0-19s SUMMARY NEEDS ASSESSMENT

Croydon Public Health Department

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Contents

Executive Summary

In 2017 and 2018, the Youth Congress has provided an important opportunity to hear the aspirations, challenges and priorities voiced by young people in Croydon, allowing them to shape the future of their borough. They self-identified three priority areas for Children and Young People (CYP) in Croydon; 1) Jobs, money and being successful, 2) Crime and safety, and 3) Mental health support.

As a result of the Youth Congress, Children's health and wellbeing was identified as a priority across the borough through the Local Strategic Partnership (LSP). The LSP is developing a Youth Plan bringing together the CYP priorities from the Health and Wellbeing Board (HWBB), the Safer Croydon Partnership and Future Place Board. The Youth Plan will be overseen by Croydon's refreshed Children and Families Partnership.
Croydon's draft Health and Wellbeing Strategy (1) for 2018 to 2023 sets out 8 priority areas, one of which is that children should have:

"A better start in life, ensuring that children and young people are provided with the best physical and emotional environment for growing up in. With emphasis on:

1) the First 1000 days,
2) Mental Health, and
3) Healthy Weight."

An Ofsted inspection in 2017 found aspects of Croydon's children's social care provision and delivery to be inadequate; further highlighting the need to prioritise children (2). The Children's Services Improvement Board has co-ordinated this work, leading to the development of a Partnership Early Help Strategy in 2018, and a more positive recent inspection, which found significant positive changes in support for vulnerable adolescents. Work to improve outcomes for CYP is an ongoing process, and better understanding the needs of Croydon's child and vulnerable child population is one part of the improvement journey.

There were approximately 102,940 people aged 0-19 living in Croydon in 2016, which is the largest number of 0-19s in any London borough. This number is expected to increase by a further 11% over the next ten years; increasing to 114,100 by 2026. It is essential to identify needs and best practice for 0-19s so that efforts to improve outcomes in this group are timely, appropriate, effective, and cost-efficient in a climate of limited funding and a growing population with changing needs.

This final report builds on the interim release of the summary needs assessment in 2017, and the high level outlier summary is also available (see Appendix 1) highlighting key areas where outcomes for Croydon's children differ from the London and England averages. This report brings together the findings from numerous reports, service reviews and datasets existing both locally and nationally to form a cohesive narrative providing an overview of Children and Young People's needs. The data used was from readily available sources and the report aims to support the upcoming recommissioning of children's services, whilst identifying areas where additional information is needed to understand needs.

The report is split into three sections, each using the evidence based framework of the Healthy Child Programme

1) Healthy Early Years: 0-4s
2) Healthy School Age: 5-19s
3) Vulnerable groups: 0-25s

Section 1: Healthy Early Year 0-4s

Croydon has the second largest estimated 0-4 population (28,621 in 2016) in London, projected to grow to 29,242 by 2026. Over two thirds (68%) are from a Black and Asian Minority Ethnic (BAME) group and this is expected to rise to 72% by 2026. English is a second language for 9% of Croydon 3-15s

Transition to Parenthood
There are approximately 6,000 new births in Croydon every year. 7.7% (n=445) of live births in Croydon in 2016 had a low birth weight which is similar to the London and England average.

The key universally commissioned services with the potential to support transition to parenthood are midwifery and health visiting, as well as parts of the Best Start Family Solutions service. A key issue facing the transition to parenting has been the low numbers of the five universal health visiting checks although performance is improving.

An estimated 13% of women attending their first antenatal clinic appointment at Croydon University Hospital had little or no understanding of English language

Parental Mental Health and wellbeing
Good parental mental health shapes a child's later emotional, behavioural and intellectual developments.

It is estimated that nationally 25% of women and 10% of men have a mental health condition during pregnancy and the first year after birth. . It is estimated that in Croydon 160 women experienced post-traumatic stress disorder and 160 experienced severe depression in the perinatal period in 2015/16. There is work underway to improve the perinatal mental health pathway in Croydon supporting women and their partners before pregnancy as well as in the perinatal period.

Breastfeeding
Exclusive breastfeeding should be recommended for around the first 6 months of life. Local data shows that for the first 6 months of 2018/19, 77.4% of women were breastfeeding at the New Birth Visit but only 37.5% of women were breastfeeding at the 6-8 week check. An action plan is in place.

Healthy weight, healthy nutrition
Healthy nutrition in early years is vital, not only to provide the nutrients children need to grow and develop but for lifelong health. In Croydon 23.7% of children in reception years were overweight and obese in 2016/17, statistically significantly higher than the London average (22.3%)

Dental health is poor. In Croydon 28.5% of children aged 5 had one or more decayed, missing or filled teeth, higher than the London average (25.7%) and statistically significantly higher than the England (23.3%) The proportion of children who accessed dental services in 2016/17, was lower than the London average in every age category

Managing minor illness and reducing accidents
Croydon has high levels of A&E attendances and A&E admissions in those aged 0-4. The child health transformation strategy is looking to address this.

266 children under 1 were admitted for respiratory infections in 2016/17, equivalent to a rate of 427.7 per 10,000 which was 9th highest rate in London.

The number of children having two doses of the MMR (Measles, Mumps and Rubella) vaccine by age 5 was to 67% in 2017/18 which is statistically significantly lower than London (79.5%) and England (87.2%) and is too low to support herd immunity. A local action plan is being developed.

Health, wellbeing, and development of a child aged two
Age 2-2½ is a crucial stage when problems such as speech and language delay, tooth decay or behavioural issues become visible.

The number of 2 year reviews completed by the health visiting service was very much lower in Croydon (21.2%) than London (63.8%) and England (76.5%) in Q1 of 2018/19. Performance is improving and reached 33% in September 2018.

Children's centres offer a range of child development and school readiness activities. In 2017/18 there were 2078 children aged 1-2, 2055 children aged 2-3, and 997 children aged 4-5 who accessed children's centre services.

Section 2: Healthy School-Aged Children: 5-19s

The estimated number of 5-19s in the Croydon population was 74,319 in 2016 (11) and is predicted to increase by 14.2% (10,539 children) by 2026. Almost two thirds (61.9%) of the 5-19 population was from a BAME group. The total is expected to rise to 69.5% by 2026.

In total there are 68,322 children attending schools and colleges in the borough, but these children will not all be residents in Croydon. Provision of services for this age group has to account for both school and resident populations.

Resilience, Mental Health and Emotional Wellbeing
Promoting children and young people's resilience is an important part of a public health approach to securing good outcomes. Nationally, 1 in 8 (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017. Rates increased with age. Young women aged 17 to 19 had the highest rates with one in four (23.9%) having a mental disorder.

About 1 in 10 young people will self-harm, with 7-14% of adolescents having self-harmed once in their life. Vulnerable groups are identified as being more likely to self-harm. When compared to London boroughs, Croydon has the 8th highest hospital admission rate as a result of self-harm; and 4th highest when compared to its statistical neighbours.

Reducing risky behaviours
Children and young people face many new challenges and experiences as they grow and develop; part of growing up includes experimenting and trying new things

The What About YOUth? (WAY 2014/2015) survey indicated that 7.2% of 15 year olds in Croydon were currently smokers, 8.2% had been drunk in the last 4 weeks, 3.5% were regular drinkers, and 4.4% had taken cannabis in the last month, all similar to London.

Croydon has the second highest rate in London of under 16 conception and has the fifth highest rate in London of under 18 conceptions, although rates are reducing. There is a local teenage pregnancy action plan and a sexual Health strategy, which was renewed in 2018.

Improving lifestyles
Obesity rates are high. According to the NCMP (National Child Measurement Programme), in 2017/18 in Croydon, 37.9% of children in year 6 were overweight or obese which is similar to London (37.7%) but higher than the England average (34.3%).

Maximising learning and achievement
Good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities.

58.3% of Croydon secondary school children achieve 5A*-C grades at GCSE, lower than the London average. Persistent absenteeism is significantly higher than in London for both Primary and Secondary schools in Croydon.

The proportion of children who are not in education, employment or training (NEET) is almost twice as high as the London rate (10.5% of 16-17 year olds in Croydon, 5.3% in London, 6.0% in England).

Section 3: Vulnerable Groups: 0-25s

Identifying vulnerable children and young people who are at risk of health inequalities is challenging. Their chances of success are disproportionately low unless they can access appropriate early intervention and support.

In Croydon, 18.7% (14,000) of children in Croydon, under 16, live in poverty.

Croydon has high numbers of key vulnerable groups such as unaccompanied asylum seeking children (UASC), looked after children (LAC), and those in the youth justice system. Croydon has over five times the number of UASCs compared to the London average because the Home Office is located within the borough. (41.3 per 10,000 under 18s in 2017, compared to 7.8 per 10,000 in London and 3.9 per 10,000 in England).

Croydon has a higher rate of first time entrants to the youth justice system than London and England. There is also a high rate of children aged 10-18 in the youth justice system at 8.2 per 1000, significantly worse than 6.2 in London and 4.8 in England

A whole family approach is necessary to consider children's needs holistically. Evidence shows that children who experience many Adverse Childhood Experiences (ACEs) that cause excessive stress, are more likely to develop health-harming and anti-social behaviours, perform poorly in school, be involved in crime, and are ultimately less likely to be a productive member of society. Approximately 9% of children will experience 4 or more ACEs and are a very much higher risk of experiences worse outcomes as an adult. Work is underway within the borough to train the workforce in understanding ACEs, their impact and how to prevent them.

In Croydon, there were 6,919 children in need episodes in 2016/17 (732.7 per 10,000, higher than London (642.6 per 10,000) and England (612.4 per 10,000)).

Asthma related emergency admissions for under 19s (289.6 per 100,000) were significantly worse than London (194.9 per 100,000) in 2015/16.

Special educational needs and disability
Nationally and in Croydon between 11-12% of children in mainstream schools need some additional support at some stage to address a learning need for varying periods of time. Approximately 3% have long term complex special needs and have an EHCP (Education, Health and Care Plan). This is

similar to national, regional, and statistical neighbour rates. This equates to 2,000 school age children in Croydon with an EHCP.

Key recommendations

Many of the recommendations listed below are focused on services however, when thinking about CYP needs, it is also important to think about pathways and the links between services and to explore areas where information was not readily available further. This document and its recommendations draw from a number of reports, reviews and strategies and highlights areas where additional information and review are needed.

1) Further mapping of commissioned services, commissioning cycles, and pathways, to better understand the breadth and scope of services available to 0-19s, key milestones for integration and service redevelopment, and how they may better work together for joined up care.

2) Better understand transition between services, both within childhood and from childhood to adulthood. Identify pinch points to improve integration between health and social care, and ensure recommendations made are considered during recommissioning of services.

3) Ensure gaps in provision between child and adult services are identified for transition points.

4) Data sharing between services may support more holistic care and provide opportunities for early identification of issues and safeguarding. Data quality and timely sharing of information was raised across several reports as an area for improvement; support may be needed to manage and minimise implications of GDPR.

5) Enable children and young people to engage with services at the right time and right place through an early help approach; services will work jointly with those most in need of support, making decisions to help reduce inequality and inequity, in line with the recent Early Help Strategy.

6) Youth engagement is needed to contribute to a wider understanding of the self-identified needs and health and wellbeing concerns of Croydon's Children and Young people, and use this to shape and support transformation and recommissioning of services.

7) The pathways for 5-19s are less well defined, and services and support in this age group are less well integrated. The project team have identified several areas which would benefit from further exploration before March 2019, including taking forward the Vulnerable Adolescent Mental Health Deep Dive and exploring rates of neglect among Croydon's looked after children. This would be supported by mapping of the school age offer in a similar way to the 0-4 pathway.

8) Incorporate recommendations from the Special Educational Needs and Disability (SEND) review and SEND inspection preparation – particularly around data sharing, transition planning and early identification. Support any action planning process to progress recommendations.

9) To identify opportunities to work with One Croydon on developing a population health management approach as per the Croydon Transformation Delivery Plan 2018. Including identifying and sharing relevant data to allow better co-ordination of care.

1.0 Introduction

In 2017, the Youth Congress provided an important opportunity to hear the aspirations, challenges and priorities voiced by young people in Croydon, allowing them to shape the future of their borough. They self-identified three priority areas for Children and Young People in Croydon. These were 1) Jobs, money and being successful, 2) Crime and safety, and 3) Mental health support.

As a result of the Youth Congress, Children's health and wellbeing was identified as a priority across the borough through the Local Strategic Partnership (LSP). The LSP is developing a Youth Plan to bring together the CYP priorities from the HWBB, the Safer Croydon Partnership and Future Place Board. The Youth Plan will be overseen by Croydon's refreshed Children and Families Partnership. Croydon's draft Health and Wellbeing Strategy (1) for 2018 to 2023 sets out 8 priority areas, one of which is that that children should have:

"A better start in life, ensuring that children and young people are provided with the best physical and emotional environment for growing up in. With emphasis on:

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The Council's vision statement (3) describes a city that is enterprising, learning, creative, connected, sustainable, and caring; where children are given the best start, prioritising wellbeing including physical, social, and emotional development with emphasis on education, and early intervention for vulnerable children.

> *"Children and young people in Croydon will be safe, healthy and happy, and will aspire to be the best they can be. The future is theirs"* (3).

A joint strategic needs assessment (JSNA) in Croydon looking at the comprehensive needs of children and young people (CYP) aged 0-19 has not been carried out since the implementation of the Health and Social Care Act (2012) (4). An up to date review of needs in this age group is essential for several reasons:

Needs are changing
Croydon is a rapidly changing borough with the 0-19 population an estimated 102,940 in 2016 (over 1 in 4 people in the borough), and the largest population of 0-19s in London (5).

Improved commissioning
The council and its partners commission a wide range of services that support CYP directly or indirectly. An essential part of the commissioning cycle is understanding need and this Summary Needs Assessment can help to describe local needs, present the evidence base, highlight areas where Croydon's outcomes are either better or worse than our comparators and identify gaps in support.

Targeting our resources
The council and its partner has several services, plans, initiative, programmes and strategies that seek to improve the health and wellbeing of CYP. This Summary Needs Assessment can provide the intelligence needed to shape these. For example:

> **The Ofsted Improvement Plan** (6). Following the 2017 Ofsted inspection finding Croydon's children's social care services inadequate (2), the Children's Services Improvement Board has co-ordinated work around improving services and outcomes for local children. An inspection in March 2018 looking at support for vulnerable adolescents found significant positive changes, including implementation of effective infrastructure and rated the practitioners as

'consistently impressive'. However, work on improving services and outcomes for children remains ongoing.

Croydon's Partnership Early Help Strategy. This strategy, agreed in September 2018 and being implemented over a two year period, aims to get children the right help at the right time. In particular to provide help to children, young people and their families as soon as a need arises to prevent escalation to statutory services.

Synergy with One Croydon

Undertaking a population health management approach, pulling together data held by relevant services, to ensure effective and appropriate joined up planning and care, which is one of the strands of the Croydon transformation delivery plan, 2018. Prevention, early identification, and early help are key to long term improvements in outcomes for CYP. In a climate of limited funding and changing population needs, the effective use of health intelligence to target our resources, and the commissioning of evidence based, cost effective interventions that draw on best practice are vital to giving our children and young people the best start in life. This assessment can inform aspects of this process, including better understanding the services involved and needs across the borough.

The last two years has encapsulated a rapidly changing landscape for children in the borough, including a growing population, growing and often more complex needs, and demand for services. Jointly investing upstream, and earlier can help to mitigate the impact of social, environmental and economic factors on children's longer term health and wellbeing outcomes. The high impact areas focus on interventions at the individual and family, community, and population level and use a place-based approach. A place-based approach offers new opportunities to help meet the challenges public health and the health and social care system face. This impacts on the whole community and aims to address issues that exist at the community level, such as poor housing, social isolation, poor/fragmented services, or duplication/gaps in service provision (7).

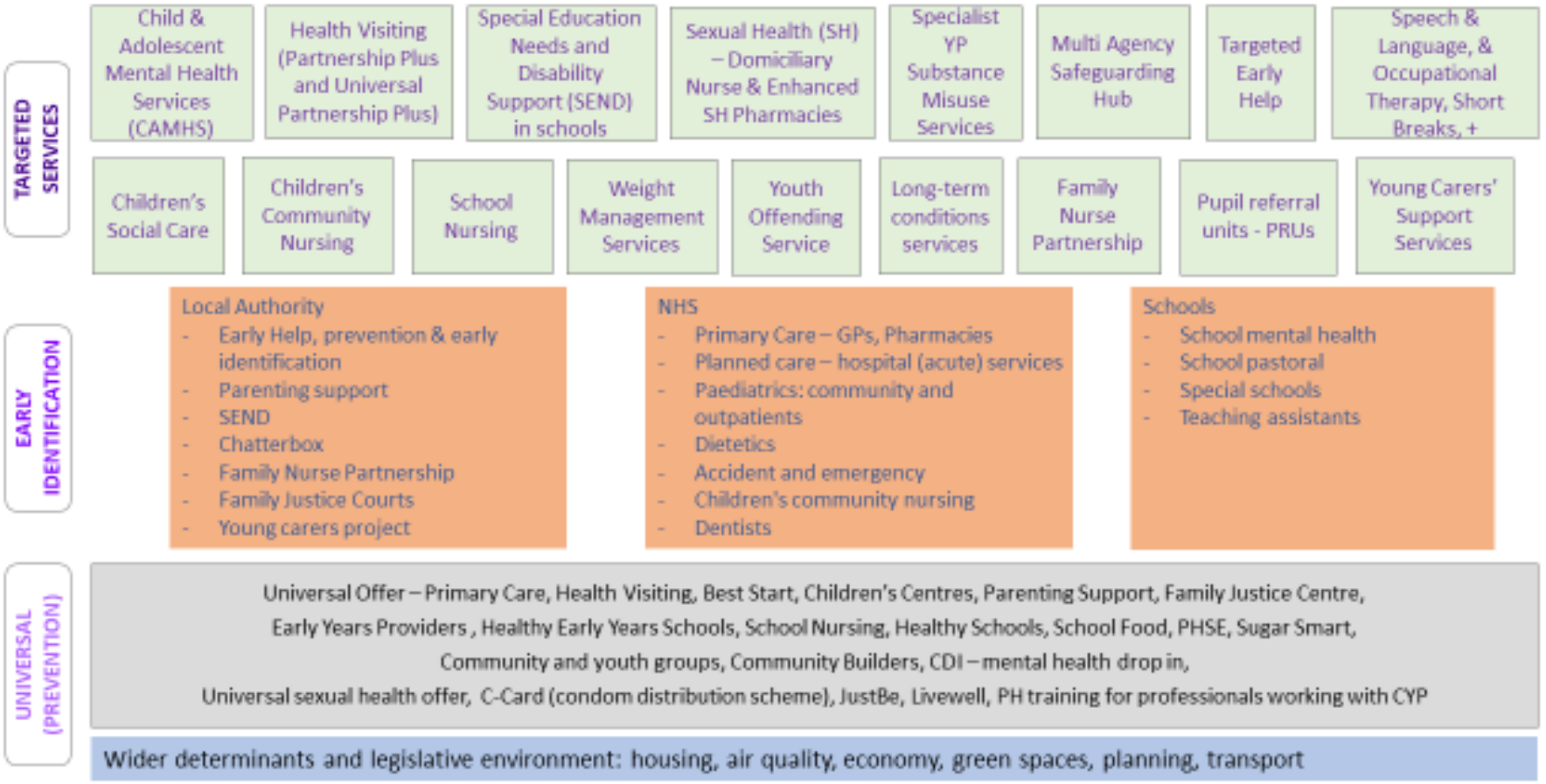
The Council has adopted an operating model which has prevention at its heart. This assessment and the evidence based framework that it has adopted can help to deliver place based locality services tailored to local needs. It aims to pull together a baseline and clear narrative from which we can begin to explore the needs in specific cohorts in more detail.

This document draws on the breadth of work already undertaken by various services, and teams, such as the Director of Public Health's Annual Public Health Report which focuses on the first 1000 days of life, the oral health needs assessment, the partnership early help strategy and others, combining the recommendations already made in these reports, where they continue to be relevant. A full list of supplementary documents is available in Appendix 3.

There is a need for the continuing emphasis on the delivery of an effective Healthy Child Programme that is both universal, but also effectively targeted to areas of greater need. This will require intelligence, collaboration and engagement from a range of providers. This assessment begins to understand the needs of Croydon's CYP, but the process will be an iterative one.

1.1 Children's 'Landscape on a Page':

Young children and their families will need differing levels of support across the continuum of need, from universal through to targeted services. The Children's 'landscape on a page' aims to bring together both the breadth of services available and the levels of need to which they are targeted.



1.2 Structure of this Assessment

For the purpose of this assessment, we consider children to include vulnerable 0-25 year olds, based on our statutory responsibilities under The Children and Families Act, (2014) and the Special Educational Needs and Disabilities (SEND) code of practice. This means that although most of the report applies to 0-19s, we consider those up to age 25 where it is appropriate; additional data on the 0-25s population can be found in Appendix 4.

The World Health Organisation definition of child health captures the multiple factors that affect and contribute to child health:

> *"Child health is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential."* WHO (2006) (8).

The report is split into three key sections:

1) Healthy Early Years: 0-4s
2) Healthy School Age: 5-19s
3) Vulnerable groups: 0-25s

Each section uses the evidence based framework of the Healthy Child Programme. Children and Young People's health and wellbeing can be complex, but the healthy child programme sets out the evidence base around key 'high impact areas' (HIAs) of child health and wellbeing. These are the areas where if we can improve outcomes, would have the greatest impact on health and wellbeing. This assessment has used the HIAs as an evidence based framework, to maximise the effectiveness and efficacy of recommendations.

The Healthy Child Programme is broken down into two age brackets, 'Healthy Early Years' covering 0-4 years of age and 'Healthy School Age' covering 5-19 years of age. Each covers six HIAs:

Healthy Early Years: 0-4s

- Transition to parenthood [HIA1]
- Parental mental health and wellbeing [HIA2]
- Breastfeeding [HIA3]
- Healthy weight, healthy nutrition [HIA4]
- Managing minor illnesses and reducing accidents [HIA5]
- Health, wellbeing, and development of a child aged 2 [HIA6}

Healthy School Aged: 5-19s

- Resilience and emotional wellbeing [HIA1]
- Reducing risky behaviours [HIA2]
- Improving lifestyles [HIA3]
- Maximising learning and achievement [HIA4]
- Supporting complex and additional health and wellbeing [HIA5] (covered in vulnerable groups section)
- Seamless transition and preparation for adulthood [HIA6] (covered in vulnerable groups section)

Within each section we have used the HIAs of the healthy child programme to provide an evidence based framework for the assessment. Where available and possible, each HIA contains:

- Croydon data (available from national data sets), set out in tables and benchmarked against regional and national comparators, based on the key below.
- Local service level activity data and local context; due to the nature of this type of data it is not possible to benchmark these. Often these are only a snap shot of a moment in time, however they help us to establish a local picture.
- A narrative description of the services that support Croydon's CYP
- Recommendations based on the local picture; where recommendations are informed by other relevant reports, the source of the recommendation is listed.

