Rapid needs assessment: children, young people and families in Croydon

This rapid needs assessment was prepared to support the Family Hubs and Start for Life Transformation Programme in Croydon (2022-2025).

Croydon Public Health Team

April 2023

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List of abbreviations

ACEs	Adverse Childhood Experiences
DfE	Department for Education
DHSC	Department of Health and Social Care
EHCP	Education, Health and Care Plan
EIF	Early Intervention Foundation
HNA	Health Needs Assessment
IDACI	Income Deprivation Affecting Children Index
IMD	Index of Multiple Deprivation
JSNA	Joins Strategic Needs Assessment
MMR	Measles, Mumps, Rubella
NEET	Not in education, employment or training
SEN	Special educational needs
SEND	Special educational needs and disabilities
VCFS	Voluntary, Community and the Faith Sector

Executive Summary

This rapid needs assessment was undertaken to support the delivery of the Family Hubs and Start for Life Programme in Croydon. It aimed to synthesise relevant data and intelligence included in existing needs assessments, reviews and reports to provide a starting point for understanding the needs of children, young people and families in Croydon.

It is envisaged that this needs assessment will inform an iterative process through which data and insights will be revisited throughout the duration of the Family Hubs and Start for Life Programme in Croydon (2022-25) to ensure relevant intelligence is available to meet the evolving needs of the Programme.

Key messages are summarised below.

Who are Croydon's children, young people and families?

- 0–19-year-olds make up a quarter of Croydon's population. According to the ONS Census 2021, there were a total of 97,938 0–19-year-olds in Croydon, making it the largest population of 0-19s in a London Borough.
- A higher proportion of 0–19-year-olds come from Black, Asian and Minority Ethnic backgrounds (65%) compared with the population in Croydon (52%).
- Croydon is the 14th most deprived London borough according to the Income Deprivation Among Children Index (IDACI). 24,555 (23.8%) of 0–19-year-olds in Croydon live amongst the 20% most deprived areas in England.
- ONS Census 2021 identified a total of 152,947 households in Croydon, of which just over a third (51,709, 33.8%) were household types with dependent children. Of these, 29% were lone parent, single family households.

Special educational needs and disability (SEND)

- It is difficult to quantify the total number of children and young people with disabilities and educational needs. However, data from the School Census and local services on Special Educational Needs (SEN) support and Education, Health and Care Plan (EHCP) provision is helpful in understanding the broader SEND needs.
- According to the January 2022 School Census, of the 65,368 pupils in Croydon, 13.1% (8,562) were receiving SEN support and 4.0% (2,604) had an EHCP. Social, emotional and mental health tended to be the most common type of need (29%) among these pupils.

Starting well: pregnancy, births, infancy and early years

Pregnancy and births

- The total number of births born to mothers resident in Croydon has been decreasing since 2016. In 2021, there were 5,001 live births, down from over 5,252 in 2020.
- During 2019-21, 85 stillbirths were reported in Croydon, equating to a rate of 5.4 per 1,000 births. This rate was higher than that in the London region (4.3 per 1,000) and England (3.9 per 1,000).

- In 2021/22, Baby First Feed was breastmilk for 84.8% of babies in Croydon. This is lower than the London region average (87.7%), but higher than England average (71.7%).
- 85.8% of New Birth Visits were completed within 14 days by a health visitor. This was lower than that in the London region (87.8%) but higher than that in England (82.6%).
- The mental health of parents can have an impact on the current and future health and wellbeing of their children and shape their social and educational outcomes. National surveys and international meta-analyses suggest that up to 20% of women and 10% of men are estimated to have a mental illness during pregnancy and the year after birth. This would mean that up to 1,000 pregnant mothers and 500 fathers would have been expected to be affected by mental illness sometime during the perinatal period in Croydon in 2021.

Infancy and early years

- In 2021, there were a total of 25,171 0-to-4-year-olds in Croydon, making up 6.4% of Croydon's population. By 2031, the number of 0-to-4-year-olds is expected to reduce to 23,219 (5.7% of the total population).
- Breastfeeding is linked with improved infant and maternal health and wellbeing, and it remains an important public health priority. In 2021/22, 1,672 babies in Croydon were reported to have breastfed at 6-8 weeks after birth. However, at the time of this report, due to changes in the methodology in the reporting of this indicator, no rates were available for Croydon. Comparisons with London and England were also not available.
- Childhood obesity and excess weight has important implications for health and wellbeing of children. The number of children that are overweight or obese in reception years in Croydon have been relatively stable in recent years. In 2020/21, 22.0% of reception age children were overweight or obese. This was broadly similar to the average observed in the wider London region and England.
- In 2021/2022, there was a total of 31,195 A&E attendances among 0-4 years in Croydon. The rate of A&E attendance in Croydon during this period (1246.7 per 1,000) was worse than the one observed in the wider London region (854.5 per 1,000) and in England (762.8 per 1,000).
- Childhood vaccination rates in Croydon continue to be generally lower than that England as a whole, and they fall below the 95% WHO target levels. In 2021/22, two dose coverage of the Measles, Mumps and Rubella (MMR) vaccination among 5-year-olds has increased from 67% to 72%. However, this remains lower than the uptake in the London region (74%) and England (85%).
- In 2021/22, over a third (35%) of children in Croydon received 2-to-2-and-a-half-year reviews. This remained lower than that in England (74%). Comparisons to London region were not available at the time of this report.

Developing well: childhood and adolescence

- In 2021, there were a total of 72,767 5–19-year-olds in Croydon, making up 18.6% of the population. This population is expected to reduce to 66,106 (16.2% of the total population) by 2031.

Mental health and wellbeing

- Latest data from the national Mental Health of Children and Young People in England Survey suggested that in 2022, 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder. This would equate to 9,041 7- to 16-year-olds and 7,531 17- to 24-year-olds with a probable mental disorder in Croydon.

Tobacco, drugs and alcohol use among 15-year-olds

- The WAY survey, reporting on data from 2014/15, remains the most updated source of data on smoking prevalence among 15-year-olds in Croydon. As this survey was covered in the 2018 needs assessment for 0-to-19-year-olds, it was not included in this report.
- During the three-year period covering 2018/19-20/21, there were a total of 35 admission episodes for alcohol-specific conditions in under 18s and 60 hospital admissions due to substance misuse in 15-to-24-year-olds. Admission rates due to both reasons were both similar to those in the London region and better than those in England.

Sexual and reproductive health

- Under 16s conception rate in Croydon has been relatively stable in the recent years. In 2020, this rate was 1.7 per 1,000 which was similar to that in the wider London region and in England.
- Under 18s conception rate in Croydon has been decreasing in recent years. In 2020, this rate was 11.3 per 1,000, a rate similar to that in the wider London region and that in England.
- In 2021, chlamydia detection rate among 15–24-year-old females was 2,533 per 100,000. No comparisons were available with detection rates in London and England. Increasing chlamydia detection rates is not a measure of increased disease but rather indicate improved screening activity. From 2022, the UK Health Security Agency recommends that local authorities should be working towards a minimum rate of 3,250 per 100,000 in the female population aged 15 to 24, and Croydon’s latest detection rates are close to reaching this target.

Healthy weight and physical activity

- The proportion of year 6 pupils who are overweight or obese has been increasing in Croydon in the recent years. In 2021/22, 41.8% of Croydon’s year 6 pupils were overweight or obese. This was higher than that in London (40.5%) and England (37.8%).
- In 2018/19, 43.4% of Croydon’s children aged 5-16 years met the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average

of at least 60 minutes moderate to vigorous intensity activity per day across the week). This was similar to that in England.

Educational attainment and persistent absenteeism

- In 2022, at the end of Key Stage 2 (year 6 pupils), the proportion of pupils reaching the expected standard in reading, writing and maths were 77%, 80% and 75%, respectively. These were all lower than those seen in the London region (79%, 83%, 78%, respectively), but higher than those in England (75%, 78%, 72%, respectively).
- Pupils with underlying health conditions and multiple disadvantages are more likely to miss school than their peers. Persistent absenteeism is linked with poorer outcomes such as lower levels of attainment, poor peer relationships and adult employment. Similar to the wider trends in England, both overall absence rate and persistent absenteeism has been increasing in Croydon since 2020. During the 2021/22 Autumn term, the overall absence rate in Croydon was 6.4% and persistent absence rate was 21.0%.
- The percentage of 16- and 17-year-olds not in education, employment or training (including Not Known) has been reducing in Croydon in recent years. In 2021, 5.4% of 16- and 17-year-olds in Croydon were NEET, similar to that in England (5.5%) but higher than that in London (4.0%).

Crime and offending among young people (10-17 years)

- The rate of first-time entrants (10-17 years) to the youth justice system has been decreasing in Croydon in the recent years. Nevertheless, compared to London and England, Croydon continued to have a higher rate of first-time entrants into the Youth Justice System. In the year ending March 2021, this rate was 248 per 100,000 young people in Croydon.

Vulnerability and adversity in childhood

- The conditions into which children and young people are born, live learn and grow, termed as the social determinants of health, shape their health and wellbeing as well as their future prospects. While positive experiences and adequate support during this time could enable our children and young people to thrive, negative experiences risk poorer life outcomes, implications of which could last many generations.
- While a commonly used definition of childhood vulnerability does not exist, many factors could make children vulnerable to risks and poor outcomes. These factors include a child's individual characteristics (i.e., related to a child's health, wellbeing and educational needs), the impact of action or inaction by other people (i.e., lack of supportive relationships, abuse and exploitation), and physical and social environment (e.g., poor housing, poverty, community crime and violence).
- A whole-systems approach involving collaboration between various sectors, such as healthcare, housing, education, social services, voluntary organizations, police, and youth justice, can help build resilient children and families and address the factors that affect child health to promote healthy

and fulfilling lives for children and young people, and to prevent future health issues.

Adverse childhood experiences

- Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that occur in childhood, including abuse (emotional, physical, sexual), neglect (emotional or physical), and household adversity (domestic violence, household substance misuse, household mental ill health, criminality, separation, living in care). These experiences can have long-lasting effects on a child's physical and mental health, leading to increased risk of chronic diseases, mental illness, and poor social outcomes.
- The prevalence of ACEs in Croydon, and wider England, is not known. However, a 2016 Welsh Study on ACEs estimated that 47% of adults experienced at least one ACE during their childhood and 14% have experienced four or more ACEs. If this rate is applied to Croydon births in 2021, it would mean that 700 of our babies born in 2021 would experience four or more ACEs by their 18th birthday.

Parental mental ill health

- Not all parental mental ill health has an adverse impact on children, but research demonstrates that parental mental health conditions are associated with a number of poor mental and physical health outcomes in children. The impact of parental mental ill health on children vary according to type and severity of mental health condition as well as child's age and stage of development.
- Existing national data indicates that in 2019/2020, 34.3% of children lived with at least one parent reporting emotional distress. While over a quarter of children (26.9%) had a mother reporting symptoms of emotional stress, just under 15% had a father reporting emotional stress, and 5.6% children had both mother and father reporting symptoms of emotional stress. This would equate to around 33,000 children in Croydon with at least one parent reporting symptoms of emotional stress.

Domestic violence

- Trends in domestic violence are challenging to establish as abuse often takes place behind closed doors and is highly underreported due to various factors.
- According to Mayor's Domestic and Sexual Violence Dashboard, Croydon has the fifth highest rate of domestic abuse incidents in London with a rate of 21.3 per 1,000 population during the year ending 31 March 2022.

Parental substance misuse

- Parental substance misuse can put children in harm if it prevents the parents from recognising and meeting their children's needs. In such circumstances, it can be associated with a range of adverse impacts on children health and wellbeing outcomes and life chances.

- The total number of children living in families with parental substance misuse in Croydon and the UK is unclear. According to Children's Commissioner's local vulnerability profile, in 2019-20, 18,389 children (a fifth of children in Croydon) in Croydon were estimated to be in living in families experiencing at least one of the 'toxic trio' (parental substance misuse, domestic violence and mental health issues).

Homelessness

- According to the Department of Levelling up Housing & Communities, at the end of Quarter 3 of 2022 (July to September 2022), 466 households were owed a prevention (assessed as threatened with homelessness) or relief duty (assessed as homeless).
- During the same quarter, there were a total of 1,981 households in temporary accommodation in Croydon. Of these,1,386 had dependent children and a total of 2,656 dependent children were affected.

Children in need

- The total number of children in need in Croydon has been reducing in the recent years. In the year ending 31 March 2022, there were a total 3,481 children in need in Croydon.
- A child protection plan is given to children and young people to ensure their individual protection. In the year ending March 2022, there were a total of 430 children in Croydon who were the subject of a child protection plan.
- In 2022, there were a total of 550 children in care (also known as looked after children) in Croydon equating to a rate of 61 per 10,000 children. This was higher than the overall rate for London (52 per 10,000) but better than the rate for England (70 per 10,000).

Children in low-income families, child poverty and free school meal eligibility in Croydon

- Income is one of the key social determinants of health and wellbeing outcomes.
- In 2020/21, 13,766 children in Croydon lived in families with absolute low-income. During the same year, 16,649 children in Croydon lived in families with relative low income.
- Both absolute and relative income measures are calculated before housing costs. Housing costs are an essential expense and many individuals and families in poverty struggle to pay rent or afford adequate housing. Therefore, indicators accounting for housing costs are important for better understanding poverty.
- In 2020/21, child poverty rate in Croydon, defined as the percentage aged 0-to-15 years who are living in households with below 60% median income after housing costs, was 32.1%, down from 36.4% in the previous year. Croydon ranked 19th out of the 33 London Boroughs and the London average for the same period was 35.2%.

- The number and proportion of school pupils eligible for free school meals has been increasing in the recent years in Croydon. In 2020/21 Autumn term, 14,852 school pupils, corresponding just above a quarter of Croydon's school pupils (25.5%), were eligible for Free School Meals. This was higher than the rate for London (21.1%) and England (19.7%).

Section 1. Background and introduction

This rapid needs assessment was undertaken as part of the requirements for the delivery of the Family Hubs and the Start for Life Programme in Croydon.

The Family Hubs and the Start for Life Programme is funded by the Department of Health and Social Care and Department for Education during the period covering 2022-2025, and it aims to adopt a place-based, whole-family approach for joining up local family services supporting families 'from conception and two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.'[1,2]

More information on Family Hubs and the Start for Life Programme can be found at https://www.gov.uk/government/publications/family-hubs-and-start-for-life-programme-local-authority-guide. A list of minimum services that should be included in the local offer is provided in Appendix I.

Aims and objectives of the rapid needs assessment

This rapid needs assessment aimed to build on Croydon's existing Joint Strategic Needs Assessment (JSNA) and existing reports and reviews to provide an overview of the health and wellbeing needs of children, young people and families in Croydon.

The population of interest for this rapid needs assessment was defined as children, parents and caregivers of children from conception up to age 19 years (or up to age 25 for those with SEND).

The specific objectives of this rapid needs assessment were to:

- provide an overall population profile for the population of interest using protected characteristics as well as other social determinants of health (including income, education status, etc.). Where possible, this information was put into regional and national context by providing comparisons to other populations.
- identify and synthesise key messages on the health and wellbeing needs of the population of interest using existing local, regional and national reviews, reports and needs assessments

Scope of this rapid needs assessment

This rapid needs assessment aimed to bring together existing data and intelligence to understand the wider health and wellbeing context for children, young people and families in Croydon. It is intended to be used as a starting point for understanding the needs of this population and inform future detailed needs assessments, service mapping and engagement activities that need to be done to inform how family hub services can be planned and delivered at a community level. These later

[1] For the complete programme guide published in August 2022 with annexes A to R, please see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf

[2] More information on family hubs, alongside toolkits and resources for development, is found at the National Centre for Family Hubs website at https://www.nationalcentreforfamilyhubs.org.uk/toolkits/why-family-hubs/.

assessments and activities are currently being planned and will be undertaken during the course of Croydon's Family Hubs and Start for Life Transformation Programme.

Table 1 below shows what was in and out of scope of this needs assessment.

Table 1. Scope of the rapid needs assessment

In scope	Out of scope
- Review of current Joint Strategic Needs Assessment, reports and review to provide a broad overview of the needs of children, young people and families in Croydon - Where possible, update data in published reports to provide up-to-date information on the health and wellbeing of children, young people and families in Croydon	- Service mapping - Deep dive analyses to provide detailed insights into individual services covered by the Family Hubs and Start for Life Transformation Programme (e.g. parenting support, perinatal mental health and parent-infant relationships, early language and the home learning environment, infant feeding.) - Stakeholder engagements *Please note that the above activities are planned to be undertaken as part of Croydon's Family Hubs and Start for Life Transformation programme.*

Key documents

This rapid needs assessment synthesised the data and intelligence included in the following needs assessments, reviews and reports. Please note that where possible, data presented in these previous publications were updated for the needs assessment.

Please refer to the original key references listed below for detailed discussions of the topics summarised in this rapid needs assessment.

- 0-19s needs assessment (2018)
- Oral health needs assessment from (2018)
- Early experiences last a life time; the first 1000 days from conception to the age of 2 (Annual Director of Public Health Report, 2018)
- Perinatal mental health review (2019)
- SEND data profile (2021)
- Children looked after needs assessment (2021)
- OHID child and maternal health reports (2021)
- Substance misuse needs assessment (2021)
- Health inequalities in Croydon (Annual Director of Public Health Report, 2022)

Policy context

National policy: the vision for transformation of family and Start for Life services

This section summarises the national policy on Family Hubs and Start for Life Programme. A discussion of wider national policy on early years, children and young people, parents and carers can be found in Croydon's Partnership Early Years Strategy.[3]

Early years, covering the period from conception to age two, is a critical period during when the foundations for an individual's life outcomes are laid. The importance of experiences during this time period in shaping lifelong health and wellbeing outcomes is well documented.[4] While this period represents a particularly vulnerable time for individuals' lives, with potential lifelong impacts of adverse experiences, growing evidence-base supports that early intervention during this period can not only mitigate for the long-lasting impact of adverse experiences but also have a wider positive impact on individuals, families and society.

Children, young people and families need differing levels of support at various stages. This support could be informal through family, relatives and friends and formal through national and local services. Local services are delivered by local authorities and NHS in partnership with the voluntary, community and faith sectors, and play a key role in supporting families. Depending on the level of need, these services operate at different levels ranging from universal services (available to all families) to more specialised, higher tier services aiming to identify needs at an early stage as well as targeted services focusing on more complex needs. Navigating these services could at times be challenging for families as these services are delivered by different stakeholders, sometimes operating at overlapping but different levels of geography.

The Family Hubs and the Start for Life Programme aims to support UK Government's vision to transform how families are supported as set out in The Best Start for Life: a vision for the 1,001 Critical Days[5] as well as the delivery of Healthy Child Programme 0-19 public health services.[6] In addition, the Family Hubs and Start for Life Programme includes support to improve young children's home learning environment, to help them recover from the COVID-19 pandemic. The Programme aims to achieve this through taking a whole-family approach and providing a coherent, 'one-stop shop' through which parents and carers of children and young

[3] Please see Section 2 at https://www.croydon.gov.uk/sites/default/files/2022-09/Croydon%E2%80%99s-new-Partnership-Early-Years-Strategy.pdf.
[4] https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf
[5] Hm Government. The Best Start for Life. A Vision for 1,001 Critical Days. The Early Years Healthy Development Review Report. March 2021. Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf
[6] Public Health England. Guidance: Healthy child programme 0 to 19: health visitor and school nurse commissioning. March 2021. Available from https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning#full-publication-update-history

people can navigate and access children, young people and family services. The development of this Programme was informed by the findings of the recent Independent Review of Children's Social Care[7] and Ofsted's thematic inspection of early help services[8], both of which highlighted the challenges parents and carers of children and young people face in understanding, navigating and accessing local and national services.

