



Children and Family Short Need assessment: Key messages

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Background

- Risks such as the Covid-19 pandemic and the high cost of living are likely to have the largest impact on the wellbeing and health of the most vulnerable residents and children who experience deprivation, and on those from ethnic minority groups.
- Recent studies^{1,2} show that covid-19 has had an impact on the full development of children (including language, educational attainment, eating habits, mental health), and this might exacerbate existing inequalities or create new areas of concern.
- The scope of this analysis is to help understand population needs of children, young people and families in Harrow before and after the pandemic (from 2019 to 2022).
- This approach will help:
 - Identify inequalities across certain groups, gaps in care and variations in care that have been exacerbated by the pandemic, or identify new areas of concern
 - Inform opportunities for local strategies and prevention to join up services to better support children and families and help improve their wellbeing and outcomes.

1 Munir, F. (2021). Mitigating COVID: Impact of COVID-19 Lockdown and School Closure on Children's Well-Being. *Social Sciences*, 10(10), 387.

2 <https://www.sciencedirect.com/science/article/pii/S0002817721006553>



New approach: segmentation analysis

- The analysis looks at differences across population groups and in service demand patterns defined by pre and post pandemic, socio-demographic characteristics, wards, service, practice and team level

Pre and Post Pandemic

- variation over time (2019 and 2022)

Demographics

- age specific (under18, parents 18+), ethnicity and deprivation

Wards

- variation across ward areas

GP practice/ PCN

- variation across GP practices and Primary Care Networks

Data linkage: social service & health (late 2023)

- Better understanding of children and household's needs (e.g. association of child with SEND or looked-after and parent's health)



Key areas of interest

- The analysis focuses on a wide range of key socio-economic, educational, environmental and health areas that influence children and families' outcomes and wellbeing.

Children & Families'
resilience
Poverty/ Housing/ Youth
Offence/ Domestic
Violence

Vulnerable
Children

Education

Pre school / Early
Years

Health and
Complex care
Needs

Lifestyle
Behaviour

Special Education
Needs

Children and Family
services

Mental
Health



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Background: Data sources

- Used a wide range of data sources from local council, community, government bodies and NHS:

Council and Local Social Services

- Children and Family Services (2022)
- Speech and Language Therapies Services (2022)
- Occupational Therapies services (2023)
- Children Social Care – Council data (2022):
 - Children Looked After
 - Child Protection Plans
 - Children in Need
- Mental Health (CAMHS) – (2022)
- Business Intelligence Service - Council data (2022/2)
 - Youth Offence
 - Domestic Violence
 - Children with EHCP
- Young carers – Support Training & Advise (2022)
- Harrow CYP need assessment (2018)

Government and national bodies

- Department of Education (2022)
 - School attendance
- PHE fingertips, OHID
 - Child development and readiness (2021/22)
 - Education achievement (2021/22)
 - A&E and Hospital attendances (2022)
 - Alcohol and Drug abuse therapy (2022)
 - Obesity (2021/22)
 - Low birth term (2020)
 - Immunisation (2021/22)
- Census data (2021) & ONS (2022)
 - Housing
 - GLA Population projection
- HM Revenue and Customs (2021/22) & Ministry of Community and Local Gov (2019)
 - Child poverty & IMD deprivation

Community and Voluntary sector

- Harrow CYP engagement group for parents and carer (2022)
- Hay Harrow? The 'How are you Harrow Health and wellbeing survey (2021)
- Hay Harrow, Finding from additional analysis (2022/23)
- Community Safety Crime report in Harrow (2022/23)
- Harrow Sendias Annual Report 2022/23

NHS

- WSIC primary, secondary and community data (2023)
- Whittington NHS Trust (2022)



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Summary

- The analysis identified **new emerging priorities areas** since the Covid pandemic including increasing **child poverty, drug and alcohol issues** among parents and young people, **mental health among young people** especially related to food poverty, **young carers** (key reasons of support: physical and mental health, SEND or addiction) and **absenteeism at school**.
- This analysis also identified a **range of priority areas** previously captured in the C&YP Needs Assessment in 2018, suggesting that the **Covid pandemic** might **have exacerbated existing areas of concern** and **deepened inequalities**. These areas include **early years & health promotion** (immunisation, oral health, healthy eating and parenting), **life style behaviour** (obesity & physical activity) and **access to services** across **social care** (especially children in need & children look after), **special education needs** and **occupational therapy** (children with EHCP), **speech and language, mental health** and **NHS (dental referrals and A&E)**.
- There are **inequalities for certain groups and gaps in care**. These include **variation to access services** and **outcomes** across **ethnicity** and **age** and small **geographical areas** in Harrow **within a wide range of cross cutting themes** from social wider determinants (e.g. poverty, domestic violence, mental health and housing), social care, education and access to children and family sites (high utilisation under 5 but still lower uptake than older ages), community and NHS services.
- **High utilisation of services** at very young ages across **social care, special educational needs, community, mental health and NHS** might indicate a need for **early interventions that provide an holistic approach to fully support children and parents socially, mentally, emotionally, physically and financially** to prevent escalation of complex needs and poor outcomes in older ages. Evidence shows that support in early years for very young children **maximised impact on child life** and it also **cost effective**.^{1,2}
- These findings reinforce the importance of **working together in partnership** and **joining up different services** to better help improve children, young people and families' outcomes.
- A number of priorities areas have been identified and summarised in the two tables.

1. Marmot et al 'Fair Society, Healthy Lives (The Marmot Review)', 2010

2. John Ford et al.: 'Making a case for prevention'. Cambridge Public Health, University of Cambridge, for the Health Foundation, October 2021



Key findings: priorities identified

Cohorts	Priority areas	Age cohort	Inequalities	Why it matters ?	Recommendations
Children and family's resilience	a Poverty b Young Carer c Housing d Domestic Violence e Youth Offence f Drug & Alcohol misuse & Mental Health	a,c,d Adults (18+) & children (0-18) b 5-15 e 10-17 f Adults (18+) & children (15-18)	Most deprived wards	Poverty has a significant impact on children's health, education, well-being and employment and overall access to local services.	<ul style="list-style-type: none"> Addressing wider causes of poor outcomes: particularly on family's financial support, youth and parent's wellbeing & mental health, addiction and housing.
Pre school & early years	a A&E (40% preventable) b Immunisation e Low birth weight	Under 2	Data not available	<ul style="list-style-type: none"> Avoiding unplanned hospital admissions (under1) who didn't require procedure is a major concern for Harrow. Support in early years of life for child, mother and parents maximise impact on child life. ¹ Tooth decay is preventable: One-to-one counselling to parents of children aged 5 years for high-risk caries in socio-economically deprived areas is the most cost-effective interventions to effectively reduce inequality. ² Better understanding of the complexity in children health help prevent escalating complex care needs in older ages. 	<ul style="list-style-type: none"> Improve access to primary care, (sharing best practice models in the local area). Increase information about available services. More integrated approach to delivery service support (e.g. GPs, Schools Children Hubs, Communities services) to reduce gaps in services focusing on the areas of concern including: <ul style="list-style-type: none"> Oral promotion prevention Maternal & Babies health Parenting support Immunisation Speech & Communication Preventative measures in the under 5
	a Speech & Language b Children and Family service - Early support c A&E tooth decay d Paediatric Occupational Therapies	Under 5	a Other White (Romanian) and Indian b Most deprived areas & Other and Asian c Most deprived areas & Other, White and Asian a,d most deprived areas		
	a Complex care need	Under 5	a Most deprived wards		
	a Parenting programmes b Healthy start vouchers	Parents 18+	b Most deprived wards		

