



RAISE CAMDEN CHILD HEALTH EQUITY DATA AUDIT

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FOREWORD



Cllr. Anna Wright, Cabinet Member for Health, Wellbeing and Adult Social Care

Camden is a vibrant, diverse borough with all the opportunities that an inner London borough with thriving scientific and commercial districts can offer. However, population change, the global pandemic and the cost of living crisis of recent years have taken their toll on our residents' wellbeing. It is evident that this has not been equally felt by everyone and that, in many cases, existing inequalities have been exacerbated and further entrenched.. The projected lifelong impact this will have on the next generation is of great concern and requires urgent action.

The UCL Institute of Health Equity is a Camden Health Anchor, a global thought leader based within our borough. We are delighted to partner with the Institute to better understand how we can respond to our changing health trends. The housing crisis and stretched welfare system are important determinants of the health and wellbeing of residents. This is why efforts to promote health equity must go far beyond our schools or health systems and will rely on our commitment to collaborative cross-sector working. We welcome the constructive challenge that this independent report brings and we welcome the Institutes' recommendations to focus our efforts on promoting good health from first principles.



Cllr. Marcus Boyland, Cabinet Member for Best Start for Children and Families

In Camden, we have long prided ourselves in providing outstanding services for children and their families. Yet childhood experience goes well beyond service provision. I am struck by the story this report tells of what it is like to grow up in Camden.

Rising rates of mental health conditions, the system struggling to adapt to an increasing rate of SEND diagnoses and high rates of pupil absence from school are – and must continue to be – our priorities for children and young people's health and wellbeing. We need to focus our action on what's driving these trends and outcomes, as well as how we respond to and support the children experiencing them.

Young people need to feel that they belong, they are proud of where they come from and that opportunities are available to them. This is increasingly challenging in a socioeconomically divided borough. This report demonstrates that inequalities persist across all protected characteristics, impacting self-esteem and longer-term health outcomes.

We have made huge strides in establishing opportunities for young people to be supported into the workplace, breaking out of a cycle of deprivation. We know we must do more – we are not complacent. It is critical that all of our residents are equally able to take advantage of these opportunities. I would urge our families to get involved with all of our institutions to improve their service to our borough. Together, we can secure happy childhoods, and therefore lifelong health and wellbeing, for the next generation.



RAISE CAMDEN CHILD HEALTH EQUITY DATA AUDIT: EXECUTIVE SUMMARY

- Raise Camden is a programme of work that will seek to improve the childhood experience of those living in the most deprived circumstances in the borough, with the long-term goal of raising the healthy life expectancy of residents living in poverty.
- This report provides an initial summary of the current situation in Camden, using the Child Health Equity Framework - a framework developed by The Institute of Health Equity (IHE) and Barnardo's that sets out a range of factors that are important for children's health from the perspective of the literature and the perspective of children and young people.
- The report is the first stage of IHE's work for Camden which will then go on to look at the sufficiency of current policy and strategy and make further recommendations for improvement.

There is extreme and widening socio-economic inequality in Camden

- An analysis of Census data between 2011 and 2021, together with information on the affordability of housing, illustrates extreme and widening socio-economic inequality in Camden.
- In 2011, 67% of Inner London Boroughs were affordable to those eligible for housing benefit, including areas of Camden. However, no areas are affordable in Camden in 2022/23. Across the whole of London only 2.3% of areas were affordable in 2022/23 compared to 19% in 2020/21. This has been driven by a rapid reduction in the value of Local Housing Allowance, and recent increases in rental prices.
- The fact that there are no affordable private rented properties for those on low incomes, together with shortages of social housing, and exceptionally high inner London property prices has meant that low- and middle-income workers, and particularly the white middle class, are leaving Camden. The only increasing demographic is those in higher managerial and professional positions; the numbers of these have risen across all ethnic groups.
- This has left Camden very unequal. Half (56%) of households with children have at least one measure of deprivation. The average home in Camden would cost £831,000 and require a household income of £166,000 to buy. The average rent in Camden is £2,825 and would require a salary over £113,000 to afford.
- It could be that the cost of living and housing is also impacting the fertility rate. The fertility rate in Camden is low and has decreased steadily over the last 20 years. This will reduce the number of schools needed.
- Growing up in a socio-economically divided environment can negatively affect social cohesion, and long-term mental health if left unchecked.

There is not enough social housing to meet the need for it in Camden

- With private housing unaffordable to the majority, there is pressure on social housing. There are approximately 8,000 on the social housing waiting list and 600 allocations a year, half of which are rehousing allocations. In addition, there is a specific lack of large social housing units.
- Given the shortage, approximately 600 Camden households with children are in temporary accommodation. Camden Council has responsibility for these households, even though they are not necessarily housed within the borough. We do not currently know how many households are in hotels in Camden that are the responsibility of the Home Office or other London Boroughs. Temporary accommodation often means moving frequently, inconsistent access to educational facilities, a lack of meal preparation facilities, poor nutrition and a lack of space.
- In addition, in 2022/23, there were 6,940 children in Camden living in overcrowded housing, 791 of which were residing in severely overcrowded homes, with 20% of social rented homes overcrowded. Overcrowding happens across all ethnicities and religions. However Asian families, and particularly those that are Muslim (given that many Muslim families are multi-generational), are more likely to live in overcrowded homes.
- Overcrowding is linked to a range of negative outcomes for children including, for example, higher incidence of respiratory diseases, through increased risk of damp and living in close proximity to others. In addition, there are likely to be poorer educational outcomes; strained family relationships; and increased domestic abuse. Children and carers with Special Educational Needs (SEN) may be at increased risk of crowded accommodation having a dysregulating effect.
- Given the shortage, social housing is increasingly reserved for those in most need, for example: those in contact with health or social services.
- We illustrate that 40% of households with dependent children in social housing, have at least one household member with a long-term health condition or disability.
- It is estimated that only half of young carers in Camden are known to schools or social care, so half are not receiving support.
- We show that the majority of households in deep deprivation (two or more measures of deprivation coexisting) are living in social housing. But this also shows that a third of households with one measure of deprivation do not live in social housing, and so services to support those in poverty cannot entirely focus on those in social housing. For example, there is a group of private renters with lower educational attainment¹ in Kilburn who may be struggling to make ends meet, given that incomes tend to be higher for those with higher educational levels.

¹By lower educational attainment, we mean that there is no one in the household age 16-18 in full time education, or with 5 or more GCSEs or equivalent.

Camden needs to reduce or mitigate against the negative impacts of absolute poverty and overcrowding

- Differences in individuals' socio-economic status do not necessarily lead to wide disparities in health. To ensure that they do not, those on lower incomes need to have a minimum income for healthy living, safe and warm housing, a good education and good services.
- We know that material deprivation (absolute poverty) accounts for approximately 35% of inequalities in self-rated health in adults and is associated with a range of negative health outcomes for children (e.g. worse mental health, higher levels of obesity, lower educational attainment). Tackling this is therefore important from a whole family health perspective.
- We illustrate that there is variation in terms of the numbers of children in absolute poverty in Camden, with wards such as St Pancras and Somers Town, Holborn and Covent Garden, Bloomsbury, Regents Park and Haverstock having the highest levels of children in absolute poverty. Recent large percentage increases in Bloomsbury and to a lesser extent Holborn and Covent Garden are concerning, but unexplained by Camden's use of temporary accommodation, and warrant further investigation.
- While ideally central government might address poverty, and ensure that Universal Credit covers essentials, it is likely that in the near term this may not happen, and so Camden should trial alternative local mitigation approaches (compensatory approaches).
- Tackling overcrowding could also be helped if Government raised the Local Housing Allowance limit. However, this in itself can be inflationary.

Camden needs to improve safety and sustainability at home and outside

- Just half (52%) of Black young people feel safe in Camden, compared with 73% of White young people. This could impact negatively on their mental health and activity levels. For instance, qualitative findings suggested that Black boys were socialising less outside of the home with friends. Children and young people were concerned about drug crime, gangs and bullying.
- From 5,854 children that had a contact or assessment step with social services in 2023/24, 29% had Domestic Violence or Abuse (DVA) identified as a risk.
- Analyses of Camden school data found that those most likely to have a record with Camden's social services were young carers, those with Education, Health and Care Plans (EHCP) or Special Educational Needs and Disabilities (SEND), and children living in the borough, as opposed to children attending Camden schools from outside the borough.
- Children and young people valued youth services and safe third spaces, such as youth centres and libraries, and wanted more of these spaces that were fully inclusive.
- To foster a sense of pride about living in Camden, children highly valued sustainability in their communities and living environments.

Camden needs to improve educational outcomes for boys and children living in low-income households

- Early Years Foundation Stage (EYFS) scores are in line with the London average, but ward-level data would be helpful to illustrate inequalities within the borough. Sufficient use of good quality childcare is related to improved outcomes, particularly for those with less educated parents. At present we know what percentage of Camden residents are using Camden early years services, but not what percentage of Camden residents are using services outside the borough, which is a gap.
- A good level of development at Reception age is observed, in-line with London averages. Ward- or school-level data could be further interrogated to illustrate inequalities, if available.
- Progress 8 scores measure the degree to which secondary school outcomes are in line with results seen in Key Stage 2. It is a measure of school performance. There is some concern here: boys in general in Camden are not doing as well as boys in the rest of London, regardless of ethnicity, and those on FSM are not doing as well as those on free school meals in London as a whole. The borough is aware of this and has commissioned services to respond to these trends.
- Camden schools are experiencing high levels of persistent absence from school. In secondary schools, 24% of Camden pupils were persistently absent in 2023/24. This rate is similar to England's rate of 23.9%, but higher than London's rate of 19.6%. Students eligible for FSM have the highest absence rates in Camden secondary schools, along with boys and some ethnic groups including Gypsy/Roma, Irish traveller, White and Black Caribbean pupils, young carers and pupils with SEND support/EHCP.

Improving the social determinants of health in Camden will improve children's health outcomes

- In Camden there is a strong correlation between higher levels of deprivation and worse mental health, higher levels of overweight and obesity, higher asthma rates, higher rates of low birth weight and higher prevalence of learning disabilities in children. This is what we would expect given our previous work and the wider academic and medical literature.
- Low incomes, cold homes, overcrowding, pollution and DVA could all be driving poor mental health outcomes in children in Camden. Camden's Annual Public Health Report 2023 identifies children with SEND, young carers, children living in social housing, and children in care or care leavers as being the children and adolescents at greater risk of poor mental health.
- There is an over-representation of White children and young people in terms of CAMHS referrals. We do not see the same for asthma and learning disabilities and so we do not think this is because of inequities in access to primary care.

- Parents and carers play a key role in creating an environment where their children feel supported. However, some children and young people thought that parents lack the knowledge or emotional capacity to address mental health issues effectively, especially in families where discussing mental health is stigmatised.
- Health improvement professionals have commented on good practice and areas for improvement in cultural competence and inclusive practice to deliver health interventions more effectively, such as inviting grandparents to join healthy weaning sessions, or ensuring low sensory environments in clinics where autistic children will be attending. Families confirmed that when services took a responsive approach to recognising who they are as a family, it helped them engage more effectively.
- Children and young people have said they want radical acceptance, where they're encouraged to embrace their true selves without fear of judgement, and felt that this is key to improving their and others' physical health and mental wellbeing.

RECOMMENDATIONS

RECOMMENDATION: IMPROVING INCOMES AND REDUCING DEPRIVATION

For Camden Council:

Camden should aim to eradicate material deprivation which accounts for 35% of inequalities in self-rated health.

Camden Council should lobby central government to raise Universal Credit to ensure that households are not materially deprived and are above at least 75% of the Joseph Rowntree Foundation (JRF) minimum income standard.

If households remain materially deprived, then Camden should investigate ways to set a local minimum income.

Interim measures which reduce the impact of material deprivation by for instance providing white goods, beds, and food, can help to mitigate the impact of material deprivation on children but should not be seen as sufficient.

Camden Council should move families living in overcrowded housing into suitable housing, split them, or move them out of the borough.

The Estates Mission's focus on estate residents is an effective way of addressing the needs of residents living in greatest levels of poverty. However, the borough should ensure it is not the exclusive focus in recognition of households living in different tenures.

A targeted focus of income support for lone parents not in receipt of their child maintenance payments should be considered, due to their increased risk of child poverty and having been more likely than average to experience domestic violence or abuse.

Improving housing and providing sufficient support to those with long-term health problems or disabilities should be a priority when working with households with dependent children in Camden.

Hotspot wards such as St Pancras and Somers Town, Haverstock, Regents Park (Camden), Gospel Oak, Holborn and Covent Garden and Kilburn could be the focus of initial programmes of work that also aim to improve employment opportunities and engagement with the labour market, while mitigating against low levels of parental education through measures such as ensuring high uptake of good quality childcare, giving children the best start in life.

Ward level portraits as illustrated in the appendix can support target creation.

For National Government and Camden Council Partners:

Cross-London action should ensure that Camden (and all London) residents in work are being paid the Real Living Wage for enough hours.

London boroughs should work together, and with the Home Office, to understand numbers in temporary accommodation that have been placed there by other boroughs or the Home Office, and how this might impact on local statistics and services.

IHE will investigate the sufficiency of current policies within Camden and provide recommendations on any additional action needed.

RECOMMENDATION: HOUSING

For Camden Council:

Significant action is needed to increase the supply of social and private rental properties that are affordable and to tackle increasing numbers becoming homeless and living in temporary accommodation in Camden.

Camden also needs to provide bigger social homes for households with children that are overcrowded to improve their outcomes, or allocate two homes near each other where household structure allows. This could be achieved through a mix of measures:

- The Local Housing Allowance (LHA) for Camden needs to rise substantially to enable privately rented properties to be utilised to meet demand. Given tight fiscal space, central government could consider targeting LHA rises for certain types of properties in areas (e.g. four- or five-bedroom properties).
- Camden should seek to build more or larger social housing where space and funds allow.

Camden should support findings for Westminster Council that described how action is needed to improve out-of-borough temporary moves, such as 'ensuring intensive support during the transition to a new area, outreach and visiting approaches, periods of remote support, more proactive referrals and handovers to local services'. This indicates that pan-London action on this issue is needed.

Mitigation measures will be needed that reflect the health and social needs of households. For example, mould and damp will need to be managed, and safe spaces for children to socialise and do homework could help to provide the private space they need.

A criteria for getting social housing is increased need, and so increasingly health and care provision will need to be wrapped around estates, alongside additional support for young carers. Service provision should be set at levels to meet increased need. Improvements in the insulation and ventilation of the homes of those on low incomes should continue.

Further investment in schemes such as the North Central Integrated Care System scheme to build homes for health and care workers is needed to ensure that those on low and middle incomes can afford to stay in London and work. Alternative models such as housing co-ops and self-build should be investigated to keep build costs lower.

For National Government and Camden Council Partners:

Camden has a landlord accreditation scheme, but national government needs to introduce licensing for short-term let properties to enable the council to enforce action.

National government should ensure sufficient funding to meet net-zero commitments.

RECOMMENDATION: EDUCATION

For Camden Council:

Camden needs to better understand what is driving the low attainment of children on free school meals and work to improve outcomes to match the higher London average attainment levels of children on free school meals.

The figures show a particular issue with boys falling behind much more than girls, and further exploration may be warranted. However, we note that Camden Learning has been commissioned, and a better understanding of what they are planning may help to advise on whether further investigation is needed.

More granular-level detail is needed to understand inequalities in educational attainment across the borough with further analyses of a combined data set that joins local area data together with the National Pupil Database.

For Camden Council Partners:

Schools should work with children and young people (CYP) to ensure they provide supportive, structured environments where students feel valued and understood. These environments should also be safe spaces, with consistent anti-bullying policies, clear boundaries, and fair, predictable consequences to help students feel secure and supported.

RECOMMENDATION: COMMUNITY AND SAFETY

For Camden Council:

Camden needs to feel safer to children. Further exploration of safety by gender would also be helpful to understand if boys feel less safe than girls or vice versa.

Involving CYP, especially underserved CYP, in the design and monitoring of safe public spaces would ensure that safety measures align with their lived experiences and needs. Creating safe places particularly for Black children to play and socialise appears to be important as they are less likely to do so and this could damage their wellbeing.

Camden's vacant spaces programme should incorporate spaces for CYP living in crowded accommodation to mitigate the related health harms. Additional consideration should be offered to CYP with autism and ADHD where overcrowding can present high-stimulation environments which can lead to chronic dysregulation.

Young people-led social cohesion programmes, which promote a sense of pride in where you come from, and belonging, are important compensatory measures.

Camden Council should collaborate with CYP on both sides of the social divide to support social cohesion and promote a sense of belonging to all. Council collaboration with schools and families to provide workshops on digital wellbeing, focusing on managing screen time, recognising online harms, and fostering healthy online habits would be welcomed and valued by many CYP.

Further action is needed to understand the level and impact of domestic violence and abuse (DVA) on children and young people in Camden. Action to reduce overcrowding and material deprivation will help to reduce DVA, although it is worth noting that DVA is prevalent across all walks of society and wide action is needed to promote tolerance and respect.

RECOMMENDATION: DATA

For Camden Council:

Camden should consider good practice from elsewhere. For example, Birmingham has built on the Child Health Equity Collaborative (CHEC) framework to create an interactive tool to track progress towards outcomes across the area.

Camden Council should aim to disaggregate routine datasets by geography and by personal identity characteristics so that the council can target resource, or centre those with greatest potential to benefit, within policy design.

The ward-level pen portraits provided here (see appendix) are a starting point for understanding how these considerations coalesce at a ward-level. This can support target health creation at ward- or neighbourhood-level, which clusters wards into five geographic areas within the borough.

The CHEC framework should guide the collection of local data from ages 0-19, covering key factors that affect child health and later outcomes. It would also be helpful to track young people into higher education or work to see how well interventions and policies are working over time.

Camden Council should ensure an integrated 0-19/25 database considers all aspects of the CHEC framework. They should also consider data protection aspects carefully, taking advice from areas such as the LIFT database, LEAP and Act Early.

Camden Council should work to link data at household-level to understand the relationship between family members and how they may be impacted by parents and siblings.

More granular-level detail on inequalities in educational attainment and wider factors would support greater understanding. This could be done on a school-by-school basis.

RECOMMENDATION: HEALTH

For Camden Council:

Given that 40% of households with dependent children in social housing have someone with a health condition or disability, further consideration of support for young carers is needed as this group is at most risk from domestic violence and abuse and persistent absence from school.

Camden should evaluate their equitable services programme to assess impact prior to wider roll out and embedding systems wide.

Increased rates of obesity in some ethnic groups may require a culturally competent approach to be tested.

Action to reduce material deprivation will have a positive impact on prevalence of health conditions that are socially graded, such as obesity, poor mental health and asthma. However, mitigation may be needed where incomes are too low to support the ability of families on low incomes to purchase diets with adequate protein, fruit and vegetables.

Action to improve housing conditions will reduce poor mental health and asthma.

The referrals to CAMHS shows a bias such that a higher percentage of White households are accessing help. Action, including culturally competent approaches, is needed to ensure that children from all ethnicities have the mental health support they need. Work with faith and community groups to de-stigmatise mental health and to support parents to support their children, is needed.

Camden Council could also consider promoting school programmes that challenge societal norms around happiness and success, encouraging radical self-acceptance and reducing stigma. Schools and community spaces should continue to provide platforms for CYP to express themselves creatively and authentically, such as through art, music, or theatre.

RECOMMENDATION: RAISE CAMDEN

For Camden Council:

Children's and young people's voices need to be central to how Raise Camden shapes their response to this reports' findings.

Raise Camden aims to improve and address inequities in childhood experience, since a happy childhood improves one's chances of lifelong health and wellbeing. Camden Council needs to set clear measures of childhood experiences that they can be confident are likely to raise the healthy life expectancy of the most deprived children. Camden Council must also assess whether it is meeting its ambitions and on the right trajectory.

The significant adults in a child's life are one of the biggest determining factors for their lifelong health and wellbeing. However, adult experience is often considered separate to childhood experience. Camden Council needs to better consider the role of whole family dynamics within childhood experience.

It is recommended that the CHEC framework is further developed and used by Raise Camden to ensure that child health equity is routinely and adequately considered.

Raise Camden should promote the principle of compensatory practice. This review indicates potential health-harming considerations, which are under the auspices of the council, but some are largely intractable due to the environment in which Camden operates, such as the availability of affordable housing. Camden Council therefore has a duty to ensure that compensatory health-protecting determinants are made available, accessible and utilised to those with the greatest potential to benefit.

CHAPTER 1

INTRODUCTION AND CONTEXT



INTRODUCTION

Camden Council has commissioned the Institute of Health Equity (IHE) to support ‘Raise Camden’, the borough’s child health equity programme. ‘Raise Camden’ aims to improve the childhood experience of children living in the most deprived circumstances in the borough, recognising that a happy and healthy childhood increases the likelihood of lifelong health and wellbeing. The programme’s long-term goal is to raise the healthy life expectancy of residents living in poverty.

Camden is arguably one of the most unequal areas in the country – it has some of the highest housing costs, with average house prices exceeding £830,000 and rents over £2,800 per month, (1) while nearly two in five children live in poverty after housing costs. (2) This report provides an initial summary of data utilising the Child Health Equity Collaborative (CHEC) Framework, a framework developed by IHE and Barnardo’s that sets out a range of factors that are important for children’s health from the perspective of the literature and the perspective of children. (3)

This report utilises available data, however it should be noted that there is some information that is not routinely collected that is important to the health and wellbeing of children, as set out in the framework, and further collection of this could help to better understand issues in the borough. This is discussed briefly in the gaps section of the report.

The report is the first stage of IHE’s work with Camden which will then go on to look at the sufficiency of current policy and strategy and make further recommendations for improvement.

RAISE CAMDEN CONCEPTUAL FRAMEWORK

Camden Council has adapted the CHEC Framework to align more closely with its departmental structure. This describes the totality of childhood experience and can act as a guide to considerations of child health equity when shaping wider corporate strategy.

| CHILDREN AND YOUNG PEOPLE’S PERSONAL IDENTITY | | |
|---|--|---|
| Protected Characteristics and additional factors relevant to the individual, eg. Child in Need status | | |
| FAMILY CIRCUMSTANCE | PERSONAL EXPERIENCE | HEALTH AND WELLBEING |
| This describes your circumstances of birth: where you live, how much money you have, who is part of your family, who your parents are and how they navigate the world. You have limited agency over this. | This describes how you interact with the world directly: your development in early years, your progression through education, your friends and social networks, how you respond to your environment. You have greater agency over this | This describes your level of health in childhood: attainment of development milestones, health behaviours, preventative action taken, underlying health conditions and your mental health and wellbeing. You have mixed agency over this. |
| SOCIAL SAFETY NET | | |
| Local policy and services related to each of the above | | |

Whilst capturing and responding to personal identity and the available social safety net is a responsibility of the whole system, other parts of the conceptual framework are managed separately. Family Circumstance would often sit within Adult Social Care and the wider Supporting Communities portfolio. Personal Experience would then fall to the Children and Learning directorate, and Health and Wellbeing would require integrated working between the council and NHS partners. The interplay between these distinct areas explains and describes childhood experience and determines the degree of child health equity available

to a population. Child health equity requires whole family approaches and integrated working.

This report aims to identify the aspects of childhood experience that are particular drivers of child health inequity in Camden. The exception is the sufficiency of the social safety net, which is out of scope of this report and will be considered in later reports. We highlight here recommendations which should be prioritised for action within Raise Camden.

CONTEXT: RECENT CHANGES IN CAMDEN'S POPULATION

Data up to 2020 illustrates a relatively high level of population churn in Camden. For example, in 2020, 35% of the population were different to those in the area in 2010, and 76% of the population were different compared to 1997, as measured by the residential mobility index (RMI). (4) However, Camden did not have the highest level of churn in London between 2010 and 2020, with Tower Hamlets, Hammersmith and Fulham, Lambeth and Wandsworth all having RMI's of over 40% in that time-period. The rate at which people have changed in Camden differs. For example, between 2011 and 2012, there was a 17% change just in one year, yet between 2016 and 2020 there was only a 10% change in the population.

Private rented properties in Camden (and most of London) are no longer affordable to those eligible for housing benefit

We can attribute some of the higher level of change seen after 2011 to the changes in housing benefit (and specifically the generosity of the Local Housing Allowance (LHA)). Before 2011, housing benefit would support people to rent property up to the 50th percentile of the cost of renting, given local rates. After 2011, people would only be supported to the 30th percentile of the cost of renting in a particular area.

