

# Children and Young People, Camden

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## Health Needs Assessment

Health and Wellbeing Department, Camden Council

2024/25

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# Contents of report | Expanded

The work in this report captures key elements of the work delivered to improve the health of children and young people (CYP) by and between the council, NHS and community partners.

## Pregnancy and early years

- Maternity
- Maternity and the smokefree campaign
- Early years development
- Early years A&E attendance
- Delivering the Healthy Child Programme - Health visiting
- Breast and infant feeding

## School aged children and young people

- School absences
- Delivering the Healthy Child Programme - School nursing service
- Sexual wellbeing & reproductive health and healthy relationships, teenage pregnancy
- Vaping
- Drug and alcohol use
- Youth safety

## Across the life course

- Children looked after
- Care experienced young people
- SEND
- Child death
- Mental health and wellbeing
- Immunisations and vaccinations
- Oral health
- Asthma
- Healthy weight
- Physical activity

# Introduction

# Introduction



A Health Needs Assessment (HNA) employs a *'systematic approach to understanding the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities'*



The findings of a Health Needs Assessment can be used to guide the allocation of resources to improve the health of the population and reduce health inequalities

- This report provides a comprehensive high-level update on Camden's performance and activity against key health indicators relating to services for children and young people (CYP) from maternity up to age 25 where there is a statutory responsibility. A life-course approach underpins this report, and a focus on **equity** and **intersectionality** is threaded throughout.
- Comparison data has been taken from the Office for Health Improvement and Disparities (OHID) Fingertips Child and Maternal Health data dashboard (updated in 2025), HealthIntent, and other local and commissioned service data. We have also drawn on available qualitative feedback from residents as well as the results of local surveys.
- This document is **for all partners working with children and young people across the system** and is not standalone. We have highlighted where this document links into various other needs assessments, audits, profiles and other relevant documents. We have also provided a **'how to' slide** to further explain how this document can be used.

# Methodology

- This health needs assessment uses a life course approach to systematically identify the key health issues affecting children and young people (CYP) in Camden.
- The report signposts to key policy and guidance documents regarding the health of children and young people at a national, regional, and local level. We have also reviewed and outlined current service provision.

1

We reviewed the **current landscape and demographics for CYP in Camden**, including:

- Reviewing data on the Camden CYP population, with a focus on intersectionality and inequality.
- Reviewing the policy landscape relating to CYP at a national and local level.

2

Quantitative and qualitative data was compiled, including using Camden's annual CYP report and other relevant documents. We identified key indicators from OHID Fingertips and worked with intelligence colleagues to create a **separate resource which pulls data into a PowerPoint slide deck to create graphs and high-level commentaries on key indicators**. Data included within the needs assessment was collected during the year of 2024/25 and represents a specific point in time. We acknowledge that some data relates to dynamic populations and that, as such, some of these numbers will have changed since the report was written.

3

We **identified trends, areas for improvement, and gaps in the data** across different CYP areas and indicators. At the time of writing this report, we have tried to use the latest figures available to us, but we are aware of new and emerging intelligence in many areas.

4

We put together a list of **recommendations** intended to guide further actions within the CYP space, as well as creating this multi-use resource (details of which are included on this next slide).

# How to use this health needs assessment



This health needs assessment is intended to be used in several ways by different stakeholders across the department and wider system. The primary ways in which this document is likely to be used are listed below:



A **resource for Camden Council Children and Learning Directorate, Health and Wellbeing leadership teams, health and VCS partners** to draw on when needed in response to asks from stakeholders, including members, and when making commissioning and planning decisions.



A resource to aid the **learning and development** of colleagues working with Children and Young People (CYP) in Camden on Health and Wellbeing issues affecting them



An **updateable resource** to provide a contemporaneous view on the health needs of CYP in Camden and to facilitate the development of the **annual CYP report**.



This resource is accompanied by a newly created **PowerPoint slide deck** which pulls data from OHID Fingertips for a variety of key CYP indicators to produce a series of graphs demonstrating:


- Figures for Camden compared to London and England averages.
- Indicator trends over the last 5 time periods.
- Inequities data by IMD decile and ethnicity (where this is available).

# Recommendation summary

**Through this HNA, we have identified gaps in intelligence and made recommendations across several key areas within CYP health to address these.** These recommendations have arisen from the bird's eye view approach taken in creating this report and are not exhaustive, They also recognise that work to address some of these is also underway.

<b>Vaping</b> Progress with planned/ongoing key actions to reduce vaping, e.g. <ul style="list-style-type: none"><li>• Use an anonymous reporting tool to enable more intel on underage sales</li><li>• Develop a CYP led campaign on helping YP not to vape and supporting those vaping to stop.</li><li>• Pilot a stop vaping support service.</li><li>• Support Trading Standards to carry out more test purchasing in identified hot spot areas of non-compliance.</li><li>• Support teachers and provide workshops for pupils during curriculum time.</li></ul>	<b>Immunisations and HPV</b> <ul style="list-style-type: none"><li>• Explore reasons for low vaccination uptake, including specific exploration of HPV vaccinations.</li><li>• Undertake focus groups with teachers/PSHE leads in schools/parents to better understand reasons for low HPV vaccination uptake.</li></ul>	<b>Sustainable practice</b> <ul style="list-style-type: none"><li>• Embed sustainable practice considerations into interventions going forward.<ul style="list-style-type: none"><li>• This could include ongoing considerations for active transport to school, or promotion of meat-free diets/school dinners.</li></ul></li><li>• Explore ways of building sustainable practice into HWB portfolios going forward, including through use of appropriate tools.</li></ul>	<b>Long term conditions</b> Explore opportunities to address inequalities in asthma admissions for CYP within Camden, with a focus on Asian/Asian British and Black residents .	<b>Temporary accommodation</b> Undertake a needs assessment for CYP living in temporary accommodation.		
<b>School absences</b> <ul style="list-style-type: none"><li>• Explore data on school absences, reviewing existing quantitative and qualitative research with schools and families and considering further research.</li><li>• Work with schools to trial interventions to reduce absences.</li></ul>	<b>LGBTQIA+</b> Need to improve collection of local data regarding LGBTQIA+ residents. <ul style="list-style-type: none"><li>• Increase insight into experiences of CYP not identifying as the gender assigned at birth.</li></ul>	<b>VAWG</b> Establish robust and regularly reported data related to young people’s experience of violence against women and girls (VAWG).	<b>LBW* and infant mortality</b> Need to improve collection of local data on smoking in pregnancy.  *low birth weight.	<b>Young Black males</b> Undertake engagement work/co-production with young Black males.	<b>SEND</b> Improve data on outcomes for those with SEND and protected characteristics, to explain differences in prevalence like overrepresentation in Black ethnic & mixed ethnic groups and low-income families, as well as underrepresentation in girls	<b>Girls and gender inequality</b> <ul style="list-style-type: none"><li>• Across health data analysis and engagement activity, review and explore gender differential outcomes.</li><li>• Explore gendered differences in attitudes that disproportionately affect girls e.g. changing attitudes on hormonal contraception, consent, and safe sexual practices.</li></ul>

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 Camden



# Recommendations | Expanded (1 of 3)

	VAWG	LGBTQIA+	Low birth weight and infant mortality	Vaping
Recommendations	<ul style="list-style-type: none"> <li>Establish robust and regularly reported data related to young people's experience of Violence Against Women and Girls (VAWG). Work in this area should link in with the 2025 VAWG health needs assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Improve collection of local data regarding LGBTQIA+ young people in Camden, as well as considering this in the context of adult residents.</li> <li>Increase insight into experiences of CYP not identifying as the gender assigned at birth, including what difference this might make for service access and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Need to improve collection of local data on smoking in pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>Explore ways to more regularly collect data on prevalence of vaping among CYP in Camden over and above the HRBQ. This could include data on underage sales via Trading standards.</li> <li>Progress with planned/ongoing key actions to reduce CYP vaping (building on the BIPR team rapid evidence review with local insights), exploring and trialling options to reduce harm associated with vaping.</li> </ul>
Recommendation rationale	<ul style="list-style-type: none"> <li>Better understanding of young people's experience of VAWG could guide interventions to improve outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Young people who identify as LGBTQIA+ are likely to experience inequities and specific needs with regards to health and outcomes.</li> <li>There is no local data on numbers of YP identifying as trans/non-binary/agender.</li> </ul>	<ul style="list-style-type: none"> <li>Smoking in pregnancy is associated with increased risk of low birth weight and infant mortality.</li> </ul>	<ul style="list-style-type: none"> <li>National data and local stakeholder knowledge indicates significant growth in youth vaping, with long terms health effects still uncertain.</li> </ul>
Example actions	<ul style="list-style-type: none"> <li>Identify ways to improve the routine collection and reporting of data on young people's experience of VAWG.</li> <li>Consider primary qualitative data collection.</li> </ul>	<ul style="list-style-type: none"> <li>Consider how to better collect data on health and wellbeing needs and outcomes of LGBTQIA+ residents, including young people.</li> <li>Explore how services (e.g. drug and alcohol care and support services) can improve access for LGBTQIA+ residents.</li> </ul>	<ul style="list-style-type: none"> <li>Establish better routine data collection and linkages between primary/secondary care.</li> </ul>	<ul style="list-style-type: none"> <li>Explore making our HRBQ survey more regular and developing an anonymous reporting tool to improve data on underage sales.</li> <li>Test-and-learn pilot to identify effective prevention strategies.</li> <li>Youth co-design or peer-led approaches for messaging and engagement.</li> <li>Pilot a stop vaping support service.</li> </ul>
Suggested owner	<ul style="list-style-type: none"> <li>Consultant in Public Health for Intergenerational Health.</li> </ul>	<ul style="list-style-type: none"> <li>Senior management team, Health and Wellbeing Department.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health CYP and Consultant in PH for BIPR.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health CYP and Consultant in PH for Behavioural Insights and Public Realms (BIPR).</li> </ul>

# Recommendations I Expanded (2 of 3)

	Sustainable practice	Immunisations and HPV	Long term conditions	SEND
Recommendations	<ul style="list-style-type: none"> <li>Embed sustainable practice considerations into interventions going forward. Sustainable practices are actions that minimise negative impacts on the environment. This could include considerations for active transport to school, or promotion of meat-free diets/school dinners.</li> <li>Explore ways of building sustainable practice across all PH portfolios going forward, including through use of appropriate tools.</li> </ul>	<ul style="list-style-type: none"> <li>Explore reasons for low immunisation uptake, including specific exploration of HPV immunisations.</li> <li>Undertake focus groups with teachers/PSHE leads in schools/parents to better understand reasons for low HPV vaccine uptake.</li> </ul>	<ul style="list-style-type: none"> <li>Explore opportunities to address inequalities in asthma admissions for CYP within Camden, with a focus on Asian/Asian British and Black CYP residents.</li> </ul>	<ul style="list-style-type: none"> <li>Improve data collection for those with SEND and protected characteristics and their outcomes, to better understand differences in prevalence including overrepresentation in Black ethnic and mixed/multiple ethnic groups, and under-representation in girls</li> </ul>
Recommendation rationale	<ul style="list-style-type: none"> <li>By embedding sustainable practice into our PH work, we can have a positive impact on our environment and the health of our residents.</li> </ul>	<ul style="list-style-type: none"> <li>HPV vaccination can prevent virus transmission, reducing the harms associated with infection (including cervical cancer).</li> </ul>	<ul style="list-style-type: none"> <li>Higher rates of asthma admissions are seen in Asian/Asian British and Black CYP residents.</li> </ul>	<ul style="list-style-type: none"> <li>SEND JSNA identified inequalities in diagnosis and support by race and gender</li> </ul>
Example actions	<ul style="list-style-type: none"> <li>Ongoing considerations for active transport to school and promotion of meat-free diets/school dinners.</li> <li>Promote sustainable public health practice at a department-wide level.</li> </ul>	<ul style="list-style-type: none"> <li>Campaign to raise awareness, and increase uptake, of HPV vaccination in school-age young people.</li> <li>Develop immunisations strategy and /or action plan.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake an evidence review and/or qualitative research to better understand causes for this and identify potential opportunities to test and learn.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake active data collection to improve our understanding of the experience of SEND in black ethnic groups, girls, wider impacts and link in regionally and nationally to explore evidence and best practice</li> </ul>
Suggested owner	<ul style="list-style-type: none"> <li>Senior management team, Health and Wellbeing Department.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health for CYP and Consultant in PH for BIPR.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health CYP</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health CYP and Child Health Equity</li> </ul>

# Recommendations I Expanded (3 of 3)

	Temporary accommodation	Young Black males	School absences	Girls and gender inequality
Recommendations	<ul style="list-style-type: none"> <li>Undertake a needs assessment for CYP living in temporary accommodation.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake engagement work/co-production with young Black males.</li> </ul>	<ul style="list-style-type: none"> <li>Explore data on school absences, reviewing existing quantitative and qualitative research with schools and families and considering further research.</li> </ul>	<ul style="list-style-type: none"> <li>In all health data analysis and engagement activity, review and explore gender differential outcomes. e.g. role of period pain in school absence, or factors influencing differential mental health outcomes or underrepresentation in SEND.</li> <li>Explore gendered differences in attitudes that disproportionately affect girls e.g. changing attitudes on hormonal contraception, consent, and safe sexual practices.</li> </ul>
Recommendation rationale	<ul style="list-style-type: none"> <li>The number of CYP living in temporary accommodation in Camden is significant, and this group are at risk of poorer outcomes as evidenced in the Raise Camden report</li> </ul>	<ul style="list-style-type: none"> <li>Black males are often underrepresented in services, despite experiencing poorer outcomes across a variety of indicators.</li> </ul>	<ul style="list-style-type: none"> <li>School absence is often caused by ill health and is associated with poorer outcomes for young people e.g. not receiving health information, lower academic attainment, impact on friendships and mental wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>National evidence shows a range of differential outcomes by gender</li> <li>The sexual wellbeing and reproductive health review identified menstrual health, changing attitudes, to contraception, and consent.</li> </ul>
Example actions	<ul style="list-style-type: none"> <li>Undertake a needs assessment for CYP living in temporary accommodation, encompassing qualitative and quantitative data.</li> </ul>	<ul style="list-style-type: none"> <li>Review quantitative data re. health outcomes of Black males.</li> <li>Focus group +/- survey to better understand needs.</li> </ul>	<ul style="list-style-type: none"> <li>A needs assessment on school absences, involving qualitative and quantitative data analysis to make recommendations for how this issue can be addressed.</li> </ul>	<ul style="list-style-type: none"> <li>Review gender outcomes in all needs assessments.</li> <li>Improve qualitative analysis of changing attitudes amongst YP (e.g. through HRBQ questions).</li> </ul>
Suggested owner	<ul style="list-style-type: none"> <li>Consultant in Public Health CYP and Consultant in Public Health for Child Health Equity</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health CYP</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health for CYP and Children's colleagues.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant in Public Health for CYP and Children's colleagues.</li> </ul>

# Local context in Camden

# Context | National and local policy

## National/regional policy landscape

The **2010 Child Poverty Act** created a framework for partners to adopt in working towards the eradication of child poverty.

**Integrated Care Systems (ICS)** bring the NHS, councils, voluntary sector and others together in one geographical area to integrate care across organisations and settings.

Launched 11 years ago and revised in 2021, the **Healthy Child Programme** is the national evidence-based universal programme for children aged 0-19. Led by health visitors and school nurses, the programme provides the foundations for health improvement, public health, and supporting families. Further modernisation of the programme is planned.

The Departments for Education and Health and Social Care, launched the **Family Hubs and Start for Life programme** to join up and enhance services delivered through transformed family hubs in local authority areas. These hubs will be central to large scale Social Care Reform, and an all-age Family Help offer as outlined in the strategy **Stable homes built on love**.

In 2025 the government published the **10 Year Health Plan for England**. The plan includes a proposed shift in care from hospital to community, a shift from analogue to digital (proposing that children's healthcare can be managed digitally), and a focus on prevention which will address childhood obesity, vaping, immunisation uptake, and mental health.

In 2025, the DfE published a strategy '**Giving every child the Best Start in Life**', acknowledging that building a stronger society starts from childhood and aiming to deliver the best start in life for every child.

## Local policy landscape

Published in 2022, **We Make Camden** sets out a vision for the future of Camden. One of the ambitions included is for Camden to be a borough where every child has the best start in life. A specific youth mission stated within this ambition aims for every young person to have access to economic opportunity that enables them to be safe and secure by 2025.

**The North Central London Population Health and Integrated Care Strategy and Camden's Health and Wellbeing Strategy 2022-2030** set a vision to make Camden and NCL the very best place to start well, live well and age well. **The Start Well** thematic focus within these strategies details the aim that all children and young people have the fair chance to succeed, and no one gets left behind.

**Camden's 2023 Annual Public Health Report** was themed around adolescent health and wellbeing, detailing key issues and action.

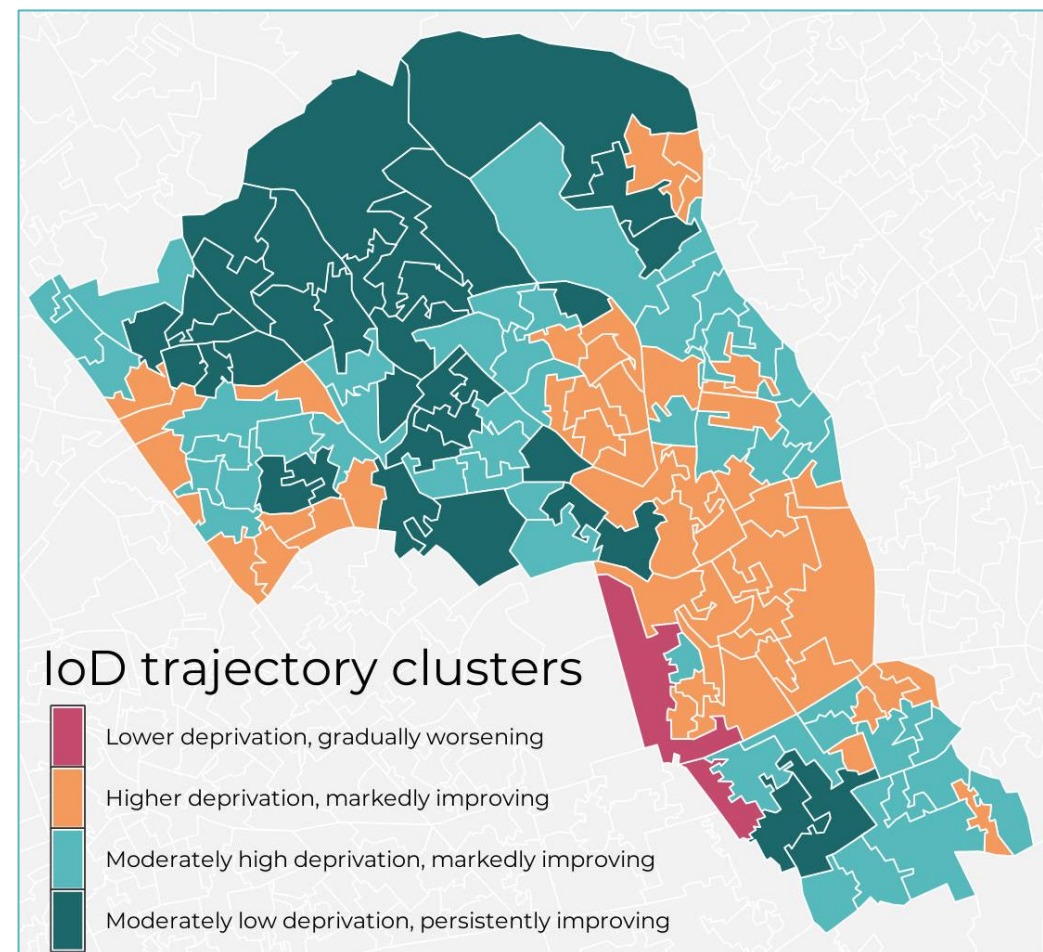
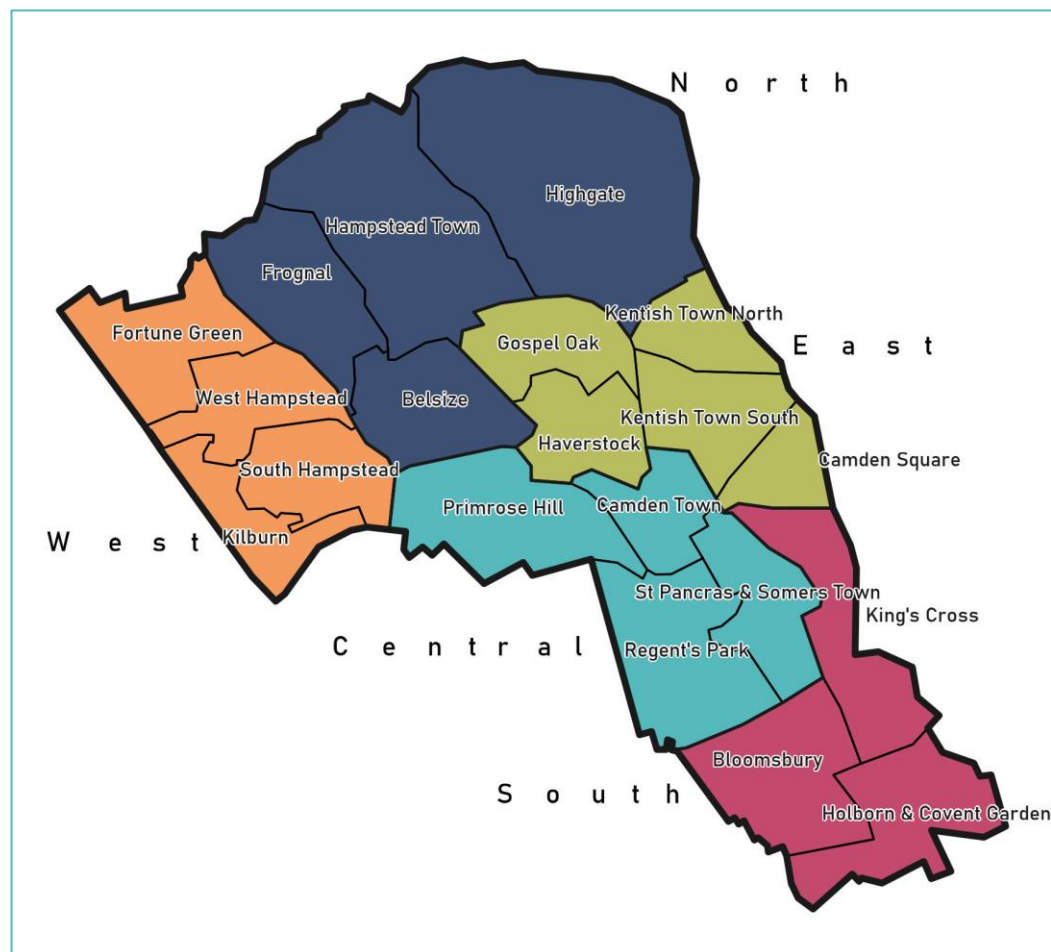
**Raise Camden is Camden's child health equity programme** which complements our wider CYP work. The programme takes action on areas needed to compensate for the effects of Brexit, the global pandemic and the cost-of-living crisis on the healthy development of the next generation.

**Building Back Stronger**, Camden's Education Strategy to 2030, is a comprehensive roadmap designed to transform the educational landscape in Camden. It emphasises the importance of a fair start for every child, ensuring that no one is left behind, and outlines ambitious goals for creating an excellent school experience and fostering flourishing lives for all students.

**The Camden Local Area Special Educational Needs and Disabilities (SEND) Strategy** sets out our approach over the next 5 years. The strategy describes how we will improve support and outcomes for children and young people with SEND aged up to 25 years old.



# Context | Camden Council



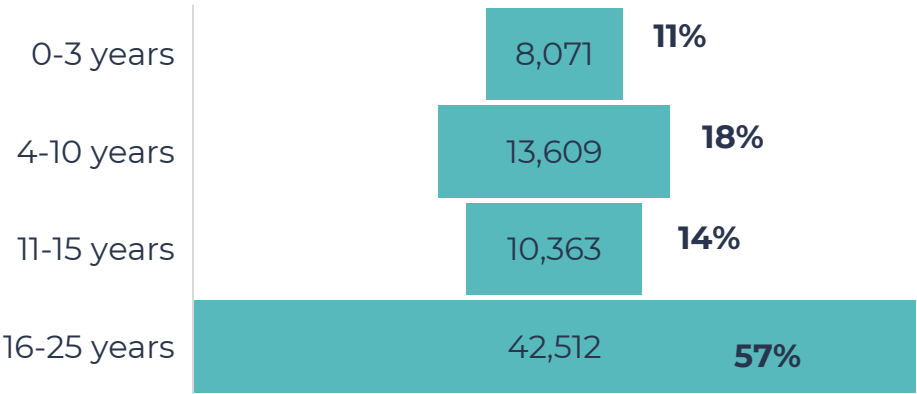
Camden Council is separated into **5 neighbourhoods** (North, East, South, West, and Central), each with different demographics and health challenges.

