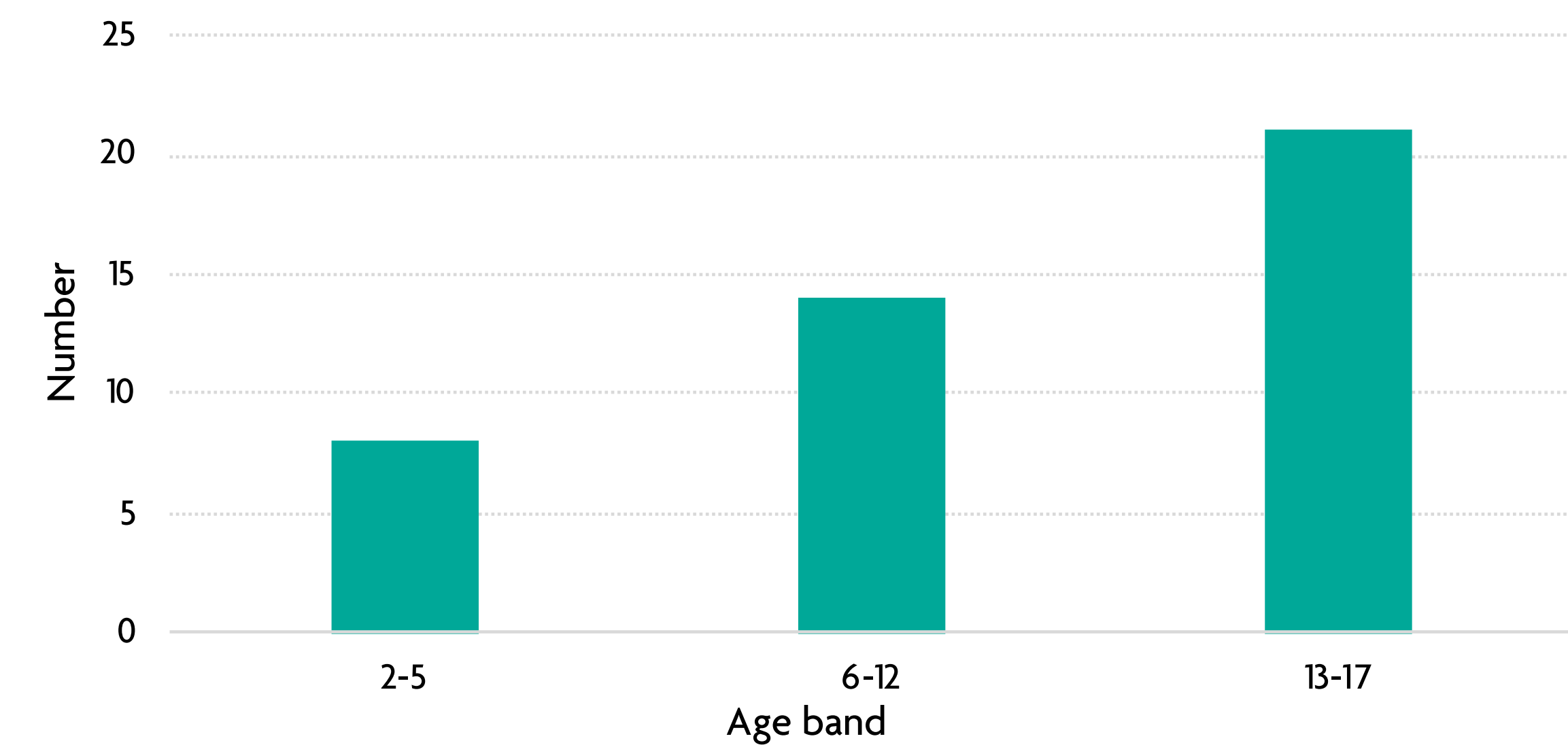
¹⁷ NICE. (2017, September 12). Overview | End of life care for infants, children and young people | Quality standards | NICE. [nice.org.uk/guidance/qs160](https://www.nice.org.uk/guidance/qs160)

¹⁸ NHS England. (2023). Specialist palliative and end of life care services Children and young people service specification. [england.nhs.uk/wp-content/uploads/2023/01/B1675-specialist-palliative-and-end-of-life-care-services-cyp-service-spec.pdf](https://www.england.nhs.uk/wp-content/uploads/2023/01/B1675-specialist-palliative-and-end-of-life-care-services-cyp-service-spec.pdf)

Why is this so important?

Every child death from 0 and up to the age of 17 (inclusive) 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 modifiable factors in deaths due to intentional injuries or harm including youth violence and suicide and those which were unexpected. The same applies to deaths due to asthma in older children. Approximately 30% of child deaths have modifiable factors (data source eCDOP. NCMD for England) These deaths are potentially preventable and therefore clear strategies for reducing modifiable factors and preventing child death need to be in place.

Figure 272: Newham residents deaths by age band, 2019-2023

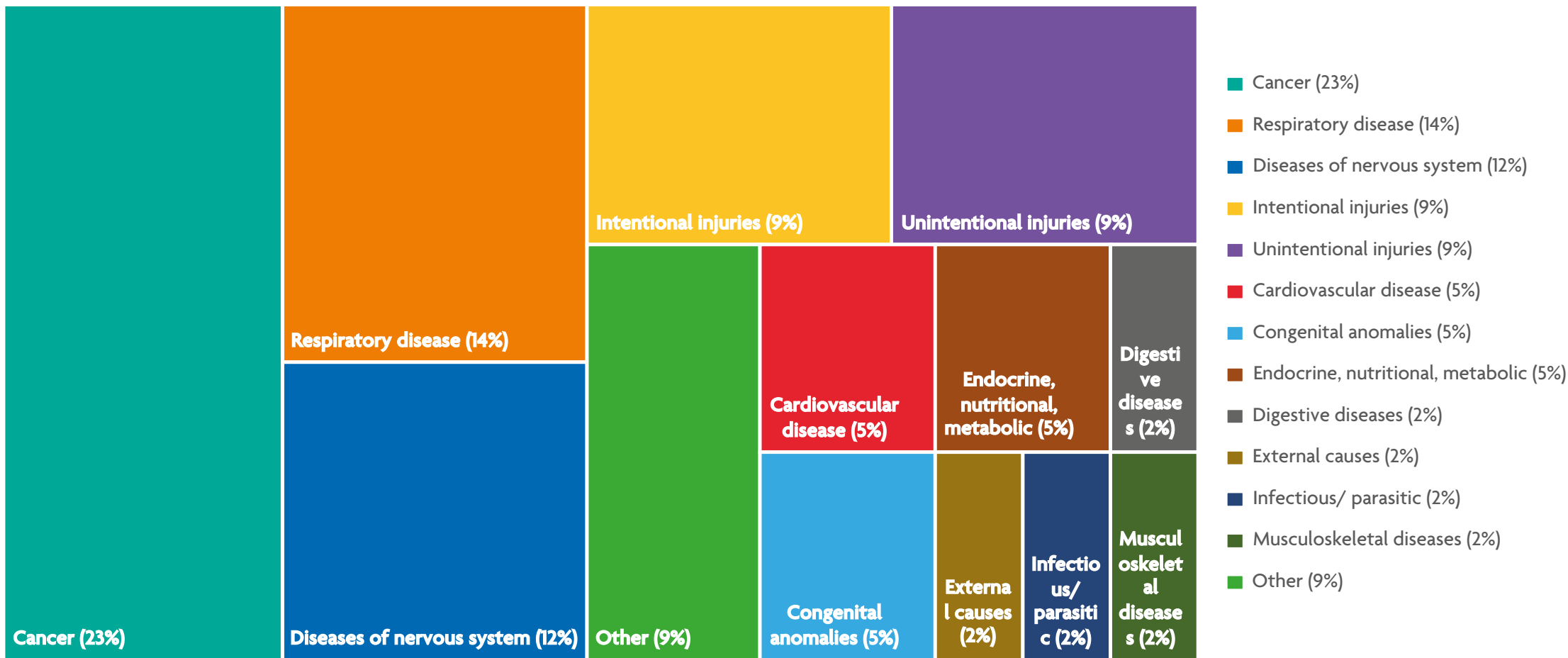


Source: Primary Care Mortality Data, NHS England

Local context for Newham

- There has tended to be a decline in child deaths in the past 3 years.
- 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 2-17 year-olds accounted for 28% (n=43) of all deaths in 0-17 year-olds from 2019-2023, this is a lower proportion when compared to 33% in 2016-2020 (please see Early Years chapter for data on mortality in 0-1 years)
- Deaths due to cancer accounted for the highest number of deaths (23%, n=10)
- Respiratory disease accounted for the second highest number of deaths at 14% (n=6)
- 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

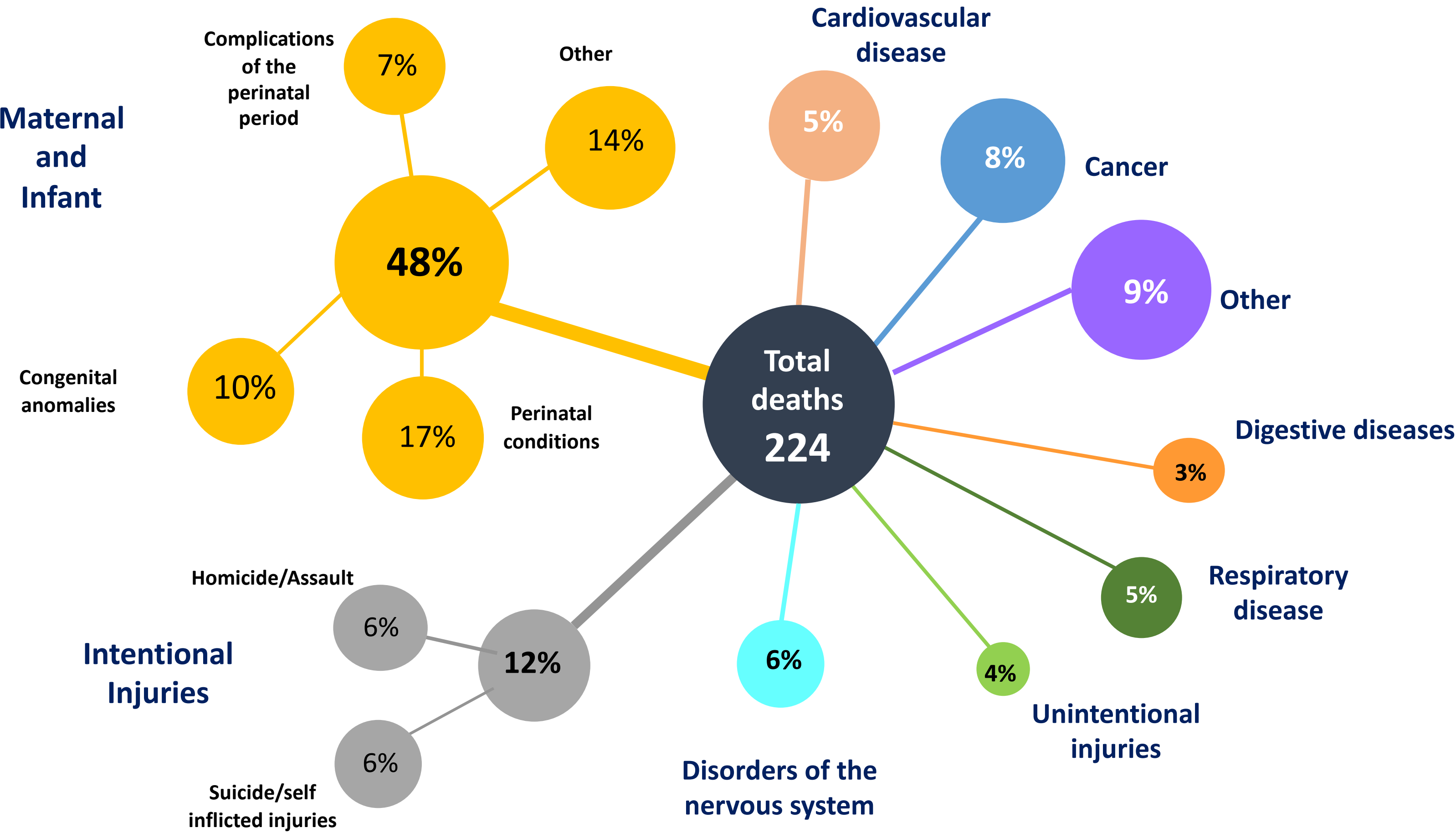
Figure 273: Main cause of death in children aged 2-17, 2019-2023



