# BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2026

## Section 4:

## Children and Young People with Established Needs

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## Table of Contents

Children and Young People with Established Needs ..... 4

1. Children with complex or long-term health needs .....5
2. Children and young people with mental health needs .....17
3. Children with an Education, Health and Care Plan (EHCP) .....40
4. Children at risk of significant harm .....50
5. Deaths in childhood .....63
6. Summary of key findings from Section 4.……...…..70

Glossary and abbreviations ……..……...…..72

References ……73

# 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.

## 1. Children with complex or long-term health needs

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

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 (July 2026),
- GP data collected (July 2026), and
- Department for Education data on children with SEND 2025/26

School nurse records are reliant on schools collecting information from parents about medical conditions in their children. In the academic year 2025/26 the school nurse service collected data on children with health conditions from 75 primary schools, 22 secondary schools (maintained schools and academies only) and four Pupil Referral Units (PRU). 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 2026 | School Nurse data 2026 | School SEND data 2026 |
|---|---|---|---|
| **Asthma** | 4242 | 2952 | |
| **Autistic Spectrum Disorder** | 2460 | 1258 | 1190 |
| **Diabetes Mellitus** | 201 | 130 | |
| **Epilepsy and other seizures** | 492 | 194 | |
| **Sickle cell disease** | 75 | 74 | |
| **Thalassaemia** | 154 | | |
| **Eating disorders** | 398 | | |
| **Down’s syndrome** | 59 | | |
| **Cystic fibrosis** | 30 | | |
| **ADD/ADHD** | 2700 | 1331 | |
| **Childhood cancers** | 94 | | |
| **Hearing impairment** | | 259 | 166 |
| **Vision impairment** | | 211 | 94 |

**Source: School nurse records, 2026; SEN Census, 2026; Bromley GP data 2026**

Table 4.1 indicates under-reporting of health conditions to schools (although the incomplete data makes this assessment more difficult). GP records generally identify more children with long-term

conditions than school nurse data, suggesting that some health needs may be under-reported to schools. The largest recorded conditions in GP data are asthma (4,242), ADD/ADHD (2,700) and autistic spectrum disorder (2,460), while school nurse data records lower figures for the same conditions: asthma (2,952), ADD/ADHD (1,331) and ASD (1,258). The gap is particularly important for conditions such as asthma, diabetes and epilepsy, where schools need accurate information to manage risks if a child becomes unwell during the school day. SEND data is only available for some conditions, including ASD (1,190), hearing impairment (166) and vision impairment (94), so comparison across all sources is incomplete.

When comparing crude recorded-prevalence rates among GP-registered patients, asthma is highest in the Southwest Integrated Neighbourhood Team (INT) (76.3 per 1,000 patients), ASD in Southeast (41.5 per 1,000 patients) and suicidal ideation or self-harm in Northwest (20.1 per 1,000 patients). At ward level, the highest overall recorded rates occur in St Paul's Cray (240.5 per 1,000 patients), Biggin Hill (236.8 per 1,000 patients) and Mottingham (228.2 per 1,000). Differences may reflect underlying need, coding, registration patterns and access to services; they should therefore support local enquiry and service planning rather than performance ranking.

Referrals to Children's Social Care has increased from 4,630 in 2024/25 to 5,019 in 2025/26, an increase of 8.4%. Children with established or complex needs may require support from Children's Social Care. As of September 2026, 1,031 children in Bromley were recorded as Children in Need, compared with 978 in 2025/26 and 941 in 2024/25. 78 children were also recorded as Children in Need receiving Short Breaks through Bromley's Children Disability Service in September 2026. This provides an indicator of children receiving specialist social care support for disability and complex needs, although it should not be interpreted as the total population of children with complex needs in Bromley.

**a) Diabetes Mellitus (DM)**

Diabetes is one of the most common chronic diseases in the UK, and its prevalence is increasing.[1] In 2024/25, there were approximately 4.7 million people diagnosed with diabetes in the UK[2]. Around 90% of people with diabetes have type 2 diabetes, and it is estimated that a further 1.3 million people in the UK are likely to have undiagnosed type 2 diabetes.

- Type 1 diabetes remains the most common form of diabetes in children and young people. It occurs when the body is unable to produce insulin and requires lifelong insulin treatment.
- Type 2 diabetes is much less common in children and young people than type 1 diabetes, but it is increasingly being diagnosed in this age group. It occurs when the body produces some, but not enough, insulin, or when the body becomes resistant to insulin. Type 2 diabetes is more common in people living with overweight or obesity, in some minority ethnic groups, and in areas of higher deprivation.

Data from the National Paediatric Diabetes Audit (NPDA) 2025 Report on Care and Outcomes show that in 2023/24, 35,122 children and young people under the age of 18 were receiving care in paediatric diabetes units in England and Wales[3]. Of these, 1,359 children and young people had type 2 diabetes, representing 3.9% of those receiving paediatric diabetes care and a substantial increase over recent years. Global evidence also indicates that type 2 diabetes prevalence is expected to rise substantially over coming decades, although trends vary by country, age group and ethnicity[4].

Table 4.2 shows that the total number of children and young adults recorded with diabetes in Bromley increased from 297 in 2024 to 351 in 2026, with the largest numbers seen among young adults aged 18-24 years. Among children aged 0-17, recorded diabetes increased from 150 cases in 2024 to 164 in 2026. Type 1 diabetes accounts for most recorded cases in all age groups, particularly among 10-14-year-olds, while type 2 diabetes remains uncommon in children but becomes more prominent among 18-24-year-olds. Overall, the data suggest a modest increase in recorded diabetes among children and young people, with most cases continuing to be type 1 diabetes.

**Table 4.2: Number of children and young adults with Diabetes Mellitus (DM) in Bromley, 2026**

| Age group | Total DM 2024 | Type I DM 2026 | Type II DM 2026 | Other type DM 2026 | Total DM 2026 |
|---|---|---|---|---|---|
| **0-4 years** | 6 | 5 | ≤5 | ≤5 | 7 |
| **5-9 years** | 25 | 26 | ≤5 | ≤5 | 30 |
| **10-14 years** | 62 | 72 | ≤5 | ≤5 | 78 |
| **15-17 years** | 57 | 38 | ≤5 | 7 | 49 |
| **18-24 years** | 147 | 143 | 30 | 14 | 187 |

**Source: Bromley GP data, 2024 and 2026**

### Outcomes for children with diabetes in Bromley

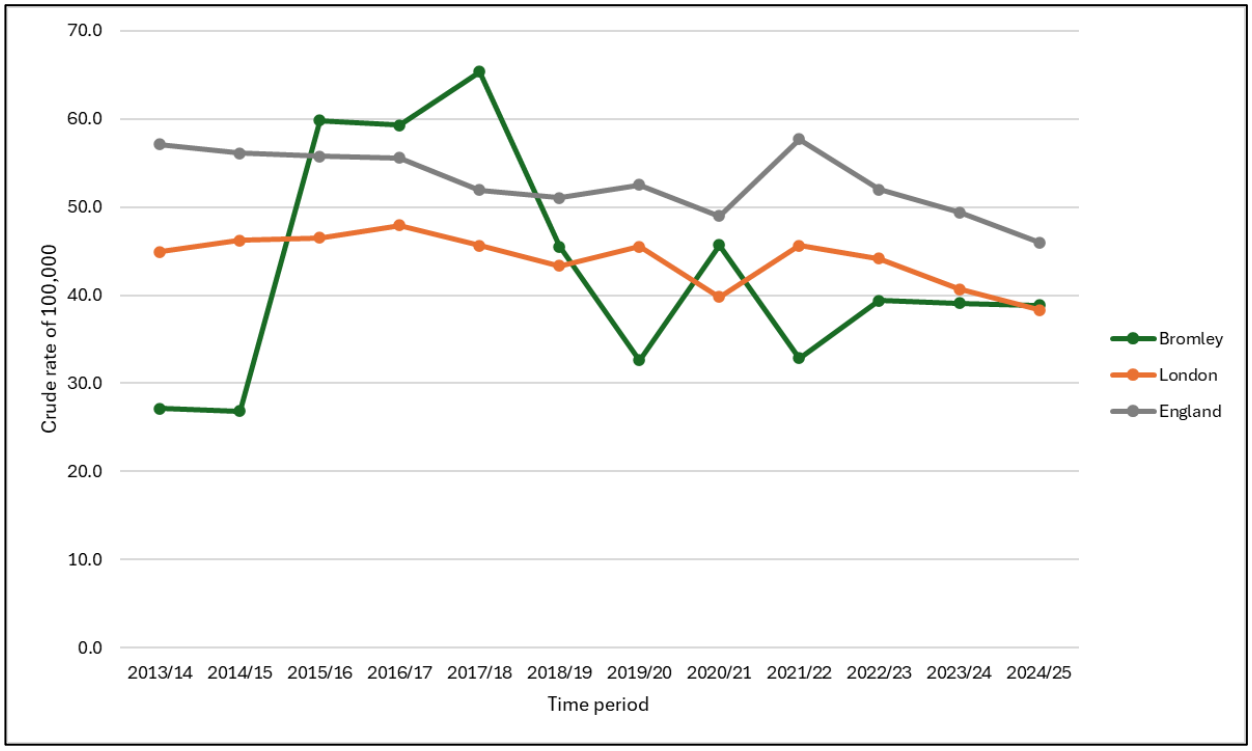
Diabetes is associated with long term complications, especially if poorly controlled. Good control of blood sugar reduces the long-term risks which include eye and kidney disease, heart disease and stroke.

- Long-term blood glucose control can be assessed using the HbA1c test, which reflects average blood glucose levels over the previous 2-3 months. NICE recommends aiming for an HbA1c of 48 mmol/mol (6.5%) or lower in children and young people, where this can be achieved safely without problematic hypoglycaemia[5].

- Diabetic ketoacidosis (DKA) is a serious acute complication, seen mainly in type 1 diabetes, in which blood glucose and ketone levels rise and urgent hospital treatment is required[6].

Hospital admission rates for diabetes in children under 19 years in Bromley have fluctuated over the period 2013/14 to 2024/25. Rates were initially below London and England, rose sharply to peak in 2017/18, and then declined. By 2024/25, Bromley's rate (38.9 hospital admissions per 100,000) was like London (38.3) and below England (46.0). Overall, despite marked year-to-year variation, the most recent data suggest that outcomes in Bromley are broadly in line with London and better than England. Note that earlier fluctuations may indicate the effect of small numbers, service variation, or changes in case management and admission thresholds.

**Figure 4.1: Hospital admission with diabetes mellitus; 0-18 years, Bromley and Comparators (2013/14-2024/25)**




**Source: OHID Fingertips, Cardiovascular Disease, May 2026**

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

- The number of children and young people aged 0-17 that were diagnosed with diabetes increased from 150 in 2024 to 164 in 2026, while hospital admission rates for diabetes in children in Bromley are currently broadly similar to London and below England.

**b) Asthma**

Diagnosis of asthma in young children is not straightforward[7]. Table 4.3 shows that the number of children and young adults recorded with an asthma diagnosis in Bromley decreased across all age groups between 2024 and 2026, falling from 7,308 to 6,953 overall. Among children aged 0-17, recorded asthma diagnoses fell from 4,062 to 3,761, with the largest numbers in both years among children aged 10-14 and 15-17. The 18-24 age group continued to account for the highest number of recorded diagnoses overall, although this also reduced slightly from 3,246 in 2024 to 3,192 in 2026. Overall, the data suggest a modest reduction in recorded asthma diagnoses, but asthma remains one of the most common long-term conditions affecting children and young people in Bromley.

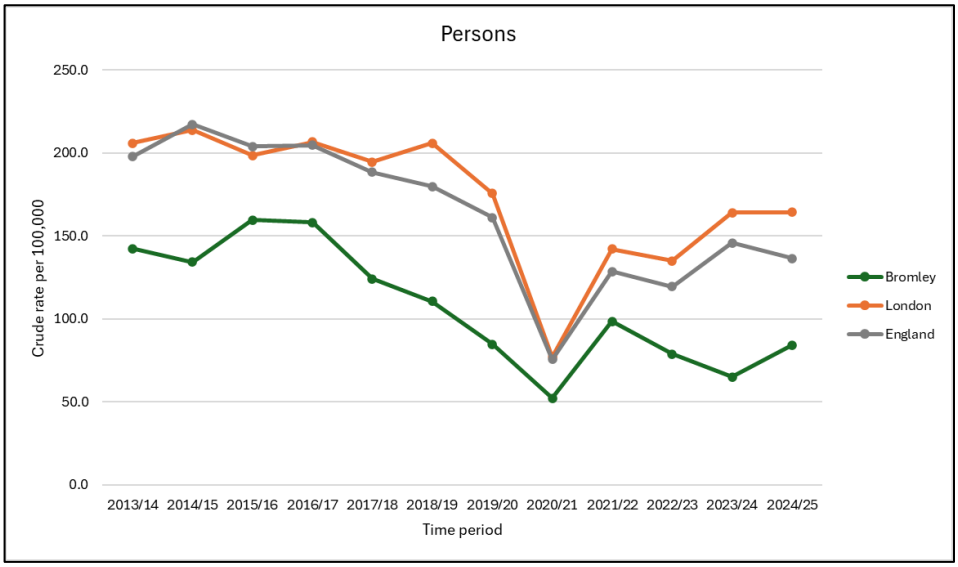
**Table 4.3: Number of children with an asthma diagnosis by age; in Bromley, 2026**

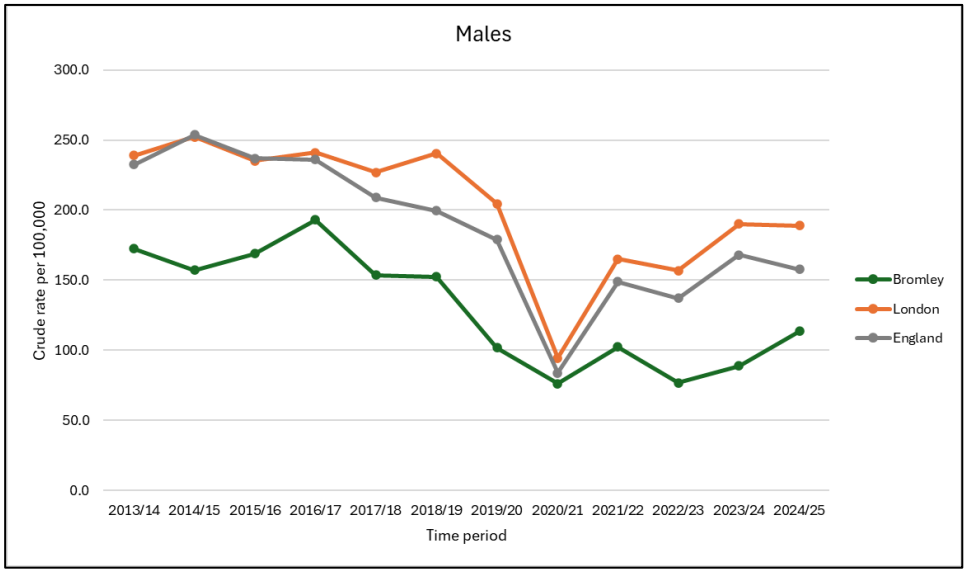
| Age | Bromley GP data 2024 | Bromley GP data 2026 |
|---|---|---|
| **0-4 years** | 104 | 73 |
| **5-9 years** | 853 | 741 |
| **10-14 years** | 1759 | 1671 |
| **15-17 years** | 1346 | 1276 |
| **18-24 years** | 3246 | 3192 |

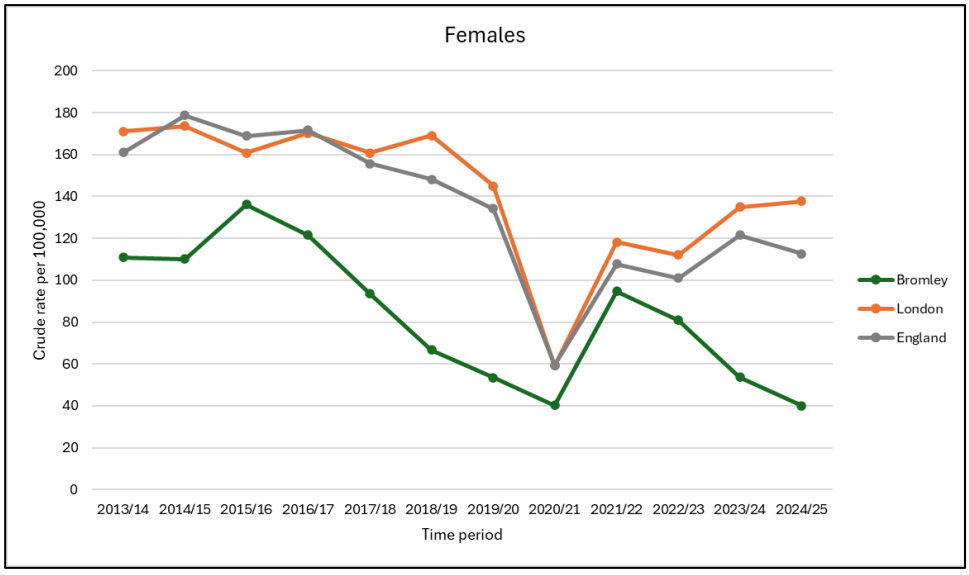
**Source: Bromley GP data, 2024 and 2026**

Figure 4.2 shows that emergency hospital admission rates for asthma in Bromley among children and young people aged 0-18 have consistently been lower than both London and England across the whole period, suggesting comparatively better asthma outcomes locally, as these admissions often reflect poor asthma control, inadequate routine management, or acute exacerbations severe enough to require hospital care. For all persons, Bromley fell from 142.3 per 100,000 in 2013/14 to 84.2 in 2024/25, compared with 164.2 in London and 136.5 in England in the most recent year. In recent years, Bromley has remained well below comparator rates, including 65.2 in 2023/24 and 84.2 in 2024/25, despite a slight rise in the latest year. The difference is especially marked for girls in the most recent data, where Bromley's rate was 40.0 per 100,000 in 2024/25, far below 137.7 in London and 112.8 in England; for boys, Bromley's rate was higher than for girls at 113.4, but still substantially below 189.0 in London and 157.8 in England. "Bromley's recorded admission rates were lower than London and England. This indicates lower hospital use but does not in itself demonstrate better disease control or service effectiveness."

**Figure 4.2: Emergency hospital admissions with a primary diagnosis of asthma; 0-18 years, Bromley and comparators (2013/14 - 2024/25)**




**Source: OHID Fingertips, Child and Maternal Health Profile, 6 May 2026**

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

- Recorded asthma diagnoses in Bromley fell between 2024 and 2026 across all age groups, including among children aged 0-17.
- Asthma remains one of the most common long-term conditions affecting children and young people locally.
- Emergency hospital admission rates for asthma in Bromley children aged 0-18 have remained consistently lower than London and England.
- Bromley's latest asthma admission rate rose slightly in 2024/25 but remained below comparator rates.
- Boys had higher asthma admission rates than girls in Bromley, although both remained below London and England.

**c) Epilepsy**

Epilepsy is one of the most common serious brain conditions and is characterised by a tendency to have recurrent seizures. It affects more than 70 million people globally. NICE cites evidence that around 533,000 people in England and Wales have epilepsy, including around 112,000 children and young people[8]. The estimated incidence is around 50 new cases per 100,000 people per year, while the prevalence of active epilepsy in the UK is estimated at 5 to 10 per 1,000 people. International evidence shows broadly similar prevalence across many populations. A systematic review and meta-analysis of 222 population-based studies found a point prevalence of active epilepsy of 6.38 per 1,000 people and a lifetime prevalence of 7.6 per 1,000 people. The annual cumulative incidence was estimated at 67.8 per 100,000 people[9]. UK primary care data for 2013 to 2018 estimated overall epilepsy prevalence at 9.4 per 1,000 people per year and incidence at 42.7 per 100,000 person-years, with prevalence and incidence higher in more deprived areas.

Epilepsy can affect education, emotional wellbeing, independence and family life, and children and young people with epilepsy may also have co-existing neurodevelopmental, neurological or mental health needs. Incidence varies by age, with the highest risk seen in infants and older adults. For children and young people, effective diagnosis, seizure control, medicines review, personalised seizure management plans, school awareness and planned transition into adult services are important. Sudden unexpected death in epilepsy (SUDEP) is rare but is an important epilepsy-related risk, particularly for people with uncontrolled seizures, reinforcing the importance of good seizure control and specialist review[10].

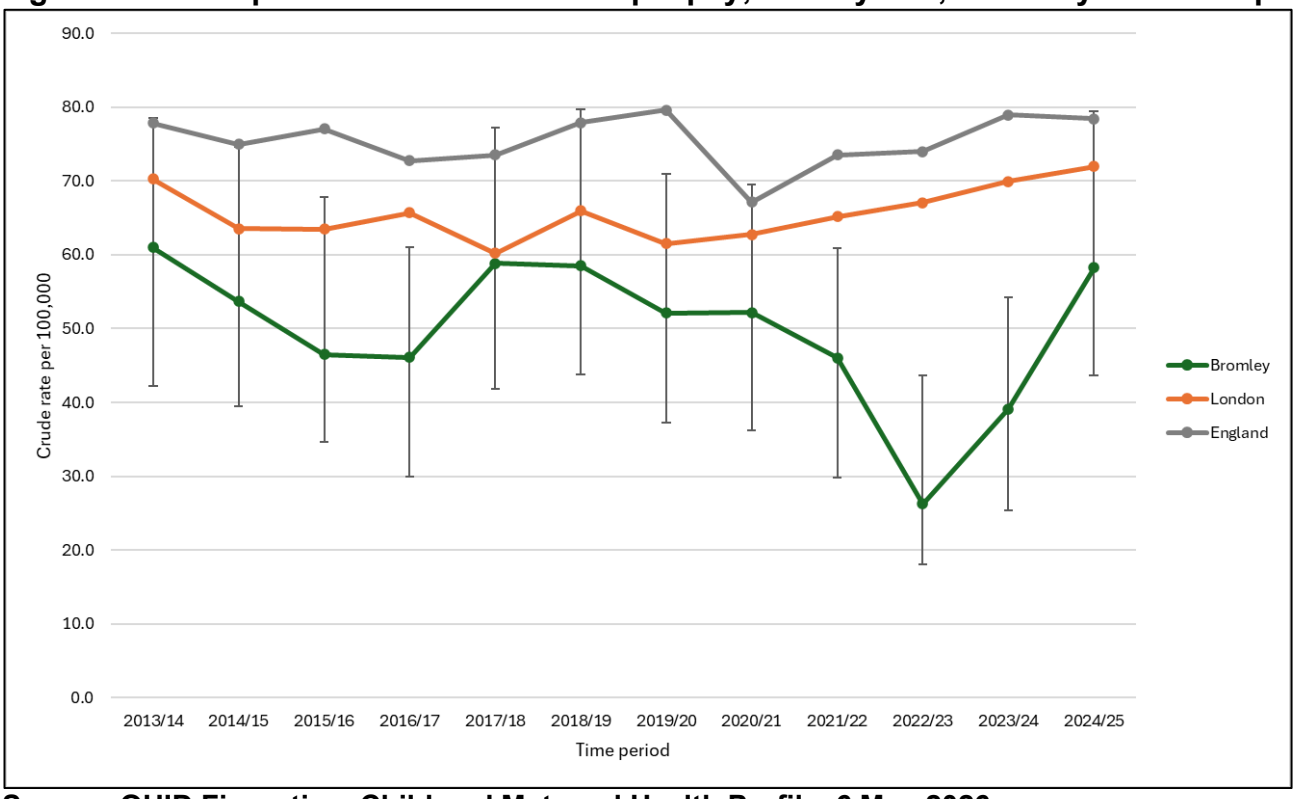
Table 4.4 shows that the number of children and young adults recorded with epilepsy in Bromley increased from 679 in 2024 to 758 in 2026 overall. Among children aged 0-17, recorded diagnoses rose from 412 to 433, with the largest number in both years among children aged 10-14. The 18-24 age group accounted for the highest number of recorded diagnoses overall and saw the largest increase, rising from 267 in 2024 to 325 in 2026. While numbers fell slightly among children aged 0-4 and 5-9, they increased among older children, teenagers and young adults, suggesting that epilepsy remains an important long-term condition for school-age children and for transition into adult services.

**Table 4.4: Number of children diagnosed with epilepsy by age in Bromley, 2026**

| Age | Bromley GP data 2024 | Bromley GP data 2026 |
|---|---|---|
| **0-4 years** | 20 | 17 |
| **5-9 years** | 100 | 91 |
| **10-14 years** | 174 | 198 |
| **15-17 years** | 118 | 127 |
| **18-24 years** | 267 | 325 |

**Source: Bromley GP data, 2024 and 2026**

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




**Source: OHID Fingertips, Child and Maternal Health Profile, 6 May 2026**

In the most recent years, Bromley's crude rate of hospital admissions for epilepsy in children and young people aged 0-18 has remained below both London and England, suggesting comparatively better outcomes locally, although the pattern is volatile and should be interpreted cautiously, as Bromley's confidence intervals are wide. After falling to 46.0 per 100,000 in 2021/22, Bromley dropped sharply to 26.2 in 2022/23, then rose to 39.1 in 2023/24 and 58.3 in 2024/25. This recent increase has low statistical significance, and the 2024/25 rate was still lower than London (72.0) and England (78.4). The wide error bars around Bromley's rates in these years indicate substantial year-to-year uncertainty, likely reflecting small numbers, so apparent changes may not represent a true sustained trend. Recent fluctuations suggest that Bromley's hospital admissions for children and young people with epilepsy should be monitored closely.

**What does this mean for Bromley residents and for children in Bromley**
Among children aged 0-17, the number of recorded Epilepsy diagnoses rose slightly from 412 to 433, with the highest numbers among 10-14-year-olds.

Hospital admission rates for epilepsy in Bromley remain below London and England, but recent local rates have fluctuated and should be monitored.

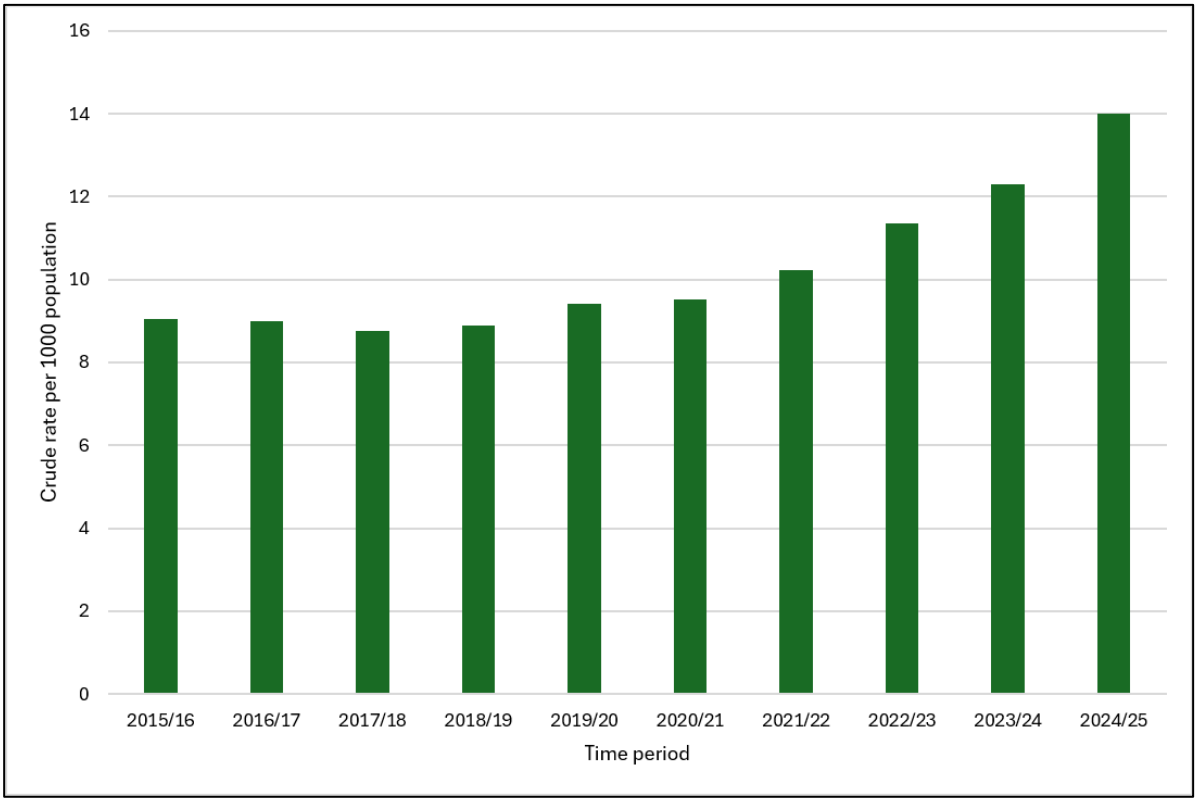
### d) Autistic Spectrum Disorder (ASD)

Autism is a lifelong neurodevelopmental condition characterised by differences in reciprocal social interaction and social communication, alongside restricted interests, routines, sensory differences and repetitive patterns of behaviour. Features are usually present from early childhood and persist over time, although they may become more apparent when expectations change, such as during transition into nursery, school, secondary education or adulthood. Autism is a broad and heterogeneous spectrum, with different levels of support need and impact on daily functioning.
The causes of autism are not fully understood, but genetic, neurobiological and environmental factors are thought to contribute. Autistic children and young people may also have co-existing needs, including learning disability, speech and language difficulties, sensory impairment, motor or co-ordination difficulties, epilepsy, attention deficit hyperactivity disorder, anxiety, depression, sleep problems, eating or feeding difficulties, continence issues, social isolation, bullying, safeguarding concerns and carer stress. These wider needs mean that assessment and support should consider the child or young person's development, communication, social interaction, sensory needs, behaviour, physical and mental health, education, family context and risks across settings.[11]

International evidence indicates that reported autism prevalence has increased substantially over time, with ESCAP practice guidance noting a rise in worldwide estimates from around 0.04% in the 1970s to around 1-2%[12]. Diagnosis is often delayed, with reviews reporting average ages at diagnosis ranging from early childhood to later school age, and one review noting a mean age of diagnosis of around 4-5 years old. Autism is diagnosed more frequently in boys than girls, but meta-analysis suggests the true male-to-female odds ratio as 3.25, indicating that girls who meet diagnostic criteria may be three times more likely to be missed or diagnosed later[13]. NICE also notes that autism may be under-recognised in girls and in children and young people with a learning disability.[14]

Where autism is suspected, children and young people are considered for referral to the local autism or neurodevelopmental pathway, depending on age, clinical features, level of family concern and local arrangements. ASD describes a wide range of needs. Most young people on the autistic spectrum are educated in mainstream schools. Figure 4.4 shows a clear upward trend in the rate of children with Autistic Spectrum Disorder known to schools in Bromley, increasing from around 9.1 in 2015/16 to 14.0 in 2024/25. This suggests growing identification of autism-related needs in schools, which may reflect a combination of increasing prevalence, improved recognition and diagnosis, and rising demand for school-based support.

**Figure 4.4 Children with Autistic Spectrum Disorder known to schools**




**Source: Bromley GP data, 2026**

Table 4.5 shows a substantial increase in children and young adults recorded with ASD in Bromley GP data between 2024 and 2026, rising from 2,409 to 3,392 across ages 0-24. Among children aged 0-17, recorded diagnoses increased from 1,561 to 2,252, with the largest numbers in both years among 10-14-year-olds, followed by 15-17-year-olds. The 18-24 age group had the highest number overall, increasing from 848 to 1,140, highlighting the importance of transition planning and ongoing support into adulthood. The only age group to show a decrease was 0-4 years, likely reflecting later recognition and diagnosis, rather than lower underlying need in early childhood.

