

EALING JSNA

'Focus on'

Children and Young People

June 2021

The Joint Strategic Needs Assessment (JSNA) is a statutory document published by the London Borough of Ealing and NHS Ealing Clinical Commissioning Group, which describes the health and social care needs of the population. The JSNA contains topic and theme-based chapters, which are updated on a rolling basis. The 'Focus on' series provides succinct chapter summaries from the JSNA.

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Executive Summary

Introduction

This Children’s JSNA chapter aims to facilitate an evidence-based approach to commissioning and service development by the London Borough of Ealing (LBE) and Ealing Clinical Commissioning Group (Ealing CCG).

It aims to cover the breadth of health and wellbeing issues and their causes facing this age group (0--18 years, extending to 25 years where appropriate), taking into consideration the different developmental stages, including the specific health issues of the early years and adolescence, as well as considering the specific needs of vulnerable groups. The majority of health indicators were last updated prior to COVID-19, however the pandemic is likely to have worsened several of these and increased existing inequalities.

Methods

- The most recent national and local data sources have been used as of 15th March 2021 to provide epidemiological data on incidence and prevalence of health conditions, as well as key performance indicators and outcomes for children’s health, social care and education.
- Where possible, data have been benchmarked with the London and England averages. Small area level comparisons have been conducted where available.
- An additional evidence review was also undertaken to focus on the impact of COVID-19 on children’s outcomes based on national and regional data.
- Further insight was gained through interviews and focus groups with a variety of stakeholders including commissioners, healthcare professionals, teaching staff and young people.
- Strengths and gaps have been identified from the triangulated evidence to provide recommendations for commissioners and services, and those involved in developing local strategy and policy affecting children and young people.

Demographics

- Predicted rise in the adolescent population (15-24 years) over next 10 years.
- Ethnicity of Ealing’s children –30% of pupils are Asian, 29% White, 14% Black, 9% from mixed backgrounds and 16% of other ethnic heritage not categorised further.

Key child health indicators

- Whilst there has been some notable improvements in child health outcomes since last JSNA: oral health, hospital admissions for asthma and teenage pregnancy rates continue to fall.
- Some other indicators have not shown improvements, or may have declined.
- This data is all prior to COVID-19, hence the pandemic is likely to have caused a further decline (data limited)
- Child obesity rates stagnant over past 5 years. More work is required.
- Child immunisation rates have deteriorated during the pandemic and should be focused on.
- Children’s mental health continues to be a challenge. This has been evidenced by more qualitative data as quantitative data is limited.

Inequalities

- The COVID-19 pandemic and Black Lives Matter movement has exposed entrenched structural inequalities that need to be tackled as matter of social justice.
- Differential educational attainment of children from disadvantaged backgrounds
- Increases seen in child poverty, exacerbated by COVID-19

Key child development, educational and social indicators

- Concerns that the disruption COVID-19 has caused to early years services impact children unequally; worsening the underachievement of vulnerable children from the poorest backgrounds.
- Focused effort by the Early Years team to address school readiness and restarting of health visiting services.
- Pupils from disadvantaged backgrounds continue to do better in Ealing secondary schools than they do nationally. However, despite closing the gap, their attainment remains 9% points below the national “all other pupil” figures.
- Ealing SEN pupils and learners progress at a rate that is higher than England, but not always better than other outer London.
- The rate of ‘children in need’ in Ealing is significantly higher than the London and National average. Rates of ‘looked after’ children remain stable.
- Youth custody rates and first-time entrant rates continue to decrease in line with London and England.

The JSNA recommendations highlight the need to address the following areas:

- Consideration of how health and wellbeing services cater to predicted demographic changes
- School readiness gap
- Educational attainment
- Children’s mental health and wellbeing
- Youth unemployment
- Ensuring children have a healthy weight
- Improving childhood vaccination rates
- Good management of long-term health conditions
- Tackling child poverty

Neighbourhood Level Summary

		Southall	Northolt/Greenford/Perivale (GNP)	Central Ealing	Acton
Demographics	Children in relative low-income households (DWP / HM Revenue and Customs, 2018/19 data)	23.2%	19.9%	11.4%	15.0%
	Children in absolute low-income households (DWP / HM Revenue and Customs, 2018/19 data)	18.4%	16.4%	9.5%	12.7%
	FSM eligibility (School Census, Oct 2020)	20.6%	20.5%	16.3%	24.9%
	English as 1 st language (School Census, Oct 2020)	19.2%	37.2%	59.7%	45.5%
Health	Child obesity (overweight & obese pupils, NCMP 2019/20)	Reception: 23.6% Year 6: 41.0%	Reception: 22.9% Year 6: 42.0%	Reception: 16.7% Year 6: 31.0%	Reception: 21.3% Year 6: 35.5%
Education	School readiness – proportion of pupils achieving a Good Level of Development (Schools, Research & Data Team - Ealing Council, 2019)	72.4%	64.8%	75.9%	70.5%
	Educational attainment (Schools, Research & Data Team - Ealing Council, 2019)				
	<ul style="list-style-type: none"> Pupils attaining 4+ in English & Maths Average Attainment 8 score 	71.8% 50.4	74.8% 52.7	73.5% 52.0	62.9% 46.7
	YP employment and training outcomes <ul style="list-style-type: none"> NEET proportion of 16–17-year-olds (West London Partnership Support Unit - Ealing Council, Jan 2021) 	1.0%	1.4%	1.0%	1.4%
	SEND (School Census, Oct 2020): <ul style="list-style-type: none"> SEN support EHC plan 	SEN support: 10.0% EHC plan: 4.0%	SEN support: 8.9% EHC plan: 4.3%	SEN support: 9.8% EHC plan: 3.9%	SEN support: 11.8% EHC plan: 4.9%
Social care	Contacts (Performance Team - Ealing Council, Apr – Dec 2020)	21.2%	29.2%	29.5%	13.4%
	Children on CP plan as of 31 st Dec 2020	26.3%	37.1%	14.7%	7.3%
	Serious youth violence (rate per 100,000 population aged 10-17)	0.9	0.8	1.8	2.4

Note: Values highlighted in red indicate worst/most inequal area for that indicator; Values highlighted in green indicate best/least inequal area for that indicator.

<u>Executive summary</u>	<u>Demographics</u>	<u>Key indicators</u>	<u>Early years</u>	<u>Young people</u>	<u>Vulnerable groups</u>	<u>Stakeholders</u>	<u>Recommendations</u>	<u>Further information</u>
<u>Ethnicity</u>	<u>Deprivation and child poverty</u>	<u>Neighbourhood analysis</u>	<u>Food security</u>		<u>Housing</u>			

Demographics and Ethnicity

Ealing is London’s **fourth most populous borough**. A significant proportion of the population are children and young people under 19 years (26%), a higher proportion than the England and London average.^[1] Ealing is the **third most ethnically diverse** local population in the UK with **85% of pupils** being of minority ethnic origin compared to 33% nationally.

Figure 1. depicts the increase in the overall population and 0-19 population over the next 10 years, **with a significant rise in 15-19 years; and 20-24 years age groups** (11.3% and 12.4% respectively), and decreases in the 5-9 and 10--14 year age groups.

The population of state funded schools in the borough is very ethnically diverse; with **84% of pupils (85% primary school, compared to 34% nationally; and 83% high school pupils compared to 32% nationally) classified as being of minority ethnic origin in 2019.**

Many of these children live in households where English is not their first language. Ethnicity data is available for state-funded school age children (Figure 2). Over 170 languages are spoken across the borough, and in schools, the proportion of children and young people who speak English as an additional language in primary schools is 60% (nat. avg. 19%). In Secondary schools it is 56% (nat. avg. 17%).

As shown in Figure 2, 30% of pupils are Asian, 29% White, 14% Black, 9% from mixed backgrounds and 16% of other ethnic heritage (not categorised further). The most common ethnic groups in Ealing are Indian (16% and increasing), White British (14% and decreasing), Eastern European (10% and decreasing), Somali (7%), Asian Other (7%), Pakistani (6%), Afghan (5%), Arab Other (5%) and Black Caribbean (3%).

Figure 1: Resident population by age band in 2020 and projected population over next 5 and 10 years

	Total population (all age)	0-19	0-4	5-9	10-14	15-19	20-24
2020	349800	91200	23400	23900	23700	20300	20100
2025	361700 (+3.4%)	91700 (+0.5%)	22900 (-2.2%)	22700 (-5.1%)	23400 (-1.3%)	22700 (+11.8%)	20800 (+3.5%)
2030	371500 (+6.2%)	90600 (-0.6%)	23500 (+0.4%)	22200 (-7.1%)	22400 (-5.5%)	22600 (+11.3%)	22600 (+12.4%)

Source: GLA 2018 central trend-based population projects, Ealing. (Note percentage change is with respect to 2020 figures)

Figure 2: Ethnicity by school type attended

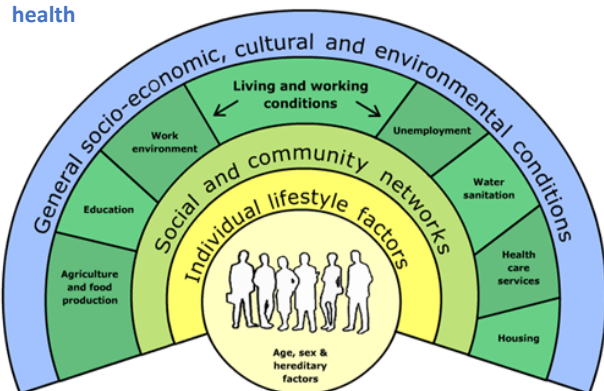
School Type	White				Asian or Asian British					Black or Black British				Mixed / Dual Background					Other Ethnic Heritage			Unclassified	All pupils
	White British	White Irish	White Other	All White	Indian	Pakistani	Bangladeshi	Other Asian	All Asian or Asian British	Black Caribbean	Black African	Black Other	All Black or Black British	White & Asian	White & Black Caribbean	White & Black African	Other Mixed	All Mixed / Dual Background	Chinese	Other Ethnic Group	Other Ethnic Heritage		
High	2949 14.5%	143 0.7%	2409 11.9%	5501 27.1%	3081 15.2%	1378 6.8%	365 1.8%	1360 6.7%	6184 30.5%	713 3.5%	2394 11.8%	204 1.0%	3311 16.3%	455 2.2%	450 2.2%	195 1.0%	509 2.5%	1609 7.9%	82 0.4%	3140 15.5%	3222 15.9%	458 2.3%	20285
Primary	4522 13.7%	213 0.6%	5396 16.3%	10131 30.6%	5219 15.8%	1988 6.0%	506 1.5%	2254 6.8%	9967 30.1%	931 2.8%	2990 9.0%	333 1.0%	4254 12.9%	865 2.6%	653 2.0%	339 1.0%	1220 3.7%	3077 9.3%	164 0.5%	5094 15.4%	5258 15.9%	388 1.2%	33075
Special	96 11.5%	9 1.1%	94 11.2%	199 23.7%	96 11.5%	64 7.6%	14 1.7%	73 8.7%	247 29.5%	39 4.7%	131 15.6%	13 1.6%	183 21.8%	27 3.2%	23 2.7%	x x	17 2.0%	72 8.6%	x x	122 14.6%	125 14.9%	12 1.4%	838
PRU	31 21.1%		21 14.3%	52 35.4%	x x	x x	x x	x x	12 8.2%	16 10.9%	12 8.2%	x x	33 22.4%	x x	12 8.2%		12 8.2%	25 17.0%	x x	22 15.0%	23 15.6%	x x	147
Children's Centre	47 8.2%	x x	71 12.4%	119 20.8%	132 23.1%	35 6.1%	15 2.6%	24 4.2%	206 36.0%	8 1.4%	54 9.4%	x x	66 11.5%	15 2.6%	x x	x x	40 7.0%	62 10.8%		112 19.6%	112 19.6%	7 1.2%	572
All state funded pupils	7638 13.9%	366 0.7%	7981 14.5%	15985 29.1%	8530 15.5%	3467 6.3%	901 1.6%	3713 6.8%	16611 30.3%	1703 3.1%	5578 10.2%	558 1.0%	7839 14.3%	1363 2.5%	1139 2.1%	542 1.0%	1794 3.3%	4838 8.8%	249 0.5%	8482 15.5%	8731 15.9%	866 1.6%	54870

Source: Ealing Schools Research and Statistics Team: Summary of Contextual Data Report, Ealing Spring School Census, Jan 2020.
 Note: Data is only collected in the census for the maintained nursery schools (Greenfields, Grove House, Maples and South Acton Children's Centres). The Children's Centre figures include all children attending these settings born before 01/01/2018 (including non-funded children).

Social Determinants of Health and Child Poverty

Many 'social determinants of health' (Figure 3) such as income, employment and quality of housing, exert significant impacts on social, educational and health outcomes. For example, children living in poverty are more likely to have health problems such as asthma, obesity and mental health problems, and lower educational attainment, than their more affluent peers.

Figure 3: 'Layers of influence' on children and young people's health



Source: Dahlgren and Whitehead (1991)

COVID-19 pandemic and public health response has involved significant restrictions on economical activity.

Nationally, the number of children experiencing destitution had increased by over half during 2017-2019 even before the pandemic and an estimated 300,000 children have been newly pushed into poverty by the end of 2020.^[2]

Child Poverty Action Group estimates that 47% of Black children in the UK, 26% White British children, 60% of children from Bangladeshi families and 54% of children from Pakistani families are living in poverty.^[3]

In terms of deprivation, Ealing is mid-ranking amongst local authorities, in terms of Index of Multiple Deprivation (88th most deprived local authority out of 317 English local authorities).^[4]

The **Income Deprivation Affecting Children Index (IDACI)** is a subset of the Income Deprivation domain of the IMD, showing the proportion of children in each lower super output area who live in families that are income deprived (in receipt of Income Support, income-based Jobseeker's Allowance, Pension Credit Guarantee or Child Tax Credit below a given threshold).

The 2019 figures show that 17.2% of children attending Ealing mainstream schools and maintained nurseries were living in the 20% most income deprived areas for children nationally.^[5]

The most income deprived parts of the borough include parts of Northolt, Greenford, Southall and Acton.