# Context | Children and young people in Camden

## Camden's CYP population

- Camden is home to some 218,000 people, according to the ONS mid-year estimates in 2022<sup>1</sup>.
  - 74,555 (34%)** of Camden's residents are 0–25-year-olds, and **40,000** are 0-19-year-olds.
  - 17% of Camden's population are aged under 18, and more than half (57%) of 0–25-year-olds are aged 16-25 years.

### Camden's CYP population (0-25 years)



## Students

- The **student population is the 3rd largest in London**, with 29,965 higher education students living in Camden, of which 56% are from overseas<sup>2</sup>.

## SEND

- In Camden there are 4,500 CYP with SEND, 1,856 Children in Need and 1,440 of those with EHCP<sup>3</sup>.
- There are 197 (54 per 10,000) children in care in Camden (2022/23)<sup>4</sup>

## Birth demographics

**In 2023 there were 1,976 live births to Camden resident women<sup>2</sup>:**

- 38% were to mothers born in the UK
- 20% to those born in Middle East and Asia
- 14% in the EU and 8% in non-EU Europe
- 10% in Africa and 10% in the rest of the world

## Diversity

Camden is a **diverse borough**. In Camden schools (2023), Camden-resident children spoke 174 languages and dialects<sup>5</sup>.

The most widely spoken languages after English were Bengali with 2,275 speakers; Arabic with 1,154; Somali with 1,086; Albanian/Shqip with 685, and French, Spanish and Portuguese, each with more than 290 speakers<sup>5</sup>.

## Birth rate

- Birth rates in Camden declined** by 16% between 2013 and 2021, and this trend is expected to continue over the next decade according to 2020 GLA projections<sup>6</sup>.

## Educational achievement

- In 2023 more than 2 out of 3 children achieved a good level of development by the age of 5<sup>7</sup>.
- 93% of the post-16 cohort went on to sustained education destinations in 2022<sup>7</sup>.

**References:** <sup>1</sup>Open Data Administrator. (2023). ONS Mid-year Estimates ( MYE) Camden LATEST. [Online]. Camden Council. Last Updated: November 27, 2023. Available at: [ONS Mid-year Estimates \( MYE\) Camden LATEST | Open Data Portal](#) [Accessed 24 June 2025]. <sup>2</sup>Office for National Statistics. (2024). Dataset Parents' country of birth. [Online]. ONS. Last Updated: 08 November 2024. Available at: [Parents' country of birth - Office for National Statistics](#) [Accessed 24 June 2025]. <sup>3</sup>Camden Local Area SEND Strategy 2022-27. <sup>4</sup>Department for Education (2013) *Statistics: looked-after children* [Online] Gov.uk. Last Updated: 12 June 2025. Available at: <https://www.gov.uk/government/collections/statistics-looked-after-children> [Accessed 27 June 2025] <sup>5</sup>Camden Schools Census, Spring 2023, <sup>6</sup>Greater London Authority. (2021). GLA 2020-based population and household projections. [Online]. London datastore. Last Updated: 28th October 2021. Available at: [GLA 2020-based population and household projections – London Datastore](#) [Accessed 27 June 2025] <sup>7</sup>Camden State of the Borough Report 2024

# Context | Equity and intersectionality overview



In 2022 in **Camden two in five children were living in poverty after housing costs**<sup>1</sup>



There is a higher concentration of children from low-income families in St Pancras and Somers Town, Haverstock, Kilburn and Fortune Green wards<sup>2</sup>.



**Children growing up in the most deprived areas are at greater risk of poorer health, educational and life outcomes than children from the least deprived areas.**



**There are health inequalities within Camden by location, gender, deprivation and ethnicity.**

Men and women from the most deprived areas have a life expectancy of 11.7 years and 10.2 years fewer respectively than those from the least deprived areas. The data should be rebased in line with latest population estimates in 2024<sup>3</sup>.

**2/5**

Around 2 in 5 (43%) secondary school students living in Camden are eligible for Free School Meals<sup>4</sup>.

Children eligible for free school meals are less likely to reach a 'good level of development'.



A boy born in Hampstead Town in 2020 is expected to live 13.5 years longer than a boy born the same day in Somers town. The difference is 9.6 years for girls. By secondary school, we see for every 10 young people, 4 attend private school and 4 live in poverty after housing costs.



There are stark **inequalities in maternal outcomes** for certain ethnic groups and women living in areas of higher deprivation<sup>6</sup>.



Camden has a **higher proportion of children with experience of dental decay (31.8%)** compared to London (25.8%) and England (23.7%)<sup>5</sup>.

National figures suggest children living in the most deprived areas of the country were 2.5 x more likely to experience decay, compared to those living in the least deprived areas.



In 2023/24, **20%** of all Reception pupils and **36%** of all Year 6 pupils were recorded as overweight or obese in Camden<sup>5</sup>.





The tartan rug on this slide demonstrates how Camden performs across several health and wellbeing outcomes compared to London and other NCL borough values. This has been automated and can be easily updated annually.

## Child health profile: summary

Indicator	Period	London region	Barnet	Camden	Enfield	Haringey	Islington
Infant mortality rate	2021 - 23	3.45 per 1,000	3.22 per 1,000	3.46 per 1,000	3.73 per 1,000	3.15 per 1,000	2.31 per 1,000
Population vaccination coverage: MMR for one dose (2 years old)	2023/24	81.81 %	81.73 %	78.11 %	74.99 %	77.78 %	78.9 %
A&E attendances (0 to 4 years)	2023/24	814.47 per 1,000	787.33 per 1,000	830.48 per 1,000	1010.18 per 1,000	843.8 per 1,000	781.16 per 1,000
Reception prevalence of overweight (including obesity)	2023/24	20.87 %	20 %	20.16 %	23.96 %	24.03 %	21.23 %
School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception	2023/24	71.21 %	72.28 %	71.27 %	69.05 %	74.68 %	66.51 %
Percentage of 5 year olds with experience of visually obvious dental decay	2023/24	27.4 %	29.2 %	27.1 %	29.2 %	36.9 %	28.8 %
Persistent absentees - Primary school	2022/23	17.73 %	15.22 %	21.65 %	18.18 %	18.24 %	21.59 %
Percentage of physically active children and young people	2023/24	47.31 %	35.26 %	51.06 %	41.21 %	48.72 %	54.78 %
Under 18s conception rate / 1,000 (Female)	2021	9.47 per 1,000	6.02 per 1,000	10.31 per 1,000	13.85 per 1,000	8.85 per 1,000	11.94 per 1,000
Hospital admissions as a result of self-harm (10 to 24 years)	2023/24	125.63 per 100,000	174.07 per 100,000	121.02 per 100,000	86.67 per 100,000	133.06 per 100,000	175.62 per 100,000

### Cell colour legend

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

■ | ■ | ■ = Significantly worse | Statistically similar | Significantly better

# Child Health Equity

# Child health equity | Context, inequities, and intersectionality

**A 2023 Gallup survey found that less than a third of UK adults believed that the next generation would have a better quality of life.**

Health outcomes for children and young people, often a key measure of the health of society, are declining. Inner London is seeing a reduction in the children and young people population. Camden – one of the most unequal places to live in the country – now finds that families must be either very rich or very poor to live in the borough. Our housing policy means that we are recruiting social tenured residents with increasingly complex health and care needs.

This economic environment has led to some sober findings for children and young people in the borough which highlight inequality:

2 in 5 children live in **absolute poverty**. 2 in 3 children living in poverty live in social tenure.

2 in 5 children living in social housing have **an adult with an underlying health or care need also living in the household**

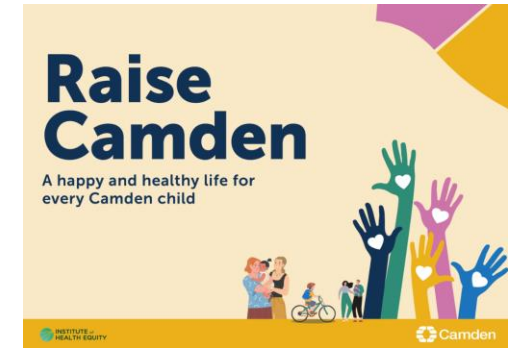
The equivalent of two primary schools of children live in **temporary accommodation**

Black children are most concerned about **safety** and spend the least amount of time playing with friends outside the home

1 in 3 secondary school aged children attend **private schools**

# Child health equity | Recent progress

**Raise Camden** was established across 2024/25 and is the Council's major new programme to address health inequalities for children in our borough and support every Camden child to have the best start in life. The programme was launched with several projects described below, and a comprehensive report led by the Institute of Health Equity which served as an audit for child equity in the borough. Further details are below for these specific projects with equity running throughout the content of this report.



**The Children and Young People's Equitable Services Programme** is a change programme applying quality improvement methodology within frontline services. It aims to enable collaborative and supportive working across the services we commission and deliver, to collectively address the unjust health inequalities. In 2024/25 we undertook an audit of data collection and use across our commissioned services and held facilitated stakeholder workshops to understand what contributes to equitable services and what support will be beneficial to commissioners and providers. Based on findings from the workshops, we published an insights report and have produced an equity toolkit to inform equitable practice. The toolkit includes minimum dataset production, insights repository, communities of practice.



The Council's Children's Centres & Family Hubs and Money Advice service are working with Nesta, Central and North-west London NHS Foundation Trust (CNWL) and University College London (UCL), to offer a **£500 cash grant to pregnant people in Camden** who are in receipt of qualifying benefits, to help with the costs of pregnancy and preparing for a baby. The aim is to support 800 parents through this one-year pilot.



The Council is working with NHS partners to provide **clinics in Family Hubs for families who frequently attend A&E with non-urgent issues**. The clinics support the whole family to address the issues they are facing and connect them with the right healthcare support or other services that they might need with a view to increasing their usage of community services and reducing pressures on emergency services.



A **Community Champions Coordinator** employed by a local voluntary and community sector (VCS) organisation supports residents, VCS partners and businesses to lead activities and projects that improve the health and wellbeing for residents living on council estates.

# Child health equity | Key areas for action

Following a successful Child Poverty Roundtable in May 2025, the leader of the council has announced a **Raise Camden Taskforce to be co-chaired with Prof Sir Michael Marmot**. This Taskforce will meet quarterly to take forward a partnership proposal to establish an innovation hub, and deep dives focusing on challenges raised by the Institute of Health Equity report. **We seek to establish innovations around these challenges, focusing on our themes of child poverty, whole family mental health, structural racism and inequality.**

Over the coming year we will also focus on strengthening the enabling workstreams:

- 1 Children and young people's voice is central to both understanding the challenges and consequences of childhood poverty, and influencing decisions made about solutions. We will establish **Raise Camden trustees and young peer researchers**.
- 2 Further **embed our equitable services programme** and consider its application at system-level.
- 3 Develop a **0-19/25 data view** which allows us to systematically assess the use of services and resulting outcomes by equality characteristics. This will support front line delivery to ensure we centre the needs of those with greatest potential to benefit within our universal offers. It will also build the infrastructure required to evaluate test and learns and to be eligible for significant research investment.
- 4 A **Health and Housing data view** to support whole household intervention will be developed.
- 5 The Institute of Health Equity in year two of our partnership will work to support our understanding of and response to **whole family mental health in core groups**.

# Child health equity | Case study

## Case Study: Raise Camden Report – Health Equity Data Audit

As part of the Raise Camden programme, Camden Council commissioned the Institute of Health Equity (IHE) to assess available data and summarise the current situation and issues in the borough with respect to child health equity.

Launched in 2025 at the We Make Camden Summit, the report uses the Raise Camden conceptual framework – adapted from the Child Health Equity Collaborative framework created by IHE and Barnardo's – to structure its findings into sections that describe family circumstances, childhood experience, and health and wellbeing.

The report also produced a series of recommendations for Camden Council, Camden partners, and National Government across six action areas which would have significant positive impact on child health equity in both the short and long term:

1. Improving outcomes and reducing deprivation
2. Housing
3. Education
4. Community and safety
5. Data
6. Health

The report will be used by Raise Camden as a baseline and evidence base for its future work and planning.



## RAISE CAMDEN CHILD HEALTH EQUITY DATA AUDIT

EXECUTIVE SUMMARY

# Pregnancy and Early Years



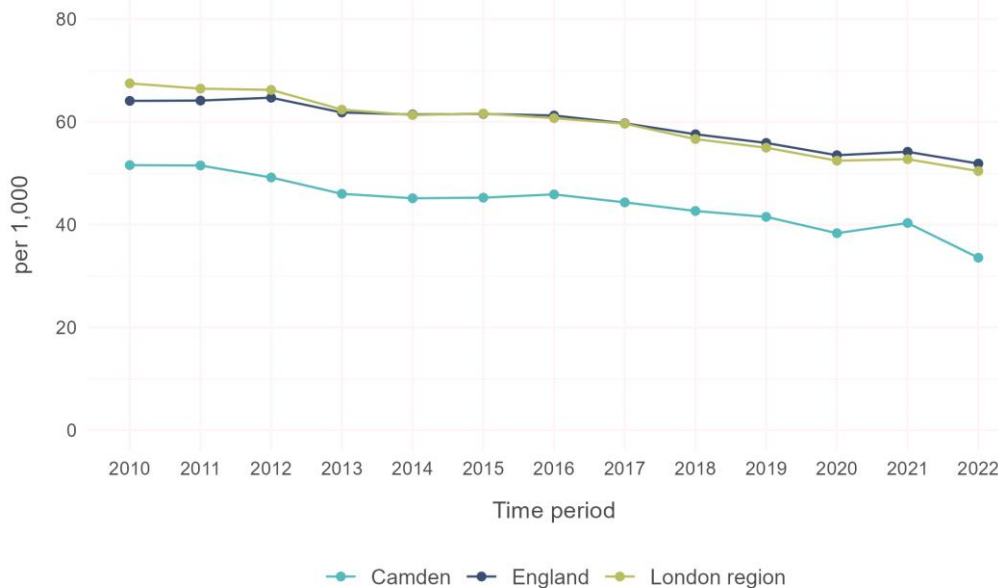
# Maternity | Context, inequities, and intersectionality (1 of 2)



**Birth rates in Camden declined** by 16% between 2013 and 2021, and this trend is expected to continue over the next decade according to 2020 GLA projections<sup>1</sup>.

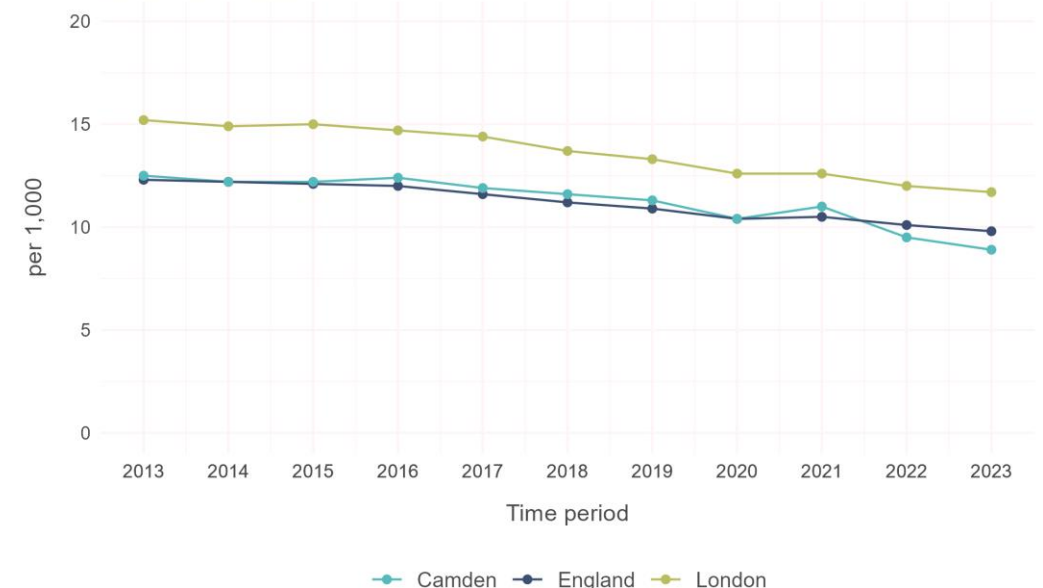
- Despite this, the **population of children and young people in Camden is arguably becoming more complex.**

**General fertility rate (Female)**



Source: OHID

**Crude birth rate**



Source: ONS

- The latest figure (2022) for female general fertility rate in Camden was 33.6 per 1,000, which was **significantly lower** than that of London (50.4 per 1,000) and England (51.9 per 1,000). In the last five time periods, a significant downward trend has been observed in Camden<sup>2</sup>.
- The crude birth rate in Camden is lower than the birth rate in London, and there has been a downward trend observed since 2013.



# Maternity | Context, inequities, and intersectionality<sup>1</sup> (2 of 2)

There are stark inequalities in maternal outcomes for certain ethnic groups and women living in areas of higher deprivation. NCL has wide socio-economic variation and, like many areas of London, has areas of high deprivation in close proximity to areas of affluence. Almost half of all maternity admissions in NCL are in the most deprived 40% of the population.



A 2023 audit in one part of NCL showed a higher proportion of women and birthing people from 'Any other White' backgrounds had stillbirths, followed by Black African women, as well as those requiring language services, women and birthing people over 40 years of age, and people living in deprived areas.

**There is a clear link between deprivation and adverse maternal health outcomes.**

- 60% of neonatal admissions at NCL sites are for babies in the 40% most deprived quintiles of the population.
- The intersectionality between ethnicity and deprivation is also recognised, with some ethnic groups more likely to be living in the most deprived areas.



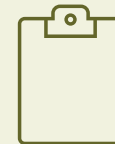
The perinatal period is defined as the period comprising of pregnancy and one year post pregnancy. National guidelines suggest that around **1 in 4 women experience perinatal mental health issues**, and health outcomes for global majority groups tend to be worse.

**In 2021/22 NCL had a lower rate of take-up for perinatal mental health services than the national target**

Only **4.9%** of pregnant women in NCL accessed perinatal mental health services



This is significantly below the **8.6%** NHS Long Term Plan ambition



**Missing data may obscure our understanding of local maternity outcomes, particularly amongst global majority families.**

In 2023, there was no ethnic category recorded for 9% of pregnant women antenatally, compared to 5% in London and 3% in England.

# Maternity | Recent progress (1 of 2)

The HWB department developed a **Maternity workstream** to centralise the ongoing maternity-focussed projects in the department, with the aim of building relationships and pathways with internal and external partners and stakeholders.



**The Family Hubs Pregnancy Grant (FHPG) pilot** was developed with several internal and external partners as part of Raise Camden. Various aspects were tested with local families and ethical approval for the evaluation was provided by UCL. The pilot launched in April 2025 and is expected to reach approximately up to 800 pregnant women/birthing people who are resident in Camden and in receipt of any qualifying benefit.



To support delivery of the NCL Maternity Equity and Equality Action Plan, a series of **'maternity listening events'** have taken place with Bangladeshi women. The aim of these events is to learn more about their experiences of antenatal education and support. Findings will be shared with colleagues at UCLH who are developing an antenatal education programme tailored to the needs of Bangladeshi women.



**This 2024/25 Children and Young People's Needs Assessment** includes a summary on maternity, including data on inequalities and smoking during pregnancy.



**Supported the development of Camden's Best Start Strategy**, which will integrate child health equity considerations within existing Start for Life workstreams delivered in Family Hubs



**A new Maternity and Early Years Project Lead post was created** through Family Hub funding in autumn 2024 to develop further integration across maternity and early years services.

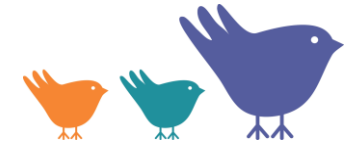


**The data-sharing agreement between Early Years and CNWL (health visiting) has been revised to include antenatal data**, in addition to live birth data. This agreement will enable direct contact with expectant families, and support early engagement in the Family Hub offer, including the Best Start for Baby programme, focusing on families with greater risk of poorer outcomes.



To assess met and unmet perinatal mental health (PNMH) and parent-infant relationship (PIR) need in Camden, **a joint strategic needs assessment is currently underway**.

# Maternity | Recent progress (2 of 2)



## Perinatal mental health (PMH) and parent infant relationships (PIR)

- Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child, though increasingly definitions do also include the full second year after both as well.
- **Perinatal mental ill health affects around 27% of women and 10% of fathers during the perinatal period.** Research into baby mental health, couple functioning in the transition to parenthood, and the role of social support in the course of perinatal mental health disorders, all highlight the importance of working with the whole family to support positive outcomes.
- Approximately 1 in 4 women (**23.5% prevalence estimate<sup>1</sup>**) and 1 in 10 men (**8.4% prevalence estimate<sup>2</sup>**) in the perinatal period are estimated to have a mental health issue. In 2023, approximately 941 out of the 4,003 women and 336 men of the 4,003 men in the perinatal period in Camden were estimated to have a perinatal mental health problem.
- Expert leadership has been commissioned with Family Hub funding to **develop a perinatal mental health pathway** in collaboration with key partners, with a vision of developing an integrated care pathway to support to provision of effective services and care for families.
- The pathways have been developed in consultation with families from a range of backgrounds, with lived experience of accessing Camden's services.
- The cornerstone of the perinatal mental health pathway is **Camden's new 'Best Start for Baby' service**, an enhanced healthy child programme, that achieved boroughwide delivery in April 2024. This is a universal service providing 3 monthly appointments in a baby's first year focusing on the parent / infant relationship, perinatal mental health and the early identification of any developmental delay.
- Now that the programme, delivered by health visitors, is embedded across the borough the impact of the additional contacts and revised approach needs to be evaluated. Camden has been successful in **securing funding for an independent evaluation of the programme through the National Institute of Health Research.**
- **The PMH and PIR JSNA recommendations will be socialised and implemented from Summer 2025 onwards.**

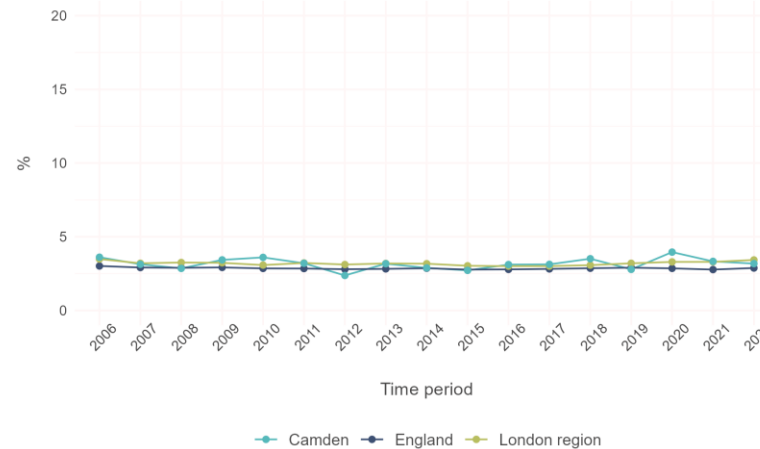
# Maternity | Key areas for action

- 1 Continue to support delivery of the **NCL Maternity Equity and Equality Action Plan** by working with commissioning, Early Years and maternity colleagues to drive actions to increase support for women/birthing people at risk of worse outcomes.
- 2 Support UCLH colleagues with the development **of antenatal education for Bangladeshi women.**
- 3 **Scope the current provision of antenatal peer support for Bangladeshi women**, including working with UCLH colleagues to develop and refine the Birthing Buddies programme.
- 4 As part of Camden's Healthy Weight Acceleration Plan, work with public health colleagues **to develop a programme aimed at improving maternal nutrition.** This work will link across to recommendations in this year's child deaths report.
- 5 **Support improved uptake of the Best Start for Baby** antenatal offer through the impact and reach project, including contacting families not engaging at 3 months.
- 6 **Contribute to the NIHR/PHIRST evaluation** of the Best Start for Baby programme
- 7 **Develop a joint approach to workforce development**, involving NCL maternity colleagues, Camden's EY team and other relevant stakeholders. This will ensure greater integrated practice and cross-team working around aligned interests.
- 8 **Refresh the Maternity and Early Years Action Plan** overseen by the Start for Life delivery group.
- 9 The Early Years Information and Engagement Team will focus their **outreach activity** to prioritise engaging families during pregnancy.
- 10 Deliver the **Solihull Antenatal parenting programme in a range of community languages.**

# Maternity: Smoke-free campaign | Context, inequities, and intersectionality

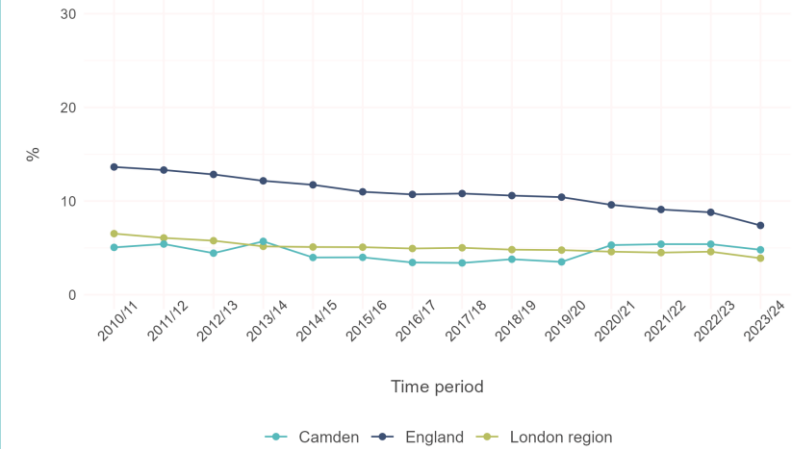
- **Smoking during pregnancy increases the risk of stillbirth, miscarriage and sudden infant death.** Babies born to mothers who smoke are more likely to be underdeveloped and in poor health. Parental smoking after birth is associated with a three-fold increase in the risk of sudden infant death.
- **Smoking is also a major cause of health inequalities**, with smoking rates among pregnant teenagers, and people living in more disadvantaged parts of the country, being considerably higher than in older, less deprived groups.
- Supporting more people to have a smoke-free pregnancy and to stay smoke-free after birth will reduce the risk of many smoking-related complications and illnesses, for both the parent and the baby.

