JSNA 2016:

CHILDREN & YOUNG PEOPLE

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INTRODUCTION

Giving children the best start in life has long been recognised as fundamental to improving their life chances and reducing inequalities, laying the foundation for future health, social and educational outcomes. This has been highlighted in numerous policy documents, including the Chief Medical Officer's Report[1], the Marmot Report[2] and the Allen Report.[3] There is growing scientific understanding of the complex interplay between biological and psycho-social factors that impact on child health and development, and future health and social outcomes. Some factors are intrinsic and non-modifiable, such as age and gender. However many are modifiable, such as the quality of parenting, and the provision and quality of health, social care and education services. The evidence behind early intervention, particularly at the earliest stages, from conception through to the first few years of life, is compelling. There is now also a strong economic case for investing early in life, with high return on investments, due to savings on the vast long-term costs of conditions such as child obesity and child mental health problems.[1]

There is also recognition of the need to ensure that the most vulnerable in society are protected from harm and helped to realise their full potential. The recent legislative changes in the Children and Families Act 2014 includes reforms to help those with Special Educational Needs and disabilities, and other vulnerable children and young people.

A population perspective is required to optimise the current and future health and wellbeing of Ealing's children and young people. The Joint Strategic Needs Assessment (JSNA) is a systematic approach to assessing the health and social care needs of the local population. This Children's JSNA chapter aims to facilitate an evidence-based approach to commissioning and service development by the London Borough of Ealing (LBE) and Ealing Clinical Commissioning Group (Ealing CCG). It aims to cover the breadth of health and wellbeing issues facing this age group (0-18 years, extending to 25 years where appropriate), taking into consideration the different developmental stages, including the specific health issues of the early years and adolescence, as well as considering the specific needs of vulnerable groups.

The most recent national and local data sources have been used (as of 31st March 2016) to provide epidemiological data on incidence and prevalence of health conditions, as well as key performance indicators and outcomes for children's health (e.g. from the NHS and Public Health Outcomes Frameworks), social care and education. Where possible, data have been benchmarked with the London and England averages. Where available, local service utilisation data has also been provided. Mapping local services, gaining stakeholder perspectives, and considering the evidence base/relevant guidelines have also been conducted. Strengths and gaps have been identified from the triangulated evidence to provide recommendations for commissioners.

[1] Davies (2012) Our Children Deserve Better: Prevention Pays
[2] Marmot (2010) Fair Society, Healthy Lives
[3] Allen (2011) Early Intervention: the next steps

LEVEL OF NEED IN EALING

DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH

Ealing is London's third most **populous borough**. A significant proportion of the population are children and young people under 19 years (25.5%), a higher proportion than the England and London average.[4] Table 1 shows the population breakdown by age group. In 2016, there were 88000 children and young people between 0-19 years in Ealing (Table 1). This table also depicts the increase in the overall population and 0-19 population over the next 5-10 years, with a particular rise amongst the school age population (10-14 years and 15-19 years), and small decreases in the 0-4 and 5-9 age groups.

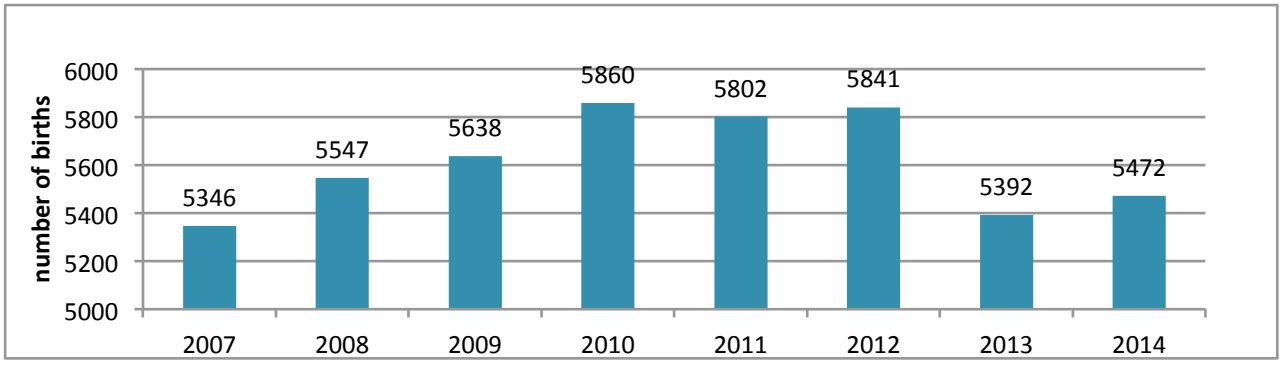
Table 1: Resident population by age band in 2016 and projected population over next 5 and 10 years

	Total population (all age)	0-19	0-4	5-9	10-14	15-19	20-24
2016	354800	88000	25400	24000	19700	18900	24200
2021	371900 (+4.8%)	91400 (+3.9%)	25100 (-1.2%)	23800 (-0.8%)	23000 (+16.8%)	19500 (+3.2%)	23900 (-1.2%)
2026	385800 (+8.7%)	93800 (+6.6%)	25000 (-1.6%)	23500 (-2.1%)	22900 (+16.2%)	22400 (+18.5%)	23900 (-1.2%)

Source: GLA 2014 round trend based population projects, Ealing. (Note percentage change is with respect to 2016 figures).

There have been rising **numbers of births** in Ealing (Figure 1) until a peak in 2010, followed by stabilisation and a fall in 2013. This partly explains the fall in the population under 10 years in the next 5-10 years, as well as the increase in the 10-19 year population. Migration patterns may also contribute to the population projections, although it is difficult to assess the relative contribution of this. In 2014, there were 5472 live births, with the highest number of births in Southall Green, Northolt West End, East Acton, Greenford Broadway and Northolt Mandeville. Ealing has a higher Total Fertility Rate[5] than the England and London average, which may be in part due to the higher proportion of women from ethnic minority groups.

Figure 1: Number of births to Ealing residents, 2007-2014



Source: Data Atlas, CHIMAT and ONS (2014)

[4] Public Health England (2016) Child Health Profile

[5] Total Fertility Rate: a measure of the average number of children a group of women would have if they experienced the age-specific fertility rates of the calender year in question throughout their childbearing lives

Ealing is an **ethnically diverse** London Borough, with 83.6% of pupils in maintained schools from minority ethnic groups, significantly higher than the London average of 71.3% and England average of 28.9%.[4] Many of these children live in households where English is not their first language. Ethnicity data is available for state-funded school age children (Table 2).

Table 2: Ethnicity by school type attended

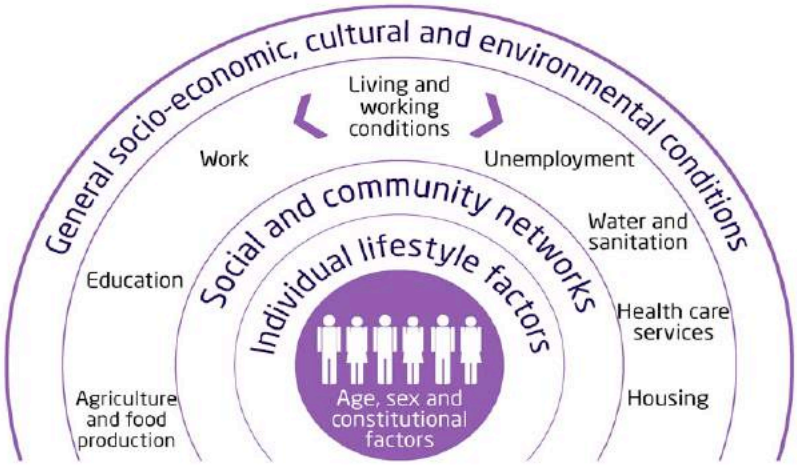
School Type	White				Asian or Asian British					Black or Black British				Mixed / Dual Background					Other Ethnic Heritage			Unclassified	All pupils
	White British	White Irish	White Other	All White	Indian	Pakistani	Bangladeshi	Other Asian	All Asian or Asian British	Black Caribbean	Black African	Black Other	All Black or Black British	White & Asian	White & Black Caribbean	White & Black African	Other Mixed	All Mixed/ Dual Background	Chinese	Other Ethnic Group	Other Ethnic Heritage		
High	3076	178	2002	5256	2464	1342	249	1140	5195	848	2542	170	3560	319	488	168	411	1386	60	2549	2609	201	18207
	18%	1%	10%	29%	13%	7%	1%	6%	29%	4%	14%	1%	20%	2%	3%	1%	2%	8%	0%	14%	14%	1%	
Primary	4877	316	5458	10651	4842	2141	465	2495	9943	1079	3565	354	4998	810	693	302	1174	2979	136	4800	4936	630	34137
	14%	1%	14%	31%	14%	6%	1%	7%	29%	3%	11%	1%	15%	2%	2%	1%	4%	9%	0%	15%	14%	3%	
Special	88	10	68	166	78	55	11	52	196	32	127	11	170	12	22	7	12	53		96	96	8	689
	9%	1%	8%	24%	13%	7%	2%	7%	28%	4%	21%	3%	25%	2%	3%	1%	2%	8%	0%	14%	14%	2%	
PRU	20	7	8	35	3	4		3	10	18	12		30	3	6	1	4	14		13	13	1	103
	28%	7%	7%	34%	1%	2%	0%	1%	10%	23%	9%	0%	29%	1%	10%	0%	2%	14%	0%	9%	13%	0%	
Children's Centre	56	2	57	115	79	27	5	23	134	14	60	3	77	13	10	4	17	44	1	88	89	42	501
	11%	0%	11%	23%	16%	5%	1%	5%	27%	3%	12%	1%	15%	3%	2%	1%	3%	9%	0%	18%	18%	8%	
All state funded pupils	8113	511	7589	16213	7465	3568	730	3710	15473	1988	6304	538	8830	1157	1217	482	1617	4473	197	7540	7737	882	53637
	15%	1%	14%	30%	14%	7%	1%	7%	29%	4%	12%	1%	16%	2%	2%	1%	3%	8%	0%	14%	14%	2%	

Source: Ealing Spring School Census, Jan 2016. Note: PRU Pupil Referral Unit

As shown, 30% of pupils are White, 29% Asian, 16% Black, 8% from mixed backgrounds and 14% of 'other' ethnic heritage. The most common ethnic groups in Ealing are White British (15%, but decreasing), Indian (14%, and increasing), Eastern European (10%, and increasing), Somali (8%), Pakistani (7%), Asian Other (7%), Afghan (5%), Black Caribbean (4%), and Arab Other (4%).

Many **'social determinants of health'** (Figure 2) such as income, employment and quality of housing, exert significant impacts on social, educational and health outcomes. For example, children living in poverty are more likely to have health problems such as asthma, obesity and mental health problems, and lower educational attainment, than their more affluent peers.

Figure 2: 'Layers of influence' on children and young people's health



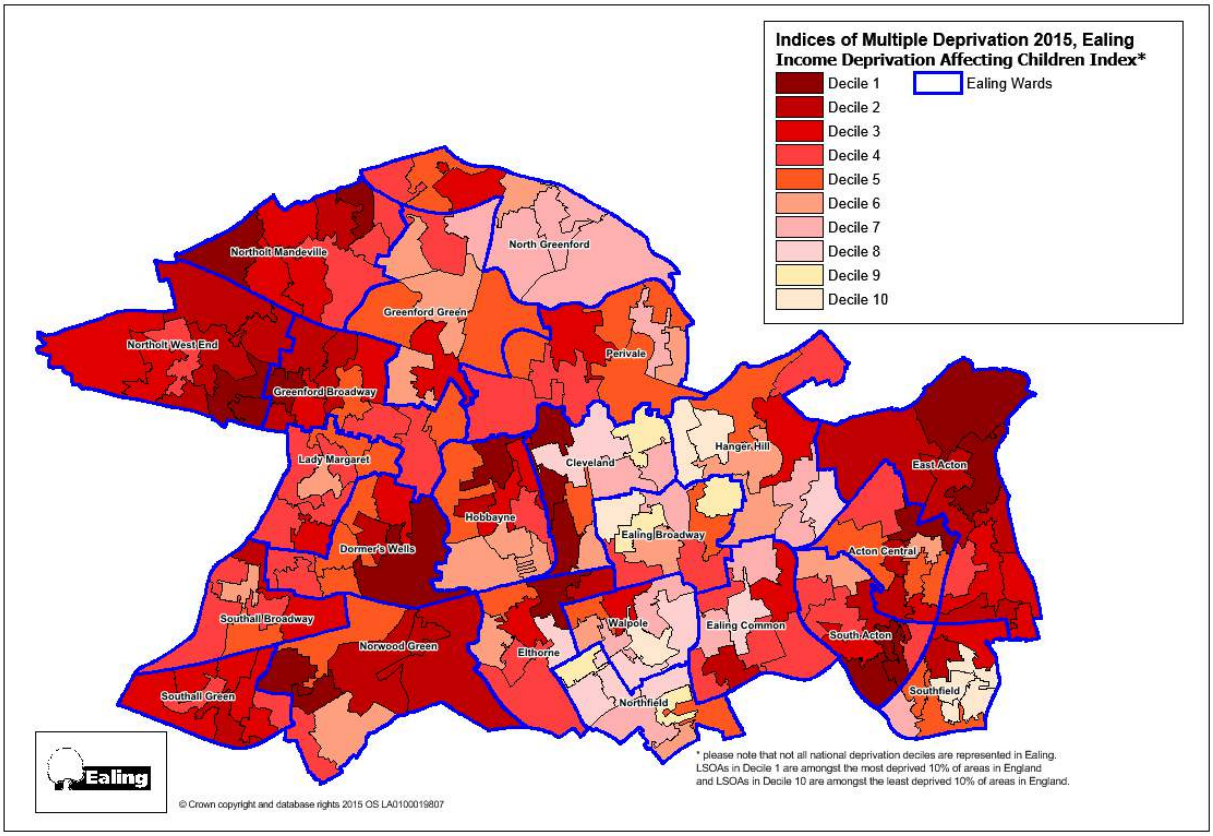
Source: Dahlgren and Whitehead (1991)

In terms of **deprivation**, Ealing ranks as the 87th most deprived local authority (out of 326 English local authorities), in terms of average rank, according to the latest Index of Multiple Deprivation (IMD), based on 2012/13 data, an improvement since 2010 when Ealing ranked 61st most deprived borough.[6] These indices provide a set of relative measures of deprivation for small areas (lower super output areas) across England, based on seven weighted domains of deprivation, including income deprivation, employment deprivation, education/skills/training deprivation, health deprivation and disability, crime, barriers to housing and services, and living environment deprivation. The most deprived areas within Ealing are in Northolt, Southall and Acton.

The **Income Deprivation Affecting Children Index (IDACI)** is a subset of the Income Deprivation domain of the IMD, showing the proportion of children in each lower super output area who live in families that are income deprived (in receipt of Income Support, income-based Jobseeker's Allowance, Pension Credit Guarantee or Child Tax Credit below a given threshold). The 2015 figures show that 23% of Ealing's children lived in income-deprived families, an improvement from 2010 (32.5%).[7] The variation by lower super output areas in Ealing is shown in Figure 3.

[6] London Borough of Ealing (2015) Deprivation in Ealing Report

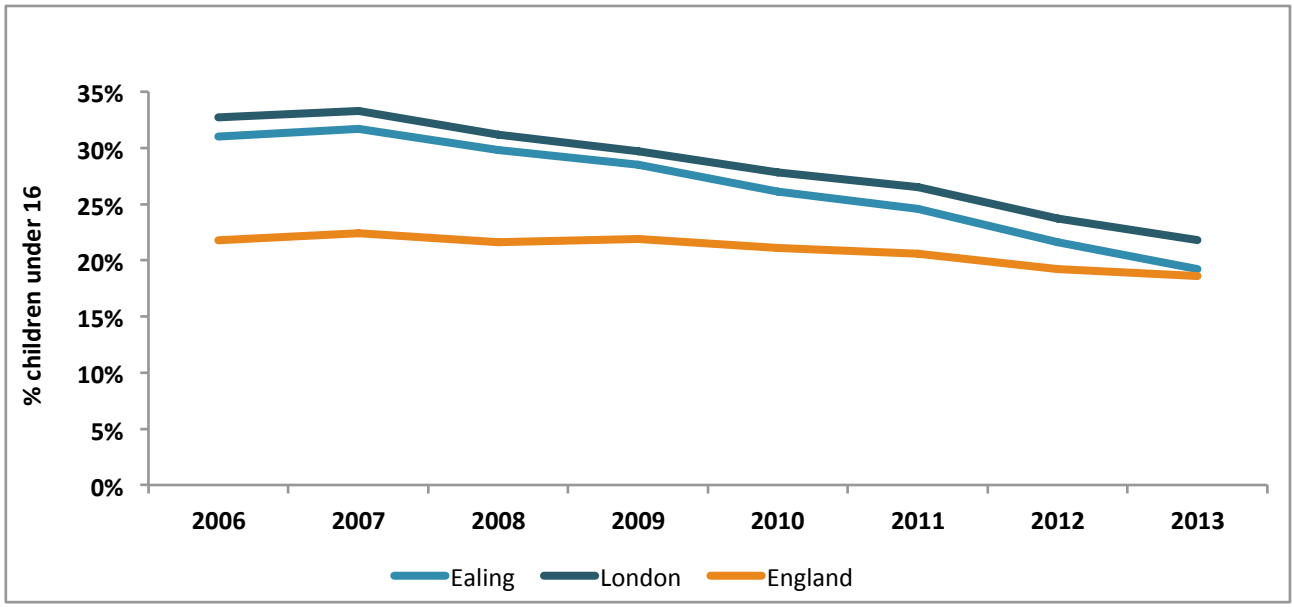
Figure 3: Income Deprivation Affecting Children Index (IDACI), Ealing LSOAs, 2015



Source: Deprivation in Ealing Report, London Borough of Ealing, 2015

In 2013, 19.2% of Ealing's children (under 16 years) were living in **child poverty**, defined as the proportion of children living in families in receipt of out-of-work benefits or tax credits where their reported income is less than 60% of the UK median income.[4] This was higher than the England average of 18.6%, but lower than the London average of 21.8%.[4] These figures have been improving since 2006 (Figure 4), when 31.0% of Ealing's children were living in poverty, although it is unknown how Ealing is faring since 2013. There is currently a national debate about how child poverty should be measured.

Figure 4: Percentage (%) of children (under 16) living in poverty in Ealing, 2006-2013

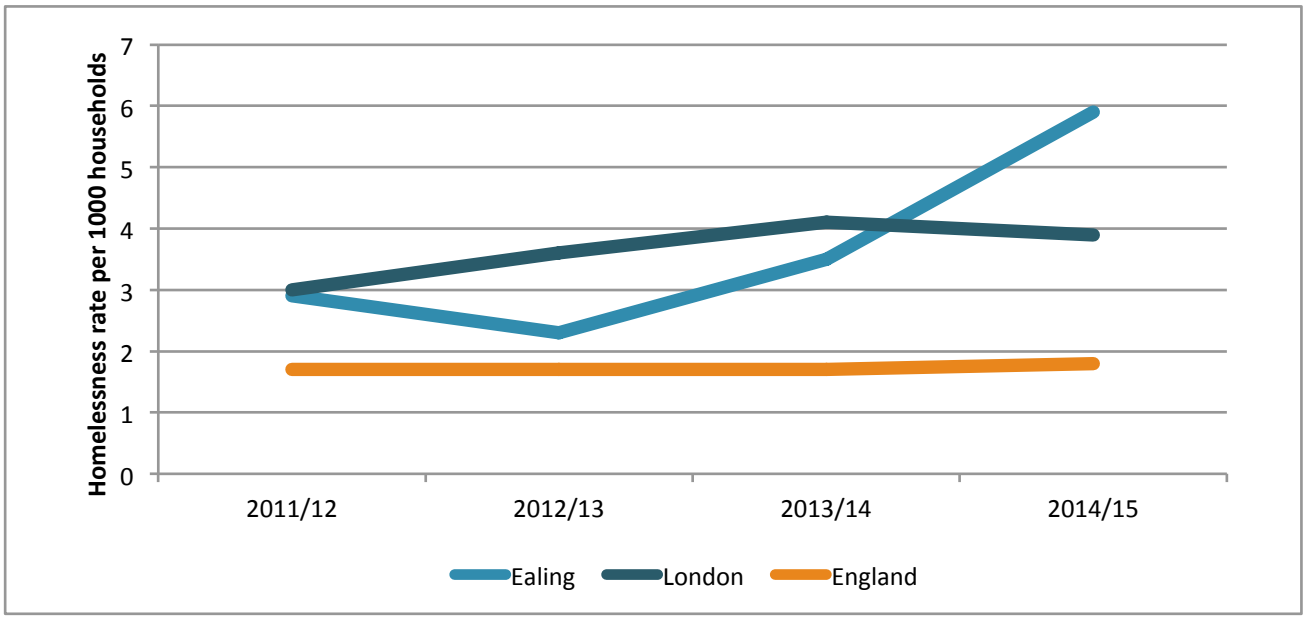


Source: Greater London Authority

Another measure associated with child poverty is the proportion of pupils **eligible for free school meals** (if parents are in receipt of certain means-tested benefits). From 2013, free school meals in England are provided universally to all infant school children (reception, year 1 and year 2), regardless of eligibility, and to eligible older children. In 2016, there were 7,098 pupils, representing 15.6% of the Ealing state funded school population, eligible for free school meals, 9% lower than in 2012.[7] In 2016, 14.6% of primary school children were eligible for free school meals in Ealing (compared to 19.9% across London and 16.5% nationally in 2015), while at secondary school in 2016, 16.8% of Ealing pupils were eligible (compared to 21.0% in London and 14.9% nationally in 2015).[7,8]

Family homelessness also has a major impact on children's health and wellbeing, with infants' development particularly vulnerable to the risk factors associated with homelessness, such as quality of parental care.[9] Statutory homeless households with dependent children or pregnant women per 1000 households was 5.9 in 2014/15 in Ealing (representing 765 households), significantly higher than both the England (1.8 per 1000) and London (3.9 per 1000) averages, a rise from recent years (Figure 5).[4] A significant proportion of Ealing families in temporary accommodation are placed out of the borough (33% at 31st March 2015).[10] This increase in family homelessness in recent years may be a result of recent welfare reforms, and the high proportion of Ealing households in the private renting sector. Tenure patterns in Ealing changed dramatically since the 2001 census with private renting expanding from 18.1% in 2001 to 29.1% in 2011.[11]

Figure 5: Family homelessness (statutory homeless households with dependent children or pregnant women per 1000 households)



Source: PHE (2016) Child Health Profile

Many of the 'wider determinants' of health and wellbeing are measured in the Public Health Outcomes Framework, and are provided later on in this chapter, including educational attainment (page 37), looked after children rates (page 41) and rates of youth offending (page 50).

[7] Ealing Spring School Census, 2016

[8] https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2015

[9] NSPCC (2014) An Unstable Start https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-unstable-start.pdf

[10] London Borough of Ealing data

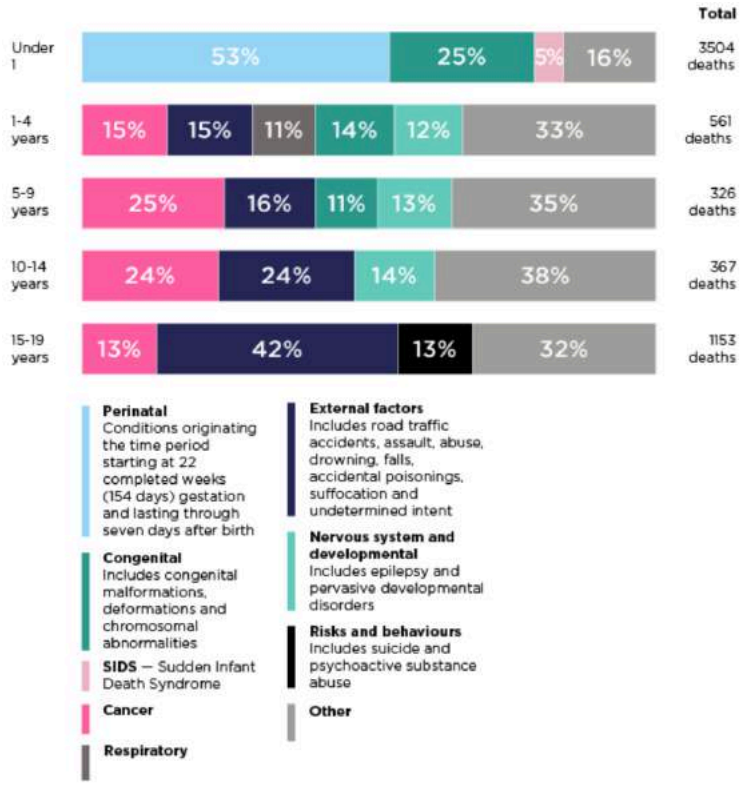
[11] ONS (2011) Census data

HEALTH ISSUES ACROSS 0-18 YEARS

MORTALITY

While infant, child and adolescent death rates in the UK have declined substantially and continue to fall, the overall UK childhood mortality rate in the UK is higher than some European countries, especially with regards to infant deaths and deaths among children and young people with long term conditions. Many of the causes and determinants of child deaths are preventable. There are also significant inequalities in mortality rates, associated with social inequalities.[12] Figure 6 highlights some of the major causes of child death in the UK, which varies by age group.

