

Children and Young People, Islington

Joint Strategic Needs Assessment
August 2023

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.

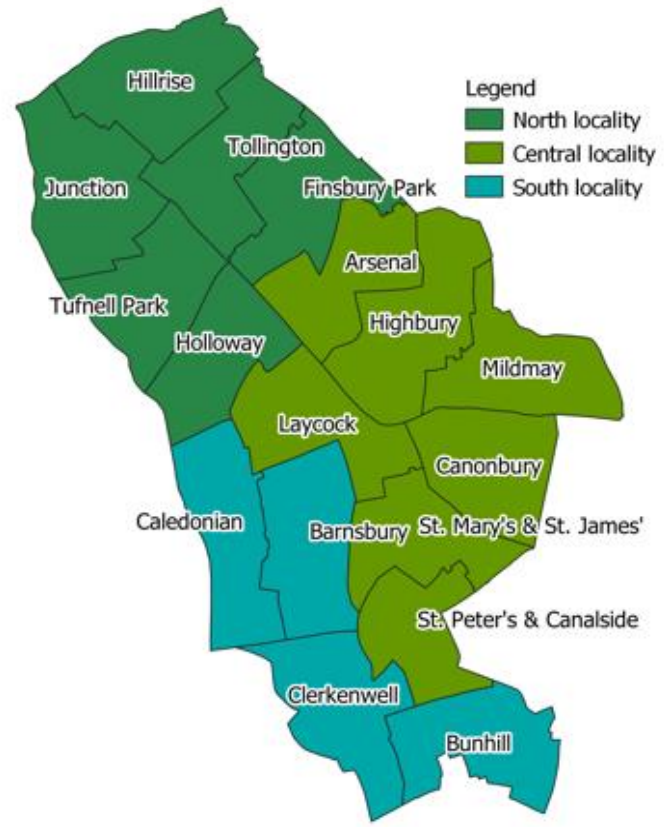
This JSNA has a comprehensive focus on the health and wellbeing of children and young people (CYP) in Islington from maternity to age 25.

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.

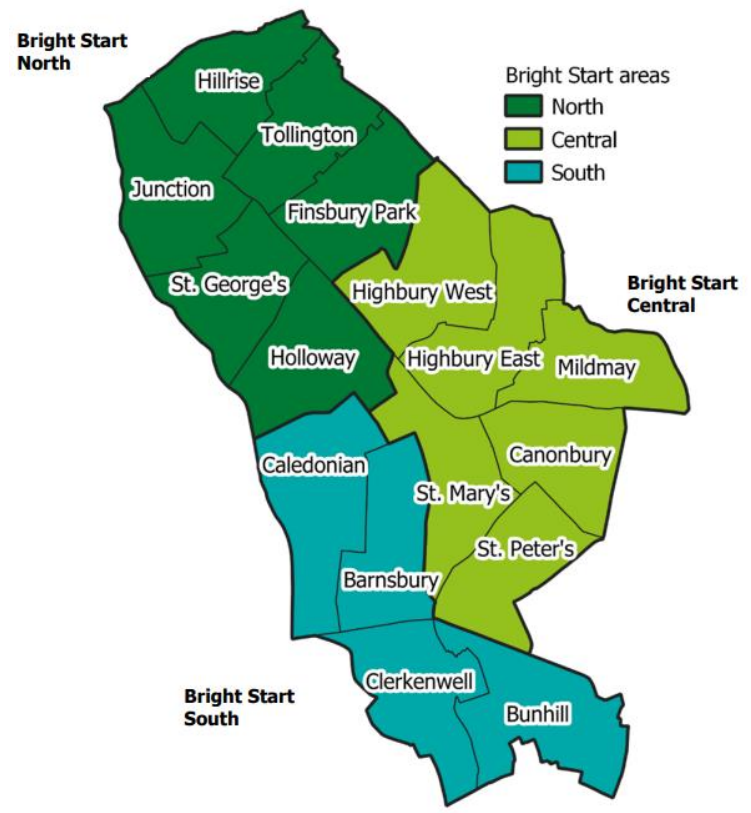
New wards and localities from 2022 (12)



New ward boundaries were introduced at the time of the local elections in May 2022. Following consultations across the local authority and health providers, new locality boundaries were agreed in late 2022, to be introduced fully in 2023/24.

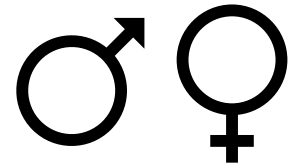
The map on the left shows these new boundaries, with the map on the right showing the old boundaries, for comparison.

Localities and Bright Start areas, pre-2022 (5)



Setting the scene: Who are our children and young people?

Age and gender 0-25 CYP population (1)

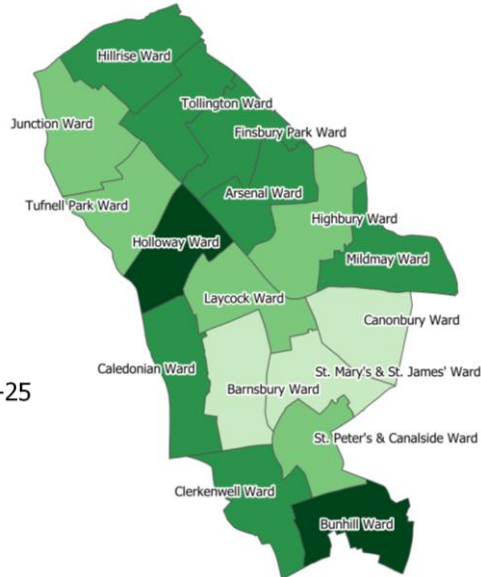


Around 67,760 children and young people are aged 0-25 in 2023, out of which 38,320 are aged 0-18 years.

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

0-25 CYP population by ward (1)

There is a higher proportion of 0-25 population in Holloway and Bunhill wards compared to rest of the wards.



% of Persons aged 0-25

- 4.0%-4.9%
- 5.0%-5.9%
- 6.0%-6.9%
- 7.0%-7.9%

Top ten known languages excluding English spoken at home by Islington CYP (0-19 years) attending an Islington school (2)

Thirty-nine per cent of Islington residents who attend an Islington school speak a language other than English at home (7,397). The most common languages spoken are Somali, Turkish and Bengali. The most common language spoken at home in all localities is Somali; there is a higher proportion of Somali children and young people in the North locality.

Rank	Central locality	North locality	South locality
1	Somali	Somali	Somali
2	Turkish	Arabic	Bengali
3	Bengali	Turkish	Turkish
4	Arabic	Bengali	Arabic
5	Spanish	Spanish	Spanish
6	French	French	Amharic
7	Albanian / Shqip	Albanian / Shqip	Albanian / Shqip
8	Amharic	Portuguese	French
9	Tigrinya	Tigrinya	Tigrinya
10	Portuguese	Amharic	Portuguese

Ethnicity 0-25 CYP population (3)

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.



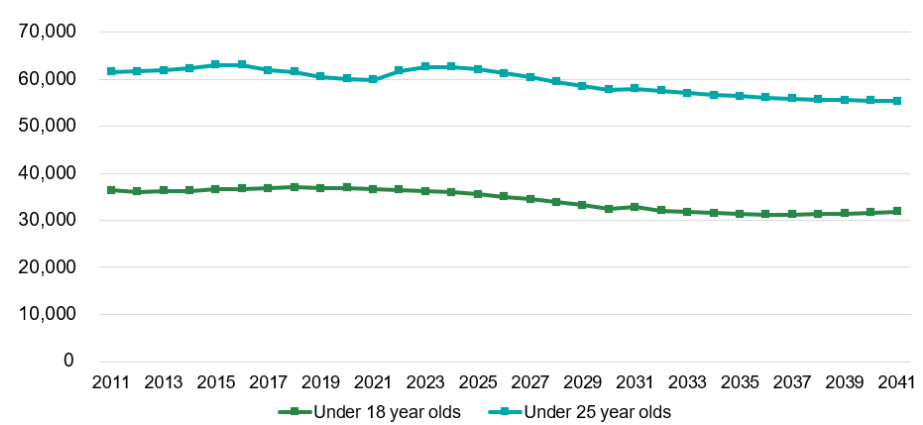
Setting the scene: Who are our children and young people?

Population changes over time (1)

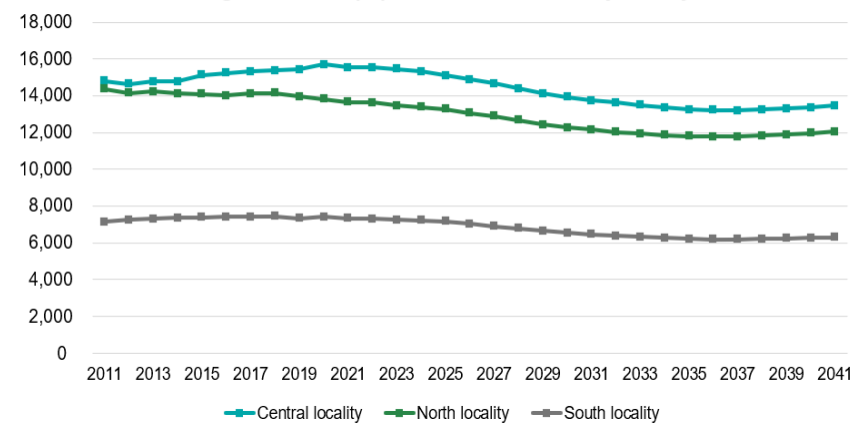
Projections suggest the population of under 18 year olds will continue to fall until the mid-2030s, falling from around 37,000 young people to just over 32,000. The total resident population aged under 25 is affected by people moving into the borough to study or for work. The projections suggest a drop in the total population after 2016, as a result of changes in international migration. Between 2021 and 2024, the resident population aged under 25 is expected to increase. However, the population is expected to fall after 2024.

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 populations of the North and South localities peaked in 2018, whilst the population of the Central locality peaked in 2020. The under-18 population of all three localities is currently falling and these drops are projected to continue until the late 2030s.

Islington resident population of under-18 and under-25 year olds



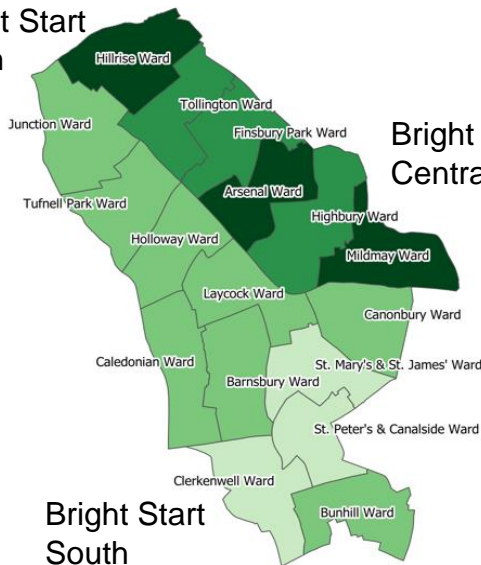
Islington resident population of under-18s by locality



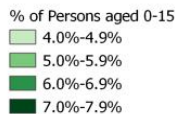
Falls in the number of Islington residents in the 2021 Census were thought to be a result of the pandemic. However, with continued falls after the pandemic, more recent changes in the population are likely related to the cost of living crisis. Population projections for Islington are updated annually to inform school place planning.

Children and young people by deprivation What do our families look like? (3)

Bright Start North



The population living in the north and east of the borough has a higher proportion of 0-15 year olds.

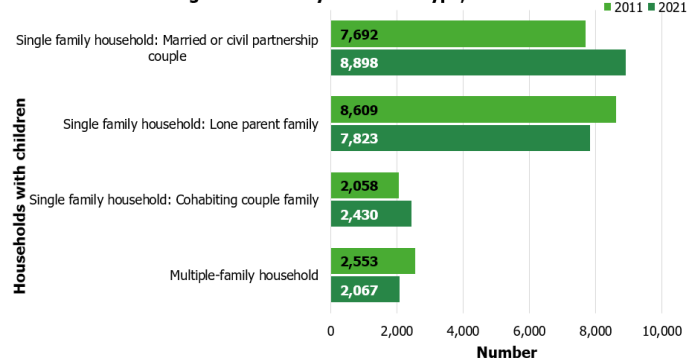


Bright Start Central

Bright Start South

According to the 2021 census there were 21,218 families with dependent children (+306 families compared with 2011 census), 42% of which are married/civil partnership couples and 37% from lone parent families.

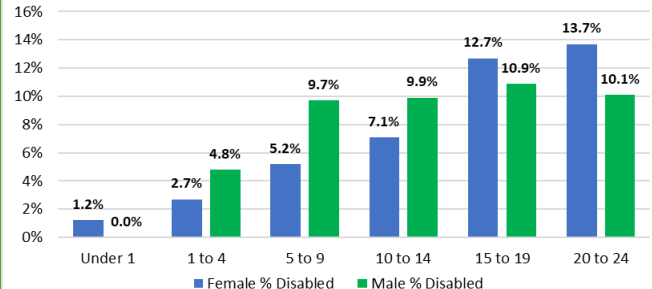
Islington families by household type, 2021 vs 2011



Disability population estimates (40)

Based on the national 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).

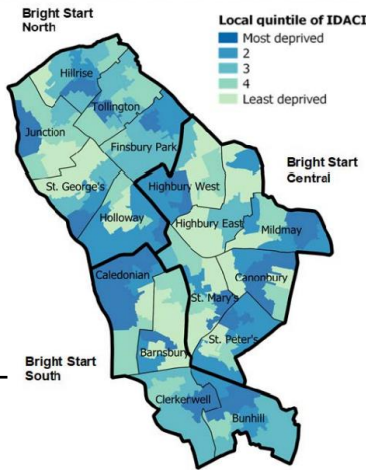
Estimates of the % of Disabled Females and Males in Islington by Age (0-24) in 2021 (ONS Disability Census)



The estimated number of 0-19 year olds with a disability is 3,195 (7.6% of the population, compared to 7.3% in England).

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 in 2019. No update to the deprivation figures using the new wards introduced in 2022 is available – the dataset is only published every few years.

Islington Lower Super Output Areas (LSOAs) by local quintile of Income Deprivation Affecting Children Index (IDACI)*, 2019



Maternal Health

Resident Insight – Mother’s views on perinatal mental health (7)

Islington Public Health team conducted focus groups with Bangladeshi, Somali, Turkish and mixed ethnicity mothers to explore support needs during the perinatal period (7). Several issues arose including dealing with physical and emotional changes during and after pregnancy, social isolation, and fear about motherhood.

The focus groups found that both professional & informal support were perceived as important (7). Only a few participants mentioned they would go to their partners/ husbands for support, due to lack of father involvement and perceived gender roles.

Key recommendations for future perinatal mental health support include: a safe, protective and discreet environment, avoid using the term ‘mental health’, involve both partners to create sense of shared responsibility, greater father involvement, e.g. activities, information packs, Parenting programmes on emotional state during/ after pregnancy, depression

“A lot of people from the Somali community **associate** the term mental health with **a person being crazy and/or sectioned.**” (PNMH Focus Groups⁷)

“The **hormonal change** is unbelievable, [yeah], it is just unbelievable. Some people cry, some people are happy, some people stay up...” (PNMH Focus Groups⁷)

“Usually keep **what I am feeling** to myself.” (PNMH Focus Groups⁷)

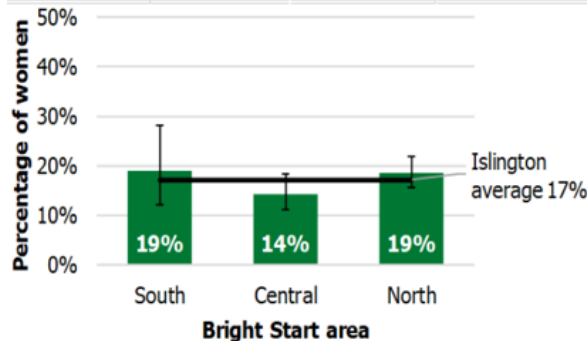
“you know It’s a long-term thing, you’ve **become a mum now and there’s no going back**, and there is nothing to prepare you for how you’re feel and how different it’s gonna be. I still don’t find that .” (PNMH Focus Groups⁷)



Maternal obesity (5)

In 2020/21, maternal obesity across the Bright start localities was statistically similar to the Islington average (17%).

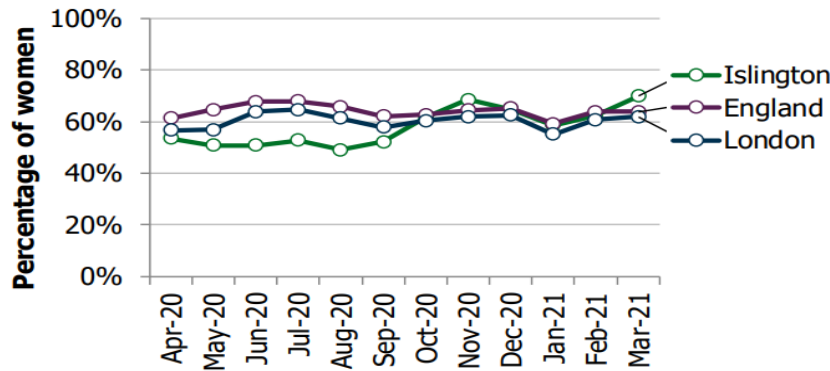
Percentage of women living in Islington and booked with a Whittington Hospital midwife who are obese (BMI \geq 30kg/m²) at the time of their maternity assessment, by Bright Start area, 2020/21



Antenatal bookings (5)

In 2020/21 a significantly higher proportion of women attended an assessment within the first 10 weeks of pregnancy when compared against the London and England averages (70% vs 62% and 64% respectively).

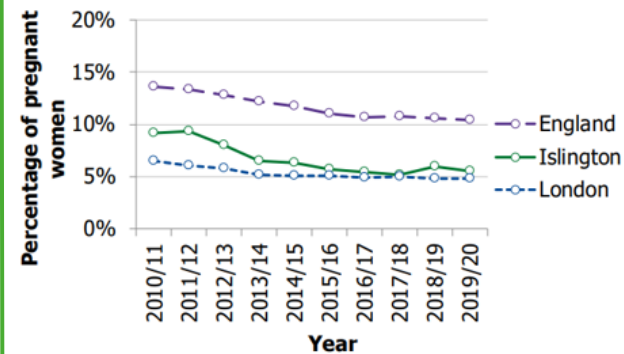
Proportion of women who had an assessment within first 10 weeks of pregnancy



Smoking (5)

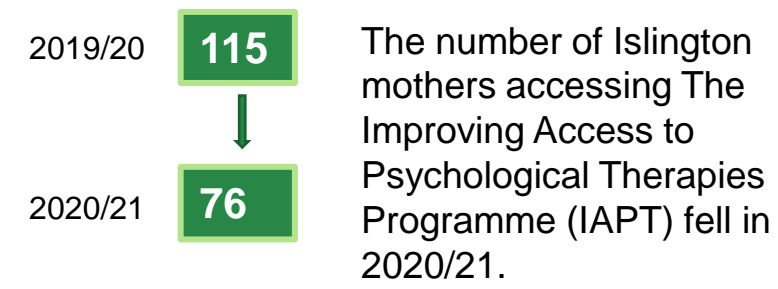
The prevalence of pregnant women smoking at time of delivery is decreasing. In 2019/20, 5.5% of pregnant women were smoking at time of delivery which was similar to London but significantly lower compared to England.

Percentage of pregnant women who were smoking at the time of delivery, Islington, London and England, 2010/11 to 2019/20

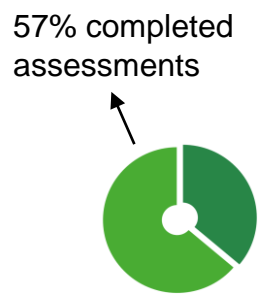


Maternal mental health ⁽⁵⁾

Number of mothers accessing The Improving Access to Psychological Therapies Programme



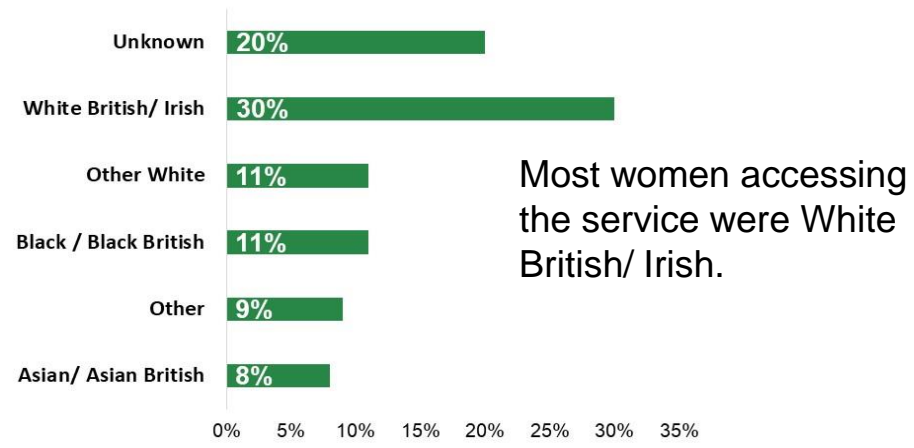
Specialist Perinatal Mental Health Service (SPMHS)



In 2020/21, the Specialist Perinatal Mental Health Service (SPMHS) completed 113 new patient assessments (out of 231 referrals received) of Islington residents. In Islington, the percentage of women accessing SPMHS as a proportion of births was 4.5% in 2020/21, lower than the NHS England target (7.1%).

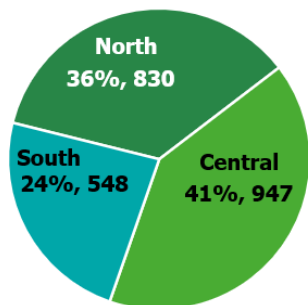
Maternal mortality ⁽⁶⁾

Nationally, there are ethnic disparities in deaths from childbirth. Black women are 3.7 times more likely to die (34 women per 100,000 giving birth) than white women (9 women per 100,000 giving birth) while Asian women are 1.8 times more likely to die than white women (16 women per 100,000 giving birth). The leading causes of death are associated with mental ill-health and heart disease. Deprivation is also associated with mortality with women living in the most deprived areas being more than twice as likely to die as women living in the wealthiest areas.



Births (57)

Percentage of babies of age 30 days in Islington by Bright Start area, 2022/23



In 2022/23 around 2,400 babies were of age 30 days in Islington, of which the largest proportion was in Central locality (41%).

Infant mortality (5)



Between 2018 and 2020, 3 per 1,000 babies born in Islington died before their first birthday which was statistically similar to London and England average (3 and 4 per 1,000).

Fertility rate (8)

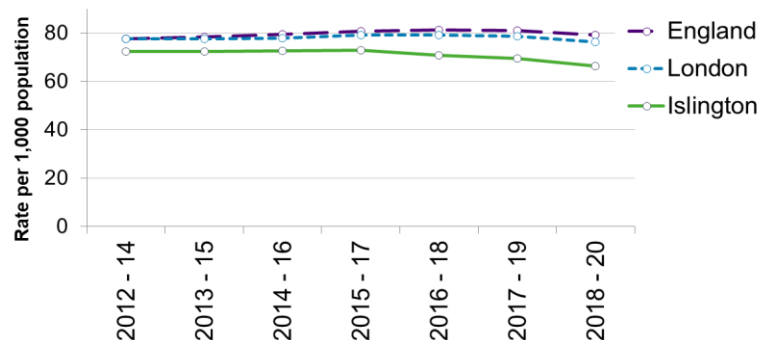
Although there was a slight increase in births to Islington mothers in 2021 compared to 2020, the longer term trend shows a reduction in births over time, from around 2,950 in 2017 to around 2,600 in 2020 and 2021. In 2022, there were around 200 fewer births to Islington mothers than in 2021.

Age specific fertility rates is highest among 35-39 year olds in Islington (82.3 per 1,000) which is higher compared to London (77 per 1,000) and England (61.3 per 1,000) rates.



Premature births (9)

Premature live births per 1,000 live births



In 2018-20, the rate of babies born prematurely (67 per 1,000) in Islington was significantly lower than London (76 per 1,000) and England (79 per 1,000).

