i. Introduction

- This chapter presents data on issues affecting the health and wellbeing of children and young people in the London Borough of Hackney and the City of London. Each main section (except ‘Use of clinical services’) is structured in a standard format, under the following headings:
  - introduction
  - causes and risk factors
  - local data and unmet need
  - health inequalities
  - evidence for what works
  - services and support available locally.

- Much of the information contained within this chapter has been drawn from the detailed 0-5s needs assessment and 5-19s needs assessment published in 2016.\(^1\)\(^2\)

- Hackney has just over 66,000 resident children and young people age 0-19, making up 24% of its resident population, which is slightly higher than the national proportion. The City of London has roughly 900 children and young people in this age range, making up 11% of its resident population, which is much lower than the national proportion.

- Due to the small number of children and young people in the City of London, many services are shared with neighbouring boroughs, including Hackney and Tower Hamlets.

- Hackney and the City of London have a higher proportion of pupils being educated in independent schools (25%) than across London (10%) or nationally (7%).

- The 0-19 population is projected to increase across both Hackney and the City of London over the period 2014-2020, but the increase is not geographically uniform. The greatest increases are projected in the Stamford Hill area of Hackney.

- The Stamford Hill Orthodox Jewish community (also known as the Charedi community) based in north Hackney and south Haringey is estimated at almost 30,000 people, with over 25,000 resident in Hackney. The majority of the community is age 0-19. This means that while the community forms less than 10% of the total population of Hackney, its children and young people make up around 20% of resident 0-19 year-olds.

- Hackney and the City both follow the national trend of having greater ethnic diversity in the 0-19 population than the adult population. In Hackney, just over a quarter of the 0-19 population are White British and a

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\(^1\) See [http://hackney.gov.uk/media/7663/0-5-needs-assessment/pdf/0-5_Needs_Assessment1](http://hackney.gov.uk/media/7663/0-5-needs-assessment/pdf/0-5_Needs_Assessment1)

similar proportion are Black. In the City, about half of the 0-19 population are White British, with the next highest proportion (one sixth) being Asian.

ii. The best start in life - pregnancy and infancy

- Health in infancy can be influenced by a large range of complex and interacting factors at an individual, familial and societal level.

- Key maternal health factors include smoking during pregnancy, weight at the start of pregnancy, nutrition during pregnancy and while breastfeeding, duration of breastfeeding and maternal mental health (during pregnancy and after). Teenage pregnancy can carry a higher risk of poor health and wellbeing outcomes for parent and child.

- In 2014, there were around 4,400 live births to Hackney residents (a rate of 60 per 1,000 women age 15 to 44) and just over 60 to City residents (a rate of 38 per 1,000).

- Roughly 6% of those giving birth at Homerton University Hospital NHS Foundation Trust (HUHFT) reported being smokers at booking. Half of those giving birth at HUHFT were of a healthy weight at booking, with nearly 20% obese.

- Five percent of those giving birth at HUHFT were recorded as having poor mental health at delivery, with only two thirds of these receiving perinatal mental health services. Less than 40% were recorded as being screened for postnatal depression.

- Birth rate varies by age and ethnicity. White British residents have lower birth rates than most other ethnic groups, with the highest rates at age 30-39. Asian and Black resident have higher birth rates, with the highest rates at age 25-34. The Stamford Hill Orthodox Jewish community have much higher birth rates, with the highest rates at age 20-29.

- Breastfeeding status at 6-8 weeks was recorded for nearly all Hackney and City births, with 52% breastfeeding exclusively, 32% partially and 16 not at all.

- Broadly, those giving birth under the age of 20 or over the age of 40 have poorer outcomes. There are no consistent patterns of need by ethnicity, with some poorer outcomes evidence for each broad ethnic group. Residents of Children’s Centre area A appear to have better outcomes.

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3 We do not have detailed health data for all City and Hackney residents giving birth. However, over three quarters of births to Hackney residents take place at HUHFT, so this data is strongly indicative of general trends.

