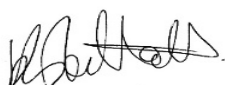


LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Annual Health Report on Children, Young People and Families – 2024/25	
REPORT OF Director of Health and Wellbeing	
FOR SUBMISSION TO Children Schools and Families Scrutiny Committee	DATE 23 June 2025
SUMMARY OF REPORT The report summarises health outcomes for children and young people (CYP) and families in Camden focusing on population health metrics, inequalities and intersectionality data. Data is taken from the Office for Health Improvement (OHID) Fingertips Child and Maternal Health dashboard, COVER, HealtheIntent as well as commissioned services across the council and health system. The report also provides updates on work undertaken to improve health and address inequalities across 2024/25 and plans for work in 2025/26 incorporating case studies, evidence of impact and children and resident voice. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Manuj Sharma, Consultant in Public Health for Children and Young People London Borough of Camden, 5 Pancras Square, NC1 4AG Manuj.sharma@camden.gov.uk	
RECOMMENDATIONS The Committee is asked to note the report.	

Signed:



Kirsten Watters Director of Health and Wellbeing

Date: 2 June 2025

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1 Purpose of Report

- 1.1 The report provides an update on Camden's performance and activity against key health indicators relating to services for children and young people (CYP). Comparison data has been taken from Office for Health Improvement and Disparities (OHID) Fingertips Child and Maternal Health data dashboard (updated in 2023), Cover of vaccination evaluated rapidly (COVER), HealthelIntent and other local and commissioned service data.

2 Background

- 2.1 The Committee receives an annual update on children's health services delivered by the North Central London (NCL) Integrated Care Board (ICB), Camden Council, and our partners.
- 2.2 This year's report details the important health issues for CYP in Camden and is again structured across the life course. The report contains details of the programmes and services offered to tackle these issues, along with goals for the upcoming year.
- 2.3 Each part of the report relates to a service or health concern and begins with the context in Camden. This encompasses data on the affected populations, including intersectionality where available. Where available, sections presents evidence on the impact of Camden services and the perspectives of CYP and families through qualitative feedback and case studies.
- 2.4 The Committee is requested to review this report, which highlights the key health outcomes for (CYP) in Camden and offers detailed information on services and local initiatives aimed at addressing our health challenges.

3 Benchmarking data for Camden across the life-course¹:

- 3.1 The below data sets out key child health metrics for which we have regional and national comparators (OHID Fingertips dashboards). This therefore sets out national priorities but may not fully represent the local Camden priorities, which are covered throughout the report.

Where available, graphs illustrating trends in these metrics are included in Appendix 1.

3.2 Infant and child mortality

- Infant and child mortality rates are similar to both England and London. The infant mortality rate was 3.46 per 1,000 and the child mortality rate (age 1 -17 years) was 9.66 per 100,000. Both rates represent a slight decrease since 2020-22.

3.3 Maternity

- 4.8% of women are smokers at the time of delivery. This is significantly worse than that of London (3.9%) and significantly better than that of England (7.4%). In the last five time periods, no significant trend has been observed in Camden.

¹ Statistics are for the year 2022-23 unless otherwise stated. Data included is the latest data available.

3.4 Early years

- Published COVER data for 2024 in Camden shows that we have similar coverage to our neighbouring boroughs in North Central London for routine childhood immunisations (0–5-year-olds) but remain lower than the national average. COVER is reported quarterly for children who are age 12 months, 2 years and 5 years.
- COVER data reporting coverage of routine childhood immunisations that are due before a child's first birthday ranged between 82.7% (Rota) and 87.3% (Hexa). Coverage for vaccines due at a child's first birthday for children aged 2 ranged between 77.6% (Meningococcal B) and 82.7% (MMR1) over the 4 quarters. The lowest COVER data was reported for children aged 5 for vaccines that they should have received routinely aged 3 years and 4 months. The lowest reported COVER for children aged 5 was DTaP/IPV (pre-school booster) at 49% and the highest for MMR2 67.3%.

3.5 School-age children

- 79.2% of children achieve expected level of communication and language skills by end of reception, which is similar to London (79%) and England (79.3%).
- 20.2% of children in reception were overweight and very overweight, which is similar to London (20.9%) and England (22.1%). 36.3% of children in Year 6 were overweight and very overweight, which is similar to London (37.8%) and England (35.8%). In the last five time periods no significant trend has been observed for children in reception or Year 6.
- 31.8% of five-year-olds had dental decay, which is similar to London (25.8%) and significantly worse than that of England (23.7%). This has been trending upwards since 2018/19.
- Healthy Schools continues to be delivered in Camden with 73% of schools engaged (40 schools). 6 schools have renewed Healthy Schools Recognition so far in 2024/2025.

3.6 Young People

- The teenage pregnancy rate is 10.3 per 1,000, which is similar to London (9.47 per 1,000) and England (13.1 per 1,000). In the last five time periods, no significant trend has been observed in Camden.
- The detection rate for chlamydia in young people aged 15 – 24 (1,753 per 100,000) is lower than England (1,962 per 100,000)

3.7 Hospital Admissions

- Hospital admissions caused by unintentional and deliberate injuries for children aged 0-14 were 68.4 per 10,000, which is higher than London and lower than England; for young people aged 15-24 the figure is 39.7 per 10,000 which is lower than London and England.
- Hospital admissions as a result of self-harm in young people aged 10-24 were 121 per 100,000, which is similar to London (126 per 100,000) and better than England (267 per 100,000). In the last five time periods, a significant downward trend has been observed in Camden.
- Hospital admissions of children and young people under age 18 related to alcohol (2021/22 - 23/24) is 38.3 per 100,000. Admissions for young people

aged 15-24 due to substance misuse were 22.4 per 100,000 for the same period. Alcohol admissions are higher than London and England rates, while substance misuse admissions are lower.

Key child health metrics are summarised in Figure 1.

Indicator	Age ↓	Period	London region	Barnet	Camden	Enfield	Haringey	Islington
Infant mortality rate	<1 yr	2021-23	3.45 per 1,000	3.22 per 1,000	3.46 per 1,000	3.73 per 1,000	3.15 per 1,000	2.31 per 1,000
Child mortality rate (1 to 17 years)	1-17 years	2021-23	9.93 per 100,000	9.32 per 100,000	9.66 per 100,000	9.4 per 100,000	11.67 per 100,000	
Under 18s conception rate / 1,000 (Female)	<18 years	2021	9.47 per 1,000	6.02 per 1,000	10.31 per 1,000	13.85 per 1,000	8.85 per 1,000	11.94 per 1,000
Children in care (<18 years)	<18 years	2023/24	51 per 10,000	36 per 10,000	59 per 10,000	51 per 10,000	62 per 10,000	84 per 10,000
Percentage of physically active children and young people	5-16 years	2023/24	47.31 %	35.26 %	51.06 %	41.21 %	48.72 %	54.78 %
Percentage of 5 year olds with experience of visually obvious dental decay	5 years	2021/22	25.81 %	30.21 %	31.77 %	28.79 %	27.54 %	24.65 %
School readiness: percentage of children achieving at least the expected level of development in communication and language and literacy skills at the end of Reception	5 years	2023/24	71.21 %	72.28 %	71.27 %	69.05 %	74.68 %	66.51 %
Reception prevalence of overweight (including obesity)	4-5 years	2023/24	20.87 %	20 %	20.16 %	23.96 %	24.03 %	21.23 %
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2 years	2023/24	87.7 %	89.12 %	86.83 %	84.68 %	85.93 %	88.41 %
Chlamydia detection rate per 100,000 aged 15 to 24 (Persons)	15-24 years	2023	1739.1 per 100,000	1214.8 per 100,000	1764.8 per 100,000	1685.5 per 100,000	2086.9 per 100,000	1779.5 per 100,000
Year 6 prevalence of overweight (including obesity)	10-11 years	2023/24	37.78 %	34.38 %	36.33 %	41.17 %	38 %	36.45 %

■ | ■ | ■ = Significantly worse | Statistically similar | Significantly better

Source: OHID

Figure 1: Summary of key child health metrics

4 Child Health Equity

4.1 Context, inequalities, and intersectionality

A 2023 Gallup survey found that less than a third of UK adults believed that the next generation would have a better quality of life. Health outcomes for children and young people, often a key measure of the health of society, are declining. Inner London is seeing a reduction in the children and young people population. Camden – one of the most unequal places to live in the country – now finds that families must be either very rich or very poor to live in the borough. Our housing policy means that we are recruiting social tenured residents with increasingly complex health and care needs. This economic environment has led to some sober findings for children and young people in the borough which highlight inequality:

- 2 in 5 children live in absolute poverty. 2 in 3 children living in poverty live in social tenure
- 2 in 5 children living in social housing have an adult with an underlying health or care need also living in the household
- The equivalent of two primary schools of children live in temporary accommodation
- Black children are most concerned about safety and spend the least amount of time playing with friends outside the home
- 1 in 3 secondary school aged children attend private schools

4.2 Progress in 2024/25

Raise Camden was established across 2024/25 and is the Council's major new programme to address health inequalities for children in our borough and support every Camden child to have the best start in life. The programme was launched with several projects described below and a comprehensive report led by the Institute of Health Equity which served as an audit for child equity in the borough. Further details are below for these specific projects with equity running throughout the content of this report.

4.3 The Equitable Services Programme

The Children and Young People's Equitable Services Programme is a change programme applying quality improvement methodology within frontline services. It aims to enable collaborative and supportive working across the services we commission and deliver, to collectively address the unjust health inequalities. In 2024/25 we undertook an audit of data collection and use across our commissioned services and held facilitated stakeholder workshops to understand what contributes to equitable services and what support will be beneficial to commissioners and providers. Based on findings from the workshops we published an insights report and have produced an equity toolkit to inform equitable practice. The toolkit includes minimum dataset production, insights repository, communities of practice.

4.4 Family Hubs Pregnancy Grants

The Council's Children's Centres & Family Hubs and Money Advice service are working with Nesta, Central and North West London NHS Foundation Trust (CNWL) and University College London (UCL), to offer a £500 cash grant to pregnant people in Camden who are in receipt of qualifying benefits, to help with the costs of pregnancy and preparing for a baby. The aim is to support up to 800 parents through this one-year pilot.

4.5 Family Hubs A&E Low Acuity follow up clinics

The Council is working with NHS partners to provide clinics in Family Hubs for families who frequently attend A&E with non-urgent issues. The clinics support the whole family to address the issues they are facing and connect them with the right healthcare support or other services that they might need with a view to increasing their usage of community services and reducing pressures on emergency services.

4.6 Community Champions

A Community Champions Coordinator employed by a local voluntary and community sector (VCS) organisation supports local residents, VCS partners and businesses to lead activities and projects that improve the health and wellbeing for residents living on council estates.

4.7 Key areas of action for 2025/26

- Following a successful Child Poverty Roundtable in May 2025, the leader of the council has announced a Raise Camden Taskforce to be co-chaired with Prof Sir Michael Marmot. This Taskforce will meet quarterly to take forward a partnership proposal to establish an innovation hub, and deep dives focusing on challenges raised by the Institute of Health Equity report. We seek to establish innovations around these challenges, focusing on our themes of child poverty, whole family mental health, structural racism and inequality. Over the coming year we will also focus on strengthening the enabling workstreams:
 - Children and young people's voice is central to both understanding the challenges and consequences of childhood poverty, and influencing decisions made about solutions. We will establish Raise Camden trustees and young peer researchers.
 - Further embed our equitable services programme and considering its application at system-level.
 - Develop a 0-19/25 data view which allows us to systematically assess the use of services and resulting outcomes by equality characteristics. This will support front line delivery to ensure we centre the needs of those with greatest potential to benefit within our universal offers. It will also build the infrastructure required to evaluate test and learns and to be eligible for significant research investment.
 - A Health and Housing dataview to support whole household intervention will be developed
 - The Institute of Health Equity in year two of our partnership will work to support our understanding of and response to whole family mental health in core groups.

Case Study: Raise Camden Report - Health Equity Data Audit

As part of the Raise Camden programme, Camden council commissioned the Institute of Health Equity (IHE) to assess available data and summarise the current situation and issues in the borough with respect to child health equity. The report launched this year at the We Make Camden Summit, uses the Raise Camden conceptual framework – adapted from the Child Health Equity Collaborative framework created by IHE and Barnardo's – to structure the report into sections that describe family circumstances, childhood experiences, and health and wellbeing. The report also produced a series of recommendations for Camden Council, Camden partners, and National Government across six action areas which would have significant positive impact on child health equity in both the short and long term – improving incomes and reducing deprivation, housing, education, community and safety, data, and health. The report will be used by Raise Camden as a baseline and evidence base for its future work and planning.

Pregnancy and Early Years

5 Maternity

5.1 Context, inequalities, and intersectionality

Birth rates in Camden declined by 16% between 2013 and 2021. This trend is expected to continue over the next decade according to 2020 Greater London Authority (GLA) projections.

