

# Starting Well JSNA

Joint Strategic Needs  
Assessment 2023-2024



## Document Version Control

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## 1.0 Background

### 1.1 Why this JSNA is important

The experiences we have early in our lives, starting even before conception, through pregnancy and birth and into our early years, are vital in laying the foundations for our future health and well-being<sup>1</sup>. Research consistently shows that even short-term improvements in physical, cognitive, behavioural, social and emotional development can lead to benefits throughout childhood and later life<sup>2</sup>.

The experience of poverty in childhood has significant and long-lasting effects and is associated with poorer outcomes in all aspects of life including education, housing, employment and health<sup>3</sup>. Disadvantaged families, who spend a greater proportion of their income on food and heating, are likely to be most affected by the current cost of living crisis. They are also more likely to have Adverse Childhood Experiences (ACEs) – highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence in which a child is harmed directly, or lives in an adverse environment<sup>4</sup>. The Marmot Review, Fair Society, Healthy Lives, identified giving every child the best start as the highest priority in reducing the inequalities gap that exists between different groups of people<sup>5</sup>.

Improving health and well-being outcomes and reducing health inequalities is a major focus for interventions around pregnancy and maternal health, early years, and children and young people in Havering.

### 1.2 Purpose and Process

This Starting Well JSNA is part of a series of needs assessments which align with the life-course approach taken in the NHS Long Term Plan for Starting Well, Living Well, Ageing Well and Dying Well. It also reflects how the Local Authority and Place Based Partnership organises their work to support local residents, focusing on getting the best outcomes for people over their lifetimes. Together, and supported by a chapter describing the demographics of the people who live or work in Havering, these JSNAs reflect the work we are doing collaboratively across the integrated Health and Social Care system to meet the identified needs and address inequalities.

This chapter, Starting Well, describes both the assets that we have locally to promote and support the health and wellbeing of families, and the needs of communities, areas or groups of people where we need to target our limited resources.

The data and insight presented here follows a life-course approach covering:

- Maternal and newborn health,
- Early years and families (0-4 years) and covering the first 1001 days
- School age children 4-18 years, including children and young people with special educational needs and disabilities (SEND) up to 25 years.
- Adolescents' health and transition to adulthood

The analyses take into account the social, economic and environmental factors, collectively known as the 'wider determinants of health and wellbeing' as indicators of how Havering as a place supports and enhances the wellbeing of our residents. Key data used in this chapter

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<sup>1</sup> [The Best Start for Life - The Early Years Healthy Development Review Report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671111/The-Best-Start-for-Life-The-Early-Years-Healthy-Development-Review-Report.pdf)

<sup>2</sup> [Social and Emotional Skills in Childhood and their Long-term Effects on Adult Life: A review for the Early Intervention Foundation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/671111/Social-and-Emotional-Skills-in-Childhood-and-their-Long-term-Effects-on-Adult-Life-A-review-for-the-Early-Intervention-Foundation.pdf)

<sup>3</sup> [Child health inequalities driven by child poverty in the UK - position statement | RCPCH](https://www.rcpch.co.uk/resources/child-health-inequalities-driven-by-child-poverty-in-the-uk-position-statement)

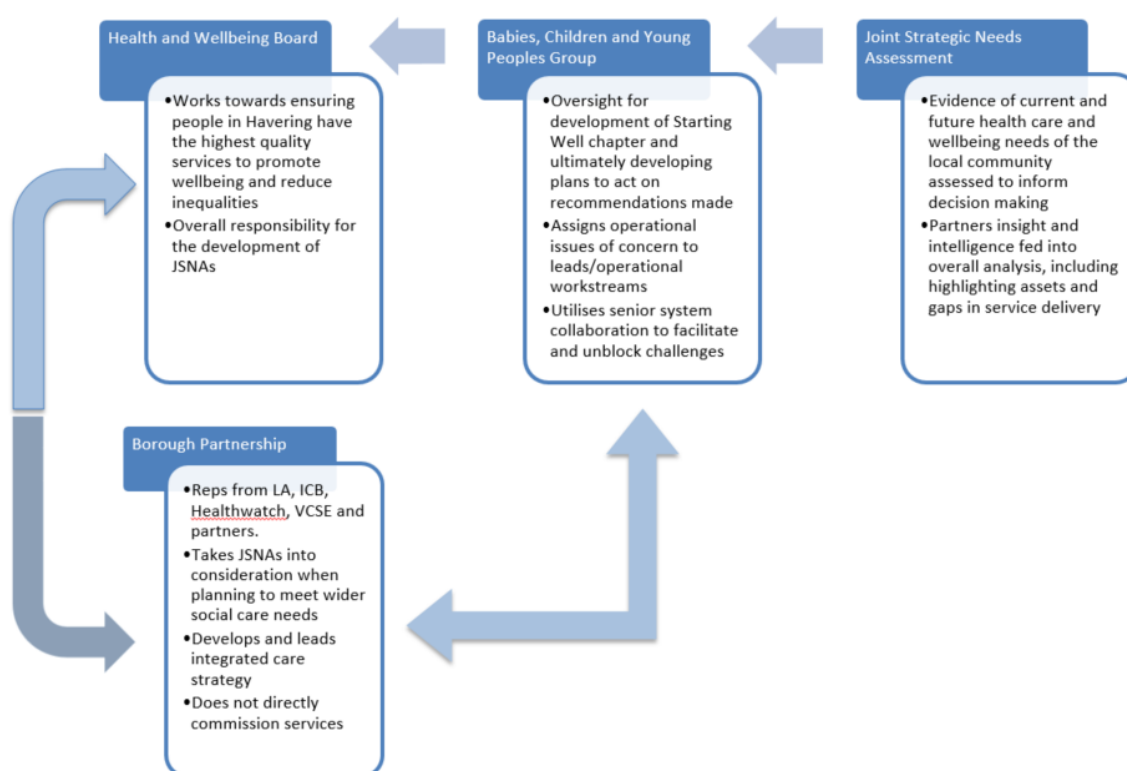
<sup>4</sup> [Adverse childhood experiences - what support do children need? \(nihr.ac.uk\)](https://www.nihr.ac.uk/about/our-research/adverse-childhood-experiences-what-support-do-children-need/)

<sup>5</sup> [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/publications/fair-society-healthy-lives-the-marmot-review/)

can also be accessed via Havering's interactive JSNA mapping tool and dashboard available on [Local Insight \(communityinsight.org\)](https://communityinsight.org).

As a strategic needs assessment, the indicators chosen represent the local intelligence drawn from a range of partners, both statutory and voluntary sector. Their valuable contribution has offered a unique perspective on what the data means in practice for service providers, allowing us to highlight the assets we have as a borough, but also identifying where the gaps are. This work is overseen by the Babies, Children and Young People (BCYP) sub-group of the Havering Borough Partnership, who in turn report to the Havering Health and Wellbeing Board (Fig. i).

*Figure i Starting Well JSNA Governance Arrangements*



The recommendations made in this Starting Well JSNA are evidence based and highlight inequalities. They are intended for use by both commissioners and local providers to ensure that both the causes and the consequences of poor health and wellbeing are addressed. Where possible, efforts should be made to intervene early to prevent poor health and wellbeing and/or stop it from worsening through collective activity. However, these recommendations are made without expectation that the issues highlighted will be addressed immediately; all partners will need to take these recommendations into consideration when planning their own work programmes. Key recommendations ([Section 7](#)) will also be prioritised and fed into the Health and Wellbeing Board's refreshed strategy with appropriate timescales for delivery.

### 1.3 Contributors to this JSNA

The authors and analysts of this Starting Well JSNA would like to thank everyone who has contributed. This includes all members of the Babies, Children and Young People sub-group of the Borough Partnership and associated colleagues whose oversight and valuable insight was critical in the development of this chapter.



## 2. Infographic & Executive Summary



## 2. Infographic & Executive Summary



The number of children aged 0-17 years in Havering is 58,550, compared to 50,827 in 2011 (a 15% increase, compared to increases of 4.8% in London and 3.9% in England). The number of households with dependent children (i.e. families) in Havering has increased in the last decade by 28%. The fertility rate in Havering (58.5/1,000 women) is significantly higher than London and England.

### MATERNAL AND NEWBORN HEALTH



General Fertility Rate (GFR, 2021) was higher than London or England (58.5/1,000). Havering's conception rates (81.3/1,000) remained above London and England in 2021



Highest birth rates in 2021 were in areas of higher deprivation in Havering



Compared to 2011, Havering had 15% more people aged 25-29 years, 33% more aged 30-34 years and 30% more aged 35-39 years in 2021; these age groups are the most likely to have children



36% of children were from global majority ethnicities compared to 25% in general Havering population (i.e. any ethnicity other than white) in 2021



Havering had a higher rate of under 18 and under 16 conceptions in 2021 than both London and England – 8th highest under 18 and 12th highest under 16 in 2021



Havering's total prescribed rate of Long Acting Reversible Contraception (LARC), including those fitted at either SRH clinics or GP surgeries, was 25.5 per 1,000 in 2021. This is lower than both London (30.4 per 1,000) and England (41.8 per 1,000)



Immunisations during pregnancy is low, particularly for pertussis – only 30-34% took up the offer of a vaccination in 2022-23 compared to 60% nationally



4.5% of women were smoking at the time of delivery in 2022-23 (SATOD)



Perinatal mental wellbeing affects up to 27% of new mothers (national data)



Havering has the second lowest rate of neonatal mortality and still birth



## EARLY YEARS AND FAMILIES (0-4 YEARS)



Infant mortality rate in 2021 was lower (2.9/1,000) than London or England



Havering had a lower rate of A&E attendance for children aged 0-5 years in 2021/22; lowest of all London boroughs



For children aged 0-9, Havering had a higher rate of admissions for asthma and diabetes in 2021-22



Uptake of primary childhood immunisations has dropped below 95% target (90.9% DTaP/IPV/Hib)



1 in 4 children had obvious dental decay in 2021/22 – better than London but worse than England



As at 31st March 2023, Havering had 241 children in care (CIC).



Havering's Children in Need (CIN) rate as at 31st March 2023 was higher, at 402.1 per 10,000, than London (369.8 per 10,000) and England (342.7 per 10,000)



During 2022/23 there were 3,167 referrals to Children's Social Care in Havering; referrals were 3% lower than the previous year but 15% higher than in 2018/19



Only 2/3 of eligible families took up the offer of free early education



64% of children in Havering had a good level of development by end of Reception year in 2021-22 – similar to London and England but requires improvement through identification and intervention at an earlier stage

## SCHOOL AGE CHILDREN (4-18 YEARS)



22% of children in Reception were overweight or obese in 2021-22; rising to 39% in Year 6



9.3% of pupils in school in Havering had Special Educational Needs (SEN). This is lower than the rate for both London (14.4%) and England (14.4%)



19.5% of primary school pupils in Havering are known to be eligible for freeschool meals (FSM) in 2022/23. Uptake of FSM, amongst primary school pupils is less than the percentage of pupils eligible



Those receiving FSM had a similar percentage achieving a good level of development at end of reception as those without FSM status



Among children 0-15 years, 4.34% are on an Education Health and Care plans (EHCP) in Havering. The number of children with EHCPs in Havering has increased from 1,534 in 2019 to 2,182 by 2023



In 2022, Havering's rate of emergency hospital admissions caused by unintentional and deliberate injuries to children was lower (54.7 per 10,000) than England (84.3 per 10,000)



Havering's rate of hospital admissions for asthma for all children under 19 years was 146.5 per 100,000. This was, was higher than London (142.3 per 100,000) and England (131.5 per 100,000)



Havering had fewer (1.5%) unauthorised absences in schools than both London (1.9%) and England (1.8%) in 2022



National data shows that 11 to 15 year olds represented the group (in 5-year age bands) with the highest number of contacts with mental health services

## ADOLESCENTS' HEALTH AND TRANSITION TO ADULTHOOD (15-24 YEARS)



The percentage of 15 year olds in 2015/15 Havering with 3 or more risky behaviours (15.8%) was similar to England (15.9%) but higher than London (10.1%)



For children under 18 years, there were more attended visits with community and outpatient mental health services in Havering in 2019/20 (30,196 per 100,000) than London (25,930 per 100,000) and England (28,395 per 100,000)



There were 200.3 per 100,000 hospital admissions as a result of self-harm amongst 10-24 year olds in Havering. This was better than England (427.3 per 100,000) and similar to London (229.7 per 100,000)



Amongst 15-24 year olds specifically in the period 2018/18 to 2021/22, the rate of hospital admissions due to substance misuse in Havering is significantly worse (117.4 per 100,000) than both London (56.5 per 100,000) and England (81.2 per 100,000). Havering had the highest (worst) rate out of all the London boroughs over this period



In 2023, the average Attainment 8 score per pupil was 47.3 for Havering children, better than England (44.6), but lower than the average score for pupils across the whole of Outer London (51.0)



69.2% of Havering pupils in Key Stage 4 in 2023 achieved a 9-4 pass in English and Maths. This is better than England (60.5%) and boroughs with similar populations (65.3%).



The rate of first time entrants to the youth justice system aged 10 to 17 years in Havering in 2022 (106.5 per 100,000) was similar to England (148.9 per 100,000) and better than London (166.3 per 100,000)

### Executive Summary & Key Points for Decision Makers

- Havering has traditionally been seen as an ageing borough; however, it is clear from the 2021 Census data in the above analysis that our local population is rapidly changing.
- Not only do we have more children and young people (the increase in which is greater than both London and England rates), but Havering is also likely to have a growing child population in the future with higher numbers of people of ages likely to start families.
- Those additional children are also more likely to live in areas of deprivation, which will place an increasing demand for children's social care, maternity and health visiting services, child care, and early education (funded pre-school places).

- The mid-year population estimates for 2022, just one year after the 2021 Census suggest a growth of a further 1,500 children – this is equivalent to an entire secondary school. Future planning will be required for these children as they grow, including school provision, opportunities for active travel to school and play and leisure facilities.
- Children in need or children in care have more complex needs. Early Help services are designed to reduce problems and improve outcomes for children and families.
- Demand for services continues to increase and capacity is an issue faced by all services, especially in the current cost of living crisis.
- Resources are limited, and we cannot continue to add more service provision; instead, we will have to ultimately prioritise where our funds can be spent to achieve the best possible outcomes, for those whose needs are greatest.
- Havering already has a wide range of assets, and the people who run these services should be celebrated for the good work they do; focusing on addressing the gaps should not detract from these existing assets.
- Prevention is better than cure, but it is challenging to divert resources to early help and prevention from those who are already needing more complex care.
- Better partnership working will allow us to ensure we have clearer lines of accountability and reporting and to take action following early identification of a problem.
- There are a number of assets already in place to contribute to earlier intervention, including all frontline service staff, the diverse range of voluntary and community sector (VCS) organisations, Health Champions, Community Connectors and Local Area Co-ordinators.
- The recommendations made in each section of this Starting Well JSNA are evidence based and highlight inequalities. However, these are made without expectation that the issues highlighted will be addressed immediately; all partners will need to take these into consideration when planning their own work programmes. Key recommendations will also be prioritised and fed into the Health and Wellbeing Board's refreshed strategy
- Key overall recommendations are:
  - To share data, intelligence and insight across all statutory and voluntary sector partners in Havering to build a better picture of where limited resources should be prioritised.
  - Ensure priority services, particularly those who provide early help and support to prevent escalation of need, are adequately resourced at a capacity level to meet growing demand.
  - Wherever possible, co-locate and/or integrate services to support joint working and create efficiency in identification of need.
  - Frontline services to triage people accessing that service, prioritise need and signpost or refer to the most relevant service.
  - Ensure children and young people have a voice in what their needs are and how services are delivered, including a voice in the delivery of services for adults to facilitate transition of children to adult services.

### 3. Demographics of Babies, Children and Young People in Havering



### 3. Demographics of BCYP in Havering

Demographic data helps provide an understanding of communities as they are now, where they've been and where they're headed. It is important to know this in order to plan for what a community needs to live, work and thrive. Knowing about our community can tell us whether we have enough houses, and what type of housing is needed and to plan for potential demand on healthcare, education, employment and transport. This section summarises and expands on key data in the JSNA Demographics chapter, focused on babies, children and young people and should be read in conjunction with that chapter<sup>6</sup>. Additional mapping of demographics can be found on: [Local Insight \(communityinsight.org\)](https://communityinsight.org).

#### 3.1 Population Profile and Growth

The Census, collected every 10 years, is the most accurate data for how many people live in England and Wales. In 2021, 22.3% of all people living in Havering were children aged 0-17 years (Fig. 1). Between 2011 and 2021, Havering saw significant growth in population, at a higher rate of growth than the average across London or England. The growth in children living in Havering has been predominantly in the 0 to 4 years and 5 to 9 years populations (Fig. 2).

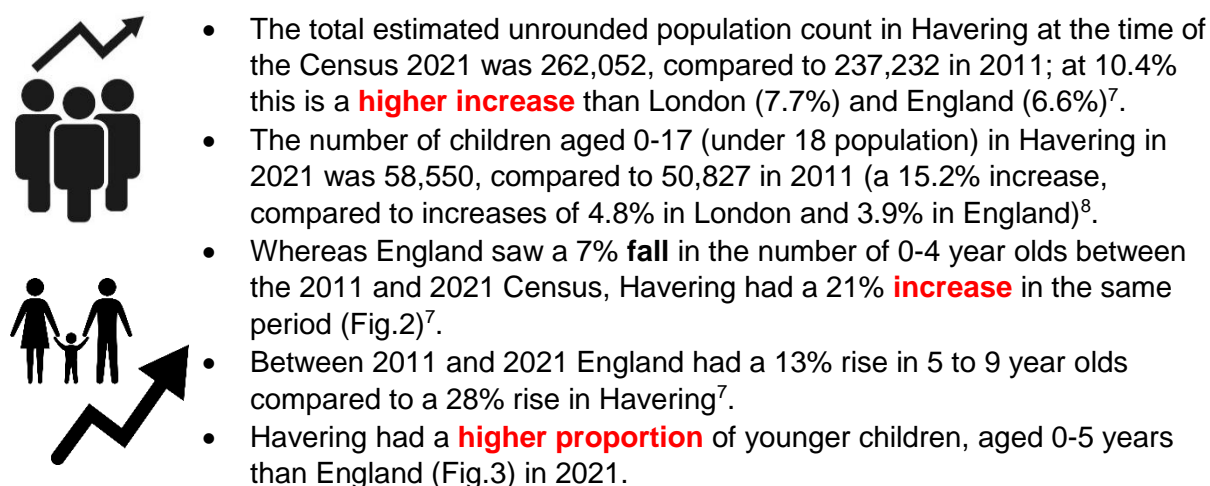
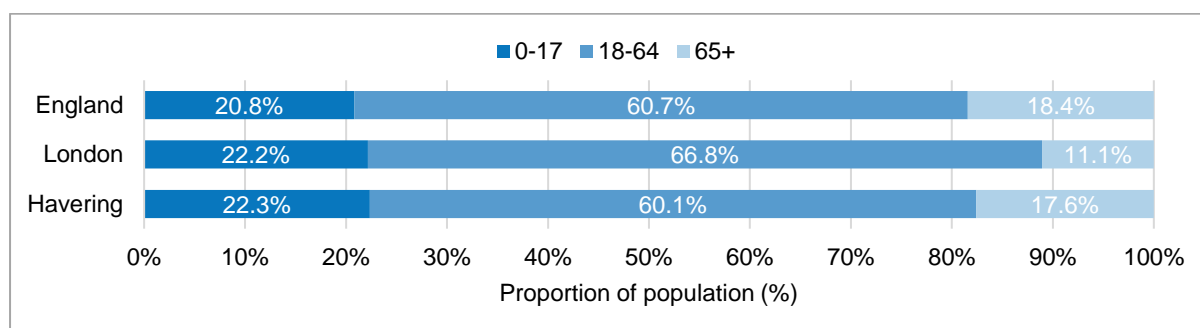


Figure 1. Comparing Havering populations aged 0-17, 18-64 & 65+ to London and England in 2021



Source: Census 2021, Produced by: LBH PHI 2023

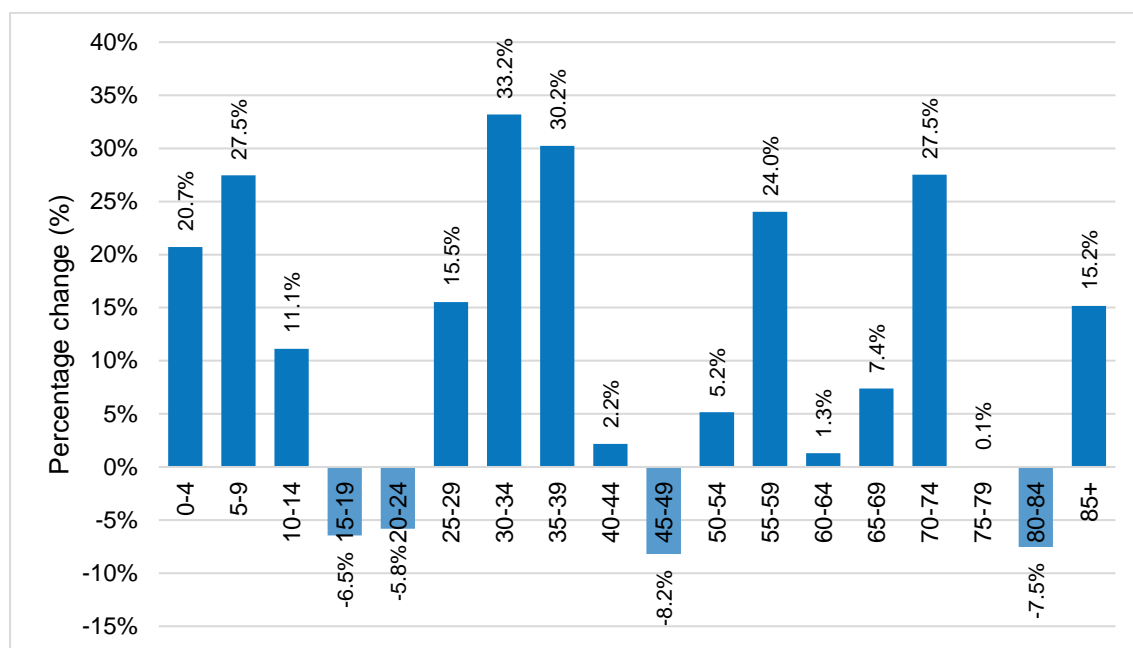
<sup>6</sup> See also JSNA Demographics Chapter

<sup>7</sup> [Havering population change, Census 2021 – ONS](https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationchange/censuses/2021/populationchange)

<sup>8</sup> [Census-2021-Topic-Summary-Demography-and-Migration.pdf \(haveringdata.net\)](https://www.haveringdata.net/census-2021-topic-summary-demography-and-migration.pdf)

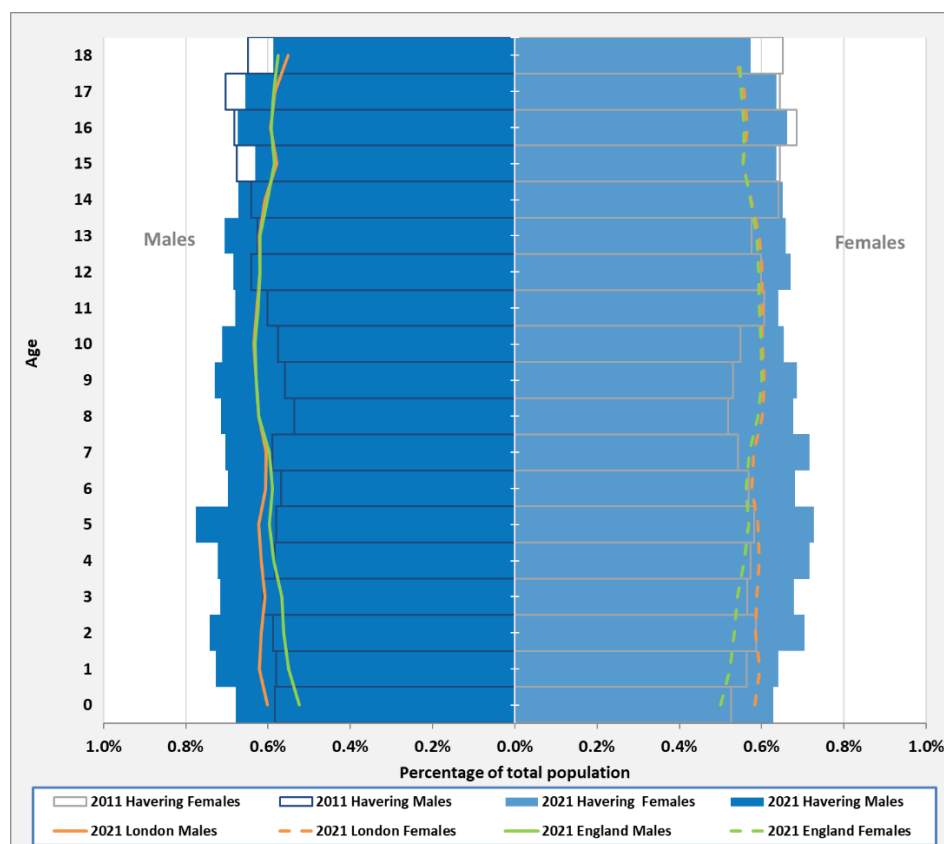


Figure 2. Percentage change in population by 5-year age bands in Havering 2011 to 2021<sup>9</sup>.