4 The booking visit is usually the second appointment during pregnancy, the first being to inform the doctor or midwife that she is pregnant. The booking visit should happen at 8-12 weeks with a midwife (and sometimes a doctor) and will last for up to two hours, during which time the midwife will give information about the baby’s development, advise about nutrition, exercises, screening, benefits and the pathway of care and enquire about the mother’s health and risk factors for complications.
than the rest of the borough, with some higher needs identified in other Children’s Centre areas.

- The proportion of Hackney and City live births with low birth weight has remained consistently around the London and England averages since 2009. Local rates of infant mortality have been stable since 2003-05, but improvements elsewhere mean this is now higher than the London and national average.

- There is a lower rate of people being assessed within the first 13 weeks of pregnancy in Hackney and the City than in England, London or any of Hackney’s statistical peers for which data is available.\(^5\)

- The National Institute for Health and Clinical Excellence (NICE) guidance recommends that smoking, nutrition, mental health and other health issues should be screened for and discussed routinely before and during pregnancy, with specialist services available as needed. Those under the age of 20 should also be offered additional support, and may prefer more flexible, age-specific services.

- After birth, the health of both parent and infant should be discussed at every contact with a healthcare professional. Exclusive breastfeeding is recommended for the first six months of the infant’s life, with vitamin supplements advised for the majority of infants until the age of 5. Positive parenting should be promoted, with additional support provided as needed.

- Services and support during pregnancy are provided in Hackney and the City by GPs and nurses in GP practice settings, and by midwives and other healthcare professional in hospital and community settings, with specialist support available around mental health, smoking, healthy weight and other health needs. A range of universal preventative services, which support better birth outcomes, are also available locally.

- Local services and support during infancy are provided by health visitors, Children’s Centres and GP practices. Specialist support is available to those families most in need, including the Family Nurse Partnership programme, which delivers ongoing intensive support for teenage mothers.

\(^5\) Hackney’s statistical peers are local authorities with a similar demographic make up to Hackney, used for the purpose of comparisons. For data on children and young people, Hackney’s statistical peers are Brent, Enfield, Greenwich, Hammersmith and Fulham, Haringey, Islington, Lambeth, Lewisham, Southwark, and Waltham Forest. Please note that these differ from the statistical peers used to compare adult or total populations.
iii. Physical health

- Key physical health challenges faced by children and young people after infancy are:
  - communicable diseases, including vaccine-preventable diseases such as measles and meningitis, and sexually transmitted infections (STIs) in adolescence
  - non-communicable public health priorities, including obesity, oral health, smoking, substance misuse and reproductive health
  - common long term conditions, including asthma, epilepsy and diabetes.

Communicable diseases and sexual health

- Vaccination rates are low compared to national and regional figures in Hackney and the City at age one, but improve by age two.

- There has been a significant improvement in uptake of the measles, mumps and rubella (MMR) vaccine at age five over the last five years, with local rates improving from 65% in 2010/11 to 89% (the same as the national rate) in 2014/15.

- Children’s Centre area B (in the north of Hackney) has low vaccination coverage compared to other areas.

- Hackney performs well in chlamydia screening, with nearly half of all 15-24 year olds being tested in 2014. Coverage rates are also high in the City of London.

- Locally, young men are less likely to be tested for STIs than young women, and young women are much more likely than young men to attend young people’s sexual health services in general. Around three quarters of young people in Hackney diagnosed with HIV are male (the majority of whom are men who have sex with men).

- Nationally, risk of STIs and HIV is higher among Black Caribbean and Black African adults, and lower in Asian adults (no data are available on young adults specifically).

Non-communicable diseases

- Participation in the National Child Measurement Programme (NCMP) - which measures and weighs children in Reception Year and Year 6 - is higher locally than nationally. Data from the NCMP show that child overweight and obesity is high in Hackney and the City, with 26% of Reception Year (age 4-5) children and 42% of Year 6 (age 10-11) children overweight or obese.

- There is evidence of decayed teeth in a third of Reception Year children.
attending Hackney state schools and half of Reception Year children attending Charedi schools. Children and young people in Hackney are less likely to visit a dentist than those in similar local authorities, London or England, while children and young people in the City are more likely. Data suggest that tooth decay may be under-detected in children in Hackney.