Source: Primary Care Mortality Data, NHS England

Mortality – ages 2-17

Figure 274: Main cause of death in children aged 2-17, 2019-2023

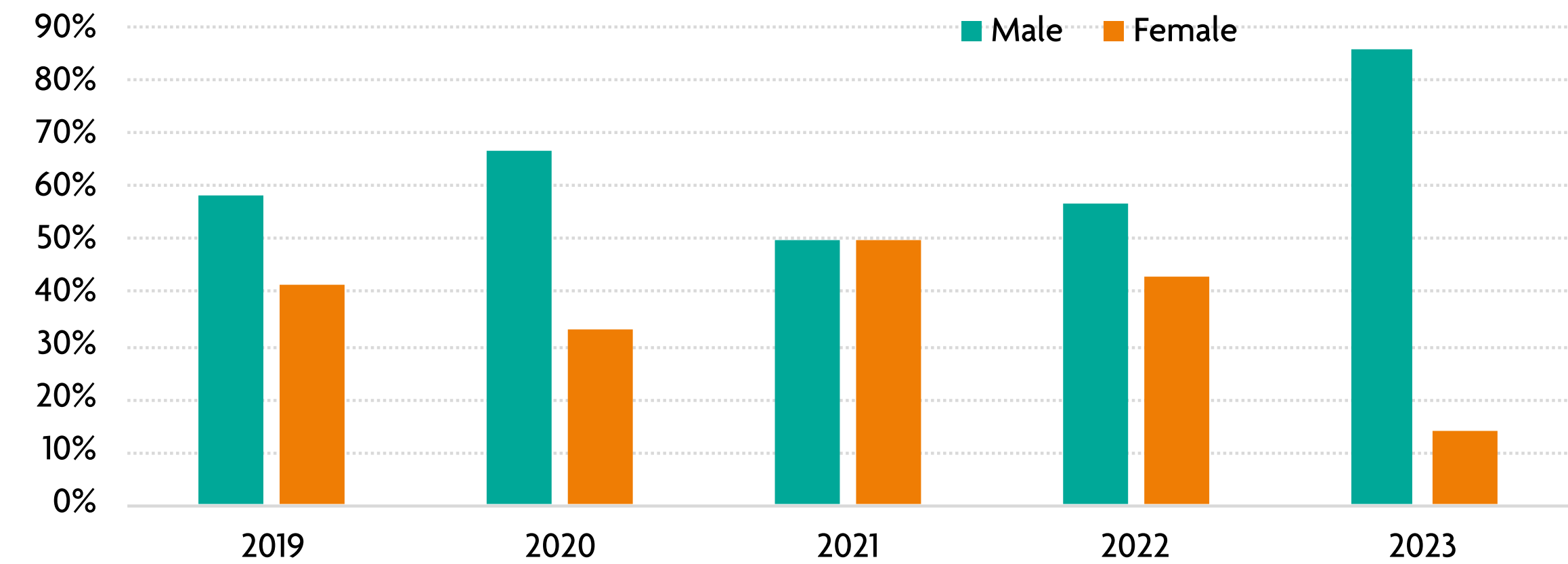


Source: Primary Care Mortality Data, NHS England

Inequalities

- Out of the 43 deaths recorded in 2-17 year-olds between 2019-2023, 63% were males and 37% were females (Figure 275)
- Just under half (49%) of deaths were in the 13-17 age group (Figure 276)
- The biggest proportion of deaths were of those living in deprivation decile 3, however a majority of Newham households are within decile 3. There was an over-representation of deaths however in deprivation deciles 4 and 5 compared to the population, however numbers in these 2 deciles are small (total = 15) and so this needs to be viewed with caution
- Ethnicity is not recorded in the Primary Care Mortality Database – there is Country of origin (birth) but it is not a useful proxy for ethnicity. A majority of deaths (84%) were of those born in the UK (Figure 278)

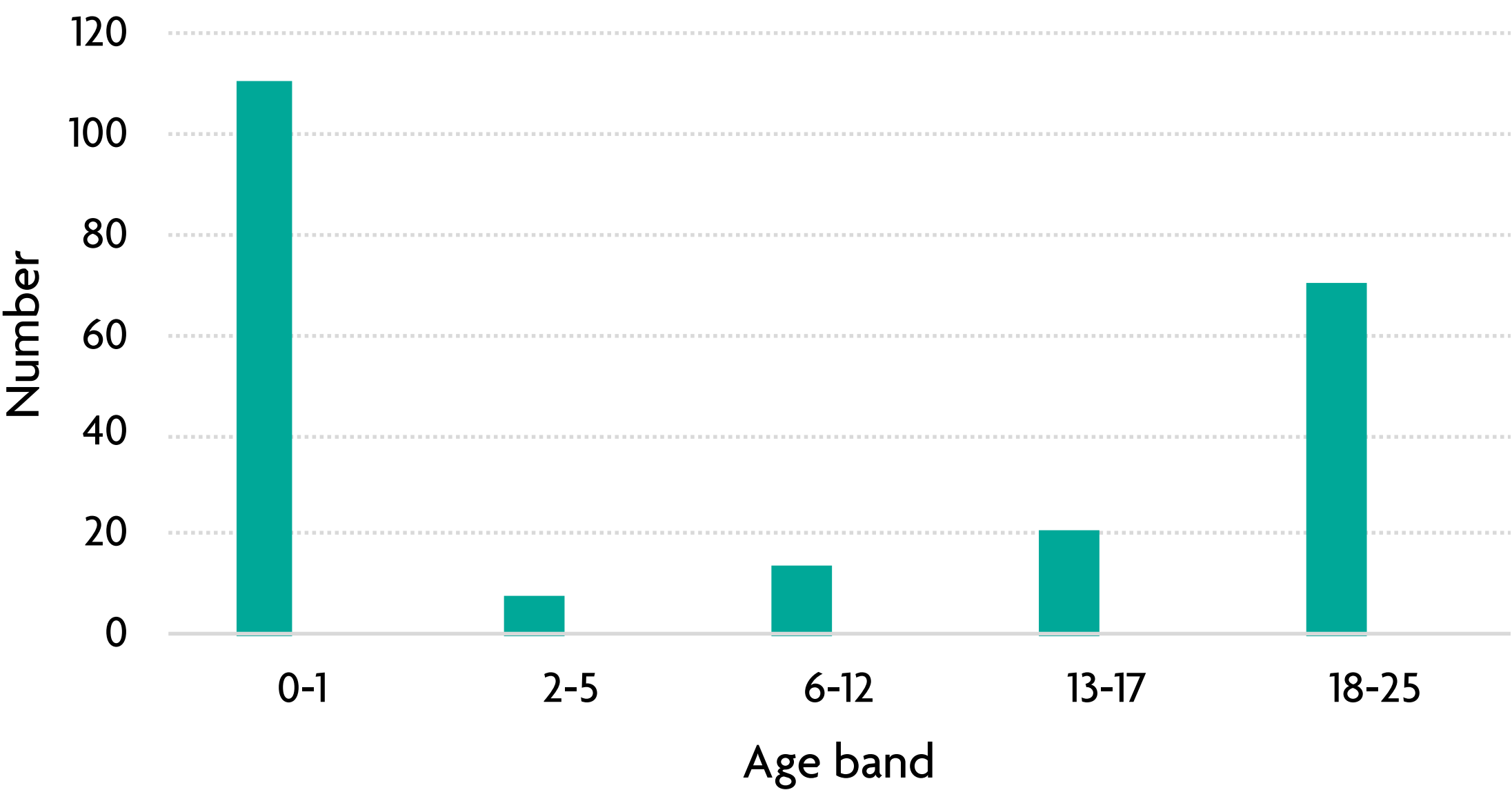
Figure 275: Mortality in children and young people aged 2-17 by gender, 2019-2023



