BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2024

Section 4:

Children and Young People with Established Needs

Dr Jenny Selway
Jocelyne Noubiap

For more information visit www.bromley.gov.uk/JSNA or contact JSNA@bromley.gov.uk

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

Table of Contents

Children and Young People with Established Needs

This section reviews the needs of children and young people who already have an identified need that is significant. This may be a long term health need or it may be a social care need (such as being Looked After or being the subject of a Child Protection Plan). Prevention for these children and young people aims to minimise the impact their situation has on their wellbeing and outcomes. This section also includes information on child deaths in Bromley.

There is no section on serious mental health needs as this is to be the subject of an extensive Mental Health Needs Assessment in Bromley due to published later in 2024.

1. Children with complex or long term health needs

“Long term conditions” is generally used to describe chronic health conditions in childhood. Some of the most common conditions are diabetes mellitus, asthma and epilepsy. Chronic neurodevelopmental conditions include autistic spectrum disorder.

Most physical health conditions are primarily managed within health services, usually by a combination of a Paediatrician based in the local hospital, a specialist nurse for that condition (usually working closely with the Paediatrician) and the child’s GP. Some conditions (e.g. asthma) will be managed by the GP and the primary care team, with support from the paediatrician as required.

The effective pro-active management of long term conditions offers an opportunity to minimise the effect of the condition on daily life, and prevent adverse outcomes such as emergency admissions to hospital and longer term complications of the condition.

The data for the following analysis comes from;

- School Nurse records (August 2024),
- the annual SEN census in all schools (Spring 2024),
- GP data collected (July 2024), and
- Department for Education data on children with SEND 2024

School nurse records are reliant on schools collecting information from parents about medical conditions in their children. In the academic year 2023/24 the school nurse service collected data on children with health conditions from 66 out of 75 primary schools and 16 out of 20 secondary schools (maintained schools and academies only). The school nurse data can be triangulated with data from GPs and the Special Educational Needs data (SEND).

Table 4. 1: Prevalence of long term health conditions in children aged 0-18, Bromley

	GP data 2024	School Nurse data 2024	School SEND data 2024
Asthma	4540	2461	
Autistic Spectrum Disorder	1694	880	944
Diabetes Mellitus	163	122	
Epilepsy and other seizures	428	144	
Sickle cell disease	94		
Thalassaemia	136		
Eating disorders	293		
Down’s syndrome	63		
Cystic fibrosis	40		
ADD/ADHD		747	
Childhood cancers	88		
Hearing impairment		177	142
Vision impairment		154	88

Source: School nurse records, 2024; SEN Census, 2024; Bromley GP data 2024

Table 4.1 indicates under-reporting of health conditions to schools (although the incomplete data makes this assessment more difficult). This is particularly of concern for children with epilepsy, diabetes and asthma where a child may become very unwell in school.

The number of children with complex needs requiring support from specialist services has increased significantly from 171 in 2016/17 to 401 in 2021/22. The majority of the children and young people referred to the services have an Education, Health and Care Plan (EHCP). There is a smaller proportion of children referred due to complex health needs, who are supported in school through health needs child-specific funding without statutory assessment.

a) Diabetes Mellitus (DM)

Diabetes is an increasingly common long term condition in children and young people[1]. In 2019, there were an estimated 36,000 children in the UK with diabetes under the age of 19, up from 31,500 in 2015.

- Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people. This is where the body is unable to produce any insulin. The prevalence of Type 1 diabetes is not associated with deprivation.
- Type 2 diabetes is much less common in children and young people. It occurs when the body produces some, but not sufficient, insulin, or is resistant to insulin. Type 2 diabetes is more common in obese or overweight people, and in those of South Asian and Afro-Caribbean ethnicity. Unlike Type 1 diabetes, prevalence is strongly associated with deprivation.

National rates of diabetes in children applied to the Bromley population identify that we would expect to see approximately 168 cases of diabetes in children aged under 18 Bromley (1.98 per 1,000 child population) and local GP data indicates that there are 163 children in Bromley with diabetes. Approximately 97% of those cases have Type 1 Diabetes, and 3% have Type 2 diabetes. The GP data (Table 4.2 below) shows numbers of diabetic children in 2022 and 2024 in Bromley.

Table 4. 2: Number of children and young adults with Diabetes Mellitus (DM) in Bromley, 2024

Age group	Total DM 2022	Type I DM 2024	Type II DM 2024	Total DM 2024
0-4 years	2	6		6
5-9 years	39	27		27
10-14 years	73	62	2	64
15-17 years	60	63	3	66
18-24 years	154	137	23	160

Source: Bromley GP data, 2022 and 2024

[1] Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]

Outcomes for children with diabetes in Bromley

Diabetes is associated with long term complications, especially if poorly controlled. Good control of blood sugar reduces the long term risks which include eye and kidney disease, heart disease and stroke.

- Long term blood sugar control can be measured using the HbA1c blood test which identifies average plasma glucose concentration over the past three months. NICE guidance recommends maintaining an HBA1c of 48 mmol/mol or lower.[4]
- Diabetic ketoacidosis (DKA) is a potentially life-threatening condition requiring emergency admission to hospital, and can be fatal if not promptly treated. It occurs when plasma blood sugar levels rise rapidly. DKA occurs almost exclusively in type 1 diabetes.

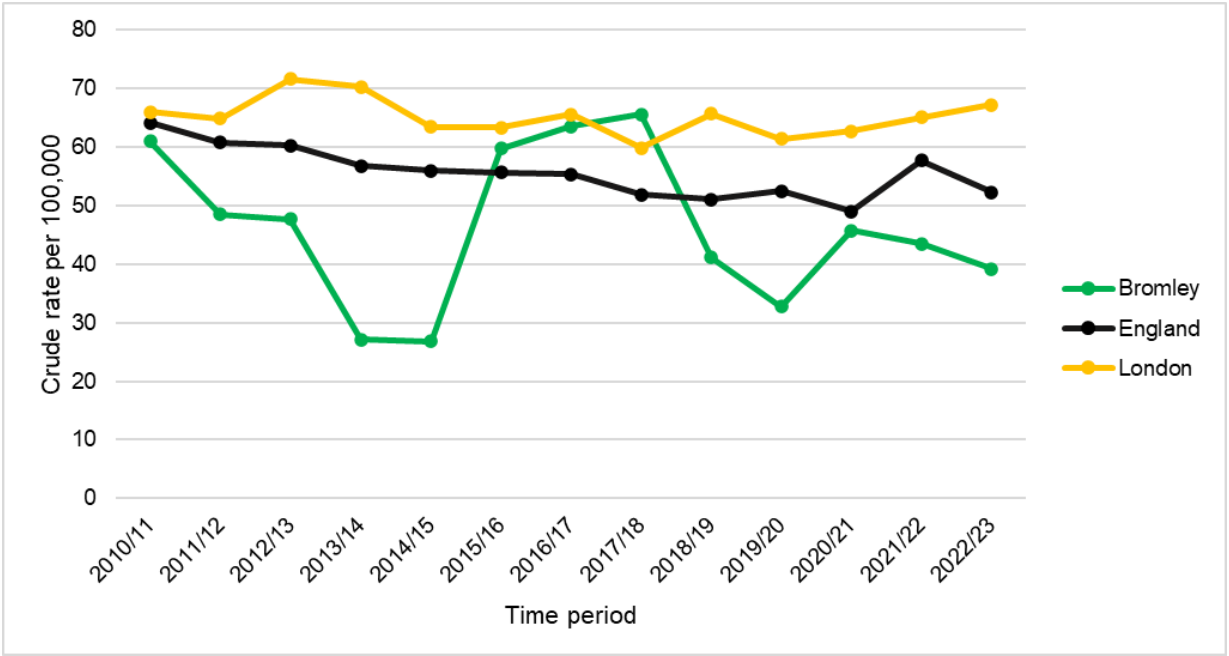
Table 4. 3: Comparison of children aged 0-18 with Diabetes Mellitus (DM) in Bromley and South East London (SEL), 2024

	Bromley	SEL average
A&E attendances for diabetes (Q2 23/24)	40	44
% A&E attendances for diabetes	13.8	16.0
% seen by GP within 2 days of A&E attendance	10.6	14.9
Emergency admissions (Q2 23/24)	<5	8
% emergency admissions (Q2 23/24)	1.7	3.3

Source: SEL data analysis team

Outcomes are generally better for children in Bromley with diabetes than the rest of South East London, although GP follow up after A&E attendance is lower. Admission rates for children with diabetes in Bromley are lower than the rates in London and England. Figure 4.1 below shows admission rates for all children aged 10-18 in years Bromley.

Figure 4. 1: Hospital admission with diabetes mellitus; 10-18 years, Bromley and Comparators (2010/11-2022/23)



Source: OHID fingertips

Admissions due to DM are comparable to London and England rates in Bromley.

What does this mean for Bromley residents and for children in Bromley?

- Outcomes for diabetic children in Bromley are better than those of London or England although follow up after A&E attendance is less good than comparators.

b) Asthma

There are 4,062 children aged under 18 with a diagnosis of asthma on the GP disease register in Bromley. Diagnosis of asthma in young children is not straightforward[2]. The number of children on GP data systems has fallen since 2022 as shown in Table 4.4. This may reflect the slightly lower population of 0-18s in Bromley.

Table 4.4: Number of children with an asthma diagnosis by age; Bromley

Age	Bromley GP data 2022	Bromley GP data 2024
0-4 years	116	104
5-9 years	999	853
10-14 years	1885	1759
15-17 years	1424	1346
18-24 years	3382	3246

Source: Bromley GP data, 2022 and 2024

Not all children with asthma symptoms such as wheeze are diagnosed with asthma. If under 18s with asthma symptoms are included, there are 6553 children and young people with asthma in Bromley. This is 8.7% of the population aged 0-18 in Bromley, and this is much closer to the expected prevalence of asthma in children.

Table 4.5 shows information taken from the GP database showing some key process measures of the management of asthma in children in Bromley. This includes whether children and their carers have completed an Asthma Control Test recently. This asks simple questions to ascertain how much asthma is affecting the child and a score of 19 or under indicates that their asthma is not as controlled as it could be and they should consult their GP.

All children with a diagnosis of asthma should have an annual review of their asthma, usually at their GP surgery, and an Asthma Plan should be updated each year following this review.

[2] Health24. *How is asthma diagnosed?* [online] Available at: https://www.health24.com/Medical/Asthma/Overview/How-ishttps://www.health24.com/Medical/Asthma/Overview/How-is-asthma-diagnosed-20130205asthma-diagnosed-20130205 [Accessed 23/10/2017].

Table 4. 5: Comparison of children aged 0-18 with asthma in Bromley and South East London (SEL), 2024

In the last 12 months:	Bromley	SEL average
% who have had Asthma Control Test	23.9	27.7
% with ACT score <20	31.5	35.9
% with Asthma Review	22.2	26.2
% with Asthma Plan	22	26
% with 6+ SABA prescriptions	3.8	5.8
% taking oral steroids	1.4	1.5
A&E attendances for asthma	98	144
% A&E attendances for asthma	1.5	2.6
Emergency admissions (age 0-24 years)	<5	15
% emergency admissions (age 0-24 years)	<0.08	0.28
% who smoke	0.09	0.20

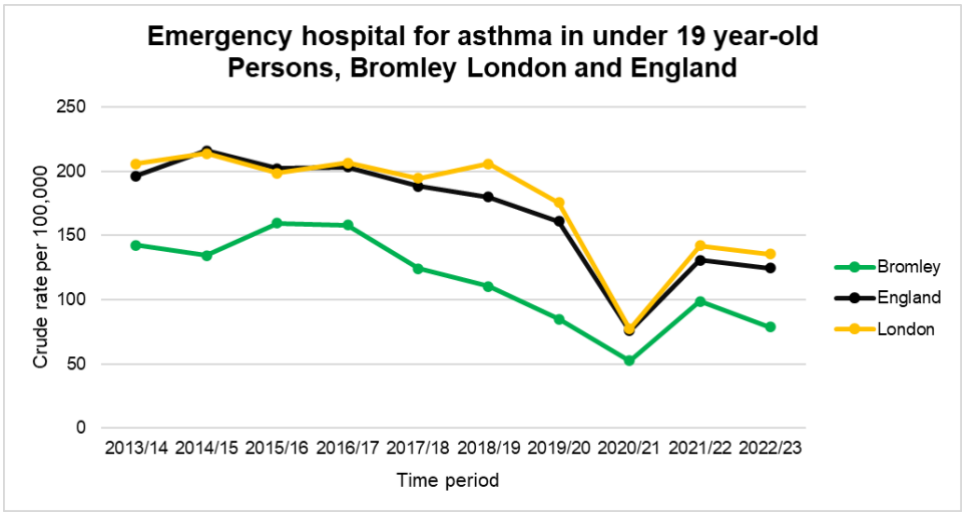
Source: SEL data analysis team

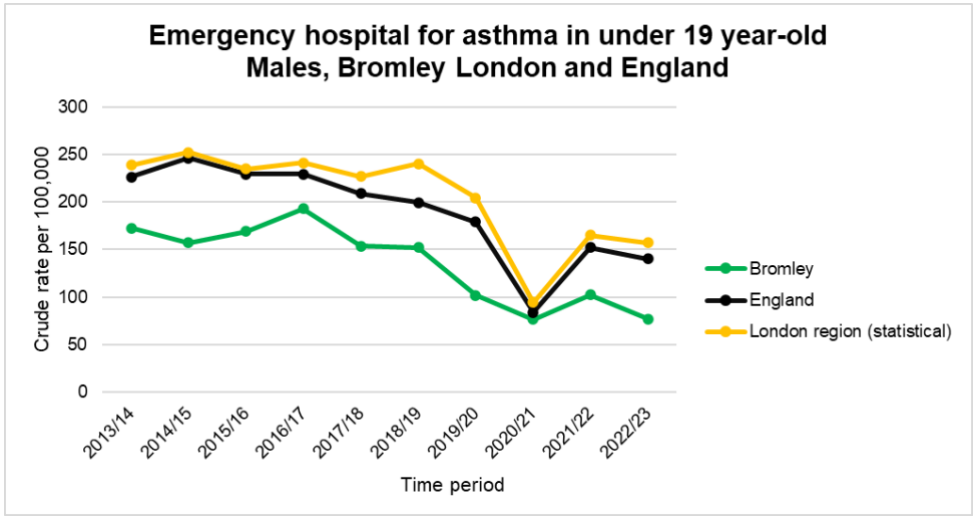
Table 4.5 includes a key indicator on short-acting beta-2 agonist (SABA) prescriptions. SABA is a “reliever” inhaler used when the child is wheezy or short of breath. If a child is being prescribed more than 6 SABA inhalers in a year this is an indicator that the asthma is poorly controlled.