**Table 4.5: Number of children diagnosed with ASD in Bromley GP data, by age**

| Age | Bromley GP data 2024 | Bromley GP data 2026 |
|---|---|---|
| **0-4 years** | 32 | 19 |
| **5-9 years** | 382 | 569 |
| **10-14 years** | 694 | 995 |
| **15-17 years** | 453 | 669 |
| **18-24 years** | 848 | 1140 |

**Source: Bromley GP data, 2024 and 2026**

**What does this mean for Bromley residents and for children in Bromley**
Both school and GP data show rising identification of autism-related needs: the rate of children with ASD known to schools increased from around 9.1 in 2015/16 to 14.0 in 2024/25, and GP-recorded ASD diagnoses across ages 0-24 rose from 2,409 in 2024 to 3,392 in 2026.

**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 4.6: Number of children diagnosed with cancer in Bromley, by age group**

| Age | Bromley GP data 2024 | Bromley GP data 2026 |
|---|---|---|
| **0-4 years** | <5 | <5 |
| **5-9 years** | 17 | 18 |
| **10-14 years** | 32 | 35 |
| **15-17 years** | 23 | 30 |
| **18-24 years** | 59 | 66 |

**Source: Bromley GP data, 2024 and 2026**

Table 4.6 shows that the number of children and young adults recorded with childhood cancer in Bromley GP data increased slightly between 2024 and 2026, rising from 132-135 recorded cases in 2024 to 150-153 in 2026 across ages 0-24, because numbers in the 0-4 age group are suppressed as fewer than five cases. The highest numbers were recorded among young adults aged 18-24, followed by children aged 10-14 and 15-17. Recorded cases increased in all reported age groups, suggesting a small rise in the number of children and young people living with a current or previous cancer diagnosis and highlighting the need for ongoing health, education and emotional support for this relatively small but high-need group.

The most common type of childhood cancer in Bromley since 2001 is acute lymphoblastic leukaemia, followed by B-cell acute lymphoblastic leukaemia.

**Table 4.7: Frequency of different types of eating disorder in Bromley, ages 0-24 years, 2026**

| Eating disorder | Number of cases | Age range usually affected |
|---|---|---|
| **Pica** | 75 | All ages, more common in younger children |
| **Anorexia nervosa** | 174 | 15-24 years age group |
| **Bulimia nervosa** | 44 | All 15-24 years |
| **Eating Disorder unspecified** | 290 | All age groups |
| **Avoidant restrictive food intake disorder** | 115 | All age groups |
| **Total** | 698 | 10-24 years |

**Source: Bromley GP data, 2024 and 2026**

Table 4.7 shows that eating disorders recorded in Bromley GP data among children and young adults aged 0-24 are most coded as unspecified eating disorder, with 290 cases, followed by anorexia nervosa with 174 cases and avoidant restrictive food intake disorder with 115 cases. Pica accounts for 75 cases and is noted as more common in younger children, while bulimia nervosa accounts for 44 cases and is recorded only in the 15-24 age group. Eating disorders affect a range of ages, but anorexia nervosa and bulimia nervosa are concentrated in older adolescents and young adults, while unspecified eating disorders and avoidant restrictive food intake disorder are recorded across all age groups.

## 2. Children and young people with mental health needs

### a) Referral pathways

Bromley offers a range of mental health and wellbeing services designed to meet different levels of need, from early intervention to specialist care. These services work together to provide support in schools, online, and through clinical pathways, ensuring that children and young people receive timely and appropriate help. The network includes universal and targeted services, as well as specialist provision for those with complex needs or at higher risk, such as children looked after and those with neurodevelopmental conditions.

Table 4.8 provides an overview of the key mental health and wellbeing services available for children and young people in Bromley.

**Table 4.8: Summary of Bromley's mental health services for CYP**

| Service name | Purpose | Target group | Key functions |
|---|---|---|---|
| **Bromley Y** | Early help for mild/moderate issues | 0-18 years | 1:1 sessions, groups, self-help, GP referrals |
| **Mental Health Support Teams (MHSTs)** | School-based mental health support | Pupils in schools | Workshops, assemblies, staff training |
| **Kooth** | Online counselling | 10-24 years | Free, anonymous chat & forums |
| **Child and Adolescent Mental Health Services (CAMHS)** | Specialist care for complex needs | 0-18 years | Assessment, therapy, medication |
| **Thrive** | Targeted support for high-risk CYP | Children with safeguarding concerns | Tailored interventions for emotional, behavioural, and trauma-related issues |
| **Children Looked after (CLA /Care Leavers Team** | Mental health for looked-after children | CYP in care & care leavers | Bespoke care, transition support |
| **Neuro Disability Services** | Autism/ADHD assessment | CYP with suspected neuro disabilities | Diagnostic and therapy support |
| **Dynamic Support Register (DSR)** | Prevent hospital admission | CYP with LD/autism at risk | Multi-agency coordination |

**Source: Bromley All-Age Mental Health and Wellbeing and Adults Learning Disabilities Needs Assessment PHAST Report, LBB and Southeast London Integrated Care System, 2025**

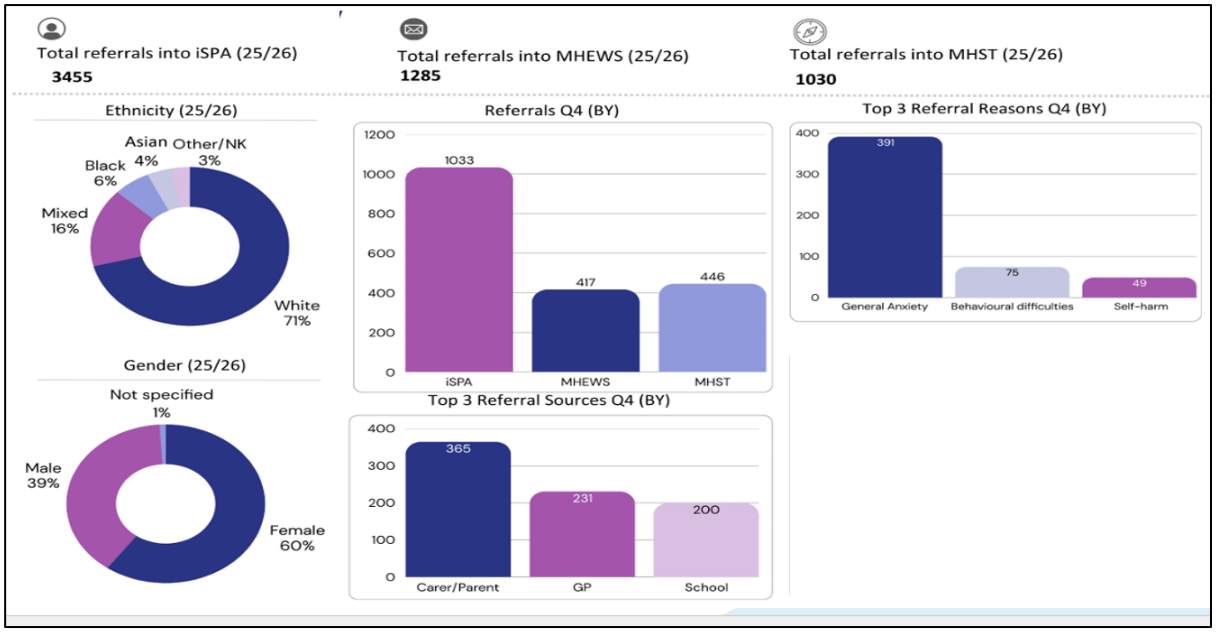
The COVID-19 pandemic had a profound impact on young people's mental health. When schools reopened in March 2021, there was a notable increase in referrals to mental health services, and many children presented with more complex needs than before[15].

Bromley Y provides the Mental Health Support Teams (MHSTs) in 63 Bromley schools, working with school Mental Health Leads and other professionals to promote a whole-school approach to mental health and wellbeing. All maintained schools and academies in Bromley will have an MHST in place by December 2029.

The Mental Health and Emotional Wellbeing Service (MHEWS) reaches out into the community offering advice, signposting, group work as well as short-term, low to medium level interventions to children, young people and parents/carers.

Where young people need further support, they are referred via the Integrated Single Point of Access (iSPA) which is a shared, integrated referral system with joint triaging and pathway decision making between Bromley Y and OXLEAS who provide the Child and Adolescent Mental Health Service (CAMHS) and the crisis service.

**Figure 4.5: Bromley CYP mental health referral activity and profile, 2025/26**




**Source: OXLEAS CAMHS, 2026**

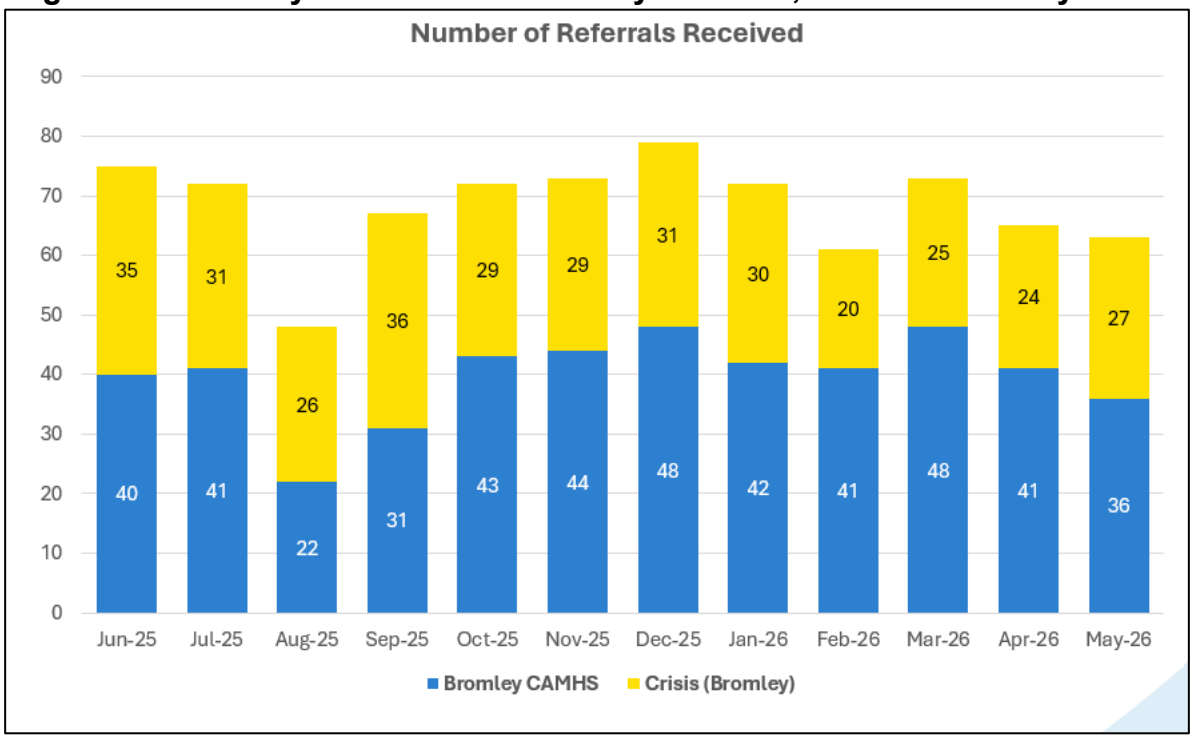
Figure 4.5 summarises referrals during the 2025/26 financial year. iSPA recorded 3,455 referrals across the year, MHEWS recorded 1,285 referrals and MHSTs recorded 1,030 referrals.

Among the three leading referral sources shown, carers or parents accounted for the largest number (365), followed by general practitioners (231) and schools (200); general anxiety was the most frequently recorded of the three leading reasons (391), well above behavioural difficulties (75) and self-harm (49). The referral profile was 71% White, 16% Mixed, 6% Black, 4% Asian and 3% Other or not known. Compared with Bromley's resident child population; 77% White and 8% Mixed, this suggests that White children formed a smaller share and Mixed-ethnicity children a larger share of referrals than of the resident population. The school-pupil profile is also not directly comparable because it includes children attending Bromley schools who may live outside the borough.

Girls accounted for 60% of referrals, boys 39% and 1% were not specified. By comparison, Bromley's projected population aged 0-18 in 2025 is 49% female and 51% male, indicating that girls formed a larger share of referrals than of the local population.

Overall, the findings describe service activity and referral patterns rather than the prevalence of mental health need, and conclusions about access, unmet need or inequalities require confirmation that figures represent unique individuals, consistent age and residency definitions, and population denominators broken down by ethnicity, sex, age and ward. This is particularly important because Bromley's 0-18 population is projected to fall to 66,463 by 2035 and varies considerably between wards, so both referral rates and service demand may change unevenly over time and place.

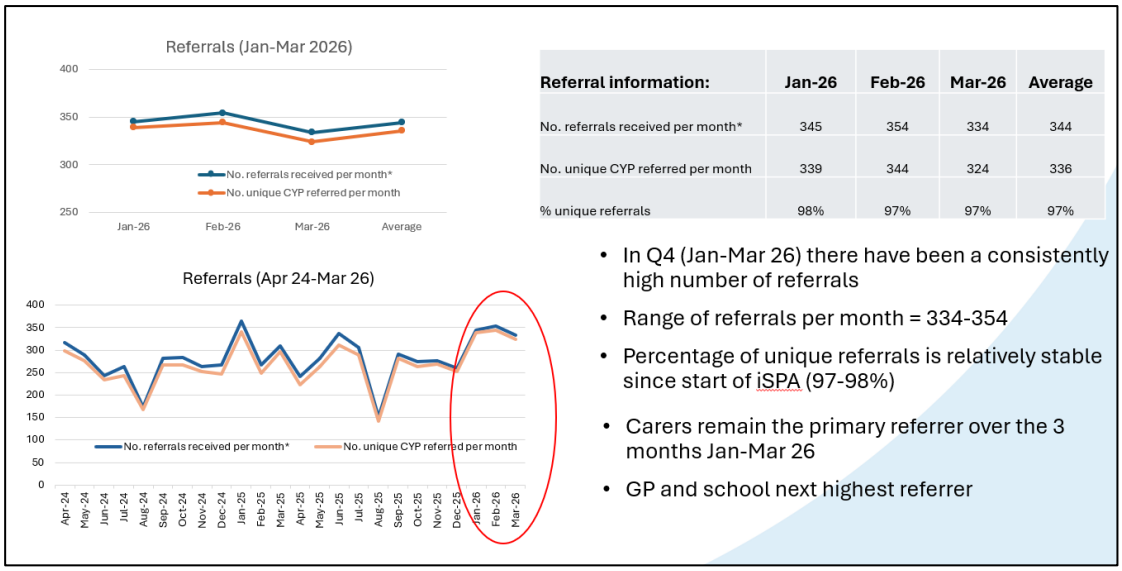
**Figure 4.6: Monthly Referrals Received by OXLEAS, June 2025 to May 2026**




**Source: OXLEAS, 2026**

Figure 4.6 shows the number of referrals received each month by the Bromley Child and Adolescent Mental Health Services (CAMHS, via the iSPA) and the Bromley Crisis service. Across the 12 months shown, OXLEAS received 815 referrals: 477 from the iSPA (59%) and 338 from the Crisis service (41%). Monthly totals ranged from 48 in August 2025 to 79 in December 2025, with an average of approximately 68 referrals per month. Bromley CAMHS referrals were higher in most months, while Crisis referrals were highest in September 2025. Overall, the figures indicate sustained demand with month-to-month variation. They may include repeat referrals, so they should not be interpreted as the number of unique children and young people or as evidence of referral outcomes, waiting times or severity of need.

**Figure 4.7: iSPA Referral Volume and Unique Children and Young People, January to March 2026**




| Referral information: | Jan-26 | Feb-26 | Mar-26 | Average |
|---|---|---|---|---|
| No. referrals received per month* | 345 | 354 | 334 | 344 |
| No. unique CYP referred per month | 339 | 344 | 324 | 336 |
| % unique referrals | 98% | 97% | 97% | 97% |

- In Q4 (Jan-Mar 26) there have been a consistently high number of referrals
- Range of referrals per month = 334-354
- Percentage of unique referrals is relatively stable since start of iSPA (97-98%)
- Carers remain the primary referrer over the 3 months Jan-Mar 26
- GP and school next highest referrer

**Source: OXLEAS, 2026**

Figure 4.7 shows that demand for the iSPA rose in Quarter 4 of 2025/26. The number of unique children and young people (CYP) averaged 336 per quarter; unique referrals were 97-98% of all referrals. Longer-term trends from April 2024 to March 2026 show month-to-month fluctuation, including lower activity around August in both years. Carers were the main referral source during January-March 2026, followed by general practitioners and schools. These figures describe referral activity only and do not show whether referrals were accepted, the severity of need, waiting times or outcomes.

**What does this mean for Bromley's Children and Young People**

- There were 3,455 referrals to MH services in 2025/26.
- Repeat referrals accounted for only 2-3%.
- Carers and parents were the main referrers, followed by general practitioners and schools.
- General anxiety was the leading referral reason.
- Girls made up 60% of referrals

**b) CYP Mental Wellbeing**

The Growing up in Bromley survey was conducted in 2024 across 15 secondary schools and one special school. This survey provided the following key insights into the mental wellbeing of 4,692 young people.

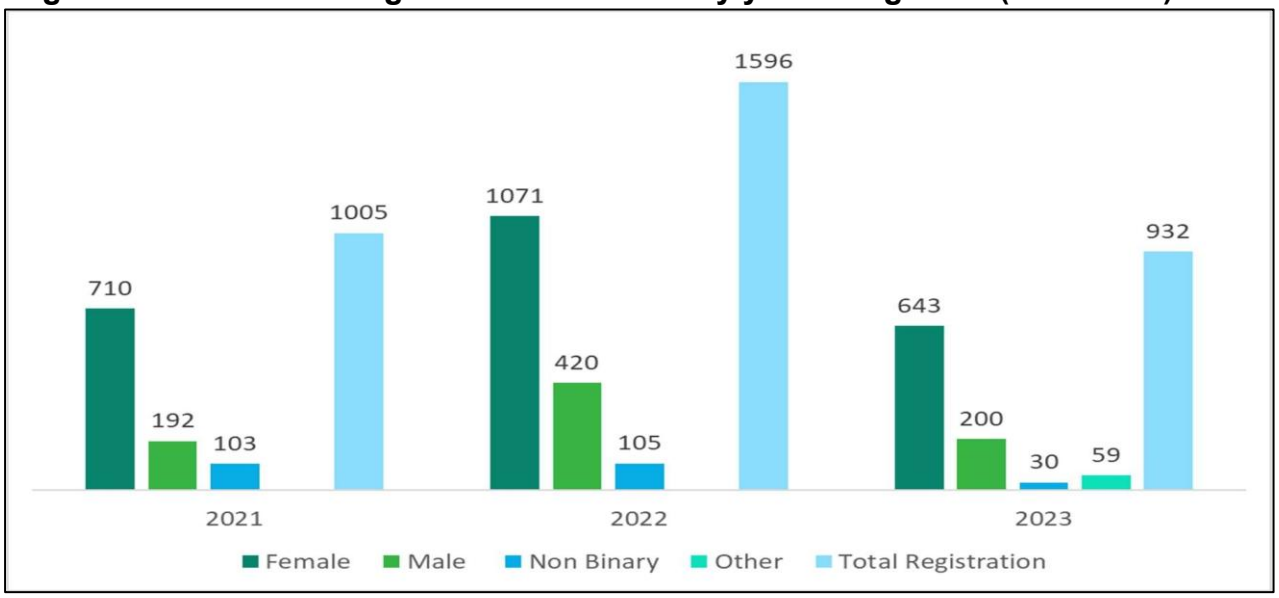
- High levels of worry: Most pupils worry about at least one issue regularly (66-78%), with girls more affected than boys.
- Academic stress: Worry about schoolwork rises with age (31% in Year 7 to 54% in Year 13), and only 4% of pupils never worry about exams.
- Resilience: Up to 45% of pupils have low resilience, and 5-8% report self-harm as a coping mechanism.
- Awareness of support: Many pupils are unaware of local mental health services, and very few have used them (only 1-7%).
- Body image concerns: 17-23% of pupils report negative feelings about their appearance.
- Support network: 66-77% have an adult they can talk to when worried.
- Children exposed to domestic abuse, parental mental illness, or substance misuse (the “toxic trio”) face the greatest risks of harm.

**c) Online wellbeing support and counselling (Kooth)**

- Registrations to Kooth’s online wellbeing and counselling services increased by 58.8% (from 1,005 in 2021 to 1,596 in 2022), then dropped by 41.6% to 932 in 2023, suggesting post-pandemic adjustment or alternative support options.
- Most users are women (69% in 2023), whereas non-binary registrations declined from 105 in 2022 to 30 in 2023
- 10-19-year-olds consistently dominate registrations, reflecting high adolescent mental health needs.
- Orpington and Bromley consistently maintained high registration numbers (455 and 479 registration respectively), possibly due to higher community engagement or greater mental health service need in those areas, whereas growth in Sydenham could indicate a rising demand in deprived areas.
- Anxiety and stress were the most common presenting issues among Kooth users (44.1% in 2023), especially among 17-18-year-olds, where it spiked from 48% in 2022 to 65% in 2023.
- Self-harm reports fell considerably, with a major reduction among 13-16-year-olds (from 33% to 20%).
- There was a marked increase in the prevalence of registrations from CYP of mixed ethnicity (up from 28% to 57%) and “Other Ethnic Groups” (from 31% to 56%), while suicidal thoughts decreased overall but rose sharply among “Other Ethnic Groups” (from 19% to 44%), signalling a concerning increase in severe mental health issues within this demographic.
- Education remained the main source of awareness about Kooth (43% in 2023), and logins to the platform steadily grew, reaching 9,871 in 2023 despite fewer registrations.

## Registrations to Kooth

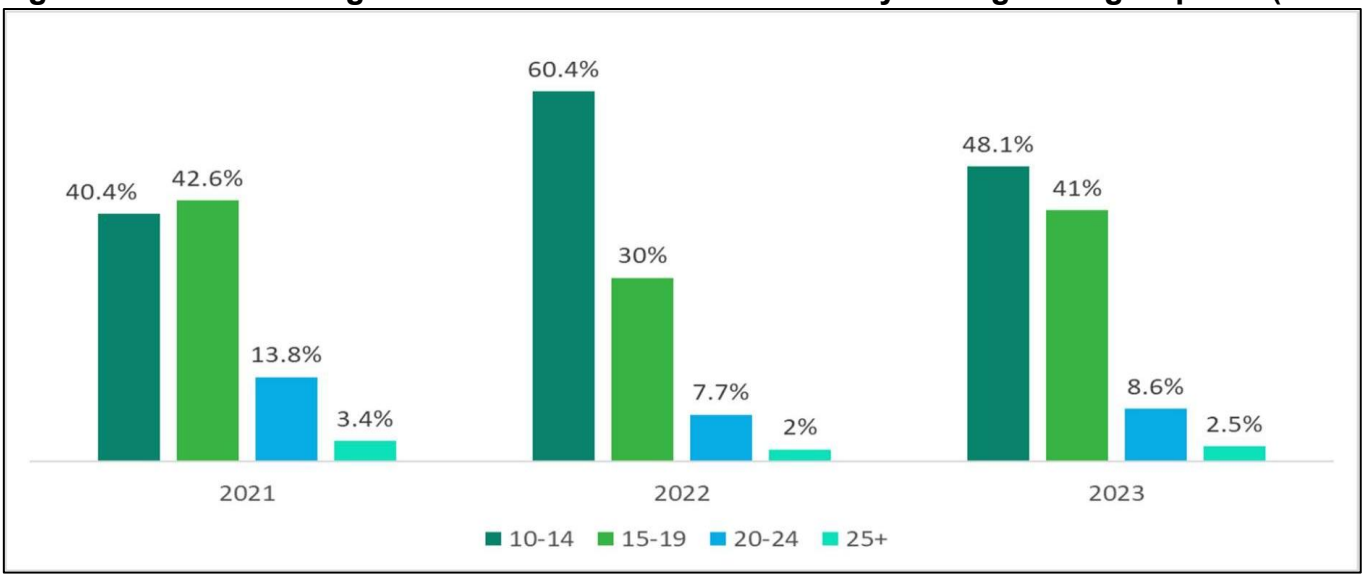
**Figure 4.8: Number of registrations to Kooth by year and gender (2021-2023)**




**Source: Kooth, 2024**

Kooth registrations rose sharply by 58.8% in 2022 (1,005 to 1,596) but fell by 41.6% in 2023 to 932 (Figure 4.9). Female users consistently made up the majority (around 67-71%), male registrations peaked in 2022 before declining. non-binary registrations dropped significantly over the three years, CYP who identified as Non-binary experienced a more notable decrease, from 103 registrations (10.2%) in 2021 to 30 (3.2%) by 2023. A new "Other" category was introduced in 2023, accounting for 59 registrations (6.3%).

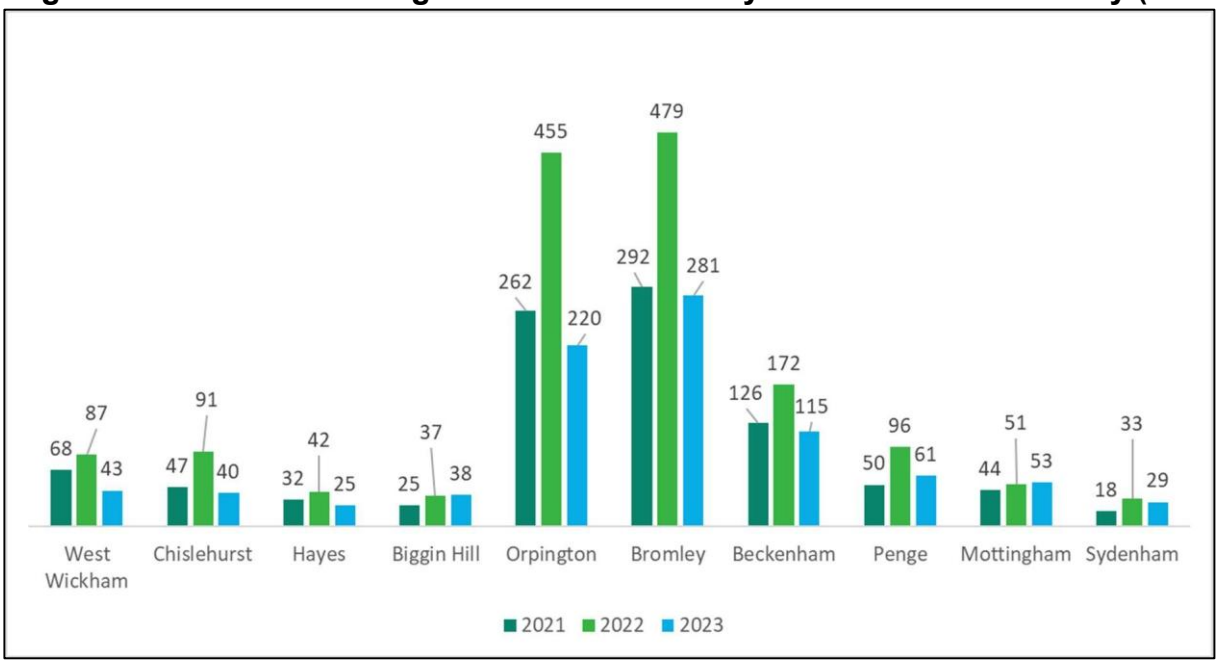
**Figure 4.9: Registrations to Kooth by age group (2021-2023)**




**Source: Kooth, 2024**

In 2021, the 15-19 age group dominated with 42.5% of registrations, but this number declined to 30% in 2022 and then increased to 41% in 2023. The 10-14 age group saw a considerable increase in 2022, jumping from 40.4% in 2021 to 60.4%, which then moderated to 48.1% in 2023. For older age groups, the 20-24 cohorts showed a decline in registration over the years.

**Figure 4.10: Number of Registrations to Kooth by Sublocation in Bromley (2021-2023)**

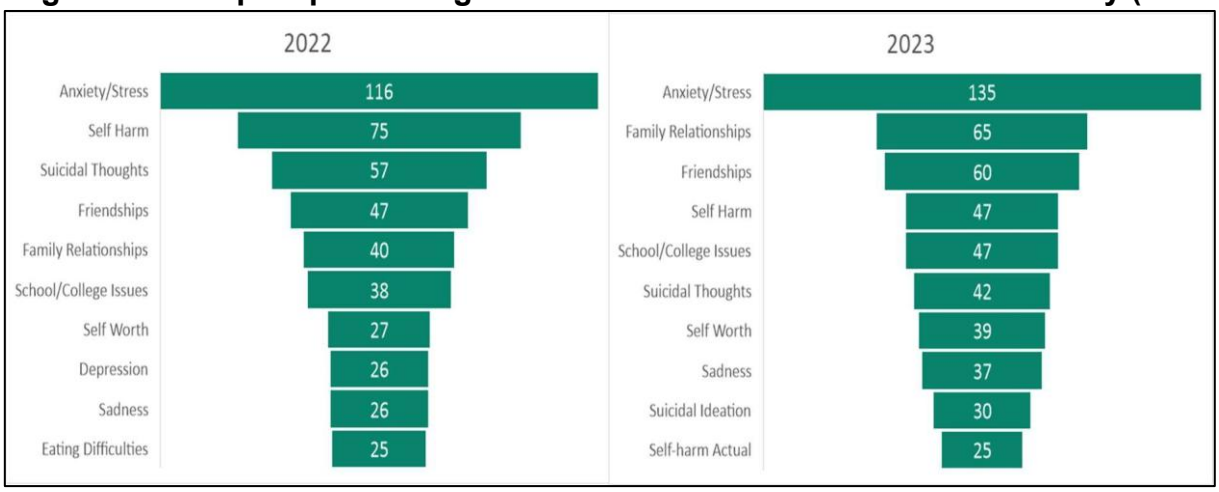



**Source: Kooth, 2023**

Bromley, Orpington, and Beckenham show the highest registration numbers, reflecting higher engagement (Figure 4.11). Bromley consistently has the highest registration numbers, with a rise from 292 in 2021 to 479 registrations in 2022, followed by a slight drop to 281 registrations in 2023. Sydenham has the lowest registration numbers over the years.

## Presenting issues of Kooth service users (SUs)

**Figure 4.11: Top 10 presenting issues for Kooth service users in Bromley (2022 and 2023)**




**Source: Kooth, 2024**

Anxiety/Stress remained the top issue for Kooth users, rising from 41% in 2022 to 44.1% in 2023, followed by family relationship concerns (Figure 4.11). Self-harm and suicidal thoughts both declined considerably over the same period.

**d) Support for CYP with social and/or communication difficulties**

Bromley CAMHS and Bromley Healthcare jointly manage the pathway to deliver high-quality, safe diagnostic services and support for children, young people and families with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

- Neuro Disability (ND) Assessment referrals averaged 198 per month (Nov 2023-Mar 2024), peaking at 212 in March and lowest at 182 in December.
- 5-9-year-olds accounted for 37.7% (80 referrals) in March; 10-14-year-olds 31.6% (67 referrals).
- Males represented 59.9% (127 referrals), compared to 40.1% of females (85 referrals).
- Educational establishments were the main source of referrals (65.1%, 138 referrals).
- Waiting list for ND assessments grew from 1,125 in November to 1,242 in March, despite a 14.7% discharge rate after a single consultation.
- Complex Care and Diagnostic Service (CCDS) caseload increased from 587 in November to 650 in March; new referrals peaked at 40 in January, with an 88.7% acceptance rate.
- The 0-4-year age group accounted for the largest share of CCDS referrals (45.2%, 14 referrals in March); males comprised 61.3%.
- The longest wait time reduced from 20.1 months in November 2023 to 12.5 months in March 2024.
- The speech and language therapy (ADOS) waiting list rose from 165 in November 2023 to 220 in March 2024, with an average wait time of 8.6 months.
- The OXLEAS CAMHS pathway waiting list grew from 304 to 365, with entries fluctuating (32 in November 2023 compared to 2 in December 2023).
- The longest wait time peaked at 64.5 months in January 2024, indicating severe service delays.