This national increase in child poverty is also seen in Ealing's figures which show a rise in relative poverty

In 2018/19, 17.6% of children under the age of 16 were living in relative low income families, which is the same as the London average but lower than national average.^[1]

Figure 4: Income Deprivation Affecting Children Index (IDACI), Ealing LSOAs, 2019

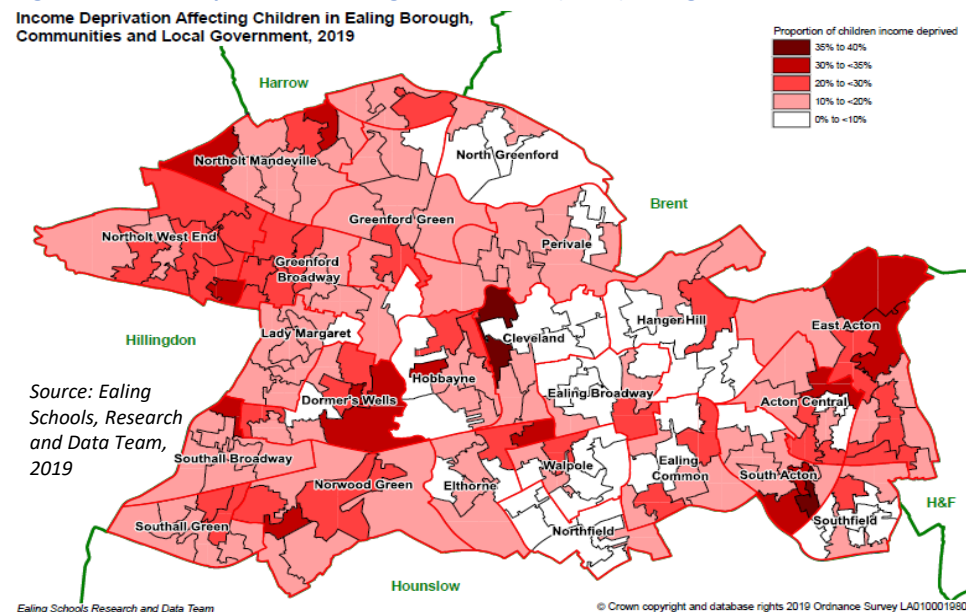
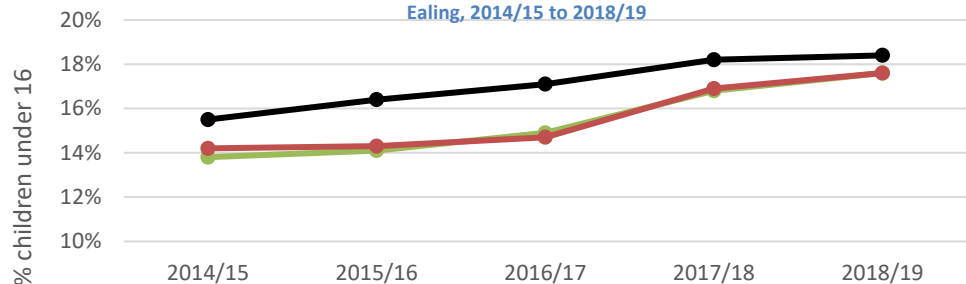
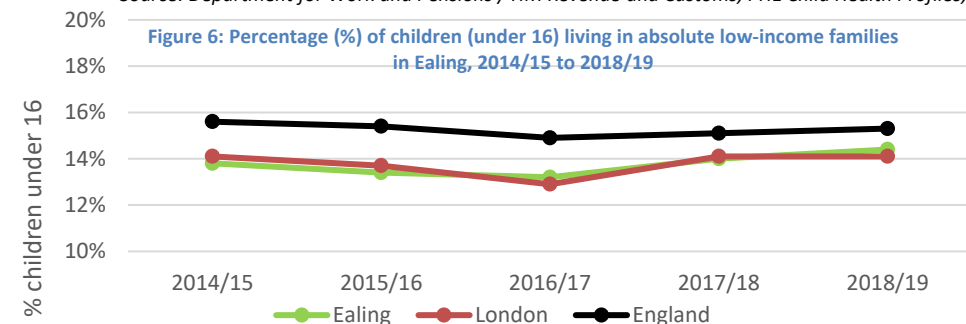


Figure 5: Percentage (%) of children (under 16) living in relative low-income families in Ealing, 2014/15 to 2018/19



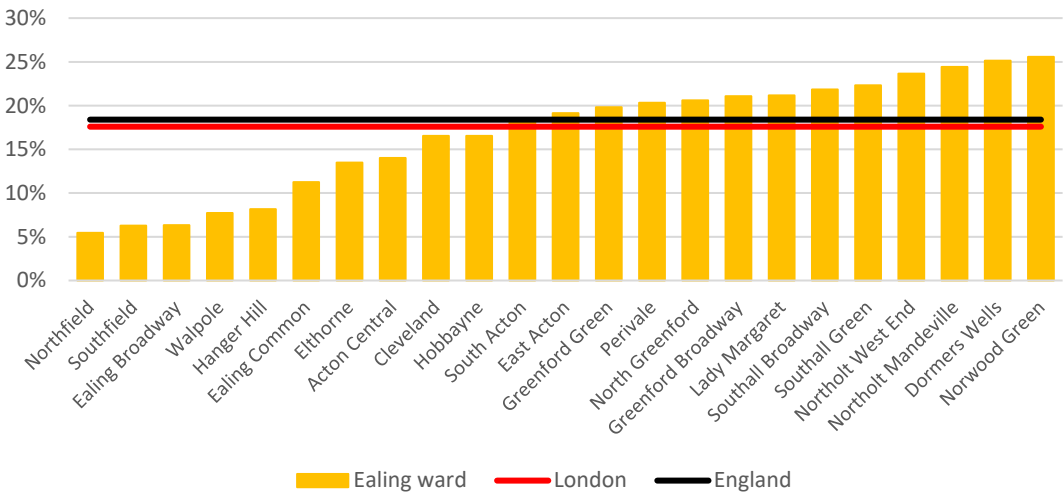
Source: Department for Work and Pensions / HM Revenue and Customs, PHE Child Health Profiles, 2020

Figure 6: Percentage (%) of children (under 16) living in absolute low-income families in Ealing, 2014/15 to 2018/19



Child Poverty – Neighbourhood Analysis

Figure 7 - Percentage (%) of children (under 16) living in relative low income families - by Ealing ward, 2018/19



Source: DWP / HM Revenue and Customs, Children in Low Income Families - local area statistics, 2020; MYE 2019

Figure 9- Percentage (%) of children (under 16) living in absolute low income families - by Ealing ward, 2018-19

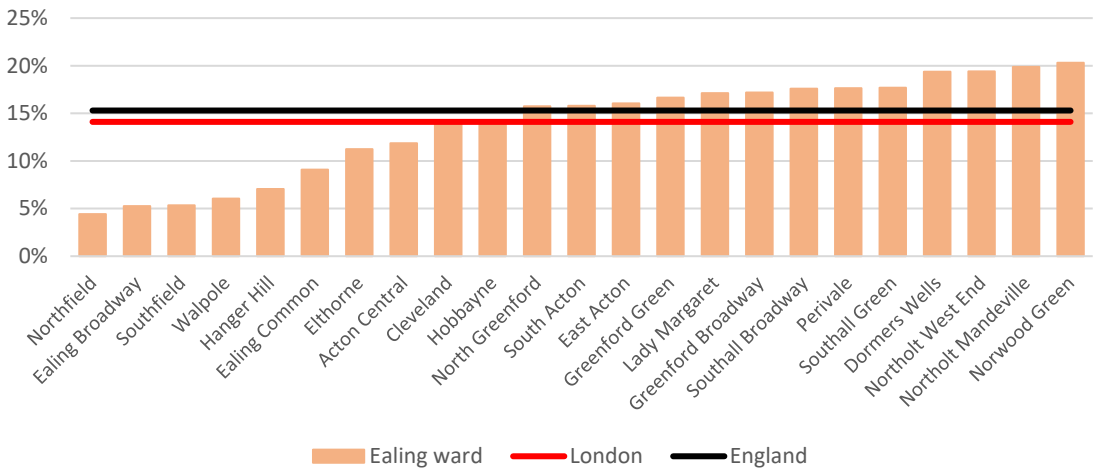


Figure 8 - Percentage (%) of children (under 16) living in relative low income families - by Ealing quadrant, 2018/19

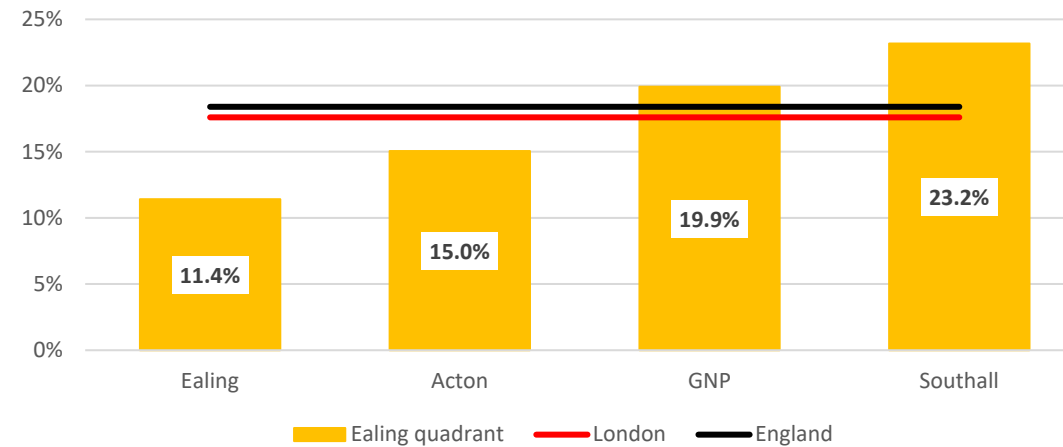
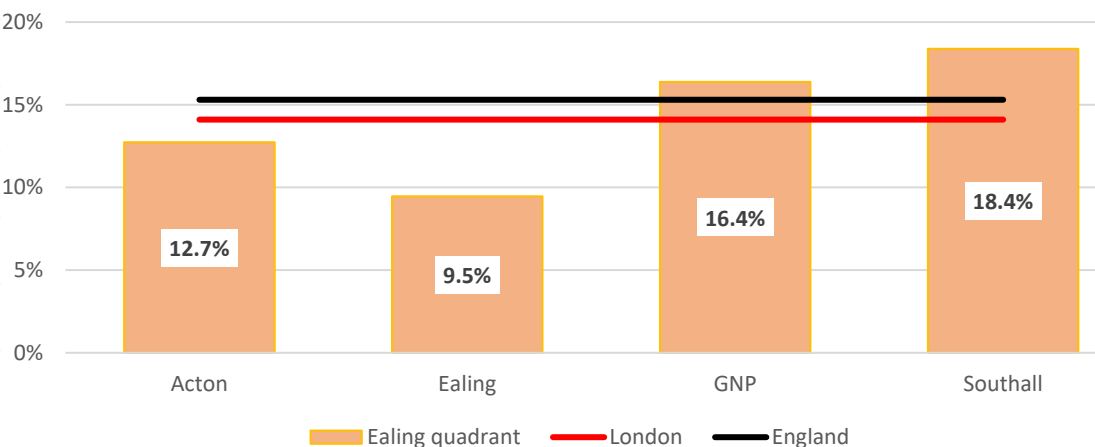


Figure 10 - Percentage (%) of children (under 16) living in absolute low income families- by Ealing quadrant, 2018/19



Food insecurity

Food insecurity experienced by children and young people was highlighted during the pandemic and exposed the limitations of the economy in ensuring affordable, available and nutritious food for all.^[6] Data from the YouGov survey commissioned by The Food Foundation demonstrated that 14% of adults living with children reported experiencing moderate or severe food insecurity within the previous 6 months which included 2.3 million children, and this insecurity persisted despite parents returning to work and children to school.^[7]

Another measure associated with child poverty is the proportion of pupils **eligible for free school meals (FSMs)** (if parents are in receipt of certain means tested benefits). The food insecurity experienced by children also became the premise for major political campaign led by Marcus Rashford, who advocated for the extension of a free school meals initiative which he advocated for in June 2020 to be extended to at least September 2021.^[8] The extension of the scheme and the lowering of the eligibility threshold has resulted in an estimated further 1.7 million children being able to receive a free school meal, whilst also prompting the need for a full review of the FSM system. Furthermore, recent research suggests that free school meals could be an effective intervention to actively reduce health inequalities amongst children, with particular benefit for children from low socioeconomic backgrounds.^[9]

During the pandemic, there has been a rise in the number of pupils eligible for FSMs, by 3% across Ealing schools. So, from 8,632 eligible pupils in Jan 2020, after 7 months of living in a pandemic, in Oct 2020 school census this figure has risen to 9,753 (20% of the Ealing state funded school population).

The highest rise in proportion of children’s eligibility for free school meals has occurred in Southall area of the borough (rise of 4.1% to 20.6%) since Jan 2020. However, a quarter of state funded school population in Acton quadrant is now eligible for free school meals (24.9%).

FSMs were delivered through a variety of different routes during the pandemic including local and national voucher schemes and food packs. However, it is likely that children will continue to need support throughout the recovery stage and when the furlough scheme ends.

Figure 11 - Percentage of pupils eligible for FSM by ward - comparison between Jan and Oct 2020 School Census

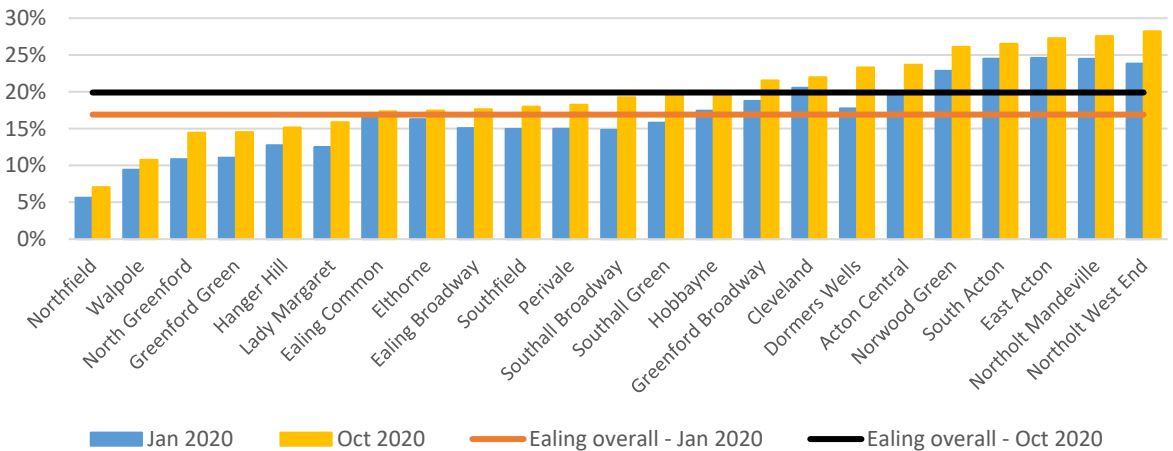
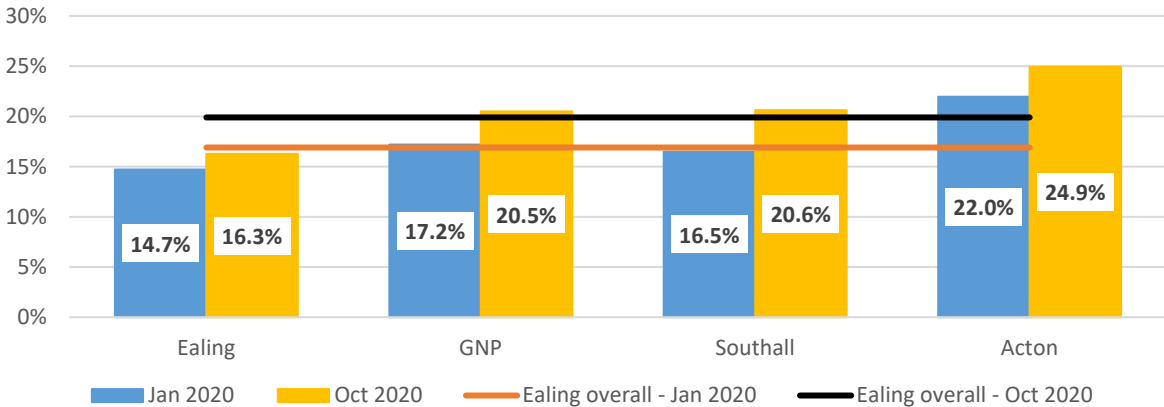


Figure 12 - Percentage of pupils eligible for FSM by Ealing quadrant - comparison between Jan and Oct 2020 School Census



Source: Ealing Schools Research and Statistics Team: Ealing Spring School Census, Jan 2020 & Ealing Autumn School Census, Oct 2020

Housing and Homelessness

Family homelessness also has a major impact on children’s health and wellbeing, with infants’ development particularly vulnerable to the risk factors associated with homelessness, such as impact on access to universal healthcare, immunisations and higher rates of infections and accidents.^[10] Children who experience homelessness are also more likely to experience stress and anxiety which can lead to longer term behavioural issues and depression. There is also evidence to show that the impact on children’s health and development extends beyond the period of homelessness.

Figure 13 shows the number of households with dependent children owed a prevention or relief duty in each period from June 2019 to Sept 2020 for Ealing, London and Nationwide. This figure refers to the number of families who met the legal definition of being homeless or threatened with homelessness in the next 56 days. Although COVID-19 is seen to have a ‘positive’ impact on homelessness, due to temporary measures such as the ban on landlord eviction and reduction in share accommodation there are concerns that this has created a backlog in the system and that there will be significant pent-up demand for services once these temporary scheme come to an end.

Family homelessness was increasing before the COVID-19 crisis, and temporary homelessness already presented an important challenge to children’s ability to keep up at school^{[12][13]} Often, children in these circumstances live in conditions that are unhealthy, noisy, overcrowded, a long distance from school and lacking spaces to work at home^[12]

Nationally, the number of families with children in temporary accommodation rose from 37,940 in 2010 to 62,700 in 2020^[12] The Government provided housing for 5,400 rough sleepers when the crisis began but since then there has been no equivalent action to get children out of temporary accommodation such as Bed and Breakfasts and into long-term homes^[14] The number of households in temporary accommodation has risen greatly – by nearly 10,000 – since COVID-19 containment measures were introduced, from 88,310 on 31 December 2019 to 98,300 on 30 June 2020. ^[12]

Figure 13 – Number of households with dependent children owed a prevention or relief duty.