Local policy

In Croydon, the critical importance of both the first 1,000 days in a child's life and supporting children, young people and families for achieving a healthy, happy and thriving society is well recognised. Some key documents are presented below. Please refer to the original documents for a detailed discussion.

- The 2018 Annual Director of Public Health Report focused exclusively on the first 1,000 days from conception to the age of 2, reviewing the relevant evidence base and local context. This report presented a series of recommendations for action that proposed taking a whole-systems approach to improving the health and wellbeing of children and young people. These recommendations were built on the principles of 'knowing your role', 'health in all policies' and 'breaking the inequalities cycle'.
- One of the eight priority areas of the Health and Wellbeing Strategy in Croydon focuses on giving children 'A better Start in Life' 'ensuring children and young people are provided with the best physical and emotional environment for growing up in.'[9] The two main outcomes focussed under this priority are supporting the development and delivery of the Children and Young Person's Mental Health Transformation Plan and Child Healthy Weight action plan.
- The Better Start in Life and Maternity are key priority areas of Croydon's Health and Care Plan (2019-2025) aiming to ensure that children get the best possible start in life.[10]
- One of the five key outcomes of the Mayor's Business Plan (2022-2026) aim to achieve a Croydon where 'children and young people… have the chance to thrive, learn and fulfil their potential'.[11] As part of this outcome, three priorities are identified:
    - Ensuring children and young people have opportunities to learn, develop and fulfil their potential,

[7] MacAlister, J. The independent review of children's social care. 2022. Available from https://childrenssocialcare.independent-review.uk/
[8] Ofsted. Early help: whose responsibility? March 2015.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/410378/Early_help_whose_responsibility.pdf
[9] Croydon's Health and Wellbeing Strategy can be found at https://democracy.croydon.gov.uk/documents/s13992/Health%20and%20Wellbeing%20Strategy%20-%20Final.pdf
[10] NHS SWL CCG. Croydon Health and Care Plan. Available from https://swlondonccg.nhs.uk/your-area/croydon/croydon-our-plans/croydon-health-and-care-plan/
[11] Croydon Council. Mayor's Business Plan 2022-26. Available from https://democracy.croydon.gov.uk/documents/s41649/6a%20Appendix%20-%20Executive%20Mayors%20Business%20Plan%20FINAL.pdf

    - Making Croydon safer for young people, and
    - Working closely with health services, Police and the Voluntary Community and the Faith Sector to keep vulnerable children and young people safe from harm.
- Croydon's new Partnership Early Years Strategy sets out how families with young children (under the age of five) will be supported from conception until the age of five.[12]

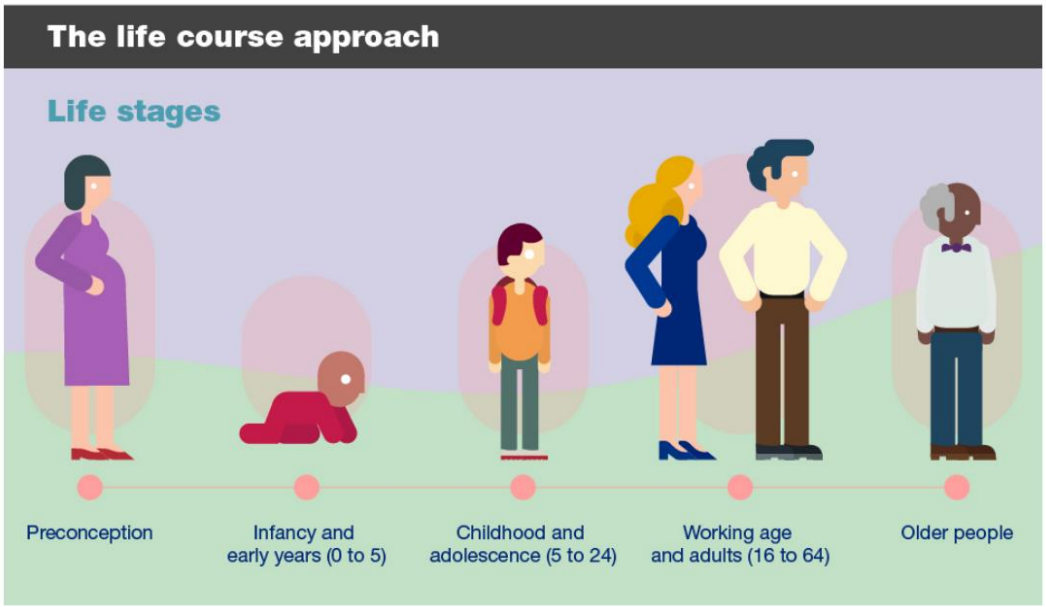
With a vision for Children's Services stating that '[c]children and young people in Croydon will be safe, healthy, happy and will aspire to be the best they can be. The future is theirs',[13] Croydon offers a wealth of support services to children, young people and families delivered through a multisectoral partnership approach. These services are available via the VCSE sector (including peer support and community builders), commissioned services, children's centres, and specialised council-led targeted interventions. The Family Hubs and Start for Life Programme provides an opportunity in Croydon to bring together these support services to enable a 'universal front door' where information will be available to families virtually and in physically communities through dedicated local hubs.

Structure of this report

The structure of this report is informed by the life course approach (see Figure 1 below), which is a framework that considers 'the critical stages or transitions in life where large differences can be made in promoting or restoring health and wellbeing.'[14]

[12] Croydon's new Partnership Early Years Strategy. Available from https://www.croydon.gov.uk/children-young-people-and-families/early-help-support/croydons-new-partnership-early-years-strategy
[13] Croydon Council Early Help services. Available from https://croydonscb.wpenginepowered.com/wp-content/uploads/2017/04/EH-overview-feb17-V2-corrected.pdf
[14] Further discussions on the life course approach is available at https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach

Figure 1. Critical life stages (transitions) depicted in the life course approach. Figure adapted from [Health matters: Prevention – a life course approach, UK Government 2019]



Accordingly, this report is presented in the following sections:

- Section 1. Background and introduction (the current section)
- Section 2. Who are Croydon's children, young people and families?
- Section 3. Starting well: pregnancy, birth, infancy and early years
- Section 4. Developing well: childhood and adolescence
- Section 5. Vulnerability and adversity in childhood
- Section 6. Summary and next steps
- Appendices
- Acknowledgments

Section 2. Who are Croydon's children, young people and families?

Updated routinely as new data become available, the Croydon Observatory provides an interactive overview of Croydon on a range of key topics including population, deprivation, education and skills, economy, housing, health, social care, community safety and environment and transport.[15] This section summarises the key aspects relevant to Croydon's children, young people and families. Please refer to the Croydon Observatory for a detailed discussion of these wider topics.

Croydon's children and young people (0-19 year olds, up to 25 years with SEND)

0- to 19-year-olds

The 'Population' section of Croydon Observatory provides a detailed, interactive view on Croydon's population on a range of topics including age, sex, ethnicity, languages spoken, place of birth, trends in population growth and population projections.[16]

This section summarises findings relevant to 0-to-19-year-olds.

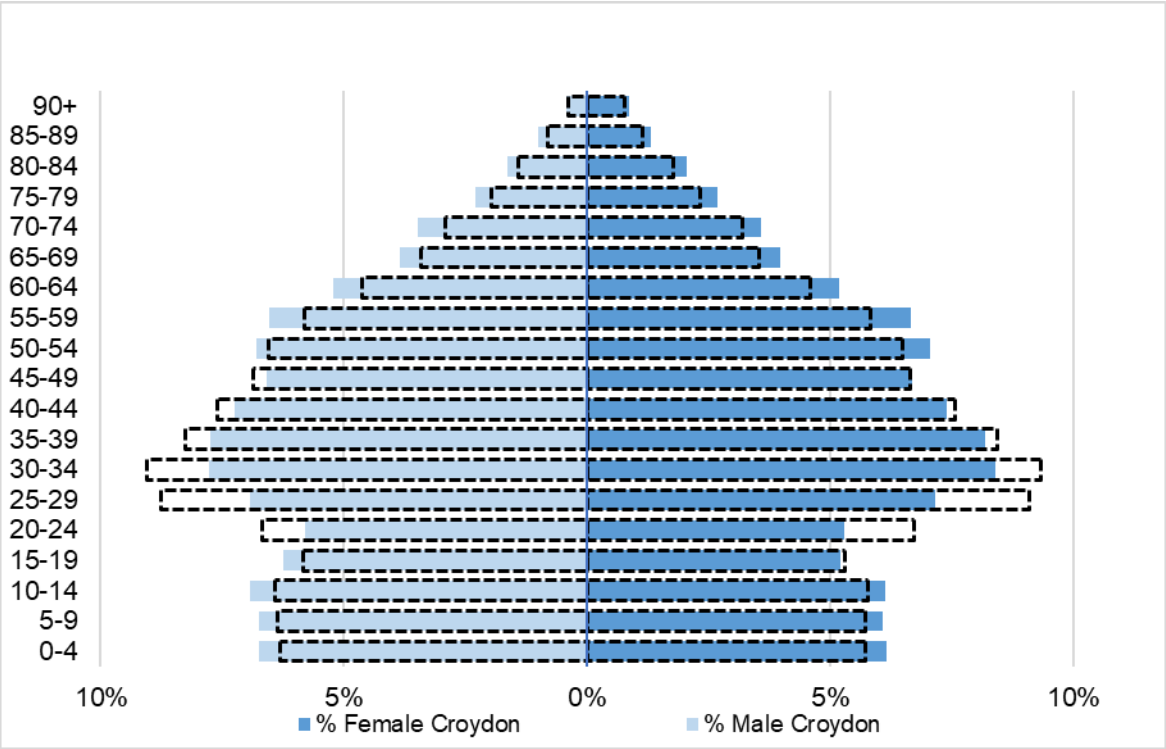
- According to ONS Census 2021, Croydon's population is now 390,800 (rounded to the nearest hundred), having grown 7.7% since 2011, making it the largest of the 32 London boroughs in terms of population.[17]
- Figure 2 below compares Croydon's population to London's by age group and sex. Compared with London, a higher proportion of Croydon's population is under 20 years of age. Those 50 years and older also make up a higher proportion of the population in Croydon compared with that in London.
- Croydon has one of the largest and most diverse populations in London. According to ONS Census 2021, 51.6% of the population was of Black, Asian or Minority ethnic background. English was the main language of 80.7% of residents, followed by Other European Language (4.8%), South Asian language (4.6%) and Portuguese (1.2%), African Language (1.0%) and Spanish (1.0%)
- 0–19-year-olds make up a quarter of Croydon's population. According to ONS Census 2021, there were a total of 97,938 0–19-year-olds in Croydon, making it the largest population of 0-19s in a London Borough. Figure 3 below shows a map of where Croydon's 0-19-year-olds live.
- Croydon is an ageing population. Population projections estimate that by 2031, there population of 0–19-year-olds will decrease slightly to 89,326, making up 22% of the total population.[18] Figure 4 below shows population projections for 2031, by age band and sex.
- A higher proportion of 0–19-year-olds come from Black, Asian and Minority Ethnic backgrounds (65% compared with 52% of overall population in

[15] Available from https://www.croydonobservatory.org/borough-profile/.
[16] Population information on Croydon Observatory can be found at https://www.croydonobservatory.org/population/#/view-report/63aeddf1d7fc44b8b4dffcd868e84eac/___iaFirstFeature/G3
[17] Census results are available at https://census.gov.uk/census-2021-results
[18] Population projections for 2031 based on GLA 2020 Identified Capacity Scenario.

Croydon). This proportion is expected to rise to 71% by 2031. Figure 5 provides the ethnicity breakdown of 0–19-year-olds in Croydon by age group.

- Croydon is the 14th most deprived London borough according to the Income Deprivation Among Children Index (IDACI).[19] 24,555 (23.8%) of 0–19-year-olds in Croydon live amongst the 20% most deprived areas in England. Figure 6 presents a map showing where the most deprived areas are in Croydon according to IDACI.

Figure 2. Population pyramid comparing Croydon's population (light and dark blue) with that in London (dotted lines), by sex (Census 2021)



Source: ONS Census 2021

[19] The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

Figure 3. Percentage of 0–19-year-olds per population of Lower Layer Super Output Areas (LSOAs) 2020

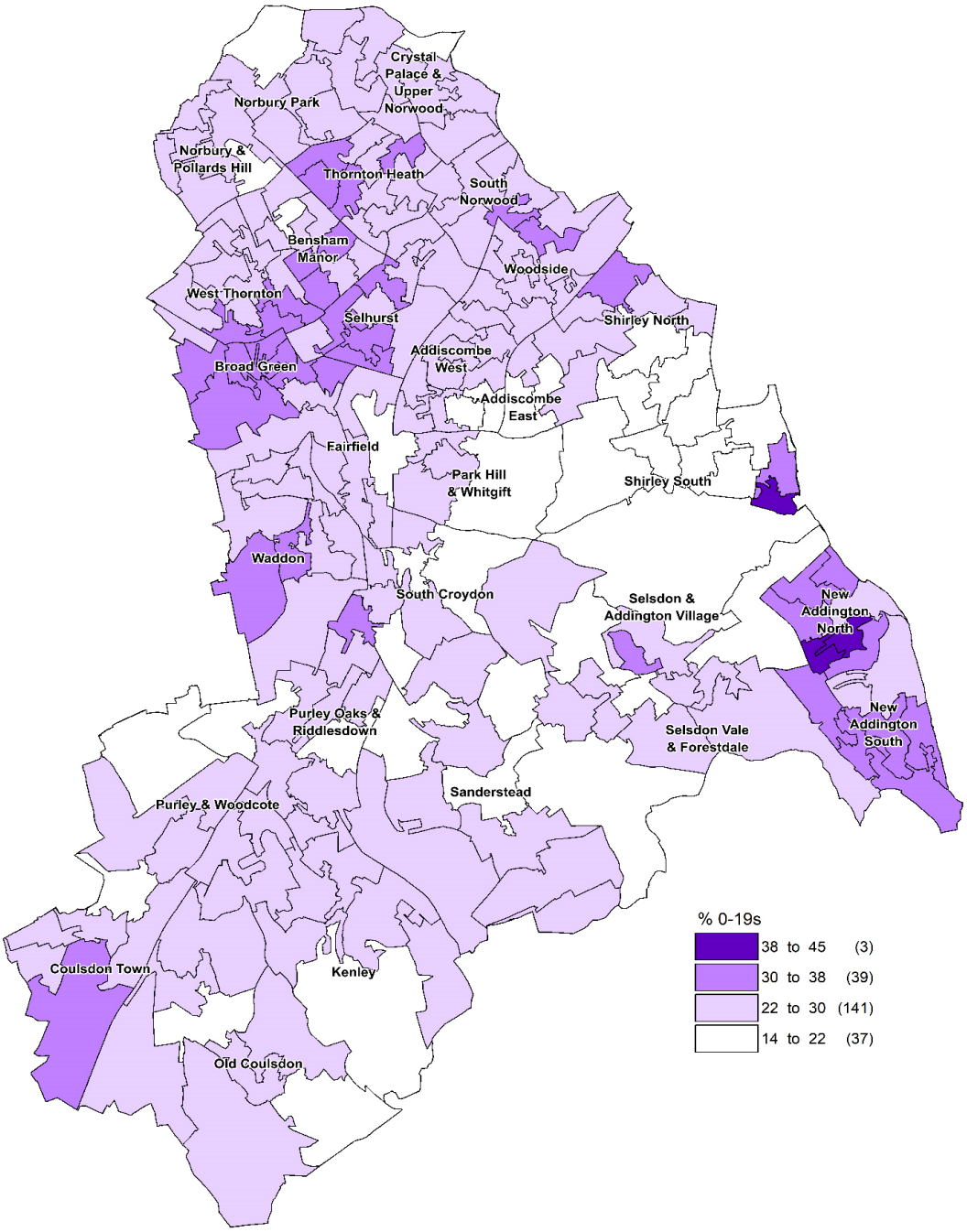


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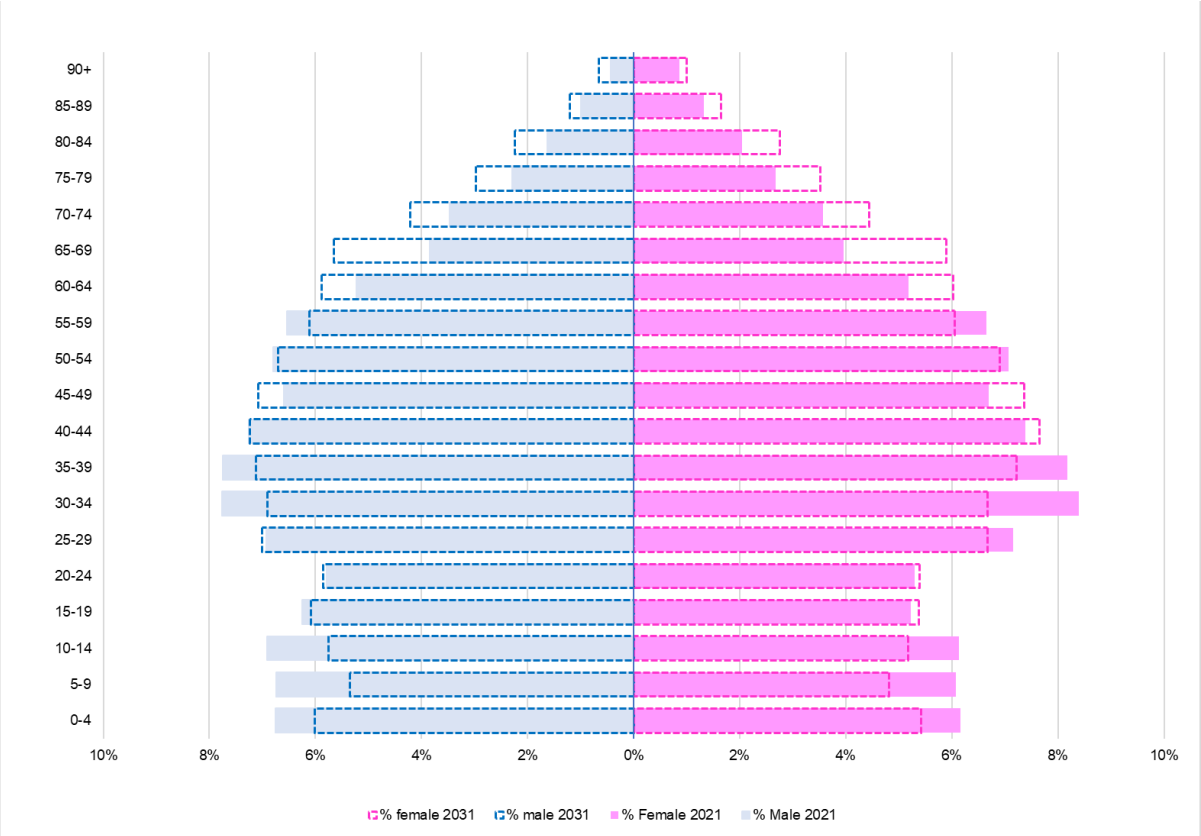
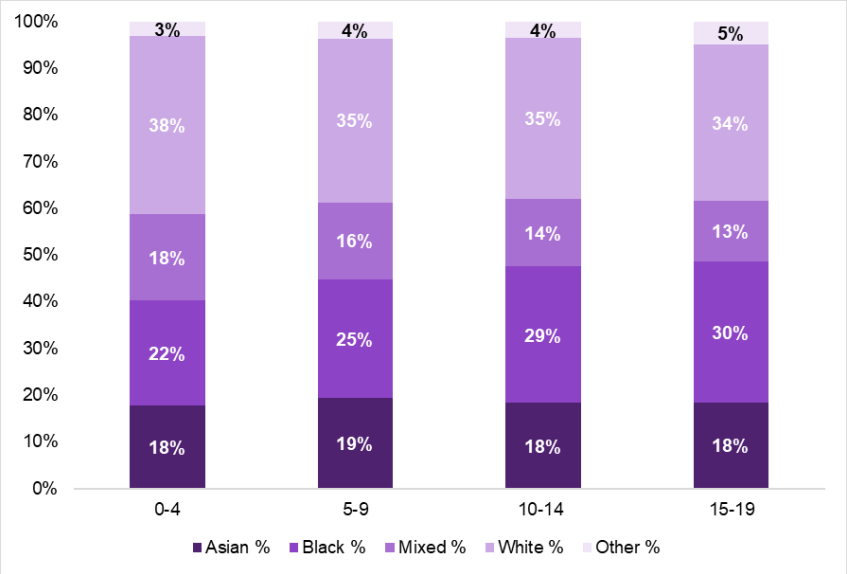
Figure 4. Population pyramid for 2021 and projected 2031 population by age band and sex (dotted lines) in Croydon