Fenton, in 2011 predicted that only twenty per cent of Inner London neighbourhoods would be affordable by 2016, compared to 67% before the housing benefit reform. (5) Much of Camden was affordable on housing benefit in 2011, but not by 2016, where a small pocket to the north of the borough appears to be the only affordable place to live. Families would have been more impacted as the differences in levels of support were much larger. For example, before the reforms a family with three children in a four-bed house could have got £610 in LHA, compared to £400 after the reform.

We know now that LHA was later frozen, creating a situation where even more people would have found it difficult to afford rent that was not social rent. In 2022-23 only 2.3% of rental listings across London were affordable to those on the London Housing Allowance (down from 18.9% in 2020/21) and there were no affordable rentals in Camden. (6)

Within Camden this has led to an increasing number of households joining the waiting list for social housing and placed in temporary accommodation for longer periods. This is both costly for the Council but also has a negative impact on those experiencing insecure accommodation for longer, especially children.

What can also be seen from the data is that there is more churn in more prosperous neighbourhoods; this is unsurprising given that those on low incomes will not be able to afford to move. (4)

The impact of high housing costs, insufficient LHA and increased remote working

The impact of high housing costs, reductions in the local housing allowance, and an increased ability for some people to work remotely will likely have had the following impacts:

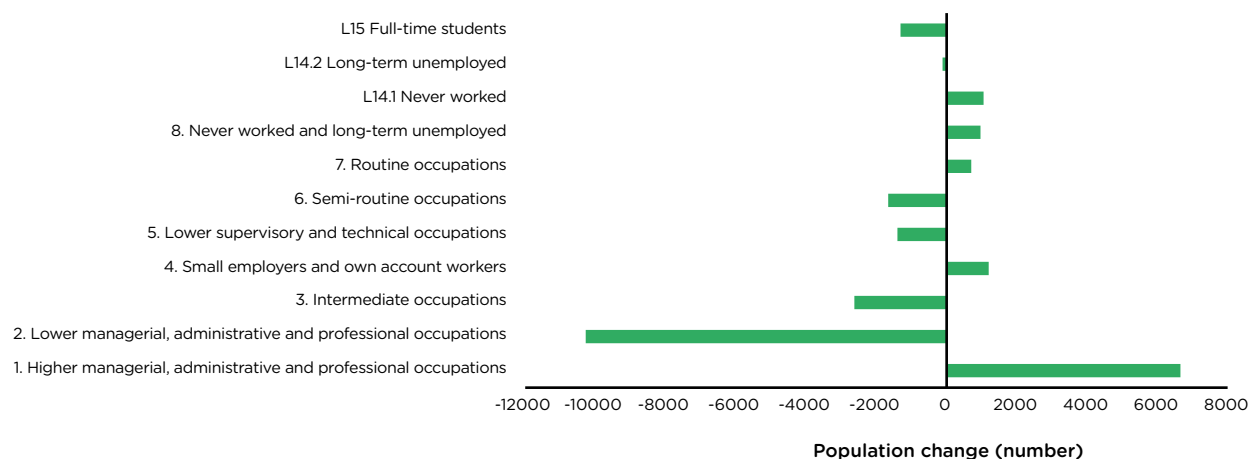
- Only those on high incomes will be able to afford private rented properties without going into arrears.
- Only those on extremely high incomes can afford to buy in Camden.
- Low to middle income office workers able to work from home may move out of London or to outer boroughs.
- Those on social rent will have stayed.
- Low to middle income households in face-to-face jobs not in social housing will be more likely to be struggling and may have lost their home and be in temporary accommodation.

This is demonstrated in Figure 1, which shows an increase in those in the highest managerial and professional classes and a small increase in the numbers unemployed, but a fall in the middle classes.

Figure 2 illustrates the change in terms of numbers by ethnic group and it is apparent that it is particularly the white middle class that has decreased. The decrease is much larger than the increase in the numbers who are in the highest social classes, indicating that these people have largely moved out of the borough. To complete the picture, Figure 3 illustrates the change in terms of percentage of population, and this shows that the number of white middle class households in Camden has reduced at a faster rate than that for other ethnic groups.

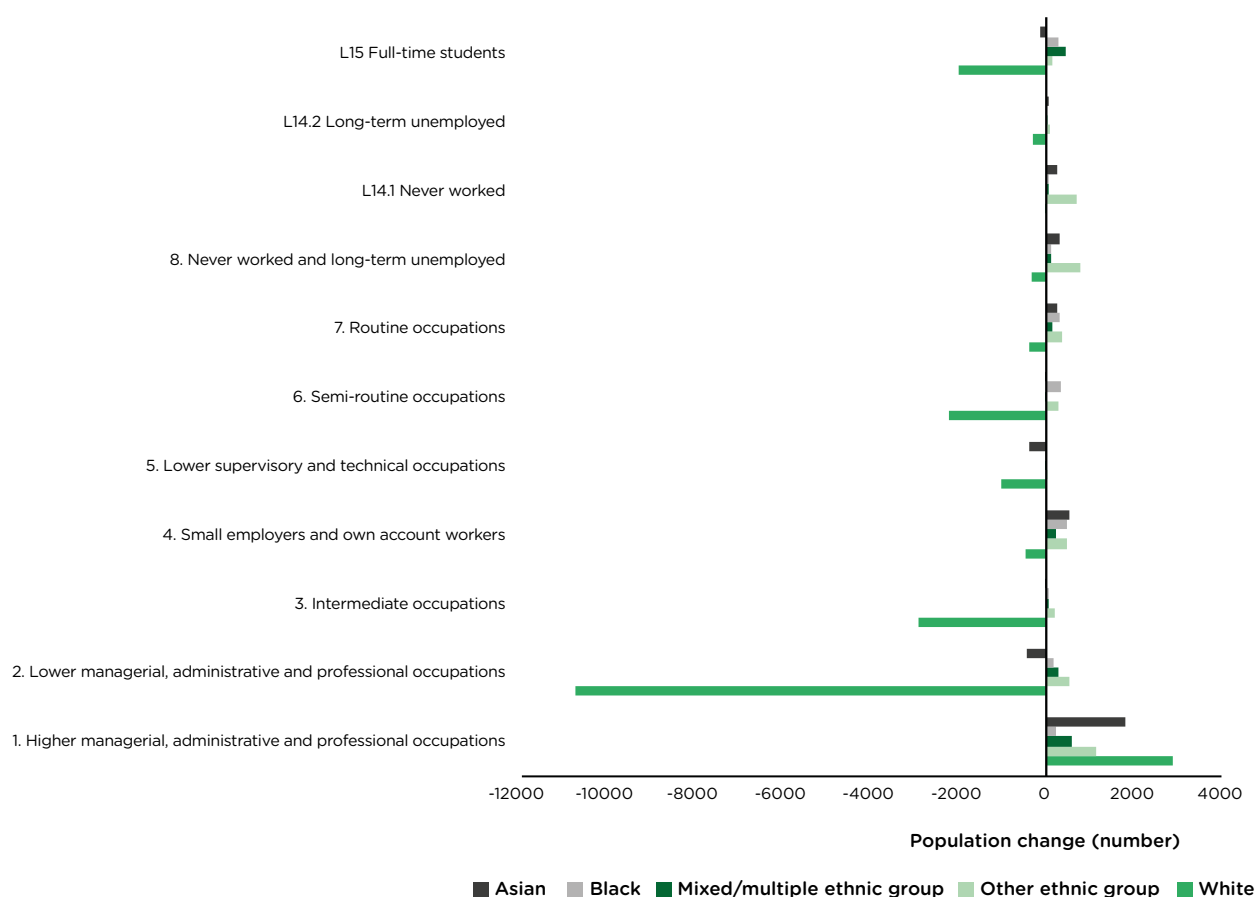
We also see an increase in Black populations in the categories: small employers and own businesses and routine occupations. In these categories it might be likely that income is more variable and insecure, and in routine occupations wages are likely to be near to the minimum wage. These groups are likely to struggle with the costs of housing and may be living in overcrowded situations. However, while the percentage change is quite high, the numbers are relatively low.

Figure 1. Changes in population, 16-64, by social class (NS-SEC), Camden, 2011-2021



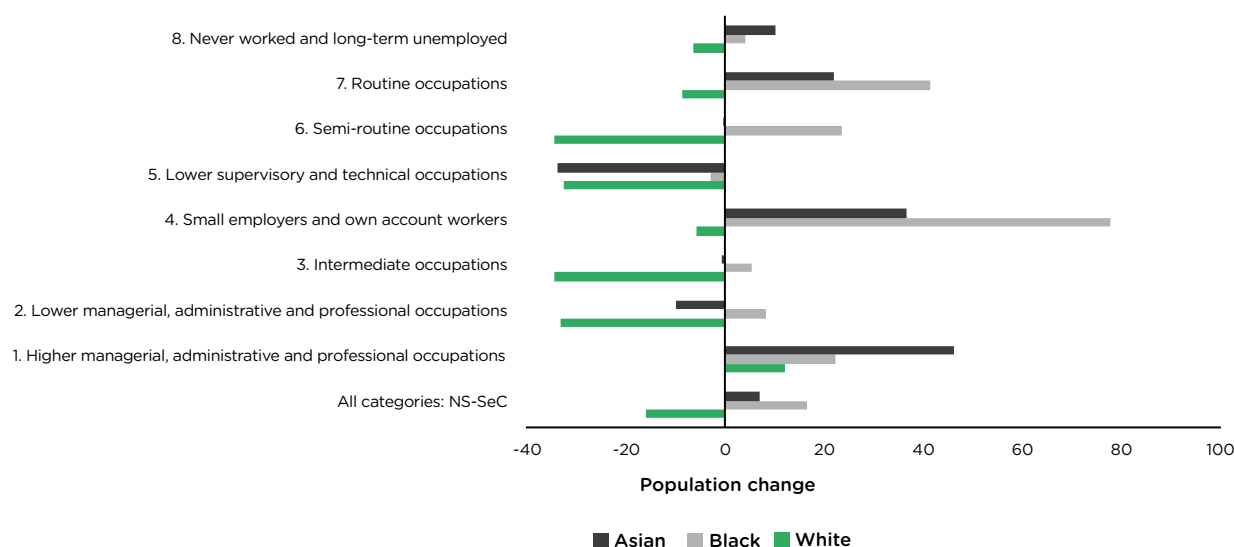
Source: Office for National Statistics, Census 2021 (7)

Figure 2. Population change, 16-64, by ethnicity and social class (NS-SEC), Camden, 2011-2021



Source: Office for National Statistics, Census 2021 (7)

Figure 3. Percent change in population, by ethnicity and social class (NS-SEC), Camden, 2011-2021



Source: Office for National Statistics, Census 2021 (7)

What does this mean for inequalities in Camden, for schools, and priorities

Inequalities in health and educational outcomes in Camden will widen without effective intervention because the population has become more socio-economically divided. There are significantly more households in the high social class bracket across all ethnicities, fewer white middle class households, and a slight uptick in those on low incomes, in routine employment or have never worked, and a small increase in Black and Asian small employers and own account workers who may also have low precarious incomes.

This does not have to mean that those who have lower socio-economic status have worse outcomes, because we could break the link between lower socio-economic status and poverty. Within Camden, the provision of additional funds to those on low incomes who are pregnant as a pilot is a positive step in that direction. However, with 84% of those on universal credit struggling to both heat and eat, it is unlikely to be sufficient action. (8)

Schools and the council need to be aware that there will continue to be many children in poverty who will need support and that they will be looking across the street at an increasingly wealthy elite.

It is worth pausing to reflect on what it is like to grow up in a divided borough. There is a risk of a sense of ‘othering’ that can come from living alongside peers with whom you have no meaningful engagement or understanding. This risks children feeling that they don’t belong, or a sense of shame. Poor mental health prevalence is higher in more divided countries. (9) Deepening wealth divides are also driving a loss of belief in democracy and organisations, with a growing sense of risk of social unrest. (10)

This can also be damaging for our future, as the more affluent young population, who may well grow up to be in positions of power in the future, may develop unconscious biases because of social division in their childhood.

At present, while most children and young people in Camden believe that ‘everyone has the chance to succeed whatever their background’, perceptions of fairness vary slightly by gender and ethnicity - 84% of White British young people agreed or strongly agreed with this statement, compared with 79% of Black British young people, and 77% of young men, compared with 70% of young women. (11) Perceptions of fairness should be kept under review, with a view to increasing these percentages.

Young people-led social cohesion programmes, which promote a sense of pride in where you come from and belonging are important compensatory measures.

CHAPTER 2

FAMILY CIRCUMSTANCES



DESCRIBING THE POPULATION OF CHILDREN AND YOUNG PEOPLE: FAMILY CIRCUMSTANCES

LIVING IN CAMDEN - LOW INCOME

Children in households with low income

There is a robust evidence base demonstrating that children from low-income families tend to have worse outcomes than children from more affluent families (12) and as such, understanding the distribution of this population in an area is helpful for planning the provision of services, including preventative actions.

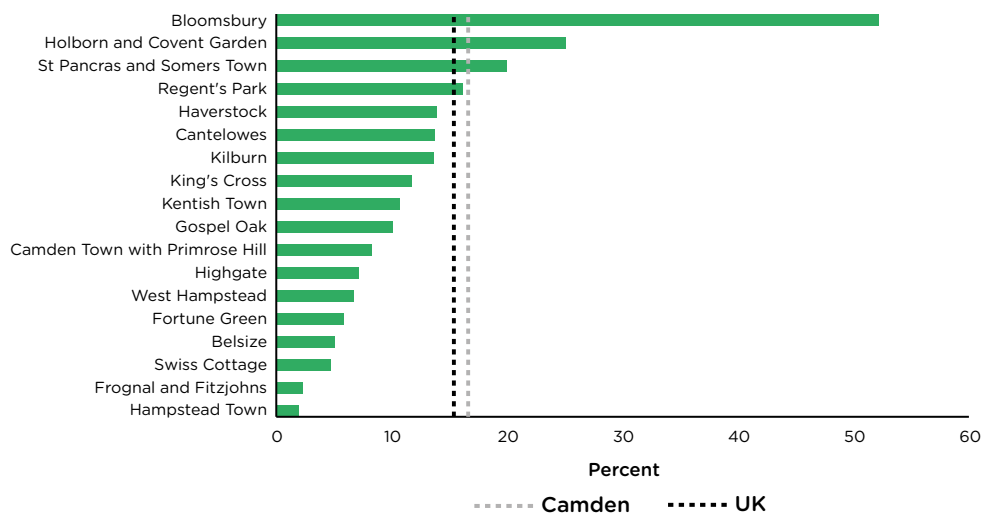
Figure 4 illustrates the percentage of children in absolute low-income households in Camden by ward for 2021/22 and includes an average for Camden and the UK. We have chosen to illustrate absolute poverty, rather than the larger group in relative poverty because this statistic best illustrates the numbers in material deprivation. We know that material deprivation contributes to approximately 35% of poor self-rated health, and 40% of the variation in mental health in adults. (13) Action to reduce material deprivation will help to reduce poor outcomes for the whole household. One way to do this is to ensure that incomes are increased so they are at least more than 75% of the Joseph Rowntree Foundation minimum income standard. Below that level, material deprivation is four times more likely. (14)

Camden has a higher percentage of children in absolute poverty compared to the London average.

The figures show a surprisingly high percentage of children in absolute poverty in Bloomsbury, which is out of kilter with the statistics for previous years, but which could potentially represent use of hotels for temporary accommodation by other boroughs or by the Home Office. Camden officials have confirmed that these numbers are not explained by households with children from Camden being temporarily accommodated in Bloomsbury.

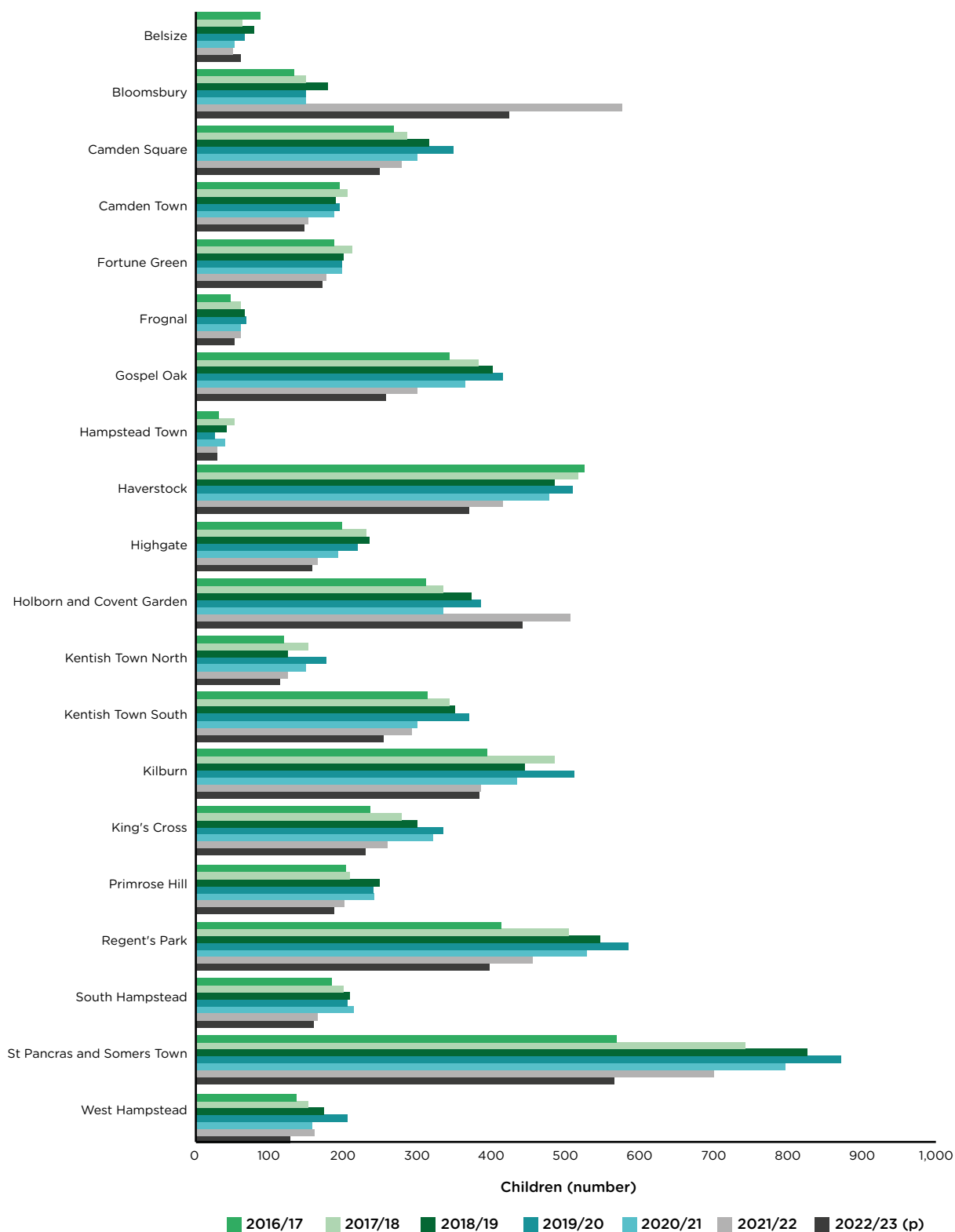
Figure 5 illustrates the numbers of children in absolute poverty by ward, and the trend in this between 2016-2023. The 2023 figures are provisional but illustrate that there are still high figures in Bloomsbury, albeit less high than for 2022. As can be seen from the diagram below there are children in poverty in every ward in Camden, however some wards have traditionally had much higher levels of poverty. The five wards with the highest levels of absolute poverty are St. Pancras and Somers Town, Haverstock, Kilburn, Regents Park, and Holborn and Covent Garden. However, the situation in Bloomsbury also deserves some attention.

Figure 4. Children in absolute low-income households, percent, Camden wards, Camden and UK, 2021/22



Source: Department for Work and Pensions (15)

Figure 5. Children in absolute poverty, Camden wards, 2016/17 to 2022/23 (provisional)



Source: Department for Work and Pensions (15)

LIVING IN CAMDEN – HOUSING AND DEPRIVATION

Our assessments of housing based on census data, focuses exclusively on households with dependent children in them, which allows for helpful comparison with our borough-wide assessment to examine how childhood experience of housing may differ from the average.

As Table 1 below illustrates, 56% of households with dependent children in Camden are living in households with at least one measure of deprivation, compared to 44% who are not deprived. Measures of deprivation are explained in Box 1.

Box 1 - Types of deprivation: Health, Education, Housing and Employment

- 1 A household is classified as deprived in the health dimension if any person in the household has general health that is bad or very bad or is identified as disabled. People who have assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).
- 2 A household is classified as deprived in the education dimension if no one has at least a level 2 education and no one aged 16 to 18 years is a full-time student.
- 3 A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or economically inactive due to long-term sickness or disability.
- 4 A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

Table 1. Households with dependent children with one or more measures of deprivation in Camden 2021

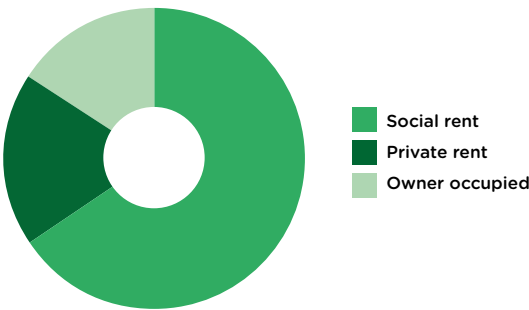
| | Number | Percent |
|--|--------|---------|
| Not deprived | 9339 | 44.1 |
| One dimension of deprivation | 6883 | 32.5 |
| Two dimensions of deprivation | 3443 | 16.3 |
| Three dimensions of deprivation | 1371 | 6.5 |
| Four dimensions of deprivation | 116 | 0.5 |
| Total all households with dependent children | 21152 | 100 |

Source: Office for National Statistics, Census 2021 (7)

Figure 6a illustrates the proportion of households with dependent children with one or more levels of deprivation by tenure for the whole of Camden, and shows that approximately two thirds of children living in a household that is deprived live in social housing, with the rest in private

rentals or owner-occupied housing. Figure 6b shows how half of households that are not deprived are in owner-occupied housing, a third are in private rentals, and a sixth are in social housing.

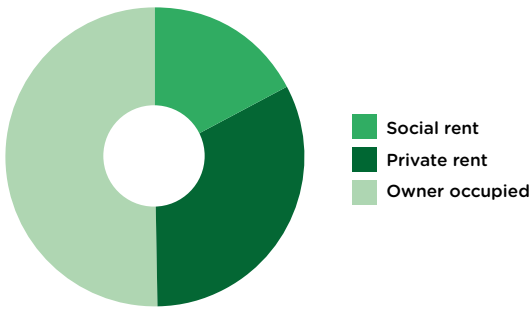
Figure 6a. Households with children, deprived in at least one dimension, by tenure, Camden, 2021



Source: Office for National Statistics, Census 2021 (7)

There were 11853 households with dependent children with some level of deprivation in Camden in 2021.

Figure 6b. Households with children, not deprived, by tenure, Camden, 2021



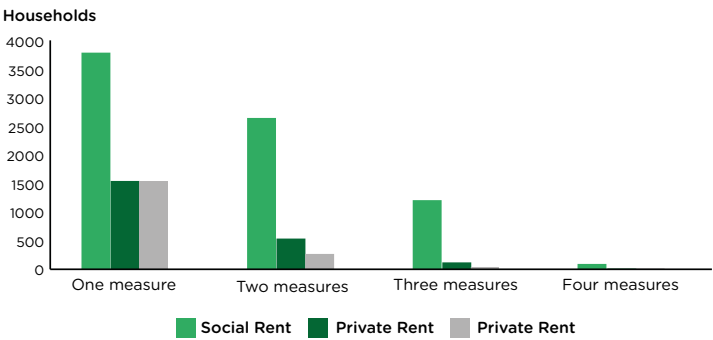
Source: Office for National Statistics, Census 2021 (7)

There were 9339 households with dependent children with no deprivation in Camden in 2021.

This data suggests that just focusing on households that are socially rented will miss a third of households with deprivation. However, it is also perhaps useful to look at

the depth of deprivation. Figure 7 illustrates the number of deprivation levels in households with dependent children, categorised by tenure and the number of deprivation measures (one to four) in Camden. The graph clearly illustrates that the majority of deeper deprivation (with more than one measure of deprivation) is in households in social housing.