- 5.2 There are stark inequalities in maternal outcomes for certain ethnic groups and women and birthing people* living in areas of higher deprivation. NCL has wide socio-economic variation and, like many areas of London, has areas of high deprivation in close proximity to areas of affluence. Almost half of all maternity admissions in NCL are in the most deprived 40% of the population.
- 5.3 A 2023 audit in one part of NCL showed a higher proportion of women from 'Any other White' backgrounds had stillbirths, followed by Black African women, as well as those requiring language services, women over 40 years of age and people living in deprived areas.
- 5.4 The perinatal period is defined as the period comprising of pregnancy and one year post pregnancy. National guidelines suggest that around 1 in 4 women experience perinatal mental health issues, and health outcomes for global majority groups tend to be worse.
- 5.5 **Progress in 2024/25**
- The Health and Wellbeing department developed a Maternity public health workstream to centralise the ongoing maternity-focussed projects in the department, with the aim of building relationships and pathways with internal and external partners and stakeholders.

*This report uses the terms 'woman' and 'mother' which should be interpreted to include all people who have given birth, even if they do not identify as women or mothers.

- The Family Hubs Pregnancy Grant (FHPG) pilot was developed with several internal and external partners as part of Raise Camden. The one-year pilot launched in April 2025 and is expected to reach up to 800 pregnant women and birthing people who are resident in Camden and in receipt of any qualifying benefit.
- To support delivery of the NCL Maternity Equity and Equality Action Plan, a series of 'maternity listening events' have taken place with Bangladeshi women. The aim of these events is to learn more about their experiences of antenatal education and support.
Findings will be shared with colleagues at UCLH who are developing an antenatal education programme tailored to the needs of Bangladeshi women.
- In order to assess met and unmet perinatal mental health (PNMH) and parent-infant relationship (PIR) need in Camden, a joint strategic needs assessment (JSNA) was undertaken. Modelled estimates suggest that 941 women and 336 men experience perinatal mental health issues per year in Camden. Alongside this work a traffic light pathway for PIR and PMH support has been developed, which will be integrated into the Best Start for Baby Pathway. The recommendations will be shared across council and health and include advice on how to reduce stigma and improve engagement with global majority households, improve detection of PMH and allow earlier intervention.
- Camden's Best Start for life Strategy is being developed which will integrate child health equity considerations within existing Start for Life workstreams delivered in Family Hubs
- A new Maternity and Early Years Project Lead post was created through Family Hub funding in autumn 2024 to further integrate maternity and early years services.

5.6 Key areas for actions 2025/26

- Support delivery of the NCL Maternity Equity and Equality Action Plan by working with commissioning, Early Years and maternity colleagues to drive actions to increase support for women and birthing people at risk of worse outcomes
- Support UCLH and Early Years colleagues with the development of antenatal education for Bangladeshi women. Scope the current provision of antenatal peer support for Bangladeshi women, including working with UCLH colleagues to develop and refine the Birthing Buddies programme
- Support improved uptake of the Best Start for Baby antenatal offer through the impact and reach project, including contacting families not engaging at 3 months.
- Commence implementation of the recommendations from the perinatal mental health JSNA and develop a joint, integrated approach to workforce development, involving NCL maternity colleagues, Camden's Early Years team and other relevant stakeholders.
- Refresh the Maternity and Early Years Action Plan. The Early Years Information and Engagement Team will focus their outreach activity to prioritise engaging families during pregnancy. Deliver the Solihull Antenatal parenting programme in a range of community languages.

6 Maternity and Smoke Free campaign

6.1 Context, inequalities and intersectionality

Smoking during pregnancy increases the risk of some complications including stillbirth, miscarriage and sudden infant death. Babies born to mothers who smoke are more likely to be underdeveloped and be born in poor condition. Parental smoking after birth is associated with a three-fold increase in the risk of sudden infant death.

6.2 Smoking is also a major cause of health inequalities, with smoking rates among pregnant teenagers, and people living in more disadvantaged parts of the country, being considerably higher than in older, less deprived groups.

6.3 In 2023/24, 87 Camden mothers were smoking at the time of delivery, the fourth highest rate in London. This was a statistically significant lower rate compared to England, but similar to the London average.²

6.4 Progress in 2024/25

NCL has been implementing the NHS Long Term Plan recommendations to bring stop smoking services within maternity trusts since 2022.

6.5 As of January 2025, 100% of pregnant smokers in NCL have access to an in-house trust maternity tobacco dependence service. Standard operating procedures and referral pathways are established. Currently, data on pregnant smokers is not available by borough.

6.6 Since January 2025, all NCL maternity trusts have been participating in the National Smokefree Pregnancy Financial Incentive Scheme. This scheme aims to keep pregnant smokers engaged with the tobacco dependence service throughout pregnancy and to remain smoke-free in the months immediately following delivery. The scheme is funded by the Office for Health Improvement and Disparities (OHID).

6.7 Key areas of action for 2025/26

- Camden is working in partnership with North Central London Integrated Care Board to explore the use of vapes (e-cigarettes) with pregnant smokers, with Camden submitting an expression of interest on behalf of the ICB. There is strong and growing evidence, including systematic reviews of clinical trials, and consensus across the UK's leading health organisations, that vaping is substantially less harmful than tobacco smoking although it is not risk-free. [Nicotine vaping in England: 2022 evidence update main findings - GOV.UK.](#)
- NCL is extending the pathway by collaborating with health visitors to support post-partum relapse prevention and promote smokefree homes. Additionally, we are considering ways to support family members and significant others in their efforts to quit smoking.
- We are conducting a comprehensive analysis of smokefree pregnancy demographic data to better understand the pregnant smoking populations in NCL. This information will help shape strategic commissioning across NCL and reduce health inequalities.

² DHSC. Fingertips Public Health Profiles. Smoking status at the time of delivery 2023/24. [Fingertips.phe.org](https://fingertips.phe.org) [accessed 2nd May 2025]

7 Family Hubs

7.1 Context, inequalities, and intersectionality

The Family Hub programme was launched by the government at the end of 2022 as a means of bringing services for families together and making them more accessible. The programme was initially funded for 3 years, until 2024/25, however, an additional year was agreed pending a decision about long term funding being considered in the spending review. The Early Years Foundation Stage profile measure for which children are assessed at the end of their reception year shows that more children in Camden are reaching their expected level of development: 69.8% compared to 67.7% in 2022 (65.3%; 65.2% England).

- 7.2 The inequality gap between children entitled to free school meals is narrowing: 18.9% in 2022 and 15.7% in 2024 (22.9%; 18% England), but there is still significant progress to be made.

A map of Camden's Children's Centres and Family Hubs is available in Appendix 2.

7.3 Progress in 2024/25

Camden's Family Hubs have built on the boroughs successful and trusted Children's Centres and have introduced some innovative approaches to tackling inequality that draw on evidence-based practice and are shaped by experts funded through the Family Hub grant.

- 7.4 The potential impact of the Family Hub approach can only be truly realised through effective partnership working and a diversity of approaches that encourages all families to engage with services. Camden has a rich Voluntary, Community and Social Enterprise sector which affords a unique opportunity to welcome families in different ways.

7.5 Equity and Inclusion in Early Years

- The Equity and Inclusion Family Hubs Delivery group was formed with the purpose of ensuring that Family Hubs continue to meet the needs of families with greatest potential to benefit. This has overseen the delivery of: Family Hub Pregnancy Grants, Low Acuity A&E follow up clinics, anti-racist maternity support, and outreach strategy.
- In development is a 0-19/25 data view, building on the Integrated Early Years Database. We are also considering the approach taken for Family Hubs and locality networks as we developed the offer for school aged children, recognising that child poverty is now equally prevalent in primary school aged children as it has been historically in early years.
- We are conducting a research study with grassroots organisations within Camden in collaboration with the Young Camden Foundation and Camden Giving to understand global majority families' attitudes towards, and engagement with, universal services up to the age of 11. This will support the design and development of our expansion into universal family support for older age groups.

7.6 Perinatal mental health (PMH) parent infant relationships (PIR)

- Perinatal mental health problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental ill health affects up to 27% of women and approximately 10% of fathers during the perinatal period. Research into baby mental health, couple functioning in the transition to parenthood, and the role of social support related to perinatal mental health disorders, all highlight the importance of working with the whole family to support positive outcomes.
- Expert leadership has been commissioned with Family Hub funding to develop a perinatal mental health pathway in collaboration with key partners, with a vision of developing an integrated care pathway to support to provision of effective services and care for families. The pathways have been developed in consultation with families from a range of backgrounds, with lived experience of accessing Camden's services.
- The cornerstone of the perinatal mental health pathway is Camden's new 'Best Start for Baby' service, an enhanced healthy child programme that commenced boroughwide delivery in April 2024. This is a universal service providing 3 monthly appointments in a baby's first year focusing on the parent / infant relationship, perinatal mental health and the early identification of any developmental delay. Uptake is being closely monitored to ensure that those children most likely to be at risk of poor outcomes are brought for appointments and staff has been assigned to contact parents who don't engage.

7.7 Parenting Support

A range of parenting programmes are offered to parents in groups, online or supported one to one sessions at home. These include Solihull antenatal, postnatal and 'Understanding your child' courses; Triple P; Dad's antenatal sessions; Strengthening Families, Strengthening communities; and more specialist programmes for families, e.g., for separating parents or where there is domestic abuse. Some courses are available in different languages such as Bengali and Arabic and Creche facilities are available for some groups when the need is identified. Solihull and Triple P launched online in December 2024. To date 71 families have signed up for Solihull, 75 families are completing Triple P and 30 are completing the Triple (Teens).

7.8 Speech and Language in the Early Years

- Steady progress is being achieved in the proportion of children that reach their expected level of development in communication, language and literacy by end of the Foundation Stage. 79.2% of Camden children reached expected level, which exceeds England average.
- Camden Kids Talk is a project to increase the communication, language and literacy skills of Camden children, from pregnancy to age 5. The project uses the Wellcomm screening tool across agencies to support early identification of speech and language need. The project has been running for 2 years and has achieved a 20% decrease in the percentage of children in primary school nurseries that were more than 12 months behind their expected level of development (9 schools in 2023/24).

7.9 Key areas of action for 2025/26

- A key next step for the Family Hub programme in Camden is to build on strong relationships in the local Family Hub networks to create more formal partnerships that enable better understanding of Families' engagement and unmet need.

- Work is underway to scale up Camden Kids Talk provision
- Following a trial in Kilburn Grange Family Hub, information screens will be installed in the remaining 4 Family Hubs to promote services and public health messages.
- Further develop multi-agency working with over 5s teams located in the family hubs. This includes the Child and Adolescent Mental Health Services (CAMHS), Camden Talking Therapies, RESPOND and the Enuresis Service.
- Work with colleagues to join up the national social care reform and family hub agenda to improve access to family help in neighbourhoods.

8 Health Visiting

8.1 Context, inequalities, and intersectionality

Camden has a diverse and transient population of children and young people. with the fifth largest population churn in the UK, due to large migration flows in and out of the borough. The 2021 Census showed 10,000 children aged under 5 living in Camden. Levels of need are high as outlined earlier, which requires a health visiting service centred on improving child health equity.

8.2 Progress in 2024/25

8.3 Key areas of progress in 2024/25 include designing a new specification for the Health Visiting Service. Camden's Health Visiting Service is commissioned to work in partnership and integrate with the Family Hubs and Early Years service from April 2025 – March 2030.

8.4 An evaluation of the Service undertaken last year, including data analysis as well as feedback from 48 parents and 47 staff members, and found the Service was performing well compared to other boroughs, meeting its targets and was highly regarded by parents.

8.5 Recommendations to further improve equity and integration have been built into the new service specification and they include:

- Delivery of three additional universal contacts under the Best Start for Baby Programme at 3, 6 and 9 months, and targeted appointments at 15 and 18 months. This is on top of the 5 mandated contacts. Plus, closer scrutiny of who does not attend appointments.
- Health visitors will deliver comprehensive antenatal visits with low-income families (40% of expectant parents) at home or a location of their choice.
- Staff are being better equipped to screen, assess and support perinatal mental health and parent/infant relationships with more training and the implementation of ready to relate and an updated perinatal mental health/parent-infant relationship pathway guidance.
- Health visitor leads have been identified to develop the service against seven early years high impact areas; equity, transition to parenthood, family mental health, breastfeeding, healthy weight, ready to learn and improving health literacy.
- Health visiting practitioners are receiving regular reflective practice supervision on speech, language and communication to support their knowledge and practice, increase appropriate onward referrals and promote Camden Kids Talk.

8.6 The Service is working collaboratively with partners to evaluate impact and reach of Best Start for Baby Programme via a successful National Institute for Health and Care Research (NIHR) bid.

8.7 Work is ongoing to tackle barriers to breastfeeding within specific communities with its linked infant feeding service and supporting multiple areas under the Family Hubs Programme.

8.8

The Health Visiting Service is also taking action to improve its equity data reporting and acting on those findings, with additional reporting required on ethnicity and deprivation

8.9 **Key areas of action for 2025/26**

- A focus on increasing antenatal visits for low-income families and connecting provision, e.g. the Family Hubs Pregnancy Grant pilot, where this can improve reach.
- Supporting Health Visitor leads to develop the service against 7 high impact areas
- Contribute to the further development of the antenatal offer, using the pregnancy data shared with Early Years to inform the integrated service offer.
- Report on the impact of WellComm screening at universal contacts (12 months and 2 years) and targeted contacts (15 and 18 months) to assess the effectiveness of early identification of communication and language delay
- Publish the Best Start for Baby (BSfB) handbook and evaluate impact using the BSfB outcomes framework.
- Establish a new workstream to review and develop a more integrated support offer for homeless families across health visiting, early years, housing and partners.