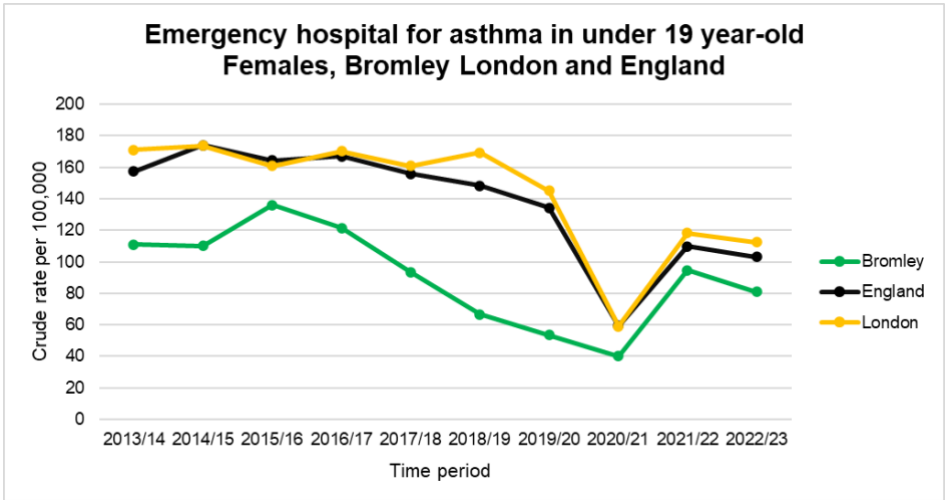
Overall Table 4.5 indicates that processes to prevent asthma attacks (monitoring ACT score, asthma reviews and plans) are less good in Bromley than the SEL average but outcomes are better than the SEL average.

Figure 4.2 shows that admission rates for asthma are lower in Bromley than in London or England, especially for boys. It also shows a difference in admission rates between boys and girls in Bromley.

Figure 4.2: Emergency hospital admissions with a primary diagnosis of asthma; 0-18 years, Bromley and comparators (2013/14 – 2022/23)







What does this mean for Bromley residents and for children in Bromley

Processes to prevent asthma attacks in children in Bromley are less good than in South East London as a whole but outcomes are better.

c) Epilepsy

Epilepsy is the most common long term neurological condition of childhood and it affects an estimated 112,000 children and young people in the UK. A wide range of epilepsy syndromes present throughout infancy, childhood and adolescence from benign self-limiting syndromes to severe epileptic encephalopathies. A child with epilepsy may also have a number of associated neurological, educational or psychosocial problems relating to the cause of their epilepsy or associated co-morbidities. 37% of children with epilepsy have a mental health condition.

Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnosis. Even among those who have a diagnosis of epilepsy, up to a third continue to have seizures despite treatment.

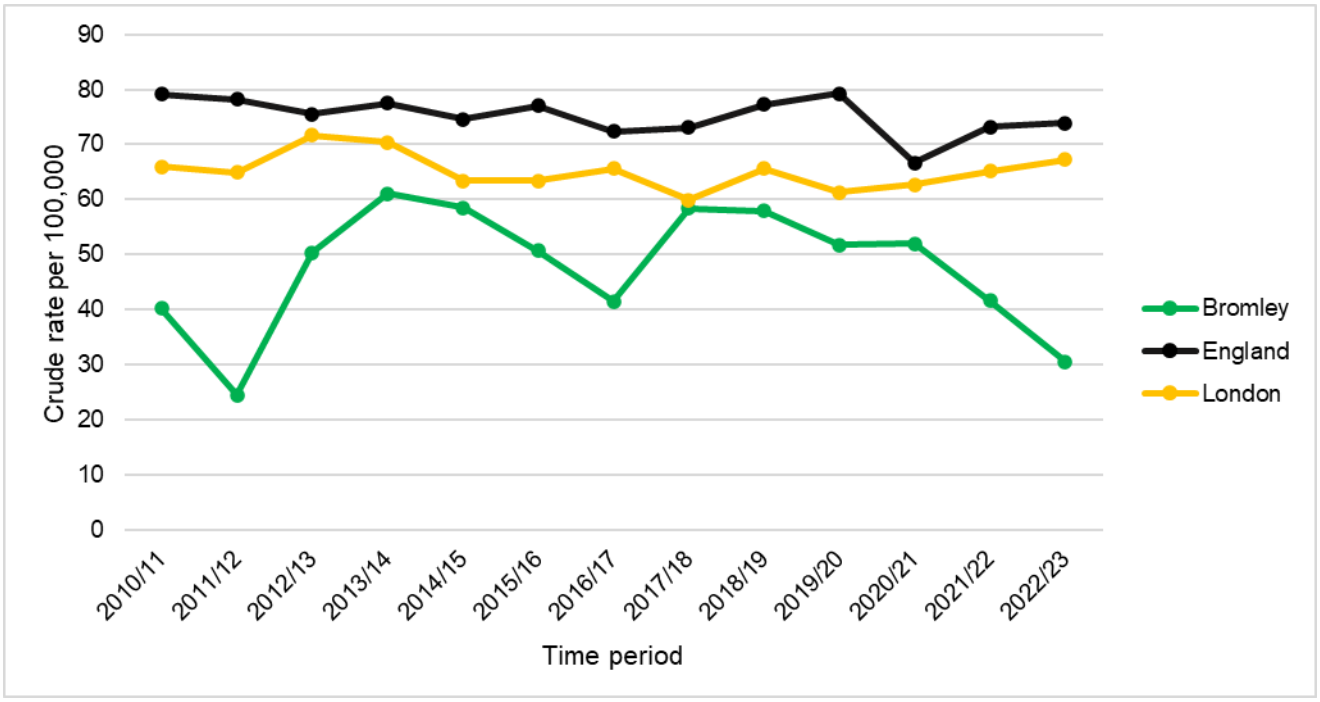
Transition to adult epilepsy services is a time of increased risk, and well-coordinated specialist epilepsy services can reduce mortality among young people with epilepsy after transition to adult services.

Table 4.6: Number of children diagnosed with epilepsy in Bromley, by age

Age	Bromley GP data 2022	Bromley GP data 2024
0-4 years	30	20
5-9 years	106	100
10-14 years	154	174
15-17 years	105	118
18-24 years	258	267

Source: Bromley GP data, 2022 and 2024

Figure 4.3: Hospital admissions with epilepsy; 0-18 years, Bromley and comparators



Not all emergency admissions to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions. Figure 4.3 shows that during the period 2010-2023 emergency admissions to hospital with epilepsy for Bromley children were below London and national rates and appear to be falling.

What does this mean for Bromley residents and for children in Bromley

Based on limited outcome data, the outcomes for children with epilepsy in Bromley appear to be better than for children in London and England.

d) Autistic Spectrum Disorder (ASD)

Autism is a lifelong developmental disability that affects how a person communicates and relates to other people, and how they experience the world around them. Those on the autistic spectrum experience difficulties with social interaction, social communication and rigidity of thought. They may also be more sensitive to everyday sensory information.

ASD describes a wide range of needs. Most young people on the autistic spectrum are educated in mainstream schools. The proportion of children with autism known to schools is rising more slowly Bromley than in London and England (Figure 4.4).

Figure 4.4 Children with Autistic Spectrum Disorder known to schools

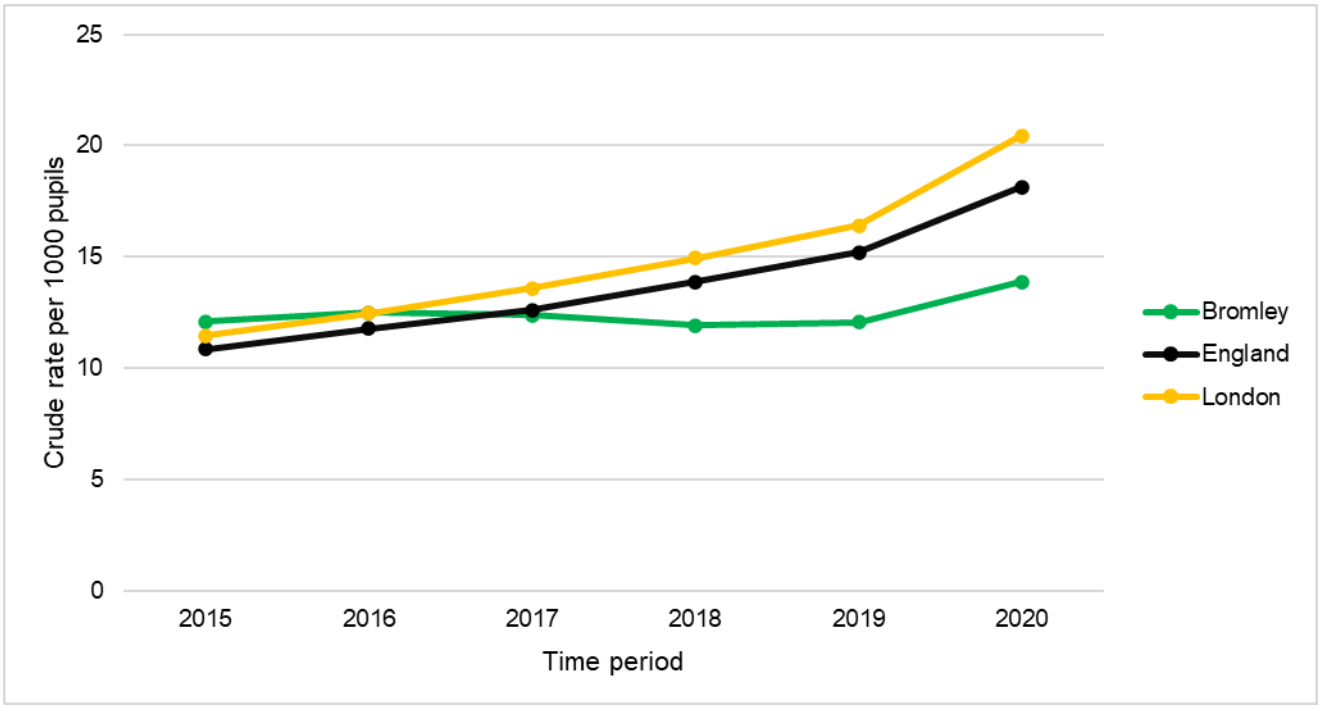


Table 4.7 shows that, there are 1561 children aged 0-17 with ASD recorded with Bromley General Practice in 2024. This is different to the number in Bromley schools as it includes pre-school children. The number of 15-17 year olds with a diagnosis of ASD has implications for transitional services.

Table 4.7: Number of children diagnosed with ASD in Bromley GP data, by age

Age	Bromley GP data 2022	Bromley GP data 2024
0-4 years	26	32
5-9 years	383	382
10-14 years	651	694
15-17 years	411	453
18-24 years	736	848

Source: Bromley GP data, 2022 and 2024

What does this mean for Bromley residents and for children in Bromley

GP data shows a small increase in the number of children on the autistic spectrum. The number of children with autism known to schools is rising more slowly than comparators.

e) Other long term conditions

Some other long term conditions that affect the life of a child are collected by GPs and schools (Tables 4.1 on page 5). It is important that schools are aware of children who have long term health conditions in their schools so that they can support the child and family and respond appropriately if the child becomes unwell in school.

Table 4.8: Number of children diagnosed with cancer in Bromley since 2001, by age group

Age	**Bromley GP data 2022**	**Bromley GP data 2024**
0-4 years	7	4
5-9 years	9	17
10-14 years	34	32
15-19 years	35	38
20-24 years	36	44

Source: Bromley GP data, 2022 and 2024

The most common type of childhood cancer in Bromley since 2001 is acute lymphoblastic leukaemia, followed by histiocytosis, lymphoma and acute myeloid leukaemia.

Table 4.9: Frequency of different types of eating disorder in Bromley, ages 0-24 years, 2024

Eating disorder	Number of cases	Age range usually affected
Pica	50	All ages, more common in younger children
Anorexia nervosa	153	15-24 years age group
Bulimia nervosa	26	All 15-24 years
Eating Disorder unspecified	144	All age groups
Avoidant restrictive food intake disorder	42	All age groups
Total	**415**	

Source: GP data

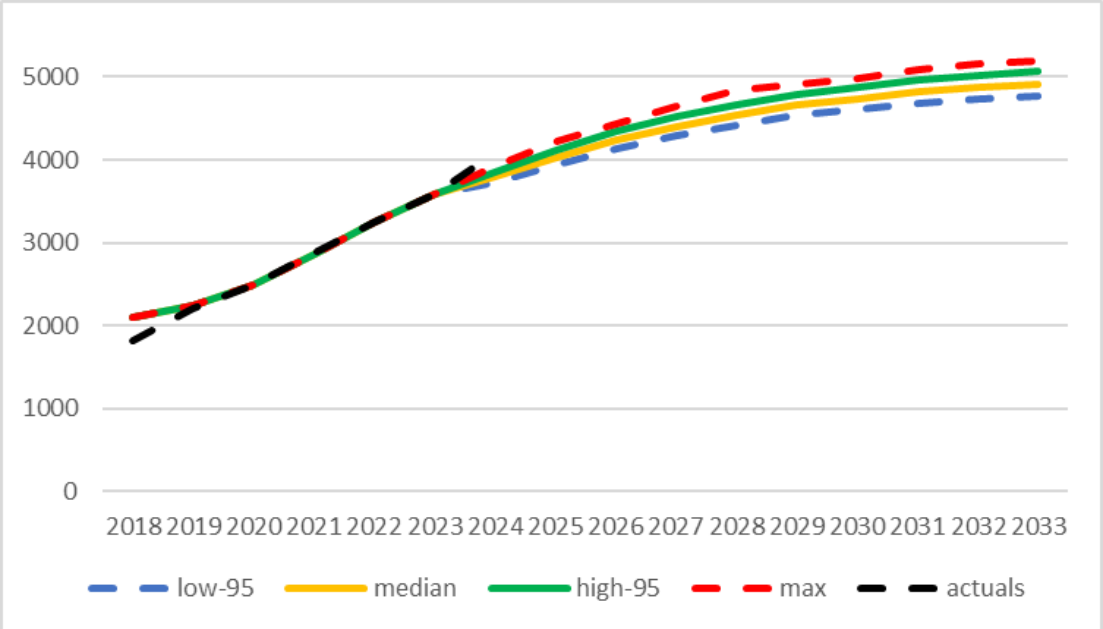
3. Children with an Education Health and Care Plan (EHCP)

The existence of an EHC Plan is an indicator of significant need. It is a plan put in place to ensure that a young person reaches their full potential, not just in education.

The percentage of pupils with an EHCP in Bromley schools had reduced in 2018 but has since increased again. The graph below shows the projected increase in EHCPs until 2033. The median projection shows an increase to 4,403 in 2027 and 4,915 by 2033.