Figure 7. Households with dependent children, by tenure and dimensions of deprivation, Camden, 2021

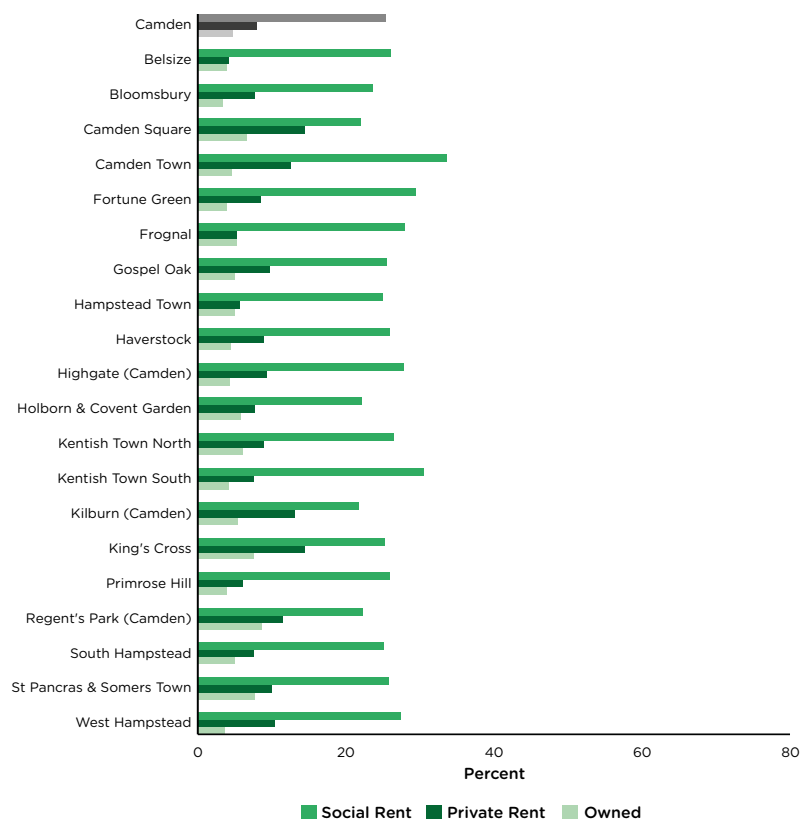


Source: Office for National Statistics, Census 2021 (7)

While 55% of those with one measure of deprivation live in social housing, 77% of those with two measures live in social housing, and then 88% and 86% for three and four measures, respectively.

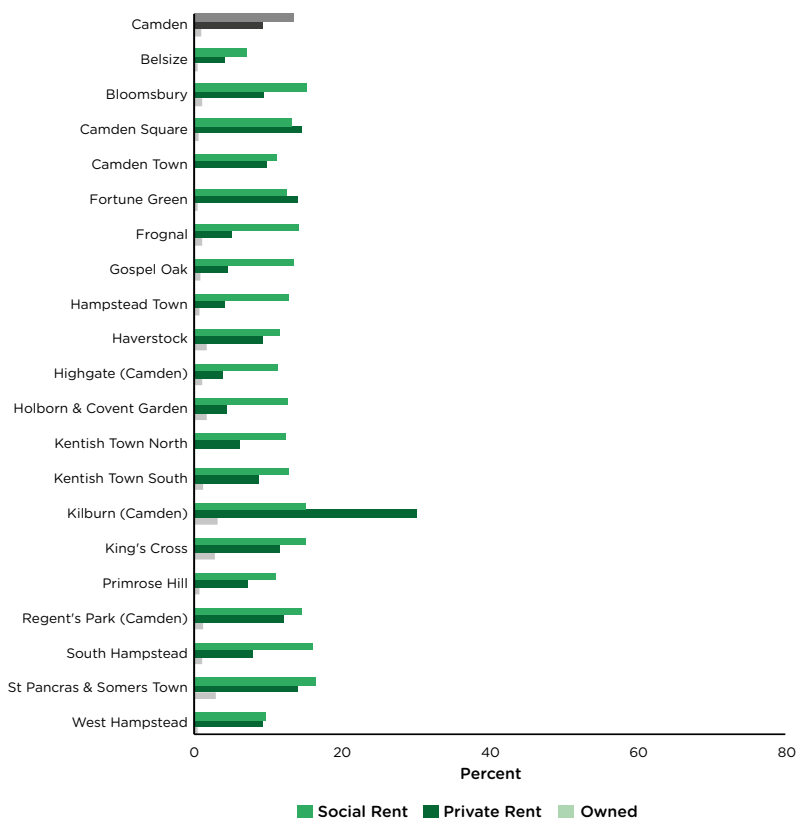
We have information, by ward, on the nature of deprivation faced. The following four graphs in Figure 8a - d illustrate this for each dimension. The axes have remained the same to allow for comparison.

Figure 8a. Percent of households with dependent children which are deprived in the employment dimension, by tenure type, Camden wards and Camden, 2021



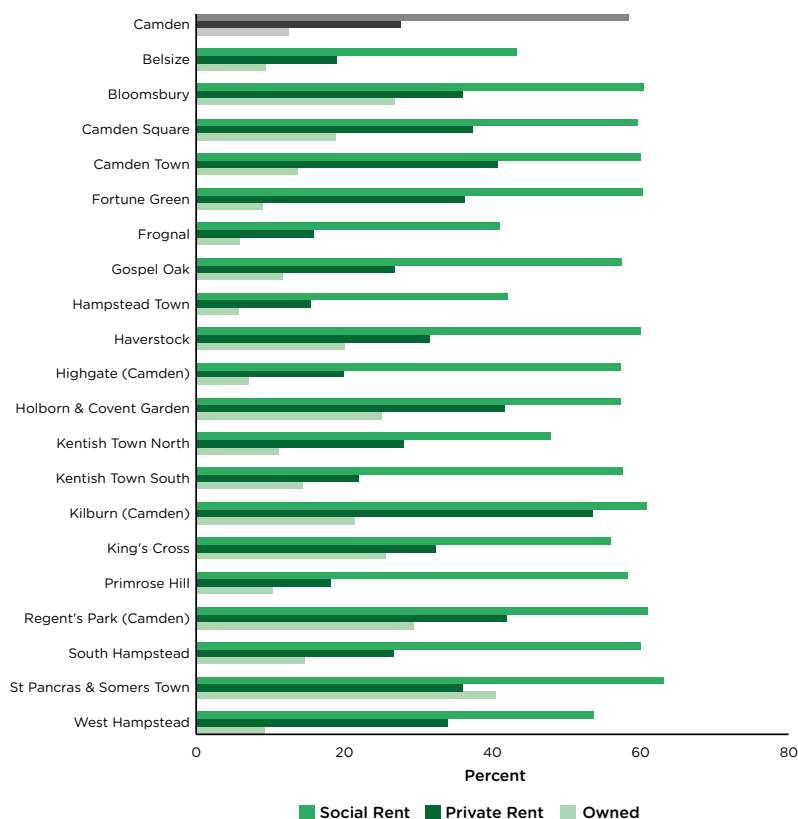
Source: Office for National Statistics, Census 2021 (7)

Figure 8b. Percent of households with dependent children which are deprived in the education dimension, by tenure type, Camden wards and Camden, 2021



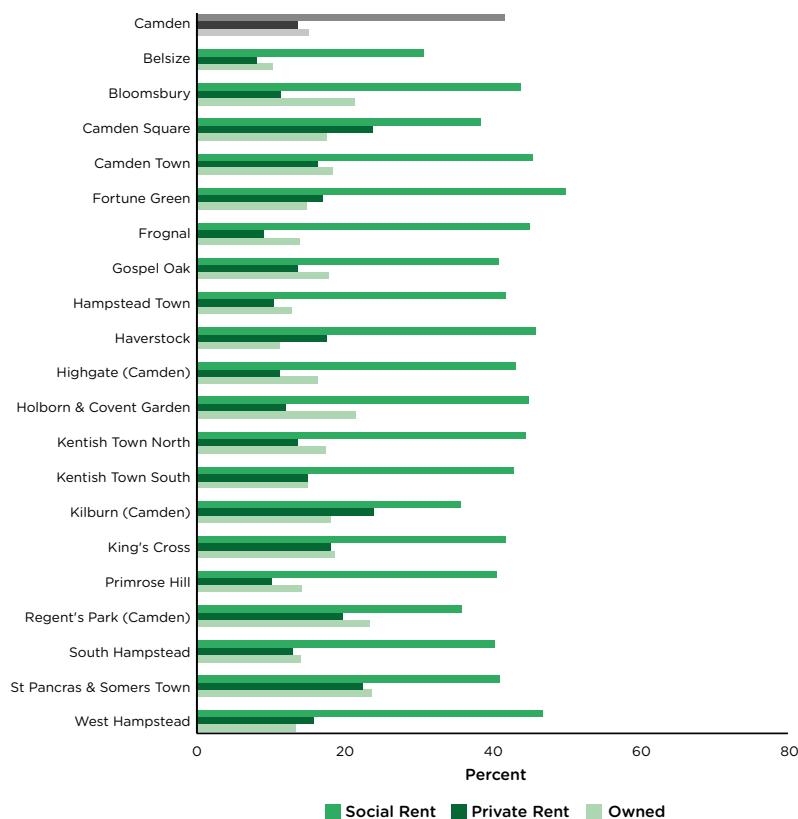
Source: Office for National Statistics, Census 2021 (7)

Figure 8c. Percent of households with dependent children which are deprived in the housing dimension, by tenure type, Camden wards and Camden, 2021



Source: Office for National Statistics, Census 2021 (7)

Figure 8d. Percent of households with dependent children which are deprived in the health dimension, by tenure type, Camden wards and Camden, 2021



Source: Office for National Statistics, Census 2021 (7)

The graphs illustrate that the dimensions of deprivation that are most prevalent in households with children in Camden are health and disability and housing. For example, 40% of households with dependent children in social housing include someone with poor health or a limiting condition, compared to less than 20% in other tenures.

Camden's Annual Public Health Report (2023) identifies young carers as one of the groups of children at greatest risk of having mental health conditions. (16) Being a young carer is linked to lower rates of school attendance, likely due to caregiving responsibilities and the associated physical and emotional burden. (17) Notably, Camden Council estimates that only half of children who meet the definition of being a young carer would be known as young carers to school or social care and consider themselves eligible for support. (17)

Research indicates that young carers are significantly more likely to experience psychological distress than their peers (56% compared to 43%). (18) The Royal College of Paediatrics and Child Health (2020) found that young carers experience poorer mental wellbeing than the general population. They are more likely to report feelings of sadness, loneliness and anger; experience bullying at school; miss school days; and fall asleep in school. (19)

Families with young carers are more likely to be in poverty, with young carers more than twice as likely to experience

food poverty than their peers (37% versus 16%). (20) They are also more likely to live in the most deprived areas of the country (16%), compared with the least deprived (7%). (20, 21) Ethnicity and household composition also contribute to disparities - young carers are more likely to be Bangladeshi (16%), or Black Caribbean, Pakistani or Indian (15%), than White (11%) and to live in multi-generational, larger households. (20) They also more frequently live in working class households than in homes with professional or managerial parents (20) and are more likely to live in single-parent households, or in families where parents are either out of paid employment or have lower educational qualifications. (21)

There is a need to be aware of deprivation across the borough. For example, there appears to be a large group of privately renting tenants in Kilburn with lower levels of education² and a high level of housing deprivation. In addition, there are wards with higher levels of deprivation in the employment domain. These groups will be struggling with high rents or very low income and may need additional support.

In addition, there are some wards with consistently higher levels of deprivation across the dimensions, with St Pancras and Somers Town, Haverstock, Regents Park (Camden), Gospel Oak, Holborn and Covent Garden and Kilburn for instance having the worst levels of deprivation, and Frognal, Belsize and West Hampstead having relatively low levels of deprivation.

²By lower educational attainment, we mean that there is no one in the household age 16-18 in full time education, or with 5 or more GCSEs or equivalent

RECOMMENDATION: IMPROVING INCOMES AND REDUCING DEPRIVATION

For Camden Council:

Camden should aim to eradicate material deprivation which accounts for 35% of inequalities in self-rated health.

Camden Council should lobby central government to raise Universal Credit to ensure that households are not materially deprived and are above at least 75% of the Joseph Rowntree Foundation (JRF) minimum income standard.

If households remain materially deprived, then Camden should investigate ways to set a local minimum income.

Interim measures which reduce the impact of material deprivation by for instance providing white goods, beds, and food, can help to mitigate the impact of material deprivation on children but should not be seen as sufficient.

Camden Council should move families living in overcrowded housing into suitable housing, split them, or move them out of the borough.

The Estates Mission's focus on estate residents is an effective way of addressing the needs of residents living in greatest levels of poverty. However, the borough should ensure it is not the exclusive focus in recognition of households living in different tenures.

A targeted focus of income support for lone parents not in receipt of their child maintenance payments should be considered, due to their increased risk of child poverty and having been more likely than average to experience domestic violence or abuse.

Improving housing and providing sufficient support to those with long-term health problems or disabilities should be a priority when working with households with dependent children in Camden.

Hotspot wards such as St Pancras and Somers Town, Haverstock, Regents Park (Camden), Gospel Oak, Holborn and Covent Garden and Kilburn could be the focus of initial programmes of work that also aim to improve employment opportunities and engagement with the labour market, while mitigating against low levels of parental education through measures such as ensuring high uptake of good quality childcare, giving children the best start in life.

Ward level portraits as illustrated in the appendix can support target creation.

For National Government and Camden Council Partners:

Cross-London action should ensure that Camden (and all London) residents in work are being paid the Real Living Wage for enough hours.

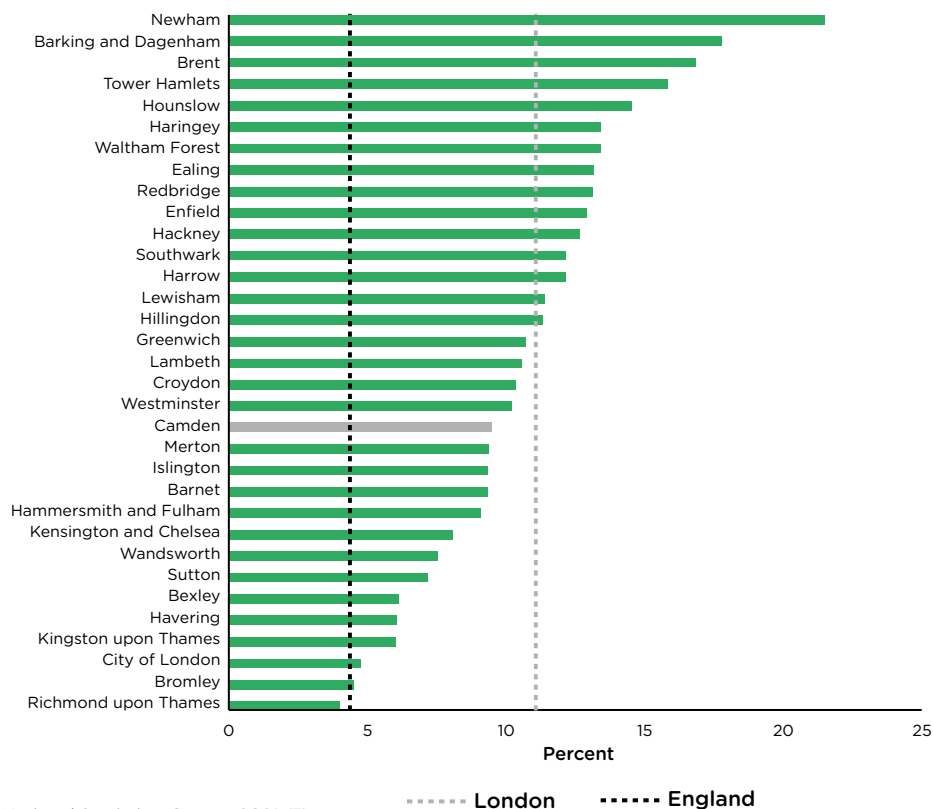
London boroughs should work together, and with the Home Office, to understand numbers in temporary accommodation that have been placed there by other boroughs or the Home Office, and how this might impact on local statistics and services.

IHE will investigate the sufficiency of current policies within Camden and provide recommendations on any additional action needed.

OVERCROWDING

Figure 9 illustrates overcrowding levels in Camden, at 9.5% of all households and lower than the London average (11%). (7) Although this hides area-level inequity, with overcrowding highest in Bloomsbury at 25%, and lowest in Highgate and Hampstead, at 1-2%. (22)

Figure 9. Percent of households which are overcrowded, London boroughs, London, and England, 2021



Source: Office for National Statistics, Census 2021 (7)

In 2023, Camden reported that there were 6,940 children living in overcrowded housing: 791 of which were residing in severely overcrowded homes (23) with 20% of social rented homes overcrowded based on the ratio of the number of people to the number of bedrooms, compared to 6% of private rented accommodation and 3% of privately owned homes.

Children living in overcrowded housing are more likely to experience stress, anxiety, depression, poor physical health, lower academic achievement, and behavioural problems compared to those in uncrowded homes. (24) The effects are both immediate and long-term.

In terms of physical impacts on children, overcrowding is associated with a higher risk of domestic injury (25) and is linked to higher rates of respiratory issues, infections such as tuberculosis, and an increased risk of meningitis. (26) Illness can disrupt sleep, limit physical activity, and affect school attendance. (25,26) One survey on the impacts of overcrowded housing found that one in five children are both often ill and take a long time to recover. (27) Overcrowded housing contributes to slow growth in childhood, caused by frequent infections and sleep

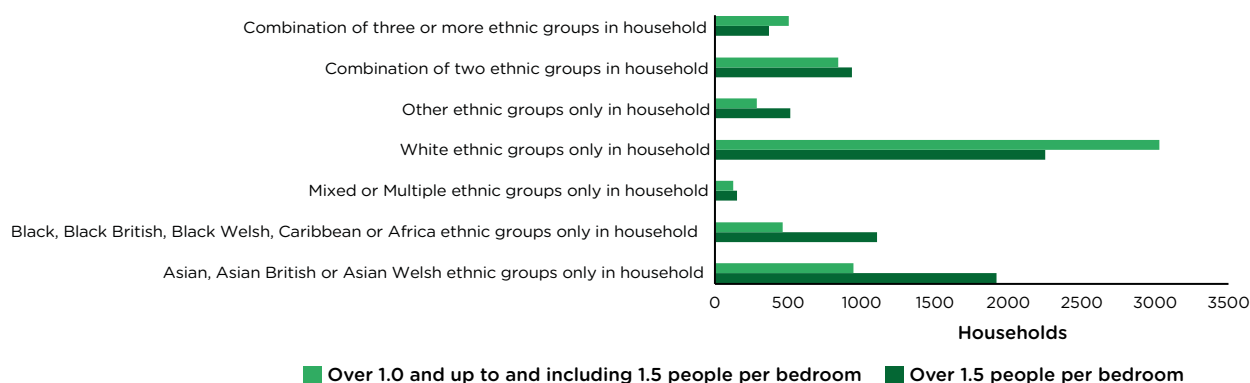
disturbances, which can increase the risk of later heart disease and respiratory problems. (26) Limited space for storing and preparing food can negatively affect diet, (28) which may also contribute to slow growth. Additionally, overcrowding can leave children sharing a bedroom with an adult or sometimes sharing a bed (27) which can be a safety risk - bed-sharing is a known risk factor for sudden infant death syndrome (SIDS) (28) - and can damage family relationships. (25)

Additionally, living in overcrowded housing conditions can affect children's education and cognitive development, leading to long-term impacts on employment prospects, income, and the likelihood of behavioural issues or offending. (26) The association between overcrowded housing and children's learning may be explained by children having a lack of suitable space to study and play, disrupted sleep, and school absences owing to illness. (25,26) Another study found that parents in overcrowded homes 'speak in less complex and sophisticated ways with their children compared with parents in uncrowded homes', with the association mediated by parental responsiveness, (29) which may be linked to increased parental stress and mental health

issues associated with overcrowded living conditions. (26) Overcrowding is also strongly associated with poor mental health in children, with lasting effects. (26,28) A paper by the National Housing Federation (2023) examining the impacts on families living in overcrowded housing, found that more than half of parents surveyed worried that their children are too embarrassed to bring friends home, and a third reported arguing a lot, because of overcrowded conditions. (27) Third spaces – such as youth centres, clubs, libraries, mosques, and community kitchens – are seen as a welcome alternative to home and school for young people and play an important role in supporting young people’s mental health by providing safe, engaging environments that promote social connectedness and joy. (30)

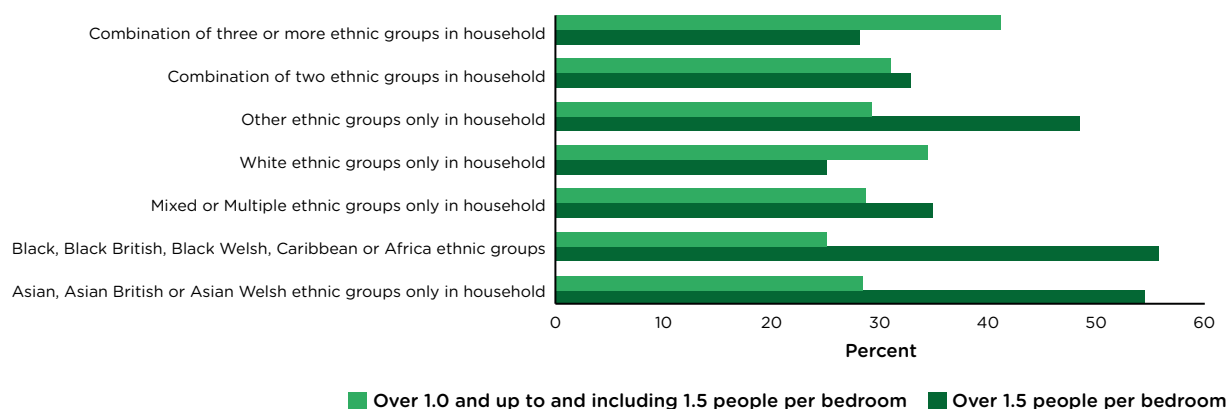
Figures 10 and 11 introduce a new element to these analyses and look at overcrowding by bedrooms and by ethnicity for those with dependent children. It is evident from Figure 10 that there are many households in the White, Black, and Asian groups living in households with more than one person per bedroom. However, if we look at Figure 11, we can see that as a percentage of these populations, over 50% of Asian and Black households in Camden are overcrowded by more than 1.5 people per bedroom, double the percentage of white households in the same situation.

Figure 10. Number of households with dependent children with over 1 person per bedroom, by ethnicity, Camden, 2021



Source: Office for National Statistics, Census 2021 (7)

Figure 11. Percent of households with dependent children by level of overcrowding and ethnicity, 2021

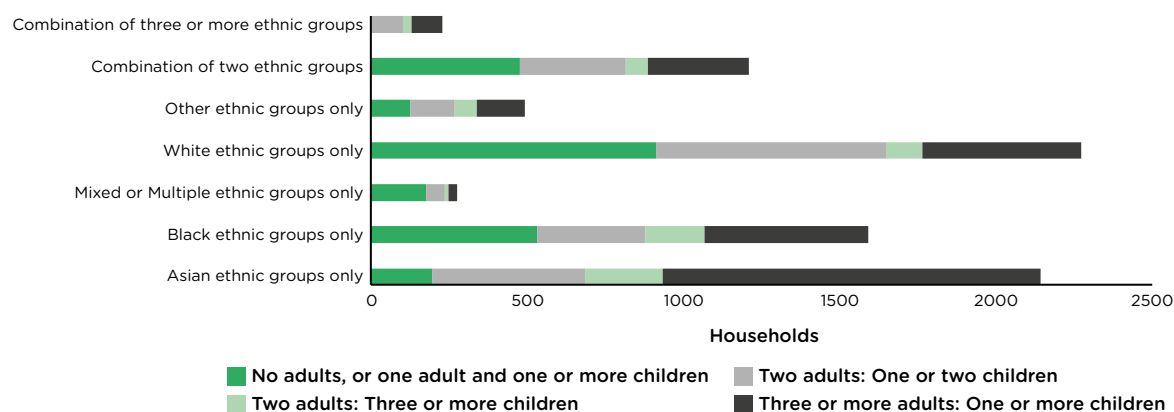


Source: Office for National Statistics, Census 2021 (7)

Figure 12 illustrates why there may be a higher percentage of Asian and Black households that are overcrowded. What we can see is that for Black and Asian families, there are a higher proportion of households with more than three children, or more than three adults and children, with the Asian group having significantly higher percentages with three of more adults with children.