Figure 6: Child deaths in the UK



Source: "Why Children Die" report, Royal College of Paediatrics and Child Health, 2014

The **infant mortality rate** (deaths under 1 year) has long been regarded as one of the main indicators of the health status of a population. The infant mortality rate in Ealing in 2012-14 was 3.4 per 1000 live births, lower than the England average of 4 and London average of 3.6, but not significantly.[4] This figure has decreased in recent years (Figure 7). However, there are underlying issues for Ealing in terms of higher than average stillbirth and neonatal mortality rates. In 2011-13, Ealing had a **stillbirth rate** of 7.2 per 1000 (live and still) births, compared to 5.5 in London and 4.9 in England, and a **perinatal mortality rate** of 9 per 1000 births, compared to 7.6 in London and 7.1 in England.[13] Once adjusted for confounding factors, the adjusted stillbirth rate in Ealing in 2013 was 4.23 per 1000 births, the adjusted neonatal mortality rate was 2.09 per 1000 births, and the adjusted extended perinatal mortality rate was 6.34 per 1000 births, although still above the England

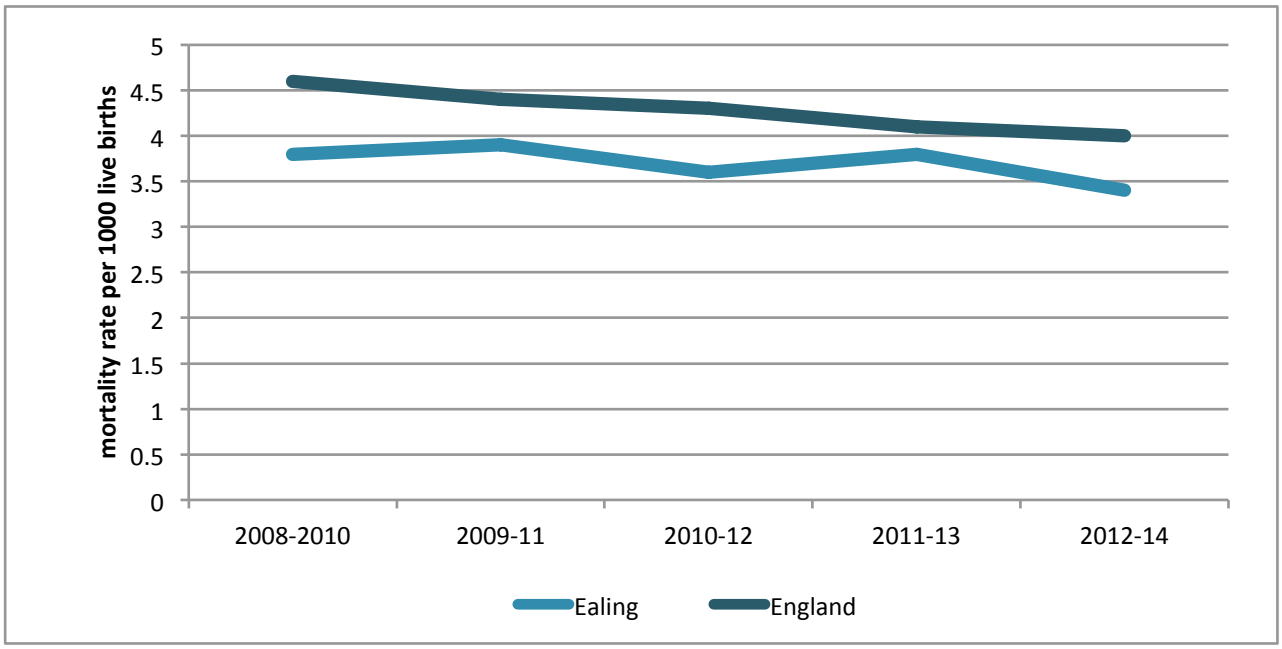
[12] RCPCH (2014). Why Children Die' report. http://www.ncb.org.uk/media/1130496/rcpch_ncb_may_2014_-_why_children_die__part_a.pdf

[13] Public Health England (2015). Infant mortality and stillbirths service snapshot

average, and rated as 'amber' (0-10% above the national average) in the 'Maternity and Babies: Reducing Risk though Audits and Confidential Enquiries across the UK' (MBRACE-UK) report.[14]

Neonatal mortality and stillbirth rates tend to be sensitive to events during pregnancy, delivery and the neonatal period, including the healthcare provided to mother and baby. Post-neonatal mortality is more influenced by parental circumstances, including socioeconomic status and the care they provide for the infant.[15] There is a national ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030.[16]

Figure 7: Infant (under 1 years) mortality rate, per 1000 live births



Source: Public Health England (2015) Child Health Profile

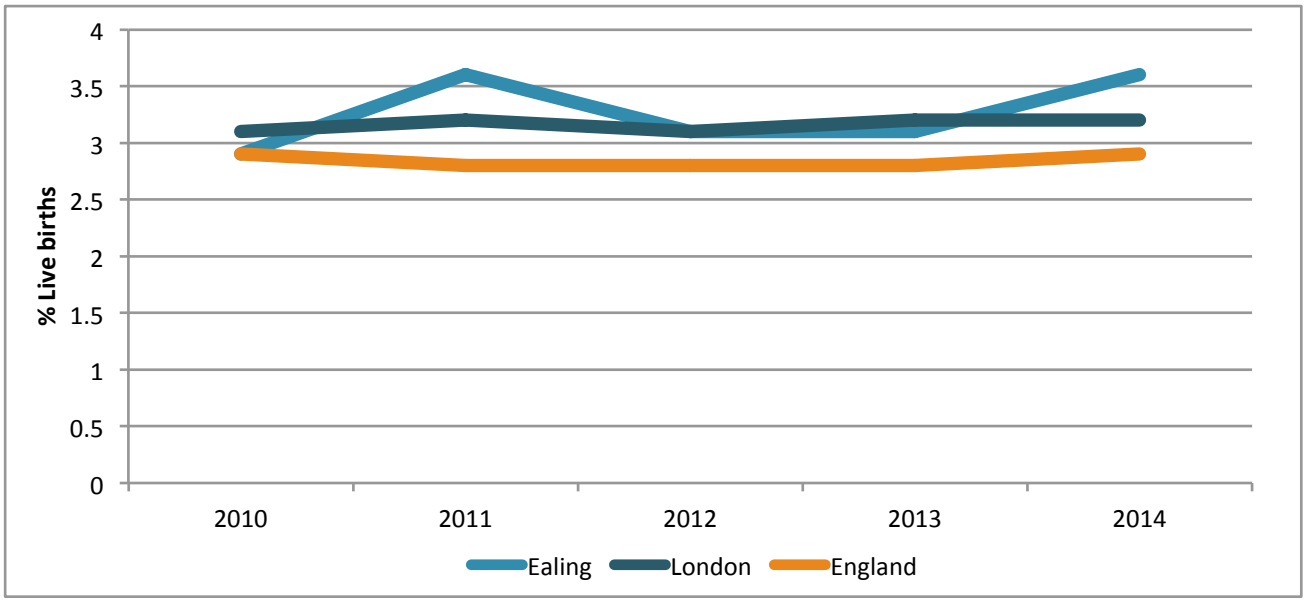
Some of the **risk factors for adverse pregnancy outcomes** are detailed in Table 3. Ealing shows a mixed picture, with lower than average prevalence of maternal smoking and teenage pregnancy, but high prevalence of older mothers, mothers from ethnic minority groups and low socio-economic status. Many of these risk factors contribute to babies being born with low birth-weight (under 2500g) or pre-term, which are both associated with increased risk of mortality, developmental problems and poorer health outcomes later in life. Data is available for low birth-weight in Ealing, which affects a higher proportion of births in Ealing, compared to England (Figure 8).

[14] Maternity and Babies: Reducing Risk though Audits and Confidential Enquiries across the UK' (MBRACE-UK)
[15] National Perinatal Epidemiology Unit
[16] NHS England (2014) 'Saving Babies' Lives' Care Bundle

Table 3: Main risk factors for adverse pregnancy outcomes and infant mortality

Risk factor	Impact	Level in Ealing
Smoking	Impaired foetal growth, low birth weight and preterm birth (and associated later neuro-disability), increased risk of miscarriage, stillbirth, neonatal death and Sudden Infant Death Syndrome (SIDS)	Ealing fares well. In 2014/15, 3.7% of Ealing mothers were still smoking at the time of delivery, compared to 4.8% in London and 11.4% in England.[4]
Drinking	Foetal alcohol syndrome	No local data
Obesity	Gestational diabetes, macrosomia	No local data
Substance misuse	Problems of child development	No local data
Low socio-economic status	Preterm birth (and associated later neuro-disability), stillbirth	See 'deprivation' (page 5).
Maternal age – teenage mothers	Unclear if this is an independent association or explained by confounding factors (e.g. maternal smoking or low socio-economic status)	In 2014, there were only 16 births to mothers under 18 years (0.29% of Ealing's mothers in 2014). This is lower than the England average of 1.1% (in 2013/14).[4]
Maternal age - >35 years	Higher risk of specific pregnancy complications (e.g. hypertension) and birth complications, requiring intervention.	In 2014, there were 1508 births to mothers over 35 years (27.6% of Ealing's mothers). This is higher than the England average of 19.2% (in 2012/13).
Country of birth of mother	Multiple possible reasons for adverse outcomes, including increased risk of complications, as well as differences in care (e.g. due to late bookings and language difficulties)	In 2014, from 5472 live births to mothers resident in Ealing, 71.1% were born outside The UK. This compares to 58.1% in London and 27.8% in England. The 5 most common countries of birth for non-UK born mothers were: Poland, India, Somalia, Pakistan, Sri Lanka
Multiple births	Increased risk of prematurity and low birth weight.	No local data

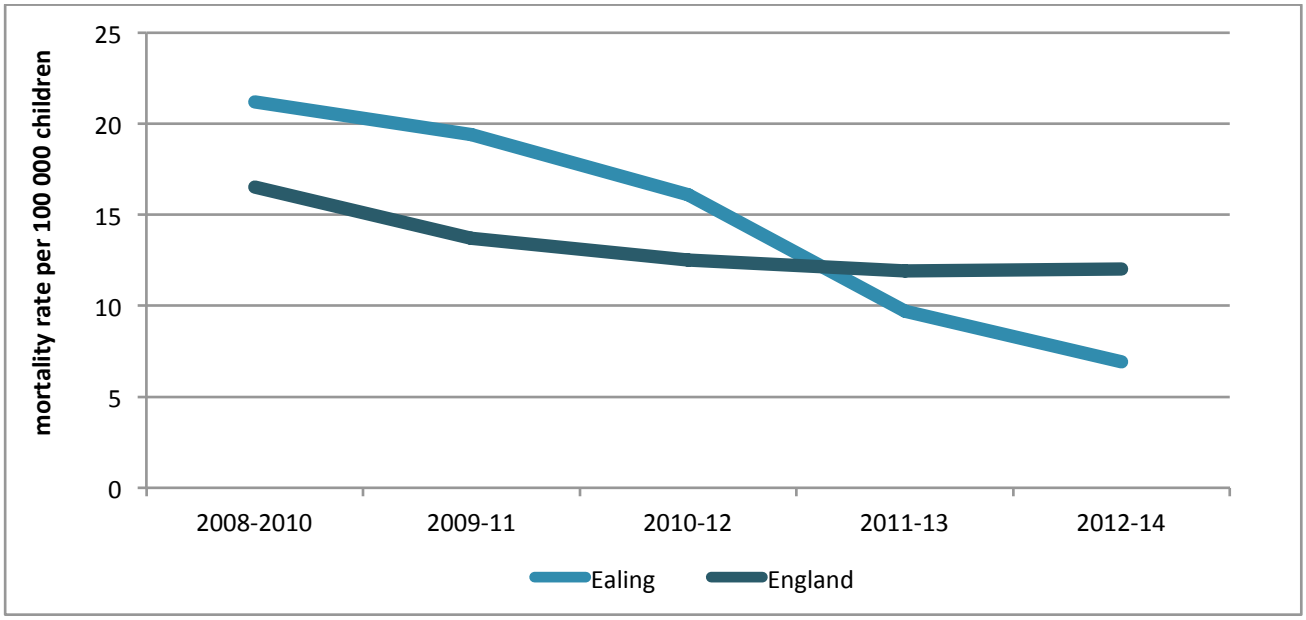
Figure 8: Low birth weight, % of all live births at term, 2010- 2014



Source: Public Health England (2015) Child Health Profile

The child mortality rate (1-17 years) in Ealing in 2012-14 was 6.9 per 100 000 children in this age group, significantly lower than the England and London average of 12 per 100 000 children.[4] This figure has decreased in recent years (Figure 9).

Figure 9: Directly standardised child mortality rate, per 100 000 children (1-17 years)



Source: Public Health England (2015) Child Health Profile

The **Child Death Overview Panel** is a statutory requirement of the Children Act 2004 and involves a comprehensive and multi-disciplinary review of all child deaths across the London boroughs of Ealing and Hillingdon, assessing factors that may have contributed to the deaths and whether the deaths were modifiable. There are four categories of child deaths: 'neonatal' (under 28 days old), 'Sudden Unexpected Death of an Infant under 2 years' (SUDI), 'unexpected death of a child between 2 and 18 years', and 'expected death of a child under 18 years' (from natural causes).

There have been between 28 and 43 child deaths per year in Ealing. Of the 213 child deaths in Ealing since 2008:

- 17% were unexpected
- 48% were neonatal; 27% were between 29 days and 2 years; 15% were 2-10 years; 10% were 11-18 years
- 40% were female; 60% were male.[17]

[17] Child Death Overview Panel Report (2015)

ACCIDENTS AND INJURIES

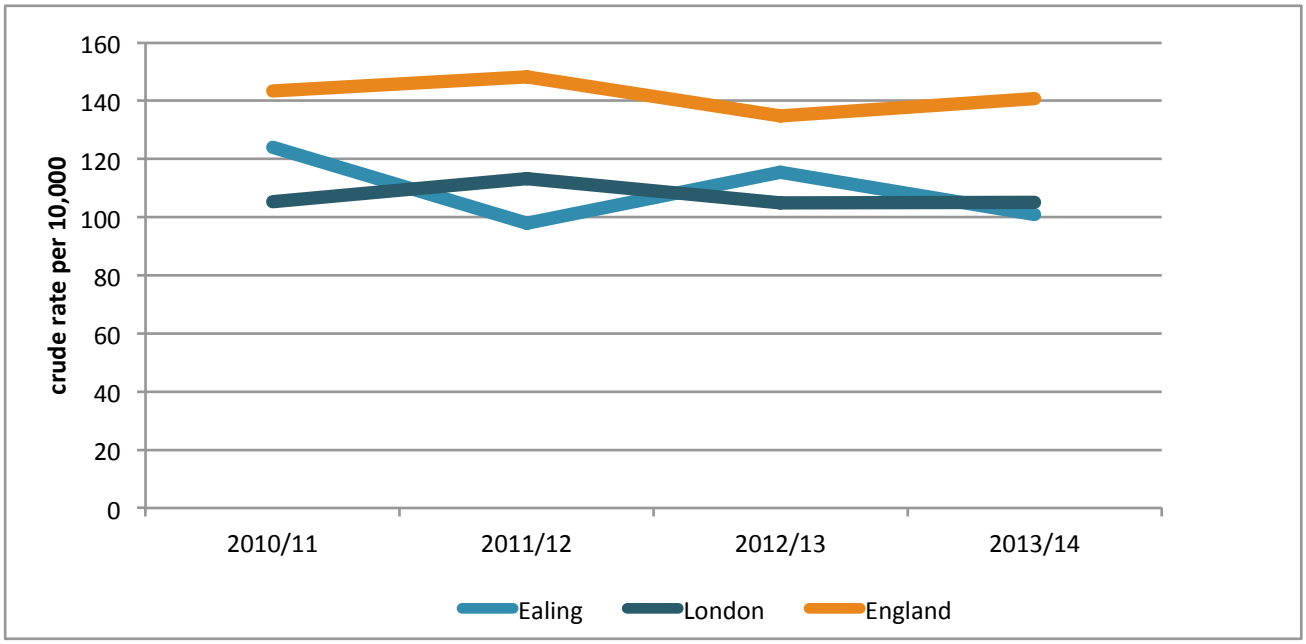
Accidents and unintentional injuries in children under five are a leading cause of preventable morbidity and mortality. It is estimated that unintentional injury accounts for 7% of A&E attendances in the under-5s.[18] There is also a persistent social gradient for unintentional injuries, with widening inequalities at a national level. For example, children under five years living in the most deprived areas have a 45% greater emergency hospital admission rate compared to children from the least deprived areas.[18]

Accidents in this age group usually happen in or around the home, and include falls (most common), scalds, burns, choking, suffocation and asphyxiation, poisoning and drowning. These accidents are linked to factors including child development, parental knowledge and behaviour, home physical environment, overcrowding or homelessness and availability of safety equipment.

Injuries can have broad and long term impacts on the child including physical disability, cognitive or social impairments, psychological impacts, lower educational attainment and employment prospects.

In Ealing, there were 266 hospital admissions in Ealing in 2013/14 for accidental and deliberate injuries in children under 5, at a rate of 100.9 per 10,000 population in this age group, similar to the London average of 105.0 per 1,000 but lower than the England average of 140.8 (Figure 10).[19] It should be noted that hospital admissions for these accidents represent only the most extreme cases. Primary care or A&E data for accidents in children under 5 would be useful, but are unavailable for this chapter.

Figure 10: Hospital admissions for accidental and deliberate injuries in children (aged 0-4 years) in Ealing, over time

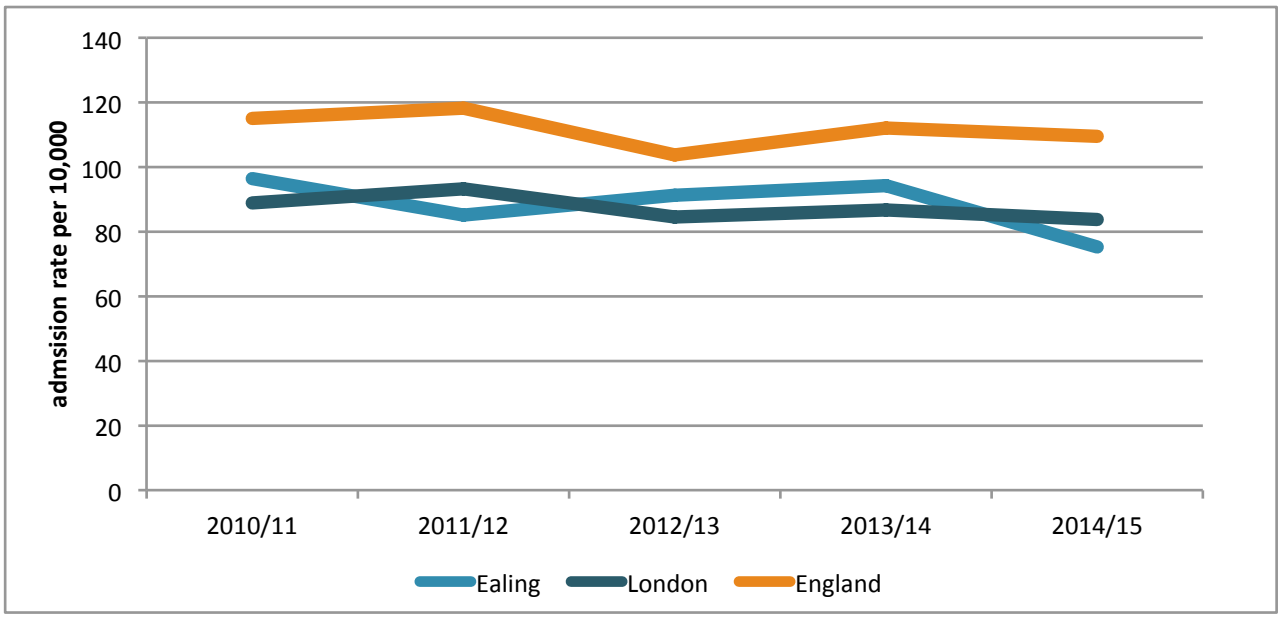


Source: PHE (2016) Children and Young People's Health Benchmarking Tool

Among children aged 0-14 in Ealing in 2014/15, the hospital admission rate was 75.3 per 10,000, lower than in London (83.8) and the England average (109.6) as shown in Figure 11.[19]

[18] Royal Society of Accident Prevention (2015)
[19] PHE (2016) Children and Young People's Health Benchmarking Tool

Figure 11: Hospital admission rate caused by unintentional and deliberate injuries in children (aged 0-14)

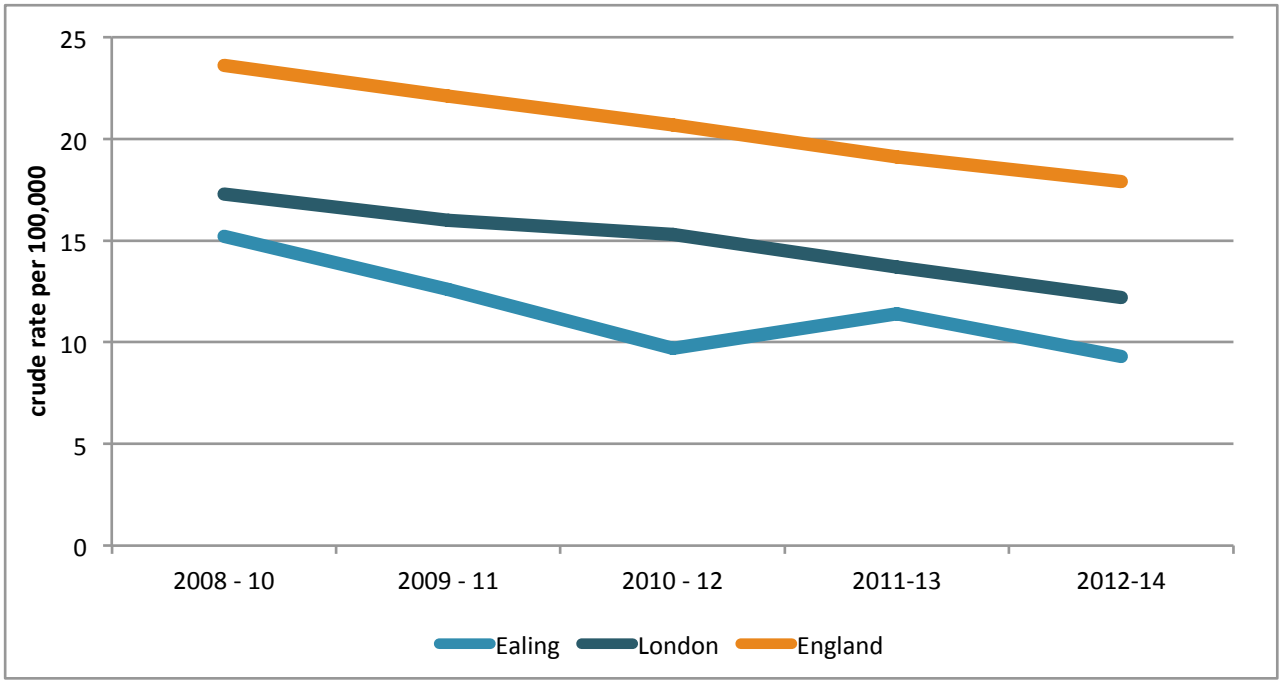


Source: PHE (2016) Children and Young People's Health Benchmarking Tool

Road traffic accidents are another preventable category of accident, which particularly impacts older age groups, including school age children (as pedestrians) or young people (as new drivers), with males and children from more deprived areas more likely to be affected. In the UK between 2008 -2012 there were an estimated 2,300 road deaths and 32,000 casualties under 25 years.

In 2012-14, the rate of children (0-15 years) who were killed or seriously injured in road traffic accidents in Ealing was 9.3 per 100,000, lower than both the London (12.2) and England (17.9) averages.[19]

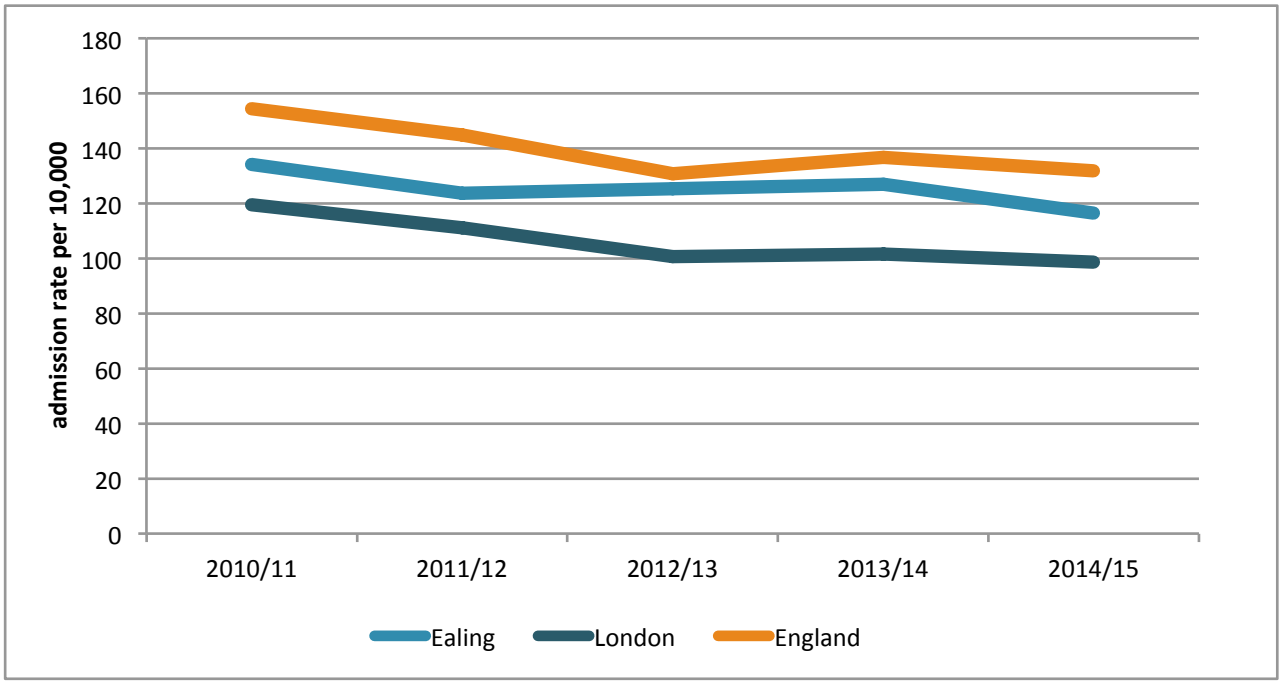
Figure 12: Children killed or seriously injured in road traffic accidents (0-15 years) in Ealing, over time



Source: PHE (2016) Children and Young People's Health Benchmarking Tool

Among young people **aged 15-24 years, the pattern of hospital admissions caused by injuries**, includes a greater proportion of deliberate injuries, including self-harm. In Ealing in 2014/15, the rate of hospital admissions caused by injuries in young people aged 15-24 years in Ealing was 116.4, significantly lower than the England average of 131.7 per 10,000, but significantly higher than the London average of 98.6 per 10,000 (Figure 13).[19]

Figure 13: Hospital admission rate caused by unintentional and deliberate injuries in YP (15-24 years)



Source: PHE (2016), Children and Young People's Health Benchmarking Tool

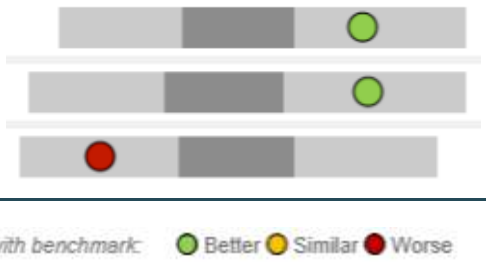
HEALTHY WEIGHT AND OBESITY

Child obesity is one of the major public health challenges of our time, due to the high prevalence in the UK and the potential consequences. Child obesity is associated with health problems in childhood, including tooth decay, sleep apnoea, asthma and psychological issues such as low self-esteem and depression. It may also impact on school attendance and educational attainment. Overweight and obese children are more likely to become obese adults, with the resulting health complications, including type 2 diabetes, heart disease, cancer and premature mortality.

Obesity is caused by energy imbalance: energy intake due to unhealthy eating habits exceeding energy expenditure due to sedentary lifestyles and lack of physical activity. Data on eating habits and physical activity amongst children and young people in Ealing come from two main sources. The first, the 'What about Youth Survey' national survey, which included 830 young people (aged 15 years) in Ealing in 2014, shows Ealing fares better than the national average with 60.6% of 15 year olds reporting to eat 5 or more fruit and vegetables per day, compared with 56.2% in London and 52.4% in England. However, physical activity shows a mixed picture, with Ealing 15 year olds less sedentary, but also less physically active, than their London and national counterparts (Table 4).

Table 4: Healthy eating and physical activity data, 2014

	Ealing	*London*	*England*
% 5 or more fruit and veg per day	60.6%	56.2%	52.4%
% mean daily sedentary time > 7 hours per day (in last week)	63.7%	69.8%	70.1%
% physically active at least 1 hour per day, 7 days per week	10.3%	11.8%	13.9%



Source: Public Health England (2015) What About Youth Survey

The second data source, from the Ealing school survey, is highlighted in Box 1 below. It should be noted that discrepancies between the two survey sources may be due to survey wording (e.g. proportion of secondary pupils eating 5 portions of fruit or vegetables 'in the day before' compared to 'generally').

Box 1: School survey data on health eating and physical activity, 2015

Of 7,487 primary school pupils (in years 4 and 6):

- 61% eat fresh fruit and 41% vegetables 'on most days'
- 29% said they had 5 or more portions of fruit and vegetables the day before
- 16% have crisps, 16% sweets and chocolates and 7% energy/sports drinks 'on most days'
- 26% said they did some physical activity on at least 5 days in the last 7 days.

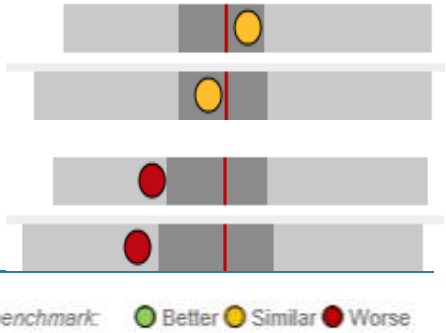
Of 4,442 secondary school pupils (in years 8 and 10):

- 23% of pupils said they had 5 or more portions of fruit and vegetables the day before
- 13% of pupils said they drank non-diet fizzy drinks and 10% said they have energy drinks 'on most days'
- 13% ate crisps and 16% ate sweets 'on most days'
- 26% of pupils reported they had exercised hard enough to get out of breath and sweaty on at least three days in the last week.

