Children and Young People Joint Strategic Needs Assessment Ealing 2026

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Aim and methods

The purpose of this Children and Young People Joint Strategic Needs Assessment (JSNA) is to develop a clear understanding of the health, wellbeing, education and social care needs of children and young people living in the borough. It provides an overview of the key issues affecting them and the factors that influence these. This will support future planning and decision-making.

Our approach

Our approach brings together qualitative and quantitative data, service mapping, stakeholder views, and evidence from research.

In scope

- population-level health data
- social care data, including safeguarding needs

Out of scope

- individual service-level data

Profile of children and young people in the borough

- Ealing is London's third most populous borough, after Croydon and Barnet. Around 23% of people living in the borough are under 19. This is similar to both the England and London average[1]
- This represents 88,200 children and young people under 19 in 2025[2]
- Population forecasts show that both the overall population and the 0 to 19 population will increase over the next 10 years. The largest rises are expected in the 0 to 4 age group and among young adults aged 20 to 24

Table 1: Resident population by age in 2025, and projected population over next 5 and 10 years[2]

	Total population (all age)	0-19	0-4	5-9	10-14	15-19	20-24
2025	380,600	88,200	20,700	21,000	22,500	24,100	25,900
2030	402,200 (+5.7%)	87,100 (-1.2%)	22,100 (+6.8%)	20,100 (-4.3%)	21,300 (-5.3%)	23,600 (-2.1%)	29,000 (+12.0%)
2035	437,100 (+14.8%)	91,000 (+3.2%)	24,500 (+18.4%)	22,100 (+5.2%)	21,200 (-5.8%)	23,300 (-3.3%)	30,600 (+18.1%)

1. ONS MYE 2024
2. GLA 2022 - based housing-led population projections, 2024 (Note: percentage change is with respect to 2025 figures)

Children and young people within the borough are ethnically diverse.

In 2025, **87% of pupils** attending state funded schools were from minority ethnic backgrounds. This compares with **40% nationally** and **78% in London**[1].

The largest ethnic groups are **Asian (31%), White (27%), Black (13%), and Mixed ethnic backgrounds (10%)**. A further **18%** of pupils are recorded as having another ethnic heritage[2].

Many children live in households where **English is not the first language**. In 2025, this applied to 59% of pupils in state-funded schools in the borough. This compares with 28% in England and 78% in London.

After English, the most common languages – spoken by more than 2,000 pupils each – are **Arabic (8%), Panjabi (8%), Polish (6%), Somali (4%) and Urdu (4%)**.

1. Gov.uk: Academic Year 2024/25. Schools, pupils and their characteristics. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2024-25
2. Ealing Schools Research and Statistics Team: Summary of Contextual Data Report, Ealing Spring School Census, Jan 2025
3. School Census Jan 2025

Building blocks of health

Child poverty

National data from the Department for Work and Pensions (DWP) shows that absolute child poverty has risen since 2021, mainly due to sharp increases in food prices, energy costs and rents[1]. Research from the Joseph Rowntree Foundation also highlights a steep rise in debt, arrears, and the use of food aid among families with children[2].

The definition of relative poverty is consistent across the UK, but rates are higher in London due to the high cost of living, particularly housing[3]. In the borough, relative child poverty was 17% in 2023/24. This has increased from 12% in 2014/15[4].

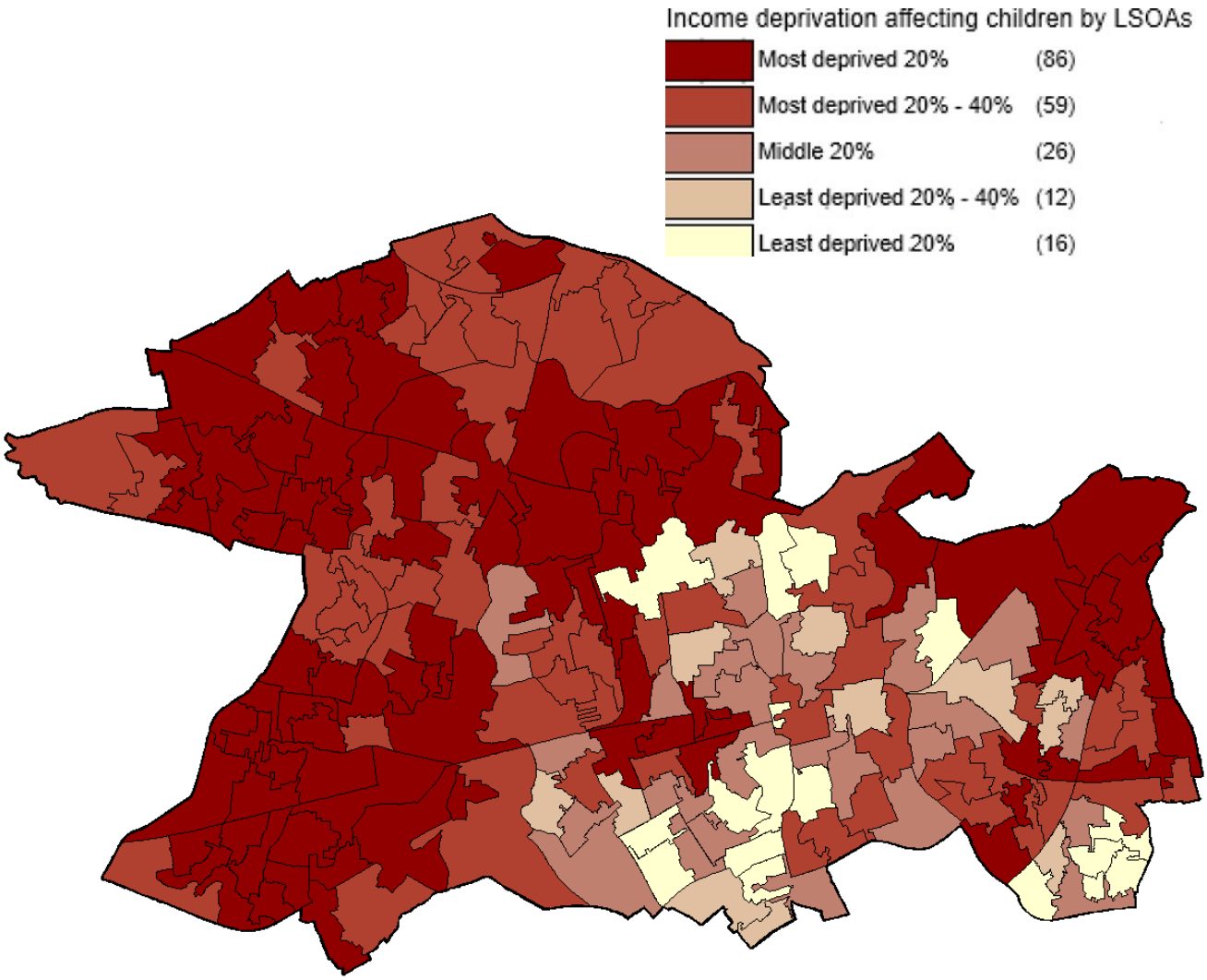
Data from Trust for London shows that housing costs almost double child poverty rates in most London boroughs. In 2023/24, 35% of children in the borough were living in poverty after housing costs were taken into account[5].

Relative poverty: This means a household has an income below 60% of the median income for that year.

Absolute poverty: this uses a fixed benchmark based on 60% of the median income in a chosen base year. It shows whether living standards are improving over time.

1. Department for Work and Pensions (2024). Households Below Average Income: FYE 2023. https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2023
2. Joseph Rowntree Foundation (2022). Hunger in the UK. https://www.jrf.org.uk/report/hunger-uk
3. Department for Work and Pensions (2024). Households Below Average Income: An analysis of the income distribution FYE 2023. London: DWP
4. Department for Work and Pensions (2025). Children in Low Income Families: Local Area Statistics – Financial Year Ending 2015 to 2024. London: DWP. https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2024
5. Trust for London (2024). Child poverty after housing costs, London boroughs. London: Trust for London.https://trustforlondon.org.uk/data/child-poverty-after-housing-costs/

Figure 1: Income Deprivation Affecting Children Index (IDACI), Ealing LSOAs, 2025



Child poverty is greatest in Southall, Northolt, Greenford, Perivale and Acton.

An A Lower Super Output Area (LSOA) is a small neighbourhood or group of streets of similar size so that it can be compared to other LSOAs. It helps us to see where places might need help or support.

1. Ealing Strategic Intelligence & Performance Team.
2. Crown copyright and database rights 2025 Ordnance Survey LA0100019807

Housing and homelessness

A good quality, secure and affordable home is a foundation every child needs.