There are high percentages of Bangladeshi households in this group who are Muslim, with it being common for Grandparents and wider relatives to live together, and where divorce is generally discouraged. It should also be noted that in Camden 44% of Bangladeshi women of working age (16-64) have never worked compared to 5% of working age White British women.

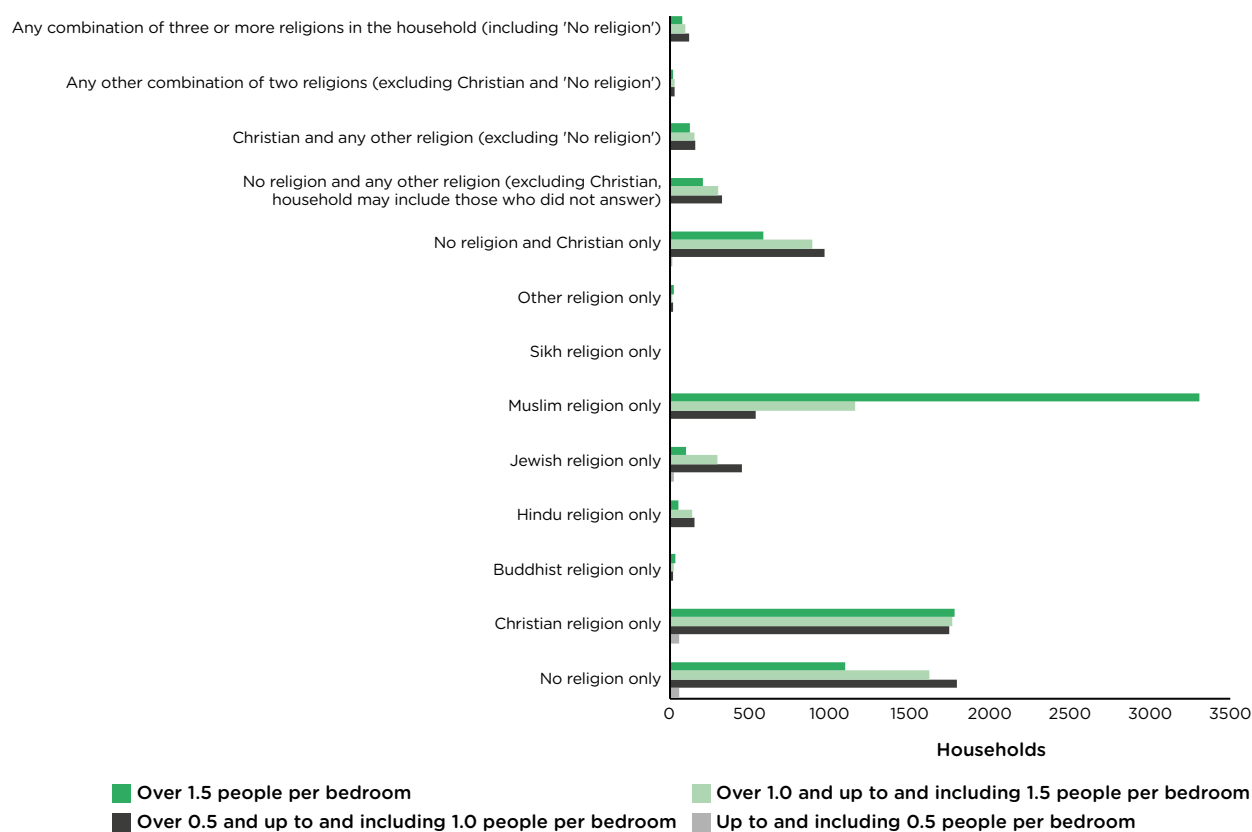
Figure 12. Social rented households, by household composition and ethnicity, Camden, 2021



Source: Office for National Statistics, Census 2021 (7)

Figure 13 shows a subsection of data that illustrates size of household by religion. We can see from this that most Muslim households are significantly overcrowded and that they make up the biggest group.

Figure 13. Households with dependent children, by religious combinations and bedroom occupancy level, Camden, 2021



Source: Office for National Statistics, Census 2021 (7)

Analyses show that 72% of Asian families with three or more adults and one or more children live in housing classified as overcrowded, with more than 1.5 person per bedroom.

Indeed, for all ethnic groups the overcrowding figures are high for this size of household, although the percentage for White population groups is lower because it considers owner occupied housing too, of which the White population makes up the majority. It is likely that White families in social housing are similar in number to that of Black and Asian families.

Over 90% of Black, Asian, or mixed ethnicity households with two adults and three or more children in Camden are overcrowded. Looking at the data, 43% of Asian households need at least one more room, and 16% need at least two more rooms. For Black households, 36% need at least one more room and 31% need at least two more rooms.

In Camden, local data and engagement with Black, Asian and minority ethnic residents to understand the early impacts of Covid, found that Bangladeshi and Somali families were reporting the negative impacts on the health and wellbeing of vulnerable family members because of living in overcrowded, multigenerational households. (31)

While the literature primarily highlights the negative consequences of overcrowded living, multigenerational households can offer benefits for some families. These arrangements can provide support systems, reinforce family bonds, and help preserve cultural or religious practices. (32) For children, multigenerational living can foster emotional support, security, and resilience through the presence of extended family members. (33) Lee et al. (2021) found that individuals who grew up in multigenerational households, including those with a single parent and grandparents, showed higher levels of cognitive functioning in adulthood, possibly due to the socially enriched environment. (34) Parents may benefit from practical and emotional support, such as flexible childcare, shared chores, and companionship, which can reduce stress and enable them to access better employment. (33) Pooling resources can also alleviate financial burdens and provide access to larger properties, while fostering reciprocal companionship and feelings of connectedness across generations. (33)

Local engagement with mothers illustrates, however, that living with older relatives can pose challenges in terms of following up-to-date medical advice. The following two quotes sum up both the issue, and a potential solution.

It's difficult feeding the baby the way I want to because I live with my mother-in-law, and she's constantly giving me her opinions on how to do things, which are out of date.

A young Bangladeshi mother

We need to understand and work with families' dynamic better – we could give participants the option to bring grandparents to family education sessions”

Health Improvement Officer

It is important to note that any benefits of multigenerational living are typically linked to intentional arrangements rather than involuntary overcrowding caused by housing shortages, high costs, ill health, or low income. (35) Many of the cited benefits could be achieved if extended family members lived nearby but in separate homes, mitigating the risks of overcrowding while preserving support networks. In Camden, where housing affordability and overcrowding are significant challenges, the negative impacts of involuntary multigenerational living - particularly on children's wellbeing and family health - are likely to offset potential benefits.

Additional research into the specific experiences and needs of Camden's diverse population could further guide targeted interventions, ensuring that housing strategies mitigate overcrowding and promote the wellbeing of children.

LONE-PARENT FAMILIES

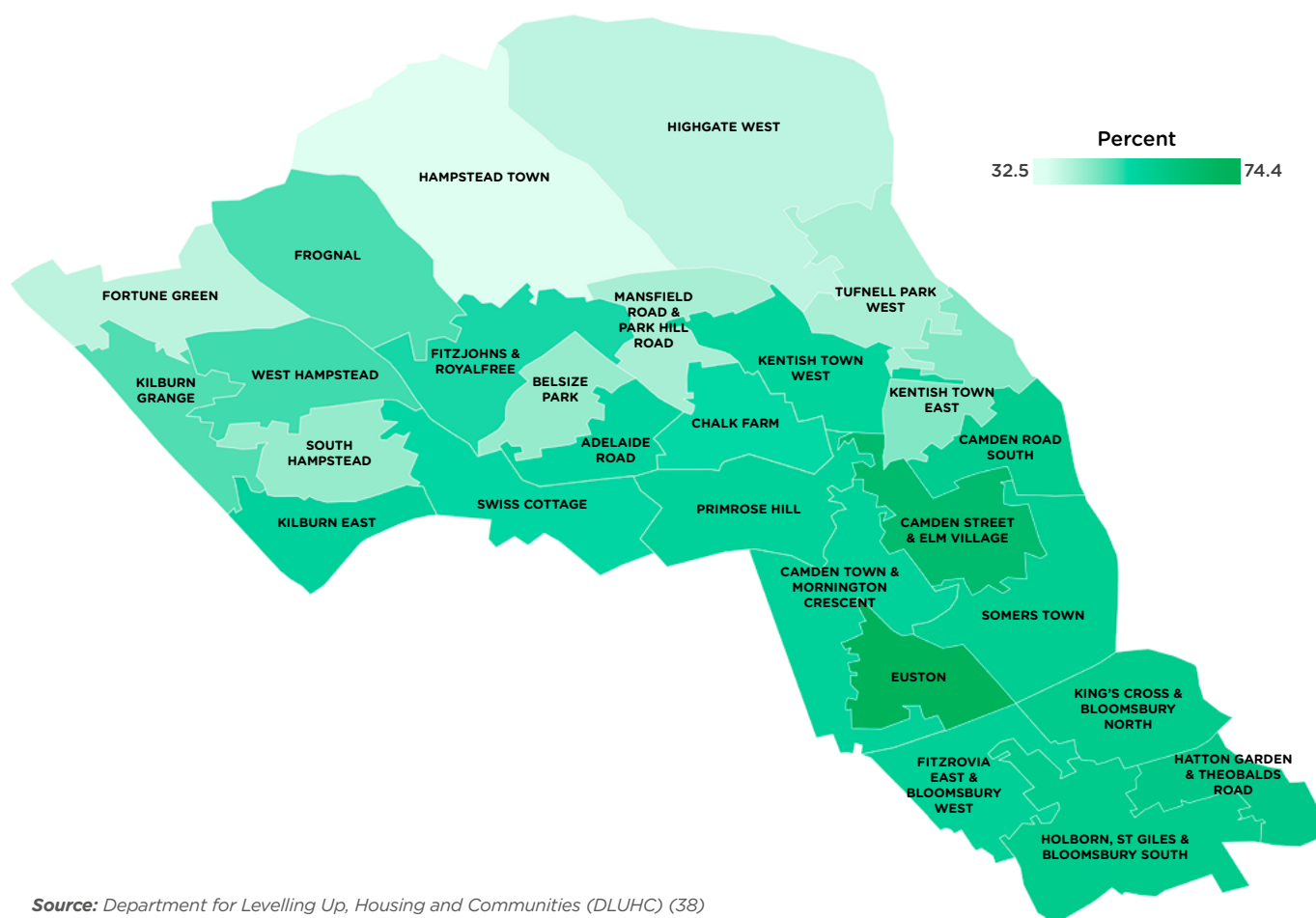
Figure 12 helped to describe those household types that might be overcrowded. However, it also illustrates high numbers of lone-parent families in social housing that are most likely White, Black or from mixed ethnic backgrounds.

A Work and Pensions Committee report (2023), stated that if all lone parents who should be receiving child maintenance payments were to receive them, 60% of these families could be lifted out of poverty. (36)

INSULATION

For households on low incomes, having a good level of insulation and ventilation can help to improve warmth, reduce damp and contribute to a reduction in childhood asthma rates and poor mental health in children and young people. (37) Map 1 illustrates the levels of insulation in Camden, with dark green representing a good level of energy efficiency (EPC C), which is an indicator that homes are sufficiently insulated. However, it may not correlate exactly because homes can have solar panels, for instance, and get an EPC C rating, but still be cold.

Map 1. Households with an EPC rating of A to C (adequate), Camden MSOAs, lodgments 2013-23



Source: Department for Levelling Up, Housing and Communities (DLUHC) (38)

HOUSING AVAILABILITY AND USE IN CAMDEN

A clear remedy to overcrowding is to enable households to move to bigger properties. However, there is a shortage of affordable bigger properties. Alternatively, another option would be to split households so that young adults, or grandparents for instance, can live elsewhere. However, according to Camden officials there are currently approximately 8000 on the social housing waiting list, with only 300 new households given accommodation each year, and 300 moved who are already in social housing. This, together with prohibitive costs of accommodation across London, means that children are staying in households for longer.

In addition, given the shortage of social housing, only those most in need, for example those with experience of domestic violence or abuse, or in contact with health or social services, are getting to the top of the housing list. While this approach is essential for providing support to those most in need, it can inadvertently concentrate poverty in specific areas, potentially leading to social segregation. As we described at the beginning of this report, over the last ten years, the privately owned sector has become

inaccessible to those on middle or lower incomes. Most properties sold in Camden in 2023 were flats, selling for an average price of £825,422. Terraced properties sold for an average of £1,987,359, with semi-detached properties fetching £2,912,565. (39) New owner occupiers in Camden therefore need to have a high household income or a high level of wealth. While Camden have purchased 117 properties on the open market for use as temporary accommodation this year, this is a drop in the ocean and an extremely expensive option.

Another key demographic is students: there are 29,945 students living in Camden, with only 25% in halls of residence. (40) This implies that 22,474 students are housed in privately rented housing in Camden. This will be contributing to the lack of available housing for residents.

Finally, there has been a rise in short lets given the introduction of platforms such as Airbnb. 35% of all private rented sector accommodation in Camden is now short-let, significantly reducing the stock. (41)

Households unable to cope have needed to be placed in temporary accommodation. Evidence from a Freedom of Information (FOI) request illustrates that in 2023 there were over 600 Camden children at any one time living

in temporary accommodation, and that in the 2022/23 financial year £11.4 million had been spent, with £8.6m spent between April and September 2023, indicating a higher spend for 2023/24.

Table 2. Use of temporary accommodation on final day of the period

| | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 |
|--|--------|--------|--------|--------|--------|--------|
| Number of adult households | - | 647 | 624 | 659 | 659 | 680 |
| Number of children aged under 18 years | - | 605 | 610 | - | - | 678 |

Source: Source: Open Data Camden (42)

In context, this means that the number of children living in temporary accommodation within Camden was equivalent to more than two average-sized primary schools. However, not all these children would have been of school age or under the responsibility of Camden Council, as some may have been housed in Camden by other boroughs or the Home Office. Local data indicates that only 195 children in Camden schools live in temporary accommodation, suggesting that many of the children are very young, there may be underreporting in schools, or both.

Temporary accommodation often means moving frequently, a lack of meal preparation facilities and poor nutrition and a lack of space. In Camden, in the period October to December 2023, 5.8 households per 1,000 were in temporary accommodation - one of the lowest rates among London's local authorities. (43) Due to high demand for homelessness services and the cost of housing, many boroughs provide temporary accommodation outside their areas. In Camden, in the period October - December 2023, 56% of these households were placed outside the borough, compared with 42% for London as a whole. (43) In the same period, Camden had the highest rate of all inner London boroughs of households in temporary accommodation in Bed & Breakfast accommodation - 24.7% compared to 9.1% in London, despite overall numbers being low. (43) However, in the same period, Camden also had the lowest number of children in temporary accommodation (n= 654) in any inner London borough.³ (43)

Living in temporary accommodation is linked to numerous adverse health effects among babies, children, and young people. Children in temporary accommodation can face practical challenges related to schooling, including difficulties in managing uniforms and personal belongings, limited access to laundry and washing facilities, and

disruptions to academic performance due to inadequate study spaces and poor sleep quality (44) which can affect the life chances of these children. (45) Research has found that living in temporary accommodation 'takes its toll on children' both in the short- and long-term, with immediate and shorter-term harms including hunger, constipation, increased incidence of food allergies, late weaning, dental caries, depression, stress, exhaustion and poor school readiness, and longer-term harms including increased risk of obesity, diabetes and heart disease. (45) The lack of play opportunities in temporary accommodation has also been found to delay physical and psychological development in children under five. (46) Additionally, an analysis by the National Child Mortality Database revealed that between April 2019 and March 2023, substandard temporary housing conditions contributed to the deaths of 55 children in England, with 42 being less than a year old, although 'It was not immediately clear which aspects of the temporary accommodation the officials considered contributed to the fatalities'. (47)

A 2023 report on the experience of families living in temporary accommodation in Westminster, which faces similar challenges to Camden in terms of the high number of families being located out of borough, found that people who had moved out of borough tended to report difficulties accessing health services, and some missing out on health visitor services, with one of the most pressing issues for those with school-aged children was getting to and from school. (48) A key recommendation in the report was to ensure that planned support addressed the identified issues with out-of-borough moves, such as 'ensuring intensive support during the transition to a new area, outreach and visiting approaches, periods of remote support, more proactive referrals and handovers to local services'. (48)

³In this period, Lambeth, and Kensington and Chelsea had missing data.

RECOMMENDATION: HOUSING

For Camden Council:

Significant action is needed to increase the supply of social and private rental properties that are affordable and to tackle increasing numbers becoming homeless and living in temporary accommodation in Camden.

Camden also needs to provide bigger social homes for households with children that are overcrowded to improve their outcomes, or allocate two homes near each other where household structure allows. This could be achieved through a mix of measures:

- The Local Housing Allowance (LHA) for Camden needs to rise substantially to enable privately rented properties to be utilised to meet demand. Given tight fiscal space, central government could consider targeting LHA rises for certain types of properties in areas (e.g. four- or five-bedroom properties).
- Camden should seek to build more or larger social housing where space and funds allow.

Camden should support findings for Westminster Council that described how action is needed to improve out-of-borough temporary moves, such as 'ensuring intensive support during the transition to a new area, outreach and visiting approaches, periods of remote support, more proactive referrals and handovers to local services'. This indicates that pan-London action on this issue is needed.

Mitigation measures will be needed that reflect the health and social needs of households. For example, mould and damp will need to be managed, and safe spaces for children to socialise and do homework could help to provide the private space they need.

A criteria for getting social housing is increased need, and so increasingly health and care provision will need to be wrapped around estates, alongside additional support for young carers. Service provision should be set at levels to meet increased need. Improvements in the insulation and ventilation of the homes of those on low incomes should continue.

Further investment in schemes such as the North Central Integrated Care System scheme to build homes for health and care workers is needed to ensure that those on low and middle incomes can afford to stay in London and work. Alternative models such as housing co-ops and self-build should be investigated to keep build costs lower.

For National Government and Camden Council Partners:

Camden has a landlord accreditation scheme, but national government needs to introduce licensing for short-term let properties to enable the council to enforce action.

National government should ensure sufficient funding to meet net-zero commitments.



PARENTAL/CARER BEHAVIOURS AND HEALTH

We have already noted that in social housing, 40% of households with children have at least one member with a long-term health condition or disability. Further exploration of this, and parental behaviours, is warranted because this has not been explored in depth in this report.

There could be some interaction between parental health conditions and the ability to engage in positive parental behaviours, for instance. Poor maternal mental health will make it more difficult to engage in positive parenting behaviours, and poor maternal physical health may make it more difficult for them to expose their children to a range of external stimuli. Further information on parental behaviours that should be supported can be found in *An Equal Start* (12) and *Measuring What Matters* (49) - two publications that set out what is important for early years, and how best to measure this. Understanding barriers could help to better arrange the correct support for the whole family.

There is no database of parental behaviours but there is a strong evidence base that suggests that it is not who you are, but what you *do* that is important. (50) We know for instance that singing songs and reading to children every day can help to promote the school readiness of children who are born to parents with low levels of education, up to those with degree education. We also know that the same effect comes from sending children to high-quality childcare for at least two years, for fifteen hours a week. Data is available on the percentage of Camden residents utilising childcare, but there are gaps, in that Camden residents could be utilising childcare from out of the borough.

Where children and young people have mentioned parental behaviours in relation to health and wellbeing these are noted in the health section.

CHAPTER 3

CHILDHOOD EXPERIENCES



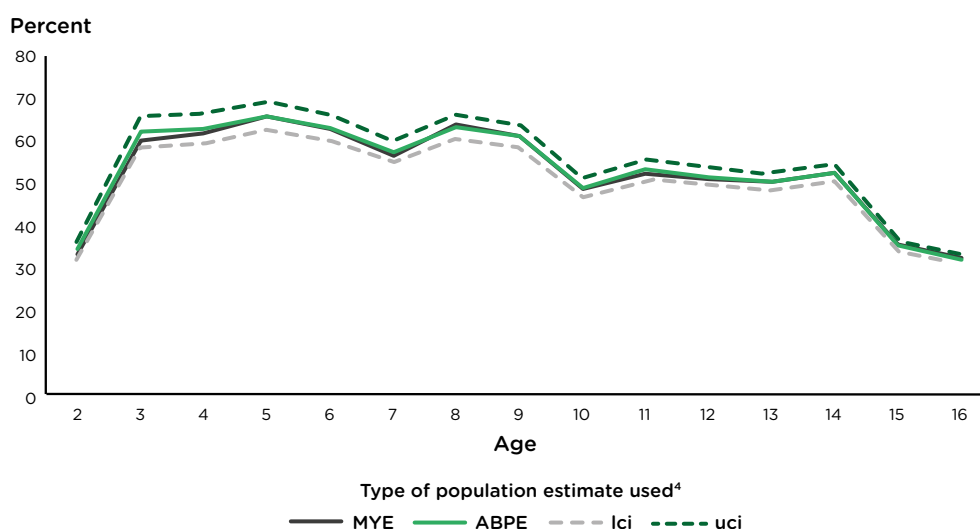
DESCRIBING THE POPULATION OF CHILDREN AND YOUNG PEOPLE: PERSONAL EXPERIENCE

In Camden, much of the available information about children and young people's personal identity comes from school's information, or from assumptions made based on their parents through housing data. Given that approximately a third of young Camden residents attend a non-state maintained school, or potentially a state school outside of the borough, this provides a limited view of young Camden residents on which to base an understanding of their personal experience.

Key information, such as whether someone is care-experienced, has a SEND need, or has experienced an adverse childhood event would be held in different departments across the council so they may not effectively inform planning and result in families being asked the same question repeatedly. Addressing this requires careful consideration. The below represents data which we have ready access to for consideration, but should not be considered to represent the breadth of personal identity or of personal experience. Additional qualitative data from a Real Talk event in Camden schools and from wider engagement with children does, however, provide evidence of children's views on a range of subjects.

Figure 14 sets out, by age group, what percentage of children in Camden schools are residents. It clearly shows that at age 6 just over 60% of children in Camden schools are Camden residents, and for primary schools the percentage hovers around 55-60%. This then drops to around 50% at the beginning of secondary school, with another large drop later such that by age 16 just 30% of Camden residents make up Camden schools. This may reflect the increased mobility of London children at that age making a range of choices for 16-18 colleges and sixth forms, or potentially overly restrictive selective criteria in local colleges and sixth forms that intentionally or unintentionally restrict Camden residents.

Figure 14. Percent of children on Camden school rolls who are Camden residents, by type of ONS 2023 population estimate used for comparison, Autumn 2023 to end of term



Source: Data provided to IHE by Camden Council

What is evident is that local secondary schools have a lower proportion of residents that are not on free school meals than on free school meals. The higher rate of free school meals in secondary schools is likely to come therefore

from a more deprived cohort of secondary school students staying in borough and the more affluent being residents who live on the edge of the borough, or who are more able and willing to travel further to school.