Source: Primary Care Mortality Data, NHS England

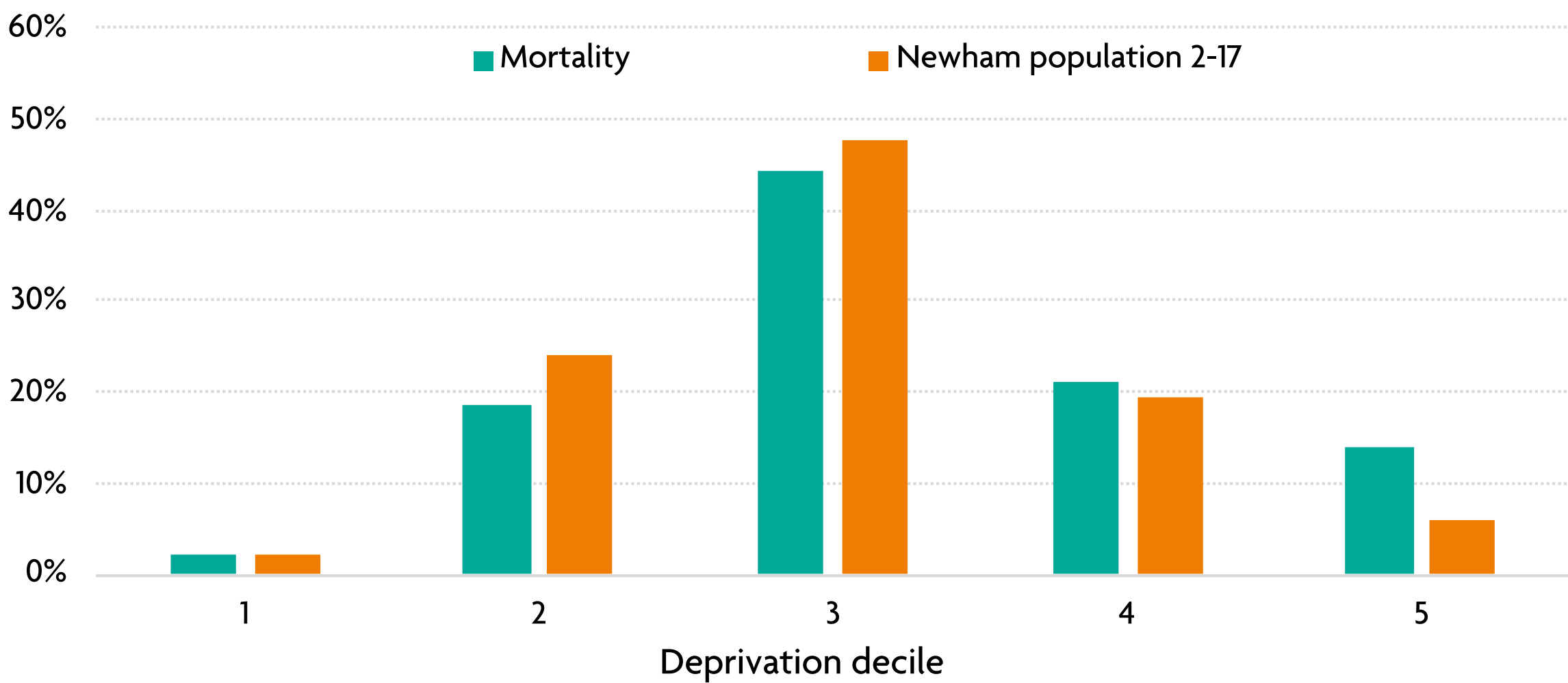
Mortality – ages 2-17

Figure 276: Mortality in children and young people by age band, 2019-2023



Source: Primary Care Mortality Data, NHS England

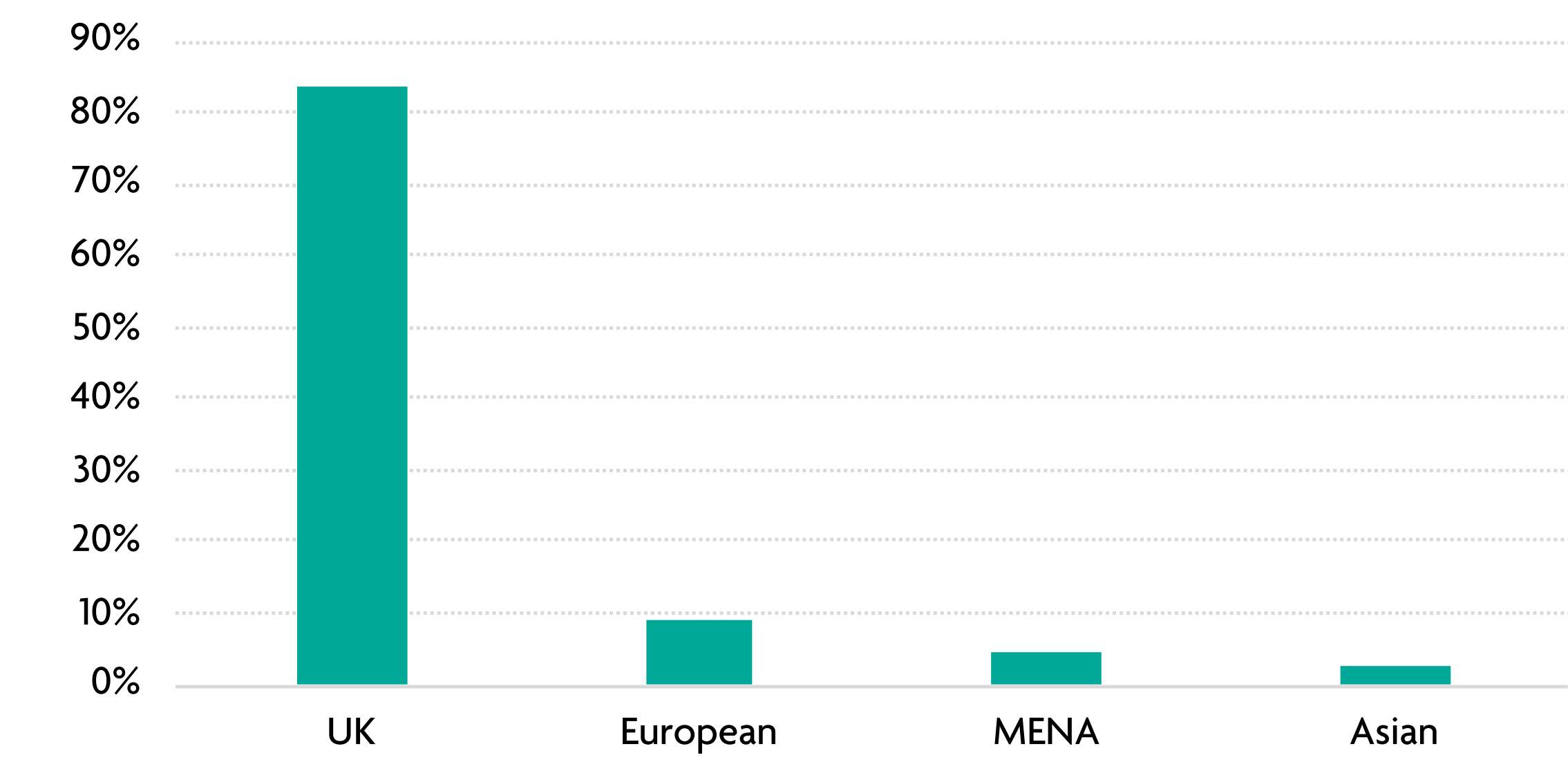
Figure 277: Mortality in children and young people aged 2-17 by deprivation decile, 2019-2023



Source: Primary Care Mortality Data, NHS England

Mortality – ages 2-17

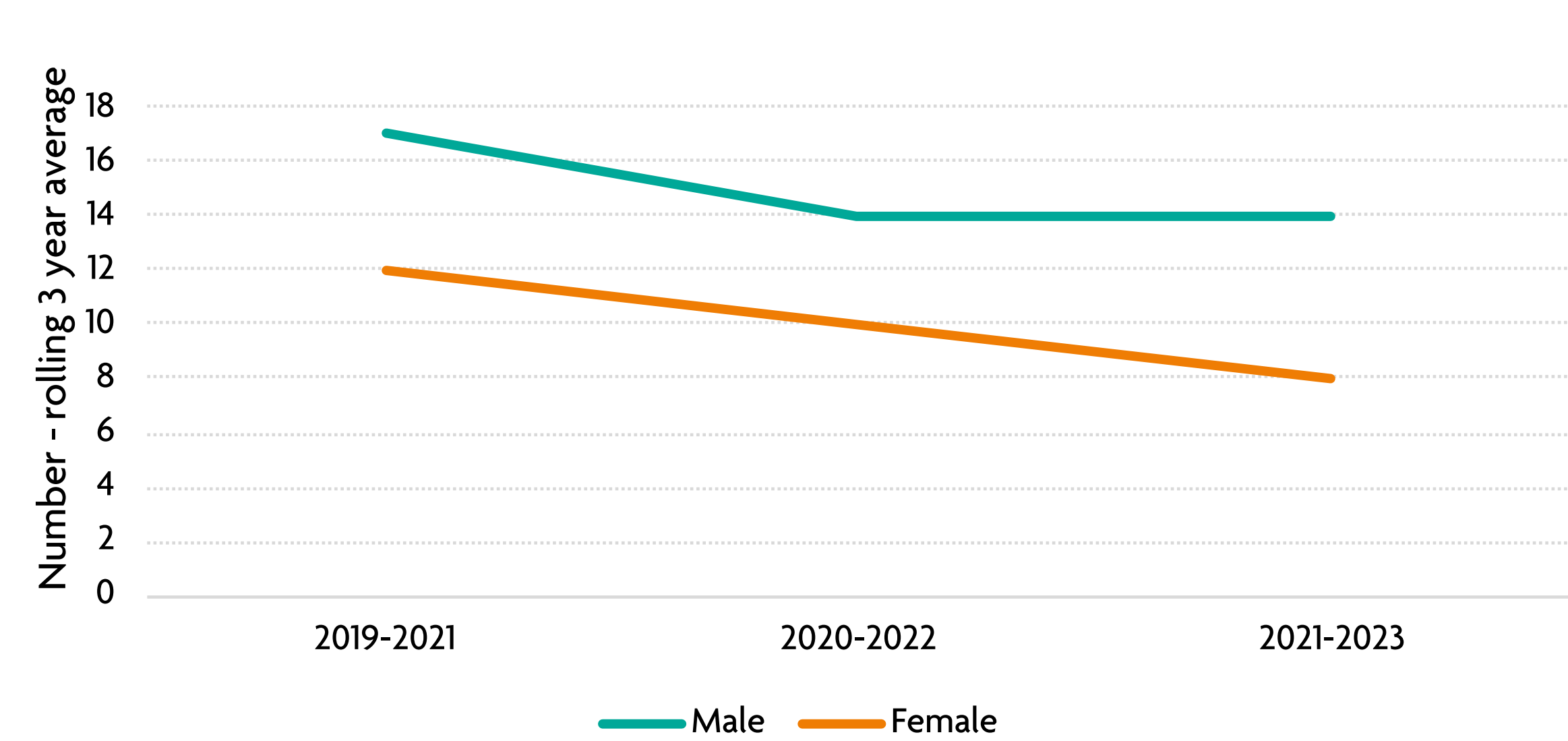
Figure 278: Mortality in 2-17 year-olds by country of origin 2019-2023



Source: Primary Care Mortality Data, NHS England

Time trend

Figure 279: Mortality in children and young people aged 2-17 Rolling 3 year average



Source: Primary Care Mortality Data, NHS England

- In a report based on 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) – except in deaths due to cancer
- 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

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
- Working Together to safeguard Children document 2023 Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk) provides new guidance to improve services to be more child centred and family centred to encourage a greater positive communication with family's and agencies when working to keep children safe from harm.

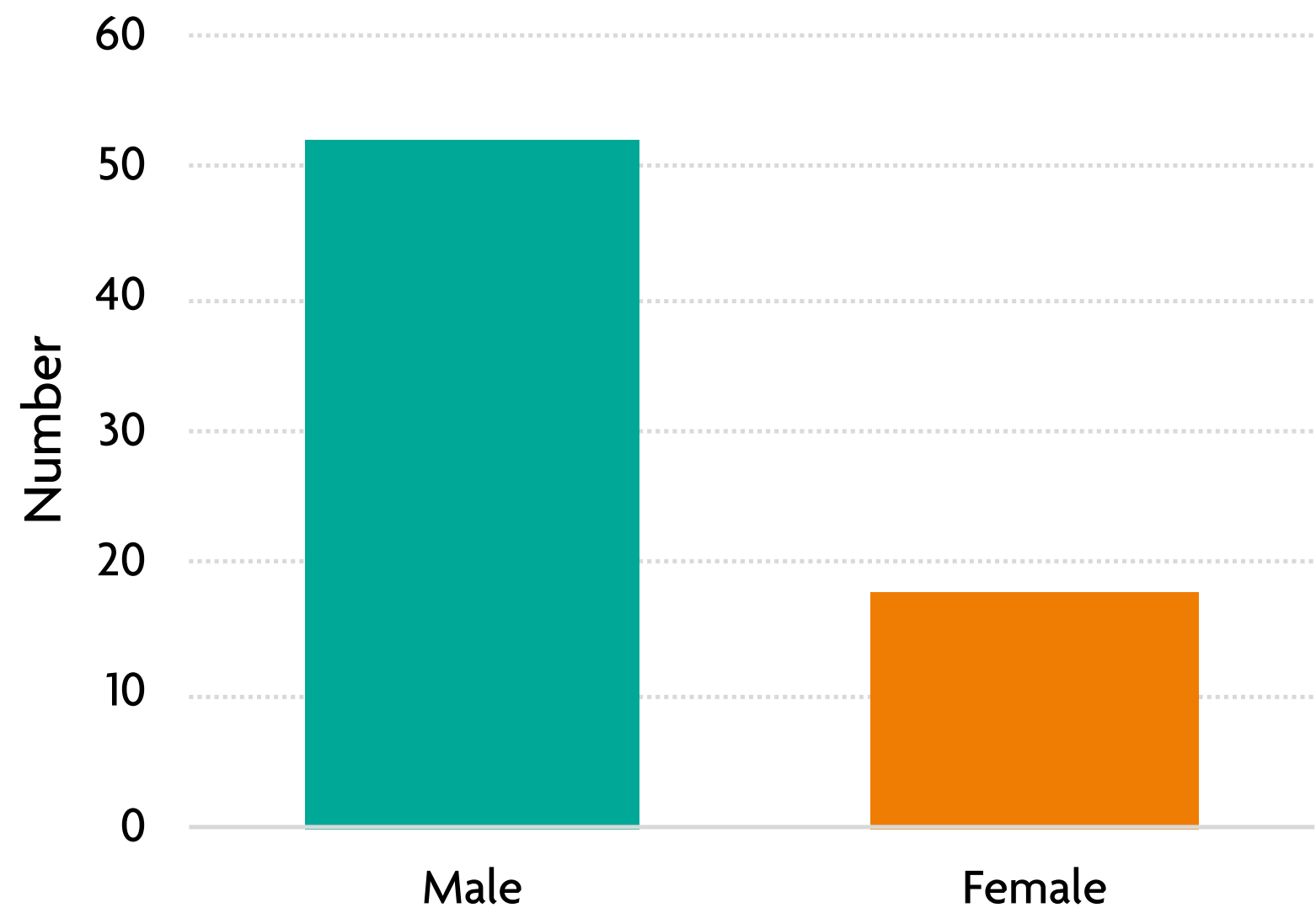
Why is this so important?

- 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 which are unexpected or due to suicide or intentional harm.
- 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 reports how ACEs can have a detrimental effect on the lives of children and young people 2023-01-state-of-the-art-report-eng.pdf

Local context for Newham

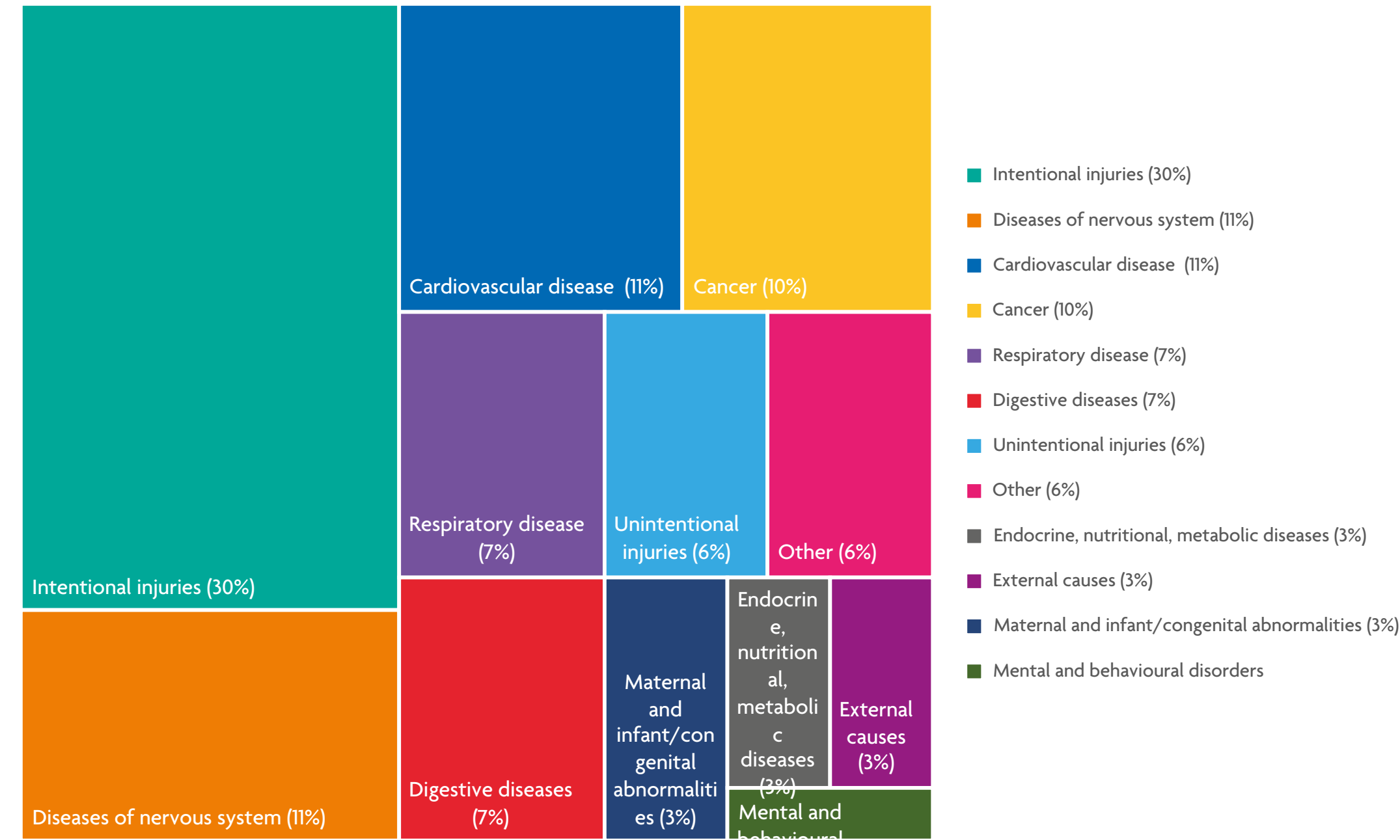
- There were 70 deaths in the 18-25 age group from 2019-2023 (Figure 280)
- Intentional injuries accounted for 30% (n=21/70) of deaths in the 18-25 year age group from 2019-2023 – this includes homicide and suicide (Figure 281)
- Of these deaths from intentional injuries, around $\frac{3}{4}$ were in males (n=15)
- A third of deaths from intentional injuries were of people born in Europe (n=7/21) (Ethnicity is not available in the Primary Care Mortality Data)
- 57% of deaths from intentional injuries were suicide and 43% homicide/assault
- Suicide accounted for 17% of all deaths in the 18-25 age group from 2019-2023
- 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