**e) Support for children at higher risk, children looked after (CLA) and care leavers**

Bromley Council and NHS South-East London ICB work together to provide tailored and bespoke mental health and wellbeing services for children and young people who are at higher risk, including Children in Need (CiN) and children and young people with a protection plan (PP) in place. There is also tailored mental health support for children looked after (CLA).

**i) Thrive service**

Thrive is a dedicated support team, jointly funded by Bromley Council and the Integrated Care Board (ICB), which provides tailored mental health and wellbeing interventions to children at higher risk.

- There were 224 Thrive referrals (2019-2024) and 305 CLA/Care Leavers service users (2019-2023).
- Male referrals to Thrive increased to 46.6% in 2023/24, narrowing the gender gap, though females remain the majority.
- Children aged 5-9 years made up 26.7% of Thrive referrals, while CLA/Care Leavers were mostly older, with 20-24-year-olds at 57.9%.
- The White ethnic group dominated Thrive referrals (55.2%), but Mixed/Multiple Ethnic Groups rose from 8.8% to 29.6% in 2023/24, and unknown ethnicity fell from 23.5% in 2019/2020 to 6.8% in 2023/24, showing improved data quality.
- Emotional and behavioural issues were the most common Thrive concern (29.4% of referrals), followed by trauma and abuse (16.4%).

**ii) CLA/Care Leavers Mental Health Team**

This is a critical role within the Council's care and leaving care service, providing bespoke care and support for this group.

- The Bromley Leaving Care Team supported 305 young people between 2019 and 2023, with 56 accepted referrals split evenly between males and females.
- Among CLA/Care Leavers, anxiety disorders (37%) and bipolar/mood disorders (36.5%) were most common.
- 29 young people were referred to other services, mainly Bromley OXLEAS Adult CMHT (19 cases).
- From 2021/22 to 2023/24, 15-19-year-olds accounted for 38.4% of referrals, while 20-24-year-olds made up 57.9%.
- Females averaged 55.1% of referrals, but the gender balance shifted from 77.8% female in 2021/22 to 58.3% male in 2022/23 and 51.4% male in 2023/24.
- The White ethnic group averaged 54.1%, declining from 66.7% to 45.7%, while Mixed/Multiple Ethnic Groups rose from 0% to 20%; Black/African/Caribbean/Black British accounted for 21.4%.
- Anxiety and related disorders were most common (37%), followed by bipolar and mood disorders (36.5%), with smaller proportions for substance misuse (9.8%) and personality disorders (7.9%).

**Hospital admissions for mental health conditions**

Bromley's nearest statistical neighbours are determined using a model that considers socio-economic factors, including demographic variables, deprivation levels, employment rates, and population density. The model helps local authorities compare and benchmark their performance against similar areas.

**Table 4.9: Hospital admissions for mental health conditions (<18 years) across Bromley and statistical neighbours, crude rate per 100,000**

| Area | 2018/19 | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|
| **England** | 89.8 | 91.2 | 89.8 | 99.8 | 80.8 |
| **London** | 75.7 | 67.6 | 65.1 | 75.0 | 61.7 |
| Bromley | **110.5** | **84.7** | **52.2** | **98.6** | **78.8** |
| **Barnet** | 107.0 | 106.8 | 58.5 | 85.5 | 79.0 |
| **Bexley** | 134.6 | 125.7 | 75.4 | 101.0 | 91.5 |
| **Harrow** | 154.7 | 145.1 | 64.6 | 147.0 | 225.5 |
| **Kingston upon Thames** | 247.4 | 219.9 | 77.6 | 169.9 | 104.0 |
| **Merton** | 222.3 | 150.9 | 50.4 | 132.2 | 111.3 |
| **Redbridge** | 242.2 | 173.3 | 86.4 | 155.5 | 142.1 |
| **Richmond upon Thames** | 150.5 | 149.3 | 53.6 | 119.7 | 65.0 |
| **Sutton** | 210.1 | 178.0 | 78.0 | 165.6 | 125.3 |
| **Wandsworth** | 174.8 | 142.2 | 47.7 | 120.9 | 130.3 |

**Source: OHID Fingertips, Child and Maternal Health Profile, 2024**

*NB: caution must be taken when reviewing 2020/21 figures as these are heavily impacted by the COVID-19 pandemic.*

Hospital admission rates fluctuate over the five-year period (*Table 4.9*). The sharp decline in 2020/21 hospital admissions reflects the impact of the COVID-19 lockdown and reduced access to in-person

care. Bromley's rates remain higher than the London average but lower than many neighbouring boroughs, indicating ongoing need alongside the possible contribution of services such as CAMHS.

Variations between boroughs may be influenced by differences in local service capacity, referral thresholds, and availability of community-based support, as well as demographic factors and levels of deprivation.

**h) Emergency referrals to Child and Adolescent Mental Health Services**

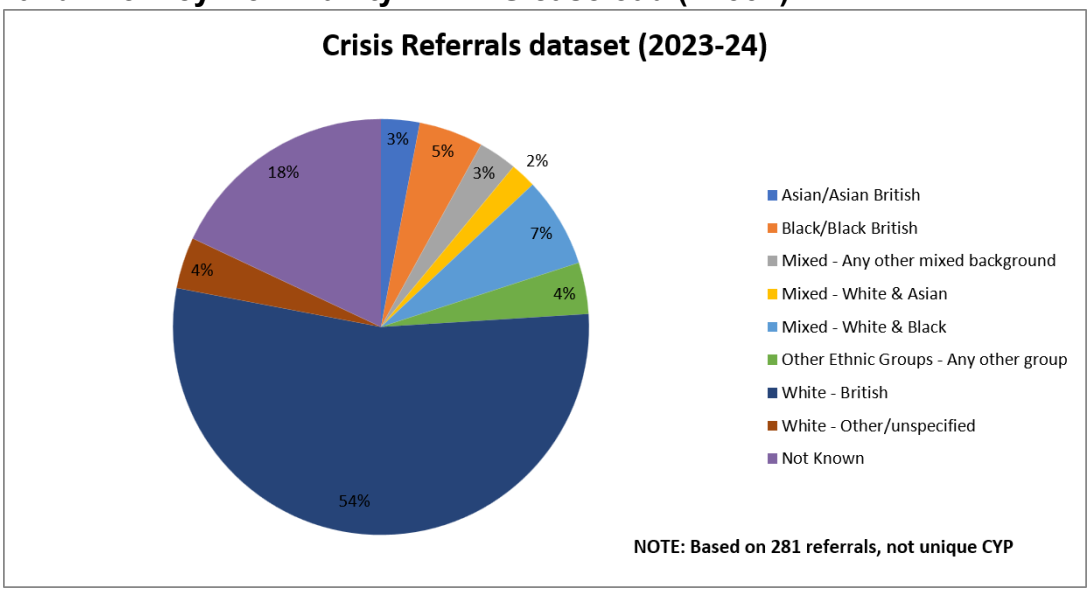
Data was collected on all CYP aged 0-18 with a Bromley GP presenting to an acute setting in mental health crisis, requiring emergency referral to CAMHS or other specialist mental health service. The 2022-2023 data include CYP with a Bromley GP who were in any acute setting (including PRUH, Queen Elizabeth Hospital and out of area acute sites). The 2023-2024 dataset only includes CYP with a Bromley GP who were assessed by OXLEAS CAMHS crisis service when presenting to PRUH, and Queen Elizabeth Hospital (QEH), and does not include Bromley CYP who attended out of area who then had a 7-day follow-up with OXLEAS Crisis Team

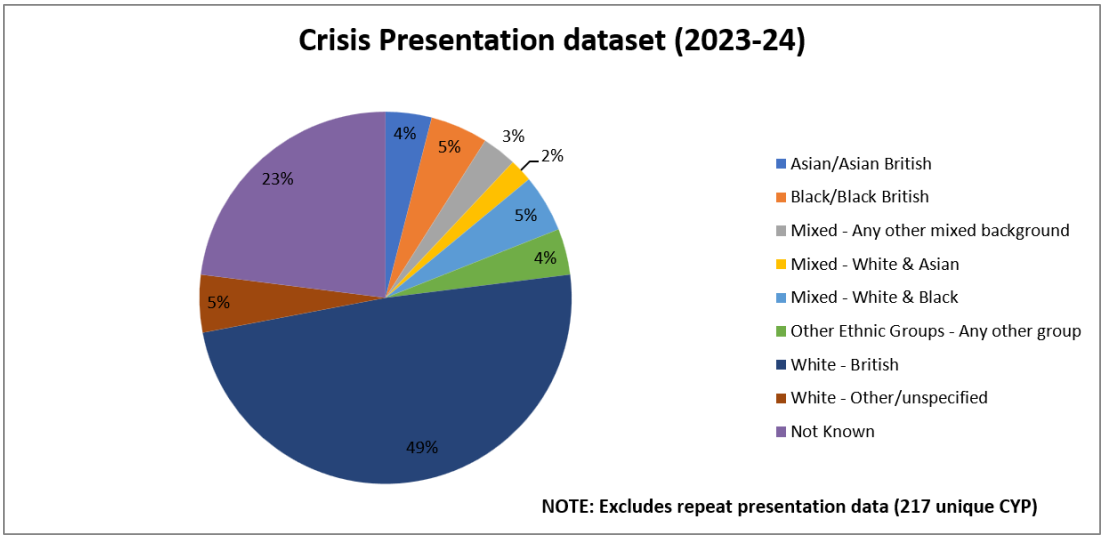
Between 1st April 2023 and 31st March 2024, 281 crisis presentations of Bromley CYP were recorded at either Princess Royal University Hospital or the Queen Elizabeth Hospital. For each presentation data was collected on age, gender, ethnicity, home postcode, SEN needs, and whether they were a victim of sexual assault or violence.

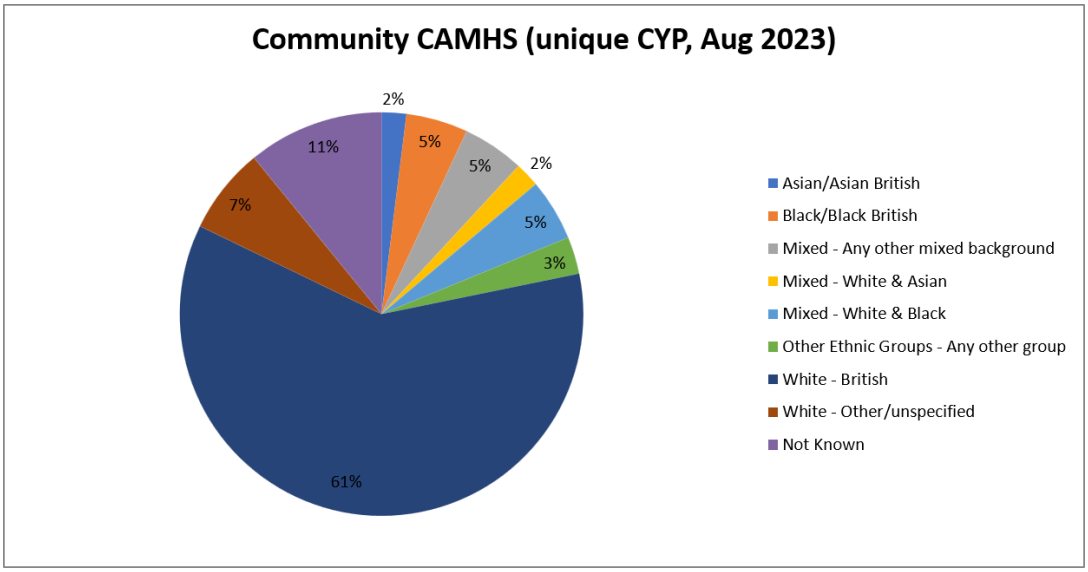
## Ethnicity

Ethnicity data was compared with the Community CAMHS caseload for Bromley.

**Figure 4.12: Comparison of recorded ethnicity data between crisis presentation dataset (n=281) and Bromley Community CAMHS caseload (n=991):**



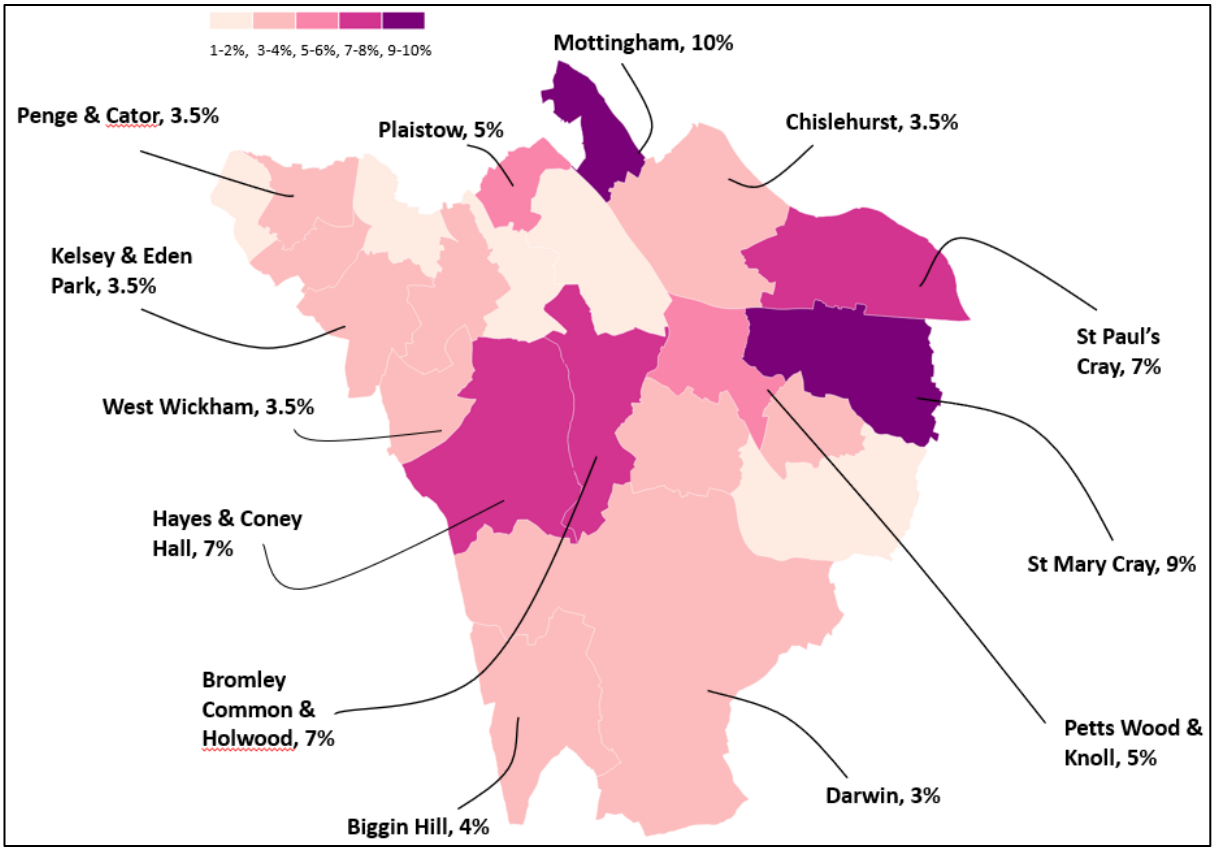

**Source: OXLEAS NHS, 2025**

Figure 4.12 compares the recorded ethnicity profile of unique children and young people (CYP) attending PRUH/QEH with one or more mental health crisis referrals with the wider Bromley Community CAMHS caseload. White British CYP accounted for 49% of unique CYP presenting in crisis compared with 61% of the Community CAMHS caseload, while the proportions recorded within most other ethnic groups were broadly similar. However, ethnicity was recorded as “Not Known” for 23% of unique CYP in the crisis dataset compared with 11% of the Community CAMHS population, which limits the extent to which differences between the two populations can be interpreted as genuine differences in service use. More recent service data indicate an improvement in ethnicity recording, with an audit in September 2026 identifying 1.8% of cases with no ethnicity recorded, including seven of 14 cases where the CYP had not yet been seen. Overall, the data indicate some variation in the recorded ethnicity profile of CYP presenting in crisis compared with Community CAMHS, particularly in the proportion recorded as White British, but the relatively high level of missing ethnicity information in the crisis dataset means that firm conclusions about disproportionality or differences in crisis service use by ethnicity cannot be drawn from these data alone.

### Home address

Home postcode analysis in the 2022-23 data showed most crisis presentations were from CYP with a Bromley postcode, or SE9 postcode Figure 4.13 shows the percentage of CYP from each area in Bromley. This showed that a higher proportion of CYP presenting in crisis came from Mottingham and St Mary Cray.

**Figure 4.13: Percentage of CYP referred to crisis services, Bromley, 2022-23**

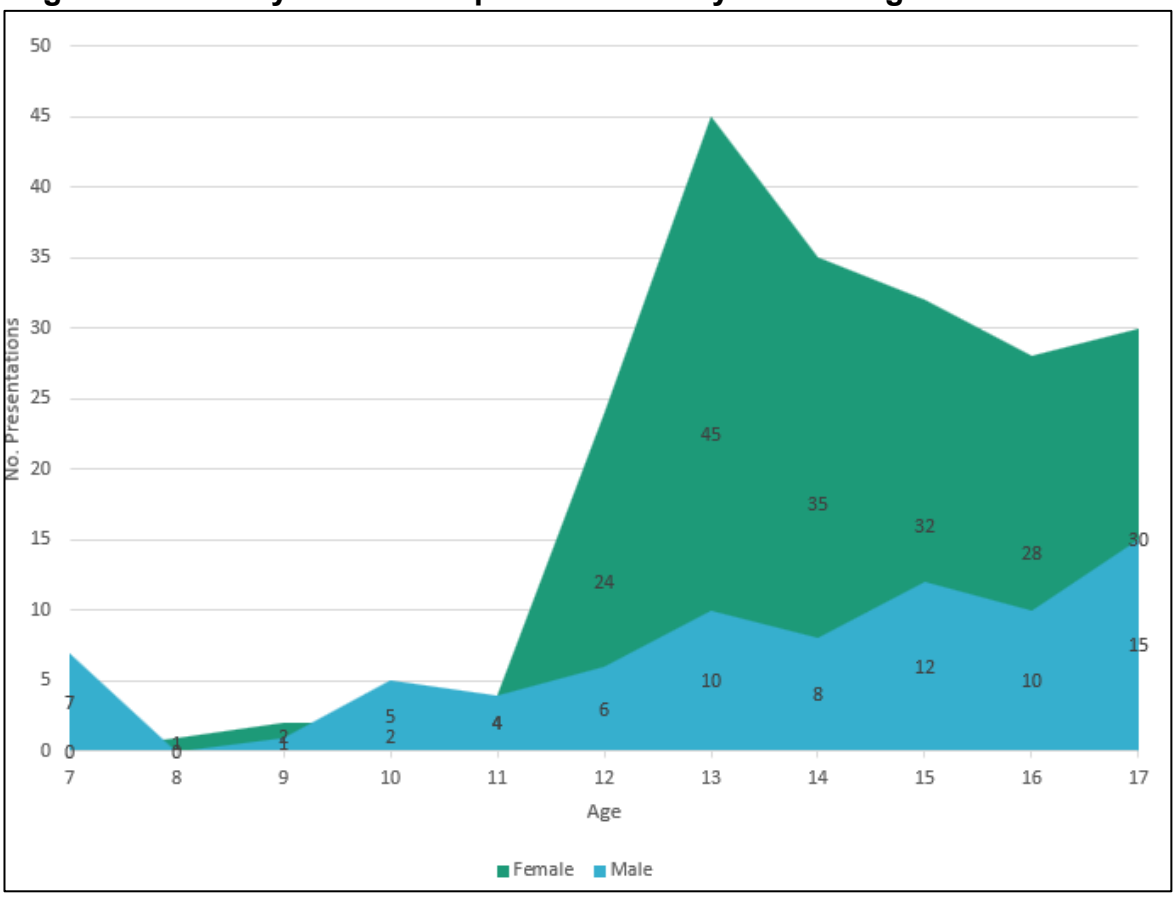



**Source: OXLEAS NHS, 2025**

## Age and gender

Crisis presentations were strongly concentrated among adolescents, with 80% of all presentations occurring between ages 13 and 17 (Figure 4.14). Girls accounted for 72% of all referrals (2023-2024 data set), although this was slightly lower than the previous year when females represented 77% of presentations (2022-2023 data set). Previous data showed female presentations peaked around age 15, the current data indicates that girls present more commonly around age 13, with a slight increase among 17-year-old females. In contrast, boys accounted for a smaller share of presentations overall, but their proportion increased with age, suggesting that older adolescent boys become more visible in crisis presentation data. Overall, the figure highlights adolescence, particularly the early to mid-teenage years for girls and later teenage years for boys, as the key period for crisis presentations, indicating the importance of targeted prevention, early identification and age-appropriate mental health support across secondary school and post-16 settings.

**Figure 4.14: Analysis of crisis presentations by sex and age 2023-2024 data set**



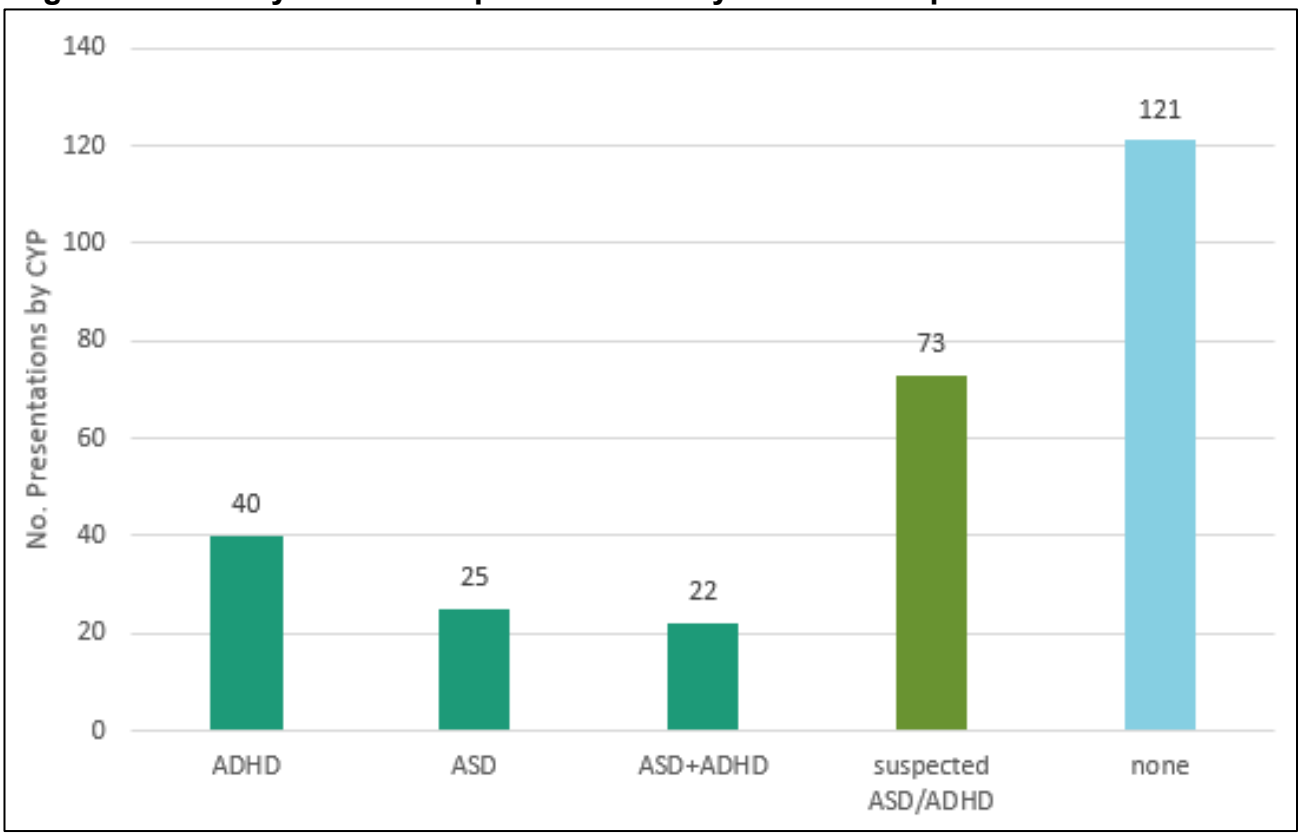

**Source: OXLEAS NHS, 2025**

## SEN needs

Analysis of the clinical notes of A&E records showed 31% of presentations had a diagnosed neurodevelopmental need (26% in 2022/23), 26% had a suspected neurodevelopmental need (20% in 2022/23). 11% of those presenting had a confirmed EHCP according to what was documented in clinical records at crisis (N.B this data is not entirely accurate as children may have EHCP but not yet recorded in electronic record). Of the 281 presentations of CYP presenting to A&E in crisis in the 2023-2024 data

set, 57% (N= 160) had either a formal diagnosis or suspected neurodevelopmental need at assessment (Figure 4.15).

**Figure 4.15: Analysis of crisis presentations by neurodevelopmental needs 2023-2024**




**Source: OXLEAS NHS, 2025**

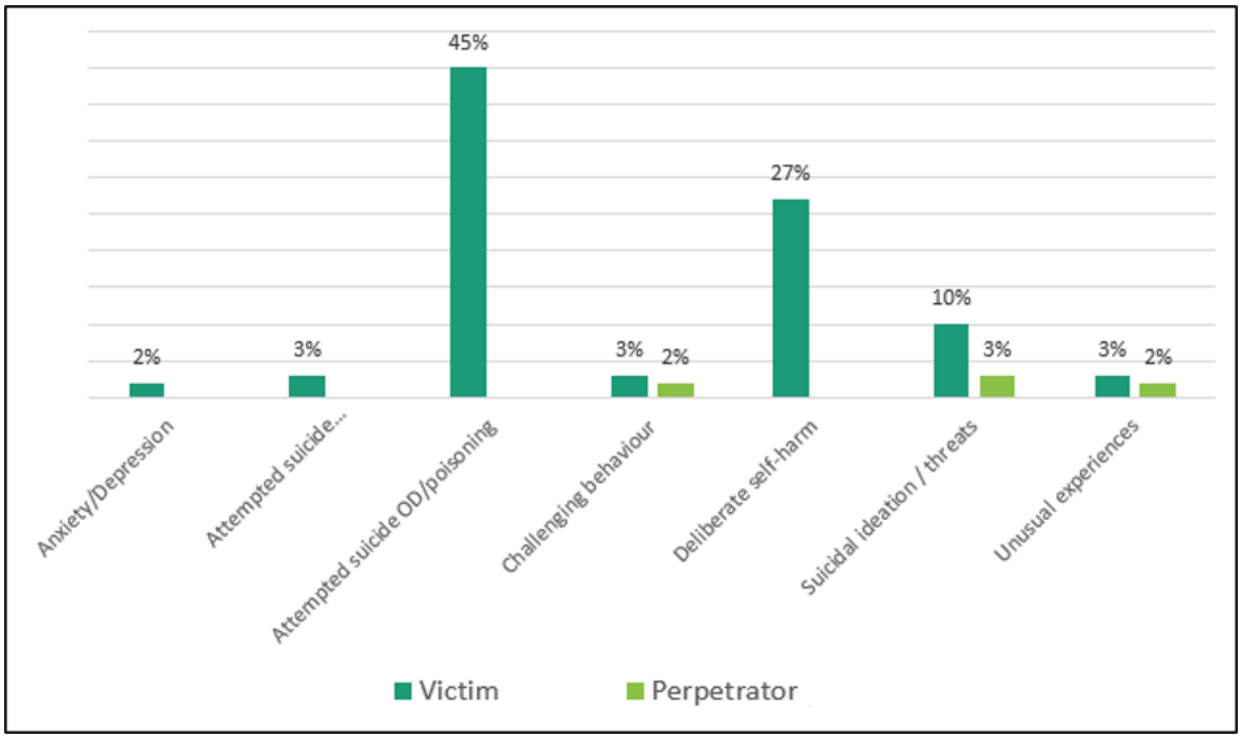
A similar study[16] ran in the North-West of England by Ashworth et al from 2019-2021 found 24% of CYP presenting to an Emergency Department in crisis had a diagnosed SEN need, compared to 31% in the current study.

The Ashworth study found 21% had suspected ASC traits needs, and a total of 44% had diagnosed or suspected SEN needs. This is slightly less than the local analysis which found 57% had diagnosed or suspected needs but Ashworth et al. did not consider suspected ADHD which may account for the difference. Compared to those without SEN needs, this SEN group in the 2023-2024 data set reported higher rates of challenging behaviour, deliberate self-harm, and slightly higher rates of suicidal ideation/threats, although they reported lower rates of attempted suicide OD/poisoning.

### Victim or Perpetrator of Sexual Assault/Violence

Of the presentations to A&E in the 2023-2024 data set, 20% had reported being a victim of sexual assault or violence, and 1% had reported being a perpetrator of sexual assault or violence. Under-reporting is likely. No disclosed victim of sexual assault was aged under 11 (Figure 4.16). The prevalence of neurodiversity among victims was the same as in the wider sample, indicating similar levels of vulnerability. Of the disclosed perpetrators of sexual assault, 75% had diagnosed neurodiversity. To preserve confidentiality, the actual individual counts are not disclosed.

**Figure 4.16: Reported presenting problems for those reporting SA victim or perpetrator, 2023-2024 data set**



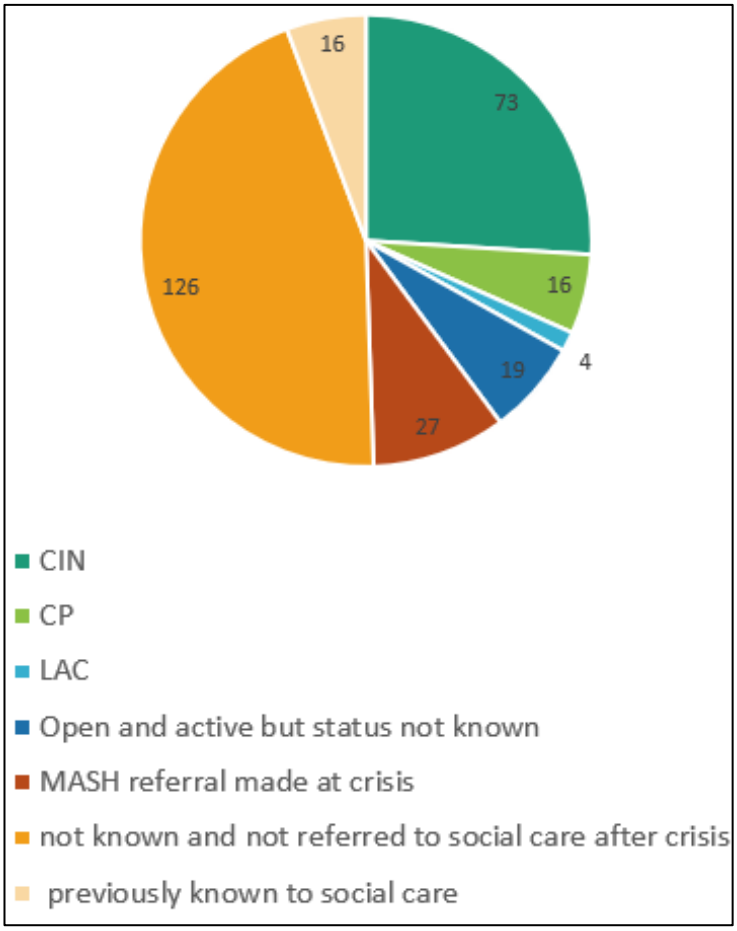

**Source: OXLEAS NHS, 2025**

10% of CYP in England and Wales are estimated to be the victim of sexual abuse before the age of 16 (Karsna & Bromley, 2024[17]). This evaluation found 20% of CYP presenting in crisis had these experiences and it is acknowledged that there is likely underreporting in the sample group.

### Safeguarding Needs

Children in Need were a significant proportion of all presentations (n=73), and some presented more than once in the 2023-2024 data set.