⁴Note - MYE - midyear population estimate; ABPE - experimental admin-based population estimate; lci - lower Bayesian credible interval for ABPE; uci - upper Bayesian credible interval for ABPE

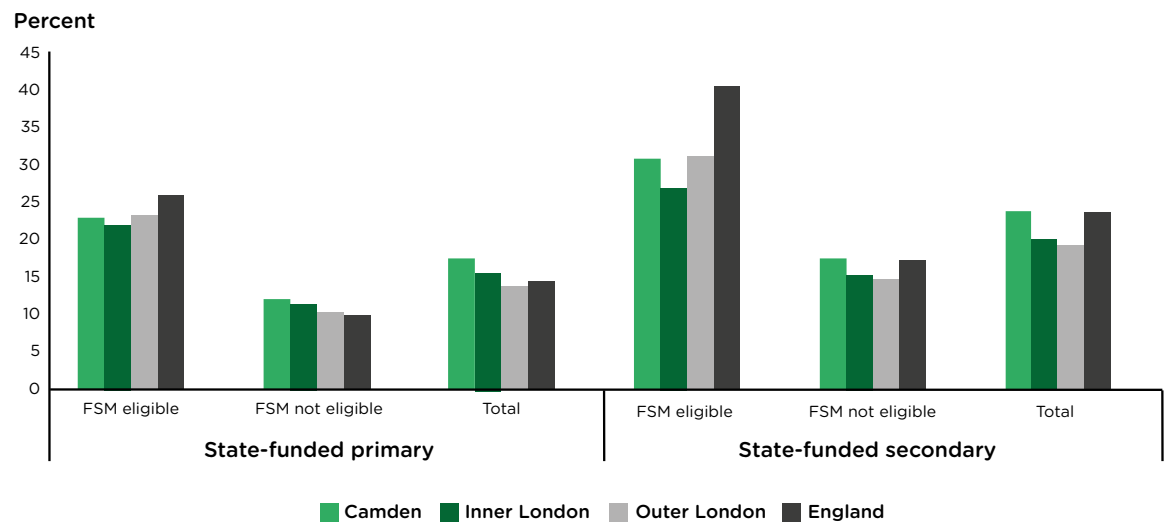
EDUCATIONAL OUTCOMES

A pre-requisite for getting good outcomes is going to school in the first place. Figure 15 demonstrates persistent absence for Camden. In autumn and spring 2023/24, 17.7% of primary school pupils in Camden were persistently absent (i.e. missed 10% or more sessions), down from 22% in 2022/23. For context, the national rate was 14.7% (down from 17.3%), and London’s was 14.6% (down from 18.8%). Camden ranked 144th out of 152 upper-tier local authorities in England for primary school persistent absenteeism, indicating a higher level of absenteeism compared to most other authorities. (51) In secondary schools, 24% of

Camden pupils were persistently absent in 2023/24 (down from 21.9% in 2022/23). This rate is similar to England’s rate of 23.9% (down from 25.2%), but higher than London’s rate of 19.6% (down from 21.9%). Camden ranked 79th out of 152 upper-tier local authorities for secondary school persistent absenteeism. (51)

Students eligible for FSM have the highest absence rates in Camden secondary schools, along with boys and some ethnic groups including Gypsy/Roma, Irish traveller, White and Black Caribbean pupils, and pupils with SEND support/EHCP. (22)

Figure 15. Persistent absentees, FSM status and school type, Camden and England, Autumn and Spring terms 2023/24



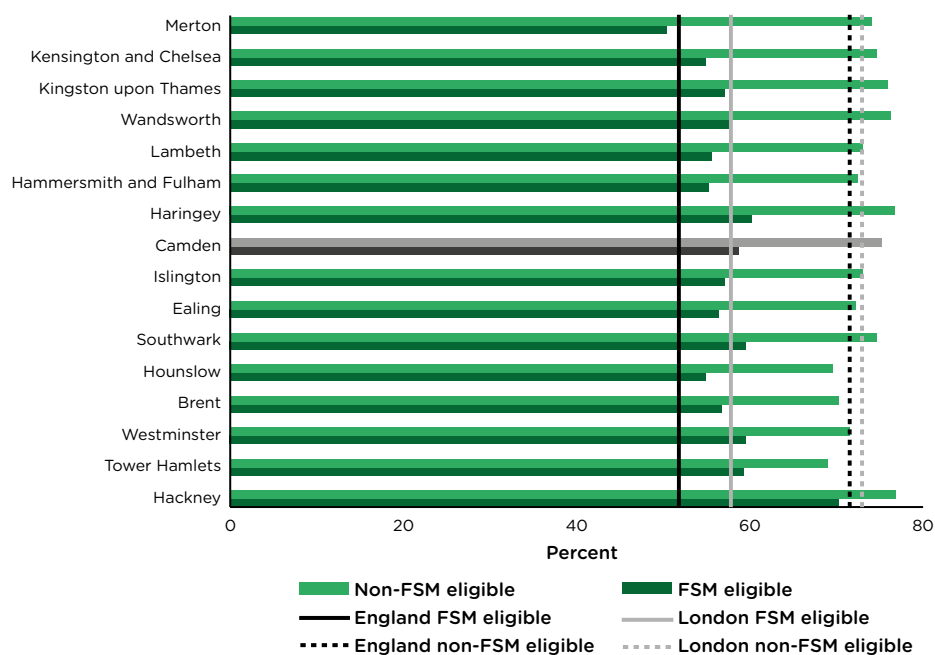
Source: Department for Education (51)

Overall, 43% of secondary school students living in Camden are eligible for FSM, although this varies across ethnic groups. 54% of adolescents from Black ethnic groups are eligible for FSM, compared to 33% of adolescents from white ethnic groups. (16)

We have not looked at the reasons given for absence, or the levels of data available that might help understand whether, for instance, issues to do with care experience, or living in temporary accommodation, are impacting this. Further exploration of this data, including what could be done to augment it, and careful sharing of the data to improve understanding, is warranted.

Figure 16 shows the percentage of children reaching a good level of development in Camden, which is in line with the above average performance that London gets on these measures compared to other areas of the country. We have not investigated what work has been undertaken by Camden, but the particularly positive scores achieved by Hackney – for both pupils eligible and not eligible for free school meals – may warrant further investigation by early years policy or strategy officials if not already done.

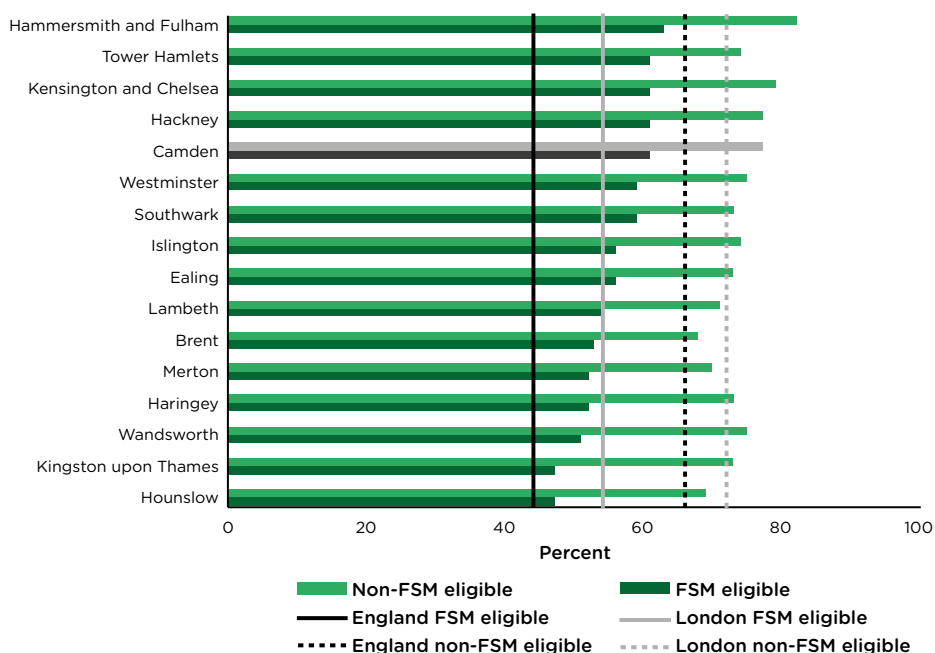
Figure 16 Pupils reaching a good level of development at the end of reception, by Free School Meal (FSM) eligibility, percent, Camden, CIPFA nearest neighbours, London, and England, 2022/23



Source: Department for Education (53)

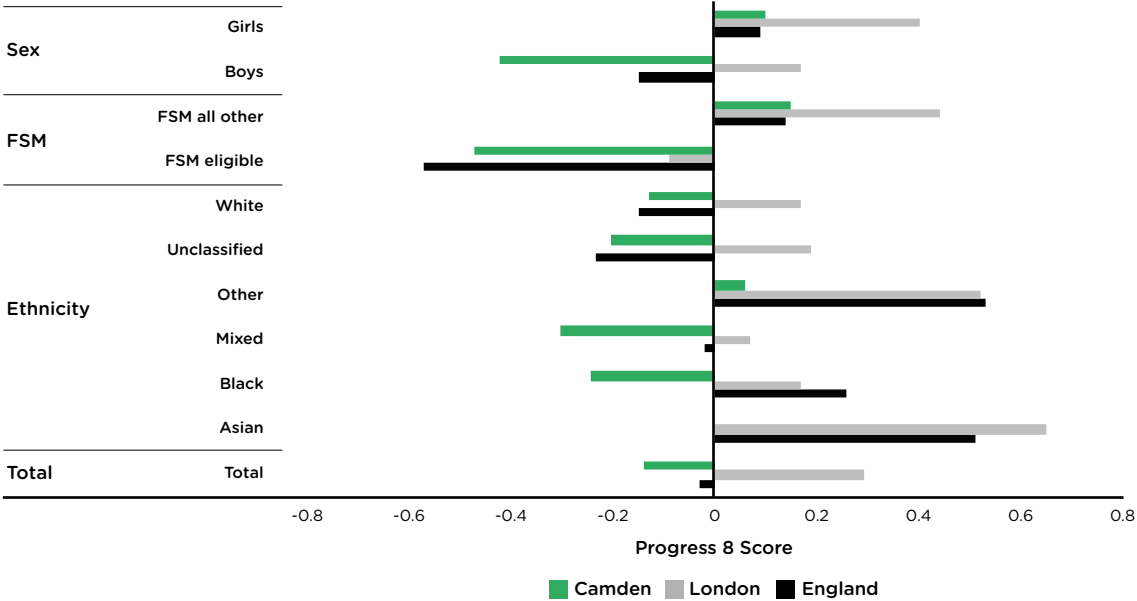
Figure 17 then looks at progress at Key Stage 2, and this illustrates that Camden is in line with London averages, and in fact is doing better than them.

Figure 17. Pupils reaching expected standard at the end of Key Stage 2 in reading, writing and maths, by free school meal eligibility, percent, Camden and CIPFA nearest neighbours, London, and England, 2022/23



Source: Department for Education (54)

Figure 18. Progress 8 score, by sex, ethnicity, and FSM status, Camden, and England, 2023/24



Source: Department for Education (55)

Figure 18 provides some cause for concern. This figure illustrates the progress 8 score for pupils in Camden schools compared to pupils in London and England. Progress 8 is a measure across a range of subjects from KS2 scores to GCSE attainment and is used to monitor the effectiveness of secondary schools. Children on Free School Meals in Camden do not do as well as the London average for those on FSM, and although there are slightly higher than average

persistent absent rates than inner London, the differences shown by the two graphs (see also Figure 15) are different in magnitude, and the absence figures are unlikely to explain this entirely.

In addition, we see a significant divergence in the academic performance of boys, compared to the London and UK average, with boys doing worse across all ethnic groups. This is further depicted in Figure 19.

Figure 19. Progress 8 score, by sex and ethnicity, Camden, and England, 2023/24



Source: Department for Education (55)

The progress 8 scores clearly show that the academic GCSE results that state educated boys are achieving in Camden are not commensurate with the attainment achieved in the early years and at Key Stage 2, and that this group is faring significantly worse than the average for boys in London and England, and for all ethnicities. State-educated Camden girls are also falling behind London girls, but by not such a

great amount. We do know that boys are more likely to be persistently absent, however given that Camden's figures for absence were not particularly different to those in London on average, there is potentially more to investigate. In conversations with Camden officials in the Education department, it is clear that they are aware of these issues, and they have commissioned 'Camden Learning' to address this.

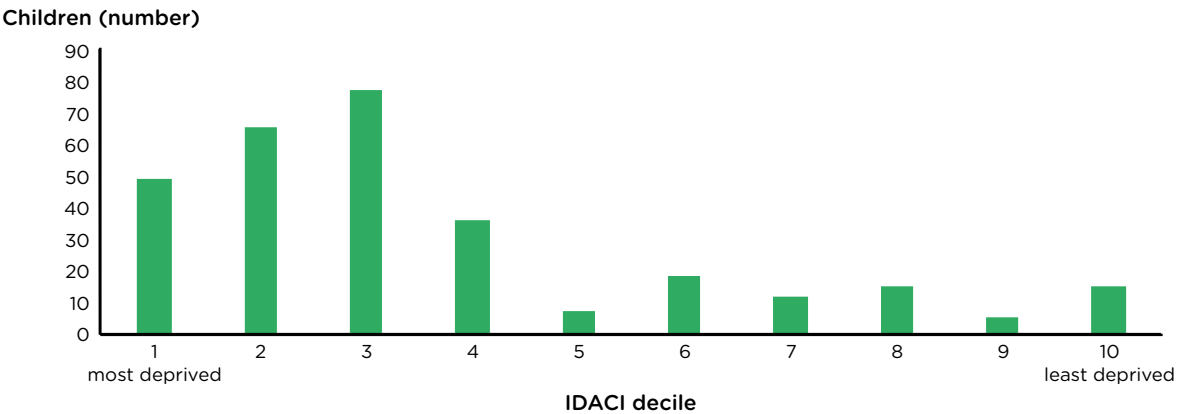
LEARNING DISABILITIES, SEN, EHCP AND OTHER PERSONAL CHARACTERISTICS

Learning disabilities

There is a strong relationship between children having a learning disability and being deprived, as measured by the IDACI score, illustrated in Figure 20. However, this should be further investigated using rates as opposed to numbers which are not currently available. There is no apparent

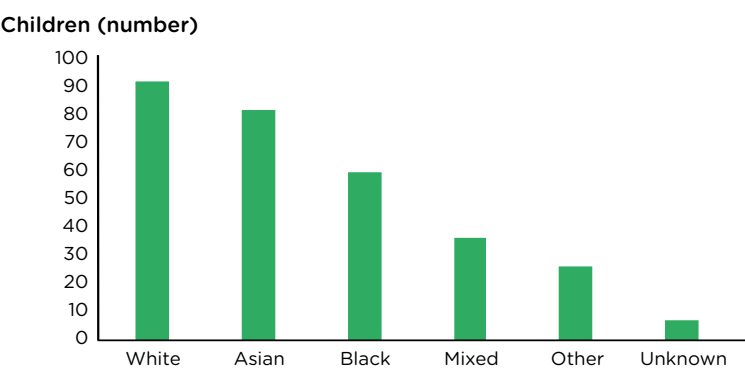
evidence of any ethnic bias as illustrated by Figure 21. Figure 22 shows that more boys in Camden are diagnosed with learning disabilities than girls. This is the pattern across the country and is not unusual but is worth noting. Whilst this data could be assessed via primary care records, it is not routinely available elsewhere to ensure that services could be responsive to presenting needs and preferences.

Figure 20. Children, registered with a Camden GP, with a learning disability by level of deprivation (IDACI), Camden, August 2024



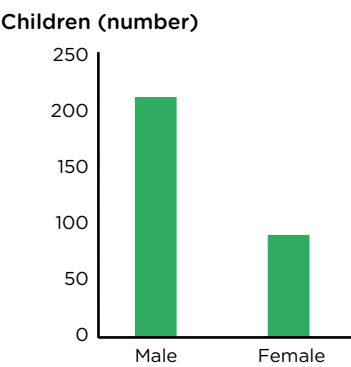
Source: Camden primary care data extract as at August 2024

Figure 21. Children, registered with a Camden GP, with a learning disability by ethnicity, Camden, August 2024



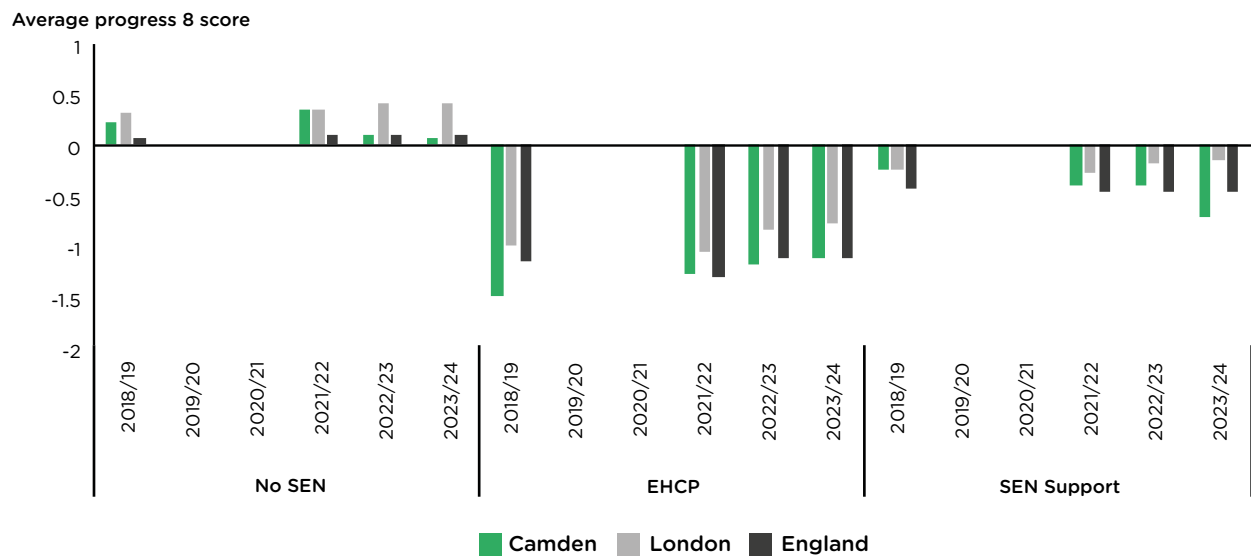
Source: Camden primary care data extract as at August 2024

Figure 22. Children, registered with a Camden GP, with a learning disability by sex, Camden, August 2024



Source: Camden primary care data extract as at August 2024

Figure 23. Average progress 8 score, by type of SEN support, Camden, London, and England, 2018/19 to 2023/24

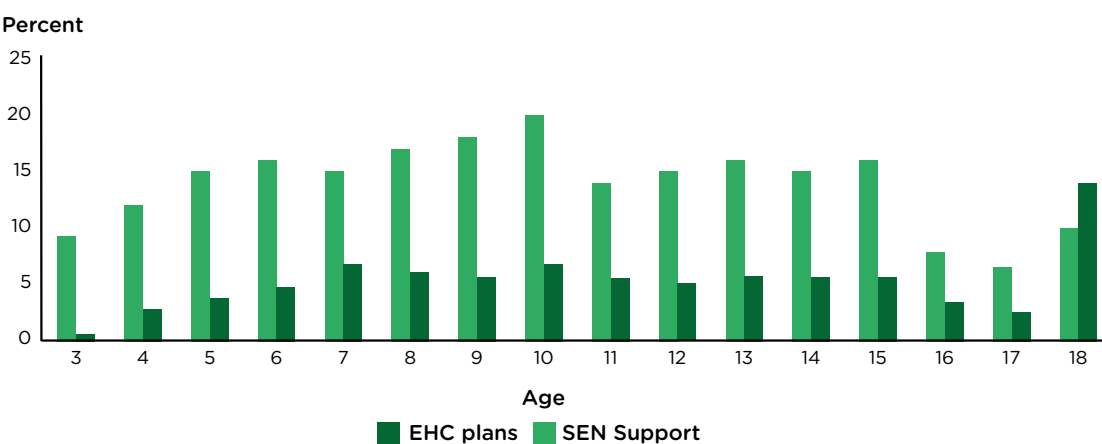


Source: Department for Education (55)

Figure 23 explores the progress 8 scores by type of SEN support over time and illustrates that children with SEN support or EHCP in Camden do less well than average in London, but in line with the England average.

Camden schools report that 14% of children receive SEN Support and 5% have an EHCP, although 20% of those pupils with an EHCP live out of the borough. Similarly, not all Camden residents with SEN attend Camden schools. (22)

Figure 24. Percent of children with an EHC Plan or receiving SEN Support, by age, Camden, 2023/24



Source: Department for Education (72)

Figure 24 shows the proportion of children and young people in Camden receiving Special Educational Needs (SEN) Support, and Education, Health and Care Plans (EHCPs) by age. SEN Support is more common than EHCPs up to age 17, peaking between ages 6 and 10, when primary school SEN Coordinators (SENCOs) play a key role. In secondary education (ages 11-15), SEN Support remains higher, reflecting the ongoing role of SENCOs. In further education (principally ages 16-17), SEN Support differs as colleges and training providers do not require SENCOs but must offer appropriate support through Learning Support Coordinators or Additional Learning Support teams. At age 18, EHCPs surpass SEN Support for the first time, likely due to transitions into further education, apprenticeships, the workplace, or adult services. EHCPs can extend up to age 25, providing continued support beyond school. The graph also highlights fewer SEN Support cases in early childhood, reflecting challenges in identifying and securing SEN provision for preschool-aged children.

The rate of growth of EHCPs in Camden has been slower than national rates of increase, but the falling school rolls in Camden mean that the proportion of children with SEND is increasing more rapidly. The number of children with SEND

increased by around 10% between 2018 and 2023 but the proportion of children with SEND has increased by 17% over the same period. (56) In secondary schools, 72% of children with an EHCP plan are male and 54% of those with SEN Support are males. (56)

Many of the secondary schools have more than 80% of their pupils on free school meals; and approximately a third of Camden children are sent to private schools, compared to 6.4% for England, and 10% for London as a whole. This can explain why, on average, state schools in Camden may have lower than average scores. However, it is uncertain why this means that children who are eligible for free school meals in Camden are not doing as well as children eligible for free school meals in the rest of London, or why boys are faring particularly badly.

In 2020/21, 62% of disadvantaged young people aged 16–19 in Camden gained a Level 3 qualification, compared to 79% who were not disadvantaged. This 17% gap was larger than London (15.5% gap) but smaller than England (24.8% gap). (16) In 2023/24, the number of children achieving a pass in GCSE English and Maths was below the London average, but in line with the England average, however this is likely to mask significant variation.

In Camden in 2022/23, 3.9% of school children with SEN were identified as having social, emotional and mental health as their primary type of need, compared with 3.3% across England, and 2.8% in London. Camden's rate is one of the highest across Inner London boroughs and neighbours. (16)

In contact with social services, and domestic violence and abuse

From 5,854 children that had a contact or assessment step with social services in 2023/24, 29% had domestic violence and abuse (DVA) identified as a risk, (57) equivalent to approximately 1,698 children, or over 7 primary schools. Domestic violence and abuse is associated with a large range of negative health and social outcomes. The negative outcomes are more pronounced if it is the child themselves that has been maltreated. However, from the available figures, we do not know if this is the case.

Camden's proactive approach to early identification and secondary prevention of wider social needs may account, in part, for this high rate. Further understanding of this cohort may help to design services.

There is a robust association between child maltreatment and depressive disorders, anxiety disorders, suicide attempts, personality disorders, self-harm, drug use, STDs, and risky sexual behaviour, eating disorders and childhood behavioural and conduct disorders. There is also plausible evidence to associate domestic abuse with obesity, type II diabetes, smoking, headaches and migraine, arthritis, hypertension, cardio-vascular disease, ulcers, and perpetration and further victimisation in adulthood. (13)

Compared to all students in the school census, those with a record with Camden's social services are:

- twice as likely to be eligible for FSM,
- five times as likely to have an EHCP,
- more than twice as likely to have any other form of SEND Support,
- more likely to live in the borough,
- more likely to be a young carer. (17)

At a national level there are no significant differences between ethnic groups in terms of who is subject to abuse. Lone-parent households with children are significantly more likely to have been subject to abuse (20.1% of all cases), However, it should be noted that they may have changed to be a lone-parent because of the abuse. People who are disabled or with a long-term health condition are more likely to be abused, as are women. (58)

There is an established evidence base that illustrates a socio-economic gradient such that those who are in lower socio-economic classes are more likely to be the victim of DVA, with economic stress tied to higher levels of abuse.

The UK's National Housing Federation (NHF) surveyed 207 households living in overcrowded homes about the impact that overcrowding has on their lives. The survey found that one-third of overcrowded families (32%) argued a lot because of the overcrowding of their home. Adults in 77% of overcrowded families reported that their relationships had been negatively affected by overcrowding. (27) Shelter's 'Full House' report (2005) focused on 505 households, including 152 classed as 'severely overcrowded'. 87% of adults stated that overcrowding had caused them to argue and fight, and 85% of households stated the overcrowding caused their children to argue or fight. (59) While these figures illustrate increased parental conflict and not abuse, they do indicate that the strain of living in overcrowded households is not conducive to optimising healthy relationships.

Number of children subject to a Child Protection Plan

At the end of March 2023, there were 176 children subject to a Child Protection Plan in Camden, a rate of 48.1 per 10,000 children. (22) Compared to other Inner London and neighbouring boroughs, Camden had the fourth highest rate of plans and was higher than national and London averages. (22)

Number of Looked After Children (LAC) in Camden's care

At the end of March 2023, there were 197 Children Looked After (CLA) in Camden's care. Of these, 47 were unaccompanied asylum-seeking children (24% of Camden's CLA cohort). (22)

The Camden CLA rate per 10,000 of the under-18 population at the end of March 2023 was 53.9, lower than the national average rate (rate = 71) and the Inner London average rate (rate = 62), and just higher than the London average rate (rate = 51) for the same period. (22)

Camden Council voted to make care experience a protected characteristic in February 2024. Since children in care will have experienced adverse experiences in life, they are a priority cohort to address their psychosocial determinants of health, and it is welcomed that the council has taken this step.