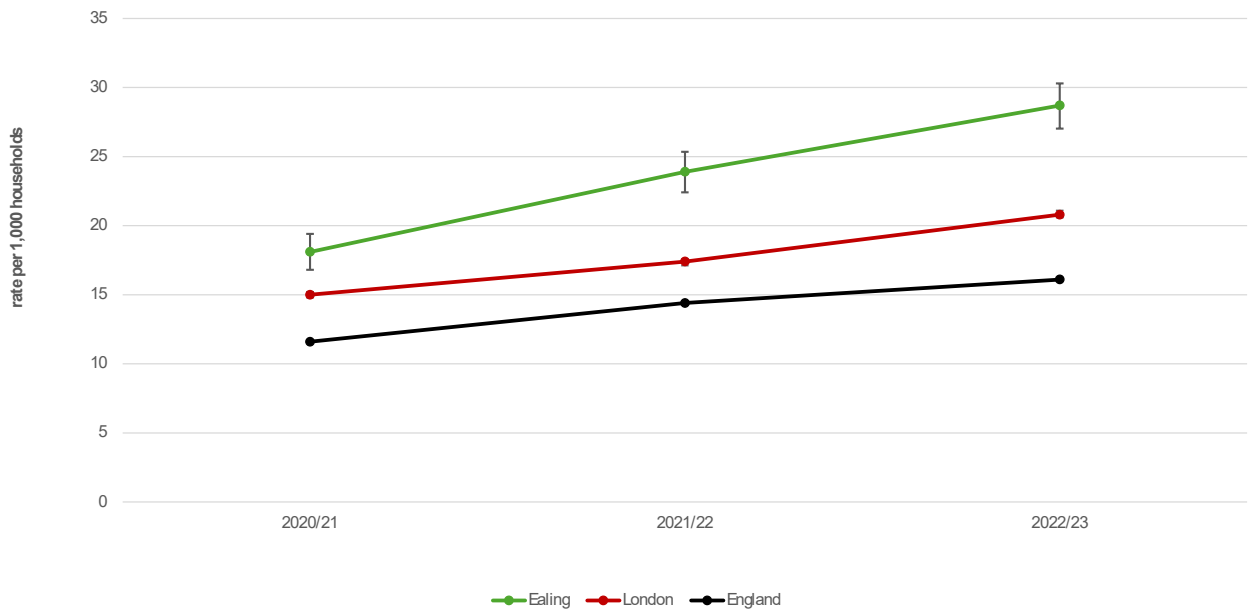
Since the 2001 census, the proportion of households renting privately in the borough has increased from 18.1% in 2001 to 34.0% in 2021.[1]

Families who spend a large share of their income on rent are more likely to experience poverty.[2]

Local families and frontline professionals, including health visitors, have highlighted concerns about the quality of homes in the private rented sector. Issues include overcrowding, cold, damp and mould.

These conditions are linked to health problems such as asthma and can also affect mental health and wellbeing.

Figure 2: Homelessness - households with dependent children (rate per 1,000 households)



The borough has a much higher rate of statutory homelessness[1] for households with dependent children than both London and England. This relates to families owed a duty under the Homelessness Reduction Act. Rates have continued to rise in recent years. Children in temporary accommodation face significant barriers to development, affecting health, social and educational outcomes.

1. 1. ONS, National Census 2021 – NOMIS: Nomis - Official Census and Labour Market Statistics
2. Poverty in the UK Statistics: https://researchbriefings.files.parliament.uk/documents/SN07096/SN07096.pdf

Early years

Early years development

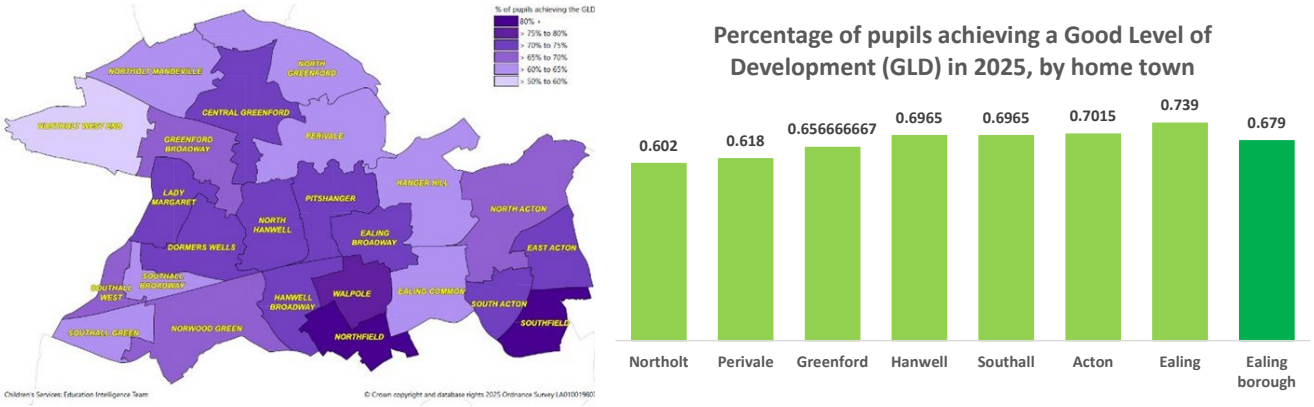
A child's earliest years (0 to 5) are critical for building strong foundations for lifelong health, learning and wellbeing. Making sure that children are school ready and achieve a good level of development in the Early Years Foundation Stage is a major national and local priority.[1]

The 'good level of development' measure is taken at the end of the first year of primary school. It combines 7 areas of child development, including social and emotional development, communication and language, literacy, and physical development.

The methodology for calculating a 'good level of development' changed in 2021/22 so it is hard to monitor long-term trends, but there has been no significant change over the past 4 years. In 2024/25, 67.8% of children in the borough achieved a 'good level of development'. This is slightly below the London average of 70.7%[2].

School readiness varies across the borough. It is linked to deprivation, local area, and ethnicity. For example, 60% of children in Northolt were school ready compared to 74% in the Ealing town area.[3]

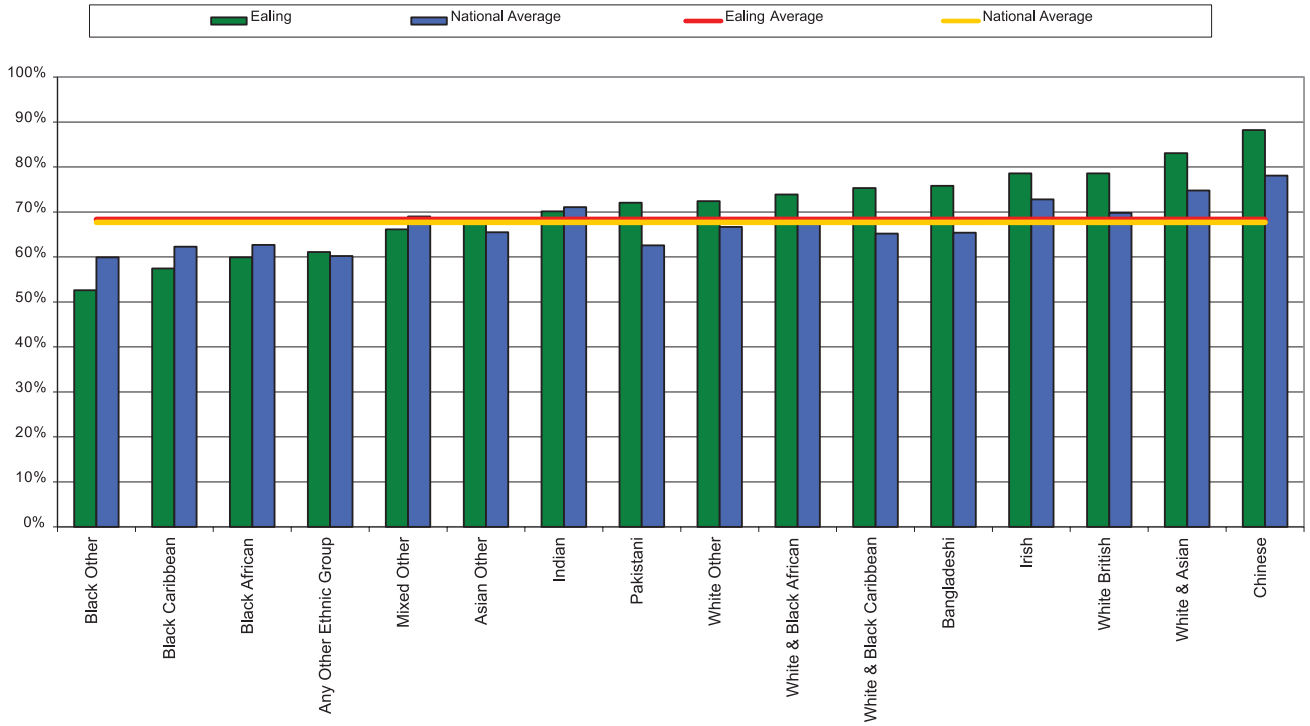
Figure 3: Proportion of pupils achieving a Good Level of Development (GLD) in the Early Years Foundation stage profile by ward, 2025



1. Department for Education (2014) Early Years Foundation Stage Framework
2. Child and Maternal Health Profile - OHID, 2025
3. Ealing Schools Performance and Data Team

- there are clear ethnic inequalities in school readiness in the borough
- black children and those recorded in the 'other ethnic group' category have much lower school readiness scores (around 50% to 60%) than White British and White/ Asian children (around 80%)[1]
- these differences are likely to reflect wider structural disadvantages experienced by some communities. Contributing factors may include higher levels of poverty, barriers to accessing childcare and early years services, lower take-up of preventative support, and issues related to trust, language, or navigating local services

Figure 5: Percentage of pupils achieving a good level of development by ethnicity, 2024