9 **Breast and Infant Feeding**

9.1 **Context, inequalities and intersectionality**

81.5% of babies born in Camden between September 2024 and February 2025 received some form of breast milk up to 6 – 8 weeks of age (either partially or exclusively breast feeding).

9.2 White British mothers are most likely to initiate breastfeeding but stop before 6-8 weeks, with a disproportionately higher rate (although very low volumes) of Bangladeshi mothers also being more likely to stop breastfeeding before 6-8 weeks (September 2024- February 2025).

9.3 Mothers from the lower-range IMDs are also more likely to initiate breastfeeding but stop before 6-8 weeks, which is in proportion to the overall population make-up of Camden.

9.4 **Progress in 2024/25**

- 100% of new parents had contact with the Baby Feeding Team since the start of the 2024/2025 year. This is up from 82% in (2023/2024). All new parents are offered a New Birth Feeding Call within the first week of giving birth.
- The team now has 34 Infant Feeding Volunteers
- In partnership with Camden Health and Wellbeing Team the Baby Feeding Team have launched a Camden wide Breast-Feeding Friendly Scheme to support parents and families breast feeding out of home.

- The established Camden Crisis Infant Feeding Pathway has been re-designed to improve understanding and accessibility of this service by frontline staff working with families.
- The Early Years, Schools and Families team delivered Starting Solids sessions to 252 unique families (491 total attendees). 100% of attendees followed up weaned around 6 months in line with recommendations. 44% of attendees were from Black and minority ethnic groups.

9.5 Key areas of action for 2025/26

- In June 2025 Camden Health Visiting are undertaking reaccreditation for the UNICEF Baby Friendly scheme which was awarded to them in June 2023.
- The Baby Feeding Team is undertaking an equity deep dive to understand population groups where breast feeding is lower and undertake targeted support and outreach work. This work will both inform immediate practice as well as informing the Camden Baby Feeding Strategy that will be completed in 2025/2026.
- The Baby feeding Team is undertaking Baby Wearing Consultancy Training, to enable them to support parents to safely baby wear after the high-the profile baby death in September 2024 in a London Borough.
- Report on take-up of Anya, the digital service which includes out of hours support.

School aged Children and Young People

10 School nursing service

10.1 Context, inequalities, and intersectionality

The Camden School Nursing Team, delivered by CNWL, supports the health and well-being of children and young people (CYP) aged 5-19 from significantly diverse ethnic, socio-economic backgrounds to ensure that all achieve the best health outcomes.

10.2 Our School Nursing Team leads on a range of preventative and universal programmes like the National Child Measurement Programme in reception and Year 6 and School Entrant health reviews which help create a baseline for each child and address any emerging issues in tailored support plans within a multi-agency approach when necessary.

10.3 Progress in 2024/25

The service completed 98% school entrant reviews (HR4) for reception children, a 1% increase from the previous year. The trend for 2024-2025 academic year is also a positive one, with 32% completed in Autumn term as opposed to 28% in Autumn last year; 739 children's health needs have been reviewed.

10.4 As of July 2024 our school nursing team weighed and measured 96% of children through the National Child Measurement Programme (NCMP). This is a 6.5% rise in comparison to 2023. In the current academic year, the team is working to increase the number of follow up appointments done within the 6-week timescale recommended in the national guidance.

- 10.5 Annual feedback and impact data released in August 2024 show an increase in volume and quality of the feedback from schools, CYP and parents about school nursing. Of the 68% of schools sharing feedback, 95% of them rated the service as having high or significant impact on care planning, management of medical conditions and medication in school, including medical condition training. A total of 522 children's feedback has been collected across all age groups, with 100% reporting feeling listened to by their school nurse, sharing that they had a positive learning experience about their health. All would recommend this as "a good team to come and see."
- 10.6 School Nurses are alerted to children with medical conditions through new entrant health questionnaires, and through school transition handovers from Health Visiting. As of July 2024, there were 2,544 CYP flagged as having a long-term medical condition (36% with asthma; 1.5% with diabetes; 31.4 % with allergies), an increase of 560 pupils in comparison to 2023-2024 academic year. School nurses have also been supporting 848 children with conditions not categorised as long-term conditions, such as oncological diagnosis, ulcerative colitis and Crohn's disease.
- 10.7 The school nurses have continued to play a key role in ensuring the safety of children by following up on red and amber ED attendances. By reviewing the ED summaries, they can identify any exacerbations of medical conditions, safeguarding concerns, or support required for a new clinical diagnosis made following ED attendance. From September to December 2024, the school nursing service received 187 ED notifications, which is a slight decrease compared with the number received in the summer term (208). A similar decrease has been registered for those admitted due to acute self-harm/mental health – 9 CYP in Term 1 of 2024-25 as opposed to 22 in Term 1 of 2023-24. For all these CYP our school nursing team has maintained regular contact in school offering empathic listening, motivational interviewing and facilitating referral to specialist support services.
- 10.8 Following last year's action plan, progress has been made to develop co-production in the service, by partnering with Public Health's Health and Wellbeing Champions to ensure CYP feed into how the service is run and what it should offer.
- 10.9 Building on last year's feedback, service-level agreements have been piloted with 5 schools at the end of the school year to set clear expectations for both parties for the new academic year, so that in September the process and framework is already in place.
- 10.10 **Key areas of action for 2025/26**
- The Team continues to provide their support to address challenges with schools attendances in particular those related to health in the borough
 - To tackle an increase in Duty contacts – 150 more in Term 1 compared to previous year and an increase in "general enquiries" contacts – work is being done to promote key eligibility criteria for the service and information about the remit of the service, to maximise the time spent on pupils needing more help.

11 Sexual and Reproductive Health and Healthy Relationships

11.1 Context, inequalities, and intersectionality

Camden's young people's sexual health services are jointly commissioned with Islington Council and delivered by Brook in partnership with CNWL. The service operates across two main sites; Brook Euston and Archway Sexual Health Centre. It provides STI testing and treatment, access to contraception, health advice and counselling. In addition, the service provides clinical outreach at several key sites in the borough and works with schools, youth and education settings to provide Relationships and Sex Education (RSE).

11.2 In October 2024 the UK Health Security Agency (UKHSA) published its Sexually Transmitted Infection (STI) Prioritisation Framework setting out an evidence-based framework to inform local commissioning decisions. This framework highlights that STIs are not experienced equally across the population with rates of STI diagnosis remaining consistently high in certain groups: young heterosexuals aged 15-24, Black populations, Gay, Bisexual and Men who have Sex with Men (GBMSM), people residing in the most deprived areas.

11.3 A Camden Sexual Health Needs Assessment was undertaken and published in 2024. This identified the following challenges amongst young people in the borough:

- Declining access to specialist contraception services since 2017
- Reduction in access to C-card (condom distribution) scheme since Covid-19
- Uptake of in-clinic appointments reducing

11.4 Progress in 2024/25

In the last year Brook have taken a number of steps to ensure services are meeting the needs of the local population. These include:

- Refocusing their outreach offer to address inequalities through access to 'clinic in a box' (satellite sexual health screening) at various locations, for example at Black Pride.
- Delivered targeted RSE sessions within SEND schools and youth settings.
- Established a new partnership with the Camden CLA service to deliver in-reach sexual health services.
- Delivering RSE on emerging topics for young people including pornography. These sessions aim to educate young people on why people watch porn, risks of watching porn, problematic porn use and consent.

11.5 In addition, Brook have produced a series of TikTok and Instagram videos to help 'myth bust' in key topic areas like contraception, STIs and menstruation. They have featured the Brook Euston clinic in videos to show young people what to expect when they visit a sexual health service. The videos have been popular and have helped to reduce anxiety which can be a barrier to young people accessing services.

11.6 In recognition that promoting positive sexual wellbeing and reproductive health is not solely the remit of our health services, in 24/25 work was started on a new Sexual Wellbeing and Reproductive Health work programme, with a report and recommendations due in July 2025. This has four key pillars – ‘healthy relationships’ (how residents are supported to get accurate, high quality information and address harmful practices wherever possible), ‘STI prevention, testing and treatment’, ‘Towards Zero HIV Transmission and Living Well with HIV’ and ‘Good reproductive health across the life course’ (focussing in particular on the reproductive health of women and girls, where there are known significant health inequalities’. Across 24/25 the strategy has triangulated intelligence from the needs assessment, stakeholder views and resident insight through multiple listening events including specific groups underserved by services or who may experience inequities in access to services (e.g. children, young people, women and gay and/or bisexual men from global majority communities, residents living with HIV, sex working women).

11.7 Key areas of action for 2025/26

- It is recognised that access to contraception has reduced amongst young people in Camden since 2017 and particularly since the Covid-19 pandemic. In response to this Brook are reviewing their C-Card delivery sites; offering refresher training to staff where required; and increasing promotion of the service to residents they are coming into contact with, as well as promoting the service through their wider Brook communication channels (website, social media).
- Brook will continue to work with young people as part of their RSE lessons to provide advice and information on the different types of contraception available, including any new forms of contraception (e.g. contraceptive ring and female condom) ensuring they receive accurate information from reputable sources. These sessions also provide the opportunity for Q&A so Brook can better understand any emerging themes for young people and design sessions in response.
- Under 25s account for 30% of all online STI screens. The E-Service is well received by young people in Camden and work will continue to build on this through the promotion of online contraception whereby young people (over the age of 16) can receive the contraceptive pill and/or condoms online.
- Work will continue to finalise our Sexual Wellbeing and Reproductive Health work programme recommendations and begin a programme of implementation

12 Youth vaping

12.1 Context, inequalities, and intersectionality

Vaping products can play a role in supporting adults to stop smoking. Vaping products carry a small fraction of the health risks that are associated with tobacco. However, vaping is not risk-free, particularly for people who have never smoked, and research shows that most children who use vapes have never smoked. The potential long-term health impacts of vaping remain uncertain.

- 12.2 In 2024, 7.2% of children aged 11-17 in Great Britain currently vaped compared to 5.1% who currently smoked. 2.8% are dual users, who both vape and smoke. 3.0% of all youth vaping less than once a week and 4.2% vape more than once a week. As the vast majority of children don't smoke, never smokers make up four in ten (39%) children aged 11-17 who have ever tried vaping.³
- 12.3 In the 2021 Health Related Behaviour Questionnaire, 17% of Camden secondary school pupils said that they had tried vaping, 4% vape less than once a week, and 4% vape regularly. This compares to 8% who have ever smoked, 2% who smoke less than once a week, and 1% who smoke more than once a week.⁴ The next HRBQ survey results will be available in June 2025 with extra insights on vaping with updated questions
- 12.4 From 1 June 2025, it will be illegal to sell, supply or possess for sale or supply any single-use (disposable) vapes. This is particularly important as disposable vapes have become highly appealing products for children because of the wide range of flavours, bright colours, use of cartoons and highly visible points of display in shops. Illicit vapes may not be compliant with UK standards and/or may be counterfeit products. They may pose risks to health from unsafe levels of toxic ingredients and/or have nicotine double or more above the legal UK limit. There is a potential risk that those selling illegal vapes are also more likely to sell to children and young people.
- 12.5 Progress in 2024/25**
- 12.6 In 2024/25, Trading Standards advised 159 retailers and seized 5,850 illegal vapes from 19 retailers. Trading Standards are also working with retailers to take responsibility for addressing teen and illegal vape sales through the Camden Responsible Retailer programme and through ongoing communications. 7 retailers signed up to our Responsible Retailer scheme.
- 12.7 Trading Standards have identified Camden Town, Kentish Town and Kilburn High Road as particularly high-risk areas for selling illegal vapes and selling to under-18 year olds. Whilst enforcement action has resulted in several vape shops voluntarily closing and coming into compliance and even withdrawing alcohol licence applications, Trading Standards have identified new hot spots in Finchley Road, Mill Lane, whilst Queens Crescent persists as an area requiring further enforcement intervention.
- 12.8 In anticipation of the disposable vapes ban, the Health and Wellbeing Department has funded an additional 0.5WTE post in trading standards to raise awareness and enforce the ban, as well as to increase underage test purchasing activity
- 12.9 In 2024/25, Trading Standards undertook 21 test purchases with young volunteers, of which 7 "failed" (i.e. the young volunteer was able to buy vapes). Test purchases prioritise retailers that have previously failed a test purchase, with enforcement ranging from warning letters to formal caution/prosecution for repeated test purchase failures.

³ Action on Smoking and Health, Use of vapes (e-cigarettes) among young people in Great Britain. July 2024

⁴ Camden Health Related Behaviour Questionnaire, 2021

12.10 Camden has introduced a Responsible Retailer Scheme. This initiative is aimed at providing all retailers with the tools they need to comply with laws regarding age restricted products. The programme not only tackles health education on vapes but will extend to cover smoking, knife and corrosive crime and drinking. Five of the seven retailers who failed a vapes test purchase signed up to the scheme.

12.11 The Early Years, Schools and Families team developed and delivered a Vaping workshop for Secondary school pupils. Delivery started in summer term 2024 with 150 pupils from year 7 and year 9 attending. The Council has also produced and distributed a new Vaping leaflet for young people and parents.