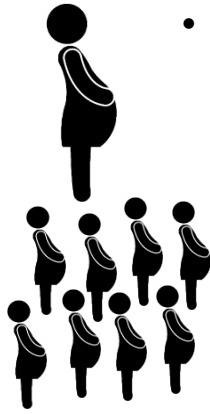
Source: Census 2021, Produced by: LBH PHI 2023

Figure 3. Havering aged 0-18 population change from 2011 to 2021 compared to 2021 London and England population



Source: Census 2011 & 2021, Produced by: LBH PHI 2023

<sup>9</sup> [Havering population change, Census 2021 – ONS](#)



- In England, 2021, women aged 30 to 34 years were the group most likely to conceive a baby, with the highest rate of conceptions (116.2 per 1,000 women)<sup>10</sup>. Havering also saw a large growth in the percentage of people of ages most likely to have children, which is likely to result in an even bigger 0-4 year old population in the coming years<sup>11</sup>.

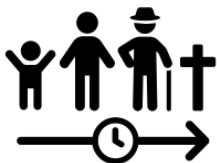
% Increase from 2011 to 2021 in ages:	Havering	England
25-29 years	15%	2%
30-34 years	33%	13%
35 to 39 years	30%	7%



- Mid-year population estimates by the Office of National Statistics (ONS) for 2022 (released November 2023) indicate that the population of Havering has increased by a further 1% to 264,703<sup>12</sup>.
- For the 2022 mid-year estimates, 22.7% of the population were children aged 0-17 years, or a total of 60,088. This is a further estimated 1,538 children living in the borough, or 2.6% increase in one year alone.

### 3.2 Life Expectancy for Children in Havering

Life expectancy is the number of years an average person is expected to live<sup>13</sup>. This means that for a person born in Havering today they could expect to live around 80 years. Healthy life expectancy is the average number of years people can expect to live in 'good' or 'very good' health according to a self-assessment of what good and very good health means to them. By age 65, people are more likely to develop a health condition, or limiting long term illness that affects their ability to go about their daily lives, including problems related to old age, such as mobility issues, diabetes, cancer, coronary heart disease etc.. However, it is possible to estimate how many years people might live without developing a condition – this is called disability-free life expectancy at age 65<sup>14</sup>. People living in poorer areas tend to have shorter lives and fewer years spent in good health<sup>15</sup>.



- Life expectancy at birth pooled for the period 2018 to 2020 (as this is more reliable than a single year estimate of life expectancy) in Havering was 83.5 years for women and 79.7 years for men. This was **similar** to England (83.1 and 79.4 years respectively) and London (84.3 and 80.3 years respectively)<sup>16</sup>.



- Women in Havering are expected to live on average longer than men but live for fewer years in good health than men overall. Healthy life expectancy for women in Havering (pooled for 2018-2020) is 63.8 years whilst for men it is 64.9 years.
- By age 65, both men and women are more likely to develop a limiting long term illness or disability. However, it usually takes more years for these conditions to develop in women. As a result, women in Havering

<sup>10</sup> [Conceptions in England and Wales - Office for National Statistics](#)

<sup>11</sup> [Havering population change, Census 2021 – ONS](#)

<sup>12</sup> [Estimates of the population for England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

<sup>13</sup> [Life Expectancy releases and their different uses - Office for National Statistics \(ons.gov.uk\)](#)

<sup>14</sup> [Health state life expectancies, UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>15</sup> [Health state life expectancies by national deprivation deciles, England \(ons.gov.uk\)](#)

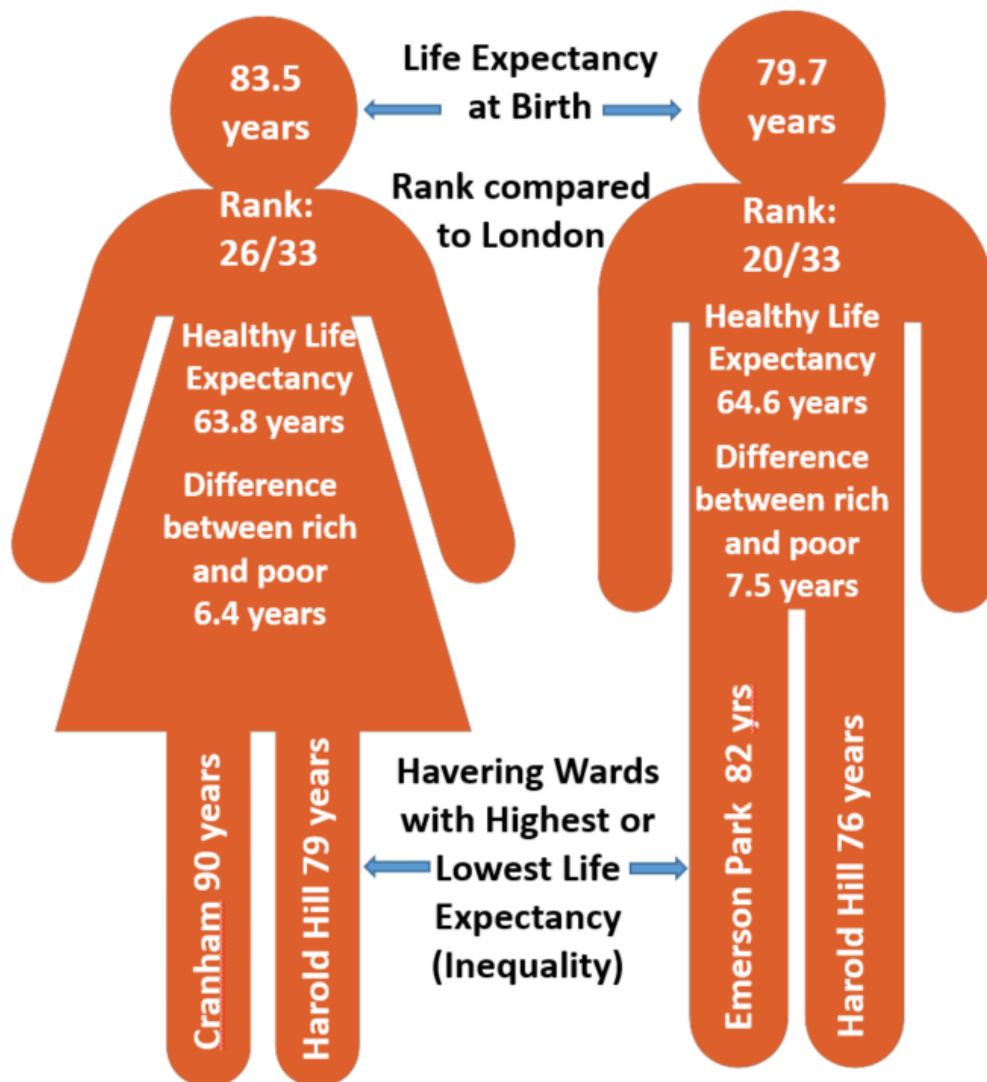
<sup>16</sup> [Life Expectancy and Mortality - OHID \(phe.org.uk\)](#)



were expected to live more years free of disability (10.8 years) than men (9.8 years) (Fig. 4).<sup>17</sup>.

- There are large differences in life expectancy at birth between people living in more or less disadvantaged areas. Women living in the top 10% of most deprived areas of Havering live around 6.4 years less than those living in the least deprived areas<sup>18</sup>.
- For men, the difference in overall number of years lived between the most and least deprived areas is even greater: 7.5 years less.

Figure 4. Life Expectancy and Healthy Life Expectancy for men and women living in Havering ranked against London.



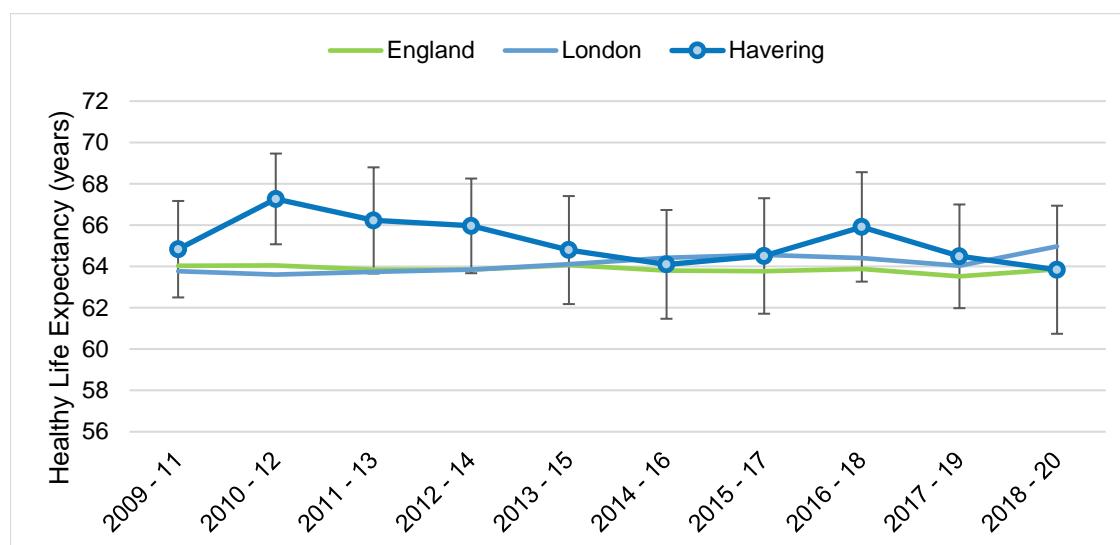
Although men and women are both living longer, since 2010 the number of years women are living in good health in Havering has been reducing; whereas in 2010-2012 women could expect to live 67.3 years in good or very good health, by 2018-2020 this has reduced to 63.8 years (Fig.5)<sup>19</sup>.

<sup>17</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>18</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

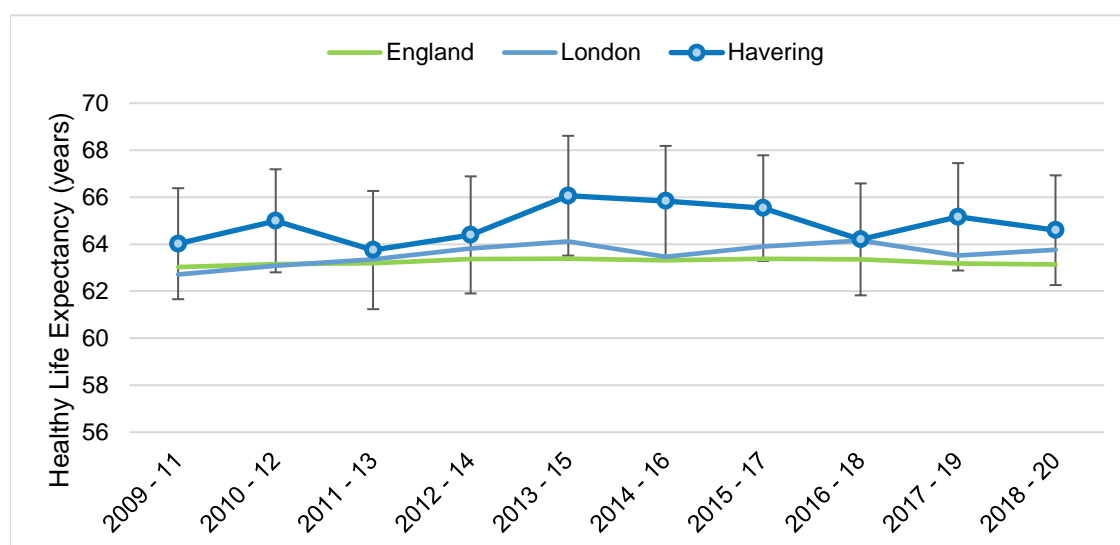
<sup>19</sup> [Life Expectancy by Local Authority - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/lifeexpectancy)

Figure 5a. Female healthy life expectancy at birth in Havering compared to London and England 2009-2020



Source: OHID Fingertips, Produced by: LBH PHI 2023

Figure 5b. Male healthy life expectancy at birth in Havering compared to London and England 2009-2020



Source: OHID Fingertips, Produced by: LBH PHI 2023

### 3.3 Ethnic Diversity

Nearly 85% of the global population are people from African, Asian, Latin American and Arab ethnicities, and as such represent the global majority. To reflect this in the UK population where 'white' as an ethnic identifier is the majority, this JSNA will refer to people from ethnic backgrounds other than white as the Global Majority (GM)/



- Census 2021 data showed that 64% of the children aged 0-17 years in Havering were White (English, Welsh, Scottish, Northern Irish or British) (Census 2021) (Fig. 6 and Fig. 7)<sup>20</sup>.

<sup>20</sup> [Population - UTLA | Havering | Report Builder for ArcGIS \(haveringdata.net\)](#)

- Overall, there are more children from Global Majority ethnicities (36%) than amongst the general population in Havering in 2021<sup>21</sup>; 75% of the entire Havering population were White British/White Other compared to 25% GM/Other.
- 13.3% of children were Asian, 11.4% Black (African/Caribbean) and 9.1% mixed; these proportions were higher than observed amongst the population as a whole in Havering in 2021 (10.7% Asian; 8.2% Black and 3.7% Mixed)<sup>22</sup>.

Figure 6. Proportion of the Havering population aged 0-17 by ethnic group

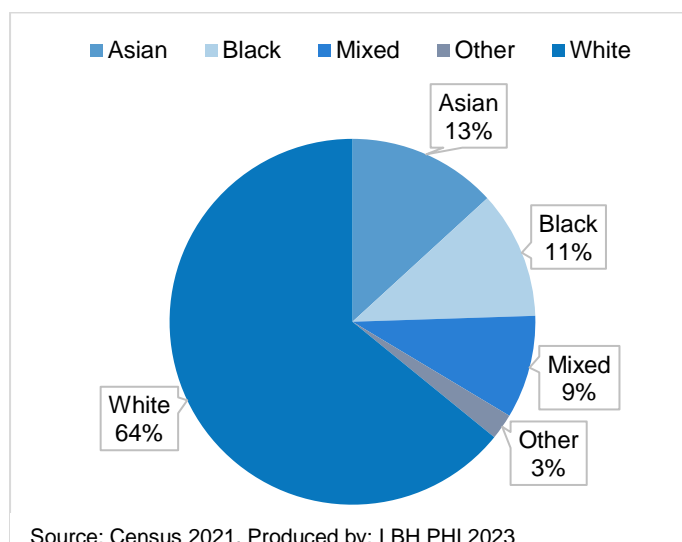
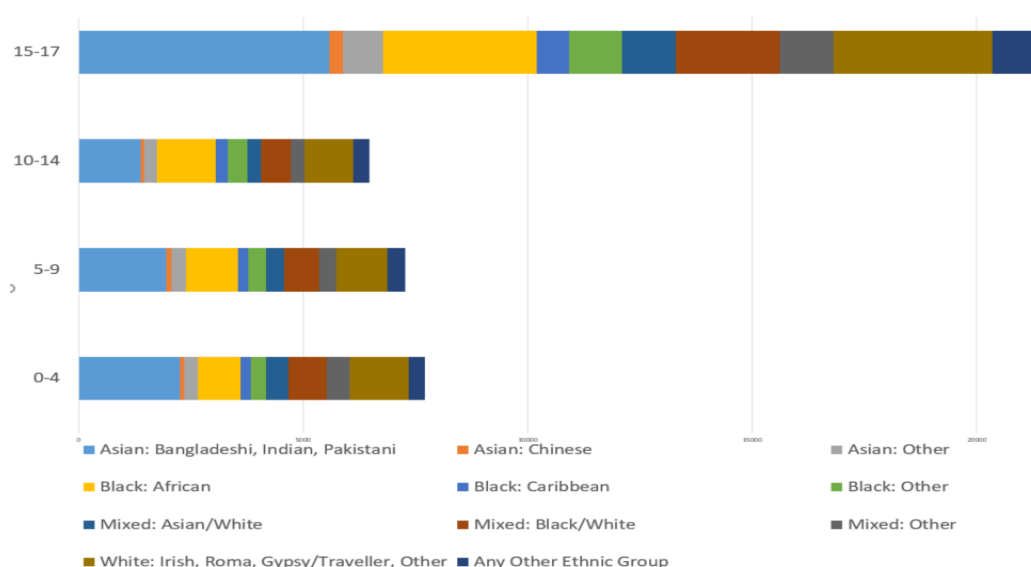


Figure 7. Relative Proportions of Global Majority Group by Age (Census 2021) for Children in Havering aged 0-17 years in 5-year age bands (excluding White/White British)



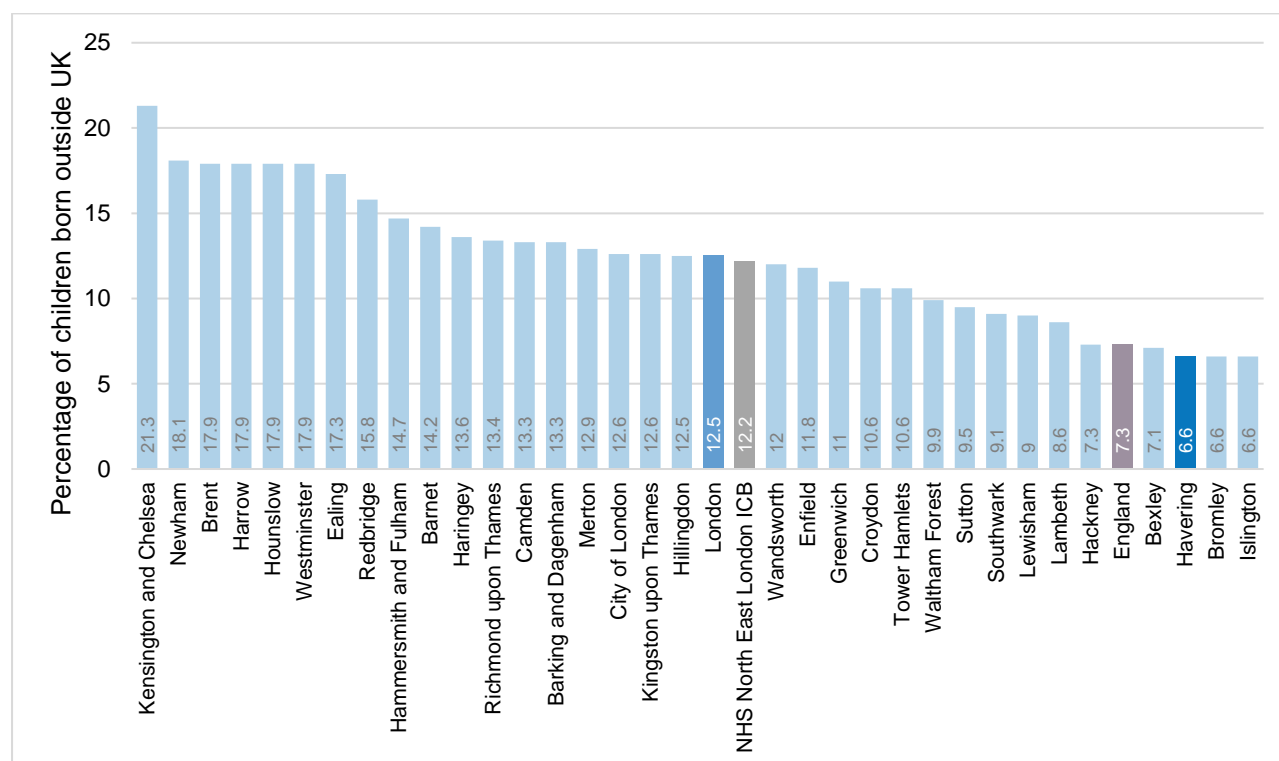
Source: Census 2021

<sup>21</sup> See also Demographics JSNA Chapter

<sup>22</sup> <https://www.ons.gov.uk/file?uri=/peoplepopulationandcommunity/culturalidentity/ethnicity/datasets/ethnicgroupbyageandsexinenglandandwales/2021/ethnicgroupagesex11.xlsx>

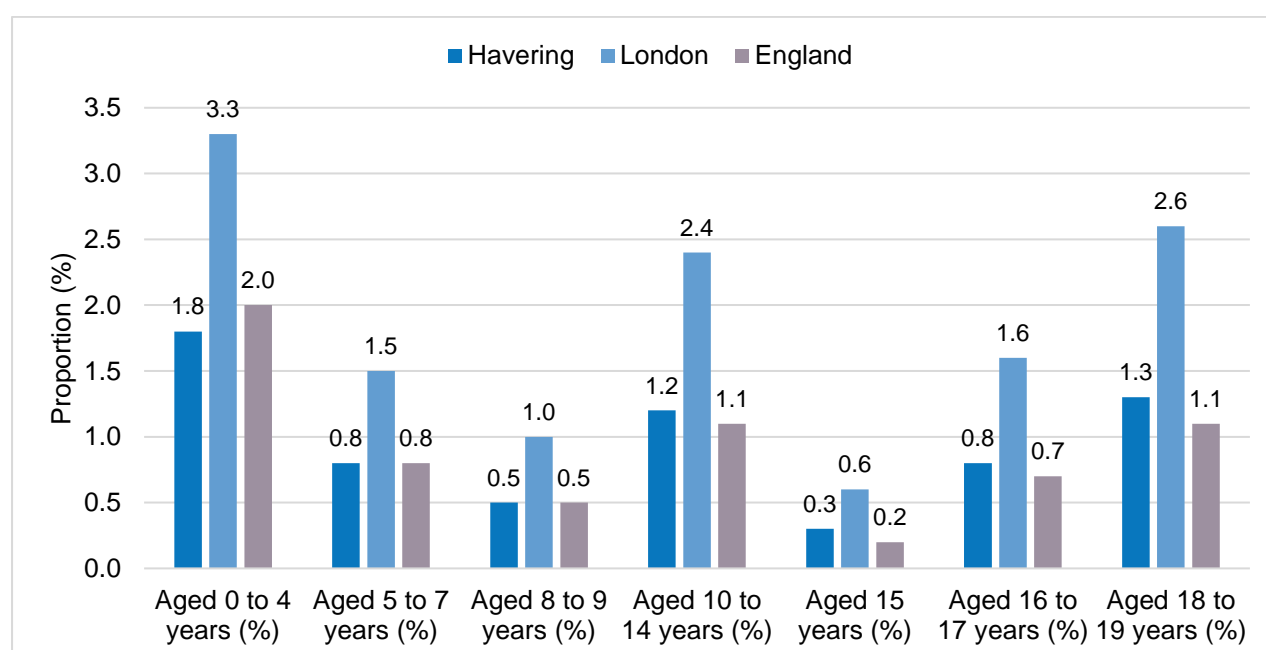
According to the 2021 Census, Havering has **fewer** children born outside the UK arriving in the borough (6.6%) than London in general (12.5%), and similar to England (7.3%) (Fig.8). Within Havering, more children aged 0-4 were born outside the UK than other ages (Fig.9).

Figure 8. Proportion of the Havering Population Born Outside the UK aged 0-17 (2021).



Source: Census 2021, Produced by: LBH PHI 2023

Figure 9. Age of arrival of children to Havering, London or England if born outside of the UK (Census 2021).



Source: Census 2021, Produced by: LBH PHI 2023





- In 2021, 7 of the top ten wards in London where diversity increased the most were in Havering; these were wards with very low diversity in 2011 and were still below the London average in 2021<sup>23</sup>.
- Migration into the borough was predominantly from within the UK. 7.7% of Havering households have moved from within the UK, whilst 0.6% have moved directly from abroad.

### 3.4 Deprivation and Inequality

Deprivation or poverty means living with a level of income or resources well below what you need as a minimum, for example, not being able to heat your home, pay rent or buy essentials for your children. There is a scale of deprivation which compares how much a household has to spend with the average income of a household across the UK. If you put all of the income from every household in the UK in order, lowest to highest, the middle value, with half the people having more income and half the people having less would be the median income. Relative low income refers to people living in households with an income below 60% of the median in that particular year. Absolute low income refers to people with an income below 60% of the median income in a chosen base year – usually 2010/11, and adjusted for inflation. Census 2021 data shows us that:



- The estimated number of households in Havering in 2021 was 101,277, an increase of 4% from 2011 (97,199)<sup>24</sup>.
- More people in Havering live in lone parent households (13%) than England (11.0%), similar to London<sup>25</sup>.
- Compared to London (51.9%) and England (51.6%), Havering has a higher proportion of households living in deprivation (52.7%).
- The proportion of households with dependent children (i.e. families) in Havering has increased in the last decade from 20% to 21.4%<sup>26</sup>.
- Compared to 2011, the number of households with no children in 2021 fell by 14% whilst those with dependent children has risen by 28%, with families with non-dependent children increased by 12%.
- In 2021/22, 11.45% of children aged under 16 years lived in absolute low income families in Havering and 14.2% in relative low income<sup>27</sup>. These rates are **better** than both London and England for absolute and relative low income, but still represent a significant need for children in the borough (Fig. 10).