The projections for 2024 are slightly lower than the actual EHCP population in 2024, with the max projection showing 3,915, but the actual population being 4,071. This shows that the rate of growth in EHCPs may be increasing more quickly than previous growth had indicated.

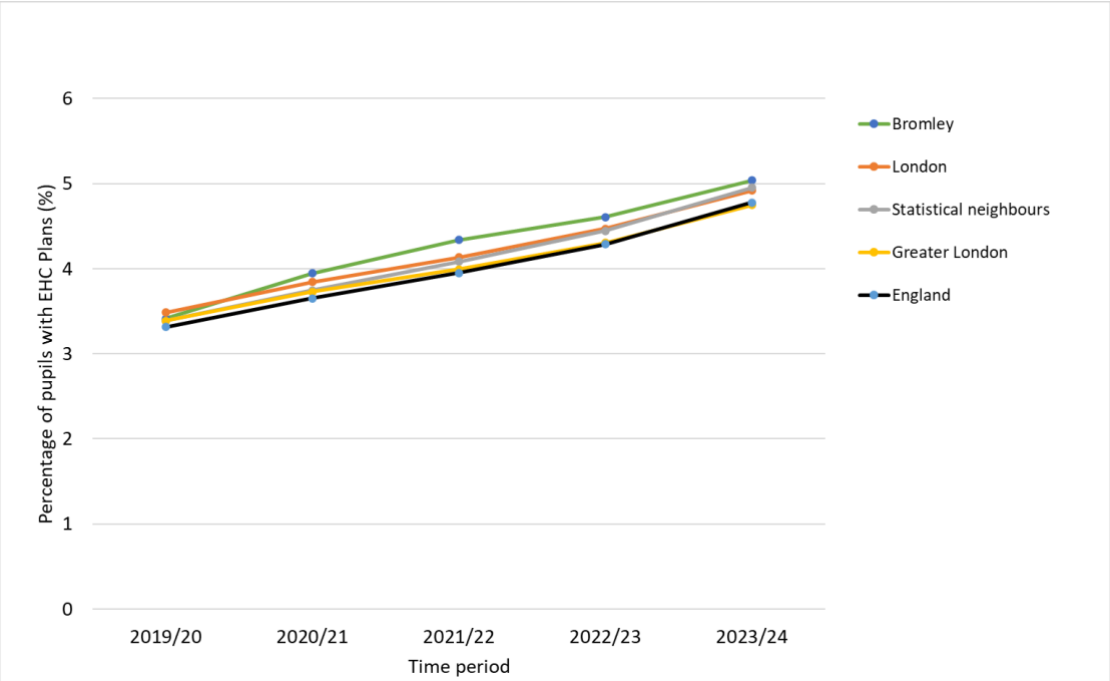
Figure 4.5: EHCP population projections for all ages (0-25) 2018 – 2032. Low, mid, high, and max projections



Comparison with statistical neighbours is shown in Figure 4.6 below. Bromley rates have consistently been higher. Children and young people with an EHCP are supported in mainstream classes where appropriate.

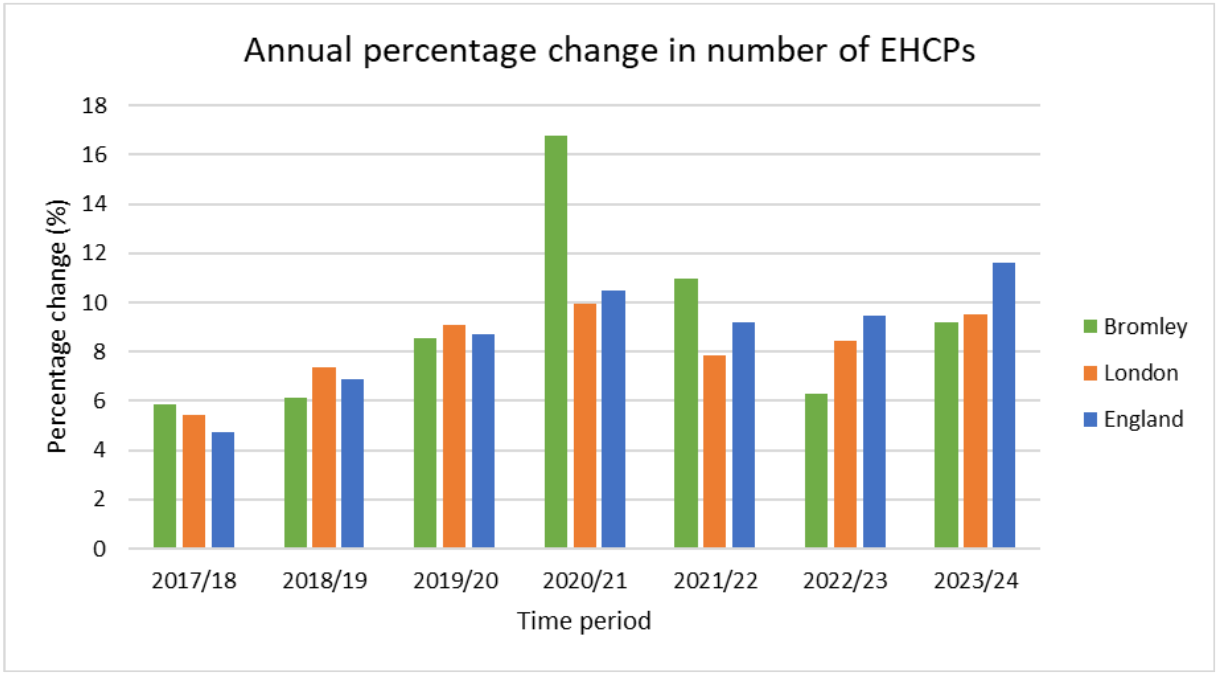
Almost all of this increase in EHCPs are for children with speech, language and communication needs or social and emotional health needs.

Figure 4.6: Percentage of pupils with statements/EHC Plans, Bromley and comparators, 2019/20-2023/24



For the past 2 years the growth in the number of EHCPs in Bromley has been lower than the regional or national average.

Figure 4.7: Annual percentage change in number of EHCPs



Source: DfE 2016/17-2023/24 SEN2 data

Table 4.8 shows that the most common types of needs in children with SEN are;

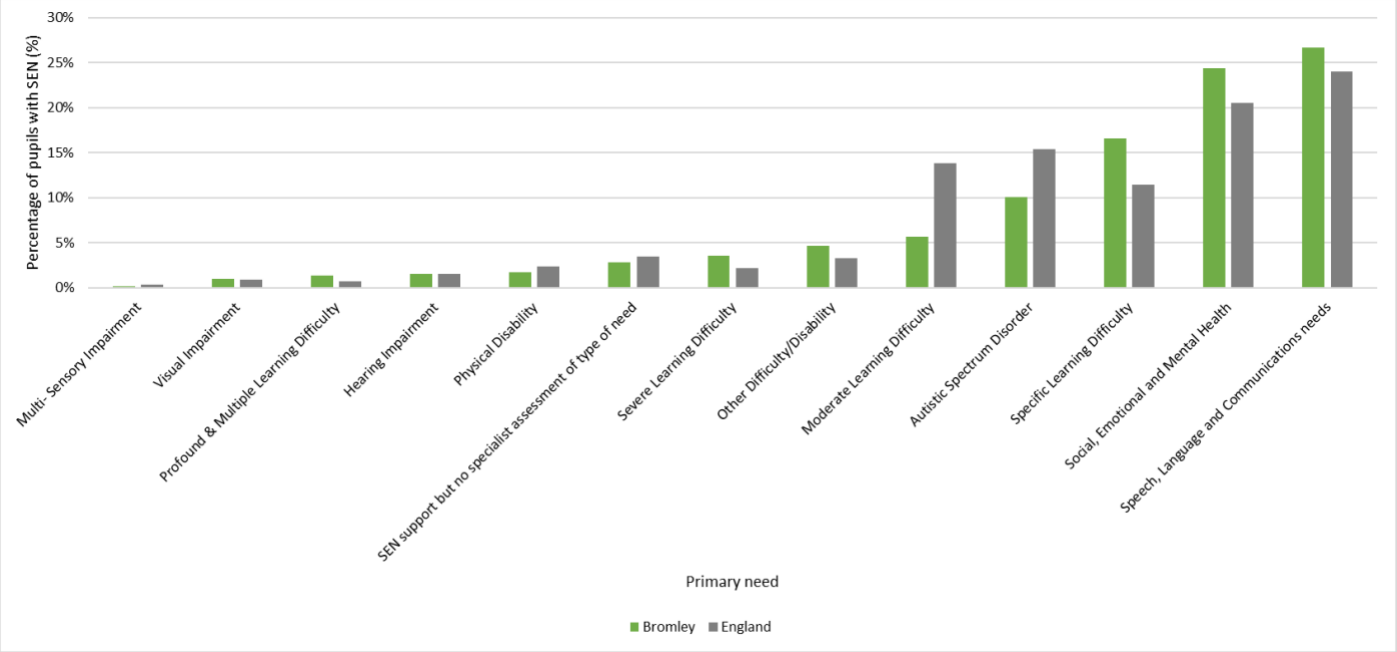
- Speech, Language and communication Needs,
- Social Emotional and Mental Health Difficulties, • Specific Learning Difficulty, and
- Moderate Learning Difficulty.

Table 4.8: Children with SEN by type of need in maintained schools and academies, 2023/2024

Primary type of need	Primary schools	Secondary schools	Special schools	AP schools	Total
Autistic Spectrum Disorder	405	444	94	1	944
Hearing Impairment	67	70	5	No data	142
Missing	23215	20628		2	43845
Moderate Learning Difficulty	181	229	125	No data	535
Multi- Sensory Impairment	7	3	4	No data	14
Other Difficulty/Disability	178	254	6	No data	438
Physical Disability	73	77	9	No data	159
Profound & Multiple Learning Difficulty	15	1	107	No data	123
SEN support but no specialist assessment of type of need	184	81	No data	No data	265
Severe Learning Difficulty	33	5	298	No data	336
Social, Emotional and Mental Health	862	1195	170	62	2289
Specific Learning Difficulty	513	1015	27	No data	1555
Speech, Language and Communications needs	1896	559	47	No data	2502
Visual Impairment	46	38	4	No data	88

Source: https://explore-education-statistics.service.gov.uk/data-tables/permalink/fd0d9f0e-e36c-4f73-a636-08dcc2b24c73

Figure 4.8: Percentage of Children with SEN by type of need, Bromley & England, 2023/24



Source: Department for Education, 2024 (https://explore-education-statistics.service.gov.uk/data-tables/permalink/eeb5673a-909c-4a24-d878-08dcc2af3d32)

Comparing Bromley to England in Figure 4.8 shows that;

- Bromley has relatively high rates of Speech, Language and Communication, Specific Learning Difficulty and Social, emotional and mental health needs compared to England
- Bromley has relatively low rates of moderate learning difficulty and Autistic Spectrum Disorder compared to England

Educational Attainment in Children with Special Educational Needs

Figure 4.9 shows that, achievement in Key Stage 2 in Bromley has improved in all groups except for children with an Education Health Care Plan where achievement has reduced over the last 2 years, a pattern not seen in comparator areas.

Figure 4.9: Key Stage 2 achievement, 2016-19 and 2022-23, Bromley and comparators

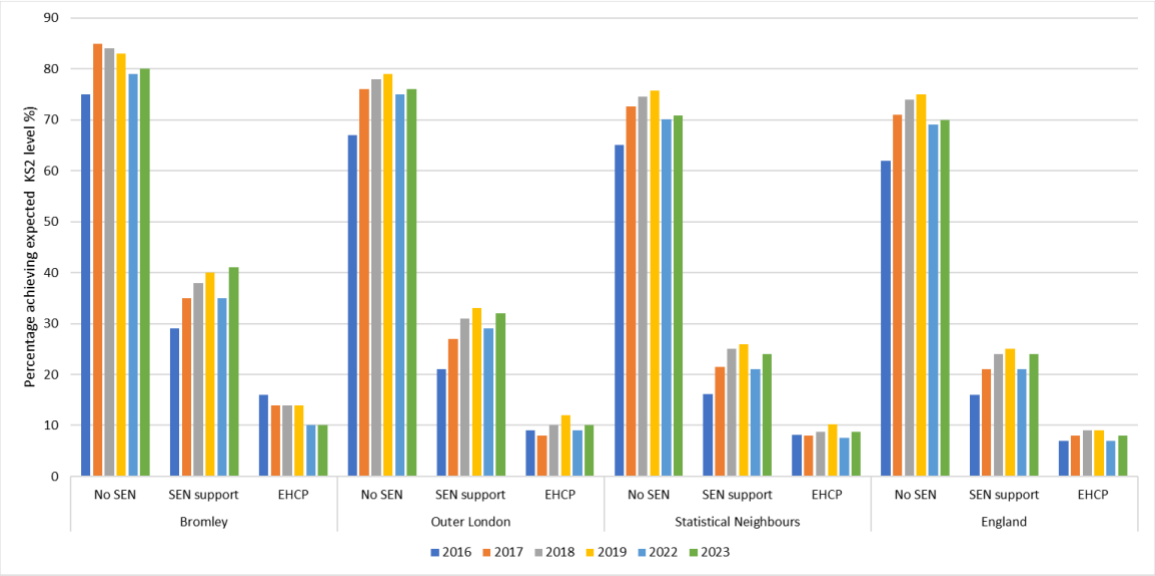
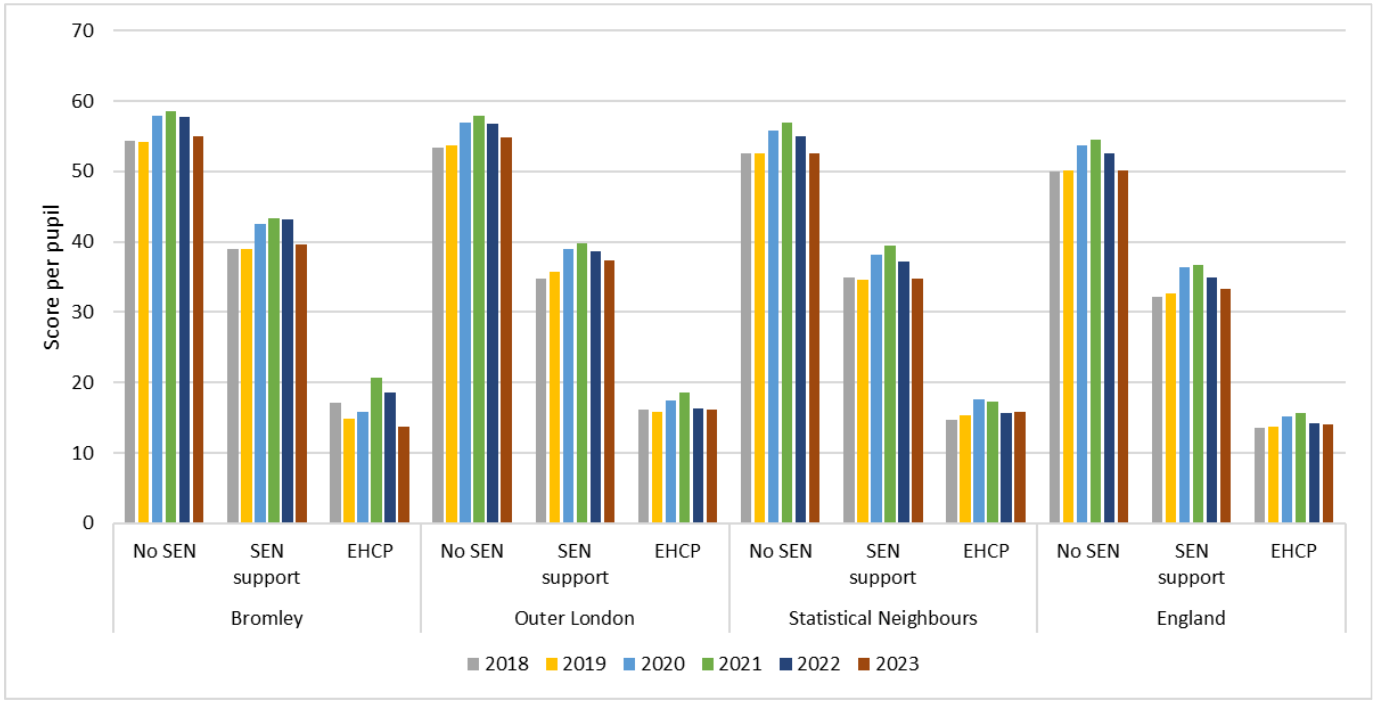