**Figure 4.17: Number of crisis presentations by safeguarding need, 2023-2024 data set**

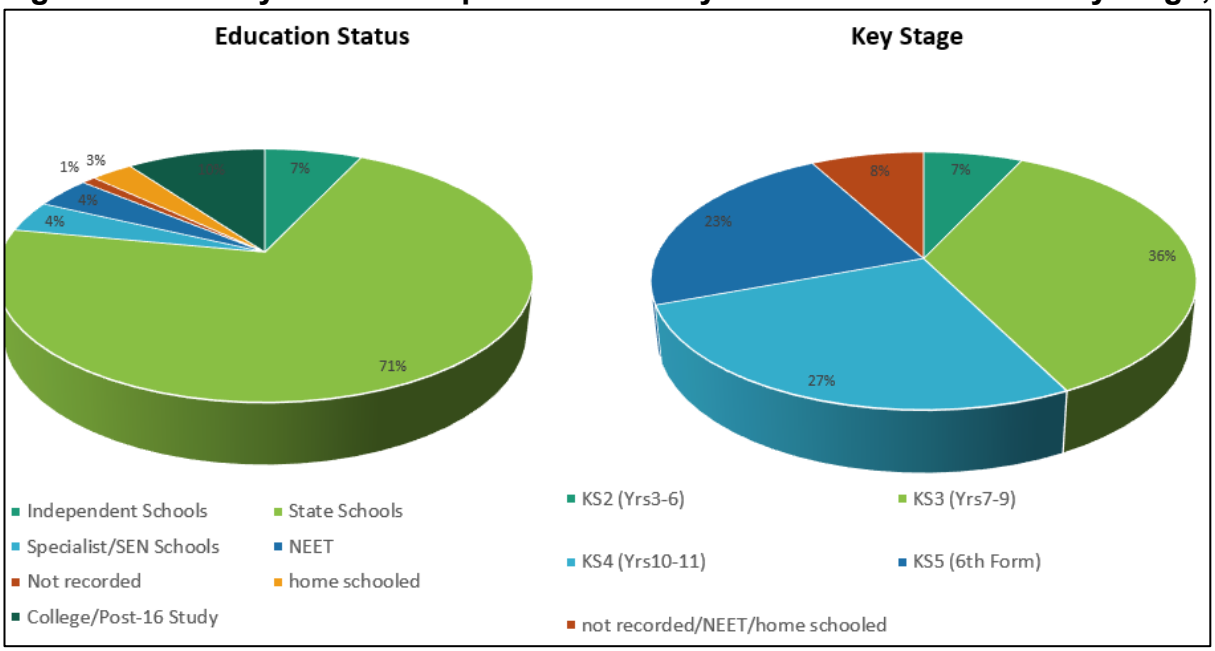



**Source: OXLEAS NHS, 2025**

Figure 4.17 shows that safeguarding needs were common among children and young people presenting in crisis, with Children in Need forming a notable group and some children presenting repeatedly. This indicates that crisis presentations often overlap with wider vulnerability and social care need, reinforcing the importance of coordinated working between CAMHS, emergency departments, schools and children's social care.

### Education status and key stage

**Figure 4.18: Analysis of crisis presentations by education status and key stage, 2023-2024**

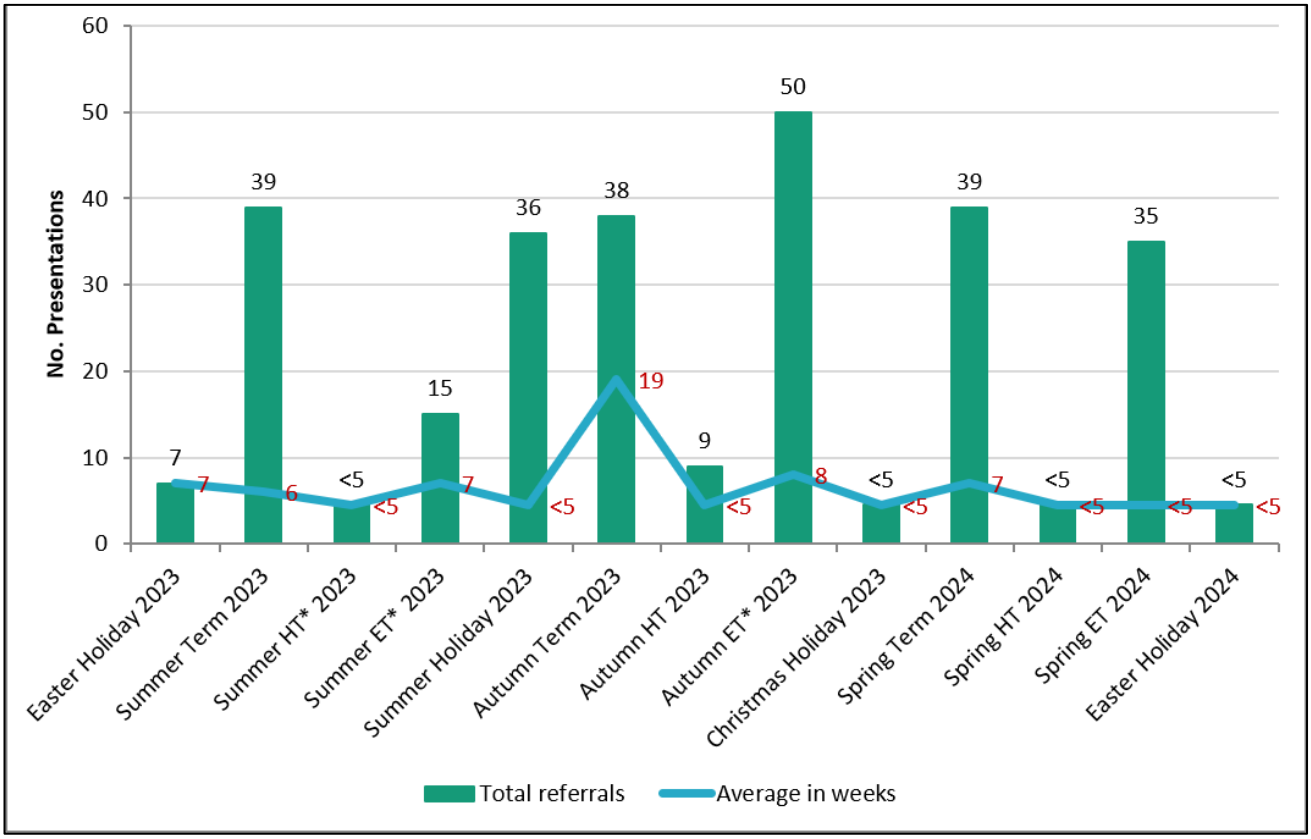



**Source: OXLEAS NHS, 2025**

Figure 4.18 shows that crisis presentations were spread across education settings and key stages. *N.B it is important to consider that school data must be interpreted with caution as the data set captures children with Bromley GP presenting only to PRUH and QEH. Many schools sit on close borders, and so Bromley data alone may not be fully representative of the level of school need. In addition, the 2023-24 study did not include Bromley CYP who attended an out-of-area A&E.*

The number of pupils presenting from each school was recorded so that support could be put in place. 36% of all presentations were due to an overdose (an increase from 34% the previous year). Of these CYP, 47% were already known to Bromley CAMHS. 53% of CYP that took an overdose leading to A & E presentation were not known to CAMHS at the time of the referral or known only to early intervention mental health services.

**Figure 4.19: Crisis presentations mapped against the school year, 2023-2024**




**Source: OXLEAS NHS, 2026**

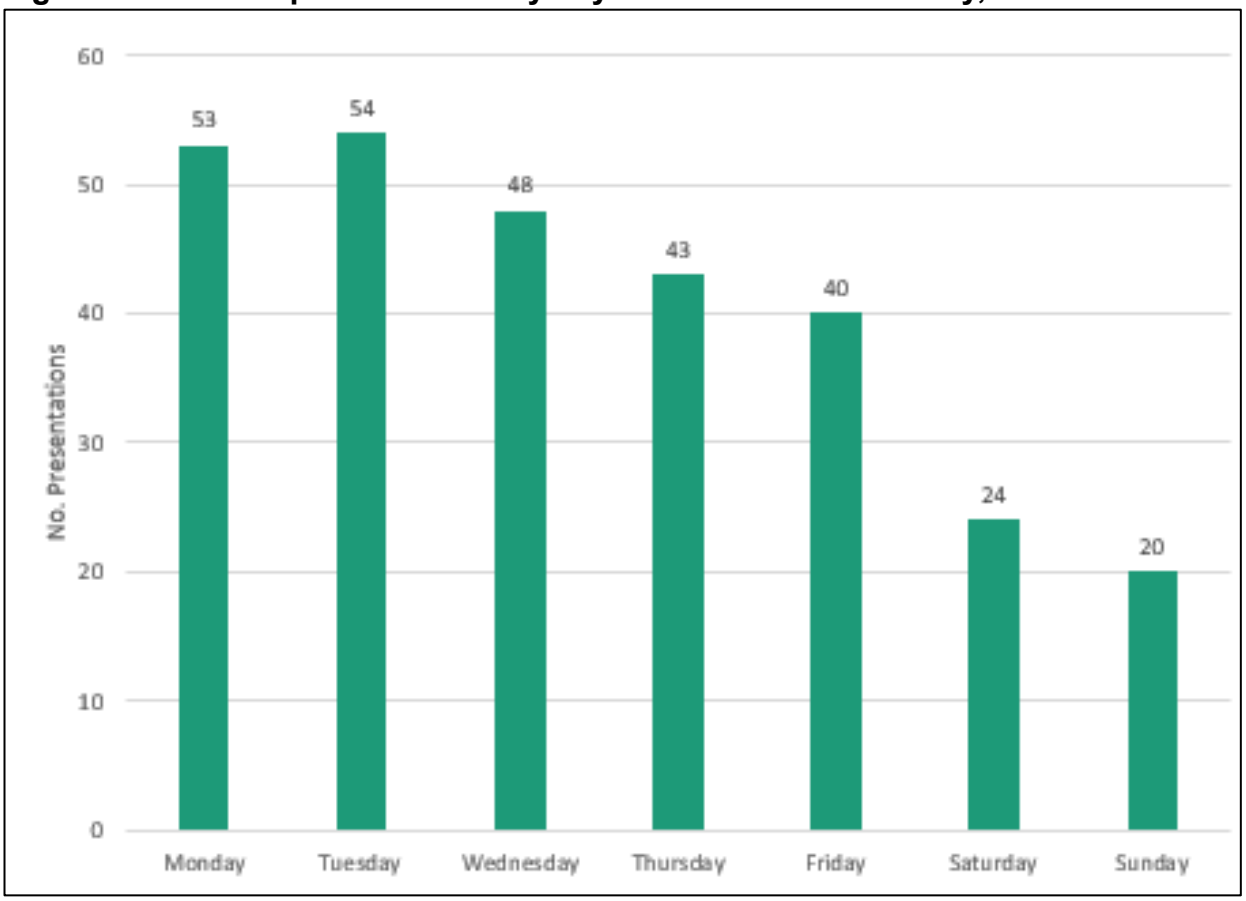
*NB: *HT = Half Term | ET = End Term. Disclosure control: figures below 5 are displayed as <5 in the chart.*

Figure 4.19 shows that crisis presentations varied across the school year. Overall data showed an increase in presentations of CYP in Key Stage 5 by 15 (from the 2022-2023 data to 2023-2024). Presentations citing school related distress has reduced from 27% in 2022/23 to 18% in 2023/24.

The chart shows that crisis presentations were generally highest during full school terms and end-of-term periods, peaking at 50 presentations at the end of the 2023 autumn term. Lower volumes were recorded during shorter holiday and half-term periods, although figures below five have been suppressed and should not be interpreted as zero. Overall, the pattern suggests greater demand during term time and around some end-of-term transitions, with the weekly average appearing particularly elevated during the autumn term.

Note that periods being compared are not equivalent in length, so total presentations can naturally be higher during a full term than during a half-term or holiday. In addition, some periods have small numbers, and suppressing figures below five for disclosure control reduces the ability to compare every period precisely. The weekly average partly adjusts for differences in duration, but averages based on short periods or small numbers can fluctuate considerably. The chart is also descriptive, so it cannot establish that the school calendar itself caused changes in crisis presentations. Other factors, including seasonal variation, service availability, referral pathways and changes in demand, could contribute to the pattern. Therefore, the figures are most useful for identifying possible patterns in service demand rather than firm differences between school-year periods.

**Figure 4.20: Crisis presentations by day of week and time of day, 2023-2024**

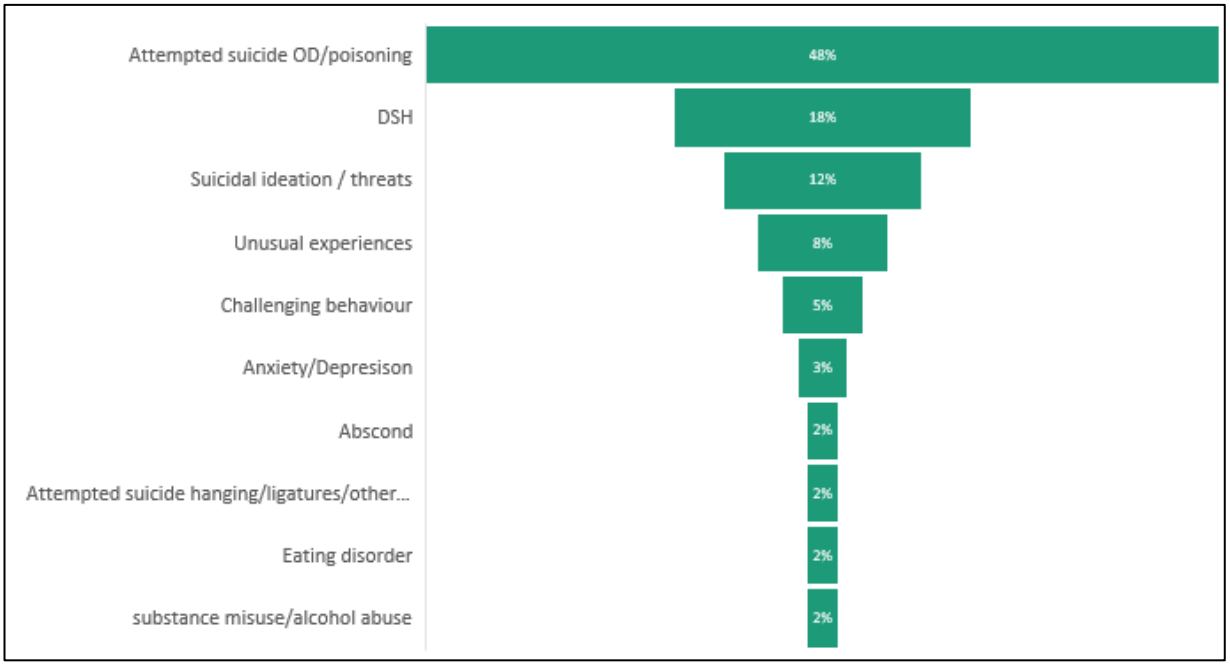



**Source: OXLEAS NHS, 2025**

Figure 4.20 shows a higher rate of crisis presentation, Monday to Friday between 3pm and 11pm. N.B. Time of day analysis should be interpreted with caution as it may not be accurate given the time of presentation is taken from the time that the CYP was referred to the OXLEAS crisis team, which may not reflect the time that they arrived at A & E due to triage and waiting times. Time-of-day analysis shows that around 34% of CYP presented during 8am-4pm, 30% of CYP presented during 4pm-11pm, and 36% between 11pm and 8am in the 2023-2024 data set. This suggests that after-school and evening periods are particularly important for prevention, early support, family-facing advice and crisis response pathways. 77% of all ED attendances were recorded as a CYP first emergency to A&E within this period (2023-2024).

In the 2023-2024 data sample, 40% (N=111) of all ED attendances were CYP known to CAMHS at the point of presentation, of these 65% of CYP were actively open and engaging with CAMHS (not waiting for care). 55% (N=157) of all ED attendances were unknown to CAMHS. 5% (N=13) of ED attendances were from young people previously known to CAMHS that had been closed and were not active at the time of their presentation.

**Figure 4.21: Emergency referral history - presenting problem, 2023-2024 data set**

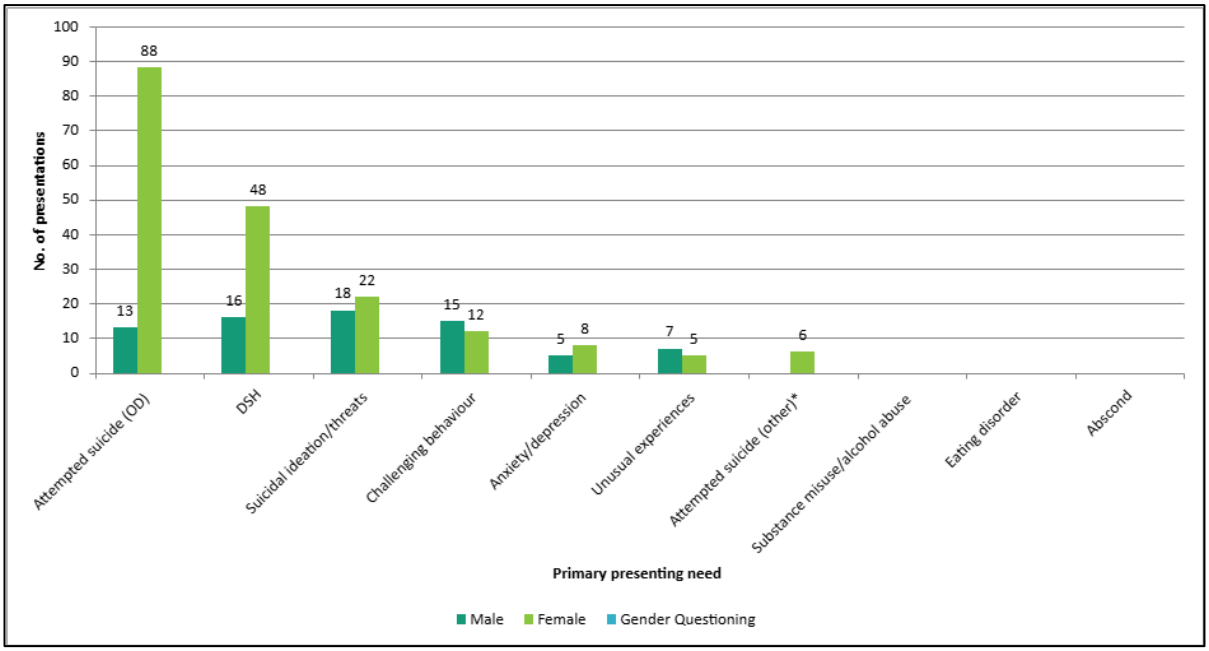



**Source: OXLEAS NHS, 2025**

*Other includes ligature, hanging and jumping from a moving car.*

Figure 4.21 shows the 2023-2024 referral history of those CYP who attended the Emergency Department two or more times. Nearly half (48%) of those attending multiple times had a history of attempted suicide. Among the 28 children and young people presenting with challenging behaviour, 15 were known to children's social care and 79% had diagnosed or suspected special educational needs. The most common presenting problems were attempted suicide by overdose or poisoning (n=102, 36%), deliberate self-harm (n=65, 23%) and suicidal ideation or threats (n=43, 15%).

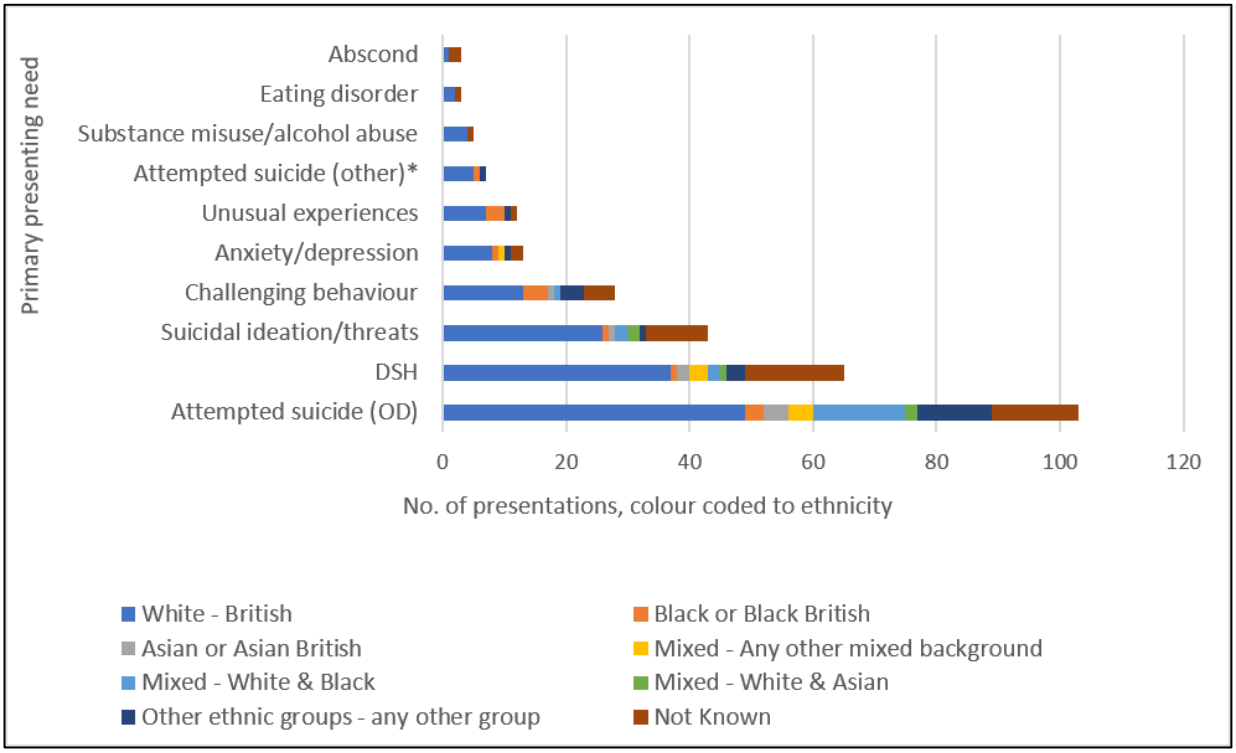
**Figure 4.22: Emergency presentations by gender and primary presenting need, 2023-2024**




**Source: OXLEAS NHS, 2025**

Most attempted suicides by overdose or poisoning were among females (n=88, 86%), and females were reported to have taken more lethal doses than males. Female presentations involving suicidal ideation reduced from 49 last year, to 22 this year. Presentations by children and young people questioning their gender involving overdose (OD), deliberate self-harm (DSH) or suicidal ideation also reduced overall compared with last year. Note: this trend should be considered in the context of the Cass Review, published in 2024, which may have influenced self-reporting and clinical enquiry or recording. The Cass Review is an independent review of NHS gender identity services for CYP in England. Presentation numbers were broadly similar to those in 2022/23, except for suicidal ideation, which reduced from 25% to 15% of presentations. There was also a reduction in CYP presenting with gender-related distress compared with the previous cohort.

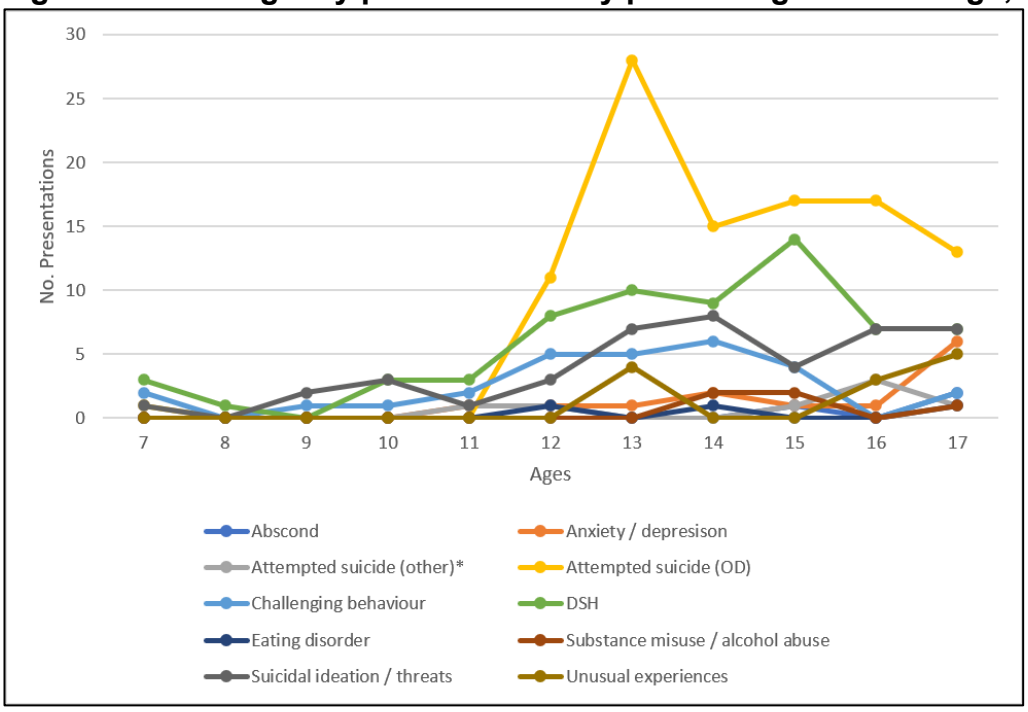
**Figure 4.23: Emergency presentations by ethnicity and primary presenting need, 2023-2024**




**Source: OXLEAS NHS, 2025**

Ethnicity data showed that 48% of crisis mental health referrals with attempted suicide by overdose were White, and 15% were from mixed White and Black ethnic backgrounds. Among those presenting with attempted suicide by other means, 14% were Black or Black British and 71% were White British (Figure 4.23).

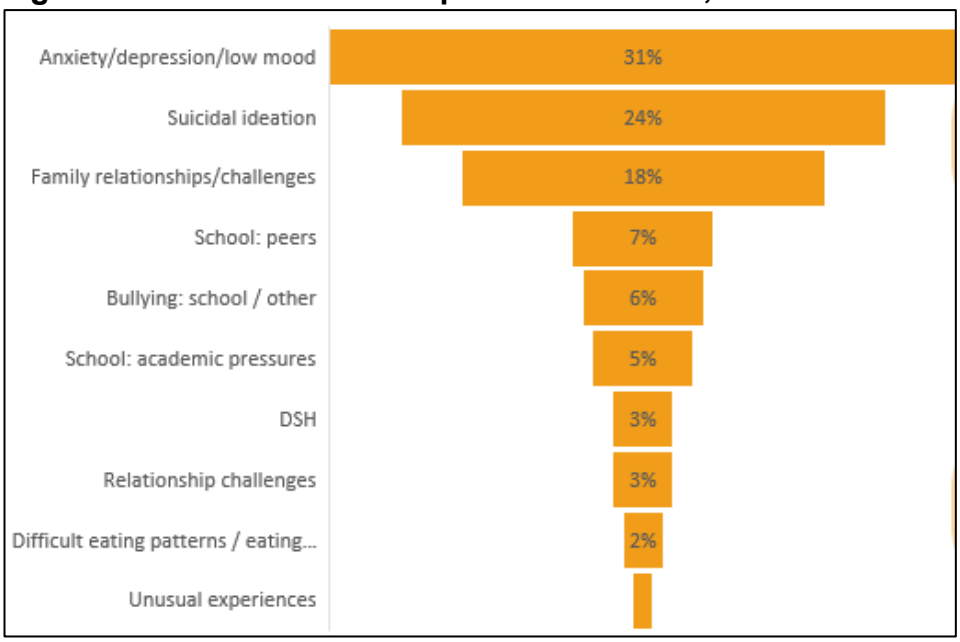
**Figure 4.24 Emergency presentations by presenting need and age, 2023-2024**




**Source: OXLEAS NHS, 2025**

Most children and young people who attempted suicide by overdose were aged 13 years (n=28) in the 2023-2024 data. The data also show clear variation in primary presenting need by age (Figure 4.24). In the previous year's evaluation, overdose presentations increased steadily from age 12, peaked at age 17 and then reduced. In contrast, the current data show a much sharper increase in overdose presentations from age 11, peaking at age 13 before falling at age 14. Presentation numbers then remain relatively stable between ages 14 and 17. However, it is important to note that the 2022-2023 sample was different because it included Bromley CYP who attended out-of-area A&E departments.

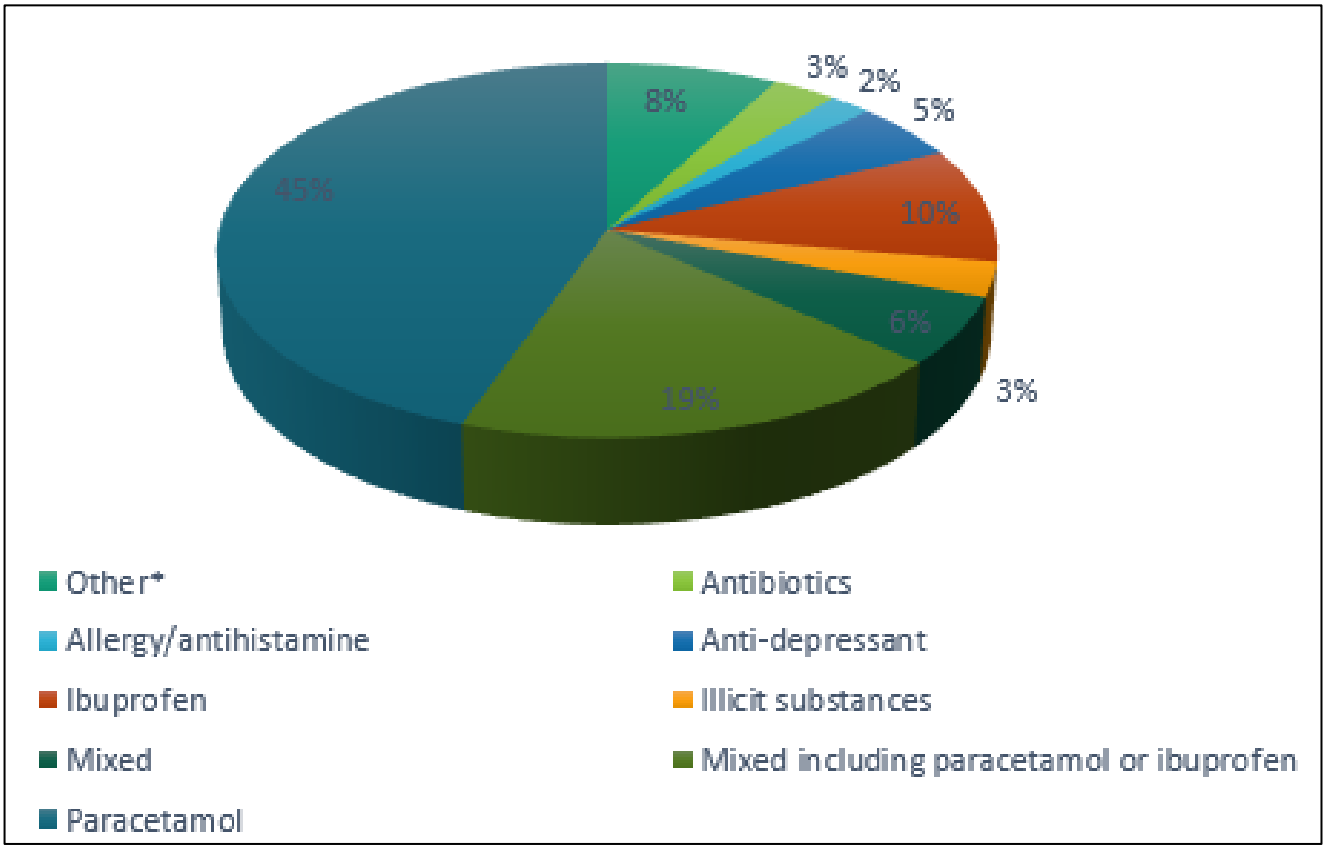
**Figure 4.25: Acute stressors prior to overdose, 2023-2024**




**Source: OXLEAS NHS, 2025**

Thematic analysis of self and clinician reported acute stressors prior to overdose was available for 103 children and young people. The most common precipitating factor changed from family relationships or challenges (2022-2023 data) to anxiety, depression or low mood. Anxiety, depression or low mood was recorded as a stressor in 31% of cases, compared with 15% in 2022/23. The proportion of stressors related to school issues reduced from 28% in 2022/23 to 18% in 2023/24. Conversely, anxiety, depression or low mood increased from 15% to 31%, and suicidal ideation increased from 13% to 24% in 2023/24.