<sup>23</sup> [Census-2021-Topic-Summary-Demography-and-Migration.pdf \(haveringdata.net\)](#)

<sup>24</sup> Census, 2021

<sup>25</sup> [Population - UTLA | Havering | Report Builder for ArcGIS \(haveringdata.net\)](#)

<sup>26</sup> [www.ons.gov.uk/visualisations/censusarechanges/E09000016](https://www.ons.gov.uk/visualisations/censusarechanges/E09000016)

<sup>27</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](#)

A bar chart comparing the percentage of children in low income households across three regions: Havering, London, and England. The Y-axis represents the 'Percentage of Children (%)' from 0% to 25% in 5% increments. The X-axis has two categories: 'Absolute Low Income' and 'Relative Low Income'. For each category, there are three bars: dark blue for Havering, medium blue for London, and grey for England. The exact percentage values are labeled above each bar.

Category	Havering (%)	London (%)	England (%)
Absolute Low Income	11.4%	13.1%	15.3%
Relative Low Income	14.2%	16.4%	19.9%

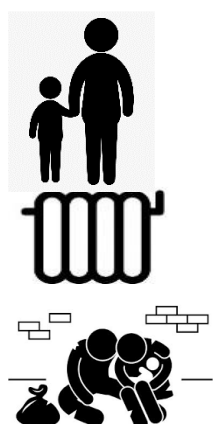
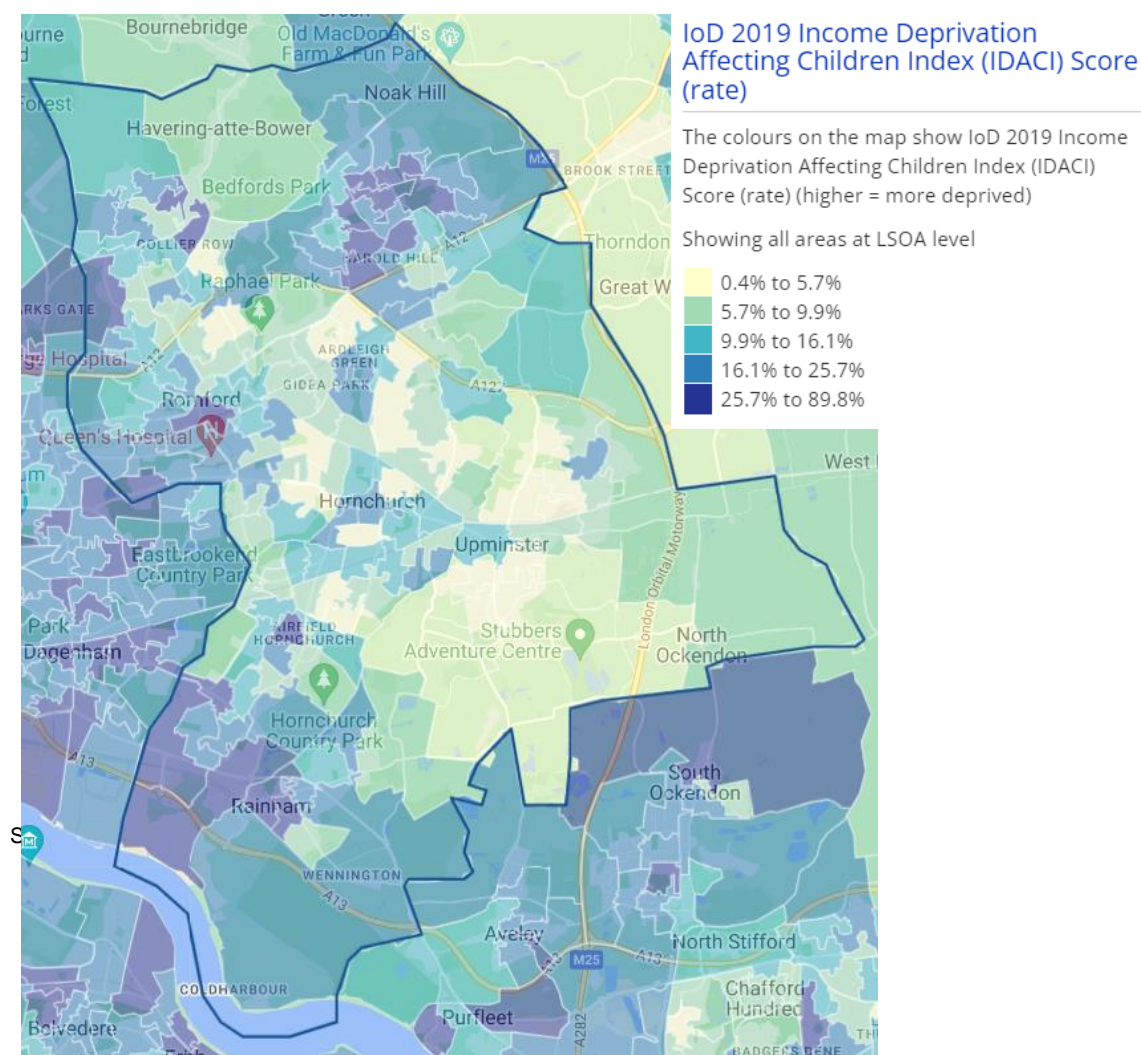
People in the most deprived areas spend around a third of their lives in poor health, twice the proportion spent by those in the least deprived areas. This means that people in more deprived areas spend, on average, a far greater part of their already far shorter lives in poor health<sup>28</sup>. One way of measuring the degree to which deprivation affects children is the Income Deprivation Affecting Children Index (IDACI). The IDACI measures the proportion of all children aged 0-15 years who are living in income deprived families within a group of around 650 households (~1,500 residents), known as a Lower Super Output Area (LSOA) <sup>29</sup>.



- The IDACI showed in 2019 that on average 16.0% of all children in Havering live in income deprived households compared to 17.1% in England<sup>30</sup>.
- More people in Havering in 2021 lived in households with 5 or more people (9.2%) than England (6.9%) but slightly less than London (10.1%)
- In several areas of Havering, up to 1 in every 3 children lived in a low income household where the adults in that home are on low earnings or are out of work according to the 2019 IDACI (Fig. 11).

30 Public health profiles - OHID ([phe.org.uk](http://phe.org.uk))

Figure 11. Map of Neighbourhoods Experiencing Income Deprivation as per the IDACI Score (2019)



- 7.7% of households in Havering in the 2021 census were lone parents with dependent children (7,821 families). This is **higher** than the percentage of single parent households in England as a whole (6.9%), but **similar** to London (7.8%)<sup>31</sup>.
- More children in Havering (10.7 per 1,000) live in homes without central heating than England (10.1 per 1,000), but less than London as a whole (20.7 per 1,000).
- The rate of families with dependent children or pregnant women being unintentionally homeless and accepted for assistance was **higher** in Havering 2.5 per 1,000 than England (1.7 per 1,000) but lower than London (3.2 per 1,000).

<sup>31</sup> [Household composition - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

### 3.5 What This Data Means for Havering

Between 2011 and 2021, Havering has seen a significant growth in population. This growth is focused on populations who have the greatest healthcare needs – the very young and the very old. In addition, there are more people of an age more likely to start a family, between 25 and 39 years old. This growth in population has undoubtedly put a strain on existing, and already stretched services, for example where we already have a high ratio of number of patients seen by each GP - over 2,500 patients per GP. Understandably, worried parents who may not be able to get a timely GP appointment due to capacity, are more likely to visit A&E services and shift the demand to another heavily burdened service.

The growth in population was also higher amongst families from Global Majority ethnicities and families who live in areas of higher deprivation. Cultural competence of services and self-help information via the internet and social media need to take into account the changing demographic and need for information translated into a variety of languages.

Whilst migration into the borough was predominantly from within the UK, the constant shift in population for employment or housing leaves families with young children particularly vulnerable to lack of social support. As a result, there will likely be the need to enhance community cohesion to provide other forms of social networking.

These issues and challenges are described in more detail in the following sections, focusing on key life stages.

## 4. Maternal and Newborn Health





## 4. Maternal and Newborn Health

### 4.1 Conception, Contraception and Abortion

Maternal health goes hand in hand with reproductive health, where prevention of unplanned pregnancy is just as important as ensuring people who do get pregnant stay healthy themselves. As a rapidly growing borough, Havering has more women of ages able to get pregnant, more pregnancies and more young children.



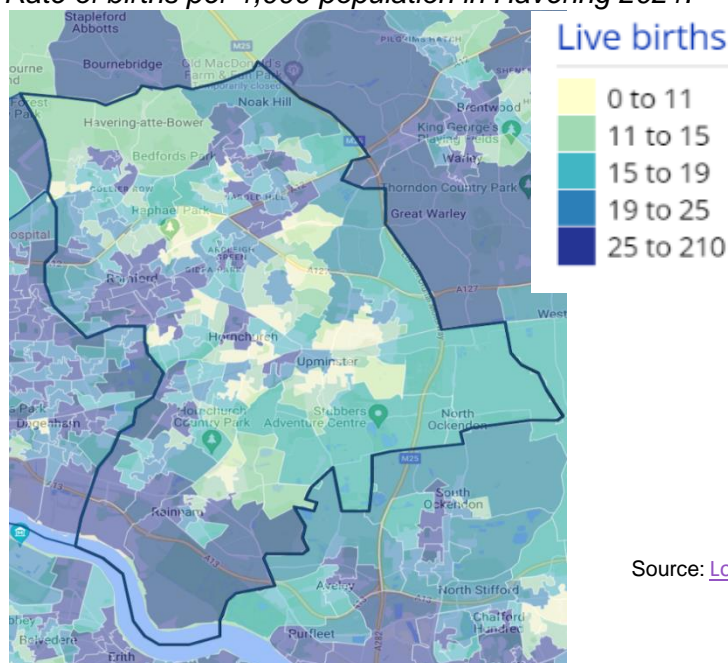
- Havering's **General Fertility Rate** (GFR, 2021) is **higher** (58.5 per 1,000) than London (52.9 per 1,000) and England (54.3 per 1,000); Havering has the 8<sup>th</sup> highest GFR out of the London boroughs<sup>32</sup>.
- Overall conception rates per 1,000 women aged 15 to 44 years in Havering, London and England in 2021 have all been steadily declining since 2012. Between 2011 and 2021, across England, women aged 35 to 39 years and aged 40 years and over were the only groups to see an overall increase in conception rates<sup>33</sup>.
- Havering's **conception rates** (81.3 per 1,000) remain **above** both London (70.8 per 1,000) and England (71.5 per 1,000) rates. This means that there continues to be a growth in the population of children<sup>34</sup>.



- Compared to other North East London boroughs, in 2021 Havering had a **lower** conception rate (81.3 per 1,000) than Barking and Dagenham (93.2 per 1,000), but higher than Tower Hamlets (60.1 per 1,000).
- According to the 2021 census, there are now **more people** of ages likely to have children living in Havering; 15% more aged 25 to 29 years; 33% more aged 30-34 years and 30% more aged 35 to 39 years old (Figure 1 above)<sup>35</sup>.

However, younger women having children are also more likely to live in areas of higher deprivation (Fig. 12). Highest rates of live births were clustered in Harold Hill, Romford and South Hornchurch.

Figure 12. Rate of births per 1,000 population in Havering 2021.



Source: [Local Insight \(communityinsight.org\)](https://communityinsight.org/)

<sup>32</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles/)

<sup>33</sup> [Conceptions in England and Wales - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/sexualreproduction/articles/conceptionsinenglandandwales/2021)

<sup>34</sup> ONS (2022) [Conceptions in England and Wales - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/sexualreproduction/articles/conceptionsinenglandandwales/2021)

<sup>35</sup> [Havering population change, Census 2021 – ONS](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/sexualreproduction/articles/conceptionsinenglandandwales/2021)

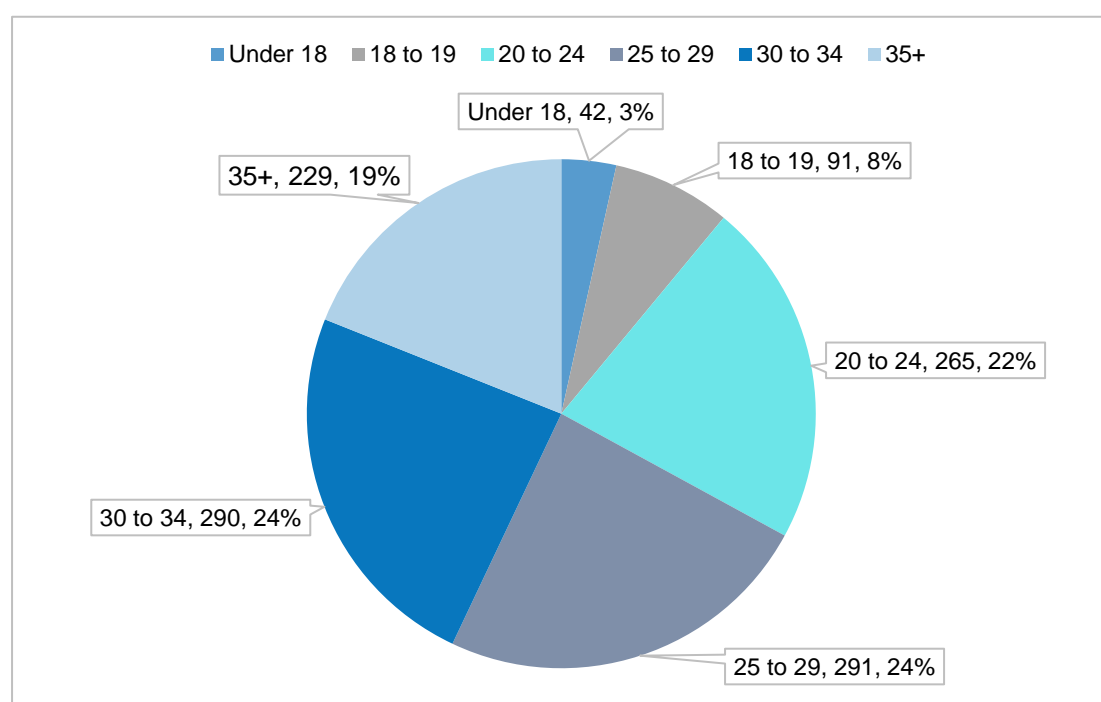


Conceptions/pregnancy can end in maternity, miscarriage or abortion; conception is the ability to conceive a pregnancy, whether or not the foetus is carried to term, whereas fertility rate is the number of live births occurring in a respective calendar year per 1,000 females aged 15-44 in a population. Conception statistics do not, however, include conceptions resulting in miscarriages or illegal abortions; figures are derived from combining numbers of maternities and abortions using information recorded at birth registration and abortion notification. In addition, it is estimated that around one in 8 pregnancies will end in miscarriage, so the actual conception figures are higher than reported above.

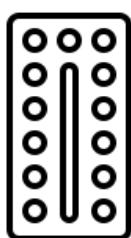


- The total abortion rate in Havering for 2021 was 23.6 per 1,000, **higher** than both London (20.9 per 1,000) and England (19.2 per 1,000)
- There were 1,208 abortions in 2021 in Havering
- 89.4% of abortions in 2021 were under 10 weeks; 94.8% of these were medical abortions
- Most abortions were amongst 25-29 age group and 30-34 years (Fig. 13)
- The rate of abortion in those aged over 25 years is **higher** in Havering (21.7%) than London (19.7%) and England (17.9%)

Figure 13. Number of Abortions, (% of total number of abortions) by age group, Havering 2021

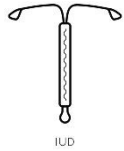


Source: OHID Fingertips



- 55.7% of Havering women visiting Sexual and Reproductive Health (SRH) services in 2020 chose user-dependent methods, similar to London (55.7%) and England; of these, 48.3% chose short acting hormonal contraception<sup>36</sup>.
- More women in Havering in 2020 chose injections at SRH services as their main method of contraception (10.4%) than London (4.9%) and England (8.1%) as opposed to intra-uterine devices/systems.

<sup>36</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)



- Havering's total prescribed rate of Long Acting Reversible Contraception (LARC), including those fitted at either SRH clinics or GP surgeries, was 25.5 per 1,000 in 2021. This is **lower** than both London (30.4 per 1,000) and England (41.8 per 1,000)<sup>37</sup>.
- The rate of women choosing to have their LARC fitted at GP surgeries in Havering in 2020 was slightly higher, at 13.0 per 1,000 women than those who chose to have their LARC fitted in SRH service clinics, at 12.4 per 1,000.

#### 4.2 Teenage and Young People's Reproductive Health

Being a parent at any age is undoubtedly hard, but having a child as a teenage parent can sometimes lead to additional complications and challenges. The children of teenage mothers have been known to have a higher risk of low birth weight; there are more reports of complications in mother's pregnancy and delivery; higher numbers of children who die within the first 7 days after being born (perinatal death); lower child IQ and academic achievement; greater risk of having a fatal accident before age of 1 year; and a greater likelihood of being a teen parent themselves<sup>38</sup>. With good support, however, some of these risks can be reduced to some extent.

Teenage mothers who are pregnant have a higher risk of pregnancy induced hypertension (high blood pressure), premature labour, higher risk of post-partum depression and are less likely to seek prenatal care. Again, with good support, and open communication between teenagers, parents and professionals, many teenage parents go on to have healthy pregnancies.

Although under 18 and under 16 years conception rates are reducing, 2021 data shows that Havering still has a higher rate of both under 18 (12.5 per 1,000) and under 16 (1.7 per 1,000) conceptions than both London and England (Fig. 14)<sup>39</sup>.



- Havering now ranks 8<sup>th</sup> **highest** in London for under 18 conceptions and 12<sup>th</sup> highest for under 16 conceptions, which is a large improvement from 2020 figures<sup>40</sup>. (see also Section 6).
- In 2021 in Havering, there were 57 known conceptions to women aged under 18 years<sup>41</sup> and 12 live births. The birth rate for under 18s was 2.6 per 1,000 women, **similar** to England (3.2 per 1,000) and London (1.9 per 1,000)<sup>42</sup>.
- 0.5% of deliveries in Havering were with teenage mothers, aged between 12 and 17 years. This is **better** than England (0.6%), but **worse** than London (0.3%); the highest rate of deliveries to teenage mothers in London was Enfield at 0.8%<sup>43</sup>.

<sup>37</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>38</sup> NICE & Pilgrim, H. et al (2010) Systematic review of the long term outcomes associated with teenage pregnancy in the UK. [contraceptive-services-for-socially-disadvantaged-young-people-additional-consultation-on-the-evidence-review-of-teenage-pregnancy-outcomes2 \(nice.org.uk\)](https://www.nice.org.uk/publications/contraceptive-services-for-socially-disadvantaged-young-people-additional-consultation-on-the-evidence-review-of-teenage-pregnancy-outcomes2) ScHARR

<sup>39</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

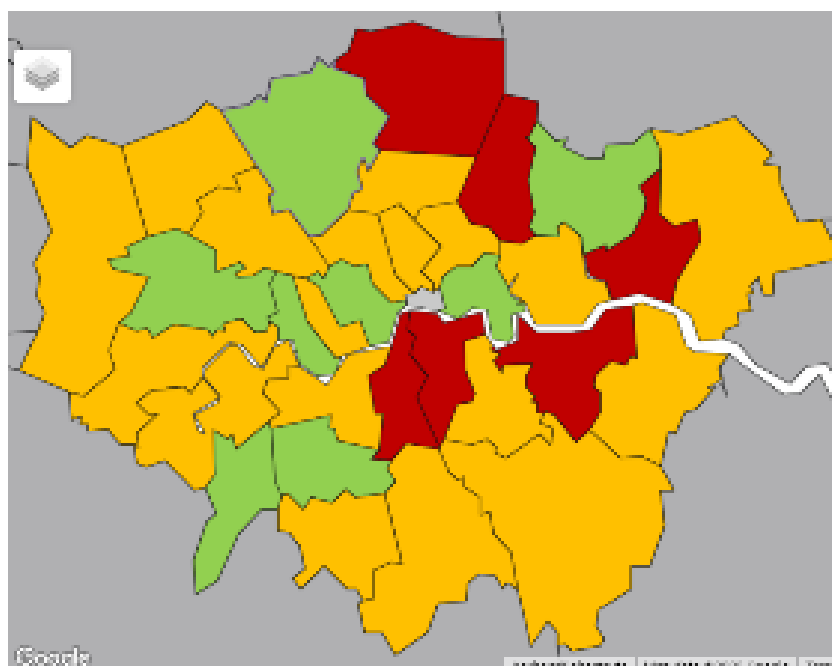
<sup>40</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>41</sup> [Office for National Statistics, 2021 Quarterly statistics on conceptions to women aged under 18 years](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/sexualreproduction/articles/quarterlystatisticsonconceptionstowomenagedunder18years/2021)

<sup>42</sup> [Live births in England and Wales : birth rates down to local authority areas - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2019/livebirths)

<sup>43</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

Figure 14. Under 18 conception rate per 1,000 by London borough, 2021, benchmarked against all in **London** region



Source: OHID Fingertips, 2023

Despite this reduction in teenage pregnancy rates, the rate in under 18s conceptions leading to abortion continues to increase. 73.7% of under 18 conceptions in Havering in 2021 led to abortion compared to 61.1% in 2011<sup>44</sup>. This suggests that, although fewer young women are getting pregnant, those who do are choosing and accessing abortion services rather than having a baby at a young age.

Of more concern, however, is the higher rate of those aged under 25 years using abortion as a repeat method. Access to effective contraception is therefore important, and needs to take into account where the young women themselves may not be enabled to access services, such as in cases of sexual exploitation or abuse.



- In 2021, 33.7% of abortions in women aged under 25 years involved a woman who had a previous abortion in any year in Havering; this is **similar** to London (31.6%) and England (29.7%) (Fig. 15). This may be reduced with better access to contraception, particularly long acting reversible contraception (LARC).
- **Fewer** women aged under 25 years in 2021 attended specialist contraceptive services in Havering (50.9 per 1,000) than London (102.3 per 1,000) and England (82.6 per 1,000).



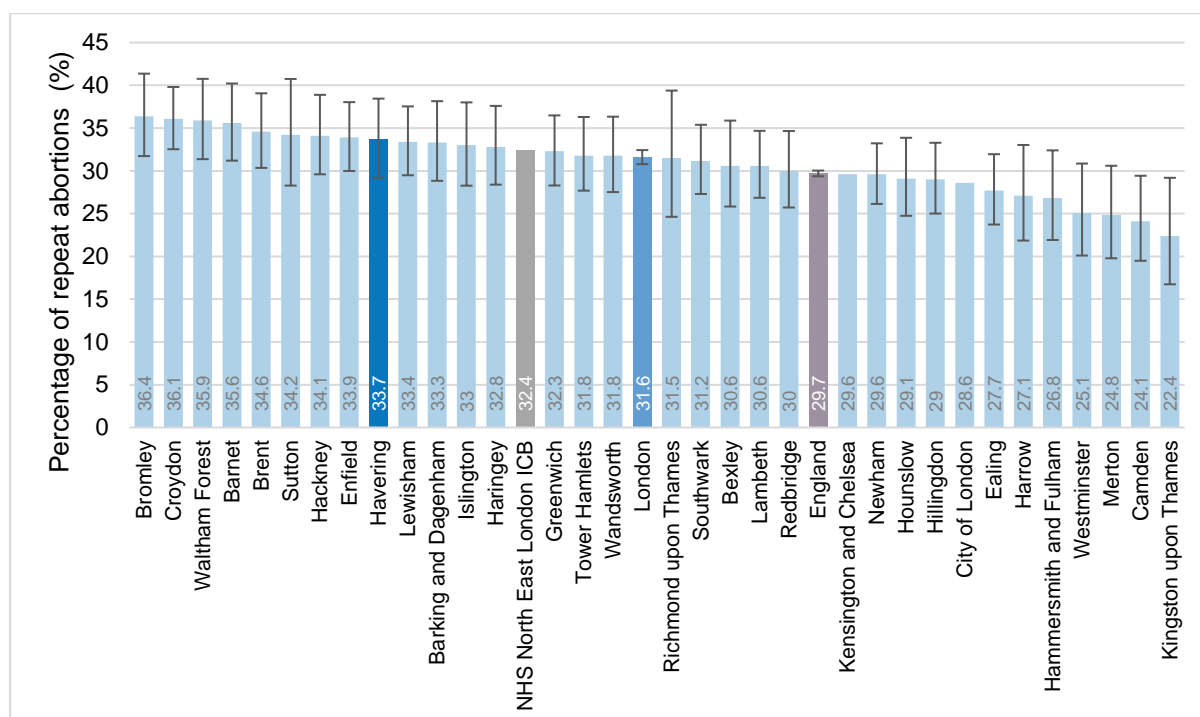
- Amongst those women aged under 25 years who were in contact with SRH services, 36.5% choose LARC as their main method of contraception. This is **similar** to London (33.8%) and England (37.3%)<sup>45</sup>.
- In contrast, 56.9% of women in Havering in 2021 aged over 25 years who visited SRH services chose LARC, higher than London (50.6%) and England (53.4%)<sup>46</sup>.