Research suggests that babies born to Black women in the UK have 1.68 times greater odds in being born preterm compared to White women and babies born to South Asian women have 1.49 times greater odds to be born preterm compared to White women. (10)

In 2021, babies from the Black ethnic group continue to be more likely than other groups to be preterm births nationally. (11)

Low birth weight (5)

In 2019, 7.2% of all babies born in Islington had a recorded low birthweight. The proportion of babies with a low birth weight was statistically similar in all three Bright Start areas (8.9% in South, 7.4% in Central and 5.9% in North). (5)



Risk factors for low birth weight is linked to smoking while pregnant, substance and alcohol misuse, pregnancy health and nutrition

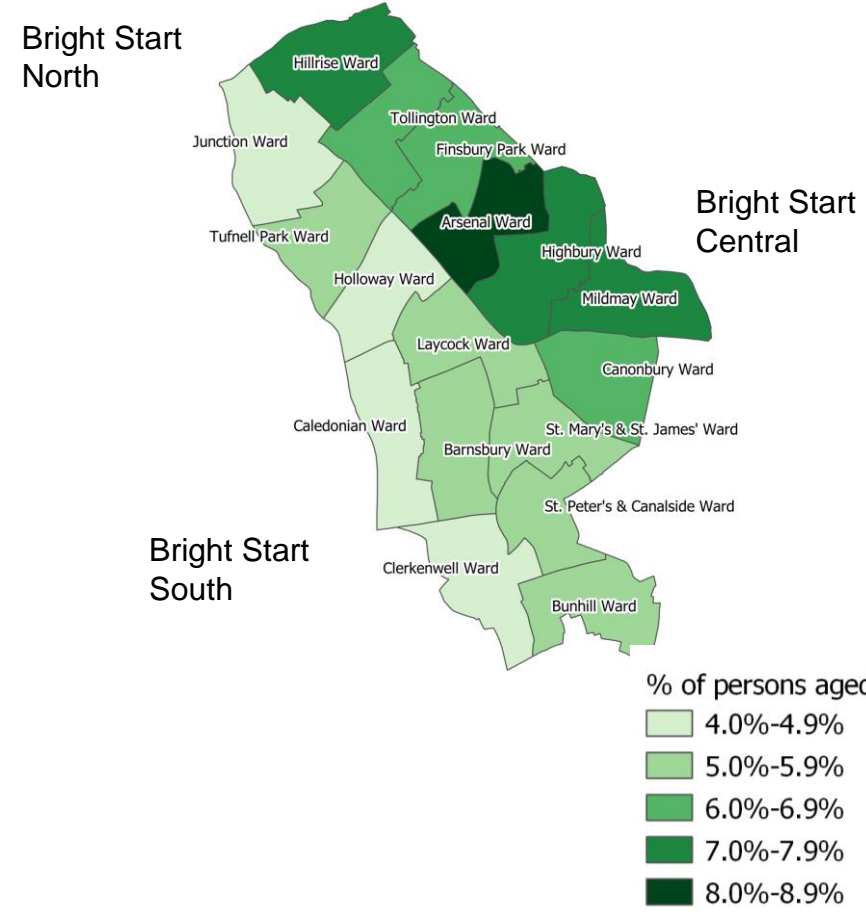
Pregnancy related complications, mother's young age, and poorer antenatal maternal health. (5)



Beginning Well

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

Based on GLA 2021- based demographic projections, 51% of the 0-4 population are male and 49% are female. The population living in the north and east of the borough has a higher proportion of 0-4 year olds. (1)



Ethnicity (47)

The top five most common ethnicities in the 0-4 year old population in Islington are: White British, White Other, Mixed-Other, Black African and Black Somali ethnic groups.

Nutrition and weight - About 1,674 infants in Islington (82%) were totally or partially breastfed at the 6–8-week review check in 2022/23 (57) which is higher than England figure for 2021/22 (49%). (56)

Mental health (5) - It is estimated in Islington that around 400 children aged 2 to 4 years (6%) have poor mental health which include: behavioural, emotional and hyperactivity disorders. These estimates were based on interviews with parents.

Injury and hospitalisation (5) - On average 85 per 10,000 under 5s in Islington were admitted to hospital due to accidental and deliberate injuries in 2019/20, which was similar to London but significantly lower than the national average (117 per 10,000).

Childhood immunisation (0-5 years) ⁽⁹⁾






















2021/22

Key

 Worse

 Similar

 Better

Vaccination	Percentage uptake	Compared to previous year	Compared to London	Compared to England
Dtap IPV Hib (1 year old)	86.4%			
Dtap IPV Hib (2 years old)	86.8%			
Hib and MenC booster (2 years old)	76.6%			
MMR for one dose (2 years old)	75.5%			
MMR one dose (5 years)	86.4%			
MMR two dose (5 years)	66.6%			
Flu vaccination (2-3 years)	35.6%			

The national target for all childhood immunisations is to vaccinate 95% of the eligible population.

Childhood immunisations uptake of vaccinations due up to 2 years are significantly lower compared to the London and England average and fell in latest reporting period (2021/22) when compared to the previous year.

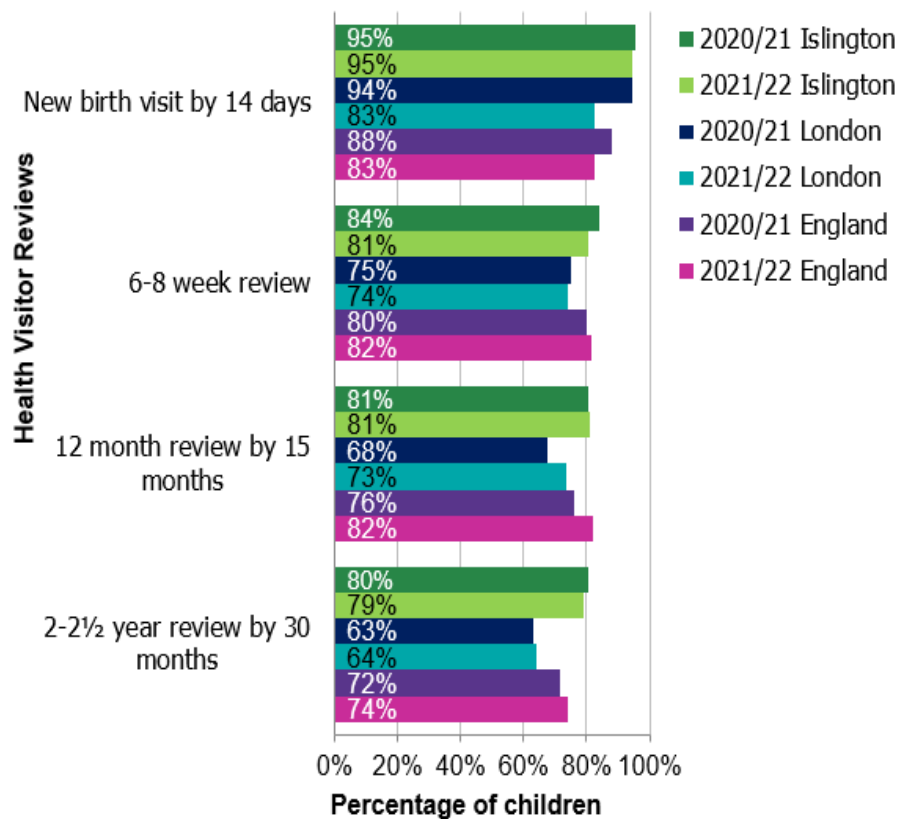
Vaccination uptake for MMR vaccine was significantly lower compared to the London and England average and fell in latest reporting period (2021/22) when compared to the previous year.



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Health visiting reviews ⁽⁵⁶⁾

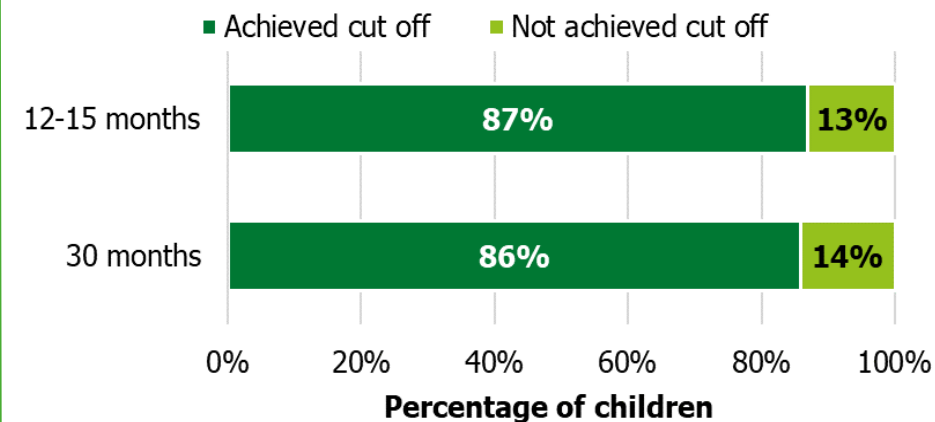
Percentage of children receiving Health Visitors Reviews on schedule, Islington, 2020/21 compared to 2021/22



The percentage of children receiving each of the four Health Visitor reviews on schedule in Islington remained similar in 2021/22 compared to 2020/21 and was above 75% for each review.

Speech and language ⁽⁵⁾

Proportion of children living in Islington assessed using the ASQ, who were at or above the expected level in communication skills, by age group, Islington, 2020/21



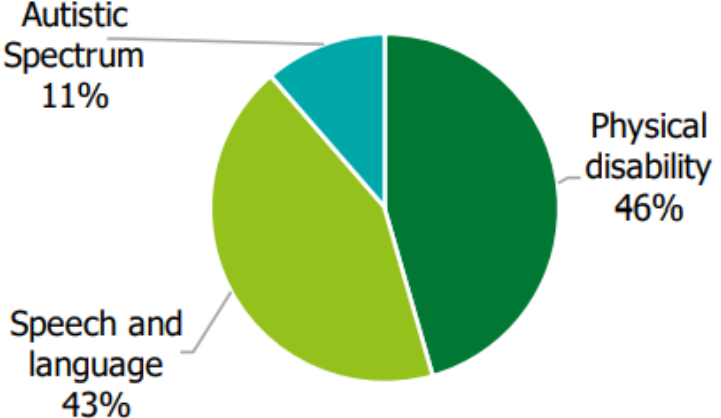
81% of children aged 12-15 months and 80% of children aged 30 months received a review using the Ages and Stages Questionnaires (ASQ) in 2020/21. Of the children aged 12-15 months who received an ASQ, 1,500 (87%) achieved the developmental threshold in all domains, and of those aged 30 months, 1,500 (86%) achieved the developmental threshold.



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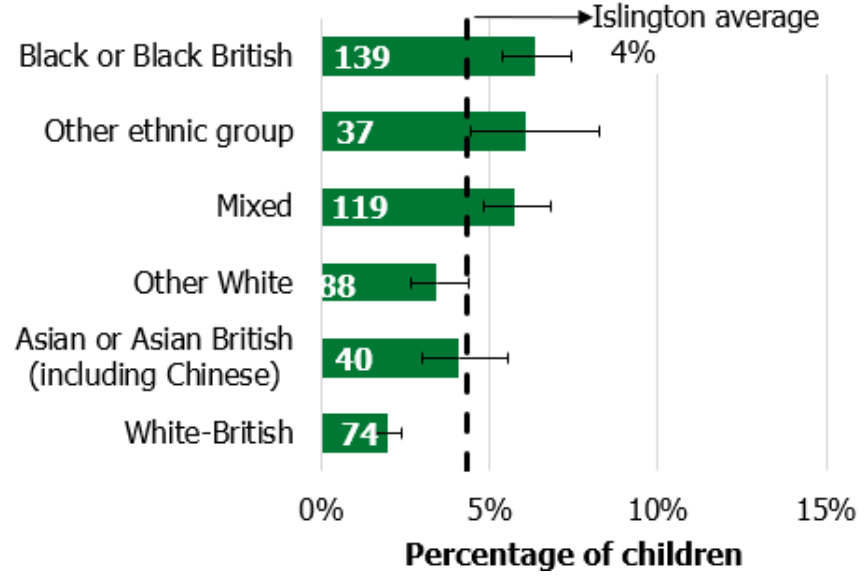
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Percentage of referrals to Islington Additional Needs and Disability Service (IANDS), by diagnostic category, children aged under 5, Islington, 2020/21



In 2020/21, about 530 children aged under 5 were referred to Islington Additional Needs and Disability Service (IANDS).

Number and percentage of children aged under 5 identified as having severe long-term health condition or disability, by ethnicity, children aged under 5s, Islington resident population, 2020/21



In 2020/21, 4% of children aged under 5 in Islington had severe long-term health condition or disability (about 530 out of 12,220). The proportion was significantly higher among children under 5 from Black or Black British and Mixed ethnic groups (6% respectively), and lower among children under 5 from White or White British (2%) compared to the Islington average.

Early Years Foundation Stage (EYFS) ⁽¹⁸⁾

Children who achieve a Good Level of Development (GLD) at the EYFS are regarded by the DfE as being 'school ready'. In 2022 in Islington 64.7% were school ready, which is slightly below the national figure and 2.8% points below Inner London. While the 2022 outturns are not directly comparable with the most recent 2019 outturns from before the Covid-19 pandemic, performance is lower than it was then across England. The pandemic has had an adverse impact on the education of many young people and overall outcomes have been lower in 2022 across all points of assessment in the primary phase.

% Achieving a Good Level of Development at the Early Years Foundation Stage in 2021/22



Gender and ethnicity ⁽¹⁸⁾

- There is a gender gap in favour of girls at 10.5% points compared to national gap of 13.2% points.
- The gender gap is smaller in 2022 compared to 2019, but only because overall performance has dropped.
- The lowest performing ethnic groups at the EYFS were Turkish or Turkish Cypriot (43.1% GLD), Other Ethnic Group (49.6%), Kurdish (54.5%), Mixed White & Black Caribbean (56.2%), Black Caribbean (58.1%) and Somali (60.9%).

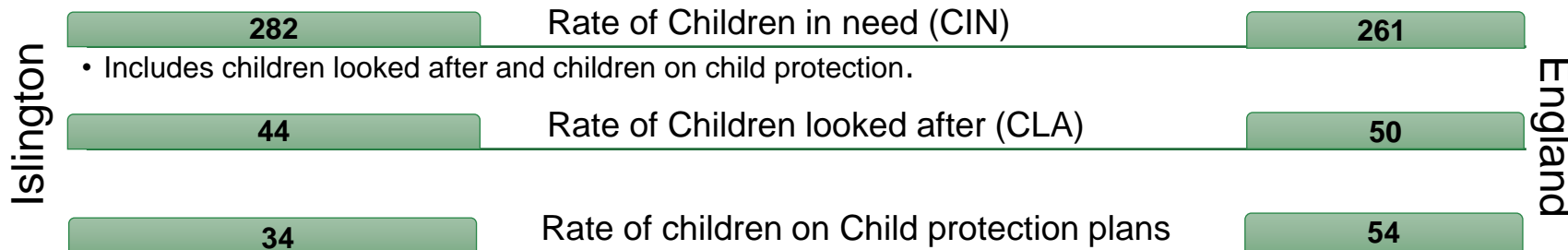
Locality, disadvantage & SEND ⁽¹⁸⁾

- Broadly, the same proportion of children living in the Central and South Localities achieved GLD as the borough average of 64.7%, whereas only 61.4% of children living in the North locality achieved GLD.
- Islington has a disadvantage gap at the EYFS of 17.4% points compared to 19.7% points nationally.
- The Free School Meal (FSM) disadvantage gap in 2022 was bigger than it was in 2019, meaning that fewer children from poorer households were school ready when starting Key Stage 1 in September 2022.
- More Islington pupils with Special Educational Needs (SEN) achieved GLD compared to national.

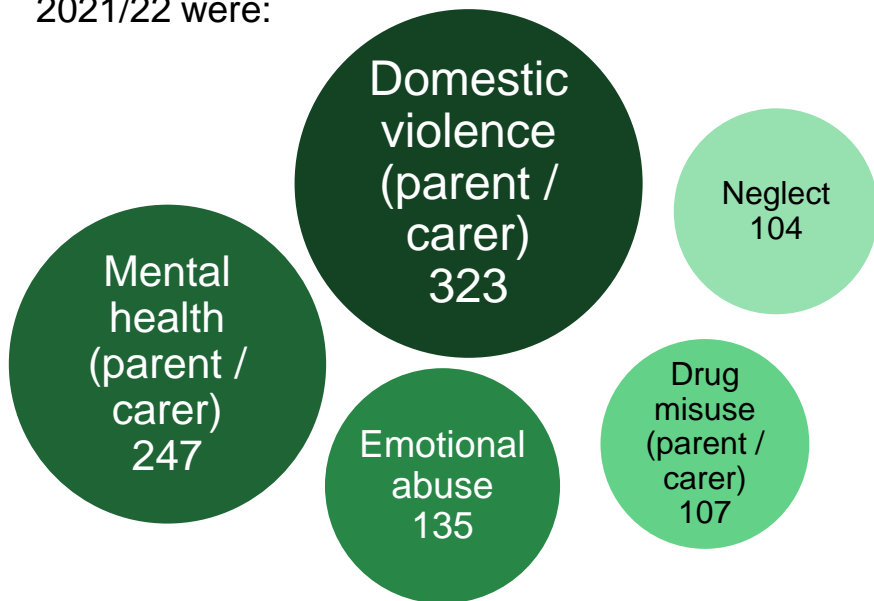


Safeguarding under 5s ⁽¹⁸⁾

The rates per 10,000 for Children Social Care (CSC) as of 31st March 2022 and based on 2021 ONS mid-year population estimates for under 5s are shown below.

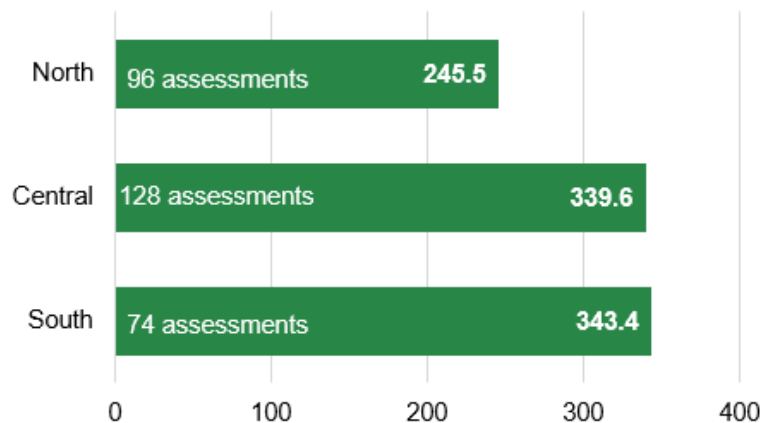


Top 5 factors identified during children's social care assessments involving under 5s in 2021/22 were:



The rate of Early Help assessments for those aged under 5, started between 1 March 2022 and 28 February 2023 per 10,000 in each new locality show, North locality with a lower rate of assessments.

Early help assessments rate per population of 10,000



Key documents for further information

- [Bright Start profile: needs and key health priorities for families with children under the age of 5 in Islington.](#)
- [Bright Start Strategy 2023-28.](#) The Bright Start 2023-28 Strategy is Islington's strategy for maternity and early years from conception to age five, including the Start for Life 0-2 offer
- [Family Hubs and Start for Life national programme](#)



Developing Well – 5-10 year olds

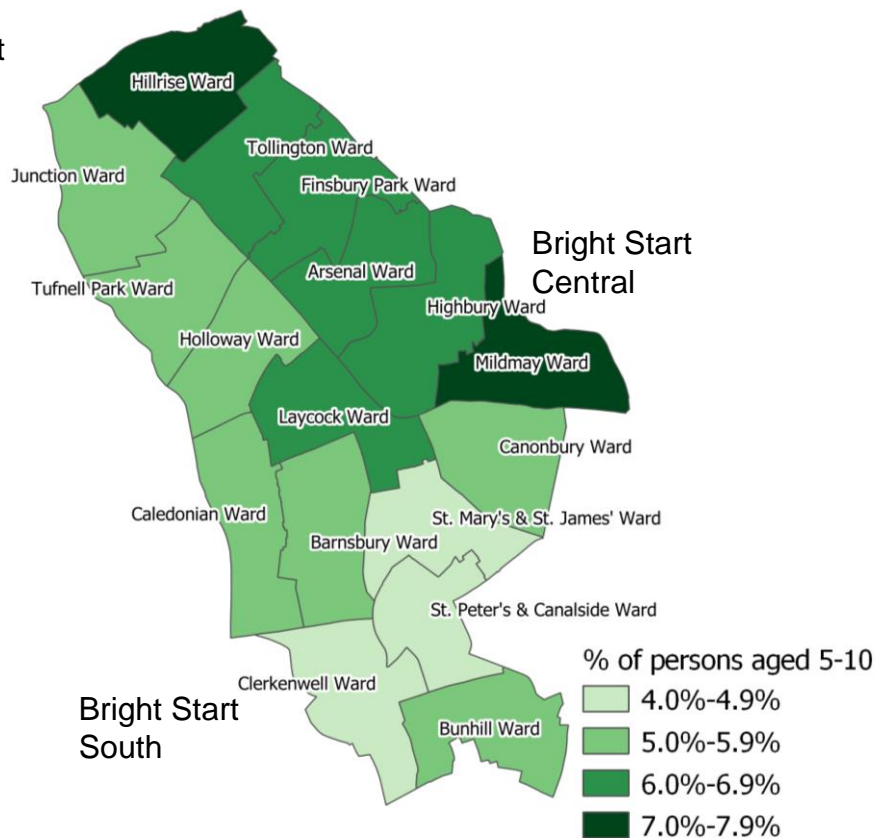


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Childhood – 11,825 children aged 5-10 years

There is an even split of boys and girls aged 5-10 years. The population living in the north and east of the borough has a higher proportion of 5-10 year olds. (1)

Bright Start North



Bright Start South

Ethnicity 5-10 CYP population (2)

The top five most common ethnicities in 5-10 population in Islington are: White British, White Other, Black African, Black Somali and Other Mixed ethnic groups.

Free school meal eligibility (18)

In January 2023, **41.5%** of primary school pupils were eligible for free school meals. This is nearly double the latest available national rate of **23.1%** (Jan 2022).

The percentage of pupils eligible for FSM by locality show Central at 42.1%, North at 42.8% and South highest at 46.2%.

In January 2022, 15.2% of Islington primary pupils had become newly eligible for FSM since the start of the pandemic, the 5th highest proportion in England.

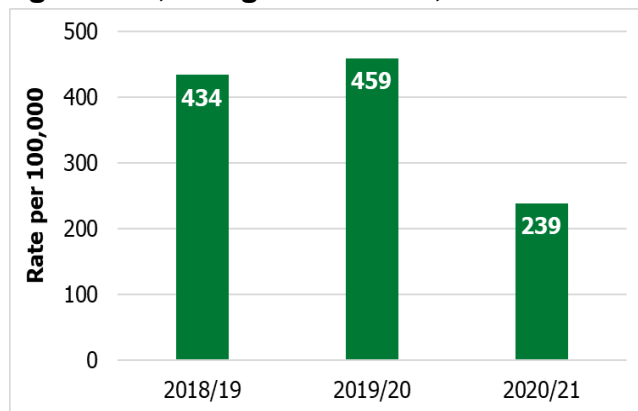


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Dental decay (14)

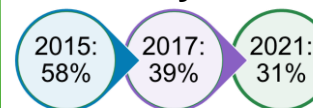
Rate of hospital admissions due to dental decay in children and young people aged 0-10, Islington 2018/19, 2019/20 and 2020/21.



In 2018/19 the mean dental decay in Islington was significantly below London and England values. In 2020/21 there was a drop in hospital admissions due to dental decay which was likely due to the pandemic restrictions around that time.

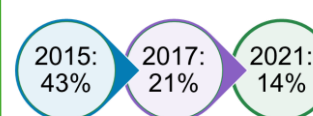
Physical activity (16)

Boys



There has been a decrease in the percentage of pupils who report being active at least 5 days the previous week among both male and female primary school pupils.

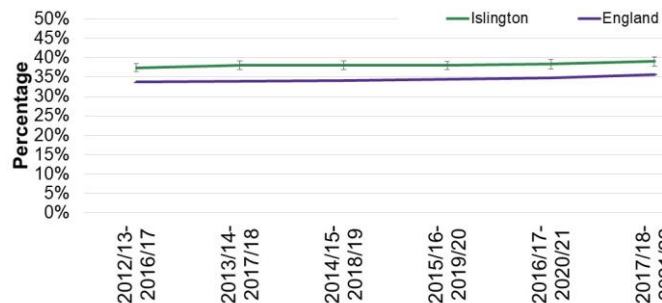
Girls



The decline in physical activity in 2021 is likely due to COVID lockdowns.