CHILDREN'S VIEWS OF SCHOOLS

Seventy-two per cent of surveyed students agreed or strongly agreed with the statement 'Camden is a great place to go to school'. However, the findings revealed notable differences based on ethnicity: 68% of Black British young people agreed or strongly agreed, compared to 82% of White British young people. (11)

Schools are central to CYP's mental health support, but many CYP report that existing mental health education feels superficial, failing to resonate with their experiences. (60) In research conducted by Camden Council in 2023, 61% thought that mental health education in schools 'was not working'. (60)

Additionally, themes to emerge from the Real Talk and School Takeover events in Camden 2024 included a desire for schools to serve as supportive, structured environments for students, and a safe space where students feel valued and understood. And some students wanted more consistent anti-bullying policies with clear boundaries and consistent consequences. (30,61)

CRIME AND SAFETY

Safety and health in public spaces remains a key issue for many CYP in Camden, particularly in parks and public spaces. Safe pedestrian and cyclist-friendly roads, CCTV in parks to prevent bullying, well-lit pedestrian and cycling routes, clean air, and more bins to keep spaces clean, and improved collaboration between businesses and shops to provide spaces where people can ask for help, are among the measures CYP in Camden recommend.

Only, 59% of young people surveyed for the Growing up in Camden survey believed that Camden is a safe place to live. (11) However, perceptions of safety differed by age, ethnicity, and gender, with younger, female, and ethnic minority groups feeling less safe. Only about half (52%) of Black young people felt Camden was safe, compared with 73% of White young people. Half (50%) of 12-15-year-olds reported feeling safe in Camden compared to 70% of young people over 16 years. And 59% of young females surveyed felt safe compared to 64% of young males. (11) Some children and young people believed the main reasons for crime in Camden were gangs, drugs and lack of youth

services. (30,61) Looking at those aged 10-17 who have been in contact with the criminal justice system, for Camden the rate was 154 per 100,000 which is roughly the same as the London average.

When asked about leisure activities, only 6 Black/Black British African/Caribbean young people reported "playing" in their spare time, compared with 49 White British young people. Similarly, only 17 Black young people reported "going out with friends," compared with 31 White young people. These differences may correlate with findings indicating that Black children and young people feel less safe in Camden compared to their White peers. (11)

Involving CYP, especially underserved CYP, in the design and monitoring of safe public spaces would ensure that safety measures align with their lived experiences and needs.

SAFE ONLINE SPACES

CYP regularly shared concerns about online spaces and their impact on mental health. Social media can disrupt sleep, create unhealthy fixations, interfere with learning and real-life connections, and exacerbate anxiety, yet it also offers safe spaces. Young people with SEND especially emphasised the importance of safe and accessible online spaces as an important way to socialise and build community. (22)

"When you have your phone on social media, then after that, you can't go to sleep, maybe, and then you want to stay on your phone" (YP, years 5-6) (61)

CYP also want better guidance on emotional regulation and healthy habits in online settings.

Council collaboration with schools and families to provide workshops on digital wellbeing, focusing on managing screen time, recognising online harms, and fostering healthy online habits would be welcomed and valued by many CYP.



RECOMMENDATION: EDUCATION

For Camden Council:

Camden needs to better understand what is driving the low attainment of children on free school meals and work to improve outcomes to match the higher London average attainment levels of children on free school meals.

The figures show a particular issue with boys falling behind much more than girls, and further exploration may be warranted. However, we note that Camden Learning has been commissioned, and a better understanding of what they are planning may help to advise on whether further investigation is needed.

More granular-level detail is needed to understand inequalities in educational attainment across the borough with further analyses of a combined data set that joins local area data together with the National Pupil Database.

For Camden Council Partners:

Schools should work with children and young people (CYP) to ensure they provide supportive, structured environments where students feel valued and understood. These environments should also be safe spaces, with consistent anti-bullying policies, clear boundaries, and fair, predictable consequences to help students feel secure and supported.

RECOMMENDATION: COMMUNITY AND SAFETY

For Camden Council:

Camden needs to feel safer to children. Further exploration of safety by gender would also be helpful to understand if boys feel less safe than girls or vice versa.

Involving CYP, especially underserved CYP, in the design and monitoring of safe public spaces would ensure that safety measures align with their lived experiences and needs. Creating safe places particularly for Black children to play and socialise appears to be important as they are less likely to do so and this could damage their wellbeing.

Camden's vacant spaces programme should incorporate spaces for CYP living in crowded accommodation to mitigate the related health harms. Additional consideration should be offered to CYP with autism and ADHD where overcrowding can present high-stimulation environments which can lead to chronic dysregulation.

Young people-led social cohesion programmes, which promote a sense of pride in where you come from, and belonging, are important compensatory measures.

Camden Council should collaborate with CYP on both sides of the social divide to support social cohesion and promote a sense of belonging to all. Council collaboration with schools and families to provide workshops on digital wellbeing, focusing on managing screen time, recognising online harms, and fostering healthy online habits would be welcomed and valued by many CYP.

Further action is needed to understand the level and impact of domestic violence and abuse (DVA) on children and young people in Camden. Action to reduce overcrowding and material deprivation will help to reduce DVA, although it is worth noting that DVA is prevalent across all walks of society and wide action is needed to promote tolerance and respect.

RECOMMENDATION: DATA

For Camden Council:

Camden should consider good practice from elsewhere. For example, Birmingham has built on the Child Health Equity Collaborative (CHEC) framework to create an interactive tool to track progress towards outcomes across the area.

Camden Council should aim to disaggregate routine datasets by geography and by personal identity characteristics so that the council can target resource, or centre those with greatest potential to benefit, within policy design.

The ward-level pen portraits provided here (see appendix) are a starting point for understanding how these considerations coalesce at a ward-level. This can support target health creation at ward- or neighbourhood-level, which clusters wards into five geographic areas within the borough.

The CHEC framework should guide the collection of local data from ages 0-19, covering key factors that affect child health and later outcomes. It would also be helpful to track young people into higher education or work to see how well interventions and policies are working over time.

Camden Council should ensure an integrated 0-19/25 database considers all aspects of the CHEC framework. They should also consider data protection aspects carefully, taking advice from areas such as the LIFT database, LEAP and Act Early.

Camden Council should work to link data at household-level to understand the relationship between family members and how they may be impacted by parents and siblings.

More granular-level detail on inequalities in educational attainment and wider factors would support greater understanding. This could be done on a school-by-school basis.

CHAPTER 4

HEALTH AND WELLBEING



DESCRIBING THE POPULATION OF CHILDREN AND YOUNG PEOPLE: HEALTH AND WELLBEING

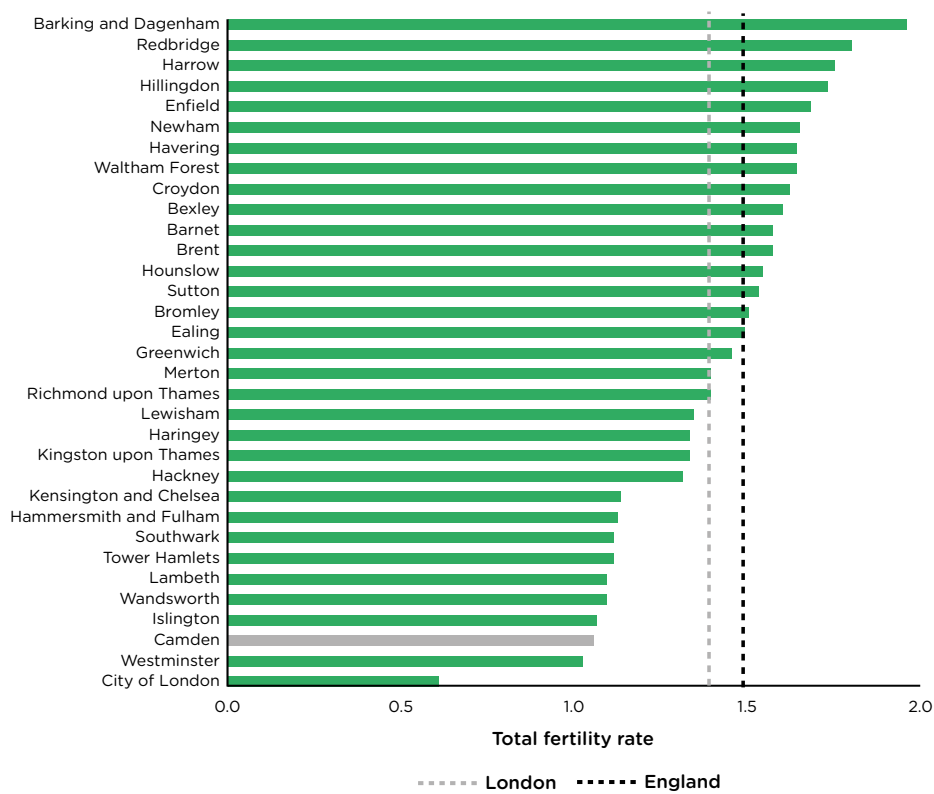
The Annual Public Health Report 2023, gave an in-depth account of young people’s health in Camden. (16) In this chapter, we seek to supplement the existing publication by drawing out aspects of health and wellbeing where there is strongest available evidence for the association with personal identity, family circumstance and personal experience.

FERTILITY AND EARLY YEARS

Figures 25 and 26 illustrate that the fertility rate in Camden is low and has decreased steadily over the last 20 years. There are several possible explanations for this, but it is likely to be a combination of increased costs of living, overcrowding, and a high percentage of students. A recent UCL study of 32-year-olds has found that only one in four 32-year-olds in England who want children are

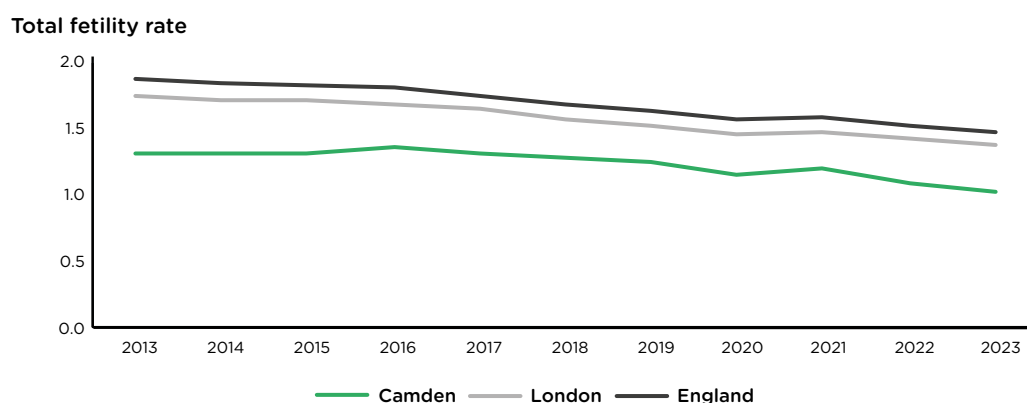
actively trying to have them. When researchers looked at the reasons behind this, financial and work pressures were often cited for those born in 1989-90. (62) Given the high costs of housing in Camden, financial pressures are likely a key contributory factor, with households either staying and not having children or moving out to somewhere cheaper to do so. However, there are also more women in senior positions who tend to delay giving birth and this may also reduce fertility rates while this group is increasing. (63)

Figure 25. Total fertility rate, London boroughs, 2021



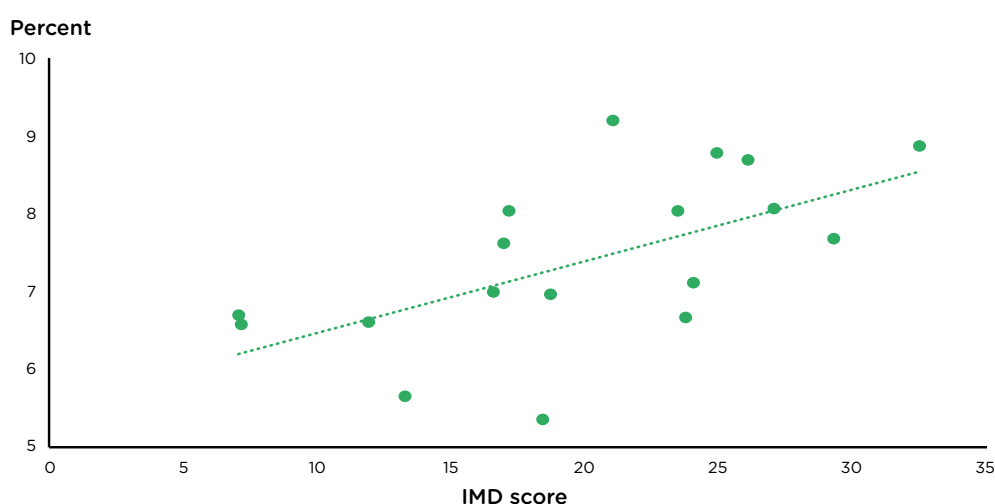
Source: Office for National Statistics (64)

Figure 26. Total fertility rate, Camden, London, and England, 2013-23



Source: Office for National Statistics (64)

Figure 27. Low birth weight term babies, by IMD score, percent, Camden wards, 2016-20

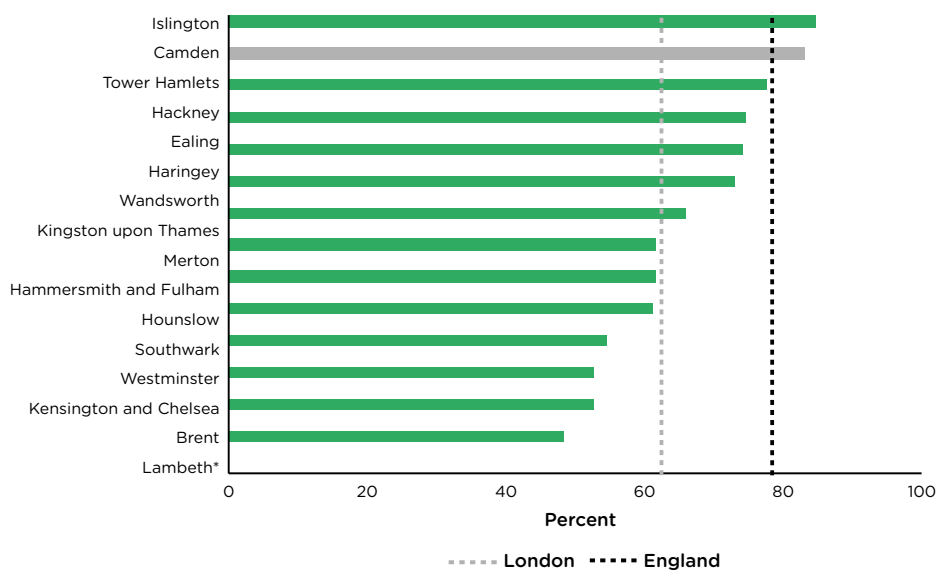


Source: Office for Health Improvement and Disparities (65)

Figure 27 illustrates a strong correlation between deprivation level and low birth weight, and action to improve the financial situation of households in more deprived parts of the borough is warranted to reduce the likelihood of low birthweight. As part of Raise Camden, a one-year trial is ongoing which provides women and birthing people with a £500 cash transfer while pregnant. IHE will advise on the evaluation of this.

A review of health service measures illustrates that Camden is doing well compared to other boroughs in terms of providing the two and a half year health visit as set out in Figure 28. This is encouraging because this is where issues can be identified early and support for instance for speech and language delays can follow. A good health visitor service is also crucial for ensuring that families know how to best create a good home learning environment for their children to improve their outcomes.

Figure 28. Children receiving the 2 and a half year health visit, percent, Camden, Camden's CIPFA nearest neighbours, London, and England, 2022/23



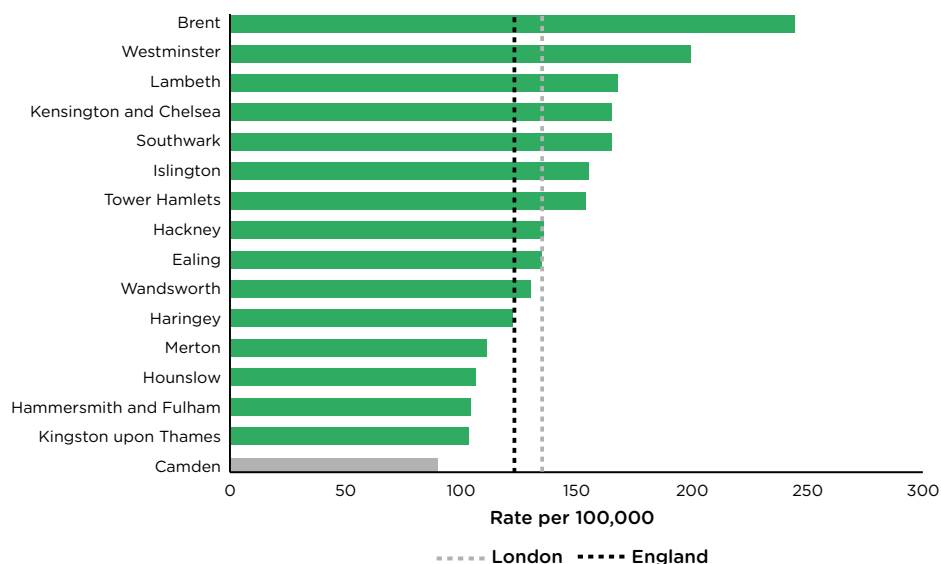
*No data available for Lambeth

Source: Office for Health Improvement and Disparities (65)

Figure 29 is encouraging because it illustrates that Camden has lower average levels of hospital admissions for childhood asthma compared to statistically similar areas in the country, albeit significantly higher than the English

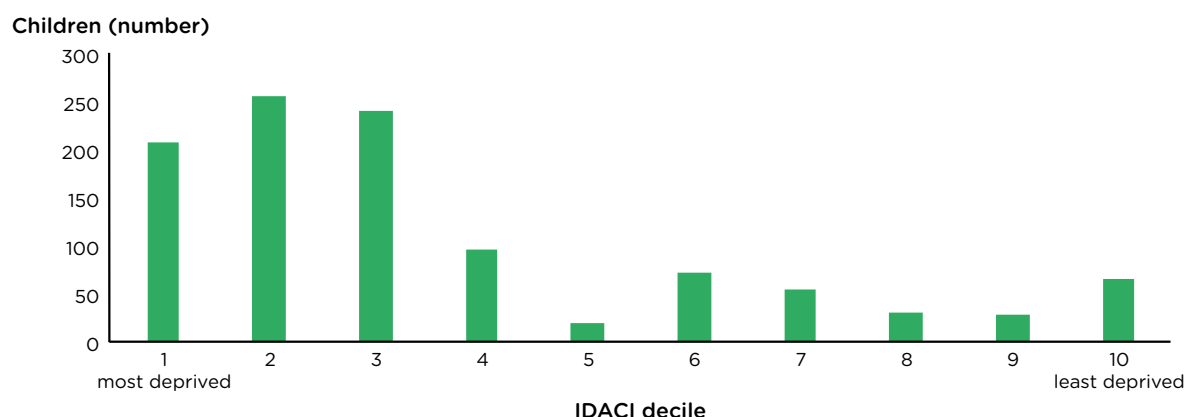
average. However, in terms of children registered with GPs for asthma, there appears to be a strong correlation with more highly deprived wards having higher numbers as illustrated in Figure 30, although the latter analyses would be better done with rates at a later stage.

Figure 29. Hospital admissions for asthma under 19 years old, rate per 100,000, Camden, Camden's CIPFA nearest neighbours, London, and England, 2022/23



Source: Office for Health Improvement and Disparities (65)

Figure 30. Children, registered with a Camden GP, on the asthma register, by deprivation (IDACI), Camden, August 2024.



Source: Camden primary care data extract as at August 2024

Figure 31 illustrates a mix of children from different ethnic groups are on the asthma register, and this seems to adequately reflect the mix of the population.

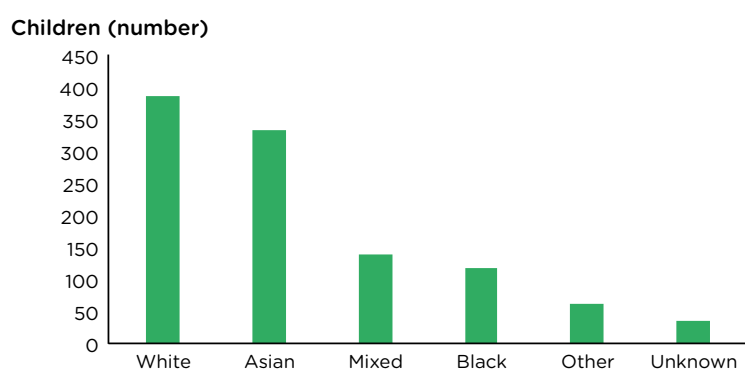
Asthma is by far the most common long-term condition among adolescents in Camden. In 2021, 4.5% (n=771) adolescents aged 12-18 were diagnosed with asthma and registered with a GP in Camden. Additionally, 2.2% of 0-11s, and 1.9% of 19-24 year olds in Camden have an asthma diagnosis, which is broadly reflective of the national picture for these age groups. (16)

In Camden, 5.3% of white British 12-18-year-olds have asthma, compared to 4.2% of 12-18-year-olds from ethnic minority groups. (16) Given that young people from ethnic

minority groups are more likely to live in overcrowded and therefore likely damp housing, there is a risk of underdiagnosis of asthma in these groups.

Camden's Equitable Service Programme was established to apply QI (quality improvement) methodology to assess such systemic biases within services. Equality dimensions are captured and tracked across eligibility, uptake, completion, experience and outcome of any given children and young person's health and wellbeing service in Camden. Solutions to any identified disparities are then sought via participatory appraisal techniques. This programme has the potential to significantly improve equity within health and wellbeing services. It should be evaluated to assess impact prior to wider roll out and the embedding of practice system-wide.

Figure 31. Children, registered with a Camden GP, on the asthma register, by Ethnicity, Camden, August 2024

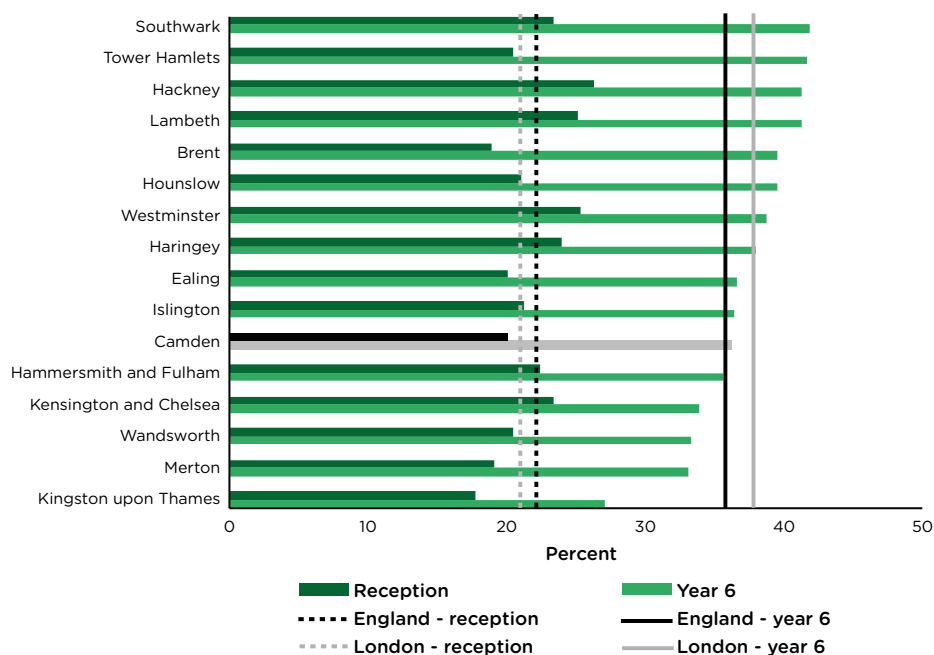


Source: Camden primary care data extract as at August 2024

Figure 32 illustrates that Camden has slightly lower levels of children who are overweight and obese compared to

England and London averages at reception and year 6. However, this masks large inequalities by ward as evidenced in Table 3.