**Figure 4.26: Substances taken at overdose incident, 2023-2024**




**Source: OXLEAS NHS, 2025**

Paracetamol accounted for 45% of overdoses, an increase from 40% in the previous year. 76% of all mixed overdoses contained Paracetamol. Females were more likely than males to take more lethal overdose doses. However, 66% of females (n=58) self-reported taking between 1 and 20 tablets.

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

- A higher proportion of children and young people from Mottingham and St Mary Cray present to CAMHS in crisis
- Most crises occur in adolescents aged 13-17 years (80%), involving girls more than boys
- Young people diagnosed with or suspected to have neurodevelopmental need were over-represented
- 20% of those presenting reported having been a victim of sexual assault/violence, although underreporting was considered likely.
- A significant proportion of those presenting were previously or currently known to social care, mostly at CIN level.
- The leading presenting problem were attempted suicide by overdose or poisoning (36%), deliberate self-harm (23%) and suicidal ideation or threats (15%).

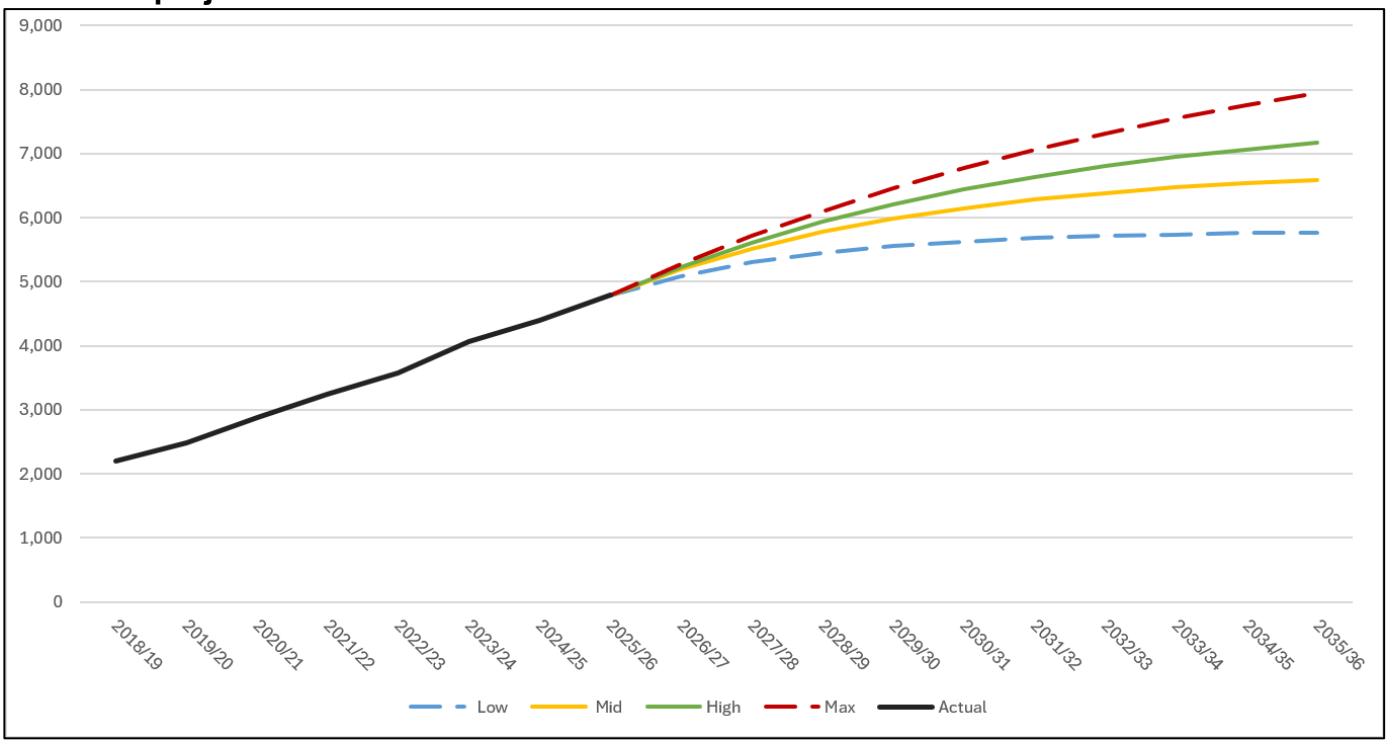
## 3. Children with an Education, Health and Care Plan (EHCP)

The Children and Families Act 2014 introduced Education, Health and Care plans (EHCP) from September 2014, replacing statements of special educational needs and Learning Difficulty Assessments (LDAs)[18]. New referrals have since been considered through the EHC needs assessment process, with a statutory 20-week timeframe for completing an EHC plan, compared with 26 weeks under the previous statement system. Local authorities were expected to transfer existing statements to EHC plans by March 2019, while LDAs ceased to have legal effect following the transition period.

Nationally, the number of children and young people aged 0 to 25 years with an EHC plan increased to 718,838 in January 2026, 12.5% higher than a year earlier and the largest annual increase since EHC plans were introduced in 2014[19]. Demand also continued to increase during 2025, with 162,702 requests for an EHC needs assessment and 110,708 new EHC plans issued, increases of 5.3% and 13.3% respectively. Despite this growth, only 46.1% of new plans were issued within the statutory 20-week timeframe, slightly below 46.4% in 2024. As in previous years, children of compulsory school age (aged 5 to 15) account for most EHC plans, with around 7 in 10 of children and young people with an EHC plan being in this age group.

The number of pupils with an EHC plan in Bromley schools fell in 2018 but has since increased steadily, reaching 4,071 in 2023/24, 4,395 in 2024/25 and a provisional 4,790 in 2025/26. Figure 4.27 projects continued but gradually slowing growth, with the mid-range plateau scenario reaching approximately 5,517 in 2027/28 and 6,471 in 2033/34. Recent actual growth has exceeded the earlier projections, suggesting that demand has increased faster than previously anticipated. All figures are provisional and the projections should be treated as planning scenarios rather than exact forecasts.

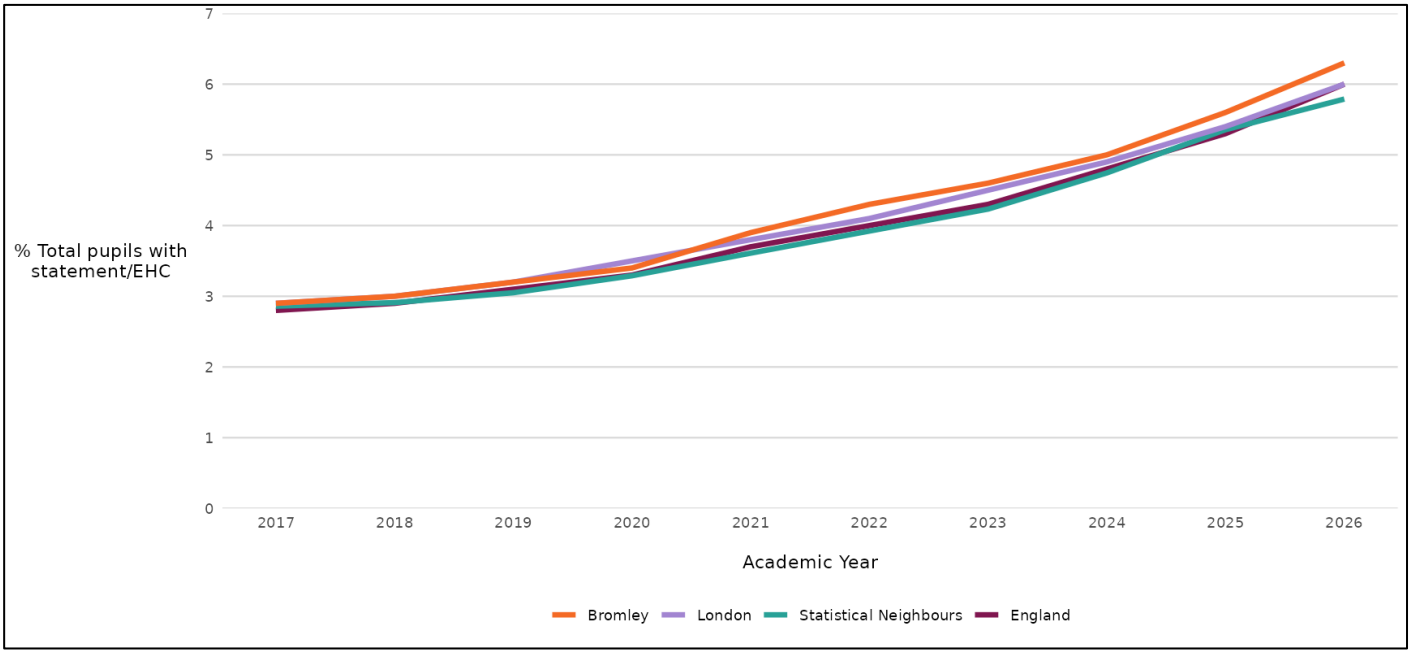
**Figure 4.27: EHCP population projections for all ages (0-25) 2018/19 – 2035/36. Low, mid, high, and max projections**




**Source: London Borough of Bromley Children's Strategy and Performance, 2024**

Children and young people with an EHCP are supported in mainstream classes where appropriate. Figure 4.28 shows a clear and sustained rise in the proportion of pupils with statements or EHC Plans in Bromley, increasing from 2.9% in 2017 to 6.3% in 2026. This is a larger absolute increase than in London, statistical neighbours and England, and Bromley has remained slightly above all comparator areas in every year shown. In the most recent year, Bromley's rate (6.3%) was 0.5 points above statistical neighbours and 0.3 percentage points above both London and England, with a year-on-year increase of 0.7 points, matching the rise seen in statistical neighbours and exceeding the 0.3-point increase in London and England. Overall, the figure suggests that need for statutory SEND support has grown steadily in Bromley and continues to be marginally higher than elsewhere, indicating sustained pressure on local education, health and care services.

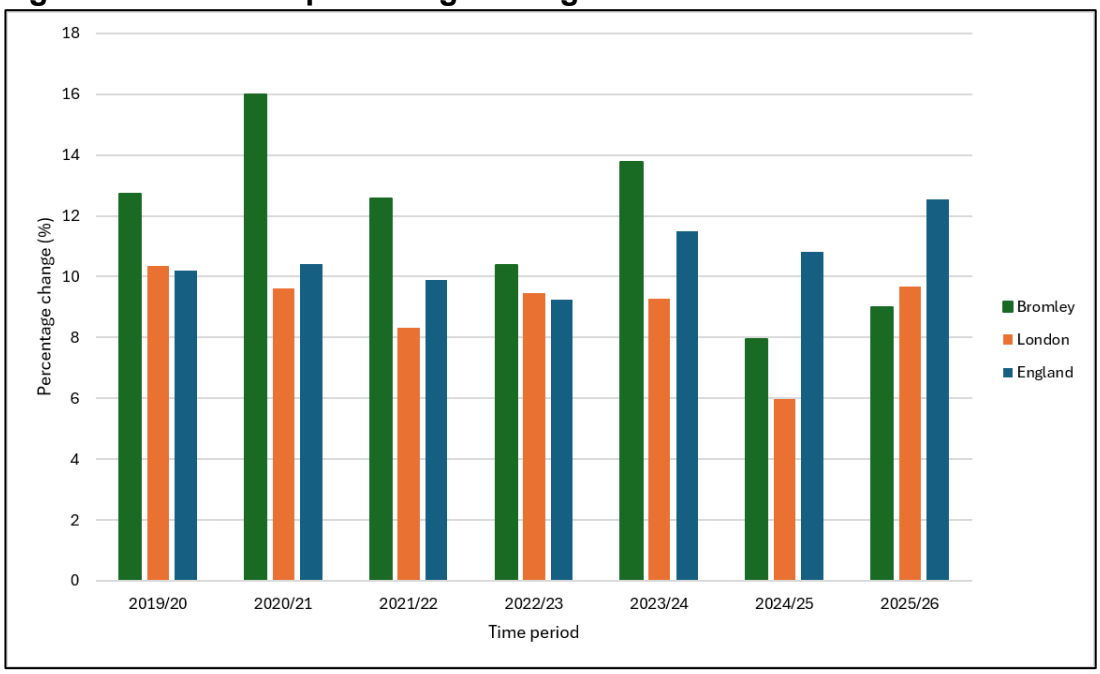
**Figure 4.28: Percentage of pupils with statements/EHC Plans, Bromley and comparators, 2017 - 2026**




**Source: LAIT Tool, 2026**

Figure 4.29 shows a sustained increase in the number of EHC plans across Bromley, London and England between 2018/19 and 2025/26. In Bromley, the number of EHCPs more than doubled over this period, rising from 2,202 to 4,790, representing a larger proportional increase than London and England. Bromley's largest annual increase was in 2020/21, at 16%, compared with 10% in both London and England, and growth remained relatively high in 2021/22 and 2023/24 at 13% and 14% respectively. Although Bromley's growth slowed to 8% in 2024/25, it increased again to 9% in 2025/26. Over the same period, London's annual growth was mostly between 6% and 10%, while England's growth has accelerated more recently, rising from 11% in 2023/24 to 13% in 2025/26. Overall, the percentage change data show that Bromley has had consistently strong year-on-year EHCP growth, often above regional and national rates, although the latest figures suggest national growth is now increasing at a faster pace.

**Figure 4.29: Annual percentage change in number of EHCPs**




**Source: Department for Education, 2026, SEN Data**

Table 4.11 shows that the most common types of needs in children with SEN are;

- Social Emotional and Mental Health Difficulties,
- Speech, Language and communication Needs,
- Specific Learning Difficulty, and
- Autistic Spectrum Disorder.

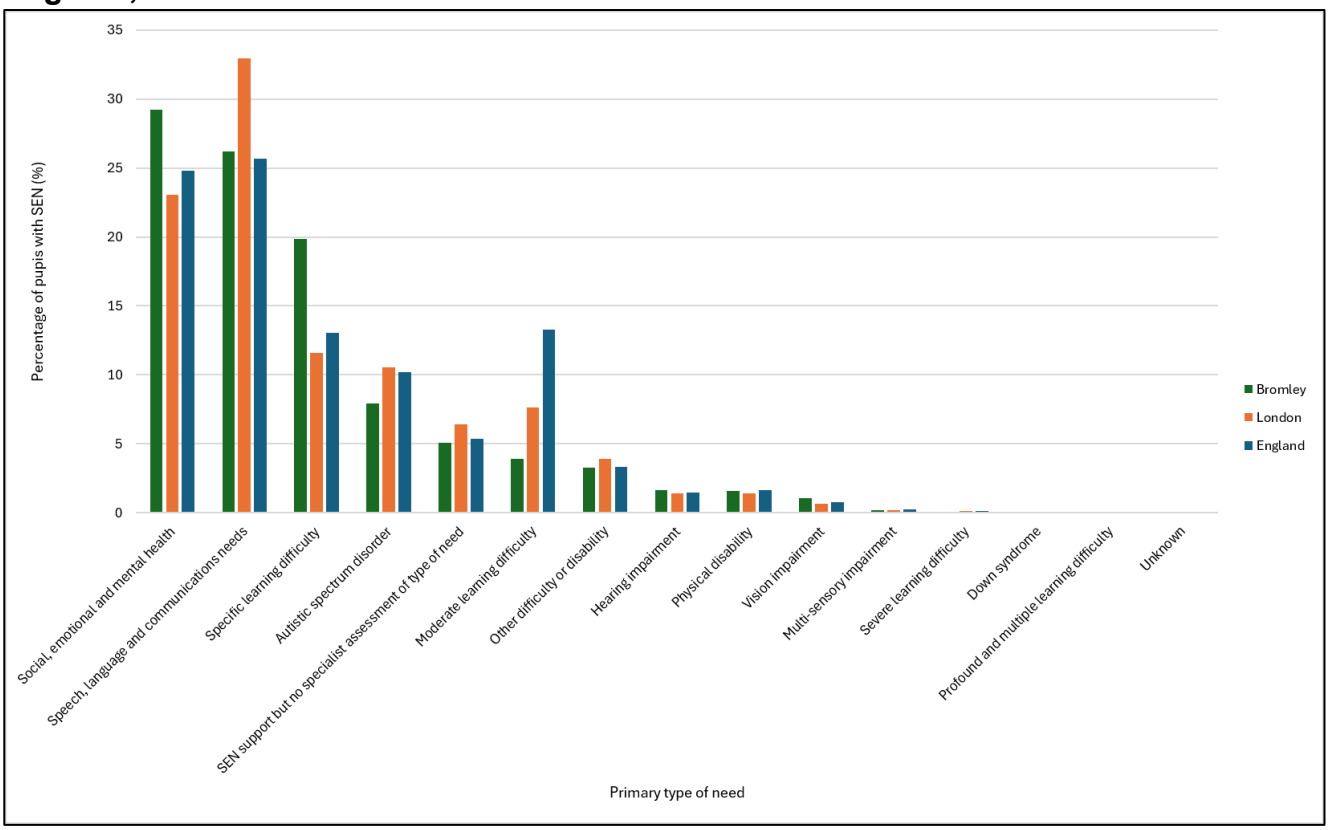
**Table 4.11: Children with SEN by type of need in state-funded schools and academies, 2025/26**

| Primary type of need | Primary schools | Secondary schools | Special schools | Alternative provision schools | Total |
|---|---|---|---|---|---|
| Autistic spectrum disorder | 168 | 390 | No data | 1 | 559 |
| Hearing impairment | 51 | 65 | No data | No data | 116 |
| Moderate learning difficulty | 110 | 167 | No data | No data | 277 |
| Multi-sensory impairment | 9 | 5 | No data | No data | 14 |
| Other difficulty or disability | 81 | 148 | No data | No data | 229 |
| Physical disability | 45 | 66 | No data | No data | 111 |
| SEN support but no specialist assessment of type of need | 306 | 53 | No data | No data | 359 |
| Severe learning difficulty | 2 | 0 | No data | No data | 2 |
| Social, emotional and mental health | 920 | 1103 | No data | 38 | 2061 |
| Specific learning difficulty | 393 | 1005 | No data | No data | 1398 |
| Speech, language and communications needs | 1437 | 411 | No data | No data | 1848 |
| Vision impairment | 26 | 50 | No data | No data | 76 |

**Source: Department for Education, 2026, SEN Data**

**Includes state-funded nursery, primary, secondary and special schools, non-maintained special schools and state-funded alternative provision schools. Does not include independent schools.*

**Figure 4.30: Percentage of Children with SEN by type of need, Bromley, London and England, 2025/26**

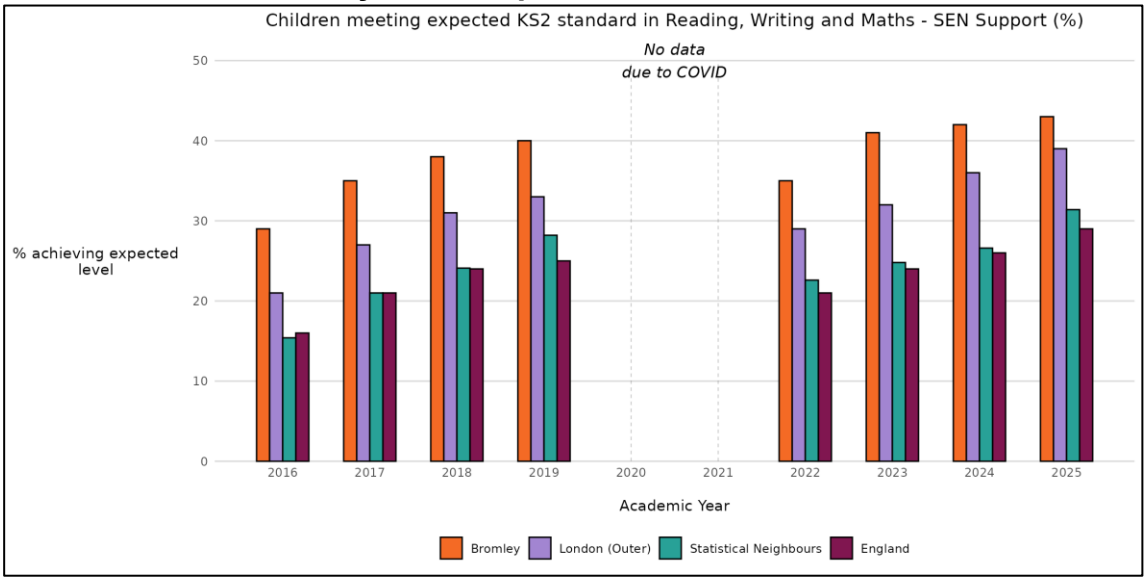


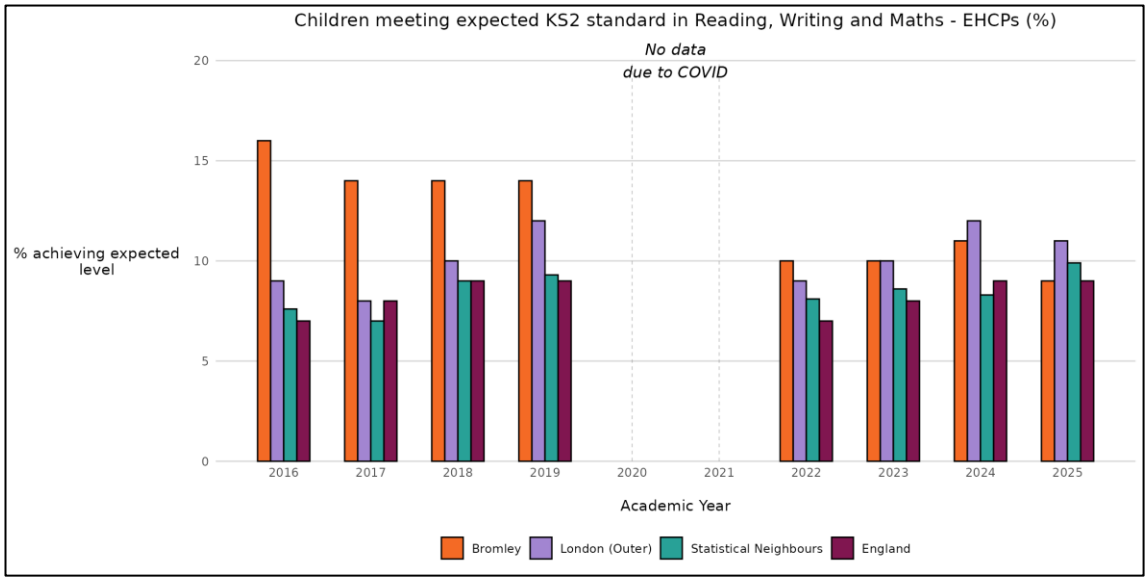

**Source: Department for Education, 2026, SEN Data**

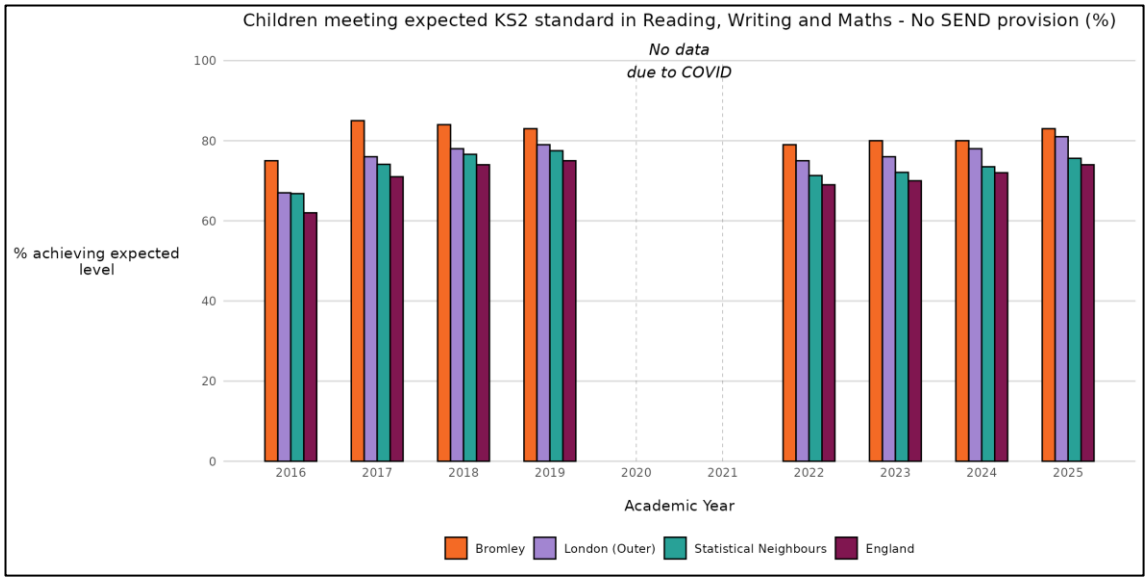
Figure 4.30 shows that the distribution of SEN need in Bromley differs from both London and England. Social, emotional and mental health is the most common primary need in Bromley, accounting for 29% of pupils with SEN, which is higher than London (23%) and England (25%). Speech, language and communication needs are also common in Bromley at 26%, broadly in line with England but lower than London, where they account for one third of SEN need. Bromley has a notably higher proportion of pupils with specific learning difficulty (20%) than London (12%) and England (13%), while autistic spectrum disorder accounts for a smaller share in Bromley (8%) than in London (11%) and England (10%). Moderate learning difficulty is also less common in Bromley (4%) than in London (8%) and England (13%).

## Educational Attainment in Children with Special Educational Needs

### Figure 4.31: Key Stage 2 achievement in pupils with SEN support, no SEN and EHCPs, 2016-19 and 2022-25, Bromley and comparators



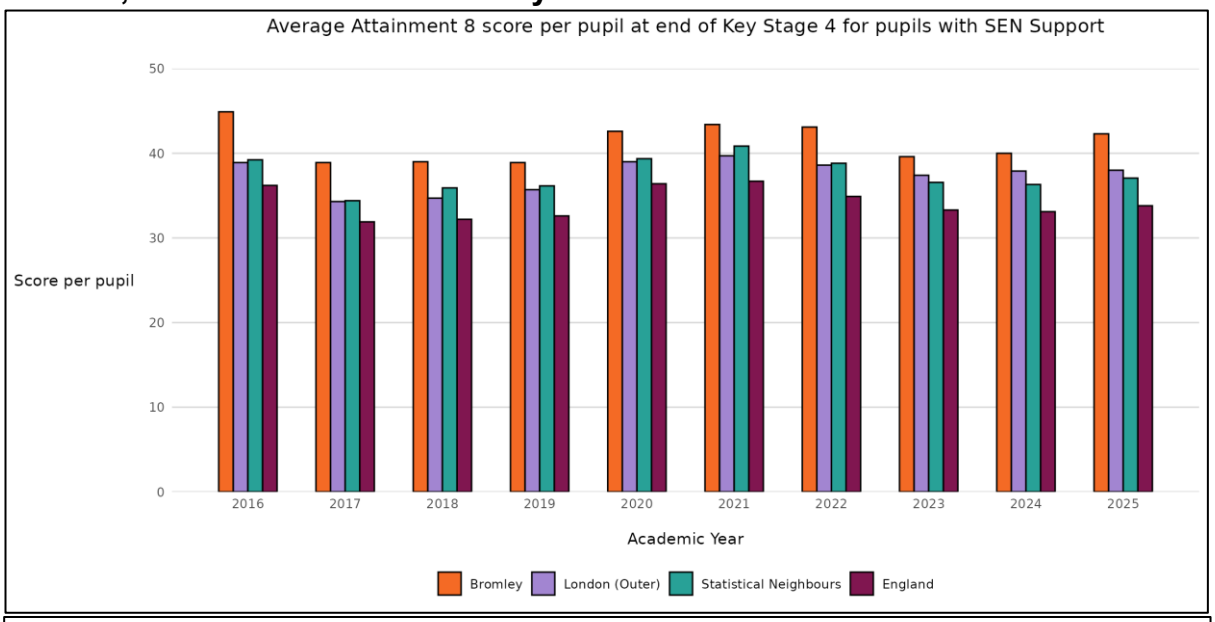



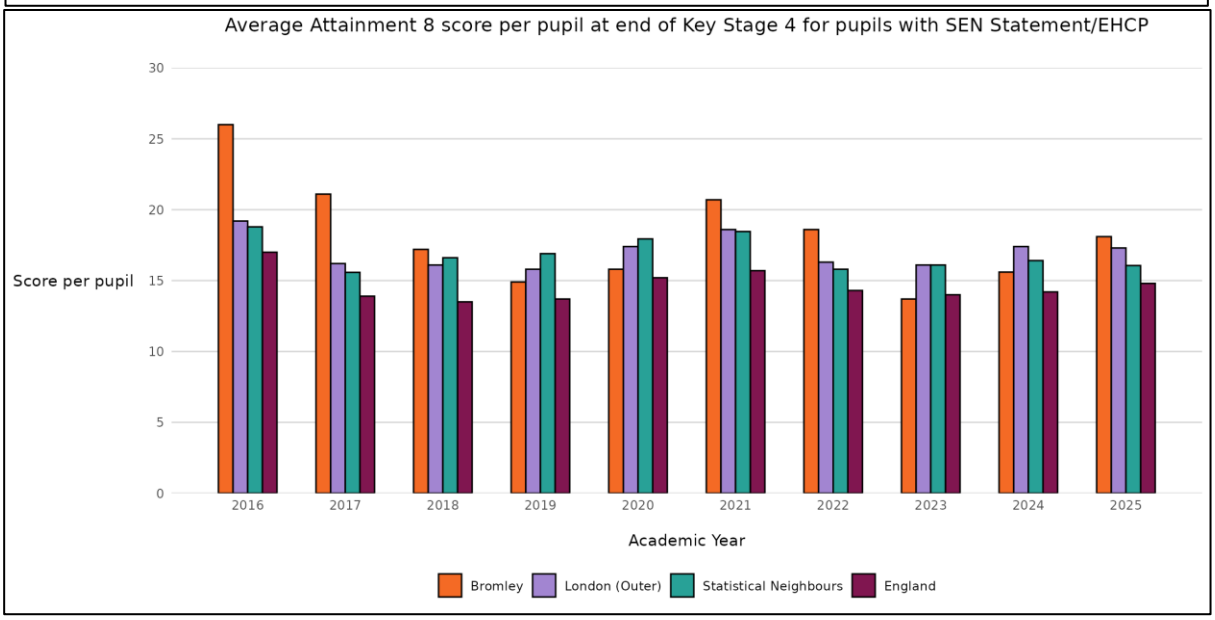

**Source: LAIT Tool, December 2025**

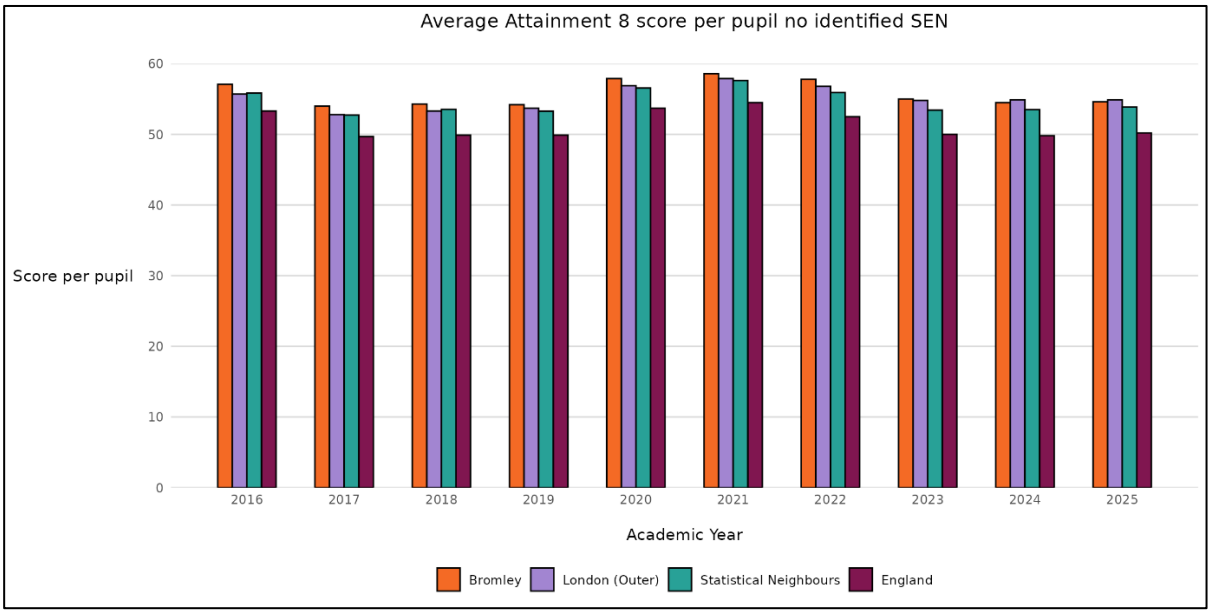
Figure 4.31 shows a clear attainment gradient at Key Stage 2. In 2025, more than 80% of Bromley pupils with no SEN provision achieved the expected standard in reading, writing and mathematics, compared with around 43% of pupils receiving SEN Support and 9% of pupils with EHCPs. Pupils receiving SEN Support therefore achieve better outcomes than pupils with EHCPs, but a substantial attainment gap remains when they are compared with pupils who have no SEN provision. However, when like-for-like comparisons are made, Bromley pupils receiving SEN Support perform better than equivalent pupils in Outer London, statistical neighbours and England. Outcomes for Bromley pupils with EHCPs have fluctuated since 2022 and were below all three comparator groups in 2025. Overall, Bromley performs comparatively well for pupils receiving SEN Support, while substantial inequalities remain between pupils with and without SEND, particularly for those with EHCPs.

