

Children and Young People, Islington

Joint Strategic Needs Assessment

Executive Summary

August 2023



ISLINGTON
For a more equal future

Background

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.

This JSNA has a comprehensive focus on the health and wellbeing of children and young people (CYP) in Islington from maternity to age 25.

Includes:

- Outcomes related to health, wellbeing, education and social care
- Wider determinants of health such as housing, poverty and employment.
- Qualitative insight from CYP and families throughout all sections
- Identifies key challenges and inequalities
- A summary of local evidence of effectiveness for different interventions.

Not a standalone document and links into various needs assessments, audits, profiles and more. This document is for all partners across the system.

Full version available here: [20230912 Islington Children and Young People JSNA](#)



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Executive Summary

Key demographics

Age and gender 0-25 CYP population



Around 67,760 Islington residents are aged 0-25, of which 38,320 are aged 0-18 years.

Of the 0-25 population, 52% are female and 48% are male.

Ethnicity 0-25 CYP population



The top five most common ethnicities in 0-25 population in Islington are: White British, White Other, African, Any Other ethnic group and Other Mixed ethnic groups.

Languages spoken at home



39% of Islington CYP who attend an Islington school speak a language other than English at home (7,397). The most common languages are Somali, Turkish and Bengali.

Disability population estimates

Based on the 2021 Census, the estimated number of 0-24 year olds with a disability is 5,430 (9% of the population, compared to 8.5% of the England population).

Sexual orientation population estimates

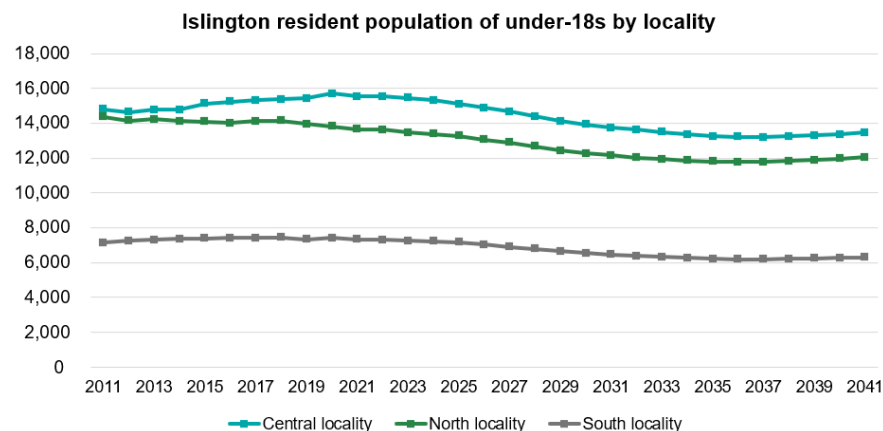


Among Islington secondary school pupils, the proportion of pupils who identify as Lesbian/Gay/ Bisexual/Questioning/Other has increased (21% in 2021 vs 8% vs 2017).