In terms of obesity prevalence, the National Child Measurement Programme measures all school children in state maintained schools in reception class (aged 4-5 years) and year 6 (aged 10-11 years). In 2014/15, 21.2% of 4-5 year olds were overweight, including 9.5% who were obese. Amongst Year 6 pupils, 37.5% were overweight, including 22.8% who were obese, which is significantly higher than the England average of 33.2% overweight (and 19.1% obese), as shown in Table 5.[20]

Table 5: Prevalence of obesity among Ealing school children, NCMP 2014/15

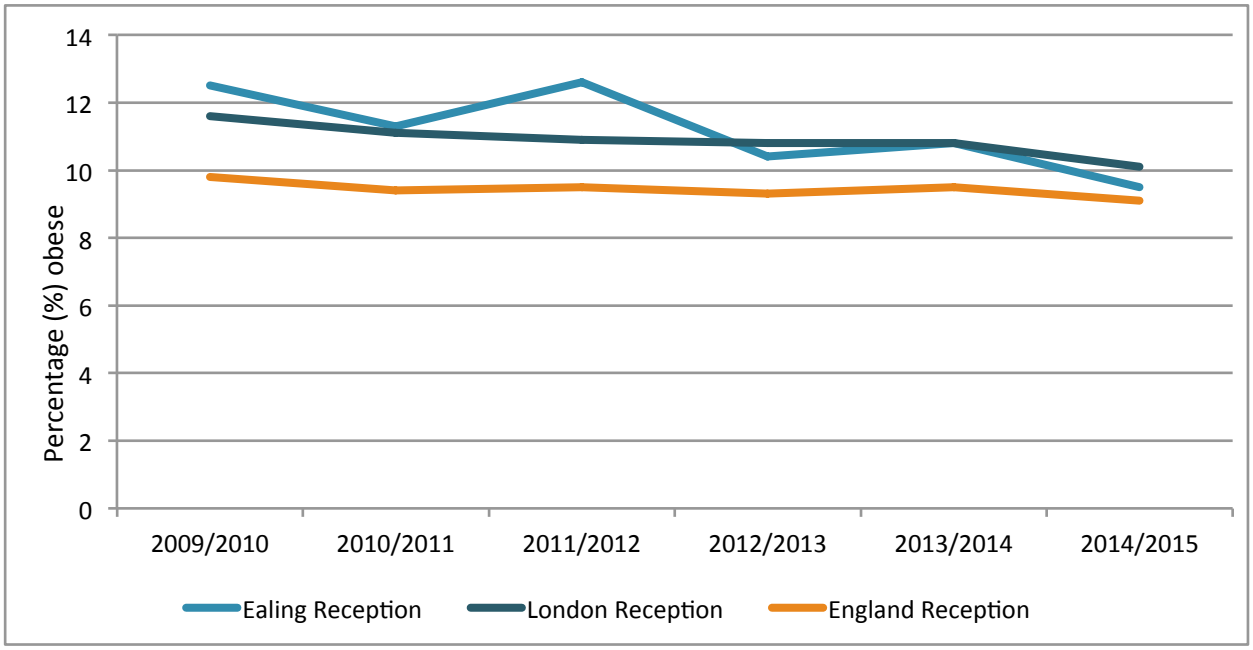
	Ealing	London	England
Reception: % overweight (inc. obese)	21.2%	22.2%	21.9%
Reception: % obese	9.5%	10.1%	9.1%
Year 6: % overweight (inc. obese)	37.5%	37.2%	33.2%
Year 6: % obese	22.8%	22.6%	19.1%



Source: NCMP (2016) local authority profiles

Figures 14 and 15 show that while the prevalence of obesity in Reception class in Ealing has decreased in recent years (reflecting the national and regional decline in prevalence), the prevalence in Year 6 has increased, despite a national levelling in obesity prevalence in this age group (but mirroring an increase in London). Reasons for this improvement in Reception class are likely to be complex and multi-factorial, but may be in part due to the sustained efforts to tackle childhood obesity in early years settings in Ealing.

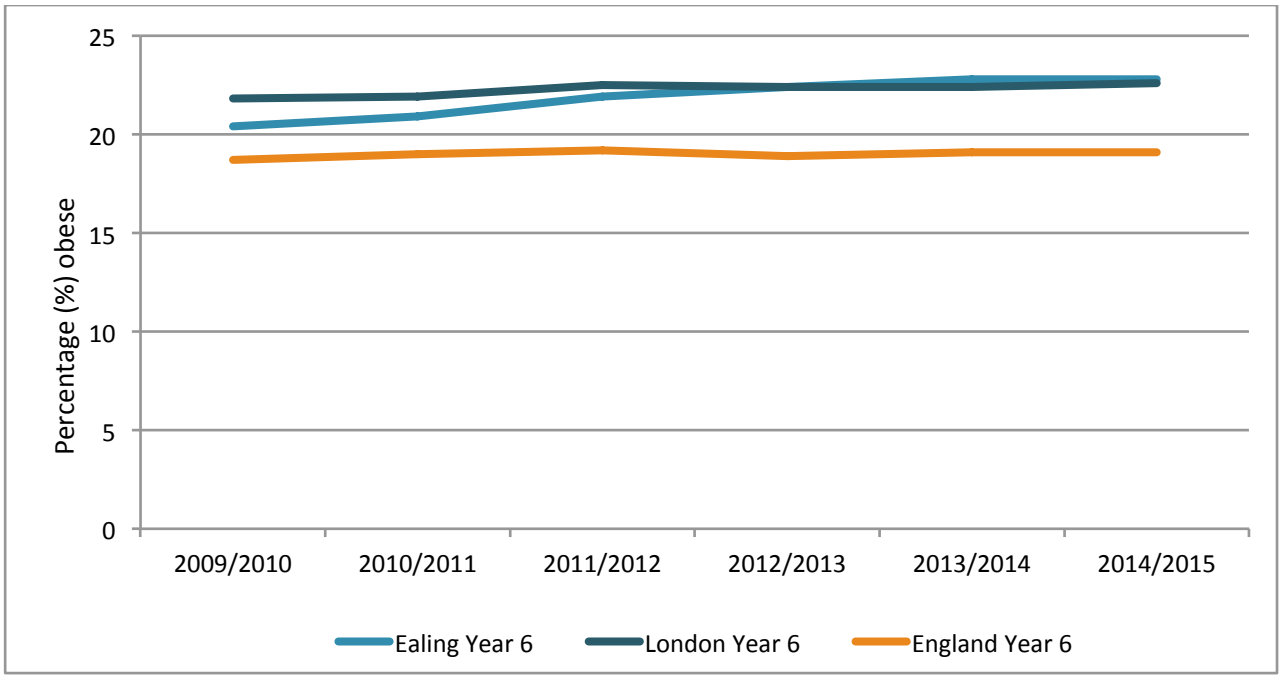
Figure 14: Proportion (%) of obese children in Reception over time (age 4-5 years)



Source: NCMP Survey, HSCIC

[20] NCMP local authority profiles

Figure 15: Proportion (%) of obese children in Year 6 over time (age 4-5 years)



Source: NCMP Survey, HSCIC

Figures 16 and 17 below show how obesity prevalence varies with ward. Children from more deprived wards are more likely to be overweight or obese.

Figure 16: Obese and overweight pupils in reception year, NCMP, 3 year pooled data 2012/13 – 2014/15

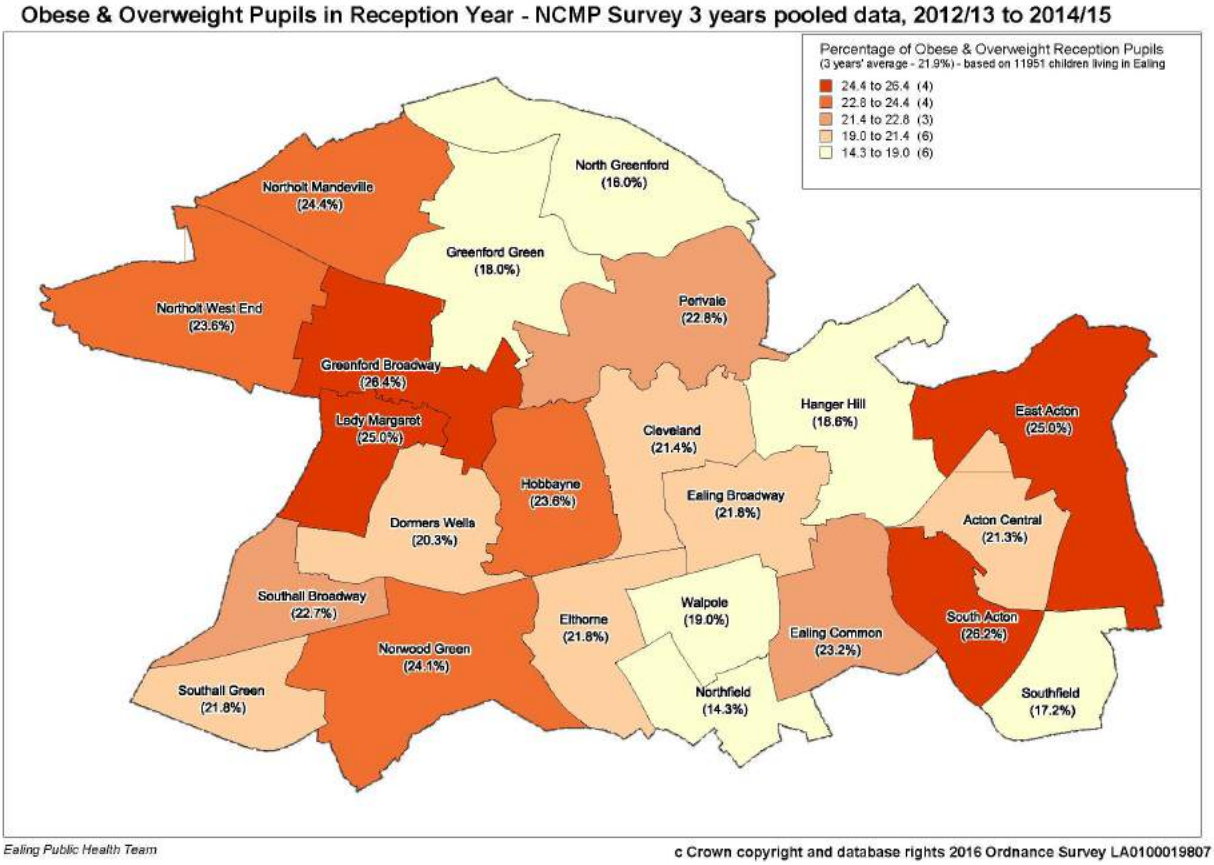
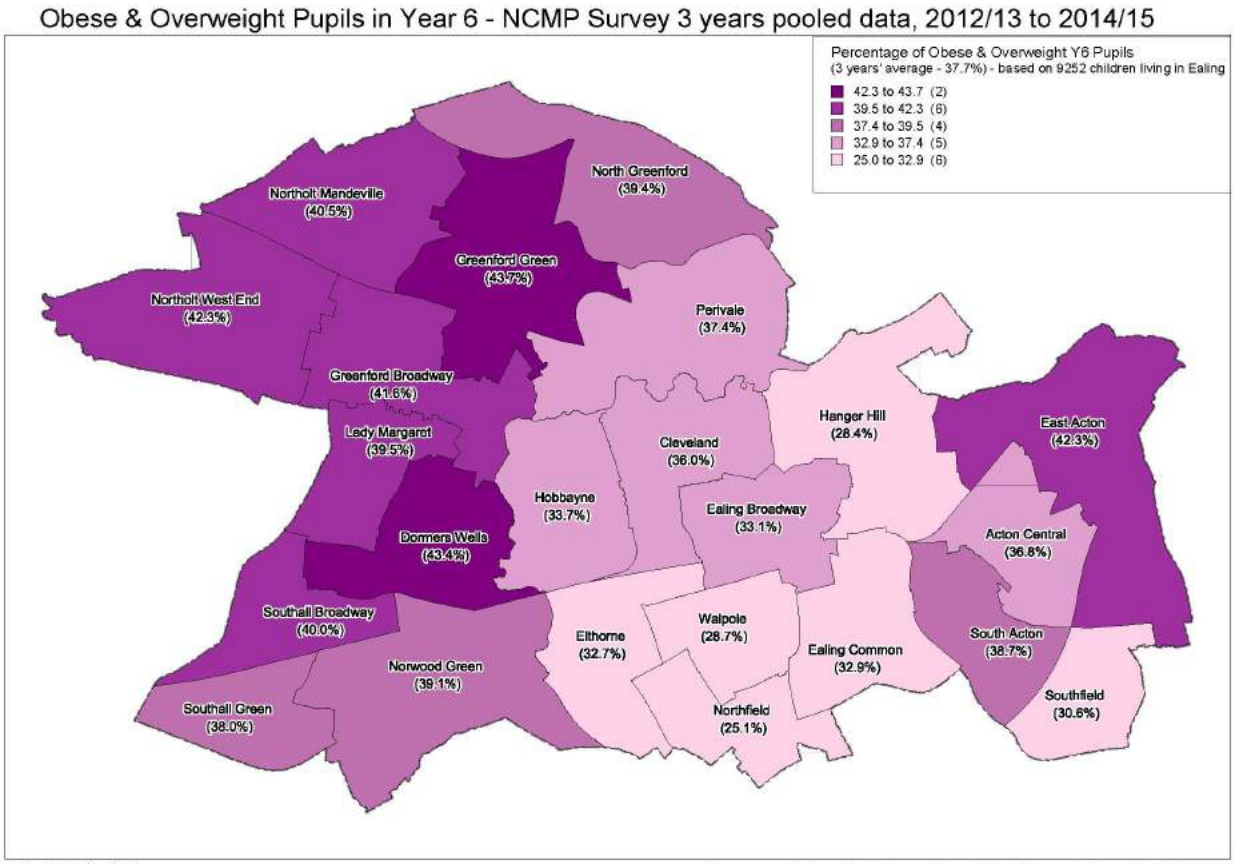


Figure 17: Obese and overweight pupils in year 6, NCMP, 3 year pooled data 2012/13 – 2014/15



ORAL HEALTH

Tooth decay is the most common oral health problem among children in the UK. Although the prevalence has decreased over the past two decades, it is still a significant and prevalent issue, and more common in deprived communities. Poor oral health can have detrimental impacts, including pain, infection, poor diet, impaired nutrition and growth, as well as on children's ability to eat, speak, sleep, play and socialise. It is estimated that 90% of childhood tooth decay is preventable.[21]

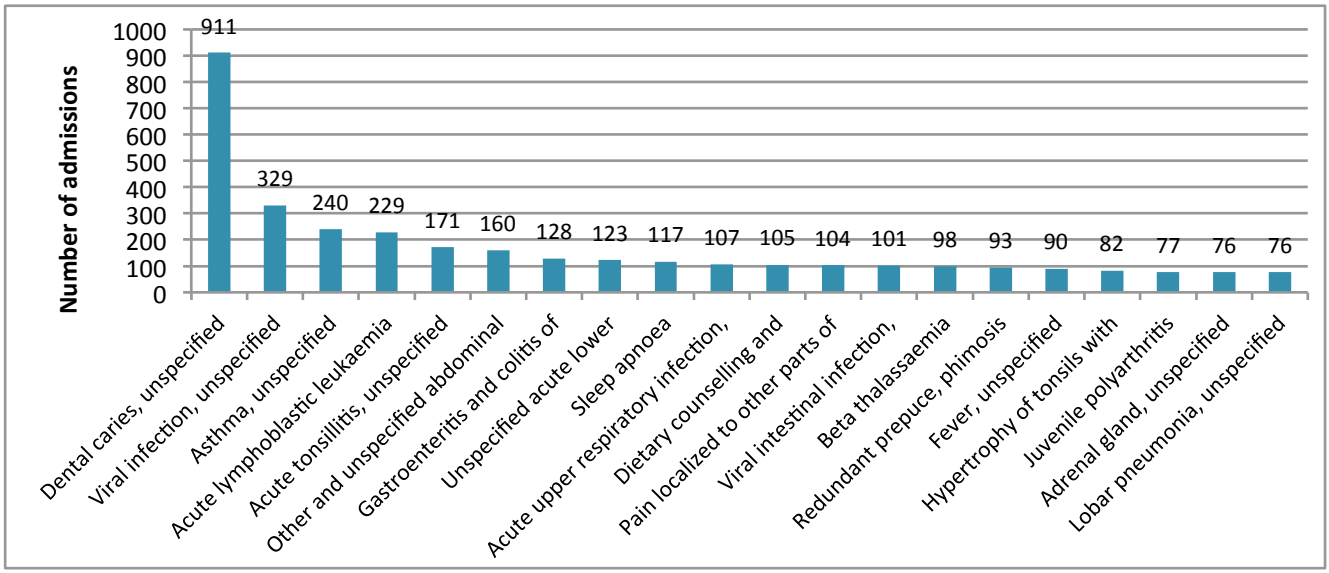
- In 2015, 39% of 5 year olds in Ealing had one or more decayed, missing or filled teeth, significantly higher than in London (27.2%) and England (24.7%). Although an improvement on the 2011/12 figure of 42.1%, Ealing has the highest prevalence in London.[22]
- In 2014/15, 5 year olds in Ealing had more decayed teeth (an average of 1.8 teeth per child), compared to London (1) and England (0.8), higher than the 2011/12 figure of 1.67 per child in Ealing, indicating more severe disease.[20]
- Between 2012/13-2014/15 the rate of hospital admission for tooth decay (1-4 years) was 1,007.5 per 100,000 in Ealing, significantly higher than in London (551.3) and England (322.0). This rate is highest for 5-9 year olds, with hospital admissions for dental problems representing 20% of all hospital admissions for this age group.
- Uptake of dental services for children (1-17 years) in Ealing at March 2014 – given as attending a dentist in the 24 months preceding March 2014 – was 64.9%, better than the average for London (59.8%) although lower than that for England (68%).

Box 2: data from the Ealing school survey

Of 7,487 primary school pupils (in years 4 and 6):

- 86% reported that they cleaned their teeth at least twice a day
- 83% had visited the dentist within the last 12 months
- 29% had a filling the last time they visited the dentist

Figure 18: Top causes of childhood hospital admissions (1-18 year olds) in Ealing in 2013/14



Source: SUS, Hospital Episodes, 2013/14

[21] Faculty of Dental Surgery (2015) The state of children's oral health in England

[22] PHE oral health survey (2016)

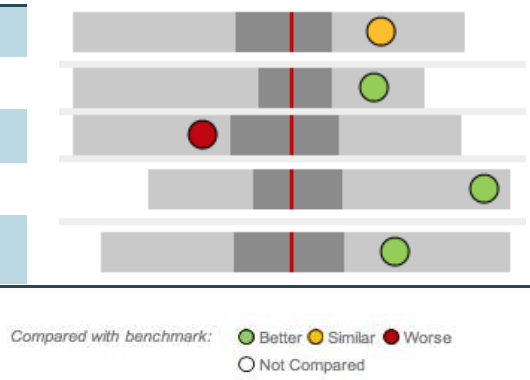
Note: a child mental health needs assessment is currently being conducted as part of 'Future in Mind' Local Transformation Plan work programme, and will provide more detailed information by Summer 2016.

Mental wellbeing is more than the absence of mental illness, and includes the capacity to realise abilities, live a meaningful life, form positive relationships, experience peace of mind and happiness and cope with life's ups and downs (resilience).[23] Wellbeing is inextricably linked to risk-taking behaviour, physical and social wellbeing (as both cause and effect) and provides competencies that protect against risks, especially those related to social and economic disadvantages, such as poverty and family disruption.

The Warwick-Edinburgh Mental Wellbeing scale (WEMWBS) measures wellbeing using responses to 14 positive statements, to give a score between 14 and 70, where positive answers result in a higher score.[24] In Ealing the mean score for 15 year olds in the 'What About Youth' survey conducted in 2014/15 was 48.4, significantly higher than the England average of 47.6 (Table 6). However in the same survey, 15.9% of young people also reported low life satisfaction, significantly higher than the England average of 13.7%, but not significantly different to the London average. WEMWBS is a validated measure for use in this age group, and may be a more robust indicator of the composite domains of wellbeing.[24] Ealing's 15 year olds were also less likely to have been bullied or to bully others, compared to the national average. Box 3 shows key mental health data from the Ealing School Survey in 2015.

Table 6: Wellbeing indicators for Ealing, 2014/15

	Ealing	*London*	*England*
% think they're the right size	54.8%	52.2%	52.4%
Mean WEMWBS score	48.4	47.8	47.6
% reporting low life satisfaction	15.9%	15.5%	13.7%
% bullied in past 2 months	44.1%	50.0%	55.0%
% bullied others in past 2 months	7.9%	11.0%	10.1%



Source: Public Health England (2015). What About Youth Survey

Mental health problems cause considerable morbidity in both the short and long term. Problems early in life may have long term consequences, including those of educational failure, crime, teenage pregnancy, being on benefits or physical ill health. A study found that children who had conduct disorder were more likely at age 33 years to be unemployed, on benefits, homeless, have been a teenage parent, and to suffer poor health, than their peers.[25] Most adult mental health problems have their origins in childhood: half of all lifetime psychiatric disorders start by age 14 years and three quarters by age 24 years.[26]

[23] Faculty of Public Health. 'Better Mental Health for All' resource http://www.fph.org.uk/better_mental_health_for_all

[24] Clarke, A, et al. "Warwick-Edinburgh Mental Well-being Scale (WEMWBS): validated for teenage school students in England and Scotland. A mixed methods assessment." BMC Public Health 11.1 (2011): 487.

25 Collishaw, Stephan, et al. "Time trends in adolescent mental health." Journal of Child Psychology and psychiatry 45.8 (2004): 1350-1362.

[26] Kessler, Ronald C., et al. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication." Archives of general psychiatry 62.6 (2005): 593-602.

The last prevalence survey for mental health problems among children and young people was in 2005 and estimated local prevalence figures are derived from this survey (Table 7).[27] A national prevalence survey is due to be published in 2017 and will give more updated prevalence figures for Ealing. Risk factors for mental health problems are shown in table 8 and described elsewhere in this JSNA chapter.

Box 3: Key mental health figures from Health Related Behaviour Survey in Ealing schools, 2015

Of 7,487 primary school pupils (in years 4 and 6):

- 32% of boys and 32% of girls in year 4, and 52% of boys and 40% of girls in year 6 have high self-esteem scores; 3% of all pupils have low self-esteem scores
- 45% of pupils reported that they worried about SATS, 27% worried about moving to secondary school and 21% worried about crime
- 32% reported that they felt afraid to go to school because of bullying
- 22% had been bullied in past 12 months
- 10% said there had been violence at home in the last month.

Of 4,442 secondary school pupils (in years 8 and 10):

- 89% agreed they had a good relationship with their parents
- 69% reported they worried about at least one problem 'quite a lot' or 'a lot'
- Top worries included: the future, exams and tests, their looks, problems with family and friends, school work problems, health problems and terrorism
- 51% had high self esteem scores; 1% had very low scores
- 14% reported a fear of going to school because of bullying
- 69% said if they were worried about something they knew an adult they trusted to talk to about this
- 11% had hurtful comments posted about them on a social networking site
- 5% had been a victim of violence in the past 12 months.

Table 7: Estimated prevalence of mental health problems amongst 5-16 year olds in Ealing

Mental health problem	Number of children (5-16) in Ealing	Percentage of children (5-16) in Ealing
Mental health disorder	4691	9.4%
Emotional disorder (eg. depression and anxiety)	1819	3.6%
Conduct disorder	2877	5.8%
Hyperkinetic disorder (eg. ADHD)	798	1.6%

Source: Public Health England (2015).Children and Young People's Mental Health and Wellbeing profiles

Parental mental health problems pose a particular risk of adverse mental health outcomes for children, most likely due to the impact on the infant-parent relationship and attachment. Maternal mental health is prevalent, with evidence to suggest up to 20% of the maternity population experience mental health problems during the perinatal period.[28] A new perinatal mental health service for Ealing has been commissioned from January 2016, as part of the 'Future in Mind' programme, to respond to the specific needs of mothers in the perinatal period.

In terms of children accessing specialist **Child and Adolescent Mental Health Services (CAMHS)** in Ealing, in 2014/15 there were 1,741 referrals made, of which 1,533 (88%) were accepted. In this year, there were 824 first attendances to CAMHS and 7,181 follow up attendances.[29] Data on the number of children this

[27] Green (2005). Mental health of children and young people in Great Britain

[28] Centre for Mental Health (2014). The costs of perinatal mental health problems.

[29] Data from Future in Mind Local Transformation Plan bid

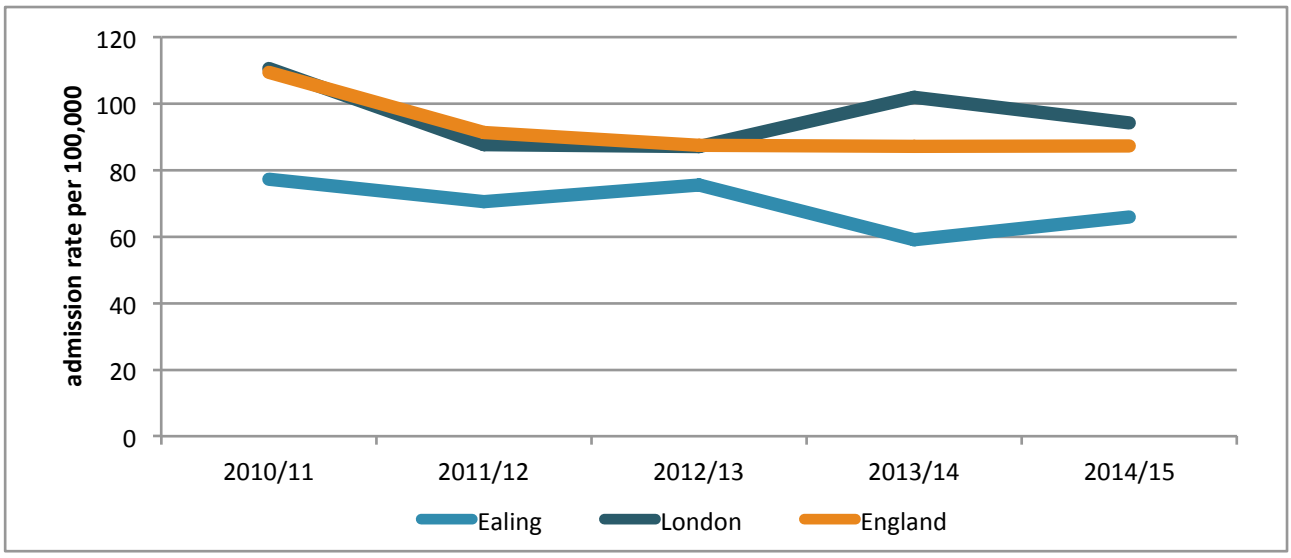
represents was unavailable at the time of writing this needs assessment, but should be available as part of the North West London CAMHS needs assessment in summer 2016.

Table 8: Key risk factors for mental health problems

Level	Risk factor	Level in Ealing
Child	Complications during birth and early infancy	No local data
	Difficult temperament	No local data
	Low IQ	SEN data, page 47
	Poor bonding with parents and carers	No local data
	Physical health condition or disability	Long term conditions, page 24, SEN/disability, page 47
	Overweight or obesity	Page 15
Family	Family disharmony, including: • divorce or separation • domestic violence	In 2011, according to the census, 9.8% of adults in Ealing stated that they were divorced or separated, significantly lower than the England average of 11.6% - Domestic abuse incident rates (as recorded by the police): 132,941 incidents in 2013/14 at a rate of 15.8 per 1,000 (comparable to England average of 15.6 per 1,000)
	Parental mental health problem	Young carers, page 45
	Parental substance misuse problem	In 2011/12: - Parents of children (0-15) in drug treatment: 111 per 100,000 (not significantly different from national) - Parents of children (0-15) in alcohol treatment: 149 per 100,000 (not significantly different from national)
	Parental poor health	Young carers, page 45
School	Bullying	Page 20
	Poor attendance	Young people, page 38
	Poor educational attainment	Young people, page 37
Life events	Difficult school transition	No local data
	Bereavement	No local data
	Teenage pregnancy	Page 33
	Trauma, abuse	Safeguarding, page 40
	Seeking asylum	Page 44
Socio-economic	Child poverty	Page 6
	Homelessness	Page 7
	Discrimination	Ethnicity data page 4

Inpatient admissions for mental health problems are for those children suffering from severe, complex or acute mental health problems that cannot be managed in the community. Many of these 'tier 4' CAMHS beds are out of borough. Ealing has had a consistently lower hospital admission rate for mental health problems compared to London and England. In 2014/15 there were 53 hospital admissions for mental health problems in Ealing's children and young people – this represents a significantly lower hospital admission rate of 66 per 100,000 population (under 18 years) compared to London (94.2), and England (87.4), as shown in Figure 19. It should be noted that such an indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.

