Health needs assessment for the population aged 0 to 19 in City of London and Hackney

(includes CYP up to 25yrs where there is a statutory responsibility)

March 2022

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Executive Summary

Acknowledgements

Acknowledgements and thanks to the many people who have contributed to the production of this report – both from within the London Borough of Hackney and City of London Public Health team, children, young people, parents and carers and across our wider stakeholders.

Purpose of the report

This report presents the findings of a health needs assessment for children and young people (CYP) in the City of London and Hackney. It provides an update on policy and guidance and draws on available data, interviews with stakeholders and local surveys to inform the re-commissioning of 0 - 19 services (25 years with a statutory responsibility).

City and Hackney is home to an estimated 85,259 children and young people (under 25) who come from a variety of different backgrounds and have a diverse range of needs. This report describes the demographics of City and Hackney and the conditions in which CYP are born, grow, learn and live. An understanding of this context and the wider determinants of health in these areas is fundamental to developing local solutions.

Underpinning the needs assessment is a life-course approach which emphasises the importance of a good start to life and recognises that health risk is cumulative throughout life and across generations. It identifies critical stages, from preconception to the transition to adulthood, where large differences can be made by public health intervention for CYP.

Methodology

This health needs assessment aimed to identify the health problems facing CYP in City and Hackney in a systematic way. Key policy and guidance relevant to the health of CYP, as well as current service provision in the borough have been identified and outlined.

It draws on national and local data on the prevalence of disease, healthy lifestyle behaviours and service use. Throughout the report a variety of data sources have been used to discuss key indicators of child health. Figures may differ slightly as a result of variation in methodology between utilised datasets. Limitations in finding accurate data have been noted. Particularly for independent schools (including Charedi schools), completeness of ethnicity data, the needs of LGBT+ CYP, and health data at the individual school level. In many instances data for CYP in the City of London was scarce or unable to be disaggregated to identify their specific needs, which has been identified as a gap and reflected in the recommendations. Wherever possible, efforts have been made to corroborate data findings.

Three surveys and a focus group were undertaken in November and December 2021 to gather insight into the lifestyles of young people in City and Hackney and their attitudes to support services. Topics included weight management, risk behaviours and emotional

health. Lockdown restrictions in CYP settings limited sample size for the surveys. Findings should be interpreted as a snapshot rather than representative of the wider population.

An additional 40 semi-structured interviews were undertaken with stakeholders including Maternity staff, Health Visitors, Public Health Nurses, Family and School Nurses, Community Voluntary Sector groups (including Orthodox Jewish organisations), Children Centre Staff, Safeguarding Professionals, Youth Workers, CYP Healthwatch & CVS Youth Representatives, Infant & Secondary school Staff and Service users. Key themes were identified using thematic analysis and comments presented within the insight data were triangulated to ensure these were representative.

Findings and Conclusions

The Healthy Child Program (HCP) is a key document in this needs assessment and provides a “bedrock for health improvement, public health and supporting families” in the UK. This report is divided into thirteen key areas, with a particular focus on areas where health visitors and school nurses can have the biggest impact on health outcomes for CYP.

Shortages of Health Visitors and School Nurses, increasing complexity of cases and safeguarding demands are recurring themes across key areas. This needs assessment raises concern that the capacity of Health Visitors and School Nurses in City and Hackney will be further impacted by the projected increase in numbers of CYP with special educational needs (SEN), the disproportionately high level of social, emotional & mental health (SEMH) needs, and the disproportionately high and increasing number of children in need. The availability of staff within these services is a threat to giving all children the best start in life and meeting the needs of vulnerable children and their families.

Poverty, poor housing conditions, food insecurity, crime and youth violence, and the negative impact of COVID-19 are also recurring themes in the data and stakeholder interviews. The percentage of under 16s living in low-income families in Hackney (24.7%) is higher than both London (18.8%) and England (17.0%) averages. The City of London ranks better but contains intense pockets of deprivation. The Marmot Review showed that more deprived areas have been most affected by >70% cuts to funding for children’s services. While evidence shows that these wider determinants are the most important driver of health.

Compared to London and the rest of England, CYP in Hackney are less likely to have achieved a good level of development and are more likely to be severely obese by the end of reception. Hospital admissions for lower respiratory tract infections in infants are above regional and national rates. The rate of STI diagnoses in 15 - 24 years olds was fourth highest of all local authorities in 2021. Pregnant women in the borough are less likely to access early maternity care and have one of the highest proportions of obesity in England.

However, not all CYP are equally affected by these issues, and this needs assessment highlights the large disparities that exist even within the borough. Particularly for vulnerable CYP, those from ethnic backgrounds other than white and CYP with SEN. The overrepresentation of black CYP in City and Hackney figures for looked after children,

CAMHS services, school exclusions, unemployment, substance misuse, sexually transmitted infections and hospital admissions remain very concerning.

Finally, COVID-19 has widened existing inequalities, disproportionately affecting low-income families from culturally and ethnically diverse backgrounds. However, it has also been a pretext to greater collaboration and new ways of shared working which include digital solutions, co-production approaches and integrated delivery. The recommendations included at the end of each chapter are made in the consideration that the full impact of COVID-19 has not been fully realised and that there are still challenging times ahead; they seek to build on good practice and evidence-based approaches to achieve improved and sustainable health outcomes for all City and Hackney children and young people.

1. Hackney & City Context - People and Places

Introduction

The gap between rich and poor people in life expectancy and healthy life expectancy is increasing in England, and the burden of disease has shifted from mortality to morbidity. People are now people living for many years with chronic conditions and with mental ill health (1). Evidence shows that the wider determinants of health are the most important driver of health, followed by our lifestyles and health behaviours and the health and care system. There is a greater recognition of the importance of the communities we live and work in and the social networks we belong to, and a move towards an integrated health and care system based around patient need rather than within organisational silos.

In 2021, City and Hackney was home to an estimated 85,259 children and young people under 25: with 80,995 in Hackney and 2,609 in the City of London (2). This population of children and young people come from a variety of backgrounds and have a diverse range of needs.

Hackney is home to several communities with specific needs, such as the Orthodox Jewish Charedi community, who mostly reside in Stamford Hill and have a rapidly growing child population. The City of London has a much smaller child population, as well as a large Bangladeshi community to the East of the borough.

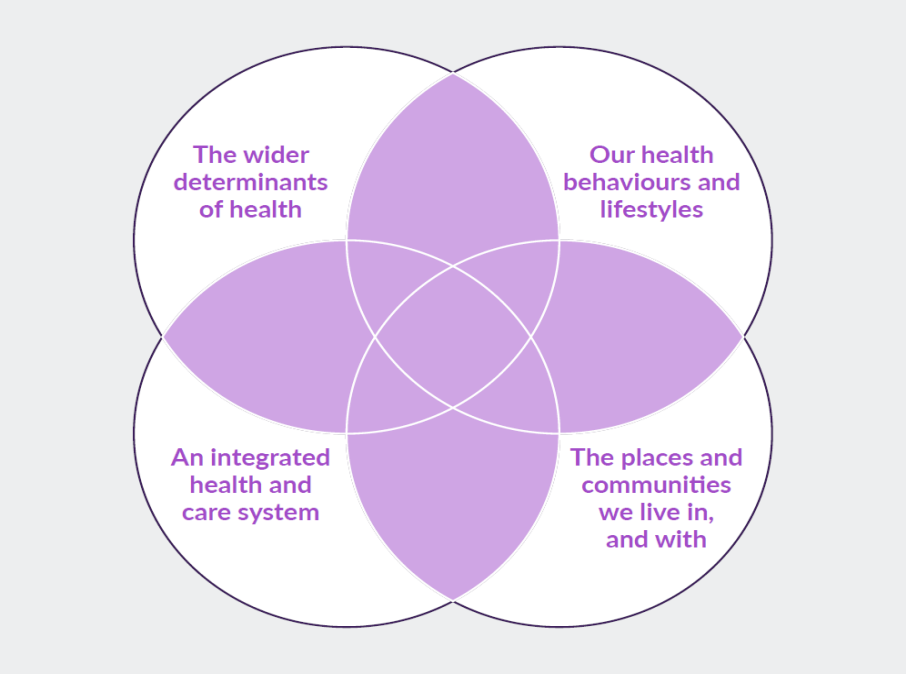
Hackney is an inner London borough with widespread deprivation, inequalities and rapid changes brought about by gentrification. The quality and provision of housing, access to green spaces and levels of pollution can have lasting and wide-reaching impacts on health (3) and represent just some of the wider societal challenges facing children and young people in City and Hackney. An understanding of these challenges and the City and Hackney context is essential, in order to develop local and place-based solutions to the problems affecting children and young people in these boroughs.

National/regional Policy

Improving the health of babies, children and their families to have the best start in life and providing them with the foundations of good health into adulthood is one of the ten priorities within (4) **Giving every child the best start in life - public health matter** (5)**.**

The Kings Fund vision of a population health system is formed based on four pillars (6). It proposes that a balanced approach consisting of coordinated action across all four pillars that makes connections between them, will achieve maximum impact on the health of a population.

Figure 1: The Kings Fund vision of a population health system



The **Healthy Child Programme** (HCP) (7) led by health visitors and school nurses was revised in 2021, building on the original framework to deliver integrated delivery, improved outcomes and reduced inequalities. A core theme of the HCP is universal provision, personalised response and a needs-led approach to understanding the challenges and times when children or young people will need additional support. This is the main provision for children and young people in the UK. It is a universal, evidence-based programme that "provides the bedrock for health improvement, public health and supporting families" (5). It is a key document for this needs assessment.

The economic value of investing in early years interventions is well documented. Health visiting can, for example, reduce perinatal mental health problems and reduce the need for provision from social care services for vulnerable families (8). Universal home visiting by health visitors enables early identification of children at risk and those families in need of

early help and support (9). Children's and young people's public health nurses, including health visitors and school nurses, have a key role in delivering the Healthy Child Programme (7). Whilst the evidence base for school nursing at a national level is less well-developed, there is emerging evidence of local targeted interventions based on health needs assessment that demonstrate the value of investing in school nursing services (10). School nursing services have also been shown to improve the long-term condition management of pupils, resulting in significantly fewer missed school days (11).

However the availability of Health Visitors poses a challenge to the implementation of the Healthy Child Programme (HCP), the **Institute for Health Visitors (iHV) 2021 annual report** calls for the recruitment of more health visitors, due to the pandemic, nationally there has been:

- an 80% increase in domestic abuse.
- a 71% increase in speech, language, and communication problems (reported by health visitors)
- an 80% increase in child behavioural problems.
- a 72% increase in poverty affecting children and families.
- 42% of health visitors worried that they "can't do enough to safeguard babies and children"
- only 9% of health visitors in England work with the recommended ratio of 250 children aged 0-5, or less, per full time equivalent health visitor (FTE HV); with more than 1 in 4 health visitors in England are accountable for over 750 children.

The **sector-led improvement (SLI) review into Health Visiting and School Nursing** (12) services in London reviewed local authority responsibilities for health visiting and school nursing services in London. The aim was to improve the services offered by the local authority. The top priority across all of London was "mental health and wellbeing" and the top way that Health Visitors and School Nurses felt they could contribute to improving services was via "collaboration with others/integration". 50% of the boroughs reported that their most important objective was "delivering the Healthy Child Programme".

Best start in life and beyond (13) produced three guides for local authorities, the NHS and partners to support the commissioning of the newly modernised HCP in their areas. The guides support a whole system, integrated approach to improving the health and wellbeing of children locally, through partnerships (and co-commissioning) with schools to enhance the school nursing service, as well as with wider stakeholders and providers to improve access to needs-led services. The guides promote quality and standardisation of service delivery that should be adapted to meet the needs of local populations.

The NHS Long Term Care Plan launched by NHS England in 2019 (14) sets out how the NHS will deliver a new service model that provides joined-up care centred around patient need, including a commitment to strengthen the NHS contribution to tackling health inequalities, and prevention. Priorities identified for quality improvement include areas such as child health and cancer in addition to tackling workforce pressures and investment in technology to improve provision of digitally enabled care.

Integrated Care Systems (ICSs) are designed to integrate care across different organisations and settings, including hospitals, community-based services, physical and mental health services, as well as health and social care (15). By bringing these services, commissioners and local partners together across a geographical area, the aim is that collective planning of health and care services alongside local authorities can be improved and made more efficient and accessible to the local population.

Sustainability and Transformation Plan (STP) (16) The King's fund (17) explains that STPs are five-year plans covering all aspects of NHS spending in England. They look at greater integration within the NHS as well as collaboration between the NHS and local authority. The plans cover all aspects of NHS spending and includes proposals on the following themes:

- working together and supporting integration.
- reducing bureaucracy.
- enhancing public confidence and accountability.
- and additional proposals to support social care, public health, and quality and safety.

The **Child Poverty Act 2010** (18) established a framework for local partners to cooperate to tackle child poverty in their areas.

The London Health Inequalities Strategy (19) was produced by the Mayor's office using health inequalities data from London and includes the variation in healthy life expectancy in London. It sets out five key aims to tackle inequalities and achieve the Mayor's vision over the next decade. The most relevant aims relating to this chapter are:

1) Healthy Places: the aim for London to have the best air quality of any major global city, by targeting efforts to the most polluted areas and benefiting those most vulnerable to the ill-effects of air pollution.

2) Healthy communities: to support more Londoners in vulnerable or deprived communities to benefit from social prescribing.

Young People's Health (20) recognises that health and wellbeing in the early years has a significant impact on future health. However, it notes that in comparison with other age groups, the health of young people is not improving enough. Access to health services and information is poor, and their experiences of health services are often less positive than those of other age groups. Younger people (21.5%) are represented proportionally higher than older people in ethnic minority groups (21) and by the time they reach adulthood, health inequalities are profound, with many widening.

Local policy

Hackney's Corporate Plan - Rebuilding a Better Hackney (22) was undertaken in response to the COVID-19 pandemic, a refresh of the Corporate Plan 2020-2022, to take account of the short, medium and long term impacts on the Council and the community. The

refreshed plan sets out how the Council will deliver its priorities and objectives in line with the Mayor's priorities and the Council's values and includes a commitment to address inequalities.

Hackney's Anti Racism Plan (23) covers five main areas: Institutional change, Community engagement, Culture and leadership, Accountability and Influence. Within these pillars are principles of community collaboration, engagement and empowerment with a cross-generational and intersectional approach.

Tackling structural and systemic racism and discrimination is a cross-cutting priority to reduce health inequalities which acknowledges the need for collective, system wide action to address health inequalities. Led by the City & Hackney Equalities Steering Group, collective actions will be embedded into the new City & Hackney Health and Wellbeing Strategies and City & Hackney integrated health and care partnership plans.

City & Hackney Health & Wellbeing Board (24) is a statutory committee of the Council. A new draft Health & Wellbeing Strategy 2022-26 sets out the health and wellbeing priorities over the next four years and focuses on reducing health inequalities and improving the health of people who live and work in Hackney.

Hackney Integrated Care Partnership (25) is the system where partners come together with residents to understand and improve population health at a neighbourhood level, to deliver joined up, sustainable models of integrated care close to people's homes.

Hackney & the City Primary Care Networks. (26) the City of London and Hackney have eight primary care networks (PCN). These are:

1. Woodberry Wetlands
2. Clissold Park
3. Shoreditch Park and City
4. Springfield Park
5. Hackney Down
6. Hackney Marshes
7. Well Street Common
8. London Fields

Each PCN has up to seven surgeries and populations of between 30,000 to 50,000. Health and social care services in the area work collaboratively for people who are most in need of care supported by multi-disciplinary network meetings. PCN's and the eight City and **Hackney Neighbourhoods** serve the same geographic area and have the same objective. They are part of a national scheme that supports an integrated care approach ensuring patients can access all the services available to them in a co-ordinated, consistent way.

Keeping people well in the City and Hackney is a local strategic delivery plan (27) developed in response to the NHS Long Term Plan. It describes how the City and Hackney (one of three place-based systems within the East London Health and Care Partnership STP) will meet the health and wellbeing needs of local people by delivering the NHS Long

Term Plan, focusing in particular on its local vision and priorities for the necessary large-scale transformation of services over the next ten years. It aims to deliver better healthcare for residents in a system which functions more efficiently through:

- Sharing learning and resources between organisations.
- Joining up financial resources.
- Changing how services are delivered.

The City and Hackney Integrated Commissioning and Care Programme includes four workstreams: Unplanned Care, Planned Care, Children, Young People, Maternity and Families and Prevention. The outcomes at programme levels affecting children and young people include:

Priority 1: Making sure all children and young people (CYP) have a good start in life.

- CYP are supported to aspire and achieve optimal levels of development for their age.
- CYP feel and are safe in their local environment and home.
- CYP's physical and mental health is optimised in order to support / enable them to realise their potential.
- Children and families experience safe and positive births and are supported to optimise health, wellbeing and development during the first 1,000 days.

Priority 2: Achieving a reduction in the present inequity in health and wellbeing (as well as contributing towards reducing inequity in other areas outside the remit of the Integrated Commissioning Programme). This includes closing the health and wellbeing gap for people with long term conditions and comorbidities.

- Inequalities in healthy life expectancy are reduced.
- Rates of infant mortality, stillbirths, neonatal and maternal deaths are reduced.

Priority 3: Tackling the causes of poor health and wellbeing at an earlier stage and putting in place measures to ensure better prevention.

- Obesity is reduced for children and adults.
- Increased breastfeeding prevalence.
- Perinatal mental health is improved.

Priority 4: Improving the mental health and wellbeing of the local population, including ensuring better access to mental health care.

- Improved mental health and wellbeing among children and young people.

Level of need in the population

Population Characteristics

Population estimates and projections

City and Hackney's 2021 population has been estimated at 289,224 with 83,604 children and young people (CYP) aged under 25. Hackney's under 25 population was estimated as 80,995 (29% of the population) and the City's, 2,609 (25.5% of the population). Projections for the CYP population can be seen in the table below (2).

Table 1.1: Children and young people population by age, City and Hackney, 2011, 2021, 2031

	City of London				Hackney			
Age group (years)	2011	2021	(% change)	2031 (% change)	2011	2021	(% change)	2031 (% change)
0-4	237	233	(-1.6%)	173 (-25.9%)	19,644	18,157	(-7.6%)	16,111 (-11.3%)
5-19	542	883	(63.0%)	881 (-0.3%)	42,675	47,663	(11.7%)	43,646 (-8.4%)
20-24	540	1,492	(176.3%)	1,266 (-15.1%)	20,861	15,175	(-27.3%)	18,626 (22.7%)
Total	1,319	2,609	(97.8%)	2,320 (-11.1%)	83,180	80,995	(-2.6%)	78,383 (-3.2%)

Source: GLA 2020-based housing-led population projections, 2021

Over the past ten years (2011-2021) in Hackney, there has been an increase in the 5-19 population and a decrease in those aged under 5 and 20-24. Population projections estimate that the following 10 years (2021-2031) will see a decrease in the under 19 and an increase in the 20–24-year-old population. Overall, the under 25 population of Hackney is projected to decrease in 2031 compared to 2021 (2).

The City of London has a relatively small resident population, with a 2021 population estimate of 10,238 (2). Its workday population however, in comparison, is 50-fold greater (29). From 2011-21 the City saw an increase in the 5-24 yrs population, slight decrease in the under 5 population. Population projections for the next ten years predict a reduction in the size of those aged under 25.

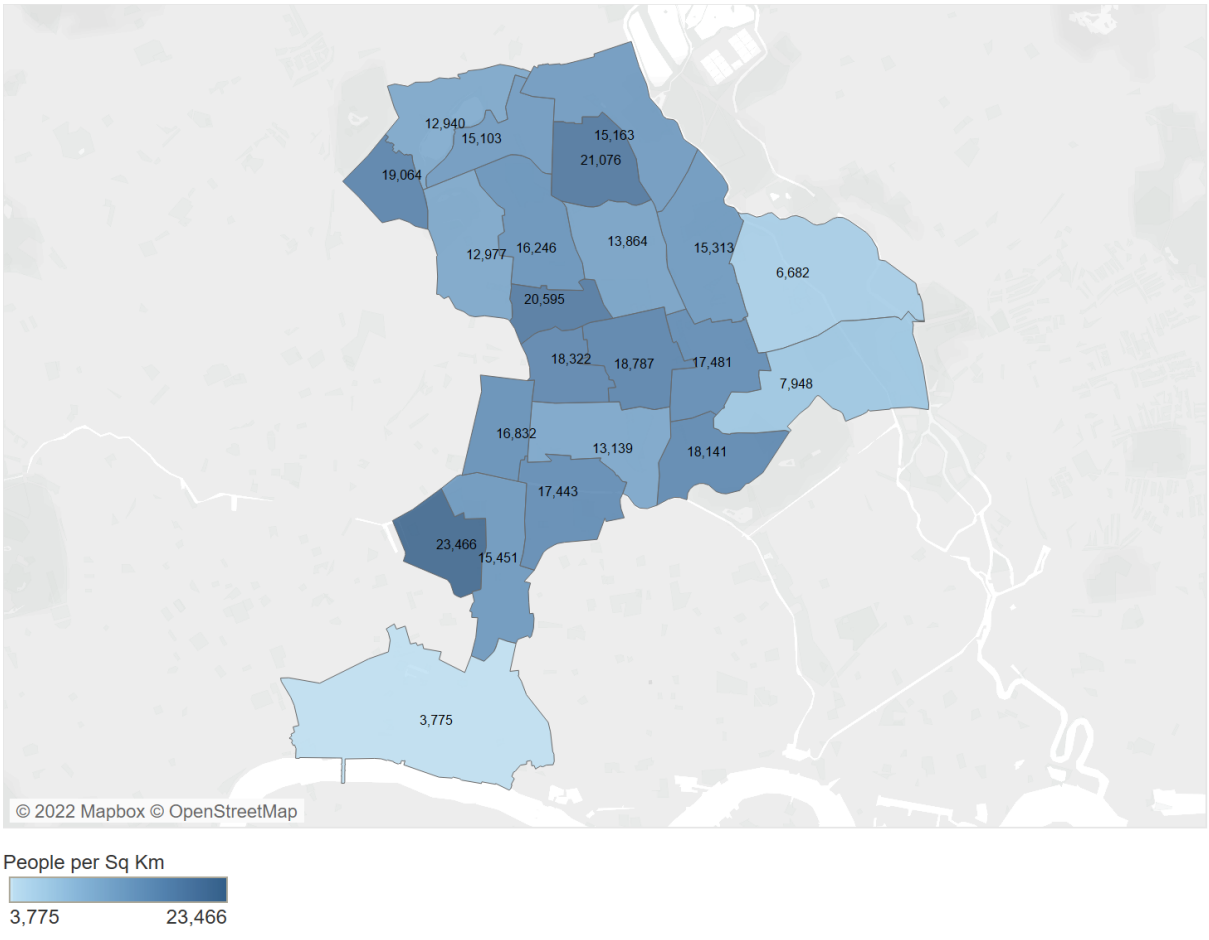
It is unclear what impact Brexit, and the COVID-19 pandemic will have on the population change in coming years. PricewaterhouseCoopers (PwC) report "2021 UK and Global economic outlook" (30) predicted a sharp decline in birth rates in 2021 due to the postponement of pregnancies. It also forecasts an increase in the number of people moving out of the capital, and a decrease in the numbers moving in. As such, the number of children in Hackney and the City of London may decrease in the next few years.

Population density

London is the most densely populated area of the UK (28). High population density can lead to increased pressure on housing supplies and local amenities including health and social care. It is also associated with factors such as higher air and noise pollution and lack of green spaces, which can be detrimental to health. Conversely, dense populations have also been found to have some health benefits including more active transport and a wider range of services available alongside reductions in social isolation (31). The measure of density does not tell us about the quality of the housing or the cohesion of the community, both of which are important factors.

Hackney comprises an area of roughly 19 square kilometres, giving an average population density of 14,747 per sq. km. This is in stark contrast to the City, which has a population density of 3,785 per sq. km (28).

Figure 1.1: Population per sq. km by wards, City and Hackney, 2020

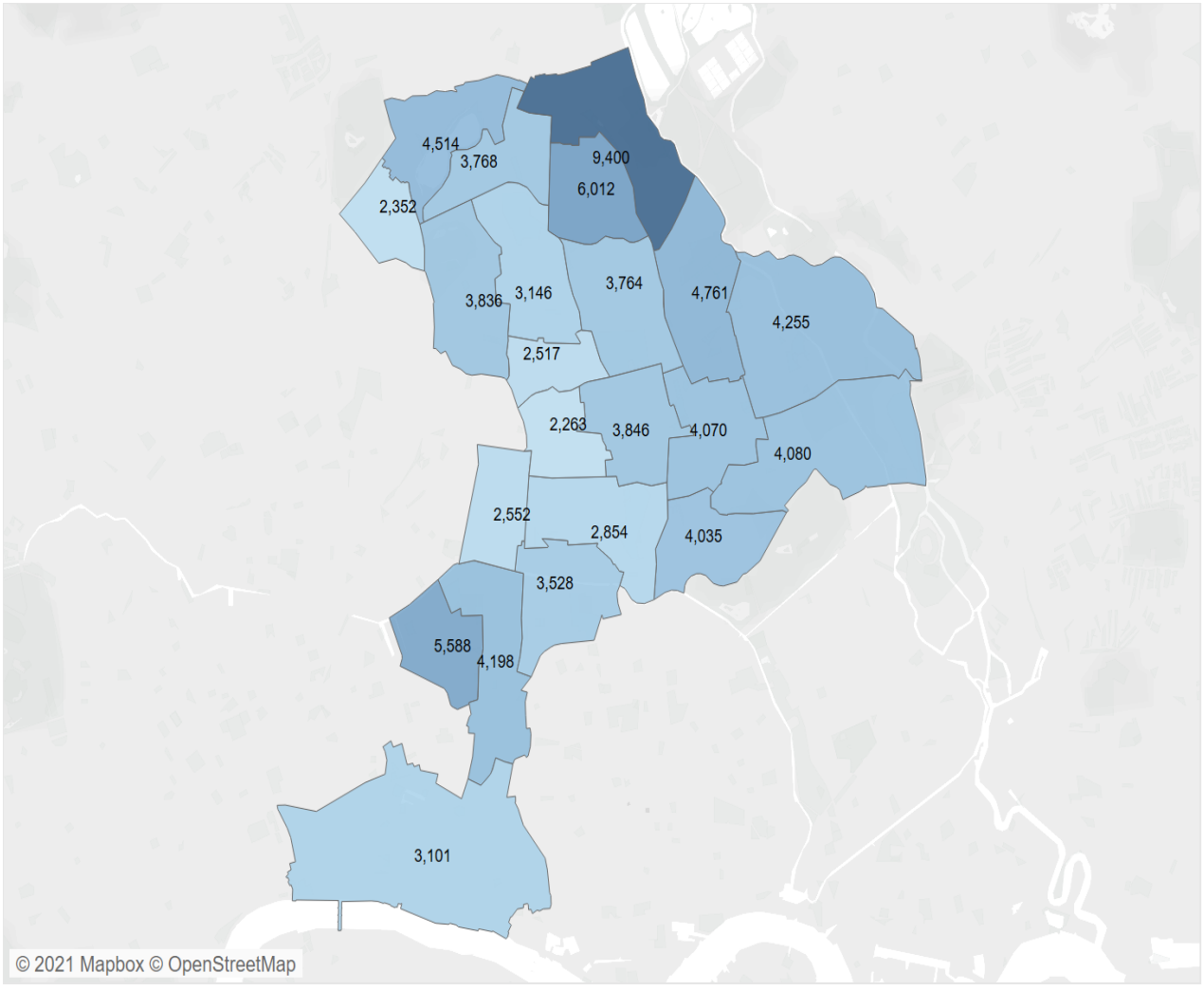


Source: Office for National Statistics, 2020

The highest number of children and young people under 25 is found in the North of the borough in Springfield (9,400) and Cazenove (6,012), home to the largest Charedi

community in Europe. The Charedi community represents 7% of Hackney's total population but over 22% of Hackney's child population (32). In contrast, far fewer young people live in Brownwood Ward (2,352) and the City of London (3,101) (29). Children and young people living in areas with high population density are likely to experience increased exposure to health harms via pollution, and lack of green space, but they may also benefit from social infrastructure and local services (31).

Figure 1.2: Population under 25 years old by wards, City and Hackney, 2020



Source: ONS 2020 mid-year population

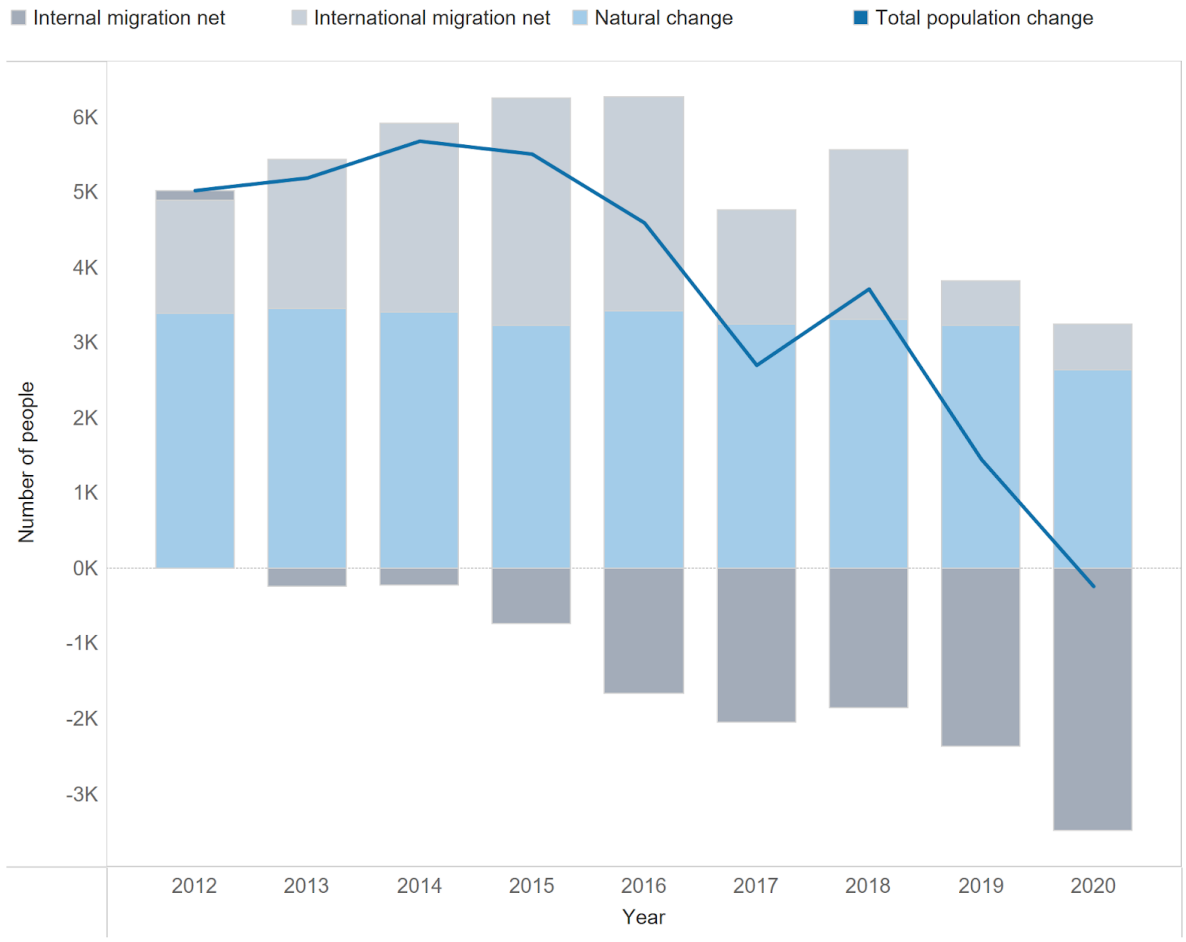
Note: Migration data considered the period ending in the cited year. For example, the number of migrant populations in 2011-12 was considered in 2012

Components of population change

Several factors contribute to population change, including rate of births and deaths (natural change) and internal or external migration from or to City & Hackney.

The figure below represents population change in Hackney between 2012 and 2020, with the blue line representing total overall population change, which has decreased from an influx peak into Hackney in 2014 to a negative net migration in 2020. This may in part be due to the COVID-19 pandemic, although a general downward trend has been observed since 2015 (28). The dark grey component of the bar represents net internal migration, the light grey part net international migration and light blue part natural change.

Figure 1.3: Components of population change, Hackney, 2012-20



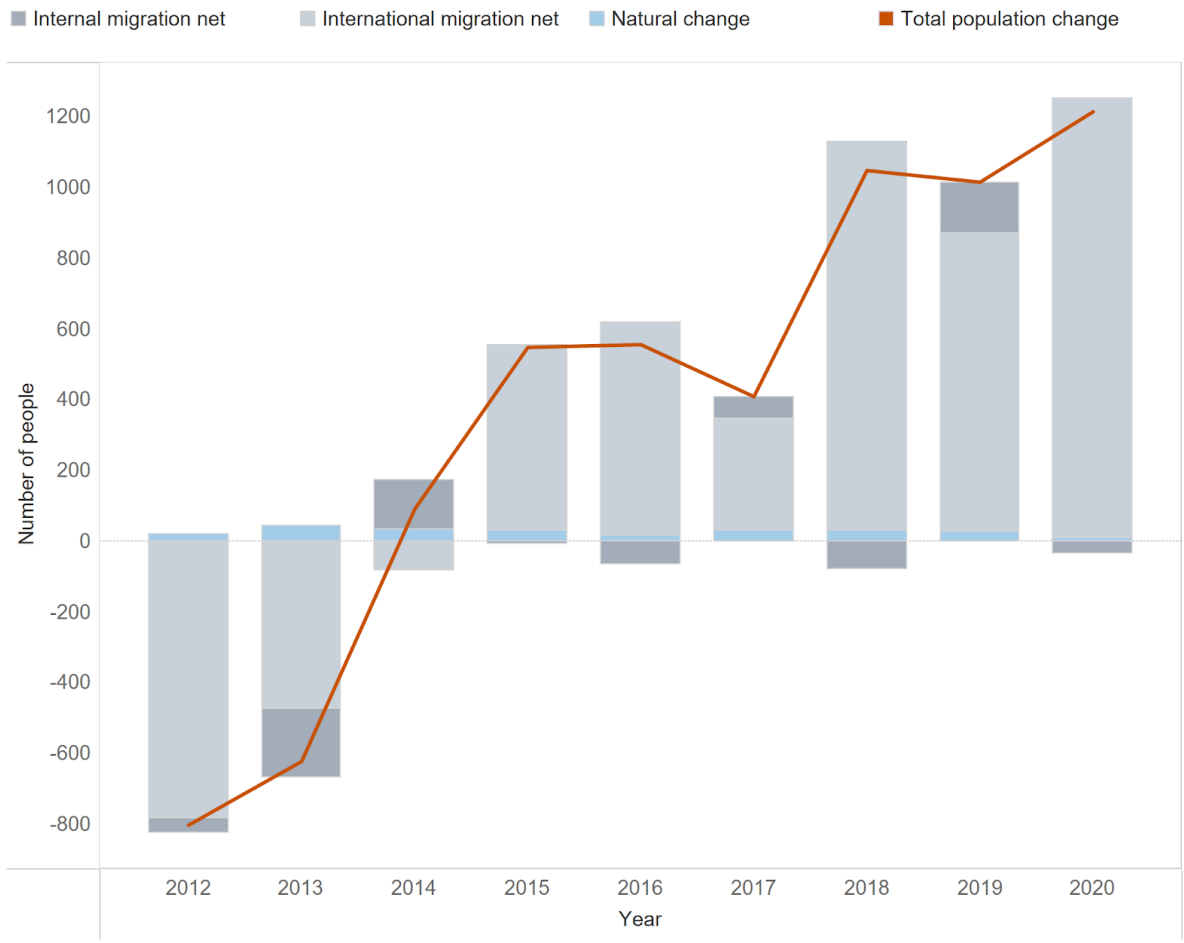
Source: ONS, 2020

Recent population growth in Hackney has been largely driven by natural change (defined as the difference between live births and deaths in a defined period). ONS analysis shows that in 2020 there were 3,989 live births, and 1,351 registered deaths. In 2020, 3,479 more residents left Hackney for other parts of the country than moved into the borough. There was a net positive international migration of 605 people (28).

In the City of London between 2012 and 2020 natural change has been relatively stable, with births in 2020 marginally outweighing deaths. Since 2015, most of the population growth has been driven by positive net international migration. In 2020, 1,241 more residents moved to

the City from overseas than did the opposite. Internal migration by contrast that year was marginally negative (28).

Figure 1.4: Components of population change, City of London, 2012-20



Source: ONS, 2020

Life Expectancy

Life expectancy is a measure of how long someone can expect to live, based on current death rates. Trends in life expectancy can give us a measure of health within a population and how they have changed over time. Girls born in Hackney can expect to live until 83.7 years, with 58.8 years of good health (33). This represents less years in good health than London and England averages but better life expectancy. Boys born in Hackney have a life expectancy of 79.3 years, with 58.6 years of good health, both of which are lower than the London average (33).

Both life expectancy and healthy life expectancy differ between areas of high and low deprivation. Female and male life expectancy is 3.9 years and 6.3 years higher respectively for those living in the least deprived areas compared to the most (33). For healthy life expectancy, this difference is even greater, at 8.8 years and 6.9 years for females and males

respectively (33). These life expectancy gaps are among the narrowest 20% seen across England, suggesting that while health inequalities do exist, the gap is much wider in other areas of the country.

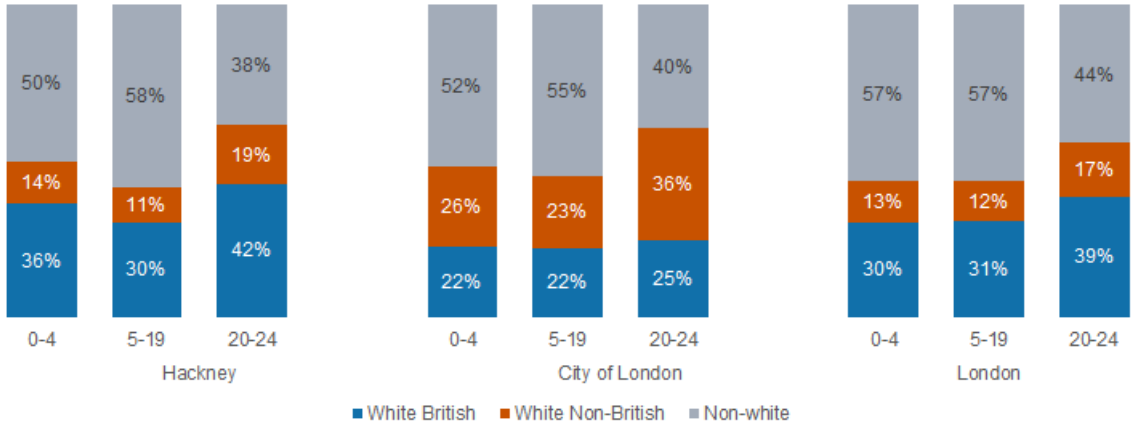
The Marmot Review 10 years showed that between 2010 and 2020, improvements in life expectancy slowed, and in some cases reversed across the UK (1). London has, to some extent, been less affected and now has the highest life expectancy in England (1). Women living in the most deprived deciles are experiencing a lower life expectancy in every region except London. Differences in life expectancy between the most and least deprived have widened for both men and women across the time period. For those living in the least deprived decile there is little difference in life expectancy by area, but for those living in the most deprived decile there is a clear benefit to living in London. The impact of the COVID-19 pandemic on life expectancy and healthy life expectancy is yet to be fully seen.

Ethnicity and Cultural Diversity in City and Hackney

Ethnicity

Hackney is an ethnically diverse borough, with 58% of children aged 5-19 and 50% of children aged 0-4 coming from non-white backgrounds (34). This is similar to London averages, although overall London has a larger percentage of children aged 0-4 and young people aged 20-24 from a non-white background than Hackney. There is also a relatively large population of white non-British residents in Hackney, comprising 19% of the 20-24s (34).

Figure 1.5: Proportion of ethnic groups by age group, 0-24 years old, Hackney, City of London and London, 2021



Source: GLA housing-led ethnic group projections 2016-based

The City of London has similar proportions of residents from backgrounds other than white to Hackney, but this is not universal with higher levels of ethnic diversity in Portsoken ward, including a large Bangladeshi community, and the remainder of the City less diverse (34).

There is also a notable higher proportion of children and young people coming from white non-British backgrounds in the City of London compared to Hackney and London.

Specific Communities

Within Hackney and the City of London there are several communities with culturally specific needs. This includes a large Turkish community (representing at least 4.5% of Hackney's residents) mainly concentrated in the borough's South, East and Central parts (36); and a large Bangladeshi community in the Portsoken Ward of the City of London. The 2006 Health Needs Assessment noted concerns about several distinct communities, including Chinese, Somali, Kurdish and Vietnamese, found in Hackney that are not visible in the 2011 Census due to their small numbers nationally but numbering over 1,000 residents.

Charedi (Orthodox Jewish) community

Hackney has one the largest groups of Charedi people in Europe, established in the 1920s in the Stamford Hill area. The Charedi community represents 7% of Hackney's total population (35), and 22% of its under 19 population (36). Although we don't have detailed data about the age distribution among Charedi children and young people, it is known that the Jewish community is young and rapidly growing, with around half of the population under the age of 19 (36).

The Charedi community cannot be reliably included within traditional ethnic figures. The City and Hackney Charedi needs assessment refers to a 2016 survey which found that 66% of Charedi households would describe their household's ethnic origin as white/white British. The remaining 34% would use the description "other ethnic group". Of these, 44% would define themselves as Jewish, 49% as Orthodox Jewish, 1% as Charedi Jewish, 1% as Ultra-Orthodox Jewish and 1% as religious (36).

Main language

Hackney is one of the most linguistically diverse areas in the country, with nearly 90 different first languages spoken. Of the 56% of records for which the language was known, approximately 80% of children and young people aged 0-25 registered with a GP in the City and Hackney spoke English as their main language. Languages spoken on 'Mainland Europe' (5%) and Kurdish/Turkish (4.6%) are the second most spoken languages as a primary language (37). This data does not include children not registered with a GP, who may be more likely to be non-English speakers and does not capture second languages.

The wider determinants of health

The 'wider determinants of health' are a broad range of non-medical factors, including social, economic and environmental, that have a significant impact upon health.

Racism

Socio-economic disadvantage is a key determinant of health inequality and there is an overrepresentation of ethnic minorities in lower socio-economic groups and in poverty (38). Tackling these structural inequalities is important in reducing health inequalities between people from different ethnic backgrounds.

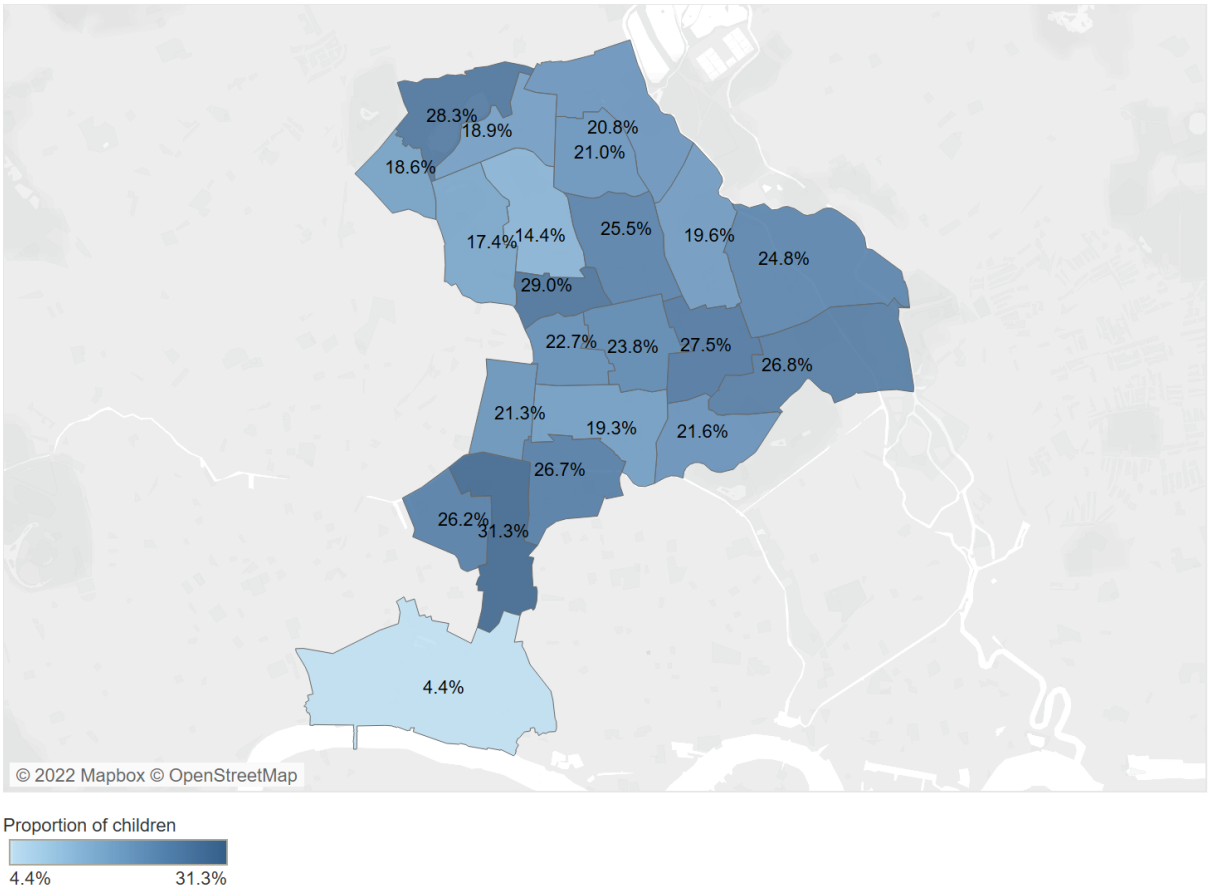
Racism itself has a direct and indirect impact on many aspects of health, and so embedding an anti-racist approach within strategies to reduce health inequalities is crucial (39). Individual-level unconscious bias can impact upon the quality of healthcare received both in clinical settings and more widely. Healthcare services need to be aware of the specific health care needs, including barriers to access, risk factors and treatment requirements for different communities, to ensure services meet the wide-ranging population need (36). Mental health services for example can be challenging to access for ethnic and religious minority groups. Stigma often leads to individuals both reluctant to acknowledge and disclose emotional or mental health disorders.

Deprivation

The Borough of Hackney is one of the most socio-economically deprived areas in England, ranking among the most deprived 30% of areas in 2019 (40). The Income Deprivation Affecting Children Index (IDACI) measures the proportion of children aged 0-15 living in income deprived families in each of the small local areas (called Lower Layer Super Output Areas or LSOAs). IDACI is a subset of the English Indices of Deprivation that allow categorisation by LSOA into five quintiles of deprivation: with quintile one the most deprived and quintile five the least (41).

In Hackney, more than 80% of LSOAs fall within quintiles one and two of IDACI, the most deprived in the country. None of the LSOAs fell within the least deprived quintile, with only 5% in the second-least deprived quintile. Within the City of London, one LSOA falls within the second most deprived quintile, with the remaining five in the least deprived quintile, indicating a lower level of deprivation when compared to Hackney. The percentage of under 16s living in low-income families in Hackney (24.7%) is higher than both London (18.8%) and England (17.0%) averages (42).

Figure 1.6: Proportion of children in relative low-income families by wards, City and Hackney, 2020



Source: Ministry of Works and Pensions, 2020

The City of London has a lower proportion of children in relatively low-income families than all Hackney wards. Within Hackney, there is some variation between wards with Hoxton East and Shoreditch (31.3%), Shacklewell (29.0%) and Homerton (27.5%) having the highest proportion of children in low-income families; Stoke Newington has the lowest proportion at 14.4% (42).

Data from 2018/19 shows that the proportion of child poverty before housing costs (defined as children living in families with an income below 60% of the national median income) in Hackney South and Shoreditch is 25% (40). This already high number rises to 56% when housing costs are considered, making it the second highest constituency in London for child poverty. A high proportion of child poverty is also seen in Hackney North and Stoke Newington - at 21%, rising to 44.5% once housing costs are considered (28).

Deprivation is closely linked to child mortality with an increase in relative risk of death of 10% for each unit increase in decile of deprivation (43). More than 700 child deaths could be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived (43). The child mortality rate for 1-17 years old in City and

Hackney in 2017-19 was 11.3 per 100,000 population, similar to London and England averages (44). The numbers are too small to be disaggregated by deprivation.

Several factors contribute to the likelihood of a child in London to be living in poverty. These include being from an ethnic minority (other than white) background, having a large family and living in a single-parent family. A child born into poverty is more likely to have a low birthweight, do worse at school and to have poor physical and mental health in the long term (45).

Employment and income

Income and employment are closely related determinants of health, with the former being essential for purchasing the necessities of everyday life, including food, and housing. The negative health and wellbeing impacts of unemployment are well established (46).

In the UK, the highest percentages of people living in low-income households after housing costs are from Bangladeshi (55%), Pakistani (47%), 'Asian other' (42%) and black (40%) ethnic backgrounds. The percentages of people living in low-income households are lowest among white (19%) and white British (19%) ethnicities (47).

According to data from Hackney Education, around 22% of children and young people aged 0-5 receive free school meals in City and Hackney, which is an indicator of family income. Even higher figures are seen in some parts of the borough, such as in Shoreditch Park (30.4%) (48). For children and young people aged 5-19, the percentage receiving free school meals is higher again at 33.8%. There is variation in percentages between neighbourhoods, with Shoreditch Park (42.6%), Well Street Common (36.1%) and London Fields (37.3%) having significantly higher proportions receiving free school meals (48).

The rate of long-term Jobseeker's Allowance claimants in Hackney in 2020 was 7.4 per 1,000 population, which is significantly higher than both London (2.8 per 1,000 population) and England (2.6 per 1,000) averages. (49).

Similarly, the proportion of people from black, Pakistani and Bangladeshi groups in unemployment is approximately double the national average of 4%. UK aggregate data shows residents from an 'other than white ethnic background' have a higher proportion of people in unemployment (7%) than those from a 'white ethnic background' (4%) (50). Figures for Hackney in 2019 show much larger disparities, with the proportion of residents from an 'other than white ethnic background' in unemployment at 11.3% compared to 0.9% in those from a 'white ethnic background' (47). Three-year averages between April 2017/March 2018 to April 2019/March 2020 reveal that the unemployment rate for young black men in London is 29% compared to 13% among young white men (51).

Data published in March 2020 showed that the employment rate in the UK for those registered disabled between the ages of 16-64 was 54.1%, in contrast to 82.8% among those not registered disabled (52). Hackney-specific figures for 2019 show 44.8% of those

aged 16-64 and classified as disabled are in work, while the sample size within the City of London was too small to give a percentage (53).

Almost half of households in the orthodox Jewish community (46%) had incomes of less than £15,000 in 2011 (23), a figure which has likely been exacerbated by recent changes to the welfare system such as the two-child limit on the child tax credit element of Universal Credit and the housing benefit, which tend to hit larger families harder.

Housing

The risk of ill-health or disability during childhood and early adulthood is increased by 25% for those living in poor housing conditions (54). In addition, there is an increased risk of meningitis, asthma, poor growth, mental health and behavioural problems (54).

According to a recent Shelter Report (55) conducted in 2020, 90% of teachers surveyed in 2020 said they have seen the impact of homelessness and bad housing on children's ability to attend school in the past 12 months. These include arriving at school tired, in unwashed or dirty clothes or not in full uniform. Other impacts include coming to school hungry or not wearing weather-appropriate clothing.

Homelessness

In Hackney, 28.3 per 1,000 households with dependent children were owed a duty of housing under the Homelessness Reduction Act in 2019/20: higher than London (18.7 per 1,000 households) and England (14.9 per 1,000 households) averages (56)(49). Homelessness rates for families with children or pregnant women are also higher in the City and Hackney (6.1/1000) compared to London and England (49). Homelessness is associated with poor health, education and social outcomes, and so these rates are particularly concerning (56). Although limited, evidence on the impact of homelessness on babies shows that homeless infants experience a significant decline in general developmental function between 4 and 30 months (56).

The situation is likely to get worse, as the number of homes Hackney has available to let each year continues to get smaller. Only households with the greatest need will qualify, leaving vulnerable children with inadequate housing.

Overcrowding

Living in overcrowded conditions is also associated with worse outcomes for children and young people, specifically an increased risk of experiencing respiratory problems and childhood accidents (54). In 2011, there were 15.6% overcrowded households in Hackney and 7.5% in the City. Both proportions were higher than the England (4.8%) average (57). Hackney was also higher compared to London (11.6%) but the City had lower overcrowded households compared to London (7.5%).

The proportion of people living in overcrowded housing between 2016-19 in England was higher in ethnic minority households and highest in Bangladeshi (24%), Pakistani (18%),

black African (16%) and Arab (15%) households (58). The Charedi community also has high rates of overcrowding with large inter-generational families, and multiple children, often living together (59).

Fuel poverty

A systematic review of the evidence (60) indicates cold conditions and fuel poverty has a significant effect on the mental health of adults and young people, children's respiratory health, as well as infant weight gain and susceptibility to illness. The 2016 JSNA on Housing and Homelessness in the City & Hackney (61) identified that reported problems with homes cited in Hackney are mainly associated with cold, mould and damp and that overcrowding was a major concern in both the City and Hackney.

Gentrification

'Gentrification' can be defined as "the transformation of a working-class or vacant area...into middle-class residential or commercial use" (62). This process has led to substantial and ongoing changes across City & Hackney, in terms of population and services available.

Hackney saw the proportion of residents in 'higher-skilled occupations[1]' increase from 49% to 64% between 2004 and 2014 (63). Gentrification[2] in Hackney between 2010 and 2020 was the 4th highest amongst London boroughs (behind Tower Hamlets, Wandsworth and Newham). In the 2010s Hackney experienced 'high' levels of gentrification, with pockets of higher gentrification around Dalston Junction, London Fields and Upper Clapton and lower rates around the North East of the borough (64). The City of London experienced 'moderate' levels across the same time period (64).

A 2016 survey of Hackney residents listed "gentrification/more gentrified" as the third most noted change in the borough over the past 10 years (65). It was noted that gentrification has led to mixed outcomes with an increasing sense of inequality in the community, with poorer people being excluded (65).

Gentrification can have an impact on children and young people in Hackney in several ways. The process of gentrification usually attracts younger families, this may increase the overall number of children and young people, and they may be from more affluent families. Research has shown that children from low-income families tend to achieve a higher level of development (measured by readiness for reception) living in low-income areas than in high income areas (1). As gentrification changes the income level of an area this may disproportionately affect children from low-income families.

It can also mean that children and young people who have grown up in the borough can no longer afford to live there or no longer 'feel at home'. A 2016 study of the experiences of gentrification amongst young people in Hackney found that they experienced spatial

[1] This category includes managers/directors/senior officials, professional occupations and associate professions/tech occupations

[2] In this case gentrification is measured by population churn, change in median house price, relative change in index of multiple deprivation score and relative change in the proportion of non-white residents

dislocation (having to physically move) and affective displacement (a sense of not belonging) and that overall, their experience was one of ambivalence (66).

Impact of COVID-19

The COVID-19 pandemic has, through its direct impact and lockdown measures, exemplified and exacerbated health inequalities across all ages. Within NHS and social care staff there were higher mortality rates in staff from culturally and ethnically diverse groups (67). Although coverage of ethnicity recording has improved, studies show that data quality can be variable, poor, and show evidence of systematic bias (68). Following the COVID-19 pandemic, national agencies committed to improve ethnicity recording in health records and to introduce ethnicity recording on death certificates.

Those on lower incomes have been more susceptible to redundancy and loss of income, with young people having been more affected than older people, leading to an increased likelihood of poverty. Low-income families have also been less able to support children with home-schooling.

In London, out of work benefits claims have increased by 148% (274,000), and families report struggling to meet basic needs (69). In 2020, over a third of low-income families with children increased their household spending; 36.7% of households applying for universal credit between March and November 2020 included children. The increase to universal credit payments of £20 did not halt the rise in child poverty during the pandemic and ending the uplift was predicted to put an additional 200,000 more children into poverty (70). The resulting financial hardship is expected to contribute to family tensions, as well as psychological and emotional distress; factors that are associated with child maltreatment and neglect, including physical, emotional and domestic abuse. The disproportionate impact of the pandemic on low-income families and those from culturally and ethnically diverse backgrounds, needs to be addressed in recovery plans and service provision so that the long term consequences for children are reduced.

Public Health England examined the **impact of covid-19 on health visiting** and school nursing in London (71). With a focus on the first lockdown in 2020. They conducted a survey to establish this, of which 6 respondents (out of 38) came from North East London. 76% of all respondents reported that during the lockdown, members of the team had been redeployed to areas outside health visiting and school nursing. Despite this 97% of respondents continued to undertake health assessments during this time. There was variation between the two groups. Health visiting work was reported as moving online, whereas school nursing work was suspended during the lockdown period. Staff wellbeing was a large challenge as well as issues to do with maintaining connectivity for work. Additional work around supporting families from culturally and ethnically diverse communities focused on provision of support and close working with partnership agencies.

Services in relation to need

The Holiday Activities and Food Programme funds healthy food (to School Food Standards) and engaging activities to disadvantaged and vulnerable children (often those on free school meals) during the school holiday period.

Following a pilot in 2020, Hackney Council established a wholly-owned, not-for-profit company, Hackney Living Rent (72) which allows the Council to let and manage homes in line with the London Living Wage (LLW).

Hackney Children's Centres (73) (Sure Start Centres) focus on supporting preschool children; the City has 1 Children's Centre and Hackney has 20. However, there are proposals to re-design Children Centres as Family Hubs. These will go beyond early years and provide services for 0-19 years. These services will include health visiting, antenatal and postnatal services, childcare, birth registration and engaging fathers; support for parents on issues like domestic violence, relationship counselling and parenting skills; tackling problems such as debt, substance misuse and gambling; and advice on employment, welfare and benefits and family law.

Health-justice partnerships (HJPs) are collaborations between healthcare and legal services which support patients with social welfare issues such as welfare benefits, debt, housing, education and employment.

Insights - Population Perspective

Hackney Young Futures Commission, Valuing the Future through Young Voices (74) consulted with over 2,500 young people aged 10 - 25 years in 2020, about their lived Hackney experience and to recommend 'asks' that could improve the lives and life chances of children and young people in the borough. Young people identified 70 solutions (called 'Asks') that were grouped into main themes.

Secure Future (Housing and Advice)

To address the lack of affordable and inadequate housing, overcrowding and rough sleepers (homelessness causes young people anxiety) the 'ask' was to embed young people into Resident Participation structures, develop a young people's housing offer, and actively support young people to help the homeless.

Active Future (Spaces, Places and Activities)

Young people have positive experiences of using a wide range of facilities and activities in Hackney and liked parks and youth clubs. Victoria Park in the London Borough of Tower Hamlets was mentioned most frequently, followed by Queen Elizabeth Park, Clissold Park, Finsbury Park and Springfield Park. The consultation demonstrated that young people really enjoy cultural activities and specific events such as carnival, festivals, cinema, theatre and museums and want increased access and opportunities to places, spaces and activities.

Inclusive Future (Inclusive Economy and Regeneration)

Young people want to learn from and share their experiences of living in social housing, their fear of crime and how they are often misunderstood by older people with the older generation. Gentrification was a recurring theme which young people spoke about at length; they wanted a Hackney that developed with the community at the centre. To do this young people 'ask' to be included in the regeneration of the borough, that we promote intergenerational dialogue and improve access to the night time economy for young people.

Safe Future (Crime and Safety)

Exposure to serious youth violence has created a culture of fear and anxiety that was reported by young people of all age groups, and by all demographics, across all areas of the borough. Young people want the racial profiling of young black men to stop to work with partners and London's VRU to implement a public health approach to reduce serious youth violence and understand gang culture.

Bright Future (Education, Training and Employment)

Key themes included anxiety and stress associated with school exams, the quality of teaching staff, lack of life skills training, facilities, transitions and limited school choices. Some of the 'asks' proposed were, to provide educational support to reduce the inequality in educational attainment, to amplify student voices in decision making and to develop young people's skills for adulthood.

Stakeholder Interviews

Poverty/Food Poverty/Housing

Stakeholders interviewed as part of this Health Needs Assessment (HNA) stressed concerns about levels of deprivation, food poverty, poor quality housing and overcrowding and how these issues were impacting young people and their ability to focus on healthy choices.

Interviewees noted that many of the families/young people were in temporary accommodation, or on the verge of being evicted from the private rental market. Others noted the quality of housing - damp, cold, black mould, in addition to rising levels of neglect, domestic violence, gang violence, unemployment and relationship breakdown leading to homelessness. In addition to the quality of housing, the size of rented accommodation was a particular issue for Charedi/Jewish families who on average have six children.

One stakeholder from Hackney Quest outlined in detail how poverty and disadvantage were severely affecting young people. Many young people they work with were experiencing difficulties with the benefits system or who had left school with undiagnosed learning needs; those who had diagnosed learning needs had not had these needs met. Other young people were on the verge of exclusion, while others were experiencing a range of territorial issues which influenced their movements in their local communities.

Interviews with 3 organisations serving the Orthodox Jewish/charedi community noted that the community is classed as the working poor; women are needed to provide support with the family at home and because of religious needs (the men need to pray three times a day) they are often limited to low paid jobs. They are employed in Jewish organisations and *'there's a huge growing cottage industry where Charedi women set up and run businesses from home*'.

Another common finding was that poverty was synonymous with food poverty and fuel poverty, with interviewees noting that many children were not eating consistently or nutritionally, in addition to families having to make choices between heating their homes or buying food. Parents face a wide range of difficulties with cooking, shopping and meal planning on limited budgets. It was also recently noted that children and young people attending youth centres, were taking food made available to them at the centre, home, to give to their families. As a result, Hackney youth centres will be including a food offer as a standard part of their service.

'Poverty is an issue that impacts everything'
Youth Service Manager

'It's difficult to initiate discussions about health when many of our parents are concerned about basic issues such as housing, employment and poverty'
Headteacher

Chapter Summary

Children and Young People population

- The City of London and Hackney has an estimated 85,259 children and young people under 25.
- Almost 30% of Hackney's population are under 25; this is projected to remain stable over the next ten years.
- The largest Charedi community in Europe, found in the north of the borough, represents 7% of Hackney's total population but over 22% of its child population.
- The availability of Health Visitors poses a challenge to the implementation of the Healthy Child Programme (HCP).
- Healthy life expectancy is lower in Hackney compared to London and England.

Ethnic and Cultural Diversity

- The City of London and Hackney are ethnically and culturally diverse areas, home to large Charedi (Orthodox Jewish), Turkish/Kurdish, Vietnamese and Bangladeshi communities.
- Hackney is one of the most linguistically diverse areas in the country, with nearly 90 different first languages spoken.

Deprivation

- Hackney is one of the most deprived areas in England. With 1 in 4 under 16s living in poverty, above both London and England averages.
- Around 22% of children and young people aged 0-5 and 33% of those aged 5-19 receive free school meals in the City and Hackney.
- The wards with the highest proportions of children living in low-income families are Hoxton East & Shoreditch (31.3%), Shacklewell (29.0%) and Homerton (27.5%)
- There is inequality in life expectancy and healthy life expectancy between the most and least deprived areas within Hackney.
- Stakeholders identified that poverty was synonymous with disadvantage, poor housing, food insecurity, poor educational outcomes and lack of opportunity for children and young people.

Employment and Income

- The rate of long-term Jobseeker's Allowance claimants in Hackney in 2020 was 7.4 per 1,000 population, which is significantly higher than both London (2.8 per 1,000 population) and England (2.6 per 1,000) averages.
- UK aggregate data shows residents from an 'other than white ethnic background' have a higher proportion of people in unemployment (7%) than those from a white ethnic background (4%).
- 2019 data from Hackney suggests even greater disparities in unemployment between residents from a background other than white ethnic (11.3%) compared to residents from a white ethnic background (0.9%).

- City & Hackney 2022-26 Health & Wellbeing Strategy has identified financial insecurity as a priority area.

Housing

- Rates of households with dependent children owed a duty of housing in Hackney exceed figures for London and England.
- The rate of homelessness for families with children in the City of London and Hackney is above both London and England averages.
- Percentages of overcrowded households are higher in Hackney (15.6%) and the City (7.5%) compared to the rest of England (4.8%).

Gentrification

- Gentrification in Hackney between 2010 and 2020 was the 4th highest amongst London boroughs (behind Tower Hamlets, Wandsworth and Newham).
- Population insight has found that gentrification has resulted in mixed outcomes with an increasing sense of inequality in the community, with poorer people being excluded.

Impact of COVID-19

- COVID-19 has widened existing inequalities, disproportionately affecting low-income families from culturally and ethnically diverse backgrounds.
- The number of emergency food parcels distributed to children in Hackney reached a high of 2,884 in 2020.

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	• Continue to reduce the proportion of children living in poverty to surpass the London average and to explore the variation of poverty rates in the City of London.	Child Poverty (% of under 16yrs living in relatively low-income families) has continued to rise from 17.4% in Hackney to 22.8% in Hackney. COVID-19 has exacerbated health and income inequality; and changes to welfare benefits and the rising costs of living (fuel poverty, food poverty, rising food costs) are projected to place even more families in poverty; and therefore, this figure is likely to increase.

The Draft Health & Well Being Strategy for Hackney 2022 - 2026 outlines Hackney's continuing approach to improve health and to reduce inequalities in the borough which includes a priority on supporting greater financial security and reducing poverty. The City of London and Hackney have inclusive economy and poverty reduction frameworks.

	2022 Recommendations	Supporting rationale
1.	• Continue to promote the Health Justice Partnership • Work with children's services, education and health to ensure targeted support for those experiencing difficulties through the promotion of Healthy Start Vouchers, and Holiday Activity Programmes • Integrate Children Services to address the rising level of vulnerable families/young people with complex needs and the impact this will have on Health Visiting/School Nursing and other services to deliver universal services • To deepen our understanding of the wider socio-economic determinants, improve data recording of faith and ethnicity • All contracted services undertake an equalities analysis for protected characteristics and disaggregated data for the City & Hackney as a routine part of annual reporting process to improve understanding of unmet need for targeted action • Strengthen the relationship between Health and Housing to address poor health impacts	Child Poverty (% of under 16yrs living in relatively low-income families) has continued to rise from 17.4% in Hackney to 22.8% in Hackney Health inequalities gap widening as a direct impact of the pandemic Relationship between poor housing conditions and health

2. Maternity and Infant Feeding

Introduction

Pregnancy is a vital period for expectant mothers and new-borns. A mother's physical and mental wellbeing can have widespread implications for the health of her child. Risk factors for adverse outcomes include maternal alcohol and drug misuse, as well as psychological stress and underlying medical issues. The combined effect of these risk factors can strongly influence the risk that a pregnancy poses, both to the mother and new-born's health.

The early identification of need and vulnerable mothers, aims to ensure that pregnancies are monitored and supported appropriately, with additional input required for high-risk pregnancies. Access to antenatal care affects how readily these needs are identified and addressed and can have a profound impact on adverse outcomes such as low birth weight and infant mortality rates, as well as feeding choices.

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant areas for this chapter are:

- Maternity High Impact Area 1: Improving planning and preparation for pregnancy.
- Maternity High Impact Area 3: Supporting healthy weight before and between pregnancies.
- Maternity High Impact Area 4: Reducing the incidence of harms caused by alcohol in pregnancy.
- Maternity High Impact Area 5: Supporting parents to have a smokefree pregnancy.
- Maternity High Impact Area 6: Reducing inequality of outcomes for women from black, Asian and minority ethnic (BAME) communities and their babies.

National/regional policy

The *Healthy Child Programme* (7) is an evidence-based universal programme that aims at promoting the best start to life for all children and young people in the age group of 0-19 years and additional services for those with specific needs and risk factors. It identifies areas that significantly impact on improved health and well-being outcomes of children and young people in addition to considering the challenges and impact of COVID-19 and:

- includes pre-conceptual care
- provides universal contact at 3-4 months and 6 months
- includes parent facing digital content and an interactive healthy pregnancy pathway

A new Maternity Disparities Task Force was established in Feb 2022, to explore reasons for disparities in maternity care and address poor outcomes for women from ethnic minority communities and those living in deprived areas. By supporting evidence-based interventions for the following areas:

- improving personalised care and support plans for mothers
- addressing how wider societal issues impact maternal health, working with experts in other government departments
- improving education and awareness of preconception health when trying to conceive, such as taking supplements before pregnancy and maintaining a healthy weight
- increasing access to maternity care for all women and developing targeted support for women from the most vulnerable groups

The *National Maternity Review Report Better Births* by NHSE published in 2016 (75) states that although there has been an increase in the number of births and complex births, the quality of services and outcomes has improved. The report focuses on the following main priorities to ensure that women and children receive the best care:

1. Personalised care.
2. Continuity of care.
3. Better postnatal and perinatal mental health care.
4. A payment system that supports commissioners to commission for personalisation, safety and choice.
5. Safer care.
6. Multi-professional working.
7. Working across boundaries.

The *MBRRACE-UK rapid report* (76) showed that seven (88%) out of the eight women who died from COVID-19 were from black and minority ethnic groups. It states that, “the rate of women dying in the UK in 2016–18 during or up to one year after pregnancy is more than four times higher in the black group, and almost double in the Asian group (although the number of such deaths is relatively low).” Pregnant women from culturally and ethnically diverse backgrounds or living in areas or households of increased socio-economic

deprivation were also more likely than other women to be admitted to hospital for COVID-19.

The *Maternity Transformation Programme* (77) *aims* to implement its vision "for safer and more personalised care across England and deliver the national ambition to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025." It seeks to achieve the vision set out in the *Better Births National Maternity review report* (78) by bringing together a wide range of organisations to lead and deliver across 10 work streams listed below:

1. Increasing choice and personalisation.
2. Supporting local transformation.
3. Transforming neonatal critical care.
4. Improving access to perinatal mental health services.
5. Improving prevention.
6. Promoting good practice for safer care.
7. Reforming the payment system.
8. Transforming the workforce.
9. Sharing data and information.
10. Harnessing digital technology.

As part of Priority 5 Local Maternity Systems (LMS) (79) have been asked to supplement their Local Maternity Transformation plans with a co-produced equity and equality analysis. The aim of this analysis is to support:

- an initial high-level analysis of the scale and scope of inequalities for women and babies in NEL in health outcomes and across linked factors.
- major gaps in the analysis e.g., due to time constraints and/or lack of data.
- A list of recommendations for possible further analysis

The *Healthy Pregnancy Pathway* uses the following service-level descriptors across the maternity pathway: preconception, antenatal and birth 6 to 8 weeks.

Better Births, Early Adopters (80) supports the local transformation of maternity services and seven Early Adopters sites are implementing the new model of care described in Better Births. There are over 100 Maternity Voices Partnerships set up across the country and over 100 community hubs that provide focus on postnatal care and support for the mother and her family. So far NHSE has expanded access to continuity of care pathways for pregnant women, leading to 17.3% of pregnant women being placed onto a continuity pathway in March 2019. The Maternity Transformation programme is working to increase continuity.

Healthy Start Vitamins (81) is a UK-wide statutory scheme providing healthy start vitamin tablets to pregnant women up to their baby's first birthday, who are in low-income families in receipt of certain benefits or tax credits. Children can have free Healthy Start vitamin drops from the age of 4 weeks until their fourth birthday. The service is now digital and comprises a Healthy Start card that can be used in local shops. Healthy Start vitamins contain folic acid

and vitamins A, C and D. All pregnant women are recommended to take 400mcg however if you are at a higher risk of having a pregnancy with a neural tube defect (NTD) you will be prescribed 5mg.

The UK Government announced that the addition of folic acid (the synthetic form of folate, or vitamin B9) to all UK-milled wheat flour, except for wholemeal, will become mandatory following the transition period of September 2022 (92). This is to reduce the risk of foetal development problems called neural tube defects (NTDs). However, this does not replace NHS guidance that women who could become pregnant or planning a pregnancy should take a 400 micrograms folic acid tablet every day before pregnancy and until they are 12 weeks pregnant.

Evidence based practice

HCP Maternity High Impact Area 1 - 6 (7): outlines the latest evidence and good practice guidance on maternity priority topics in England:

- improving planning and preparation for pregnancy.
- supporting parental mental health.
- supporting healthy weight before and between pregnancy.
- reducing the incidence of harms caused by alcohol in pregnancy.
- supporting parents to have a smokefree pregnancy.
- reducing the inequality of outcomes for women from black, Asian and Minority Ethnic (BAME) communities and their babies.

UNICEF UK Baby Friendly Initiative standards (82) is based on a global accreditation programme of UNICEF and the World Health Organisation. It is the first ever national intervention to have a positive effect on breastfeeding rates in the UK. Research has shown that even small increases in breastfeeding rates can result in significant savings. It is a staged Baby Friendly accreditation programme for maternity, neonatal, health visiting (or specialist public health nursing) and children's centre (or equivalent early years) services. Standards have recently been updated to include sustainability standards, and to reflect the evidence base on delivering the best outcomes for mothers and babies in the UK.

- Stage 1: Building a firm foundation.
- Stage 2: An educated workforce.
- Stage 3: Parents' experiences - maternity services, neonatal units, health visiting /public health nursing services, Children Centres.
- Re-accreditation: Embedding standards to support excellence.
- Achieving sustainability: Ensuring leadership, culture and monitoring to maintain and progress standards over time.

Maternity standards enable staff to:

- Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby.

- Support all mothers and babies to initiate a close relationship soon after birth and to make informed decisions regarding the introduction of food or fluids other than breastmilk.

Neonatal standards enable staff to:

- Support parents to have a close and loving relationship with their baby.
- Enable babies to receive breastmilk and to breastfeed when possible.
- Value parents as partners in care.

Health visiting/public health nursing services standards enable staff to:

- Support pregnant women to recognise the importance of breastfeeding and early relationships for the health and wellbeing of their baby and enable mothers to continue breastfeeding for as long as they wish.
- Support mothers to make informed decisions regarding the introduction of food or fluids other than breastmilk.

Children's centre standards enable staff to:

- Support pregnant women to recognise the importance of early relationships for the health and wellbeing of their baby.
- Protect and support breastfeeding in all areas of the service.
- Support parents to have a close and loving relationship with their baby.

The NHS Long Term Plan (2019) states that all maternity services will adopt the process for an accredited, evidence-based infant feeding programme i.e. UNICEF Baby Friendly Initiative (BFI) as it has been shown to increase breastfeeding rates, reduce health inequalities and improve women's satisfaction (15).

The Potential economic impacts from improving breastfeeding rates in the UK (83) identifies the potential cost savings where evidence of health benefit is strongest - reductions in gastrointestinal and lower respiratory tract infections, acute otitis media in infants, necrotising enterocolitis in preterm babies and breast cancer in women. The research proposes that by:

- continuing breastfeeding until 4 months the incidence of the three named childhood infectious diseases can be significantly reduced and savings of £11 million made
- nationally doubling the proportion of mothers' breast feeding for 7–18 months in their lifetime is likely to reduce the incidence of maternal breast cancer and save at least £31 million at 2009–2010 value.

The PHE guide to community-centred approaches to health and wellbeing outlines evidence-based community-centred approaches to health and wellbeing to support the: NHS Five Year Forward View ambitions for a new relationship with patients and communities and the PHE's strategy, From Evidence into Action which recommends local solutions, that draw on all the assets and resources of an area to reduce health inequalities. The 'family of

community-centred approaches' is a framework of the practical and evidence-based options that can be used to improve community health and wellbeing and reduce health inequalities. The four pillars of community centred approaches are:

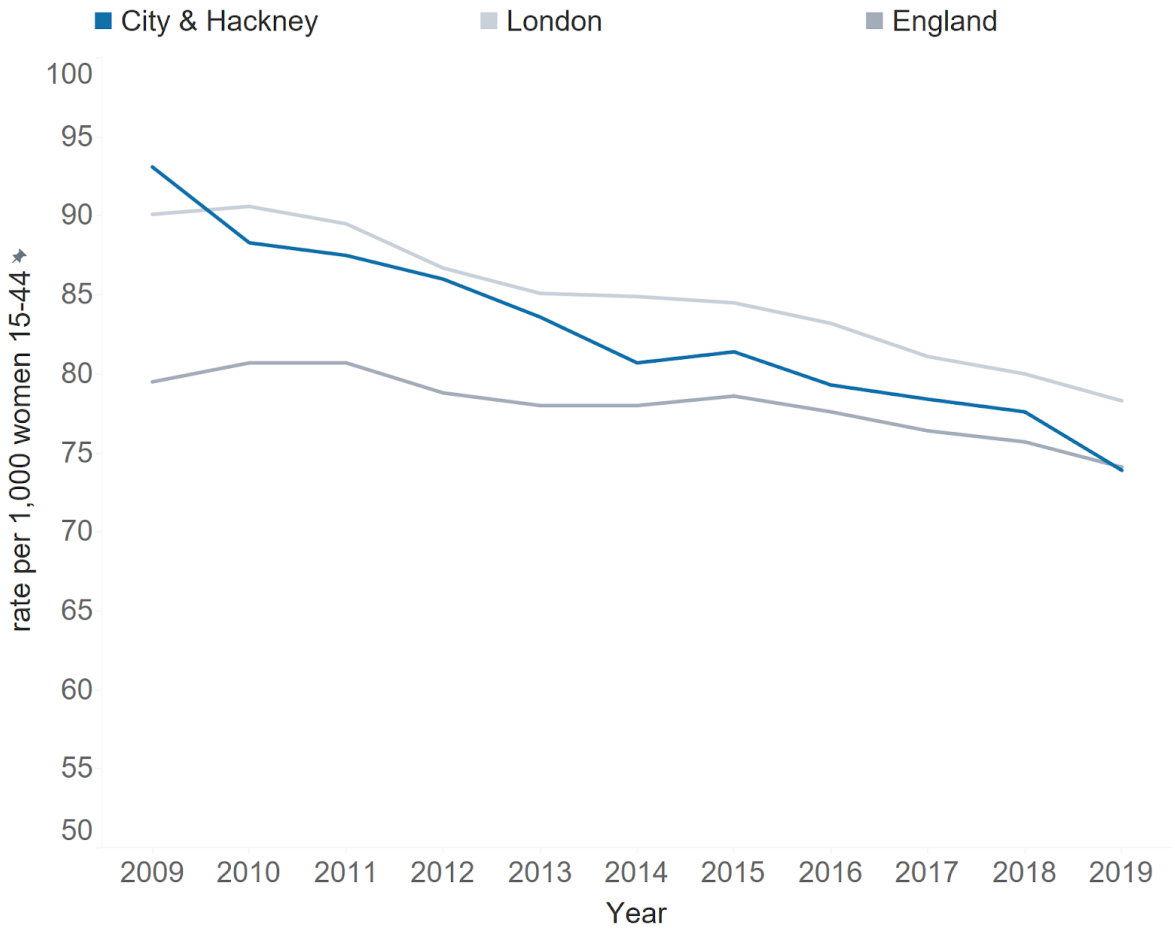
1. Strengthening communities.
2. Volunteer and peer roles.
3. Collaborations and partnerships.
4. Access to community resources.

The level of need in the population

Conception

The conception rate refers to the number of pregnancies that result in either one or more live or still births, or a legal abortion. The figure below shows trends in conception over a 10 year period.

Figure 2: Trends in conception rates in City and Hackney, London and England, 2009-19

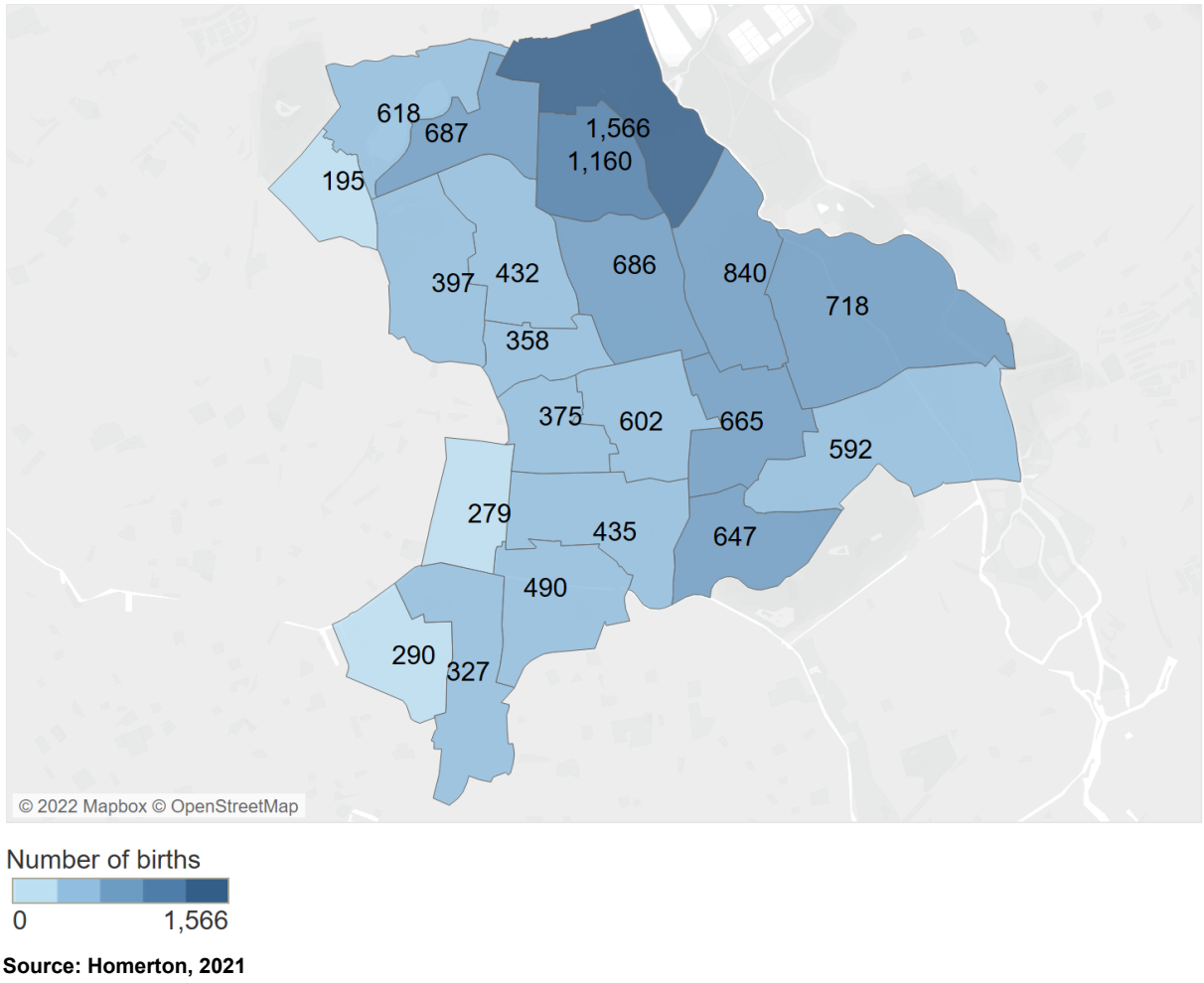


Source: ONS, 2018
Note: Please note the scale of change might appear larger, because the Y axis was cut to 50.

In 2019 City and Hackney had a conception rate of 73.9 per 1,000 (5,654 births) (84). This is a 21% decrease from 93.1 per 1,000 in 2009; and is in line with regional and national rates. The general fertility rate, defined as the number of live births per 1,000 women aged 15-44, declined between 2013 and 2019 in both Hackney (61.7 to 54.8 per 1,000) and the City of London (83.6 to 42.0 per 1,000) (84). The average general fertility rates in London and England average rates have also seen a decline over the same period.

In contrast to this trend, Stamford Hill has a high birth rate as demonstrated in the map below (darkest area). This is attributed to the large Charedi population within the area, who typically have children at a younger age and have higher numbers of children. GPs in this area have highlighted the high numbers of pregnant mothers and young children on their practice lists, with one GP claiming that their practice had the highest number of births per week of any practice in the UK. (36)

Figure 2.1: Distribution of births by wards, Hackney, 2017/18 to 2020/21



Source: Homerton, 2021

Improving planning and preparation for pregnancy

Improving planning and preparation for pregnancy has been identified as one of the Maternity High Impact Areas (HIA). There are two relevant indicators:

1. Folic acid supplements before pregnancy.
2. Early access to maternity care.

Folic acid supplements before pregnancy

Maternal folic acid (vitamin B9) supplementation is an important pre-pregnancy and early pregnancy intervention which significantly reduces the risk of neural tube defects (NTD) in the developing foetus. Taking folic acid supplements prior to conception is important, as neural tube development is often complete by the time a woman realises she is pregnant (by four weeks). All women should take 400mcg once a day of folic acid during the first trimester of pregnancy, while a higher dose of 5mg is recommended for women with specific risk factors including personal or family history or previous pregnancy affected by neural tube defect, diabetes, sickle cell anaemic, very overweight or taking certain epilepsy medications (85).

It is estimated that around half of pregnancies are unplanned and even in those pregnancies that are planned, many women do not take folic acid supplements or modify their diet to increase folate intake. Only one-fifth of women report taking folic acid before pregnancy, which rises to three-fifths of women once their pregnancy is confirmed (86). In addition to the neural tube defects, infants suffering from folic acid deficiency are at a higher risk for low birth weight, nervous system damage, still birth, brain damage, and heart defects (87).

Table 2.01: Maternity High Impact Area - folic acid supplements before pregnancy

High Impact Area 1	Key Performance Indicator	2016 PHE Performance	Current Performance	Current Trend	Comment
Improving planning and preparation for pregnancy	Folic acid supplements before pregnancy	Not available on Fingertips.	30%	-	NEL data 2020/2021

The above indicator records if a woman has been taking folic acid supplements at first contact or when booking an appointment at the hospital i.e. whether the woman was taking folic acid prior to pregnancy and/or started taking it once the pregnancy was confirmed. Analysis of inequalities across the NEL Local Maternity System (LMS) 2020 - 2021, identified that the proportion of women with folic acid status was highest in Havering at 88% substantially higher than the rates across the other boroughs which varied between 20% in Newham and 57% in Barking & Dagenham; Hackney had a folic acid status of 30% (86)

The proportion of women known to have been taking folic acid supplements in early pregnancy was relatively higher among white women than among both Asian and black women either in Hackney or in North East London (NEL) boroughs averages (86). Deprivation appears to be more closely correlated with the likelihood of women taking folic acid supplements in early pregnancy either in Hackney or in NEL boroughs, with higher intake in less deprived areas (86).

In City & Hackney GPs routinely refer patients to take Healthy Start Vitamins managed locally by the HENRY programme although where women have specific risk factors GPs will

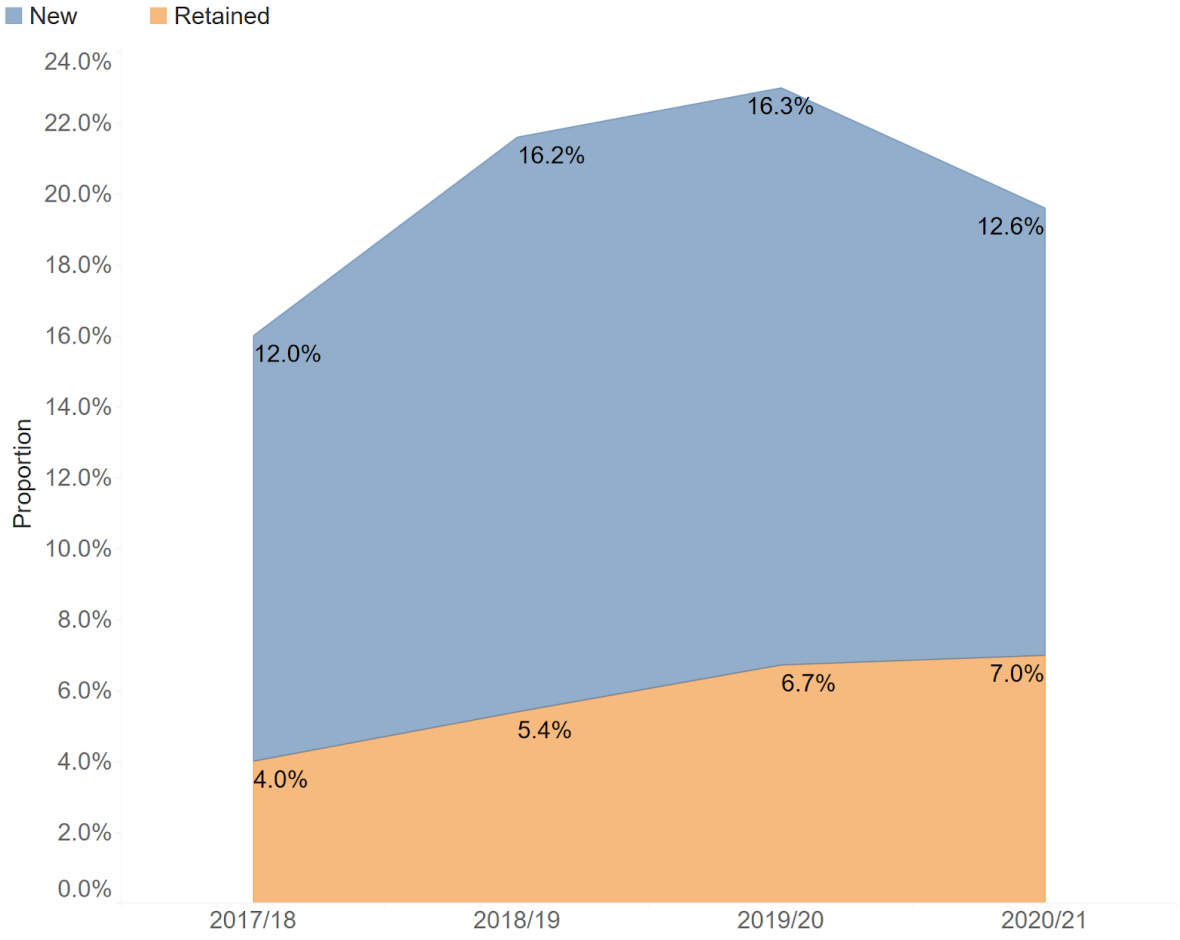
directly prescribe 5mg. HENRY provides Healthy Start vitamins (containing folic acid and other vitamins) to all pregnant women, new mothers and children under 4 years in the City and Hackney, regardless of income universally, as opposed to the national scheme which is means tested. Data is recorded on the PharmOutcomes database system utilised by 10 community Children's Centres and 43 Community Pharmacists who distribute vitamins; population take-up figures are based on 2011 Census data.

Table 2.02: Number of individuals collecting a vitamin package for the first time, City and Hackney

Category	2017/18	2018/19	2019/20	2020/21
Pregnant	876	975	713	577
New mother	968	953	1012	727
Child	2324	2287	2506	1984
Total	**4157**	**4206**	**4229**	**3282**

Source: HENRY, 2021
Note: Data was sourced on the provider

Figure 2.2: Proportion of Healthy Start Vitamins uptake among eligible population, City and Hackney, 2017/18 to 2020/21



Source: Henry, 2021
Note: New refers to beneficiaries who started collecting vitamins in that particular year, whereas retained refers to beneficiaries who were recipients from the previous year

Between 2017-19 some children's centres were inputting some vitamin distributions into their E-Start database, therefore allowance should be given to validity errors due to data input errors, under-reporting and/or some duplication in family registration data. Vitamin uptake for 2020/21 was also impacted by the COVID-19 pandemic, lockdowns and additional pressures placed on pharmacies and children's centres during this time. Challenges during the pandemic led to delays in vitamin deliveries, and additional queues at local pharmacies complemented by a reduction in children centre opening hours.

Early access to maternity care

Early access to maternity care has been identified as another indicator under improving planning and preparation for pregnancy within the Healthy Child Programme that if increased could lead to significant improvements in the health and wellbeing for children in City and Hackney. It is vital for ensuring a healthy pregnancy for mother and baby. In 2018-19 the proportion of women accessing early maternity care in Hackney was 34.1%, which is significantly lower than both London (47.8%) and England (57.8%) averages (88).

Table 2.03: Maternity High Impact Area - Early Access to Maternity Care City & Hackney

High Impact Area 1	Key Performance Indicator	2016 PHE Performance	Current Performance	Current Trend		Comment
Improving planning and preparation for pregnancy	Early access to maternity care	Not available at Fingertips.	34.1% (2018/19)	-		Below London and England rates

Inequalities in early access to maternity care

The timing of and access to maternity care in England is marked by inequalities. Antenatal care should start as early as possible to ensure the best outcomes for mother and baby. The proportion of women who accessed early maternity care in England in 2018/19 was highest among those aged 25-29 (60.3%). Expectant mothers under the age of 18 (45.8%) and women in the older age groups had lower access rates, with the lowest being among women aged 45 and over (45.0%) (88). The proportion of women accessing early maternity services nationally is higher in first pregnancy (58.4%) than in subsequent pregnancies (57.0%) (89).

When compared with the England average of 57.8%, a higher proportion of white women in England (60.7%) accessed early maternity care in 2018/19. Also, nationally, the proportions of women of mixed (52.9%), Asian (52.8%) and black (41.6%) ethnicities accessing early care were lower than average. The proportion of black women who accessed early maternity care was the lowest of any ethnicity (75). There is also an association between the level of deprivation and the proportion of women who access early maternity care. The highest proportion of women lived in the least deprived decile (63.3%) compared to the most deprived decile (53.6%) (89).

Local data provided by Homerton, showing the proportion of pregnant women who accessed maternity care within 10 weeks (which is considered early access) over the total number of bookings for City of London and Hackney women, showed that this proportion increased from 2018/19 (55.9%) to 2020/21 (68.5%). Again, inequalities in early access were noticed:

- women aged under 25 had a lower proportion of early access (48.9%) when compared to those aged 25-34 (62.1%) and over 35 (64.1%)
- women from white British (69.6%), mixed (66.6%) and Asian (66.2%) backgrounds had higher proportion of early access when compared to those from black (57.9%), other ethnic groups not considered as Asian, black, mixed or white (56.1%) and white non-British (54.8%).
- the higher the number of children, the lower the proportion of women accessing maternity care early (67.1% for the first child, 61.7% for second or third child and 38.7% for fourth or more children).

Supporting healthy weight before and between pregnancies

Also see Healthy Lifestyles Chapter 7 for HCP Maternity High Impact Area 3a.

Supporting healthy weight before and between pregnancies has been identified as one of the Maternity High Impact Areas (HIA 3) and encompasses breastfeeding. Supporting breastfeeding is also identified as an Early Years High Impact Area (HIA 3). The relevant performance indicators are:

1. Obesity in early pregnancy.
2. Baby's first feed breastmilk.
3. Breastfeeding prevalence at 6-8 weeks.

Table 2.04: Obesity in early pregnancy

Maternity High Impact Area 5	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend		Comment
Supporting healthy weight before and between pregnancies	Obesity in early pregnancy (C&H)	NA at Fingertips	24.3 % (2018/19)	-		Above London and England rates

In 2020/21, 19.2% of women that gave birth at Homerton Hospital in Hackney were obese. In North East London (NEL) this varied from 18.1% to 26.7%; Hackney had the second lowest proportion. Maternal obesity is also related to mortality, a recent study (90) found that the risk of maternal death increases with BMI; overweight women have an increased risk of 1.6 while the risk for pregnant women with severe obesity more than tripled. Furthermore, the second annual report of the National Child Mortality Database (NCMD) found maternal obesity during pregnancy to be the fifth most common modifiable factor in child death. (91) Black women had the highest rates of obesity across every NEL borough with the exception of Barking and Dagenham where it was the second highest proportion after mixed ethnicity.

Deprivation appears to be strongly correlated with obesity, with rates among the most deprived quintile far higher than among those living in the least deprived.

Breastfeeding

The establishment and continuation of breastfeeding begins with the first feed and the feeding of colostrum in the first hours and days of life confers protective benefits which extend far beyond the neonatal period (92). Breastfeeding is understood to be a protective measure against obesity in childhood and later life (93). There is also some evidence that exclusive breastfeeding for at least 3 months can increase the likelihood of a mother returning to her pre-pregnancy weight (94).

Table 2.05: Maternity High Impact Area - Baby's first feed breastmilk

High Impact Area Maternity 3	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend	Comment
Supporting healthy weight before and between pregnancies	Baby's first feed breastmilk	85.7% (2017/18)	88.1 % (2018/19)		Above London and England rates

In 2018/19, 88.1% of babies born to Hackney mothers had breast milk as their first feed, which is the second highest percentage in London, higher than both London (76.3%) and England (67.4%) averages. There is no separate value for the City of London (95).

Table 2.06: Proportion of mothers breastfeeding in City & Hackney at 48 hours and 6-8 weeks, 2017/18 to 2020/21

Breastfeeding at 48 hours

	Total	Total known	unknown status	over all population	over women with known status
2017/18	4155	3450	17.0%	77.5%	93.3%
2018/19	4188	2948	29.6%	65.2%	92.6%
2019/20	4033	2662	34.0%	62.0%	93.9%
2020/21	3810	2533	33.5%	62.4%	93.9%

Breastfeeding at 6-8 weeks

	Total	Total known	unknown status	over all population	over women with known status
2017/18	4155	1980	52.3%	40.5%	84.9%
2018/19	4189	3411	18.6%	68.9%	84.6%
2019/20	4033	3281	18.6%	68.8%	84.5%
2020/21	3809	2631	30.9%	60.0%	86.8%

Source: Homerton, Health Visiting Dataset, 2021

Examining data from City and Hackney residents, we can see that the proportion of mothers (out of all mothers) who gave their babies breast milk in the first 48 hours after delivery dropped from 77.5% in 2017/18 to 62.0% in 2019/20 (89). This is statistically significant. However, if only women who had their breastfeeding status recorded are included, the proportions were higher at 93.5% in 2017/18 and 93.9% in 2020/21, with no significant variation between the included years (89). This could suggest that the decrease in proportions when including all mothers as the denominator was due to a reduction in recording breastfeeding status, rather than an actual decline in breastfeeding.

Table 2.07: Maternity High Impact Area - Breastfeeding prevalence at 6-8 weeks

High Impact Area Maternity 3	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend	Comment
Supporting healthy weight before and between pregnancies	Breastfeeding prevalence at 6-8 weeks after birth	86.8%			Below London and England rates

The percentage of women who were fully or partially breastfeeding, out of all women due 6-8 weeks check increased from 40.5% in 2017/18 to 60.0% in 2020/21 (95). However, when only including women, whose breastfeeding status was recorded this remained high (84.9-86.8%) and did not change significantly over time. In 2020/21, where breastfeeding status was known, the proportion of women breastfeeding decreased from 93.9% at 48 hours to 86.8% at 6-8 weeks (95).

Inequalities in breastfeeding

Table 2.08: Proportion of mothers in City & Hackney breastfeeding at 48 hours and 6-8 weeks by ethnicity, 2017/18 to 2020/21

	Breastfeeding at 48 hours		Breastfeeding at 6-8 weeks		Percentage change	
Mothers Ethnicity	**Total**	**%**	**Total**	**%**		
Any other	2,057	95.1%	1,171	90.5%	-4.9%	*
Black	1,964	95.0%	999	85.3%	-10.2%	*
White non-British	3,801	93.9%	1,521	84.5%	-9.9%	*
Asian	1,046	92.7%	484	80.2%	-13.6%	*
Mixed	1,043	91.9%	333	84.4%	-8.2%	*
White British	2,511	91.4%	988	78.9%	-13.7%	*
No information	689	89.8%	5,687	86.1%	-4.2%	*
Total	**13,111**	**93.3%**	**11,183**	**85.3%**	**-8.5%**	*

Source: Homerton, name of the dataset, 2021
***drop was statistically significant**
Note: 5.3% and 48.9% of mothers had no information on ethnicity at 48 and 6-8 weeks respectively

Considering women with *known* breastfeeding status, the proportion of breastfeeding in women from white British backgrounds was significantly lower than the average and had the largest drop from 48 hours to 6-8 weeks. We need to be cautious about this result as almost 50% of data on ethnicity in the 6–8-week review was missing.

The percentage was significantly higher in women from any other, white non-British and black backgrounds. It is important to highlight that the completeness of ethnicity information dropped from around 5% at 48 hours to around 50% at 6-8 weeks (89) and that breastfeeding is not divided into exclusion and non-exclusive breastfeeding.

Table 2.09. Proportion of mothers in City & Hackney breastfeeding at 48 hours and 6-8 weeks by age group, 2017/18- 2020/21

Mothers Age	Breastfeeding at 48 hours		Breastfeeding at 6-8 weeks		Percentage change	
(years)	Total	%	Total	%		
<25	1833	91.2%	1637	79.8%	-12.5%	*
25-34	5856	93.0%	5639	84.2%	-9.5%	*
35+	3847	95.1%	3907	89.3%	-6.1%	*

Source: Homerton, Name of the dataset, 2021
***statistically significant**

There was a gradient in the proportion of breastfeeding by age. The higher the proportion; the higher the age group with older mothers breastfeeding more than younger age groups. There was a significant decrease in the proportion of women breastfeeding in all groups from 48 hours to 6-8 weeks, with the largest decrease in younger women (<25) (89). It was not possible to analyse differences in the proportion of breastfeeding by religion, as more than 96% of the records had incomplete information on religion at 48 hours or 6-8 weeks (89).

Table 2.1: Proportion of mothers in City & Hackney breastfeeding at 48 hours and 6-8 weeks by deprivation, 2017/18- 2020/21

IMD quintile	Breastfeeding at 48 hours		Breastfeeding at 6-8 weeks		Percentage change	
	Total	%	Total	%		
1	4716	92.0%	4665	82.3%	-10.5%	*
2	6111	94.4%	5748	86.9%	-7.9%	*
3	704	94.3%	810	88.5%	-6.1%	*
Total	**11593**	**93.4%**	**11303**	**85.2%**	**-8.8%**	*

Source: Homerton, Name of the dataset, 2021
*** statistically significant**

There is a lower proportion of breastfeeding in the most deprived quintile (92.0%) compared to the average (93.4%) at 48 hours (89). This gap increases at 6-8 weeks due to a greater reduction of breastfeeding in the most deprived quintile when compared to the others.

Breastfeeding cessation

It is not just the commencement of breastfeeding that is important but also maintenance, exclusive breastfeeding is recommended for the first 6 months of life (96). The proportion of infants that stopped breastfeeding in City and Hackney halved from 2017/18 (5.2%) to 2020/21 (2.6%) (89). Considering aggregated data from 2017-21, mothers aged 35 or older who stopped breastfeeding (3.6%) were statistically significantly lower than average (4.6%) (89). There were no significant differences by ethnicity.

Table 2.11: Reasons given for breastfeeding cessation in City & Hackney 2017/18-2020-21

Reason	Number	%
Maternal request	296	39.6%
Concern for lack of milk supply	224	30.0%
Maternal ill health	48	6.4%
Difficulty in attachment	41	5.5%
Maternal medication	37	5.0%
Child unwell	33	4.4%
Other reasons	68	9.1%

Source: Homerton, Name of the dataset, 2021

The most common reasons to stop breastfeeding between 2017/18 and 2020/21 were maternal rather than child factors (39.6%) followed by concerns for lack of milk supply (30%) (89). Reasons given for breastfeeding cessation can give an indication of how best to support mothers.

There is an apparent gradient between deprivation and stopping breastfeeding. The more deprived the area, the higher the proportion of mothers who stopped breastfeeding. However, as Hackney's population is mostly concentrated in the most deprived quintiles and the City's population is small, it's difficult to show the association (89). It is still possible to notice that there is a statistically significantly higher proportion of babies that have stopped feeding in the most deprived quintile (5.6%) when compared to the average (4.6%) considering the same period (89).

Health behaviours in pregnancy

Prenatal and perinatal health behaviours can have long term implications for the unborn baby, in some cases lasting into adulthood (97). Behaviours that can have negative impacts include smoking, alcohol drinking, insufficient vitamins (folate), drug taking and obesity in pregnancy (*see also Section 7: Healthy Lifestyles*).

Reducing the incidence of harms caused by alcohol in pregnancy and supporting parents to have a smokefree pregnancy have been identified as two of the Maternity High Impact Areas (HIA) within the Healthy Child Programme. The relevant indicators are:

1. Drinking in early pregnancy.
2. Alcohol-related admissions for females under 40.
3. Smoking in early pregnancy.
4. Smoking status at time of delivery.

Reducing the incidence of harms caused by alcohol in pregnancy

The recommended alcohol intake during pregnancy is zero (98); alcohol use in pregnancy is associated with miscarriage, premature birth and low birthweight. Heavy drinking can potentially lead to foetal alcohol syndrome (FAS) characterised by behavioural and learning difficulties, poor growth and distinct facial features.

Table 2.12: Maternity High Impact Area - Drinking in early pregnancy

Maternity High Impact Area 5	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend		Comment
Reducing the incidence of harms caused by alcohol in pregnancy	Drinking in early pregnancy	NA at Fingertips	4% (2018/19)	-		Below London and England rates

Table 2.13: Maternity High Impact Area - Alcohol admissions for females under 40yrs

Maternity High Impact Area 5	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend		Comment
Reducing the incidence of harms caused by alcohol in pregnancy	Alcohol-related admissions for females under 40 (narrow)	94.4 per 100,000 (2016/17)	72.0 per 100,000 (2020/21)	No significant change		Below England rates

The rate of admissions for alcohol-related conditions in women under 40 years old in the City and Hackney in 2020/21 was 72 per 100,000 population (69 admissions). This is significantly better than the England average (144.2 per 100,000 population). There were no significant changes in the last five available years (99).

The proportion of City and Hackney residents drinking in early pregnancy has reduced dramatically from 28.6% in 2017/18 to 6.1% in 2020/21, this is likely to be due to an under-recording of drinking in early pregnancy. Women from white British backgrounds drank more than the average while women from Asian backgrounds drank less than the average,

with the proportion of white British women being more than four times the Asian women proportion (89).

Supporting parents to have a smokefree pregnancy

Smoking during pregnancy can increase the risk of complications during birth, stillbirth, premature delivery and sudden infant death syndrome (SIDS). It can also increase the risk of babies having low birth weight (100). Second-hand smoke can also impact babies and children and leads to an increased risk of hospital admission for bronchitis and pneumonia during the first year of life (100).

Table 2.14: Maternity High Impact Area - Smoking in Early Pregnancy

Maternity High Impact Area 5	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend		Comment
Supporting parents to have a smokefree pregnancy	Smoking in early pregnancy	NA at Fingertips	4% (2018/19)	-		Below London and England rates

The proportion of smoking in early pregnancy in City and Hackney (4.0%) in 2018/19 is similar to London and statistically significantly lower than the England average (12.8%) (99). Carbon Monoxide screening is undertaken at booking and further screening is undertaken again at 36 weeks, if requested, referrals are made to the local smoking cessation service Smokefree City & Hackney.