1. Marmot et al 'Fair Society, Healthy Lives (The Marmot Review), 2010

2. John Ford et al. : 'Making a case for prevention'. Cambridge Public Health, University of Cambridge, for the Health Foundation, October 2021



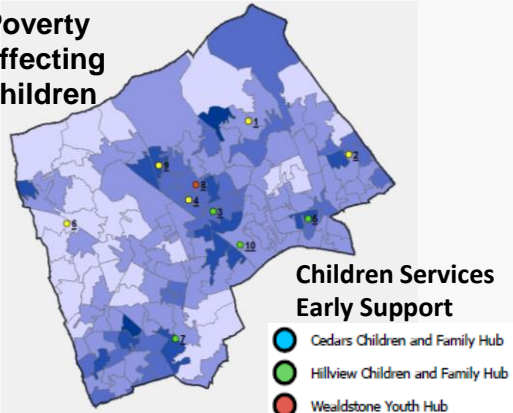
Key findings: priorities identified

Cohorts	Priority areas	Age cohort	Inequalities	Why it matters ?	Recommendations
Developing well: children (5-11)	<p>a Children with education and health care (EHC) plan & children in need</p> <p>b Obesity</p> <p>c Dental referral (waiting times)</p> <p>d Complex care needs & GP visits</p> <p>e Young carer (living with someone with MH, disability or addiction)</p> <p>f Occupational Therapies</p>	<p>a,e 5-10</p> <p>b 10-11</p> <p>c 5-15</p> <p>d,f 5-11</p>	<p>a,f Most deprived wards: East of Harrow (Edgware) Central (Harrow Weald and Headstone) and South (Roxeth and Roxbourne)</p> <p>a Asian (Indian), White British & Other White</p> <p>c Other White, Asian & Other</p> <p>d Black, Mixed and Other White</p>	<p>Tooth decay is an important aspect of a child's overall status and is largely preventable and linked to poor diet and oral hygiene. Risk factors also associated with diabetes.</p> <p>Obese children are much more likely to become obese adults. Obesity increase risks and develop Type 2 diabetes (predisposition to Asian population) school absence and low self esteem and depression.</p>	<ul style="list-style-type: none"> • Reduce backlog of waiting list for dental referral. • Oral messages to parents and advocate on policy action to support healthier diet, physical activity and reduce sugar consumption. • More integrated approach to delivery service support (e.g. GPs, Schools Children Hubs, Communities services) focusing on promotion of physical activity for both girls and boys and oral health.
Progressing well: adolescents and Young People (12-18)	<p>a School's absenteeism due to illness (no Covid)</p> <p>b Vulnerable children (with a protection plan & look after) & Young carer</p> <p>c Feeling unsafe & Food poverty</p> <p>d Self-harm</p> <p>e SEND with mental health</p> <p>f Physical inactivity</p> <p>g GP & dental visits</p> <p>h Life style behaviour (drug, alcohol and smoking)</p> <p>i Occupational Therapies</p>	<p>a 15-16</p> <p>b 10-15</p> <p>c,d 10-18</p> <p>e 14-15</p> <p>f,g,h 15-18</p> <p>i 12-16</p>	<p>a Traveller/ Gypsy & Roma, White & Black Caribbean and Pakistani</p> <p>b Asian ethnic group & White and Other White</p> <p>c,d Most deprived areas (SHPERE and Health Sense PCNs)</p> <p>e Black, Chinese and Mixed ethnic group</p>	<p>Mental illness and living in a household with someone in a family having a mental health issue, financial burden or an addiction have adverse and long-lasting effects on health, education attainment, employment and social relationships in children. It increases unhealthy life style (for example smoking, alcohol and drug misuse) and risky sexual behaviour.</p>	<ul style="list-style-type: none"> • Collaborate with partners in education, health and social care and train staff to support prevention and identification of mental illness in adolescents and tackle absenteeism at school and risky behaviours. • Develop local care pathway between children services, education and healthcare that promote access to services and early identification and support on the key areas of concern.

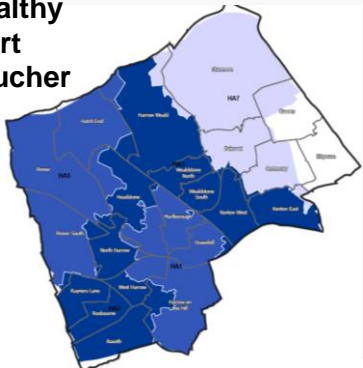
Cross cutting inequalities across key areas (darker colour)

Wider Determinants

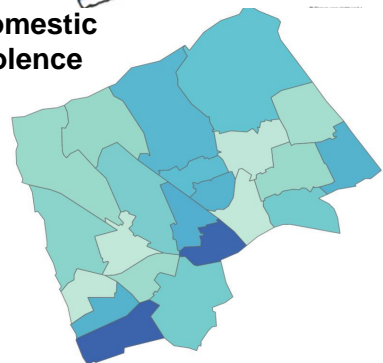
Poverty affecting children



Healthy start voucher

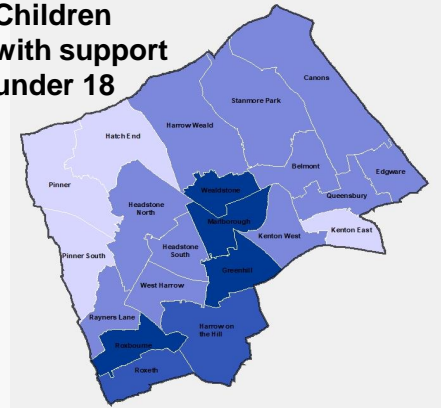


Domestic violence

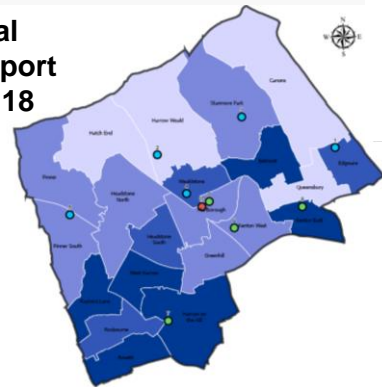


Children Early Support

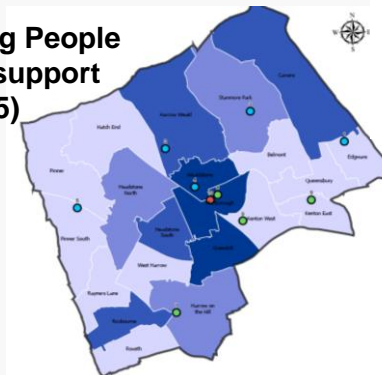
Children with support under 18



Refusal of support under 18

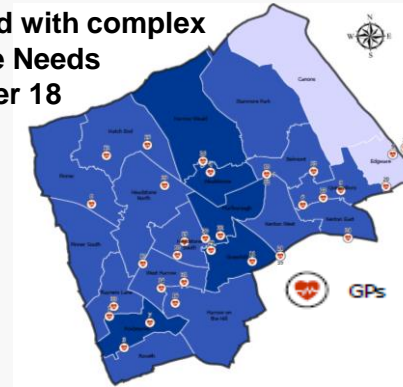


Young People with support (19-25)