Figure 32. Children who are overweight or obese, percent, reception and year 6, Camden, Camden's CIPFA nearest neighbours, London, and England, 2023/24



Source: Office for Health Improvement and Disparities (65)

Table 3. Children overweight or obese in Camden wards, 2023/24

| Neighbourhood | Wards | Overweight or obese reception % | Overweight or obese Year 6 % |
|---------------|-------------------------|---------------------------------|------------------------------|
| Central | Camden Town | 8.9 | 50 |
| | Primrose Hill | 15 | 40 |
| | Regent's Park | 15 | 39 |
| | St Pancras, Somers Town | 19 | 41 |
| East | Camden Square | 33 | 26 |
| | Gospel Oak | 20 | 39 |
| | Haverstock | 24 | 47 |
| | Kentish Town North | 7.5 | 33 |
| | Kentish Town South | 24 | 39 |
| North | Belsize | 18 | 31 |
| | Frognal | 10 | 18 |
| | Hampstead Town | 11 | 16 |
| | Highgate | 18 | 23 |
| South | Bloomsbury | 16 | 45 |
| | Holborn, Covent Garden | 10 | 38 |
| | King's Cross | 25 | 25 |
| West | Fortune Green | 18 | 30 |
| | Kilburn | 25 | 47 |
| | South Hampstead | Missing | Missing |
| | West Hampstead | 20 | 28 |

Source: National Child Measurement Programme 2023/24 (67)

Over 1 in 5 children are above a healthy weight by reception, rising to 1 in 3 by end of primary school. (68) However, as Table 3 demonstrates some areas have particularly high percentages with approximately half of all year 6 children in Camden Town, Kilburn and Haverstock overweight or obese for example.

There is a significantly higher prevalence of overweight or very overweight children among Camden pupils from a Bangladeshi, Pakistani, Black African and ‘Any other’ Black group, when compared to the white British ethnic group. (16)

Among year 6 pupils, the proportion of overweight and very overweight pupils from Black Other, Pakistani, White and Black African ethnicities were significantly higher than the borough average. (68)

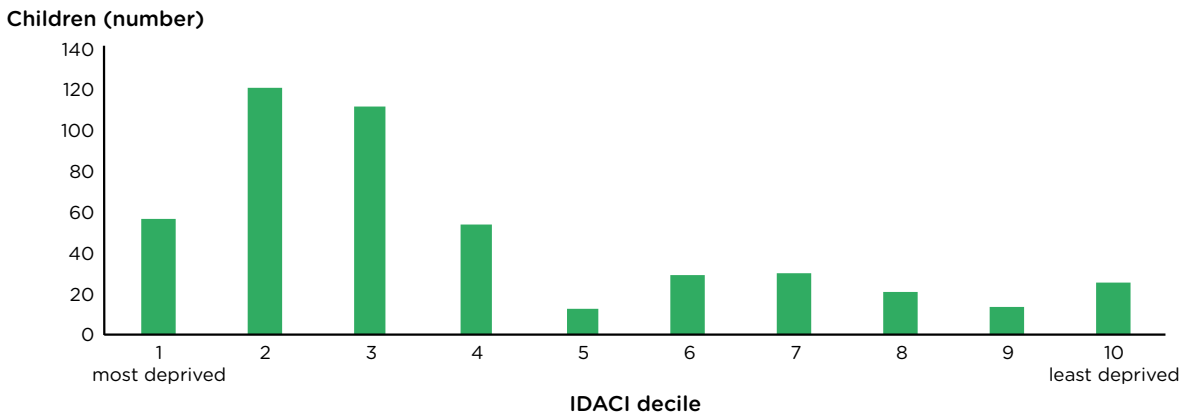
Year 6 pupils in Camden’s most deprived areas are also significantly more likely to be overweight or very overweight than those living in the least deprived areas of the borough. (69) The higher cost of healthy food, like quality protein and vegetables, compared to cheaper, unhealthy options, is likely a contributing factor. Additionally, the abundance of

fast-food outlets and limited access to fresh produce, often called ‘food deserts,’ in the most deprived areas of Camden (70) may contribute to higher overweight and obesity rates in these communities.

Mental health

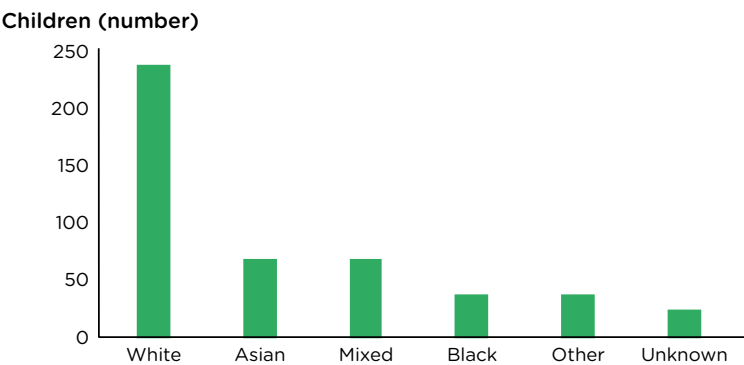
Low incomes, cold homes, overcrowding, pollution and DVA could all be driving poor mental health outcomes in children in Camden. Without a longitudinal data set we can only look at associations and not causality. However, information on CAMHS referrals from GP registers by income group and ethnicity provide some useful pointers. If we look at Figure 33, the association between having a high deprivation score⁵ and higher likelihood of a CAMHS referral is evident. Again, further analysis would be strengthened by using a rate when one becomes available. Figure 34 illustrates that those in White ethnic groups are four times more likely to be in contact with CAMHS services, even though the size of the White population is not four times larger than other ethnic groups. A multi-variate analysis of a wider data set would provide a more nuanced picture. However, the relationships do suggest that deprivation and White ethnicity are drivers of CAMHS referrals.

Figure 33. Children, registered with a Camden GP, who have ever had a referral to CAMHS, by deprivation (IDACI), Camden, August 2024



Source: Camden primary care data extract as at August 2024

Figure 34. Children, registered with a Camden GP, who have ever had a referral to CAMHS, by Ethnicity, Camden, August 2024



Source: Camden primary care data extract as at August 2024

⁵IDACI looks at the proportion of children in low income households, with 1 representing the most deprived households and 10 the least deprived.

Camden's Annual Public Health Report 2023 identifies children with SEND, young carers, children living in social housing, and children in care or care leavers as being the children and adolescents at greater risk of poor mental health. It is estimated that one in three young carers has a mental health issue, and there are estimated to be 1,370 young carers (aged 5-24) in Camden. The estimated number of children in care in Camden with a mental health disorder is 84. (16)

WHAT DO CHILDREN WANT TO HAPPEN TO HELP WITH THEIR MENTAL HEALTH

Accessible and tailored services

Children and young people in Camden wanted mental health services that are accessible, responsive to their lives - such as accommodating school schedules - and that are ready when CYP need them. Some young people spoke of long waiting lists leading to feelings of isolation:

"You have to close off and deal with it yourself when help isn't readily available" (60)

Others reflected on how a lack of timely support can result in *"little problems build[ing] up to a lot of sadness and stress"*. (30)

CYP also wanted more specific, tailored mental health information and support. They thought that existing support tended to focus on general advice rather than addressing specific concerns. (60)

Children and young people emphasise the importance of having professionals who genuinely care about their wellbeing, as trust and meaningful relationships are essential in mental health support. Unfortunately, many CYP in Camden lack knowledge of available mental health services and struggle to understand when to seek help.

"We just don't know when to reach for help"

"To be honest, I don't think I know about any mental health support services" (5).

Further research conducted by Camden Council in 2021 found that less than 50% of Year 8 and Year 10 students knew where to get help when they felt low, anxious or stressed, reflecting a broader need for education on what good mental health looks like. (60)

Many CYP also expressed uncertainty over the exact threshold for seeking help, 'reflecting their lack of understanding about what good mental health looks like'. (60)

"I know for me it took a really long time to realise that I needed help". (60)

To address this, Camden could invest in increasing awareness of the broad range of mental health services available, ensuring that support is visible, accessible, and tailored to CYP's specific concerns.

Parents doing the work to understand mental health

Parents and carers play a key role in creating an environment where their children feel supported. However, some CYP thought that parents lack the knowledge or emotional capacity to address mental health issues effectively, especially in families where discussing mental health is stigmatised. CYP in Camden thought that families should improve their own mental health literacy to better support their children. They also thought that strong relationships between parents, teachers, and children are key to creating a supportive environment that prevents "little problems from escalating". (30)

Camden Council should consider providing accessible mental health resources and workshops for parents, focusing on building mental health awareness and fostering open, compassionate communication amongst families.

To disrupt and redefine societal expectations

Some CYP said that they feel societal pressure to always appear 'happy' or 'content', even when they know these expectations are often unrealistic and that others' displays of happiness can sometimes be a façade. (30) This pressure can exacerbate mental health challenges by triggering shame or making them outwardly deny their struggles. CYP wanted radical acceptance, where they're encouraged to embrace their trueselves without fear of judgement, and felt that this is key to improving their and others' mental wellbeing. (30)

Analysis of the Growing Up in Camden Survey found that 63% of all pupils agreed or strongly agreed with the statement 'I feel valued and understood as a person'. However, there were some marked differences in findings based on gender, ethnicity and geography: for example, 57% of girls compared with 70% of boys agreed or strongly agreed with the statement; 52% of Asian/Asian British young people and 61% of Black young people agreed or strongly agreed, compared to 82% of White British. And 63% of pupils in NW1 agreed or strongly agreed, compared to 76% of pupils living in NW6. (11)

Camden Council could consider promoting school programmes that challenge societal norms around happiness and success, encouraging self-acceptance and reducing stigma. Schools and community spaces should continue to provide platforms for CYP to express themselves creatively and authentically, such as through art, music, or theatre.

Flow activities and strong connections

CYP regularly share how engaging in calming, creative, or physical activities like drawing, sports, baking, board games, and spending time in green spaces provide a sense of calm and help them cope with stress. Similarly, engaging with museums, galleries, faith or history can help CYP feel connected to something larger than themselves, creating a sense of meaning and offering perspective.

CYP also spoke about how strong social connections foster trust, empathy, and a sense of purpose among CYP. Safe and accessible youth centres and inclusive community activities are vital in creating these opportunities.

“If things are going bad, I distract myself by talking to my friends or doing other stuff than worrying about what’s hurting me I guess” (60)

“The youth centre brings joy to me and makes me happy” (30)

The children and young people express here a number of times the importance of good relationships with friends and family. This mirrors research on the Programme for International Student Assessment (PISA), that found that the three major factors that correlated with children’s well-being scores at 15 were firstly having good relationships with their friends and having a sense of belongingness at school, secondly having good relationships with their parents and thirdly having good relationships with their teachers. (71) Those who were more disadvantaged tended to have lower life satisfaction.

RECOMMENDATION: HEALTH

For Camden Council:

Given that 40% of households with dependent children in social housing have someone with a health condition or disability, further consideration of support for young carers is needed as this group is at most risk from domestic violence and abuse and persistent absence from school.

Camden should evaluate their equitable services programme to assess impact prior to wider roll out and embedding systems wide.

Increased rates of obesity in some ethnic groups may require a culturally competent approach to be tested.

Action to reduce material deprivation will have a positive impact on prevalence of health conditions that are socially graded, such as obesity, poor mental health and asthma. However, mitigation may be needed where incomes are too low to support the ability of families on low incomes to purchase diets with adequate protein, fruit and vegetables.

Action to improve housing conditions will reduce poor mental health and asthma.

The referrals to CAMHS shows a bias such that a higher percentage of White households are accessing help. Action, including culturally competent approaches, is needed to ensure that children from all ethnicities have the mental health support they need. Work with faith and community groups to de-stigmatise mental health and to support parents to support their children, is needed.

Camden Council could also consider promoting school programmes that challenge societal norms around happiness and success, encouraging radical self-acceptance and reducing stigma. Schools and community spaces should continue to provide platforms for CYP to express themselves creatively and authentically, such as through art, music, or theatre.

CHAPTER 5

GAPS AND NEXT STEPS



Gaps

The evidence presented in this report has highlighted some areas where Camden can act to improve the social determinants of health, and improve children's health and wellbeing. However, given the broad scope of the work, and a lack of data in some areas, we have not managed to cover everything in the CHEC framework as well as we might like. The following section sets out some of the areas of information that could be strengthened.

Family circumstances

We have not looked in any depth at parental/carer education and employment apart from to describe by ward, where rates of lower levels of education and employment mean that households are considered deprived in these domains. Further understanding of whether parents have multiple part-time jobs or work at night, for instance, would help Camden better understand the pressures that they may be under and how flexible services need to be.

We do not have information on parental and carer behaviours apart from qualitative findings which suggest that some parents could be more supportive around mental health issues. For example, knowing whether parents are providing a rich home learning environment for their young children would be helpful in identifying the extent to which the health visitor service is promoting those messages and that they are being taken up. We have figures for the percentage of children in early education and childcare (EEC) settings who are from Camden, but what we need to know is what percentage of parents in Camden are sending their children to good quality EEC settings, whether they are in Camden or not, and if not, what their reasons are for not taking up a free offer.

We know that many households have someone in them with a health condition or disability, but we do not know what that condition is, albeit that some data may be available from the census on this. Knowing if parents of young children have a mental health condition would be helpful to know as this could prevent them from being able to positively interact with young children, which would be a risk to their later outcomes.

Children's experiences

As stated above, we do not know about variation in attendance to good quality childcare, or length of attendance, by ethnic group or level of deprivation, and it would be useful to have this data. Data sharing amongst Camden's neighbouring boroughs could enable this data set to be compiled, albeit it is not clear whether any information about income or ethnicity, for instance, is collected.

We have not found ward-level data on measures of children's achievement in schools, and so we do not know if there is variation by area within Camden. It is possible that analyses of the National Pupil Database and/or potentially ECHILD would enable a richer understanding. This would require a data request and analyses by an ONS-accredited researcher.

Forty-one per cent of children do not feel safe in Camden, however it would be extremely useful to know more about why they feel unsafe. We have noted average levels of youth crime, however, we have not looked in any depth at the issues of gangs and drugs for instance.

Most data on children's experiences will be qualitative in nature. For example, perceptive schools and parents will hopefully pick up on children struggling with friendships so that they can intervene, but it is unlikely to be documented. For this project we have been able to ascertain views on issues such as the importance of friends and what children think about social media, however continuing to engage with children will be important to enable changes to be tracked in the absence of quantitative information.

Health and wellbeing

For this report we have focused on mental health, asthma and obesity, because they are the most important health issues relating to Camden's youth, and plenty of other reports investigate health outcomes in more detail.

However, it would be useful to have further insight into two areas that we have not covered on the CHEC framework, health behaviours and management. This could be the topic of another discussion with CYP that also touches on barriers to being healthy. Similarly, it would be useful to know how much of the curriculum in schools is given over to discussing healthy living.

Next steps

It is difficult to see how underlying drivers of socio-economic division will change, given current social housing policy in Camden that is prioritising those with the most health and social need, the shortage of property, and the fact that private rents and properties to purchase are now only affordable to those with high wealth or earnings.

There is a crisis in housing that needs immediate attention across London. People are leaving jobs, to move to cheaper areas. This needs to be a cross-London conversation.

If current trends continue, then there will need to be fewer schools, driven by the declining fertility rate, and those schools will have increasing numbers of children in higher need, driven by the housing policy. Exploring whether there may be benefits to children and young people that can be harnessed by using the land the schools are on for larger housing units, or to provide meeting or homework space for young people, would seem sensible given that CYP want more safe places to go.

The progress 8 scores are concerning for Camden schools. They are not doing as well for children on free school meals as other areas, and they are not doing well for boys. Further investigation into this is warranted, by working with those in the education team, and head teachers in the first instance. We might also want to investigate the very different demographics in Pupil Referral Units (PRUs) and Social, Emotional, and Mental Health (SEMH) schools.

Further information is needed on a range of issues to better understand the challenges in schools and families to then inform on the most appropriate interventions- for instance in terms of perceptions of safety, inclusion in schools, parental involvement in schooling, exposure to violence among children and young people, and whole family mental health.

We have not been able to fully assess differences in childhood experiences based on personal identity characteristics, as these are not routinely collected or reported, which is common in many local authority areas. We strongly recommend that protected characteristics should be consistently and accurately recorded, as a minimum. The government's proposed legislation to require a unique reference number for children would help improve data linkage for service and policy planning.

We are unable to make any assessment of how the personal identity, experience and health and wellbeing of a parent or carer affects and informs the type of support that may be offered to children and young people. For example, care experienced young people may benefit from tailored parenting support when they become parents due to the lack of parental models and potential childhood trauma they have experienced. It would be less straightforward, however, to ascertain which parents may have had a difficult relationship with institutions like school or the workplace which is then transferred intergenerationally to their children. Upstream prevention based on family circumstance would focus on 'cycle breaking'.

RECOMMENDATION: RAISE CAMDEN

For Camden Council:

Children's and young people's voices need to be central to how Raise Camden shapes their response to this reports' findings.

Raise Camden aims to improve and address inequities in childhood experience, since a happy childhood improves one's chances of lifelong health and wellbeing. Camden Council needs to set clear measures of childhood experiences that they can be confident are likely to raise the healthy life expectancy of the most deprived children. Camden Council must also assess whether it is meeting its ambitions and on the right trajectory.

The significant adults in a child's life are one of the biggest determining factors for their lifelong health and wellbeing. However, adult experience is often considered separate to childhood experience. Camden Council needs to better consider the role of whole family dynamics within childhood experience.

It is recommended that the CHEC framework is further developed and used by Raise Camden to ensure that child health equity is routinely and adequately considered.

Raise Camden should promote the principle of compensatory practice. This review indicates potential health-harming considerations, which are under the auspices of the council, but some are largely intractable due to the environment in which Camden operates, such as the availability of affordable housing. Camden Council therefore has a duty to ensure that compensatory health-protecting determinants are made available, accessible and utilised to those with the greatest potential to benefit.

ANNEX 1. DATA TABLES

DATA DISCREPENCIES

Many of the tables come from the 2021 Census, which Camden disputes.

- Camden is challenging ONS on the accuracy of data from the 2021 census and specifically the outcome which was a c.10k reduction in the population between 2011 and 2021.
- Over those 10 years there had been a net increase of 8000 council tax applicable dwellings.
- There is also a discrepancy between ONS mid-year population estimates for 2022 and GP registration data from 2022, which states that the population is 20% higher than ONS estimates (at 262,370, a difference of 44,321 households).⁶
- The Census was held on 21st March 2021, during the Covid 19 pandemic. On 8 March 2021, schools in England reopened for primary and secondary school students. While undeniably some undercount is possible for households with dependent children, the reopening of schools may have mitigated against general Covid impacts for those with older children.

⁶Camden Council is concerned that the census may have undercounted its population, while GP records show a higher number. However, GP registration data includes records that might not have been updated for three years. Population estimates, in contrast, adjust for migration rather than relying on de-registration, meaning some uncertainty remains.

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APPENDIX

A WARD-LEVEL SUMMARY OF CHILD HEALTH EQUITY INDICATORS IN CAMDEN

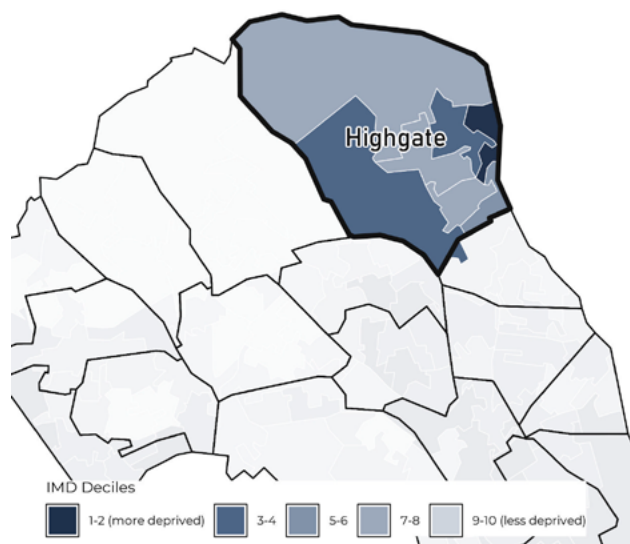
Camden Public Health Intelligence

NORTH NEIGHBOURHOOD

Highgate

Highgate has an estimated population of **1839** under 18 year olds, with **55.95%** aged under 11 and **44.05%** aged 11 and older.

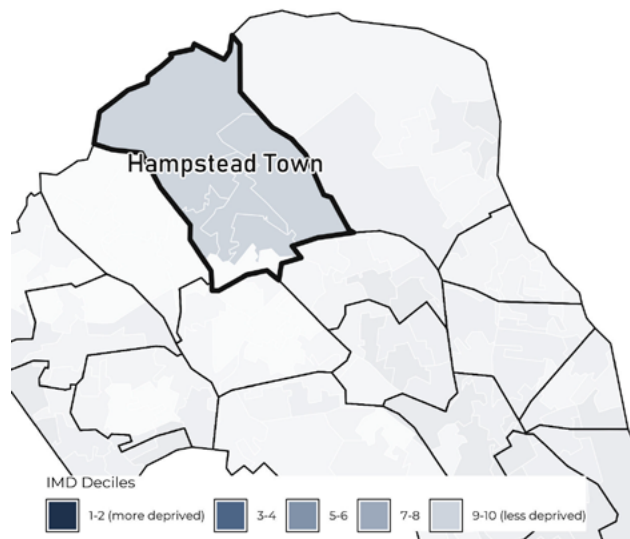
- **1474 (33.13%)** households live in social housing
- **34%** of under 5 year olds are using Family Hubs
- **853** children attend Camden-maintained schools.
- **99 (4.91%)** under 19 years old are disabled
- **129 (1.3%)** households have limited English proficiency
- **18%** of 4-5 year olds are overweight
- **23%** of 10-11 year olds are overweight



Hampstead Town

Hampstead Town has an estimated population of **1532** under 18 year olds, with **62.6%** aged under 11 and **37.4%** aged 11 and older.

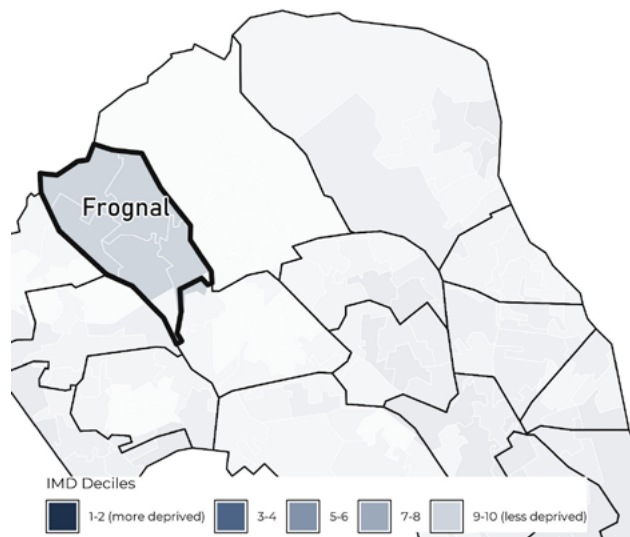
- **328 (8.81%)** households live in social housing
- **26%** of under 5 year olds are using Family Hubs
- **312** children attend Camden-maintained schools.
- **48 (3.01%)** under 19 years old are disabled
- **65 (0.9%)** households have limited English proficiency
- **11%** of 4-5 year olds are overweight
- **16%** of 10-11 year olds are overweight



Frognal

Frognal has an estimated population of **1620** under 18 year olds, with **61.54%** aged under 11 and **38.46%** aged 11 and older.

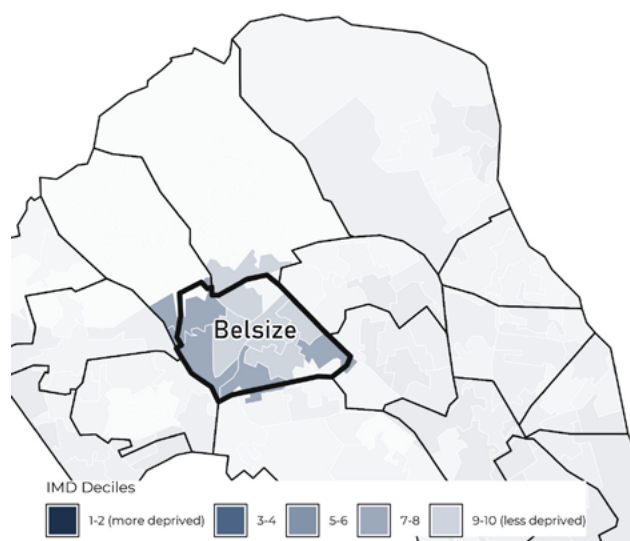
- **287 (8.69%)** households live in social housing
- **32%** of under 5 year olds are using Family Hubs
- **379** children attend Camden-maintained schools.
- **74 (4.29%)** under 19 years old are disabled
- **136 (2%)** households have limited English proficiency
- **10%** of 4-5 year olds are overweight
- **18%** of 10-11 year olds are overweight



Belsize

Belsize has an estimated population of **2312** under 18 year olds, with **66.09%** aged under 11 and **33.91%** aged 11 and older.