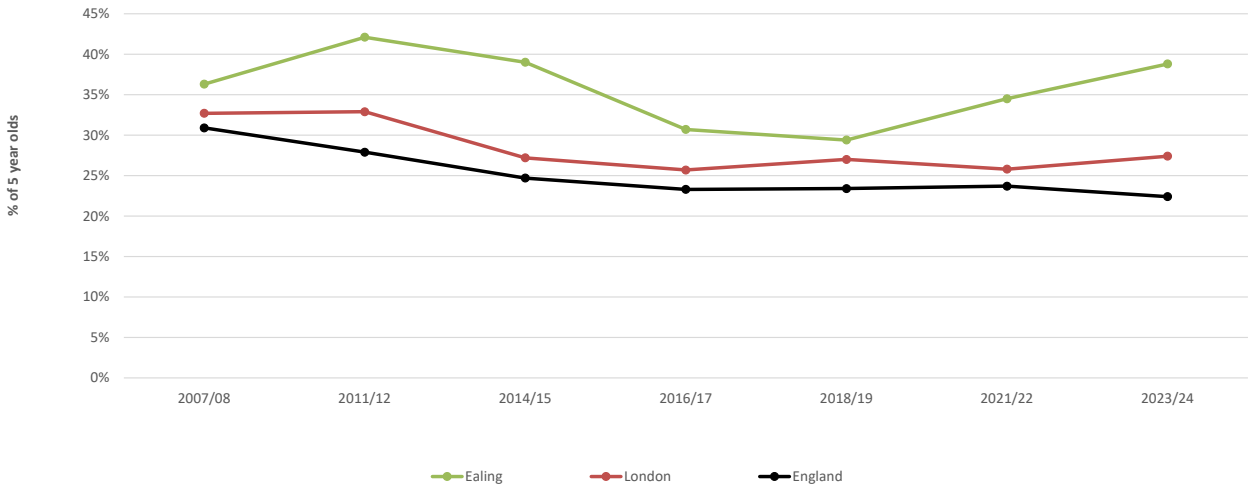
NB. Groups with less than 10 pupils are not shown on the graph

1. Ealing Schools Performance and Data Team, Ethnic Group Attainment Report 2024 and DfE Final Attainment Data 2024

Good physical health in early years

- **immunisations:** for most childhood immunisations in 2023/24, the coverage within the borough was less than the recommended 90% population coverage level, and less than national figure, however, it was still significantly higher than London average. There have been cases and outbreaks of measles in the borough and London over the past 5 years, alongside risks of other vaccine-preventable diseases such as whooping cough.[1]
- **oral health:** Tooth decay is a preventable disease. Children in the borough have much higher rates of tooth decay than children in other London boroughs. The reasons for this are not known, but they may be linked to the make-up of the local population, including beliefs and habits around sugary drinks.[2]
- the borough also has a significantly higher hospital admission rate for dental caries (356 per 100,000 children aged 0-5 years, compared to London average of 291 per 100 000 and England average of 207 per 100 000) in 2021/22-23/24.[3]

Figure 6: Percentage of 5-year-olds with experience of visually obvious dental decay over time

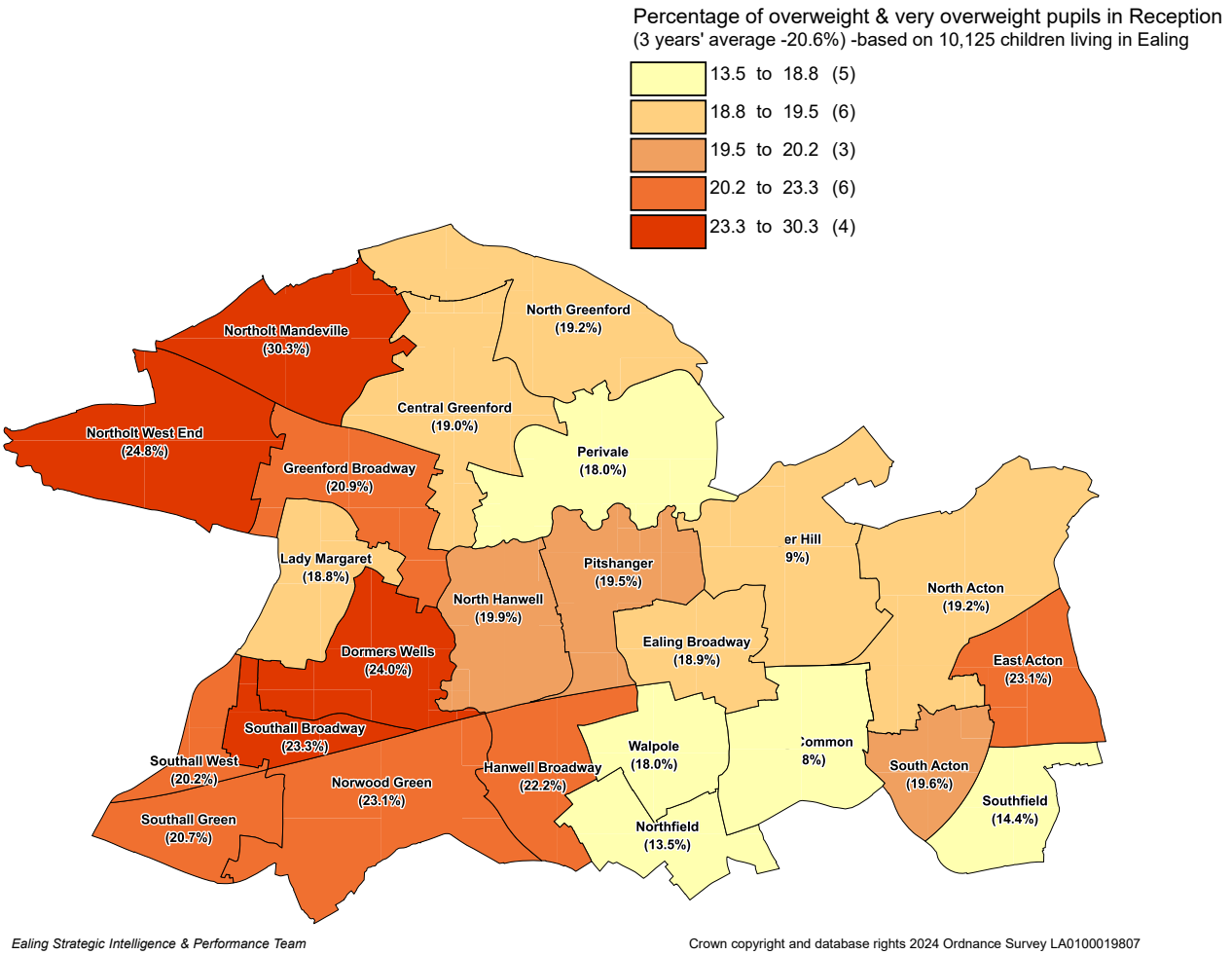


1. Child and Maternal Health Profile, OHID 2025
2. OHID, National Dental Epidemiology Programme – Child and Maternal Health Profile, 2025
3. OHID, based on NHS England and ONS data - Child and Maternal Health Profile, 2025

Child obesity: This is measured as part of the National Child Measurement Programme (NCMP) in the first year of school ('reception') and in year 6. The rate for the borough has been broadly stable over time. In 2023/24, 20% of 4–5-year-olds were overweight or obese, similar to the London average. There is significant variation of child obesity by deprivation, ethnicity and place, with rates highest in Northolt and Southall[1]

A&E attendances in children under 5: The borough has significantly higher rates compared to London and England.[2] The reasons for attendance are often preventable, such as accidental injury or due to minor medical illnesses, which could have been managed by general practice

Figure 7: Overweight and very overweight pupils in reception year – NCMP survey 3 years' pooled data, 2021/22 to 2023/24



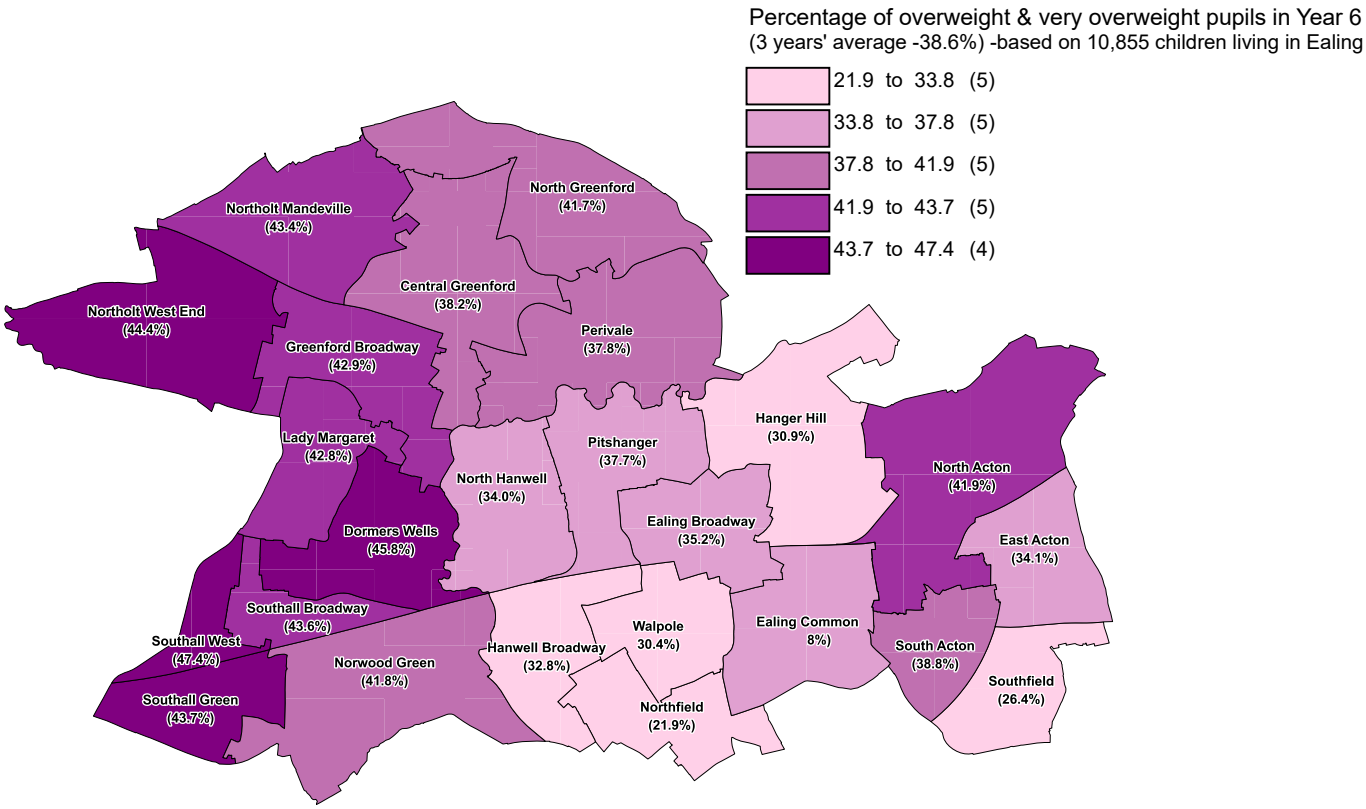
1. NCMP and Child and Maternal Health Profile, Obesity Profile, OHID, 2025
2. OHID, based on NHS England and ONS – Child and Maternal Health Profile, OHID, 2025