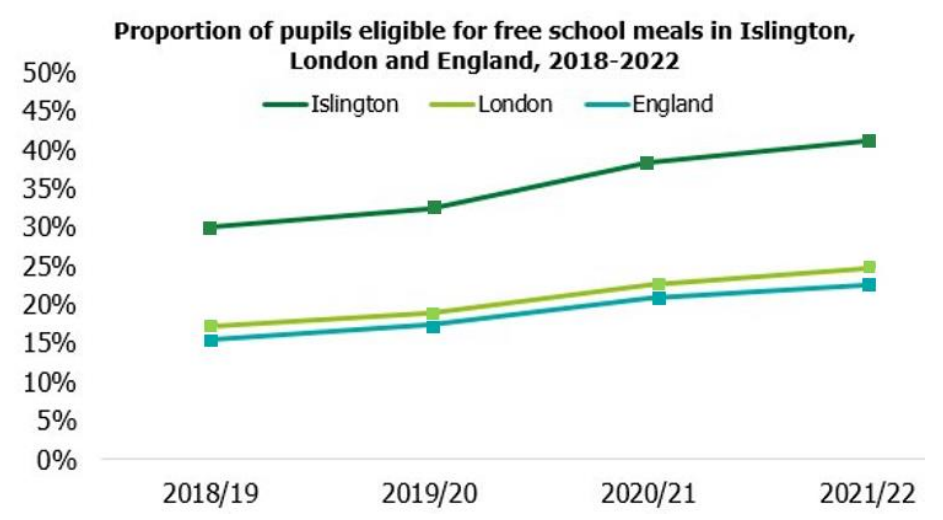
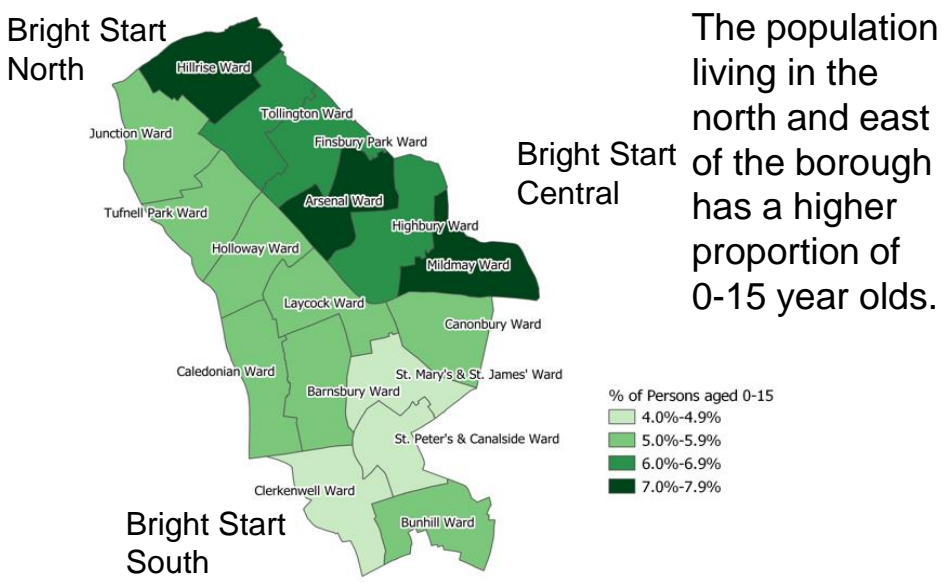
0-18 CYP population by locality

The North and Central localities are significantly larger, in terms of the resident population of children and young people, then the South locality.

The under-18 population of all three localities is currently falling and these drops are projected to continue until the late 2030s to around 32,000 CYP.

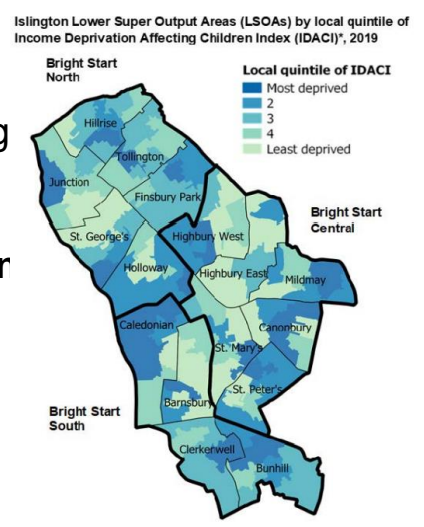


Children and young people by deprivation Low-income households



- In 2021/22, Islington had **41%** of pupils **receiving free school meals** compared to 25% in London and 23% in England.
- There are currently about **27,100 low-income households** in the borough.
- Among these, there are about **9,200 households living below the poverty line (34%)**, including about 8,000 children (as of Dec 2022).
- 3,500 low-income households are **at risk of financial crisis** (not enough money to pay rent/council tax or any savings) of which 10% (553) are lone parent households and 6% (114) are households comprising couple with children.

There are high levels of income deprivation affecting young children spread throughout the borough. **27.5% of Islington children were living in income deprived households, the highest proportion in London and the tenth highest in the country.**



High-level summary of key health and wellbeing needs by age group

Early years - 10,670 infants aged 0-4 years

- 82% of infants were totally or partially **breastfed** at the 6–8-week review check in 2020/21 which is higher than England (48%).
- An estimated 400 children aged 2 to 4 years (6%) have **poor mental health** which include: behavioral, emotional and hyperactivity disorders. These estimates were based on interviews with parents.
- Childhood **immunisations** remain a challenging issue with uptake rates much lower than the national targets and lower than England.
- Children who are '**school ready**' (achieve a Good Level of Development (GLD) at the EYFS) is slightly below the national figure and wide disparities by sex, ethnicity and FSM eligibility. For SEN pupils we do better than national levels.