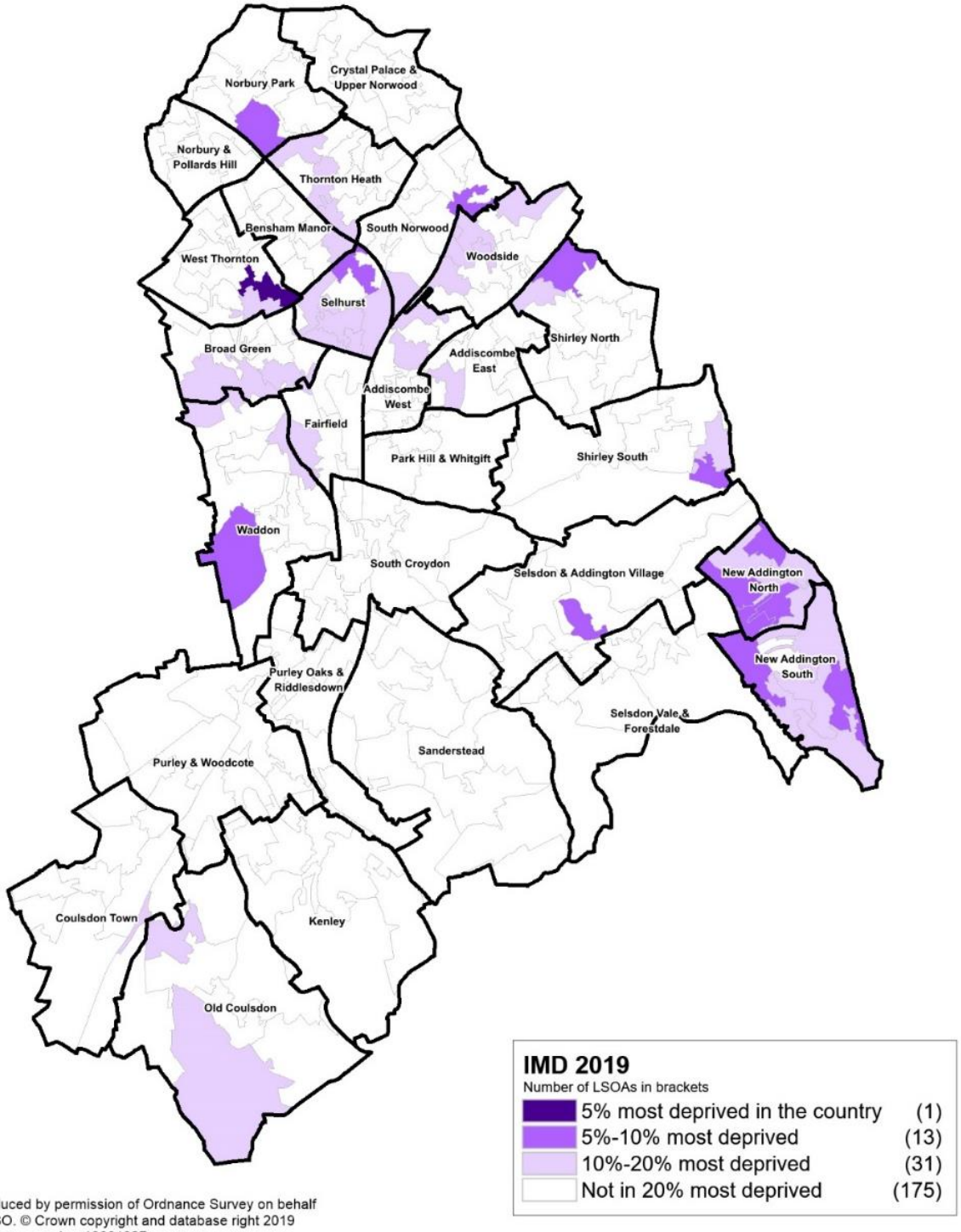
Source: ONS Census 2021. Population projections for 2031 based on GLA 2020 Identified Capacity Scenario.

Figure 5. Ethnic breakdown of 0-19 year olds in Croydon, by age group (ONS Census 2021)



Source: ONS Census 2021.

Figure 6. Income Deprivation Affecting Children Index (IDACI) Rank 2019.



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Children and young people with SEND (0- to 25-year-olds)

- Please refer to the detailed Joint Strategic Needs Assessment Profile for children and young with SEND in Croydon at the Croydon Observatory for a detailed discussion on the data summarised here.[20]
- It is difficult to quantify the total number of children and young people with disabilities and educational needs in Croydon. However, data from the School Census and local services on SEN support and Education, Health and Care Plan (EHCP) provision is helpful in understanding the broader SEND needs. [21]
- According to the January 2022 School Census, of the 65,368 pupils in Croydon, 13.1% (8,562) were receiving Special Educational Needs (SEN) support and 4.0% (2,604) had an EHCP.[22] Social, emotional and mental health tended to be the most common type of need (29%).[23]
- In the same year, a total of 3,556 pupils in Croydon (2.8% of all pupils) had either a statement or an EHCP. Table 2 shows the breakdown of children and young people with a statement and EHC plan by age group. Figure 7 shows trends in the number and proportion of children and young people with a statement or EHC plan and figure 8 shows the breakdown of the number of children with an EHCP by need.
    - Girls made up 36.5% of children and young people with SEN support and 27.2% of children and young people with a statement or EHCP.[24]
    - Of those with a statement or EHCP, 26.7% of the children and young people had first language that was known to be, or believed to be, other than English. This figure was 25.9% for those with SEN support.[25]
    - 45.2% of pupils with a statement of EHC were eligible for free school meals, while 38.4% of pupils with SEN support were eligible for free school meals. Of Croydon's pupils with no SEN, 26.3% were eligible for free school meals.[26]
    - By school type, 9.5% of nursery school pupils, 12.4% of primary school pupils, 13.7% of secondary school pupils and 8.2% of special school pupils received Special Educational Needs support. Figure 9 compares

[20] Children and young people with SEND profile is available at https://www.croydonobservatory.org/wp-content/uploads/2021/05/SEND-Profile-March-2020-1.pdf

[21] The Education, Health and Care Plan (EHCP) is a legal document which makes clear:

- The child's or young person's special educational, health and social care needs
- The extra help he/she that will be given to help them learn.
- The outcomes (benefits) that he/she will be able to achieve from this extra help

The health and social care provision that may be needed to meet these outcomes.

[22] Includes pupils living out of borough attending Croydon settings and does not include pupils living in Croydon attending out-of-borough settings.
Data source: Department of Education. January 2022 School Census. Data available from. https://www.gov.uk/government/collections/statistics-special-educational-needs-sen

[23] Data source: Capita One.

[24] School Census. Department of Education. 2022. Data available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/bd25c9b6-2eea-4593-1420-08db2077577e

[25] School Census. Department of Education. 2022. Data available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/abcf11d7-1e51-4ae2-abed-08db2071b781

[26] School Census. Department of Education. 2022. Data available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/dcb3e712-6d1f-417c-abee-08db2071b781

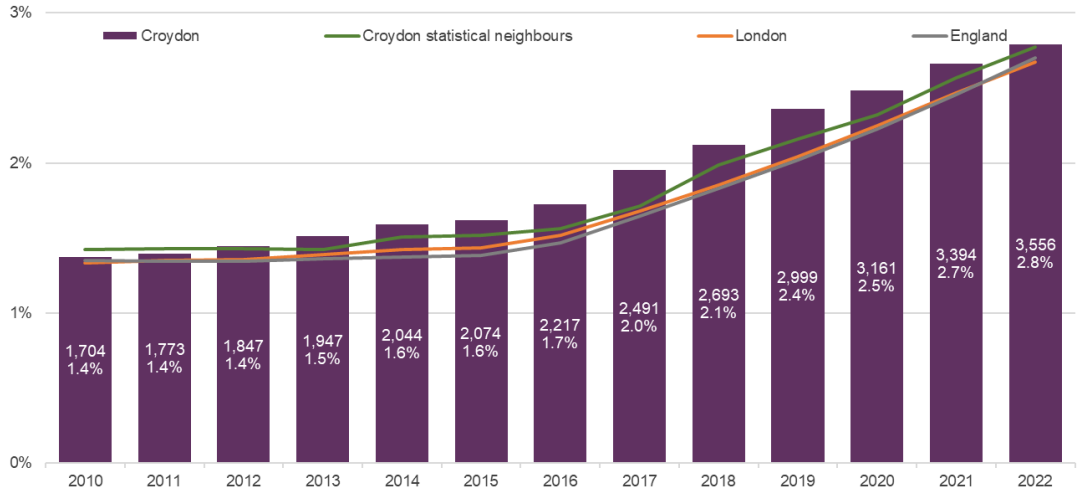
SEN support in Croydon with that in London and England by school type. [27]

Table 2. Breakdown of children and young people with statements or EHCP in Croydon, School Census 2022

Age group	Count	Percentage
Under 5	62	1.7
Age 5 to 10	1,209	34.0
Age 11 to 15	1,276	35.9
Age 16 to 19	733	20.6
Age 20 to 25	276	7.8
Total	**3,556**	100.0

Data source: School Census 2022. Available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/355b51c3-150e-4ee0-8d2e-08dacbbccc68

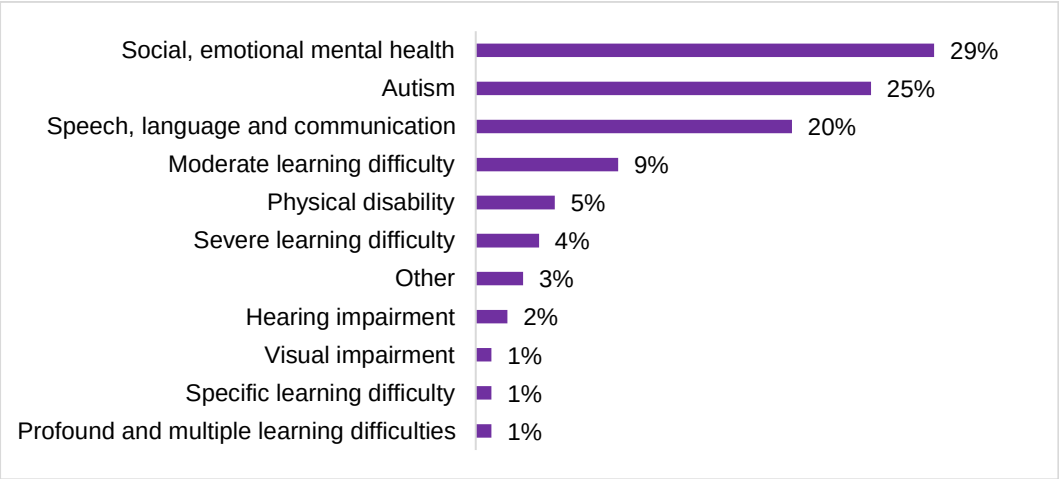
Figure 7. Trends in the number and proportion of Croydon children and young people with a statement or Education, Health and Care Plan, January 2022



Source: Department of Education. Population estimates from Office of National Statistics and Department for Education Children Services Statistical Neighbour Benchmarking Tool.

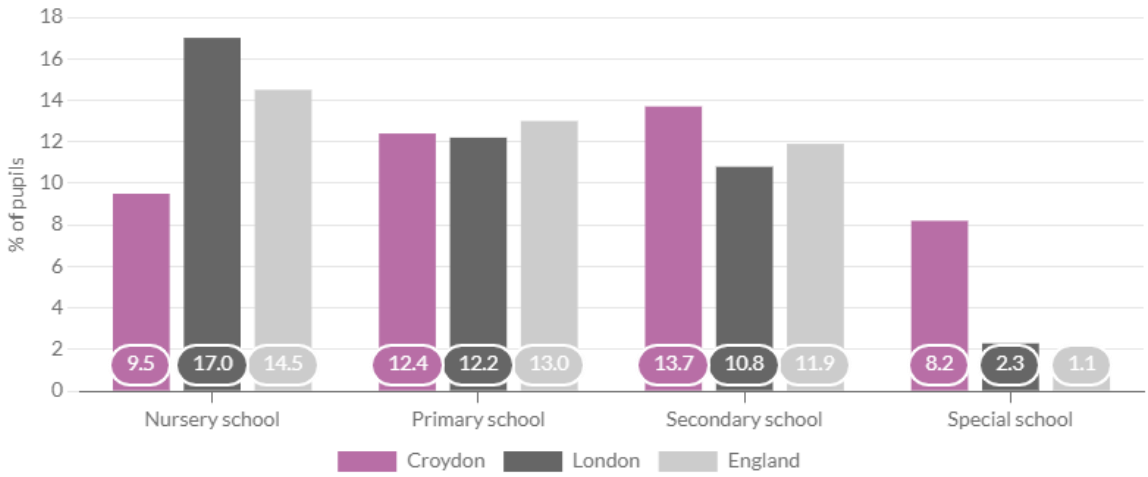
[27] School Census. Department of Education. 2022. Data available at https://explore-education-statistics.service.gov.uk/data-tables/permalink/abcf11d7-1e51-4ae2-abed-08db2071b781

Figure 8. Children with an Education, Health and Care Plan by type of need, Croydon, November 2022



Source: Capita One.

Figure 9. Percentage of pupils getting Special Educational Needs (SEN) Support in Croydon, by school type (2022)



Data source: Department for Education. Data collected via the pupil level spring school census, school level annual school census, general hospital schools census and alternative provision census.

Croydon's families and households

- The interactive '[Housing report]' on Croydon Observatory provides detailed data and intelligence on topics related to Croydon's properties, households and housing considerations, including but not limited to the number and type of properties, type of accommodations, types of tenure, availability of housing,

homelessness and housing projections. This section summarises key figures relevant to Croydon's children and young people and families.[28]

Households with dependent children (Census 2021)

- ONS Census 2021 identified a total of 152,947 households in Croydon, of which just over a third (51,709, 33.8%) were household types with dependent children.[29]
- Of the households with dependent children, 29% were lone parent, single family households. Figure 10 below shows the breakdown of Croydon's household types with dependent children and Figure 11 presents where in Croydon households with dependent children are located.
- In 88.4% of households, at least one adult in the household had English as a main language, while in 8.7% of the households no people in the household had English as a main language (Table 3).
- ONS Census 2021 also collected information on households by deprivation dimensions. According to this, 52% of the households in Croydon were deprived at least in one dimension (Table 4).[30]

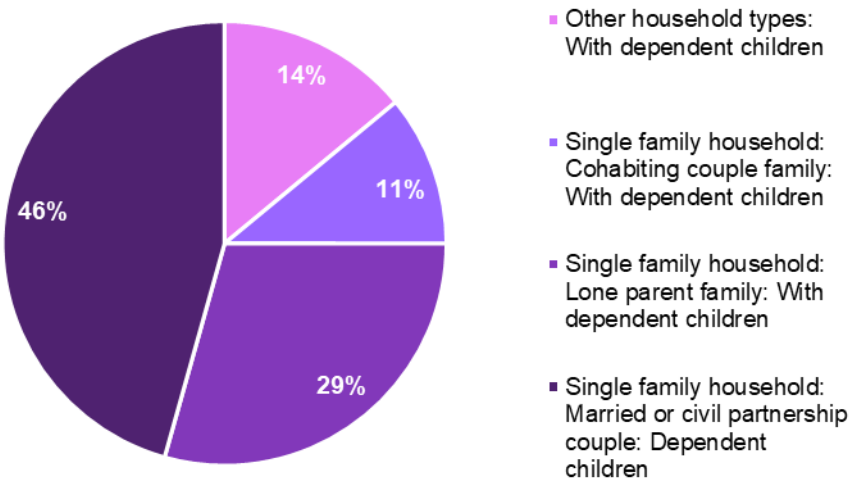
[28] Croydon Observatory's Housing section contains a wealth of up-to-date information on households, properties and housing topics in Croydon and can be accessed at https://www.croydonobservatory.org/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/___iaFirstFeature/G3.

[29] A household is defined as one person living alone, or a group of people (not necessarily related) living at the same address with common housekeeping – that is, sharing either a living room or sitting room or at least one meal a day.

