# THE EFFECTIVENESS OF EARLY HELP TO PROMOTE POSITIVE OUTCOMES FOR FAMILIES

# WITNESS SUBMISSION

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# SUMMARY OF EARLY PREVENTION AND INTERVENTION IN HILLINGDON / ROLE OF YOUR SERVICE OR ORGANISATION

The Business Performance, Policy and Standards service area provides support to frontline services by undertaking analysis of needs for services and working closely with senior managers to put our residents first by evaluating what difference services are making.

To support the review of early help in Hillingdon, this report presents the headline analysis of current and future need for children in Hillingdon drawing on the Hillingdon Joint Strategic Needs Assessment.

# OUTCOMES ACHIEVED

Research studies demonstrate that a child's future development and achievements are built on their experiences early in life.

Early help to work with children/families and particular population groups can come from a range of sources:

- Council
- Voluntary and community sector
- Schools
- Public Health services
- Health services

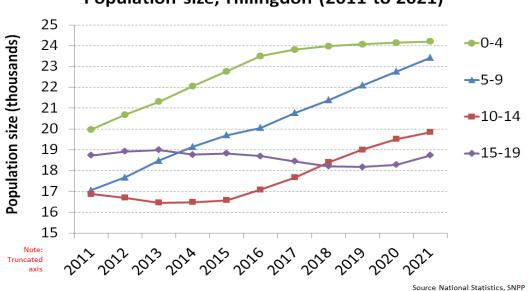
Joint working across agencies to intervene early and quickly to tackle emergent problems and working preventatively with groups most at risk of developing problems is understood to be key to achieving better outcomes because emergent challenges will not become entrenched or have the chance to escalate.

The following information helps to paint the current picture of need across the Borough to inform the review of services providing early help.

# Population

- There are 78,000 young people aged 0-19 years in Hillingdon (26% of the total population), which is slightly higher than the London proportion of 24.4%. Generally the wards in the south of the borough have both greater numbers of young people and a higher proportion of their population aged under 20 (see appendix 1).
- Just under half (45%) of the population represent a White British ethnic group; Asian/Asian British: Indian (12%); Asian/Asian British: Other (7.5%); Black/Black British: African (6.4%); White: Other (4.5%), then Asian/Asian British: Pakistani (4.3%). Wards in the north of the Borough have a higher proportion of residents representing a White British ethnic group. The highest number of traveller children are in the wards of West Drayton, Yiewsley, Harefield, Botwell and Barnhill.
- Between 2006 and 2014 there has been an increase in annual births in Hillingdon of 20%, more than 700 births per year, with a total of 4423 births in 2014 compared with 3,691 in 2006. Projected trends over the next few years suggest that the rate of increase in numbers of births will be much less than it has been over recent years. There is wide variation between Hillingdon wards in the numbers of births annually, ranging from 84 per year in Ickenham to over 340 per year in Botwell, and with more births in the south of the borough.
- The graph below shows population projections for young people up to 2021. The biggest increase is expected in the 5-9 year age group, with increases also in 0-4 year olds and 10-14 year olds. The number of 15-19 year olds is expected to fall slightly, before rising again.

<u>Graph 1</u>: Population projections, Hillingdon children and young people 2011- 2021.

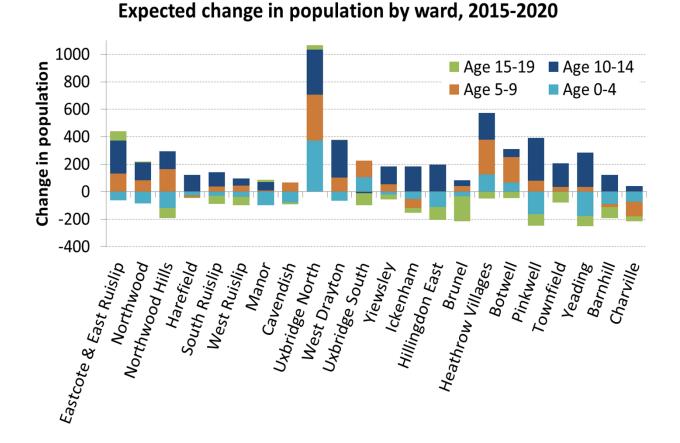


# Population size, Hillingdon (2011 to 2021)

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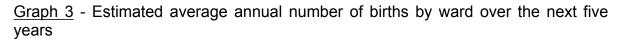
The expected change in the 0-19 year old population for each ward over the years 2015-20 is shown in graph 2 below. This shows that the expected net change in the population of children and young people varies significantly between wards. In nearly all wards the number of 15-19 year olds is expected to stay the same or fall. The net change in the number of 0-19 year olds is the smallest in West Ruislip and Manor, with small increases in the 0-14 year old population. In West Drayton (in the centre of the chart) a slightly larger increase in the number of 0-14 year olds is predicted, whilst in Uxbridge North the increase is much larger. In Hayes and Harlington a larger increase in 0-14 year olds is predicted. Uxbridge North is an outlier and this is a consequence of the development of the RAF Uxbridge site.