12.12 **Key Areas of Action for 2025/26**

- A regional roundtable on teenage vaping is being planned for the summer, chaired by Camden's Director of Public Health. The event will draw on insights and intelligence to develop a consensus position on the potential harms that young people may be exposed to by starting and continuing to vape.
- We have provided additional resource this year to Trading Standards to undertake more test purchases and work with local retailers on stopping underage sales. Trading Standards have enforcement around secondary schools and where retailers are concentrated. This important work will continue in 2025/26. We are also working with Community Champions, to recruit young volunteers to work with Trading Standards.
- There is a lack of evidence on what works well to support teenagers to stop vaping, and there are service gaps across local authorities, including Camden. There are currently discussions around a regional support offer for teenagers who vape across London. We are also discussing with a local NHS Trust on the potential for piloting a service in Camden building on early learning from the UK's first stop vaping service at Alder Hey Children's Hospital in Liverpool.
- We will review our communications materials, messages and channels with young people to see how we can best reach more teenagers through a behavioural insight approach that can help them to resist peer pressure or other influences to vape

13 **Substance and alcohol misuse services**

13.1 **Context, inequalities, and intersectionality**

Camden's young people's drug and alcohol service (FWD) operates within the Integrated Youth Support Service (IYSS) of Camden Council. FWD have recently completed a Sector Led Improvement (SLI) Practice Improvement Framework in partnership with commissioners.

13.2 The areas of improvement identified by FWD include:

- Analyse demographic data and compare with local population to target underrepresented communities
- Reach out to organisations that support the LGBTQ+ community in Camden in order to increase referrals to the service, and to make the service offer more inclusive.

- Encourage teams to embed referring to FWD into their assessment/screening processes rather than at a later stage, creating joint-working agreements if needed.
- Mapping out schools, colleges and universities that aren't referring to FWD or where there isn't a clear contact. This will then lead to an action plan being developed with commissioners aimed at improving partnership-working

13.3 Some of the work to address the areas of improvement have already started by FWD. These include:

- Addressing the under representation of young people who identify as female accessing the service by setting up brunch clubs in care placements, as well as providing Camden School for Girls with drop-in services and group sessions.
- FWD have started work with the following teams to embed screening processed at the point of assessment: LAC pathways placement, New Horizon, Engage Team, Youth Justice Service, Youth Early Help, multi-agency safeguarding hub (MASH), Key stage 2 & 3 Pupil Referral Units (PRUs), The HIVE
- Working with the Somali Youth Develop and Resource Centre and delivering training to parents and professionals.
- Continuing to host consultation meetings for new and trainee social workers which has resulted in a steady stream of referrals from across Children and Family Services.

13.4 **Progress in 2024/25**

There have been a number of successes for FWD during 2024/25 demonstrated through both their data and new partnership initiatives.

- Number of young people access FWD for brief interventions (tier 2) and structured treatment (tier 3): 370 young people accessed support. which is an increase from previous year
- Successful discharge from structured treatment: on average 93% of young people leave in an agreed and planned way.
- Planned discharged users' satisfaction rating: 100% of young people stated they were happy with the service and would recommend the service to others.
- Evaluation of workshops delivery: 98% of young people and parents stated they were happy with the content provided in the workshops.
- 181 professionals have attended training.
- FWD supported the Detached Team and British Transport Police with county lines operations at Kings Cross and Euston train stations, with the aim of identifying young people involved in county lines and signposting them to appropriate services. 35 young people were stopped and searched. Of the 35, five young people who were found with possession of cannabis, none where from Camden.
- FWD were funded to provide a designated role to engage the most vulnerable young people who are involved in youth violence, exploitation, and criminal behaviour. This role has been funded from the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). Some of the outcomes achieved by this role include:

- Supporting 49 young people with drug and alcohol needs.
- Delivered targeted workshops to young people who has self-disclosed as being involved in gang activity.
- Delivered parent/carers workshops for parents/carers known to the Youth Justice Service, who had children on orders.
- Delivered Ketamine awareness training to the Youth Justice Service.

13.5 Key areas of action for 2025/26

- Further increase the number of young people accessing structured treatment through system wide promotion and awareness initiatives.
- Develop an action plan based on identified priorities from the Practice Improvement Framework including:
 - strengthening partnership work with the LGBTQ+ community
 - working in partnership with voluntary sector organisations in order to reach out to parents and young people from global majority.
- Review and implement changes required to ensure workforce meets the [NHSE Drug and Alcohol Capability Framework](#).

14 Youth Safety

14.1 Context, inequalities and intersectionality

There were 110 proven offences by children in Camden in the year ending March 2024, compared to 98 the year before, demonstrating a 12% increase in proven offences. 18% of these offences had a higher gravity score in the latest year.¹

14.2 In Camden, violence against the person accounted for 38% of offences committed by children which is in line with London, England and Wales¹. The second most common offence in Camden is theft at 15%, which varies from London (robbery) and England and Wales (motoring, theft and other).

14.3 Rates of juveniles 10-17 receiving their first conviction, caution or youth caution is 154.8 per 100,000 which is above London's rate of 143.3 per 100,000 but below neighbouring boroughs of Islington and Haringey.²

14.4 The number of Camden children in the youth justice system has been decreasing since 2017/2018 from 131 receiving a substantive outcome to 49 in 2023/2024. This year, the majority (62% of the cohort) are aged 15 – 16 years old, 96% are boys and 53% identify as the global majority.

14.5 The London Assembly Police and Crime Committee has flagged the lack of robust and regularly reported data related to young people's experience of Violence against Women and Girls (VAWG) even though young people are affected by direct experiences of VAWG, both as victims and as perpetrators.

14.6 Their London wide investigation into the scale of VAWG and its impact on young people found that 90% of girls and 50% of boys have received explicit pictures. They found a lack of positive male role models for young men and boys with online content parroting hateful and misogynistic views without much recourse or challenge.

14.7 A survey run by the Community Safety team to hear women and girls' experiences of living, working and traveling in the borough received response from 43 females in Camden aged 18-24 years old. 45.5% said they felt safe or very safe in Camden during the day in contrast with 6% who said they felt safe or very safe after dark. Understanding these experiences will help us to continue to improve the security and wellbeing of all women and girls in Camden.

¹ [Proven Offences Dashboard | Tableau Public](#)

² [Child and Maternal Health - Data | Fingertips | Department of Health and Social Care](#)

14.8 **Progress in 2024/25**

14.9 Mapping of work underway in the Prevent workstream looking at the various risk and protective factors that influence youth violence to support inspection preparedness

14.10 Work with Camden Learning and primary care colleagues on improving school attendance rates. More than 1 in 4 secondary pupils are persistently absent in Camden and as a Borough it ranks last in London. The work involves trialling improved communication between schools and GPs as illness is a major factor in attendance.

14.11 Look After YOU, a campaign co-produced by Camden Youth: Tell Them, who are a voice for young people aged 16 to 22 and working, living or going to school in Camden went live in October 2024. The campaign will increase awareness for young people of the health services and support available to them, including sexual health, mental health, primary care and substance misuse.

14.12 Increase of support through Project 10:10 which works with young people who are involved in, or at risk of involvement in, serious youth offending and peer group-related violence. The project worked with 49 young people in 2021/22 and this has increased by 54% to 91 young people in 2023/24, demonstrating the impact and trust of the programme.

14.13 Work on dissemination and implementation of online youth safety report recommendations. A particular focus was working with Adult Learning and School Improvement teams to update resources and programmes on bullying and mental health to incorporate more specific content on online safety. A useful guide has been developed for parents to summarise some safe online practices as well as the tools, apps and support that is available for them and their children.

“Project 10/10 has allowed me to mature in many ways and become independent. It has made my communicating skills so much better by interacting with many different kinds of people. I believe it has helped many young people develop in themselves and in life to progress and become a better person.”

Young person receiving Project 10:10 support

14.14 Key areas of action for 2025/26

- Incorporate a physical and mental health screening for children and young people that come into contact with the youth justice system.
- Better support for staff working with vulnerable young people as well as mitigate the risks associated with vicarious trauma by rolling out a standardised community-based trauma-informed training to key voluntary community sector organisations.
- Enhanced youth safety data monitoring dashboard that consolidates information from across the system and allows for preventative analysis and input.
- Expansion of a commissioned project, Project 10:10, with the addition of a third cohort based at Bourne Estate.
- Further preventative support and training for schools, parents and young people on online safety and screen time.
- Continuation of work with Camden Learning, Primary Care and partners on how to address and improve school attendance in Camden.
- Completion of a VAWG needs assessment that will include prevention and impact of VAWG on children and young people and will inform the upcoming Camden VAWG strategy.

Case Study: Look After YOU Health Campaign

Camden Youth: Tell Them, a group of young people aged 16 – 22 that launched [Step into Our Shoes](#), came together to implement one of the recommendations from the [2023 Adolescent Annual Public Health Report](#) around increasing awareness of health services in Camden.

The group created 'Look After YOU' to encourage other local young people to get the healthcare they need, when they need it. The campaign aims to reduce health inequalities in the borough after research showed that many young people are unaware of how or where to access health services, particularly for mental health and sexual health support.

Bus stop advertisements, TikTok videos, and Instagram reels created by the group were shared to increase awareness of free health services available in Camden, including sexual health, mental health, substance misuse, and GP services. From October 2024 – January 2025, the campaign led to over 2,500 clicks into the Camden Rise webpage which consolidated health information and directed them to local services.

Camden Youth: Tell Them, said: "We know that there are so many services to help under 25s in Camden – we met them to create our campaign – but that young people don't always know about them. Young people can also be put off getting healthcare because they feel embarrassed, are worried about costs or their parents finding out.

We hope that Look after YOU not only helps Camden young people to easily find the free healthcare they need, when they need it, but that they feel comfortable and confident using these services."

Across the CYP life course

15 Children Looked After and care experienced young people's health

15.1 Context, inequalities and intersectionality

"We promise to support you in adopting a happy and healthy lifestyle and to help you navigate how you feel and life's ups and downs, ensuring your health and emotional well-being needs are met." ([Camden's Corporate Parenting Strategy, 2025-28](#))

15.2 We know that children looked after (CLA) and care experienced young people's health outcomes are at risk of poorer physical and mental health outcomes when compared with their peers. Identifying needs early and ensuring support is available for our CLA and care experienced young people is an important part of our offer to young people

15.3 68% of Initial Health Assessments (IHAs) took place within 20 working days (compared with 69% in 2023/24), with 92% of CYP having been offered an appointment within 20 working days of becoming looked after

15.4 89% of Review Health Assessments (RHAs) were completed by the due date, within this:

- 91% of six-monthly RHAs were completed on time (for under 5s)
- 87% of annual RHAs were completed on time (for over 5s)

This compares with 94% of RHAs completed by the due date in 2023/24. The dip in performance was due to a range of reasons including reduced staffing, which is now back up to full capacity, as well as an increased demand for RHAs, which we are reviewing.

15.5 Progress in 2024/25

15.6 Strategy and Governance

- The Corporate parenting strategy was approved by Cabinet and launched in May 2025 alongside Pocket PA, an app for care experienced young people in Camden to sources information, advice, opportunities available in Camden. The strategy has 5 core priorities, spanning belonging and relationships, rights and aspirations, wellbeing, interests and life goals and the home with committed actions against each and identified 4 priority cohorts for which additional support will be provided. The Corporate Parenting Board will oversee implementation.
- A regular schedule of weekly team meetings facilitates case discussions for our CLA children, service development and problem-solving of any issues arising within established working practices or facilities. Audits of health assessments, lone-worker safety and hand-hygiene practices also take place regularly. Within these scheduled meetings is the monthly 'Health Panel', where CLA social workers are encouraged to bring cases for discussion with Health, CAMHS and Education colleagues. Regular liaison meetings with Camden 'Growing with you' CAMHS continue, with CAMHS colleagues also attending IHAs for unaccompanied asylum-seeking children (UASC) to provide specialist mental health screening at this earliest opportunity.

15.7 CLA Health Tracker and Follow-up for Care Experienced Young People

- Alongside statutory health assessments, a 'Health Tracker' is maintained and details actions that are required to meet the health needs of children and young people (identified via their IHAs and RHAs). The Health Tracker is reviewed and updated by the Health Improvement Practitioner daily, as well as by the wider CLA health team monthly. Referrals to other services (such as the infectious disease clinic, sexual health screening, dentistry, dermatology, endocrinology, genetic testing, audiology, and speech and language) are routinely monitored and followed up.
- Unaccompanied asylum-seeking children make up more than a sixth of Camden's CLA population and face additional challenges in accessing healthcare. The HIP works closely with the Respond refugee service at UCLH and placements to support attendance at health appointments for this vulnerable group.
- Discharge summaries are completed for all children leaving care, highlighting any outstanding health needs to the child's social worker and GP. For those that have left care because they have turned 18 years old, a personal health record is sent to them and a follow-up phone call is made by a specialist nurse to the young person after six months.

15.8 Dental Checks

- Performance data from Camden Children's Social Services indicates that 83% of children looked-after for more than a year are up-to-date with routine dental checks (as of the 31st March 2025), compared with 85% in 2023/34 and 77% in 2022/23.

- The Healthy Smiles project remains available throughout London to support access to NHS dentists for looked-after children and young people. The CLA Health team also work closely with local semi-independent placements and the Camden Pathways team to ensure that the most vulnerable young people are supported to attend their appointments.

15.9 Immunisations

- As of the 31st March 2025, 80% of children looked after by Camden for more than one year were up to date with vaccinations, comparable with 74.5% reported at the end of Quarter 3. MMR coverage has also improved significantly, with 99.2% having received one dose and 98% having received both.
- The Health Improvement Practitioner, supported by the nursing team, has looked closely at the dynamic cohort of Camden CLA that were not fully protected throughout the year, keeping qualitative data on the reasons behind delayed vaccinations; these were shared with CLA Team Managers and Public Health colleagues monthly to inform how targeted support was offered, in a joined-up way, as children and young people moved in and out of this cohort. This complex piece of work has been very successful, with immunisation rates steadily improving from 65% at the beginning of Quarter 1 to 80% at the end of Quarter 4.