[30] In ONS Census 2021, households were considered to be deprived if they met one or more of the following four dimensions of deprivation:

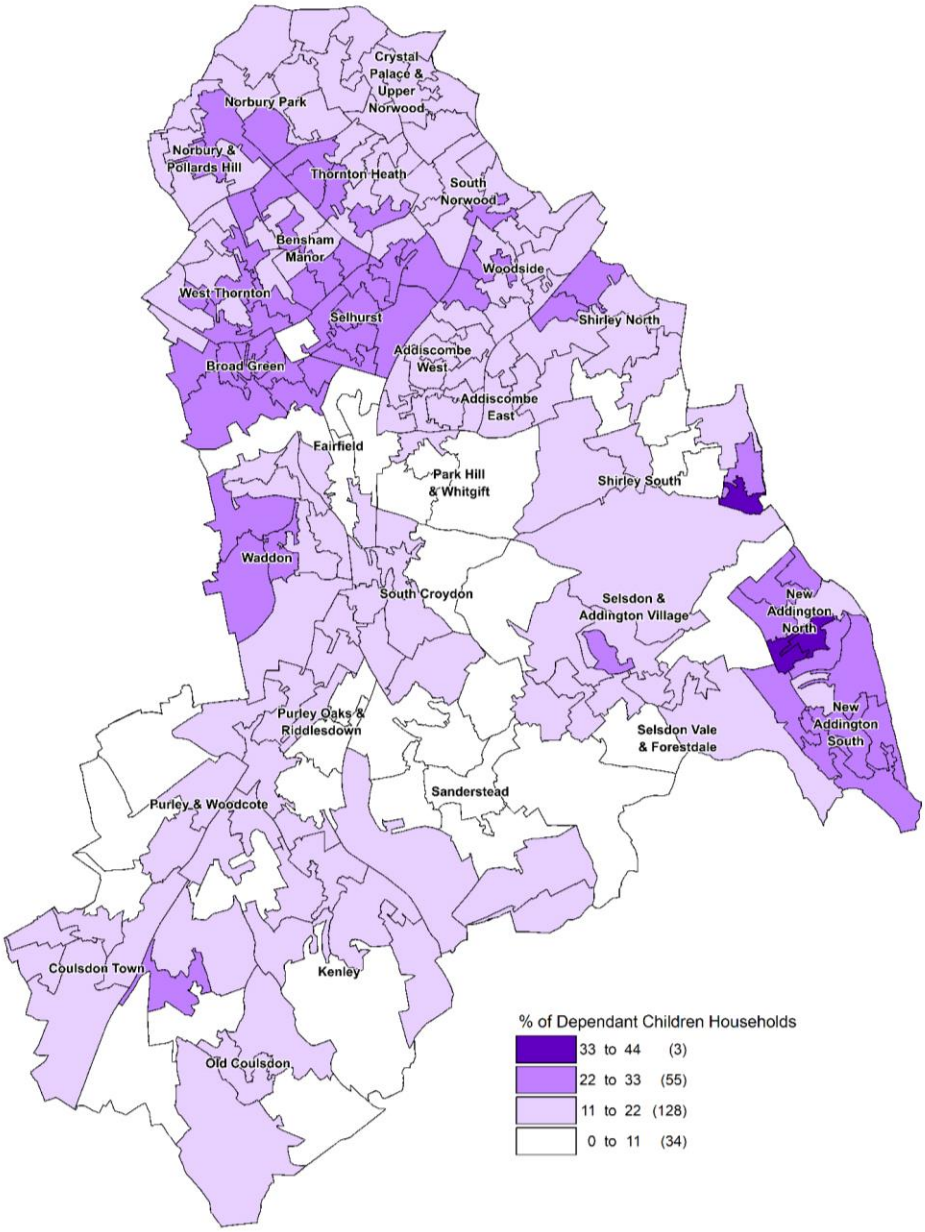
- employment: where any member of a household, who is not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.
- education: no person in the household has at least five or more GCSE passes (grade A* to C or grade 4 and above) or equivalent qualifications, and no person aged 16 to 18 years is a full-time student
- health and disability: any person in the household has general health that is "bad" or "very bad" or is identified as disabled
- housing: the household's accommodation is either overcrowded, with an occupancy rating of negative 1 or less (implying that it has one fewer room or bedroom required for the number of occupants), or is in a shared dwelling, or has no central heating.

Figure 10. Breakdown of household types with dependent children (n= 51,709)



Data source: ONS Census 2021

Figure 11. Croydon map showing the proportion of households with dependent children by Lower Layer Super Output Areas (LSOA 2020)



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Data source: ONS Census 2021.
Numbers in parentheses in the figure legend show the number of LSOAs in that category.

Table 3. Household language in Croydon

Category	Count	Percentage
All adults in household have English in England as a main language	122,932	80.4
At least one but not all adults in household have English as a main language	12,189	8.0
No adults in household, but at least one person aged 3 to 15 years, has English as a main language	4,453	2.9
No people in household have English in England as a main language	13,372	8.7
Total: All households	**152,946**	**100**

Data source: ONS Census 2021

Table 4. Croydon's households by deprivation dimensions

Category	Count	Percentage
Household is not deprived in any dimension	73,406	48.0
Household is deprived in one dimension	51,772	33.8
Household is deprived in two dimensions	21,635	14.1
Household is deprived in three dimensions	5,581	3.6
Household is deprived in four dimensions	552	0.4
Total: All households	**152,946**	**100.0**

Data source: ONS Census 2021

Homeless households

- According to the Department of Levelling up Housing & Communities, at the end of Quarter 3 of 2022 (July to September 2022), 466 households were owed a prevention (assessed as threatened with homelessness) or relief duty (assessed as homeless).
- During the same quarter, there were a total of 1,981 households in temporary accommodation in Croydon. Of these,1,386 had dependent children and a total of 2,656 dependent children were affected.[31]

Low-income families and child poverty

- In 2020/21, 13,766 (15.6%) children in Croydon lived in families with absolute low-income. A family with absolute low-income is defined as "a family whose equivalised income is below 60 per cent of the 2010/11 median income adjusted for inflation."[32]
- During the same year, 16,649 (12.9%) children in Croydon lived in families with relative low income. A family with relative low income is defined as "family whose equivalised income is below 60 per cent of contemporary

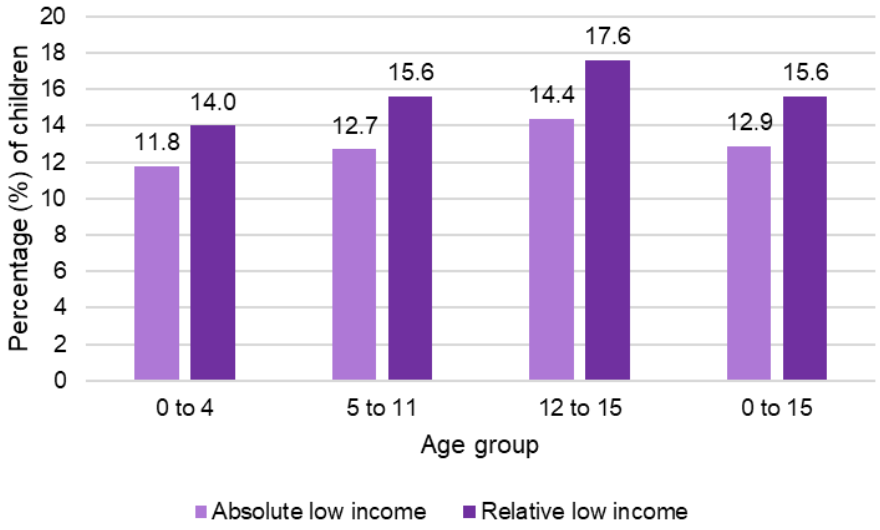
[31] Quarterly reports are available at https://www.gov.uk/government/statistics/statutory-homelessness-in-england-july-to-september-2022

[32] Department of Work and Pensions. Data available from https://stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml. (Accessed January 2023)
A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.

median income." [33] Figure 12 below shows proportion of children in absolute and relative income in Croydon by age group.

- Both absolute and relative income measures are calculated before housing costs. Housing costs are an essential expense and many individuals and families in poverty struggle to pay rent or afford adequate housing. Therefore, indicators accounting for housing costs are important for better understanding poverty.
- Low-income family calculations accounting for housing costs are available. Accordingly, in 2020/21, child poverty rate in Croydon, defined as the percentage aged 0-15 years who are living in households with below 60% median income after housing costs, was 32.1%, down from 36.4% in the previous year.[34] Croydon ranked 19th out of the 33 London Boroughs and the London average for the same period was 35.2%. Figures for quarter 4 of 2022, updated by Trust for London, show that a third of children in Croydon experience child poverty. [35]

Figure 12. Percentage of children in absolute and relative low income by age group, Croydon, 2020/2021



Data source: Department of Work and Pensions.

[33] Department of Work and Pensions. Data available from https://stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml (Accessed January 2023) A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.

[34] Statistics produced by University of Loughborough on behalf of End Child Poverty Coalition. Report and data available at https://endchildpoverty.org.uk/child-poverty/.

[35] Trust for London and NPI. London's poverty profile. Available at https://www.trustforlondon.org.uk/data/boroughs/overview-of-london-boroughs/

Section 3. Starting well: pregnancy, births, infancy and early years

This section covers key issues regarding two key populations:

- parents and carers, and
- infants and early years children aged 0 to 4 years.

For brevity, general considerations for parents and carers are presented in the first section, even though there may be overlaps with impacts on older children and young people. Data used in this section include local data as well as data from sources such as Office of National Statistics and Office of Health Improvement and Disparities (OHID).

Parents and carers

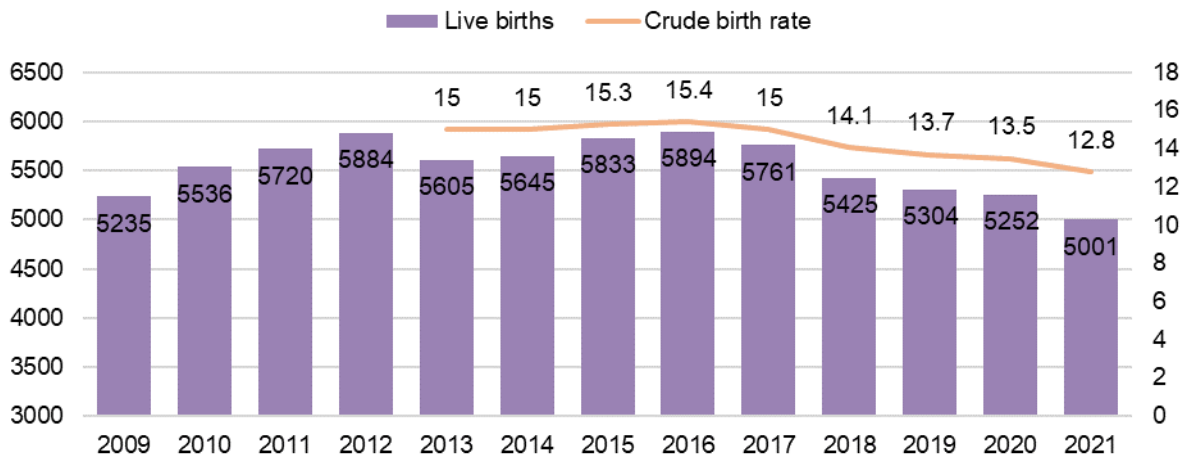
Pregnancy and births

- Since 2016, the total number of births born to mothers resident in Croydon has been decreasing. In 2021, there were 5,001 live births, down from over 5,252 in 2020.[36] Figure 13 shows annual trends in the total number of births and birth rates since 2009.
- A snapshot of the latest data available on pregnancy and births is provided in Table 5 below. Key messages are summarised below:
    - 44.7% of deliveries were to mothers from Black, Asian and Minority ethnic groups.
    - Under 16s conception rate in Croydon has been relatively stable in the recent years. In 2020, this rate was 1.7 per 1,000 which was similar to that in the wider London region and in England.
    - Under 18s conception rate in Croydon has been decreasing in the recent years. In 2020, the rate was 11.3 per 1,000, a rate similar to that in the wider London region and that in England.
    - The rate of births to teenage mothers have been relatively stable in Croydon. In 2021/22, 0.6% of all live births were to teenage mothers. [37]
    - The percentage of mothers smoking at the time of delivery has been decreasing in Croydon. In 2021/22, there were a total of 210 (5.5%) mothers reported to have been smoking at the time of delivery. This rate is higher than that in London (4.5%) but lower than that in England (9.1%).[38]
    - Latest data (2018/19) showed that Croydon rates of folic acid supplements before pregnancy (25.3%) and early access to maternity care (38.4%) were lower than that in the London region (28.5% and 47.8%, respectively).

[36] Office of National Statistics. Birth Summary Tables. 2023. Data available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables
[37] Child and Maternal Health Profiles. Office of Health Improvement and Disparities. 2023.
[38] Child and Maternal Health Profiles. Office of Health Improvement and Disparities. 2023.

- During the same period (2018/19), 23.2% of women were reported to have obesity in early pregnancy. This was worse than the overall London value (17.8%) but similar to that in England (22.1%).
- Trends in low and very low birth weight of all babies, and low birth weight of term babies have been relatively steady in recent years. In 2020, 8.7% of all babies at low birth weight and 1.3% had very low birth rate. In the same year, 3.7% of all term babies had low birthweight. These figures have been generally similar to those in the wider London region except for low birth weight of all babies which is worse than that in London (8.7%vs 7.5%).
- During 2019-21, 85 stillbirths were reported in Croydon, equating to a rate of 5.4 per 1,000 births. This rate was higher than that in the London region (4.3 per 1,000) and England (3.9 per 1,000).
- In 2021/22, Baby First Feed was breast milk for 84.8% of babies in Croydon. This is lower than the London region average (87.7%), but higher than England average (71.7%).[39]
- 85.8% of New Birth Visits were completed within 14 days by a health visitor. This was lower than that in the London region (87.8%) but higher than that in England (82.6%).

Figure 13. Number of live births and crude birth rate (per 1,000 population) to mothers resident in Croydon



Data source: ONS. Births in England and Wales: summary tables.
NOMIS. Live births in England and Wales: birth rates down to local authority areas.

[39] OHID. Fingertips Public Health Profiles.

Table 5. Pregnancy and births public health profile comparing Croydon with London, as at March 2023

Better 95% Similar Worse 95% Lower Similar Higher Not applicable Quintiles: Low High Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better; Increasing; Decreasing

Benchmark Value: Worst/Lowest, 25th Percentile, 75th Percentile, Best/Highest

Indicator	Period	Croydon			Region	England	London		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups	2020/21	→	2,160	44.7%	41.9%	21.6%	17.7%		%
General fertility rate	2021	–	5,001	59.3	52.9	54.3	39.1		4.4
Under 18s conception rate / 1,000	2020	↓	80	11.3	9.8	13.0	16.5		
Under 18s conceptions leading to abortion (%)	2020	→	50	63.7%	63.2%	53.0%	45.2%		
Folic acid supplements before pregnancy	2018/19	–	-	25.3%	28.5%	27.3%	14.7%		
Early access to maternity care	2018/19	–	1,410	38.4%	47.8%	57.8%	16.0%		66.9%
Obesity in early pregnancy	2018/19	–	-	23.2%	17.8%	22.1%	27.4%		
Drinking in early pregnancy	2018/19	–	-	-	-	4.1%	-		- -
Drug misuse in early pregnancy	2018/19	–	-	-	-	1.4%	-		- -
Smoking in early pregnancy	2018/19	–	-	5.9%	6.0%	12.8%	9.9%		
Smoking status at time of delivery	2021/22	↓	210	5.5%	4.5%	9.1%	5.5%		
Teenage mothers New data	2021/22	→	25	0.6%	0.3%	0.6%	-	Insufficient number of values for a spine chart	
Caesarean section %	2020/21	–	1,690	35.0%	33.7%	32.5%	39.0%		
Multiple births	2021	→	75	15.1	14.6	13.7	9.7		
Low birth weight of term babies	2021	→	143	3.1%	3.3%	2.8%	5.0%		2.1%
Low birth weight of all babies	2021	→	423	8.5%	7.6%	6.8%	11.0%		5.8%
Very low birth weight of all babies	2021	→	67	1.3%	1.1%	1.0%	1.6%		
Premature births (less than 37 weeks gestation)	2018 - 20	–	1,295	80.7	76.4	79.1	101.5		64.0
Stillbirth rate	2019 - 21	–	85	5.4	4.3	3.9	6.3		2.7
Neonatal mortality and stillbirth rate	2020	→	45	8.5	6.8	6.5	9.9		
Admissions of babies under 14 days	2020/21	↓	210	43.5	66.8	77.6	218.3		14.4
Baby's first feed breastmilk New data	2020/21	–	2,895	84.8%	87.7%	71.7%	48.7%		98.6%
Baby's first feed breastmilk (previous method)	2018/19	–	-	76.3%	76.3%	67.4%	65.9%		
Breastfeeding prevalence at 6-8 weeks after birth - current method	2021/22	–	1,672	*	*	49.3%	-		- -
Healthy life expectancy at birth (Male)	2018 - 20	–	-	63.2	63.8	63.1	58.1		
Healthy life expectancy at birth (Female)	2018 - 20	–	-	62.4	65.0	63.9	57.8		70.1
Life expectancy at birth (Male) New data	2018 - 20	–	-	79.7	80.3	79.4	77.0		
Life expectancy at birth (Female) New data	2018 - 20	–	-	83.7	84.3	83.1	81.7		
Infectious Diseases in Pregnancy Screening: HIV Coverage	2017/18	–	-	-	99.9%*	99.6%*	-	Insufficient number of values for a spine chart	
Sickle Cell and Thalassaemia Screening: Coverage	2016/17	–	-	-	99.8%	99.3%	-	Insufficient number of values for a spine chart	

Data source: OHID. Child and Maternal Health. Topic: Pregnancy and birth. Available from https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/6/par/E12000007/ati/402/are/E09000008/yrr/1/cid/4/tbm/1
Rates for the following indicators are reported per 1,000 persons: general fertility rate, under 18s conception rate, multiple births, premature births, stillbirth rate, neonatal mortality and stillbirth rate, and admissions of babies under 14 days.

Parental mental health and wellbeing

- The mental health of parents can have an impact on the current and future health and wellbeing of their children and shape their social and educational outcomes.
- For example, if parents are in a state of high emotional distress, this can lead to psychological issues such as depression or anxiety and can also increase the risk of behavioural and emotional difficulties in their children's later life. The UK Household Longitudinal Study reports on the proportion of children living with parents in emotional distress. In the latest update, children living with at least one parent in emotional distress continued to increase. Accordingly, about a third of children in England lived with at least one parent

reporting emotional distress.[40] Assuming the same rate in Croydon, this would equate to about 32,282 0–19-year-olds in Croydon. Notably, mothers were more likely than fathers to report emotional stress. It is important to note that this period covered the initial stages of the COVID-19 pandemic, and it is possible that drivers of emotional stress may be different now.

- National surveys and international meta-analyses suggest that up to 20% of women and 10% of men are estimated to have a mental illness during pregnancy and the year after birth.[41,42] This would mean that up to 1,000 pregnant mothers and 500 fathers would have been expected to be affected by mental illness sometime during the perinatal period in Croydon in 2021. The perinatal mental health review, published in September 2019, provides information around perinatal mental health services and specific recommendations for services in this area.[43]

Infancy and early years (0-to-4-year-olds)

This section summarises data on 0-to-4-year-olds. However, the age ranges used sometimes cover 0-to-5-year-olds in line with data availability.

In 2021, there were a total of 25,171 0–4-year-olds in Croydon, making up 6.4% of the population. This population is expected to reduce to 23,219 (5.7% of the total population) in 2031.[44] A map of Croydon, showing where our 0-to-4-year-olds live is provided in Figure 14.

A snapshot of child early years public health profiles, which provides an overview of the main topics presented in this section, is provided in Table 6 below. Please note that some the indicators presented in this table overlap with those discussed earlier under the 'Pregnancy and births' section. For brevity, these overlapping indicators are not covered in this section. Key messages from the table are summarised under separate headings, and where applicable additional data and insights are provided for each heading.