Childhood obesity (15)

Five-year time trend of overweight/obesity prevalence in Islington residents in Year 6

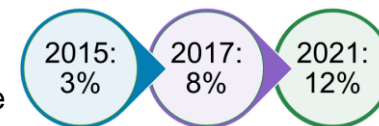


The latest 5-year average prevalence of overweight and very overweight among Year 6 pupils in Islington is 38% which is similar to previous years and similar to London, but is significantly higher compared to England.

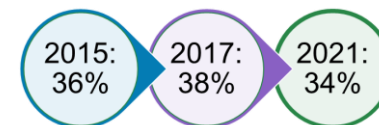
In 2021/22, obesity levels were similar to pre-pandemic levels in both Reception (22%) and Year 6 cohorts (41%) in Islington schools, however there was a significantly higher prevalence among Black Year 6 pupils (46%) and pupils from Other ethnic group (50%).

Healthy eating (16)

Percentage of Islington pupils not eating breakfast before school



Percentage of Islington pupils eating at least 5 portions of fruit and vegetables



Mental health and worries

Resilience, self-esteem and happiness (16)

90% of primary pupils said they worry 'quite a lot' or 'a lot' about at least one of the issues listed; **45%** said they worry 'quite a lot' or 'a lot' about the mental health of someone in their family. (16)

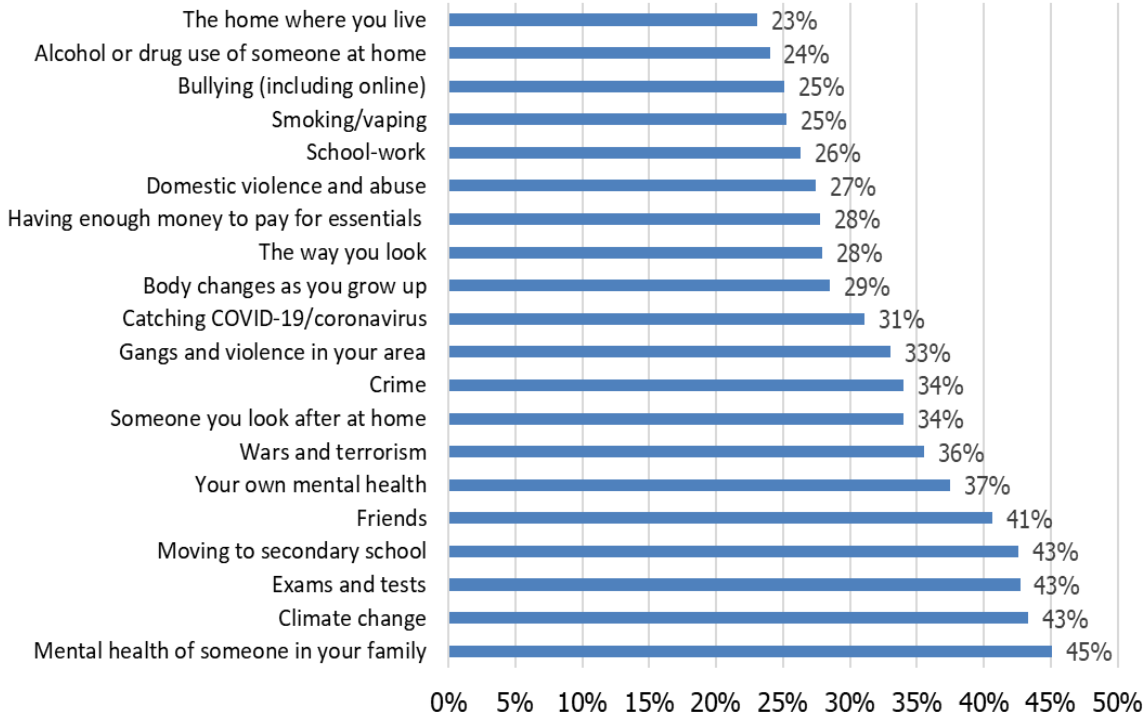


The proportion of primary school pupils with high levels of resilience has **significantly fallen from 38% in 2017 to 32% in 2021.**

The proportion of primary school pupils with high levels of self-esteem has **significantly fallen from 35% in 2017 to 28% in 2021.**



The proportion of primary school pupils who were quite or very happy with their life at the moment has **significantly fallen from 75% in 2017 to 64% in 2021.**



At the end of 2020/21, **581** children and young people in the primary school age range were on the caseload of Islington's Child and Adolescent Mental Health Services. By the end of 2021/22, this had increased slightly to **609**, a **5%** increase in a year. (18)



Phonics screening check (Year 1) ⁽¹⁸⁾

Children take the Phonics Screening Check in Year 1. In 2022 in Islington, 77% of children achieved the expected standard, 2% points above the national figure and just 1% point below Inner London. This cohort of children will have missed significant amounts of schooling due to the Covid-19 pandemic, and this is reflected in their overall performance, which in Islington decreased by 7% points compared to 2019, when 84% achieved the expected standard. This is in line with the national drop in performance over the same period.

% Achieving the Phonics Screening Check in 2022



Gender and ethnicity ⁽¹⁸⁾

- There is a gender gap of 6% points in Phonics in Year 1 in favour of girls compared to a 7% point gender gap nationally.
- Although higher proportions of boy and girls passed Phonics in Islington compared to national, the gender gap persists.
- The lowest performing ethnic groups in Phonics were Mixed White & Black Caribbean (65%), Asian Other & Chinese (65%), Turkish or Turkish Cypriot (67%), Black Caribbean (67%) and Somali (69%).

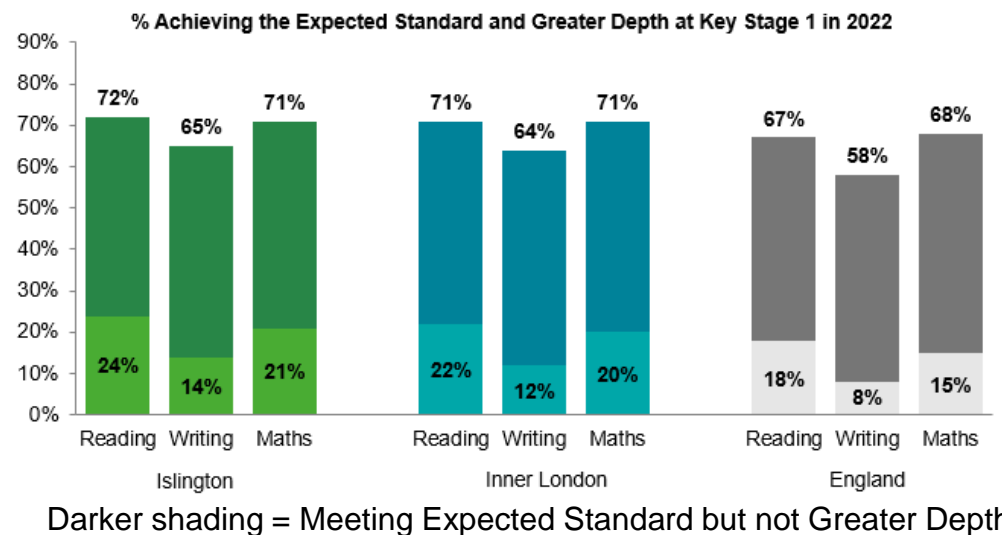
Locality and disadvantage ⁽¹⁸⁾

- There were only small variations in the Phonics pass rate between the three Islington Locality areas: Central (78%), North (77%) and South (76%).
- In Islington there is a disadvantage gap in Phonics of 16% points compared to 17% points nationally.
- A higher proportion of disadvantaged (Free School Meal eligible) pupils passed Phonics in Islington (67%) than did so nationally (62%).



Key Stage 1 ⁽¹⁸⁾

Children in Islington performed better than national at Key Stage 1 in 2022 and better than Inner London in reading and writing, and in line with Inner London in maths. This cohort of children will have experienced disruption to their education as a result of the Covid-19 pandemic during both years they were in Key Stage 1. The subject most adversely affected by the pandemic was writing and while performance nationally dropped by 11% points the corresponding drop in Islington was only 7% points, meaning more children in Islington were ready to access the Key Stage 2 writing curriculum.



Gender and ethnicity ⁽¹⁸⁾

- At KS 1 in 2022 there were gender gaps in favour of girls in reading & writing but boys outperformed girls in maths, both locally and nationally.
- Boys and girls in Islington outperformed boys and girls nationally in all three KS 1 subjects in 2022. The gender performance gaps in Islington were smaller than the national ones.
- The lowest performing ethnic groups in KS 1 for Reading, Writing and Maths (RWM) were Kurdish (32%), Turkish or Turkish Cypriot (48%), Black Caribbean (49%) and Mixed White & Black Caribbean (50%).

Locality and disadvantage ⁽¹⁸⁾

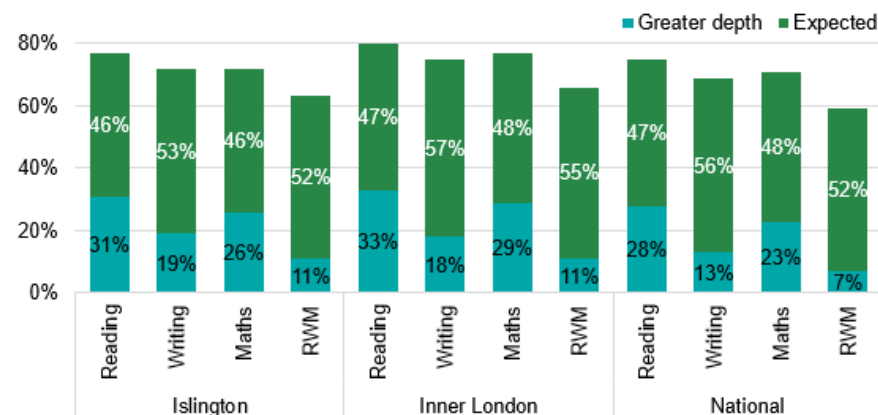
- There were only small variations in KS 1 RWM performance between the three Islington locality areas: Central (62%), North (60%) and South (59%).
- Islington had disadvantage attainment gaps in all three KS 1 subjects, but the gaps were not as large as national.
- Disadvantaged and non-disadvantaged pupils in Islington outperformed similar pupils nationally in all three KS 1 subjects in 2022.



Key Stage 2 ⁽¹⁸⁾

Children in Islington outperformed national across all subjects at Key Stage 2 in 2022, although performance was below Inner London in all subjects. Reading was the only subject that improved in 2022 compared to the pre-pandemic outturns in 2019. Nationally, performance in writing dropped by 9% points and by 10% points in Islington. The decline in performance on the combined measure for reading, writing and maths means that fewer Islington children were as ready for secondary school in September 2022 as would have been the case in the years before the pandemic.

% Achieving the Expected Standard and Greater Depth at Key Stage 2 in 2022



RWM refers to Reading, Writing and Maths

Gender and ethnicity ⁽¹⁸⁾

- There were gender gaps in favour of girls in reading, writing and Grammar, Punctuation & Spelling (GPS).
- Boys outperformed girls in maths, locally and nationally.
- The lowest performing ethnic groups in KS 2 RWM were Black Caribbean (47%), Black Other (53%), African Other (55%), Kurdish (55%) and Mixed White & Black Caribbean (57%).

Locality and disadvantage ⁽¹⁸⁾

- Central (65%) and South (64%) locality areas had the best KS 2 outcomes for RWM, while North (61%) locality had the lowest.
- Islington had disadvantage attainment gaps in all four KS 2 subjects, but the gaps were not as large as national.
- Disadvantaged and non-disadvantaged pupils in Islington outperformed similar pupils nationally in all four KS 2 subjects in 2022.
- The ethnic group with the biggest disadvantage attainment gap was White UK pupils.

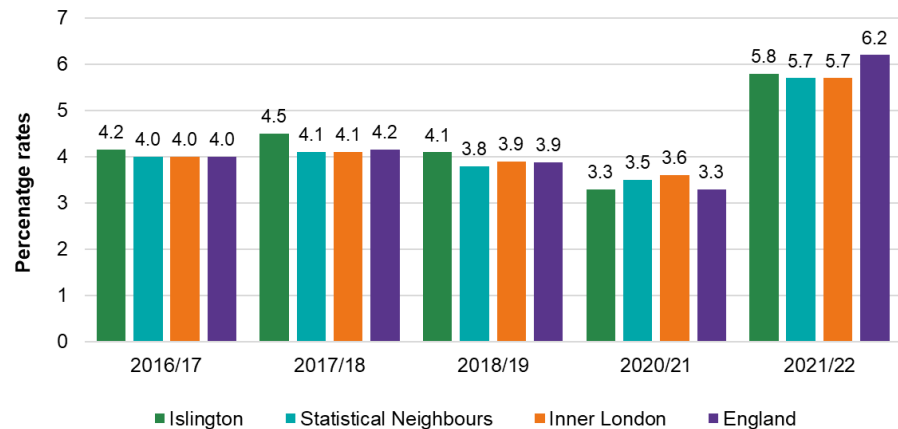


Primary school absence (18)

As schools emerged from the Covid-19 pandemic and pupils returned to school after periods of lockdown and home learning, absence rates across the country increased quite dramatically in the Autumn and Spring terms of the 2021/22 school year.

In Islington, the absence rate in 2021/22 rose to 5.8%, putting it just above our statistical neighbours and inner London but better than the national rate of 6.2%. From April 2022, absence related to Covid was included in the absence statistics, whereas from 2020 it had been excluded. Therefore, more recent absence statistics are not comparable with the trends shown below.

Primary School Absence Rates (2 Terms) in Islington Compared with Benchmarks 2016/17 to 2021/22



Persistent absence & context (18)

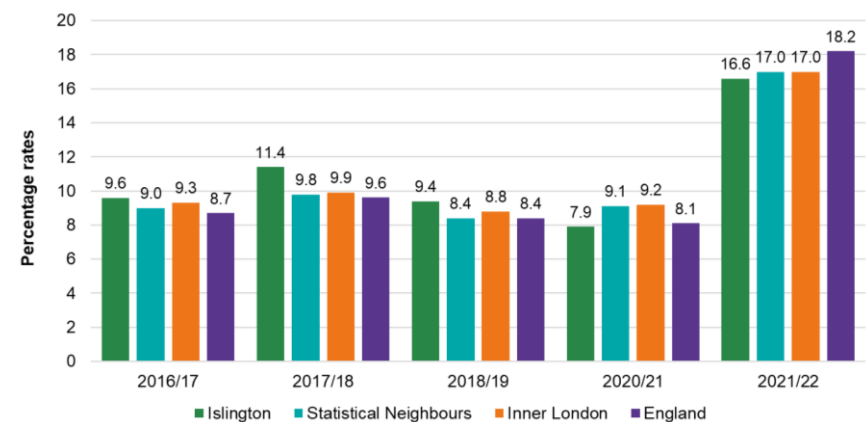
Persistent absence rates were improving up to 2020/21, however, the rate more than doubled in Islington and nationally in 2021/22.

The increases are smaller in London compared to other parts of the country, and Islington saw top quartile performance on this measure.

Pupils from these ethnic groups had high rates of persistent absence in 2021/22: Mixed White and Black Caribbean (30.4%), Black Caribbean (25.3%), White British (21.5%) and Bangladeshi (20.6%).

Free school meal eligible pupils had a high rate of PA, at 26%, although this was better than national for similar pupils, at 30.7%. SEN Pupils with an Education, Health and Care Plan (EHCP) had a PA rate was 31.3%, which was in line with similar pupils nationally.

Primary School Persistent Absence Rates (2 Terms) in Islington Compared with Benchmarks 2016/17 to 2021/22



- Professionals and parents spoke about how to improve persistent absence as part of the Let's Talk Islington engagement⁽¹⁹⁾:
 - Provide sufficient support networks for young people at school and for parents at home
 - Create a culture of understanding around issues children face at home which influence attendance, including adverse childhood experiences and caring responsibilities.
 - Provide an interesting curriculum and encourage alternative pathways
 - Smaller classrooms, setting goals for young people, better support for young people with SEN, access to free meals in school.

"If they had encouraging parents/staff/colleagues/peers, that made them see multiple **opportunities schooling and education opens up for them**. Creating a **more interesting curriculum**. EBacc is not for every child. We need to appeal to what is of interest to them."
(LTI engagement; Secondary school staff member¹⁹⁾)

"Give them a named person to check in with and **allow them to talk about why** they are not attending as much as they should." (LTI engagement; Secondary school staff member¹⁹⁾)

"The first step is **understanding what is the root cause of the absence**." (LTI engagement; Young carer support worker¹⁹⁾)

Persistent absence and the legacy of the Covid-19 pandemic

There appears to be a clear link between the rise in persistent absenteeism with what was happening during and after the Covid-19 pandemic. During the pandemic absence related to Covid-19 was reported under a separate absence code and was not included in the absence statistics. Since April 2022, absence related to Covid is now being included as absence under the 'Illness' category, and included in the headline absence figures, leading to a rise in absence and persistent absence across the country.

Headteachers are recognising that the causes of poor attendance and persistent absence are complex and wide-ranging and are rooted in lockdowns, worsening children's mental health and anxiety about being in school.

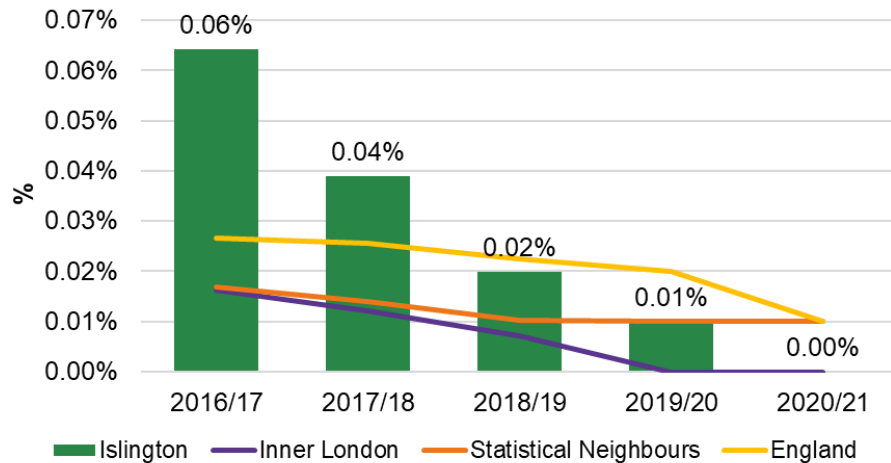


Permanent exclusions

Suspensions

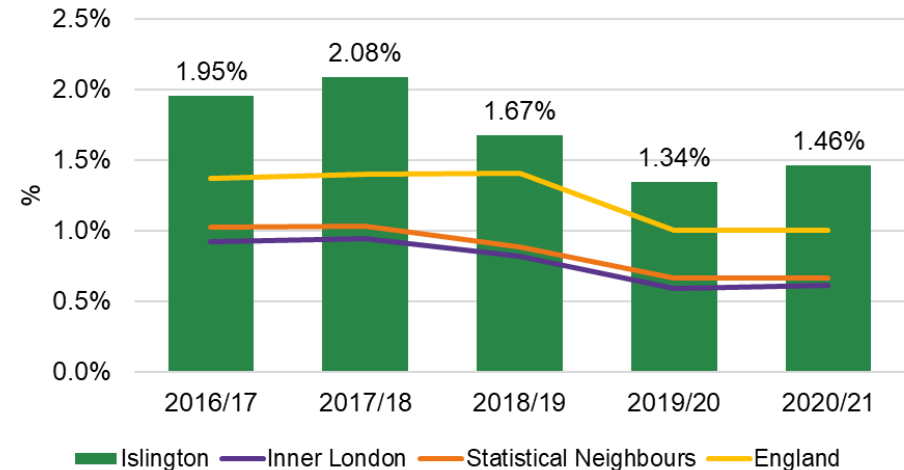
- The permanent exclusion rate in Islington primary schools has historically been above our comparator averages but has fallen over the last five years.
- Exclusion rates are based on the number of exclusions divided by the number of pupils.
- Exclusion rates fell across the country during the pandemic.
- These rates relate to relatively few exclusions for Islington primary schools, falling from 10 in 2016/17 to none in 2020/21.

Primary Permanent Exclusion Rate, 2016/17 - 20/21



- Islington's primary school suspension rate has also fallen over time but remain above the comparator averages.
- The Islington rates relate to 200-300 suspensions each year.
- Boys, pupils from the Black-Caribbean and Mixed-White & Black-Caribbean ethnic groups, White-British pupils eligible for Free School Meals and pupils with Special Educational Needs had higher suspension rates than their peers in Islington in 2020/21.

Primary Suspension Rate, 2016/17 - 20/21

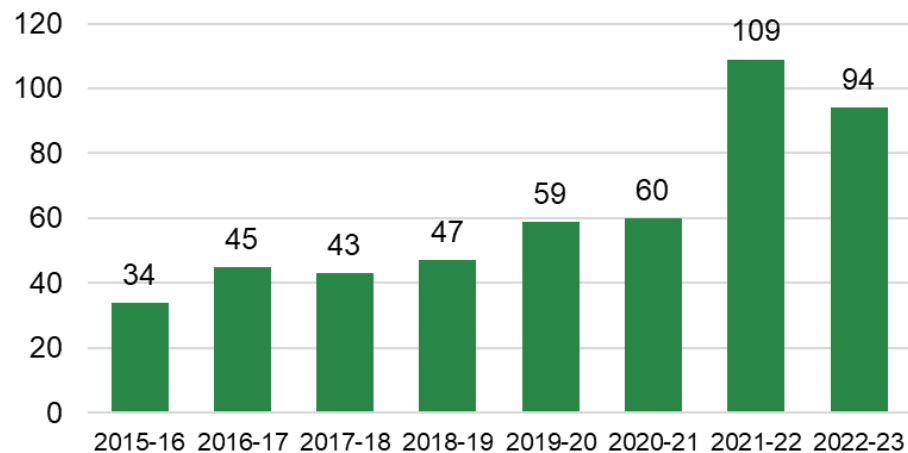


Elective Home Education (EHE) ⁽¹⁸⁾

Numbers in EHE

One of the early features of the Covid-19 pandemic was a rapid increase in the number of children being electively home educated. The numbers of primary school age Islington pupils in Elective Home Education nearly doubled between the start of the 2019/20 and 2020/21 academic years. However, the numbers have started to fall since this time. The increase in Islington was mirrored across other London LAs and nationally.

Number of Children and Young People in Elective Home Education as at the start of the year, Primary school ages, 2015/16 - 2022/23 academic years

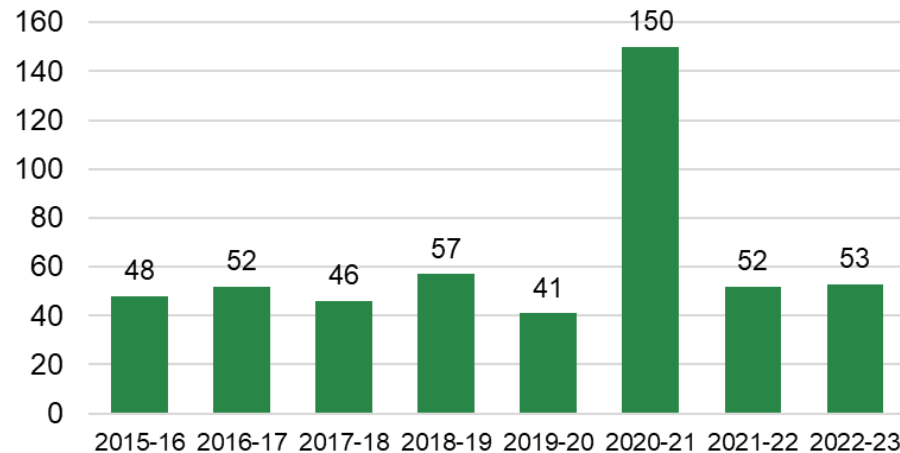


Formal notifications made for EHE

The number of formal notifications for EHE involving Islington primary school age pupils had been broadly consistent from 2015/16 to 2019/20 but then nearly quadrupled in the 2020/21 academic year, during the pandemic.