Table 2.15: Maternity High Impact Area - Smoking status at time of delivery

Maternity High Impact Area 5	Key Performance Indicator	Performance 2016 needs assessment	Current Performance	Current Trend		Comment
Supporting parents to have a smokefree pregnancy	Smoking status at time of delivery	3.6% (2016/17)	4,3% (2020/21)	No significant change		Below London and England rates

In 2020/21, 4.3% of women whose smoking status was known, reported smoking at the time of delivery. This is lower than London (4.6%) and England (9.6%) averages (89). Between 2017/18 and 2018/19, there was a significant decline in the proportion of women smoking at the time of delivery at Homerton hospital, from 6% to 4.4% respectively (89).

Inequalities in smoking

The proportion of women smoking at delivery decreased as the age of the mother increased (7.4% 15-24, 5.0% 25-34, 4.2% 35+). There was also a statistically significantly higher proportion of mixed ethnicity (9.5%) and British (6.6%) mothers who were smoking at the time of delivery, compared to the average proportion (89). The proportion of women smoking

at delivery was more than two times higher among women with a reported disability (11.7%) than among those with no record of disability (5.0%) (89).

The proportion of women living in the most deprived quintile who were smoking at delivery (6.5%) was one and a half times the proportion among women living in the second quintile (4.2%) and more than double that of the proportion living in the third (3.2%) quintile (89).

The proportion of women smoking at delivery was statistically significantly higher among women with no religion (7.1%) and lower among Jewish women (0.8%) when compared to the average (5.1%). However, some religions have very small proportions such that it is difficult to show a statistical difference.

Healthy Pregnancy

Pregnant women attending Accidents and Emergency Department (A&E)

Of the women who gave birth in Hackney 2020/21, 25% attended A&E at least once during their pregnancy. This compares with an average of 27% in North East London (NEL) boroughs. In NEL, a higher proportion of women from a black or Asian community attended A&E during their pregnancy than women from a white community (38% and 31% vs 23%). A higher proportion of women from the most deprived quintile attended A&E during their pregnancy (28%) compared with 15% in the least deprived (86). Local statistics were not available.

Pregnant women admitted to hospital

In Hackney 53% of pregnant women that gave birth in 2020/21 had at least one admission to hospital during their pregnancy (86). This was the highest proportion in NEL and compares to an average of 26% across all NEL boroughs. Women from black and Asian backgrounds had higher proportions when compared to women from white backgrounds.

Hackney, as well as having the highest overall proportion of women with an admission, also has the largest variation between ethnicities with 65% of black and 57% of Asian women having an admission compared with 50% for white women. The proportion of pregnant women with an admission is much higher for the most deprived quintile compared with the least deprived quintile, for both Hackney and NEL average (86).

Diabetes and hypertension during pregnancy

Among women who gave birth in 2020/21 (86) in NEL, the prevalence of diabetes was lowest among women in Hackney (7.7%). Diabetes prevalence was higher among women from non-white backgrounds compared to white Women, while diabetes prevalence among Asian women was highest overall, with a prevalence three times higher than white women in

Hackney. Diabetes prevalence was also proportionately higher among women living in the most deprived quintile compared to the least deprived.

Hackney has broadly similar rates of pregnant women with hypertension to the NEL average (6% compared with 5% NEL average) (86). However black women experience a proportionately higher prevalence of hypertension compared to women from other ethnic backgrounds in Hackney (data not available). Across NEL, there does not appear to be a consistent correlation between hypertension and deprivation (86).

‘Social complex’ factors in pregnancy

Midwives record whether one or more ‘social complex’ factors are present indicating that a woman might require additional support during her pregnancy. Risk factors include being younger than 20, experiencing domestic abuse, recent migration or substance misuse. 5.5% of women that gave birth in Hackney in 2020/21 were recorded as having complex social factors, compared to a range that varied from 2.1% and 15.4% in NEL boroughs (86). In Hackney, the proportion of women with complex risk factors in women from all non-white backgrounds were higher than women from a white background, although this pattern was not observed in the other NEL boroughs (86). Given the range of factors included in this list, there is potentially high risk of this metric being interpreted differently by midwives both within and between boroughs. Without further information on local recording practices for this metric, this risk around consistency of recording means that the findings above should be treated with caution.

Deliveries

Delivery can be a high-risk time to both mother and baby. It is essential that mothers receive high quality and timely care and can feel safe and supported during the delivery period. Reducing inequality of outcomes for women from culturally and ethnically diverse communities and their babies has been identified as a High Impact Area (HIA) that could lead to significant improvements in health and wellbeing for children and young people in the City and Hackney.

The number of births in the City and Hackney gives a good indication of the approximate number of mothers and babies in our population overall. Between 2014 and 2020 the number of live births slightly decreased from 4,377 to 4,094 (101).

Table 2.16: Hospital deliveries among Hackney residents by Trust, 2020/21

Trusts	N	%
Homerton University Hospital NHS Foundation Trust	3,049	76.6
University College London Hospitals NHS Foundation Trust	455	11.4
Whittington Health NHS Trust	218	5.5
Barts Health NHS Trust	89	2.2
Guy's and St Thomas' NHS Foundation Trust	30	0.8
North Middlesex University Hospital NHS Trust	30	0.8
Royal Free London NHS Foundation Trust	19	0.5
Imperial College Healthcare NHS Trust	17	0.4
Chelsea and Westminster Hospital NHS Foundation Trust	12	0.3
Other Trusts	64	1.6
Total	3,983	100.0

Source: SUS+. Deliveries & Caesareans

The number of hospital deliveries, which includes all outcomes, of babies to Hackney mothers (not including home births) between 2020/21 was 3,983. The majority (76.6%) of deliveries were at Homerton University Hospital NHS Foundation Trust (102).

Table 2.17: Hospital Deliveries among City of London residents by Trust, 2020/21

Trusts	N	%
University College London Hospitals NHS Foundation Trust	34	61.8
Guy's and St Thomas' NHS Foundation Trust	12	21.8
Other Trusts	9	16.4
Total	55	100.0

Source: SUS+. Deliveries & Caesareans

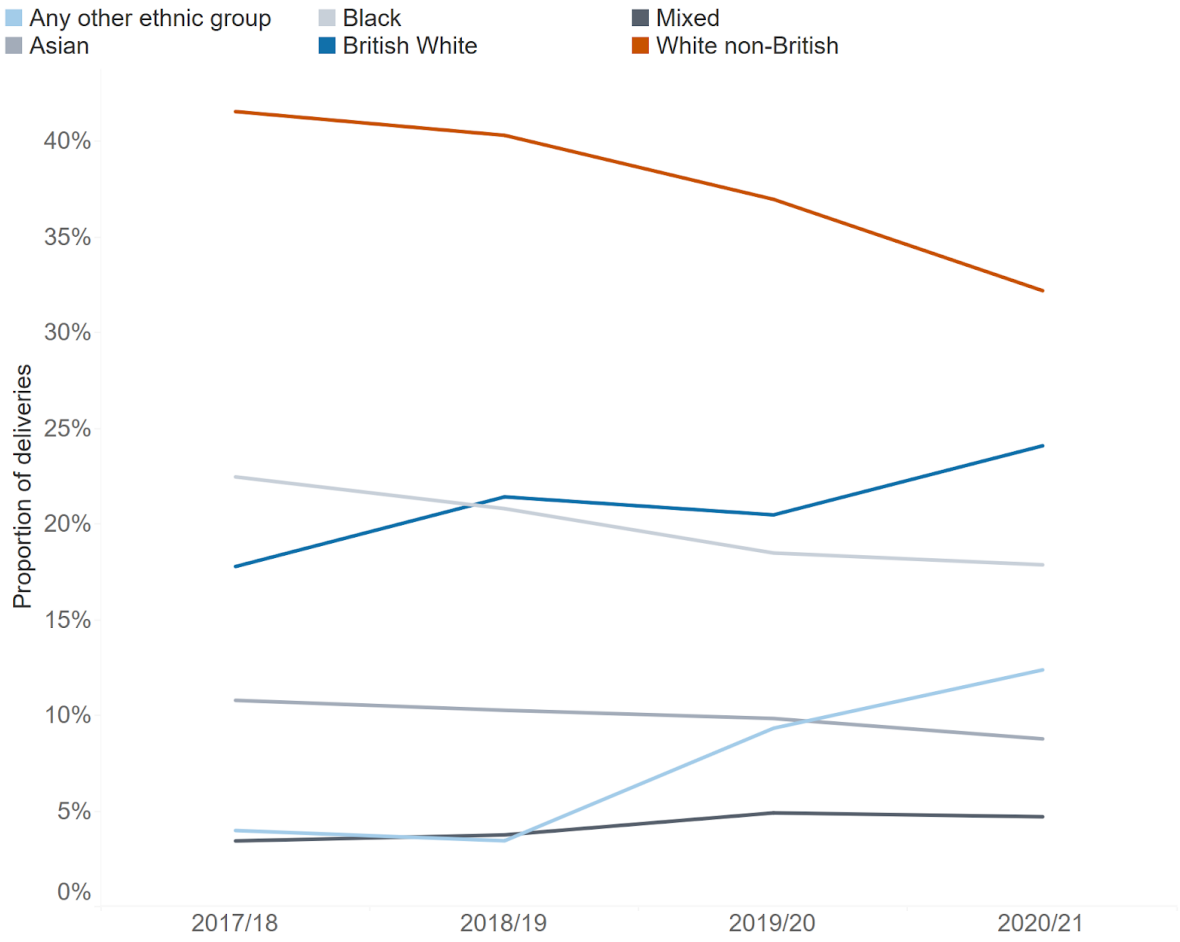
From the data available, the number of births registered in the City was 55; the majority (61.8%) took place at University College London Hospitals NHS Foundation Trust (102).

Table 2.18: Maternity High Impact Area - Percentage of deliveries to mothers from black and ethnic minority groups

High Impact Area 6	Key Performance Indicator	2016 Needs Assessment	Current Performance	Comment
Reducing inequality of outcomes for women from Black , Asian and Minority Ethnic (BAME) communities and their babies	Percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups	36.7% (2016/17)	37.5% (2019/20)	Below London, above England rates

In 2019/20, the percentage of deliveries to mothers from culturally and ethnically diverse groups in City and Hackney was 37.5%.

Figure 2.3: Trend in the proportion of deliveries to mothers by ethnic group at Homerton hospital, City and Hackney, 2017/18 to 2020/21

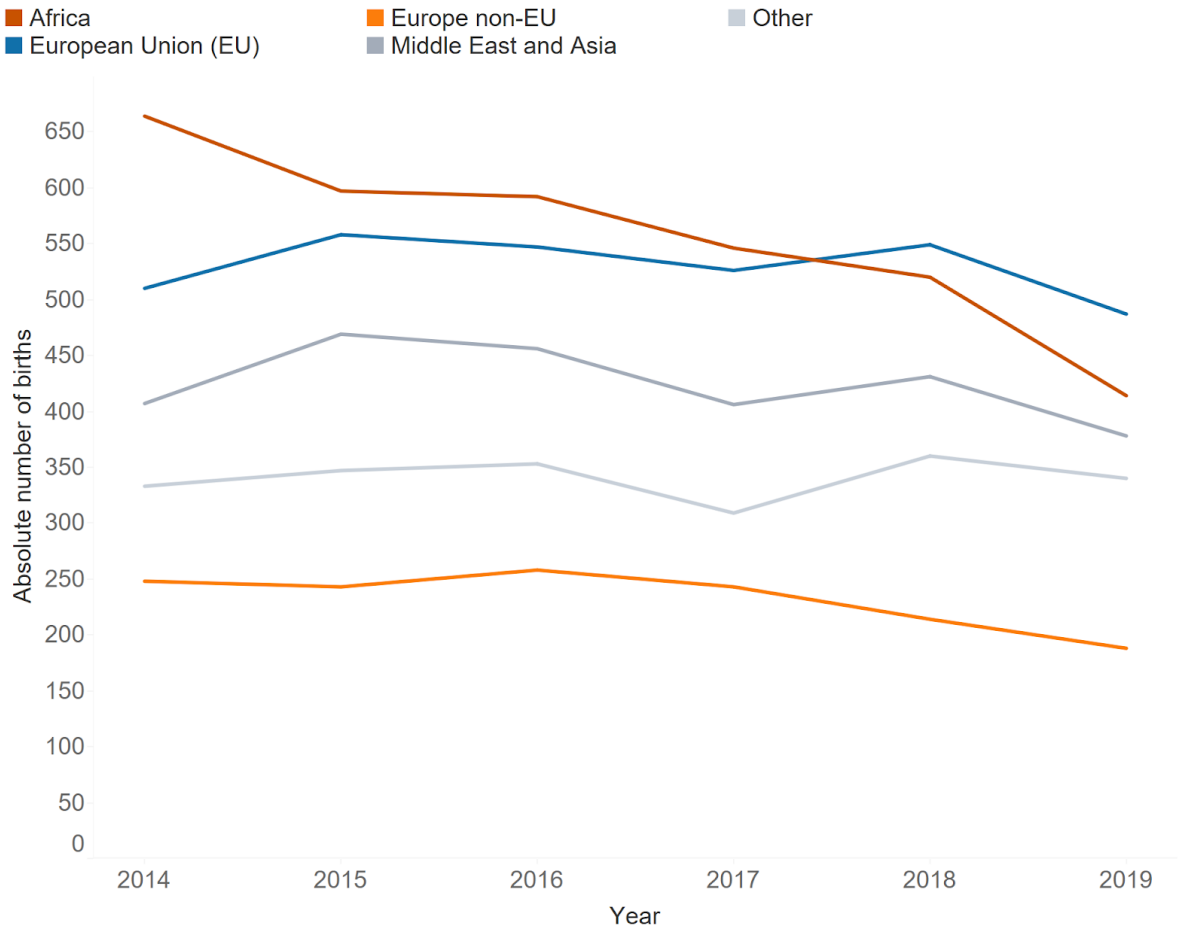


Source: Homerton

As can be seen in the graph above, for deliveries at Homerton Hospital between 2017 and 2021, the highest proportion of deliveries were to mothers from a white non-British background; this has declined by around 10% during the period (89).

Where ethnicity is known, around 58% of Hackney and 64% of the City deliveries in trusts in 2020/21 were to mothers from white (British and non-British) backgrounds (89). Ethnicity was known for 96% of respondents in Hackney. It is unclear what proportion of respondents' ethnicity was available for the City of London, because for some categories the value was missing or unclear. Ethnicity data is self-reported, and it is unclear who is included within some of the categories, for example ‘white non-British’ may include members of the Orthodox Jewish community. This could explain the high proportion of deliveries within this group.

Figure 2.4: Number of live births by mother place of birth outside the UK, Hackney, 2014-2019



Source: ONS, 2020

Within Hackney, the number of births to mothers born outside the UK have declined slightly between 2014-19. The largest decline is seen among mothers born in Africa (103).

Socio-demographics - age

The largest percentage of deliveries between 2016-21 was to mothers in the 30-34 age group (30.6%), followed by the 35-39 age group (24.8%). There was a very low proportion of deliveries to women under the age of 20 (1.7%). The average age of first-time mothers and fathers has increased between 2007 and 2017, to 28.8 and 33.4 respectively (99). This trend is one that is unlikely to change due to a range of social and economic factors. Mothers over the age of 35 are at higher risk of pregnancy complications, miscarriage, ectopic pregnancy and stillbirth (102). This may impact upon service provision, especially if referral to specialist midwife care is required.

Table 2.19: Proportion of deliveries in City & Hackney by age group, 2016/17-2020/21

Age group	Proportion of deliveries %
<20	1.7
20-24	14.7
25-29	21.1
30-34	30.6
35-39	24.8
40-44	6.6
45+	0.6
Total	100

Source: SUS+. Deliveries & Caesareans
Note: There are quality issues with UCL 2019/20 data. N=21,076

Employment status

Out of the women that gave birth in 2021 in Hackney, 9.3% were not in employment, due to unemployment, long term sickness or disability. This compares to a range in NEL that varies from 5.4% in Havering to 14.1% in Newham (86). A higher proportion of women from non-white ethnicities were not in employment compared with white women, both in Hackney and North East London boroughs average. Across NEL deprivation is correlated with the likelihood of being out of employment. In Hackney, the proportion was almost twice as high in women from the most deprived quintile compared to women in the third quintile (86).

Disability among women giving birth

9% of women that gave birth in Hackney in 2020/21 were recorded as having a disability, which is more than three times the rate across most of the other NEL boroughs (Barking and Dagenham, Havering, Newham and Redbridge). Women with unknown ethnicity recorded the highest rates of disabilities, followed by women from other ethnic groups (not Asian, black, white or mixed). In Hackney, the rate was highest, in the least deprived of the quintile the women lived in. There were no strong correlations between ethnicity or deprivation and the rate of disabled women in NEL (86)

Homeless Mothers

The number of women who gave birth at Homerton from families considered homeless in City and Hackney did not differ significantly between 2017/18 and 2020/21, reaching a rate of 3.2 per 1,000 in 2020/21 (89).

Low Birth Weight

In City & Hackney between 2017-19, 3.0% of live births at term (>=37 weeks) were of low birth weight (<2,500g), similar to London and England averages (99). Examining babies born at Homerton, there is no significant difference in the proportion born at low birth weight from 2017/18 to 2020/21 (89). Although across NEL, 8% of babies born to black and Asian

women had a low birth weight - double the rate for babies born to white women (4%). This disparity is largest within Hackney, and Waltham Forest where the percentage of babies born with low birth weight of black and Asian ethnicity is more than twice as high as the percentage found for white ethnicities and in Tower Hamlets this difference is twice as high. A higher proportion of babies were born at a low birth weight in more deprived areas compared with less deprived areas (86).

Premature Births

The rate of premature live and stillbirths per 1,000 population in the City and Hackney was 74.4 and 72.6 respectively. Hackney's rate was lower than both London (79.2 per 1,000) and England (81.2 per 1,000) averages. Due to the City's small number, it's not possible to say that its rate is better than regional or national figures (99).

Between 2017 and 2021, a higher proportion of babies from Asian (6.7%) and black (4.0%) backgrounds were premature compared to babies from a white non-British background (1.7%) (89). Deprivation is likely a key contributor to the higher proportion, with mothers from culturally and ethnically diverse communities, especially black groups, more likely to live in deprived areas.

Stillbirths

There were 3.0 stillbirths per 1,000 babies born in Hackney in 2021. This was the same as the median rate in NEL. Within the NEL area, rates varied from 1.0 per 1,000 in Havering to 6.2 per 1,000 in Tower Hamlets (75). This compares with the national average of 3.9 per 1,000 babies in 2020. Across NEL, the rate of stillbirths was higher for babies born to black women (3.8 per 1,000) and Asian women (4 per 1,000) compared to the rate for white women (2.6 per 1,000) (86).

Transition to parenthood and the early weeks

The transition to parenthood has been identified as one of the Early Years High Impact Areas (HIA).

Admissions to neonatal care

The percentage of baby admissions to neonatal care was 11.4% in Hackney, the smallest in NEL, with rates reaching up to 48.3% in Havering. Asian and black ethnicities had the highest percentage of babies admitted to neonatal care compared with white ethnicities either in Hackney or in NEL (86). Hackney had the highest variation between black and white women (20% vs 9%). There was also a difference between deprivation quintiles, with babies from the most deprived areas having higher rates of admission compared to babies from the least deprived areas in Hackney. This was not observed in all NEL boroughs (86).

Hearing screening

The proportion of hearing screening conducted for City and Hackney residents dropped from an average of 98% (2016/17 to 2019/20) to 86.7% in 2020/21. This is likely due to COVID (104).

It is also worth mentioning that, in April 2017, the Child Health Interoperability System (CHIS) moved from covering each borough to covering the whole North East and North Central London. During this change, each area had to send over spreadsheets to manually enter or upload onto our new system. It may be that some children's results were not recorded on our system (105). In 2020/21, 2% of City and Hackney's babies that had a definite response to the hearing screening had a non-clear response (104).

Infant mortality

The infant mortality rate (defined as deaths under 1 year of age per 1,000 live births) has fallen in City & Hackney since 2001. The most recent rate between 2017-19 was 3.5 per 1,000 live births, which is similar to London and England averages (99).

Table 2.2: Early Years High Impact Area transition to parenthood and early weeks - Infant mortality rate in City & Hackney

High Impact Area 1	Key Performance Indicator	2016 Performance	Current Performance	Current Trend	Comment
Transition to parenthood and the early weeks	Infant mortality rate	4.9 per 1,000 population (2014 - 16)	3.6 per 1,000 population (2018 - 20)		Below London and England rates

Locally the numbers are too small to be disaggregated. In England and Wales in 2019, 30% of the 640,000 babies born were born to mothers from culturally and ethnically diverse backgrounds (106). Between 2017-19, infant mortality rates were highest among Pakistani (6.8 per 1,000), black African (6.5 per 1,000), black Caribbean (6.5 per 1,000) and other black backgrounds (6.8 per 1,000) compared to the average across all ethnicities (3.8 per 1,000) (106).

Variation in infant mortality rates between ethnicities involves an interplay of physiological, socio-cultural and environmental factors. Certain conditions such as prematurity-related respiratory and cardiovascular disorders are known to contribute to infant mortality.

Services in relation to need

All midwives, doctors and health visitors at the *Homerton Hospital* are trained and are aware of the physical and emotional changes that occur during pregnancy and following childbirth to ensure that women and their families receive the specialist care and support they need. They are currently working towards their UNICEF BFI stage 2 accreditation and are now one of only two Trusts in London (and 18 in the UK) which have not yet achieved BFI stage 2 accreditation.

Specialist Children's Nursing and Health Visiting Practitioners Service (107) provide primary prevention and secondary treatment-based services, for children aged 0-19 years that live in and/or attend school within City and Hackney areas. This includes vulnerable children and families; travellers and Gypsies, homeless and those with disabilities, life-limiting conditions, and complex health needs. They work either with individuals, families or with whole populations, depending on their role:

- Children's Continence Nurse
- Paediatric Liaison Health Visitor
- Health Inclusion Worker for Travellers & Gypsies
- Orthodox Jewish Nursing Team
- Breastfeeding Coordinator
- Health Visitor for Children with Disabilities

Homerton Hospital facilitates the *City & Hackney Maternity Voices Partnership* (MVP) which is a co-production forum for maternity service users, providers and commissioners of maternity services to come together to design services that meet the needs of local women, parents and families. Service users within the MVP play an important role in:

- Giving feedback based on their experiences and views
- Ensuring women and their families are fully involved while using services
- That maternity services meet the needs of the local population.

A subgroup of this is the *Homerton Hospital Maternity Voices Black & Black Mixed-Heritage* group which works in conjunction with Homerton's midwifery team to design and implement changes based on service user feedback. It aims to: reduce disparity in maternity care for black & black mixed-Heritage women, provide a safe space through which to gather service user feedback from this group and to improve delivery of maternity care to meet the needs of local women and partners, including delivering culturally competent care. Its key objectives are to:

- Gather service user feedback on local maternity services within the past 3 years.
- To use service user feedback to identify areas / priorities for change, design changes to service and implement these.
- Incorporate the lived experience of staff working with women and their partners to fully inform the way care is delivered.

Homerton University Hospital's substance misuse liaison midwife provides and coordinates care of, and support for, pregnant women who are currently misusing drugs and alcohol, or are at risk of doing so.
Homerton Breastfeeding Support Line: breastfeeding advice, guidance and details of breastfeeding support available in the community 5 days per week.

Homerton Infant Feeding Team - Homerton Breastfeeding Peer Support Network (pilot)

The Breastfeeding Network - Based at Ann Tayler and Daubeney Children's Centres, a weekly drop-in group at each centre led by a breastfeeding supporter.

Hatzola Northwest is an emergency first aid and ambulance service (and a registered Charity) that serves the Orthodox Jewish Community.

JUMP - Jewish Maternity Programme provides culturally sensitive ante and perinatal information and support for Jewish families. JUMP is also a member of the "maternity services" group that joins voluntary organisations dealing with maternity issues and services and the statutory health providers in Homerton Hospital and Hackney that meet regularly.

Hansy Josevic Maternity Trust provides support to Jewish women in all aspects of childbirth. Provides advice, information and trained labour and birth coaches/doulas who accompany women to hospital as birth partners.

Our Journey – Birth to Five Years (108) is a City and Hackney web-based resource to support parents throughout the first five years of their child's life. It also allows parents to understand all the free appointments available during this time (including the immunisation timetable) and who to contact about these.

City & Hackney HENRY - Healthy Start Vitamins (109) - nationally a family is indicated as a healthy start recipient if their income falls below £16,190 or they are under 18 and pregnant and they receive the qualifying benefits listed on the Healthy Start website and initial vitamin registration: https://www.healthystart.nhs.uk/how-to-apply/. The City and Hackney Healthy Start Vitamin scheme complements the national scheme to universally provide vitamins to all pregnant women, new mothers and children under 4, through the HENRY healthy start commissioned provider. The scheme is only available to City and Hackney residents and those registered with Hackney or City GPs.

Bump Buddies (110) is a locally commissioned service, offering free support for women in Hackney who are pregnant, or who have recently given birth. It offers peer support and information to help plan pregnancy and labour, antenatal appointments, breastfeeding, help to access low cost and free baby equipment and clothing, details of local children's groups and; opportunities to get involved in focus groups and committees.

Hackney Orbit provides antenatal, postnatal and holistic support to women experiencing current or historical substance and alcohol dependency. It has specialist substance misuse midwives, counsellors, support workers and a creche on hand to help expectant mothers and families with children under 5 and provides weekly 2hr sessions at the Comet Children's Centre.

Smoke Free City & Hackney is a free stop smoking service.

Insights - population perspective

Stakeholder Interviews

Early Access

- Previously women who were pregnant had to be referred by their GPs to see a midwife, now they can self-refer as soon as they are pregnant by completing an on-line booking form on the Homerton Hospital website.
- If they do not have access to the internet, they can call the maternity helpline which is open seven days a week and if they struggle with writing English, they can speak to a midwife who can fill in the referral form and send it off on their behalf.
- Although posters are widely dispersed in the community encouraging women to access the hospital as soon as they think they may be pregnant there was acknowledgement that a significant number of referrals were still coming via GPs.
- Increasing early access is recognised as an area for improvement although interviewees acknowledged that there will always be a small cohort of women who want to see their GP before accessing hospital care (particularly those with long-term conditions).
- It was felt diversifying modes of communication and in particular utilising social media should be explored as currently there was a reliance on posters (written in English).

'Posters in GP surgeries aren't enough anymore; we can reach women in other ways by utilising social media and working with targeted communities'

'There's a higher, late booking rate among the black and Asian minority group and we need to explore further targeted work'

Folic Acid/Healthy Start Vitamins

- Findings from the National Diet and Nutrition Survey (111) rolling programme for 2016 to 2017 and 2018 to 2019 for food consumption, nutrient intakes and nutritional status found that:
    - folate intake of women, of all ages, across the UK has continued to decline.
    - folate intake across all age groups increases with increasing income.
- Targeted work with the Charedi community in Hackney supported by endorsement from local Rabies and Orthodox Jewish Doctors has led to an increase in take-up in

Healthy Start Vitamins, but more work still needs to be undertaken

'there are opportunities to do more targeted preconception work before people get pregnant, with the support of the various communities using this model'

'There is a service based in Stamford Hill which provides 'filtered' access to the internet, however there are only a few computers. Orthodox Jewish people do not have the internet at home so will struggle to get access to the new Healthy Start digital service.'

Maternal obesity and complex health

- Homerton commission targeted services for vulnerable groups including Birth Companions, for women in the criminal justice system and Comet who support women with substance misuse.
- Feedback from Homerton midwives also highlighted an increasing number of women with gestational diabetes and blood pressure disorders in obstetric clinics.

'We are seeing a high number of women, particularly with gestational diabetes and blood pressure disorders, primarily with type two diabetes or pregnancy induced diabetes. We have to manage diabetes separately to the other complexities; the service is very much oversubscribed.'

- There is a maternal obesity service called the Wednesday Club, run by three consultant obstetricians, supported by a hypertensive specialist and an endocrinologist who have a specialist interest in complexities and comorbidities but the support package is not passed on to Health Visitors.

- Feedback from one of the Jewish organisations felt that complexities were expected,

'... we have a lot of (older) mothers, often they can have anything from 7 - 16 children… they need a lot of support.'

- An additional health need that was noted as increasing in the Jewish Orthodox Community was Hyperemesis Gravidarum. A local charity is providing support for this in the Stamford Hill area; however it was felt that more education needs to be directed at GPs/health professionals

Breastfeeding

- Breastfeeding is a key issue for local women and stakeholders expressed an urgent need for sustained funding. The issue however was not solely about breastfeeding,

'It's when you think about the impact that it (breastfeeding) has on things like obesity, childhood illnesses (respiratory illnesses), A&E attendances by children under 5 and women's cancer, …. it just touches on so many public health issues. If we can get this right, we might see some improvements elsewhere'.

'I believe mums should be given a lot more support with breastfeeding at hospital when they give birth'.

'I think if the UK really wants to increase the rate of breastfeeding it should allocate resources to this type of support ...(rather) than do another 'Breast is Best' campaign and 'acuse' mothers when they give up after a few weeks.'

'*Breastfeeding isn't just for maternity. It supports the whole public health agenda…. but if we do not get it right in the first 10 days, then there's no point trying to throw money at it later'*

- Feedback from midwifery and infant feeding colleagues, expressed concern about not being able to meet the needs of specific communities,

'we have our Orthodox Jewish community, and we have our African Caribbean community who want to (breast)feed and need support to (breast)feed.'

'what's slightly shocking is that we have a 20% decline between (breastfeeding) initiation and when mum leaves the hospital (and) that's only within the first few days'

- The 2018 Charedi Needs Assessment highlighted the need for single-sex postnatal groups which are close to home and adapted for the specific needs and concerns of Charedi Jewish mothers. Although some support is offered via two Children's Centres and 'doulas' this continues to be a concern in 2021,

'this is a very important issue in the community'
'If mothers don't get intervention early on with breastfeeding, then you miss the opportunity'.

BFI/Infant Feeding Pilot

- Stakeholders strongly expressed the need for sustained funding to support the implementation and maintenance of the BFI stage 2 and 3,

'everyone keeps saying that getting the baby friendly accreditation (BFI) is a real priority, but we do not have the funds to do it'

- Feedback from participants on the Infant feeding pilot at the Homerton Hospital highly valued the support,

'The support was absolutely incredible, reassuring, expert and brilliant!'
'This service should be available more frequently and in different locations, nearer to home … I had to travel almost 40mins in a taxi to access this, it should be located nearer to home'

Surveys

Homerton Maternity Voices Partnership Group (MVP)

A survey undertaken by the Maternity Voices Partnership: the City and Hackney Maternity Service User Survey 'Walk the Patch' gives a snapshot of women's experience attending Homerton Hospital between May 2018 to July 2021. Data are very limited owing to the small number of respondents, but highlights include:

- 104 women completed the survey; 54% were white British, and the next largest group was white other 18%.
- Respondents were asked to rate their experience from 1 (low) to 4 (high), 64% rated their experience as a 3 or 4.
- 54% of respondents found it easy to contact their Midwife; 34% found it difficult to contact their Midwife.
- 36% rated their experience of the postnatal ward as a 3 or a 4, with a higher percentage 54% rating their postnatal care in the community as a 3 or a 4.
- 69% were given help/support/information about breastfeeding.

In addition to the Walk The Patch survey, qualitative feedback from service users informs development of annual priorities. These include:

1. Debrief awareness and postnatal care: a focus on raising awareness of the birth debriefing offer (listening, reframing and obstetric) after feedback that women and partners were not aware of this service but felt it might benefit them.
2. Continuity of care, staff communications and language: this captures sharing Homerton's proposed model for scaling up continuity of care and gaining service user feedback on this, as well as exploring what makes good communication vs poor.

Feedback from respondents:

'...very efficient. The baby had reduced movements, all dealt with v efficiently. Midwives on Turpin knew what they were doing as did the medical team. I felt involved in decisions about each step...'

'My antenatal care was transferred to midwives in Finchley, and it was one of the few positive experiences I had in the aftermath of my birth as they helped me to acknowledge the PTSD I was suffering from and to seek help from a counsellor'.

Addressing health inequalities in maternity care

- Homerton Hospital introduced targeted antenatal face-to-face classes at the start of the COVID pandemic to address the widening gap in birth outcomes between women from culturally and ethnically diverse backgrounds and white women, led by two Link Midwives for Black & Black Mixed Heritage women and have received an Iolanthe award to support the work being done.

    - Funding has been secured for a further year for the MVP Black & Black Mixed Heritage group to continue their work. They have been key in co-producing the targeted antenatal classes, securing doula support and running focused sessions on topics identified by service users, such as fibroids and sickle cell disease. Going forwards they will be looking to offer a safe space for service users to meet, such as through coffee mornings.
- Homerton commissioned Minikardis to provide an outreach service to support Turkish speaking women.
- Interviews from Jewish organisations working with pregnant women from the community confirmed that maternity services at Homerton Hospital had improved. One of the organisations interviewed is a member of the Maternity Services Group. Chaired by Interlink, the group holds regular meetings between Charedi Communities and the Homerton University Hospital, Whittington Hospital, the Royal Free, UCLH, Barnet General and Southend, Broomfield & Basildon Hospitals and its reach is increasing to include new Charedi communities.
- Key points are tabled at the City & Hackney Maternity Voice Partnership meeting, the Homerton Labour Ward Forum and the Maternity Quality and Performance Group.

Unmet needs and service gaps

Improving planning and preparation for pregnancy

Local data provided from HENRY gives some indication as to the proportion of women collecting a vitamin package. It is unknown if at a local level if there is community information on specific dietary advice in preparation for pregnancy that includes the need to take folic acid.

Table 2.21: Number of children that took a vitamin package, City and Hackney, 2018/19 - 2020/21

2018/19	2019/20	2020/21
852	947	558

Source: Healthy Start Scheme. HENRY database, 2021
Note: The data was sent directly by the provider

Table 2.22: Number of pregnant women that took a vitamin package, City and Hackney, 2018/19 - 2020/21

2018/19	2019/20	2020/21
380	294	166

Source: Healthy Start Scheme. HENRY database, 2021
Note: The data was sent directly by the provider

Breastfeeding

UK policy is to promote exclusive breastfeeding for the first six months of an infant's life therefore mothers who choose to breastfeed should receive adequate support to enable them to continue breastfeeding for as long as they wish (113).

Although there is a Breastfeeding Network operating from 2 of the 21 Children's Centres, in the City & Hackney there is no universal sustainable infant feeding service for women once discharged from maternity services in Hackney or The City. Local data (quantitative and qualitative) has shown there is a decline of up to 20% between first feed and discharge from hospital, a further decline at 48 hours, and that there is unmet demand from specific groups i.e., mothers from ethnic minorities and the Orthodox/Charedi community, with mothers requiring support post 6-8 weeks. It is estimated that if all UK infants were exclusively breastfed, the number hospitalised with diarrhoea would be halved, and the number hospitalised with a respiratory infection would drop by a quarter (114). Mothers who do not breastfeed have an increased risk of breast and ovarian cancers and may find it harder to return to their pre-pregnancy weight. Hackney has one of the highest rates of respiratory illnesses and maternal obesity.

In 2020/21 non recurrent funding was provided to to train midwifery and health visiting staff to meet stage 2 of the UNICEF UK Baby Friendly Initiative, and for two part time community peer support workers to support breastfeeding in the community. However, without sustainable funding, efforts to maintain stage 2 and to subsequently advance on to stage 3 will be compromised.

Chapter Summary

Improving planning and preparation for pregnancy

Conception rate

- The conception rate is declining in the City and Hackney in line with national trends.
- However, the birth rate in the Charedi community is high and services tailored to the specific needs of this community are needed.

Folic Acid (key performance indicator)

- The proportion of women who collected healthy start vitamins in the City and Hackney has declined.
- Despite improvements in uptake among target communities such as the Charedi community, our take-up rates are lower than among NEL partners.
- It is unknown if at a local level if there is community information on specific dietary advice in preparation for pregnancy that includes folic acid.

Early access to maternity care (key performance indicator)

- The proportion of women accessing early maternity care in City and Hackney in 2018/19 was 34.1% which is significantly lower than the London (47.8%) and England (57.8%) averages.
- Homerton data showed inequalities in early access, particularly for women under 25 and from ethnic groups other than white British.
- Stakeholders identified increasing early access to maternity care as an area for improvement and felt alternate communication channels could be explored e.g., social media.

Supporting healthy weight

Maternal obesity (key performance indicator)

- 19.2% of women in Hackney who gave birth in 2020/21 were obese, with black women experiencing the highest rates of maternal obesity.

Breastfeeding (key performance indicator)

- Among women who had their breastfeeding status recorded, the proportion fell between 48 hours (93.9%) and 6-8 weeks (86.8%) in 2020/21.
- Mothers <25 years, living in the most deprived areas and from white British backgrounds had the largest drop in breastfeeding at 6 - 8 weeks.
- Homerton is now one of only two Trusts in London (and 18 in the UK) that have not yet achieved BFI stage 2 accreditation.
- Stakeholders identified breastfeeding as a key issue and expressed an urgent need for sustained funding.

Health behaviours in pregnancy

Smoking (key performance indicator)

- The proportion of women smoking in early pregnancy in City and Hackney (4%) is similar to London and lower than the England average.
- At Homerton, smoking at the time of delivery was more likely in older mothers, mothers of mixed and British ethnicity, those living in the most deprived areas and mothers with a disability.

Alcohol (key performance indicator)

- The proportion of C&H residents drinking during pregnancy reduced dramatically between 2017/18 (28.6%) and 2020/21 (6.1%) however this may in part be due to underreporting.

Reducing the inequalities in outcomes

- 37.5% of deliveries in City and Hackney in 2019/20 were to women from culturally and ethnically diverse backgrounds.
- Data issues make it difficult to accurately state the proportion and number of births to women from the Charedi community.
- Women from black (65%) and Asian (57%) backgrounds were more likely to be admitted to Homerton during their pregnancy when compared to women from white backgrounds (50%).
- Diabetes prevalence among Asian women in Hackney is three times higher than among white women.
- The prevalence of hypertension is highest among black women in Hackney.
- The proportion of women in Hackney with complex risk factors in pregnancy (such as being under 20, experiencing domestic violence or substance misuse) is highest among those from ethnic groups other than white.
- Across NEL, babies born to black and Asian mothers between 2017 and 2021 were more likely to have a low birth rate (8% compared to 4%) and be admitted to neonatal care.
- In Hackney, the proportion admitted to neonatal care was 11.4% which is the lowest proportion across NEL.
- Stillbirth rates were similarly higher among babies born to black women (3.8 per 1,000) and Asian women (4 per 1,000) compared to white women (2.6 per 1,000).

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	Improve partnership working and data sharing between midwifery, health visiting, and GP services needed to improve	This work continues, driven by the Integrated Care Partnership (ICP)
2	As per national guidance, implement use of carbon monoxide (CO) monitors during pregnancy and at birth to improve identification and the accuracy of prevalence	This has been implemented and PHOF 2019/2020 shows that smoking status at time of delivery has decreased and is improving
3	Develop culturally appropriate interventions in the Turkish and Eastern European communities to reduce smoking amongst mothers and their family members	This is outside the scope of this HNA
4	Encourage the development of community peer support, where champions provide home visits, to increase the availability of culturally appropriate advice	Bump Buddies has been commissioned to undertake this work, and community peer support is also provided by several Charedi Charities to support women living in the Stamford Hill area
5	All major partners should work towards baby friendly accreditation, and encourage more young mothers to attend breastfeeding support groups and in particularly those from BME communities i.e., Asian and Black women	Homerton Hospital is working towards BFI Accreditation Level 2 and 3, and sustainable funding to support the BFI/Breastfeeding/Infant feeding through the Family Hub proposal
6	Investigate which women are not choosing to start using vitamins and engage stakeholders to understand the barriers to their use; targeted work has been undertaken with the Charedi Community and has led to improved uptake however further support will need to be undertaken in light of the new digital service Encourage mothers to continue to receive vitamins for their children throughout the four-year period once they have started the scheme	Universal Healthy Start Service is provided through HENRY
7	Discuss with local stakeholders whether a more targeted vitamin scheme, like that in use across much of the country, would better serve our most in need families	Universal Healthy Start Service is provided through HENRY; digital programme now in place and marketing agreed

	2022 Recommendations	Supporting rationale
1.	Use the four pillars of community-centred approaches with at risk/culturally diverse communities to promote and increase uptake of: ● Homerton direct on-line booking system (improving uptake of early access) ● folic acid ● weight management advice before pregnancy ● explore approaches with the City & Hackney Maternity Voices Partnership (MVP) Black mixed Race Heritage subgroup and the Maternity Services Group	Healthy Child Programme HIA: Improving planning and preparation for pregnancy - Lower access to early maternity care (below regional and national rates); particularly by culturally diverse groups - Lower uptake of folic acid at first contact and booking (below regional and national rates); particularly by culturally diverse groups NICE guidelines PH27 Preparing for Pregnancy: women with a BMI of 30 or more NICE guidelines PH11 Maternal and Child Nutrition NICE Guidelines PH11 Recommendation 2 - Folic Acid NICE Guidelines PH11 Recommendation 4 - Healthy Start NICE guidelines PH27 Supporting women after childbirth
2	The principle of Making Every Contact Count (MECC) should be adopted in relation to key messages to women with raised BMI and access to dietician ● To improve the data collection for breastfeeding data - number of women seen at 6–8-week review; health visitors to continue to use the 6–8-week postnatal check as an opportunity to discuss the woman's weight and to encourage breastfeeding; follow-up within next 6 months ● Record referrals to local weight management programmes and continue to encourage breastfeeding; eating healthily and taking exercise will not affect the quantity or quality of milk and provision should be made for women who want to breastfeed	Healthy Child Programme HIA: Supporting healthy weight before and between pregnancies: Obesity in Pregnancy higher than regional and national levels - Higher in Black African/Black Caribbean/Black mixed groups Health Visiting Stats - 56% of 6–8-week reviews completed NICE Guidelines PH27 Preparing for Pregnancy - Recommendation 5: Community Based Services for women with a BMI of 30 or more NICE Guidelines PH27 Preparing for Pregnancy - Professional Skills
3	Ensure there is accessible universal service that provides support, antenatal, post-natal and in the community, commission which is jointly funded across health and the local authority: ● breastfeeding network for drop-in sessions / one-to-one support,	Healthy Child Programme HIA: Supporting healthy weight before and between pregnancies ● Breastfeeding is an important public health priority ● Baby's first feed breastmilk ● Breastfeeding prevalence at 6-8 weeks after birth - current method

	2022 Recommendations	Supporting rationale
	• specialist infant feeding from Health Visiting that support women to continue to breastfeed for as long as they wish • secure sustainable funding to achieve and maintain UNICEF Baby Friendly Initiative, led by Homerton Hospital	NICE Guidelines PH11 Recommendation 1 - Training for BFI NICE Guidelines PH11 Recommendation 11 - Target Population
4	Adopt a multifaceted approach across different settings to increase breastfeeding rates particularly amongst those who are least likely to start and continue to breastfeed i.e., those from disadvantaged groups	Healthy Child Programme HIA: Supporting healthy weight before and between pregnancies • Breastfeeding is an important public health priority • Baby's first feed breastmilk • Breastfeeding prevalence at 6-8 weeks after birth - current method • Lower rates in younger groups HV Statistics: Women whose breastfeeding status was known, the proportion of women breastfeeding decreased from 93.9% at 48 hours to 86.8% at 6-8 weeks
5	Improve the handover and pathway between midwifery and health visiting	As per PHE guidelines
6	Obesity in pregnancy - HV contract has a maternal pathway and infant obesity pathway both should be audited by the service to test out if the pathway is active and results in outcomes i.e., referral to adult weight management service, nutritionist etc.	Healthy Child Programme HIA: Supporting healthy weight before and between pregnancies: Obesity in Pregnancy higher than regional and national levels
7	NEL Maternity Equality and Equity data identified that 53% of pregnant women that gave birth in 2020/21 had at least one admission to hospital during their pregnancy, explore the reasons given for this and explore with partners options to address this.	Data presented NEL Maternity Equality and Equity data 2021

3. Perinatal Mental Health

Introduction

The perinatal period includes both pregnancy and the first year postpartum (after delivery). Perinatal illness generally refers to adverse health issues which occur in this time frame. A mother's physical and mental wellbeing, as well as the family environment during pregnancy and infancy, are of fundamental importance to the mental health of new and expectant mothers.

Mental health issues affect up to 20% of new and expectant mothers during this period, and encompasses a wide range of conditions, ranging from common disorders such as depression and anxiety through to more complex and less common conditions, for example psychosis (115). If left unaddressed, these issues can affect a parent's ability to bond with and care for their baby and can lead to adverse physical, social, emotional and cognitive outcomes for the child, extending into adulthood.

Although any woman can develop mental health problems during the perinatal period, certain risk factors increase their likelihood, such as poverty, migration, exposure to violence, and substance misuse. Women who lack social support are at an increased risk of antenatal and postnatal depression, with the latter also associated with having a poor relationship with their partner.

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant areas for this chapter are:

- Maternity high impact area 2: Supporting good parental mental health

National/regional policy

The Five Year Forward View for Mental Health made a commitment to support more women to access specialist community perinatal mental health teams, with the access rate increasing to 10% of the birth rate by 2023/24. To achieve this NHS England developed a five year national programme to build capacity and capability in specialist community perinatal mental health teams. In addition to the increasing access rate community perinatal mental health teams will also:

- Extend the availability of community perinatal mental health teams for women who need ongoing support from 12 months after birth to 24 months.
- Improve access to evidence-based psychological therapies for women, offering an increased range of modalities.
- Offer mental health checks and onward signposting for partners of those accessing community perinatal mental health teams.

The perinatal mental health service sees women with moderate to severe needs, with other services available, such as Improving Access to Psychological Therapies (IAPT) / Talk Changes, to support women and families.

The NHS Long-Term Plan also includes the development of Maternity Mental Health Services (MMHS) that will integrate psychology, maternity and reproductive health to support those affected by loss or trauma related to their maternity experience. In the City & Hackney this service is called OCEAN (Offering Compassionate Emotional Support for those Living Through Birth Trauma & Birth Loss).

Local policy

Within City & Hackney there is a perinatal mental health pathway which outlines services available to women and families, from accessing low level support through to the specialist community perinatal team and crisis services.

The **Vulnerable Women Pathway** is available to women identified as socially vulnerable at booking and are cared for by specialist midwives and/ or a public health midwife. These practitioners provide antenatal, postnatal and in some cases community care for 28 days (up to 42 days in exceptional cases). Particular attention is given to the mental state of women whose babies have been removed from their care by the Local Authority/family court.

Women defined as socially vulnerable in City & Hackney include the following:

- Aged under 20yrs (unless family/other support available for woman). NB: Women under 19 are referred to Family Nurse Partnership (FNP) if first pregnancy and less than 28 weeks pregnant.
- Difficulty speaking or understanding English.
- Homeless or at risk of becoming homeless.

- Misuse substances and/or alcohol to an extent where physical dependence and/or harm to their health or that of their unborn baby is a risk.
- Experiencing domestic violence/abuse (DVA).
- Experiencing or at risk of honour-based violence (HBV)/forced marriage.
- Victim of human trafficking/modern slavery.
- Recently arrived as a migrant (and/or with no recourse to public funds); asylum seeker, refugee (receiving refugee services), or undocumented.
- Mental Health concerns including history of serious mental illness, current depression or anxiety disorder or history of post-natal depression or psychosis.
- Identified by social care as having complex/high risk child protection issues or having been a Looked After Child (LAC) themselves or had previous children removed from their care.
- A learning and/or physical disability (see Maternity and Early Years Learning Disability Pathway).
- Booked late for their pregnancy (in the absence of an acceptable reason), particularly after 20 weeks.
- Female Genital Mutilation – self or family member.
- History of concealment of pregnancy.
- Significant involvement with the Criminal Justice System, particularly those having been recently released from prison.

Evidence based practice

Certain mental health problems, such as bipolar disorder, are at risk of relapse during the perinatal period and early detection and intervention is essential for good outcomes for both mother and baby (116).

Good quality perinatal mental health care can reduce premature birth, infant death, special educational needs and poor school attainment and depression, anxiety or conduct problems in children (117). They can also reduce costs per birth to the NHS and to society (117). Specialist perinatal mental health community care and timely access to evidence-based psychological therapies for both mothers and their partners are required for effective care (116).

Pregnancy provides an opportune moment to ask women about domestic abuse and provide support as quickly as possible. It is important to recognise that both the mother and the unborn child are experiencing the abuse (118). Women may be more reluctant to disclose domestic abuse during pregnancy for fear that the child may be removed from their care (118). Disclosure should be elicited in a non-judgemental and supportive environment (118).

The level of need in the population

Supporting good parental mental health (perinatal)

Supporting good parental mental health during the perinatal period has been identified as one of the Maternity High Impact Areas (HIA). The relevant indicators are:

1. Maternal mental health

Estimates regarding the number of perinatal mental health disorders are calculated by applying the national prevalence data for certain mental health conditions to the total number of deliveries (including stillbirths) collated by the ONS. Mental ill health in the perinatal period is common, affecting up to 20% of women and 10-15% of fathers (119). Examples include antenatal and postnatal depression, anxiety, OCD, PTSD and postpartum psychosis (120).

Table 3.1: Maternity High Impact Area 2 - Supporting good parental mental health (121)

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Supporting good parental mental health (perinatal)	Maternal mental health		7.8%	Decreased (improved) from 8.6% in 2019/20		

All women are screened at first booking using the Whooley questions to detect the potential risk of developing perinatal mental illness (PMI) or having PMI; specifically, depression or anxiety. Women that respond yes to the questions “During the past month, have you often been bothered by feeling down, depressed or hopeless?” or “During the past month, have you often been bothered by little interest or pleasure in doing things?” are asked a further ‘help’ question. Whooley questions are repeated at 4-6 postnatal weeks and 3-4 postnatal months.

The proportion of women assessed on maternal mood at first booking dropped from 98.8% in 2018/19 to 98.0% (2019/20) and to 2020/21 (97.6%). The proportion of women with low mood post-natal has decreased from 8.6% in 2019/20 to 7.8% in 2020/21. In City and Hackney, adjustment disorders and distress in the perinatal period have the highest prevalence in the perinatal period, with an estimated 494-989 women affected (122).

Table 3.2: Estimated number of perinatal mental health disorders, City and Hackney, 2017/18

Condition	National prevalence	Estimated number
Postpartum psychosis	2 in 1,000	7
Chronic serious mental illness in perinatal period	2 in 1,000	7
Severe depressive illness in perinatal period	30 in 1,000	99
Mild-moderate depressive illness and anxiety in perinatal period (lower estimate)	100 in 1,000	330
Mild-moderate depressive illness and anxiety in perinatal period (upper estimate)	150 in 1,000	494
Post-traumatic stress disorder in the perinatal period	30 in 1,000	99
Adjustment disorders and distress in perinatal period (lower estimate)	150 in 1,000	494
Adjustment disorders and distress in perinatal period (upper estimate)	300 in 1,000	989

Source: Public Health England Perinatal Mental Health profiles

According to aggregated data from 2017/18 to 2020/21 for City and Hackney residents who gave birth at Homerton hospital, a higher proportion of women 35 and over experienced poor mental health (7.2%) compared to women under 35 (5.0%). In addition, a higher proportion of women from mixed and British ethnic backgrounds reported poor mental health (8.3% and 7.9%, respectively) when compared to the average proportion (5.7%), while white non-British ethnicity had lower proportions (4.2%) (89).

There was a higher proportion of women with poor mental health among women with no religion (8.3%) and a lower proportion among Jewish (1.4%) when compared to the average (5.7%) (89).

The same data set also showed that the proportion of poor mental health was higher among women that had a disability (physical and/or learning) recorded (15.0%) compared to women with no registered disability (5.4%). The true difference is likely to be higher still given the likelihood of unreported disability, although the lack of a register for individuals without disability precludes the capture of fully accurate data (89).

It is difficult to compare the proportions of poor mental health experienced by women at different levels of deprivation, given that 80% of the LSOAs in Hackney are in the two most deprived quintiles, and none are in the least deprived quintile nationally. The City of London's relatively more affluent population is too small to be used as a comparator (89).

Domestic abuse in pregnancy

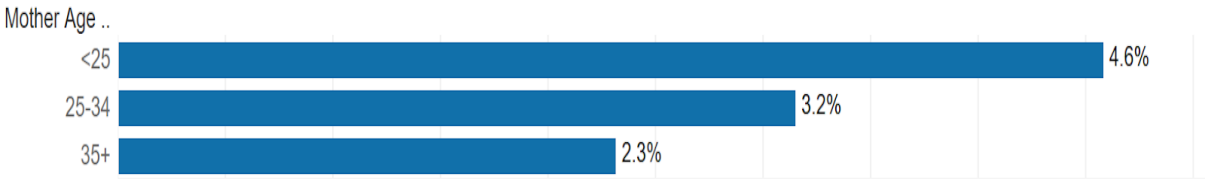
Whilst anyone can experience mental ill health, there are some risk factors which might make women more vulnerable to this experience during the perinatal period. Risk factors include (118):

- Domestic abuse
- Lack of social support
- Poor relationship with partner
- Alcohol or drug abuse
- Unplanned pregnancy
- Migration status
- Previous mental illness
- Experience of childhood abuse.

Pregnancy is a time of high risk both for women who are already experiencing domestic abuse and for first episodes of domestic abuse. Domestic abuse during pregnancy increases risk of miscarriage, infection, premature birth and injury or death to baby alongside mental ill health for the person experiencing abuse (118).

Around 3% of women who gave birth at Homerton hospital between 2017/18 and 2020/21 reported experiencing domestic violence at any time during their lives. The proportion has not changed during this period. A higher proportion can be seen for younger women with the highest proportion in the <25 group. Domestic abuse is underreported and so these figures are likely to be an underestimation of the true proportion.

Figure 3: Proportion of women who gave birth at Homerton Hospital who experienced domestic violence, City and Hackney, 2017/18 to 2020/21 aggregated



Source: Homerton, 2017/18 to 2020/21

A higher proportion of women of mixed and black ethnicity reported domestic violence (5.6% for both groups) than the average (3.1%). A lower proportion of white non-British women (1.4%) reported domestic abuse (89).

A statistically significantly higher proportion of women in the most deprived quintile reported domestic violence (4.2%) when compared to the average (3.1%). The proportion of women with disabilities (11.1%) who reported domestic violence was almost four times higher when compared with women with no register for disability (2.9%) (89).

Services in relation to need

All midwives, doctors and health visitors at the Homerton Hospital are trained in perinatal mental health and are aware of the physical and emotional changes that occur during pregnancy and following childbirth and ensure that women with perinatal mental illnesses and their families receive the specialist care and support they need.

Health visitors are specialist practitioners responsible for supporting children from 0-5 years and their families, providing antenatal and postnatal support, assessing growth and development needs, reducing risks, and safeguarding and protecting children.

Those women who have been identified as having mild - moderate mental health needs can access support through their:

- GP / Health Visitor.
- Parenting classes.
- Children's centres.
- Online forums, other groups, self-directed use of resources.
- IAPT (provided by HUH)
    - Accepts self-referral, parents with children under 2 are prioritised for access (see below for data).
    - Have 2 IAPT perinatal leads that work closely with the perinatal service for advice and managed handover of cases.
- Co-facilitate groups with First Steps .

The City and Hackney Wellbeing Network is a network of eleven voluntary mental health services to improve physical and mental wellbeing. From building resilience to prevent the onset of mental health issues, to working with people with severe mental health conditions to avoid hospital admissions, the network is commissioned by Hackney Council. It is a diverse partnership serving different communities in the City & Hackney.

If mental illness is detected during the pregnancy or perinatal period, women or their partner can be referred to **Improving Access to Psychological Therapies (IAPT)** (123) if the symptoms are mild to moderate.

The City & Hackney 'Perinatal service' (124) is a City & Hackney specialist service that sees women with moderate-to-severe mental health difficulties during pregnancy and up to 2 years post-birth. The service sits within ELFT and directly accepts self and professional referrals. The number of women in the perinatal period in contact with specialist perinatal mental health services in City and Hackney from April 2020 to March 2021 was 330.

There is also a specialist **Mother and Baby Unit** that cares for people who experience severe mental health difficulties during and after pregnancy. The unit allows for the mother and her baby to remain together, supporting their attachment and bonding, while the mother receives the care and treatment she needs to recover from mental illness.

NHS LTP Maternal Mental Health Service, OCEAN (Offering Compassionate Emotional Support for those Living Through Birth Trauma & Birth Loss) is an integrated maternity and mental health service providing support for those affected by birth loss or birth trauma.

Maternity Rights Charity Maternity Action is piloting a dedicated maternity rights helpline for families accessing care at Homerton Hospital. Callers will be able to access advice on issues such as employment rights, welfare and benefits, housing and other issues; and the service will also support midwives providing antenatal care. International evidence (125) shows that Health Justice Partnerships not only improve access to legal assistance for people at risk of social and health disadvantage; they positively improve mental wellbeing.

Menucha works with Orthodox Jewish mothers with mild to moderate Perinatal Mood Disorders (PMDs) from the beginning of pregnancy to 18 months postpartum. Menucha provides culturally appropriate in-house therapy by carefully selected therapists who are trained and specialise in Perinatal Mood Disorders (PMDs). Menucha also collaborates with external Perinatal Health Care Providers and signposts when necessary.

Bikur Cholim provides holistic family support, facilities and services to Orthodox Jewish families, to alleviate poverty, physical and mental health.

Derman is a registered charity that provides holistic care and support including counselling for Kurdish, Turkish, Turkish Cypriot and Eastern European Turkish people in Hackney.

Ezer Leyoldos is a Jewish Charity that was established by a women's community group to give families the support they needed, particularly after the birth of a baby. General support includes cooked meals, domestic help and childcare arrangements. However, they also support vulnerable families with postnatal depression, neglect, family breakdown, disability and isolation, in order to prevent more complex problems from developing. Trained volunteers offer 3 levels of perinatal support for women: support with other children, meals service and financial support for house cleaning. They also offer hyperemesis gravidarum support and low-cost therapy with Orthodox therapists on the Trainee Therapy Programme.

Beis Brucha Mother and Baby Home offers a short stay and help to mothers who have just delivered their babies. It also provides early support and signposting, especially for vulnerable mothers and those in challenging circumstances.

Insights - population perspective

Stakeholder Interviews

Holistic support in the Charedi community

- Charities providing perinatal mental health support to the Charedi/Jewish Orthodox community commented that there was a good level of holistic support for women.
- Holistic perinatal support included the provision of cooked meals, help with older children and financial support for cleaning,

'we offer financial support with cleaning, which sounds a luxury but it's actually something which is very crucial in this community because of the size of orthodox Jewish families most families do have a cleaner.'

Increase in complex needs

- According to aggregated data there is a lower level of need for perinatal mental health support in the Jewish Community.
- However, the datasets we have are limited as Orthodox Jewish women are not captured by ethnicity so we do not have a clear understanding of the number accessing services and therefore cannot be clear on the current level of need.
- Interviews however revealed that perinatal mental health needs had increased in the community and an impact of this was more need for parenting and/or marriage support. Charities providing support to the Stamford Hill community work with clients at home and at the Beis Brucha Mother and Baby Home e.g. Menucha, Bikur Cholim, Hansy Josovic Maternity Trust and Ezerleyoldos.
- It was noted that there was a saturation of low-cost counselling to meet low to moderate-level disorders; demand was still increasing.

'there has been a steep increase in the number of women suffering from domestic abuse, and an overall increase in the number of women needing support with perinatal mental health'
'We provide placements for Jewish Orthodox Counsellors, so we can provide very low-cost counselling. The therapists are multilingual Yiddish and Hebrew speaking…'
'it's an Orthodox Jewish challenge, there are a lot of organisations providing perinatal mental health support but there is still definitely a need for more support around complex needs'
'We have seen an increasing number of women suffering from domestic abuse, and there has been an overall increase in the number of women needing support with perinatal mental health'

- One stakeholder commented that she supported women in the Beis Brucha Mother & Baby Unit, and noted that,

'Breastfeeding is such a trigger when it comes to perimental health, a lot of the mothers feel like failures if they can't breastfeed, this can lead to depression and anxiety'

Unmet needs and service gaps

In 2020/21, in Hackney and City, 681 people with children up to two years old were referred to IAPT services, with 87% of them being female. In the same year, 459 women had moderate to severe symptoms and were referred to specialist mental health services, with an access rate of 10.2%. These figures exceed the target of 320 referrals and a 10% access rate required by the end of the expansion period in 2022/23 (126).

Reviewing take-up of local perinatal services with research findings suggests that women from black African women may not be accessing services However, looking at the data, we can see that an average of 7.9% black African women used the service from September 2019 to August 2021 (127). This compares to 8.0% of the estimated women population aged 15-44 in 2020 (34). This should be investigated further however as this average was a proxy measure as at the time of writing raw data was not available.

Inequalities

There is a lack of reliable large-scale data about the use of perinatal mental health services by women in different ethnic groups. Women from black African, Asian and white Other who have mental health problems during pregnancy or during the perinatal period have poorer access to professional help than white British women (128). Women from some culturally diverse backgrounds are known to encounter:

- language problems
- a cultural explanation of mental illness that does not encourage women to seek help
- a lack of understanding of the services available
- professionals who are less likely to ask groups other than white British women about their mental health in the postnatal period, and to offer treatment and support.

Early access to services would appear to be the key issue; the lower rate of access coupled with higher rates of involuntary admissions suggests many women from culturally diverse backgrounds are not receiving mental healthcare in a timely way.

Chapter Summary

Supporting good parental mental health

Maternal mental health (key performance indicator)

- Estimates suggest that perinatal mental health disorders among Hackney & City residents in 2017/18 are more prevalent than the national average.
- Homerton data shows that between 2017-21, City and Hackney mothers over the age of 35 experienced a higher proportion of poor mental health (7.2%) compared to under 35s (5.0%).
- It also shows that women from mixed and British ethnic backgrounds experienced higher proportions of poor mental health (8.3% and 7.9% respectively) compared to the average (5.7%)
- The proportion experiencing poor mental health was also higher among women with disabilities (15%) compared to those without (5.4%)
- There has been an increase in the provision of peri-mental health services since 2016 and City and Hackney is surpassing the 10% access rate set out in the Five Year Forward View for Mental Health plan.
- There is a lack of reliable data about the use of perinatal mental health services by women in different ethnic groups. However, nationally there is a lower access rate to mental health services and a higher rate of involuntary admissions in women from culturally diverse backgrounds.
- Population insight emphasised the importance of holistic support in the postnatal period (including childcare, food and cleaning support) and revealed increased demand in the Charedi community with saturation of available counselling services.

Domestic abuse in pregnancy

- Around 3% of women who gave birth at HUH between 2017 and 2021 had experienced domestic abuse at some point in their life.
- Higher proportions were found in the under 25s age group.
- Higher proportions of women of mixed and black ethnicity experienced domestic abuse during this period.
- Women living in the most deprived quintile experienced a higher proportion of domestic abuse (4.2%) compared to the average (3.2%)
- Domestic abuse among pregnant women with a registered disability was 11.1%, compared to women with no registered disability (2.9%).
- Domestic abuse is underreported therefore figures may not reflect the true burden.

Recommendations

Recommendations made in the 2016 Needs Assessment:

Overall summary on progress: There has been an increase in the provision of peri-mental health services since 2016, including a NEL pilot currently in progress. The period of access has been increased from 12 months after birth to 24 months and the offer of evidence-based psychological therapies access rate has been increased to 10% by 2023/24. Additionally, there will be a national roll out of Maternity Mental health support teams and perinatal mental health pilots expected to start in 2023. A new website has been launched, co-produced with local women and partners https://www.elft.nhs.uk/perinatal.

	2016 Recommendations	Progress
1.	Increase the rate of screening for postnatal depression by midwives, with an aim to screen all pregnant women	All women complete a Maternal Mood questionnaire to identify mental health issues to facilitate screening and the discussion of mental health issues.
2	Provide a named health visitor for each family to build a relationship with mothers	Working towards
3	Capitalise on the inclusion of substance misuse as a criterion within the Troubled Families programme through using the expanded funding to coordinate additional professional support surrounding substance misuse	This is included within the Supporting Families (previously known as the Troubled Families Programme) and support is provided
4	Ensure all practitioners who work with families are well trained to identify substance misuse problems early, know how to refer to and actively promote the wide range of treatment services within the borough (particularly those specifically for parents), and understand that support can lead to successful recovery	Vulnerable Women's Pathway and a perinatal substance misuse working group has been established to promote more joined-up work - which includes provision of childcare facilities /creche
5	Expand the number of drug and alcohol treatment services that have childcare or crèche facilities available to facilitate mothers' attendance	There is a mother and baby unit in the borough (Hackney) offering respite care.
6	Increase partnership working for women with dual diagnoses of mental health and substance misuse disorders to provide a holistic package of care	In progress
7	Encourage the integration of families into local support groups and networks to increase mental resilience and help to protect against poor mental wellbeing.	Universal programme of activities in children's centres

	2016 Recommendations	Progress
		Targeted antenatal class provision for specific groups (e.g., Turkish, Black and black -mixed Heritage) Joint working between perinatal service and children centres to step-down families

A Domestic Abuse Health Needs Assessment has been undertaken and is due to be published in 2022.

	2016 Recommendations	Progress
1.	Increase the coverage of domestic violence screening and documentation in pregnant women, with a particular focus on white women.	Screening is happening in maternity - vulnerable women's pathway - takes account of this and FGM status.
2	Routinely enquire about and record the FGM status of pregnant women at their booking visit and ensure that all women who have undergone FGM are given a full assessment and made aware of the full range of available support	Undertaken
3	Provide a named health visitor per family to provide continuity of care which may facilitate the disclosure of women's concerns and detection of domestic violence	Undertaken
4	Ensure all health professionals working with pregnant women and young children know how to and feel confident in reporting concerns about domestic violence (including FGM) to the Multi-Agency Risk Assessment Conference (MARAC)	Through the IRIS project, GPs feel more able to support women who have been highlighted as at risk of domestic violence through the MARAC.

	2022 Recommendations	Supporting rationale
1.	Addressing health inequalities is a priority and different groups have different needs and should be considered separately in changes to policy and practice. Consider developing tailored approaches with the Homerton Maternity Voices Partnership (HMVP) Homerton Black, Black Mixed Race Heritage Group, and the Maternity Services Group, CVS and key stakeholders to:	**Healthy Child Programme HIA: Supporting good parental mental health** Homerton data shows women from BAME groups experience higher levels of poor mental health and higher levels of domestic abuse National data shows that women from culturally diverse backgrounds do not access services early

	2022 Recommendations	Supporting rationale
	• ensure all women have equal access to good interpreters, appropriate information, and flexible, culturally relevant services so they can access services early • co-produce communication with community groups across a range of communication modes to improve earlier access to community mental health services during the perinatal period • develop targeted interventions to improve the timely take-up of community mental health services • ensure forward planning takes account of increased demand; current services are oversubscribed • Longer term funding for Homerton Maternity Voices Partnership (HMVP) Homerton Black, Black Mixed Race Heritage Group	The Five Year Forward View for Mental Health and the NHS Long Term Plan - commitment to address inequalities in perimental health The NHS Mental Health Implementation Plan 2019/20–2023/24 sets the expectation that all systems need to reduce mental health inequalities by 2023/24 NHS England Improving Access to Psychological Therapies (IAPT) Black, Asian and Minority Ethnic (BAME) practice guide
2	Undertake an equalities analysis of services as part of standard contractual processes to identify any unmet needs	Homerton data shows women from BAME groups experience higher levels of poor mental health and higher levels of domestic abuse National data shows that women from culturally diverse backgrounds do not access services early
3	Consider undertaking a scoping exercise to understand the provision of tailored perinatal support for women of diverse communities	Homerton data shows women from BAME groups experience higher levels of poor mental health and higher levels of domestic abuse National data shows that women from culturally diverse backgrounds do not access services early
4	Maternal mood - consider an audit of outcomes if issues are identified	See above

4. Early Years & School Readiness

Introduction

School readiness at age five has a strong impact on future educational attainment and life chances. Children who don't achieve a good level of development by the age of 5 years struggle with social skills, physical skills, maths and reading which impact on childhood and outcomes later in life.

The new **early years foundation stage (EYFS) statutory framework** September 2021 applies to all early years providers, maintained schools, non-maintained schools, independent schools (including free schools and academies) all providers on the Early Years Register; and all providers registered with an early years childminder agency (CMA). It sets the standards that all early year's providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for progress through school and life. The new guidance has been updated to:

- improve outcomes at age 5, particularly in early language and literacy
- reduce unnecessary paperwork, so more time can be spent with children

Early speech and language development and communication needs (SLCN) are recognised as primary indicators of child wellbeing due to the link between language and other social, emotional and learning outcomes (130). As a response the Government launched its **Early Years Social Mobility Programme** (129) in 2018, to drive change in the home environment, local services and in early years settings and to meet its ambition 'to reduce the percentage of children not achieving at least the expected level across all goals in the 'communication and language' and 'literacy' areas of learning at the end of the reception year, by half by 2028.'

Children from socially disadvantaged families are more than twice as likely to be identified as having a SLCN; however, other risks include gender and birth season effects. Boys are overrepresented relative to girls (2.5:1) and pupils born in the summer (the youngest in the year group) are more likely to have SLCN than those born in the Autumn (1.65 times) if not given support (131):

- More than 50% of children living in areas of high social deprivation may start school with SLCN.
- 81% of children with emotional and behavioural disorders have unidentified speech, language and communication needs (SLCN).
- Children with vocabulary difficulties at age 5 are 3 times more likely to have mental health problems in adulthood and twice as likely to be unemployed.
- 1 in 4 children who struggled with language at the age of 5 did not reach the expected standard in English at the end of primary school, compared with 1 in 25 children (at the age of 5) who had good language skills.

- 15% of pupils with identified SLCN achieved the expected standard in reading, writing and mathematics at the end of their primary school years compared with 61% of all pupils.
- 20.3% of pupils with SLCN gained grade 4/C or above in English and Maths at GCSE compared with 63.9% of all pupils.
- 60% of young offenders have low language skills.

Mental health and behaviour in schools demonstrates there is a high correlation between children and young people being unable to manage emotional distress and SLCN. Additional research (132) tells us that there is a strong correlation between the number of young people who have not been diagnosed with Development Language Disorder (DLD) or SLCN at primary school who become secondary pupils whose main SEN is identified as behavioural, emotional or social difficulties (SEMH); disruptive behaviour is usually a reflection of undiagnosed special educational needs.

A substantial minority of young children, however, do not access the funded early education entitlements for which they are eligible (133). Although take-up of the universal 15 hours for 3- and 4-year-olds is high, it is markedly lower in London, and take-up of the 2-year-old entitlement for disadvantaged children is lower than for older children. The pandemic has further impacted access to resources, learning and play space due to closes of schools and early year settings and disproportionately affecting children from disadvantaged backgrounds. Nationally in the term ending July 2021 (134):

- eligible two-year-olds registered to receive funded early education fell by 13%.
- three and four-year-olds registered to receive funded early education fell by 5%.
- three and four-year-olds registered to receive extended early education fell by 5% (and is now similar to 2019 numbers).
- three and four-year-old children in receipt of Early Years Pupil Premium rose by 6%.
- some providers reported behavioural deterioration among their children on returning to settings.

Transition to primary school is a crucial stage in children's trajectories, with both short and long-term consequences for wellbeing and progress through school. Health Visitors in partnership with key stakeholders including early years services, children centres, education settings and voluntary organisations play a key role in early intervention. They can promote early language acquisition, signpost parents to early years services and community groups and can promote the take-up of free early education and childcare.

The new national reception baseline assessment (RBA) is now administered in all primary, infant and first schools in England to children in reception classes (June 2020) and provides a new way of measuring progress through primary schools. It has been designed so that pupils with Special Education Needs or Disabilities (SEND) and those learning English as an additional language can also participate. Practitioners complete an RBA for each pupil in the first six weeks after they enter reception, unless a decision has been made to disapply a pupil from the assessment or if the pupil has changed schools and has already completed

the assessment. It is an age-appropriate assessment of mathematics and literacy, communication and language (LCL), that is delivered in English and linked to the learning and development requirements of the Early Years Foundation Stage (EYFS) although not all areas of the EYFS are assessed. The proposed introduction of the assessment in September 2020 was postponed owing to the Covid crisis, although schools were instead given the option to sign up for an "early adopter year" in 2020-21, to "familiarise themselves with assessment materials"; it is now due to be implemented in 2022 - 23.

Health visitors lead the Healthy Child Programme in early years (0 - 5); the early years high impact area (HIA) relevant to this chapter is:

- Early years high impact area 6: Ready to learn and narrowing the word gap.

National/regional policy

Since the Marmot Review in 2010, austerity measures have resulted in widespread reductions in public spending and interventions in almost all areas, widening existing regional, social, health and economic inequalities. The “Health Equity in England: The Marmot Review 10 Years On” report shows that:

- Over 70% of funding for Sure Start, Children’s centres and other children’s services have been cut, particularly in the more deprived areas.
- Funding cuts for children and youth services have been disproportionately higher in more deprived areas, while the level of required qualification and rates of pay remains low in the childcare workforce.

It calls for whole government, NHS and PHE action to invest in early child development, reduce exposure to adverse childhood experiences and improve education. Everyone should enjoy the good health and wellbeing of those at the top of the social hierarchy and ensure that policies are universal in their reach, with effort proportionate to need.

To achieve this the 2020 Marmot review, proposes prioritising and implementing action on the social determinants of health to ensure action is taken against the avoidable rise in health inequality seen and recommends:

- Increased levels of spending on early years and proportionately higher allocations of funding for more deprived areas.
- Improving the availability and quality of early years’ service.
- Increasing the pay and qualification requirements for the childcare workforce.

Several national strategies are relevant to early years, including the PHE Strategy 2020-2025 (6). One of the priorities is to improve the health of babies, children and their families via reducing inequalities, with a particular focus on childhood obesity, school readiness and infant mortality (135). **Giving every child the best start in life - public**

health matters blog entry by USHA highlights the importance of incorporating the effect of the COVID-19 pandemic into the Healthy Child Programme, the major universal service for children and young people in the UK (5).

Good continuity of care is essential at any stage of life. Public Health England have produced a report advising best practice for **"care continuity between midwifery and health visiting services: principles for practice"** (136)**.** They advise that to maintain good continuity of care and handover between midwifery and health visiting, information must be shared between the organisations at 4 key stages (organisations can still share information outside of these times).

1. Booking at 8-12 weeks gestation.
2. 16-28 weeks gestation.
3. 32-36 weeks gestation.
4. Birth visits 10-14 days postnatal.

There should be a focus on vulnerable women or those with social complex factors. Good communication with mothers and other professionals such as general practitioners is also essential.

Development Matters - non-statutory curriculum guidance for the early years foundation stage (updated in 2021) although the guidance can help meet the requirements of the **early years foundation stage (EYFS) statutory framework** it is not statutory; it is up to providers to decide how they approach the curriculum.

The **Department for Education (DfE) early years social mobility programme** (129) works through 3 domains (the home, local services and early years settings) to improve child outcomes, and has a focus on early language. As part of this ambition the DfE and PHE developed a programme of work to reduce inequalities in early speech, language and communication which includes training for health visitors and the development of an early language identification measure.

Sure Start Children's Centres are government funded facilities or groups of facilities, which aim to "improve outcomes for young children and their families and reduce inequalities, particularly for those families in greatest need of support" (137). They are managed by the local authority in which they are located and aim to bring together children's services to provide an integrated offer for children and parents. Within the services they aim to improve child development, school readiness, parenting skills and child and family health. Local authorities have a responsibility to provide enough children's centres to meet their population of children and parents. Close links with other professions such as midwives, GPs and health visitors are advised to achieve an integrated service. Children's Centres also have close links with support for the troubled families programme (**137).**

Improving school readiness: Creating a better start for London (PHE) reports that a child's communication environment is a more dominant predictor of early language than their social background. Effective, warm, authoritative parenting gives children confidence, stimulates brain development and the capacity to learn. Physical activity for young children is an important component of early brain development and learning. Children from low-income families:

- have heard on average 30 million fewer words by the age of 3 than children in high income families.
- have half the vocabulary by the age of 3 than children in high income families.
- 61% have no books at home.
- If all low-income children received high-quality early education the gap in achievement could be closed by as much as 20-50%.

Children's Centres are due to be replaced by **Family Hubs**, with the government offering money for councils to transform children's centres or open new family hubs by March 2024 (138). Family hubs build upon the existing children's centres model but will offer a wider range of services including "birth registration, antenatal and postnatal services, information on childcare, employment and debt advice, substance misuse services, relationship and parenting support, local activities for families and support for families separating" (139). Family hubs will also focus on building close links with faith and parent groups, alongside voluntary and charity sector organisations. There will be an aim to reach children and families who are currently not using children's centres (139).

Healthy Early Years London (HEYL) is an awards scheme funded by the Mayor of London which supports a whole-setting approach, engaging children, staff, parents, carers and the wider community. It aims to address health inequalities and enhances the statutory **Early Years Foundation Stage** (EYFS) framework; the three EYFS areas specific to the HEYL agenda are:

1) Communication and language: this involves giving children opportunities to experience a rich language environment to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations.
2) Physical development: providing opportunities for young children to be active and interactive; to develop their coordination, control, and movement and help understand the importance of physical activity, and to make healthy choices in relation to food.
3) Personal, social and emotional development: helping children to develop a positive sense of themselves, and others; to form positive relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups.

Improving School Readiness: Creating a better start for London (PHE) also outlines the impact of school readiness aged 5 on later life (140). Children who do not achieve a 'good level of development' by the end of reception struggle with physical and social skills, reading

and maths. This in turn can impact on further educational outcomes, health and mortality (140). The report also outlines inequalities in 'school readiness' which will be discussed in our local context further in the chapter. Investing in early education can provide savings to society in the future. They suggest that good maternal mental health, physical activity, parenting support programmes, high-quality early education and learning activities can all improve school readiness.

A report by London Councils "**The best start for young Londoners: Strengthening London's early years education offer following the COVID-19 pandemic**" reviewed the financial challenges involved in providing high quality early years services for children. Especially considering the COVID-19 pandemic. The report suggests a 5-point plan to remedy inequalities in access to early years services:

- Sufficient funding from central government.
- Unspent allowances for disadvantaged 2-year-olds from central government to be given to local authorities to spend on increasing uptake via localised approaches.
- Unspent tax-free childcare allowances to be given to local authorities from the central government, to spend on local early years provision and home learning.
- Central government to guarantee long-term funding for maintained nursery schools.
- London local governments will promote the benefits of early years education to families.

The London Health Inequalities 10-year strategy includes the following aims relevant for early years and school readiness. The strategy is supported by an implementation plan for 2021-2024, the commitments in the plan that focuses on meeting the above two aims include (141) :

1) Healthy children: to ensure the widespread adoption of The Healthy Early Years Programme London, particularly in the most deprived communities.
    - Creating more school super zones.
    - Supporting parents and carers to give their children the best start in life by awareness raising on childcare offers; sharing good practice on work related to violence reduction for children and young people affected by domestic abuse; ensuring immunisation programmes reach all communities; supporting infant and breastfeeding initiatives; expanding social prescribing for children and young people.
    - Engaging with early years and schools to support health and wellbeing of children by investment in early years and childcare; addressing children's exposure to pollution; supporting relationships and sex education in schools.
    - Providing support to address childhood obesity through a whole systems approach.
    - Supporting children and young people build resilience by mentoring, youth activities; capacity building and supporting the campaign on asthma for children and young people.

Evidence based practice

There is still a significant number of children and young people with social language communication needs (SLCN) who are not identified (142). DfE statistics show that 3.2% of all pupils have SLCN identified as their main need; 4.3% in state funded primary schools, and 1.4% in secondary schools. Given the knowledge that 7.6% of children have developmental language disorder (DLD); this suggests that screening instruments miss many children in need of support (143).

Best start in speech, language and communication (144) outlines a model speech, language and communication integrated pathway that addresses a continuum of need across at the following stages; pregnancy, 0 to 2 years, 2 to 3 years and 3 to 5 years.

At key stages the model provides key messages and actions that can be taken:

1. Pregnancy: universal maternity services promote the parent-infant relationship, holistic assessment and signposting of resources. Targeted services include referrals to perimental health services and family nurse partnership.
2. 0 - 2 years: audiology screening assessments and immunisations schedule, the importance of observation and review of child language skills within early years settings and engaging with parents to promote communication tools that can be used in the home.
3. 2 - 3 years: integrate health and early years 2-year review (including the Ages and Stages Questionnaire) and promote free education and childcare from 2 years
4. 3 - 5 years: promote the Early Years Foundation Stage and transfer to school nursing services

Targeted services include enhanced home visiting services and additional support in early years and specialist support services include multidisciplinary interventions with on-going review and statutory assessments (see Chapter 11 - SEND).

Evidence Based Screening Instruments

Feedback from professionals is that the ASQ is not sensitive enough to pick up all children with SLCN, as it is a population measure rather than a screening tool (145). The Early Identification Measure (ELIM) has been piloted and evaluated in five areas of England and as part of the Early Years Mobility Programme is being rolled out to health visitors for children aged two to two and a half alongside the ASQ.

- The **Early Language Identification Measure (ELIM)** is an effective universal tool for identifying children with SLCN at the 2 to 2½ year review. The 3 steps of the ELIM and Intervention process include (146):
    - Step 1: ELIM Assessment
    - Step 2: Parent/carer concerns are discussed. If there is a pronounced need, a referral to specialist services is made. If there is no need identified, parents/carers are signposted to SLC websites and local resources

    - Step 3: Intervention. The practitioner offers tailored support to parents/carers. If a speech, language and communication need is identified, referral is made to specialist services according to local pathways, that is speech and language therapy, child development centres etc.

- **The Nuffield Early Language Intervention (NELI)** (147) is a 20-week programme proven to help young children overcome language difficulties. It is designed for children aged 4-5 years and combines small group work with one-to-one sessions delivered by trained teaching assistants, targeting vocabulary, narrative skills, active listening and phonological awareness. The intervention has been evaluated by the Education Endowment Foundation and the Nuffield Foundation and has been found to be effective for improving children's oral language skills as well as promoting longer-term progress in reading comprehension. The DfE has made NELI available to all primary schools in England.

- **Ages and Stages Questionnaire: Social-Emotional Second Edition (ASQ:SE-2)** is a parent-completed, highly reliable system focused solely on social -emotional development in young children, aged from 1–72 months. Psychometric studies show high reliability, internal consistency, sensitivity, and specificity to pinpoint behaviours of concern and identify any need for further assessment (148).

An **evaluation of the Healthy Early Years London** (HEYL) undertaken in 2019 (149) found that it is supported by early years policy, it adds value through partnership, and is associated with many examples of positive impacts but evidence of this is thin; the main barrier to implementation is time. Addressing health inequalities remains challenging.

Families in the foundation years (DfE) evidence pack identified the evidence base (150) for improving school readiness by acting in the following areas:

- Reducing maternal depression to include:
    - effective screening and referral to services
    - family strengthening
    - increased public awareness.
- Improving children's communication through the:
    - use of social marketing to identify current practices and potential cultural barriers.
    - development of a strategic plan, that includes the development and dissemination of resources, to reach the community.
- Actions to improve parenting support programmes include:
    - promote physical activity in early years that includes
    - providing information on the importance of physical activity
    - what counts as physical activity to parents/carers.
- Actions to improve high quality early education including:
    - integrated services
    - and workforce training.

The level of need in the population

Health Visiting Service

Health Visitors undertake five mandated reviews for early years, ideally these are face-to-face; however, virtual, digital or blended approaches can be used, and additional contacts included in response to the need of individual families.

The City & Hackney universal health visiting service includes: the antenatal contact, new birth visit, 6-to-8-week review, 12-month review and 2 to 2½ year review. Additional assessments, at 1 month and 3 to 4 months, focus on maternal mental health, maintaining infant health and keeping safe, for target families (see: Section 13 Vulnerable Young People/Safeguarding for more details).

Table 4: Health Visitor Service Delivery Metrics (Experimental Statistics), City and Hackney, 2020/21

Metric	City & Hackney	London*	England*
Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	87	26,862	229,959
New Birth Visits (NBVs) completed within 14 days (%)	95.40%	94.30%	88.00%
New Birth Visits (NBVs) completed after 14 days (%)	3.70%	3.90%	9.70%
6-to-8-week reviews completed (%)	56.10%	75.00%	80.20%
12-month development reviews completed by the time the child turned 12 months (%)	80.70%	52.70%	66.30%
percentage of 12-month development reviews completed by the time the child turned 15 months	90.70%	67.60%	76.10%
percentage of 2 to 2½ year reviews completed	87.20%	63.30%	71.50%
percentage of 2 to 2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	86.80%	76.90%	85.20%

Source: OHID, Health Visitor Service Delivery Metrics (Experimental Statistics), 2021
***aggregate value of local authorities passing Stage 1 validation**

2021 aggregated OHID data shows that the percentage of new birth visits (NBVs) completed within 14 days of delivery was higher in City and Hackney (95.4%) compared to London (94.3%) and England (88.0%) averages. Similarly, City and Hackney had a smaller percentage of NBVs completed after 14 days (151). However, the percentage of mandated 6–8-week reviews completed was 56.1%, significantly lower than in London (75%) and England (80.2%) (151).

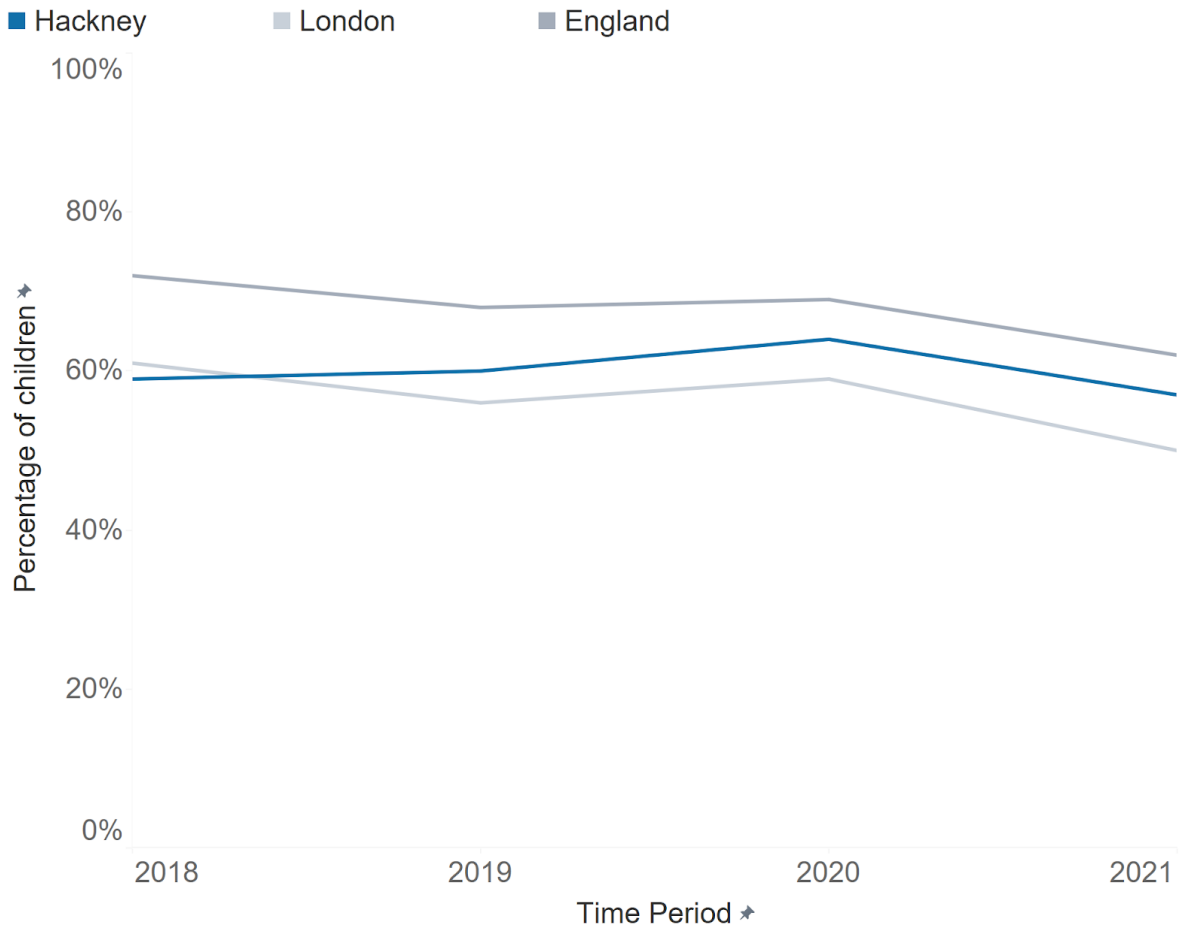
Percentages of 12-month development reviews completed by the time a child turned 12 months and 15 months were higher in City and Hackney compared to the average

percentages in London and England (151). This was also true for the percentages of 2 to 2½ year reviews completed (with or without ASQ-3). (151).

Early education

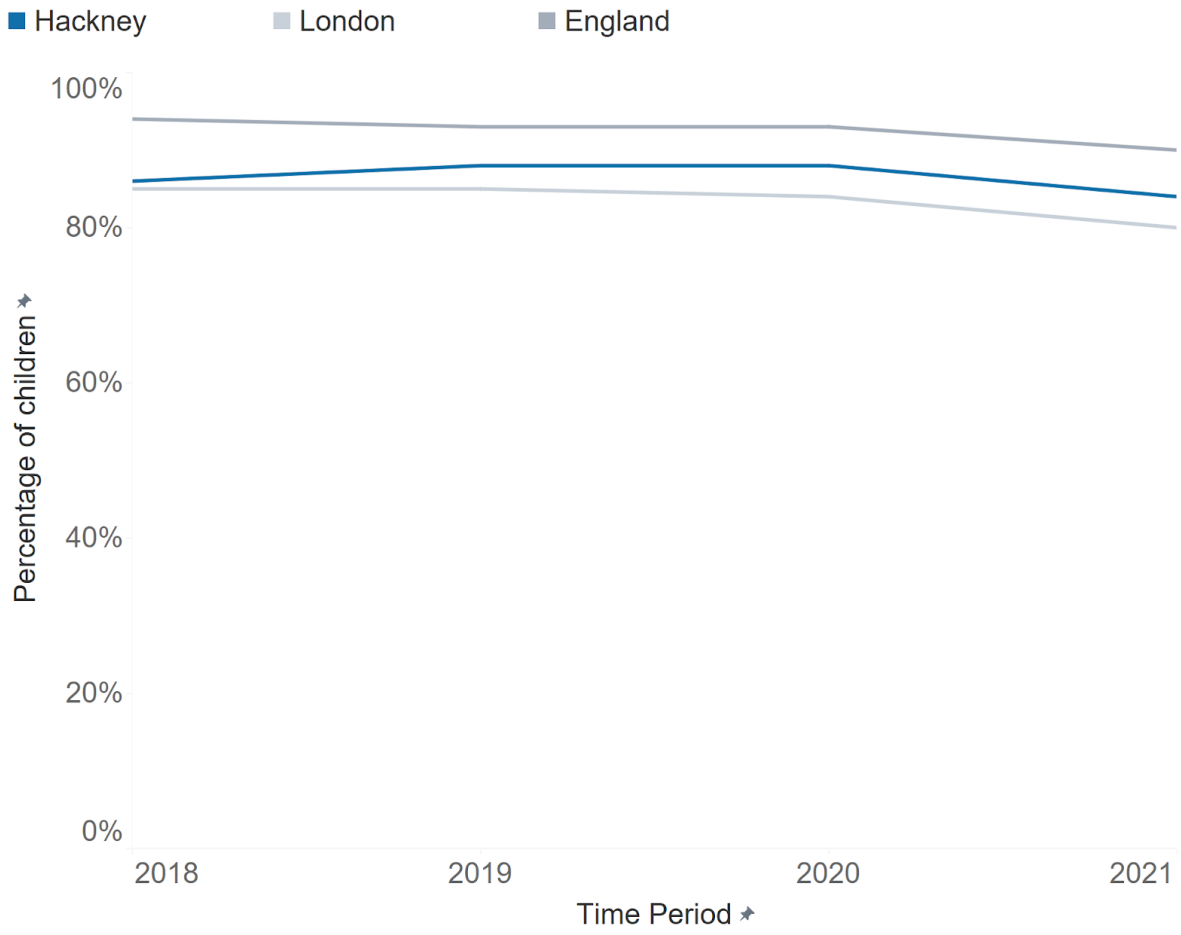
Attendance at educational settings and school is essential for health, wellbeing and development in childhood. In the UK, school is compulsory for all children from the age of 5; there are 120 Early Years settings across the City and Hackney.

Figure 4: Percentage of eligible 2-year-old population benefited from some funded early education, Hackney, England and London, 2018 to 2021



Source: Department of Education, Education provision: children under 5 years of age, 2021. Note: The City of London was not included due to small numbers. However, the percentage didn't change much with its inclusion.

Figure 4.1: Percentage of 3 and 4-year-old population benefited from some funded early education, Hackney, England and London, 2018 to 2021



Source: Department of Education, Education provision: children under 5 years of age, 2021. Note: The City of London was not included due to small numbers. However, the percentage didn't change much with its inclusion

The proportion of the eligible 2-year-old population that benefited from some funded early education in Hackney in 2021 was 57%. This is a lower proportion than England (62%) and higher than London (50%) averages (134).

The proportion of children aged 3 and 4 who benefited from some funded early education in Hackney in 2021 was 84%, this is above the London average (80%) but lower than the England average (134).

Development of the child aged 2 (ready to learn)

From 2015 all children became eligible for the Healthy Child Program (HCP) developmental review, delivered as part of the universal health visitor service. The Ages and Stages Questionnaire (ASQ-3) was identified as suitable for generating data for a population measure of child development outcomes. Health visitors lead the 2 to 2 and a half year

health and development review, which is identified as one of the early years high impact areas (HIA 6). The relevant performance indicators are shown in Table 4.1 below.

In 2019/20, the proportion of children who had ASQ-3 as part of the HCP or integrated review in City & Hackney was 88.9% (151). This is statistically significantly worse than London (91.1%) and England (92.6%) averages. The proportion of children who received a 2-2½ year review in City and Hackney in 2019/20 was 90.6%, statistically significantly better than London (73.6%) and England (78.6%) averages (151).

Table 4.1: Early Years High Impact Area 6 - C&H Child Development Performance Indicators

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Health, wellbeing and development	Child development outcomes at 2 - 2½ years, all areas	Not available at Fingertips.	87.9% (2019/20)	-		Above London, above England rate
	Child development outcomes at 2 - 2½ years, communication skills	Not available at Fingertips.	92.7%% (2019/20)	-		Above London, above England rate
	Child development outcomes at 2 - 2½ years, gross motor skills	Not available at Fingertips.	96.3% (2019/20)	-		Above London, above England rate
	Child development outcomes at 2 - 2½ years, fine motor skills	Not available at Fingertips.	97.4% (2019/20)	-		Above London, above England rate
	Child development outcomes at 2 - 2½ years, problem solving skills	Not available at Fingertips.	95.2% (2019/20)	-		Above London, above England rate
	Child development outcomes at 2 - 2½ years, personal-social skills	Not available at Fingertips.	95.3% (20179/20)	-		Above London, above England rate

Key performance indicators relating to the Healthy Child Programme (HCP) developmental reviews include communication skills, gross motor and problem-solving skills. Results from reviews conducted in 2019/20 reveal that Hackney and City's children performed well, with higher percentages of children reaching the included developmental milestones compared to the London and England averages. The data however must be interpreted cautiously due to data quality issues.

Development of the child aged 5

School readiness as a measure includes the level of development met in communication, language and literacy skills. School readiness can be seen as how prepared a child is to start and succeed at school. Table 4.2 shows the relevant performance indicators, showing that Hackney is currently below regional and national levels.

Hackney's percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of reception in 2018/2019 (80.7%) was similar to Lambeth and Southwark but worse than Haringey (83.5%), Lewisham (84.8%) and London (82.6%), with no significant change in the last five years (151).

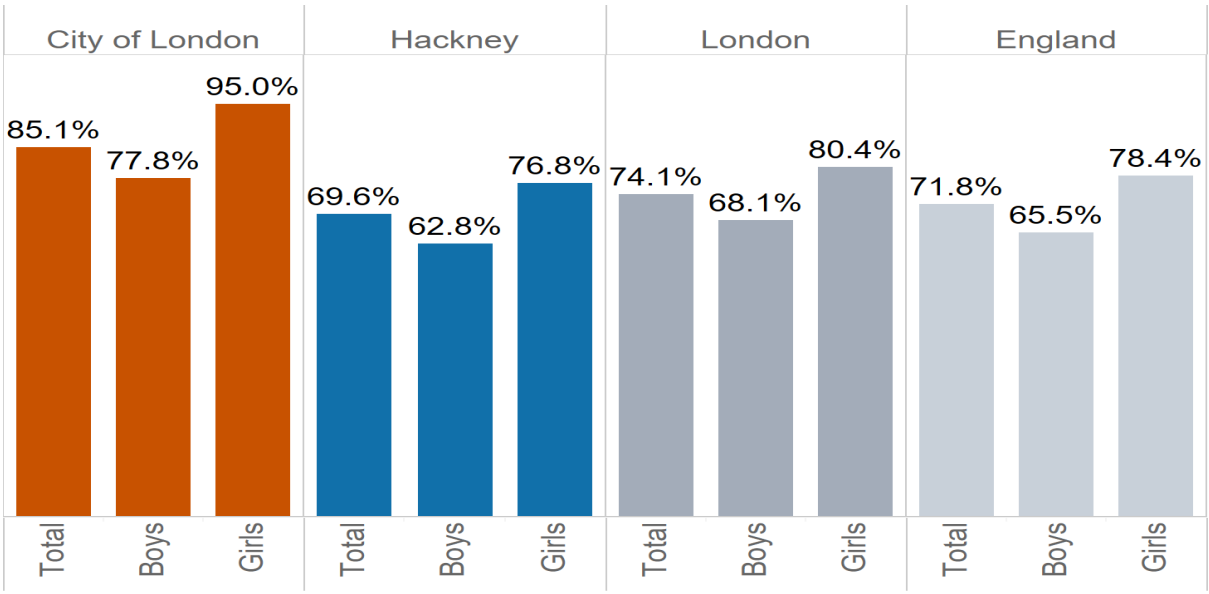
Nationally a greater proportion of young children are meeting expected levels of development by the age of five. However, there are inequalities in the proportion of young children achieving 'a good level of development'. This includes a noticeable gap between children who receive free school meals and all other children. Gaps are also visible among ethnic groups, with the proportion of children from Asian (69%) or black (70%) backgrounds reaching 'a good level of development' lower than for those from white (72%), mixed (73%) and Chinese (74%) backgrounds (152).

Table 4.2: Early Years High Impact Area 6 - School Readiness Performance Indicator Hackney

High Impact Area 6	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Health, wellbeing and development	School readiness, good level of development at end of reception, all areas	71.2% (2016/17)	69.6% (2018/19)	⇨		Below London, below England rate
	School readiness, good level of development at end of reception, communication and language skills	79.9% (2016/17)	80.7% (2018/19)	⇨		Below London, below England rate
	School readiness, good level of development at end of reception, communication, language and literacy skills	72.7% (2016/17)	70.4% (2018/19)	⇨		Below London, below England rate

The percentage of children achieving a good level of development at the end of Reception in 2018/19 was 69.6% in Hackney and 85.1% in the City of London (151). Hackney has the lowest percentage of London boroughs and lower than the London and England averages. The City has the highest percentage among London boroughs and a statistically significantly higher proportion than the England average; however, City data was scarce.

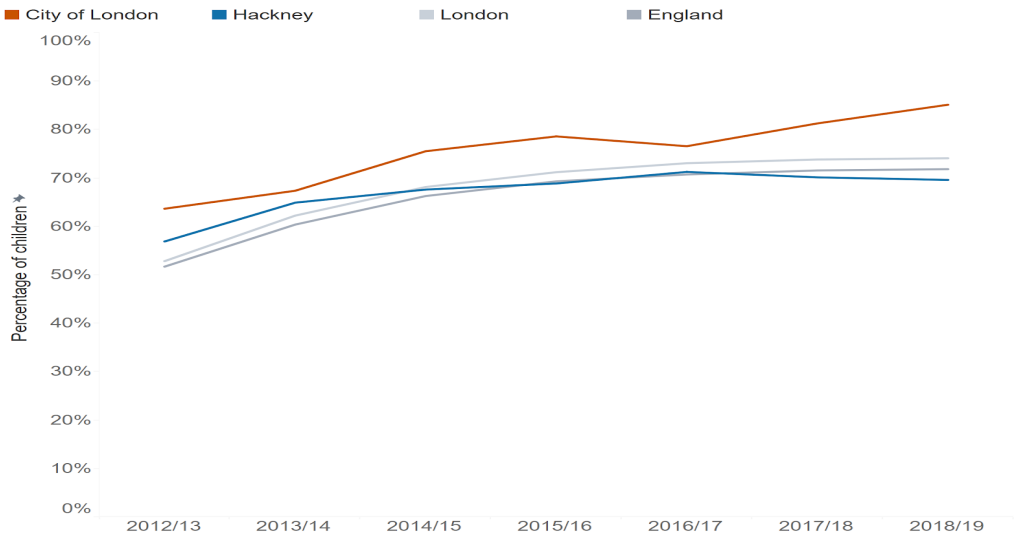
Figure 4.1: Proportion of pupils achieving a good level at end of Reception by gender, Hackney, the City, London and England, 2019



Source: Department for Education, 2020

In 2019, a higher proportion of both boys and girls achieved a good level of development at the end of reception in the City of London (77.8% and 95.0% respectively) than in Hackney (62.8% and 76.8% respectively). In the City of London, Hackney, London and England, proportionately fewer boys achieved a good level of development by the end of reception compared to girls (151).

Figure 4.3: Percentage of children achieving a good level of development at the end of Reception, Hackney, City of London, London and England 2012/13 to 2018/19



Source: OHID, Fingertips, 2021

Inequalities in funded early education

Research undertaken in 2019 found that (133):

- Where more pre-school places are in Sure Start children's centres, take-up of pre-school education is higher overall and there is less inequality in take-up between different income groups.
- 29% of children who always claim free school meals (FSM) do not take up their place from the beginning, compared to 15% of children who never claim free school meals.
- 39% of children with English as an additional language (EAL) did not take up the places, compared to 14% of those with English as a first language.
- There is high non-take-up among some minority ethnic groups but also among persistently poor white British households.

The International Early Learning and Child Well-being Study is research conducted by the Organisation for Economic Co-operation and Development (OECD) that looks into children's abilities at age 5 and the influence of early education experiences, home environment and individual characteristics on their learning and development (153). The study assessed children's emergent literacy, emergent numeracy, self-regulation and social-emotional development and physical development. Key findings included:

- Girls showed greater development than boys in emergent literacy, social-emotional measures and physical development.
- Children with SEN had lower average scores in all measures, except trust.
- Almost all the measures were negatively impacted amongst children eligible for FSM and children with EAL.
- Low birth weight has a negative impact on physical and cognitive development.
- Parents' engagement with their children in day-to-day activities like reading, conversation, painting etc. had a positive impact on learning and development

Services in relation to need

Homerton Hospital delivers the Hackney & City Health Visiting Service (nurses or midwives with specialist training in family and public health) who provide universal support to parents and families to improve health and wellbeing during pregnancy, after birth and all the way through until a child is five. Health visitors in City and Hackney work as part of a wider health team which includes nursery nurses, GPs, midwives, paediatricians, psychologists, speech therapists and other health professionals and they provide support around child development, parental well being and understanding children's behaviour, as well as providing targeted support to vulnerable families.

The Government's early years social mobility plan has children's early language as a key driver and has a focus on strengthening early identification through the training for health visitors, and through the development of a national SLCN pathway, and of an early language

assessment tool. City & Hackney is part of the Early Years Mobility Programme, Wave 2 and has been allocated Health Visitor Training to identify speech, language and communication needs supported by a new assessment and support package (ELIM).

Our journey from birth to five years is an online interactive tool (ELIM) that was launched in August 2020. It supports physical, emotional and social growth and development by providing a pathway to local activities and services for families with children 0 - 5 years.

The Children's Centres in the City and Hackney play an important part in ensuring children and families that require additional support receive seamless support. They provide Multi-Agency Team meetings (MAT) attended by a virtual team of professionals from different agencies, who work together to coordinate and monitor family intervention, in order to prevent fragmented service delivery. More targeted support groups also run. Lubavitch for Jewish/Charedi families, Minik Kardes for Turkish Cypriot families, pregnant teenagers and their partners, women with a high BMI and women from vulnerable groups. Current plans include proposals to (a) develop 'early years hubs' in the north and south of the borough for children with complex needs (b) change some children's centres into new 'children and family hubs' for families with children aged 0 to 19 years and (c) combine early years and health visiting teams for young children and their families.

There are 20 children's centres across Hackney, eleven offer childcare places, subsidised by the Council. Six of these centres are managed by the Council, 11 are under the management of schools, and 3 are managed by community organisations. The City has 1 Children's Centre which is combined with nursery and reception classes at Aldgate School.

Ezer Leyoldos was commissioned to provide Children's Centre Family Support Services to Orthodox Jewish Families.

The Orbit at Homerton Hospital provides substance misuse support (specialist midwives, counsellors and support workers) for expectant mums and families with children <5.

Healthy Early Years London (HEYL): there are 8 registered settings in the City of London - 7 at First Steps and 4 at Bronze. Hackney has 36 registered centres - 33 at First Steps, 18 Bronze and

Hackney's Family Information Service (FIS) provides impartial information, advice and guidance about childcare, activities, services and opportunities that will improve the quality of the lives of children and young people. The FIS has an advice line and website that provide information to professionals, agencies and the public on a range of services available for children and young people from the ages of 0 – 19 years of age.

City & Hackney Integrated Speech and Language Service work in Early Years settings, nurseries, academies, schools and colleges to support CYP with identified needs.

Insights - population perspective

Stakeholder Interviews

Interlink and Healthwatch (2014)

- published feedback from parents on the use of children's health and development services. Specific barriers to accessing services raised by the Charedi community included the challenges of having non-Yiddish speakers engaging with children (particularly problematic in the provision of speech and language therapy or talking therapies) and issues with mixed gender sessions. It also highlighted a preference for working on a one-to-one basis.
- Interviews highlighted some of the challenges of improving school readiness for children in the community, such as school age data being harder to access amongst the Charedi independent schools and religion not being routinely captured in mainstream services and because of cultural reasons,

'it's a complex picture, because most children are not taught to speak English; they speak Yiddish as a requirement of their Jewish studies, so although they're counted in the data, their ethos is different.'