[40] Data available from https://www.gov.uk/government/statistics/children-living-with-parents-in-emotional-distress-march-2022-update/statistical-commentary-children-living-with-parents-in-emotional-distress-march-2022-update#:~:text=around%201%20in%203%20children,parent%20family)%20reporting%20emotional%20distress

[41] Bauer et al. The cost of perinatal mental health problems. Report Summary. Centre for Mental Health. 2014. https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/costsofperinatalsummary.pdf

[42] Paulson JF, Bazemore SD. Prenatal and Postpartum Depression in Fathers and Its Association With Maternal Depression: A Meta-analysis. JAMA. 2010;303(19):1961–1969. doi:10.1001/jama.2010.605

[43] Available from https://www.croydonobservatory.org/wp-content/uploads/2019/10/Perinatal-Mental-Health-REVIEW-8.0-September-2019.pdf

[44] Data sources: ONS 2021 and GLA 2020 based identified capacity scenario for population projections.

Figure 14. Proportion of 0-to-4-year-olds by population of Lower Layer Super Output Areas (LSOAs) 2020

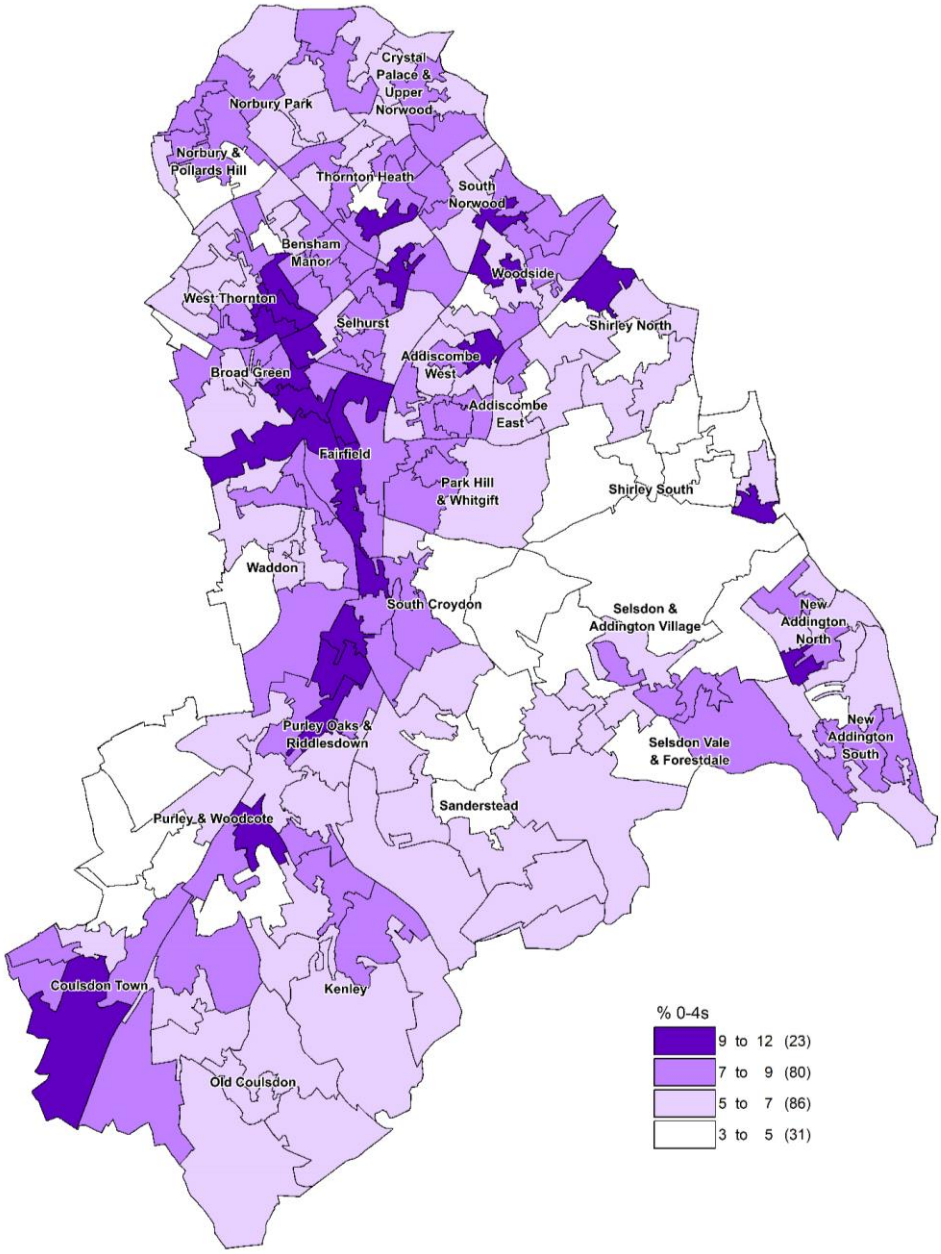


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Table 6. Early years public health profiles comparing Croydon with London

Better 95% Similar Worse 95% Not applicable Data quality concerns

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

Benchmark Value: Worst, 25th Percentile, 75th Percentile, Best

Indicator	Period	Croydon			Region	England	London		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18s conception rate / 1,000	2020	↓	80	11.3	9.8	13.0	16.5		
Smoking status at time of delivery	2021/22	↓	210	5.5%	4.5%	9.1%	5.5%		
Low birth weight of term babies	2021	→	143	3.1%	3.3%	2.8%	5.0%		2.1%
Infant mortality rate New data	2019 - 21	–	57	3.7	3.5	3.9	5.3		2.0
Breastfeeding prevalence at 6-8 weeks after birth - current method	2021/22	–	1,672	*	*	49.3%	-		- -
Reception: Prevalence of overweight (including obesity)	2021/22	→	930	22.0%	21.9%	22.3%	28.7%		%
A&E attendances (0-4 years) New data	2021/22	–	31,195	1,246.7	854.5	762.8	1,399.8		488.9
Emergency admissions (aged 0-4)	2020/21	↓	1,255	45.8	62.7	91.2	133.0		44.0
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) New data	2021/22	–	175	69.9	82.9	103.6	158.3		47.6
Children with one or more decayed, missing or filled teeth	2016/17	–	-	28.5%	25.7%	23.3%	39.6%		4%
Population vaccination coverage: MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2021/22	↑	3,970	72.1%	74.2%	85.7%	58.9%		%
Proportion of New Birth Visits (NBVs) completed within 14 days	2021/22	→	4,254	85.8%	87.8%	82.6%	60.8%		98.6%
Proportion of infants receiving a 6 to 8 week review	2021/22	→	2,891	58.0%	74.3%	81.5%	48.1%		92.0%
Proportion of children receiving a 12-month review	2021/22	→	2,413	44.3%	73.4%	81.9%	22.2%		97.5%
Proportion of children who received a 2-2½ year review	2021/22	→	1,861	35.3%	64.2%	74.0%	-		*Insufficient number of values for a spine chart*
Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	2021/22	→	1,396	75.9%	86.3%	90.3%	66.1%		100%
Child development: percentage of children achieving a good level of development at 2 to 2½ years ⚠	2021/22	–	1,073	76.9%	79.9%	81.2%	56.0%		93.1%
Child development: percentage of children achieving the expected level in communication skills at 2 to 2½ years ⚠	2021/22	→	1,181	84.6%	83.4%	86.5%	58.4%		93.3%
Child development: percentage of children achieving the expected level in gross motor skills at 2-2½ years ⚠	2021/22	→	1,329	95.2%	92.8%	93.5%	62.9%		98.2%
Child development: percentage of children achieving the expected level in fine motor skills at 2-2½ years ⚠	2021/22	→	1,304	93.4%	92.4%	93.3%	67.4%		99.5%
Child development: percentage of children achieving the expected level in problem solving skills at 2-2½ years ⚠	2021/22	→	1,275	91.3%	91.6%	92.7%	66.2%		97.6%
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2½ years ⚠	2021/22	→	1,249	89.5%	90.3%	91.2%	64.7%		96.3%
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	–	-	67.4%	67.8%	65.2%	60.5%		%
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	2021/22	–	-	78.6%	79.1%	79.5%	73.2%		
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	2021/22	–	-	68.9%	69.4%	67.1%	62.4%		

Data source: OHID. Child and Maternal Health. Topic: Early Years. Available from https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133223
Rates for the following are provided per 1,000 persons: under 18s conception rate, infant mortality rate, A&E attendances, emergency admissions, and hospital admissions caused by unintentional and deliberate injuries.

Infant mortality

- Latest data show that the infant mortality rate in Croydon during 2019-21 was 3.7 per 1,000. This rate was similar to both the overall rate in London and England.[45]

Breastfeeding

- Breastfeeding is linked with improved infant and maternal health and wellbeing, and it remains an important public health priority.[46]

[45] Child and Maternal Health Profiles. Office of Health Improvement and Disparities. 2023.
[46] For more information on supporting breastfeeding, please visit https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/early-years-high-impact-area-3-supporting-breastfeeding

- In 2021/22, 1,672 babies in Croydon were reported to have breastfed at 6-8 weeks after birth. However, at the time of this report, due to changes in the methodology for reporting this indicator, no rates were available for Croydon. Comparisons with other regions were also not available.[47]

Childhood obesity and excess weight in reception years (4-5 years)

- Childhood obesity and excess weight has important implications for health and wellbeing of children. Childhood obesity is linked with a higher risk of emotional and behavioural issues and school absence in childhood. It is also linked with a higher risk of premature death and ill health in adulthood.[48]
- The main risk factors for obesity in children include maternal health (overweight or obesity during pregnancy), parental health (having at least one parent or carer living with obesity), poor diet and low levels of physical activity.[49]
- The number of children that are overweight or obese in reception years in Croydon have been relatively stable in recent years. In 2020/21, 22.0% of reception age children were overweight or obese, and 10.4% were obese (see Table 7). These figures were broadly similar to the averages observed in the wider London region and England.[50]

Table 7. Healthy weight indicators among Reception children (4-5 years) in Croydon, National Child Measurement Programme Data

Indicator	Age	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England	Recent trend
Reception: Prevalence of underweight	4-5 yrs	2021/22	1.30	55	1.87	Better	1.20	Similar	→
Reception: Prevalence of obesity (including severe obesity)	4-5 yrs	2021/22	10.43	440	10.78	Similar	10.11	Similar	→
Reception: Prevalence of overweight (including obesity)	4-5 yrs	2021/22	22.04	930	21.89	Similar	22.25	Similar	→

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better; ↑ Increasing; ↓ Decreasing

Data source: National Child Measurement Programme Data retrieved via the OHID Fingertips Public Health Profiles Tool.

Accidents and unintentional injuries

- In 2021/2022, there was a total of 31,195 A&E attendances among 0-4 years in Croydon. The rate of A&E attendance in Croydon during this period (1246.7 per 1,000) was worse than the one observed in the wider London region (854.5 per 1,000) and in England (762.8 per 1,000).[51]

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[47] OHID. Fingertips Public Health Profiles. Data retrieved in January 2023.
[48] OHID. Guidance: Childhood obesity: applying all Our Health. April 2022. https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health
[49] OHID. Guidance: Childhood obesity: applying all Our Health. April 2022. https://www.gov.uk/government/publications/childhood-obesity-applying-all-our-health/childhood-obesity-applying-all-our-health
[50] Data collected as part of the National Child Measurement Programme. Retrieved from OHID Fingertips Public Health Profiles. January 2023.
[51] OHID. Child and Maternal Health Profiles. Topic: Child Health Profiles. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000007/ati/402/are/E09000008/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/0 (Retrieved in March 2023)

- The most up-to-date data available for children killed or seriously injured in England's roads is from 2018-2020. During this three-year period, there were a total of 30 children killed or seriously injured in Croydon (rate: 11.7 per 100,000). This rate was similar to those observed in both the wider London region and England.[52]
- During 2021/22, there were a total of 175 hospital admissions caused by unintentional and deliberate injuries in 0-to-4-year-olds. This equated to a rate of 69.9 per 10,000 which was better than the rate seen in both the London region (82.9 per 10,000) and England (103.6). [53]
- Table 8 below shows the list of emergency department admissions due to unintentional or deliberate injuries among 0-to-4-year-olds in Croydon between 2016/17 and 2020/21.[54] During this period, emergency hospital admissions among 0-to-4-year-olds in Croydon were similar to or better than those seen in London and better than those seen in England. The only area where Croydon had a higher rate of emergency hospital admissions in this age group was due to hot tap water scalds with a rate of 14.28 per 100,000 per persons (a total of 20 admissions over the 4-year period covering 2016/17-2020/21). Please note that due to a small number of emergency department admissions in this group, comparisons with London and England should be interpreted with caution.

[52] OHID. Child and Maternal Health Profiles. Topic: Unintentional injuries. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000007/ati/402/are/E09000008/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/0 (Retrieved in March 2023)
[53] OHID. Child and Maternal Health Profiles. Topic: Unintentional Injuries. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000007/ati/402/are/E09000008/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/0 (Retrieved in March 2023)
[54] OHID. Maternal Health. Topic: Unintentional injuries. Retrieved in January 2023.

Table 8. Rate of emergency admissions per 100,000 persons among 0-to-4-year-olds

Indicator	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England
Emergency hospital admissions due to inhalation of food or vomit	2016/17 - 20/21	7.14	10	8.13	Similar	14.20	Better
Emergency hospital admissions due to falls from furniture	2016/17 - 20/21	85.67	120	101.44	Similar	123.11	Better
Emergency hospital admissions due to hot tap water scalds	2016/17 - 20/21	14.28	20	4.39	Worse	5.37	Worse
Emergency hospital admissions due to burns from food and hot fluids	2016/17 - 20/21	32.13	45	25.52	Similar	44.43	Better
Emergency hospital admissions due to poisoning from medicines	2016/17 - 20/21	60.68	85	48.93	Similar	78.68	Better
Emergency admissions for falls	2018/19 - 20/21	228.84	190	312.21	Better	428.60	Better
Emergency admissions for exposure to animate mechanical forces	2018/19 - 20/21	18.07	15	21.73	Similar	39.35	Better
Emergency admissions for exposure to inanimate mechanical forces	2018/19 - 20/21	90.33	75	161.74	Better	208.64	Better
Emergency admissions for exposure to heat and hot substances	2018/19 - 20/21	36.13	30	37.14	Similar	76.14	Better
Emergency admissions for accidental poisoning	2018/19 - 20/21	42.15	35	72.07	Better	114.14	Better

Data source: OHID Fingertips Public Health Profiles Tool. Retrieved in January 2023. Rates are per 100,000 population.

Oral health

- Table 9 below summarises the oral health profile of 0-to-5-year-olds in Croydon, and where possible provides comparisons with London and England. [55]
    - Tooth decay, a largely preventative disease, remains the main reason for hospital admissions among 0-to-5-year-olds.[56] Between 2018/19-2021, a total of 310 hospital admissions were recorded for dental caries among this age group in Croydon.
    - In Croydon, the rate of decayed, the average number missing or filled teeth in 3- and 5-year-olds was 0.35 (2019/2020) and 0.75 (2018/19), respectively. Both these averages were similar to those observed in London and England.
    - In 2019/20, 8.4% of 3-year-olds in Croydon were reported to have incisor caries, a proportion similar to that observed in the wider London region, but higher than that in England.
    - The most recent data on 5 year olds with one or more decayed, missing or filled teeth in Croydon is from 2016/17, which has been

[55] OHID Fingertips Public Health Profiles Tool.
[56] Levine, R. 2021.Childhood caries and hospital admissions in England: a reflection on preventive strategies. British Dental Journal. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8120769/

covered in the previous 0-19s Summary Needs Assessment published in 2018.[57]

Table 9. Oral health in 0- to 5-year-olds, Croydon

Indicator	Age	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England
Children with one or more decayed, missing or filled teeth	5 yrs	2016/17	28.47		25.69	Similar	23.30	Worse
Incisor caries prevalence in three year olds	3 yrs	2019/20	8.39		5.00	Similar	3.36	Worse
Percentage of three year olds with experience of visually obvious tooth decay	3 yrs	2019/20	14.93		12.58	Similar	10.72	Similar
Mean decayed, missing or filled teeth per child	3 yrs	2019/20	0.35		0.39	Similar	0.31	Similar
Mean decayed, missing or filled teeth per child	5 yrs	2018/19	0.75		0.92	Similar	0.80	Similar
Hospital admissions for dental caries (0-5 years)	0-5 yrs	2018/19 - 20/21	312.17	310	280.06	Not compared	220.79	Not compared
Percentage of 5 year olds with experience of visually obvious dental decay	5 yrs	2018/19	21.42		26.99	Better	23.37	Similar

Data source: OHID Fingertips Public Health Profiles Tool.

Childhood vaccination coverage (0 to 5 years)

- Vaccinations are safe and effective way of protecting individuals from potentially deadly diseases. In England, children and young people are offered a number of childhood vaccinations to protect them against serious infectious disease. The national childhood vaccination schedule is available at https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/.
- Table 10 below summarises vaccination coverage in Croydon compared with London and England.[58]
    - Childhood vaccination rates in Croydon continue to be generally lower than that England as a whole, and they fall below the 95% WHO target levels. Vaccination coverage in Croydon is similar to that in London for DTaP/IPV/Hib/HepB at 1 and 2 years, HibB and MenC Booster at 2 years and MMR for one dose at 2 years. Coverage is lower than that in London for the remaining childhood vaccinations.
    - Trends in vaccination uptake have remained relatively stable for almost all childhood vaccinations, except for the Hib/MenC booster, which has been reducing in the recent years and MMR for two doses, which has been increasing in the recent years.

[57] Available from https://www.croydonobservatory.org/wp-content/uploads/2020/01/0-19s-Summary-Needs-Assessment-Dec-18-final.pdf.
[58] OHID. Fingertips Public Health Profiles. Data retrieved in January 2023.

Table 10. Childhood vaccination coverage in Croydon compared with London and England, 0 to 5 years.

Indicator	Age	Sex	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England	Recent trend
Population vaccination coverage: Hepatitis B (1 year old)	1 yr	Persons	2021/22	92.31	36		Not compared		Not compared	-
Population vaccination coverage: Hepatitis B (2 years old)	2 yrs	Persons	2021/22	92.50	37		Not compared		Not compared	-
Population vaccination coverage: Dtap IPV Hib (1 year old)	1 yr	Persons	2021/22	86.22	4,229	86.45	Similar	91.84	Worse	→
Population vaccination coverage: Dtap IPV Hib (2 years old)	2 yrs	Persons	2021/22	87.72	4,452	87.21	Similar	93.04	Worse	→
Population vaccination coverage: PCV	1 yr	Persons	2019/20	87.82	4,534	89.10	Worse	93.18	Worse	→
Population vaccination coverage: Hib and MenC booster (2 years old)	2 yrs	Persons	2021/22	79.55	4,037	79.84	Similar	89.03	Worse	→
Population vaccination coverage: PCV booster	2 yrs	Persons	2021/22	79.65	4,042	80.94	Worse	89.34	Worse	→
Population vaccination coverage - Hib / Men C booster (5 years old)	5 yrs	Persons	2017/18	81.21	4,788	88.06	Worse	92.41	Worse	↓
Population vaccination coverage: MMR for one dose (2 years old)	2 yrs	Persons	2021/22	79.84	4,052	79.89	Similar	89.18	Worse	→
Population vaccination coverage: MMR for one dose (5 years old)	5 yrs	Persons	2021/22	86.81	4,777	87.80	Worse	93.41	Worse	→
Population vaccination coverage: MMR for two doses (5 years old)	5 yrs	Persons	2021/22	72.14	3,970	74.25	Worse	85.69	Worse	↑

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better; ↑ Increasing; ↓ Decreasing

Data source: OHID Fingertips Public Health Profiles Tool.
List of abbreviations used in the table above: DTaP IPV: Diphtheria, Tetanus, Pertussis (whooping cough), Polio Vaccine; Hib: Haemophilus influenzae type B, PCV: pneumococcal vaccine, MMR: measles, mumps and rubella vaccine.