Low birth weight of term babies



Source: OHID

Smoking status at time of delivery (Female)



Source: OHID

- The 2024/25 figure in Camden for smoking status at time of delivery was 2.5%, which was **better** than that of London (3.1%) and **better** than that of England (5.6%)<sup>1</sup>.
- Maternal smoking and use of alcohol are associated with low birth weight of term babies. The latest figure for low birth weight of term babies (2022) in Camden was 3.18%, **statistically similar** to that of London (3.43%) and England (2.88%)<sup>2</sup>.



Currently, there is:

- No available data on pregnant smokers by borough.

# Maternity: Smoke-free campaign | Recent progress



NCL has been **implementing the NHS Long Term Plan recommendations** to bring stop smoking services within maternity trusts since 2022.

100%

**As of January 2025, 100% of pregnant smokers in NCL have access to an in-house trust maternity tobacco dependence service.** Standard operating procedures and referral pathways are established, and data is being submitted to NHS England.



Since January 2025, all NCL maternity trusts have been participating in the **National Smokefree Pregnancy Financial Incentive Scheme**. This scheme aims to keep pregnant smokers engaged with the tobacco dependence service throughout pregnancy and to remain smoke-free in the months immediately following delivery. The scheme is funded by the Office for Health Improvement and Disparities (OHID).

# Maternity: Smoke-free campaign | Planned actions

- 1** Camden is working in partnership with North Central London Integrated Care Board at UCLH to pilot the use of vapes (e-cigarettes) as a stop smoking aid, and as an alternative to nicotine replacement therapy, with pregnant smokers. Camden submitted an expression of interest on behalf of the ICB.  
There is strong and growing evidence, including systematic reviews of clinical trials, and consensus across the UK's leading health organisations, that vaping is substantially less harmful than tobacco smoking, although it is not risk-free<sup>1</sup>. There is evidence that, in the short and medium term, vaping poses a small fraction of the risks of smoking. Evidence suggests that vapes are more effective than nicotine patches for smoking cessation among pregnant women<sup>2</sup>.
- 2** NCL is extending the pathway by collaborating with health visitors to **support post-partum relapse prevention and promote smokefree homes**. Additionally, we are considering ways to support family members and significant others in their efforts to quit smoking.
- 3** We are conducting a **comprehensive analysis of smokefree pregnancy demographic data to better understand the pregnant smoking populations in NCL**. This information will help shape strategic commissioning across NCL and reduce health inequalities.

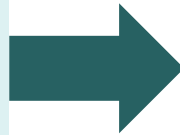
# Early years development | Context, inequities, and intersectionality



**Camden is one of 75 local authorities funded to deliver the Family Hub and Start for Life programme, 2022 - 2025 (Funded by DfE/DHSC).**

- The programme is led by Camden's Early Years and Family Hub Service. Family Hubs have been developed as the focal point for families with children (pregnancy to age 19 and 25 with SEND) to access information and support within their neighbourhood. Family Hubs are also the key focus for our CYP universal public health offer. Camden has prioritised our integrated early years offer to date and is now considering integration of our community offer pre-birth and to school aged children and young people. An additional year of funding for family hubs was agreed pending a decision about long term funding being considered in the spending review.

**Attainment of a good level of development at Early Years Foundation Stage is considered a key indicator of the success of Early Years strategies and approaches.**



The Foundation stage profile measure for which children are assessed at the end of their reception year, shows that **more children in Camden are reaching their expected level of development, 69.8% compared to 67.7% in 2022 (65.3%; 65.2% England)<sup>1</sup>.**



There are lower rates of good development within our more deprived and more ethnically diverse localities, and the gap in achievement for those on free school meals persists. **The inequality gap between those children entitled to free school meals is narrowing, 18.9% in 2022 and 15.7% in 2024 (22.9%; 18% England)<sup>2</sup>,** although there is still significant progress to be made.



# Early years development | Recent progress (1 of 2)

## Parenting Support

- **A range of parenting programmes are offered to parents both in groups, online or supported one to one sessions at home from Family Hubs.**
- These include:
  - Solihull antenatal, postnatal and 'Understanding your child' courses
  - Triple P
  - Dad's antenatal sessions
  - Strengthening Families
  - Strengthening communities, and more specialist programmes for families where there is domestic abuse.
- Some courses are available in different languages such as Bengali and Arabic and Creche facilities are available for some groups when the need is identified. Solihull and Triple P launched on-line in December 2024.
- From December 2024 to May 2025, 71 families have signed up for Solihull, 75 families are completing Triple P and 30 are completing the Triple (Teens).

## Speech and Language in the Early Years

- Steady progress is being achieved in the percentage of children that reach their expected level of development in communication, language and literacy by the end of the Foundation Stage. **79.2% of Camden children reach their expected level of development compared to which exceeds the England average.**



## Camden Kids Talk

- **Camden Kids Talk** is a project developed to increase the communication, language and literacy skills of Camden children. The project takes a 3 three stranded approach:
  1. **Workforce development** – training to achieve key competencies in identification and interventions for Speech, Language and Communication.
  2. **Sharing messages across the borough** - all teams sharing the same messages and resources promoting language development.
  3. **Shared assessment and intervention framework** – the Wellcomm screening tool is used across agencies to support early identification of need.
- The project has been running for 2 years and **has achieved a 20% decrease in the percentage of children in primary school nurseries that were more than 12 months behind their expected level of development (9 schools in 2023/24).** Work is underway to scale up the reach of this work so that more children can benefit.

# Early years development | Recent progress (2 of 2)

**The Family Hubs Equity and Inclusion Delivery Group**, established in March 2024, brings together colleagues across Health and Wellbeing, Children's Services, the ICB, School Health Service and Strategy.

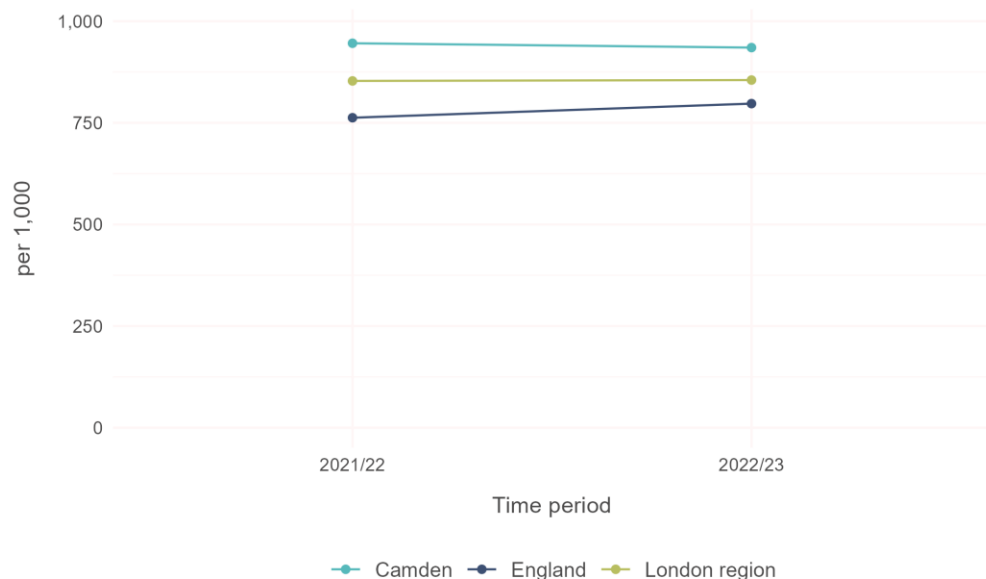
- The Equity and Inclusion Family Hubs Delivery group has continued to meet over the course of 2024/25, with the purpose of ensuring that Family Hubs continue to meet the needs of families with greatest potential to benefit. This has overseen the delivery and point of connections with Family Hubs across several projects: Family Hub Pregnancy Grants, Low Acuity A&E follow up clinics, anti-racist maternity support, and outreach strategy.
- The Group is now turning its attention towards **the development of the 0-19/25 data view** building on the Integrated Early Years Database and embedding the Equitable Services Programme across Family Hubs delivery.
- We are also considering the approach taken for Family Hubs and locality networks as we developed the offer for school aged children, recognising that child poverty is now equally prevalent in primary schools aged children as it has been historically in early years.
- We are conducting **a research study with grassroots organisations within Camden in collaboration with the Young Foundation and Camden Giving to understand global majority families' attitudes towards and engagement with universal services** up to the age of 11. This will support the design and development of our expansion into universal family support for older age groups.

# Early years development | Planned actions

- 1** A key next step for the Family Hub programme in Camden is to build on strong relationships in the local Family Hub networks to create more **formal partnerships** that enable better understanding of Families' engagement and unmet need.
- 2** Work is underway to **scale up Camden Kids Talk** provision.
- 3** Following a trial in Kilburn Grange Family Hub, **information screens** will be installed in the remaining 4 Family Hubs to promote services and public health messages.
- 4** Further **develop multi-agency working with over 5s teams located in the family hubs**. This includes CAMHS, Camden Talking Therapies, RESPOND and the Enuresis Service.
- 5** Work with colleagues to **join up the national social care reform and family hub agenda** to improve access to family help in neighbourhoods.

# Early years A&E attendance | Context, inequities, and intersectionality

A&E attendances (0 to 4 years)



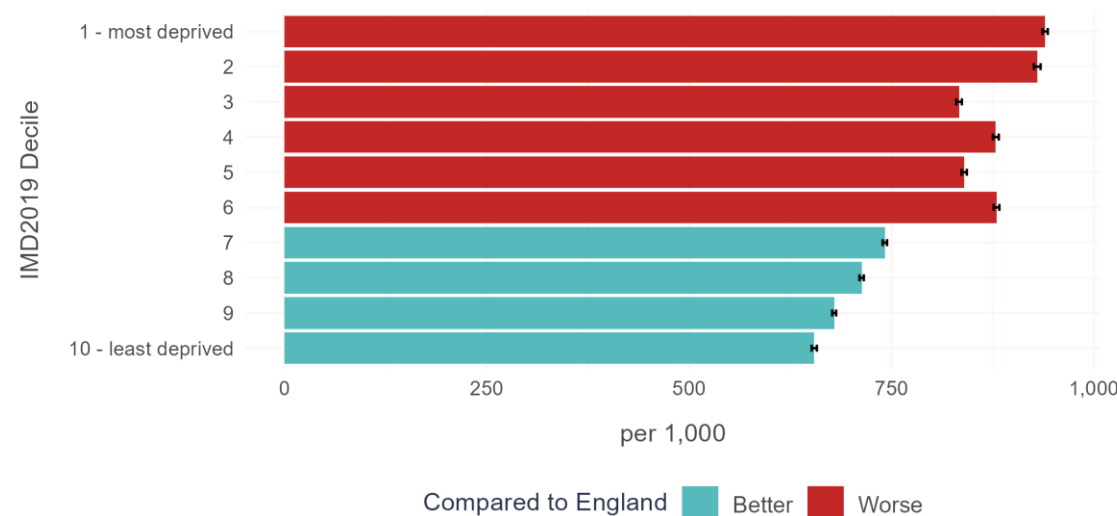
Source: OHID

The latest figure for A&E attendances in 0–4-year-olds (2022/23) in Camden was 935 per 1,000, which was **significantly worse** than that of London (855 per 1,000) and England (797 per 1,000)<sup>2</sup>.

Nationally available data demonstrates a higher rate of A&E attendances (0 to 4 years) in England for those in the 6 most deprived IMD deciles<sup>1</sup>.

A&E attendances (0 to 4 years) in England by IMD2019 Decile

2022/23



Source: OHID

# Early years A&E attendance | Recent progress and planned actions

## Pilot programme – A&E attendance and child poverty

**The Family Hubs Equity and Inclusion Delivery Group** is developing a pilot with the UCLH paediatric A&E team for families in health crisis whose attendance often reflects the impacts of child poverty:

- 9 in every 10 attendances at UCLH Paediatric A&E do not result in admissions.
- 1 in 4 of these attendances do not have a chief complaint recorded.

This team run a follow up clinic within A&E for low acuity presentations, i.e. children under 5 attending A&E with minor ailments who do not feel that they have anywhere else to turn.

- Newcomers to the UK, children living in poverty, and children experiencing respiratory problems often linked to housing issues, are the most highly represented groups at this clinic.

## School nurse follow-up after A&E attendance

**The school nurses have continued to play a key role in ensuring the safety of children by following up on red and amber ED attendances.**

- By reviewing the ED summaries, they can identify any exacerbations of medical conditions, safeguarding concerns, or support required for a new clinical diagnosis made following ED attendance.
- From September to December 2024, the school nursing service received 187 ED notifications, which is a slight decrease compared with the number received in the summer term (208).
- A similar decrease has been registered for those admitted due to acute self-harm/mental health – 9 CYP in Term 1 of 2024-25 as opposed to 22 in Term 1 of 2023-24.
- For all these CYP, our school nursing team has maintained regular contact in school offering empathic listening, motivational interviewing, and facilitating referral to specialist support services.

## Planned actions

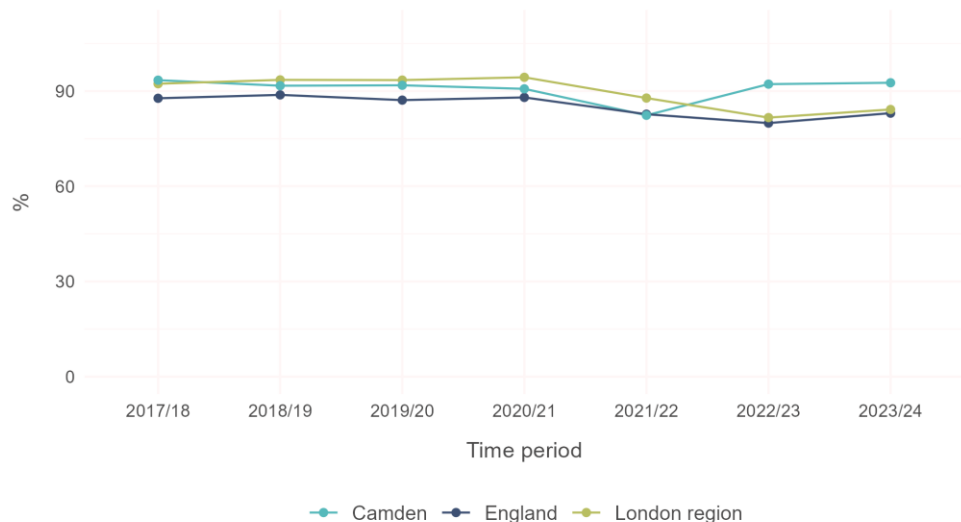
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We intend to test and evaluate the benefits of relocating this clinic within Family Hubs and collocating with supporting advisory services.

# Early Years: Delivering the Healthy Child Programme – Health Visiting | Context, inequities, and intersectionality

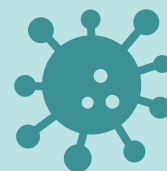
Camden has a diverse and transient population of children and young people, with the fifth largest population churn in the UK, due to large migration flows in and out of the borough. The 2021 Census showed 10,000 children aged under 5 living in Camden<sup>1</sup>. Levels of need are high, with 8% of babies born at a low birth weight, 40.3% of children in Camden schools eligible for Free School Meals; 49% of children having English as an additional language and 37.2% of children in Camden living in households in relative poverty, after adjusting for housing costs.

**Proportion of New Birth Visits (NBVs) completed within 14 days**



Source: OHID

The latest figure (2023/24) for proportion of NBVs completed within 14 days in Camden was 92.6%, which was **significantly better** than that of London (84.2%) and England (83%)<sup>2</sup>.



There have also been:

- Increases in **communicable disease** outbreaks
- Worsening **mental health and wellbeing**.



Post-pandemic, there are **rising numbers of children with:**

- Special educational needs and disability (SEND)
- Obesity

# Early Years: Delivering the Healthy Child Programme – Health Visiting | Recent progress

Key areas of progress in 2024/25 include **designing a new specification for the Health Visiting Service** and **introducing a new contractual vehicle** following guidance set out by the Health and Care Act 2022, which came into force in January 2024. Camden's Health Visiting Service is commissioned to work in partnership with the Family Hubs and Early Years service from April 2025 – March 2030.



A rapid evaluation of the Service undertaken in 2024, including data analysis as well as feedback from 48 parents and 47 staff members, found the Service was performing well compared to other boroughs and meeting its targets. Recommendations to further improve equity and integration have been built into the new service specification and they include:

- Delivery of three additional contacts under the Best Start for Baby Programme at 3, 6 and 9 months. This is on top of the nationally prescribed 5 mandated contacts. Plus, closer scrutiny of who does and does not attend appointments.
- Health visitors will deliver comprehensive antenatal visits with low-income families (40% of expectant parents) at home or a location of their choice.
- Staff are being better equipped to screen, assess and support perinatal mental health and parent/infant relationships with more training and an updated perinatal mental health pathway guidance.
- Health visitor leads have been identified to develop the service against seven early years high impact areas; equity, transition to parenthood, family mental health, breastfeeding, healthy weight, ready to learn and improving health literacy.
- Health visiting practitioners are receiving regular practice supervision on speech, language and communication to support their knowledge, increase appropriate onward referrals and promote Camden Kids Talk.
- The Service is working collaboratively with partners to evaluate the Best Start for Baby Programme via an NIHR bid, to tackle barriers to breastfeeding within specific communities with its linked infant feeding service and supporting multiple areas of development under the Family Hubs Programme.
- The Health Visiting Service is also taking action to improve its equity data reporting and acting on those findings, with additional performance reporting required on ethnicity and deprivation going forward.

# Early Years: Delivering the Healthy Child Programme – Health Visiting | Planned actions

1

A focus on **increasing antenatal visits for low-income families** and connecting provision e.g. the Family Hubs Pregnancy Grant pilot where this can improve reach.

2

Supporting Health Visitor leads to **develop the service** against seven early years high impact areas.

3

Contribute to the **further development of the antenatal offer**, using the pregnancy data shared with Early Years to inform the integrated service offer.

4

**Report on the impact of WellComm screening at universal contacts** (12 months and 2 years) and **targeted contacts** (15 and 18 months) to assess the effectiveness of early identification of communication and language delay and the effectiveness of interventions.

5

**Publish the Best Start for Baby (BSfB) handbook** and evaluate impact using the BSfB outcomes framework.

6

Establish a **new workstream to review and develop a more integrated support offer for homeless families** across health visiting, early years, housing and partners.



# Breast and infant feeding | Context, inequities, and intersectionality and recent progress



## Context, inequalities and intersectionality<sup>1</sup>

- 81.5% of babies born in Camden between September 2024 and February 2025 received some form of breast milk up to 6 – 8 weeks of age (either partially or exclusively breast feeding).
- **White British mothers are most likely to initiate breastfeeding but stop before 6-8 weeks**, with a disproportionately higher rate (although very low volumes) of **Bangladeshi mothers also being more likely to stop breastfeeding before 6-8 weeks** (September 2024-February 2025).
- Mothers from the lower-range IMDs are also more likely to initiate breastfeeding but stop before 6-8 weeks, which is in proportion to the overall population make-up of Camden.

## Recent progress

- **All new parents (100%) had contact with the Baby Feeding Team since the start of the 2024/2025 year.** This is up from 82% in (2023/2024), with all new parents being offered a New Birth Feeding Call within the first week of giving birth.
- In June 2025, Camden Health Visiting are undertaking reaccreditation for the **UNICEF Baby Friendly scheme** which was awarded to them in June 2023.
- The team now has **34 Infant Feeding Volunteers** as part of the successful volunteer programme.
- In partnership with Camden Health and Wellbeing Team the Baby Feeding Team have launched a **Camden wide Breast-Feeding Friendly Scheme** to support parents and families breast feeding out of home.
- The established **Camden Crisis Infant Feeding Pathway has been re-designed** to improve understanding and accessibility of this service by frontline staff working with families.
- **The Baby Feeding Team attend Maternity Wards at UCLH and The Royal Free Hospital**, seeing parents immediately post-partum and offering feeding support.
- The Early Years, Schools and Families team delivered Starting Solids sessions to 252 unique families (491 total attendees). 100% of attendees followed up weaned around 6 months in line with recommendations. 44% of attendees were from black and minority ethnic groups.

# Breast and infant feeding | Planned actions

1

**The Baby Feeding Team is undertaking an equity deep dive** to understand population groups where breast feeding is lower and undertaken targeted support and outreach work. This work will both inform immediate practice as well as informing the Camden Baby Feeding Strategy that will be completed in 2025/2026.

2

The Baby Feeding Team is **working with the Public Health Intelligence Team to create a bespoke report of infant feeding data**, enabling the sharing of the most up-to-date data across the council and NHS colleagues without impacting on the Baby Feeding Team's time.

3

The Baby feeding Team is undertaking **Baby Wearing Consultancy Training**, to enable them to support parents to safely baby wear after the high-the profile baby death in September 2024 in a London Borough.

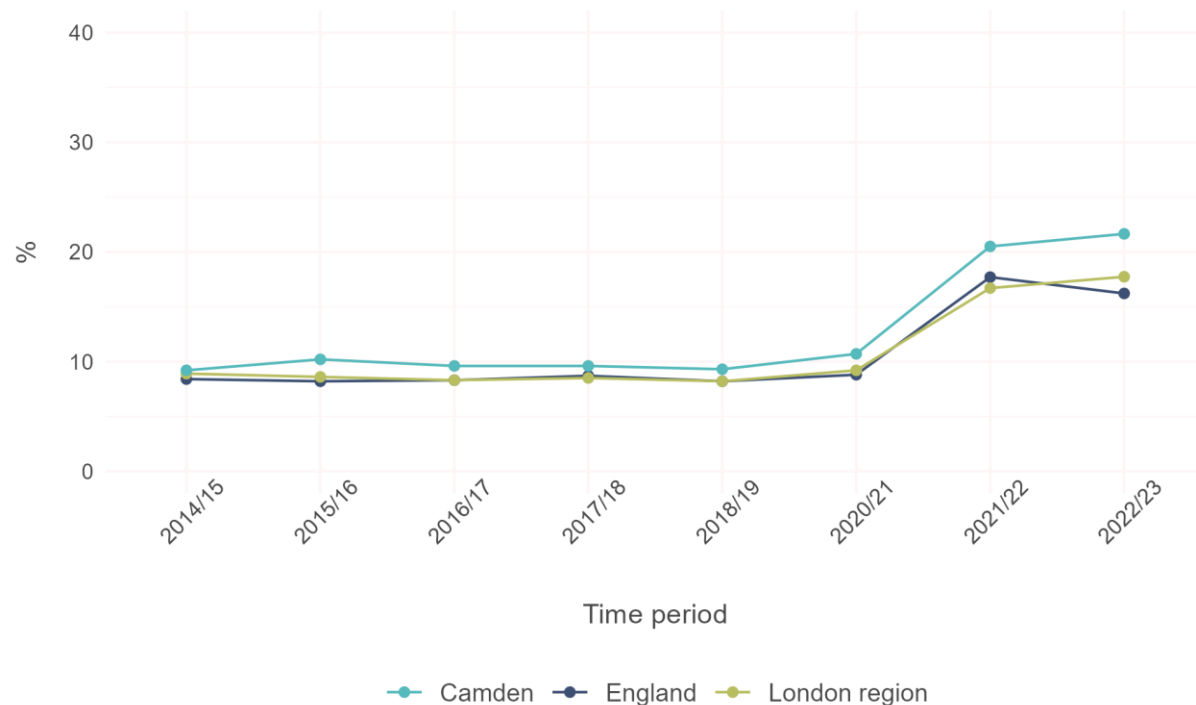
4

Report on **take-up of Anya**, the digital service which includes out of hours support.

# School aged CYP

# School absences | Context, inequities, and intersectionality

## Persistent absentees - Primary school



Source: OHID

- The latest figure (2022/23) in Camden for persistent absentees in primary school was 21.6%, which was significantly worse than that of London (17.7%) and England (16.2%)<sup>1</sup>.
- In the last five time periods, a significant upward trend has been observed in Camden. **This is also the case for Secondary school pupils in Camden.**
- National data from OHID in 2022/23 demonstrates a higher percentage of persistent absentees in children from the most deprived IMD deciles.



### Why does school attendance matter?

Good attendance:

- Is associated with better academic attainment.
- Supports friendships, routine, and mental wellbeing.
- Poor attendance is linked to reduced employment prospects.