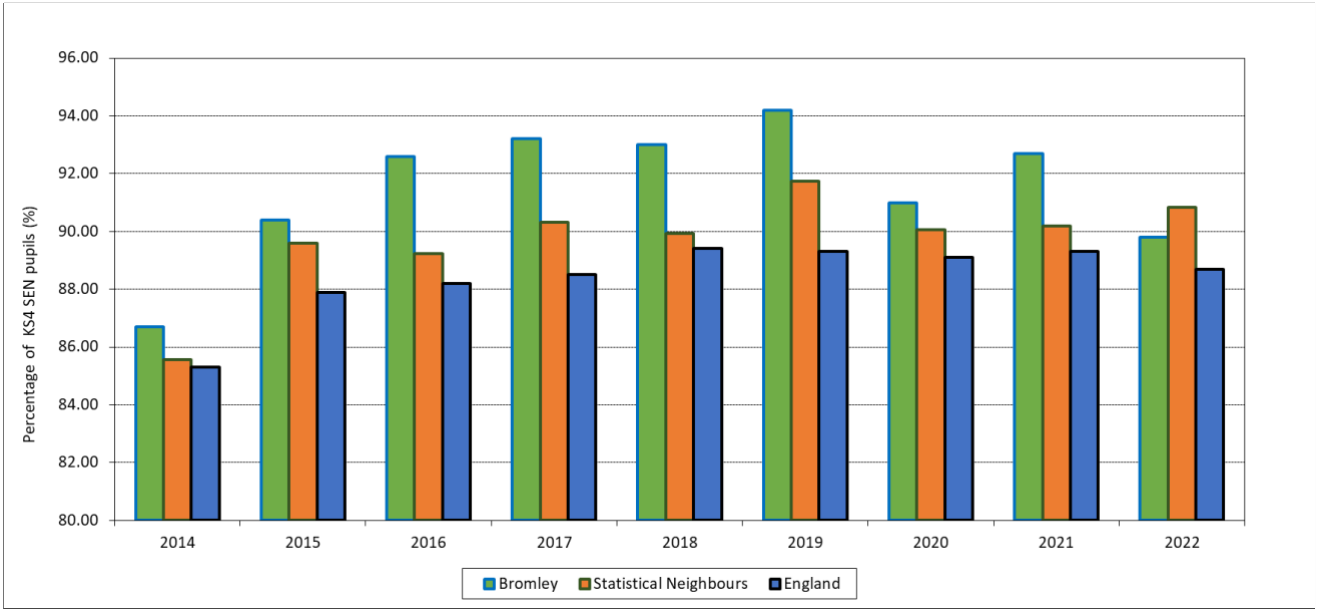
Figure 4.10 shows that pupils at GCSE level (Key stage 4) are achieving better in Bromley for those at EHCP, SEN support and no SEN levels. Attainment 8 score is calculated by adding together pupils' highest scores across eight government approved school subjects.

Figure 4.10: Pupils average Attainment 8 score, 2018-23, Bromley and comparators



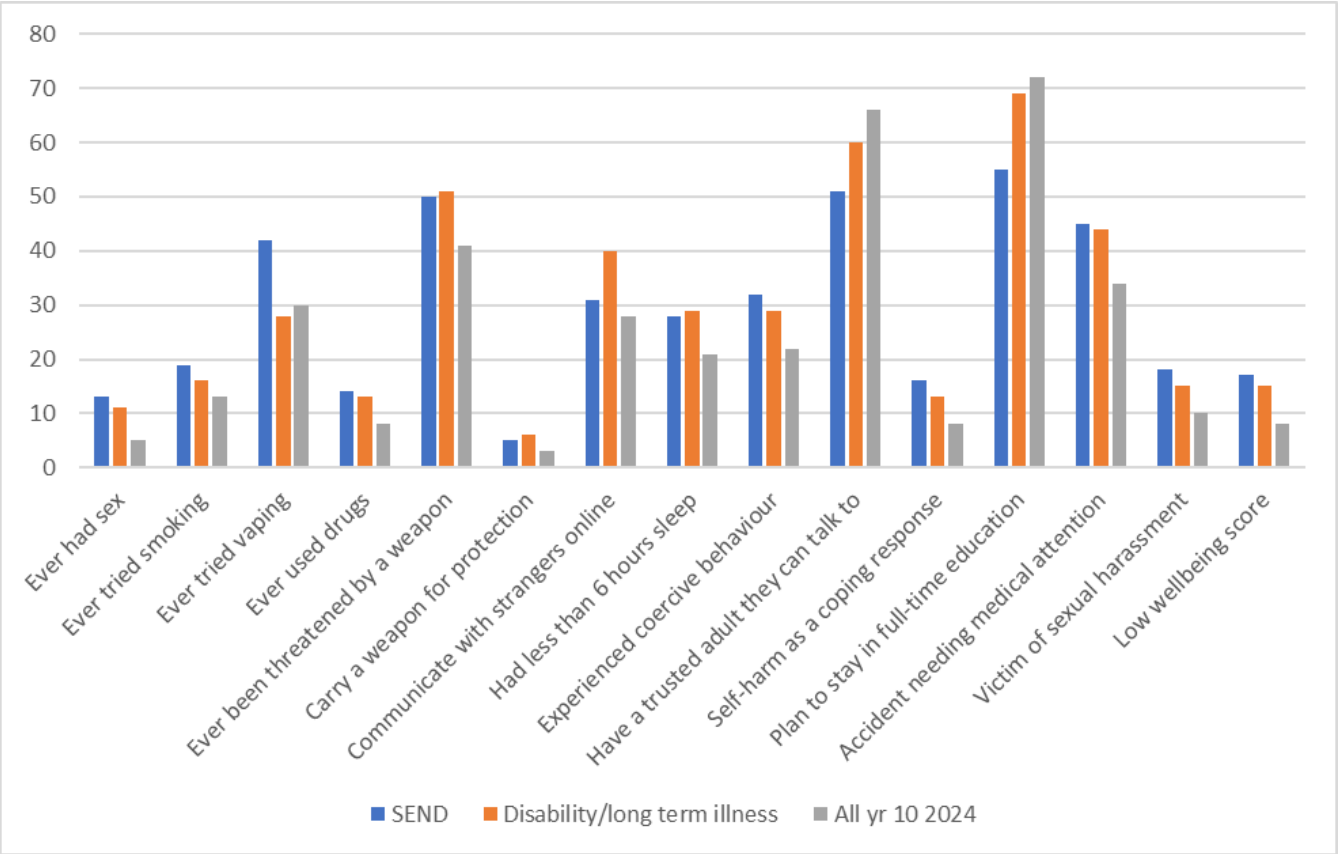
Bromley also has better rates than London or England of Key Stage 4 (KS4) pupils with SEN remaining in education or going into employment/training. Figure 4.11 shows that Bromley has a higher percentage (95%) of pupils with special education needs who were in education or training after Key Stage 4 in 2020 compared to statistical neighbours and England.

Figure 4.11: % KS4 SEN Pupils remaining in education or going to employment/training (including special schools), 2014 - 2022



The survey of year 10 pupils in 2022 showed some vulnerabilities of young people with SEND or long term illness when compared to the whole year 10 cohort. This shows that young people with SEND or long term illness were more likely than their peers to participate in risky behaviour and had fewer protective factors such as a trusted adult or staying in full-time education after year 11.

Figure 4.12. Experiences of year 10 pupils with SEND or long term illness compared to all year 10, 2024 SHEU data



What does this mean for Bromley residents and for children in Bromley?

For the past 3 years the growth in the number of EHCPs in Bromley has been lower than the regional or national average.

Bromley has relatively high rates of Speech, Language and Communication, Specific Learning Difficulty and Social, emotional and mental health needs compared to England.

Attainment for children with SEND is good compared to statistical neighbours and England.

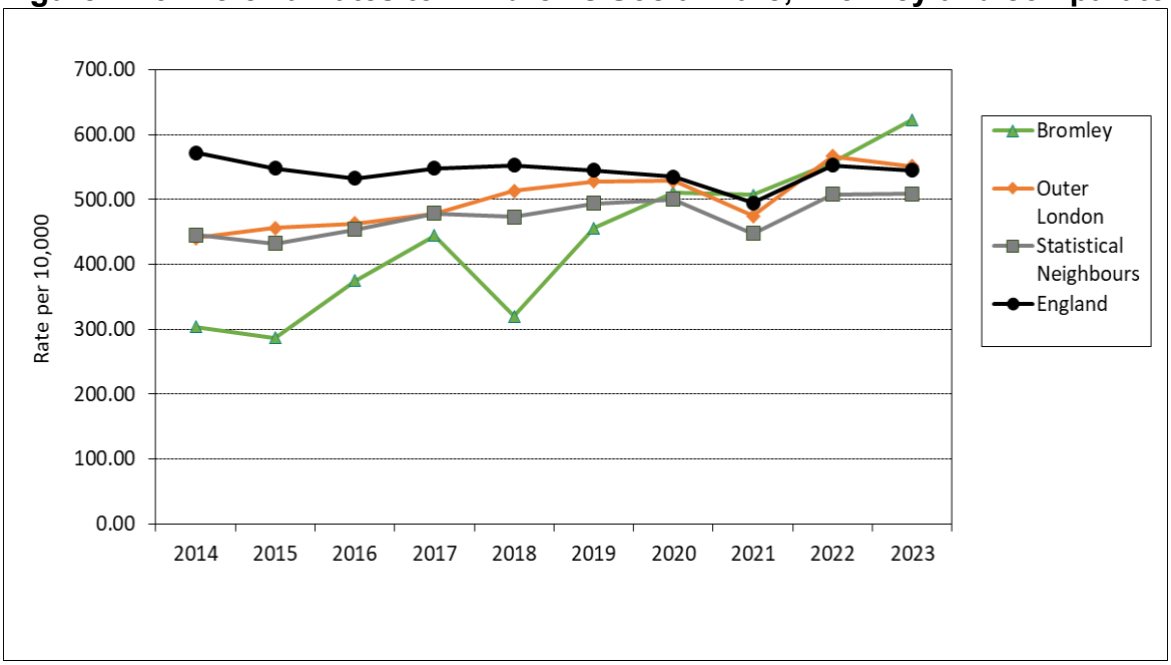
4. Children at risk of significant harm

The risks can be broadly of two kinds:

a) Abuse or ill-treatment causing an immediate and acute risk of or actual significant harm to the child/ young person's health or development, or
b) A chronic and long-term risk of harm to the child's health or development.

This small group of children/young people will have needs which may meet the threshold for statutory intervention. Children at this level may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention.

Figure 4.13: Referral rates to Children's Social Care, Bromley and comparators



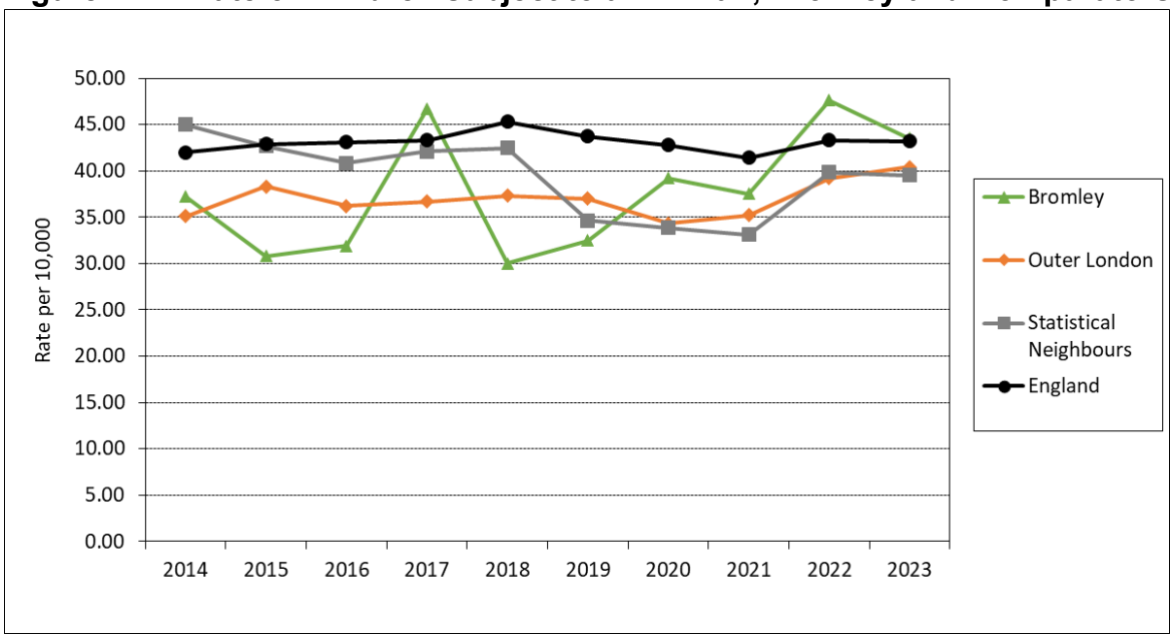
Source: LAIT, 2024

The referral rate in Bromley has increased and is now higher than the rates in the comparator areas as shown in Figure 4.11.

a) Children who are the subject of a Child Protection Plan

In September 2024 there were 291 children subject to a Child Protection Plan (CPP) in Bromley. Bromley is roughly comparable to statistical neighbours and the national rate but shows fluctuation.