Attainment 8 score is calculated by adding together pupils' highest scores across eight government approved school subjects. Figure 4.33 also shows a strong attainment gradient at Key Stage 4, with pupils with no SEN achieving the highest Attainment 8 scores (54.6 per Bromley pupil in 2025), pupils on SEN support performing markedly lower (42.3 per pupil), and pupils with EHCPs having the lowest scores (18.1 per pupil) in 2025 and throughout the period. Bromley appears to perform relatively well compared with its comparators in all three groups, with the local line generally at or above London, statistical neighbours and England, suggesting stronger KS4 outcomes overall. The gap between groups remains substantial, however: pupils with no SEN achieve far higher scores than those with identified SEND, while pupils with EHCPs show the lowest and most volatile attainment, likely reflecting both greater complexity of need and smaller cohort sizes. Taken together, large inequalities in attainment exist between pupils with no SEN, SEN support and EHCPs remain persistent.

**Figure 4.32: Average Attainment 8 score for pupils with SEN support, no SEN and EHCPs, 2016-25, Bromley and comparators**



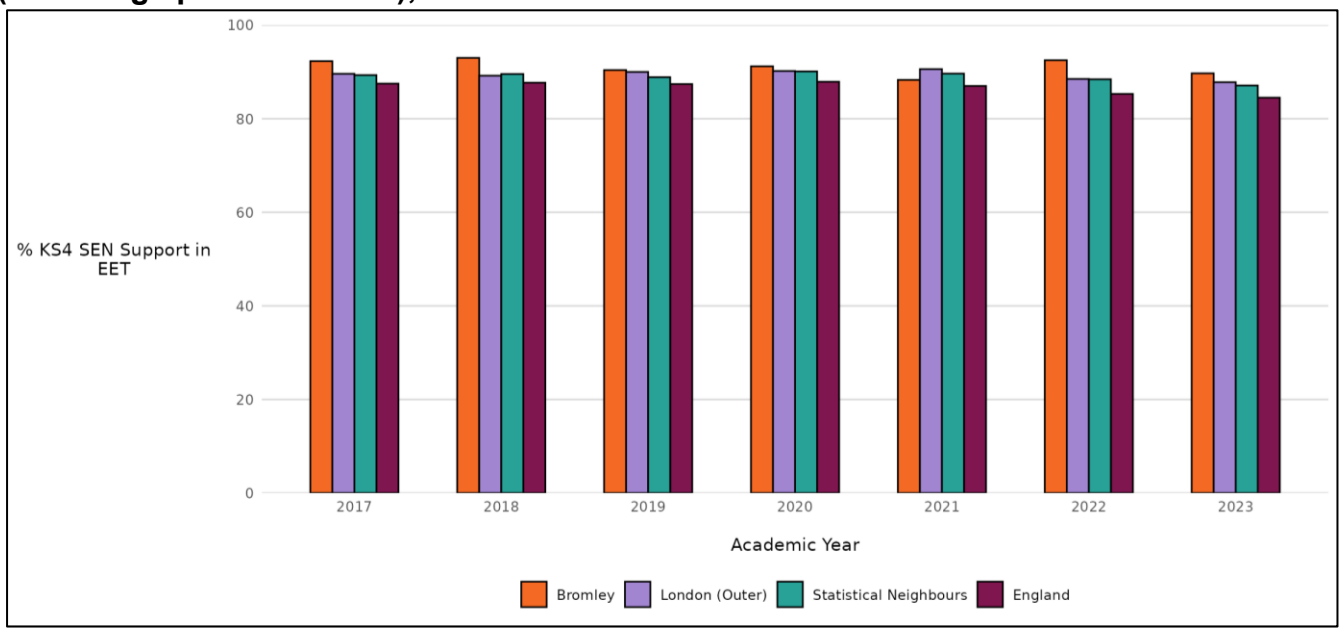




**Source: LAIT Tool, December 2025**

Bromley also has better rates than London or England of Key Stage 4 (KS4) pupils with SEND remaining in education or going into employment/training. Figure 4.33 shows that in the most recent years Bromley has continued to perform better than comparator areas despite some fluctuation. After falling to 88.3% in 2021, Bromley rose to 92.5% in 2022, well above Outer London (88.5%), statistical neighbours (88.4%) and England (85.3), before declining to 89.7% in 2023. Although this represented a 2.8 percentage point fall from the previous year, Bromley remained above Outer London (87.8%), statistical neighbours (87.1%) and England (84.5). Overall, the figure suggests that post-16 participation among young people with SEND in Bromley remains comparatively strong, but the drop in 2023 indicates that this area should continue to be monitored to ensure recent gains are sustained.

**Figure 4.33: % KS4 SEND Pupils remaining in education or going to employment/training (including special schools), 2017 - 2023**

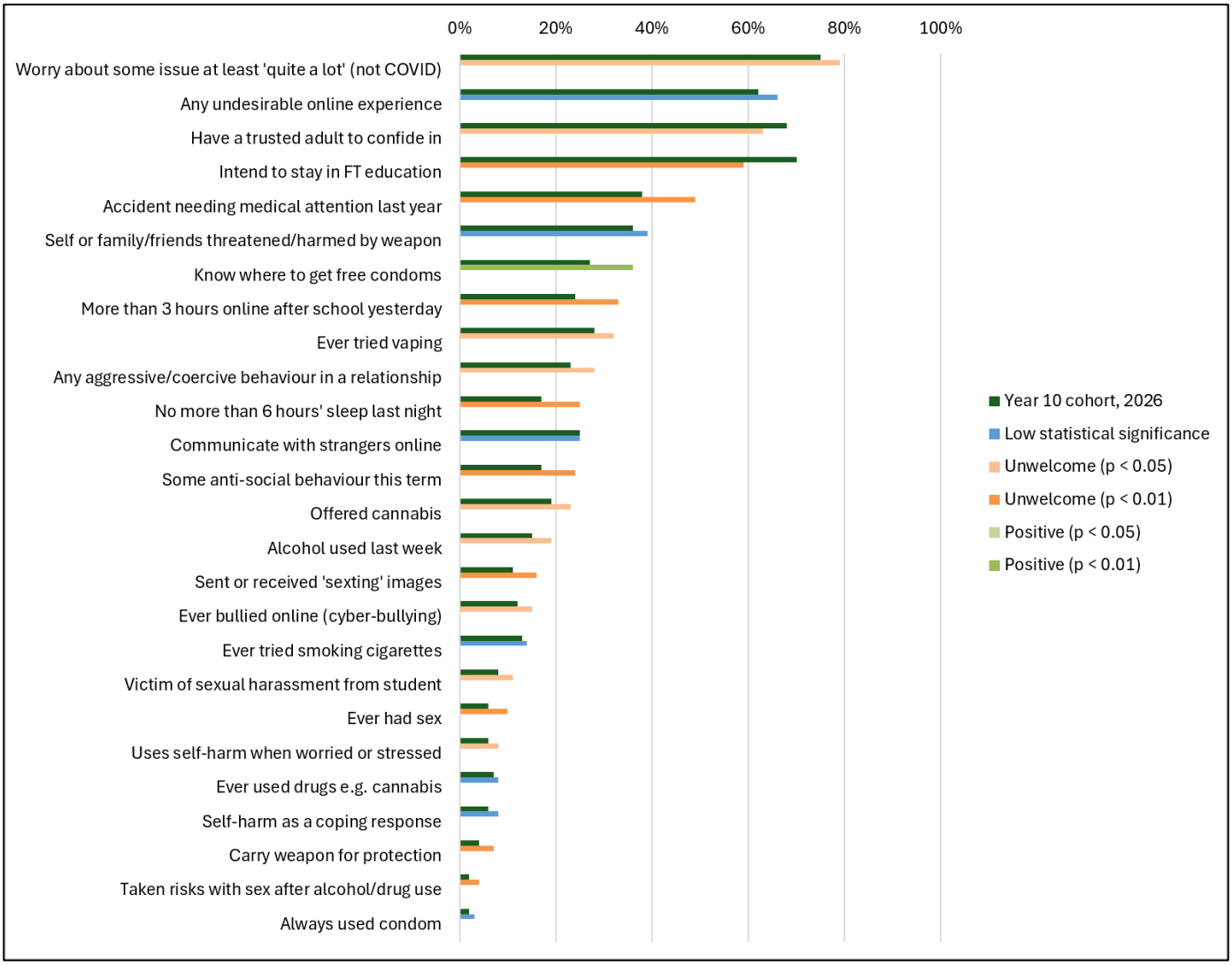



**Source: LAIT Tool, December 2025**

The survey of Year 10 pupils in 2026 showed some vulnerabilities of young people with Special Educational Needs (SEN) or long-term illness when compared to the whole Year 10 cohort (Figure 4.35). Young people with SEN experienced poorer outcomes than the overall Year 10 cohort across education, safety, sleep and risk-related behaviour. They were less likely to intend to remain in full-time education (59% compared with 70%) and more likely to have had an accident requiring medical attention (49% compared with 38%). They were also more likely to spend over three hours online after school (33% compared with 24%), report insufficient sleep (25% compared with 17%) and engage in anti-social behaviour (24% compared with 17%).

Other significant differences included sexting (16% compared with 11%), having had sex (10% compared with 6%), and carrying a weapon for protection (7% compared with 4%). Fewer had a trusted adult in whom they could confide (63% compared with 68%). A positive difference was greater awareness of where to obtain free condoms (36% compared with 27%). This pattern highlights needs around educational engagement, trusted relationships, personal safety, sleep and risk reduction.

**Figure 4.34. Experiences of Year 10 pupils with SEN compared to all Year 10, 2026 SHEU data**



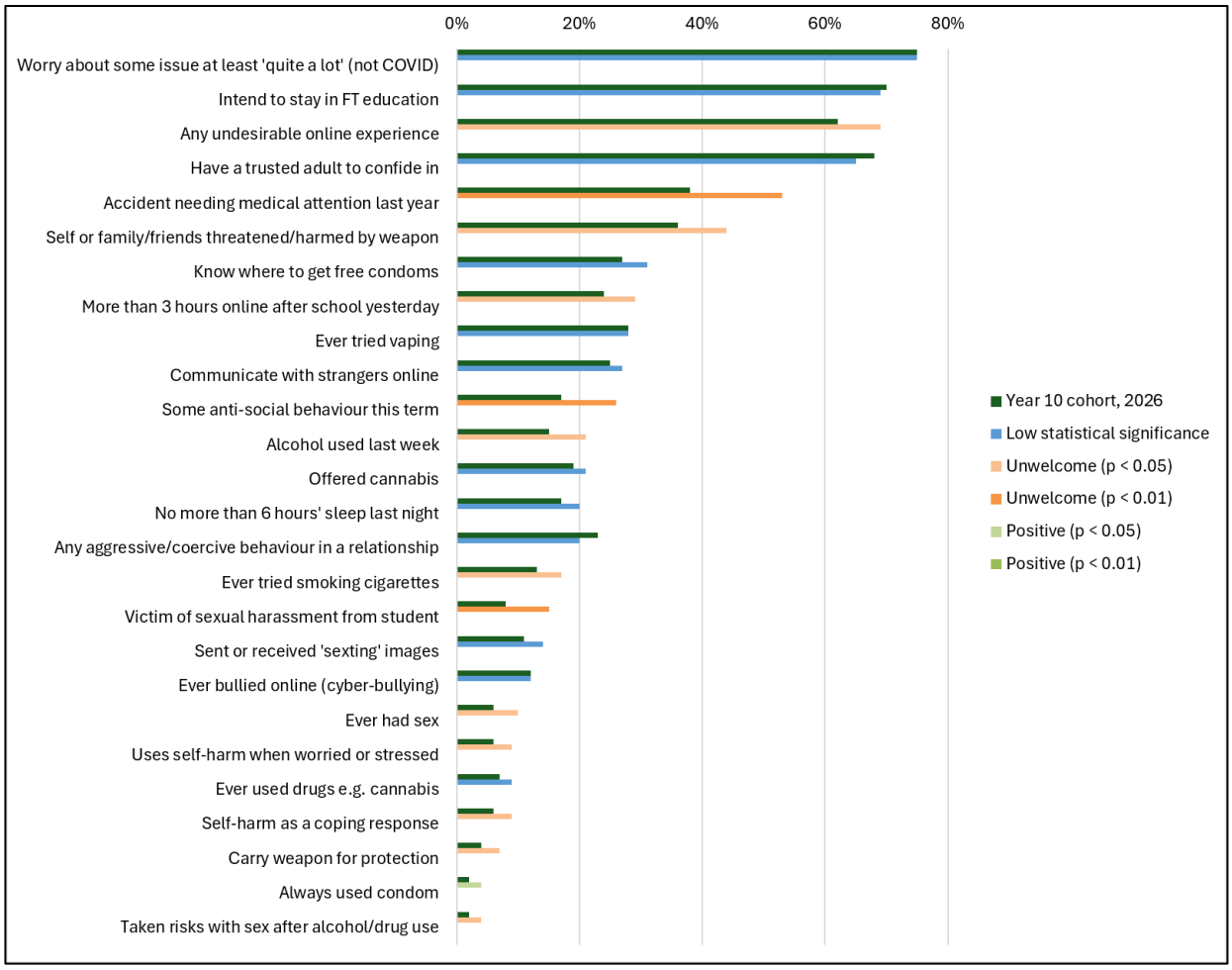

**Source: SHEU survey, 2026**

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

Young people with disabilities or a long-term illness experienced poorer outcomes than the overall Year 10 cohort across safety, health and risk-related behaviour (Figure 4.34). They were substantially more likely to have had an accident requiring medical attention (53% compared with 38%) and to report anti-social behaviour (26% compared with 17%). They were also more likely to have experienced sexual harassment from another student (15% compared with 8%) or report that they, their family or friends had been threatened or harmed with a weapon (44% compared with 36%).

Other significant differences included undesirable online experiences (69% compared with 62%), alcohol use during the previous week (21% compared with 15%), smoking (17% compared with 13%) and carrying a weapon for protection (7% compared with 4%). Self-harm was also more prevalent (9% compared with 6%). This pattern highlights needs around safeguarding, personal safety, online harm, emotional wellbeing and risk reduction.

**Figure 4.35. Experiences of Year 10 pupils with long-term illness compared to all Year 10, 2026 SHEU data**




**Source: SHEU survey, 2026**

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

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

At Key Stage 2 (KS2), Bromley pupils receiving SEN Support perform better than equivalent pupils in Outer London, statistical neighbours and England, although their attainment remains substantially below that of pupils with no SEN provision. Pupils with EHCPs have the lowest attainment, and in 2025 Bromley's EHCP group performed below all three comparator groups shown.

Although Bromley is below London and statistical neighbours for achievement of pupils with an EHCP at Key Stage 2 (KS2) in 2025, it has better academic outcomes than London or England at Key Stage 4 (KS4), and higher rates of pupils with SEND remaining in education or going into employment/training

Young people with SEN experienced poorer outcomes than the overall Year 10 cohort in terms of feeling safe, getting enough sleep and some risk-related behaviours.

### 4. Children at risk of significant harm

Risks for significant harm can be 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.

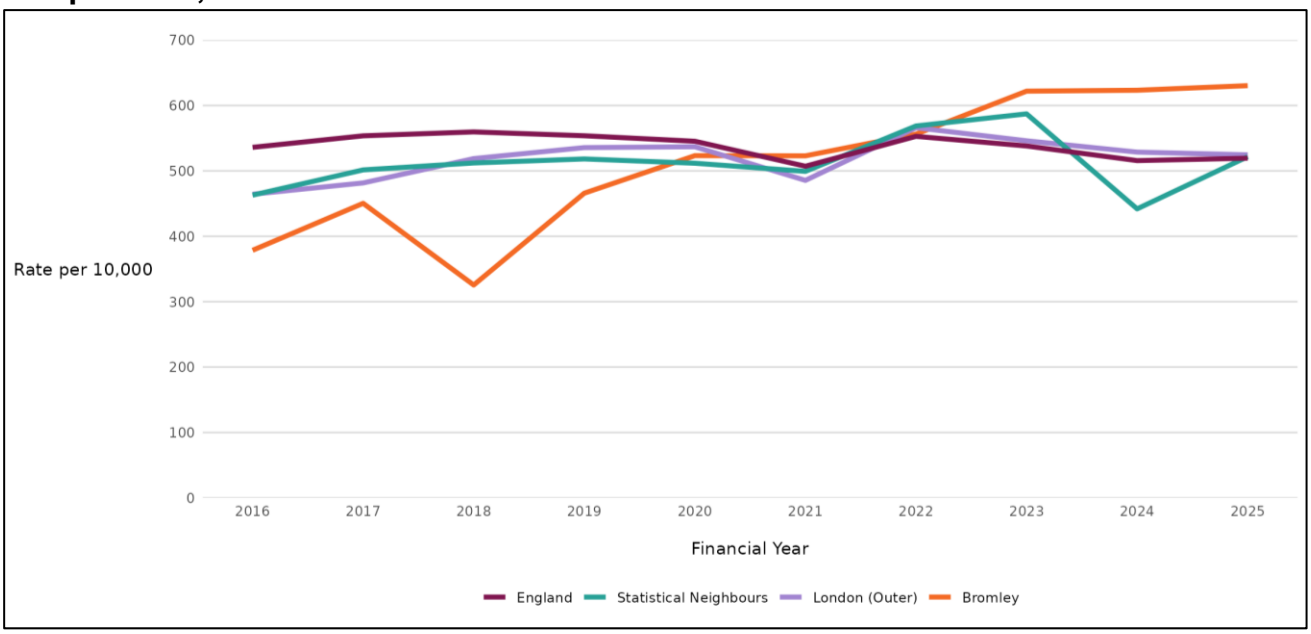
A referral, for the purposes of the Children in Need census, is defined as a request for support or services from children's social care. This applies when a child is not already known to the local authority, or when a previously open case has been closed. If the child already has an open case, a new referral should not be recorded. Referrals may come from a wide range of sources, including professionals in health or education, but they can also come from any other source, including the child or family themselves.

A referral may lead to:

- an assessment of need
- the provision of information or advice
- onward referral to another agency, or
- no further action.

If the same child is referred more than once within a year, each referral is counted separately.

**Figure 4.36: Referral rates per 10,000 to Children's Social Services, Bromley and comparators, 2016 - 2025**



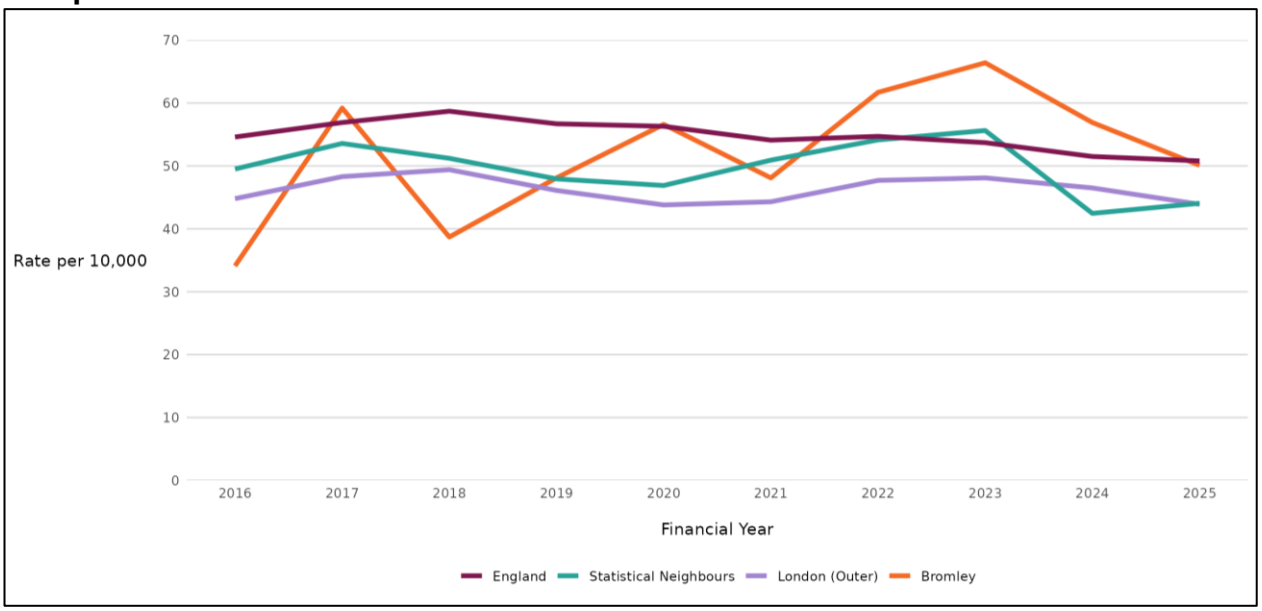

**Source: LAIT Tool, October 2025**

Figure 4.36 shows that Bromley's referral rate to Children's Social Services has risen substantially over time and, in the most recent years, is now higher than all comparator areas. Referral rates are expressed per 10,000 children, meaning the figures show how many requests for support or services from children's social care were made for every 10,000 children in the population; because a child can be referred more than once in a year, the measure reflects demand for referrals rather than the number of individual children. In Bromley, the rate increased from 556.2 per 10,000 in 2022 to 621.9 in 2023, 623.3 in 2024 and 630.3 in 2025, a further rise of 7.0 from the previous year. This means that in 2025 there were just over 630 referrals for every 10,000 children in Bromley, compared with 524.6 in Outer London, 521.7 among statistical neighbours and 519.4 in England. Overall, the figure suggests that demand for children's social care referrals in Bromley has increased markedly, and remains well above comparator levels in recent years, which may indicate rising levels of need, greater identification of concerns, or changes in referral practice.

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

A child becomes the subject of a child protection plan if they are assessed as being at risk of harm, at an initial child protection conference. Once a child becomes the subject of a child protection plan, their plan should be reviewed within the first 3 months and then at intervals of not more than 6 months. Figure 4.38 shows the rate at which new child protection plans were started during each year, expressed per 10,000 children, so the figures indicate how many children out of every 10,000 became subject to a child protection plan because they were assessed as being at risk of significant harm. In Bromley, the rate has fluctuated over time but remained above Outer London and close to England in several recent years. It rose from 61.7 per 10,000 in 2022 to 66.4 in 2023, before falling to 56.9 in 2024 and 50.1 in 2025, a decrease of 6.8 points from the previous year. This means that in 2025 around 50 children per 10,000 in Bromley started a child protection plan, compared with 43.9 in Outer London, 44.1 among statistical neighbours and 50.8 in England. Overall, the rate of new child protection plans in Bromley has fallen over the last two years but remains above local comparator areas and close to the national rate, indicating that levels of identified risk to children continue to be relatively high and should be kept under review.

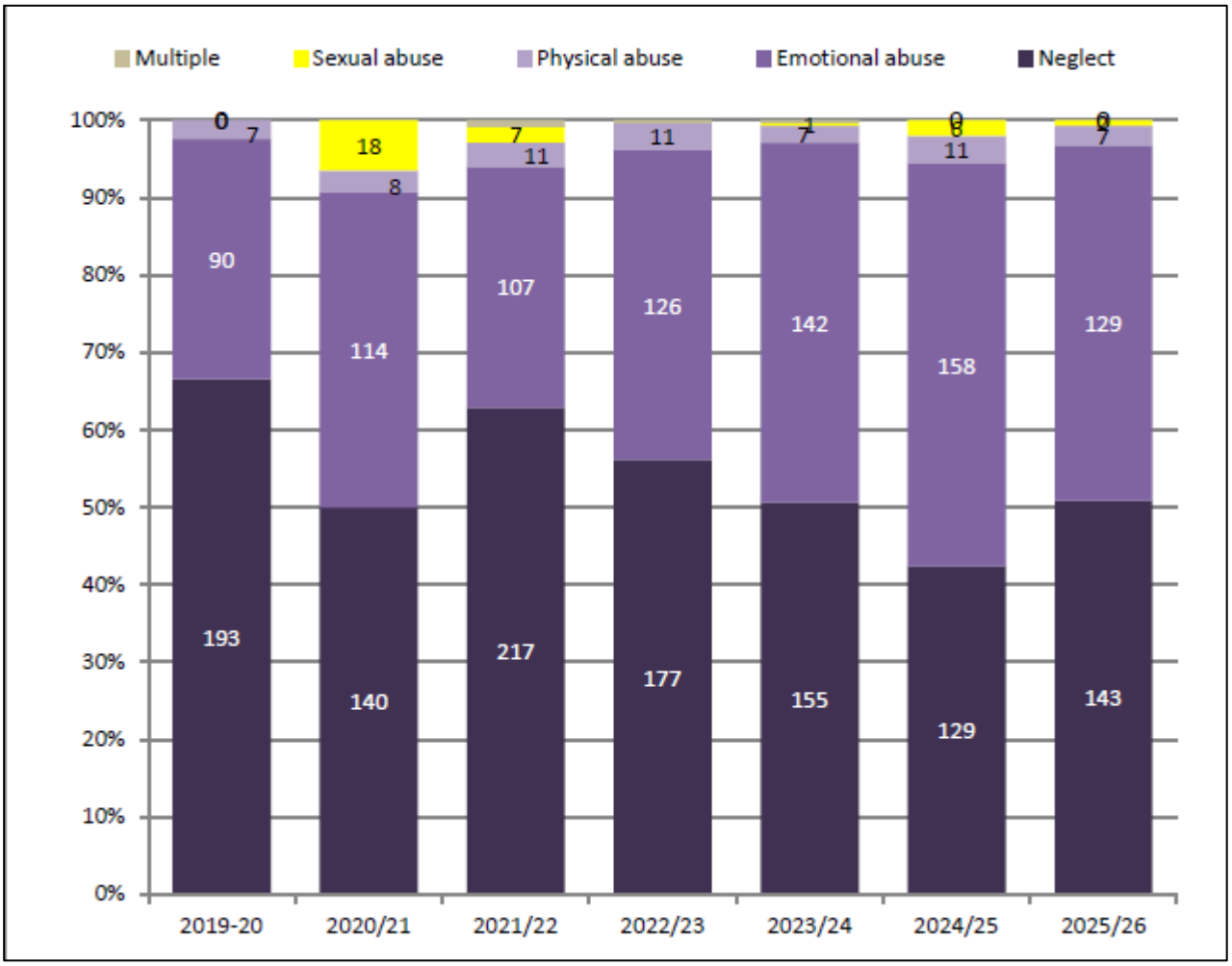
**Figure 4.37 Rate of child protection plans starting during the year, 2016 - 2025, Bromley and Comparators**




**Source: LAIT Tool, October 2025**

Figure 4.38 shows that neglect and emotional abuse are the categories of abuse most represented in children subject to a CPP in Bromley, affecting 143 and 129 Bromley children in the year 2025/26, respectively.

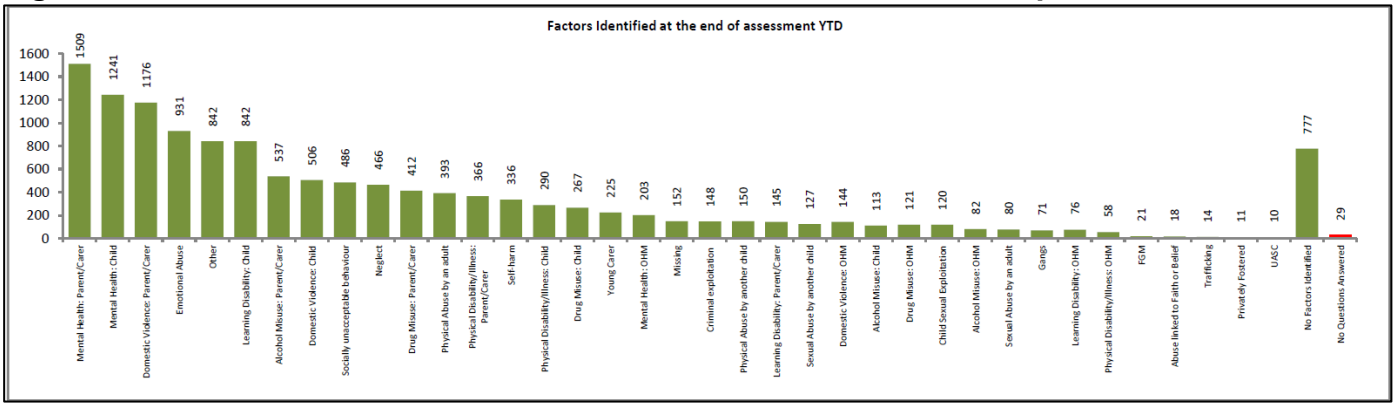
**Figure 4.38: Category of abuse for children subject to child protection plans in Bromley, 2019/20 - 2025/26**




**Source: Children Social Care data, March 2026, LBB**

Risk and protective factors are identified as part of the social work assessment. The risk factors identified during these assessments between April 2025, and March 2026 are presented in Figure 4.40**.** Mental health concerns about the parent (1,509) or the child (1,241) were the most common risks identified, followed by domestic abuse towards the parent/carer (1,176).

**Figure 4.39: Factors identified at end of Social Care Assessments, April 2025 - March 2026**



**Source: Children Social Care data, March 2026, LBB**

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

Children on a Child Protection Plan are most likely to be on the plan for neglect, followed by emotional abuse.

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.