Mothers Health Support Project (MHSP)

- MHSP aimed to increase the uptake of the 27-month developmental review within the Orthodox Jewish community, with the support of community (mother) champions.
- However, the pilot did not increase engagement levels or willingness to make or keep appointments, except where champions were physically located in GP surgeries.
- Feedback from mothers suggested that the review was viewed as 'unimportant' and identified communication issues with health visitors,

'The 27-month review felt like a tick-box exercise'
'The emphasis was on paperwork … it felt like a waste of time'.
'There were access issues just to get through to the health visiting team to make or change appointments.'
'Some mothers were unhappy to be called numerous times...'

- This led to a further pilot (2017-2019) focused on improving engagement and uptake.
- The project was managed by Homerton's Health Visiting Service, supported by JuMP and Interlink and hosted by Tyssen Children's Centre.
- Cultural training was provided for Health Visitors by Interlink to support their knowledge and understanding of working with the Orthodox Jewish Community. Two training sessions were delivered which were well attended by health visitors, health care assistants and others in their team.
- The second pilot concluded that there is still a need to build trust and confidence in the Health Visiting service particularly to increase the value and need to participate in developmental reviews, and a need to continue to deliver cultural training.

'There's still a lot of need around training for Health Visitors about cultural appropriateness. '
'we (Health Visiting) recognise it is a fragile relationship that requires understanding and knowledge of their diversity. Their needs are in line with their orthodoxy, and it has to be respected.'
'Some people (Health Visitors) have amazing relationships with the community, and some don't. We've just lost an amazing Health Visitor who's now retired, and she has been working with the community for a long, long time'.

School Readiness

'even though we try to target families in the Children's Centre…what you're getting in the main is exclusively, professional, middle class families who are going there, who actually probably know a lot of this already ..'
'A key barrier is that families do not have the language, and I don't mean not being able to speak English, they don't feel they have the professional language to engage with services'
'I'm absolutely committed to multidisciplinary working. I believe it's a key strategy that can bring about the best outcomes for young children and help us to access groups most at need...'

Health Visitors Capacity

'We prioritise our mandated contacts (triage), but then we have a number of other different work streams…often, it's your universal families that miss out because of that prioritisation (additional mandated contacts) and they may be teetering in the balance'.
'…as Health Visitors I definitely think the complexity of cases and the numbers have gone up. 'we do carry very high safeguarding caseloads…it tends to be those families that sit just under the thresholds, that you tend to be most worried about'
'...as Health Visitors we are committed to integrated working however we are not at full capacity - finding SCPHN qualified health visitors is such a challenge… in Hackney we have a higher caseload in terms of being above universal, there is so much need
'...I think what we need to work on is around our universal antenatal offer, and how we can do that much more in conjunction with midwifery...'
'Sometimes it's hard to pick up children who might be just slightly on the spectrum. So, it's good to come together'.

Unmet need and service gaps

- Progress on health visiting training as part of Wave 2 roll-out of the Early Years Social Mobility Programme (ELIM).
- Very small number of early years sites are accredited Healthy Early Years London sites. This is open to all early years settings including Children's Centres and nurseries and aims to support and encourage settings to develop and deepen their focus on improving health and wellbeing for the children and families they work with, including a focus on Communication and Language
- Take up rates for culturally diverse children: 2-year-old entitlement, 3 years and 4 year olds funded offer.

Chapter Summary

Ready to learn and narrowing the word gap

Health Visiting Services

- The number of new birth visits, completed within 14 days of delivery (95.4%), in City and Hackney is higher than the London (94.3%) and England (88%) averages.
- However, the percentage of 6–8-week checks completed (56.1%) is significantly lower than the London (75%) and England (80.2%) averages.

Development of the child aged 2 (key performance indicator)

- Health visitors lead the 2 to 2 and a half year health and development review.
- City & Hackney have a statistically significantly higher proportion of children who received a 12-month review (90.6%) than England and London averages.
- In 2019/20, City and Hackney children performed well, with higher percentages of children reaching the 2 to 2½ year developmental milestones compared to the London and England averages.
- Insight work emphasised low participation in the 2 to 2½ year review in the Orthodox community and the need for cultural awareness training for health visitors.

Early funded education

- Take up of the 2-year-old entitlement in Hackney in 2021 was 57%, this was lower than England (62%) but above the London (50%) average.
- Take up rates for children aged 3 and 4 in Hackney in 2021 was 84%, this is above the London average (80%) but lower than the England average (90%).
- Nationally, there are marked differences in-take up of the early education entitlement by income group, language and ethnicity. Family hubs aim to reach families who are currently not using children's centres
- Only 36 of 120 Early Year sites in Hackney are registered for Healthy Early Years London (HEYL) accreditation.

Development of the child aged 5

- DfE Early Years Social Mobility Programme (2018) aims to halve the number of children not achieving at least the expected level of 'communication and language' and 'literacy' by 2028.
- The percentage achieving a good level of development at the end of reception this year was 69.6% in Hackney and 85.1% in the City. Hackney's percentage is the lowest of all London boroughs.
- In 2019 a higher proportion of girls than boys achieved a good level of development by the end of reception in City & Hackney.
- The Marmot Review showed that >70% of funding for Sure Start, Children's centres and other children's services had been cut, particularly in the more deprived areas.

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	Clearly explaining the role of health visitors to new parents	Included in the new Health Visiting contract
2	Clarification of what health visitors are to provide in order to reduce variability between visitors in the face of competing demands from different organisations	There is a blended Health Visiting model now in place
3	Streamlining pathways and paperwork to increase the time available to support families	Further integrated working will be explored within the context of the new proposed Family Hub.
4	Increasing service accessibility through the provision of a range of access points that cover a variety of locations, settings and timings, and using telephone advice, where appropriate	There is a blended Health Visiting model now in place
5	All health professionals should look to better include fathers	Included in the new Health Visiting contract
6	The creation of a central hub for data sharing and training about when and how to share data could increase the integration between health professionals	Data sharing is still largely paper-based Work is continuing to improve on using digital solutions and technology
7	Engage fathers and grandparents to ensure that all care providers feel confident in supporting the child most services are centred around the mother	Included in the new Health Visiting contract
8	A new preceptorship programme could be developed to provide enhanced support to newly qualified staff to increase student retention, reduce staff vacancies and decrease variation in advice	A new Specialist Community Public Nurse - Health Visiting Apprenticeship (SCPNHVA) has now been developed which will support registered nurses to develop advanced skills and knowledge in integrated community care
9	Increase ethnicity recording at the 27-month review; and work with community groups and education providers to develop new culturally-appropriate ways to support children of Turkish/Cypriot/Kurdish origin	Still in progress
10	Develop our strategy to work with the Borough's independent schools to	A speech and language therapy service is currently being piloted with the Orthodox

	2016 Recommendations	Progress
	support them, to ensure that they are giving children the same opportunity to reach a GLD as state schools	Jewish Community delivered by SLT and Homerton University Hospital) in independent schools.
11	Enable health visitors to offer the option of a follow-up home visit after the new birth visit for mothers who would like and need more support	2 extra visits for vulnerable women are now offered (6–8-week check, 1 month, and 3 month visit) see Chapter 11 for more details

	2022 Recommendations	Supporting rationale
1	Implement the continuum of need across all the stages of early years: in the home environment, services and in early years settings as outlined in Best start in speech, language and communication	Healthy Child Programme HIA: ● School readiness, good level of development at end of reception, all areas ● School readiness, good level of development at end of reception, communication and language skills The proportion of the eligible 2-year-old population that benefited from funded early education in Hackney in 2021 is lower than regional and national averages Proportion of eligible 3 and 4 year that benefited from funded early years early education are below national averages 70% of children in Hackney achieved a good level of development at the end of Reception - lowest of all London boroughs and significantly lower than London and England average Lower take up in low-income families and some culturally diverse groups Evidence based practice outlined in DfE & PHE Best Start in speech, language and communication
2	Build on lessons from the Early Years Social Mobility Programme (roll out of ELIM and other initiatives) to improve: ● Convening / campaigning and providing direct support to parents ● Supporting 'place based' sector led improvement ● Improving practice in schools and early years settings	Early Years Social Mobility Programme

	2022 Recommendations	Supporting rationale
3	Broaden the scope of support to Early Years settings to supplement the Early Years Foundation Stage - social, communication and language skill development, healthy eating, physical activity, infection control and immunisations, early cognitive development, parenting and home learning, home safety, accident prevention and reducing injuries and supporting children with SEND	Need to increase health outcomes in: School Readiness Respiratory Infections Childhood Obesity (Oral Health) SEND assessments
4	To increase awareness and promotion of the use of language and communication tools in the home environment, co-produce culturally appropriate training for Health Visitors with targeted community groups - Charedi Community, Turkish, Bangladeshi, Vietnamese, Afghan	As above Addresses the need to improve communication and language in the home environment
5	Incorporate lessons learned from the OJ Speech and Language Therapy pilot to support other health outcomes	Approx. 22% of the child population are Charedi Outcomes of 2x pilot MHSP projects 70% of children in Hackney achieved a good level of development at the end of Reception - lowest of all London boroughs and significantly lower than London and England average; this has not changed significantly during the last 5 years
6	Continue to roll out Cultural Training to Health Visiting staff on working with the Charedi Community	See outcomes of MHSP Approx. 22% of the child population are Charedi
7	Continue roll out of ELIM training package	In progress
8	Continue to promote the Solihull parenting course for parents 10-week parenting group for parents with children from universal to complex needs	Evidence based programme, aligned with NICE guidance, recommendation 1.5.1 in CG158 on Parent training programmes in the management of children with conduct disorders. Close correlation between pupils unable to manage emotional distress and SLC needs
9	Agree a joint work programme agreed between Health Visitors and Hackney Education	

5. Education and skills

Introduction

In Jan 2022, there were a total of 114 schools and Academies in Hackney comprising 74 Primaries, 27 Secondaries, 2 Nurseries and 4 Special Schools. There are 5 schools in the City of London - 3 Primaries (1 state maintained): and 2 Secondaries (both independent Schools).

Education and development of skills have a substantial impact upon experiences and opportunities in childhood and into adulthood. Education is a modifiable factor that contributes to lifelong health. A recent study using data from the UK Biobank used the raising of the school leaving age (from 15 to 16) to show that those who stayed in school longer showed reductions in all-cause mortality, diabetes, hypertension, depression diagnosis or smoking (154). At the age of thirty, people with the highest levels of education can expect to live four years longer than those with the lowest level of education (155).

All schools have a statutory duty to promote the welfare of their students, prevent impairment of their health and development and take action to enable all children to have the best outcomes. Undiagnosed or unsupported special educational needs can lead to disengagement from education by children and young people, so it is important to make sure that children are properly assessed and supported when needed (156).

Exclusion of pupils from schools is supported by the UK Government as a last resort for persistent breaches, or a serious breach of behavioural policy, where there would be harms to the welfare or education of the child or others were they to remain in school (157). These pupils are more likely to have behavioural difficulties, difficulties with peers and attention difficulties, and lower scores for positive wellbeing and support networks. Therefore they are more likely to experience both short and long term detrimental effects as a result of exclusion.

A Ministry of Justice study found that 42% of prisoners had been permanently excluded from school, with the figure rising to 63% for temporary exclusions; this is very high when compared to less than 1% of the general population in England who end up in prison (158). It is vital that we support all children in the City and Hackney to remain in school and to gain education and skills that will support them for life (158).

Maximising school attendance and supporting seamless transition to adulthood have been identified as school-aged years high impact areas (HIA) within the Healthy Child Programme (HCP). School nurses lead the HCP from 5-19 years. The relevant performance indicators are included in this chapter.

National/regional policy

The Marmot Review 10 years on report (1) describes the disproportionate impact that funding cuts for children/youth services have had on areas with higher levels of deprivation. Additionally, pay remains low for the workforce, as does the level of qualification required for roles in the sector.

In primary and secondary schools, numbers of pupils have risen despite the reduction in per-pupil funding of eight percent. Exclusions from both have risen significantly. Funding for further education and post-16 institutions has also been cut. The report recommends restoration of per-pupil funding for secondary education settings and sixth forms to be restored to at least 2010 levels (1).

The School and Public Health Nurses Association (SAPHNA) Vision for School Nursing: Creating a world in which children can thrive. A Service Fit for the Future provides an evidence-based framework, using the principles of proportionate universalism to rebuild School Nursing (159). It sets out a new three-tiered delivery model of School Nursing that takes into account the impact of COVID, increased inequalities and the safeguarding of children and young people. The report makes several recommendations:

- the recently refreshed Healthy Child Programme, alongside the SAPHNA Vision for School Nursing must be realistically implemented.
- funding and support systems to support implementation of the programme should be clearly scoped and made available.
- meaningful data collection and measures which demonstrate outcomes for children and young people and progress towards tackling key Public Health priorities must be agreed.
- the specialist community public health nursing (SCPHNs) for School Nursing must continue to be the recognised qualification for a school nurse.
- each school nursing service should be led by a Specialist Community Public Health Qualified School Nurse (SCPHN) with additional leadership and development qualifications.
- every mainstream secondary school and its cluster of partner primary schools will have a full-time named SCPHN school nurse.
- named school nurses will work in teams supported by a skilled mixed workforce that includes staff nurses, nursery nurses and health care support workers who will work in and alongside multi-agency teams and models of working.

The Excluded Lives Project (160) aims to provide a multidisciplinary understanding and home-international comparison of exclusion, and how more equitable outcomes can be achieved for pupils, their families, and professionals in the context of COVID-19; the research team is headed by the Department of Education. The project has found that wellbeing and attainment are linked and this needs to be a balanced approach in all schools. To do this we need to ensure that the infrastructure, resourcing, professional training and ongoing support is in place to enable schools and related services to identify needs and provide effective early intervention and support.

Timpson Review of School Exclusion (158) was commissioned to look at how head teachers use permanent exclusions in practice and why some groups are more at risk of exclusion. The review found that the following pupils are at a higher risk:

- Pupils from black Caribbean, mixed black Caribbean & white mixed backgrounds.
- Pupils with poor mental health.
- Pupils with special needs.
- Pupils with one or more of the above have an even higher risk.

Several recommendations were made including:

- Better statutory guidance on when exclusion can be used and guidance on related areas such as behaviour management.
- Making schools responsible for the children they exclude and their educational outcomes.
- More training and support for school staff to encourage positive behaviour cultures.
- Consultation on how to ensure children with multiple exclusions have access to education.
- Accessible information for parents and carers of children who have been or are at risk of exclusion.
- Increasing the transparency of why children move out of schools and where they go.

Unlocking Talent, Fulfilling Potential: A plan for improving social mobility through education focuses on the impact of education on social mobility, with particular emphasis placed on left-behind communities, and the utilisation of resources in areas of greater need. It is widely understood that where an individual is brought up impacts their ability to attend a good school, which has future employment and career implications (161).

The plan identifies 4 key ambitions which pertain to different life stages and will be used to channel support in an effective way. The four ambitions are as follows:

- Ambition 1 - closing the 'word gap' in early years. Emphasis is placed here on the need to build strong foundations among our children and enable them to begin school in a position to progress. Developmental gaps are difficult to close and early intervention is needed.
- Ambition 2 – close the attainment gap in school. Many disadvantaged children fall behind their peers at each school stage. Although this gap is closing, it recognises the need for raising the standards in deprived areas.
- Ambition 3 – high quality post-16 education choices for all young people. Although many young people from disadvantaged backgrounds now attend university, there is a need to improve access to the best universities for these less affluent young people. The technical education system has not yet fully benefited from wider educational reform and the drive to improve standards, which has a disproportionate impact on those from less affluent backgrounds.
- Ambition 4 – everyone achieving their full potential in rewarding careers. There has been a significant fall in the proportion of young people aged 16-18 who are not in formal education, employment or training (NEET). Those from disadvantaged backgrounds often have less information, work experience and advice networks.

CYP COVID wider impacts (May 21) (162) highlights the significant damage to the prospects of already disadvantaged pupils arising from the COVID-19 pandemic. The majority of pupils were taught remotely, and the harms of school closures on younger children and young people (and particularly vulnerable children) are likely to be far reaching, affecting their educational and social development, as well as mental and physical health. New learning difficulties may have been missed under these circumstances, leading to delays in interventions. Emerging evidence shows that the mental health of adolescents has been particularly affected by school closures, due to social isolation and lack of peer interaction.

Exam cancellations at GCSE and AS/A levels in 2020 led to the award of either centre assessment grades (based on predictions by the school/college) or calculated grades (developed by Ofqual). The level of attainment increased on average far beyond what would be expected each year between 2018/19 and 2019/20 and reflects the way grades were awarded rather than real improvements in attainment.

Attainment has often varied by gender (with girls typically outperforming boys in attainment 8 scores), as well as by ethnicity and level of deprivation. Those receiving free school meals often do the least well, as well as white Gypsy and Roma pupils. The median estimate suggests that the attainment gap (which narrowed in the last decade), is likely to reverse and could even widen by 36%.

The **Young people and COVID-19 Where are we up to?** (163) report highlights concerns that children and young people may suffer from 'corollary damage' resulting from lockdowns and disruption, disproportionately more than people in other age groups.

Major themes identified by the report are as follows:

1. Considering the needs of those who have been affected by the pandemic beyond the average level of impact. This relates to the fact that while many children and young people may not have been affected significantly, we must consider that many who are already facing adversity (due to their home environment, poverty and home environment) are likely to have been affected disproportionately.
2. In the age group between age 10-24, there has been a particularly significant impact in terms of exacerbation of existing inequalities compared to younger children.
3. The need for a longer-term perspective when considering the wide-ranging impacts of the pandemic on children & young people. This is referred to as the 'slow burn', whereby there is danger of cumulative impact on young people which may affect their future career progression, and we must look beyond short-term measures and consider the long-term implications of the pandemic.

The report highlights the importance of interventions such as targeted policies and services for those in greater need. Those in greater need include but are not limited to young people not in employment, education or training (NEETs); homeless, those facing increased risk of domestic violence, and migrants.

Initiatives such as The National Tutoring Programme (NTP) (164), set up in England, target children and young people who have been most affected by educational disruption as part of the wider recovery programme for all school pupils in England.

The Department for Education's Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers (165) was published and implemented from September 2020, replacing earlier guidance. The guidance includes the legal requirements and contents to be covered:

- Health Education is compulsory in maintained Primary and Secondary Schools (PSHE is already compulsory in Independent Schools as set out in the Independent School Standards)
- Relationships Education is compulsory in all primary schools,
- Relationships and Sex Education is compulsory in all Secondary Schools

Local policy

Hackney Learning Trust (HLT) provides a range of statutory services to support the education of children & young people and their families in the borough. In line with the Mayor's priorities to significantly improve outcomes for black boys & young black men and to promote effective engagement with private, voluntary & independent schools & settings in the Orthodox Jewish Community, the priorities for the next three years (2022 - 2025) have been agreed on:

1. Achievement
2. Wellbeing & Inclusion - reducing exclusions and COVID Recovery
3. Quality places for every child - schools based strategy
4. Schools in the education system
5. Engaging Parents & Carers

Cross cutting themes:

1. Equalities and anti-racism
2. Working in partnership
3. Excellent workplaces
4. Professional development

Hackney Education is committed to eradicating systemic racism, discrimination and injustice, the five areas of work and actions that underpin this commitment include:

- Workplace culture: practices and behaviours, policy and decision making.
- Curriculum: promoting the black curriculum, supporting schools to implement best practice in anti-racism and inclusion.
- Pupils: ensuring fairness, increasing a sense of belonging, addressing disproportionality, in performance gaps, listening to the student voice, reviewing behaviour policies and practice.

- Parents/carers and the community: ensuring fairness, a shared ambition and a sense of belonging.
- Staff in schools and in Hackney Education: inclusive recruitment, professional development (including training on equalities), promotion and retention.

The City of London Corporation has one maintained primary school, and ten sponsored academies as part of the City of London Academies Trust. It also supports three independent schools. These schools are collectively known as 'the City of London Family of Schools'. They share a vision to 'prepare people to flourish in the rapidly changing world through exceptional education, cultural and creative learning and skills which link to the world of work'.

Evidence based practice

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people, regardless of the types of educational settings they attend. Schools and colleges must have regard to statutory guidance when carrying out their duties to safeguard and promote the welfare of children, as outlined in **Keeping children safe in education 2021** (166). **Working Together to Safeguard Children** (167) provides statutory guidance on inter-agency working to achieve this aim, and health visitors and school nurses have a vital role in supporting local safeguarding arrangements.

Independent schools in England must be registered by the Secretary of State for Education if they provide full time education for:

- 5 or more pupils of compulsory school age.
- 1 or more pupils of compulsory school age with a education, health and care (EHC) plan or statement of special educational needs (SEN).
- 1 or more pupils of compulsory school age who are looked-after by the local council.

They must also demonstrate how they meet the required standards on the:

- quality of education provided
- spiritual, moral, social and cultural development of students
- welfare, health and safety of students
- suitability of staff.

However the rise in the number of unregistered independent schools, which is a criminal offence, puts children at risk of harm because it prevents the local authority from carrying out its statutory safeguarding duty. The government has published advice on unregistered independent schools and out of school settings (168) and makes it clear that tackling unregistered independent schools is a priority that involves joint working and collaboration.

School closures as a result of the COVID-19 pandemic exposed the digital divide that exists in the UK, with the most disadvantaged children likely to be affected by a lack of access to remote learning. A study by the Office for National Statistics found that in 2019 (169):

- 60,000 children from the ages 11 to 18 did not have internet access in their homes.

- 700,000 children did not have a computer, laptop or tablet with which to access online learning.

Pupils will need to get up to date with the learning that they have missed. A policy paper National tutoring programme (NTP) (September 2021) (164) by the Department for Education suggests that small group and one-to-one tuition can boost progress by up to 3 to 5 months per pupil, is a key education recovery component and one of the most effective ways to accelerate pupil progress.

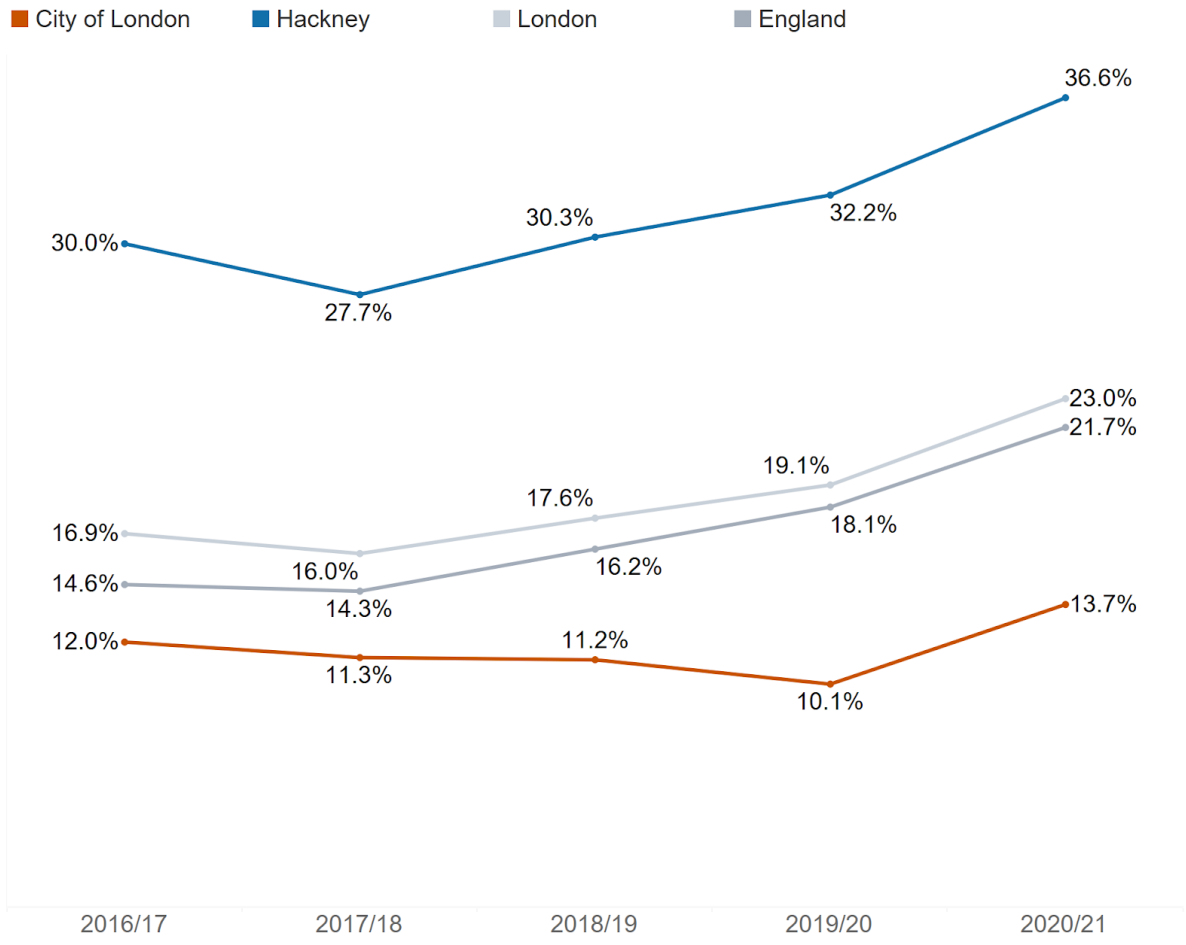
The Department for Education report Study of Early Education and Development: Good Practice in Early Education (170) recommends that curriculum planning should be tailored to the individual child and be flexible and responsive to children. There should be a focus on the wellbeing of children, with promoting positive and warm relationships between staff and children.
The Solihull Approach supports mental health and wellbeing in parents, children, schools, older adults and high stress workplaces through an evidence-based model in training, online courses and resources. It is a 10-week parenting group for parents with children from universal to complex needs and aged 0-18 years and is based on a model of containment, reciprocity and behaviour management and uses social learning theory in the design of the parenting programme. Aligns with NICE Guidance CG158 on Antisocial behaviour and conduct disorders in children and young people: recognition and management.

The level of need in the population

Free school meals

Children are eligible for free school meals if their parents receive income support, support under the Immigration and Asylum Act, child or working tax credits or universal credit (171).
Free school meals can be seen as a proxy measure for childhood and household poverty as to qualify, household income must be under a set value (£16,190 for Child Tax Credit recipients, £7,400 for Universal Credit recipients) (171).

Figure 5: Proportion of pupils known to be eligible for free school meals over time, Hackney, the City, London and England, 2016/17 to 2020/21

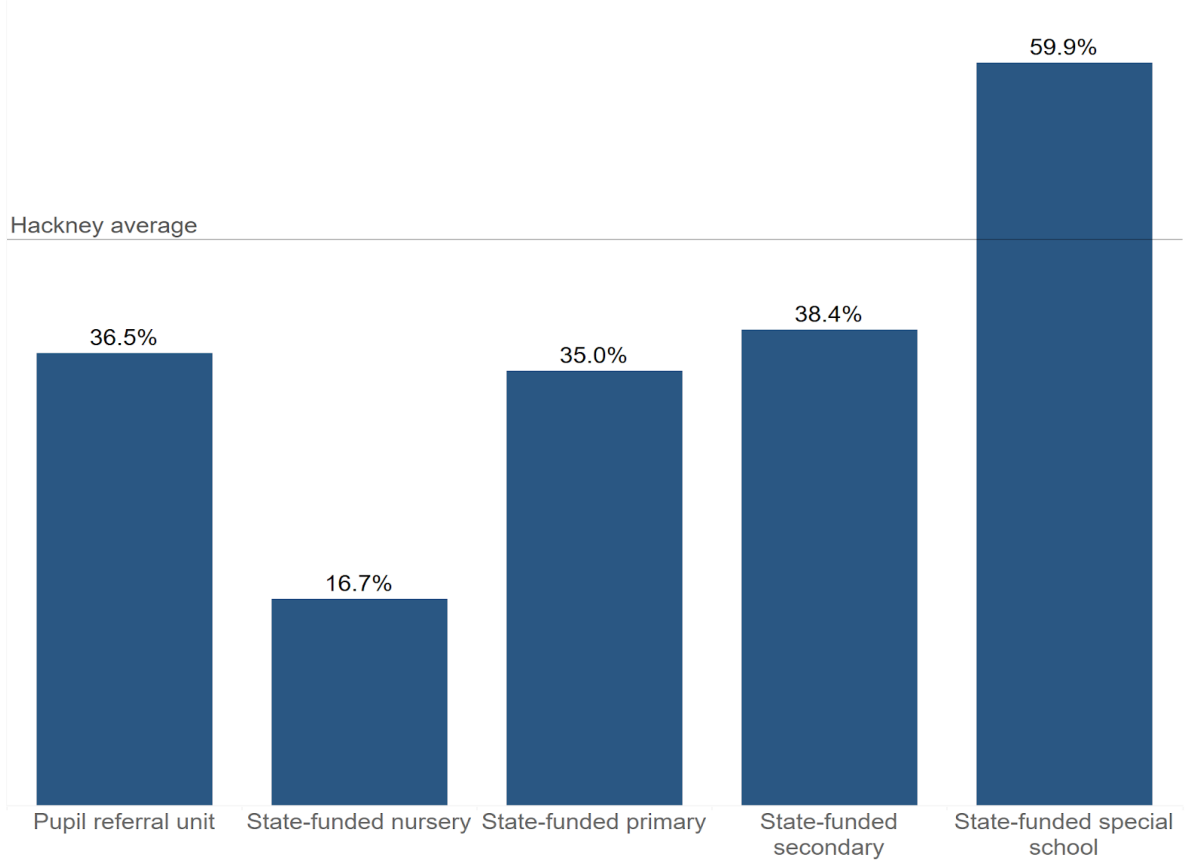


Source: Department for Education, 2021

As can be seen in figure 5 above, Hackney had a significantly higher proportion of FSM compared to England, London and the City of London (CoL) throughout the entire period between 2016/17 and 2020/21. From 2017/18, there has been a consistent year-on growth in the proportion of FSM eligible pupils in Hackney. The proportion of FSM in CoL has been reducing since 2016/17 but increased in the most recent year (2020/21). (134).

In 2020/21, Hackney's state-funded special schools had the highest proportion of children that were eligible for free school meals at 59.9%. This equates to almost 2 out of every 3 children (134). In comparison, state-funded nurseries had the lowest proportion (of the schools included) at 16.7% (134). There was no information available on types of school that are not state funded, such as faith schools or private schools.

Figure 5.1: Proportion of pupils known to be eligible to free school meals by school type, Hackney, 2020/21



Source: Department for Education, 2021

Maximising learning and achievement

Maximising learning and achievement have been identified as one of the school-aged high impact areas (HIA) within the HCP. The relevant indicators are:

1. School attendance (and pupil absence) among 5–15-year-olds.

Absenteeism

Absenteeism often indicates poor health or difficulties at home and can affect future health due to its impact on educational attainment (172). In 2018/19, the City of London (3.4%) and Hackney (9.5%) had the lowest proportions of persistent absenteeism in Inner London; these proportions were lower than the London (10.1%) and England (10.9%) averages (173).

It is however important to consider the types of schools in each area, and the variation in levels of absenteeism between these different settings. In Hackney, the highest rates of absenteeism were in special (22.4%) and secondary schools (11.8%), compared to 7.5% in primary school (173). The City of London doesn't have any state-funded secondary or

special educational provision schools, while the numbers of pupils are low, affecting statistical accuracy.

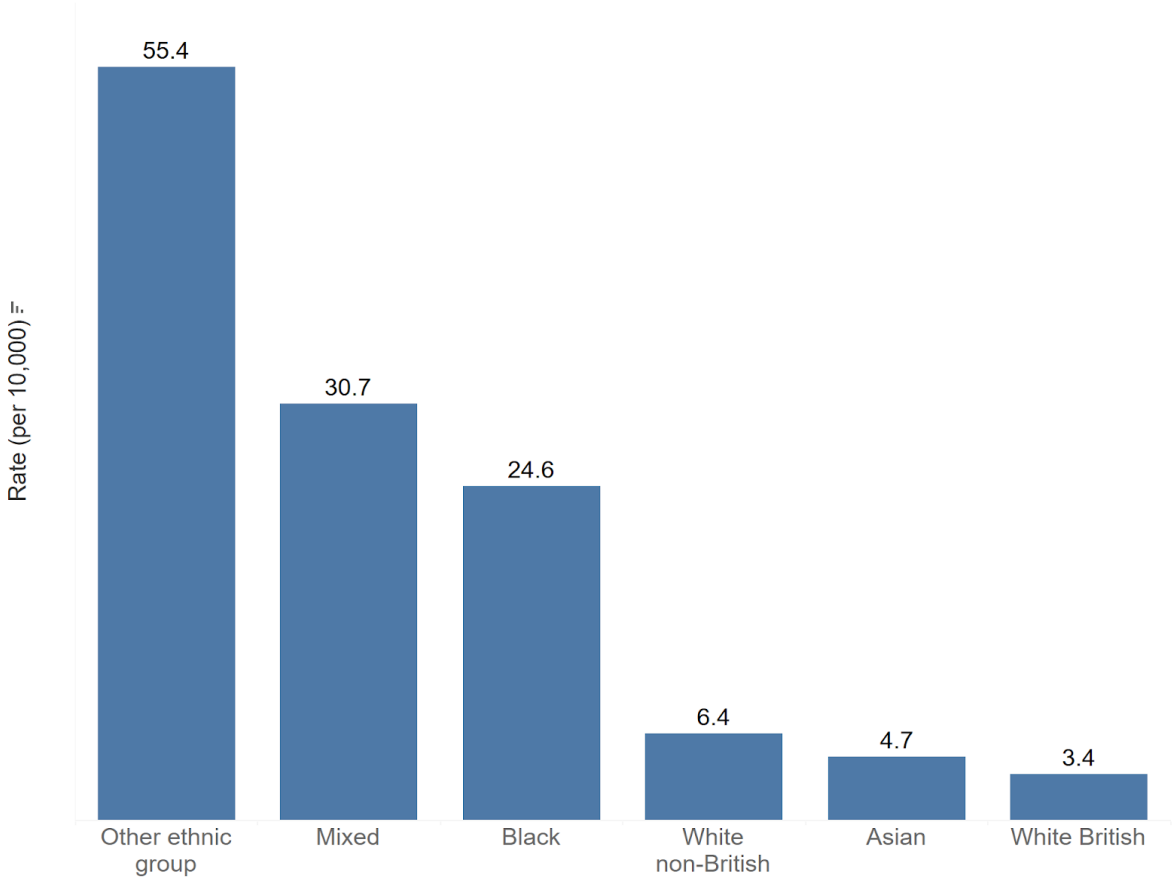
Pupil referral unit

Pupil referral units are funded by local authorities for children who require additional educational support, which can be for several reasons such as behavioural issues, exclusion, special educational needs or teenage pregnancy/motherhood (174).

In Hackney, the average number of pupils attending pupil referrals unit (PRU) between 2016/17 to 2018/19, was 99 pupils a year. This number fell to 63 between 2019/21 and 2020/21 (128).

Certain groups of children are more likely to attend a PRU than others. Pupils whose language was known or believed to be English had rates of PRU attendance (41.9 per 10,000) more than five times higher than pupils known or believed to speak a language other than English (7.7 per 10,000) (128). Pupils from black, mixed and other ethnic groups (non-Asian, black , mixed or white) attend PRU's at rates sixteen, nine and seven times higher than white British pupils, respectively (173).

Figure 5.2: Rate of pupils attending pupil referral units by ethnicity, Hackney, 2020/21



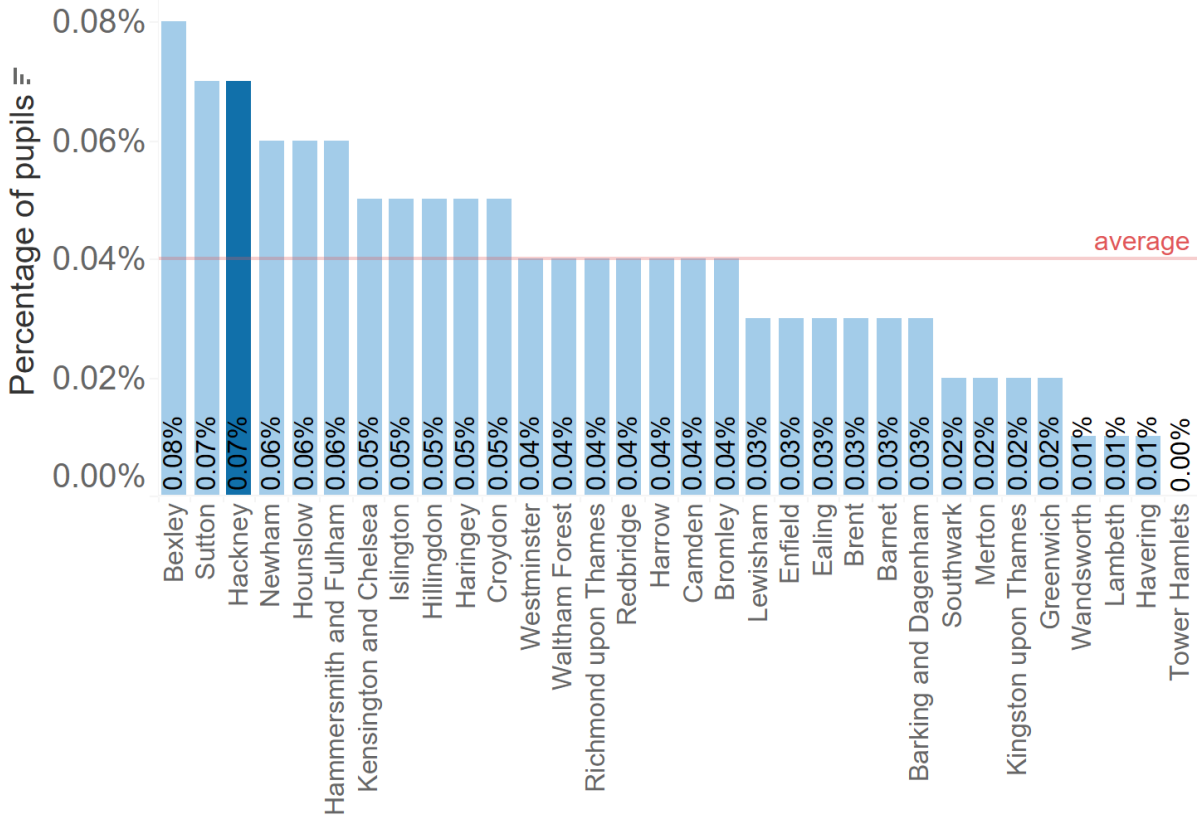
Source: Department for Education, 2021

Permanent exclusions

In Hackney, the overall exclusion rate in Hackney state schools was 0.13% in 2016/17, 0.15% in 2017/18 and 0.13% in 2018/19, significantly above regional rates. This dropped to 0.7% in the year 2019/20 (175), likely due to school closures resulting from the first national lockdown in March 2020. However, at 0.7 this was still above the regional average, second only to Bexley.

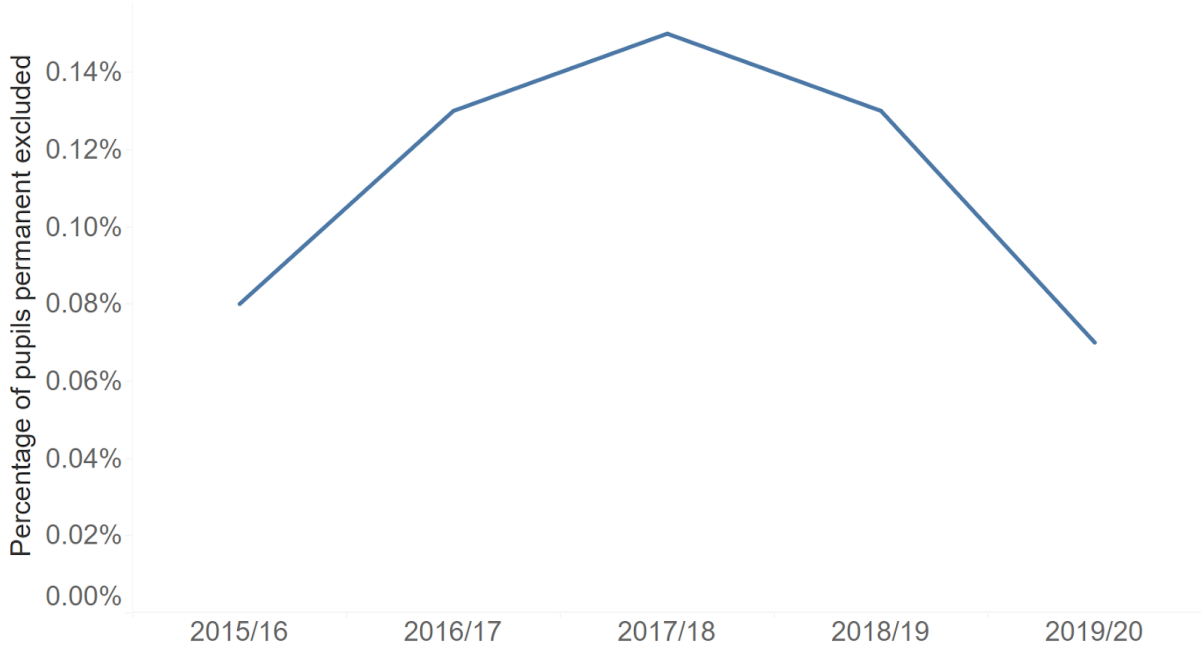
There were 0.01% primary school permanent exclusions in Hackney state schools in 2017/18, and no permanent exclusions in 2018/19. (476)

Figure 5.2: Proportion of pupils permanently excluded from state school by borough, London, 2019/20



Source: Department for Education

Figure 5.3: Proportion of pupils permanently excluded from state schools in Hackney, 2015/16 to 2019/20



Source: Department for Education

The rate of exclusion for boys (11.2 per 10,000 pupils) was almost four times higher than for girls (3.4 per 10,000 pupils). The rate of exclusion among pupils eligible for free school meals was more than four times higher (15.1 per 10,000 pupils) than among pupils not eligible (3.4 per 10,000 pupils) and higher in pupils with SEN than pupils without (175).

Afro-Caribbean black and white mixed Afro-Caribbean ethnicities had rates approximately five times higher than Asian or white (11.2 and 12.4 vs 2.4 and 2.5 per 10,000 pupils) (175). There have been no exclusions in the City of London since 2016, which may be due to the absence of secondary schools in the City.

Seamless transition and preparing for adulthood

Seamless transition and preparation for adulthood has been identified as one of the school-aged high impact areas (HIA). The relevant performance indicators are:

1. 16 - 17-year-olds not in education, employment or training (NEET) or whose activity is not known.
2. Average attainment 8 score.
3. Average attainment 8 score among looked after children (*See chapter 13: Vulnerable children*)

Not in education, employment or training (NEET) or whose activity is not known

In 2021, 95.9% of children and young people in Hackney aged 16-17 were known to be in education, employment or training. This compares to 96.0% London and 93.2% England averages (176). *(See Chapter 13: Vulnerable Children and Young People).*

Attainment 8 scores

Attainment 8 is a measure of pupil achievement across 8 qualifications, some of which have double weighting (mathematics, English) as well as further qualifications on the approved Department for Education list.

The average attainment 8 score in Hackney in 2020/21 was 54.0, which compares similarly to the London average (54.1) and higher than the England average (50.9), although no statistical analysis was performed (177).

The average Hackney score has also increased since 2018/19 (49.2), however there are important inequalities to note. In 2020/21, average attainment was higher among girls compared to boys (57.6 vs 50.1 respectively) and English speakers compared to non-English speakers (54.7 vs 53.1) (161). Those who were not receiving free school meals scored higher (58.9) than those who were (46.4), while those without special education needs scored on average higher (59.2) than those with special education needs (36.6) (177). Furthermore, attainment scores for pupils from white (59.0) and Asian (57.0) ethnic backgrounds were higher than those from mixed (53.0) and black (49.0) ethnic backgrounds.

Services in relation to need

Homerton Hospital is commissioned by the London Borough of Hackney and City of London to provide a **school nursing service** to children and young people attending state maintained schools from reception to leaving school. They provide health assessments (school entry), Year 6 NCMP and support children with disabilities, additional needs and safeguarding. Service referrals are made for children who may require specialist support.

Pilot project (2021 - 2022): Young Governors aged 18 - 30yrs (178) is a 12 month pilot project, co-produced and delivered with young adults and the governor community. It aims to diversify school boards to meet the needs of all pupils, especially those who are most vulnerable. It was developed on the understanding that young adults bring lived experience, and an accurate perspective about the challenges and social injustices associated with learning, transitioning into adulthood and seeking employment. The project offers guidance and peer to peer support during the 12 months of the project, to support schools.

Hackney Youth Parliament (179) represents the voice of young people in the borough. They aim to advocate on behalf of all their peers and contribute to positive change.

African Community School (180) provides supplementary provision for predominantly ethnic minority children who sometimes struggle with the school structure. Children learn in a safe and supportive environment, focusing on English, science, maths and homework support for children aged between 5 to 16 years. They provide: a holistic service which allows parents and children to learn together, accredited adult learning classes, parenting classes, a summer school and mentoring for children.

Father-2-Father aims to increase the proportion of children growing up with involved, responsible fathers and male role models by supporting and providing adolescent boys, fathers and their families with mentorship, information, advice and guidance that will enhance their personal, social and economic well-being.

The Young Black Men's Programme (181) developed the following projects to address in-equalities for young black men in Hackney:

- Disadvantage Project - Cardinal Pole, Stoke Newington, Skinners and Bridge undertook work in their schools to address the attainment and exclusions gap.
- Headteachers' Group - a group of 28 Headteachers have been leading work across their schools to identify key issues to address to improve outcomes focusing on support around transition, student leadership and partnership working.
- Decolonising Education – practitioner-led work. The Black Curriculum Young Hackney are working with students and teachers to understand and reshape how the curriculum can be more inclusive. As well as how teachers can best respond to challenging behaviours, support for young people to reach their potential and delivery of the national curriculum.

Insights - population perspective

Stakeholder interviews

Supporting Schools

- Most Charedi pupils attend independent Jewish Day Schools or traditional Yeshiva's.
- Independent or non-registered schools do not have access to the comprehensive health and wellbeing (including Statutory Safeguarding) offered by school nursing services.
- Hackney is committed to supporting unregistered school to become registered, some of which are in the Orthodox Jewish Community and the Muslim Community.

Permanent/temporary school exclusions

- Hackney Education is addressing exclusions through whole school practice, training for school staff, trauma awareness, bringing together key leaders to share best practice through borough school network meetings and promoting inclusion in school settings.
- Some of the work is reactive at the point of where a child is being excluded and some of it is targeted.

'… whilst we saw a reduction in permanent exclusions during the pandemic… we're back on an upward trajectory again ..exclusions are still a cause for concern and remain a key priority'.
'More could be done to meet the social and emotional needs of children prior to escalation'
'Proving a causal link (between exclusions) and to mental health is difficult… there's not one lever to press to reduce exclusions, the reason pupils get excluded are multifaceted...'

Exclusions should be a last resort

- We interviewed 3 black CYP Reps who grew up in Hackney and who spoke about the devastating impact permanent exclusions had on them (black young men). They now worked with other young black men to support and empower them to access training and employment.

'...we need to look at the root of the problem…. We must look at both situations, we need to look at the family setup and why he (the young black man) is doing that behaviour
'Obviously, challenging behaviour comes from somewhere. It's not the case that I'm gonna wake up today and just deal with badness. It comes from somewhere'.
'...I can talk from personal experience. I grew up without a father. So, I started to lash out at school from like, from year four. So, I was getting kicked out quite a bit. And then as I got older, I was getting kicked out of secondary school as well. I was being misunderstood by people, school didn't know what's going on at home… and they didn't ask'
'.. some of these people who teach in the schools have never lived in these areas that young people live in, they have never experienced some of these things that young people have experienced. I went to three secondary schools.'

‘So, like my mom eventually took me out of school she wrote a letter to the school saying I am removing him …. the school wrote back and said, thank you for your time. We hope he's able to find provision elsewhere. I was like cool’.

School Nurses role - capacity

‘school nurses are at the forefront; we have the opportunity to actually pinpoint the children that we think need extra attention...but we do not have the capacity.’
‘...it causes us distress from a safeguarding point of view (permanent exclusions), because they (young people who are excluded) are very, very vulnerable to predators.’
‘we have even less school nurses than the health visiting service it is actually far better funded than school nursing services…’
‘school nursing it's a tier one service, there's so much scope, we’d love to do early resilience work with a young person …a one on one six-week package of care around resilience shoring them up to cope with what's going on in their life, but we can't, because of our safeguarding caseloads’
‘...we’ve got the SAFNA vision for school nursing, which is so exciting and so good, but I think it's difficult in terms of the reality of being able to deliver on it’.

Integrated working - school nursing

- In City & Hackney Health Visiting and School Nursing is jointly managed which improves the interface between the two services and promotes improved partnership working,

‘it’s about working closer together in terms of the assessment - it could be that the health visitor leads on the assessments for all the children but shares and uses the school nurse’s expertise in terms of the intervention and vice versa?’
‘School nurses are absolutely the best placed and the best voices for our young people. But we need more (resources). I would like youth workers within the school nursing team to cross between the acute and the community…’
‘I would also like to see primary mental health care workers in the school nursing team… I would like to do that lower tier preventative mental health work before it gets to tier four when you're in absolute crisis and your child needs a mental health bed’.

Meeting pupils’ emotional needs

- An interview with the Head of one of the PRU’s in Hackney said that they find in their work that when young people’s needs are met in a more nurturing environment, they do not see the same behavioural issues described by the referring school.

‘In the pupil referral unit- many children are enjoying education again – as the unit is meeting their needs...’
‘(at our secondary school) what we're trying to do now is to get a better understanding - we're calling it 'a pyramid of needs for each and every child, we've got a number from one to four, four being the highest level of needs .. that is then shared amongst the staff, because one of the things that wasn't happening in the school was sharing information’.

Engaging with parents from culturally diverse groups

‘Sometimes it's difficult for us (schools) to hear what parents are saying to us, but you've got to hear it and so on the back of Black Lives Matter we've now got a thriving BAME forum for parents.
‘A real issue for us (Secondary School) is where mental health presents in a young person of a

different heritage that is then seen as a behaviour issue…how do we facilitate those families who do not feel confident to have those discussions .. we know that we've got a journey to go with building those bridges'

Surveys

Hackney Futures Commission: A Bright Future consulted with 2,500 young people aged between 10-25 (2019/20) years about how to improve the lived experience of young people in Hackney. Young people want a Bright Future, and to achieve that, they 'asked' that:

- Schools and alternative education provision create an inclusive ethos where every child feels a sense of belonging
- Young Hackney to be reinstated to support the transition from primary to secondary schools
- Working with schools to reduce the number of exclusions by improving how they are held accountable for managing and monitoring exclusions
- Establish School Council structures that feed into the school leadership team
- Improving the school culture and environment through increased student voice in decision-making processes
- Establish Young School Governors on every Hackney School Governing Body
- Ensuring young people are actively involved in reviewing School Behavioural Policies.

The Big Ask Report published by The Children's Commissioner highlights the views of over half a million children and highlighted a number of key findings:

- Children report being pleased about being back at school, and highlight that support is needed to make success of the opportunities that are now available for them, especially for those who found lockdown learning particularly challenging.
- Children were ambitious about the world of work and their futures, with many reporting they wanted to do jobs which contribute to the welfare of others to aid the recovery from the pandemic. They also asked for fair treatment as they navigate the variety of options available in terms of their future careers.

A literature review on the continued disproportionate exclusion of certain children (182), identified that teacher training and guidance was a school factor. In 2017,an annual DfE survey found that 53% of newly qualified teachers (NQTs) who had responded, felt that their training had prepared them for teaching pupils across all ethnic backgrounds, and pupils with SEND (183).

Unmet needs and service gaps

Improving outcomes for young black men

Key inequalities were noted in the Council's strategic vision 2018 - 2022 for improving outcomes for young black men (181):

- Overall, boys achieve a slightly lower level of educational attainment at all stages of education. Caribbean boys achieve a lower level of educational attainment than both the male average and average for African boys at all stages of education.
- At primary school Caribbean boys made up 22% of fixed-term exclusions in 2014 compared to 5% of the school roll. At secondary school Caribbean boys made up 17% of fixed-term exclusions in 2014. This compares to Caribbean boys making up 5-6% of the school roll.
- African boys are slightly over-represented amongst fixed term exclusions at both primary school and secondary School. At primary school in 2014 African boys made up 14% of fixed-term exclusions compared to 11% of the school roll. At secondary school in 2014 African boys made up 14% of fixed-term exclusions compared to 9% of the school roll.
- Nationally, black Caribbean and white British children eligible for free school meals are the lowest performing ethnic groups of children from low-income households.
- Nationally, in 2016 travellers of Irish heritage and black Caribbean pupils had the highest proportion of pupils with SEN statements or Education and Health and Care plans (4.7% and 4.2% respectively) compared with a national average of 2.8%.

The Young Black Men's Programme identified that further support was needed for vulnerable pupils

- Transition: School transition processes need to continue to be strengthened with a focus on vulnerable and at-risk learners including black boys.
- Multi-agency working with a focus on hard-to-reach parents in volunteer participating schools, both primary and secondary.
- Focus on reducing exclusions - by schools identifying alternatives
- Reduce exclusions by schools self-identifying ways to find alternatives to exclusion through scrutinising how pupils' behaviour is presented differently using CAMHS tools and support.

Gaps

- Safeguarding of children and young people in unregistered settings
- Additional school nurses to offer social and emotional support for at risk students; to reduce temporary/permanent exclusions and to offer more support around health improvement/universal support.
- Access to up-to-date information on Community Voluntary organisations that schools/school nurses can refer to.
- Additional communication channels between pupils and School Nurses.

Chapter Summary

Maximising learning and achievement

Free school meals (proxy measure for childhood poverty)

- The proportion of children in Hackney entitled to free school meals in 2021 was 36.6%, over 1 in 3. This is above London and England averages.
- The Marmot Review describes the disproportionate impact that funding cuts for children/youth services has had on areas with higher levels of deprivation.
- The Big Report highlighted those who have been affected by the pandemic beyond the average level of impact and the need for targeted services.

Absenteeism

- In 2018/19 City (3.4%) and Hackney (9.5%) had the lowest proportions of persistent absenteeism in Inner London. Lower than London (10.1%) and England (10.9%).
- Absenteeism often indicates poor health or difficulties at home.
- School nurses are crucial in early identification and early support but have limited capacity. Increased safeguarding has meant less time for health improvement.
- Stakeholders highlighted the realities and difficulties in achieving the SAFNA vision.

Exclusions

- On average, 46 pupils were excluded from Hackney schools from 2016 to 2019.
- Higher rates in boys, children from ethnically and culturally diverse backgrounds, children eligible for free school meals and pupils with special educational needs.
- Stakeholders emphasised the need to make exclusions a last resort and focus on earlier emotional and social support, prior to escalation.

Seamless transition and preparation for adulthood

Not in education, employment or training (key indicator)

- In 2021 95.9% of young people aged 16-17 in Hackney were known to be in education, employment or training. This is above England's average (93.2%) and similar to London (96%). For the City of London, the proportion was 100%.

Attainment 8 scores (key performance indicator)

- The Hackney average attainment 8 score in 2020/21 was similar to the London average and higher than the national average.
- Attainment was higher in girls, pupils with English as a first language and pupils from white and Asian backgrounds compared to mixed and black ethnic backgrounds.
- The mayor has prioritised (2022 - 2025) improving outcomes for black boys & young black men and to promote effective engagement with private, voluntary & independent schools & settings in the Orthodox Jewish Community.

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2022 Recommendations	Supporting rationale
1.	Explore using digital tools (such as Chat Health) to enable young people to contact school nurses enabling them to: ● meet the social and emotional needs of children prior to escalation ● to intervene earlier to support families and children ● and to increase more referrals to community-based organisations (CVS) ● To provide more early intervention to support transition into Secondary School	Healthy Child Programme HIA: ● School attendance, pupil absence, 5 - 15 years Local data shows permanent exclusion rates among Afro-Caribbean black and white mixed Afro-Caribbean ethnicities were around five times higher than those from Asian and white backgrounds; four times higher for boys, four times higher for pupils on free school meals and significantly higher in pupils with SEN. Local intelligence predicts after a fall in PE (due to school closures) rates are starting to rise and likely to go back to pre-pandemic levels Timpson Review of School Exclusion identified a higher proportion of excluded pupils having SEMH needs and SLCN, disproportionately higher in Afro-Caribbean black and white mixed Afro-Caribbean. HCP - School nurses have a crucial role to play in early identification of needs and in being able to offer support/refer. Feedback from HNA interviews
2	Continue to support the Young Black Men Programme to establish more culturally diverse parent forums to engage more effectively with parents and schools	Hackney Council Mayoral Priority Range of poor outcomes for young black men presented in Section 5
3	Continue to roll out training to create a positive school ethos and culture which guides and support staff in understanding, identifying and managing behaviour in positive ways	Hackney Council Mayoral Priority Range of poor outcomes for young black men presented in Section 5
4	Change the narrative around pupil referral units in collaboration with the Youth Parliament, to remove the stigma and negative associations with PRU's; stop identifying them as somewhere where rejected children go	See: HNA Insight interviews

	2022 Recommendations	Supporting rationale
5	School nursing role has a focus on statutory duties - increased demands around safeguarding has meant less time for health improvement - explore the use of technology to free up time spent on paperwork	Safeguarding demands have increased
5	Plan for the expansion of SEND and the impact it will have on school nursing recruitment and time	Projected increase in SEND numbers due to earlier detection
6	School nurses only provide services for mainstream schools - explore how the service can address gaps in provision	Independent schools - LA has a Statutory Safeguarding responsibility for all children
7	Explore a new integrated delivery model for School Nursing that expands the workforce to include Youth Workers, CVS, Enhanced Volunteers, Early Years	Integration and Innovation: working together to improve health and social care for all See: HNA Insight interviews
8	Provide training on the ELIM (Solihull Approach to upskill professionals working with children on social and emotional wellbeing	Widens support available to CYP Evidence based approach

6. Children and Young People Emotional Health & Wellbeing

Introduction

Emotional wellbeing is defined as the ability to: practice stress-management techniques, be resilient, and generate the emotions (through your thoughts, actions and experiences) that lead to good feelings (184). Childhood is an opportune time to develop emotional well-being, and to build emotional skills such as positivity, emotional regulation, and mindfulness, for example. Having high levels of emotional wellbeing means you can cope with stressors, life challenges, recover quickly during periods of change or in response to disappointments, and have the communication and social skills needed to maintain connection with others.

The pandemic has had a significant indirect impact on children and young people's mental and emotional health and wellbeing. They have had to cope with significant educational disruption, as well as cope with bereavement, social isolation and lockdown restrictions. A number of consultations with children and young people have shown that there have been unprecedented levels of demand for emotional health and wellbeing, and mental health support across North East London, and in City and Hackney, exacerbated by the pandemic.

The wellbeing of all young people is known to decline by the end of their teenage years and there is a strong gender divide within this. Evidence suggests that girls are more likely to suffer with depressive symptoms than boys, as well as self-image issues (185). These issues around their physical appearance tend to rise between the ages of 11-14, from 1 in 7 to 1 in 3 (185). Social media has a detrimental impact on the wellbeing of boys and girls.

Components of emotional health are also contributors to mental well-being. Since the advent of the pandemic, a substantial number of CYP will be struggling with their mental health but will not meet mental health diagnostic thresholds. The current policy focus in schools is on academic catch-up; however, it is acknowledged that remedial wellbeing work will be needed to achieve this catch-up, alongside investment in socio-emotional development interventions.

Supporting resilience and wellbeing has been identified as a school-aged years high impact area (HIA 1) within the Healthy Child programme (HCP). School nurses lead the HCP from 5-19 years and can improve outcomes for children, young people, families and communities in these high impact areas.

National/regional policy

The Children and Young People's Emotional Health and Wellbeing in Education Framework (185) was launched in Feb 2021, to promote emotional health and wellbeing at a universal level, through a holistic, multi-disciplinary approach. It also provides early and enhanced support for children and young people at risk or showing signs of needing further help. Key initiatives in the framework, in response to the pandemic, include:

- REACH Programme which provides schools with support to promote good mental health.
- pilot of counselling service in primary schools.
- the Text-a-Nurse service providing young people with a secure and confidential text messaging service to a school nurse.
- wellbeing strategy for school staff to help them take action and invest in their mental and physical wellbeing.

Improving young people's health and wellbeing: a framework for public health, 2015 (186) outlines a framework for national and local action to improve young people's health by taking an asset based approach, focused on wellbeing and resilience. It sets out six core principles that should be part of an integrated response to meet the needs of young people:

1. putting relationships at the centre of young people's health and wellbeing.
2. adopting a focus on what young people feel and helps them to cope.
3. reducing health inequalities - providing a balance between universal and targeted/services for vulnerable young people.
4. integrated models of service delivery.
5. reflecting changing health needs as young people develop.
6. delivering youth friendly services.

The Princes Trust and the Education Policy Institute conducted a report in January 2021 to examine the mental and emotional health of older children and adolescents, entitled **Young People's Mental & Emotional Health, Trajectories and Drivers in Childhood & Adolescence** (187)**.** This was conducted by using focus groups of young people aged 14-16 from a range of backgrounds and experiences and a mix of genders. Quantitative data was obtained from approximately 5,000 young people born in the year 2000 via the Millennium Cohort study. It explored how mental and emotional health (MEH) changes as children move into and through adolescence and factors that drive positive and poor MEH. Key findings are as follows:

- Personal wellbeing falls as children transition from primary into secondary school, with further falls as children progress through secondary education. The fall in wellbeing scores seen is greater among girls than boys.
- Self-esteem also declines as children move into adolescence, remaining relatively stable among girls moving into late adolescence, in contrast to boys who experience further declines.

- Psychological stress rises through adolescence, most markedly among girls at age 14, and continues to rise into late adolescence.
- Self-esteem is more strongly correlated with both wellbeing and levels of psychological distress as children move into adolescence; a significant proportion of girls struggle with body image issues and lower self-esteem
- Mental and emotional health scores tend to be worse, the lower down their family is on the income scale.
- Physical activity tends to be more important for the mental and emotional health of boys in early adolescence than among girls.
- Heavy use of social media is associated with worse scores for girls aged 14 and 17, and boys aged 17.
- Being overweight or bullied in childhood is associated with worse mental and emotional health outcomes for both genders.
- Being placed in the bottom stream in primary school is associated with slightly lower self-esteem scores among boys at age 14.
- being placed in the bottom stream in primary school is associated with slightly lower self-esteem scores in boys at age 14.
- Poor maternal health is predictive of worse MEH in both girls and boys at age 14.

Recommendations included:

- Focus on prevention through the targeting of wider determinants of mental health, and early intervention, to prevent difficulties developing into chronic illness.
- Build on existing mental health content in the Health Education and Relationships and Sex Education curriculum.
- Improve the capacity of school leaders and teachers to support children with mental and emotional health needs; local Mental Health Support Teams should be required to deliver training to school staff to ensure that mental health support is embedded across the school community.
- Develop an evidence-based policy to prevent and tackle bullying with clear plans for funding, delivery and accountability.
- Ensure that all young people have access to options for engaging in physical activity, including non-competitive activities.

‘Transforming children and young people’s mental health provision: a Green Paper’ (188) details ambitious proposals to create a network of support for CYP and their educational settings. Three core proposals were identified:

1. To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
2. Fund new Mental Health Support Teams - to be supervised by NHS children and young people’s mental health staff.
3. Pilot a four-week waiting time for access to specialist NHS children and young people’s mental health services.

Government consultation on the green paper produced the following sections in response:

- Approaches to tackling disadvantages that affect CYP’s mental health.
- Approaches to increasing NHS mental health support.

- Approaches to an extended understanding of the effectiveness of early intervention and prevention.

The whole school or college approach guidance (189) describes 8 principles of mental health and wellbeing promotion that may contribute to protecting and promoting the mental health and wellbeing of CYP.

The impact of the COVID-19 pandemic on the mental health of children and young people in London (March 2021) (190) report undertaken by the London Assembly predicts wider societal and economic impacts of the pandemic, owing to the social isolation, increased anxiety and disruption to NHS, education and social services and a lack of protective school placements. Key recommendations included:

1. Increased (pan-London) coordination between statutory and non-statutory mental health providers and improved partnership working and commissioning practices with the third sector.
2. Increase mental health funding in parity with physical health.
3. Evaluate schools' provision of mental health services, ensuring secure funding for schools' budgets for mental health services and school nursing commissioning.
4. Recognised the requirements of young carers in the recovery.
5. Ensure adequate representation of young carers in future policy-making processes.
6. Increased funding for social care.
7. Ensure improved access to youth services.
8. Review housing policies - considering the impact of overcrowding on the mental health of CYP.
9. Ensure representation for disabled young Londoners in policy-making processes.
10. Evaluate whether mental health services adequately provide for young Londoners with SEND.

COVID-19 Mental Health and Wellbeing Surveillance report - Children & Young People (191) presented findings on the mental health and wellbeing of CYP resulting from the pandemic from a range of sources of differing methodology and quality. It highlighted the groups disproportionately affected by the pandemic as follows:

- Economically disadvantaged young people, females and those with pre-existing mental health needs.
- children and young people (aged 6 to 18) with SEND.
- those with pre-existing mental health needs.
- and BAME who have experienced a higher rate of mental health concerns.

Key findings were as follows:

- Mental health and wellbeing of some CYP has been substantially impacted due to and during the pandemic, especially among females and those with pre-existing mental health difficulties.
- Mental health also worsened among children with SEND, owing to feeling more isolated, unhappy and experiencing higher levels of anxiety. Families report that behaviour, emotions and mental health have been particularly affected for this cohort.

However, some have reportedly been better motivated, engaged and responded well to the flexibility and independence of working which resulted from pandemic policies.

- The mental health and wellbeing challenges faced by boys and girls differed. Symptoms of behavioural/attentional issues were reported more commonly for boys, while girls experienced greater degrees of emotional difficulty (especially among those aged 4-17). Girls between 6-18 reported higher levels of anxiety and poorer well-being compared to boys. This study did not report pre-pandemic data, and since these gender differences are fairly established it is not possible to determine the degree of impact resulting from the pandemic on these outcomes.
- Poorer mental health and wellbeing, including anxiety and loneliness, was reported among many financially disadvantaged CYP.
- Some young people with pre-existing mental health needs found returning to school difficult.
- Some evidence suggests that CYP from culturally and ethnically diverse backgrounds have experienced a higher rate of mental health and wellbeing concerns during the pandemic.
- One study found that a greater proportion of LGTB+ respondents (aged 11 to 18) reported worsened mental health since the start of the pandemic, compared to non-LGBT+ respondents.

Whilst severe COVID-19 illness is rare among CYP, the longer term impact on education, mental health, service provision and poverty is likely to be profound, especially for those who are already disadvantaged.

The impact of COVID-19 on London's children and young people report (192) by PHE provides a summary overview of the wider impacts of COVID-19 on CYP in London, using the PHE fingertips tool. The summary organises the impact of the pandemic on CYP in London by 'life course stage', highlighting how lockdown measures and associated COVID-19 strategies can impact them at every life stage. It reiterates the profound impact on wider determinants of health that are likely to affect more vulnerable and disadvantaged children disproportionately.

London Recovery Programme Overview paper (193) COVID-19 has had a profound and often tragic impact on the lives of many Londoners, with thousands having died, and many more still suffering from the effects of the virus. The disruption caused by the pandemic has had a disproportionate impact on certain communities, which risks further exacerbating deep-seated inequalities.

The programme is an ambitious project to tackle the economic, social and mental health impact of the pandemic. The nine missions it sets out have far reaching potential for improving the lives of all Londoners, with some of them more likely to directly impact on the lives of children and young people.

The **New Deal for Young People** (194) programme hopes that by 2024, all young people in need have access to a personal mentor and access to quality local youth facilities. The mentorship programme should provide mental health support, as well as educational, social and employment skills. It also aims to ensure access to healthy, culturally appropriate food for all, and expansion of the school super zones programmes. The program prioritises mental health and wellbeing, **suggesting the provision of 250000 wellbeing ambassadors by 2025,** as well as improving air quality in the capital and tackling digital exclusion.

Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report (195) shows that young people have suffered disproportionately worse mental health outcomes than adults. It reported multiple studies pertinent to the mental health and wellbeing of CYP:

- A survey of 16, 338 people conducted by MIND (196) during the first lockdown:
    - 76% of whom reported personal experience of mental health problems.
    - 1 in 4 young people were self-harming to cope.
    - 1 in 3 were drinking alcohol or using illegal drugs.
    - more than 1 in 2 were over or under eating to cope.

- A Royal College of Psychiatrists press release (197) reported that:
    - 80,226 more children and young people were referred to Children and Young People's mental health services between April and December 2020.
    - A notable increase of 28% compared to the corresponding period in 2019.
    - Treatment sessions increased by 20%, while 18% more CYP required urgent/emergency crisis care.

- An NHS England report:
    - between March and July 2020: 7.2% of young people received mental health services as normal and the same proportion had their sessions remotely.
    - 3.5% had their sessions cancelled
    - 7.4% tried to seek support but did not receive it. The remainder did not need any support.

- A **Young Minds** report (198) on a survey of 2,438 young people aged 13-25 who had previously sought mental health support in their lives. It found that in January 2021:
    - 24% of young people who needed mental health support reported having looked for it but not received it.
    - 54% had accessed some support.
    - The remaining 22% had not looked.

Local Policy

The City & Hackney Integrated Children and Young People's Emotional Health and Wellbeing Strategy 2021-2026 *(199)* is the first integrated (across health, social care and

education) children and young people's emotional health and wellbeing strategy for City and Hackney. The vision is for all children and young people to have positive relationships that allow them to develop their abilities and gain the confidence that will help them to thrive. It is underpinned by the following values:

- build awareness and work preventatively
- identify needs and intervene early
- service design is influenced by young people, families and caregivers and frontline practitioners
- take an approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions
- make the best use of resources in a collaborative integrated system

Hackney Child Wellbeing Framework - June 2021 (200) provides the tools for professionals responding to child safeguarding concerns in Hackney. It reiterates the multi-agency responsibility for the safety and wellbeing of children, in particular regarding prevention of maltreatment and ensuring that impairments in mental/physical health or development are avoided.

It draws on the statutory guidance **Working Together to Safeguard Children (2018)** (167), adapted for the local population and available service and presents a framework for determining the most suitable level of support and input required for a child, ranging from the universal (or level 1) need which should be available to all and met by universally accessible services, to 'acute risk of harm' (or level 4) for children of particular concern.

Evidence based practice

Research has made advances in identifying effective Social and Emotional Learning (SEL) practice in response to the mental and emotional challenges faced by young people, exacerbated by the pandemic. A systematic review undertaken in July 2021 by the Early Intervention Foundation, found that SEL programmes are a well-evidenced approach to supporting young people's mental health (201). The research analysed 34 systematic reviews on school based mental health interventions published since 2010 together with 97 primary studies published over the past three years; it provides an up-to-date summary of what works, for whom and under what circumstances. Summary of key findings:

- Universal social and emotional learning (SEL) interventions have good evidence of enhancing young people's social and emotional skills and reducing symptoms of depression and anxiety in the short term.
- There is good evidence that universal and targeted cognitive behavioural therapy (CBT) interventions are effective in reducing internalising symptoms in young people.
- There is limited evidence on the effectiveness of school-based interventions designed to prevent suicide and self-harm.
- Violence prevention interventions have been shown to have a small but positive effect on aggressive behaviour in the short term.

- Bullying prevention interventions are effective in reducing the frequency of traditional and cyberbullying victimisation and perpetration.
- There is promising evidence on the effectiveness of interventions designed to reduce sexual violence and harassment when delivered to young people at risk of experiencing sexual violence.
- The impact of depression and anxiety prevention interventions and violence prevention interventions tends to be stronger when they are targeted at young people with elevated but not severe or readily observable symptoms.
- It is also essential to support the development of social, emotional and behavioural competencies at a universal level.
- There are a limited number of interventions which report evidence of improving mental health and behavioural outcomes among diverse groups and an even smaller number of interventions specifically designed for and evaluated in minority ethnic groups.
- Universal interventions can be effectively delivered by teachers; however, there is no evidence that teacher-delivered interventions are effective in addressing the needs of students with symptoms of depression or anxiety.
- High-quality programme implementation is critical to achieving positive outcomes.

Effective SEL relies on a whole school approach to foster the holistic development of children and young people and is more effective if delivered within broader structures or systems that promote mental health and wellbeing.

The **Education Policy Institute Report (Nov 2021)** made a number of recommendations to the Government (202):

- Integrate SEL into the curriculum rather than delivering it in fragmented, one-off sessions
- Provide high-quality teacher training and ongoing support to ensure staff feel confident teaching the SEL curriculum and adapt it for diverse groups of pupils
- Schools should take into account the wellbeing of staff as they are more likely to be able to support pupils if their own needs and competencies are addressed.
- Encourage the adoption of a whole school approach to SEL, in which students have opportunities to apply skills in different situations and observe them being practised by adults and peers
- Encourage the involvement of students and parents in planning, implementing, and evaluating approaches to SEL to ensure that the needs of diverse groups are considered
- Ensure that targeted interventions to support children at particular risk of poor outcomes are accessible.

Research has shown that exercise improves mental health by reducing anxiety, depression, and negative mood and by improving self-esteem and cognitive function; and advises that. mental health service providers should promote effective, evidence-based physical activity interventions for individuals experiencing mental illness (203).

Healthy Child Programme Guidance (7) highlights the requirement for widespread access to confidential and safe services for young people in secondary education. The level of support

available should be adapted for local population and individual characteristics, achieved through parental/familial involvement in partnership with related agencies and school nursing teams. It reinforces the key role of school nursing teams in the holistic assessment of need and provision of care, whether through preventative measures or early interventions, as well as preventative measures. These actions should go beyond the needs of the individual and include the community and local population health needs.

Mentally Healthy Schools a resource provided by the Anna Freud Foundation to help schools to implement a whole-school approach to mental health and wellbeing.
The Solihull Approach supports mental health and wellbeing in parents, children, schools, older adults and high stress workplaces through an evidence-based model in training, online courses and resources. It is a 10-week parenting group for parents with children from universal to complex needs and aged 0-18 years and is based on a model of containment, reciprocity and behaviour management and uses social learning theory in the design of the parenting programme. Aligns with NICE Guidance CG158 on Antisocial behaviour and conduct disorders in children and young people: recognition and management.

The level of need in the population

Supporting resilience and wellbeing

Supporting resilience and wellbeing has been identified as a school-aged years high impact area (HIA 1) within the Healthy Child programme (HCP). The relevant performance indicators for this chapter are:

- Hospital admissions for self-harm, 10 - 24 years
- Hospital admissions for self-harm, 10 - 14 years
- Hospital admissions for self-harm, 15 - 19 years
- Percentage of looked after children whose emotional wellbeing is a cause for concern, 5 - 16 years (see: Chapter 13 Vulnerable Young People)

Prevalence of social, emotional and mental health needs

In 2017/18, the estimated number of children and young people with mental disorders aged 5 to 17 in Hackney was 5,092 and, in the City, 103 (204). This includes any mental health disorder with any degree of severity; most will require non-specialist services; however, these figures precede the COVID-19 pandemic.

In 2020, in Hackney, 3.2 % of school pupils that had social, emotional and mental health needs, were higher than percentages in London 2.5% and England 2.7%. Percentages are higher among pupils in secondary school (3.7%) compared to pupils in primary school (2.8%). In the City, 2.9% of primary school pupils had social, emotional and mental health needs (204). Due to the small numbers; it cannot be reliably compared.

There is a proven relationship between deprivation and social, emotional and mental health needs. The proportion of social, emotional and mental health needs in the four most

deprived deciles in England varied from 2.8% to 2.9% while in the least deprived four deciles, the variation was between 2.5% and 2.6%.

Hospital admissions for self-harm

The most common methods of self-harm are cutting, burning, scalding, banging or scratching the body, breaking bones, hair pulling, ingesting toxic substances or objects. Nationally, self-harm rates are much higher among children and young people than adults, with the average age of onset around 12 years. Nationally, self-harm is more common in girls than boys and there is a strong association with adverse childhood events. (205) Other vulnerable groups include:

- children and young people in residential settings.
- lesbian, gay, bisexual and transgender young people.
- young Asian women.
- children and young people with learning disabilities.

However, self-harm is usually hidden, and it is acknowledged that hospital attendance rates are an underestimate of the true scale of the problem (205). The **Millennium Cohort Study 2018–19** (206) found that 28% of females and 20% of males aged 17 had self-harmed in the 12 months before the study in the UK.

In 2019/2020, hospital admissions for self-harm in the City and Hackney were similar to London and significantly better than England in all under 25 age groups studied (as can be seen in Table 6) (204). The highest rate of hospital admissions occurred among children and young people aged 15-19, followed by 20-24. These rates were 3.2 and 2.4 times higher than for children and young people aged 10-14 (204).

Table 6: Rate (per 100,000 population) of hospital admissions as a result for self-harm, City and Hackney, London and England, 2019/2020

Age group	Hackney	London	England
10-14 yrs	118.81	101.38	219.75
15-19 yrs	275.73	296.19	664.68
20-24 yrs	142.41	178.63	433.68
10-24 yrs	177.69	191.66	439.2

Source: OHID, Fingertips, Children and Young People's Mental Health and Wellbeing, 2021

Data from Homerton University Hospital (HUH) showed that admissions of CYP due to self-harm rose by 25% between 2019/20 to 2020/21. This increase may not be solely attributable to the impact of the pandemic, as similar rates were seen in 2017/2018 (89). This data does not include residents who were admitted to other hospitals and cannot be compared to admission rates for other hospitals, as many had more than one admission.

Out of the 61 children and young people admitted to HUH due to self-harm in 2020/21, 78.7% were admitted for a single episode, 13.1% for two episodes, while the remainder had three to ten episodes, totalling 90 episodes overall (89).

Admission rates were twice as high among children and young people from black and white non-British backgrounds compared to those from white British backgrounds. Children and young people from 'other' ethnic groups (non-black, white, mixed or Asian) had rates four times higher than those from white-British backgrounds. Children and young people living in the most deprived area had rates about two times higher than those living in the second or third quintiles of deprivation (89). The field for religion was not completed in 74% of cases.

Wellbeing and mental health in schools

Hackney was a trailblazer site for Mental Health Support Teams (MHST) deployed in schools, offering evidence-based school-based support and interventions to young people and their parents/carers, for young people experiencing mild-moderate difficulties with their emotional wellbeing.

There were 2,929 Wellbeing and Mental Health in Schools (WAMHS) activities conducted in City (Aldgate School) and Hackney schools in 2020/21. Of those, 42.9% were provided with a Child and adolescent mental health service (CAMHS) worker in School (HUH), 29.3% by CAMHS Worker in School (ELFT) and 27.6% by the Mental Health Support Team (207).

Table 6.1: Referrals to Mental Health Support Teams, City and Hackney, Jan 2020-March 2021

Characteristics	Number of referrals	Rate of referrals per 1,000 population
Age groups		
0-4 years	8	0.4
5-9 years	80	4.2
10 - 14 Years	159	9.3
15 - 19 Years	54	3.7
Gender		
Female	169	4.6
Male	132	3.7
Ethnicity		
Other ethnic groups	51	9.9
Asian & Asian British	26	3.4
Black & Black British	47	2.7
White	77	2.4
Mixed	24	2.3

Source: Mental Health Support Teams, 2021
Note: The rates were calculated using GLA 2016-based housing led population

The WAMHS annual report gives us an indication of which groups of CYP have greater need based on referrals to Mental Health Support Teams data. During the period January 2020-March 2021 higher referrals rates were made for children aged 10-14, followed by 5-9, 15-19 and 0-4. There were also higher rates of referrals made for females than males (207). By ethnicity, the highest rates of referrals were made for children from 'other ethnic groups' followed by those from Asian and Asian British backgrounds.

Mental health services

Attended contacts

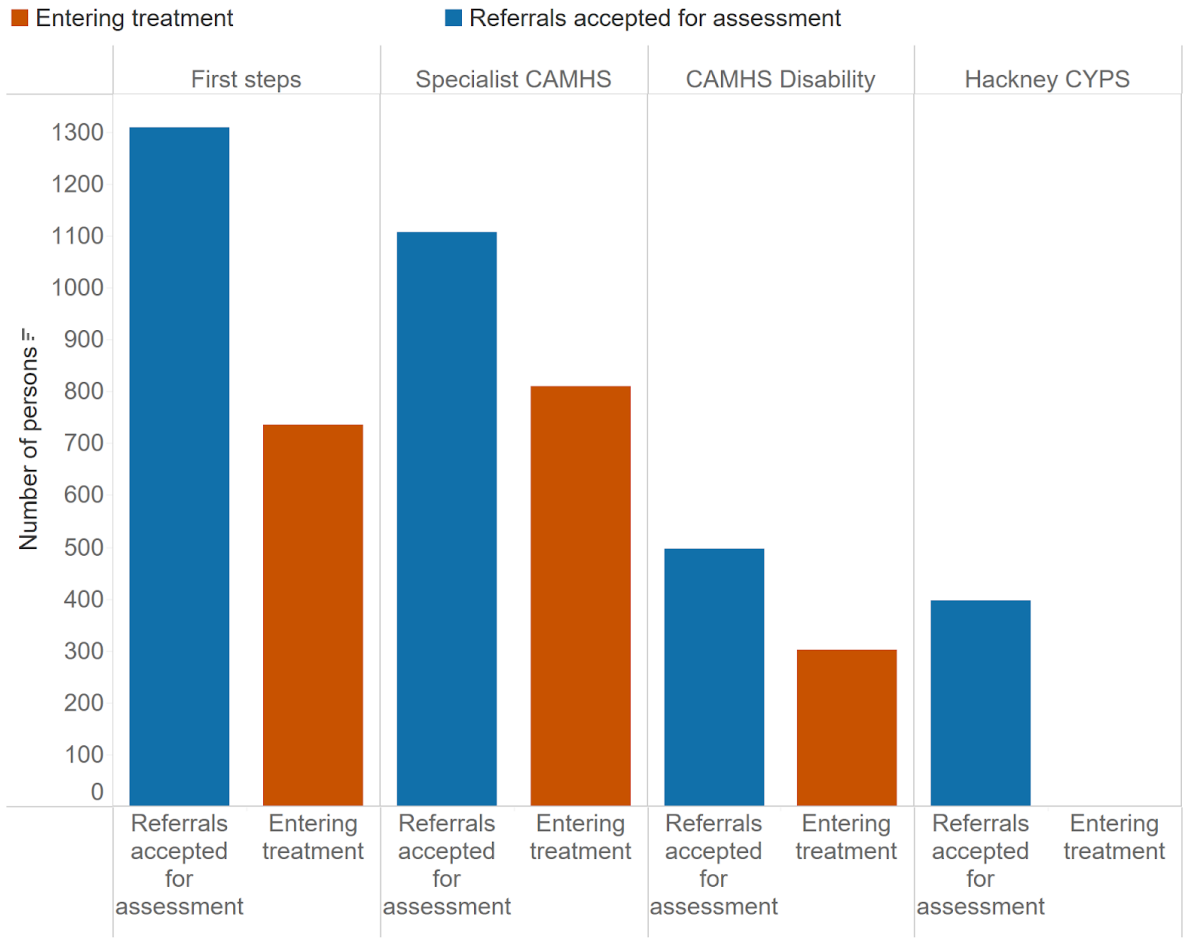
Rates of attended contacts provide local health and care systems with an important measure of demand, and to some extent reflects the level of mental health need in the local population. In 2018/19, the rate of attended contacts with community and outpatient mental health services for those under the age of 18 was 29,504 per 100,000 in Hackney and 16,804 per 100,000 in the City, respectively higher and lower than London (23,615 per 100,000 population) and England (23,989 per 100,000 population) (204).

Referrals to Tier 2 and 3

Referral rates to secondary care mental health services provide another useful measure of demand, and in 2018/19, the rate in Hackney was 6,059 per 100,000 population and in the City, 4,734 per 100,000 population. Rates in both areas are similar to England, while in Hackney the rate is statistically significantly higher than London (4,575 per 100,000) (204).

The number of children and young people entering Hackney children and families services are highest for Specialist CAMHS services (although referrals are highest for First Steps). There is no data on the number of children and young people accepted to Hackney CYPS.

Figure 6: Number of assessments and persons entering treatment for CAMHS services (age 0 to 25, 2017/18)



Source: City and Hackney Clinical Commissioning Group, Combined CAMHS Dashboard 2017-18 [13]. Notes: CYPS children and young people known to Hackney children and families services

Hospital admissions for mental health conditions (<18 yrs.)

In 2019/20, the rate of hospital admissions for mental health conditions in under 18 in City and Hackney was 76.4 per 100,000 population, similar to London and England averages (204).

Services in relation to need

Services at Tiers 1 and 2 are universal, preventative or comprise of low level needs in line with the **Hackney Child Wellbeing Framework** (200) and should be provided where a child is likeliest to be: their schools, youth and other young people's services, with open door policies so a child can go and talk. Children and young people with an identified need may be subsequently referred into specialist CAMH services (falling within Tiers 2–4) for assessment and intervention if necessary.

Mental Health Support Teams (MHSTs) aim to improve mental health and wellbeing support in schools, colleges, specialist and alternative provision education settings in the City and Hackney using a whole school approach. They have three core functions:

- to deliver evidence-based interventions for mild-to-moderate mental health issues.
- support/introduce or develop a whole school approach to mental health.
- give timely advice to school staff, and to liaise with external specialist services to help children and young people to get the right support and stay in education.

Currently MHST is in Wave 1 of all WAMHS schools (launched in 2019) and will be offering a service to approximately half of the Wave 2 WAMHS schools who joined in October 2020. Currently there are WAMHS workers in 86% of schools in the City and Hackney.

Wellbeing And Mental Health in Schools (WAMHS) (208) project is an initiative led by the CAMHS Alliance, comprising Hackney CFS, Homerton, ELFT, Off Centre, Hackney Learning Trust, Family Action and Young Hackney, with the support of the Children and Young People's Integrated Commissioning work stream in City and Hackney.

First Steps Early Intervention Community Psychology Service (209) (Tier 2 service) is a service for young people aged 0-18 years with mild to moderate mental health difficulties (e.g. anxiety or low mood lasting for less than 6 months, poor self-esteem or difficulties with peer relationships). Based at Hackney Ark, the service is part of the CAMHS Alliance; the service also runs sessions from Children's Centres in Hackney and GP surgeries to increase access to the service. It provides a short term, targeted intervention of up to 6 sessions.

Healthy Minds: for more Londoners to be trained in mental health first aid informed approaches, starting with young Londoners.

- Mainstreaming mental wellbeing by continuing the bereavement support programme; evaluating the Youth mental health first aid programme offered in schools; cultural programmes supporting mental health of children and young people.
- Building a team of wellbeing champions in London.
- Awareness on mental health and reducing stigma related to mental health.
- Suicide prevention by trainings and raising awareness.

Young Hackney, The Health and Wellbeing Service, offers free, targeted, evidence-based and prevention-focused educational interventions to enable young people to lead healthier and safer lives, both now and in the future; these include workshops on emotional wellbeing using the Five to Thrive framework. Workshops are for young people aged 5-19 (up to 25 with additional needs) and delivered through schools, further education colleges, youth clubs, alternative education providers and through ad-hoc outreach. Lessons are interactive and culturally appropriate for minority ethnic and/or disadvantaged communities.

Black Mental Health Programme - MIND works with young black to avoid them becoming so unwell that they need to access services. The programme focuses on building personal resilience, enabling young people to take care of their mental health and wellbeing.

Growing Minds (210) aims to improve African, Caribbean and mixed heritage children and

young people's emotional health and wellbeing in the City & Hackney. The project provides culturally aware counselling, emotional and practical support for CYP registered with a GP. Staff working are of African, Caribbean and mixed heritage and bring together frontline African and Caribbean organisations in Hackney with Off Centre at Family Action.

Irie Mind (211) is a mental health initiative, run by and for the African-Caribbean community in Hackney.

Off Centre is a counselling, art therapy, advice and information service for young people aged 16-25 in City & Hackney.

Five to Thrive (212) (five ways to well-being) helps to build a baby's brain by using a set of five key activities: respond, engage, relax, play, talk. Provides online resources to help you to bond with your child and maintain healthy brain function throughout their lives.

Kooth (213) is an online, anonymous counselling platform for young people aged 11- 19 that offers direct contact with clinical practitioners and an online wellbeing community with peers.

Silvercloud is a digital (214) mental health platform that provides access to evidence-based programmes tailored for young people. Introduced to schools from April 2021, referrals are made via MHSTs.

Hackney Learning Trust - Parenting Programmes, provide support and help for:

- stressed or isolated parents
- families to provide the best possible start in life for babies and children
- parents to support their child's learning
- the promotion of positive relationships between parents and their children

Directory of Resources for Eating Disorders provides links to resources for healthcare professionals working in educational settings/resources to support parents, carers and families, and links to services for Eating Disorders and Autism Spectrum Disorder.

Young Black Men's Programme

Monitoring the impact of CAMHS support workers in 40 primary schools to inform CAMHS Transformation Plans.

Insights - population perspective

Stakeholder interviews

- Interviews with stakeholders, children and young people and community groups confirmed that the main health challenge facing young people was mental health which had been further compounded by the pandemic.

Increased demand

- Interviews highlighted an overwhelming demand for services.

'The key health issues for the Youth Parliament are mostly around mental health. It's interesting because general health (other health issues) doesn't come up. When I say to them, oh do you think we should talk about broader health issues? they're like, no, we want to talk about mental health... it always goes back to mental health'.
'Common themes in our school are suicidal ideation… the next one is general anxiety and depression…the next one I'd say is probably self-harm and then eating disorders. It's kind of typical that when we think of eating disorders, we think of those who are underweight but the ones that we tend to see in this school, it's more normalised to being overweight'
`We've got a CAMHS (WAMHS) worker here for a day a week, we hope it will go up to two days a week now, we've got three counsellors in the school as well. And then we have this new emotional health service called Space to Be You. Even amongst that we're still oversubscribed…the question that I'm asking now is can we justify a fourth counsellor because the demand is that high.'

Trauma/Parental/Intergenerational Mental Health

- Interviews with CYP representatives highlighted an urgent need for more social and emotional and mental health support, specifically culturally aware counselling because of the level of intergenerational trauma they felt existed in the black/Afro-Caribbean/African community,

'We definitely need more partnerships between mental health services and Pan African mental health services. We need tailored approaches for young black people'
'...the fact that our parents are facing a lot of stress, causes stress on our lives because we're limited to what we can do...'
'parental mental health and parenting skills have a large impact on the mental health of the child… teachers wonder why some kids come into school angry and sometimes it's because of what's going on at home...'
'...some of the things my mom did to me as a child… stay with me until this day. I try not to let it affect me that much. But it's just like, stuff like that is definitely detrimental (to your mental health), obviously, being brought up like that'
'...I don't feel like the person (the Counsellor) really understood me, for me. I mean, I'm speaking to a white lady, and she's never lived the life of a young black person or experienced some of the traumas that I've been through. So, I'm having this conversation with her. She was giving me all these tips on how to deal with things but all I'm thinking about is the problems are still gonna be there because I can't communicate them to her.'
'.. I've got a way of dealing with my issues. I just bury them'.

'...some black parents don't accept you have mental health problems, you're expected to get on with things...'

School Nursing Capacity

'when a school has nothing in place, and all you have is a nurse coming into that school once a week for secondary and once every two weeks for a primary, then there is a large gap that still needs to be filled...'
' ..moving forward I would love a more accessible School Health Service that is accessible to all children via the platforms that they use..'
'When you have the capacity to be in schools, you get to a point where students are asking their teachers to go and see you because they know you're there, they know where your room is and they will come to you and make disclosures and talk to you about their fears. That's when you are an active school nurse'.
'.. capacity is an issue, however kids are always on social media and on their phone, when I worked in another London Borough pupils could access school nurses via Chat Health…'
'...we made a decision in our School, to have a full time School Nurse, because we just wanted someone on site, that we have access to…. having one person in every two weeks is not enough.'

Lack of school level health data

'we could do with support to help collate School Level Health data; it's a huge hole...'
'...for us to implement a whole school approach to health, we would need support on identifying school health issues, additional training for staff and access to resources...'
'...I could use that data so when we're looking at year 11 and 13, who are coming up towards their exams, we could identify common themes affecting them, around exam anxiety for example. So, we (teachers) could use it, and our WAMHS worker could also use it to do some group work around exam prep'.

Mental Health and Physical Activity

'...we need to promote the positive impact that physical activity can have on your own mental wellbeing… it's not just doing exercise to lose weight..'

Surveys

Me, you and I survey

- Between 3rd November and 3rd December, a short survey was sent to children and young people aged 14+ who lived in or attended school in the City and Hackney.
- The survey was used to gather insight into the lifestyles of young people (including physical activity, emotional health, smoking and drugs and sexual health) and gain an understanding of their attitudes to and awareness available support services.
- 101 young people completed the survey.

Figure 6.1: Age of participants

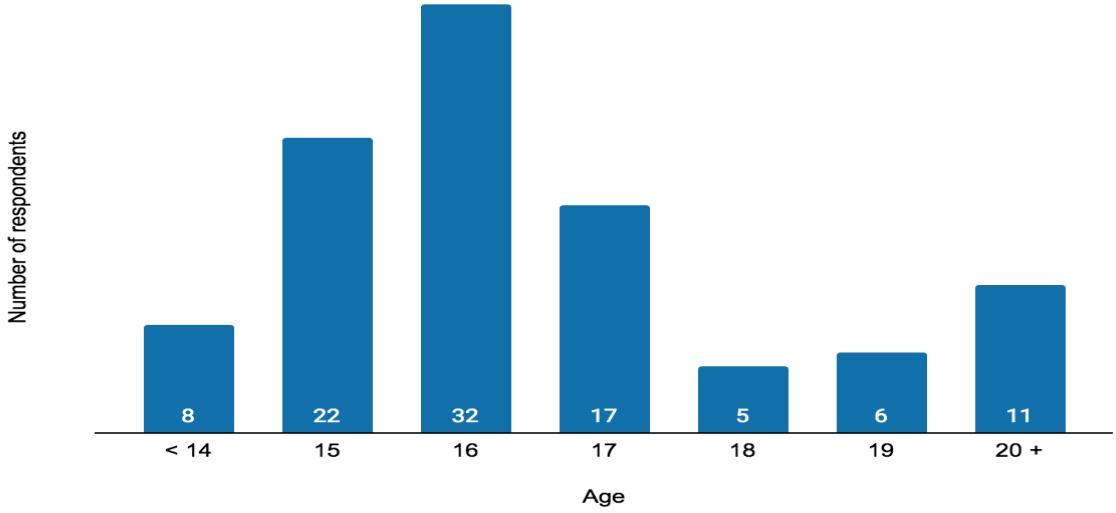


Figure 6.2: Ethnicity of participants

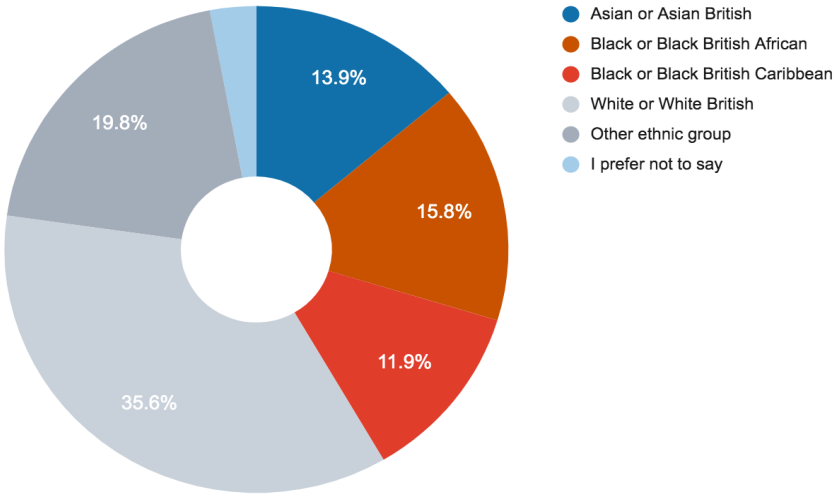


Figure 6.3: Sexual orientation of participants

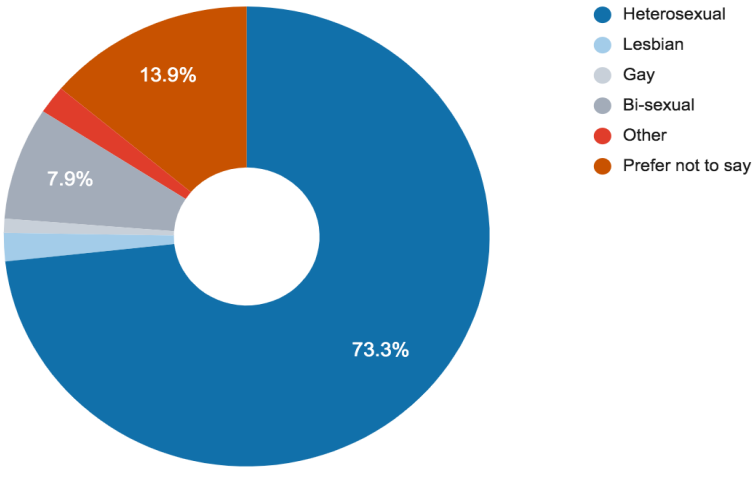
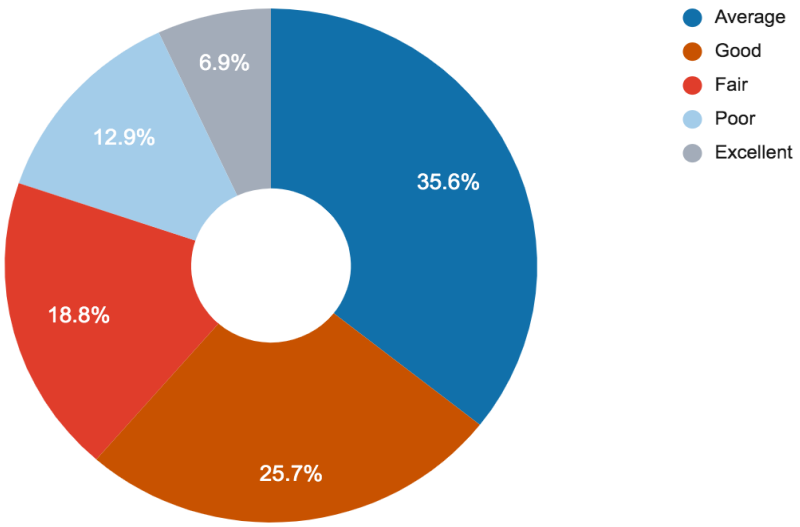
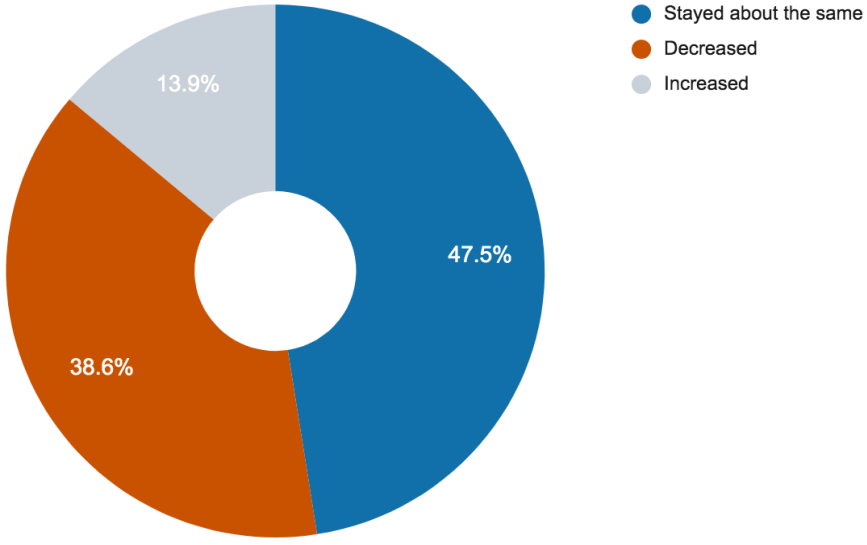


Figure 6.4: Rating of participants mental health



- Over half respondents (67%, 68) rated their mental health as average or below; 13% rated it as poor.
- Participants who rated their mental health as ‘low’ or ‘fair’ shared their concerns (22 answered this question):
    - 11 (50%) shared that they suffered from depression.
    - 8 (36%) said they often feel anxious (one was due to social pressures).
    - 6 (30%) felt extreme stress (especially from school) had negatively impacted their mental health.

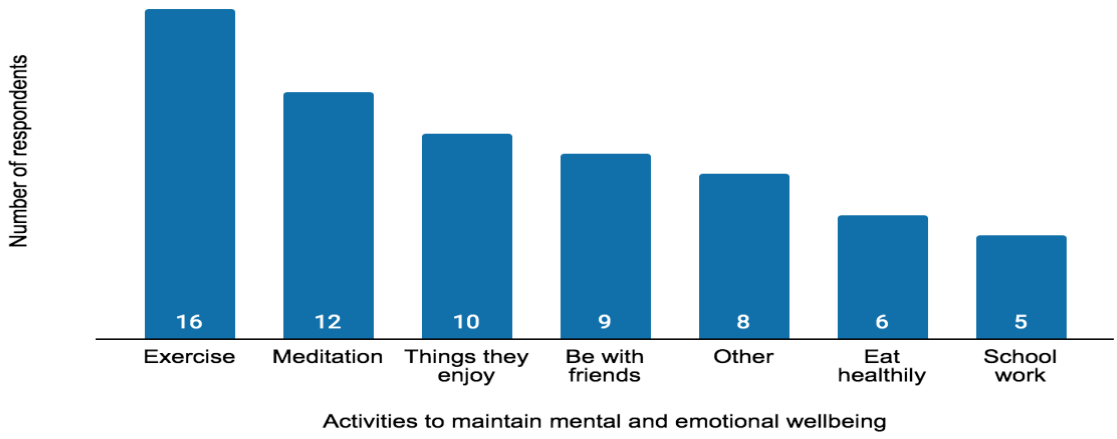
Figure 6.5: Perceived impact of the COVID-19 pandemic on participants mental health



- Within this cohort, most respondents did not feel that COVID-19 had impacted on their mental health; 39% had felt it had decreased (got worse).

- Activities the participants enjoy included: exercise, meditation, watching television, reading, attending creative workshops, taking a bath, colouring, listening to music, painting and sitting in the sun
- 4 participants said while they suffered from poor mental health, they did nothing to improve it.
- 14 (14%) of all 101 participants said they would like to speak to a professional about their mental health.

Figure 6.6: Activities undertaken to maintain emotional health and wellbeing



*Note: Other includes therapy and not doing anything

NAHT Survey

- this national survey found that the prevalence of mental illness rose dramatically from one in nine to one in six children during the pandemic (215)
- 63 per cent of school leaders stated that addressing the emotional and social burdens of the pandemic was a key priority.

Valuing the Future Through Young Voices Report, Hackney Futures Commission provided insight from over 2,500 young people in Hackney in 2019/20. The consultation found many aspects of young people's lives cause stress, anxiety and other mental health issues, including exam stress, loneliness, bullying, drug abuse, air and physical pollution (climate change); this has a negative impact on young people's physical health and wellbeing. Young people 'ask' that improvements are made to young people's access to confidential mental health services by:

- working with schools and colleges to review the current mental health service delivery model.
- reviewing current school policies that impact young people's mental health.
- improving counselling services and referral pathways.
- increasing Young Hackney support services to those impacted by stress-related issues.

The Big Ask Report published by The Children's Commissioner (216) sets out what over half a million children surveyed have said across six areas below - family, community, health, school, work and children in care. The key findings relevant to this chapter are:

- Children lay importance on family and 80% of children were happy with their family life. This is particularly important for vulnerable children.
- Children care deeply about community.
- Health and wellbeing was very important to children. Due to the impact of the pandemic on their wellbeing, children want good mental and physical health to be a priority in their lives.

The Mental Health of Children and Young People survey 2021 (217) is a second wave of a survey conducted in 2017 and looks at the mental health of children and young people in England in 2021; the impact of COVID-19 and any changes since the last survey:

- The report showed that among 6- to 16-year-olds, the proportion with a probable mental disorder remained at one in six (17%) in 2021.
- Boys had a slightly higher proportion of probably having mental health disorders than girls at age 6 to 16 (18.6% vs 16.2%) but at age 17 to 19 boys had much lower proportions than girls (10.3% vs 24.8%). This pattern occurred in all years surveyed.
- In 2021, the proportion of probable disorder in CYP from 6 to 23 years old was higher in CYP from mixed/other backgrounds (non-white, black or Asian) (22.5%) but this was not significantly different from the average (17.2%) due to small numbers. However, the proportions in black (8.3%) and Asian (8.4%) CYP were significantly lower than the average.
- In 2021, CYP with special education needs (SEN) was more than four times more likely to have mental health disorders when compared to CYP without SEN (56.7% vs 12.5%).
- In 2021, CYP aged 6 to 16 with physical health conditions were about twice as likely to have mental health disorders compared with CYP without health conditions (29.6% vs 14.9%).
- Since 2017, 39.2% of 6- to 16-year-olds had experienced deterioration in mental health, and 21.8% experienced improvement. Among 17- to 23-year-olds, 52.5% experienced deterioration, and 15.2% experienced improvement.
- The proportion of children and young people with possible eating problems increased since 2017; from 6.7% to 13.0% in 11- to 16-year-olds, and from 44.6% to 58.2% in 17 to 19 year olds.

Unmet needs and service gaps

Improving outcomes for young black men

Key inequalities in mental health and wellbeing were noted in the program summary 2018 - 2022 of improving outcomes for young black men (218):

- Black Caribbean children are overrepresented in CAMHS cases in Hackney.
- The total of CAMHS specialist cases for black - Caribbean and mixed white-black Caribbean ethnicity is 10.3% compared to an under-18 general population average of 5.2%.
- In Acute Mental Health Teams, children and young people of black-African (17% vs 9.8%) and black-any other ethnicity (14.9% vs 10.3%) are over-represented while black-Caribbean children and young people are under-represented (2.1% vs 3.4%)
- Black patients are also more likely to be receiving secondary mental health care than other ethnicities.
- In the City and Hackney centre patients of black ethnicity are over-represented amongst patients detained in mental health settings.