	England	London	Ealing
June-September 2020	20490	4160	197
April-June 2020	15740	3820	145
January-March 2020	24890	5210	350
October-December 2019	22790	5000	337
June-September 2019	24970	5200	328

Source: Ministry of Housing, Communities and Local Government (MHCLG) 2020

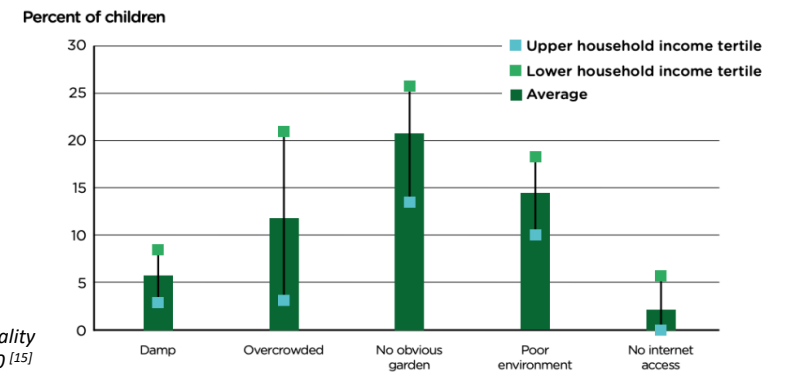
Impact of COVID-19 on housing

The impact of housing and COVID-19 outcomes cannot be understated. Families living in overcrowded and poor-quality housing are much less able to self-isolate effectively, hence put their household and family members at risk of COVID-19. This is particularly difficult within families where members cannot work from home. People’s experiences of lockdown are closely related to the condition of their housing, and those in poor condition housing were more likely to experience stress during lockdown and find it difficult to cope.

For young people, poor conditions at home make it more difficult to study and more than one child in 10 lives in a home that breaches the ‘bedroom standard’ (overcrowded). Low-income young people have been more likely than older, high-income populations to live in non-decent homes during the COVID-19 lockdowns.

In 2014–18, one child in 20 was growing up in a damp home. This is a serious issue given the proven link between damp and childhood respiratory conditions. Children in lower-income groups were particularly exposed to these damp and poor housing conditions. Prior to the pandemic, children from BAME backgrounds were more likely than White children to be living in poor quality housing. During the COVID-19 lockdowns they will have been exposed to more health harming conditions than White children, as a result.

Figure 14 - Percent of children up to age 15 experiencing housing and neighbourhood quality problems, by household income tertile in England, 2014–18



Source (right): Judge L. Lockdown living: Housing quality across the generations, Resolution Foundation, 2020 ^[15]

Executive summary		Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
Obesity and oral health		Mental health and wellbeing (p1)		Mental health and wellbeing (p2)		Asthma, allergies and air quality		Diabetes and epilepsy	

Health Issues (0-18 years)

Impact of COVID-19 on children’s health services

Although children have been broadly spared from severe disease or mortality due to COVID-19, there was significant concern that the consequences of the pandemic and lockdown measures have had unintended consequences on children’s health and their health services.

Due to the staffing pressures on the NHS, several paediatric staff were redeployed throughout the pandemic to support acute areas, which impacted children’s health services. There are also concerns that parents and carers of children may have delayed seeking care for children due to fear about exposure to the virus and not being able to stay with their child within the healthcare setting.

A recent study conducted by the Royal College of Paediatrics and Child Health, studied the impact of COVID-19 on children’s health services over a period of 12 weeks from April 2020. [16] 139 out of 203 paediatric organisations registered for the study and the response rate varied from 30-50% per week. For the qualitative analysis, researchers collated free-text responses from across the weeks surveyed and assigned a theme to each. Some responses had more than one theme, and these were labelled as primary, secondary, etc.

Themes were double coded, first by the team Analyst and second separately by an expert in the field who was not part of the project team. The themes were then aligned between the two coders.

For the delayed presentations free-text, descriptions of cases were coded according to the World Health Organisation’s international statistical classification of diseases, ICD-10. It was likely that there would be a large variation in how children’s services were affected depending on local incidence rates of COVID-19, however data collected during this time period evidenced how services coped during the pandemic, the pressures they faced and how this changed over time.

The main findings from this study conclude:

- Up to 10% of all paediatric staff were not available to work e.g. due to shielding and a further 13% of staff were working in different ways, such as remote working.
- Paediatric inpatient space lost to adult services was small but important (1-6%), with reported issues getting space back.
- Activity across all types of paediatric care was decreased or unchanged compared to the same week last year. However, many respondents were worried about the children they weren’t seeing.
- A small but important number of late presentations were reported, the top being delayed presentation of diabetic conditions, safeguarding concerns, mental health issues, and sepsis.
- Reports of decreased activity across different areas of child services were not followed by recovery of activity within the data collection period. This suggests a high backlog of cases.

Source: Royal College of Paediatrics and Child Health (2020)

Date	Tier 1 (%)	Tier 2 (%)	Tier 3 (%)
17 April	21.51	2.88	1.47
24 April	21.4	1.8	0.79
1 May	18.81	2.12	0.79
8 May	18.49	2.29	0.65
15 May	14.05	0.65	0.52
22 May	9.41	1.94	0.61
28 May	5.24	0.13	0.13
5 June	2.89	1.95	0.13
12 June	1.95	2.32	0.13
19 June	2.32	2.98	1.2
26 June	2.98	1.2	0.13
3 July	2.0	0.1	0.0

Figure 15 - Average % response to “What proportion of Tier 1, 2, and 3 acute paediatric medical staff have been moved to adult services?”

Theme	Count
Diabetic ketoacidosis	16
Deliberate self-harm	15
Sepsis	14
Mental health problem	13
Malignancy	12
Diabetes (other)	11
Safeguarding	10
Injury	9
Appendicitis	8
Neurological	7

Figure 16 – Count of themes in response to the question regarding the purpose of attendance for children presenting late to the Emergency Department.

Date	Average % lost
17 April	4.15
24 April	5.31
1 May	6.31
8 May	5.03
15 May	4.53
22 May	3.66
28 May	3.6
5 June	2.56
12 June	2.82
19 June	3.29
26 June	3.29
3 July	3.43

Figure 17 - Average % response to “What proportion of paediatric inpatient capacity have you lost to adult services?”

Theme	Count
Outpatient services	80
Elective admissions	30
Other services using paediatric facilities	15
Reduced inpatient capacity	10
Social distancing	10
Investigations	10
Elective surgery	10
GP advice hotline	10
Staff shortages	10
Lack of face-to-face	10
Issues with virtual consultations	10
Health visiting	10

Figure 18 - Count of themes in responses to the question “Now that services are starting to return to normal, are you aware of any areas that are struggling to restore?”

Obesity and Oral health

Obesity rates have fluctuated over the past 5-10 years; Ealing's reception year obesity rates were identified as significantly better than the England average, for the second year in a row, while year 6 showed a slight improvement compared to London.

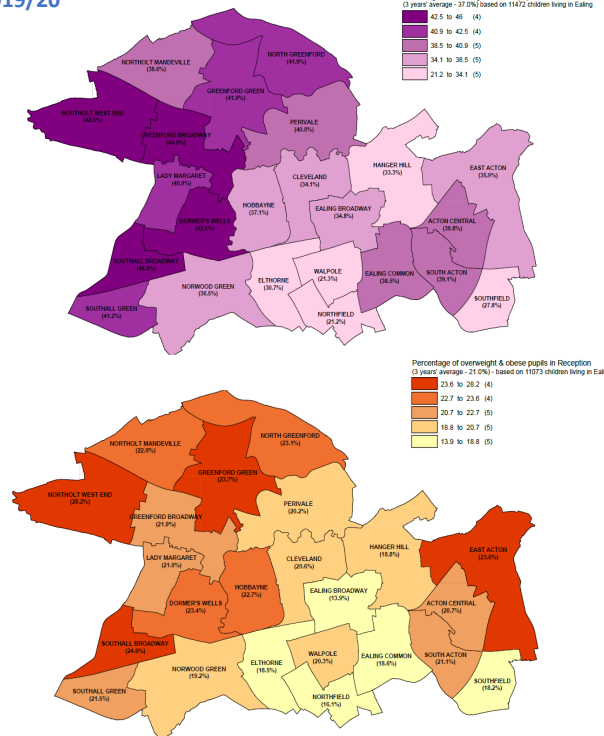
Addressing obesity is complex and requires a system- based approach which tackles the obesogenic environment such as availability and cost of healthy versus unhealthy food, opportunity for physical activity, and access to green spaces. National measures are also important in facilitating a system wide approach e.g. sugar taxation, control of food and drink advertising aimed at children. Despite these measures we still have a lot of work to do as obesity is a persistent source of inequality in Ealing. Figure 19 highlights the place-based inequality in the borough and Figures 19 and 20 demonstrate change over time. Obesity is highest amongst the most deprived groups of society and further perpetuating health inequalities.

COVID-19 has negatively impacted children who were already struggling with being overweight or obese by reducing physical activity, increasing screen-time through remote learning and encouraging children to eat and sleep more than usual. Furthermore this is likely to have had a disproportionate impact on children from more deprived backgrounds or those newly pushed into poverty.

Tooth decay is the most common oral health problem among children in the UK and more common in deprived communities. Poor oral health can have detrimental impacts, including pain, infection, poor diet, impaired nutrition and growth, as well as on children's ability to eat, speak, sleep, play and socialise.

In Ealing, a two-yearly survey has shown some improvement. In 2018/19, 29.4% of 5 year-olds in Ealing had one or more decayed, missing or filled teeth. This is statistically similar to London average (27.0%) although higher than that of England as a whole (23.4%) (Figure 21). This is an improvement in Ealing on the 2011/12 figure of 42.1%.

Figure 19 – Overweight and obese children in a) Year 6 (purple) and b) Reception (orange) NCMP 3 year pooled date 2017/18-2019/20



A range of work has been undertaken with key partners including: oral health promotion within key schools and settings; training delivered to GP practices, foster carers, childminders, children's centres and a range of other staff groups working with children and young people; supervised teeth brushing implemented to a minimum of 2,400 children across the borough in identified high risk areas; and a MECC programme with a resource handbook produced for use by those working with children and young people. Ealing was a pilot site for Starting Well, a programme supported by NHS England and PHE, whereby some dental practices in the borough were trained and supported to improve access and engagement with families.

Figure 20 - Overweight and Obese Year 6 pupils by quadrant - 2017/18 to 2019/20

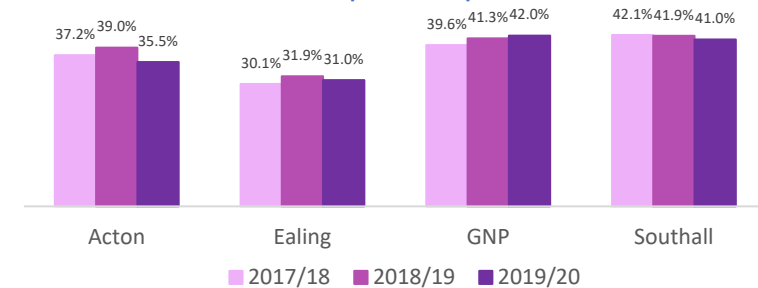
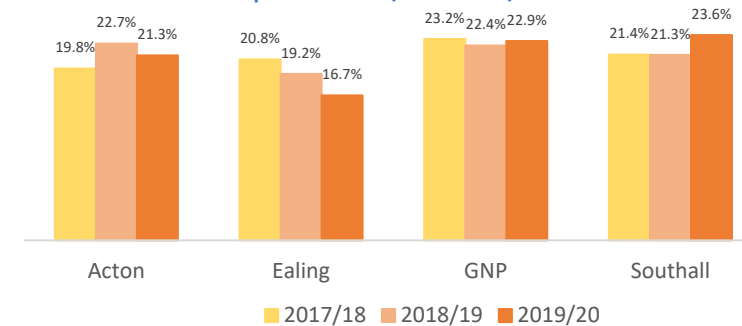
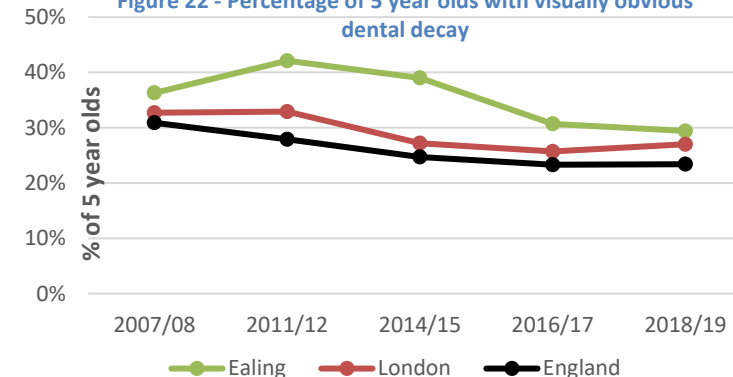


Figure 21 - Overweight and Obese Reception pupils by quadrant 2017/18 to 2019/20



Source: NCMP, 2017/18 to 2019/20

Figure 22 - Percentage of 5 year olds with visually obvious dental decay



Source: PHE (2020) CHIMAT, Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (2019)

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
Obesity and oral health	Mental health and wellbeing (p1)		Mental health and wellbeing (p2)	Asthma, allergies and air quality		Diabetes and epilepsy		

Mental Health and Wellbeing Part 1.

There is national evidence that the prevalence of mental health problems has increased pre-pandemic from 1 in 10 in 2003 to 1 in 8 in 2017 (Mental health of CYP survey 2017, ONS). There are [national surveys](#) to suggest that this has increased even further as a result of the pandemic - to 1 in 6 in 2020. ^[17]

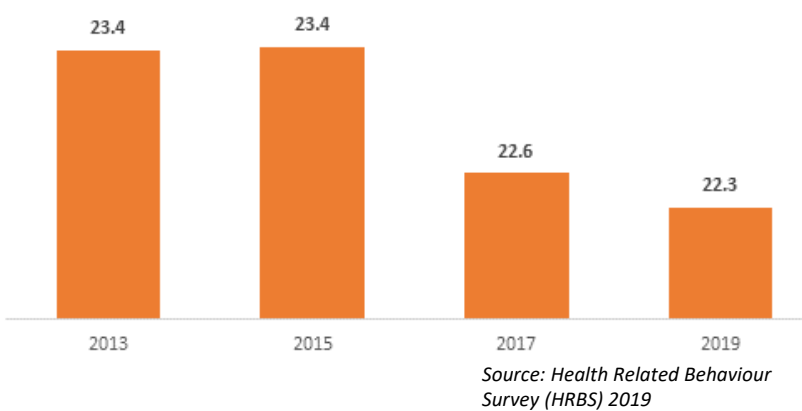
The longevity of the impact of the pandemic upon children's mental health is unknown. There are many reasons why children's mental health has deteriorated during the pandemic (lockdown, parental stress, financial insecurity, lack of socialisation with peers, not being at school). It is likely that some of the impact is reversible. However, the unequal social and economic impacts of COVID-19 on communities, are likely to be felt for years to come, and may have an adverse impact on children's long-term mental health.

The State of the Nation report 2020 provided a more in-depth picture of children and young people's experience during the pandemic and how this affected their wellbeing. ^[18] The report found that most children and young people aged 5-24 years demonstrated strong resilience between March and September 2020 reporting stable levels of happiness and only a slight reduction in life satisfaction.

Furthermore, a newly validated Pandemic Anxiety Scale (PAS) provided measures of how worried children and young people are about the pandemic in relation to the disease itself and in relation to consequences of the disease. [The Co-SPACE study](#) suggested that between March and May 2020, children were most concerned that their family or friends would catch COVID-19, followed by being worried about missing school. Adolescents were lower on the PAS than adults and this difference was driven by disease anxiety (e.g. becoming unwell) rather than consequence anxiety (e.g. impact on economic prospects). ^[19]

The best local data available on children and young people's mental health is the Warwick-Edinburgh Mental Wellbeing (WEMWBS) survey which is conducted in schools every 2 years. Figure 23 shows that the baseline (pre-pandemic) mean WEMWBS score for Ealing school children has been reducing since 2013.

Figure 23 – WEMWBS mean score in Ealing Secondary Schools



Of 7,789 Ealing primary school pupils (in years 4 and 6):

- 30% of boys and 26% of girls in year 4, and 44% of boys and 39% of girls in year 6 have high self-esteem scores (significant decrease from 2017)
- 3% of all boys and 5% of girls have low self-esteem scores
- 39% of pupils reported that they worried about SATS, 30% worried about moving to secondary school and 29% worried about crime and 28% worried about gangs
- 28% reported that they felt afraid to go to school because of bullying
- 17% had been bullied in past 12 months; 24% of Year 4 pupils and 17% of year 6 pupils were worried about cyberbullying
- 11% said there had been violence at home in the last month, and 29% of pupils responded that there was shouting or arguing between adults at home at least once or twice in the month before the survey that frightened them.