As children's health and wellbeing is a broad and multifaceted area, we have tried to keep this report concise, so it is easy to use and understand. This means that the information in the body of the assessment is as specific and relevant to the HIAs as possible. Where some topics fall under more than one section, it will be listed under the most appropriate HIA and referred to in other sections. Broader indicator sets are included in Appendix 5, and relevant documents linked in the text.

Key

Colour Coding:	
Worse than comparator	
Similar to comparator	
Better than comparator	
Higher than comparator	
Lower than comparator	
Not compared	

Trends:	
Cannot be calculated	▫
Increasing and getting better	⇧
Increasing and getting worse	⇧
Increasing	⇧
Decreasing and getting better	⇩
Decreasing and getting worse	⇩
Decreasing	⇩
No significant change	⇔

This assessment aims to capture the changes to the children's landscape in Croydon over the last few years, acknowledging that it has been a period of rapid change and improvement. Many relevant service reviews, needs assessments, and externally commissioned reports have been undertaken. Information from these, and data sets available nationally have been pulled together to help identify a baseline of needs for Croydon's children. This will support identification of gaps in both knowledge and provision and help to structure additional assessments of specific groups and topics.

1.3 Limitations

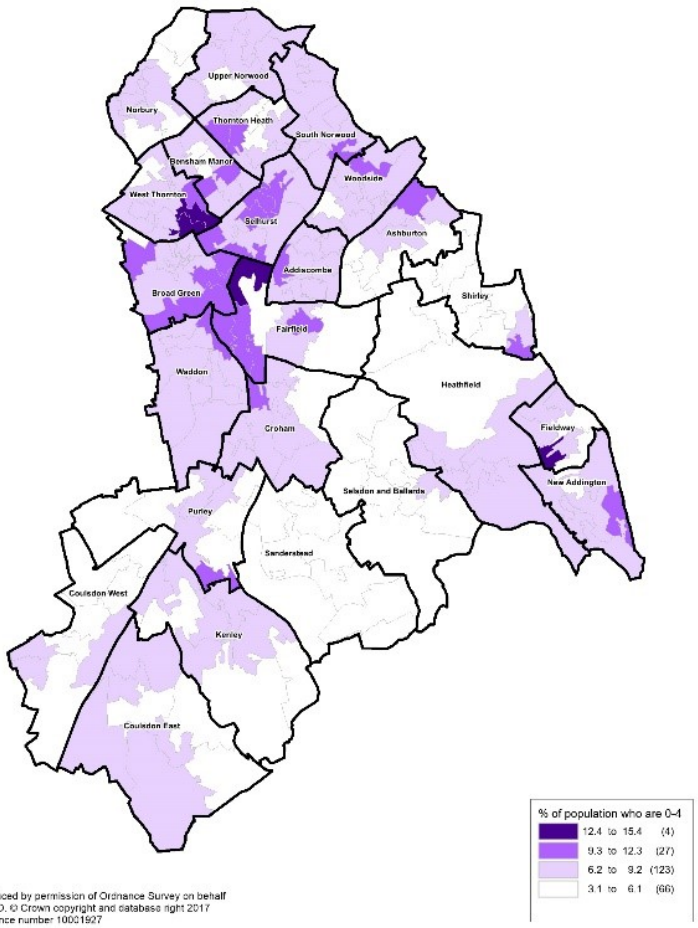
The cut off for data inclusion was the 1st of November 2018, however, in some instances, individual data points have been updated where relevant.

2.0 Healthy Early Years: 0-4s

2.1 Demographics

	Aged 0-4		
	No.	%	London %
Estimated population in 2016	28,621	7.5%	7.2%
Estimated population in 2026	29,242	6.9%	6.5%
Increase	621	2.2%	-0.8%
Estimated BAME population in 2016	19,433	67.9%	57.0%
Estimated BAME population in 2026	20,569	71.6%	56.4%
Increase	1,136	5.8%	-1.9%
Migrating into borough (from UK and abroad between 2015 and 2016)	2,161	7.5%	7.9%
Migrating out of borough (from UK and abroad between 2015 and 2016)	2,257	7.9%	8.8%
Churn (as a % of mid-2016 population estimate)	4,418	15.4%	16.6%
Number of children living in low-income families (2015)	5,340	18.6%	16.3%

% of population who are 0-4
2016 Mid Year Estimates



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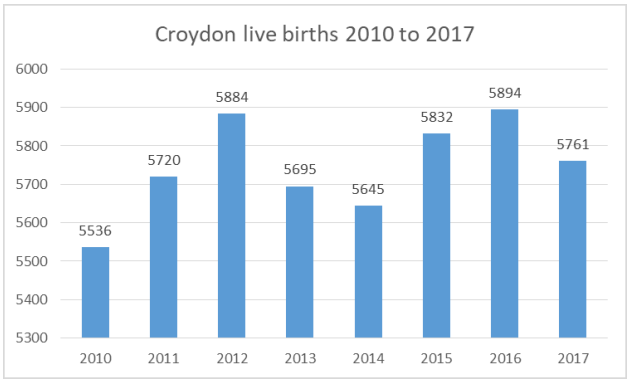
Croydon has the second largest estimated 0-4 population (28,621 in 2016) in London, behind only Newham (9). Although the child population is growing overall, we see different trends in growth for different age groups. This can have an impact on service provision for that particular age group. For example, the 0-4 population is only predicted to grow slightly between 2016 and 2026, and the 0-1 group is predicted to fall. This is in contrast to the change from 2010 to 2016 when the 0-4s grew by 5.5% and the 0-1s by over 7% (9). Another key point is the trend in number of births. Croydon had the second highest number of births behind Newham in 2017 (10). It should be noted that these are all births to Croydon residents; not all of whom were born at Croydon Hospitals. The graph to the right shows how much variation there is in the number of live births per year, and highlights the importance of looking at trends over time not just a specific year. In-year increases in activity can put significant pressure on midwifery and health visiting services, and work is needed to build capacity into the system to predict and manage variation.



Children moving in and out of Croydon also increases the workload for services, particularly primary care and health visiting. There is a possibility that some of these families have an increased need for support, and will be higher on the Early Help continuum of need. Systematic approaches to identifying these families earlier is a key priority. Just over 2,000 children (7% of total) moved into the Borough in 2016 and slightly less left (11). This represented a net inflow of 200 children which was the 4th highest in London against an average of -157.

Croydon's diversity is reflected in the 0-4 population where 68% are from a from a Black and Asian Minority Ethnic (BAME) group, compared to 50% of the adult population. This is expected to rise to 72% by 2026 (15). Services need to ensure they understand where there may be increased risks for some BAME families regarding excess weight and obesity, type 2 diabetes and perinatal mental health (12).

English is a second language for 9% of Croydon 3-15s but this ranges from 2.4% to 18.9% across the wards (13). This drives demand for interpreting and translation support for new parents and highlights the need for culturally appropriate provision of services.

2.2 Transition to Parenthood [HIA1]

For most, becoming a new parent is a positive and significant life event. The health and wellbeing of a mother (and their partner) prior to pregnancy, throughout pregnancy, and the first two years of a child's life are fundamental to a child's development and physical, mental, and socio-economic outcomes in the future (14). Children that have their physical and emotional needs met during this critical period are more likely to be better educated, financially secure, and have better physical and mental health in later life (15) (14).

High Impact Area 1: Transition to parenthood

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Mothers receiving antenatal contact No. of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	n/a	n/a	n/a	110	Improving	n/a	2018/19 Q1
Mothers receiving new birth visit % of face-to-face new birth visits undertaken	97.5%	95.9%	96.5%	1,273	Improving	n/a	2018/19 Q1
6-8 week check % of infants who received a 6-8 week review by the time they were 8 weeks	85.5%	70.4%	59.9%	775	Improving	n/a	2018/19 Q1
Ages and Stages Questionnaire % of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	90.2%	75.8%	90.0%	919	Improving	n/a	2017/18

Babies born with a low birth weight (weighing less than 2500 grams at term) are more likely to have problems with cognitive development and need specialist support in school. Physical health may also be impacted, with increased risk of hypertension and high cholesterol in adulthood (17). Low birth weight babies are more commonly born to young mothers, women of black ethnicity, women with higher levels of deprivation, women that smoke, drink alcohol, or take illicit drugs, and women that experience domestic abuse during pregnancy (17).

7.7% (n=445) of live births in Croydon in 2016 had a low birth weight; which was lowest number since reporting started in 2010 and is similar to the London and England average. In 2017/2018 7% of women smoked in pregnancy which was higher than the London average and has remained fairly stable over the last four years. The number of deliveries to women aged under 18 is also reducing (29 in 2016 compared to 84 in 2010), and is statistically similar to London and England averages. Interventions during pregnancy to improve the causes of low birthweight, such as smoking cessation services can improve outcomes for both mother and baby; engagement during this time can also provide an opportunity to engage regarding other areas of vulnerability.

Other factors which can affect transition to parenthood include age, lack of social support and language. The average age of mothers at delivery is increasing and the number of teenage mothers under 18 is steadily decreasing, from 78 in 2011/12 to 28 in 2016/17. However, mothers entering pregnancy at older ages are more likely to have pre-existing medical conditions such as diabetes and high blood pressure so they are at a higher risk of pregnancy complications.

As the Home Office is located in Croydon, there are also challenges during pregnancy and early years for new mothers who are asylum seekers. An estimated 13% of women attending their first antenatal clinic appointment at Croydon University Hospital had little or no understanding of English language. This means that effective interpreting services need to be in place to provide support for these women. 25% of women attend this appointment after 12 weeks of pregnancy (19) and therefore may miss important information and opportunities to improve the chance of a healthy pregnancy. Public Health England (PHE) released new pre-conception care guidance in 2018, which shifts focus towards planned pregnancies and co-ordinated care.

New parents' skills and confidence may be affected by factors such as:

- economic/social issues (social capital)
- own experience of being parented/adverse childhood experiences (ACEs)
- cycle of poor aspiration
- exposure to domestic violence
- alcohol and substance misuse
- emotional health problems (14)

In Croydon, we know that families are affected by these issues and some families are affected by a cluster of them. We do not currently systematically collect data to identify the children and families whose transition to parenthood may be affected. The Annual Public Health report, 2018, has identified the need to understand how many families are affected by ACEs, in particular four or more. This work will help identify where people's transition to parenting may be impacted.

The key universally commissioned services with the potential to support transition to parenting are midwifery and health visiting, as well as parts of the Best Start Family Solutions service. There are also specific services set up to assist families with positive parenting such as the Family Nurse Partnership for young parents of 19 and under having their first child, and programmes including Mellow Bumps aimed at pregnant women between 20-30 weeks gestation and Mellow Parents for parents of children aged 0-3. There are other parenting programmes which support a wider age group such as Triple P for parents of children aged 0-17 and Parents as Partners for families with at least one child under the age of 11.

In 2017/18, 75 parents completed Triple P (includes parents with children over 4), 16 completed Mellow Parents and 10 parents completed Mellow Bumps.

A key issue facing the transition to parenting has been the low numbers of the five universal health visiting checks. The service, commissioners, and public health have been working hard to improve this, and more children and families are being seen. There has been a particular improvement in the 6-8 week check. HIA 1 states clearly that transition to parenting starts during pregnancy. Until the health visiting service is able to identify a new model for the antenatal check working closely with midwifery, it will be harder to deliver this element of the HIA. Vulnerable women identified during antenatal period are referred to the multi-agency vulnerable women's group led by the midwifery safeguarding lead. The health visiting service is currently focusing its delivery of antenatal checks on vulnerable women

Best Start hold 'welcome evenings' during pregnancy to inform parents of the support options available. 3,443 children aged under 1 accessed Best Start Children's centre services in 2017/18.
If at the new birth visit or subsequent checks the health visiting service identifies that a family needs additional support, they will be either placed on the universal plus (help is required for a specific issue(s)or partnership plus (ongoing support is required for more complex issues) pathway. The numbers of families on the universal plus or partnership plus pathways gives a broad indication of the need for support with transition to parenting (and other issues such as perinatal mental health). Some, but not all, families on the partnership plus pathway will also be receiving Early Help, more intensive social care or perinatal health support.

	Numbers supported (Snapshots)
Number of women on the vulnerable women's group	
Number of families on the health visiting universal plus pathway	759 (2018/2019)
Numbers of families on the health visiting partnership plus pathway	587 (2018/2019)
Numbers of children in need	1,077 (10/2018)
Numbers of children on Child protection plan	595 (10/2018)
Number of mothers, fathers & carers supported by parenting programmes	53 (2017/2018)
Number of mothers, fathers & carers supported by Mellow Bumps (<5s)	16 (2017/2018)
Number of mothers, fathers & carers supported by Mellow Parents (<5s)	6 (2017/2018)
Number of parents taken on to the FNP in the last year (parents 19 and under from pregnancy until children are aged 2) – funded capacity is 135	85 - 90 (35 new clients in the last year)

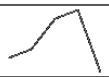
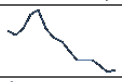
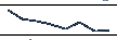
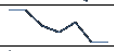
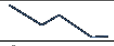
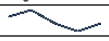
2.2.1 Recommendations

1) Join up antenatal and postnatal pathways between midwifery and health visiting through antenatal check, and identify an integrated model for antenatal check with key stakeholders
2) Increase antenatal check coverage
3) Implement local tool to identify ACEs systematically
4) Assess level of need due to ACEs and understand level of provision available to meet needs.
5) Identify trends in variation of births year on year, and build capacity into the system to manage fluctuating demand
6) Better understand the differences in population growth at different ages, to better understand need for certain age specific services.
7) Implement new pre-conception care guidance amongst key stakeholders in Croydon, shifting towards planned pregnancies, with advice for healthy pregnancies and contraceptive planning readily available. Embed within implementation of teenage pregnancy action plan.

2.3 Parental Mental Health and wellbeing [HIA2]

"Children of affected mothers and fathers are at higher risk of poor mental health, physical health, social and educational outcomes. Perinatal mental health problems can impact on a mother's and partner's ability to bond with their baby and to be sensitive and attuned to their emotions and needs. This in turn will affect the infant or child's ability to develop a secure attachment. Untreated perinatal mental health problems can have a devastating impact on mothers, fathers, partners and families." (16).

High Impact Area 2: Maternal mental health

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Severe depressive illness in perinatal period Estimated number of women	n/a	n/a	n/a	160	n/a	n/a	2015/16
Mild-moderate depressive illness & anxiety in perinatal period Estminated number of women	n/a	n/a	n/a	535-800	n/a	n/a	2015/16
Adjustment disorders and distress in perinatal period Estminated number of women	n/a	n/a	n/a	800-1,600	n/a	n/a	2015/16
Neonatal mortality Rate of deaths of children under 28 days per 1,000 live births	2.7	2.2	2.2	39	▫		2014-16
Infant mortality Rate of deaths of children under 1 year of age per 1,000 live births	3.9	3.3	3.6	60	▫		2015-17
Smoking staus at time of delivery	10.8	5.0	6.6	357			2017-18
% adults (aged 18+) classified overweight/obese	61.3	55.2	59.0				2016/2017
% of deliveries to parents to under 18s	0.8	0.4	0.5	28			
Under 18s conception rate /1000	18.8	17.1	25.0	175	⇩		2016
Numbers of deliveries registered by one parent	5.4	5.6	7.9	447			2014
% of deliveries to BME groups	23.3	45.9	45.0				2016-17
Depression % recorded prevalence	9.9%	7.1%	6.6	20,879			2017-18

Some women are at a higher risk of experiencing perinatal mental health problems. Risk factors include: (17)

- history of abuse in childhood
- previous history of mental health problems
- teenage mothers
- maternal obesity

- traumatic birth
- history of stillbirth or miscarriage
- relationship difficulties
- social isolation

It is estimated that nationally 25% of women and 10% of men have a mental health condition during pregnancy and the first year after birth (18). About half of all cases of perinatal depression and anxiety go undetected and many of those which are detected fail to receive evidence-based forms of treatment (16). BAME groups are particularly at risk from lack of recognition and awareness of mental ill health and its signs and symptoms (14). Using national prevalence figures, we can estimate that in 2015/16 between 535 and 800 women experienced mild or moderate depression and anxiety in the perinatal period. Some women will also experience severe mental health problems. It is estimated that 160 women experienced post-traumatic stress disorder and 160 experienced severe depression in the perinatal period in 2015/16 (19). With the high BAME population in Croydon further work needs to be undertaken to understand how well and equitably these groups are being supported.

Good parental mental health shapes a child's later emotional, behavioural and intellectual developments. For example, children born to a mother with poor mental health are at higher risk of poor physical, mental health as well as social and educational outcomes (20). Where a father's mental health impacts his relationship with his child or partner, this can also cause problems with emotional and behavioural development (21). There are also strong links between a parent's mental health and the risk of the child developing mental health problems (20).

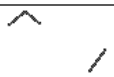
There are good perinatal mental health services in Croydon including specialist community mental health visiting services and South London and Maudsley Foundation trust specialist perinatal services. Further investment has been made in both community and acute services between 2015 and 2021. There is however a need to join up pathways from pre-pregnancy from the community and primary care to ensure women and their partners are identified early and supported where necessary from the earliest opportunity.

2.3.1 Recommendations:

1) "It is recommended that the health of pregnant women continues to be prioritised in Croydon and that consideration be given to offering universal routine enquiry and targeted treatment for women at risk of depression, with a home visiting programme and health visitor training for postnatal depression, as part of a package of measures to improve perinatal mental health." Maternal health JSNA 2015
2) "It recommended that all the providers of perinatal mental health services meet the national standards to strengthen mental health support to mothers and their families." Maternal Health JSNA 2015
3) "Review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019." APHR 2018
4) "Ensure all staff have the skills to identify parents and prospective parents with potential mental health concerns and are able to support and signpost them appropriately." APHR 2018
5) "Ensure that all programmes that promote pre-pregnancy health (see previous recommendation box) address mental health concerns before pregnancy." APHR 2018
6) To ensure that higher risk groups have equitable access to support, reducing inequality in access.
7) New paternal mental health checks announced by NHS England are integrated into a parental mental health screen and offer to improve outcomes and reduce onward impacts to children and young people.

2.4 Breastfeeding [HIA3]

“Exclusive breastfeeding should be recommended for around the first 6 months of life with continued breastfeeding alongside solid foods for at least the first year of life. Improving breastfeeding rates in lower socioeconomic groups and young parents can play an important role in reducing health inequalities.” (22).

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Breastfeeding initiation % of all mothers who breastfeed their babies in the first 48hrs after delivery	74.5%	n/a	84.0%	4,248	▫		2016/17
Breastfeeding at 6-8 weeks after birth % of all infants due a 6-8 week check that are totally or partially breastfed	44.4%	n/a	n/a	3,842	n/a	n/a	2016/17

82% of women in Croydon initiated breastfeeding in 2016/17 (12) which was significantly higher than the England average but significantly lower than the London average (23). This may reflect the 43.1% of births to BAME mothers in Croydon. Breastfeeding data at 6-8 weeks is becoming more complete as more 6-8 week health visiting checks are undertaken. The health visiting service is also now reporting on the number breastfed at the New Birth Visit (NBV). For the first 6 months of 2018/19, 77.4% of women were breastfeeding at the NBV but only 37.5% of women were breastfeeding at the 6-8 week check. There is no recent comparative data as very few London Boroughs are meeting the minimum data quality standards.

The low numbers of women breastfeeding at 6-8 weeks in 2018/19, are a cause for concern and an action plan is in place. This includes ensuring that breastfeeding data is consistently recorded. Further work is required to understand which groups are stopping breastfeeding and to ensure that support is further targeted to help reduce health inequalities. Both midwifery and health visiting will be re-applying for Unicef Baby Friendly level 3 award; this is a key tool for assuring the quality of breastfeeding services and support.

Support for breastfeeding is offered generally through midwifery and the health visiting breastfeeding clinics and baby cafes. There is also a mum to mum peer support service in Fieldway and New Addington. The health visiting service is focusing on ensuring that going forward women are appropriately supported through the general service as well as through the focused offer. Free text comments in the health visiting client survey highlighted the need for breastfeeding support and consistency in the messages and advice given. 21% of respondents had not found talking about breastfeeding helpful. The health visiting service is reviewing the survey feedback as part of its transformation plan.

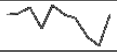
2.4.1 Recommendation:

1) Reset targets for increasing breastfeeding rates at 6-8 weeks and at 6 months, across the borough and within particular localities
2) Midwifery and Health Visiting services to achieve level 3 of the Unicef baby friendly award
3) Turn Croydon into a breastfeeding friendly borough, so women feel comfortable breastfeeding when they are out and about.
4) Identify the characteristics of groups not initiating, or not maintaining breastfeeding at 6-8 weeks, and ensure targeted support is available to these groups.

2.5 Healthy weight, healthy nutrition. [HIA4]

“Healthy weight maintenance can be improved through good maternal and family diet, breastfeeding, timely and appropriate introduction to solid foods and physical activity in line with guidelines.” (24).

High Impact Area 4: Healthy nutrition

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Breastfeeding initiation % of all mothers who breastfeed their babies in the first 48hrs after delivery	74.5%	n/a	84.0%	4,248	▫		2016/17
Breastfeeding at 6-8 weeks after birth % of all infants due a 6-8 week check that are totally or partially breastfed	44.4%	n/a	n/a	3,842	n/a	n/a	2016/17
Excess weight in children (aged 4-5) % of children in reception classified as overweight or obese	22.6%	22.3%	23.7%	1,140	⇔		2016/17
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	96	▫	n/a	2016/17

Healthy nutrition in early years is vital, not only to provide the nutrients children need to grow and develop but for their lifelong health. Children’s eating habits and food preferences are established in early childhood, thus, it is key that within those early years, a healthy varied diet is established to have a positive impact on development outcomes in later life (25).

The maternal obesity rates, low breastfeeding rates at 6-8 weeks, levels of overweight and obesity in reception, and the level of dental caries at 5, support the need for the high profile placed by Croydon on this area. Child healthy weight has now also become one of the three children’s priorities for the Health and Wellbeing Board.