Service Gaps

- Additional funding/resources to meet demand.
- Evidence based approaches - are we using these in schools where there is no MHST/WAMHS?
- Understanding of what is happening in all schools across City & Hackney (where there are no WAMHS workers); a pilot project in 7 independent Orthodox Jewish schools started.
- Individual level School Health Data - to inform the development/choice of appropriate interventions and to measure/evaluate whether we are meeting the needs of CYP.
- More black /black mixed Counsellors/CAMHS Professionals with ‘lived experience’ of the black British experience, an increase in culturally aware counselling, and emotional and practical support for African, Caribbean and mixed heritage children, young people and their families.
- How is SEL linked with PE/Temporary Exclusions - review involvement of School Nurses in decision making

Chapter Summary

Supporting resilience and wellbeing (School-aged high impact area 1)

Prevalence

- A higher proportion (3.2%) of school pupils in Hackney had social, emotional and mental health needs in 2020, than London (2.5%) or England (2.7%) averages.
- Based on national data the proportion of children with social, emotional and mental health needs is higher in deprived areas (2.81%-2.88%) than in least deprived areas (2.54%-2.6%); the national average is (2.7%)
- A national survey found that the prevalence of mental illness rose from one in nine to one in six children during the pandemic.
- Stakeholder interviews highlighted an overwhelming demand for services.

Hospital admissions for self-harm (key performance indicator)

- Admissions rates for self-harm in under 25s in City and Hackney were similar to London and England averages.
- Homerton data showed a 25% rise in admissions for self-harm among CYP between 2019/20 and 2020/21. Similar rates had been seen pre-pandemic.
- Admission rates were twice as high among black and white non-British backgrounds compared to white British backgrounds.
- Hospital attendance rates underestimate the true scale of the problem.
- Nationally, self-harm is more common in girls, those in residential settings, LGBT+ CYP, young Asian women and those with SEND.

Wellbeing and Mental Health in Schools (WAMHS)

- Hackney was a trailblazer site for Mental Health Support Teams deployed in schools.
- WAHMS launched in 2019 and is in approximately 86% of schools in the borough.
- Stakeholders highlighted the lack of individual school data to target interventions and evaluate if needs are being met and a gap for independent schools not involved in the WAHMS program.

Mental health services

- The rate of hospital admissions for under 18s with mental ill health in City & Hackney was 82.4 per 100,000. This is similar to London and England averages.
- The 2019/20 rate of referral to tier 2 and 3 services for under 18s in Hackney was 6,059 per 100,000, which is significantly higher than the London average and similar to the England average.
- “Improving outcomes for young black men” reported that black Caribbean and mixed white-black Caribbean children are overrepresented in CAMHS cases in Hackney.
- Stakeholders emphasised the need for culturally aware support for African, Caribbean and mixed heritage children, young people and their families.

Recommendations

	2022 Recommendations	Supporting rationale
1	Commission a bi-annual health survey to be undertaken in primary and secondary schools to produce borough and school level data. This can be used to inform and monitor the effectiveness of school based early/targeted interventions over time emotional wellbeing, exam stress, bullying, risky behaviours etc.,	**Healthy Child Programme HIA: Building resilience and emotional wellbeing** ● **Hospital admissions for self-harm, 10 - 24 years** Homerton data shows a 25% rise in admissions for self-harm among CYP between 2019/20 and 2020/21. 78.7% of the admissions were for a single episode, whereas 13.1% were admitted twice. The remainder had three to ten admissions, totally 90 overall. Admission rates were twice as high among black and white non-British backgrounds compared to white British backgrounds. Improving young people's health and wellbeing: a framework for public health (supports universal and targeted approaches) The 'Valuing the Future Through Young Voices Report, Hackney Futures Commission' conducted in 2019/20 found loneliness, stress, anxiety and other mental/social issues had a negative impact on wellbeing *Me, You and I Survey*, found two-thirds of respondents rated their emotional health as average or below, 39% felt that emotional wellbeing had decreased in response to the pandemic; only 14% would speak to a mental health professional
2	School nurses to promote initiatives undertaken by the CVS Sector in schools to address Black Mental Health/Young Black Men's Mental Health	See: Black Young Men's Programme - Mental Health Strand
3	Undertake work with the Youth Parliament to raise awareness of self-help tools, the benefits of speaking to a Counsellor and to ensure young people friendly SEL services are promoted	See: Black Young Men's Programme - Mental Health Strand
4	Integrate emotional wellbeing/mental health into other Young People Services - sexual health, smoking cessation, weight management	Improving young people's health and wellbeing: a framework for public health

	2022 Recommendations	Supporting rationale
5	Commission additional support for schools to implement and coordinate whole school approaches to improve pupil health and wellbeing utilising local health data	See Healthy Schools Evaluation See insight interviews
7	Promote links to local PA activities, within Health Education	Research has shown physical activity can have a positive impact on low level depression
8	Review the roles of professionals working in schools - school nursing, PSHE, CHYPs Plus, MHST's, WAMHS, PSHE Leads and the CVS to ensure that there is universal emotional health and wellbeing support for pupils	Improving young people's health and wellbeing: a framework for public health
9	PSHE curriculum - focus on emotional health and wellbeing as a priority area - a strategic approach to PSHE is needed which ensures that all pupils receive an equal experience in terms of information and support	Improving young people's health and wellbeing: a framework for public health
10	Provide training on the Solihull Approach to upskill professionals working with children on social and emotional wellbeing	Widens support available to children and young people Evidence based approach

7. Healthy Lifestyles

Introduction

The new Personal Social and Health Education (PSHE) guidance effective from September 2020, requires that Health Education is now compulsory in all maintained primary and secondary Schools (PSHE is already compulsory in Independent Schools as set out in the Independent School Standards). The new curriculum prepares pupils to manage social influence and pressure and gives them the knowledge and strategies to make positive choices that keep them healthy (219). Areas covered within the new curriculum include how to maintain a healthy balanced lifestyle through food choices and physical activity, as well as addressing the potential barriers young people might face.

Obesity and dental caries are two of the most prevalent health conditions affecting children. Consumption of free sugars is a risk factor both for dental caries and obesity. Given that excessive intake of free sugars and social deprivation are risk factors for dental caries and obesity, these two outcomes may be more likely to co-exist within the same individuals or populations.

Obesity

There has been a record rise in children classed as overweight or obese during the COVID-19 pandemic. Obesity levels in England have risen dramatically among reception age children (4-5yrs) from 9.9% in 2019/20 to 14.4% in 2020/21 (220). Over the same period, the obesity prevalence gap between reception-age children living in the most and least deprived areas increased from 6.3 percentage points to 10.7 (220).

The UK ranks among the worst in Western Europe for childhood obesity rates, with one quarter of children in England classified as obese or overweight by the time they start primary school. Children from culturally and ethnically diverse families are more than twice as likely than children from white families to be overweight and obese, more likely to be in households with persistent low income and more likely to be experiencing food insecurity; with evidence that this inequality is increasing (221).

Evidence shows that children with learning disabilities are at increased risk of a number of health and social issues e.g., they are more likely to be overweight (a BMI of 25 - 29.9%) or obese (a BMI of 30 - 39.9%) compared to those without learning disabilities (222). If obese, they are more likely to be ‘severely obese’ i.e., have a BMI of 40 or above (37%) compared to those without learning disabilities (30.1%).

Overweight or obese children are more likely to experience bullying, stigmatisation and low self-esteem, while the physical health effects have a profound impact on overall morbidity and mortality. It is estimated that obesity-related conditions cost the NHS £6.1 billion per year, with the total cost to society estimated to be around £27 billion per year (223).

Physical activity

Physical activity contributes to both good physical and mental development and has many physical and emotional benefits. Developing regular physical activity behaviours in childhood is essential as many children and young people are not reaching the recommended levels of physical activity set by the UK Chief Medical Officer, of taking part in sport and physical activity for an average of 60 minutes or more every day (477). Physical activity rates are significantly lower in children and young people from black and minority ethnic communities, teenage girls, those with disabilities and children from a lower socio-economic group; this can contribute to childhood obesity, and poorer mental health.

Oral Health

Tooth decay is a largely preventable issue (224) and can co-occur with obesity and intake of sugary foods. Several cost-effective interventions are promoted by Public Health England including national policy to reduce the sugar content of food and drinks. Some of the cost-effective interventions recommended by PHE and NICE guidance PH55 are targeted supervised toothbrushing, targeted fluoride varnish programme and targeted provision of toothpaste and toothbrushes by post and by health visitors (224).

NICE PH 55 also recommends local prevention policies covering other aspects of health and wellbeing should provide advice and information about oral health. These include policies developed in care services and schools, as well as those on local food, drinks and snacks. Oral health advice should also be firmly embedded within all early year's services commissioned by local authorities, including in health visiting services, children's centres, early years services and childcare services. This advice should include information around accessing dental services and entitlements to free provision, as well as dietary advice and alternatives to sugary snacks.

Tailored services should be provided for high-risk groups, such as those who are socio-economically disadvantaged. A whole-schools approach should be adopted within nurseries, primary and secondary schools to promote and raise awareness of the importance of oral health. Specific interventions in nurseries and primary schools should be implemented such as supervised toothbrushing and fluoride varnish programs for high-risk children.

Food Insecurity

Food insecurity (sometimes referred to as food poverty) is defined by the Food and Agriculture Organisation as when there is a '...lack of regular access to enough safe and nutritious food for normal growth and development and an active and healthy life'. Those most at risk are families, black and ethnic minority groups, people with disabilities and children on free school meals.

Food insecurity can lead to higher consumption of food that is readily available or cheapest. Highly processed foods that are energy-dense, high in saturated fats, sugars and salt are often cheaper than fresh fruits and vegetables, but nutrient poor; they do not keep your body

healthy and functioning well. These factors contribute to overweight and obesity but can also contribute to undernutrition; both can co-exist, and both are consequences of food insecurity.

Emerging research shows that food insecurity worsened as a result of COVID-19, both globally and in the UK (225). COVID-19 consumer research on the lived experience of people living in food insecurity during the pandemic found that:

- larger households (4+), those in younger age groups (aged 16-24), and those in households with a child were more likely to be food insecure
- rising costs (such as utility bills or caring for children) impacted access to affordable food
- in addition to missed meals, participants also experienced physical, emotional, social and financial challenges
- people were unable to access sufficient help to meet their needs, or unaware of support or unwilling to access charitable help due to perceived stigma

The Trussell Trust supports a nationwide network of food banks and provides emergency food and support to people living in poverty. Primary referral causes in 2019-2020 to Trussell Trust food banks, in order of need were:

1. Low income
2. Benefit delays
3. Benefit changes

The number of emergency food parcels that were distributed to children under 17 in Hackney between the 1 April and 30 September in 2021, 2020, 2019 and 2016 respectively are shown in the table below.

Table 7: Number of emergency food parcels distributed to children under 17, Hackney, 2016 to 2021

Year	Number of parcels
2016	535
2019	1,021
2020	2,884
2021	2,087

Source: The Trussell Trust, 2021

Notes: Data refers to 1st April to 30th September. Food parcels are linked to the local authority based on where the distribution centre is based, rather than where the person needing support is living

High impact areas

Childhood and young adulthood are opportune times to establish healthy lifestyles and to intervene quickly. It is important to consider the wider environment in which the opportunities for healthy lifestyles exist and to not view unhealthy choices as individual to each family, child or young person; adequate support and resources should be provided to promote healthy lifestyles.

High impact areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIA for this chapter are:

- Maternity High Impact Area 3 - Supporting healthy weight before and between pregnancies.
- Early Years High Impact Area 4 - Supporting healthy weight and nutrition/excess weight 4 - 5yrs
- Early Years High Impact Area 6 - Health, wellbeing and development/tooth decay at age 5yrs
- Young People High Impact Area 3 - Supporting healthy lifestyles/excess weight 10 - 11yrs

National/regional policy

Chapter 3 of the Childhood obesity strategy has been published as part of the 2019 Advancing our health: prevention in the 2020.(226) This sets out the government's plans for: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. Childhood obesity: a plan for action 2018 Chapter 2 (227) is part 2 of the government's Childhood obesity: a plan for action 2017 to significantly reduce childhood obesity by supporting healthier choice, includes action on sugar reduction, calorie reduction, advertising and promotion, the establishment of healthy food environment and work with schools (including School Food Standards). The plan aims to halve childhood obesity rates by 2030 and to significantly reduce health inequalities.

Tackling obesity - empowering adults and children to live healthier lives, July 2020 (228) updated policy following the pandemic aimed at changing the 'obesentric' environment; it recognises that although people may want to lose weight, we are all biologically programmed to eat and that advertisements and promotions for food can make it hard to eat healthily. The policy empowers people to make healthier choices with support of the NHS and shifts the focus from healthcare to public health and prevention. The policy includes evidence-based tools and apps with advice on how to achieve and maintain a healthy weight, it includes commitments to:

- expand weight management services available through the NHS.
- publish a nationwide public consultation on the 'traffic light' label which aims to help people make healthy food choices.
- introduce legislation to require large food businesses to add calorie labels to their food.
- consult on the proposal to require companies to provide calorie labelling on alcohol.

- Legislate for the end of the promotion of foods high in fat, sugar or salt (HFSS) by restricting volume promotions such as buy one get one free, and the placement of these foods in prominent locations.
- ban the advertising of HFSS products being shown on TV and online before 9pm.
- holding a short consultation on restricting all HFSS advertising online.

The UK Government, in conjunction with the Department for Education and with support from Public Health England, have introduced School Food Standards, which have minimum requirements for fruit and vegetable provision and limits of calorie rich foods. The majority of schools are subject to these standards (excluding some academies and free schools).

National Child Measurement Programme (NCMP) is a nationally mandated public health programme which provides surveillance data on child weight status to understand and monitor obesity prevalence and trends at national and local levels. The NCMP measures the height and weight of children in reception class (aged 4 to 5) and year 6 (aged 10 to 11), to assess overweight and obesity levels in children within primary schools. This data is used to inform obesity planning and commissioning and underpins the Public Health Outcomes Framework indicators on “excess weight in 4 to 5 and 10- to 11-year-olds”. However, as children of different ages and sexes grow and develop at different rates, a different method is used for defining overweight in children than for adults. BMI for children is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account. This is the most widely used marker of childhood obesity and total body fatness.

Differences in child obesity by ethnic group

A recent study has demonstrated that body mass index (BMI) underestimates body fat among South Asian children and overestimates it among Black children. Therefore, the prevalence of obesity among Indian, Pakistani and Bangladeshi boys in Yr. 6 is an underestimate; and overestimates for Black Caribbean, and African boys in Yr. 6. The study calls for obesity prevalence to be reported using adjusted BMI, so appropriate policies can be developed to support Black and Asian ethnic groups. (229)

Research and analysis undertaken by PHE Differences in child obesity by ethnic groups (230) in 2019 confirms that ethnic disparities in obesity prevalence are greater in Year 6 than in reception and found that predicted obesity prevalence for black children compared to white children was reduced, but had little effect for Asian children. It was concluded that further work was required, (as the data was based on one year of NCMP data) that combines more years of NCMP data and widened to include other weight categories such as severe obesity or overweight including obese.

Healthy Place Healthy Weight

The Mayor's report is a recovery mission which aims to create an environment that supports a healthy lifestyle by working in partnership. The Report has been developed in response to the weight gained by children and young people over the pandemic and reflects the importance of the wider determinants of health and place-based interventions rather than on individual behavioural change and builds on work already taking place. Cultural competency, community-centred approaches and a collective ambition to tackle poverty and reduce inequalities are central to achieving this.

The London Health Inequalities Strategy (19) includes Healthy Living as one of its aims, which wants all Londoners to be achieving the physical activity they need on a daily basis to stay healthy, with efforts focused on supporting the most inactive. South Asian children have lower levels of physical fitness than children in white European and black groups, and physical activity levels are lower among children from Bangladeshi and Pakistani groups.

National Audit Office (NAO) Report on Childhood Obesity 2020, (231) shows that children in deprived areas are twice as likely to be obese than those living in less deprived areas. This gap is widening with the increase in age. Obesity rates in children vary considerably in different ethnic groups.

The Food Foundation (232) reported that throughout the pandemic (March 2020 to January 2021) a higher percentage of households with children experienced food insecurity compared with households without children. Households with a lone parent or more than 3 children, were more likely to experience food insecurity.

First Steps Nutrition Trust in their report Enabling children to be a healthy weight - What we need to do better in the first 1,000 days (94) has made a number of recommendations to help achieve the UK Government's commitment to halve childhood obesity by 2030.

1. Leadership, strategy and data collection
2. Societal knowledge of preconception health, pregnancy and breastfeeding
3. Infant feeding
4. Introduction of solids, and responsive feeding
5. Composition, labelling and marketing of foods for infants and young children
6. Making statutory family support services fit for purpose
7. Nutrition training for health professionals
8. Enshrining the right to food in law

A report from the Association for Young People's Health shows that the proportion of people eating recommended portions of fruit or vegetables per day is lower in ethnic minority groups than in white groups and childhood obesity rates are higher among black and Asian children. Some of these differences may be associated with higher levels of deprivation among ethnic minority groups, as children in deprived areas are twice as likely to be obese than those in less-deprived areas.

Food Poverty & Health, Hungry for change: fixing the failures in food exposed 2020 *(*233), highlights the fragility of people's economic situation (an impact of the COVID-19 crisis) and problems relating to poverty, food insecurity and health inequalities. Barriers were found at all levels of the food system that make it harder for people living in poverty to access a healthy and sustainable diet.

Research found that 52% of households with children are unable to afford a "socially acceptable diet" (490), as defined by the Minimum Income Standard and diets which meet or exceed dietary recommendations as set out by the UK's Scientific Advisory Committee on Nutrition (SACN) were more expensive than diets which did not (Jones et al, 2018) (491).

The Government Committee report recommends measures to address:

- people's ability to access food and the impact on their diet of living in poverty.
- the efficacy of existing Government food programmes; the factors that influence consumer behaviour.
- the availability of less healthy foods; and food production and the natural environment.
- Although the Government has introduced guidance on what constitutes a healthy diet through Public Health England's Eatwell Guide it has not fully evaluated whether the diet is affordable to everyone.

The Food Foundation Broken Plate 2021 (234) report assesses whether progress has been made against ten metrics, selected to provide a holistic picture of the food system organised around four focus areas:

1. Make healthier options more appealing
    a. Advertising spend on fruit and vegetables is very low only 2.5% of total food and soft drink advertising
2. Make healthier options more affordable
    a. The poorest fifth of UK households would need to spend 40% of their disposable income on food to meet Eatwell Guide costs; this compares to just 7% for the richest fifth.
    b. Healthy foods are nearly three times as expensive as less healthy foods
    c. 25% of workers in the food sector earn the minimum wage or below compared to 11% of workers across the UK
3. Make healthier and sustainable options more available
    a. 1 in 4 places to buy food are fast food outlets. The proportion of fast-food outlets is higher in the most deprived local authorities compared to the least deprived
    b. 96% of yoghurts and 92% of cereals marketed towards children contain high or medium levels of sugar
    c. 22% of ready meals are vegetarian or plant based, with a welcome drop in price for vegetarian and plant-based meals since last year's survey
4. Act now and address inequalities so that everyone has the chance of a longer healthier life

a. Children in the most deprived fifth of households are almost twice as likely to have obesity as those in the least deprived fifth of households by age 4–6
b. Children in the UK at age 4-5 are on average shorter than children in other comparable high-income countries. In England, children living in deprived communities are shorter than children living in wealthier communities by the time they reach age 10-11
c. There are almost 10,000 diabetes-related amputations carried out on average per year, an increase of 24% in the past five years

Guidance & Training Resources

Making obesity everybody's business - 'a whole systems approach' (235) provides local authorities with a different approach to tackling obesity that involves a whole local system of stakeholders, recognising that it is a problem that goes far beyond public health.

A whole systems approach engages stakeholders across the wider system to develop a shared vision and actions to address the drivers of obesity that are outside the boundaries of public health. The benefits of this approach are recognised in 'A Whole systems approach to obesity; A guide to support local approaches':

- collective actions are greater than the sum of individual actions
- recognises the local leadership role of local authorities to engage with an extensive range of stakeholders, and communities
- aligns with a 'Health in All Policies' and health inequalities
- maximises all the assets in the local area and builds on the strengths of communities
- supports a community centred approach to tackling health inequalities
- develops transferable workforce skills and capacity
- recognises the potential of all partners to contribute

New guidelines to support disabled children to be more active Feb 2022 - the guidance recommends daily levels of physical activity, to support disabled children and young people to improve their physical and mental health.

PHE Let's Talk About Weight: A Step-by-Step Guide to conversations about weight with children and families for health care professionals (236). The tool focuses on 3 key elements for effectiveness (ask, advise and assist) and provides tips and examples which can be applied to practice.

Better Health - Start for Life 'Introducing Solid Foods' campaign offers parents support and advice on introducing solid foods to their baby. As part of the campaign, a 'weaning hub' is available on the Better Health Start for Life website to help parents introduce solid foods to their baby and includes NHS-endorsed advice, videos and tips, plus simple, healthy recipes. A range of digital and print resources are available from the Campaign Resource Centre including:

- A4 Poster - What should baby be eating
- A4 Poster - Ready for weaning
- A4 Poster - Wean safely
- Communications Toolkit
- Social Media Toolkit
- Take-home Wallchart

Eat Better, Start Better Voluntary Food and Drink Guidelines for Early Years Settings in England updated 2017 (237) sets out the government's dietary recommendations for children aged 6 months to 5 years and the food and drink guidelines for early years settings.

School Meals and Nutrition Standards, The Requirements for School Food Regulations 2014 (238) outlines the role of school governing bodies, and the legal requirements for food provided across the school day and is supported by resources to help schools plan and provide healthy food in schools.

The Healthy Schools Rating Scheme (239) recognises and encourages schools' contributions to pupils' health and wellbeing and is a commitment from the government's Childhood Obesity Plan. Each participating school receives a report based on their survey answers, and those achieving Gold, Silver or Bronze awards receive a certificate.

The Town and Country Planning Association (TCPA) and PHE have set out 6 elements to help achieve healthy weight environments through planning in the 2014 publication 'Planning Healthy Weight Environments' (240):

1) movement and access - promoting active travel and physical activity.
2) open spaces, recreation and play - providing informal and formal spaces and spaces necessary for leisure, recreation and play.
3) food - improving the food environment for both consumption and production of healthier food options.
4) neighbourhood spaces - improving public realm and provision of community facilities to run local programmes such as for weight reduction.
5) building design - building to promote living healthier lifestyles.
6) local economy - supporting people into local employment in accessible and healthy town centres or high streets.

National Child Measurement Programme: operational guidance 2020 (241). This guidance document advises local commissioners and providers of the NCMP on how the programme should be implemented during the COVID-19 outbreak.

Making Every Contact Count (MECC) (242) is an approach to behaviour change that takes advantage of the day-to-day interactions that organisations and people have with other people. The aim is to encourage positive changes in health and lifestyle behaviours that will improve the health and wellbeing of individuals, communities and populations. MECC

focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Maintaining a healthy weight
- Improving mental health and wellbeing

Local Government Declaration on Sugar Reduction and Healthier Food (243) provides a framework to support councils to use strategic leadership and influence to improve availability and access to healthier food and reduce the promotion and availability of foods and drinks high in sugar, fat and/or salt.

Healthy weight coaches is an e-learning programme to support professionals to signpost or refer people to national or local weight management services as part of the government's funding to expand services.

Healthy Start Vouchers & Vitamins is a nationwide statutory scheme which provides a nutritional safety net to pregnant women and children under four in low-income families in receipt of certain benefits or tax credits. Vouchers can be used to buy milk and fresh or frozen fruit and vegetables. The scheme went digital in 2022, the paper application system and paper vouchers have been replaced with an online application form and a prepaid Mastercard; paper vouchers will no longer be issued after March 2022.

Local Policy

Hackney Draft Joint Health & Wellbeing Strategy 2022/26 is currently under consultation and has three key objectives to improve health and reduce inequalities: improving mental health, increasing social connection and supporting greater financial security.

The Healthier Hackney Framework was developed by Hackney's Healthy Weight Strategic Partnership, who work together to take a whole system approach to obesity. The vision of the Healthier Hackney Framework is "for everyone in Hackney to have the opportunity to be a healthy weight and to reduce health inequalities and improve health and wellbeing. The framework is grouped into five distinct focus areas:

1. **Working together:** bringing people together by supporting the development of a social movement for healthy weight in Hackney.
2. **Targeted help:** supporting people at greatest risk of obesity-related harm.
3. **Food:** improve access to affordable healthy food (linked into the Hackney Food Poverty Alliance).
4. **Place:** design and use of places and spaces, making it easy for people to be active in their everyday lives.

5. **Easy access to information:** making it easy to find information about services or programmes or opportunities to support and empower people to live a healthy life.

Hackney A Place for Everyone, Hackney Local Plan 2033, Strategic Planning (adopted July 2020). The Local Plan (LP33) is the key strategic planning document used to direct and guide development in the borough up to 2033 and contains restrictions on hot-food take-aways and a commitment to healthier catering. LP9 includes a commitment that all major schemes of 50 housing units or more, non-residential developments of 10,000 sqm or more, that include proposals for takeaways, must submit a Health Impact Assessment (HIA). In LP 39 it also stipulates that hot-food takeaways cannot be located within 400 metres of the boundary of a primary school, secondary school or community college; and those businesses operate in compliance with the Council's Healthy Catering Commitment.

Hackney Food Justice Alliance (HFJA) is a coalition of more than 40 statutory services and community and voluntary organisations across the borough. The alliance has developed a Hackney Food Poverty Action Plan 2020 - 2022 (244) with support from the Council. The vision is that every Hackney resident will enjoy a healthy, sustainable, affordable and culturally appropriate diet and that Hackney is a borough where food brings people together through growing, cooking and eating.

Evidence based practice

(the evidence base for Oral Health has been included in the 2022 Oral Health Needs Assessment)

Obesity can be thought of as a 'complex' phenomenon: an interaction of individual, social and environmental factors, including income, housing, education, access to space, behaviours and habits, social norms and support, beliefs, biological factors, exposure to advertising and sale of unhealthy foods and the availability and quality of foods. The dominant driver of these factors is what we eat, which is shaped by our food environment, and this environment plays a key role in driving health inequalities between people living in advantaged and disadvantaged circumstances. There are a variety of interventions to target both maternal and childhood obesity, from education about the nutritional content of foods, to regulating advertisement of high calorie foods to children and requiring corporations to reformulate the foods they provide.

Tackling obesities: future choices - project report (2nd edition) identified five core principles for tackling obesity (245). A system-wide approach, redefining health as a societal and economic issue

1. A focus on prevention
2. Engagement of stakeholders within and outside Government
3. Long-term, sustained interventions
4. Ongoing evaluation and a focus on continuous improvement

Individual interventions for children/families

Randomised control trials confirm that interventions based on dietary restriction and increased physical activity can be effective for individuals but can be difficult to maintain; more understanding is required of how behaviours are maintained and the role that habit plays in their maintenance (245). It is noted that research in this area is problematic due to compliance and difficulties in measuring reports vs. actual food intake. However, it is also noted that greater attention needs to be given to the impact of food costs on low-income families, identifying those at risk and understanding their awareness, attitudes, perceptions and beliefs about health.

Healthy eating habits established in childhood however can have long term effects; a recent meta-analysis study on behavioural interventions in children concluded that they can improve healthy eating, with effects being larger when children were followed up over a longer time period (6 and 12 months) (246).

Free school meal provision can also help to reduce inequalities between children in terms of quality of food consumed. A recent impact report by the government found that children offered universal free school meals as part of a pilot were more likely to consume vegetables and drink water and less likely to eat crisps than when they eat packed lunches (247).

Group based (family/parent only) programmes for children/families

The HENRY (Health, Exercise, Nutrition for the Really Young) programme (488) is an 8-week programme delivered to parents of preschool children, it focuses on parents as the key agents of change and is designed to support families to optimise healthy weight behaviours. The programme is a family partnership model, utilising strengths-based and solution-focused approaches and motivational interviewing. Evidence from the Early Intervention Foundation (EIF) found the programme improves increases in the frequency of eating healthy foods (including vegetables and fruits) and a decreased frequency of eating unhealthy foods (including cakes and biscuits). However, a robust independent evaluation using a randomised controlled design has not been conducted.

A 2019 research study (489) with the aim of determining the effectiveness of family-based weight management interventions for children with overweight and obesity presented findings from a review of 14 systematic reviews undertaken between 2004 and 2015. It included 47 independent trials ranging from one month to seven years follow-up, conducted in 16 countries. The study concluded that family-based interventions targeting parents, alone or with their children were successful in improving child (6 - 13yrs) weight and/or weight-related behaviour. However due to the lack of high-quality evidence, it recommended that further research should be undertaken, particularly around emerging parent-only interventions.

The evidence supporting parent-only interventions has found that parental involvement in interventions promoting child-parent relationship and dietary self-efficacy were not sufficient

to produce significant changes in children's body mass index. However, it was noted that further studies should be undertaken as part of a long-term evaluation.

Maternal Obesity

Diets during pregnancy are not recommended due to the potential harm to the unborn child (NICE Guidance PH47). It is recommended however that women with a BMI >30kg/m2 should be offered a referral to a dietitian or appropriately trained health professional for advice around healthy eating and how to be physically active. Dietary intervention and encouragement of physical activity have been shown to be beneficial in reducing maternal obesity (248). Support should also be available for up to 18 months post-partum to support women to lose weight as advised in Quality Statement 2 QS98 and Quality Statement 8 QS37 (249).

Environmental interventions

To address obesity at a population level it is recognised that interventions that address the influences that promote obesity in individuals and populations in the surrounding environment also need to be undertaken (250). Environmental factors can undermine the capacity people have to make responsible decisions about personal diet and physical activity i.e., increased availability, accessibility and affordability of energy-dense foods, along with the intense marketing of these foods, the lack of green space, the availability and affordability of healthy food, placement advertisements etc.

At a national policy level, the introduction of the soft drinks industry levy aimed to reduce the amount of sugar in sugar-sweetened beverages. The UK government in conjunction with Public Health England (PHE) aimed to reduce the sugar content of foods consumed by children by 20% by 2020 (4). A study evaluating the impact of the policy on reducing sugar in-take found it was responsible for a reduction in intake of just under 6,500 calories from soft drinks, per annum, per UK resident (251)

The London School of Hygiene & Tropical Medicine (LSHTM) published a study in February 2022 (252) which measured the changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar (HFSS) products across the Transport for London network. These restrictions included advertising on the London Underground, the TfL Rail network, and at bus stops. The study estimated that this had contributed to a 1,000 calorie decrease in energy from unhealthy food in consumers' weekly shopping and concluded that policies that restrict the advertising of HFSS products are potentially effective tools which can be used to improve diet, reduce obesity and diet-related diseases and tackle health inequalities.

Whole System Approaches UK and International

EPODE (Ensemble Prevenons l'Obesite Des Enfants) - Together Let's Prevent Childhood Obesity is a holistic, whole-system approach that aims to identify and address all the causes of childhood obesity. It is a collaboration of parents, schools, health professionals,

communities, businesses, central and local governments working together to tackle the causes. The programme commenced in 1992 and following a successful five-year pilot study has been expanded worldwide (492).

Measures taken by the French government included the banning of fizzy drink and snack machines in state schools, misleading television and print food advertising and a 1.5 per cent tax on the advertising budgets of food companies that do not encourage healthy eating.

The main four pillars of the methodology are

1. Gain formal political commitment from leaders of the key organisations, which influence policies both on a national and local level
2. Ensure sufficient resources are available to fund both central support services and local implementation
3. Provide social marketing, communication and support services for community practitioners
4. Evidence-based approach to implementing and evaluating the programme.

Activities undertaken through EPODE include:

- Social marketing campaigns on different topics (the importance of hydration, a balanced diet, physical activity through play, and sleep).
- Development of tools for educators.
- Activities for the whole community (for example, a Vitality day - an opportunity for families to spend a fun day being physically active).
- Introduction of a "Vitality pass" to encourage families to participate in healthy events.
- Action on fruits - a kindergarten programme where children are introduced to different types of seasonal fruit.
- The installation of sport and recreational facilities in the communities.

Although the model is specific to the French lifestyle and culture, key components have been modelled internationally and tailored to local areas.

The Amsterdam Healthy Weight Approach (AHWA) comprises a range of activities across schools and the community and led to the prevalence of combined overweight and obesity among under-19s in the city falling from 21 to 18.5 per cent between 2012-15. The AHWA is a local government led approach that has the objective to encourage sustainable, healthy weight for children in a healthy environment. A report published in 2020 found that the strength of the AHWA lies in adopting a whole systems approach, in which the key is, to collaborate in an integrated, multi-level, multi sectoral way, with a variety of stakeholders from within and outside the field of public health (493).

Go-Golborne was designed in 2014 and implemented over 3 years (2015–2018) to test a community-based whole system approach to preventing overweight in children in the Golborne ward, London using a targeted approach to identifying and addressing barriers to a healthy lifestyle at a community level (493) The programme was informed by the best practice principles for community-based obesity prevention (494), the World Health

Organisation Good Practice Appraisal Tool for Obesity programmes (495), projects, initiatives and interventions and the EPODE approach to childhood obesity prevention.

The evaluation used a case-study design and theory of change approach to assess effectiveness, and the RE-AIM (reach, effectiveness, adoption, implementation, maintenance) framework was used to synthesise findings and public health impact (496).

Although Go-Golborne helped stakeholders and parents to develop a shared commitment to improving healthy weight in children, to identify barriers to a healthy lifestyle, and to start to make changes in their services/behaviours, a 2020 impact study (497) concluded this did not lead to significant behaviour change within 3 years and highlighted the need for local initiatives to be reinforced by supporting action at regional, national and global levels.

Lewisham Council is one of four authorities taking part in a national pilot to implement a whole system approach to obesity and is currently in Phase 6 - pilot, monitoring and evaluating actions (498).

School Based Approaches & Interventions

NICE Guidance (253) recommends that improving the diet and activity levels of children and young people is a priority to help prevent excess weight gain. A whole-school approach should be used to develop life-long healthy eating and physical activity.

An 2016 evaluation of the Healthy Schools London (HSL) (254) programme endorsed the programme as a useful instrument to gain access to schools to help address a wide range of health issues, concerns, and strategies. It supports school staff to target interventions around the design of eating spaces, dining halls, and lunch rooms, and was an important factor in helping schools to identify unhealthy treats and snacks as a problem for their pupils. The HSL award structure of Bronze, Silver, and Gold provides a framework for auditing school practices and reviewing health related policies and procedures.

The evaluation of the first year of the Healthy Early Years London (HEYL) (255) awards found that the HEYL evidence supports and complements evidence required for OFSTED Inspections and that it adds value through partnership working. It complements and enhances the statutory Early Years Foundation Stage (EYFS) and covers, healthy eating; breastfeeding and starting solid food; oral health; physical activity; physical development; reducing sedentary (inactive) behaviour; speech, language and communication; early cognitive development; social and emotional health and wellbeing; parenting and home learning; home safety, accident prevention and reducing injuries; supporting children with chronic health conditions; special educational needs and disabilities; infection control and immunisations; parent and staff health concerns, including: mental health, alcohol and substance misuse, smoking and sustainability e.g. air quality.

At a macro level, HEYL has done very well in reaching more deprived communities; the ongoing challenge remains in reaching and recruiting more settings in the more deprived

communities, and reaching the most deprived children and families, especially if parents/carers are out of work.

School based interventions for families

A review undertaken in 2020, found that some school-based interventions had been found to be effective settings for reducing childhood obesity (256). The international review evaluated primary school-based interventions that were: controlled studies, had a duration over 1 school year, and were implemented with family involvement targeting dietary, physical activity and sedentary behaviours. It looked at published studies published between 2000 and January 2015, and then expanded the date criteria to January 2019. Successful strategies were: found to be teachers acting as role-models and being actively involved in the delivery of the intervention, school policies supporting the availability of healthy food and drinks and limiting unhealthy snacks, changes in the playground, and in the physical education classes to increase physical activity, and involving parents in the intervention via assignments, meetings, informative material and encouraging them to improve the home environment. The use of incentives for children included social marketing techniques, and collaboration with local stakeholders which increased effectiveness. Programmes that only focused on educational sessions and material for parents, without promoting relevant environmental and policy changes, were found to be less effective. Cultural adaptations were recommended to increase the intervention's acceptance in specific or vulnerable population groups.

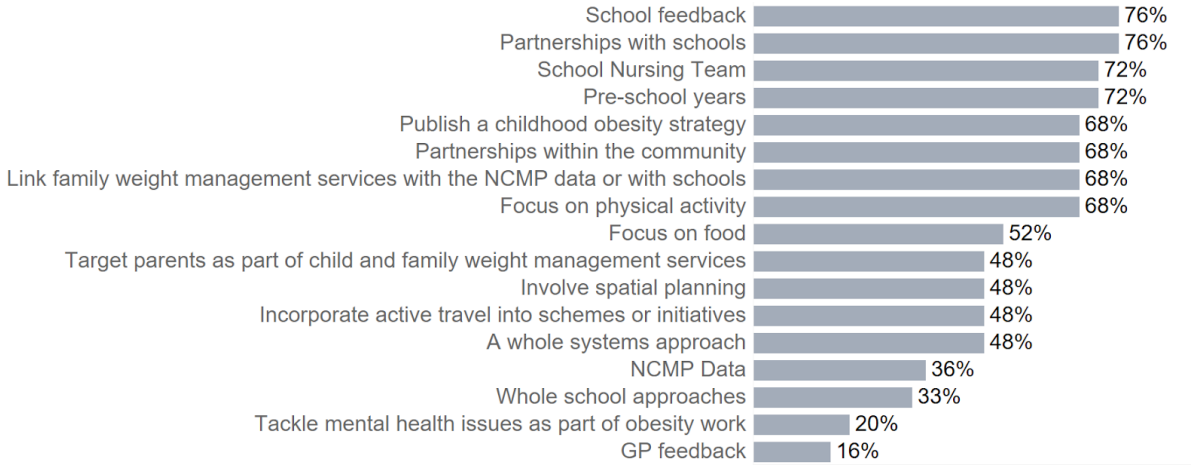
Interventions that have increased physical activity levels

- campaigns to improve children's health should be directed to whole families
- for under-fives the focus is on active play rather than formal activity
- 'whole school approach', including physical education, classroom activities, after-school sports, and promoting active travel to and from school
- Community and youth clubs that offer physical extracurricular activities help children and young people get active in an enjoyable and supportive environment. Improving access to safe and appropriate play spaces, including green space, is vital to enable more children to play outdoors.
- transition periods between stages in education and through to employment may result in reduced physical activity

Shared Learning

'Learning from local authorities with downward trends in childhood obesity' Report (257) identifies commonalities in approaches and interventions by local authorities with downward childhood obesity trends between 2007/7 to 2015/16. Common themes are shown in the figure below.

Figure 7: Approaches used by local authorities with downward trends in childhood obesity, England, 2006/07 to 2015/16



Source: Learning from local authorities with downward trends in childhood obesity, PHE/UCL, 2020

The most common approaches (reported by around three-quarters of LAs studied) included:

- Linkage across child and family weight management, the NCMP and schools
    - Included signposting parents to weight management services following NCMP results
    - Supporting school nurses to follow-up NCMP results with families and referrals made to weight management services
    - Target weight-management to schools in greatest need based on NCMP data.
- Focus on schools using in some instances, 'whole school approaches'
    - Supporting 'Healthy Schools' schemes
    - Commissioning evidence-based programmes
    - Delivering physical activity + nutrition programmes
    - Recognising and rewarding school efforts
- Strong focus on early years nutrition and exercise
    - Promoting and supporting breastfeeding
    - Having an early-years strategy that focuses on nutrition, diet and exercise (HENRY) as well as development

Other common approaches included having an openness to partnership working with other local authorities and the third sector, and developing a local childhood obesity strategy . 'Whole systems' approaches were reported as being used by less than half of the local authorities interviewed.

The Childhood Obesity Trailblazers Programme supports the mobilisation of cross-sector action in localities across England to tackle childhood obesity. Capturing, sharing and dissemination of learning between the Trailblazer areas and the wider sector is a key part of the programme. Three themes have emerged:

1. Relationships with partners and collaboration
   the establishment of shared ownership and shared action amongst partners

2. Governance
   Understanding what different governance routes are needed in different parts of the council is essential to having a joined-up approach, and key to delivery and strong leadership. This can be across tiers of local government and between sectors.

3. Opportunities
   Assess opportunities from local organisations who share similar values, and national organisations who support the wider childhood obesity agenda to ensure they align with the ambition for the programme.

Examples of good practice from the Childhood Obesity Trailblazers included:

- engaging with elected members through virtual workshops to develop system leadership
- understanding the needs of early years practitioners for providing more information and support to families around healthy eating and healthy lifestyles
- undertaking a co-production exercise with the Young Mayor's Team to develop health messages for out of home advertising, assisted by one of Lewisham's advertising partners Outsmart
- undertaking focus groups with families to develop a prototype of a recipe bag or box containing low-cost ingredients and recipes

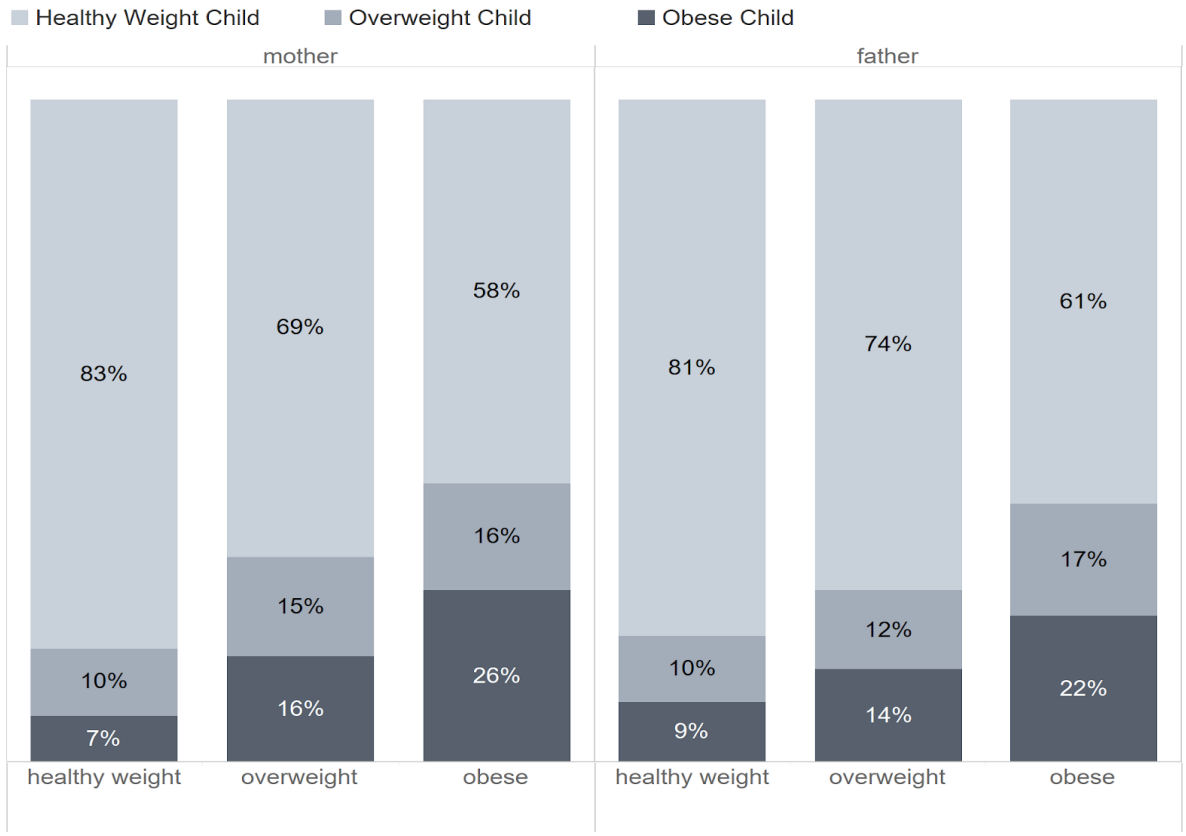
The level of need in the population

Influence of parental obesity

Parental obesity can be detrimental to both mother and baby, with impacts starting in the perinatal period. Statistics on Obesity, Physical Activity and Diet, England, 2020 showed a clear association between the weight of mothers and the weight of their children (258).

The below figure demonstrates a positive association between maternal and paternal obesity and childhood obesity. Children whose mother or father were obese were 26% and 22% more likely to be obese themselves. (258).

Figure 7.01: Proportion of child healthy weight, overweight and obesity by parental weight category, England, 2017/18



Source: Statistics on Obesity, Physical Activity and Diet, England, 2020

Obesity in pregnancy

Supporting healthy weight before and between pregnancies has been identified as one of the Maternity High Impact Areas (HIA 3) the relevant performance indicators are:

- Obesity in early pregnancy

Table 7.1: Maternity High Impact Area 3: Obesity in early pregnancy

High Impact Area 3	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
1. Maternity High Impact Area	Maternal obesity at booking	NA at Fingertips	24.3% (2018/19)	-		

In England the highest proportion of obesity in early pregnancy in 2018/19 was among women of black ethnicity (32.6%), with the lowest proportion among women of Asian ethnicity (18.5%). The proportion of women who were obese in early pregnancy was also higher among women carrying a subsequent pregnancy (24.3%), compared with a first (18.3%). A clear gradient exists in England between obesity in early pregnancy and level of

deprivation. Women in the least deprived decile had the lowest proportion of obesity (15.0%), compared to those in the most deprived decile, who had the highest (28.5%) (259).

In 2018/19, City and Hackney were found to have one of the highest proportions of women in early pregnancy who were obese (24.3%) in England, with proportions higher than the London (17.8%) and England (16.1%) averages (259).

Data from maternity booking appointments at Homerton hospital shows that the proportion of women who were obese at booking was stable between 2017/18 (18.9%) and 2020/21 (18.8%) (89). In 2020/21, there was a statistically significantly higher proportion of obesity at booking among women aged 25 or older (19.8%) compared to women under 25 (14.3%) (89). In the same period, there was a higher proportion of obesity at booking among black women (37.9%) when compared to white women. In contrast to national data, proportions of obesity among Asian women were not significantly lower than the average. We do not have early pregnancy obesity levels for the Charedi community which represents 22% of the children population. In 2020/21, there was also a statistically significantly higher proportion of obesity at booking among disabled women (33.3%) compared to women with no recorded disability (18.5%) (89).

Hackney's whole population is concentrated in the three most deprived quintiles; however, it is still possible to observe a gradient between the three most deprived quintiles among pregnant women at booking. There were higher proportions of obesity at booking among women in the most deprived quintile (21.3%) and lower proportions among women in the third quintile (12.6%) between 2017 and 2021 (89).

Significant higher proportions of obesity were also observed among women who identified as other Christians (30.9%), Sikh (30.1%), Church of England (26.2%) and Muslim (25.4%) when compared to City and Hackney average (18.4%). The lowest proportions of obesity were among women who identified as having no religion (10.2%) and who were Buddhist (3.6%) (89).

Childhood obesity

The health impact of childhood obesity is well-established, and affects physical, psychological and emotional wellbeing. Childhood obesity increases the risk of glucose intolerance and type two diabetes, as well as biochemical abnormalities, such as elevated liver enzymes and abnormal lipid profiles. Beyond this, childhood obesity can exacerbate underlying conditions such as asthma, and contribute to social isolation, low self-esteem, teasing and bullying.

In the UK, BMI is calculated by dividing weight (in kilograms) by the square of height (in metres), for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account. In the UK, the ‘UK90’ reference is

used as the reference population for children aged 4 years and above. BMI is a screening method for weight categories—underweight, healthy weight, overweight, and obesity.

The cut-offs considered when measuring a population of children are slightly lower than the clinical cut-offs to capture those children already underweight, overweight or obese and those at risk of becoming underweight, overweight or obese (241).

Table 7.2: Population monitoring Body Mass Index (BMI) centile category

Population monitoring BMI centile category	BMI centile
Severe obesity	≥ 99.6th
Obese	≥ 95th
Overweight	≥ 85th
Healthy weight	>2nd to <85th
Underweight	≤ 2nd

Source: NCMP Guidance for analysis and data sharing, 2018

Severely obese children are at increased risk of developing a number of serious acute and chronic health problems and are more likely to require the involvement of specialist services in their care.

School closures in March 2020 led to disruption in NCMP measurements. Due to the impact of the Covid-19 pandemic, the 2020/21 collection was carried out as a sample and statistical weighting was applied to the data to produce an estimate of obesity prevalence at national level. However, in the City and Hackney, all data was collected and however, we cannot compare it reliably with other areas who undertook samples. When reviewing the NCMP obesity data for children in reception and year 6 it is worth noting that ethnically adjusted Body Mass Index (BMI) measurements are currently not in use. (220) Unadjusted BMI underestimates and overestimates body fat percentages in children from South Asian and black ethnic groups, respectively. Ethnic adjustment of BMI in the NCMP would ensure equitable categorisation of weight status and support service provision, while in the City and Hackney the proportions described below for year 6 children would be lower, although substantial variation between neighbourhoods would still exist.

Obesity among Reception & Year 6 children in the City & Hackney

Supporting healthy weight and nutrition has been identified as an early years high impact area (HIA 4) and supporting healthy lifestyles has been identified as a school-aged years high impact area (HIA 3). The relevant performance indicators for this section are:

- Excess weight 4 - 5 years.
- Excess weight 10 - 11 years.

Table 7.3: Proportion of children with overweight/obesity and severe obesity, Reception and Year 6, in the City & Hackney, London and England, 2008/09 and 2019/20

Area		Reception			Year 6		
		2008/09	2019/20	Change (%)	2008/09	2019/20	Change (%)
The City & Hackney	overweight (including obesity)	27.1%	21.7%	-19.9%	39.1%	41.0%	4.9%
	severely obese	3.6%	4.0%	11.1%	5.3%	7.9%	49.1%
London	overweight (including obesity)	23.6%	21.6%	-8.5%	36.0%	38.2%	6.1%
	severely obese	3.0%	2.9%	-3.3%	4.5%	5.6%	24.4%
England	overweight (including obesity)	22.8%	22.4%	-1.8%	32.4%	36.1%	11.4%
	severely obese	2.4%	2.8%	16.7%	3.6%	5.2%	44.4%

Source: Fingertips, 2020

In the City and Hackney in 2019/20, the proportion of Reception aged children who were overweight or obese was 21.7%, which is an improvement on the 2016/17 figure of 25.1%. This proportion compares similarly to the average proportion in London (21.6%), and lower than the average proportion in England (23.0%) (259). However, in 2020/21 it had a sharp increase; 30.6% of reception children are now overweight or obese, in the context of COVID-19 (220).Disaggregated data for City is not presented due to scarce numbers.

For year 6, the proportion of overweight (including obese) children was 41% in 2019/20, which is similar to the figure in 2008/09, and higher than the average proportion in London (38.2%) and England (36.1%) (259). Again, this increased in 2020/21 to 45.1% (220).

Obesity trends for both reception and year 6 children differ with respect to gender. There is a higher prevalence of obesity among boys than girls in both age groups, which has been the case since 2009/10 (259). Considering this aggregated data, it is possible to observe that boys had higher proportions of obesity when compared to girls in Reception (9.3% vs 7.6%) and Year 6 (20.3% vs 15.9%), although none of these differences were significant, probably due to small numbers.

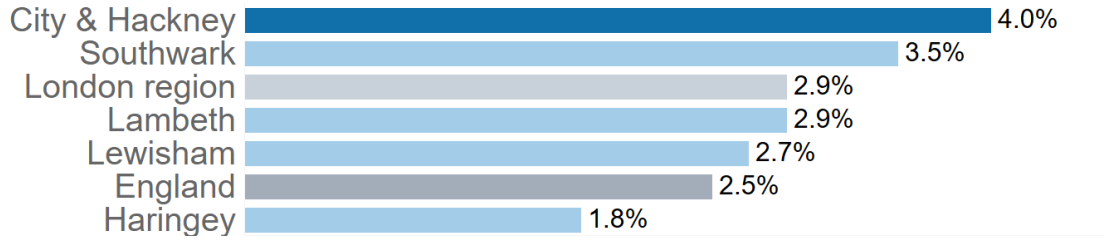
Although we have no local data on the prevalence of pupils with special educational needs and disabilities (SEND) who are above a healthy weight; according to PHE (260) approximately 40% of children aged under 8 years old with a disability are obese, and this risk increases with age. City and Hackney have a higher number of pupils with SEND than the London and England averages (2019/20).

Severe obesity compared to statistical neighbours

The prevalence of severe obesity among reception age children in 2019/20 was 4.0%, which was higher than the London (2.9%) and England (2.5%) averages, as well as the prevalence

seen among statistical neighbours the City & Hackney has also risen since the 2008/09 figure of 3.6% (259).

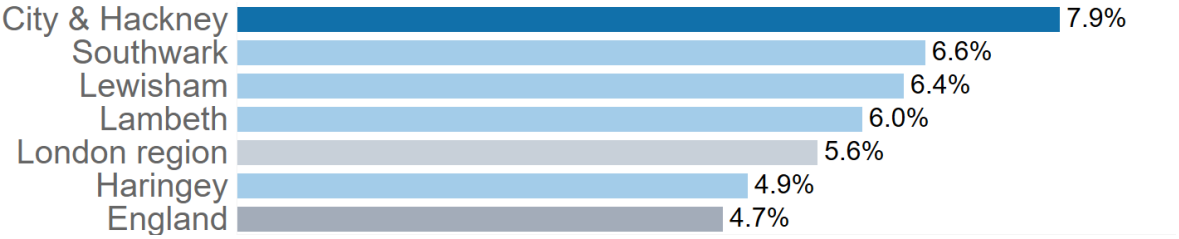
Figure 7.02: Prevalence of children with severe obesity compared to statistical neighbours, Reception, City & Hackney, 2019/20



Source: Fingertips, 2020

The prevalence of severe obesity among year 6 children in 2019/20 in the City and Hackney[3] (7.9%) was the second highest in London, higher than the average prevalence in England (4.7%) and with respect to statistical neighbours (259).

Figure 7.03: Prevalence of severe obesity compared to statistical neighbours[4], children in Year 6, City & Hackney, London and England, 2019/20



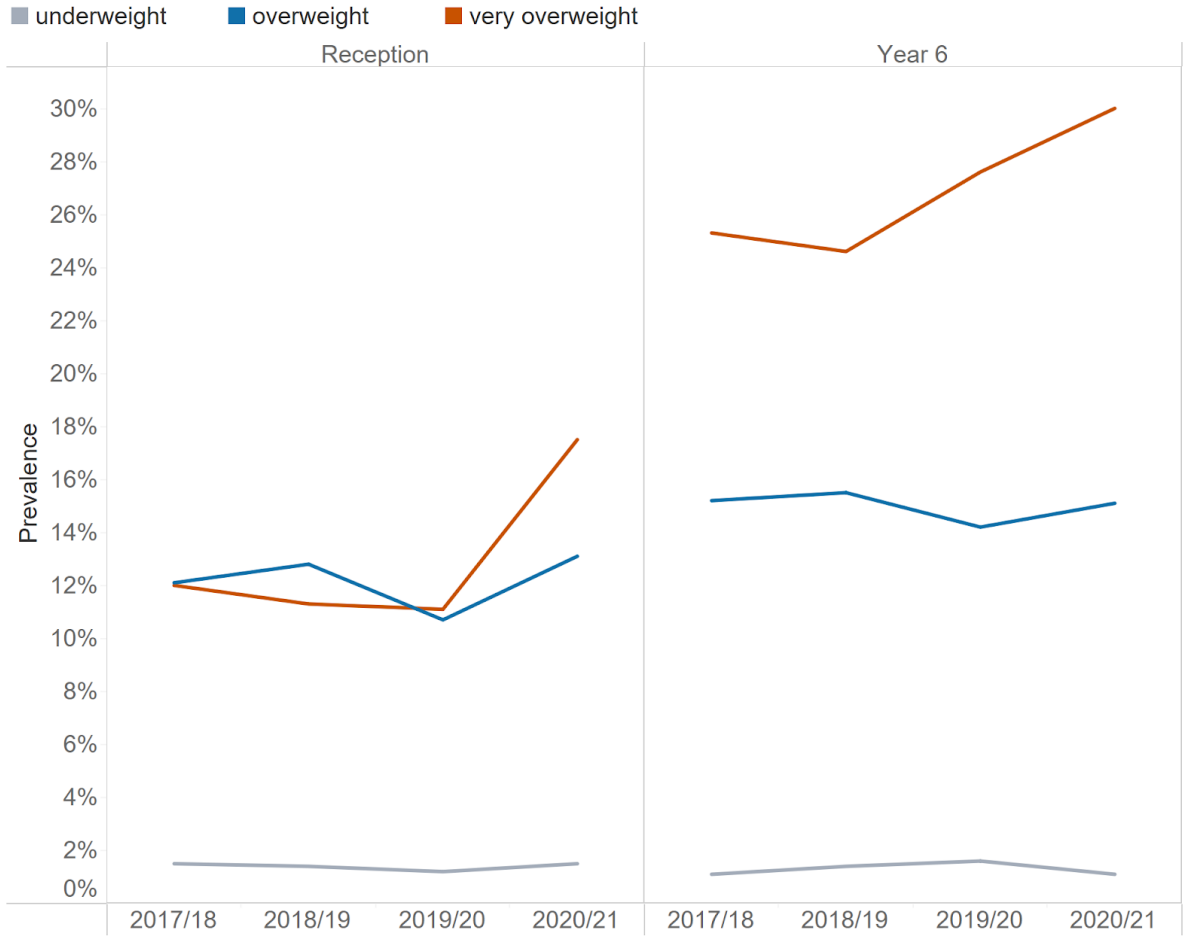
Source: Fingertips, 2020

[3] Due to the small number of children in the City, the figure largely represents the prevalence in Hackney

[4] Statistical neighbour boroughs: Southwark, Lewisham, Lambeth, Haringey

Local obesity trends

Figure 7.04: Proportion of children by weight categories over time, City and Hackney, 2017/18 to 2020/21



Source: NCMP 2020/2021

The prevalence of healthy weight decreased by 12% from 2019/20 (77.1%) to 2020/21 (68.0%) and was quite stable among Year 6 children (53.8% in 2020/21) in the City & Hackney. The proportion of reception children who are overweight (not including obesity) increased between 2019/20 (10.7%) and 2020/21 (13.1%), with the proportion in year 6 in 2020/21 being 15.1% (220).

There has been a concurrent increase in the proportions who are obese for both age groups during the same period. The 2020/21 proportions of obese children were 17.5% of reception children and 30% of year 6 children, with a sharp rise in reception children in 2019/20 (220).

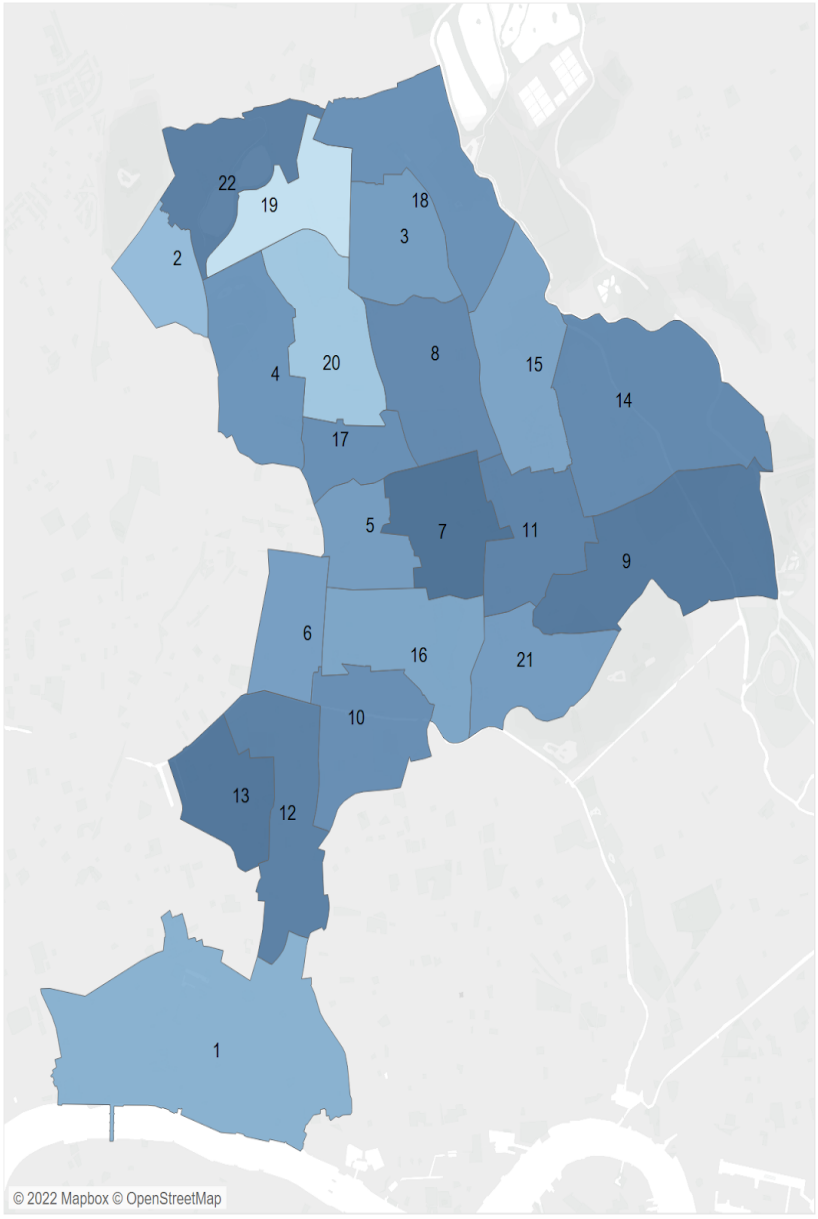
Ward-level obesity data

Ward level data shows that there is significant variation with respect to the proportions of overweight and very overweight children in reception. The highest proportions of children above a healthy weight are seen in Hackney Central (32.8%), Hoxton West (31.9%) and

Hackney Wick (31.3%) wards, whereas the lowest are found in Stamford Hill West (8.9%), Stoke Newington (14.4%) and Brownswood (16.5%) wards (220).

For year 6 children, there is also variation between wards with respect to the proportions of overweight (including very overweight) children. The highest proportions are found among year 6 children in Hackney Wick (52.4%), Hoxton West (50.3%) and Woodberry Down (49.1%). The lowest proportions are found in Stoke Newington (29.5%) and Clissold (31.3%) (220).

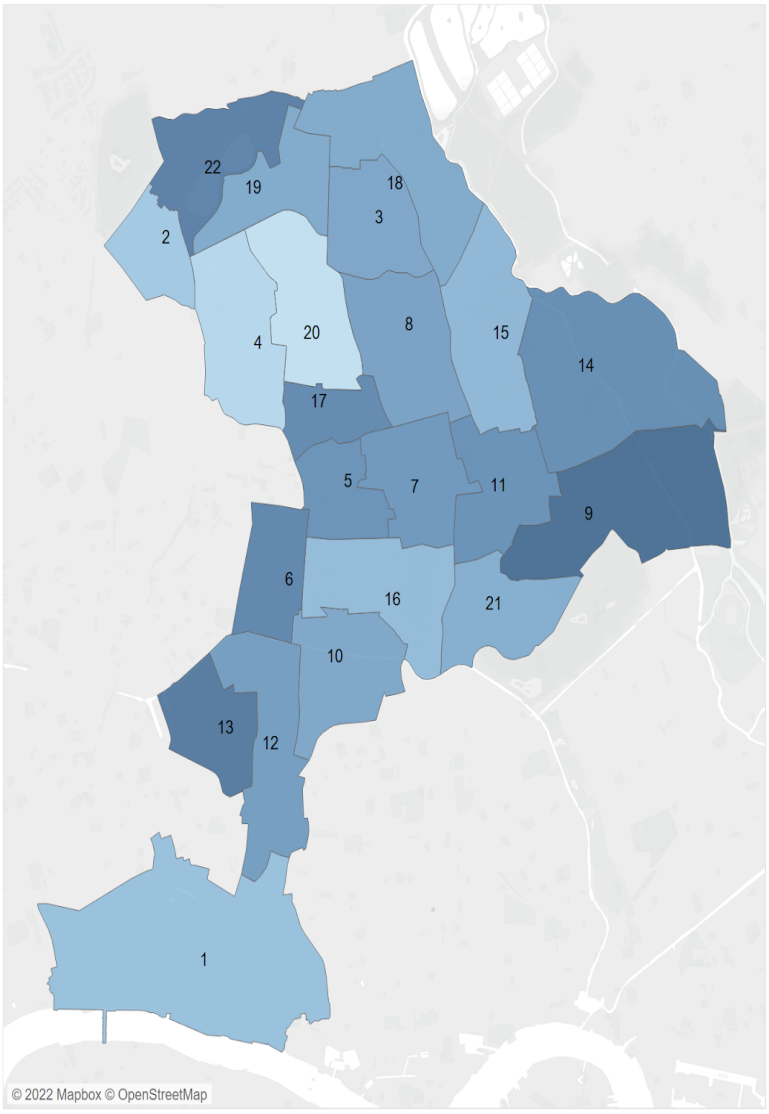
Figure 7.05: Proportion of overweight and obese children by wards, Reception, in the City & Hackney, 2017/18 to 2020/21



	School ward	overweight (including obese)
7	Hackney Central	32.8%
13	Hoxton West	31.9%
9	Hackney Wick	31.3%
22	Woodberry Down	30.1%
12	Hoxton East and Shoreditch	29.8%
11	Homerton	29.1%
8	Hackney Downs	27.6%
14	King's Park	27.4%
10	Haggerston	26.5%
17	Shacklewell	26.3%
18	Springfield	25.7%
4	Clissold	24.9%
21	Victoria	23.5%
5	Dalston	23.4%
3	Cazenove	23.1%
6	De Beauvoir	22.7%
15	Lea Bridge	21.8%
16	London Fields	21.5%
1	City of London	18.9%
2	Brownswood	16.5%
20	Stoke Newington	14.4%
19	Stamford Hill West	8.9%

Source: NCMP, 2022

Figure 7.06: Proportion of overweight and obese children by wards, Year 6, in the City & Hackney, 2017/18 to 2020/21

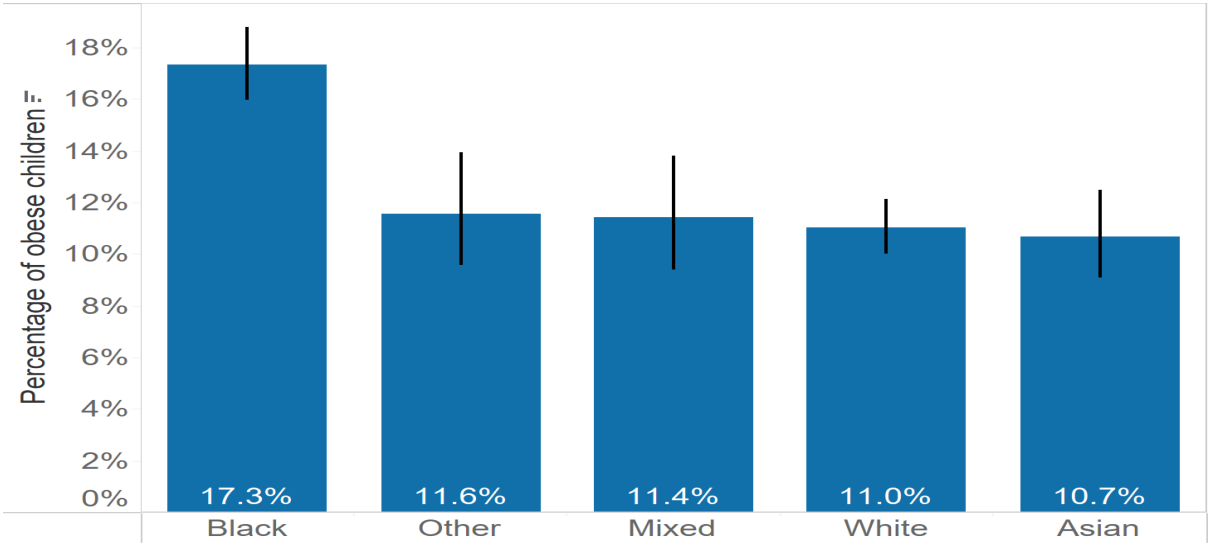


	School Ward	overweight (including obese)
9	Hackney Wick	52.4%
13	Hoxton West	50.3%
22	Woodberry Down	49.1%
6	De Beauvoir	47.8%
17	Shacklewell	47.1%
14	King's Park	46.2%
11	Homerton	45.4%
5	Dalston	45.2%
7	Hackney Central	44.0%
12	Hoxton East and Shoreditch	43.0%
8	Hackney Downs	42.0%
3	Cazenove	41.1%
10	Haggerston	41.0%
18	Springfield	40.6%
19	Stamford Hill West	40.5%
21	Victoria	39.7%
15	Lea Bridge	37.7%
16	London Fields	36.9%
1	City of London	35.7%
2	Brownswood	34.3%
4	Clissold	31.3%
20	Stoke Newington	29.5%

Source: NCMP, 2022

Obesity by ethnicity

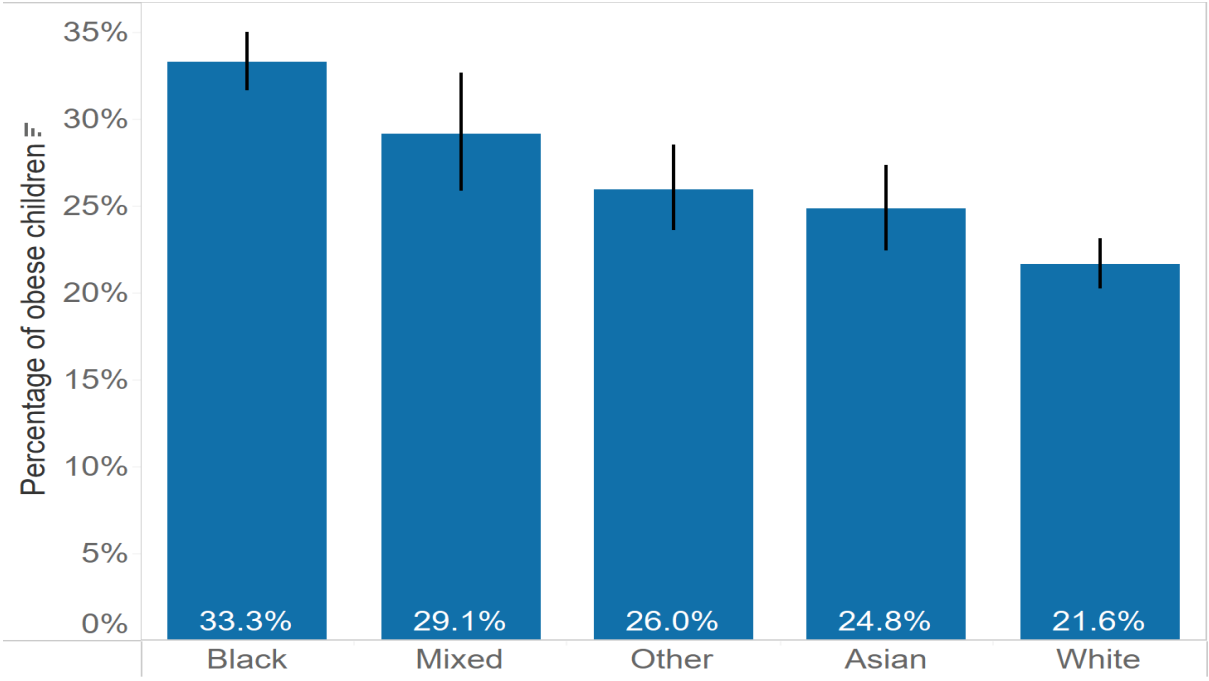
Figure 7.07: Proportion of obesity in Reception children by ethnicity, City & Hackney 2017/18 to 2020/21



Source: NCMP, 2022

Ethnicity data shows that proportions of obesity among reception children are higher among children of black ethnicity (17.3%) when compared to those of 'other', mixed, white and Asian ethnicity (220).

Figure 7.08: Proportion of obesity in Year 6 children by ethnicity, in the City & Hackney, 2017/18 to 2020/21



Source: NCMP, 2022

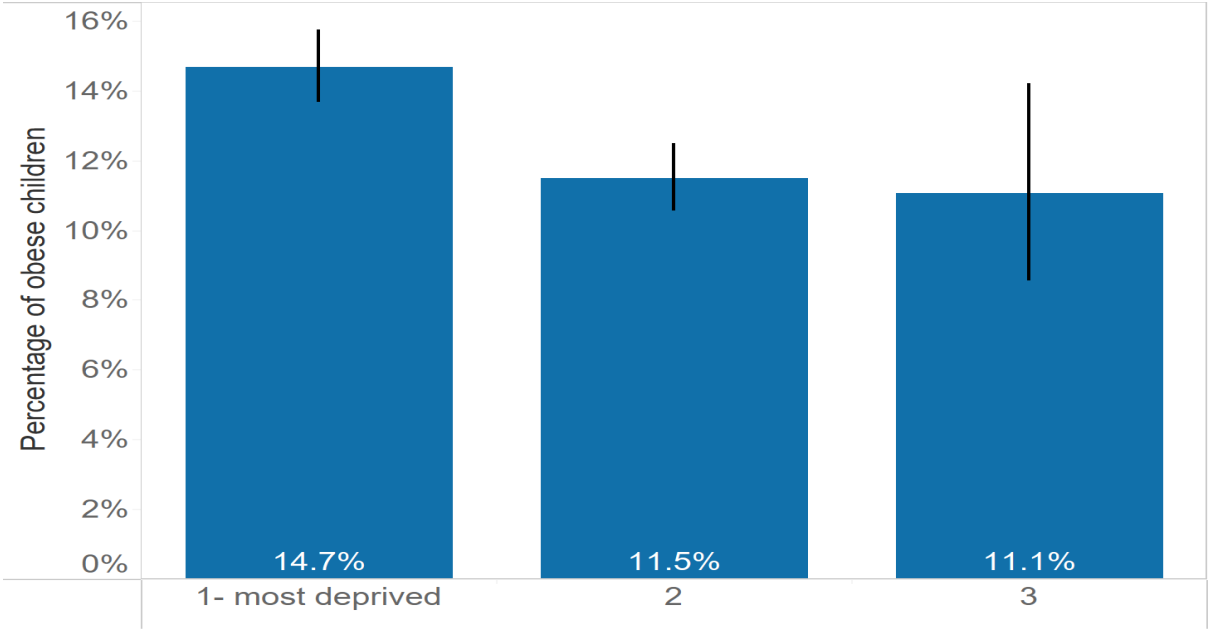
Among year 6 children, proportions of obesity are highest among children of black ethnicity (33.3%), followed by those of mixed (29.1%) and other (26.0%) ethnicity. The lowest proportions are found among children of white ethnicity (220).

Between 2009/10 and 2019/20 a higher proportion of black children were obese compared with white and Asian children in reception and year 6. Asian children saw the highest proportionate increase in obesity among year 6 children between 2009/10-13/14 and 2015/16-19/20 (from 20 to 25%). Between 2009/10 and 2019/20, the proportion of black children in year 6 who were obese increased to around 32% (almost 1 in 3 children), while the proportion of white year 6 children who were obese decreased to around 22% (259). There has been no significant change in obesity or severe obesity, by ethnicity in Reception and Year 6 over time 200/10 - 2019/20

Obesity by level of deprivation

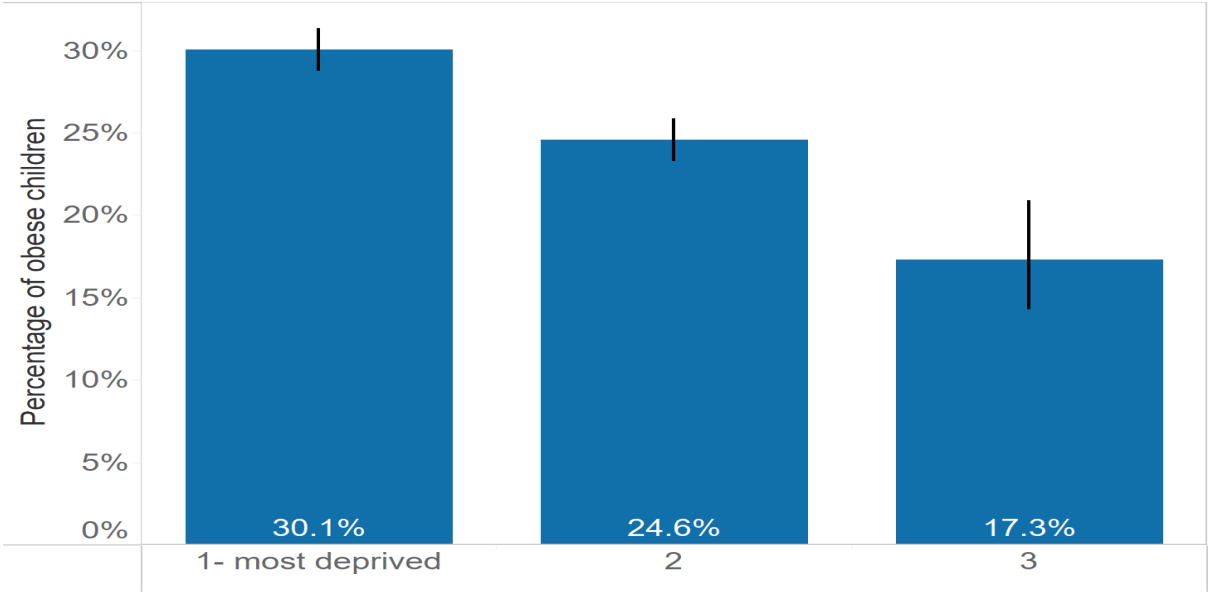
Nationally, the gap in obesity prevalence between children from the most deprived and least deprived areas is growing (261). In the City and Hackney, the highest proportions of obese children in reception are found among those living in the most deprived (14.7%), which is higher than the proportions of children living in the second most deprived (11.5%) and third most deprived (11.1%) quintiles (220). Due to the small numbers of children living in quintiles 4 and 5, they were omitted from this analysis.

Figure 7.09: Proportion of obesity in Reception children by deprivation, in the City & Hackney, 2017/18 to 2020/21



Source: NCMP, 2022
Note: Due to very small numbers, deprivation quintiles 4 and 5 were omitted

Figure 7.1: Proportion of obesity in Year 6 children by deprivation, City and Hackney, 2017/18 to 2020/21



Source: NCMP, 2022
Note: Due to very small numbers, deprivation quintiles 4 and 5 were omitted

As deprivation increases, so do proportions of obese children of Year 6 age. Those living in the most deprived quintile experience the highest proportion of obesity (30.1%), followed by the second most (24.6%) and third most (17.3%) deprived quintiles of deprivation (220).

Obesity in the Charedi Community

The National Child Measurement Programme (NCMP) is only mandated in state-maintained schools and therefore does not include data from Hackney's independent schools which predominantly serve the Charedi Orthodox Jewish community (who form 22% of all local 5–19-year-olds). Public Health funds two Orthodox Jewish providers to provide the 'school entry check' for hearing and vision screening in reception, as well as height and weight checks of pupils in reception and year six in these 31 independent schools. Venishmartem screens all eligible girls attending independent schools and Children Ahead screens all the boys attending independent schools; clinical oversight is provided by Homerton University Hospital.

Data from Jewish Independent Schools (not included in the NCMP programme) showed that the proportion of reception children overweight (including obesity) in those schools did not change significantly from 2016/17 (8.2%) to 2020/21 (8.5%). For Year 6 it rose from 16.0% in 2016/17 to 19.8% in 2020/21 however this is also not statistically significant. The prevalence of overweight (including obesity) among Year 6 children (19.8%) was 2.3 times the one for Reception children (8.5%, already mentioned) in 2020/21.

Healthy Eating

Dietary habits in children correlate with levels of deprivation, income, high-risk drinking, age and caring responsibilities (262). Habits formed in childhood can persist into adulthood, therefore it is important to address these early.

According to NHS Digital, Statistics on Obesity, Physical Activity and Diet, England, 2020 (258) in 2018, data drawn from a variety of sources including Local Authorities and hospital admissions revealed that:

- only 18% of children aged between 5 and 15 ate the recommended five or more portions of fruit and vegetables a day
- 53% of children consumed fewer than three portions a day; there was no significant difference in the results between boys and girls

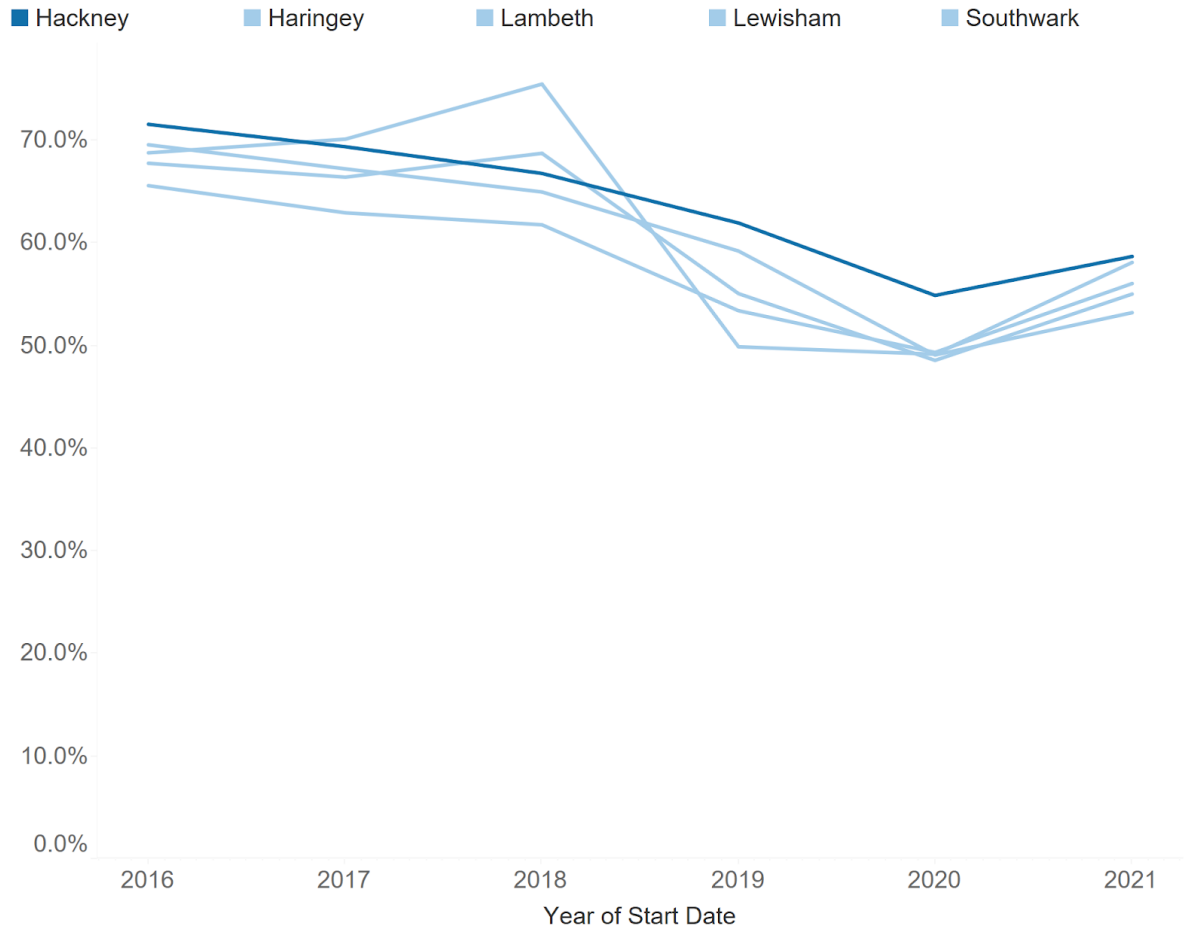
Additionally according to the National Diet and Nutrition Survey: Diet, nutrition and physical activity in 2020 (a follow up study during COVID-19 undertaken with 1,046 individuals, 567 females and 479 males) there was an increase in the purchase of processed foods during the pandemic. The average increase was about 14%, with 16- to 24-year-olds recording the greatest increase at 27%.

Healthy Start Vouchers

Healthy Start is a national scheme that provides food vouchers and vitamins to women and children who receive particular welfare benefits or are teenage parents.

There has been a persistent decline in the uptake of Healthy Start Vouchers since 2016 in both the City of London & Hackney. In Hackney, the percentage has fallen from a high of 71.5% in 2016 to 44% in Jan 2022. In the City of London, there has been a much steeper decline, from 76.2% to 18.5% over the same time period, however this is based on small numbers (263). This decline has been observed nationally and locally; take-up may have been impacted further as a result of the digitalisation of the service (transfer of paper vouchers to a prepaid debit card) in June 2021, which requires families to re-register and to complete a new application by October 2022 to be on-line. This is further exacerbated by a lack of access to computers by the Charedi community and other families affected by the digital divide, and challenges with the number of retailers who accept the Healthy Start debit card. A communications campaign has been planned locally to improve uptake.

Figure 7.11: Trend on Healthy Start Vouchers uptake, Hackney, the City and statistical neighbours, 2016-21



Source: NHS, 2021 Available at https://www.healthystart.nhs.uk/healthcare-professionals/ Access on 22 Feb 2022
Note: The yearly percentages are an average of the cycles for any given year.

Alexandra Rose Voucher scheme

Hackney has an Alexandra Rose Voucher scheme, which is also a food voucher scheme eligible to people who are on or applying for Healthy Start. The vouchers are issued from the 8 Children Centres across Hackney and can be exchanged at local markets for fruit and vegetables and are very popular, particularly within the Charedi community. To date 43,600 vouchers have been collected, however this is expected to rise to 45,000 by the end of the financial year.

Table 7.4: Number of Alexandra Rose vouchers issued and voucher redemption rate by children centre, 2021/22 (Feb)

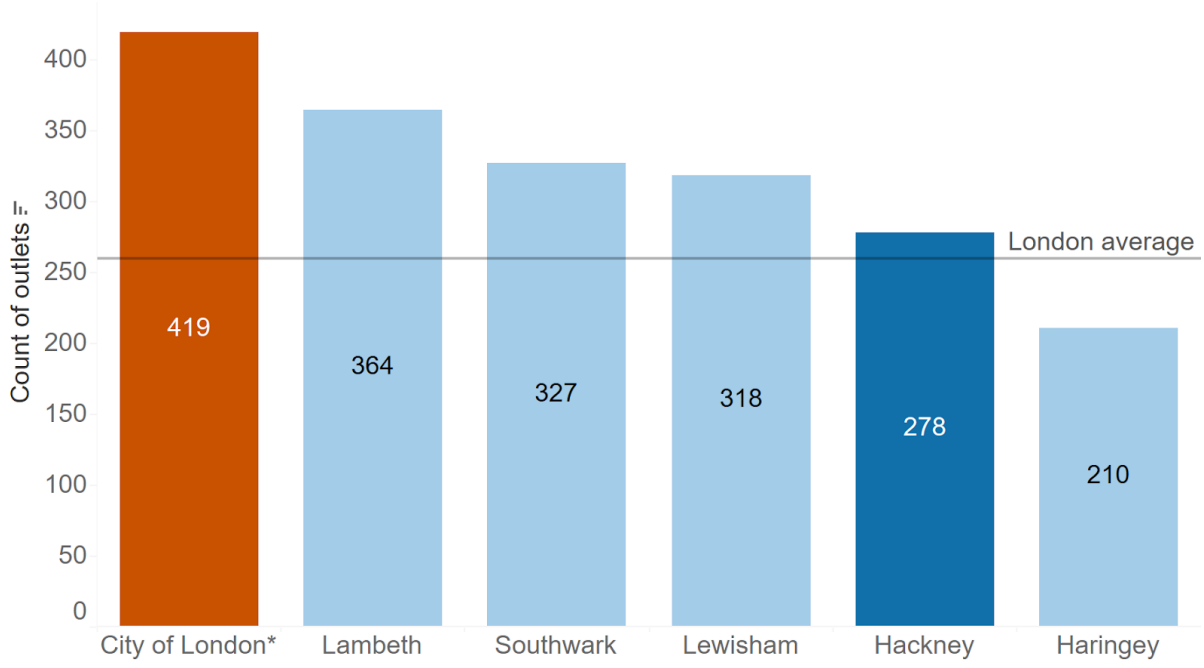
Children Centre	Number of vouchers issued	Voucher redemption rate
Cornet	6.7k	60.7%
Linden	7.0k	53.8%
Lubavitch	18.0k	88.1%
Minik Kardes	5.5k	62.9%
Oldhill	0.8k	49.1%
Sebright	0.4k	59.8%
Thomas Fairchild	4.1k	82.6%
Woodberry Down	1.1k	70.6%

Source: Alexandra Rose Hackney, Social Suite

Access to Healthy Food Fast Food Outlets

Hackney has 278 and the City has 419 fast food outlets which is above the mean for all London boroughs (264). It is likely that for fast food outlets, the data shows an incomplete picture, as many outlets are likely to be multi-functional, providing eat-in, takeaway and home delivery options of what would typically be described as 'fast food'.

Figure 7.12: Number of fast-food outlets, the City and Hackney, and statistical neighbours, 2017



Source: Public Health England, 2017
Note: The term 'fast food' may have different meanings. This data included mobile caterer (9 key), other catering premises (9 key and 8 major chain), restaurant/cafe/canteen (9 key and 8 major chain), retailers - other (8 major chain), retailers supermarket/hypermarkets (8 major chain), school/college/university (8 major chain), takeaway/sandwich shop (fully). The 9 key searches for the following terms in the business type mentioned "burger", "chicken", "chip", "fish bar", "pizza", "kebab", "indian", "china", "chinese". The 8 major chains are well known national and international fast food outlets, which were included as they hold the major market share in the fast food sector.

Physical Activity

While physical activity is secondary to diet in terms of causes of obesity, it can support weight loss and improve health. The Active Lives report (265) was published in January 2021 and details the key statistics and demographic details regarding activity levels among children and young people in the academic year 2019/20. The survey is limited to a sample of schools drawn each year from the 'Get Information about Schools' database and schools randomly selected to take part. There are 43 Active Partnerships across England (London Sport is the partnership for all London boroughs) who work with local partners to increase activity and help schools to participate in the survey.

The Active Lives Report showed that only 44.6% of children and young people in England are meeting the Chief Medical Officer (CMO) guidelines of taking part in sport and physical activity for an average of 60 minutes or more every day; this is a reduction of 1.9% from the previous year. It showed that boys were more likely to be active than girls, and that those from families of low affluence were the least likely to be active. The lowest activity levels were seen in school years 3-4, while black children were the least likely to be active (35%). There was no difference in activity levels between children with and without a long-term health condition or disability.

Data from Sport England from the 2019/20 academic year shows involvement in many of the most prevalent activity groups for children aged 5-16 decreased between 2018/19 and 2019/20. These included team sports, athletics, gymnastics and swimming. Conversely, there was an increase in the percentage of young people going for walks, either as part of their commute to school or for leisure (265).

Oral Health

Consumption of free sugars is a risk factor both for dental caries and obesity. However dental caries are also affected by exposure to fluoride, overall dietary composition, oral bacteria, salivary composition and flow rates, and tooth enamel structure. Poor oral health is also associated with periodontal and oral disease, as well as obstetric complications and cardiovascular disease.

Oral health is identified as a high impact area (HIA) within the Healthy Child Program, as part of supporting healthy lifestyles. The relevant key performance indicator is:

- Tooth decay, at 5 years

Table 7.5: Early Years High Impact Area 6: Tooth Decay

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Health, wellbeing and development	Tooth Decay	22.9% (2016/17)	28.0% (2018/19)	-		

Although generally oral health in England is improving, the 2019 oral health survey of 5-year-olds showed that just under a quarter have tooth decay. There are regional inequalities regarding tooth decay between those living in the most deprived areas in England, experiencing more than twice the level of those living in the least deprived areas.

The proportion of City and Hackney children with tooth decay is therefore higher than the national average, having increased since 2016/17. Hackney and City had 27% of five-year-old children with dental decay in 2015, which decreased to 22.9% in 2017 and then increased to 28% in 2019. These are similar levels to the London region of 27%, but higher than England's average of 23.4% in 2019. City and Hackney also have higher rates of hospital admissions for dental caries amongst 5-year-olds compared to the England average. City and Hackney had 403 hospital admissions per 1,000 population between 2017/18 to 2019/20, as compared to the London average which is 371 admissions per 1000 but is significantly higher than the national average of 286 admissions per 1000 population. (266).

Among Charedi school children in Hackney, data from 2017-18 showed that twice as many children had tooth decay compared to the hackney average (266). A Health needs assessment (HNA) was undertaken with the Orthodox Jewish community in Stamford Hill, north Hackney in 2018. The assessment undertaken in 2018, identified that 4 in 10 children from the community had incisor decay compared to 1 in 10 in Hackney. Qualitative research (267) has shown that one of the main barriers to good oral health for this community is access to reliable information and advice, with many people reliant on health information distributed through family and friends, and a limited understanding of dietary risk factors.

Impact of COVID-19

ONS data provides data on the number of City and Hackney children and young people aged 0-19 who accessed dental care in the 12 months prior to 2019/20 and 2020/21. It revealed that the proportion of 0–19-year-olds who accessed dental services was 41% in the 12 months prior to 2019/20, which dropped to 14.6% the following year (266)

Children who are in public care, are placed either with foster carers, in residential homes, with parents or other relatives. They become looked after when their parents are unable to provide ongoing care in either a temporary or permanent capacity. In the City and Hackney 457 looked after children, 69% had a dental check in 2019/20 however during 2020/21 this percentage dropped during quarters 2 and 3 due to the impact of COVID-19, to 30% and 15% respectively, before increasing to 53% in quarter 4 (266).

More information on oral health can be found in the 2022 City and Hackney Oral Health Needs Assessment (266)

Services in relation to need - healthy lifestyles

The Wednesday Club is specialist clinic for pregnant women with a MDT ≥ 40 BMI held within the Homerton Antenatal Department

New Better Health campaign (268) was launched in Jan 2022 in response to a record rise in children classed as overweight or obese during the COVID-19 pandemic. The campaign aims to encourage families to eat better and maintain a healthier diet, Included in the campaign is a new NHS Food Scanner App, which offers healthy alternatives to unhealthy snacks through a scan, swipe and swap feature.

Eat Better, Start Better (EBSB): Voluntary Food and Drink Guidelines for Early Years Settings in England (237)
92 early years settings, and 38 childminders have signed up to Eat Better, Start Better food and drink guidelines in Hackney. The service also plans, implements and evaluates the **Physical Literacy Programme** (Step into Purposeful Play delivered in collaboration with JKNA training), supports high engagement with **Nursery Tooth Friendly** delivered by Kent Community Health and delivered 27 Integrated 27 month developmental reviews, in collaboration with the Homerton Health Visiting Service (this work was impacted by COVID-19 in 2021).

The Best Start with HENRY service supports families with children aged 0-5 – from shortly after birth, right through to starting school – to provide a healthy, happy start in life for their children and the whole family.

Healthy Families programme: An 8-week programme for families with young children (0 -4) to help parents get their little one off to a great start. To be referred to the programme you must live or be registered with a GP in the City or Hackney and are a:

- parent/carer who are concerned about their child's weight, eating habits or physical activity levels or
- professional working with under 5-year-olds and their families who are concerned about a child's weight or
    - have a child over two years of age with a BMI >91st centile
    - have a child whose weight is on or above the 99.6th centile
    - have a child whose weight has gone up by more than two centile lines

.
Starting Solids: This workshop is designed to provide all of the information needed to help make mealtimes enjoyable, and to help babies develop healthy eating habits; suitable for families with babies 3-6 months
Portion Sizes: This workshop guides families through the recommended portion sizes for children for all the food groups
Eating Well for Less: This session helps families to plan healthy meals and snacks on a budget

HENRY also works with Hackney Education to provide training for early years settings and childminders to improve menus and mealtimes, helping to promote a healthy weight and healthy teeth and gums for all young children living in Hackney.

Healthy Start City and Hackney, HENRY (109) is a national scheme that promotes Healthy Start vouchers to women and children who receive particular welfare benefits, or are teenage parents. Healthy Start Vouchers are available from the national scheme. Healthy Start, however, is now a digital service, which requires all previous recipients to re-apply. However, to address concerns about folic acid deficiency in pregnant women in the local population, the City and Hackney Public Health team fund the universal provision of free Healthy Start vitamins, for pregnant women, mothers who have given birth within the last year and for children under 4 years old.

Alexandra Rose Vouchers help families on low incomes (defined as being in receipt of Healthy Start or applying, or to families with no recourse to public funding) to buy fresh fruit and vegetables. Vouchers are awarded as follows:

- £3 in vouchers for pregnancy,
- £6 in vouchers for children aged from 0-1 years
- and £3 for children up to primary school age (4 years old)

Everyone Health 5-19 service, Alive & Kicking (269) is for children and young people aged 5-19 years (up to 25 for those with SEND) who are:

- A resident, registered with a GP or attending school in Hackney or the City of London
- Overweight or obese (i.e. BMI centile ≥ 91st centile)
- referred from professionals or have self-referred (i.e. through the NCMP)

The programme delivers a free healthy eating and lifestyle service to children, young people and families aged 5 – 19 during COVID-19 via telephone or virtual support. The service is also available to young people up to the age of 25 who have special educational needs or a disability.

The 6-8 week free 'Alive N Kicking' programme covers:

- Healthy cooking methods
- Cooking on a budget
- Meal planning
- Understanding food labels and sugary drinks
- Understanding portion sizes
- Mindful eating and managing triggers
- Sleeping well
- How to keep active as a family

A tier 3 (a community/primary care based multi-disciplinary team which provides an intensive level of input) weight management service is available for children and young people from the **Paediatric Metabolic Obesity Clinic at Barts Health NHS Trust, The Royal London**

Hospital. It is a screening clinic for complications of obesity in children, not a treatment clinic and referrals will be made onwards to community services for treatment. The clinic accepts referrals from Dieticians and Doctors only.

Paediatric Dietetics

A team of children's dietitians based at Homerton Hospital and Hackney Ark who work in the neonatal intensive care unit, Starlight children's unit and outpatient clinics, Hackney Ark and specific special needs schools in City and Hackney. They also provide dietetic input to the Homerton paediatric allergy service, overweight/ obesity BMI >91st Centile with physical disability in addition to a number of other conditions.
Referrals from City and Hackney GP only.

National Child Weight Measurement Programme (NCMP)

The NCMP involves measuring the height and weight of Reception and Year 6 children at state-funded schools, including academies, in England. The NCMP service in Hackney is led by the School Nursing Team based at Homerton. The Homerton school nursing service also provides clinical oversight for the delivery of NCMP in non-state funded schools.

Venishmartem and **Children Ahead** are funded by public health to undertake height and weight checks in the independent Charedi/Orthodox Jewish girls and boys primary schools; Homerton provides clinical oversight. Approximately 22% of the school population attend school in the independent sector in schools of the Orthodox Jewish faith. Be Active, Be Healthy is a programme of physical activity delivered by Venishmartem specifically targeted at children and young people from the Orthodox Jewish community who attend independent schools in the Stamford Hill area.

Healthy Early Years London (HEYL) (255) is an awards programme targeted at childcare settings. They work on reducing health inequalities with initiatives that support a healthy start in life, focusing on 12 core themes (healthy eating being an example). They recognise achievements and distribute awards (ranked from first steps to gold) that are used to support practice in Early Years Settings (EYS). In Hackney, 36 early years sites are registered; 33 at First Steps, 17 at Bronze, 10 at Silver, 0 sites have Gold awards. In the City 8 early years sites are registered; 7 have completed First Steps, 4 have Bronze and no sites have achieved Silver or Gold awards.

Young Hackney, The Health and Wellbeing Service offers free, targeted, evidence-based and prevention-focused educational interventions to enable young people to lead healthier and safer lives, both now and in the future; these include workshops on healthy lifestyles and positive body image. Young Hackney delivers a Healthy Lifestyle informative session for schools which highlights the importance of a balanced diet and regular exercise. It includes how the body metabolises different food groups, how to read nutritional labels and critically examine fad diets, food advertisements and packaging. Workshops are for young people aged 5-19 (up to 25 with additional needs) and delivered through schools, further education colleges, youth clubs, alternative education providers and through ad-hoc outreach. Lessons are interactive and culturally appropriate for minority ethnic and/or disadvantaged communities.

Young Hackney delivers a Healthy Lifestyle informative session for schools which highlights the importance of a balanced diet and regular exercise. It includes how the body metabolises different food groups, how to read nutritional labels and critically examine fad diets, food advertisements and packaging.

Healthy Schools London (HSL) (254) is not itself a direct health intervention, the programme is used by schools to help them to examine their provision and address a number of specific health issues. City & Hackney has 44 Schools registered for the award; 12 have achieved Gold, 3 Silver and 1 bronze. Currently there is no borough coordinator for City & Hackney.

Sugar Smart (270) is a campaign run by Sustain which helps local authorities, organisations, workplaces and individuals to reduce sugar consumption. It was launched in Hackney in 2017, and 16 grants were given to local food partnerships to support them to become fully involved; currently there is no borough coordinator for City & Hackney. However, Sugar Smart is promoted at a local level within the Tooth Friendly Nurseries Scheme and HENRY programme.

The Healthier Catering Commitment (HCC) is a voluntary scheme promoted by local authorities to encourage businesses to reduce the levels of saturated fat, salt and sugar in the food sold in their premises, and to make smaller portions available on request. The pandemic had an impact on businesses signing up for the HCC; currently Hackney has 40 signed up in Hackney and 8 businesses have signed up in the City of London and met the criteria of the HCC (271).

Services in relation to need - physical activity

Public Health funds Venishmartem to deliver a programme of physical activity specifically targeted at children and young people from the Orthodox Jewish community who attend independent schools in the Stamford Hill area. The programme is aimed at children who do not engage in traditional sports and activities but will consider alternative forms of exercise. The service is delivered in schools and community settings.

Personal Bests

This programme includes school-based activities to increase children's levels of physical activity, with 3 sessions delivered in targeted schools (schools with higher levels of obesity, and lower participation and engagement in the borough's wider physical activity programmes) and a borough final at the end of the academic year.

Physical Activity Literacy

This is a programme delivered by Hackney Learning Trust to increase Early Years practitioner knowledge of the Chief Medical Officer (CMO) guidelines for physical activity for

0 - 5-year-olds and to increase practitioner confidence and skill in delivering children's Physical Literacy principles and decrease children's sedentary behaviour in Early Years settings.

Play Streets

Hackney Play Association (HPA) facilitates play street sessions on temporarily closed residential streets and social housing estates in Hackney. This service has been extended until March 2022.

Services in relation to need - oral health

Kent Community Health NHS Foundation Trust has been commissioned by City and Hackney Public Health to provide the following oral health promotion and prevention services in both London boroughs:

1. Oral health promotion: awareness on oral health amongst parents, carers, older and vulnerable adults; training of children and vulnerable adult workforce; distribution of fluoride toothpaste and brushing for life packs to children and vulnerable adults.
2. Supervised Tooth Brushing Programme in Special Schools and Charedi nurseries.
3. Fluoride Varnish Programme in primary schools.
4. Fluoride Varnish Programme - Orthodox Jewish Independent Schools.

The Tooth Friendly Nurseries Scheme (272) is a three tiered scheme offering a bronze, silver or gold award; embedded within the Eat Better, Start Better standard.
Targeted tooth brushing is offered to 4 SEND schools and to Charedi nurseries in Hackney, and promotes regular daily brushing at school to develop good lifelong habits. *Screening and Fluoride Varnish Programme* is for all Reception and Year 1 children in Hackney's 59 mainstream primary schools, 4 SEND schools, and 22 Charedi independent schools and *Train the Trainer sessions* led by the Dental Outreach Team from Kent Community NHS Trust who train oral health champions as part of this. Sessions centre around tooth brushing, visiting the dentist, healthy foods and drinks for teeth, and the importance of the 'Pick Up the Cup' campaign. Health visitors distribute toothbrushes, provided by the outreach team.

HENRY also promotes oral health and are also sugar smart ambassadors promoting key messages to reduce the consumption of sugar. Some of these include:

- Promotion of tooth brushing and sugar avoidance outside of mealtimes
- Raising awareness of sugar consumption and long-term health issues
- Promotion of free flow cups among children 6 months and older, promoting water and milk as most suitable drinks of choice
- Promoting the smart sugar app (PHE), available via *Google Play* and the *Apple App Store*

Young Hackney, Health & Wellbeing Programme of Work also delivers a session on how to take care of your teeth, and addresses common myths.

Insights - population perspective

1-2-1 Interviews with Stakeholders

- Between 27th September and 23rd December 2021, we conducted a total of 40 interviews with stakeholders including those who worked in education, children and young people's services, public health, maternity services, health visiting, CVS/young people representatives, school nursing, weight management, domestic abuse, social services, FNP, youth engagement, 1 nursery school, 1 Secondary School, Children Centres etc.,
- The below are themes that emerged from the insight work with regard to oral health, maternal obesity and healthy weight services for children and young people

Oral Health

- Interviews with a Head Teacher from an Infant school observed that oral health needed to be a preventative programme, that was targeted a lot earlier,

'...dentists, as you know, come into schools at reception. This is too late. They need to be coming in at the nursery..'

- Interviews confirmed that oral health was a big challenge in the Charedi Community,

'... links need to be made with the Orthodox dentists because I noticed with the immunisation promotion that the Orthodox Doctors validated everything. We've got a few orthodox dentists here… they're the ones who need to be approached to come on board to endorse the Oral Health information. Then the message can be disseminated through the Lubavitch Children's Centre, Interlink and Hatzola…'

'Every festival has sweet food, and every Sabbath we have sweet food. There's a huge amount of sweet food that Charedi children have access to'

Interviews with stakeholders highlighted that they are not aware that there is an oral health prevention service already in place in schools.

'It would be good to introduce oral health prevention in schools and Fluoride Varnish to prevent childhood cavities. Include discussion on sugar within this.'

Maternal Obesity

- Maternity staff (3) were very aware that the weight of pregnant women had increased and highlighted the need for antenatal intervention.

‘in terms of maternal obesity, it's about getting in early enough to be able to help women make those informed choices and changes. You need to do those things whilst you're pregnant and before you have your baby because when you have your baby it's really difficult to make changes.’
‘I think there's definitely things in terms of work with public health midwives that we could do. I think we need to look at our pathways for that. I think that's fundamental, because we need to be able to make those referrals quicker, easier and more timely’

Weight Management

Need to integrate healthy weight management services with other relevant services for young people

- Include substance misuse/ mental health support services, acknowledge that weight management issues can be related to mental health/ trauma related issues.
- Work together to make the referral process simpler and clearer.
  “The implementation of a whole system approach is really, really, important. It won't work without that - no single intervention, even a tier two is going to solve the problem.”

Provide more culturally appropriate healthy weight support services - ensure cultural diversity/ humility in the service approaches.