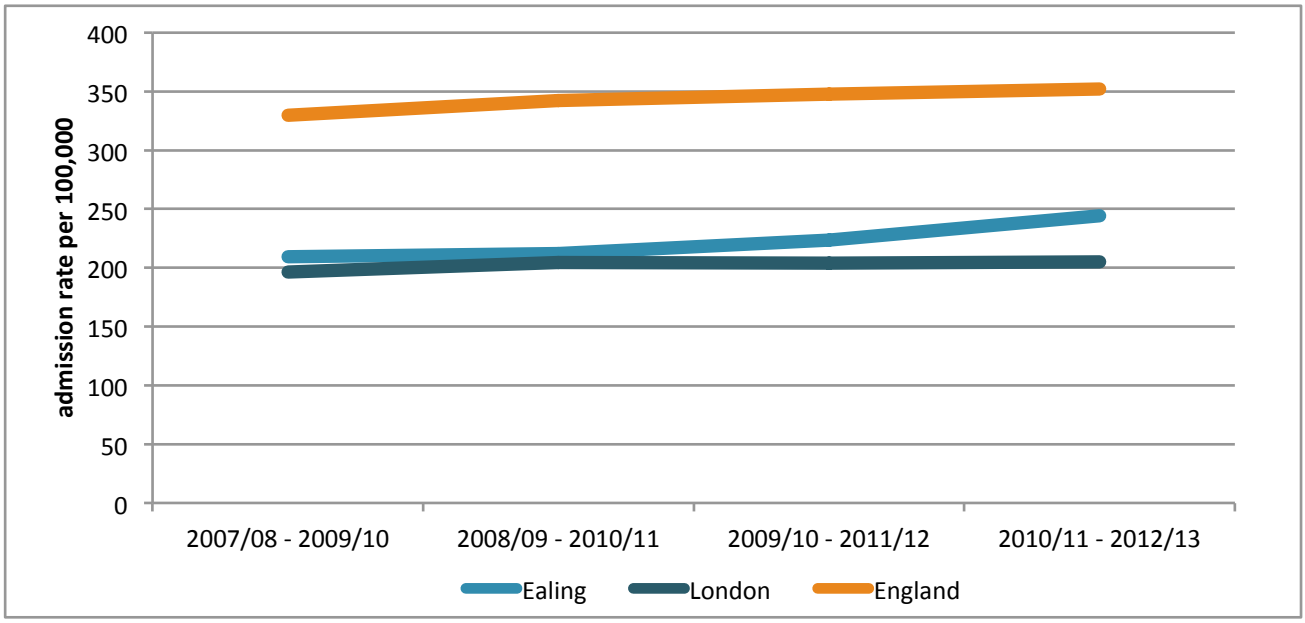
Figure 19: Hospital admission rate for mental health conditions (under 18)



Source: Public Health England (2015). Children and Young People's Health Benchmarking Tool

Self-harm, most common amongst adolescents, is a very private behaviour. As such, community prevalence data at a national and local level is limited. Estimates from the national Health Behaviour of School Aged Children survey suggests that 22% of 15 year olds self-harm, including by cutting, scratching or biting, with rates three times higher in girls than boys.[30] A small proportion of these young people will be admitted to hospital. There has been a rising rate of hospital admissions due to self-harm both in Ealing and nationally (Figure 20), with admissions for young women being higher than for young men. In 2014/15, the rate was 247.6 per 100,000 in Ealing, significantly lower than the England average of 398.8, and non-significantly higher than the London average of 203.8.

Figure 20: Hospital admission rate due to self-harm (10-24 years) per 100,000



Source: Public Health England (2015), Children and Young People's Health Benchmarking Tool

[30] WHO. Health Behaviour in School Aged Children Survey

LONG TERM PHYSICAL HEALTH CONDITIONS

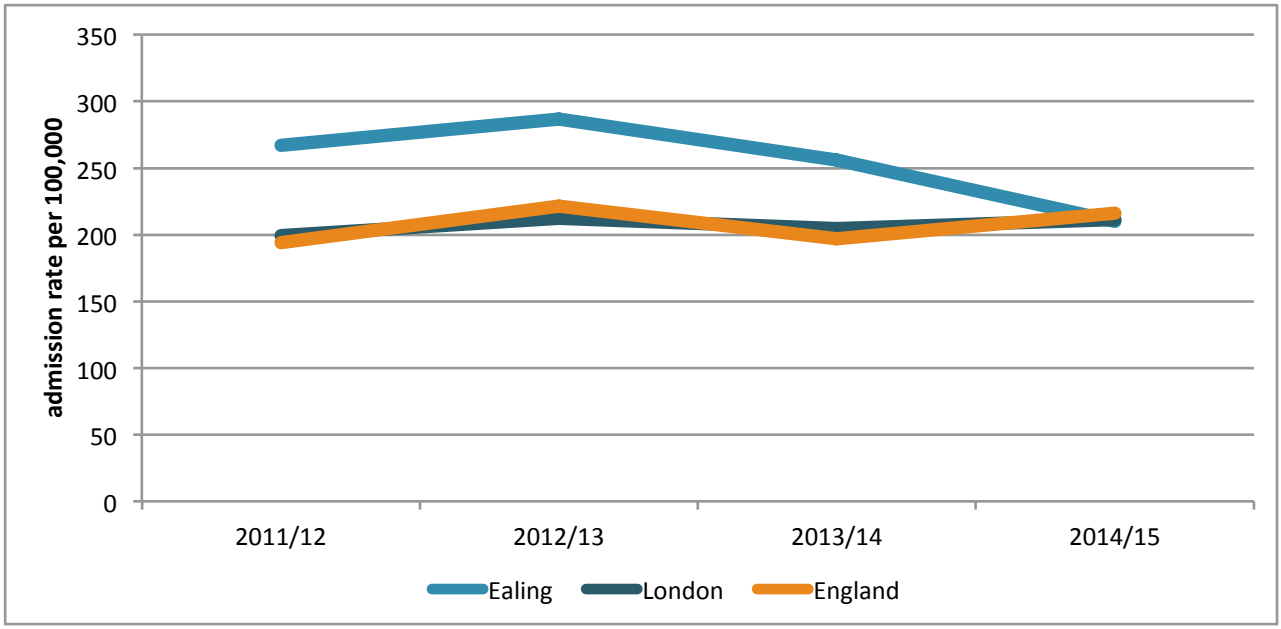
The burden of disease among children and young people in the UK has shifted from acute to chronic conditions (both physical and mental health problems).[1] The UK has the highest prevalence of some long term conditions, including asthma, in Europe, and also poorer outcomes: two thirds of all child deaths occur in children with long term conditions.[12]

Asthma is the most common long term physical health condition in childhood. Prevalence estimates vary – asthma UK estimates that 9% of children in the UK have asthma[31], but some studies have suggested that the prevalence of wheezy symptoms in the preceding 12 months to be 21% for 6-7 year olds and 25% for 13-14 year olds in the UK.[32] Socio-economic factors are associated with asthma prevalence, severity and hospitalisation.

Applying the conservative prevalence estimate of 9% would result in there being approximately 4,800 school-age children in Ealing with asthma. It is unknown what proportion have been diagnosed in primary care or are accessing specialist services. The unplanned hospitalisation rate for asthma for children and young people under 19 years is a national quality indicator in the NHS Outcomes Framework. A high proportion of these admissions are regarded as preventable, by better self-management and management in primary care. Furthermore, environmental conditions, such as damp housing or parental smoking, can exacerbate asthma symptoms. In the 2015 school survey, 22% of Ealing Year 6 pupils said that their parents or carers smoked.

Ealing has had a consistently higher hospital admission rate for asthma compared to England, although this figure has been declining (Figure 21), and in 2014/15, there were 177 emergency hospital admissions for asthma in this age group, representing a rate of 210.0 per 100,000, not significantly different to the England (216.1) or London (211.2) averages. This decline may be due to the establishment of a specialist paediatric asthma nurse post in 2011/12, proactively following up children who have been admitted to hospital and implementing a discharge bundle of care to prevent future re-admissions.

Figure 21: Hospital admissions for asthma (under 19)



[31] Asthma UK. Facts and statistics

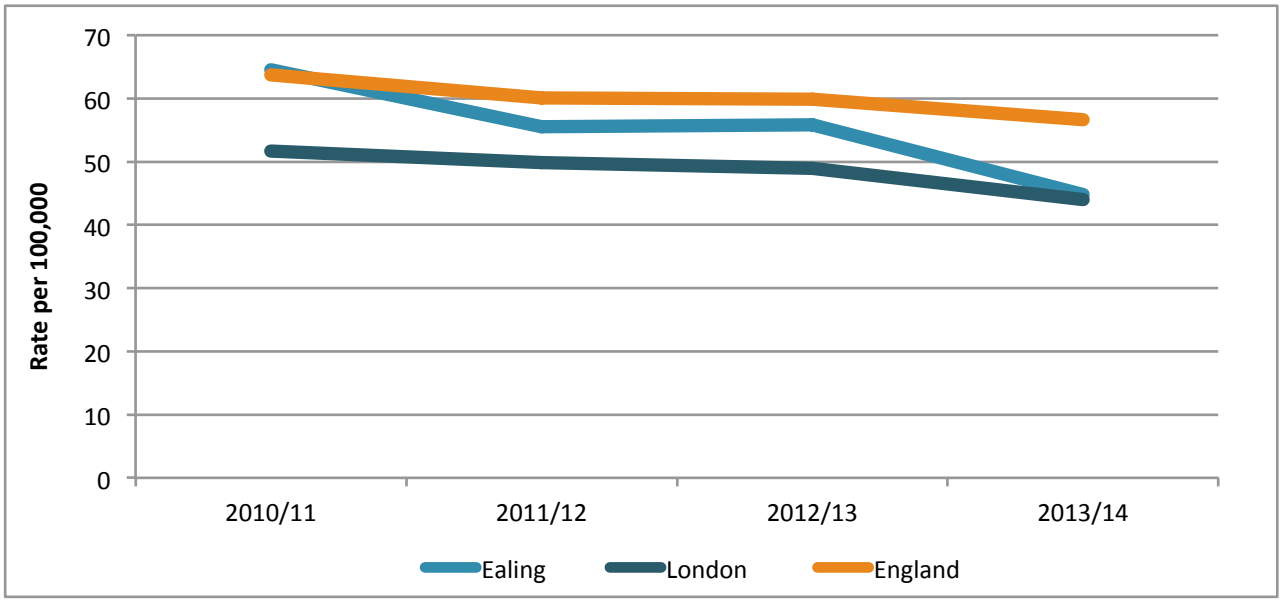
[32] Asher, M. Innes, et al. "Worldwide time trends in the prevalence of symptoms of asthma, allergic rhinoconjunctivitis, and eczema in childhood: ISAAC Phases One and Three repeat multicountry cross-sectional surveys." The Lancet 368.9537 (2006): 733-743.

Source: Public Health England (2015) Disease Management Information Toolkit

Type 1 Diabetes is a serious chronic condition, mostly diagnosed in childhood, with an annual incidence of 24.5 per 100,000 children aged 0-14 years in the UK (and a prevalence of around 0.2%).[33] The condition can have a significant impact on a child's daily activities. Like asthma, the unplanned hospitalisation rate for diabetes for children and young people under 19 years is a national quality indicator in the NHS Outcomes Framework, and many of these admissions are preventable with good quality healthcare, including regular checks, and good self management of the condition.

In 2013/14 in Ealing there were 42 diabetes emergency hospital admissions for young people aged under 19, which represents a rate of 44.8 per 100,000, similar to the London rate (44.0 per 100,000) and lower than the England rate (56.6 per 100,000), though not statistically significant (Figure 22).

Figure 22: Hospital admissions for diabetes (under 19)



Source: Public Health England (2015) Disease Management Information Toolkit

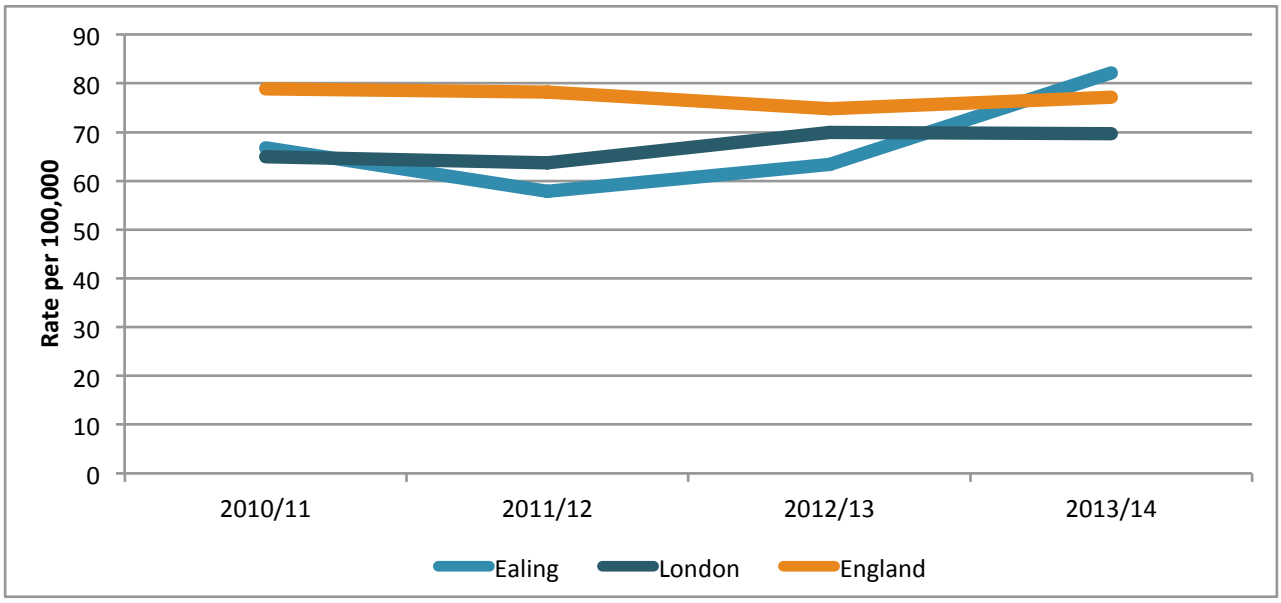
Epilepsy is one of the most common neurological disorders. There are many clinical manifestations, ranging from otherwise well children with occasional seizures, to children with complex medical co-morbidities and considerable disability. The prevalence of childhood epilepsy/seizure disorder is estimated to be 0.63%, and is associated with socio-economic deprivation.[34] Applying this prevalence estimate to the school age population of Ealing, it can be estimated that there are around 340 school children with epilepsy (note this figure excludes children under 5 years and children and young people not attending Ealing state-funded schools).

In 2013/14 in Ealing there were 77 epilepsy emergency hospital admissions for young people aged under 19, which represents a rate of 82.1 per 100,000, higher than both the London (69.7/100,000) and England (77.1/100,000) rates, although not statistically significant (Figure 23).

[33] Diabetes UK

[34] Russ, Shirley A., Kandyce Larson, and Neal Halfon. "A national profile of childhood epilepsy and seizure disorder." Pediatrics 129.2 (2012): 256-264.

Figure 23: Hospital admissions for epilepsy (under 19)



Source: Public Health England (2015) Disease Management Information Toolkit

EARLY YEARS

The preschool years (0-5 years) involve child development in a number of domains, including physical development (e.g. establishing healthy patterns of eating and activity), social and emotional development (e.g. establishing a capacity for self-regulation via their attachment relationship to the primary caregiver) and language and cognitive development (e.g. acquisition of language and wider learning skills).

There are two key national programmes that aim to give all children the best start in life: the **NHS 'Healthy Child Programme' (0-5 years)** and the **Early Years Foundation Stage** for early years settings. The 'Healthy Child Programme' (0-5 years), led by the health visiting service, offers every family a programme of screening tests, immunisations, developmental reviews, information and guidance, to support parenting and healthy choices.[35] It aims to promote:

- Parent-child attachment and positive parenting (social and emotional wellbeing)
- Child safety (preventing accidents)
- Healthy eating and increased activity (preventing childhood obesity)
- Immunisations (preventing communicable diseases)
- Breastfeeding (numerous health benefits)
- Early intervention and detection of problems (e.g. developmental delay, ill health, concerns about the child's safety).

The Early Years Foundation Stage defines what early years providers must do to promote the learning and development of children in their care, to ensure they are ready for school.[36] Programmes involve activities and experiences for children, including those that promote:

- Communication and language
- Physical development
- Personal, social and emotional development
- Literacy
- Mathematics
- Understanding the world
- Expressive arts and design

Both the 'Healthy Child Programme' and the Early Years Foundation stage contribute to a series of population-level measures, that can be used to assess the health and development of children under 5 years (Table 9).

Table 9: Healthy Child Programme and Early Years Foundation Stage Measures

Measure	Level in Ealing
Infant and child mortality	Page 8
Rate of hospital admissions for accidental and deliberate injuries in under 5s and 0-14 years	Page 12
A&E attendance rate in children under 5	Page 30
Breastfeeding prevalence – initiation and at 6-8 weeks	Page 28
Obesity prevalence at reception	Page 15
Childhood immunisation coverage	Page 28
Early Years Foundation Stage Profile	Page 32

[35] Department for Health (2009). Healthy Child Programme: Pregnancy and the first five years of life

[36] Department for Education (2014) Early Years Foundation Stage Framework

BREAST-FEEDING

Breast-feeding is strongly endorsed by medical professionals; the World Health Organisation recommends exclusive breast-feeding for the first six months. Breast-feeding promotes parental-infant bonding, protects against gastro-intestinal, ear and urinary infection, and may protect against other health problems such as asthma and allergies, as well as positively impacting on neuro-developmental outcomes.[37]

England has some of the lowest breast-feeding rates in Europe, with rates lowest amongst teenage and young mothers, and those of lower socio-economic groups, thus exacerbating existing health inequalities.

In terms of breast-feeding initiation at birth, Ealing consistently fares significantly better than the England average. In 2014/15, 86.5% of Ealing mothers initiated breastfeeding, compared to 86.1% in London and 74.3% in England.[19] This may be in part due to the higher proportion of women from ethnic minority groups in Ealing, known to have higher rates of breast-feeding. Data for breast-feeding maintenance at 6-8 weeks is limited. The latest figures for 2012/13 found that 71% of Ealing mothers were still breastfeeding at 6-8 weeks, which is still higher than the England average of 47.2% and London average of 68.5%.[19]

CHILDHOOD IMMUNISATIONS

Immunisation is one of the most effective public health interventions, protecting individuals and the community from communicable diseases. The World Health Organisation recommends that at least 95% of children should be immunised against diseases preventable by immunisation (e.g. diphtheria, tetanus, pertussis, polio, haemophilus influenza B, measles, mumps and rubella). A high level of vaccination coverage is required at the population level in order to protect individuals from childhood diseases such as measles. A fall in the MMR vaccination coverage following discredited claims of harm resulted in a rise in measles cases in England.

The national primary immunisation schedule for children is provided on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500213/9406_PHE_2016_Routine_Childhood_Immunisation_Schedule_A4_04.pdf

Table 10 shows that for most childhood immunisations in 2014/15, the coverage in Ealing is less than the recommended 90% population coverage level, and is less than the England (and mostly also the London) averages. In previous years, the immunisation picture for Ealing was more mixed, as depicted in Figures 24 and 25, which use two examples to highlight falls in the year 2014/15.

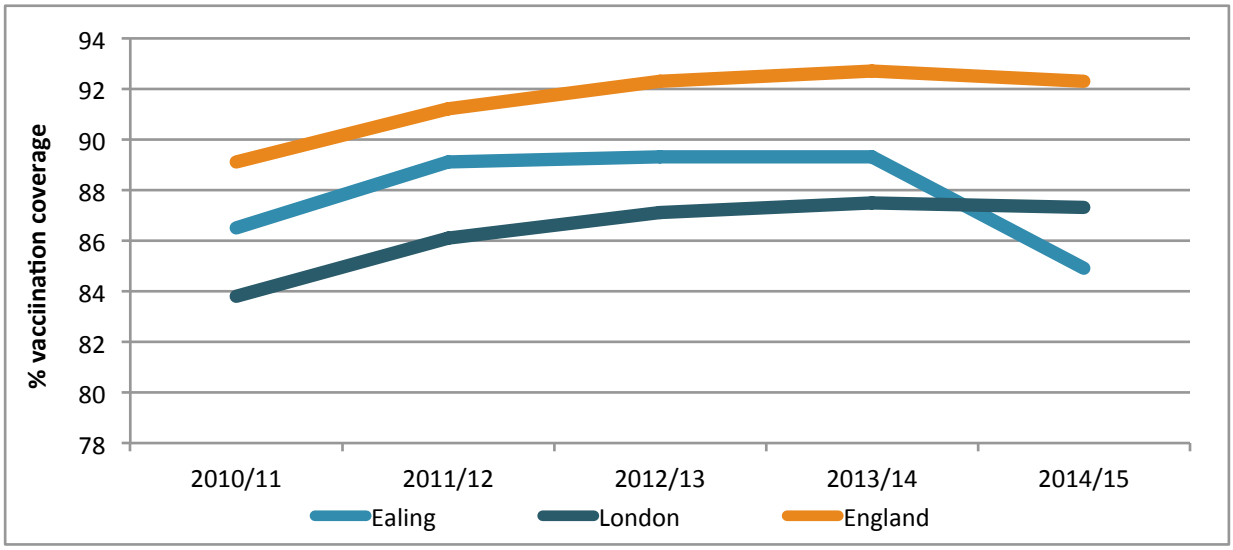
[37] Royal College of Paediatrics and Child Health (2011). Position statement on breast-feeding

Table 10: Population vaccination coverage of primary immunisation schedule

Population vaccination coverage	*Ealing*	*London*	*England*	Compared to benchmark
Dtap/IPV/Hib (1 year): 2014/15	88.3%	90.6%	94.2%	
Dtap/IPV/Hib (2 year): 2014/15	94.1%	92.5%	95.7%	
Men C: 2012/13	93.5%	89.9%	93.9%	
PCV: 2014/15	85.1%	90.3%	93.9%	
Hib/Men C booster (2 year): 2014/15	84.7%	86.8%	92.1%	
Hib/Men C booster (5 year): 2014/15	89.3%	87.3%	92.4%	
PCV booster: 2014/15	84.6%	86.4%	92.2%	
MMR one dose (2 year): 2014/15	84.9%	87.3%	92.3%	
MMR one dose (5 years): 2014/15	92.1%	90.7%	94.4%	
MMR two doses (5 years): 2014/15	80.1%	81.1%	88.6%	

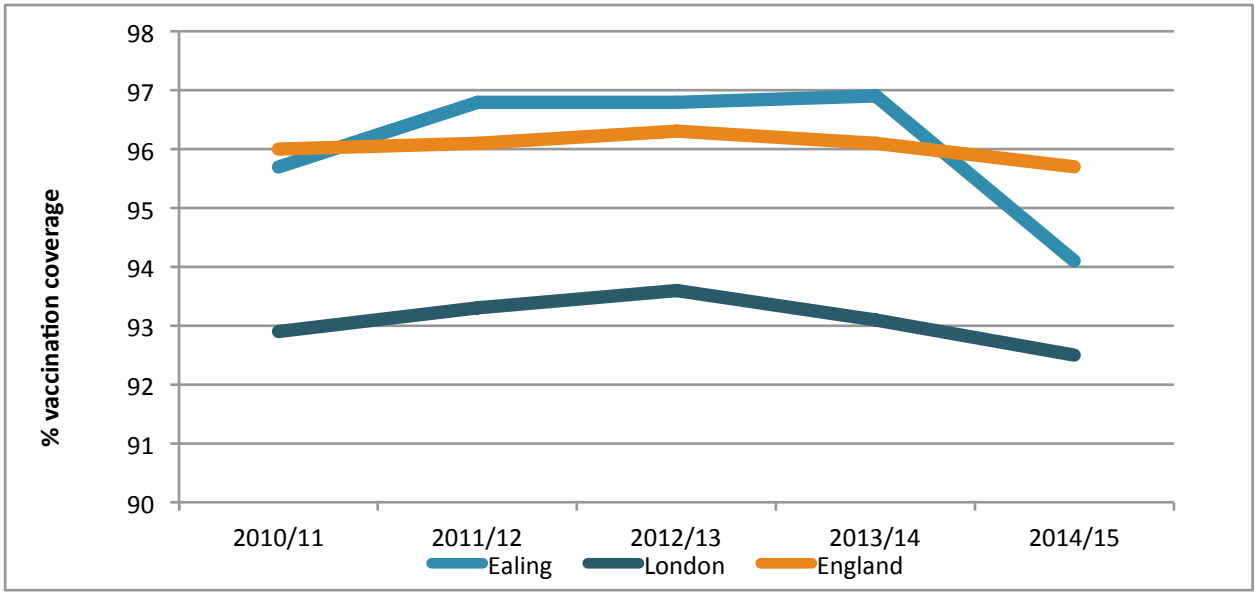
Source: Public Health England (2015) Children and Young People Benchmarking Tool <90% ≥90%

Figure 24: MMR vaccination coverage for one dose (2 year olds)



Source: Public Health England (2015) Children and Young People's Health Benchmarking Tool: Cover of Vaccination Evaluated Rapidly (COVER) data

Figure 25: DTAP/IPV/HIB coverage (2 years)



Source: Public Health England (2015) Children and Young People's Health Benchmarking Tool: Cover of Vaccination Evaluated Rapidly (COVER) data

Neonatal BCG vaccination is recommended for children born in Ealing. Tuberculosis is a particular issue for Ealing residents, with a rate of 65.3 per 100,000 (all age) in 2012-14, compared to 13.5 for England and 35.4 for London.[38] Between 2012 and 2015, there have been 67 paediatric cases (16 or under) of confirmed tuberculosis.[39] There is currently a measles outbreak in London (announced in April 2016).

A&E ATTENDANCES

A&E attendances in children aged under five years have seen a rise in recent years in England. The reasons for attendance are often preventable, such as accidental injury, or due to minor medical illnesses, which could have been managed in primary care ('ambulatory care/primary care sensitive'). This is likely driven by parental behaviours (e.g. anxiety over their child's health, with children unable to articulate if their needs are urgent, and preference to go to hospital rather than the GP), compounded by primary care factors (e.g. appointment access, GP confidence in managing child health concerns).[40]

In 2014/15, Ealing had a rate of A&E attendances for children aged 0-4 years (792.4 per 1,000) significantly higher than the London and England averages (Figure 26). A 2014 analysis suggested that 60% of these attendances took place at Ealing hospital, and of these, 60% were at the Urgent Care Centre (and hence primary-care sensitive).[41] This analysis also suggests there was a two-fold difference in the attendance rate among GP practices in Ealing, which is likely to be due to differences in case-mix, as well as differences in managing child health concerns. It should be noted that as part of the 'Shaping a Healthier Future' programme of work across North West London, there will no longer be a paediatric A&E or inpatient services at Ealing hospital from June 2016. Children in Ealing will continue to have access to the Urgent Care Centre at

[38] Public Health England (2015) Public Health Outcomes Framework profile

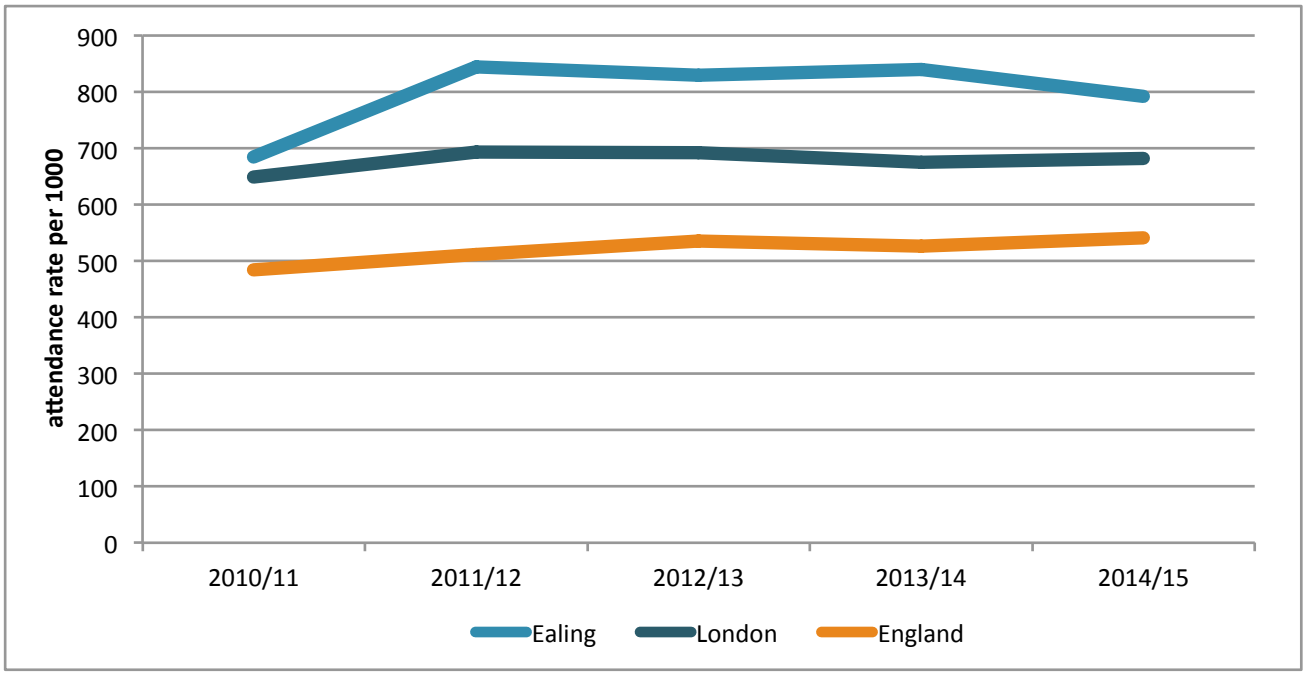
[39] Data request to Public Health England North West London Health Protection Team (2016)

[40] Heys, Michelle, et al. "What do we really know about infants who attend Accident and Emergency departments?." Perspectives in public health 134.2 (2014): 93-100.

