

Focus on...

# FAMILIES & YOUNG CHILDREN



Camden has some good outcomes health and wellbeing outcomes for children living in the borough but also some stark inequalities. Almost a third (30%) of Camden children live in poverty and almost 40% of all households with dependent children are overcrowded. Inequalities are evident in health and educational outcomes; excess weight, and lower educational achievement is more common amongst children from disadvantage backgrounds. This factsheet describes the overall important improvements in the lives of children in Camden over the last years, but also of many opportunities for improvement.

Key points in this factsheet are:

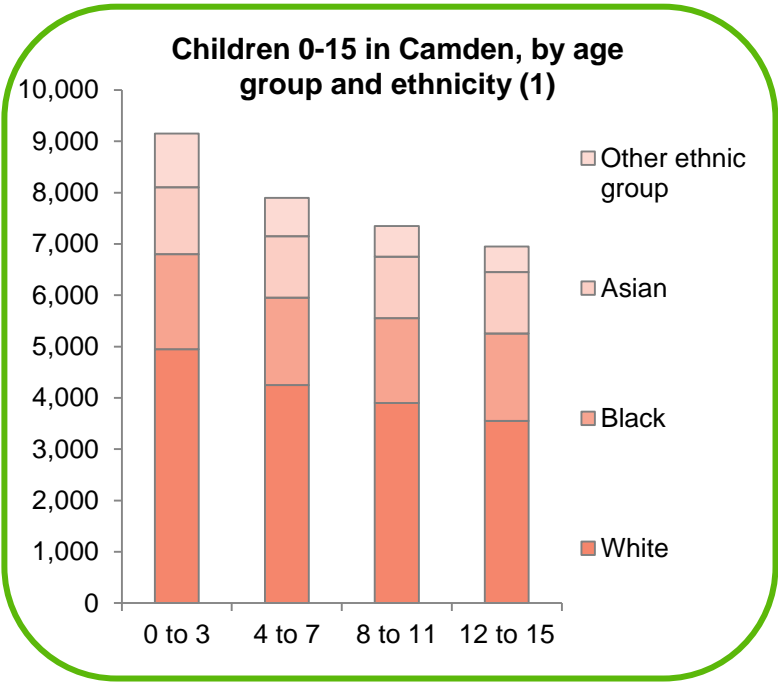
- Approximately 40,000 children under 16 live in Camden, 32% of which live in poverty.
- Nearly 40% of households with dependent children are overcrowded.
- It is estimated that up to half of all pregnant women in Camden have perinatal mental health difficulties (PNMH).
- 83% of eligible children in Camden have received one dose of the MMR vaccine in 2016.
- Approximately one fifth of children aged 4-5 years in Camden were overweight or very overweight.
- 47% of children in Camden were school ready in 2016.
- 68% of all pupil absences in Camden are due to health reasons.
- 98% of pupils in Camden attended primary schools rated good or outstanding by OFSTED.

## Demographics

**40,100 children**  
under 16 are estimated to live in Camden (1).

**2,699 births**  
in Camden in 2015 (2).

**51% of children**  
in Camden live in social housing (20,279), compared with 31% in London and 21% in England and Wales (3).



Camden's **population is expected to grow by over 20,500** by 2026 (+8.5%). The under-16 population in Camden is expected to grow by 1,900 persons (+5%) by 2026, less than the proportional increase expected in London (+9%) (1).

Based on the current set of GLA population and household projections in Camden, the number of Camden households is projected to **grow by over 12,400 households (+11.6%) by 2026**. **The proportion of households with dependent children is expected to remain fairly stable** over the next 10 years (at around 23%). Likewise, the number of children age 0-16 in Camden is not expected to rise over the next 10 years (1).