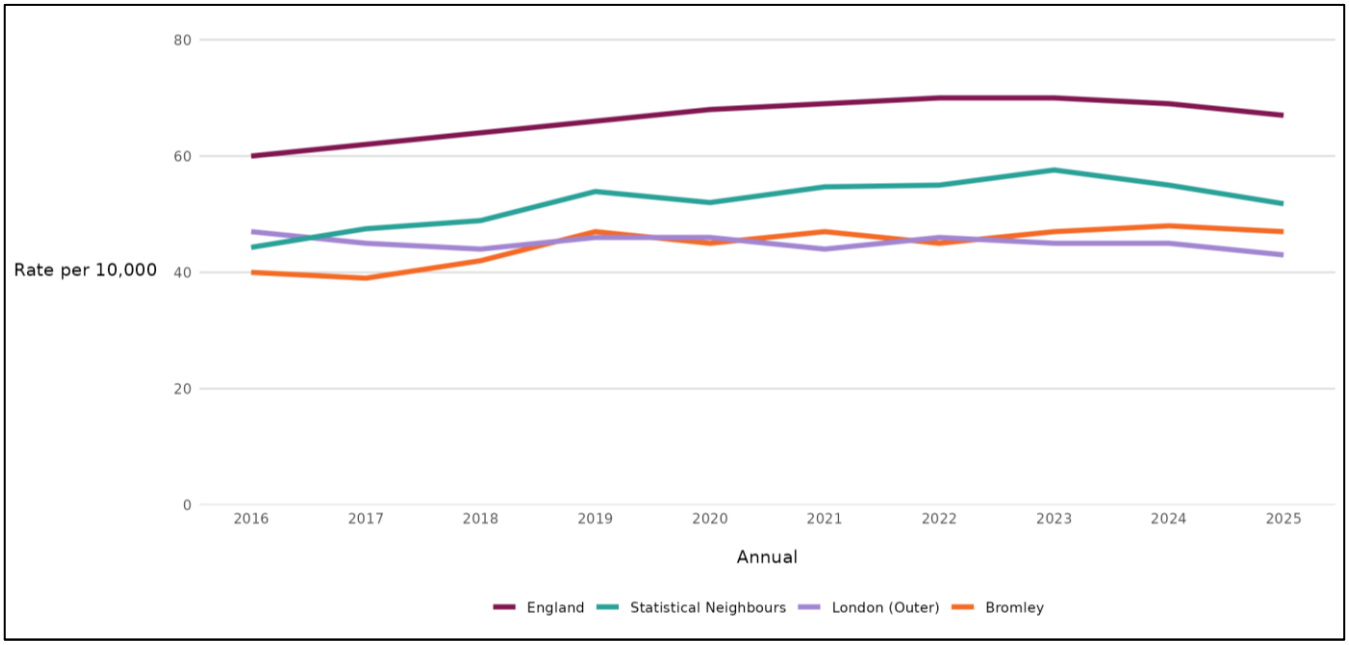
**b) Children looked after**

Children looked after (CLA) in England, include the number of children adopted, care leavers, and children who went missing from their placement, using data collected annually from local authorities through the SSDA903 return. The latest figures relate to the year ending 31 March 2026, with comparisons generally made to the year ending 31 March 2025 unless otherwise stated. Figures for earlier years may differ from those published in previous chapters. The standard reporting period in this release covers the years ending 31 March 2021 to 31 March 2026. Also note that 2021 reflects the early effects of the COVID-19 pandemic, so comparisons with that year should be treated with caution. Many of the trends in the data are also shaped by changes in the number of unaccompanied asylum-seeking children (UASC), who are a distinct group, typically older teenage boys with shorter periods in care.

Key findings are:

- Children looked after in Bromley stood at **359 in March 2026, slightly up from 343 in 2024/25** and 350 in 2023/24, indicating a modest recent increase in the CLA population.
- Unaccompanied asylum-seeking children (UASC) fell to **15 in 2025/26 YTD, down from 17 in 2024/25** and 24 in 2023/24, suggesting reduced recent pressure from this group.
- Placement distance remains a key issue**: 21% of CLA were placed outside Bromley and more than 20 miles from home** in 2025/26 YTD, above the 15% target and slightly higher than recent years.
- Use of in-house foster care remains relatively stable but lower than in previous years, with **63 children placed with in-house foster carers** in 2025/26 YTD, compared with 72 in 2024/25 and 74 in 2023/24.
- **Residential placements have increased, reaching 106 in 2025/26 YTD, up from 85 in 2024/25** and 75 in 2023/24, which may indicate growing complexity of need.
- Long-term placement stability is 67% YTD, slightly improved from 63% in 2024/25, but still below the 70% target.
- Care quality indicators are mixed: 96% of CLA had a visit within the last 30 working days, close to target, but only 13% were visited within 3 working days of a placement change, well below expected good practice.
- 11 CLA were also receiving Youth Justice Services at year end, like recent months, suggesting a small but important group with overlapping vulnerabilities.

**Figure 4.40 Rate per 10,000 of CLA in Bromley and comparators, 2016 - 2025**

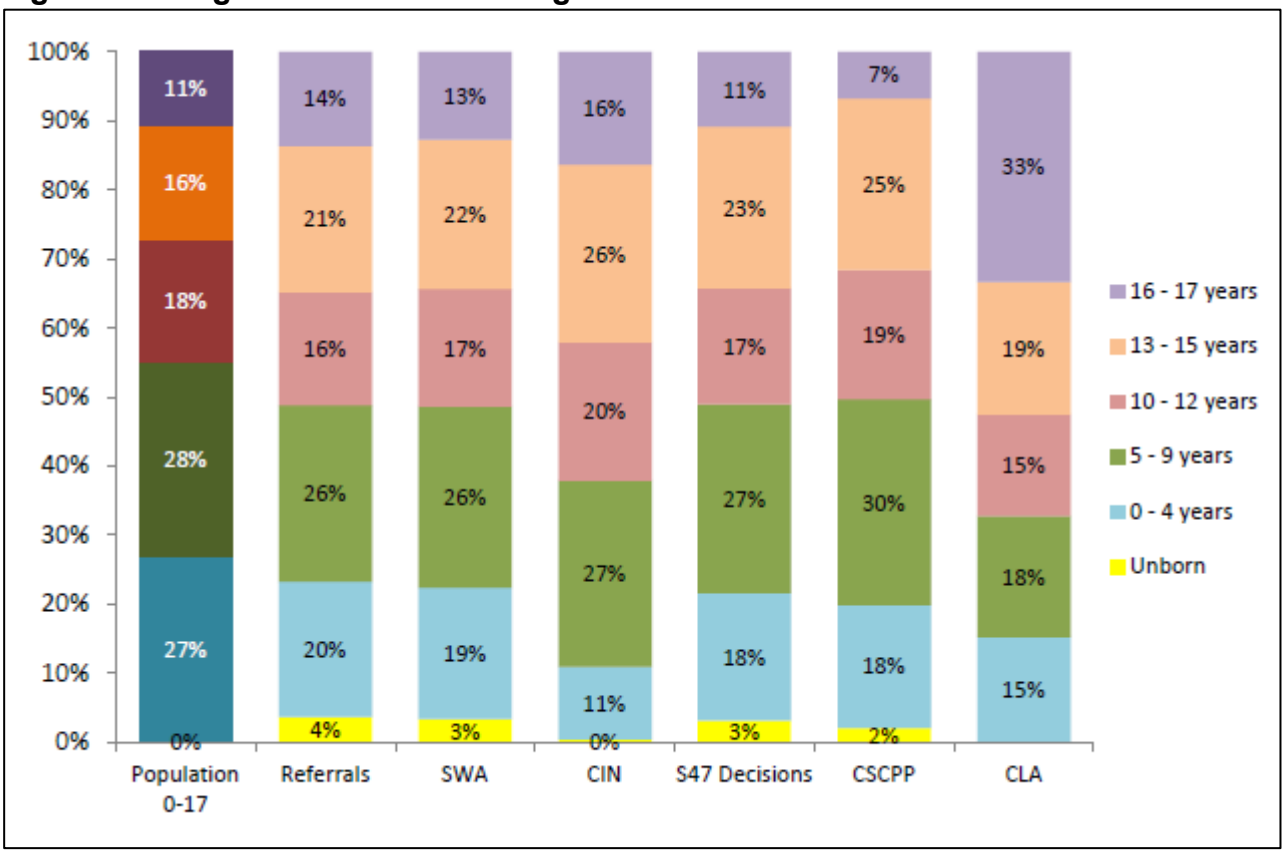



**Source: LAIT Tool, November 2025**

Figure 4.40 shows the rate of CLA in Bromley has remained relatively stable over time and, in the most recent years, has been lower than all comparator areas. There were 47 CLA per 10,000 children in 2025. This compares with 43 in Outer London, 51.8 among statistical neighbours and 67 in England in 2025. Overall, the figure suggests that Bromley has a comparatively low rate of children looked after, despite a small increase over the past few years, indicating that the local looked after population remains below national and most similar-area benchmarks.

The ages of children in different parts of Children's Social Care in Bromley are shown in Figure 4.41. This shows that older teenagers are over-represented among CLA in Bromley (33%).

**Figure 4.41: Age of children receiving CSC services**

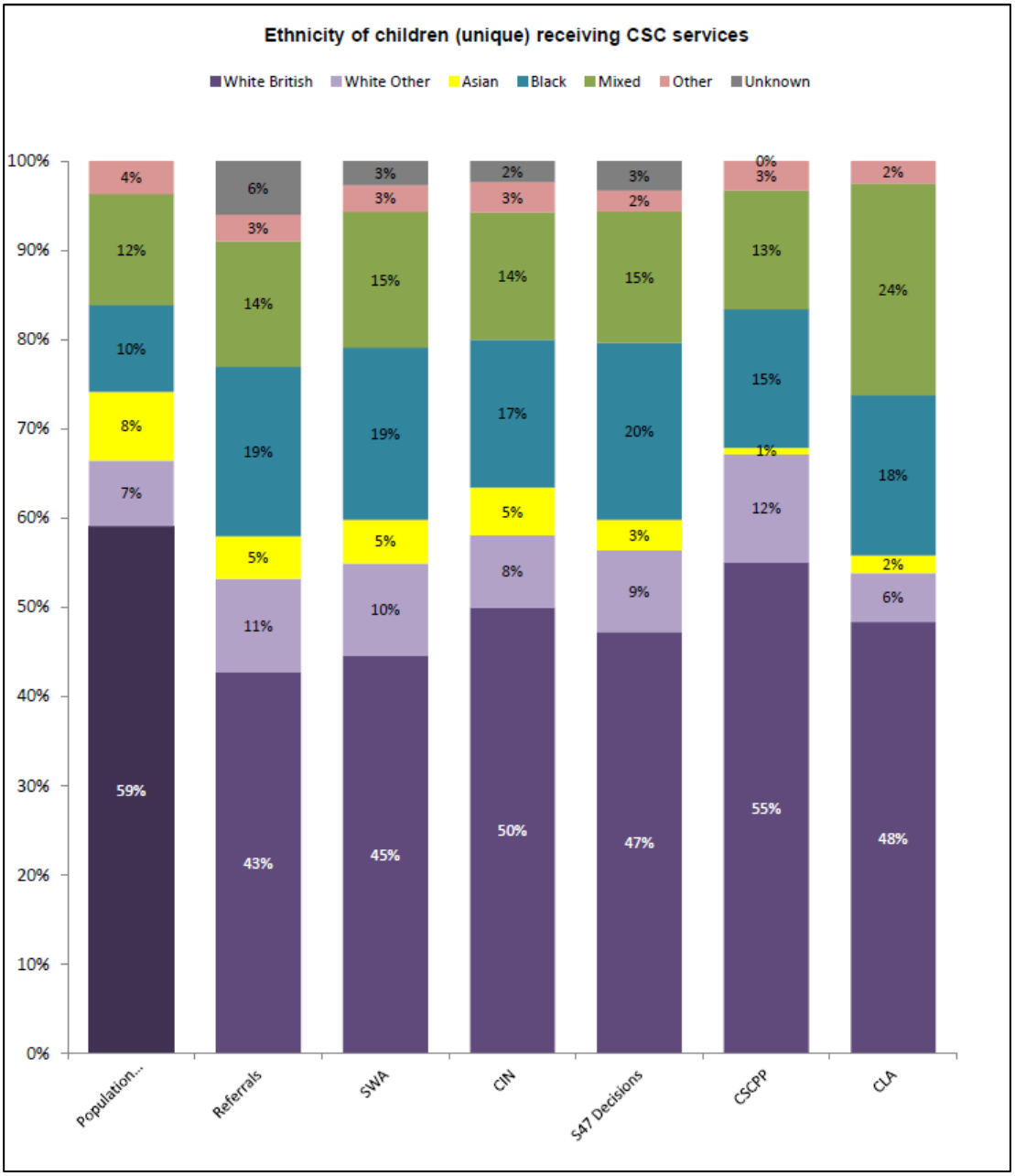



**Source: Children Social Care data, March 2026, LBB**

**Ethnicity of children looked after**

Figure 4.42 suggests that the ethnic profile of children looked after is not the same as that of the wider Bromley child population. Children of mixed ethnicity and Black ethnicity appear to be over-represented among children looked after, while White British and Asian children appear to be under-represented. This indicates that some ethnic groups are more likely than others to encounter care services, which may reflect differences in levels of need, pathways into care, or wider inequalities, and highlights the importance of culturally appropriate prevention and support services.

**Figure 4.42. Ethnicity of children known to Children's Social Care, 2026**

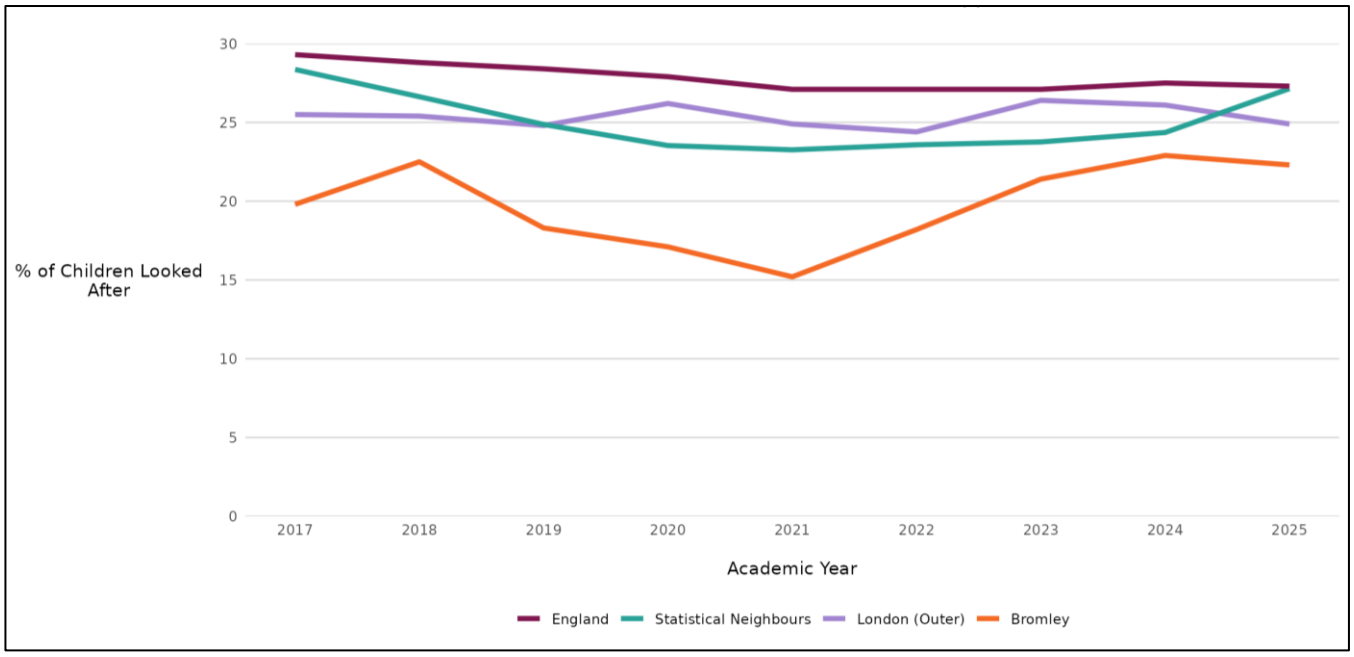



**Source: Children Social Care data, March 2026, LBB**

**Special Education Needs of children looked after (CLA)**

Figure 4.43 shows the percentage of children who had been looked after continuously for at least 12 months who also had SEN. In Bromley, this proportion has remained below comparator areas throughout the period and has risen slightly before stabilising. 22.3% CLA in Bromley had SEN in 2025. This compares with 24.9% in Outer London, 27.1% among statistical neighbours and 27.3% in England in 2025. Overall, the figure suggests that around just over one in five children looked after in Bromley for at least 12 months had SEN in 2025, which is lower than local and national benchmarks, although the gradual increase since 2021 indicates some growing complexity of need within the looked after population.

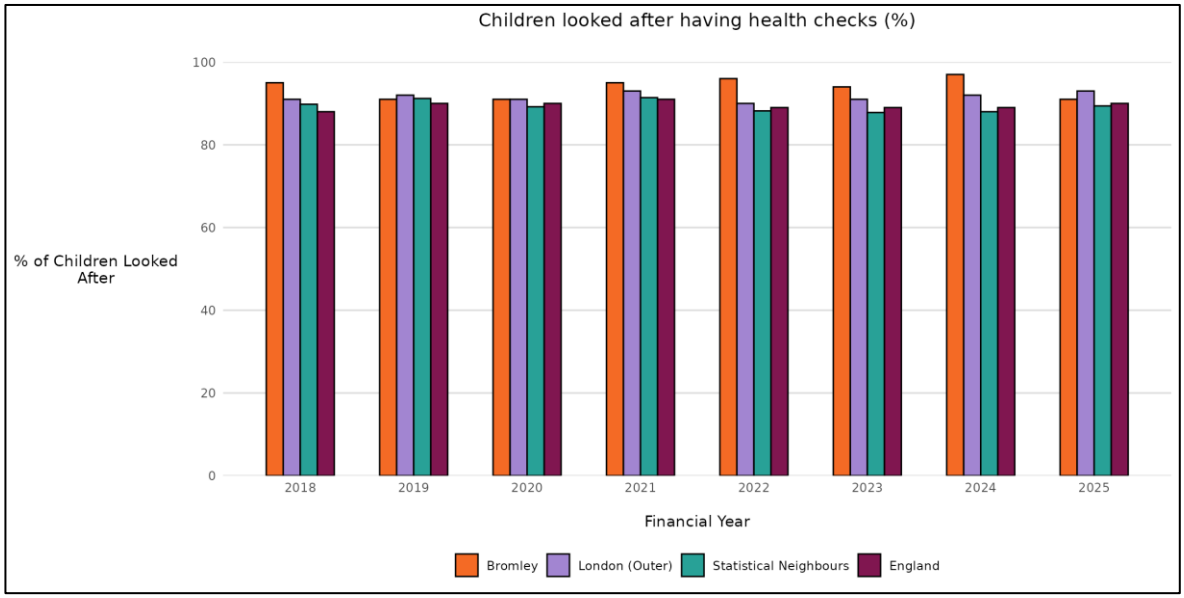
**Figure 4.43 The proportion of Children Looked After who have special educational needs, 2017- 2025**

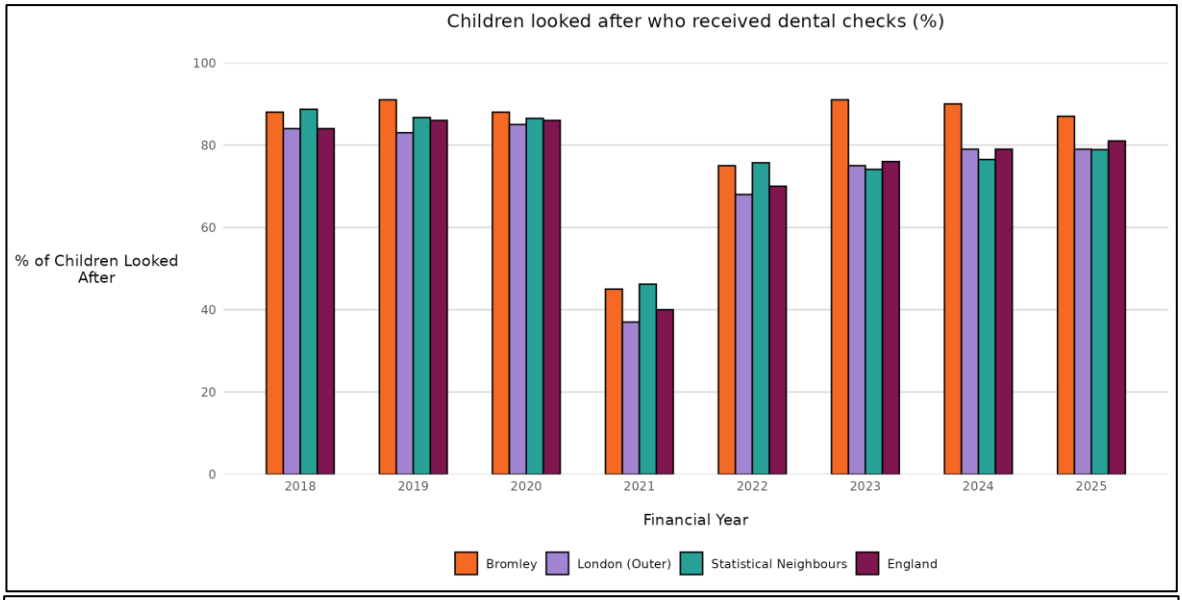


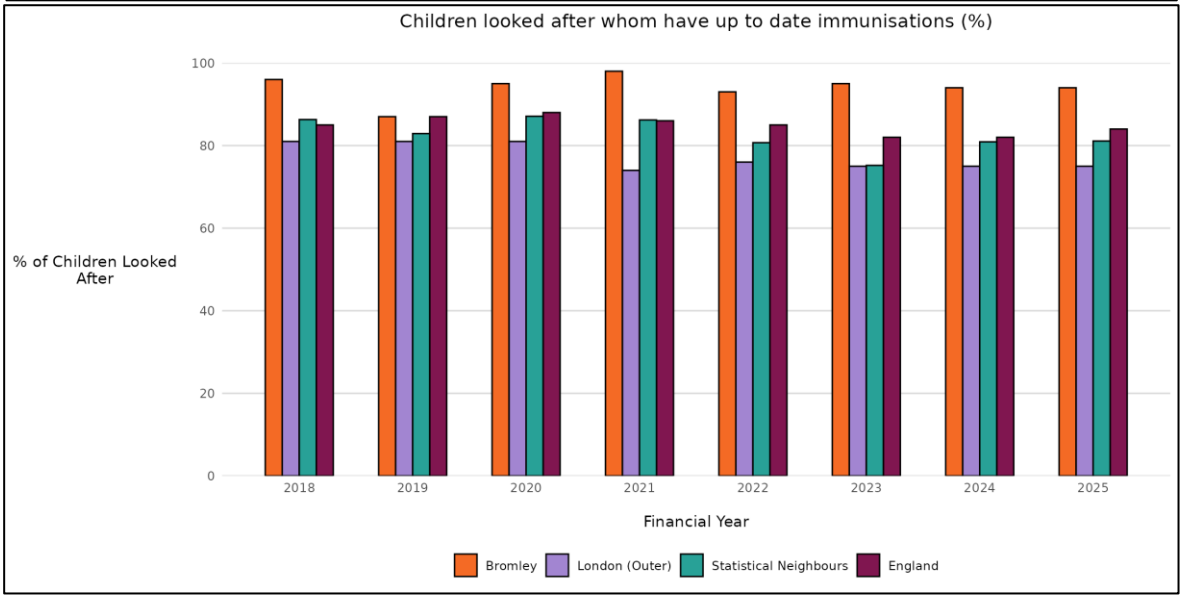

**Source: LAIT Tool, April 2026**

## Health Protection of CLA

**Figure 4.44: Proportion of CLA who have up-to-date health checks, dental checks and immunisations, 2018-25, Bromley and comparators**




**Source: LAIT Tool, November 2025**

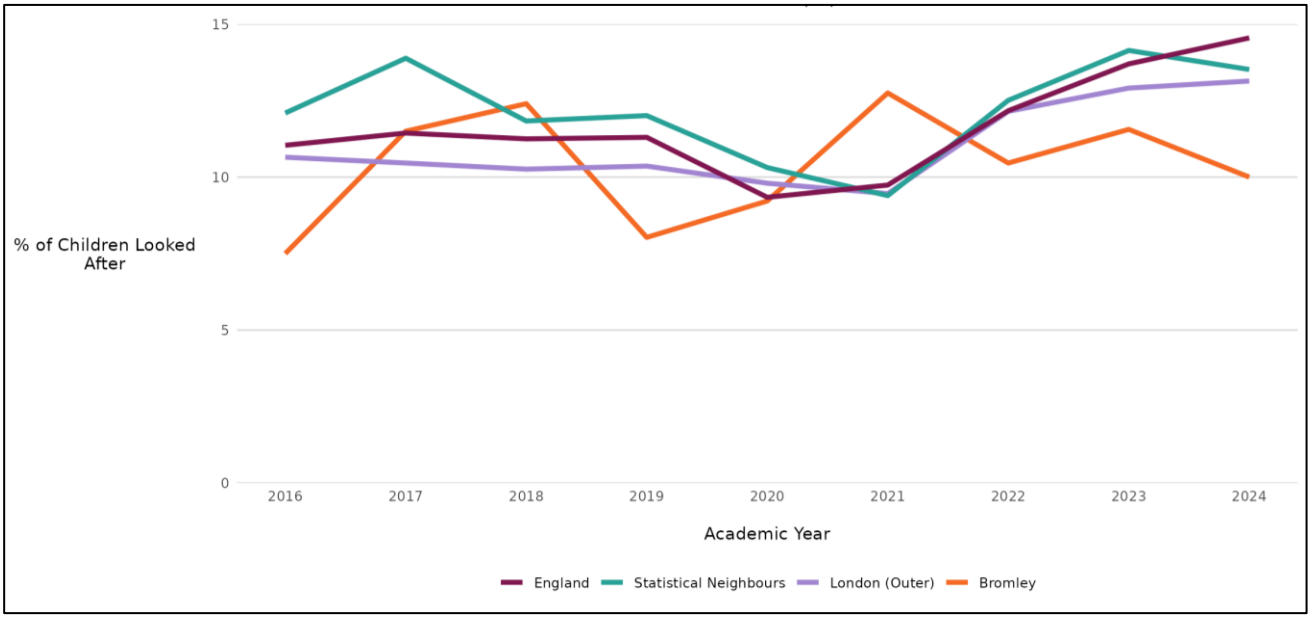
Figure 4.44 suggests that Bromley performs well overall on routine health protection for children looked after, with high proportions having up-to-date health checks, dental checks and immunisations in most years. Bromley generally appears to track at or above comparator areas, although dental checks show a noticeable dip around 2020/21, reflecting the wider disruption seen during the pandemic. In the most recent years, coverage appears to have recovered, indicating that most children looked after in Bromley are receiving their routine health and preventive care, with dental access the area that has shown the greatest vulnerability over time.

**Exclusions and School Attendance**

Expulsions and suspensions data is collected two terms in arrears. Pupils with one or more suspension refers to pupils who have had at least one suspension across the full academic year.

Bromley's fixed term exclusion rate for CLA is broadly comparable to statistical neighbours, London and national rates (Figure 4.45).

**Figure 4.45: Percentage of children looked after with at least one fixed term exclusion from school**




**Source: LAIT Tool, November 2025**

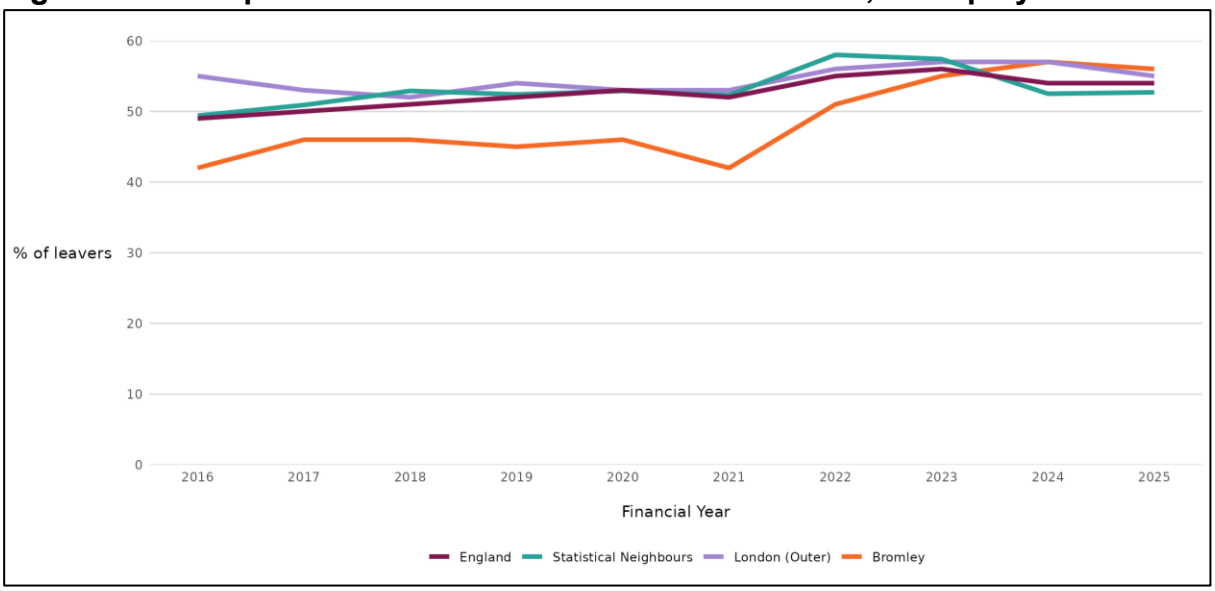
The rates of persistent absence of CLA in 2024 was 10.0% in Bromley which is lower than the London rate of 13.1% national rate of 14.6%.

**CLA in education, employment or training (EET)**

Figure 4.46 shows the proportion of care leavers aged 19 to 21 who were in education, employment or training (EET), meaning the figures indicate how many former 'looked after' young people in this age group are engaged in a positive destination at that point in time, with higher percentages reflecting better outcomes. In Bromley, the proportion improved from 51% in 2022 to 55% in 2023 and 57% in 2024, before falling slightly to 56% in 2025. This means that just over half of eligible care leavers in Bromley were in education, employment or training in 2025. Bromley was therefore at about the same level as England (54%) and statistical neighbours (52.7%), and close to Outer London (55%), suggesting that outcomes for care leavers have improved in recent years and are now broadly in line

with or slightly better than comparator areas, although around two in five care leavers remain outside education, employment or training.