# Delivering the Healthy Child Programme – School nursing

## I Context, inequities, and intersectionality



The Camden School Nursing Team, delivered by CNWL, supports the health and well-being of all children and young people (CYP) aged 5-19 from diverse ethnic and socio-economic backgrounds to ensure that all achieve the best health outcomes.



A **dedicated school nurse works alongside H3 Federation Schools:** Heath, Harmood, and Haverstock, which has a child-centred partnership approach for pupils unable to attend mainstream Schools.



Our School Nursing Team leads on a range of **preventative and universal programmes** like the National Child Measurement Programme in reception and Year 6 and School Entrant health reviews which help creating a baseline for each child and address any emerging issues in tailored support plans within a multi-agency approach when necessary.

# Delivering the Healthy Child Programme – School nursing

## I Recent progress

### Overview

- In 2023/23 the School Nursing service achieved **98% school entrant reviews (HR4) completed for reception children**, with a 1% increase from previous year. The trend for 2024-2025 academic year is also a positive one, with 32% completion as opposed to 28% for Term 1 in 2023-2024, reviewing the health needs of 739 children.
- As of July 2024, our school nursing team achieved **96% of the cohort of CYP being measured**, with a 6.5% rise in comparison to 2023 NCMP programme. In the current academic year, the team is working to increase the number of follow up appointments done within the 6 weeks' timescale recommended in the national guidance to increase uptake of the service.

### Annual feedback and impact data<sup>1</sup>

- Annual feedback and impact data released in August 2024 showed an **increase in volume and quality of the feedback from schools, CYP and parents**. Of 68% of schools sharing feedback 95% of them rated the service as having high or significant impact on care planning, management of medical conditions and medication in school, including medical condition training.
- A total of 522 CYP feedback has been collected across all age groups, with **100% reporting feeling listened to by their school nurse**, sharing that they had a positive learning experience about their health. **All would recommend this as “a good team to come and see”**.

### Service progress

- Following the 2024 action plan, **progress has been made to incorporate co-production in the School Nursing service**, by partnering with public health's Health and Wellbeing Champions to ensure CYP feed into how the service is run and what it should offer. One of CNWL Specialist Community Public Health Nurse School Nursing Student has been appointed as lead to the project.
- Building on last year's feedback, **service-level agreements have been promoted at the end of the school year and signed for each school, to set clear expectations for both parties for the new academic year**, so that in September the process and framework is already in place.

# Delivering the Healthy Child Programme – School nursing

## I Planned actions

1

The School Nursing team will continue work to **increase co-production and rights-based approaches to health and well-being** by including the voices of children, young people and families within service delivery. This includes close collaboration with Camden Public Health team to facilitate Health and Wellbeing Champions in primary and secondary schools, with the current Specialist Community Public Health Nurse (SCPHN) School Nursing student leading on engaging pilot primary schools.

2

The School Nursing team will continue to **provide their support to address challenges with school attendance**, particularly those related to health in the borough.

3

To tackle an increase in Duty contacts – 150 more in Term 1 compared to previous year and an increase in “general enquiries” contacts – work is being done to **promote key eligibility criteria for the School Nursing service and information about the remit of the service**, to maximise the time spent on pupils needing more help.



# Sexual Wellbeing and Reproductive Health, Teenage Pregnancy | Context, inequities, and intersectionality

<b>Conception rates of women aged under 18</b>	<ul style="list-style-type: none"><li>• ONS reported a conception rate in women aged under 18 years of 14.2 in England (June 2022), higher than the rate in London of 10.1 per 1000 women<sup>1</sup>.</li><li>• <b>Whilst Camden rates of teenage pregnancy are estimated to be lower than London, local data is still lagging behind, though frontline services have not reported any significant change.</b></li></ul>
<b>Provision of services</b>	Camden's young people's sexual health services are jointly commissioned with Islington Council and delivered by Brook in partnership with CNWL. The service operates across two main sites; Brook Euston and Archway Sexual Health Centre. It provides STI testing and treatment, access to contraception, health advice and counselling. In addition, the service provides clinical outreach at several key sites in the borough and works with schools, youth and education settings to provide Relationships and Sex Education (RSE).
<b>Access to contraceptive services</b>	<p>In October 2024, the UK Health Security Agency (UKHSA) published its Sexually Transmitted Infection (STI) Prioritisation Framework<sup>2</sup> setting out an evidence-based framework to inform local commissioning decisions. This framework highlights that STIs are not experienced equally across the population with rates of STI diagnosis remaining consistently high in certain groups, namely:</p> <ul style="list-style-type: none"><li>• Young heterosexuals aged 15-24</li><li>• Black populations</li><li>• Gay, Bisexual and Men who have Sex with Men (GBMSM)</li><li>• People residing in the most deprived areas.</li></ul>
<b>Understanding need</b>	<p>A local comprehensive Sexual Health Needs Assessment was undertaken and published in 2024<sup>3</sup>. This identified the following amongst young people in the borough:</p> <ul style="list-style-type: none"><li>• Declining access to specialist contraception services since 2017</li><li>• Reduction in uptake of the C-card (condom distribution) scheme since Covid-19</li><li>• Uptake of in-clinic appointments reducing</li></ul>

# Sexual Wellbeing and Reproductive Health, Teenage Pregnancy | Recent progress (1 of 2)

## Relationships and Sex Education (RSE) – New 2025 guidance

In 2025, [new statutory guidance](#) from the Department for Education was published, with a view to implementation from September 2026.

- The guidance contains information on what schools should do and sets out the legal duties with which schools must comply when teaching Relationships Education, Relationships and Sex Education (RSE) and Health Education.

As mentioned on the previous slide, Brook augment this work, but they are not responsible for providing RSE and there is no requirement for schools to work with Brook.

### Brook

#### In 2024/25, Brook have:

- Taken several steps to ensure services are meeting the needs of the local population. These include:
- Refocussed their outreach offer to address inequalities through access to 'clinic in a box' (satellite sexual health screening) at various locations, for example at Black Pride.
- Delivered targeted RSE sessions within SEND schools and youth settings.
- Established a new partnership with the Camden CLA service to deliver in-reach sexual health services.
- Delivered RSE on emerging topics for young people including pornography. These sessions aim to educate young people on why people watch porn, risks of watching porn, problematic porn use, and consent.

In addition, Brook have produced a series of TikTok and Instagram videos to help 'myth bust' in key topic areas like contraception, STIs, and menstruation.

They have featured the Brook Euston clinic in videos to show young people what to expect when they visit a sexual health service. The videos have been popular and have helped to reduce anxiety which can be a barrier to young people accessing services.

#### Brook regularly collects feedback from people using their services. 2024 feedback includes<sup>1</sup>:

*"As an autistic person, I felt completely at ease! I have difficulty with tablets, so they showed me what they looked like before any decisions were made. I'll definitely be back when I need anything else :)"*

*"I really appreciated their patience as my appointment was last minute. They still managed to find time and were sociable and kind. The treatment went so well, and everything was straightforward. 10/10."*

*"The staff was caring and compassionate – I felt very safe and comfortable."*

# Sexual Wellbeing and Reproductive Health, Teenage Pregnancy | Recent progress (2 of 2)

In recognition that promoting positive sexual wellbeing and reproductive health is not solely the remit of our health services, in 24/25 work was started on a new Sexual Wellbeing and Reproductive Health work programme, with a report and recommendations due in Summer 2025.

This has four key pillars –

1. **Healthy relationships** - how residents are supported to get accurate, high-quality information and address harmful practices wherever possible.
2. **STI prevention, testing and treatment**
3. **Towards Zero HIV Transmission and Living Well with HIV**
4. **Good reproductive health across the life course** - focussing on the reproductive health of women and girls, where there are known significant health inequalities.

In 24/25 the work included:

- Undertaking a sexual health needs assessment
- Establishing a steering group for our work
- Beginning a programme of listening events and engagement with specific groups of residents most often underserved by services or who may experience inequities in access to services (e.g. children, young people, women and gay and/or bisexual men from global majority communities, residents living with HIV, sex working women).
- Publishing a resident and a staff survey



[Camden sexual health needs assessment published in 2024<sup>1</sup>](#), includes mapping of services.

## 2025 Health Related Behaviour Questionnaire

The Health-Related Behaviours Questionnaire (HRBQ) is undertaken regularly and captures the insights and experiences of young people in Camden with regards to topics such as sexual wellbeing and reproductive health. Key findings from 2025 included:

- 17% of secondary school pupils reported that they have **experienced at least one of the controlling behaviours** listed when in a relationship, an improvement from 22% in 2021.
  - Whilst this is an improvement, this concerning figure still represents an area of need for young people.
- Only 16% of pupils said they **know where they can get condoms free of charge, a concerning reduction** from 27% in 2021.

# Sexual Wellbeing and Reproductive Health, Teenage Pregnancy | Planned actions

1

It is recognised that access to contraception, and uptake of the C-card scheme, has reduced amongst young people in Camden since 2017, and particularly since the Covid-19 pandemic. In response to this **Brook are reviewing their C-Card delivery sites**, offering refresher training to staff where required, and increasing promotion of the service to residents they are encountering, as well as promoting the service through their wider Brook communication channels (website, social media).

2

**Brook will continue to work with young people as part of their RSE lessons to provide advice and information on the different types on contraception available**, including any new forms of contraception (e.g. contraceptive ring and female condom) ensuring they receive accurate information from reputable sources. These sessions also provide the opportunity for Q&A so Brook can better understand any emerging themes for young people and design sessions in response.

3

Under 25's account for 30% of all online STI screens. **The E-Service is well received by young people in Camden and work will continue to build on this through the promotion of online contraception whereby young people (over the age of 16) can receive the contraceptive pill and/or condoms online.**

4

Work will continue to **finalise our Sexual Wellbeing and Reproductive Health work programme recommendations** and begin a programme of **implementation**.

# Vaping | Context, inequities, and intersectionality<sup>1</sup>



Vaping products can play a role in supporting adults to stop smoking. In the short to medium term, vaping products carry a small fraction of the health risks that are associated with tobacco. However, **vaping is not risk-free, particularly for people who have never smoked, and research shows that most children who use vapes have never smoked. The potential long-term health impacts of vaping remain uncertain.**

## The data<sup>1</sup>

In 2024, 7.2% of children aged 11-17 in Great Britain currently vaped compared to 5.1% who currently smoked. 2.8% are dual users, who both vape and smoke. 3.0% of all youth vaping less than once a week and 4.2% vape more than once a week. As the vast majority of children don't smoke, never smokers make up four in ten (39%) children aged 11-17 who have ever tried vaping.

## 2021 HRBQ<sup>2</sup>

The Health-Related Behaviours Questionnaire (HRBQ) is undertaken 3-yearly and captures the insights and experiences of young people in Camden with regards to topics such as smoking and vaping. In the 2021 HRBQ, 17% of Camden secondary school pupils said that they had tried vaping, 4% vaped less than once a week, and 4% vaped regularly. This compared to 8% who had ever smoked, 2% who smoked less than once a week, and 1% who smoked more than once a week.



In 2021, 33% of LGBTQ pupils responded they have at least tried vaping compared to 22% of non-LGBTQ pupils



Black (14%) and Asian (19%) pupils were least likely to report that they have at least tried vaping.

## 2025 HRBQ

The 2025 HRBQ found that **the percentage of secondary school pupils who reported having tried vaping had increased from 17% in 2021 to 23%. Concerningly, 25% of year 10 males and 38% of year 10 females had at least tried vaping.**

## Commercial determinants

- From 1 June 2025, it will be illegal to sell, supply or possess for sale or supply any single-use (disposable) vapes. This is particularly important as disposable vapes have become highly appealing products for children because of the wide range of flavours, bright colours, use of cartoons and highly visible points of display in shops.
- Illicit vapes may not be compliant with UK standards and/or may be counterfeit products. They may pose risks to health from unsafe levels of toxic ingredients and/or have nicotine double or more above the legal UK limit. There is a potential risk that those selling illegal vapes are also more likely to sell to children and young people.

# Vaping | Recent progress



The Early Years, Schools and Families team developed and delivered a Vaping workshop for Secondary school pupils. Delivery started in summer term 2024 with 150 pupils from year 7 and year 9 attending. The Council has also produced and distributed a new Vaping leaflet for young people and parents.

## Trading standards

- **In 2024/25, Trading Standards advised 159 retailers and seized 5,850 illegal vapes from 19 retailers.** Trading Standards are also working with retailers to take responsibility for addressing teen and illegal vape sales through the Camden Responsible Retailer programme and through ongoing communications. Seven retailers signed up to our Responsible Retailer scheme.
- Trading Standards have identified **Camden Town, Kentish Town and Kilburn High Road as particularly high-risk areas for selling illegal vapes and selling to under-18-year-olds.**
  - Whilst enforcement action has resulted in several vape shops voluntarily closing, Trading Standards have identified a **shift to Finchley Road, Mill Lane, and Queens Crescent as hot spots**
- In 2024/25, Trading Standards undertook **21 test purchases** with young volunteers, of which 7 “failed” (i.e. the young volunteer was able to buy vapes). Test purchases prioritise retailers that have previously failed a test purchase, with enforcement ranging from warning letters to formal caution/prosecution for repeated test purchase failures.
- In anticipation of the disposable vapes ban, the Health and Wellbeing Department funded an **additional 0.5WTE post in trading standards** to raise awareness and enforce the ban, as well as to increase underage test purchasing activity. The disposable vapes ban came into effect on 1<sup>st</sup> June 2025.
- Camden has introduced a **Responsible Retailer Scheme**. This initiative is aimed at providing all retailers with the tools they need to comply with laws regarding age restricted products.
  - The program not only tackles health education on vapes but will extend to cover smoking, knife & corrosive crime and drinking. Five of the seven retailers who failed a vapes test purchase signed up to the scheme.

# Vaping | Planned actions

- 1** **A regional roundtable on teenage vaping** is being planned for the summer (2025), chaired by Camden's Director of Public Health. The event will draw on insights and intelligence to develop a consensus position on the potential harms that young people may be exposed to by starting and continuing to vape.
- 2** We have provided **additional resource this year to Trading Standards to undertake more test purchases and work with local retailers on stopping underage sales**. Enforcement activity is intelligence led and concentrated on high-risk areas as identified in the previous slide. This important work will continue in 2025/26. We are also working with Community Champions, to recruit young volunteers to work with Trading Standards.
- 3** There is a lack of evidence on what works well to support teenagers to stop vaping, and there are service gaps across local authorities, including Camden. There are currently **discussions around a regional support offer for teenagers who vape across London**. We are also discussing with a local NHS Trust on the potential for piloting a service in Camden building on early learning from the UK's first stop vaping service at Alder Hey Children's Hospital in Liverpool.
- 4** We will **review our communications materials, messages and channels with young people** to see how we can best reach more teenagers through a behavioural insight approach that can help them to resist peer pressure or other influences to vape.



# Drug and Alcohol Use | Context, inequities, and intersectionality (1 of 2)



- Camden's young people's drug and alcohol service (**FWD**) operates within the Integrated Youth Support Service (**IYSS**) of Camden Council.

## Drug and Alcohol Needs assessment

A Camden **Drug and Alcohol Needs Assessment** was completed in January 2024 and is available [here](#)<sup>1</sup> (see needs assessment for details of service provision).

**FWD have recently completed a Sector Led Improvement (SLI) Practice Improvement Framework in partnership with commissioners.** The areas of improvement identified by FWD include<sup>2</sup>:



Analyse **demographic data** and compare with local population to target underrepresented communities



Reach out to organisations that support the LGBTQ+ community in Camden; to increase referrals to the service and inform how we make the service offer more inclusive.



Encourage teams to **embed referring to FWD** into their assessment/screening processes rather than at a later stage, creating joint-working agreements if needed. The aim of this is to ensure young people at risk of drug and alcohol use are systematically referred as soon as they have contact with the wider support system



Mapping out schools, colleges and universities that aren't referring to FWD or where there isn't a clear contact. This will then lead to an action plan being developed with commissioners aimed at improving partnership-working and numbers of young people accessing the service.

**Some of the work to address the areas of improvement have already started by FWD.** These include:



Addressing the under representation of young people who identify as female accessing the service by setting up female only brunch clubs in care placements, as well as providing Camden School for Girls with drop-in services and group sessions.



FWD have started work with the following teams to embed screening processed at the point of assessment: LAC pathways placement, New Horizon, Engage Team, Youth Justice Service, Youth Early Help, MASH, Key stage 2 &3 PRUs, The HIVE

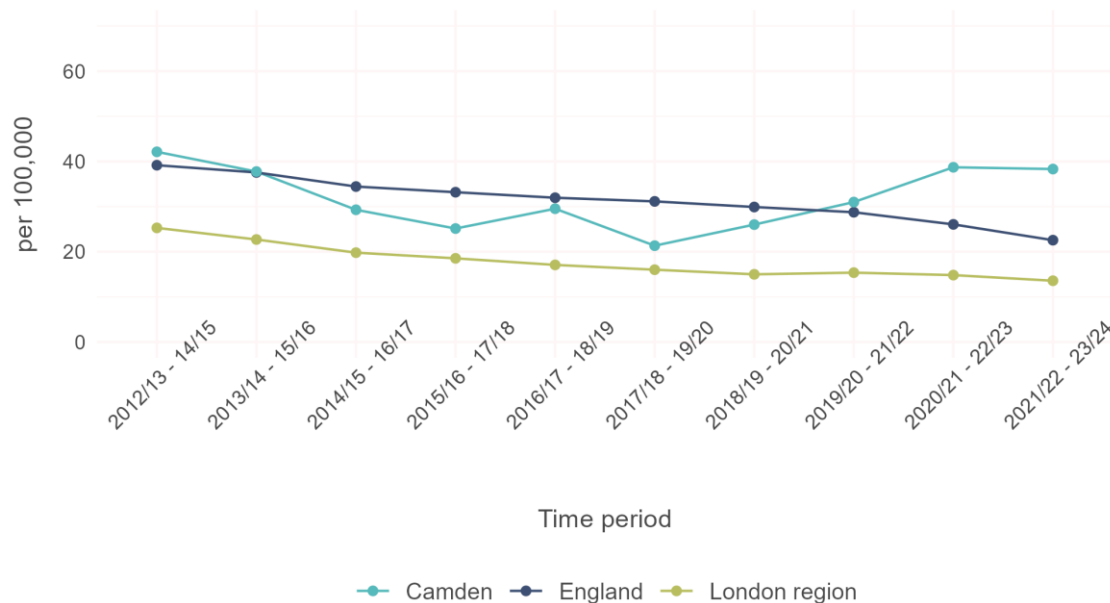
Working with the Somali Youth Develop and Resource Centre and delivering training to parents and professionals.



Continuing to host consultation meetings for new and trainee social workers which has resulted in a steady stream of referrals from across Children and Family Services.

# Drug and Alcohol Use | Context, inequities, and intersectionality (2 of 2)

## Admission episodes for alcohol-specific conditions - Under 18s



Source: OHID

The latest figure for alcohol-specific admission episodes in under 18s in Camden (2021/22 - 23/24) was 38.3 per 100,000, which was **significantly worse** than that of London (13.6 per 100,000) and England (22.6 per 100,000)<sup>1\*</sup>.

**\*Caveat:** This data looks at relatively small numbers and may be underreported on OHID fingertips due to variable hospital coding practices and changes to process. This data also does not consider presentations to A&E.



Attendances of young people in A&E with drug and alcohol specific or related needs should trigger **safeguarding alerts** to be raised, but there is a need to consider whether this is always happening and explore how to achieve improvements, if needed.

### From harm to hope: A 10-year drugs plan to cut crime and save lives

- In 2022, a 10-year national drug strategy was published under the Johnson Conservative government<sup>2</sup>.
- The plan sets out a vision to bring about a generational shift in the use of drugs across society so that, within 10 years, fewer people take drugs or feel drawn toward taking drugs, and today's children and young people grow up in a safer and healthier environment.

# Drug and Alcohol Use | Recent progress (1 of 2)

**There have been several successes for FWD during 2024/25, demonstrated through both their data and new partnership initiatives.**

## Data

- As of May 2025, 370 young people accessed support from FWD for brief interventions (tier 2) and structured treatment (tier 3), an increase from the previous year.
- On average, 93% of young people are successfully discharged from structured treatment in an agreed and planned way.
- 100% of young people stated they were happy with the service they received from FWD and would recommend the service to others.
- 98% of YP and parents stated they were happy with the content provided in the workshops.
- 181 professionals have attended training.

**FWD supported the Detached Team and British Transport Police with county lines operations at Kings Cross and Euston train stations, with the aim of identifying young people involved in county lines and signposting them to appropriate services.**

- 35 young people were stopped and searched. Of the 35, five young people who were found with possession of cannabis, none were from Camden. One YP was from Islington, three YP were from Ealing and one YP from Brent. All five YP were sign posted to their local YP drug and alcohol misuse services. There were around 10 young people from Camden most of whom didn't require services. The rest of the YP were out of borough and did not require further support.
- Leaflets and information were distributed to the public. Another event will take place in July 2025.
- FWD is currently on the steering board and has suggested that in the future, service leaflets for YP SM services in London are available and ready to provide to YP to take with them rather than just information on Camden services.

**FWD were funded to provide a designated role to engage the most vulnerable young people who are involved in youth violence, exploitation, and criminal behaviour.** This role has been funded from the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). Some of the outcomes achieved by this role include:

- Supporting 49 young people with drug and alcohol needs.
- Delivered targeted workshops to young people who has self-disclosed as being involved in gang activity.
- Delivered parent/carers workshops for parents/carers known to the Youth Justice Service, who had children on orders.
- Delivered Ketamine awareness training to the Youth Justice Service.

# Drug and Alcohol Use | Recent progress (2 of 2)


## Camden Council Alcohol Strategy 2025-2030



An all-age alcohol strategy has been developed with and for residents to communicate Camden's shared vision, with partners, for reducing alcohol harms for residents in the context of:

- Prevention of alcohol harm
- Early intervention
- Care and support for those experiencing alcohol dependency.

This strategy **recommends improvements to alcohol education** in schools and other settings, **as well as better family support including in the context of hidden harms** through coordination with Family Hubs work and in developing the partnership between FWD and CGL Camden to support family members, carers, and anyone else affected by someone else's drug and alcohol use.



**Camden Council Alcohol Strategy**  
2025 - 2030  
Department of Health and Wellbeing  
London Borough of Camden

**Recommendations for action**

Cross-cutting themes	Prevention	Early intervention	Care and support
<b>Addressing inequity</b> <ul style="list-style-type: none"><li>Address health inequity/inequality across work on reducing alcohol harms, including through collecting good quality data on resident alcohol use.</li></ul>	<b>Use of language</b> <ul style="list-style-type: none"><li>Develop a clearer shared language around alcohol harms, communicating this in a clear way that helps people avoid drinking at harmful levels.</li></ul>	<b>Strengthening alcohol use recording and early intervention</b> <ul style="list-style-type: none"><li>Work with colleagues across health and care to identify gaps in alcohol use recording and early intervention, encouraging colleagues to normalise alcohol discussions in consultations</li><li>Support partners to improve capacity and confidence in identification and brief advice (particularly in areas where evidence shows this is effective e.g. primary care).</li></ul>	<b>Care and support</b> <ul style="list-style-type: none"><li><b>Communication with clients</b><ul style="list-style-type: none"><li>Work with colleagues at CGL to improve communication with clients, including at the point of initial presentation/referral.</li></ul></li><li><b>Joined up working</b><ul style="list-style-type: none"><li>Co-design and implement 'passports' with residents and service providers for use across services (including in primary care), reducing duplication of information giving.</li></ul></li><li><b>Accessing mental health and adult social care</b><ul style="list-style-type: none"><li>Explore ways to reduce barriers and challenges faced by those living with alcohol dependence in accessing social care and mental health support.</li></ul></li><li><b>Treatment service workforce challenges</b><ul style="list-style-type: none"><li>Work with commissioned services to further explore this issue, remaining mindful of financial limitations.</li></ul></li><li><b>Dual diagnosis</b><ul style="list-style-type: none"><li>Explore how services currently support those with co-existing mental health diagnoses and alcohol dependence and identify ways in which residents can be better supported.</li></ul></li></ul>
<b>Addressing wider determinants</b> <ul style="list-style-type: none"><li>Work collaboratively with colleagues to address wider determinants that can be associated with alcohol use – e.g. housing (including homelessness), mental health and wellbeing (including in the context of suicide prevention).</li></ul>	<b>Alcohol education</b> <ul style="list-style-type: none"><li>Liaise with schools (including via Camden Learning) and the youth drug and alcohol service, to identify and act on opportunities to improve alcohol education.</li></ul>		

### HRBQ

- The 2025 HRBQ found that **16% of primary school (year 5 and 6) pupils surveyed have had an alcoholic drink, compared to 13% in 2021.**
- A promising improvement was seen with regards to alcohol education, with 43% of primary school (year 5 and 6) reportedly finding school lessons about alcohol education 'quite' or 'very' useful, compared to 27% in 2021.
  - Improvements are still required in this area, and improvement of alcohol education is a key recommendation in the all-age alcohol strategy for 2025-30.