15.10 Mental Health

The remit of **Camden's Growing With You** team (previously the Looked After Children CAMHS Team) has developed over recent years. A multi-disciplinary team co-located with Camden social work and including CAMHS psychiatry, clinical psychologists and drama and art therapy, their work now supports unaccompanied asylum-seeking children and, as of early 2025, has expanded to include dedicated provision for care experienced young people up to the age of 25. This will help avoid disruptions to engagement and treatment. Often children looked after will make tentative approaches to CAMHS but are not ready to engage with services. The new provision supports those care experienced young people who engage with mental health services or seek a diagnosis after the age of 18, easing the transition to adult mental health support.

15.11 Key areas of action for 2025/26

- Review and develop our health offer including mental health support for young people post-18
- We are recommissioning our Young People's Pathway (supported accommodation offer for care experienced young people aged 16-25). As part of this, we will be strengthening the mental health and wellbeing support offer through asking our providers to build specialist support workers in some provisions. We will also develop a longer-term plan to grow our Pathway capacity to support more of those young people experiencing complex mental health or behavioural needs, to reduce the number of young people we have to place far from Camden in specialist private provision.
- We will also develop tailored advice and resources to support young people with healthy living, such as cooking classes, workshops on sexual health, etc.
- In line with our subsidised gym membership offer, we will provide additional free/subsidised physical activities and develop our social prescribing offer to help connect CLA with activities and services that promote a balanced and healthy lifestyle.

- We will continue to work closely with Integrated Care Boards (ICBs) as they transition through their forthcoming restructure, to ensure corporate parenting duties are embedded across all health and social care partners

16 SEND (Special Educational Needs and Disabilities)

16.1 Context, inequalities and intersectionality

The February 2024 all-school census shows that 4% (1,219) of Camden pupils had an Education, Health and Care Plans (EHCP), and 14.5% (4,438) were in receipt of other school Special Educational Needs (SEN) support. The Borough caseload⁵ of EHCPs in 2024 was 1,582; there were 180 new plans issued in 2023 compared with 131 in 2022, with most growth among primary-age children⁶. Combined with a falling school roll overall, the steady growth in identified SEND will challenge all universal settings to meet a greater mix of needs. There is evidence of intersectional disadvantage among our SEND cohort, who are over-represented within the most deprived quintiles, among children missing school, and who are more likely to have mental health difficulties. There is also evidence of ethnic disparities in identification, and later identification in girls.⁷

16.2 Progress in 2024/25

16.3 Restructuring the SEND and Inclusion team to increase capacity and to bring the service closer to the community with closer oversight of children and young people accessing Exceptional Needs Grants (ENG), and more connection with schools and community settings. Partnerships with families are strengthened through dedicated roles, quick access to a Case Officer on the full time Duty Line, and/or access multi-disciplinary advice through new SEN drop-in surgeries.

16.4 Local Offer Refresh: The Local Offer website was refreshed in collaboration with children, young people and their parents/ carers, and re-launched to local families in the autumn of 2024. This now provides easy to access information to help families navigate the system.

16.5 Community Outreach for families to engage with service providers: SENDIASS (Special Educational Needs and Disability Information, Advice and Support Service) has reached more than 100 parents through outreach coffee mornings and 43 have attended their parent training sessions. Outreach has included the first Somali Marketplace Event – co-produced in response to a community request – and next year an event for the Bengali community.

⁵ Camden residents, some of whom attend school out-of-Borough

⁶ Source: explore-education-statistics-service.gov.uk

⁷ Source: Camden SEND JSNA, 2024

- 16.6 **Diagnostic pathway investment and improvement:** The Integrated Care Board (ICB) has invested an additional £625,000 per annum to increase capacity and improve joint working across the Camden neurodiversity pathway. 7 new staff will be based at CNWL by May 2025. A private provider is already working to clear the assessment backlog. Options are being explored to safely streamline the pathway for more simple diagnoses, releasing resources to support more complex diagnosis.
- 16.7 **Schools Capital Grants:** £2.5 million has been awarded to 29 schools to improve inclusion and accessibility in school buildings.
- 16.8 **Universal inclusion in Family Hubs:** Hubs run regular SENDIASS drop-ins, parent carer coffee mornings and employ a SEND Lead dedicated to cross-service inclusion. Family hub sensory rooms have been renovated and opened to the community.
- 16.9 **Early identification of developmental differences:** Best Start for Baby (the enhanced Health Visiting offer) is generating significant and long-lasting benefits including in the early identification of SEND to enable early intervention. Camden Kids Talk is also now fully embedded in early years services, tackling communication concerns in a child's first year.
- 16.10 **The Disability Job Hub** has become a permanent service: During 2024, the service has also launched Camden Autism Pathways to Employment, an 8-week Skills for Work training programme and travel training sessions. The Hub also works developmentally with 3 million of investment, is a partnership between the Department of Health and Social Care, the Department for Education and NHS England and will bring together integrate employers, to raise awareness and offer training through the Inclusive Business Network.
- 16.11 **Key areas of action for 2025/26**
- Set up structures to regularly engage with young people to build understanding of what they want from services.
 - Improve the quality of EHCPs and use a regular audit cycle to inform workforce development and process improvements.
 - Develop a data dashboard to improve data insight and tracking of progress through the SEND Inclusion Board.
 - Review use of our High Needs Block to ensure that resources are being deployed mostly effectively.
 - Review and improve our school advisory and support services, strengthening commissioning arrangements.
 - Support the rollout of the PINS (partnership for inclusion of neurodiversity in schools) programme in 6 further schools in Camden. This deploys specialists from both health and education to upskill schools and build their capacity to identify and meet the needs of children with autism and other neurodiverse needs.
 - Co-design an Ordinarily Available Provision document with schools, increasing consistency across the borough.
 - Provide sensory packs and books for children with SEND in the Family Hub reception

- Promote and deliver “quiet” stay and play sessions for children 0-5 years with SEND
- Establish peer support in the family hubs for parents with children with SEND to support their wellbeing

16.12 All Age Autism Strategy

16.13 Progress in 2024/25

A range of work has taken place to continue to develop the draft Autism Strategy. Responding to feedback from residents about autism being life-long, the strategy takes a life course approach, with a focus on start well, live well and age well. Work has included discussions at multiple senior council officer forums and boards focusing on culture change bringing together heads of service across children and learning and adults and health.

16.14 A new monthly Autism Strategy Partnership Task and Finish Group has been established with partners, co-chaired by Chris Lehmann and Vikram Hansrani. The group has met three times and provided feedback on the draft strategy to steer the direction of travel.

16.15 The strategy is due to go to Camden’s Cabinet for approval in September 2025, and there will be a short consultation due to go live in May to provide residents and partners the opportunity to feed in on the updated strategy

16.16 Autism Education Trust (AET) ‘Making Sense of Autism’ training, delivered by Camden Educational Psychology Service, has been delivered to key Integrated Early Years Services (IEYS) and Family hub staff/partners. To date it has been attended by 65 staff members.

16.17 Key areas for action in 2025/26

- Finalise and sign off Autism Strategy (including consultation) for approval at Cabinet in September 2025
- Develop accompanying action plan for Autism Strategy
- Publicise Autism Strategy with residents and stakeholders
- Develop new governance to drive and monitor implementation of the Autism Strategy
- Add AET training to staff induction training programme and a rolling 2-year training refresher course

17 Child Death and Child Death Overview Panel (CDOP)

17.1 Context, inequalities and intersectionality

There are around 10-15 child deaths per year in Camden and learning from modifiable factors arising from these, is discussed at the North Central London Child Death Overview Panel (CDOP) in order to establish trends and identify inequalities and learning.

- 17.2 Since 2019/20, the rate of child deaths across NCL has slightly but not significantly increased (23.2 per 100,000 in 2019/20 to 26.8 per 100,000 in 2023/24). The rate remains similar to the four-year NCL average (26.2 per 100,000).
- 17.3 Child deaths by age group: Over half of child deaths in 2023/24 were in children aged under 1 year (53%). 48% of these deaths occurred in the first 27 days.
- 17.4 Infant deaths (under 1 year): The rate of infant deaths in 2023/24 (3.0 per 1,000 live births) was not significantly different compared to previous years and the five-year NCL average (2.9 per 1,000 live births). Significantly more deaths occurred in the first 27 days (1.8 per 1,000 live births) compared to between 28 and 364 days (1.1 per 1,000 live births).
- 17.5 Child deaths (1- 17 years): Between 2019/20 and 2023/24, the child death rate was highest for children aged 15-17 years (21.5 per 100,000). This was significantly higher than the rate for those aged 10-14 years (7.5 per 100,000) or 5-9 years (7.3 per 100,000).
- 17.6 Child deaths (0-17 years) by sex: The child death rate between 2019/20 and 2023/24 was significantly higher in males (30.6 per 100,000) compared to females (21.1 per 100,000).
- 17.7 Child deaths (0-17 years) by ethnicity: Between 2019/20 and 2023/24, the child death rate was highest for children from a White Other (36.3 per 100,000 population), Black or Black British (33.6 per 100,000) and Asian or Asian British ethnic group (32.4 per 100,000). These groups were statistically higher compared to children from a White British or Irish ethnic group (14.2 per 100,000).
- 17.8 Infant deaths (under 1 year) by ethnicity: There was a significantly higher rate of infant deaths among children from a Black or Black British (5.8 per 1,000), White Other (4.2 per 1,000) and Asian or Asian British (4.2 per 1,000) ethnic group, compared to the White British or Irish ethnic group (1.2 per 1,000).
- 17.9 London-level analysis has shown that while birth rates are dropping, child mortality is increasing, largely driven by an increase in the prevalence of low birth weight babies.
- 17.10 Qualitative analysis of NCL child death data revealed a number of key learning themes, including learning for parents, healthcare providers, schools, and public health teams, as well as a cross-cutting theme about communication.
- 17.11 **Progress in 2024/25**
Camden Health and Wellbeing provide strategic leadership for the North Central London CDOP process ensuring learning on modifiable factors is channelled through the system and actions are integrated into relevant workstream including immunisation, neurodiversity, asthma and acute and primary care support.

- 17.12 Reducing the prevalence of low-birth weight babies: a Threshold of Viability SOP was developed and implemented across NCL maternity units. The NCL Population Health team workplan includes taking a 'making every contact count' approach with smoking cessation, vaccinations and healthy weight. Health promotion interventions to address maternal factors including raised BMI, tobacco use, alcohol and substance use, and diabetes are offered through maternity pre-conception bundle of care and part of the LMNS Equity and Equality Action Plan
- 17.13 NCL CDOP input into the NCL Suicide prevention strategy and work closely with the Camden suicide prevention lead. Issues with communication between private mental health providers, the NHS and schools during transitions are monitored and escalated when needed.
- 17.14 A multi-agency NCL CDOP Serious Youth Violence panel held in July 2024 reviewed deaths as a result of serious youth violence using a draft model of an early identification tool. The tool is being further developed with the Violence Reduction Unit. Key contributory factors associated with serious youth violence included gang affiliation, domestic violence and poor school attendance
- 17.15 Locally in Camden we continue to embed learning from the panel through reinforcing the safe sleeping advice in universal services, raising awareness of risks of overcrowding and training for damp and mould in homes.
- 17.16 **Key areas of action for 2025/26**
Learning from NCL CDOP on trends and modifiable factors will continue to be responded to with action to prevent child harm and death. A number of recommendations were included in the report and priorities include:
- Addressing the health effects of child poverty and structural racism by enhancing systemwide understanding to promote upstream intervention
 - Continued, focused attention on families with social complexities, with particular emphasis on consistent provision of language support services and consideration of domestic abuse
 - Ensuring NCL-wide resources to support safer sleeping practices, including specific guidance for families in overcrowded accommodation
 - Improving mental health support for children and young people in the most complex social circumstances
 - Continued support for improving equity and equality in maternity services, including consistent provision of genetic counselling and maternal weight management

18 Mental Health and Wellbeing

18.1 Context, inequalities and intersectionality

In Camden we aim to promote and protect good mental health in children and young people. National data shows a steep decline in the mental health of children and young people with an unprecedented demand for support with mental health disorders rising from 1 in 9 in 2017 to 1 in 5 in 2023. The 2021 Census recorded 40,000 CYP aged 0-19 living in Camden. Many of the factors which we know contribute to poor mental health are high, leading to prevalence estimates for Camden that are 33% higher than the national average: young people from low-income families are likely to

have worse mental health outcomes if they live in an affluent area. 32% of Camden children live in poverty, and 51% in social housing. Over a quarter of Camden school children do not speak English as a first language. Whilst not explaining all differences, the intersectionality of ethnicity and deprivation is an important factor in the high levels of need.

- 18.2 Locally, there are high levels of emotionally based school non-attendance and persistent school absence. As of April 2025, there are 4,269 persistently absent school children in Camden. Among this cohort are over 25% of Camden's secondary age students. Attendance is disproportionately lower among vulnerable pupils, including those with SEND or who are eligible for Pupil Premium.
- 18.3 In 2024 there were two deaths by suspected suicide of young Camden residents aged 13-24 reported on the near to Real Time Suspected Suicide Database (RTSS). To date in 2025 there have been no deaths by suspected suicide of Camden residents reported on RTSS. Preventing deaths by suspected suicide is the ambition of the Suicide Prevention strategy for England and the local Camden and Islington Suicide Prevention strategy.