**Figure 4.46: Proportion of care leavers who are educated, in employment or training**

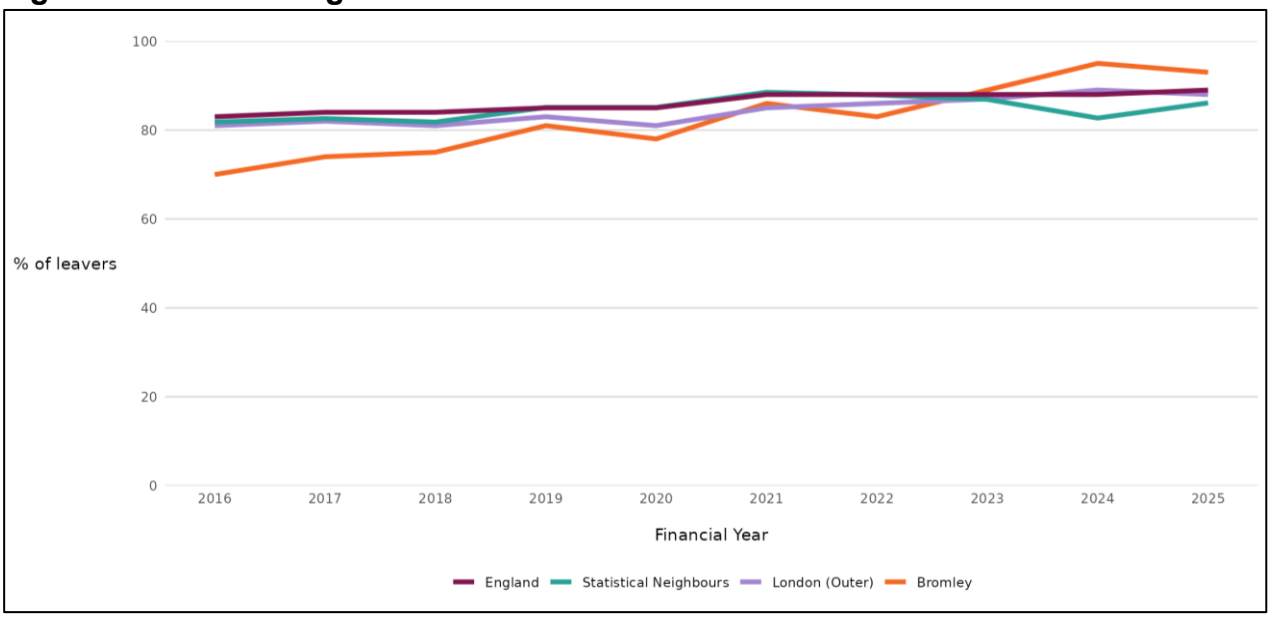



**Source: LAIT Tool, November 2025**

**Care leavers in suitable accommodation**

Figure 4.47 shows the proportion of care leavers aged 19 to 21 who were living in suitable accommodation, meaning accommodation that is regarded as safe, stable and appropriate to their needs, with higher percentages indicating better outcomes. In Bromley, performance has improved markedly in recent years, rising from 83% in 2022 to 89% in 2023 and 95% in 2024, before falling slightly to 93% in 2025. This means that in 2025, around nine in ten eligible care leavers in Bromley were recorded as living in suitable accommodation. Bromley therefore performed above Outer London (88%), statistical neighbours (86.1%) and England (89%) in the most recent year, suggesting that housing outcomes for care leavers in Bromley are strong and have improved substantially over time, despite the small decline from the 2024 peak.

**Figure 4.47: Percentage of Care Leavers in suitable accommodation**




**Source: LAIT Tool, November 2025**

## Offending in children looked after

In March 2026, 11% of CLA in Bromley were receiving services from the Youth Justice System, up from 7% in 2024/25.

## Substance Misuse in CLA

Figure 4.48 shows the proportion of children looked after (CLA) who were identified as having a substance misuse problem, meaning difficulties related to alcohol or drug use serious enough to cause social, psychological, physical or legal harm. In Bromley, this proportion was much higher than comparator areas in the late 2010s, peaking at 15% in 2020, but has fallen markedly in recent years. In the most recent data, Bromley rose slightly from 3% in 2024 to 4% in 2025, which is the same as Outer London, below statistical neighbours (5.4%) and only slightly above England (3%). Overall, the figure suggests that substance misuse among CLA in Bromley has reduced substantially over time and is now broadly in line with comparator areas, although the small increase in 2025 indicates this remains an area to monitor.

**Figure 4.48 CLA with substance misuse problems, Bromley and comparators, 2016-25**




**Source: LAIT Tool, November 2025**

## Unaccompanied Asylum-Seeking Children (UASC)

There are currently 15 unaccompanied asylum-seeking children in Bromley (2025/26). 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 in this system?

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

Compared to other areas, CLA have low absence rates and a high proportion have up-to-date health checks, dental checks and immunisations.

Outcomes for care leavers in terms of being in education, employment or training have improved in recent years and are now broadly in line with or slightly better than comparator areas.

Substance misuse among CLA in Bromley has reduced substantially over time and is now broadly in line with comparator areas.

However, in March 2026, 11% of CLA in Bromley were receiving services from the Youth Justice System, up from 7% in 2024/2

# 5. Deaths in childhood

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

### a) Overview of Child death in Bromley

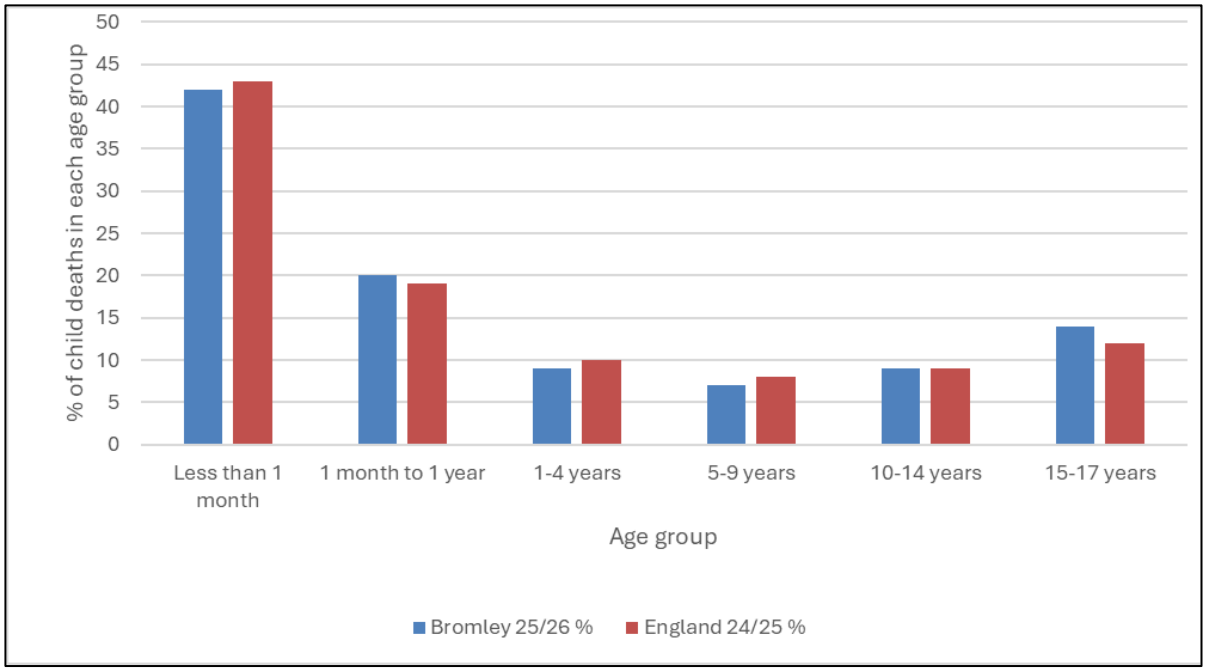
Table 4.49 shows that child deaths in Bromley have remained relatively low but fluctuated year to year between 2008/09 and 2025/26, with annual totals ranging from 11 deaths in 2011/12 and 2020/21 to a peak of 31 deaths in 2015/16. Deaths were most common in infancy, particularly among babies aged under one month, which was the largest age group in most years; deaths among children aged 5-9 were consistently low, while deaths among 10-18-year-olds varied more noticeably between years. The female-to-male split also fluctuated, but boys accounted for slightly more deaths overall in many years. Annual numbers are small and year-to-year changes should be interpreted cautiously while continuing to review deaths to identify preventable factors.

The number of deaths of children in Bromley is very variable due to death being a rare event. This variability can be reduced either by reviewing deaths of a larger population of children or pooling data over several years. Both approaches are used in the report - both by comparing death rates with the national rate and by pooling several years of CDOP data.

### b) Age of child at time of death

Summarising all the child death data in Bromley 2008-2026 and comparing to national data shows similar rates of death in all age groups.

**Figure 4.49: Comparison of age at death in Bromley (aggregated data 2008-2026) and England, 2024/25**




**Source: eCDOP, 2026**

**Category of child deaths**

**Table 4.12. Comparison Bromley deaths 2008-2026 with death rates in England, 2021/22**

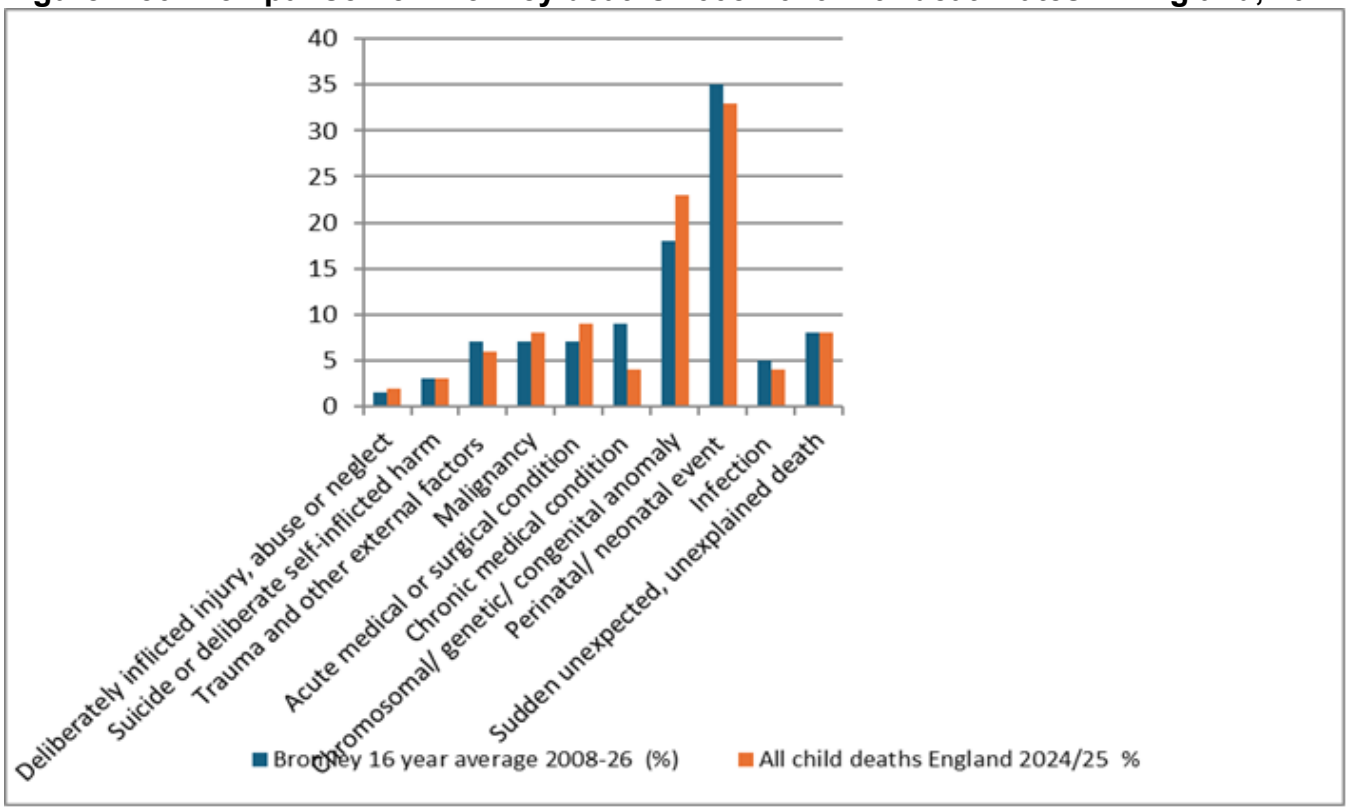
| Category of death | Bromley 14 years average 2008-2026 (%) | All child deaths England 2024/25* (%) |
|---|---|---|
| Deliberately inflicted injury, abuse or neglect | 1 | 2 |
| Suicide or deliberate self-inflicted harm | 3 | 3 |
| Trauma and other external factors | 7 | 6 |
| Malignancy | 7 | 8 |
| Acute medical or surgical condition | 7 | 9 |
| Chronic medical condition | 9 | 4 |
| Chromosomal/ genetic/ congenital anomaly | 18 | 23 |
| Perinatal/ neonatal event | 35 | 33 |
| Infection | 5 | 4 |
| Sudden unexpected, unexplained death | 8 | 8 |

**Source: National Child Mortality Database, 2025**

Table 4.12 shows some differences between pooled data over 18 years of child deaths in Bromley and the national data. Even with pooling of data the numbers are too small for the differences to be statistically significant. However, this process is useful for indicating where there may be differences between national and local patterns of child death.

Figure 4.50 shows that most child deaths in Bromley and England are due to perinatal or neonatal events, chromosomal, genetic or congenital anomalies. The data also shows that Bromley has higher rates of child death than England for perinatal and neonatal events, as well as trauma and external factors.

**Figure 4.50: Comparison of Bromley deaths 2008-2026 with death rates in England, 2024/25**




**Source: eCDOP, 2026**

**Infant deaths in Bromley**

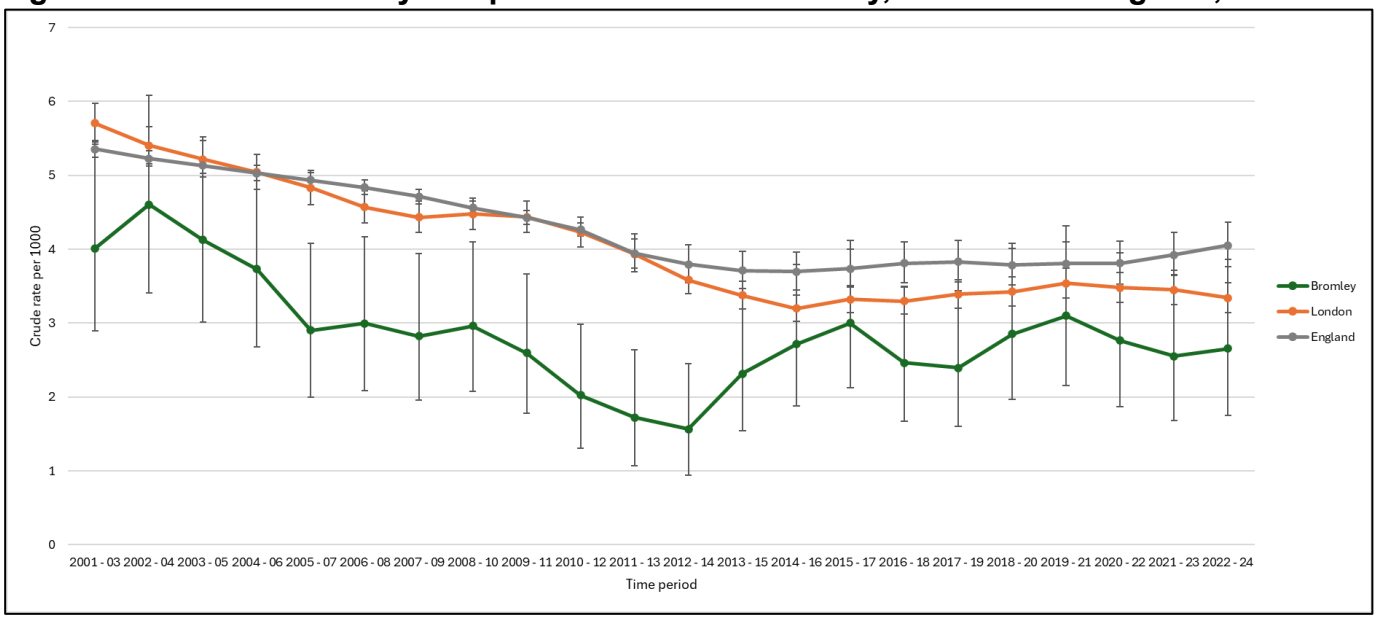
Infant mortality rate and the directly standardised death rate are two different ways of measuring deaths in childhood. The infant mortality rate measures the number of babies who die before their first birthday for every 1,000 live births in a year, so it focuses specifically on deaths in infancy. The directly standardised death rate measures deaths among children aged 1-17 years per 100,000 children and is adjusted to allow fairer comparison between areas or over time where the age structure of the child population may differ. Together, these measures help describe both deaths in the first year of life and deaths among older children in a way that can be compared across populations.

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

Figure 4.51 shows that the number of babies who die before their first birthday for every 1,000 live births in Bromley has generally remained below the rates for both London and England over the long term, although it fluctuates more from year to year, as the number of deaths in Bromley is small. In the most recent periods, Bromley continues to perform comparatively better: the rate was 2.56 in 2021-23, and 2.65 in 2022-24, compared with 3.45 and 3.34 in London and 3.93 and 4.05 in England respectively. This means that in the latest three-year average, Bromley had about 2.7 infant deaths for every 1,000 babies born alive, lower than both comparator areas. Infant mortality in Bromley has

remained relatively low in recent years and has stayed consistently better than London and England, although the small annual numbers mean short-term changes should be interpreted cautiously rather than as evidence of a clear worsening or improving trend.

**Figure 4.51: Infant mortality rate per 1000 births in Bromley, London and England, 2001-2024**

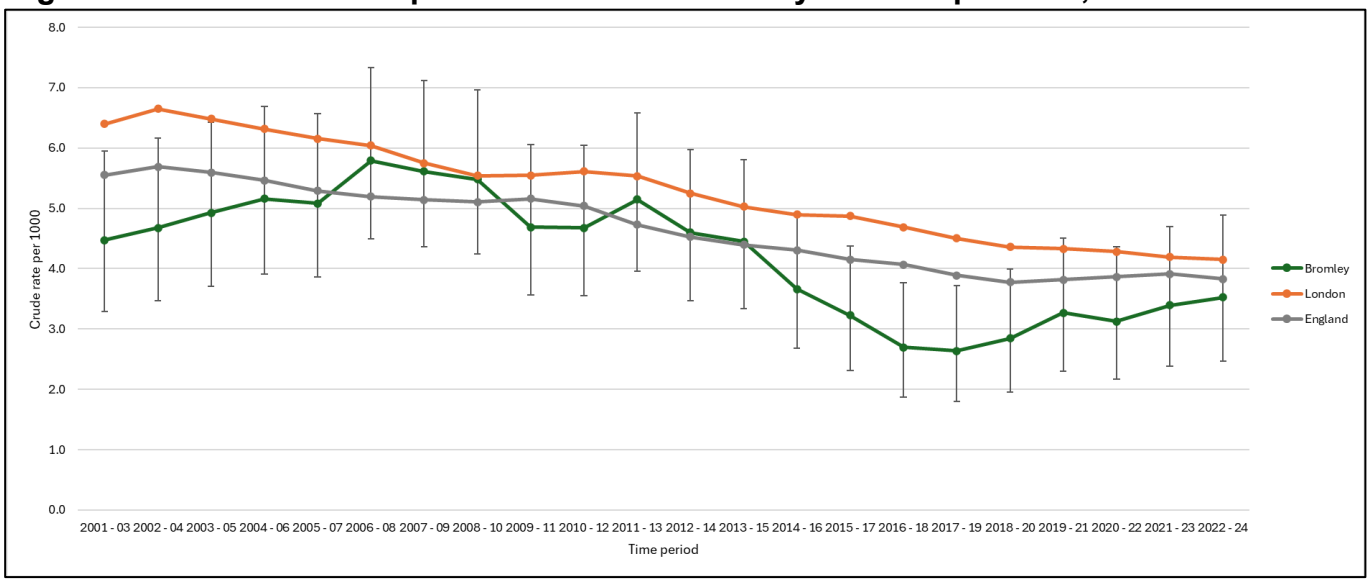



**Source: OHID Fingertips, Child and Maternal Health Profile, November 2025**

The rate of stillbirths is defined as foetal deaths occurring after 24 weeks of gestation for all maternal ages occurring in the respective calendar years per 1,000 births. Stillbirth rates in the United Kingdom have shown little change over the last 20 years, and the rate remains among the highest in high income countries. Risk factors associated with stillbirth include maternal obesity, ethnicity, smoking, pre-existing diabetes, and history of mental health problems, antepartum haemorrhage and foetal growth restriction (birth weight below the 10th customised weight percentile). In 2015 the government announced an ambition to halve the rate of stillbirths by 2030.

Figure 4.52 shows the stillbirth rate, meaning the number of babies born with no signs of life after 24 weeks of gestation per 1,000 total births; for example, a rate of 3.5 means around 3.5 stillbirths for every 1,000 births. Over the long term, Bromley's stillbirth rate was relatively high in the early and mid-2000s, peaking at 5.8 per 1,000 births in 2006-08, before falling steadily through the 2010s. Focusing on the most recent years, Bromley has remained below the England rate: the rate was 3.3 in 2019-21, 3.1 in 2020-22, 3.4 in 2021-23 and 3.5 in 2022-24, compared with 3.9, 3.9, 4.0 and 3.9 respectively for England. This indicates that although Bromley has seen a slight rise in the latest period after reaching a low of 2.6-2.8 per 1,000 births in 2017-20, its stillbirth rate remains lower than the national average. In practical terms, the most recent figure means that in 2022-24 there were 36 stillbirths in Bromley, equivalent to 3.5 stillbirths per 1,000 births, but the wide confidence intervals suggest some year-to-year fluctuation due to small numbers, so recent changes should be interpreted cautiously rather than as a clear reversal of the longer-term improvement.

**Figure 4.52. Still birth rate per 1000 births in Bromley and comparators, 2001- 2024**




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

## Table 4.13: Summary of pregnancy and birth indicators

| Indicator | Period | Bromley | | | England | | | |
|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Worst/ Lowest | Comparison | Best/ Highest |
| **Pregnancy and birth** | | | | | | | | |
| Stillbirth rate | 2022 - 24 | – | 36 | 3.5 | 3.9 | 6.9 | | 1.5 |
| Premature births (less than 37 weeks gestation) | 2022 - 24 | – | 744 | 72.9 | 79.6 | 123.5 | | 59.2 |
| Low birth weight of term babies | 2024 | → | 94 | 3.20% | 3.00% | 5.20% | | 1.70% |
| Low birth weight of all babies | 2023 | → | 257 | 7.60% | 7.40% | 11.20% | | 4.50% |
| Very low birth weight of all babies | 2023 | → | 40 | 1.20% | 1.10% | 2.40% | | 0.30% |
| Deliveries by caesarean section | 2024/25 | ↑ | 1,450 | 46.10% | 43.40% | 70.20% | | 27.80% |
| Infant mortality rate | 2022 - 24 | – | 27 | 2.7 | 4.2 | 8.7 | | 1.2 |
| Multiple births | 2023 | → | 56 | 16.7 | 14.5 | 5.4 | | 25.3 |
| Admissions of babies under 14 days | 2024/25 | ↓ | 115 | 36.6 | 90.9 | 381.8 | | 13.1 |

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

Table 4.13 shows that Bromley performs better than England on several key pregnancy and birth outcomes, with similar rates of stillbirths (3.5 vs 3.9 per 1,000 births), lower premature births (72.9 vs

79.6 per 1,000), similar rates of infant mortality (2.7 vs 4.2 per 1,000 live births) and decreasing admissions of babies under 14 days (36.6 vs 90.9 per 1,000), all indicating comparatively better outcomes locally. Bromley has similar outcome values to England for low-birth-weight measures, with only small differences in the proportion of babies born small. However, Bromley is worse than England for caesarean section delivery rates (46.1% vs 43.4%), where the local rates are high.

**Table 4.14: Child death rates in Bromley and comparators in 2022 - 24**

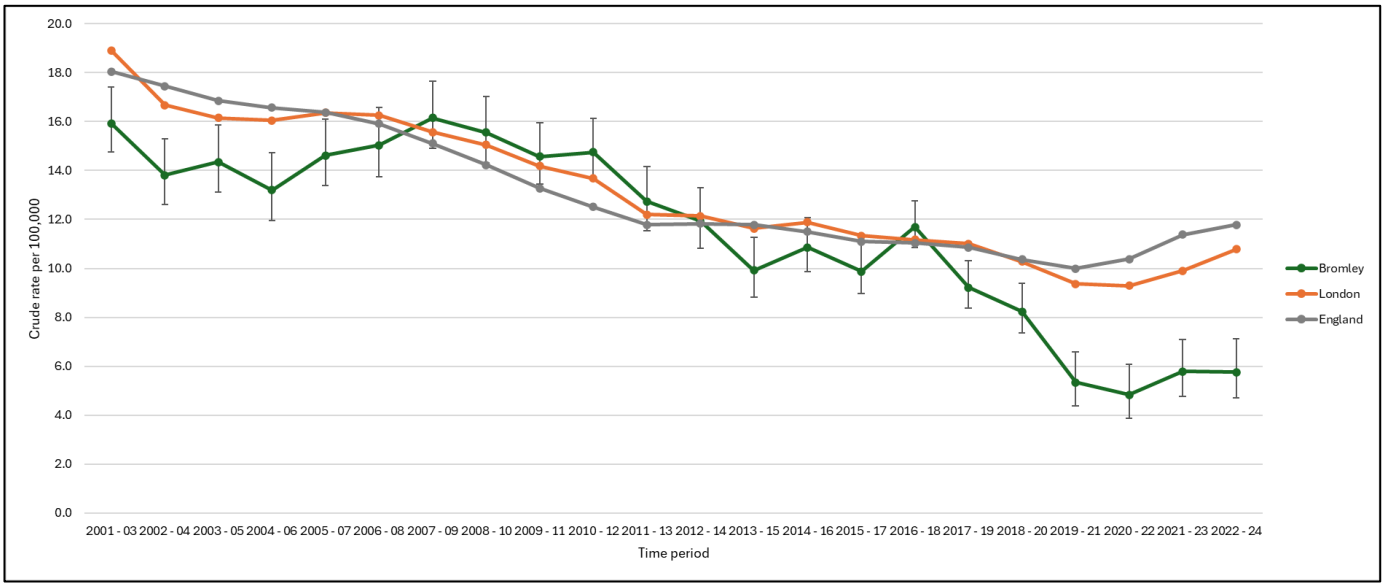
| | Bromley | London | England |
|---|---|---|---|
| **Infant Mortality Rate[5]** | 2.7 | 3.3 | 4.2 |
| **Child mortality rate (1 to 17 years)** | 5.8 | 10.8 | 11.6 |

**Source: OHID Fingertips, Local Authority Health Profile, 2025**

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

Figure 4.55 shows the number of deaths among children aged 1-17 years per 100,000 population in that age group. Over the long term, child mortality in Bromley has fallen substantially, from 15.9 per 100,000 in 2001-03 to 5.8 in both 2021-23 and 2022-24. In the most recent years, Bromley's rate remains well below both London and England, where the latest rates were 10.8 and 11.8 respectively in 2022-24. This suggests that child deaths in Bromley are relatively rare and have become less common over time, with the recent pattern indicating consistently better outcomes than the regional and national averages.

**Figure 4.54: Child Mortality rate per 100,000 (age 1-17 years), Bromley, London and England, 2001-2024**




**Source: OHID Fingertips, Local Authority Health Profile, 2025**

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

- Deaths are most common in infancy, particularly among babies under one month, while deaths among children aged 5-9 are consistently low.
- Bromley's infant mortality rate and child mortality rate for ages 1-17 is lower than London and England in the most recent data.
- The main causes of child death locally are broadly similar to national patterns, with perinatal/neonatal events and chromosomal, genetic or congenital anomalies accounting for the largest share.

**KEY FINDINGS FROM SECTION 4**

1. **Children with complex or long-term health needs**
   - The number of children and young people aged 0-17 that were diagnosed with diabetes increased from 150 in 2024 to 164 in 2026, while hospital admission rates for diabetes in children in Bromley are currently broadly similar to London and below England.
   - Recorded asthma diagnoses in Bromley fell between 2024 and 2026 across all age groups, including among children aged 0-17.
   - Asthma remains one of the most common long-term conditions affecting children and young people locally.
   - Emergency hospital admission rates for asthma in Bromley children aged 0-18 have remained consistently lower than London and England.
   - Bromley's latest asthma admission rate rose slightly in 2024/25 but remained below comparator rates.
   - Boys had higher asthma admission rates than girls in Bromley, although both remained below London and England.
   - Among children aged 0-17, the number of recorded Epilepsy diagnoses rose slightly from 412 to 433, with the highest numbers among 10-14-year-olds.
   - Hospital admission rates for epilepsy in Bromley remain below London and England, but recent local rates have fluctuated and should be monitored.
   - Both school and GP data show rising identification of autism-related needs: the rate of children with ASD known to schools increased from around 9.1 in 2015/16 to 14.0 in 2024/25, and GP-recorded ASD diagnoses across ages 0-24 rose from 2,409in 2024 to 3,392 in 2026.

2. **Children and young people with mental health needs**
   - Mental health referrals remain substantial, with anxiety being the leading concern and girls were over-represented compared with Bromley's local population.
   - The 2024 Growing Up in Bromley survey found that 66-78% of pupils regularly worried about at least one issue, academic stress increased with age, and up to 45% had low resilience
   - Of 281 crisis presentations, 80% involved young people aged 13-17 and 72% involved girls. Over half had diagnosed or suspected neurodevelopmental needs, and crisis presentations frequently overlapped with safeguarding, social care, sexual violence and school-related vulnerabilities.
   - Staffing shortages and long waits constrain access to specialist support

3. **Children with an Education, Health and Care Plan (EHCP)**
   - Although Bromley is below London and statistical neighbours for achievement of pupils with an EHCP at Key Stage 2 (KS2) in 2025, it has better academic outcomes than London or England at Key Stage 4 (KS4), and also higher rates of pupils with SEND remaining in education or going into employment/training
   - Young people with SEN experienced poorer outcomes than the overall Year 10 cohort in terms of feeling safe, getting enough sleep and some risk-related behaviours.

4. **Children at risk of significant harm**
    - Children on a Child Protection Plan are most likely to be on the plan for neglect, followed by emotional abuse.
    - 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.
    - Compared to other areas, CLA have low absence rates and a high proportion have up-to-date health checks, dental checks and immunisations.
    - Outcomes for care leavers in terms of being in education, employment or training have improved in recent years and are now broadly in line with or slightly better than comparator areas.
    - Substance misuse among CLA in Bromley has reduced substantially over time and is now broadly in line with comparator areas.
    - However, in March 2026, 11% of CLA in Bromley were receiving services from the Youth Justice System, up from 7% in 2024/2
    - A higher proportion of children and young people from Mottingham and St Mary Cray present to CAMHS in crisis
    - Most crises occur in adolescents aged 13-17 years, girls more than boys
    - Young people diagnosed with or suspected to have neurodevelopmental need were over-represented
    - 20% of those presenting reported having been a victim of sexual assault/violence
    - A significant proportion of those presenting were previously or currently known to social care
    - Presentations relating to school related distress had reduced significantly from 27% in 2023/24 to 18% in 2024/25, although presentations did increase during school term time.

5. **Deaths in childhood**

    - Deaths are most common in infancy, particularly among babies under one month, while deaths among children aged 5-9 are consistently low.
    - Bromley's infant mortality rate and child mortality rate for ages 1-17 is lower than London and England in the most recent data.
    - The main causes of child death locally are broadly similar to national patterns, with perinatal/neonatal events and chromosomal, genetic or congenital anomalies accounting for the largest share.

# 6. Glossary and abbreviations

| | |
|---|---|
| ASD | Autistic Spectrum Disorder |
| CAF | Common Assessment Framework (multi-agency assessment 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 |

# 7. Appendices

## Appendix 1: Guide to interpreting SHEU subgroup comparison

The chart compares the results for a specified group of pupils with the relevant overall Year 10 cohort. In each chart, the **dark green** bars show the results for the overall cohort. The second bar for each indicator shows the result for the subgroup named in the chart title. Its colour indicates the direction and statistical significance of the difference:

- **Dark orange** - indicates that the subgroup has a statistically significant poorer or "unwelcome" outcome than the overall cohort.
- **Light orange** - the subgroup has a statistically significant poorer outcome than the overall cohort, but with slightly weaker evidence.
- **Light green** - indicates that the subgroup has a statistically significant better or "positive" outcome than the overall cohort, with the shade indicating the strength of the evidence.
- **Blue** - indicates low statistical significance, meaning there is insufficient evidence of a clear difference between the subgroup and the overall cohort.

**Darker shades** indicate stronger statistical evidence at $p < 0.01$, while **lighter shades** indicate statistical evidence at $p < 0.05$.

The terms **"positive" and "unwelcome" refer to whether the outcome is favourable or unfavourable**, not simply to whether the subgroup percentage is higher or lower. For example, a higher percentage reporting worry would be an unwelcome outcome, while a higher percentage knowing where to access support would be a positive outcome.

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