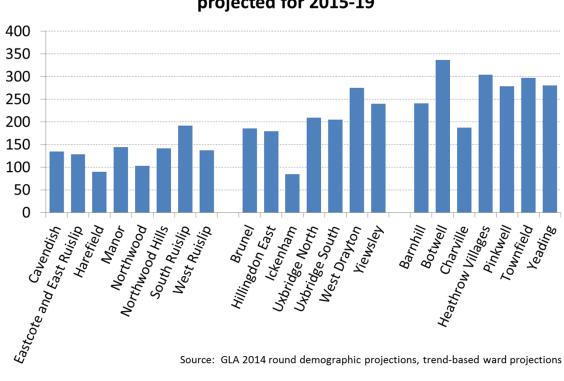


<u>Graph 2</u>: Projected change in population for each age group by ward

- There are more births in the south of the borough than the north (see graph 3 below).
- An increasing proportion of mothers to children living in Hillingdon were not born in the UK.

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# The average annual number of births projected for 2015-19

# Levels of Disadvantage

- There are 15,000 children aged 0-15 in poverty using the national standard measurement for income deprivation for children (IDACI). Children in poverty can be found in all wards from Ickenham (6%) to West Drayton (43%) (see appendix 2).
- Pupils eligible for free school meals or statemented with Special Educational Needs or subject to School Action Plus is at or lower than the England average rate.
- Wards in the south have a higher proportion of pupils (age 5-16 years) eligible for free school meals.

# Vulnerable Groups

There were 2,300 children in need (CIN) using the latest, official published statistics for Hillingdon and the rest of the Country (as at 31.03.14). Analysis of data shows that the number and rate of children in need on 31<sup>st</sup> March 2014 in Hillingdon rose by 19%, after having decreased by 25% the previous year. The rate in Hillingdon in 2014 (347 per 10,000) was lower than the average for London (368) but slightly higher than the rate for England (346).

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<u>Table 1</u> - Children in need throughout the year and on 31<sup>st</sup> March, Hillingdon, London and England 2011-2014

	2011	2012	2013	2014
Hillingdon (number at 31 <sup>st</sup> March)	2,147	2,622	1,954	2,334
Hillingdon (rate/10,000 at 31 <sup>st</sup> March)	352.8	406.9	299.3	347.2
London (rate/10,000 at 31 <sup>st</sup> March)	419.6	361.8	368.4	367.8
England (rate/10,000 at 31 <sup>st</sup> March)	346.2	325.7	332.2	346.4
Hillingdon (number throughout year)	4370	4,835	5,600	3,799
Hillingdon (rate throughout year)		750.3	857.6	565.2
London (rate throughout year)		678.4	680.5	688.0
England (rate throughout year)		651.9	645.8	680.5

Source: Characteristics of children in need SFR43/2014 gov.uk

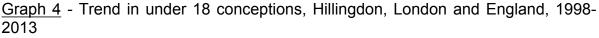
- The most common primary cause of CIN status was abuse/neglect (47%) followed by absent parenting (17%) and family dysfunction (15%).
- The proportion of disability of CIN in Hillingdon (7%) was lower than London (11%) and England (13%). 1,200 children have a Special Educational Need (SEN) (2.9% of school population). The most common SEN is speech, language and communication needs.
- Statistics from the end of 2014 for Hillingdon estimate that there were 250 young people aged 16-18 classed as not in education, employment or training (NEET), 2.5% of the population of that age. This compares with 3.5% of the 16-18 population in London and 4.7% of the 16-18 population in England. Residents from a white British group are over-represented within NEET figures.
- The largest numbers of the NEET cohort live in Botwell, Townfield, Uxbridge South, Yiewsley, South Ruislip, Charville and Yeading.
- There are 2,500 carers aged less than 25 years in Hillingdon; the majority of adults being cared-for by a young person have a mental health issue.