Of 3,442 Ealing secondary school pupils (in years 8 and 10):

- 60% of pupils responded that they are 'quite a lot' or 'a lot' satisfied with their life at the moment
- 16% of pupils appeared at the lower half of the self-esteem scale
- 75% of pupils responded that they worry about at least one problem 'quite a lot' or 'a lot'. 20% of boys and 35% of girls said that they worry about more than 5 of the issues listed.
- Top worries included: their future, getting a job, school-work problems or exams, the way they look, the environment and crime.
- 22% of students had a low measure of resilience, 29% of students had a high measure of resilience. 56% of pupils responded that when something goes wrong, they 'usually' or 'always' learn from it for next time, whilst 18% responded they get upset and feel bad for ages.
- 20% reported a fear of going to school because of bullying (ranging from sometimes to very often)
- 63% said if they were worried about something they knew an adult they trusted to talk to about this
- 17% had responded that they have received a hurtful, unwanted, nasty message or picture online.
- 15% of boys and 11% of girls responded that they have experienced at least one negative behaviours listed with the past or current boyfriend/girlfriend
- 7% had been a victim of violence in the past 12 months.

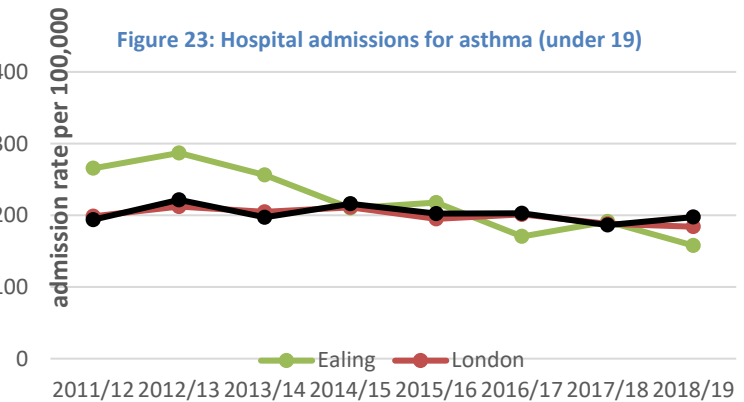
Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
Obesity and oral health	Mental health and wellbeing (p1)	Mental health and wellbeing (p2)	Asthma, allergies and air quality	Diabetes and epilepsy				
Mental Health and Wellbeing Part 2.								
Impact of COVID-19 on Children’s Mental Health Services			Insights from Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey ^[17]					
<p>CAMHS has continued to operate throughout the pandemic with a reduced service. Children and young people (CYP) have continued to access such services. Mental Health Support Teams have been available since beginning of June 2020 to offer focused, evidence-based online interventions, on a 1:1 basis to young people in secondary schools, with mild-moderate difficulties, who would not otherwise reach the threshold for CAMHS. Support teams have also been available for parents of children, or school staff supporting children who are experiencing difficulties with worries/anxiety or behavioural difficulties.</p> <ul style="list-style-type: none"> CAMHS Tier 3 waiting times continue to be low 100% of ED referrals are seen within 4 weeks. CAMHS (Tier 2 LA funded services) SAFE team caseload have increased by approx. 28% since before the pandemic. <p>Since COVID-19, Ealing and NWL health services have:</p> <ul style="list-style-type: none"> Commenced work on a single points of access for services, more digital options, and meeting new demands from services missing during Covid-19. Refined models of digital/remote consultations to support access and outcomes for existing caseload. Accelerated rollout of Positive Behaviour Support to compliment existing provisions of support for CYP with learning disabilities and autism. Increased the frequency of risk register meetings to provide priority oversight for people at risk of tier 4 admission Reached out to all CYP on LD caseloads to provide welfare checks, remote consultations, parenting guidance and support, and signposting to the Local Offer websites <p>There is also £50k investment to provide 50 of the most vulnerable families with additional support for those on the waitlist for the Neurodevelopmental Team assessment.</p> <p>The CAMHS digital offer also includes a peer to peer forum (monitored and supported by staff) and targeted 1:1 counselling for all children and young people.</p>			<p>Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls</p> <p>The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder</p> <p>Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse (54.1% of 11 to 16 year olds, and 59.0% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively)</p> <p>Children aged 5 to 16 years with a probable mental disorder were more than twice as likely to live in a household that had fallen behind with payments (16.3%), than children unlikely to have a mental disorder (6.4%)</p> <p>About six in ten (62.6%) children aged 5 to 16 years with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder</p>					

<u>Executive summary</u>	<u>Demographics</u>	<u>Key indicators</u>	<u>Early years</u>	<u>Young people</u>	<u>Vulnerable groups</u>	<u>Stakeholders</u>	<u>Recommendations</u>	<u>Further information</u>
<u>Obesity and oral health</u>		<u>Mental health and wellbeing (p1)</u>	<u>Mental health and wellbeing (p2)</u>	<u>Asthma, allergies and air quality</u>		<u>Diabetes and epilepsy</u>		

Long Term Physical Conditions – Asthma, Air Quality and Allergies

- Asthma** is the most common long-term condition among children and young people and is one of the top ten reasons for emergency hospital admission in the UK ^[20]
- **The UK has among the highest mortality rates in Europe** for children and young people with the underlying cause of asthma.^[21]
 - **Emergency admissions, and deaths, related to asthma are largely preventable** with improved management and early intervention. The National Review of Asthma Deaths found that 46% of the children who died from asthma had received an inadequate standard of asthma care. ^[22]
 - **Emergency admissions for asthma are strongly associated with deprivation** ^[23] Children and young people living in deprived areas are more likely to be exposed to higher levels of tobacco smoke and environmental pollution, which may contribute to this. ^[24]

Ealing’s hospital admission rate for asthma has been declining since its’ peak in 2012/13 (Figure 21), and in 2018/19, there were 135 emergency hospital admissions for asthma in this age group, representing a rate of 157.8 per 100,000, similar to the England (178.4) rate, but significantly lower than the London average (197.5).



Source: HES data, Public Health England (2020). Child Health Profiles

Despite a reduction in hospital admissions for acute asthma, children do still die from asthma, and the last recorded asthma child death in Ealing was recorded in June 2020. There has been significant work on improving standards of asthma care including the introduction of a new paediatric community asthma nurse.

COVID-19 has had a variable impact on the management of asthma and a recent 2021 study has described a fall in asthma exacerbations managed in primary care. ^[25] Reasons offered for this drop in cases included lower levels of air pollution due to behaviour change, reduced circulation of respiratory viruses (other than COVID-19) and improved self management driven by patient concerns during the pandemic. The study however did not find a significant change in more serious exacerbations which required hospital admission.

Throughout the pandemic and associated lockdown periods, primary care services have utilised innovative ways to maintain continuity of care. Asthma reviews held virtually have been successful and CCG colleagues report they have even improved reviews in certain cases e.g. easier to review medication and inhalers when the patient is in the home environment. Asthma care plans have been sent electronically to patients and there has been continued work on optimising prescribing practices for inhalers to ensure that any clinical deterioration (demonstrated by repeat prescription requests) is identified quickly and patients are reviewed.

Supporting pupils with medical conditions has been an area of focused work over the past few years. In 2018, a multi-agency group was set up, across health and education, and involving parents, to devise a recommended Ealing '[Supporting Pupils with Medical Conditions](#)' policy, which considers the important actions required to keep children with medical conditions safe in school. ^[26]

Air quality is an important determinant of child health and children are vulnerable to the effects of poor air quality span right from pregnancy and birth right through to maturing into childhood and adolescence. Children exposed to air pollution are at increased risk of poor health outcomes including chronic lung disease and cardiovascular disease later in life.

The impact of poor air quality on children and young people’s health was demonstrated through the recent case of Ella-Adoo-Kissi-Debrah, a young girl from South London who died after a severe asthma attack. Southwark Coroner’s court concluded that air pollution “made a material contribution” to Ella’s death which was hailed as a landmark decision.^[27] This case and its conclusion was the first time that child’s death was attributable to poor air quality and that several parts of the system failed to prevent this from happening. It highlighted the importance of wider determinants of health and action on the environment for health reasons as well as the inequalities in voice, power, information and living conditions.

There is significant evidence to support the importance of air quality and access to green spaces for children and young people.^[28] However there are still clear inequalities with children living in lower income households being less likely or able to visit their natural environment or green spaces, which has been further exacerbated by COVID-19 lockdown restrictions.

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
Obesity and oral health	Mental health and wellbeing (p1)		Mental health and wellbeing (p2)		Asthma, allergies and air quality	Diabetes and epilepsy		

Long Term Physical Conditions – Diabetes and Epilepsy

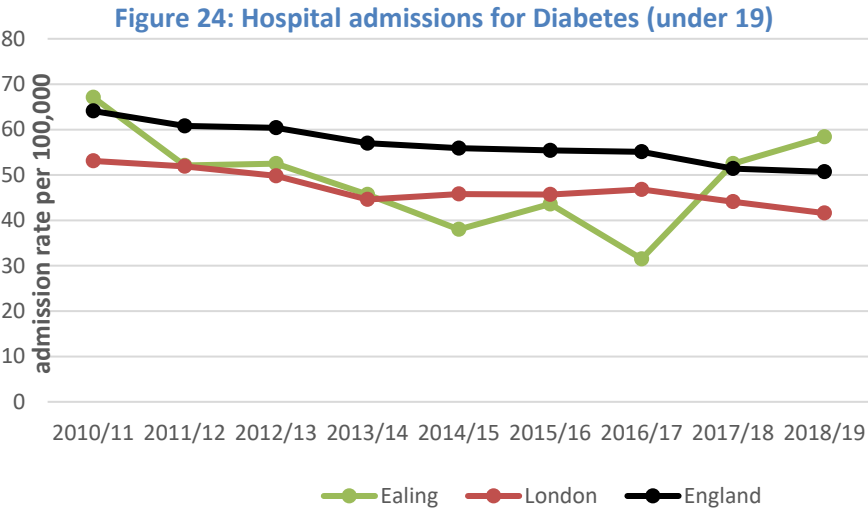
Diabetes is an increasingly common long-term condition in children and young people. In 2019, there were an estimated 36,000 children in the UK with diabetes under the age of 19, up from 31,500 in 2015. ^[29]

Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people. This is where the body is unable to produce any insulin. The prevalence of Type 1 diabetes is not associated with deprivation. ^[30]

Type 2 diabetes is much less common in children and young people. It occurs when the body produces some, but not sufficient, insulin; or is resistant to insulin. Type 2 diabetes is more common in obese or overweight people, and in those of South Asian and Afro-Caribbean ethnicity. ^[31] Unlike Type 1 diabetes, prevalence is strongly associated with deprivation. ^[30]

Diabetic ketoacidosis (DKA) is a potentially life-threatening condition requiring emergency admission to hospital and can be fatal if not promptly treated. DKA occurs almost exclusively in type 1 diabetes.

In 2018/19 in Ealing there were 50 diabetes emergency hospital admissions for young people aged under 19, which represents a rate of 58.4 per 100,000, statistically similar to both the London (41.6 per 100,000) and the England rate (50.7 per 100,000) (Figure 24).



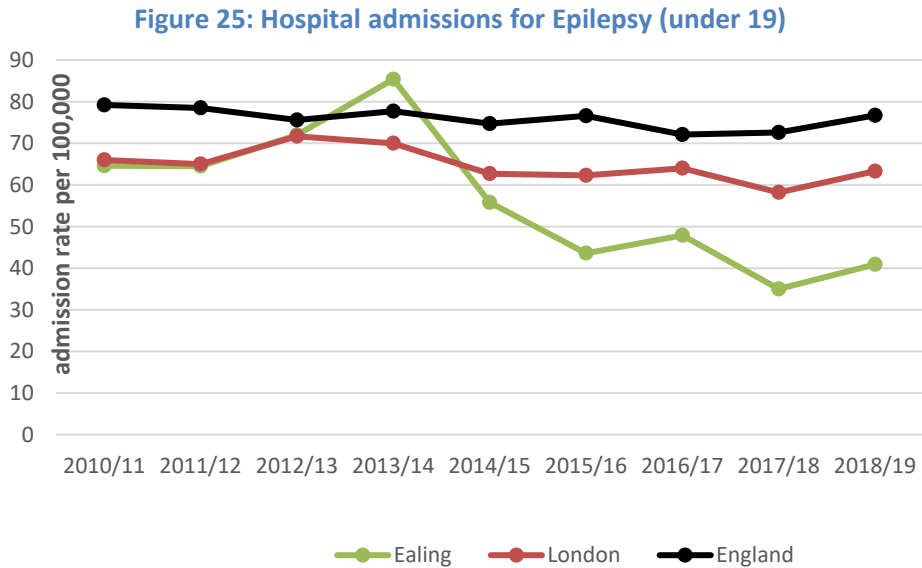
Epilepsy is the most common long term neurological condition of childhood and it affects an estimated 112,000 children and young people in the UK, although diagnosis is not straightforward. ^[32]

The **prevalence of childhood epilepsy** is estimated to be 0.67-0.88% and is associated with socioeconomic deprivation. ^[33]

Epilepsy is associated with a higher risk of mental health problems. 37% of children with epilepsy have a co-existing mental health disorder, a higher prevalence than found in other long term childhood conditions. ^[34]

Not all emergency admissions to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions. ^[35]

In 2018/19 in Ealing, there were 35 epilepsy emergency hospital admissions for young people aged under 19, which represents a rate of 40.9 per 100,000, statistically significantly lower than both the London (63.3/100,000) and the England rate (76.7/100,000) (Figure 25).



Early Years

Giving children the best possible start in life was highlighted as an essential element of health policy in the Marmot review (2010.)^[36] The Early Years (0-5years) is an extremely important time period during a child’s life which sets the foundations for a happy, healthy life. There is strong evidence that also links experiences in the early years to later health outcomes. Inequalities in the early years have lifelong impacts. During this period of life interventions to disrupt inequalities are most effective and yield significant returns on investment.

Ealing had seen a rising **number of births** peaking in 2010. This was followed by a decline in 2013, a period of stabilisation, and then further decline from 2016. In 2019, there were 4603 live births, with the highest numbers in East Acton, Greenford Broadway, Southall Green, Southall Broadway and Northolt West End. These changes affect the population structure of Ealing CYP as shown in Figure 1.

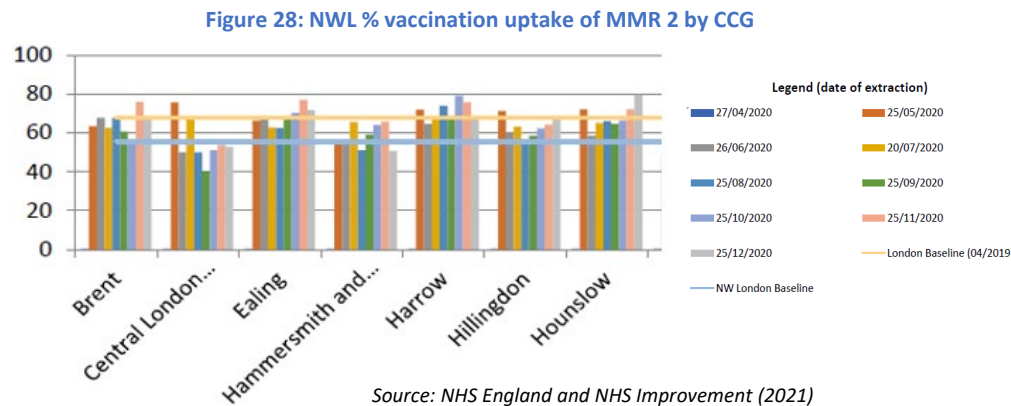
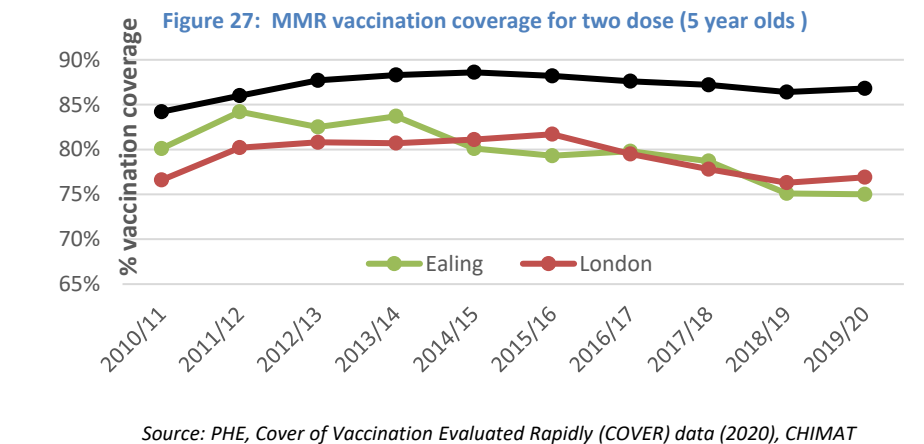
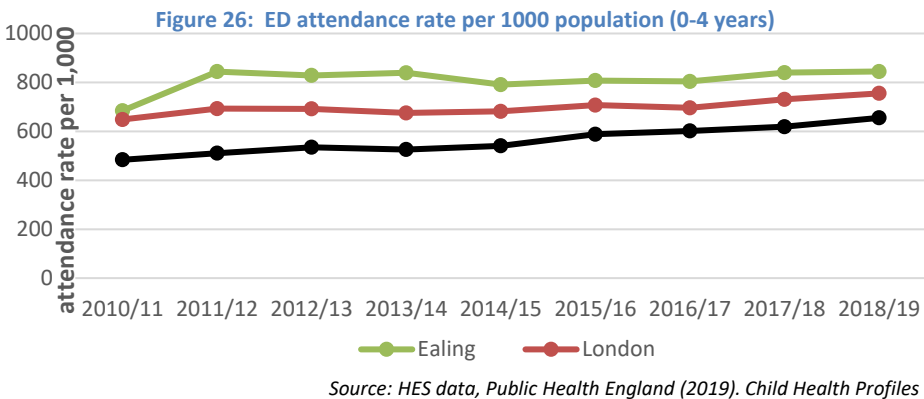
Ealing has a higher **Total Fertility Rate** than the England and London average.