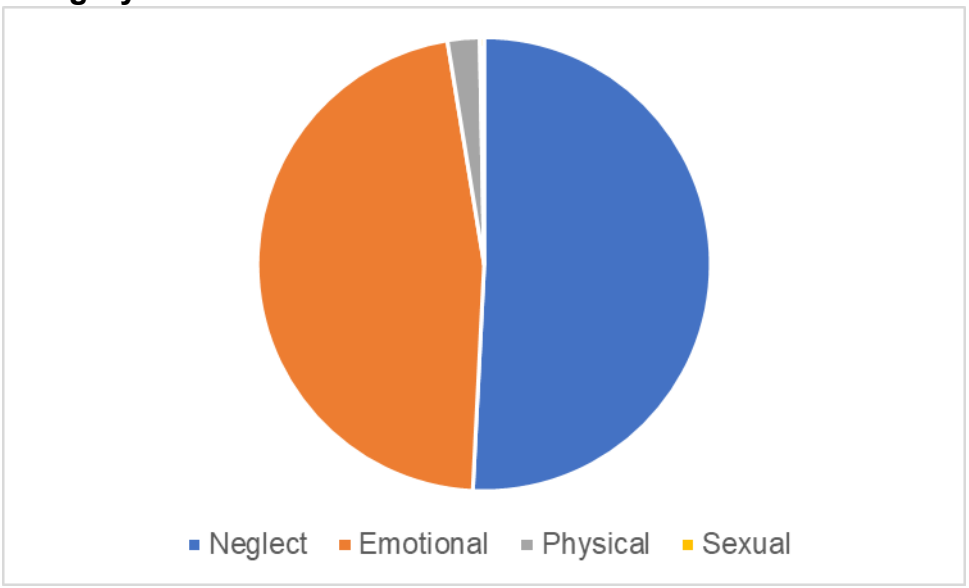
Figure 4.14 Rate of Children subject to a CP Plan, Bromley and Comparators



Source: LAIT, 2024

Figure 4.15 shows that neglect and emotional abuse are the categories of abuse most represented in children subject to a CPP in Bromley.

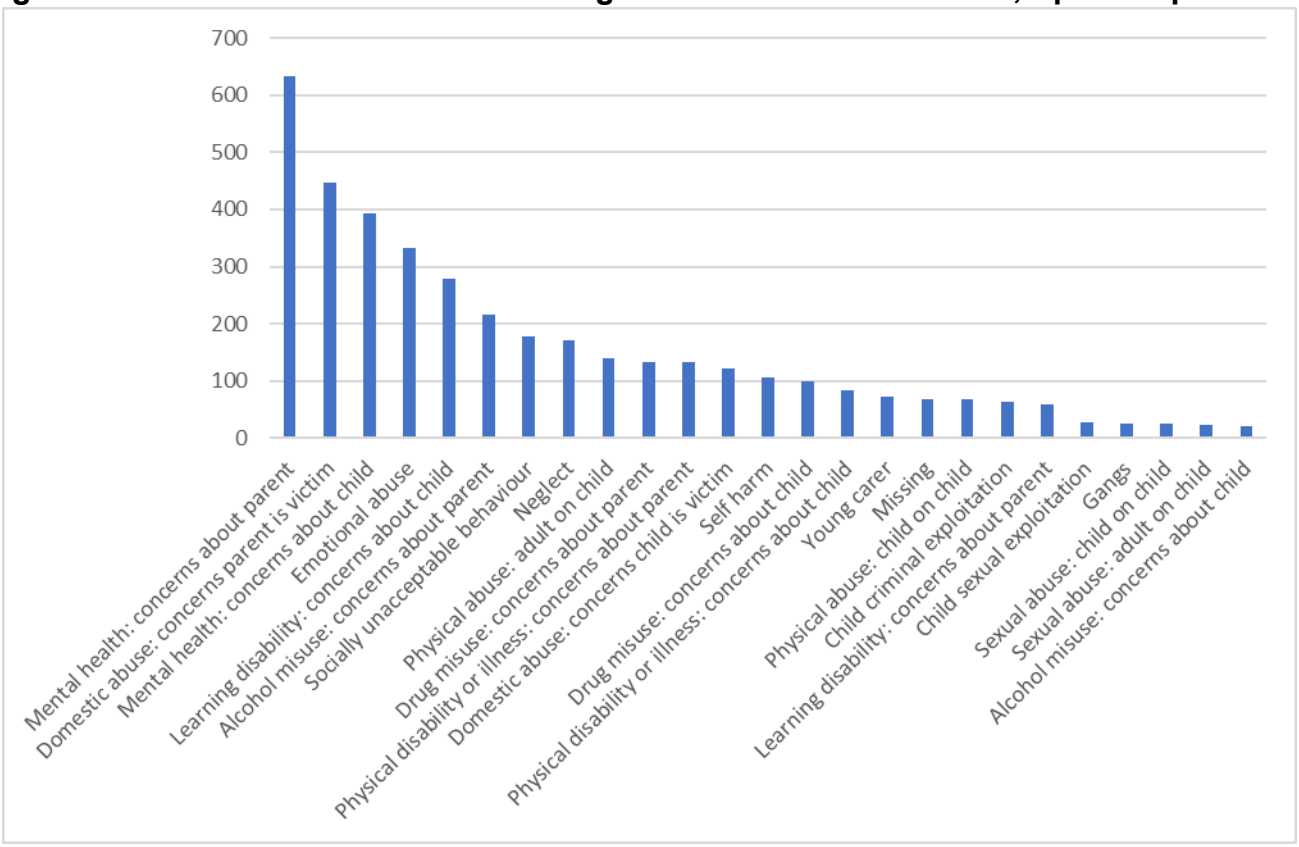
Figure 4.15: Proportion of child protection plans in Bromley, 31st March 2024, by category of abuse



Source: ECHS data

Risk and protective factors are identified as part of the social work assessment. The risk factors identified during these assessments between April and September 2024 are presented in Figure 4.16**.** Mental health concerns about the parent or domestic abuse were the most common risks identified, followed by mental health concerns about the child.

Figure 4.16: Risk factors identified during Social Care Assessments, April - Sept 2024



Source: Children Social Care data, LBB

What does this means for children in Bromley?

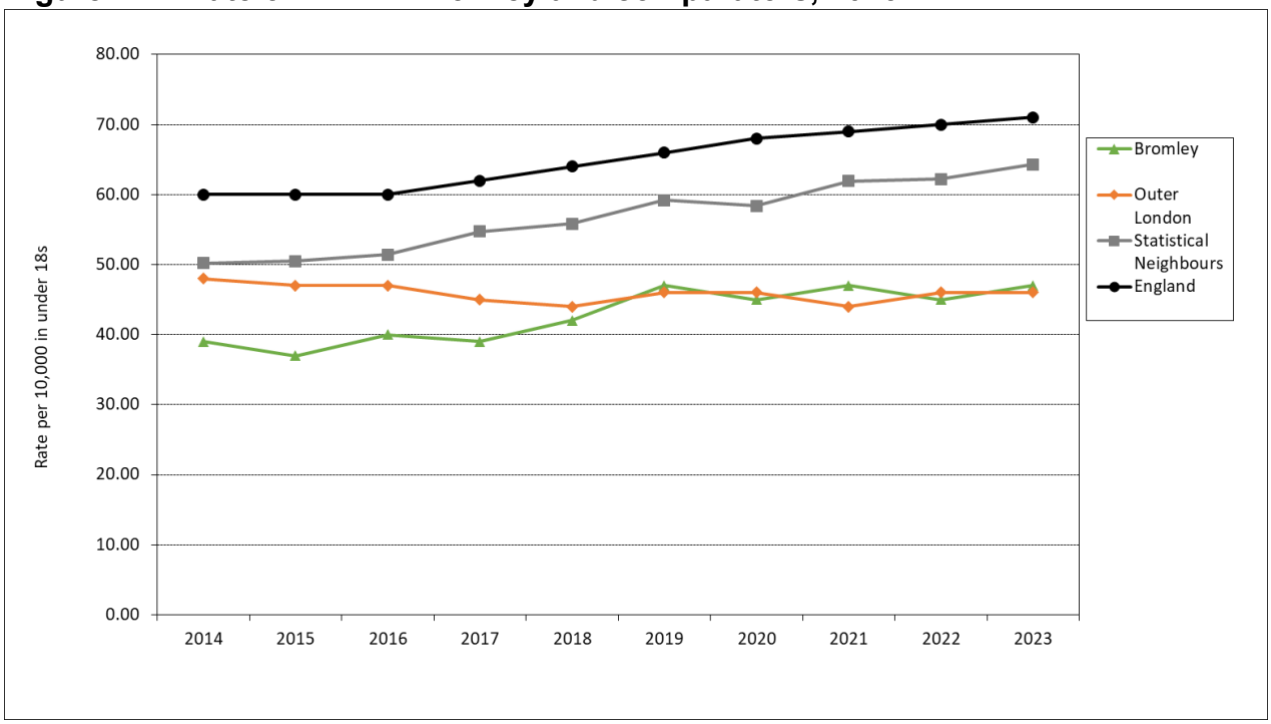
Children on a Child Protection Plan are most likely to be on the plan for neglect.

Mental health needs in either the parent or the child or domestic abuse were the most common risks identified during assessment by Children's Social Care.

b) Children looked after

- The number of children looked after (CLA) in Bromley, September 2024, was 362.
- The rate of 50 CLA per 10,000 population under 18 is rising but is still lower than statistical neighbours and lower than the rate for England.
- There are currently 23 unaccompanied asylum seeking children in Bromley and this number is rising.
- 70% of children looked after are in foster placements (September 2024).
- The percentage of children looked after placed out of the borough and more than 20 miles from where they used to live is 22% in April to September 2024.
- In the last two years, 9 CLA or care leavers have been enrolled in the FNP programme as young parents and 1 more has been referred but not enrolled.

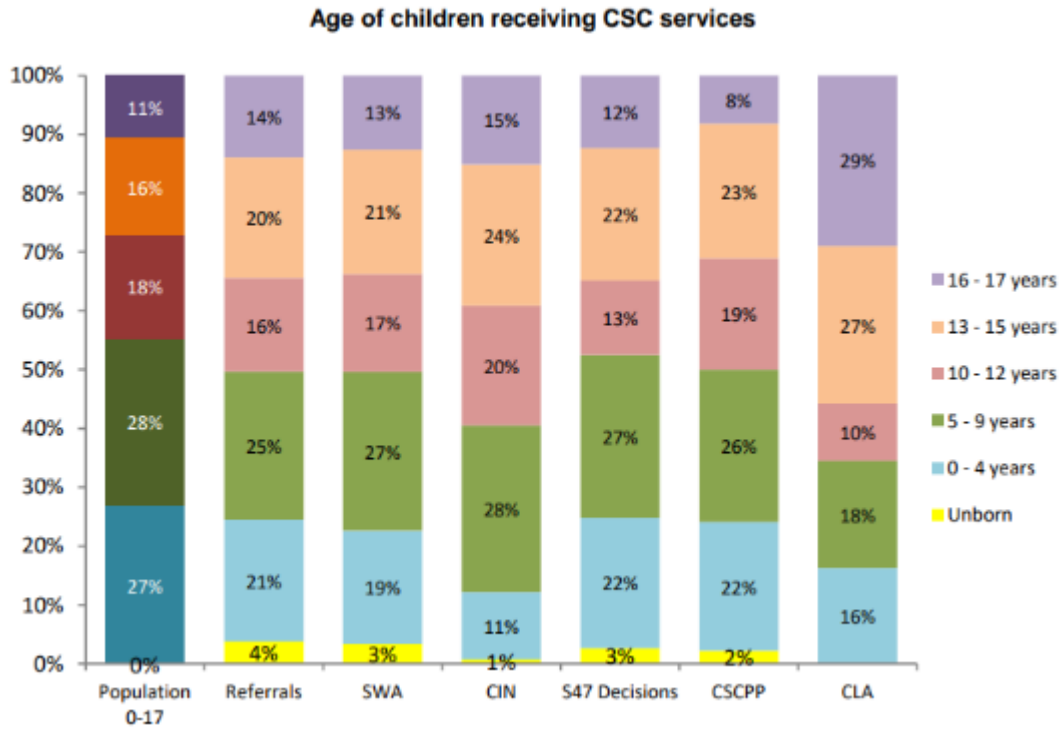
Figure 4.17 Rate of CLA in Bromley and comparators, 2023



Source: LAIT, 2024

The ages of children in different parts of Children's Social Care in Bromley is shown in Figure 4.18. This shows that older teenagers are over-represented among CLA in Bromley.

