# BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2026

## Section 2:

## Risk Factors

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# Table of Contents

Key risk factors associated with poorer developmental outcomes in children ..... 4

1. Parental health and lifestyle factors ..... 5
2. Parental mental health.....20
3. Family and social circumstances…….21
4. Protective factors .....31
5. Key Findings from Section 2…..…….35

Glossary and abbreviations ……..……..37

References ……..……..38

## Key risk factors associated with poorer developmental outcomes in children

Several key risk factors have been strongly associated with hindering good child development. The higher the number of risk factors affecting the child, the more subsequent short- and long-term problems that child encounters. The risk factors include:

1. Parental health and lifestyle factors
    a) parental illness or disability
    b) issues in the period leading up to and around birth
    c) parents who misuse drugs
    d) parents who misuse alcohol

2. Parental mental health

3. Family and social circumstances
    a) domestic violence
    b) financial stress
    c) housing issues

There are significant correlations between many of these factors. For example, teenage motherhood, smoking in pregnancy and parental depression commonly occur together.

Adverse child outcomes at age five years have been most strongly correlated with parental depression, smoking in pregnancy and financial stress.

Other health indicators correlated with poorer outcomes later in life include pregnant women who book for antenatal care late in pregnancy and low birthweight babies.

Some factors are protective. These include:

4. Protective factors
    a) Breastfeeding
    b) Immunisation
    c) Early education

## 1. Parental health and lifestyle factors

### a) Parental illness and disability

Life expectancy in Bromley is 82.2 years for men and 85.8 years for women (2024). Life expectancy is higher in Bromley than for London or England.

47% of the adult population registered with a Bromley GP have a long-term health condition. This is higher than the rate for Southeast London (x44%) but lower than the national rate (51%). As this data is for all adult patients in Bromley this is likely to reflect health conditions in the older population and not just parents of children under 18.

Data from the 2021 census in Table 2.1 shows that overall levels of disability and long-term conditions in Bromley are higher than London but lower than the rates for England.

**Table 2.1: Proportion of the Bromley's adult population with disabilities or long-term condition**

Persons

| | Bromley Local Authority | | London Region | | England Country | |
|---|---|---|---|---|---|---|
| | count | % | count | % | count | % |
| All usual residents | 329,991 | 100.0 | 8,799,728 | 100.0 | 56,490,048 | 100.0 |
| Disabled under the Equality Act: Day-to-day activities limited a lot | 18,279 | 5.5 | 505,909 | 5.7 | 4,140,357 | 7.3 |
| Disabled under the Equality Act: Day-to-day activities limited a little | 27,615 | 8.4 | 658,547 | 7.5 | 5,634,153 | 10.0 |
| Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited | 22,293 | 6.8 | 459,554 | 5.2 | 3,856,029 | 6.8 |
| Not disabled under the Equality Act: No long term physical or mental health conditions | 261,804 | 79.3 | 7,175,718 | 81.5 | 42,859,509 | 75.9 |

**Source: Census, 2021**

**What does this mean for families in Bromley?**
Rates of disability and long-term conditions in Bromley are higher than the average for London but lower than the rates in England.
As this data is for all adults this is likely to reflect conditions in the older population in Bromley and not just parents of children under 18.

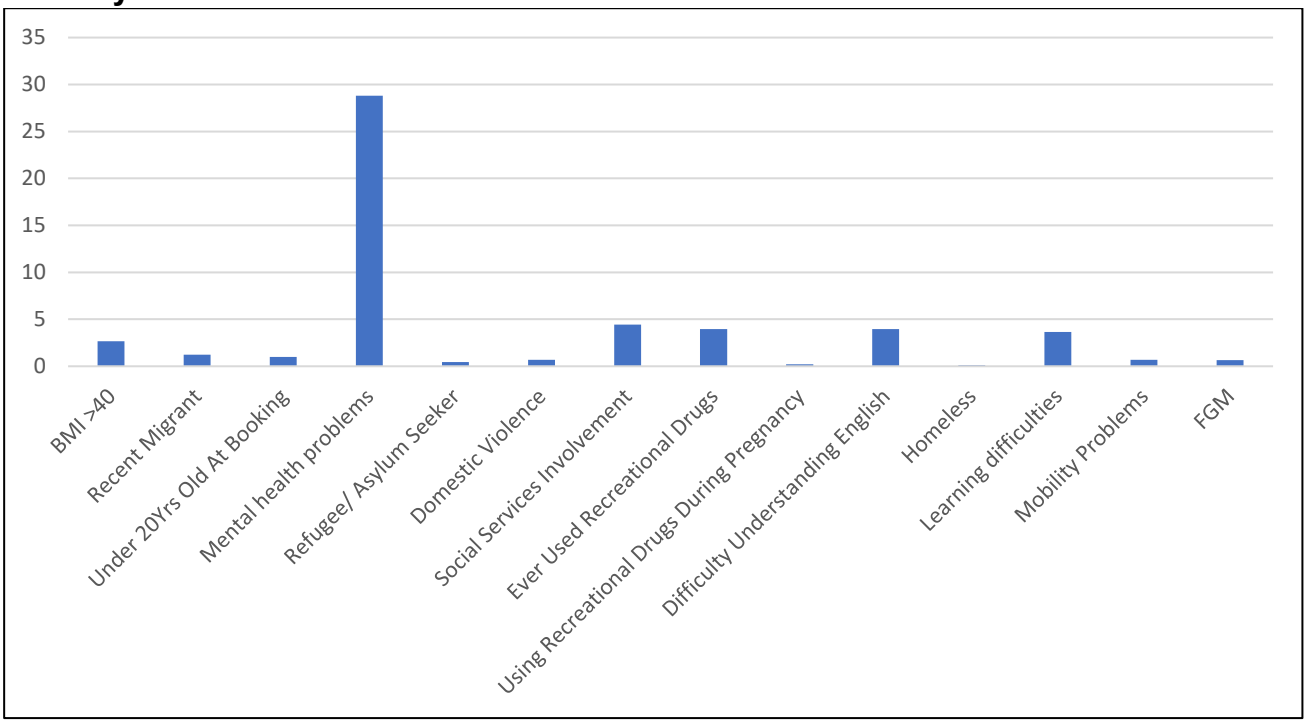
### b) Pregnancy, maternity care and birth outcomes

#### i. Booking for maternity care

Giving birth entails some risks for both the mother and the child. Maternity services identify those risks throughout pregnancy, but the first comprehensive analysis of risk is at the booking appointment.

Figure 2.1 gives some indication of the identified risks found at booking in 7203 women who booked for maternity care at the PRUH between January 2022 and 4th October 2023. A woman may have more than one risk.

**Figure 2.1: Percentage of women identifying key risks at booking for maternity care at PRUH, January 2022 to October 2023.**




**Source: PRUH Badgernet data system, 2024**

NICE Guidance[1] recommends that women should have access to maternity services for a full assessment of health and social care needs, risks and choices before they reach 12 completed weeks of pregnancy (commonly called "$12^{+6}$").[11]

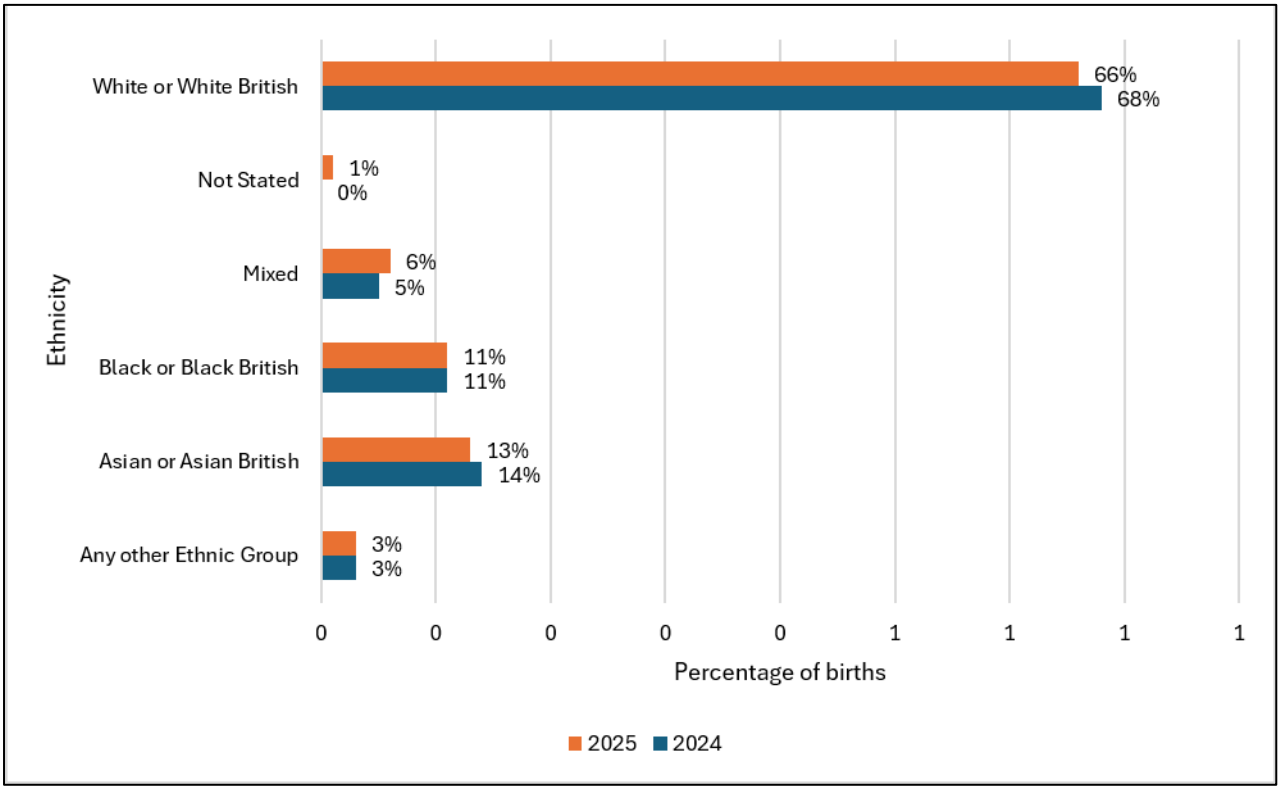
A large study in Newham in 2013 showed that the women most likely to book after $12^{+6}$ weeks are from Black, Asian, and other minority ethnic groups[2]. These groups were significantly more likely to book late compared to women who identified as British white, particularly Somali women, where only 45% booked by $12^{+6}$ weeks of pregnancy and 20% booked later than 20 weeks' gestation.

Other risk factors for late booking were:

- four or more previous births (more than twice as likely to book later compared to those with one previous birth),
- living in temporary accommodation, and
- age less than 20 years.

Figure 2.2 describes the ethnic category of births across Denmark Hill, PRUH and South Sites. White or White British is the largest recorded group, although its share fell from 68% (2,336 births) to 66% (2,157 births). The Asian or Asian British share fell from 14% to 13%, while the Black or Black British share remained at 11%. Mixed ethnicity increased from 5% to 6%, and births with ethnicity not stated increased from 0% to 1%. Because total births declined between the two years, changes in counts and percentage shares should be considered together. The distribution represents people giving birth within King's services and must not be interpreted as the ethnic profile of any individual borough.

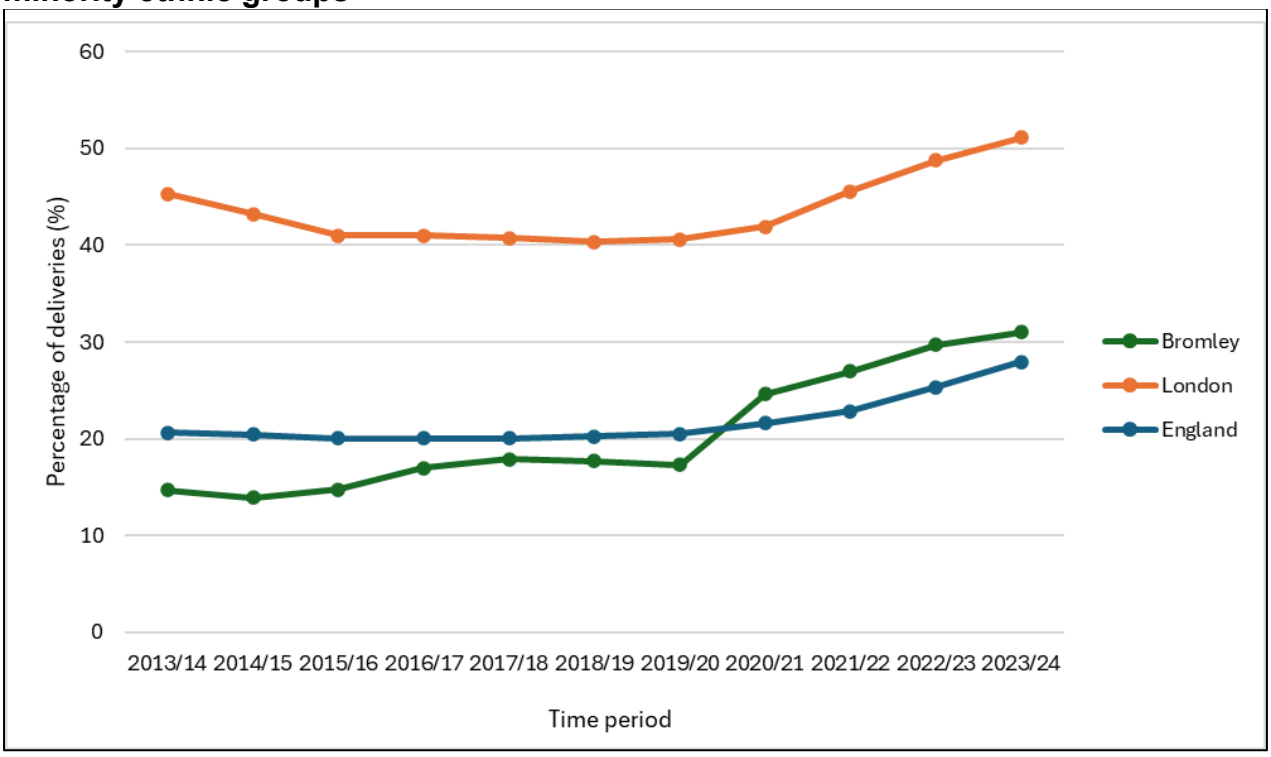
**Figure 2.2: Percentage of live births by ethnicity within KCH's services**




**Source: King's College Hospital NHS Foundation Trust, PRUH and South Sites, 2026**

The proportion of births in Bromley to women who are from Black, Asian, and other minority ethnic groups has increased and has been above the national rate, since 2020/21, although it is still lower than the London birth rate (Figure 2.3).