Universal health visiting: Healthy Child Programme (2021/22)

- Universal health visiting for infants and young children in Croydon have generally been lower than those seen in England and London. During 2021/22 (see Table 6 presented earlier):
  - 58.0% of infants in Croydon received a 6-to-8-week review. This was lower than that in both the London region (74.3%) and in England (81.5%).
  - 44.3% of children in Croydon receiving a 28-month review. This was lower than that in both the London region (73.4%) and in England (81.9%).
  - 35.3% of children in Croydon received a 2-to-2-and-a-half-year review. Comparisons with London region were not available, but this proportion was lower than that in England (74.0%).

Child development at 2 to 2 ½ years

- In England, the Healthy Child Programme development review is delivered as part of the universal health visitor service to children at 2 to 2.5 years since 2015. This review includes a questionnaire that measures development in five areas: communication skills, gross motor skills, fine motor skills, problem solving skills and personal-social skills. Although this questionnaire is not a screening tool, it provides useful objective data for local authority commissioners and health professionals to help identify children who may need additional support.[59]

[59] https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-experimental-statistics-annual-data-2021-to-2022

- In 2022, 76.9% of children aged 2 to 2.5 years that were reviewed were at or above the expected level of development in all areas of development. This was similar to that London but lower than that in England (see Table 6 presented earlier in this section.) Please note that, at the time of this report, these figures were categorised as experimental statistics awaiting validation and should be interpreted with caution.

School readiness at the end of reception

- In 2021/22, 67.4% of Croydon's children achieved a good level of development at the end of reception. This percentage was similar to that in the London region and better than that in England. See Table 6 presented earlier in this section for details.

Section 4. Developing well: childhood and adolescence

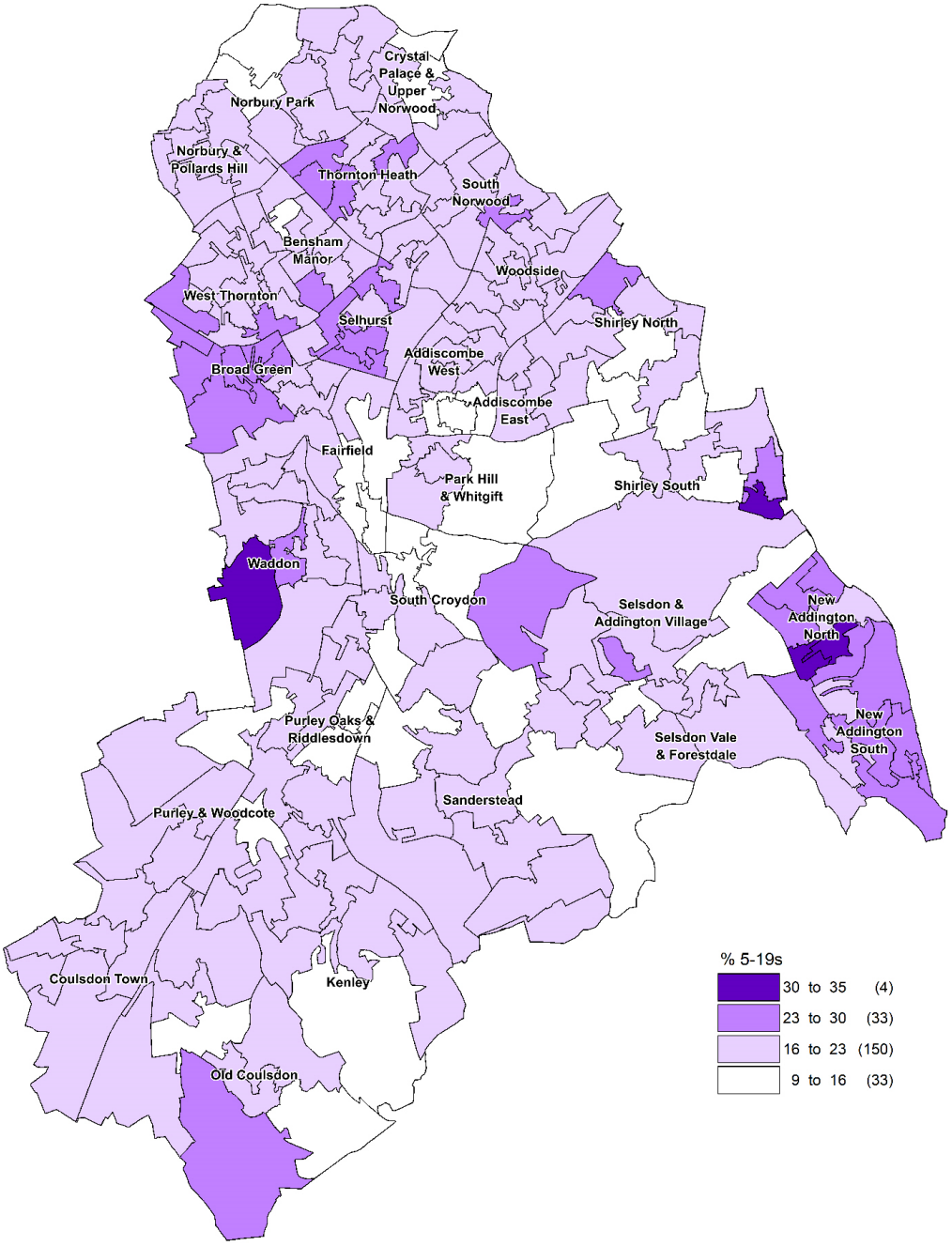
This section covers key issues among school-aged children, defined as children aged 5 to 19 years for the purposes of this needs assessment. Different age ranges are used for some indicators due to data availability.

Data used in this section include local data as well as data from sources such as Office of National Statistics and Office of Health Improvement and Disparities (OHID).

In 2021, there were a total of 72,767 5–19-year-olds in Croydon, making up 18.6% of the population. This population is expected to reduce to 66,106 (16.2% of the total population) in 2031.[60] A map of Croydon, showing where our 0-to-19-year-olds live is provided in Figure 15.

[60] Data sources: ONS 2021 and GLA 2020 based identified capacity scenario for population projections.

Figure 15. Proportion of 5-to-19-year-olds by population of Lower Layer Super Output Areas (LSOAs) 2020



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Mental health and wellbeing

- The national Mental Health of Children and Young People in England Survey provides Official Statistics on trends in child mental health. Latest data from wave 3 of this Survey suggested that in 2022, 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder.[61] This would equate to 9,041 7- to 16-year-olds and 7,531 17- to 24-year-olds with a probable mental disorder in Croydon.
- Table 11 shows mental health indicators on children and young people extracted from OHID Fingertips tool.[62] Key messages are summarised below:
    - In 2017/18, 8,030 children and young people were estimated to have a mental disorder in Croydon.
    - Since 2016, hospital admissions for mental health conditions in under 18s in Croydon has been reducing. In 2020/21, the rate of hospital admissions for mental health conditions was 20.98 per 100,000 persons. This rate was lower than both that in London and England.
    - Similarly, the rate of young people being admitted to hospital as a result of self-harm in Croydon has been decreasing since 2016. In 2020/21, hospital admissions as a result of self-harm in 10–24-year-olds was 169.26 per 100,000 persons. This was lower than those in both the London region and England.

Table 11. Mental health and wellbeing in children and young people

Indicator	Age	Sex	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England	Recent trend
Estimated number of children and young people with mental disorders – aged 5 to 17	5-17 yrs	Persons	2017/18	8030.53			Not compared		Not compared	-
Hospital admissions for mental health conditions	<18 yrs	Persons	2020/21	20.98	20	61.29	Better	87.54	Better	↓
Hospital admissions for mental health conditions	<18 yrs	Male	2020/21	20.58	10	42.38	Better	52.52	Better	↓
Hospital admissions for mental health conditions	<18 yrs	Female	2020/21	21.41	10	81.20	Better	124.32	Better	↓
Hospital admissions as a result of self-harm	10-24 yrs	Persons	2020/21	169.26	110	210.54	Better	421.87	Better	↓
Hospital admissions as a result of self-harm	10-24 yrs	Male	2020/21	50.99	15	79.82	Similar	175.18	Better	→
Hospital admissions as a result of self-harm	10-24 yrs	Female	2020/21	292.19	95	348.21	Similar	681.71	Better	↓
Hospital admissions as a result of self-harm	10-14 yrs	Persons	2020/21	56.60	15	121.65	Better	213.04	Better	↓
Hospital admissions as a result of self-harm	10-14 yrs	Male	2020/21			24.76	Not compared	43.59	Not compared	-
Hospital admissions as a result of self-harm	10-14 yrs	Female	2020/21	114.43	15	221.98	Better	390.99	Better	-
Hospital admissions as a result of self-harm	15-19 yrs	Persons	2020/21	290.72	65	330.91	Similar	652.63	Better	→
Hospital admissions as a result of self-harm	15-19 yrs	Male	2020/21			114.36	Not compared	244.28	Not compared	-
Hospital admissions as a result of self-harm	15-19 yrs	Female	2020/21	550.56	60	561.79	Similar	1083.12	Better	-

Data source: OHID Fingertips Public Health Profiles Tool. Rates are provided per 100,000 population.

[61] Data available from https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey
[62] OHID. Fingertips Public Health Profiles. Data retrieved in January 2023.

Tobacco, drugs and alcohol use

- Please refer to the 2018 0-19s needs assessment for a summary of smoking prevalence among 15-year-olds in 2014/15. These have not been included in this report as no new data are available.[63]
- Table 12 below shows admission episodes for alcohol-specific conditions and hospital admissions due to substance misuse among children and young people in Croydon. During the three-year period covering 2018/19 to 2020/21, both admission episodes for alcohol specific conditions under 18s and hospital admissions due to substance misuse among 15-24 years in Croydon were similar to those in the London region and lower than those in England.

Table 12. Hospital admissions for alcohol-specific conditions and substance misuse by sex during 2018/19-2020/21 in Croydon.

Indicator	Age	Sex	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England
Admission episodes for alcohol-specific conditions	<18 yrs	Persons	2018/19 - 20/21	12.28	35	14.26	Similar	29.30	Better
Admission episodes for alcohol-specific conditions	<18 yrs	Male	2018/19 - 20/21	6.89	10	10.88	Similar	22.81	Better
Admission episodes for alcohol-specific conditions	<18 yrs	Female	2018/19 - 20/21	17.89	25	17.81	Similar	36.14	Better
Hospital admissions due to substance misuse	15-24 yrs	Persons	2018/19 - 20/21	47.04	60	56.47	Similar	81.16	Better
Hospital admissions due to substance misuse	15-24 yrs	Male	2018/19 - 20/21	46.86	30	59.36	Similar	81.63	Better
Hospital admissions due to substance misuse	15-24 yrs	Female	2018/19 - 20/21	47.24	30	53.62	Similar	80.57	Better

Data source: OHID Fingertips Public Health Profiles Tool. Rates are provided per 100,000 population, three financial years ending 2021. Data retrieved in January 2023.

Sexual and reproductive health

- Table 13 below summarises data on sexual and reproductive health profile of young people in Croydon. Key messages are summarised below:
    - Both under 16s and under 18s conception rate in Croydon are similar to those in London and England. Please refer to Pregnancy and births section for a discussion of trends in these indicators.
    - In 2020, under 18s abortion rate per 1,000 in Croydon was 6.6. This was similar to that in London and England.
    - In the same year, 38% of abortions in Croydon were repeat abortions. This was higher than the rates in both London (32%) and England (29%).
    - In 2021, chlamydia detection rate among all 15–24-year-olds in Croydon was 1981 per 100,000. Among 15–24-year-old females, this figure was 2,532.5 per 100,000. Please note that increasing detection rates is not a measure of increased disease but rather indicate improved screening activity. From 2022, the UK Health Security Agency recommends that local authorities should be working towards a minimum rate of 3,250 per 100,000 in the female population aged 15 to

[63] Croydon Public Health Department. 0-19s Summary Needs Assessment. 2018. Available from https://croydonobs.wpenginepowered.com/wp-content/uploads/2020/01/0-19s-Summary-Needs-Assessment-Dec-18-final.pdf

24, and Croydon's latest detection rates are close to reaching this target.

Table 13. Sexual and reproductive health in young people in Croydon

Indicator	Age	Sex	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England	Recent trend
Chlamydia detection rate per 100,000	15-24 yrs	Persons	2021	1981.15	828	1673.44	Better	1334.24	Better	↓
Chlamydia detection rate per 100,000	15-24 yrs	Male	2021	1359.30	289	1252.79	Not compared	859.76	Not compared	↓
Chlamydia detection rate per 100,000	15-24 yrs	Female	2021	2532.51	520	2079.06	Not compared	1762.47	Not compared	↓
Under 16s conception rate per 1,000	<16 yrs	Female	2020	1.73	13	1.35	Similar	2.03	Similar	→
Under 18s conception rate per 1,000	<18 yrs	Female	2020	11.26	80	9.82	Similar	13.00	Similar	↓
Under 18s conceptions leading to abortion (%)	<18 yrs	Female	2020	63.70	50	63.20	Similar	53.00	Similar	→
Under 18s abortions rate per 1,000	<18 yrs	Female	2020	6.60	47	6.20	Similar	6.70	Similar	↓
Under 25s repeat abortions (%)	15-24 yrs	Female	2020	38.20	267	32.30	Worse	29.20	Worse	→

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better; ↑ Increasing; ↓ Decreasing

Data source: OHID Fingertips Public Health Profiles Tool. Data retrieved in January 2023.

Vaccination coverage: human papillomavirus (HPV) vaccine

- In the UK, girls and boys aged 12-13 years are offered the human papillomavirus (HPV) vaccine to protect against cancers caused by HPV. The vaccine is provided in two doses, with the second dose being offered 6 to 24 months after the first dose.
- In 2020/21, uptake of the first dose of HPV vaccine was 71.2% in boys and 74.3% in girls. Both these figures were better than those in London. However, while first dose uptake in boys was similar to that in England, the uptake in girls was lower than that in London. Please see Table 14 for comparisons with London and England. Information on local uptake of second dose was not publicly available at the time of writing.

Table 14. HPV vaccination coverage in Croydon, by sex 2020/21

Indicator	Sex	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	Male	71.20	1,475	66.98	Better	71.02	Similar
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	Female	74.30	1,506	70.95	Better	76.66	Worse

Data source: OHID Fingertips Public Health Profiles Tool. Data retrieved in January 2023.

Healthy weight and physical activity

- Table 15 below compares indicators relevant to healthy weight and physical activity among school-aged children in Croydon with those in London and England. Key messages are summarised below.
    - The proportion of year 6 pupils who are overweight or obese has been increasing in Croydon in the recent years. In 2021/22, 41.8% of Croydon's year 6 pupils were overweight or obese. This was higher than that in London (40.5%) and England (37.8%).
    - Similarly, the proportion of year 6 pupils who are obese has been increasing in the recent years. In 2021/22, 26.9% of year six pupils were categorised as obese. This was similar to the rate of obesity in London (25.7%) but higher than that in England (23.4%).

- Local data on the proportion of children and young people 5-16 years who meet the recommended weekly physical activity in Croydon are not available for 2020/21. The latest data for Croydon showed that in 2018/19, 43.4% of Croydon's children aged 5 to 16 years met the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate to vigorous intensity activity per day across the week). This was similar to that in England.

Table 15. Healthy weight and physical activity among school aged children in Croydon

Indicator	Age	Period	Croydon value	Croydon count	London value	Compared to London	England value	Compared to England	Recent trend
Year 6: Prevalence of underweight	10-11 yrs	2021/22	1.18	50	1.73	Better	1.46	Similar	→
Year 6: Prevalence of overweight (including obesity)	10-11 yrs	2021/22	41.89	1,770	40.45	Worse	37.76	Worse	↑
Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2021/22	26.98	1,140	25.77	Similar	23.45	Worse	↑
Percentage of physically active children and young people	5-16 yrs	2020/21			44.40	Not compared	44.63	Not compared	-

Recent trends: – Could not be calculated; → No significant change; ↑ Increasing & getting worse; ↑ Increasing & getting better; ↓ Decreasing & getting worse; ↓ Decreasing & getting better

Data source: OHID Fingertips Public Health Profiles Tool. Values shown are percentages. Data retrieved in January 2023.

Educational attainment and persistent absenteeism

- The Children and Young People Profile on the Croydon Observatory provides up-to-date, interactive data on educational attainment among Croydon's pupils. This section summarises the main points included in that profile alongside additional metrics on pupil absence. For a detailed discussion of educational attainment among Croydon's pupils, please visit the Croydon Observatory.[64]
- In 2022, at the end of Key Stage 2 (year 6 pupils), percentages of pupils reaching the expected standard in reading, writing and maths were 77%, 80% and 75%, respectively. These were all lower than those seen in the London region, but higher than those in England. (See Figure 16).
- Overall, 48.0% of disadvantaged pupils reached expected standards at the end of Key Stage 2 in 2022 compared with 71% of all other pupils.
- In 2022, 48.9% of pupils at the end of Key Stage 4 (Years 10-11) scored Grade 5 or above in English and Maths GCSEs. This was lower than that in London (57.5%) and England (50.0%).
- Pupils with underlying health conditions[65] and multiple disadvantages are more likely to miss school than their peers. Persistent absenteeism is linked

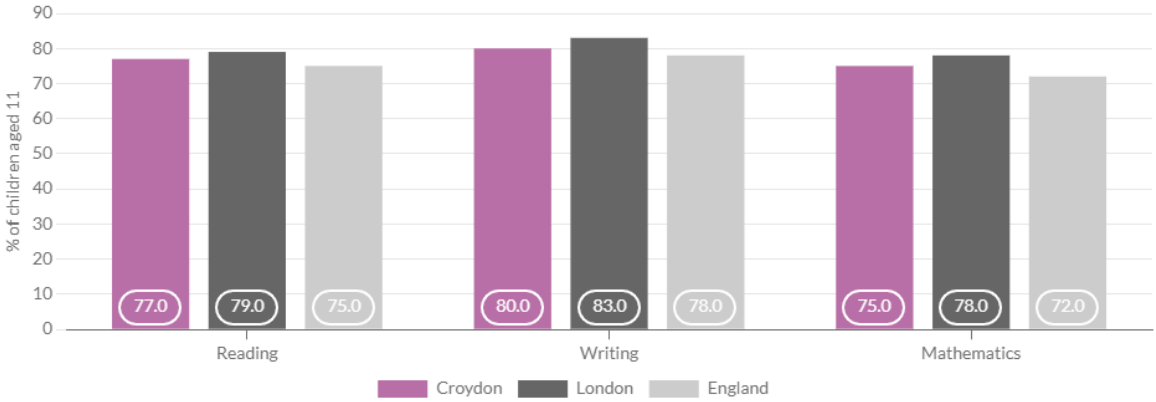
[64] Children and Young People Profile. Croydon Observatory. https://www.croydonobservatory.org/children-and-young-people/#/view-report/07853ccb32274062987962b7d4e602b3/ iaFirstFeature/G3

[65] Finning, K., Neochoriti Varvarrigou, I., Ford, T., Panagi, L., & Ukoumunne, O. C. (2022). Mental health and school absenteeism in children with long-term physical conditions: A secondary analysis of the British Child and Adolescent Mental Health Surveys 2004 and 2007. Child: Care, Health and Development, 48(1), 110– 119. https://doi.org/10.1111/cch.12910

with poorer outcomes such as lower levels of attainment, poor peer relationships and adult employment.[66]

- Similar to the wider trends in England, since 2019/2020, both overall absence rate and persistent absenteeism has been increasing in Croydon.[67] Figure 17 shows trends in the proportion of pupil absence in Croydon's schools. During the 2021/22 Autumn term, overall absence rate was 6.4% and persistent absence rate was 21.0%. Pupils are defined as a persistent absentee if they miss 10% or more of their possible sessions during a school term.