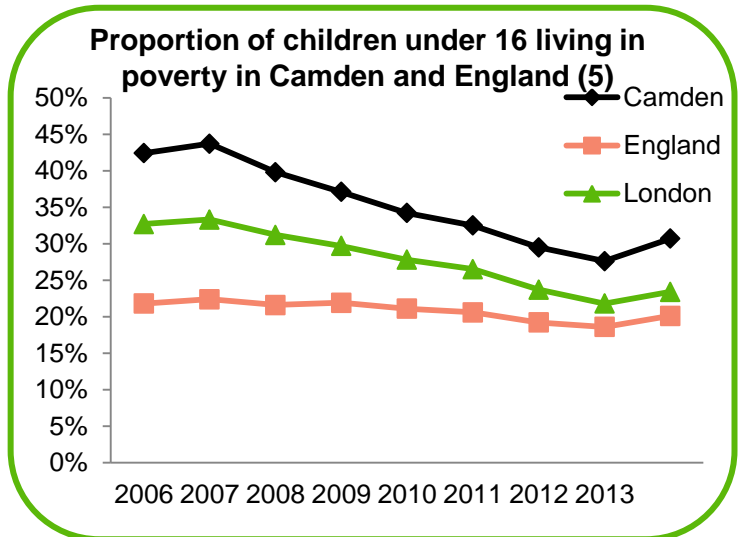
# Poverty

**32%** of children in Camden were living in poverty in 2014.

These are children who live in families who are out-of-work or in work but with low income. This is the **4<sup>th</sup> highest proportion of children living in income deprived families in London**, an increase on last year (12<sup>th</sup>) (4).

## In-work poverty

The rising cost of living affect people who work too. This means that an increasing number of people live in poverty, despite having a part or full-time job.



**A single parent supporting one child and earning the national minimum wage would need to earn about £900 more each week to live in the private rented sector in Camden.**

## Food poverty

**29%** of children in Camden were eligible for free school meals in 2015/16. Three quarters took their free school meal (6).

**1,392** three day emergency food supplies distributed to children in Camden in 2015/16 by the Trussell Trust (7).



## Why is this important?

Children who grow up in poverty are more likely to be unhealthy adults and to have more social and economic problems. Families with dependent children are one of the groups who are more likely to experience food poverty. Tackling childhood poverty is essential to break the cycle of intergenerational health inequalities. This can be done by programs such as the new Housing Allocations Scheme.

## Homelessness and Social Housing

Homelessness is associated with severe poverty and vulnerability. In Camden, in the 3<sup>rd</sup> quarter of 2016, **14 new households** were identified as being at risk of homelessness and in priority need – a rate of 0.13 per 1,000 households, much lower than London (1.28) and England (0.64) (8). At the same time, there were a total of 298 families with dependent children and a priority need in Camden. This relatively low rate has been achieved by helping households access other options, such as providing housing related support through floating support services. Last year, Camden helped, on average, 83% of families that could reasonably have become homeless (9).

In July 2015, Camden had 15,666 tenant households who were claiming housing benefit. One third were pensioners, of which 2% (111 household tenants) had dependent children. The remaining two thirds were working age tenants, of which 48% (4897 household tenants) had dependent children. 2,413 tenant household with children claiming housing benefits had at least one or both partners working (10).

The ethnic breakdown of Camden's tenants differed from London's population: White British (36% vs 45% in London), Bangladeshi (16% vs 3%), Black African (11% vs 7%) and White Other (9% vs 13%) (11).

# Overcrowding

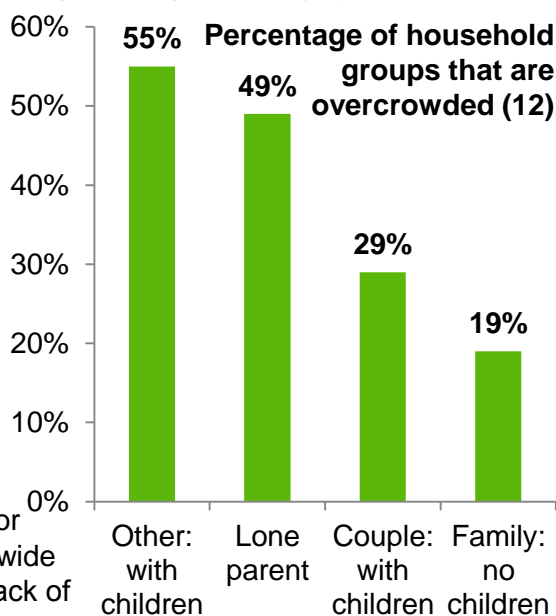
**Nearly 40%** of all households with dependent children in Camden are overcrowded with more than 1.5 persons per room (11).