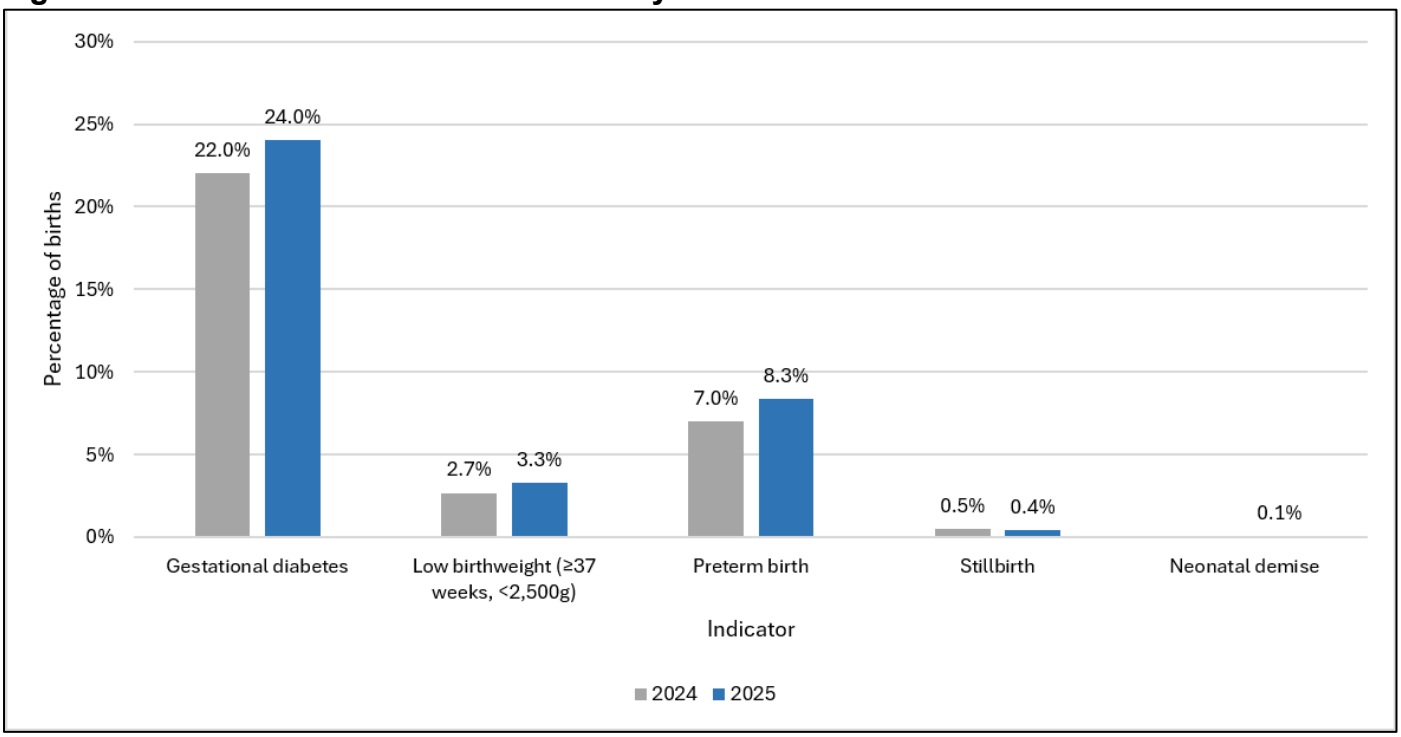
**Figure 2.3: Percentage of deliveries to Bromley women who are Black, Asian, and other minority ethnic groups**




**Source: OHID Fingertips, Child and Maternal Health Profile, 2025**

Figure 2.4 compares selected maternity and early-outcome rates across King's provider-wide births. Gestational diabetes rose from 22.0% to 24.0%, meaning about 24 in every 100 births in 2025 were recorded with gestational diabetes. Preterm birth increased from 7.0% to 8.3% in 2025. Term low birthweight, expressed as a proportion of all recorded births, increased from 2.7% to 3.3%. Stillbirth reduced from 0.46% to 0.40%, equivalent to approximately 4 stillbirths per 1,000 births in 2025. Neonatal demise was recorded at 0.06% in 2025 (about 0.6 per 1,000); no 2024 value was supplied. These descriptive changes do not establish causation or statistical significance.

**Figure 2.4: Prevalence of selected maternity indicators at PRUH**

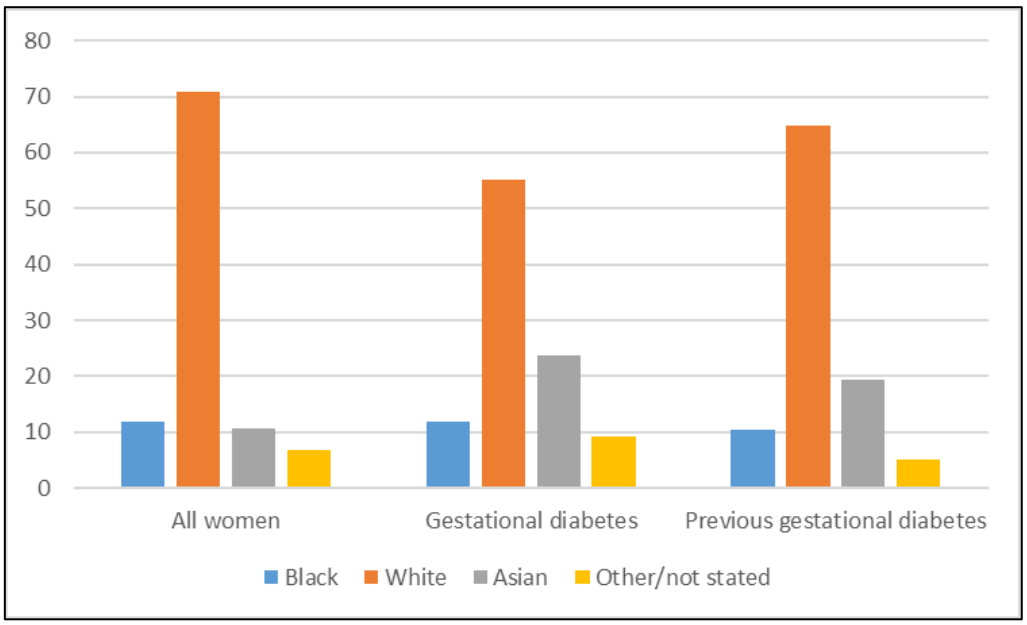



**Source: King's College Hospital NHS Foundation Trust, PRUH and South Sites, 2026**

### ii. Diabetes in pregnancy

Gestational diabetes is high blood sugar (glucose) that develops during pregnancy and usually disappears after giving birth. Any woman can develop gestational diabetes during pregnancy, but those at increased risk include women aged over 40, women whose BMI is above 30, women who have had gestational diabetes in a previous pregnancy, women with a family history of diabetes and women of south Asian, Black, African-Caribbean, or Middle Eastern origin.

**Figure 2.5 Ethnicity of women with gestational diabetes at PRUH, January 2022 to October 2023**




**Source: PRUH Badgernet data system, 2024**

Figure 2.5 indicates that Asian women are more likely to experience gestational diabetes than the overall population of pregnant women booking for antenatal care at the PRUH. This difference may not be explained by higher BMI alone. Evidence from a large United States study found that Asian women had the highest predicted probability of gestational diabetes across the BMI range examined, including at lower BMI levels. Risk also varied between Asian ancestry groups, underlining that "Asian" is not a single homogeneous category and that ethnicity-specific risk should be considered alongside BMI and other cardiometabolic factors when assessing and supporting women during pregnancy[3].

## Risk factors identified at the time of the birth

### iii. Smoking in pregnancy

Smoking in pregnancy has been shown to be linked to poorer developmental outcomes for the child at the age of five years[4]. Further evidence has shown that early exposure to household tobacco smoke can be associated with increased propensity toward physical aggression and antisocial behaviour when the child is older[5].

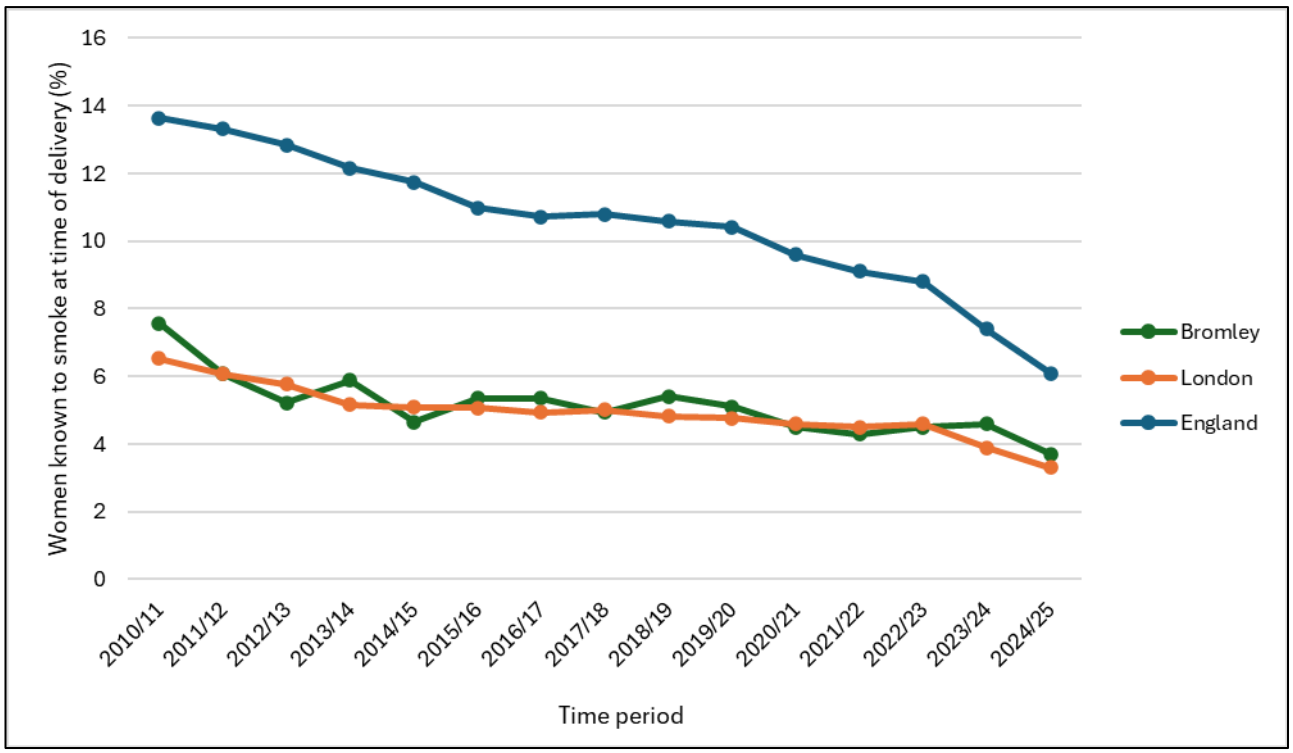
Smoking in pregnancy is linked to an increased risk of negative pregnancy outcomes including miscarriage, preterm birth, low birth weight and stillbirth. After birth, it is linked to sudden infant death syndrome, childhood respiratory illness and behavioural problems.

Research shows that mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively), and mothers in routine and manual occupations are more than four times as likely to smoke throughout pregnancy – compared to those in managerial and professional occupations (29% and 7% respectively)[6].

Data about smoking in pregnancy is collected at booking and at the time of the birth. Bromley's smoking-at-delivery rate falls from about 7.6% in 2010/11 to about 3.7% in 2024/25, staying

consistently below England throughout the period and slightly above London in recent years. Compared with England, Bromley is roughly half the national level by 2024/25 (3.7% vs 6.1%).

**Figure 2.6: Smoking at time of delivery in Bromley and comparator areas, 2010/11–2024/25**




**Source: OHID Fingertips, Child and Maternal Health Profile, 2025**

### c) Pregnancy in children looked after and care leavers

Children Looked After (CLA) and care leavers are estimated to be six times more likely than others to have children in their teenage years, with around half of young women becoming parents within 18-24 months of leaving care[7,8,9]. There are some identifiable trends in national research:

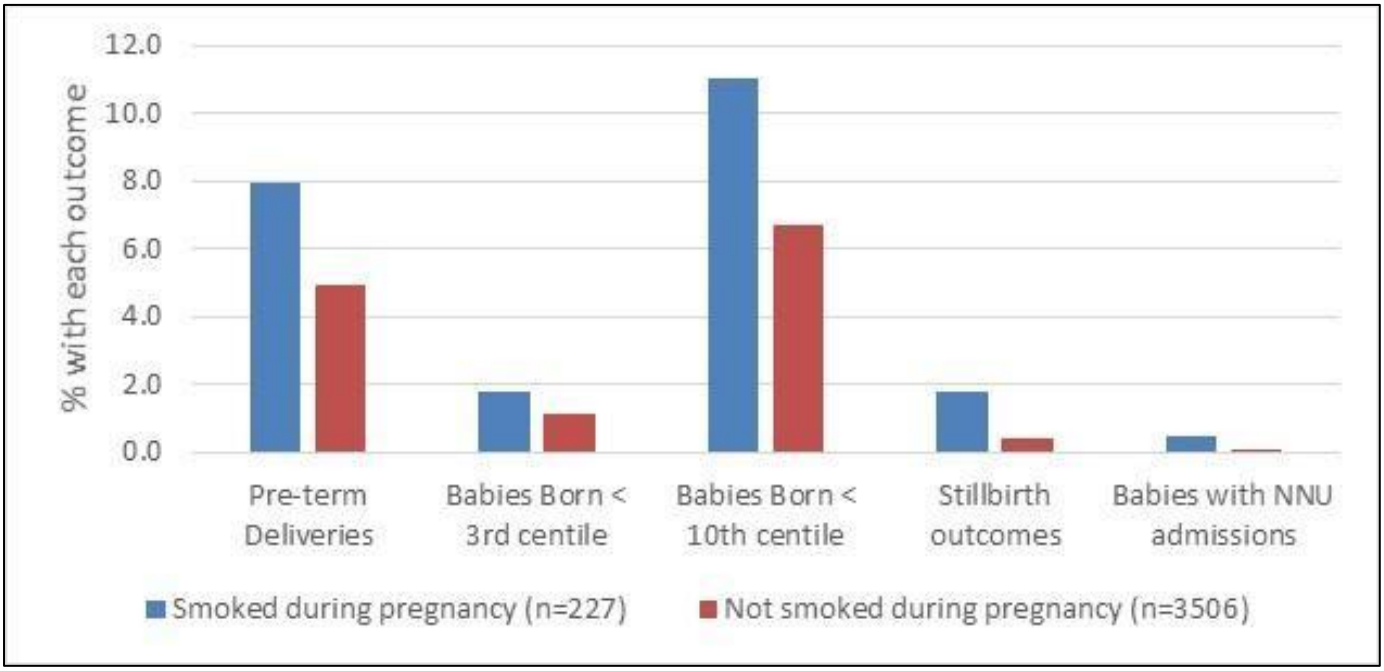
1. Young care leavers who have children, do so within 12-18 months of leaving care.
2. Children's Social Care involvement is a consistent feature for most young people as they continue to parent their children.
3. The relationship of fathers and the part they play in abusive relationships leads to early separation and a lack of involvement in their child's life

Bromley has a Family Nurse Partnership programme for young parents which includes care leavers up to the age of 24 years who are pregnant. Between April 2025 and March 2026 in Bromley, 8 care leavers have been enrolled on this programme.