- Locally, 15 year old girls are slightly more likely than boys to report that they smoke and twice as likely to say they drink frequently. Reported smoking and frequent drinking is much higher in White and Mixed ethnicity young people than in Black, Asian or other ethnic groups.

- Obesity and dental decay are strongly linked to socio-economic disadvantage, but self-reported drinking is linked to socio-economic advantage. Rates of teenage pregnancy are higher in more deprived areas in general.

- Smoking rates are low in young people in Hackney and the City compared to nationally and similar to the London average (6% of local 15 year olds report being current smokers, compared to 8% nationally and 6% across London). Similarly, a smaller proportion of local 15 year olds report drinking alcohol than the London or national average. Reported cannabis use in local young people is comparatively high, however.

- Hackney and the City’s rate of teenage conceptions has dramatically decreased over the last fifteen years, and is now equal to the national rate.

**Long-term conditions**

- An estimated 11,000 disabled children are resident in Hackney and 150 in the City. Disability and long-term conditions in children maybe significantly under-reported locally.

- The most relevant long-term conditions for children and young people’s physical health are active asthma, diabetes and epilepsy. Locally, boys are more likely than girls to have these long-term conditions (according to GP records).

- The presence of long-term conditions increases with age, although asthma peaks at age 10-14.

**Best practice evidence and local services**

- Evidence for what works to improve the physical health of children and young people points to the importance of school-based interventions and effective peer support. Topics such as smoking, alcohol, sex and relationship education should be integrated into the curriculum. Accessible, age-appropriate, non-judgemental support should be available at all ages.
• NICE has produced a range of relevant guidance on specific aspects of children and young people’s physical health, including STIs and contraception, obesity, smoking and other substance misuse.

• The City and Hackney Children and Young People’s Health and Wellbeing Service, which began in autumn 2016, offers a broad range of preventative and treatment services for residents age 5-19. It has two parts, as described below.
  o Young Hackney Health and Wellbeing Service (5-19 year olds) – an education and outreach service. The service is community based, taking services to children and young people in schools, youth clubs and other places they gather.
  o CHYPS Plus (11-19 year olds) – a clinical service. A full clinical offer is delivered every evening of the week from its base in Lower Clapton, ‘The House’, and from four Young Hackney youth hubs (rotating geographically) as well as a Saturday services. It provides a high quality, holistic, evidence-based, youth-friendly sexual health, physical and emotional wellbeing service.

• A new oral health service for City and Hackney will be delivered from early 2017.

• Various other preventative, early intervention and support services are also available for local children and young people, across all physical health topics covered in this section.

iv. Vulnerable children

• Children with vulnerabilities have worse health outcomes and poorer life chances than those without. Vulnerabilities considered in this section include domestic violence, parents with substance misuse issues, female genital mutilation (FGM), child sexual exploitation, being a young carer, and having special educational needs.

• One factor known to be associated with poorer health and wellbeing outcomes is the presence of multiple vulnerabilities, such as domestic violence and parents with substance misuse issues.

• Local authorities may be involved in safeguarding and protecting children with vulnerabilities. This can include drawing up a Child Protection Plan (CPP) to specify how a child will be kept safe, or removing a child from their parents or guardians temporarily or permanently if the child is deemed at high risk of harm. These children are then put in to the care of the state or in foster care, and are referred to as looked after children (LAC).

• At the end of the 2014/15 financial year, there were just over 200 CPPs in place in Hackney, and fewer than ten in the City of London. Just under
350 Hackney children and young people were LAC, with around ten in the City (Hackney and City data not directly comparable). Hackney has similar rates of CPPs, and slightly higher rates of LAC, compared to other similar local authorities.

- Around 15% of pupils in state maintained schools in Hackney are known to have at least moderate learning difficulties, and these numbers are falling (as nationally).

- For the majority of the other specific vulnerabilities considered in this chapter, there are no reliable estimates for how many children are affected. Indicative data is provided throughout, but caution must be taken in interpreting these estimates.