School aged and youth health issues

Child obesity

- **the prevalence of children being overweight or obese increases throughout primary school.** 1 in 5 children in reception class (aged 4/5 years) are overweight/ obese (20%), which rises to 1 in 3 (39%) by year 6 (aged 10/11 years) from 3 years pooled (2021/22-2023/24) NCMP data[1]
- child obesity rates in year 6 have remained similar over many years[1]
- there are socio-economic and ethnic inequalities in child overweight/obesity 44% of Black children compared to the 33% of White children (2021-2024)[1]
- like most health outcomes, obesity is caused by a complex interplay of factors. However, the reality is that many families do not have access to the things children need to be healthy. This includes neighbourhoods that provide affordable, healthy food options. While there are a lot of parks and green spaces in the borough, there are likely to be some barriers for some children to use these to run, explore and play. This is compounded by poverty and the lower cost of less nutritious, calorie dense, ultra-processed food, as well more recent trends involving increasing screen time

Figure 8: Overweight and very overweight pupils in year 6 NCMP survey 3 years' pooled data, 2021/22 to 2023/24[3]



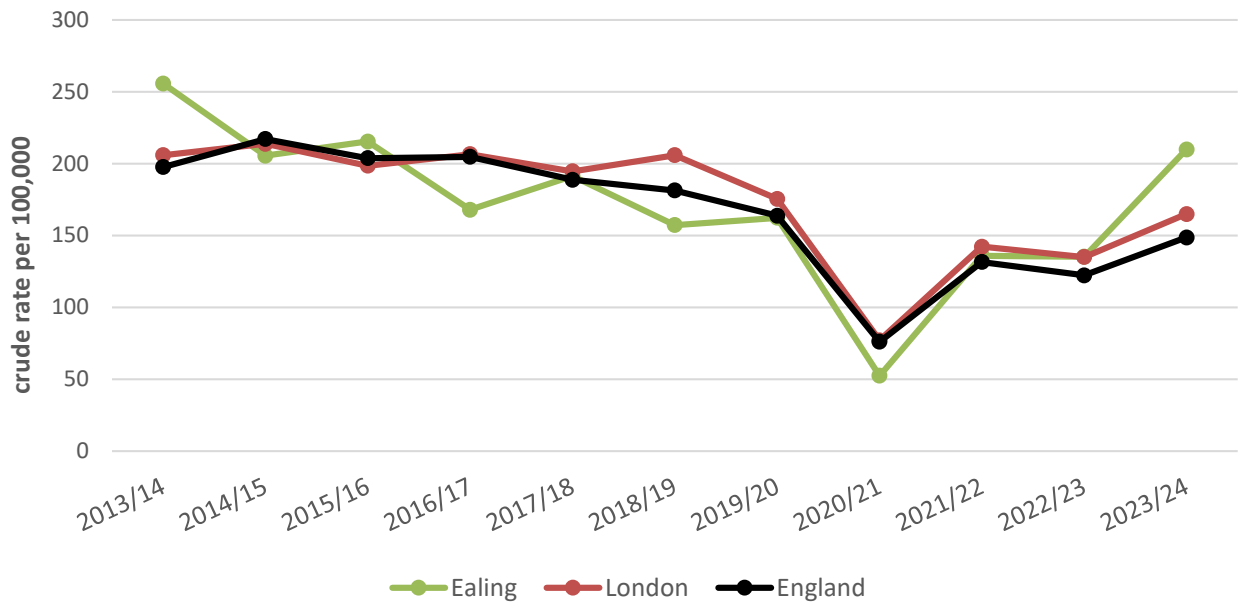
Ealing Strategic Intelligence & Performance Team

1. NCMP and Child and Maternal Health Profile, Obesity Profile, OHID, 2025
2. Ealing Strategic Intelligence & Performance Team.
3. Ealing Strategic Intelligence & Performance Team.Crown copyright and database rights 2025 Ordnance Survey LA0100019807

Asthma

- asthma is the most common long-term condition among children and young people and is one of the top 10 reasons for emergency hospital admission in the UK[1]
- emergency hospital admissions and deaths are largely preventable with improved management and early intervention[2]
- asthma prevalence and hospital admissions are strongly associated with deprivation. Children and young people living in deprived areas are more likely to be exposed to higher levels of tobacco smoke and environmental pollution, which may contribute to this[3]
- while there has been a general decline in hospital admissions for child asthma in he , this has started to increase since the pandemic (2020/21)[4]

Figure 9: Hospital admissions for asthma (under 19)



- a public health deep dive report, using NHS data in 2024/25, highlighted some significant inequalities
- Black and Asian children have a higher prevalence of asthma, as recorded in general practice. However, Black children were less likely to have an annual review (a key component of effective preventative asthma management)

1. Asthma + Lung UK; NHS Digital, Hospital Episode Statistics
2. Royal College of Physicians (2014) Why asthma still kills: the National Review of Asthma Deaths (NRAD) Confidential Enquiry report. London: Royal College of Physicians
3. State of Child Health - the Royal College of Paediatrics and Child Health
4. OHID, based on NHS England and ONS - Child and Maternal Health Profile, 2025

Figure 10: Proportion with an asthma diagnosis, by ethnicity (age 6-17), 2023/2024[1]

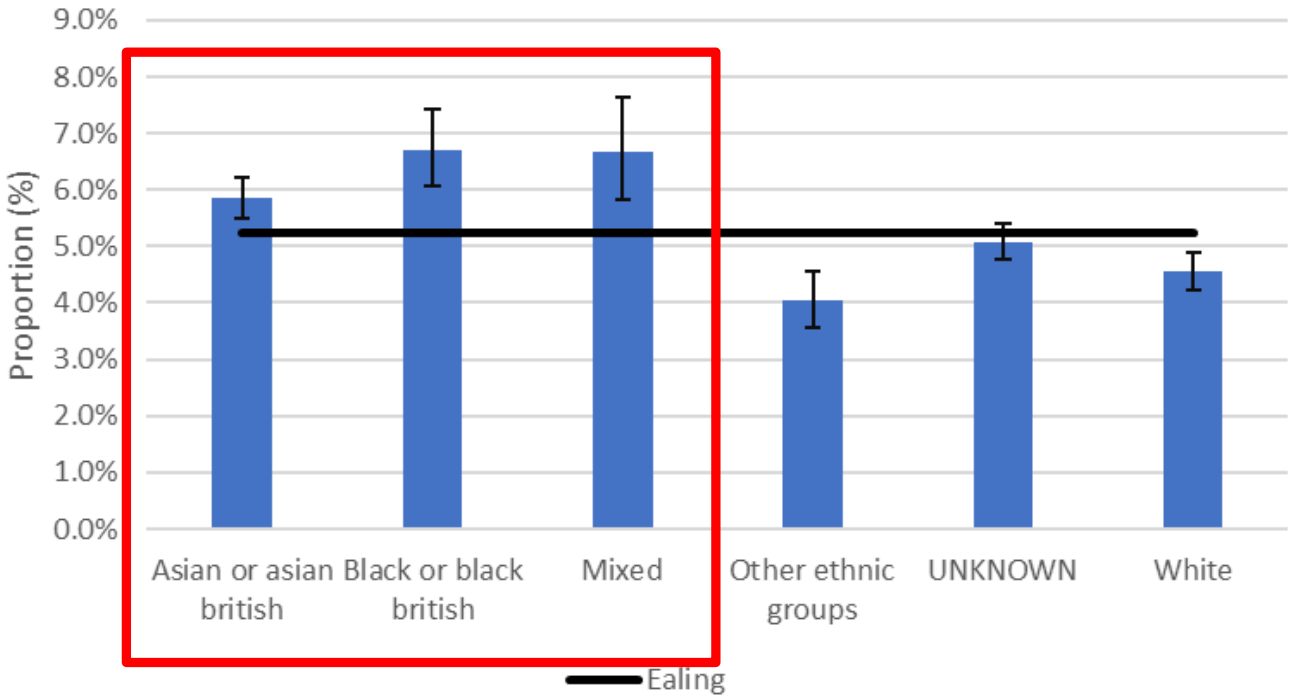
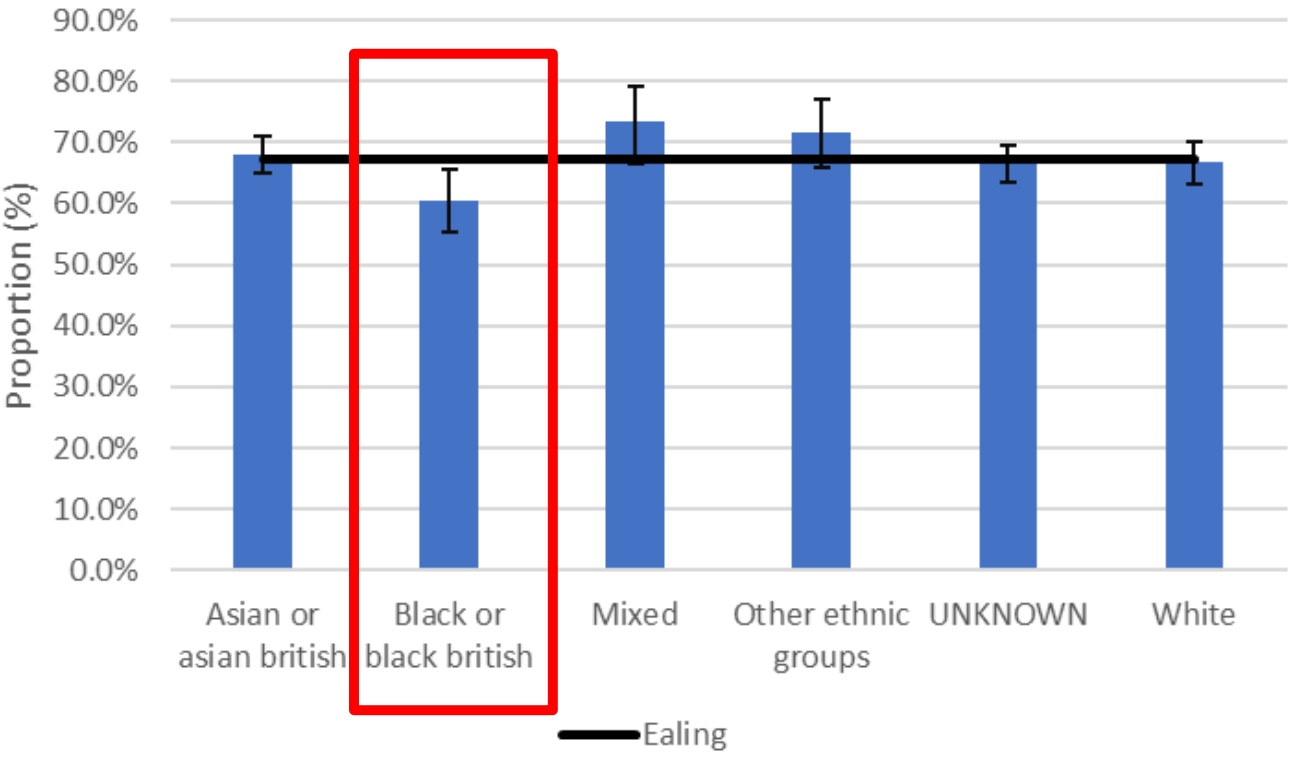