18.4 **Progress in 2024/25**

18.5 **Mental health provision in Camden**

- 18.6 Camden Council works with NHS and voluntary and community sector partners to deliver Child and Adult Mental Health Services (CAMHS) to children, young people and their families. Delivery across services follows the Thrive model: an integrated, person-centred and needs-led approach. The offer is broad, with a focus on early intervention and prevention: from a robust, perinatal mental health offer (part of Best Start for Baby), parenting programmes and whole family support, through co-produced peer mentoring and peer education to raise awareness of / offer support on mental health issues and where and how to get help.
- 18.7 Services are provided by the Council or commissioned both directly, or in collaboration with, North Central London ICB. The Tavistock and Portman NHS Foundation Trust deliver our community service via their North and South Camden teams. The Tavistock also deliver more complex services e.g. for care experienced CYP and through their Whole Family Team which is co-located with Council services including MASH, Early Help, SEN, Youth Offending Service (YOS) and Family Hubs where a high level of integration is needed between CAMHS and other agencies.
- 18.8 Services such as the NCL Waiting Room and Kooth, a free NCL-wide online counselling service, offer online support and information for those awaiting treatment. Despite the high level of prevalence of mental health conditions among CYP in Camden, waiting times for first appointments with Tavistock services is lower than in comparison with other NCL boroughs.

18.9 Our specialist provision includes a range of talking therapies for CYP with Attention Deficit and Hyperactivity Disorder (ADHD) and mental health needs; one of the largest eating disorder services in the country (part of the Royal Free Hospital's offer covering six London boroughs) and a specialist, intensive eating disorder service aiming to avoid Tier 4 admission. Inpatient services are provided by the North Central and East London provider collaborative.

18.10 Support and services in schools

The Early Years, Schools and Families team provide advice, support and training for schools on promoting positive mental health which includes parent and pupil workshops on topics such as Managing behaviour through a trauma lens, supporting parent or pupils' own mental health and building resilience.

- 20 parent workshops were delivered in 13 settings attended by 195 parent/carers.
- 20 pupil workshops were delivered across 7 settings attended by 724 pupils.
- 88 pupils across 9 schools, (8 primary, 1 secondary) were trained to be Wellbeing Champions
- 8 staff training sessions were delivered attended by 91 school staff, focusing on staff wellbeing and managing challenging behaviour.
- 3 Mental Health Lead Networks and 2 Mental Health Leads specific trainings were put on with 51 staff attending in total

18.11 As part of a range of mental health services and therapies delivered by local NHS and VCS partners, work with schools is an important part of our local CAMHS offer. The Tavistock & Portman Foundation Trust offer a linked Mental Health Support Teams worker to all local primary and secondary schools, providing interventions for mild to moderate mental health needs. This can be individual work with children and parents, targeted work with specific year groups and universal work with children and parents to promote wellbeing.

All schools also have a linked CAMHS clinician. Within primary schools, consultations are offered fortnightly to discuss possible CAMHS referrals or to give advice and signposting support to the school. In secondary schools, the Community CAMHS service aim to offer support 1 day a week from a CAMHS clinician. The time is mainly for clinical work with children and young people but can be used to offer supervision /reflection for school staff.

18.12 Support and services outside of schools

18.13 Peer Mentoring and Peer Education Service

Camden commissions a Peer Mentoring and Peer Education service for children and young people, delivered by Fitzrovia Youth in Action (FYA). The aim of the service is to prevent and reduce the impact of mental health conditions on CYP, to promote positive conversations about mental wellbeing and to provide innovative programmes of support both with, and for, young residents of Camden. The service aims to promote positive conversations about mental wellbeing and provide innovative programmes of support with and for young people, predominantly those in secondary school, across Camden.

- 18.14 FYA's targeted peer education worked with young people with SEND to co-produce Crossroads – a film about the experience of young people with SEND about to leave school, and Beyond The Avatar – exploring self-doubt and insecurity and a virtual realm where they can escape their real-life challenges. Other co-produced films covered themes including gaming addiction and schizophrenia. The films are used as educational resources at events such as FYA's Peer Education workshops, which reached 1163 young people in 2024/25. The Peer Mentoring Service involved 256 children and young people who took part in 480 support sessions across 19 schools and youth clubs.
- 18.15 Waiting times for the CAMHS services continued to be low in comparison with other NCL boroughs. For the Tavistock & Portman's Camden CAMHS unit, including school Mental Health Support Teams, 82% of children waited less than 4 weeks for their first appointment in 2024/25 - the same proportion as in Q4 2023/24. Across all CAMHS provision in the borough, the proportion of children having a first appointment within 4 weeks fell slightly on last year (63% for 2024/25, compared to 66% in 2023/24 and 63% in 2022/23). Again, waiting times were lower than in other NCL boroughs.
- 18.16 Camden commissions a social prescribing service, delivered by three local VCS providers, for CYP aged 12-24 with mild to moderate mental health conditions aimed at improving inclusion, building resilience and tackling isolation. Over 2024/25, The Brandon Centre worked with 36 young people; the Hive's social prescribing service has worked with 37 young people on a 1:1 basis, often young people who are socially isolated / not in education, employment or training because of poor mental health. Group sessions arranged by the Hive as part of Social Prescribing have reached 146 young people over the year, delivering a range of activities including a book group, cookery lessons, and popular piano and guitar sessions. Fitzrovia Youth in Action (FYA) have worked with 67 young people as part of the service. Each of the three providers has a small social prescribing budget used to give CYP access to activities which might otherwise be financially or logistically beyond their means – e.g. travel expenses to groups and sessions, temporary gym passes. A 22 year old with SEND supported through social prescribing by FYA commented that "The sessions have introduced me to new hobbies and interests, adding excitement and joy to my life".
- 18.17 Mental health provision for young people aged 16-24.**
- 18.18 The Hive offers flexible wellbeing support and holistic care to young people transitioning out of CAMHS, or when adult mental health teams cannot meet their needs. Often, mental health services' rigidity around diagnostic criteria or long waiting lists are a barrier to young people getting timely support, and the Hive helps fill this gap. The team provides: one to one emotional health and wellbeing support; wider wraparound support including advice on employment, education and training, sexual health and substance misuse advice; a social hub, with a timetable of regular activities, and a food pantry.

During 2024/25 the Hive received a record 5,921 visits from 1,173 individual young people, meaning footfall has nearly tripled from last years. This has been possible due to an increased number of activities, partnerships with the NHS and a range of local community organisations; and having additional staff capacity thanks to additional grant funding. The Hive has now a full-time careers coach, and a stable partnership

with the Department for Work and Pensions (DWP) and Good Work Camden. This has enabled the team to deliver 366 employability sessions to young people, as well as 92 group employment workshops. A key highlight of the service has been the pilot aimed to engage and support young men, particularly men from ethnic minority backgrounds (see case study below).

- 18.19 The Brandon Centre, which provides counselling and psychotherapy for young people aged 16-25, had 337 referrals in 2024/25. This is a service in high demand, and referrals have increased by 49% compared to 2022/23. The young people seen at the Brandon present with a high level of complexity due to experiencing multiple psychosocial difficulties. Many of these can be considered as “adverse childhood experiences.” 26% reported having experienced abuse; 27% presented having thoughts of deliberate self-harm and 18% reported having attempted suicide in the past. Due to high demand for this service, it currently has a waiting list of approximately seven months. Service outcomes are good, with clinically significant improvements both in clinical outcomes scores as well as in goal-based measures.
- 18.20 The Camden and Islington suicide prevention partnership focused on suicide risk and care experienced YP (especially unaccompanied asylum-seeking children) via a deep dive meeting in March 2025. Specialist organisations provided insights to enhance good practice for working with these at-risk children and young people. The learning and development of actions for delivery across the partnership will be on-going and monitored.
- 18.21 Funding has been agreed for the NCL suicide prevention programme to provide graduated / specialist training for workforces working with high-risk children and young people to help hear the voices of children at risk of suicide. This includes specialist suicide awareness and response training that Camden GPs will have access to.
- 18.22 The formation of the NCL Suicide Prevention Partnership, backed by NCL Integrated Care Board funding, which will aim to reduce the suicide rate locally through population-based suicide prevention measures as well as programmes targeted to those at highest risk. The programme partnership will deliver:
- Suicide prevention training for professionals working within North Central London
 - Suicide awareness raising campaigns to improve public awareness of mental health resources
 - Suicide prevention community grant funding for local VCSE organisations
 - Support for high-risk children and young people to reduce risk of suicide
 - Support for individuals who present to emergency departments with suicidal thoughts and/or behaviours

The partnership has also set up the North Central London Suicide Prevention Community, a space for local professionals to connect and share best practice.

Case Study: The Hive -- engaging young men into mental health support

Young men are under-represented in access to mental health services, where data shows that support is accessed mostly by females. The Hive were becoming aware of an increasing number of young men who were becoming isolated at home and socially withdrawn, and who they were finding difficult to engage in therapy.

Young men have challenges that disproportionately affect them, such as isolation at home, gambling, gaming and pornography addiction. They are less likely to express their emotions, often due to dominant narratives about masculinity that disapprove of expressing emotions or talking about feelings. For young men of some ethnic minority backgrounds, there are added cultural barriers associated with stigma around mental health. Suicide is the main cause of death for men aged under 50 in the UK.

The Hive used NHS grant funding to employ a male qualified youth worker to use flexible, creative, physical activity based and primarily non-verbal therapeutic approaches to engage the young men. This included art, music, sports, the creation of a male group with biweekly sessions (focused on identity and masculinity, mental health stigma and healthy relationships) and tailored 1:1 session based on how what works best for each YP.

The worker holds a caseload of 12 young men. In the twelve months period he has facilitated 34 group sessions involving diverse activities such as boxing, music, football, etc and delivered 139 follow up one-to-one sessions with young men. The worker focused on outreach work with Youth Offending Teams, Colleges and Youth Centres to gain referrals. They have received referrals from the police, crisis teams and schools. The feedback from the young men engaged in the project has been overwhelmingly positive. In the twelve months of the project the Hive has seen a 154% increase in young men accessing The Hive, a 345% increase in Black/Black British/ African/ Caribbean young men, a 152% increase in Asian/Asian British young men and a 63% increase in young men from deprived/at risk groups

18.23 Key areas of action 2025/26

- CAMHS in North Central London are currently delivered by four NHS Trusts. A Community CAMHS Provider Collaborative in North Central London is in development, to be fully operational by April 2026. The collaborative will bring together four NHS trusts (including the Tavistock and Portman NHS Foundation Trust and the North London NHS Foundation Trust, which will act as the lead provider, responsible for co-ordinating services and ensuring consistent and high-quality delivery. The aim is to deliver more coordinated, accessible, and effective mental health care for children and young people.
- Kailo is a programme created to tackle the root causes of young people's mental health through a young person-led preventative action. Camden is part of the second cohort of the programme, which is being led by the Health and Wellbeing team, with support from Citizens UK. Launching in June 2025, the Camden programme will run until Spring 2026 with the final report due later that year.
- A new, Council-funded Rebuilding Bridges service will provide joined-up support to children and young people with SEND and mental health needs in Key Stage 2 and Key Stage 3, who are regularly/persistently absent from education. The

service offers 1:1 mentoring and educational psychology intervention, as well as family support where required.

- Following a small Test and Learn project, a pilot Team Around the School initiative began in the Summer Term 2025, designed to support students facing attendance challenges
- The social prescribing service will be reviewed and reprocured in 2025/26.
- A new Camden Family Therapy Service will work directly with children and families to deliver specialist, bespoke help. The team will also work with colleagues across the Children and Learning directorate, helping them to embed Camden's Relational Practice Framework and supporting their knowledge and skills in systemic practice.
- Public health will continue to establish robust, supportive links with staff working with and supporting vulnerable children and young people, especially those who are care-experienced, have unaccompanied asylum-seeking child (UASC) / refugee background or who have other vulnerabilities that increase their risk of self-harm and suicidality.
- The Camden Safeguarding Children Partnership, in partnership with Public Health and Educational Psychology, will host a learning event in September 2025 to further develop learning about suicide from local learning reviews.
- There will be an on-going, continued focus on promoting support for people bereaved or affected by suicide, recognising the enormous impact such bereavement has upon families, communities and workforces.

19 Immunisation and vaccinations

19.1 Context, inequalities and intersectionality

The provider for the 0–5-year routine childhood immunisation schedule in the UK is GP practices. Published data on vaccine cover is reported quarterly for children who reached their first, second or fifth birthday during the evaluation quarter. Continued improvement is evidenced in children aged 1 and 2 years, but challenges remain with those aged 5 years.

19.2 Cover of vaccination evaluated rapidly (COVER) of Hexavalent vaccine (3 doses), PCV (first dose), and Men B (first 2 doses) has stayed above 85% throughout 2025 for children aged 1 year in Camden. Rotavirus COVER is slightly lower, and this is expected because Rotavirus is not given to babies > 24 weeks old and there is less opportunity for catch-up. COVER of the first dose of MMR (given routinely aged 1 year) has stayed consistently > 80% throughout 2024 for our 5-year-olds.