- Ensure healthy weight support services and initiatives are culturally diverse and identify the specific needs of culturally diverse communities.
- *“It's about understanding the background of these families, the cultural differences, where they come from.”*
- Take a holistic approach to weight management that takes into account different cultural approaches to food consumption.
- Work together with community members, young people and families to ensure the services are appropriate and wanted.
- Interventions should be co-produced with young people and families. *“Any interventions developed should be co-produced - they need to be fun and culturally relevant”*
- Culturally appropriate physical activities for the Charedi community.
- Any planned activities should consider the childcare needs of larger Charedi families. *“It would be useful to have physical activities for Charedi communities that ran adult and children’s sessions at the same time so that childcare was less of an issue.”*

Healthy weight training should support young people's self-esteem needs and be non-stigmatising

- It is important to be sensitive when raising healthy weight issues with children and young people.
- Practitioners may be hesitant or lack confidence to raise weight issues.
- Avoid stigmatising labels in healthy weight management.
- Healthy weight programmes need to be non-stigmatising, focused on supporting young people’s self-esteem needs.
- “*Any focus on healthy weight would need to help to build their self-confidence and support their mental health issues*.”
- *“Focus on the idea of a holistic healthy lifestyle programme for families”*

Although training is provided on ‘raising the issue’ interviews identified that this is not widely known, as there were several requests for more training on how to have informal conversations about healthy eating and healthy lifestyles

‘Currently I don’t have specific training on healthy eating’.
“It's really challenging, and it's really, really difficult for staff to know how to engage with healthy eating, because they need to use the right language, and they are particularly aware that there's different issues for different people, genders and cultures.”
Schools seeing increases in children above a healthy weight *‘I’ve seen an Increase in the number of families who are excessively above a healthy weight - the issue isn’t about the children, but the parents themselves. We need to work closely with parents to raise these issues, but we need training to do this’*

Provide more training to youth /women's groups at localised centres on raising the issue around healthy lifestyles - where young people are familiar with the space /centre

‘We need more healthy eating/living outreach support services for families.
‘services should be held in spaces where communities feel comfortable in and have an existing relationship, not in corporate council venues’.
‘Engage with young people on their local estates and ‘estate games cages.’
Young people develop eating habits from parents- initiatives should be targeted at parents.
“Once they are educated on healthy eating and exercise, their children will be too.”

Breastfeeding support / Maternal obesity

- Meeting women when they are pregnant is the best time to teach them about healthy eating choices; they have the time to learn and change behaviours at this stage.
- Public health midwives should play a bigger part in helping mothers to reach and achieve a healthy weight by promoting healthy eating and exercise following pregnancy.
- There is a lack of recognition in our approach that high breastfeeding rates can *“support women and children achieving a healthy weight” and improve long term healthy weight outcomes for mothers and children.*

Healthy eating is not seen as an issue and is not cost-effective

- Healthy eating and physical activity is not seen as an issue by parents/families we work with
- Mental health is considered a key issue that should be addressed first - however good mental health will allow young people to make healthier choices
  “Weight management services should be the last resort we're spending a lot of money on that and reaching less people - we need to fund more community activities that will reach a lot more people. We've got it backwards”
  ‘We should be spending more money on helping people to access healthy food, rather than spending money on weight management programmes...’

The pathways for healthy weight management services are unclear

- Stakeholders were unaware of the current healthy weight referral pathways.
  “*...they are not as well advertised as they could be*.”
  ‘Need to raise awareness of the healthy weight referral process, this should be simplified to make them more integrated’.

More support for schools to focus on developing a healthy weight environment

- Schools have little/no health data for students - we want support from the council to implement a programme allowing for the collection and monitoring of students' health.
- Working with schools would allow service providers to work closely with communities that are difficult to engage with.
- Frustration with the role school nurses currently have due to lack of capacity.
  "*In a perfect world School Nurses should have the capacity to engage target cases*."
  Schools want greater support to facilitate healthy weight management activities.
  Need support engaging parents, teaching the role physical activity plays in children's weight management.
  Services providers agree - "*there are many opportunities to do further work with schools to improve their approach to weight management*."

Surveys

Weight Management - Stakeholder survey

- Between 29th September and 1st October 2021, a short survey titled "Improving Healthy Weight Outcomes for Children and Young People' was sent to stakeholders who work in education, children and young people's services and weight management; we had 24 respondents.
- The survey was used as a tool to gather insights on the current picture of weight management and gain an understanding of the opinions of stakeholders.

Key points from the survey included:

- The most significant point was that stakeholders were not aware of weight management interventions in the borough "*No idea what is working currently*. *So therefore, we are not referring to the service'.*
- An emphasis on engaging and educating parents and families on the importance of healthy eating (through workshops, free cooking classes, healthy eating on a budget, healthy eating plate).
- Partnership working to effectively refer to and signpost young people and families to relevant services.
- Engaging and working with schools including all schools were meeting the School Meals Standard and promoting healthy eating.
- Educating children about healthy food.
- Ensuring an awareness of and sensitivity to cultural differences.
- Avoid stigmatising groups.
- Promoting the importance of physical activity and keeping active to CYP and families.

What isn't working?

- Engaging parents, ensuring they have clear and accessible information/resources.
- Parents appear to be unwilling to commit to programmes (feel attacked, stigmatised, lack of budget and time).
- Poor school meals.
- Low programme/session uptake.

- The impact of COVID-19 on the ability to run sessions in schools
- A lack of programmes that are "*cultural and ethnically relevant*"
- "*No consistent offer across the borough*" and difficult to refer

Healthy Eating Survey - children and young people aged 11+

- Between 3rd November and 3rd December 2021, a short survey titled "You Are What You Eat" was sent to children and young people aged 11+ who lived in or attended school in Hackney and the City of London.
- The survey was co-produced with Hackney Healthwatch Children and Young People Representatives and CVS members.
- 33 young people completed the survey; 19 participants identified as female and 14 males. All the respondents were in secondary school and were aged between 11 and 17 years old.

Figure 7.13: Age of participants

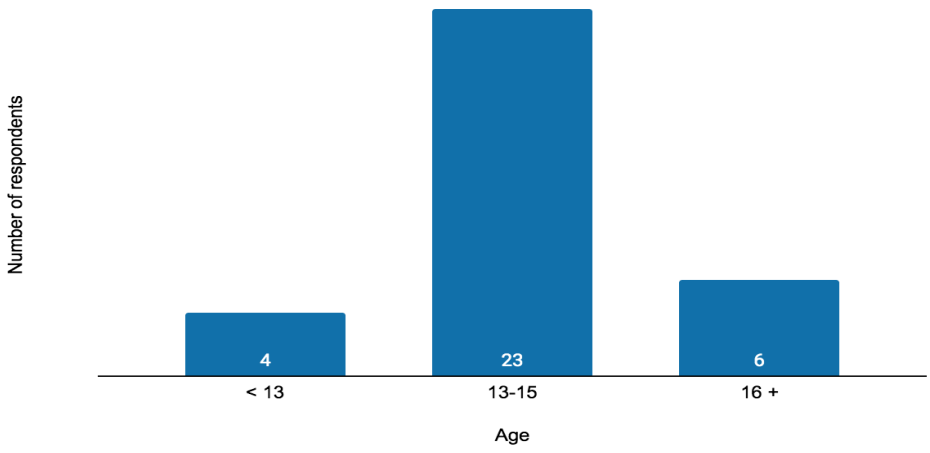
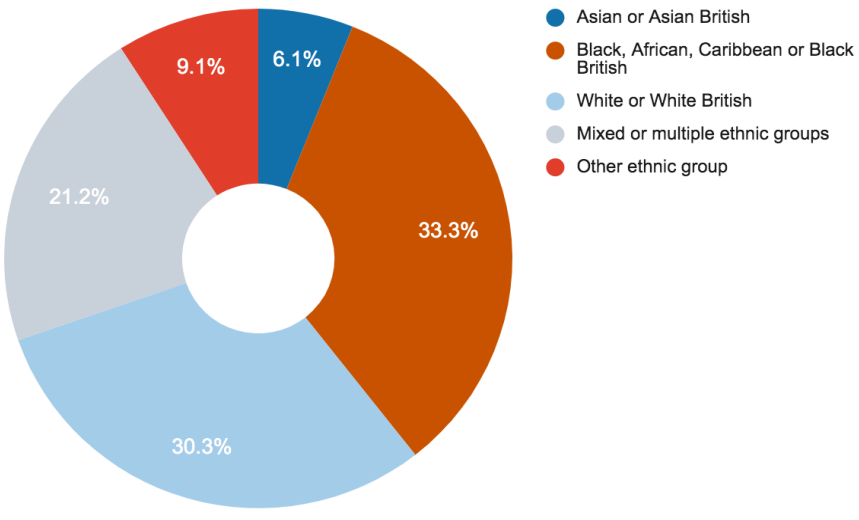


Figure 7.14: Ethnicity of participants

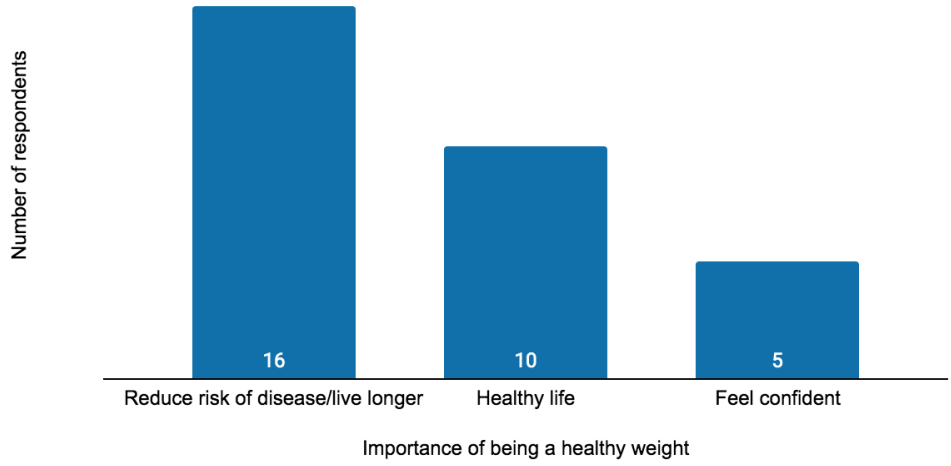


Despite the small number of participants, we received data from a diverse group of young people, and this provides us with a snapshot of eating behaviours in City & Hackney.

The key findings are presented as follows:

- There was a good awareness of the importance of maintaining a healthy weight.
- Most participants (30, 91%) believe it is important to be a healthy weight (the reasons are presented below).

Figure 7.15: Children's understanding of the importance of being a healthy weight



- 7 participants showed concern about their weight, especially their physical appearance.
- The majority (26, 80%) of respondents were not concerned about their weight and claimed to be of an average weight. This data does not reflect the main findings of this health needs assessment and may be due to the small sample size.
- 13 respondents shared they had altered their diet to achieve a weight that made them comfortable.
- 4 participants had reduced their calorie intake to lose weight (these participants were female)
- 3 male participants reported that they increased what they ate to help them gain muscle
- 3 chose to cut out fast food
- Other changes to diet included participant's parent controlling their diet and choosing to cut out red meat

Young People's understanding of healthy foods

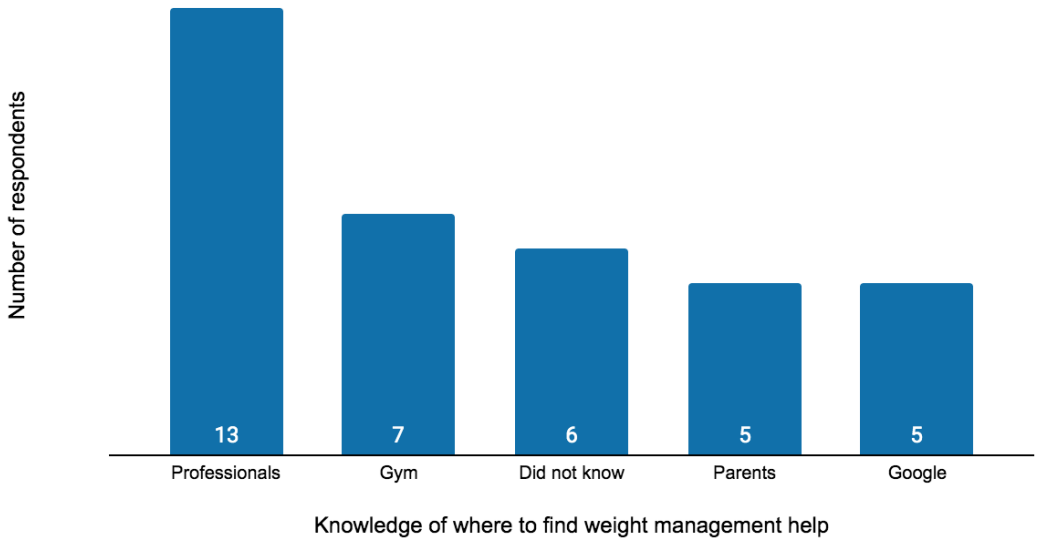
- Most participants (24, 70%) considered vegetables, and 40 % (13 participants) fruits to be healthy; however, over half the listed vegetables as their least favourite food.
- 9 shared they understood it was important to have a balance of all the food groups to be healthy - with a particular emphasis on protein.
- 12 participants thought non-processed, low fat and low-calorie food was healthy
- Favourite foods were processed or fast foods.

- 85% of participants received healthy eating education but may need classes on making healthy alternatives
- 12 students shared that they bought take-aways after school at least once a week
- The most popular take-aways were KFC and McDonalds.
- Over half of the respondents (19, 60%) drank fizzy/sugary drinks everyday which included Fanta/Boost/Lemonade as favourites
- The same number had sweets 1-2 times a week
- 21 (60%) said they did not meet the national target of 5 fruits and vegetables per day
- Three quarters of respondents ate school lunches, the rest had packed lunches

Schools' approaches to healthy eating

- Schools have different approaches to healthy eating messaging.
- In the 'You Are What You Eat?' survey 11 respondents said their school promoted healthy eating through posters and assemblies as well as providing healthy meals for lunch and banning fizzy drinks.
- 9 participants of the Year 9 and 11 focus groups were given clear guidelines and had healthy lunch options whilst others said it was not a priority and lunches were "*unhealthy and unappetising*"
- Young people said that they would benefit from a consistent universal message on healthy eating promoted around the school - eat healthy, drink more water
- Promotion and access to drinking water was not the same across different schools.
- 18 participants said their school used assemblies and posters and had water in jugs and water coolers while others said it was not a priority at school.
- 24 (70%) of the participants reported being hungry after school.
- The focus group with Year 9s and Year 11s shared they did not eat breakfast or lunch; their first meal was dinner or food they picked up on the way home.

Figure 7.16: Young people's understanding of weight management support services



*Note: Professionals included doctors, dieticians, teachers and safeguarding teams. 2 participants shared that they did not feel comfortable asking for support

Participant's ideas for weight management support

- 8 (25%) respondents suggested improving the weight management education in schools
- 10 (30%) called for cheap youth-only gyms or classes to make them feel more comfortable
- 6 (20%) respondents suggested that signposting to counselling and therapy should be clearer
- Posters and online resources were also suggested

Healthy Eating survey - parents and carers

- Between 19th October and 12th November, a short survey titled 'Encouraging a Healthy Lifestyle for children & young people in Hackney & the City' was sent to parents and carers who lived in Hackney
- The survey was used to collect their opinions on current services, gaps in services and ideas or approaches that they feel will support primary and secondary aged children and young people to achieve a healthy weight and maintain a healthy lifestyle. The questions focused both on the participants themselves and their experience of healthy weight management, and their children
- We received responses from 26 parents and carers

Perception of participant's current weight:

- 18 (70%) respondents claimed to have maintained a healthy weight during pregnancy
- In a later question half of the participants said that they do not consider themselves to be a healthy weight now, meaning they have gained weight since giving birth
- This poses a worrying question about their ability to support their children to be a healthy weight as they get older
- 3 (12%) participants shared that their child was 'above a healthy weight'; 1 (4%) participant considered their child to be 'very thin'; 17 (65%) respondents claimed to have successfully helped their children reach a healthy weight in the past
- Successful attempts included focusing "*on activity and eating right foods rather than restricting as I am keen to always maintain a healthy view of/ relationship with food*",
- One parent helped her son lose 8kg, encouraging "*exercise i.e., ride their bikes running playing football*", trying "*to cook healthy meals*"
- 6 parents said they were concerned about their child's weight and had attempted to manage it in the past without success

Barriers to helping children maintain a healthy weight:

- Children are fussy eaters; parents struggled to teach children the importance of a healthy weight and ways to be healthy saying "*they don't listen*"

- They had struggled due to prior health problems or special needs
- A lack of support from health visitors and GPs
- There is a potential breakdown in communication between parents and their children surrounding eating habits
- 11 (42%) parents shared their children never had take-aways, 12 (46%) once a week and 3 (11.5%) up to three times per week
- Young people shared that they often had takeaways and fizzy drinks and struggled to meet the 5 fruits and vegetables daily target
- Parents who completed this survey however stated that their children rarely ate takeaways, never had fizzy drinks and the majority believed their children ate met the fruit and vegetable target
- Most respondents (24, 90%) said that their children ate breakfast every day, yet in a workshop run with Year 9 and Year 11 students at a local school it was discovered that most of the students didn't eat breakfast
- Parents and carers stated that none of their children drank fizzy drinks

Awareness of local support services:

- 16 of the 26 participants did not know where they could go to find support
- 10 said they were aware of support available but only two gave examples (HENRY and The Healthier Together Project)
- One parent said they had used services in the past but had to stop due to the cost.
- This lack of awareness has been highlighted in nearly all the insight work conducted for the Health Needs Assessment, suggesting that the council and services need to work together to better signpost what is available.

Physical activity surveys

An 'ask' from the Hackney Young Futures Commission 2020 (72) survey was to increase access, opportunities to places, spaces and activities and specifically to parks for young people aged 16 years and over.

The walking that young people generally undertake comprises the journey to school, levels of physical activity therefore are likely to be lower as a result of remote schooling. Data from the 2017/18 Active Lives Survey show activity rates for primary and secondary school aged children declined in secondary schools in England. By Years 9-11 relatively few young people meet the daily recommendations; 16% for boys and 10% for girls. Surveys consistently show physical activity declining across adolescence and lower levels of activity particularly for young women.

"You Are What You Eat Survey' (physical activity section)

- the importance of physical activity appears to be understood
- 5 (15%) participants shared that they did no physical activity outside of school.
- 5 (15%) participants shared that they did less than 30 minutes of physical activity per day

- The most popular forms of physical activity were football and walking with 10 participants each stating they were their activity of choice

Figure 7.17: Amount of time spent doing physical activity (including at school)

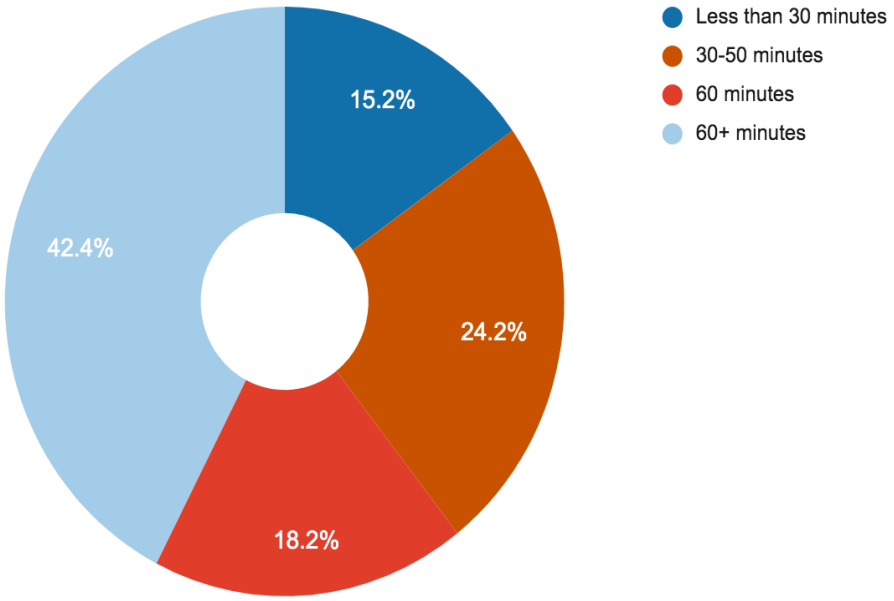
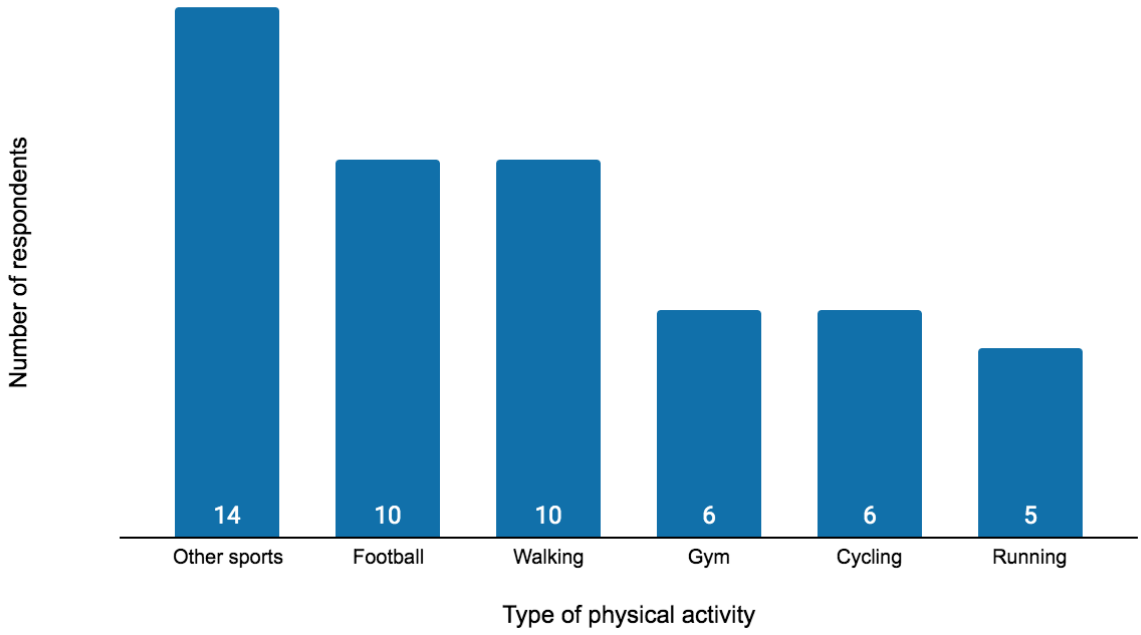


Figure 7.18: Types of physical activity completed by participants



*Note: Other sports mentioned included swimming, basketball, tennis, playground games, home workouts, boxing and netball

Figure 7.19: Participant's mode of travel to school

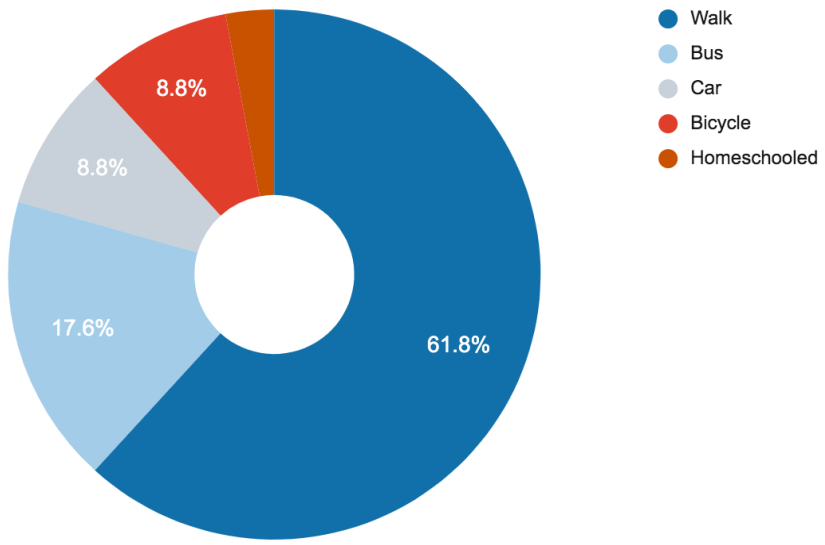
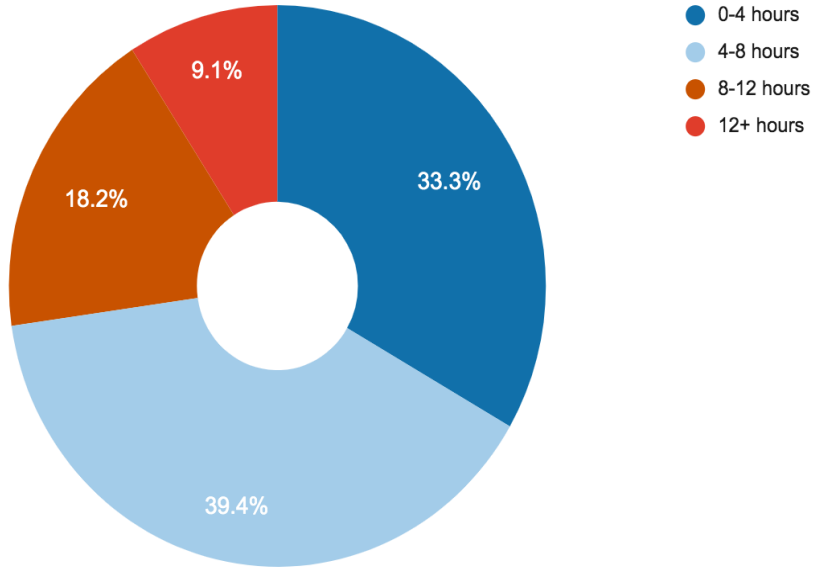


Figure 7.2: Time spent sitting in front of a screen



- While the participants reported that they were physically active, they spent a significant amount of time being sedentary.
- 40% (13) of the participants shared that they spent 4-8 hours/day in front of a screen.

While this survey revealed that young people in Hackney appear to be physically active, the food diary workshop with a local school painted a different picture.

- In terms of physical activity, most of the group (19 students, 60%) did not take part in any form of exercise outside their mandatory P.E lessons.
- One student shared that they walked to and from school.

- The remaining 11 students shared they did a variety of activities, the most popular being football.

‘Me, You and I’ survey

- Also included a section on physical activity (See: Chapter 6 for survey details).
- The participants reported that they do physical activity equally between 1-2 and 3-4 days a week.
- 6 (6%) did not know the benefits of exercise; 95 (94%) said they did

Figure 7.21: Frequency of physical activity in a week

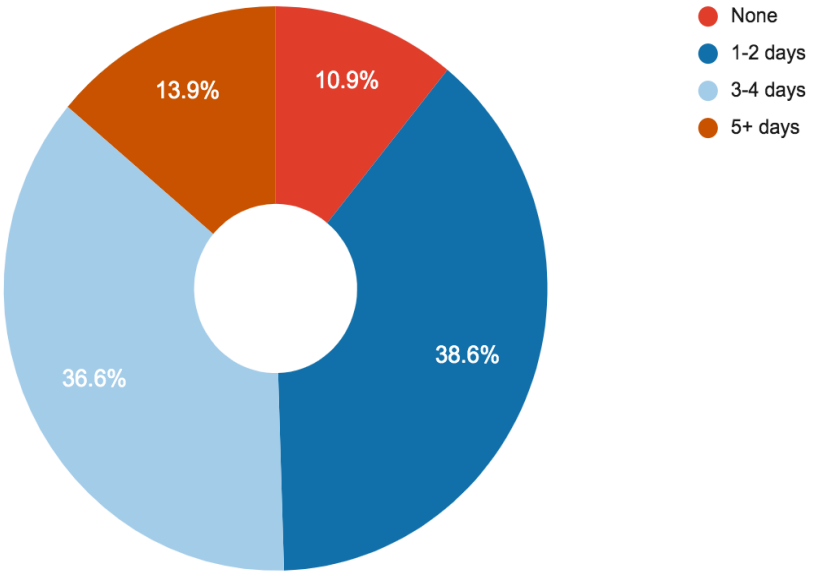
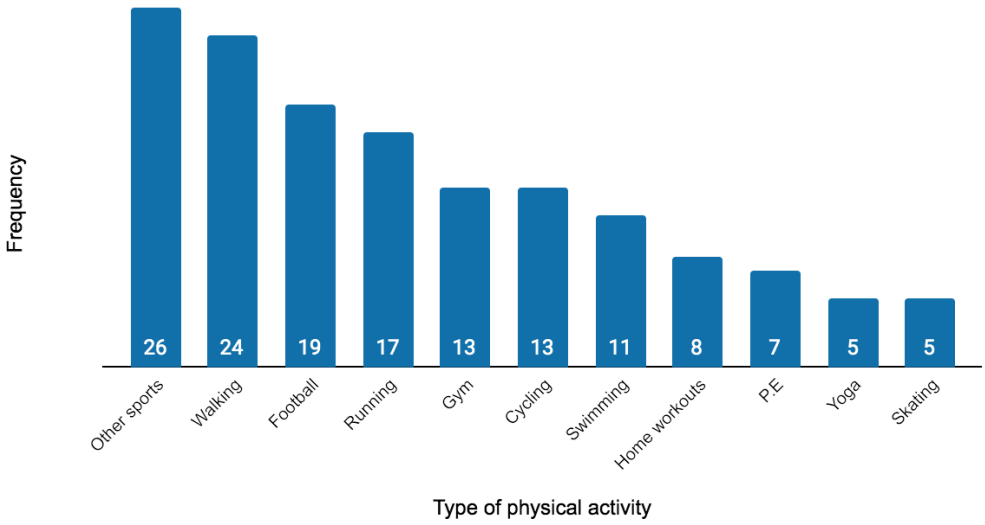
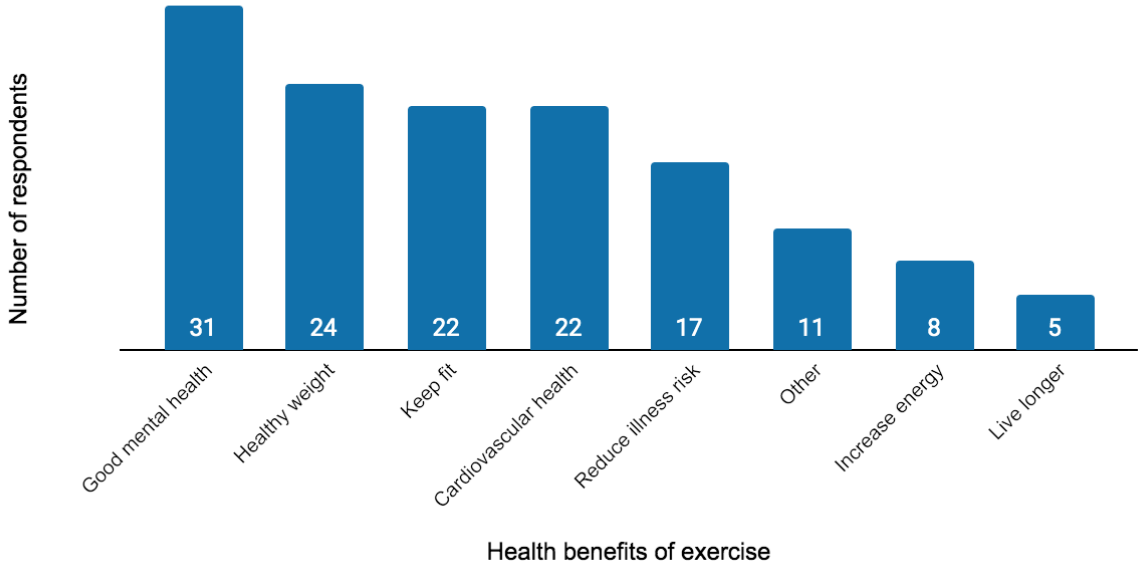


Figure 7.22: Types of physical activity completed by participants



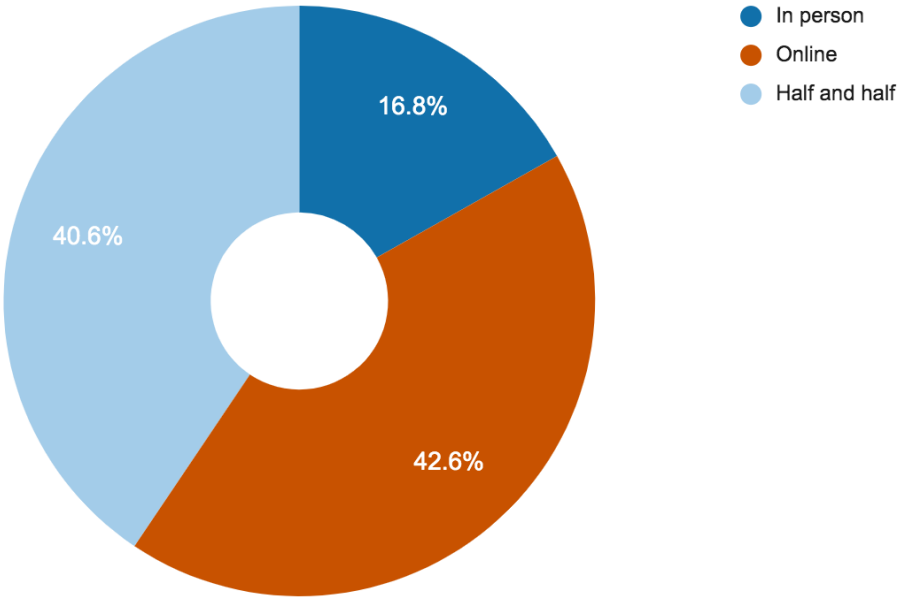
*Note: Other sports noted included dancing, basketball, boxing/kickboxing, tennis, rock climbing, parkour, badminton, netball, table tennis, taekwondo, rowing, cricket and volleyball

Figure 7.23: Understanding the health benefits of exercise



*Other benefits shared included improved sleep, fun and social benefits, reduce diabetes risk, help period pain

Figure 7.24: Participants' opinions on how healthy eating and physical activity services should be provided



Physical Activity - Parents and carers survey results

Barriers to physical activity

- The respondents of the parent and carer survey identified that one of the biggest challenges to helping their children maintain a healthy weight and active lifestyle was lack of time. Often being too busy with work or getting home too late after work to facilitate physical activity.
- The participants asked for more after school activities in schools or local centres.
- Another main barrier shared was the cost of services. Many of the parents were concerned that they would be unable to afford activities or exercise programmes for their children, especially if they had multiple children or on a single parent salary.
- They called for an increase in free or cheap activities.
- They also suggested having more services closer to home to reduce the cost of travel and ensure they felt their children would be safe to go alone.
- Other barriers included cultural barriers, illness and poor disability access

Workshop: Eating Behaviours

3rd December 2021

- Public Health colleagues and 8 Healthwatch Hackney's Young Representatives visited a local school to conduct research into the diets of young people in Hackney.
- 31 students (21 year 9s and 10 year 11s) were divided into groups of 2-5 and were taken through a discussion of what they typically ate in a school day. They were asked to share what they ate for breakfast, lunch, dinner and snacks as well as what they drank throughout the day and any physical activity they took part in.

Key Findings: Eating habits

- Most students (14, 45%) did not eat breakfast or lunch - their only meal of the day was dinner.
- This suggests young people are not eating enough throughout the day to sustain their learning and other activities.
- Reasons included no time in the mornings and not liking school lunches.
- Students interviewed reported not eating balanced or nutritious meals.
- Most common foods eaten were fast foods such as burgers and pizzas.
- The participants are choosing unhealthy snacks
- Only 5 out of 31 students listed fruit as a typical snack.
- 14 chose foods high in fat or sugar such as chocolate or crisps.
- This highlights a little knowledge of the importance of a balanced diet.
- The school could start promoting healthy alternatives.

Key findings: Drinking habits

- Students are not drinking enough liquids throughout the day.

- 16 students stated that they did not drink anything throughout the day.
- This means some students don't drink nor eat until dinner.
- Those who do drink in the day often have fizzy and sugary drinks.
- Only 8 students said they drank water.

At the end of the workshop, we gave the students an opportunity to share their general thoughts:

- School meals needed to be healthier.
- One student suggested introducing vending machines with fruit and vegetables.
- Students complained about the lack of water fountains and that they had to pay for bottled water if the fountains were broken.

Unmet needs and service gaps

- Continuity between the maternal obesity programme (the Wednesday Programme), HENRY and Everyone Health.
- Culturally specific weight management programmes.
- School Health Data to inform, monitor and evaluate school-based interventions; NCMP results are not currently shared with schools.
- Tier 3 interventions to address the increase in obesity levels following COVID.
- Whole school approaches undertaken by schools - unknown.
- New PSHE Curriculum - Health Education (Statutory) unknown how wide this has been implemented across schools; Health Education includes Food Education.
- Link between Adult Weight Management (AWM) Programme and Child Weight Management. It is unknown how many adults attending the AWM programme are also parents, this could be a missed opportunity to offer healthy eating advice for their children; evidence shows a positive association between maternal and paternal obesity and childhood obesity.
- Parent's engagement with weight management programmes

Chapter Summary

Supporting healthy weight - pregnancy

- There is a clear association between the weight of mothers and the weight of their children.
- In 2018/19, City and Hackney were found to have one of the highest proportions of obesity in early pregnancy in England (24.3% vs. average of 16.3%).
- Obesity in early pregnancy in City and Hackney is more prevalent in black women, those living in the most deprived areas and women with a disability.
- Obesity levels in early pregnancy for the Charedi community are not known.

Childhood obesity

- The proportion of children in City & Hackney of a healthy weight is declining.
- Excess weight among reception children (key performance indicator) in City and Hackney (21.7%) is above the London average and below the England average; however, severe obesity in this age group (4%) is higher than both.
- 2020/21 data from the National Child Measurement Programme (NCMP) shows a shift towards even higher levels of obesity and severe Obesity in year 6.
- Proportions of obesity are highest among those living in the most deprived areas.
- In both reception and year 6, children of black ethnicity are most likely to be obese. The lowest proportions of obesity in reception and year 6 children are lowest in Asian and white children.
- Ethnically adjusted BMI is currently not in use for the NCMP, ethnic adjustment of BMI would ensure equitable categorisation of weight status.
- Local authorities with downward trends in childhood obesity had provided feedback from the NCMP and had partnerships with schools. School nursing teams are key. Insight highlighted unclear referral pathways and the need for involving parents, culturally appropriate services.

Supporting healthy lifestyles

- Since 2016, there has been a persistent decline in the percentages of women taking up the offer of Healthy Start Vouchers in the City and Hackney
- Both City and Hackney have food outlets outnumbering the London average.
- The ‘Active Lives’ report found that only 44.9% of CYP meet the CMO guidelines of taking part in sport and physical activity for an average of 60 minutes or more a day.
- New PSHE Curriculum includes Health Education: Food Education Health Behaviour (Statutory) not implemented widely across schools.
- Surveyed parents outlined barriers to healthy eating and physical exercise including cost, time, activities close to home and awareness of support services.

Oral Health

- Tooth decay can co-occur with obesity and intake of sugary foods.
- The proportion of children with tooth decay is higher in City and Hackney compared to the national average, as are the rates of hospital admissions for dental caries among 5-year-olds.
- During the first year of the pandemic, there was a drop in the proportion of City and Hackney children who accessed dental services from 41% to 14.6%.
- Data from 2017/18 shows that 4 in 10 Charedi children had incisor decay compared to the Hackney average of 1 in 10.
- Stakeholders highlighted the need for earlier intervention and the challenge of oral health in the Charedi community.

Recommendations

Recommendations made in the 2016 Needs Assessment:

General comment on progress: after achieving a decline in Childhood obesity reception rates, the impact of the pandemic has seen a steep increase in Reception rates and an increase inYr. 6 rates, and particularly an increase in the severely obese.

A separate Oral Health Needs Assessment has been undertaken and will be published in 2022.

	2016 Recommendations	Progress
1.	Provide a pathway of support that includes midwifery, health visiting and primary care (from preconception advice to returning to a healthy weight post pregnancy) Work with all partners involved with children in the early years to develop pathways to increase efforts to prevent obesity prior to children starting school.	Pathway of support in place however this needs to be audited HENRY in place for families for 0 - 5yrs
2	Extend the local measurement scheme in Charedi schools to cover ten-year-old pupils to provide a more detailed picture of local childhood obesity rates in line with NCMP-publish data	This is in place
3	Use a whole-family approach, not only in obesity management, but also in mainstream healthy weight maintenance education Provide whole family holistic support to promote weight loss, particularly in families of Black ethnicity, to prevent the generational cycle of obesity	This is in the current specification with Everyone Health - NICE are working on guidelines for ethnicity estimates in children's weight and NCMP
4	Aim to increase the proportion of young people being active every day – particularly in black and minority ethnic and LGBTQ groups. As the most common reason for young people not exercising outside of school is because they are not motivated to do so ("happy as I am"), rather than due to barriers in accessing facilities, it is important to increase young people's awareness of the importance of exercise – both for healthy weight maintenance and wider physical and mental health benefits	There are several activities for children and young people to do in the borough, both within the school environment and outside it. Public health also works with the Charedi girls' schools to deliver physical activity programmes and deliver Play Streets and Estate Play. Public Health has also been conducting an audit of the delivery of the Daily Mile Programme in schools since COVID-19. Young Hackney, commissioned by Public Health, works with schools who have high levels of obesity to deliver a 'Personal Bests' programme across the academic year,

	2016 Recommendations	Progress
		providing support to pupils about physical activity. Physical activity is also a part of the Tier weight management intervention. Public Health is currently reviewing their physical activity plans and will launch a new grants programme in early 2023.
5	Provide campaigns through Children's Centres, such as advertising sports resources, to reach families with children in the early years	Physical Literacy Programme in place for Early Years settings
6	Continue work to redress the balance in favour of more accessible healthy food near schools, and less accessible takeaway unhealthy food near schools.	In progress
7	Investigate the extent of obesity in local independent schools, as this accounts for 20% of children not being included in the calculation of local obesity rates	This has been met. A separate contract is held with the Charedi Schools to undertake NCMP; results are analysed separately
8	Provide joined-up campaigns to highlight the importance of dental health alongside diet and lifestyle advice in the effort to combat obesity, to ensure that advice is holistic and complementary	Eat Better, Start Better programme in Early Years settings
8	Encourage all health professionals, in particular health visitors, to educate, promote and signpost to dental services	A separate Oral Health needs assessment has been recently conducted and includes further recommendations to improve oral health in City & Hackney
9	Provide education and promotion around the fluoride varnish programme	See Oral Health Needs Assessment 2022
10	Increase community awareness among children themselves, and their parents or guardians, of the need for children and young people to visit a dentist regularly	See Oral Health Needs Assessment 2022
11	Investigate the levers that could be used to increase the number of dentists practising in both City and Hackney	See Oral Health Needs Assessment 2022
12	Work with the Charedi community to ensure that any cultural-specific barriers to dental health are identified and addressed	See Oral Health Needs Assessment 2022

	2016 Recommendations	Progress
13	Explore the feasibility of extending the oral health promotion project ("Happy Smiles") to Hackney's special schools and re-engagement unit and facilitate partnership working with the Community Dental Service	See Oral Health Needs Assessment 2022
14	Ascertain what the obstacles are to the Community Dental Service operating in the re-engagement unit in Hackney, and work to remove them	See Oral Health Needs Assessment 2022
15	Expand the fluoride varnish programme to operate in all primary schools and nurseries in City and Hackney, and work to increase the proportion of parents who consent to their children receiving the varnish – through warning of the harms associated with tooth decay and raising awareness of the benefits of varnishing	See Oral Health Needs Assessment 2022
16	Within the local authority consider the introduction of a water fluoridation scheme and discuss this with neighbouring local authorities that share the local water supply, in line with guidance from PHE	See Oral Health Needs Assessment 2022

	2022 Recommendations	Supporting rationale
1	Explore providing support for all schools to implement a whole schools approach to health and wellbeing, that addresses health inequalities, and considers: ● Providing feedback to schools on NCMP results (three-year aggregated data or annual feedback etc.) and deprivation information to support the development of a school-based action plan ● Sugar Smart ● Supporting schools to utilise the sports premium to encourage the development of healthy, active lifestyles including the Daily Mile ● Promoting water only policies ● School Based Health & Wellbeing Surveys	Providing health information to schools was identified as a gap from Stakeholder interviews. Childhood Obesity a Plan for Action - Chapter 2, whole school approaches *'Learning* from local authorities with downward trends in childhood obesity' found that 76% of LA's provide feedback to schools (the most common approach undertaken) and 76% have partnerships with schools the second most common approach used by local authorities Approaches include supporting local 'Healthy Schools' schemes, delivering physical activity and nutrition programmes in schools, working with schools to make school meals healthier and Commission evidence based programmes such as the Soil Association's 'Food for Life'

	2022 Recommendations	Supporting rationale
		'Learning from local authorities with downward trends in childhood obesity' found that 68% of LA's link family weight management services with the NCMP data or with schools - 3rd most used approach. Approaches include signposting parents to local weight management services using the NCMP result letter, supporting the school nursing team to contact parents following the NCMP results and referring them to weight management programmes and using NCMP data to target weight management services to the schools in greatest need. *'Learning* from local authorities with downward trends in childhood obesity' found that 68% also had a focus on physical activity. Approaches included initiatives to increase physical activity such as 'Girls Active', 'Daily Mile', junior 'park runs', active play, health walks, 'Fit Kids', 'Skip4Life', 'Us Girls', physical activity clubs and provision of outdoor gyms in parks. Other approaches include utilising the Sports Premium Initiative to develop sports clubs working in partnership with leisure providers, libraries, schools, children's centres, transport planning and charities to increase physical activity, focusing on partnerships with the 'Schools Sports Partnership, training early year's settings staff in 'Healthy Movers', providing alternative sports development programmes to engage children with special educational needs, considering how the environment could be more conducive to physical activity by improving open spaces, footpaths and cycle routes, engaging the community through an app (such as Lewisham Park Life) to encourage and facilitate park activities.
2	Continue to keep a focus on Pre-School Years; this includes working with Maternity colleagues to ensure the package of care provided for mothers with maternal obesity is transferred to Health Visitors - develop a pathway of care from pre-conception to adult services	*'Learning* from local authorities with downward trends in childhood obesity' found that 72% of local authorities undertook this which included approaches such as Healthy Eating Standards, programmes for pregnant women above a healthy weight, utilising children's centres for cooking lessons or to deliver physical activity and healthy eating programmes, training Health Visitors on starting solids or on identifying children's weight or in 'Health, Exercise, Nutrition for the Really Young' (HENRY); it is one of the top 3 approaches undertaken by LA's.

	2022 Recommendations	Supporting rationale
		Evidence shows a clear association between the weight of mothers and the weight of their children NCMP Data shows a marked increase in Reception Overweight and Obesity levels (2020/21)
3	School Nurses - to have wider engagement with NCMP	*'Learning* from local authorities with downward trends in childhood obesity' found that 72% of LA's had their school nursing teams engage with the NCMP; one of the top 3 approaches taken by LA's. Approaches include delivering the NCMP, employing a childhood obesity lead within the school nursing team, sending the PHE NCMP feedback letter home (using the PHE template), following up with parents and carers via a telephone call, text messages and/or additional letters, and including signposting for local services in the NCMP feedback letter for parents.
4.	Commission Tier 2 school-based, family weight management initiatives linked to NCMP data as part of a system-wide approach to address overweight; implement universal and targeted approaches that address inequalities and align with Physical Activity. Within this actively promote physical activity clubs available after school and in the community Allocate resources for annual review and external evaluation	NICE Guidelines (PH47) Recommendation 2: Commission lifestyle weight management programmes for children and young people Recommendation 15: Monitoring and Evaluating programmes *'Learning* from local authorities with downward trends in childhood obesity' found that 71% of LA's delivered family weight management services linked to NCMP data; 68% also had a focus on physical activity and 68% worked with Universities for programme evaluation Research demonstrated school-based family approaches were successful
5.	Explore the option of including co-production approaches with the CVS/Healthwatch/GPs/Parents/CYP to address the needs of high-risk groups Allocate resources for external evaluation	NHS Guidelines (PH42): Recommendation 1: Developing a sustainable community-wide approach to weight management Recommendation 6 Involving the community See: Sheffield Community Health Champions programme *'Learning* from local authorities with downward trends in childhood obesity' found that 68% of LA's undertook partnerships with the community; one of the top 10 approaches taken.

	2022 Recommendations	Supporting rationale
		Approaches included work with universities for research opportunities such as programme evaluation, partner with the third sector to work with charities or as part of a 'Healthy Weight Network', work with the community through community driven interventions or community led projects in targeted areas
6.	Consider embedding a focus on food by signing up to the Local Declaration on Healthy Eating and undertaking a wider promotion on Sugar Smart that includes schools, parents and carers and the wider community	Childhood Obesity a Plan for Action - Chapter 2 *'Learning* from local authorities with downward trends in childhood obesity' found that 52% of LA's had a focus on food; one of the top 10 approaches taken. Approaches included, signing up to the healthy food and drink declaration, providing a healthy food offer, signing up to the Sugar Smart campaign, signing up to programmes such as 'field to fork', 'grow project' or a holiday food programme, providing healthy food at council events and incorporating good oral health education
7.	Co-produce culturally relevant messages based on the MECC approach and incorporate within the 'Raising the Issue Training' or equivalent. Tailor messages (for example, for different age, socioeconomic or ethnic groups or for people with disabilities) ensuring messages are consistent, specific, non-judgemental or stigmatising; utilise a diversity of mediums i.e. so the focus is on Healthy Eating Expand training to a wider network of professionals including primary care, Health Visitors, School Nurses, and other professionals working with families and young people.	NICE Guidelines (PH47) Recommendation 6 Raising Awareness of lifestyle weight management programmes *'Learning* from local authorities with downward trends in childhood obesity' found that 48% of LA's targeted parents; one of the top 10 approaches taken. Approaches undertaken include Promote national campaigns such as Change4Life and One You, requesting parental attendance at group weight management programmes, utilising the workforce through Make Every Contact Count and training staff in how to raise the issue of overweight and/or behaviour change techniques
8.	Raise the importance of healthy eating in holistic Child Health Assessments	Making obesity everybody's business Insight work supported a universal approach that focuses on healthy eating
9.	Promote education on Eating Disorders with professionals working with children and young people and parents, children and young people, and with families to raise awareness, and to help early detection using	HNA interviews identify that more children and young people are making disclosures about having an eating disorder

	2022 Recommendations	Supporting rationale
	a variety of mediums including e-learning platforms. Explore ways to improve access to effective, evidence-based treatment for children and young people with eating disorders (currently oversubscribed), to be received within a maximum of 4 weeks from first contact or within 1 week for urgent cases. Explore	National evidence shows that the Covid-19 pandemic has led to a sharp increase in numbers of young people with eating disorders; urgent and routine referrals (273)
10	Identify parents/carers of children and young people/ including those with SEND that are on the Adult Weight Management Programme. Share data with family/child weight management providers to work with parents and children to ensure healthy eating needs for the whole family are addressed.	Evidence shows a correlation between overweight/obese parents/carers and children
11	Explore with partners additional resources to meet increasing levels of severe obesity - a Tier 3 service is planned for April 2022 across NEL, however planned capacity will not meet demand in City & Hackney	20/21 NCMP Data shows evidence of a shift towards even higher levels of Obesity and Severe Obesity in Yr. 6
12	Continue to promote the uptake of Healthy Start Digital Vouchers and Alexndra Rose Vouchers to families in need.	Evidence of reduced uptake of Healthy Start Vouchers

8. Unintentional injuries, long term conditions and road accidents

Introduction

Unintentional injury

The World Health Organisation (WHO) recognises unintentional injury as a major public health issue (274). Unintentional injuries in and around the home are a leading cause of preventable death and are a major cause of ill health and serious disability for children under five. Reducing this is important and requires a whole system approach to address the reasons behind accidents occurring. An analysis of the last five years (2011-15) of Hospital Episode Statistics (HES) and mortality statistics for England was carried out. Five causes accounted for 90% of unintentional injury hospital admissions for the under 5's age group: choking, suffocation and strangulation; falls from furniture; poisoning from medicines; burns and scalds; drowning and other hazards (275).

Children from more disadvantaged backgrounds are more likely to experience and die from unintentional injuries (276):

- 13 times more likely to die in preventable accidents
- 3 times more likely to be admitted to hospital with serious injuries.

The reasons for this can include:

- unaffordable safety equipment
- buying cheaper products that don't comply with safety standards
- literacy
- bringing up children alone
- maternal depression
- risk-taking behaviour by young people
- families who are homeless or living in overcrowded homes
- lack of car ownership
- living on streets that drivers use as 'rat runs' to avoid congestion on main roads.

In the five-year period from 2013 to 2017, a total of 4,090 17–19-year-olds in Great Britain were killed or seriously injured in road traffic accidents. There are significant health inequalities, with the risk of road traffic injuries being higher for those young people living in deprived areas (275).

Respiratory Illness

There is evidence to suggest young children's respiratory health is worsening and that respiratory conditions in children are linked to air pollution, smoking and poor housing. There is clear evidence that early exposure to air pollution can damage the lungs and increase the risk of lung infections that may be fatal including the onset of asthma and development of asthma and acute respiratory infections (277). Damp and mould in the home can also lead to respiratory problems, respiratory infections, allergies or asthma (278). The National Review

of Asthma Deaths found that 46% of the children who died from asthma had received an inadequate standard of asthma care.

A study looking at the effect of exposure to air pollution on hospital admissions of young children for acute lower respiratory infection (ALRI) found that children living in deprived neighbourhoods experience higher levels of exposure, and therefore experience higher levels of poor respiratory health (279). Early childhood respiratory infection or environmental exposures can lead to chronic disease in adulthood; however, childhood immunisation can effectively reduce the incidence and severity of childhood pneumonia (280).

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIA for this chapter are:

- Early Years High Impact Area - Managing minor illnesses and reducing accidents.
- Young People High Impact Area - Reducing risk from harm and improving safety.

National/Regional Policy

Reducing unintentional injuries in and around the home among children under five (281) outlines the findings from a five year study looking at deaths and hospital admissions, it found that children under five account for a disproportionately high number of hospital admissions which may warrant some local authorities to plan for action within a wider unintentional injury prevention strategy. It acknowledges that the work is challenged by data issues.

The WHO New Guidelines On Global Air Quality Guidelines: Particulate Matter (PM2.5 and PM10), Ozone, Nitrogen Dioxide, Sulphur Dioxide and Carbon Monoxide recommend air quality levels for 6 pollutants (282).

The health risks associated with particulate matter equal or smaller than 10 and 2.5 microns are capable of penetrating deep into the lungs but $PM_{2.5}$ can even enter the bloodstream, primarily resulting in cardiovascular and respiratory impacts, and also affecting other organs. In 2013, outdoor air pollution and particulate matter were classified as carcinogenic by WHO's International Agency for Research on Cancer (IARC).

The Road to Zero, Next steps towards cleaner road transport and delivering our Industrial Strategy outlines the government strategy to cut exposure to air pollutants, reduce greenhouse gas emissions and improve our energy security (283).

Keeping Out The Chill: Fixing London's Cold, Damp and Mouldy Homes (284) published by the London Assembly Environment Committee, found that Londoners' health and wellbeing are harmed by damp homes. The presence of damp in people's homes can increase exposure to allergens, cause or aggravate respiratory conditions and sustain dust mites. Residents are more likely to have respiratory problems if they live in a home with dampness. Poor quality housing, with health hazards including damp, costs the NHS £2billion each year. Mental

health and wellbeing are also affected by cold and damp homes. Research has found that living in cold and damp homes is associated with higher levels of anxiety and depression. Children's educational attainment and mental health are also significantly at risk from living in cold, damp homes. The report makes a number of recommendations for the Mayor including a strategy for reaching the most vulnerable residents living in cold and damp homes and steps for the Mayor to bring together the GLA, community groups, Citizens Advice and energy companies to support fuel poor households.

Department for Transport's, 2019 Road Safety Statement (285) provided recommendations to ensure 'safer people, safer vehicles and safer roads' in Great Britain and proposed that road accidents are a result of the wider transport system, from road design and signage to road user education. The statement also includes a commitment to provide safe streets for 12-year-olds by 2040.

Local Policy

London Borough of Hackney Air Quality Action Plan 2020 - 2025 (286) outlines the Council's commitment to achieving clean air by tackling air quality and rebuilding a greener Hackney post lockdown. It presents a framework for addressing air pollution, which includes implementing initiatives that target the most vulnerable groups in Hackney so that those most at risk are not disproportionately affected by the impacts of poor air quality and adopting the WHO guidelines for PM10 and PM2.5 with a compliance deadline by 2030.

Hackney Investment Programme (287) (April 2015 and March 2024) replaced the Government's Decent Homes standard in 2015, which ensured all social housing meets an acceptable standard.

Evidence based practice

New WHO Global Air Quality Guidelines (AQGs) (282) provide clear evidence of the damage air pollution inflicts on human health, at even lower concentrations than previously understood. The new 2021 guidelines recommend new air quality levels to protect the health of populations, by reducing levels of key air pollutants, some of which also contribute to climate change.

Evidence suggests that training all staff in reducing unintentional injuries is important; training and supervision developed with voluntary and community organisations will ensure community specific accidents are addressed. Preventing unintentional injuries requires a whole system approach that maximises the contribution of all staff working with the under-fives and their families (288).

The Safe At Home National Home Safety Equipment Scheme was an initiative to help families keep their children safe from home accidents; it targeted high-injury-rate areas and socio economically disadvantaged families with children under 5. An evaluation of the scheme found a positive association with a reduction in injury-related hospital admissions in children under 5 in the 2 years after the scheme ended. Providing a higher number of items

of safety equipment was also found to be more effective in reducing injury rates than providing fewer items (289).

The second national review commissioned by the Child Safeguarding Practice Review Panel of sudden unexpected death in infancy (SUDI) (290) in families where children are considered at risk of significant harm and made a number of recommendations:

- co-produce appropriate information and support for parents and carers, to facilitate conversations with parents about safer sleep environments
- improve links (via multi-agency working) between local work to reduce the risk of SUDI and wider strategies responding to neglect, economic deprivation, domestic violence, parental mental health concerns and substance misuse
- explore the use of behavioural insights and models of behaviour change to support interventions to promote safer sleeping, i.e., motivational interviewing, use of marketing and social media to provide consistent and evidence-based safer sleep messages as part of good infant care and safety.

Royal Society for the Prevention of Accidents. 2019. Safer by design: A framework to reduce serious accidental injury in new-build homes (291) provides home safety training, advice and updates on child policy - Blind Cords, Baby Walkers, Bunk Beds and sleeping arrangements for small babies under 6 months.

The level of need in the population

Managing minor illnesses, and reducing unintentional accidents and deliberate injuries

Managing minor illnesses and reducing accidents is identified as an early years high impact area (HIA). The relevant performance indicators for this chapter are:

- A&E attendance rates, under 5 years
- Emergency hospital admissions, under 5 years
- Hospital admissions for injuries, under 5 years.

Reducing risk from harm and improving safety is identified as a school-age years HIA. The relevant performance indicators are:

- Children killed or seriously injured in road traffic accidents, 0 - 15 years
- Hospital admissions for injury, 0 - 14 years
- Hospital admissions for injury, 15 - 24 years.

Table 8: Early Years High Impact Area 5 - Managing minor illnesses and reducing accidents

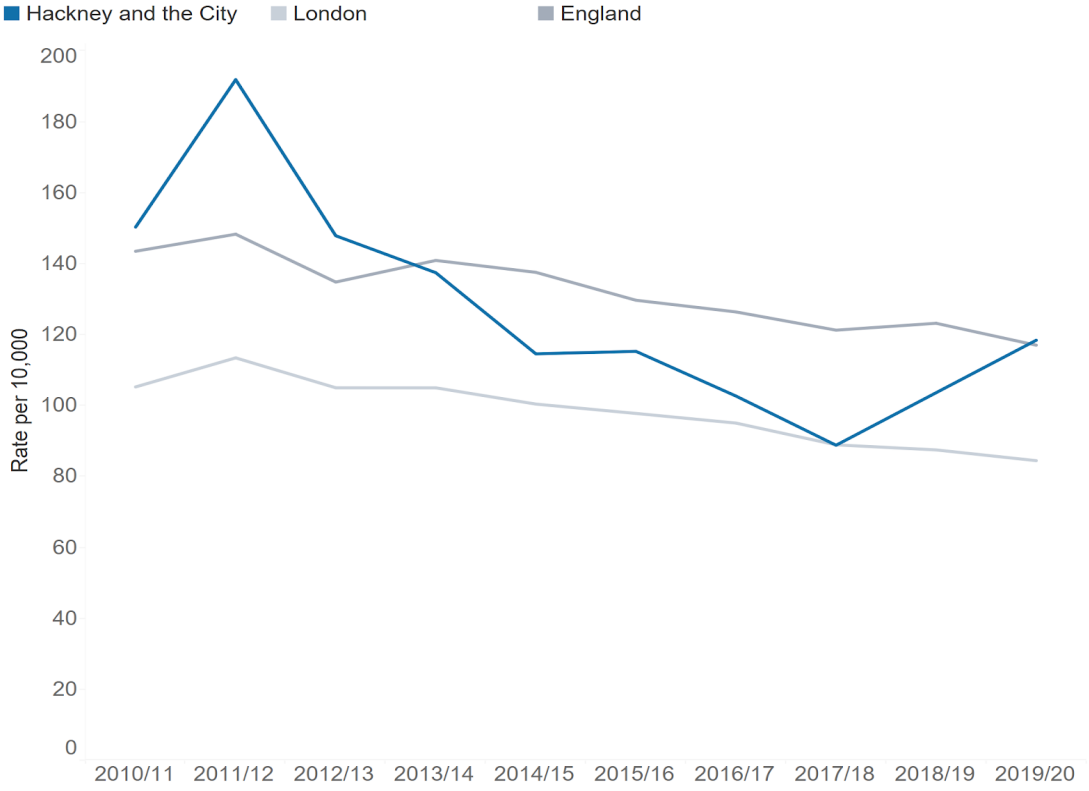
High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Managing minor illnesses and reducing accidents	A&E attendance rates	605.8 per 1,000 (2016/17)	641.6 per 1,000 (2018/19)			Below London, below England rate
	Emergency hospital admissions, under 5 years	93.2 per 1,000 (2016/17)	93.2 per 1,000 (2019/20)			Below London, Below England rate
	Hospital admissions for unintentional and deliberate injuries, under 5 years	102.6 per 1,000 (2016/17)	118.4 per 1,000 (2019/20)			Above London, in line with England

Reducing unintentional accidents and deliberate injuries

Hospital admission for injuries, under 5yrs

The rate of hospital admissions caused by unintentional and deliberate injuries in children 0-4 years old in 2019/20 was 118.4 per 10,000 population in City and Hackney, the worst in London, which had a rate of 84.4 per 10,000 population, and similar to England. There was no significant change in the last five years, but it seems that it had already decreased from 2010/11 (292). Looking at hospital admissions of City and Hackney residents at Homerton due to unintentional injuries in 2017/18 to 2020/21, the rate among males was 20% higher than among females (89). There was also ethnic variation, with the rate almost 5 times higher among those from other ethnic groups (non-Asian, black, mixed or white) than among those from mixed backgrounds. The rate was 25% higher among those from the most deprived quintile compared to those living in the second most deprived quintile. About 70% of the complaints were head injuries. It is worth noting that these are small numbers and may be subject to variation (89).

Figure 8: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years (292)



Source: Fingertips, 2

Hospital admissions for injuries, 0 to 14 years old

Looking at hospital admissions of City and Hackney residents at Homerton due to unintentional and deliberate injuries in 2017/18 to 2020/21 in the 0-14 age group, the rate among males was 50% higher than among females, an increase compared to the 20% in the 0-4 separately (293). The ethnic variation was similar to the age group 0-4 separately but slightly diluted, with the rate almost 4 times higher among those from other ethnic groups (non-Asian, black, mixed or white) than among those from mixed backgrounds. The rate was 30% higher among those from the most deprived quintile compared to those living in the second most deprived quintile. About 60% of the complaints were head injuries. It is worth noting that these are small numbers and may be subject to variation (293).

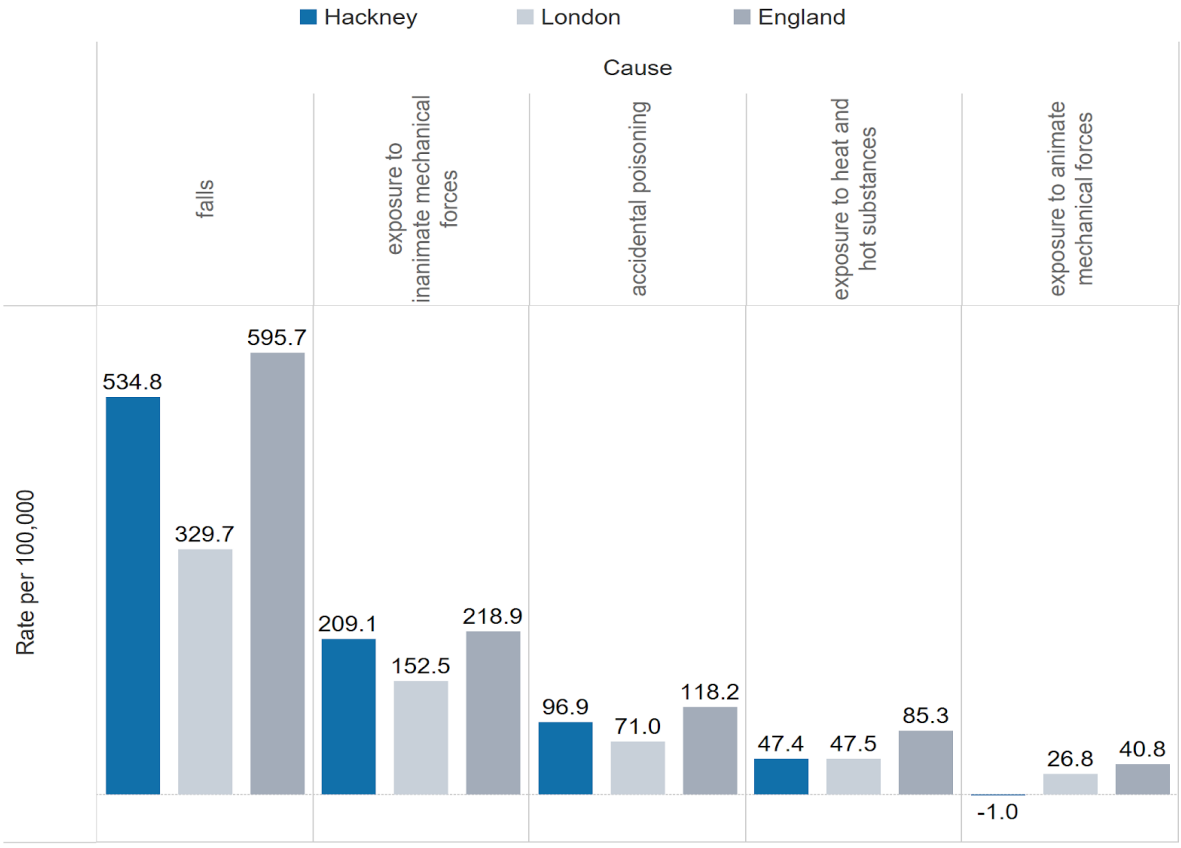
Hospital admissions for injuries, 15 to 24 years old

Looking at hospital admissions of City and Hackney residents at Homerton due to unintentional injuries in 2017/18 to 2020/21 in the 15-24 age group, the rate among males was 10% higher than among females, a decrease when compared to the 50% in the 0-4 age group and to the 20% in the 0-4 age group separately (293). The ethnic variation was very different from the youngest age groups. The highest rate in the youngest age groups was among those from other ethnic groups (non-Asian, black, mixed or white) and, in this age

group, this became the lowest rate (293). The highest rate was among those from black backgrounds, about 160% higher among those from black backgrounds than among those from other ethnic groups. Additionally, the deprivation inequality seems to get worse in older age groups; almost 50% higher among those living in the most deprived quintile compared to those living in the second most deprived quintile, compared to rates 30% higher in the age group 0-14. About a third of the complaints were head injuries and other third injuries of hip, legs, knees, ankles or feet. There was an increase in the deprivation inequalities compared to the 0-4 age group separately (293).

Causes of hospital admission for injuries

Figure 8.1: Rate of emergency hospital admissions following unintentional injuries in and around the home by its main causes, under 5 children, 2014/15-2016/17



Source: Hospital Episode Statistics, NHS Digital
Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

Injuries that result in the largest number of emergency hospital admissions and high death rates have their own profile and characteristics. Prevention of these injuries mainly fall under two categories. Firstly, ensuring that furniture and play equipment are well maintained and that any safety harnesses on highchairs, swings and other seats are securely fitted and fastened. Secondly, ensuring that babies and younger children are not left unattended on raised surfaces, particularly when changing nappies.

Falls from furniture are the leading cause of injury-related hospital admissions in the under-fives in Hackney. Deaths are infrequent, but a fall from a highchair can have serious consequences including brain damage (293). Medicines cause almost 70% of poisoning admissions in 0 to 4 age groups in Hackney (293).

Table 8.1: Emergency hospital admissions due to falls from furniture rate per 100,000 resident population (number), children aged 0 to 4 years

Area	2011/12-2015/16	2012/13-2016/17	2013/14-2017/18	2014/15-2018/19	2015/16-2019/20
Hackney	194.0 (100)	138.3 (70)	148.4 (155)	150.0 (80)	150.6 (80)
London	109.8 (1,655)	123.3 (1,975)	112.9 (3,545)	108.4 (3,400)	105.4 (3,280)
England	150.3 (13,089)	144.4 (12,648)	140.3 (12,291)	136.1 (11,881)	132.5 (11,481)

Source: Hospital Episode Statistics, NHS Digital

Table 8.2: Rate of emergency hospital admissions due to burns from food and hot fluids in children under 5 years old

Area	2011/12 - 2015/16	2012/13 - 2016/17	2013/14 - 2017/18	2014/15 - 2018/19	2015/16 - 2019/20
Hackney	50.2 (25)	53.2 (55)	43.1 (45)	38.8 (20)	47.1 (25)
London	28.2 (870)	28.3 (885)	29.3 (920)	28.1 (880)	27.3 (850)
England	47.0 (4,091)	48.4 (4,240)	50.7 (4,440)	51.1 (4,455)	51.2 (4,436)

Source: Hospital Episode Statistics, NHS Digital

Table 8.3: Emergency hospital admissions due to poisoning from medicines (rate per 100,000 resident population of children aged 0 to 4 years)

Area	2011/12-2015/16	2012/13-2016/17	2013/14-2017/18	2014/15-2018/19	2015/16-2019/20
Hackney	98.7 (100)	101.7 (105)	107.4 (55)	65.6 (35)	87.1 (45)
London	59.5 (940)	58.4 (935)	56.0 (900)	53.3 (855)	52.4 (835)
England	104.2 (17,719)	101.6 (17,368)	97.5 (16,672)	92.0 (15,663)	86.0 (14,523)

Source: Hospital Episode Statistics, NHS Digital

Road traffic accidents

The measures implemented to control the spread of COVID-19 resulted in a marked fall in the number of traffic-related injuries and fatalities. Whilst data is not yet available for children for 2020, between January and June 2020, an estimated 670 people were killed in reported road accidents. This is a decrease of 21% compared to the equivalent period of 2019. This decrease is statistically significant at the 95% confidence level (162).

However, all types of accidents (including both road traffic and other types) are the largest external cause of mortality overall for young people aged 10-24; Young men aged 15-24 are three times more likely to die of accidents and almost four times more likely to die of intentional self-harm than young women (162).

Managing long term conditions - Respiratory

A&E attendance rates

Recent research into emergency admissions among young children in England found that three of the top five reasons for admission were for respiratory conditions (152). Evidence suggests that admissions for bronchiolitis in children under one year increased by an average of 2% per year in England between 2004 and 2011 (294). While research has identified limitations in reviewing admissions data over time, short-stay emergency admissions for acute bronchiolitis more than doubled between 2009/10 and 2018/19 (295).

National research has also shown significant inequalities in the respiratory health of young children. Green et al. (2015) identified geographical variations in admissions, with young maternal age, low social class, low birthweight and maternal smoking all associated with an increased risk of hospital admissions for children. Air pollution has an effect on admissions for bronchiolitis in children below the age of two; pollution levels are worse in areas of highest deprivation (1).

Table 8.4: Main accident and emergency department diagnosis, City and Hackney, 2020/21

Diagnosis	Number of episodes
Viral infection, unspecified	212
Acute bronchiolitis, unspecified	46
Neonatal jaundice, unspecified	41
Lobar pneumonia, unspecified	31
Acute obstructive laryngitis [croup]	30
Fever, unspecified	29
Acute upper respiratory infection, unspecified	24
Unspecified acute lower respiratory infection	24
Urinary tract infection, site not specified	17
Acute bronchiolitis due to respiratory syncytial virus	11

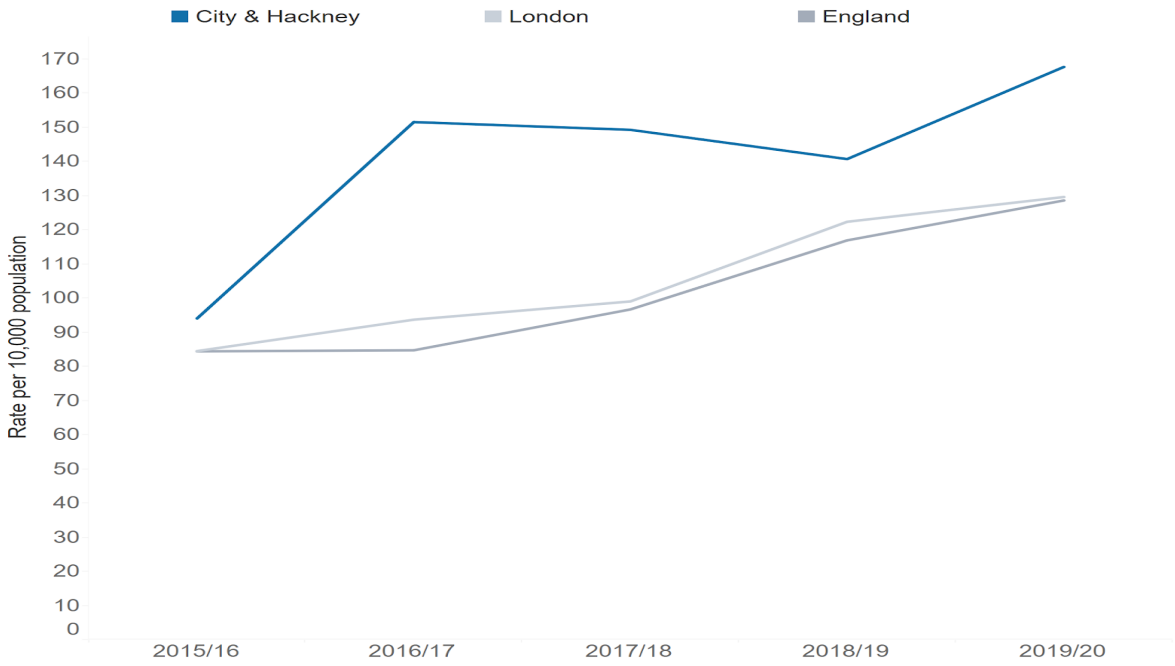
Source: Homerton, 2021

Hospital admissions for lower respiratory tract infection

Admissions for lower respiratory tract infections in infants aged 1 year in City and Hackney (167.7 per 10,000 population) are above regional and national rates (129.6 per 10,000 population and 128.6 per 10,000 population respectively) (89). Encouraging breastfeeding in addition to better diet, hygiene, management of infections and better support for young parents can also impact on the success of treatment outside of hospital of types of childhood respiratory tract infections that have limited morbidity or need for hospital-based care (89).

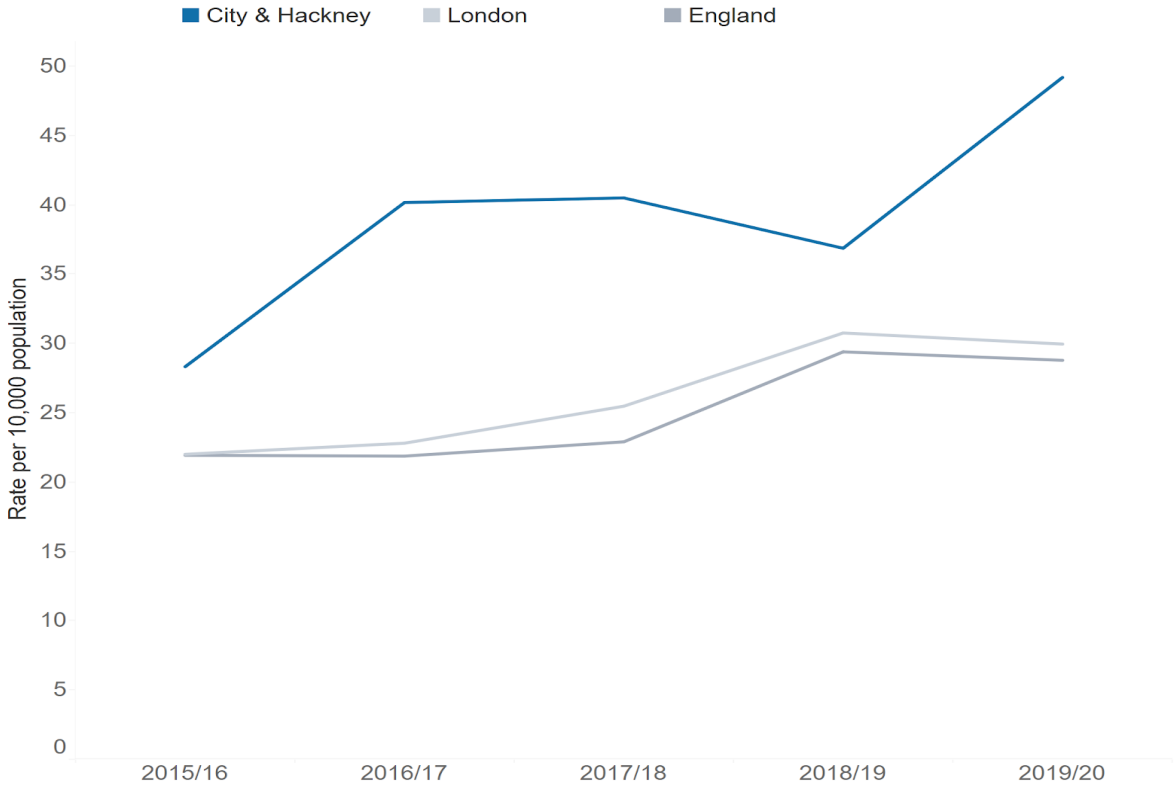
Admissions for lower respiratory tract infections in infants aged 2,3 and 4 years in City and Hackney (49.2 per 10,000) are also significantly above regional and national rates (29.9 per 10,000 and 28.8 per 10,000 respectively) (89).

Figure 8.2: Rates of admissions for lower respiratory tract infections per 10,000 in children aged 1 year old



Source: OHID Fingertips, 2021

Figure 8.3: Rates of admissions for lower respiratory tract infections per 10,000 in children aged 2-4 years old



Source: OHID Fingertips, 2021

Hospital admissions for asthma

The rate of emergency hospital admissions of children aged 0-9 years with primary diagnosis of asthma in City and Hackney was 138 per 100,000 population in 2019/2020, significantly better than London (191 per 100,000) and England (192 per 100,000 population) and the best in NEL CCGs. It has decreased in the last available years (86).

After a slight increase in 2018/19 compared to the previous years, the rate of City and Hackney residents under 19 admitted for asthma at Homerton hospital has been gradually dropping. Out of the 94 CYP admitted in 2020/21, 86.2% were admitted for a single episode, while the others had two to six episodes (89). The rates were higher among males (14.8% higher than females), young people aged 16-18 (five times higher than under 5, 20% and 50% higher than 5-10 and 11-15, respectively), CYP from other ethnic groups (non-Asian, black, mixed or white; five times higher than among CYP from white-British backgrounds and about two times higher than among CYP from black , Asian, white non-British and mixed backgrounds) and those living the most deprived quintile (68.4% higher than those living in the second most deprived quintile) (89).

Services in relation to need

Healthy Streets Hackney (296) and Healthy Streets The City (297) is an approach to improving air quality, and to reducing congestion in London boroughs, so they are greener, healthier and more attractive places to live. There 10 Healthy Streets indicators that include:

1. Streets that encourage people to walk, cycle and use public transport
2. Improving air quality reduces unfair health inequalities
3. Reducing the noise impacts of traffic
4. Providing opportunities to cross easily
5. Having places to stop and rest.

Hackney has 55% of streets covered by Low Traffic Neighbourhoods and 39% of schools are School Streets; these are roads where traffic is restricted at arrival and departure times. A scorecard system is used to rank boroughs based on inputs:

- Sustainable Modeshare (the number of people using shared transport i.e., buses, cars etc.)
- Active Travel Rate
- Taking action to reduce road collision casualties
- Reducing car use to lower harmful emissions.

Outcome indicator results include: Low Traffic Neighbourhoods; 20mph Speed Limits; Controlled Parking Zones; Physically Protected Cycle Track; School Provision (the number of School Streets which are traffic-free streets at arrival and departure time). Although the City is ranked top on many of these measures, it is not primarily residential boroughs and therefore cannot be reliably compared with other London boroughs.

Hatzola is a 24/7 community ambulance service for the Orthodox Jewish community operating all year round to provide a swift response to medical emergencies.

Early Years Workforce including Children Centres, Childminders, Nursery Schools and Health Visitors.

Insights - population perspective

Interviews with Stakeholders

Unintentional accidents at home - Charedi Community

- Healthcare professionals have commented that there are a notable number of burns within the Charedi community, with some severe cases being caused by hot water burns that are used on the Sabbath when physical labour is prohibited.
- Whilst data is not easily accessible on the scale or severity, estimates are that close to 10% of Hatzola calls are for burns.

'There is an issue around supervision when you've got a large family. We have a lot of religious ceremonies involving candles, and children can get burns. We've got to do quite a lot of work with families around safety at home'

'we always visit the family at home so that we get a sense of their home environment. and if there's concerns around health and safety, we devise a very simple health and safety assessment. We will go around to the family home with the parents and identify areas of concern and support them in improving them'.

Poor Housing, Poor Health

- Health Visitors, Family Nurses, Teachers, Early Years staff and Community Voluntary partners discussed the issue of homelessness, overcrowded households, and poor housing conditions, particularly damp and black mould and were concerned about the negative impact it was having.

'a lot of the parents and children I see live in private rented accommodation … in very in-adequate housing conditions, damp and overcrowded which impacts on their health...'
'...Some of them (young parents) live in appalling, appalling places... just a room ... I'm forever on the phone with environmental health...'
'...my last client had cockroaches and bedbugs she went through about two mattresses, three rooms in the same place, and the landlord just didn't seem to care, there was black mould damp on all the walls and she's scrubbing it... and she's getting chest infections, and the baby was getting chest infections, it was terrible'.
'...it's hard to talk about healthy eating when you know they have no adequate cooking facilities at home...'

Respiratory Infections

- Stakeholders were genuinely surprised at the very high levels of respiratory infections in the borough of Hackney,

'...I had no idea it (respiratory infections) was so high in the borough, if we had known earlier, we would have prepared some public health information on how to manage infections… provide information on containing it so it does spread through the household, a good hand washing routine, plenty of fluids...'

Surveys

State of Child Health 2020 Survey (298) undertaken by The Royal College of Paediatrics and Child Health (RPCH) with over 1,700 children and young people presented findings on a range of child health topics; to reduce accidental injuries that occur within the home, respondents wanted to:

- be educated and empowered on safety issues.
- provide a safe home environment for children and young people. Injury prevention is everyone's business, requiring multi-agency collaboration across a range of sectors (health, education, fire safety, leisure, housing, and town planning).
- home safety assessments, and the provision of safety equipment where needed, is important.
- make the built environment safe for children and young people. Outside the home, safe built environments should promote healthy lifestyles by providing children and young people with places to exercise and play, encouraging wider public health improvements.
- address health inequalities - more deprived families may have less access to safety equipment and safety education and less capacity to supervise or change children's unsafe behaviours. Additionally, the built environment itself may have more environmental hazards than in more affluent areas.
- provide safety education and the provision of safety equipment to those at most risk.

Findings from the State of Child Health 2020 Survey, (298) on road traffic accidents, found children and young people wanted:

- a continued focus on national road safety as a priority incorporating a blend of "Three Es": Engineering, Education and Enforcement (300).
- design safer roads and communities that encourage safe, active travel among children and young people. Speed restrictions of 20mph speed limit zones especially in high-risk areas. There is evidence that they can be effective in injury reduction, with a 6% reduction in collisions noted for every 1mph speed reduction.
- prevention of road traffic accidents, particularly for at risk young people. implement commitments made within the 2019 Road Safety Statement.

Unmet needs and service gaps

Poor housing, poor health

The pandemic led to a backlog of around 7,000 repairs in the social rented sector; Hackney Council has responded to this by putting in an investment into its repairs service, however the number of households seeking social housing in Hackney now significantly exceeds 13,000 (301), while the proportion of these families considered to be in high priority has also increased from 18% in April 2014 to 35% in July 2020 (302). The recent consultation on how Hackney Council allocates homes in the borough in 2021, identified that there are now over 4,700 households identified as in urgent or very urgent need. Demand has increased but the number of social properties becoming available to be let has reduced. Solutions are needed.

Service Gaps

- Solutions to address repairs in private rented accommodation
- Data sharing on families living in, in- adequate housing
- Safety programme for children, parents and carers - co-design with the Charedi Community
- Information and guidance on managing respiratory infections for families
- Closer Partnership working between Health and Housing/Healthy Streets

Chapter Summary

Reducing risk from harm and improving safety

A&E attendance rates, under 5 years (key performance indicator)

- The 2018/19 attendance rate for 0–4-year-olds in City & Hackney was 641.6 per 1,000 which is below the average rate for London and England.

Hospital admissions for injuries, under 5s (key performance indicator)

- The 2018/19 rate of hospital admissions due to deliberate and unintentional injury for under 5s in City and Hackney was 118.4 per 1,000; higher than London averages.
- The rate was 25% higher among those living in the most deprived quintile compared to those living in the second-most deprived quintile.
- Falls from furniture are the leading cause of injury-related admissions in Hackney.
- The rate of hospital admissions due to burns (from food and hot fluids) and due to medicines between 2015-20 were higher than the London average.
- Stakeholders noted that there are a notable number of burns within the Charedi community.

Hospital admissions for injuries, 15-24s (key performance indicator)

- Hospital admission rates due to injury between 2017 and 2021 were higher in boys and those from black backgrounds.
- The deprivation inequality increased with age with those living in the most deprived areas 1.5 times more likely to be admitted than those in the second-most areas.

Road traffic accidents, 0-15 (key performance indicator)

- Nationally there was a 21% decrease in RTAs between January and Jun 2020.
- Hackney has 55% of streets covered by Low Traffic Neighbourhoods and 39% of schools are School Streets.

Managing long term conditions - respiratory

- Hospital admissions for lower respiratory tract infections in infants aged 1 year in City and Hackney are above regional and national rates.
- The rate of hospital admissions (HUH) for asthma for under 19s is declining.
- Asthma admissions among children from ‘other ethnic groups’ are 5 times higher than in those from white British backgrounds.
- Rates among those living in the most deprived quintile were 68.4% higher than among those in the second most deprived quintile.
- Stakeholders discussed the negative impact of homelessness, overcrowded households, and poor housing conditions, particularly damp and black mould.
- The number of households seeking social housing in Hackney now significantly exceeds 13,000; the proportion of these families considered to be in high priority has also increased from 18% in April 2014 to 35% in July 2020.

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	Look to understand the perceived barriers to using primary care and pilot strategies to reduce these barriers	Update required
2	Engage with stakeholders to understand why children from white Other communities have higher attendance rates and provide culturally relevant campaigns to reduce attendance	Update required
3	Provide information through professionals working with young children (such as health visitors and Children's Centres) about common respiratory conditions that can be managed in the community and promote the use of primary care	Update required
4	Create a targeted service for families who are repeat attenders to A&E	A nurse role based at Hatzola has been commissioned to address the increasing number of avoidable A&E attendances from the community, and to immunise / respond to vaccine hesitancy
5	Examine the types of presenting complaint that constitute the high rates of primary care consultations in Asian 5-9 year olds and white British 15-19 year olds	Update required

	2022 Recommendations	Supporting rationale
1.	Provide children and young people with health education and self-management tools to continue to reduce accidents in the home and to promote street safety	HCP High Impact Area: Reducing risk from harm and improving safety: Hospital admissions for injury, 0 - 14 years Hospital admissions for injury, 15 - 24 years NHS Guidelines (PH30) Preventing unintentional injuries among the u-15's in the home Research shows providing education and low-cost safety equipment is effective
2	Promote accident prevention information and advice and display information in public areas of any setting in which children and young people, families or expectant mothers might be in attendance; Early	NHS Guidelines (PH30) Preventing unintentional injuries among the u-15's in the home

	2022 Recommendations	Supporting rationale
	Years settings/Schools. Ensure information is culturally specific and is co-produced with the relevant communities	
3	Make Every Contact Count and signpost families to local accident prevention services for home safety assessments and safety equipment where appropriate; ensure training in place for Early Help/Early Years/Health Visiting teams	NHS Guidelines (PH30) Preventing unintentional injuries among the u-15's in the home
4	Continue to integrate home safety into all visits, prioritise households at risks, coordinate visits with HV	NHS Guidelines (PH30) Preventing unintentional injuries among the u-15's in the home NHS Guidelines (PH29) Improve coordination of unintentional prevention activities Homerton data shows: head injuries higher than regional average but similar to England average - higher in boys and 5 times higher in 'other ethnic' group Burns from food and hot fluids higher than London average, lower than England Poisoning from medicines exceeded London and England rates 10% of calls to Hatzola are for burns
5	Due to the increased risk of unintentional injury among children and young people living in deprived areas, especially those in poor quality housing, professionals working with families with children should advocate for good quality housing. This is especially important for those in temporary homeless accommodation, where risk for unintentional injury should be identified.	See HNA interviews with stakeholders - high levels of damp and black mould in properties which are associated with respiratory infections and asthma
6	Develop stronger links with Hackney Healthy Streets and City of London Healthy Streets to monitor the impact on reducing unintentional road accidents and improving air quality.	HCP High Impact Area: Reducing risk from harm and improving safety: Children killed or seriously injured in road traffic accidents, 0 - 15 years Road Safety and Public Health (RoSPA 2014)
7	Promote the benefits of breastfeeding, healthy diet and self-management in response to some respiratory illnesses. Health Visitors/Early Years settings to provide Guidance to parents/carers on home care in the management of infections including producing comms messages on self-management	NICE Guidelines NG143: Fever in under 5's: assessment and initial management Admissions for lower respiratory tract infections among infants aged 1 are higher in City & Hackney compared with the London and National averages Children aged 2-4, admission rates for

	2022 Recommendations	Supporting rationale
		lower respiratory tract infections are also higher than the regional and national rates
7	Identify households that are repeat offenders and work with HV to introduce changes to improve the environment	See 2016 recommendations and insight work
8	Undertake an ethnic breakdown of A&E Emergency Admissions to determine any patterns; co-produce cultural relevant health promotions if identified	See 2016 recommendations

9. Substance Misuse, Alcohol and Smoking

Introduction

Many people take risks for the first time as teenagers, such as drinking alcohol or smoking. Some young people have risk factors that make them more vulnerable to risk-taking and engaging in multiple risk behaviours. Adolescence is a crucial time for physical, emotional and social development. It's also a time of intense learning, both in terms of formal education and informally from family and peers. Alcohol and drug use which affects, impairs, interrupts or hinders young people in their physical, emotional, social or academic development is harmful (303).

The Association for Young People's Health has shown that risk factors include experiencing abuse and neglect (including emotional abuse), truanting from school, offending, early sexual activity, antisocial behaviour and being exposed to parental substance misuse. Young people are more likely to smoke if they have a parent, carer or sibling who smokes. ASH report (163) shows that lower socio-economic status, higher levels of truanting and substance misuse are all associated with higher rates of youth smoking. The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances.

The UK Chief Medical Officer (CMO) recommends that an alcohol-free childhood is the healthiest and best option. If children who are underage drink they must be at least 15 years, and drink with the guidance of a parent/carer or under supervision, limited to one day a week and not exceed the low risk drinking guidelines (304).

However, the proportion of children in the UK who drink alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in other European countries.

It is estimated that around 207,000 children in the UK start smoking each year, although overall smoking rates are decreasing in children and young people (2). While tobacco smoking has declined amongst young people in the UK; cannabis use has grown (305). Given their interrelationship, growth in cannabis use may be acting as a barrier to continued reduction in youth smoking. No change in regular youth tobacco smoking was observed between 2013 and 2019; however, cannabis use increased during this time. After adjusting for change in cannabis use, a significant decline in youth tobacco smoking was observed.

Cannabis is the first illegal substance used by young people worldwide (306). Research has shown that people who are already at risk of developing mental health problems are more likely to start showing symptoms of mental illness if they use cannabis regularly; if there is a history of family depression or schizophrenia, you are at higher risk of getting these illnesses when you use cannabis (307). The younger you are when you start using it, the more you may be at risk because your brain is still developing and is more likely to be affected by the active chemicals in cannabis.

Some young people with mental health problems find that using cannabis makes them feel a bit better in the short term; however, this effect does not last, and can prevent the user from seeking help and the illness may get worse in the longer term (308).

From September 2020, it is now a statutory requirement to teach the majority of PSHE education; the statutory content includes Health Education from key stage 1 to 4 and includes Drugs, Alcohol and Tobacco education, Healthy Lifestyles and Emotional Wellbeing and Mental Health.

Lockdown saw a widespread move by services, online, telephone and an overall use in digital technologies, which are cheap and easy to scale. However, some observers have also noted that this highlighted the digital divide between advantages and disadvantaged groups (309).

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIA for this chapter are:

- School-aged years high impact area: Improving health behaviours and reducing risk.

National/Regional Policy

Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016 cover the legal framework relating to the misuse of drugs.

The 2017 Drug Strategy (310) has four overarching aims: reducing demand, restricting supply, building recovery and global action. The Strategy recognises that young people's drug misuse overlaps with a range of other vulnerabilities, which can increase their risk of abuse and exploitation. Young people who have developed substance misuse problems are usually not dependent on drugs or alcohol so require a different response, focused on preventing more problematic use. The Strategy also highlights that young people accessing specialist substance misuse services are usually experiencing other problems such as self-harm, poor mental health, truanting, offending and sexual exploitation which may be driving the young person's substance misuse. Therefore specialist substance misuse services must be linked in with wider children's services

From harm to hope: A 10-year drugs plan to cut crime and save lives, 2021 - 2031 (311) by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system has 3 key priorities: break drug supply chains, deliver a world-class treatment and recovery system, and achieve a shift in demand for recreational drugs. It includes early intervention for young people (including Supporting Families) at the greatest risk and a focus on high quality education to help prevent the use of drugs.

Personal Social and Health Education (PSHE) curriculum (312) provides pupils with the knowledge, skills and attributes they need to keep themselves healthy, safe and prepared for life and work and includes Statutory Health Education. All schools should teach what is outlined in the new national PSHE curriculum. High quality PSHE covers economic well-being, careers and enterprise, as well as education for personal safety, and assessing

and managing risk. These areas are mainly covered in the 'Living in the Wider World' core theme and are not statutory, but still seen as essential. The statutory content has three core themes: ‘Health and Wellbeing’, ‘Relationships’, and ‘Living in the Wider World’.

Towards a Smoke free Generation - A Tobacco Control Plan for England 2017 - 2022 (313) is the Government's vision to create a smoke free generation with smoking prevalence at 5% or below. There are four national ambitions which include by the end of 2022 reducing the prevalence of 15-year-olds who regularly smoke from 8% to 3% or less and maximising the availability of safer alternatives to smoking.

The Russell Standard (314) recommends that abstinence should be defined as a self-report of smoking not more than five cigarettes from the start of the abstinence period, supported by a negative biochemical test at the final follow-up.

Young people’s alcohol and drug treatment in England is commissioned by local authorities using the public health grant. They are responsible for assessing local need for treatment and commissioning a range of services and interventions to meet that need. The public health grant conditions make it clear that: ‘A local authority must, in using the grant: have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.’

Local Policy

Hackney Alcohol Strategy 2017 - 2020 (315) sets out how the Council will reduce alcohol related harms, it includes actions to encourage healthier drinking behaviours; to commission responsive treatment services; support for families, carers, and young people affected by alcohol misuse and; to promote responsible drinking environments.

City of London Corporation: Alcohol Strategy 2019 – 2023 (316) provides a framework for reducing alcohol related harms based on education and support. The three key aims are to: inform people about the risks of alcohol misuse; ensure people are safe, and feel safe, in the night-time economy and to provide support for people if they need to access services.

Evidence based practice

There has been limited evidence that any treatment is effective for reducing Cannabis use. A study in 2021 reviewed the effectiveness of online cannabis interventions to reduce cannabis use in adolescents and young adults (317). The study found that there was a lack of positive outcomes and that more specific and targeted interventions to promote cannabis-related behavioural change among young people may be more effective. These targeted interventions should include health information on the harmful effects of cannabis use, daily feedback, peer support, and include families and service providers. Additionally, current epidemiological studies underscore differences in behaviours that contribute to cannabis use across cultures that can be leveraged towards prevention and treatment of cannabis use disorders (318). Behavioural treatments, cognitive-behavioural therapy, contingency management and motivational enhancement therapy have shown some effectiveness; however, research is on-going in this area (319).

Evidence shows that meaningful conversations between parents/carers and their children can help the child develop a sensible relationship with alcohol; advice, tips, and facts can help parents/carers to understand the associated risks of underage drinking, why children may drink and how they can have effective conversations about alcohol (320).

The level of need in the population

Improving health behaviours and reducing risk has been identified as a high impact area (HIA) within the Healthy Child programme (HCP). The relevant performance indicators are:

- Regular smokers at age 15
- Hospital admissions for alcohol misuse < 18 years
- Hospital admissions for substance misuse, 15 - 24 years.

Smoking

As in the overall population, youth smoking has been in long-term decline. A biennial survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15) focused on smoking, drinking and drug use (95). Based on the 2018 SDD survey, 16% of pupils had ever smoked cigarettes, down from 19% in 2016, and 49% in 1996. Also, 5% of pupils were current smokers, down from 22% in 1996 and similar to results from the last two surveys.

In 2015/16, the proportion of 15-year-olds who were regular smokers in the City of London and Hackney was 2.6%, which is below London and England averages (321).

Table 9: Young People High Impact Area 3 - Regular smokers

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Improving lifestyles	Regular smokers at age 15		2.6 (2015/16)	No change		Below London and England rates

Alcohol

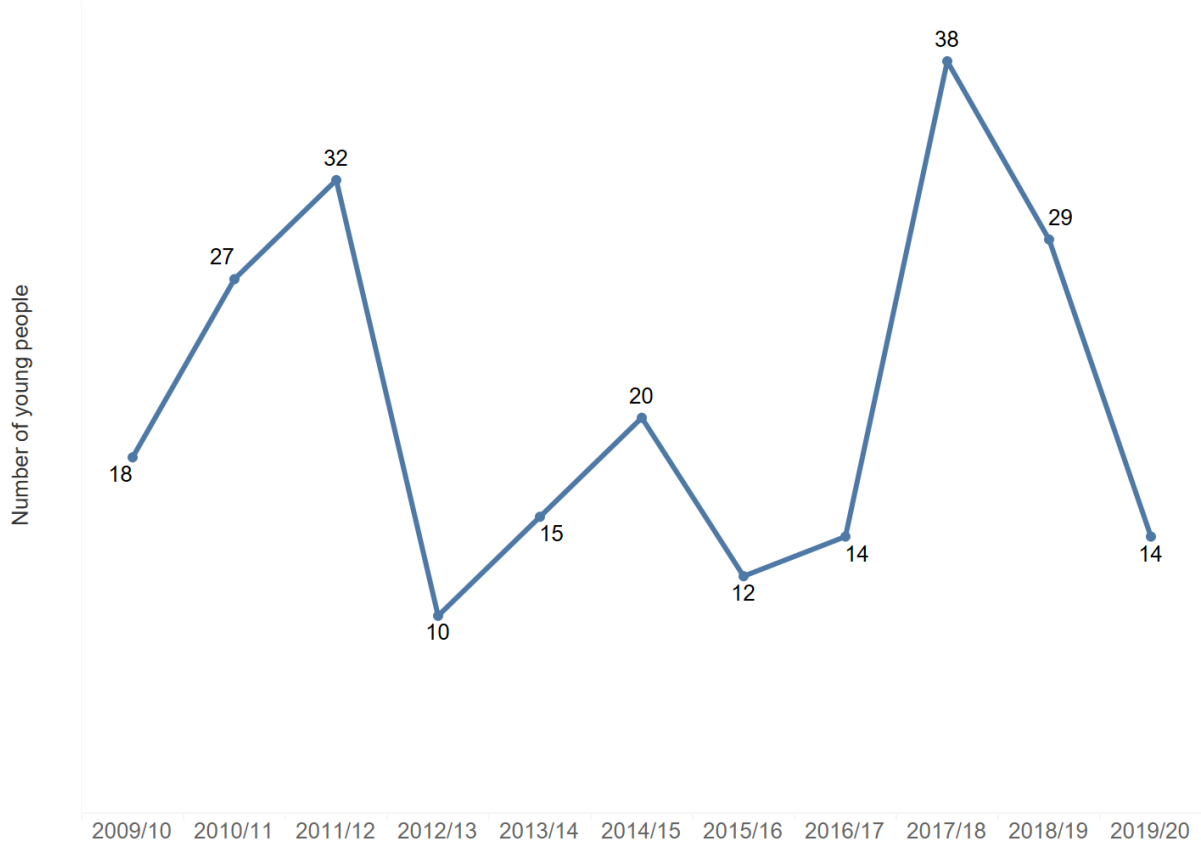
From 2017 to 2020, admission rates for alcohol misuse in under 18s were 15.4 per 100,000 population for the City and Hackney, similar to London and better than England (30.7 per 100,000 population) averages (86). This is higher in females (20.8 per 100,000 population) than males (10.1 per 100,000 population).

Table 9.1: Young People High Impact Area 3 - Hospital admissions for alcohol misuse <18s

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Supporting additional health and wellbeing needs	Hospital admissions for alcohol misuse < 18 years	17.0 per 100,000 population (2013/14 - 15/16)	15.4 per 100,000 population (2017 - 19 to 2019-20)			In line with London, below England

Between 2010 and 2020 there has been variation in the number of under 18s in alcohol treatment in City and Hackney. It reached a peak of 38 in 2018 which has since decreased to 14 in 2020 (this might be artificially lower due to the COVID-19 pandemic) (322).

Figure 9: Number of under 18 in treatment for alcohol over time, City and Hackney



Source: NDTMS, 2020.

Substance Misuse

According to the latest JSNA in City and Hackney (2019), local cannabis use in young people is higher than the national average and other drug use is similar (323).

- 2019/20 overall reduction in substance misuse but under 18's Cannabis use is increasing.
- 2019/20 number of Hackney young people in treatment for Cannabis higher than London/England.
- 2019/20 young people in treatment are decreasing overall but under 14yrs proportion, increasing and higher than London and England averages.

Data from the National Drug Treatment Monitoring System (NDTMS) from 2020 shows that the number of under 18s in treatment for alcohol and substance misuse is currently higher than it was in the years 2010-17, however it has fallen since 2018 from 113 to 75. The 2019/20 data showed, for the first time, that 3 females under 14, were in treatment for Cannabis (322).

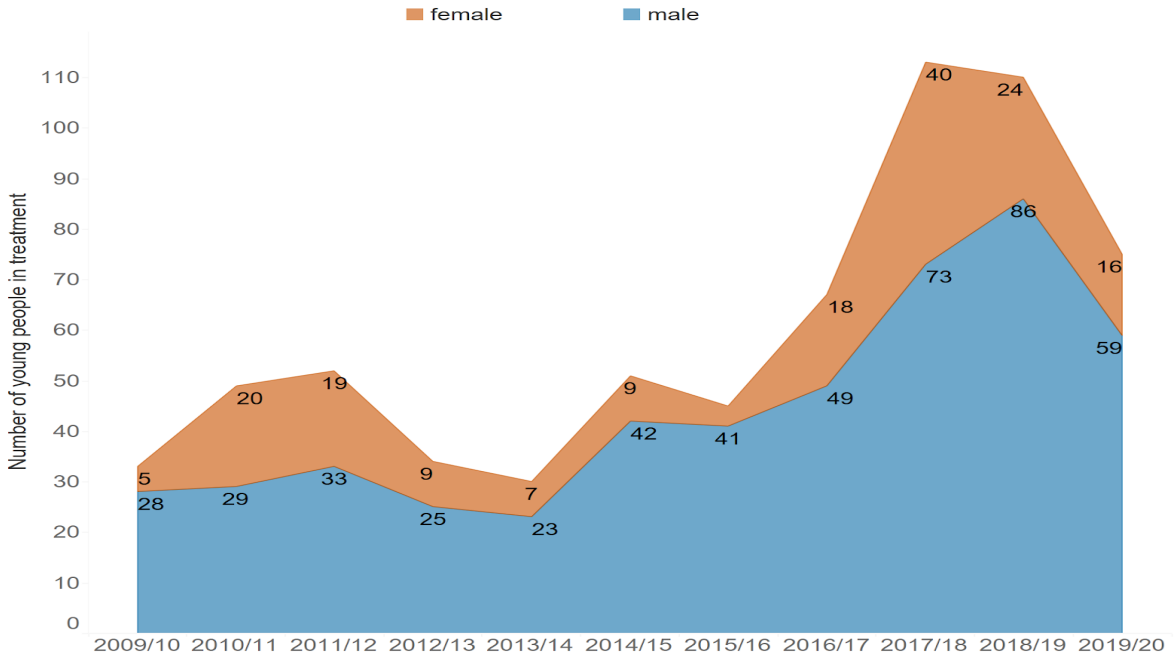
Table 9.2: Young People High Impact Area 3 - Hospital admissions for substance misuse, 15-24s

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Supporting additional health and wellbeing needs	Hospital admissions for substance misuse, 15 - 24 years	69.9 per 100,000 population (2014/15 - 16/17)	48.5 (2017 - 19 to 2019-20)			Below London, below England

Out of the 41 children and young people admitted to hospital due to substance misuse in Homerton in 2020/21, 78.0% were admitted for one episode, 12.2% with two episodes and the rest had three to seven episodes (89).