Figure 280: Mortality in young people aged 18-25, 2019-2023



Source: Primary Care Mortality Data, NHS England

Figure 281: Main causes of death in young people aged 18-25, 2019-2023

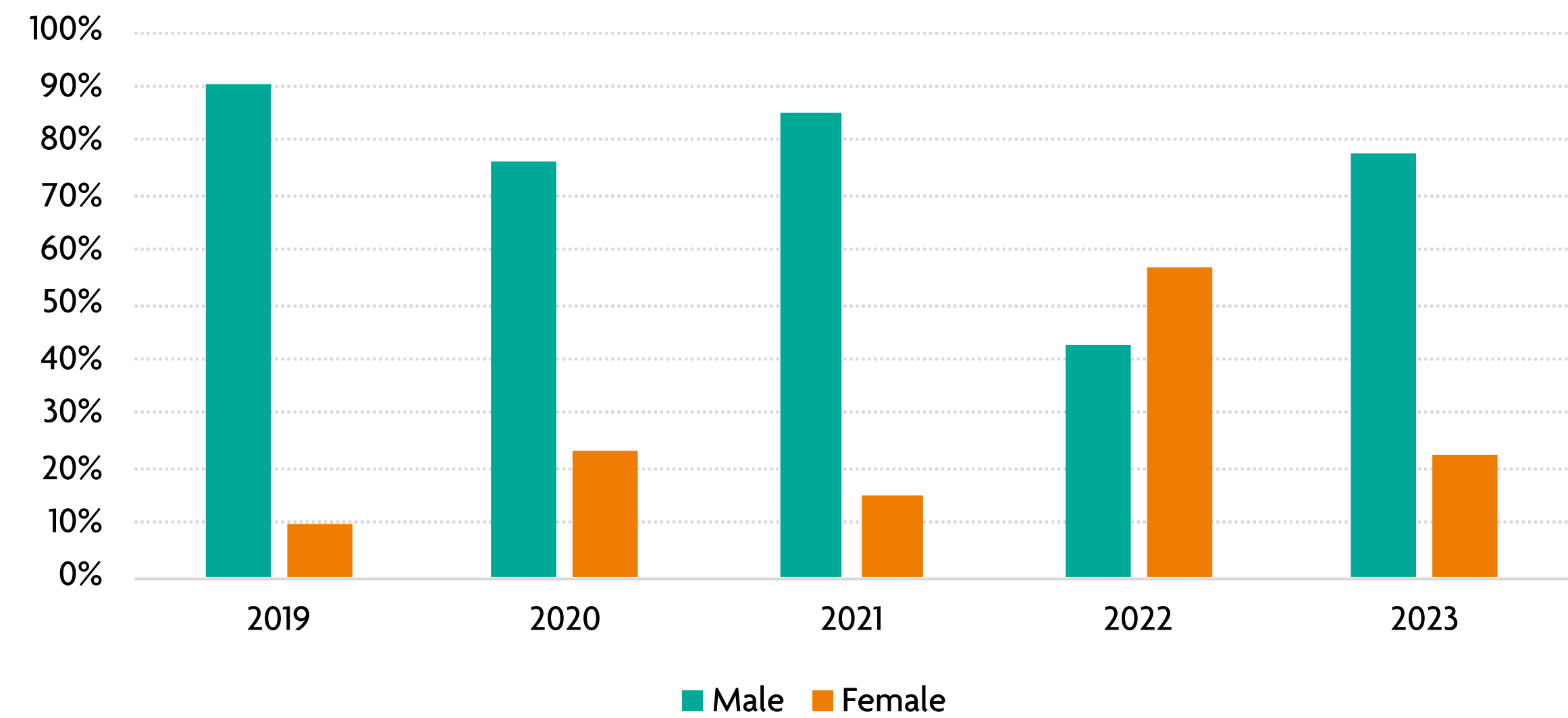


Source: Primary Care Mortality Data, NHS England

Inequalities

- Out of the 70 deaths recorded in 2-17 year-olds between 2019-2023, 74% were males and 26% were females (Figure 282)
- The biggest proportion of deaths were of those living in deprivation decile 3, however a majority of Newham households are within decile 3. There was an over-representation of deaths however in deprivation deciles 1, 2 and 5 compared to the population, however numbers in deciles 1 and 5 are small (total = 8) and so this needs to be viewed with caution (Figure 283)
- The 18-25 age group makes up 31% of the total deaths of 0-25 year olds from 2019-2023 (Figure 284)
- Ethnicity is not recorded in the Primary Care Mortality Database – there is Country of origin (birth) but it is not a useful proxy for ethnicity. A majority of deaths (53%, n=37) were of those born in the UK with the second highest percentage (24%, n=17) born in Europe (Figure 285)

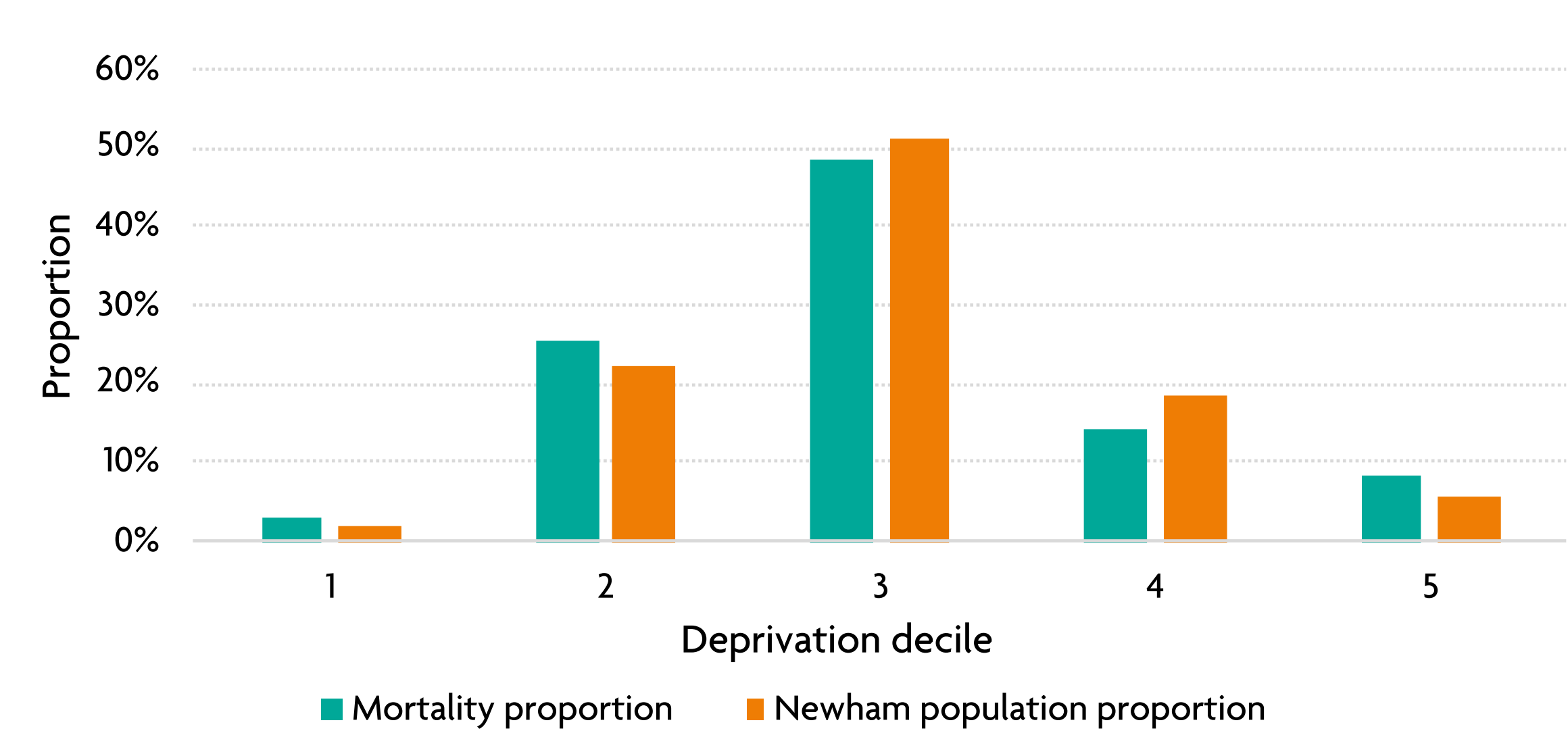
Figure 282: Mortality in young people aged 18-25 by gender



Source: Primary Care Mortality Data, NHS England

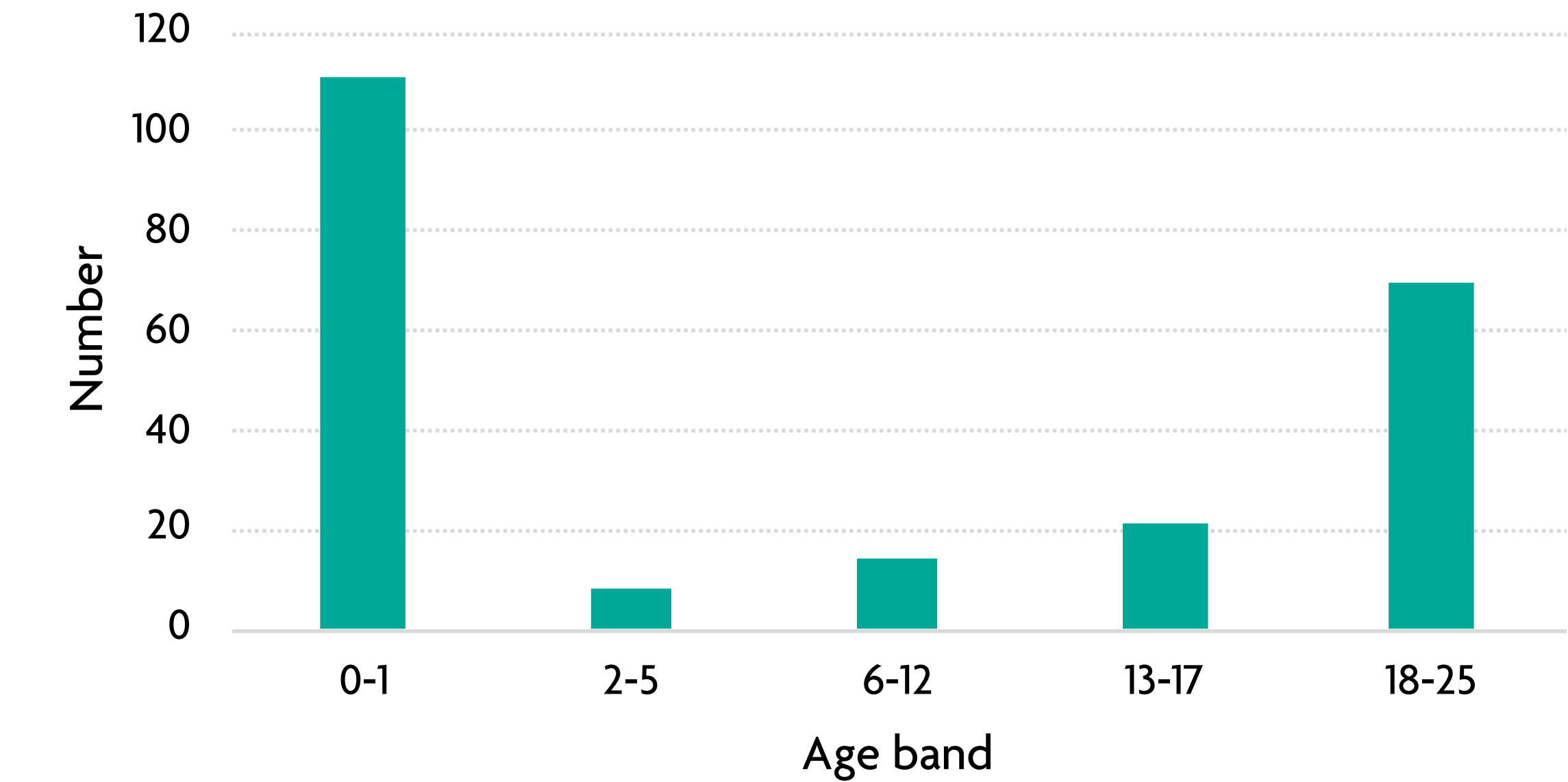
Mortality – ages 18-25

Figure 283: Mortality in 18-25 year-olds by deprivation decile, 2019-2023



Source: Primary Care Mortality Data, NHS England and populations - CEG 2024 Newham residents