In the two full academic years since the pandemic started, however, the number of primary school age pupils starting to electively home education each year has fallen back to around the long term average.

Number of Children and Young People commencing Elective Home Education, Primary school ages, 2015/16 - 2022/23 academic years



Special Educational Needs (SEN) ⁽¹⁸⁾

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). This is 5.8% of the resident population in this age group.

The number of EHCPs for primary school age children is projected to increase by another 22.1% over the next three years.

Two thirds (66%) of EHCPs for primary age pupils in 2022 are for Autistic Spectrum Conditions.

The next most common primary needs are Moderate/Severe Learning Difficulties (8%), Social, Emotional & Mental Health Needs (10%)

There are more EHCPs for Autistic Spectrum Conditions amongst primary age pupils than other age groups, peaking around 6 year olds in 2022. Most EHCPs for ASCs are issued in Reception year.

Around three quarters (74%) of Islington primary age pupils with EHCPs attend mainstream schools. The vast majority of Islington primary age pupils with EHCPs attend schools within the borough.

The proportions of primary age pupils with EHCPs who are Black-African, Black-Somali and Black-Caribbean are significantly higher than the proportions of the resident population from these ethnic groups.

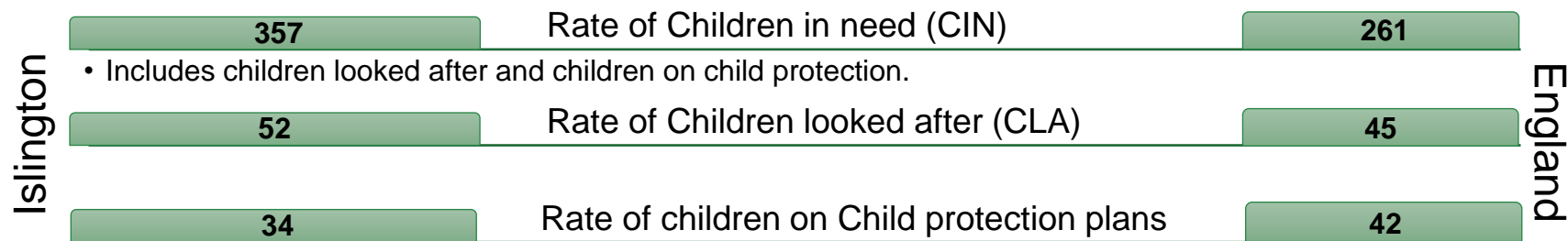
Pupils with EHCPs funded by other boroughs also attend Islington schools:

- In January 2023 there were 696 EHCPs for primary school age children in Islington schools, compared to 654 in the previous year, a 6% increase. The majority (72%) of these are for boys.
- In January 2023 there were 1,925 primary school age pupils in Islington schools who are at SEN Support level of provision, a 4% increase on the previous year.
- The most common need types among Islington primary school age pupils who are at SEN Support level of provision are Speech, Language & Communication Needs (39%), followed by Social, Emotional & Mental Health Needs (23%) and Autistic Spectrum Conditions (13%).

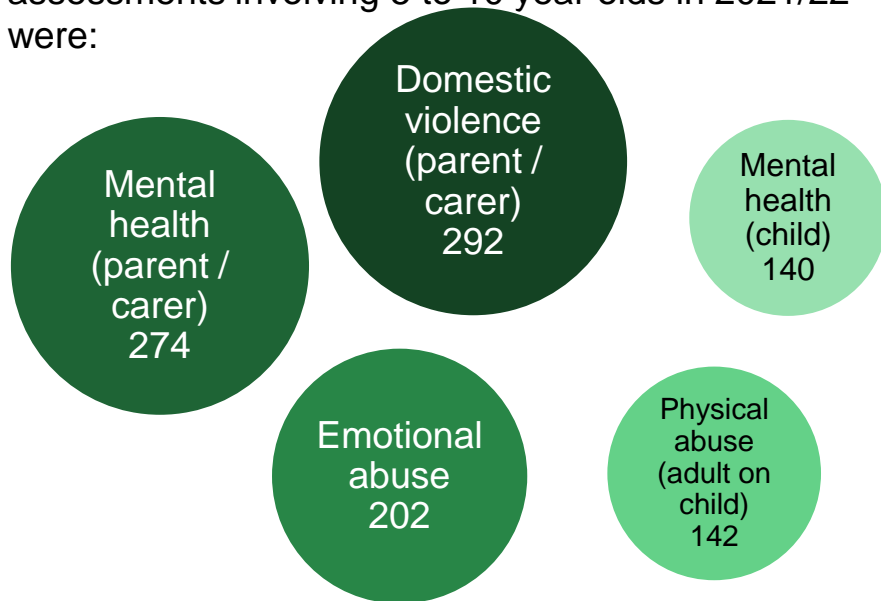


Safeguarding – 5 to 10 year olds ⁽¹⁸⁾

The rates per 10,000 for Children’s Social Care (CSC) as at 31st March 2022 and based on 2021 ONS mid-year population estimates for 5 to 10 year olds (5 to 9 for England) are shown below.

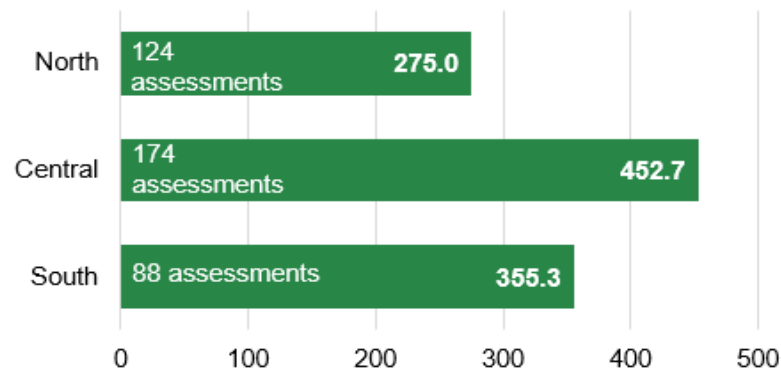


Top 5 factors identified during children’s social care assessments involving 5 to 10 year olds in 2021/22 were:



The rate of Early Help assessments for those aged 5 to 10, started between 1 March 2022 and 28 February 2023 per 10,000 in each new locality show, North locality with a lower rate of assessments.

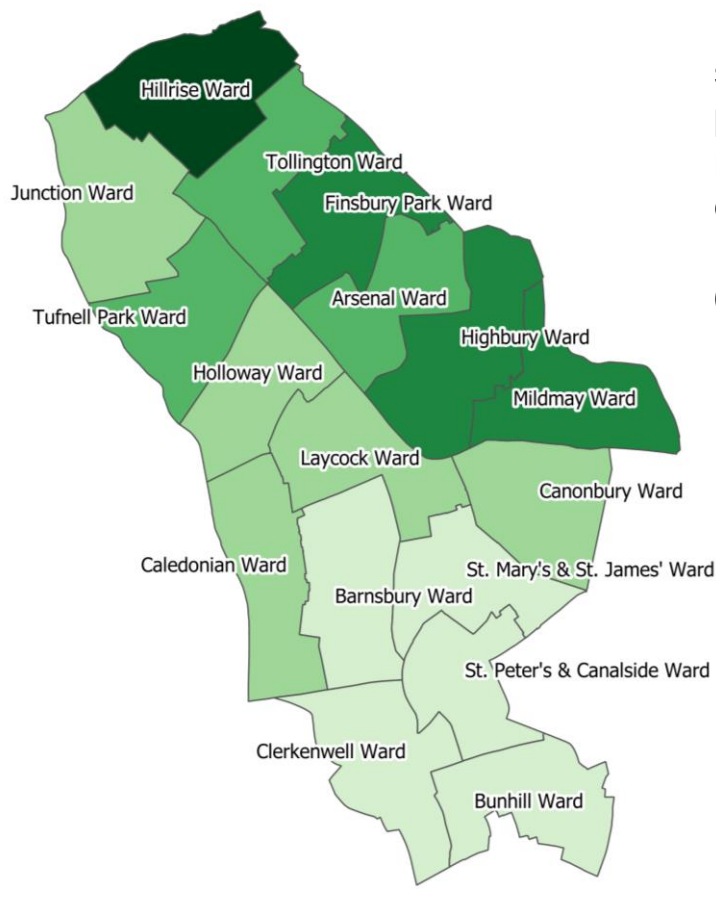
Early help assessments rate per population



Developing Well – 11-15 year olds

Adolescence – 9,995 young people aged 11-15 years

Fifty one per cent of 11-15 year olds are male and 49% are female. The population living in the north and east of the borough has a higher proportion of 11-15 year olds. (1)



Gender Identity

2022, more secondary school pupils identified as non-binary / questioning / unsure (4%) than in 2017 (1%). (16)

Ethnicity 11-15 CYP population (2)

The top five most common ethnicities in 11-15 population in Islington are: White British, White Other, Black African, Black Somali and Other Mixed ethnic groups.

Free school meal eligibility (18)

In Jan 2023, **44.4%** of secondary school pupils were eligible for free school meals. This is more than twice the latest available national figure of **20.9%** (Jan 2022).

The % of pupils eligible for FSM by locality show Central 46.2%, South 50.7% and North highest at 54.0%.

In January 2022, 15.4% of Islington secondary pupils had become newly eligible for FSM since the start of the pandemic, the highest proportion in England.



Physical activity ⁽²¹⁾

A significantly higher proportion of male pupils compared to female pupils reported taking part in sport and exercise.

A consultation with secondary school girls⁽²¹⁾ found that **common reasons for a lack of engagement** with physical activity included too much schoolwork, physical activity being tiring, having a period, lack of self-confidence, negative peer influence or embarrassment in front of boys and not having friends to do activities with.

The **main motivators** were doing fun and varied activities, positive encouragement from family and teachers and being consulted on what activities they would like to do. ⁽²¹⁾

“It’s only fun when you do it with family or friends” (Girls physical activity consultation²¹)

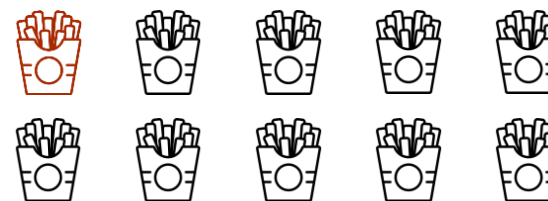
“Girls only sessions in the gym” (Girls physical activity consultation²¹)

“[Talking about period] afraid of leaking” (Girls physical activity consultation²¹)

Healthy eating ⁽¹⁶⁾

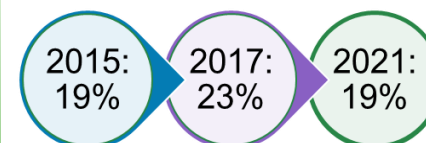


Around **3 in 10** (29%) students in Year 8 and Year 10 said that they had **nothing to eat or drink** before lessons on the morning of the survey.



1 in 10 (10%) students in Year 8 and Year 10 said that they **had eaten take-away food** on most days, or every day, in the last week.

Percentage of Islington pupils eating at least 5 portions of fruit and vegetables



Slight increase in fruit and vegetables consumption from 2015 to 2017, but returned to the same level by 2021.

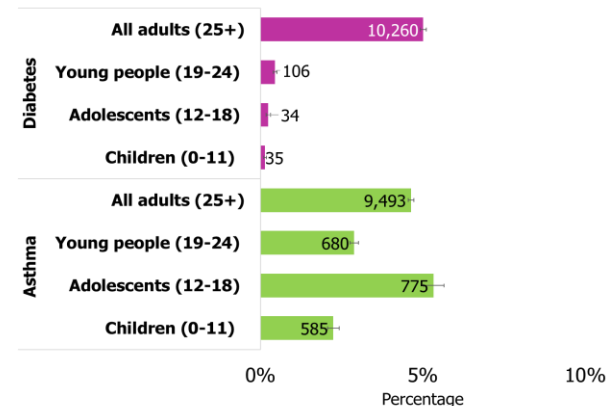


Key long term conditions (22)

Asthma is the most common long-term condition among children and young people in the UK and under-diagnosis and poor treatment and management of asthma are common. In Islington, the prevalence of asthma is highest among adolescents (5.3%, 775 adolescents) than children, young people and adults. Note that as national estimates suggest 10% of children have asthma, this data may be under-estimating the true prevalence, e.g. excluding cases of mild asthma.

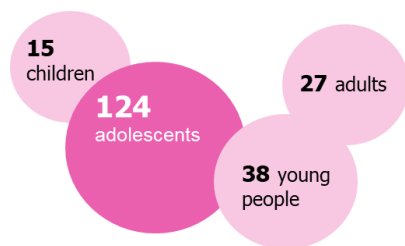
Diabetes prevalence in children and young people is lower compared to asthma, however it is less well managed by young people living in deprived areas or from minority ethnic groups. Majority of young people with diabetes have Type 1, which is not caused by poor diet or unhealthy lifestyle.

Prevalence and number of registered population, with diabetes and asthma, Islington, December 2021

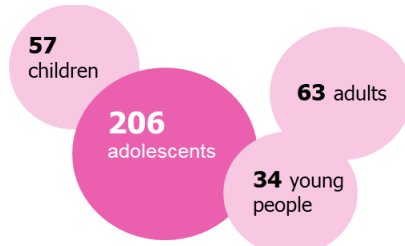


Diabetes (22)

A&E attendance



Emergency hospital admissions

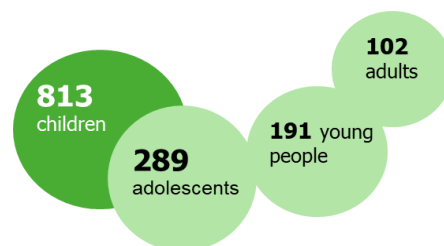


A&E attendances and emergency hospital admissions for diabetes is highest among adolescents (12-18 year olds) compared to other age groups.

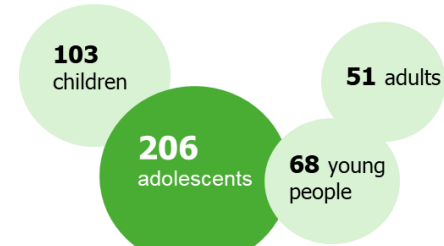
Note: The A&E attendance and emergency hospital admissions are rates per 100,000

Asthma (22)

A&E attendance



Emergency hospital admissions



A&E attendances for asthma is highest among children (0-11 years), however emergency admissions is highest among adolescents (12-18 year olds).

Note: The A&E attendance and emergency hospital admissions are rates per 100,000



Mental health (22)



In Islington it is estimated that **nearly 1 in 5 (19%) of 11-16 year olds** have a mental health disorder. This figure **increases to 22% for 17-19 year olds**.



21% increase in referrals to the Social Emotional and Mental Health Central Point of Access (CPA) from 2020/21 to 2021/22 (October to September). The number of referrals was higher for **11-15 year old** age group, making up **46.1%** of the referrals in 2021/22 – a 0.6% increase on 2020/21.

15,060 contacts with Islington Child and Adolescent Mental Health Services in 2020/21.

Hospital admissions (46)



96 per 100,000 children aged <18 were admitted to hospital for **mental health conditions** in 2021/22.

301 per 100,000 children (aged 10-14 years) were admitted to hospital in 2021/22 **as a result of self-harm**. This is significantly higher than the London average of 175 per 100,000.

Eating disorders (22)



52% increase (from 25 to 38) in referrals for specialist eating disorder services for young people between 2018 and 2021 in Islington.

“**Teach the school** how to properly deal with mental health problems”

(LTI engagement; Secondary school student¹⁹)

“We are feeling **overwhelmed** so missing school, being late. I find it **hard to get out of bed** in the morning.”

“...**Rich people can pay [for mental health support] but poor people can't**. If someone is suffering with anxiety or depression, people can look down on that and call them lazy or overreacting or [a] drama queen”

(LTI engagement Youth hub discussion¹⁹)



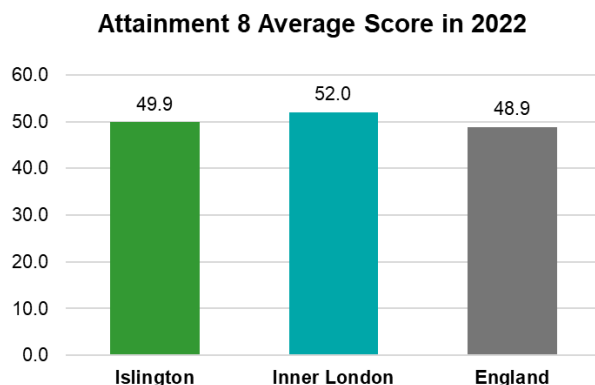
ISLINGTON

For a more equal future

Key Stage 4 – Attainment 8 ⁽¹⁸⁾

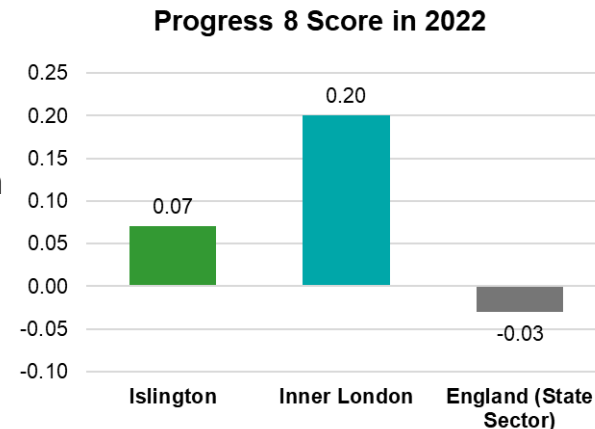
Pupils in Islington achieved a higher Attainment 8 Score than the national average, although their performance was below the Inner London score.

Their score of 49.9 was 4.1 points higher than their pre-pandemic score in 2019.



Key Stage 4 – Progress 8 ⁽¹⁸⁾

Pupils in Islington had a positive Progress 8 score which means they made more progress from Key Stage 2 than similar pupils nationally, although performance was not as high as the Inner London Progress 8 score.



Gender and ethnicity ⁽¹⁸⁾

The gender gap at KS4 is very small and only slightly in favour of girls, by 1 point, compared to a national gap of 5.1 points.

Boys in Islington achieved an Attainment 8 score of 49.4 points, 3 points above the national score for boys. Girls had a score of 50.4, just 1.1 points below all girls nationally.

The lowest performing ethnic groups were Black Caribbean (37.7), Mixed White & Black Caribbean (42.5), White UK (45.7) and Turkish or Turkish Cypriot (48.1).

Locality and disadvantage ⁽¹⁸⁾

Pupils in the South locality area achieved the highest Attainment 8 score of 52.4, while those in Central scored 49.3 and in North 49.0.

The Progress 8 disadvantage attainment gap in Islington, at 0.38, is much smaller than the national gap of 0.71, which shows that disadvantaged pupils in Islington made more progress than their peers nationally.

The gap between White UK FSM eligible and not, at 19 points for Attainment 8, is the biggest attainment gap by disadvantage in all of the ethnic groups in Islington.



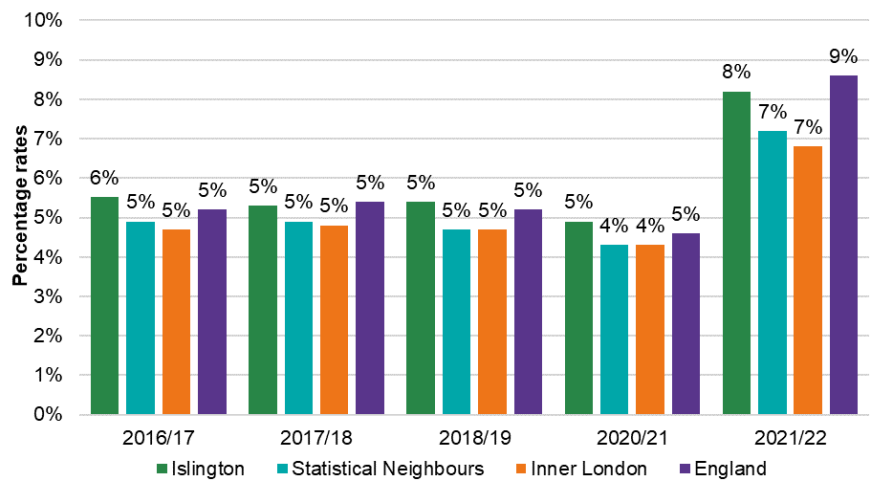
Secondary school absence ⁽¹⁸⁾

As secondary schools emerged from the Covid-19 pandemic and pupils returned to school after periods of lockdown and home learning, absence rates increased quite dramatically in the Autumn and Spring terms of the 2021/22 school year.

In Islington, the absence rate in 2021/22 rose to 8.2%, putting it above our statistical neighbours and Inner London but better than the national rate of 8.6%.

From April 2022, absence related to Covid was included in the absence statistics, whereas from 2020 it had been excluded. Therefore, more recent absence statistics are not comparable with the trends shown below.

Secondary School Absence Rates (2 Terms) in Islington Compared with Benchmarks 2016/17 to 2021/22



Persistent absence & context ⁽¹⁸⁾

Persistent absence (PA) rates increased dramatically in Islington to 24.8% in 2021/22, although this was better than national at 26.7%.

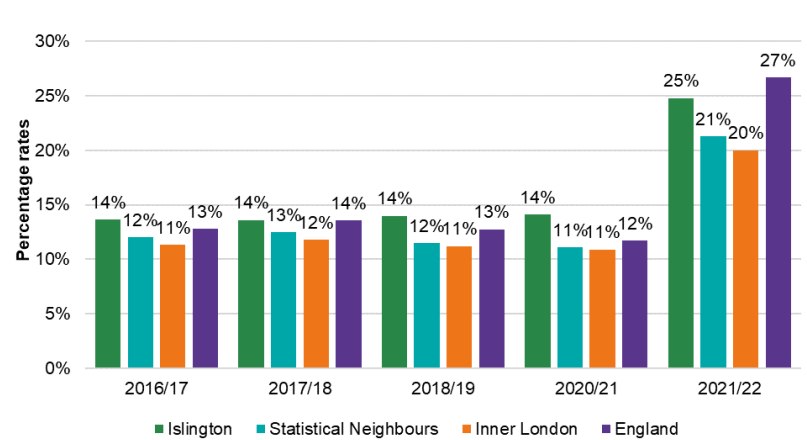
Pupils from these ethnic groups had high rates of PA in 2021/22: Black Caribbean (23.1%), Mixed White and Black Caribbean (42.9%), Indian (40.4%) and White British (38.8%).

Pupils with SEN Support had a high rate of PA, at 28.2%, higher than Inner London and national for similar pupils.

Pupils with an EHCP had a high rate of PA, at 39.0%, which was in line with similar pupils nationally.

Pupils eligible for free school meals had a PA rate of 34.7%, nearly twice the rate for non-eligible pupils.

Secondary School Persistent Absence Rates (2 Terms) in Islington Compared with Benchmarks 2016/17 to 2021/22



Secondary school exclusions and suspensions ⁽¹⁸⁾

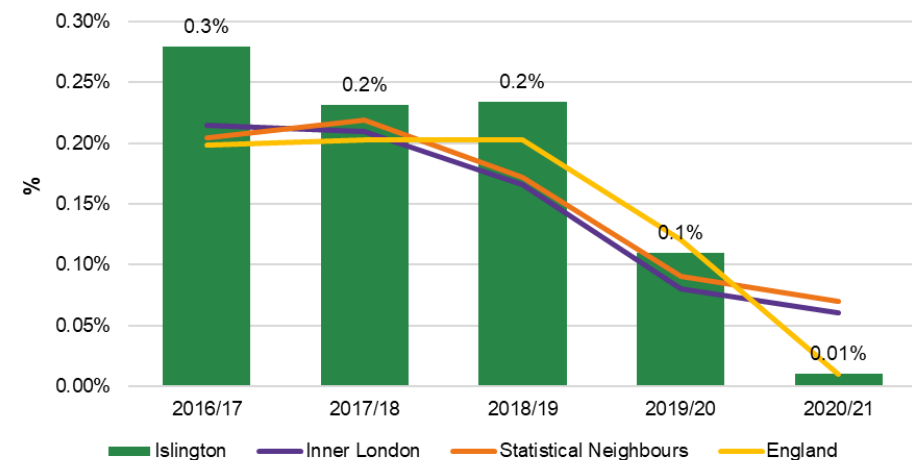
Permanent exclusions

The rate of permanent exclusions in Islington secondary schools had been above the comparator averages, but fell during the pandemic.