In City & Hackney, the rate of young people admitted for substance misuse was about 20% higher in boys than in girls (322). The rate of young people admitted for substance misuse among those aged 20-24 was 70% higher than the one among those aged 15-19. The rate of young people admitted for substance misuse among those from other backgrounds (considered as non-Asian, black, mixed or white) was more than five times higher when compared with the lowest rate among white-British and almost three times higher when compared to the second rate (black backgrounds). The rate of young people admitted for substance misuse among those living in areas falling in the most deprived quintile was almost double among those living in the second most deprived quintile (322).

Figure 9.1: Number of under 18 in treatment for substance misuse over time by gender, City and Hackney, 2009/10 to 2019/20



Source: NDTMS, 2021

Services in relation to need

HEADSSS (324) is an interview prompt or psychosocial tool that can be used with young people by health professionals; it has a reported yield of 1 in 3 for identifying concerns that can be further explored.

Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery (325) is a national 3-year pilot led by the Home Office in conjunction with Public Health England (PHE) and other government departments to embed an intensive, whole system approach to tackling drug misuse. The aim is to provide an intensive, whole system approach to tackling drug misuse for 16 - 25yrs. There are 13 accelerator sites across the UK including Hackney.

Young People's Clinical Health and Wellbeing Service (Homerton) , known as CHYPS+, delivers clinical and treatment services to children and young people. They provide stop smoking services, testing and treatment for sexually transmitted infections, contraception, pregnancy testing, emotional Health and support, hepatitis B screening and immunisations and condoms. They also make referrals to other services including termination of pregnancy services, dietician, psychology and counselling services.

Figure 9.2: Young People Health & Wellbeing Clinics CHYP+ in Hackney

The Young Hackney Substance Misuse Service provided by Young Hackney (179) gives advice and support about substance use, or for a friend or family member who has a problem with drugs or alcohol.

Young Hackney (179) also manage 4 youth hubs (Stoke Newington, Forest Road, Comet and the Edge), 2 Adventure Playgrounds (Shoreditch Adventure Playground and Hackney Marshes Adventure Playground) and are developing a multi-use sports facility for young people behind the Old Baths on Eastway in Hackney Wick; planned to open in 2022.

Hackney Orbit (326) provides antenatal, postnatal and holistic support to women experiencing current or historical substance and alcohol dependency. It has specialist substance misuse midwives, counsellors, support workers and a creche on hand to help expectant mothers and families with children under 5 and provides weekly 2hr sessions at the Comet Children's Centre (See: Vulnerable Women's Pathway later in this section).

Turning Point (327) provides drug and alcohol support services for young people up to 25 years and a Maternity Multidisciplinary Team for pregnant women who use substances.

Young Hackney, The Health and Wellbeing Service offers free, targeted, evidence-based and prevention-focused educational interventions to enable young people to lead healthier and safer lives, both now and in the future; these include workshops on drugs education, smoking prevention, cannabis and alcohol. Workshops are for young people aged 5-19 (up to 25 with additional needs) and delivered through schools, further education colleges, youth clubs, alternative education providers and through ad-hoc outreach. Lessons are interactive and culturally appropriate for minority ethnic and/or disadvantaged communities.

FRANK: free practical drug advice for adults and children (328) operated by fully trained advisers the service aims to give young people the skills and confidence needed to reject

drugs and offer parents the information they need to bring up the topic with their children. Advice can be accessed through the FRANK helpline, the FRANK email and text message.

Insights - population perspective

Interviews with Stakeholders

Support for CHYPS plus

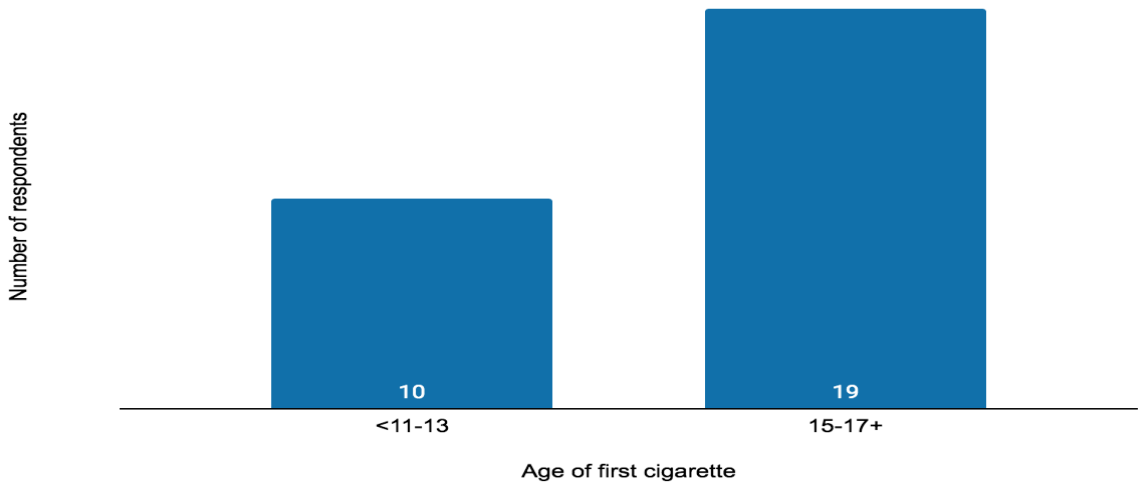
'...I believe they are excellent because when they do their assessment (HEADSSS), they don't only focus on the physical aspect, they also cover the emotional well-being of the young person.
'...that's what I really like about them (CHYPS plus) ….they do the full assessment. And I think that's really key to be able to have a picture of the journey of that young person …'
'...we (school nurses) have strong links to the service, and refer in regularly...'

Surveys

'Me, You and I' survey - Smoking *(See: Chapter 6 for survey details).*

- 27% of respondents had tried smoking cigarettes and 73% had never tried smoking cigarettes (100 respondents in total)
- 11 participants were currently smokers, of these 6 (55%) also vape or use a e-cigarette;16 who had tried smoking in the past no longer did it
- Most respondents had tried their first cigarette aged 15-17 (56%).
- Of the 11 current smokers: 46% identified themselves as 'social smokers' and 36% smoked 1-2 packs a week
- 12% of the 100 respondents had used a vape or e-cigarette.
- 67% of those who had used a vape or e-cigarette had tried smoking cigarettes.

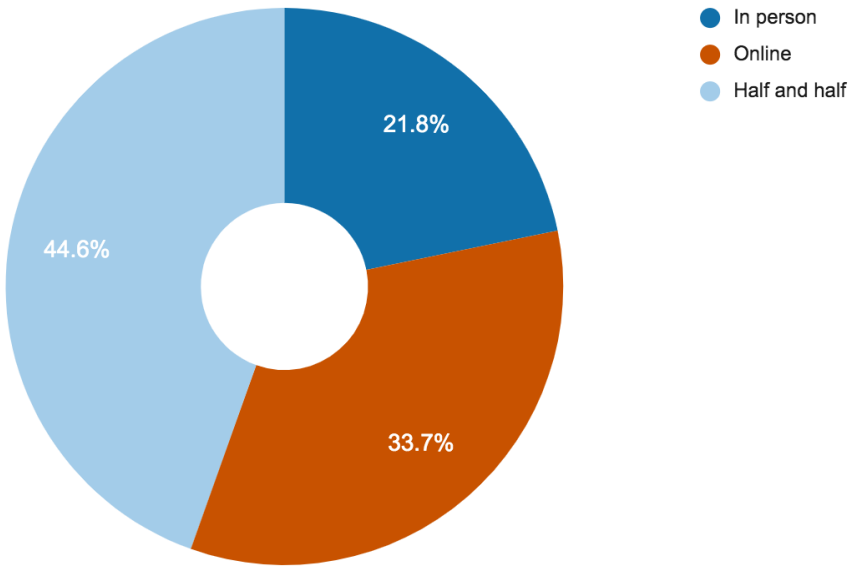
Figure 9.3: Age of participant's first cigarette



Awareness of smoking cessation services

- 6 participants were unaware of smoking cessation services
- 3 answered GP
- 2 said they would speak to their parents
- 2 suggested nicotine strips
- 1 shared online support was available
- 1 said they had tried before but failed
- 1 thought there was no support available

Figure 9.4: Participant opinions on how smoking cessation services should be provided



‘Me, You and I’ survey - alcohol

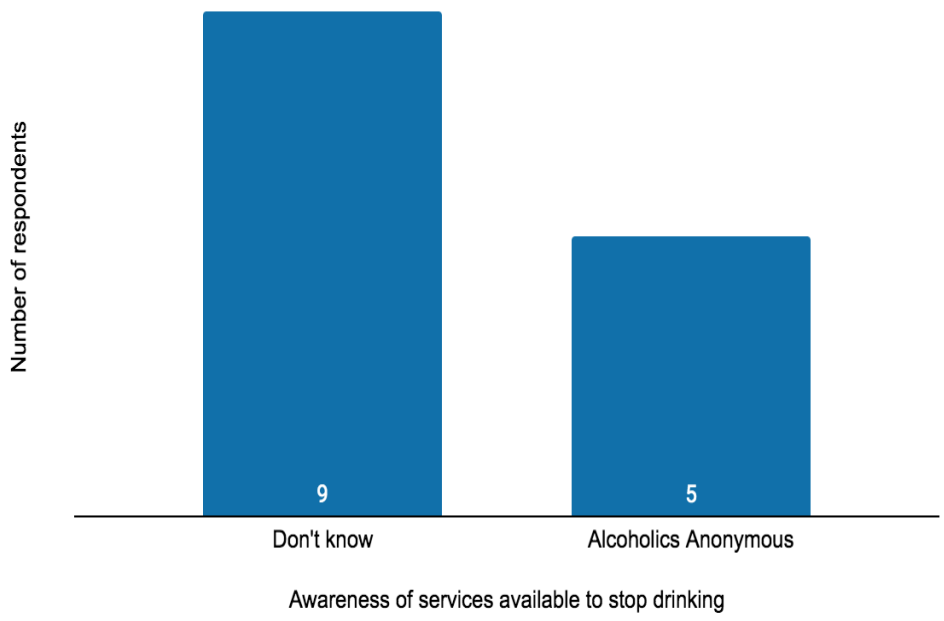
In a biennial survey (2018) of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15) (98), 10% of pupils said they had drunk alcohol in the last week. This varied from 2% of 11-year-olds and 3% of 12-year-olds, to 23% of 15-year-olds. Twenty two percent of 15-year-olds reported having been drunk in the last four weeks.

- 63 (62%) respondents claimed to have drunk alcohol before, and 45 (45%) participants said they still drink alcohol
- 38 (38%) had never consumed alcohol
- 31 (30%) of respondents said either they or someone they knew had been hospitalised from alcohol consumption

- Of the respondents who do drink:
    - 3 (3%) participants said alcohol consumption had caused them to miss school
    - 2 (4%) drink everyday
    - 20 (44%) drink at weekends
    - 23 (51%) drink once a month

- Of 16 participants who responded to the knowledge of support services question; 56% did not know of any support available (see figure below).

Figure 9.5: Knowledge of support available to stop drinking



*Note: Other support services listed include GP and online support

‘Me, You and I’ survey - Cannabis

- 30 (30%) had tried cannabis and 15 were still using cannabis.
- 54% (54 respondents) said their friends used cannabis and 14% reported that their families used cannabis.
- 47% of those still using cannabis (n=15) reported that it decreased their motivation to do something i.e., Homework, social activities, work while 46% said it had no impact
- 12 (40%) tried cannabis before the age of 14 and 20 (60%) after they were 14.
- 7 (23%) respondents said cannabis decreased their motivation to attend school or work.

‘Me, You and I’ survey - Other substances

In a 2018 biennial survey of secondary school pupils in England in years 7 to 11 (aged 11 to 15): 24% of pupils reported they had taken drugs; this varied from 9% of 11-year-olds, to 38% of 15-year-olds. 9% of pupils said that they had taken drugs in the last month (98).

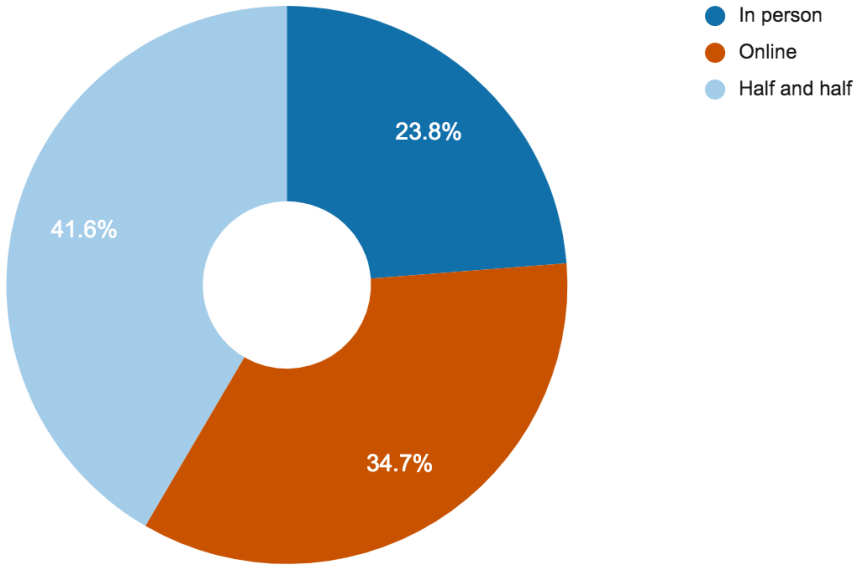
In the ‘Me, You and I’ survey:

- 9 (9%) participants said they themselves had used illegal substances
- 3 (3%) participants said their family members used other illegal substances.
- 29 (30%) said their friends had used illegal substances.
- Most participants 71 (70%) did not know where they could go to get support to stop taking drugs.

Awareness of drug services

- 5 respondents said Alcoholics Anonymous meetings and support groups
- 5 had responded rehab and therapy
- 4 participants understood they could get support from their GP
- 2 suggested going to a teacher
- 2 stated specific services: FRANK and CAMHS

Figure 9.6: Participants’ opinions on how drug and alcohol services should be provided



In the State of Child Health 2020 Survey (298), 84% of respondents did not think there was enough awareness of healthy behaviours, and 81% did not feel there was enough support to help them to know what to do. They felt that many young people experiment with alcohol and drugs due to depression and anxiety and that social media was often blamed unfairly for this, when the main pressure came from peers. It was felt that support was only offered at the point of reaching a crisis.

Unmet needs and service gaps

- Strategic Coordination of PSHE Education for schools to ensure Statutory guidance is implemented across the borough.
- Support for schools to implement the new guidance and to consult with parents/carers.
- Not known which schools have successfully implemented new PSHE Curriculum and Statutory Relationship Education, Relationships and Sex Education and Health Education.
- Ethnic take up of service - explore why it is higher in culturally diverse populations.
- There is currently no evidenced-based intervention for cannabis.
- No local health intelligence around substance misuse.

Chapter Summary

Improving health behaviours and reducing risk

Regular smokers at age 15 (key performance indicator)

- In 2015/16, the proportion of 15-year-olds who were regular smokers in the City of London and Hackney was 2.6%, which is below London and England averages.
- Most respondents to the 'Me, You and I' survey did not know where to get support with smoking cessation.

Hospital admissions for alcohol misuse < 18 years (key performance indicator)

- Admission rates for alcohol misuse among under 18s were 15.4 per 100,000 population for the City and Hackney, similar to London and better than England (30.7 per 100,000 population) averages (86)
- The admission rates for females (20.8 per 100,000 population) are double the rate of males (10.1 per 100,000 population).
- Most respondents to the 'Me, You and I' survey did not know where to get support with alcohol misuse.

Hospital admissions for substance misuse, 15 - 24 years (key performance indicator)

- Hospital admissions between 2017-20 for substance misuse in 15–24-year-olds were lower in City and Hackney compared to the London and England averages.
- However, cannabis use among under 18s in City and Hackney is increasing.
- Rates of substance misuse in City & Hackney have been consistently higher in those living in deprived areas and in those from backgrounds other than white-British.
- Most respondents to the 'Me, You and I' survey did not know where to get support with substance misuse.

Recommendations

Recommendations made in the 2016 Needs Assessment:

Smoking

	2016 Recommendations	Progress
1.	Provide increased education both in schools and through wider campaigns to highlight the harms of smoking non-cigarette tobacco products, such as shisha	Young Hackney provides education session on demand
2	Concentrate efforts to reduce cigarette smoking in white and mixed ethnicity young people particularly, and focus on girls at younger age groups, and on boys when approaching the legal age of 18	Update required
3	Use a whole-family approach to reducing smoking, as smoking in parents and siblings is a risk factor for young people smoking	Update required
4	Utilise social media to convey anti-smoking messages to local young people	Update required

Alcohol

	2016 Recommendations	Progress
1.	Focus on girls when working to reduce alcohol consumption in local young people	The level of alcohol admissions remains low in the borough - update required in terms of interventions with girls

Substance Misuse

	2016 Recommendations	Progress
1.	Utilise social media to convey substance misuse messages to local young people	Update required
2	Increase young people's awareness of the harms of smoking cannabis, particularly if smoked regularly	2019 JSNA, in treatment numbers for under 14 yrs. and the survey undertaken as part of this HNA indicate that Cannabis misuse is a challenge, and increasing
3	Investigate whether there are barriers preventing young women from accessing substance misuse services, given that they form a low proportion of service users despite having greater alcohol consumption on average	Update required

	2016 Recommendations	Progress
4	Aim to increase referrals to the young people's substance misuse service through prevention work in local education services	Update required
5	Ensure that the relative lack of an evidence base regarding the emerging issue of new psychoactive substances does not cause them to be overlooked when providing substance misuse related education or when commissioning substance misuse services for young people	Update required

	2022 Recommendations	**Supporting rationale**
1.	Implement new PSHE Curriculum (Health Education) in all schools for pupils Ensure schools have reviewed their PSHE Curriculum and consulted with Parents/Carers Continue to ensure PSHE is effective by ensuring it is grounded in an understanding of how to to act in real life situations; knowledge, skills and personal qualities (resilience) Continue to ensure PSHE addresses attitudes and behaviours Raise awareness of drug misuse prevention activities and services through Health Education Ensure there is strategic coordination of PSHE/RSE/Health Education/Relationship across or the borough that includes a measure of effectiveness	Healthy Child Programme HIA: Supporting additional health and wellbeing needs: Hospital admissions for substance misuse, 15 - 24 years The rates of hospital admissions between 2017-20 for substance misuse among 15–24-year-olds were lower in City and Hackney compared to the London and England average rates. However rates of substance misuse in City & Hackney have been consistently higher among older CYP, those living in deprived areas and those from non-Asian, black, mixed and white backgrounds. 1 September 2020, Relationships Education, Health Education, and Relationships and Sex Education is compulsory 2019 JSNA on substance misuse in City & Hackney revealed: Cannabis use among under 18s is increasing The number of young people in Hackney in treatment for Cannabis misuse is higher than in London/England The number of young people in treatment is declining overall, but the proportion in under 14s is increasing The under 14 proportion in treatment for Cannabis misuse is higher than in London and England HNA Insight 48% said PSHE was not sufficient
2	Deliver targeted education/interventions to those at risk, as part of existing services for	NICE Guidance Drug Misuse Prevention NG64

	2022 Recommendations	Supporting rationale
	at risk groups through a range of existing statutory, voluntary or private services	
3	Commission Lifestyle survey as part of a schools service, available on paper and online, which covers a wide range of topics related to health and well-being to identify and monitor presenting issues at a borough and school level. Ensure data is analysed at a school and borough level which can be utilised by School/School Nurses/MHST to inform the development and impact of interventions	NICE Guidance Drug Misuse Prevention NG64 See: Healthy Schools London Evaluation
4	Provide MECC Training to raise discussions with young people about whether they are having difficulty with alcohol consumption and substance misuse (Cannabis) Provide information and advice to parents so they can have conversations about alcohol and substance misuse (Cannabis) with their children and address any myths and beliefs around its use	NICE Guidance Drug Misuse Prevention NG64 2019 JSNA - rising levels of Cannabis use HNA insight Work: *Me, You and I Survey, Nov 2021* *54% knew/had friends that smoked Cannabis* *68% had tried Cannabis* *14% had family members who smoked Cannabis*
5	Ensure there is equitable access to CYP Substance Misuse services Services within the community should be integrated within health services where possible; explore options for service redesign including youth based, blended models Services should be part of a wider network of local prevention services, which support young people with a range of issues and help them to build their resilience	NICE Guidance Drug Misuse Prevention NG64 HNA insight Work: *Me, You and I Survey, Nov 2021* *54% knew/had friends that smoked Cannabis* *32% had tried Cannabis* *14% had family members who smoked Cannabis* *27% have tried Smoking* *62% have tried Alcohol*
6	Undertake further insight work to explore and understand the different cultural attitudes, beliefs and behaviours around Cannabis to inform targeted messages/strategies and that address the increase in young girls who smoke Cannabis	2019 JSNA indicates that Cannabis use is increasing The number of young people in treatment for Cannabis overall is declining overall, but the proportion of under 14s is increasing
7	Utilise social media to convey anti-cannabis messages that also focus on tobacco use as part of smoking cannabis, to local young people, and alcohol (particularly females)	As above

10. Sexual Health & Teenage Pregnancy

Introduction

Developing a sense of sexual identity is a key part of the transition to adulthood. Staying safe, healthy and happy through this journey is important, supported by easy access to high quality information and sexual health services. Subsequently, the sexual health and behaviour of young people is a critical area in adolescent public health, with potential consequences for wellbeing, education and service provision. However, nationally and locally there are many challenges in collecting regular and robust information.

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality (329). It is not just the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having safe sexual experiences, free of coercion, discrimination and violence.

Although nationally, sexually transmitted infections (STIs) and teenage pregnancies are falling, there are several underlying trends and inequalities. Priority areas include (330):

- access (young people, MSM and BAME)
- the provision of services that meet the needs of vulnerable populations testing for the full range of sexually transmitted infections
- access to long-acting reversible contraception (LARC)
- preventative interventions within all aspects of sexual health, and health promotion
- ensuring all children have access to age-appropriate Relationships and Sex Education (RSE), which should be high quality, delivered by appropriately qualified people, and linked to local health priorities and local services.

It is recognised that there are significant levels of unmet need in communities who are at increased risk of poor sexual and reproductive health outcomes, such as children in foster care and care leavers, as well as those from culturally and ethnically diverse backgrounds and inclusion health groups. In response to these issues, and others, the Government has committed to developing a new updated sexual and reproductive health strategy (331).

During the COVID-19 pandemic, many sexual health services have made elements of their provision online or remote and have also been promoting more self-care and self-management. While this has largely been seen as positive - supporting some level of access while face-to-face services have been disrupted - remote and online access can, in some cases, serve to further exacerbate existing inequalities.

Nationally there was a large fall in attendances across all age ranges in all sexual health settings from the start for the first national lockdown in March 2020, and a disproportionately larger reduction in attendances in those under 18 years compared with those aged 18 and over (332). While attendance and activity levels have been steadily increasing over time since March 2020, in most services, they remain lower than pre-pandemic levels. High Impact Areas (HIAs) are identified within the Healthy Child programme (HCP) as areas

where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIAs for this Chapter are:

- School-aged years high impact area 2: Improving health behaviours and reducing risk.
- School aged years high impact area 6: Supporting self-care and improving health literacy
- Early years high impact area 1: Supporting the transition to parenthood.

National/regional Policy

The National Framework for e-Sexual and Reproductive Healthcare (333) has been developed in response to the COVID-19 pandemic to support local commissioning and service development. The Framework offers organisations purchasing services a convenient, efficient and cost-effective method for contracting with providers of online sexual and reproductive healthcare services. The Framework allows customers to sign-up to self-sample for HIV and STIs, emergency contraception and/or routine contraception. Brook, Preventx, and SH:24 have been appointed as providers on the Framework. The City of London and Hackney have been part of the commissioning of the pan-London sexual health e-service (available to everyone aged 16+) since 2018.

A Framework for Sexual Health Improvement in England 2013 (334) provides the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively and to ensure that accessible high-quality services and support are available to everyone.

Tackling Violence Against Women and Girls Strategy Nov 2021 (335) includes measures to address the attitudes and behaviour that can underpin crimes of violence against women and girls by raising awareness and understanding to ensure children and young people understand what healthy relationships and behaviour look like, and to prevent the cycle of abuse. A range of measures have been undertaking including making Relationships Education (RE) compulsory in all primary schools, Relationships and Sex Education (RSE) mandatory in all secondary schools, and Health Education (HE) compulsory in all state funded schools and new offences for: controlling or coercive behaviour; stalking; 'revenge porn'; and 'up skirting'.

The Department for Education's Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers (312) was published and implemented from September 2020, replacing earlier guidance. The guidance includes the legal requirements and contents to be covered:

- Relationship Education is compulsory in all primary schools.
- Relationships and Sex Education is compulsory in all Secondary Schools.

- Health Education is compulsory in maintained Primary and Secondary Schools (PSHE is already compulsory in Independent Schools as set out in the Independent School Standards)

However, the guidance does give a right to parents and carers to opt out of their child/ren receiving the statutory elements of PSHE. The new curriculum was due to come into force in September 2020 but school closures due to coronavirus meant this was delayed to the summer term of 2021. Schools are required to compare their current policies and curriculum with the new Statutory Guidance, and to consult with parents before implementation.

All schools must:

- have in place a written policy for Relationships Education and RSE
- set out the subject content, how it is taught and who is responsible for teaching it
- describe how the subject is monitored and evaluated
- provide a copy of the policy free of charge to anyone who asks for one
- publish the policy on the school website
- consult parents in developing and reviewing their policy
- ensure that the policy meets the needs of pupils and parents and reflects the community they serve
- include information about a parent's right to request that their child be excused from sex education
- schools with a religious character may teach the distinctive faith perspective on relationships, and balanced debate may take place about issues that are seen as contentious
- LGBT+ relationships is part of the new compulsory relationships and sex education (RSE) in schools in England from 2020. The guidance states: "We expect all pupils to have been taught LGBT content at a timely point as part of this area of the curriculum." (DfE, June 2019).

The level of need in the population

Sexual health and supporting the transition to adulthood and parenthood have been identified as high impact areas within the Healthy Child programme (HCP). The relevant performance indicators for this chapter area:

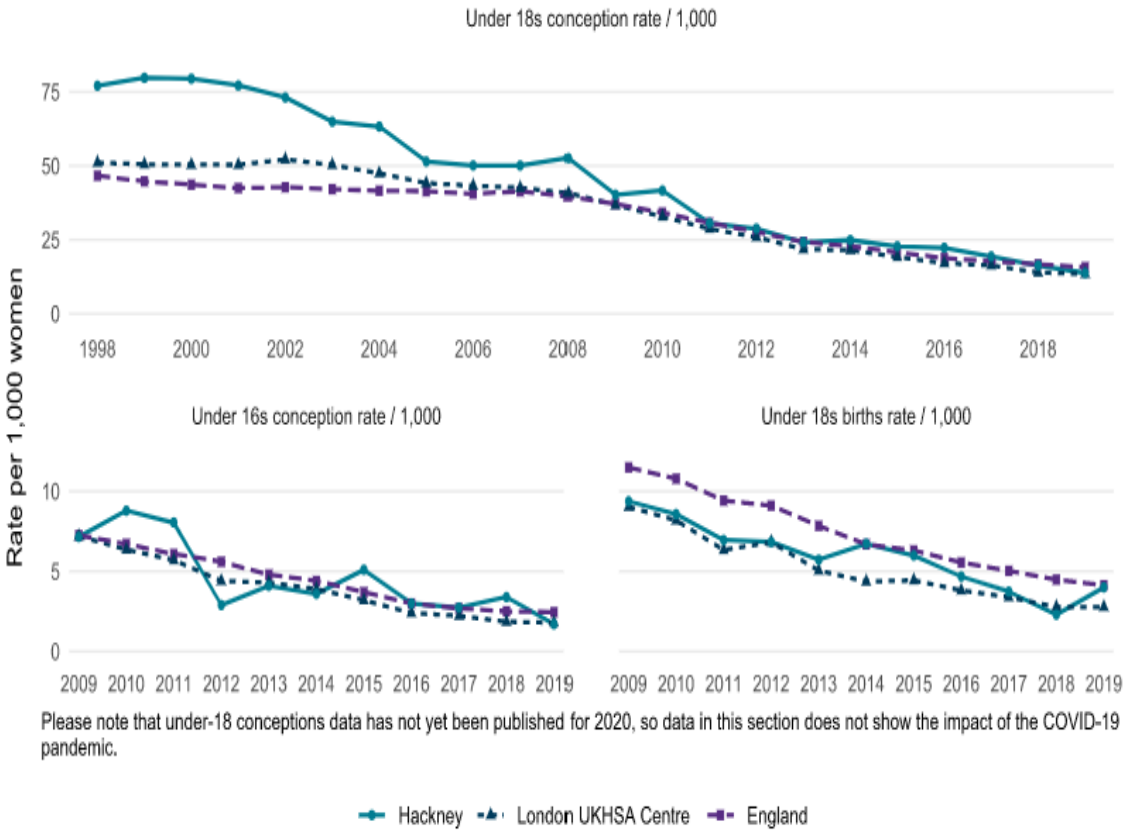
- Improving lifestyles - Chlamydia detection rate, 15 - 24 years.
- Transition to parenthood - Teenage pregnancy, 15 - 17 years rate.
- Transition to parenthood - Under 16 years conception rate.

Teenage Pregnancy

Outcomes for young parents and their children are disproportionately poor (See Chapter 13: Vulnerable CYP). Nationally there has been a 60% decrease in the under-18 conception rates since 1998 (336); however, significant variation in rates between local authorities and

inequalities within wards remain. The graph below shows the downward trend in the number of teenage pregnancies observed in Hackney, London and England, since 1998.

Figure 10: Hackney under 16's & under 18 conception and birth over time in Hackney compared to the London UKHSA Centre and England



Source: Public Health England, Summary profile of local authority sexual health Hackney.

Conception rate, under 18s

In Hackney in 2018, there was a population of 4,352 girls aged 15-17 years. 71 young women aged under 18 years conceived. Giving an under 18 conception rate of 16.3 per 100,000 population, which is similar to London and England, with no significant change in the last five years available (337).

Table 10: Early Years High Impact Area 1 - Under 18s conception rate

High Impact Area 1	Key Performance Indicator	2016 Performance	Current Performance	Current Trend	Comment
Transition to parenthood and the early weeks	Teenage pregnancy, 15 - 17 years (rate)	22.3 per 1,000 (2016)	16.3 per 1,000 (2018)		Above London, below England rate

Conception rate, under 16s

21% of the 2018 under 18 conception rate were girls aged under 16 years. This provides a rate of 3.4 per 1,000 per population; above the national rate of 2.5 per 1,000. It should be noted, however, that the number of births is low (337).

Table 10.1: Early Years High Impact Area 1 - Under 16s conception rate

High Impact Area 1	Key Performance Indicator	2016 Performance	Current Performance	Current Trend	Comment
Transition to parenthood and the early weeks	Under 16 years conception rate		3.4 per 1,000 per population (2016)		Above London, Above England rate

Overall, the conception rate in under 16s has decreased from 2013-18 across England and London (337). Rates in City and Hackney have fluctuated, but this could be due to the small numbers involved. Overall, it also seems to be following a downwards trend (see Figure 10).

Table 10.2: Under 16's conception rate per 1,000 population

Area	2013	2014	2015	2016	2017	2018
Hackney	4.1	3.6	5.1	3	2.7	3.4
London	4.3	3.9	3.2	2.4	2	1.9
England	4.8	4.4	3.7	3	2.7	2.5

Source: OHID Fingertips, 2021

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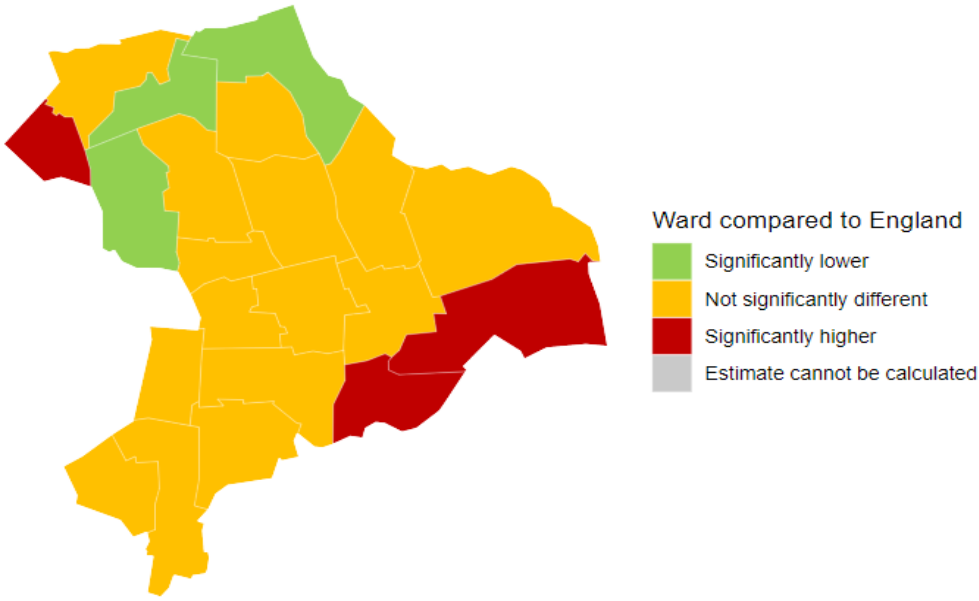
Reaching young people most in need involves looking at area and individual level associated risk factors. Between 2016 and 2018 the under-18 conception rate was higher than England in the southeast of Hackney (Homerton, London Fields, Victoria and Hackney Wick) and in Brownswood ward, in the north west and lower in some other north west wards (Stanford Hill, Springfield and Clissold) (338).

Figure 10.1: Under-18 conception rate by Hackney ward compared to England, 2017-19



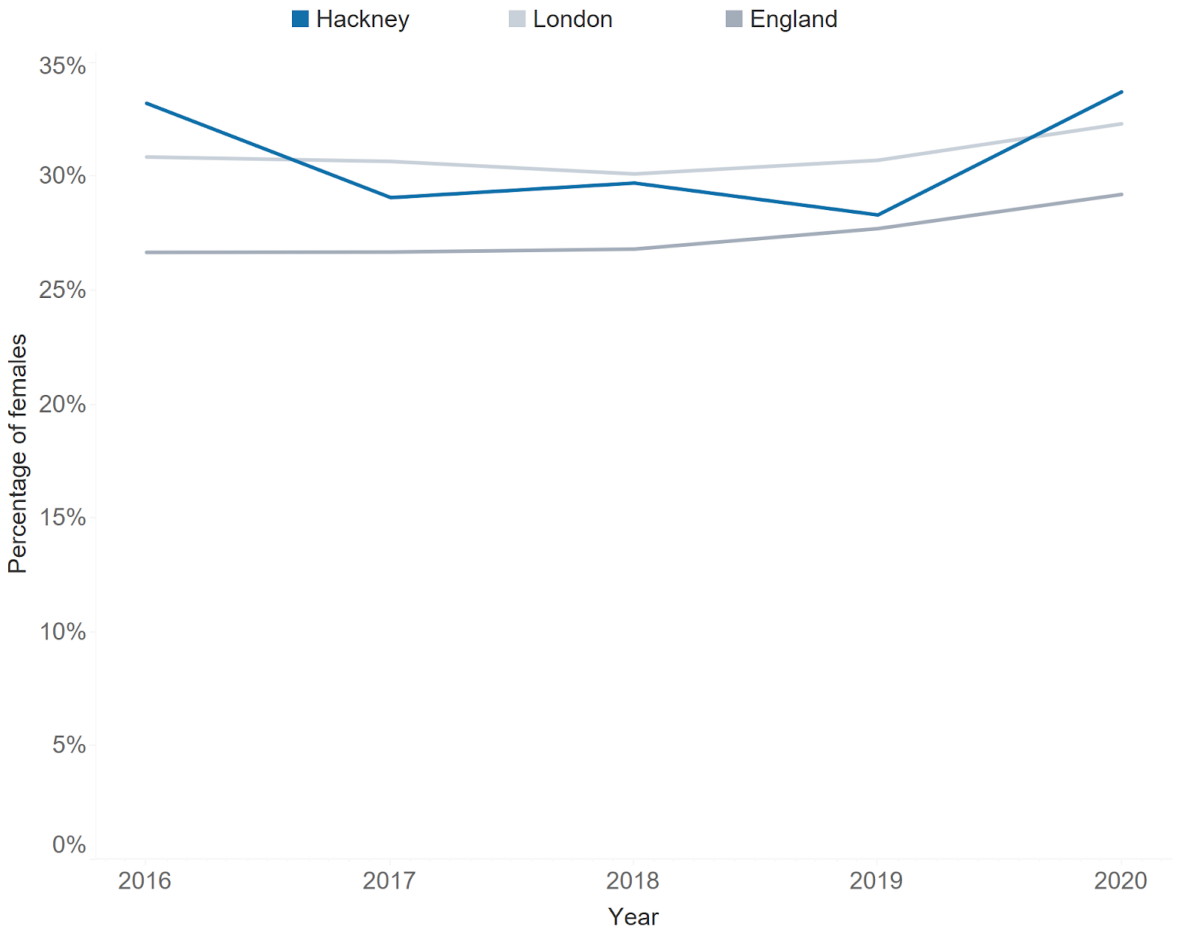
Contains Ordnance Survey data © Crown copyright and database right 2020
Contains National Statistics data © Crown copyright and database right 2020
Please note that under-18 conceptions data has not yet been published for 2020, so data in this section does not show the impact of the COVID-19 pandemic.

Source: Public Health England, Summary profile of local authority sexual health Hackney

Repeat abortions in under 25s

From an initial decline from 33.2% in 2016 to 29.6% in 2017, there has been no significant change in the proportion of repeat abortions in under 25s in City and Hackney in the last five years. However, there was an increase from 28.3% in 2019 to 33.7% in 2020 in Hackney, which is similar to London (32.3%) and above England (29.2%).

Figure 10.2: Proportion of repeat abortion in under 25s, City and Hackney, 2016 to 2020



Source: OHID, Fingertips, 2021

Sexually Transmitted Infections (STI)

In 2020 Hackney ranked fourth highest of all 149 upper tier local authorities and unitary authorities for new STI diagnoses excluding chlamydia, among young people aged 15 to 24 years (339).

The GUMCAD STI Surveillance System is the new name for the Genitourinary Medicine Clinic Activity Dataset (GUMCAD). GUMCAD is the mandatory surveillance system for sexually transmitted infections (STIs) and collects data on STI tests, diagnoses and services from all commissioned sexual health services in England.

GUMCAD data for the City and Hackney shows that the rate of new STIs in females (3,827 per 100,000 population) was 45% higher than in males (2,636 per 100,000 population) (340). Testing increased with age; those aged 18-19 had a higher rate of testing (5,886 per 100,000 population) when compared to those aged 20-24 (5,275 per 100,000 population). The more deprived the area, the higher the new STI diagnostic rates (4,459 per 100,000 for those living in the most deprived areas compared to 1,473 per 100,000 population for those living in the third most deprived areas). Young people of black or black British ethnicities had rates

around nine times (6,991 per 100,000 population) of those found among those from other ethnic groups (non-Asian, black, mixed or white).

Gonorrhoea

As most Gonorrhoea cases are diagnosed in sexual health clinics, the number of cases is a marker of access to treatment. Local GUMCAD data (341) shows that the Gonorrhoea diagnostic rate was 26% higher in males (448 per 100,000 population) than in females (566 per 100,000 population). Those aged 18-19 and 20-24 had similar rates (around 900 per 100,000 population), both higher when compared to those aged 11-17 (116 per 100,000 population). Those who live in the most deprived quintile had higher rates (679 per 100,000 population) when compared to those living in the second (383 per 100,000 population) and third (305 per 100,000 population) quintiles. Even aggregating 2016 to 2020 data, the number of diagnoses among people from some ethnic groups was very small. Young people from black or black British ethnicity had rates of Gonorrhoea diagnosed at about twice the average rate.

Chlamydia

Chlamydia is the most frequently diagnosed sexually transmitted infection (STI) in England, followed by genital warts and gonorrhoea. (336)

GUMCAD data for the City and Hackney shows (340) that the Chlamydia diagnostic rate was 73% higher in females (2,252 per 100,000 population) than in males (1,301 per 1,000 population); higher among those aged 18 and 19 (3,554 per 100,000) when compared to those aged between 11-17 (637 per 100,000 population) and 20-24 (2,605 per 100,000 population); increasing the higher the deprivation quintile of residence (first quintile, 2,485 per 100,000 population, second, 1,331 per 100,000 population and third 796 per 100,000 population); higher among young people from black and black British backgrounds (4,045 per 100,000 population), which is nine times higher compared with those from other ethnic groups (non-considered as Asian, black, mixed or white), which presented the lowest rates (444 per 100,000 population) and almost twice the rate observed in the second-highest - young people from mixed ethnicities (2,140 per 100,000).

Chlamydia detection rate

The Chlamydia detection rate in 2020 was 989 per 100,000 population (15 individuals) in the City and 3,071 per 100,000 population in Hackney. Hackney has a higher detection rate than London (1,819 per 100,000 population) and England (1,408 per 100,000 population); while the City has a lower rate. However, the interpretation of the City's number must be treated with caution due to small numbers.

Neither area saw a significant change in the most recent five years, although it is possible to observe a drop in 2020 in line with regional and national data, likely as a result of decreased access to screening as a result of COVID-related disruption to services, particularly face-to-face ones (337). As a result, data from 2019 may provide a more accurate overall picture of general trends relating to STI testing and diagnoses, for example, than 2020 data.

National Chlamydia Screening Programme

Recognising the burden of disease of Chlamydia among young people, the National Chlamydia Screening Programme (NCSP) was established in 2003 with objectives including the prevention and control of Chlamydia through early detection and treatment of infection, and the reduction of onward transmission to sexual partners. In Hackney, young people can access Chlamydia screening through several community pharmacies as part of the NCSP, as well as through sexual health clinics and GP practices.

In 2021 changes were made to the NCSP to focus on reducing reproductive harm of untreated infection in young women, recommending that opportunistic screening in community settings such as GPs and pharmacies (the proactive offer of a chlamydia test to young people without symptoms) should focus on women, while men would still be able to access tests through sexual health clinics. Given the high levels of Chlamydia locally among young people (see below), opportunistic screening for both men and women in community settings was retained.

Chlamydia screening and treatment as part of the NCSP

In addition to sexual health clinics, screening for chlamydia in under 25s as part of the National Chlamydia Screening Programme (NCSP) is available in primary care (GP practices) and pharmacies. As with most sexual and reproductive health services, activity was increasing in the years before the pandemic, before dropping substantially from when the first lockdown measures were introduced in March 2020. In the City and Hackney in 2018/19, 3,590 young people were screened in primary care. This reached a peak of 3,654 in 2019/20, dropping to 2,342 in 2020/21.

In pharmacies, young people can request a screening kit either for themselves, or for their partner, too. In 2019, 247 Chlamydia screening kits were issued through pharmacies, reducing to 112 in 2021. Between 2018 and 2021, despite some variations, 7% of those requesting a kit also request one for a partner. 70% of kits were provided to young females, and 77% of young people accessing the kits were aged between 20 and 24 years old, with the youngest at 15 years old. (342)

Very few young people have used pharmacies for Chlamydia treatment in the City and Hackney since 2018. Work is underway to increase the number of pharmacists accredited to prescribe treatment locally, as well as promote the service to young people, which will increase provision and take-up. (342)

Impact of COVID-19

Data provided by Homerton Hospital's Sexual Health Service (HSHS) shows a significant drop in City and Hackney residents aged under-25 attending the HSHS adult Level 3 sexual health services in 2020, as a result of COVID, compared to the previous years (340). Access

to sexual health clinics, as well as other face-to-face healthcare provision, was negatively impacted as a result of the pandemic, for example due to staff redeployment, and increased infection prevention control measures, which meant limiting and spacing in-person access.

As GUM services are open-access, City and Hackney residents can access NHS sexual health clinics anywhere in England, however HSHS accounts for around 50% of local resident attendances (overall, not only for under 25s), and a higher proportion during the pandemic, as people limited their travel (343).

Table 10.3: Number of tests and diagnosis among City and Hackney residents aged under-25 attending HSHS sexual health clinics by consultation year, 2016 to 2020

	2016	2017	2018	2019	2020
Tests[1]	7,403	7,345	7,802	8,303	2,865
Chlamydia diagnosis[2]	1404	1,689	1,983	2,036	959
Gonorrhoea diagnosis[3]	135	251	265	284	201
New STI[4]	1,380	1,598	1,634	1,571	1,059

Source: Homerton, GUMCAD, 2021

[1]Only tests for Chlamydia and/or Gonorrhoea were considered here. SHAPT codes included: T1, T2, T3, T4, T8, T10, TS and TT.

[2]Chlamydia diagnosis included the SHAPT codes C4, C4O, C4OX, C4R, C4RX and C4X.

[3]Gonorrhoea diagnosis included the SHAPT codes B, BO, BOX, BR, BRX and BX.

[4]The SHAPT codes included as new sexually transmitted infections (STI) were A1, A2, A3, B, C1, C2, C3, C4, C4N, C5A, C6A, C8, C9, C10A, C12, C16, H, H1, H1B, SG1, SG2, SG3. Not all of those codes were present among this population.

Inequalities in access

Aggregating the data outlined above from 2016 to 2020 (340), it was possible to identify some inequalities in the Chlamydia and/or Gonorrhoea testing rates. The testing rate for females (19,824 per 100,000 population) was almost twice that of males (10,255 per 100,000 population). Generally, young men in Hackney access sexual health services (specialist and primary care) at a much lower rate than their female counterparts. The testing rates increased the older the age group (3,798 per 100,000 for those aged 11-17; 22,908 per 100,000 population for those aged 18-19; and 26,416 for those aged 20-24). The more deprived the area, the higher the testing rates (19,470 per 100,000 for those living in the most deprived areas, 12,347 per 100,000 population for those living in the second most deprived areas, and 8,668 per 100,000 population for those living in the third most deprived areas). Young people from black backgrounds had a testing rate (27,519 per 100,000 population) about six times the rates for those from other ethnic groups (4,735 per 100,000 population for non-Asian, black, mixed or white).

Contraception

The Sexual and Reproductive Health Activity Dataset (SRHAD) (341) showed that, in 2020, the main contraception method type used by Hackney and City residents aged under 25 were still hormonal methods, although there was a 9% decrease from 2016 to 2020. The second most popular method was long-acting reversible contraception (LARC), which saw a

34% increase in the same period. There was a notable decrease in the use of barrier methods during the period (24%). It is important to note that barrier contraception may be used in combination with other methods.

Table 10.4: Main contraception method, City and Hackney residents under 25, 2016 to 2020

Contraception Method	2016	2017	2018	2019	2020
Hormonal	54.9%	54.5%	55.5%	52.2%	49.1%
LARC (excluding injections)	26.5%	26.9%	28.9%	35.5%	35.4%
Injectable Contraception	9.5%	9.5%	8.8%	8.0%	8.7%
Barrier	9.1%	9.0%	6.6%	4.2%	6.9%
Other method		0.1%	0.1%	0.1%	

Source: Homerton, Sexual and Reproductive Health Activity Data Set (SRHAD), 2021
Note: Hormonal includes combined pill, POP (progestogen-only pill), vaginal ring and contraception patch; LARC includes IUD, IUS and implants (and excludes injections); Barrier methods includes male and female condoms, caps/diaphragms and spermicides; other methods include natural family planning.

Emergency hormonal contraception

Emergency hormonal contraception (EHC) provision in pharmacies includes Levonorgestrel, Upostelle, and EllaOne. 3,226 service users aged under-25 obtained EHC through local pharmacies in 2019 and this number dropped to 2,432 in 2020, most likely as a result of the pandemic. In 2021 2,304 young people accessed EHC through local pharmacies. Between 2018 and 2021, most young females accessing EHC were aged 20-24 (63%). Black or black British (42%) females were overrepresented when compared to the black or black British population under 25s for both genders of around 22%. (342)

Services in relation to need

Homerton Hospital is commissioned by the City and Hackney Public Health team to deliver the CHYPS Plus (City and Hackney Young People's Service) which provides clinical and treatment services. CHYPS Plus is a dedicated service for young people aged 11 to 19 while anyone aged 16+ can access the other local Level 3 specialist sexual health clinics that are operated by Homerton University Hospital (HUH), on behalf of the City and Hackney Public Health team. Due to COVID-19 restrictions, access to the clinics is currently by appointment only at the following sites:

1. Clifden Centre, Homerton University Hospital, London E9 6SR
2. Ivy Centre, St Leonards, London N1 5LZ
3. 80 Leadenhall Street, London EC3A 3DH

The number of people attending CHYPS Plus services has been decreasing since 2018, however unsurprisingly the biggest decrease was observed in 2020 (58% compared to the previous year), probably due to the COVID-19 pandemic.

Table 10.5: Number of young people using CHYPS Plus services and attendances among City and Hackney residents aged under-25, 2017 to 2021

	2017	2018	2019	2020	2021
Number of young people (unique patients)	226	338	287	121	84
Number of attendances	250	389	343	133	86

Source: Homerton, CHYPS Plus, 2017-2021

Looking at all attendances to CHYPS Plus by City and Hackney residents aged between 10 and 24 years old, between 2017 and 2021, it is possible to say that:

- more females (7.0 per 1,000 population) than males (3.8 per 1,000 population) accessed the services.
- the highest rate of attendance was seen among those aged 16-17 years old (20.6 per 1,000 population), followed by those between 18-19 years old (13.8 per 1,000 population) and those under 16 (5.1 per 1,000 population).
- a very small number of young people aged 20 to 24 attended the services (0.3 per 1,000 population).
- young people from other ethnicities (not considered as Asian, black, mixed or white) and from white backgrounds, had rates more than five times higher (around 8 per 1,000 population) when compared to the one for white British ethnicities (the lowest rate at 1.4 per 1,000 population);
- the attendance rate increased with the level of deprivation in the area of residency (30.1 per 1,000 population in the most deprived quintile, 16.8 per 1,000 population in the second most deprived quintile and 9.6 per 1,000 population in the third).

Some under-25s also attended adult sexual health services in Homerton. It is important to note that this data does not correspond to the full picture, however, as City and Hackney residents can attend sexual health clinics outside the area. However, attendance at HSHS clinics represents more than 50% of total attendances by City and Hackney residents.

Table 10.6: Number of attendances and young people under 25s in sexual health clinics by consultation year, City and Hackney, 2016 to 2020

	2016	2017	2018	2019	2020
Number of attendances	70,295	70,818	76,826	85,856	52,773
Number of young people (unique)	19,450	20,269	21,898	22,384	13,384

Source: Homerton, GUMCAD, 2021

Note: Some young people attended the clinic more than once. That is why there was presented the number of attendances and also the number of young people accessing the service.

Right Choice Connect Hackney (344) is a confidential sexual health service for people with learning disabilities, based at Homerton Hospital.

Young Hackney (179) manages four youth hubs (Stoke Newington, Forest Road, Comet and the Edge), two Adventure Playgrounds (Shoreditch Adventure Playground and Hackney

Marshes Adventure Playground) and is developing a multi-use sports facility for young people behind the Old Baths on Eastway in Hackney Wick, which is planned to open in 2022. Young Hackney's Health and Wellbeing team also gives advice on health-related issues, including sexual health and contraception at Forest Road on Monday evenings 5 to 7pm and The Edge on Tuesday evenings 5 to 6.30pm.

The organisation also undertakes sexual health outreach in schools, colleges, and the wider community, and as of February 2021 is commissioned by the City and Hackney Public Health team to deliver a comprehensive programme of sexual and reproductive health outreach, engagement, and promotion to young people locally. Young Hackney's Health and Wellbeing team is also coordinating local efforts to make available free condoms and lubricant to young people aged under-25 in City and Hackney through a range of "outlets", including community pharmacies, CHYPS Plus, sexual health clinics, GP surgeries, and youth centres.

Young Hackney PSHE Support - Young Hackney's Health and Wellbeing team offers 50-minute sessions on a range of topics to complement and enrich primary and secondary schools' PSHE curriculum work including RSE, STI's child sexual exploitation, positive sexuality and Teenage Pregnancy and other related topics.

SHL (Sexual Health London) is the pan-London sexual health e-service, jointly commissioned by most London boroughs, including Hackney and the City of London Corporation. It launched in January 2018 and offers residents aged 16+ in participating authorities the opportunity to access free at-home self-testing kits for STIs, including HIV. Where appropriate, users can also order STI treatment. Since January 2021, City and Hackney residents aged 16+ wishing to access emergency contraception or start/ continue using contraception have been able to request this from SHL. This can be either delivered to their home or collected from local participating branches of Sainsbury's supermarkets and Lloyds Pharmacy.

The number of self-testing home kits ordered by individuals aged 16-24 increased since the beginning of the programme in the City of London and Hackney and increased notably from March 2020. Meanwhile, the percentage of Smart Kits (self-testing kits ordered through sexual health clinics) ordered dropped in 2020/21.

Table 10.7: Sexual health kits ordered, characteristic and return rate, City & Hackney, 2018/19 to 2020/21

	2018/19		2019/20		2020/21	
	Hackney	City of London	Hackney	City of London	Hackney	City of London
Number of kits ordered	2,036	103	3,689	191	6,785	197
Percentage of SmartKit (of total number kits ordered)	6%	9%	11%	12%	1%	2%
Return rate	75%	84%	76%	81%	76%	75%

Source: Sexual Health London, 2021

Notes: SmartKit: This is an SHL test kit ordered by an individual via a non-online setting, e.g. L3 Sexual Health Clinic, GP practice, etc. Return rate: No. of kits sent back for processing via no. ordered

The number of tests analysed were around 250% higher in Hackney and 80% higher in the City in 2020/21 compared to 2018/19. This led to higher rates of young people being diagnosed with Chlamydia and Gonorrhoea.

Table 10.8: Chlamydia and Gonorrhoea tests number and positivity, Hackney, 2018/19 to 2020/21

	2018/19		2019/20		2020/21	
	Tests	Positivity (%)	Tests	Positivity (%)	Tests	Positivity (%)
Chlamydia	1,427	5.8	2,741	6.3	4,967	6.7
Gonorrhoea	1,427	1.6	2,741	1.3	4,967	2.1

Source: Sexual Health London, 2021.
Notes: Tests: Number of tests analysed. Positivity: Percentage of positive tests of the total number of tests analysed.

Table 10.9: Chlamydia and Gonorrhoea tests number and positivity, City of London, 2018/19 to 2020/21

	2018/19		2019/20		2020/21	
	Tests	Positivity (%)	Tests	Positivity (%)	Tests	Positivity (%)
Chlamydia	79	5.1	158	7.6	140	6.4
Gonorrhoea	79	2.5	158	1.9	140	1.4

Source: Sexual Health London, 2021.
Notes: Tests: Number of tests analysed. Positivity: Percentage of positive tests of the total number of tests analysed.

Combining City of London and Hackney data, around 70% of the users were females. Young people from white British ethnicities were overrepresented in the two first years (around 50% vs 36%) but had proportions similar to the population in 2020/21. Those from black ethnicities had proportions similar to the population in the first year, but the proportions grew over the years and were overrepresented in 2020/21 (34% vs 19% in the age group population). This trend is seen as positive, as people of black ethnicities are known to be at higher risk of STIs. Those from Asian and 'other' (those who don't consider themselves as Asian, black, mixed or white) backgrounds were underrepresented in comparison to the population.

The pan-London C-Card scheme "Come Correct" operated in City and Hackney between 2018 and 2021, providing free condoms and lubricant to under-25s through a variety of outlets including community pharmacies, youth services, and sixth form colleges.

In 2018, 5,551 encounters were made with under 25s, dropping to 1,538 in 2020, partly due to the pandemic. Although the number of people getting condoms decreased in 2020 compared with 2018 for every group analysed, there were some percentual variations in the distribution. From 2018 to 2020, the percentage of females getting condoms decreased from 39.6% to 36.3%, while the percentage of males increased from 60.1% to 63.70%. Less than 1% of young people using the service identified themselves as transgender or non-binary (345).

There was no recorded ethnic group for around 15% of the population accessing this service. Out of the young people with a recorded ethnic group, there was a percentage increase in young people from black ethnicities getting condoms from 2018 to 2020 (44.3% to 47.5%); this group was overrepresented compared to the under 25s population (around 22%). Young people from Asian and white backgrounds were underrepresented (7.3% in condom distribution 2018-20 vs 11.0% in the population and 30.3% vs 47% (345).

Additionally, there was no recorded sexual orientation data for around 13% of young people accessing this service. Out of the young people with recorded sexual orientation, around 93% were heterosexual while around 7% identified themselves as gay, lesbian, bisexual, or another sexual orientation. This percentage has remained stable from 2018 to 2021 and is similar to national data showing 92% of heterosexual and 8% of gay, lesbian, bisexual or other sexual orientation in young people aged 16-24 with recorded sexual orientation in the UK in 2019, access these services. (346)

Free condoms and lubricant have continued to be made available to young people locally since this service ended and work is underway to determine the most effective ways to ensure this provision, while also ensuring this is age-appropriate, and that safeguarding measures are maintained.

Insights - population perspective

Interviews with Stakeholders

Vulnerable young women

> *'...when the young person has had their baby, and it's taken into care, we'll see them and give them contraception. We like to give them LARC because some of these young women, no sooner than they've given birth, they're pregnant again, and then the subsequent babies are taken into care'.*

> *'we're providing LARC for them (vulnerable young girls) following a termination but what they sometimes do is go to another service and have the LARC removed and then get pregnant again. We do follow them up - and we ask why they took it out, and they say they had it removed because they were bleeding and we ask, why didn't you come back to us, we could have given you medication and taken it from there?'*

> *'...a lot of the girls who are getting pregnant or coming for contraception, we find out that their partners are gang affiliated. We have a nurse who attends the extra familial panel meetings that deals with gang members and what we see is that some of these young girls are going out with these guys… the other thing is these guys are not coming to our clinic to have an STI screening or anything even though we know that they have more than one partner….we are not seeing them in our clinic, we know we should be seeing a lot more'.*

> *'It's really challenging. On one hand we know that these guys have STIs, but you can't stop them physically engaging with these girls who are also coming in for terminations.'*

Relationships and Sex Education (RSE)

It is unclear if all Hackney schools have not been able to implement the new Statutory PSHE/RSE Curriculum (due to the pandemic), but feedback from professionals and young people, illustrated that they were supportive of the change in PSHE,

> *'..the time that they're learning about (SRE) it is a bit too late or they have already felt the pressure to have sex'.*

> *',,we also need to teach young men what is appropriate and what isn't appropriate, and teach young women that if they find themselves in a situation they need to know what help is available or what to do. And yeah, teach both parties as well about healthy relationships so again, like if someone is pressuring you to do something you don't want to do or someone is manipulative or controlling you obviously this is something that is unacceptable.'*

> *'Contraception needs to be emphasised more, some of my friends use the morning after pill as a contraception'.*

> *'...maybe you could have someone go in from the clinics or a School Nurse give out the leaflets (age appropriate) during the sessions, at an earlier age..'*

> *'I think more could be done in schools, it could be like a roleplay like, going through that whole clinic experience because they're having sex and they don't know what to say to their partners...'*

‘I think roleplays would be good, highlighting how you catch an STI. And if someone goes ‘oh, no, it’s cool I'm clean’, you can be like, oh, yeah. You shouldn’t just believe that person. Don’t just go with it.’

‘I feel the onus is being put on the girl for guys to wear condoms. He needs to wear a condom. So that needs to be pushed more. He needs to know that by wearing a condom they protect them both.’

‘More education. The only thing that really gets pushed is condoms but if they (young people) don't choose to use them, then contraception goes out the window...’

Sexual Health data

Several Stakeholders who work with young people were not aware of the high rates of STIs in the borough and admitted they had not taken the opportunity to raise discussions with young people about it, because they were not aware of it.

’.. when we introduce Sexual Health to the Youth Parliament they all seem to say oh we all know about that, teenage pregnancy has been reduced in Hackney...’

‘.. sexually transmitted infections are high… that’s new to me... it's almost like we've forgotten as staff about STIs I’ve kind of sat back and gone oh yeah but we're fine on that now (Teenage Pregnancy)..’

‘I've taken my foot off the pedal on that (Sexual Health) because I'm thinking oh it's all great and everyone's going to GUM clinics now and it's all great...’

Online Services

‘...when we were in proper lockdown, the projects within my team were really successful with engagement online. We couldn't work out why all the youth clubs, who were doing online services, were finding that young people didn’t attend their services. We worked out that all the people that were joining my online group work sessions were the ones I'd already met loads of times in person; we already knew each other. They were quite happy to meet me online, but nobody joined us, if they hadn't done that already. So even though I think online services can work, I think maybe the consultation should be face-to-face on a one to one basis, and then transfer them to virtual..’

Take up of services

‘...after the pandemic, it's been hard to get the uptake of sexual health services like we used to..’

Working in Silos

CHYPS Plus works with Young Hackney’s Health and Wellbeing team on a monthly basis, visiting the four youth clubs in Hackney, but they used to go in on different days. They have now agreed to go in on the same day; Young Hackney provides RSE work and CHYPS Plus undertakes screening, provides treatment, contraception, and/or signposts them to a CHYPS Plus clinic to access LARC.

'We could see from a young person's point of view that if Wednesday somebody's talking about sexual health and somebody else is coming on a Thursday, the young person would think it was the same service and not engage..'

'You've got the looked-after children team. It's the same children that are coming into our (sexual health) service but they work on their own. You have the school nursing team, it's the same schoolchildren we work with, and they work on their own. And then you have the Young Black Men project who also work on their own; we really need to work more in collaboration.'

'There's more joint working that could happen before you even get to the extra familial risk panel...'

Surveys

The 'Me, You and I' survey discussed in the mental health section of this report also looked at sexual health *(See Chapter 6: Emotional Health and Wellbeing for survey details)*.

- 94 (93%) participants had received SRE education and 7 (7%) said they had not.
- 45 (48%) participants shared that the SRE education they received had not been sufficient while 52 (52%) said it was informative.

Consultation undertaken as part of the 2016 Needs Assessment with an LGBTQ (lesbian, gay, bisexual, transgender and queer) group for young people emphasised that "sexual health is important for young people, particularly for LGBT young people". Some believed that "schools are not very good in this area – messages are all heterosexual". There was a feeling that LGBT issues should be more mainstreamed and that viewing LGBT as a spectrum is important.

- 20.8% of participants were sexually active; 69.2% were not.

The Health Behaviour in School-Aged Children, which collected data for England, Scotland and Wales in 2014 showed that a quarter of 15 year old boys and one fifth of 15 year olds girls reported having had sexual intercourse by this age; it indicates a declining trend in 15 year olds having sexual intercourse before the age of 16yrs from 2002 onwards (347). However, this conflicts with the trends reported in the National Survey of Sexual Attitudes and Lifestyles 3 (Natsal-3) which found that the proportion reporting first heterosexual intercourse before age 16 years had increased (348).

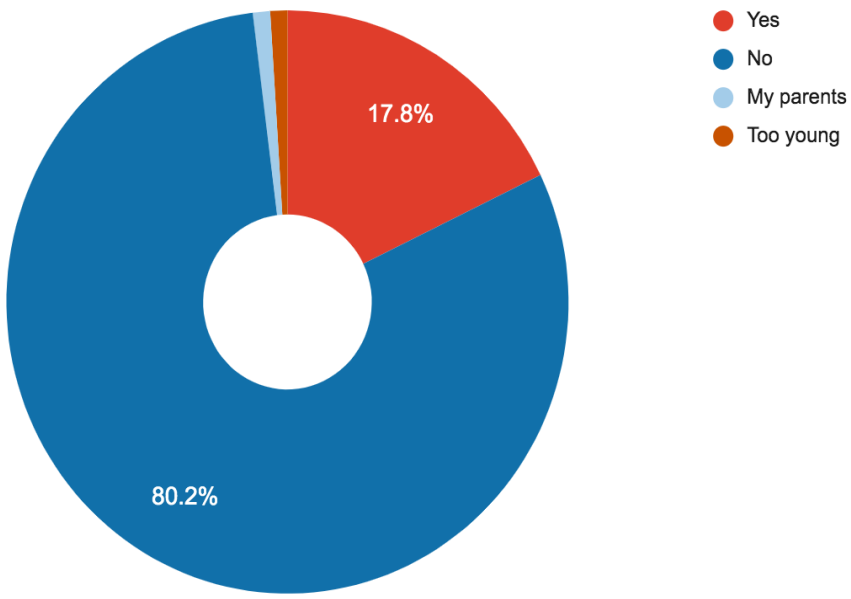
With regards to contraception in the 'Me, You and I' survey:

- 12 (57%) male participants used condoms out of 21 male participants who shared information on condom use 9 (43%) did not use condoms.
- 14 (64%) females did not use any contraception out of 22 females who shared whether they used contraception. 8 (36%) used a form of contraception
- There was a discrepancy between the number of participants who claimed to be sexually active and those who said they used contraception. This may be due to the fact that they have had sex but were not sexually active at the time of the survey.

Awareness of available sexual health support services

- 65 (65%) participants did not know or were unsure of available services
- 21 (20%) stated that GPs offered support
- 7 (7%) were aware of sexual health clinics
- 4 (4%) said you could get support online
- 1 (1%) knew about CHYPS+
- 1 (1%) said CAHMS
- 1 (1%) would go to a trusted adult
- 1 (1%) suggested a pharmacy
- 1 (1%) said they would go to their church

Figure 10.3: Participant's use of sexual health services

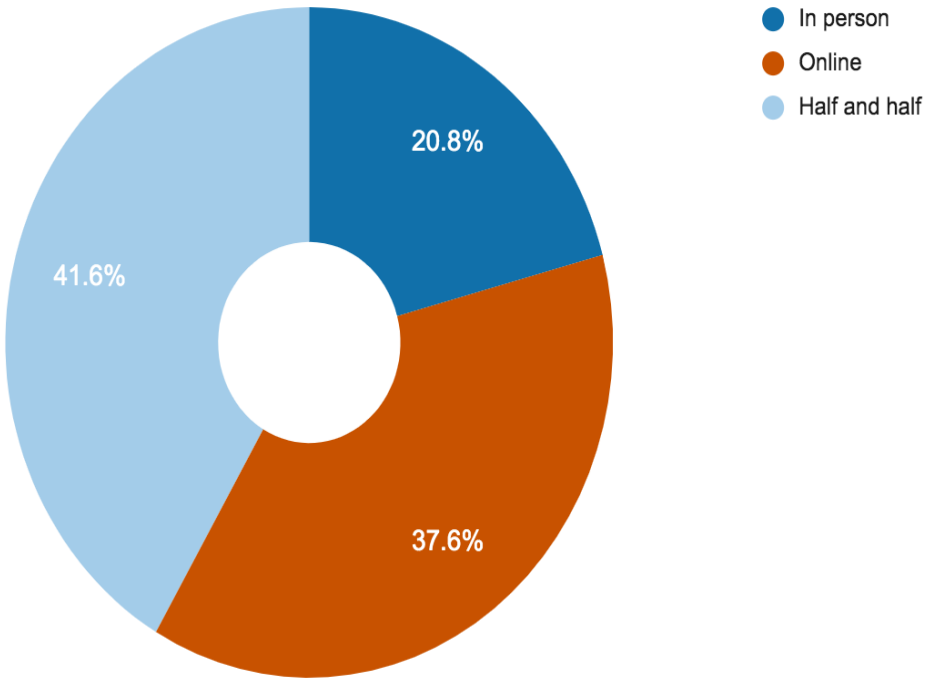


* 1 participant noted that they would speak to their parents about sexual health issues
* 1 participant shared that they were too young to use sexual health service.

Types of sexual health services used by participants

- 6 participants shared they had been to their GP
- 6 used their local sexual health clinic (2 identified Homerton Hospital's clinic)
- 2 had ordered an online STI kit
- 2 identified CHYPS+

Figure 10.4: Participants' opinions on how sexual health services should be provided



Unmet needs and service gaps

- Statutory requirement to deliver RSE in all primary and secondary schools from September 2020, halted until the start of the summer term 2021 due to COVID-19.
- No strategic co-ordination of PSHE/RSE/Health Education across the borough.
- PSHE Guidance states the religious background of all pupils must be considered when planning teaching, so that the core content is appropriately addressed. It is not known how the Orthodox Jewish Community/Charedi Schools deliver the Statutory curriculum within this guidance.
- No evidence of targeted RSE programme or evaluation of RSE, although routine feedback is collected.
- RSE is not linked to local health priorities e.g., very low awareness of STI figures for the borough hence key messages have not been disseminated by professionals outside of Sexual Health.
- Data and information gap on the RSE needs of the LGBT+ community.

Chapter Summary

Sexual Health

Chlamydia detection rate, 15-24 years (key performance indicator)

- The Chlamydia detection rate in 2020 was 989 per 100,000 population in the City and 3,071 per 100,000 population in Hackney.
- Hackney has a higher detection rate than London (1,819 per 100,000 population) and England (1,408 per 100,000 population); while the City has a lower rate.
- The testing rate for females (19,824 per 100,000 population) was almost twice that of males (10,255 per 100,000 population)
- Testing rates 2016 to 2022 for Chlamydia and Gonorrhoea were higher for those living in the most deprived quintiles and for young people from black backgrounds.
- In 2020 Hackney ranked fourth highest of all 149 upper tier local authorities and unitary authorities for new STI diagnoses excluding chlamydia, among young people aged 15 to 24 years.
- Several stakeholders who work with young people were not aware of the high rates of STIs in the borough.

Contraception

- The main contraception method used by Hackney and City residents under 25 years is hormonal methods. Use decreased by 9% between 2016 and 2020.
- The second most popular method was long-acting reversible contraception (LARC), which saw a 34% increase in the same period.
- There was a notable decrease (24%) in the use of barrier methods during the period; the only protection against STIs.

Sexual Health Services

- Data provided by Homerton Sexual Health Service (HSHS) shows a significant drop in under 25s in City and Hackney, attending sexual health services in 2020.
- The number of self-testing home kits ordered by individuals aged 16-24 increased since the beginning of the programme in the City of London and Hackney and increased notably from March 2020.
- While access to sexual health clinics and GP practices has been limited during the pandemic, community pharmacies have been demonstrated to be an important part of the local sexual and reproductive health ecosystem as another point of access
- Generally, young men in Hackney access sexual health services (specialist and primary care) at a much lower rate than their female counterparts.

Supporting the transition to adulthood and parenthood

Teenage pregnancy, 15 - 17 years rate (key performance indicator)

- The under 18s conception rate in Hackney has declined, in keeping with national trends, but remains above the London average.
- In 2016 and 2018 the under-18 conception rate was higher than England in the southeast of Hackney (Homerton, London Fields, Victoria and Hackney Wick) and in Brownswood ward, in the northwest and lower in some other north west wards (Stamford Hill, Springfield and Clissold).

Under 16 years conception rate (key performance indicator)

- Overall, the conception rate in under 16s has decreased between 2013 and 2018 in England and London. Rates in City and Hackney have fluctuated, but this could be due to the small numbers involved.

Repeat Abortion

- There has been no significant change in the proportion of repeat abortions in under 25s in City and Hackney in the last five years. However, there was an increase from 28.3% in 2019 to 33.7% in 2020 in Hackney, which is similar to London (32.3%) and above England (29.2%).

Personal, social, health and economic (PSHE) education

- Health Education, Relationship Education (primary schools), Relationships and Sex Education (secondary schools) became statutory requirements of PHSE education in schools in September 2020.
- School closures due to coronavirus delayed this coming into force until the summer term of 2021.
- Currently there is no strategic coordination of PSHE education across the borough and no evidence of targeted education or evaluation.
- It is not known how the Orthodox Jewish Community/Charedi Schools deliver the Statutory curriculum within this guidance.
- Population insight emphasised the need for consideration of the LGBT+ community in school education.

A City and Hackney Sexual and Reproductive Needs Assessment is being undertaken in 2022.

Recommendations

Recommendations made in the 2016 Needs Assessment:

Overall progress shows that the Teenage Pregnancy rate has decreased (although still higher than England averages in parts of Hackney) and STI's have continued to be high.

	2016 Recommendations	Progress
1.	Future sexual health service design in City and Hackney should take into account the nationally rising demand for sexual health services amongst young people, particularly given the open access nature of sexual health services	Design of universal and targeted sexual health services (for populations of all ages, as well as young people) has been considering the changing needs of young people, as well as how they prefer to access services. This includes the increase in availability of online services, which have grown in popularity locally in the past six years since 2016.
2	The reasons why long-acting reversible contraceptives (LARC) account for a low proportion of contraceptives prescribed in local primary care should be explored	Increasing provision and uptake of LARC to under-25s remains a strategic priority locally, with collaborative efforts by Public Health, specialist SHS, primary care, and the CCG. Since 2019 the City & Hackney GP Confederation has been commissioned by Public Health to deliver enhanced sexual health services in primary care, and one key focus of this service is to increase the provision and take-up of LARC. These efforts have been re-doubled since the reinstating of face-to-face services in primary and secondary care and the easing of the first wave of pandemic-related lockdown measures in summer 2020, to respond to delayed demand and to meet unmet needs. As data above show, LARC as a main method now accounts for a greater share of contraception used among under-25s, compared with 2016.
3	As per NICE guidance (PH51), the use of 'commissioning for quality and innovation' (CQUIN) indicators could be explored as a route to increasing LARC prescribing	The specification of the enhanced sexual health services in primary care contract, which has been delivered by the City & Hackney GP Confederation since 2019 aligns with the NICE Clinical Guidance CG30 (last updated in 2019), which states that the uptake of LARC is low, but expert opinion is that such methods may have a wider role in contraception, and their increased uptake could help to reduce unwanted pregnancies. In addition, the guidance also states that contraceptive service providers that do not provide LARC within their own practice should have an agreed mechanism in place for referring women for LARC. In addition, the specification outlines that all GP

	2016 Recommendations	Progress
		practices are expected to provide patients with information about options of contraceptive methods (including LARC), even if they are not available within that practice. The specification also states that when a LARC removal takes place, alternative LARC methods should be advised where appropriate, and if it cannot be provided in-practice, a referral should be made to a local sexual health clinic. Since the service has commenced, more GP practices are now able to offer LARC appointments to patients of other practices within their PCN/ C&H. There are a number of clear KPIs, and incentives associated with these outcomes.
4	The relatively high rate of teenage abortions, and in particular repeat abortions in young women, should be investigated further.	Since 2016 the under-18s abortions rate per 1,000 in Hackney has dropped from 14.4 (higher than the England average) to 6.4 (similar to the England average). Regarding the proportion of under-25s repeat abortions, there was a steady decline from 2016 to 2019 from 33.2% to 28.3%, bringing the proportion in line with the England average. 2020 saw an increase to 33.7% however, which is worse than the England average, and slightly above the 2019 value. In addition to supporting increased uptake of condoms, LARC, and other forms of contraception, reasons for a rise in repeated abortions should be investigated.
5	The role of sexual health education in schools should be strengthened, with a view to reducing the abortion rate without seeing an increase in the rate of births to teenage mothers	As of the summer term of 2021, Relationships and Sex Education is compulsory in all maintained Primary and Secondary schools (it is already required within Independent Schools). This should include the facts about the full range of contraceptive choices, efficacy and the options available (age-appropriate). Schools are also required to outline their policies and processes relating to RSE.
6	Future efforts to increase chlamydia screening should focus on 15–19-year-olds and males, with an aim to match the excellent screening coverage in 20–24-year-old females locally	Despite national guidance around the National Chlamydia Screening Programme changing in 2021 to advise that only females are offered opportunistic screening in community pharmacies and GPs, a decision was made locally to continue to offer opportunistic screening to males in these settings. This is particularly important as we know that young men attend primary care and sexual health clinics at a lower rate than their female counterparts.

	2016 Recommendations	Progress
		Even though the rates of chlamydia detection for 15- to 24-year-olds in Hackney is higher than both the England and London averages (and for the City the rates are similar to the London and England averages) the chlamydia detection rate among males aged 15 to 24 in Hackney remains lower than that among women. In addition, the positivity rates of chlamydia diagnosed via the sexual health e-service have largely been increasing since 2018. There is evidently still work to do to increase uptake of screening and prevention of transmission of STIs, for example through increasing condom usage.
7	The importance of offering, and recording the offer of, chlamydia screening to those in young person's substance misuse services should be emphasised to staff	Update required included in specification

A separate Needs Assessment is being undertaken for Sexual and Reproductive Health, however, see recommendations below:

	2022 Recommendations	Supporting rationale
1.	Ensure the new PSHE Curriculum (Relationship Education, Relationship Sex Education and Health Education) has been implemented in all schools Ensure schools have reviewed their PSHE/RE/RSE Curriculum and consulted with Parents/Carers Ensure RSE is effective by ensuring it is grounded in an understanding of how to to act in real life situations; knowledge, skills and personal qualities (resilience) LGBT+, STIs Ensure RSE addresses attitudes and behaviours	Healthy Child Programme HIA: Improving lifestyles: Chlamydia detection rate, 15 - 24 years The under 16 conception rate in Hackney rose between 2017-18 but has been in steady decline since 2009.It is however, currently above the London and England rate The under 18s birth rate in Hackney is declining The under 18 conception rate varied between wards in City and Hackney between 2016-18, with rates in Homerton, London Fields, Victoria and Hackney Wick being significantly higher than the England average 1 September 2020, Relationships Education, Health Education, and Relationships and Sex Education is compulsory HNA Insight 48% said PSHE was not sufficient
3	Continue to undertake universal and targeted approaches to address and reduce inequalities regarding STI rates, screening, and diagnoses, particularly	Hackney has the fourth-highest rate of new STI diagnoses among people aged 15 to 24 years (excluding chlamydia), and the burden of disease of STIs is experienced among younger men,

	2022 Recommendations	Supporting rationale
	among groups where there is a disproportionately high burden of disease, and lower take-up of services. This should also include improving pathways for eligible young people to access Pre-Exposure Prophylaxis for HIV (PrEP). This should include comprehensive stakeholder engagement to raise awareness of the burden of disease of STIs, as well as differential take-up of LARC and other forms of contraception, as well as awareness-raising about the range of services available to young people locally	people of black ethnicities, and people living in more deprived areas
2	Undertake place-based targeting in areas where we have higher rates of teenage pregnancy: mainly south east of the borough (Homerton, London Fields, Victoria and Hackney Wick), Brownswood ward in some other north west wards (Stamford Hill, Springfield and Clissold) and work with culturally diverse groups/youth service(s) to develop key messages Explore service redesign - blended model of on-line and face-to-face services and links with mental health/substance misuse services, or youth services	NICE Guidance Contraceptive Services for under 25s PH51 HNA Insight Work Teenage pregnancy ward maps
3	Explore commissioning Lifestyle Surveys, available on paper and online, which covers a wide range of topics related to health and well-being to identify and monitor emerging health issues Ensure data is analysed at a school and borough level so this can be utilised by the School/School Nurse/MHST to inform the development and impact of interventions	See: Healthy Schools London Evaluation HNA insight work
4	Undertake further insight work to explore and understand the needs of LGBT+ young people in light of the new Statutory RSE Curriculum	PSHE Statutory Curriculum HNA insight work
5	Undertake further insight work to explore and understand reasons behind repeat abortions, and increase access to LARC and other forms of contraception	See 2016 recommendations, including supporting increased uptake of condoms, LARC, and other forms of contraception, and investigation into reasons for a rise in repeated abortions.
6	Increase awareness of sexual health services by young people, as well as	Pharmacies data (sexual health services)

	2022 Recommendations	Supporting rationale
	provision in local pharmacies, to increase uptake of EHC, condoms, Chlamydia screening (and treatment). Included within this is a need to ensure that pharmacies are welcoming and approachable spaces for young people.	While access to sexual health clinics and GP practices has been limited during the pandemic, community pharmacies have been demonstrated to be an important part of the local sexual and reproductive health ecosystem as another point of access, and there are opportunities to further leverage this to support accessibility of services for young people
7	Undertake further work to increase provision of condoms to young people locally, reducing barriers to access, and promoting the offer, as well as their importance as a useful tool to support good sexual and reproductive health. This may also include more targeted approaches, for example to young gay and bisexual males.	Condoms remain an important tool in reducing the amount of STI transmission among young people, as well as preventing unwanted and/ or teenage pregnancies. With the provision of PrEP to young people in higher-risk groups, the continued promotion of the use of condoms to prevent the acquisition of other STIs aside from HIV remains important.

11. Childhood Immunisations and vaccinations

Introduction

Immunisation is a cost-effective way to protect children against serious infectious diseases. The World Health Organisation (WHO) recommends that on a national basis at least 95% of children are immunised for herd, or population-level immunity.

As a result of successful immunisation programmes, the UK has seen significant reductions in serious and potentially life-threatening infections. The routine childhood immunisation programme provides early protection against vaccine-preventable infections from 8 weeks of age, with boosters offered at 12 months and before starting primary school. Further vaccines are offered in adolescence such as HPV and MenACWY.

Immunisation has the best evidence base of any healthcare related activity (349); however, there is variation in uptake with pockets of under-vaccination in some geographical areas as well as in some vulnerable groups (350). 'Vaccine hesitancy', has been identified by the World Health Organisation as one of the top ten threats to global health (351).

Nationally, since the start of the COVID-19 pandemic, there has been a significant drop in the numbers of children being vaccinated against MMR and other childhood vaccines at the right time. This is despite the fact that vaccinations remained a priority during the lockdown.

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIAs for this chapter are:

- School-aged years high impact area 6: Improving health behaviours and reducing risk from harm/HPV vaccination coverage, one dose females 12 - 13 years
- Early years high impact area 6: Health, wellbeing and development/MMR immunisation coverage, 2 doses at 5 years

National/regional policy

The Department of Health and Social Care outlined the new public health structure going forward in *Transforming the public health system: reforming the public health system for the challenges of our times* following the disbandment of Public Health England. (352). The UK Health Security Agency (UKSHA) will remain, including support for the Joint Committee on Vaccines and Immunisations (JCVI), which is an independent organisation.

Local Policy

Improving the uptake of childhood immunisations is a priority shared with partner agencies and is reflected in the priorities of the Integrated Children, Young People, Maternity and Families workstream.

Immunisation Policy Statement- Hackney and the City of London For registered Early Years settings and childminders (353) outlines a commitment to promote and protect the health and well-being of all children, families and staff by sharing consistent messages with parents, about the importance of keeping up to date with the recommended childhood immunisations

Evidence based practice

The Royal Society of Public Health recommended the following in their 2019 report, Moving the Needle, Promoting Vaccine Uptake Across the Life course (354):

1) To tackle negative misconceptions of vaccines:
    - efforts to limit health misinformation online and via social media should be increased.
    - the press should share factual information about vaccines considering the health impact when this is broken.
    - education on vaccines in schools should be increased and improved, especially in the PSHE curriculum.
2) Improving access to vaccinations:
    - vaccinations should be offered in a range of locations, including high street pop-ups, utilising the wider public health workforce
    - use the Making Every Contact Count (MECC) approach to ensure vaccine advice is delivered across the health system.
    - reminder services should use innovative methods such as social media pop-ups.

PHE, Tailoring Immunisation Programmes Charedi community, North London (Hackney, Haringey and Barnet) (355) following regular vaccine preventable disease outbreaks and sub-optimal immunisation uptake in the London borough of Hackney, home to the largest Charedi Orthodox Jewish community in Europe, it was decided, in consultation with the community, to implement the WHO Tailoring Immunisation Programmes approach (TIP) during 2014–2016. The Study found that there was not a cultural or religious anti-vaccination attitude that existed within the community, but the low take-up rate related to access to and convenience of immunisation services. The TIP approach helps immunisation programme teams to: identify populations susceptible to vaccine preventable diseases, diagnose supply and demand barriers and motivators to vaccination, and recommends evidence-informed responses to sustain vaccination.

The '3C' model of vaccine hesitancy (356), highlights that a strategy to address uptake must be focused around:

1. **Confidence barriers**
    - Vaccine safety/ effective?
    - Are services and people reliable and competent?
    - Can broader aims of health services and the government be trusted?

2. **Complacency barriers**
    - Do people think the risk from vaccine preventable diseases (VPDs) such as measles is high?
    - Do people know the risks from VPDs?

3. **Convenience barriers**
    - Can people access clinics?
    - Can they afford to be vaccinated?
    - Do people understand the purpose of vaccinations?
    - Is the service quality appropriate?
    - Are services in the correct location and at the right time?
    - Are cultural factors considered?

The level of need in the population

Childhood immunisation is recognised as a high impact area (HIA) within the Healthy Child programme (HCP). The key performance indicators for this chapter are:

- MMR immunisation coverage, 2 doses at 5 years
- HPV vaccination coverage, one dose females 12 - 13 years

DTaP/IPV/Hib

DTaP/IPV/Hib is a course of vaccines offered to babies, as part of the current childhood immunisation schedule in the UK, to protect them against diphtheria, pertussis (whooping cough), tetanus, haemophilus influenzae type b and polio. Coverage is the best indicator of the level of protection a population will have against vaccine-preventable communicable diseases (VCD) and closely correlates with levels of disease.

Table 11: Population vaccination coverage - Dtap / IPV / Hib

DTaP/IPV/Hib 1 year	83% (2015/16)	73.6% (2019/20)	↓	Below London, below England, getting worse
DTaP/IPV/Hib 2 years	89.8%	80.1% 92019/20)	↓	Below London, below England, getting worse

In 2020/21, 68.9% of children had received 3 doses of DTaP/IPV/Hib/HepB vaccination at 1 year and 77.7% had received it by 2 years of age in the City and Hackney combined. This is below the England average of 93.8% but in keeping with a downward trend nationally. If we consider the Neaman Practice only, which is the only practice located in the City, 88.6% and 90% have received it at 1 and 2 years of age, respectively (357).

The table below shows vaccination coverage by primary care networks. Springfield Park and Hackney Downs had a significantly lower percentage of children vaccinated with DTaP/IPV/Hib at 12 months old when compared to the City and Hackney average (48).

Table 11.1: Vaccination coverage, The City and Hackney, 2020/21

Primary care network	DTaP/IPV/Hib/HepB at 12 months	DTaP/IPV/Hib at 24 months	MMR at 24 months	MMR (1 dose) at 5 years	MMR (2 doses) at 5 years
Woodberry Wetlands (NW1)	77.2%	83.8%	77.1%	88.4%	71.8%
Clissold Park (NW2)	89.0%	93.9%	90.6%	90.1%	86.1%
Hackney Marshes (SE1)	84.9%	91.0%	80.2%	90.4%	74.5%
Well Street Common (SE2)	84.2%	90.5%	82.8%	84.3%	63.9%
London Fields (SW1)	86.8%	91.1%	80.5%	86.9%	61.9%
Shoreditch Park & City (SW2)	88.8%	87.2%	79.8%	90.6%	72.7%
Springfield Park (NE1)	33.7%	53.0%	51.5%	81.4%	52.3%
Hackney Downs (NE2)	54.2%	67.3%	60.8%	81.5%	61.0%
Hackney and The City	**68.9%**	**77.7%**	**71.5%**	**85.8%**	**65.5%**

Source: CEG dashboard, 2021

Hib/Men C

The Hib/MenC vaccine is a single injection given to 1-year-old babies to boost their protection against Haemophilus influenzae type b (Hib) and meningitis C; these are serious and potentially fatal infections. In 2019/20, 72.2% of children in City and Hackney had received their Hib/MenC booster by age 2. This is a decrease from 2015/16 and is below London and England averages (357)

Table 11.2: Population vaccination coverage - Hib/Men C

Hib/MenC booster (2yrs)	84.2% (2015/16)	72.2% (2019/20)			Below London, below England rates

MMR

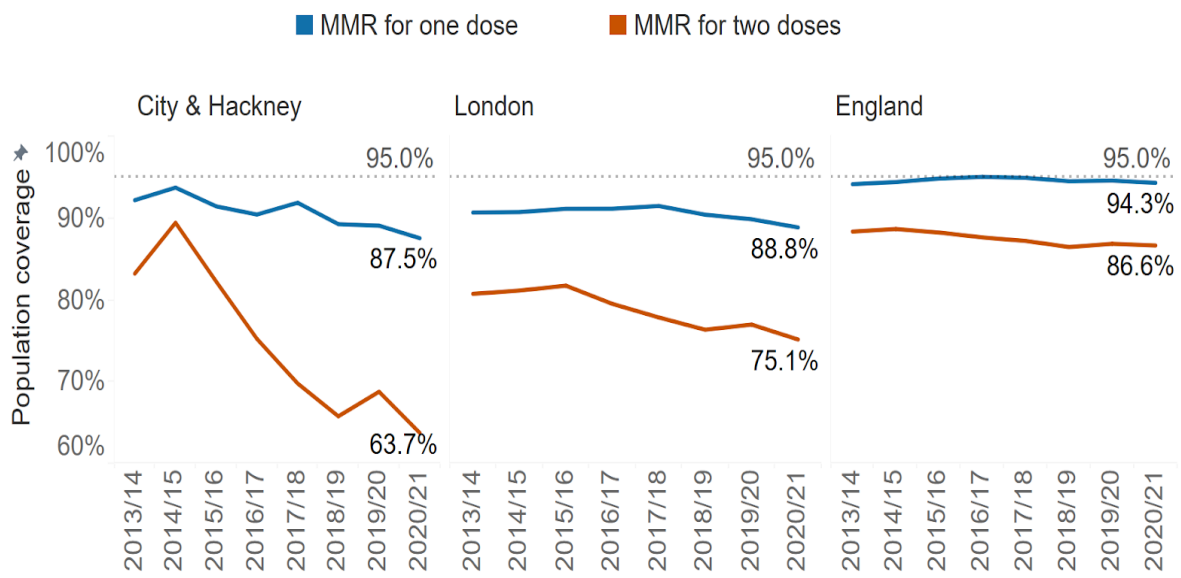
The MMR vaccine protects against measles, mumps, and rubella; children should get two doses of MMR vaccine in the childhood immunisation schedule.

In 2020/21, 63.7% of children had received 2 doses of MMR by 5 years of age in the City and Hackney combined. This rate has been falling since 2014/15 and is significantly lower than the London (75.1%) and England (86.6%) averages (48); particularly, in Springfield and Hackney Downs (48). If we separate the Neaman Practice, which is the only practice located in the City, 97.5% have received the first/second MMR dose at 5 years of age (357).

Table 11.3: Early Years High Impact Area 6 - MMR immunisation coverage, 2 doses at 5 years

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Health, wellbeing and development	MMR immunisation coverage, 2 doses at 5 years	75.2% (2016/17)	63.7%% (2020/21)	-		Below London, below England rate

Figure 11: MMR vaccination coverage over time: City and Hackney, London and England.



Source: OHID, Fingertips, 2021
Note: Please note the scale of change might appear larger, because the Y axis was cut to 60%.

HPV vaccination

Girls and boys aged 12 to 13 years are offered the human papillomavirus (HPV) vaccine as part of the NHS vaccination programme. In 2019/20, the HPV vaccination coverage for one dose in girls 12-13 years old was 77.6% and 70.1% for boys in Hackney (357).

Table 11.4: Young People High Impact Area: HPV Vaccination coverage, one dose females 12 - 13years

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Reducing risk from harm and improving safety	**HPV vaccination coverage, one dose females 12 - 13 years**	**81.9% (2016/17)**	**77.6% (2019/20)**			**Above London, and England rates**

Table 11.5: HPV Vaccination coverage, one dose males 12-13years

HPV vaccination coverage, one dose males 12 - 13 years	70.1% (2019/20)		Above London, and England rates

Table 11.6: Two doses of HPV

67.4.% (2019/20)			Above London, and England rates

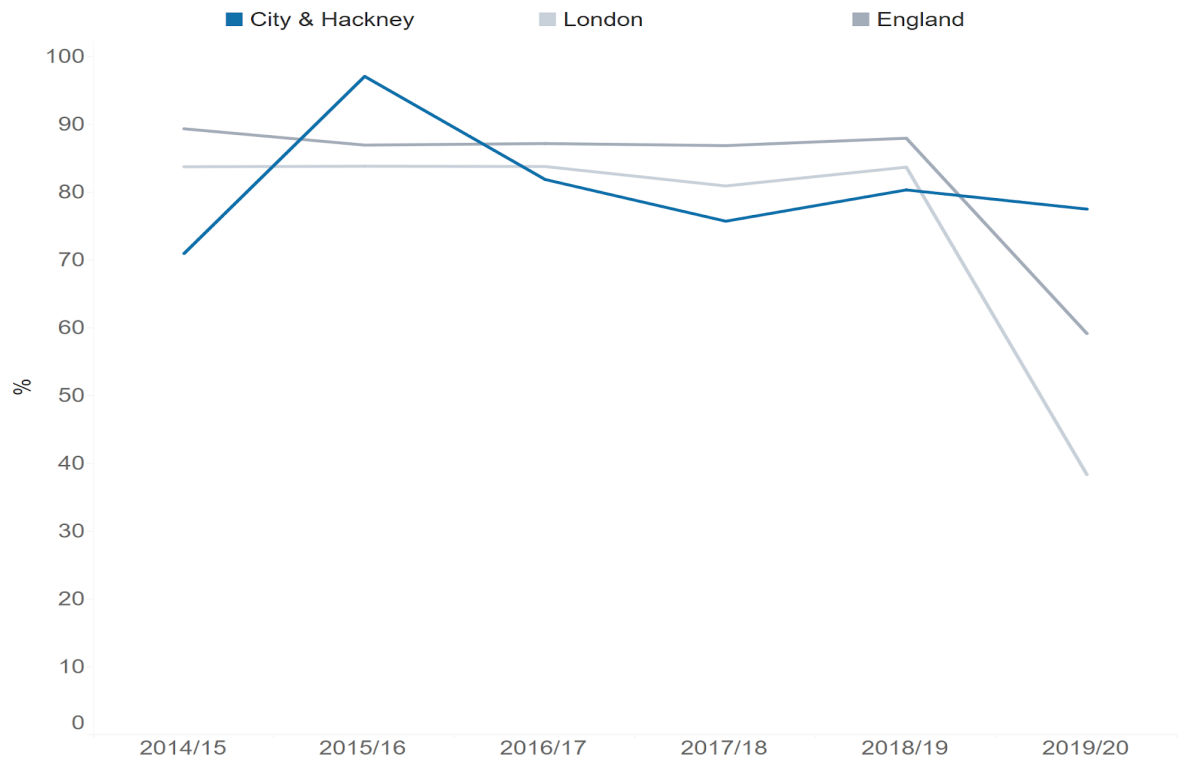
Although the coverage for two doses of HPV was significantly better in 2019/20 than London (39.5%) and England (54%) it was still below the benchmark goal (80%) (357) decreasing over time, from a high of 97.1% in 2015/16. Four schools in Hackney met the benchmark figure of 80% and over in 2020/21.

Table 11.7: Human papillomavirus (HPV) vaccination coverage by school, Hackney, 2020/21

Secondary School	% uptake	DTP Refusals
1	72%	16.5%
2	72%	13%
3	54%	26%
4	57%	*8.5%
5	82%	13%
6	84%	0.6%
7	58%	17%
8	*0	
9	71%	12%
10	79%	9%
11	82%	12%
12	60%	4%
13	73%	10%
14	80%	7.6%

***Incomplete information Source: Schools Immunisation Coordinator, Vaccination UK, personal communication, 2022**

Figure 11.1: Human papillomavirus (HPV) vaccination coverage in City and Hackney, London and England, 2014/15 to 2019/20



Source: OHID, Fingertips, 2021.
Note: In 2014/15 and 2015/16 the numbers refer only to Hackney as City figures have been combined from 2016/17 onwards (357).

Services in relation to need

Vaccination UK has been commissioned by NHS England since 2015 to provide school-aged immunisations. On-line childhood vaccination appointment timeline can be found here: https://education.hackney.gov.uk/content/appointments-and-immunisations-0-6-months?guidebook=1250

Insights - population perspective

Interviews with Stakeholders

Improving communications

- There was recognition from many professionals that immunisation rates needed to increase in the Charedi community,

'Our low immunisation rates have continued for too long.'
'...historically immunisation rates in the borough have been low..'

- Interviews with the community felt this was dependent on improving communication with the Charedi Community and that a good model of engagement had been developed in response to improving COVID-19 vaccination take-ups,

'If you want to get health messages across to the community we have these magazines, which come out weekly, and are distributed to every Orthodox Jewish household in Hackney and in Haringey. Loads of COVID stuff has gone in and lots of information on childhood immunisation programmes will be going in too...'
'there's been a huge movement towards promoting immunisation in the Charedi Community endorsed by the Rabbis, Jewish Doctors and Hatzola facilitated by Interlink ..and although the rate is still relatively low, I think it's a lot higher than it ever has been'.

Delays in updating immunisation records

- Interviews found that there was a delay in accessing timely immunisation records,

'Vaccination UK does everything - the letters, the consent, and the immunisations on the day - this does however create some difficulty for us (Health Visitors, School Nurses). They (Vaccination UK) provide feedback directly to the GP's and we access this data via the records that we share. We'd like to undertake (timely) follow-ups with families, but we need to know whether the immunisations were given and to whom it was given. The problem is that there is a delay .. there's been a constant delay in the updating of immunisation records...'

Unmet needs and service gaps

- Variation in vaccine uptake across Hackney in specific communities; particularly low in NE Hackney.
- Vaccine education in early years sites.
- no uptake in school based immunisations in independent Charedi schools.

Chapter Summary

Improving health behaviours and reducing risk from harm

Population vaccination coverage (key performance indicator)

- Childhood immunisations have declined nationally during the pandemic although immunisations remained a priority during the lockdown.
- The proportion of toddlers who received three doses of the DTaP/IPV/Hib vaccine by 1 year of age in 2019/20 was 73.6%, and 80.1% by 2 years of age. These proportions were below the London and England averages.
- The proportions vaccinated in 2021 were significantly lower in Springfield Park and Hackney Downs, showing geographic variation in uptake.
- In 2020/21, 63.7% of children had received two doses of MMR by age 5. This proportion has been declining since 2014/15 and is currently below the London (75.1%) and England (86.6%) averages.
- At the only practice located in the City, 97.5% of children received their first and second MMR dose at 5 years of age.
- HPV vaccine coverage has also declined from a high of 97.1% in 2015/16 to 77.6% for one dose in girls in 2020/21.
- Four schools in City & Hackney met the benchmark of 80% coverage of HPV vaccination.
- There is no uptake of school-based immunisations in Independent Charedi Schools and stakeholders recognise long-standing low levels of uptake in this community.
- However, stakeholders also identified an improvement in communication with the Charedi community regarding vaccines as a result of COVID-19 vaccination and highlighted channels of communication.
- Interviews also highlighted a delay in the updating of vaccine records from Vaccine UK which is a barrier to timely follow up with families.

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	AII health professionals to highlight and discuss the importance of immunisation and to signpost to local providers	• NE enhanced clinic offer at weekends and the Lubavitch children's centre • Potential programme management support (endorsed by clinical leads) to operational improve process within and across the NE practises • Nurse role based at Hatzola to immunise / respond to vaccine hesitancy • NEL funding for a 0.5 C&H imms coordinator for 1 year to be hosted by NE PCN to develop community champions and engagement with focus on vaccine hesitancy • Exploration of a wider immunisation workforce e.g., HVs / opportunistic at Homerton Hospital and through Early Years settings • Ensure promotion and reassurance around the HPV vaccination is provided in a culturally sensitive manner
2	Further explore the barriers to timely vaccination in the Charedi community and work to overcome these barriers to increase the proportion of children who are up to date with the schedule	• This work is continuing in partnership with local Rabis, GP Practices and Interlink

	2022 Recommendations	Supporting rationale
1.	Continue working with communities in NE Hackney to address low take up rates, promote co-produced key messages with community leaders • Ensure a variety of mediums are used to disseminate key messages including word of mouth to parents/carers • MECC Training for Community Leaders	Healthy Child Programme HIA: Health, wellbeing and development: MMR immunisation coverage, 2 doses at 5 years The 2019/20 HPV vaccination coverage for one dose in girls was 77.6%, and 70.1% in boys in City & Hackney, though this was the first-year coverage was extended to include boys Reducing risk from harm and improving safety: HPV vaccination coverage, one dose females 12 - 13 years In 2020/21, 63.7% of children had received two

	2022 Recommendations	Supporting rationale
		doses of MMR by age 5. This proportion has been declining since 2014/15 and is currently below the London (75.1%) and England (86.6%) averages
2	Explore how to support early settings to - include a focus on immunisations as part of their overall remit to deliver improved health and wellbeing outcomes and addressing health inequalities	HEYL Evaluation
3	Explore reason for lag in updating immunisation records; improve data sharing between public health and primary care	HNA Insight
4	Continue progress within Springfield Park Primary Care Network to increase vaccination access, through the provision of a dedicated Immunisations Coordinator	HNA Insight

12. Children and young people with Special Educational Needs & Disabilities (SEND)

Introduction

Special Educational Needs and Disabilities (SEND) is a legal term referring to children who may have learning difficulties, physical disabilities, difficulties with socialising or with concentration (e.g., children with ADHD) (358).

Although children often have significant difficulties in more than one area of need, the four primary types of SEND are (359):

1. Communication and interaction
    - Speech, language and communication needs (SLCN)
    - Autism spectrum disorder (ASD)
2. Cognition and learning
    - Moderate learning difficulties (MLD)
    - Severe learning difficulties (SLD)
    - Profound and multiple learning difficulties (PMLD)
    - Specific learning difficulties (SpLD)
3. Social, emotional and mental health difficulties
4. Sensory and/or physical needs
    - Vision impairment (VI)
    - Hearing impairment (HI)
    - Multi-sensory impairment (MSI)
    - Physical impairment disability (PDI)

Local authorities (LA) have legal duties to identify and assess the special educational needs (SEN) of children and young people for whom they are responsible. Under the Children and Families Act 2014, the LA must always think about how the child or young person can be supported to facilitate their development and carry out an Education, Health and Care needs assessment (360).

Some children and young people may have a special educational need that can be supported through the SEN provision provided in a mainstream school. Children and young people who are supported through SEN support should still have an assessment and plan in place as to how their special educational needs will be met in school. This is managed through the school rather than the local authority.

Children and young people whose needs cannot be met may need an Education, Health and Care plan (EHC) or a statement of SEN produced for them. An EHC plan will set out the additional support the child or young person needs and the school or other institution they will go to. Once special educational provision has been specified in an EHC plan, the LA has a legal duty to provide it. This cannot be overruled by the LA's SEN funding policy or other internal funding arrangements. A Care, Education and Treatment Review (CETR) process is triggered at the point when a child or young person is identified as potentially being admitted to a specialist learning disability or mental health inpatient setting.

Among pupils on SEN support, Speech, Language and Communications Needs is the most common type of need, and of those with an EHC plan, Autistic Spectrum Disorder remains the most common primary type of need of pupils (361).

Disabled children and young people will be supported to be more physically active (362) following the publication of new guidelines from the UK Chief Medical Officers (CMOs). This supports wider work to address health disparities and to help everyone to lead healthier, happier lives.

The new guidelines recommends that disabled children and young people:

- build up their exercise levels slowly to avoid injury,
- break it down into bite-size chunks of physical activity throughout the day to make it more manageable
- undertake 120 to 180 minutes of aerobic physical activity per week at a moderate-to-vigorous intensity i.e., walking or cycling
- complete challenging, but manageable, strength and balance activities 3 times per week for muscle strength and motor skills i.e., through indoor wall climbing, yoga, and modified sports such as basketball or football

The PHE Report on Obesity and Disability 2014 (363) found that children and young people with disabilities:

- are more likely to be obese than children without disabilities and this risk increases with age due to higher rates of obesity
- are at greater risk of serious obesity-related health conditions such as diabetes, asthma, musculoskeletal problems and cardiovascular risk factors
- can have worst complications if they are also obese, this can increase their likelihood of developing pain, mobility limitations, fatigue and depression
- have several factors linked to obesity including diet, physical activity, parental attitudes and behaviour, access to recreational facilities, medication and genetics
- are likely to experience health inequalities increased by obesity and obesity-related conditions which can add to the medication and equipment needs of children and young people with disabilities, with associated healthcare costs

Around 51,000 disabled children live in London, and their families are more likely to be on lower incomes and to go without food or heating (364). The City & Hackney recognise that pupils with Special Educational Needs and Disability (SEND) have the greatest need for high quality teaching and are entitled to provision that supports achievement and enjoyment of school. During the pandemic children with SEND were seriously affected in both their care and education, as the services that families relied on – particularly speech and language services – were unavailable. Locally, the pandemic has led to an accumulation of a waiting list for autism assessments owing to a reduction in face-to-face services in CAMHS and the ability to observe CYP in school settings or similar as part of the assessment process (365). Evidence also shows that children with learning disabilities are more likely to be overweight (a BMI of 25 - 29.9%) or obese (a BMI of 30 - 39.9%) compared to those without learning

disabilities (366). If obese, they are more likely to be 'severely obese' i.e., have a BMI of 40 or above (37%) compared to those without learning disabilities (30.1%).

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIA for this chapter is:

- School-aged years high impact area 5: Supporting additional and complex health needs.

National/Regional Policy

There are several key national policy documents to guide our approach to children with special educational needs and disabilities (SEND).

The Department of Education has provided multiple documents on SEND to guide schools, healthcare settings and families to best support children with SEND needs (367). The office of national statistics (ONS) estimates that in the year 2020/21, 3.7% of all pupils will have an Education, Health and Care plan (EHC) or a declaration of special educational needs and 12.2% of pupils will receive just SEN support (without an EHC) (325). For pupils with an EHC plan, most commonly it is for Autistic Spectrum disorders. For pupils who just need SEN support, most commonly it is for Speech, Language and Communication needs. The proportion of children with an EHC plan has increased from 2.8% in 2015/16 to 3.7% in 20/21, and those receiving SEN support from 11.6% to 12.2% (361).

Public Health England produced a report examining the **impact of COVID-19 on children and young people in London** (190). This was a rapid review of the evidence available via PHE Fingertips. There have been widespread impacts of COVID-19 policies on all children. With lockdown and social distancing leading to a reduction in service access, immunisation uptake, physical activity and presentation of children with SEND and other long-term conditions. There has simultaneously been a significant increase in mental ill health, obesity, parental conflict and anxiety, poverty, social isolation, vulnerability, risk and safeguarding issues (190).

The report found that children with Special Educational Needs and Disabilities (SEND) have been disproportionately affected by the COVID-19 pandemic. There is a group of children with SEND who are clinically extremely vulnerable and therefore at higher risk of contracting and dying from COVID-19. These are children with respiratory and neurological conditions (368). Other effects have been reduced access to health and social care and services. Less support from educational settings, poor mental health, difficulties with the practical aspects as guidance such as social distancing, wearing face masks etc.

The report makes recommendations on actions to support children and young people with SEND including providing accessible information and communication, consulting directly with

children and young people with SEND, ensuring that mental health provision is accessible, and providing financial, mental health and wellbeing support to parents and children.

