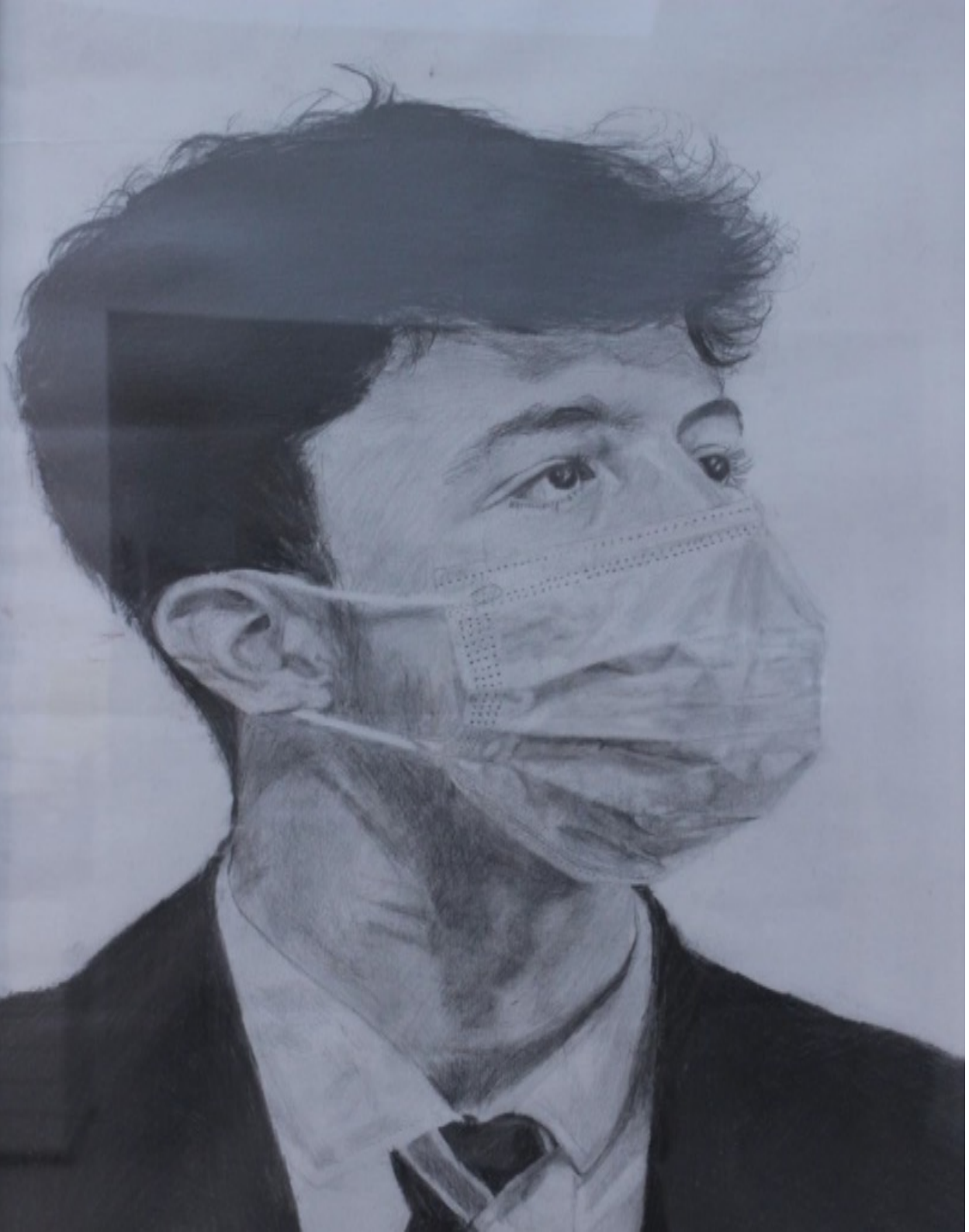
Annual Public Health Report 2023

Adolescent health and wellbeing in Camden

Camden



Artwork produced by young people attending schools in Camden is showcased throughout the report. Schools included:

Acland Burghley School
LaSWAP Sixth Form Consortium
Parliament Hill School
Regent High School

The young people were asked to create artwork based on the theme of health and wellbeing and how it impacts young people as part of a school-based art competition.