Figure 11: Proportion of asthma patients with an asthma review in the last 12 months, by ethnicity (age 6-17), 2023/2024[2]

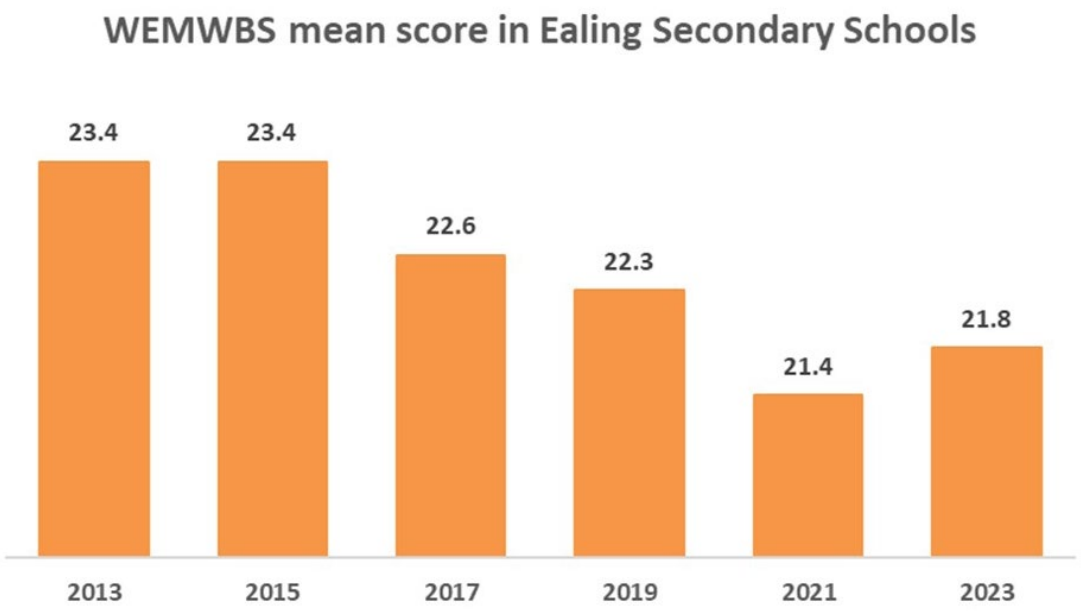


1. Source: NWL ICB NHS data, Jan 2025
2. Source: NWL ICB NHS data, Jan 2025

Mental health

- there is much debate about children's mental health
- mental wellbeing is a broad concept. It is about feeling good and functioning well. This can be measured. There is survey data using the Warwick Edinburgh Wellbeing Scale (short version, SWEMWBS), about prevalence in the borough's schools every 2 years
- this shows a **broad decline in mental wellbeing over the past decade** (2013-21), but an increase in the last survey year, 2023

Figure 12: WEMWBS mean score in Ealing Secondary Schools[1]



Some of the contributing factors for the poor mental wellbeing may be captured by other survey questions (see box below).

Of 7,023 primary school pupils (in years 4 and 6):

45% of pupils reported that they worried about SATS, 36% are worried about moving to secondary school, whilst 33% of year 6 pupils worried about knife crime -

- 28% reported that they felt afraid to go to school because of bullying
- 19% had been bullied in past 12 months
- 33% said there had been violence at home in the last month.
- of 3,817 secondary school pupils (in years 8 and 10):
- 75% reported they worried about at least one problem 'quite a lot' or 'a lot'

1. Source: Health Related Behaviour Survey (HRBS)

Top worries included:

The future, exams and tests, their looks, problems with family and friends, schoolwork problems, mental health problems

- 22% reported a fear of going to school because of bullying
- 61% said if they were worried about something they knew an adult they trusted to talk to about this
- 23% had hurtful comments or pictures posted about them online
- 11% had been a victim of violence or aggression in the past 12 months

- the Mental Health of Children and Young People in England (MHCYP) national survey suggests that 1 in 5 children and young people in England meet the threshold for a 'diagnosable' mental health disorder (Natcen, 2023)[1]. The rates are higher for girls than boys. This figure has risen considerably since a national survey in 2004 suggested that 1 in 10 children had a probable mental health disorder (ONS)
- there are **many potential causes of this decline in youth mental health, including socio-economic factors, school and parenting factors, but a much debated one is the impact of smartphones/social media**
- **smart phones/social media** use has risen dramatically since 2010s. There is now evidence to suggest that there is an association between smartphones and screentime with poorer health, educational and social (including safeguarding) outcomes[2]
- data on smartphone ownership in primary schools in the borough is captured in the Health Related Behaviour Survey which is run every 2 years.[3] A Masters students' health policy report in 2025 highlighted the following:
  - in 2023, across year 4, there was a 3.7-fold variation in smartphone ownership between the lowest and highest prevalence schools in the borough (16.7% and 61.9%). Across year 6, there was a 2.4 fold variation (32.5% to 78%)
  - for both year 4 and 6, smartphone ownership proportions have increased from 2019 to 2023
  - smartphone ownership is higher amongst males, those eligible for free school meals and those who identify as Black or Black British (year 4)

1. NatCen – Children and Young People's Mental Health in 2023
2. Hartwell: Smartphones, social media, and teenage mental health – PubMed
3. Ealing Health Related Behaviour Survey

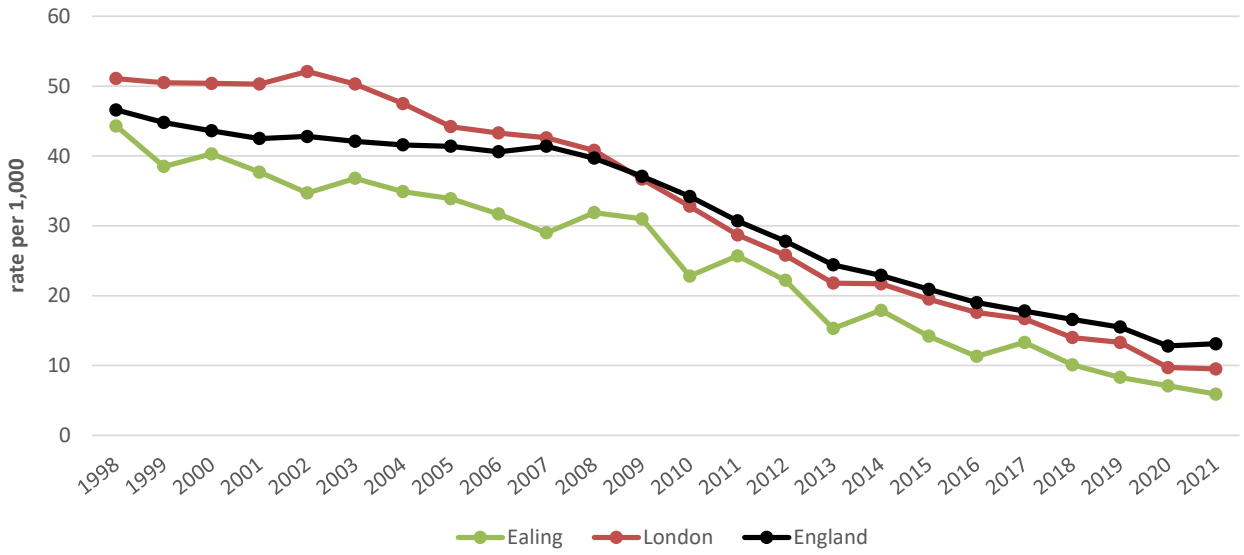
- poor mental health is associated with a number of other risk-taking behaviour, including **vaping**. In 2023, 10% of secondary school pupils in the borough said they had vaped at least once[1]
- the Ealing Smokefree Service carried out assembly sessions on vaping in 2024 in 3 local secondary schools with a total of 1,500 pupils aged 13-18 years of age[1]
- the key theme that emerged from these sessions was that vaping was seen by children as a tool to help them manage their mental health, including stress, and anxiety[1]
- **self-harm** happens more often in teenagers than in other age groups, but it is still quite rare. It is also a very private thing, so many people do not tell others about it. Because of this, there is not much information available about it nationally or locally[2]
- however, a national survey in England (Adult Psychiatric Morbidity Survey 2023/24) found that some young people aged 16-24 said they had hurt themselves at some point in their lives. About 32 out of every 100 young women and 15 out of every 100 young men said they had done this[3]