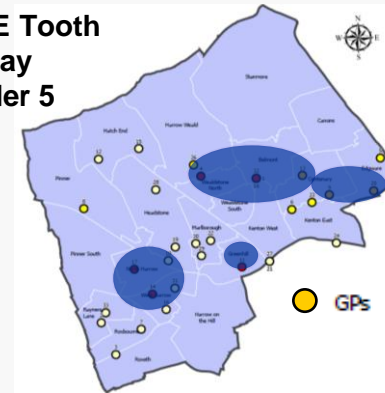


Physical & Mental Health

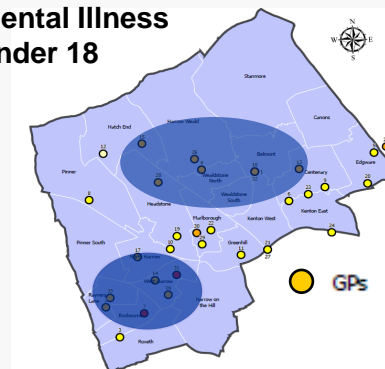
Child with complex Care Needs under 18



A&E Tooth decay under 5

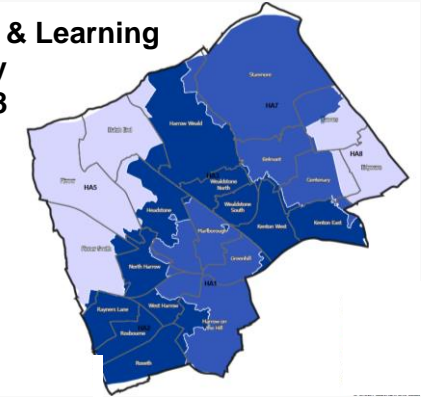


Mental Illness under 18

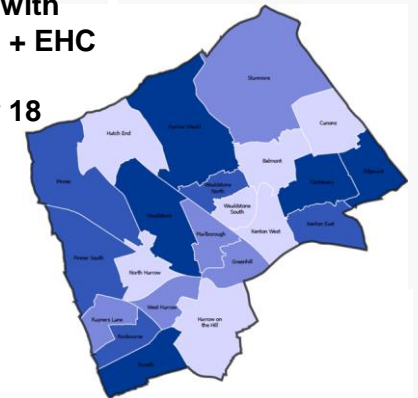


Education & Social Needs

Speech & Learning Therapy under 18



Child with SEND + EHC plan under 18



Young Carers under 18s

To be added

Setting the scene: Demographics

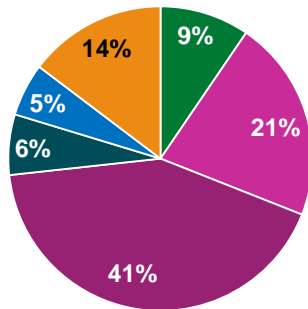
Poverty, inequality and impact of Covid-19^{1,2}

- Men and women in Harrow live on average 2 years longer (80.5 and 84.7) than the London average (78.7 and 82.6) but men and women who are **worst off** are expected to live for **6 fewer years** than men and women who are best off.
- About 14.4% (7,744) children in **absolute low income family** (under 16s) which is higher than London (13.8%) and has increased since 2018/19 pandemic (up to 12.7%). Greater concentration in Wealdstone, Marlborough, Greenhill Roxeth, Roxbourne and part of Edgware and Canons (Map 1).
- Risks such as the Covid-19 pandemic and high cost of living are likely to have the largest impact on the wellbeing and health of the most vulnerable residents experiencing deprivation and those from ethnic minority groups.

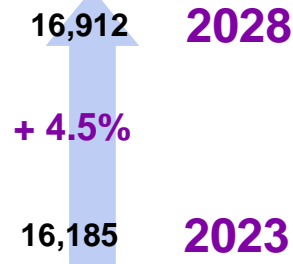
Demographics and Population Growth^{3,4,5}

- About **88% of children (under 18)** are from **ethnic minority groups** compared to 9% White British. **Asian (41%) and Other White (21%)** account for two third of children.

- White British
- Other White
- Asian
- Black
- Mixed
- Other

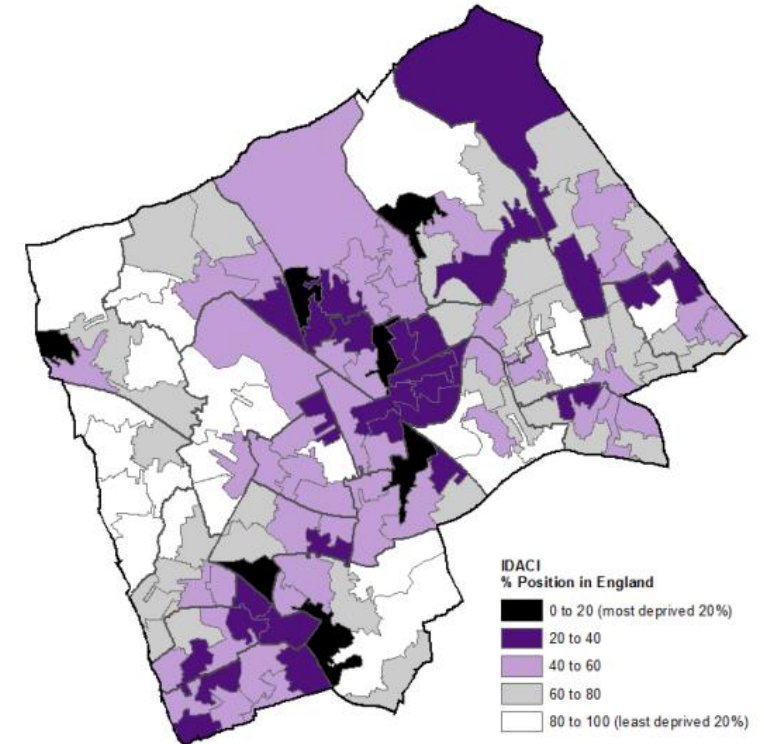


Children (14-18)



- Children (under 18s) account for 20% of Harrow's resident population. **Based on latest projection population to 2028**, the biggest increase is in **14-18 years old** with a **4.5% increase (more 720 children)**. High population growth and churn directly influence the type of services provided and future service planning.

Map 1: Deprivation affecting children



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Setting the scene: Children & Families' resilience

Domestic violence¹

- In 2022, there were **2,231 domestic violence** offences with a rate of 8.8% which is higher than Barnet (7.8%) but lower than Brent (11%), Ealing (12%) and Hillingdon (10.8%) and London (10.7%). Higher concentration of offences are in some **most deprived wards** in the South (Roxeth and Roxbourne) and in the Central (Greenhill, Marlborough and Wealdstone) and Edgware - (over 8.8%, darker areas in Map 2).

Overcrowding²

- **About 2.8% of households in Harrow is overcrowded** especially among **deprived ward areas**.

Youth Offence³

- In 2022, top **Youth offences** were related to **violence against a person, 29%** (18 offences) followed by offensive weapons 24%, drug possession and theft (both 8%). Before the pandemic robbery was the top offence (24%).