21.9% of children in reception years were overweight and obese in 2017/18 (23). This means that of the approximately 22,000 1-4 year olds in Croydon, over 4000 of them may be overweight or obese. The National Childhood Measurement Programme (NCMP) data also shows that there is variation across schools and wards with the north of the borough having higher levels of excess weight. A positive trend is that the rates of obesity in three of the most deprived areas – Fieldway, New Addington, and South Norwood – saw a reduction in the numbers of children overweight and obese at reception between 2014 and 2017, whereas Thornton Heath remained at 27%. A greater understanding of these trends is required.

Anecdotally, there has been an increase in the numbers of children presenting to acute services with underlying ‘rickets-like’ conditions linked to malnutrition. Further work is needed to unpick this picture locally.

2.5.1 Oral Health

Tooth decay is the number one reason for hospital admissions among young children in England (26). Consequences of poor oral health such as discomfort, pain, aesthetics, and loss of function can impact on eating, speaking, sleeping, family life, and ability to go to school or work. Experiencing tooth decay or having missing teeth or ill-fitting dentures can lead to an individual feeling socially isolated, which may affect their confidence and employment chances (26).

Poor oral health can have significant detrimental effects on children’s and their families’ wellbeing and can impact on school readiness and educational attainment due to school absence.

Poor child oral health can also suggest wider health and social care issues such as poor nutrition, obesity, the need for parenting support, and in some instances safeguarding and neglect. 26.3% of 5 year olds in Croydon had one or more decayed, missing or filled teeth in 2014/15. 302 children aged 0-4 were admitted for dental caries during 2013/16, (equivalent to 351.7 children per 100,000, the 16th lowest rate in London). Locally, this equates to 2% of total hospital admissions.

In 2016/17, 613 Children (0.6% of the 0-19 population) in Croydon were admitted to hospital for dental extractions. Those aged 5-9 have the highest rate of admissions compared to the other age groups. The proportion of children who accessed dental services in 2016/17, was lower than the London average in every age category (see Appendix 6) (27), identifying the need to improve early access to dental services.

A Public Health England (PHE) report in 2017 on the dental health of five year old children in Croydon found that: "Croydon local authority has levels of decay that are higher than the average for England. The prevalence of decay that is related to long term bottle use, is higher than the national level. This suggests that action to discourage long term bottle use and sugary drinks consumption will be needed if oral health levels are to be improved." (28).

Co-ordinated action is needed to tackle the underlying causes of poor oral health. This fits into the wider prevention agendas of partners in Croydon. Oral health should be integrated within broader public health programmes including those addressing obesity, improving diet and lifestyles, breastfeeding and weaning, smoking cessation, and interventions tackling excessive alcohol consumption (26).

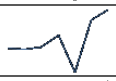
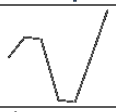
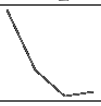
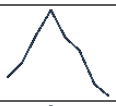
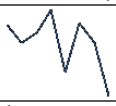
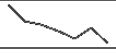
The (2018) review of health visiting services in Croydon identified the need for a stronger partnership approach to delivering the HIAs. Key universal partners in moving this HIA forwards include the health visitors, the early years providers, the Tier 1 weight management offers, Children's Centres, the wider Best Start Family Solutions service, LiveWell, the food poverty working group, and the healthy weight steering group. The Early Years providers are being supported to implement the Healthy Early Years programme which aims to help reduce health inequalities by supporting a healthy start to life across themes that include healthy eating, oral and physical health, and early cognitive development.

2.5.2 Recommendations:

1) Integrate all programmes supporting the healthy weight and nutrition of children and families.
2) Support further implementation of Healthy Early Years London Programme.
3) Tier 1 weight management offer to support healthy nutrition from age 2.
4) Implement interactive tool to support parents and professionals find local health weight and nutrition options.
5) Oral health should be integrated within broader public health programmes including those addressing obesity, improving diet and lifestyles, breastfeeding and weaning, smoking cessation, and interventions tackling excessive alcohol consumption (26).
6) A partnership approach to healthy weight and healthy nutrition is required to improve healthy weight, nutrition, and oral health including working with transport, planning, and others
7) Improve access to dental services at the right time to improve oral health and reduce admissions.

2.6 Managing minor illness and reducing accidents [HIA5]

"Illnesses such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, and poor oral health are the leading causes of attendances at A&E and hospitalisation amongst under 5s. Unintentional injuries are also a major cause of morbidity and premature mortality for children and young people in England." (29)

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
A&E attendances, 0-4 years Rate of A&E attendances per 1,000 population aged 0-4	601.8	695.0	619.1	17,718	⇧		2016/17
Emergency admissions, 0-4 years Rate of finished emergency admissions per 1,000 population aged 0-4	157.6	113.4	122.1	3,487	⇧		2016/17
Hospital admissions for unintentional and deliberate injuries Rate of hospital admissions caused by unintentional and deliberate injuries per 10,000 population aged under 5 years	126.3	94.8	122.6	351	⇔		2016/17
Tooth extractions due to decay Rate per 100,000 children aged 0-10 of finished consultant episodes where a tooth extraction was performed due to tooth decay	421.7	567.6	517.2	318	▫		2016/17
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	0	⇧	n/a	2016/17
MMR for one dose vaccination coverage % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday	91.2%	85.1%	80.3%	4,597	⇩		2017/18
MMR for two doses vaccination coverage % of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday	87.2%	79.5%	67.0%	3,948	⇩		2017/18
Smoking at time of delivery % of women who smoke at time of delivery	10.7%	4.9%	6.6%	353	⇩		2016/17

Addressing the high numbers of A&E attendances and A&E admissions is a key element of the Child Health Transformation Strategy and there will be a focus on children with high levels of A&E attendance (2018) (30).

266 children under 1 were admitted for respiratory infections in 2016/17, equivalent to a rate of 427.7 per 10,000 which was 9th highest rate in London. (18) Lower numbers of (51) of 2-4 year olds were admitted for respiratory infection which was the 5th highest rate in London. (5). The reasons for the high number of admissions of 0-1 year and higher rate of 2-4 year olds old needs further exploration. Croydon has a high rate of unintentional injuries. Unintentional injuries for the under 5s tend to happen in and around the home. They are linked to a number of factors including:

- child development
- the physical environment in the home
- the knowledge and behaviour of parents and other carers (including literacy)
- overcrowding and homelessness
- the availability of safety equipment
- consumer products in the home (29)

Extractions due to dental decay are also high in Croydon. There were 318 admissions for extractions in 2016/17, which was approximately 23% of elective admissions for the age group (23). As oral health is a complex issue, ranging from diet to hospital admissions to absenteeism, we have captured it here within the Healthy Weight, Healthy Nutrition HIA to highlight the key preventable components.

The number of children having both doses of the MMR reduced to 67% in 2017/18 which is lower than London and England and is too low to support herd immunity. The World Health Organization (WHO)

recommends that 95% of the population needs to be immune to prevent an outbreak of a disease. There are only two immunisation and screening indicators where Croydon performs well compared to England: the percentage of children in care who have up to date immunisations, and the percentage of babies with a newborn blood spot screening.

As with all the HIAs, helping parents manage minor illnesses and encouraging uptake of immunisations needs a partnership approach. A client survey undertaken as part of the 2018 health visiting review asked whether respondents had discussed minor illnesses with the health visiting team, and 265 (27%) respondents said they had not discussed it, but that they would have liked to. In addition 226 (23%) respondents say they would have liked to have discussed their child's teeth and gums with the health visiting team.

2.6.1 Recommendations:

1) To increase childhood immunisation across Croydon, in particular MMR2 rates to 95% to provide herd immunity.
2) To take a system wide co-operative approach to tackle poor immunisation uptake.
3) Implement Child Health Transformation Strategy recommendations on improving immunisations as a priority area.
4) Implement comprehensive immunisation plan for all vulnerable children.
5) Improve access to community based care for Long Term Conditions as per Child Health Transformation Strategy and reduce unplanned A&E attendances and admissions.
6) Support local implementation of guiding families to access and use appropriate levels of care for their needs, including self-care and community services.
7) Better understand variation in admissions for upper respiratory tract infections for 0-1s and 2-4s.

2.7 Health, wellbeing, and development of a child aged two [HIA6]

"Age 2-2½ is a crucial stage when problems such as speech and language delay, tooth decay or behavioural issues become visible. Early identification and good quality evidence-based early intervention improve outcomes." (31)

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Percentage of 2-2.5 year reviews completed	76.5%	63.8%	21.20%				Q1 2018/19
Ages and Stages Questionnaire % of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	89.2%		100.0%		▫	n/a	Q1 2018/19
Percentage of children at or above expected level of development in all five areas of development at 2 2.5 years	83.3%	84.4%	81.8%	752			2017/18
School readiness: reception pupils % of pupils achieving a good level of development at the end of reception	70.7%	73.0%	73.4%	3,710	⇧		2016/17
School readiness: reception pupils, free school meals % of pupils with free school meal status achieving a good level of development at the end of reception	56.0%	63.6%	62.8%	502	⇧		2016/17

The number of 2 year reviews completed by the health visitors reached 33% in September 2018. More ambitious targets are being set for 2019/20. This and the earlier review for one year olds are a key means of identifying developmental needs, which would mean faster access to appropriate services and support. The need for early identification and intervention was a key theme identified in the SEND review (38). Croydon is also implementing a model of integrated reviews which combine the results of the health visitor review and the review undertaken by early years' providers.

82% of children in Croydon who had a recorded Ages and Stages Questionnaire (ASQ3) score were at the expected level of development in all 5 areas, which was 3% lower than the London average. The number of reception aged children who were school ready was 73.4% which means that approximately 1,200 children each year are not ready for school.

Funded early education places are an opportunity to prepare children for school. Croydon had a good uptake rate for the 2 year old funded education in 2017/18 (82%) relative to London (61%) and England (72%) This was 13% higher than 2016, and for first time was higher than statistical neighbours.

185 of the 900 plus respondents to the health visiting survey would have liked to have discussed preparing their child for school and 158 would have liked to have discussed speech and language. Increased numbers of 1 and 2 year checks should reduce these numbers. Respondents were generally very satisfied with the discussions if they had them, varying from 76% speech and language, 84% teeth and gums, 87% immunisations, and 96% for preparing your child for school.

Children's centres offer a range of child development and school readiness activities through stay and play sessions to help prepare children for moving onto nursery or starting school. Families are also able to attend courses, for example Baby Massage, Bookstart, or Transition workshops. Children's centres work with Best Start services to either host or co-deliver with other practitioners, for example Chatterbox which provides parents and carers advice and support to meet their children's speech, language, and communication needs. In 2017/18 there were 2078 children aged 1-2, 2055 children aged 2-3, and 997 children aged 4-5 who accessed Best Start children's centre services.

2.7.1 Recommendations:

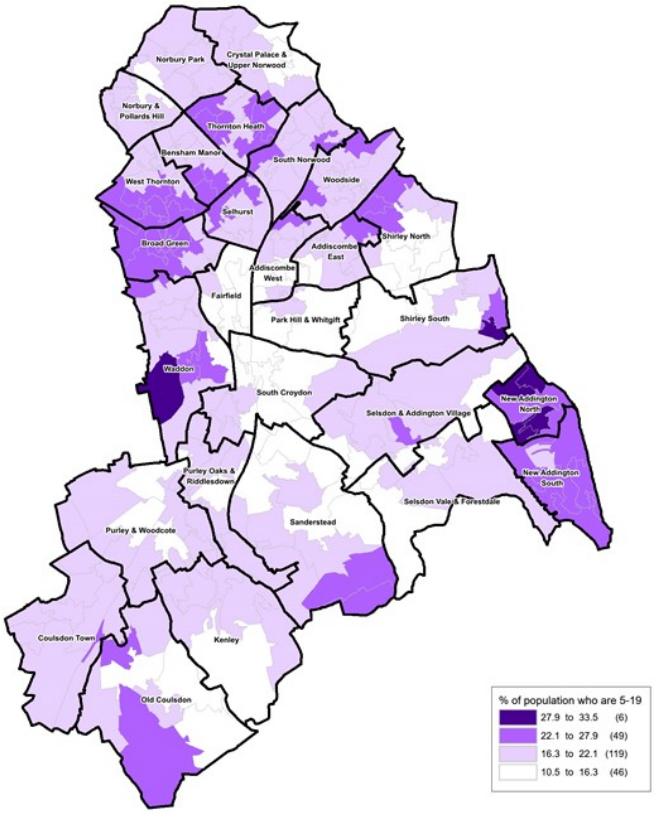
1) Maximise early identification of developmental issues and appropriate onward referral through 2 year and integrated 2 year checks with early years providers.
2) Use new Early Help pathways to maximise intervention at the right time and right place.
3) More ambitious targets are being set for 2019/20 to improve health visiting activity, continual monitoring and improvement is needed.
4) Working with early years providers to support implementation of Healthy Early Years London programme.
5) To explore the characteristics of those who are not ready for school, and identify the level of support needed to improve their outcomes.

3.0 Healthy School-Aged Children: 5-19s

3.1 Demographics

	Aged 5-19		
	No.	%	London %
Estimated population in 2016	74,319	19.4%	17.6%
Estimated population in 2026	84,858	19.9%	18.0%
Increase	10,539	14.2%	12.9%
Estimated BAME population in 2016	45,986	61.9%	55.0%
Estimated BAME population in 2026	58,281	69.5%	57.3%
Increase	12,295	26.7%	17.6%
Migrating into borough (from UK and abroad between 2015 and 2016)	3,634	4.9%	6.2%
Migrating out of borough (from UK and abroad between 2015 and 2016)	4,554	6.1%	6.4%
Churn (as a % of mid-2016 population estimate)	8,188	11.0%	12.7%
Number of children living in low-income families (2015)	11,405	15.4%	16.8%

% of population who are 5-19
2016 Mid Year Estimates



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The estimated number of 5-19s in the Croydon population was 74,319 in 2016 (11) and is predicted to increase by 14.2% (10,539 children) by 2026 (5).

Net migration data in 2015/16 for the 5-19 population shows 3,624 children entered the population and 4,554 left (11). This level of 'churn' (11.0%) is due to a combination of several factors including migration, but is lower than London (12.7%) for this age group. Providing adequate and timely support to families entering and leaving the borough presents additional workload challenges for services. 61.9% of the 5-19 population was from a BAME group. The total is expected to rise to 69.5% by 2026 (32).

English is a second language for 9.0% of Croydon 3-15s but this ranges from 2.3% to 18.9% across the wards. This drives demand for interpreting and translation support within schools and services, and the need for culturally appropriate provision (13).

18.7% of primary school aged children are eligible for and claiming free school meals, higher than the London average (23). This can be used as an indicator of deprivation, with fewer children receiving free school meals going on to achieve 5 A*-C grades at GCSE, or going on to higher education (33). There are 35,690 children attending one of Croydon's 96 primary schools and 23,396 children attending one of Croydon's 30 secondary schools. In total there are 68,322 children attending schools and colleges in the borough, but these children will not all be residents in Croydon (34). Provision of services for this age group has to account for both school and resident populations.

3.2 Resilience, Mental Health and Emotional Wellbeing [HIA 1]

"Promoting children and young people's resilience is an important part of a public health approach to securing good outcomes for this age group. Resilience is the capacity to bounce back from adversity and children and young people may be exposed to a number of challenges as they are growing and developing. Protective factors increase resilience, whereas risk factors increase vulnerability. Resilient individuals, families and communities are more able to deal with difficulties and adversities than those with less resilience (UCL Institute of Health Equity 2014)." (35).

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
Persistent absenteeism % of persistent absentees in primary schools	8.3%	8.3%	9.1%	2,699	▫	n/a	2016/17
Persistent absenteeism % of persistent absentees in secondary schools	13.5%	11.9%	12.9%	2,452	▫	n/a	2016/17
Fixed term exclusions % of primary school pupils receiving a fixed-term exclusion	1.2%	0.8%	1.2%	396	▫		2015/16
Fixed term exclusions % of secondary school pupils receiving a fixed-term exclusion	8.5%	6.9%	6.5%	1,452	▫		2015/16
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	292.5	380.3	586.2	197	⇧		2017
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	▫	n/a	2016
Emotional wellbeing of LAC Average difficulties score for LAC aged 5-16 who have been in care for at least 12 months	14.1	13.7	10.8	n/a	▫		Mar 17
Emotional wellbeing of LAC % of children where average difficulties score indicated there is a cause for concern	38.1%	35.5%	21.9%	39	▫	n/a	Mar 17

For some children, life is more complex, and mental ill-health and inequalities can begin at a very early stage, holding back development and access to opportunities.

A recent National survey of the Mental Health in Children and Young People (November 2018) (36) revealed that

- 1 in 8 (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017 and that 1 in 20 had two or more disorders.
- Rates increased with age from 1 in 18 children aged 2 to 4 years to 1 in 6 young people aged 17 to 19 years.
- Emotional disorders have become more common increasing from 3.9% (in 5 to 15 year olds) in 2004 to 5.8% in 2017.
- Rates of emotional disorders were highest for those aged 17-19 (14.9%).
- Young women aged 17 to 19 had the highest rates of mental disorder with one in four (23.9%) having a diagnosable mental disorder and of these half reported having self-harmed or attempted suicide.

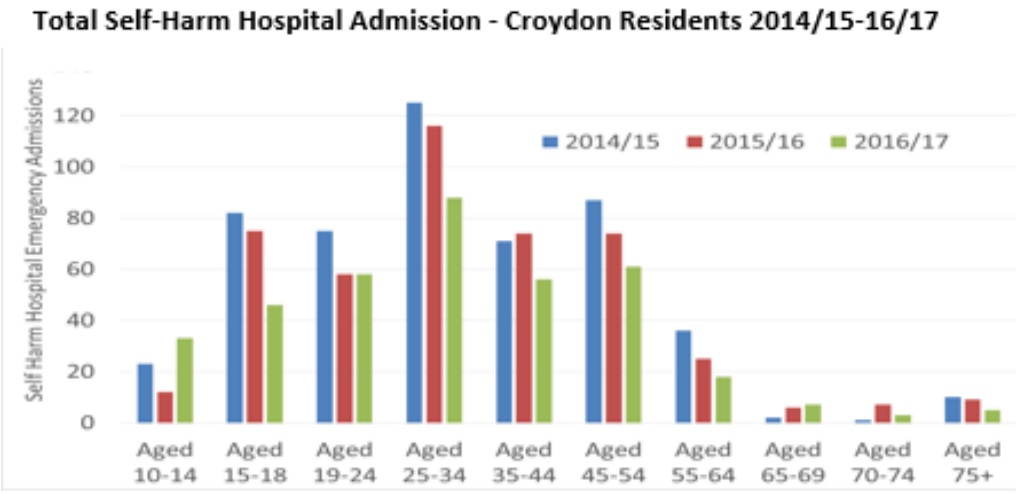
The table above shows a range of indicators that can be used as proxy measures for the resilience and emotional wellbeing of children and young people. They highlight particular areas of concern but the intention of bringing them together under this heading is to create a holistic picture across a range of issues.

50% of all adults with a lifetime mental illness (excluding dementia) will experience symptoms by the age of 14 and 75% will experience symptoms by the age of 18 (38).

Mental health conditions often co-occur, with over 1 in 4 children with a mental disorder, and just under 1 in 3 with autism spectrum disorder, also suffering from another of the main types of clinically recognisable mental health disorder, most commonly conduct disorder (39).

About 1 in 10 young people will self-harm at some point, with 7-14% of adolescents having self-harmed once in their life, and vulnerable groups are identified as being more likely to self-harm. Having a friend who self-harms increases the probability that other young people do the same (40). Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing. This is not the case in Croydon, where the trend is decreasing in most age ranges. Latest data also shows the hospital admission for self-harm in Croydon was lower than the England average (249.2 directly standardised rate per 100,000 (aged 10-24 years) in Croydon, compared to 404.6 per 100,000 England, in 2016/17)) (41).

However, self-harm hospital admissions in 10-14 years olds appears to be increasing in Croydon but is not statistically significant. This is in line with national trend, where hospital admissions for self-harm in children have increased in recent years. (42). More work is needed to understand why self-harm admissions whilst still high, are generally declining, and identify and strengthen local good practice.



When compared to London boroughs, Croydon has the 8th highest hospital admission rate as a result of self-harm; and 4th highest when compared to its statistical neighbours – e.g. 227.7 directly standardised rate of finished admission episodes for self-harm per 100,000 aged 10-24; this equates to 160 admissions in 2016/17. There is a limitation, however, as this only reflects admission data and therefore anyone attending A&E may not be captured here. (42)

Admissions for young women are higher than admissions for young men; there were twice as many female self-harm hospital admissions as male, with females aged 15-24 being notably higher, (see graphs in Appendix 7). (42)

Croydon's Child and Adolescent Mental Health Services (CAMHS) saw 2,700 young people across their Tier 2 and 3 services in 2016/17 (34).

While children and young people's mental health and wellbeing has been recognised as an area for concern nationally, the project team does not currently have adequate data to assess the level of need or gaps in provision amongst the 5-19 year old population beyond high level estimates based on modelling. This work will be reflected in the update of the CYP Mental Health Local Transformation Plan, expected to be finalised January 2019.

Investing in mental health services for CYP has short and long-term impact not only for CYP but to the wider system. National evidence on effectiveness and cost-effectiveness can be seen in Appendix 8 (43).

3.2.2 Mental Health in Schools

In January 2018, Croydon bid to take part in the Anna Freud 'Mental Health Services and Schools Link' programme, which aims to help localities assess their work around mental health in schools against the CASCADE framework:

- Clarity on roles, remit, and responsibilities of all partners involved in supporting CYP mental health
- Agreed point of contact and role in schools/colleges and CYP mental health services
- Structures to support shared planning and collaborative working
- Common approach to outcome measures for young people
- Ability to continue to learn and draw on best practice
- Development of integrated working to promote rapid and better access to support
- Evidence-based approach to intervention

Around 70 colleagues from schools and agencies in Croydon participated in workshops, improving knowledge of provision as well as examining the local context against the framework. The workshops were a starting point for work to improve understanding of need and connectivity between mental health services and schools locally.

As a result of the workshops, a Schools' Wellbeing Forum was created, which meets termly and at which mental health is the main focus. Learning from the programme will inform Croydon's participation as a "fast follower" in the pilot programme of mental health in schools support teams, which is running with a cluster of 12 invited schools.