Adolescence - 9,955 young people aged 11-15 years

- A&E attendances for **asthma** is highest for 0-11 years, however emergency admissions is highest among 12-18 year.
- In Islington it is estimated that nearly 19% of 11-16 year olds have a **mental health disorder**. This figure increases to 22% for 17-19 year olds. Referrals to Social Emotional and Mental Health Central Point of Access (CPA) have increased.
- 497 per 10,000 10-15 years old are **Children in need (CIN)** compared with 322 for England. (Includes CLA and CP.)
- In 2022 there were 548 secondary age pupils with an Islington-funded EHCP, an 8.5% increase on 2021 (505 pupils).
- 14% of secondary pupils said they are 'fairly sure' or 'certain' they know someone who carries a weapon, down from 26% in 2017.

Childhood - 11,825 children aged 5-10 years

- The 5 year average prevalence of **overweight and obesity** in Year 6 pupils in Islington is 38% (similar to previous years and London average, but significantly higher than England).
- Pupils **not eating breakfast** before school has increased from 3% in 2015 to 12% in 2021.
- 31% of pupils report **being active** at least 5 days the previous week. Down from 58% in 2015.
- The **permanent exclusion** rate in Islington primary schools has fallen significantly over the last five years from 10 in 2016/17 to none in 2020/21. Suspension rate has also fallen over time but remain above the comparator averages.
- In 2022 there were 698 primary age pupils with an Islington-funded **Education, Health and Care Plan (EHCP)**, a 12% increase on 2021 (526 pupils). 66% of these were for Autism Spectrum Conditions.

Adolescence – 8,835 young people aged 16-19 years

- A decrease new STI diagnoses among under 25-year-olds accessing **sexual health** services in Islington (1,427 per 100,000 in 2021 vs 1,597 per 100,000 in 2017).
- A 15% decrease in **youth violence** offences between 2019/20 and 2022/23.
- As of December 2022, 4.6% of Islington 16 and 17 year olds were **not in education, employment or training (NEET)** or whose activity was not known. This was higher than in London (3.4%) and similar to England (4.7%).
- In January 2023 there were 187 pupils aged above the statutory school age attending Islington schools who are at **SEN** Support level of provision (18% up on 2022), and 143 who had an EHCP (2% down on 2022).



Key themes

Deprivation and Adversity

- Economic, social and environmental adversity are common experiences for Islington residents.
- High and growing proportions live with poverty, unstable or overcrowded housing or without feeling safe.
- A high proportion of households have a single parent and high numbers of parents reported a lack of social connectedness during the pandemic.

Complexity

- Many of Islington's families experience clustering of adverse experiences and challenges, which have a cumulative association with poorer outcomes.
- Economic, social and environmental disadvantage is often intergenerational and brings increased likelihood of physical and mental health issues.
- High needs profiles are associated with complex barriers to both accessing and sustaining contact with services.

Inequalities

- Inequalities patterned along the lines of ethnicity and deprivation are persistent and pervasive.
- They can be seen in relation to health need (e.g. maternal mental health, long-term conditions), SEND prevalence, educational attainment and achievement, access to universal services, and social care and youth justice involvement.

Post-pandemic Impact

- The period during and after COVID has seen a higher level of need becoming known to services.
- Children with SEND, and those already experiencing economic and social deprivation, appear to be hardest hit. The full impact not yet known. Early signs point to increased demand for SEMH and SEND support and higher incidence of school absence.



Key features of effective local approaches

Understanding of life course risk factors, clustering of risk and pathways from disadvantage into further adversity.

Embedding socially-aware, trauma-informed and SEND-inclusive approaches within Universal services.

Optimising opportunities to build social connectedness. Leveraging community networks and support, via community partners and enhanced parent champion role.

Relational work with children, young people and their families, giving time to engage and understand, and build a trusted relationship. Whole family approach.

Timeliness of intervention, anticipating key pressure points such as school transition and sensitive windows for development such as early life and adolescence.

Recognising that disengagement from universal services also cuts residents off from powerful protective factors that can work against risk. High impact interventions like emotional regulation and coping at school open up access to such protective factors.

Service-user voice playing a central role to the evolution of responsive, needs-led approaches.

Multi-dimensional approaches that take a holistic view of needs, strengthen protective factors and work to remove systemic barriers to accessing support.