- **519 (8.66%)** households live in social housing
- **40%** of under 5 year olds are using Family Hubs
- **399** children attend Camden-maintained schools.
- **74 (3.15%)** under 19 years old are disabled
- **173 (1.4%)** households have limited English proficiency
- **18%** of 4-5 year olds are overweight
- **31%** of 10-11 year olds are overweight

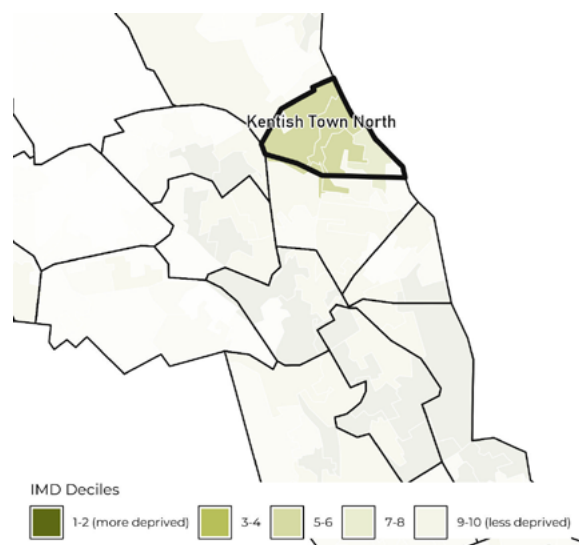


EAST NEIGHBOURHOOD

Kentish Town North

Kentish Town North has an estimated population of **1168** under 18 year olds, with **59.85%** aged under 11 and **40.15%** aged 11 and older.

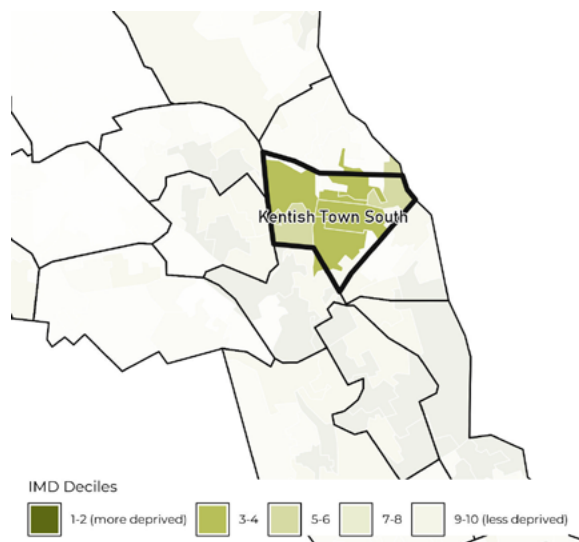
- **991 (29.97%)** households live in social housing
- **42%** of under 5 year olds are using Family Hubs
- **704** children attend Camden-maintained schools.
- **83 (6.87%)** under 19 years old are disabled
- **109 (1.7%)** households have limited English proficiency
- **7.5%** of 4-5 year olds are overweight
- **33%** of 10-11 year olds are overweight



Kentish Town South

Kentish Town South has an estimated population of **1760** under 18 year olds, with **56.02%** aged under 11 and **43.98%** aged 11 and older.

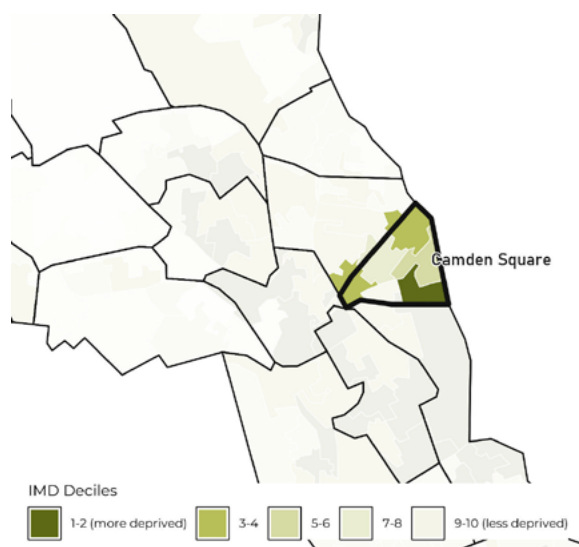
- **1677 (38.33%)** households live in social housing
- **46%** of under 5 year olds are using Family Hubs
- **1137** children attend Camden-maintained schools.
- **142 (7.09%)** under 19 years old are disabled
- **311 (3.2%)** households have limited English proficiency
- **24%** of 4-5 year olds are overweight
- **39%** of 10-11 year olds are overweight



Camden Square

Camden Square has an estimated population of **1206** under 18 year olds, with **60.12%** aged under 11 and **39.88%** aged 11 and older.

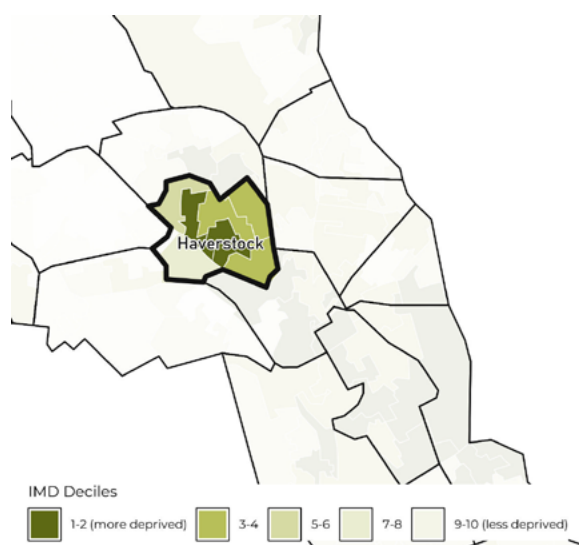
- **1399 (41.11%)** households live in social housing
- **57%** of under 5 year olds are using Family Hubs
- **752** children attend Camden-maintained schools.
- **83 (6.37%)** under 19 years old are disabled
- **234 (3%)** households have limited English proficiency
- **33%** of 4-5 year olds are overweight
- **26%** of 10-11 year olds are overweight



Haverstock

Haverstock has an estimated population of **2265** under 18 year olds, with **58.9%** aged under 11 and **41.1%** aged 11 and older.

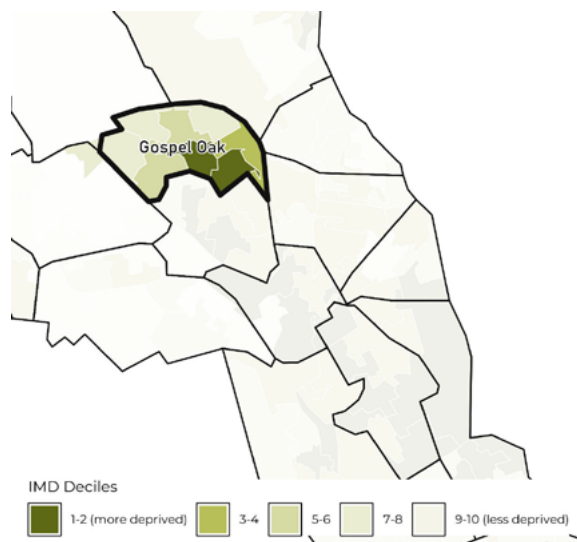
- **2382 (46.61%)** households live in social housing
- **54%** of under 5 year olds are using Family Hubs
- **1416** children attend Camden-maintained schools.
- **175 (6.86%)** under 19 years old are disabled
- **430 (3.7%)** households have limited English proficiency
- **24%** of 4-5 year olds are overweight
- **47%** of 10-11 year olds are overweight



Gospel Oak

Gospel Oak has an estimated population of **2142** under 18 year olds, with **59.1%** aged under 11 and **40.9%** aged 11 and older.

- **2454 (47.31%)** households live in social housing
- **50%** of under 5 year olds are using Family Hubs
- **1271** children attend Camden-maintained schools.
- **164 (6.98%)** under 19 years old are disabled
- **315 (2.7%)** households have limited English proficiency
- **20%** of 4-5 year olds are overweight
- **39%** of 10-11 year olds are overweight

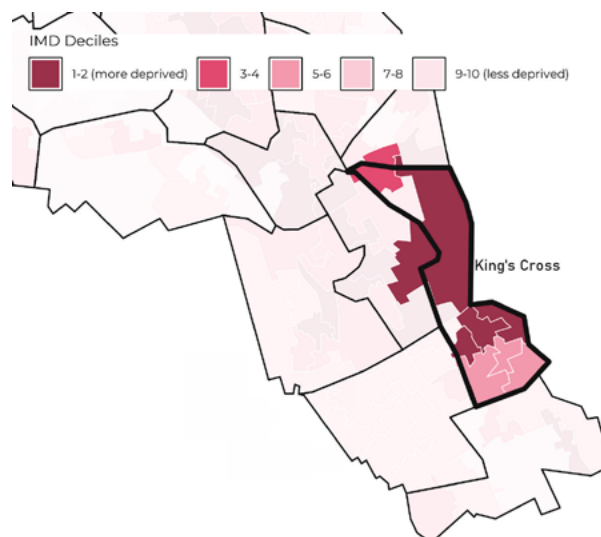


SOUTH NEIGHBOURHOOD

King's Cross

King's Cross has an estimated population of **1587** under 18 year olds, with **61.44%** aged under 11 and **38.56%** aged 11 and older.

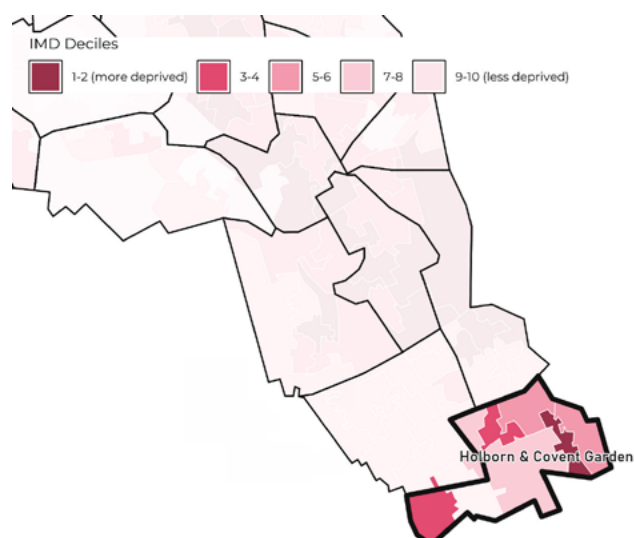
- **2000 (45.25%)** households live in social housing
- **54%** of under 5 year olds are using Family Hubs
- **863** children attend Camden-maintained schools.
- **141 (7.28%)** under 19 years old are disabled
- **467 (4.4%)** households have limited English proficiency
- **25%** of 4-5 year olds are overweight
- **25%** of 10-11 year olds are overweight



Holborn & Covent Garden

Holborn & Covent Garden has an estimated population of **1601** under 18 year olds, with **58.71%** aged under 11 and **41.29%** aged 11 and older.

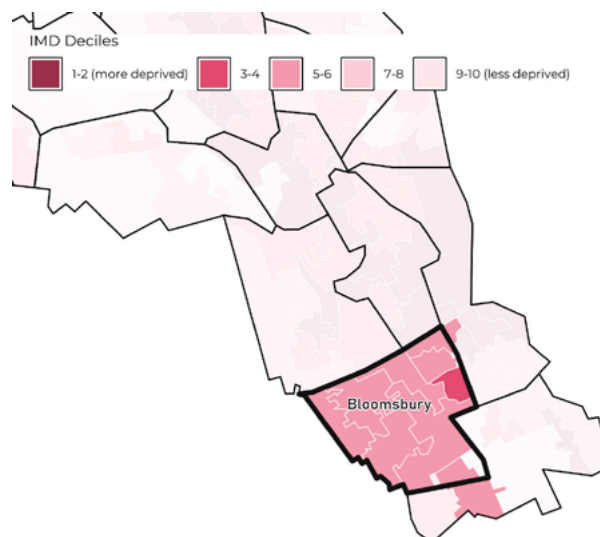
- **2314 (45.74%)** households live in social housing
- **52%** of under 5 year olds are using Family Hubs
- **652** children attend Camden-maintained schools.
- **111 (7.26%)** under 19 years old are disabled
- **331 (3.5%)** households have limited English proficiency
- **10%** of 4-5 year olds are overweight
- **38%** of 10-11 year olds are overweight



Bloomsbury

Bloomsbury has an estimated population of **970** under 18 year olds, with **57.94%** aged under 11 and **42.06%** aged 11 and older.

- **1519 (32.94%)** households live in social housing
- **38%** of under 5 year olds are using Family Hubs
- **252** children attend Camden-maintained schools.
- **123 (7.79%)** under 19 years old are disabled
- **365 (3%)** households have limited English proficiency
- **16%** of 4-5 year olds are overweight
- **45%** of 10-11 year olds are overweight

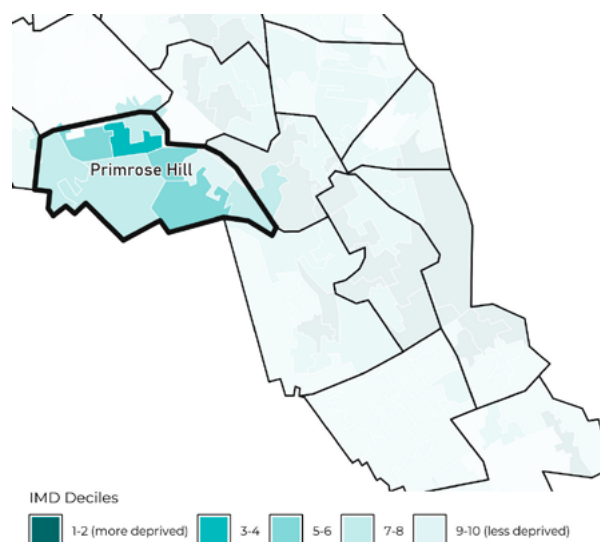


CENTRAL NEIGHBOURHOOD

Primrose Hill

Primrose Hill has an estimated population of **2464** under 18 year olds, with **60.47%** aged under 11 and **39.53%** aged 11 and older.

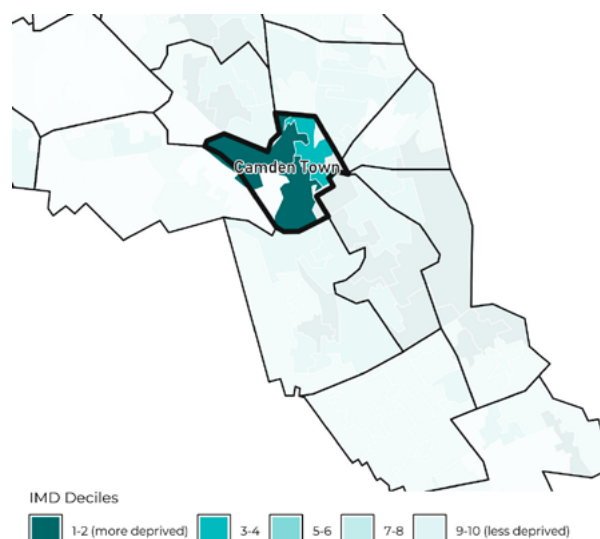
- **1551 (27.41%)** households live in social housing
- **36%** of under 5 year olds are using Family Hubs
- **688** children attend Camden-maintained schools.
- **140 (5.29%)** under 19 years old are disabled
- **327 (2.5%)** households have limited English proficiency
- **15%** of 4-5 year olds are overweight
- **40%** of 10-11 year olds are overweight



Camden

Camden Town has an estimated population of **968** under 18 year olds, with **56.71%** aged under 11 and **43.29%** aged 11 and older.

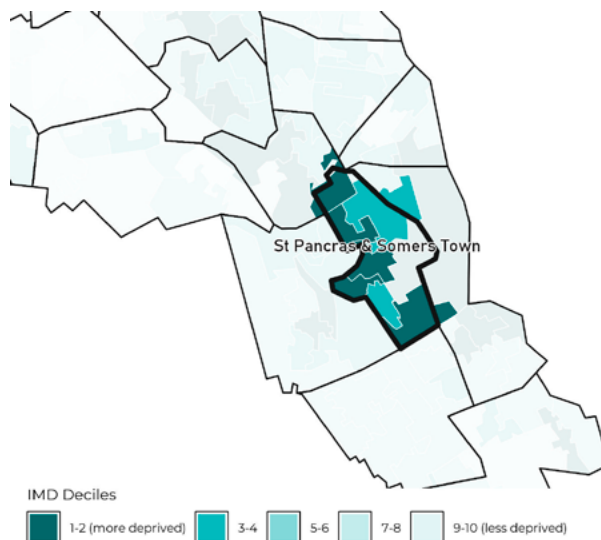
- **1080 (38.35%)** households live in social housing
- **56%** of under 5 year olds are using Family Hubs
- **544** children attend Camden-maintained schools.
- **72 (6.74%)** under 19 years old are disabled
- **188 (3.9%)** households have limited English proficiency
- **8.9%** of 4-5 year olds are overweight
- **50%** of 10-11 year olds are overweight



St Pancras & Somers Town

St Pancras & Somers Town has an estimated population of **2465** under 18 year olds, with **56.63%** aged under 11 and **43.37%** aged 11 and older.

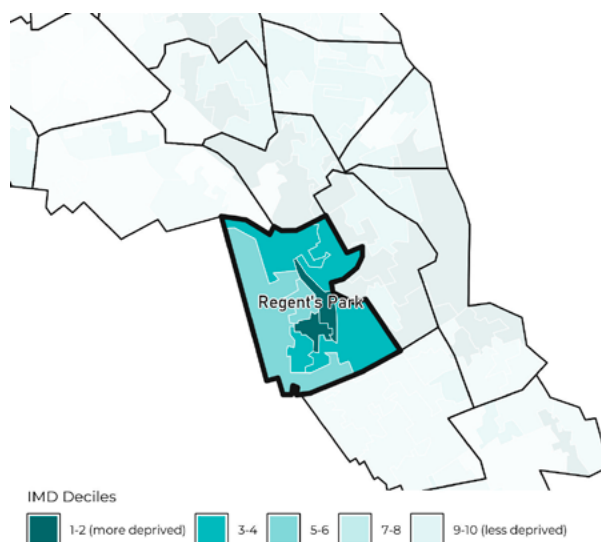
- **58%** of under 5 year olds are using Family Hubs
- **1606** children attend Camden-maintained schools.
- **206 (7.49%)** under 19 years old are disabled
- **574 (4.3%)** households have limited English proficiency
- **19%** of 4-5 year olds are overweight
- **41%** of 10-11 year olds are overweight



Regent's Park

Regent's Park has an estimated population of **2135** under 18 year olds, with **55.27%** aged under 11 and **44.73%** aged 11 and older.

- **2550 (51.35%)** households live in social housing
- **60%** of under 5 year olds are using Family Hubs
- **1070** children attend Camden-maintained schools.
- **141 (5.89%)** under 19 years old are disabled
- **465 (4%)** households have limited English proficiency
- **15%** of 4-5 year olds are overweight
- **39%** of 10-11 year olds are overweight

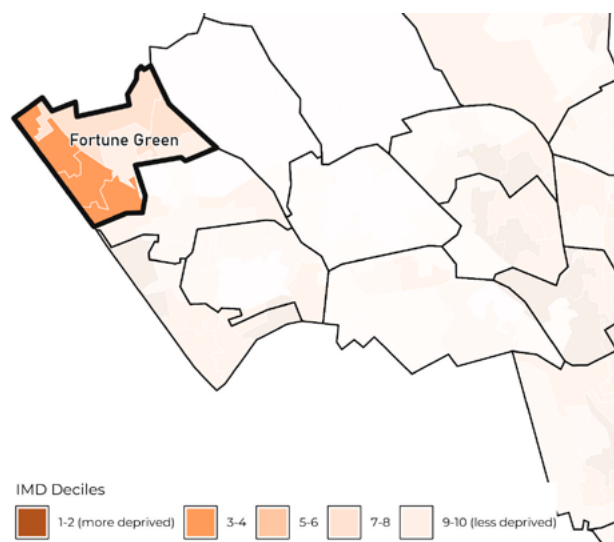


WEST NEIGHBOURHOOD

Fortune Green

Fortune Green has an estimated population of **2054** under 18 year olds, with **59.4%** aged under 11 and **40.6%** aged 11 and older.

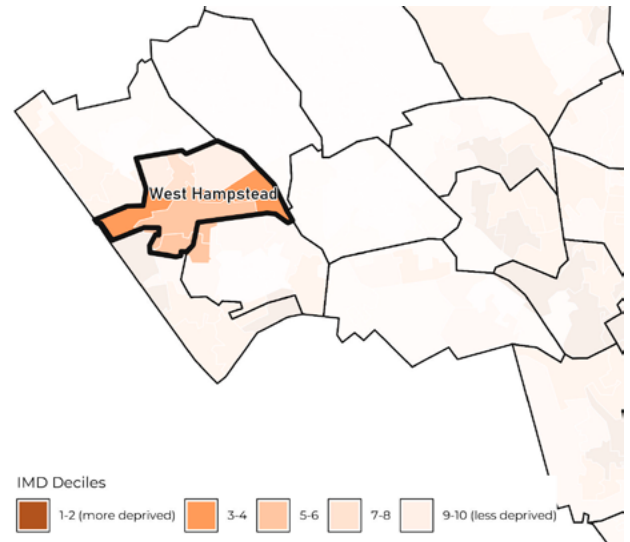
- **894 (17.65%)** households live in social housing
- **50%** of under 5 year olds are using Family Hubs
- **729** children attend Camden-maintained schools.
- **130 (5.98%)** under 19 years old are disabled
- **294 (2.7%)** households have limited English proficiency
- **18%** of 4-5 year olds are overweight
- **30%** of 10-11 year olds are overweight



West Hampstead

West Hampstead has an estimated population of **1650** under 18 year olds, with **61.52%** aged under 11 and **38.48%** aged 11 and older.

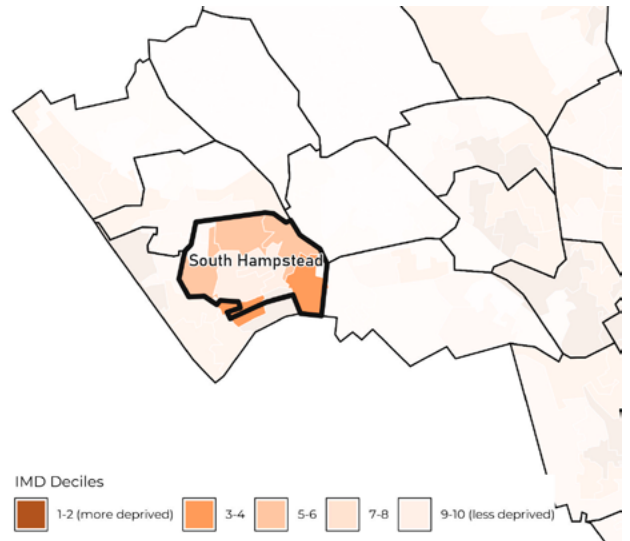
- **1224 (22.91%)** households live in social housing
- **52%** of under 5 year olds are using Family Hubs
- **557** children attend Camden-maintained schools.
- **99 (5.52%)** under 19 years old are disabled
- **20%** of 4-5 year olds are overweight
- **28%** of 10-11 year olds are overweight



South Hampstead

South Hampstead has an estimated population of **2103** under 18 year olds, with **64.53%** aged under 11 and **35.47%** aged 11 and older.

- **3117 (20.57%)** households live in social housing
- **46%** of under 5 year olds are using Family Hubs
- **607** children attend Camden-maintained schools.
- **102 (4.47%)** under 19 years old are disabled
- **281 (2.5%)** households have limited English proficiency



Kilburn

Kilburn has an estimated population of **2396** under 18 year olds, with **61.48%** aged under 11 and **38.52%** aged 11 and older.

- **2350 (42.27%)** households live in social housing
- **59%** of under 5 year olds are using Family Hubs
- **777** children attend Camden-maintained schools.
- **131 (5.22%)** under 19 years old are disabled
- **527 (4.9%)** households have limited English proficiency
- **25%** of 4-5 year olds are overweight
- **47%** of 10-11 year olds are overweight