The Islington rates had related to around twenty or more permanent exclusions each year, but in 2020/21 there was only one permanent exclusion.

Reducing exclusion and suspension rates has been a focus for the local authority, councillors and the community of schools.

Secondary Permanent Exclusion Rate, 2016/17 - 20/21



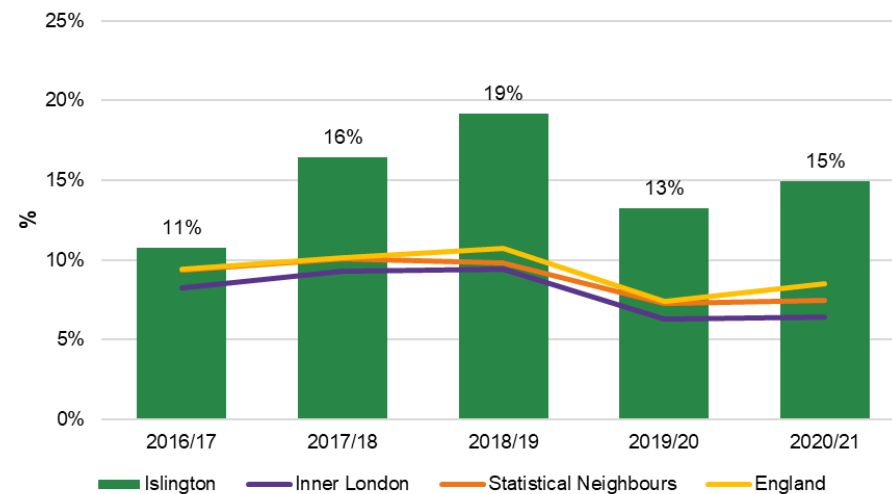
Suspensions

Islington's secondary schools suspension rate has remained above the comparator averages, even during the pandemic.

The Islington rates relate to 1,000 to 1,500 suspensions a year.

Boys, pupils from the Black-Caribbean and Mixed-White & Black-Caribbean ethnic groups, White-British pupils eligible for Free School Meals and pupils with Special Educational Needs had higher suspension rates than their peers in Islington in 2020/21.

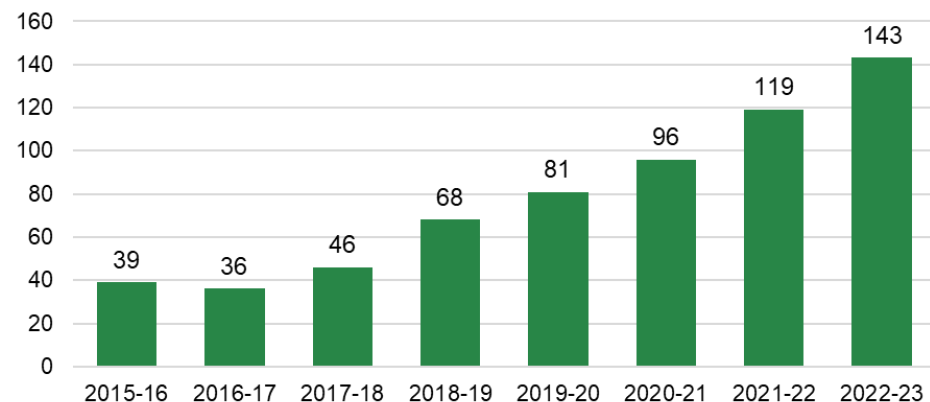
Secondary Suspension Rate, 2016/17 - 20/21



Numbers in EHE

Whilst the pandemic saw a peak in the number of Islington pupils in the primary school age range electively home educated, the number of Islington pupils in the secondary school age range being electively home educated has gradually increased over the last seven years, and has continued to rise in the years following the start of the pandemic.

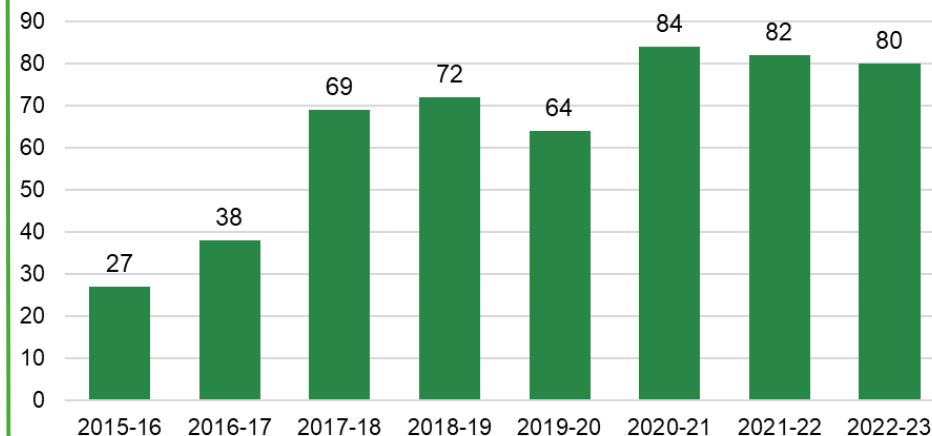
Number of Children and Young People in Elective Home Education as at the start of the year, Secondary school ages, 2015/16 - 2022/23 academic years



Formal notifications made for EHE

Although the number of notifications of new EHE arrangements did increase during the year the pandemic started, the numbers have not fallen by much in the following years. Although the most common reason for these arrangements in 2020/21 was related to the pandemic, in the most recent two years, the most common reasons have been because the child was unhappy at school or cultural / religious / philosophical reasons.

Number of Children and Young People commencing Elective Home Education, Secondary school ages, 2015/16 - 2022/23 academic years



Special Educational Needs (18)

In 2022 there were 548 secondary age pupils with an Islington-funded Education, Health and Care Plan (EHCP), an 8.5% increase on 2021 (505 pupils). This is 5.5% of the resident population in this age group. Three quarters of Islington EHCPs for secondary age pupils are for boys.

The number of EHCPs for secondary aged pupils is projected to increase by another 27.5% over the next three years.

The most common primary need for EHCPs involving secondary age Islington children and young people is for Autism Spectrum Conditions (44%), compared to 66% for primary age pupils.

The next most common primary needs are Social, Emotional & Mental Health Needs (20%), Moderate/Severe Learning Difficulties (16%), and Speech, Language & Communication Needs (10%).

The number of EHCPs for Autistic Spectrum Conditions gradually falls by year of age, although there will be current higher numbers overall in the future as pupils with EHCPs for ASC get older.

Nearly three fifths (57%) of Islington secondary age pupils with EHCPs attend mainstream schools. Around a third (30%) of Islington secondary age pupils with EHCPs attend schools in other boroughs

The proportion of secondary age pupils with EHCPs who are White-British, Black-Somali, and Black-Caribbean are higher than the proportions of the resident population from these ethnic groups, although the differences are not quite significant.

Pupils with EHCPs funded by other boroughs also attend Islington schools:

- In January 2023 there were 542 EHCPs for secondary school age children in Islington schools, compared to 471 in the previous year, a 15% increase. The majority (74%) of these are for boys.
- In January 2023 there were 1,369 secondary school age pupils in Islington schools who are at SEN Support level of provision, a 7.5% increase on the previous year.
- The most common need types among Islington secondary school age pupils who are at SEN Support level of provision are Social, Emotional & Mental Health Needs (32%), followed by Speech, Language & Communication Needs (16%) and Specific Learning Difficulties (14%).



Supporting young people with SEND

In the Let's Talk Islington staff survey, staff made suggestions for helping schools manage demand. This included increased training, funding, classroom support and specialised services, and working more with parents and other agencies. (19)

“**Increased availability for services** such as Educational Psychology Service, Child and Adolescent Mental Health Service, and Speech and Language Therapy, allowing for larger caseloads and **impactful assessment** of those students who do not have Education, Health and Care Plans as this is an increasing concern.” (LTI engagement; Secondary school staff member¹⁹)

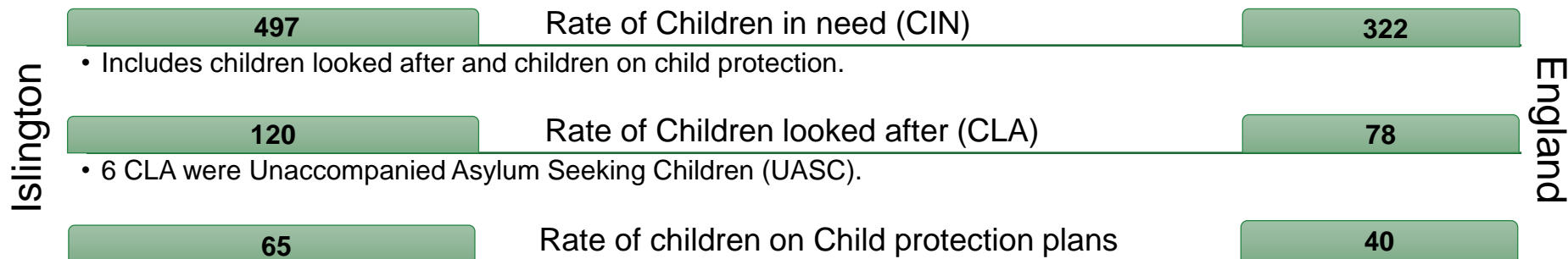
“**Reach out to families** to see if we can better meet their needs.” (LTI engagement; Secondary school staff member¹⁹)

“Teachers should have **training** around this area SEN as part has their degrees as this affects a large amount of children. **Listening and working with the parents** who know their child's needs better than anyone. **Recognizing that race and culture** can also have an impact on how children are treated as certain races and culture would do things differently.” (LTI engagement; Sixth form staff member¹⁹)

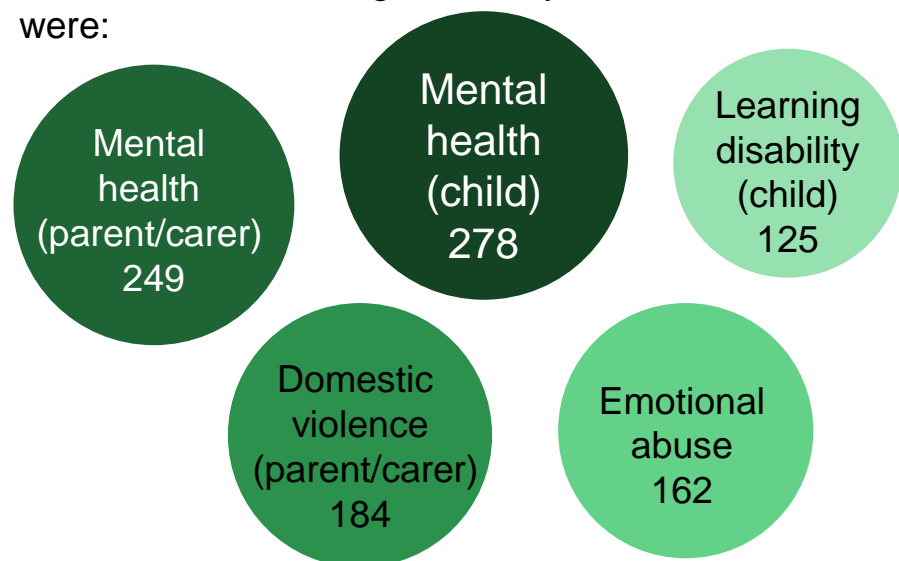


Safeguarding – 11-15 year olds ⁽¹⁸⁾

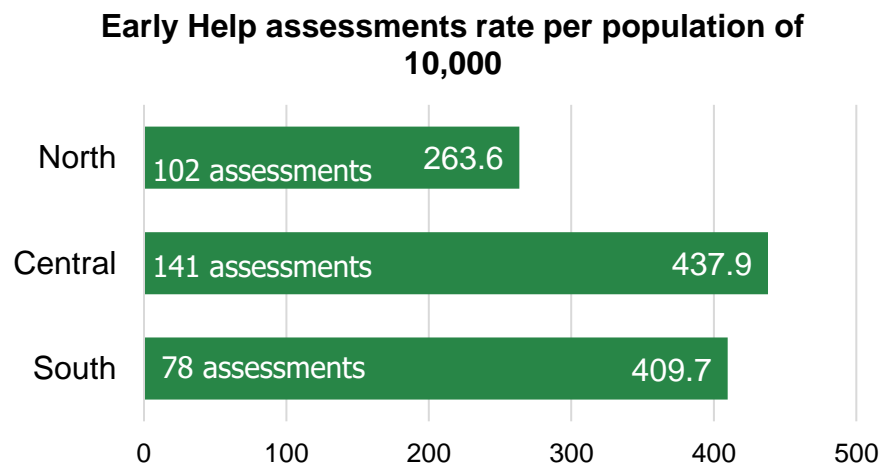
The rates per 10,000 for Children Social Care (CSC) as at 31st March 2022 and based on 2021 ONS mid-year population estimates for 11 to 15 year olds (10 to 15 for England) are shown below.



Top 5 factors identified during children’s social care assessments involving 11 to 15 year olds in 2021/22 were:



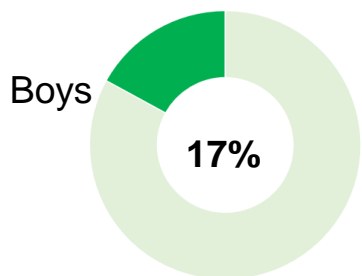
The rate of Early Help assessments for those aged 11 to 15, started between 1 March 2022 and 28 February 2023 per 10,000 in each new locality show, North locality with a lower rate of assessments.



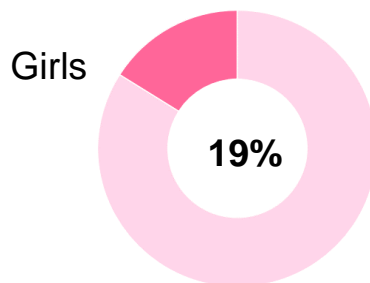
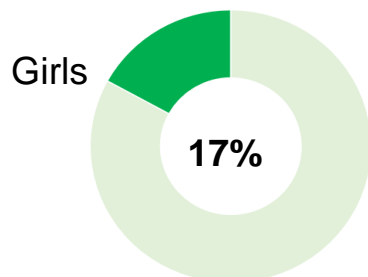
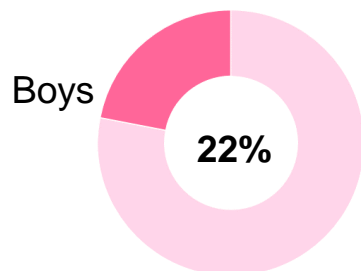
Safety ⁽¹⁶⁾

Of secondary school pupils (2022):

Worried about youth violence



Worried about gangs



Safety worries are similar across male and female Islington secondary school pupils.

Use of weapons ⁽¹⁶⁾

16% of secondary pupils (20% Year 10 boys) said that someone **attacked** or tried to attack them in the last 12 months. 3% said that a weapon was used or threatened.

14% of secondary pupils said they are 'fairly sure' or 'certain' they **know someone who carries a weapon**, down from 26% in 2017.

Bullying ⁽¹⁶⁾



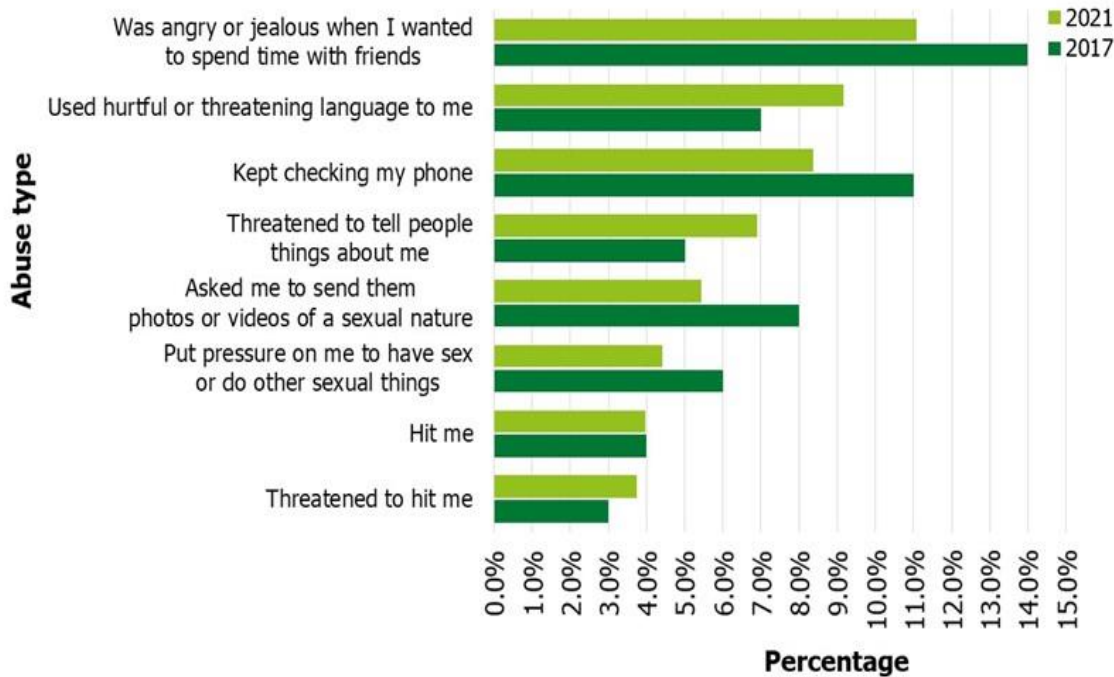
1 in 10 secondary school pupils reported that hurtful comments were posted about them on a social media site and 12% reported that someone used or changed picture to humiliate them online.



A **significantly higher** proportion of pupils who identified as **Black/African/Caribbean/Black British** reported that they thought they had been picked on or bullied because of their skin colour or race when compared to the Islington average.



Relationship abuse experienced with current boy/girlfriend or in the past, Islington secondary school pupils, 2021 vs 2017



More pupils experienced hurtful or threatening language from their current boyfriend/girlfriend or in the past in 2021 compared to 2017.

However fewer pupils reported that their current boyfriend/ girlfriend was angry or jealous when they wanted to spend time with friends in 2021 compared to 2017.

A 2020 DfE study of Serious Case Reviews found the number of cases involving adolescents is growing, and these young people face 'emerging threats' around exploitation.

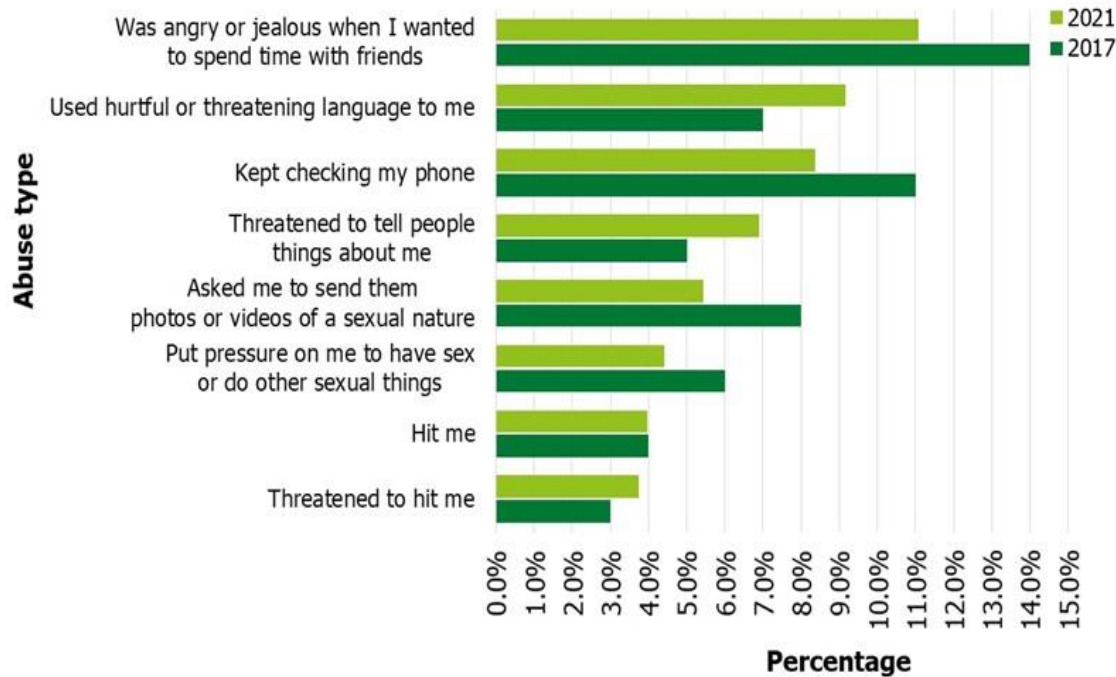
In 2022/23, there have been:

- 37 hazards for child criminal exploitation
- 45 hazards for child sexual exploitation

recorded for Islington children and young people aged 11 to 15 years known to social care.



Relationship abuse experienced with current boy/girlfriend or in the past, Islington secondary school pupils, 2021 vs 2017



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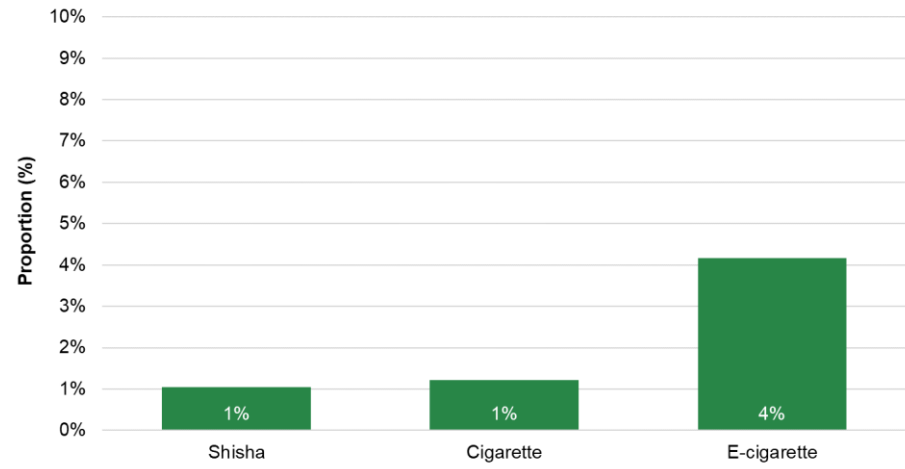
recorded for Islington children and young people aged 11 to 15 years known to social care.



Smoking

One in twenty five secondary school pupils said they occasionally or regularly smoked E-cigarettes, which was more than tobacco cigarettes and Shisha.

Proportion of Islington Year 8, 9 and 10 pupils who said they occasionally/regularly smoked, 2021/22 school year



Year 10 never smoked at all



The number of pupils who have never even tried smoking is increasing.

Alcohol



14% of pupils reported that that they had an alcoholic beverage in the last 7 days.

At a school level, this ranged from 7% to 33%.

Drugs

20% (33% in 2017) of Year 10 pupils said that they have been offered cannabis, while 7% (14% in 2017) said that they have used it.