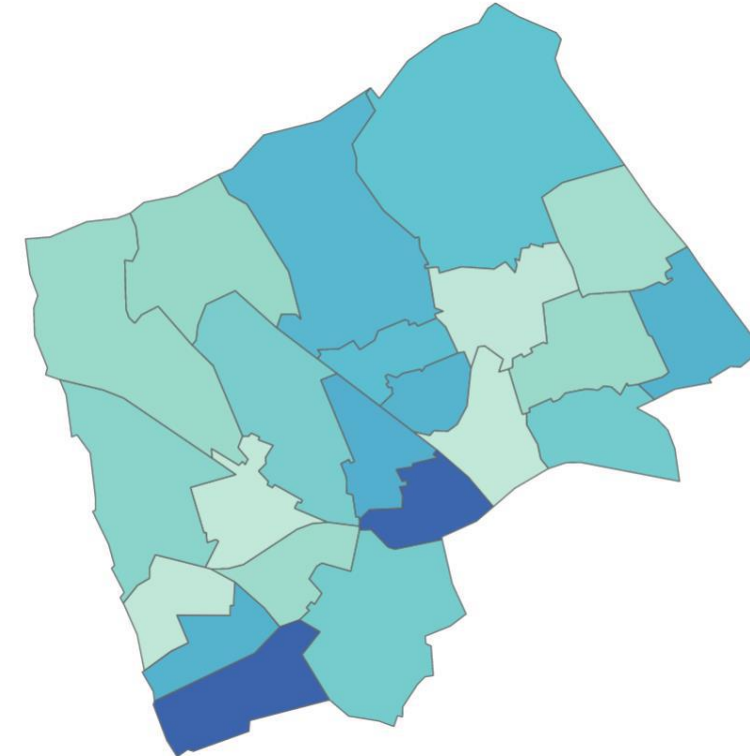
Mental Illness and life style risk factors⁴

- In 2022, hospital admissions for **mental health** due to use of alcohol in adults were **higher than London and England** (80 per 100,000 vs 55,000 and 70 per 100,000) and the rate has increased since the pandemic (76 per 100,000).
- A total of **132 parents** in Harrow were in treatment for **alcohol and drug abuse** in 2019 and 2022 (PHE report 2021). Of those, 66 (23%) were new presentations for treatment which is **higher than England average** (16%).

Young Carer⁵

- There were 218 young carers (under18) known by the Council in 2022 (0.4 % of all children). About **50% are children aged 10-15** and **33% are younger children aged 5-10** and 18% are 16-17 years old. **Main reasons of support** usually are related to **physical and mental health, SEND or addiction**.

Map 2 : Percentage of domestic offences by ward areas Harrow, 2022

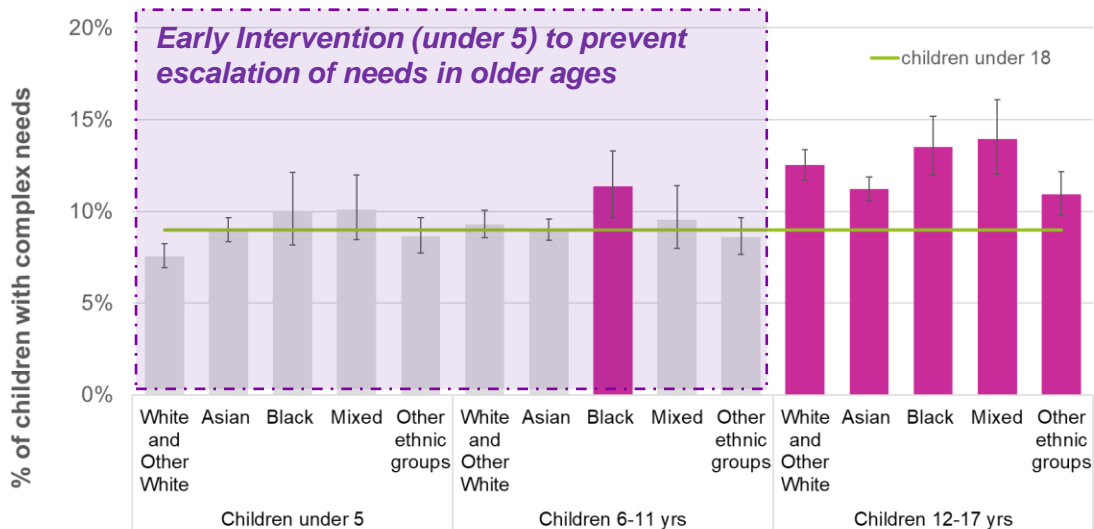


Complex Care Needs: Access to Community & Mental Health services and Secondary Care

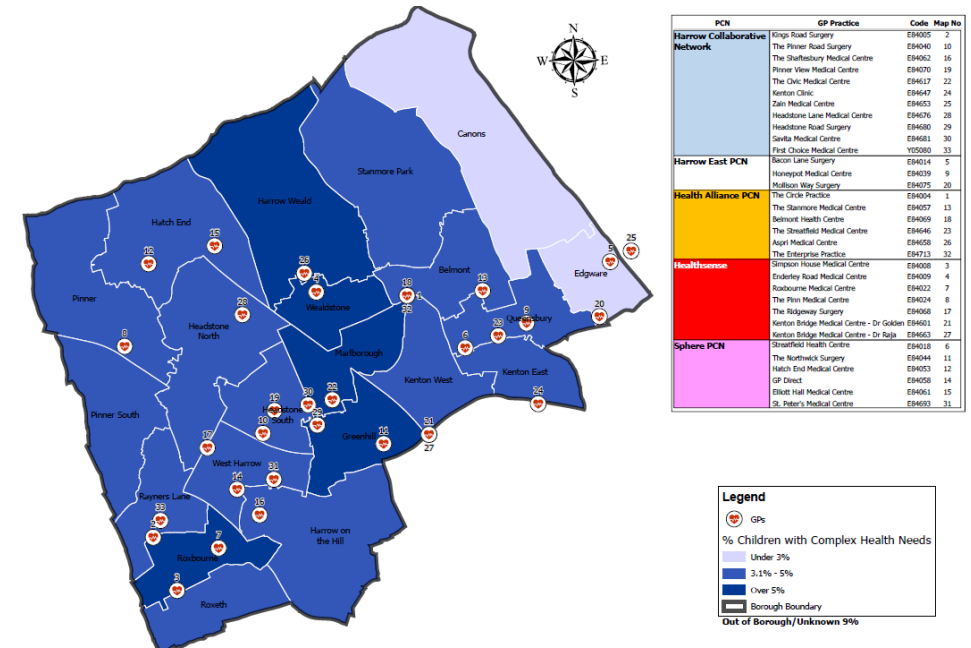
Inequality in complex care needs

- About 9% of all children (under 18) in Harrow have a complex care needs (5,947 children).
- Higher concentration are in GPs practices related to **Health Sense (3)** and **Harrow Collaborative Network (4)** covering most **deprived areas** of Roxebourne, Greenhill, Wealdstone and Marlborough – (Map 6).
- Both children **under 5** and aged **6-11 years** old have a **similar risk** compared to all children under 18 on average (around 9%). Highest prevalence are in older children (12-17) from **Black, Mixed and White/Other White** (14% -13%).