Transition to the new 0 to 25 special education needs system by 2018 (2015), Department for Education (369) non-statutory advice and guidance to help recipients understand their obligations and duties in relation to the Children and Families Act 2014 (Transitional and Saving Provisions) (Amendment) Order 2015.

Children and Families Act 2014 (370) outlines the key principles that Local Authorities must follow with regards to children and young people with special educational needs and disabilities and it fully introduced Education and Health Care (EHC) Plans to replace Statements of Educational Needs and Learning Difficulty Assessments.

Special Educational Needs and Disability Act 2001 (371) requires schools, colleges and universities to make reasonable provisions to ensure that those with special educational needs and disabilities are provided with the same opportunities as their peers without SEND.

Disability Discrimination Act 1995 (372) The Act states that it is unlawful to discriminate against someone in respect of their disabilities with regards to areas such as employment, accessing services, education and transport. The Equality Act 2010 has now replaced the Disability Discrimination Act.

SEND Code of Practice (373) outlines statutory guidance for organisations who work with and support children and young people who have special educational needs or disabilities underpinned by the following principles:

- children, their parents and young people are actively involved in decision making.
- early identification of children and young people's needs and early intervention to support them.
- providing greater choice and control for young people and parents over support.
- education, health and social care services work together to provide support.
- ensuring there is high quality provision to meet the needs of children and young people with SEN.

The NHS Long Term Plan (LTP) (14) includes a commitment that by 2023/24 children and young people with a learning disability, autism or both, with the most complex needs will have a designated keyworker. Key worker support will be provided to children and young people who are inpatients or at risk of being admitted to hospital and then extended to:

- the most vulnerable children with a learning disability and/or autism (including those who face multiple vulnerabilities such as looked after and adopted children).
- children and young people in transition between services.

Local Policy

Hackney SEND Strategy 2022 - 2025 (draft) has four priorities to provide: outstanding provision and services, an earlier response with early access to services, to prepare young

people for adulthood; and to work together to pool resources so they can provide services that achieve good outcomes.

Disabled Children's Needs Assessment for the London Borough of Hackney and the City of London, 2017 (374) acknowledges that those with disabilities still face numerous barriers and inequalities in aspects of life including physical and mental health, education and employment. The needs assessment found that:

- diagnosis and classification of disability varies across different organisations and and therefore it is difficult to establish exact numbers for the disabled population however it is estimated that there are 15,266 disabled children and young people aged 0-25 in Hackney and the City of London.
- 985 people aged under 25 years old known to have Autistic Spectrum Disorder (ASD) however the report notes that there is a significant under diagnosis of ASD
- Children with a disability are more likely to be obese than their peers without a disability.
- Disabled children have poor oral health which manifests as toothache, difficulty with eating and speech - commissioned supervised tooth brushing programme as basic oral hygiene in all 3 Special Schools.
- Rates of asthma in disabled children and young people (417 per 10,000 males and 319 per 10,000 females) were less than half the national average but notes that under diagnosis of asthma in this group of children needs further investigation.
- Hackney has a higher percentage of children with Special Educational Needs and Disabilities (16.8%) than the London and England averages (14.5% and 14% respectively).
- Nationally both absence and exclusion rates are higher in pupils with a statement of Special Educational Needs and Disabilities (SEND) than those without. Fixed period exclusions in pupils with SEND in Hackney (20%) are higher than those without a SEND, and almost double the London average (12.3%).
- there is currently no formalised local transition database to record those individuals on the process from moving from child to adult services.

Key recommendations:

- partners from education, health and social care should establish the best way of accurately recording data on disabled children and young people locally.
- social care services should establish a formalised transition database to accurately share relevant information about disabled children and young people.

City & Hackney Ordinarily Available Provision (375) sets out the provision that the Local Authority expects to be available to children and young people with special educational needs and/or disabilities in Hackney and provides a shared understanding of the provision that will be made for children and young people with SEND in:

- early education settings
- schools, academies and free schools
- colleges of further education.

Evidence Base

Early Identification of SEN Needs

To avoid pupils falling significantly behind their peers by the time their SEN's are identified, their needs should be identified earlier so provision can be put in place sooner. If the identification of SEND does not take place in the early years, it becomes the responsibility of primary education. Research has shown there is a direct relationship between the inaccurate identification of SEND and permanent exclusion (148).

The Early Years Foundation Stage (EYFS) (376) is the national framework for learning, development and care for children from birth to the end of the Reception year. The identification of SEN is built into the overall approach to monitoring the progress and development of all children. This is normally carried out at the same time the health visitor reviews the child's physical development milestones as part of the Healthy Child Programme (7). This may lead to a further assessment called an Education, Health and Care assessment (a decision to undertake this must be made by 6 weeks), further to this an Education, Health and Care (EHC) (358) plan may be undertaken; this must be completed within the 20 week Statutory deadline. Each Early Years site has a SENCo that is responsible for bringing partners together to assess, plan, do, and review plans which may include referrals to specialist services.

The Statutory Framework for Early Years Foundation Stage (376) and the SEN and disability code of practice: 0-25 years (373) emphasises the importance of the responsiveness of early years settings to any cause for concern and the setting's approach to identifying and responding to special educational needs.

The SEN and disability code of practice (373) is clear that the setting's approach to assessing SEN should be firmly based in the setting's overall approach to monitoring the progress and development of all children.

The level of need in the population

Prevalence of Special Education Needs

Supporting additional and complex health needs is identified as a high impact area (HIA 5) in school-aged years within the Healthy Child Program (HCP). The relevant performance indicator for this chapter is:

- Pupils with special educational needs (SEN): % of school pupils with special educational needs.

Table 12: School Years High Impact Area - Pupils with SEN

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	% of school pupils with special educational needs		18.5% (2018)	-		Above London and England rates

In 2018, the percentage of school pupils with a special educational need in Hackney was the second highest in London; the City had the highest at 18.7% (377).

Number of children and young people with SEN statement or EHC plan

Children and young people with Special Educational Needs (SEN) may receive SEN support in mainstream educational settings. If they require additional support then they may have an education, health and care plan (EHCP) which can be in place up to the age of 25 (358).

The rate of children and young people up to 25 years old with SEN statements or ECH plans in Hackney (38.1 per 1,000 2-18 years old population) is higher than inner London (34.5 per 1,000 2-18s) and England (34.0 per 1,000 2-18s) (378).

A 2021 update on SEND needs in Hackney (379), noted that:

- the number of EHCPs in Hackney had increased by approximately 49% in 5 years to around 2,800.
- a further 400 places across the Hackney school estate is needed.
- although specialist school places and support services will increase, the overall school population is predicted to fall over the next 3-5 years.
- there could be a surplus of 108 secondary placements year on year from 2023 but in the context of 400 additional EHCPs per year 2021-26.
- if a graduated response is successful then assume 50% could be placed in mainstream settings but still need an additional 150 all age special school places for CYP with autism and complex needs
- increases are not projected to be uniform across SEND needs; there is a year-on-year increase of 15% of CYP diagnosed with autism (there were almost 600 with EHCP / SEN with autism in primary schools in 2020).

There had been an increase in EHCP in the City of London from eight in 2015 to 22 in March 2021; the highest number to date. Table 12.1 shows that white children are underrepresented when compared to the general population distribution, where they account for 58% of the children population.

Almost all children in the City of London with EHCPs are boys: 18 out of 20 (90%), compared to the national average of 73.1%. Of these, 19 out of 20 children are of school age; 30% (6 out of 20) are 16 years and over, which is above the national average of 28%; and 20% (4 out of 20) are aged between 11 and 15 years, which is below the national average of 35%. The City of London has a higher proportion of those aged 5 to 10 years old,

45% (nine out of 20) compared to the national average (33%); and one child under the age of 5 years old with an EHCP.

Table 12.1: Socio-demographic characteristics of SEND children in the City of London, July 2021

Characteristic	Absolute number	Percentage
Gender		
Boys	18	90%
Girls	<5	10%
Age (years)		
<5	<5	5%
5-10	9	45%
11- 15	<5	20%
16+	6	30%
Ethnicity		
white	8	40%
Asian	<5	20%
black	<5	20%
mixed	<5	15%
other	<5	5%

Source: Safeguarding Sub Committee Special educational needs and disability Final Report (non-public), October 2021

Table 12.2: Referrals for support from the Early Years Lead Advisor, City of London, 2017/18 - 2020/21

Academic year	2017/18	2018/19	2019/20	2020/21
Number of children referred to Early Years Area SENCO	<5	7	7	8 6 in Spring/Summer 2021)

Source: Safeguarding Sub Committee Special educational needs and disability Final Report (non-public), October 2021

In November 2021, the update on SEND needs in the City of London identified:

- there had been an increase in EHCP from eight in 2015 to 22 in March 2021; the highest number to date.
- 20 children and young people with an EHCP were maintained by the City of London (two pupils have since moved out of the area); approximately 0.6% of the population of resident children and young people aged 0–25 years and below the national average of 3.7%.

- several factors were noted as contributing to this increase including:
    - the increase in number of pupils moving into the City of London
    - early identification of needs
    - parental requests based on advice from Health practitioners, leading to an increase in the number of referrals.
- Statutory timescales for issuing EHCPs in the City of London are met; 100% of EHCPs are issued within 20 weeks, including exceptions. This is higher than the national average of 58.7% and the London average of 60.2%.

Types of Special Education Need

In 2020, the largest special educational need and disability (SEND) is Autistic Spectrum Disorder in all age groups. Speech, Language, and Communication (SLC) needs are the second most prevalent in the younger age groups and Social, Emotional, Mental Health (SEMH) in the older age groups. These last two categories are also the third prevalent in the middle age groups. Physical Disability and Moderate Learning Disability are the third most prevalent in the youngest and in the oldest age groups respectively.

The most common type of primary need for pupils with an EHCP in the City of London is autistic spectrum disorder, at 45% (nine children and young people), compared to the national average of 30%. Children with social, emotional and mental health (SEMH) needs make up the second highest (20%) above the national benchmark (14%).

Autism

The rate of children with autism in schools in City and Hackney in 2020 was 21.9 per 1,000 population, which was similar to London and significantly higher than England (18.0 per 1,000 population) (380). This represents 769 children in the City and Hackney. An infographic produced in March 2020 by the City of London showed that there were 7 children with autism in the City (381).

Learning disabilities

The rate of children with learning difficulties known to schools in City and Hackney in 2020 was 37.2 per 1,000 population, which was the highest in London (22.9 per 1,000 population) and significantly higher than the England rate (34.4 per 1,000 population) (380). This represents 1,304 children in the City and Hackney. An infographic produced in March 2020 by the City of London showed that there were 9 children with learning disabilities in the City (381)

Services in relation to need

SEND provision and support is embedded into the school improvement support process which means schools have access to expertise and support from Hackney Education; Hackney has three special schools.

Hackney Children and Families Services (CFS) (382) brings together Children's Social Care, Youth Justice and Young Hackney under one management structure, offering closer alignment of expertise, skills and leadership between safeguarding, youth offending and youth provision.

Hackney Education's Inclusion and Specialist Support Team (383), Early Support Specialist Teachers and Area SENCos work directly with children aged 0-5 years old with SEND. their families and carers and Early Years settings like nurseries and playgroups. The team supports children with SEND to make the transition from nursery to primary school successful. These services are subject to consultation and due to be restructured; the new services go live in April 2022.

Hackney SEND Information, Advice and Guidance Service (SENDIAGS) (384) is an arms-length service for parents and carers of young people and children with SEND. It provides an arms-length service, confidential advice and support.

Family Support Service is for families with children aged 6 to 19 (or 25) with SEND.

Hackney's Disabled Children's Service undertakes Child and Family Needs Assessments (section 17 assessment under the Children's Act) to identify what support the family needs; this may include a Carers Assessment.

Hackney Ark is a centre for children and young people with disabilities and additional needs. It brings together health, education and social care services to provide an integrated multi-disciplinary response and includes a Hackney Ark Key Worker Service. Key workers provide support to children with complex health and social needs aged between 0 – 25, if they require the support of at least 2 of the therapy/medical services based in Hackney Ark. Hackney Ark Resource centre provides information about SEND services.

Children Ahead is a Special School for Charedi Boys for the Stamford Hill Orthodox Community and also trains SENCO's for all Charedi Schools in Hackney.

Hackney Ark - Youth Council known as Hackney Captains is a group for young people with additional needs set up to give feedback about Hackney Ark health services available at.

Targeted Health Outreach Young Ones Club is a drop-in session for young people with learning disabilities at Forest Road Youth Club who have no input from Social Services and want help developing their independence and improving their health and wellbeing

Healios is an online mental health, autism and ADHD service provider for children, young people and families. Includes videos and Q&A sessions to support young people and families with a recent diagnosis of autism.

Young Hackney PSHE Support offers 50-minute sessions on a range of topics to complement and enrich primary and secondary schools' PSHE curriculum work including

RSE, STI's child sexual exploitation, positive sexuality and Teenage Pregnancy and other related topics. They work with young people up to 25 yrs. and use a combination of visual/ auditory teaching, videos and discussion exercises.

Insights - population perspective

Interviews with Stakeholders

Relationship between Health & Education

> *'We are seeing a large number of children coming into school, from two years of age who have complex special educational needs...'*
> *'.. the most disadvantaged, the most vulnerable. are the ones who are suffering. A lot of these children are on low incomes or have English as a Second Language'*
> *'When it comes to special education needs it's not that more wealthier families don't have the same issues… denial, emotional anxiety, it's just large numbers of them are more articulate and equipped to navigate around the system'*

Unmet need in the Charedi Community

> *'...I also think there is a very big need for support around autism in the (Charedi) community. I think that is a bit of a gap...'*
> *'I'd be interested to know what the disability statistics are for the community because we can see a lot of disability particularly if you're looking at a very large family, and you're looking at what they class as 'geriatric (older) mothers', you would have a greater incidence…'*
> *If you're an unregistered school, or a small school, or independent school I don't know what support is available for children with special needs particularly for the (Charedi) boys as they tend to be in much smaller schools. There's only one special school here for boys called Side by Side. The other schools are in northwest London...'*

Challenges acknowledged in SEND Provision, June 2021

- Work to be done around keeping SEND accessible, collaborative and exciting.
- Develop the CPD offer around SEND.
- Address the disproportionality between children with SEND and rates of exclusion.
- Review the processes and support for children who may have SEND but do not yet have an EHCP.

Unmet needs and service gaps

Projected SEN provision

According to the Hackney SEND needs analysis paper (SNAP) over 60% of Hackney children and young people are placed in borough SEN provisions (including maintained academies and designated special schools). The total cost of places in independent and out of borough areas accounts for 40% of spend in 2020/2021. There is a need to rebalance the

spread of provision to increase the number of places in the borough as well as establishing a commissioning framework for independent non maintained special schools (378).

Projections based on the last ten years show the need will potentially reach over 3200 in 2026; if projections are based on the last three years this could rise to 4,800 by 2026. This means a rate of increase of around 400 additional pupils per year with EHC plans between 2021 and 2026. It is important to note that this trend analysis was based on linear projections on the basis that no management actions were put in place to manage the demand increase (378).

Service Gaps

- In Hackney the greatest need for additional provision is for children and young people with Autism, moderate learning difficulties (MLD) and speech, language and communication needs (SLCN). There is a real issue around children and young people, primarily girls, with Autism not attending school due to anxiety; this is being factored into provision and support services.
- Dynamic Support Risk Register - proposed bid for key workers in addition to key workers based in ARK.
- There has been an increase in the number of children and young people applying for an EHCP assessment (likely due to the impact of COVID) which has led to a negative impact on the timeliness and responsiveness of assessments across many professional services, this includes autism and transition points.
- The Timpson Review identified that 78% of permanent exclusions issued were to pupils who either had SEN, were classified as in need or were eligible for free school meals; at a local level although we have ethnic breakdown, we do not know how many were also SEND pupils (158).
- Unknown how many Charedi pupils have SEND.
- Unknown obesity rates in SEND pupils.

Chapter Summary

Supporting additional and complex health needs

Pupils with special educational needs (school-aged years high impact area)

- The 2018 proportion of CYP with SEN in City and Hackney was 18.7% and 16.6% respectively, with the former being the highest among London boroughs, with both higher than the England average.
- The rate of learning difficulties known to schools in City and Hackney in 2020 was 37.2 per 1,000, the highest rate in London and higher than the England average.
- There is a year-on-year increase of 15% of CYP diagnosed with autism.
- The number of Education and Health Care Plan (EHCPs) in Hackney has increased by approximately 49% in 5 years.
- The projected increase could be as high as 400 additional pupils per year with EHC plans between 2021 and 2026.
- The increase in the number of children and young people applying for an EHCP assessment has led to a negative impact on the timeliness and responsiveness of assessments across many professional services.
- There is a projected increase in the number of SEND pupils up to 4,800 by 2026 (due to increase in early identification).
- Health resources will need to be aligned with the planned increase in local specialist places.
- Children with a disability are more likely to be obese than their peers without a disability.
- Nationally both absence and exclusion rates are higher in pupils with a statement of Special Educational Needs and Disabilities (SEND) than those without.
- Fixed period exclusions in pupils with SEND in Hackney (20%) are higher than those without a SEND, and almost double the London average (12.3%)

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	Explore variations in accessing services - investigate whether there are barriers to accessing services in the rest of the borough	This work is still being undertaken
2	Ensure all health and education professionals understand how to signpost families to local disability / special educational needs services	This work is still being undertaken
3	Link services effectively so that families receive all of the support they need regardless of where they present	This work is still being undertaken
4	Partners from education, health and social care should establish the best way of accurately recording data on disabled children and young people locally	This work is still being undertaken
5	Social care services should establish a formalised transition database to accurately share relevant information about disabled children and young people	This work is still being undertaken

	Recommendation	Supporting rationale
1	Improve on the timeliness of health and social care advice that feeds into the statutory assessment process	Legal Duty - complete assessment within 16 weeks; If the LA decides to issue an EHC plan this must be within 20 weeks from the date the assessment was requested
2.	There are projected increases in the number of pupils with special needs particularly around Autism, MLD the impact this will have on Health Visitors and School Nurses needs to explored and how universal services will be delivered in light of this	Projected increase could be as high as 400 additional pupils per year with EHC plans between 2021 and 2026 (HNA)
3	Progress ELIM training for Health Visitors to ensure early identification of SLCN/Autism needs	See Chapter 4: Hackney is part of the Wave 2 Social Mobility Early Years Programme - receiving ELIM Training and

	Recommendation	Supporting rationale
		resources
4	Ensure there is appropriate support for SEND pupils in mainstream schools to stay in mainstream education; there is a strong association between SEMH/SLCN and permanent exclusions - move towards a 'No need to exclude' approach	2017 Needs Assessment - period exclusions in pupils with SEND in Hackney (20%) are higher than those without a SEND, and almost double the London average (12.3%)
5	Establish the number of Charedi children who have SEND	Gap in data
6	Explore the feasibility of separate Tier 2/3 Weight Management Service for SEND pupils	Research shows that SEND pupils are more likely to be 'severely obese' (37%) compared to those without learning disabilities (30.1%)
7	Review progress on recording data on disabled children and young people and the establishment of a formalised local transition database to record individuals moving from child to adult services	Recommendation from 2017 Disabled Children's Needs Assessment
8	Ensure integration of SEND services within the new proposed Family Hub	One of the core principles of Family Hubs is working with children up to 25 yrs. with SEND

13. Vulnerable Children and Young People /Safeguarding

Introduction

Keeping children safe and supporting local safeguarding arrangements are key roles for health visitors and school nurses and are embedded in the Healthy Child Programme; they identify problems early, giving children the best start in life.

Nationally it has been reported that there have been steep increases in rates of domestic abuse, poverty and neglect among families, with more families becoming more vulnerable as a result of lockdown measures introduced in response to the pandemic (385). This has led to increases in caseloads for Health Visiting and School Nursing teams, which have been reflected locally.

The government made the decision to keep schools open for children of key workers and those who were considered vulnerable (subject to child in need and children on child protection plans), as schools can provide an important safeguard for children who may be at risk of abuse or exploitation. Some children's centres were repurposed to include health visiting; however, due to the fact that some face-to-face contacts were replaced with virtual appointments, the probability that risks were missed increased (386).

Early help was variable across the country with more onus placed on families to take the initiative to contact services for early help (387). Early help is defined as service-provision prior to Section 17 involvement, used by Working Together to Safeguard Children; it has a focus on intervention before a challenge facing a family escalates to the point where statutory services are required. At a population level there is evidence that the sustained investment in early help and preventative services over time can help to reduce rates of children in care and in keeping children safely in their families (388).

Adverse Childhood Experiences are events that a child or young person experiences as traumatic and can include violence, abuse and neglect, having a family member with substance misuse issues, be in prison or commit suicide or parental divorce (389). Experience of one or more ACEs in childhood can lead to lifelong poor physical and mental health and can have wide reaching effects across the life course (390).

High Impact Areas (HIA) are identified within the Healthy Child programme (HCP) as areas where health visitors and school nurses can have a significant impact on health and wellbeing outcomes. The relevant HIA for this chapter is:

- School-aged years high impact area 4: Reducing vulnerabilities and improving life chances.

National data on looked after children for March 2021 (391) shows that:

- Offending rates collected for children aged 10 years (convicted, subject to youth cautions or youth conditional cautions) was 2% overall - down from 3% in 2020.

- Males (3%) are more likely to offend than females (1%), which was similar to the previous years. Numbers of children convicted may have been affected by court delays during the pandemic.
- The proportion identified as having a substance misuse problem was 3%, the same as in 2020 and 44% of these children received an intervention for a substance misuse problem, down from 45% in 2020.
- 91% are up to date on their immunisations, up from 90% in 2020.
- 91% reported they had their annual health assessment, slightly up from 90% in 2020.
- 40% had their teeth checked by a dentist, a large decrease on 86% in 2020 due to challenges in accessing dental care during the pandemic.
- 89% of under 5's had up-to-date development assessments.
- 40% of males and 33% of females had emotional and behavioural health scores (SDQ score) which were a cause for concern.

National/Regional Policy

Family hubs will be embedded in the community and serve as a gateway to early help, early years and prevention, and to services for families with children aged 0 - 19yrs (25yrs with SEND). They promote integrated whole family approaches, relationship working, relationship support and work with the voluntary sector. Services for families will be accessed through a central point which can either be a physical building (i.e., a Children's Centre) or a virtual access point, reached by phone, email, app or online form.

There are several national policy documents relevant to vulnerable children and safeguarding. The Children Commissioners 2019 childhood vulnerability report (392) indicates that amongst children who would be considered vulnerable, around a third are unknown to services and another third have unclear levels of support despite being 'known' to services. It also estimates that 25% of council spending on children is for a highly vulnerable 1.1% of that population who need acute and ongoing services.

In 2018 the UK Government produced Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children (167) that can be used to guide how we work to protect vulnerable children throughout City & Hackney. The guidance provides a framework for conducting multi-agency review panels for child death as well as more general safeguarding. It provides guidance on early identification of at-risk children, how to manage individual cases and organisational responsibilities. This document is key to guiding safeguarding responsibilities and responses.

Public Health England's report "No child left behind: A public health informed approach to improving outcomes for vulnerable children" (393) focuses on adopting an approach to improving outcomes for children more vulnerable to poor outcomes and considers the adversities that children may have experienced. Child vulnerability is defined as "any children at greater risk of experiencing physical and/or emotional harm and experiencing poor outcomes because of one or more factors in their lives". It can therefore include a wide

range of risk factors. It is important to note that some protective factors may mitigate the impact of risk factors.

The Healthy Child Programme (7) outlines the four levels of the health visiting service - Community, Universal, Universal Plus and Universal Partnership Plus. Universal Plus is provided when specific expert help is needed, for example when there are any concerns about parenting and Universal Partnership Plus service is provided to families and children when there are more complex issues and families, requiring targeted additional support from more than one organisation, over a period of time. This may be needed when a child or parent has a disability / additional health needs, or because the Early Help Team / Children's services are also providing support to the family. The aim is to reduce the number of children requiring formal safeguarding arrangements through early identification and intervention.

The Family Nurse Partnership (394) is a programme for young women who are pregnant and provides support throughout pregnancy and the first two years of life. Support is provided by a specially trained family nurse. The goal is to improve children and families' relationships and experience of pregnancy and early years, which can provide long term benefits for the child.

The Troubled Families Programme (395) now renamed the Supporting Families 2021-22 and Beyond Programme is administered (396) in England by the Ministry of Housing, Communities and Local Government (MHCLG). It is focused on providing support for children and families who are experiencing more than one issue, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. To qualify a family must be experiencing at least two issues of those mentioned above. A "whole family" approach is undertaken including when completing needs assessment, developing an action plan, assigning a key worker or other lead to work with the family. Staff surveys, family surveys and case study research showed high levels of support from local staff and positive experiences of families. An impact study of the programme between 2015 - 2018 found that by preventing the need for high-cost statutory interventions the programme provided £2.28 of savings for every pound invested, positive impacts included:

- Children in care was reduced from 2.5% to 1.7%; a 32% decrease.
- Juveniles receiving custodial sentences fell from 0.8% to 0.5% (38% decrease).
- Adults claiming Jobseeker's Allowance fell by 11%.

London Liaison and Diversion services (397) the community support aspect of the L&D service is a pan-London service of 'Community Link Workers' and 'Peer Supporters,' based in various police custody suites and court settings across London.

Criminal exploitation of children and vulnerable adults (298) county lines is a term used to describe gangs and organised criminal networks who export illegal drugs into one or more areas within the UK, using dedicated mobile phone lines. They often use coercion, intimidation, violence (including sexual violence) and weapons. The guidance provides information on the signs of this harm so that victims can get the support they need which can include self-harm or significant changes in emotional well-being, a significant decline in school performance or persistently going missing from school or home etc.

Child sexual exploitation by organised networks (where two or more individuals are known to each other) outlines the challenge with calculating the size of the problem as numbers are subsumed into other wider categories i.e., child criminal exploitation, and as a result has become a hidden problem that is under-reported (398)

The Collaborative approach to preventing offending and re-offending in children (CAPRICORN) (399) is a resource developed by Public Health England to assist local health and justice system leaders to support children involved in the youth justice system. It recommends adopting a systems approach and using resources throughout the whole community to support the needs of the child or young person and their families.

The Myth of Invisible Men, safeguarding children under 1 from non-accidental injury caused by male carers (400), commissioned by the Child Safeguarding Practice Review Panel this report focuses on the circumstances of babies under 1 year old who have been harmed or killed by their fathers or other males in a caring role (non-accidental deaths), which represents 35% of all cases. This is the largest category of notifications that Safeguarding Panels see. The review highlighted an urgent need to:

- improve how the system sees, responds to and intervenes with men who may represent a risk to the babies they are caring for.
- identify opportunities to offer support to men who might need it in their father role.
- early identification of both parental and children's vulnerabilities, and potential risks.
- improve data sharing both within different parts of the health service and across the wider safeguarding system.

Bleak Houses – Tackling the crisis of family homelessness in England reported to the Children's Commissioner that much of the temporary accommodation into which children are placed as "simply inappropriate places for a child to be growing up" and the Parliamentary Committee Households in temporary accommodation (England) report noted that figures had been amplified during COVID-19 (401).

No way out, by the Children's Commissioner considered the position of households with children in B&B accommodation during the COVID-19 outbreak. In 2021 there were 210,000 homeless children in England and 120,000 housed in temporary accommodation. The report calls for:

- support for children who were homeless during lockdown including prioritising them for access to mental and physical health support, including Health Visitor checks and Child and Adolescent Mental Health Services (CAMHS).
- All families housed in B&Bs to be moved out of them in the event of further local or national lockdowns.
- Action to prevent new family homelessness in the coming weeks and months.

Children Speak out about Homelessness - Change It Report, published by the Children's Rights Alliance (402) highlights the experiences of children (aged 10 - 21yrs) living in temporary and Bed & Breakfast Accommodation. It highlights the need to end the use of unsuitable Bed and Breakfast accommodation for homeless children, many of whom are

forced to live there for much longer than the legal limit. It clearly illustrates the damaging impact this has on a child's physical and mental health and on their childhood and adolescence.

Local Policy

Hackney's Corporate Plan - Rebuilding a Better Hackney (22)
In response to the COVID-19 pandemic, a refresh of the Corporate Plan 2020-2022, was undertaken to take account of the short-, medium- and long-term impacts on the Council and the community. The refreshed plan sets out how the Council will deliver its priorities and objectives in line with the Mayor's priorities and the Council's values and includes a commitment to address inequalities.

Hackney Clinical Service Strategy 2021-2024 outlines the Clinical Service within Hackney Children and Families Service (HCFS). It provides integrated clinical support alongside other services provided by the Local Authority and with other CAMHS providers in the Hackney CAMHS Alliance Partnership (CAMHS) to support the emotional health and wellbeing of any family or individual in Hackney open to HFCS. It has three clinical hubs:

1. Targeted Youth Support and Early Help (TYS/EH) which aims to keep families together by supporting interventions offered by colleagues in Early Help and Youth Justice through clinical consultation and co-design and delivery of group interventions. Including the offer of mental health screening and signposting for all young people at first time contact with the criminal justice system.

2. Family Intervention Support Services (FISS) which supports children, young people and families using a range of psychological and systemic approaches to support relational social work assessments, planning and interventions through regular consultation with colleagues.

3. Looked After Child/Corporate Parenting (LAC/CP) which aims to build and maintain relationships by supporting multi-agency planning that takes a trauma-informed and attachment-focused approach, to make sense of children's behaviours and needs in the context of their earlier life experiences.

The clinical service is committed to anti-racist practice and is receiving training from black psychologists and psychotherapists to increase the service's clinical capacity to work with people of colour, including Young Hackney's Action Learning Sets on anti-racist practice and is planning a research project with King's College London addressing the disproportionality of black and people of colour young people in YJS and Edge of care.

The vision for Early Help in Hackney involves connected services working together to ensure that all Hackney's children and young people, and their families, have access to the opportunities, resources and support needed to set them up for whole-life success. Early Help in Hackney offers support and opportunities to children, young people and their families to

maintain good health and wellbeing and develop the personal strengths and skills that will prepare them for adult life.

There are different types of Early Help available, including schools, community and voluntary organisations, health services and the Council. Early Help offered by the Council is mostly provided through Children's Centres, Young Hackney, and the Council's Family Support Service.

The vision for Early Help in the City of London is 'to be the best place possible for children and young people to grow up. We will work in partnership to provide a safe, inclusive and supportive environment where all our children and young people, regardless of background and circumstance, feel they belong. We will provide high quality services, world-class education and excellent opportunities that enable them to live healthily, develop resilience, access meaningful employment, achieve their potential and thrive'.

Early Help Services offer provides support where there are emerging difficulties or additional needs including:

- Families with significant housing needs.
- Families where a parent/carer is experiencing mental health difficulties.
- Children with Special Educational Needs such as Autism Spectrum Disorder.
- Children and young people are experiencing stress and anxiety.
- Children and young people living with conduct and behaviour disorders.
- Children who have a caring role for another member of their family (young carers).

The stages in between Early Support (single agency) and Statutory Services is called Targeted Support, which is a multi-agency response to helping families. The Hackney Supporting Families Programme is the multi-agency coordinated response to supporting children and families who are experiencing multiple problems. It uses a whole family approach utilising schools, health services, children's centres and early help, community safety, police, Young Hackney, and the voluntary sector, amongst others, to put in place a support plan for families. Where there are serious safeguarding concerns, then specialist statutory services through child protection and child in need plans. support families. Depending on a family's level of risk and need, it is likely that they will move between Universal, Early Support, Targeted Support and Statutory Services over time.

Hackney Supporting Families - Family Outcomes Plan is a localised version of a co-developed London Supporting Families Outcomes Plan agreed across 32 London Boroughs. It is a professional alliance between Hackney Children and Families Service, Hackney Learning Trust, Early Years, Probation services, Community Safety, Adult Social Care, Health services, and Housing that are responsible for its development and review. It has six key themes:

1. Crime and Anti-social behaviour
2. Education and attainment
3. Children who need additional support
4. Work and finances
5. Staying safe in relationships
6. Improving physical and mental health and wellbeing

Hackney Child Wellbeing Framework equips professionals working across the safeguarding partnership to know how to respond when they have a concern about a child in Hackney. It has been developed in line with the statutory guidance Working Together to Safeguard Children 2018.

Black Men's Programme (181) is an ambitious plan to improve life chances for young black men. It is underpinned by two of the Mayor's manifesto commitments to:

- tackle poverty, including child poverty, as well as key inequalities in health, education and employment based on a solid understanding of the barriers and needs of our different communities, listening to their concerns and expanding the use of social value and co-design.
- [support] those that face disadvantage, through projects like the Young Black Men's Programme.

The programme centres on a group of Inspirational Leaders (young black men), who have been trained as community leaders to engage and inspire other young black men, to help co-produce solutions.

Hackney council has committed to developing an anti-racism programme of work across council services and is developing an Anti- Racist Action plan that will address five areas:

1. Institutional change
2. Community engagement
3. Culture and leadership
4. Accountability
5. Influence

Hackney Integrated Gangs Unit has the capacity to manage 150 individuals; 9% of this group is under 19.

Young Hackney Health & Wellbeing deliver free Relationship & Sex (RSE) and Personal Social, Health & Economic (PSHE) workshops for young people aged 5-19 (up to 25 with additional needs) including consent and the law, child sexual exploitation, pornography, on-line safey and privacy and other topics. They work in all schools, further education colleges, youth clubs, alternative education providers and through ad-hoc outreach at relevant events.

Evidence Base

Public Health England have put together a report focusing on Hackney entitled "Improving health outcomes for vulnerable children and young people" (393). This outlines factors which can make a child vulnerable, such as health inequalities in the perinatal period. The report also outlines the importance of focusing on early years and adopting a life course approach

to health. The promotion of resilience is encouraged using both individual, family and local community resilience.

The report also highlights that children who are in the care of the local authority have demonstrated more mental and physical ill health and lower education attainment than those not in care. They are also almost four times more likely to have special educational needs and to be an offender (393). The report suggested that community factors that can help to improve resilience include social inclusion and access to outdoor play areas and green spaces. Additionally, having a positive, supportive relationship with a parent or a trusted adult can play a large part in building children's resilience (393).

Addressing vulnerability in childhood - a public health informed approach defines vulnerable young people as 'any child at greater risk of experiencing physical or emotional harm and/ or experiencing poor outcomes because of one or more factors in their lives'. It sets out a public health informed approach that considers:

1. the individual level (those at increased risk of disadvantage).
2. family and other care settings (a safe and secure environment).
3. and a place-based approach to prevention (that emphasises the role of the community).

It also highlights the need not to create a deterministic narrative for individual children and to take a systematic and holistic approach that addresses:

1. primary prevention that focuses on health inequalities and the wider determinants of health
2. early intervention that supports children and their families
3. mitigation that ensures services reduce the negative impact of circumstances and build resilience

It suggests that adverse childhood experiences should be screened to target preventative, early intervention or mitigation measures but acknowledges evidence for this is limited but positive. Another approach to identify the needs of an individual is to take a trauma-informed approach through the provision of training for staff and the community.

A Rapid Review undertaken in July 2021, looking at the evidence base for supporting and strengthening families through the provision of early help found that there were positive outcomes for children and families through a range of different interventions (403). The review concluded that although there are challenges with evaluating early help, there is growing evidence for funding and delivering these services, however there must be a greater emphasis on defining and clarifying the outcomes that the offer is intended to deliver. The review made a number of recommendations:

- place a legal duty on local authorities and statutory safeguarding partners to provide early help to children and families. This should encompass a broad definition of early help, including support to alleviate the impact of poverty.
- reduce the variation in thresholds for early help by providing clear guidance and training on applying eligibility criteria.

- develop a national outcomes framework for early help services, building on the work of the Supporting Families programme; co-produce this with children and families.
- funding should be provided to support implementation of this new duty (taking account of each local authority's level of deprivation and current interventions).
- the impact of these measures should be evaluated over a number of years, linked to data sets that assess children and family's journeys through children's social care and explore the outcomes for children and families of different social care interventions and support over time.

An independent evaluation of the Supporting Families Against Youth Crime (404) fund shows that the Troubled Families Programme (now Supporting Families) improved the provision of local services addressing youth crime.

The framework for supporting teenage mothers and young fathers (405) provides an evidence-based structure for a collaborative whole system to support teenage parents and is designed to:

- help local areas assess their local programmes to see what's working well.
- identify any gaps in services.
- strengthen the prevention and support pathways for all young people, young parents and their children.

The level of need in the population

Reducing vulnerabilities and improving life chances for children and young people who are at risk of health inequalities is identified as a high impact area within the Healthy Child Program (HCP).

The needs of vulnerable children and young people have been discussed in chapters throughout this health needs assessment. This chapter seeks to draw out key issues and has a specific focus on children who are looked after or in care, homeless children and young people, asylum seekers, young carers, teenage parents and inequalities in vulnerability. The relevant performance indicators are:

- Children in care
- Children on Child Protection Plans, rate per 10,0000
- Children in need due to socially unacceptable behaviour
- Children leaving care rate
- Children providing unpaid care
- Homeless young people aged 16-24
- First time entrants to youth justice, 10 - 17 years
- Teenage mothers < 18 years
- 16 - 17-year-olds not in education, employment or training (NEET) or whose activity is not known

Adverse Childhood Experiences (ACEs)

Based on the estimated ACE prevalence across England and using 2019 population estimates: 134,256 Hackney residents (48%) and 4176 City of London residents (48%) have experienced at least one Adverse Childhood Experience (ACE). An estimated 9% of the population have experienced 4 or more ACEs.

The table below shows the projected number of children affected in Hackney in 2021. The 'toxic trio' is defined as domestic violence and abuse within the household, parental substance misuse (alcohol or drugs) and parental mental health issues. 'Broad measures' refers to children in households where an adult has ever reported engaging in alcohol/substance misuse, domestic abuse or ever had symptoms of a mental or psychiatric disorder. 'Narrow measures' refers to children in households where an adult has experienced violence or abuse from a partner in the last year or has a clinically diagnosable mental or psychiatric disorder (406).

Table 13: Risk indicator & projected number of children affected in City and Hackney for 2021

Risk indicator	Projected no.
0-17 year olds in a household where an adult experienced domestic abuse last year (narrow)	**6,560**
0-17 year olds in a household where an adult has ever experienced domestic abuse (broad)	**20,470**
0-17 year olds in a household where an adult has moderate or higher mental ill-health symptoms	**23,320**
0-17 year olds in a household where an adult has severe mental ill-health symptoms	**11,330**
0-17 year olds in a household where an adult reports any substance misuse	**6,580**
0-17 year olds in a household where an adult has an alcohol or drug dependency (narrow)	**2,640**
0-17 year olds in a household where an adult has any of the 'toxic trio' issues (broad measures)	**32,900**
0-17 year olds in a household where an adult has all 3 of the 'toxic trio' issues (broad measures)	**2,380**
0-17 year olds in a household where an adult has all 3 of the 'toxic trio' issues (narrow measures)	**830**

Source: CHLDRN – Local and national data on childhood vulnerability 2022

People who have experienced 4 or more ACEs are higher frequency users of emergency and primary care. Adverse Childhood Experiences have been found to have a dose dependent association with over 40 outcomes (390). The City and Hackney CCG is implementing an Adverse Childhood Experience strategy including components of training for the workforce and an online resource portal for use by professionals and parents.

Safeguarding

The absolute number of safeguarding referrals made by Health Visitors for children and young people under 18 and consequently their proportionate caseloads have increased, from 2,785 (15.3%) in 2018/19 to 3,366 (18.4%) in 2020/21. The increase was higher among

females (24%) than among male (18%), reaching 18.2% for females and 18.7% for male in 2020/21.

The proportion of safeguarding referrals among all yearly caseloads was higher in those aged 5 to 10. In 2020/21, the proportions by age group were: 9.2% among under-fives; 30.3% among 5 to 10s; 26.6% among 11 to 15s, and 27.9% among 16 to 17s. Compared to 2018/19, there was a reduction in the under-fives age group. It is worth noting that there is a high number of health visiting mandated visits which makes the caseload in this age group around 10,100 on a yearly average, more than 2 times higher than any other age group caseload. However, the absolute number of safeguarding referrals is similar to the one among those aged 5-10 (average around 1,000 vs 1,300).

CYP from black and mixed ethnicities had higher proportions of safeguarding referrals over the total caseload while those from white and other ethnic groups (not considered as Asian, black, mixed or white) had lower proportions when compared to the average. The more deprived, the higher the proportion of safeguarding referrals.

Afghanistan families in City and Hackney

A needs assessment was undertaken by the Health Visiting team who identified a number of health issues including domestic abuse, isolation, mental health, trauma, substance misuse and oral health and difficulty with engagement, language barriers and incomplete data. The plan is to continue to support these families through:

- well baby clinic
- working closely with partner agencies
- weekly operational meetings
- supervision
- information sharing.

Children and young people in temporary housing

The number of Hackney households with children housed in bed and breakfast temporary accommodation in the second quarter of 2020/21 was 19, at a rate of 0.6 per 1,000 households with children. The number for the City of London was suppressed due to small counts (407).

Hackney has 961 units, housed in 36 hostels; of these 10 hostels are specifically for families, providing 141 units, 2 are specifically for singles, providing a total of 56 units; and 24 hostels providing a total of 764 are mixed (for families and singles). Mixed accommodation presents safeguarding risks for vulnerable young people particularly child sexual exploitation (CSE). (402)

Health Visiting teams can respond to families placed temporarily in the area through a Section 107 order, through ‘rapid response’, a service established to respond to families on the day. However, notices that are sent to housing contain personal identifiable information so cannot be shared with Health Visitors without a data sharing agreement. The key to

safeguarding homeless families is a 'whole systems' approach, that supports integrated services, and multi-agency/multidisciplinary working (407)

Childhood Sexual Exploitation

The number of children aged 0 to 17 years old with sexual exploitation identified as a factor at child in need assessment in Hackney during 2019/20 (excluding looked after children) was 106 (1.7 per 1,000 population). In a rank where 0 is the lowest and 100 is the highest rate, it was 71 (408). There were no children with sexual exploitation identified as a factor at child in need assessment in the City of London (408).

Children in Care and Looked After Children (LAC)

As defined by the Children's Act 1989, looked after children are those who have been in the care of the local authority for more than 24 hours continuously (409). In the case of children in care, the local authority also has parental responsibility for the child (409). Causes for children being placed in the care of the local authority include abuse or neglect, if a child is an unaccompanied asylum seeker or can be with parental consent if, for example, the child has a disability and requires respite care (410).

Table 13.01: High impact area key performance indicator - Children in care rate

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	Children in care rate	53 (per 10,000)	62 per 10,000 (2019)			Above London, in line with England rates

In 2019 there were 62 children per 10,000 in care in the City and Hackney. This is equal to 405 children. This is higher than the London average and similar to England (411). Of these, 78% of children looked after by Hackney are accommodated out of the borough, and 45% are children of black ethnicity, an over-representation when compared to the general population demographics. Children of white ethnicity are under-represented (412).

In 2018/19 Hackney (26.1 per 10,000 population) had a lower proportion of looked after children under 5 than the England average (34.9 per 10,000 population), but a higher proportion than the London average (20.4 per 10,000 population) (411).

Table 13.02: Looked after children aged under 5 years, rate per 10,000 population, Hackney, 2015/16 to 2017/18

Area	2015/16	2016/17	2017/18
Hackney	26.9	19.3	26.1
London	21.6	18.8	20.4
England	40.3	36.9	34.9

Source: OHID, Fingertips, 2019

Attainment scores in looked after children

Nationally the latest outcome data from the Department of Education for looked after children (413) showed that the average Attainment 8 scores for looked after children and children in need were lower than for non-looked after children. 55.9% of looked after children had a special educational need in 2019 compared to 46.0% of children in need and 14.9% of all children. This data also showed that the number of looked after children who are persistent absentees increased between 2014 and 2019.

The average attainment score for looked after children in Hackney is also lower than the Hackney average for all children (see Chapter 5: Education and Skills); but higher than the London and national averages for looked after children.

Table 13.03: School-aged years high impact area - Attainment 8 looked after children

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Seamless transition and preparing for parenthood	Average attainment 8 (looked after children)	27.5 (2016)	24.4 (2019)	-		Above London and England

Emotional wellbeing of looked after children

The percentage of looked after children whose emotional wellbeing is a cause of concern was 34.4% in City and Hackney in 2019/2020. This was similar to London and England and there were no significant changes in the last five available years (314). National data on looked after children for March 2021 (349) showed that 40% of males and 33% of females had emotional and behavioural health scores (SDQ score) which were a cause for concern.

Table 13.04: School years High Impact Area - % of looked after children whose emotional wellbeing is a cause for concern, 5 - 16 years

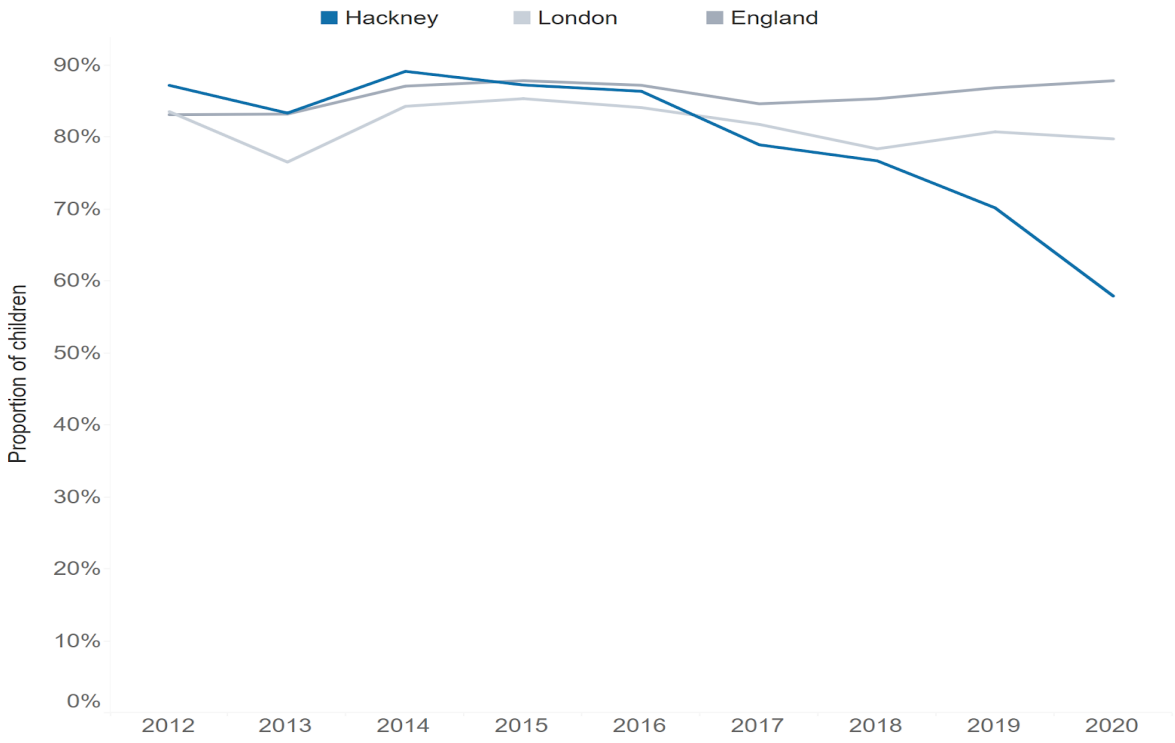
High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	% of looked after children whose emotional wellbeing is a cause for concern, 5 - 16 years	41.8% (2016/17)	34.4% (2019/20)			Above London, below England rates

Looked after children and the youth justice system

A recent survey (Feb 2021) with young people in youth custody (12 - 18yrs) found that more than half (52%) had been in the care of a local authority (415). National data on looked after children for March 2021 (391) shows that offending rates collected for children aged 10 years convicted, subject to youth cautions or youth conditional cautions) was 2% overall; down from 3% in 2020. Males (3%) are more likely to offend than females (1%).

Children in Care Immunisations

Figure 13: Trend in the proportion of children in care immunisation, Hackney, London and England, 2012 to 2020



Source: OHID, Fingertips, Child and Maternal Care, 2021

Note: Value for City and Hackney combined in 2014 and 2016

Looked after children can be at a higher risk of missing out on childhood vaccinations. In 2020, the proportion of Hackney and the City looked after children who are up to date with the vaccinations in the NHS schedule was 57.9%, one of the lowest in London. This compares to 79.7% in London and 87.8% in England and is decreasing and getting worse since 2014 (337). This is a contrast to national data on looked after children for March 2021 (349) which showed that 91% of looked after children are up to date on their immunisations.

Table 13.05: School years High Impact Area - Children in care immunisations

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	Children in Care Immunisations	86.4% (2016)	57.9% (2020)	Decreasing getting worse		Below London and England rates

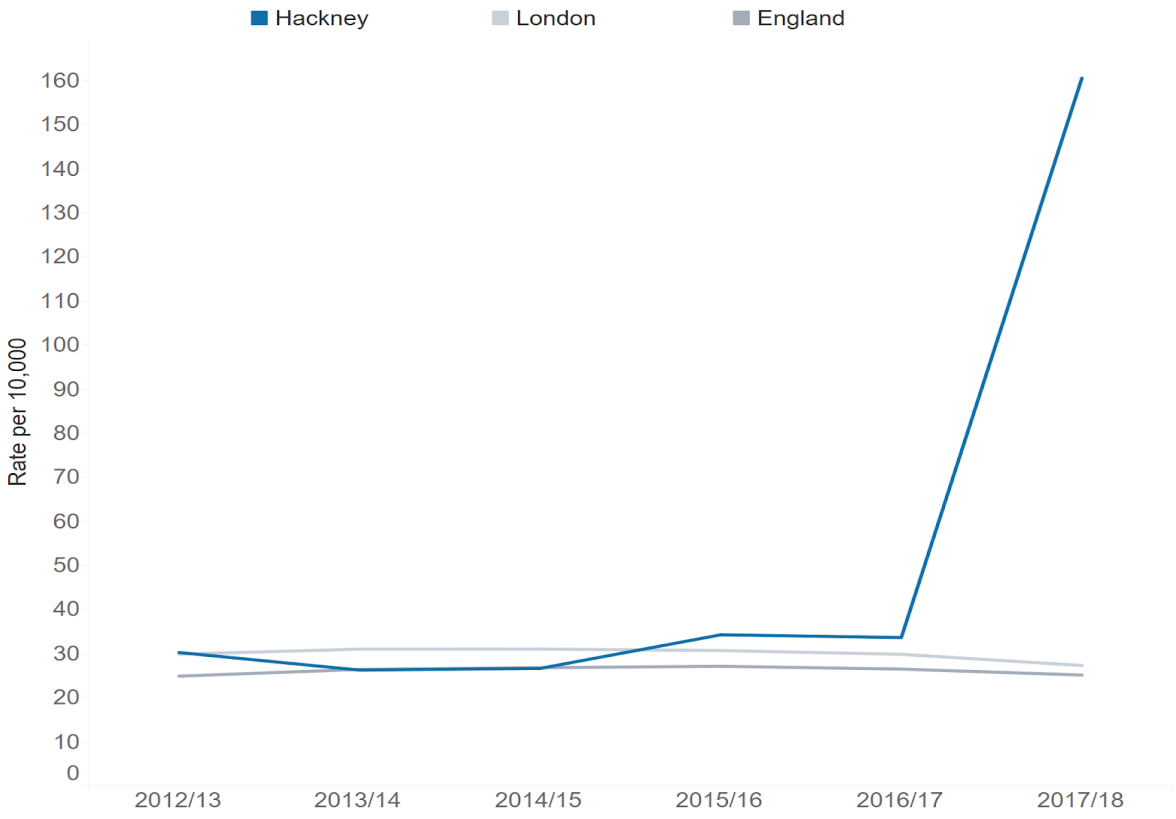
Care leavers

Table 13.06: School years High Impact Area 6 - Children leaving care

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	Children leaving care rate	34.3 (2015/16)	160.6 (2017/18)	Increasing, getting worse		Above London and England rates

The rate of children leaving care was 160.6 per 10,000 people in City and Hackney in 2017/18. This was significantly higher than London (27.3 per 10,000) and England (25.2 per 10,000) and also it represents a sharp increase compared to the previous years (414)

Figure 13.1: Children under 18 years old leaving care, City of London, Hackney, London and England, 2012/13 to 2017/18



Source: OHID, Fingertips, 2021

Children on a Child Protection Plan

A child protection plan is developed in conjunction with professionals from different backgrounds at a child protection conference, often including parents, social workers or teachers. The group of people are responsible for ensuring that the plan is followed (416). The child protection plan will be put in place if at the conference the child is deemed to be at risk of or experiencing abuse or neglect and that the risk is assessed as ongoing or continuous (416).

Table 13.07: School years High Impact Area 6 - Children on CCP

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	Children on Child Protection Plans, rate per 10,0000	37 .0 (2015/16)	38.4 (2019/20)	-		Above London and below England rates

Hackney rates fluctuated over the last 5 years however they went up markedly from 30.5 in 2018/19 to 38.4 in 2019/20, higher than the London rate of 34.9 but lower than the England rate of 42.8 (414).

Table 13.08: Children subject to a child protection plan, rate per 10,000 children

Area	2015/16	2016/17	2017/18	2018/19	2019/20
Hackney	37	52.9	31.7	30.5	38.4
London	37.4	38.7	39.2	36.5	34.9
England	42.7	43	45	43.5	42.8

Source: OHID, Fingertips. Crisis Care Profile

There is strong evidence of the harmful short and long-term effects of child maltreatment. All aspects of the child's health, development and wellbeing can be affected. The above numbers give us some indication of the numbers of children that have experienced maltreatment in Hackney. Early identification of the challenges potential parents or new parents are facing can impact positively on the number of children on child protection plans, one way is through parenting.

Children In Need (CIN)

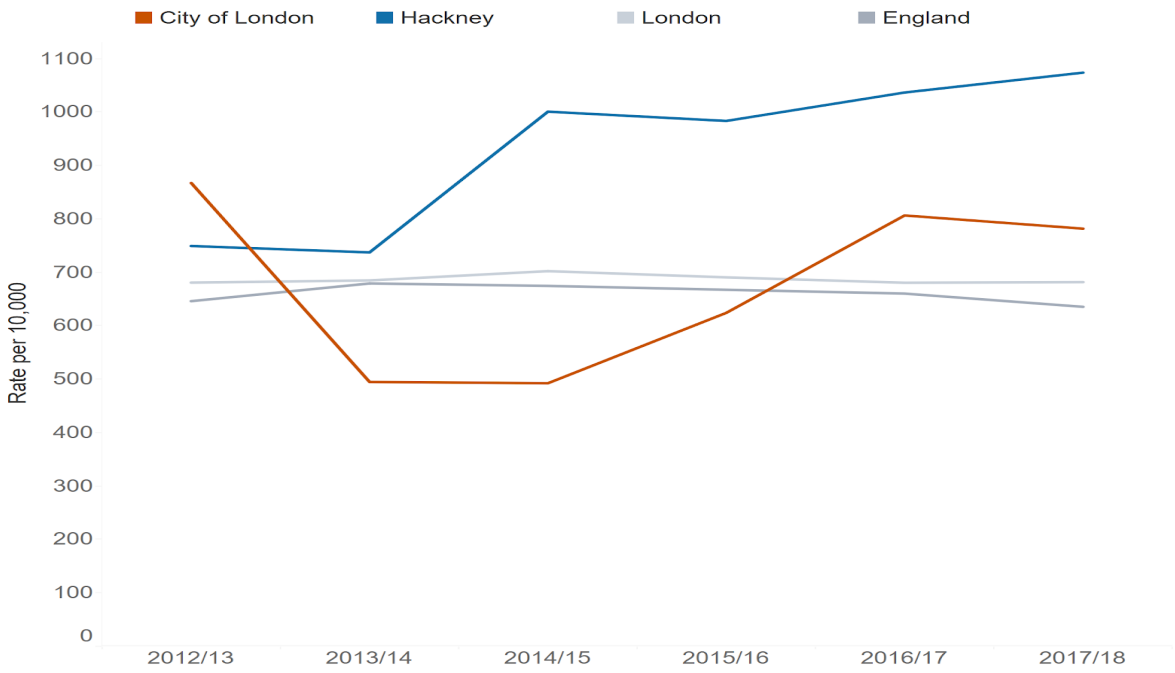
A child in need is one who has been referred to children's social care services and determined to need social care services following initial assessment.

Table 13.09: School years High Impact Area 6 - Children on CCP

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	Children in need due to socially unacceptable behaviour	**31.5%**	**39.3% (2018)**	-		**Significantly above London and England rates**

The rate of children in need in Hackney was 1,074 per 10,000 children in 2017/18. This is significantly worse than London (681 per 10,000 population) and England (635 per 10,000 population) and is continuing to increase while the London average remains stable. (414). The rate in the City of London (782 per 10,000 population) is closer to London and England averages.

Figure 13.2: Children in need, aged under 18 years old, City of London, Hackney, London and England, 2012/13 to 2017/18



Source: OHID, Fingertips, 2021

In 2018, 1,183 children in Hackney who were identified as being in need had a primary reason of abuse or neglect documented, this is equal to a rate of 187.6 per 10,000 children which is similar to London and England average rates (414). The rate of children identified as 'in need' due to socially unacceptable behaviour is significantly above the London region (13.3%) and England (6.9%) averages (188).

Unpaid Care (Young Carers)

Young carers are children and young people who are the main carers of a relative with a long-term illness or disability. Young carers have the same rights as older carers. They can also be considered 'children in need' under the Children's Act 1989 depending upon whether or not the local authority considers the child's caring role as preventing him/her from achieving or maintaining a reasonable standard of social opportunities and achieving full school attendance.

Table 13.1: School years High Impact Area 6 - Young Carers

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	Children providing unpaid care	438.9 per 100,000 population (2016)	1.21% (2011)	-		Above London and England rates

In Hackney, 1.21% of children aged 0-15 years old provided unpaid care in 2011, which was significantly worse than London (1.07%) and England (1.11%) averages. In the City of London, this corresponded to 1.45% of children 0-15 years old (414). Hackney's estimated number of young carers supported by the local authority was 250 in 2019/20, at a rate of 5.7 per 1,000 5-17 years old. In a rank where 0 is the lowest and 100 is the highest rate, Hackney ranks 68. There was no young carer supported by the City of London (408).

In the older age group (16-24 years old) the percentage of young people providing unpaid care in 2011 reached 6.3%, also significantly worse than London (5.4%) and England (4.8%). The City of London had 3.4% young people aged 16-24 years old providing unpaid care, which was significantly better than London and England (414). Unfortunately, this information is old and new data from Census 2021 are due to be published in March 2022 (initial findings) and March 2023 (final release of outputs).

First time entrants to the youth justice system

The rate of 10–17-year-olds receiving their first reprimand, warning or conviction in Hackney in 2020 was 342.2 per 100,000 population, which is above London (222.3 per 100,000) and above England (169.72 per 100,000 population) (414). However, rates are decreasing and getting better. Young people entering youth custody have been found to have disproportionate health needs (often undiagnosed or untreated) when compared to the general population, including mental health (33%), substance misuse (including alcohol) (45%), and learning difficulties or disabilities (32%) (414).

Table 13.12: School years High Impact Area 6 - First time entrants to youth justice

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
	First time entrants to youth justice, 10 - 17 years	438.9 per 100,000 population (2016)	342.2 (2020)	Decreasing getting better		Above London and England rates

Not In Education, Employment or Training

In 2019, 4.1% of 16–17-year-olds were not in education, employment or training (NEET) or had their activity not known in Hackney. This was similar to London and significantly better than England (5.5%). The proportion of NEET in the City for the same period was 2.0%, but the confidence interval could not be calculated (337).

Table 13.13: School years High Impact Area 6 - NEET

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Seamless transition and preparing for parenthood	16 - 17-year-olds not in education, employment or training (NEET) or whose activity is not known	4.6% (2016)	4.1 (2019)	Decreasing and getting better		Below London, below England

Teenage mothers

Babies born to mothers in England and Wales under 20 years have a 30% higher rate of stillbirth than average, and a 40% higher rate of infant mortality than average. Rates of low birthweight in younger mothers were 30% higher than average, and this inequality is increasing. Children born to teenage mothers have a 63% higher risk of living in poverty, a 30% higher risk of poor mental health two years after giving birth; this affects their ability to form a secure attachment with their baby, which is recognised as a key foundation for positive child outcomes. Teenage mothers are more likely not to be in education, employment or training (13) and by the age of 30, are 22% more likely to be living in poverty than mothers aged 24 or over.

Table 13.14: Early Years High impact Area 1: Teenage Pregnancy

High Impact Area	Key Performance Indicator	2016 Performance	Current Performance	Current Trend		Comment
Transition to parenthood	Teenage mothers < 18 years	0.3% (2016/17)	0.4% (2019/20)	No change		In line with London, below England rates

In 2019/20 City & Hackney combined had 15 teenage mothers (aged between 12 and 17 years old), which accounted for 0.4% of the deliveries, similar to London (0.4%) and England (0.7%) (337). There is a strong relationship between teenage conceptions and deprivation in Hackney. *(See Chapter 10: Sexual Health for further data and trends on teenage pregnancy in City and Hackney)*.

Universal Plus and Universal Partnership Plus

The City & Hackney universal health visiting service includes: the antenatal contact, new birth visit, 6-to-8-week review, 12-month review and 2 to 2½ year review. Universal Plus refers to additional assessments, at 1 month and 3 to 4 months, for target families.

One month health visiting review

The population eligible for the one-month review consists of babies considered as Universal Plus (UP) and Universal Partnership Plus (UPP) but also of those considered Universal but born from a first-time mother.

Table 13.15: Number and proportion of eligible babies attending the one month health visiting review, City of London and Hackney, 2017/18 to 2020/21

Fiscal Year	Number of babies	Proportion of eligible babies
2017/2018	510	43.3%
2018/2019	906	70.0%
2019/2020	951	73.0%
2020/2021	919	66.2%

Source: Homerton, Health Visiting, 2021

Among those eligible for the one-month health visiting review, the proportion of City of London and Hackney's babies attending the review increased from 44.3% in 2017/18 to 74.0% 2019/20. However, it fell to 66.7% in 2020/21, likely due to COVID. (426)

The proportion of attendance among babies considered Universal (66.6%) was statistically significantly higher when compared to those considered Universal Plus (37.6%) or Universal Partnership Plus (38.3%). Babies from mothers under 25 had the lowest proportion of attendance when compared to those from mothers aged 25-34 (67.2%) or 35 or more (67.4%). Babies from white British backgrounds had a higher proportion of attendance (70.6%) and those from other ethnicities (not considered as Asian, black, mixed or white) had a lower proportion when compared to the average. Excluding those from fourth and fifth quintiles of deprivation due to small numbers, the most deprived the lower the proportion (most deprived, 60.7%; second most deprived, 64.5% and third most deprived, 72.2%).

3-to-4-month health visiting review

The population eligible for the three-to-four-month review consists of babies considered as UP and UPP. The babies born from first time mothers that are not categorised into the UP or UPP population are not eligible for this review. That is why there are no babies considered as Universal and the number of babies attending this review is much lower when compared to the one-month review. Due to the small number, it is not possible to analyse the socio-demographic inequalities in this population.

Attendance at the one-month review was over 90% from 2017/18 to 2019/20, however this dropped to 78.2% in 2020/21 likely due to COVID. (426)

Table 13.16: Number and proportion of eligible babies attending the three to four month health visiting review, City of London and Hackney, 2017/18 to 2020/21

Fiscal Year	Number of babies	Proportion of eligible babies
2017/2018	115	96.6%
2018/2019	108	91.5%
2019/2020	100	93.5%
2020/2021	43	78.2%

Source: Homerton, Health Visiting, 2021

Supporting Families Programme - Hackney

The Hackney Supporting Families Programme is the multi-agency coordinated response to supporting children and families who are experiencing multiple problems. Data shared with the Supporting Families Programme is analysed to identify families in Hackney that have two or more criteria across six domains:

1. Mental ill health (across mild, moderate or severe needs), physical health needs, substance misuse or sexual health issues, or equivalent concerns i.e. unhealthy behaviours resulting in problems like obesity, malnutrition, diabetes, unwanted pregnancies or repeat sexually transmitted infections (STI).
2. Disability and/or long-term health problems which are not being managed appropriately.
3. Not receiving appropriate health services (e.g., GP, dentist, midwife, health visitor)
4. Described as 'clinically vulnerable' due to the COVID 19 pandemic and unable to access adequate health services.
5. COVID 19 related mental and physical health issues.
6. Expectant or new parent/s with a mental health or substance misuse problem or smoking problems and other health factors associated with poor parenting.

3,258 families that met the above criteria have been attached to the Supporting Families Programme since it began; with 1,679 considered successful (52%). Of these:

- Families with dependent children from London Fields and Cazenove had a statistically significant higher proportion of success (68.8% and 64.6%) when compared to the average in the local authority.
- Families with two parents or other adult support had a statistically significant higher proportion of success (57.0%) when compared to lone parents (50.1%). However, this data should be treated with caution as it is possible that other adults in the family may not have been identified.
- 43.5% of families had at least one child under five.
- There was no significant difference in the proportion of successful families with and without children under five.

Analysing only dependent children (children under 18 or that turned 18 during the Programme) who achieved positive outcomes:

- 51.9% were male, 46.4% were female and 0.7% were unknown.
- Most of the children were from white or black ethnicities.
- Children from white backgrounds were underrepresented in relation to the population (34.7% in the programme vs 43.9% in the population).
- Children from black backgrounds were overrepresented (32.1% vs 23.9%).
- Children from other ethnic groups (not considered as Asian, black, mixed or white) and from mixed backgrounds were underrepresented (3.9% vs 7.0% and 9.8% vs 14.8%, respectively).
- 160 were looked after children/or had been a looked after child at any time.
- 299 have had a Child Protection Plan at any time; of these 63 have been looked after

Services in relation to need

The Hackney Children and Families Clinical Service (HCFS) (417) works with children and young people and their parents and carers who are receiving support from Children's Social Care, Young Hackney, the Family Support Service and the Youth Offending Team. They offer a full range of CAMHS services including specialist clinical assessments and individual, family and group therapy and are part of the CAMHS Alliance. Offers a direct and indirect offer.

The direct clinical offer is only available to children and families in HCFS on statutory plans i.e. those in receipt of a Child in Need plan, a Child Protection Plan, Children in Care or those on a formal Youth Offending Services (YOS) order. It is accessed by consultation, followed by a Talk Together Appointment, followed by a central allocations process.

The indirect clinical offer functions via a hub-based system; hubs operate as clinical clusters and work with the below groups without Statutory Plans:

1. *Care Leavers*: Supported to access local services and offer assessment or intervention in a time-limited, goal focused approach.
2. *Liaison and Diversion*: Assessment and intervention offered on a case-by-case basis for young people accessing the YOS.
3. *Special Guardian*: Children living with a Special Guardian and children who can access the Adoption Support Fund (ASF) (this offer is to be confirmed).

Those under Early Help without statutory plans are still able to access Talk Together Appointments, group interventions and family therapy clinics, but will not be eligible for other direct interventions.

ChATR (childhood resilience) workforce development programme supports practitioners across Health and Social Care to prevent and reduce the impact of ACEs through trauma-informed and resilience-based approaches.

Families can be referred by their Health Visitor, midwife (via an Early Help Referral Form) or refer themselves to Hackney Family Support Services (418) via children's centre multi-disciplinary teams who are able to help with any problems. The team includes Family Support Workers, Health Visitors, Nursery Nurses, Portage Workers and Social Workers.

Supporting Families Programme (396) (formerly known as Troubled Families) first systematic identification of families with multiple high-cost problems across England who could benefit from earlier and better coordinated support.

The City & Hackney Looked-after Children's Health Team (419) monitors and promotes the health and wellbeing of looked-after children and young people, aged 0-18, who've been placed in care by children's social care services in Hackney and the City of London.

There are several services in the City & Hackney for vulnerable children. Services that specifically focus on ethnically and culturally diverse communities include Hackney's Diverse Curriculum: The Black Contribution (420) which is a curriculum that includes education about black stories and black people within the UK. This is funded by Hackney council and has been developed by local teachers.

Hackney's ten-year Improving Outcomes for Young Black Men's programme is in its seventh year and coming to the end of its three workstream's work-plans (2019 - 2022). The programme has been an essential component in the Council's shift to an anti-racism approach.

Hackney Council for Voluntary Service (CVS) has been working with a group of young people since 2021, the Youth Independent Advisory Group (Account), who act as an independent advisory group. They focus on policing in Hackney and run outreach workshops in Hackney. They are involved in monitoring, researching and representing the local community.

Support is available for first time parents aged 24 or under living in City & Hackney via the Family Nurse Partnership programme (FNP) (394). The main focus is on improvement of health and wellbeing of both mother and baby during pregnancy. There is also work on increasing parent's understanding of child development. Professionals from midwifery, health visiting, or paediatric nurse backgrounds receive specialist training to deliver this programme.

From 2019 until November 2021, 62 have attended the programme. The average age at enrolment was 19.8 years, ranging from 15 to 26. Most of the parents were from black backgrounds (56.6%, overrepresented when compared to the whole young population around 24%), followed by those from white (20.7%, underrepresented when compared to the whole young population around 44%) and mixed (13.2%) backgrounds. It is worth mentioning that this represents very small numbers.

The City of London and Hackney Safeguarding Children Partnership (CHSCP) (421) offers a new app which provides vital safeguarding information for teachers, school staff and other safeguarding professionals, launched in 2020, by the City and Hackney Council. The Hackney Safer Schools App and The City of London Safer Schools App provides support on online bullying, mental health, sexting, media literacy, gaming and sexual exploitation and other topics online. Free to download it provides access to advice, guidance and CPD accredited training, with a specific focus on making children and young people safer online.

There is also support for young people and children in Hackney via the Young Hackney Early Help & Prevention, Triage Scheme (422) which helps children who have been arrested for a low level criminal offence and who have admitted responsibility for the offence. The needs of the young person are then established to ensure they are receiving the appropriate help.

Young Hackney: Young Carers service (423) is available for children and young people in Hackney aged 6-19, or up to 25 years if a young person has a special educational need and/or a disability.

Insights - population perspective

Stakeholder Interviews

Commitment to addressing inequalities

> *'...I believe there is a gap. There is additional need for children and young people of black and Caribbean ethnicity. And the evidence bears it out. Yes. In fact, the evidence is so strong that it shows that from primary school all the way through to adulthood. Health inequality on top of the economic inequality .'*

Lived Experience - 3 x Young Black Men

> *'..there were about 4 schools on the bus route and we all got the same school bus home so like if you had a problem with someone you'd see them on the bus on the way home... '*

> *'..one boy ripped my jacket, and my Mum she's a single parent, so she sends you to go and get some stuff from Poundland or whatever and like you end up meeting (the same) people who are going to school and end up getting into a fight. Like why don't teachers know that stuff. I don't think they did and even if they did, I don't think they care because they've never experienced it, they don't know what's going on.'*

Drugs/Gangs/Knife Crime

> *'Definitely, like, I know 12/13 years olds who sell weed, weed cookies, weed sweets, unhealthy snacks… I know young people who are making £100's each week...'*

> *'I have friends who can walk down the road and point out all the young drug dealers ...and where the young people go and smoke, that's street life, that's what's going on..'*
> *'...personally, I think it's got worse and that's due to a number of factors…. But mainly everyone wants to be bad, and they think that if I don't sell weed or whatever they can't be a bad guy (gangs)*
> *'... my friend was outside a chicken shop. … it went down as 'where you from', sort of thing. Like he said he was from the area, but they obviously knew him from East London. One of them said do you want me to show you the knife…so we ran'*

Cannabis and young women

> *'...more young women appear to be smoking cannabis, but it's part of Gang Culture. They are groomed.'*
> *'…cannabis smoking, that's mainly to do with gang culture, you have to be part of what everyone else does...'*

Competing demands on the School Nurse

'...when we start in September, we have a school with 1200 children, sending us a list of 300 names for medical care plans. The first task is triage. Do they actually have a medical condition that requires a care plan? No... off the list. Do they need to take medication in school? No… off the list. Our priority is to engage with the children that have medical needs and that require medication in school; those that require care planning school, so that the teachers know how to keep them safe. But at the same time, you are getting invites for safeguarding meetings for that same school, which has 50 names on the safeguarding list. You have core groups, you have reviews of child protection, you have initial child protection… we manage by triaging and prioritising'

'...It becomes hard when the local authority wants us to be at every single meeting - that's when it becomes hard, I don't have the capacity to sit in a two hour meeting when I have nothing to present because I haven't seen the child.'

Family Nurse Partnership

Working with vulnerable young women

'...it's the best programme out there honestly, I can just rattle on about family nurse partnership in my sleep... İt's a great privilege and very humbled to work with these very hard to reach families, young teenagers who are on the edge and who have come from violent abusive backgrounds, drugs, homeless, some have no recourse to public funds...'

'...the intergenerational transfer of violence and abuse and the court and justice system, cannabis, drug use, you name it. Coming through all those generations. In my opinion the only thing that really changes (behaviour) effectively is by doing regular visits and building strong relationships with that young mum.

'...I'm just getting more involved with more clients who are involved in gangs here…Hackney has high rates of poverty, gangs, knife crime, mental health, it's everywhere you go but, it seems higher here…'

Personalised support

'...the New Mums Star looks at nine different areas, life skills, health and wellbeing, looking after the baby's development, safety, stability, connecting with baby relationships, family support network, goals, and aspirations. It's fantastic really, so …when we do the new mums star with them, they do their own little assessment of where they are, from one to five; if they note 1 it means they're stuck, whereas five means they're doing awesome. And anyone who puts down one, two or three ...where they're stuck or moving forward... we can concentrate more on those areas during our next visits. This way they get what they need, rather than what they want, we normally do that anyway, but this has made it more personalised. We use motivational interviewing, and high level elicit communication skills.…we use rating scales from one to 10, and we ask questions like if they have put a 5, we ask what would make them a six?

Referrals

‘Hackney is the best area I've worked in for referrals from GPS and I'm very proud to say that I'm ... engaged with the Jewish population.’

‘...I get a tiny story outline on the referral form, you know maybe it says the client is involved in social care, maybe drug and alcohol problems, maybe mental emotional health, maybe ADHD, sometimes there's nothing there...’

‘The paperwork says she's 20yrs, the GP notes say 20 and her date of birth says 20. But through the interpreter I learned that she's actually 18. She said they gave me this date of birth and I agreed to it but it's not right. She's 18.’

Impact of COVID

‘...there's lots of domestic violence, lots of mental health, oh my gosh since COVID, the mental health issues have just gone up. It's just gone haywire and is growing, there's lots of poverty, and I've got three with no recourse to public funds that were smuggled in. I've also got three now that need an interpreter, and that takes double the amount of time during the visit...’

Father’s/boyfriends

‘...(she) asked me to see her boyfriend and the baby, I'll do that, but this is a mums programme ... the boyfriend can come in ... but it's a mum’s programme.’

Building trusting relationships

‘.. I saw her again yesterday and I gave her a little 18th birthday card. She said, You're the first person to give me a card, she was so excited…There's a personal touch that you bring to this job...’

Family Nurse Partnership - Client Feedback

Two interviews with past and present clients of the Family Nurse Partnership programme were undertaken.

Experience as a young mother in Hackney

“Haven’t had any problems so far, I’m currently trying to get my own place. I'm staying at my sister’s right now and the space is tight - my son sleeps in his cot, but I sleep in the living room.”

“It’s hard, you know when you're a teenager you think your life will be simple you think when you’re a parent life will be easy, and you’ll have support. But It was just me doing it, which was hard, there was only one child at the beginning, but it was still difficult. I had to get up early every day when I used to sleep all the time. I had to totally change my state of mind. First, I was like how do I live my life, the life I used to live, with a baby? I had to learn how to not put myself first. As a mum you don’t really have a break, you can’t enjoy yourself. I don’t work so looking after my children is like, kind of a full-time job.”

Knowledge and understanding of Family Nurse Partnership

“I first heard through the midwife at one of my appointments when I was about 20 weeks pregnant. I didn’t know much about it at first and was hesitant. I didn’t do any research about it before the nurse reached out and I was a bit unsure. I didn’t want someone to come to my house and talk about my personal experiences. But when I met my nurse, I changed my mind. She was really warm and made me feel comfortable.”

“I was pregnant when I first heard about it. I heard about it the first time from someone I can't remember. Someone introduced me to the nurse, and she called me and then we got to know each other. We went to baby classes which were good and there were other parents there.”

Decision to join the programme

“The help to be honest. Sometimes the midwives just briefly spoke about stuff but didn’t give inside knowledge, my nurse breaks down everything *for me, she makes everything easier. It’s been a great experience”*

“Mostly everything I was trying to get out of joining was that it helps me get confidence. I was meeting new people, helping my child and making sure he’s safe, and friendly. You know babies stick to your hip, but my baby got used to meeting new people to play with, he’s now really outgoing and friendly and I want to do the same thing with my daughter. So, when she goes to school for the first time she isn’t crying. My son didn’t cry, he went in straight away and played. The feedback was that he was just happy and friendly. I say to the other mums at school that it's good and I’m glad I went to different baby classes”

Client Experience

“Her knowledge, when I was pregnant, she mentioned something about the types of music I listen to. Now I play the music I listen to when my son is fussy, it calms him down, and soothes him and he goes straight to sleep. Another benefit is having someone to speak to, someone to check up *on you other than midwives. Sometimes the midwives tend to forget to call you and I don’t know what to do. I’ll go to my nurse for help instead. I have already recommended it to my friend who said she would reach out to her midwife cos no one has mentioned the service to her yet.”*

“She listens, any problems I have she listens and asks if I need advice. We mainly talk about my son and his health. As a first-time mum it’s hard, I’m like am I doing this right? And the nurse helps with that.”

“The reason why I would say to other mums to join, you know some kids have so much energy and they won’t stay still. They'll jump from morning to night and play so much. To all mums I would say you won’t regret it. It will help your child’s development and focus. It beats out their shyness and grows them. When my nurse came to my house and was showing me different stuff for my son like blocks and clapping, he caught it all so quickly. It’s good to see and try to do it myself. She introduced me to Linden Children’s Centre and one of the support officers in Linden really helped me too. And she comes and checks on me.”

“She helped me with games, playing and reading with my son. She taught me about levels, how to be on his level, having eye contact with him, so he knows you're talking to him. He’s able to bring some words together, his language is getting better and he’s able to say some sentences. Sometimes you forget these things but then I remember my nurse and what she said, and it gets easier.”

Relationship with Family Nurse

> *"Our relationship is fine; we meet every week. I feel comfortable with her and can tell her things I don't feel like I can speak to my partner about, some things are better to speak to a woman about."*

> *"Really good, she really helped me and when I was pregnant, I thought I'm going to use her with my daughter too. I know how to understand my children now. I saw her when I was trying to take my children to the baby club. She was there with another parent and their baby - it was really good to see her. We met every two weeks."*

Referrals

> *"Yeah, there was a food one she suggested where they send leftover food which is good. She also helped me fill out my child benefits form."*

> *"Umm I think she did. She was talking about the Comet (Children Centre) next to my house which I was gonna use but she recommended Linden Children's Centre and it was the best thing."*

Suggested Improvements/changes

> *"No, I think everything that they're doing is good. Only thing I would say… It would be nice if they could have a second child ... Like imagine if you had triplets, it would be so difficult. I think they should be able to help all the children at the same time. It's not great that paperwork stops them working two children"*

Surveys

State of Child Health Survey 2020 (298), recommends a continuing focus on prevention and delivering early intervention services for parents, children and families

The report "**Time's running out" by the National Youth Agency** (424), states that there has been an increase in demands for social care, education and mental health services due to an increase in vulnerable young people during the COVID-19 pandemic. There has been an estimated increase from 1 to 3 million vulnerable young people in England, but fewer safeguarding referrals between May 2020 and January 2021 compared with a 3 year average. This suggests that vulnerable children are not getting the support that they need. Between 2010/11 and 2019/20 government spending on young people aged 11-19 decreased from £136 per head to £54 per head; with children from deprived backgrounds being disproportionately affected.

The Department for Education (DfE) **Vulnerable Children and Young People Survey** (425) of local authorities designed to help understand the impact of the coronavirus (COVID-19) outbreak on Children's Social Care found an increase in cases involving domestic abuse and an increase in the complexity of cases. These cases involve: elevated mental health issues amongst parents and children, neglect and emotional abuse, parental issues relating to alcohol and mental health, cases involving non-accidental injury, increases in the number of new-born children that are being presented in care proceedings, increases in cases involving

young people self-harming, referrals where the family are in acute crisis and escalations of risks in cases that are already open to children's social care.

Unmet needs and service gaps

- Increasing demand: can current service provision meet current and projected increase in demand (workforce)?
- Gaps in local knowledge regarding the needs of LGBTQi community although national data tells us the need in this group is increasing.
- Family Nurse Practitioner gap in addressing fathers when working with mothers, programme aimed at teenage/vulnerable mothers assumes there are no teenage lone parent fathers/vulnerable fathers - primary inclusion criteria is for women only.
- Universal services, such as midwifery and health visiting, during the periods before and immediately after birth, do not regularly, significantly and substantially involve fathers.
- Gaps in the number of children under 5 in temporary accommodation, and Children in Care (16/17 yr. olds).
- Unclear how is CSE explicitly being addressed other than through PSHE education, it is linked to criminal behaviour such as county lines
- Priority access to CAMHS and Health Visiting services for homeless families.

Chapter Summary

Reducing vulnerabilities and improving life chances

Adverse Childhood Experiences (ACEs)

- Based on the estimated ACE prevalence across England and using 2019 population estimates: 134,256 Hackney residents (48%) and 4176 City of London residents (48%) have experienced at least one Adverse Childhood Experience (ACE).
- National data and stakeholder interviews highlighted the increase in rates of domestic abuse, poverty and neglect among families; with more families becoming vulnerable as a result of lockdown measures.
- The 'Time's running out' report showed that fewer safeguarding referrals were made between May 2020 and Jan 2021 compared with the three-year average.

Children and young people in temporary housing

- Data for young people and families that are living in temporary accommodation is not always captured in national and local statistics.
- Hackney has 10 hostels specifically for families (providing 141 units) and 24 mixed hostels (providing 764 are mixed). Mixed accommodation presents safeguarding risks for vulnerable young people particularly child sexual exploitation (CSE).
- Data sharing is a barrier to 'rapid response' from Health Visiting teams for families placed temporarily in the area.

Children in Care and Looked After Children (LAC)

- In 2019 there were 62 children in care per 10,000 in City & Hackney which compares similarly to the England average but is above the average rate in London.
- Black children are overrepresented among LAC (45%) compared to white children.
- 78% of LAC in Hackney are placed outside the borough.
- In 2020, the proportion of Hackney and the City LAC who are up to date with the vaccinations in the NHS schedule was 57.9%, one of the lowest in London.
- The average attainment 8 scores for LAC in City & Hackney in 2019 was 24.4 which is a reduction compared to the 2016 score of 27.5, but above the average scores in London and England.
- Nationally 38% of children in Young Offender Institutions and 52% in Secure Training Centres have previously been in care.
- "Improving health outcomes for vulnerable children and young people" outlines the importance of focusing on early years.

Children on a child protection plan

- The rate of Children on Child Protection Plans in 2019/20 in City and Hackney was 38.4 per 10,000, which is above London and below the England averages respectively.

Children in need

- The rate of children in need is increasing over time in both City and Hackney and is higher than the London and England averages.
- The primary reason for this referral among Hackney children in 2018 was abuse or neglect.
- The proportion of children in need due to socially unacceptable behaviour in Hackney was 39.3%, which is significantly above the London and England averages.
- Universal services, such as midwifery and health visiting, during the periods before and immediately after birth, do not regularly, significantly and substantially involve fathers.
- Parents from black backgrounds are overrepresented in the Family Nurse Partnership (56.6% when compared to the whole young population around 24%).
- Stakeholders highlighted the need for early intervention and emphasised the vulnerability of young mothers in particular.

Unpaid care (young carers)

- In 2011, 1.21% of 0 to 15 year olds in Hackney provided unpaid care; higher than the London and England averages.
- Updated data is expected in March 2022 (initial findings from the 2021 census)

First time entrants to the youth justice system, 10-17 years

- The rate in Hackney (342.2 per 100,000 receiving their first reprimand, warning or conviction in 2020) is decreasing slowly but remains above London and England averages.

Recommendations

Recommendations made in the 2016 Needs Assessment:

	2016 Recommendations	Progress
1.	Continue to deliver an enhanced support service for this age group of mothers, throughout pregnancy and postnatally for two years, and for vulnerable women who fall outside of the FNP criteria	ChATR (childhood resilience) workforce development programme has been offered to all perinatal and 0-5s practitioners, and a resource portal has been developed with a range of interventions currently being piloted Development of Safeguarding App that has a specific focus on making children and young people safer in the online world
2	Provide training to encourage earlier completion of the Common Assessment Framework (CAF) by health visitors for vulnerable families	Enhanced support for teenage parents continues through the Family Nurse Partnership (FNP) and women who have been identified as being vulnerable receive an additional two visits from the Health Visitor.
3	Provide training for GPs so they can better understand their role in the CAF and to encourage a greater number of referrals via primary care	Update required
4	Provide more joined-up working between services for complex families	Early identification is provided through the additional mandatory checks undertaken by Health Visitors and plans to provide more joined-up working to support vulnerable families with complex needs is being explored through the Family Hub model

	2022 Recommendations	Supporting rationale
1.	To prevent the escalation of need, embed prevention, early intervention, building on a 'Think Family' approach and integrated working across Children & Young People's Services and the wider community i.e., Police, Jobcentre Plus, CVS, Debt Advice, Public Health, Early Years, Early Help and Supporting Families etc.,	Steep increases in rates of domestic abuse, poverty and neglect among families, with more families becoming more vulnerable as a result of lockdown measures introduced in response to the pandemic Transformation funding available to support Family Hubs

	2022 Recommendations	Supporting rationale
2	Maximise opportunities across midwifery, health visiting and FNP to be more effective at engaging, assessing and planning for the protection of children, by identifying men who have contextual factors linked to Non-Accidental Injury (NAI)	Recommendations from the Child Safeguarding Practice Review Panel - Report 'The Myth of Invisible Men'
3	Undertake further research around the needs of LGBTQi young people in Hackney & the City	Gap
4	Ensure there is a focus on increasing take-up of immunisations within Looked After Children	Healthy Child programme - HIA In Hackney 2020 rate was 58% significantly lower than London and England averages
5	Ensure there is a data sharing agreement between housing and the HV Service so that notices sent to housing can be shared	Gap
6	Ensure there is information sharing between school staff and social workers, so schools are always aware if one of their students is homeless.	Finding from national data
7	Collect data on the numbers of children in care (16/17yrs) being housed in B&B's	Finding from national data
8	Produce child-friendly information about housing rights. These should be co-produced with children and differentiated for different age groups	Finding from national data and
9	Explore how Health Visitors can work with homeless families and what dedicated support can be provided with partners, utilising a multi-disciplinary; ensure children are prioritised to receive mental and physical health support, Health Visitor checks and Child and Adolescent Mental Health Services (CAMHS)	The Queen's Nursing Institute. (2016). Safeguarding Homeless Families: Guide for Practitioners. No way out, by the Children's Commissioner 2021
10	Ensure a safeguarding policy is in place for transferring children to local authority temporary accommodation or B&Bs.	No way out, by the Children's Commissioner 2021
11	Consider how to ensure families and young people are not placed in mixed accommodation, to safeguard their needs	Children's Rights Alliance for England (CRAE)

Appendix 1: Commissioned Services

Service name & Provider	Description
Health Visiting -Homerton (0-5)	HV is a statutory nurse-led service for 0-5s. The scope service includes a four-tier offer, with five universal reviews (visits/contacts) mandated by national government and in addition two additional reviews for targeted families (including first time families)
Family Nurse Partnership - The Whittington Hospital (0-5)	FNP is a licensed nurse-led home visiting service programme for first time young mums and families. The service is for first time mothers aged under 19 or up to the age of 25 with known vulnerabilities. FNP consists of structured home visits from early pregnancy until the child is two. The visits cover six domains of personal health, environmental health, life course development, maternal role, family and friends and health and human services. FNP is based on theories of human ecology, attachments and self-efficacy.
School Nursing - Homerton (5-19)	The school-based health service is a school nursing service for children. The service delivers the following key functions: ● Safeguarding: preparing health reports for children in need and in care for social services. ● Individual Care Plans (ICPs) school nurses act as lead health professionals involved in a child's care. ● National Child Weight Measurement Programme (NCMP) a statutory function and school entry health check and hearing and vision check for children entering maintained primary schools. This includes clinical oversight to Orthodox Jewish providers delivering NCMP and SEHC in OJ schools. ● Dedicated school nursing support to three special schools in hackney.
Bump Buddies - Shoreditch Trust	Bump Buddies is targeted to women during pregnancy and early parenthood, who are affected by complex issues including poverty, homelessness, social isolation, domestic violence, insecure immigration status, trauma and poor mental and/or physical health. A range of services are provided including information and signposting, crisis support and peer mentoring to support women during their pregnancy, to plan and prepare for labour enduring the first six months of the baby's life.
School Based Health Service Orthodox Jewish Independent Schools - Venishmartem and Children Ahead (4-11)	Deliver annual height and weight checks for school age children 4-5 & 10-11 and the school entry health check for children attending independent Orthodox Jewish schools in Hackney. The service also provides dental education for year 6's.
City & Hackney Young People's Service -CHYPS Plus - Homerton (11-19 - up to 25)	A child centred, clinical and treatment service to children and young people to support their sexual and emotional health, provide smoking cessation and a gateway to specialist weight management. Brief psychological support for mild to moderate mental health issues for young people that do not meet the threshold for CAMHS. The service should be offered alongside a health education offer to form a universal health and wellbeing offer for children and young people.

Young Hackney Health and Wellbeing Service - Young Hackney (5-19)	The service delivers statutory elements Personal, Social, Health and Economic education (PHSE) and Relationship and Sex Education (RSE) and non-statutory elements of the 5-19 national Healthy Child Programme, as well as wider health promotion in outreach work in schools and youth settings. The service supports the delivery of the Councils key priorities including sex and relationships, emotional wellbeing and mental health, smoking, health weight and dental health. The service works in partnership with a range of NHS and council services including CHYPS Plus, Children's Social Care, School Nursing, Family Nurse Partnership and health of looked after children.
0-5 Healthy Weight and Obesity Service - HENRY (0-5)	A universal and targeted healthy eating and obesity service for children aged 0-5 years and their families. There are four key components for the service including: Healthy Start Vitamins promotion and delivery ● Healthy eating education workshops for families ● Health promotion of a healthy weight ● Training and development The service should be inclusive of all families including SEND and should meet the needs of a diverse population, working in collaboration with children centres.
5-19 Healthy Weight and Obesity Service - Everyone Health (5-19 - up to 25)	Universal and targeted healthy eating and obesity service for 5–19-year-olds (up to 25 for children with special education needs, SEND). Delivers three overarching functions: ● Tier 2 family-based child weight management programme including NCMP follow up for children identified as above a healthy weight or obese. ● Health Promotion healthy eating and obesity services through publicity, marketing and outreach. ● Training and development, including brief intervention on raising the issue of weight for frontline professionals and to work with public health to deliver nutrition assessment, training and menu development for primary schools and youth hubs.
Young People's Substance Misuse Service	The young people's substance misuse service is a non-prescribing service for children and young people aged 8-24. Services are in three components: *Component 1:* Clinical function to deliver evidence based psychological harm reduction interventions tailored to the age/maturity and vulnerability of the young person. *Component 2:* working with children in contact with youth justice including continuity of care for YP moved in /out of the borough. *Component 3:* is on prevention, education and outreach working in partnership with Hackney Health and Wellbeing service.

Appendix 2: Borough boundaries and statistical neighbours

Boundaries

Hackney is an inner London borough, located in the East of London. It is adjacent to the boroughs of Islington, Haringey, Waltham Forest, Newham, Tower Hamlets and the City of London. The City of London, often referred to as the ‘square mile’, is bounded by Hackney, Islington, Camden, Southwark, Lambeth, Tower Hamlets and Westminster. The City of London Corporation and Hackney local authority together are part of the City & Hackney Clinical Commissioning group (CCG).

Statistical neighbours

Statistical neighbours (to be used as comparators) to Hackney are:

- Haringey
- Lambeth
- Lewisham
- Southwark

Because the City of London has a relatively small population, when it gets combined with Hackney, Hackney comparators were used.

If the value for the City of London was separated, its own comparators should be used as follows:

- Camden
- Kensington and Chelsea
- Westminster
- Wandsworth

These are the closest 4 children's services statistical neighbours used by PHE to compare Child and Maternal Health indicators in Fingertips.

Appendix 3: Additional resources - NICE Guidelines

3a: City & Hackney context - People and Places

NICE Guidance (NG70) **Air pollution: outdoor air quality and health** (427) **:**
Children are included amongst vulnerable groups who are particularly affected by poor outdoor air quality. The guidance includes recommendations to mitigate road-traffic-related air pollution at the local level. Including:

- Incorporating air quality outcomes.
- Developing local parking plans
- Supporting car clubs
- Supporting active travel.
- Managing street trees and vegetation to reduce the risk of restricting street ventilation.
- Reducing emissions from public sector vehicles.
- Avoid or reduce strenuous activity outside in highly polluted locations for vulnerable groups (including children).

These measures could reduce one of the main detrimental effects of living in high population density areas on children and young people.

NICE Guidance (NG13) **Workplace Health** (428)
This guidance includes recommendations about the organisational and physical work environment with a focus on mental wellbeing at work. This is particularly relevant during and post the COVID-19 pandemic.

NICE Guidance (NG6): **Excess winter deaths and illness and the health risks associated with cold homes** (429)**.** This guidance has a focus on reduction of health risks associated with cold homes. Cold homes are a feature of both poverty and deprivation and poor housing tenure.

3b: Maternity and infant feeding

NICE Quality Standard (QS167) **Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups** (430)**.** This quality standard aims to inform commissioning to improve the quality of services provided. The sections relevant to children and young people focus on designing health and wellbeing programmes. It is essential that we gather accurate information about the ethnic and cultural diversity of our population and ensure that we include voices from all of our culturally and ethnically diverse communities to inform the design of services.

Breastfeeding support: NICE guidance PH11 (431) recommends commissioners and managers of maternity and children's services to adopt a multifaceted approach or a coordinated programme of interventions across different settings to increase breastfeeding rates. It should include:

- activities to raise awareness of the benefits of – and how to overcome the barriers to – breastfeeding
- training for health professionals
- breastfeeding peer-support programmes
- joint working between health professionals and peer supporters
- education and information for pregnant women on how to breastfeed, followed by proactive support during the postnatal period (the support may be provided by a volunteer).
- implementation of a structured programme that encourages breastfeeding, using BFI as a minimum standard. The programme should be subject to external evaluation.
- ensuring there is a written, audited and well-publicised breastfeeding policy that includes training for staff and support for those staff who may be breastfeeding. Identify a health professional responsible for implementing this policy.

NICE guidance on postnatal care (432) recommends making face-to-face breastfeeding support integral to the standard postnatal contacts for women who breastfeed. Continue this until breastfeeding is established and any problems have been addressed. It also recommends more support and encouragement to start and continue breastfeeding for younger women and women from a low income or disadvantaged background, stressing on continuity of care is particularly important for these women.

NICE guideline NG201 (433) covers **the routine antenatal care that women and their babies should receive**. It aims to ensure that pregnant women are offered regular check-ups, information and support. It includes:

1.1 Organisation and delivery of antenatal care

1.2 Routine antenatal clinical care

1.3 Information and support for pregnant women and their partners

1.4 Interventions for common problems during pregnancy

Antenatal care Quality standard QS22 (434) covers **care for healthy women and their babies during pregnancy (up to 42 weeks)**. It covers routine antenatal care in primary, community and hospital settings. It describes high-quality care in priority areas for improvement.

Maternal and child nutrition Public health guideline PH11 published in 2008 and updated in 2014 (391) includes **the nutrition of pregnant women, including women who are planning to become pregnant, mothers and other carers of children aged under 5 and**

their children. In particular, it aims to address disparities in the nutrition of low-income and other disadvantaged groups compared with the general population. This guideline includes recommendations on:

1. folic acid and Healthy Start
2. diet in pregnancy, family nutrition and obesity
3. breastfeeding and infant formula
4. child health promotion and pre-school settings
5. allergies
6. oral health

Public health guideline PH56 (435) covers **vitamin D supplement use**. It aims to prevent vitamin D deficiency among specific population groups including infants and children aged under 4, pregnant and breastfeeding women, particularly teenagers and young women, people over 65, people who have low or no exposure to the sun and people with dark skin. This guideline includes recommendations on how to:

1. increase access to vitamin D supplements including those provided as part of the Healthy Start supplements scheme
2. increase local availability of vitamin D supplements for at-risk groups
3. ensure health professionals recommend vitamin D supplements
4. raise awareness of the importance of vitamin D supplements among the local population
5. ensure a consistent multi-agency approach
6. monitor and evaluate the provision and uptake of vitamin D supplements

Coronavirus (COVID-19) infection and pregnancy guidance (436) is for healthcare professionals on coronavirus (COVID-19) infection in pregnancy, including guidance on vaccination in pregnancy. The impact of new evidence and changes in policy on the published guidance is reviewed on a weekly basis. RCOG has also published information and guidance for pregnant women and their families.

NICE guideline NG194 (442) covers the **routine postnatal care that women and their babies should receive in the first 8 weeks after the birth**. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period.

PH26 stopping smoking during and after pregnancy

PH48 smoking acute, maternity and mental health services

3c: Perinatal Mental Health

NICE CG 110 (437), published September 2010, provides a service provision model for women with complex social factors. It includes recommendations for commissioners and local providers on:

1.1 General recommendations

1.2 Pregnant women who abuse substances (alcohol and/or drugs)

1.3 Pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English

1.4 Young pregnant women ages under 20

1.5 Pregnant women who experience domestic abuse

NICE guideline CG192 (438) is a clinical guideline which covers recognition, assessment and treatment of mental health problems in women planning to have a baby, or who are pregnant or one year postpartum. As well as common mental health conditions, it covers drug and alcohol-use disorders, promoting early detection and good management to improve women's quality of life during pregnancy and afterwards. Particularly pertinent recommendations include:

1.10.1 Women who need inpatient care for a mental health problem within 12 months of childbirth should normally be admitted to a specialist mother and baby unit

1.10.2 Managers and senior healthcare professionals...should ensure there are clearly specified care pathways so that all primary and secondary healthcare professionals...know how to access assessment and treatment

1.10.3 Clinical networks should be established for perinatal mental health services, managed by a coordinating board of healthcare professionals, commissioners, managers and service users

1.10.4 Each managed perinatal mental health network should have designated inpatient services and cover a population where there are between 25,000 and 50,000 live births a year

NICE QS115 (439) covers the recognition, assessment, care and treatment of mental health problems in women during pregnancy and in the period up to 1 year after childhood. In addition to providing pre-conception support and advice for women with pre-existing mental health problems, it covers the organisation of mental health services needed in pregnancy and the postnatal period.

3d: Early Years and School Readiness

NICE guideline 75 on Faltering growth: recognition and management of faltering growth in children, includes recognition, assessment and monitoring of faltering growth in infants and children. It includes a definition of growth thresholds for concern and identifying the risk factors for, and possible causes of, faltering growth. It also covers interventions, when to refer, service design, and information and support (440).

NICE Quality standard QS197 (441) on Faltering growth includes four quality statements:

- Babies and preschool children have their measurements plotted on a growth chart if there are concerns about faltering growth.
- Babies and preschool children have a detailed feeding or eating history taken if there are concerns about faltering growth.
- Babies and preschool children have a management plan with specific goals if there are concerns about faltering growth.
- Mothers are supported to continue breastfeeding if their baby is given supplementation with formula because of concerns about faltering growth.

Commissioners must ensure that they commission services in which babies and preschool children are weighed and measured, and these measurements are plotted on the UK–WHO growth chart if there are concerns about faltering growth.

3e: Education and skills

3f: Children and Young People Emotional Health and Wellbeing

NICE guideline PH40 (442) covers how the social and emotional wellbeing of vulnerable children aged under 5 years can be supported through home visiting, childcare and early education, with recommendations on the following:

- Strategy, commissioning and review
- Identification of vulnerable children and assessing their need
- Ante- and postnatal home visiting for children and their families
- Early education and childcare
- Service delivery

It highlights the need for health and early years providers to deliver integrated universal and targeted services to support the emotional and social wellbeing of vulnerable children, including systems for information sharing, establishing referral pathways, and multidisciplinary training.

NICE quality standard 128 (443) covers services to support health, social and emotional wellbeing of children under 5, including those deemed vulnerable and requiring extra

support. It emphasises the importance of speech and language skills assessment at the 2-2.5-year integrated review, as well as discussions with parents of children under 5 at each of the 5 key contacts around factors affecting social and emotional wellbeing.

NG72 (404) pays particular attention to developmental follow-up of children and young people born preterm, including:

1.1 Information and support for parents and carers of all preterm babies
1.2 Risk and prevalence of developmental problems and disorders
1.3 Enhanced developmental support and surveillance

Social and emotional wellbeing in primary education Public health guideline (445) covers approaches to promoting, planning and delivery of social and emotional wellbeing in children aged 4 to 11 years. It also covers identifying signs of anxiety or social and emotional problems in children and how to address them.

It recommends:

- Commissioners and providers of services to children in primary education to develop and agree arrangements as part of the 'Children and young people's plan' (and joint commissioning activities) to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing.
- Put in place and evaluate coordinating mechanisms to ensure primary schools have access to the skills, advice and support they need to deliver a comprehensive and effective programme
- Schools and local authority children's services should work closely with child and adolescent mental health and other services to develop a 'stepped care' approach to preventing and managing mental health problems

Social and emotional wellbeing in secondary education Public health guideline (446) covers interventions to support social and emotional wellbeing among young people aged 11–19 years who are in full-time education. It aims to promote good social, emotional and psychological health to protect young people against behavioural and health problems. It recommends a strategic framework that enables all secondary education establishments to adopt an organisation-wide approach to promoting the social and emotional wellbeing of young people.

Self-harm in over 8s: short-term management and prevention of recurrence Clinical guideline 16 (447) covers the short-term management and prevention of self-harm in people aged 8 and over, regardless of whether accompanied by mental illness. It covers the first 48 hours following an act of self-harm but does not address the longer-term psychiatric care of people who self-harm.

Eating disorders: recognition and treatment NICE guideline (448) covers assessment, treatment, monitoring and inpatient care for children, young people and adults with eating disorders. It aims to improve the care people receive by detailing the most effective treatments for anorexia nervosa, binge eating disorder and bulimia nervosa. Although eating

disorders can develop at any age, the risk is highest for young men and women between 13 and 17 years of age.

Social anxiety disorder: recognition, assessment and treatment Clinical guideline (449) cover recognising, assessing and treating social anxiety disorder (also known as ‘social phobia’) in children and young people (from school age to 17 years) and adults (aged 18 years and older). It aims to improve symptoms, educational, occupational and social functioning, and quality of life in people with social anxiety disorder.

Depression in children and young people: identification and management NICE guideline 134 (450) covers identifying and managing depression in children and young people aged 5 to 18 years. Based on the stepped-care model, it aims to improve recognition and assessment and promote effective treatments for mild and moderate to severe depression.

Depression in children and young people Quality standard 48 (451) covers diagnosing and managing depression in children and young people (aged 5 to 18). It describes high-quality care in priority areas for improvement and includes the following quality statements:

- Children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.
- Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.
- Children and young people with suspected severe depression and at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 24 hours of referral. If necessary, children and young people are provided with a safe place while waiting for the assessment.
- Children and young people with suspected severe depression but not at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 2 weeks of referral.
- Children and young people receiving treatment for depression have their health outcomes recorded at the beginning and end of each step-in treatment.

3g: Healthy Lifestyles

Public health guideline PH27 (452) covers how to assess and monitor body weight and how to prevent someone from becoming overweight or obese before, during and after pregnancy. The aim is to help all women who have a baby to achieve and maintain a healthy weight by adopting a balanced diet and being physically active.

NICE guidance NG3 (453) published in 2015, later updated in 2020, includes Diabetes in pregnancy: management from preconception to the postnatal period. It covers managing diabetes and its complications in women who are planning pregnancy or are already pregnant. It aims to improve the diagnosis of gestational diabetes and help women with diabetes to self-manage their blood glucose levels before and during pregnancy. This

guideline includes recommendations on:

1. preconception planning and care
2. diagnosing and managing gestational diabetes
3. antenatal care
4. intrapartum care
5. neonatal care
6. postnatal care, including ongoing blood glucose testing for women who have had gestational diabetes

NICE Quality standard QS98 Nutrition: improving maternal and child nutrition (454) covers improving nutrition for pregnant women, and babies and children under 5 and their mothers and carers. It focuses on low-income and disadvantaged families. It describes high-quality care in priority areas for improvement.

PH27: weight management before, during and after pregnancy (452)
Provides general guidance regarding factors which make pregnant women more likely to achieve and maintain a healthy weight before, during and after pregnancy.
Provides general guidance on what constitutes an effective weight-loss programme.

Weight loss programmes are not recommended during pregnancy as they may harm the health of the unborn child.

Evidence-based behaviour change advice includes:

- Understanding the short, medium and long-term consequences of a women's health-related behaviour
- Recognising social contexts and relationships which may affect their behaviour
- Identify and plan for situations that might undermine the changes women are trying to make

Preparing for pregnancy: women with a BMI >30:

- NHS, other commissioners and managers, directors of public health and planners/organisers of public health campaigns should ensure health practitioners understand the importance of achieving a healthy weight before pregnancy
- Health professionals should use any opportunity to provide women with a BMI of 30 or more with information about the health benefits of losing weight before coming pregnant
- Health professionals should explain to women that losing 5-10% of their weight would have significant health benefits and could increase their chances of becoming pregnant
- Further weight loss to achieve a healthy BMI should also be encouraged
- Health professionals should offer a weight-loss support programme involving diet and physical activity, while specific dietary advice in preparation for pregnancy should be given

For pregnant women:

Eating habits and levels of physical activity should be discussed with pregnant women as early as possible. Tailored and practical advice should be given.

Myths regarding what and how much to eat during pregnancy should be dispelled - explain there is no increase in energy needs in the first six months, while the last 3 months require only a 200 calorie per day surplus.

NICE guidance suggests that schools should ensure playgrounds are designed to encourage physical activity, with primary schools in particular advised to create areas for both individual and group physical activity (455).

NICE guidance identified early years settings as a key area to implement interventions, as environments where children can develop lifelong attitudes and behaviours, including healthy eating and physical activity (456).

NICE guidelines (457) iterate the importance of working across sectors to improve the oral health in communities, including those working in children and young people's services, education and health services and community groups. Within these sectors, opportunistic promotion of oral health should take place, linking its importance with general wellbeing and health.