Nour, 16 years old
'Carrying On'
Regent High School

Contents

Foreword

Each year, Directors of Public Health in local authorities across England fulfil a statutory requirement to write an independent report on the health of their population. The Annual Public Health Report (APHR) highlights health and wellbeing needs of our community as well as providing information and evidence on key issues which partners should prioritise in the forthcoming year. This year I have focused on the health and wellbeing of adolescents in Camden. This report reflects Camden's continued commitment to supporting our young people to fulfil their potential.

We have structured the report around five key themes. Within each chapter we describe and analyse the current needs of adolescents with a particular focus on inequalities and make a series of recommendation for partners.

The first chapter explores physical activity, food and healthy weight. Adolescence is a time of life marked by variety of physical, behavioural, emotional and social change which influence health behaviours. This period is a unique opportunity to embed and promote positive health behaviours which can support young people as they move into adulthood.

Chapter two details how positive mental health is a foundation for adulthood and underpins resilience and risk navigation. However, adolescence is a key period for the onset of many mental health conditions. The Covid-19 pandemic has significantly increased the number of young people who report poor mental health, and many young people found their routines and structures disrupted. We have found that the prevalence of mental health disorders increases as young people enter young adulthood and while Camden has good quality services the levels of need are high compared to provision.

Chapter three and four explore some of the risk and protective factors for both mental and physical ill health including safety and violence, employment, education and training. Perceptions of safety and exposure to violence is a key risk factor. There are deep inequalities, experienced by victims and also by offenders, which often correlate with deprivation, and social and economic factors such as worklessness, and poor mental health. These require public health informed approaches to address the drivers and act preventatively.

Major physical long-term conditions in adults are relatively uncommon in young people, although the long-term risks for developing these conditions in adults may become established in youth. In the final chapter we examine how we can improve physical health and the management of long-term conditions in particular diabetes and asthma. There are challenges for how health services engage young people and work with them to support them to take on increasing responsibility for their own healthcare.

As part of the report's development, we engaged with a number of young people to seek to understand what health and wellbeing means to them. I am very grateful for their time and insight and for sharing moving and personal accounts of their experiences of health, healthcare and the Covid-19 pandemic. I would also like to thank the young people who submitted their art for cover and chapters and who have so creatively conceptualised what good health and wellbeing means to them.

Kirsten Watters FFPH, Director of Health and Wellbeing

Introduction

The report focuses in particular on the needs of adolescents and uses intelligence from young people aged 11-19 and up to 25 in certain instances. The use of this wider age range at points, is to reflect the fact that the needs of adolescents continue into adulthood, while ensuring the needs of our more vulnerable groups of young people including our looked after children (LAC) and those with special education needs and disabilities (SEND) are better considered. It is not intended to be a comprehensive review of all the health and wellbeing issues that affect young people.

The first chapter is on Physical Activity, food and health weight (Chapter 1). In adolescence, young people may form or experiment with new behaviours and develop increasing independence in decision-making that affects their health. Protective and risk influences from childhood remain important, but new and changed behaviours in youth can set the pattern for a lifetime, as well as having more immediate impacts on the health of young people.

One of the biggest preventable causes of early ill health and death in Camden is obesity. Obesity has important roots in youth and early experience of inequality and disadvantage. Obesity is a cause of many early and preventable conditions that impact on physical and psychological health and increase the risk of disability, and is one of the most important, preventable causes of premature deaths. Adolescence therefore represents a crucial period for prevention and early intervention to support good health for young people, promote the chances of a long and healthy life, and reduce the risks of ill health and premature mortality.

Adolescence can be a particularly challenging time for psychological health and wellbeing and it is a key period for the first onset of many mental health conditions (Chapter 2). Suicidal ideation is more common, and self-harm and eating disorders are at their peak in adolescence and early adulthood.