[41] Source: Ealing CCG

the Ealing hospital site, as well as the Paediatric Assessment Units and A&Es across the other North West London hospital trusts.

Figure 26: A&E attendance rate per 1000 population (aged 0-4 years)



Source: Public Health England (2016) Child Health Profile

SCHOOL READINESS

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally. The **Early Years Foundation Stage Profile (EYFSP**) records each child's achievements at the end of Reception when they are 4/5 years old, in six areas of learning and development:[36]

- Personal, social and emotional development
- Communication, language and literacy
- Problem solving, reasoning and numeracy
- Knowledge and understanding of the world
- Physical development
- Creative development.

The 'good level of development' measure is used to assess school readiness, and children have achieved this if they achieve at least the expected level in the early learning goals in the above areas. School readiness at age five has a strong impact on future educational attainment and life chances (e.g. health, crime, employment).

Table 11 depicts the national, regional and local improvements in the level of children becoming ready for school. Ealing has consistently scored higher than the England and London average. In 2014/15, 69.6% of Ealing school children achieved a good level of development at the end of Reception, higher than the England (66.3%) and London (68.1%) averages.[19]

Table 11: School Readiness - Percentage (%) achieving a good level of development at the end of Reception

Period	Ealing	London	England
2012/13	56.3	52.8	51.7
2013/14	63.9	62.2	60.4
2014/15	69.6	68.1	66.3

Source: Department for Education, 2015

However, there are significant inequalities in this measure. Females outperform boys nationally and locally. In 2014/15, 77.6% of Ealing girls achieved a good level of development, compared to 62.1% of boys. Furthermore, in 2014/15 the proportion of Ealing children eligible for free school meals who had a good level of development at the end of reception was 60.6% (although this is significantly better than the England average of 51.2%, and non-significantly higher than London average of 58.6%).[42]

[42] Department for Education (2015). Early years foundation stage profile results: 2014 to 2015

YOUNG PEOPLE

Adolescence is a life course stage characterised by considerable biological (hormonal and neuronal) changes, in addition to social role transitions, including progression through education, first employment and early sexual relationships. There are various definitions of the age range of adolescence, often 10-19 years.[43] The upper and lower limits are often arbitrary, with a societal tendency towards earlier age of onset of adolescent behaviour, in addition to a later age at which adult social roles and responsibilities are adopted. Furthermore, brain development can continue up to 25 years. Due to the rapid brain changes, and susceptibility to peer influences, there is a propensity for exploratory risk-taking behaviour, including substance misuse and unsafe sex.[44] Mental health problems are also common in this age group (page 20). Such a time of change also creates opportunities for health promotion and early intervention.

SEXUAL HEALTH

Developing a sense of sexual identity, whilst staying safe and healthy, is a key part of adolescent development. National surveys have suggested that the average age of first heterosexual intercourse is 16 years, with nearly one third of young people becoming sexually active before this age.[45] Most young people are safe in their sexual activity; 85% report using some form of contraception in a national survey.[45] Unsafe sexual activity may result in teenage pregnancy or sexually transmitted infections.

Box 4: Key figures from Health Related Behaviour Survey in Ealing schools, 2015

Of 4,442 secondary school pupils:

- 49% said school lessons were their main source of information about sex and relationships (compared to 32% in 2005)
- 33% of Year 10 boys and 38% of Year 10 girls were able to name somewhere they could get condoms free of charge
- 71% of year 10 boys and 58% of Year 10 girls believed condoms were reliable at stopping infections
- 11% of Year 10 pupils said they had been in a relationship with someone who was angry or jealous when they wanted to spend time with friends
- 5% of Year 10 pupils said their boyfriend/girlfriend had asked them to send pictures/videos to them of a sexual nature
- 3% of Year 10 pupils said their boyfriend/girlfriend had put pressure on them to have sex or do other sexual things
- 59% of pupils said that if any of these things happened, they would know where to go to get help.

The drive to reduce teenage pregnancy rates has resulted in impressive national and local reductions. The Teenage Pregnancy Strategy (1999-2010) resulted in a 23.7% reduction in rates in England over the course of the strategy.[45] Figure 27 shows how the number of conceptions among under 18s in Ealing has decreased over the period 1998-2013. Ealing's teenage pregnancy rate has also been lower than the national and regional average during this time. The latest data (2013) shows a rate of 15.4 per 1,000 females aged 15-17, compared to London's figure of 21.8 per 1,000 and England's of 24.3 per 1,000 females in this age group. In 2013, Ealing had the 5th lowest teenage pregnancy rate amongst London boroughs.

[43] World Health Organisation. Adolescent Health

[44] Sawyer, S. et al. "Adolescence: a foundation for future health." The Lancet 379.9826 (2012): 1630-1640.

[45] Association of Young People's Health. Key data on adolescence (2015)

However, there are still inequalities in teenage pregnancy rates; many wards in Ealing have rates similar to the England average, and Northolt West End has higher rates than the England average (in 2009-11).

Figure 27: Under 18 conception rate (per 1000), 1998-2013

Source: ONS, 2014

Adolescents (15-24 years) have the highest incidence of sexually transmitted infections (STIs), such as chlamydia, gonorrhoea, genital warts and herpes, across the life course. Young people living in most deprived (IMD) areas in London were found to be 3.4 times more likely to have STIs than least deprived areas.[45] Chlamydia is the most commonly diagnosed sexually transmitted infection, and may lead to complications such as pelvic inflammatory disease, ectopic pregnancy and infertility. The chlamydia detection rate amongst those under 25 years is a measure of chlamydia control activities – chlamydia screening is recommended for all sexually active people under 25 years whenever they change sexual partner. Public Health England recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100 000 population in this age group.[46] Table 12 shows that Ealing's chlamydia detection rate is significantly lower than the London and England averages, and may represent insufficient testing/control efforts. However, it may also represent a lower incidence amongst the population, so this figure is difficult to interpret.

Table 12: Chlamydia detection rate, per 100 000 population (aged 15-24 years)

Period	Ealing	London	England
2012	1266	2215	2074
2013	1446	2213	2072
2014	1496 (2147 female, 892 male)	2178	2012

Source: PHE (2016), Children and Young People's Health Benchmarking Tool

For more detailed information about sexual health needs in Ealing, see the sexual health needs assessment. (https://www.ealing.gov.uk/downloads/file/9362/jsna_2014_-_sexual_health)

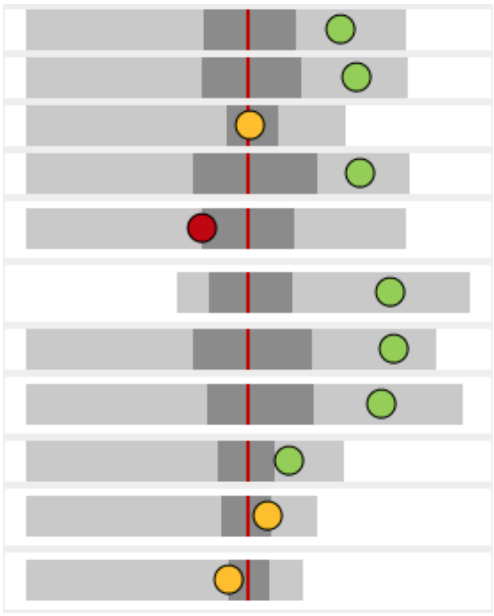
[46] Public Health England (2014). Towards achieving the chlamydia detection rate: considerations for commissioning

RISK-TAKING BEHAVIOURS (SMOKING, DRINKING AND DRUG USE)

The behaviours initiated during adolescence may continue to adulthood: five out of the 'top ten' risk factors for the total burden of disease in adults are initiated and shaped in adolescence.[1] Smoking is the primary cause of preventable morbidity (including cardiovascular disease and cancer) and mortality in adults. Fortunately, there has been a long term decline in smoking prevalence in adolescence.[45] The 'What About Youth Survey' of 15 year olds in England, found that 8.2% of 15 year olds are current smokers. In Ealing, this figure is even lower, at 5.4% of 15 year olds (Table 13). Indeed, Ealing fares well in most measures of smoking, alcohol and drug use amongst young people, apart from the percentage who have ever tried other tobacco products, such as shisha (Table 13). The safety and marketing of e-cigarettes to young people is an issue of particular national concern, although there is very little evidence about its use and impact on young people.

Table 13: Smoking, drinking and drug use amongst 15 year olds in Ealing, 2014/15

	Ealing	*London*	*England*
Current smokers	5.4%	6.1%	8.2%
Regular smokers	2.7%	3.4%	5.5%
Occasional smokers	2.7%	2.7%	2.7%
Tried e-cigarettes	10.6%	11.7%	18.4%
Tried other tobacco	18.0%	21.0%	15.2%
Ever had alcohol	31.9%	41.2%	62.4%
Regular drinkers	2.2%	3.1%	6.2%
Drunk in past month	7.2%	8.9%	14.6%
Ever tried cannabis	8.2%	10.9%	10.7%
Cannabis in past month	3.7%	5.0%	4.6%
Non-cannabis drugs in past month	1.2%	1.0%	0.9%



Source: Public Health England (2015) What About Youth Survey

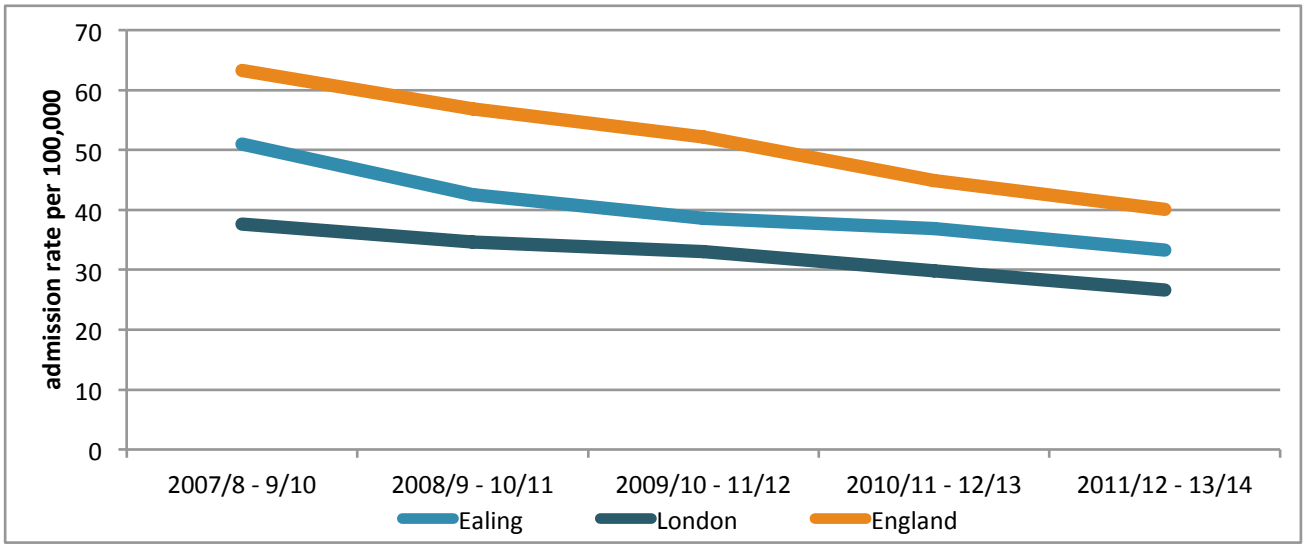
Alcohol consumption, particularly 'binge-drinking', and substance misuse, most commonly cannabis misuse, amongst young people has been a source of concern for many years, impacting on health, social and educational outcomes. Fortunately, there has been a national decline in both alcohol consumption and substance misuse, although significant health inequalities remain, with higher prevalence amongst vulnerable young people.[45] Ealing fares better than the England average, with 31.9% of 15 year olds reporting ever having drunk alcohol, compared to 62.4% in England. For drugs, Ealing fares better than the England average for 15 year olds ever trying cannabis (8.2% compared to 10.7%) although there is no significant difference between Ealing 15 year olds ever trying non-cannabis drugs (1.2%) and the England average (0.9%).

Young people in Ealing can access a specialist substance misuse service (Ealing Alcohol and Substance Youth Project, EASY). In 2013/14, 100 young people in Ealing (12-18 years, 62% males) were in treatment, with

primary drug cannabis (73%) and alcohol (27%).[47] Young people can also access smoking cessation services. In 2014, 32 young people accessed this service, of which 14 (44%) were successful in quitting smoking.[48]

Figure 28 shows that the hospital admission rate for alcohol specific conditions has been declining locally and nationally. In the period 2011/12 to 2013/14, there were 27 hospital admissions due to alcohol specific conditions for under 18s in Ealing – a rate of 33.3 per 100,000 population (under 18) which is not significantly different to the London average (26.6) or England average (40.1).[4]

Figure 28: Hospital admission rate (per 100,000), due to alcohol specific conditions (under 18s)



Source: PHE (2016) Child Health Profile

However, the hospital admission rate for substance misuse has been rising nationally and locally (Figure 29). In the period 2012/13 to 2014/15, there were 23 hospital admissions due to substance misuse for young people aged 15 to 24 in Ealing - a rate of 58.1 per 100,000 population, which is non-significantly lower than London average (70.3) but significantly lower than the England average of 87.6.[4]

Figure 29: Hospital admissions due to substance misuse (15-24 years)

Source: PHE (2016) Child Health Profile

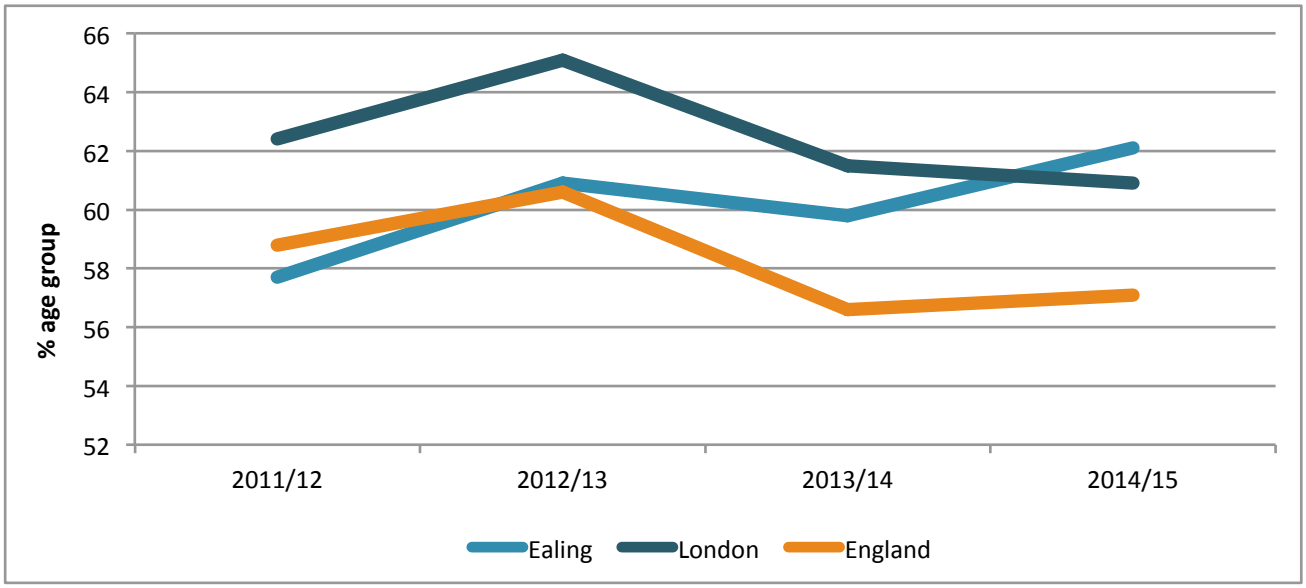
[47] National Drug Treatment Monitoring System

[48] Local smoking cessation service data

Educational attainment is an important measure, and closely related to health and social outcomes. Educational failure and low literacy levels have been identified as pathways towards poverty and social exclusion, which also impacts on future physical and mental health. In 2014, 91% of young people in Year 11 nationally (aged 15/16 years) entered for 5+ GCSEs, and so attainment at GCSE is a good measure of educational attainment at a population level.[45] Attainment at GCSE has been rising in the UK until 2011, and since then stabilising, or possibly falling.[45] However, reasons for this perceived national fall since 2012/13 may be due to implementation of the Wolf Report (2011) recommendations, making comparisons with previous years difficult (Figure 30).[49]

In 2014/15, 62.1% of Ealing Year 11 pupils achieved 5 A*-C grades at GCSE, which is higher than both the London (60.9%) and England (57.1%) averages.

Figure 30: Percentage (%) pupils attaining 5 A*-Cs (inc. English and Maths) at GCSE, 2011/12 – 2014/15



Source: DfE, 2015. Note: National average based on all state funded schools only.

Closing the Gap: Although there are significant inequalities in attaining this measure of 5A*-C (including English and Maths) (Table 14), it should be noted that pupils from disadvantaged backgrounds continue to do better in Ealing schools than they do across the rest of the country, with almost half (49.8%) of those entitled to pupil premium achieving five GCSEs at A*-C grade, including English and Maths in 2015, compared to 36.7% nationally.[50] Their attainment has increased by a further 2.5% points in this year and the gap in Ealing between disadvantaged pupils and their peers is now 20.5%, which is comparable to the London gap, but significantly smaller than the national gap (28%). This pattern is also true at primary, where 78% of Ealing pupils who were entitled to the pupil premium achieved Level 4 or above in reading, writing and maths, in line with the London average, but higher than the national average of 70%. Overall, Ealing schools have 'closed the gap' with all other pupils to 8%, significantly lower than the national gap (15%) and across London (10%).[50]

[49] Wolf (2011). Review of vocational education

[50] Department for Education (2015). Schools performance tables

Table 14: Inequalities in educational attainment in Ealing, 2015

Groups significantly higher than average	Groups significantly worse than average
Girls (66%)	Boys (59%)
Asian or Asian British (66%)	Black or Black British (53%)
Indian girls (77%)	Bangladeshi boys (30%)
White and Asian (78%)	Black Caribbean (53%)
White and Asian girls (85%)	Black Caribbean boys (45%)
Chinese (100%)	Somali (52%)
Pupils not eligible to free school meals (66%)	Somali boys (46%)
Pupils without SEN (73%)	Black other (38%)
	Black other boys (31%)
	White and Black Caribbean (51%)
	White and Black Caribbean boys (42%)
	Traveller of Irish heritage (13%)
	Afghan boys (49%)
	Pupils entitled to free school meals (47%)
	Pupils with SEN (24%)
	Pupils with SEN support (27%)
	Statement or EHCP plan (11%)
	In care (19%)

Source: Department for Education (2015). Secondary schools performance tables

School attendance can have a significant impact on educational attainment. In 2014/15 Ealing primary schools had an average attendance of 96.0%, which is comparable to the London (95.9%) and national (96.0%) averages. However, persistent absence is lower in Ealing primary schools (1.9%) than across London (2.2%) or nationally (2.1%). The average secondary school attendance in 2014/15 was 95.1% which is comparable to the London average (95.1%,) but better than the national average (94.7%). Persistent absence is again lower in Ealing secondary schools (4.0%) than across London (4.5%) or nationally (5.4%).[51]

School exclusion can have a detrimental effect on educational attainment, and young people excluded from school may experience poorer life chances. In 2013/14 the proportion of permanent exclusions in Ealing was 0.11% of the school population, higher than the London (0.07%) and national (0.06%) averages. However, the proportion of fixed term exclusions was lower than average at 2.4%, compared to London (2.9%) and England (3.5%).[52]

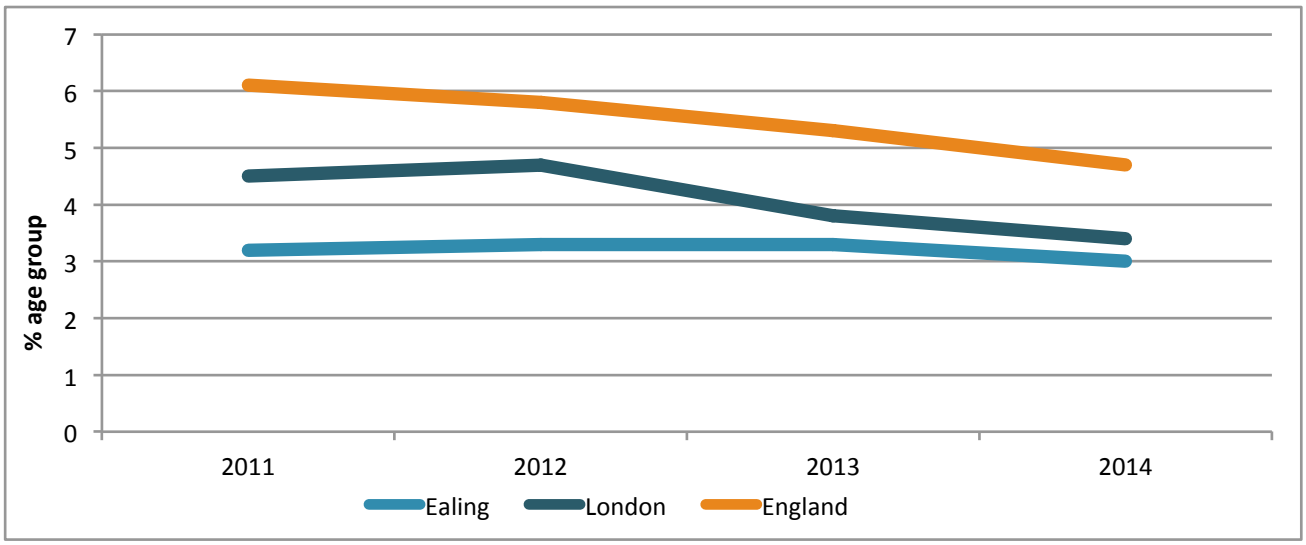
At 16 years, there are a number of choices open to young people, including remaining in full time education, and pathways including various combinations of education, training and employment. The percentage of young people (16-18 years) **'Not in Education, Employment or Training' (NEET**) has been a key government measure, and has been falling over the past decade. There are many potential reasons why a young person may not participate in education, employment or training, including dissatisfaction, low qualifications, health issues, being a young carer, etc. There is a detrimental effect of spending time NEET on physical and mental health, and being NEET is associated with risk-taking behaviour (e.g. drinking, smoking, drug use).

In 2014 in Ealing, there were 320 young people aged 16-18 who were classified as NEETs, a lower figure than in 2013 (340). This represents 3.0% of this age group, significantly lower then England average (4.7%) and non-significantly lower than the London average (3.4%), as shown in Figure 31.[4]

[51] Department for Education (2015). Pupil absence for schools in England 2014-15.

[52] Department for Education (2015). Permanent and fixed period exclusions in England 2013-14.

Figure 31: Percentage of young people (16-18 years) not in education, employment or training (NEET)



Source: Public Health England (2015) Child Health Profile

It should be noted that there are on-going policy changes in this area. From September 2015, there is a legal requirement for all young people to stay in education or training until they are 18 years old, which will affect the 'NEET' figures in future years.

LOOKED AFTER CHILDREN AND SAFEGUARDING

Adverse early life experiences can result in significant vulnerabilities and poor health, social and educational outcomes. Safeguarding and promoting the wellbeing of children is an important human rights issue, enshrined in the United Nations Convention on the Rights of the Child. Children may experience different types of harm, including emotional or physical abuse, neglect and sexual abuse. Statutory services are in place to identify and intervene if a child is at risk of harm, with different services available depending on the degree of risk to the child's wellbeing.

REFERRALS

The Ealing Children's Integrated Response Service (ECIRS) is the central 'front door' for child protection and early help. In 2014/15 there were 3,879 referrals to ECIRS, a figure that has been decreasing since 2009/10 (although the number of contacts to this service – 13,569 in 2014/15 has been increasing in recent years).[53]

EARLY HELP AND SAFE

In 2014/15 there were 1,530 referrals to the 'Supportive Action for Families in Ealing' (SAFE) early intervention service, with the predominant primary client type being for 'Family in Acute Stress' (35%), Abuse or Neglect (25%) and Family Dysfunction (15%).[53]

In 2014/15, 1,513 cases were closed by the SAFE team, with the predominant primary issues identified as:

- Child behavioural issues (26%)
- Family under stress (24%)
- Child health/mental health (20%)
- Parenting issues (8%)
- Domestic violence (7%)
- Mental health (7%) [50]

CHILD PROTECTION PLANS

On 31st March 2015, there were 364 children subject to a child protection plan in Ealing, a figure that has been rising since 2010/11, and higher than Ealing's statistical neighbours. The cause of this increase is multi-factorial and may include a rise in severity of need (rising number of referrals and children in need), but also the slower rate of child protection de-registrations than new child protection registrations. During this year, 413 children became subject to a child protection plan (and 371 ceased to be subject to a child protection plan). Emotional abuse and neglect were the two dominant abuse categories for those subject to child protection plans, with lower numbers under physical and sexual abuse.[53]

The rate of children subject to a child protection plan at 31st March 2015 was 45.3 per 100 000 population (0-17 years), higher than the London (40.6) and England (42.9) averages.[54]

[53] LBE Children's Services data

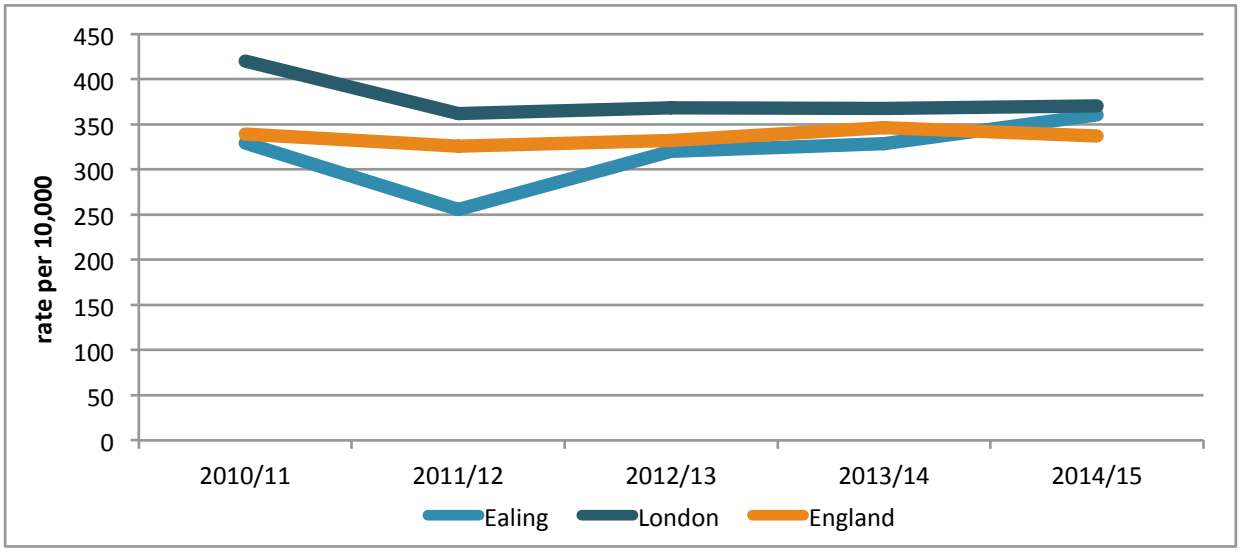
[54] Department for Education (2015). Characteristics of Children in Need

CHILDREN IN NEED

Children in Need, as defined in the Children Act 1989, are those children who are unlikely to achieve or maintain a reasonable standard of health or development without the provision of services, whose health or development are likely to be impaired without the provision of services and/or who are disabled.