In 2019, the council will offer Mental Health First Aid training for all schools, and all schools moving on to Silver Healthy Schools awards are encouraged to design at least one project addressing mental health and wellbeing.

Locally, there is a refresh underway of the Local Transformation Plan for CYP Mental Health (2015/20). The refresh aims to pull together needs and solutions from across the borough for children and young people's mental health. It acknowledges that CCG commissioned Child and Adolescent Mental Health Services (CAMHS) are only one aspect of provision and can only meet need above a set threshold due to capacity. In Croydon, the council commissions additional tier 1 mental health services for CYP, including counselling services. As part of the Anna Freud workshops it was noted how disparate additional provision was within schools; some schools had purchased in house counsellors or programmes, both for children and parents. An example is the use of 'Parent Gyms' to have activities such as cooking classes for a range of families of differing need to introduce opportunities to learn and to create support networks for parents without stigmatising individuals or groups. Additional staff time for running programmes and accessing funding were cited as issues for provision of additional services, and this variation in accessibility means that access to additional support is unlikely to be equitable. More work is needed with key stakeholders to identify what provision is in place across the borough, the related outcomes and what we can do to replicate and expand provision in areas in which it is needed.

3.2.3 Youth offending, and gangs involvement

Youth offending, gang involvement, and violence, as with most risky behaviours, can all be a consequence of poor resilience and low emotional wellbeing and can contribute to them. Due to the complex nature of this topic we have highlighted this area under the vulnerable groups section here.

3.2.4 Recommendations:

1) A deep dive exploring vulnerable adolescent mental health has been scoped and should now be taken forward to better understand needs in this cohort.
2) To explore CYP mental health provision across the borough and particularly in schools to better understand offer, need, and access.
3) To continue to build strong links between schools and mental health services to create robust referral pathways into services.
4) To build capacity in the system to be able to step up and step down support between specialist and community services.
5) To understand the decline in local self-harm admissions and pull through local best practice to improve outcomes.
6) To continue the implementation of the multi-agency self-harm and suicide action plan which has specific focus and a range of interventions targeting CYP.

3.3 Reducing risky behaviours [HIA 2]

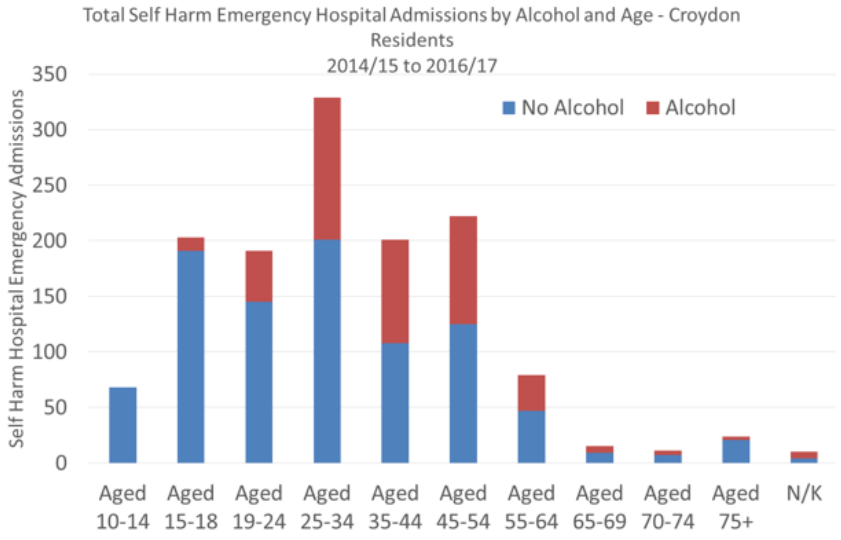
“Children and young people face many new challenges and experiences as they grow and develop; part of growing up includes experimenting and trying new things. Risky behaviours are those that potentially expose young people to harm, or significant risk of harm, which will prevent them reaching their full potential. Some risky behaviour is normal and part of growing up and may be influenced by peer pressure, social media, friends and family and the wider community (Cabinet Office and Department of Health and Social Care, 2015).” (44).

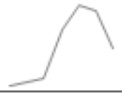
High Impact Area 2: Reducing risky behaviours

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	327.1	407.3	527.5	197	⇩		2016
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	▫	n/a	2016
Under 18 conceptions Rate of conceptions per 1,000 population women aged 15-17	18.8	17.1	25.0	175	⇩		2016
Under 18 abortions Rate of abortions per 1,000 population women aged 15-17	8.9	10.1	16.0	113	⇔		2016
Under 16 conceptions Rate of conceptions per 1,000 population women aged 13-15	3.0	2.4	4.5	30	⇩		2016
Repeat terminations % of repeat terminations in women aged under 25	26.7%	30.8%	33.2%	262	⇔		2016
HPV vaccination coverage % of female population aged 12-13 who received the first (priming) dose of the HPV vaccine	87.2%	83.8%	77.8%	1,565	▫		2016/17

3.3.1 Substance Misuse

There were 67 emergency admissions for alcohol specific conditions in under 18s in Croydon between 2012/13 and 2014/15; while no trend is available, Croydon’s rate of 24.4 per 100,000 is similar to London (23). The period between 2014/15 to 2016/17 showed a low alcohol usage for young self-harm admissions (42)



Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Smoking prevalence - current smokers % of 15 year olds responding to the WAY survey stating they were current smokers	8.2%	6.1%	7.2%	n/a	=	n/a	2014/15
Alcohol related admissions to hospital Age standardised rate of hospital admissions for alcohol-related conditions (narrow definition) per 100,000 population, all ages	636.0	529.0	492.0	1,662	=		2016/17
Hospital admissions for alcohol-specific conditions Rate of hospital admission for alcohol-specific conditions in young people aged 0-17 years per 100,000 resident population	34.2	19.4	20.0	56	=		2014/15-2016/17
Drunk in the past four weeks % of 15 year olds responding to the WAY survey stating that they had been drunk in the past four weeks	14.6%	8.9%	8.2%	n/a	=	n/a	2014/15
Taken cannabis in the past month % of 15 year olds responding to the WAY survey stating that they had tried cannabis in the past month	4.6%	5.0%	4.4%	n/a	=	n/a	2014/15
Taken drugs other than cannabis in the past month % of 15 year olds responding to the WAY survey stating that they tried any drugs other than cannabis in the past month	0.9%	1.0%	0.9%	n/a	=	n/a	2014/15-2016/17
Hospital admissions due to substance misuse Rate of hospital admission for substance misuse in young people aged 15-24 years per 100,000 resident population	89.8	67.2	69.8	91	=		2014/15

The What About YOUth? (WAY 2014/2015) survey indicated that 7.2% of 15 year olds in Croydon were currently smokers, 8.2% had been drunk in the last 4 weeks, 3.5% were regular drinkers, and 4.4% had taken cannabis in the last month, all similar to London (23). Turning Point and Youth Offending Team (YOT) offer substance misuse services to young people in Croydon, in the year to September 30th 2018, 85 young people were being supported with a variety of dependency issues, though alcohol misuse remains the most prevalent (45).

Prevention targeted at this group needs to consider personal social and health education (PSHE) provision and workforce development; locally the young people's substance misuse team offer training throughout the year to professionals who work with young people covering Alcohol and sexual health risk. A substance misuse prevention framework is currently being developed through an engagement process with stakeholders.

Locally, Croydon's trading standards team enforce a range of consumer protection legislation, including laws concerning the sale or supply of age restricted products including tobacco, alcohol, fireworks, butane, and knives. It is a criminal offence to supply any of these products to a person under the age of 18. The team offer business advice to retailers operating within the borough and provide free of charge, trader training sessions on the law (called 'Do You Pass?').

Since April 2018, 115 test purchases of all the products above have been attempted throughout the borough, leading to warning notices being issued, and legal action being taken on premises that have failed. More about knife crime is covered here. Enforcement action is dependent on local intelligence and a co-ordinated approach is needed to identify and target higher risk premises.

3.3.2 Sexual Health (Teenage Pregnancy see 4.3.1)

Locally, there are four priority areas for sexual health, identified in the Sexual Health strategy, 2011 and renewed in phase 1 of the sexual health needs assessment (SHNA) in 2018:

1) Reducing Sexually Transmitted Infections
2) Reducing Unplanned Teenage Pregnancy
3) Reducing Repeat Abortions
4) Reducing late diagnosis of HIV

Additionally, a key aim is to destigmatise sexual health for Young People, to normalise routine testing, and allow young people to make informed and safe choices regarding their sexual health as they would with any other aspect of their health and wellbeing.

Croydon has an open access sexual health service which offers comprehensive sexual health screening and contraception. The SHNA indicates that need is higher in the north of the borough and in New Addington, in line with known areas of higher deprivation. More information is available in the SHNA and the quarterly updates of the Sexual Health Scorecard available via the Croydon Observatory.

The council commissions a targeted enhanced sexual health pharmacy service in these areas, which seeks to bring aspects of sexual health provision into the community, including access to emergency hormonal contraception, self-testing, and advice. The borough also participates in condom distribution scheme which gives registered young people access to free condoms weekly across a range of community settings. This also provides the opportunity for providers to 'Make every contact count' and engage with young people on a range of health and wellbeing issues including sexual health.

Chlamydia, a sexually transmitted infection, is a known concern in 15-24 year olds, both locally and nationally. Chlamydia can present with little or no symptoms, and delays in detection and treatment can result in both onward transmission and longer term impacts including infertility. Croydon performs well in detection and screening coverage rates but trends have been declining. Our local offer under the national chlamydia screening programme aims to improve uptake by ensuring self-sampling kits are located in a range of community outlets and youth settings, to embed routine testing and destigmatise sexual health.

78.5% of females aged 12-13 have received the Human Papilloma Virus (HPV) vaccine, lower than the London average (23). HPV infection can be transmitted sexually and is associated with cervical cancer; high vaccination coverage is predicted to reduce cervical cancer diagnoses in the future, with resultant savings for the health service. NHS England recently announced extension of the vaccination programme to include boys and men from 2019.

The Young Persons Sexual Health Outreach (YPSHO) service delivers sexual health training to professionals working within Croydon and provides 6-8 week intensive relationship and sex education (RSE) course at 15 local secondary schools with the highest rates of teenage pregnancy. This service is in high demand, and there has been additional engagement and requests for support from schools since the new statutory RSE requirements were announced. The YPSHO is working with the council to develop course materials and resources to support teachers in delivering RSE lessons once the new guidance is enacted in 2020. In addition the service provides outreach clinics and training sessions in all of Croydon's colleges, at key young people's events.

We also commission a specialist domiciliary nurse to work with particularly vulnerable clients, to access and engage with services, especially at key points such as contraception follow up after a termination of pregnancy. In Croydon, the Sexual Health and HIV partnership board has a workstream

to better understand the causes behind repeat terminations. A similar partnership approach is needed to embed the latest pre-conception care guidance into a core part of the integrated offer, working across community, sexual health services, the health visiting and midwifery systems.

Locally, we recognise the overlap between sexual health, mental health and substance misuse, by providing services such as condom distribution scheme outlets and chlamydia screening kit outlets at venues used for other services such as youth counselling. We have also incorporated a range of issues that affect CYP into the healthy behaviours service 'Live Well', and the Getting It On website. However, more work is needed to clarify pathways between services and better integrate services.

Teenage pregnancy, and repeat terminations due to the many potential underlying factors are covered in more detail here.

3.3.3 Youth offending, gangs, violence

Youth offending, gang involvement, violence is an example of risky behaviour young people may become involved in for a variety of reasons. Due to the complex nature of this topic we have highlighted this area under the vulnerable groups section here.

3.3.4 Recommendations:

1) Co-ordination between development of new RSE materials and substance misuse training to support PSHE provision including broader public health messages, enabling informed decision making.
2) To ensure referral pathways from children's services to substance misuse services are clear and effective, and also capture referral routes for parental substance misuse.
3) To take forward phase 2 of the sexual health needs assessment to identify prevention focused service models and effective interventions to improve outcomes in priority areas.
4) To take forward the actions of the serious youth violence action plan 2018.
5) To better understand the local drivers for serious youth violence, and understand potential mitigating factors – this may be achieved through the serious case review being undertaken by the safeguarding board expected early 2019
6) To take a partnership approach to embedding new pre-conception care guidance, to shift towards joined up care and planned pregnancies.
7) To ensure integrated care and joined up pathways between CYP services for Mental Health, Sexual Health and Substance Misuse.

3.4 Improving lifestyles [HIA 3]

"Children and young people face many different factors involved in staying healthy, including personal choices and behaviours (for example smoking, oral health, nutrition, physical activity, and sexual activity), the environment, social networks and media. The impact of these factors varies at different times in a child/young person's life and all have an effect on health and wellbeing." (46).

High Impact Area 3: Improving lifestyles

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Excess weight in children (aged 4-5) % of children in reception classified as overweight or obese	22.6%	22.3%	23.7%	1,140	⇔		2016/17
Excess weight in children (aged 10-11) % of children in year 6 classified as overweight or obese	34.2%	38.5%	37.7%	1,548	⇑		2016/17
Smoking prevalence - current smokers % of 15 year olds responding to the WAY survey stating they were current smokers	8.2%	6.1%	7.2%	n/a	=	n/a	2014/15
5 a day intake % of 15 year olds responding to the WAY survey meeting the recommended '5-a-day' fruit and vegetables	52.4%	56.2%	52.8%	n/a	=	n/a	2014/15
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	96	=	n/a	2016/17

3.4.1 Obesity

Children and young people who are overweight or obese are more likely to be ill and be absent from school. They are more likely to have asthma, sleep problems, lower self-esteem, pre-diabetes, and pain in their joints and muscles. Obese children are much more likely to be obese adults, where even more serious health consequences occur, such as heart disease and Type 2 diabetes (47).

According to the NCMP, 2017/18, in Croydon, 21.9% of reception year age children are overweight or obese which is now lower than the England average at 22.4% (47). However, this number rises to 37.9% of children in year 6 being overweight or obese which is similar to London (37.7%) and higher than the England average (34.3%).

Children living in poorer areas are more than twice as likely to be overweight as children living in prosperous areas (47). Other groups at increased risk are boys, people from BAME communities, and children whose parents are overweight or obese.

Obesity is a complex, multifaceted problem which has many drivers, including behaviour, environment, genetics, and culture. A key element for obesity is the greater consumption and access of processed food and changes in employment and family norms. On average, there are more fast food outlets in deprived areas than in more affluent areas. Affordability and availability of good healthy food can be difficult when living in poverty with limited outlets offering good quality food that offers nourishment to attain and maintain health. In the recent 'Health on the High Street, 2018' report (48) Croydon had 3 streets listed in the top 10 unhealthiest high streets in London: Thornton Heath, South Norwood, and New Addington. These areas are located in the north and east of the borough where we have higher levels of deprivation and health inequalities. Girls born in some areas of Croydon are expected to live six years more than their counterparts in other areas, and for boys the difference is over 9 years.

The link between physical inactivity and obesity is well established, yet physical activity alone cannot combat obesity, we have to look at all areas. The environment shapes behaviours and this has an influence on discouraging/encouraging people to be active. Increasing physical activity has the potential to improve the physical and mental health and wellbeing of individuals, families, and communities, and should be encouraged at all stages of life. As part of Croydon's community strategy (2013/18), we have been striving to adopt a partnership approach to encourage physical activity across the life course. Work in this area must bring together colleagues in all areas, including planning,

licensing, and transport to ensure development and regeneration in Croydon creates an environment that lends itself to healthier choices, including increasing physical activity, ensuring air pollution is reduced, that vendors sign up to commitments to provide healthier options.

We have created a three year action plan to tackle childhood obesity. The aim of this action plan is to promote an environment that enables children, young people, and their families to eat well, be physically active, and maintain a healthy weight.

The School Nursing service delivers the NCMP and the aim of the school nursing service is to contribute to the delivery of the Healthy Child Programme for children aged 5-16 in state-funded schools and pupil referral units within the borough of Croydon. In July 2017, as part of a broader school nursing service transformation project aimed to inform and support the implementation of a universal and targeted delivery model, a rapid review of the service was carried out. The recommendations of this review were to encourage high quality service provision to deliver the healthy child programme, strategic coordination and obtaining the views of children and young people. The school nursing service, alongside other key children's services are due to be recommissioned in April 2020.This provides a valuable opportunity to transform and better integrate the service to improve the local offer for CYP and ensure we are improving outcomes in line with the HIAs.

Croydon has 7 food flagship schools, of which four are primary school settings. Food flagship schools are selected to develop a whole school approach to good food provision and education, making healthier choices available to pupils, staff, and families. Food Flagship schools support other local schools by sharing practice and offering support to make positive changes to their own food environment. Croydon is also part of the Healthy Schools London programme, which incorporates healthy eating amongst its themes; 67 of these schools include primary school settings. There are 10 secondary schools that are registered as part of the Healthy Schools programme, of which 4 have received a bronze award. The council has recently launched the Daily Mile in the borough, where school children walk or run for 15 minutes as part of their daily activities. Currently 27 primary schools have signed up to the scheme. Croydon Council continues to support schools to sign up to the Food Flagship, Healthy Schools London, and Daily Mile initiatives.

Croydon is also taking part in a new initiative launched by the Greater London Authority (GLA), "Schools Superzones", which aims at tackling the unhealthy urban environments within a 400m radius of schools; protecting children's health; and encouraging healthy behaviours through targeted interventions and restrictions on unhealthy foods, advertisements, alcohol, smoking , gambling and vehicle emissions. A few workshops have taken place locally to find levers and engage partners which has resulted in the co-production of a local action plan.

The Palace for Life (PFL) foundation has been contracted to provide tier 1 and tier 2 weight management services to obese and overweight children aged 4-16 years in the borough. However, the capacity for the provision is low. We need to build capacity into the wider system to pick up aspects of healthy weight.

In early 2018, Croydon Council launched a SUGAR SMART campaign in collaboration with the Jamie Oliver Foundation and Sustain (49). This is a systems-wide campaign aiming to raise awareness of the dangers of excess sugar consumption, and to reduce dietary intake of sugar across the borough. Primary schools will be encouraged to sign up to the campaign and pledge to become SUGAR SMART.

3.4.2 Sexual Health (see 3.3.2 and 4.3.1)

This area has been covered in detail here and here.

3.4.3 Substance Misuse (see 3.3.1)

This area has been covered in detail here.

3.4.4 Recommendations:

1) A partnership approach to encourage physical activity across the life course
2) 2) To take a system wide approach to tackle the obesogenic environment, collaborating with key stakeholders such as planning, transport, local businesses and the community.
3) Implement interactive tool to support parents and professionals find local health weight and nutrition options.
4) Oral health should be integrated within broader public health programmes including those addressing obesity, improving diet and lifestyles, breastfeeding and weaning, smoking cessation, and interventions tackling excessive alcohol consumption (26).
5) A partnership approach to healthy weight and healthy nutrition is required to improve healthy weight, nutrition, and oral health.
6) Several different pilot schemes are taking place in schools across Croydon, there needs to co-ordination for both better engagement and to evaluate the impact of the schemes.
7) To utilise the opportunity in recommissioning of key children's services in April 2020 to transform and better integrate services.

3.5 Maximising learning and achievement [HIA 4]

"Good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities. In addition, children who thrive at school are better placed to act on information about good health. Poor health in adolescence can last a lifetime, however appropriate support can positively affect them as individuals, and society as a whole. Early preventative measures, including public health, can make a huge difference."

Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇓		2016/17
Persistent absenteeism % of persistent absentees in primary schools	8.3%	8.3%	9.1%	2,699	▫	n/a	2016/17
Persistent absenteeism % of persistent absentees in secondary schools	13.5%	11.9%	12.9%	2,452	▫	n/a	2016/17
Fixed term exclusions % of primary school pupils receiving a fixed-term exclusion	1.2%	0.8%	1.2%	396	▫		2015/16
Fixed term exclusions % of secondary school pupils receiving a fixed-term exclusion	8.5%	6.9%	6.5%	1,452	▫		2015/16

3.5.1 Attainment

58.3% of Croydon secondary school children achieve 5A*-C grades at GCSE, lower than the London average (23). We know these figures get lower when looking at attainment for children who are looked after, or those receiving free school meals. We need to better understand the barriers to good levels of attainment in these cohorts and put effective early support in place to mitigate the impact of wider health and wellbeing needs on attainment and as a result opportunities and transition to adulthood.

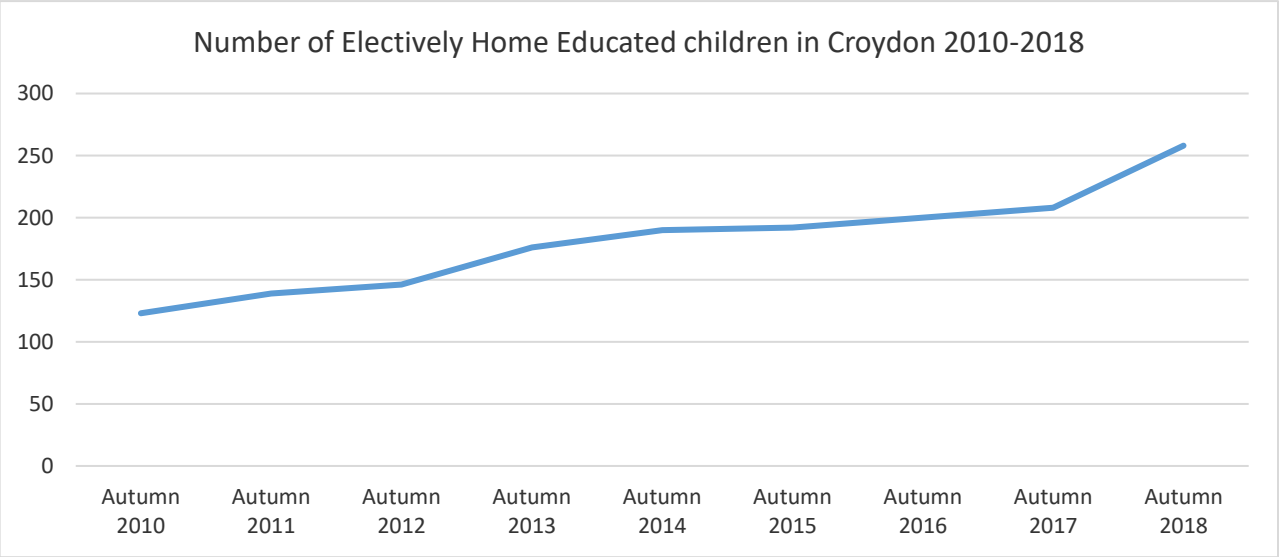
3.5.2 Persistent Absenteeism

Persistent absenteeism is significantly higher than in London for both Primary and Secondary schools in Croydon. Children are considered to be persistently absent when they miss at least 10% of possible sessions.