# Drug and Alcohol Use | Planned actions

- 1 Further increase the number of young people accessing structured treatment through system wide promotion and awareness initiatives.
- 2 Develop an action plan based on identified priorities from the Practice Improvement Framework including:
  - Strengthening partnership work with the LGBTQ+ community
  - Working in partnership with voluntary sector organisations in order to reach out to parents and young people from global majority.
- 3 Review and implement changes required to ensure workforce meets the [NHSE Drug and Alcohol Capability Framework](#).
- 4 An all-age alcohol strategy was published in July 2025 communicate Camden's shared vision, with partners, for reducing alcohol harms for residents in the context of prevention, early intervention, and treatment. This strategy will recommend improvements to alcohol education in schools and other settings, as well as better family support including in the context of hidden harms through coordination with Family Hubs work and in developing the partnership between FWD and CGL Camden to support family members, carers, and anyone else affected by someone else's drug and alcohol use.
  - The next step in this process will be the development of a working group/board who will oversee the development of action plans to consider how strategy recommendations can be implemented.
- 5 Due to the changing patterns of drug use amongst young people and increased risks associated with adulterated drug supply, further exploration of what a YP D&A service should offer is required. Consideration also needs to be given to the role of prevention as outlined here [A whole system response to drug prevention in the UK](#) and the role of YP D&A services and other partners in ensuring YP are offered appropriate prevention interventions at the right time, by the right service. A YP D&A needs assessment will be undertaken later this year, which will also inform decision making about changes to service models.

# Youth Safety | Context, inequities, and intersectionality (1 of 2)

Youth safety in Camden	<ul style="list-style-type: none"><li>There were 110 proven offences by children in Camden in the year ending March 2024, compared to 98 the year before, demonstrating a 12% increase in proven offences. 18% of these offences had a higher gravity score in the latest year<sup>1</sup>.</li><li>In Camden, Violence against the person accounted for 38% of offences committed by children which is in line with London, England and Wales<sup>1</sup>.</li><li>Rates of juveniles 10-17 receiving their first conviction, caution or youth caution is 154.8 per 100,000 which is above London's rate of 143.3 per 100,000 but below neighbouring boroughs of Islington and Haringey<sup>2</sup>.</li><li>The number of Camden children in the youth justice system has been decreasing since 2017/2018 from 131 receiving a substantive outcome to 49 in 2023/2024. This year, the majority, 62% of the cohort are aged 15 – 16 years old, 96% are boys and 53% identify as the global majority.</li></ul>
Youth perceptions of safety	<p>Our Camden 2022 Youth Review found that 59% of young people believed that Camden is a safe place to live, and perceptions of safety varied across age, gender and ethnicity<sup>3</sup>.</p> <ul style="list-style-type: none"><li><b>Younger adolescents felt less safe compared to older ones</b>, with 50% of 12-15-year-olds reporting feeling safe in Camden compared to 70% of respondents aged 16+.</li><li><b>Only around half (52%) of Black respondents felt Camden was safe, compared with 73% of white respondents.</b><ul style="list-style-type: none"><li>This difference may reflect young people's lived experiences, with young Black men being more likely to be victims of knife crime in the borough compared to young white men.</li></ul></li></ul>
HRBQ 2025	<p>The 2025 health-related behaviours questionnaire highlighted some areas of concern regarding youth safety –</p> <ul style="list-style-type: none"><li>38% of primary school pupils reported that they do not feel at all safe when they go out after dark, an increase from 33% in 2021.</li><li>17% of secondary school pupils said that someone they have met online but not in person has asked to meet with them in the last year. This is an improvement from 22% in 2021, but still an area of concern.</li><li>41% of secondary school pupils feel 'not at all safe' when they go out after dark, worse than 34% in 2021.</li></ul>
Domestic abuse	<ul style="list-style-type: none"><li>Children and young people are impacted by domestic abuse. Children who live with domestic abuse are also victims of the abuse and are harmed by it.</li><li>This is the case regardless of whether they see, hear, or experience the abuse directly.</li><li>From 5,854 children that had a contact or assessment step in from April 2023 to March 24, 29% had domestic abuse identified as a risk.</li></ul>



# Youth Safety | Context, inequities, and intersectionality (2 of 2)

## Violence against women and girls (VAWG)



- The London Assembly Police and Crime Committee has flagged **the lack of robust and regularly reported data related to young people's experience of Violence against Women and Girls (VAWG)** even though young people are affected by direct experiences of VAWG, both as victims and as perpetrators.
- Their London wide investigation into the scale of the Violence Against Women and Girls (VAWG) and its impact on young people found that 90% of girls and 50% of boys have received explicit pictures, and a lack of positive male role models for young men and boys, with online content parroting hateful and misogynistic views without much recourse or challenge.



A survey run by the Community Safety team to hear women and girls' experiences of living, working and traveling in the borough received **response from 43 females in Camden aged 18-24 years old. 45.5% said they felt safe or very safe in Camden during the day in contrast with 6% who said they felt safe or very safe after dark.** Understanding these experiences will help us to continue to improve the security and wellbeing of all women and girls in Camden.

Violence against women and girls is an area of cross cutting focus for the London borough of Camden. The consequences of exposure to domestic violence for children are significant:

- In 32.4% of cases of partner abuse, there was at least one child under the age of 16 years living in the household<sup>1</sup>.
- Repeat victimisation is common, 44% of victims are involved in more than one incident<sup>2</sup>. No other crime has a repeat victimisation as high<sup>2</sup>.
- **51% of people experiencing an adverse childhood experience are a victim of violence in future<sup>3</sup>.**
- It is further associated with significantly increased rates of incarceration, teenage pregnancy, heroine, crack or cannabis use, binge drinking, smoking and poor diet.
- Domestic abuse referrals account for approximately 20% of all contacts received by the front door<sup>4</sup>.
- Camden's sexual health service has an embedded Independent Domestic Violence and Abuse Advocate, receiving 25 Camden referrals per month of which 40% are high risk.



# Youth Safety | Recent progress

Mapping and consolidation of work is underway in the **PREVENT workstream** looking at the various risk and protective factors that influence youth violence.

Work with Camden Learning and primary care colleagues on **improving school attendance rates. More than 1 in 4 secondary pupils are persistently absent in Camden and as a Borough it ranks last in London.** Trialling improving communication between schools and GPs as illness is a major factor in attendance.



**Look After YOU<sup>1</sup>**, a campaign co-produced by Camden Youth: Tell Them, who are a voice for young people in our borough, aged 16 to 22 and working, living or going to school in Camden went live in October 2024. The campaign will increase awareness for young people of the health services and support available to them, including sexual health, mental health, primary care and drug and alcohol use. It includes social media assets, bus stop adverts, posters and branded stickers. [Camden Rise](#) is the call to action from this campaign, and young people will be taken to this website for information when they click on links shared via social media.



Increase of support through Project 10:10 which works with young people who are involved in, or at risk of involvement in, serious youth offending and peer group-related violence. The project worked with 49 young people in 2021/22, and this has increased by 54% to 91 young people in 2023/24 demonstrating the impact and trust of the programme.

*“Project 10/10 has allowed me to mature in many ways and become independent. It has made my communicating skills so much better by interacting with many different kinds of people. I believe it has helped many young people develop in themselves and in life to progress and become a better person.”*



An assessment of the priority areas for health and wellbeing action for violence against women and girls identified the following themes:

- Health support for those who have experienced gender-based violence
- Taking an equitable approach to VAWG support
- Develop a cycle-breaking response for children and young people exposed to VAWG
- Cement community wellbeing and safety within the Estates and Neighbourhoods Mission

Work on dissemination and implementation of online youth safety report recommendations: A particular focus was working with Adult Learning and School Improvement teams to update resources and programmes on bullying and mental health to incorporate more specific content on online safety. A useful guide has been developed for parents to summarise some safe online practices as well as the tools, apps and support that is available for them and their children. The guide also includes some conversation starters and key messages to share with children.

## Youth Safety | Case study: Look After YOU Health Campaign

## Case Study – Camden Youth Tell Them (CYTT)

Camden Youth Tell Them, a group of young people aged 16-22 that launched 'Step into Our Shoes', came together to implement one of the recommendations from the 2023 Adolescent Annual Public Health Report around increasing awareness of health services in Camden.

The group created **'Look After YOU'** to encourage other local young people to get the healthcare they need, when they need it<sup>1</sup>. The campaign aims to reduce health inequalities in the borough after research showed that many young people are unaware of how or where to access health services, particularly for mental health and sexual health support.

Bus stop advertisements, TikTok videos, and Instagram reels created by the group were shared to increase awareness of free health services available in Camden, including sexual health, mental health, drug misuse, and GP services. **From October 2024 – January 2025, the campaign led to over 2,500 clicks into the Camden Rise webpage which consolidated health information and directed them to local services.**

## Camden Youth: Tell Them, said:



“We know that there are so many services to help under 25’s in Camden – we met them to create our campaign – but that young people don’t always know about them. Young people can also be put off getting healthcare because they feel embarrassed, are worried about costs or their parents finding out. **We hope that Look after YOU not only helps Camden young people easily find the free healthcare they need, when they need it, but that they feel comfortable and confident using these services”.**

# Youth Safety | Planned actions

- 1** Incorporate a **physical and mental health screening for children and young people that come into contact with the youth justice system** including those in the EVOLVE and ENGAGE cohort through provision of a Band 7 Nurse on a two-year pilot.
- 2** Better **support for staff working with vulnerable young people** as well as mitigate the risks associated with vicarious trauma by rolling out a standardised community-based trauma-informed training to key voluntary community sector organisations.
- 3** **Enhanced youth safety data monitoring dashboard** that consolidates information from across the system and allows for preventative analysis and input.
- 4** Expansion of a commissioned project, **Project 10:10**, with the addition of a third cohort based at Bourne Estate.
- 5** Further **preventative support and training for schools**, parents and young people on online safety and screen time.
- 6** Continuation of work with Camden Learning, Primary Care and partners on how to address and **improve school attendance** in Camden.
- 7** Completion of a **VAWG needs assessment** that will include prevention and impact of VAWG on children and young people, which will inform the upcoming Camden VAWG strategy.
- 8** Ongoing **mapping and consolidation of all work underway that links with the PREVENT workstream** to identify any potential gaps and opportunities for new initiatives.

# Across the life course

# Children Looked After and Care Experienced Young People's Health | Context, inequities, and intersectionality (1 of 2) <sup>1</sup>



**Camden works with the ICB to commission a Children Looked After (CLA) Health Team (CNWL). We also provide mental health support to CYP through an embedded MH lead in the CLA team.** The Health Improvement Practitioner (HIP) supports and encourages young people and their carers to complete actions through initial and review health assessments, liaising with other professionals and services to help facilitate this as required.

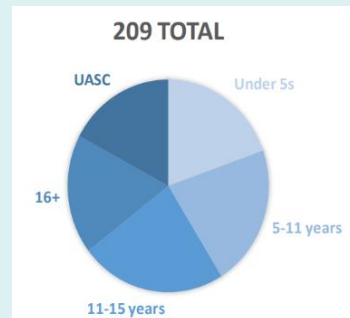


We know that **children looked after (CLA), and care experienced young people are at risk of poorer physical and mental health outcomes** when compared with their peers. Identifying needs early and ensuring support is available for our CLA and care experienced young people is an important part of our offer to young people.

## Camden's CLA population<sup>1</sup>

- As of 31/01/24 there were **209** Children Looked After by Camden Council.
- Social care have advised **that the population of CLA in Camden has been 'ageing'**, with a higher proportion of adolescents than in previous years.

Graph: Camden CLA population (as of 31/01/2024)



Unaccompanied asylum seeker children (**UASC**) **make up 1/5<sup>th</sup>** of Camden's CLA population (the highest proportion in the NCL ICB) and face **additional challenges** in accessing healthcare.

A new **Corporate Parenting Strategy (2025-28)<sup>2</sup>** was launched in May 2025, and this will be monitored moving forward by the Corporate Parenting Board.



*"We promise to support you in adopting a happy and healthy lifestyle and to help you navigate how you feel and life's ups and downs, ensuring your health and emotional well-being needs are met."*



## Initial Health Assessment performance

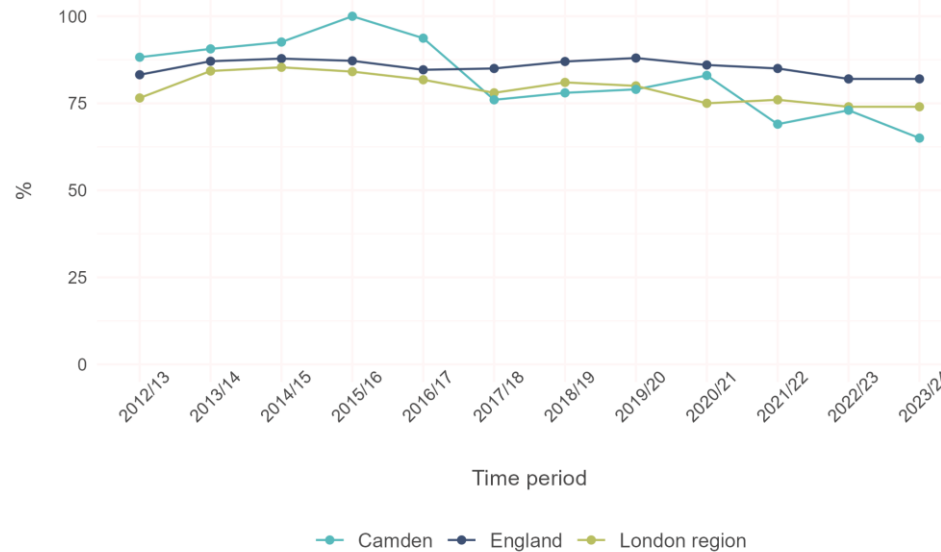
- In 2024/25 (as of May 25) 68% of Initial Health Assessments (IHAs) took place within 20 working days (compared with 69% in 2023/24), with 92% of CYP having been offered an appointment within 20 working days of becoming looked-after.
- 89% of Review Health Assessments (RHAs) were completed by the due date, within this:
  - 91% of six-monthly RHAs were completed on time (for under 5s)
  - 87% of annual RHAs were completed on time (for over 5s)
  - This compares with 94% of RHAs completed by the due date in 2023/24. The dip in performance was due to a range of reasons including reduced staffing, which is now back up to full capacity, as well as an increased demand for RHAs, which we are reviewing.

# Children Looked After and Care Experienced Young People's Health | Context, inequities, and intersectionality (2 of 2)

2023/24 CLA health metric <sup>2</sup>	Camden	England
% children who had annual health assessment	98%	89%
% children who had their teeth checked by a dentist	84%	76%
% children up to date with immunisations	<b>65%*</b>	<b>82%</b>
Proportion CLA <5 years who had been looked after for at least a year with up-to-date developmental checks	95%	88%
% children <5 receiving MMR	94% ≥ one dose 90% both doses	-

\*This is partly explained by the high number of UASC young people who make up the cohort in Camden, who have not had immunisations or do not have up to date health records in place.

Children in care immunisations



Source: OHID

The latest publicly available data states that Camden performs less well than London and England for children in care immunisations. **However, actions led by the CLA team in Camden have since improved these figures with 83% of the current 131 children full immunised as of Aug 2025.**

- MMR coverage tends to be high in this cohort as under 5's are closely nursed by GPs and health visitors.
- In May 2025, 27 CYP were not up to date with immunisations.
  - Of these, there were **15 refusals. These were mostly teenagers refusing booster immunisations and some HPV.**
  - 18/27 were missing Td/IPV+MenACWY (delivered 13 years to 18).
  - 7/27 are UASC who began catch up but haven't completed it.



# Children Looked After and Care Experienced Young People's Health | Recent progress<sup>1</sup> (1 of 2)



## Clinical governance

- A **regular schedule of weekly team meetings** facilitates case discussions, service development and problem-solving of any issues arising within established working practices or facilities. Audits of health assessments, lone-worker safety, and hand-hygiene practices also take place regularly.
- Within these scheduled meetings is the monthly **'Health Panel'**, where CLA social workers are encouraged to bring cases for discussion with Health, CAMHS and Education colleagues.
- Regular liaison meetings with Camden **'Growing with you'** CAMHS continue, with CAMHS colleagues also attending IHAs for unaccompanied asylum-seeking children (UASC) to provide specialist mental health screening at this earliest opportunity.



## CLA Health Tracker and Follow-up for Care Experienced Young People

- Alongside statutory health assessments, a **'Health Tracker'** is maintained detailing actions that are required to meet the health needs of children and young people (identified via their IHAs and RHAs). The **Health Improvement Practitioner (HIP)** supports and encourages young people and their carers to complete the recommended actions, liaising with other professionals and services to help facilitate this as required.
- **The Health Tracker is reviewed and updated by the HIP daily**, as well as by the wider CLA health team monthly. Referrals to other services (such as the infectious disease clinic, sexual health screening, dentistry, dermatology, endocrinology, genetic testing, audiology, and speech and language) are routinely monitored and followed-up.
- **Unaccompanied asylum-seeking children make up more than a sixth of Camden's CLA population** and face additional challenges in accessing healthcare. The HIP works closely with the Respond refugee service at UCLH and placements to support attendance at health appointments for this vulnerable group.
- **Discharge summaries are completed for all children leaving care**, highlighting any outstanding health needs to the child's social worker and GP. For those that have left care because they have turned 18 years old, a personal health record is sent to them and a follow-up phone call is made by a specialist nurse to the young person after six months.



# Children Looked After and Care Experienced Young People's Health | Recent progress<sup>1</sup> (2 of 2)



## Dental Checks

- Performance data from Camden Children's Social Services indicates that **83% of children looked-after for more than a year are up-to-date with routine dental checks** (as of the 31st March 2025), compared with 85% in 2023/34 and 77% in 2022/23.
- The **Healthy Smiles project** remains available throughout London to support access to NHS dentists for looked-after children and young people. The CLA Health team also work closely with local semi-independent placements and the Camden Pathways team to ensure that the most vulnerable young people are supported to attend their appointments.



## Immunisations

- As of the 31st March 2025, **80% of children looked after by Camden for more than one year were up-to-date with vaccinations**, comparable with 74.5% reported at the end of Q3. **MMR coverage has also improved significantly, with 99.2% having received one dose and 98% having received both.**
- The Health Improvement Practitioner, supported by the nursing team, has looked closely at the dynamic cohort of Camden CLA that were not fully protected throughout the year, keeping qualitative data on the reasons behind delayed vaccinations; these were shared with CLA Team Managers & Public Health colleagues monthly to inform how targeted support was offered, in a joined-up way, as children and young people moved in and out of this cohort.
  - This complex piece of work has been very successful, with **immunisation rates steadily improving from 65% at the beginning of Q1 to 80% at the end of Q4.**



## Mental health

- The **remit of Camden's Growing With You team (previously the Looked After Children CAMHS Team) has developed** over recent years. A multi-disciplinary team co-located with Camden social work and including CAMHS psychiatry, clinical psychologists and drama and art therapy, their work now supports unaccompanied asylum-seeking children and, as of early 2025, has expanded to include dedicated provision for care experienced young people up to the age of 25.
- This will help avoid disruptions to engagement and treatment. Often children looked after will make tentative approaches to CAMHS but are not ready to engage with services. The new provision supports those care experienced young people who engage with mental health services or seek a diagnosis after the age of 18, easing the transition to adult mental health support. It also provides more support to the PAs who are holding higher risk and complex cases.

# Children Looked After and Care Experienced Young People's Health | Planned actions

- 1** Review and **develop our health offer including mental health support** for young people post-18.
- 2** We are **recommissioning our Young People's Pathway** (supported accommodation offer for care experienced YP aged 16-25). As part of this, we will be strengthening the mental health and wellbeing support offer through asking our providers to build specialist support workers in some provisions. We will also develop a longer-term plan to grow our Pathway capacity to support more of those young people experiencing complex mental health or behavioural needs, to reduce the number of young people we have to place far from Camden in specialist private provision.
- 3** We will also **develop tailored advice and resources to support young people** with healthy living, such as cooking classes, workshops on sexual health, etc.
- 4** In line with our subsidised gym membership offer, we will provide **additional free/subsidised physical activities** and **develop our social prescribing offer** to help connect CLA with activities and services that promote a balanced and healthy lifestyle.
- 5** We will continue to **work closely with Integrated Care Boards (ICBs) as they transition through their forthcoming restructure**, to ensure corporate parenting duties are embedded across all health and social care partners.

# SEND | Context, inequities, and intersectionality<sup>1</sup>



See the [2024 CYP SEND JSNA here](#) and [2022-27 strategy here](#)

## Context in Camden

- The February 2024 all-school census shows that **4% (1,219) of Camden pupils had an EHCP, and 14.5% (4,438) were in receipt of other school SEN Support.**
- The Borough caseload<sup>2</sup> of EHCPs in 2024 was 1,582; there were 180 new plans issued in 2023 compared with 131 in 2022, with most growth among primary-age children<sup>3</sup>.
- Combined with a falling school roll overall, the steady growth in identified SEND will challenge all universal settings to meet a greater mix of needs.

## Young people with SEND in Camden

- **Autism Spectrum disorder, and to a lesser extent Social, Emotional and Mental Health (SEMH) are driving the growth in EHCPs.**
- A small cohort of children with the most complex needs are supported within and outside of the Borough, with joint funding and family support.
- In February 2024, there were 414 children and young people within the CYP's Disability Service (CYPDS). Of these, 401 (97%) were under the age of 18, 345 (94%) of whom were in receipt of Short Breaks provision

## Gender and ethnicity

- **There is evidence of intersectional disadvantage among our SEND cohort, who are over-represented within the most deprived quintiles, among children missing school, and who are more likely to have mental health difficulties.**
- **Over 70% of ECHP cohort and 55% of SEN Support cohort are boys.** Boys are more likely than girls to be diagnosed by age 5, whereas girls are often diagnosed after 13 years.
- There is faster growth among girls in MOSAIC mental health referrals.
- **There are indications of over-representation of Black/Black British and Mixed/Multiple ethnicity among the overall SEND cohort, and of Black/ Black British children among those with EHCPs.**
- **White children are under-represented among Camden EHCPs.** There is a significantly lower prevalence of SEND among Chinese pupils than all other ethnic groups.
- Health services are working to improve the completeness of their ethnicity data so patterns can be explored with statistical confidence.

## Care

- Of the 401 children and young people under the age of 18 receiving care from the CYPDS, 56 (14%) were also either Children In Need, Children Looked After, Care Leavers, or had a Child Protection Plan.

# SEND | Recent progress

- **Restructuring the SEND and Inclusion team** to increase capacity and to bring the service closer to the community with closer oversight of children and young people accessing ENG, and more connection with schools and community settings.
- **Local Offer Refresh:** The Local Offer website was refreshed in collaboration with children, young people and their parents/carers, and re-launched to local families in the autumn of 2024.
- **Community Outreach** for families to engage with service providers: SENDIASS (Special Educational Needs and Disability Information, Advice and Support Service) has reached more than 100 parents through outreach coffee mornings and 43 have attended their parent training sessions. Outreach has included the first Somali Marketplace Event – co-produced in response to a community request – and next year SENDIASS will lead a similar outreach event for the Bengali community.
- **Diagnostic pathway investment and improvement:** The Integrated Care Board (ICB) has invested an additional £625,000 per annum to increase capacity and improve joint working across the Camden neurodiversity pathway. 7 new staff will be based at CNWL by May 2025. A private provider is already working to clear the assessment backlog. Options are being explored to safely streamline the pathway for more simple diagnoses, releasing resources to support more complex diagnosis.
- **Schools Capital Grants:** £2.5 million has been awarded to 29 schools to improve inclusion and accessibility in school buildings.
- **Universal inclusion in Family Hubs:** Hubs run regular SENDIASS drop-ins, the family hub sensory rooms have been renovated and opened to the community, run parent carer coffee mornings and employ a SEND Lead dedicated to cross-service inclusion.
- **Early identification of developmental differences:** Best Start for Baby (the enhanced Health Visiting offer) is generating significant and long-lasting benefits including in the early identification of SEND to enable early intervention. Camden KidsTalk is also now fully embedded in early years services, tackling communication concerns in a child's first year. Positive impact is evident in the proportion of children now reaching the expected developmental range in nursery.
- **The Disability Job Hub** has become a permanent service: During 2024, the service has also launched Camden Autism Pathways to Employment, an 8-week Skills for Work training programme and travel training sessions. The Hub also works developmentally with employers, to raise awareness, build confidence and offer training through the Inclusive Business Network.

# SEND | Case study

## Rebuilding Bridges

- The Rebuilding Bridges project is **funded through the DfE Short Breaks Innovation Fund** and **aims to test innovative approaches to integrated delivery of short breaks and support services for disabled CYP and their families.**
- The project is in year 3 of the current DfE funding programme (as of June 2024), which comes to an end on 31<sup>st</sup> March 2025.
- The project specifically supports CYP aged 6-25 years with SEMH needs, autism, and learning difficulties.
- The project aims to improve school attendance and emotional well-being, reduce social isolation and ensure young people are better prepared for independent living in adulthood.

**In year 1 of the project:** 1:1 and small group support from experienced keyworkers at VCS partner PACE, alongside therapeutic interventions from MOSAIC CAMHS psychologists, was provided.