Camden's overcrowding is higher than average for inner London. This may reflect the decreasing housing affordability in the borough, which means that families living in private rented accommodation have to move to cheaper areas or move out of the borough.

The new housing allocations scheme was designed to benefit families with dependent children and aims to tackle this issue. The first six months of this scheme seem to have largely benefited this group, as early indications suggest 3.8 times as many children are being helped out of severely overcrowded housing conditions and poverty (13).

## Why is this important?

Overcrowded households have insufficient numbers of rooms for the number of people within the household. Overcrowding has wide ranging impacts on a family's life, such as creating feelings of lack of control and facilitating the spread of infectious diseases.



## First 1001 days

**14**

Births to mothers under 18 in 2015 in Camden (14).

**90.5%**

of mothers in Camden initiate breastfeeding in the first 48 hours after birth in 2014/15 (15).

**44**

Live births per 1,000 women aged 15 to 44 in Camden, lower than London (56) and England (63) (2).

## Maternal Mental Health

A child's experiences, from conception through to age two, have a huge impact on their long-term health and wellbeing. Maternal wellbeing in this period is also critical to improving outcomes in this period. In the first year after delivery, women are particularly vulnerable to mental health difficulties. Estimates of the number of women in Camden affected ranges from 455 to 1,270 women per year, meaning that up to half of all pregnant women may have post natal mental health (PNMH) difficulties. Poor PNMH affects the outcomes of children, and impacts relationships and can have long-lasting repercussions (16)

*For more information on teenage pregnancies, please refer to the 'Focus on Young People' factsheet.*

## Immunisations

### Why is this important?

Immunisation is the safest way to protect children from serious diseases and a cost-effective way to reduce health inequalities. Immunisation uptake has been increasing over time, but some children are still unimmunised, especially older children.

**83%** of eligible children in Camden have received one dose of the MMR vaccine in 2016 (quarter 2), lower than the national goal of 90% (17).

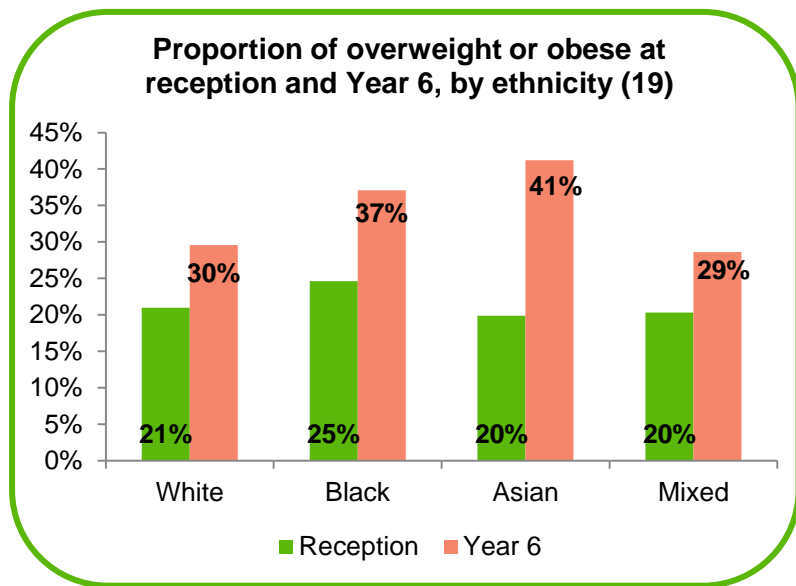
**100%** of children in care in Camden (120) were up to date with their immunisations in 2015/16 (18).

# Physical Health

In 2015/16, approximately 20% of boys and girls in reception classes in Camden were identified as overweight or very overweight. This proportion increased to 38% among boys and 31% among girls in Year 6 (10-11 years of age).