3h: Unintentional injuries

Public Health guidance PH 29 (458), Unintentional injuries: prevention strategies for under 15s covers strategies, regulation, enforcement, surveillance and workforce development in relation to preventing unintentional injuries in the home, on the road and during outdoor play and leisure. Following recommendations are relevant for this needs assessment:

- Incorporating unintentional injury prevention within local plans and strategies for children and young people's health and wellbeing.
- Coordinating unintentional injury prevention activities by ensuring there is a child and young person injury prevention coordinator. The aim is to help achieve the commitments set out in local plans and strategies for children and young people's health and wellbeing.
- Providing the wider childcare workforce with access to injury prevention training

Unintentional injuries in the home: interventions for under 15s public health guideline [PH30] (459) covers road speed limits, 20mph zones and engineering measures to reduce speed or make routes safer. Recommendations listed below are most relevant for this needs assessment:

- Health advocacy and engagement: Ensure a senior public health position includes leading on, and responsibility for, the health sector's involvement in injury prevention and risk reduction; Support and promote changes to the road environment as part of

a broader strategy to prevent injuries and the risk of injuries; Support coordinated working between health professionals and local highways authorities to promote changes to the road environment.

3i: Substance misuse

NICE PH26 (460) was published in 2010 and covers support to help women to stop smoking during pregnancy and in the first year following childbirth. It covers identification of women who smoke, referral to stop smoking services and provision of support, as well as information on tailoring services for women from disadvantaged groups who are disproportionately more likely to smoke. It highlights in particular the utility of structured stop-smoking support, CBT and motivational interviewing as well as nicotine-replacement therapy and other pharmacological methods.

NICE PH48 (475) guidance complements NICE guidance on stopping smoking and highlights the need for assessment of women's tobacco exposure using carbon monoxide (CO) monitoring and subsequent actions, as well as emphasising the importance of smoking avoidance during pregnancy.

NICE guidance advises pregnant women who smoke to the NHS to stop smoking services. The services should make use of nicotine replacement therapy (NRT) and other pharmacological support to help these women stop smoking (475).

For those over the age of 12 NICE advises that stop smoking services must be available. This may involve the use of behavioural support, NRT, pharmacological therapies, bupropion and varenicline (461).

NICE places a responsibility on local, regional and national media companies to develop strategies that prevent the uptake of smoking among young people under the age of 18. Campaigns around smoking in young people should focus on eliciting a negative emotional reaction to smoking and portray tobacco as a deadly product that is inappropriate for use in young people. They should also include graphic images that portray the detrimental effects of smoking on health and appearance.

Local authorities should work with retailers to enforce legislation around ease of access to tobacco products for children and young people. Retailers should be encouraged to request proof of age from anyone appearing under the age of 18 who attempts to buy cigarettes and record this interaction on the 'age restricted products refusal register'.

NICE guidance (462) advises that 10–17-year-olds who are engaging in harmful drinking or who have an alcohol dependence should be referred to specialist mental health services, namely child and adolescent mental health service (CAMHS).

For moderate and severe alcohol dependence, children and young people may be offered a planned medically assisted withdrawal in hospital. Cognitive behavioural therapy (CBT)

should be offered to all children and young people alongside specialist therapy if needed, for example, family therapy.

For young people aged 18-25, guidance for adults should be followed. For those with harmful drinking or mild dependence, a moderate level of drinking or abstinence should be the treatment goal. For severe alcohol dependence, abstinence is the goal. Harmful drinkers and those with mild dependency should be offered CBT or couples therapy if they have a regular partner. Moderate and severe alcohol dependence should be offered to community or inpatient assisted withdrawal and referral to specialist alcohol services if needed (463).

Drug misuse prevention: targeted interventions NICE guideline 64 (464) covers targeted interventions to prevent misuse of drugs, including illegal drugs, 'legal highs and prescription-only medicines. It aims to prevent or delay harmful use of drugs in children, young people and adults who are most likely to start using drugs or who are already experimenting or using drugs occasionally.

3j: Sexual Health

Sexually transmitted infections and under-18 conceptions: prevention Public health guideline 3 (465) covers one-to-one interventions to prevent sexually transmitted infections (STIs) and under-18 conceptions. The aim is to reduce the transmission of chlamydia and other STIs, including HIV, and reduce the rate of pregnancies among women aged under 18.

The recommendations include:

- key groups at high risk of STIs: men who have sex with men; people who have come from or who have visited areas of high HIV prevalence; behaviours that increase the risk of STIs include: misuse of alcohol and/or substances;
- early onset of sexual activity; unprotected sex and frequent change of and/or multiple sexual partners
- people with an STI
- sexual health services
- vulnerable young people under 18 including young women who are pregnant or who are already mothers

Harmful sexual behaviour among children and young people NICE guideline 55 (466) covers children and young people who display harmful sexual behaviour, including those on remand or serving community or custodial sentences. It aims to ensure these problems don't escalate and possibly lead to them being charged with a sexual offence. It also aims to ensure no-one is unnecessarily referred to specialist services.

3k: Screening & Immunisations

Immunisations: reducing differences in uptake in under 19s Public health guideline 21 (467) covers increasing immunisation uptake among children and young people aged under 19

years in groups and settings where immunisation coverage is low. It aims to improve access to immunisation services and increase timely immunisation of children and young people. It also aims to ensure babies born to mothers infected with hepatitis B are immunised.

The guidance recommends actions to be taken to reduce inequalities in immunisation and improve access to immunisation services for those with transport, language or communication difficulties, and those with physical or learning disabilities.

- Provide accurate, up-to-date information in a variety of formats on the benefits of immunisation against vaccine-preventable infections. This should be tailored for different communities and groups, according to local circumstances.
- Consider using pharmacies, retail outlets, libraries and local community venues to promote and disseminate accurate, up-to-date information on childhood immunisation.

- Health professionals should check the immunisation history of new migrants, including asylum seekers, when they arrive in the country. They should discuss outstanding vaccinations with them and, if appropriate, their parents, and offer the necessary vaccinations administered by trained staff.

- Prison health services should check the immunisation history of young offenders. They should discuss any outstanding vaccinations with the young person and, if appropriate, their parents, and offer appropriate vaccines administered by trained staff.

- Check the immunisation status of looked after children during their initial health assessment, the annual health assessment and statutory reviews. Ensure outstanding immunisations are addressed as part of the child's health plan. Offer opportunities to have any missed vaccinations, as appropriate, in discussion with the child or young person and those with parental responsibility for them.

3l: Children and Young People with Special Educational Needs & Disabilities (SEND)

Autism spectrum disorder in under 19s: recognition, referral and diagnosis Clinical guideline 128 (468) covers recognising and diagnosing autism spectrum disorder in children and young people from birth up to 19 years. It also covers referrals. It aims to improve the experience of children, young people and those who care for them.

Autism spectrum disorder in under 19s: support and management Clinical guideline 170 (469) covers children and young people with autism spectrum disorder (across the full range of intellectual ability) from birth until their 19th birthday. It covers the different ways that health and social care professionals can provide support, treatment and help for children and young people with autism, and their families and carers, from the early years through to their transition into young adult life.

Both these NICE guidelines recommend setting up a local autism multi-agency strategy group should be set up, with managerial, commissioner and clinical representation from child health and mental health services, education, social care, parent and carer service users, and the voluntary sector for overall configuration and development of local services (including health, mental health, learning disability, education and social care services) for autistic children and young people.

Learning disabilities and behaviour that challenges: service design and delivery NICE guideline 93 (470) covers services for children, young people and adults with a learning disability (or autism and a learning disability) and behaviour that challenges. It aims to promote a lifelong approach to supporting people and their families and carers, focusing on prevention and early intervention and minimising inpatient admissions.

The guidance recommends local authorities and clinical commissioning groups to jointly designate a lead commissioner to oversee strategic commissioning of health, social care and education services specifically for all children, young people and adults with a learning disability, including those who display, or are at risk of developing, behaviour that challenges them. It also recommends joint funding for these services.

3m: Vulnerable children and young people/safeguarding

Child abuse and neglect NICE guideline 76 (471) covers recognising and responding to abuse and neglect in children and young people aged under 18. It covers physical, sexual and emotional abuse, and neglect. The guideline aims to help anyone whose work brings them into contact with children and young people to spot signs of abuse and neglect and to know how to respond. It also supports practitioners who carry out assessments and provide early help and interventions to children, young people, parents and carers.

Child abuse and neglect Quality standard 179 (472) covers recognising, assessing and responding to abuse and neglect of children and young people under 18. It covers physical, sexual and emotional abuse. This quality standard describes high-quality care in priority areas for improvement. It includes the following quality statements:

- Children and young people who display marked changes in behaviour or emotional state are encouraged to talk about their wellbeing.

- Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.

- Children and young people who have experienced abuse or neglect have their words accurately represented in notes summarising their conversations with practitioners.

- Children and young people who have experienced abuse or neglect agree with practitioners on how they will communicate with each other.

- Children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic needs.

Child maltreatment: when to suspect maltreatment in under 18s Clinical guideline 89 (473) covers the signs of possible child maltreatment in children and young people aged under 18 years. It aims to raise awareness and help health professionals who are not child protection specialists to identify the features of physical, sexual and emotional abuse, neglect and fabricated or induced illness.

Looked-after children and young people NICE guideline 205 (474) covers how organisations, practitioners and carers should work together to deliver high-quality care, stable placements and nurturing relationships for looked-after children and young people. It aims to help these children and young people reach their full potential and have the same opportunities as their peers. The key recommendations relevant for this work are as below:

- Diversity: Be aware that many looked-after children and young people are from groups that may face additional disadvantages. Ensure that their needs are met and that they do not face further marginalisation. These groups include those from black, Asian and other minority ethnic groups, Gypsy, Roma and Traveller communities, and those from different religious backgrounds, as well as other groups such as refugees and unaccompanied asylum-seeking children, disabled people with complex needs, autistic children and young people, children and young people with a learning disability or neurodevelopmental disability, lower socioeconomic groups and people who identify as LGBTQ+.
- Valuing carers: Involve and value the carer's input in decision making in the broader care team, and keep carers fully informed about a looked-after child or young person's care plan. The guidance also recommends some mandatory training (recommendation 1.3.13) that needs to be provided to the carers as well as tailored training based on the needs of the LAC. Providing targeted support and training to birth parents if there is a possibility of reunification.
- Safeguarding: Local authorities should facilitate a multidisciplinary approach to safeguarding looked-after children and young people, recognising that, like other children, looked-after children may need a full safeguarding response despite already being in care. This approach should:

- include all relevant agencies in meetings to address safeguarding concerns
- facilitate the sharing of data between agencies
- seek the views of looked-after children and young people and their carers, to ensure that responses to safeguarding risks are effective and acceptable, for example by coordinating safeguarding responses for siblings in care.

The guidance recommends holding safeguarding meetings to bring together practitioners from multiple agencies involved in the care and support of looked-after children and young people.

- Health and wellbeing: Building expertise about trauma and raising awareness on the following:

    a) Ensure that all practitioners working with looked-after children and young people are aware of the impact of trauma (including developmental trauma) and attachment difficulties and appropriate responses to these, to help them build positive relationships and communicate well.
    b) Ensure that practitioners and carers working with unaccompanied asylum-seeking children are aware of the issues that affect this group, including health needs, safeguarding issues, language and culturally sensitive care needs, and the danger of going missing.
    c) Ensure that there is sufficient specialist professional expertise to support, and provide consultation for, looked-after children and young people with more complex needs. This could be provided through more intensive (responsive) trauma-informed training, or by sharing expertise across agencies

References

1.Marmot M. Health Equity in England: the Marmot Review 10 Years on [Internet]. The Health Foundation. 2020. Available from: https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

2.GLA. Housing-led population projections – London Datastore [Internet]. https://data.london.gov.uk/dataset/housing-led-population-projections. 2020. Available from: https://data.london.gov.uk/dataset/housing-led-population-projections

3.Public Health England. Chapter 6: Wider Determinants of Health [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health

4.Public Health England. Executive Summary. [Internet]. 2019 Sep;5–8. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/830105/PHE_Strategy__2020-25__Executive_Summary.pdf

5.GOV UK. Giving every child the best start in life - UK Health Security Agency [Internet]. ukhsa.blog.gov.uk. 2021. Available from: https://ukhsa.blog.gov.uk/2021/03/17/giving-every-child-the-best-start-in-life/

6.Kings Fund. A vision for population health [Internet]. The King's Fund. 2018. Available from: https://www.kingsfund.org.uk/publications/vision-population-health

7.Department of Health and Social Care. Healthy Child Programme: Pregnancy and the First 5 Years of Life [Internet]. GOV.UK. 2009. Available from: https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

8.Leach P. Transforming infant wellbeing : Research, policy and practice for the first 1001 critical days. Abingdon: Routledge; 2017.

9.Royal College of Nursing. The Best Start: The Future of Children's Health – One Year on. Valuing school nurses and health visitors in England [Internet]. Royal College of Nursing. 2018. Available from: https://www.rcn.org.uk/professional-development/publications/pdf-007000#copyrightTab

10.Public Health England. Supporting the public health nursing workforce: health visitors and school nurses delivering public health for children and young people (0-19) Guidance for employers [Internet]. 2018 Mar. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686922/PH_nursing_workforce_guidance_for_employers_and_employees.pdf

11.Turner G, Mackay S. The impact of school nurse interventions: Behaviour change and mental health. British Journal of School Nursing. 2015 Dec 2;10(10):494–506.

12.Public Health England. SECTOR LED IMPROVEMENT(SLI) REVIEW Health Visiting and School Nursing Services in London Summary of Progress [Internet]. 2021 Oct [cited 2022 Jan 13]. Available from: https://adph.org.uk/networks/london/wp-content/uploads/2021/10/Summary-of-the-SLI-Review-of-HV-SN-Services-Oct-2021.pdf

13.Public Health England. Best start in life and beyond Improving public health outcomes for children, young people and families Guidance to support commissioning of the Family Nurse Partnership programme [Internet]. 2021 Aug. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011409/Commissioning_guidance_for_FNP.pdf

14 .NHS. NHS England» NHS Long Term Plan [Internet]. www.england.nhs.uk. 2019 [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://www.england.nhs.uk/long-term-plan/&sa=D&source=docs&ust=1642086457975616&usg=AOvVaw3NREL6Y81q28bTB6NcdyTf

15.NHS. NHS England» What are integrated care systems? [Internet]. www.england.nhs.uk. [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://www.england.nhs.uk/integratedcare/what-is-integrated-care/&sa=D&source=docs&ust=1642086541474946&usg=AOvVaw3rHkN4lWRbrOvq7pGJGT-m

16 .DHSC. Integration and Innovation: working together to improve health and social care for all The Department of Health and Social Care's legislative proposals for a Health and Care Bill [Internet]. 2021. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf

17 .The Kings Fund. Sustainability and transformation plans (STPs) explained [Internet]. The King's Fund. 2017 [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained&sa=D&source=docs&ust=1642086586518349&usg=AOvVaw33FbZMHQC5lLcKvaaK1wKk

18.Kennedy S. Child Poverty Act 2010: a short guide. commonslibraryparliamentuk [Internet]. 2014 Jul 4; Available from: https://commonslibrary.parliament.uk/research-briefings/sn05585/

19.London Assembly. London Health Inequalities Strategy [Internet]. London City Hall. 2018 [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://www.london.gov.uk/what-we-do/health/london-health-inequalities-strategy&sa=D&source=docs&ust=1642086830440448&usg=AOvVaw1Gj4_4_Li1ZxYD8G95Ctyr

20.The Health Foundation. KEY DATA ON YOUNG PEOPLE 2019 [Internet]. 2019. Available from:

https://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_FullVersion.pdf

21.Office for National Statistics. 2011 Census - Office for National Statistics [Internet]. Ons.gov.uk. 2011. Available from: https://www.ons.gov.uk/census/2011census

22.London Borough of Hackney. Rebuilding a better Hackney | Hackney Council [Internet]. hackney.gov.uk. 2021 [cited 2022 Jan 13]. Available from: https://hackney.gov.uk/rebuilding-a-better-hackney

23.London Borough of Hackney. Hackney's Anti Racism Plan: Same journey, new map. [Internet]. Hackney's Anti Racism Plan: Same journey, new map. 2021 [cited 2022 Jan 13]. Available from: https://news.hackney.gov.uk/hackneys-anti-racism-plan-same-journey-new-map/

24.London Borough of Hackney. Health and wellbeing board | Hackney Council [Internet]. hackney.gov.uk. 2021 [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://hackney.gov.uk/health-and-wellbeing-board&sa=D&source=docs&ust=1642087194006761&usg=AOvVaw2prNn9OCW9AjBSMCIVjrss

25.City & Hackney Health and Care System - North East London. City and Hackney Health and Care System -North East London Integrated Care Partnership Plans Improving Health and Wellbeing for the residents of City and Hackney [Internet]. [cited 2022 Jan 13]. Available from: https://www.cityandhackneyccg.nhs.uk/Downloads/About%20Us/Committees/Integrated%20Commissioning%20Board/10122020/Annex%20B%20-%20Integrated%20Care%20Partnership%20Plan.pdf

26.City & Hackney GP Confederation. Networks & Neighbourhoods [Internet]. City and Hackney GP Confederation. Available from: https://www.google.com/url?q=https://cityandhackneygpconfederation.org.uk/working-together/&sa=D&source=docs&ust=1642086374091784&usg=AOvVaw0lCFmgyPBFixwrprs6La0J

27.London Health Inequalities Network. Keeping well in hard times: Protecting and improving health and wellbeing during an income shortfall A practical guide for London boroughs [Internet]. 2013 Mar [cited 2022 Jan 13]. Available from: https://www.cityandhackneyccg.nhs.uk/Downloads/gp/Public%20local%20news/Keeping%20well%20in%20hard%20times.pdf

28.Office for National Statistics. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics [Internet]. Ons.gov.uk. 2020. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

29.London Borough of Hackney, City of London Corporation. A Health Needs Assessment for 5-19 Year Old Residents of the London Borough of Hackney and the City of London A Health Needs Assessment for 5-19 Year Old Residents of the London Borough of Hackney and the City of London [Internet]. 2019. Available from:

https://hackneyjsna.org.uk/wp-content/uploads/2018/02/Children-and-Young-People-Aged-5-19-Needs-Assessment.pdf

30.PricewaterhouseCoopers. 2021 UK and Global economic outlook [Internet]. PwC. 2021. Available from: https://www.pwc.co.uk/press-room/press-releases/2021-uk-and-global-economic-outlook.html

31.Beenackers MA, Oude Groeniger J, Kamphuis CBM, Van Lenthe FJ. Urban population density and mortality in a compact Dutch city: 23-year follow-up of the Dutch GLOBE study. Health & Place. 2018 Sep;53:79–85.

32.London Borough of Hackney. Health Needs Assessment: Orthodox Jewish community in Stamford Hill, North Hackney [Internet]. 2018. Available from: https://hackneyjsna.org.uk/wp-content/uploads/2019/08/Orthodox-Jewish-Health-Needs-Assessment-2018.pdf

33.Fingertips. Public health profiles - OHID [Internet]. Phe.org.uk. 2022 [cited 2022 Jan 13]. Available from: https://fingertips.phe.org.uk/search/life%20expectancy#page/0/gid/1938132696/pat/6/par/E12000007/ati/102/are/E09000012/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/1/tbm/1

34.Greater London Authority. GLA housing-led ethnic group projections. 2016;

35.London Borough of Hackney. The history of Hackney’s diverse communities | Hackney Council [Internet]. hackney.gov.uk. [cited 2022 Jan 13]. Available from: https://hackney.gov.uk/hackney-diversity

36.London Borough of Hackney. Health Needs Assessment: Orthodox Jewish community in Stamford Hill, North Hackney [Internet]. 2018. Available from: https://hackneyjsna.org.uk/wp-content/uploads/2019/08/Orthodox-Jewish-Health-Needs-Assessment-2018.pdf

37.London Borough of Hackney. Knowing our communities | Hackney Council [Internet]. Hackney.gov.uk. 2011. Available from: https://hackney.gov.uk/knowing-our-communities

38.Health Inequalities Steering group. Tackling structural & systemic racism and discrimination. 2021.

39.Joint Committee on Human Rights. House of Commons House of Lords Joint Committee on Human Rights Black people, Racism and Human Rights Eleventh Report of Session 2019-21 Report, Together with Formal Minutes Relating to the Report by Authority of the House of Commons and the House of Lords [Internet]. 2020 Nov. Available from: https://committees.parliament.uk/publications/3376/documents/32359/default/

40.Hirsch D, Stone J. Local indicators of child poverty after housing costs, 2019/20 [Internet]. endchildpoverty.org.uk. 2021. Available from: http://www.endchildpoverty.org.uk/wp-content/uploads/2021/05/Local-child-poverty-indicators-report-MAY-2021_FINAL-1.pdf

41.Ministry of Housing, Communities & Local Government. MHCLG Open Data: English Indices of Deprivation 2019 - LSOA Level [Internet]. opendatacommunities.org. 2019 [cited 2022 Jan 13]. Available from: https://opendatacommunities.org/data/societal-wellbeing/imd2019/indices

42.Department of Work & Pensions. Children in low income families: local area statistics 2014 to 2020 [Internet]. GOV.UK. [cited 2022 Jan 13]. Available from: https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2020

43.National Child Mortality Database. Child Mortality and Social Deprivation National Child Mortality Database Programme Thematic Report [Internet]. 2021. Available from: https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf

44.Fingertips. Child and Maternal Health - Data - OHID [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 13]. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938133228/pat/6/par/E12000007/ati/302/are/E09000012/iid/90801/age/177/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0

45.NHS Scotland. Child Poverty in Scotland: health impact and health inequalities [Internet]. 2018. Available from: http://www.healthscotland.scot/media/2186/child-poverty-impact-inequalities-2018.pdf

46.The Health Foundation. Unemployment and mental health | The Health Foundation [Internet]. www.health.org.uk. 2021. Available from: https://www.health.org.uk/publications/long-reads/unemployment-and-mental-health

47.Race Disparity Unit. Unemployment by ethnicity [Internet]. data.gov.uk. 2019. Available from: https://data.gov.uk/dataset/fe6c83aa-62aa-4a8c-94cc-225f47287225/unemployment-by-ethnicity

48.LBH. 0-5 dataset by neighbourhoods [Internet]. 2021. Available from: not publicly available

49.Fingertips. Wider Determinants of Health - OHID [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 13]. Available from: https://fingertips.phe.org.uk/wider-determinants#page/1/gid/1938133042/pat/15/ati/6/are/E12000007/iid/92313/age/204/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

50.Gov.UK. Unemployment [Internet]. Service.gov.uk. 2021. Available from: https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/unemployment/latest

51.Trust for London. UK youth unemployment rate continues to rise; young black men are particularly affected [Internet]. Trust for London. Available from:

https://www.trustforlondon.org.uk/news/uk-youth-unemployment-rate-continues-rise-young-black-men-are-particularly-affected/

52.DWP. The employment of disabled people 2021 [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2021/the-employment-of-disabled-people-2021

53.ONS. Employment Rates by Disability – London Datastore [Internet]. London Assembly. Available from: https://data.london.gov.uk/dataset/employment-rates-by-disability

54.Harker L. Chance of a lifetime The impact of bad housing on children's lives [Internet]. Available from: https://assets.ctfassets.net/6sxvmndnpn0s/4LTXp3mya7IigRmNG8x9KK/6922b5a4c6ea756ea94da71ebdc001a5/Chance_of_a_Lifetime.pdf

55.Shelter UK. The impact of homelessness and bad housing on children's education A view from the classroom [Internet]. 2018. Available from: https://assets.ctfassets.net/6sxvmndnpn0s/AZvOBS2tanDweEV0cKiiP/71a9a9d622c24680c358fb49b7c7094c/Teachers_Research_Report.pdf

56.LGA. The impact of homelessness on health: a guide for local authorities | Local Government Association [Internet]. www.local.gov.uk. 2017 [cited 2022 Jan 13]. Available from: https://www.local.gov.uk/impact-health-homelessness-guide-local-authorities

57.Fingertips. Public health profiles - OHID [Internet]. fingertips.phe.org.uk. Available from: https://fingertips.phe.org.uk/search/overcrowding#page/0/gid/1/pat/6/ati/102/are/E09000001/iid/90416/age/-1/sex/4/cat/-1/ctp/-1/cid/4/tbm/1

58.GOV.UK. Overcrowded households [Internet]. Service.gov.uk. 2018. Available from: https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest

59.The Lancet. SARS-CoV-2 seroprevalence in a strictly-Orthodox Jewish community in the UK: A retrospective cohort study. The Lancet Regional Health - Europe. 2021 Jul;6:100127.

60.Public Health England. Local action on health inequalities [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355790/Briefing7_Fuel_poverty_health_inequalities.pdf

61.London Borough of Hackney. Housing and homelessness – Health and wellbeing profile – Hackney and the City of London [Internet]. 2016 [cited 2022 Jan 13]. Available from: https://hackneyjsna.org.uk/wider-determinants-of-health/housing-and-homelessness/

62.Curran W. Gentrification - By Loretta Lees, Tom Slater and Elvin Wyly. Growth and Change. 2008 Sep;39(3):536–9.

63.Bosette N. Inside Out: The New Geography of Wealth and Poverty in London [Internet]. www.centreforlondon.org. 2015 [cited 2022 Jan 13]. Available from: https://www.centreforlondon.org/publication/inside-out/

64.Almeida A. Runnymede and CLASS report Pushed to the Margins: A Quantitative Analysis of Gentrification in London in the 2010s Runnymede: Intelligence for a Multi-ethnic Britain [Internet]. 2021 Jun. Available from: https://www.runnymedetrust.org/uploads/projects/Gentrificiation/Pushed%2520to%2520the%2520Margins%2520Gentrification%2520Report.pdf

65.London Borough of Hackney. Hackney: A Place for Everyone? Resident's Survey and Campaign Analysis report [Internet]. 2016. Available from: https://consultation.hackney.gov.uk/communications-and-consultation/hackney-a-place-for-everyone/results/17802990-hackney-a-place-for-everyone-final-report---pdf.pdf

66.Butcher M, Dickens L. Spatial Dislocation and Affective Displacement: Youth Perspectives on Gentrification in London. International Journal of Urban and Regional Research. 2016 Jul;40(4):800–16.

67. Raleigh V, Holmes J. The health of people from ethnic minority groups in England [Internet]. The King's Fund. 2021. Available from: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

68.PHE. Beyond the data: Understanding the impact of COVID-19 on BAME groups. PHE publications; 2020 Jun.

69. London Assembly. A Robust Safety Net [Internet]. London City Hall. 2020 [cited 2022 Jan 13]. Available from: https://www.london.gov.uk/coronavirus/londons-recovery-coronavirus-crisis/recovery-context/robust-safety-net

70. Winchester N. Universal credit: an end to the uplift. lordslibraryparliamentuk [Internet]. 2021 Sep 3; Available from: https://lordslibrary.parliament.uk/universal-credit-an-end-to-the-uplift/

71.London P. Understanding the Impact of COVID-19 on Health Visiting and School Nursing services during the first wave of lockdown in London Contributors [Internet]. [cited 2022 Jan 13]. Available from: https://adph.org.uk/networks/london/wp-content/uploads/2021/10/Understanding-the-Impact-of-COVID-on-HVSN-Summary-Slides.pdf

72.Hackney Sales. Hackney Living Rent - Hackney Council [Internet]. HACKNEY SALES. [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://www.hackneysales.org/hackney-living-rent&sa=D&source=docs&ust=1642093254070324&usg=AOvVaw0W5Nf5WigmAgDfzGFYTHni

73.Hackney Education. Childcare, family support and children's centres | Hackney Education [Internet]. education.hackney.gov.uk. [cited 2022 Jan 13]. Available from: https://education.hackney.gov.uk/section/childcare-family-support-and-childrens-centres

74.Hackney Young Futures Commission [Internet]. Hackney Young Futures Commission. 2020 [cited 2022 Jan 13]. Available from: https://www.hackneyyoungfutures.co.uk/

75.NHS England. BETTER BIRTHS Improving Outcomes of Maternity Services in England [Internet]. NHS England. 2016. Available from: https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

76.MBRRACE-UK. Saving Lives, Improving Mothers' Care Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK Maternal, Newborn and Infant Clinical Outcome Review Programme [Internet]. 2020. Available from: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf

77.NHS England. NHS England» Maternity Transformation Programme [Internet]. England.nhs.uk. 2016. Available from: https://www.england.nhs.uk/mat-transformation/

78.NHS England. NHS England» National Maternity Review [Internet]. England.nhs.uk. 2015. Available from: https://www.england.nhs.uk/mat-transformation/implementing-better-births/mat-review/

79.NHS England. NHS England and NHS Improvement North East and Yorkshire» Better Births and Local Maternity Systems [Internet]. www.england.nhs.uk. [cited 2022 Jan 13]. Available from: https://www.england.nhs.uk/north-east-yorkshire/northern-england-clinical-networks/our-networks/maternity/groups-and-workstreams/better-births-and-local-maternity-systems/

80 .NHS England. NHS England» Maternity Transformation Programme Early Adopters [Internet]. www.england.nhs.uk. [cited 2022 Jan 13]. Available from: https://www.england.nhs.uk/mat-transformation/early-adopters/80.

81.NHS. Collecting your Healthy Start vitamins – Get help to buy food and milk (Healthy Start) [Internet]. www.healthystart.nhs.uk. Available from: https://www.healthystart.nhs.uk/getting-vitamins/

82.UNICEF UK. The Baby Friendly Initiative [Internet]. 2012. Available from: https://www.unicef.org.uk/wp-content/uploads/sites/2/2014/02/Baby_Friendly_guidance_2012.pdf

83. Pokhrel S, Quigley MA, Fox-Rushby J, McCormick F, Williams A, Trueman P, et al. Potential economic impacts from improving breastfeeding rates in the UK. Archives of Disease in Childhood. 2014 Dec 4;100(4):334–40.

84.ONS. Conceptions in England and Wales - Office for National Statistics [Internet]. www.ons.gov.uk. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/bulletins/conceptionstatistics/2019#:~:text=In%202019%2C%20the%20number%20of

85.NHS Choices. Folic acid [Internet]. NHS. 2019. Available from: https://www.nhs.uk/medicines/folic-acid/

86.North East London CCG. Analysis of inequalities across the NEL Local Maternity System (LMS). 2021.

87.NHS Choices. Complications - Vitamin B12 or folate deficiency anaemia [Internet]. NHS. 2019. Available from: https://www.nhs.uk/conditions/vitamin-b12-or-folate-deficiency-anaemia/complications/

88.Fingertips. Child and Maternal Health - Data - OHID [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 13]. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133222/pat/6/ati/302/are/E09000012/iid/93583/age/-1/sex/2/cid/4/tbm/1/page-options/car-do-0

89.Homerton Hospital. Dataset. 2021.

90.Saucedo M, Esteves-Pereira AP, Pencolé L, Rigouzzo A, Proust A, Bouvier-Colle M-H, et al. Understanding maternal mortality in women with obesity and the role of care they receive: a national case-control study. International Journal of Obesity. 2020 Oct 22;45(1):258–65.

91. Programme N. NCMD second annual report [Internet]. National Child Mortality Database. 2021 [cited 2022 Mar 3]. Available from: https://www.ncmd.info/publications/2nd-annual-report/#:~:text=Across%20all%20categories%20of%20death

92.Department Health and Social Care. Folic acid added to flour to prevent spinal conditions in babies [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/news/folic-acid-added-to-flour-to-prevent-spinal-conditions-in-babies

93.PHE Fingertips. Child and Maternal Health - Data - OHID - indicator description [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 13]. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/6/gid/1938133222/pat/6/par/E12000007/ati/302/are/E09000012/iid/93580/age/309/sex/4/cid/1/tbm/1/page-options/car-do-0

94.First Steps Nutrition Trust. Enabling children to be a healthy weight What we need to do better in the first 1,000 days [Internet]. 2021. Available from: https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/60ae5c369213347627bb9075/1622039612853/Obesity+report+May2021+for+web.pdf

95.Fingertips - OHID. Breastfeeding indicators - fingertips [Internet]. fingertips.phe.org.uk. Available from: https://fingertips.phe.org.uk/search/breastfeeding#page/0/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000004/iid/93580/age/309/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

96.NHS UK. Your breastfeeding questions answered [Internet]. nhs.uk. 2020. Available from: https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/your-questions-answered/

97.Jarlenski MP, Bennett WL, Bleich SN, Barry CL, Stuart EA. Effects of breastfeeding on postpartum weight loss among U.S. women. Preventive Medicine. 2014 Dec;69:146–50.

98.NHS Digital. Smoking, Drinking and Drug Use among Young People in England - NHS Digital [Internet]. NHS Digital. 2018. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england

99.Fingertips. Fingertips: pregnancy & birth indicators [Internet]. fingertips.phe.org.uk. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/ati/302/are/E09000012

100.NHS. Stop smoking in pregnancy [Internet]. nhs.uk. 2020. Available from: https://www.nhs.uk/pregnancy/keeping-well/stop-smoking/

101.ONS. ONS dataset - Hackney Births/Conceptions. 2021.

102.SUS+. Dataset. 2021.

103.ONS. Birth characteristics in England and Wales - Office for National Statistics [Internet]. www.ons.gov.uk. 2019 [cited 2022 Jan 13]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2017#:~:text=of%20high%20birthweight.-

104.NEL Child Health Information Services. Dataset. 2021

105.Griffin L. Personal Communication. 2021.

106.Raleigh V, Holmes J. The health of people from ethnic minority groups in England [Internet]. The King’s Fund. 2021. Available from: https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england

107.Homerton University Hospital. Redirecting [Internet]. Google.com. 2022 [cited 2022 Jan 13]. Available from: https://www.google.com/url?q=https://www.homerton.nhs.uk/specialist-childrens-nursing-and-health-visiting-practitioners-service/&sa=D&source=docs&ust=1642096999335220&usg=AOvVaw16F2jjTsk_EUgUK9_a3ypX

108.Our Journey - Birth to 5 Years: New Resource for Parents and Clinicians - GP Website [Internet]. Our Journey - Birth to 5 Years: New Resource for Parents and Clinicians - GP Website. [cited 2022 Jan 13]. Available from: https://gps.cityandhackneyccg.nhs.uk/news/our-journey-birth-to-5-years

109.Homepage | HENRY [Internet]. Henry.org.uk. 2020. Available from: https://www.henry.org.uk/

110.Shoreditch Trust | Bump Buddies [Internet]. www.shoreditchtrust.org.uk. [cited 2022 Jan 13]. Available from: https://www.shoreditchtrust.org.uk/health-and-wellbeing/women-and-children/bump-buddies/

111.Public Health England. NDNS: results from years 7 and 8 (combined) [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/statistics/ndns-results-from-years-7-and-8-combined

112.HENRY. Database - Hackney. 2021.

113.WHO. Global strategy for infant and young child feeding [Internet]. www.who.int. 2003. Available from: https://www.who.int/publications/i/item/9241562218

114.Breastfeeding. Breastfeeding [Internet]. The Nuffield Trust. 2018. Available from: https://www.nuffieldtrust.org.uk/resource/breastfeeding

115.NHS England. NHS England» Perinatal mental health [Internet]. England.nhs.uk. NHS; 2018. Available from: https://www.england.nhs.uk/mental-health/perinatal/

116.NICE. Overview | Antenatal care | Guidance | NICE [Internet]. www.nice.org.uk. 2021. Available from: https://www.nice.org.uk/guidance/NG201

117.Public Health England. Mental health and wellbeing: JSNA toolkit [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit

118.Women's Aid. Supporting women and babies after domestic abuse A toolkit for domestic abuse specialists Contents [Internet]. 2019. Available from: https://www.womensaid.org.uk/wp-content/uploads/2019/12/Supporting-women-and-babies-after-domestic-abuse.pdf111.GOV UK. Preconception care: making the case [Internet]. GOV.UK. 2019. Available from: https://www.gov.uk/government/publications/preconception-care-making-the-case

119.Darwin Z, Galdas P, Hinchliff S, Littlewood E, McMillan D, McGowan L, et al. Fathers' views and experiences of their own mental health during pregnancy and the first postnatal year: a qualitative interview study of men participating in the UK Born and Bred in Yorkshire (BaBY) cohort. BMC Pregnancy and Childbirth [Internet]. 2017 Jan 26;17(1). Available from: https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1229-4

120.GOV UK. Early years high impact area 2: Supporting maternal and family mental health [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-2-supporting-maternal-and-family-mental-health

121.OHID. Fingertips Perinatal Mental Health [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 14]. Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health/data#page/1

122.Homerton University Hospital. Dataset (2019). 2019.

123.NHS England. NHS England» Adult Improving Access to Psychological Therapies programme [Internet]. England.nhs.uk. 2018. Available from: https://www.england.nhs.uk/mental-health/adults/iapt/

124.ELFT - Services - Perinatal Service (City and Hackney) [Internet]. www.elft.nhs.uk. [cited 2022 Jan 14]. Available from: https://www.elft.nhs.uk/service/218/Perinatal-Service

125.Beardon S, Woodhead C, Cooper S, Ingram E, Genn H, Raine R. International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. Public Health Reviews. 2021 Apr 26;42.

126.Duncan E. Perinatal Mental Health Overview. Unpublished. 2021.

127.City & Hackney perinatal service, 2022.

128.Jankovic J, Parsons J, Jovanović N, Berrisford G, Copello A, Fazil Q, et al. Differences in access and utilisation of mental health services in the perinatal period for women from ethnic minorities—a population-based study. BMC Medicine. 2020 Sep 11;18(1).

129.DfE. DfE Early Years Social Mobility Programme: Summary [Internet]. Available from: https://foundationyears.org.uk/wp-content/uploads/2019/06/Early-Years-Social-Mobility-Programme-Summary-final.pdf

130.Department for Education. Better communication research programme [Internet]. GOV.UK. 2012. Available from: https://www.gov.uk/government/collections/better-communication-research-programme

131.Locke A, Ginsborg J, Peers I. Development and disadvantage: implications for the early years and beyond. International Journal of Language & Communication Disorders. 2002 Jan;37(1):3–15.

132.Gov UK. The relationship between SLCN and behavioural difficulties [Internet]. GOV.UK. 2012 [cited 2022 Jan 28]. Available from: https://www.gov.uk/government/publications/the-relationship-between-speech-language-and-communication-needs-slcn-and-behavioural-emotional-and-social-difficulties-besd

133.Campbell T, Gambaro L, Stewart K. Inequalities in the experience of early education in England: Access, peer groups and transitions [Internet]. 2019. Available from: https://sticerd.lse.ac.uk/dps/case/cb/casebrief36.pdf

134/141.GOV UK. Explore our statistics and data [Internet]. explore-education-statistics.service.gov.uk. Available from: https://explore-education-statistics.service.gov.uk/

135.Public Health England. Executive Summary. New Directions for Youth Development [Internet]. 2013 Sep;2013(139):5–8. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/830105/PHE_Strategy__2020-25__Executive_Summary.pdf

136.GOV UK. Care continuity between midwifery and health visiting services: principles for practice [Internet]. GOV.UK. Available from: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/care-continuity-between-midwifery-and-health-visiting-services-principles-for-practice

137.Sure Start children's centres statutory guidance For local authorities, commissioners of local health services and Jobcentre Plus [Internet]. 2013. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678913/childrens_centre_stat_guidance_april-2013.pdf

138.GOV UK. Family hubs transformation fund [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/family-hubs-transformation-fund

139.CSJ. Fully Committed? How government could reverse family breakdown [Internet]. The Centre for Social Justice. 2014 [cited 2022 Jan 14]. Available from: https://www.centreforsocialjustice.org.uk/library/fully-committed-how-government-could-reverse-family-breakdown

140.PHE. Improving school readiness Creating a better start for London [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459828/School_readiness_10_Sep_15.pdf

141.GLA. Health Inequalities Strategy Implementation Plan Commitments 2021-24 [Internet]. GLA. [cited 2022 Jan 14]. Available from: https://www.london.gov.uk/publications/health-inequalities-strategy-implementation-plan-commitments-2021-24

142.ICAN. Scale of the issue [Internet]. I CAN Charity. Available from: https://ican.org.uk/i-cans-talking-point/professionals/information-for-inspectors/scale-of-the-issue/

143.Nelson HD. Screening for Speech and Language Delay in Preschool Children: Systematic Evidence Review for the US Preventive Services Task Force. PEDIATRICS. 2006 Feb 1;117(2):e298–319.

144.GOV UK. Best start in speech, language and communication [Internet]. GOV.UK. 2020. Available from: https://www.gov.uk/government/publications/best-start-in-speech-language-and-communication

145.RCSLT. New tool for health visitors in England to identify SLCN [Internet]. RCSLT. 2020 [cited 2022 Jan 28]. Available from: https://www.rcslt.org/news/new-tool-for-health-visitors-in-england-to-identify-slcn/

146.PHE. Identifying and supporting children's early language needs [Internet]. 2020. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939833/ELIM_Summary_report_December-2020.pdf

147.Elklan. NELI: The Nuffield Early Language Intervention | Elklan Training Ltd [Internet]. www.elklan.co.uk. 2021. Available from: https://www.elklan.co.uk/NELI/

148. Bernt F. Test review of Ages & Stages Questionnaires®: Social-Emotional, Second Edition. and DiStefano, C. (2017) [Internet]. 2017. Available from: https://marketplace.unl.edu/buros/

149.London Assembly. Healthy Early Years London: Year One Evaluation Report [Internet]. London City Hall. 2020 [cited 2022 Jan 28]. Available from: https://www.london.gov.uk/what-we-do/health/healthy-early-years-london/healthy-early-years-london-year-one-evaluation-report

150. Department for Education. Families in the Foundation Years Evidence Pack [Internet]. 2011 Jul [cited 2019 Oct 25]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/262397/DFE-00214-2011.pdf

151.OHID. Child and Maternal Health - Early Years [Internet]. fingertips.phe.org.uk. Available from: https://fingertips.phe.org.uk/child-health-profiles#page/1/gid/1938133223/pat/6/par/E12000007/ati/302/are/E09000012/cid/4/tbm/1

152.Dr R, Hargreaves D, Rehill J, Shah R. 5 Are young children healthier than they were two decades ago? The changing face of early childhood in the UK Series editor Carey Oppenheim Are young children healthier than they were two decades ago? [Internet]. [cited 2022 Jan 14]. Available from: https://www.nuffieldfoundation.org/wp-content/uploads/2021/12/Are-young-children-healthier-than-two-decades-ago-Nuffield-Foundation.pdf

153.Kettlewell K, Sharp C, Lucas M, Gambhir G, Classick R, Hope C, et al. International early learning and child well-being study (IELS): national report for England Research report December 2020 [Internet]. 2020 Dec. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000508/IELS_national_report_FINAL_Dec_2020_revised.pdf

154.Davies NM, Dickson M, Davey Smith G, van den Berg GJ, Windmeijer F. The causal effects of education on health outcomes in the UK Biobank. Nature Human Behaviour. 2018 Jan 29;2(2):117–25.

155.OECD. Health at a Glance 2021 - OECD [Internet]. www.oecd.org. Available from: https://www.oecd.org/health/health-at-a-glance/

156.Browne Jacobson. Mental health and student exclusions [Internet]. www.brownejacobson.com. 2020 [cited 2022 Jan 18]. Available from:

https://www.brownejacobson.com/education/training-and-resources/legal-updates/2020/06/mental-health-and-student-exclusions

157.Department for Education. Exclusion from maintained schools, academies and pupil referral units in England Statutory guidance for those with legal responsibilities in relation to exclusion [Internet]. 2017. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921405/20170831_Exclusion_Stat_guidance_Web_version.pdf

158.Timpson E. TIMPSON REVIEW OF SCHOOL EXCLUSION [Internet]. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf

159.SAPHNA School and Public Health Nurses Association. School Nursing: Creating a healthy world in which children can thrive. A Service Fit for the Future [Internet]. Available from: https://saphna.co/wp-content/uploads/2021/10/SAPHNA-VISION-FOR-SCHOOL-NURSING.pdf

160. Excluded lives. Getting the balance right: Policy recommendations for intervening upstream to prevent school exclusion in the context of COVID-19 [Internet]. Excluded Lives. 2020 [cited 2022 Jan 28]. Available from: https://excludedlives.education.ox.ac.uk/publication/getting-the-balance-right-policy-recommendations-for-intervening-upstream-to-prevent-school-exclusion-in-the-context-of-covid-19/

161.DfE. Unlocking talent, fulfilling potential: a plan for improving social mobility through education [Internet]. 2017. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/667690/Social_Mobility_Action_Plan_-_for_printing.pdf

162.PHE. The impact of COVID-19 on London’s children and young people [Internet]. www.bacaph.org.uk. 2021 [cited 2022 Jan 18]. Available from: https://www.bacaph.org.uk/images/PDFs/The%20impact%20of%20COVID-19%20on%20London

163.AYPH. Young people and COVID-19: where are we up to? [Internet]. Association for Young People’s Health. 2021 [cited 2022 Jan 18]. Available from: https://www.youngpeopleshealth.org.uk/young-people-and-covid-19-where-are-we-up-to-2

164.GOV UK. National Tutoring Programme (NTP) [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/national-tutoring-programme-ntp/national-tutoring-programme-ntp

165. Department for Education. Relationships education, relationships and sex education (RSE) and health education [Internet]. GOV.UK. 2019. Available from: https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education

166.Department for Education. Keeping children safe in education 2021 Statutory guidance for schools and colleges [Internet]. 2021. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

167.Department for Education. Working together to safeguard children [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

168.DfE. Unregistered independent schools and out of school settings Departmental advice for collaborative working between the Department for Education, Ofsted and local authorities [Internet]. 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/690495/La_Guidance_March_2018.pdf

169.ONS. Exploring the UK's Digital Divide - Office for National Statistics [Internet]. Ons.gov.uk. 2019. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04

170.Callanan M, Anderson M, Haywood S, Hudson R, Speight -Natcen S, Research S. Study of Early Education and Development: Good Practice in Early Education [Internet]. 2017. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/586242/SEED__Good_Practice_in_Early_Education_-_RR553.pdf

171 OHID. Child and Maternal Health - fingertips: free school meals [Internet]. fingertips.phe.org.uk. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/3/gid/1938133258/pat/6/par/E12000007/ati/302/are/E09000012/iid/90922/age/215/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

172.The Relationship Between School Attendance and Health. The Relationship Between School Attendance and Health [Internet]. RWJF. 2019. Available from: https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html

173.Department for Education. Early years foundation stage profile results: 2018 to 2019 [Internet]. GOV.UK. 2019. Available from: https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2018-to-2019

174.LBH. New Regents College - Pupil Referral Unit (PRU) | Hackney Local Offer [Internet]. www.hackneylocaloffer.co.uk. Available from: https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/service.page?id=OcyydlkBVIo

175.Department for Education. School exclusion [Internet]. GOV.UK. 2012. Available from: https://www.gov.uk/government/publications/school-exclusion

176.FE news. NEET and participation: local authority figures [Internet]. FE News. 2020 [cited 2022 Jan 18]. Available from: https://www.fenews.co.uk/resources/neet-and-participation-local-authority-figures/.DfE.

177.Key stage 4 performance [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 18]. Available from: https://www.gov.uk/government/statistics/key-stage-4-performance-2019-revised

178.National Governance Association. Young Governors' Network - National Governance Association [Internet]. Nga.org.uk. 2014 [cited 2022 Jan 18]. Available from: https://www.nga.org.uk/Governance-Recruitment/Young-Governors-Network.aspx

179.Young Hackney. Hackney Youth Parliament [Internet]. Young Hackney. [cited 2022 Jan 18]. Available from: https://www.younghackney.org/get-involved/hackney-youth-parliament/

180.HCVS. African Community School - Hackney CVS - Hackney CVS [Internet]. hcvs.org.uk. [cited 2022 Jan 18]. Available from: https://hcvs.org.uk/african-community-school/

181.LBH. Improving outcomes for young black men | Hackney Council [Internet]. hackney.gov.uk. [cited 2022 Jan 19]. Available from: https://hackney.gov.uk/young-black-men

182.Graham B, white C, Edwards A, Potter S, Street C. School exclusion: a literature review on the continued disproportionate exclusion of certain children [Internet]. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/800028/Timpson_review_of_school_exclusion_literature_review.pdf

183.DfE. Newly Qualified Teachers: annual survey 2017 [Internet]. 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/738037/NQT_2017_survey.pdf

184.Tamir M, John OP, Srivastava S, Gross JJ. Implicit theories of emotion: Affective and social outcomes across a major life transition. Journal of Personality and Social Psychology. 2007;92(4):731–44.

185. Department for Education NI. Children & Young People's EMOTIONAL HEALTH AND WELLBEING in Education Framework [Internet]. 2021. Available from: https://www.education-ni.gov.uk/sites/default/files/publications/education/Children%20%26%20Young%20People%20s%20Emotional%20Health%20and%20Wellbeing%20in%20Education%20Framework%20%28final%20version%29.PDF

186.Public Health England. Improving young people's health and wellbeing: a framework for public health [Internet]. GOV.UK. 2015. Available from: https://www.gov.uk/government/publications/improving-young-peoples-health-and-wellbeing-a-framework-for-public-health

187. Education Policy Institute. Young people's mental and emotional health: Trajectories and drivers in childhood and adolescence [Internet]. Education Policy Institute. 2021.

Available from:
https://epi.org.uk/publications-and-research/young-peoples-mental-and-emotional-health/

188.Department of Health and Social Care. Quick read: Transforming children and young people's mental health provision [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision

189.HM Government, Children & Young People's Mental Health Coalition. Promoting children and young people's mental health and wellbeing [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

190.London Assembly Health Committee. The impact of the COVID-19 pandemic on the mental health of children and young people in London [Internet]. 2021. Available from: https://www.london.gov.uk/sites/default/files/the_mental_health_of_children_and_young_people_-_final_clean_0.pdf

191.OHID. COVID-19: mental health and wellbeing surveillance report [Internet]. GOV.UK. Available from:
https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report

192.PHE. The impact of COVID-19 on London's children and young people [Internet]. www.bacaph.org.uk. 2021 [cited 2022 Jan 18]. Available from:
https://www.bacaph.org.uk/images/PDFs/The%20impact%20of%20COVID-19%20on%20London%27s%20CYP.pdf

193.London Councils. London Recovery Programme [Internet]. Available from:
https://www.london.gov.uk/sites/default/files/recovery_programme_overview.pdf

194.London Assembly. A New Deal for Young People [Internet]. London City Hall. 2020. Available from:
https://www.london.gov.uk/coronavirus/londons-recovery-coronavirus-crisis/recovery-context/new-deal-young-people

195.The Health Foundation. Unequal pandemic, fairer recovery - The Health Foundation [Internet]. www.health.org.uk. 2021. Available from:
https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery

196.Mind. The Mental Health Emergency [Internet]. 2020 Jun. Available from:
https://www.mind.org.uk/media-a/5929/the-mental-health-emergency_a4_final.pdf

197.RCPsych. Country in the grip of a mental health crisis with children worst affected, new analysis finds [Internet]. www.rcpsych.ac.uk. Available from:
https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/04/08/country-in-the-grip-of-a-mental-health-crisis-with-children-worst-affected-new-analysis-finds

198.Young Minds. COVID Impact On Young People With Mental Health Needs [Internet]. YoungMinds. [cited 2022 Jan 18]. Available from: https://www.youngminds.org.uk/about-us/reports-and-impact/coronavirus-impact-on-young-people-with-mental-health-needs/#:~:text=The%20survey%20carried%20out%20with

199.LBH. Hackney Joint Health & Wellbeing Strategy - 2022/26 [Internet]. 2021. Available from: https://consultation.hackney.gov.uk/health-and-wellbeing/health-and-wellbeing-strategy/user_uploads/consultation-draft_-hackney-22_26-hwb-strategy-8.pdf

200.LBH. Hackney Child Wellbeing Framework [Internet]. 2021. Available from: https://chscp.org.uk/wp-content/uploads/2021/07/Hackney-Child-Wellbeing-Framework-refresh-v5-1-1.pdf

201.Early Intervention Foundation. Adolescent mental health: A systematic review on the effectiveness of school-based interventions [Internet]. Early Intervention Foundation. 2021. Available from: https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions

202.Gedikoglu M. Social and emotional learning: An evidence review and synthesis of key issues [Internet]. Education Policy Institute. Available from: https://epi.org.uk/publications-and-research/social-and-emotional-learning/

203.HM Government. Healthy Lives, Healthy People: Our strategy for public health in England [Internet]. 2010. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf

204.Public Health England (PHE. Public Health Profiles - fingertips: Children & Young People's Mental Health and Wellbeing [Internet]. Phe.org.uk. 2014. Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

205.NICE. Self-harm: NICE CG133 [Internet]. Available from: https://www.nice.org.uk/guidance/cg133/evidence/full-guideline-pdf-184901581

206. UCL. CLS | Millennium Cohort Study [Internet]. Ucl.ac.uk. 2012. Available from: https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/

207.LBH. Local data - WAMHS activities [Internet]. 2021. Available from: unpublished

208.LBH. Wellbeing and Mental Health in Schools (WAMHS) project [Internet]. 2019. Available from: https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/advice.page?id=DUgwy6CmZ6k

209.C&H CAMHS. First Steps mental health & emotional wellbeing [Internet]. City & Hackney CAMHS. [cited 2022 Jan 18]. Available from: https://cityandhackneycamhs.org.uk/services/first-steps/

210.Family Action. Growing Minds [Internet]. Family Action. [cited 2022 Jan 18]. Available from: https://www.family-action.org.uk/what-we-do/children-families/growing-minds/

211.IRIE Mind. IRIE Mind [Internet]. IRIE Mind. [cited 2022 Jan 28]. Available from: https://iriemind.org/

212.Five to Thrive - An attachment-based approach to positive parenting [Internet]. Fivetothrive.org.uk. 2019. Available from: https://fivetothrive.org.uk/

213.Kooth PLC. Digital Mental Health Care [Internet]. Kooth plc. Available from: https://www.koothplc.com/

214.Inc SH. SilverCloud Health | The Leading Digital Mental Health Platform [Internet]. www.silvercloudhealth.com. Available from: https://www.silvercloudhealth.com/uk

215.NHS Digital. Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey [Internet]. NHS Digital. 2020. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

216.Children's Commissioner. The Big Answer [Internet]. Children’s Commissioner for England. Available from: https://www.childrenscommissioner.gov.uk/the-big-answer/

217.NHS Digital. Mental Health of Children and Young People in England 2021 - Wave 2 Follow up to the 2017 Survey [Internet]. NHS Digital. 2021. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey

218.LBH. Young Black Men in Hackney - Programme Summary 2018-22 [Internet]. Google Docs. 2021 [cited 2022 Jan 28]. Available from: https://drive.google.com/file/d/1A3vkaaX3xTtTtFwyPbEnU9fEPwXb8nxE/view

219. PSHE Association. New “Health Education” KS1-4 lesson plans and guidance launched [Internet]. pshe-association.org.uk. 2021. Available from: https://pshe-association.org.uk/news/new-health-education-ks1-4-lesson-plans-and

220.NHS Digital. National Child Measurement Programme, England 2020/21 School Year [Internet]. NHS Digital. 2021. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year

221.NHS Digital. Health and Care of People with Learning Disabilities [Internet]. NHS Digital. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities

222.Public Health England. Obesity and weight management for people with learning disabilities: guidance [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/obesity-weight-management-and-people-with-le

arning-disabilities/obesity-and-weight-management-for-people-with-learning-disabilities-guidance

223.PHE. Childhood obesity plan: PHE's role in implementation [Internet]. GOV.UK. 2016. Available from: https://www.gov.uk/government/publications/childhood-obesity-plan-phes-role-in-implementation/childhood-obesity-plan-phes-role-in-implementation

224.Public Health England. Health matters: child dental health [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health

225.Early Intervention Foundation. Growing up in the COVID-19 pandemic: An evidence review of the impact of pandemic life on physical development in the early years [Internet]. Early Intervention Foundation. 2021. Available from: https://www.eif.org.uk/report/growing-up-in-the-covid-19-pandemic-an-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years

226.HM Government. Advancing our health: prevention in the 2020s [Internet]. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819766/advancing-our-health-prevention-in-the-2020s-accessible.pdf

227.Department of Health and Social Care. Childhood obesity: a plan for action, chapter 2 [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/childhood-obesity-a-plan-for-action-chapter-2

228.Department of Health and Social Care. Tackling obesity: empowering adults and children to live healthier lives [Internet]. GOV.UK. 2020. Available from: https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives

229. Hudda MT et al. Body mass index adjustments to increase the validity of body fatness assessment in UK Black African and South Asian children. International Journal of Obesity [Internet]. 2017 Jul 1;41(7):1048–55. Available from: https://www.nature.com/articles/ijo201775

230. Differences in child obesity by ethnic group [Internet]. GOV.UK. [cited 2022 Mar 7]. Available from: https://www.gov.uk/government/publications/differences-in-child-obesity-by-ethnic-group

231.NAO. National Audit Office [Internet]. National Audit Office. 2018. Available from: https://www.nao.org.uk/

232. The Food Foundation. Food Foundation [Internet]. foodfoundation.org.uk. Available from: https://foodfoundation.org.uk/

233.House of Lords. Hungry for change: fixing the failures in food [Internet]. Available from: https://publications.parliament.uk/pa/ld5801/ldselect/ldfphe/85/85.pdf

234. The State of the Nation's Food System Ten vital signs documenting the health of our food system, how it impacts on our lives, and why we must change the food environment so that it delivers healthy and sustainable diets for everyone [Internet]. Available from: https://foodfoundation.org.uk/sites/default/files/2021-10/FF-Broken-Plate-2021.pdf

235.LGA. Making obesity everybody's business A whole systems approach to obesity A briefing for elected members [Internet]. Available from: https://www.local.gov.uk/sites/default/files/documents/15.6%20Obesity-05.pdf

236.PHE. Let's Talk About Weight: A step-by-step guide to brief interventions with adults for health and care professionals [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737903/weight_management_toolkit_Let_s_talk_about_weight.pdf

237.Foundation Years. Eat Better, Start Better | From pregnancy to children aged 5 [Internet]. Foundationyears.org.uk. 2014. Available from: https://foundationyears.org.uk/eat-better-start-better/

238.DfE. School Food Standard Practical Guide [Internet]. Legislation.gov.uk. 2014. Available from: https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/school-food-standards-practical-guide

239.GOV UK. Healthy schools rating scheme [Internet]. GOV.UK. 2019. Available from: https://www.gov.uk/government/publications/healthy-schools-rating-scheme

240.PHE. Healthy weight environments: using the planning system [Internet]. GOV.UK. 2021 [cited 2022 Jan 18]. Available from: https://www.gov.uk/government/publications/healthy-weight-environments-using-the-planning-system

241.PHE. National Child Measurement Programme Operational guidance 2021 [Internet]. 2021. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1016653/National_Child_Measurement_Programme_operational_guidance_2021.pdf

242.Health Education England. Making Every Contact Count (MECC) [Internet]. Makingeverycontactcount.co.uk. 2019. Available from: https://www.makingeverycontactcount.co.uk/

243.Sustain. Calling on London local authorities to take action on sugar reduction and healthier food | Sustain [Internet]. www.sustainweb.org. Available from: https://www.sustainweb.org/londonfoodlink/declaration/

244. Hackney-Food-Poverty-Action-Plan.pdf [Internet]. Google Docs. Available from: https://drive.google.com/file/d/1JO6KQL9FrUNBwUuuaSUXtfmj5cJE1EUs/view

245. Government office for science. Tackling Obesities: Future Choices - Project Report 2nd Edition Government Office for Science [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf

246.Pastor R, Tur JA. Effectiveness of Interventions to Promote Healthy Eating Habits in Children and Adolescents at Risk of Poverty: Systematic Review and Meta-Analysis. Nutrients. 2020 Jun 25;12(6):1891.

247.Kitchen S, Tanner E, Brown V, Payne -Natcen C, Crawford C, Dearden L, et al. Evaluation of the Free School Meals Pilot Impact Report Susan Purdon -Bryson Purdon Social Research [Internet]. 2010. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/184047/DFE-RR227.pdf

248. Thangaratinam S, Rogozińska E, Jolly K, Glinkowski S, Duda W, Borowiack E, et al. Interventions to reduce or prevent obesity in pregnant women: a systematic review. Health Technology Assessment. 2012 Jul;16(31).

249.Happy Mum Healthy Bump [Internet]. NICE. 2019 [cited 2022 Mar 7]. Available from: https://www.nice.org.uk/sharedlearning/happy-mum-healthy-bump#:~:text=As%20per%20NICE%20(2010)%20diets

250.Hobbs M, Radley D. Obesogenic environments and obesity: a comment on “Are environmental area characteristics at birth associated with overweight and obesity in school-aged children? Findings from the SLOPE (Studying Lifecourse Obesity PrEdictors) population-based cohort in the south of England.” BMC Medicine. 2020 Mar 18;18(1).

251. Does a Spoonful of Sugar Levy Help the Calories Go Down? An Analysis of the UK Soft Drinks Industry Levy [Internet]. www.iza.org. 2021. Available from: https://www.iza.org/de/publications/dp/14528/does-a-spoonful-of-sugar-levy-help-the-calories-go-down-an-analysis-of-the-uk-soft-drinks-industry-levy

252.Yau A, Berger N, Law C, Cornelsen L, Greener R, Adams J, et al. Changes in household food and drink purchases following restrictions on the advertisement of high fat, salt, and sugar products across the Transport for London network: A controlled interrupted time series analysis. Popkin BM, editor. PLOS Medicine. 2022 Feb 17;19(2):e1003915.

253.Obesity prevention: pre-school and school-based interventions [Internet]. pathways.nice.org.uk. 2021 [cited 2022 Mar 7]. Available from: https://pathways.nice.org.uk/pathways/obesity/obesity-prevention-pre-school-and-school-based-interventions

254.London Assembly. Healthy Schools London | Healthy Schools [Internet]. www.london.gov.uk. Available from: https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/home

255.London Assembly. Healthy Early Years London [Internet]. London City Hall. 2018 [cited 2022 Jan 18]. Available from: https://www.london.gov.uk/what-we-do/health/healthy-early-years-london

256.Zheng Liu, Han-Meng Xu, Wen L-M, Yuan-Zhou Peng, Lin L-Z, Shuang Zhou, et al. A systematic review and meta-analysis of the overall effects of school-based obesity prevention interventions and effect differences by intervention components. International Journal of Behavioral Nutrition and Physical Activity [Internet]. 2019 Dec;16(1):95. Available from: https://link.springer.com/article/10.1186/s12966-019-0848-8

257.UCL, PHE. Learning from Local Authorities with downward trends in childhood obesity [Internet]. 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uplo

258.NHS Digital. Statistics on Obesity, Physical Activity and Diet - NHS Digital [Internet]. NHS Digital. 2019. Available from: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet

259.Public Health England. Public Health Profiles - fingertips: Childhood Obesity [Internet]. Phe.org.uk. 2017. Available from: https://fingertips.phe.org.uk/search/obesity#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000012/iid/90319/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

260.Public Health England. Promoting healthy weight in children, young people and families [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/promoting-healthy-weight-in-children-young-people-and-families

261.Batterham R. Health Inequalities and Obesity [Internet]. RCP London. 2020. Available from: https://www.rcplondon.ac.uk/news/health-inequalities-and-obesity

262.LBH. Review of Population Needs - City & Hackney [Internet]. Available from: unpublished

263/38.NHS UK. Healthy Start Uptake Data [Internet]. www.healthystart.nhs.uk. Available from: https://www.healthystart.nhs.uk/healthcare-professionals/

264. 477. Public Health England. Fast food outlets: density by local authority in England [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/fast-food-outlets-density-by-local-authority-in-england

265.Sport England. Active Lives | Sport England [Internet]. Sportengland.org. Sport England; 2021. Available from: https://www.sportengland.org/know-your-audience/data/active-lives

266.C&H Oral Health Needs Assessment. Oral Health Data. 2021.

267.Scambler S, Klass C, Wright D, Gallagher JE. Insights into the oral health beliefs and practices of mothers from a north London Orthodox Jewish community. BMC Oral Health. 2010 Jun 7;10(1).

268.PHE. Campaign launched to help public get healthy this summer [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/news/campaign-launched-to-help-public-get-healthy-this-summer

269.Everyone Health. Alive N Kicking [Internet]. Everyone Health. [cited 2022 Jan 18]. Available from: https://everyonehealth.co.uk/service/alive-n-kicking/

270.Sugar smart. Welcome | Sugar Smart UK [Internet]. Sugarsmartuk.org. 2019. Available from: https://www.sugarsmartuk.org/

271.Healthy Catering Committment. Healthier Catering Commitment For London | Reducing Fat, Salt & Sugar [Internet]. Healthier Catering Commitment. Available from: https://healthiercateringcommitment.co.uk/

272.NHS East London Community Dental Services. Are you a tooth friendly nursery? [Internet]. [cited 2022 Jan 18]. Available from: https://www.hackneyservicesforschools.co.uk/system/files/extranet/Are%20you%20a%20tooth%20friendly%20nursery.pdf

273. Statistics. Children and Young People with an Eating Disorder Waiting Times [Internet]. England.nhs.uk. 2018. Available from: https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/

274.WHO. Injuries and inequities. Guidance for addressing inequities in unintentional injuries (2014) [Internet]. www.euro.who.int. 2014 [cited 2022 Jan 18]. Available from: https://www.euro.who.int/en/publications/abstracts/injuries-and-inequities.-guidance-for-addressing-inequities-in-unintentional-injuries-2014

275.PHE. Reducing unintentional injuries in and around the home among children under five years [Internet]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf

276.Campbell M, Lai ETC, Pearce A, Orton E, Kendrick D, Wickham S, et al. Understanding pathways to social inequalities in childhood unintentional injuries: findings from the UK millennium cohort study. BMC Pediatrics. 2019 May 15;19(1).

277.Holgate ST. “Every breath we take: the lifelong impact of air pollution” – a call for action. Clinical Medicine. 2017 Feb;17(1):8–12.

278.NHS Choices. Can damp and mould affect my health? [Internet]. NHS. 2019. Available from: https://www.nhs.uk/common-health-questions/lifestyle/can-damp-and-mould-affect-my-health/

279.Ngo L, Mehta S, Do D, Thach T. The Effects of Short-term Exposure on Hospital Admissions for Acute Lower Respiratory Infections in Young Children of Ho Chi Minh City, Viet Nam. Epidemiology. 2011 Jan;22:S228–9.

280.Zar HJ, Ferkol TW. The global burden of respiratory disease-Impact on child health. Pediatric Pulmonology. 2014 Mar 9;49(5):430–4.

281.PHE. Reducing unintentional injuries in and around the home among children under five years [Internet]. 2018 Mar. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf

282.WHO. WHO global air quality guidelines: particulate matter (PM2.5 and PM10), ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide [Internet]. www.who.int. 2021 [cited 2022 Jan 18]. Available from: https://www.who.int/publications-detail-redirect/9789240034228

283.HM Government, Industrial Strategy. The Road to Zero Next steps towards cleaner road transport and delivering our Industrial Strategy [Internet]. 2018. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739460/road-to-zero.pdf

284.London Assembly. Keeping out the chill: fixing London’s cold, damp and mouldy homes [Internet]. 2019. Available from: https://www.london.gov.uk/sites/default/files/keeping_out_the_chill_-_final.pdf

285.Department for Transport, DVLA. Road safety statement 2019: a lifetime of road safety [Internet]. GOV.UK. 2019. Available from: https://www.gov.uk/government/publications/road-safety-statement-2019-a-lifetime-of-road-safety

286.LBH. Air quality in Hackney | Hackney Council [Internet]. hackney.gov.uk. Available from: https://hackney.gov.uk/air-quality/

287.LBH. Regeneration | Hackney Council [Internet]. hackney.gov.uk. Available from: https://hackney.gov.uk/regeneration

288.Watson MC, A. Mulvaney C, Kendrick D, Stewart J, Coupland C, Hayes M, et al. National survey of the injury prevention activities of children’s centres. Health & Social Care in the Community [Internet]. 2013 Jul 9 [cited 2019 Nov 19];22(1):40–6. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12059

289.Merril S, Taylor E. Safe At Home - the National Home Safety Equipment Scheme. Injury Prevention. 2010 Sep 1;16(Supplement 1):A95–5.

290.The Child Safeguarding Practice Review Panel. Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm Final report [Internet]. 2020. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf

291.Edwards KL. Safer by design. Materials & Design. 1996 Jan;17(5-6):301.

292.OHID. Public health profiles - fingertips: injuries [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 18]. Available from: https://fingertips.phe.org.uk/search/injuries#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000012/iid/90832/age/28/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/car-do-0

293.NHS Digital. Hospital Episode Statistics (HES) - NHS Digital [Internet]. NHS Digital. 2015. Available from: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics

294.Green CA, Yeates D, Goldacre A, Sande C, Parslow RC, McShane P, et al. Admission to hospital for bronchiolitis in England: trends over five decades, geographical variation and association with perinatal characteristics and subsequent asthma. Archives of Disease in Childhood. 2015 Sep 4;101(2):140–6.

295.Nuffield Trust. Can variation help to explain the rise in emergency admissions for children aged under five up to 2018/19? [Internet]. The Nuffield Trust. 2021 [cited 2022 Jan 18]. Available from: https://www.nuffieldtrust.org.uk/research/can-variation-help-to-explain-the-rise-in-emergency-admissions-for-children-aged-under-five-up-to-2018-19

296.Healthy Streets Scorecard. Hackney [Internet]. Healthy Streets Scorecard. 2021 [cited 2022 Jan 18]. Available from: https://www.healthystreetsscorecard.london/your_borough/hackney/

297.London Assembly. Healthy Streets [Internet]. London City Hall. 2017. Available from: https://www.london.gov.uk/what-we-do/health/transport-and-health/healthy-streets

298.RCPCH. RCPCH – State of Child Health – Insight into the state of child health in the UK [Internet]. stateofchildhealth.rcpch.ac.uk. Available from: https://stateofchildhealth.rcpch.ac.uk/

299.Matters T for L | EJ. London collision map [Internet]. Transport for London. Available from: https://tfl.gov.uk/corporate/safety-and-security/road-safety/london-collision-map

300.Hemenway D, Christoffe T, Gallagher SS. Injury Prevention and Public Health: Practical Knowledge, Skills, and Strategies. Journal of Public Health Policy. 2000;21(1):102.

301.LBH. Have your say on how we allocate homes and support people in housing need - Hackney Council - Citizen Space [Internet]. consultation.hackney.gov.uk. 2021 [cited 2022 Jan 18]. Available from: https://consultation.hackney.gov.uk/communications-and-consultation/have-your-say-on-how-we-allocate-homes-and-support/

302.Steinbach R, Grundy C, Edwards P, Wilkinson P, Green J. The impact of 20 mph traffic speed zones on inequalities in road casualties in London. Journal of Epidemiology & Community Health. 2010 Nov 15;65(10):921–6.

303.Public Health England. Young people commissioning support 2019 to 2020: principles and indicators [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/alcohol-drugs-and-tobacco-commissioning-support-pack/young-people-substance-misuse-commissioning-support-2019-to-2020-principles-and-indicators

304.DfE. Alcohol Guidelines Review - Report from the Guidelines development group to the UK Chief Medical Officers with the consultation on the language and understanding of the UK Chief Medical Officers low-risk alcohol guidelines) [Internet]. 2016. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545739/GDG_report-Jan2016.pdf

305.Page N, Hallingberg B, Brown R, Lowthian E, Hewitt G, Murphy S, et al. Change over time in adolescent smoking, cannabis use and their association: findings from the School Health Research Network in Wales. Journal of Public Health. 2020 Sep 29;

306.ONUDC. Rapport Mondial Sur Les Drogues [Internet]. 2015. Available from: https://www.unodc.org/documents/wdr2015/WDR15_ExSum_F.pdf

307.Di Forti M, Morgan C, Dazzan P, Pariante C, Mondelli V, Marques TR, et al. High-potency cannabis and the risk of psychosis. British Journal of Psychiatry [Internet]. 2009 Dec;195(06):488–91. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2801827/

308.RCPsych. Cannabis and mental health: for young people [Internet]. RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS. 2019. Available from: https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/young-people/cannabis-and-mental-health-information-for-young-people

309.De' R, Pandey N, Pal A. Impact of digital surge during COVID-19 pandemic: A viewpoint on research and practice. International Journal of Information Management [Internet]. 2020 Jun 9;55(102171):102171. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7280123/

310.Home Office. Drug strategy 2017 [Internet]. GOV.UK. 2017. Available from: https://www.gov.uk/government/publications/drug-strategy-2017

311.GOV UK. From harm to hope: A 10-year drugs plan to cut crime and save lives [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

312.Department for Education. Personal, social, health and economic (PSHE) education [Internet]. GOV.UK. 2020. Available from:

https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education

313.Department of Health and Social Care. Tobacco control plan: delivery plan 2017 to 2022 [Internet]. GOV.UK. 2018. Available from: https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022

314.NCSCT. The Russell Standard [Internet]. www.ncsct.co.uk. [cited 2022 Jan 18]. Available from: https://www.ncsct.co.uk/publication_The-Russell-Standard.php

315.LBH. Alcohol advice and support | Hackney Council [Internet]. hackney.gov.uk. [cited 2022 Jan 18]. Available from: https://hackney.gov.uk/alcohol-support

316. CoL Corporation. City of London Corporation: Alcohol Strategy 2019-2023 [Internet]. 2019. Available from: https://democracy.cityoflondon.gov.uk/documents/s118485/CoL%20Alcohol%20Strategy%20DRAFT.pdf

317.Beneria A, Santesteban-Echarri O, Daigre C, Tremain H, Ramos-Quiroga JA, McGorry PD, et al. Online interventions for cannabis use among adolescents and young adults: Systematic review and meta-analysis. Early Intervention in Psychiatry. 2021 Aug 31;

318.Prashad S, Milligan AL, Cousijn J, Filbey FM. Cross-Cultural Effects of Cannabis Use Disorder: Evidence to Support a Cultural Neuroscience Approach. Current Addiction Reports. 2017 Apr 28;4(2):100–9.

319. Abuse NI on D. Available Treatments for Marijuana Use Disorders [Internet]. National Institute on Drug Abuse. 2020 [cited 2022 Jan 28]. Available from: https://nida.nih.gov/publications/research-reports/marijuana/available-treatments-marijuana-use-disorders

320. Jones A-M, Sawyer A, Huber JW, Coleman L, Dunne N, Sherriff N. Parent–child conversations associated with alcohol-related risk behaviours in young people (13–17 years) in the UK: a cross-sectional study. BMJ Open. 2020 Jun;10(6):e033171.

321.OHID. Child and Maternal Health - Health Behaviours [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 18]. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133229/pat/6/par/E12000007/ati/302/are/E09000012/yrr/3/cid/4/tbm/1

322.NDEC - University of Manchester. NDTMS - National Drug Treatment Monitoring System [Internet]. Ndtms.net. 2020. Available from: https://www.ndtms.net/

323.LBH. Substance misuse - JSNA 2019 [Internet]. 2019. Available from: https://hackneyjsna.org.uk/wp-content/uploads/2019/09/Substance-misuse-2019.pdf

324.Paediatric Pearls. HEADSSS tool - Paediatric Pearls [Internet]. www.paediatricpearls.co.uk. 2018. Available from: https://www.paediatricpearls.co.uk/headsss-tool/

325.Project ADDER | BFCCT [Internet]. www.bfcct.co.uk. Available from: http://www.bfcct.co.uk/community/community-cohesion/project-adder/

326.LBH. The Orbit | Hackney Local Offer [Internet]. www.hackneylocaloffer.co.uk. [cited 2022 Jan 18]. Available from: https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/service.page?id=zPuuJmOEVZU

327.Turning point. Welcome to Turning Point [Internet]. Turning-point.co.uk. 2019. Available from: https://www.turning-point.co.uk/

328.Home Office. FRANK: free practical drug advice for adults and children [Internet]. GOV.UK. 2013. Available from: https://www.gov.uk/government/publications/frank

329.WHO. Defining sexual health Report of a technical consultation on sexual health [Internet]. 2002. Available from: https://www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

330.UK Parliament. Sexual health - Health and Social Care Committee [Internet]. Parliament.uk. 2017. Available from: https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1419/full-report.html

331.HM Government. Government Response to the Health and Social Care Committee report on Sexual Health [Internet]. 2019 Oct [cited 2022 Jan 18]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/841189/government-response-to-health-and-social-care-committee-report-on-sexual-health-print-version.pdf

332.Thomson-Glover R, Hamlett H, Weston D, Ashby J. Coronavirus (COVID-19) and young people's sexual health. Sexually Transmitted Infections [Internet]. 2020 Nov 1 [cited 2020 Dec 28];96(7):473–4. Available from: https://sti.bmj.com/content/96/7/473

333.GOV UK. E-sexual and reproductive healthcare: national framework [Internet]. GOV.UK. 2020. Available from: https://www.gov.uk/government/publications/e-sexual-and-reproductive-healthcare-national-framework

334.Department of Health and Social Care. A Framework for Sexual Health Improvement in England [Internet]. GOV.UK. 2013. Available from: https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

335. Home Office. Tackling violence against women and girls strategy [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy/tackling-violence-against-women-and-girls-strategy

336. School-aged years high impact area 2: Improving health behaviours and reducing risk [Internet]. GOV.UK. 2021 [cited 2022 Mar 7]. Available from:

https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/school-aged-years-high-impact-area-2-improving-health-behaviours-and-reducing-risk

337.OHID. Child and Maternal Health - Young People [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 18]. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133225/pat/6/par/E12000007/ati/302/are/E09000012/yrr/3/cid/4/tbm/1

338.SPLASH. SPLASH Data set - teenage conceptions. 2018.

339. SPLASH Hackney 2022-01-27 [Internet]. fingertips.phe.org.uk. 2022 [cited 2022 Mar 7]. Available from: https://fingertips.phe.org.uk/static-reports/sexualhealth-reports/2022/E09000012.html?area-name=Hackney

340.GUMCAD. Homerton Data [Internet]. 2021. Available from: Not publicly available

341.NHS Digital. Sexual and Reproductive Health Activity Data Set (SRHAD) Collection [Internet]. NHS Digital. 2021 [cited 2022 Jan 27]. Available from: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/sexual-and-reproductive-health-activity-data-set-srhad-collection

342. PharmOutcomes, 2022. Not publicly available.

343.Koumi X. GUMCAD data discussion. 2022.

344.LBH. The Right Choice - Connect Hackney | Hackney Local Offer [Internet]. www.hackneylocaloffer.co.uk. [cited 2022 Jan 18]. Available from: https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/service.page?id=2TTPn3Ndta8

345. Therapy Audit data, 2022.

346.ONS. Sexual orientation, UK - Office for National Statistics [Internet]. www.ons.gov.uk. 2021. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/datasets/sexualidentityuk

347. HBSC National Report. Health Behaviour in School-aged Children [Internet]. Available from: http://wizney.com/hbscengland/wp-content/uploads/2018/11/HBSC-England-report-2014-1.pdf

348.Natsal. Homepage | Natsal [Internet]. www.natsal.ac.uk. Available from: https://www.natsal.ac.uk/

349.Health For All Children. Childhood Screening Programmes [Internet]. [cited 2022 Jan 19]. Available from: https://www.healthforallchildren.com/wp-content/uploads/2013/11/Childhood-Screening-Programme.pdf

350.Public Health England. Immunisation against infectious disease [Internet]. GOV.UK. 2013. Available from: https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book#the-green-book

351.UKHSA. Increasing vaccine uptake: Strategies for addressing barriers in primary care - UK Health Security Agency [Internet]. ukhsa.blog.gov.uk. 2019. Available from: https://ukhsa.blog.gov.uk/2019/05/16/increasing-vaccine-uptake-strategies-for-addressing-barriers-in-primary-care/

352.DHSC. Transforming the public health system: reforming the public health system for the challenges of our times [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/publications/transforming-the-public-health-system/transforming-the-public-health-system-reforming-the-public-health-system-for-the-challenges-of-our-times

353.LBH, CoL Corporation. Immunisation Policy Statement-Hackney and the City of London For registered Early Years settings and childminders [Internet]. [cited 2022 Jan 19]. Available from: http://www.mapledenechildrenscentre.co.uk/wp-content/uploads/2020/11/Local-Immunisation-Final-October-2020-version.pdf

354.RSPH. Moving the Needle: Promoting vaccination uptake across the life course [Internet]. Rsph.org.uk. 2019. Available from: https://www.rsph.org.uk/our-work/policy/vaccinations/moving-the-needle-promoting-vaccination-uptake-across-the-life-course.html

355.GOV UK. Tailoring immunisation programmes: Charedi community, north London [Internet]. GOV.UK. 2018 [cited 2022 Jan 19]. Available from: https://www.gov.uk/government/publications/tailoring-immunisation-programmes-charedi-community-north-london

356. MacDonald NE. Vaccine hesitancy: Definition, scope and determinants. Vaccine [Internet]. 2015 Aug;33(34):4161–4. Available from: https://www.sciencedirect.com/science/article/pii/S0264410X15005009

357.OHID. Child and Maternal Health - Vaccines and Immunisations [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 19]. Available from: https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133237/pat/6/par/E12000007/ati/302/are/E09000012/yrr/1/cid/4/tbm/1/page-options/car-do-0

358.Government Digital Service. Children with special educational needs and disabilities (SEND) [Internet]. GOV.UK. 2012. Available from: https://www.gov.uk/children-with-special-educational-needs

359.Department for Education. Special educational needs in England [Internet]. 2019. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814244/SEN_2019_Text.docx.pdf

360.IPSEA. EHC needs assessments [Internet]. (IPSEA) Independent Provider of Special Education Advice. Available from: https://www.ipsea.org.uk/ehc-needs-assessments

361.GOV.UK. Special educational needs in England - academic year 2020/21 [Internet]. explore-education-statistics.service.gov.uk. 2020. Available from: https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

362.DHSC. New guidelines to support disabled children to be more active [Internet]. GOV.UK. 2022 [cited 2022 Mar 7]. Available from: https://www.gov.uk/government/news/new-guidelines-to-support-disabled-children-to-be-more-active

363. PHE. Obesity and disability: children and young people [Internet]. GOV.UK. 2014. Available from: https://www.gov.uk/government/news/obesity-and-disability-children-and-young-people

364.Council S. PHE London region CEV CYP Vaccination webinar [Internet]. www.sutton.gov.uk. [cited 2022 Jan 19]. Available from: https://www.sutton.gov.uk/info/200611/suttons_local_offer/2377/phe_london_region_cev_cyp_vaccination_webinar

365. LBH, CoL Corporation, NEL CCG. City & Hackney Integrated Care Partnership Board [Internet]. 2021. Available from: https://democracy.cityoflondon.gov.uk/documents/s155284/City%20Hackney%20Integrated%20Care%20Partnership%20Board%20-%208%20July%20Agenda%20Papers.pdf

366. Emerson E, Baines S, Allerton L, Welch V. F Health Inequalities & People with Learning Disabilities in the UK: 2012 [Internet]. 2012. Available from: https://www.basw.co.uk/system/files/resources/basw_14846-4_0.pdf

367.GOV UK. SEND [Internet]. GOV.UK. [cited 2022 Jan 19]. Available from: https://www.gov.uk/search/all?keywords=SEND&order=relevance

368.NI Direct government services. Coronavirus (COVID-19): definitions of “clinically extremely vulnerable” and “vulnerable” [Internet]. nidirect. 2020. Available from: https://www.nidirect.gov.uk/articles/coronavirus-covid-19-definitions-clinically-extremely-vulnerable-and-vulnerable

369.British Library. British Library [Internet]. www.bl.uk. 2015 [cited 2022 Jan 19]. Available from: https://www.bl.uk/collection-items/transition-to-the-new-0-to-25-special-educational-needs-and-disability-system-departmental-advice-for-local-authorities-and-their-partners

370.Gov.uk. Children and Families Act 2014 [Internet]. www.legislation.gov.uk. 2014. Available from: https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

371.GOV UK. Special Educational Needs and Disability Act 2001 [Internet]. Legislation.gov.uk. 2001. Available from: https://www.legislation.gov.uk/ukpga/2001/10/contents

372.GOV.UK. Disability Discrimination Act 1995 [Internet]. Legislation.gov.uk. 2011. Available from: https://www.legislation.gov.uk/ukpga/1995/50/contents

373.DFE. Special Educational Needs and Disability Code of practice: 0 to 25 Years [Internet]. GOV.UK. 2015 Jan. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

374.LBH, CoL Corporation. Disabled Children's Needs Assessment for the London Borough of Hackney and the City of London [Internet]. 2017. Available from: https://hackneyjsna.org.uk/wp-content/uploads/2018/02/Disabled-Children-and-Young-Peoples-Needs-Assessment.pdf

375.LBH. SEND Consultations... | Hackney Local Offer [Internet]. www.hackneylocaloffer.co.uk. [cited 2022 Jan 19]. Available from: https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/advice.page?id=JrPZf53W4Hw

376.Government Digital Service. Early years foundation stage [Internet]. GOV.UK. GOV.UK; 2012. Available from: https://www.gov.uk/early-years-foundation-stage

377.OHID. Public health profiles - Special educational needs [Internet]. Phe.org.uk. 2022 [cited 2022 Jan 19]. Available from: https://fingertips.phe.org.uk/search/special%20educational%20needs#page/0/gid/1/pat/6/ati/102/are/E09000001/iid/90898/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

378.Hackney Education. SEND Needs Analysis Paper (SNAP). 2021.

379.LBH. SEND Business & Performance Oversight Group [Internet]. 2021. Available from: Not publicly available

380.OHID. Learning Disability Profile [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 19]. Available from: https://fingertips.phe.org.uk/learning-disabilities#page/0/gid/1938132702/pat/6/ati/102/are/E09000012/iid/92127/age/217/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

381.CoL Corporation. Population health across the life course in the City of London (updated March 2020) [Internet]. 2020 Mar [cited 2022 Jan 19]. Available from: https://www.cityoflondon.gov.uk/assets/Services-DCCS/lifecourse-infographic-city-of-london-march2020.pdf

382.LBH. Children and families | Hackney Council [Internet]. hackney.gov.uk. Available from: https://hackney.gov.uk/children-and-families

383.LBH. Inclusion and Specialist Support Team - Hackney Education | Hackney Local Offer [Internet]. www.hackneylocaloffer.co.uk. [cited 2022 Jan 19]. Available from:

https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/service.page?id=wDfI7_ppxmU&localofferchannel=0

384.LBH. Hackney SENDiags | Hackney Special Educational Needs and Disabilities Information, Advice and Guidance Service [Internet]. [cited 2022 Jan 19]. Available from: https://hackneysendiags.co.uk/

385.The Children's Society. The impact of COVID-19 on children and young people [Internet]. Available from: https://www.childrenssociety.org.uk/sites/default/files/2021-01/the-impact-of-covid-19-on-children-and-young-people-briefing.pdf

386.Mitchell G. Survey reveals pressures faced by health visitors since COVID-19 [Internet]. Nursing Times. 2020. Available from: https://www.nursingtimes.net/news/children/survey-reveals-pressures-faced-by-health-visitors-since-covid-19-23-12-2020/

387.Driscoll J, Hutchinson A, Lorek A, Kiss K. PROTECTING CHILDREN AT A DISTANCE A multi-agency investigation of child safeguarding and protection responses consequent upon COVID-19 lock- down/social distancing measures [Internet]. 2021 [cited 2022 Jan 19]. Available from: https://www.kcl.ac.uk/ecs/assets/projects/protecting-children-at-a-distance-full-report-2021.pdf

388.Bennett DL, JR Webb C, Mason KE, Schlüter DK, Fahy K, Alexiou A, et al. Funding for preventative Children's Services and rates of children becoming looked after: a natural experiment using longitudinal area-level data in England. Children and Youth Services Review. 2021 Nov;106289.

389.Centers for Disease Control and Prevention. Preventing adverse childhood experiences | Violence prevention | Injury center | CDC [Internet]. www.cdc.gov. 2020. Available from: https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html

390.CDC. Adverse Childhood Experiences (ACEs) [Internet]. www.cdc.gov. 2020. Available from: https://www.cdc.gov/violenceprevention/aces/index.html

391.GOV UK. Children looked after in England including adoptions, Reporting Year 2021 [Internet]. explore-education-statistics.service.gov.uk. 2021. Available from: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021

392.The Children Commissioners. Childhood vulnerability in England 2019 [Internet]. Children's Commissioner for England. 2019. Available from: https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/

393.PHE. No child left behind A public health informed approach to improving outcomes for vulnerable children [Internet]. 2020 Sep. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/913764/Public_health_approach_to_vulnerability_in_childhood.pdf

394.Family Nurse Partnership. The Family Nurse Partnership | [Internet]. Fnp.nhs.uk. 2019. Available from: https://fnp.nhs.uk/about-us/the-programme/

395.House of Commons Library. The Troubled Families Programme (England) [Internet]. Parliament.uk. 2020. Available from: https://researchbriefings.files.parliament.uk/documents/CBP-7585/CBP-7585.pdf

396.GOV UK. Supporting Families [Internet]. GOV.UK. 2021. Available from: https://www.gov.uk/government/collections/supporting-families

397. NHS commissioning» London [Internet]. www.england.nhs.uk. [cited 2022 Jan 19]. Available from: https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/region-contacts/london/

398 Home Office. Criminal Exploitation of Children and Vulnerable adults: County Lines Guidance [Internet]. 2018 Sep. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf

399. PHE. Collaborative approaches to preventing offending and re-offending in children (CAPRICORN) [Internet]. 2019 [cited 2022 Jan 19]. Available from: https://www.intensiveengagement.com/uploads/3/2/8/3/3283498/capricorn_resource.pdf

400.The Child Safeguarding Practice Review Panel. “The Myth of Invisible Men” Safeguarding children under 1 from non-accidental injury caused by male carers [Internet]. 2021 Sep [cited 2022 Jan 28]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017944/The_myth_of_invisible_men_safeguarding_children_under_1_from_non-accidental_injury_caused_by_male_carers.pdf

401. Wilson W, Barton C. Households in temporary accommodation (England) [Internet]. Parliament.uk. 2022. Available from: https://researchbriefings.files.parliament.uk/documents/SN02110/SN02110.pdf

402. Children's Rights Alliance for England. “It’s like being in prison” [Internet]. [cited 2022 Mar 7]. Available from: http://www.crae.org.uk/media/125719/462614-CRAE_CHANGE-IT-REPORT-Digital-final.pdf

403.Edwards A, Gharbi R, Berry A, Duschinsky R. UNITED FOR DISABLED CHILDREN Supporting and strengthening families through provision of early help A rapid review of evidence -summary report [Internet]. 2021 [cited 2022 Jan 19]. Available from: https://www.ncb.org.uk/sites/default/files/uploads/attachments/20210513_Rapid%20Review_-%20Summary%20Report%20-%20FINAL.pdf

404. IPSOS. Supporting Families Against Youth Crime -Final Report [Internet]. 2021 [cited 2022 Jan 19]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973099/1_Evaluation_report_-_Supporting_Families_Against_Youth_Crime.pdf

405.Public Health England. Teenage mothers and young fathers: support framework [Internet]. GOV.UK. 2016. Available from: https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework

406.Children's commissioner. Children in families at risk - Local area maps [Internet]. Children's Commissioner for England. 2020. Available from: https://www.childrenscommissioner.gov.uk/vulnerable-children/children-in-families-at-risk-local-area-maps/

407.Qni. Safeguarding Homeless Families Guidance for Practitioners Opening Doors Project Guidance [Internet]. [cited 2022 Mar 7]. Available from: https://www.qni.org.uk/wp-content/uploads/2016/09/safeguarding_homeless_families.pdf

408.Children's Commissioner. CHLDRN: Childhood Local Data on Risks and Needs [Internet]. Children's Commissioner for England. Available from: https://www.childrenscommissioner.gov.uk/chldrn/.

409.Gov.uk. Children Act 1989 [Internet]. Legislation.gov.uk. 1989. Available from: https://www.legislation.gov.uk/ukpga/1989/41/contents

410.NSPCC. Looked after children [Internet]. NSPCC Learning. 2021. Available from: https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children

411.OHID. Children and Young People's Mental Health and Wellbeing - Vulnerabilities [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 19]. Available from: https://fingertips.phe.org.uk/cypmh#page/0/gid/1938133096/pat/6/ati/102/are/E09000012/iid/90803/age/173/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

412.LBH. JSNA CYP - Chapter 5: Vulnerable Children. 2019.

413.Equal Education. DfE releases latest outcomes data for Looked After Children [Internet]. Equal Education. 2020. Available from: https://www.equal.education/blog/latest-outcomes-data-for-looked-after-children

414.OHID. Crisis Care Profile [Internet]. fingertips.phe.org.uk. [cited 2022 Jan 19]. Available from: https://fingertips.phe.org.uk/profile-group/mental-health/profile/crisis-care/data#page/1/gid/1938132962/pat/6/par/E12000007/ati/102/are/E09000012/iid/92315/age/246/sex/4/cat/-1/ctp/-1/yrr/1/iid2/90886/age2/173/sex2/4/cid/1/tbm/1/page-options/car-do-0

415/457.HM Inspectorate of Prisons. Children in Custody 2019-20 [Internet]. 2021 Feb. Available from: http://www.prisonreformtrust.org.uk/Portals/0/Documents/CYP.pdf

416.Surrey Safeguarding Children Partnership. 4.9 Deciding and Recording that a Child Should be Subject to a Child Protection Plan | Surrey Safeguarding Children Partnership [Internet]. surreyscb.procedures.org.uk. Available from: https://surreyscb.procedures.org.uk/zkyqzh/managing-individual-cases/deciding-and-recording-that-a-child-should-be-subject-to-a-child-protection-plan

417.C&H CAMHS. Children and Families Clinical Service [Internet]. City & Hackney CAMHS. [cited 2022 Jan 19]. Available from: https://cityandhackneycamhs.org.uk/services/children-and-families-clinical-service/

418.LBH. Support for families | Hackney Council [Internet]. hackney.gov.uk. [cited 2022 Jan 19]. Available from: https://hackney.gov.uk/support-for-families

419.LBH. City and Hackney Looked After Children Health Team Service [Internet]. Available from: https://www.hackneylocaloffer.co.uk/kb5/hackney/localoffer/service.page?id=H6yutR5-IzA

420.LBH. Introducing Hackney's Diverse Curriculum - the Black Contribution [Internet]. Introducing Hackney's Diverse Curriculum - the Black Contribution. 2020 [cited 2022 Jan 19]. Available from: https://news.hackney.gov.uk/introducing-hackneys-diverse-curriculum-the-black-contribution/

421.CHSP. chscp | City & Hackney Safeguarding Children Partnership [Internet]. CHSP. [cited 2022 Jan 19]. Available from: https://chscp.org.uk/

422.Centre for Justice Innovation. Triage, Young Hackney's Prevention & Diversion | Centre for Justice Innovation [Internet]. Justiceinnovation.org. 2017. Available from: https://justiceinnovation.org/project/triage-young-hackneys-prevention-diversion

423.Young Hackney. Young Carers [Internet]. Young Hackney. [cited 2022 Jan 19]. Available from: https://www.younghackney.org/advice/young-carers/

424.NYA. Time's Running Out – NYA [Internet]. 2020 [cited 2022 Jan 19]. Available from: https://nya.org.uk/resource/times-running-out/

425.DfE. Vulnerable Children and Young People Survey Summary of returns waves 1 to 26 [Internet]. 2021 [cited 2022 Jan 19]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1011433/Vulnerable_Children_and_Young_People_Survey_waves_1_to_26.pdf

426.Hackney Education. Dataset. 2020

427.NICE. Air pollution: outdoor air quality and health | Guidance | NICE [Internet]. www.nice.org.uk. 2017. Available from: https://www.nice.org.uk/guidance/ng70

428.NICE. Workplace health: management practices [Internet]. Nice.org.uk. NICE; 2015. Available from: https://www.nice.org.uk/guidance/ng13

429.NICE. Overview | Excess winter deaths and illness and the health risks associated with cold homes | Guidance | NICE [Internet]. www.nice.org.uk. 2015. Available from: https://www.nice.org.uk/guidance/ng6

430.NICE. Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups | Quality standards [Internet]. Nice.org.uk. NICE; 2018. Available from: https://www.nice.org.uk/guidance/qs167

431.NICE. Overview | Maternal and child nutrition [Internet]. Nice.org.uk. NICE; 2008. Available from: https://www.nice.org.uk/Guidance/PH11

432.NICE. Overview | Postnatal care | Guidance | NICE [Internet]. www.nice.org.uk. 2021. Available from: https://www.nice.org.uk/guidance/ng194

433.National Institute for Health and Care Excellence. Recommendations | Antenatal care | Guidance | NICE [Internet]. www.nice.org.uk. 2021. Available from: https://www.nice.org.uk/guidance/ng201/chapter/Recommendations

434.NICE. Overview | Antenatal care | Quality standards | NICE [Internet]. www.nice.org.uk. Available from: https://www.nice.org.uk/guidance/qs22

435.NICE. Overview | Vitamin D: supplement use in specific population groups | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2014. Available from: https://www.nice.org.uk/guidance/ph56

436.RCOG. Coronavirus (COVID-19) infection and pregnancy [Internet]. Royal College of Obstetricians & Gynaecologists. Available from: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/

437.National Institute for Health and Care Excellence. Overview | Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2010. Available from: https://www.nice.org.uk/Guidance/CG110

438.NICE. Key priorities for implementation | Antenatal and postnatal mental health: clinical management and service guidance | Guidance | NICE [Internet]. www.nice.org.uk. 2014. Available from: https://www.nice.org.uk/guidance/cg192/chapter/Key-priorities-for-implementation

439.NICE. Introduction | Antenatal and postnatal mental health | Quality standards | NICE [Internet]. www.nice.org.uk. Available from: https://www.nice.org.uk/guidance/qs115/chapter/introduction

440.NICE. Overview | Faltering growth: recognition and management of faltering growth in children | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2017. Available from: https://www.nice.org.uk/guidance/ng75

441.NICE. Quality statements | Faltering growth | Quality standards | NICE [Internet]. www.nice.org.uk. 2020. Available from: https://www.nice.org.uk/guidance/qs197/chapter/Quality-statements

442.NICE. Social and emotional wellbeing: early years | Guidance | NICE [Internet]. www.nice.org.uk. 2012 [cited 2022 Jan 19]. Available from: https://www.nice.org.uk/guidance/ph40/chapter/Introduction-scope-and-purpose-of-this-guidance

443.NICE. Early years: promoting health and wellbeing in under 5s | Quality standards | NICE [Internet]. Nice.org.uk. NICE; 2016. Available from: https://www.nice.org.uk/guidance/qs128

444.NICE. | Developmental follow-up of children and young people born preterm | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2017. Available from: https://www.nice.org.uk/guidance/NG72

445.NICE. Social and emotional wellbeing in primary education [Internet]. Nice.org.uk. NICE; 2008. Available from: https://www.nice.org.uk/guidance/ph12

446.NICE. Social and emotional wellbeing in secondary education | Guidance | NICE [Internet]. www.nice.org.uk. 2009. Available from: https://www.nice.org.uk/guidance/ph20

447.NICE. Self-harm in over 8s: short-term management and prevention of recurrence | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2004. Available from: https://www.nice.org.uk/guidance/CG16

448.NICE. Eating disorders: recognition and treatment [Internet]. Nice.org.uk. NICE; 2017. Available from: https://www.nice.org.uk/guidance/ng69

449.NICE. Social anxiety disorder: recognition, assessment and treatment | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2013. Available from: https://www.nice.org.uk/guidance/cg159

450.NICE. Depression in children and young people: identification and management | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2019. Available from: https://www.nice.org.uk/guidance/ng134

451.NICE. Depression in children and young people | Quality standards | NICE [Internet]. Nice.org.uk. NICE; 2013. Available from: https://www.nice.org.uk/Guidance/QS48

452.NICE. Overview | Weight management before, during and after pregnancy | Guidance | NICE [Internet]. www.nice.org.uk. 2010. Available from: https://www.nice.org.uk/guidance/ph27

453.NICE. Diabetes in pregnancy: management from preconception to the postnatal period | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2015. Available from: https://www.nice.org.uk/guidance/ng3

454.NICE. Maternal and child nutrition | Quality standards | NICE [Internet]. www.nice.org.uk. 2015. Available from: https://www.nice.org.uk/guidance/qs98

455.NICE. Physical activity and the environment [Internet]. www.nice.org.uk. 2018 [cited 2022 Jan 19]. Available from: https://www.nice.org.uk/guidance/ng90/chapter/Recommendations#schools

456.NICE. Obesity prevention [Internet]. Nice.org.uk. NICE; 2006. Available from: https://www.nice.org.uk/guidance/cg43/chapter/1-Guidance#public-health-recommendations

457.NICE. Oral health: local authorities and partners | Guidance | NICE [Internet]. Nice.org.uk. NICE; 2014. Available from: https://www.nice.org.uk/guidance/ph55

458.NICE. Unintentional injuries: prevention strategies for under 15s [Internet]. www.nice.org.uk. 2010. Available from: https://www.nice.org.uk/guidance/ph29

459.NICE. Unintentional injuries in the home: interventions for under 15s [Internet]. www.nice.org.uk. 2010. Available from: https://www.nice.org.uk/guidance/ph30

460.NICE. Smoking: stopping in pregnancy and after childbirth [Internet]. Nice.org.uk. NICE; 2010. Available from: https://www.nice.org.uk/guidance/ph26

461.NICE. Stop smoking interventions and services [Internet]. Nice.org.uk. NICE; 2018. Available from: https://www.nice.org.uk/guidance/ng92

462.NICE. Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence [Internet]. www.nice.org.uk. 2011. Available from: https://www.nice.org.uk/guidance/cg115/chapter/1-Guidance#identification-and-assessment

463.NICE. Quality statement 12: Specialist interventions for children and young people | Alcohol-use disorders: diagnosis and management [Internet]. www.nice.org.uk. 2011. Available from: https://www.nice.org.uk/guidance/qs11/chapter/Quality-statement-12-Specialist-interventions-for-children-and-young-people

464.NICE. Drug misuse prevention: targeted interventions [Internet]. www.nice.org.uk. 2017. Available from: https://www.nice.org.uk/guidance/ng64

465.NICE. Sexually transmitted infections and under-18 conceptions: prevention [Internet]. www.nice.org.uk. 2007. Available from: https://www.nice.org.uk/guidance/ph3

466.NICE. Harmful sexual behaviour among children and young people [Internet]. www.nice.org.uk. 2016. Available from: https://www.nice.org.uk/guidance/ng55

467.NICE. Immunisations: reducing differences in uptake in under 19s [Internet]. www.nice.org.uk. 2009. Available from: https://www.nice.org.uk/guidance/ph21

468.NICE. Autism spectrum disorder in under 19s: recognition, referral and diagnosis [Internet]. Nice.org.uk. NICE; 2011. Available from: https://www.nice.org.uk/Guidance/CG128

469.NICE. Autism spectrum disorder in under 19s: support and management [Internet]. Nice.org.uk. NICE; 2013. Available from: https://www.nice.org.uk/guidance/cg170

470.NICE. Learning disabilities and behaviour that challenges: service design and delivery [Internet]. Nice.org.uk. NICE; 2018. Available from: https://www.nice.org.uk/guidance/ng93

471.NICE. Child abuse and neglect [Internet]. www.nice.org.uk. 2017. Available from: https://www.nice.org.uk/guidance/ng76

472.NICE. Child abuse and neglect - QS179 [Internet]. Nice.org.uk. NICE; 2019. Available from: https://www.nice.org.uk/guidance/qs179

473.NICE. Child maltreatment: when to suspect maltreatment in under 18s [Internet]. Nice.org.uk. NICE; 2017. Available from: https://www.nice.org.uk/Guidance/CG89

474.NICE. Looked-after children and young people [Internet]. www.nice.org.uk. 2021. Available from: https://www.nice.org.uk/guidance/NG205

475.NICE. Smoking: acute, maternity and mental health services [Internet]. Nice.org.uk. NICE; 2013. Available from: https://www.nice.org.uk/guidance/ph48

476. Association LG. Permanent exclusions from primary schools as a % of pupils in Hackney [Internet]. lginform.local.gov.uk. [cited 2022 Mar 25]. Available from: https://lginform.local.gov.uk/reports/lgastandard?mod-metric=2166&mod-area=E09000012&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup

477. SPORT ENGLAND. Children's experience of physical activity in lockdown [Internet]. 2020 Jul. Available from: https://www.thinkactive.org/wp-content/uploads/2020/07/Sport-England-Childrens-experience-of-physical-activity.pdf

488. HENRY [Internet]. EIF Guidebook. 2019. Available from: https://guidebook.eif.org.uk/programmes/henry

489. Chai LK, Collins C, May C, Brain K, Wong See D, Burrows T. Effectiveness of family-based weight management interventions for children with overweight and obesity. JBI Database of Systematic Reviews and Implementation Reports. 2019 Jul;17(7):1341–427.

490. Wills WJ, O'Connell R. Children's and Young People's Food Practices in Contexts of Poverty and Inequality. Children & Society. 2018 Apr 6;32(3):169–73.

491. Jones NR, Tong TY, Monsivais P. Meeting UK dietary recommendations is associated with higher estimated consumer food costs: an analysis using the National Diet and Nutrition Survey and consumer expenditure data, 2008–2012. Public Health Nutrition. 2017 Dec 4;21(5):948–56.

492. Romon M, Lommez A, Tafflet M, Basdevant A, Oppert JM, Bresson JL, et al. Downward trends in the prevalence of childhood overweight in the setting of 12-year school- and community-based programmes. Public Health Nutrition. 2009 Oct;12(10):1735–42.

493. THE AMSTERDAM HEALTHY WEIGHT APPROACH INVESTING IN HEALTHY URBAN CHILDHOODS: A CASE STUDY ON HEALTHY DIETS FOR CHILDREN [Internet]. [cited 2022 Mar 25]. Available from: https://www.unicef.org/media/89401/file/Amsterdam-Healthy-Weight-Approach-Investing-healthy-urban-childhoods.pdf

494. Allender et al. The development of a network for community-based obesity prevention: The CO-OPS Collaboration. BMC Public Health. 2011; 11

495. WHO/EC Project on monitoring progress on improving nutrition and physical activity and preventing obesity in the European Union Good Practice Appraisal Tool [Internet]. Denmark: WHO Regional Office for Europe; 2011. Available from: https://www.euro.who.int/__data/assets/pdf_file/0007/149740/e95686.pdf

496. RE-AIM – Home – Reach Effectiveness Adoption Implementation Maintenance [Internet]. RE-AIM. Available from: https://re-aim.org/487. World Health Organisation.

497.Gadsby EW, Hotham S, Eida T, Lawrence C, Merritt R. Impact of a community-based pilot intervention to tackle childhood obesity: a “whole-system approach” case study. BMC Public Health. 2020 Nov 30;20(1).

498. PHE. Whole systems approach to obesity A guide to support local approaches to promoting a healthy weight [Internet]. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820783/Whole_systems_approach_to_obesity_guide.pdf