Figure 4.18: Children known to Children's Social Care by age group

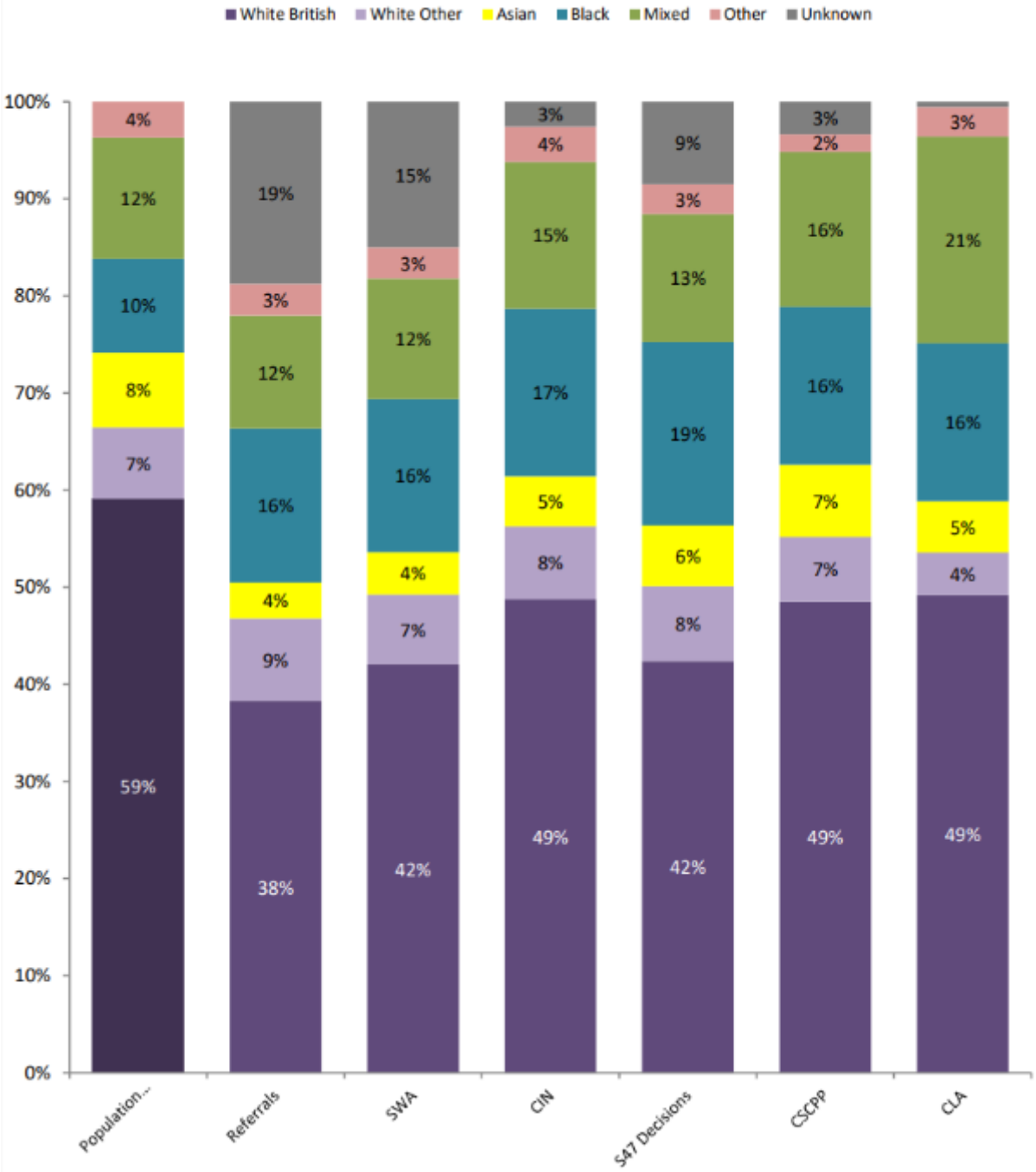


Source: Children Social Care data, LBB- 2024

Ethnicity of children looked after

Some ethnic groups are over-represented in the CLA population. This includes those of mixed race and black populations. White British and Asian are under-represented in CLA.

Figure 4. 19. Ethnicity of children known to Children's Social Care, 2024

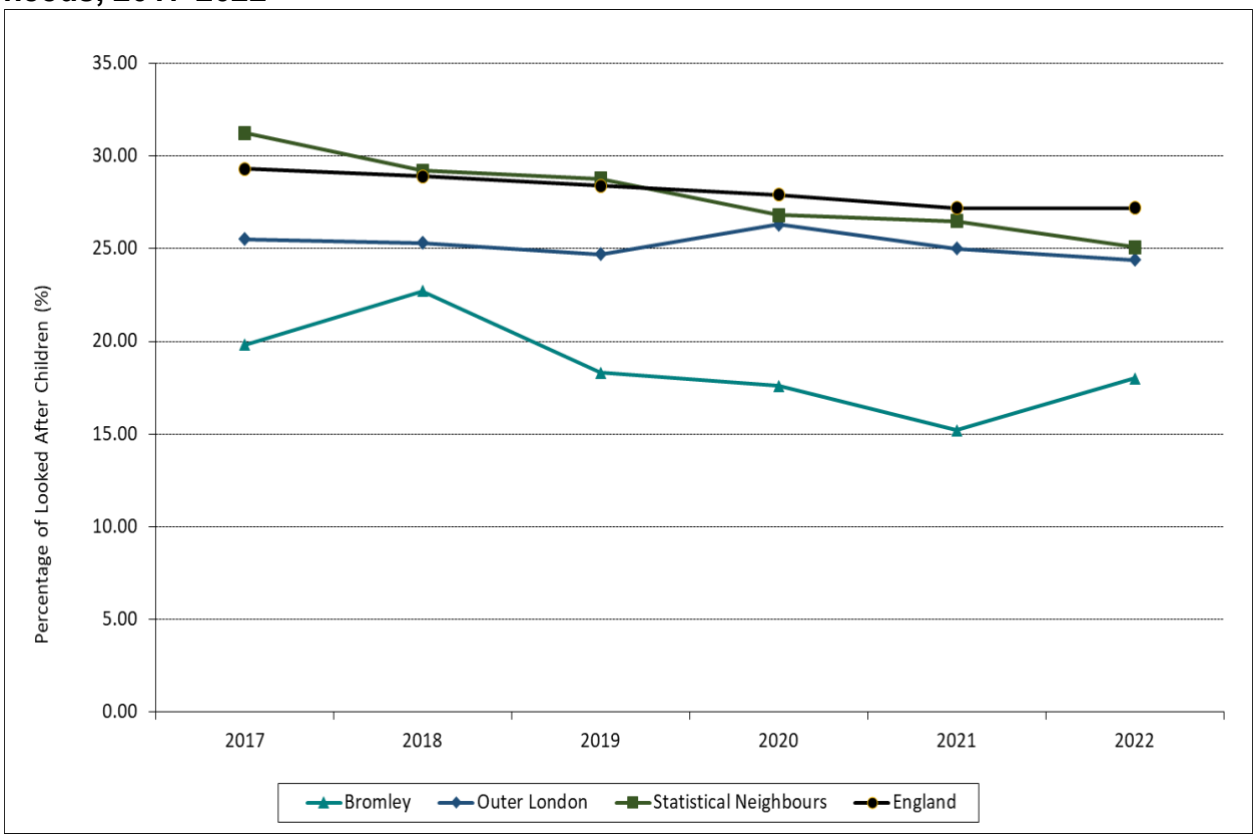


Source: Children Social Care data, LBB-2024

Special Education Needs of children looked after (CLA)

The proportion of CLA who have special educational needs in Bromley is lower than London, national and statistical neighbour rates (Figure 4.20).

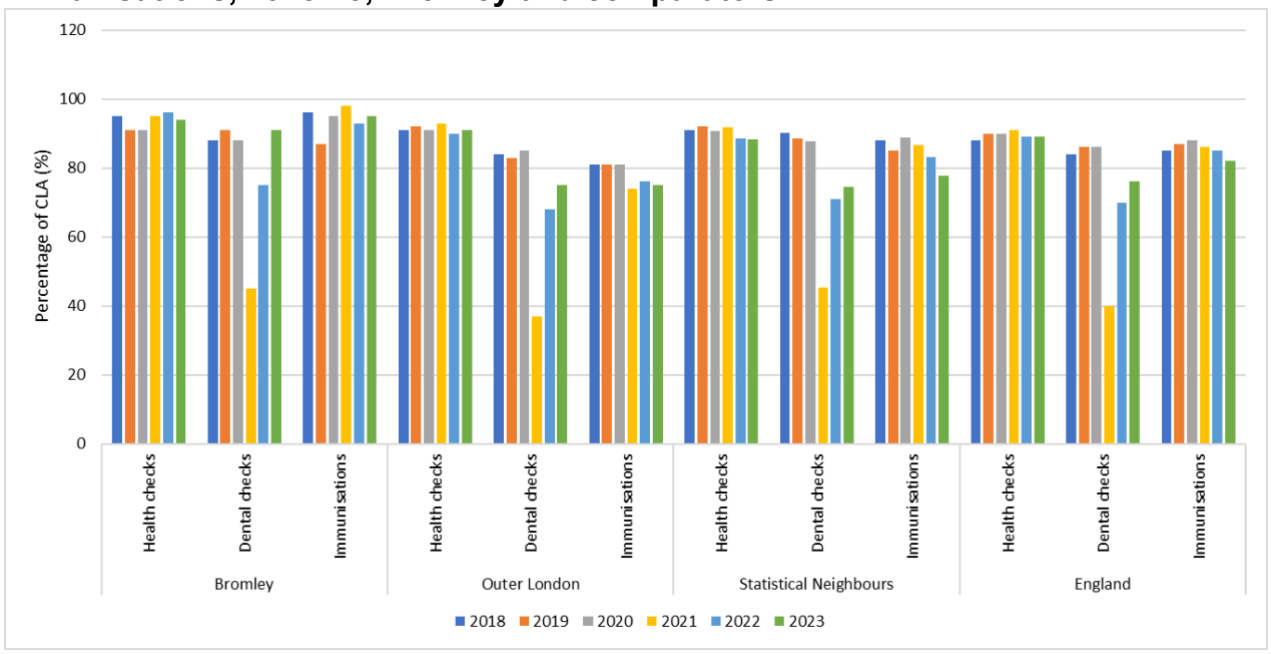
Figure 4.20 The proportion of Children Looked After who have special educational needs, 2017-2022



Source: LAIT, 2024

Health Protection of CLA

Table 4.21: Proportion of CLA who have up-to-date health checks, dental checks and immunisations, 2018-23, Bromley and comparators



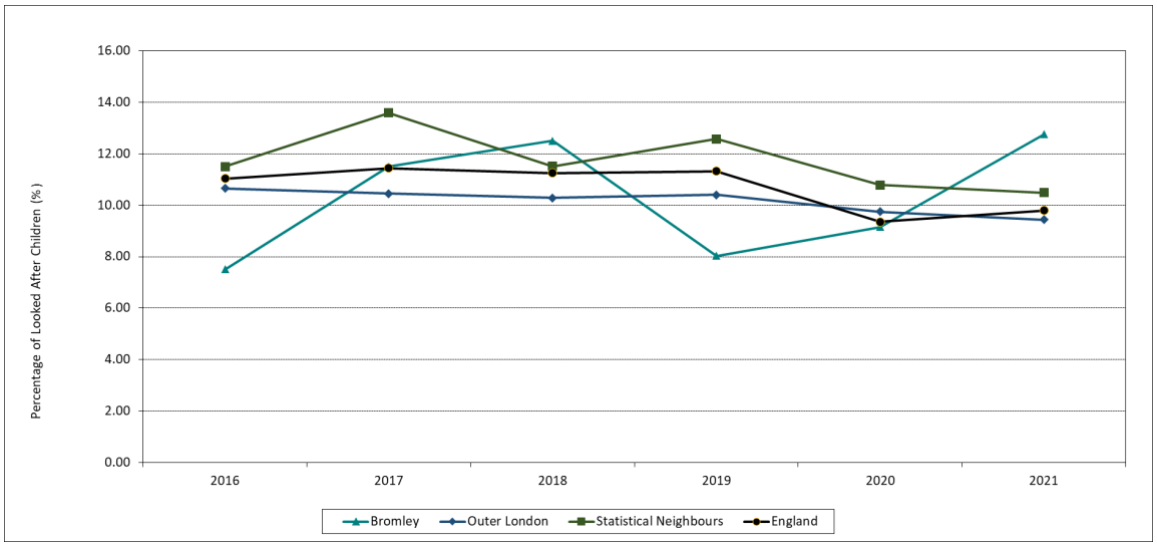
Source: LAIT 2024

Table 4.21 shows that coverage of routine health protection in Bromley is good apart from dental checks in 2020/21, when the proportion of CLA having dental checks fell for all geographical locations.

Exclusions and School Attendance

Bromley's fixed term exclusion rate for CLA is broadly comparable to statistical neighbours, London and national rates (Figure 4.22).

Figure 4.22: Percentage of children looked after with at least one fixed term exclusion from school



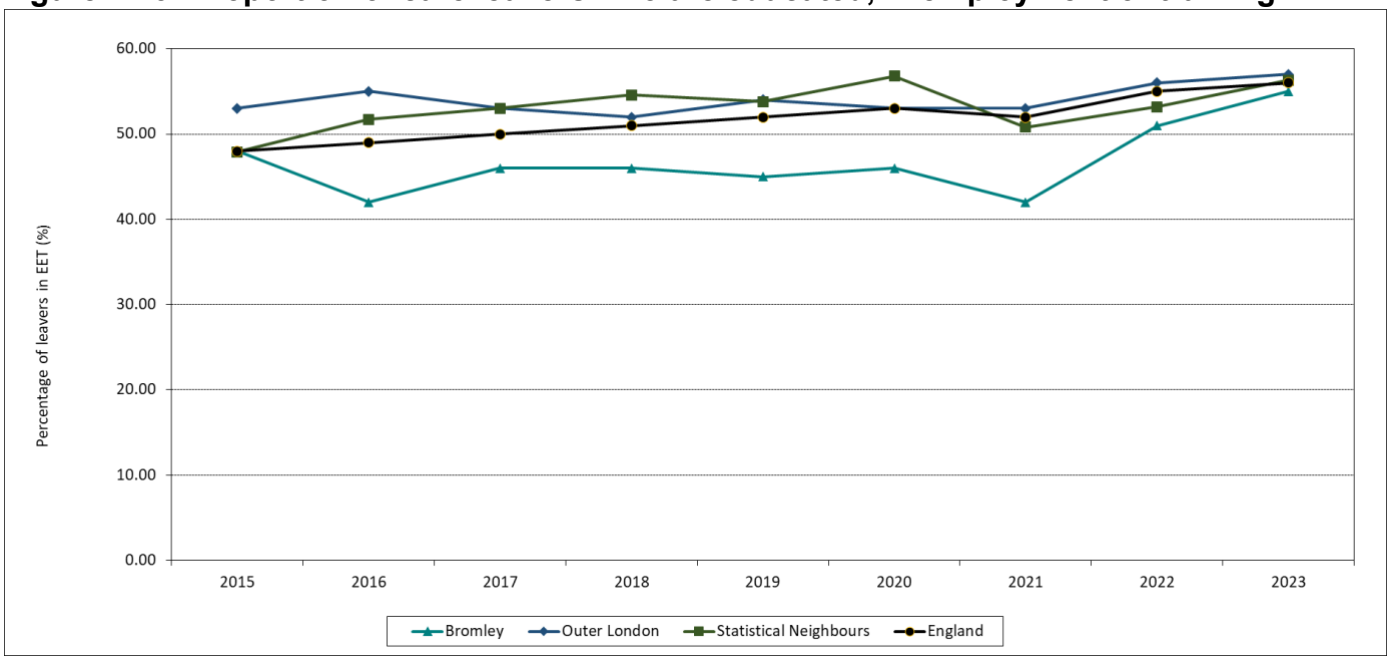
Source: LAIT 2024

The rates of persistent absence of CLA in April to September 2023 was 23% in Bromley which is higher than the national rate in 2023 of 20%.

CLA in education, employment or training (EET)

In September 2024, 51% of Bromley care leavers aged 19-21 years were in education, employment or training (EET). Bromley has a lower percentage of care leavers who are EET than England (56%).