1. Ealing Council Public Health Annual Report 2025: A generation at risk: vaping and young people - Public Health Annual Report 2025
2. Ealing Health Related Behaviour Survey
3. Adult Psychiatric Morbidity Survey 2023/24

Sexual health

- the number of conceptions among under 18s in the borough decreased over the period 1998-2021, following the national trend
- the teenage pregnancy rate in the borough was lower than the national and London average during this time. However, specific parts of the borough do have teenage pregnancy rates higher than the London average, such as Northolt Mandeville, Hobbayne and East Acton wards
- the borough also has a low uptake of the HPV vaccine (12–13-year-olds) of 41.1%, which is significantly lower than the London average of 61.6% and England average of 72.9%

Figure 13: Under 18 conception rate (per 1000), 1998-2021[1]

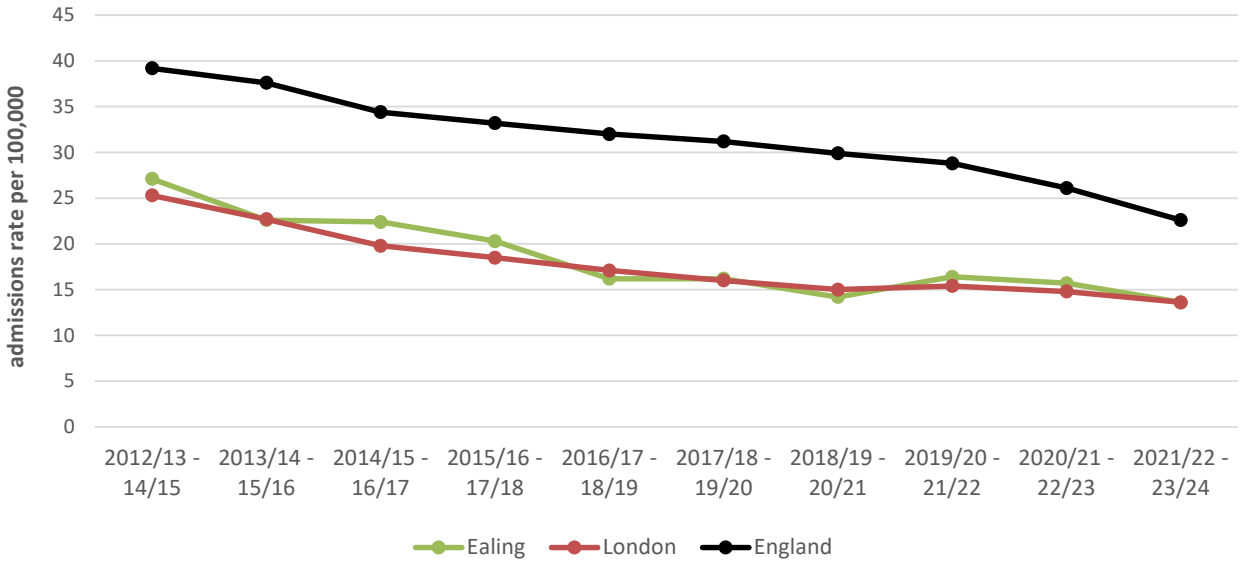


1. Source: OHID, based on ONS data – Child and Maternal Health Profile, 2024

Drugs and alcohol

- it is difficult to give accurate estimates of young people's drug use. According to the Smoking, Drinking and Drug Use survey in 2018, carried out by NatCen on behalf of NHS Digital, around 29% of 15-year-old girls and around 33% of 15-year-old boys were reported to be using illegal drugs. The most common drug to have been used was cannabis
- being drunk is a key indicator of alcohol misuse. In the Smoking, Drinking and Drug Use survey study 43% of 15-year-olds who admitted drinking reported being drunk in the last 4 weeks (NHS Digital, 2019). However, it is interesting to note that alcohol is not negatively related to deprivation for this age group
- however, the hospital admission rate for alcohol specific conditions has been declining locally and nationally

Figure 14: Hospital admission rate (per 100,000), due to alcohol specific conditions (under 18s)[1]



1. Source: OHID, based on NHS England and ONS – Child and Maternal Health Profile, 2025

Education

- there are many ways to measure educational attainment in school. One of the main measures is 'progress 8'; which measrues measures the progress pupils make from the end of key stage 2 to the end of key stage 4. It compares pupils' achievement across a range of subjects – their attainment 8 score – with the average attainment 8 score of all pupils nationally who had a similar starting point (or 'prior attainment') at the end of primary school
- pupils from disadvantaged backgrounds continue to do better in the borough's secondary schools than they do nationally

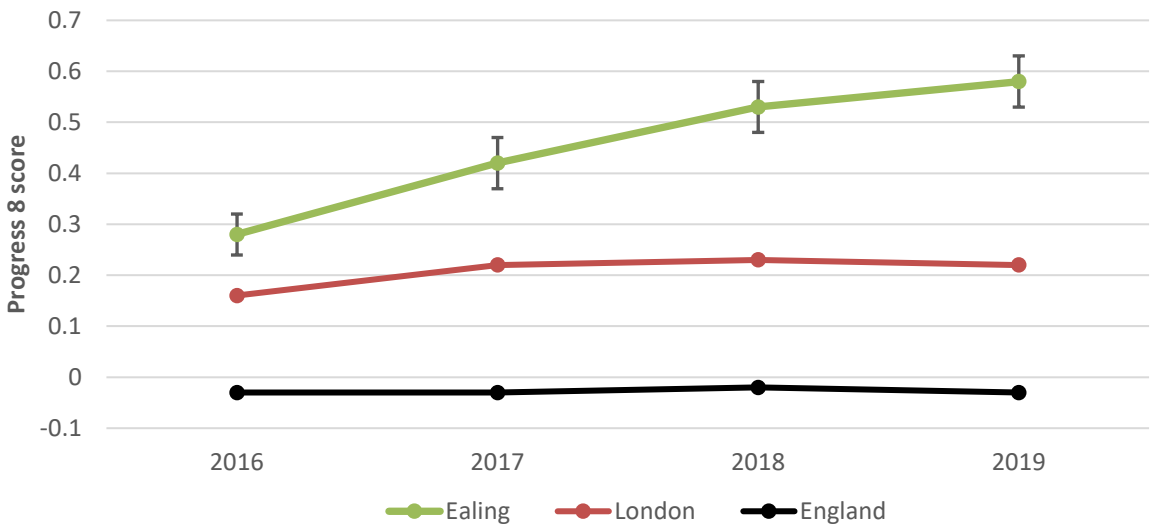
School attendance

- school attendance can have a significant impact on educational attainment and life chances. Persistent absenteeism is defined as missing 10% or more of school sessions and has increased considerably since the Covid-19 pandemic. Persistent absence is slightly lower in the borough's primary schools (14.7%) than across London (15.1%), but just over the national figure (13.5%). Persistent absence is higher in the borough's secondary schools (24.3%) than across London (22.3%), but the same as the national proportion (24.3%)

School exclusions

- school exclusion can have a detrimental effect on educational attainment, and young people excluded from school may experience poorer life chances. In 2023/24 there were 60 permanent exclusions in the borough was 0.11% of the school population, slightly higher than the London (0.07%) and national (0.13%) averages[1]

Figure 15: Progress 8 score 2016-2019[2]



1. Statistics: exclusions - GOV.UK
2. Source: DfE (2019), Key Stage 4 Performance Tables

Special Educational Needs and Disabilities (SEND)