Drugs	% 2021		% 2017	
	Offered	Used	Offered	Used
Cannabis	20	7	23	14
Solvents used as drugs	4	0	8	5
Poppers	3	0	4	1
Cocaine	3	0	6	2
Ecstasy	3	0	6	2
Nitrous oxide (not asked in 2017)	10	4	-	-

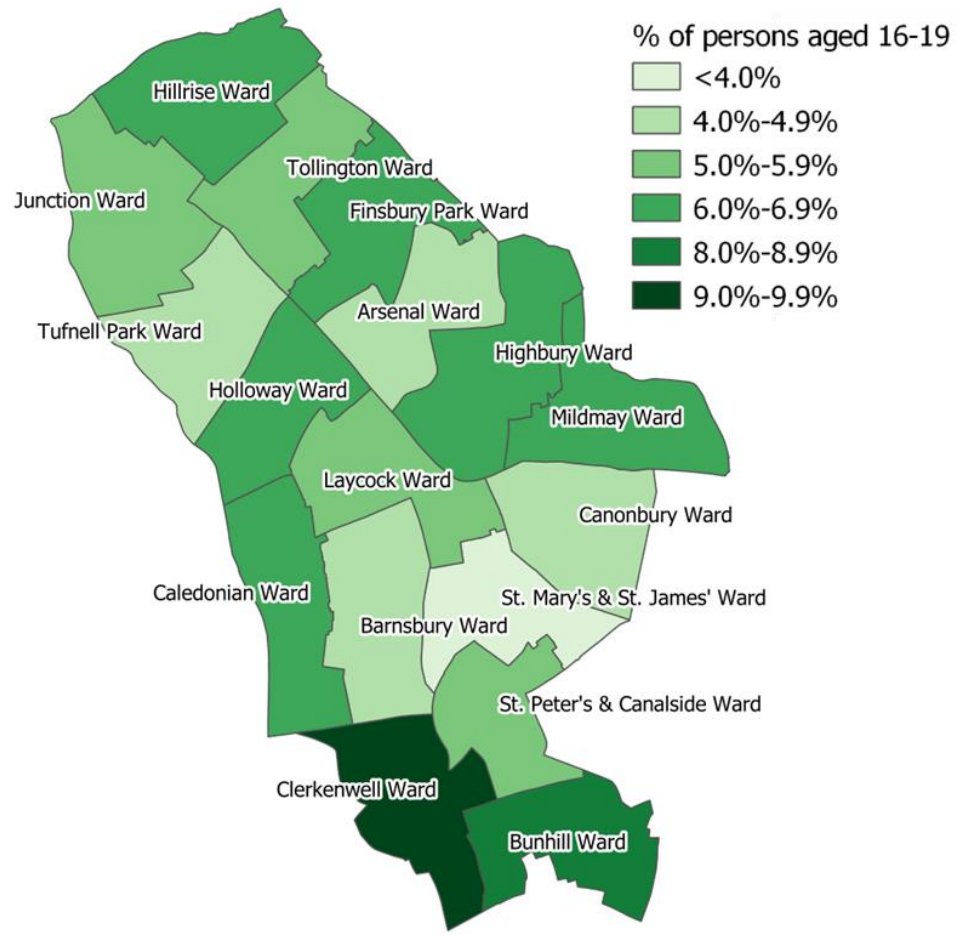


Progressing into adulthood well



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

There is a broadly even split of boys and girls aged 16-19 years. 49% of the 16-19 population are male and 51% are female. The population living in the south of the borough has a higher proportion of 16-19 year olds. (1)

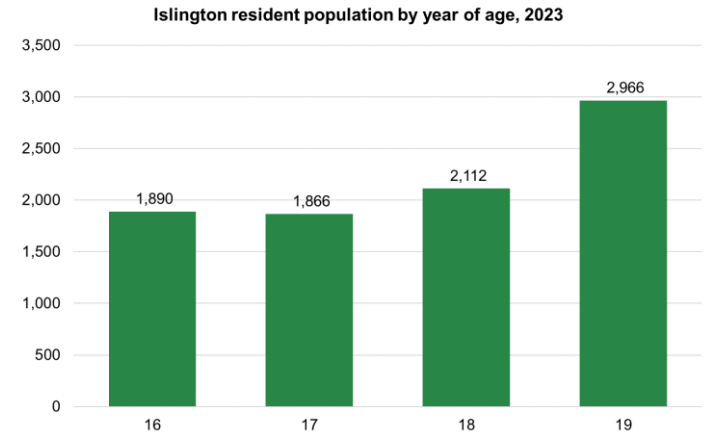


Ethnicity 11-16 CYP population (2)

The top five most common ethnicities in 16-19 population in Islington are: White British, White Other, Asian Bangladeshi, Black African, and Other Mixed ethnic groups.

Population by age (1)

More people aged 18 and 19 move into Islington than move out, to work or study. Whilst there are fewer than 1,900 Islington residents aged 16 or 17, and just over 2,100 18-year olds, there are almost 3,000 residents aged 19.



Healthy weight – What do young people think? ⁽⁴⁴⁾

In podcasting group sessions with 16-18 year olds, young people discussed barriers to maintaining a healthy weight and changes they would make to encourage healthy habits. Six key themes emerged:



1. Access, availability & visibility

“The **availability makes a big difference**. If unhealthy foods are more available they are more likely to be eaten by the majority. If we show and have **more healthier options in our shops, more people will incorporate these.**” (PPL Engagement⁴⁴)



2. Education

“I want teachers and fitness influencers to talk about **how to maintain a healthy lifestyle**. Not only about getting it and going back to your old routine. It’s all about consistency” (PPL Engagement⁴⁴)



3. Family Influence

“**You don’t know what’s at home**. Some people who are less fortunate don’t have the most expensive food which is more healthy” (PPL Engagement⁴⁴)



4. Peer-to-peer influence

“**My friend told me about the LIFT Youth Hub** that is a gym for kids for free. I was kind of shocked that it was for free and didn’t know there were any junior gyms here and I was really happy because I wanted to lose more weight”



5. Role model influence

“I looked up to my parents, looked up to my PTs, my **boxing coaches**. They were the ones telling me not to look at social media and just do my own thing” (PPL Engagement⁴⁴)



6. Building confidence & resilience

“I was **picked on** a couple of times at school, which **made me want to start boxing and improve my mentality**. It gave me all the motivation to be fit, healthy and get stronger. Every day I wake up, all I think about is boxing and when the gym is not open after school, I workout at home or go for a run or a walk in the park” (PPL Engagement⁴⁴)



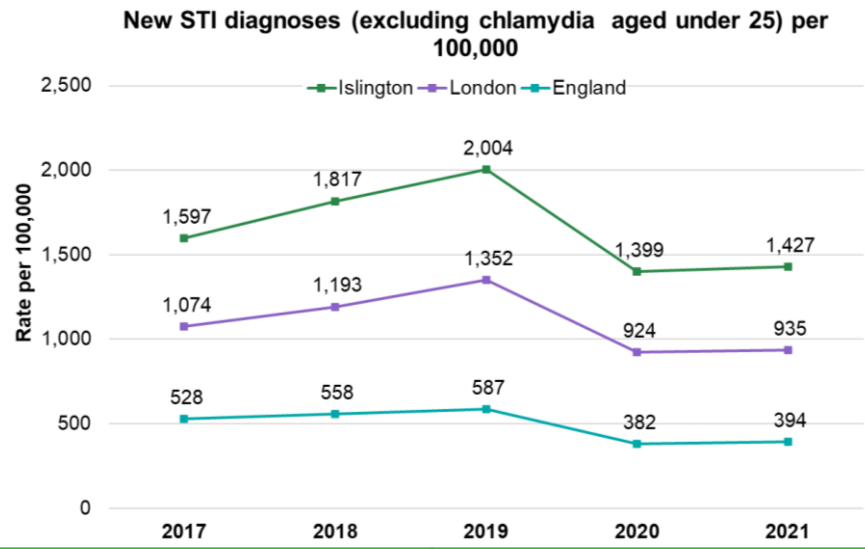
ISLINGTON

For a more equal future

Sexual health and relationships



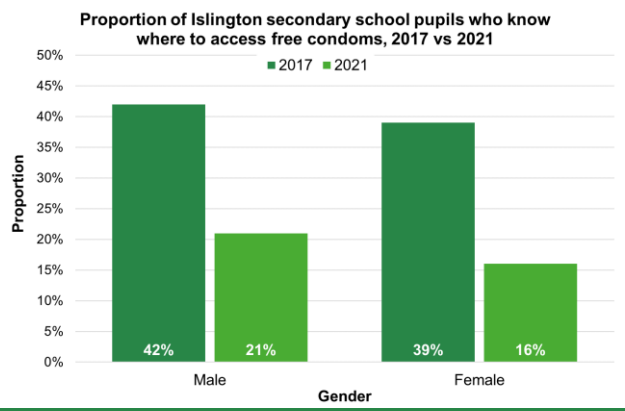
Among Islington secondary school pupils, the proportion of pupils who identify as Lesbian/Gay/Bisexual/Questioning/Other has increased **(21% in 2021 vs 8% vs 2017)**. (16)



New STI diagnoses among under 25-year-olds accessing sexual health services in Islington has decreased **(1,427 per 100,000 in 2021 vs 1,597 per 100,000 in 2017)**. This is in line with the regional and national trend. (32)

Contraception (16)

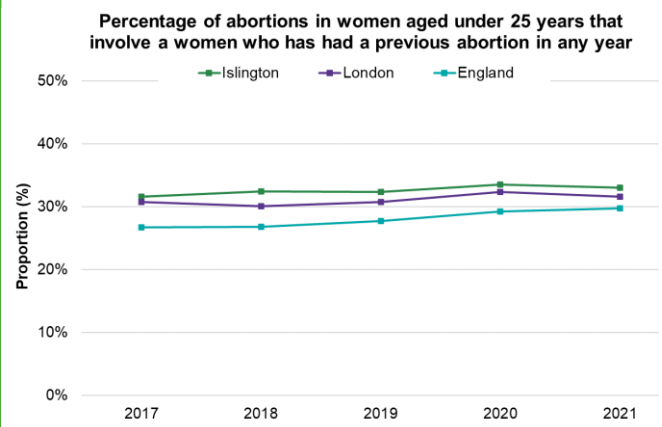
The 2021 results show that **81% of secondary school pupils didn't know or were unsure about where to go for sexual health services.**



A lower proportion of male and female pupils know where to access free condoms in 2021 compared to 2017.

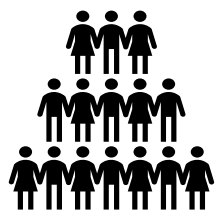
Abortions (45)

Overall, **1,110 abortions** occurred in Islington in 2021, a rate of **16 per 1,000 female** aged 15-44 years.



Out of **117 girls and women** aged under 25 who had an abortion in 2021, **33%** had experienced a **previous abortion** compared with the **national average (30%)** and **London average (32%)**.

Youth Violence



1,782 violent crime victims aged 1-24 in 2022, an increase of 7% from 2021 (1,037 victims aged 18-24, a 3% increase). (17)



5% increase in violent crime perpetrated by young people aged 1-24 between 2021 and 2022. (1% increase for young people aged 18-24). (17)



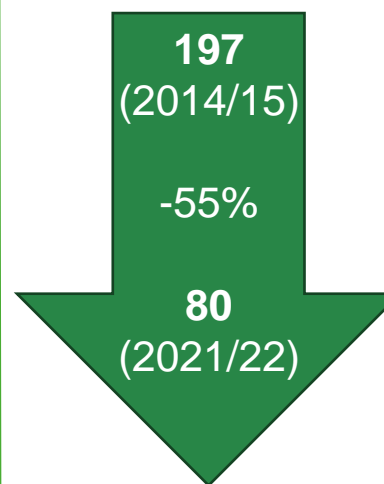
There were **22** callouts for violence involving 16-19 year olds in 2021, compared to **40** the previous year. In 2022, however, the number rose to **30**. (58)

Exploitation (59)

In 2022/23, there have been:

- 71 hazards for child criminal exploitation
- 70 hazards for child sexual exploitation
- 73 hazards for serious youth violence recorded for children and young people age 16 to 19 years old known to children's social care.

Youth Offending (60)



The number of young people (aged 10-17) starting an intervention with the youth offending service (YOS) fell from **197 in 2014/15** to **80 in 2021/22**. This is a decrease of 55%

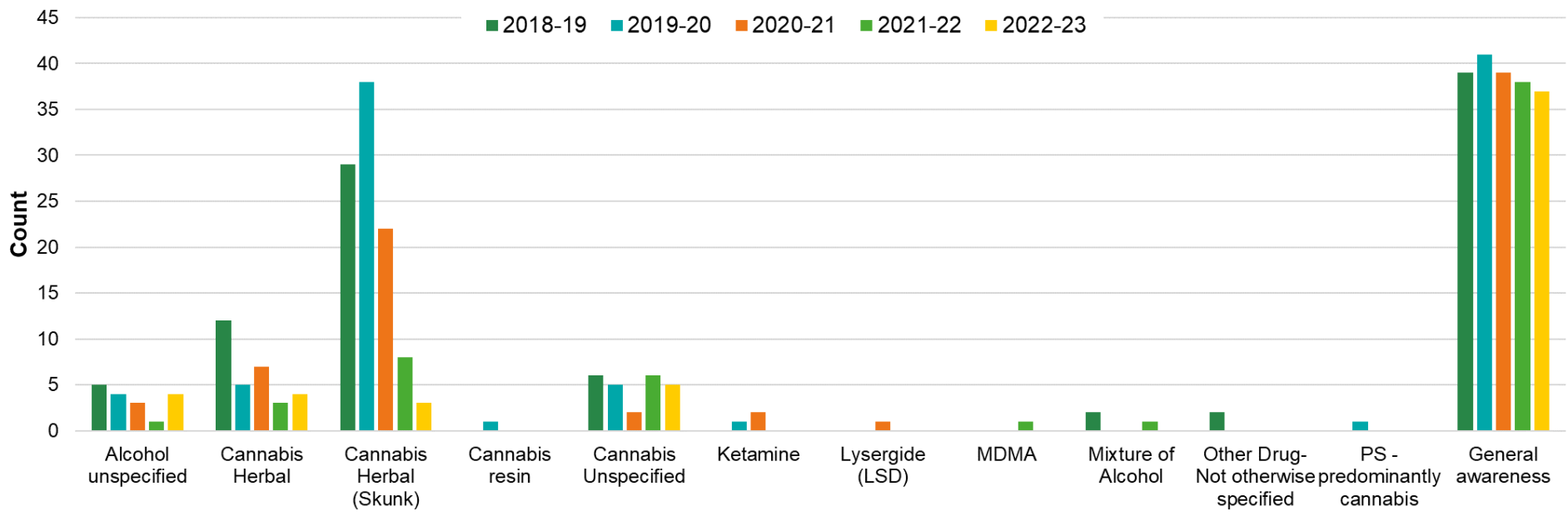
Youth Offending Outcomes (60)

As of March 2022, **29%** of people known to the Youth Justice were **Not in Education, Employment or Training (NEET)**.

53% of the Islington young people whose orders ended in 2021/22 were **in Education, Employment or Training (EET)**, compared to **46%** across London and **37%** across England.



Drug use trend in Islington (16-19 year olds)



Cannabis Herbal (Skunk) has been the most common drug used among 16-19 year olds who are referred to substance misuse services, although in recent years its use has fallen.

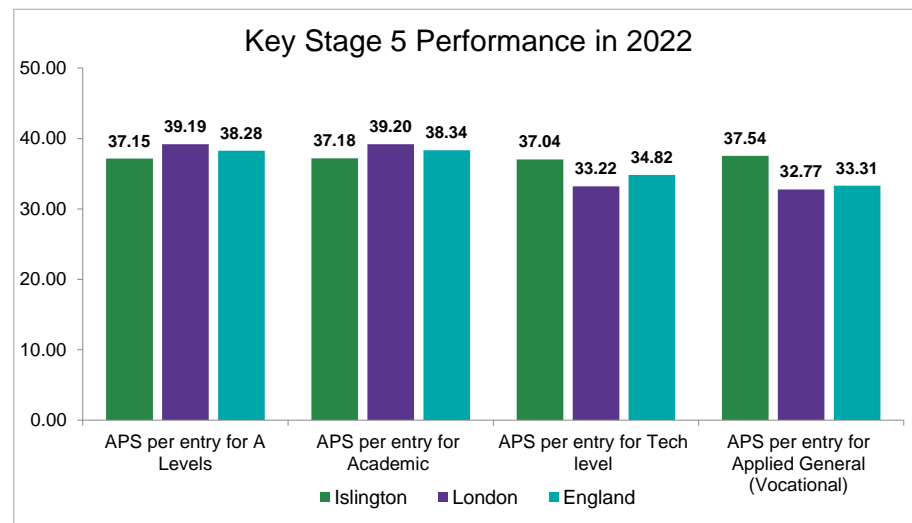
“General Awareness” are those who received unstructured intervention i.e., basic awareness of drugs in general. All others received a structured targeted intervention for the drug specified.

Note: This data only represents young people 16-19 years old in Islington who were referred to Youth Counselling & Substance Misuse & Alcohol Service (YCSMAS) for support.

Key Stage 5 ⁽¹⁸⁾

On the range of Key Stage 5 Average Points Score (APS) measures, students in Islington performed better than London and the national average on the more vocational qualification areas, including the Tech Level and Applied General measures.

Performance in Islington was lower than it was in London and nationally on the overall A Level measure and the Academic A Level measure in 2022.



% achieving higher A level grades ⁽¹⁸⁾

A Level Higher Grade Measures	2022	
	% achieving 3 A* to A Grades at A Level	% achieving ≥ AAB Grades at A Level
Islington	10.9%	20.6%
London	23.3%	34.7%
England	21.6%	33.0%

NB Islington has 6 secondary schools with sixth forms and a 7th opened its sixth form in Sep 2022. There is also one 16-18 free school.

Higher grade performance ⁽¹⁸⁾

On the more challenging A Level measure, the % achieving 3 A* - A Grades, 10.9% of Islington students achieved this measure, compared to over 20% in London and nationally. On the % achieving ≥ AAB Grades at A Level, 20.6% of Islington students achieved this measure but again this level of performance was also noticeably below the London (34.7%) and national (33.0%) benchmarks. This will be likely to have impacted on the ability of many Islington students to access high tariff universities.



Youth employment

NEET & activity not known ⁽³⁴⁾

Unemployment benefits ⁽³³⁾

16 and 17 year olds Not in Education, Employment or Training (NEET) and Activity Not Known, December-February 3 month average %, 2022



18 to 24 year olds claiming Unemployment Benefits in August 2022



In December 2022 – February 2024, 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 Islington, the proportion of those aged 18-24 who claimed benefits in August 2022 was significantly lower than London and national averages (7% in Islington compared with 11% in London and 10% in England).

To improve support for those at risk of becoming NEET, staff highlighted the importance of providing young people with different pathways, practical and life skills training and emotional support and encouragement.¹⁹

"Allow them to **explore different routes** that are aimed at different prospects. They need to make the decisions and choices that are made in their lives so **more exposure and communication** could possibly help these students." (Secondary school staff member¹⁹)

"Some children are not very academic and are made to feel excluded if they are not. They feel that if they don't fit into the norm of being able to access the national curriculum in the standard way, they will not achieve great things. **This needs to change, we need to change the narrative**". (LTI engagement; Sixth Form staff member¹⁹)



Preparing for employment – What do young people think?

There is variation in how prepared young people feel for the future and employment. Those who are more vulnerable are less likely to know what to do with their future.

- **Feeling safe and financially secure** – young people want to feel financially secure, live in their own home and have their own family. (23)
- **Home life and responsibilities** – responsibilities and pressures at home can impact their lives and employment situation, e.g. added pressure from family to provide. However, can also motivate them to work. (23,25)
- **Dealing with multiple setbacks** – e.g. personal/family life, experiences in educational settings or previous workplace can all impact mental and emotional wellbeing, as well as resilience and coping mechanisms. (25)
- **Careers advice and guidance** happens too late in school and young people feel they are not encouraged to consider several career options. There is too much pressure to follow academic routes rather than vocational routes. (19,23,24,25,28)
- **Finding employment and wellbeing support** within the local community and outside of school is important e.g., seeking advice on CV writing and interview skills especially amongst those who don't have family support. (23,25)
- **Finding a job that suits needs and interests** was highly valued by young people. (25)

"I can't really speak to my parents about anything at all, not the future" (Revealing reality report²³)

"But it still kind of makes me worried because [Dad is] working a lot and now that I'm finding it hard to get shifts I feel really guilty about that". (Real lives Photovoice project²⁵)

"It's weird because I remember being fifteen and not caring about money, but then as soon as I was like eighteen, then money started to become a huge thing where I just need to make it, and if you don't have it then you're not really respected in society. I feel like it was a lot of pressure I put on myself." (Real lives Photovoice project²⁵)

"[Provide] support for pupils in the transitions between phases in school (e.g., secondary to further education) ...[There should be] better support and guidance for those not looking to go to university. We are often taught that failure is a bad thing." (LTI engagement; Sixth form student discussion¹⁹)



Aged 16+ SEND ⁽¹⁸⁾

- This slide includes data on Islington Funded EHCPs, most of which will be for pupils attending in-borough schools, though some pupils will be placed in out-borough schools
- In January 2022 there were 384 EHCPs for young people aged 16+, an increase of 5% on the previous year.
- The number of EHCPs for those aged 16+ is projected to increase by another 7% over the next three years.
- The Black-Caribbean and Black-African ethnic groups are over-represented amongst the group of young people with an EHCP aged 16+, compared to the resident population.

EHCPs end once a young person leaves education, so the numbers reduce from around 100 in Years 12 and 13 down to just a handful for 24 Year olds.

Although those aged 16+ with EHCPs still tend to be male, in mainstream settings and in Islington settings, the %s in each category are lower than for secondary age pupils – 70% male, 77% in mainstream settings and only 44% in Islington settings.

Only around a third (34%) of those with EHCPs aged 16+ have Autistic Spectrum Condition as a primary need, a lower proportion than the younger age groups.

Just over a quarter (25%) of those with EHCPs aged 16+ have a Moderate or Severe Learning Difficulty as a primary need, and 17% have an EHCP for Social, Emotional and Mental Health Needs.

89.7% of Islington 16 & 17 year olds who had an EHCP at the time they completed compulsory education were recorded as participating in learning in March 2022, higher than the England average (88.7%) but below the London average (93.9%).

88.6% of Islington 16 & 17 year olds at SEN Support remained in learning in March 2022, higher than the England Average (86.9%) but below the London average (93.1%)

- 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).

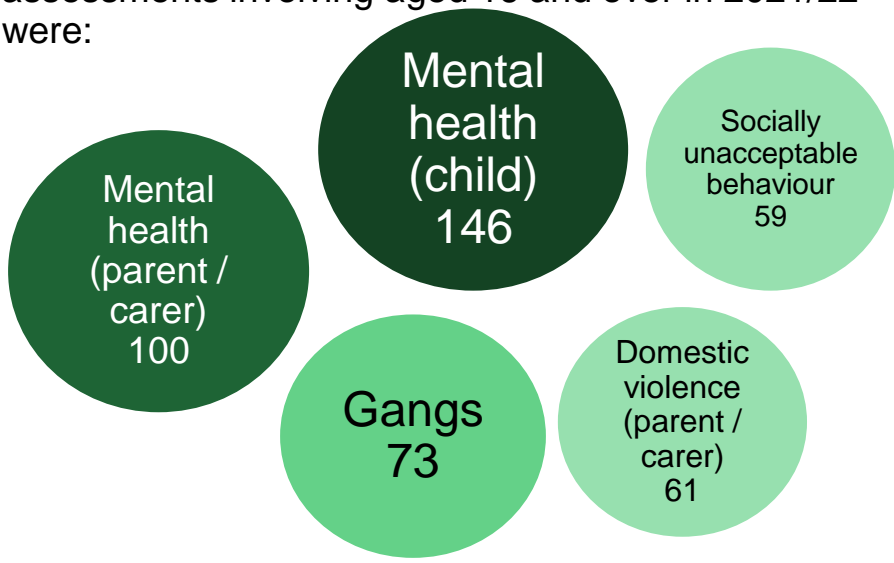


Safeguarding – Children and young people aged 16 and over ⁽¹⁸⁾

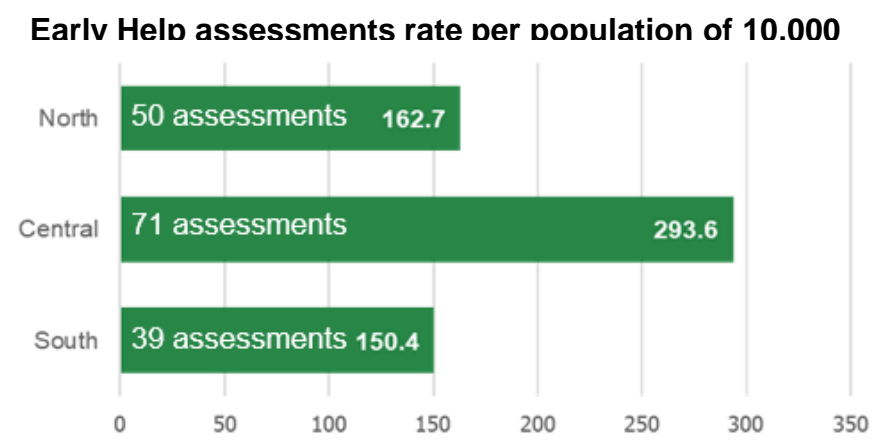
CIN includes care leavers up to and including the age of 25. The rates per 10,000 for Children Social Care as at 31st March 2022 and based on 2021 ONS mid-year population estimates are shown below. A large number of people move to Islington from age 18, so only the 16 & 17 year old population was used to calculate the rates.