Figure 16. Children reaching the expected standard in reading, writing and maths at the end of Key Stage 2 (2022)

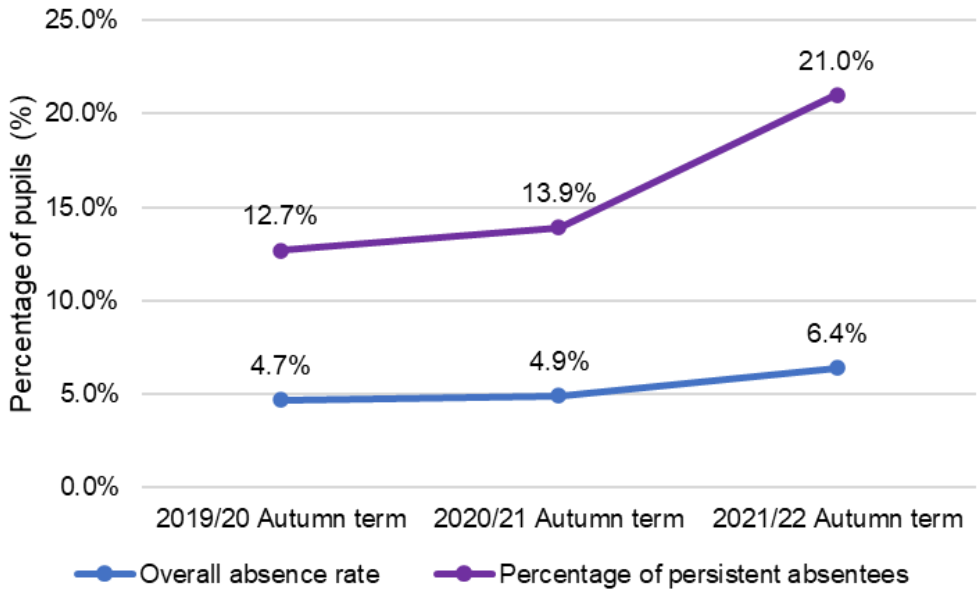


Data source: Department for Education. Figure adapted from Croydon Observatory Children and Young People profiles.

[66] Mandy A. Allison, Elliott Attisha, COUNCIL ON SCHOOL HEALTH, Marc Lerner, Cheryl Duncan De Pinto, Nathaniel Savio Beers, Erica J. Gibson, Peter Gorski, Chris Kjolhede, Sonja C. O'Leary, Heidi Schumacher, Adrienne Weiss-Harrison; The Link Between School Attendance and Good Health. *Pediatrics* February 2019; 143 (2): e20183648. 10.1542/peds.2018-3648

[67] Department for Education. 2022. Data available from https://explore-education-statistics.service.gov.uk/data-tables/permalink/37545ae7-f1b5-4018-6655-08db2469c79c (Accessed March 2023)

Figure 17. Pupil absence in schools in Croydon, trends from 2019/2020

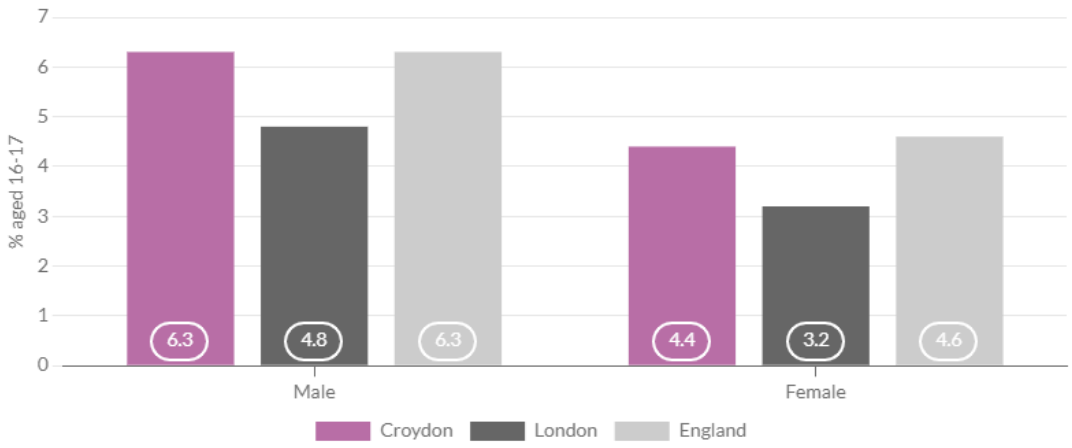


Data source: Department for Education. 2022.

16- and 17-year-olds not in education, employment or training (NEET) or whose activity is not known

- The percentage of 16- and 17-year-olds not in education, employment or training (including Not Known; NEET) has been reducing in Croydon in recent years. In 2021, 5.4% of 16- and 17-year-olds in Croydon were NEET, similar to that in England (5.5%), but higher than that in London (4.0%). Figure 18 below compares NEET rates in Croydon with London and England, by sex.[68]

Figure 18. Percentage if 16- and 17-year-olds not in education, employment or training (including Not known), by sex, 2021



Data source: Department for Education. 2022.

[68] Department of Education. 2022. Available from https://www.gov.uk/government/collections/statistics-neet

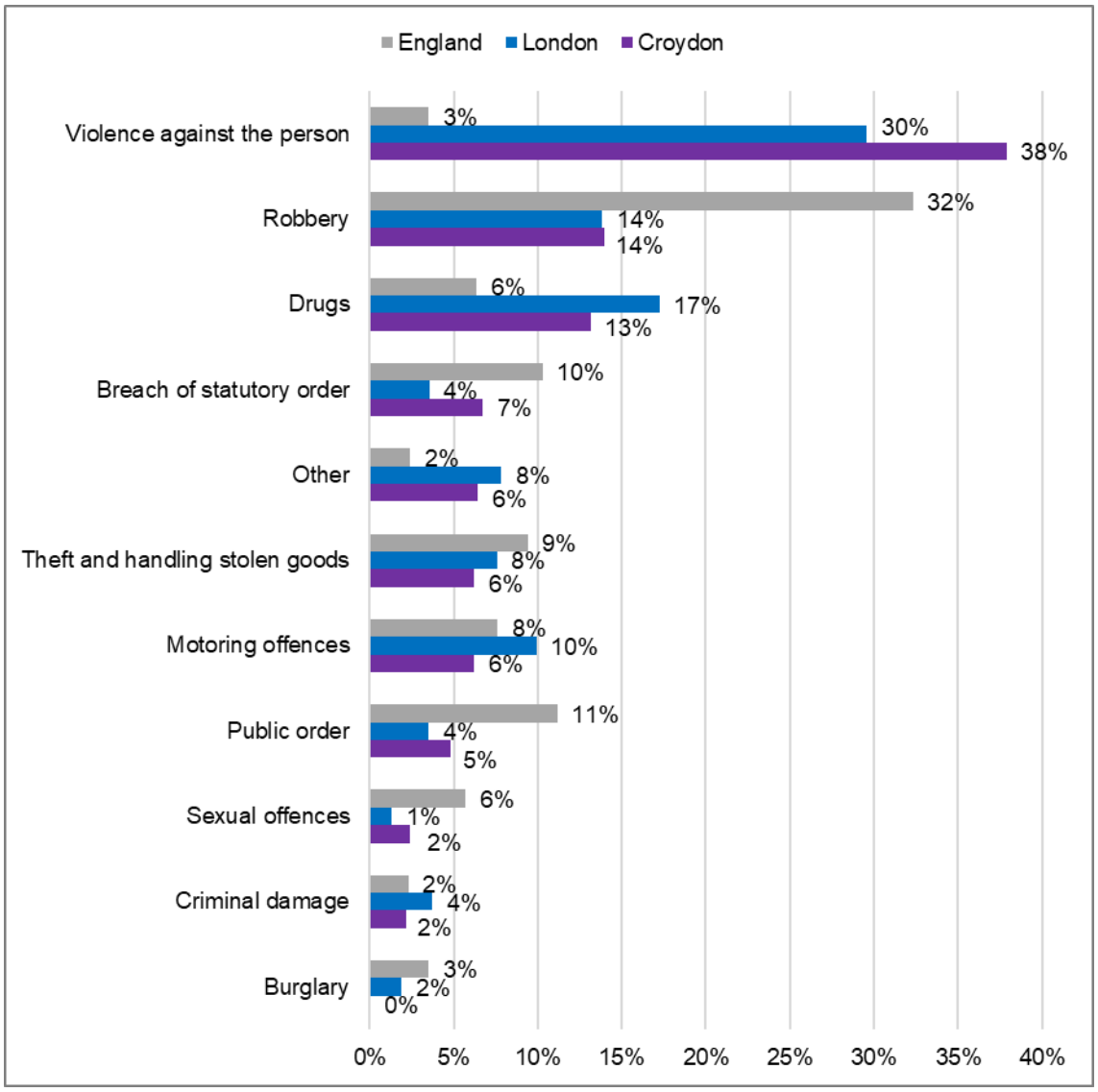
Crime and offending among young people (10-17 years)

- Living in a safe and secure community is one of the building blocks of a healthy society. For an overview of crimes and breakdown of crime types in Croydon, please refer to Croydon Observatory's interactive Crime Report for Croydon.[69]
- Ministry of Justice produces routine statistics on youth justice. According to the latest bulletin reporting on youth justice system in England and Wales for the year ending March 2021:[70]
    - There was a total of 180 children (aged 10-17) in the youth justice system in Croydon. The majority of the offences were due to violence against the person. Figure 19 below compares offence types in Croydon with those in London and England for the during the year ending March 2021.
    - The rate of children cautioned or sentenced (per 1,000) of general 10-17 population in Croydon was 3.9 per 1,000. This was higher than the rate for London (3.1 per 1,000).
    - The rate of first-time entrants (10-17 years) to the youth justice system has been decreasing in Croydon in the recent years. Nevertheless, compared to London and England, Croydon continued to have a higher rate of first-time entrants into the Youth Justice System. In the year ending March 2021, this rate was 248 per 100,000 young people in Croydon.

[69] Available from https://www.croydonobservatory.org/crime-and-community-safety/#/view-report/48facb1714aa4261a67cbe7d59bfec28/___iaFirstFeature/G3

[70] Ministry of Justice. Youth Justice Board for England and Wales. Youth justice statistics: 2020 to 2021. Data available from https://www.gov.uk/government/statistics/youth-justice-statistics-2020-to-2021.

Figure 19. Type of offences by children in youth justice system (10-17 years), year ending March 2021.



Data source: Youth Justice Board. Ministry of Justice. January 2022.

Section 5. Vulnerability and adversity in childhood

This section provides data and intelligence on key factors that could lead to vulnerability and adversity in childhood among Croydon's children and young people. As topics pertaining to children and young people with SEND were discussed earlier, these are not covered in this section. Issues discussed here cut across all age groups covered in this rapid needs assessment. Therefore, we suggest that issues covered in this section are considered alongside the specific issues reported earlier for each age group.

Data used in this section include local data as well as data from national sources such as Office of National Statistics, Office of Health Improvement and Disparities (OHID), Department for Education, and Department of Work and Pensions.

What makes children and young people vulnerable?

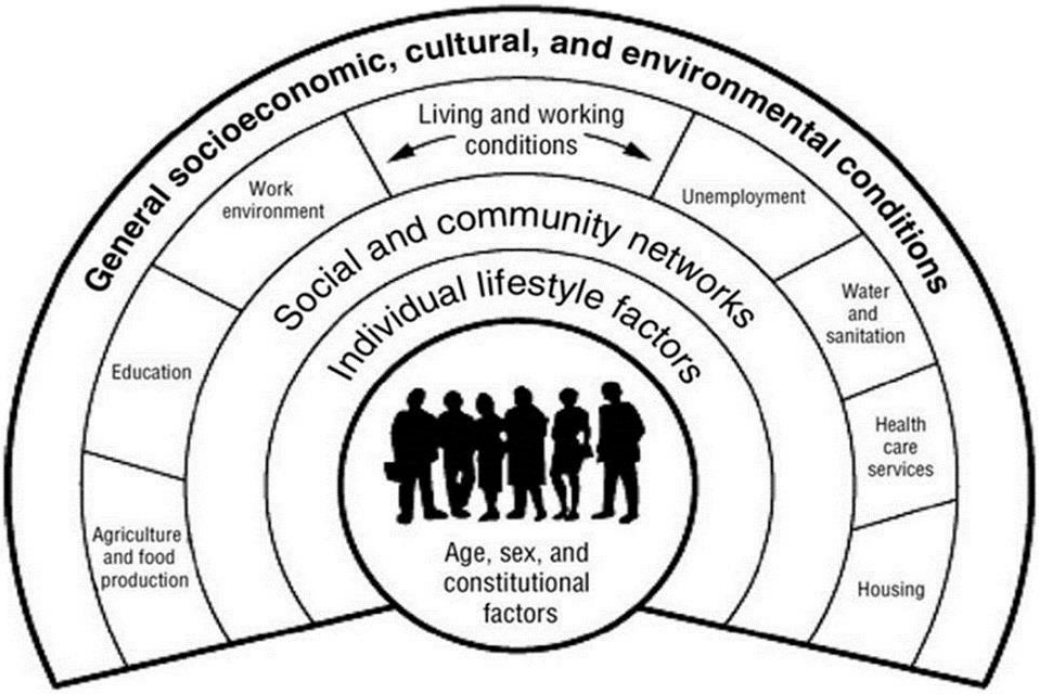
- The conditions into which children and young people are born, live learn and grow, termed as the social determinants of health, shape their health and wellbeing as well as their future prospects (See Figure 20 below for a representation of Social Determinants of Health).[71] While positive experiences and adequate support during this time could enable our children and young people to thrive, negative experiences risk poorer life outcomes, implications of which could last many generations.
- While a commonly used definition of childhood vulnerability does not exist, many factors could make children vulnerable to risks and poor outcomes. These factors include a child's individual characteristics (i.e., related to a child's health, wellbeing and educational needs), the impact of action or inaction by other people (i.e., lack of supportive relationships, abuse and exploitation), and physical and social environment (e.g., poor housing, poverty, community crime and violence).[72]
- A whole-systems approach involving collaboration between various sectors, such as healthcare, housing, education, social services, voluntary organizations, police, and youth justice, can help build resilient children and families and address the factors that affect child health to promote healthy and fulfilling lives for children and young people, and to prevent future health issues.[73]

[71] For a discussion on social determinants of health, please see https://www.gov.uk/government/publications/health-profile-for-england/chapter-6-social-determinants-of-health.

[72] The Association of Directors of Public Health. Policy Position: Vulnerability and adversity in childhood. December 2021. Available from https://www.adph.org.uk/wp-content/uploads/2021/12/Position-Statement-Vulnerability-and-Adversity-2.pdf (accessed 13 March 2023)

[73] The Association of Directors of Public Health. Policy Position: Vulnerability and adversity in childhood. December 2021. Available from https://www.adph.org.uk/wp-content/uploads/2021/12/Position-Statement-Vulnerability-and-Adversity-2.pdf (accessed 13 March 2023)

Figure 20. Social determinants of health



Adapted from Dahlgren and Whitehead (1991).

Adverse childhood experiences

- Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that occur in childhood, including abuse (emotional, physical, sexual), neglect (emotional or physical), and household adversity (domestic violence, household substance misuse, household mental ill health, criminality, separation, living in care). These experiences can have long-lasting effects on a child's physical and mental health, leading to increased risk of chronic diseases, mental illness, and poor social outcomes.[74]
- Accumulation of multiple ACEs throughout childhood increases the risk of harmful health and wellbeing and life outcomes throughout one's life course. A 2017 systematic review and meta-analysis has identified that having at four or more ACEs was a major risk factor for many health conditions. It was associated with poor health outcomes, such as cancer, heart and respiratory disease; poor lifestyle behaviours such as physical inactivity, as well as risky health behaviours including smoking and heavy alcohol use. Importantly, compared with having no ACEs, having multiple ACEs (at least four ACEs) was the most strongly associated with risks for the next generation (e.g., violence, mental illness and substance misuse).[75]

[74] Scottish Public Health Network. 'Polishing the Diamonds.' Addressing Adverse Childhood Experiences in Scotland. 2016. Available from https://www.scotphn.net/wp-content/uploads/2016/05/2016_05_26-ACE-Report-Final2.pdf (accessed 13 March 2023)
[75] Hughes et al. 2017. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health. Available from https://www.sciencedirect.com/science/article/pii/S2468266717301184 (Accessed 13 March 2023)

- The prevalence of ACEs in Croydon, and wider England, is not known. However, a 2016 Welsh Study on ACEs estimated that 47% of adults experienced at least one ACE during their childhood and 14% have experienced four or more ACEs.[76] If this rate is applied to Croydon births in 2021, it would mean that 700 of our babies born in 2021 would experience four or more ACEs by their 18th birthday.
- The UK Public Health approach to ACEs calls for preventing them from happening in the first place and mitigating their effects by promoting resilience and providing support to affected individuals and families. This approach emphasizes the importance of early intervention, place-based support, and a whole-systems and whole-family approach to addressing the root causes of ACEs and their impact on health and wellbeing. Please refer to the 2018 Annual Director of Public Health Report for Croydon for detailed discussion of the impact of ACEs alongside a set of recommendations.[77]

Parental mental ill health

- The World Health Organisation (WHO) defines mental health as "a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community."[78] Like most other physical health, mental health is shaped by a range of factors including individual genetics and lifestyle factors as well as wider social determinants of health.
- Not all parental mental ill health has an adverse impact on children, but research demonstrates that parental mental health conditions are associated with a number of poor mental and physical health outcomes in children.[79] The impact of parental mental ill health on children vary according to type and severity of mental health condition as well as child's age and stage of development.
- UK and Croydon data on parental mental health is sparse.
    - Existing national data indicates that in 2019/2020, 34.3% of children lived with at least one parent reporting emotional distress. While over a quarter of children (26.9%) had a mother reporting symptoms of emotional stress, just under 15% had a father reporting emotional stress, and 5.6% children had both mother and father reporting

[76] Bellis et al. 2016. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Available from https://www.ljmu.ac.uk/~/media/phi-reports/pdf/2016_01_adverse_childhood_experiences_and_their_impact_on_health_harming_behaviours_in_the.pdf

[77] Annual Director of Public Health Report. We are Croydon. Early experiences last a life time: the first 1000 days from conception to the age of 2. 2018. Available from https://www.croydon.gov.uk/sites/default/files/articles/downloads/Director%20of%20Public%20Health%20report%202018.pdf

[78] World Health Organization. Mental Health. 2022. Available from https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[79] Heuckendorff, S., Johansen, M.N., Johnsen, S.P. et al. Parental mental health conditions and use of healthcare services in children the first year of life– a register-based, nationwide study. BMC Public Health 21, 557 (2021). https://doi.org/10.1186/s12889-021-10625-y

symptoms of emotional stress.[80] This would equate to around 33,000 children in Croydon with at least one parent reporting symptoms of emotional stress.