**Outcomes of pregnancy**

The association between smoking and several key outcomes of pregnancy is shown in Figure 2.7 which uses data collected by midwives at the PRUH September 2021 to August 2022.

**Figure 2.7: Key outcomes of pregnancy for smokers and non-smokers, PRUH, Sept 2021 to August 2022.**



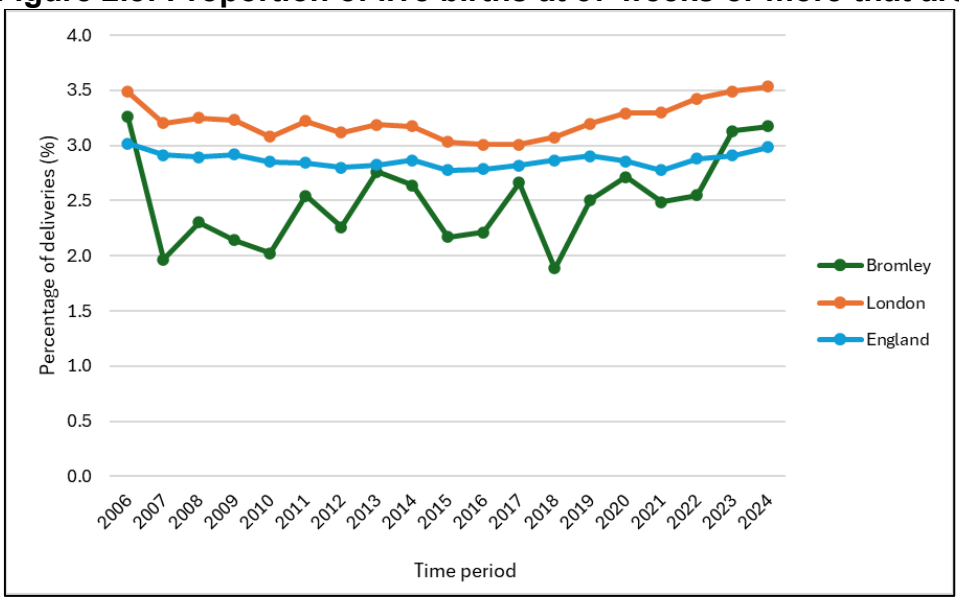

**Source: Princess Royal University Hospital Badgernet data system, 2022**

### d) Low birth weight

Children born with reduced birth weights (below 2,500g), both premature and full-term, tend to have more health problems than those with normal birth weight.

Since 2007, the rate of low birth rates in Bromley had consistently been lower than for London and England, but since 2023, Bromley's rates increased to 3.1 and then 3.3% in 2024, exceeding England's rate of 3% in 2024 (Figure 2.8).

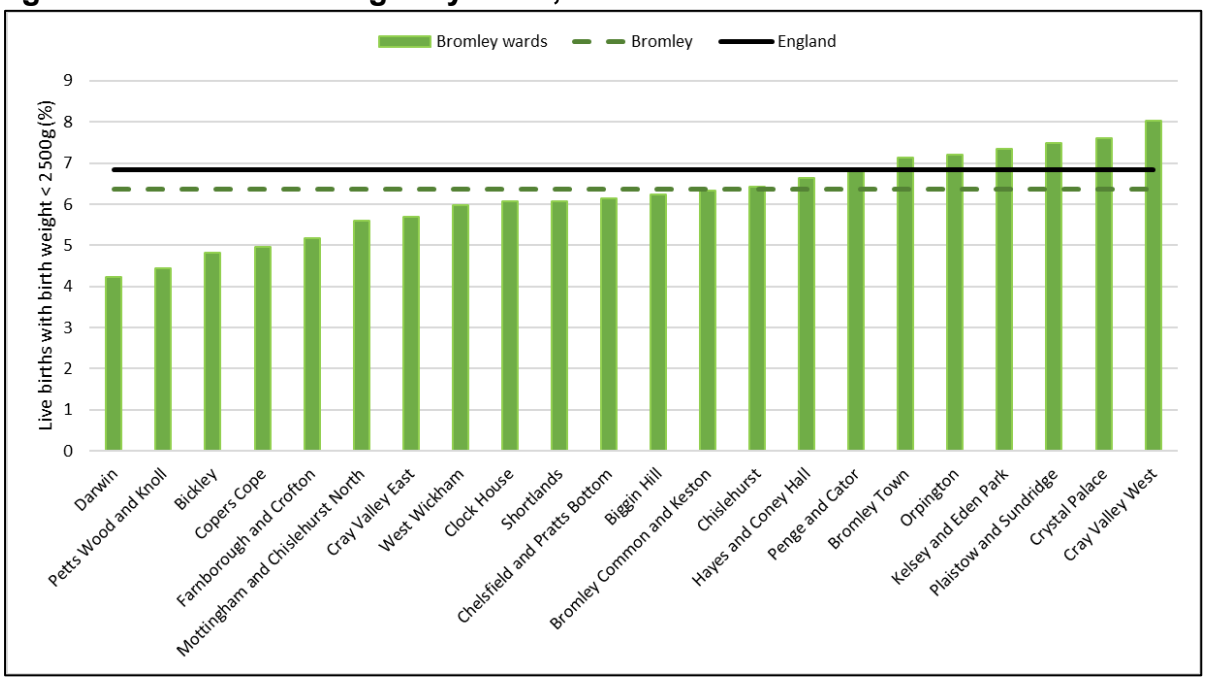
**Figure 2.8: Proportion of live births at 37 weeks or more that are low birth weight (<2,500g)**




**Source: OHID Fingertips, Child and Maternal Health Profile, 2025**

Figure 2.9 shows that low birthweight babies are more likely to be born to mothers living in wards with higher levels of deprivation.

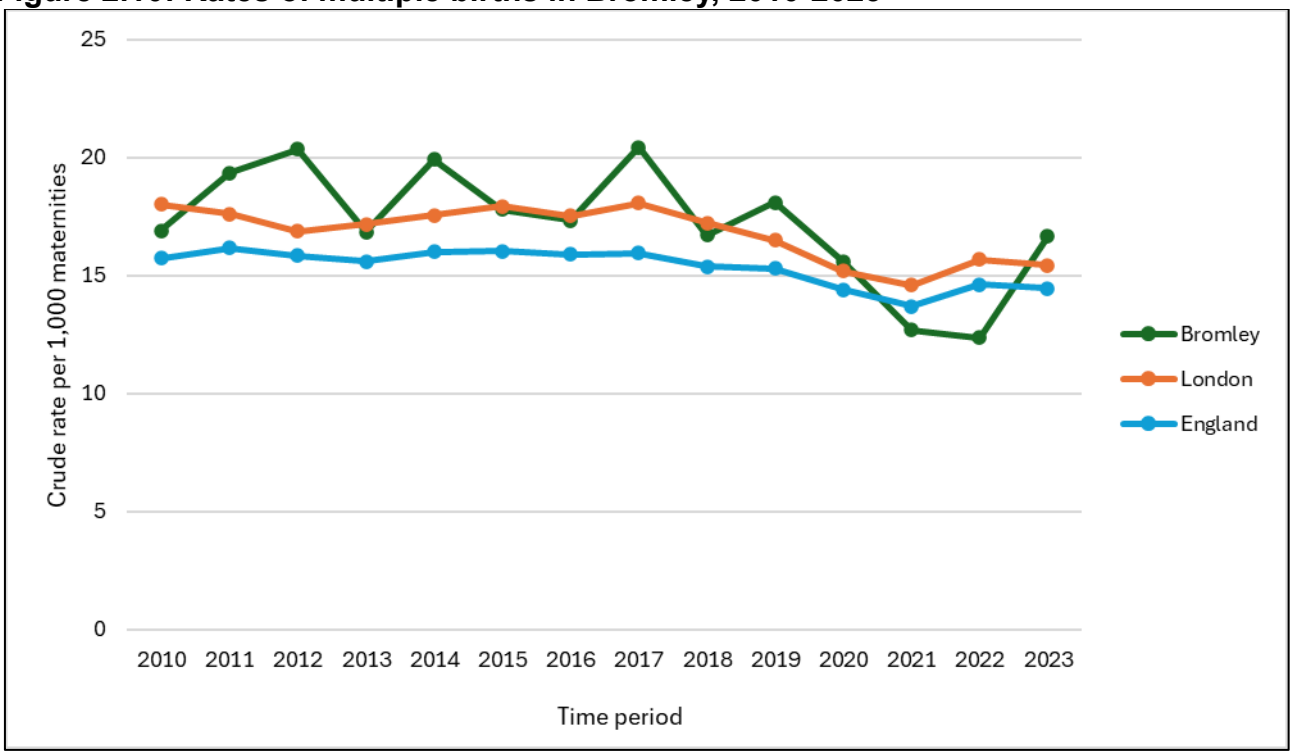
**Figure 2.9: Low birth weight by Ward, 2016 -2020**




**Source: OHID Fingertips, 2022**

Multiple birth is also a risk factor. The rate in Bromley in 2021 was 12.7 per 1,000 (47 births) and was lower than that in London (14.6 per 1,000) and England (13.7 per 1,000 births), although as for very low birthweight this figure is very variable due to small number variation. In 2022, Bromley remained similarly low at 12.4 per 1,000 (42 births) compared with London (15.7 per 1,000) and England (14.6 per 1,000). However, in 2023 the Bromley rate increased to 16.7 per 1,000 (56 births), which was higher than London (15.4 per 1,000) and England (14.5 per 1,000). As for very low birthweight, these figures can fluctuate notably year-to-year in Bromley due to small number variation.

**Figure 2.10: Rates of multiple births in Bromley, 2010-2023**



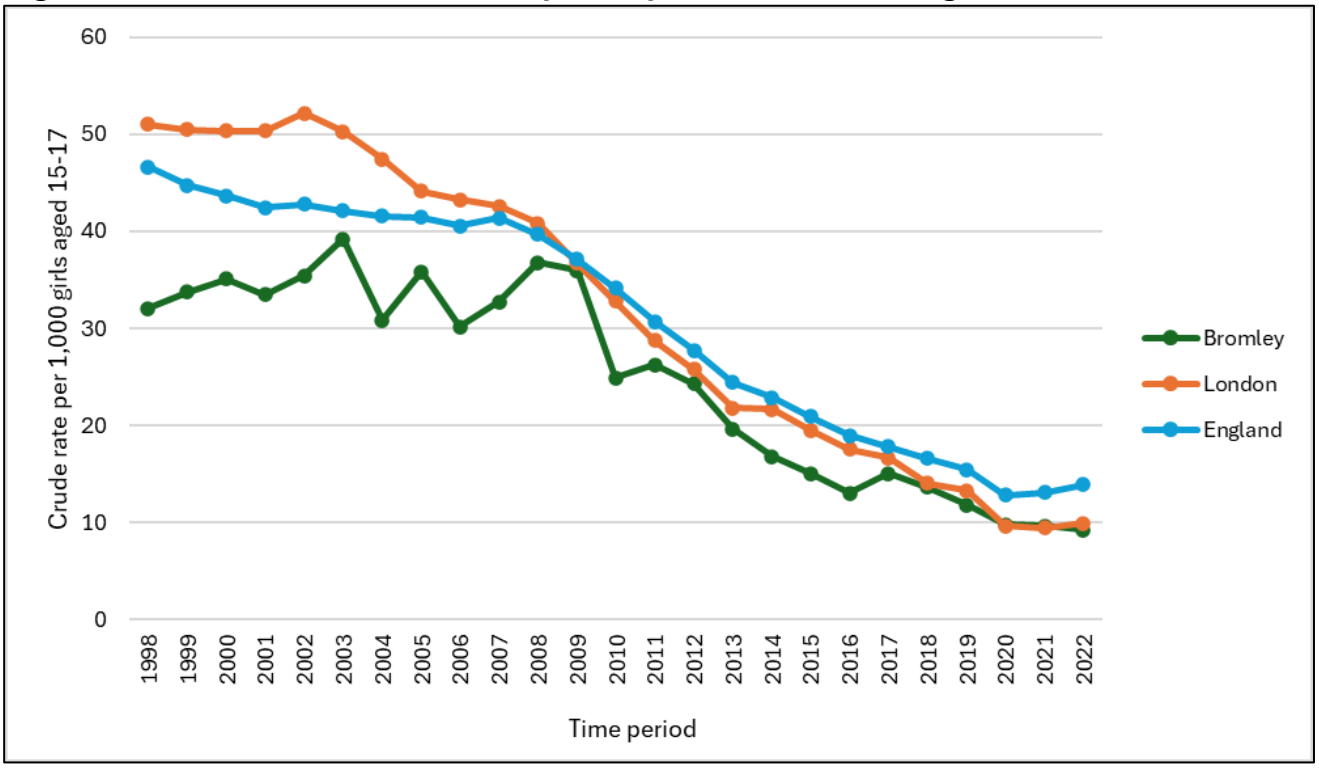

**Source: OHID Fingertips, Child and Maternal Health Profile, 2025**

## e) Teenage conceptions

Teenage Pregnancy is associated with adverse health and social outcomes for children, young parents and families, including poor educational attainment and poor physical and emotional health.

Figure 2.11 shows that the under-18 conception rate in Bromley has fallen substantially since 1998, and in the most recent years it remains at a relatively low level compared with earlier periods. In Bromley, 9.2 young women per 1,000 population aged under 18 years (53 young women) conceived in 2022, like the London average of 10.0 per 1,000 and below the England average of 13.9 per 1,000 population. Of these conceptions in Bromley, 43 (81.1%) led to termination of pregnancy, compared with an average of 66.4% in London and 58.2% in England.

**Figure 2.11: Rate of under 18 conceptions per 1,000 females aged 15-17, 1998 to 2022**




**Source: OHID Fingertips, Child and Maternal Health Profile, 2025**

### Under 16s Conceptions

The rate of conceptions in under 16s in 2022 fell to 0.8 per 1000 girls aged 13-15 in Bromley (5 girls), which was below the national rate (2.2 per 1,000) and the London rate (1.4 per 1,000). Bromley's rate should be interpreted with caution, as its reliability may be affected by the small number of conceptions in the borough.

**What does this mean for families in Bromley?**

The risk most frequently identified early in pregnancy and at the time of the birth in Bromley is mental health issues.

Babies born with a low birthweight are more likely to be born to mothers living in Cray Valley West, Crystal Palace, or Plaistow and Sundridge

The teenage pregnancy rate continues to fall in Bromley.

### f) Parents who misuse drugs

Substance misuse can reduce a parent's ability to provide care. The effects on the child can include neglect, educational problems, emotional difficulties and abuse. Parental substance misuse is rarely the sole cause of family difficulties, and often occurs alongside poverty, social exclusion, unemployment and poor mental health.