Breastfeeding data is no longer published locally. Prior to this change, breast-feeding initiation in Ealing in 2016/17 was 90.3%, compared to 74.5% in England.^[37] There is a continued focus to promote breastfeeding locally within the 0-19 years healthy child service/early start. Ealing has recently achieved stage 2 UNICEF breastfeeding accreditation (2021).

ED attendances children under 5 year-olds

In 2018/19, Ealing had a rate of A&E attendances for children aged 0-4 years (844.5 per 1,000) that was **significantly higher** than the London and England averages (Figure 26), although this has remained roughly stable over past 5 years. A 2014 analysis suggested that 60% of these attendances took place at Ealing hospital, and of these, 60% were at the Urgent Care Centre (and hence primary care sensitive).^[38] This analysis also suggests there was a two-fold difference in the attendance rate among GP practices in Ealing, which is likely to be due to differences in case-mix, as well as differences in managing child health concerns.

Child immunisations – Rates of immunisation have fallen in London and Ealing in recent years. There are several reasons for this including fragmentation of the delivery of immunization services, since health reforms in 2013; GP call and re-call systems; and practical barriers such as travel time and appointment availability. In 2019/2020 Ealing had an MMR2 coverage of 83.8%, significantly below the national target of 95%, however similar to other North West London boroughs. Figure 28 demonstrates the effect of the pandemic and lockdown on immunisation coverage in Ealing. From July-August 2020, there was a significant drop in coverage however this was seen to recover after September. A similar drop has also been observed during the most recent national lockdown.



School Readiness

School readiness is a measure of how prepared a child is to succeed in school cognitively, socially and emotionally.

The **Early Years Foundation Stage Profile (EYFSP)** records each child's achievements at the end of Reception when they are 4/5 years old, in six areas of learning and development:^[39]

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

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

There are significant inequalities seen for this measure. Females outperform boys nationally and locally. In 2018/19, 77.5% of Ealing girls achieved a good level of development, compared to 64.7% of boys. (See Figure 29)

Furthermore, in 2018/19 the proportion of Ealing children eligible for free school meals who had a good level of development at the end of reception was 62%, compared to the England average of 57% (London level data is not available).^[40]

In the short term, the closure of early years settings due to COVID-19 is considered to have negatively impacted the development of these children, and in particular those from disadvantaged backgrounds.

Furthermore the attainment gap is likely to have widened from 2018/19 figures where disadvantaged children were 4.5 months behind their peers by the time they finished their reception year, aged 5.^[41]

When children have returned to early years settings, providers had significant concerns about stasis or even regression in children's personal, social and emotional development. Some children have returned less confident, more anxious, and less independent.

Temporary closures of early years settings have consequentially increased the importance of the home learning environment. Many children who were at home thrived when they were able to spend quality time with their parents. However, the home learning environment is also negatively impacted by parent's levels of stress, irritability and low mood. This prevented some children from developing their language, communication and physical skills and also resulted in children becoming sedentary, more reserved or withdrawn.^[42]

Meetings with stakeholders confirmed that cycles of national lockdown has been very disruptive for children and also a very isolating experience. Particular concerns were raised regarding a negative impact on children's concentration levels and attention as a consequences or spending extended periods of time at home.

The pandemic is considered to have negatively impacted social, emotional and physical development of children, which was further demonstrated by increases in speech and language referrals noticed in September and October 2020. Early Years providers also highlighted that vulnerable children were likely to be hardest hit. There are concerns that many places for children 2 years+ have not been taken up due to health checks being disrupted where many vulnerable children are identified and encouraged to engage with early years provision.

Some EY providers were also concerned that families who have experienced bereavement during the pandemic have not had the time and space to process this whilst caring for young children. Bereavement as well as financial losses are likely to have impacted parents levels of stress and anxiety, and making it more challenging for young children to thrive in the home environment.

Figure 29: Percentage (%) achieving a good level of development by the end of Reception

	Ealing	London	England
2016/17	71.5	73.0	70.7
2017/18	72.0	73.8	71.5
2018/29	70.9	74.1	71.8

School Readiness - Inequalities

School readiness when analysed by ethnicity (2019) shows Black African, Black Caribbean, other White ethnic groups and other Ethnic Group underperform compared to the Ealing average.

There are concerns that disruption caused to early years services due to COVID-19 impact children unequally; worsening the underachievement of vulnerable children from the poorest backgrounds, children who speak English as an additional language and those with special education needs (SEND)

This inequality also builds on the lower starting point amongst disadvantaged children with reduced uptake of childcare and early education amongst these groups.

Closure of EY settings meant that children from disadvantaged backgrounds would have not had access to a variety of toys and not always experienced outdoor play due to living in flats or within multigenerational households with family members vulnerable to COVID-19.

In addition, children who speak English as a second language had less opportunity to hear or speak English during this time. ^[42]

Adverse experiences within the home environment during COVID-19 are likely to be higher in households where parents face poverty, unemployment and food insecurity, deepening the educational and developmental divide for more disadvantaged children.

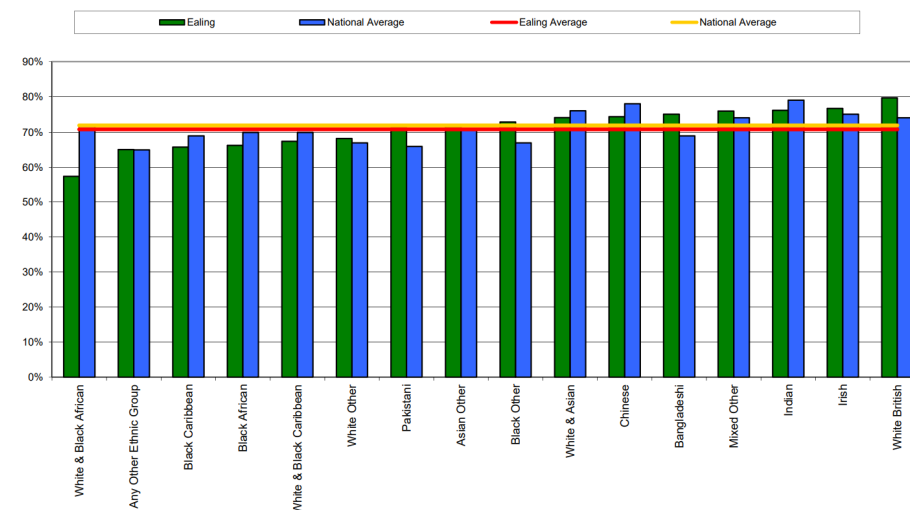
Ealing EY team are planning a school readiness project and are looking to focus on additional groups and sessions for children who will be starting school in September 2021. This will hopefully include working with nurseries within the maintained and private sector where these children are already attending, as well as working with parents to support their own and their children's holistic wellbeing.

The **'No Learner Left Behind'** project was established as a pilot by the Ealing Learning Partnership with the aim of developing a shared understanding of the reasons for the under achievement of Black Caribbean pupils in Ealing and then developing a framework for action to address the barriers to achievement that these pupils face, in a partnership between practitioners, parents, pupils and community.

The world-wide Black Lives Matter protests have resulted in an increased interest and determination amongst education settings, and other services for young people, to develop and strengthen their anti-racist or race equity approach.

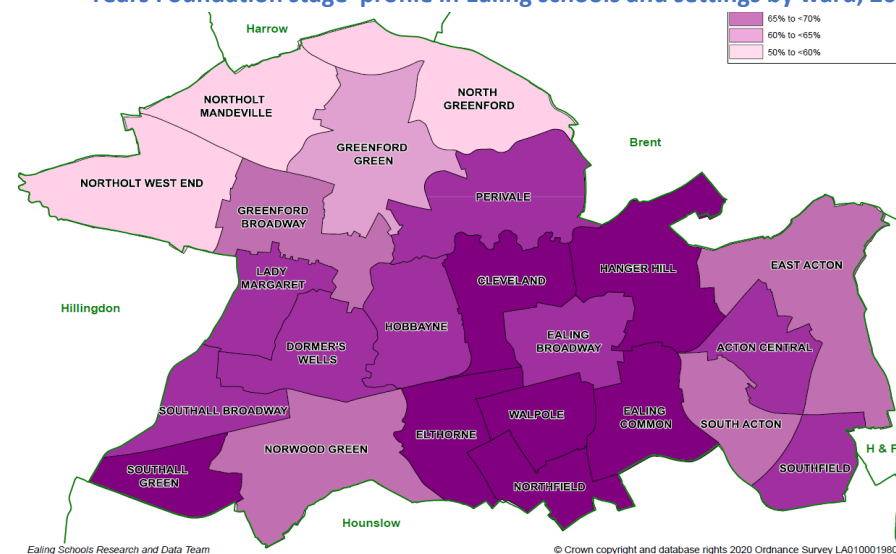
This two phase programme consists of firstly raising awareness of unconscious bias and its impact on life chances of black children and then gaining knowledge of black history decolonising practice and the curriculum.

Figure 30 : Foundation Stage Profile good level of development by ethnicity against national average, 2019



Source: Ealing Schools Research and Data Team, Ethnic Group Attainment Report 2019
NB. Groups with less than 10 pupils are not shown on the graph

Figure 31 : Proportion of pupils achieving a Good Level of Development (GLD) in the Early Years Foundation stage profile in Ealing schools and settings by ward, 2019



Source: Ealing Schools Research and Data Team, Ethnic Group Attainment Report 2019

Sexual Health

The continued decline seen in national teenage pregnancy rates is a public health success story. There are multiple reasons attributed to this success including the work of a national teenage pregnancy strategy from early 2000s and increased educational attainment of girls.

Figure 32 shows how the number of conceptions among under 18 year olds in Ealing has decreased over the period 1998-2018. Ealing’s teenage pregnancy rate has also been lower than the national and regional average during this time. However, there are still inequalities in teenage pregnancy rates. The highest rate in 2015-2017 was in Northolt West End (16.8/1000), Ealing Common (16.2) and Greenford Green (14.6) (Source: ONS, Under 18 Conceptions by MSOA, 2015-17)

Ealing’s performance across other key indicators is summarised in Figure 33.

Ealing is comparable to the England average in chlamydia detection rates and lower than the London average. Chlamydia screening rates of 20.8% also matched the England average of 20.4%. It is hard to know whether changes in rates are due to changes in incidence, health seeking behaviour or both. Ealing’s under 25 repeat abortion rate is 32.2%, which is higher than the London average 30.7%, and significantly higher than the national average 27.7%. This is an indicator of lack of access to good quality contraception as well as problems with individual contraceptive use. It also highlights a need for joint working between the CCG (commission abortion services) and the local authority (commission sexual health and contraceptive services)

Ealing has a low uptake of the HPV vaccine (12-13 year olds) of 70.2% significantly lower than the London average of 83.7% and England average of 88%. However this is likely due to changes in the timing and age group for doses.

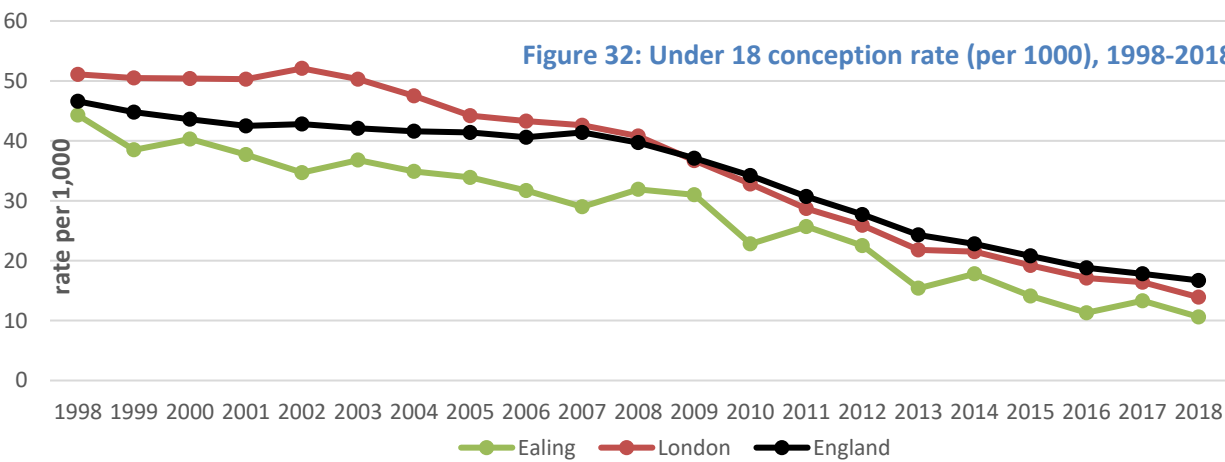


Figure 33: Summary of Sexual Health Indicators – Ealing compared with London and national figures

Indicator	Period	Ealing		Region		England		England	
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	
Chlamydia detection rate / 100,000 aged 15 to 24	2019	↑	781	2,089	2816	2043	1,136	<div><div></div></div>	
Chlamydia proportion aged 15 to 24 screened	2019	→	7,786	20.8%	28.7%	20.4%	8.6%	<div><div></div></div>	
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)	2018/19	↓	1,270	70.2%	83.7%	88.0%	70.2%	<div><div></div></div>	
Under 25s repeat abortions (%)	2019	→	159	32.2%	30.7%	27.7%	38.5%	<div><div></div></div>	
Under 18s conception rate / 1,000	2018	→	59	10.6	13.9	16.7	39.4	<div><div></div></div>	
Under 18s conceptions leading to abortion (%)	2018	→	32	54.2%	64.9%	53.0%	30.2%	<div><div></div></div>	

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared ● Lower ● Similar ● Higher ○ Not compared

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

Alcohol and Substance Use

The COVID-19 pandemic has changed consumption of alcohol and substance use patterns, particularly during periods of lockdown. The Global Drug Survey provides a snapshot of changed patterns of alcohol and drug use, drug markets and other drug-related trends during the pandemic. ^[43] This report, based on 55, 811 responses concluded that whilst some young people increased their use of alcohol and cannabis mainly due to boredom, others had reduced their drinking and drug use now that festivals, parties and nightclubs were no longer an option. Drinkers who reported having a mental health condition (typically anxiety or depression) were more likely to report increasing their drinking, highlighting the risk of choosing alcohol as a coping strategy for stress, anxiety and depression.

Impact on alcohol and substance use services

The Change Grow Live EASY Project is Ealing's specialist drug and alcohol treatment service for young people under 18 years old who are resident in, or have some connection with Ealing. The team comprise of experienced drug and alcohol workers who specialise in working with young people and take the service out to meet young people.