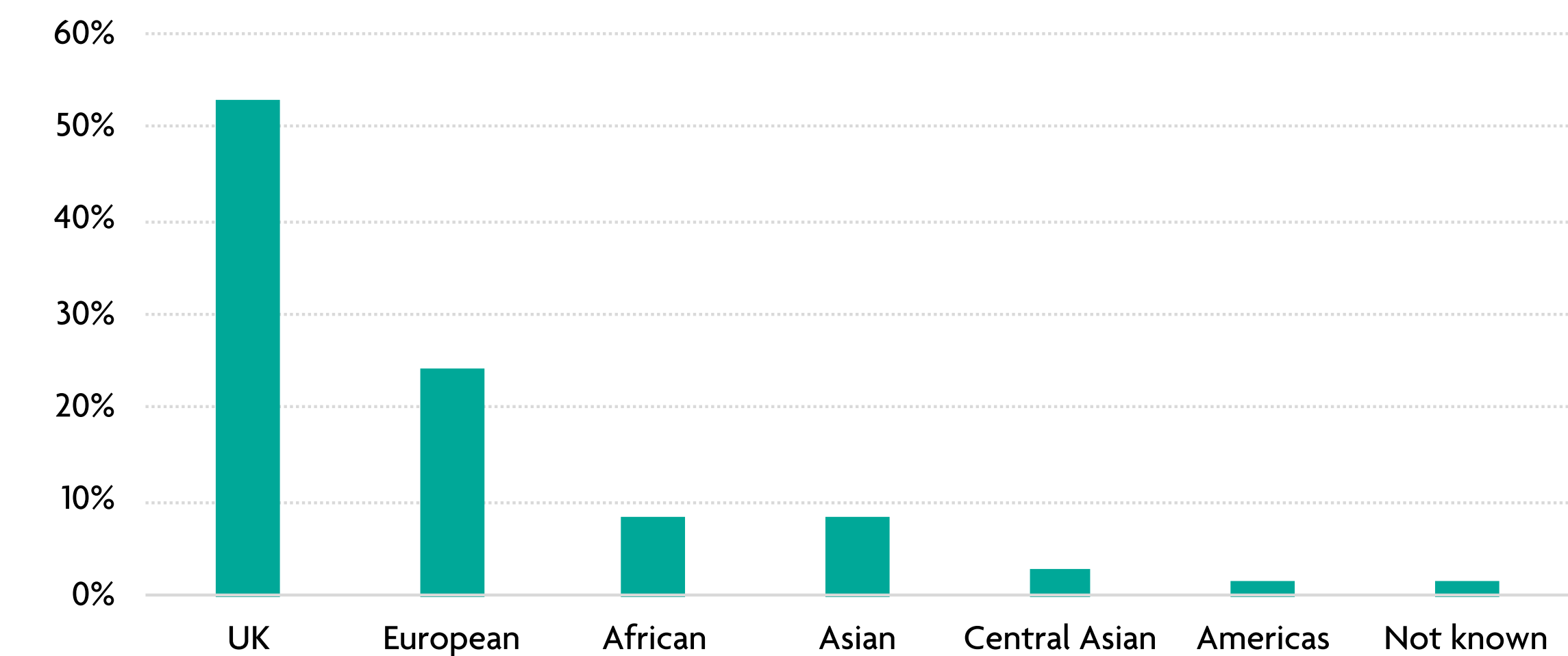
Figure 284: Mortality in children and young people by age band, 2019-2023



Source: Primary Care Mortality Data, NHS England

Mortality – ages 18-25

Figure 285: Proportion of mortality in young people aged 18-25 by country of origin

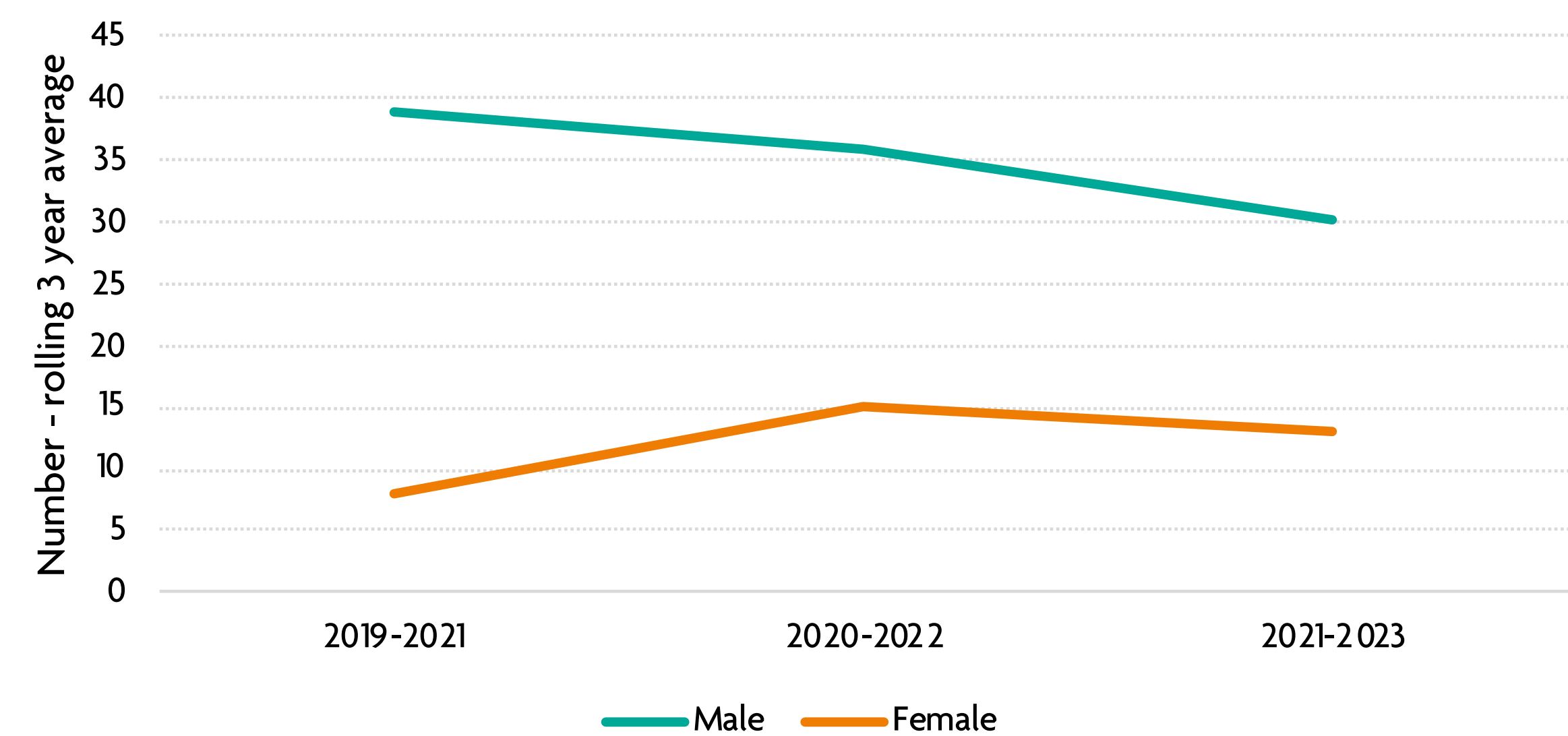


Source: Primary Care Mortality Data, NHS England

Time trend

- Rolling averages over the last few years show the number of deaths in males falling
- The number of females also appear to have levelled and are falling

Figure 286: Mortality in young people aged 18-25



Source: Primary Care Mortality Data, NHS England

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 because Child Death Overview Panels review the lives and deaths of children up to their 18th birthday.
- No such framework exists to approach learning in the same way for young people after their 18th birthday

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



Mental health

Summary	322
Key Facts	323
Children and Adolescent Mental Health Service (CAMHS)	325
Engagement with ethnically diverse groups	336

- 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
- In 2017 it was estimated around 1 in 8 (12.5%) of CYP 0-16 had a probable diagnosable mental health problem. In 2022 this figure had risen to around 1 in 5 (18%). DigitalNHS.
- 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 involved in the Youth Justice System.
- Newham has support in the way of a coordinated VCFS via the Multi-Agency Collective – Newham MAC, 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 has been a significant increase in crisis presentations to both A+E and CAMHS Crisis Line over the period 2019-2024.
- 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
- Our current working model is not fit for purpose for a sustainable service given the increase in awareness of CYP mental health and increase in referrals to our service. Earnest work has begun on developing more community capital and within CAMHS a more integrated front door, significantly reduced waiting lists and a stepped care offer

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 Pop’n	Expected number of CYP with MH
02-Apr	5.50%	16,336	898
May-15	12.80%	50,922	6,518
16-18	16.90%	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 2023/24			3,501

2022 results for primary and secondary schools:

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

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

Key Facts

- 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

Taken from Mental health provision for children and young people

Three London CAMHS Provider Collaborative/Cavendish Square Group/Healthy London Partnership Audit report – last week of March 2021

ELFT, NELFT & BEH MH Trusts

Children and Adolescent Mental Health Service (CAMHS)



Why this is important

At least 1 in 6 children and young people 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.

Newham CAMHS is committed to developing a robust and accessible offer for the youngest children and their parents and carers, to provide identification of and support for a range of difficulties at an early stage. This is delivered via Parent-Infant Psychotherapy, the Under 5s pathway, and in the community via collaboration with the Family Hubs and Children’s Centres.