In Ealing, the number of open Children in Need cases at the end of year from 2010/11 to 2014/15 increased by 28.3%.[50] At 31st March 2015, there were 2894 Children in Need Cases, with a rate of 360.6 per 10 000 (compared to 370.6 in London and 337.3 in England).[51]

Figure 32: Rate of Children in Need per 10,000 in Ealing, London and England 2010/11 – 2014/15



Source: Department for Education (2015)

LOOKED AFTER CHILDREN

'Looked after children', or children under the care of the local authority, are those who are either accommodated (with the agreement, at the request or in the absence, of their parents) or subject to a family court order, as defined in the Children Act 1989. These children are particularly vulnerable to adverse health, social and educational outcomes.

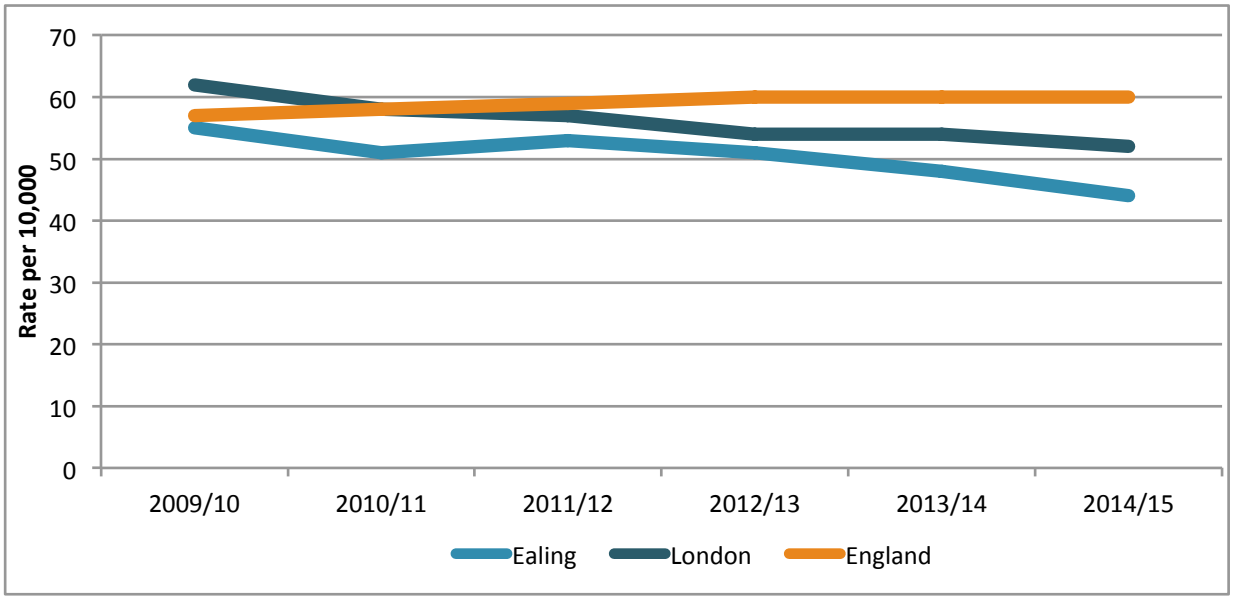
On 31st March 2015, there were 355 looked after children in Ealing, with 180 children entering care during the year (and 220 exiting care during the year). Abuse and neglect were the predominant reasons for children entering care this year (37%), followed by family in acute stress (16%), absent parenting (13%), family dysfunction (12%) and parental illness or disability (11%).[53] The cohort consisted of:

- 56% males and 44% females (similar to the England looked after children gender distribution)
- Under 1 year (2%), 1-4 years (7%), 5-9 years (19%), 10-15 years (42%), 16+ (30%). This shows a lower than average population under 5 years, but a higher than average proportion over 16+ compared to England.
- Black or Black British (32%), White (30%), Asian or Asian British (19%), Other ethnic group (2%). Compared to the Ealing school population (Table 2), Black and Mixed ethnic groups are over-represented amongst Ealing's looked after population.[53]

Comprehensive local action to reduce the number of children in care, including the recent 'Brighter Futures' programme which delivers targeted social care services to children in need and those at the edge of care, may have contributed to a decline in the Looked After Children rate between 2011/12 and 2014/15 as shown in

Figure 33. In 2014/15 Ealing's rate of Looked After Children per 10,000 population (under 18) was 44.2, below the London (52.1) and England (60.0) averages.[4]

Figure 33: Rate of Looked After Children per 10,000 in Ealing, London and England 2009/10 – 2014/15



Source: Department for Education (2015)

There are a number of key performance indicators for Looked After Children such as proximity from home and placement stability. These indicators are detailed in other reports, such as those of the Ealing Safeguarding Children's Board, and a few selected indicators most relevant to health and wellbeing are summarised below.

- A significant percentage of Looked After Children in Ealing are placed out of borough (in 2013/14, 30% were placed more than 20 miles from home, compared to 18% in London and 13% in England).[55]

Health assessments, reviewing the child's current physical, emotional and mental health, health history and immunisation history, are undertaken twice a year for children under five years, and annually for those over five years. Information gathered is then fed into a health action plan. Amongst Ealing children who had been in care for a year or more in 2014/15:

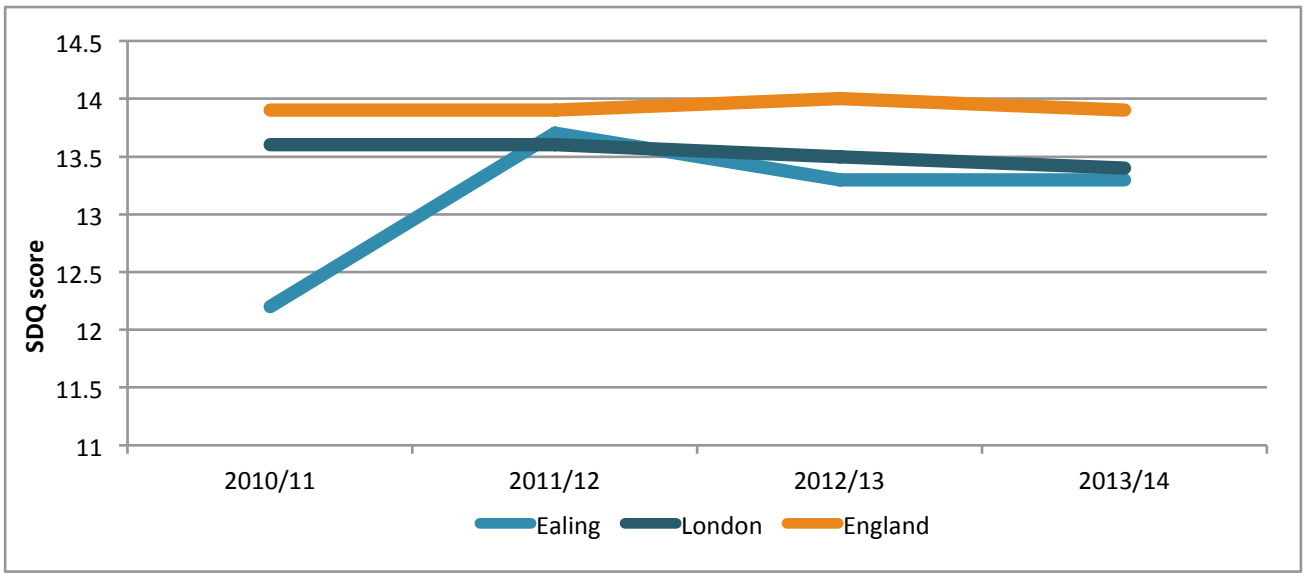
- 98.1% had their annual health assessment on time (compared to 90.4% London average and 89.7% England average)[55]
- 96.2% had an annual dental check on time (compared to 89.2% London average and 86.3% England average)[55]

The **Strengths and Difficulties Questionnaire (SDQ)** is measured annually for all looked after children (4-14 years) who have been in care for a year or more, to assess their mental health needs. Scores range from 0-40, with a score 17 or more suggesting a 'cause for concern'. In 2013/14:

- the average SDQ score in Ealing was 13.3, compared to 13.4 in London and 13.9 in England, a figure that has been consistently lower than the England average (Figure 34).[4]

[55] Department for Education (2015) benchmarking tool

Figure 34: SDQ score of looked after children, 2010/11 – 2013/14

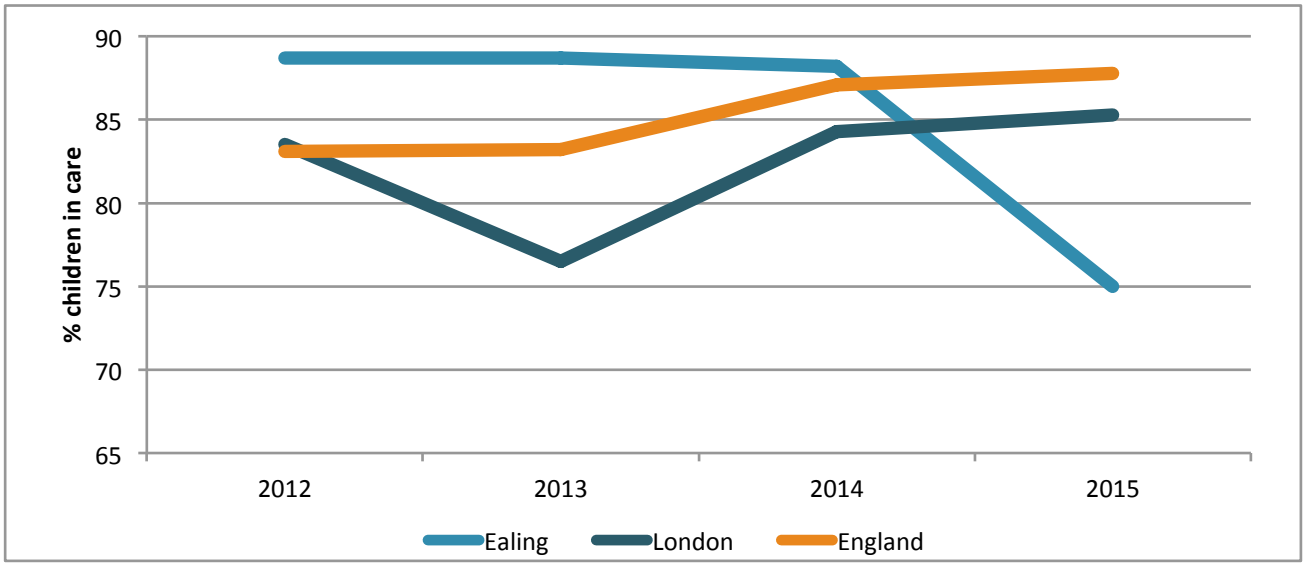


Source: Public Health England (2015) Public Health Outcome Framework Benchmarking Tool

Children in Care often have **low rates of vaccination**, often due to chaotic early years. Ensuring these children and young people are protected from communicable diseases is a health priority. In 2015:

- the percentage of children in care for at least 12 months who have had up to date immunisations fell to 75% (from 88.2% in 2014), significantly lower than London average (85.3%) and England average (87.8%) as shown in Figure 35.[4]

Figure 35: Percentage (%) of looked after children with up-to-date immunisations, 2012 - 2015



Source: Public Health England (2015) Child Health Profile

There are considerable inequalities in the **educational attainment** of children in care compared to the general population.

- In 2014/15, 20.7% of children looked after by London Borough of Ealing achieved 5A*-Cs in 2014/15, compared to 18.3% nationally and 21.8% across London (and compared to the Ealing year 11 average for 5A*-C of 69.7%).[56]

Care leavers often experience a difficult transition to adulthood, including difficulties in remaining in education, finding employment and housing. This can often lead to social exclusion, with resulting poor health and social outcomes. In 2014/15, there were 215 care leavers in Ealing, aged 19-21 years.[53] In terms of care leavers performance indicators, Ealing fare well in terms of:

- Participation in education, employment and training (62% in Ealing, compared to 48% nationally)
- In suitable accommodation (85% in Ealing, compared to 81% nationally)
- In higher education (8% in Ealing, compared to 6% nationally)
- In university (20% in Ealing, compared to 6% nationally).[55]

UNACCOMPANIED ASYLUM SEEKERS

There has been recent significant media coverage about the plight of unaccompanied asylum-seeking children, especially from countries experiencing conflict such as Syria. These children may have particular health and wellbeing needs, for example due to the trauma experienced in their countries of origin, the stress of the immigration process, and their lack or parental support and advocacy in a foreign country. In 2015/16, there were 46 new unaccompanied minors under the care of Ealing council, an increase from previous years (51 in 2014/15 and 33 in 2013/14).[53]

CHILD SEXUAL EXPLOITATION

Tackling Child Sexual Exploitation (CSE) is a national and local priority. CSE involves exploitative situations, contexts and relationships where young people often receive something as a result of sexual activity. It often involves violence, coercion and intimidation by those who have power over the child/young person (due to age/gender/economic situation). It may also involve technology (e.g. being pressurised into posting sexual images). Children and young people suffer considerable physical and mental harm as a result of CSE in both the short and long term.

The true prevalence of CSE in the UK is unknown. The number of cases that come to the attention of agencies may only represent the tip of the iceberg. In the 2015 Ealing schools survey, 5% of Year 10 pupils said their boyfriend/girlfriend had asked them to send picture/videos to them of a sexual nature and 3% of Year 10 pupils said their boyfriend/girlfriend had put pressure on them to have sex or do other sexual things. In Ealing, there have been 134 Crime Reporting Information System (CRIS) reports containing a CSE flag between 1st November 2013 and 31st October 2015.[53] It is unknown how this compares to other areas, or nationally.

On 31st March 2016, the CSE coordinator had a caseload of 48 young people (age range 13-18 years, average age 15). Of these, 98% were female and 46% were in care or care leavers.[53]

FEMALE GENITAL MUTILATION

Female Genital Mutilation (FGM) or Female Genital Cutting (FGC) refers to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. In the UK, FGM can be found amongst certain migrant communities, amongst women born in countries where FGM is practiced (such as the 'Horn of Africa' countries) and their daughters. As a form of

[56] Department for Education (2015). Outcomes for children looked after by local authorities.

violence against girls and women, FGM is a human rights violation and a form of child abuse. It is also illegal in the UK, under the Female Genital Mutilation Act 2003. FGM can cause significant mental and physical trauma, including long term obstetric complications. Many cases are performed in children under 5 years, or older school children, with reports of children being sent back to their country of origin during the summer holidays for the procedure to be undertaken.

Estimates of the prevalence of FGM in the community are derived from reports of household interview surveys in the countries in which it is practiced, and demographic data about women born in these countries and girls born to them are derived from the 2011 census and from birth registrations. The rate of FGM is highest in London at an estimated 21 per 1,000 population.[57] It estimated that 7.31% of all girls born in Ealing each year are born to women with FGM, higher than the London estimate of 5.25%.

Whilst national data is not yet reported in relation to area of residence, there are three main sources of local data for FGM reporting:

- Police FGM mandatory reports (no reports for Ealing as of 31st March 2016)
- Local authorities mandatory reports of FGM associated social care referrals from April 2016
- Reporting requirements in healthcare settings: 'enhanced data set', for both primary and secondary care (no local data for Ealing residents available at time of JSNA).

YOUNG CARERS

A young carer is someone aged under 18 years who helps look after a relative, such as parent or sibling, who has a condition such as a disability, physical illness, mental health problem or drug and alcohol problem. Young carers often become isolated, losing the opportunities to experience a normal adolescence. Caring responsibilities can be stressful, resulting in mental health difficulties, and can contribute to problems at school including absence and difficulties completing homework, which can impact on educational attainment. The needs of young carers often go unidentified. Under the Care Act 2014 and Children and Families Act 2014, local authorities have a duty to assess the needs of all identified young carers, including preventing them from undertaking excessive or inappropriate caring responsibilities which could impact adversely on their wellbeing, education or social development, and establishing if they require additional support (e.g. if they are a 'Child in Need').

According to the National Census 2011, there were 703 children in Ealing under 15 years (1.02% of population in this age group) providing unpaid care in 2011, lower than the England average of 1.11%. Of these children, there were 140 children in Ealing providing 20+ hours of unpaid care per week (0.20% of population), comparable to the England average (0.21%). For young carers aged 16-24 years, there were 2508 young people in Ealing (6.4% of the population in this age group), significantly higher than the England average of 4.8%. Of these young people, there were 731 providing 20+ hours of care per week (1.9% of the population), significantly higher than the England average of 1.3%.[58]

Box 5 summarises data from the Ealing school survey about caring responsibilities amongst Ealing pupils.

[57] Macfarlane, A et al (2015). Prevalence of Female Genital Mutilation in England and Wales: National and local estimates. City University London and Equality Now.

[58] Public Health England (2015) Young People's Profiles

Box 5: Caring responsibility data from Health Related Behaviour Survey in Ealing schools, 2015

Of 4,442 secondary school pupils:

- 16% of pupils look after children their own age or older at home at least 'sometimes', with 4% doing this daily or weekly
- 51% of pupils look after younger children and 16% of pupils look after children their age or older at home at least 'sometimes'
- 18% of pupils look after adults at home at least 'sometimes' and 6% do so daily or weekly
- 6% of pupils responded that they have to look after family members every week because someone else in their family is ill or disabled.
- 12% of pupils responded that they have to look after family members every week because there is no one else to look after them.
- 5% of pupils responded that the amount they have to do to look after family members stops them from doing the things they want to do and 1% of pupils responded the amount they do to look after family members is harmful to their school work.

There is currently no local data about the number of young carers known to services, although systems are being put in place within children's services, to capture this.

THINK FAMILY PLUS

The Troubled Families Programme (named 'Think Family Plus' in Ealing) is a national government initiative to turn around the lives of the most disadvantaged and excluded families in England. In order to be eligible for intervention, families must have at least two of the following criteria:

- Parents and children involved in crime or anti-social behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with health problems

Families identified have a whole family assessment, whole family plan and a family key worker. Key interventions include a family coaching service and employment and skills support. In addition, family support is available within other services – such as embedded in the early help offer, youth justice service and domestic violence programmes.

In 2015/16, 1,176 families were identified (representing 4,298 individuals), with the following combinations of criteria at identification:

- Child in Need and worklessness (32%)
- Child in Need and health issue (mental health/physical health/substance misuse) (21%)
- Education and worklessness (21%)
- Child in Need and domestic violence (17%)
- Crime/antisocial behaviour and worklessness (9%)

CHILDREN AND YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS OR DISABILITIES

Children and young people with Special Educational Needs (SEN) or disabilities represent a diverse group, with a wide range of needs, from highly complex needs requiring multi-agency support across health, social care and education, to those requiring considerably less support. Children and young people with SEN have learning difficulties or disabilities that make it harder for them to learn compared to their peers, and many require additional/different help compared to their peers. There are four main categories of SEN, although many children fall into more than one category:

- Communication and interaction needs
- Cognition and learning needs
- Social, emotional and mental health needs
- Sensory and/or physical needs

Many children and young people with SEN may also have a disability. Disability is defined under the Equality Act 2010 as 'a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities'. This includes sensory impairments, as well as long term physical health conditions (page 24).

Children and young people with SEN and/or disability face multiple barriers, making it more difficult for them to realise their potential. SEN and/or disability can have a considerable impact on educational attainment (Table 14), are often associated with lower life satisfaction and families often report high levels of unmet need, isolation and stress. Having SEN is also associated with adverse social outcomes, including teenage pregnancy and over-representation in the criminal justice and care systems.

As part of the Children and Families Act 2014, there are two **levels of support** offered to children with SEN:

- SEN Support (replacing 'School Action' and 'School Action Plus')
- Education, Health and Care (EHC) Plan for children and young people up to 25 years who require more support (replacing 'Statements' of SEN). These identify the educational, health and social needs and define the additional support required to meet those needs.

In terms of support for children and young people with disabilities, under the Equality Act, local authorities, early years and educational settings must not discriminate on the basis of disability and must make reasonable adjustments so that children and young people with disabilities are not disadvantaged compared to their peers.

It is hard to estimate the true **prevalence** of childhood disability in the community, but attempts have been made using condition-based estimates based on the literature, or using specific survey data. As such, the prevalence of disabled children in English local authorities is estimated to be between 3.0-5.4%.[59] In Ealing, this would be between 2,600 and 4,800 children and young people under 19 years, or between 3,400 and 6,000 children and young people 0-24 years. At the 2011 census, Ealing households reported 2,007 children under 16 years, and 1632 young people aged 15-24 years, who had a long term health problem or disability that limits their daily activities a little or a lot.[59] There is some evidence that the prevalence of disability is increasing nationally, in part due to advances in medical technology resulting in more children with complex needs surviving to older ages.

In terms of Special Educational Needs, data are routinely collected from Ealing state-funded schools (Table 15). In January 2016, there were 7,619 Ealing pupils with SEN, 14.2% of the school population. This includes 4,276 children in primary schools (12.5% of the school population), 2482 in secondary schools (13.6%) and 689 in special needs schools (100%). The proportion of pupils with statements/EHC plans in January 2016 was

[59] PHE (2015) Disabilities needs assessment

1.5% in Ealing primary schools (compared to 1.4% nationally and 1.7% across London in 2015) and 1.6% in Ealing secondary schools (compared to 1.8% nationally and 2.1% across London in 2015). The proportion with SEN but without a statement was 11.0% in Ealing primary schools, which is lower than the 2015 national (13.0%) and London (13.2%) averages. In high schools, the 12.0% of pupils on SEN support in Ealing was also below the 2015 national (12.4%) and London (13.3%) averages.[60]

Table 15: Special Educational Needs (SEN) provision by school type attended, January 2016

School type	High		Primary		Special		PRU		Children's Centres		All pupils	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No SEN	15725	86.4%	29861	87.5%			2	1.9%	532	85.1%	**46113**	85.8%
SEN	2482	13.6%	4276	12.5%	689	100%	101	98.1%	93	14.9%	**7619**	14.2%
Level of SEN provision												
SEN Support	2189	12.0%	3767	11.0%	19	2.8%	85	82.5%	91	14.6%	**6133**	11.4%
Statement of SEN	160	0.9%	326	1.0%	579	84.0%	5	4.9%	1	0.2%	**1069**	2.0%
Education Health & Care Plan	133	0.7%	183	0.5%	91	13.2%	11	10.7%	1	0.2%	**417**	0.8%
All pupils	**18207**		**34137**		**689**		**103**		**625**		**53732**	

Source: Ealing School Census, January 2016. Note: PRU Pupil Referral Unit

Table 16 details the category of SEN for Ealing pupils. In January 2016, there were 2,856 pupils with cognitive/learning needs (5.3%), 1,397 pupils with social/emotional/mental health needs (2.6%), 2,568 pupils with communication/interaction needs (4.8%) and 386 pupils with sensory/physical needs (0.7%). Of the sub-categories, Speech, Language and Communication Needs were the most common primary need affecting 2,092 pupils (3.9%), followed by Moderate Learning Difficulties, affecting 1,875 pupils (3.5%), Specific Learning Difficulty, affecting 599 pupils (1.1%) and Autistic Spectrum Disorder, affecting 476 pupils (0.9%).

Table 16: Primary need by school type attended, January 2016

School type		High		Primary		Special		PRU		Children's Centres		All pupils	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Cognition and learning needs	**Specific learning difficulty**	351	1.9%	245	0.7%	2	0.3%			1	0.2%	**599**	1.1%
	Moderate learning difficulty	781	4.3%	905	2.7%	189	27.4%					**1875**	3.5%
	Severe learning difficulty	6	0.0%	24	0.1%	274	39.8%			3	0.5%	**307**	0.6%
	Profound & multiple learning difficulty			4	0.0%	71	10.3%					**75**	0.1%
	All cognitive & learning needs	1138	6.3%	1178	3.5%	536	77.8%			4	0.6%	**2856**	5.3%
Social, emotional & mental health		718	3.9%	588	1.7%	5	0.7%	95	92.2%	6	1.0%	**1397**	2.6%
Commun-ication & interaction needs	**Speech, language & communication needs**	334	1.8%	1678	4.9%	8	1.2%	1	1.0%	72	11.5%	**2092**	3.9%
	Autistic spectrum disorder	121	0.7%	240	0.7%	112	16.3%			4	0.6%	**476**	0.9%
	All communication & interation needs	455	2.5%	1918	5.6%	120	17.4%	1	1.0%	76	12.2%	**2568**	4.8%
Sensory and/or physical needs	**Visual impairment**	6	0.0%	30	0.1%							**36**	0.1%
	Hearing impairment	43	0.2%	67	0.2%					1	0.2%	**111**	0.2%
	Multi-sensory impairment	2	0.0%	29	0.1%	1	0.1%					**32**	0.1%
	Physical disability	49	0.3%	129	0.4%	26	3.8%			3	0.5%	**207**	0.4%
	All sensory and/or physical needs	100	0.5%	255	0.7%	27	3.9%			4	0.6%	**386**	0.7%
Other		29	0.2%	137	0.4%	1	0.1%	5	4.9%	3	0.5%	**170**	0.3%
SEN support, but no specialist assessment of type of need		42	0.2%	200	0.6%							**242**	0.5%
No SEN		15725	86.4%	29861	87.5%			2	1.9%	532	85.1%	**46113**	85.8%
All pupils		**18207**		**34137**		**689**		**103**		**625**		**53732**	

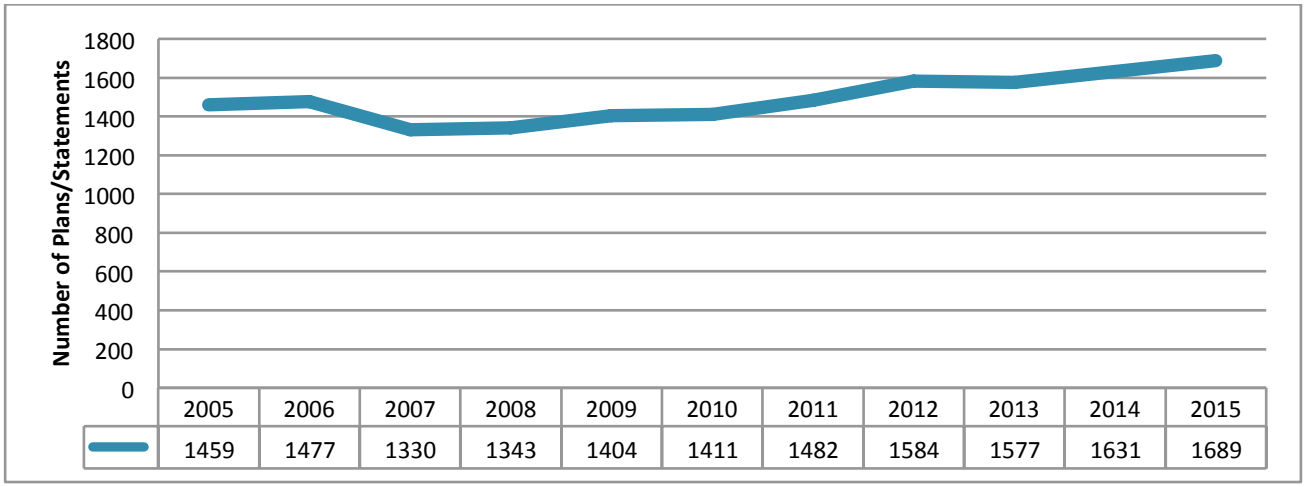
Source: Ealing School Census, January 2016. Note: PRU Pupil Referral Unit

[60] DFE (2015) https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015

Being male, from a Black ethnic minority group, being eligible for Free School Meal and having English as an Additional Language were all factors associated with being identified as SEN.

There has been an increase in the number of children and young people with statements and plans (Figure 36), with a particular rise in the 0-10 years population (Figure 37).