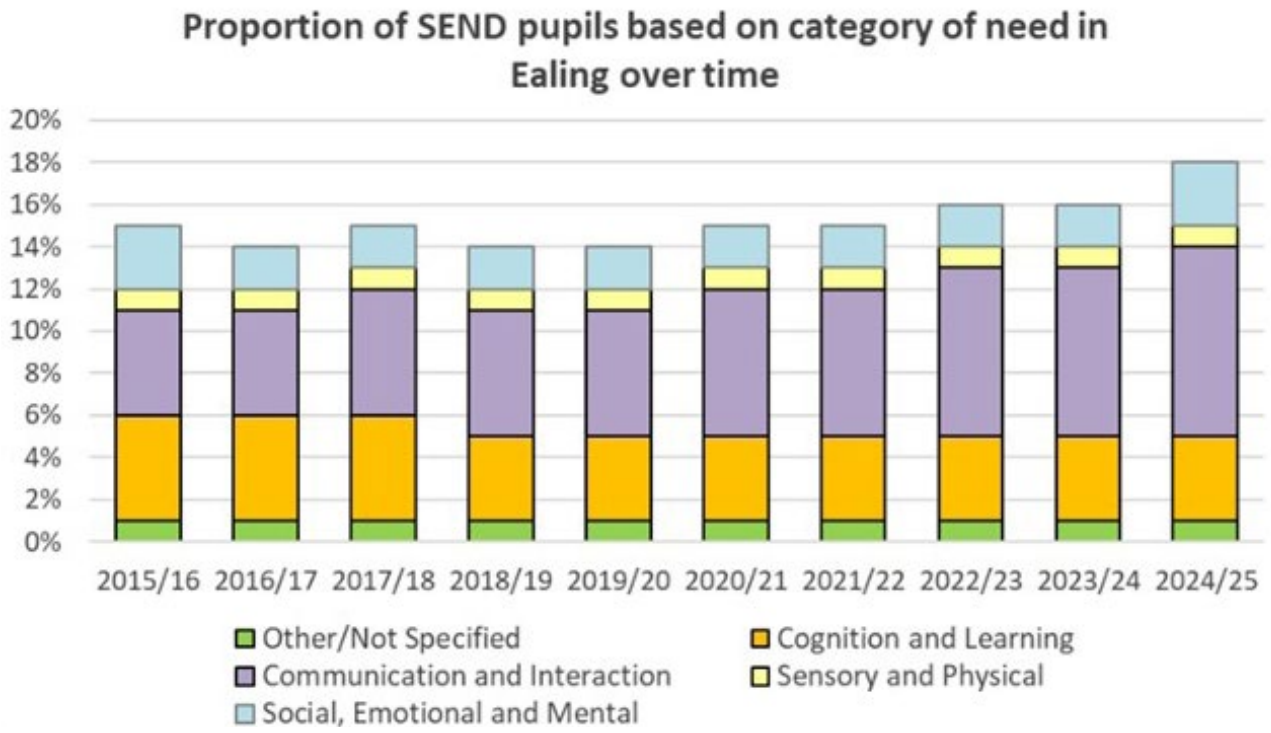
- children and young people with Special Educational Needs or Disabilities (SEND) represent a diverse group, with a wide range of needs. The Children and Families Act 2014 states that a child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her
- in 2025, there were 9,031 pupils with SEND, 17% of the pupil population. In this year, the proportion of pupils with an Education, Health and Care Plan (EHCP) was similar to the London average for primary (4.1%) and secondary (3.1%)
- in Ealing, fewer children need extra help at school compared to the rest of London. In Ealing, 12.4% of pupils get extra support from their school (called SEN Support), compared with 13.9% in London. 9.2% of pupils in Ealing have an EHCP, compared with 11.9% in London

School type	SEN	SEN provision		All pupils
		SEN support	EHCP	
High	2818	2114	702	22877
	12%	9%	3%	
Primary	4872	3733	1239	30224
	17%	12%	4%	
Special	1048	18	1030	1048
	100%	2%	98%	
All state funded pupils	9031	8026	3008	54711
	17%	11%	7%	

1. Source: Ealing Schools Performance and Data Team, 2025. Note: PRU - Pupil Referral Unit

- the number of children and young people requiring SEND support or an EHCP has significantly increased since before the introduction of the Children and Families act (2014)
- there has also been a significant increase in school absences, especially since the pandemic, which disproportionally effects SEND pupils
- figure shows the **increase, particularly in the communication and interaction category**
- outcomes and performance in schools for SEND pupils is better than the national average. This is the same for non-SEND pupils in the borough[1]

Figure 16: Proportion of SEND pupils based on category of need in Ealing over time[2]

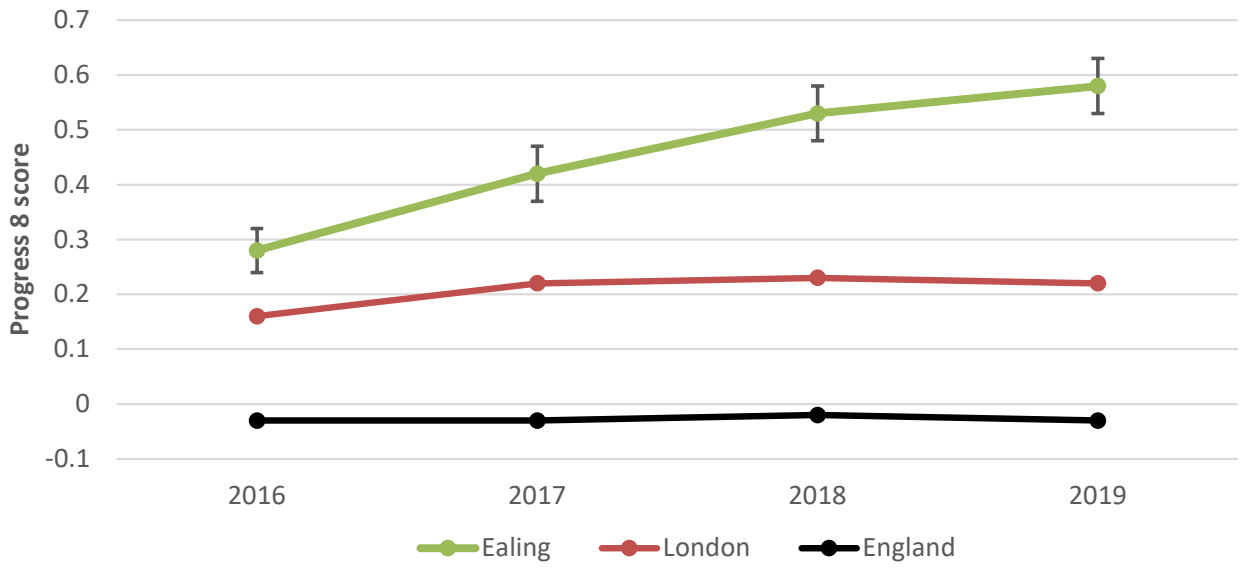


1. Ealing Schools Performance and Data Team, 2025
2. Source: Ealing Schools Performance and Data Team, 2025

Children in the safeguarding system

- national data from the Office for National Statistics (ONS), published in the report Childhood Vulnerability to Victimisation in England and Wales (2020), shows that many children in England and Wales grow up in households where serious challenges can affect their daily lives[1]
- the latest estimates from the ONS reveal that, between 2017 and 2019, around 20% of 10–15-year-old were living in a household where an adult had experienced domestic abuse, substance misuse or severe mental ill-health in the past year[1]
- in 2023/24 there were 4,299 referrals to Children Social Services in the borough, a rate of 529 per 10,000, which is similar to the London and England averages. Safeguarding referrals have increased slightly in the borough, as well as regionally and nationally over the past 10 years[2]
- the Child in Need rate has been broadly stable regionally, nationally and locally, except for a local increase during the Covid pandemic[2]
- the child protection rate has increased since the pandemic[3]
- emotional abuse and neglect are the most common categories[3]

Figure 17: Children subject to Child Protection plan



1. Office for National Statistics (2020) – Childhood vulnerability to victimisation in England and Wales
2. DfE (2024), Children in need data
3. Children in need, Reporting year 2024 - Explore education statistics - GOV.UK

- the borough's rate of Looked After Children under the care of the local authority has remained stable and remains much lower than the England and London averages. In March 2024, there were 301 Looked After Children in the borough. Black children are over-represented in this group, while Asian children are under-represented[1]
- of note, the educational outcomes of the borough's Looked After Children are significantly better than the London and England averages. In 2023/24, 30% of Looked After Children achieved grades 4 or above in English and maths GCSEs, compared with 20.4% in London and 18.1% nationally[2]

1. Children looked after in England including adoption: 2023 to 2024 - GOV.UK
2. DfE (2025), Looked after children data

Young carers and young people in the justice system

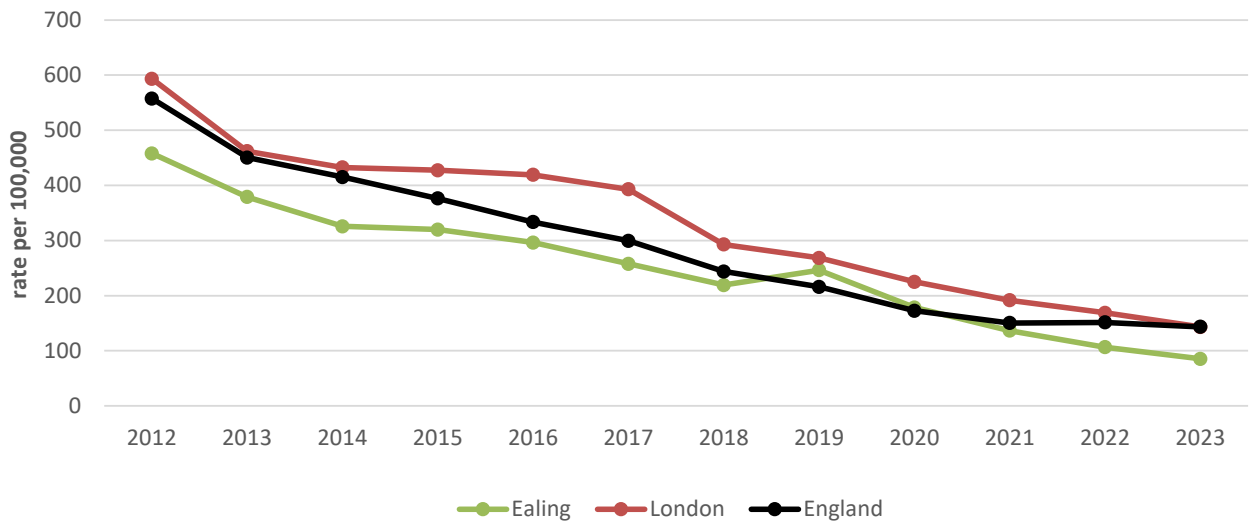
Young carers

- a young carer is someone aged under 18 who helps look after a relative, such as a parent or sibling, who has a disability, physical illness, mental health problem, or drug or alcohol problem
- according to the 2021 Census, there were 353 children in the borough under 15 years (0.7% of population in this age group) providing unpaid care in 2021, lower than the England average of 1.1%[1]
- for young carers aged 16-24 years, there were 1,584 young people in the borough (4.0% of the population in this age group), similar to London (4.1%) and the England average of 4.3%
- from Ealing's Health Related Behaviour Survey of 3817 secondary school pupils in 2023, 9% responded that they have to look after family members every week because there is no one else to look after them[2]