Age Range	NHSE Prevalence	ONS Pop’n	Expected number of CYP with MH
02-Apr	5.50%	16,336	898
May-15	12.80%	50,922	6,518
16-18	16.90%	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 2023/24			3,501

Local context for Newham

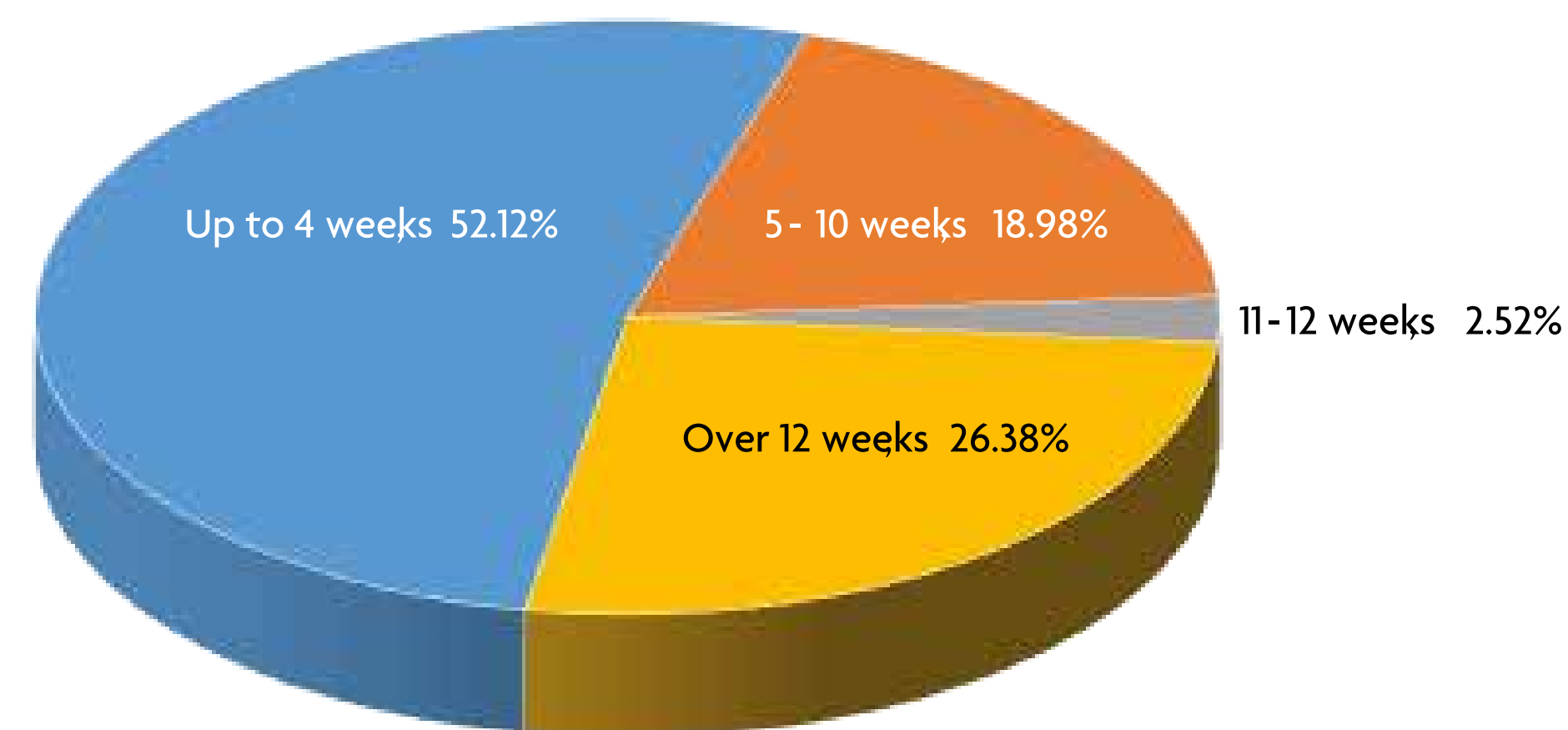
There are over 90,000 ONS registered CYP aged 0-18 in Newham and with a national prevalence rate of 5.5% for 2-4 year-olds, 12.8% for 5-15, 16.9% for 16-18, it is possible to extrapolate that there are around 9,449 CYP that could have a diagnosable MH condition

The increase in awareness around CYP MH demands the development of “community capital” to support a systems, partnership and community wide approach to increasing the working knowledge and ability to provide support outside of CAMHS traditional assessment and treatment pathways for the majority of CYP requiring some level of support.

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
- We have developed our Front Door to incorporate better differentiation, signposting and advice for referrals and this has resulted in a “steady state” for our waiting list.
- We are now developing ways of working to reduce our current waiting list significantly and provide a more sustainable service offer
- Our principle strategy for the next three years is to share the burden of support for CYP with neurodevelopmental, emotional and MH problems more across the community. This will demand adaptations to the core CAMHS offer to support the development and maintenance of “community capital”
- More integrated community pathways are key to this strategic intention.

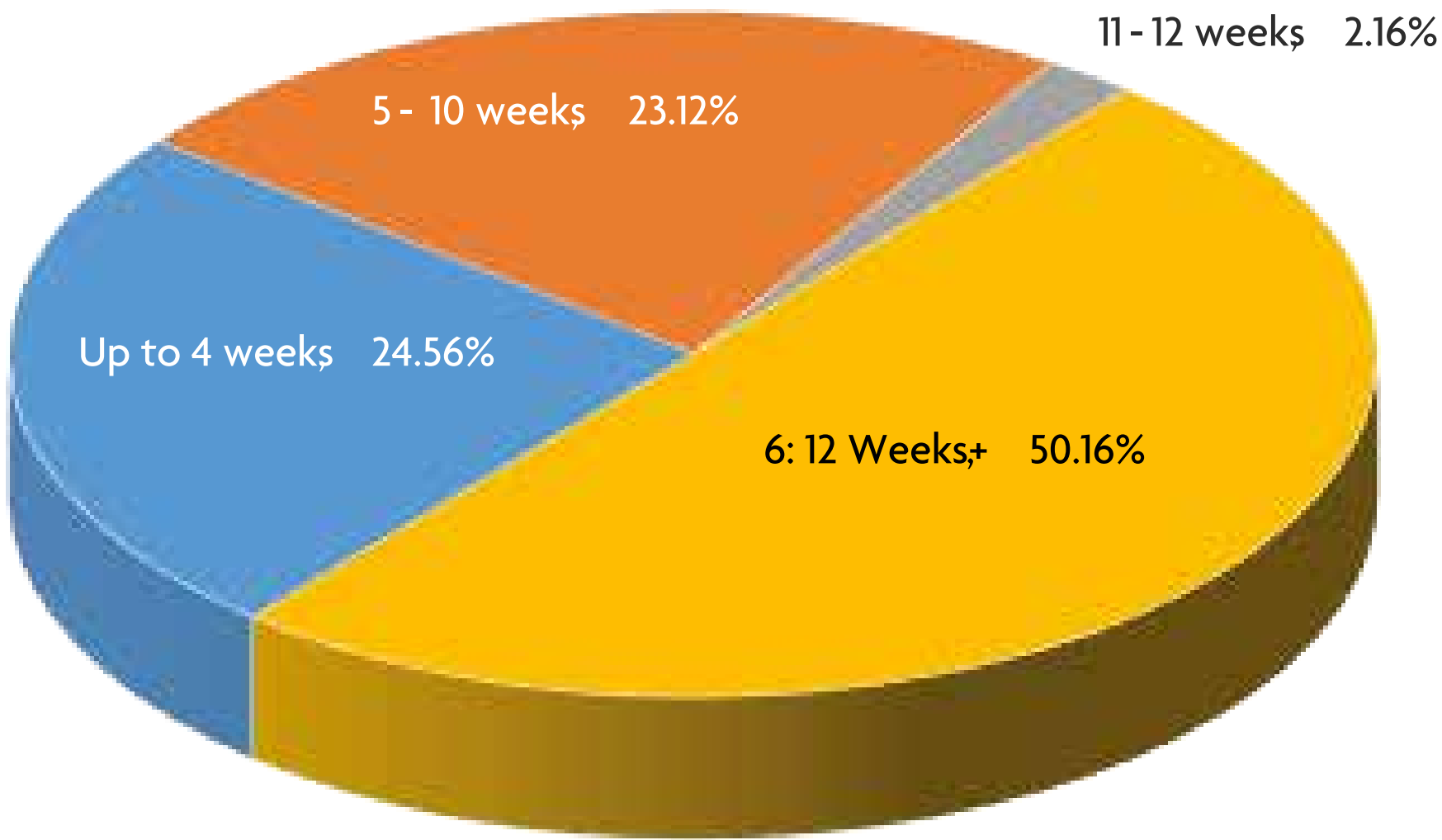
Figure 287: Newham CAMHS Waiting Time - Referral to Assessment Last 12 months, children aged 0 -18



Source: xx

Children and Adolescent Mental Health Service (CAMHS)

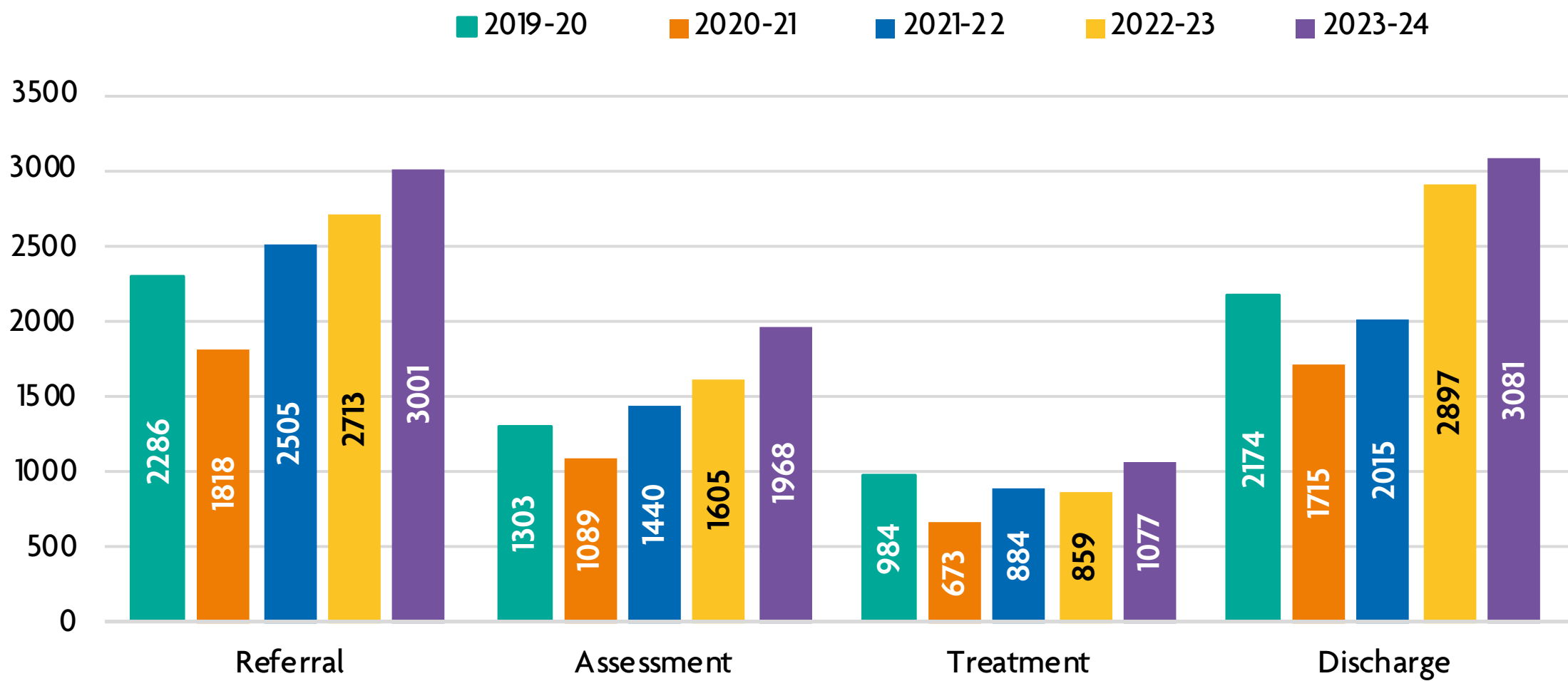
Figure 288: Newham CAMHS Waiting Times - Referral to Treatment Last 12 months, children aged 0 - 18



Source:

Referral trends

Figure 289: Newham CAMHS Service Level

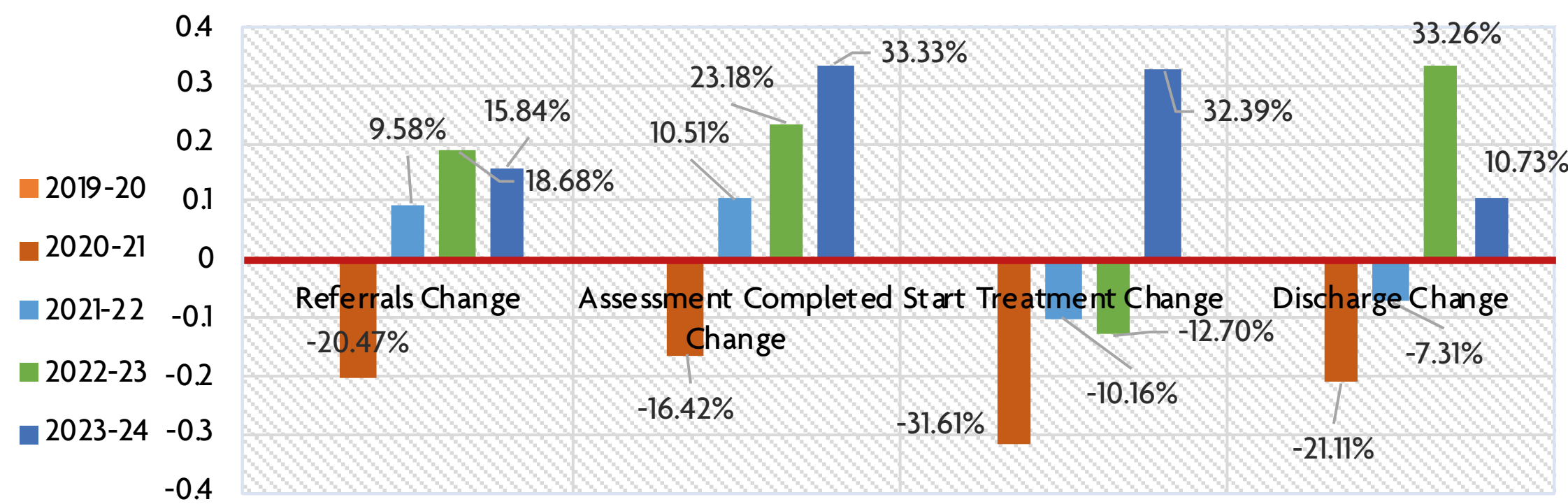


Source:

Children and Adolescent Mental Health Service (CAMHS)



Figure 290: Newham CAMHS Service Level Demand In comparison with 2019 - 20



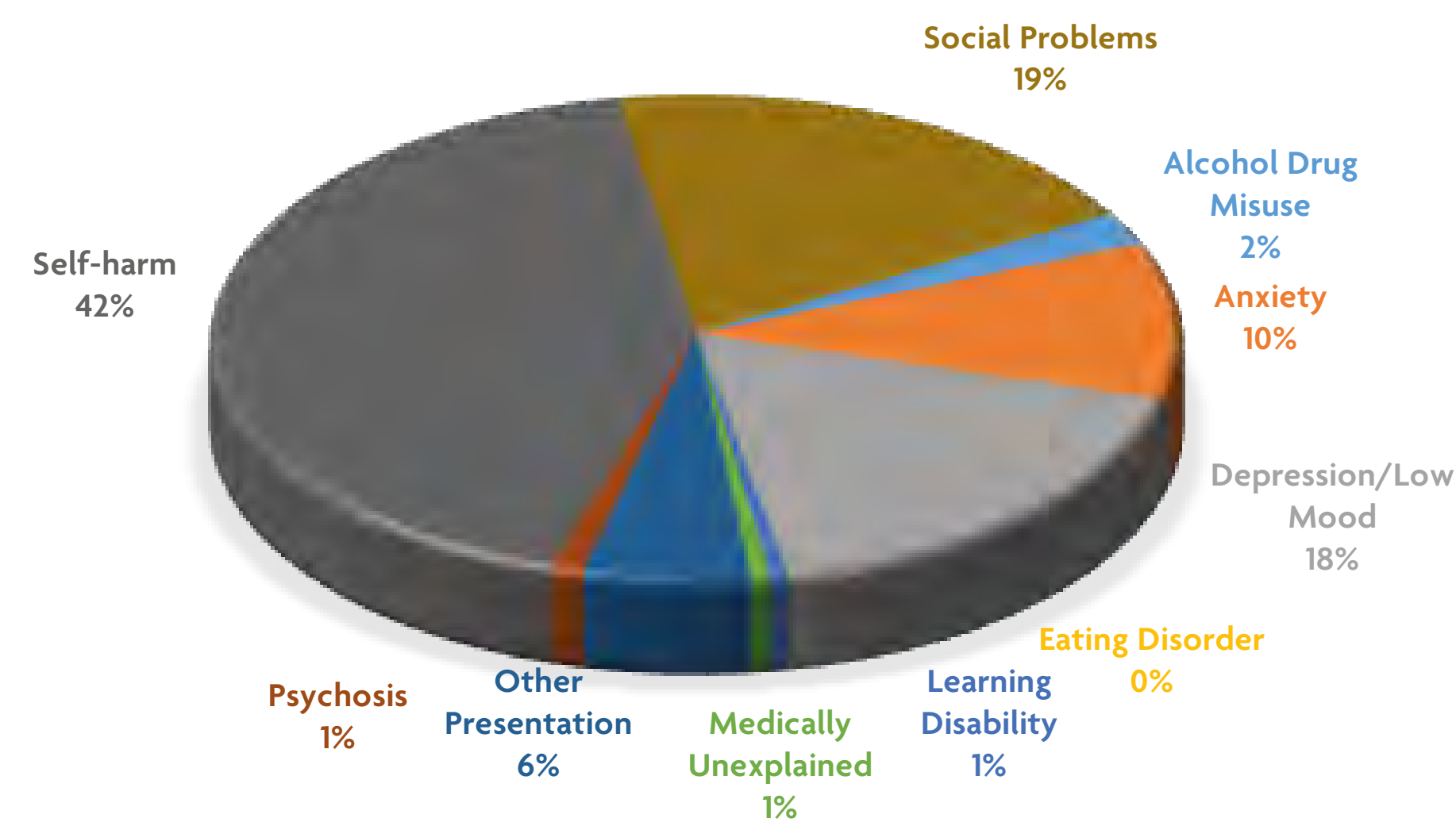
Source:

These figures are an excellent representation of the increase in demand in recent years and the need to further develop a whole community approach to CYP mental health and wellbeing. Although CAMHS has adapted much of the service model in recent years to try accommodate the increasing need, there is still further development required to ensure a sustainable community model.

Referral to CAMHS have nearly doubled in the period 2016; 1820 to 2024; 3001 which corresponds to the number of assessments completed by CAMHS in the same years – 2016; 1135 and 2024; 1968. This figure does not include the CAMHS Mental Health in Schools Team – WINS who also directly saw 500 CYP and families in the year 23/24.

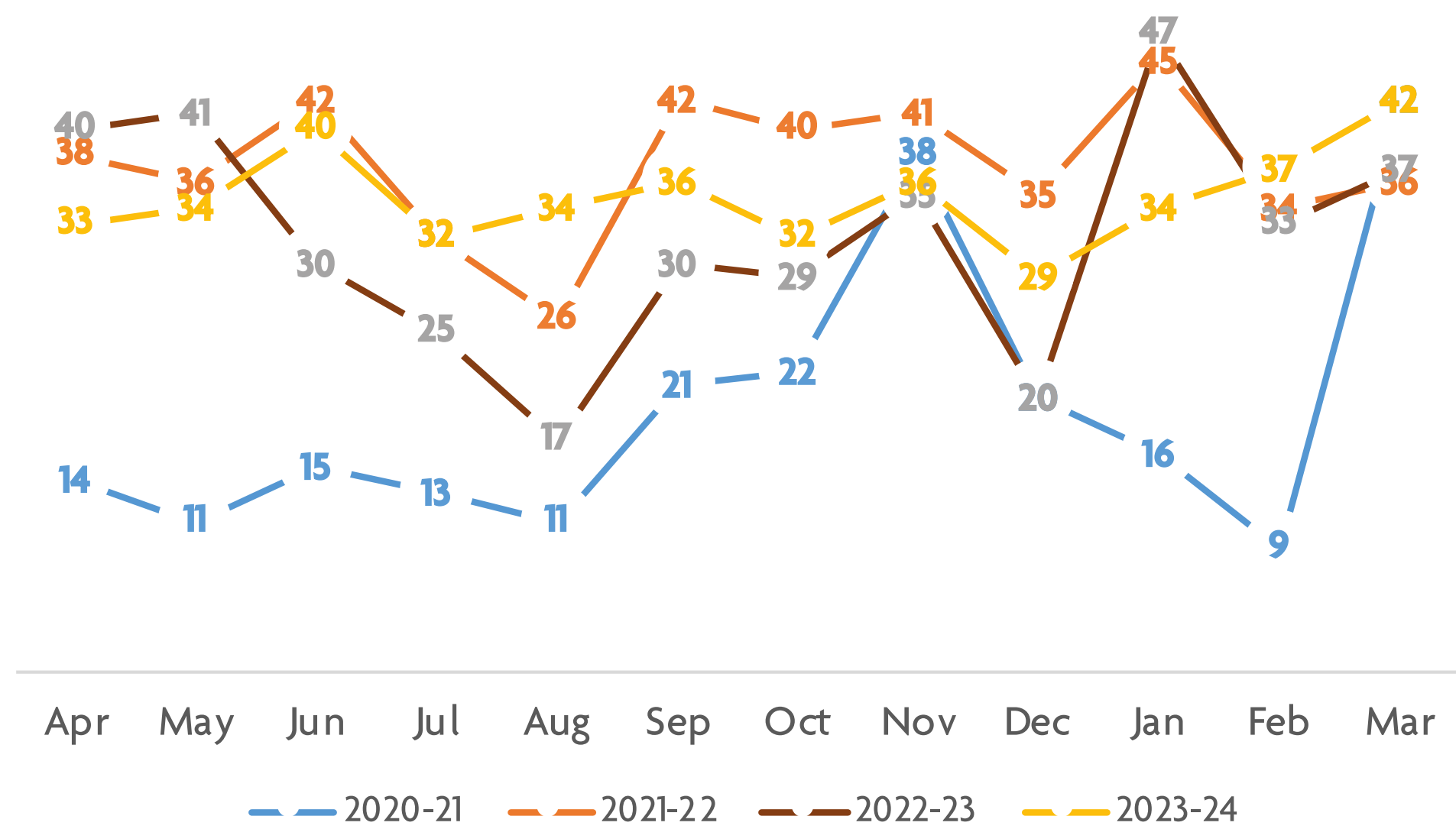
Crisis presentations

Figure 291: Newham CAMHS crisis presenting for 2023-24



Source:

Figure 292: Newham CAMHS Crisis Presentation

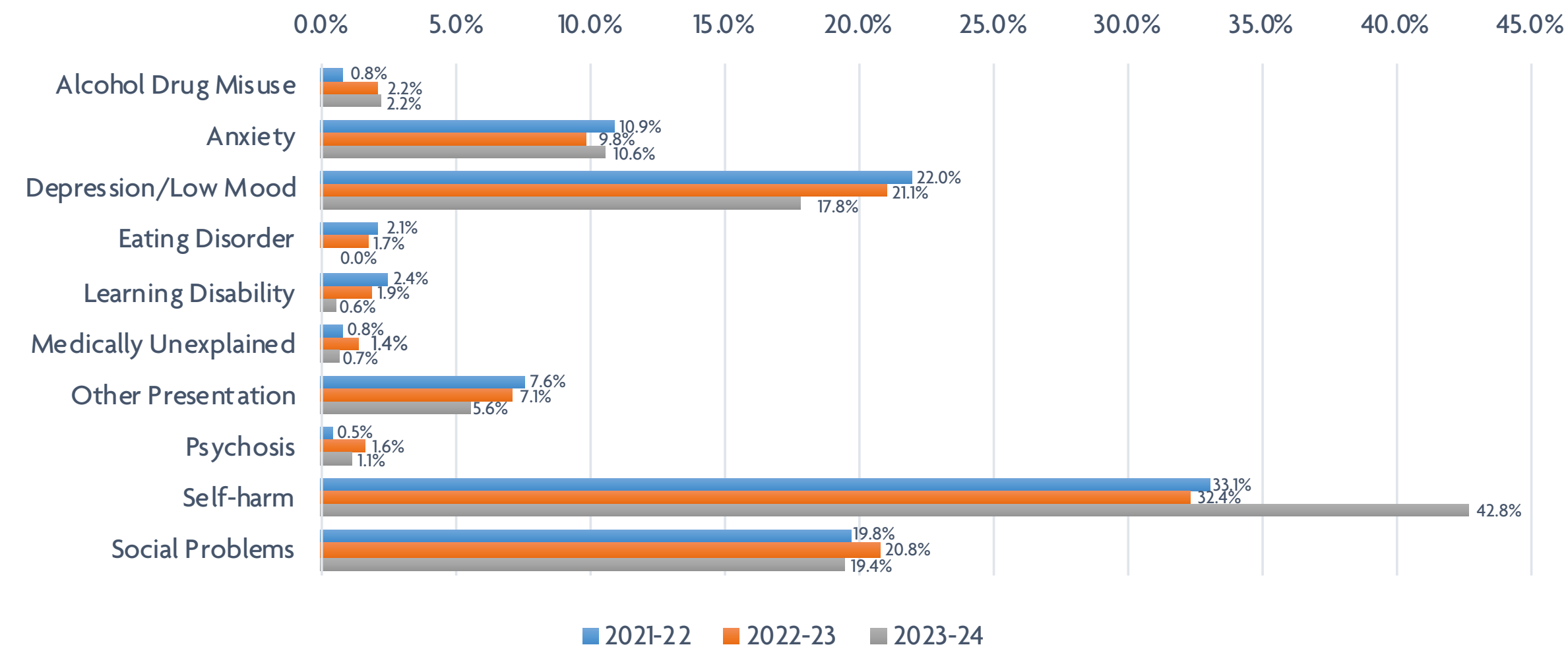


Source:

Children and Adolescent Mental Health Service (CAMHS)