<sup>44</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

<sup>45</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

<sup>46</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

Figure 15. Percentage (%) of repeat abortions in women under 25 years in Havering compared to all London boroughs, 2021.



Source: OHID Fingertips

### 4.3 Maternal and Newborn Health and Wellbeing

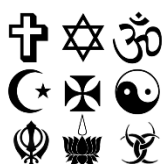
Maternal and newborn health and wellbeing is supported in Havering by a range of services provided across the health and social care system. Pharmacies are a great asset as they not only offer opportunities to purchase pregnancy tests, but can provide advice on healthcare during pregnancy, such as folic acid supplementation, and signpost to maternity booking services. Similarly, Children's Centres offer outreach opportunities for ante-natal appointments with midwives as well as offering advice, social care early intervention and support and signposting to welfare, benefits or employment advice. The Babies, Children and Young People (BCYP) subgroup of the Borough Partnership provides a forum for representatives from key children's services to align strategies for delivery of these services. The following section gives an overview of key data relating to maternal and newborn health.



- There were 3,089 live births in 2022 in Havering<sup>47</sup>, which equates to a crude birth rate of 11.7 per 1,000 population of all ages.
- 3.0% of babies born in Havering in 2021 were low birth weight; this means they had a recorded birth weight of under 2,500g and a gestational age of at least 37 weeks. This is **similar** to London (3.3%) and England (2.8%). 0.6% of babies born in 2021 were very low birth weight, <1,500g<sup>48</sup>.
- Havering has the **second lowest rate** of neonatal mortality and stillbirth (3.52 per 1,000) in London, with only Westminster better (2.54 per 1,000).
- Havering has the 7<sup>th</sup> highest rate of multiple births (17.2 per 1,000) in London, compared to London (14.6) and England (13.7 per 1,000)

<sup>47</sup> [ONS 2022 Live Birth Data by Local Authority](#)

<sup>48</sup> [Public health profiles - OHID \(phe.org.uk\)](#)



- Only **30-34%** of women in North East London ICB took up the offer of an antenatal pertussis (whooping cough) vaccination in 2022-23, compared to around 60% nationally<sup>49</sup>.
- In 2018/19, 9.5% of mothers smoked in early pregnancy in Havering; this is significantly **better** than the rate for London (12/8%) and England (29.1%)<sup>50</sup>.
- **4.8%** of pregnant mothers were recorded as smoking at the time of delivery (SATOD) in Havering in 2022-23; this is significantly **better** than the rate for England (8.8%) and **similar** to rates in London (4.6%)<sup>51</sup>.
- 91.5% of new birth visits, commissioned by the local authority and delivered by NELFT, are conducted within the target 14 days, **better** than London (81.6%) and England (79.9%)<sup>52</sup>.
- 86.8% of infants received a 6-8 week review in Havering in 2022/23, **better** than both England (79.6%) and London (71.0%)<sup>53</sup>.
- 57% of babies born in 2020-2021 in Havering were from women whose ethnicities were other than White British or White other 18% of babies were from mothers of Asian ethnicity (Bangladeshi, Indian, Pakistani or any other Asian group), 8.7% from Black (African/Caribbean/Other) and 8.0% from Mixed/multiple ethnic groups<sup>54,55</sup>.
- In 2022, 40.4% of all live births were to mothers who were not born in the UK; this is lower than London (58.0%) and higher than England (31.1%)<sup>56</sup>.
- Compared to the proportion of all ethnic groups in Havering, **more** women from GM groups had babies in 2021/22 than the relative proportion of people from white ethnicities.

Immunisation is one of the most cost-effective public health interventions which, as well as creating opportunities for children to thrive and get the best start in life, provides an important way to address inequalities. Uptake of vaccination for Measles, Mumps and Rubella (MMR) continues to be affected by the discredited research conducted in the late 1990s. Although even one dose of MMR vaccine by the time a child is 2 years old offers up to 80% protection against these illnesses, 2 doses are recommended for full protection<sup>57</sup>.

Figure 16. MMR Vaccination Uptake in Havering, London or England 2021-22



	Havering	London	England
MMR1 – one dose by 2 years	85.3%	79.9%	89.2%
MMR 1 – one dose by 5 years	91.5%	87.8%	89.2%
MMR 2 – two doses by 5 years	79.1%	74.2%	85.7%

<sup>49</sup> [Prenatal pertussis vaccination coverage in England from January to March 2023 and annual coverage for 2022 to 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/prenatal-pertussis-vaccination-coverage-in-england-from-january-to-march-2023-and-annual-coverage-for-2022-to-2023)

<sup>50</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>51</sup> [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>52</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>53</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>54</sup> [Live births by ethnicity and local authority, 2020 to 2021 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peoplepopulationandcommunity/ethnicityandnationality/articles/livebirthsbyethnicityandlocalauthority/2020to2021)

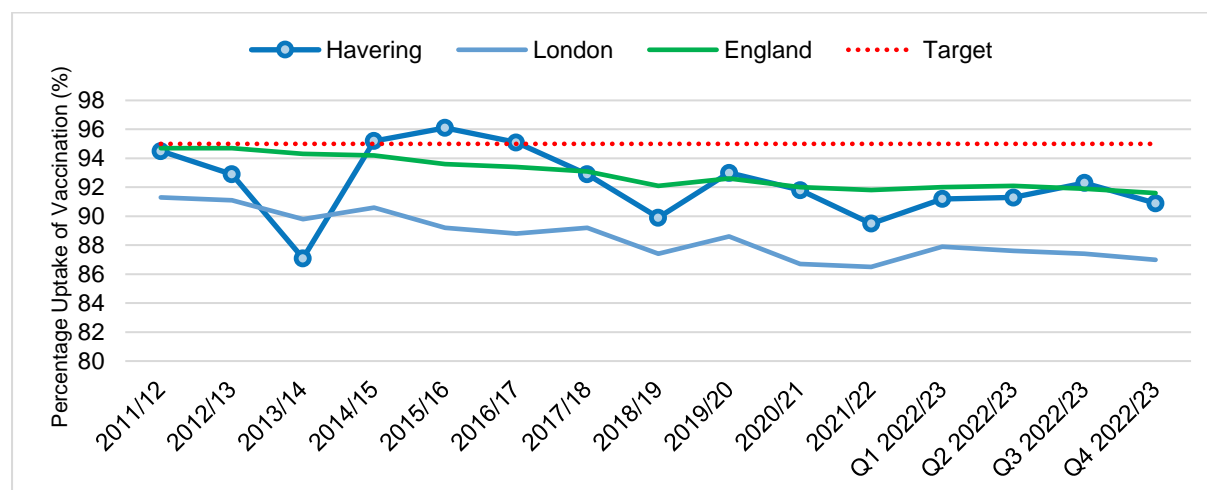
<sup>55</sup> Previously referred to as BAME: Black and Minority Ethnic Groups

<sup>56</sup> [Parents' country of birth - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peoplepopulationandcommunity/ethnicityandnationality/articles/parents-country-of-birth)

<sup>57</sup> [Cover of vaccination evaluated rapidly \(COVER\) programme: annual data - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme)

Despite Havering being relatively compliant and supportive of immunisations as a whole, there has been a steady decline in uptake, from achieving the 95% uptake target for childhood immunisations between 2014 and 2017 to around 91% by 2022-23 (Fig 17)<sup>58</sup>.

Figure 17. Uptake of Primary Childhood Vaccinations (DTap/IPV/HiB) by 12 months in Havering, London and England 2011/12 to 2022/23



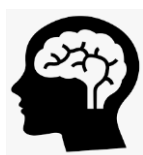
Source: OHID Fingertips Produced by LBH PHI, 2023



- 76.9% of babies in Havering in 2021/22 had breastmilk as their first feed.
- Whilst this is **better** than the average for England (71.7%), it is the 3<sup>rd</sup> lowest rate in London (average 87.7%).
- There is currently a lack of robust data on breastfeeding prevalence at 6-8 weeks after birth.



- 98.5% of children eligible for a newborn hearing screening had their test completed by 4 weeks corrected age, **similar** to both London and England (98.7% for both).
- Havering had the 3<sup>rd</sup> highest rate of newborn infant physical examination (NIPE) screening out of the London boroughs (97.8%). This was **better** than the rates for both London (96.8%) and England (96.6%)..



- Perinatal mental ill health affects up to 27% of new mothers.
- In 2017, there were an estimated 77 women with severe depressive illness in the postnatal period; up to 386 women with mild-moderate depressive illness and anxiety and up to 773 women with adjustment disorders and distress in the perinatal period.
- Nearly ¾ of mothers with new-born babies in the UK in 2023 report that the cost of living crisis is affecting their mental health and wellbeing.

#### 4.4 Mothers who are Additionally Supported (SEN/SEND)

Research studies have shown that women with learning disabilities experience poorer maternal wellbeing and pregnancy outcomes compared to the general population. There have been reports of increased rates of pre-eclampsia, venous thromboembolism, premature birth, low birth weights of babies and lower (poor) Apgar scores for babies on delivery for women with learning disabilities. Pregnant women with learning disabilities are

<sup>58</sup> [Public health profiles - OHID \(pne.org.uk\)](https://pne.org.uk)



also less likely to seek or attend regular antenatal care and may have challenges understating the often text-based antenatal information<sup>59</sup>.

There is little data available on the needs of women with learning disabilities who have children. QOF prevalence data for Havering in 2019/20 suggest that 0.4% of the general population have a learning disability, which would equate to around 1,048 people<sup>60</sup>. Across NEL in 2021/22, the percentage of women with learning disabilities was 0.54% among 18-24 year olds, 0.32% in 25 -34 years and 0.28% in 35-44 years<sup>61</sup>. If these rates are applied to the number of women in those age groups who had live births, this would be less than 10 women, and is likely to be an underestimate of the actual prevalence. For example, out of the nearly 2,000 respondents to Mencap's Big Learning Disability Survey 2022, 6.3% stated that they lived with their children<sup>62</sup>. This is significantly greater percentage than the QOF prevalence and suggests there may be many more women locally who require a different approach to support during their pregnancy. Offering plain language or easy read versions of text-based information would be recommended.

In the absence of clear data on learning disability during pregnancy, maternity services are recommended to engage with mothers to ascertain their needs and offer appropriate support.

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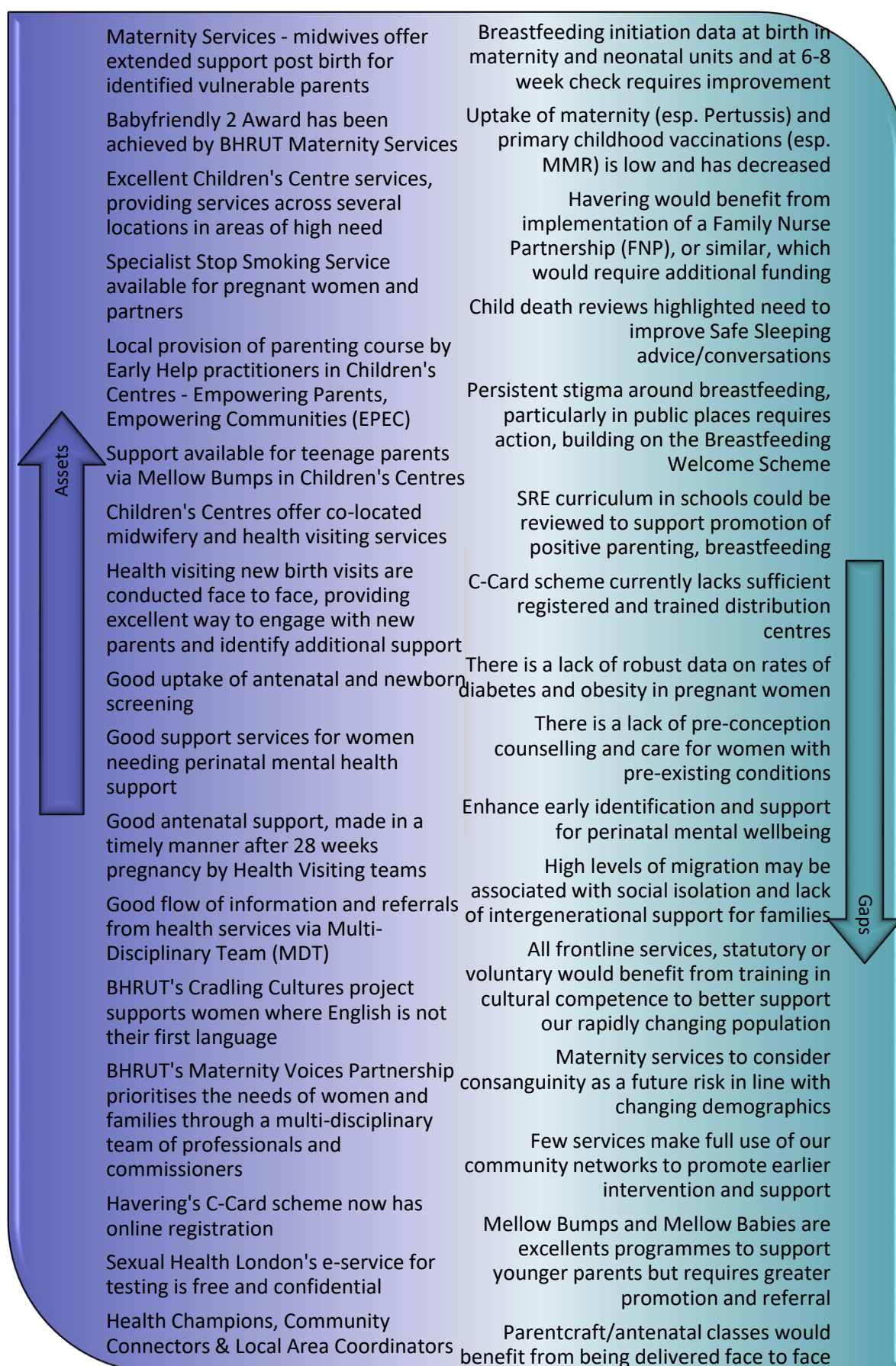
<sup>59</sup> [Health inequalities Pregnancy and birth.pdf](#)

<sup>60</sup> [Learning Disability Profiles - Data - OHID \(phe.org.uk\)](#)

<sup>61</sup> [Health and Care of People with Learning Disabilities, Experimental Statistics 2021 to 2022 - NHS Digital](#) and [Microsoft Power BI](#)

<sup>62</sup> [Report\\_BLDS2022.pdf \(mencap.org.uk\)](#)

## 4.5 Assets and Gaps



#### 4.6 What This Data Means for Havering

In addition to migration into and out of the borough, a key factor in the population increase in Havering is the rise in General Fertility Rate (GFR), and high conception rates that remain above both London and England. In particular, the rise in population aged 25 to 39 years old, who are the most likely ages to start or continue growing their family, is likely to place increasing demand for housing of suitable size, employment, maternity and health visiting services, nursery provision and education.

Being able to choose whether or not to have a family is partly dependent on access to good contraception. Evidence tells us that long acting reversible contraceptives (LARC) are more effective than other methods. The annual pregnancy rates for LARC are less than 1% compared to 9% for oral contraceptives and 18% for condoms. Amongst people in Havering who visited SRH services however, more chose user-dependent methods, such as short acting hormonal contraception than long acting reversible contraception. We need to work with people in Havering to understand why this is their preferred method and where possible address any concerns regarding use of LARC and improve access to such services.

The proportion of under 25 year olds having an abortion who had a previous abortion in any year (repeat abortion) is higher for Havering than London. Engaging with younger people may again help us understand why this is happening and what their needs are regarding access to contraception.

Not everyone has a choice regarding pregnancy, however, and it is essential that as a co-ordinated system we are alert for and recognise signs of sexual exploitation and abuse.

For those women who do become pregnant, a key concern arising from the data above is the low percentage of women to take up the offer of a pertussis (whooping cough) vaccination antenatally. Since the maternal pertussis programme was introduced in 2013, the number of cases has dropped significantly from 1,625 in 2013 to just 9 in 2022. The vaccine can help prevent 78% of pertussis cases in infants less than 2 months old. However, if uptake continues to decrease, we may see a surge in pertussis cases and its related complications, including infant death.

The health of the mother is also critical for a healthy baby. With increasing rates of adult obesity across the UK, it is likely that we will see more mothers overweight or obese in their pregnancy, although there is no reliable data at present. This places an additional health burden on the mother, increasing her chances of gestational diabetes, high blood pressure, pre-eclampsia, blood clots and miscarriage; babies have a higher chance of being born early (before 37 weeks) and an increased chance of stillbirth. However, there is a lack of reliable and robust data on obesity and diabetes in pregnant women. Taking a whole systems approach to tackling obesity will undoubtedly support the healthiness of women pre-conceptually, but additional support may be required for those with additional risk factors, including obesity and diabetes, in the pre-conception and antenatal periods.

Mental wellbeing of the mother in the postnatal period is crucial to parent-child bonding and laying the foundations for good child development. However, we know that the Covid-19 pandemic had a significant impact on maternal mental health and the current cost of living crisis is having a similar affect. Promotion of mental health self-care, signposting to forms of social support and early identification of signs of poor mental wellbeing in mothers by well-trained frontline staff will be key to preventing escalation of ill health.

#### 4.7 Recommendations:

1

- Government funding should be sought to increase the capacity of Health Visiting Services in line with population growth in Havering
- Such capacity would improve early identification and support for families to reduce risks for safeguarding and child development

2

- Engage with and involve local residents in co-production and service design at all stages of commissioning services and ensure that services delivered are culturally sensitive to the changing population

3

- In response to Child Death reviews, utilise Making Every Contact Count (MECC) principles to raise awareness of Safe Sleeping practices across all services in Havering
- Support earlier identification and intervention where safeguarding issues may be indicated (Early Help services)

4

- Data flow for sharing breastfeeding initiation at birth in maternity and neonatal units and breastfeeding continuation at 6-8 week reviews requires improvement
- Improving data access will enable actions to be taken to provide targeted support to women to encourage greater breastfeeding initiation
- These support the whole systems approach to obesity

5

- Consider ways to fund and implement a pre-conception counselling and care service for women with pre-existing long term conditions and/or risk factors for poorer birth outcomes (diabetes, obesity)

6

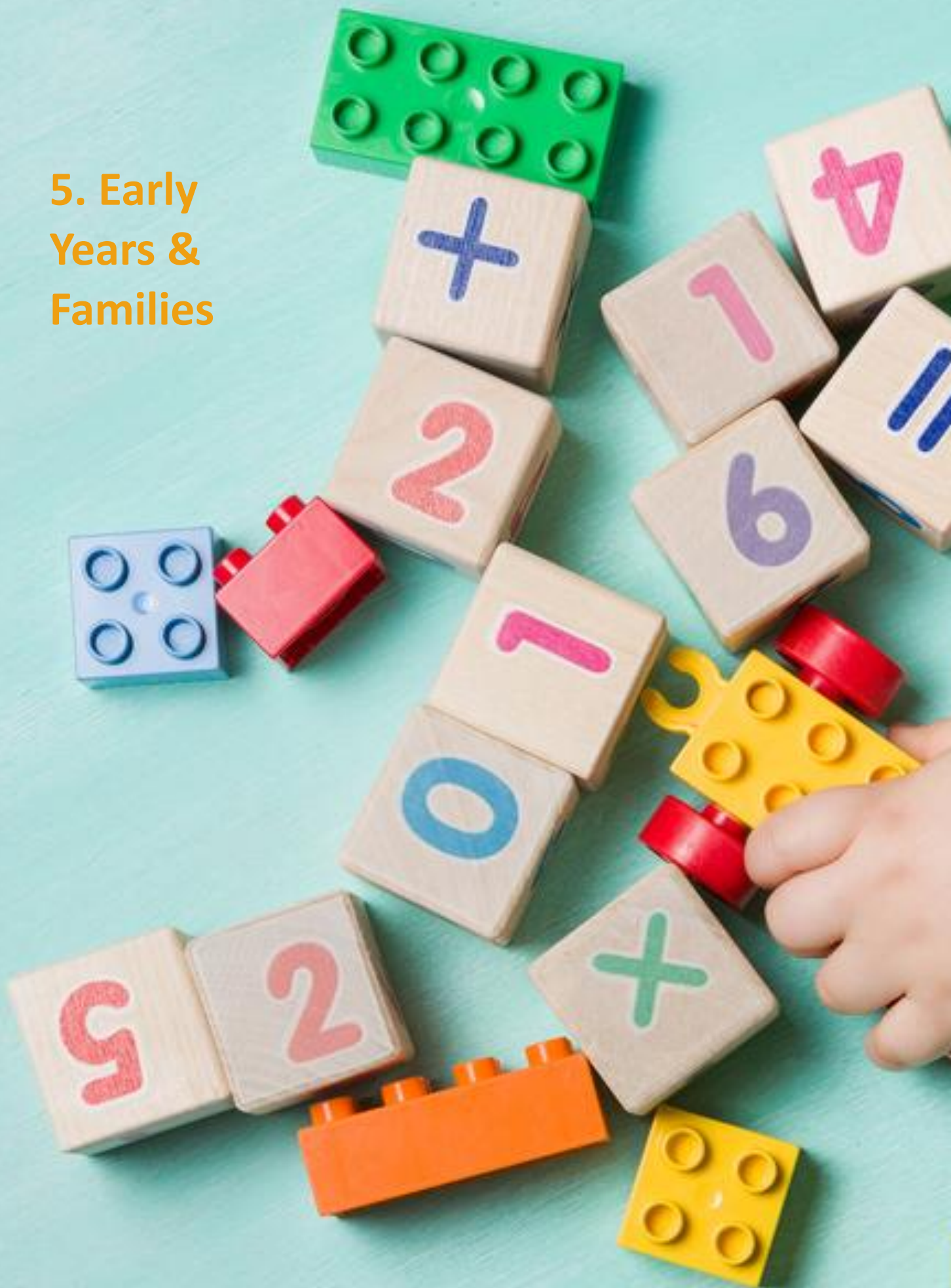
- Engage with residents to better understand and address low/decreasing uptake of immunisations, particularly maternal pertussis and primary childhood vaccinations, especially MMR

7

- Increase promotion and uptake of LARC, improving access to LARC and other contraceptive methods
- Reduce number of teenage pregnancies and repeat abortions in women under 25 years



## 5. Early Years & Families

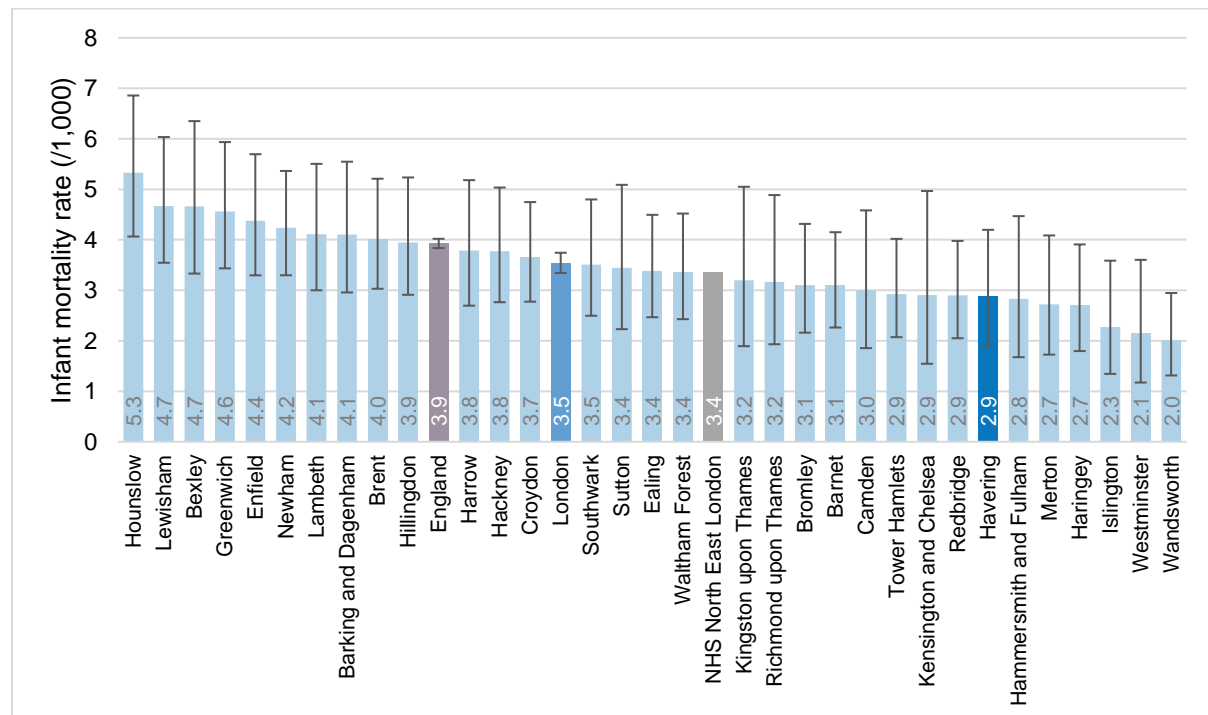


## 5. Early Years and Families (0-4 years)

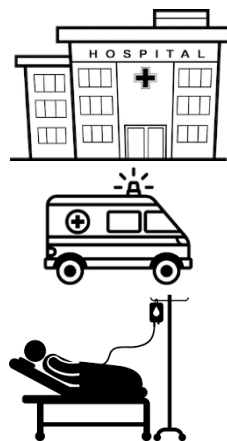
### 5.1 Young Children's Health and Wellbeing (0-4 years)

Infant mortality rate, or the number of deaths in children aged under 1 year of age per 1,000 live births, is an indicator of the general health of an entire population. Havering's rate of infant mortality for 2019 to 2021 is lower (2.9 per 1,000) than both London (3.5 per 1,000) and England rates (3.9 per 1,000) (Fig. 18)<sup>63</sup>.