Youth justice

- there has been a national decline in the number and rate of first-time entrants to the youth justice system. This trend has also been observed in the borough. The latest recorded rate was significantly lower than that of London or England[3]
- meanwhile, the rate of serious youth violence was the highest in areas of Northolt, Hanwell and Ealing[4]

Figure 18: Rate of first time entrants to youth justice system, per 100,000 (10-17 years)



1. Nomis - Query Tool - RM113 - Provision of unpaid care by age
2. Health Related Behaviour Survey (HRBS)
3. OHID, based on Ministry of Justice and ONS - Child and Maternal Health Profile, 2024
4. Youth Offending Team; MYE 2022

Professionals' perspectives

Integrated Early Support in Ealing – Insights from those leading and delivering services to children, young people and families, January 2024. ISOS Partnership

- ISOS report overview:
  - includes insights from more than 100 professionals across children's services, health, schools and the Voluntary and Community Sector (VCS)
  - feedback highlighted that strong practice exists, but there's increasing demand and complexities with the system, which require a more coherent early support offer

Pressures

- growing demand linked to poverty, housing insecurity, post-COVID complexity
- workforce stretched with fragmented pathways, while high thresholds leave families below statutory support

What's working well

- strong early years joint working (Early Start)
- effective multi-agency forums; valued navigator roles; co-location builds relationships
- some good partnerships with VCS; stronger collaboration post-pandemic

Where the gaps Are

- no shared vision for 5 to 11s; inconsistent school engagement; childcare and housing not fully integrated
- variation in service roles; children's and families' voices not consistently shaping design

Challenges in partnership & access

- missed chances for shared problem-solving; smaller VCS feel undervalued
- unclear pathways; complex language; mental health support hard to navigate
- offers vary by neighbourhood; inconsistent "story of place"

Locality working

- seen as a strong direction: builds relationships, supports community-led responses
- should build on existing hubs and avoid over-complex redesign; support for "Team Around the School" models

Children and young people's perspectives

A study into enabling early child development in Ealing (ECDE)

This study reflects what 77 diverse parents/carers told researchers about raising young children (0-5) in the borough.

Key messages from parents/carers about what's important for early support:

- trust, respect and continuity in relationships with professionals and services
- local, accessible and community-based support, not only formal institutional services
- timely, flexible help, ideally before problems escalate, especially in early years
- cultural awareness and inclusivity, so that services reflect families' backgrounds and languages
- easy-to-find information and support to navigate the complex "system"
- integrated support that considers the whole family, not just the child, including basic needs such as housing

Young people's perspectives

The SUPPORT Study (2024-25)

Led by the London School of Hygiene & Tropical Medicine, this study focuses specifically on how "at-risk" young people aged 14–16 engage with community assets that support mental health.

Key messages from the study include:

- young people face multiple, overlapping risks from poverty, SEND needs, trauma, family breakdown to exclusion from education
- financial pressure is the biggest driver of stress, limiting opportunities and pushing some toward unsafe work
- there are few free, age-appropriate spaces for 14–16s; young people want creative, digital and social activities
- low awareness of existing provision due to fragmented information; stakeholders support a central activity directory
- barriers to skills, employment and careers, including unpaid/short placements; young people want paid internships and life-skills training
- major SEND inclusion gaps from limited activities, transport issues and employer barriers to ongoing stigma
- declining safety and community cohesion impacts wellbeing; parks and areas around youth centres feel unsafe
- social media is both supportive and harmful, increasing anxiety and comparison
- stigma, cultural taboos, toxic masculinity, and mistrust of statutory services prevent young people from reaching out for support
- practitioners call for co-designed, culturally sensitive, joined-up systems that better use community assets

National strategic direction

Best Start in Life programme (2025)

- building an integrated network of Best Start family hubs, (local centres where families with young children can access support such as parenting advice, early education, and health services) promoting home learning and boosting parental support, so more children are ready for school
  - spotting needs early and improving more joined up services
  - reducing inequalities through family focused support

Families First Partnership Programme (2025)

- giving families support earlier, before problems get worse
  - sharing decisions with families, so they feel listened to and involved
  - working with the wider family network, to help children stay safely with people they know

Fit for the Future: 10-Year Health Plan for England

- shifts care towards early intervention and prevention
  - strengthens local health systems, so they can act earlier and stop problems from getting worse
  - Expands community and neighbourhood health services, bringing care closer to where people live

What makes early intervention effective

Common themes from Evidence and Strategies

A coherent, joined-up system

- works as a single, integrated network rather than isolated services
- coordinated support enables families to navigate services easily

Early, preventative support

- help offered as soon as needs emerge
- reduces crises and supports healthy early development

Relationships at the centre

- trusted, consistent professionals who listen and stay alongside families
- continuity improves engagement, confidence and outcomes

Inclusive and culturally responsive

- designed around families' lived experiences, languages and cultures
- makes sure that services are accessible and meaningful to all communities

Rooted in local places

- builds on neighbourhood strengths and existing community assets
- support delivered where families live, through the relationships they already have

Evidence-led practice

- uses approaches proven to benefit children's health, learning and wellbeing
- makes sure quality, effectiveness and accountability across the system

Universal and core services for children and families

Pregnancy and birth

- maternity services across multiple NHS Trusts (Imperial College Healthcare NHS Trust, London North West Healthcare NHS Foundation Trust, Hillingdon Hospitals NHS Foundation Trust, Chelsea and Westminster NHS Foundation Trust) for antenatal, birth, postnatal, neonatal care

Early Years (0–5)

- Early Start Ealing: health visiting, Family Nurse Partnership, outreach and early years support
- children's centre network: early education, childcare, parenting support, health services
- Early Years quality, funding and Family Information Service
- oral health promotion in early years and schools

School-Age (5–18)

- school nursing (HCP 5–18): health assessments, National Child Measurement Programme, long-term condition support, safeguarding
- Healthy Schools Programme and school-based immunisation

Young people (13–19/24)

- Youth and Connexions: youth centres, group work, personal and social development

Health services for all ages

- integrated sexual health (including young people's outreach and ChatHealth)
- urgent care centres, paediatric A&E, inpatient/outpatient specialist clinics.
- Family Information Service (support and signposting)
- GP surgeries (78), Dentists (66)

Targeted, specialist and statutory support

Special Educational Needs and Disabilities (SEND)

- **Ealing Service for Children with Additional Needs (ESCAN):** multi-agency assessment, therapy and SEND coordination
- short breaks for children with disabilities

Mental health (0–25)

- **CAMHS:** community, specialist and inpatient mental health services
- emotional wellbeing/counselling in schools
- specialist **perinatal mental health** support

Promoting healthy behaviours

- Active Living fun Food In Ealing (ALFIE): family weight management (5–13)
- EASY Project: substance misuse support with strong outreach and Youth Justice System (YJS) pathways
- Stop smoking

Safeguarding & Family Help

- **Ealing Children's Integrated Response Service (ECIRS):** single point of entry for referrals
- **SAFE & SAFE Evolve:** multi-agency family help, MH assessment, behaviour support, parenting programmes
- Early Primary Care (EPC) Team & Clinical Psychology in Schools Service (CLiPS): school-based inclusion and therapeutic support
- statutory children's services
- child exploitation service and youth justice service

Other targeted support

- domestic violence services; Yuva behaviour-change support
- Young Carers Project (clubs, trips, 1:1, school support)
- parenting programmes (e.g. Triple P, Incredible Years)
- SHL online sexual health for adults (18+)

Strategic recommendations

- there are persistent inequalities in child health, education, and wellbeing outcomes in the borough
- families, especially those facing the greatest challenges, do not always receive joined-up support. This can lead to duplication, gaps in services and missed opportunities to help
- the following recommendations aim to build a more integrated approach that gives families better support, improves outcomes and reduces inequalities

Strategic alignment – to support system integration and improved experience and outcomes for families

- articulate a clear vision for improving outcomes for children in Ealing, and how different agencies can contribute to that vision
- consider how our current and future strategies and plans align more closely to how families experience the world. A life course approach is one way of doing this
- develop shared goals and measurable outcomes through a shared outcomes framework, with a strong focus on inequalities
- intentionally nurture trusting relationships across all system partners at all levels

Placed based/neighbourhood approaches

- develop place-based neighbourhood models – via hubs, networks and multidisciplinary teams
- join up thinking around NHS neighbourhood hubs (and child health hub multidisciplinary teams), Family First pilots, Best Start Mission around Family Hubs/ Networks and Ealing Council's vision of a placed based model as part of Connected Communities

Take root causes seriously

Prioritise race equity, by:

- working closely with trusted community organisations
- use co-production as a routine way of working with the communities who are most underserved and have the poorest outcomes
- provide training in cultural competency and relational ways of working, and embed these skills across the workforce

Strengthen work to reduce poverty and housing insecurity by:

- piloting an early help team within housing services
- working across services to support families in temporary accommodation
- creating more opportunities for families to increase their income

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