While use of opioids does not necessarily impact on parenting capacity, the number of children subject to child protection plans for neglect has been correlated strongly with parental heroin use, and parental problem drug use has been shown to be one of the commonest reasons for children being received into the care system.

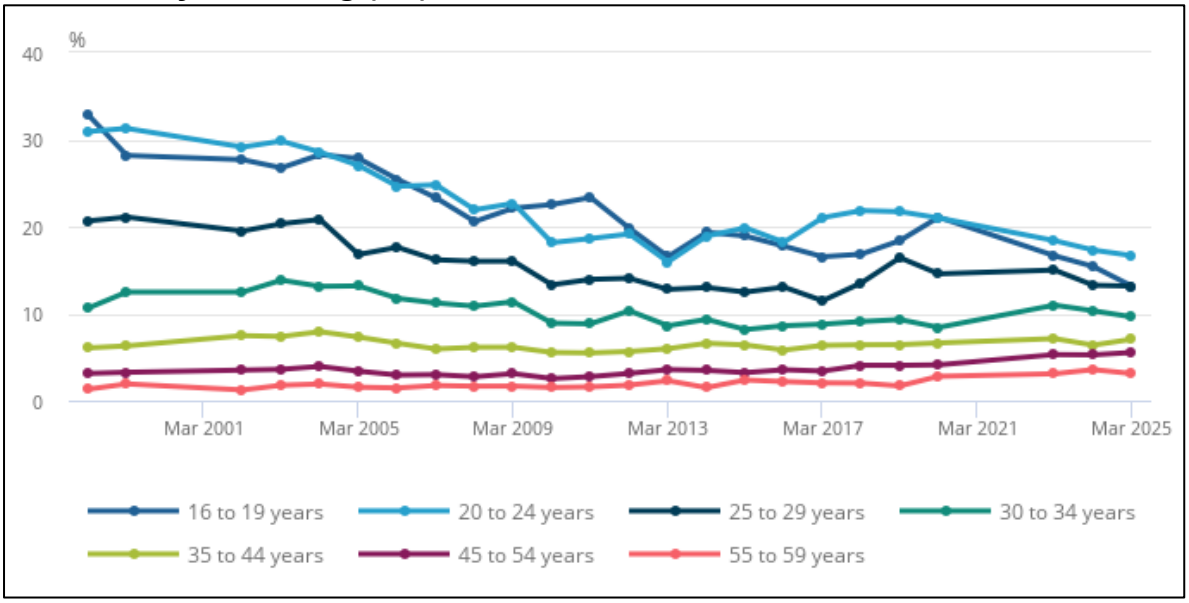
Conversely, parents who live with their own children tend to have fewer drug-related problems than others in treatment, are less likely to use the most addictive drugs, and are less likely to inject drugs when compared to non-parents in treatment.

In Bromley the proportion of parents in treatment for substance misuse who live with their own children is slightly higher than the national rate. However, most substance users in treatment do not have children or have contact with children.

**Table 2.2: Proportion of adults who reported taking a drug in 2022/23, England**

| Age Group | Proportion of adults (%) | Proportion of men (%) | Proportion of women (%) |
|---|---|---|---|
| 16-19 | 16.6 | 19.1 | 16.2 |
| 20-24 | 18.4 | | |
| 25-29 | 15.0 | 10.0 | 5.5 |
| 30-34 | 11.0 | | |
| 35-44 | 7.1 | | |
| 45-54 | 5.3 | | |
| 55-59 | 3.1 | | |

**Figure 2.12: Proportion of people who reported using a drug in the last year by age, England and Wales, year ending (YE) December 1997 to YE March 2025**

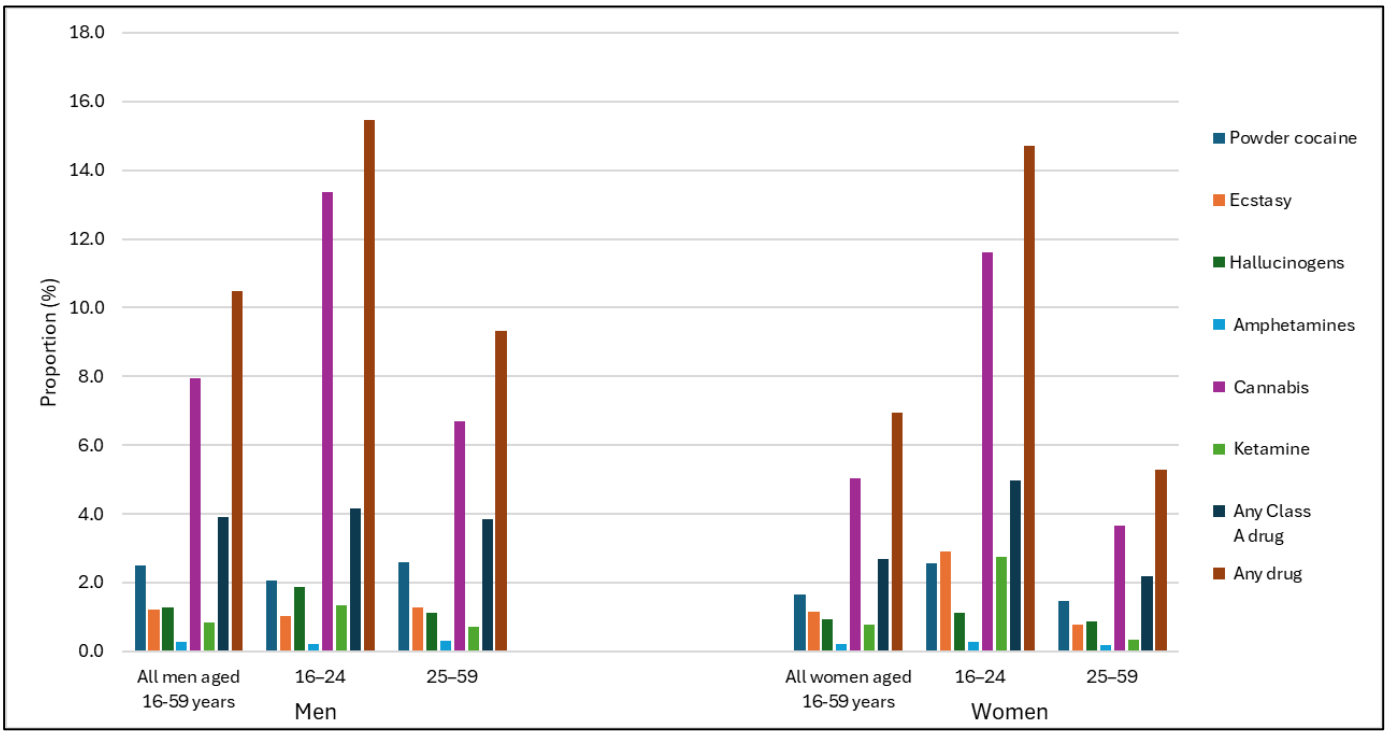



**Source: Crime Survey for England and Wales from the Office for National Statistics, 2025**

National data (Figure 2.12) shows that young people (16-24) have the highest prevalence of self-reported drug use, but in the most recent years the trend for this age group is downward, indicating drug use is becoming less common among younger people over time. The latest pattern contrasts with older adults, where use has generally been rising.
Bromley data in 2021/22 shows drug-related hospital admissions in Bromley are lower than national rates.

Figure 2.13 shows that drug use remains higher in males than females across the series, with cannabis being the most reported drug for both men and women. The prevalence of cannabis use is particularly concentrated among those aged 16-24s (men 13.4%, women 11.6%) compared with 25-59-year-olds (men 6.7%, women 3.7%). For Class A drugs overall, prevalence is much lower than cannabis, but still higher among younger adults, especially young women (5.0% in 16-24s vs 2.2% in 25-59s) and is consistently higher in men overall (3.9%) than women overall (2.7%).

**Figure 2.13: Proportion of people who reported using a drug in the last year by sex, England and Wales**

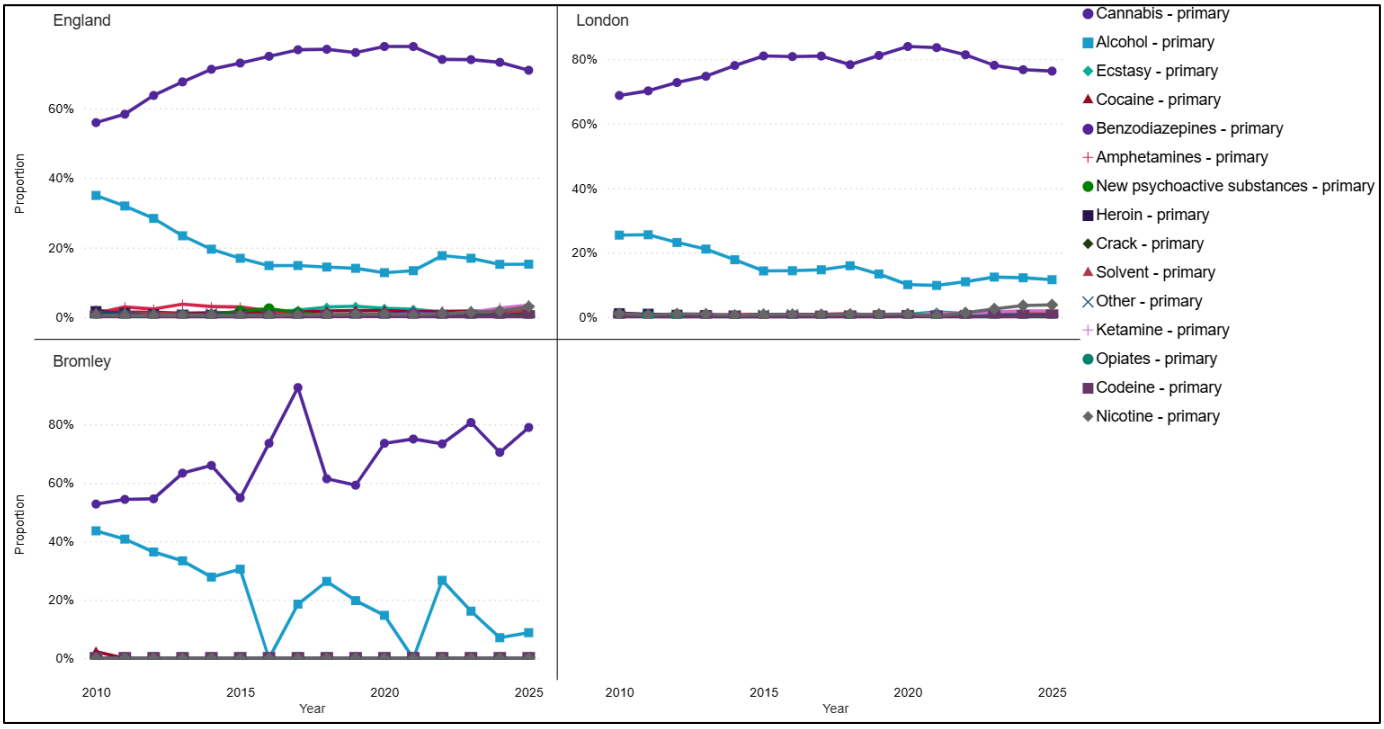



**Source: Crime Survey for England and Wales from the Office for National Statistics, 2025**

The number of children and young people in treatment for drug misuse in Bromley in 2024/25 (50) is predominantly male (60%) and 66% of new presentations to drug services in 2024/25, were also male. The substances most misused by those in treatment in Bromley are cannabis, and alcohol.

Social Care assessments of families in 2025/26 showed 8.3% of families had a parent or carer with drug misuse identified. This represents 412 families where at least one parent had drug misuse issues.

**Figure 2.14: Substances reported as causing the greatest problem when starting treatment in Bromley, London and England, 2010-2025**




**Source: National Drug Treatment Monitoring System, 2026**

Figure 2.14 shows that cannabis has consistently been the substance most reported as causing the greatest problem when people start treatment, both in Bromley and across London and England. In Bromley, cannabis-related presentations fell from 115 (53% of young people on treatment) in 2010 to 45 (79% of young people on treatment) in 2025, although they have fluctuated over the period, while alcohol has also declined substantially from 95 people on treatment in 2010 to 5 people in 2025. This data should be interpreted cautiously because of small-number variation as well as changes in treatment demand or recording.

74% of all drug treatment clients in Bromley in 2024/25 successfully completed treatment and 15% dropped out, whereas at national level 84% of successfully completed treatment and 11% dropped out in England. Men are more likely to drop-out early across all substance groups both locally and nationally.

### Substance misuse in pregnancy

Of the 7,495 women booking for maternity care at the PRUH between 1st January 2022 and 4th October 2023, 284 admitted to taking drugs in the past (3.8%). 27 women (0.4%) were using drugs at the time booking for maternity care and 19 of these were referred to drugs services (0.25%). 35 women (0.47%) were still using drugs at the time their baby was born.

**What does this mean for families in Bromley?**

8.3% of Social Care assessments of Bromley families in 2025/26 identified a parent who used drugs

Nationally, the prevalence of cannabis use is particularly concentrated among those aged 16-24s (men 13.4%, women 11.6%) compared with 25-59-year-olds (men 6.7%, women 3.7%).

**g) Parents who misuse alcohol**

Children and young people can do little to protect themselves from the effects of parental drinking and can suffer emotional distress, neglect or physical injury. Alcohol is also a common feature of domestic and sexual violence.

Parental alcohol problems are associated with negative outcomes in children, e.g. poorer physical and psychological health (and therefore higher hospital admission rates), poor educational achievement, eating disorders and addiction problems many of which persist into adulthood[10][11][12].

A Danish study involving a cohort of nearly 85,000 children, followed from age 13 to 27, looked at the long-term consequences of parental alcohol abuse, identified through alcohol abuse related hospital admissions[13]. Parental alcohol abuse was found to be a risk factor for other disadvantages including premature death, suicide attempts, drug addiction, mental illness and teenage motherhood, and for certain life experiences including parental violence and family separation.