*Figure 18. Infant Mortality Rate per 1,000 Children Aged Under 1 Year by London Borough, 2019-2022*



Source: OHID Fingertips, Produced by: LBH PHI 2023



- Havering had a **lower** rate of A&E attendances for children aged 0-4 years in 2021/22 (488.9 per 1,000) than London (854.5 per 1,000) and England (762.8 per 1,000). This was the lowest rate out of the London boroughs<sup>64</sup>.
- Havering has the **lowest** rate of A&E attendances for children under 1 year old (872.2 per 1,000) out of the London boroughs (1302.6 per 1,000) and **better** than England (1094.5 per 1,000).
- Emergency Admissions for 0-4 year olds in Havering are at a **lower** rate in Havering (263.2 per 1,000) than in London (341 per 1,000) and England (483.7 per 1,000)<sup>65</sup>.
- There were **fewer** emergency admissions caused by unintentional and deliberate injuries in children aged 0-4 years in Havering in 2021/22 (67.2 per 10,000) than London (82.9 per 10,000) and England (103.6 per 10,000)<sup>66</sup>.

<sup>63</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk)

<sup>64</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk)

<sup>65</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk)

<sup>66</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk)





- For children aged 0-9 years with long term conditions, Havering had a **higher** rate of admissions for **Asthma and Diabetes** than London and England, but a **lower** rate of admissions for **Epilepsy** (Fig. 19).

Figure 19. Admissions for Long Term Conditions in Children aged 0-9 Years, 2020/21

Admissions (0-9 years) for LTC in 2020/21	Havering	London	England
Asthma	210.3	172.6	172.7
Diabetes	30.0	27.5	37.0
Epilepsy	60.1	78.2	89.7



- One in 4 children in Havering (24.8%) had experienced visually obvious dental decay in 2021/22. This was **better** than London (25.8%) but **worse** than England (23.7%).
- The rate of hospital admissions for dental caries has reduced since 2015/16-2017/18 from 179.5 to 136.5 per 100,000 by 2018/19-2020/21 in Havering; this rate is also **lower** than both London (280.1) and England (220.8)

## 5.2 Children in Need or in Care

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled<sup>67</sup>. Children in need of help and protection make up a small minority of all children, those assessed and supported through children's social care. Over the course of a year, it is estimated that around 6 percent of all children in England will be in need at some point. Children in need are a group supported by children's social care, who have safeguarding and welfare needs, including<sup>68</sup>:

- children on child in need plans
- children on child protection plans
- looked after children
- disabled children

All of these children have needs identified through a children's social care assessment or because of their disability, meaning they are expected to require services and support in order to have the same health and development opportunities as other children.

Early Help can reduce problems and improve outcomes for children, young people and families. Early Help is aimed at early intervention in order to prevent escalation of need, designed to empower families to be independent of services. Havering's Early Help Service uses the Outcomes Star which both measures and supports progress for service users towards self-reliance<sup>69</sup>.



- Since 2019, there has been an increase in the numbers of children being referred to children's social care, and in the number of children who have child protection plans (Fig.20). The number of children in care has slightly reduced in 2022-23 from 2021-22 as there is annual

<sup>67</sup> [Children Act 1989 \(legislation.gov.uk\)](https://legislation.gov.uk)

<sup>68</sup> [Review of children in need - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>69</sup> [Early help assessment | The London Borough Of Havering](#)

variation in absolute numbers, but the overall trend has been increasing.

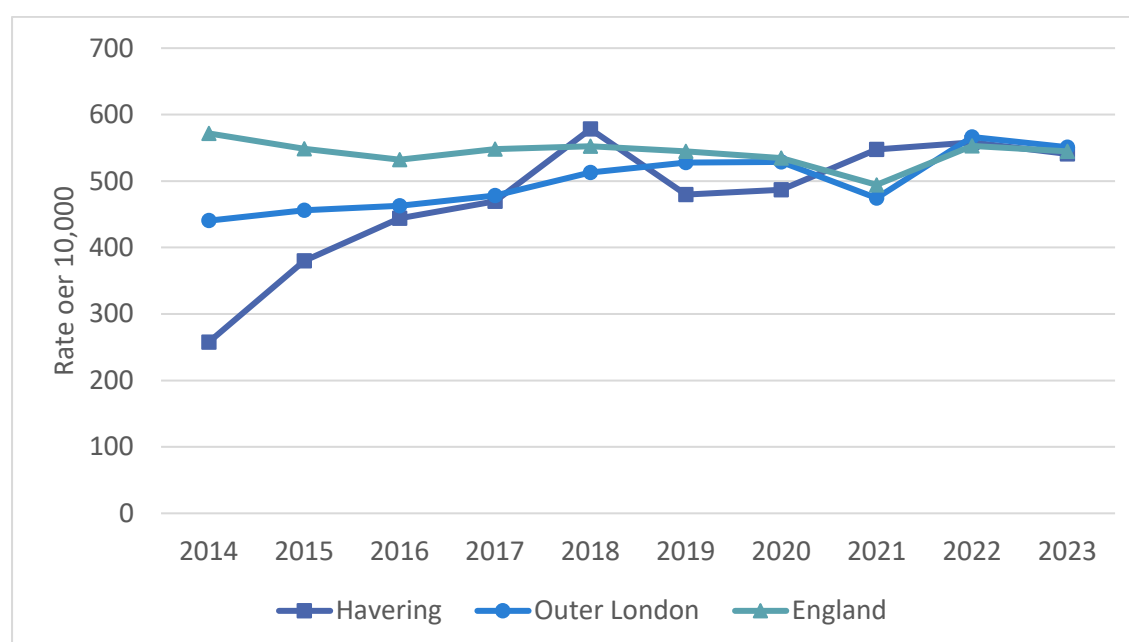
*Figure 20. Change over time in rates of children recorded by Children's Social Care, Numbers of Children*

	2018-19	2019-20	2020-21	2021-22	2022-23
Referrals to Children's Social Care	2,759	2,843	3,232	3,267	3,167
Number of children subject to a child protection plan	207	142	192	237	261
Number of children in care	247	232	206	265	241



- Havering's Children in Need (CIN) rate as at 31<sup>st</sup> March 2023 was higher, at 402.1 per 10,000, than London (369.8 per 10,000) and England (342.7 per 10,000)<sup>70</sup>.
- During 2022/23 there were 3,167 referrals to Children's Social Care in Havering; referrals were 3% lower than the previous year but 15% higher than in 2018/19<sup>71</sup>.
- The rate of referral to Havering's Children's Social Care, 541 per 10,000 children is in line with London, England, and boroughs with a statistically similar population profile as Havering (Fig. 21)<sup>72</sup>.

*Figure 21. Rates per 10,000 of referrals to Children's Social Services in Havering, London, England and Statistical Neighbours as at March 31<sup>st</sup> 2014 to March 31<sup>st</sup> 2023*



Source: Local Authority Interactive Tool, 2023; reproduced by Public Health 2023

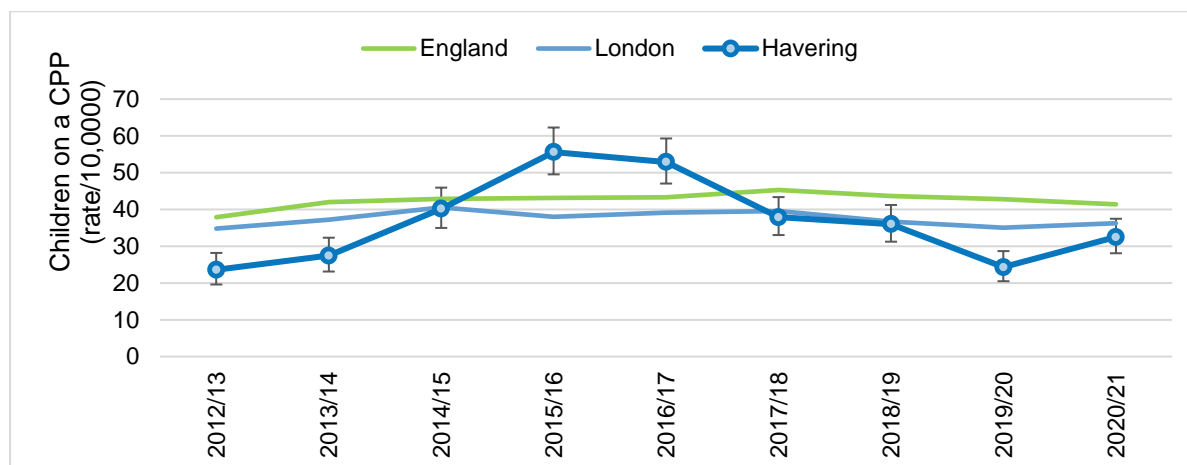
<sup>70</sup> [Create your own tables, Table Tool – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

<sup>71</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>72</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Since 2019 there has been a rise of 13% in the rate of children requiring child protection plans. Compared to Outer London boroughs Havering's increase has been slightly higher. Our statistical neighbours have seen a reduction in the rate of children with CP plans (Fig.22).

Figure 22. Children on Child Protection Plans in Havering, rate per 10,000 children Aged Under 18 Years Compared to London and England 2012/13 to 2020/21

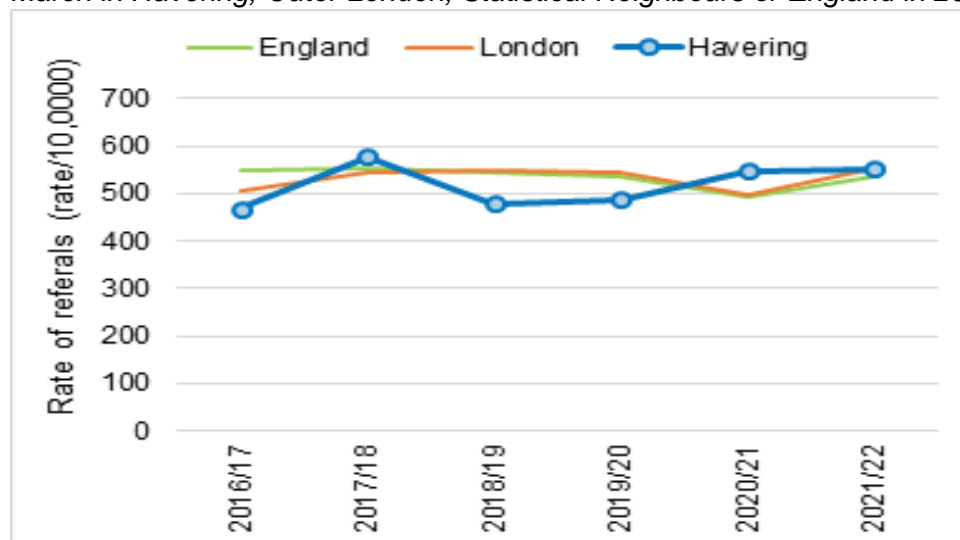


Source: OHID Fingertips, Produced by: LBH PHI 2023



- As at 31<sup>st</sup> March 2023, Havering had 241 children in care (CIC). This was a reduction from 265 at the end of March 2022<sup>73</sup>.
- Havering has a rate of 45 children in care per 10,000. This is better than both London (52 per 10,000) and England (70 per 10,000)<sup>74</sup>.
- Using the most recent comparative data, Havering's rate per 10,000 population was **lower** than England, outer London or statistically similar boroughs (Fig. 23)<sup>75</sup>.

Figure 23. Rate of Children in Care per 10,000 Children aged under 18 years as at 31<sup>st</sup> March in Havering, Outer London, Statistical Neighbours or England in 2016 to 2022.



<sup>73</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/local-authority-interactive-tool-lait)

<sup>74</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-profiles)

<sup>75</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/local-authority-interactive-tool-lait)

### 5.3 Supporting Children's Healthy Development & Addressing Inequalities

There are a range of universal as well as targeted services available to support children in their development and address inequalities. However, take up of these services is not always equitable, particularly by vulnerable groups/those affected by deprivation. For example, the offer of free education and childcare for 2-year olds is available to targeted families if they receive benefits, such as income support, jobseekers, or employment and support allowance, child tax or working tax credit. It is also available to any child in care, any child who has an EHC plan or has left care under an adoption order<sup>76</sup>. Up to 30 hours childcare is available universally to all 3 and 4 years olds who live in England<sup>77</sup>. Anyone more than 10 weeks pregnant, or have a child under 4 years who is claiming benefits, or is under 18 years old can apply for the Healthy Start Scheme which can support families in buying healthy foods such as milk or fruit and get free vitamin supplements<sup>78</sup>.



- In 2021/22, 88% of eligible children in Havering received a 12 month review, **better** than for London (73.4%) and England (82.0%)<sup>79</sup>.
- There are 392 Ofsted registered providers of early years care to 0-5 years; 62% of these are signed up to deliver funded early education and care<sup>80</sup>.
- 67.1% of 2-year old children in Havering took up the offer of free early education, **better** than London (65.2%) but **worse** than England (73.9%). The percentage of children taking up this offer has been increasing steadily since a significant dip in 2021<sup>81</sup>.
- 94.2% of 3 and 4 year olds took up the offer of free early education in Havering, compared to 83.7% in London and 93.7% in England<sup>82</sup>.
- 22 children in care (CIC) who were 2 years old in 2021/22 accessed a funded place with early years providers<sup>83</sup>.
- 76.0% of children in care (CIC) were up to date with their vaccinations according to 2022 data. This is **similar** to London (76.0%) but **worse** than the rate for England (85.0%)<sup>84</sup>.
- 81.4% of children in Havering received a 2-2½ year review in 2022/23, **better** than London (61.2%) and England (73.6%)<sup>85</sup>; however, only 73.2% of 2-2 ½ year reviews conducted in 2022/23 recorded use of the ASQ3 tool.
- 82.1% of children achieved a good level of development across all 5 domains in the 2-2½ year check in 2022/23. This is **better** than London (69.4%) and England (79.2%)<sup>86</sup>.
- By the end of Reception year in 2021/22, the percentage of children achieving a good overall level of development and at least the expected level of development in communication, language and literacy was **similar** to London and England:

<sup>76</sup> [Help paying for childcare: Free education and childcare for 2-year-olds - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/help-paying-for-childcare-free-education-and-childcare-for-2-year-olds)

<sup>77</sup> [30 hours free childcare - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/30-hours-free-childcare)

<sup>78</sup> [Healthy Start - GOV.UK Find a grant \(find-government-grants.service.gov.uk\)](https://find-government-grants.service.gov.uk/)

<sup>79</sup> Local data

<sup>80</sup> [Draft Childcare Sufficiency Report 2023\\_2027.pdf \(havering.gov.uk\)](https://havering.gov.uk/draft-childcare-sufficiency-report-2023-2027.pdf)

<sup>81</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/local-authority-interactive-tool)

<sup>82</sup> [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/local-authority-interactive-tool)

<sup>83</sup> [Draft Childcare Sufficiency Report 2023\\_2027.pdf \(havering.gov.uk\)](https://havering.gov.uk/draft-childcare-sufficiency-report-2023-2027.pdf)

<sup>84</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk/child-and-maternal-health)

<sup>85</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk/child-and-maternal-health)

<sup>86</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk/child-and-maternal-health)

	Havering	London	England
Good level of Development	64.5%	67.8%	65.2%
Communication, Language, Literacy	79.7%	79.1%	79.5%



- Children from GM ethnic groups were equally likely to achieve a good level of development by the end of Reception in Havering (71%) as those not from BAME communities (71%).

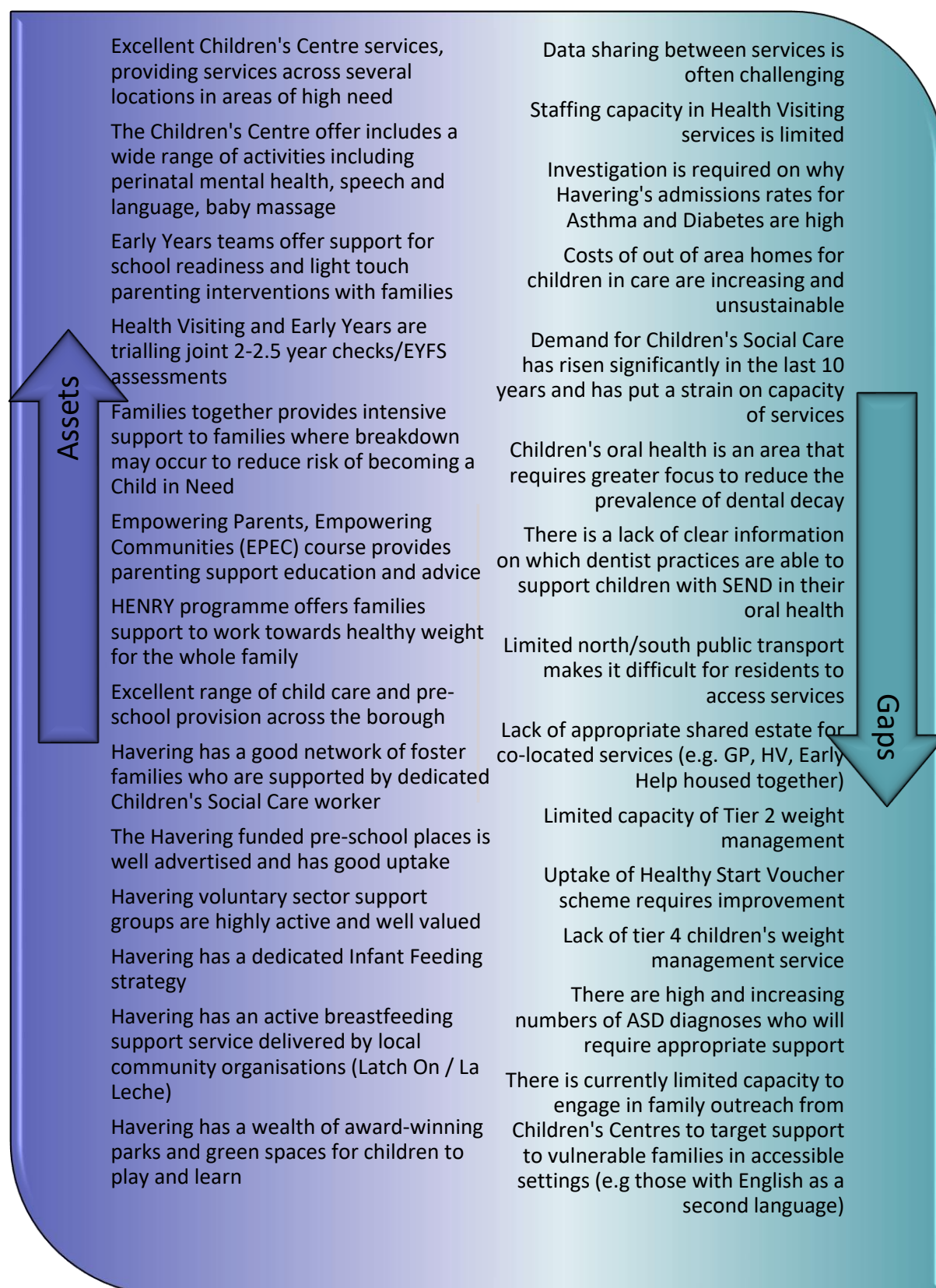
Good food is essential for children's development. However, the Covid-19 pandemic and cost of living crisis have impacted income significantly, which in turn has likely impacted the nutrition families with young children.



- 66% of those eligible in Havering took the Healthy Start voucher in 2023<sup>87</sup>.
- 13.6% of Havering residents responding to the 2021 GLA Survey of Londoners reported their children were [sometimes or often] unable to have balanced meals due to not enough money
  - 7.32% had cut the size of their children's meals
  - 3% had gone a whole day without food due to not enough money

<sup>87</sup> [Healthcare professionals – Get help to buy food and milk \(Healthy Start\)](#)

## 5.4 Assets and Gaps





## 5.5 What This Data Means for Havering

The health of children in their early years living in Havering is generally better than London or England, with lower mortality rates and fewer A&E attendances and admissions to hospital. With a high rate of admission to hospital for Asthma and Diabetes, further work is needed locally. Whilst also recognising that health crises for both of these conditions do happen occasionally, appropriate support may help children maintain their health and wellbeing whilst living with a long term condition.

Statutory services, such as health visiting are delivered well in Havering, and there is good uptake of early funded childcare provision, but these services are challenged to meet the rising demand as the population increases. The percentage of children achieving a good level of development across all 5 domains in the 2 – 2 ½ year check is better than London or England, but still indicates that 18% of children require additional support to meet their development needs. Increased co-location of services would assist in early identification of need and referral to onward services, particularly where this relates to child development and their readiness for school. However, the clinical criteria for many services, such as CAMHS, reflect the severity for that condition and level of intervention required; as such a referral may not result in acceptance of a child for treatment/support. Earlier identification and intervention is designed to reduce the risk of worsening conditions before it gets to the point of clinical intervention. As a system, therefore, it is important to consider which agencies may provide that earlier support, and how to grow that provision for earlier intervention.

All children who meet the prescribed criteria are able to access high quality early education regardless of their parents' ability to pay – benefiting their social, physical and mental development and helping to prepare them for school. The quality of early years provision in Havering is predominantly good or outstanding. Although there is no statutory duty to provide additional funding for children who are in receipt of 2-year-old Early Education funding, support within Havering is not age dependent, so provision is made for this age group too<sup>88</sup>. Around 2/3 of 2-year old children took up this funded early education offer, and with further promotion and awareness-raising the take-up could be higher. Requests for additional funding can also be made if a child has an identified need that requires additional support.

Although the rates of children in care are generally lower than London and England, there has nevertheless been an increase in absolute numbers of children with additional needs with the growing population. Often the needs of these, and other children, are more complex, which adds an additional strain to an already stretched service. This is discussed further in the School Age Children section.

The range of support offered by Children's Centres/Early Help services in Havering is excellent, and driven by expressed want and needs of local residents. The centres provide a combination of early help and early years activities, such as parenting programmes, support for teenage parents, parent-child bonding and baby massage. Current actions to improve outcomes for CYP in Havering are captured in the following key strategies; these will require reviewing in the light of this JSNA evidence.