Figure 4.23: Proportion of care leavers who are educated, in employment or training

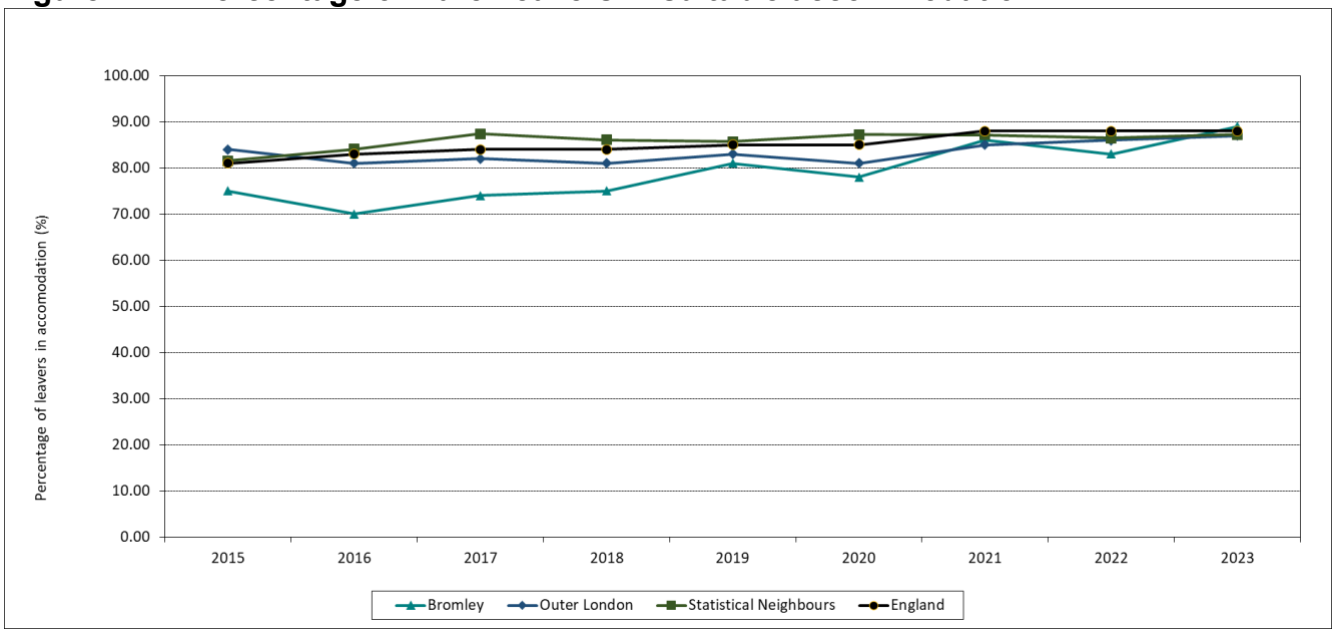


Source: LAIT 2024

Care leavers in suitable accommodation

Figure 4.24 shows that the proportion of care leavers in suitable accommodation in Bromley is comparable to statistical neighbours, Outer London and England. This has shown improvement over recent years.

Figure 4.24: Percentage of Care Leavers in suitable accommodation



Source: LAIT, 2024

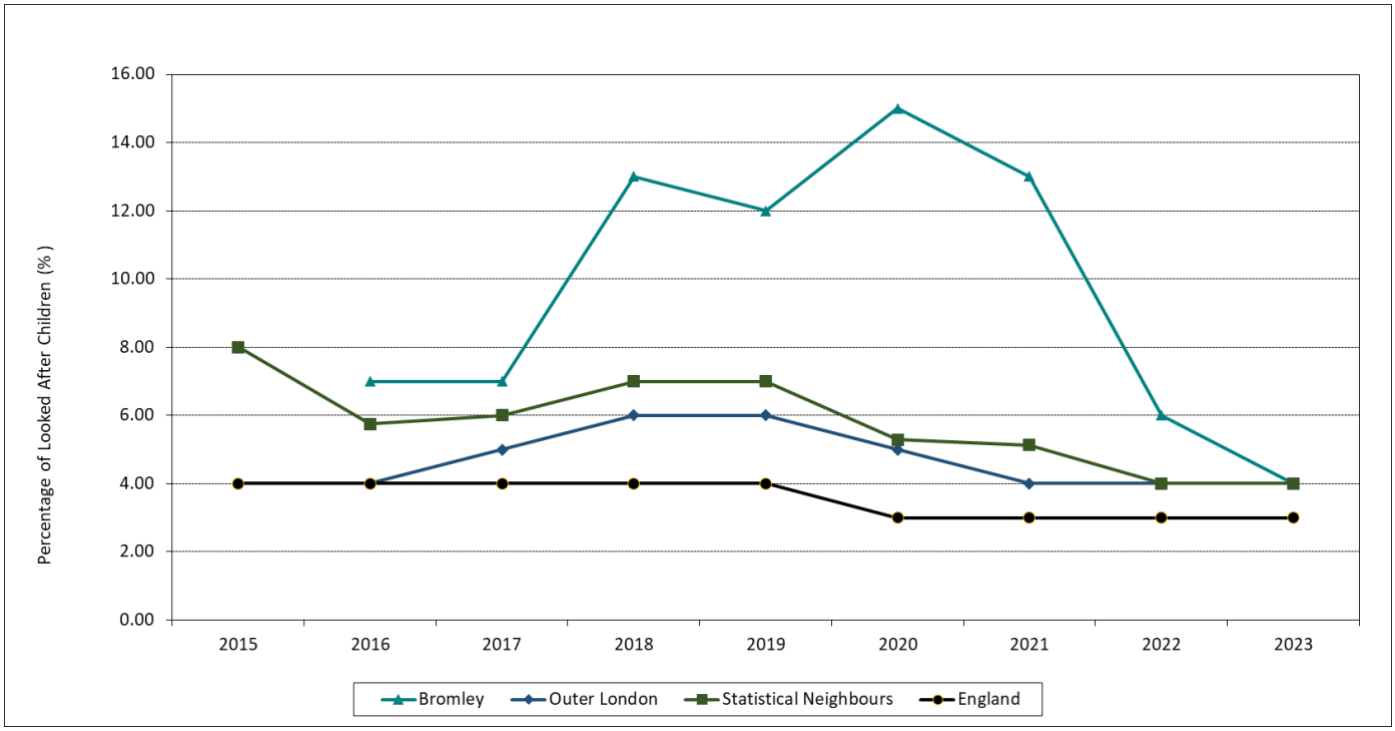
Offending in children looked after

In September 2024, 3% of CLA in Bromley were receiving services from the Youth Justice System.

Substance Misuse in CLA

The proportion of CLA in Bromley who have had a problem with substance misuse is now comparable to outer London and statistical neighbours, having been much higher (Figure 4.25).

Figure 4.25 CLA with substance misuse problems, Bromley and comparators, 2015-23



Source: LAIT, 2024

Unaccompanied Asylum Seeking Children (UASC)

There are currently 23 unaccompanied asylum seeking children in Bromley. These young people are automatically children looked after. Studies of refugees of all ages have found that 1 in 6 has significant health problems and over two thirds suffer with anxiety or depression.

What does this mean for Bromley residents and for children in Bromley?

Bromley has a relatively low rate of children looked after compared to statistical neighbours, London and national rates

There is an over-representation of mixed race and black children and young people

The proportion of children looked after with SEND is lower in Bromley than comparators.

Care leavers in Bromley are less likely than comparators to be in education, employment or training

4. Deaths in childhood

Deaths in childhood are rare. Analysis of data on child death is important to prevent future ill health and deaths.

a) Gender and ethnicity of child deaths

Analysis of data 2008-2014 shows that, 57% of child deaths in Bromley were boys, which is similar to the England rate of 56%. 14 years' worth of data has been aggregated.

Table 4.11: Comparison of ethnicity of Bromley deaths 2011-2021 with death rates in England, 2019/20

	Bromley child deaths 2011-2021 %	Bromley general population aged 0-18* %	All child deaths England 2019/20 %
White	52	69	58
Black	18	14	7
Asian	11	5	16
Mixed	15	10	5
Not recorded	4	0	11

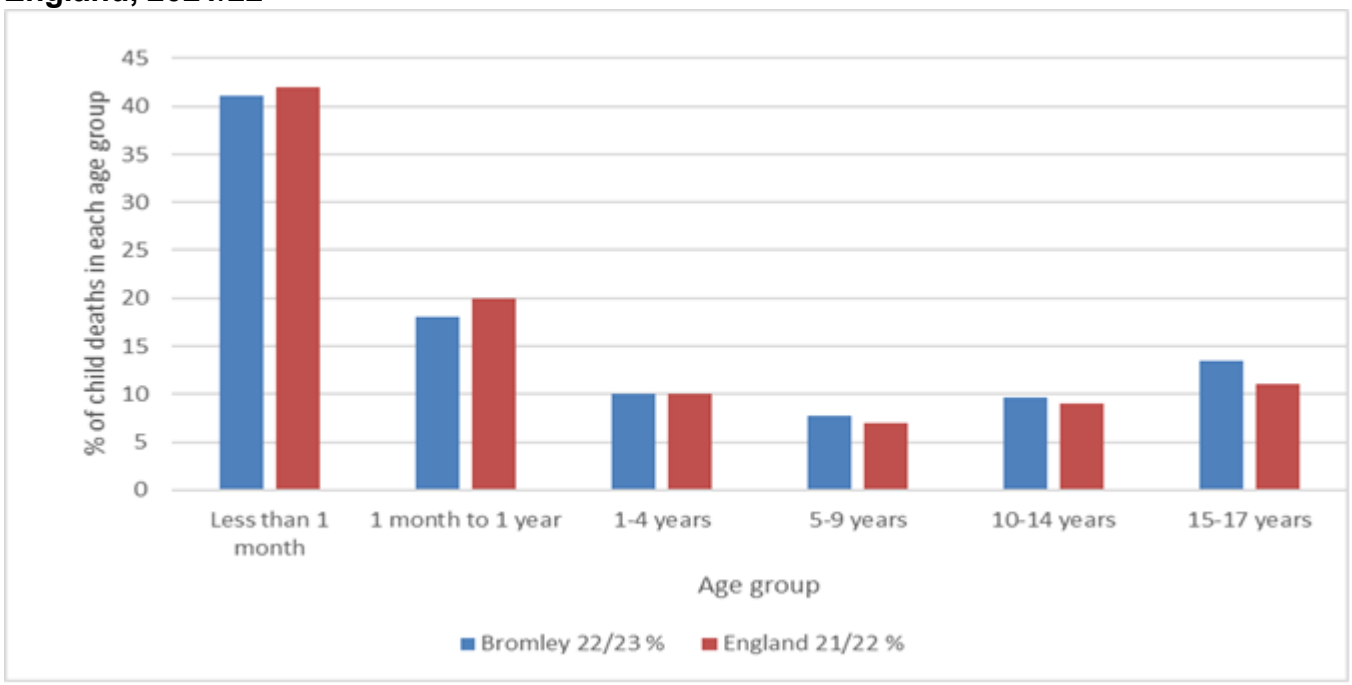
*(2016 housing data)
Source: Child Deaths database, LBB

Aggregate data of the ethnicity of children dying in Bromley 2011-2021 shows some differences to those dying in England in 2019/20 and the general Bromley population aged 0-18 years.

b) Age of child at time of death

Summarising the child death data in Bromley 2008-2022 and comparing to national data shows similar rates of death in all age groups except adolescents aged 15-17 years (Figure 4.26).

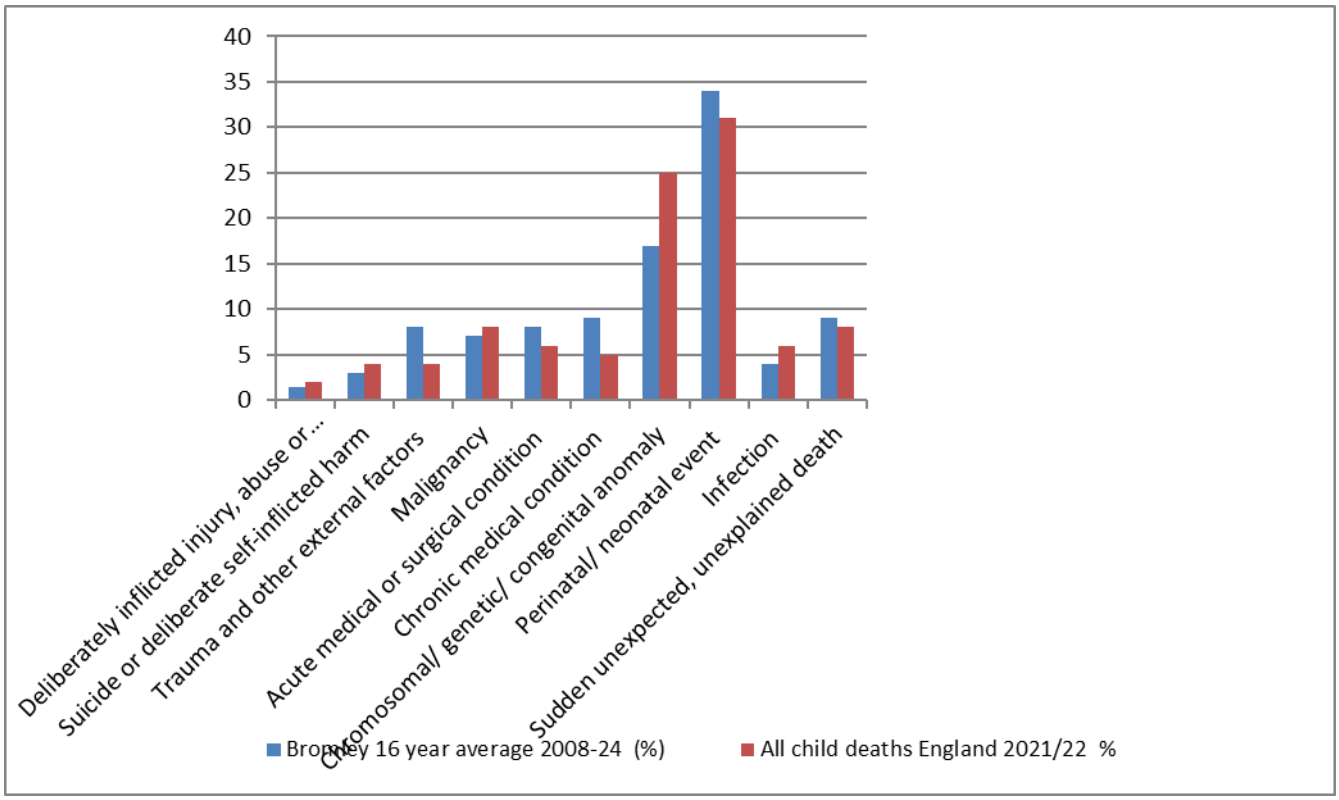
Figure 4.26: Comparison of age at death in Bromley (aggregated data 2008-2023) and England, 2021/22



Source: eCDOP

Figure 4.27 shows that, the majority of child deaths in Bromley and England are due to perinatal or neonatal events and chromosomal, genetic or congenital anomalies. The data also shows that Bromley has higher rates of child death than England for trauma and external factors.