The proportion of children who were overweight or very overweight varies by ethnicities. Nearly 25% of children of black ethnicity in reception classes were overweight or very overweight, compared to approximately 20% for all other ethnicities (19).

London and England comparators are not yet available, however, Camden has been slightly below the London and England averages in the past two years.



**24%**

**of children in Camden** had one or more decayed, missing or filled teeth in 2015, a reduction from 2011/12. This is less than London (27%) and England (25%) (20).

**68**

**per 100,000 children** (258 children in total) under 14 were admitted to hospital for injuries in Camden in 2014/15. This is less than London (83 per 100,000) and England (110 per 100,000) (21).



**167**

**per 100,000 children** (79 children in total) under 19 were admitted to hospital for asthma in Camden in 2014/15. This is less than London (212 per 100,000) and England (216 per 100,000) (22).

# Parks and Open Spaces

Parks and open spaces are crucial for children's play, contributing to a sense of community and child health and development. Camden residents have rated 105 of Camden's 258 activity facilities as high value and high quality. These facilities include:

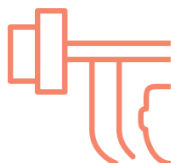
**28**

Swimming pools



**42**

Gyms



**33**

Sports halls



**68**

Parks and open spaces



There are

**66**

**spaces in Camden** with designated areas for children to play (23).

# School Readiness

Although significant strides have been made, inequalities in educational attainment in local schools in Camden persist, particularly for children with higher levels of absence or who are disadvantaged. 68% of all pupil absences in Camden are due to health reasons (including illness, medical and dental appointments).

**47% of children in Camden were school ready in 2016.\***  
This is below both the London and England averages (24).



**38%** of boys in Camden are school ready\*



**57%** of girls in Camden are school ready\*

\*defined by the Early Years Foundation Stage Profile

## Educational Attainment

### Key Stage 2 – End of primary school

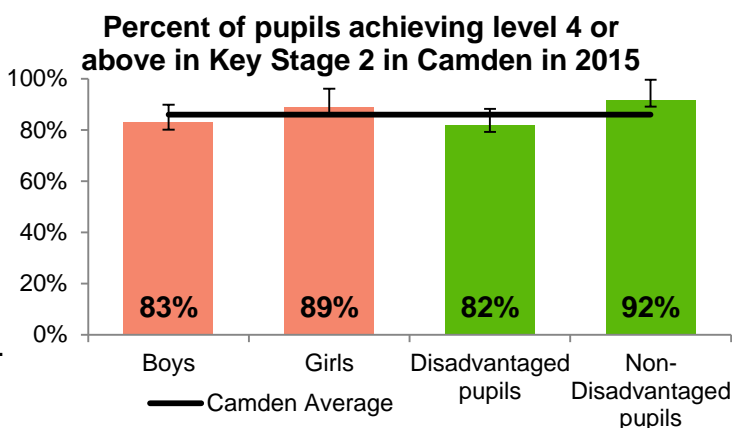
The proportion of pupils achieving the expected level of reading, writing and mathematics was higher in Camden (86%) than England (80%) in 2015 (25).

Disadvantaged pupils in Camden achieved at significantly lower levels than their non-disadvantaged peers, but their level of achievement was similar to Camden overall (26).

### Key Stage 4 – GCSE and equivalent (27)

At GCSE, this gap increased, with 54% of disadvantaged pupils achieving A\*-C in English and Mathematics compared to 77% in their non-disadvantaged peers (Camden average 63%, London average 66%).

57% of pupils attending Camden schools achieved 5 or more A\*-C grades at GCSE, compared to 61% in London and 54% in England. This is similar to levels seen in 2014/15, but has been decreasing since 2012/13.



There are 3,852 pupils in Camden schools with some form of special educational needs and disability (SEND), while 1,079 children and young people who live in Camden have a special education needs (SEN) or education, health and care plan EHCP statement in 2016.