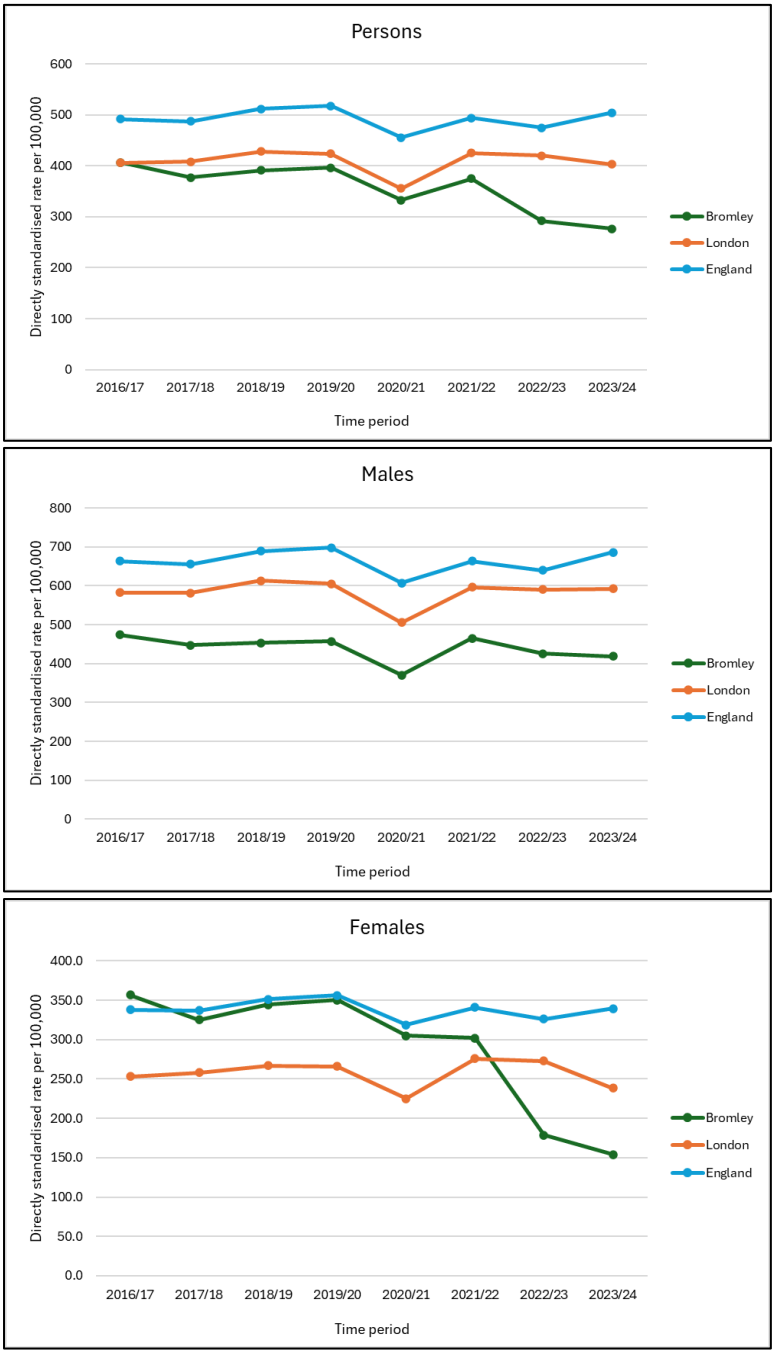
The Health Survey for England and the General Household Survey both estimated that 30% of children aged under 16 years in the UK lived with one binge drinking parent[14]. The National Treatment Agency for Substance Misuse found that during 2011/12, one third of adults in treatment lived in a household containing children.

The Children Social Care assessment process in Bromley in 2026 identified 537 families (10.8% of all assessments) where at least one parent had alcohol issues, not far from 408 (10.6%) in 2023.

**h) Alcohol use in pregnancy**

Of the 7,495 women booking for maternity care at the PRUH between 1st January 2022 and 4th October 2023, 65 women (0.9%) were using alcohol at the time of booking for maternity care, and 50 women were using alcohol at the time of birth

**Figure 2.15: Admission episodes for alcohol related conditions, Bromley, 2016-2024**




**Source: OHID Fingertips, Alcohol Profile, 2025**

The rate of alcohol-related hospital admissions for all ages per 100,000 population in Bromley has fallen in the most recent years (through to 2024) for persons overall, as well as males and females. Bromley remains below the England rate across the latest years for all three series. Notably, the female rate in Bromley has continued to decline (153.9 episodes per 100,000) and is now below the national female rate of 339.5 episodes per 100,000, whereas it had previously been higher, indicating a relatively stronger recent change for females; males also show a downward trend.

**What does this mean for families in Bromley?**

The rate of alcohol-related hospital admissions in Bromley has fallen in the most recent years for persons overall, as well as males and females.

In 2026, Children Social Care assessments identified 510 families where a parent/carer was misusing alcohol.

## 2. Parental mental health

Mental health problems in adults can have a significant impact on the wellbeing of their children. A recent study found that 25% of children were exposed to maternal mental illness and this rate is increasing[15]. Younger mothers were more likely to have a mental health problem than older mothers.

Perinatal mental illnesses (most commonly depression, but also anxiety and postnatal psychotic disorders) affect at least 10% of women.

These illnesses suffered by the mother increase the likelihood that:

- the baby will be premature or have a low birthweight.
- the baby may not develop a secure attachment relationship with the mother;
- the child will experience behavioural, social or learning difficulties and
- the child faces higher risk of depression in adolescence.

In extreme cases, parental mental illnesses increase the risk that the child will be abused or neglected.

The prevalence in the UK:

- Postpartum psychosis affects around 2 in 1,000 new mothers.
- Post-traumatic stress disorder affects approximately 3% of women after birth.
- Rates of perinatal depression are higher amongst women experiencing poverty or social exclusion, and the risk of depression is twice as high amongst teenage mothers.
- Stress caused by poor housing, domestic violence and poverty can exacerbate symptoms of anxiety and depression.

Some pre-existing mental health problems are at increased risk of relapse during pregnancy and the post-natal period. This is particularly true of women with a history of bipolar disorder.

Women booking for maternity care at the PRUH, 1st January 2022 to 4th October 2023, were asked about their mental health at their first appointment. 29% of women reported mental health issues at this time. 1% of women had significant mental health problems at the time their baby was born.

Bromley's Children Social Care assessment process identified 1509 families where at least one parent had mental health issues in March 2026, up from 1096 in 2023.

GP register data show that 36,513 adults aged 18 and over in Bromley had a recorded diagnosis of depression in 2024/25, equivalent to 12.8% of the registered adult population (95% CI: 12.7%-12.9%). This was below the England prevalence of 14.3%. The recorded prevalence in Bromley has increased over time, rising from 11.2% in 2021/22 and 11.8% in 2022/23[16].

**What does this mean for families in Bromley?**

29% of pregnant women in Bromley reported a history of mental ill health at booking for pregnancy care

GP data show that recorded depression among adults in Bromley has increased over time, reaching 12.8% in 2024/25, although this remained below the England rate of 14.3%.

## 3. Family and social circumstances

### a) Domestic violence

Lord Laming identified that 1.8% of children in England live in households where there is a known high-risk case of domestic abuse and violence. Her Majesty's Inspectorate of Constabulary found that in the UK, 1 in 4 young people aged 10-24 reported experience of domestic violence and or abuse in childhood[1718].

In addition to the obvious increased risk of injury from any physical attack, the child is potentially at further risk due to the impact domestic violence has on parenting. The victim (most commonly the mother) may prioritise their partner's needs, suffer from mental health issues and have his or her authority undermined, all of which will influence his or her capacity to provide the child with a safe and secure environment. It is estimated that 62% of children and young people exposed to domestic violence are directly harmed.

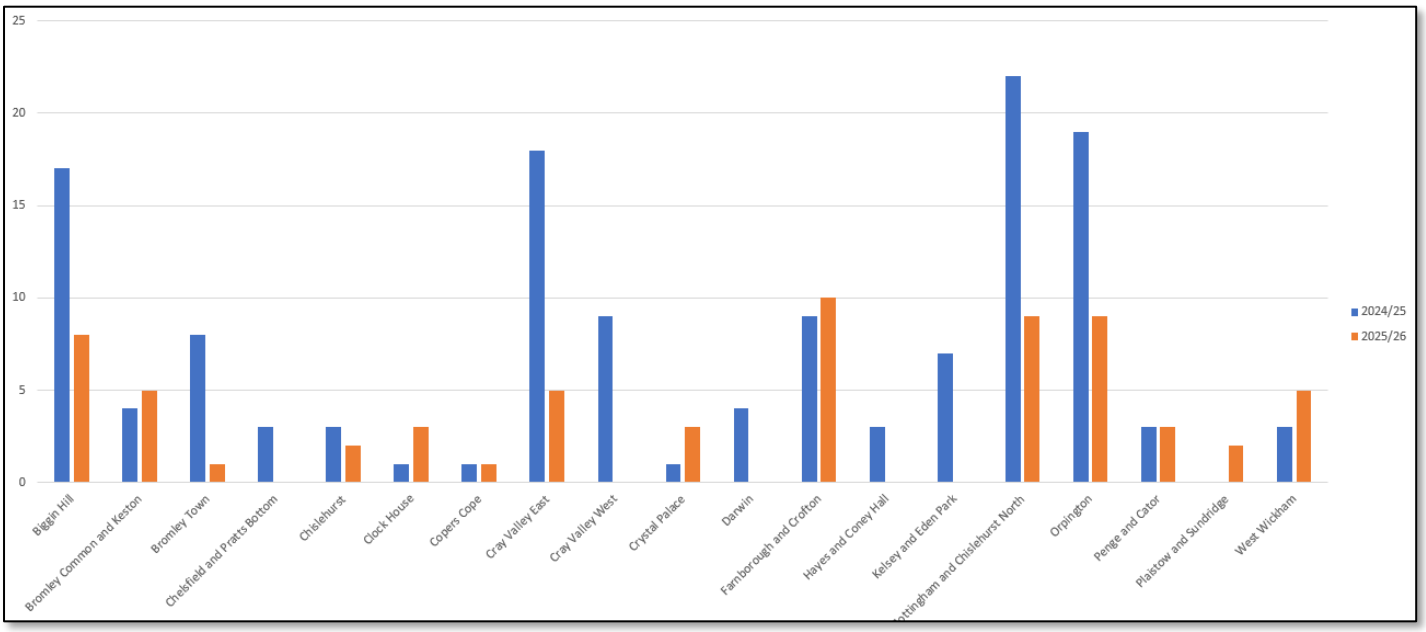
Domestic violence often begins in pregnancy[19] and evidence suggests having experienced partner violence during pregnancy results in a three-fold increase in the odds of high levels of depressive symptoms in the postnatal period[20].

According to the Metropolitan Police Service's Domestic Abuse Dashboard, the recorded number of domestic abuse incidents in Bromley between July 2025 and July 2026 was 3,194 of which 639 were domestic abuse violence with injury. The rate of domestic abuse incidents and crimes in Bromley is 21.2 per 1,000, lower than England's rate of 26.8 incidents per 1,000 population.

The Children Social Care assessment process in Bromley in 2025/26 identified 1176 assessments (23.6% of all assessments) where a parent was a victim and 506 assessments (10.1% of all assessments) where a child was a victim.

The Bromley Children Project Early Intervention and Family Support data shows which families are being supported because of domestic violence and abuse. Figure 2.15 shows the distribution of these families across the borough in 2024-2026, with Farnborough and Crofton having the highest number of children supported, followed by Mottingham and Chislehurst North and Orpington.

**Figure 2.16: Number of Children in Bromley living in families for whom a practitioner has been allocated, and client driven "goals" have been set by Early Intervention and Support under "safe from domestic abuse", 1st April 2024 to 31st March 2026, by ward.**




**Source: EIFS LBB, 2026**

*Note: From October 2025 onwards, children receiving support within the Community Vision outreach area are included in the Family First pilot; therefore, this cohort is excluded from the chart.*

**What does this mean for families in Bromley?**

Domestic abuse is one of the commonest reasons why families are assessed by Children's Social Care.

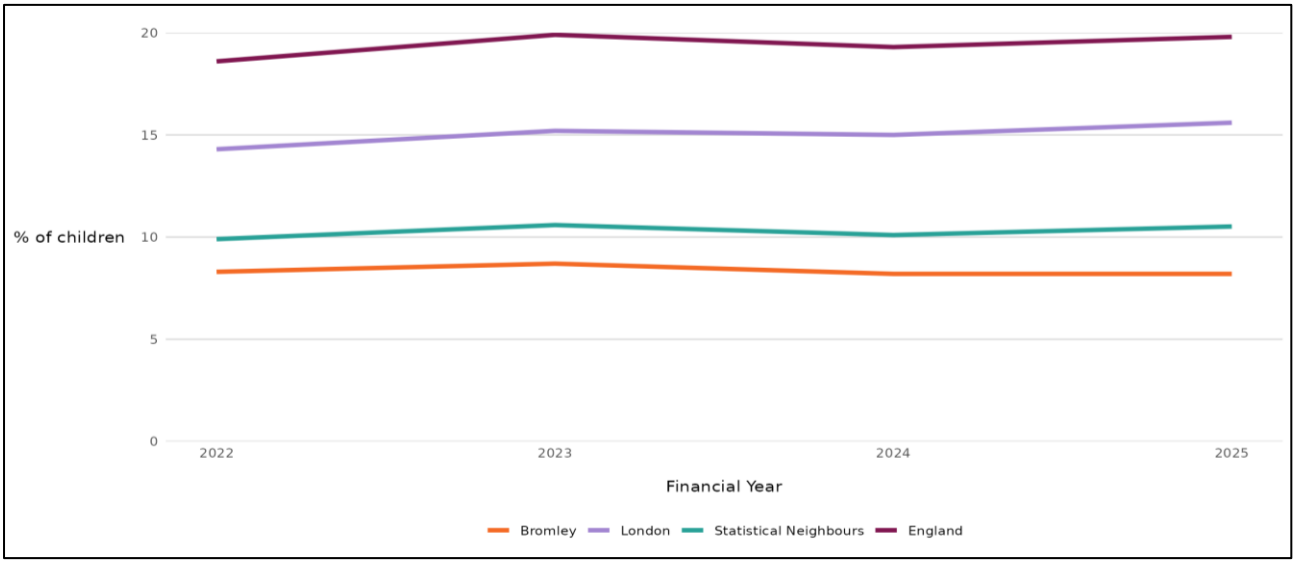
More families are supported around DA issues in Farnborough and Crofton, followed by Mottingham and Chislehurst North and Orpington.

### b) Financial stress

Bromley was the 4th least deprived borough in London overall in 2025. The IMD Income Deprivation Affecting Children Index (IDACI) score was 13.1% in 2019 and 22.3% in 2025, which is lower than the mean of 41.6% for all London Borough, excluding the City of London. This makes Bromley the 2nd least deprived borough in London for children. The rate of children in Bromley living in poverty is low compared to statistical neighbours and England.

Figure 2.16 shows that the proportion of children under 16 living in low-income families in Bromley has been low and stable over recent years (8.3% in 2022, 8.7% in 2023, then 8.2% in both 2024 and 2025), while London and England are consistently higher and show a slight upward recent trend overall: London increases from 14.3% (2022) to 15.6% (2025) and England from 18.6% (2022) to 19.8% (2025), with both rising between 2024 and 2025, compared with no change in Bromley.