Mental health conditions are common in almost all groups of young people, but rise strongly in groups experiencing deprivation, disadvantage and discrimination, and are markedly higher in young people living in the most deprived areas of the borough, in Black communities, LGBTQ+ groups and other vulnerable groups.

Mental health conditions pass over time for some young people, but for others they can go on to become longer-term vulnerabilities. Generational and societal attitudes towards, and understanding of, mental health have progressed significantly, and this is reflected in national and local strategies which seek to prevent and intervene earlier in mental health conditions and provide care in schools and other young people's settings, as well as through new online

support. However, the levels of need are high compared to service provision, and the experience of Covid-19 has further increased levels of need, especially in those with pre-existing vulnerabilities.

The report also considers youth safety, and specifically the complex issue of how serious violence involves affects young people (Chapter 3).

Serious youth violence causes significant and often lasting physical and psychological injury and trauma. About 1% of serious youth violence results in homicide. It exerts much wider concerns and fears affecting young people and their families and the community. Deep inequalities are experienced by victims and also by offenders, closely correlated with high levels of deprivation, other social and economic stressors such as long-term worklessness, and levels of mental health need, among other factors.

This is an area where public health informed approaches seek to understand and act preventatively on the underlying drivers of youth violence and take a community-wide response to violence reduction as part of wider programmes of action on risk.

Education is a potent protective factor for health (Chapter 4). Educational attainment and high-quality vocational training open a host of horizons, including improved employment prospects, higher income and better quality of life.

Inequalities in educational outcomes are an important contributory factor to health inequalities experienced by different groups. Young people and young adults in employment are much more likely to be in insecure or 'gig'-style jobs compared with older and more established workers. They will also be far more likely to change careers during their working lives. This highlights the importance of equipping young people with the right skills and abilities for the future, and the importance of acting to create good, sustainable employment for local young people.

Supporting young people to thrive and reach their potential during this key phase for education, training and first steps into employment has immediate positive impacts, together with lifelong benefits.

Adolescence is generally a period when most young people enjoy good physical health, but this is not universal (Chapter 5). The most common chronic physical health need in adolescence is asthma. Major physical long-term conditions in adults such as cardiovascular disease, diabetes and cancer are relatively uncommon in young people, although the long-term risks for developing these conditions in adults may become well-established in youth and already be affecting their general health and quality of life.

There are challenges for how health services and young people interact and work together, as young people take on increasing responsibility for their own healthcare, and new ways of delivering long-term conditions care have been developed to help address this.

Each chapter includes a number of recommendations, drawing on engagement with partners, and we will continue to work collaboratively to progress them.

More generally, this report improves our collective understanding and appreciation of the challenges that young people face in a modern and fast-moving society, with the effects of the Covid-19 pandemic still being experienced, as we work together to make Camden a more equal borough.

Executive summary

Camden's 2023 APHR focuses on adolescent health and wellbeing. Adolescence is a critical developmental period marked by significant biological, social, psychological and behavioural changes with long-term implications for health and wellbeing. This cohort has also been affected by the impact of the Covid-19 pandemic, which has highlighted and deepened inequalities.

The report is not intended to be a comprehensive review of all health and wellbeing issues affecting adolescents, but it explores how they are affected by five important areas, alongside some key recommendations for the future. These areas are:

1. Physical activity, food and healthy weight

2. Mental health

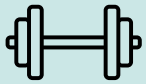
3. Safety and violence

4. Education, employment and training

5. Long-term conditions.

Chapter 1: Physical activity, food and healthy weight

Behaviours established during adolescence and young adulthood influence a person's health throughout their life. However, healthy eating and physical activity become less common as young people move through adolescence.

Three example recommendations:	
	1. Support **girls, boys from Black ethnic groups** and **young people living in areas of deprivation** to return to sport and **physical activity**.
	2. Work in partnership with the school catering provider and schools to provide a **quality food offer** and support families to take up their eligibility for **free school meals**.
	3. Explore local levers for promoting the availability of **healthy and affordable food on high streets**.

Chapter 2: Mental health

Adolescence is a formative period for immediate and long-term mental health and wellbeing. It marks a period of major educational, social and psychological transition, all severely disrupted during the pandemic.