- Two key outcomes related to vulnerability are considered in this chapter – involvement in the youth justice system and child deaths\(^6\) (infant mortality is covered in the ‘Best start in life’ section). There have been significant improvements in youth justice outcomes in recent years in Hackney (as elsewhere). Local child mortality rates are similar to the London and national average.

- Age interacts with different vulnerabilities in different ways. Older children and young people are more likely to have caring responsibilities, and become involved with the youth justice system. The majority of child deaths are in very young children.

- Gender also interacts with different vulnerabilities in different ways. Boys are more likely to be LAC, to have special education needs, to become involved with the youth justice system, and to die before the age of 18. Girls are more likely to experience child sexual exploitation and (by definition) to be affected by FGM. Girls are also more likely to be young carers.

- Black ethnicity children are much more likely to experience the majority of vulnerabilities, and this is seen in the outcomes of higher entrance into the youth justice system and higher child death rates.

- Deprivation is strongly associated with greater risk of vulnerabilities and poorer related outcomes.

- Over a recent two year period, Children’s Centre areas A, B, C and D have seen an increase in the number of pre-school children accessing disability / special needs services; areas E and F have seen a reduction. These trends are not explained by underlying population trends.

- Guidelines for children with vulnerabilities emphasise multi-agency

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\(^6\) It is important to note that this is an imperfect measure, as there are many causes of child death that are not related to vulnerability. In particular, the available data include perinatal deaths, most of which are not considered to be preventable.
working, centring on the individual needs of the child. Common themes include the following.

- **Prevention:** Raising individual and community awareness of harmful behaviours and practices.
- **Identification:** Training all those who work with children and young people to recognise risk signs specific to each vulnerability. Having clear, effective pathways to reporting suspected cases.
- **Care, treatment and support:** Individual, personalised care that takes into account the child or young person’s stated needs and priorities, and ensures that their care is co-ordinated as seamlessly as possible.

- In Hackney, the Social Work in Schools Project provides interventions to families at the earliest signs of difficulty, to prevent children from becoming subject to CPPs. The First Access & Screening Team (FAST) acts as a single point of contact for referrals to Children’s Social Care, providing responsive screening and co-ordinating an appropriate multi-agency response.

- In the City, the Early Help Service works with children, young people and families where there are indicators of emergency difficulties or additional needs. Because of the small number of children and young people seen by the City, packages of care and support from multiple agencies are agreed on a case by case basis.

- For those children and families with established vulnerabilities, both Hackney and the City have a number of family support services in place, as well as programmes and interventions which address specific needs.

v. Use of clinical services

- In this section, data are presented on the use of primary health care (including GPs) and secondary health care (including hospitals).

- On average, children age 0-19 attended 2.2 primary care appointments a year with GPs and other clinical staff. Primary care attendance rates drop in children of school age: 5-19 year olds have an average of 1.6 primary care appointments each year (in comparison to 3.6 in 0-4 year olds).

- There is some variation by GP practice in the number of annual consultations per child for 5-19 year-olds, with the rate for some practices twice as high as for others. This variation does not appear to follow a geographical or demographic pattern.

- In the two year period 2013/14 to 2014/15, there were approximately 1.1 visits to A&E per child aged 0-4 per year. The rate of attendance at A&E tends to decrease with age, and boys attend more frequently than girls (a similar pattern is observed for emergency hospital admissions). There is also a clear seasonal pattern in A&E attendances by children age four years and under, with a peak in November/December and a trough in
August

• Across all children and young people, two common groups of presentations to A&E are injuries (including both unintentional and deliberate injuries) and lower respiratory tract infections. Unintentional injuries are the major cause of morbidity and premature mortality for children and young people. According to national data, over a third of emergency presentations in 11-15 year-olds are for self-treatable conditions (such as sprains).

• The rate of primary care attendance is similar in most ethnic groups for most ages (although Asian children aged under 15 are more frequent attenders than average). Among children aged four and under in Hackney and the City, those of White or Black ethnicities have the highest rates of emergency admission and those of Mixed or ‘Other’ backgrounds the lowest rates of admission at Homerton University Hospital.