The service aims to reduce and stop young people using drugs and alcohol, through early intervention, prevention and targeted education, advice, guidance, training, assessment and treatment.

Figure 34 uses NDTMS data from September 2020 to compare the profile of EASY caseload's presenting problematic substance misuse against young people's services nationally. Predominantly, their work is with young people experiencing problems around their cannabis (85% from the National cohort and 90% in Ealing) and alcohol use (42% Nationally and 36% in Ealing.)

EASY has managed to improve on the previous 2 year's performance during the COVID-19 period, by improving numbers of people in treatment, new presentations and the number of successful completions. This is in marked contrast to the London and National averages where all three performance measures have experienced a negative change due to COVID-19. Part of this success is due to a positive impact from remote working.

Figure 34 – Comparison of Easy caseload with London and England

	Change in number in treatment	Change in number of new presentations	Change in number of successful completions
Ealing	13.8%	38.2%	36.8%
London region	-13.5%	-28%	-19.9%
National	-14.5%	-27.8%	-20.8%

Figure 35 - Problem Substance for EASY cohort

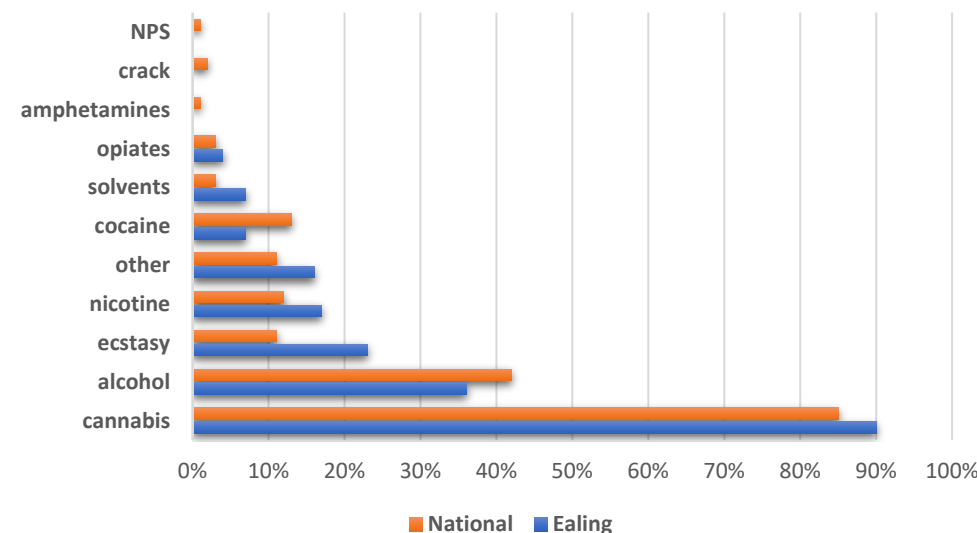
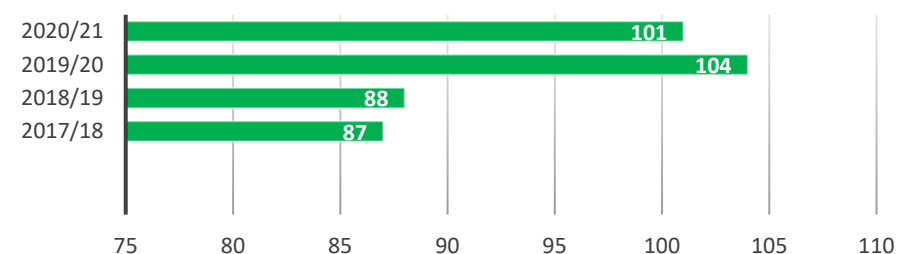


Figure 36 - Numbers of young people in treatment with EASY



Education and ‘Closing the Gap’

Educational attainment is an important measure, and closely relates to health and social outcomes. Poor educational attainment and low literacy levels have been identified as pathways towards poverty and social exclusion, which also impacts on future physical and mental health.

A new accountability framework was introduced in 2015, moving away from the historical 5 A* to C at GCSE headline attainment measure, and toward attainment and progress outcomes across a range of subjects. Grades have also been gradually transitioned from A* to C letter grades to grades 9 to 1; with all subjects being graded 9 to 1 by 2020. A grade of 4+ equates to the old A* to C measure.

The main headline measure is now Progress 8; which measures the progress pupils make from the end of key stage 2 to the end of key stage 4. It compares pupils’ achievement across a range of subjects – their Attainment 8 score – with the average Attainment 8 score of all pupils nationally who had a similar starting point (or ‘prior attainment’) at the end of primary school.

In 2019, Ealing achieved a progress 8 score of 0.58, which means that children in Ealing secondary schools are making significantly more progress than children with similar starting points nationally. This score is well above the London average (0.22) and represents a 0.05 point improvement on our 2018 score. Progress is significantly above average in 11 of the 14 state funded secondary schools in Ealing. Progress is particularly strong in the Maths (0.73) and EBACC (0.70) elements of the progress 8 score.

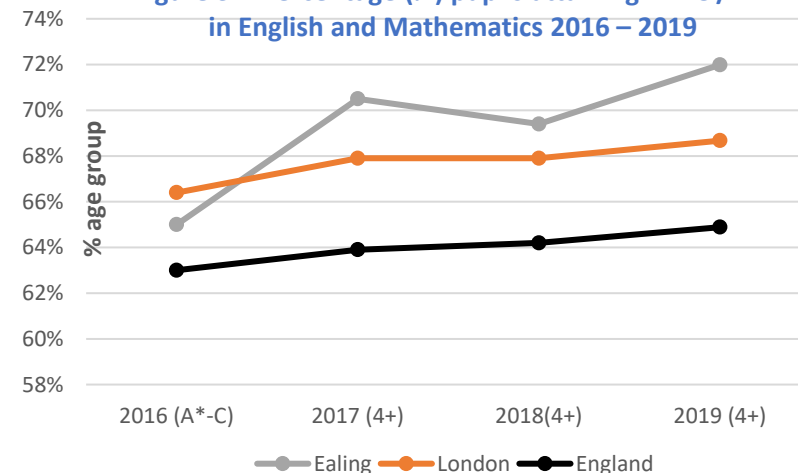
53.6% of students in Ealing schools achieved a grade 5 or above in both English and Maths (a “secure” pass), more than 10% points above the national average of 43% and nearly 5% points above the London average of 49%. This is a 1.4% point improvement since 2018. The 72% of pupils achieving a grade 4 or above in English and maths (a “standard” pass) represents a 2.6% point improvement since 2018 and is 3% points above the London average and 7% points above the national average for state funded schools.

Pupils from disadvantaged backgrounds continue to do better in Ealing secondary schools than they do nationally, with the proportion achieving a grade 4 or better in English and Maths increasing by 3% points to 63.1% and the proportion achieving a grade 5 or better increasing by 1% point to 43.6% from 2018 to 2019.

These figures are well above the 45% of disadvantaged pupils achieving 9-4 and the 25% achieving 9-5 nationally. Both measures are also above the London average (56% and 35% respectively). Their progress 8 score of 0.27 (up from 0.22 in 2018) means that disadvantaged pupils are making significantly more progress in Ealing than pupils with similar prior attainment nationally, more progress than non-disadvantaged pupils nationally (0.13) and considerably more progress than disadvantaged pupils nationally (-0.45).

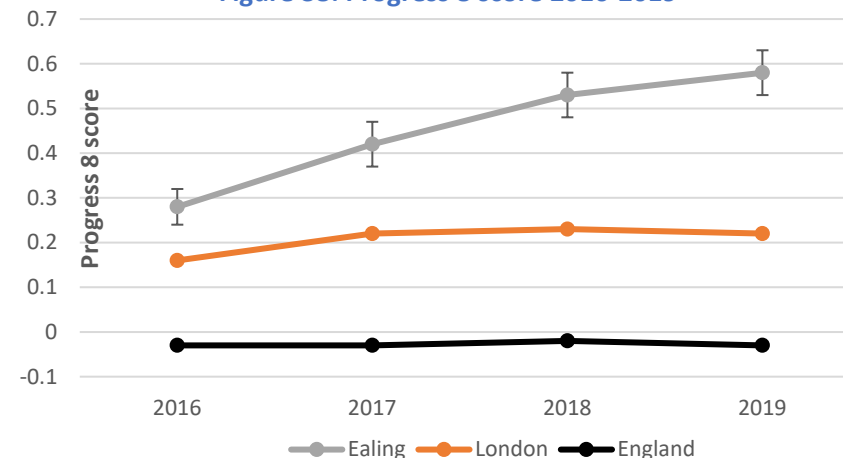
However, despite closing the gap, their attainment remains 9% below the national “all other pupil” figure of 72% for 9-4 and 6.4% below the national “all other pupil” figure of 50% for 9-5.

Figure 37: Percentage (%) pupils attaining A* - C / 4 + in English and Mathematics 2016 – 2019



Source: DfE (2019), Key Stage 4 Performance Tables

Figure 38: Progress 8 score 2016-2019



Source: DfE (2019), Key Stage 4 Performance Tables

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
Sexual health	Alcohol and substance use	Education and ‘Closing the gap’	COVID-19 and education		Youth employment			

Impact of COVID-19 on Education

The ‘learning crisis’ of children and young people during the COVID-19 pandemic has sparked calls for major national policy changes to mitigate its impact on education. There are several educational disparities caused by COVID-19 and these can broadly be related to the return and retention of pupils/staff, remote-learning inequalities, mitigation of lost learning, and the future impact on social mobility.

The Ofsted interim visits conducted during the autumn term 2020 identified a wide variability in whether or not children had returned to school during this term.^[36] Three quarters of schools reported attendance on par with previous years, whilst some schools reported there were families who had decided to visit another country (often their home country) and then not returned. Several schools also reported that pupils from Gypsy, Roma and Traveller communities had not returned to schools, with some parents reportedly saying their children would not return until COVID-19 ‘is over.’

In schools with high proportions of minority ethnic pupils, schools leads reported particularly high parental anxiety regarding children returning to school, often based on local community’s experience of COVID-19. High levels of parental anxiety were also noticed regarding the return of children with SEND, due to concerns about their clinical susceptibility to infection or delays resulting from specific medical support not being available.

Even when pupils returned to school, several children had disrupted education due to developing symptoms of COVID-19 or being sent home to self-isolate after being deemed a close contact of a case. School bubble closure occurred more frequently in secondary schools than primary, and most commonly involved between 15-80 students, although occasionally involved 100-400 students if a whole year group was sent home.

As the pandemic and school year progressed, large groups of students were seldom sent home, partly due to schools being able to establish with more confidence which pupils were indeed close contacts e.g. through fixed seating plans or electronic recording systems, as well as national and local public health thresholds increasing for school bubble closure.

The outcome of COVID-19 management within schools and parental anxiety regarding the children’s safety resulted in a disjointed educational experience, with many students to continually switch from in-person and home schooling. Some school leaders reported that their rates of fixed exclusion also rose during this period, due to being unable to provide alternative measures to fixed exclusion (e.g. changing a student’s class or isolating a pupil) due to space and workforce constraints.^[44]

The challenges associated with retaining pupils and teachers in school during the pandemic underlines the loss of learning more broadly experienced by children, and especially those from disadvantaged backgrounds. In a report by the Institute for Fiscal Studies (IFS), it was estimated that by February half-term 2021, the total loss in face to face schooling will amount to approximately half a school year for all children, even prior to accounting for the lower than average attendance during the autumn 2020 term, more prominent in deprived areas.^[45]

This report also describes the long term economic returns of schooling, and estimates that a year of schooling increases an individual’s earnings by 8% per year (on average in high-income countries), which equates to £40,000 loss in individual lifetime income and £350 billion loss in lifetime earnings across 8.7 million school children in the UK.

Whilst these losses have been reported as an average across all children, the impact of schooling disruption has not had equal impact on all children. Younger children and those from deprived backgrounds are considered to more severely impacted by school closures.^[45]

There was significant risk to children from disadvantaged backgrounds being ‘digitally excluded’ from remote learning through limited access to devices or a conducive study environment. Parental engagement was also found to be lower amongst pupils from deprived backgrounds and also deemed the most challenging to improve by schools.

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
Sexual health	Alcohol and substance use	Education and 'Closing the gap'	COVID-19 and education	Youth employment				

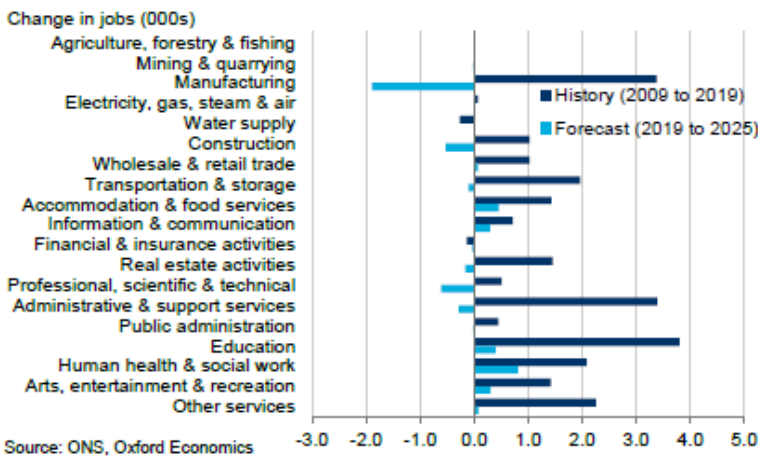
Youth Employment and Training

The COVID-19 pandemic and associated lockdown restrictions has had significant impact on the UK economy and job security. A report commissioned by seven boroughs within the West London Alliance sought to highlight the impact of COVID-19 on West London’s economy.^[46] This Oxford Economics (OE) report highlighted that Ealing has high exposure to at-risk sectors such as manufacturing, wholesale, retail and transport as well as a high proportion of micro-firms and self-employed residents.

Jobs typically occupied by younger workers were at more risk of furlough or loss. Furthermore, higher-skilled and more senior office-based workers were more able to work from home that their younger colleagues - as they tend to be higher up the career ladder, have higher incomes, greater job security and less likely to live in shared accommodation with non-family members. The consequence may be that a disproportionate number of people who’s jobs are at risk or already lost are in younger demographic groups.

Through the lockdown restrictions, there has been significant loss of educational opportunity with a reduction in the numbers of apprenticeships and traineeships available during this period. Hospitality and retail sectors were particularly affected by restrictions which has implications for young people as these sectors are often used as stepping stones into employment.

Figure 39: Change in workplace employment by sector, Ealing, 2009-2019 and 2019-2025 baseline forecast



There are also concerns that access to placements for young people with mental health conditions and SEND are particularly at risk. Stakeholder conversations with Ealing’s Connexions supported internship group in particular demonstrated this. Many students reported high levels of frustration and anxiety at not being able to complete their placements this year and reverting to remote learning.

Although all students demonstrated strong resilience, they reported feeling overwhelmed with the constant need to adapt to new rules and restrictions and very uncertain about their return to college or apprenticeship. The current dearth of opportunities this year is likely to result in increased competition for places in subsequent years and there are concerns that it will be young people with particular learning needs or increased support that will be the ones to miss out on opportunities.

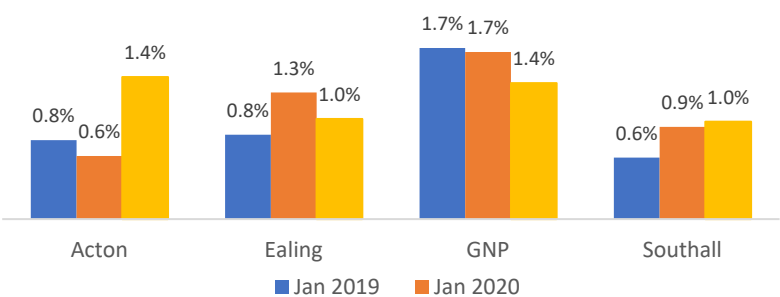
Ealing has a number of programmes in place to tackle youth unemployment due to COVID-19. The Kickstart programme for young people aged 16-24 who are not working and claiming Universal Credit. This will help young people develop skills and gain experience to find work after completing the scheme. The Job Entry Targeted Support (JETS) scheme is a new programme which offers a range of help, including specialist advice on how you can move into growing sectors, as well as CV and interview advice. The scheme is delivered in West London through our partner Shaw Trust.

Children and Young people not in Employment, Education or Training (NEET)

NEET data hasn’t yet seen the impact of COVID-19 and likely the majority of young people continued with current arrangements as unsure of the landscape regarding education or training. In 2019 there were 129 males and 63 females not in education, employment or training. This reduced to 81 males and 60 females in 2020.