**In year 2 of the project:** Building on the above, Camden's Educational Psychology service worked alongside CAMHS to support links to schools and to embed learning from the Emotional Based School Avoidance (EBSA) framework. Additional DfE funding was secured in year 2 for:

- Delivery of the LinkEd Up programme in partnership with the RFHS.
- EBSA training and multi-agency reflective practice space for school staff, school attendance officers and other professionals involved in supporting school attendance.
- Development of a new model for a visual support "map" that helps young people with SEND to better understand and identify their support network.
- "Count Me In" (developed by the IYSS) offers additional support to access universal services/holiday activities to CYP currently unable to use these services independently.

**An Independent Living Hub** service delivered by Wac Arts provides 1:1 and group support to assist disabled young people with early transition to adult services, as well as supporting community participation and development of skills for independent living. It has been cited as a best practice example by the DfE and Children Disability Council. **A 3-year evaluation report, focussing on the intersectionality of ethnicity, deprivation and school attendance was undertaken and published internally at the Council in 2025.** Key findings included:

- Rebuilding Bridges supported 165 children/young people aged 6-25 in Year 3 (April 2024 - March 2025).
- Primary needs at referral included Social Emotional Mental Health (SEMH) needs (52%), and Autism Spectrum Disorder (ASD) (39%).
- The relative ethnicity of project participants reflected the intersectional correlation between deprivation (expressed as FSM eligibility), ethnicity and average attendance across the Camden pupil population, and indicated that the project succeeded in reaching some of the most disengaged pupils.
- Rebuilding Bridges continued to develop unique, joined-up, targeted interventions that extended the reach of organisations (both project delivery organisations and local network partners) to cohorts of children/young people who were previously disengaged from school and/or universal services.

### Next steps

On cessation of funding from DfE for the programme, the council has developed a sustainability plan to continue to offer the services in an adapted form.

# SEND | All-age autism strategy

## Autism strategy



**Coproduction work has been undertaken to inform priority areas of focus within Camden's all age autism strategy.**

- A range of work has taken place to continue to develop the draft Autism Strategy. Responding to feedback from residents about autism being life-long, the strategy takes a life course approach, with a focus on start well, live well and age well. Work has included discussions at SMTs, and a February SP ELT session focusing on culture change bringing together heads of service across children and learning and adults and health.
- A new monthly Autism Strategy Partnership Task and Finish Group has been established with partners.
- The strategy is due to go to Camden's Cabinet for approval in September 2025, and there will be a short consultation due to go live in May to provide residents and partners the opportunity to feed in on the updated strategy
- Autism Education Trust (AET) 'Making Sense of Autism' training, delivered by Camden Educational Psychology Service, has been delivered to key IEYS and Family hub staff/partners. To date it has been attended by 65 staff members.

## Key Areas for Action in 2024/25

1. Finalise and sign off Autism Strategy (including consultation) for approval at Cabinet in September 2025
2. Develop accompanying action plan for Autism Strategy
3. Publicise Autism Strategy with residents and stakeholders
4. Develop new governance to drive and monitor implementation of the Autism Strategy
5. Add AET training to staff induction training programme and a rolling 2-year training refresher course



# SEND | Planned actions

- 1** Set up **structures to regularly engage with young people** to build understanding of what they want from services.
- 2** **Improve the quality of Education, Health and Care Plans (EHCPs)** and use a regular audit cycle to inform workforce development and process improvements.
- 3** Develop a **data dashboard** to improve data insight and tracking of progress through the SEND Inclusion Board. .
- 4** **Review use of our High Needs Block** to ensure that resources are being deployed mostly effectively.
- 5** **Review and improve our school advisory and support services**, strengthening commissioning arrangements.
- 6** **Co-design an Ordinarily Available Provision document** with schools, increasing consistency across the borough.
- 7** Provide **sensory packs and books** for children with SEND in the Family Hub reception areas.
- 8** Promote and deliver the **“quiet” stay and play sessions** for children 0-5 years with SEND
- 9** Establish **peer support** in the family hubs for parents with children with SEND to support their wellbeing



# Child Death and CDOP\* | Context, inequities, and intersectionality<sup>1,2</sup> (1 of 2)

\*CDOP = Child death overview panel



A London-level analysis has shown that while birth rates are dropping, child mortality is increasing, largely driven by an increase in the prevalence of low-birth-weight babies.

There are 10-15 child deaths per year in Camden, and there were 50 child deaths between 2019-24. Child Death Overview Panels (CDOP) occur at a North Central London level and provide an opportunity to learn from modifiable factors contributing to deaths and identify inequalities.

The North Central London Child Death Overview Panel (NCL CDOP) received **449 notifications for child deaths occurring between 2019/20 – 2023/24**, of which 12.0% (n=54) were from children usually resident outside of NCL. **The majority of child deaths occurred in hospital** (79.5%), followed by 12.5% at home, 3.1% in a public place and 4.9% elsewhere. More than half of deaths were for children aged under 1 year (58.4%; n=260), of which 60.3% occurred in the **first 27 days of life**.

**18.9% (n=65) of reviews for child deaths occurring between 2019/20 - 2023/24 identified modifiable factors.** This proportion has been increasing in recent years.

## Neonatal deaths

- 72.0% (n=95) of neonatal deaths notified to NCL CDOP between 2020/21 – 2023/24 were of babies born at a premature gestational age (before 37 weeks), while 31.1% (n=40) were of babies born under 24 weeks gestation.

## Child deaths

- Between 2019/20 – 2023/24, the highest total number of death notifications were from Barnet, Enfield and Haringey, while Camden and Islington had the fewest.
- Between 2019/20 - 2023/24, 58.4% (n=260) of child deaths notified to NCL CDOP occurred in children aged under 1 year, of which 60.3% occurred in the first 27 days of life. This was followed by deaths in children aged 15-17 (13.4%). This age profile of deaths was similar to that seen nationally. The child death rate was significantly higher in males compared to females (30.6 vs 21.1 per 100,000 population).

## Ethnicity

- Between 2019/20 and 2023/24, White Other (36.3 per 100,000), Black or Black British (33.6 per 100,000) and Asian or Asian British (32.4 per 100,000) ethnic groups had the highest child death rates. The rates in these groups were significantly higher than that for children of White British or Irish ethnicity, who had the lowest child death rate (14.2 per 100,000).

## Deprivation

- Between 2019/20 – 2023/24, 29.4% (n=115) of deaths occurred in children living in areas of NCL amongst the 20% most deprived in England.

## Disability

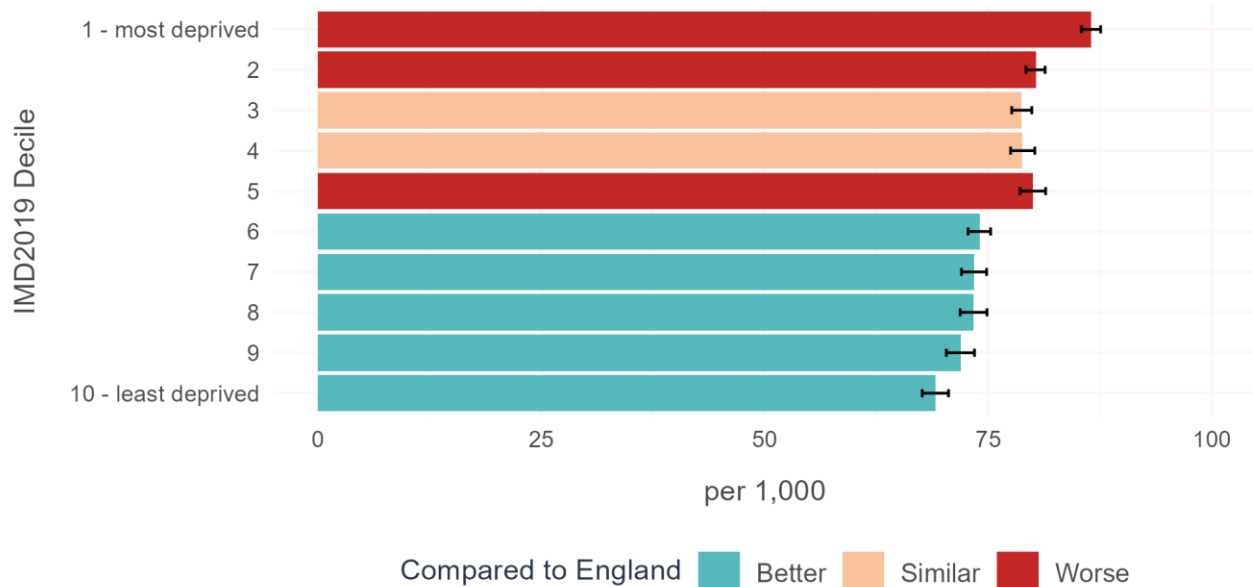
- Between 2019/20 – 2023/24, 29.5% (n=75) of child (28 days-17 years) deaths notified to NCL CDOP were for children recorded as having a disability. Between 2019/20 – 2023/24, 31.6% (n=45) of child (5-17 years) deaths notified to NCL CDOP were for children with a confirmed learning disability.



# Child Death and CDOP\* | Context, inequities, and intersectionality (2 of 2)

## Premature births (less than 37 weeks gestation) in England by IMD2019 Decile

2019 - 21



Source: OHID

- A high proportion of neonatal deaths in Camden occur in children born prematurely.
- National data demonstrates a **higher rate of premature births in those within the most deprived IMD deciles<sup>1</sup>**.

# Child Death and CDOP\* | Recent progress

Camden participates in the North Central London Child Death Overview Panel (CDOP) process, where local authorities act on the following areas:

- Use of interpreters is critical for communication with parents, particularly in supporting neonates: a **review of interpreting services has been established** within LB Camden.
- Marginalised families had difficulties in navigating health services: **Camden is working with UCLH to establish clinics in Family Hubs to support wider system navigation**, and to develop a signposting padlet for young people.
- Co-sleeping was identified as a modifiable factor in several sudden unexpected deaths in infants: **advice is embedded across our integrated early years services** to provide consistency in messaging.
- **Deaths due to traumatic events are considered via a Joint Area Review** and multi-agency action taken forward through Camden's Safeguarding Partnership Board.
- The Health and Wellbeing team has a **suicide prevention team** which responds to suicides in the borough to provide support to those affected and prevent a cluster of events occurring.

# Child Death and CDOP\* | Planned actions

Learning from NCL CDOP on trends and modifiable factors will continue to be responded to with action to prevent child harm and death. Several recommendations were included in the report and priorities include:

- 1** **Addressing the health effects of child poverty and structural racism** by enhancing systemwide understanding to promote upstream intervention and allocating resource based on social determinants
- 2** Continued, **focused attention on families with social complexities**, with particular emphasis on consistent provision of language support services and consideration of domestic abuse
- 3** Ensuring **NCL-wide resources to support safer sleeping practices**, including specific guidance for families in overcrowded accommodation .
- 4** **Improving mental health support** for children and young people in the most complex social circumstances
- 5** Continued support for **improving equity and equality in maternity services**, including consistent provision of genetic counselling and maternal weight management

# Mental health & wellbeing | Context, Inequalities and Intersectionality



In Camden we aim to promote and protect good mental health in children and young people. Nationally, data shows a **steep decline in the mental health of children and young people**, and unprecedented demand for support, with mental health disorders rising from 1 in 9 in 2017 to 1 in 5 in 2023<sup>1</sup>. The 2021 Census recorded 40,000 CYP aged 0-19 living in Camden<sup>2</sup>.



Results from the 2021 Camden Health related Behaviour questionnaire (HRBQ) showed 38% of year 5 and 6 children were worried about their mental health<sup>3</sup>. The 2025 HRBQ found an improvement in this, with 24% of pupils reportedly worrying about their own mental health 'quite a lot' or 'a lot'. There was also an improvement in those who worried about the MH of someone in their family from 44% in 2021 to 24% in 2025.

- **Despite improvements, this remains an area of concern for CYP in Camden, with ongoing unprecedented demand on mental health support services.**

## Who is most at risk?

**Prevalence estimates for mental health disorders in Camden are around 33% higher than the national average<sup>4</sup>**, with social risk factors playing a significant role:

- Children living in social housing are twice as likely to have a mental disorder<sup>1</sup> and social housing is home for 52% of Camden's children and young people.
- 1 in 3 Children live in Poverty in Camden, and young people from low-income families are likely to have worse mental health as well.
- 1 in 3 young carers estimated to have a mental health issue, and there are estimated to be 1,370 young carers (aged 5–24) in Camden.
- Young people from low-income families are likely to have worse mental health outcomes if they live in an affluent area. 32% of Camden children live in poverty, and 51% in social housing. Over a quarter of Camden school children do not speak English as a first language. Whilst not explaining all differences, the intersectionality of ethnicity and deprivation is an important factor in the high levels of need.
- Locally, there are high levels of emotionally based school non-attendance and persistent school absence. School attendance is disproportionately lower among vulnerable pupils, including those with SEND or who are eligible for Pupil Premium.

## Self-harm

Incidence of self-harm is higher among young people than adults. A **national survey<sup>1</sup>** found that 7.8% of children aged 7 to 16 years, and 33% of young people aged 17-24 had self-harmed at any point in their lives (parental responses).



**Camden's rates of hospital admission** for CYP as a result of self-harm are below or similar to the England rate, at 121 per 100,000<sup>4</sup>.

Since 2020 in Camden (as of June 2025), there were 82 cases of suspected suicide. During this time, **17% (14) of suspected suicides occurred within the 10–24-year age cohort<sup>5</sup>**.

# Mental health & wellbeing | Recent progress (1 of 2)

## Support in schools

Support for mental health in schools continue to be delivered by a combination of NHS funded Mental Health support teams, VCS organisations as well as through the Early Years Schools and Families team in the HWB department.

### Mental health support teams

In 2023/24 all **Camden state-maintained primary and secondary schools were offered partnership with Mental Health Support Teams (MHST's)**, which included 0.5 day per week for Primary Schools and at least 1.0 days per week for Secondary Schools.

This is additional to the MHSTs operating in 28/40 primary and 9/10 secondary schools. MHSTs support schools with a whole school approach to Mental Health including staff training, reflective practice, consultation, audits, PSHE/Mental Health curriculum development and practice e.g. Child Mental Health Awareness Week, assemblies as well as Student Voice and Participation Projects. They also provide 1:1 therapeutic support for CYP and Parents, group work for CYP and Parents, whole class interventions as well as parent webinars/workshops

### The Early Years, Schools and Families team

**The Early Years, Schools and Families team also provide advice, support and training for schools on promoting positive mental health** which includes parent and pupil workshops on topics such as Managing behaviour through a trauma lens, Supporting parent or pupils own mental health and Building resilience.

In 2024/25 (up to May 25) -

- 20 parent workshops were delivered in 13 settings attended by 195 parent/carers.
- 20 pupil workshops were delivered across 7 settings attended by 724 pupils.
- 88 pupils across 9 schools, (8 primary, 1 secondary) were trained to be Wellbeing Champions
- 8 staff training sessions were delivered attended by 91 school staff, focusing on staff wellbeing and managing challenging behaviour.
- 3 Mental Health Lead Networks and 2 Mental Health Leads specific trainings were put on with 51 staff attending in total
- 5 schools received TiPiC training from Camden's Education Psychology Service

# Mental health & wellbeing | Recent progress (2 of 2)

## Support outside of schools

**Camden Council works with NHS and voluntary and community sector partners to deliver Child and Adolescent Mental Health Services (CAMHS) to children, young people and their families.** Delivery across services follows the Thrive model: an integrated, person-centred and needs-led approach. The offer is broad, focusing on early intervention and prevention: from a robust, perinatal mental health offer (part of Best Start for Baby), parenting programmes and whole family support, through co-produced peer mentoring and peer education to raise awareness of / offer support on mental health issues and where and how to get help.



- Camden commissions a **Peer Mentoring and Peer Education service for CYP, delivered by Fitzrovia Youth in Action**. The aim of the service is to prevent and reduce the impact of mental health conditions on CYP, to promote positive conversations about mental wellbeing and to provide innovative programmes of support both with, and for, young residents of Camden.
- FYA's targeted peer education worked with young people to co-produce films covering themes including gaming addiction and schizophrenia. The films are used as educational resources at events such as FYA's Peer Education workshops, which reached 1163 young people in 2024/25. The Peer Mentoring Service involved 256 children and young people who took part in 480 support sessions across 19 schools and youth clubs.
- The Peer Mentoring and Peer Education Service was reviewed and recommissioned in 2024, ahead of a new contract commencing April 2025.



- **The Hive** offers flexible wellbeing support and holistic care to young people transitioning out of CAMHS, or when adult mental health teams cannot meet their needs.
- The team provides 1:1 emotional health and wellbeing support, wider wraparound support including advice on employment, education and training, sexual health and drug and alcohol misuse advice, a social hub with a timetable of regular activities and a food pantry.
- During 2024/25 the Hive received a record 5,921 visits from 1,173 individual young people.
- This has enabled the team to deliver 366 employability sessions to young people, as well as 92 group employment workshops. A key highlight of the service has been the pilot aimed to engage and support young men, particularly men from ethnic minority backgrounds.
- We have secured funding to continue for this project for a further two years as part of the Raise Camden initiative.



- **The Brandon Centre**, which provides counselling and psychotherapy for young people aged 16-25, had 337 referrals in 2024/25, a 49% increase from 22/23.
- Young people present to the centre with a high level of complexity due to experiencing multiple psychosocial difficulties. Many of these can be considered as "adverse childhood experiences". 26% reported having experienced abuse; 27% presented having thoughts of deliberate self-harm and 18% reported having attempted suicide in the past. Currently has a waiting list of approximately 7 months. Service outcomes are good, with clinically significant improvements both in clinical outcomes scores as well as in goal-based measures.

# Mental health & wellbeing | Case Study



## The Hive: engaging young men into mental health support

- Young men are under-represented in access to mental health services, where data shows that support is accessed mostly by females. The Hive were becoming aware of an increasing number of young men who were becoming isolated at home and socially withdrawn, and who they were finding difficult to engage in therapy.
- Young men have challenges that disproportionately affect them, such as isolation at home, gambling, gaming and pornography addiction. They are less likely to express their emotions, often due to dominant narratives about masculinity that disapprove of expressing emotions or talking about feelings. For young men of some ethnic minority backgrounds, there are added cultural barriers associated with stigma around mental health. Suicide is the main cause of death for men aged under 50 in the UK.
- The Hive used NHS grant funding to employ a male qualified youth worker to use flexible, creative, physical activity based and primarily non-verbal therapeutic approaches to engage the young men. This included art, music, sports, the creation of a male group with biweekly sessions (focused on identity and masculinity, mental health stigma and healthy relationships) and tailored 1:1 session based on how what works best for each YP.
- The worker holds a caseload of 12 young men. In the twelve months period he has facilitated 34 group sessions involving diverse activities such as boxing, music, football, etc and delivered 139 follow up one-to-one sessions with young men. The worker focused on outreach work with Youth Offending Teams, Colleges and Youth Centres to gain referrals. They have received referrals from the police, crisis teams and schools. The feedback from the young men engaged in the project has been overwhelmingly positive. In the twelve months of the project the Hive has seen a 154% increase in young men accessing The Hive, a 345% increase in Black/Black British/ African/ Caribbean young men, a 152% increase in Asian/Asian-British young men and a 63% increase in young men from deprived/at risk groups.



# Mental health & wellbeing | Planned actions

- 1** A new, Council-funded **Rebuilding Bridges service** will provide joined-up support to children and young people with SEND and mental health needs in KS2 & KS3, who are regularly/persistently absent from education. The service offers 1:1 mentoring and educational psychology intervention, as well as family support where required.
- 2** Following a small Test & Learn project, a pilot **Team Around the School initiative** began in the Summer Term 2025, designed to support students facing attendance challenges, particularly those with absence rates between 10-20%.
- 3** Camden commissions a **social prescribing service for CYP aged 12-24** with mild to moderate mental health conditions aimed at improving inclusion, building resilience and tackling isolation. Currently delivered by three local VCS providers, the service will be reviewed and repocured in 2025/26.
- 4** **CAMHS in North Central London (NCL) are currently delivered by four NHS Trusts.** A Community CAMHS Provider Collaborative in North Central London is in development, to be fully operational by April 2026. The collaborative will bring together four NHS trusts (including the Tavistock & Portman NHS Foundation Trust and the North London NHS Foundation Trust, which will act as the lead provider, responsible for co-ordinating services and ensuring consistent and high-quality delivery. The aim is to deliver more coordinated, accessible, and effective mental health care for children and young people.
- 5** **Kailo is a programme created to tackle the root causes of young people's mental health** through a young person-led preventative action. Camden is part of the second cohort of the programme, which is being led by the Health and Wellbeing team, with support from Citizens UK. Launching in June 2025 with an event which will bring together community groups and young people, the Camden programme will run until Spring 2026 with the final report due later that year. .
- 6** The introduction of pilot sites in **Children's Centres will offer new parents Emotional Wellbeing check-ins** with clinical psychologists at their baby's 3-, 6- and 12-month appointments.
- 7** A new **Camden Family Therapy Service** will work directly with children and families to deliver specialist, bespoke help. The team will also work with colleagues across the Children and Learning directorate, helping them to embed Camden's Relational Practice Framework and supporting their knowledge and skills in systemic practice.

# Immunisation and Vaccinations | Context, Inequalities and Intersectionality (1 of 2)

**The provider for the 0–5-year routine childhood immunisation schedule in the UK is GP practices.** Published data on vaccine cover is reported quarterly for children who reached their first, second or fifth birthday during the evaluation quarter.



Childhood routine vaccination uptake rates have **decreased nationally** over the past 10 years<sup>1</sup>.

Cover of vaccination evaluated rapidly (COVER) of Hexavalent vaccine (3 doses), PCV (first dose), and Men B (first 2 doses) has stayed above 85% throughout 2025 for children aged 1 year in Camden. Rotavirus COVER is slightly lower, and this is expected because Rotavirus is not given to babies > 24 weeks old and there is less opportunity for catch-up. COVER of routine vaccines is lower in our older children but COVER of the first dose of MMR (given routinely aged 1 year) has stayed consistently > 80% throughout 2024 for our 5-year-olds.

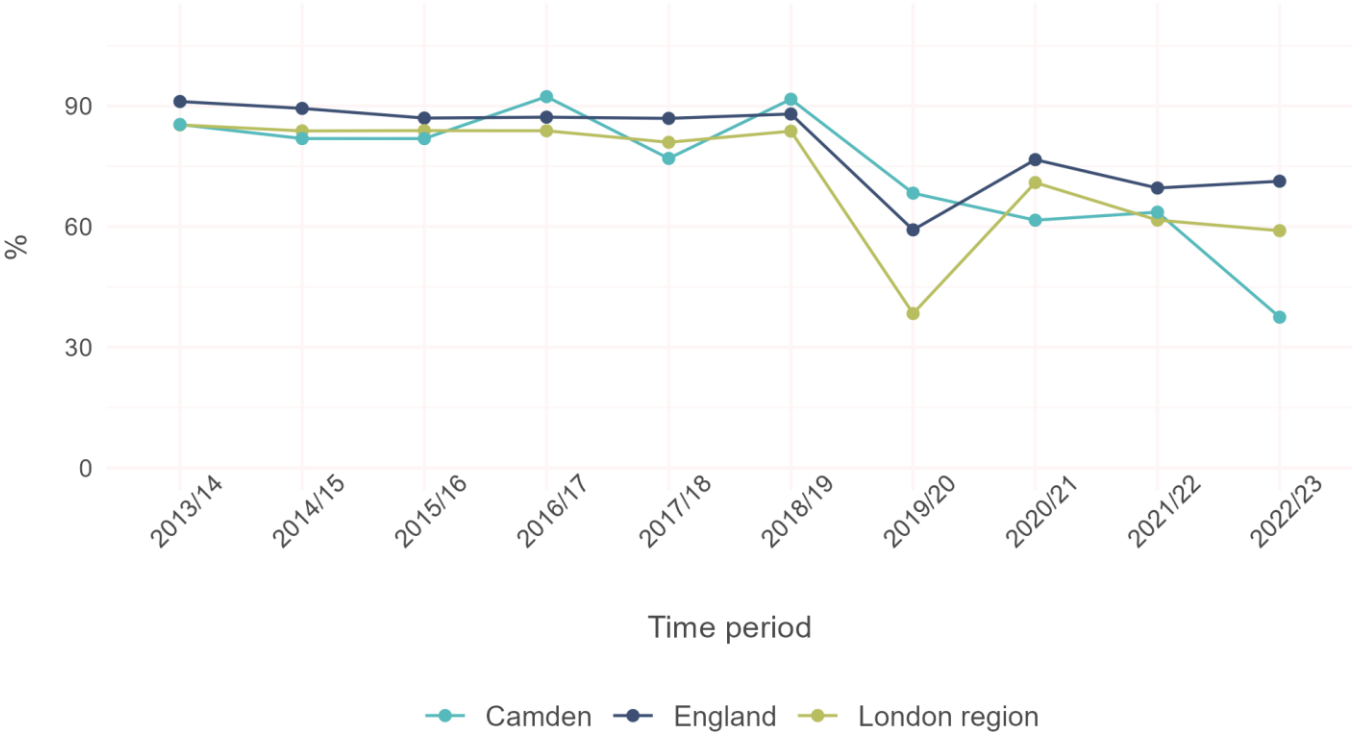
Unpublished GP level vaccine uptake data for 0–5-year-olds is available from Healtheintent at NCL level and shows us what the uptake is per GP practice in Camden on the date of data extraction for children aged 1, 2 and 5 years who are registered in Camden GP practices. **A small number of practices in Camden have significantly lower uptake of routine vaccines for children aged 5** (May 2025). This may be due to data coding issues and/or practices struggling to recover from a backlog created by lock downs during the pandemic. **The NCL ICB screening and immunisation team are in the process of arranging meetings with these practices to discuss issues such as capacity of administration staff and vaccinators and coding, and a member of the Health and Wellbeing team will join the meetings. Feedback will be provided to the Camden Immunisation Group on the findings from the engagement work with GPs.**



Vaccination uptake is **generally lower in those from Black ethnic groups and those from more deprived populations**, although patterns vary by vaccination. We are taking a population health approach to improving vaccine uptake rates with a focus on engagement with our local communities by co-producing relevant communications and improving access to vaccination. **The Camden Borough Immunisation group** feeds into the NCL operational group and we share bimonthly and annual borough highlight reports at this meeting.