Islington	2,350	Rate of Children in need (CIN)	766	England
	<ul style="list-style-type: none"> Includes children looked after, children on child protection plans and care leavers and so includes young people up to and including the age of 25. 			
	437	Rate of Children looked after (CLA)	157	
<ul style="list-style-type: none"> The reason for the higher rate of CLA aged 16 & 17 is due to high numbers of CLA who are UASC in this age group. 59 CLA were UASC. 				
	47	Rate of children on Child protection plans	21	

Top 5 factors identified during children’s social care assessments involving aged 16 and over in 2021/22 were:



The rate of Early Help assessments for those aged 16 to 19, started between 1 March 2022 and 28 February 2023 per 10,000 in each new locality show South locality with a lower rate of assessments.



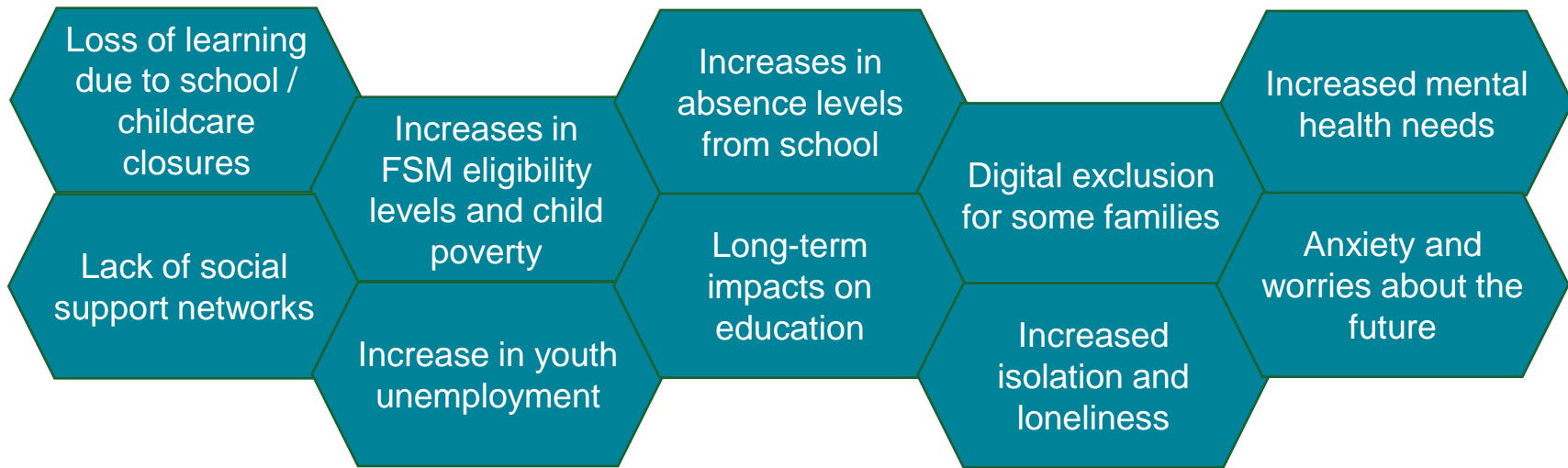
Building resilience in families



ISLINGTON
For a more equal future

COVID-19 impact

Although young people are less likely to be hospitalized or die if they catch COVID-19, the pandemic has had a significant impact on young people, including:



However, Ofsted reported that “those who are coping well [during the pandemic] have good support structures around them and have benefited from quality time spent with families and carers”. (48)

2022 research by Ofsted has found:

- Some young children’s development of communication, language development, gross motor and self-care skills remained affected.
- Recruitment and retention remain an issue, particularly for early years and further education providers.
- The pandemic had a disproportionate effect on pupils with Special Educational Needs.
- School staff noticed higher levels of anxiety around exams than in pre-pandemic times. (49)



Housing and health

Children and young people living in social housing are **significantly more likely** to have a mental health disorder than average, and over **twice as likely** as those living in a house owned by parents or caregiver. (22)

In the Let's Talk Islington engagement, health was viewed as intertwining with other areas of people's lives⁽¹⁹⁾. Housing was a top priority. The lack of affordable housing was raised by secondary school students as well as adults. Students spoke about increased costs of energy and food.

"Having good, **reliable housing is essential to thrive** in other areas: family, mental health, physical health, wellbeing, relationships." (LTI engagement; Parent champion¹⁹)

"Islington is not equal yet...**bills are going up and people don't have enough to eat**. It's a real struggle. We need to remember that." (Secondary school SEN student¹⁹)

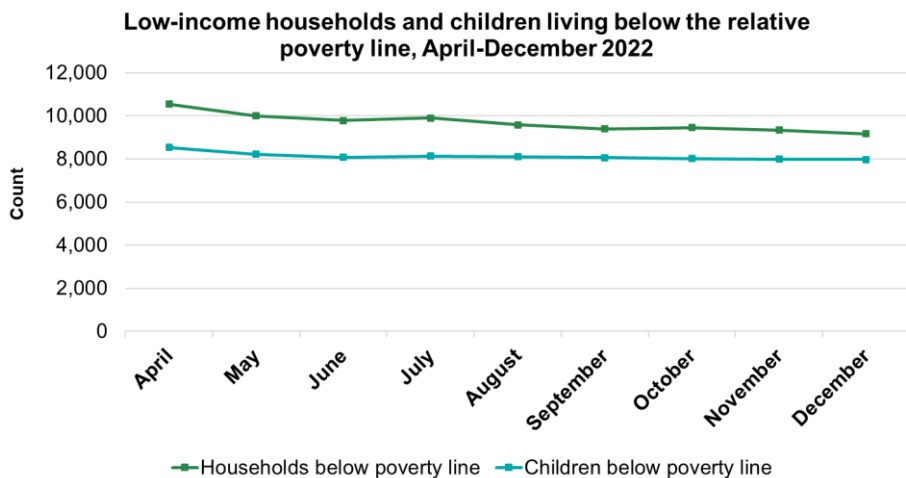
"**All issues are interconnected:** services need to talk to each other. Each issue can't be properly addressed without addressing all of them equally." (LTI engagement; Parent champion¹⁹)

In April 2023, data on damp / mouldy homes was matched to other datasets, to help prioritise cases for repairs. This found that 8% of those known to Children's Social Care were known to live in a damp or mouldy property, and 12.5% of those known to Early Help. The highest proportions were found amongst the caseloads of those teams that support disabled children and young people. This analysis did not include private housing, so the actual proportion in damp or mouldy homes could be higher than these figures suggest.



Financial vulnerability

Low-income households (35)

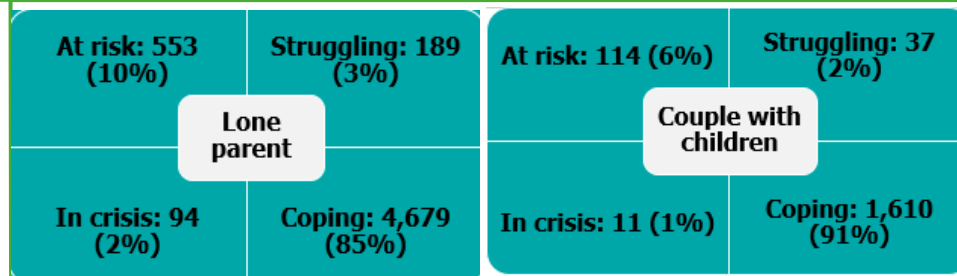


- There are currently about **27,100 low-income households** in the borough. Among these, there are about **9,200 households** in Islington living **below the poverty line** (34%), including about **8,000 children** (57% of children in low income households (as of Dec 2022)).
- These figures peaked in April 2022 and have remained fairly stable from May – December 2022.



Among low-income households in Islington, **41% are fuel poor** (about 11,150 households). (35)

Financial crisis (35)



1,100 low-income households were in financial crisis as at December 2022 (not enough money to pay rent/council tax or any savings), of which 2% (94) are lone parent households and 1% (11) are households comprising couple with children.

3,500 low-income households were at risk of financial crisis of which 10% (553) are lone parent households and 6% (114) are households comprising couple with children.



18.5% of children aged under 16 live in households with relative low income and 14.3% in absolute low income at the end of 2021/22. Both are an increase on the previous year. (36)

Note: Low-income households refer to the households receiving housing benefits and/or council tax support



Household economic activity ⁽³⁾

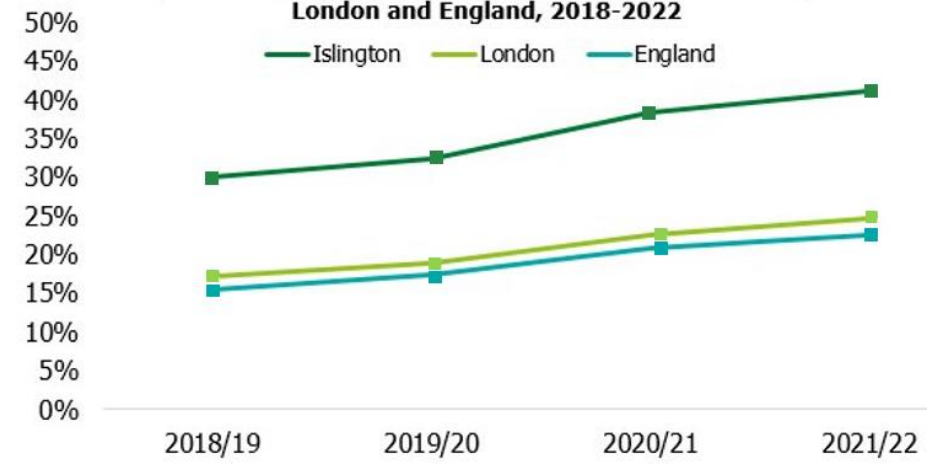


62% of Islington's population aged 16+ are in employment. The remainder are students, retired, unemployed, looking after home or family, or long-term sick or disabled.

- About 15,900 residents (8.6%) are full-time students who are not economically active. A further 5,500 residents (3.0%) are full-time students who are economically active.
- The share of residents who are retired increased in 2021 compared to 2011, from 6.2% to 9.2%.
- About 9,700 residents (5.3%) are economically inactive due to long-term sickness or disability. This proportion remained the same in 2011 and 2021, although the number of people rose (from 8,700 to 9,700).
- The proportion of full-time employees remained largely stable between 2011 and 2021 (42.3% vs. 40.9%, respectively). Broadly similar trends were observed in London overall.

Free school meals eligibility ⁽³⁷⁾

Proportion of pupils eligible for free school meals in Islington, London and England, 2018-2022



- In 2021/22, Islington had **41%** of pupils **receiving free school meals** compared to 25% in London and 23% in England.
- The proportion of pupils receiving free school meals has increased over the past five years, and it has increased at a higher rate than the London and England averages.
- Part of the reason for the increases is that there is a transition period around the introduction of Universal Credit. A pupil now remains eligible through to the end of their current phase of schooling, even if their family's circumstances change.



The Campaign to end Loneliness tool was used to understand residents' experiences in the 2021 Covid-19 Pandemic Islington Resident Survey.

19% of adult respondents with children experienced **intense loneliness** vs **39% who were unlikely to have experienced loneliness**.

In the 2021 Islington resident survey, 89% of adults with children agreed that people from different backgrounds get on well together in Islington and 93% felt that they belonged to their local area. (30)

In the LTI engagement, residents felt Islington is a welcoming, diverse community. Negative perceptions were less common but some residents expressed feeling unwelcome and excluded and many aspired for a more inclusive borough in the future. (19)

"[There should be] more contact between different communities, there is a **big divide within the borough** – schools, housing and council estates."
(LTI engagement; Secondary school student¹⁹)

"Islington is **home**." (LTI engagement; Parent Champion¹⁹)



Safety – what do people think?

Across four different forms of engagement, young people expressed concerns about safety in Islington. (19,23,26,27)

Key factors for feeling unsafe included: knife crime, gang crime (19,23,26,27), harassment, poor lighting, drug use, ASB and homelessness. (27)

In the future, young people want Islington to be a safer place by increasing police presence, security cameras, having 'safe zones', more knife bins and restrictions on knife sales (19). Young people also put significant value on the strength of relationships with Youth workers. (23)

Feedback from a youth council forum highlighted that young people think that schools should improve on youth safety including conflicts, fights, gossiping and bullying. They feel that schools don't do much work around youth safety, and it should be present in curriculum across all year groups. They also spoke about negative experiences of stop and search. (26)

“Sometimes you see **older kids** around and you just, you know, don't **always know if they're armed**” (Revealing reality report²³)

“I **got mugged** and don't want to leave the house; it's a massive problem for people my age. I think there needs to be more done to address this, like restricting who can buy knives. (LTI engagement; Secondary school student¹⁹)

“**Main concerns** about safety in Islington are **knife crime**, fear of crime and violence. [We need] more **safe spaces for young people**” (Youth Council Forum²⁶)

I actually have a really big concern. A lot of kids are essentially **romanticising the idea of gang crime** and trying to imitate the actions, and this usually results in incidents and I'm wondering if there is a way to tackle this?” (Youth Council Forum²⁶)



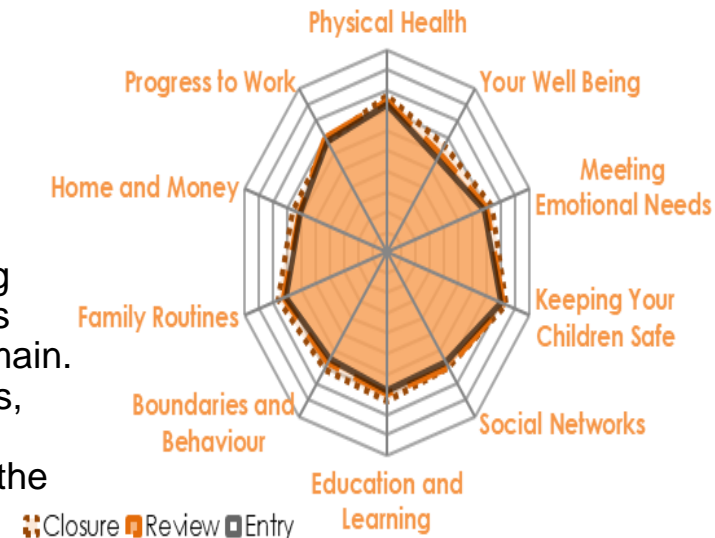
Supporting children and vulnerable families



ISLINGTON
For a more equal future

Early Help ⁽¹⁸⁾

- Bright Start Islington joins up high-quality activities and services to bring local families a seamless offer from pregnancy to 5 years. It delivers a comprehensive package of integrated **universal** health and early childhood services, as well as **early help** and **targeted** interventions where families need more support. The graduated approach from universal through to targeted and specialist services empowers families to provide their children with a loving, stable, safe family life via a tailored offer of support.
- Bright Futures has integrated CAMHS and adult mental health consultation, early help Independent Domestic Violence Advisers and employment support alongside outreach workers and family support practitioners.
- Bright Start and Bright Futures early help teams are based in localities which are co-terminus with primary care networks, plus an additional small team based in New River College Pupil Referral Unit.
- Early Help is delivered by a range of partners including schools, nurseries, health visitors, play and youth workers, who are able to have early help conversations, identify and respond to early emerging needs where appropriate and link families in with additional support where this is needed.
- Early Help worked with over 2,500 children and young people in 1,400 families in 2021/22, an increase on the previous year.
- The most common reason for Early Help referrals in 2021/22 was Parenting Capacity Difficulties (21%), followed by Domestic Abuse (15%).
- Outcomes are measured on Family Stars, where families score themselves on 10 domains. In 2021/22, the lowest average starting scores were in the 'Your Well Being' domain. However, no progress was made between entry and closure in the 'Progress to Work' Domain.
- Early Help services are set up differently in different local authorities, making comparisons difficult. However, data shared regionally suggests the Islington rate of early help assessments compared to the size of the population is one of the highest in London.



Children known to social care ⁽¹⁸⁾

- Children who need support or are considered at risk of significant harm are quickly identified. All urgent multi-disciplinary requests receive an effective and timely response from the Children's Services Contact Team (CSCT). Children in need of urgent protection transfer quickly to one of six locality children in need teams, resulting in prompt assessment of their needs. Numbers of contacts fluctuate each month, but the long term average is around **1,000 each month**.
- Islington social workers complete high-quality assessments in a timely fashion. Assessments are consistently recognised as a strength in all quality assurance activity. In 2021/22 **92.8%** of 2,612 assessments were completed within timescales.
- Practice is informed by an increasingly well embedded practice model 'Motivational Practice', which incorporates relationship based and trauma informed practice.
- Social workers work alongside a range of commissioned services to enhance their knowledge of parental risk factors. Specialist workers offer consultations and advice and undertake direct work with children and families. There is substantial joined-up working with our Young Islington Service (Youth Justice Service (YJS), Targeted Youth Support (TYS) and Integrated Gangs Team (IGT)) to improve the offer for young people who are at risk in the community.
- Children found to be at risk of significant harm are made the subject of a Child Protection Plan. The number of Islington children the subject of Child Protection Plans has declined in recent years, from above 200 to **160** in January 2023.
- The Adolescent Support Intervention Project (ASIP) established in June 2021 delivers specialist, intensive intervention to young people most at risk of becoming looked after due to risk in the community connected to serious youth violence and/or exploitation. As at 2023, the success rate of the service stands at **78%**.
- Children only become looked after following timely, high-quality assessments, which are clear about risks. In 2021/22, there was a significant increase in the number of Looked After Children, largely, but not completely, due to an increase in Unaccompanied Asylum Seeking Children. The increase continued in the first few months of 2022/23, peaking at **401** children in July 2022. Since then, the figures have been declining steadily and there were **325** children looked after at the end of March 2023.



Parental Health

Parental substance misuse ⁽⁵⁰⁾



53 out of 604 Islington adults receiving treatment for problem drugs and alcohol use in 2019/20 were parents living with children – **9%** compared to **18%** across England overall. **23%** of those in treatment were parents who were not living with children, compared to 30% nationally.

There were an estimated **561** adults with alcohol dependence living with children in Islington in 2018/19. Compared to the number in treatment, this would suggest an **86%** unmet treatment need.



There were an estimated **441** adults with opiate dependence living with children in Islington in 2018/19. Compared to the number in treatment, this would suggest an **76%** unmet treatment need.

Parental mental health ⁽⁵¹⁾

An estimated **one in six** adults in England aged 16-64 have a Common Mental Disorder, e.g. anxiety or depression. Studies report that **68%** of women and **57%** of men with mental health problems are parents.



The perinatal period is a time when there are significant risks of mental health problems. **10 – 15%** of women giving birth experience mild to moderate depressive illness and anxiety states and **3%** suffer severe depression. Between **5% and 10%** of partners also report mental health difficulties in the perinatal period.

In 2021/22, there were **691** contacts to Islington Children's Social Care due to parental mental health concerns. Parental mental health concerns were the **second** most common factor found in children's social assessments, occurring in **37%** of assessments, and the **third** most common reason for early help referrals.



Domestic violence and abuse

The Crime Survey for England and Wales year ending March 2022 estimated that **5.0%** of adults aged 16 years and over (2.4 million) experienced domestic abuse in the previous year. (52)

Based on NSPCC estimates and Office of National Statistics Mid-Year Population Estimates, there are around **2,800** children and young people aged under 11 years (12%), **2,400** aged 11 to 17 (18%) and **5,600** aged 18 to 24 (24%) in Islington in 2021 who have witnessed domestic violence during childhood. (53)



Around **30%** of domestic abuse begins during pregnancy, while **40–60%** of women experiencing domestic abuse are abused during pregnancy. (54)

Concerns around domestic violence are usually the single most common reason for contacts to be made to Children's Social Care. In 2021/22, there were almost **1,800** contacts to Islington Children's Social Care due to domestic violence (14% of all contacts). (61)

However, in 2022/23, the number fell to just over **1,500** (12% of all contacts) and domestic violence became the second most common reason, behind 'parenting capacity difficulties' (13% of all contacts). (59)

37% of all children's social care assessments in Islington in 2021/22 found concerns relating to a parent suffering domestic violence, compared to **32%** across England as a whole.

14% of assessments found concerns relating to a child being the victim of domestic violence, compared to **11%** across England as a whole. (61)

Domestic abuse was the second most common reason for early help referrals in 2021/22, with **142** referrals recording this as the primary reason. (62)



Caring, inclusion and isolation

Young carers ⁽³⁾

Based on the 2021 National Census, there were **218** young carers aged 5 to 15 years old who were providing unpaid care in Islington. This is **1.0%** of the Islington population in this age group, in line with the overall prevalence for England and Wales (1.1%). Most provided 19 hours or less care each week, but a quarter of these young carers provided over 50 hours of unpaid care each week.



The 2021 National Census also showed there were **1,145** young carers aged 16 to 24 years old who were providing unpaid care in Islington. This is **4.2%** of the Islington population in this age group, in line with the overall prevalence for England and Wales (4.3%). Most provided 19 hours or less care each week, but one in six of these young carers provided over 50 hours of unpaid care each week.

Digital inclusion ⁽⁵⁾



The Bright Start survey on digital exclusion identified that a third of Bright Start families who responded were unable to join virtual sessions due to limited access to a suitable device.

Although the reasons why families cannot connect are complex, the main issue for those on mobile phone contracts relates to data or access to a device rather than technical issues. For those who have better access to a network, technical issues are the barrier which could be of a temporary nature depending on the network quality or could be mitigated via some IT (Information Technology) training.

Social isolation ⁽¹⁶⁾



Approximately 19% of primary students in year 5 and 6 reported experiencing feelings of loneliness, while around 13% of secondary students in year 8 and 10 expressed the same sentiment.



Key themes and local approaches

The following section takes evidence from the preceding data and a review of local service evaluations and forward plans, to give an insight into how local partners are working to meet the needs of Islington's children and young people.

It aims to draw out cross-cutting themes that are particularly relevant for Islington and to identify innovative and effective local approaches, with a view to sharing local experience and expertise and shaping future strategic plans.

Contributions to the review come from a range of service areas including Bright Start, universal youth and play, early help, violence reduction, youth justice, health and wellbeing, mental health and SEND.

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. Evidence shows a clear link between deprivation, physical and psychological stressors and poorer outcomes across the spectrum of health and wellbeing. Social isolation is a further risk factor for poor wellbeing, and curtailed access to information and services. The impact of adverse childhood experiences is seen to predispose individuals towards further adversity through life.

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 on children of interrupted speech, language and socialisation opportunities at sensitive stages of development is not yet known. Early signs point to increased demand for SEMH and SEND support and higher incidence of school absence.



Lessons from local approaches

Deprivation and Adversity

Outcomes are improved when services which tackle the social determinants of health and wellbeing are part of an integrated response to families' health and wellbeing needs, from the universal level onwards. Supportive approaches also aim to build resilience and optimise the factors – like social connectedness - that protect wellbeing and help families to cope.

Complexity

Services can work with complexity more effectively when processes, systems, organisational culture and governance structures facilitate a partnership response, with informal support networks also considered as part of the partnership. Effective support is built on quality relationships, is flexible and responsive, with a focus on 'right conversations, right people, right time', and takes a whole family approach.

Inequalities

Access is supported when services have a nuanced understanding of the structural, practical and cultural barriers that families experience in making and sustaining contact with services. Professionals have the knowledge, time and networks to actively challenge these barriers to universal access. Monitoring data should enable services to track whether they are achieving equitable reach, and are delivering at a level and intensity proportionate to need.

Post-pandemic Impact

Intelligence systems need to enable a clear and well rounded understanding of evolving need, as the impact of the pandemic unfolds. Strong universal and community services will be key in underpinning a preventative population health approach, optimising capacity for responsive targeted and specialist intervention in the context of growing demand.