## Quality Schools and Children's Centres

### Local Children's Centres

Poor skills at school entry make it harder to catch up in a school environment. Children can overcome these disadvantages with the right support, help, and opportunities. Local children's centres play an important role in addressing these disadvantages by engaging with families and providing high quality, affordable childcare. In 2015/16, **Camden's children's centres reached 87% of all children under 5, and 91% of children under 5 living in the top 10% and 20% of most deprived areas** (28).

**98%** of pupils in Camden attended primary schools rated good or outstanding by OFSTED, compared with 90% in England and 93% in London in 2015/16 (29).

# Vulnerable children

Although the majority of children and young people in Camden live healthy lives there are a proportion of vulnerable children who are particularly at risk of poorer health and wellbeing outcomes. These children are placed in the care of the local authority or are subject to safeguarding interventions, mostly due to complex family situations often resulting in the neglect and abuse of these children.

## Children in need (30)

**1,872** children in need referrals in 2015/16. The latest comparable figures show Camden's children in need referral rate per 10,000 under-18 population was 496 in 2014/15. This was lower than the national average of 548, but in line with the inner London average in the same period.

**Abuse and neglect** is the highest primary need for referrals to children's social services representing (56%) of all referrals.

**12.9%** Camden's proportion of repeat referrals during 2015/16. This rate has remained consistently lower than the national (24.0%) and inner London (14.6%) average rate.

## Children being looked after (30)

188 children were looked after as of March 2016 (40.9 per 10,000 under-18 population). This rate has remained relatively stable over the past 3 years. The latest comparable figures show Camden's children looked-after rate in 2014/15 (45.4 per 10,000) was lower than the national (60) and inner London (60) average rates in the same period.

As at the end of March 2016, 108 (57.4%) of Camden's children looked after were placed outside of the Camden local authority area, a continuation in the reduction of out of borough placements since end of March 2014 (71.1%) and March 2015 (63.2%).

**20%** of children in care in Camden were identified as having a substance misuse problem. This was an increase from 16% in 2014/15 and 7% in 2013/14.

## Child protection plan (30)

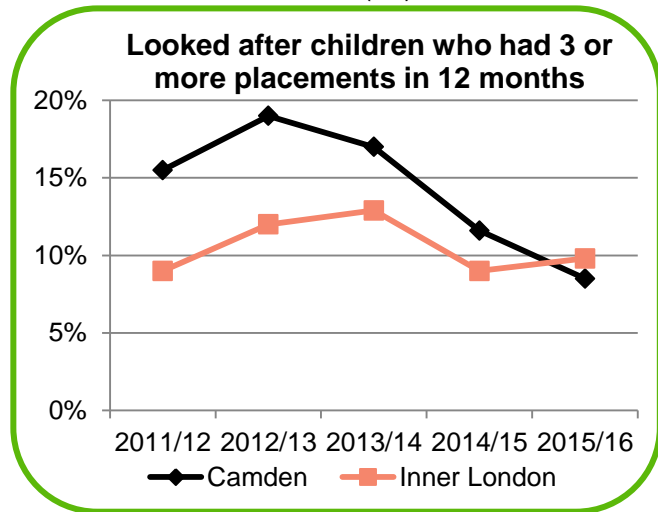
**727** children on protection plans in 2015/16, comparable to the previous 5 years.

Domestic violence and drug abuse **in the family household** remain the most common factors in new child protection cases in Camden in 2015/16.

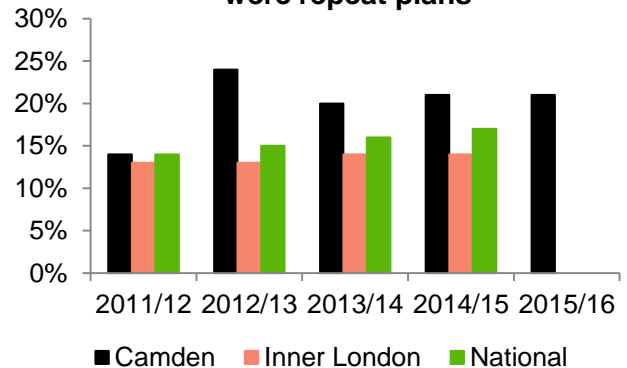
Since 2012/13, Camden's overall proportion of repeat plans has been above national and inner London averages. In 2014/15, Camden had the second highest proportion of repeat plans of all inner London authorities.