Figure 4.27: Comparison of Bromley deaths 2008-2024 with death rates in England, 2021/22



Source: eCDOP

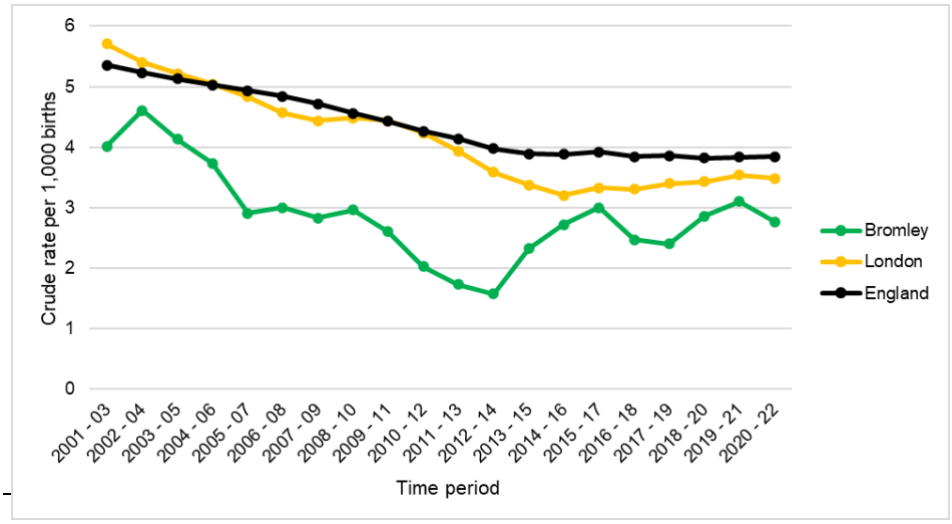
Infant deaths[3] in Bromley 2008-2024

Deaths of infants in the first year of life, as demonstrated by the infant mortality rate, continues to be lower in Bromley than the rate for all England. Infant mortality can be divided into neonatal mortality rates (deaths under 28 days) and post-neonatal mortality rates (deaths between 28 days and 1 year).

Deaths occurring during the first 28 days of life in particular are considered to reflect the health and care of both mother and new-born and are often largely caused by perinatal and biologic conditions (endogenous causes).

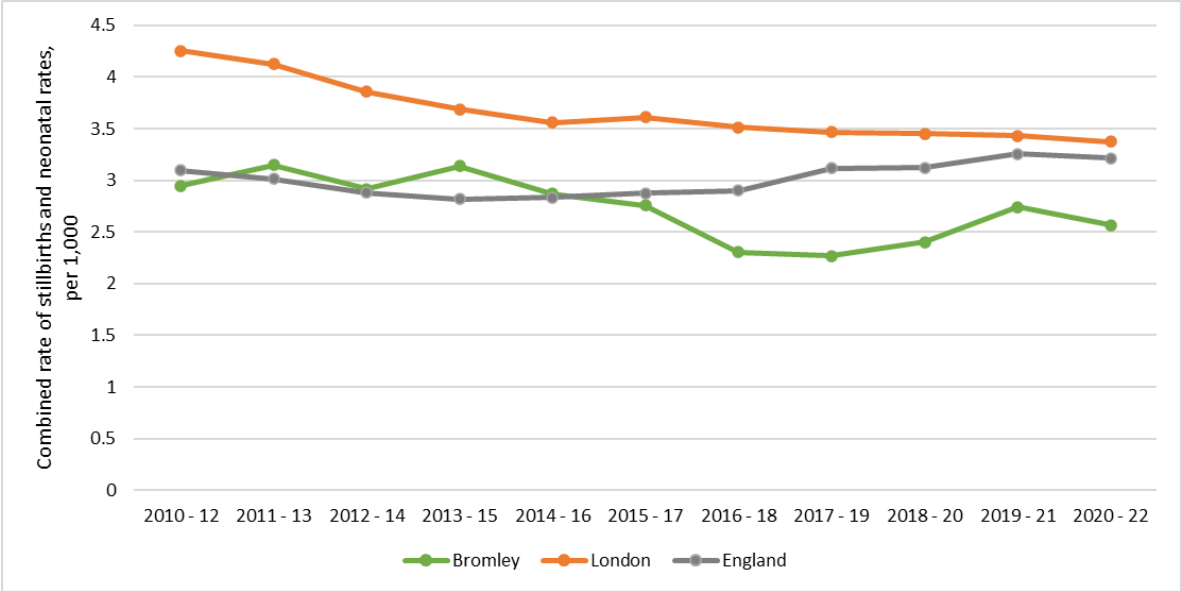
In contrast, post-neonatal deaths are more likely to be linked to non-perinatal conditions such as injuries and socio-environmental causes (exogenous causes).

Figure 4.28: Trend in Infant Mortality Rate in Bromley, London and England, 2001-2022



There is potential overlap between the descriptors “stillbirth” and “neonatal death”. If a newborn baby shows any sign of life it should be described as a neonatal death rather than a stillbirth. In practice however, it may be classified as a stillbirth rather than a neonatal death, especially if the baby is very premature. A combined analysis of stillbirth and neonatal deaths together is published by OHID. Figure 4.29 shows the long term trends of this combined indicator. As expected, there is more variability in the Bromley rates because of small numbers. However, the overall picture is that the combined rate is below the rate for England and London.

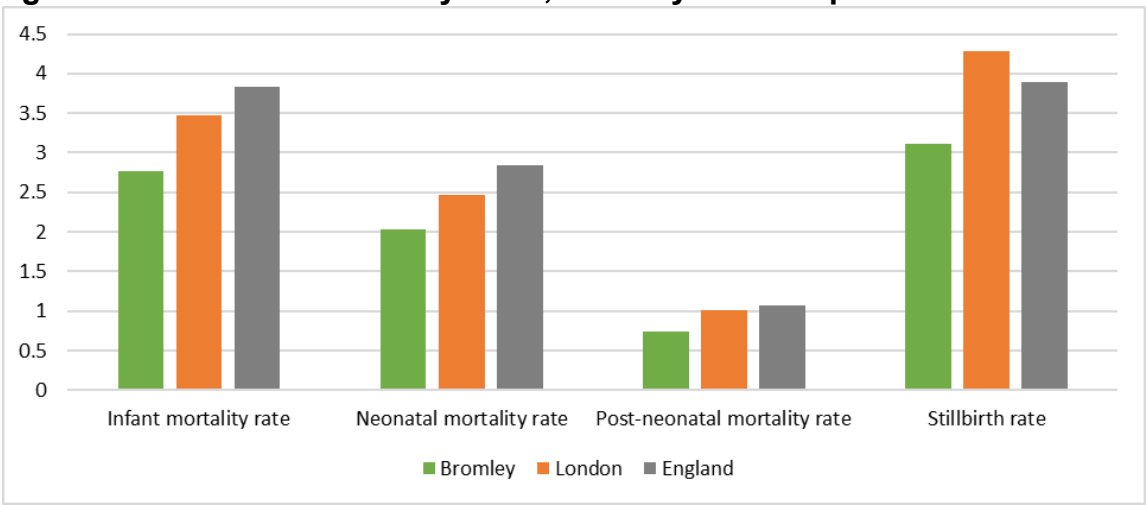
Figure 4.29. Trend in combined stillbirths and neonatal mortality, Bromley and comparators, 2010-2022



Source: OHID Fingertips, 2024

All perinatal mortality rates are lower than England and London rates (Figure 4.30).

Figure 4.30. Perinatal Mortality rates, Bromley and comparators 2020 - 22



Source: OHID Fingertips, 2024

[1] Definitions of infant mortality, neonatal mortality, post-neonatal mortality and stillbirths on page 34.

Table 4.12: Child death rates[4] [567] in Bromley and comparators in 2020-22

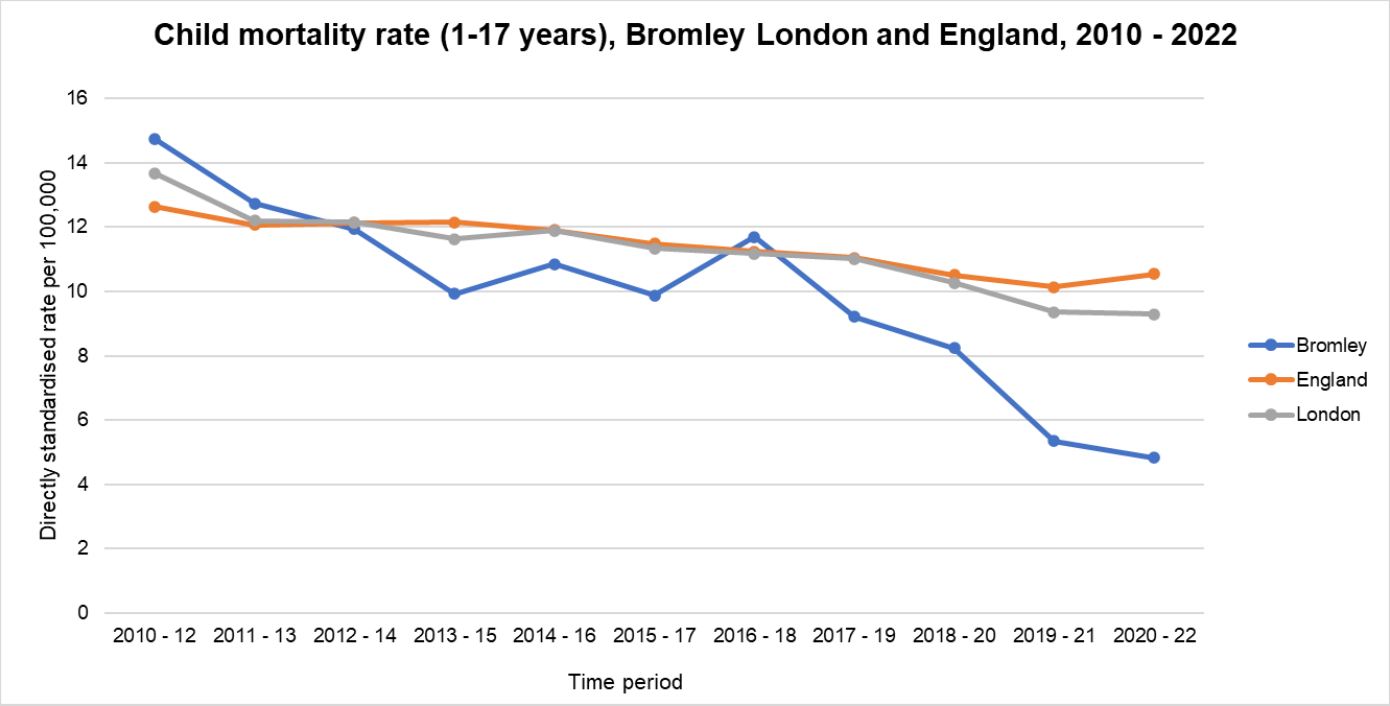
	Bromley	London	England
Infant Mortality Rate[5]	2.8	3.5	3.9
Death rate children aged 1-17 years[6]	4.8	9.3	10.4

Source: OHID Fingertips, 2024

The death rates are measured as a rolling average over three years. Both infant mortality and child death rates in Bromley are significantly below the London and national rates.

The trend in deaths of older children is downward, below those in London and England.

Figure 4.31: Trend in Child Mortality (age 1-17 years) rate, Bromley, London and England, 2010-2022.



Source: OHID Fingertips 2024

What does this mean for Bromley residents and for children in Bromley?

Child death rates in Bromley are lower than London and England.

[4] Infant Mortality Rate is the number of deaths of babies under 1 year of age per 1000 live births, per year
[5] Directly standardised death rate per 100,000 children aged 1-17 years
[6] Infant Mortality Rate is the number of deaths of babies under 1 year of age per 1000 live births, per year.
[7] Directly standardised death rate per 100,000 children aged 1-17 years

Key findings from Section 4

Children with complex or long term health needs

Outcomes for diabetic children in Bromley are better than those of London or England although follow up after A&E attendance is less good than comparators.

Processes to prevent asthma attacks in children in Bromley are less good than in South East London as a whole but outcomes are better.

Based on limited outcome data, the outcomes for children with epilepsy in Bromley appear to be better than for children in London and England.

GP data shows a small increase in the number of children on the autistic spectrum. The number of children with autism known to schools is rising more slowly than comparators.

Children with an Education Health and Care Plan

For the past 2 years the growth in the number of EHCPs in Bromley has been lower than the regional or national average.

Despite this, Bromley has relatively high rates of Speech, Language and Communication, Specific Learning Difficulty and Social, emotional and mental health needs compared to England.

Attainment for children with SEND is good compared to statistical neighbours and England.

Children at risk of significant harm

Children on a Child Protection Plan are most likely to be on the plan for neglect.

Mental health needs in either the parent or the child or domestic abuse were the most common risks identified during assessment by Children's Social Care.

Bromley has a relatively low rate of children looked after compared to statistical neighbours, London and national rates

There is an over-representation of mixed race and black children and young people The proportion of children looked after with SEND is lower in Bromley than comparators.

Care leavers in Bromley are less likely than comparators to be in education, employment or training

Deaths in childhood

Child death rates in Bromley are lower than London and England.

Glossary and abbreviations

ASD	Autistic Spectrum Disorder
CAF	Common Assessment Framework (multi-agency assessm't of concerns)
CLA	Child Looked After
CPP	Child Protection Plan
DfE	Department for Education
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
HbA1c	Haemoglobin A1c (glycosylated haemoglobin – test for glucose control)
eCDOP	Electronic Child Death database
ECHS	Education, Care and Health Services
EHCP	Education, Health and Care Plan
GCSE	General Certificate of Secondary Education
GP	General Practitioner
KS2/KS4	Key Stage 2 (school years 3-6), Key Stage 4 (school years 10 & 11)
LAIT	Local Authority Interactive Tool
LD	Learning Disability
NICE	National Institute for Health and Care Excellence
OHID	Office for Health Improvement and Disparities (formerly part of PHE)
RTA	Road Traffic Accident
SEMH	Social, Emotional and Mental Health (difficulties)
SEN	Special Education Needs
SEND	Special Educational Needs and Disabilities
UASC	Unaccompanied Asylum Seeking Children