Persistent absenteeism is linked to many wider determinants including deprivation and crime. Those who are persistently absent are more likely to have poorer outcomes including lower levels of attainment, poorer mental health, and homelessness (50). A fixed period exclusion is where a child is temporarily removed from school. They can only be removed for up to 45 school days in one school year, even if they've changed school.

Fixed term exclusions in Croydon secondary school pupils are higher than London but similar to England rates. Fixed term exclusions can be particularly isolating, and can increase how vulnerable a young person becomes, particularly when attending Pupil referral units or becoming NEET. There is a known additional vulnerability to child exploitation and involvement in gang violence and crime. An early help approach, to identify those most at risk of exclusion and to work with the child to mitigate risks is needed. This will include a partnership approach and to move away from exclusions.
There are also children who are not part of mainstream education for a variety of other reasons, including, children in travelling families, and home schooled children.

The numbers of electively home educated children, in the borough, known to Croydon Council are 258, steadily increasing in line with other local authorities.



All elective home education referrals are logged and monitored, including referrals by health and social care where previously unknown elective home education families have come to the attention of health and social care professionals. The children are tracked in regard to their education provision, and this process effectively identifies children who might be vulnerable and inappropriately in elective home education as well as identifying children in receipt of suitable and efficient education.

Gypsy and Traveller families are another area where we need to better understand needs. This cohort of children are known to have issues with access to services, including not being registered with a GP or attending school and this has a knock on impact on attainment, literacy and health. Little quantitative data exists for this cohort, however, a local report in 2016 looked at Gypsy and Traveller welfare, and outlines key information around needs for this group.

Additional work is needed to understand the health and wellbeing needs of this cohort, who may not access services in the same way, may have additional or complex needs and may miss opportunities such as access to joined-up care, immunisation schedules, and attainment milestones.

3.4.3 Transition to secondary school

It is important that children and their families experience a smooth transition from primary to secondary school, in particular so that primary children benefitting from specialised services continue to receive such services in their secondary school setting. The school nursing service can help to facilitate this transition, for example it has delivered transition assemblies in some schools. The need for transition plans for SEND was also picked up during the SEND review 2017, as a concern for professionals and parents (51). A partnership approach is needed to understand need and co-ordinate pathways between child and adult services, to share data and ensure provision is needs based.

3.4.4 Recommendations:

1) To better understand transition between primary and secondary school, and ensure support is in place for those with additional needs through co-ordinated planning and engagement
2) To ensure pathways between child and adult services are joined up and that provision is picked up seamlessly
3) To find opportunities to mitigate the impact of exclusions and identify the characteristics of children who are vulnerable to being excluded and provide health early.
4) To better understand Health and Wellbeing Needs in hard to reach cohorts, such as Gypsy and Traveller families, Asylum Seekers and others.

4.0 Vulnerable Groups: 0-25s

“Identifying vulnerable children and young people who are at risk of health inequalities is challenging. They are less likely to be well engaged with services and they are unlikely to be captured in national statistics, monitoring data or other forms of data, making them vulnerable because they are not recognised as a member of one group or another. Children and young people who are vulnerable are at risk of poorer outcomes […] Children and young people who are vulnerable to adversity, abuse or neglect are not always willing to access conventional services and may face additional challenges that impact negatively on their lives. Their chances of success are disproportionately low unless they can access appropriate early intervention and support.” (52).

The Healthy School Aged programme identified some key areas of vulnerability; (52).

Key facts:

- rates of self-harm are particularly high amongst groups of vulnerable young people, such as those in the youth justice system (PHE, 2018)
- asylum seekers are a group potentially made vulnerable by their living circumstances (PHE, 2017)
- children who are under the care of the local authority face a number of inequalities that may have consequences for their health (PHE, 2018)
- lesbian, gay, bisexual or transgender young people are more likely to undertake behaviours such as smoking and recreational drug use. (Hagger-Johnson et al, 2013, Buffin et al, 2011)
- children from minority ethnic backgrounds are also more likely to live in persistent poverty, which in turn leads to worse outcomes (PHE, 2018)
- persistent absence from school by age 14 and slower than expected academic progress between ages 11-14 are risk factors associated with pregnancy before the age of 18 (PHE, 2018)

Croydon has high numbers of key vulnerable groups such as unaccompanied asylum seeking children (UASC), looked after children (LAC), and those in the youth justice system. Vulnerable children in Croydon are a priority, and often require multidisciplinary care, and access to multiple services. Better understanding of this group can improve service provision and lead to better outcomes. This section explores:

- Vulnerable family characteristics (ACEs)
- Special educational needs and disabilities (SEND)
- Looked after Children
- Teenage Pregnancy
- Long term conditions and Health Services
- Youth Violence and Gang Involvement
- Absenteeism and Fixed Term Exclusions

We have used Healthy School Aged HIA 5 (Supporting complex and additional health and wellbeing needs) and HIA 6 (Seamless transition and preparation for adulthood) within this section as they address some of the underlying factors of vulnerability mentioned above. In addition to these we have discussed broader aspects of vulnerability such as poor CYP mental health covered here and substance misuse covered here.

4.1 Demographics

This section looks more closely at specific groups within the 0-25 category. As such, specific demographic information for all 0-25s in not covered here. This information is available in Appendix 4. We have tried to provide prevalence estimates for specific vulnerable groups where available and appropriate. A table outlining data around some sources of vulnerability is available in Appendix 9.

4.2 Level of need

There are a range of factors that may drive the need for additional support. Poverty, for example affects large numbers of children in Croydon. 18.7% (14,000) of children in Croydon, under 16, live in poverty; to demonstrate, this percentage equates to approximately 5,000 0-4s. The numbers of children affected by poverty increases further when the cost of housing is taken into account. Family homelessness, relationship breakdown, isolation, lack of support, and poor mental health may all increase the need for support. The risks for families and children from such sources of vulnerability need to be identified early, ideally during the antenatal period where possible. More detailed exploration of the evidence base and recommendations around some of these risk factors can be found in the APHR 2018.

4.3 Seamless transition and preparation for adulthood [HIA 6]

“As young people prepare for adulthood they need access to information and support, and knowledge of services to help keep them healthy. They are increasing their independence and becoming less reliant on parents and carers. Building confidence in communicating with health professionals and accessing appropriate services is an important part of improving health literacy. Transition from child to adult services may be worrying for some young people. Health literacy will help them to develop skills around informed consent and decision making about their own health, and to access and use health services appropriately.” (53)

Adolescence is a time of rapid change including:

- physical development, for example growth spurt and sexual maturation
- cognitive development, for example evidence that suggests brain development continues up to age 25 (AYPH, 2017)
- emotional development, for example identity, self-esteem, and resilience
- social development, for example peer influences and sexual identity
- Behavioural development, for example risk taking and the beginning of lifelong behaviours (53).

High Impact Area 6: Seamless transition and preparation for adulthood

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	327.1	407.3	527.5	197	⇩		2016
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	=	n/a	2016
Under 18 conceptions Rate of conceptions per 1,000 population women aged 15-17	18.8	17.1	25.0	175	⇩		2016
Estimated prevalence of mental health disorders Estimated % of population aged 5-16 with a mental health disorder	9.2%	9.3%	9.3%	5,557	=	n/a	2015
Estimated prevalence of emotional disorders Estimated % of population aged 5-16 with an emotional disorder	3.6%	3.6%	3.6%	2,143	=	n/a	2015
Estimated prevalence of conduct disorders Estimated % of population aged 5-16 with a conduct disorder	5.6%	5.7%	5.6%	3,377	=	n/a	2015
Estimated prevalence of hyperkinetic disorders Estimated % of population aged 5-16 with a conduct disorder	1.5%	1.5%	1.5%	919	=	n/a	2015
Secondary school pupils with social, emotional and mental health needs % of pupils in secondary schools with social, emotional and mental health needs	2.3%	2.6%	2.3%	509	=	n/a	Jan 17
In contact with mental health services, aged 0-18 Number of people aged 0-18 in contact with learning disability services, CAMHS and/or adult mental health services	n/a	n/a	n/a	1250	=	n/a	Dec 17

4.3.1 Teenage pregnancy (Sexual Health see 3.3.2)

Croydon has the second highest rate in London of under 16 conception and has the fifth highest rate in London of under 18 conceptions. The teenage conception rate in Croydon is reducing, however an increase in 2013 means that Croydon's rate has not yet fallen to a rate similar to the overall London average. The Family Nurse Partnership (FNP) service works with teenage mothers and their children in an intensive way, focusing on tackling issues related to child development and parenting, contraceptive use, reducing levels of NEET, safeguarding, and reducing the likelihood of mother or baby becoming a 'looked after child'. It might be possible to share skills and best practice to reach other vulnerable groups.

A Teenage pregnancy action plan has been coproduced following a workshop that took place in March 2018 and was attended by multiple stakeholders and young people from Croydon.
This outlines an approach to bringing together stakeholders to prioritise teenage pregnancies. The YPSHO works closely with the council and schools to deliver RSE both to young people and to professionals working with young people. The new statutory RSE requirements will be implemented in 2020 and the team is working closely with schools to provide resources and training for teachers.
Additionally, we locally have a domiciliary nurse specialist who works with vulnerable and hard to reach young people, including care leavers, by providing home visits and contraception follow ups post termination of pregnancy.

Engagement from wider stakeholders across the borough is vital to implement the teenage pregnancy action plan and coordinate a continued fall in unplanned pregnancies.

4.3.2 Transition from school

“Early adolescence is widely recognised as a crucial period that will have an impact and influence on the child or young person’s life. Between the ages of 10 and 14 years, children and young people experience many changes which may impact on their wellbeing, positively or negatively. The transition from primary to secondary school is a crucial transition stage that offers an opportunity to provide support and advice. Evidence suggests that the outcomes for both children and adults are strongly influenced by factors that operate during these years, particularly as they take more control of their own health and wellbeing, including making diagnoses and choices about their health (PHE, 2015).” (53). Information on transition between schools is outlined here. More work is needed to understand needs and put in place support for those who are transitioning out of services and secondary schools.

4.4 Families

A whole family approach is necessary to consider children’s needs holistically, as a parent or family member can have complex needs that can have an impact on the child too. Evidence shows that children who experience many Adverse Childhood Experiences (ACEs) that cause prolonged or excessive stress, are more likely to develop health-harming and anti-social behaviours, perform poorly in school, be involved in crime, and are ultimately less likely to be a productive member of society.

Approximately 9% of children will experience 4 or more ACEs and are a very much higher risk of experiences worse outcomes as an adult. Applying this to Croydon’s population, an estimated 500 babies per year will have experienced four or more ACEs by the time they reach 18 years old. A joint study with the WHO found that children who had experienced four or more ACEs compared with children who had experienced no ACES were:

- 30 times more likely to have attempted suicide
- 10 times more likely to have problem drug use
- 8 times more likely to have committed a crime
- 6 times more likely to have problem alcohol use
- 4 times more likely to have depression
- 4 times more likely to have been a teenage parent

More information about ACEs can be found in Croydon’s 2018 Annual Public Health Report on the first 1000 days. Taking forward some of the recommendations of this report, work is underway within the borough to train the workforce in understanding ACEs, their impact and how to prevent them.
Teenage parents can both be vulnerable themselves and responsible for a potentially vulnerable child. More information of teenage pregnancy is available here.

Parental Substance Misuse
It can be the case that children are exposed to undetected parental substance misuse at home. Parental substance misuse, domestic violence, and mental health issues are often referred to as a ‘toxic trio’; children who are exposed to any of these at home may need additional support and safeguarding (54). Front line staff who interact with families directly are often best placed to make referrals, put in place appropriate pathways and get the right people involved. More data is needed to identify opportunities for safeguarding in this instance, and although to better understand the characteristics of children who may be subject to or witnessing domestic violence, parental substance misuse and parental mental health needs. This will require pulling together evidence nationally, as well as looking at local services and activity to identify what is happening locally.

Family Homelessness
Parental income can impact on all aspects of family life, including food security and housing. The number of homeless households with dependent children are increasing in Croydon. 5.7 families per

1,000 were homeless in 2015/16, significantly worse than London and England. Temporary accommodation can impact on children's health and wellbeing in multiple ways. For example, temporary accommodation may not be well equipped for cooking, limiting healthy choices.

Unpaid Care
877 children in Croydon aged 0-15 were providing unpaid care according to the 2011 census, and 175 of these provided more than 20 hours of unpaid care a week. Although this data is from 2011, parent or guardian ill health can have an impact on children. These children may be in need of additional support and safeguarding, more work is needed to understand those who use services already and those who may be in need but not accessing support services. Providing care can have an impact on all aspects of health and wellbeing and may be evident in school absenteeism or poor attainment.

Neglect and Abuse
This is covered in more detail in the Looked after Children section here.

4.5 Looked After Children

A review of work undertaken at intake to understand the health needs of Croydon's looked after children is ongoing, and expected Early 2019. Those in care may find it harder to access services. Locally immunisations for Children in care and emotional wellbeing have been found to be better than London and England, however, there are some questions about data quality that will be explored further in the review.

4.5.1 UASC

Croydon has a disproportionately high number of UASC as part of its LAC cohort. This is due to the Home Office being located within the borough (41.3 per 10,000 under 18s in 2017, compared to 7.8 per 10,000 in London and 3.9 per 10,000 in England). 390 UASC were looked after in 2017, which is the second highest number of UASC in the country, surpassed only by Kent with 485 children. Overall, there are 785 children in care in Croydon, a rate of 83.1 per 10,000, higher than London (49.9 per 10,000), and England (61.7 per 10,000), however this includes UASC and there is also a downward trend in this overall rate.

4.5.2 Safeguarding

In 2015/16, over 60% of new service users to the Family Justice Court had children. 47% of new referrals had children under 5 years old (54). In July-September 2017, 65% of referrals to the Multi Agency Risk Assessment Conference (MARAC) had children (55). Safeguarding children and young people is a public health priority; however, the project team currently has limited data to provide an overview of the current situation amongst the 5-19s and this area merits exploring further.

794 children in Croydon under the age of 18 were the subject of a child protection plans in 2016/17 (79.4 per 10,000, similar to 86.6 in London, and lower than 97.8 in England). There were 6,919 children in need episodes in 2016/17 (732.7 per 10,000, higher than London (642.6 per 10,000) and England (612.4 per 10,000)). During 2016, 480 children ceased to be looked after in Croydon, less than 5% of these children were adopted which is one of the lowest adoption rates in London, with 6% of those ceasing to be looked after in London, and 14% nationally going on to be adopted (56). Croydon is unique in its high proportion of (UASC), due to the location of the Home Office in Croydon. There were 390 UASC in Croydon, the highest number in London, and the highest proportion of UASC looked after nationally, at 50% of the cohort.

A more recent local extract indicates 777 children in Croydon were being looked after by the local authority on 4/10/18. Of the 777 children, 277 children were UASC. 595 children were subject to Child Protection Plans (CPP), 1077 open Children in Need (CIN) cases, and 744 children aged 18-25 leaving care. It is not possible to benchmark this local extract against other areas, however it demonstrates the current picture and most current need from the social care system. It is also worth noting, that Croydon places children in out of borough placements where they are considered suitable for the child and other local boroughs place looked after children in Croydon. This means there are additional children in Croydon, accessing services and attending schools who may be looked after by another local authority but may have additional needs.

An Ofsted inspection in 2017 (2) found Croydon's Social Care services to be inadequate, specific recommendations included:

1) Workforce training, recruitment, and retention.
2) Support for care leavers including specific health care clinics and housing.
3) Consistent delivery of return home interviews for children who go missing from home or care to identify issues early, particularly in cases where child may be at risk of child sexual exploitation. 12% of children had been missing from care in the year to March 2017, 16% had been away from placements without authorisation in the same period (56).
4) Better data collection and sharing so processes are robust.
5) Better identification of neglect.

Croydon has a Children's Services Improvement Plan and Board in place and is working with Croydon's Safeguarding Children board towards improving outcomes for children in Croydon. A recent inspection in March 2018 looking at support for vulnerable adolescents found significant positive changes, including implementation of effective infrastructure and 'consistently impressive' practitioners. Croydon has a peer mentorship programme in place in Camden's social care services. Key to improving outcomes for children is integrated working, planning, and commissioning between health and social care to provide a consistent, co-ordinated pathway to this group, providing children with opportunities as they get older and leave the service.

Better understanding the causes of children becoming looked after including the risk factors for neglect could help to put in place effective services to prevent at risk cohorts from needing care. We know that as of October 4th 2018, 329 of non-UASC looked after children had their primary category of need listed as abuse or neglect. This accounts for nearly 65% of all non-UASC looked after children in Croydon, however we know that the category of need may only refer to what is disclosed at the time of becoming looked after, and so this may be an underestimate. Additional data and time is needed to explore this area in more detail, to both understand the risk factors for abuse and neglect locally and effective interventions.

4.5.3 Recommendations:

1) Better understand the risk factors for neglect and becoming a looked after child and put in place early help approach to mitigate.
2) Ensure working, planning and commissioning between health and social care provide a consistent, co-ordinated pathway for CYP who are in need, become looked after or are leaving care.
3) Ensure provision for care leavers is sufficient to meet needs, more work is needed to determine needs in this group.
4) Continue the work of the Child services improvement plan to improve outcomes for CYP in contact with services, in line with specific Ofsted recommendations.

5) Better understand the needs of Children in care, including around access and pathways in to services such as talking therapies.
6) Take forward recommendations from local review of intake and health screening processes for CYP, expected early 2019

4.6 Supporting complex and additional health and wellbeing needs [HIA 5]

"Children and young people with additional or complex health needs often require additional support to ensure a seamless transition into school and so that they feel supported to learn within an education setting. Whilst the majority of children with complex and additional health needs will have their needs met within mainstream education settings, some will need additional support from specialist services. Health, education and social care should work together with parents or carers to agree ambitious outcomes for identified children, set clear individual progress targets and be clear in their planning about how resources are going to support and help the child and family reach their targets or aspirations." (57)

4.6.1 Special Educational Needs and Disabilities (SEND)

Nationally and in Croydon between 11-12% of children in mainstream schools need some additional support at some stage to address a learning need for varying periods of time. Approximately 3% have long term complex special needs and have an EHCP (Education, Health and Care Plan). This is similar to national, regional, and statistical neighbour rates. This equates to 2,000 school age children in Croydon with an EHCP. Locally a SEND data compendium was put together in October 2018, to pull together existing data and reviews of need in the past year. This identified:

- Approximately 2,000 school age children in Croydon have an Education, Health, and Care Plan (EHCP) (51).
- 3% of the school population have an EHCP is similar to national, regional, and statistical neighbour rates
- Demand is expected to continue to rise; if underlying factors stay the same, around 2,700 children will need an EHCP by 2024 (51).
- Croydon has been allocated £2.9m for 2018/21 in capital funding to increase and improve educational provision for young people age 0-25 with an EHCP (51).
- Croydon currently has a mix of maintained and academy educational providers –including 8 special schools, 3 special nurseries, and 17 Enhanced Learning Providers (ELP) as well as mainstream state schools. Approximately 35% (780 children) with an EHCP state run special educational needs school, just under 30% (614 children) attend a mainstream school, and just over 10% (294 children) attend an ELP (51). There are plans to increase school places for SEND by 10% (51).
- A new SEND school funding bid had been successful.
- 9.8% of SEND pupils had an autism spectrum disorder in 2017, compared to 9.5% in London and 8.7% in England. A full breakdown of the SEND needs of pupils is available in Appendix 10. (58).

A few examples of child, parent and professional voice from the engagement are included below. They provide an example of how pathways may be experienced, as well as aspirations about the future from a child's perspective:

> "[Good SEN provision] is not just about schools, it's bigger than that. It's the other services, your parenting support, your social services, that all have to link together" – Croydon Head teacher

"Sometimes you feel guilty asking for help. I got told 'If we had to support every child with an EHCP we'd have to close a lot more libraries' –it's so transactional" – Croydon Parent/Carer
"You can't leave this school and not know what you're doing in life, you need to sort out what you're doing" - Croydon Young Person

4.6.2 Recommendations:

1) Data quality, quantity, and access can be difficult and needs improvement– this is not only an issue for identifying needs and service planning but also for integrated service delivery and effective safeguarding.
2) Early detection of SEND needs through 2 year Health visiting check is valuable but often missed opportunity as checks are not being offered consistently across the borough; Families report issues with access to service (to pick up recommendations of Health Visiting Review)
3) Workforce development and training needs for those who work directly with families to improve communication, experience, and expectations of service.
4) Transition Planning is needed to prepare children, families and services for change between schools, during school holidays, between health and social care, and out of services and into work, education, independent living.
5) SALT and OT access improvement needed (recommissioning process underway).
6) Link between Services, EHC Plan, and School Special Educational Needs Coordinators (SENCOs) in mainstream environment.
7) Integration between services, for holistic provision and experience
8) To take forward the SEND Strategy and resulting action plan, as well as actions identified from inspection preparation
9) Using the SEND strategy to embed provision for individuals with SEND within wider commissioning of services.
10) Implement the recommendations identified in the SEND data compendium, 2018; and make use of data available locally to support the transformation and improvement of services.

A Croydon SEND strategy (Special Educational Needs and/or Disabilities (SEND) Strategy 2019-2022) was produced at the end of 2018.

4.7 Child Health Services

Urgent care is an area where demand for services could be better managed or diverted to more appropriate services. Children with long term conditions such as asthma, epilepsy, and type 1 diabetes can often present to A&E, where interventions can be more cost intensive, complex, and urgent. Some of these may be better managed in primary care or in the community. Overall, the trend for 0-19s emergency admissions is declining and Croydon's emergency admissions in 2015/16 of 64.9 per 100,000 (6,613 admissions) is significantly higher than London (59.5 per 100,000) (23), and in particular the trend in admissions for those aged 15-17 seems to be declining. More data is needed to identify the underlying reasons for this. Asthma related emergency admissions for under 19s (289.6 per 100,000) were significantly worse than London (194.9 per 100,000) in 2015/16. The trend for epilepsy related admissions in under 19s appears to be declining in Croydon (76.5 per 100,000) however this is a similar rate to London.