- [Strategy for the Delivery of Early Intervention Services in Havering 2022-2024](#)
- [HSCP Neglect Strategy 2021-2023 \(havering.gov.uk\)](#)
- [the best start for life - the first 1001 days | Havering Directory](#)

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<sup>88</sup> [Draft Childcare Sufficiency Report 2023\\_2027.pdf \(havering.gov.uk\)](#)

## 5.6 Recommendations:

- 1**
  - Increase focus on the recruitment and retention of staff in Early Years roles to meet capacity in line with population growth
  - This is especially required in Health Visiting, Community Paediatrics and Early Years practitioners, supported by appropriate levels of funding to increase capacity of service according to population growth
- 2**
  - School readiness by end of Reception year is a priority.
  - Focus on early intervention to improve school readiness by increase delivery of Joint 2-2.5 year checks with Health Visiting and Early Years staff in Early Years settings to improve school readiness
- 3**
  - Utilise outcomes from the 2-2.5 year check to signpost to a relevant early support offer to improve School Readiness and grow non-clinical offer e.g. Speech and Language Therapy, Physiotherapy, Family Support services for children with additional needs (ASD/ADHD etc.)
- 4**
  - In response to Child Death reviews, utilise Making Every Contact Count (MECC) principles to raise awareness of Safe Sleeping practices across all services in Havering
- 5**
  - In response to increasing population and significant rise in referrals to Children's Social Services, ensure resources are made available to meet Corporate Parent responsibilities
- 6**
  - Good long term condition management support is required to prevent admissions to hospital, especially for childhood asthma and diabetes
- 7**
  - Make the most of existing assets to signpost parents to relevant community services e.g. Health Champions, Local Area Co-ordinators, Community Connectors
- 8**
  - Consider ways the local integrated system can focus on good oral health for children, to reduce avoidable dental caries

## 6. School Age Children



## 6. School Age Children 4-18 years

### 6.1 School Age Children's Health and Wellbeing (5-18 years)



- The child mortality rate (pooled for 3 years 2018 to 2020) for children aged 1-17 years in Havering is **too small to be calculated** and by default lower than the rates for both London (9.8 per 100,000) and England (10.3 per 100,000)<sup>89</sup>.
- In 2022, Havering's rate of emergency hospital admissions caused by unintentional and deliberate injuries to children was **lower** (54.7 per 10,000) than England (84.3 per 10,000)<sup>90</sup>.
- 1.9% of pupils in Havering had social emotional and mental health needs in 2021/22<sup>91</sup>; this was lower than the rate estimated for London (2.7%) and England (3.0%). This rate has been increasing steadily from 2.4% in 2017/18.
- National data suggests that in 2020, 1 in 6 (16%) of children aged 5 to 16 years were identified as having a probable mental disorder. This has increased from 1 in 9 (10.8%) in 2017<sup>92</sup>, with increases for both boys and girls<sup>93</sup>. Amongst 17 to 22 year olds more young women were likely to have a probable mental disorder (27.2%) than young men (13.3%)<sup>94</sup>.
- Data from the Mental Health Services Dataset (MHSDS) showed that in August 2023, 11 to 15 year olds represented the group (in 5-year age bands) with the highest number of contacts with mental health services (240,000), with 5 to 10 year olds a close second (133,000) contacts nationally<sup>95</sup>.
- Over the 5 months April to August 2023, NHS North East London ICB had a total of 4,630 closed CYP referrals where the children were discharged with at least 2 care contacts<sup>96</sup>. 27% of those contacts showed measurable improvement as a result of contact with those services in NEL ICB in August 2023.
- Amongst children aged 10-24 years, Havering had a **lower** rate of hospital admissions as a result of self-harm (200.3 per 100,000) than London (229.7 per 100,000). This rate was **significantly lower** than the rate of admissions for self-harm in England (427.3 per 100,000)<sup>97</sup>.
- Havering's rate of hospital admissions for asthma for all children under 19 years was 146.5 per 100,000 (see section 4.1 above for rate under 9 years). This was, was **higher** than London (142.3 per 100,000 and England (131.5 per 100,000)<sup>98</sup>.

<sup>89</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>90</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>91</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>92</sup> [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

<sup>93</sup> [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

<sup>94</sup> [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

<sup>95</sup> [Microsoft Power BI](#)

<sup>96</sup> [Microsoft Power BI](#)

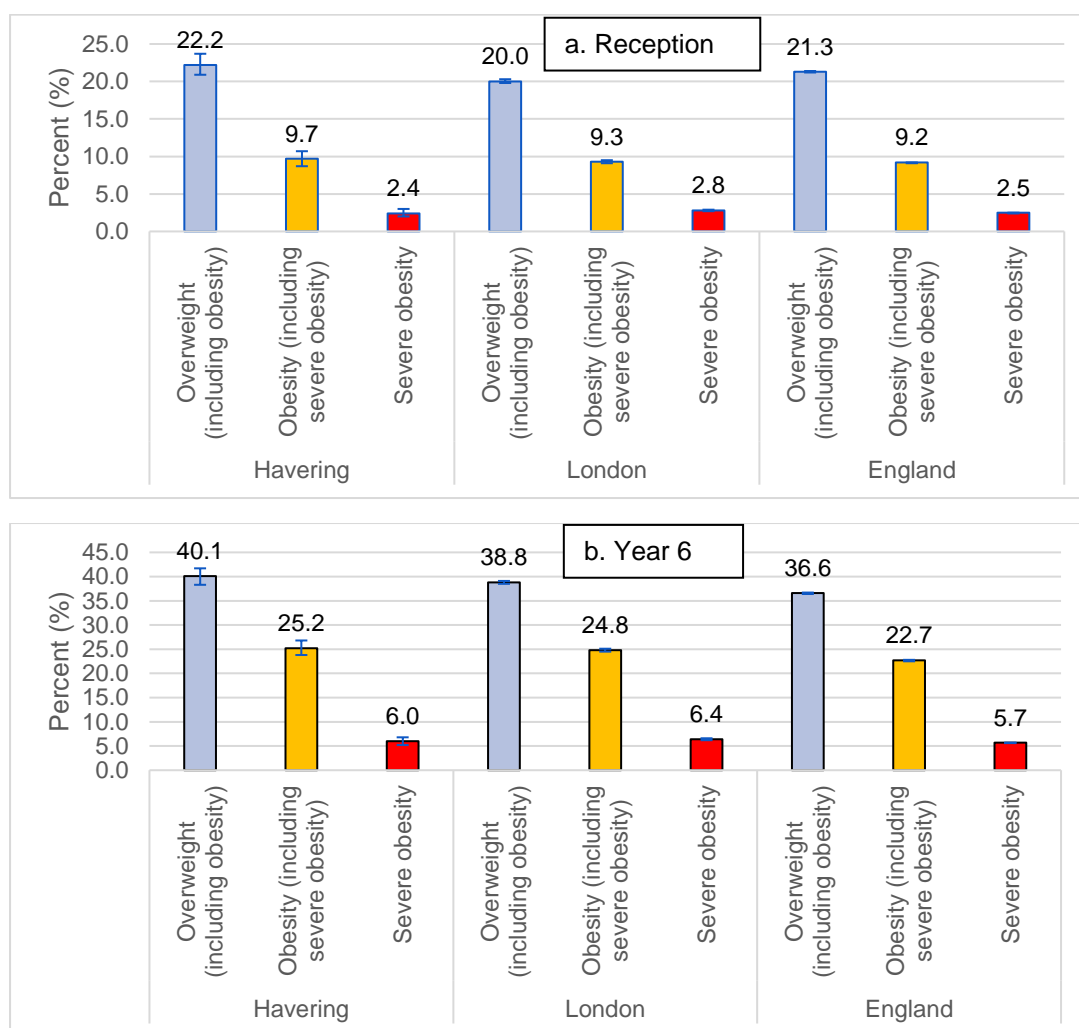
<sup>97</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>98</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)



Preventing overweight and obesity and the health issues caused by overweight and obesity are priorities for Havering Council and the NHS. Havering's rates of obesity are **similar** to London and England for Reception, but higher for children in Year 6. Of more concern, however, is the significant increase in obesity between Reception (a.) and Year 6 (b.) (Fig. 20).

Figure 20. Prevalence of Overweight and Obesity in Havering, London and England in Reception (top) and Year 6 (bottom) Children 2021-22.



## 6.2 Educational Attendance

Being in school is important to a child's academic achievement, wellbeing, and wider development. Regular school attendance is a key mechanism to support children and young people's educational, economic and social outcomes. Schools can facilitate positive peer relationships, which contributes to better mental health and wellbeing. Attendance at school is crucial to prepare young people for successful transition to adulthood, and to support their longer term economic and social participation in society. There is also evidence that the students with the highest attendance throughout their time in school gain the best GCSE and A level results<sup>99</sup>.

Non-attendance, whether authorised or unauthorised can have a detrimental impact not just on educational attainment but their overall development. There may be very valid reasons

<sup>99</sup> [Why is school attendance important and what support is available? - The Education Hub \(blog.gov.uk\)](https://blog.gov.uk/why-is-school-attendance-important-and-what-support-is-available/)

why a child is absent from school, but pupils who have missed more than 10% of school sessions are considered 'Persistently absent'<sup>100</sup>. Students who attend school less frequently perform worse academically and are more likely to be excluded from school and to drop out. They may also feel less connected to their classmates and find it hard to get back into school. This may hinder their social and emotional growth. Absences from school may also have long-term consequences that extend beyond school and into adulthood; children who are persistently absent are more likely to obtain no qualifications and to be out of the labour force by mid-adulthood<sup>101</sup>.



- 89.7% of families were offered their preferred first choice of primary school in 2023. This is **worse** than the 92.5% offered their first choice in England, better than the rate offered in inner London (87.2%) and similar to that offered across outer London (89.3%)<sup>102</sup>.
- Havering had **fewer** (1.5%) unauthorised absences in schools than both London (1.9%) and England (1.8%) in 2022.
- Amongst primary schools, the rate of unauthorised absence was 1.1% and in secondary it was 2.0%<sup>103</sup>.
- Total persistent absence (missing more than 10% of all sessions) was **lower** in Havering in 2022 (19.7%) than England (22.5%)<sup>104</sup>.
- There were **fewer** permanent exclusions in Havering's schools in 2022 (0.01% of the total school population) than England (0.08%) and boroughs with similar population profiles (0.07%)<sup>105</sup>.
- In 2022, 4.52% of all pupils in the total school population received a suspension. This was **lower** than England (6.91%) and similar boroughs (6.43%)<sup>106</sup>.

### 6.3 Inequality and Deprivation



- Data from the Mental Health of Children and Young People in England Survey 2020 showed that 11 to 16 year olds in the 4<sup>th</sup> quintile of deprivation were the most likely to have a possible or probable mental health disorder (29.4%). This compares to 13.8% in the 1<sup>st</sup> quintile (least deprived)<sup>107</sup>.
- Amongst 5 to 10 year olds, children in the 2<sup>nd</sup> quartile (2<sup>nd</sup> least deprived) were most likely to have a possible or probable disorder (24.7%). However, this may be as a result of equity of access to services.
- National data shows that children aged 5 to 16 years with a probable mental health 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%).

<sup>100</sup> [Why is school attendance important and what support is available? - The Education Hub \(blog.gov.uk\)](https://blog.gov.uk/why-is-school-attendance-important-and-what-support-is-available/)

<sup>101</sup> [Persistent absence from school is a growing threat to children's education \(theconversation.com\)](https://theconversation.com/persistent-absence-from-school-is-a-growing-threat-to-childrens-education)

<sup>102</sup> [Secondary and primary school applications and offers, Academic year 2023/24 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk/secondary-and-primary-school-applications-and-offers)

<sup>103</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>104</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>105</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>106</sup> [DfE Interactive Local Authority Tool, 2023](#)

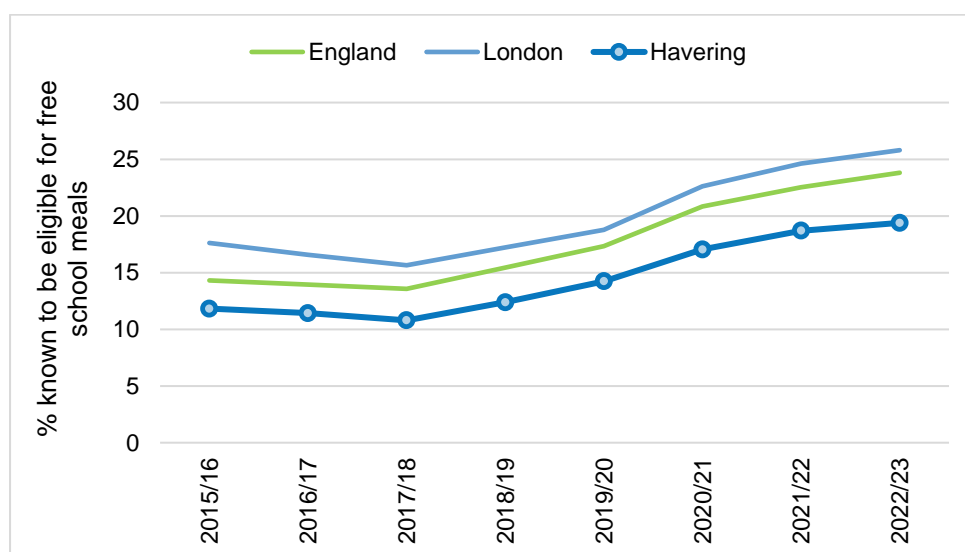
<sup>107</sup> [https://files.digital.nhs.uk/2C/48CB60/mhcpy\\_2020\\_tab.xlsx](https://files.digital.nhs.uk/2C/48CB60/mhcpy_2020_tab.xlsx)





- Amongst children who have been in care for at least 12 months, the rate of unauthorised absence in 2022 was 2.9%<sup>108</sup>. This is **higher** than the rate amongst all pupils (1.5%) and **slightly higher** than the rates of absence for CIC in England (2.3%) and Outer London (2.7%).
- Children in Need (CIN) in Havering in 2022 missed **fewer** sessions through unauthorised absence than CIN children in England (7.0%) and boroughs whose populations are similar to Havering (6.6%)<sup>109</sup>.
- 19.4% of all pupils in Havering are known to be eligible for free school meals (FSM) in 2022/23. Although this is lower than the rate for both London (25.8%) and England (23.8%), it is on an increasing trajectory (Fig. 21) and the 9<sup>th</sup> lowest rate in London.
- Amongst primary school pupils only, 19.5% are known to be eligible for FSM, compared to 26.5% in London and 25.2% in England
- Uptake of FSM, amongst all pupils and primary school pupils is **less** than the percentage of pupils eligible (Fig. 22).
- For those children with FSM status, 64.5% achieved a good level of development at the end of Reception year, **similar** to both London (67.8%) and England (65.2%).

Figure 21. Trend in Percentage of All Pupils Eligible for Free School Meals (FSM) 2015/16 to 2022/23 in Havering, London and England.

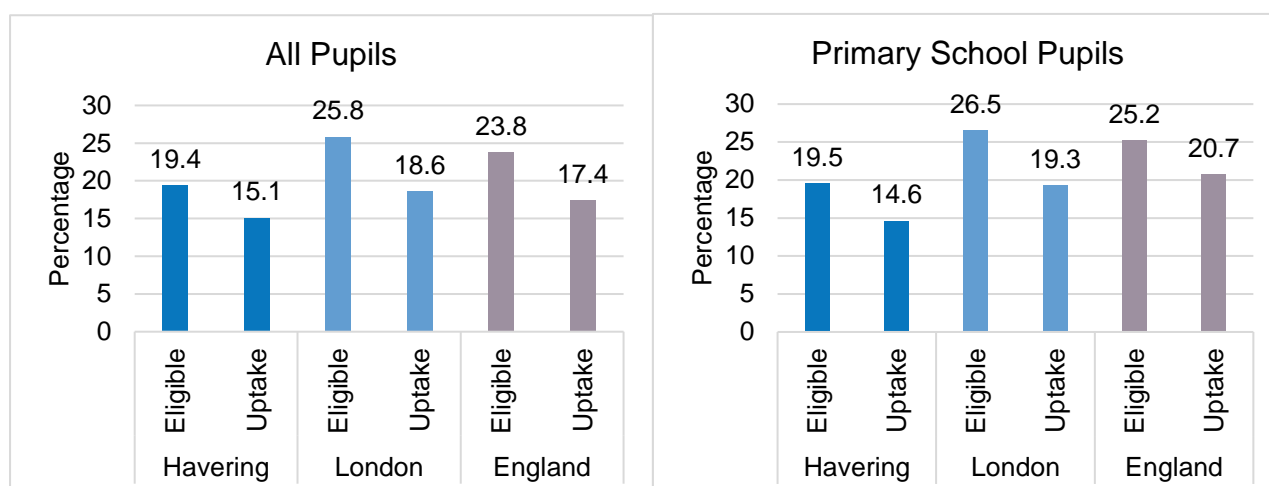


Source: OHID Fingertips, Produced by: LBH PHI 2023

<sup>108</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>109</sup> [DfE Interactive Local Authority Tool, 2023](#)

Figure 22. Difference Between Percentage of i) All Pupils and ii) Primary School Pupils Eligible for FSM and Uptake for Havering, London and England 2022-23.



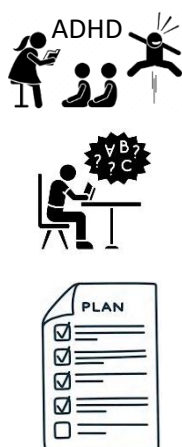
Source: OHID Fingertips

#### 6.4 Special Educational Needs and Disabilities (SEN/SEND) in School Age Children (5-25 years)

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn, including, for example, their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have attention deficit hyperactivity disorder (ADHD)
- physical ability

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs.







- 12.5% of pupils in school in Havering in 2022/23 had a statutory plan of Special Educational Needs<sup>110</sup>. This is **lower** than the rate for London (16.9%).
- 3.9% of Havering pupils in 2022/23 have an Education Health and Care Plan (EHCP) compared to 4.8% in London<sup>111</sup>.
- In 2022/23 8.7% of Havering pupils had SEN support, compared to 12.1% across all London boroughs.
- In 2021/22, 29.0% of children in care (CIC in Havering had a statement of SEN or EHC plan, compared to 34.7% of CIC in London<sup>112</sup>.
- Amongst Children in Need (CIN), 31.6% had a statement or EHC plan compared to 32.6% in London<sup>113</sup>.

<sup>110</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>111</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)


<sup>112</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>113</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

- 
- The number of children with EHCPs in Havering has **increased** from 1,534 in 2019 to 2,182 by 2023.
- 
- Among primary schools, in Havering in 2022/23, 40.3% of SEN pupils had a primary need related to speech, language and communication, slightly less than the London average of 42.0%<sup>114</sup>.
  - The second most common need for SEN pupils in Havering was moderate learning difficulty. At 24.3% of all SEN pupils, this was a much higher proportion than that for London (8.1%)<sup>115</sup>.
- 
- 95.1% of new Education Health Care plans in Havering were issued within 20 weeks in 2022 (including exceptions). This is an increase of 55% from 2021 and compares favourably with statistically similar boroughs who achieved 57.3% of new EHCs issued within 20 weeks<sup>116</sup>.
  - In 2022, 50.9% of newly issued statements and plans were for children who went to a mainstream school.
- 
- In 2021/22, 4.2% of Special School pupils received a suspension, which was better than the rate in England (9.6%) and boroughs with similar populations (8.4%)<sup>117</sup>.
  - There were no permanent exclusions amongst pupils in Havering attending a Special School.

## 6.5 Children's Views on their Needs

Engagement with children and young people has given valuable insight into what they feel their needs are, for now and for the future. In its Corporate Plan, Havering Council made a commitment to 'continue to grow the number of children and young people that are actively involved in consultation, coproduction and service design across the community'. It is positive that over the past two years, there have been several large scale exercises to ensure that children's voices are heard and considered, both within and external to the Council, including The Big Ask delivered by the Children's Commissioner and the Shout: We are Listening Survey and BeeWell survey conducted by Havering Council.

- 
- 1,200 children aged 9-17 responded to The Big Ask, conducted by the Children's Commissioner in 2021
  - The top reason for being unhappy for children in Havering was their mental health (20%) and the choice of things to do their local area (18%) (Fig. 23).
  - 70.9% of Havering respondents to The Big Ask felt that having a good job or career was important, compared to 69% across England. However, 39.9% also felt worried about having a good job or career, which was their top worry in Havering.
  - 60% of Havering respondents thought they were likely to have a better life than their parents.

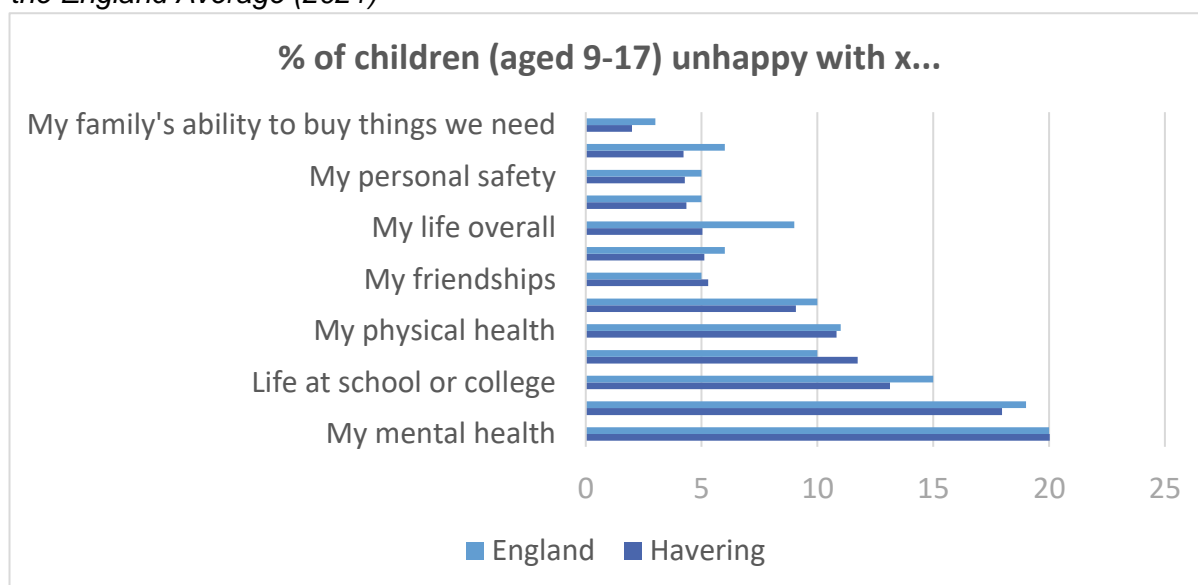
<sup>114</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>115</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>116</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>117</sup> [DfE Interactive Local Authority Tool, 2023](#)

Figure 23. Percentage of Havering Children unhappy with aspects of their lives compared to the England Average (2021)



The Shout survey, conducted between end November and end December 2022, was a universal survey aimed at children and young people in year 6 and up, promoted through Havering's schools. It was delivered digitally, through the Mind Of My Own (MoMo) website; MoMo is also the application used by Children's Services to capture the views of children with a social worker. Its purpose was to gain feedback, insights, views and experiences of children in Havering. The topics covered by the survey were set by Children's Services and based largely on some of the themes of our Children and Young People Plan, namely: raising aspirations for our children and young people; putting the child's voice at the centre of our work; and responding to and challenging racism, inequality and discrimination. The additional two themes added to these were: money / the cost of living, and how children feel about their local area.

Out of over 1,000 responses to the Shout Survey, 70% were aged between 10 and 12 years and around 54% identified themselves as White or British.

- 50% felt they are listened to a lot by their parents/carers; around 45% felt they were listened to by friends and just under 40% felt they were listened to by Teachers at school.
- The survey gave valuable insight into the range of other people children felt listened to them, including grandparents, cousins and other family members, trusted adults at clubs and advisers on the internet (Fig. 24).