Percentage of complex care needs by age and ethnicity, children (under 18), Harrow, 2023



Map 6: Complex care needs (under 18) by GPs and ward areas, Harrow, 2023



Complex care need definition¹:

- Child having at least 7 or more contacts with communities (no GPs) OR
- 5 or more paediatric outpatients in the last 12mths OR
- A mental health stay in the last 12 mths OR
- With 1 complex condition AND hospital activity in the last 12 mths OR
- 1 or 2 Long term conditions

Source: WSIC primary and secondary care and community dataset (2023)

Note: ¹Aitchison K. et al : Understanding and addressing complex health needs. BMJ, Jan 2023



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Pre-school: start well

A&E babies (under 1 year old) ¹

- **Almost a quarter (27%)** of all emergency attendances (1,099 out of 4,147) in 2022 were among children (under 1). It is estimated that **40%-50% of these infants didn't need treatment but could be seen in primary care.**

New Birth Visit & Mother antenatal care ^{2,3}

- The percentage of mothers who received a **face-to-face New Birth Visit (NBV) before 14 days** from birth remained stable since the pandemic around **93.8%**.
- The percentage of children who received a **6-8 weeks review** by the time they turned 8 weeks has increased in the second quarter between 2019/20 and 202/23 from **85.9%** to **86.1%**.
- The percentage of children who received a **2-2½ year review** stands at 83.5% in 2021/22 and is **better than London (64.2%)** with a decrease of 4% since the pandemic (87%) following the regional pattern.
- **Low birth** of term babies is **higher than England** (3.6% vs 2.8%) and has not changed since the pre pandemic.

Childhood immunisation ³

- **In 2021/22, Dtap IPV Hib (2 years old) and MMR vaccination for one dose (2 years old) don't meet recommended coverage of 95%. are both below national average** (86.8% and 81.8% vs 93% and 90%).



Start well

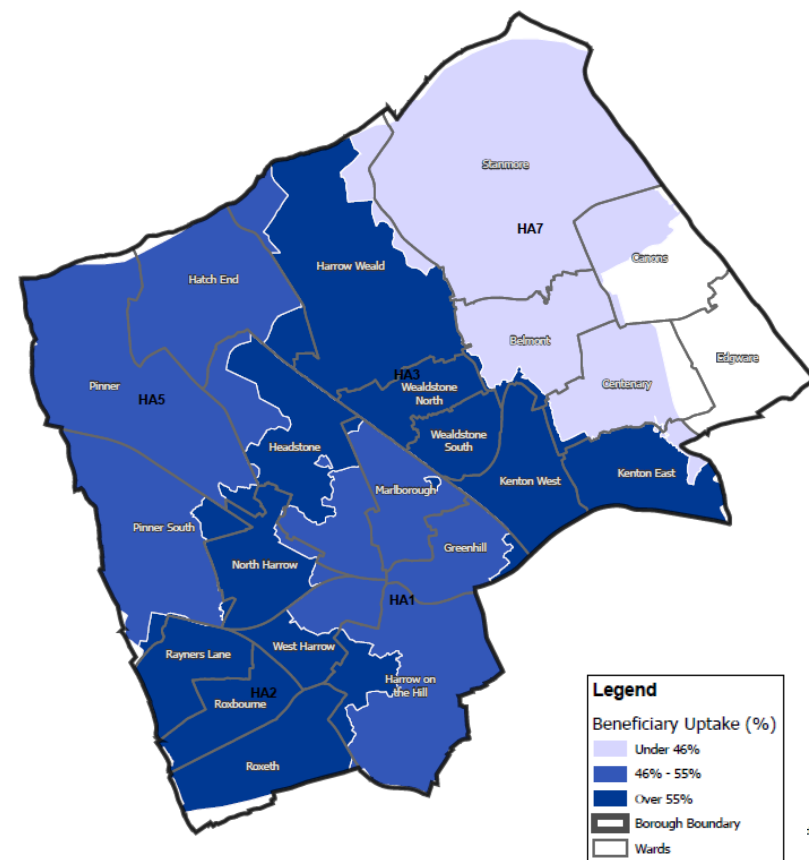
Poverty - Early Start support ¹

- In 2022, there is geographical variation in the **healthy start benefit uptake** for pregnant women (more than 10 weeks) or have a child under 4 to help buy healthy food and milk (Map 3). But the uptake is still **10% lower** than England (54% vs 63%) and a lot of work still need to be done to reach the eligible mothers.
- About 63% uptake of eligible children (**under 2**) for **funded places** in 2022 with a sharp increase (+10%) between 2019 and 2022. Older children aged 3 and 4 have decreased since pre-pandemic levels (1,2% decrease).

Child development ^{2,3,4}

- In 2021/22, 82.7% of children (aged 2 years old) were at or above the **expected level of development** (higher than London 79.9%).
- There were a total of 2,649 children accessed **Speech and Language Therapies (SLT) services** in 2022 /23 which represents an **increase of 14% of caseload since 2019** (more 337 children). The majority of children who is in the **under 5 year old** age representing 44% of all caseloads (1,174 children). This represent 6% of all children under 5 in Harrow.
- The Harrow SLT caseload data continues to reflect and represent Harrow's diverse ethnic profile (**Other White and Asian Indian**). The most prevalent first languages spoken at home were reported to be **English (35%)** followed by **Romanian (13%)** Tamil (7%), Gujarati (7%) , Arabic (6%) and Urdu (4%).
- There were a total of **870 CYP** accessing the **Occupational Therapy Services (OT)** in 2022 which represents an increase of 217 CYP (**+ 33%**) when compared to 2018/19. The most significant areas of increased demand is the 240 increase (**+104%**) in the numbers of CYP with OT identified as an educational need within their EHCP's across both main stream and special schools.
- This represents the **highest risk in Harrow Children's services** in terms of children with special educational needs where less than **50% of CYP with EHCP's** (and even greater numbers of those who are at school support) were not able to meet their needs in 2023. Most of the CYP referrals originate form the same areas in the Borough as SLT.

Map 3: Proportion of healthy start uptake by ward areas Harrow, 2022



Vulnerable children

Special Education Needs (SEN)

- The rate of pupils with SEN support was of 9.7 per 10,000 (lower than England: 12.6 per 10,000) with a slight increase of 1% since 2019.
- There has been **19% increase** in children **with an education, health and care plan (EHCP)** from 2019 and 2022. Children **aged 5-10 years old accounted for 40%** of total EHC plan. Children more highest risk were from **Asian Other** communities (19%) followed by **White British, Indian** (15% respectively), **White Other** (11%) and **Black African ethnic** groups (7%). Higher proportion of EHC plans are found in the **South Central** and **East of the Borough** (Map 4).