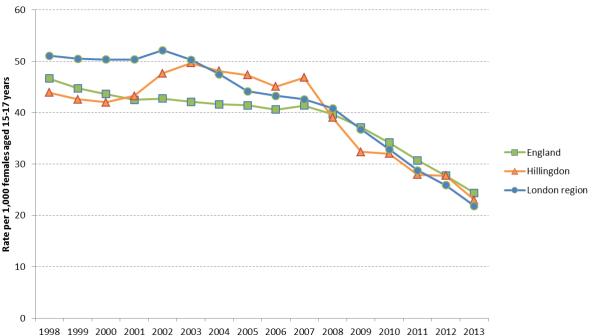
#### Health Outcomes

- The proportion of low birthweight babies in Hillingdon (6.9%) is similar to the England average. Low birthweight babies are more prevalent in the wards of Botwell, Pinkwell and Townfield.
- Smoking in pregnancy is lower in Hillingdon (8%) than in England.
- In Hillingdon 60% of mothers are still breastfeeding at 6-8 weeks which is higher than England.
- Immunization rates for children aged 0-5 years are similar to the England rates.

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- The stillbirth rate and infant mortality rates are lower in Hillingdon than London or England.
- Healthy habits start in childhood:
  - Oral health as measured by decayed, missing and filled teeth is not as good for children living in Hillingdon as the national average.
  - o 21% of 4-5 year olds and 34% of 10-11 year olds in Hillingdon are overweight or obese.
  - Hospital admissions for conditions causally related to alcohol for young people is higher in Hillingdon than London
- Positive chlamydia tests in those residents aged 15-24 is low in Hillingdon.
- The highest number of A&E attendances across Hillingdon are in the younger age categories. A&E attendances in 0-4 year olds were 22% lower in 2013/14 than 2012/13 because of the opening of the Urgent Care Centre. 16% of 0-4 year olds attending A&E have nothing abnormal detected
- Graph 4 below shows the trend in teenage pregnancy rates since 1998 (the baseline year for the Teenage Pregnancy Strategy). There has been a decline since 2007 which has been even more marked in Hillingdon than in the country as a whole. The rate in Hillingdon in 2013 was below the national rate, 23 per 1000 15-17 year olds, and slightly higher than but not significantly different from the average rate for London.





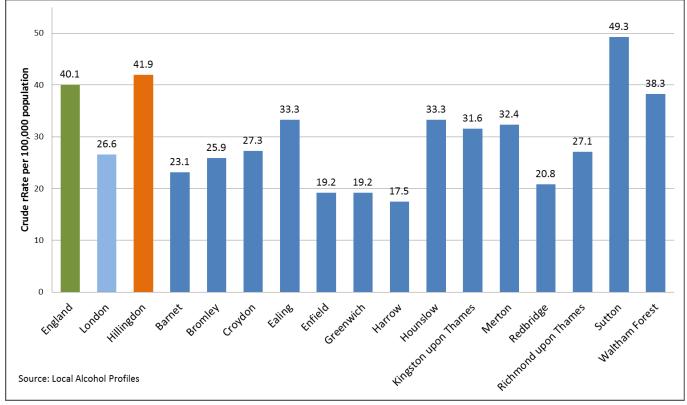
• The rate of hospital admissions of young people aged under 18 for alcohol specific conditions is higher in Hillingdon than the rest of London and England, and the

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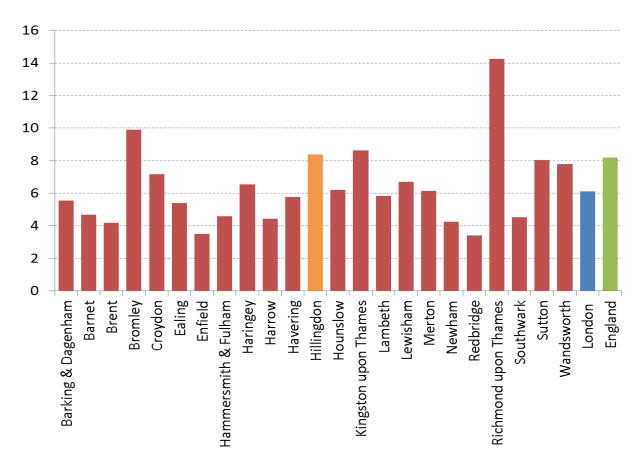
trend has fallen only slightly in Hillingdon in the last few years compared with a steeper decline nationally.