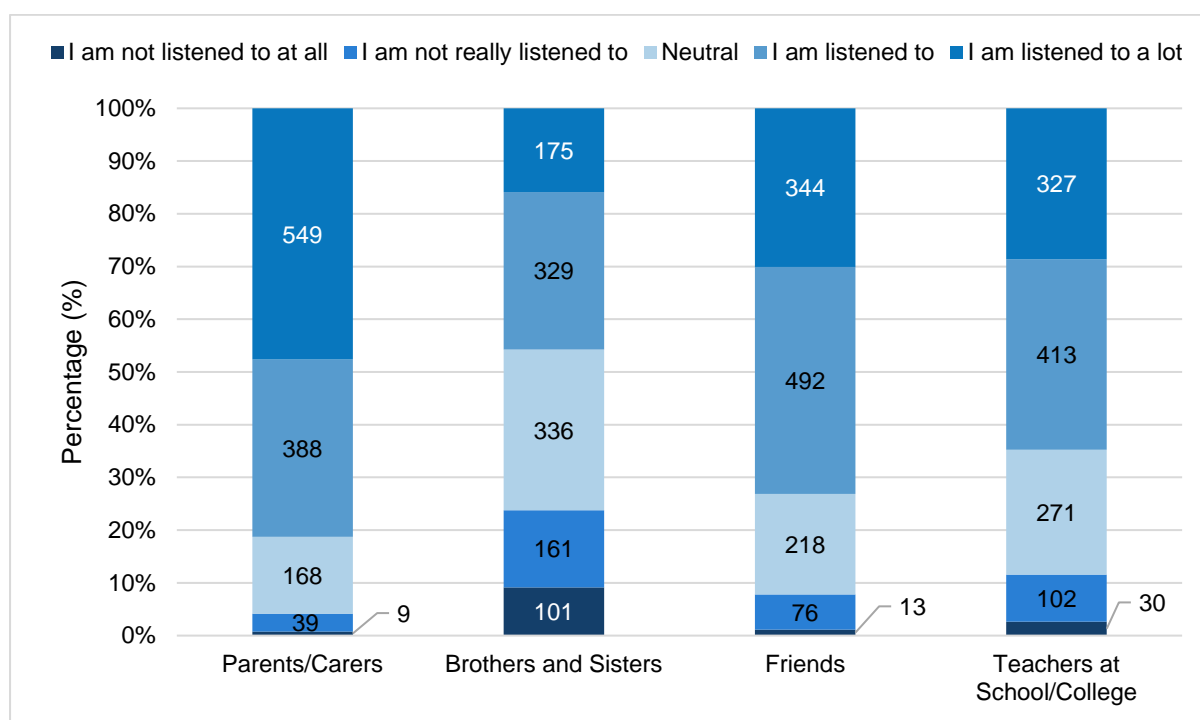
#### Who Children Felt Listened to Them



#### How Children Felt About the Future



Figure 24. How well children felt listened to by various people in their lives; Shout Survey



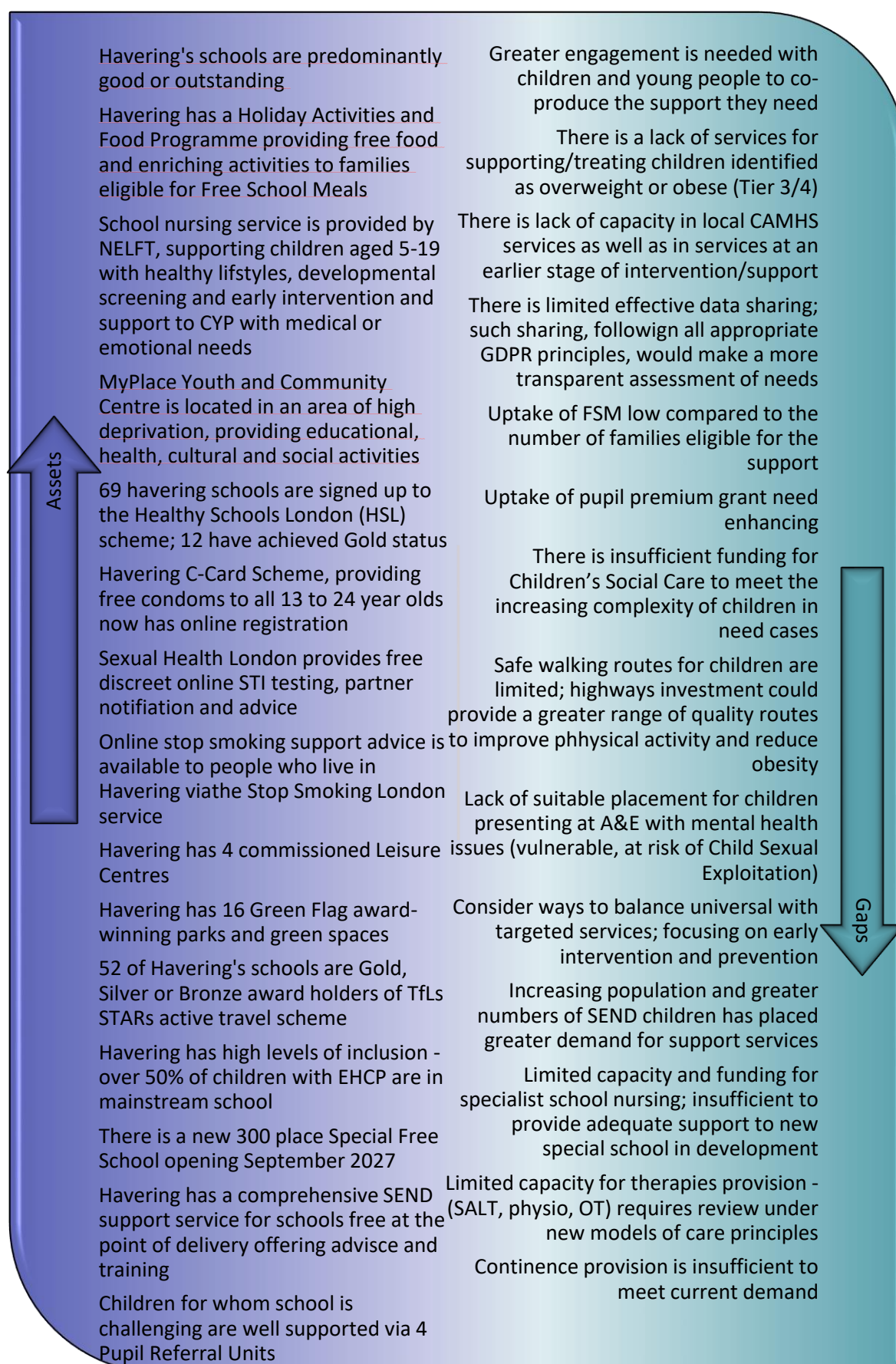
Source: SHOUT survey, Produced by: LBH PHI 2023

- The children's main worries about money centred on: Future student debt (43.2%); somewhere to live (41.5%); Jobs (41.5%); Food / Healthy Food (29.5%); Clothes (23.8%) and Location of Further Education (23.4%)
- 42.1% felt that money worries did NOT affect their physical or emotional wellbeing
- 68% were Hopeful and 47.6 % were Excited when asked the top 4 words they could to use to describe their thoughts about the future. However this was closely followed by Unsure (49.2%), Anxious (47.7%). Worried and Stressed were recurring themes, which suggests that children's mental and emotional wellbeing may be at risk.
- In response to the question, "Is there anywhere in Havering you feel unsafe?", 56.7% felt unsafe on the streets and 34.1% felt unsafe at bus stops and train stations. However, 30.4% did feel safe everywhere.

The #BeeWell work in particular aims to provide a forum for young people to affect change, by creating a youth steering group that will consider the results from the wellbeing census and commission some small projects to support improvements in young peoples' wellbeing. The Council is also consulting children and young people on its budget for the first time<sup>118</sup>.

<sup>118</sup> [Budget Consultation - Children and Young People Version - London Borough of Havering Council - Citizen Space](#)

## 6.6 Assets and Gaps





## 6.7 What This Data means for Havering

Children's mental and emotional wellbeing in the aftermath of the Covid-19 pandemic, and cost of living crisis has been significantly affected and will need to be a priority. More and more national and local anecdotal evidence is being reported that there is growing demand for supporting children's mental wellbeing. According to the MHSDS, 11-15 year olds represented the group with the highest number of people in contact with mental health services in August 2023. Reports from schools locally are that they have seen a rise in children needing support for the mental or emotional health and wellbeing. However, a survey by the mental health charity stem4 found that 54% of patient aged 11 to 18 years referred to CAMHS services by GPs are rejected<sup>119</sup>. This is not surprising given the demand for care amongst this age group, and the burden that places particularly on CAMHS services and highlights the need to address the capacity for such services. It could also be that the referrals do not meet the clinical criteria for CAMHS-level intervention and support and raises the issue of capacity in the borough for lower level intervention at an earlier stage to prevent escalation of issues. Now is the time to think about how Havering's services can take a whole systems approach to mental wellbeing; a co-ordinated strategy which takes into account services which act an earlier stage would be recommended.

Alongside increasing mental health and emotional needs, more children have more complex needs and the rate of children with EHCPs is likely to continue to increase. In addition there has been significant increase in movement into the borough of children often with highly complex needs including SEND, domestic abuse and safeguarding. In circumstances when children enter the borough as a non-targeted transfer, it is the responsibility of children's services to provide the support to these individuals. In the majority of non-targeted transfer cases, there are often numerous and challenging complex issues, which further increases the demand on the service.

There is a lack of capacity for specialist school nursing, and school nursing in general and compounded further by the overall increase in population of children in Havering. Increases in children with more complex needs also draws on the capacity of these services, such as school nursing, to contribute to multi-disciplinary safeguarding conferences, Physio, SALT, CAMHS etc. Whilst it is acknowledged that managing safeguarding issues should be a shared responsibility across all frontline services, the partnership may need to consider how to work more collaboratively and provide support at an earlier point for children who are having trouble coping, experiencing distressed feelings or difficult thoughts, sensory issues and promote wellbeing for parents, carers and children.

Children's development by the end of Reception year in school is similar to both London and England, but as a borough we could be more aspirational for them. There do not appear to be any inequalities in achievement for children from global majority ethnicities. However, there are differences in the levels of development amongst more vulnerable groups, such as those who are eligible for FSM. Continuing support for children's educational attainment is key to their future, increasing opportunities for good employment and thus breaking the cycle of deprivation/poverty.

The voices of children and young people should be heard, and in order to build upon the good foundations laid in 2022 and 2023, partners should develop a shared annual engagement plan. This will ensure that work to consult and coproduce with children and young people is co-ordinated, mitigating the risk of duplication and over-surveying, and

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<sup>119</sup> [More than half of GP referrals to CAMHS services rejected, poll reveals | GPonline](#)

demonstrating the range of opportunities for children and young people to have influence and shape the provision of services and decisions that affect them.

#### 6.8 Recommendations:

- 1**
  - Children's emotional wellbeing is a priority
  - Partners are recommended to develop a suitable joint strategy to improve Children and Adolescents Mental Health
- 2**
  - Partners are recommended to develop a shared annual engagement plan to ensure that work to consult and coproduce with children and young people is co-ordinated and avoids duplication
- 3**
  - Work in partnership with schools to seeks ways to include promotion of breastfeeding, positive parenting, consent and weight management for pregnancy into the SRE curriculum in schools
- 4**
  - Work collaboratively and in a whole systems approach to address high rates of obesity amongst children, focusing on Tier 1/2 actions to prevent obesity
  - Consider how to provide a comprehensive Tier3/4 weight management service
- 5**
  - Partnership to consider how to improve asthma and diabetes care to reduce the high rate of hospital admissions for children with these conditions
- 6**
  - Capacity of school nursing, specialist school nursing and support for children with special educational needs and disabilities requires support/additional investment and prioritisation






## 7. Adolescent Health & Transition to Adulthood

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## 7. Adolescents' Health and Transition to Adulthood (15-24 years)

### 7.1 Adolescents' Health and Wellbeing (15-24 years)

- 
- The percentage of 15 year olds in 2015/16 Havering with 3 or more risky behaviours (15.8%) was similar to England (15.9%) but higher than London (10.1%)<sup>120</sup>.
  - 13.8% of 15 year olds were physically active for at least one hour a day, seven days a week. This was better than London (11.8%) and similar to England (13.9%). However, this is still a disturbingly low figure for the level of activity engaged in by this age group.<sup>121</sup>
- 
- The rate of new referrals to secondary mental health services for children under 18 years in 2019/20 in Havering (4,086 per 100,000) was lower than London (4,639 per 100,000) or England (6,977 per 100,000)<sup>122</sup>.
  - The rate of admissions for mental health conditions for children under 18 years was **better** in Havering (68.3 per 100,000) than England (99.8 per 100,000) and **similar** to London (75 per 100,000)<sup>123</sup>.
- 
- For children under 18 years, there were **more** attended visits with community and outpatient mental health services in Havering in 2019/20 (30,196 per 100,000) than London (25,930 per 100,000) and England (28,395 per 100,000)<sup>124</sup>.
- 
- There were 200.3 per 100,000 hospital admissions as a result of self-harm amongst 10-24 year olds in Havering. This was **better** than England (427.3 per 100,000) and **similar** to London (229.7 per 100,000)<sup>125</sup>.
- 
- The prevalence of eating disorders amongst 16-24 year olds is similar in Havering (13.1%) to the England average (13.1%). This is higher than the prevalence of eating disorders amongst 5-16 year olds at 3.4%) for Havering in 2020.

Whilst taking risks is an important part of growing up, normal neural development in teenager's brains makes it hard for them to think about the consequences of a behaviour, or what might happen in the future. The most common risk-taking behaviours are outlined below, with the rates of occurrence in Havering compared to London and England.

- 
- Smoking prevalence at age 15 has been steadily declining, from 21% in 2004 to around 3% regular smokers nationally by 2021, and 6% occasional smokers. The most recent data available for Havering is the WAY survey, conducted in 2014/15 and may not reflect an accurate picture; this suggested 6.1% were current smokers and 3.4% regular smokers<sup>126</sup>.

<sup>120</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/child-and-maternal-health-ohid)

<sup>121</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/child-and-maternal-health-ohid)

<sup>122</sup> [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/mental-health-and-wellbeing-jsna-ohid)

<sup>123</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/public-health-profiles-ohid)

<sup>124</sup> [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/mental-health-and-wellbeing-jsna-ohid)

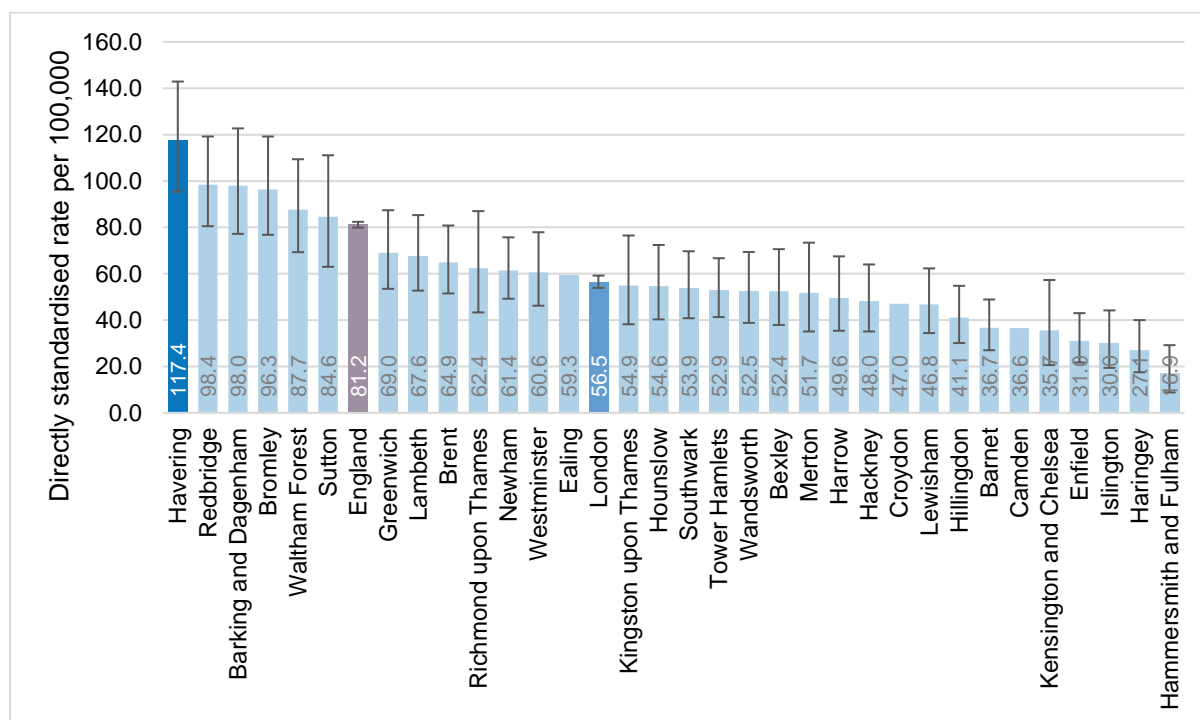
<sup>125</sup> [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/mental-health-and-wellbeing-jsna-ohid)

<sup>126</sup> [Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk/data/data-hub/publications/public-health-profiles-ohid)



- In London, the Survey of Smoking, Drinking and Drug Use (SSD survey) among young people showed that more girls were current smokers (3%) than boys (1%)<sup>127</sup>.
- Admissions to hospital for alcohol-specific conditions in all children under 18 years over the period 2018/19 to 2021 is **similar** in Havering (11.4 per 100,000) top London (14.3 per 100,000) and **better** than England (29.3 per 100,000). There has been a steady downwards trend in rates since 2006/07<sup>128</sup>.
- However, amongst 15-24 year olds specifically in the period 2018/18 to 2021/22, the rate of hospital admissions due to substance misuse in Havering is **significantly worse** (117.4 per 100,000) than both London (56.5 per 100,000) and England (81.2 per 100,000). Havering had the highest (worst) rate out of all the London boroughs over this period (Fig. 25)<sup>129</sup>.
- The rate of hospital admissions due to substance misuse in 15-24 year olds was significantly worse for males (130 per 100,000) than females in Havering (104.2 per 100,000).

Figure 25. Directly Standardised Rate per 100,000 of Hospital Admission due to Substance Misuse in 15-24 year olds in Havering compared to London Boroughs 2018/19 to 20/21



Source: OHID Fingertips, Produced by: LBH PHI 2023

<sup>127</sup> [Smoking, drinking and drug use among young people in England - NHS Digital](#)

<sup>128</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

<sup>129</sup> [Child and Maternal Health - OHID \(phe.org.uk\)](#)



- The conception rates for under 18 years old has been steadily decreasing since 1998, such that the rate in Havering (2021) is now 15.5 per 1,000. However, this remains higher than the rates for both London (9.8 per 1,000) and England 13.0 per 1,000) (Fig. 26)<sup>130</sup>.
- Havering ranks 8<sup>th</sup> out of the London boroughs for under 18 conceptions and 12 for under 16 conception rates (1.7 per 1,000) (Fig 27).

Figure 26. Trend in under 18's conception rate per 1,000 females aged 15-17 in Havering 1998 to 2020

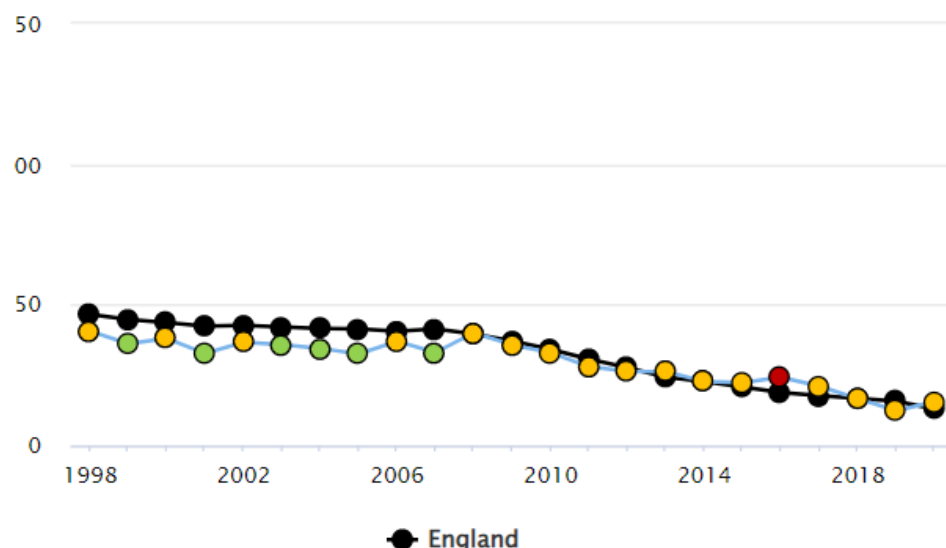
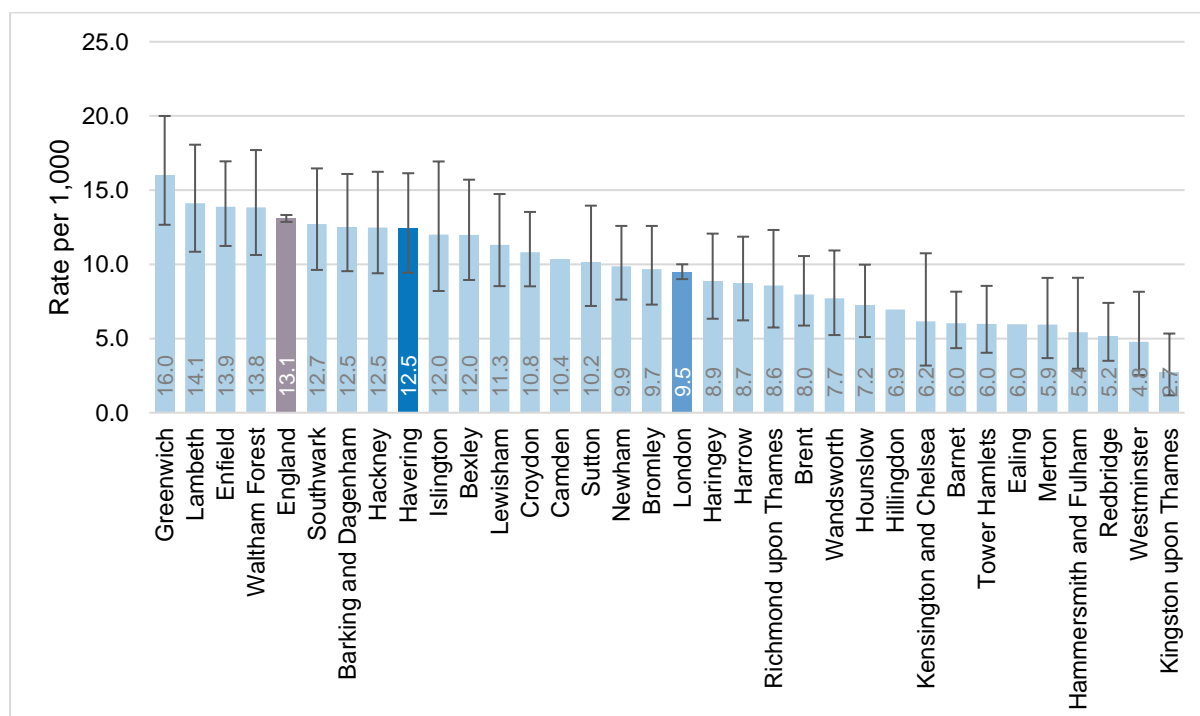


Figure 27. Under-18s conception rates /1,000 in London local authorities benchmarked against **England**, 2021



Source: OHID Fingertips, Produced by: LBH PHI 2023

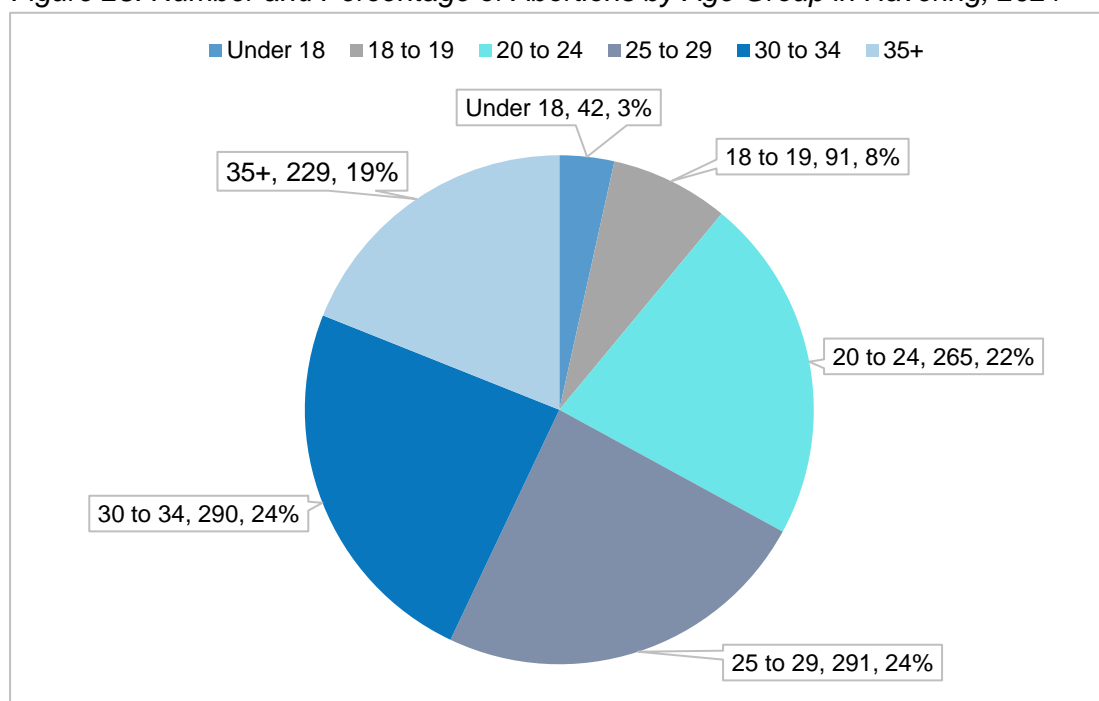
<sup>130</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk)





- 3% of abortions undertaken in 2021 were amongst women aged under 18 years and 8% were in 18 to 19 years olds (Fig. 28).
- The rate of repeat abortions amongst women aged under 25 years is similar in Havering (33.7%) to London (31.6%) and England (29.7%).

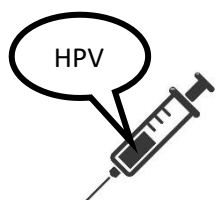
Figure 28. Number and Percentage of Abortions by Age Group in Havering, 2021



Source: OHID Fingertips

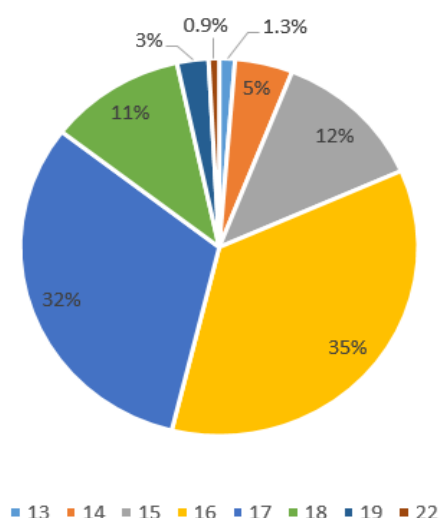


- The chlamydia detection rate amongst females aged 15 to 24 years in Havering is 1,606 per 100,000. This is well below the target detection rate of 3,250 per 100,000, but neither London (2,137 per 100,000) nor England (2,110) rates reach this target either.