The NEET average for Ealing (1.1-1.2%) has been consistently below the national average (2.4-2.5%) from 2018-2020

Figure 40: Proportion of young people (16-17) not in education, employment or training (NEET) by quadrant



Source: West London Partnership Support Unit - Ealing Council; MYE 2019

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
SEND	Education and training	Safeguarding	Looked after children	YP vulnerable to offending				

Children and Young People with Special Educational Needs or Disabilities

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

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

Children and young people with SEN and/or disability face multiple barriers, making it more difficult for them to realise their potential. SEN and/or disability can have a considerable impact on educational attainment (Table 14), are often associated with lower life satisfaction and families often report high levels of unmet need, isolation and stress. Having SEN is also associated with adverse social outcomes, including teenage pregnancy and over-representation in the criminal justice and care systems. In January 2020, there were 7,777 Ealing pupils with SEN, 14.2% of the school population. This includes 4,449 children in primary schools (13.5% of the school population), 2304 in secondary schools (11.4%) and 838 in special needs schools (100%) (Table 15)

Figure 40 details the category of SEN for Ealing pupils. In January 2020, there were 2,230 pupils with cognitive/learning needs (4.1%), 1,203 pupils with social/emotional/mental health needs (2.2%), 3,541 pupils with communication/interaction needs (6.5%) and 363 pupils with sensory/physical needs (0.7%). Of the sub-categories, Speech, Language and Communication Needs were the most common primary need affecting 2,774 pupils (5.1%), followed by Moderate Learning Difficulties, affecting 1,230 pupils (2.2%), Autistic Spectrum Disorder, affecting 767 pupils (1.4%) and Specific Learning Difficulty, affecting 541 pupils (1.0%).

School type	Cognition & learning needs					Social, emotional & mental health	Communication & interaction needs			Sensory &/or physical needs					Other	SEN support but no specialist assessment	No SEN	All pupils
	Specific learning difficulty	Moderate learning difficulty	Severe learning difficulty	Profound & multiple learning difficulty	Cognitive & learning needs total		Speech, language & communication needs	Autistic spectrum disorder	Communication and interaction needs total	Visual impairment	Hearing impairment	Multi-sensory impairment	Physical disability	Sensory and/or physical needs total				
High	353 1.7%	489 2.4%	9 0.0%	#	851 4.2%	513 2.5%	515 2.5%	180 0.9%	695 3.4%	21 0.1%	41 0.2%	6 0.0%	61 0.3%	129 0.6%	38 0.2%	78 0.4%	17981 88.6%	20285
Primary	182 0.6%	560 1.7%	19 0.1%	#	764 2.3%	607 1.8%	2159 6.5%	387 1.2%	2546 7.7%	21 0.1%	65 0.2%	21 0.1%	103 0.3%	210 0.6%	142 0.4%	180 0.5%	28626 86.5%	33075
Special	#	174 20.8%	342 40.8%	82 9.8%	603 72.0%	#	16 1.9%	193 23.0%	209 24.9%	#	#	#	16 1.9%	21 2.5%				838
PRU		6 4.1%			6 4.1%	99 67.3%	#	#	#		#			#		#	37 25.2%	147
Children's Centre	#	#	#	#	7 1.2%	6 1.0%	82 14.3%	7 1.2%	89 15.6%		#		#	#	#		466 81.5%	572
All state funded pupils	541 1.0%	1230 2.2%	372 0.7%	87 0.2%	2230 4.1%	1203 2.2%	2774 5.1%	767 1.4%	3541 6.5%	44 0.1%	109 0.2%	28 0.1%	182 0.3%	363 0.7%	181 0.3%	259 0.5%	47093 85.8%	54870

Figure 41 (above): Primary need by school type attended

School type	No SEN	SEN	SEN provision		All pupils
			SEN Support (K)	Education, Health and Care Plan (E)	
High	17981 88.6%	2304 11.4%	1922 9.5%	382 1.9%	20285
Primary	28626 86.5%	4449 13.5%	3677 11.1%	772 2.3%	33075
Special		838 100.0%	14 1.7%	824 98.3%	838
PRU	37 25.2%	110 74.8%	94 83.9%	16 10.9%	147
Children's Centre	466 81.5%	106 18.5%	101 17.7%	# #	572
All state funded pupils	47093 85.8%	7777 14.2%	5787 10.5%	1990 3.6%	54870

Figure 42 (right): Special Educational Needs (SEN) by school type attended.

Source: Ealing Schools Research and Statistics Team Summary of Contextual Data Report, Ealing School Census, January 2020.

Note: PRU - Pupil Referral Unit; # Suppressed as 5 or fewer

K	SEN Support	E	Education, Health and Care Plan
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<u>Executive summary</u>	<u>Demographics</u>	<u>Key indicators</u>	<u>Early years</u>	<u>Young people</u>	<u>Vulnerable groups</u>	<u>Stakeholders</u>	<u>Recommendations</u>	<u>Further information</u>
<u>SEND</u>	<u>Education and training</u>		<u>Safeguarding</u>	<u>Looked after children</u>		<u>YP vulnerable to offending</u>		

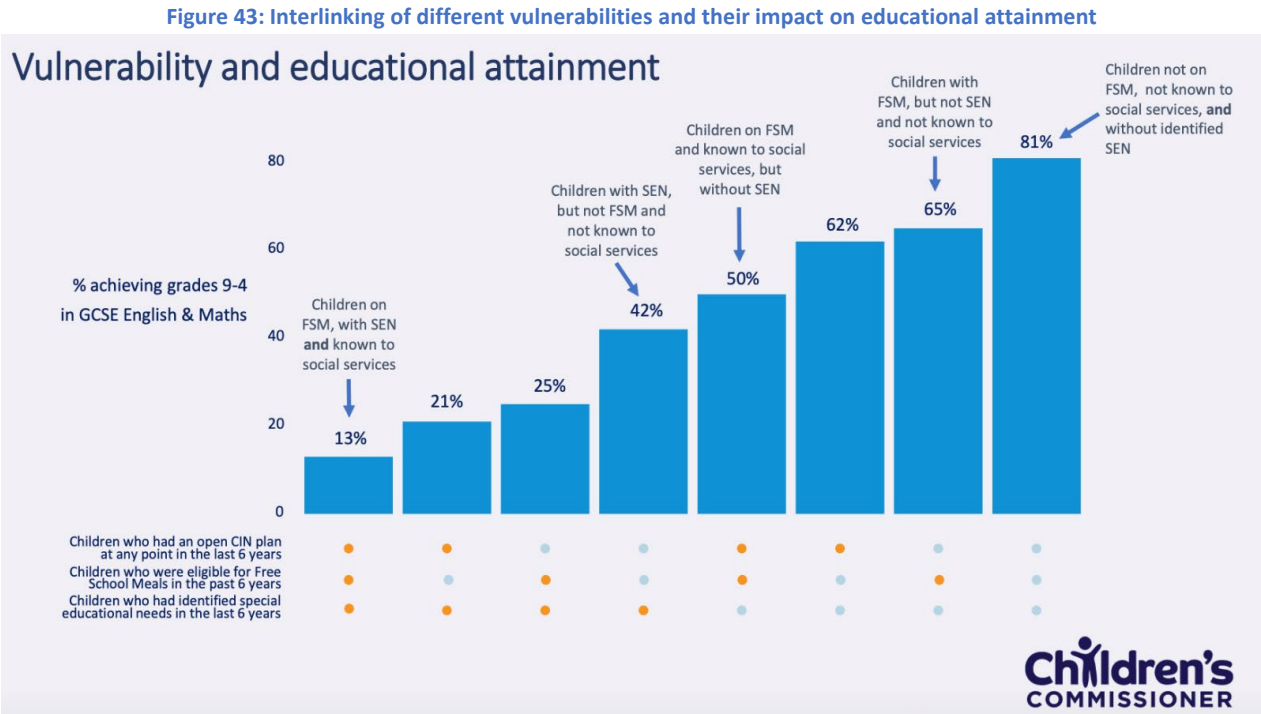
Vulnerable Children – Education and Training

Supporting vulnerable children in schools ^[47]

- 92% of Ealing Schools are judged as **good or outstanding**.
- Education for Pupils with Ealing secondary schools now in top 5 in country for outstanding provision with a ranking of 1st in country for Progress 8.
- Disadvantaged pupils are continuing to close the gap with their peers by end of key stage 2 and Key stage 4 with positive progress in all subjects/phases
- 97.5% of 16 -17 years olds are in employment , education and training –well above national average and 5th in London (DfE - March 2020)
- Ealing Learning partnership – a partnership between 88 schools and the council to promote educational excellence ‘No learner left behind’
- The proportion of SEN pupils with an EHC plan is 25.6% (2019-2020) which is higher than London or England.
- Ealing SEN pupils and learners progress at a rate that is higher than England, but not always better than other outer London.
- In 2020, KS2 pupils on SEN Support achieving expected levels for reading, writing and maths was 32%. lower than outer London (33%)
- KS4 pupils on SEN Support were progressing better than London and England. The gap between their progress pupils with EHCPs and non SEN peers is less than in London and England.^[11]

Impact of Pandemic ^[47]

- Following full DfE funding- 88% (57 schools) of responding schools said they do not have sufficient devices to loan out for all pupils who need access to remote learning (Jan 2021).
- Significant numbers of children have insufficient internet access, data allowances, or parental technical understanding to support home digital learning.
- Overall attendance across schools is 10 % against a national average of 14% with a significant correlation between deprivation, high infection rates, BAME communities and low levels of attendance
- Overall attendance rates for Children with EHCP at 38% is 3% higher than the national average



The recent report by the Children’s Commissioner also highlighted how interlinked vulnerabilities impact children’s educational attainment. ^[48] Child poverty, SEN and involvement with social services all contribute to worsening educational attainment and these vulnerabilities are often interlinked. A child who is known to social services is three times more likely to be growing up in poverty, and twice as likely to have special educational needs. A child growing up in poverty is 88% more likely to have a special educational need than a child who is more well-off. There are therefore large group of children who face a combination of challenges including an unstable home environment, poverty, social and emotional health problems, communication difficulties, or caring for family members. Analysis by the Children’s commissioning team reveals that three-quarters of the children who don’t achieve these basic qualifications had at least one of these issues. But it’s when these issues combine they do the most damage to a child’s prospects.

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
SEND	Education and training	Safeguarding	Looked after children	YP vulnerable to offending				

Child Safeguarding

Even before the crisis struck, nearly 2.2 million children in England living in households affected by any of the so-called ‘toxic trio’ of family issues: domestic abuse, parental drug and/or alcohol dependency, and severe parental mental health issues.

The 2.2 million (around 1 in every 5 children) consisted of nearly 800,000 children living with domestic abuse; 478,000 children whose parents had drug or alcohol dependency, and 1.6 million children who had a parent with severe mental health conditions. Just over 100,000 children in England lived in a household where all three issues were present. ^[49]

Many of these children were not identified by the state and not receiving help. For example, only a fifth of children in families where domestic abuse is perpetrated have a social worker. ^[50]

Children not attending school and GP/health visitor appointments being remote resulted in less opportunity for disclosure or concerning behaviour to be noticed. Children’s lives at home became more difficult. An increase in extreme financial strain, combined with family members all being stuck at home in close proximity has naturally made family life more challenging

Reduction in child safeguarding referrals was seen in April after lockdown restrictions placed in late March – there was a sharp decline in referrals in April. October saw an increase in referrals of 86% from April after children returned to school in September.

Figure 44: Domestic violence referrals as a proportion of total number of referrals between April and December 2019 vs 2020

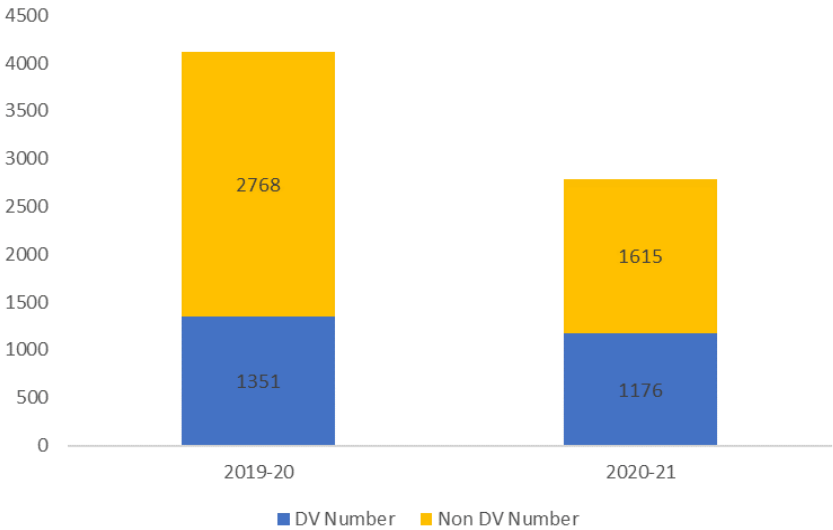
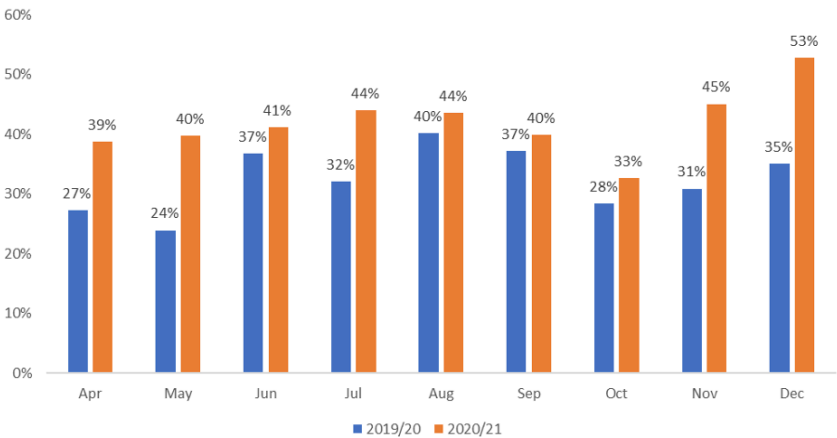


Figure 45: Proportion of total child safeguarding referrals which were domestic violence referrals, recorded monthly, with a comparison between 2019 and 2020 (1st April – 30th December)



Source: LBE Child safeguarding team

Child protection plans

On 31st March 2020, there were 195 children subject to a child protection plan in Ealing, a figure that has been dropping since 2014/15 (when there were 364)

The rate of children subject to a child protection plan at 31st March 2020 was 23.7 per 10,000 population (0-17 years), lower than the London (35.0) and England (42.8) averages.

Children subject to child protection plans were increasing steadily after the first lockdown reflecting the continued focus on managing risks and safeguarding of vulnerable children.

Emotional abuse and neglect are most prevalent (50% and 46%) with over a third of children on a child protection plan are in the 5-9 years age group

Despite reduction of overall referrals, the proportion of domestic violence referrals have increased between the two periods. The proportion of domestic violence related referrals from the total referrals received in the 9 months to December in 2019 was 33%, the figure increased to 42% for the same period in 2020.

Children In Need and Looked After Children

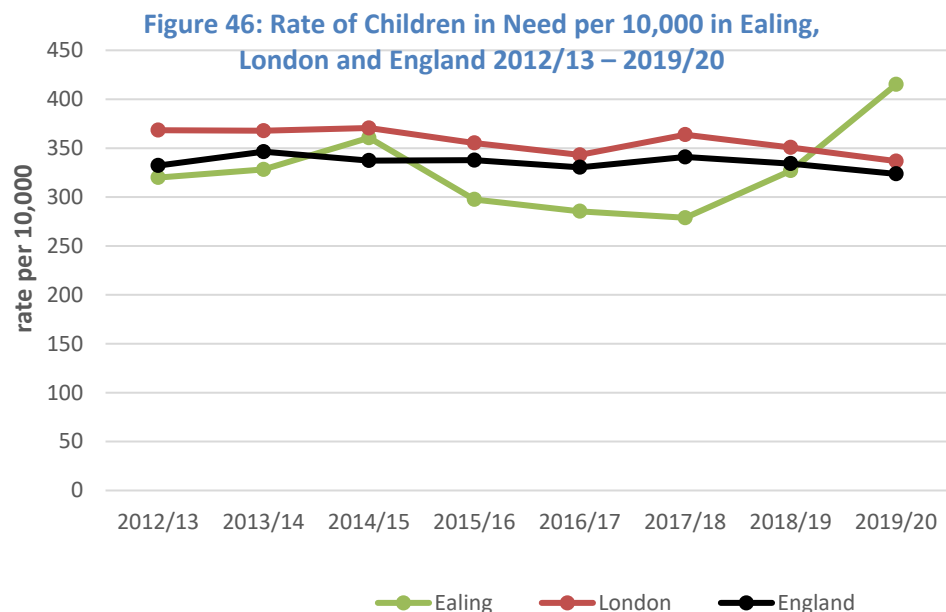
Children in need

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

In Ealing, the number of open Children in Need cases at the end of year from 2018/19 to 2019/20 increased by 27.6%. This is the highest rate since this data has been reported on, in 2013.