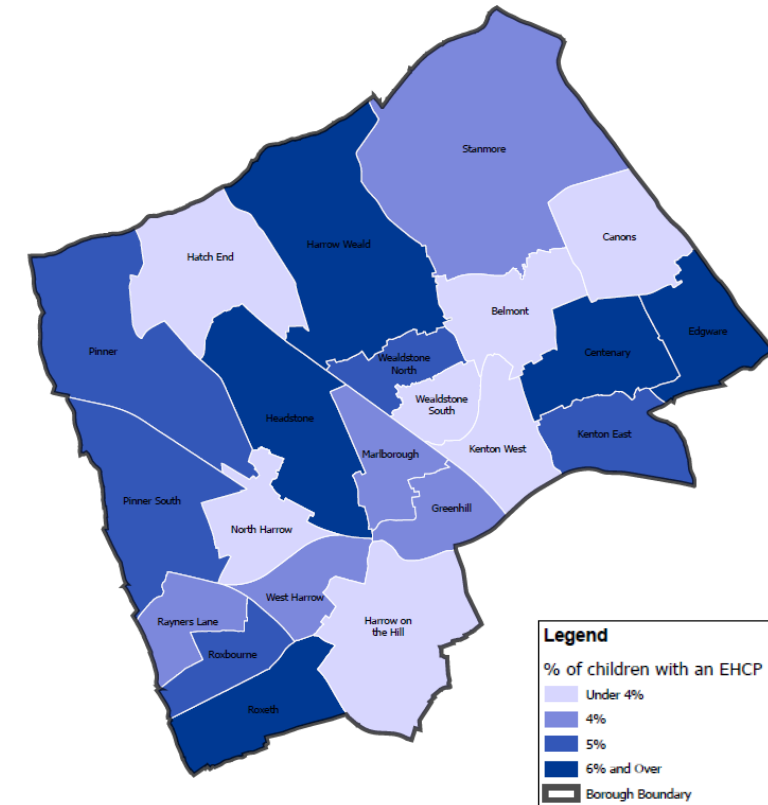
Children in need

- The rate of **children in need was 319.8 per 10,000 children in 2022 is up to 3% increase** since 2019 but lower than England (334 per 10,000). **Older children aged 10-15 are more at risk (46%) than younger children aged 5-9 (23%). Asian children** account for more than a third (36%) of all children in need.
- The rate of **children with a protection plan** is 53.4 per 10,000 children in 2022 was **higher than England** (42,1 per 10,000) and represents an **11% increase** since 2019. **Older children aged 10-15 are more at risk (37%)** followed by younger children aged 5-9 and 1-4 years old (23% and 21% respectively). **Asian children** account for more than a third (36%) of all children with a protection plan.

Children looked after

- The rate for children looked after was 30 per 10,000 children (lower than England: 67 per 10,000) which remain relatively stable since 2019. **Children aged 10-15 and over 16s** account for (36% and 35% respectively). **White and White Other** account for the highest proportion (26%) followed closely by Mixed and Asian (respectively 25%).

Map 4: Proportion of children with special education needs with EHCP by ward areas Harrow, 2022



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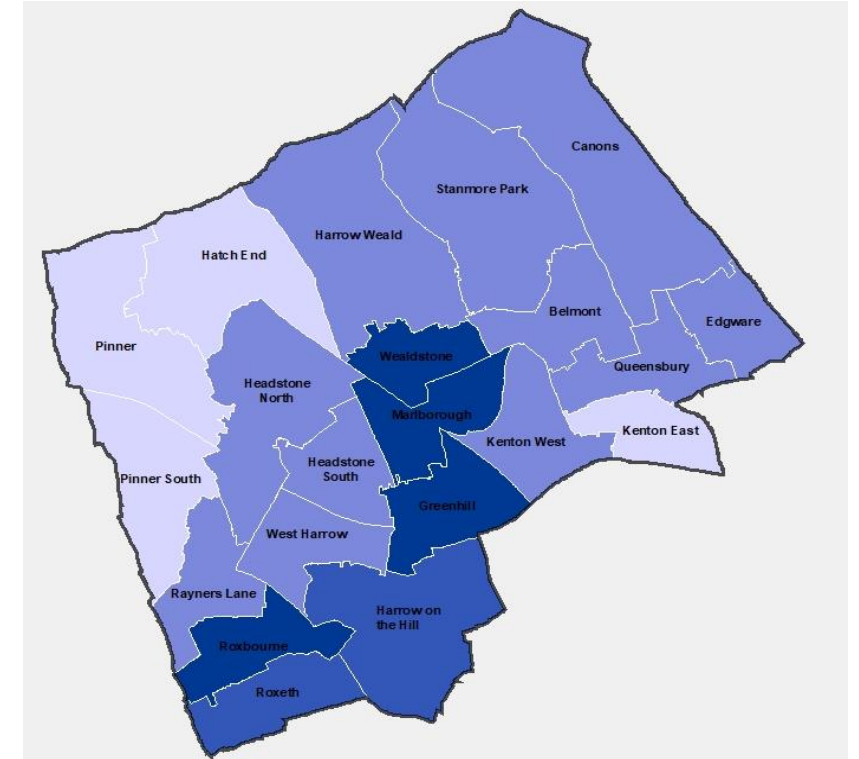
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Children and Family services

Children and Family centres - early support

- A total of **1,926 early support programmes** were allocated to children in 2021/22 which represent a **34% increase** since the pre pandemic (1,439 in 2019/20) and **3%** of the children population in Harrow.
- In 2022, the **top 3 reasons for primary support** were **Parenting - general support** (16%), followed by **Child and Young People Mental Health** (10%) and **Parenting – behaviour & boundaries** (8%).
- There has been a drop in sessions provided by **Health visitors** in the children services (**-10% point**, fewer 1,848 sessions) since 2019/20 as the programmes were not fully back to function due to Covid.
- There are inequalities by age, ethnicity; **children under 5** have the **highest increase** of early support since the pandemic (14%, more 333 children) but they still account for the **lowest proportion of support allocated** in 2021/22 (30%) compared to older children (on average 35%).
- **Other ethnic groups** had the highest increase of support (12%) followed by **Asian children** (9%).

Map 5: Proportion of early support programmes allocated to children by ward areas Harrow, 2021/22