19.3 Vaccine coverage in Camden is much lower for both vaccines routinely given when children are around 3 years and 4 months (second dose of MMR and pre-school booster / DTaP/IPV). In 2023 COVER for these vaccines in London was 8-13% higher for children aged 5 than in Camden.

19.4 Unpublished and live GP level vaccine uptake data for 0–5-year-olds is available from Healthintert at NCL level and shows us the uptake per GP practice in Camden for children aged 1,2 and 5 years who are registered in Camden GP practices. A small number of practices in Camden have significantly lower uptake of routine vaccines for children aged 5; that this may be due to data coding issues and/or practices struggling to recover from a backlog created by lock downs during the pandemic. The NCL ICB screening and immunisation team are arranging meetings with these practices to discuss issues such as capacity of administration staff and vaccinators and coding, and a member of the Health and Wellbeing team will join the meetings.

19.5 Immunisation uptake is generally lower in those from global majority groups and those living in areas of deprivation, and that the same method of communicating the immunisation offer with one group may not be as effective with another group. For example, we know that our Somali communities prefer to communicate verbally rather than reading information from translated leaflets. In Camden we are taking a population health approach to improving vaccine uptake rates with a focus on engagement with our local communities by co-producing relevant communications and improving access to vaccination. The Camden Borough Immunisation Group feeds into the NCL operational group and we share bimonthly and annual borough highlight reports at this meeting.

19.6 **Progress in 2024/25**

Quality assurance and strategic action is channelled through our Camden Immunisation Group meeting that is co-chaired by Consultant in Public Health from Camden Health and Wellbeing Team and NCL ICB screening and immunisation lead. We review uptake on the delivery of various immunisation programmes (adults and children) with a focus on improving access, communication and training and engagement.

19.7 We held several workshops with our Somali community (10-12 attended each session), sharing information on MMR immunisation, addressing the perceived link between MMR and autism and an information session was also delivered recently on HPV vaccine by a Somali GP. Coproduced films were developed with Somali young people were shared on social media, via Somali WhatsApp groups. The young people who took part in the programme said that they had a better understanding of vaccination and increased confidence in making decisions about vaccines.

19.8 We held coffee mornings at 9 primary schools that were attended by 53 parents and shared information about measles and the importance of MMR vaccine.

19.9 We improved access to MMR vaccine for people in our local communities using the vaccine bus, family hubs and centres for people living with homelessness, contingency hotels and universities. 13 university site visits were completed by the UCLH vaccine team and a total of 192 MMR vaccines were given to students.

- 19.10 We are in the process of commissioning Jitsuvax training (empathetic refutational interview) (ERI training) for all our health visitors and school nurses in Camden and will also offer on-line ERI training to other key staff who have conversations with parents about immunisations (e.g. health improvement officers, community champions).
- 19.11 New Horizons is a Pan-London centre where young people living with homelessness go for support. We previously worked with the centre to provide information sessions on MMR and the centre contacted us to ask us to offer winter immunisations on-site. This was arranged and delivered by the UCLH immunisation team.
- 19.12 We also worked closely with the UCLH immunisation team to offer COVID, flu and MMR immunisations at events in our family hubs and communicated the offer via local GPs.
- 19.13 Coverage of school-delivered immunisations has been very low for several years and we have focused this year on improving HPV vaccine coverage through a string partnership with our new NHS commissioned provider Vaccination UK. We have shared communications about the importance of HPV immunisation in our headteachers' bulletin and individual letters to headteachers from the Director of Health and Wellbeing. Schools have met with us and discuss low return of e-consents, ideas on how we can improve communications and access for catch-up clinics. We have shared information for parents with schools and are planning to offer information sessions. We are already starting to see an increase in completed e-consents compared to school programmes last year.
- 19.14 We have been preparing key staff for the upcoming changes to the routine childhood schedule. Update training has been provided on-line for the school nursing team and face-to-face for the health visiting team.
- 19.15 We have been delivering information sessions about the routine childhood immunisation schedule and immunisations given in pregnancy at Camden Dads evening sessions throughout the year. This provides dads with an opportunity to ask questions about immunisations and to share any concerns they might have.
- 19.16 We have attended several health and well-being events in community locations throughout the year and provided immunisation information to our residents.
- 19.17 **Key areas of action for 2025/26**
- Continue joint work with our schools, Vaccination UK and NHSE to improve uptake of school delivered immunisations in Camden.
 - Roll out Jitsuvax training for Camden to empower our staff to have more challenging conversation and myth bust
 - Undertake deeper engagement work with Bangladeshi, Somali and other global majority communities and people living with homelessness. Continue to improve connections with VCS groups and faith leaders.

- To continue to improve 0-5 childhood immunisations in Camden and identify why some practices have high numbers of unvaccinated children and co create action plans

20 Oral health

20.1 Context, inequalities and intersectionality

20.2 Compared to England and neighbouring boroughs, Camden has consistently experienced lower dental access even prior to the pandemic. However, hospital inpatient admissions for dental caries (tooth decay) in children are higher for those from more deprived populations. The mean number of decayed missing and filled teeth (d3mft) among 5-year-old children has also almost doubled in Camden over the past decade. Access to dentists in Camden has gradually improved but remains below pre-pandemic levels as of June 2022.

20.3 A well-established Oral Health Promotion contract with The Whittington NHS Trust is in place, and we provide oral health programmes across various settings. The Whittington works closely with pre-schools, schools, social care, mental health services, sheltered housing, residential homes, nursing homes, and day centres. Key ongoing programmes and progress against these is detailed below:

20.4 Progress in 2024/25

20.5 **Supervised Toothbrushing Programme (STP):** Staff in Camden Children's Centres, nurseries, and early years settings with high numbers of funded two-year-olds receive training to help them promote good oral hygiene in young children. Schools continue to deliver the programme, with positive feedback from staff and children. The programme is currently active in 25 settings in Camden. Camden's STP will expand further through NCL's Teeth4Life NHS-funded programme, and national funding received through the public health grant to target the most deprived wards. Work is ongoing to designate an oral health improvement champion within each Family Hub and further the reach of the programme through bespoke and succinct training for different staff groups (health professionals, social care staff, parent champions etc).

20.6 **Fluoride Varnish:** Whittington Health delivers a targeted fluoride varnish programme for children aged 3 –7 years old, within Children's Centres and Primary Schools with a high proportion of children with free school meal eligibility. Children receive two applications of fluoride varnish and information about local NHS dental services for their continuing care. There is a 60% uptake currently across all primary schools, while the 50% of school with a higher proportion of children on free school means also get a second application. We have increased promotion of this programme and our support through our Special Educational Needs Coordinator (SENCO) leads across schools

20.7 Brushing for Life: The Whittington provides training and Brushing for Life (B4L) packs, which include age-appropriate toothbrushes and toothpaste, to health visitors, staff at SEN schools, children's centres, nurseries, and school nurses. The packs are also distributed at community health events and dental clinics. There is potential to train community oral health champions to advise and signpost parents on oral hygiene. SEN-specific oral health training has been requested by champions, and The Whittington will work on developing this.

20.8 Key areas for action in 2025/26

- Opportunities through Family hubs to think more about whole family oral health, including subsidising toothpaste for 0–5-year-olds, offering targeted support for families at higher risk, connecting families to early years settings, and providing online support.
- Promotions will continue for the Teeth4Life programme, aiming to recruit further settings in the most deprived wards in the coming year through additional funding
- With a 60% uptake of the Fluoride Varnish scheme, efforts are underway to improve consent rates by hosting parent information sessions, working with schools to fit better into their termly schedules and moving consent online.

21 Asthma

21.1 Context, inequalities and intersectionality

Asthma is the most common long-term condition among CYP in Camden, as it is in the UK. In 2025 those aged 6 years and over had a prevalence of 4.0% in Camden, which was lower than London (4.7%) and England (6.5%).

21.2 Based on 2022/33 data, the rate of emergency hospital admissions for young people in Camden with asthma has been decreasing. This is linked at least partially to improved early identification and management of asthma in children which has been the focus of work through the locally commissioned service in Camden and Camden Asthma steering group. Young people living with asthma in most deprived areas are more likely to be admitted due to asthma due to environmental triggers like pollution, fuel poverty and tobacco smoke.

21.3 Asthma related admissions for all ages is higher in the Asian/ Asian British (Bangladeshi, Pakistani and Asian Other) and Black (African and Caribbean) population in Camden compared to the White population in the borough. The same trend exists across the rest of the other North Central London boroughs.

21.4 Progress in 2024/25

- 21.5 The Camden Asthma Friendly Schools (AFS) Initiative is a project that supports schools provide a safe environment for Child and Young People (CYP) with asthma. This initiative is delivered by Royal Free London Hospital- Children Community Asthma Specialist Nursing team, working closely with the Camden School Nursing team. 45 of 54 (83%) schools are engaged and 12 schools have received full AFS accreditation (all Primary Schools).
- 21.6 As part of a collaborative project between primary care clinicians across NCL and the secondary care respiratory team at the Whittington Hospital, virtual parent workshops have been delivered to support families in managing childhood asthma. These sessions increased parental confidence in improving understanding of asthma control and promoting practical management strategies at home by 33% in session 1 and 42% in session 2. Parents who attended gave positive feedback: “Really practical, accessible, and responsive – wish I had her on call!”, “I’m so impressed by this resource as a first- time mum.”
- 21.7 As part of the wider commitment to improving asthma outcomes in children and young people, the NCLICB has commissioned a series of multiagency community group asthma consultations targeting CYP identified as high risk. These pilots have brought together a range of partners, including support from the local authority’s air pollution team and Arsenal in the Community. A highlight of this initiative has been the involvement of Myles Lewis-Skelly, a professional footballer who lives with asthma himself. Myles generously volunteered his time to speak with young people about his own experiences managing the condition, helping to inspire and empower them. His recent debut for England and his rising profile in professional football, made his contribution to this initiative especially impactful.
- 21.8 A face-to-face education and training programme has been delivered by the Camden CYP lead. This initiative aims to equip NCL’s healthcare workforce with the skills and knowledge and to enhance the overall quality of care delivered to children and young people with asthma in line with national standards. Work in ongoing to improve engagement with these sessions.
- 21.9 **Key areas of action for 2025/26**
- Camden is due to launch the Children and Young People CYP Respiratory Diagnostics Hublets. This new model is designed to close the gap in asthma prevalence and diagnosis in Camden's CYP, with implementation planned for 2025.
 - Camden is planning to implement a mandatory 48-hour review for all patients from secondary specialist following discharge for asthma exacerbations
 - Camden is planning to further increase the number of schools accredited as asthma friendly schools
 - Camden is proposing to scale the CYP community asthma clinics across Camden aiming to deliver in each Primary Care Network (PCN) and offer a train the trainer model of deliver to support sustainability of this innovative approach to long term condition care in the community.

- Further work on vaping, damp and mould and indoor air pollution is planned and with a refresh on our action plan for delivery in line with national bundle of care.
- We will support roll out the recommendations from our air quality needs assessment and plan to undertake pilots with air quality monitors to measure indoor pollution in those households at greater risk

22 Healthy Weight

22.1 Context, inequalities, and intersectionality

Camden developed a Healthy Weight Acceleration Plan this year in response to the health and wellbeing crisis linked to overweight and obesity. There are five starting workstreams in the plan – one of which focuses on early years, and another covers action in schools. The Plan recognises the significant progress made in Camden in recent years supporting children and young people around healthy weight, as well as the significant inequalities that need ongoing concerted and collective action. The Plan has a 5-10 year perspective and is overseen by a multi-agency leadership group from across the Council, NHS, Schools, and VCS organisations. The Health and Wellbeing Board is the key oversight group for this Plan.

22.2 A comprehensive needs assessment has been completed to support the Healthy Weight Acceleration Plan. Among children, data from the National Child Measurement Programme (NCMP) (2023/2024) shows that one in five (20.2%) of pupils in Reception Year were overweight or obese, and this increased to more than one in three (36.3%) by the time pupils reached Year 6. NCMP data also shows that children from Black African ethnic groups had the greatest proportion of overweight or obesity at both reception age (27.4%) and year 6 (46%). The prevalence among Bangladeshi children, whilst being relatively low in reception age children (18.6%), increases sharply at year 6 (to 44.3%).

22.3 Being overweight or obesity is 9.1% more likely in the most deprived decile at Reception age compared to those in the least deprived areas. This difference increases to 19.1% for children in Year 6.

22.4 Progress in 2024/25

Action in early years settings and schools can make a clear contribution to enabling children and young people to reach and maintain a healthy weight, alongside supporting parents and families to have a whole family approach to healthier living. This section reports on progress within both settings, under a whole setting approach.

22.5 Action in Early Years settings

22.6 Little Steps to Healthy Lives (LSHL)

Little Steps to Healthy Lives (LSHL) in Camden is an umbrella award for early years settings to take a whole setting approach to health and wellbeing. One in three settings (31%) are engaged in the programme, including all 7 maintained children's centres. This is a long-established award which is aligned to the regional Healthy Early Years London programme. In 2025/26 two maintained children's centres have renewed the award making updates to their physical activity policies and improving the health of their snack offer. All of the enrolled early years centres remained on the programme this year.

22.7 The Health and Wellbeing Departments Early Years, Schools and Families Team also offers a wide range of support to Camden's Early Years settings relating to healthy weight including: Families for Life and Family Kitchen healthy behaviours programmes, catering menu support, Healthy Conversations and other bespoke staff trainings, and food growing networks.