# Immunisation and Vaccinations | Context, Inequalities and Intersectionality (2 of 2)

Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female)



Source: OHID

The latest figure for HPV vaccination coverage (female - 2022/23) in Camden was 37.5%, which was **significantly worse** than that of London (59%) and England (71.3%). In the last five time periods, a significant downward trend has been observed in Camden. The figure for males is also **significantly worse** than that of London<sup>1</sup>.

# Immunisation and Vaccinations | Recent progress (1 of 2)

Quality assurance and strategic action is channelled through **our Camden Immunisation Group** meeting that is co-chaired by a Consultant in Public Health from Camden Health and Wellbeing Team and NCL ICB screening and immunisation lead. We review uptake on the delivery of various immunisation programmes (adults and children) with a focus on improving access, communication and training and engagement.



We held several **coffee mornings with our Somali community** (10-12 attended each session), sharing information on MMR immunisation, addressing the perceived link between MMR and autism and an information session was also delivered recently on HPV vaccine by a Somali GP. Coproduced films were developed with Somali young people were shared on social media, via Somali WhatsApp groups and for use across North Central London boroughs. The young people who took part in the programme said that they had a better understanding of vaccination and increased confidence in making decisions about vaccines.

We held **coffee mornings at 9 primary schools** that were attended by 53 parents and shared information about measles and the importance of MMR vaccine.

**MMR**

We **improved access to MMR vaccine for people in our local communities using the vaccine bus, family hubs and centres for people living with homelessness, contingency hotels and universities**. 13 university site visits were completed by the UCLH vaccine team and a total of 192 MMR vaccines were given to students.



We are in the process of commissioning and offering **Jitsuvax training / empathetic refutational interview** (ERI training) for all our health visitors and school nurses in Camden and will also offer on-line ERI training to other key staff who have conversations with parents about immunisations (e.g. health improvement officers, community champions).



**New Horizons** is a Pan-London centre where young people living with homelessness go for support. We previously worked with the centre to provide information sessions on MMR and the centre contacted us to ask us to offer winter immunisations on-site. This was arranged and delivered by the UCLH immunisation team.

# Immunisation and Vaccinations | Recent progress (2 of 2)



We also worked closely with the **UCLH immunisation team** to offer COVID, flu and MMR immunisations at events in our family hubs and communicated the offer via local GPs.



Coverage of school-delivered immunisations has been very low for several years and **we have focused this year on improving HPV vaccine coverage**. We now have access to school level data and have fortnightly touchpoint meetings with Vaccination UK as the provider, NHSE as the commissioner and our school nursing team.

- We have shared communications about the importance of HPV immunisation in our headteachers' bulletin and individual letters to headteachers from the Director of Health and Wellbeing. Schools have been invited to meet with us and discuss low return of e-consents, ideas on how we can improve communications and access for catch-up clinics.
- We have shared information for parents with schools and are planning to offer information sessions and hand out hard copies of consent forms in a small number of schools to see if it improves HPV vaccine uptake. We are already starting to see an increase in completed e-consents compared to school delivered programmes earlier in the year (Td/IPV and MenACWY).



We have been **preparing key staff for the upcoming changes to the routine childhood schedule**. This includes the addition of an additional appointment for children aged 18 months when the second dose of MMR containing vaccine will be given along with an additional hexavalent vaccine. Update training has been provided on-line for the school nursing team and face-to-face for the health visiting team.



We have been delivering information sessions about the routine childhood immunisation schedule and immunisations given in pregnancy at **Camden Dads evening sessions** throughout the year.



We have **attended several health and well-being events in community locations** throughout the year and provided immunisation information to our residents.

# Immunisation and Vaccinations | Planned actions

1

Continue **joint work with our schools, Vaccination UK and NHSE to improve uptake** of school delivered immunisations in Camden.

2

Continue to **improve connections with VCS groups and faith leaders.**

3

Undertake **deeper engagement work** with Bangladeshi, Somali and other global majority communities and people living with homelessness. Continue to improve connections with VCS groups and faith leaders.

4

Continue to explore ways of connecting with other **"hardly reached groups"** groups where inequalities exist.

5

**Continue to review 0-5 childhood immunisations in Camden** and explore why some of our practices have high numbers of unvaccinated children. We will support our colleagues in NCL ICB Immunisation team with any engagement work required with our communities and develop tailored communications when required.

# Oral health | Context, inequities, and intersectionality (1 of 2)



A Camden and Islington [Oral Health Needs Assessment](#) was completed in November 2024<sup>1</sup>.

**Camden performs worse than national averages for proportion of children in Year 6 with experience of dental decay, and statistically similar to London averages<sup>2</sup>.**

- Camden data (2023) suggests hospital inpatient admissions for dental caries (tooth decay) in children are higher for those from more **deprived populations, with St Pancras and Somers Town and Holborn and Covent Garden ward having significantly higher hospital admissions than the Camden average for children aged 0-5.**
- Camden is worse than London and national averages for the proportion of children in Year 6 with experience of dental decay. The mean number of decayed missing and filled teeth (d3mft) among 5-year-old children has almost doubled in Camden over the past decade.

## Ethnicity

The main ethnic groups likely to have significant oral health needs in Camden are **Bangladeshi and Somali communities.**

## Which children are at risk?

Children in high-risk groups include, but are not limited to, children with **learning and physical disabilities**, those experiencing **homelessness**, and most recently **refugees** from the Afghan and Ukrainian communities.

## The impact of COVID-19

Access to dentists has gradually improved but remained below pre-pandemic levels as of June 2022. Compared to Islington and England, Camden has consistently experienced lower dental access even prior to the pandemic.

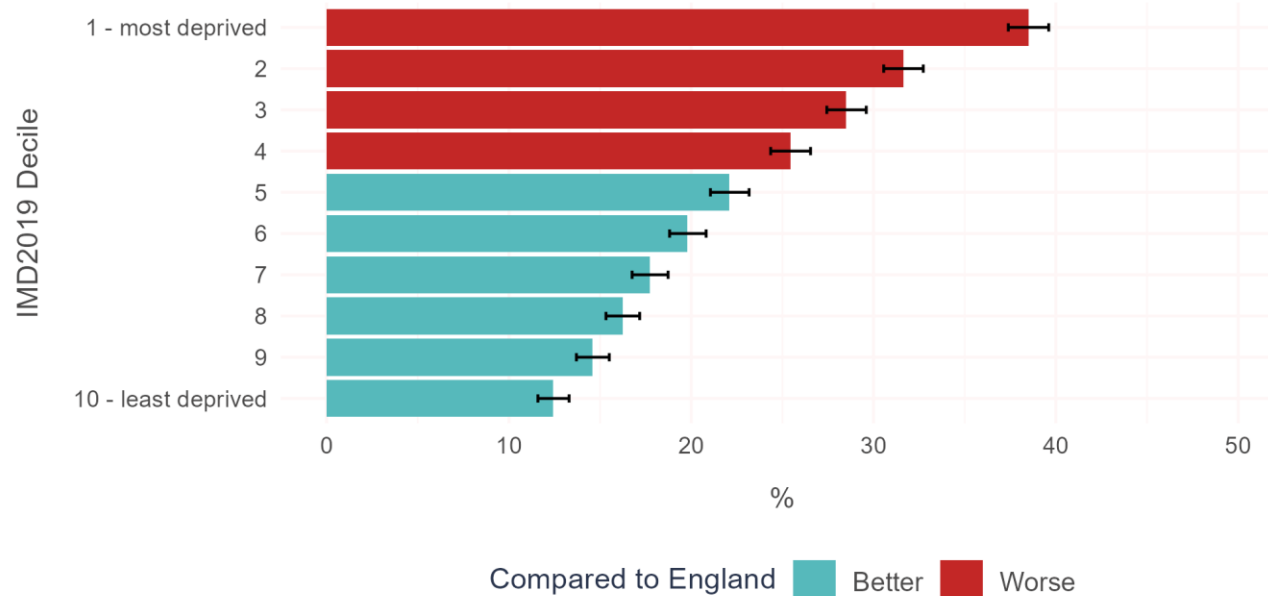
We aim to deliver an efficient, effective, and innovative oral health promotion service to improve oral health and reduce inequalities for children and adults in Camden. **Through a well-established Oral Health Promotion contract with The Whittington NHS Trust, in partnership with Islington, we provide oral health programmes across various settings. The Whittington works closely with pre-schools, schools, social care, mental health services, sheltered housing, residential homes, nursing homes, and day centres.**



# Oral health | Context, inequities, and intersectionality (2 of 2)

## Percentage of 5 year olds with experience of visually obvious dental decay in England by IMD2019 Decile

2021/22



Source: OHID

- National data highlights how the percentage of 5-year-olds with experience of visually obvious dental decay in England is **higher in the 4 most deprived IMD deciles**. Hospital admissions for dental caries are also higher in these groups<sup>1</sup>.
- This represents an area of inequity and a need to target interventions towards those experiencing deprivation.

# Oral health | Recent progress

## Supervised Toothbrushing Programme (STP)

- Staff in Camden Children's Centres, nurseries, and early years settings with high numbers of funded two-year-olds receive training to help them promote good oral hygiene in young children. Schools continue to deliver the programme, with positive feedback from staff and children.
- The programme is currently active in 25 settings in Camden. Camden's STP will expand further through NCL's Teeth4Life NHS-funded programme, and national funding received through the public health grant to target the most deprived wards. Work is ongoing to designate an oral health improvement champion within each Family Hub and further the reach of the programme through bespoke and succinct training for different staff groups (health professionals, social care staff, parent champions etc).



### Fluoride Varnish

Whittington Health delivers a targeted fluoride varnish programme for children aged 3 –7 years old, within Children's Centres and Primary Schools with a high proportion of children with free school meal eligibility. Children receive two applications of fluoride varnish and information about local NHS dental services for their continuing care. There is a 60% uptake currently across all primary schools.



### Brushing for Life

The Whittington provides training and Brushing for Life (B4L) packs, which include age-appropriate toothbrushes and toothpaste, to health visitors, staff at SEN schools, children's centres, nurseries, and school nurses. The packs are also distributed at community health events and dental clinics. There is potential to train community oral health champions to advise and signpost parents on oral hygiene. SEN-specific oral health training has been requested by champions, and The Whittington will work on developing this.

“

*“Amazing! Learnt so much today, I would attend again, I will get my family to attend the next online session, thank you so much!”*

*Parent who attended family/parent online oral health promotion session*

”

“

*“This is healthcare at the doorstep, we are lucky our children are offered this treatment, without even going anywhere, within their school day by the dental team. I would want my child to continue getting it at school for as long as he is at school!”*

”

*Primary School parent regarding fluoride varnish application*

# Oral health | Planned actions

1

Opportunities through Family hubs to think more about **whole family oral health**, including subsidising toothpaste for 0–5-year-olds, offering targeted support for families at higher risk, connecting families to early years settings, and providing online support.

2

Promotions will continue for the **Teeth4Life programme**, aiming to recruit a further 20 settings in the most deprived wards.

3

**With a 60% uptake of the Fluoride Varnish scheme, efforts are underway to improve consent rates by hosting parent information sessions**, working with schools to fit better into their termly schedules and moving consent online.

3

Support the NCL-wide **evaluation of the Supervised Toothbrushing Programme**

# Asthma | Context, inequities, and intersectionality (1 of 2)



**Asthma is the most common long-term condition among CYP in Camden, as it is in the UK.** In 2025 those aged 6 years and over had a prevalence of 4.0%, which was significantly lower than London (4.7%) and England (6.5%)<sup>1</sup>.



**Based on 2022/33 data, the rate of emergency hospital admissions for young people in Camden with asthma has been decreasing<sup>1</sup>.**

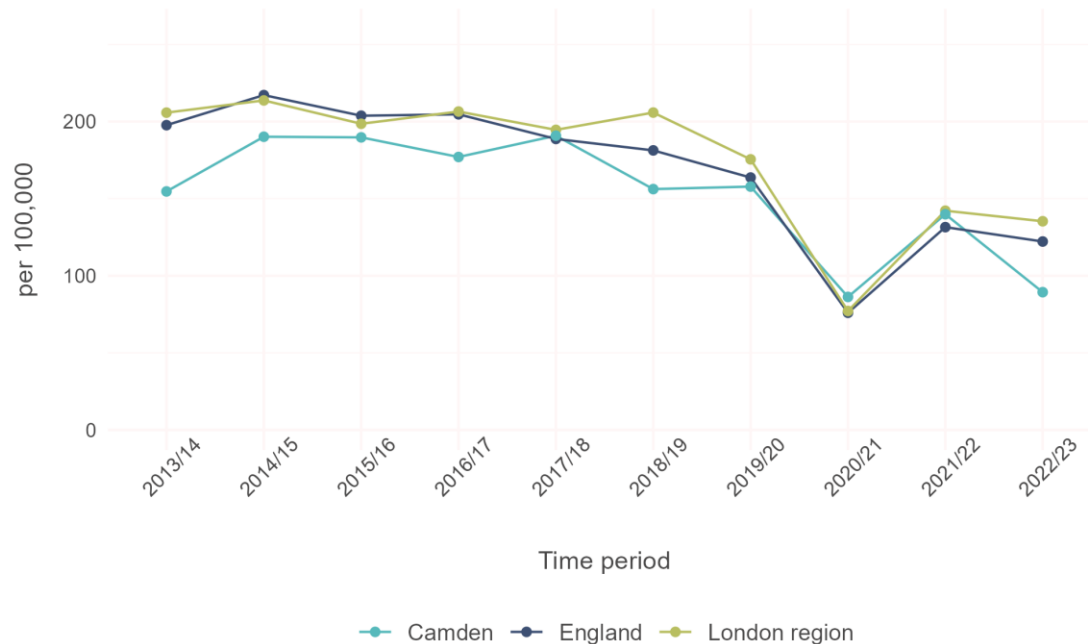
- This is linked at least partially to improved early identification and management of asthma in children which has been the focus of work through the locally commissioned service in Camden and Camden Asthma steering group which includes action in wider settings like schools and on wider determinants.
- Young people living with asthma in most deprived areas are more likely to be admitted due to asthma due to environmental triggers like pollution, fuel poverty and tobacco smoke exposure.



Asthma related admissions for all ages are higher in the Asian/ Asian British (Bangladeshi, Pakistani and Asian Other) and Black (African and Caribbean) population in Camden compared to the White population in the borough. The same trend exists across the rest of the other North Central London boroughs.

# Asthma | Context, inequities, and intersectionality<sup>1</sup> (2 of 2)

## Hospital admissions for asthma (under 19 years)



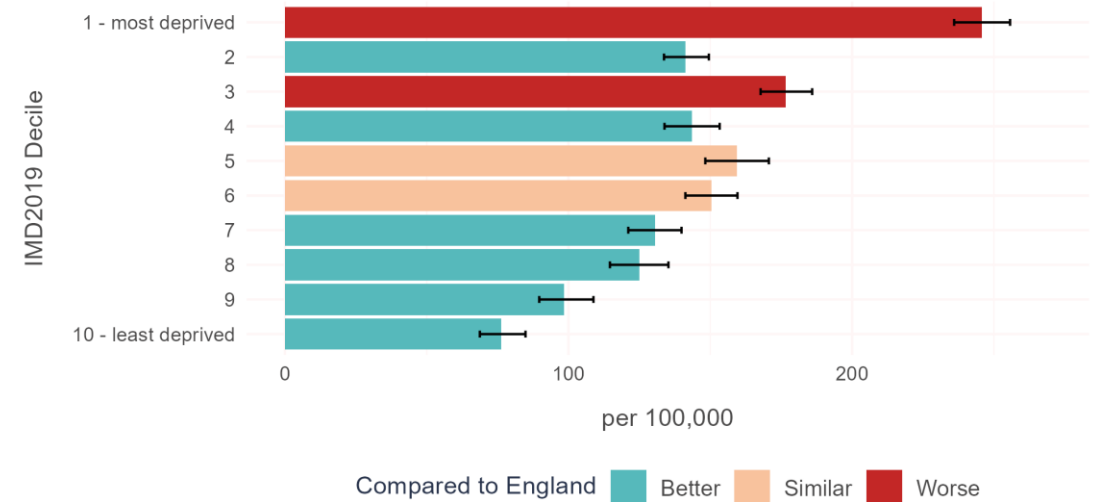
Source: OHID

- The latest figure (2022/23) in Camden for hospital admissions for asthma was 89.3 per 100,000, which was **significantly better** than that of London (135 per 100,000) and **statistically similar** to that of England (122 per 100,000).
- In the last five time periods, no significant trend has been observed in Camden.

Nationally in 2022/23, rates of asthma admissions in 0-9-year-olds were higher for those in the most deprived IMD decile, representing an area of inequity.

## Admissions for asthma (0 to 9 years) in England by IMD2019 Decile

2022/23



Source: OHID

# Asthma | Recent progress



The **Camden Asthma Friendly Schools (AFS) Initiative** is a project that supports schools provide a safe environment for Child and Young People (CYP) with asthma. This initiative is delivered by Royal Free London Hospital- Children Community Asthma Specialist Nursing team, working closely with the Camden School Nursing team. 45 of 54 (83%) schools engaged with some support of Camden School Nursing team and 12 schools have received full AFS accreditation (all Primary Schools).



As part of a collaborative project between primary care clinicians across NCL and the secondary care respiratory team at the Whittington Hospital, **virtual parent workshops have been delivered to support families in managing childhood asthma.**

- These sessions increased parental confidence in improving understanding of asthma control and promoting practical management strategies at home by 33% in session 1 and 42% in session 2. Parents who attended gave positive feedback: "Really practical, accessible, and responsive – wish I had her on call!", "I'm so impressed by this resource as a first- time mum."



As part of the wider commitment to improving asthma outcomes in children and young people, the **NCL ICB has commissioned a series of multiagency community group asthma consultations targeting CYP identified as high risk.** These pilots have brought together a range of partners, including support from the local authority's air pollution team and Arsenal in the Community.

- A highlight of this initiative has been the involvement of Myles Lewis-Skelly, a professional footballer who lives with asthma himself. Myles generously volunteered his time to speak with young people about his own experiences managing the condition, helping to inspire and empower them. His recent debut for England and his rising profile in professional football made his contribution to this initiative especially impactful.



A **face-to-face education and training programme has been delivered by the Camden CYP lead.** This initiative aims to equip NCL's healthcare workforce with the skills and knowledge and to enhance the overall quality of care delivered to children and young people with asthma in line with national standards.

# Asthma | Planned actions

1

Camden is due to launch the **Children and Young People CYP Respiratory Diagnostics Hublets**. This new model is designed to close the gap in asthma prevalence and diagnosis in Camden's CYP, with implementation planned for 2025.

2

Camden is planning to implement a **mandatory 48-hour review** for all patients from secondary specialist following discharge for asthma exacerbations.

3

Camden is planning to further **increase the number of schools accredited as asthma friendly schools**.

4

Camden is proposing to **scale the CYP community asthma clinics across Camden aiming to deliver in each PCN** and offer a train the trainer model of deliver to support sustainability of this innovative approach to long term condition care in the community.

5

**Continued engagement of AFS in schools** that have yet engaged while supportive several school who are close to AFS accreditation.

6

**Further work on vaping, damp and mould in housing and wider determinants** with a refresh on our action plan for delivery in line with national bundle of care.

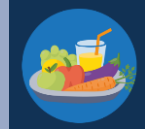
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**Roll out the recommendations from our air quality needs assessment** and plan to undertake pilots with air quality monitors to measure indoor pollution int hose households at greater risk



# Healthy Weight | Context, inequities, and intersectionality<sup>1</sup>

## (1 of 2)



### Our Mission: Food

**We are in a health and wellbeing crisis linked to population levels of overweight and obesity.** Reducing and reversing this impact requires concerted and ongoing local/national action on a range of factors, drawing together the collective action of a broad range of organisations/sectors. This includes enhancing the local environment to support healthy behaviours, and continuing to address the wider determinants of health, including poverty experienced across our communities.

Support during early years and childhood to help residents reach and maintain a healthy weight is vital for immediate and long-term physical, social and mental health. Good progress has been made in schools and the early years which we are looking to build on further through **Camden's Healthy Weight Acceleration Plan<sup>1</sup>**, which has five starting workstreams – one of which focuses on early years, and another covers action in schools. The Plan recognises the significant progress made in Camden in recent years supporting children and young people around healthy weight, as well as the significant inequalities that need ongoing concerted and collective action. The Plan has a 5–10-year perspective and is overseen by a multi-agency leadership group from across the Council, NHS, Schools, and VCS organisations. The Health and Wellbeing Board is the key oversight group for this Plan.

The Plan includes developing a public health training offer for all early years staff and creating a community child weight management road map, as well as through **Camden's Food Mission**. The Mission aims for everyone to have access to healthy, affordable and sustainable food by 2030.



A **comprehensive needs assessment** has been completed to support the Healthy Weight Acceleration Plan<sup>1</sup>.

- Among children in Camden in 2023/24, **one in five (20.2%) of pupils in Reception Year were overweight or obese, and this increased to more than one in three (36.3%) by the time pupils reached Year 6<sup>2</sup>.**
- Data also shows that nationally, children from **Black African ethnic groups had the greatest proportion of overweight or obesity** at both reception age (27.4%) and year 6 (46%). The prevalence among Bangladeshi children, whilst being relatively low in reception age children (18.6%), increases sharply at year 6 (to 44.3%)<sup>2</sup>.



2023/24 NCMP data found that, when compared among 16 close statistical neighbour boroughs, **Camden had the 4th lowest prevalence of childhood obesity for children in both reception and year 6<sup>3</sup>.** Camden's obesity prevalence in reception (8.6%) was lower than the national average of 9.6%. Camden's prevalence in year 6 (23.3%) was slightly higher than the national average of 22.1%. **Camden's trend is similar to national trends.** Since 2006/7, the prevalence of obesity in Camden reception children has remained fairly stable and fallen below national averages. Camden's prevalence of obesity in year 6 has remained higher than national averages since 2006/7, with both gradually increasing, but the national trend is increasing more quickly.



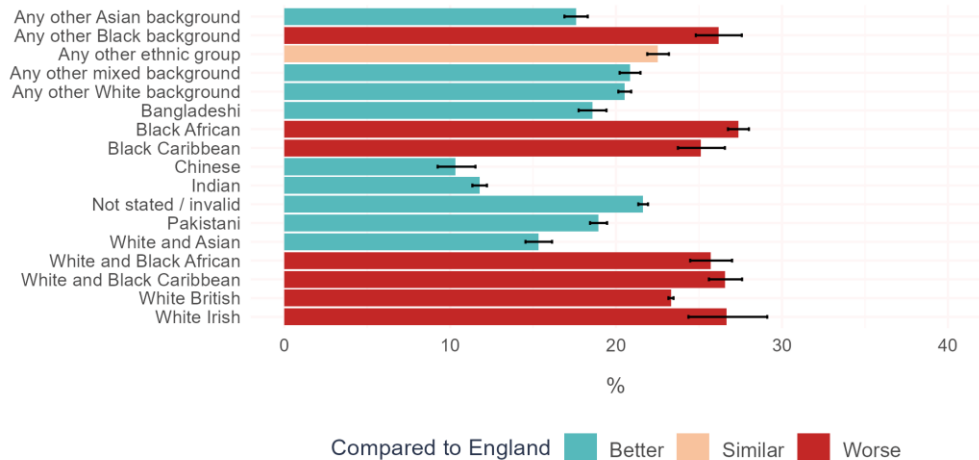
**Deprivation is also a key influence** with the proportion of children living with overweight or obesity in the most deprived decile at Reception age being 9.1% greater compared to those in the least deprived areas. This difference increased to 19.1% for children in Year 6. Linked actions have been included in the Healthy Weight Acceleration Plan.