- 85.8% of 12 to 13 year olds had the HPV vaccination in Havering. This is the highest uptake out of all the London boroughs (61.6%) and better than England (69.6%). The target uptake is  $\geq 90\%$ .
- In 2021-22 there were a total of 234 registrations, a significant improvement from the 38 achieved during the height of the Covid-19 pandemic in 2020-21. However, despite this recent improvement, the overall trend in use of the C-card scheme has declined since its inception in 2013. (Fig. 29).

Figure 29. Percentage of C-Card Registrations by Age, Havering, 2021.



Out of the 234 registrations in 2021-22, 69% were male, 29% were female, and 2% were non-binary or transgender. Just over one third of registrations were for young people aged 16. Over this same period, 3,659 condoms were distributed; 79% of these were distributed to males, 21% to females. The most popular condom distribution site was Havering College, Ardleigh Green Campus, which distributed 75% of all condoms given out by the scheme that year

## 7.2 Educational Attainment and Inequalities

A good indicator of inequality, is how well children are performing in educational attainment. Children with poorer mental health are more likely to have lower educational attainment and there is some evidence to suggest that the highest level of educational qualifications is a significant predictor of wellbeing in adult life. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

The attainment 8 score measures pupil's attainment across 8 qualifications, including Maths, English, Science, Computer Science, History, Geography and Languages.

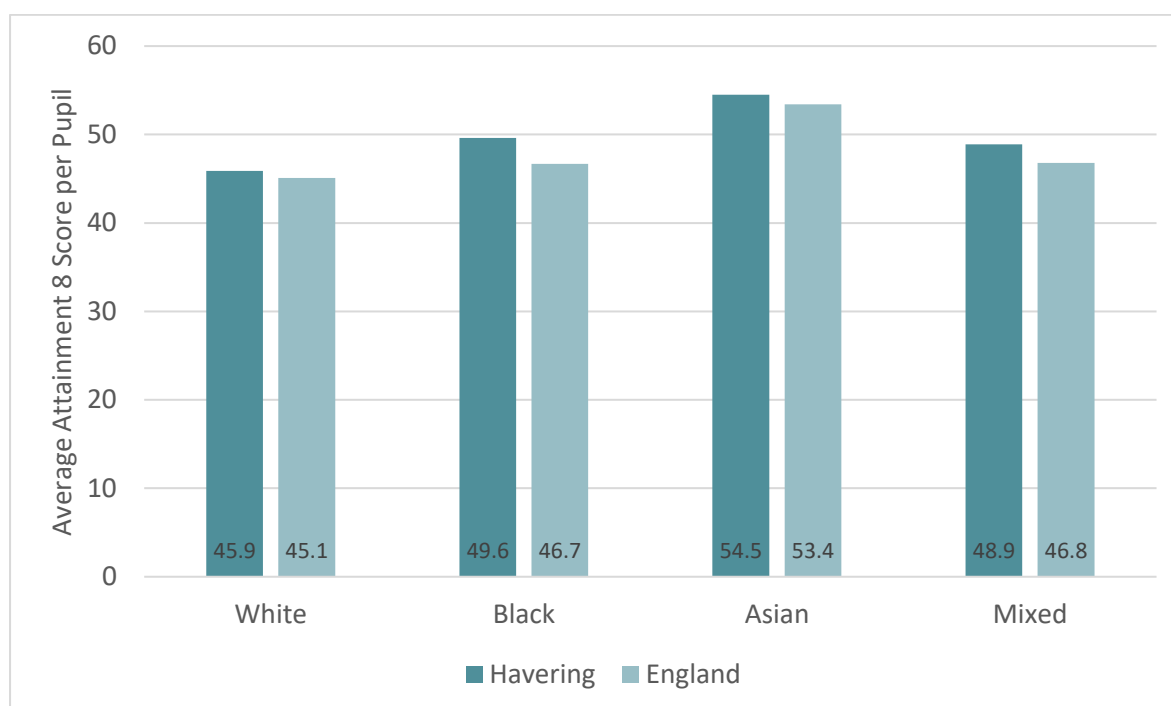


- In 2023, the average Attainment 8 score per pupil was 47.3 for Havering children, **better** than England (44.6), but **lower** than the average score for pupils across the whole of Outer London (51.0)<sup>131</sup>.
- Average Attainment 8 scores were **significantly worse** for **children in care** than the general secondary school population. Amongst children in care, Havering's score of 24.8 was similar to London (24.7) but better than England (23.2).
- Attainment 8 scores were also worse in disadvantaged pupils in Havering in 2023 (37.1) than non-disadvantaged pupils (50.3)<sup>132</sup>.
- Amongst pupils from different global majority ethnicities, Asian pupils had a higher Attainment 8 score than those from White, Black or Mixed backgrounds in both Havering and England in 2023 (Fig. 30).

<sup>131</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>132</sup> [DfE Interactive Local Authority Tool, 2023](#)

Figure 30. Average Attainment 8 Score per Pupil in Havering or England (2023) by Ethnicity



Source: [DfE Interactive Local Authority Tool, 2023](#), produced by [Public Health, 2023](#)



**AAB**



- 69.2% of Havering pupils in Key Stage 4 in 2023 achieved a 9-4 pass in English and Maths. This is **better** than England (60.5%) and boroughs with similar populations (65.3%)<sup>133</sup>.
- Children who were eligible for free school meals (FSM) in Havering in 2023 **did not progress** as much as an average pupil not eligible for FSM. Havering FSM pupils had a Progress 8 score of -0.65 compared to -0.53 in England<sup>134</sup>.
- For those not eligible for FSM, Havering pupils scored 0.04 in their Progress 8 score compared to 0.13 in England.
- 18.5% of young people taking A-Levels in Havering in 2023 achieved grades of AAB or Better. This was lower than England (25.2%) and boroughs with similar population profiles (20.6%)<sup>135</sup>.
- It is compulsory for young people ages 16 and 17 years to stay in education or training, and could include full time education, an apprenticeship or traineeship or at least 20 hours a week working or volunteering whilst in part time education. **Fewer** 16 to 17 year olds in Havering were not in education, employment or training (NEET) in 2021 than London and England (Fig. 31)<sup>136</sup>.

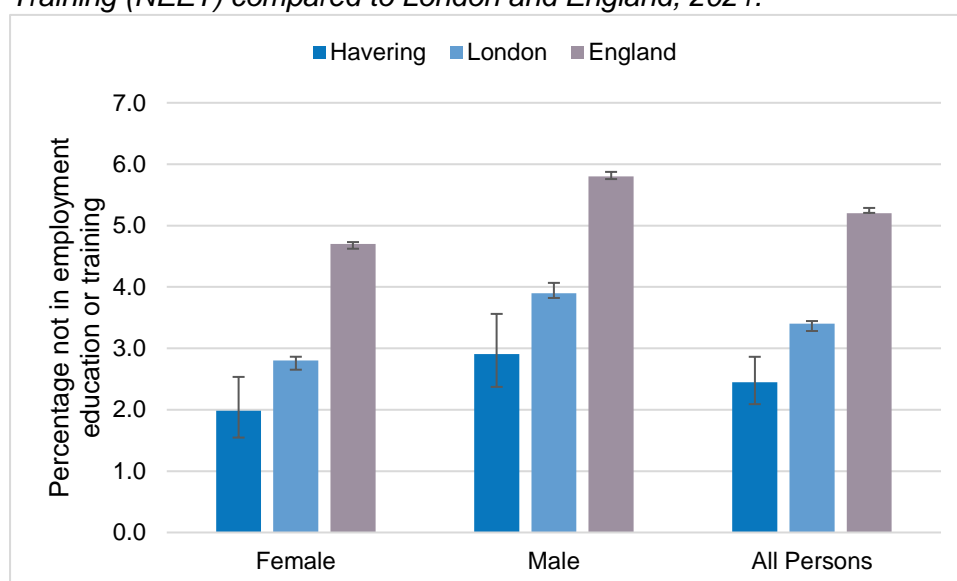
<sup>133</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>134</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>135</sup> [DfE Interactive Local Authority Tool, 2023](#)

<sup>136</sup> [Public health profiles - OHID \(phe.org.uk\)](#)

Figure 31. Percentage of 16 to 17 Year Olds in Havering Not in Education, Employment or Training (NEET) compared to London and England, 2021.



Source: OHID Fingertips, Produced by: LBH PHI 2023

### 7.3 Crime and Youth Justice

Children and young people at risk of offending or within the youth justice system (YJS) often have more unmet health needs than other children



- The rate of first time entrants to the youth justice system aged 10 to 17 years in Havering in 2022 (106.5 per 100,000) was **similar** to England (148.9 per 100,000) and **better** than London (166.3 per 100,000) (Fig 32).<sup>137</sup>
- The rate of all children aged 10 to 17 years who were cautioned or sentenced in the YJS in 2020/21 in Havering was **better** (2.6 per 1,000) than London (3.5 per 1,000) and **similar** to England (2.8 per 1,000)<sup>138</sup>.
- Havering residents are generally supportive of the actions used by the Metropolitan Police Service to deter crime. 80% of Havering residents who responded to the Mayor's Office for Police and Crime (MOPAC) survey Q1 2023-24 supported Stop and Search, and 77% felt Stop and Search was used fairly<sup>139</sup>.
- From April 2022 to March 2023 the majority of children worked with by the Havering YJS were young men aged 14 to 17 years old; 48% of all children open to the Youth Justice Service were open to Children's Social Care. 34% a Child in Care, 11% on a Child Protection Plan and 4% on a Child in Need Plan<sup>140</sup>.

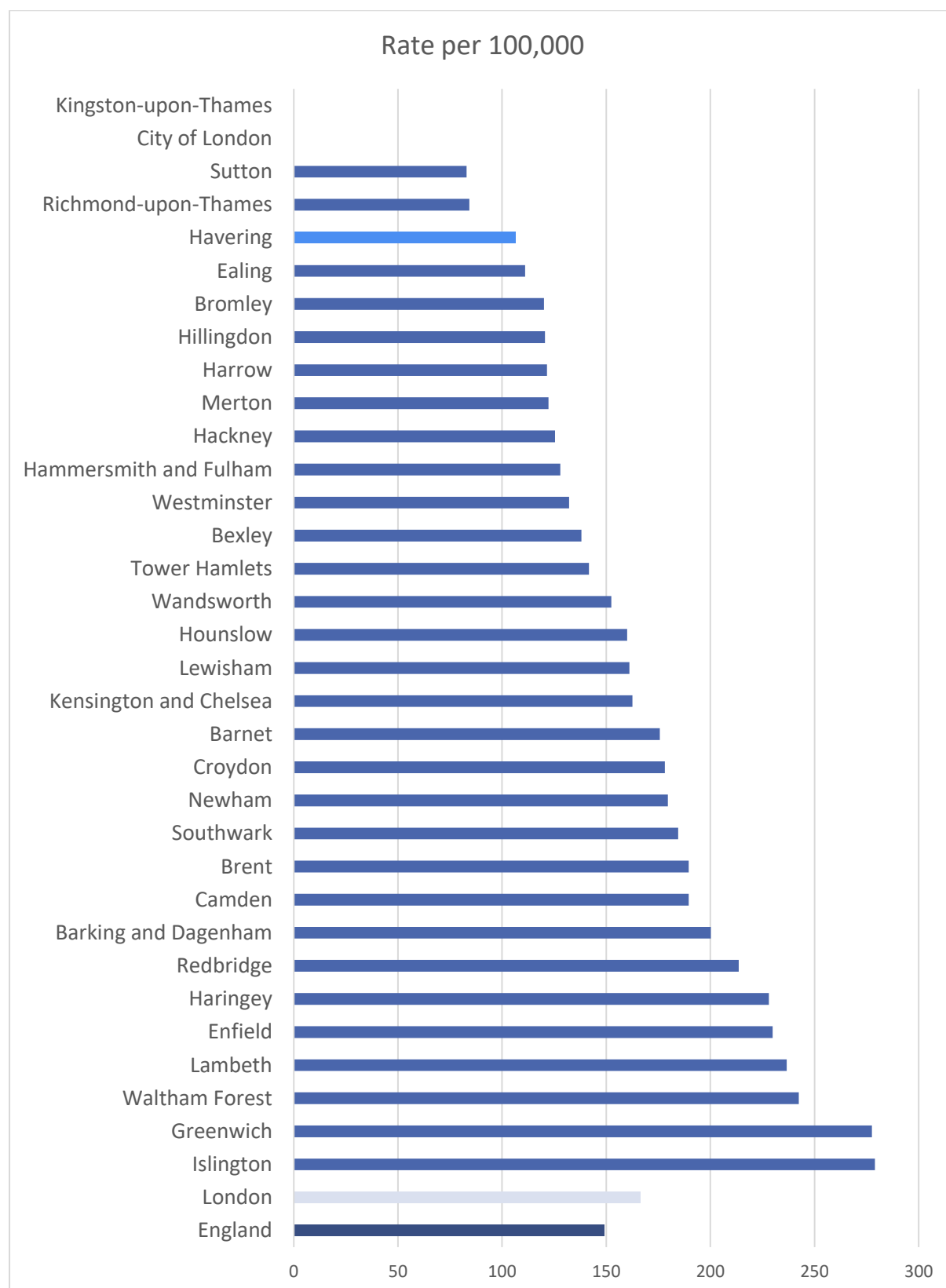
<sup>137</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>138</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

<sup>139</sup> [Police and Crime Plan Monitoring \(airdrive-secure.s3-eu-west-1.amazonaws.com\)](https://airdrive-secure.s3-eu-west-1.amazonaws.com/)

<sup>140</sup> [YJ2 - Youth Justice Plan 2023-24.pdf \(havering.gov.uk\)](https://havering.gov.uk/yj2-youth-justice-plan-2023-24.pdf)

Figure 32. First Time Entrants to the Youth Justice System in 2022 by London Borough, rate per 100,000.



## 7.4 Special Educational Needs and Disabilities (SEND) in Adolescents (15-24 years)




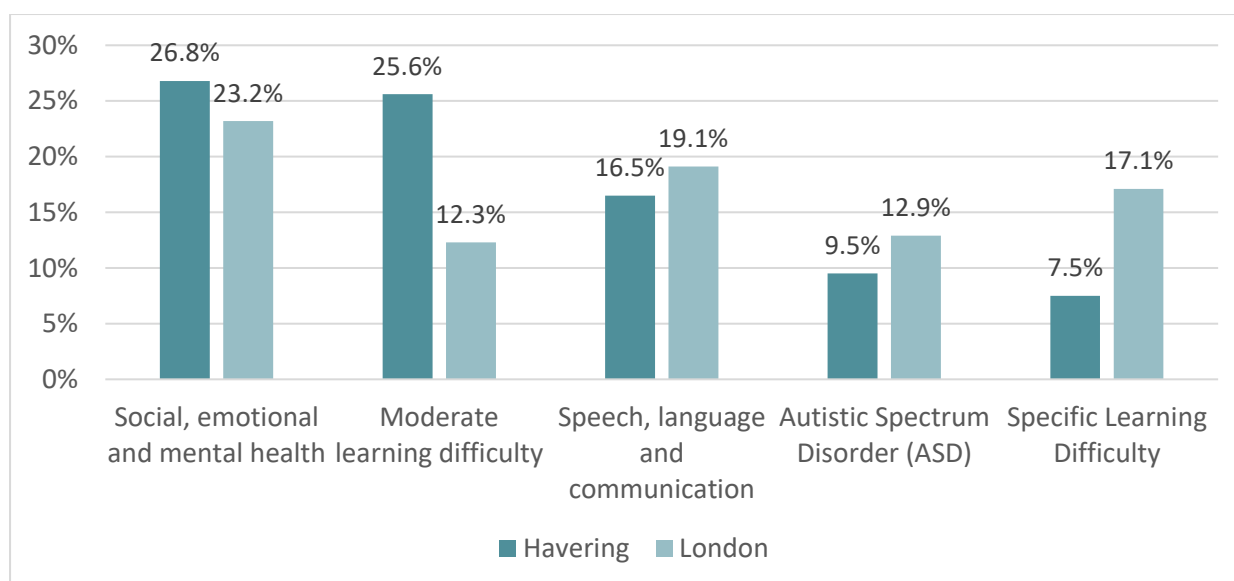
-  In secondary schools, the primary need for pupils with SEN in Havering in 2022/23 was social, emotional and mental health needs (26.8%). This was closely followed by moderate learning difficulty at 25.6% for Havering pupils (Fig. 33)<sup>141</sup>.
-  42.6% of children attending Special School in Havering in 2022/23 had the primary need of Severe Learning Difficulty, compared to 15.9% in London. In contrast, the main need for pupils attending SEN schools across London was Autism Spectrum Disorder (ASD); 42.8% compared to 15.9% in Havering<sup>142</sup>.
-  8.7% of Havering children with a statement of SEN or EHC plan achieved a grade 9 – 5 in English and Maths in 2022/23 compared to 51.7% in those with no identified SEN<sup>143</sup>.
- 91.7% of Havering young people aged 16-18 years with SEN remained in sustained education, apprenticeship or employment; this compares well with 93.5% among those with no identified SEN<sup>144</sup>.
- More 16-17 year olds with SEN in Havering were recorded as NEET (7.0%) than the London average (5.4%); only 2.3% of those without SEN were recorded as NEET in havering in 2022/23<sup>145</sup>.

Figure 33. Top 5 Main Needs for SEN Pupils in Havering Secondary Schools (%) compared to London, 2022/23



Source: LG Inform and DfE, 2023

<sup>141</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>142</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

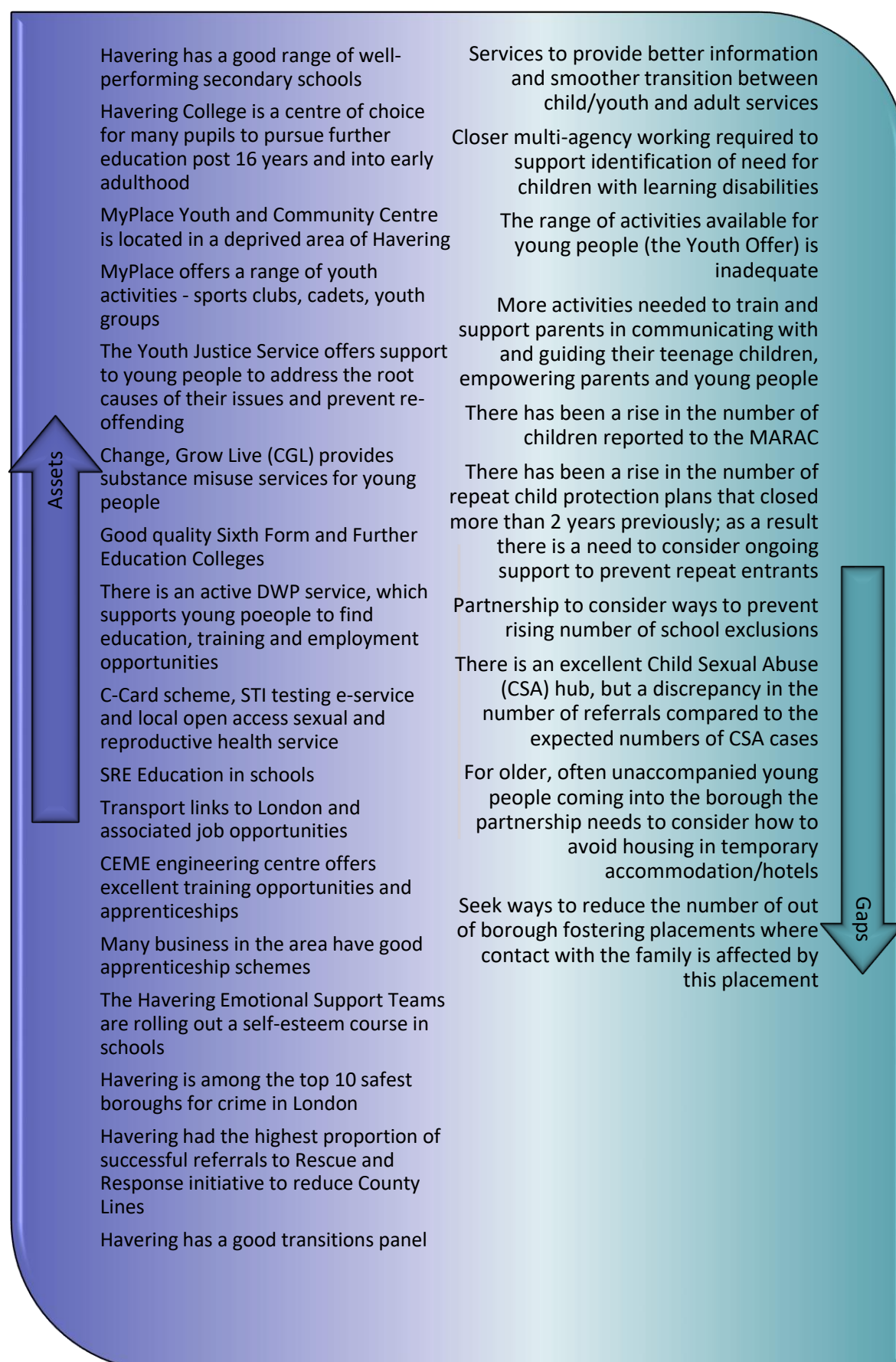
<sup>143</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>144</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)

<sup>145</sup> [Local area Special Educational Needs and Disabilities report for London Borough of Havering | LG Inform](#)



## 7.5 Assets and Gaps



## 7.6 What This Data Means for Havering

Taking risks, such as drinking, smoking, having sex for the first time, learning to drive etc. is all part of learning to become independent. Not only is it an innate biological drive to move away from our parents control, but there is a high degree of optimistic bias amongst our young people – feeling as though the risks they are taking won't have any negative consequences for them individually. As adults, it is our responsibility to help young people to navigate their path to adulthood as safely as possible.

When the risks young people are taking become problematic, or turn into addictions, there are services available locally to support them back to health. Substance misuse services, discreet, online services for sexual health testing and community mental health services are available and perform reasonably well in Havering. However, the funding streams and inclusion criteria for these services often mean an abrupt change between adult and children's services. A smoother transition is essential to help young people navigate their path to managing their own lifestyles. For example, many long-term conditions are first diagnosed in childhood. Whilst some may reduce in severity, such as asthma, most are conditions that the young person will have to manage for the rest of their lives. Transition to adult services for ongoing care and support is a challenging time for young people. Engagement is therefore required with young people to better understand how the service can cater to their unique needs, at least up to 25 years old.

Mental wellbeing is of great concern in Havering. Whilst the rate of referrals to secondary mental health services and admissions for mental health conditions for children under 18 years may be better than London or England, we should nevertheless be aspirational in our actions to reduce these rates further. Indeed, the data in this JSNA show that Havering had more attended visits with community and outpatient mental health services, which evidences our need, and also need for earlier intervention/support. Our relationship with schools is vital here to share the intelligence on their observations of young people's need, which can be as powerful as routinely collected quantitative data, but which could in fact be collected and reported on a regular basis.

As young people start to explore their sexuality, access to good quality advice and information is just as important as access to condoms, contraception and support in the case of sexual abuse or exploitation. Havering provides free condoms to all 13-24 year olds registered for the C-Card scheme, but uptake is currently low. In addition, young people who visit Sexual and Reproductive Health Service choose user-dependents methods such as condoms or short acting hormonal contraception over longer term reversible contraceptive methods. Greater awareness raising through parents, SRE education in schools and outreach by providers would all work to reduce risks to health from sexual activity.

Whilst Havering's rate of youth crime is low, for those children who have committed offences, Havering's focus is one of rehabilitation, tackling the underlying causes of youth offending, and delivering a system that gives children the support they need to break the cycle of offending, and build productive and fulfilling lives. 'Child First' is an evidenced based model for delivering Youth Justice Services. Remaining in school, with additional support for those with SEN, and good opportunities for onward employment, will help young people prepare for adulthood.

## 7.7 Recommendations:

- 1**
  - Good quality engagement with young people is required to understand how to better manage their transition from child-focused to adult services for ongoing care and support, whether related to health or social care
- 2**
  - The voice of young people should be incorporated into democratic decision-making for all service provision across the Integrated Care System
  - Capitalise on Havering's Youth Council and other forums to capture their views on both child and adult services
- 3**
  - Improve awareness and uptake of preventative services, including registrations for the Havering C-Card Scheme and STI testing and LARC as chosen form of contraception to reduce the rate of repeat abortions amongst under 25 year olds
  - Partners to work to embed testing as routine practice amongst young people, e.g. for chlamydia and HIV.
- 4**
  - Havering statutory and voluntary sector partners to consider ways of intervening earlier to prevent admission to hospital as a result of self-harming; actions to align with overall suicide prevention strategy for Havering
- 5**
  - Increase capacity of support for young people, including provision of youth-centred clubs and activities accessible across the whole borough
- 6**
  - Partners to work collectively to decrease the inequalities in educational outcomes for young people