4.7.1 Managing demand

Learning opportunity: Children's paediatric consultants noted a sharp reduction in diabetes attendances due to availability of direct access to an on call consultant. Paediatricians at Croydon University Hospital working collaboratively with St Georges to operate direct access out of hours on

call service for families, anecdotally reducing emergency admissions for both trusts. Locally, emergency admissions for diabetes in under 19s is reducing with 25 admissions in 2015/16, a rate of 25.5 per 100,000 and is significantly lower than London (45.6 per 100,000) and England (55.4 per 100,000). It is possible that this model could be duplicated for other long term conditions in children.

Data from CAMHS is discussed in the 5-19s section here. This is a group which may be particularly vulnerable and may find it difficult to access services. More data is needed to explore this area fully. Mental health issues often co-occur with substance misuse. It can present in urgent care, either as a mental health specific admission or as self-harm. It is vital that access to appropriate services is available and that services are equipped to support children with co-occurring substance misuse and mental health issues. More information on substance misuse is covered here.

The Children's Health Transformation Programme steering group is working collaboratively with stakeholders to appropriately remodel children and families' experience of health services, transition through services and appropriate, timely access to care. A strategy has now been formulated, pending consultation, which seeks to better co-ordinate care in the community for those with long term conditions and reduce inappropriate A&E attendances.

4.7.2 Recommendations:

1) To use a population health management approach to address care of children with long term conditions and transition between acute services and hospital.
2) To take forward the three key priority areas for transformation under the child health services transformation strategy (improve immunisations, achieve healthy minds and achieve healthy weight.
3) To ensure transformation of child health services in Croydon is aligned to other transformation workstreams in Croydon,
4) To ensure Children and Families are able and empowered to access the appropriate level of care to meet their needs, including self-management and community services.

4.8 Youth Violence and Gang Involvement

Croydon has a higher rate of first time entrants to the youth justice system than London and England. There is also a high rate of children aged 10-18 in the youth justice system at 8.2 per 1000, significantly worse than 6.2 in London and 4.8 in England. Children and young people at risk of offending or first time entrants to the youth justice system are at higher risk of having unmet needs. They are also more likely to have additional vulnerabilities and poorer longer term outcomes including becoming adult offenders.

Last year across London saw a significant rise in knife crime and knife crime injury and there have been the tragic deaths of five Croydon young men. This resulted in Croydon Safeguarding Board carrying out a Thematic Adolescent Review to identify and improve practice and is expected to report in winter 2018; unfortunately we have not been able to include key recommendations in this report due to release schedules, however we believe this will make valuable recommendations around vulnerabilities and improving outcomes.

Croydon Council has responded to the challenges of youth justice and gang membership in Croydon by launching the Choose Your Future campaign in 2017, which supports and encourages young people living in Croydon to make positive choices for their futures. Gang membership and violence, including knife crime, are important issues in Croydon which have been recognised at a national level by Sarah Jones, MP for Croydon Central and Chair of the All Party Parliamentary Group on knife crime. The Serious Youth Violence and Gangs Board have developed a Serious Youth Violence/Knife

Crime Strategy 2018/19 focused on the crime and safety concerns of young people in the borough and will deliver a range of interventions through multi-agency operations/events, educational tool kits, outreach, group work, and specialist projects to support and engage young people at risk of or involved with knife crime.

Croydon's Youth Offending Team (YOT) uses a multidisciplinary approach to tackle the risk factors associated with youth offending and meet young people's needs. 1,123 school aged children and young people were being supported by YOT, approximately 60-70% of those under YOT are in mainstream schools meaning additional needs may need to be managed within school (34).

Based on the Mayor's Office for Policing and Crime (MOPAC) statistics, in terms of volume Croydon is currently ranked highest in London for volume of offences, however, if looking at the rate of offences per 1,000 residents aged 10-19 Croydon has the 13th highest rate in London.

Top 5 offences:

1. Violence against the Person – 37% (including robbery and possession of knives)
2. Drugs offences – 19%
3. Theft – 10%
4. Criminal damage – 8%
5. Public order – 7%

   * Sexual offences – 2% - small numbers but increasing

An analysis of young people assessed by Youth Offending Services (YOS) in 2017/18 indicated a complex range of need including:

- Significant and complex safeguarding and well-being issues - many children and families are often already known or previously known to mainstream/statutory services prior to offending, suggesting earlier identification and support may prevent children from becoming young offenders.
- Physical and emotional health issues, including trauma.
- Attention Deficit Hyperactivity Disorder (ADHD), SEN, and Speech and Language deficits.
- Domestic Abuse (DA) – a recent review of cases identified 72 out of 115 young people had experienced historical DA and 11 cases were current. 31 parents reported feeling subject to DA from their child.
- History of or be at risk of school failure through truancy/school refusal or exclusion.
- County Lines and the links with Children Missing - In October YOS reviewed the numbers of young people at risk of criminal exploitation and identified 45 young people. County Lines is a term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs. This work feeds into the children's services Multi-Agency Child Exploitation (MACE) protocol to assist with planning safeguarding and interventions for this group of young people.

Below are examples of the work being undertaken locally:

- Increased focus to reduce and protect young people at risk of violence (with the establishment of a Serious Youth Violence and Gangs Board and a local Action Plan to reduce knife crime.
- The gang's team have delivered 25 gangs/ knife crime workshops in schools across the borough this year as part of our gang's diversion work and County lines work. The feedback across the board has been positive.
- The Gangs Preventions Worker has also worked with 42 young people over the year who were thought to be at risk of gangs and county lines. Only one of these cases then made it on to the Gangs Matrix indicating that this work successfully diverted 41 of these cases.
- Over 50 young people have participated in a programme exploring restorative justice and the impact upon victims / ripple effect of offending behaviour.

- YOS Weapons Awareness for first time entrants – Over 30 young people have received an intervention for knife crime offences and the plan is evaluate outcome.
- The Council and Police have worked with the BRIT School to produce a performance and workshop written by young people to give them a voice to their concerns around a range of issues including gangs and knife crime. An estimated 1,000 pupils have seen the production.

The partnership has seen:

- Improved response to Child Criminal Exploitation: Developed closer working links with children's social care and police to strengthen joint working to ensure victims receive timely and appropriate help. The YOS Gangs Manager now attends the MACE, Missing Persons Panel, and Trafficking Panel to ensure intelligence and operational information is being shared appropriately with each of these multi-agency groups.
- The number of nominals on the Gangs Matrix fluctuated between 100 and 135 throughout the year with approximately 35% being children. The partnership has continued to look at opportunities to divert, enforce, and disrupt for all those on the Gangs Matrix. The Gangs Matrix has recently been reduced from 103 to 77, indicating positive exits from a gang's lifestyle by those removed.
- Refreshed schools on the knife policy and reporting arrangements with the police which has led to increase in reporting.
- Establishment of a Serious Youth Violence forum led by the BAME forum to coordinate activity by the local voluntary sector and public services.
- Police have just appointed a dedicated officer to lead on County Lines (criminal exploitation) and will move under MACE governance structure.
- Trading standards have been able to get 145 businesses signed up to a Responsible Knife Retailer Agreement and have led the way nationally in targeting the online purchase of knives, leading to a Home Office funded pilot project. Activity by the service has prompted Poundland to announce it will no longer stock kitchen knives in stores nationwide by the end of the financial year.

4.8.1 Recommendations:

There is a need to maximise opportunities to deliver targeted preventative outcomes where possible before young people come to the attention of YOS and gangs services such as:

1) Improve coordination and delivery of school awareness and prevention resources, such as school workshops, Gangs Team anti-knife crime training and awareness toolkit, and the Whole Schools pilot, which will run in four schools to reduce the risk for all forms of exploitation while transitioning from primary to secondary school.
2) Programmes using football, boxing, music, and written word to engage and explore the risks and consequences of gang affiliation, combining activities with structured workshops.
3) Improve identification, targeting, and support for young people involved in Serious Youth Violence (SYV) and at risk of criminal exploitation.
4) To work jointly with the Councils Economic Development Unit and post 16 providers to improve access to suitable post 16 Education, Training and Employment as too many vulnerable young people are not in education, employment or training (NEET). This may include reviewing social value aspects to commissioned services.

5.0 Overview of Recommendations

5.1 Services and Pathways

1) Map commissioned services and commissioning cycles where possible, to better understand the breadth and scope of services available to 0-19s and how they may better work together and to better understand transition between services, and pinch points to improve integration between health and social care.

2) The project team have identified several areas within the 5-19 pathway which would benefit from further exploration before March 2019 to link with recommissioning plans for early help services. This would be supported by mapping of the school age offer similar to the 0-4 pathway (see Appendix 11 for 0-4 pathway).

5.2 Information and Data Sharing:

1) Data sharing between services may support more holistic care and provide opportunities for early identification and help for issues and safeguarding. Data quality and sharing was raised across several reports as an area for improvement; In particular the SEND review (51) and the Ofsted Inspection report (2). Including exploring population health management approaches.

2) The project team have identified areas that need further data and analysis:
    - The reasons for the higher rate of respiratory admissions for 0-1 year old population e.g. relationship with air pollution
    - CAMHS and safeguarding in order to develop a better overview of need, gaps, and key priorities for 0-19s in these areas
    - Vulnerable adolescent mental health – deep dive
    - PSHE provision needs exploring to identify opportunities for better prevention
    - Work with colleagues in reference group and sponsor group to identify data to support and strengthen this assessment.

5.3 Incorporate recommendations from:

1) Director of Public Health's Annual Public Health Report – 1st 1000 days & Aces
2) Partnership Early Help Strategy
3) SEND review & Compendium– particularly around data sharing, transition planning and early identification. Support any action planning process to progress recommendations.
4) Health and Wellbeing Board strategy (when ready)
5) LSP Youth Plan (when ready)
6) Youth Congress report
7) Health Visiting review (
8) Development of substance misuse prevention framework (when ready)
9) Child health services transformation strategy (when ready)
10) SEND Strategy (when ready)
11) School Nursing review
12) Oral Health Needs Assessment
13) Sexual Health Needs Assessment Phase 1
14) New Operating Model and Place based interventions
15) Croydon Transformation Delivery Plan

5.4 Service specific recommendations:

1) Earlier identification of child development concerns are an identified issue, consideration should be given to increasing developmental checks / Healthy Child Programme coverage / integrated 2 year reviews. Could also consider reviews done by independent nurseries.
2) The school nursing service should be developed to take forward the recommendations made in the July 2017 review, specifically the development of the school nursing leadership role in delivery of the Healthy Child Programme.
3) Healthy Weight:
    - Implement Healthy Early Years Programme as a means to help combat obesity in the pre-school population.
    - Given the high rates of overweight and obesity that worsen from the point of entry to the point of leaving primary school, healthy weight should remain a priority focus for the borough.

5.5 Next Steps

1) Mapping current 0-19s service provision for this group across LA, CCG, and Third Sector where possible
2) Identifying relevant evidenced based service models and practice with regards to 0-19s service provision and benchmarking against our services and outcomes.
3) Continue to identify the gaps in health and wellbeing service provision for 0-19s and produce recommendations in timely manner by mapping report outputs to commissioning cycles where possible.
4) Continue to inform 0-19s commissioning, including the commissioning strategy, the transformation of children's health services, and supporting the Ofsted Improvement board as it works to improve children's social care services.
5) Engage with reference group and sponsors to identify gaps in this assessment, and where additional information may be available, including service activity data
6) Explore option of workshop including children and families in Croydon.

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Appendices

Appendix 1: High Level Outlier Summary

Measure	Description of Performance
Newborn Screening	**97.6% had newborn hearing screening** within 4 weeks, (98.5% in London, 98.7% in England). **96.7% had newborn bloodspot screening**, (similar to 96.4% in London and better than 95.6% in England).
Breastfeeding	**82% initiated breastfeeding** within 48 hours, (75.4% in England); (not enough data at 6-8 weeks to establish levels of breastfeeding maintenance).
Health Visiting checks	**85.9% of New birth visits** were carried out within 14 days, (93.5% in London, 88.5% in England; local target 85%), **51.5% of 6-8 to weeks checks** were carried out on time, (68.6% in London, 84.9% in England; local target 58%), **19.6% of 2 year checks** were carried out, (62.6% in London, 76.4% in England; local target 36%)
Excess weight	**23.7% of children aged 4-5 were overweight or obese**, (22.3% in London, 22.6% in England). **37.7% of children aged 10-11 were overweight or obese** (38.5% in London, 34.2% in England)
Tooth decay	**28.5% had decayed, missing or filled teeth**, (25.7% in London, 23.3% in England).
Asthma admissions	Croydon is significantly worse than London and England for **emergency admissions for asthma, 352.7 per 100,000** (235.7 in London, 259.8 in England).
Immunisations	**81.5% received their first dose of MMR** by the age 2, (85.1% in London, 91.6% in England). **73.1% received two doses of MMR** by age 5 (87.6% in England). **Coverage of HPV was 77.7%,** (83.8% in London, 87.2% in England). **66.9% of children in care** had up to date immunisations (81.8% in London, 84.6% in England).
Persistent Absenteeism	**9.1% were persistent absentees in primary school**, (8.3% in London, 8.3% in England). **12.9% were persistent absentees in secondary school** (worse than London 11.9% but better than England 13.5%)
Youth Justice entrants	**586.2 per 100,000 10-17 year olds were first time entrants** to the youth justice system in 2017 (380.3 in London, 292.5 in England).
NEET	**10.5% of 16-17 year olds are NEET**, (not in education, employment or training) (5.3% in London, 6.0% in England).
Emotional wellbeing in LAC	**21.9% of LAC had a cause for concern** based on their SDQ average difficulties score, (35.5% in London, 38.1% in England)
Under 18 Conceptions	**25.0 per 1,000 conceptions to women aged 15-17**, (worse than 17.1 per 1,000 in London, and 18.8 per 1,000 in England). **4.5 per 1,000 conceptions to women aged 13-15**, (worse than 2.4 per 1,000 in London, and 3.0 per 1,000 in England).
Chlamydia detection rate	**Chlamydia detection rates were 1882 per 100,000,** (2309 per 100,000 in London, 2585 per 100,000 in England). **Screening coverage, 23.8% of 15-24** year olds were screened in 2016, (worse than 27% in London but better than 20.7% in England)
Homelessness	**5.5 per 1,000 homeless families** in Croydon in 2016-2017, (higher than 4.0 per 1,000 in London and 1.9 per 1,000 in England). **1.4 per 1,000 16-24 year olds were the lead applicant** on homeless household applications, (worse than 0.8 in London, and 0.6 in England)
Free school meal uptake	**18.3% of those eligible take up free school meals**, (higher than 16.5% in London, and 13.9% in England)

Appendix 2: Spend Table Health

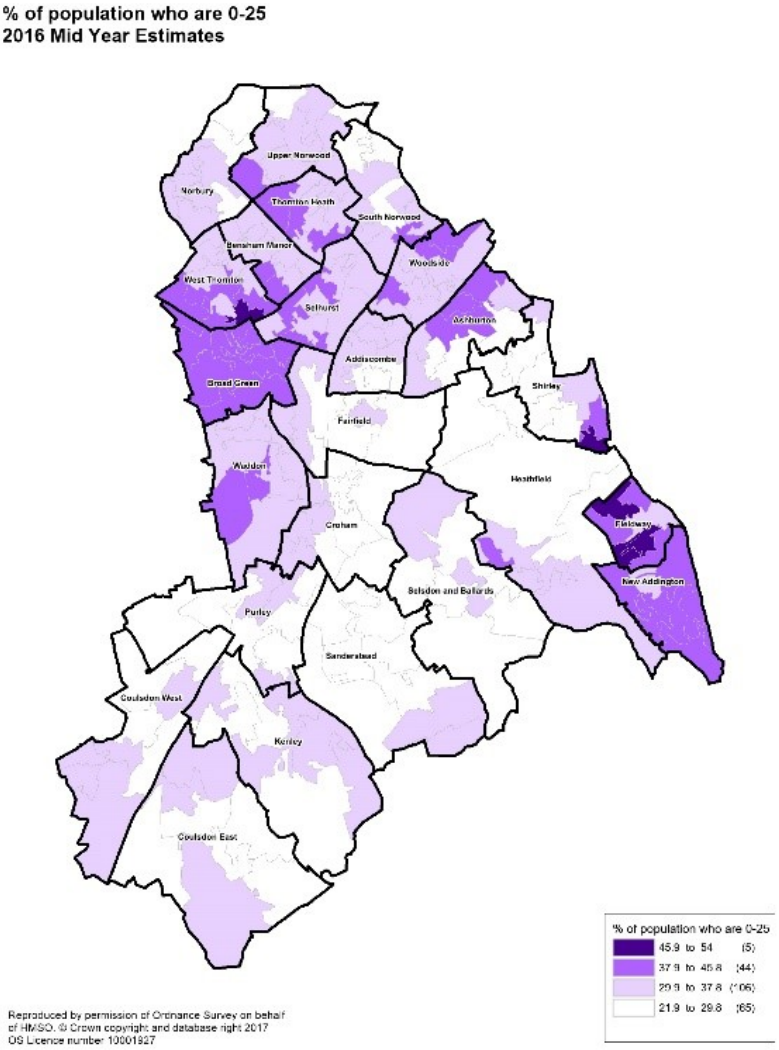
Area of spending	Spend in 17/18 for 0-17 year olds (nearest mil)	Local funder
Public health services: health visiting, health improvement for school aged children (school nursing), weight management intervention, and sexual health services.	£10 million	Local Authority
Hospital-based services (urgent care, elective and non-elective inpatients, outpatients)*	£20 million	CCG
Mental health services in the community	£3 million	CCG
Mental health services in the community	£1 million	Local authority
Community health services (paediatricians, nursing, therapists)	£6 million	CCG
Specialist Mental Health Services	£0.6 million	CCG
Children's continuing health care*	£2 million	CCG
Therapies to address education needs	£1 million	Local authority
TOTAL	**£40.6 million**	*** Estimate subject to validation**

From child health transformation strategy – does not include school or children's social care spend.

Appendix 3: Supplementary documents (plans, strategies and reviews)

- Annual Public Health Report: First 1000 Days
- Child Health Transformation Strategy
- Children's Services Improvement Plan
- Croydon Transformation Delivery Plan
- CYP Emotional Wellbeing and Mental Health Local Transformation Plan
- Partnership Early Help Strategy
- Health and Wellbeing Board Strategy
- Health Visiting Review
- Healthy Weight Action Plan
- LSP Youth Plan
- Ofsted Improvement Plan
- Perinatal Mental Health Scoping Document
- School Nursing Service Review
- SEND Review
- SEND Strategy
- Serious Youth Violence Action Plan
- Serious Youth Violence/Knife Crime Strategy
- Sexual Health Strategy
- Thematic Adolescent Serious Case Review
- Teenage Pregnancy Action Plan

Appendix 4: 0-25 Population



- The estimated number of 0-25s in the Croydon population was 128,692 in 2016 (11) and is predicted to increase by 9.8% (12,260 children) by 2026 (5).

- This is the largest number of 0-25s and the tenth largest proportion of 0-25s in London.

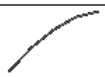
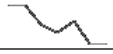
- Net migration data in 2015-2016 for the 0-25 population shows that 29,945 children entered the population and 30,262 left (11). This level of 'churn' (46.8%) is due to a combination of several factors including migration, births, and ageing, and is higher than London (24.6%) for this age group. Providing adequate and timely support to families entering and leaving the borough presents additional workload challenges for services.

- 61.9% of the 0-25 population was from a BAME group. The total is expected to rise to 68.1% by 2026 (32).English is a second language for 9.0% of Croydon 3-15s but this ranges from 2.3% to 18.9% across the wards. This, drives demand for interpreting and translation support within schools and services and the need for culturally appropriate provision.