## Disproportionally affected

Children of a BME origin were disproportionately represented amongst children in need referrals, accounting for more than **65%** of all referrals.



## Proportion of protection plans that were repeat plans



# Mental Health

## Why is this important?

Many mental health conditions in adults have their origins in childhood and even before birth. Poor maternal mental health is associated with negative outcomes for children. It is estimated that **half of all lifetime mental health conditions start by the age of 14**. Children of mothers who experience poor mental health have been found to be **two to five times more likely** than other children to have mental disorders. Therefore, to prevent the development of mental health conditions we must support, protect and promote mental health and wellbeing earlier in life (31).

**9%** of children aged 5-16 in England were estimated to have one or more diagnosable mental health disorder(s) in 2014 (32).

## Protective Factors



Preserving and protecting good PNMH is important to promote resilience in families and to ensure best outcomes for children by promoting parent-child attachment. Building resilience in childhood is considered to be protective of mental health across the life span. This can be promoted through a range of factors such as strong family bonds and emotional attachments, social stimulation, protection from conflict, healthy social activities, educational activities and educational attainment.

## Groups at high risk of mental health conditions:



Childhood poverty is linked to mental health risk factors. **32% of Camden children live in poverty** (4).



Children and young people with physical disabilities or a serious or chronic illness are twice as likely to develop psychological problems. It is estimated that about 7% of children and young people aged under 20 years in Camden (3,128) with physical disabilities or chronic illnesses have psychological problems (33, 34).



Over a third of children and young people with an identified learning difficulty have a diagnosable mental health condition. There were **245 children and young people with diagnosed learning difficulties** in Camden, as of March 2014 (35).



Bullying can cause long term damage to self-esteem, physical health and educational attainment, which all influence psychological wellbeing later in life. In 2014/15, **43% of Camden 15 year olds** reported being recently bullied (36).



Overall rates of mental health conditions are estimated to be around three times higher for asylum seekers and refugees. There are particular risks around emotional problems and post traumatic stress disorder (PTSD).



Nearly 50% of children in local authority care and nearly 70% children living in residential care have a diagnosable mental disorder. These children are at four times greater risk of attempting suicide compared with other young people. In 2015/16, there were **190 children looked after in Camden**, a rate of 41 per 10,000 children under 18 years old, lower than the rate in both London (51) and England (60) (37, 38).