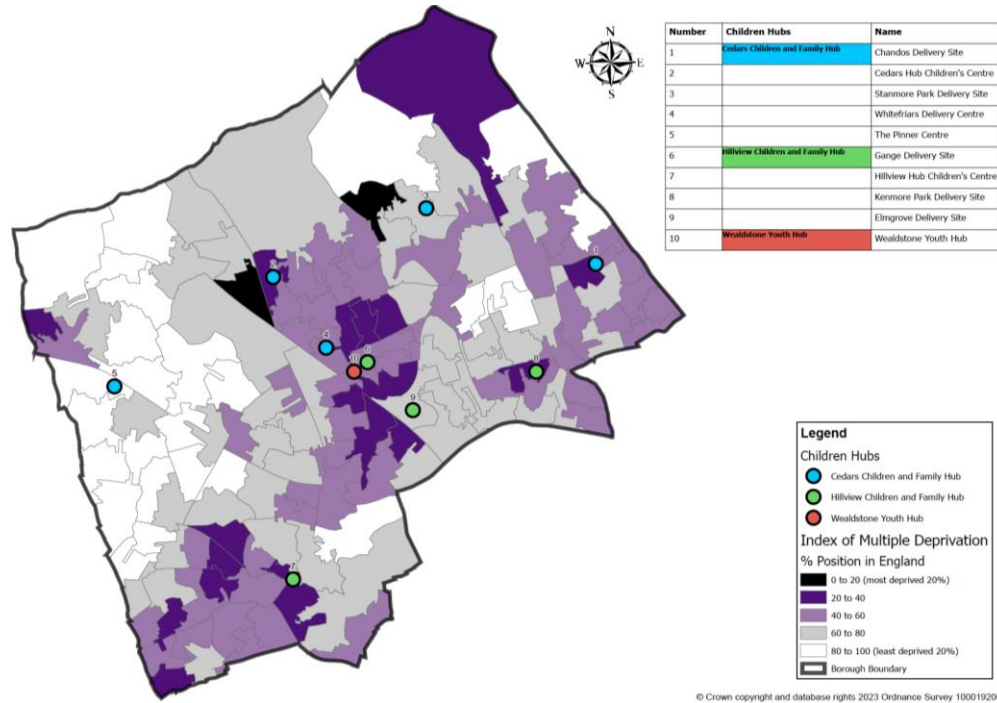


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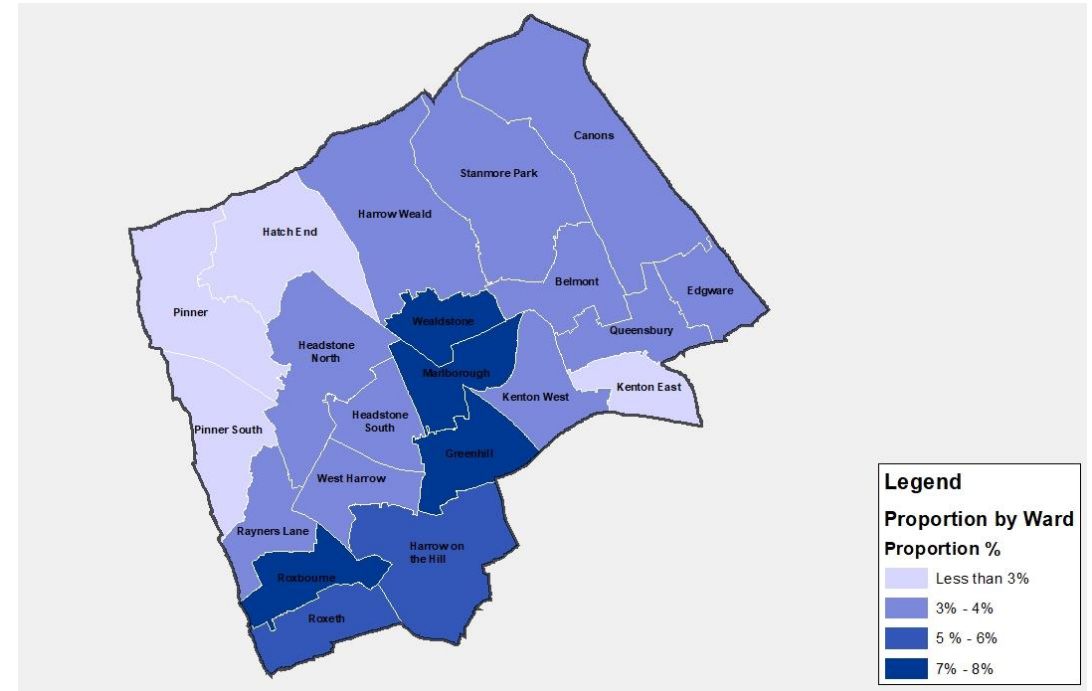
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Children and Family Service

Map 5a: Location of Early Support sites and Children services and by deprived areas, Harrow, 2021/22



Map 5b: Proportion of early support programmes allocated to children by ward area, Harrow, 2021/22



- In 2021/22, a high proportion of early support was mostly allocated to children living in the **South of the Borough** where a lower concentration of children services (1 site only) is found especially across most **deprived wards: Roxeth, Harrow on the Hill, Marlborough, Greenhill and Roxbourne** (about 35%, 605 children).
- The highest increase of children getting early support since the pandemic (2019/20) were in **Headstone North, Kenton West, and West Harrow** (90% - 60% increase)

Lifestyle behaviour (preventable)

Oral Health ^{1,2}

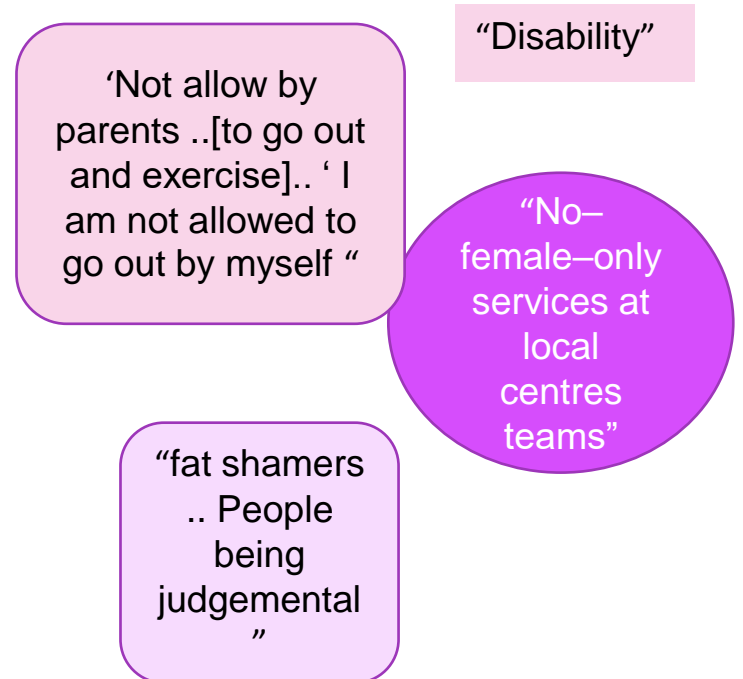
- The percentage of children (under 5) who had **received an NHS dental care** in the last 12 months is **lower than the national average** (23.4% vs 28.0%). A similar trend is seen 2019.
- **Highest A&E due to dental caries (under 5)** than London and England (391 per 1,000 vs 280 and 320 per 1,000). **White British/ White Others** and **Asian** account for 68% of all emergency attendances. **Children living in most deprived areas are 2.5 times more likely** to be admitted.
- Children (5-15 years) account for the biggest drop of **dental treatment uptake** compared to younger children (under 5) between 2022 and 2019 (16% vs 11%). More than **two third of children** (75%, 796 children) were on **waiting list for more than 18 weeks** in 2022; an **increase of 13% since the pandemic**. **White Others** accounted for majority of dental referral (22%) followed by **Asian** (13%) and **Other Ethnic groups** (11%).

Obesity and Physical Inactivity ^{3,4}

- **Higher obesity** (including severe obesity) prevalence among children aged **10-11 years old (25%)** than England (23%) in 2021/22 and increased since the pandemic (21%).
- **Over 50% of young people do not exercise** or go to the gym at least once a week. Young people aged 15-18 years old are more at risk than any other ages. (UK national 5-18 should engage of moderate or vigorous activity at least an hour per day across the week).
- **Young people aged 15-18** report that they are **smoking, vaping, and drinking alcohol** more in 2023 compared to 2021, and more likely to live with someone at home with **an addiction** (from 2.3% up to 5%).
- **Sexual Health ⁴**
- More young people aged 15-18 do know how to access **sexual health services** in 2023 compared to 2021 (31% to 40%).

What we know from community ? ⁴

What stop you doing exercise ?