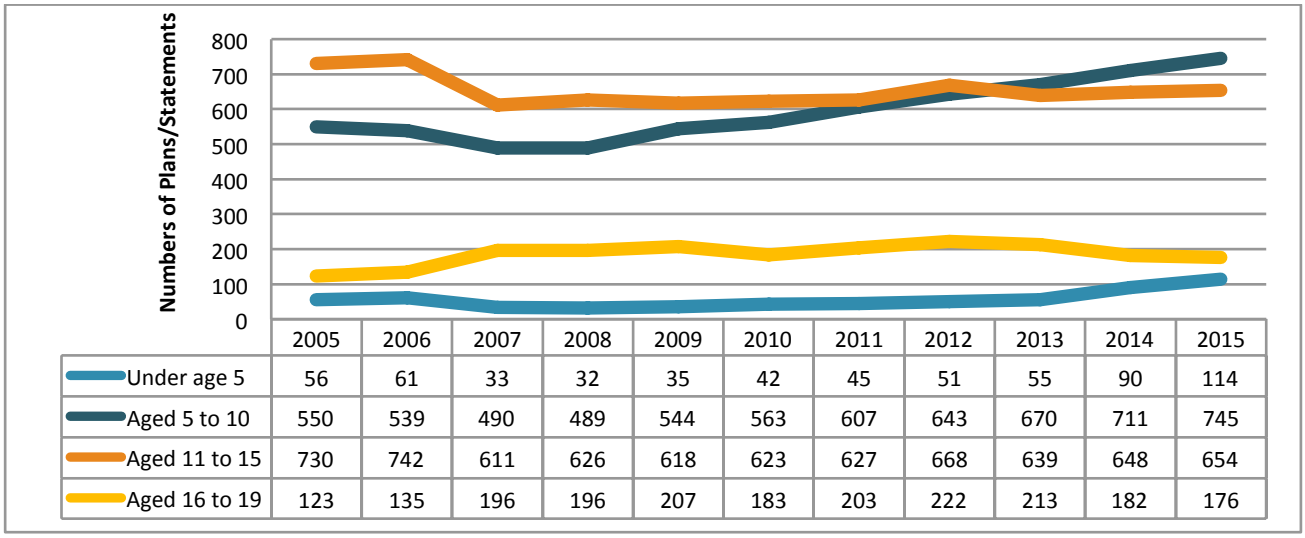
Figure 36: Number of Statements and Plans maintained by Ealing per calendar year



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
	1459	1477	1330	1343	1404	1411	1482	1584	1577	1631	1689

Source: Ealing SEN2 Return

Figure 37: Numbers of Statements and EHC Plans per Age Group



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Under age 5	56	61	33	32	35	42	45	51	55	90	114
Aged 5 to 10	550	539	490	489	544	563	607	643	670	711	745
Aged 11 to 15	730	742	611	626	618	623	627	668	639	648	654
Aged 16 to 19	123	135	196	196	207	183	203	222	213	182	176

Source: Ealing SEN2 Return

Educational attainment for those with SEN is lower than the Ealing pupil average. In 2014/2015, 24% of Ealing pupils with SEN (27% with SEN support and 11% with an EHC Plan) obtained 5A*-C grades at GCSE (including English and Maths), compared to the Ealing average of 62.1% and the England SEN average of 20%.[61] Health outcomes for children and young people with SEN or disability are not routinely collected.

In terms of young people with disabilities, the number of young people (less than 25 years old) entitled to disability living allowance was 2,340 in 2013, an increase of 35% since 2003 when the figure was 1,730. Recent welfare reforms are likely to have impacted on this 2013 figure.

[61] DFE (2016) https://www.gov.uk/government/statistics/revised-gcse-and-equivalent-results-in-england-2014-to-2015

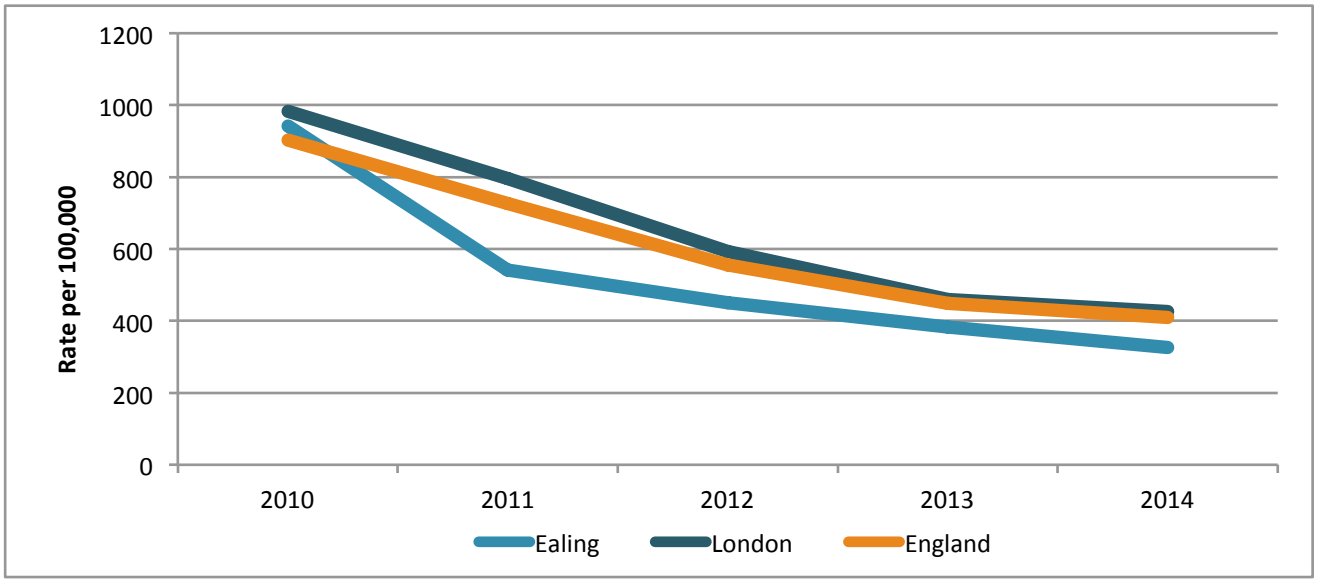
YOUTH OFFENDERS

Youth offenders have higher health, social and learning needs compared to their peers. This is likely to be due to common risk factors for both offending behaviour and some of these difficulties, including adverse parenting, family and neighbourhood stressors and deprivation. For example, youth offenders have higher rates of mental health problems (31%)[62] compared to young people in general (10-13%).[27] This is likely to be due to the common risk factors for both offending behaviour and mental health problems, but also the influence of current offending behaviour on mental health. Youth offenders also have higher rates of smoking, drug and alcohol misuse, as well as speech, communication and learning difficulties.

Ealing youth justice service is a multi-agency partnership, involving the local authority, police, probation, health, education and the voluntary sector, that aims to prevent young people aged between 10 and 17 years from offending, and to reduce re-offending by young people known to the criminal justice system. There are several key performance indicators that are monitored both nationally by the Youth Justice Board, as well as locally.

Fortunately, there has been a national decline in the number and rate of first time entrants to the youth justice system.[45] This trend is also observed in Ealing, as depicted in Figure 38. In 2014 in Ealing, there were 100 young people aged 10-17 entering the youth justice system for the first time - receiving their first reprimand, warning or conviction. This represents a rate of 326 per 100,000 (aged 10-17 years), better than the average for London (426 per 100,000) or nationally (409 per 100,000).[63] This fall may in part reflect an increased focus on prevention and diversion.

Figure 38: Rate of first time entrants to youth justice system, per 100 000 (10-17 years)



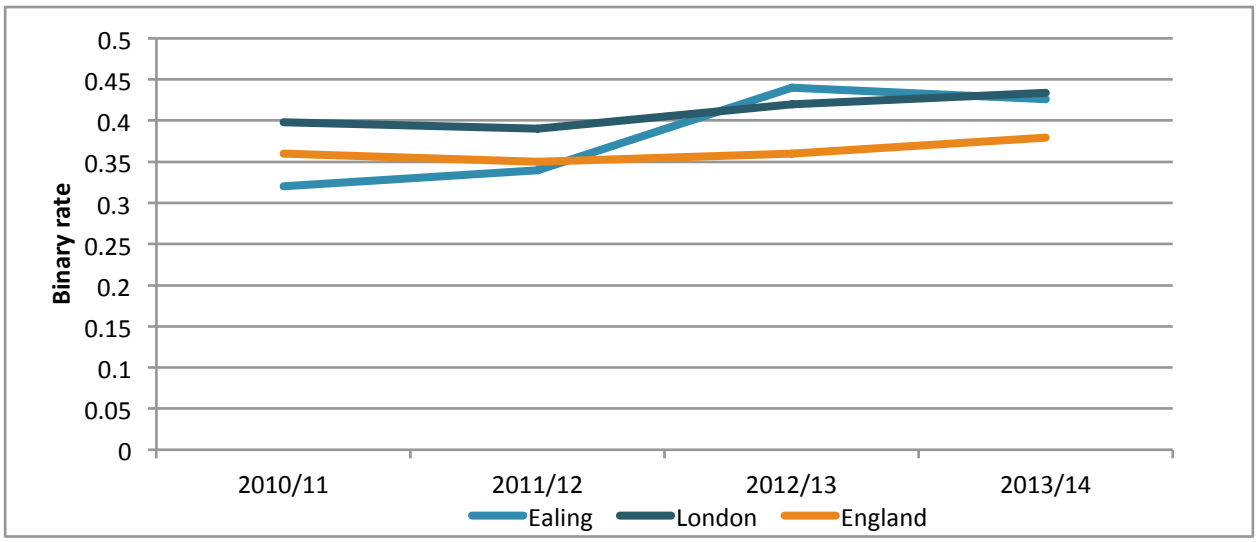
Source: Public Health Outcomes Framework (2015) data from the Police National Computer and ONS

Youth re-offending has increased locally in recent years (Figure 39). In 2013/14, 43% of Ealing youth offenders re-offended, higher than the England average of 38%, but not different from the London average of 43%.[63] This may be in part due to the increasing complexity of the caseload in the youth justice service.

[62] Harrington (2005). Mental health needs and effectiveness of provision for young offenders in custody and in the community. Youth Justice Board

[63] Youth Justice Board (2015)

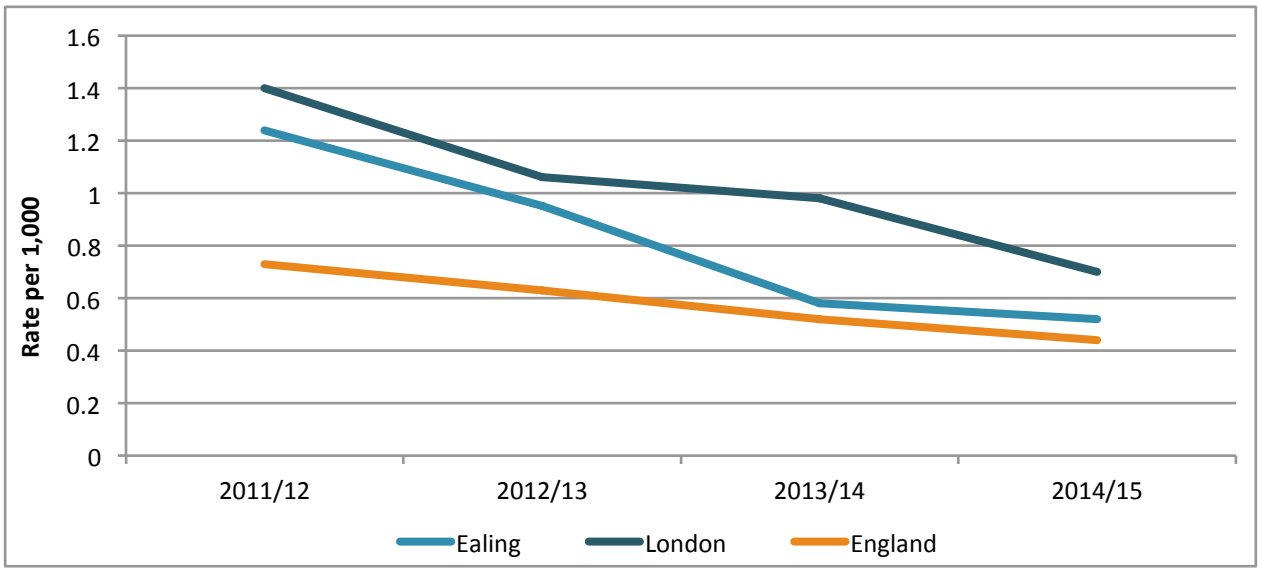
Figure 39: Binary re-offending rate



Source: Youth Justice Board (2015)

There have also been national declines in young people's use of custody. In 2014/15, the custody rate for Ealing young people (aged 10-17 years) was 0.52 per 1,000 young people (10-17 years), higher than the England average of 0.44 per 1,000, but lower than the London average of 0.70 per 1,000 (Figure 38).[63]

Figure 40: Use of custody rate, per 1000 young people (10-17 years)



Source: Youth Justice Board (2015)

A recent analysis of the health needs of approximately 370 young people who entered Ealing Youth Justice Service in 2015 was conducted using the ASSET assessment tool. This analysis found that one third of the young people identified that they had risk factors for mental health problems – most commonly family circumstances (including being in care, bereavement, single parent household), domestic violence, bullying, physical abuse and sexual abuse. Furthermore, many other health needs were identified including mental health needs (n=80), cannabis use (n=100), cigarette use (n=65), alcohol misuse (n=35), other substance misuse (n=30), learning needs (n=30), self-harm/attempted suicide (n=25), sexual health issues (n=15), physical health needs (n=10) and Child Sexual Exploitation (n=5). These are likely to be under-estimates as the young people often do not recognise, or do not want to discuss, some of these health issues.

There are several **other groups of young people who are vulnerable to poor health and social outcomes**, including **homeless young people**, **young people excluded from school** and **lesbian, bisexual, gay and transgender (LBGT)** young people.

LESBIAN, BISEXUAL, GAY OR TRANSGENDER YOUNG PEOPLE

Approximately 7% of 16-24 year olds in the UK self-identify as being lesbian, gay or bisexual.[64] The prevalence of trans-gender young people is unknown, although a recent survey showed that 1% of young people experience some degree of gender non- conformity.[65] LGBT young people have a higher risk of suicidal behaviour, mental health problems and substance misuse, than heterosexual and cis-gender young people, with rates even higher if from an ethnic minority group or with a disability. This may be due to the increased anxiety and depression due to discrimination, stigma and victimisation that these young people face. Among LBGT youth in the UK, one in two reported self-harming at some point in their life, and 44% reported having thought about suicide.[66]

[64] Mercer, C et al (2013). Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). The Lancet, 382(9907), 1781-1794.

[65] Public Health England (2015). Preventing suicide amongst trans young people

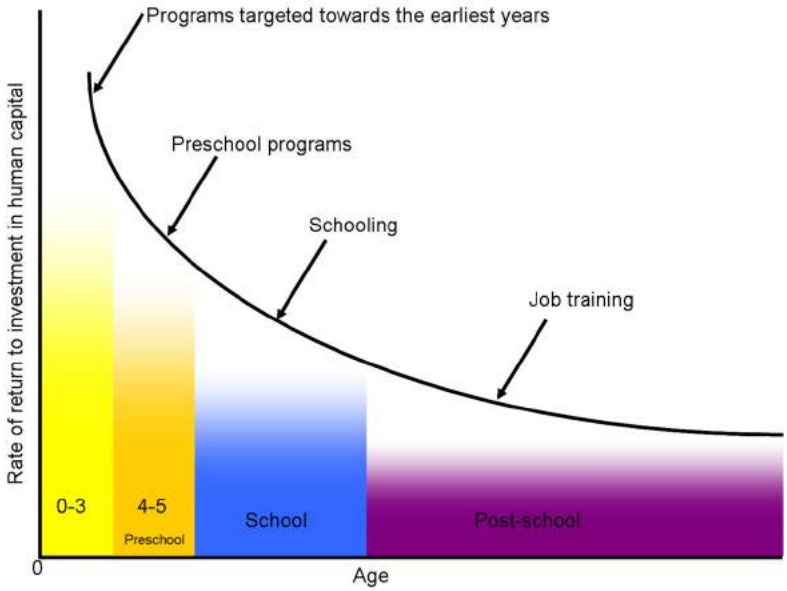
[66] PHE (2015) Preventing suicide amongst lesbian, gay and bisexual young people

EVIDENCE OF EFFECTIVE INTERVENTIONS

A CONSIDERATION OF THE EVIDENCE BASE, NATIONAL GUIDANCE AND BEST PRACTICE

There is strong evidence that intervening as early as possible in the life course, especially in the first few years of life from conception, with a series of evidence-based interventions, improves a child's future health, social and educational outcomes. Figure 41 highlights how the return on investment is inversely proportional to the child's age. At a population level, Marmot recommends taking a 'proportionate universalism' approach in order to improve life chances and reduce health inequalities. This is the resourcing and delivery of universal services at a scale and intensity that is proportionate to the degree of need (ie. universal services, with proportionately greater resources targeted at more disadvantaged groups).[2]

Figure 41: Return on investment for programmes during different development stages



Source: Heckman (2008)[67]

There are also numerous policy directions around children and young people, although it should be noted these may not be based on a robust evidence-base (although as the adage goes, 'absence of evidence is not evidence of absence'). For example, the need to better integrate and co-ordinate services, enabled by strong partnership working, the need to co-produce with children, young people and families, as well as the need to consider the transition period between children and adult specialist services.

Table 17 summarises a few key recommendations of most relevance to local commissioners from the relevant guidance for the major health issues for children and young people. It should be noted that the recommendations listed are not comprehensive and readers should refer to the original guidance.

[67] Heckman (2008) Schools, Skills and Synapses. Econ inq; 46(3): 289

Table 17: Key evidence-based recommendations for local commissioners

Topic area	Key evidence-based recommendations for local commissioners	Relevant guidance or evidence-base	Scope for change in Ealing
Adverse perinatal outcomes and infant mortality	Reduce modifiable risk factors for adverse perinatal outcomes and infant mortality: - Reduce teenage pregnancy (*see below*) - Reduce smoking in pregnancy - includes prompt identification and referral to local stop smoking services. - Tackle maternal obesity – includes prevention of maternal obesity and additional monitoring of obese women during pregnancy. - Access to antenatal care – early booking to ensure early engagement, assessment and informed choice about screening options and antenatal care in general. - Targeted care for vulnerable mothers. - Promote breast-feeding. - Tackle social determinants - including actions to tackle child poverty. - Tackle Sudden Unexpected Death in Infancy (SUDI) – e.g. ensure infants sleep in a supine position, in a separate cot, in the same room as parents, reduce parental smoking. - Ensure timely vaccination.	Antenatal care for uncomplicated pregnancies (2008, updated 2016) https://www.nice.org.uk/guidance/cg62 Smoking: stopping in pregnancy and after childbirth (2013) https://www.nice.org.uk/guidance/ph26 Intrapartum care for healthy women and babies (2014) https://www.nice.org.uk/guidance/cg190 Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (2010) https://www.nice.org.uk/guidance/cg110 Postnatal care up to 8 weeks after birth (2006) https://www.nice.org.uk/guidance/cg37	High: improvements required for stillbirth and neonatal mortality rates.
Accidents and child deaths	- Home safety assessments, supply and installation of home safety equipment, prioritising households with children under 5, families living in rented or over-crowded conditions or on low incomes. - Integrate home safety advice into other home visits (e.g. by GPs, midwives, social workers and health visitors). - Identify and respond to A&E attendances. - Workforce development around injury prevention.	Unintentional injuries in the home: interventions for under 15s (2010) https://www.nice.org.uk/guidance/ph30 Unintentional injuries on the road: interventions for under 15s (2010) https://nice.org.uk/guidance/ph31 Unintentional injuries: prevention strategies for under 15s (2010) https://www.nice.org.uk/guidance/ph29	Moderate: Ealing has lower than average rates of accidents.
Obesity	Recommendations to promote healthy eating and physical activity at multiple levels (e.g. individual, family, community and national).	Preventing excess weight gain (2015) https://www.nice.org.uk/guida	Moderate: Ealing has higher than average rates of

	Most relevant to local commissioners of services: - Promote multi-component healthy weight programmes in pre-school, childcare or family settings. - On-site catering should promote healthy food and drink choices (e.g. by posters, pricing and positioning of products). - Promote physical activities in these settings (by policies, facilities and information). - Workforce development in early years, schools, and primary care settings.	nce/cg43 Obesity: identification, assessment and management of overweight and obesity in children, young people and adults (2006) https://www.nice.org.uk/guidance/cg189 Weight management lifestyle services for overweight or obese children and young people (2013) https://www.nice.org.uk/guidance/ph47 Physical activity for children and young people (2009) https://www.nice.org.uk/guidance/ph17/resources/physical-activity-for-children-and-young-people-1996181580229 Early years high impact area 4: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413131/2902452_Early_Years_Impact_4_V0_1W.pdf	obesity in year 6, but tackling obesity requires a multi-faceted approach and no single intervention would be sufficient.
Oral health	Promote consistent oral health messages to families, including the following: - Parents should brush or supervise brushing, as soon as teeth erupt in the mouth. - Teeth should be brushed twice daily with fluoride toothpaste. - The frequency and amount of sugary fruit and drinks should be reduced. - Children should visit the dentist at least once per year. - Promote breast-feeding. - Drink from a free-flow cup from 6 months old and stop bottle-feeding from 12 months.	Local authorities improving oral health: commissioning better oral health for children and young people (2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf Delivering Better Oral Health: an Evidence Based Toolkit for Prevention (2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf Oral health promotion: general dental practice (2015) https://www.nice.org.uk/guidance/ng30 Oral health: local authorities and partners (2014) https://www.nice.org.uk/guidance/ph55	High: Ealing has poor oral health in children, there are known effective interventions and the potential for improvement is significant.

Mental health	Promote interventions that improve the quality of parenting, including: - Early identification of difficulties in parent-child interactions by universal services – e.g. by home visiting (health visitors) and assessment or maternal mood. - Promotion of evidence-based parenting programmes (universal and targeted). - Promotion of parental mental health, reducing alcohol and drug addiction, addressing domestic violence. Promote high quality early years provision. Targeted support for vulnerable families, ensuring that these families are reached (e.g. by publicity or outreach) and that professionals in early years settings develop trusting relationships with these families. Promote a 'whole school approach' in primary and secondary educational settings, promoting an ethos that supports the social and emotional wellbeing of all pupils, with additional support for those most at risk. This includes efforts to tackle bullying and violence, promote social and emotional learning in the curriculum and to ensure staff are trained in early identification of mental health problems. Tackle the social determinants of children and young people's mental health (e.g. poverty, debt).	Antenatal and postnatal mental health (2014) https://www.nice.org.uk/guidance/cg192 Social and emotional wellbeing in early years (2012) https://www.nice.org.uk/guidance/ph40 Domestic violence and abuse: multi-agency working (2014) https://www.nice.org.uk/guidance/ph50 Social and emotional wellbeing in primary education (2008) https://www.nice.org.uk/guidance/ph12 Social and emotional wellbeing in secondary education (2009) https://www.nice.org.uk/guidance/ph20 *Note: there are several NICE guidelines for the clinical management of specific mental health problems (e.g. depression, conduct disorder, ADHD, and self harm) but are not referenced here.*	Moderate: while Ealing has good rates of mental health indicators, the effectiveness of early years interventions to promote mental health and wellbeing is strong.
Long term conditions	Recommendations to promote self-management, reduce exacerbations and hospital admissions include: - Asthma: Structured education and assessment in primary care, promoting a written personalised asthma plan, reviewing inhaler technique, assessment of asthma control. - Asthma: Targeted support for those admitted to hospital, including review and primary care follow up of those who have been admitted. - Consider social determinants: parental smoking cessation and tackling damp housing. - Diabetes: a programme of education from diagnosis, insulin therapy, dietary management and blood glucose monitoring to maintain strict glycaemic control, psychological support.	Asthma (2013) https://www.nice.org.uk/guidance/qs25 Diabetes in children and young people: diagnosis and management (2015) https://www.nice.org.uk/guidance/ng18 Epilepsies: diagnosis and management (2012) https://www.nice.org.uk/guidance/cg137	Moderate: Ealing fares well in hospital admissions for asthma, epilepsy and diabetes.

	- Epilepsy: access to information, child-centred training models, comprehensive care plan, access to epilepsy specialist nurse.		
Childhood immunisa-tion	Promote uptake of childhood immunisations for all children, and target high risk groups. - Improve access to immunisation services (e.g. ensuring clinics are child and family friendly, extending clinic times, ensuring enough appointments). - Send tailored invitations to attend immunisation appointments, and follow those who do not attend with reminders and recall invitations. - Providing families with tailored information. - Consider home visits to those who have not responded to reminders/recalls. - Health professionals should check the immunisation status at every opportunity, including by the Healthy Child Programme (0-5 and 5-19) teams and by GPs. - Workforce development. - Routine monitoring systems and leadership.	Immunisation for children and young people (2009) https://www.nice.org.uk/guidance/ph21	High: Ealing fares poorly in immunisation uptake rates.
Minor illnesses in under 5s	In order to reduce the A&E attendance rate in under 5: - Accident prevention measures (see above). - Management of minor illnesses in primary care. - Promotion of breast-feeding. - Promotion of vaccination (see above).	NICE have a series of guidelines about the clinical management of diarrhoea and vomiting in children under 5, feverish illness in children and respiratory tract infections. Early years high impact area 5: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413133/2902452_Early_Years_Impact_5_V0_1W.pdf	High: Ealing has higher than average rates of A&E attendances for children under 5 years.
School readiness	Interventions to promote school readiness include: Working with maternity settings to: - Promote optimal maternal nutrition and health behaviours in pregnancy (e.g. healthy eating, avoidance of smoking and drinking). Working with parents and early years providers to: - Promote breast-feeding. - Promote positive parenting (e.g. by parenting support programmes) and	Social and emotional wellbeing in early years (2012) https://www.nice.org.uk/guidance/ph40 Good quality parenting programmes and the home to school transition (2014) http://www.instituteofhealthequity.org/projects/good-quality-parenting-programmes-and-the-home-to-school-transition Evidence for the Healthy Child Programme (0-5 years)	Moderate: Ealing has higher than average levels of school readiness.

	support for parental mental health, alcohol or drug addiction, and addressing domestic violence (see 'mental health' above). - Promote learning activities (e.g. encouraging parents to speak to their babies and read with their children). - Promote physical activity. - Ensure provision of high quality early education.	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf	
Sexual health and teenage pregnancy	Actions to promote safe sex and reduce teenage pregnancy include universal measures and targeted support to high risk young people, including: - Sex and Relationships Education in schools - Youth-friendly sexual health/contraceptive services and condom schemes - Support for parents to discuss relationships and sexual health. - Workforce development. - Advice and access to contraception in non-health youth settings. - Promote consistent messages to young people. - Dedicated support to teenage parents (e.g. education and contraception).	Sexually transmitted infections and under-18s conceptions: prevention (2007) https://www.nice.org.uk/guidance/ph3 Contraceptive services for under 25s https://www.nice.org.uk/guidance/ph51	Moderate: Ealing has lower than average teenage pregnancy rates, but lower than average rates of chlamydia diagnoses.
Smoking	Interventions of most relevance to local commissioners include: - Develop local media campaigns, taking into consideration the local target audience, and particularly high-risk groups. - Local authorities: measures to prevent under-age sale of tobacco (e.g. by working with retailers) - Whole school approaches – including smoke-free policies, curriculum-based learning and link to Healthy Schools Programme. - Peer-led interventions in schools - Workforce development in smoking prevention	Smoking: preventing uptake in children and young people (2008) https://www.nice.org.uk/guidance/ph14 Smoking prevention in schools (2010) https://www.nice.org.uk/guidance/ph23	Moderate: Ealing has lower than average rates of smoking in 15 year olds, but smoking is a significant cause of premature morbidity and mortality.
Drinking	Interventions of most relevance to local commissioners include: - Local authorities: licensing departments take into account the number of alcohol outlets and potential links to local crime and alcohol-related hospital admissions; prevention of under-age sales. - Assess young people (aged 10-15	Alcohol use disorders: prevention (2010) https://www.nice.org.uk/guidance/ph24 Alcohol: school based interventions (2007) https://www.nice.org.uk/guidance/ph7	Moderate: Ealing has lower than average of drinking in 15 year olds but alcohol is a significant cause of morbidity and mortality.

	years) for risk of alcohol-related harm, provision of advice or referral to other services (e.g. CAMHS, social care or specialist alcohol services if appropriate) - Screening young people aged 16-17 years if thought to be at risk of alcohol-related harm with validated screening questionnaires. At risk groups include those who have had an accident/injury, regular attendance to GUM services, truant, involved in crime, involved with safeguarding services or in care, at risk of self-harm. - Extended brief interventions for those aged 16-17 years who screen positive. - Referral to specialist alcohol services if required. - Whole school approaches – including policy development and curriculum-based learning. - Targeted 1:1 brief advice in school for those thought to be drinking hazardously, and referral to specialist services if required.		
Drug use	- Use existing screening and assessment tools to identify vulnerable young people who are misusing substances. - Multi-agency working to provide support or referral to specialist services. - Family-based structured support for 11-16 year olds at high risk of substance misuse (including motivational interviewing and parenting components). - Group-based behavioural therapy for 10-11 year olds who are persistently aggressive or disruptive and assessed to be at high risk of substance misuse (before and during the transition to secondary school). - Motivational interviewing for vulnerable young people who are problematic substance misusers.	Substance misuse interventions for vulnerable under 25s (2007) https://www.nice.org.uk/guidance/ph4 *(Vulnerable young people may include those whose family members misuse substances, those with mental, behavioural or social problems, are excluded from school or truanting, young offenders, looked after children, homeless, from some ethnic minority groups).*	Moderate: Ealing has lower than average rates of substance misuse amongst 15 year olds but substance misuse is a significant cause of morbidity and mortality.
Transition	Service should consider transition, including: - Co-producing transition policies with young service users. - Proactively identifying and planning for transition. - Ensuring a smooth, gradual transition for children and young people (e.g. by providing a named worker to coordinate the process).	Transition from children's to adult's services for young people using health or social care services (2016) https://www.nice.org.uk/guidance/ng43	Moderate: improving the transition from children's to adults services requires improvement locally as well as nationally.