Figure 293: NH CAMHS Crisis Presenting Problems



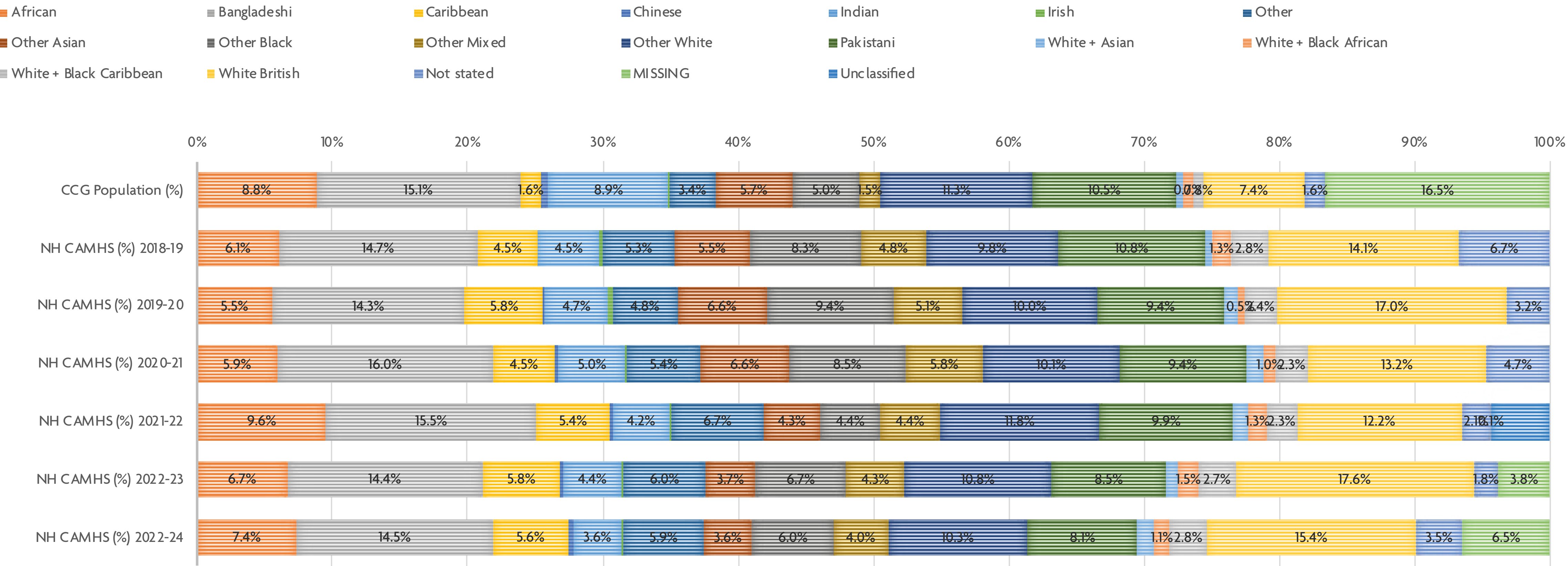
Source:

Inequalities

- Newham is the most ethnically diverse borough in London and CAMHS access demographic information aligns with this overall although there are some stand out issues that also replicated in other boroughs and NHS service data
- Male and female CYP identified as White are overrepresented for access to CAMHS by nearly double the local population rates
- Black African CYP are consistently under-represented in CAMHS access rates in the borough and NHS nationwide.
- There are no groups that alone experience
- Medication treatment for psychiatric problems is higher in female than in male CYP except for ADHD where rates for boys are significantly higher.
- As we further develop whole community approaches to CYP mental health it will be important to incorporate culturally specific psycho-education programmes to help different groups in Newham.
- 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

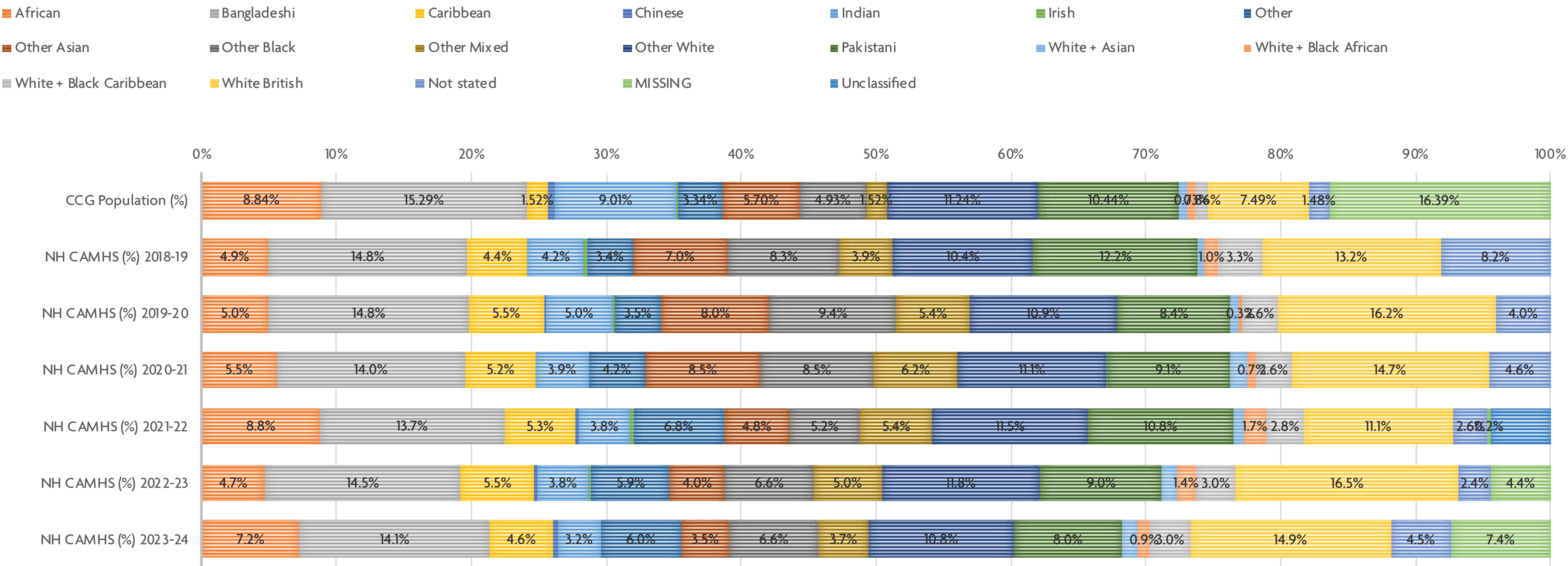
Children and Adolescent Mental Health Service (CAMHS)

Figure 294: CYP Access Service (Referrals) Ethic Make Up VS CCG Population Combined Total (Female + Male)



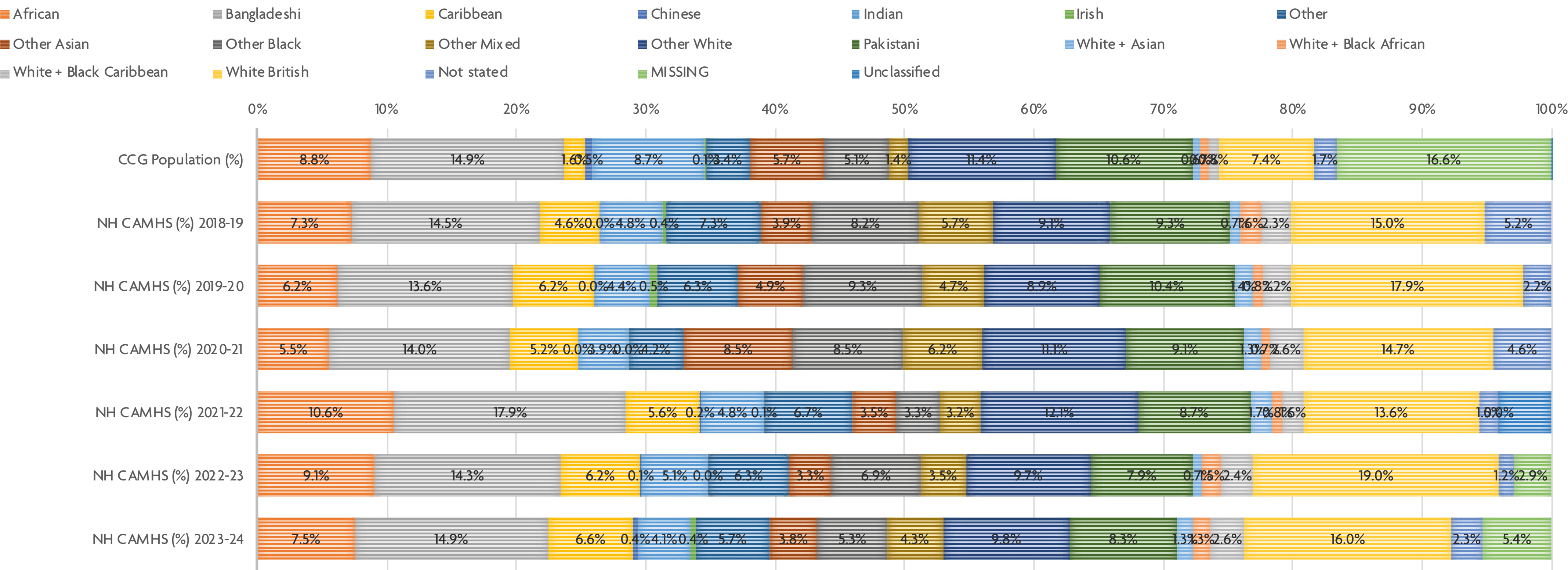
Children and Adolescent Mental Health Service (CAMHS)

Figure 295: CYP Access Service (Referrals) Ethic Make Up VS CCG Population - Female Total



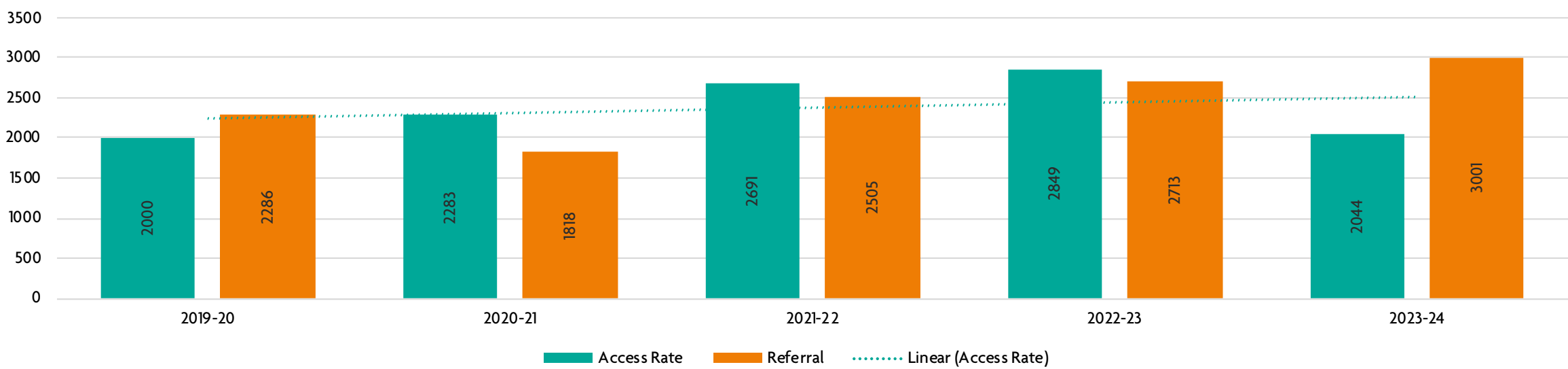
Children and Adolescent Mental Health Service (CAMHS)

Figure 296: CYP Access Service (Referrals) Ethic Make Up VS CCG Population - Male Total



Time trend

Figure 297: Newham CAMHS Access Rate & Referrals



Source:

Forecasting future need

- Timely offer now needs to be aligned to current waiting list and accepted referrals for waiting list to be acceptable and sustainable.
- Too many young people are reaching crisis point before accessing support
- CAMHS struggle to manage the mental health needs Children in Care placed in Newham adequately after the cessation of partnership funded CAMHS posts in LBN Children’s Services 2023.
- Significant increase in demand for neurodevelopmental diagnoses – particularly ASD and ADHD
- Current assessment process for neurodevelopmental diagnoses not sustainable
- Mental health difficulties emerge in secondary school for CYP who are not adequately understood, diagnosed or supported around neurodevelopmental problems at primary age
- There are increasing numbers of CYP who are admitted to NUH A+E and paediatric wards in crisis and have delayed discharge due to social, familial and relationship issues

Strategic implications

- Further work to develop whole community approach to mental health.
- Build more community capital to support CYP mental health i.e. well defined and articulated community offer linking health, education, social care, VCFS
- More comprehensive training to all involved with CYP in the borough
- Better understanding of the boundaries of core CAMHS work
- Nourish further the Newham Muti-Agency-Collective which is essential component of
- Facilitate the delivery of psycho-education and therapeutic groups in community settings
- Establish integrated partnership working from referral to discharge by developing inter-agency pathways with existing resource as opposed to funding new teams e.g. possible Integrated Front Door model
- Develop better pre-diagnostic support for CYP presenting with neurodevelopmental concerns to help CYP with social communication, attention and behavioural difficulties and particularly in partnership with education

Engagement with ethnically diverse groups



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.”

Engagement with ethnically diverse groups

- **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”