Three example recommendations:

1. **Align current service provision with the THRIVE framework**, helping to reduce the gap between need and access to services.

2. **Maintain the reduced waiting times for specialist eating disorder services**. Develop wider prevention and promotion work, including increasing the awareness and understanding of eating disorders and body image issues.

3. **Improve ethnicity data** on access and outcomes in all mental health and wellbeing services in order to address inequalities in mental health.

Chapter 3: Safety and violence

Violence is driven by, and contributes to, inequality, and perpetuates cycles of trauma for individuals and communities. In Camden, we believe that, by continuing to take a public health approach focusing on root causes and prevention, we can break this cycle and empower young people to thrive.

Three example recommendations:

1. Ensure that there is a strong focus on **early intervention and prevention** and a persistent focus on addressing the experience of trauma in children and their family's lives to reduce offending and re-offending.

2. Continue to deliver and **promote accessible and engaging youth services**, to provide a positive alternative to entry into gangs, crime or violence, with a particular focus on groups and communities less likely to engage.

3. Improve the relationship between **communities and the police**, including addressing the lack of trust that many young people have, especially those from Black communities.

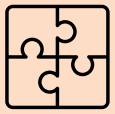
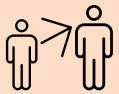
Chapter 4: Education, employment and training

Education is vital to preparing young people for life and equipping them with the knowledge and skills to thrive in the next stage of their development, whether they opt for further education, employment or training. Good secondary education sets the scene for further education, and better jobs and training opportunities.

Three example recommendations:	
	1. Continue to **support disadvantaged pupils** with access to technology and study space so that inequalities in access to out-of-class study are reduced.
	2. Encourage more Camden businesses to **provide young people with work experience across all employment sectors**.
	3. Ensure that the **young people furthest from the labour market**, at risk of unemployment or unemployed, inactive or NEET, are offered **intensive support** and personalised information, advice, and guidance.

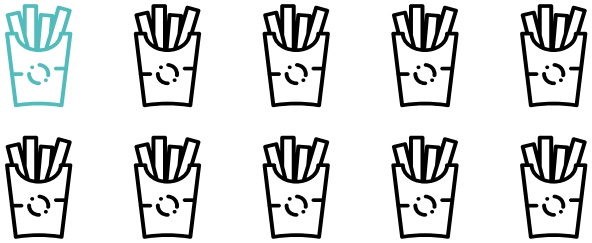
Chapter 5: Long-term conditions

There are multiple risk factors for the development of long-term conditions in adolescence, including genetics, prenatal exposures and environmental determinants. Some of these factors are preventable. Accurate diagnoses, early treatment and effective management of long-term conditions are critical to minimise their impact on young people's lives.

Three example recommendations:	
	1. **Ensuring a whole systems response** (not just a health system response): Services need to be commissioned in a seamless integrated fashion across the entire pathway from prevention and self-management to in hospital and out of hospital care.
	2. Ensuring **increased support for young people from black, asian and other minority ethnic groups, and those living in areas of greater deprivation**, who are generally at greater risk of developing long-term conditions and more likely to need urgent or emergency care than other groups.
	3. Improve the **transition into adult services**.

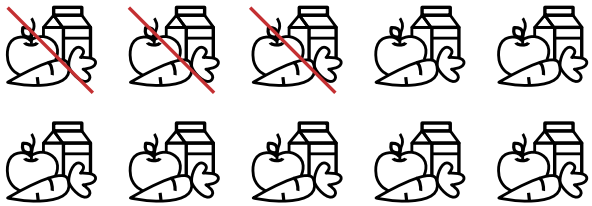
1. Physical activity, food, and healthy weight

Takeaway food [1]



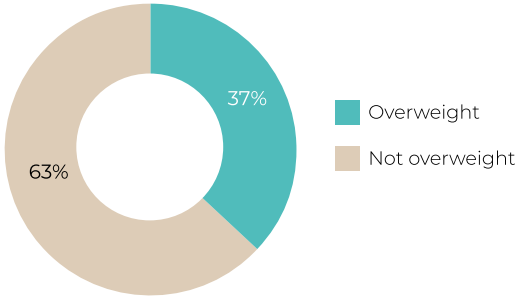
More than **1 in 10** (11%) students in Year 8 and Year 10 said that they **had eaten take-away food** on most days, or every day, in the last week.