There are also numerous relevant guidelines about how to improve the outcomes for vulnerable young people, including looked after children and children with special educational needs, including the following:

- Department of Health, Department for Education. Promoting the Health of Looked After Children (2015) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

- Looked After Children and Young People (2010, updated 2015) https://www.nice.org.uk/guidance/ph28

- Children's attachment: attachment in children who are adopted from care, in care or at high risk of going in to care (2015) https://www.nice.org.uk/guidance/ng26

- Child maltreatment: when to suspect maltreatment in under 18s (2009) https://www.nice.org.uk/guidance/cg89

- Autism in under 19s: recognition, referral and diagnosis https://www.nice.org.uk/guidance/cg128

- Autism in under 19s: support and management (2013) https://www.nice.org.uk/guidance/cg170

CURRENT POLICIES AND STRATEGIES

National

- Fair Society, Healthy Lives: the Marmot Review (2010)
  http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
- Chief Medical Officer's Report (2012): Our Children Deserve Better: Prevention Pays
  https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays
- Better Health Outcomes for Children and Young People – Pledge
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf
- The Allen Review (2011)
  http://preventionaction.org/sites/all/files/Early%20intervention%20report.pdf
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/61012/earlyintervention-smartinvestment.pdf
- Field, F. (2010) The Foundation Years: preventing poor children becoming poor adults.
  http://webarchive.nationalarchives.gov.uk/20110120090128/http:/povertyreview.independent.gov.uk/media/20254/poverty-report.pdf
- 1001 Critical Days: the Importance of Conception to Age Two Period
  http://www.andrealeadsom.com/downloads/1001cdmanifesto.pdf
- Kennedy Review: Getting it Right for Children and Young People: Overcoming Cultural Barriers in the NHS so as to Meet their Needs (2010)
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216282/dh_119446.pdf
- Tickell review of the Early Years Foundation Stage
  https://www.gov.uk/government/publications/the-early-years-foundations-for-life-health-and-learning-an-independent-report-on-the-early-years-foundation-stage-to-her-majestys-government
- Munro Review of Child Protection (2011)
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf
- Working Together to Safeguard Children (2015)
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- Healthy Child Programme 0-5 years
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf
- Future in Mind: Promoting, Protecting and Improving Our Children's Mental Health and Wellbeing (2015)
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf
- National Child Obesity Strategy – due Summer 2016

Local

- Health and Wellbeing Strategy 2016 – 2021
  https://www.ealing.gov.uk/downloads/download/3755/health_and_wellbeing_strategy
- Child Poverty Strategy
  https://www.ealing.gov.uk/downloads/download/2554/child_poverty_strategy_for_ealing
- Housing and homelessness Strategy 2014-19:
  https://www.ealing.gov.uk/downloads/download/3001/ealing_housing_and_homelessness_strategy_2014-19
- Tobacco Control Strategy
  https://www.ealing.gov.uk/info/201072/strategies_plans_and_policies/1965/ealing_tobacco_control_strategy
- Early Intervention and Prevention Strategy 2013-16
  https://www.ealing.gov.uk/site/scripts/google_results.php?q=early+intervention+and+prevention+strategy
- Children and Young People's Plan
  https://www.ealing.gov.uk/downloads/download/1204/children_and_young_peoples_plan_and_annual_updates
- Looked After Children and Care Leavers Strategy 2014-17
- Tackling Child Sexual Exploitation Strategy 2014-17
- Domestic violence strategy 2013-16
  https://www.egfl.org.uk/sites/default/files/imported/categories/improvement/_docs/SE/may13/Ealing_DV_Strategy_-_Final_for_SEP.pdf
- Ealing Violence against Women and Girls (VAWG) Strategy 2015-18
- Healthy Weight, Healthy Lives Strategy, 2016-2019 – due 2016
- Ealing Carers Strategy – due 2016
- Ealing Mental Health Strategy – due 2016

CURRENT INTERVENTIONS AND ASSETS

SERVICE MAPPING

Life course stage or target group	Service name	Provider	Commissioner	Description
Pregnancy and birth	Maternity services	Imperial College Healthcare NHS Trust, London North West Healthcare NHS Foundation Trust, Hillingdon Hospitals NHS Foundation Trust, Chelsea and Westminster NHS Foundation Trust	Ealing CCG	Maternity services, including routine antenatal, birth and postnatal care. Neonatal Intensive Care Units.
Early years	Early Start Ealing (incorporating Healthy Child Programme 0-5 years)	London North West Healthcare NHS Foundation Trust, LBE	LBE, Ealing CCG	Multidisciplinary teams of health visitors, children's centre staff, community nurses, Family Nurse Partnership, Family outreach workers, working with families to improve health, education and social outcomes for children under 5 years. Includes both home visiting and delivery of services through children's centres and other community venues.
	Children's centres	LBE	LBE	There are 27 children's centres, offering a range of activities and services aimed at families with children aged 0-5 (including early education/nursery and childcare, play sessions, out of school clubs, support for families and access to specialist services, child and family health services, courses, parenting support and community events).
	Early years educational setting	Multiple	Multiple	Early years settings including nurseries, child-minders and playgroups.
	Oral health promoters	London North West NHS Foundation Trust	LBE	Conduct workshops with families and staff in children's centres and in schools.
School aged	Primary and secondary schools	Multiple		There are 88 state funded schools, including 6 which are special needs schools.
	School nursing (Healthy Child Programme 5-18)	London North West Healthcare NHS Foundation Trust	LBE	Public health nurses working in multi-skilled teams in schools to promote the health of school-aged children, including assessing health needs on entry to school, supporting children with long term conditions, supporting the National Child Measurement Programme (NCMP), and working with relevant agencies around safeguarding.
	Healthy School Programme	LBE	LBE/CCG	Supporting local schools to become accredited with the 'Healthy Schools London' programme, delivery of the Health Related Behaviour Surveys.
	Childhood immunisation	Central North West London NHS Foundation Trust	NHSE	Delivery of immunisations in schools.
	Schools meals contract		LBE holds the contract, schools fund it	Focus on healthy eating.
Young people	Ealing Youth and Connexions	LBE	LBE	Youth centre projects offer group and individual activities that encourage personal and social development of young people aged 13-19 years (and up to 24 years for young people with disabilities). Westside Youth Centre operates a drop-in centre.
	Sexual health services	London North West NHS Foundation Trust	LBE	Young person's clinic in Ealing hospital sexual health services and GUM clinic. This service also conducts some outreach work. Check Yourself website for chlamydia screening

				under 25s.
	Ealing One You Service	WLMHT	LBE	Free information, support, awareness, and education on smoking cessation.
All age	Ealing Play Service	Multiple	LBE	Responsible for providing children and their families with inclusive, high quality play provision across the borough, including providing funding to breakfast clubs, after school clubs and holiday play schemes.
	General practices	Multiple	NHSE	There are 79 practices and 8 health centres in Ealing, providing primary care services, including routine childhood immunisations.
	Connecting Care for Children	Imperial College Healthcare NHS Trust	Ealing CCG	A pilot programme, based in Acton and Southall, involving paediatricians working together with GPs, with the aim of up-skilling primary care in the management of common childhood conditions.
	Ealing Hospital*	London North West Healthcare NHS Trust (Urgent Care Centre – provided by a consortium led by Greenbrook healthcare)	Ealing CCG	Urgent Care Centre Outpatient clinics and day care services (including Day Care Unit, paediatric outpatients, day surgery, sickle cell and thalassaemia service, physiotherapy, speech and language therapy, orthopaedics, ear nose and throat clinic, adolescent sexual health services (see below), liaison child and adolescent mental health services, visiting tertiary referral specialist paediatric clinics and Ealing Community Children's Nursing Service. The consultant-led paediatric Rapid Access Clinic is a GP-referral only service designed to provide GPs with an alternative to referring patients to A&E when the need is not urgent.
	Northwick Park Hospital, West Middlesex University Hospital, Hillingdon Hospital, St Mary's hospital, Chelsea and Westminster Hospital*	Multiple providers	Ealing CCG	A&E and paediatric inpatient services.
	Family Information Service (FIS)	LBE	LBE	Ealing Council service dedicated to providing information for children, young people and families.
Children and young people with additional needs/disabilities	Ealing Service for Children with Additional Needs (ESCAN)	London North West Healthcare NHS Foundation Trust and LBE	LBE/Ealing CCG	A multi-agency service, comprising a range of professionals across health (community paediatrics, occupational therapy, physiotherapy, speech and language therapy, audiology, dietician, clinical psychology, health for looked after children and specialist school nursing), education (educational psychology, SEN staff) and social care. The service acts as a single point of contact for information, referrals, assessments and interventions for children and young people with disabilities.
Children and young people with additional needs	Short Break Services		LBE	Family support services with the aim of enhancing personal, social and emotional development for children and young people (up to 25 years) with disabilities, complex needs or both.
Children and young people additional needs	Image in Action	Image in Action	LBE	Specialist sex and relationship education for young people with learning disabilities.

Children with continuing care needs, special needs or long term conditions	Community paediatric nursing	London NW Healthcare	CCG	Asthma and haemoglobinopathy nursing, continuing care (end of life, complex health).
Children and young people with mental health problems	Children and Adolescent Mental Health Services (CAMHS)	West London Mental Health Trust	CCG/LBE	Specialist multi-disciplinary team including psychiatrists, clinical psychologists, family therapists, nurses and occupational therapists, for children and young people with long term and persistent behavioural and psychological issues. Tier 2 – specialist support for LAC, parenting services, behaviour support, CAMHS LD Tier 3 – CAMHS, expanded eating disorder service
	CAMHS	Multiple	NHS England	Tier 4 – Highly specialist or inpatient mental health services
	Emotional health and wellbeing in schools	Place2Be, WLMHT, Catholic Children Society	Schools	Emotional wellbeing in schools, including counselling services.
Mothers with mental health problems	Perinatal mental health service	West London Mental Health Trust	CCG	IAPT and tier 3 specialist mental health services.
Overweight or obese children and young people	Ealing One You Service (Child weight management services)	West London Mental Health Trust	LBE	Ealing families with children aged 5-13 years that are above a healthy weight can access a family-based, multi-component weight management service, which includes nutrition, physical activity and psychosocial support.
Overweight or obese children	Health, Exercise, Nutrition for the Really Young (HENRY)	HENRY, FNP (London North West NHS Foundation Trust)	DH	Training and support for early years provider on healthy eating and physical activity, structured family interventions, peer support.
Young people with substance misuse	Ealing Alcohol and Substance Youth (EASY) Project	CRI	LBE	Specialist outreach drug and alcohol service for young people aged 10-18. Drug and alcohol workers specialising in working with young people offer a wide range of services to ensure appropriate access to treatment, support and education to reduce the risk of harm. There are also early intervention workers within the SAFE team.
Teenage and young mothers	Family Nurse Partnership	London North West NHS Foundation Trust	LBE	The Family Nurse Partnership is an intensive, preventative home-visiting programme that supports first time, vulnerable young mothers (up to age 19 years) from pregnancy until their child reaches the age of two. This is now part of the 'Early Start Ealing' programme.
Safeguarding Services	Ealing Children's Integrated Response Service (ECIRS)	LBE	LBE	ECIRS is the single point of entry for all professional referrals and self referrals, including for families wishing to access SAFE 0-18 services.
	Supportive Action for Families in Ealing (SAFE)	LBE/WLMHT	LBE	A multi-agency early intervention service providing a holistic approach to family situations to prevent escalation of difficulties. The team comprises of social workers, health professionals, including psychologists and counsellors, school and family workers, and provides one-to-one and group/family work, including family therapy, parenting programmes, and substance misuse assessment and support.
	Children's Services (statutory)	LBE	LBE	Statutory assessments, child protection plans, accommodating looked after children (as a 'corporate parent'), and support for children in need.

	Health services for Looked After Children	LBE/WLMHT	LBE/Ealing CCG	Looked after children nurses and paediatricians, mental health support.
	Child Exploitation Service	LBE/Women and Girls' Network	LBE	1 CSE coordinator and cases may be referred to a Women and Girls' Advocate for more intensive work (or purchased from Barnados for boys).
Troubled Families	Think Families Plus	LBE	LBE	The Family Intervention Programme is part of an intensive intervention approach to working with families who meet the Think Families Plus (TFP) criteria of having complex and multiple needs.
Young offenders	Ealing Youth Justice Service	LBE/police/WLMHT/probation	LBE	Multi-agency team offering bespoke support to young people (10-17 years) and their families who are involved in the criminal justice system in order to prevent them offending or re-offending. Within this service, a diversion and liaison worker conducts an assessment of needs, which includes mental health. Health promotion occurs in this setting. CAMHS worker due to start in post.
	Safe Space Project	LBE/Police	LBE/Police	Project focuses on young people and their families who are on the verge of gang criminality, aiming to deter gangs from developing in the borough.
Domestic violence	Domestic Violence Intervention Project		LBE	Specialised support for anyone affected by domestic violence, both perpetrators and victims, as well as parents and children affected by domestic violence.
Violent or controlling behaviours	Yuva project		LBE	Yuva works with young people (aged 13-19 years) who have used violent and controlling behaviours in their close relationships.
Young carers	Ealing Young Carers Project	Brentford FC Community Sports Trust	LBE	Young carers are supported through the provision of after school clubs and activities.
Parenting service	Ealing Parenting Service	LBE/WLMHT	LBE	Parenting programmes with a focus on families with complex needs, and includes evidenced based programmes such as Triple P, Strengthening Families, Strengthening Communities, Family Links and Webster Stratton Incredible Years.
Healthy Start	Healthy Start	DH	DH	National scheme to improve the health of low-income pregnancy women and families with young children on benefits and tax credits, by providing vouchers which can be used in exchange for milk, fruit, vegetables and vitamins.

**Note: From 30th June 2016, the paediatric inpatient ward at Ealing hospital is due to close and ambulances will stop taking children to A&E at Ealing hospital (they will instead be taken to West Middlesex, Hillingdon, Northwick Park, Chelsea and Westminster or St Mary's A&E). The Urgent Care Centre at Ealing hospital will continue to treat children for minor injuries or illnesses that are urgent but not life threatening. Outpatient clinics and day care services will continue at Ealing hospital.*

STAKEHOLDER PERSPECTIVES

Twelve **professional stakeholders**, across health, social care and education, including commissioners and clinicians, as well as the Ealing Youth Mayor, were interviewed in March 2016. The following themes emerged in response to three questions.

Question	Themes
What are the main health and wellbeing issues facing children and young people in Ealing?	Mental health and emotional wellbeing, including issues such as self-harm, was the most frequently cited health issue.
	Overweight and obesity.
	Safeguarding issues, including risks such as FGM, CSE and domestic violence.
	Neuro-disability and social communication problems – impact of living with conditions such as autism.
	Long term conditions in children – such as asthma and diabetes.
	Oral health.
	Complexity of a small proportion of children – living with multiple co-morbidities.
	Social factors that impact on a child's life (e.g. impact of low income and housing); mobility of people coming into and out of the borough – has an impact on continuity of care and early intervention.
	Vulnerable groups such as looked after children have the same health and wellbeing issues as the general population, but to a higher degree.
	Barriers to accessing services – this included comments about parents of young children preferring to go to A&E rather than primary care, as well as comments about parents and young people not knowing about what services are available in the borough.
What are the strengths of the current services in Ealing to promote health and wellbeing in children and young people?	Partnership and multi-disciplinary working, often across organisational boundaries, were cited by many stakeholders as particular strengths in Ealing, giving examples of good practice including the ESCAN service, the SAFE service and the emerging 'Early Start' service. Co-location of services was felt to be an important component, enabling professionals to build up relationships, as well as strong leadership that created environments to work collaboratively. It was felt that such 'integrated' approaches were important to maximise use of existing resources. *"Professionals willing to work together towards a common goal."*
	Early intervention was felt to be working well by many stakeholders, giving examples such as tier 2 CAMHS service as part of the SAFE team. However, there were also some concerns about funding cuts having an impact on early intervention work (including the school nursing and youth services).
	Ealing schools are engaging well in health and wellbeing issues, particularly emotional wellbeing. This was perceived to be aided by a strong health improvement in schools team, promoting the Healthy Schools London Programme.
	Children's centres were viewed as an asset and an opportunity for integration with health visiting as part of the 'Early Start' service.
	Youth engagement – including the Youth Parliament and the emerging Young Ealing Safeguarding Peer Support Group.
	High level of staff commitment.

	Attempts to co-ordinate commissioning across North West London (e.g. sexual assault referral centre).
	Focus and action on the Child Sexual Exploitation Agenda.
What could be better about current services to promote health and wellbeing?	Funding cuts were a source of concern for many stakeholders. Stakeholders felt that efficiency savings would impact on opportunities for preventative approaches and early intervention.
	Waiting times for services (e.g. for Occupational Therapy, Speech and Language Therapy, autism diagnosis and CAMHS).
	"Missing kids in the middle' – a few stakeholders cited not capturing those children who were struggling (e.g. with mental health problems or autism) but whose needs were not severe enough to be easily identifiable or would meet thresholds for specialist services. A particular example was children with behavioural issues tending to be more easily identified at school than children with emotional problems.
	Staff working with children and families may not always be fully holistic in their approach. For example, health professionals do not always consider social issues, such as the impact of housing, on young people's mental health. It was felt that dealing with parental issues and behaviours was central for children's health, but professionals often lack the awareness/capacity/confidence to confront parents about these issues. For example, school staff did not have the confidence to discuss weight with the parents of an overweight child. Another example cited was substance misuse services not always capturing the 'hidden harms' of parental substance misuse.
	Mainstream settings could be better trained to support children and young people – either those who don't meet thresholds for specialist services, or those accessing specialist services who also require support in mainstream settings. Examples cited included mainstream schools requiring more support and guidance to deal with complex needs, and mental health issues. Also, it was felt that there is a false assumption amongst the wider health workforce (especially GPs) that the health needs of looked after children are being met solely by specialist health services.
	Many young people are not aware they have a problem or are afraid to confront these problems. Many stakeholders cited the importance of Personal, Social, Health and Economic (PSHE) education, which was felt to be currently not consistently implemented to a high quality in all schools.
	Services could be better advertised/promoted (e.g. by leaflets and talks in schools).
	Access to primary care was a particular challenge, as was confidence of primary care (e.g. GPs) in managing child health issues.
	The multiplicity of maternity providers was viewed as a challenge to health promotion during pregnancy.
	Staff are not routinely identifying young carers.
	Staff still use the language of their own professional silos (defining problems in terms of a health problem, social care problem or school problem) – clarity of language was regarded as crucial for optimal partnership working.
	Mental health pathways may not be seamless. For example, a GP may refer to CAMHS (tier 3) if concerned about a child, who may refer back to the council early intervention service if the child does not meet thresholds, and in some cases, the child will be re-referred to CAMHS (tier 3) when the early intervention service finds that the child requires more complex intervention.

Engagement and consultation with children and young people is active in Ealing, especially as part of the Ealing Youth Council and Youth Parliament, Connexions and Youth Service and Young Ealing Safeguarding group. Several health and wellbeing issues have been recently discussed including:

- **Young carers**: In January 2016 a group of local young carers had an engagement event. Key themes included wanting to be better understood by others – wanting professionals to be aware of their added daily pressures, whilst not wanting to be treated differently by others. They also wanted to have trusted adults to talk to, who would listen to them.
- **Mental health**: In July 2015, a group of young people from Ealing CAMHS Youth Committee and professionals discussed mental health as part of the 'Future in Mind' Local Transformation Plan work. Comments included utilising young people's assets – e.g. experience of website development, film material and campaigning, improving awareness of available services, and making access to services, such as to counselling, easier for young people.
- **Make Your Mark Survey:** In 2015, 16 319 young people in Ealing completed the Make Your Mark consultation, with the top issues of concern for young people cited as: Living Wage, school 'Curriculum to Prepare Us for Life', transport, mental health, tackling racism and religious discrimination.
- **'Mystery shopping':** Ealing Youth Inspectors conducted inspections of CRI'S Easy substance misuse service, NHS smoking cessation service, GUM clinic at Ealing hospital and Family Planning clinics at various health centres. Most were reviewed highly positively by the young people. Service-wide recommendations included having more young people friendly clinics (eg. 5pm-7pm), more advertising of services and information on opening times, not being turned away by Family Planning Clinics and referred to GUM due to their age, not to pressure young people to disclose their details, having an appointment booking system as well as drop-in service, receptionists could be more friendly.
- **Grooming questionnaire**: Young Ealing Safeguarding Group conducted a 'grooming' questionnaire in 2015, which was responded to by 229 young people. Key findings included lack of awareness of 'grooming' and need for better education on this topic, and that most young people would not go to their doctor for health for this issue. Surveys on FGM and E-safety have also been carried out by this group.

RECOMMENDATIONS

1. **Demographics and social determinants of health**: Increases in the school age population (10-19 years) in the next 5-10 years will have an impact on the incidence and prevalence of adolescent health issues, including mental health problems and obesity. *This demographic increase needs to be taken into account when planning services for this age group.*

   There are rising rates of homeless families in Ealing, a trend that it likely to be sustained. The children in these families are particularly vulnerable to poor health, social and educational outcomes. *Commissioners of mainstream services should consider how these families can be proactively followed up by these services – such as by the 'Early Start' service.*

2. **Maternity**: There is a national ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030, an issue of particular concern in Ealing. *The multiple maternity providers should ensure that evidence-based antenatal interventions (e.g. smoking cessation and promotion of vitamins) are implemented in order to promote the best start in life and prevent adverse perinatal outcomes*. *Commissioners and providers should also ensure that all Ealing mothers have a seamless transition between maternity and early years pathways*.

3. **Childhood obesity**: There is national and local ambition to tackle childhood obesity. Ealing has a high prevalence of childhood obesity and responding to this is a priority in Ealing's Health and Wellbeing Strategy (2016-2021) and Ealing's Sustainability and Transformation Plan (2016-2021). It requires a whole systems approach at multiple levels. *Stakeholders should endorse the recommendations in Ealing's forthcoming 'Healthy Weight, Healthy Lives Strategy' (2016-2019)*. This includes universal, targeted and specialist approaches, in multiple settings, including children's centres and schools.

4. **Oral health**: Poor oral health amongst Ealing's children, compared to England and London, is another area that requires focus, and for which there are effective preventative interventions. Oral health is also being prioritised in Ealing's Sustainability and Transformation Plan (2016-2021). There are clear synergies between the oral health and healthy weight agendas (e.g. promoting breast-feeding and healthy eating to families). *Commissioners should use opportunities to align the oral health agenda to the commissioning of other council and CCG services*, such as the 'Early Start Ealing' service, in settings such as children's centres and primary schools. *Workforce development of staff working in early years and primary school settings is central to delivering clear oral health messages to local families.*

5. **Mental health:** Children and young people's mental health is high on the national policy agenda, with the publication of 'Future in Mind' in 2015, and is also a local priority in Ealing's Health and Wellbeing Strategy (2016-2021) and Sustainability and Transformation Plan (2016-2021). Although Ealing fares well, compared to London and England in several child mental health indicators, including wellbeing scores and inpatient admission rates, tackling mental health was viewed as a particular priority among stakeholders (due to its prevalence and the fact that it underpins other health, social and educational outcomes). *Commissioners should continue to prioritise young people's mental health as part of all commissioned services, as well as the 'Future in Mind' Local Transformation Plan programme of work, including the need to promote earlier, more timely intervention, reduce barriers to access by creating better pathways of care and improving mental health support in schools*.

6. **Childhood immunisation:** *Reasons for the recent fall in the uptake of childhood immunisation in Ealing should be explored and improvement plans agreed with local stakeholders*. Since 2013, NHS England commissions local childhood immunisations. However, effective local delivery of immunisation

requires partnership working across a number of different organisations. These include local commissioners (Ealing CCG - role in quality improvement; Ealing council - commissioners of Healthy Child Programme - encouraging parents to immunise), and providers (local GP practices – main delivery vehicle, maternity trusts – BCG vaccination, Central and North West London NHS Trust – catch up BCG vaccine, Central London Community Healthcare NHS Trust- immunisation in schools programme). *All stakeholders should ensure that promoting childhood immunisations is a priority*.

7. **A&E attendances in under 5s**: *The A&E attendance rates for children under 5 in Ealing should be monitored, and further analysis conducted to explore the impact of the paediatric service reconfiguration on paediatric hospital utilisation. Commissioners of early years services, such as the 'Early Start' programme, should utilise the opportunity to promote preventative messages (e.g. around accident prevention, breast-feeding, immunisation and parental smoking cessation) and how/where to manage minor childhood illnesses*. *Ealing CCG and primary care should ensure that primary and acute hospital services work effectively together, with ambulance and other urgent services to provide effective accessible unscheduled care. Pilots such as 'Connecting Care for Children' in Acton, and the Paediatric Rapid Access Clinic should be evaluated.*

8. **School readiness:** Ealing is performing well in the percentage of children with 'good development' in the Early Years Foundation Stage Profile, although inequalities remain. Due to the importance of this measure for future health, social and educational outcomes, and the strong evidence base around early intervention, *commissioners should sustain the current focus on promoting an optimal early years environment for all Ealing children, with targeted support to those most at risk.* Future opportunities include the implementation of an integrated health and education review at aged 2 years, identifying developmental issues at an earlier stage. *Commissioners should consider how they will be able to provide the necessary services to enable earlier intervention at this 2 year stage to improve outcomes*.

9. **Sexual health:** Young people are a risk group for poor sexual health. Improving sexual health and wellbeing amongst young people should continue to be a priority.

10. **Looked after children and other vulnerable groups (such as young offenders):** Preventing children becoming looked after, in addition to promoting the health and wellbeing of children in care, is a local priority. *Stakeholders should continue to prioritise ongoing work in this area, including the 'Brighter Futures' programme, as well as awareness-raising amongst the wider workforce (e.g. GPs) to recognise the health and wellbeing needs of vulnerable children and young people.*

11. **Child Sexual Exploitation**: Tackling CSE is a key national and local priority. *Stakeholders should support the recommendations of key local strategies, including the 'Strategy to Tackle Child Sexual Exploitation in Ealing' (2014-17), and related 'Violence Against Women and Girls' Strategy.* These include the need to take a multi-agency approach to identify CSE, respond to victims and hold offenders to account.

12. **Young carers**: Under the Care Act 2014 and the Children and Families Act 2014, local authorities have a duty to assess the needs of all identified young carers. Identification of these young carers requires partnership working across multiple agencies, including health (e.g. GPs, health visitors, school nurses), education and social care and requires local improvement. *Stakeholders should support the forthcoming Carers Strategy (2017), especially their role in identification of this cohort, and endorse the 'No Wrong Doors' protocol, a joint working agreement between Ealing Council, local substance misuse service and West London Mental Health Trust.*

13. **Special Educational Needs and Disabilities:** Supporting the health and wellbeing needs of children with special educational needs and disabilities within a multi-agency framework is an ongoing local priority. *Stakeholders should continue to support local work on this agenda, as well as improving young people's experience of transition to adult services.*

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Report author: Dr Vaishnavee Madden, Acting Consultant in Public Health