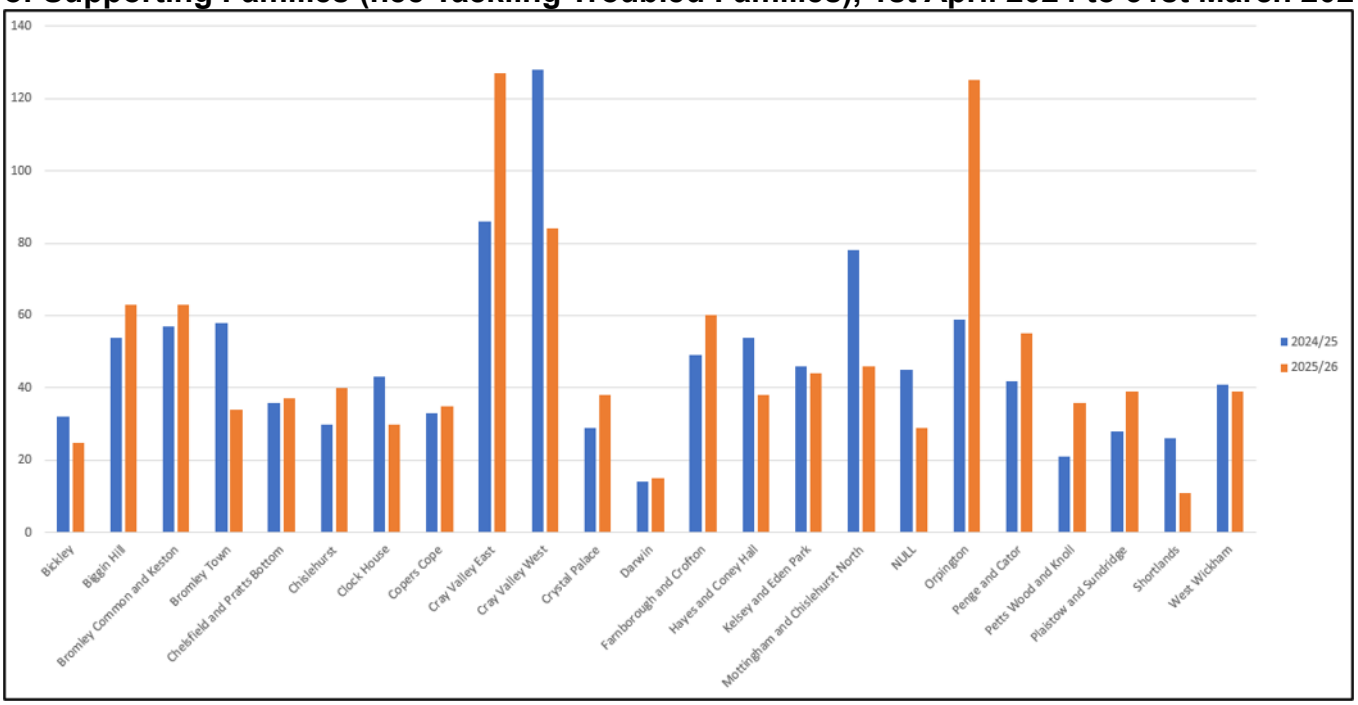
**Figure 2.17: Percentage of children under the age of 16 in low-income families in Bromley**




**Source: LAIT, 2026**

Figure 2.18 shows substantial ward-level variation in children and young people attached to EIFS intensive support between 2024/25 and 2025/26. Activity increased most sharply in Orpington and Cray Valley East, which recorded the highest numbers in 2025/26, while notable decreases occurred in Cray Valley West, Mottingham and Chislehurst North, Bromley Town and Hayes and Coney Hall. These figures reflect service activity rather than underlying levels of need and should be interpreted cautiously because they may be affected by referral patterns, service capacity, case duration, recording practices and unallocated ward records. Comparability is further limited because children supported in the Community Vision outreach area were transferred to the Family First pilot and excluded from October 2025.

**Figure 2.18: Number of Children & Young People in Bromley, by ward, 'attached' via Early Intervention & Family Support under Children who need intensive support for the purpose of Supporting Families (nee Tackling Troubled Families), 1st April 2024 to 31st March 2026.**




**Source: EIFS LBB, 2026**

*Note: From October 2025 onwards, children receiving support within the Community Vision outreach area are included in the Family First pilot; therefore, this cohort is excluded from the chart. Although Supporting Families Programme has ended, EIFS continues to use its outcomes framework to maintain consistency.*

### Parental worklessness

Worklessness reduces family income and can also damage families' resilience, health and stability, and thus undermine child development. Children in workless families are almost twice as likely to fail at all stages of their education, and workless parents are more likely to experience relationship distress. Table 2.4 shows that Bromley has high levels of economic activity and employment compared with London and Great Britain. Overall, 83% of Bromley residents aged 16-64 were economically active and 80.3% were in employment, both higher than the London and Great Britain averages. Employment rates were higher for males (83%) than females (77.8%), although female economic activity in Bromley (81%) was still above both London and Great Britain. Bromley also had a higher proportion of employees than the comparator areas, while self-employment was lower than London and Great Britain overall. Local unemployment estimates for Bromley are not shown because the sample size was too small for a reliable estimate, so comparisons should rely on the available employment and economic activity data rather than the Annual Population Survey unemployment figures.

**Table 2.3: Employment and unemployment (Apr 2025 - Mar 2026)**

| | Bromley (numbers) | Bromley (%) | London (%) | Great Britain (%) |
|---|---|---|---|---|
| **All people** | | | | |
| Economically active† | 186,500 | 83 | 79.8 | 79.1 |
| In employment† | 179,800 | 80.3 | 74.8 | 75.5 |
| Employees† | 159,300 | 71.4 | 63.7 | 65.9 |
| Self-employed† | 19,400 | 8.5 | 10.8 | 9.3 |
| Unemployed§ | # | # | 6.2 | 4.5 |
| **Males** | | | | |
| Economically active† | 91,500 | 85.2 | 84.3 | 82.5 |
| In employment† | 89,200 | 83 | 79.1 | 78.5 |
| Employees† | 78,200 | 72.9 | 65.1 | 66.6 |
| Self-employed† | 11,000 | 10.1 | 13.7 | 11.6 |
| Unemployed§ | # | # | 6.1 | 4.7 |
| **Females** | | | | |
| Economically active† | 95,000 | 81 | 75.3 | 75.8 |
| In employment† | 90,600 | 77.8 | 70.3 | 72.5 |
| Employees† | 81,100 | 70 | 62.2 | 65.2 |
| Self-employed† | 8,400 | 7.1 | 7.8 | 7 |
| Unemployed§ | # | # | 6.3 | 4.3 |

# Sample size too small for reliable estimate (see definitions)

† - numbers are for those aged 16 and over, % are for those aged 16-64

§ - numbers and % are for those aged 16 and over. % is a proportion of economically active

§ - Due to small sample sizes involved in the calculation of the APS unemployment estimate, ONS recommends people use the model-based version, which makes use of both survey and administrative data.

**Source: NOMIS Official labour market statistics, 2026**

**What does this mean for families in Bromley?**

Poverty and unemployment are low in Bromley.

83% of Bromley residents aged 16-64 were economically active and 80.3% were in employment, both higher than the London and Great Britain averages.

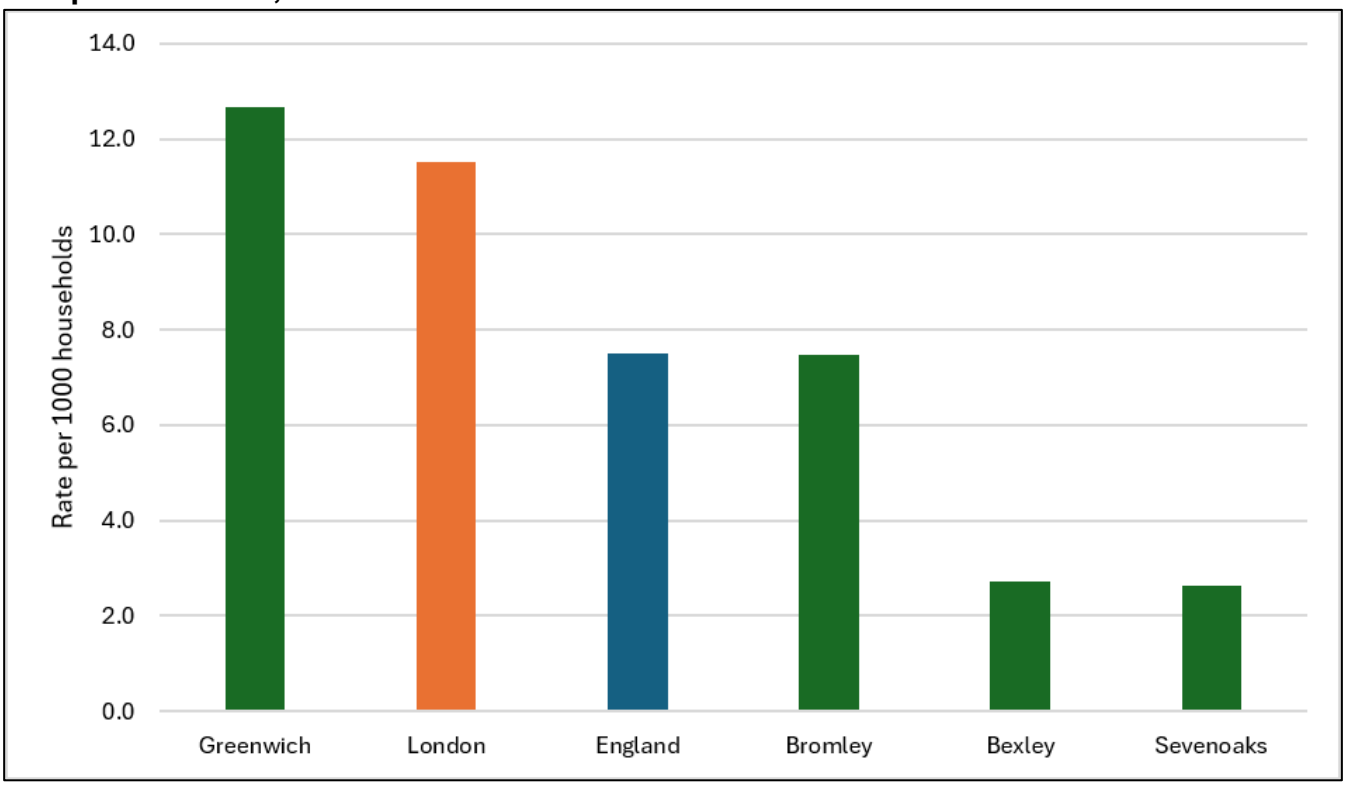
Employment rates were higher for males (83%) than females (77.8%), although female economic activity in Bromley (81%) was still above both London and Great Britain

**c) Housing issues**

Unstable accommodation can have a long-term negative impact on families, for example behavioural issues among children. There is also clear evidence that links poor health with poor housing. Those most susceptible include children and those with chronic health problems. The impact of temporary housing goes beyond the uncertainty and unsettledness that results from feeling displaced and can impact, both, physically and mentally on homeless households. Co-

ordination of services to these groups is critical to enable them to exercise decisions or choice over their situation and access health and support services. This can be particularly challenging for households based outside of the borough.

**Figure 2.19: Rate of homelessness acceptances per 1,000 households in Bromley and comparator areas, 2024/25**




**Source: DLUHC. Statutory homelessness: April 2024 to March 2025**

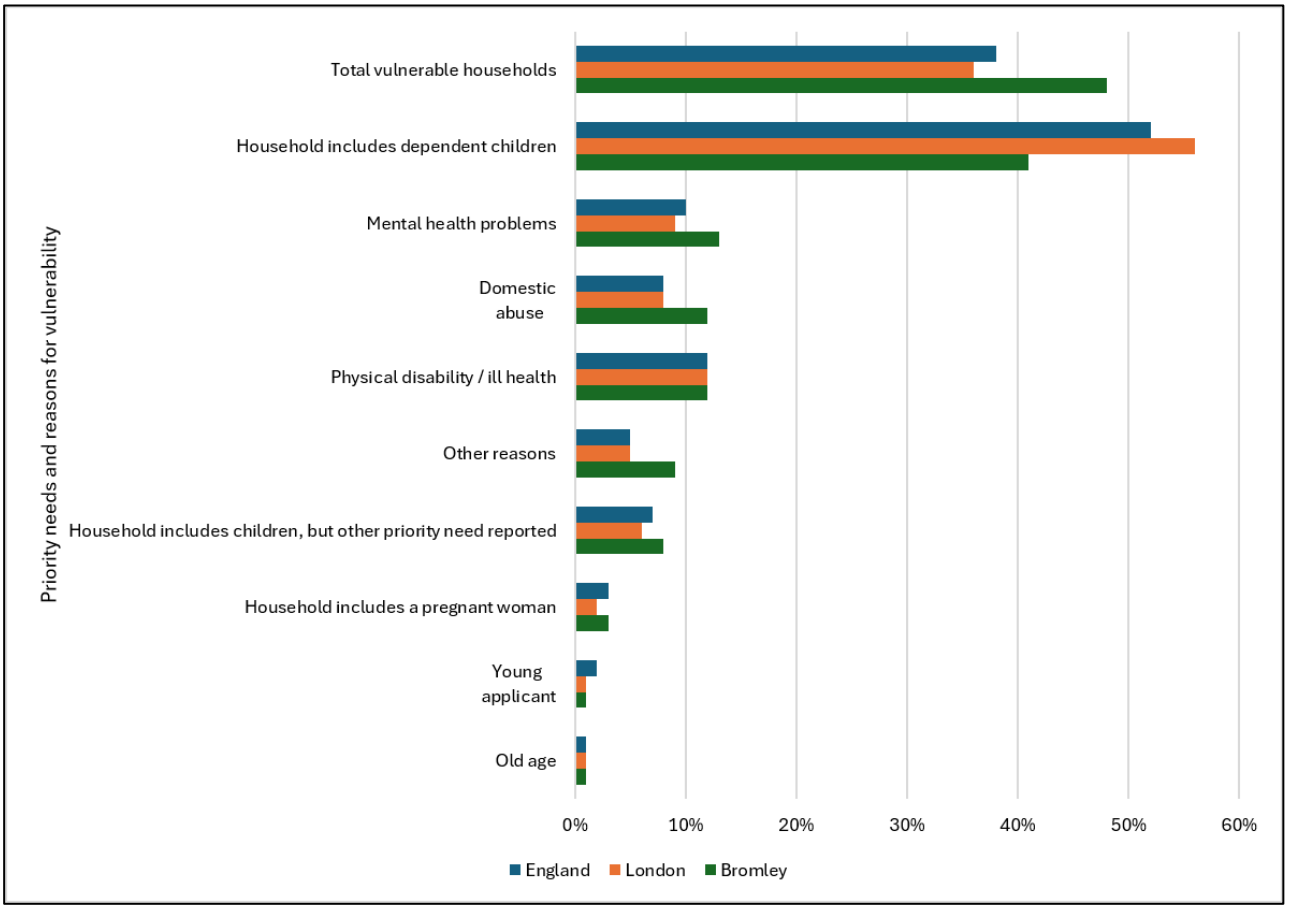
Figure 2.19 shows that Bromley's homelessness acceptance rate in 2024/25 was 7.5 per 1,000 households, matching the England rate but below the London average of 11.5 per 1,000 households. Among neighbouring areas with available data, Bromley's rate was substantially lower than Greenwich (12.7 per 1,000 households) but higher than Bexley (2.7) and Sevenoaks (2.6). Data for Lewisham and Southwark were incomplete or not received from the local authority, so comparisons with these boroughs are not possible. Overall, this suggests that Bromley's level of homelessness acceptances is around the national average and below the London average, although it remains higher than some nearby areas.