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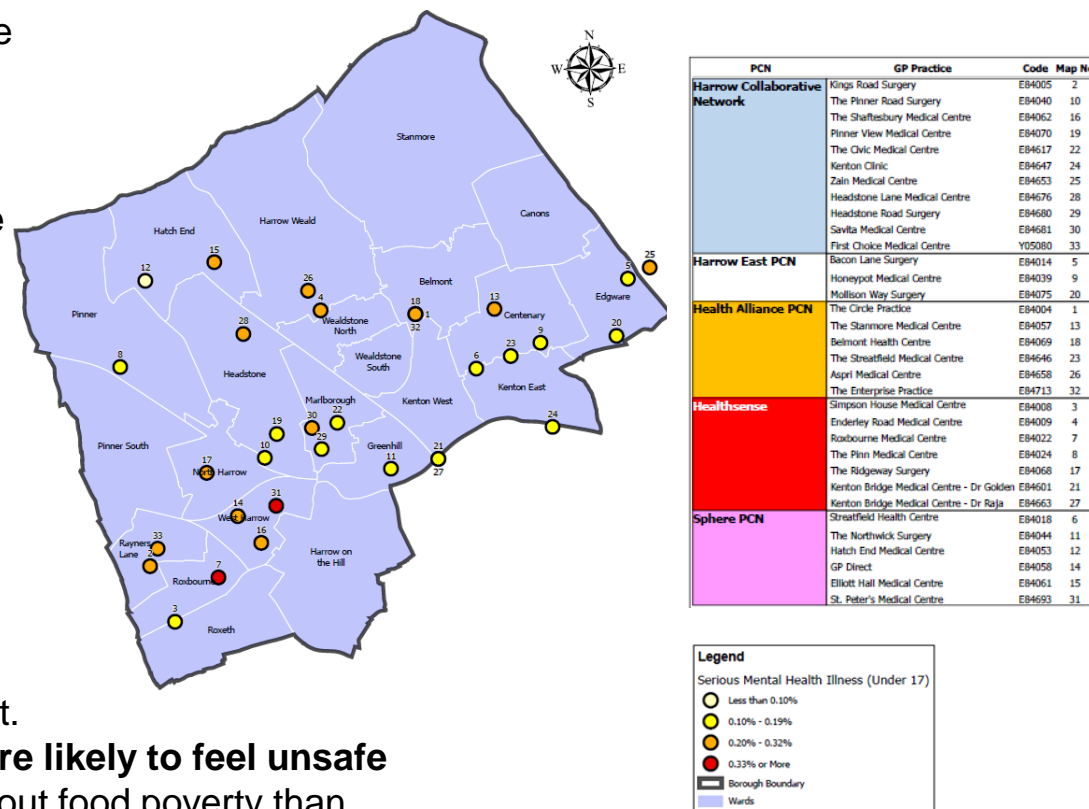
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Mental Health

Mental Illness 1,2,3

- There were **609 children (under 18)** with a serious mental illness (1% of total children under 17). Highest prevalence (over 0.33%) for children registered in the Harrow's GP practices located in most deprived areas in **West Harrow** and **Roxbourne wards** covered by **Sphere** and **Health Sense PCNs** respectively (Map 7).
- In November 2022, there were **1,336 children (under 18)** receiving **two or more contacts with CAHMS** in the previous 12 months. This represents a 20% of all total contacts across the NWL areas which is higher than Kensington & Chelsea and Westminster (17% and 12% respectively) but lower than Brent and Hillingdon (26% and 25%).
- There has been an increase of children aged 14-15 accessing the service with complex **SEND and mental health needs** between 2019 and 2022 from 55 to 471 (+756%).

Map 7: Percentage of children (under 18) with serious mental illness by registered GP practice, Harrow, 2021/22



What we know from community? 4

- About 1 in 5** of 10-19 year olds in Harrow say they need mental health support.
- Children who **worried about family not having enough food** are **3 times more likely to feel unsafe** at home. **Black and Chinese** more are risk of anxiety as they worried more about food poverty than other ethnic group.
- Children aged 10-18** are more are **risk of self harm**.



Education

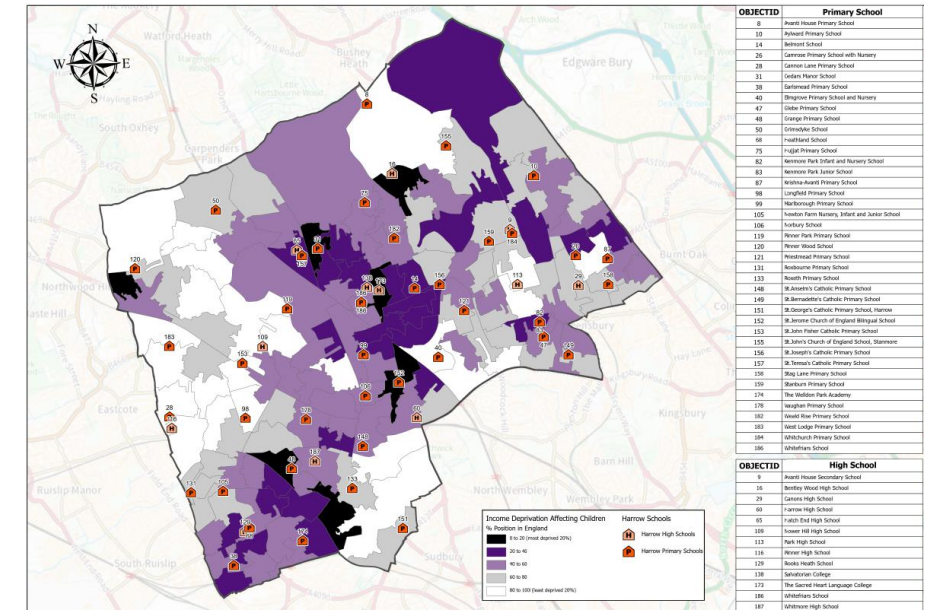
Educational achievement ^{1,2}

- In 2021/22, **school readiness** in Harrow is at 72% which is **higher than England** (67%) and **London** (69%).
- In 2021/22, **GCSE** (attainment average) is **higher than London and England** (54.2 vs 52.7 and 48.9) but for children in care, the average is significantly lower (16.9) and worst than London and England (22.3 and 21.4).
- In 2022, about 5.8% of **absenteeism at Harrow's schools** (primary and secondary and special schools) which has increased from 4.3% **since 2018/19**. In the Autumn & Spring terms of 2021-22, **adolescents at year 11 (15- 16 years old)** are more at risk of being absent (**7%**) and accounted for the highest increase of absences since pre pandemic **from 5.0% in 2018/19**. **Travellers of Irish origin** account for the highest absences (**19.3%**) followed by **Gypsy/ Roma (11.9%), White & Black Caribbean (8.6%)** and **Pakistani (7.3%)**. Main reason for absence is related to illness.

NEETs ^{1,3}

- In 2021, there were 109 (1.9 %) of children (aged 16-17) not in education, employment or training (NEETs) which is **significantly lower** than London (3.4%) and England (4.7%) and remained stable over the years. High concentration in Edgware and Wealdstone. North.
- Young people (15-18 years old) reported having **more working experience** in an area of their interest after the pandemic.

Map 8: Location of Harrow Schools and Deprived areas (IMD 2019)



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Sources: 1 PHE fingertips, OHID (2020/21 & 2021/22 & 2022), 2 Department of Education (2022), 3 Council data (2022), 4 Hay Harrow, Finding from additional analysis (2022/23)