At 31st March 2020, there were 3412 Children in Need cases, with a rate of 415.2 per 10,000, higher than 336.7 in London and 323.7 in England. ^[51]

Rate of Children in Need per 10,000 in Ealing, London and England 2012/13 – 2019/20 .



Source: DfE (2020), Characteristics of children in need

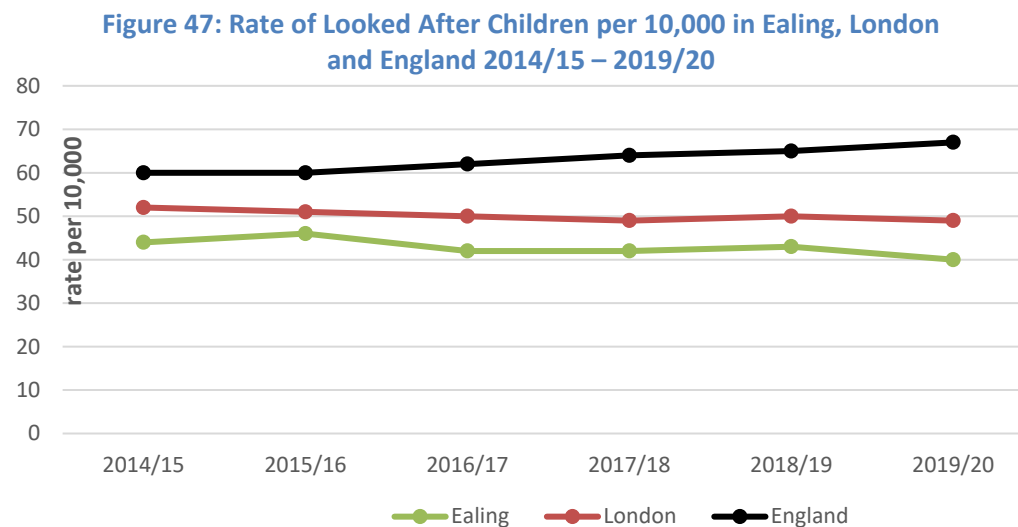
Looked after children

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

The rate of looked after children under the care of the local authority has remained stable over the past 5 years, lower than both the England and London averages.

All looked after children cases have been risk assessed and reviewed since the start of the pandemic alongside periodic visits.

Services have adopted new and innovative ways to maintain contact with children and families.



Key Performance Indicator	At end of Dec 2020
Health Assessments in year	96%
Immunisation in year	87%
Dental in year	39%

Executive summary	Demographics	Key indicators	Early years	Young people	Vulnerable groups	Stakeholders	Recommendations	Further information
SEND	Education and training	Safeguarding	Looked after children	YP vulnerable to offending				

Young People Vulnerable to Offending

Young people vulnerable to offending have higher health, social and learning needs compared to their peers. This is likely to be due to common risk factors for both offending behaviour and some of these difficulties, including adverse parenting, family and neighborhood stressors and deprivation.

The COVID-19 pandemic has also amplified by gang activity during the lockdown, many of which used this time for a ‘recruitment drive’, taking advantage of young people’s increased vulnerability, boredom, and time spent online. [52] Those known to children’s social care are prime targets,[53] in some areas gangs are even pressuring children into care so that they can be more easily exploited. Research shows that rather than reducing county lines activity, Covid-19 has led to criminal gangs adapting their methods of working – e.g. by recruiting local young people to carry drugs, instead of recruiting young people in cities and getting them to travel long distances. [54]

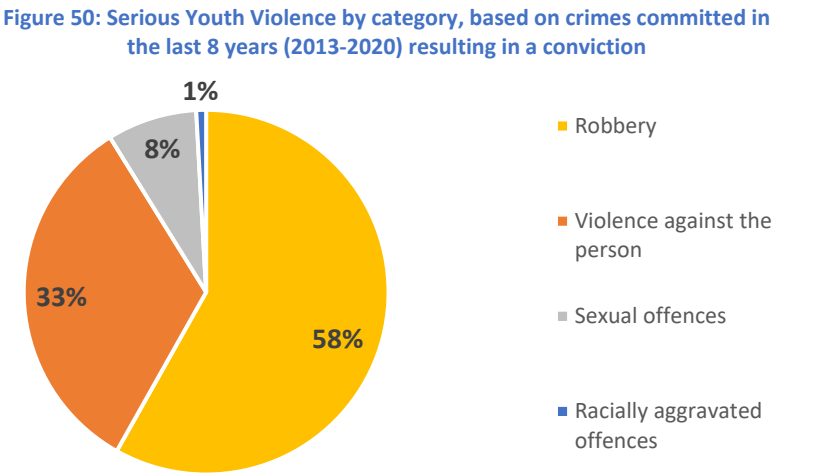
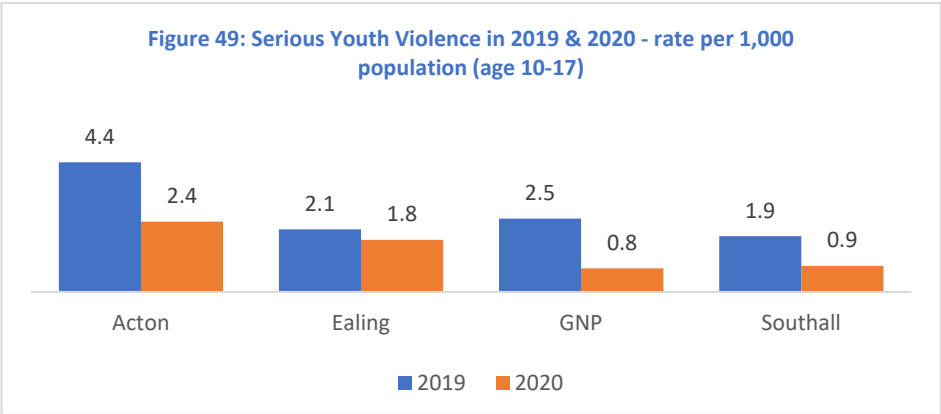
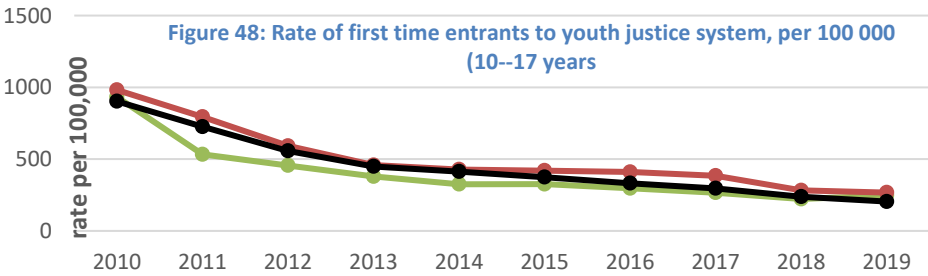
Ealing youth justice service is a multi-agency partnership, involving the local authority, police, probation, health, education and the voluntary sector, that aims to prevent young people aged between 10 and 17 years from offending, and to reduce re-offending by young people known to the criminal justice system.

There has been a national decline in the number and rate of first time entrants to the youth justice system.[55] Unfortunately, this trend has not been observed in Ealing, as depicted in Figure 34. In 2019 in Ealing, there were 82 young people aged 10--17 entering the youth justice system for the first time -- receiving their first reprimand, warning or conviction. This represents a rate of 247.0 per 100,000 (aged 10-17 years), lower than the average for London (267.0 per 100,000), but higher than the national rate (204.0 per 100,000).

Youth re-offending has increased locally, according to the latest available data (Figure 39). In 2018, 44% of Ealing youth offenders re--offended, higher than both the England and London average of 39% and 42% respectively.[56]

In 2020 , during the pandemic, there was a significant decline in serious youth violence. The highest rate of these crimes was in Acton quadrant (2.4 per 1,000) and central Ealing (1.8 per 1,000 population), with Southall and GNP (Greenford, Northolt & Perivale) quadrants having a similar rate (0.9 and 0.8/1,000 respectively (Figure 35).

Overall, since 2013, there were 803 serious youth violence crimes committed by Ealing youths, which resulted in a criminal conviction. Nearly three in five of these offences were robberies (58%), whilst a third (33%) were violence against a person. Sexual offences accounted for 8% of the convictions in the 8-year period, with a further 1% were deemed to be racially aggravated assaults.



Stakeholder perspectives

Please click on the icon below to be taken to the Bollo Brook Podcast



Recommendations

COVID-19 has exposed and exacerbated health inequalities. The recommendations must put tackling health, social and educational inequalities at its heart.

- 1. Ensure COVID-19 recovery work across the council is responsive to the needs identified by this report. Consider recovery from COVID as an opportunity for service redesign and innovation in order to meet the changed demand and need.**
- 2. Ensure all opportunities to improve ethnic inequalities amongst children and young people are seized. This involves:**
 - 2.1** An explicit policy and strategy focus on reducing gaps in access, usage and cultural appropriateness of services and support to children and young people
 - 2.2** Ensure directly provided and commissioned services report back on an agreed set of equality standards to ensure progressive practice which is best placed to meet the diverse needs of the community.
 - 2.3** Ensuring service providers are well trained in racial inequity and the tools to tackle stigma and discrimination.
- 3. Champion a cross council commitment to community participation, engagement and coproduction of interventions with children and young people.**
- 4. Maintain high levels of investment and partnership working with educational setting and schools to address the disproportionate impacts of the pandemic on children's education outcomes and life chances by:**
 - 4.1** Further evaluating the scale of increase in disadvantaged and vulnerability (0-4 years) to direct focus and additional investment.
 - 4.2** Promote take-up of nursery places for 2,3 and 4 year olds and target support for education settings in curriculum adaptations / early interventions to support the transition to reception
 - 4.2** Maintaining a focus on identified underachieving groups of learners and communities most impacted by Covid-19 through Ealing Learning Partnership "No Learner Left behind" sponsored programmes
 - 4.3** Providing ongoing support for schools to tackle learning loss, identify new vulnerabilities and new ways of supporting pupils across critical transitions
 - 4.4** Maintaining robust systems for ensuring that every school is connected to high quality leadership networks to ensure that new learning and expertise is shared
 - 4.5** Focus on reducing the number of exclusions and tackle the issue of disproportionality including pupils with SEND and of Black Caribbean/Black African pupils
 - 4.6** Maintain a strong focus on developing school cultures and systems to promote mental health, resilience, wellbeing and safeguarding
 - 4.7** Maintain high standards in the quality of overall educational provision with an emphasis on children's access to (and experience of) a high quality curriculum that maximises outcomes and that prepares them for the next stage of learning/employment and participation.
- 5. Support the youth offer as part of the Council's green-print for economic recovery and renewal:**
 - 5.1** Work with schools, colleges, training providers and the community and voluntary sector as well as statutory services to design and coordinate an education, employment and training offer which will reduce the current and future levels of unemployment
 - 5.2** Create skills pathways into careers in strong and demand sectors such as green skills, creative and cultural, digital and health and care
 - 5.3** Provide vulnerable young people with the right support and opportunities to succeed in education and employment (continued on next slide)

Recommendations - 2

COVID-19 has exposed and exacerbated health inequalities. The recommendations must put tackling health, social and educational inequalities at its heart.

5.4 Make the best use of major government funded programmes and initiatives such as Kickstart, Traineeships, internships, Apprenticeships and youth hubs.

5.5 Reach out to young vulnerable people to understand their need better and use this to aid the design of provision and provide better coordination and support for young people with SEND to access training and employment opportunities

6. Promote a whole system's approach to the improvement of mental health and well-being of children and young people. This should be achieved by:

6.1 Consider the impact of and work needed on the wider determinants of CYP mental health and well-being

6.2 Prioritise the prevention of mental ill-health, by building strength and resilience (e.g. parenting programmes and school based social and emotional learning programmes)

6.3 Promote whole school approaches to mental wellbeing, which emphasises the importance of leadership and culture change.

6.4 Prioritise early intervention (e.g. roll out of mental health support teams across Ealing schools) as a universal offer with additional targeted support to children who have greater need/higher levels of complexity.

6.5 Re-instate the emotional health and wellbeing board to coordinate a whole systems approach to mental health and wellbeing

7. Ensure all children and young people have a healthy weight, by focussing on:

7.1 Updating the Healthy Weight, Healthy Lives Strategy and action plan to reflect current data, information and learning from the pandemic particularly in relation to inequalities

7.2 Seek to identify further investment to tackle children's unhealthy weight and obesity in Ealing.

8. Improve uptake in childhood immunisations, through:

8.1 A focused effort by the health protection forum to implement a child immunisations action plan focusing on continued efforts in primary care

9. Strive for excellent management of, and support to, children with long term conditions, especially more prevalent conditions such as asthma and allergies, across the system in schools as well as the health sector.

10. Refocus on efforts to reduce child poverty and family economic inequalities, by:

10.1 Connecting with conversations to scope an Ealing Council strategy for tackling poverty for all and ensure that child poverty and food poverty are prioritised.

10.2 Intervening early to prevent homelessness and ensuring that the use of bed and breakfast style accommodation is reduced as much as possible, especially for families with children.

11. Re-instate the CYP Board, a subgroup of the ICP in order to take forward these key recommendations and other child health priorities.

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<u>Executive summary</u>	<u>Demographics</u>	<u>Key indicators</u>	<u>Early years</u>	<u>Young people</u>	<u>Vulnerable groups</u>	<u>Stakeholders</u>	<u>Recommendations</u>	<u>Further information</u>
<u>References (p1)</u>	<u>References (p2)</u>		<u>Glossary</u>		<u>Acknowledgments</u>			
Glossary								
ASD	Autism Spectrum Disorder			MECC	Making Every Contact Count (UK programmes)			
CAMHS	Child and adolescent mental health services			MMR2	Second dose of measles, mumps and rubella (MMR) vaccine			
CCG	Clinical Commissioning Group			NEET	Not in education, employment or training			
CP plan	Child Protection Plan			NHS	National Health Service			
CYP	Children and young people			NDTMS	National Drug Treatment Monitoring System			
DWP	Department of Work and Pensions			NWL	North West London			
ED	Emergency Department			ONS	Office for National Statistics			
EHC plan	Education, Health and Care plan			PHE	Public Health England			
EY	Early Years			SEN/SEND	Special Educational Needs/ Special Educational Needs and Disability			
FSM	Free school meals			WEMWBS	Warwick-Edinburgh Mental Wellbeing Score			
GNP	Greenford, Northolt, Perivale							
HPV	Human Papilloma Virus							
IDACI	Income Deprivation Affecting Children Index							
KS1/2	Key Stage 1/2							
KPI	Key performance indicator							
LSOA	Lower Layer Super Output Area							

Acknowledgments

Lead Author	Dr Smruti Sinmyee publichealth@ealing.gov.uk
Editors	Ealing Public Health team: Dr Vaishnavee Madden Dr Maddy Gupta-Wright, Dr Zainab Shather, Dr Ellen Schwartz Children’s Leadership Team: Judith Finlay, Gary Redhead, Julie Lewis, Carolyn Fair, Charles Barnard
Data analysis	Mira Mangara, Andy Leung, Jennifer Bull
Chapter contributions	Youth employment and NEET: Angela McKeever, Vanita Nicholls, David Pether Vulnerable children: Ann-Marie Smith, Andy Leung, Carolyn Fair Mental Health: Bhaven Marshall, Karen Gibson Healthy weight and oral health: Louise Taylor Alcohol and Substance Use: Clare Brighton Sexual Health: Jane Darroch Early Years: Ellie Larkin, Lizzie Ross, Himisha Patel, Isha Dhody Schools and FSMs: Julie Lewis, Laurence Field, Tamara Quinn, Jennifer Bull Children’s long-term conditions: Sally Armstrong Housing and homelessness: Lynne Duvall, Edward Ferneyhough Serious youth violence: David Ejoh, Andy Leung
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