# Healthy Weight | Context, inequities, and intersectionality<sup>1</sup>

## (2 of 2)

### Reception prevalence of overweight (including obesity) in England by Ethnic Group

2023/24



Source: OHID

National 2023/24 data highlights how the reception prevalence of overweight (including obesity) in England is higher for those in certain ethnic groups.

Groups with the **highest prevalence** include residents of **Black African, Black Caribbean, White and Black Caribbean, and White Irish ethnicities**.

Data for England shows that children from Black African ethnic groups had the greatest proportion of overweight or obesity at both reception age (27.4%) and year 6 (46%). The national prevalence among Bangladeshi children, whilst being relatively low in reception age children (18.6%), increases sharply at year 6 (to 44.3%).

### 2025 Health Related Behaviour Questionnaire

The Health-Related Behaviours Questionnaire (HRBQ) is undertaken regularly and captures the insights and experiences of young people in Camden with regards to topics such as healthy weight through questions about, for example, intake of fruit and vegetables.

Key findings from 2025 included:

- **60% of primary school pupils surveyed ate vegetables 'on most days' or 'every day' in the week before the survey**, a reduction from 65% in 2021.
- **27% of secondary school pupils ate at least 5 portions of fruit and vegetables on the day before the survey**, an improvement from 20% in 2021.
  - Whilst this is an improvement, there is still work to do in improving this further.

# Healthy Weight | Recent progress (1 of 4)

Action in early years settings and schools can make a clear contribution to enabling children and young people to reach and maintain a healthy weight, alongside supporting parents and families to have a whole family approach to healthier living. This section reports on progress within both settings, under a whole setting approach.



**Little Steps to Healthy Lives (LSHL)** in Camden is an umbrella award for early years settings to take a whole setting approach to health and wellbeing. One in three settings (31%) are engaged in the programme, including all 7 maintained children's centres. This is a long-established award which is aligned to the regional Healthy Early Years London programme. In 2025/26 two maintained children's centres have renewed the award making updates to their physical activity policies and improving the health of their snack offer.

- The Health and Wellbeing Departments Early Years, Schools and Families Team also offers a wide range of support to Camden's Early Years settings relating to healthy weight including; Families for Life and Family Kitchen healthy behaviours programmes, catering menu support, Healthy Conversations and other bespoke staff trainings, and food growing networks.



**The Early Years Schools and Families Team started a quality improvement project for their Starting Solids healthy weaning programme for new parents.**

Registration data confirmed that attendance in the Children's Centres around the more deprived postcodes are much lower than in the more affluent areas. Black and Asian demographics are most underrepresented at sessions. The Early Years data team identified over 1000 under 1s in the Euston area who were not engaged.

# Healthy Weight | Recent progress (2 of 4)



**Progressing a Whole School Approach to Food:** 71% of Camden's schools are actively engaged as Healthy Schools, with all schools meeting some elements of the programme. A whole school approach to food is a key part of the programme, including meeting curriculum requirements, a positive culture and environment of the school around food, and promoting healthy choices at break and lunch time. There are also specific parts of a whole school food approach to food which Camden is progressing further, as set out below and in subsequent slides.



**The Camden School Breakfast Programme has continued to expand the roll out of Magic Breakfast** at 24 of our most deprived schools that have a Pupil Premium Eligibility of at least 30%, including 2 special schools and 1 Pupil Referral Unit. Uptake figures from Autumn 2024 indicate that this initiative enables up to 3228 children to have a free breakfast every day - up from 587 children in 2022.

Magic Breakfast has supported schools to increase the uptake of their school breakfast provision through innovative delivery methods. One example of successful secondary school engagement is La Sainte Union. The school recently provided five sixth form pupils with Level 2 Food Safety training, to qualify them to assist with the delivery of the breakfast service. Uptake has increased to approximately 150 pupils eating breakfast a day, the highest uptake among secondary schools in Camden.



*"All children can access breakfast. This is given in class during registration. This helps them get through the morning. They would otherwise not eat until lunchtime. This helps with focus and concentration."*



**School staff member, Camden Primary School**



*"After I have my breakfast, my brain is better at concentrating and managing my distractions."*



**Year 3 pupil, Camden Primary School**

# Healthy Weight | Recent progress (3 of 4)

## Breaktime free fruit & vegetables in secondary schools



- The **Free School Meals Test and Learn project** in 2023-2024 identified several insights from engaging with pupils, parents, and school staff around addressing hunger in secondary schools. Hunger was identified as an issue for pupils during breaktime. Following pupil feedback, a **free breaktime fruit and vegetable offer** was launched across 10 Camden Secondary schools. Universal provision is offered in all schools. Initial feedback from pupils in several schools was positive.
- Insights from the Test and Learn project also identified the need for additional support for families to make Free School Meal applications. The team liaised with other local authorities/organisations to develop a Camden specific process for auto-enrolment to address barriers to filling out FSM applications. Camden benefits data can help identify those eligible for FSMs and enables the FSM Coordinator to complete the application process on behalf of families. Parents will have the opportunity to opt out if they wish. The goal is to implement the first auto-enrolment campaign before October 2025.



**Universal free school meals (FSM)** have been provided to all pupils in primary schools since September 2023. In Spring 2025, FSM uptake in secondary schools was 55.7% (excluding UCL academy). Several actions are being carried out to increase FSM uptake in secondary school pupils.. A key action that will improve the school meal experience in secondary schools is the new school meals service started in April 2025 in 37 primary, 3 secondary, and 3 special schools.



- Through a mixture of lack of resources and staff confidence a number of Camden Primary Schools can struggle to meet the **national cooking in the curriculum requirements**. The Early Years Schools and Families team delivered practical cooking in the curriculum for all staff in 4 primary schools and convene three termly Food in Schools networks for primary and secondary schools where food leads come together to share best practice, receive continued professional development and learn about funding support. The network is attended by 20 staff from 12 schools. £200 was also provided to 3 primary schools and 2 secondaries to purchase basic classroom cooking equipment.
- The Early Years School and Families Team have worked with Waitrose Cookery School to offer school cooking sessions at their flagship cookery school in Kings Cross since 2016. In 2024/25 22 sessions were delivered to 17 primary and 4 secondary schools. The cookery school will be closing in July 2025 and we are reviewing with schools opportunities for onsite cooking support.

# Healthy Weight | Recent progress (4 of 4)



- **Families for Life (FfL)**'s universal healthy behaviour programmes have been running virtually and in-person via schools and early years setting delivered by the Early Years, Schools and Families Team. 78 unique families (179 total attendees) attended the FfL programme with 73% from Black, Asian and other Ethnic groups.
- Results from the 4-week Family Kitchen virtual healthy cooking programmes, for families of children aged 2-11 showed that 60% of the children who took part increased their fruit consumption and 67% increased vegetable consumption following the programme. A supermarket voucher system is in place for virtual sessions to support families to access ingredients for free. 75% completed the programme. Eleven free cook-along webinars were developed in 22-23. In 24-25 there were 138 requests for the session link and accompanying food vouchers.

## Camden's Holiday Activity and Food (HAF) programme

- The 2024/2025 Camden HAF programme continued to support children and young people during school holidays by offering nutritious meals and engaging positive activities. The programme provided 5,367 places, ensuring that children and young people had access to valuable resources and support. **One in four children and young people eligible for free school meals accessed the programme in the summer holiday, the most important time for holiday support, with a smaller proportion benefitting in the other holidays.** The summer programme involved 30 providers across 48 venues, including youth clubs, schools, charities, and social enterprises, ensuring a wide range of enriching activities such as arts, sports, music, and more.
- Camden's HAF programme also provided support for children with SEND. In 2024, the programme funded 325 SEND spaces, demonstrating the programme's commitment to inclusivity and comprehensive support. Camden Council also bolstered the programme with an additional £88,000 of funding for Summer 2024 delivery, which helped to support 116 additional SEND spaces.
- A highlight of the 2024 programme involved documentation of the Summer programme through photography workshops at five youth centres, attended by over 100 young people. Photographs taken by young people from the workshops were used in the [2024/25 Annual Report](#). This project strand also involved the production of [a video](#) highlighting the impact of the programme.
- Plans for 2025 include continuing to seek innovative partnerships with the business and cultural sectors to add value to the programme, as well as strengthening the youth voice in planning and decision making.

# Healthy Weight | Planned actions

1

Continue to promote and move to greater engagement in the **Little Steps to Healthy Lives and the Healthy Schools programme** across Camden.

2

**Extend the reach of School Breakfasts** to support more children in Camden, especially those living in the most deprived areas/eligible for free school meals, ahead of the roll out of the national 'breakfast in schools' initiative.

3

Work with schools to **develop further whole class curriculum cooking opportunities**.

4

Pilot an enhanced approach to **supporting pupils and families after the national child measurement programme**.

5

Ensuring that universal support services like Family Kitchen and Families for Life continue to reach into our communities with the greatest needs, through an **ongoing and targeted programme of support**.

6

Continue to offer an extensive **Holiday Activity and Food programme** across Camden, including opportunities for those with SEND.



# Promoting physical activity | Context, inequities, and intersectionality (1 of 2)



The UK Chief Medical Officer (CMO) recommends an average of at least 60 minutes moderate to vigorous intensity activity per day across the week.

**Children and young people in Camden are more active compared to those living in other boroughs**, but around half of children and young people are still not meeting the recommended levels of an hour or more of *at least* moderate physical activity every day.

- This means that significant numbers of our children and young people are not gaining the full range of benefits from being regularly active as they develop through to adulthood.

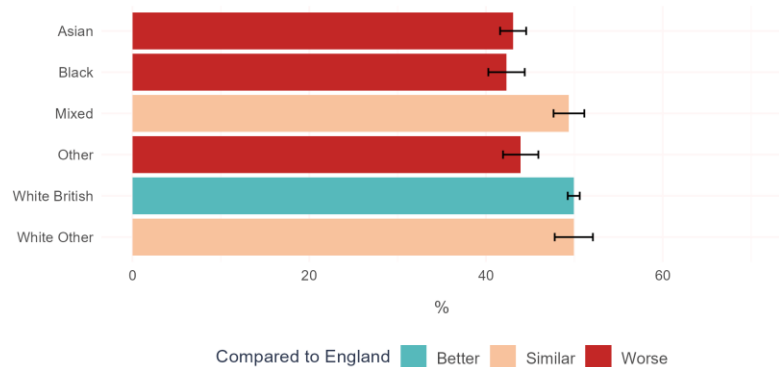


The Health Related Behaviour Questionnaire (HRBQ) in 2021 found that among year 5 & 6 pupils, **one in three (34%) of boys** met the physical activity recommendations compared to **one in six (16%) of girls**, with activity levels dropping substantially for girls at secondary schools<sup>2</sup>.

The 2025 HRBQ found that **24%** of primary school pupils said they did 60 minutes of physical activity on at least 5 days in the 7 days before the survey.

## Percentage of physically active children and young people in England by Ethnic Group

2023/24



## There are clear inequalities in participation.

- Girls are less active than boys, with the participation gap becoming wider in secondary schools.
- Children and young people from some ethnic groups are also less active – e.g. those from South Asian ethnic groups are less active at all ages, while those from Black ethnic groups have a greater drop off in physical activity levels moving into secondary schools.
- Disabled children and young people face the greatest barriers to regular participation. And those from more deprived households are also less active compared to those in more affluent households.

# Promoting physical activity | Context, inequities, and intersectionality (2 of 2)



Schools have flagged a range of opportunities to support their students to be more active and address inequalities, particularly as participation levels drop at secondary schools.

These include:

- Supporting pupils as they transition between primary and secondary school.
- Ensuring a range of opportunities for enjoyable activity at secondary school for pupils of all abilities.
- Follow up support for those not reaching swimming competency standards.
- Promoting access to local physical activity assets.



A **physical activity strategy** and plan for children and young people has been developed this year and will be taken forward through the **Pro-Active Camden (PAC) group**.

- The aim for this work is that all children and young people, regardless of their background or ability, have easy access to enjoyable and affordable opportunities that enable their participation in regular physical activity.
- The focus will be on addressing inequalities in participation and supporting children and young people through key transition points (such as the move from primary to secondary school).

# Promoting physical activity in schools | Recent progress



Physical activity remains one of the key themes of the Healthy Schools award, which many Camden schools are actively engaged in. This year we have been working with Camden's PE leads to develop good practice guidance for spending the national PE and Sport Premium funding, to further enhance its impact.

- Review of the online reports for 34 primary schools (out of 38 schools in total) identified a total budget of £683k for Camden, at an average spend of £19,423 per school. There will be opportunities for schools to group spend some of their premium to potentially enable economies of scale.

The inaugural **Girls Active Festival led by Torriano Primary and funded by the Health and Wellbeing Department** in March 2025 involved 200 girls from 10 primary schools with delivery supported by 20 young leaders from secondary schools in a range of enjoyable activities.

- This work has been identified as a national example of good practice.
- Off the back of this festival an Active Girls Committee involving student groups from 3 primary and 3 secondaries has been established with support of the Early Years Schools and Families Team and Camden's School Games Organiser. The aim of this group to help create a network of Active Girls groups in all Camden schools and reduce the gap in activity recommendation attainment and after school and sports club participation.



Schools Swimming: In Autumn Term 2024, the Camden Schools Swimming group was established to bring together all parties involved in GLL's (Camden's Leisure Centre Manager) swimming provision for Camden schools. The group is focussed on ensuring the quality of teaching, provision of assessment and SEND inclusion.

- As a result of feedback through this group GLL have changed the booking process to help schools plan their year, provided their scheme of work for schools, and created a simple guide for schools to make best use of their online assessment recording tool Swimphony.



Healthy Travel Camden – behaviour change initiatives. Three key active travel behaviour change initiatives are run with schools:

1. 24 schools are signed up to the "Travel for Life" sustainability programme
2. 21 schools received bikeability sessions
3. 774 children received pedestrian skills training in 2023/24.

The Council's Transport Planning team are reviewing capacity to enable a more widespread offer to more schools.



Well organised participative sport also has a clear role in boosting physical activity levels. Examples include:

- The School Games programme which involves all Camden Schools, is funded by the Youth Sport Trust and free for schools to engage in.
- Primary School Sports Competition programme managed and delivered in partnership with the Camden School Sports Association (CSSA), involving 37 Camden Primary Schools providing children and young people the opportunity to learn and achieve through teamwork and competition during curriculum time and after school.

# Promoting physical activity in schools | Planned actions

1

Complete the **Children and Young People Physical Activity Strategy and Action Plan** with local partners, and move into year 1 delivery

2

Develop **good practice guidance for the PE and Sport Premium** with primary school PE leads and share ahead of 2025/26

3

Enable **further roll out of the network of Girls Active schools**, leading to more enjoyable opportunities for girls to participate, and another Festival in 2026.

4

Further **develop opportunities for children and young people with SEND to learn how to swim** and progress further, through the work of the School Swimming Group.

5

Continue to **work closely with the borough's leisure centre manager** GLL to develop more opportunities for children and young people to be active onsite and in the community

6

Enable more schools and pupils to benefit from **Healthy Travel Camden** behaviour change initiatives

# Key takeaways

# Takeaways | Pregnancy and early years

5 key areas of concern for children and young people in the borough of Camden include:

<b>1</b> <b>Inequalities in maternal outcomes</b> <ul style="list-style-type: none"><li>• There are <b>stark inequalities in maternal outcomes for certain ethnic groups and women living in areas of higher deprivation.</b></li><li>• NCL has wide socio-economic variation and, like many areas of London, has areas of high deprivation in close proximity to areas of affluence.</li><li>• Almost half of all maternity admissions in NCL are in the most deprived 40% of the population.</li></ul>	<b>2</b> <b>Perinatal mental health</b> <ul style="list-style-type: none"><li>• The perinatal period is defined as the period comprising of pregnancy and one year post pregnancy.</li><li>• National guidelines suggest that around 1 in 4 women experience perinatal mental health issues, and health outcomes for global majority groups tend to be worse.</li><li>• <b>There is a need for better local data on perinatal mental health.</b></li></ul>	<b>3</b> <b>Smoking in pregnancy</b> <ul style="list-style-type: none"><li>• Smoking during pregnancy increases the risk of stillbirth, miscarriage and sudden infant death. Parental smoking after birth is associated with a three-fold increase in the risk of sudden infant death.</li><li>• The 2024/25 figure in Camden for smoking status at time of delivery was 2.5%, which was <b>better</b> than that of London (3.1%) and <b>better</b> than that of England (5.6%). However, work is still needed in this area.</li></ul>	<b>4</b> <b>A&amp;E attendances</b> <ul style="list-style-type: none"><li>• Nationally available data demonstrates a <b>higher rate of A&amp;E attendances (0 to 4 years) in England for those in the 6 most deprived IMD deciles.</b></li></ul>	<b>5</b> <b>Inequalities in development</b> <ul style="list-style-type: none"><li>• Whilst improvements are being made, there are <b>lower rates of good development within Camden's more deprived and more ethnically diverse localities,</b> and the gap in achievement for those on free school meals persists.</li></ul>
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# Takeaways | School aged CYP

5 key areas of concern for children and young people in the borough of Camden include:

1	School absences	2	Youth vaping	3	Hospital admissions due to alcohol	4	Youth safety	5	Sexual Wellbeing and Reproductive Health
	<ul style="list-style-type: none"><li>• <b>The latest figure (2022/23) in Camden for persistent absentees in primary school was 21.6%, which was significantly worse than that of London (17.7%) and England (16.2%).</b></li><li>• In the last five time periods, a significant upward trend has been observed in Camden. This is also the case for Secondary school pupils in Camden.</li><li>• National data from OHID in 2022/23 demonstrates a higher percentage of persistent absentees in children from the most deprived IMD deciles.</li><li>• Absences are often linked to poor physical and MH.</li></ul>		<ul style="list-style-type: none"><li>• Vaping is not risk-free, particularly for people who have never smoked, and research shows that most children who use vapes have never smoked. The potential long-term health impacts of vaping remain uncertain.</li><li>• The Health-Related Behaviours Questionnaire (HRBQ) is undertaken 3-yearly and captures the insights and experiences of young people in Camden with regards to topics such as smoking and vaping. The 2025 HRBQ found that <b>the percentage of secondary school pupils who reported having tried vaping had increased</b> from 17% in 2021 to 23%.</li></ul>		<ul style="list-style-type: none"><li>• The latest figure for <b>alcohol-specific admission episodes in under 18s in Camden (2021/22 - 23/24) was 38.3 per 100,000, significantly worse than that of London (13.6 per 100,000) and England (22.6 per 100,000).</b></li><li>• This data looks at relatively small numbers and may be underreported on OHID fingertips due to variable hospital coding practices and changes to process. This data also does not take into account presentations to A&amp;E. Despite this, it is important that we continue to address alcohol use in Camden's young people.</li><li>• Camden's alcohol strategy has a thematic focus on young people.</li></ul>		<ul style="list-style-type: none"><li>• Our Camden 2022 Youth Review found that 59% of young people believed that Camden is a safe place to live, and perceptions of safety varied across age, gender and ethnicity.</li><li>• <b>Only around half (52%) of Black respondents felt Camden was safe,</b> compared with 73% of white respondents.</li><li>• <b>There is need to establish robust and regularly reported data related to young people's experience of Violence against Women and Girls (VAWG).</b></li></ul>		<ul style="list-style-type: none"><li>• A local comprehensive <b>Sexual Health Needs Assessment</b> was published in 2024.</li><li>• In 24/25, work was started on a new <b>Sexual Wellbeing and Reproductive Health work programme</b>, with a report and recommendations due in Summer 2025.</li><li>• In 2025, <b>new statutory guidance</b> from the Department for Education was published, with a view to implementation from September 2026.</li></ul>



# Takeaways | Across the CYP life course

The top 5 areas of concern for children and young people in the borough of Camden include:

1	Immunisations, including for CiC	2	SEND	3	Mental health (MH)	4	Oral health	5	Healthy weight
	<ul style="list-style-type: none"><li>• Data shows that about 1 in 4 Camden residents are still not immunised for MMR by age 2.</li><li>• Camden <b>vaccine uptake rates are lower than national and regional uptake</b>, although based on data extracted from Healthientent we are <b>making steady progress</b>.</li></ul>		<ul style="list-style-type: none"><li>• There is evidence of <b>intersectional disadvantage</b> among our SEND cohort.</li><li>• There are indications of <b>over-representation of Black/Black British and Mixed or Multiple ethnicity</b> among the overall SEND cohort.</li><li>• Plans are in place to <b>finalise and sign off the Autism Strategy</b> (including consultation) for approval at Cabinet in September 2025.</li></ul>		<ul style="list-style-type: none"><li>• In Camden it is estimated that <b>1 in 5 CYP aged 11-16 have a MH condition, and almost ¼ (23%) of 17-19-year-olds</b>.</li><li>• YP from low-income families are likely to have worse mental health outcomes if they live in an affluent area.</li><li>• 32% of Camden children live in poverty, and 51% in social housing. Whilst not explaining all differences, the intersectionality of ethnicity and deprivation is an important factor in the high levels of need.</li></ul>		<ul style="list-style-type: none"><li>• Camden performs <b>worse than national averages for proportion of children in Year 6 with experience of dental decay</b>.</li><li>• Camden data (2023) suggests hospital inpatient admissions for dental caries (tooth decay) in children are higher for those from more deprived populations</li><li>• The mean number of decayed missing and filled teeth among 5-year-old children has almost doubled over the past decade.</li></ul>		<ul style="list-style-type: none"><li>• <b>1/5 (20.2%) of Reception pupils were overweight or obese, and this increased to over 1/3 (36.3%) by the time pupils reached Year 6.</b></li><li>• NCMP data for England shows that children from Black African ethnic groups had the greatest proportion of overweight or obesity at both reception age (27.4%) and year 6 (46%). The national prevalence among Bangladeshi children, whilst being relatively low in reception age children (18.6%), increases sharply at year 6 (to 44.3%).</li></ul>

# Opportunities to make every contact count

# A resource for professionals | Opportunities to make every contact count

The top areas of concern for children and young people in the borough of Camden include:

				
<b>Smoking in pregnancy</b>	<b>Immunisations</b>	<b>Oral health</b>	<b>Inequalities in development</b>	<b>Healthy weight</b>
<p><b>Why are we concerned?</b></p> <ul style="list-style-type: none"> <li>Smoking during pregnancy increases the risk of stillbirth, miscarriage and sudden infant death.</li> <li>The latest figure (23/24) in Camden for smoking at time of delivery was 4.8%, significantly worse than that of London (3.9%) but significantly better than that of England (7.4%).</li> </ul>	<p><b>Why are we concerned?</b></p> <ul style="list-style-type: none"> <li>Camden vaccine uptake rates are lower than national and regional uptake, although there are signs of progress.</li> <li>Data shows that about 1 in 4 Camden residents are still not immunised for MMR by age 2.</li> </ul>	<p><b>Why are we concerned?</b></p> <ul style="list-style-type: none"> <li>Camden performs worse than national averages for proportion of children in Year 6 with experience of dental decay.</li> </ul>	<p><b>Why are we concerned?</b></p> <ul style="list-style-type: none"> <li>Whilst improvements are being made, there are lower rates of good development within Camden's more deprived and more ethnically diverse localities, and the gap in achievement for those on free school meals persists.</li> </ul>	<p><b>Why are we concerned?</b></p> <ul style="list-style-type: none"> <li>In 23/24, 1/5 of Camden Reception pupils were overweight or obese, and this increased to over 1/3 by the time pupils reached Year 6.</li> <li>Children from Black African ethnic groups had the greatest proportion of overweight or obesity.</li> </ul>
<p><b>What can you do to help?</b></p> <ul style="list-style-type: none"> <li>Pregnant residents can access NCL maternity tobacco cessation services via referral by their midwife, and their partners can be referred to community smoking cessation services.</li> <li>An <a href="#">incentive scheme</a> exists to support pregnant women to stop smoking.</li> </ul>	<p><b>What can you do to help?</b></p> <p>Residents can speak to their GP if they need to:</p> <ol style="list-style-type: none"> <li>Check the immunisation status of them or their children</li> <li>Ask questions about immunisations</li> <li>Book immunisations</li> </ol>	<p><b>What can you do to help?</b></p> <ul style="list-style-type: none"> <li>Encourage toothbrushing and offer subsidised toothpaste where available and appropriate.</li> <li>Encourage families to register with a dentist and attend check-ups.</li> <li>Provide advice regarding diet in the context of oral health.</li> <li>Signpost to any available oral health services or training sessions.</li> </ul>	<p><b>What can you do to help?</b></p> <ul style="list-style-type: none"> <li>Consider referrals to housing and finance support for families where this could be helpful.</li> <li>Signpost to online sources of information &amp; support for <a href="#">help with money</a> and <a href="#">help to access food</a>.</li> </ul>	<p><b>What can you do to help?</b></p> <ul style="list-style-type: none"> <li>Consider signposting residents to the <a href="#">NHS Healthier Families website</a>, <a href="#">Families for Life sessions</a>, local cooking classes, and support with free school meals/Healthy Start payments and vitamins.</li> </ul>

# Acknowledgements

# CYP health needs assessment | Acknowledgements

The lead authors for this piece of work are:

- Polly Kaplan (Public Health Registrar)
- Kirsty Logan (Senior Public Health Intelligence Analyst)
- Manuj Sharma (Consultant in Public Health for Children and Young People)

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