Islington examples

Working with high prevalence of deprivation and adversity: Integrating social determinants into health and wellbeing

Example 1: Bright Start integrated health, early years and family support

Example 2: Trauma-informed approaches in schools (iTIPS) and early years settings (Tiny TIPS)

Example 3: Islington Families for Life Programme

Working with complexity: Facilitating a relational, partnership approach to complex needs

Example 1: Parenting Project – London Violence Reduction Unit

Example 2: Islington Youth Justice Plan 2022-23

Example 3: Bright Start delivery of the Healthy Child Programme 0-5

Tackling inequality: Understanding and overcoming structural, cultural and practical barriers to universal access

Example 1: Reimagining Universal Youth Provision, 2020

Example 2: Islington Transitions Project: supporting access to school

Example 3: Bright Start relational work and community partnerships

Identifying and responding to change: 1) Capturing intelligence on evolving and emerging needs

Example 1: Early Intervention and Help Strategy

Example 2: SEMH single point of access and multidisciplinary intake meetings

Example 3: Embedded service-user voice

Identifying and responding to change: 2) Optimising universal provision that underpins targeted and specialist services

Example 1: Islington SEND Strategy 2022-27

Example 2: Islington Mental Health and Resilience in Schools (iMHARS)

Example 3: Bright Start Universal Services



Example 1

Bright Start integrated health, early years and family support

The Healthy Child Programme 0-5 is led by Health Visitors within a well-established, integrated early childhood service - Bright Start Islington. Bright Start integrates health and wellbeing with wider support aimed at reducing stressors and building resilience for local families, delivered through a network of Children's Centres and Health Centres. Bright Start increasingly uses holistic assessment tools to ascertain the wider needs of a child within their family context. Family Engagement Workers build relationships with families and facilitate universal access to a range of support on e.g. benefits, law, housing and employment. Bright Start connects service users with the voluntary and community sector and the Parent Champion network links local parents to peer support and information.

Example 2

Trauma-informed approaches in schools (iTIPS) and early years settings (Tiny TIPS)

This approach embeds trauma-informed practice within universal educational settings, recognising the high prevalence of adverse childhood experiences (ACEs) across the population and their impact on cognition, emotions, relationships, learning and behaviour. A bespoke, whole-setting approach supports relational attachment, emotional regulation and coping skills among children while staff become equipped to understand, self-regulate and respond to vulnerability. Children become better understood, stress is reduced and education becomes a sensitive and caring environment. Transforming the learning environment in this way shows improvements in behaviour and attendance. It helps disrupt the pathway of disadvantage from early trauma by enabling access to the benefits of universal provision.

Example 3

Islington families for life programme

The Programme builds protective factors against deprivation by promoting knowledge, skills and social connectedness in the community. Family Kitchen is one element which empowers parents, carers and children to develop healthy relationships with food, developing the knowledge and skills to eat well on a tight budget with little time. Community-based cooking activities build skills, confidence, family bonds and social connectedness. Other strands of the Programme improve the knowledge and confidence of marginalised groups to access holiday activities like swimming. The programme aims to strengthen communities as well as individuals, through a Families for Life Community Champion network and partnerships with other community organisations.



Example 1

Parenting Project – London Violence Reduction Unit

The Project takes a targeted approach to tackling the pre-cursors and causes of youth violence. It is driven by evidence of life course risk factors, with timely intervention in anticipation of pressure points that precede an escalation of risk. The Project offers e-learning, parental support and works collaboratively with schools to support secondary transition. A relational approach, empowerment and advocacy sit at the heart of the service, with conscious building of resilience and relationships between children, parents/ carers and schools. The approach recognises parents and carers as key partners, training them to be experts in prominent risk factors associated with exploitation and youth violence. Parent Champions have an enhanced professionalised role in informal community-based support. E-learning is flexible and responsive, staying relevant to participants' lived experiences.

Example 2

Islington Youth Justice Plan 2022-23

The Plan identifies multi-dimensional priorities in preventing and responding to youth justice risk and involvement. These include:

- Strengthening protective factors through trauma-informed practice, supported access to education, employment and training, strengthening positive relationships and empowering parents and carers with knowledge, skills and support networks.
- Enhanced assessment that ensures wider needs – health, wellbeing, SEND, family stressors – are met.
- Developmental work with different professional groups to better understand trauma impact, neurodiversity, experiences of racism. Reflective practice across linked services.
- Co-production of design and delivery by Youth Peer Engagement Advocates

Example 3

Bright Start delivery of the Healthy Child Programme 0-5

The Health Visiting Review 2021 found that complex needs were best supported when:

- Multi-agency teams worked collaboratively during assessment, delivery and review
- A holistic strengths and pressures approach to assessment, planning and review built service-users' knowledge, confidence and self-efficacy
- Children's centres provided a universal 'one stop' hub for opportunities to connect and access a range of support
- Parents could easily access reliable and trusted sources of information e.g. via Parent Champions and Bilingual Maternity Mentors
- Health visitors had time to build relationships, understand intersectional disadvantage and persevere in breaking down barriers to access
- There was continuity of engagement with known professionals and service-users knew that help was available when they needed it.



Example 1

Reimagining Universal Youth Provision, 2020

A review of universal youth services proposed a proactive equalities approach to open up provision to the most marginalised young people. Barriers included knowledge of what was on offer, geographical location that was off-limits because of territory demarcations or lack of confidence to travel, misalignment of some young people's interests and the activities on offer, cultural inclusivity and accessibility to young people with neurodivergence or learning disabilities. A Hub and Spoke model proposed a choice for young people of accessing the central venues of Lift, Rosebowl and Platform, or a flexible, tailored offer closer within the local neighbourhood.

Example 2

Islington Transitions Project: supporting access to school

The Project offers a targeted, preventative intervention for children with risk factors for later school exclusion. Timely support enables more children at risk of marginalisation to access the protective benefits of universal education provision. Youth workers provide pre-emptive secondary transition support. A relational working approach builds a trusted relationship over time, through which children build resilience, confidence and skills to settle at school and make healthy peer friendships. The project facilitates engagement between schools, families and partner services. Children and parents are empowered to recognise risks, and build strategies to resist them. The previous cohort becomes word-of-mouth advocates to inform and reassure future participants, breaking down barriers to engagement and promoting trust in the support on offer.

Example 3

Bright Start relational work and community partnerships

Bright Start professionals working to engage with marginalised or underserved groups report the effectiveness of relational approaches to build trust, understand the experiences that can hinder engagement, and offer individualised support. Clarity of role, continuity, good rapport, empathy, non-judgemental listening, and having time to talk were all described as factors in making parents feel well supported. Islington's not-for-profit sector plays a key role in reaching diverse communities and providing inclusive services for young families. Bright Start plays an important role in navigating these interconnected services in order to improve the reach of support for early childhood development.



Example 1

Early Intervention and Help Strategy

The strategy identifies practical areas of development to support a needs-led, data-rich foundation for Early Help services. These include:

- Embedding evaluation and evidence-based practice into the system.
- Establishing a common practice framework and monitoring processes that echo a shared vision, culture and principles across the system.
- Strong data-sharing agreements around a shared aim e.g. Supporting Families Data Resource, to give a three dimensional picture
- Strong governance and a reporting dashboard that is timely and supports performance and development.
- Innovative analytical products to improve e.g. place-based ways of working.

Example 2

SEMH single point of access and multidisciplinary intake meetings

Social, Emotional and Mental Health services in Islington are received and triaged by a single point of access, giving a real-time overview of the volume and shape of demand. The multidisciplinary intake meeting reviews the level and type of need and assigns each child or young person the best service pathway to help with their concerns. The model provides a valuable oversight of demand and capacity over the whole system, and changing trends in identified need and referral patterns over time.

Example 3

Embedded service user voice

The Supporting Families Programme self-assessment showed effective engagement practices to understand how inequality affects the lives of residents. Continuous feedback-gathering from service users underpins a well-established model of co-production. Parent Champions and 'experts by experience' are trained and involved in local structures for service design, governance, and delivery. Work is underway to understand the experiences of families who decline or disengage from the service. Enhanced service-user roles are also found in the Parent Champion networks of Bright Start, Families for Life and the Violence Reduction Unit Parenting Project, and Youth Peer Engagement Advocates in the Youth Justice arena. First-hand knowledge about needs and challenges, embedded within co-production at each stage of strategy, design and delivery, provides vital intelligence on evolving and emerging needs.



Example 1

Islington SEND Strategy 2022-27

The Strategy focuses on a mainstream entitlement for children with SEND, equity of excellent local education provision, and collective responsibility for meeting accelerating levels of SEND need post-pandemic. Co-production, partnerships, and additionally resourced provision in local mainstream settings will build resilience and inclusivity within the whole system. Specialised settings will focus on learners with the most complex needs.

Example 2

Islington Mental Health and Resilience in Schools (iMHARS)

This universal approach works on building resilience, coping strategies and healthy relationships within schools as the best way to positively promote mental health and wellbeing for all pupils. Schools assess their starting point and work collaboratively with a Mental Health Improvement Advisor to develop a consistent school practice and ethos that evidence shows develops resilience, promotes positive mental health and supports children at risk of, or experiencing, mental health problems. Additional layers of support are in place for those at risk and the most vulnerable. Better school engagement opens doors to educational achievement, social and emotional development and social connectedness, all evidenced as protective factors towards long term health and wellbeing.

Example 3

Bright Start universal services

The Healthy Child Programme 0-5 review (2021) highlighted the importance of universal community provision as a key mechanism for delivering information, advice and reassurance and combatting social isolation. For professionals, universal access enabled swift identification of changing circumstances for children and parents. The robust embedding of community services was seen to support all caseloads, and to offer a safety net at scale, strengthening capacity for more targeted intervention to those with higher levels of need.



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.



Gaps and future ambitions

Capturing data that enables services and strategists to track their success in reaching marginalised groups. More complete and granular understanding of who makes up the groups of residents not accessing universal services.

Developing consistency of close relationships between all key partners, based on shared vision and outcome ambitions, understanding of each other's roles, collaborative monitoring and joined up workforce development.

Embedding robust ways of measuring meaningful impact on lived experience, capturing the outcomes of relational working approaches, and tracking shared outcomes across service partnerships.

Strengthening universal provision and community assets further to build resilience against post-pandemic uncertainty, housing and cost-of living challenges.

Ensuring that universal resources are genuinely accessible for everybody.

Evolving Bright Start and Bright Futures into a Family Hubs model, delivering an inclusive continuum of care - along a timeline pre-birth to 19/25, around the child through a whole-family and whole-system approach, and along a spectrum of need from universal to specialist.

The service review did not receive examples of local approaches to transitional support from secondary to further education, training and employment.

Responding effectively to increasing mental health and SEND demand, across a continuum of support from universal preventative, sub-threshold to complex specialist.



The Voice: What do young people think about their future in Islington?

In group discussions involving 640 students in 13 schools, students raised a range of issues they thought would make Islington a fairer and more equal borough and made recommendations for the future, including(19):

- Improving **disability access** across the borough.
- Investing in more **homeless shelters** and providing **resources for low-income residents**.
- Creating more **work and apprentice opportunities** for young people.
- Educating people about prejudice and discrimination** and holding more community events celebrating different cultures.
- Making Islington **a safer place** by increasing police presence, security cameras, having 'safe zones', more knife bins and restrictions on knife sales.
- Making **changes to the education system**: more life skills lessons in school and incorporating inclusion into the curriculum.
- Offering more services, especially **activities for young people** and support for **mental health and social isolation**.
- Investing in the **environment** such as more solar power, climate change education and more green spaces.

"[I] want lots of **jobs that are interesting**, and we can all do. **Houses that are cheap** that I can afford to live in. I want it to be **safe place** where there are no gangs or knife crime"
(LTI engagement; Secondary school student¹⁹)

"We should help the **environment** and save animals, be **kinder to each other**, more **financial benefits** should be put in place, more **housing**, help for the **homeless**, more police presence and stricter laws to **end knife crimes and robberies**, more kindness and respect on social media."
(LTI engagement; SEN secondary school student¹⁹)

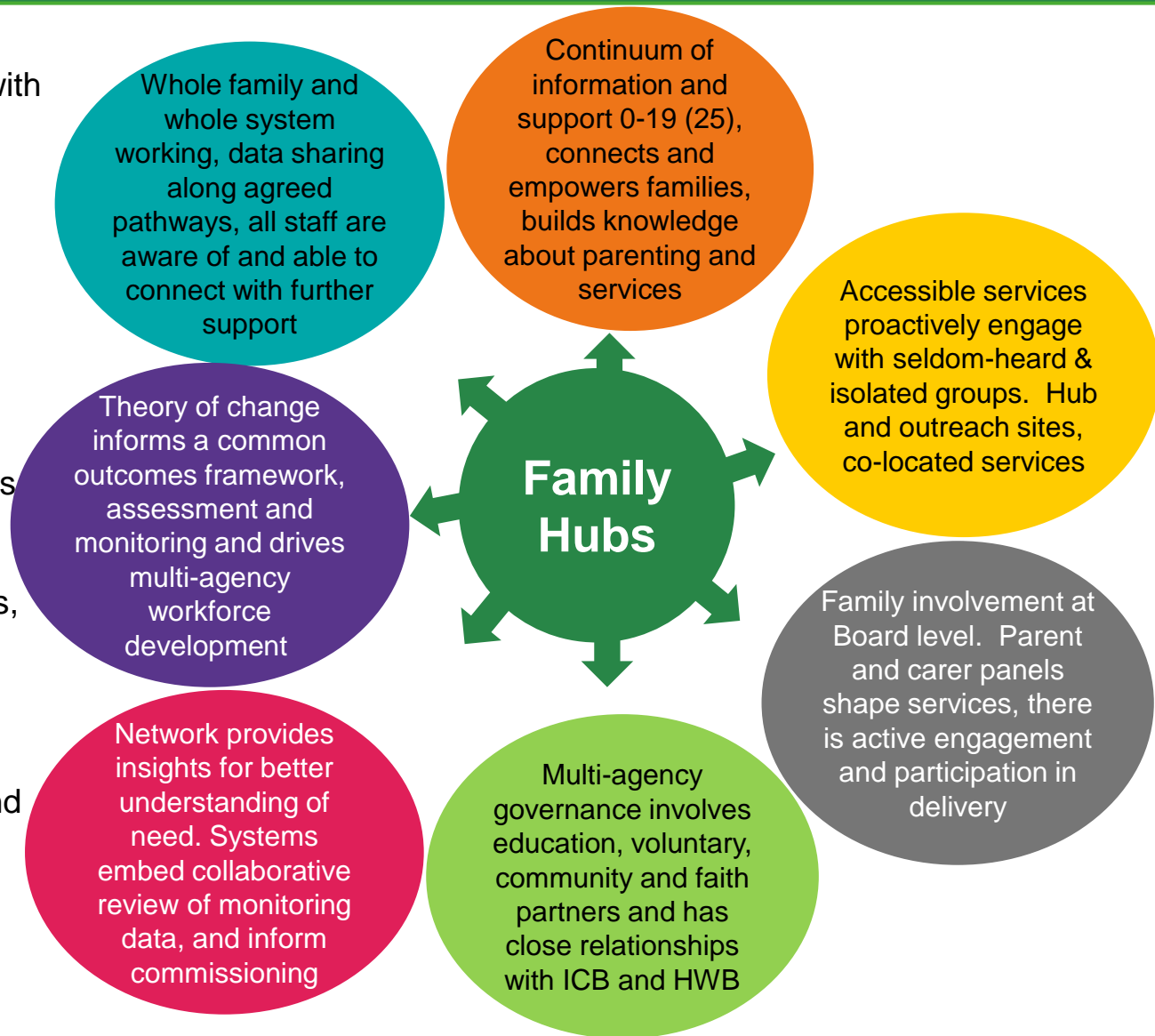
"Making sure we all look after the **environment** and investing in things like solar power."
(LTI engagement; Primary school student¹⁹)

Family Hubs

The nationwide Family Hubs initiative aims to provide families with a single access point to integrated family support services. The Hubs will be built on a theory of change that is tailored to local need, but founded on three key principles: access, connection and relationships.

Expectations of the Family Hubs programme align with the strengths of local approaches and the developmental work identified, especially in relation to inequalities, co-design and the maturation of whole-system working.

The strategic development of the Hubs will build on the strengths and gaps of existing approaches in Islington.



Islington Together 2030 Plan

The Islington Together 2030 Plan sets out the vision for services working together with our diverse communities to create a more equal future for our borough by 2030. Five key missions have been set in order to achieve this.

Child Friendly
Islington

Fairer Together

Safe Place to
Call Home

Community
Wealth Building

Greener,
Healthier
Islington

To create a Child Friendly Islington, we will:

- Make Islington a Child Friendly Place to live and grow, promoting play across our open and green spaces, investing in physical activity, and tackling obesity through healthy eating.
- Put children first with an inclusive and sustainable education system, with schools and settings that enable children to thrive.
- Support families through an enhanced Family Help offer, with integrated support from children and young people aged 0-19 (25 for those with Special Education Needs and Disabilities) through a Family Hub model to solve whole family issues.
- Support progression to adulthood, developing an integrated system that ensures the best experience through transition to adulthood, empowering young people to become as independent, self-reliant, confident and ready for life and the world of work as possible.

To deliver these missions will require fundamental shifts in the way we work:

Putting
communities at the
heart of everything
we do

Embracing
innovation and
disrupting the
status quo

Enabling
dynamic
leadership and
governance

Using
communication
and storytelling
to connect with
our residents

Investing in a
high performing
workforce

Ensuring impact
for local people



ISLINGTON
For a more equal future

Key documents for further information

1. Health Visiting High Needs Review (2021), Camden and Islington Public Health
2. Islington Trauma Informed Practice in Schools (ITIPS) Impact Evaluation (2021), Islington Council and Islington Community CAMHS
3. Islington Families for Life Annual Report 2021-22, Islington Health and Wellbeing Team and Families for Life
4. Islington and Camden Violence Reduction Unit-Funded Parenting Project Review, London Metropolitan University
5. Islington Youth Justice Plan 2022-3, Youth Justice and Integrated Gangs Team and Targeted Youth Service
6. Youth Services in Islington Reimagined: A Universal Offer (2020), Knowledge Wonder Ltd
7. Islington Transitions Project Evaluation Report (2020), University of Bedford and Tilda Goldberg Centre
8. Draft Giving Children the Best Start in Life: Islington Children and Families Prevention and Early Intervention Strategy 2015-25, Islington Children and Families Board
9. Supporting Families Programme Self Assessment (2023), Islington Council
10. Islington's Strategy for Children and Young People with Special Educational Needs and Disabilities 2022-27, Islington Council
11. A Framework for Mental Health and Resilience in Schools (2021), presentation by Islington Health and Wellbeing
12. Final Report: Measurement Recommendations and Action, London Borough of Islington Services Review, University of Oxford



References 1

1. GLA 2021-based Demographic Projections – 10 year migration trend (constrained projection)
2. Islington October 2022 School Census
3. ONS 2021 census
4. Index of Income Affecting Children 2019
5. Islington Bright Start Report 2021/22
6. MBRRACE-UK Saving Lives, Improving Mothers' Care: Core report: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20 [[MBRRACE-UK Maternal MAIN Report 2022_v10.pdf \(ox.ac.uk\)](#)]
7. Perinatal Mental Health Focus Group Findings with Black, Asian and ethnic minority mothers in Camden and Islington. 2018
8. Live births in England and Wales: birth rates down to local authority areas NOMIS [Accessed 10 February 2023]
9. Office of Improvement and Health Disparities Public Health Child and Maternal Health Fingertips profile [Date accessed: 30/02/23]
10. Sheikh J, Allotey J, Kew T, Fernández-Félix BM, Zamora J, Khalil A, Thangaratnam S, Abdollahain M, Savitri AI, Salvesen KÅ, Bhattacharya S. Effects of race and ethnicity on perinatal outcomes in high-income and upper-middle-income countries: an individual participant data meta-analysis of 2 198 655 pregnancies. The Lancet. 2022 Dec 10;400(10368):2049-62. [Effects of race and ethnicity on perinatal outcomes in high-income and upper-middle-income countries: an individual participant data meta-analysis of 2 198 655 pregnancies - The Lancet](#)
11. [Birth characteristics in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)
12. [Islington ward boundaries 2022](#)
13. Internal Islington Council data – Housing, 2022
14. Hospital Episode Statistics, GLA 2020-based housing-led population projections



References 2

15. Office for Health Improvement and Disparities Public Health Obesity Profile [Date accessed: 30/02/23]
16. Health Related Behaviour Questionnaire 2021
17. Islington Community Safety data, 2023
18. Islington Data and Performance Team, Children and Young People directorate, 2023
19. Let's Talk Islington Community Engagement Report. 2022. Available: [Let's Talk Islington Community Engagement Report - September 2022](#)
20. Department for Education Complexity and challenge: a triennial analysis of SCRs 2014-2017 [Date accessed: 15/05/2023]
21. Secondary School Girl's Physical Activity Engagement in Islington – Student and Staff Consultation 2020
22. Islington Annual Public Health Report – 2023
23. Revealing Reality Report. 2021.
24. Know Wonder Report. 2021.
25. Real lives unemployment photovoice report. 2019.
26. Youth Forum October 2022 – Feedback on Youth Safety
27. Safer Spaces Consultation. 2021.
28. Fair Futures Commission. 2017/18
29. Summary of key points from focus group sessions with 2 secondary LGBTQ+ groups of pupils. 2022
30. Islington Resident Survey. 2021.
31. Estimates based on the latest Forecast Covid-19 Mental Health Model tool (November 2020) available at : <https://www.centreformentalhealth.org.uk/forecast-modelling-toolkit>
32. Office for Health Improvement and Disparities Sexual and Reproductive Health Profiles [Date accessed: 02/03/23]



References 3

33. ONS Claimant count by age, January 2023
34. Department for Education- NEET and participation, 2022
35. Low Income Family Tracker (LIFT) dashboard, December 2022
36. Department for Work and Pensions (DWP) - Children in low income families, 2022.
37. Department for Education, 2022
38. ONS General health by tenure by age, 2021
39. Covid-19 Resident Survey 2021. Available at: [Covid-19 Resident Survey 2021 - Full Final Report – January 2022 \(islington.gov.uk\)](https://www.islington.gov.uk/covid-19-resident-survey-2021-full-final-report-january-2022)
40. Estimated numbers of 0-24 year olds with a disability from the National ONS Census of Population 2021
41. Islington Children in Need Census 2021/22
42. Quality and Outcomes Framework, 2021-22
43. Internal Islington Council data - Youth Counselling & Substance Misuse & Alcohol Service (YCSMAS), 2022
44. PPL. Final Output: NCL Whole Systems Approach to Obesity Project – Islington summary and recommendations. September 2022
45. Office for Health Improvement and Disparities Sexual and Reproductive Health Profiles [Date accessed: 07/03/23]
46. Office for Health Improvement and Disparities Mental Health Profiles [Date accessed: 03/04/23]
47. Local ethnicity estimates, based on births and service usage data, 2021
48. Ofsted HMCI commentary: findings from visits in October 2020



References 4

49. Ofsted, Education recovery in schools, Summer 2022
50. Public Health England, Parents with problem alcohol and drug use: Data for England and Islington, 2019 to 2020
51. Public Health England, Methodology and supporting information: children living with parents in emotional distress, 2021 update
52. Office of National Statistics, Domestic abuse prevalence and trends, England and Wales: year ending March 2022
53. Radford, L. et al. (2011) Child abuse and neglect in the UK today. London: NSPCC
54. Safe Lives, Ending Domestic Abuse, A Cry for Health: Why we must invest in domestic abuse services in hospitals (2016)
55. King Fund. What is happening to life expectancy in England? August 2022 [Date accessed: 26/04/2023]
56. Office for Health Improvement and Disparities Child and Maternal Health Profile [Date accessed: 12/07/23]
57. Service Monitoring Reports, Islington [Date accessed: 12/07/23]
58. London Ambulance Service [Accessed via GLA SafeStats website on June 2023]
59. Islington Children's Social Care data, 2022/23
60. Islington Youth Justice Service data, 2023
61. Department for Education - Characteristics of children in need, 2022
62. Islington Early Help data, 2022

Further Information

About Public Health Knowledge Intelligence and Performance team

Public Health KIP team is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health KIP team undertake epidemiological analysis on a wide range of data sources.

All of our profiles, as well as other data and outputs can be accessed on the Evidence Hub at:

<https://www.islington.gov.uk/about-the-council/islington-evidence-and-statistics>

About Children and Young People Data JSNA

This data pack/profile was produced by Anjil Thapaliya, Adam White, Tasnim Baksh, Burak Cingi, Sean Hayes, Hannah Jones and Gill Hannan, reviewed by Alexandra Cronberg and approved for publication by Baljinder Heer-Matiana.

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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