22.8 Equity focus: families taking part in the Starting Solids programme

- The Early Years Schools and Families Team started a Quality Improvement project for their Starting Solids healthy weaning programme for new parents. Registration data confirmed that attendance in the Children's Centres around the more deprived postcodes (Regent's Park Children's Centre covering the Euston area, and 1A Children's Centre) are much lower than in the more affluent areas (Harmood). Black and Asian demographics are most underrepresented at sessions. The Early Years data team identified over 1000 under 1s in the Euston area who were not engaged.
- In July 2024 babies born in the previous 12 months from the 10% most deprived postcodes were identified. Out of 60 babies who fell into that category, 27 were the right age for Starting Solids, 16 families answered phone calls from the team, 11 completed an online survey and 9 attended an in-person workshop. Results from the survey and workshops informed a number of change ideas being tested in 25/26. These include directly calling parents with appropriate aged babies from the 20% most deprived postcodes to promote sessions, and adapting sessions for attendance by grandparents/ extended family members.

22.9 Progressing a Whole School Approach to Food

- Nearing three quarters of Camden's schools (71%) are actively engaged as Healthy Schools, with all schools meeting some elements of the programme. A whole school approach to food is a key part of the programme, including meeting curriculum requirements, a positive culture and environment of the school around food, and promoting healthy choices at break and lunch time. There are also specific parts of a whole school food approach to food which Camden is progressing further.

22.10 Magic Breakfast

- The Camden School Breakfast Programme has continued to expand the roll out of Magic Breakfast at 24 of our most deprived schools that have a Pupil Premium Eligibility of at least 30%, including 2 special schools and 1 Pupil Referral Unit. There has been a step change in the number of schools that joined the Breakfast

Programme, up from 9 schools in December 2022. Uptake figures from Autumn 2024 indicate that this Council funded initiative implemented by our schools enables up to 3228 children to have a free breakfast every day - up from 587 children in 2022.

- Magic Breakfast has supported schools to increase the uptake of their school breakfast provision through innovative delivery methods. One example of successful secondary school engagement is La Sainte Union. The school recently provided five sixth form pupils with Level 2 Food Safety training, to qualify them to assist with the delivery of the breakfast service. Uptake has increased to approximately 150 pupils eating breakfast a day, which is the highest uptake among secondary schools in Camden.

The breakfast programme is highly valued by teachers and parents:

“All children can access breakfast. This is given in class during registration. This helps them get through the morning. They would otherwise not eat until lunchtime. This helps with focus and concentration.”

School staff member, Kentish Town Church of England Primary School

“After I have my breakfast, my brain is better at concentrating and managing my distractions.”

Year 3 pupil, Christ Church School

22.11 Free fruit and vegetables in secondary schools at breaktime

- The Free School Meals (FSM) Test and Learn project in 2023-2024 identified several insights from engaging with pupils, parents, and school staff around addressing hunger in secondary schools. Hunger was identified as an issue for pupils during breaktime. Following pupil feedback, a free breaktime fruit and vegetable offer was launched across 10 Camden Secondary schools. Universal provision is offered in all schools. Initial feedback from pupils in several schools was positive.
- Insights from the Test and Learn project also identified the need for additional support for families to make Free School Meal applications. The team liaised with other local authorities and organisations to develop a Camden specific process for auto-enrolment to address barriers to filling out FSM applications. Camden benefits data can help identify those eligible for FSMs and enables the FSM Coordinator to complete the application process on behalf of families. Parents will have the opportunity to opt out if they wish. The goal is to implement the first auto-enrolment campaign before October 2025.

22.12 School Meals service and free school meals

- Universal Free school meals have been provided to all pupils in primary schools since September 2023. In Spring 2025, FSM uptake in secondary schools was 55.7% (excluding UCL academy because of data delays). Several actions are being carried out to increase FSM uptake in secondary school pupils.
- A key action that will improve the school meal experience in secondary schools is the new school meals service started in April 2025 in 37 primary, 3 secondary, and

3 special schools. This service was informed by insights from the FSM Test and Learn project, and now has a stronger focus on:

- Pupil engagement to ensure that feedback is being collected and acted on in a timely manner, ensuring that school meals are appealing and attractive to pupils.
- Quality standards around dietary requirements like Halal meals and opportunities to engage with community leaders to reaffirm the quality of the Halal offer.
- Increasing the provision and promotion of climate conscious meals with clear marking on menus to encourage their uptake. There is also an effort to increase the number of meals containing 50% meat and 50% protein from plant sources.
- Flexibility to include breakfast and breaktime food alongside the lunchtime contract in the future.

22.13 Cooking in the Curriculum

- Through a mixture of lack of resources and staff confidence a number of Camden Primary Schools can struggle to meet the national cooking in the curriculum requirements. The Early Years Schools and Families team delivered practical cooking in the curriculum for all staff in 4 primary schools, and convene three termly Food in Schools networks for primary and secondary schools where food leads come together to share best practice, receive continued professional development and learn about funding support. The network is attended by 20 staff from 12 schools. £200 was also provided to 3 primary schools and 2 secondaries to purchase basic classroom cooking equipment.
- The Early Years School and Families Team have worked with Waitrose Cookery School to offer school cooking sessions at their flagship cookery school in Kings Cross since 2016. In 2024/25 22 sessions were delivered to 17 primary and 4 secondary schools. The cookery school will be closing in July 2025 and we are reviewing with schools opportunities for onsite cooking support.

22.14 Families for Life

- Families for Life (FfL)'s universal healthy behaviour programmes have been running virtually and in-person via schools and early years setting delivered by the Early Years, Schools and Families Team. 78 unique families (179 total attendees) attended the FfL programme with 73% from Black, Asian and other Ethnic groups.
- Results from the 4-week Family Kitchen virtual healthy cooking programmes, for families of children aged 2-11 showed that 60% of the children who took part increased their fruit consumption and 67% increased vegetable consumption following the programme. A supermarket voucher system is in place for virtual sessions to support families to access ingredients for free. 75% completed the programme. Eleven free cook-along webinars were developed in 22-23. In 24-25 there were 138 requests for the session link and accompanying food vouchers.

22.15 Camden's Holiday Activity and Food (HAF) programme

- The 2024/2025 Camden HAF programme continued to support children and young people during school holidays by offering nutritious meals and engaging positive activities. The programme provided 5,367 places, ensuring that children and young people had access to valuable resources and support. One in four children and young people eligible for free school meals accessed the programme in the

summer holiday, the most important time for holiday support, with a smaller proportion benefitting in the other holidays. The summer programme involved 30 providers across 48 venues, including youth clubs, schools, charities, and social enterprises, ensuring a wide range of enriching activities such as arts, sports, music, and more.

- Camden's HAF programme also provided support for children with SEND. In 2024, the programme funded 325 SEND spaces, demonstrating the programme's commitment to inclusivity and comprehensive support. Camden Council also bolstered the programme with an additional £88,000 of funding for Summer 2024 delivery, which helped to support 116 additional SEND spaces.
- A highlight of the 2024 programme involved documentation of the Summer programme through photography workshops at five youth centres, attended by over 100 young people. Photographs taken by young people from the workshops were used in the [2024/25 Annual Report](#). This project strand also involved the production of [a video](#) highlighting the impact of the programme.
- Plans for 2025 include continuing to seek innovative partnerships with the business and cultural sectors to add value to the programme, as well as strengthening the youth voice in planning and decision making.

22.16 Key areas for action in 2025/26

- Continue to promote and move to greater engagement in the Little Steps to Healthy Lives and the Healthy Schools programme across Camden
- Extend the reach of School Breakfasts to support more children in Camden, especially those living in the most deprived areas/eligible for free school meals, ahead of the roll out of the national breakfast in schools' initiative
- Work with schools to develop further whole class curriculum cooking opportunities
- Pilot an enhanced approach to supporting pupils and families after the national child measurement programme
- Ensuring that universal support services like Family Kitchen and Families for Life continue to reach into our communities with the greatest needs, through an ongoing and targeted programme of support
- Continue to offer an extensive Holiday Activity and Food programme across Camden, including opportunities for those with SEND

23 Physical activity for school aged children and young people

23.1 Context, Inequalities, and Intersectionality

Children and young people in Camden are more active compared to those living in other boroughs, but around half of children and young people are still not meeting the recommended levels - an hour or more of at least moderate physical activity every day. This means that significant numbers of our children and young people are not gaining the full range of benefits from being regularly active as they develop through to adulthood.

- 23.2 There are also clear inequalities in participation. Girls are less active than boys, with the participation gap becoming wider in secondary schools. Children and young people from some ethnic groups are also less active – e.g. those from South Asian ethnic groups are less active at all ages, while those from Black ethnic groups have a greater drop off in physical activity levels moving into secondary schools. Disabled children and young people face the greatest barriers to regular participation. And those from more deprived households are also less active compared to those in more affluent households.
- 23.3 Schools have flagged a range of opportunities to support their students to be more active and to address inequalities in participation, particularly as participation levels drop at secondary schools. These include supporting pupils as they transition between primary and secondary school, ensuring a range of opportunities for enjoyable activity at secondary school for pupils of all abilities, follow up support for those not reaching swimming competency standards, and promoting access to local physical activity assets.
- 23.4 A physical activity strategy and plan for children and young people has been developed this year and will be taken forward through the Pro-Active Camden (PAC) group. The aim for this work is that all children and young people, regardless of their background or ability, have easy access to enjoyable and affordable opportunities that enable their participation in regular physical activity. The focus will be on addressing inequalities in participation and supporting children and young people through key transition points (such as the move from primary to secondary school).
- 23.5 Progress in 2024/25**
- 23.6 Physical activity remains one of the key themes of the Healthy Schools award, which many Camden schools are actively engaged in. Curriculum opportunities including the amount of time spent on Physical Education (PE) each week is a key part of Healthy Schools. This year we have been working with Camden's PE leads to develop good practice guidance for spending the national PE and Sport Premium funding, to further enhance its impact. Review of the online reports for 34 primary schools (out of 38 schools in total) identified a total budget of £683,000 for Camden, at an average spend of £19,423 per school. There will be opportunities for schools to group spend some of their premium to potentially enable economies of scale
- 23.7 The inaugural Girls Active Festival led by Torriano Primary and funded by the Health and Wellbeing Department in March involved 200 girls from 10 primary schools with delivery supported by 20 young leaders from secondary schools in a range of enjoyable activities. This work has been identified as a national example of good practice. Off the back of this festival an Active Girls Committee involving student groups from 3 primary and 3 secondaries has been established with support of the Early Years Schools and Families Team and Camden's School Games Organiser. The aim of this group to help create a network of Active Girls groups in all Camden schools and reduce the gap in activity recommendation attainment and after school and sports club participation.

23.8 Schools Swimming in Autumn Term 2024 the Camden Schools Swimming group was established to bring together all parties involved in GLL's (Camden's Leisure Centre Manager) swimming provision for Camden schools. The group is focussed on ensuring the quality of teaching, provision of assessment and SEND inclusion. As a result of feedback through this group GLL have changed the booking process to help schools plan their year, provided their scheme of work for schools, and created a simple guide for schools to make best use of their online assessment recording tool Swimphony.

23.9 Healthy Travel Camden – behaviour change initiatives. Three key active travel behaviour change initiatives are run with schools. 24 schools are signed up to the "Travel for Life" sustainability programme, 21 schools received bikeability sessions, and 774 children received pedestrian skills training in 2023/24. The Council's Transport Planning team are reviewing capacity to enable a more widespread offer to more schools.

23.10 Well organised participative sport also has a clear role in boosting physical activity levels. A strong example of this is the School Games programme which involves all Camden Schools, is funded by the Youth Sport Trust and free for schools to engage in. Another example is the Primary School Sports Competition programme managed and delivered in partnership with the Camden School Sports Association (CSSA), involving 37 Camden Primary Schools providing children and young people the opportunity to learn and achieve through teamwork and competition during curriculum time and after school. In 2023/24 there were 13,500 attendances across 63 competitions, including individual and mixed sex teams - as well as 7 inclusive competitions for SEND children and 12 Sport 4 All events. 17 schools held the School Games Mark in 2023/24 awarded for pupil participation in Camden wide sports events with 1 of those school's achieving the highest possible award, Platinum.

23.11 Key areas for action in 2025/26

- Mobilise the Children and Young People Physical Activity Strategy and Action Plan with local partners, and move into year 1 delivery
- Develop good practice guidance for the PE and Sport Premium with primary school PE leads and share ahead of 2025/26
- Enable further roll out of the network of Girls Active schools, leading to more enjoyable opportunities for girls to participate, and another Festival in 2026
- Further develop opportunities for children and young people with SEND to learn how to swim and progress further, through the work of the School Swimming Group.
- Continue to work closely with the borough's leisure centre manager GLL to develop more opportunities for children and young people to be active onsite and in the community
- Enable more schools and pupils to benefit from Healthy Travel Camden behaviour change initiatives

24 Finance Comments of the Executive Director Corporate Services

The Director of Finance has been consulted on the content of this report and has no further comments.

25 Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted on the contents of this report and does not have a comment to add to the report.

26 Environmental implications

There are no environmental implications.

27 Appendices

Appendix 1: trends in key child health metrics

Appendix 2: map of Camden's Children's Centres and Family Hubs

REPORT ENDS