Appendix 5: High Impact Areas; Broader Indicator Sets

HEALTHY EARLY YEARS: 0-4s

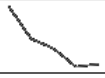
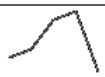
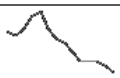
Additional Indicators

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
School readiness: reception pupils % of pupils achieving a good level of development at the end of reception	70.7%	73.0%	73.4%	3,710	⇧		2016/17
School readiness: reception pupils, free school meals % of pupils with free school meal status achieving a good level of development at the end of reception	56.0%	63.6%	62.8%	502	⇧		2016/17
Looked After Children (under 5) Rate per 10,000 population aged 0-4 who are looked after	36.9	18.8	22.7	65	▫	n/a	2016/17
Deliveries: aged 35+ % of deliveries to mothers aged 35 or above	21.1%	27.7%	23.8%	1,271	▫	n/a	2015/16
Deliveries: aged under 18 % of deliveries to mothers aged under 18	0.8%	0.4%	0.5%	28	⇩		2015/16
Deliveries: caesarean section % of deliveries by caesarean section	26.3%	28.6%	27.3%	1,453	▫	n/a	2015/16

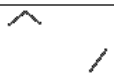
High Impact Area 1: Transition to parenthood

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Mothers receiving antenatal contact No. of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	n/a	n/a	n/a	262	n/a	n/a	2016/17
Mothers receiving new birth visit % of face-to-face new birth visits undertaken	97.8%	98.8%	96.7%	5,612	▫	n/a	2016/17
6-8 week check % of infants who received a 6-8 week review by the time they were 8 weeks	82.5%	58.5%	7.2%	427	▫	n/a	2016/17
Ages and Stages Questionnaire % of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	89.4%	77.2%	73.1%	1,205	▫	n/a	2016/17

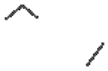
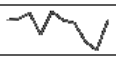
High Impact Area 2: Maternal mental health

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Severe depressive illness in perinatal period Estimated number of women	n/a	n/a	n/a	160	n/a	n/a	2015/16
Mild-moderate depressive illness & anxiety in perinatal period Estminated number of women	n/a	n/a	n/a	535-800	n/a	n/a	2015/16
Adjustment disorders and distress in perinatal period Estminated number of women	n/a	n/a	n/a	800-1,600	n/a	n/a	2015/16
Still births Rate of fetal deaths occurring after 24 weeks of gestation per 1,000 births	4.5	4.9	4.6	80	▫		2014-16
Neonatal mortality Rate of deaths of children under 28 days per 1,000 live births	2.7	2.2	2.2	39	▫		2014-16
Infant mortality Rate of deaths of children under 1 year of age per 1,000 live births	3.9	3.2	3.5	60	▫		2014-16

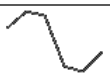
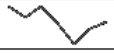
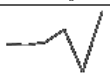
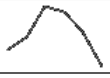
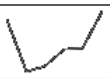
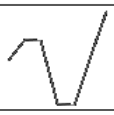
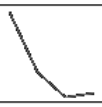
High Impact Area 3: Breastfeeding

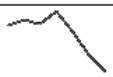
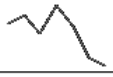
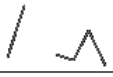
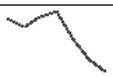
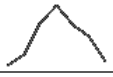
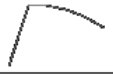
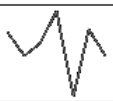
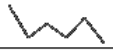
Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Breastfeeding initiation % of all mothers who breastfeed their babies in the first 48hrs after delivery	74.5%	n/a	84.0%	4,248	▫		2016/17
Breastfeeding at 6-8 weeks after birth % of all infants due a 6-8 week check that are totally or partially breastfed	44.4%	n/a	n/a	3,842	n/a	n/a	2016/17

High Impact Area 4: Healthy nutrition

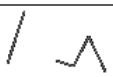
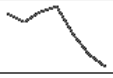
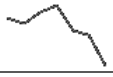
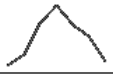
Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Breastfeeding initiation % of all mothers who breastfeed their babies in the first 48hrs after delivery	74.5%	n/a	84.0%	4,248	▫		2016/17
Breastfeeding at 6-8 weeks after birth % of all infants due a 6-8 week check that are totally or partially breastfed	44.4%	n/a	n/a	3,842	n/a	n/a	2016/17
Excess weight in children (aged 4-5) % of children in reception classified as overweight or obese	22.6%	22.3%	23.7%	1,140	⇔		2016/17
Mean severity of tooth decay Average number of teeth that are actively decayed or had been filled or extracted in sampled children aged five years	78.1%	95.0%	101.9%	n/a	▫	n/a	2016/17
Children free from dental decay % of children aged 5 examined who are free from obvious dental decay	76.7%	74.3%	71.5%	241	▫	n/a	2016/17
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	96	▫	n/a	2016/17

High Impact Area 5: Managing minor illness and reducing accidents

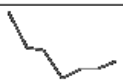
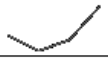
Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Elective admissions, 0-4 years Rate of finished elective admissions per 1,000 population aged 0-4	54.0	59.5	46.4	1,328	⇩		2015/16
A&E attendances, 0-4 years Rate of A&E attendances per 1,000 population aged 0-4	601.8	695.0	619.1	17,718	⇩		2016/17
Emergency admissions, 0-4 years Rate of finished emergency admissions per 1,000 population aged 0-4	155.0	112.9	117.8	3,367	⇔		2015/16
Emergency admissions, under 14 days Rate of emergency admissions from babies aged 0-13 days per 1,000 deliveries	66.3	57.9	49.5	264	▫	n/a	2015/16
Emergency admissions for gastroenteritis, 0-4 years Rate of emergency admissions for gastroeneritis per 10,000 population aged 0-4	80.1	48.5	50.4	144	▫	n/a	2015/16
Emergency admissions for respiratory tract infections, 0-4 years Rate of emergency admissions for respiratory tract infections per 10,000 population aged 0-4	141.0	102.9	117.9	337	▫	n/a	2015/16
Emergency admissions for asthma Rate of finished emergency admissions for asthma per 100,000 population aged 0-9	259.8	235.7	352.7	197	⇔		2015/16
Emergency admissions for diabetes Rate of finished emergency admissions for diabetes per 100,000 population aged 0-9	29.8	24.2	17.9	10	⇔		2015/16
Emergency admissions for epilepsy Rate of finished emergency admissions for epilepsy per 100,000 population aged 0-9	91.5	71.0	91.3	51	⇔		2015/16
Hospital admissions for unintentional and deliberate injuries Rate of hospital admissions caused by unintentional and deliberate injuries per 10,000 population aged under 5 years	126.3	94.8	122.6	351	⇔		2016/17
Road traffic accidents Rate per 100,000 population aged 0-4 of children killed or seriously injured in road traffic accidents	7.7	4.5	1.9	2	▫		2014-16
Tooth extractions due to decay Rate per 100,000 children aged 0-10 of finished consultant episodes where a tooth extraction was performed due to tooth decay	421.7	567.6	517.2	318	▫		2016/17
Hospital admissions for dental caries Rate per 100,000 children aged 0-4 of finished consultant episodes for dental caries	241.4	368.1	351.7	302	▫	n/a	2013/14-2015/16
Children free from dental decay % of children aged 5 examined who are free from obvious dental decay	76.7%	74.3%	71.5%	241	▫	n/a	2016/17
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	96	▫	n/a	2016/17

Breastfeeding at 6-8 weeks after birth % of all infants due a 6-8 week check that are totally or partially breastfed	44.4%	n/a	n/a	3,842	n/a	n/a	2016/17
Newborn blood spot screening coverage % of babies eligible for newborn blood spot screening who were screened	95.6%	96.4%	96.7%	3,907	▫	n/a	2015/16
Newborn hearing screening coverage % of babies eligible for newborn hearing screening for whom screening process is complete within 4 weeks	98.7%	98.5%	97.6%	5,532	▫	n/a	2015/16
Hepatitis B vaccination coverage % of eligible children who received 3 doses of Hepatitis B vaccine at any time by their 1st birthday	n/a	n/a	100.0%	55	▫		2016/17
DTAP/IPV/Hib vaccination coverage % of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 1st birthday	93.4%	n/a	88.8%	5,101	⇩		2016/17
PCV vaccination coverage % of eligible children who received the complete course of PCV vaccine by their 1st birthday	93.5%	n/a	88.8%	5,099	⇩		2016/17
Hepatitis B vaccination coverage % of eligible children who received 4 doses of Hepatitis B vaccine at any time by their 2nd birthday	n/a	n/a	86.7%	39	▫		2016/17
DTAP/IPV/Hib vaccination coverage % of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 2nd birthday	95.1%	91.6%	90.3%	5,123	⇩		2016/17
Hib/MenC booster vaccination coverage % of eligible children who have received one booster dose of Hib/Men C vaccine by their 2nd birthday	91.5%	n/a	79.5%	4,512	⇩		2016/17
PCV booster vaccination coverage % of eligible children who have received one booster dose of PCV vaccine by their 2nd birthday	91.5%	n/a	81.5%	4,624	⇩		2016/17
MMR for one dose vaccination coverage % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday	91.6%	85.1%	81.5%	4,627	⇩		2016/17
Hib/MenC booster vaccination coverage % of eligible children who have received one booster dose of Hib/Men C vaccine by their 5th birthday	92.6%	n/a	85.7%	5,200	⇔		2016/17
MMR for one dose vaccination coverage % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday	95.0%	n/a	89.5%	5,430	⇔		2016/17
MMR for two doses vaccination coverage % of eligible children who have received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday	87.6%	n/a	73.1%	4,435	⇔		2016/17
Smoking at time of delivery % of women who smoke at time of delivery	10.7%	4.9%	6.6%	353	⇩		2016/17
Low birth weight % of all live births with low birth weight	7.4%	7.6%	8.2%	467	⇔		2016/17

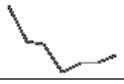
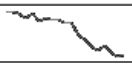
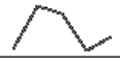
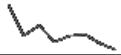
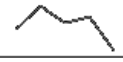
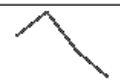
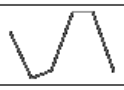
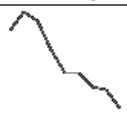
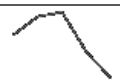
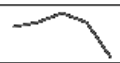
High Impact Area 6: Health, wellbeing and development of the child aged two

Indicator	National comparison	London comparison	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Ages and Stages Questionnaire % of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	89.4%	77.2%	73.1%	1,205	▫	n/a	2016/17
Hepatitis B vaccination coverage % of eligible children who received 4 doses of Hepatitis B vaccine at any time by their 2nd birthday	n/a	n/a	86.7%	39	▫		2016/17
DTAP/IPV/Hib vaccination coverage % of eligible children who received 3 doses of Dtap / IPV / Hib vaccine at any time by their 2nd birthday	95.1%	91.6%	90.3%	5,123	⇩		2016/17
Hib/MenC booster vaccination coverage % of eligible children who have received one booster dose of Hib/Men C vaccine by their 2nd birthday	91.5%	n/a	79.5%	4,512	⇩		2016/17
PCV booster vaccination coverage % of eligible children who have received one booster dose of PCV vaccine by their 2nd birthday	91.5%	n/a	81.5%	4,624	⇩		2016/17
MMR for one dose vaccination coverage % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and anytime up to their 2nd birthday	91.6%	85.1%	81.5%	4,627	⇩		2016/17

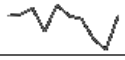
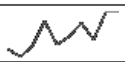
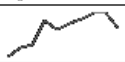
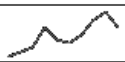
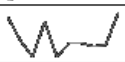
HEALTHY SCHOOL-AGED CHILDREN: 5-19s

Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
Persistent absenteeism % of persistent absentees in primary schools	8.3%	8.3%	9.1%	2,699	▫	n/a	2016/17
Persistent absenteeism % of persistent absentees in secondary schools	13.5%	11.9%	12.9%	2,452	▫	n/a	2016/17
Fixed term exclusions % of primary school pupils receiving a fixed-term exclusion	1.2%	0.8%	1.2%	396	▫		2015/16
Fixed term exclusions % of secondary school pupils receiving a fixed-term exclusion	8.5%	6.9%	6.5%	1,452	▫		2015/16
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	327.1	407.3	527.5	197	⇩		2016
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	▫	n/a	2016
Emotional wellbeing of LAC Average difficulties score for LAC aged 5-16 who have been in care for at least 12 months	14.1	13.7	10.8	n/a	▫		Mar 17
Emotional wellbeing of LAC % of children where average difficulties score indicated there is a cause for concern	38.1%	35.5%	21.9%	39	▫	n/a	Mar 17

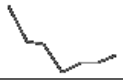
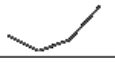
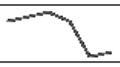
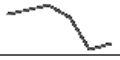
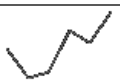
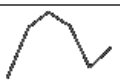
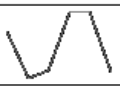
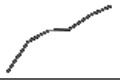
High Impact Area 2: Reducing risky behaviours

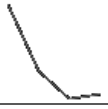
Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	327.1	407.3	527.5	197	⇩		2016
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	▫	n/a	2016
Under 18 conceptions Rate of conceptions per 1,000 population women aged 15-17	18.8	17.1	25.0	175	⇩		2016
Under 18 abortions Rate of abortions per 1,000 population women aged 15-17	8.9	10.1	16.0	113	⇔		2016
Under 16 conceptions Rate of conceptions per 1,000 population women aged 13-15	3.0	2.4	4.5	30	⇩		2016
Repeat terminations % of repeat terminations in women aged under 25	26.7%	30.8%	33.2%	262	⇔		2016
HPV vaccination coverage % of female population aged 12-13 who received the first (priming) dose of the HPV vaccine	87.2%	83.8%	77.8%	1,565	▫		2016/17
Children in care with up to date immunisations % of children in care for at least 12 months whose immunisations were up to date, aged under 18	84.6%	81.8%	66.9%	325	⇧		2017
Emotional wellbeing of LAC Average difficulties score for LAC aged 5-16 who have been in care for at least 12 months	14.1	13.7	10.8	n/a	▫		Mar 17
Emotional wellbeing of LAC % of children where average difficulties score indicated there is a cause for concern	38.1%	35.5%	21.9%	39	▫	n/a	Mar 17
Smoking prevalence - current smokers % of 15 year olds responding to the WAY survey stating they were current smokers	8.2%	6.1%	7.2%	n/a	▫	n/a	2014/15
Smoking prevalence - regular smokers % of 15 year olds responding to the WAY survey stating they were regular smokers	5.5%	3.4%	3.9%	n/a	▫	n/a	2014/15
Smoking prevalence - occasional smokers % of 15 year olds responding to the WAY survey stating they were occasional smokers	2.7%	2.7%	3.2%	n/a	▫	n/a	2014/15
Alcohol related admissions to hospital Age standardised rate of hospital admissions for alcohol-related conditions (narrow definition) per 100,000 population, all ages	636.0	529.0	492.0	1,662	▫		2016/17
Hospital admissions for alcohol-specific conditions Rate of hospital admission for alcohol-specific conditions in young people aged 0-17 years per 100,000 resident population	34.2	19.4	20.0	56	▫		2014/15-2016/17
Drunk in the past four weeks % of 15 year olds responding to the WAY survey stating that they had been drunk in the past four weeks	14.6%	8.9%	8.2%	n/a	▫	n/a	2014/15
Taken cannabis in the past month % of 15 year olds responding to the WAY survey stating that they had tried cannabis in the past month	4.6%	5.0%	4.4%	n/a	▫	n/a	2014/15
Taken drugs other than cannabis in the past month % of 15 year olds responding to the WAY survey stating that they tried any drugs other than cannabis in the past month	0.9%	1.0%	0.9%	n/a	▫	n/a	2014/15-2016/17
Hospital admissions due to substance misuse Rate of hospital admission for substance misuse in young people aged 15-24 years per 100,000 resident population	89.8	67.2	69.8	91	▫		2014/15
Chlamydia detection rate Rate of chlamydia diagnoses per 100,000 population, aged 15-24	2585	2309	1882	1,146	⇔		2016
Chlamydia screening % of population aged 15-24 screened for chlamydia	20.7%	27.0%	23.8%	10,542	⇩		2016

High Impact Area 3: Improving lifestyles

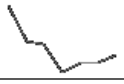
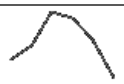
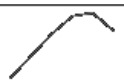
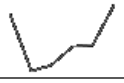
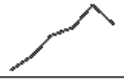
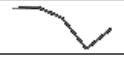
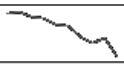
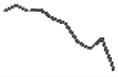
Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Excess weight in children (aged 4-5) % of children in reception classified as overweight or obese	22.6%	22.3%	23.7%	1,140	⇔		2016/17
Obesity in children (aged 4-5) % of children in reception classified as obese	9.6%	10.3%	10.6%	511	⇔		2016/17
Underweight in children (aged 4-5) % of children in reception classified as underweight	1.0%	1.5%	1.4%	65	⇧		2016/17
Excess weight in children (aged 10-11) % of children in year 6 classified as overweight or obese	34.2%	38.5%	37.7%	1,548	⇧		2016/17
Obesity in children (aged 10-11) % of children in year 6 classified as obese	20.0%	23.6%	23.3%	955	⇧		2016/17
Underweight in children (aged 10-11) % of children in year 6 classified as underweight	1.3%	1.6%	1.6%	64	⇔		2016/17
Smoking prevalence - current smokers % of 15 year olds responding to the WAY survey stating they were current smokers	8.2%	6.1%	7.2%	n/a	▫	n/a	2014/15
Smoking prevalence - regular smokers % of 15 year olds responding to the WAY survey stating they were regular smokers	5.5%	3.4%	3.9%	n/a	▫	n/a	2014/15
Smoking prevalence - occasional smokers % of 15 year olds responding to the WAY survey stating they were occasional smokers	2.7%	2.7%	3.2%	n/a	▫	n/a	2014/15
5 a day intake % of 15 year olds responding to the WAY survey meeting the recommended '5-a-day' fruit and vegetables	52.4%	56.2%	52.8%	n/a	▫	n/a	2014/15
Mean severity of tooth decay Average number of teeth that are actively decayed or had been filled or extracted in sampled children aged five years	0.8	0.9	1.0	n/a	▫	n/a	2016/17
Children free from dental decay % of children aged 5 examined who are free from obvious dental decay	76.7%	74.3%	71.5%	241	▫	n/a	2016/17
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	96	▫	n/a	2016/17
Visiting the dentist % of children aged 0-17 visiting a dentist in the year	58.2%	48.9%	47.2%	43,978	▫		2016/17

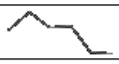
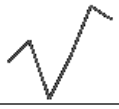
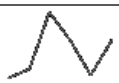
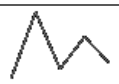
High Impact Area 4: Maximising learning and achievement

Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
Persistent absenteeism % of persistent absentees in primary schools	8.3%	8.3%	9.1%	2,699	▫	n/a	2016/17
Persistent absenteeism % of persistent absentees in secondary schools	13.5%	11.9%	12.9%	2,452	▫	n/a	2016/17
Fixed term exclusions % of primary school pupils receiving a fixed-term exclusion	1.2%	0.8%	1.2%	396	▫		2015/16
Fixed term exclusions % of secondary school pupils receiving a fixed-term exclusion	8.5%	6.9%	6.5%	1,452	▫		2015/16
A&E attendances, 5-9 years A&E attendance rate per 1,000 population aged 5-9	302.6	344.5	270.1	7,362	⇩		2015/16
A&E attendances, 10-14 years A&E attendance rate per 1,000 population aged 10-14	350.4	335.2	270.1	6,211	⇩		2015/16
A&E attendances, 15-19 years A&E attendance rate per 1,000 population aged 15-19	381.3	394.4	339.1	7,827	⇩		2015/16
A&E attendances, 0-19 years A&E attendance rate per 1,000 population aged 0-19	408.5	460.5	379.2	38,650	⇩		2015/16
Emergency admissions, 5-9 years Rate of finished emergency admissions per 1,000 population aged 5-9	41.1	34.3	42.9	1,169	⇧		2015/16
Emergency admissions, 10-14 years Rate of finished emergency admissions per 1,000 population aged 10-14	39.1	32.4	38.8	893	⇧		2015/16
Emergency admissions, 15-19 years Rate of finished emergency admissions per 1,000 population aged 15-19	53.7	45.2	51.3	1,184	⇔		2015/16
Emergency admissions, 0-19 years Rate of finished emergency admissions per 1,000 population aged 0-19	73.8	59.5	64.9	6,613	⇧		2015/16
Elective admissions, 5-9 years Rate of finished elective admissions per 1,000 population aged 5-9	48.0	55.4	46.0	1,253	⇔		2015/16
Elective admissions, 10-14 years Rate of finished elective admissions per 1,000 population aged 10-14	42.3	46.2	40.7	935	⇔		2015/16
Elective admissions, 15-19 years Rate of finished elective admissions per 1,000 population aged 15-19	50.1	51.1	48.1	1,110	⇧		2015/16
Elective admissions, 0-19 years Rate of finished elective admissions per 1,000 population aged 0-19	48.8	53.7	45.4	4,626	⇩		2015/16
HPV vaccination coverage % of female population aged 12-13 who received the first (priming) dose of the HPV vaccine	87.2%	83.8%	77.8%	1,565	▫		2016/17
Children in care with up to date immunisations % of children in care for at least 12 months whose immunisations were up to date, aged under 18	84.6%	81.8%	66.9%	325	⇧		2017
School readiness: year 1 pupils % of year 1 pupils achieving the expected level in the phonics screening check	81.1%	83.9%	82.5%	4,039	⇧		2016/17
School readiness: year 1 pupils, free school meals % of year 1 pupils with free school meal status achieving the expected level in the phonics screening check	68.4%	75.3%	72.5%	617	⇧		2016/17
Attainment at key stage 2 % reaching expected standard in reading, writing and mathematics	62%	67%	64%	2,670	▫	n/a	2017
Gap in attainment at key stage 2 % point difference between attainment of disadvantaged pupils and all other pupils	20%	15%	18%	n/a	▫	n/a	2017
Attainment at key stage 4 Average Attainment 8 score	44.6	48.9	45.0	3,579	▫	n/a	2017
Gap in average attainment at key stage 4 score difference between average attainment 8 score of pupils receiving free school meals and all other pupils	13.1	9.4	8.9	n/a	▫	n/a	2017

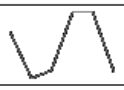
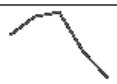
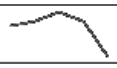
Hospital admissions caused by unintentional or deliberate injuries Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population	101.5	78.1	102.9	825	⇔		2016/17
Hospital admissions caused by unintentional or deliberate injuries Rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years per 10,000 resident population	129.2	96.5	129.8	559	⇔		2016/17
Tooth extractions due to decay Rate per 100,000 children aged 0-10 of finished consultant episodes where a tooth extraction was performed due to tooth decay	421.7	567.6	517.2	318	▫		2016/17
Children free from dental decay % of children aged 5 examined who are free from obvious dental decay	76.7%	74.3%	71.5%	241	▫	n/a	2016/17
Children with one or more decayed, missing or filled teeth % of population aged 5 with one or more obviously decayed, missing (due to decay) and filled teeth	23.3%	25.7%	28.5%	96	▫	n/a	2016/17
Visiting the dentist % of children aged 0-17 visiting a dentist in the year	58.2%	48.9%	47.2%	43,978	▫		2016/17

High Impact Area 5: Supporting complex and additional health and wellbeing needs

Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
Primary school pupils with SEN % of pupils in primary schools with statements, EHC plans or receiving SEN support	13.5%	13.7%	12.9%	4,401	▫	n/a	Jan 17
Secondary school pupils with SEN % of pupils in primary schools with statements, EHC plans or receiving SEN support	12.4%	12.9%	12.8%	2,834	▫	n/a	Jan 17
All pupils with SEN % of pupils with statements, EHC plans or receiving SEN support	14.4%	14.3%	14.0%	9,130	▫	n/a	Jan 17
Primary school pupils with statement or EHC plan % of pupils in primary schools with statements or EHC plans	1.3%	1.7%	1.6%	552	▫	n/a	Jan 17
Secondary school pupils with statement or EHC plan % of pupils in primary schools with statements or EHC plans	1.7%	2.0%	1.9%	431	▫	n/a	Jan 17
All pupils with statement or EHC plan % of pupils with statements or EHC plans	2.8%	2.9%	3.0%	1,956	▫	n/a	Jan 17
Emergency admissions for asthma Rate of finished emergency admissions for asthma per 100,000 population aged 0-9	259.8	235.7	352.7	197	⇔		2015/16
Emergency admissions for asthma Rate of finished emergency admissions for asthma per 100,000 population aged 10-18	132.0	137.3	206.1	87	⇧		2015/16
Emergency admissions for diabetes Rate of finished emergency admissions for diabetes per 100,000 population aged 0-9	29.8	24.2	17.9	10	⇔		2015/16
Emergency admissions for diabetes Rate of finished emergency admissions for diabetes per 100,000 population aged 10-18	86.8	76.0	35.5	15	⇩		2015/16
Emergency admissions for epilepsy Rate of finished emergency admissions for epilepsy per 100,000 population aged 0-9	91.5	71.0	91.3	51	⇔		2015/16
Emergency admissions for epilepsy Rate of finished emergency admissions for epilepsy per 100,000 population aged 10-18	58.2	49.9	56.9	24	⇔		2015/16
Child mortality Rate of deaths aged 1-17 per 100,000 population	11.6	11.6	10.3	27	▫		2014-16
Children in care Rate of Looked After Children per 10,000 population aged under 18	61.7	49.9	83.1	785	⇩		2017
Unaccompanied Asylum Seeking Children (UASC) Rate of Looked After Children who are UASC per 10,000 population aged under 18	3.9	7.8	41.3	390	▫		2017
Children in care (excluding UASC) Rate of Looked After Children excluding UASC per 10,000 population aged under 18	57.8	42.2	41.8	395	▫		2017
Child Protection Plans Rate per 10,000 of children under 18 who were the subject of a child protection plan at any point in the year	97.8	86.6	79.4	794	▫	n/a	2016/17
Child in Need episodes Rate per 10,000 of children under 18 with an episode of need of at any point during any point in the year	612.4	642.6	732.7	6,919	▫	n/a	2016/17
Children in poverty (under 16) % of children aged under 16 living in low income families	16.8%	18.8%	18.7%	14,615	⇩		2015
Children in poverty (under 20) % of dependent children aged under 20 living in low income families	16.6%	19.2%	18.4%	16,745	⇩		2015