Statutory homelessness refers to homeless people for whom the local authority has a duty to find accommodation, dealt with under Part 7 of the Housing Act 1996. These are described as households deemed to be homeless, eligible and in 'priority need'. Most often 'priority need' refers to adults with dependent children and/ or households with a vulnerable member, such as someone with a disability or someone who has recently left prison.

'Non statutory homelessness' is an informal term, rather than a distinct legal category. It is often used for people who are homeless or insecurely housed but are not owed the main accommodation duty, including some single adults without a priority need and people who are not eligible because of their immigration status. However, eligible single adults may still be entitled to a homelessness assessment, a personalised housing plan, and prevention or relief assistance; their entitlement is not limited to advice alone.[21]

Homelessness acceptances are households that a local authority has formally accepted as being owed the main homelessness duty after its enquiries. In practice, this means the household has passed the relevant statutory tests, including eligibility, homelessness and priority need, and has not been found intentionally homeless. The acceptance rate shown in Figure 2.20 is therefore a measure of the households accepted for the main statutory accommodation duty, rather than the total number of people experiencing homelessness or receiving prevention and relief support.

**Figure 2.20: Homelessness acceptances by priority need in Bromley and comparator areas, 2024/25**




**Source: DLUHC. Statutory homelessness: April 2024 to March 2025**

Figure 2.20 shows that the profile of homelessness acceptances in Bromley differs from London and England, with a lower proportion of households accepted because they include dependent children (41%, compared with 56% in London and 52% in England), but a higher proportion accepted because of household vulnerability (48%, compared with 36% in London and 38% in England). Within vulnerable households, mental health problems were the most common reason in Bromley (13%), followed by physical disability or ill health and domestic abuse (both 12%), all of which are similar to or higher than the London and England averages. This suggests that, while family homelessness linked to dependent children remains important in Bromley, local homelessness acceptances are particularly shaped by vulnerability-related needs, especially mental health, disability or ill health, and domestic abuse.

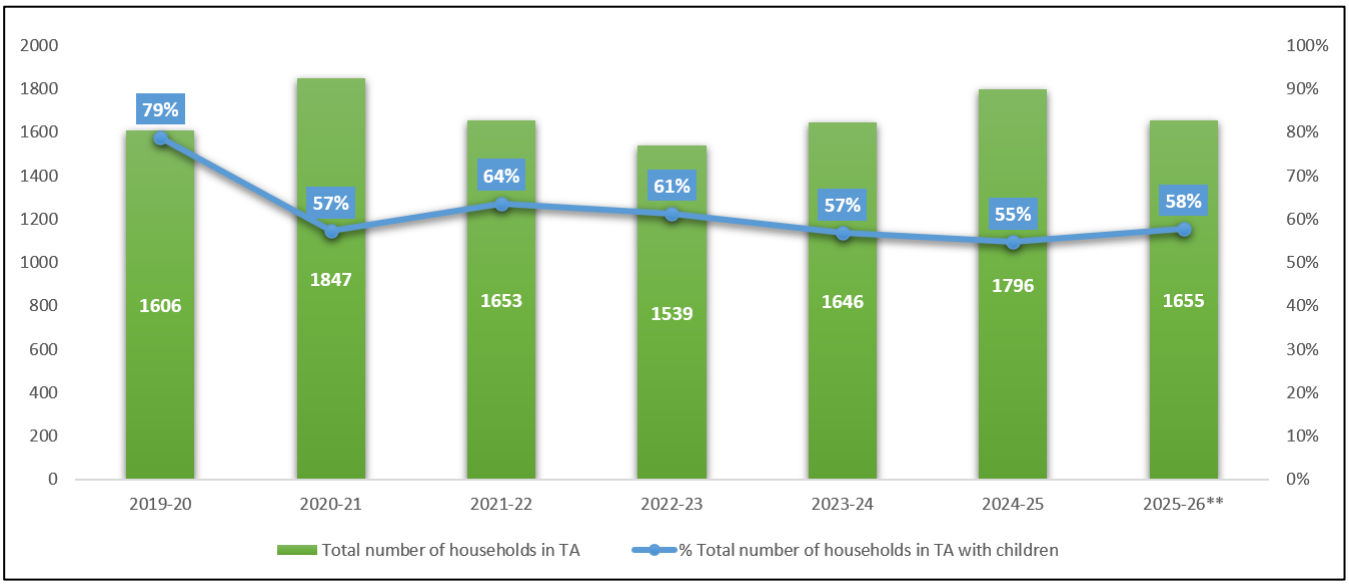
Please note that priority need categories should be interpreted with caution, as some local authorities have reported households with children under vulnerable priority needs rather than the dependent children category. This means the proportion of households recorded as including

dependent children may be under-reported, while vulnerable household categories may be correspondingly higher; totals and percentages may also not sum exactly because of rounding.

### Temporary Accommodation

Figure 2.21 shows that the total number of households in temporary accommodation in Bromley has fluctuated over time, increasing from 1,606 in 2019/20 to 1,847 in 2020/21, then falling to 1,539 in 2022/23, before rising again to 1,796 in 2024/25. The 2025/26 internal figure suggests a reduction to 1,655 households, although this should be interpreted with caution as full-year official data has not yet been published. Over the same period, the proportion of households in temporary accommodation with children fell substantially, from 79% in 2019/20 to 55% in 2024/25, with a slight increase to 58% in 2025/26. Overall, this indicates that while the overall number of households in temporary accommodation has remained high and variable, households with children now make up a smaller share than at the start of the period.

**Figure 2.21: Number of households in temporary accommodation and percentage of households with children, London Borough of Bromley**




**Source: DLUHC Detailed Local Authority Homelessness Statistics, 2026**

Table 2.4 shows that temporary accommodation affects a substantial number of children in Bromley. At the end of March 2025, 983 households with children were living in temporary accommodation, comprising 1,795 children. Temporary accommodation accounted for 1.24% of all households in Bromley, lower than in Southwark, Croydon and Greenwich, but higher than in Merton, Bexley and Sevenoaks. This places Bromley in the middle of Southeast London borough and highlights the continuing scale of housing instability experienced by local families with children.

**Table 2.4. Children in temporary accommodation in Bromley and local boroughs, 2026**

| | Total number of households in TA | Total number of households in TA with children | Total number of children in TA | Households in TA as % of total households |
|---|---|---|---|---|
| Bexley | 387 | 334 | 751 | 0.38% |
| Bromley | 1796 | 983 | 1795 | 1.24% |
| Croydon | 3562 | 2061 | 3933 | 2.25% |
| Greenwich | 1893 | 1493 | 3056 | 1.59% |
| Merton | 697 | 494 | 1020 | 0.87% |
| Sevenoaks | 66 | 45 | 93 | 0.13% |
| Southwark | 4207 | 2293 | 3763 | 3.02% |

**Source: DLUHC Detailed Local Authority Homelessness Statistics, 2026**

The type of temporary accommodation is shown in Table 2.5. Table 2.5 shows that Bromley's temporary accommodation is overwhelmingly concentrated in nightly paid, privately managed self-contained accommodation, with 1,581 households placed in this type, including 872 households with children. This is far higher than Bromley's use of other accommodation types, such as local authority or housing association stock (182 households, including 101 with children) and hostels (18 households, including 4 with children). Bromley has very low use of bed and breakfast accommodation, with less than 5 households and no households with children, suggesting that children are largely being kept out of less suitable emergency accommodation. Compared with neighbouring areas, Bromley's reliance on nightly paid accommodation is substantial, but its use of bed and breakfast hotels and hostels for families with children is much lower than in several comparator boroughs, indicating a focus on placing families in self-contained temporary accommodation where possible.

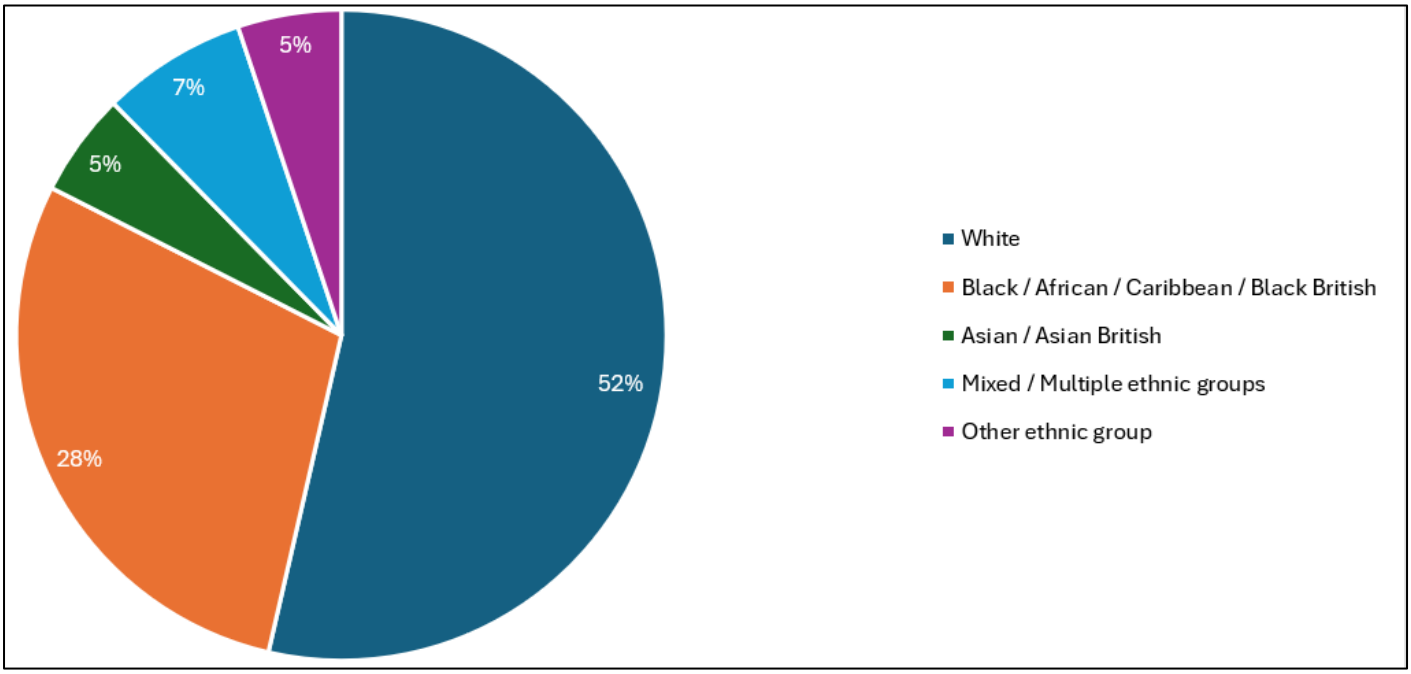
**Table 2.5. Types of temporary accommodation in Bromley and local boroughs, March 2025**

| | Bed and breakfast hotels | | Nightly paid, privately managed accommodation | | Hostels | | Private sector accommodation | | Local authority or Housing association | | Any other type of temporary accommodation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. of households | With children | No. of households | With children | No. of households | With children | No. of households | With children | No. of households | With children | No. of households | With children |
| Bexley | 5 | <5 | 93 | 82 | 19 | 16 | 101 | 83 | 169 | 151 | 0 | 0 |
| Bromley | <5 | 0 | 1581 | 872 | 18 | <5 | 14 | 6 | 182 | 101 | 0 | 0 |
| Croydon | 47 | <5 | 1849 | 1219 | 221 | 101 | 777 | 355 | 385 | 239 | 283 | 143 |
| Greenwich | 223 | 124 | 852 | 667 | 0 | 0 | 33 | 29 | 781 | 669 | <5 | <5 |
| Merton | 44 | 0 | 643 | 487 | 0 | 0 | 8 | 7 | 0 | 0 | 2 | 0 |
| Sevenoaks | 0 | 0 | 31 | 18 | 0 | 0 | 0 | 0 | 35 | 27 | 0 | 0 |
| Southwark | 113 | <5 | 1558 | 1005 | 46 | 26 | 918 | 452 | 1563 | 805 | 9 | <5 |

**Source: DLUHC Detailed Local Authority Homelessness Statistics, 2026**

The ethnicity of applicants in 2024/25 is shown in Figure 2.22. Among the 1,661 main applicants owed a homelessness prevention or relief duty in Bromley in 2024/25, just over half were from White ethnic groups (52%; 867 applicants), with the largest subgroup being White British (41%) followed by other White backgrounds (9%). Black / African / Caribbean / Black British applicants accounted for a substantial share (471 applicants), mainly Black African applicants (25%), while Asian / Asian British applicants represented a smaller proportion (85 applicants), with mixed / multiple ethnic groups (114 applicants) and other ethnic groups (80 applicants) also represented. Ethnicity was not known for 44 applicants (3%). Overall, the figure suggests that homelessness duties in Bromley affect applicants from a wide range of ethnic backgrounds, with Black African applicants notably represented relative to several other minority ethnic groups.

**Figure 2.22: Ethnicity of main applicants owed a homelessness duty in Bromley, 2024/25**




**Source: DLUHC. Statutory homelessness: April 2024 to March 2025**

**What does this mean for families in Bromley?**

Many families in temporary accommodation include children, with 983 households with children and 1,795 children living in temporary accommodation in Bromley at the end of March 2025.

Bromley's temporary accommodation is mainly self-contained nightly paid accommodation, which helps avoid placing children in less suitable bed and breakfast accommodation, but still creates instability and may affect children's health, wellbeing and access to support.

## 4. Protective factors

### a) Breastfeeding

Breastfeeding provides ideal nutrition and additional immunity for babies and can support bonding between mother and baby. Mothers are encouraged to initiate breastfeeding soon after delivery.

The proportion of women who are breastfeeding when they attend a review with a Health Visitor at 10-14 days and at 6-8 weeks is measured. This shows that those women who are exclusively breastfeeding at 10-14 days are likely to still be breastfeeding exclusively at 6-8 weeks.

The World Health Organisation recommends exclusive breastfeeding for the first six months of life[22]. However, routine local data are only available at the 10-14-day and 6-8-week reviews, so breastfeeding prevalence at six months cannot be assessed from this dataset. In Bromley during Q1 (April-June 2026), 80.7% of infants were breastfed at their New Birth Visit (at 10 - 14 days); 45.6% exclusively and 35.1% partially. At the 6-8-week review, 72.1% were breastfed: 41.1% exclusively and 31.0% partially. This represents an 8.6% reduction in overall breastfeeding prevalence between the two reviews. However, the proportion of women exclusively breastfeeding at 10-14 days and 6-8 weeks in Q1 of 2026/27 is higher than the rates in the year to end June 2024 (the proportion of infants breastfed at 10-14 days was 79.2%, and at 6-8 weeks the proportion was 65.1%).