- Please see the 'Parental mental health and wellbeing' section under Section 3 for a discussion on perinatal mental health.

Domestic violence

- Domestic violence is defined as "any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."
- Trends in domestic violence are challenging to establish as abuse often takes place behind closed doors and is highly underreported due to various factors.
- According to Mayor's Domestic and Sexual Violence Dashboard, Croydon has the fifth highest rate of domestic abuse incidents in London with a rate of 21.3 per 1,000 population during the year ending 31 March 2022.[81]

Parental substance misuse

- Parental substance misuse is a 'long-term misuse of drugs and/or alcohol by a parent or carer).' This includes a group of parents and carers who:
    - consume harmful amounts of alcohol,
    - are dependent on alcohol,
    - use drugs regularly and excessively,
    - are dependent on drugs, or
    - unable to adequately supervise their children because of their substance use.[82]
- Parental substance misuse can put children in harm if it prevents the parents from recognising and meeting their children's needs. In such circumstances, it can be associated with a range of adverse impacts on children health and wellbeing outcomes and life chances. For instance, research shows that parental substance misuse can have adverse impacts on childhood emotional, cognitive, behavioural and psychological development, lower the chances educational attainment and increase the risk of early substance misuse and offending behaviours.[83] When parental substance misuse is

[80] OHID. Understanding Society Survey. March 2023. https://www.gov.uk/government/statistics/children-living-with-parents-in-emotional-distress-march-2022-update/data-tables-children-living-with-parents-in-emotional-distress-march-2022-update
[81] Data available from https://www.london.gov.uk/programmes-strategies/mayors-office-policing-and-crime/data-and-statistics/domestic-and-sexual-violence-dashboard
[82] NSPCC Learning. Parental substance misuse. 2022. https://learning.nspcc.org.uk/children-and-families-at-risk/parental-substance-misuse
[83] Hedges, S. and Kenny, C. Parental alcohol misuse and children. Research Briefing. https://researchbriefings.files.parliament.uk/documents/POST-PN-0570/POST-PN-0570.pdf

accompanied with domestic violence and mental health issues, a condition termed as the 'toxic trio', the risk of these harms is further exacerbated.[84,85]

- The total number of children living in families with parental substance misuse in Croydon and the UK is unclear. Children's Commissioner's local vulnerability profile was developed during the COVID-19 pandemic to provide local authorities with modelled estimates on children levels of need among children.[86] Accordingly, in 2019-20, there was an estimated:
    - 18,389 children (a fifth of children in Croydon) in Croydon in living with any of the 'toxic trio' (parental substance misuse, domestic violence and mental health issues)
    - 3,611 children (around 4%) in households with a parent with alcohol or drug dependency, and
    - 1,058 (around 1%) children in households with all three of the 'toxic trio'.

Children in low-income families

- Income is one of the key social determinants of health and wellbeing outcomes. A 2019 systematic review also identified that lower income is associated with a greater risk of ACEs.[87]
- Please refer to 'Croydon's families and households' under Section 2 for a discussion of low-income families and child poverty in Croydon. A map of where Croydon's children who live in low-income families as estimated from the Income Deprivation Affecting Children Index (IDACI) Rank 2019 was also provided earlier in Figure 6.

Free school meals

- The number and proportion of school pupils eligible for free school meals has been increasing in the recent years in Croydon. In 2020/21 Autumn term, 14,852 school pupils, corresponding just above a quarter of Croydon's school pupils, were eligible for Free School Meals. This was higher than the rate for London (21.1%) and England (19.7%).[88] Figure 21 below shows trends in the percentage of school pupils eligible for free school meals in Croydon compared with those in London and England.

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[84] Cleaver, H; Unell, I and Aldgate, J (2011). Children's needs, parenting capacity: The impact of parental mental illness, learning disability, problem alcohol and drug use and domestic violence on children's safety and development (2nd edition)

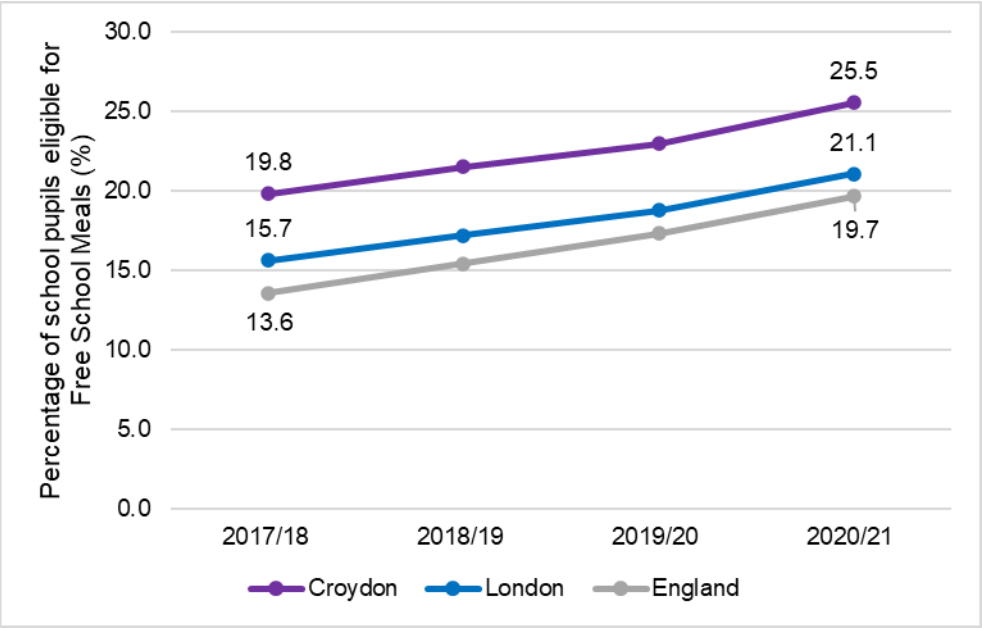
[85] Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. Pediatrics. 2003 Mar;111(3):564-72. doi: 10.1542/peds.111.3.564. PMID: 12612237.

[86] Local vulnerability profiles. Children's Commissioner. 2020. Available from https://www.childrenscommissioner.gov.uk/vulnerable-children/local-vulnerability-profiles/

[87] Walsh et al. 2019. Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. Journal of Epidemiology and Community Health. Available from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6872440/

[88] Department for Education. Data available for https://explore-education-statistics.service.gov.uk/data-tables/permalink/d93914a4-8fae-4dde-9cf6-08db22e6b881.

Figure 21. Trends in percentage of school pupils eligible for Free School Meals in Croydon compared with those in London and England, 2017-2021.



Data source: Department for Education (2022)

Children in need

- A child in need is defined under the Children Act 1989 "as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled."[89]
- Children in need include the following groups:
  - children on child in need plans,
  - children on child protection plans,
  - looked after children,
  - care leavers, and
  - disabled children.[90]
- The total number of children in need in Croydon has been reducing in the recent years. In the year ending 31 March 2022, there were a total 3,481 children in need in Croydon. Table 16 below shows the number of children in need in Croydon by primary need between 2018 and 2022.[91]
- A child protection plan is given to children and young people to ensure their individual protection. In the year ending March 2022, there were a total of 430 children in Croydon who were the subject of a child protection plan.[92] Table 17

[89] Department for Education. 2022. Available from https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england
[90]Department for Education. 2022. Available from https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need
[91]Department for Education. 2022.Available from https://explore-education-statistics.service.gov.uk/data-tables/permalink/161f4c43-5779-4a80-1440-08db2077577e
[92] Department for Education. 2022. Available from https://explore-education-statistics.service.gov.uk/data-tables/permalink/514603e9-2d03-4db0-1441-08db2077577e

below shows the number of Child Protection Plans in Croydon by category of abuse between 2018 and 2022.

- In 2022, there were a total of 550 children in care (also known as looked after children) in Croydon equating to a rate of 61 per 10,000 children. This was higher than the overall rate for London (52 per 10,000) but better than the rate for England (70 per 10,000).[93]

Table 16. Children in Need by primary need in Croydon between 2018 and 2022.

	2018	2019	2020	2021	2022
Abuse or neglect	2,958	2,043	2,269	2,191	2,287
Child's disability or illness	375	247	590	338	259
Parent's disability or illness	57	59	44	*	31
Family in acute stress	365	315	178	144	141
Family dysfunction	508	972	361	225	138
Socially unacceptable behaviors	97	58	43	40	82
Low income	*	9	*	0	0
Absent parenting	832	833	848	725	543
Cases other than children in need	0	0	*	*	0
Total	**5,198**	**4,536**	**4,339**	**3,701**	**3,481**

Data source: Department for Education.
Asterisks (*) denote categories suppressed to protect confidentiality.

Table 17. Child Protection Plans by category of abuse in Croydon between 2018 and 2022.

	2018	2019	2020	2021	2022
Emotional	159	278	222	127	201
Neglect	127	215	239	119	181
Physical	9	30	19	17	29
Sexual	20	20	*	*	*
Multiple	253	152	*	*	*
Total	**568**	**695**	**498**	**273**	**430**

Data source: Department for Education.
'Multiple' refers to instances where there is more than one main category of abuse. Children included in this category are not included in any other category of abuse, therefore a child is counted only once in this measure.
Asterisks (*) denote categories suppressed to protect confidentiality.

Children carers

- According to Census 2011, 877 children aged 0-15 years were providing unpaid care with 177 of them providing 20 or more hours of unpaid care per week. At the time of writing, Census 2021 data for age breakdowns for provision of unpaid care in Croydon were not available. However, 8.1% of

[93] Child and Maternal Health Profiles. Office of Health Improvement and Disparities. 2023. https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000007/ati/402/are/E09000008/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

people aged 5 years and over in Croydon provided unpaid care and 4.1% of the people provided at least 20 hours of unpaid care per week.[94]

Special educational needs and disabilities (SEND)

This topic is covered in Section 2 of this report. Please refer to the section titled 'Children and young people with SEND (0- to 25-year-olds)' for a discussion of SEND by school type, demographic characteristics and free school meal eligibility.

Section 6. Summary and next steps

This rapid needs assessment synthesised, and where possible updated, data and intelligence included in existing needs assessments, reviews and reports in Croydon to provide a starting point for understanding the needs of children, young people and families in Croydon. Table 18 below provides a high-level summary of indicators included in this report where Croydon rates differ to those observed in England and/or London.

This rapid needs assessment forms a part of a series of activities planned that aim to take an evidence-based and intelligence-led approach to the planning and delivery of the Family Hubs and Start for Life Programme in Croydon. It will be shared with relevant stakeholders to be used as a starting point for understanding the needs of this population and inform future detailed needs assessments, service mapping and engagement activities that need to be undertaken to inform how family hub services can be planned and delivered at a community level. These activities are currently being planned and will be undertaken during the course of Croydon's Family Hubs and Start for Life Transformation Programme.

Table 18. High level outlier summary comparing Croydon's indicators with those in London and/or England

Section	Measure	Description of performance
Pregnancy and births	Folic acid supplements before pregnancy	25.3% of pregnant mothers had been taking folic acid supplements before pregnancy. This was lower than the London (28.5%) and England (27.3%) averages. (2018/2019 data)
	Early access to maternity care	38.4% in Croydon had early access to maternity care compared. This was lower than both London (47.8%) and England (57.8%). (2018/2019 data)
	Obesity in early pregnancy	23.2% of women in Croydon had obesity in early pregnancy compared with 17.8% in London and 22.1% in England. (2018/19 data)
	Smoking status at the time of delivery	5.5% of women were smoking at the time of delivery. This was higher than London (4.5%) but lower than that in England (9.1%). (2018/19 data)
	Low birthweight of all babies	8.5% of all babies in Croydon had low birth weight compared with 7.6% of all babies in the London region and 6.8% of all in England. (2021 data)
	Stillbirth rate	Croydon's stillbirth rate was 5.4 per 1,000. Higher than both in London (4.3 per 1,000) and England (3.9 per 1,000). (2019-21 data)

[94] Data available from https://www.ons.gov.uk/datasets/TS039/editions/2021/versions/2?f=get-data

Section	Measure	Description of performance
	Baby's first feed breastmilk	84.8% of babies had breastmilk as first feed. Lower than both London (87.7%) and England (71.7%). (2020/21 data)
Infancy and early years	A&E attendances (0-4 years)	A&E attendance rate in 0-4 years was 1,246 per 1,000. Higher than both in London (854 per 1,000) and England (763 per 1,000) (2021/22 data)
	Emergency admissions (0-4 years)	Emergency admission rate in 0-4 years in Croydon was 45.8 per 1,000. Lower than both in London (62.7 per 1,000) and England (91.2 per 1,000) (2020/21 data)
	Hospital admissions caused by unintentional and deliberate injuries (0-4 years)	Rate of hospital admissions caused by unintentional and deliberate injuries in Croydon was 69.9 per 1,000. Lower than both London (82.9 per 1,000) and England (103.6 per 1,000). (2021/22 data)
	Two dose measles, mumps and rubella vaccination coverage (5 years)	72.1% in Croydon. Lower than both London (74.2%) and England (85.7%). (2021/22 data)
	New birth Visits completed within 14 days	85.8% in Croydon. Lower than London (87.8%) but higher than England (82.6%). (2021/22 data)
	Infants receiving a 6-to-8-week review	58.0% in Croydon. Lower than both London (74.3%) and England (81.5%). (2021/22 data)
	Children receiving 12-month review	44.3% in Croydon. Lower than both London (73.4%) and England (81.9%) (2021/22 data)
	Children receiving 2-2.5-year review	35.3% in Croydon. Lower than both London (64.2%) and England (74.0%). (2021/22 data)
	Children with one or more decayed, missing or filled teeth (5 years)	28.5% in Croydon. Similar to London (25.7%) but worse than England (23.3%). (2016/17 data)
	Incisor caries prevalence (3 years)	8.3% in Croydon. Similar to London (5.0%) but worse than England (3.4%). (2019/20 data)
	Percentage of 5-year-olds with experience of visually obvious decay (5 years)	21.4% in Croydon. Lower than London (26.7%) but similar to England (24.4%). (2018/19 data)
Childhood and adolescence	Hospital admissions for mental health conditions (<18 years)	20.9 per 100,000 persons in Croydon. Lower than both London (61.3 per 100,000) and England (87.5 per 100,000). (2020/21 data)
	Hospital admissions as a result of self harm (10-24 years)	169.3 per 100,000 persons in Croydon. Lower than both London (210.5 per 100,000) and England (421.9 per 100,000). (2020/21 data)
	Admission episodes for alcohol-specific conditions (<18 years)	12.3 per 100,000 persons in Croydon. Similar to that in London (14.3 per 100,000), but better than that England (29.3 per 100,000). (2020/21 data)
	Hospital admissions due to substance misuse (15-24 years)	47.0 per 100,000 persons in Croydon. Similar to that in London (56.5 per 100,000), but better than that England (81.2 per 100,000). (2018/19-20/21 data)
	Chlamydia detection rate (all sexes)	1,981.2 per 100,000 in Croydon. Better than both London (1,673.4 per 100,000) and England (1,334.2 per 100,000). Among females, Croydon rate was 2,532 per 100,000. Comparisons to London and England were not available. (2021 data)
	Under 25s repeat abortions (15-24 years)	38.2% in Croydon. Worse than both London (32.3%) and England (29.2%). (2020 data)

Section	Measure	Description of performance
	HPV vaccination coverage for one dose, female	74.3% in Croydon. Better than London (71.0%), worse than England (76.7%). (2020/21 data)
	Year 6: prevalence of overweight (including obesity)	41.9% in Croydon. Worse than both London (40.5%) and England (37.8%). (2021/22 data)
	Not in education, employment or training (including Not Known)	5.4% of 16- and 17-year-olds in Croydon were NEET. Higher than that in London (4.0%), but similar to that in England (5.5%) (2021)
	Crime and offending among young people (10-17 years)	The rate of children cautioned or sentenced (per 1,000) of general 10-17 population in Croydon was 3.9 per 1,000. This was higher than the rate for London (3.1 per 1,000). The rate of first-time entrants into the Youth Justice System in Croydon was 248 per 100,000. This was higher than the rate in London (187 per 100,000) and England (147 per 100,000). (Year ending March 2021).
Vulnerability and adversity in childhood	Domestic abuse	Croydon has the fifth highest rate of domestic violence incidents in London with a rate of 21.3 per 1,000 population during the year ending 31 March 2022.
	Free school meals	25.5% of Croydon's school pupils were eligible for free school meals in the 2020/21 Autumn Term. This was higher than the rate for London (21.1%) and England (19.7%).
	Income Deprivation Among Children Index (IDACI)	Croydon is the 14th most deprived London borough according to the Income Deprivation Among Children Index (IDACI). 24,555 (23.8%) of 0–19-year-olds in Croydon live amongst the 20% most deprived areas in England.

Only indicators for which comparisons are available and where Croydon's rates differ from either those observed in London and/or England are included in the table. Red font denotes where Croydon is doing worse than London and/or England. Green font denotes areas where Croydon is doing better than London and/or England.

Appendices

Appendix I. Services that should be included in Family Hubs

Below is a list of services that should be included in Family Hubs. Please note that these are the minimum requirements, and Family Hubs could include more services than listed below.

- Activities for children aged 0-5
- Birth registration
- Debt and welfare advice
- Domestic abuse support
- **Early Language and the Home Learning Environment**
- Early Childhood Education and Care (ECEC) and financial support (Tax-Free Childcare, Universal Credit childcare)
- Health Visiting
- Housing
- **Infant Feeding Support**
- Intensive targeted family support services, including those funded by the Supporting Families programme
- Local authority 0-19 public health services, based on local needs assessments
- Mental health services (beyond Start for Life parent-infant mental health)
- Midwifery/maternity
- Nutrition and weight management
- Oral health improvement
- **Parent-Infant Relationships and Perinatal Mental Health Support**
- **Parenting Support**
- Reducing Parental Conflict
- SEND support and services (inclusive of Start for Life period)
- Stop smoking support
- Substance (alcohol/drug) misuse support
- Support for separating and separated parents
- Youth justice services
- Youth services – universal and targeted

***Services in bold are those which shall receive funding as part of the Best Start for Life budget**

Acknowledgments

Lead author:	Shifa Sarica
Project team:	Carol Lewis, Hana Ally, Sally Hudd, Rachel Tilford
Lead consultants:	Emma King, Helen Harrison
Acknowledgments:	Special thanks to the following colleagues for making this report possible through providing relevant data, insights and expertise: • Jonathan Driscoll • Aarthi Jeyaraman