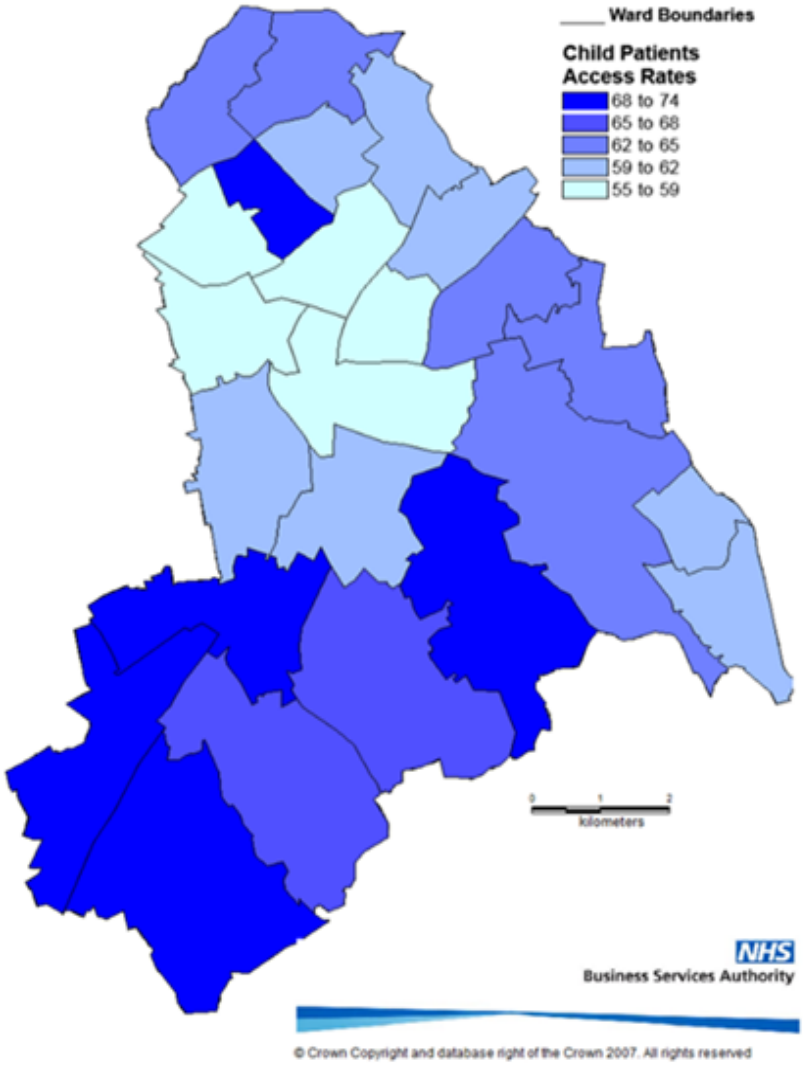
Uptake of Free School Meals % of pupils eligible for and claiming free school meals	13.9%	16.5%	18.3%	10,576	⇩		2015
Family Homelessness Rate per 1,000 households of applicant households with dependent children or pregnant woman accepted as unintentionally homeless and eligible for assistance	1.9	4.0	5.5	864	⇧		2016/17
Homeless young people Rate per 1,000 households of applicant households accepted homeless households headed by applicant aged 16-24	0.6	0.8	1.4	218	⇩		2016/17
Estimated prevalence of mental health disorders Estimated % of population aged 5-16 with a mental health disorder	9.2%	9.3%	9.3%	5,557	▫	n/a	2015
Estimated prevalence of emotional disorders Estimated % of population aged 5-16 with an emotional disorder	3.6%	3.6%	3.6%	2,143	▫	n/a	2015
Estimated prevalence of conduct disorders Estimated % of population aged 5-16 with a conduct disorder	5.6%	5.7%	5.6%	3,377	▫	n/a	2015
Estimated prevalence of hyperkinetic disorders Estimated % of population aged 5-16 with a conduct disorder	1.5%	1.5%	1.5%	919	▫	n/a	2015
Estimated prevalence of eating disorders Estimated number of population aged 16-24 with an eating disorder	n/a	n/a	n/a	5,464	▫	n/a	2013
Estimated prevalence of ADHD Estimated number of population aged 16-24 with ADHD	n/a	n/a	n/a	5,739	▫	n/a	2013
Primary school pupils with social, emotional and mental health needs % of pupils in primary schools with social, emotional and mental health needs	2.1%	2.2%	2.1%	711	▫	n/a	Jan 17
Secondary school pupils with social, emotional and mental health needs % of pupils in secondary schools with social, emotional and mental health needs	2.3%	2.6%	2.3%	509	▫	n/a	Jan 17
All pupils with social, emotional and mental health needs % of pupils with social, emotional and mental health needs	2.3%	2.4%	2.4%	1,351	▫	n/a	Jan 17
Self harm hospital admissions, age 10-14 Rate of hospital admission as a result of self harm in young people aged 10-14 years per 100,000 resident population	211.6	102.1	164.4	39	⇔		2016/17
Self harm hospital admissions, age 15-19 Rate of hospital admission as a result of self harm in young people aged 15-19 years per 100,000 resident population	619.9	305.2	342.2	78	⇔		2016/17
Hospital admissions for mental health Rate of hospital admission for mental disorders in young people aged 0-17 years per 100,000 resident population	81.5	76.8	99.5	94	⇔		2016/17
In contact with CYP mental health services Number of people in contact with learning disability services and/or CAMHS	n/a	n/a	n/a	870	▫	n/a	Dec 17
In contact with mental health services, aged 0-18 Number of people aged 0-18 in contact with learning disability services, CAMHS and/or adult mental health services	n/a	n/a	n/a	1250	▫	n/a	Dec 17

High Impact Area 6: Seamless transition and preparation for adulthood

Indicator	National compariso	London compariso	Croydon value	Croydon number	Croydon trend	Croydon trend line	Period
Visiting the dentist % of children aged 0-17 visiting a dentist in the year	58.2%	48.9%	47.2%	43,978	▫		2016/17
Pupil absence % of half days missed by pupils due to overall absence (incl. authorised & unauthorised absence)	4.7%	4.4%	4.6%	n/a	⇩		2016/17
First time entrants to the youth justice system Rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population	327.1	407.3	527.5	197	⇩		2016
16-17 year old NEET % of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	6.0%	5.3%	10.5%	970	▫	n/a	2016
Under 18 conceptions Rate of conceptions per 1,000 population women aged 15-17	18.8	17.1	25.0	175	⇩		2016
HPV vaccination coverage % of female population aged 12-13 who received the first (priming) dose of the HPV vaccine	87.2%	83.8%	77.8%	1,565	▫		2016/17
Children in care with up to date immunisations % of children in care for at least 12 months whose immunisations were up to date, aged under 18	84.6%	81.8%	66.9%	325	⇧		2017
Emotional wellbeing of LAC Average difficulties score for LAC aged 5-16 who have been in care for at least 12 months	14.1	13.7	10.8	n/a	▫		Mar 17
Emotional wellbeing of LAC % of children where average difficulties score indicated there is a cause for concern	38.1%	35.5%	21.9%	39	▫	n/a	Mar 17
Smoking prevalence - current smokers % of 15 year olds responding to the WAY survey stating they were current smokers	8.2%	6.1%	7.2%	n/a	▫	n/a	2014/15
Smoking prevalence - regular smokers % of 15 year olds responding to the WAY survey stating they were regular smokers	5.5%	3.4%	3.9%	n/a	▫	n/a	2014/15
Smoking prevalence - occasional smokers % of 15 year olds responding to the WAY survey stating they were occasional smokers	2.7%	2.7%	3.2%	n/a	▫	n/a	2014/15
Chlamydia detection rate Rate of chlamydia diagnoses per 100,000 population, aged 15-24	2585	2309	1882	1,146	⇔		2016
Chlamydia screening % of population aged 15-24 screened for chlamydia	20.7%	27.0%	23.8%	10,542	⇩		2016

Appendix 6: Oral Health – Dental Access

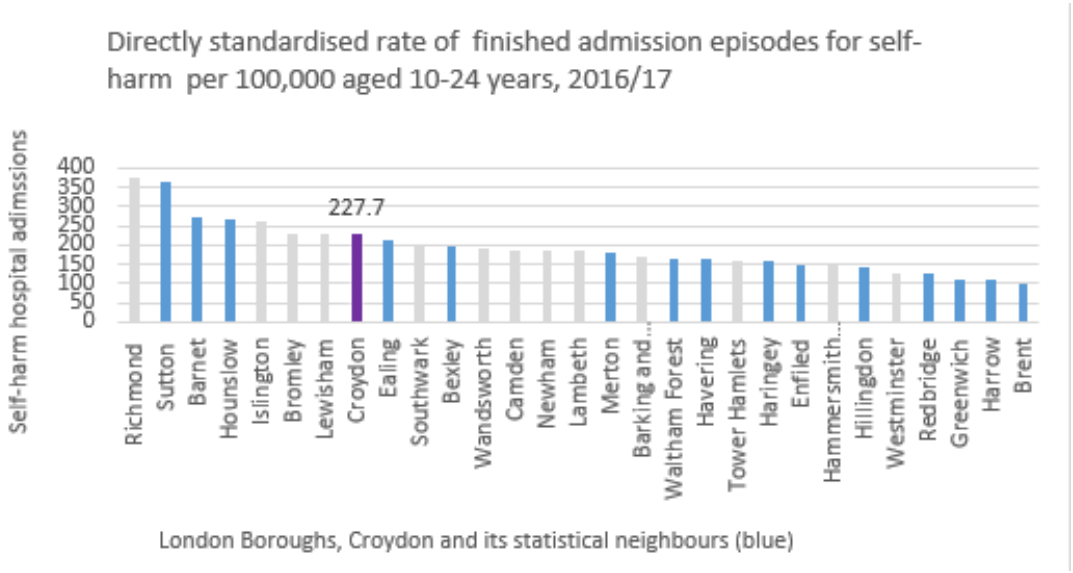
Dental access rates for Children in Croydon (2016/17)



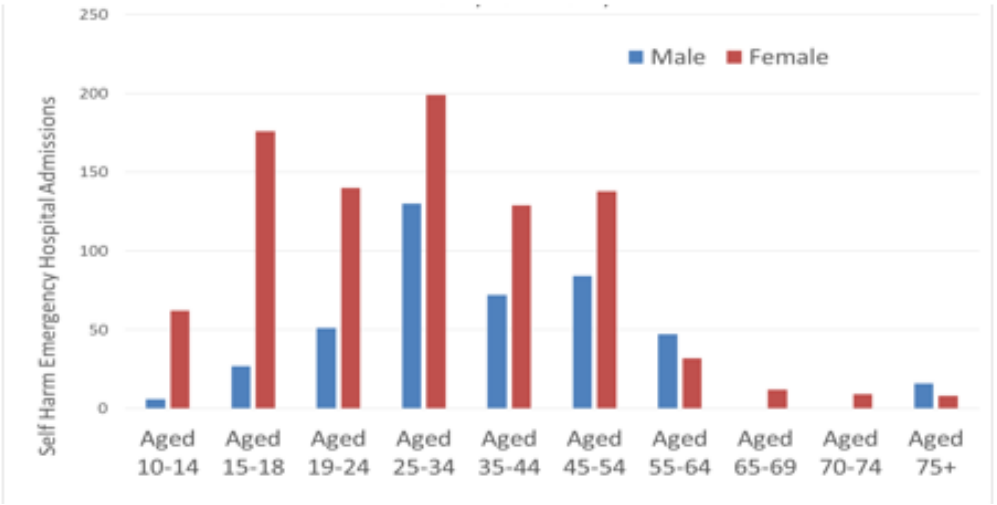
Access rates to NHS dentists in the table below are calculated as the percentage of children living in Croydon who have visited an NHS dentist in 2016/17.

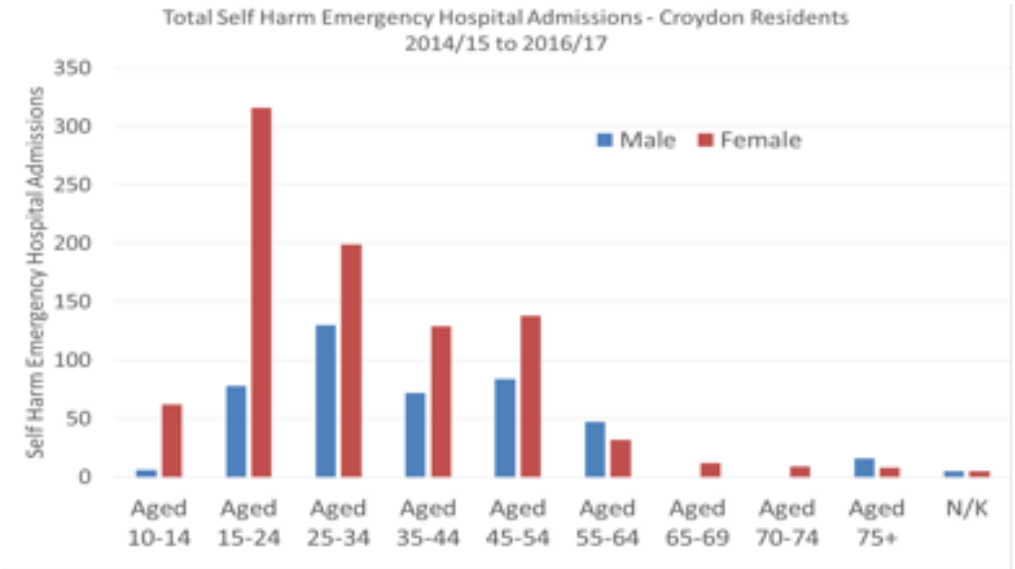
	Croydon		London
	Number of children	Access rate	Access rate
Children aged 0-2 years	2,243	13.1%	14.1%
Children aged 3-5 years	7,409	43.3%	44.5%
Children aged 6-9 years	13,241	61.2%	63.7%
Children aged 10-14 years	14,336	62.3%	66.2%
Children aged 15-17 years	7,125	49.6%	51.4%
Total children	**44,354**	**47.6%**	**49.2%**

Appendix 7: Emotional Health and Wellbeing Graphs



Total Self-Harm Hospital Admissions - Croydon Residents by Gender 2014/15 to 2016/17





Appendix 8: Mental Health Cost Effectiveness

National evidence of effectiveness and cost effectiveness			
	Spent on	**Returns/Savings**	**Financial Pressure**
Anxiety disorders	£1 on cognitive behavioural therapy (CBT)	• £31 – group therapy • £10 – therapy via parents	
Depression	£1 on cognitive behavioural therapy (CBT)	• £32 - group therapy • £2 - individual	
Schizophrenia	£1 on early intervention psychosis teams	• £18	
ADHD	High costs of ADHD support economic case for early intervention		Long term costs for every child estimated to be £102,135
Conduct Disorders		• ~£150,000 per severe case • ~£75,000 per moderate case	

Appendix 9: Sources of Vulnerability

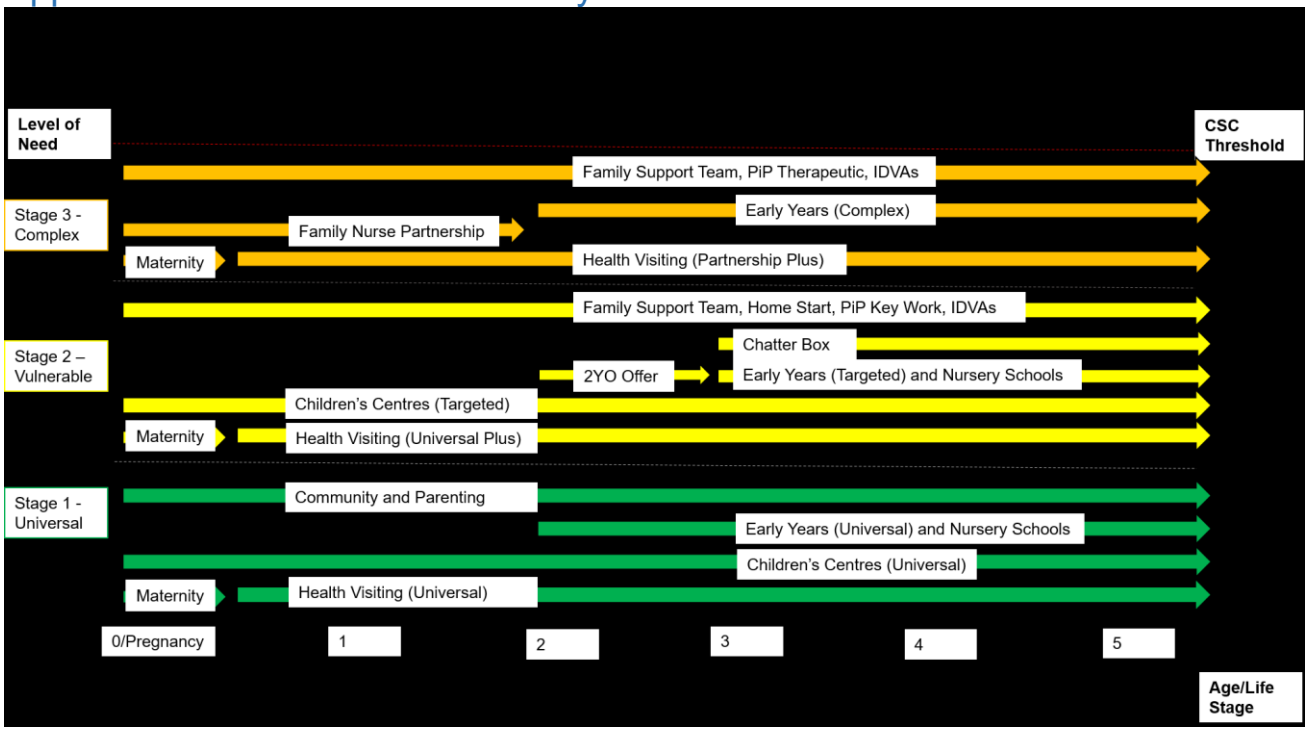
Source of vulnerability	Croydon position
Estimated 0 to 4 s living in poverty (2015)	5,300 (18.7%)
Homeless families (2016/2017) *	864 (5.5%)
New referrals to the Family Justice Centre had children under 5 years old (2015/2016) (54)	47%
Homeless families (2016/2017)	864 (5.5%)
Households in temporary accommodation including 3068 children / expected children	2005
Births registered by one parent only (2014)	447 (7.9%)
Women with mild to moderate illness and anxiety in the perinatal period (2015/2016)	800
Smoking at delivery	353 (6.6%)
Babies with a low birth weight (2016)	445 (7.7%)
Estimated deliveries to 19 and unders	
Qualification of adults	
Number of infants living with alcohol	
Number of infants substance misuse	

Appendix 10: Number of SEND Pupils by Primary Need

	Croydon		London	England
	N.	%	%	%
Specific Learning Difficulty	1,038	11.4%	10.0%	11.8%
Moderate Learning Difficulty	1,084	11.9%	14.3%	20.9%
Severe Learning Difficulty	134	1.5%	2.1%	2.6%
Profound & Multiple Learning Difficulty	111	1.2%	1.0%	0.9%
Social, Emotional and Mental Health	1,351	14.8%	15.1%	15.0%
Speech, Language and Communications Needs	2,197	24.1%	25.1%	18.8%
Hearing Impairment	130	1.4%	1.5%	1.7%
Visual Impairment	59	0.6%	0.8%	1.0%
Multi-Sensory Impairment	13	0.1%	0.2%	0.2%
Physical Disability	264	2.9%	2.3%	2.7%
Autistic Spectrum Disorder	895	9.8%	9.5%	8.7%
Other Difficulty/Disability	629	6.9%	4.3%	4.4%
SEN support but no specialist assessment of type of need	149	1.6%	3.6%	3.3%
Missing primary need code	1,076	11.8%	10.3%	8.0%
Total	**9,130**	**100.0%**	**100.0%**	**100.0%**

(58)

Appendix 11: 0-4s Service Pathway



(62)

Abbreviations

Abbreviation	Full Form
ACE	Adverse Childhood Experience
APHR	Director of Public Health's Annual Public Health Report
AYPH	Association for Young People's Health
BAME	Black, Asian, and Minority Ethnic
BME	Black and Minority Ethnic
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CIN	Children in Need
CPP	Child Protection Plans
CUH	Croydon University Hospital
CYP	Children and Young People
EHCP	Education, Health, and Care Plan
ELP	Enhanced Learning Providers
FNP	Family Nurse Partnership
GDPR	General Data Protection Regulation
HCP	Healthy Child Programme
HIA	High Impact Areas
HWBB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LA	Local authority
LAC	Looked After Children
LSP	Local Strategic Partnership
MACE	Multi-Agency Child Exploitation
MARAC	Multi Agency Risk Assessment Conference
MMR	Measles, Mumps and Rubella
MOPAC	Mayor's Office for Policing and Crime
NBV	New Birth Visit
NCMP	National Child Measurement Programme
NEET	Not in Employment, Education, or Training
NHSE	NHS England
PFL	Palace For Life
PHE	Public Health England
PSHE	Personal, Social, and Health Education
RSE	Relationship and Sex Education
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SHNA	Sexual Health Needs Assessment
SYV	Serious Youth Violence
UASC	Unaccompanied Asylum Seeking Children
WAY	What About YOUth
WHO	World Health Organisation
YOS	Youth Offending Service
YOT	Youth Offending Team
YPSHO	Young Persons Sexual Health Outreach

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