### b) Childhood immunisation

Vaccination protects children and the wider population against serious, preventable infectious diseases. At 8, 12 and 16 weeks, babies are offered the 6-in-1 vaccine (DTaP/IPV/Hib/HepB), protecting against diphtheria (D), tetanus (T), pertussis (P - whooping cough), polio (IPV is inactivated polio vaccine), Haemophilus influenzae type B (HiB - an important cause of childhood meningitis and pneumonia) and Hepatitis B (HepB). MenB (against Meningococcal group B bacteria) and oral rotavirus vaccines are also given at 8 and 12 weeks, while the first pneumococcal vaccine is given at 16 weeks[23].

At one year, children are offered MenB and pneumococcal boosters and the MMRV vaccine, protecting against measles, mumps, rubella and chickenpox. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage. Eligible children also receive a fourth 6-in-1 dose and an additional MMRV dose at 18 months. At around 3 years and 4 months, children receive the pre-school booster against diphtheria, tetanus, whooping cough and polio; the MMRV schedule at this age depends on the child’s date of birth.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school Year 8 girls (12 to 13 years of age) to protect them against the main causes of cervical cancer and other conditions caused by human papillomavirus. It is now offered to both Year 8 boys and girls (aged 12-13). At age 14, young people are offered the teenage tetanus, diphtheria and polio booster and vaccination against further types of meningitis (Men ACWY).

Vaccination coverage indicates the population's protection against vaccine-preventable diseases. Monitoring uptake helps identify gaps in immunity and enables action before disease incidence rises.

**Table 2.6: Vaccination coverage of immunisations, Bromley and comparators, 2024/25**

| Vaccine | Age* | Coverage by specified age, 2024/25 | | |
|---|---|---|---|---|
| | | Bromley | London | England |
| DTaP/IPV/Hib– 3 doses | 1 | 91.2 | 86.3 | 91.3 |
| PCV – 1 dose | 1 | 92.4 | 88.0 | 93.1 |
| Hib/MenC | 2 | 88.1 | 80.2 | 88.6 |
| PCV booster | 2 | 87.2 | 79.2 | 88.0 |
| MMR – 1 dose | 5 | 90.5 | 84.4 | 91.8 |
| MMR – 2 doses | 5 | 77.7 | 69.6 | 83.7 |

**This is the age by which the vaccine should have been given*
**Source: OHID Fingertips, Health Protection Profile, 2026**

Table 2.6 shows that vaccination coverage in Bromley is consistently higher than the London average across all routine childhood vaccines shown and is like (though not always above) the England average. Coverage is generally high for infant vaccines (around 87-92% in Bromley) but drops for the second MMR dose by age 5 (Bromley 77.7%), which is below England (83.7%). This data suggests a key gap is ensuring children receive their preschool MMR booster on time.

Looking over a longer period, childhood vaccination uptake was already declining nationally before COVID-19, with the pandemic associated with an additional fall in uptake of the pre-school booster and two-dose MMR[2425]. By 2024/25, coverage in England remained below the highest levels seen during the previous decade, although several vaccines were stable or improving quarter to quarter[26]. Bromley's latest coverage remains above the London average for all vaccines shown in Table 2.7, but the low uptake of the second MMR dose by age five indicates that recovery to pre-pandemic rates is incomplete. Recent Bromley trends should be interpreted cautiously: changes to child health information systems and calculation methods in several London boroughs mean that coverage, particularly MMR2 and the pre-school booster, may be underestimated, while population movement can also affect denominators in urban areas[27].

**What does this mean for families in Bromley?**

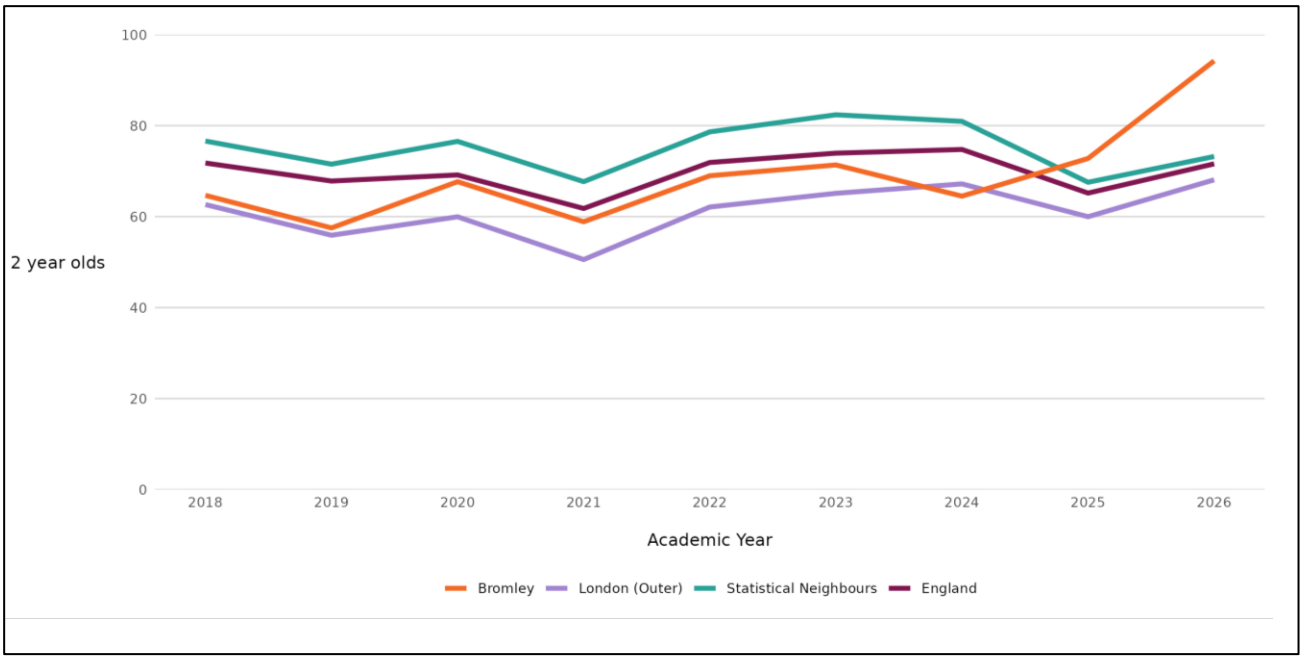
Breastfeeding rates are good in Bromley.

Immunisation rates in Bromley are high, but for highly infectious diseases such as measles this is not enough to stop an outbreak of disease.

### c) Early Education

A child's brain undergoes its most rapid growth in the years before they start school. Research has shown that children living in poverty often start school developmentally disadvantaged with a gap in achievement seen from as early as 22 months. Education is a key protective factor against poverty in later life due to its impacts on attainment, employment and health. All 3- and 4-year-olds in England and some 2-year-olds (where the parents are on benefits) are entitled to free Early Educational Entitlement, but not all take up the offer.

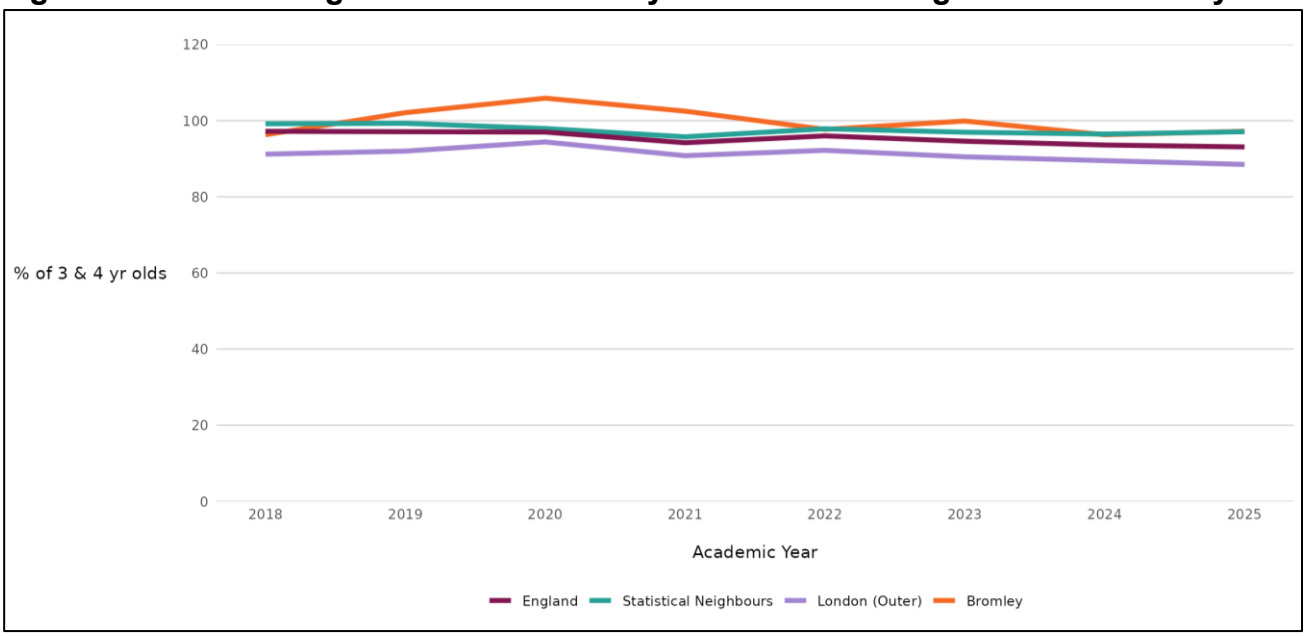
**Figure 2.23: Percentage of eligible two-year-old children benefiting from funded early education**




**Source: LAIT, 2026**

Figure 2.23 shows how many eligible two-year-olds in Bromley are taking up their funded early education place each year. The uptake for two-year-olds in Bromley is high but volatile year to year, as it falls from 64.7% in 2018 to 57.5% in 2019, rises to 67.7% in 2020 and drops again in 2021 (58.9%). A rise to 71.4% occurs in 2023, before dipping in 2024 (64.5%) and rebounding strongly in 2025 (72.8%). Bromley's increase in 2025 (to 72.8%, up 8.3 percentage points from 2024) suggests that more eligible two-year-olds are accessing funded early education than in the previous year, which matters because higher uptake should mean more children benefit from early learning and development support before starting school, and more families receive practical help with childcare costs and parental employment or training.

**Figure 2.24: Percentage of three- and four-year-olds benefiting from funded early education**




**Source: LAIT, 2026**

Figure 2.24 suggests that take-up of free early education among three- and four-year-olds is consistently high in Bromley compared with England and Outer London. Bromley is above 95% in most years (96.3% in 2018, 105.9% in 2020, 99.9% in 2023, and 97.2% in 2025), while Outer London remains lower throughout and falls in 2025 to 88.5%; England also declines to 93.1%. Please note that Bromley exceeded 100% in some earlier years (for example, 2019–2021). Therefore, the year-to-year changes should be interpreted alongside any notes on how take-up is calculated on the DHSC LAIT Tool Dashboard.

**What does this mean for families in Bromley?**
The proportion of children in early education is very high in Bromley.

**Key findings from Section 2**

**Health and lifestyle issues of parents**

Rates of disability and long-term conditions in adults in Bromley are higher than the average for London but lower than the rates in England. As this data is for all adults this is likely to reflect conditions in the older population in Bromley and not just parents of children under 18.

The risk most frequently identified early in pregnancy and at the time of birth in Bromley is mental health issues.

Low birthweight in Bromley has increased in recent years and is now slightly above the England rate; babies born with a low birthweight are more likely to be born to mothers living in more deprived wards.

The teenage pregnancy rate continues to fall in Bromley and remains below the England average.

Social Care assessments of families in Bromley in 2025/26 identified 412 families where at least one parent or carer had drug misuse issues.

Nationally, young adults aged 16-24 years continue to have the highest prevalence of self-reported drug use, although recent trends are downward for this age group and comparatively higher than among adults aged 25-59 years.

1% of adults in Bromley are alcohol dependent. This is one of the lowest rates in London.

**Mental health issues of parents**

29% of pregnant women in Bromley reported a history of mental ill health at booking for pregnancy care.

Recorded depression among adults registered with a Bromley GP increased to 12.8% in 2024/25 but remained below the England prevalence of 14.3%.

**Social issues of parents**

Domestic abuse remains a significant issue for children and families in Bromley, with 3,194 recorded domestic abuse incidents between July 2025 and July 2026, including 639 involving violence with injury.

Children's Social Care assessments in 2025/26 identified domestic abuse where a parent was a victim in 1,176 assessments and where a child was a victim in 506 assessments.

Homelessness acceptances in Bromley were around the England average but below the London average in 2024/25; at the end of March 2025, 983 households with children and 1,795 children were living in temporary accommodation.

Bromley's temporary accommodation is mainly self-contained nightly paid accommodation, meaning children are largely kept out of bed and breakfast accommodation, although temporary accommodation can still create instability and affect health, wellbeing and access to support.

**Protective factors for children**

Breastfeeding rates are good in Bromley, with 79.2% of infants breastfed at 10-14 days and 65.1% at 6-8 weeks in the year to June 2024.

Immunisation coverage in Bromley is generally higher than the London average, but the second MMR dose by age five remains below the level needed for strong population protection against measles.

Take-up of funded early education is high in Bromley for both eligible 2-year-olds and 3- and 4-year-olds, supporting early development and helping families with childcare costs.

**Glossary and abbreviations**

| | |
|---|---|
| CiN | Children in Need |
| CLA | Child Looked After |
| DTaP | Diphtheria, Tetanus and Polio (vaccination) |
| DLUHC | Department of Levelling Up, Housing and Communities |
| ECHS | Education, Care and Health Services |
| EIFS | Early Intervention and Family Support (LB Bromley) |
| GP | General Practitioner |
| Hep B | Hepatitis B (vaccine) |
| Hib | Haemophilus influenzae type B (vaccine) |
| HPV | Human Papilloma Virus (vaccine) |
| IMD | Index of Multiple Deprivation |
| IPV | Inactivated Polio Vaccine |
| LAIT | Local Authority Interactive Tool |
| LSOA | Lower-layer Super Output Area |
| MenB | Meningitis B vaccine (also Meningitis A, C, W, Y vaccines) |
| MOPAC | Mayor's Office for Policing and Crime |
| NCMP | National Child Measurement Programme (height & weight year R & 6) |
| NCSP | National Chlamydia Screening Programme |
| NDTMS | National Drug Treatment Monitoring System |
| NEET | Not in Employment, Education or Training |
| OHID | Office for Health Improvement and Disparities (formerly part of PHE) |
| PCV | Pneumococcal Conjugate Vaccine |
| PHE | Public Health England |
| PRUH | Princess Royal University Hospital (Bromley) |
| QOF | Quality Outcomes Framework (GP data) |
| RTA | Road Traffic Accident |

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