# Sources

1. Greater London Authority. *GLA 2015 Round of Projections at mid-2016 (Camden Development, AHS)*. 2016. [Link](#). [Accessed 17 January 2017]
2. Office of National Statistics. “*Births by mothers’ usual area of residence in the UK – 2015*”. Available from: [Link](#). [Accessed 20 January 2017]
3. Office of National Statistics. *ONS Census 2011, table DC4103EW “Number of bedrooms by tenure by age of dependent children”*. Available from: [Link](#). [Accessed 19 January 2017]
4. Greater London Authority. *English Indices of Deprivation 2015 for London*. Available from: [Link](#) [Accessed 19 January 2017]
5. HMRC. *GLA Children in Poverty for Boroughs and Wards in London*. 2016. Available from: [Link](#)
6. Camden Strategy and Change. *Internal communication*. Received 17 January 2017. Contact person: Garwin Samlal, Camden Council.
7. The Trussell Trust. “*Trussell Trust Foodbank End of Year Figures – London*.” April 2016.
8. Department for Communities and Local Government. “*Table 784a: local authorities’ action under the homelessness provisions of the Housing Acts: quarterly data for 2014 !2 to 2016 Q3*”. 2016. Available from: [Link](#). [Accessed 5 January 2017].
9. Camden Housing Needs Group. *Internal communication*. Received 20 January 2017. Contact person: Shaun Flook, Camden Council.
10. Camden Strategy and Change. *Internal communication*. Received 06 February 2017. Contact person: Michael Webb, Camden Council.
11. Office of National Statistics. *ONS Census 2011, table DC4406EW “Tenure by Number of Persons per Room in Household by Accommodation Type”*. Available from: [Link](#). [Accessed 18 January 2017]
12. Office of National Statistics. *ONS Census 2011, table LC4104EW “Occupancy rating (rooms) by household composition”*. Available from: [Link](#). [Accessed 20 January 2017]
13. Camden Strategy and Change. *Internal communication*. Received 17 January 2017. Contact person: Lucy Flaws, Camden Council.
14. Office of National Statistics. “*Quarterly conceptions to women aged under 18, England and Wales*. Available from: [Link](#). [Accessed 20 January 2017]
15. NHS England. *Maternity and Breastfeeding*. 28/09/2016. Available from: [Link](#) [Accessed 20 January 2017]
16. Camden and Islington Public Health. *Internal communication*. Received 17 January 2017. Contact person: Tanvi Barreto, Public Health Strategist.
17. Public Health England. “*Cover of vaccination evaluated rapidly (COVER) programme 2015 to 2016: quarterly data*.” Available from: [Link](#). [Accessed 20 January 2017]
18. Camden Strategy and Change. *Internal communication*. Received 17 January 2017. Contact person: Lucy Flaws, Camden Council.
19. NHS Digital. *National Child Measurement Programme*. 2016
20. Public Health England. “*Dental Public Health Epidemiology Programme for England: oral health survey of five-year -old children 2015*”. Available form: [Link](#). [Accessed 20 January 2017]
21. Public Health England. “*Public Health England national Child and Maternal Health Intelligence Network, “Hospital Episode statistics”*. 2016
22. Public Health England. “*Public Health England national Child and Maternal Health Intelligence Network, “Hospital Episode statistics”*. 2014
23. Atkins. “*Camden Open Space, Sport and Recreation Study – Final Report*.” 2014. Available from: [Link](#) [Accessed 20 January 2017]



24. Department of Education. “*National curriculum assessments: key stage 2, 2016 (revised)*”. 2017. Available form: [Link](#). [Accessed 15 January 2017]
25. Department of Education. “*National curriculum assessments: key stage 2, 2016*”. 2017. Available form: [Link](#). [Accessed 15 January 2017]
26. Camden JSNA. “*Children and young people with Special Education Needs and Disabilities*”. June 2016.
27. Department of Education. “*Revised GCSE and equivalent results in England: 2015 to 2016*”. Available from: [Link](#). [Accessed 6 February 2017]
28. Camden children’s Centres. *Internal communication*. Received 19 January 2017. Contact person: Zuzana Roskova, Camden Council.
29. Ofsted. “*Data View – Camden, London and England*”. Available form: [Link](#). [Accessed 15 January 2017]
30. Camden Strategy and Change. *Internal communication*. Received 17 January 2017. Contact person: Lucy Flaws, Camden Council.
31. The Greater London Authority. *London Mental Health: the invisible costs of mental ill health*. 2014. Available from: [Link](#).
32. The Mental Health Taskforce. *The Five Year Forward View for Mental Health*. NHS England. 2016.
33. Shooter M. Children and adolescents who have chronic physical illness. In: Williams R and Kerfoot M (eds.) *Child and Adolescent Mental health Services*. OUP Oxford. 2005. p. 239-256.
34. Camden Public Health GP Dataset 2015
35. Emerson E and Hatton C. *The Mental Health of Children and Adolescents with Learning Disabilities in Britain*. Institute for Health Research, Lancaster University. 2007.
36. NHS Digital. What About YOUth (WAY) survey 2014. Available from: [Link](#). [Accessed on 20 January 2017].
37. Meltzer H, Corbin T, Gatward R, Goodman R and Ford T. *The mental health of young people looked after by local authorities in England*. TSO. 2003.
38. Department for Education. *Children looked after in England including adoption: 2015 to 2016*. Available from: [Link](#). Accessed on 7 February 2017.