 $\underline{\text{Graph 5}}$  - Hospital admissions for alcohol specific conditions, under 18s, Hillingdon and Outer London boroughs



Source: http://www.lape.org.uk/downloads/Lape\_guidance\_and\_methods.pdf

Graph 6 below shows the percentage of current smokers at age 15 years in Hillingdon is similar to those nationally but above the London average. There has been a continuing decline in any reported substance misuse.



<u>Graph 6</u> - Percentage of current smokers at age 15 years in Hillingdon compared with London and England.

Source: Public Health England, 2014

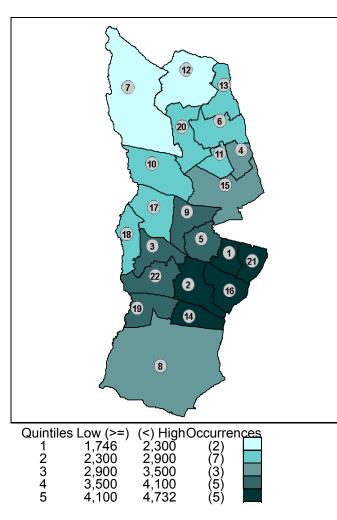
# COMMENTS ON PROVISION OF SERVICES E.G ANYTHING THAT YOU THINK COULD BE IMPROVED OR DONE DIFFERENTLY ETC.

The Committee are asked to give consideration to the range of needs presenting in this report, in particular how these needs vary across the Borough and over time. Consideration should also be given to early action which has a higher likelihood of tackling issues and promoting effective family functioning for young people to raise aspirations, achievement and keep young people healthy and safe into adulthood.

# OTHER COMMENTS

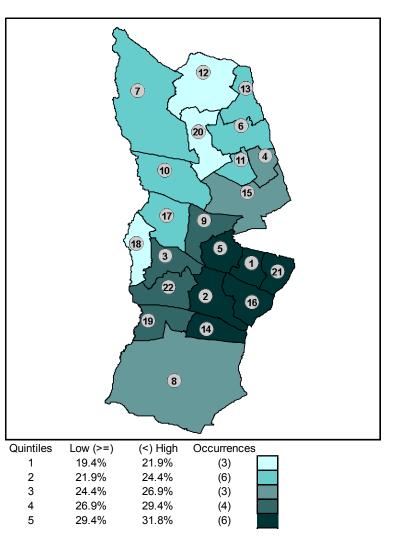
The information presented in this report is not intended to be exhaustive. The Committee may wish to give consideration to requesting further information to assist with the review.

# Appendix 1 <u>Figure 1</u>: number of 0-19 year olds in each ward



		Total	% of ward
		0-19s	aged 0-19
1	Barnhill	4156	30.9
2	Botwell	4732	31.5
3	Brunel	3980	28.8
4	Cavendish	2982	25.6
5	Charville	3765	29.8
6	Eastcote & ER	2765	22.8
7	Harefield	1746	23.6
8	Heathrow Villages	2995	24.6
9	Hillingdon East	3698	28.7
10	Ickenham	2462	23.7
11	Manor	2773	24.2
12	Northwood	2035	19.4
13	Northwood Hills	2703	23.3
14	Pinkwell	4701	31.8
15	South Ruislip	3076	24.9
16	Townfield	4202	29.8
17	Uxbridge North	2710	22.5
18	Uxbridge South	2893	20.7
19	West Drayton	4011	27.9
20	West Ruislip	2314	21.8
21	Yeading	4230	31.1
22	Yiewsley	3600	27.7
	Total	72529	26.5

Figure 2: Proportion of population of each ward aged 0-19



Source: 2011 Census

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# Appendix 2

# Deprivation and child poverty

Figure 3 shows the proportion of children aged 0-15 in each ward living in income deprived households, according to the Income Deprivation Affecting Children Index (IDACI).

### Figure 3: Income Deprivation Affecting Children Index by ward

#### Source: 2011 Census

In this indicator, income deprivation is based on a summation of the following five indicators:

- Adults and children in Income Support families
- Adults and children in Income-Based Jobseeker's Allowance families
- Adults and children in Pension Credit (Guarantee) families
- Adults and children in Child Tax Credit families (who are not in receipt of Income Support, Income-Based Jobseeker's Allowance or Pension Credit) whose equivalised income (excluding housing benefits) is below 60% of the median before housing costs
- Asylum seekers in England in receipt of subsistence support, accommodation support, or both.