Eating habits [1]



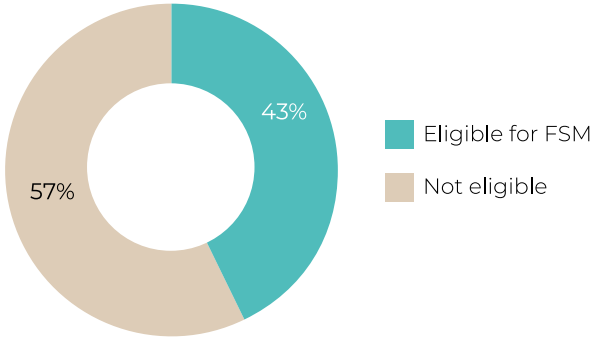
Nearly **3 in 10** (29%) students in Year 8 and Year 10 said that they had **nothing to eat or drink** before lessons on the morning of the survey.

Child obesity [2]



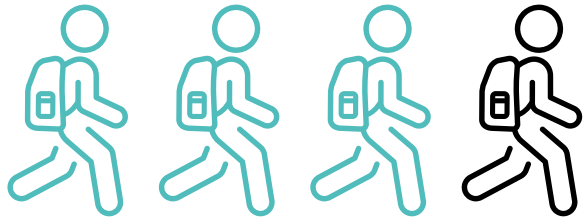
More than **1 in 3** (37%) children leaving primary school in Camden are **overweight/very overweight**

Free school meals [3]



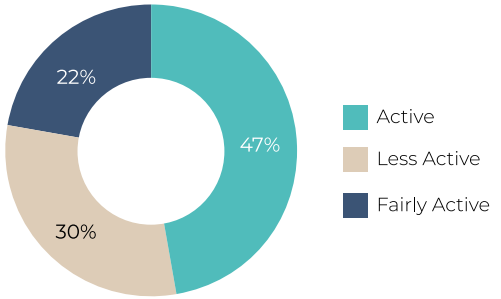
Around **2 in 5** (43%) secondary school students living in Camden are **eligible for Free School Meals**.

Active travel [1]



Nearly **3 in 4** (71%) students in Year 8 and Year 10 **usually walk to school**, and 2% usually cycle or scoot.

Physical activity [4]



Around **1 in 2** (47%) students in Year 7 and Year 11 across London are considered to be **sufficiently active**, and 30% are estimated to be inactive.

Source: [1] 671 students in Year 8 and 641 students in Year 10 completed the Health Related Behaviour Questionnaire 2021/22; [2] NCMP (2021/22); [3] School Census data (2021); [4] Sport England (2021/22).

1: Physical activity, food, and healthy weight

Introduction

Adolescence is a time where young people start to gain more independence in making their own decisions on what food they eat and how physically active they are. As well as individual choices and preferences, a range of other factors shape these behaviours, including the environment young people live in, the friends they socialise with, their household income and the influence of their family, culture and wider community.

Behaviours established during adolescence and young adulthood influence a person's health throughout their life. However, healthy eating and physical activity become less common as young people move through adolescence; the amount of time spent being sedentary tends to increase.

Food intake and physical activity levels can also affect a person's weight, and those living in higher areas of deprivation and in certain ethnic groups are more likely to experience being overweight or obesity. This is particularly concerning for adolescents, as those living with obesity are more likely to continue being above a healthy weight during adulthood and have an increased risk of developing some long-term conditions.

The Covid-19 pandemic had a further impact on young people's behaviours in relation to food and physical activity:

- The financial impact of the pandemic moved more families into food insecurity, affecting their ability to access healthy food.
- Young people used food to cope with low mood or anxiety linked to the Covid-19 pandemic.
- Lockdowns and school closures led to more children and young people eating less nutritious and more calorie-dense snacks and meals, with the poorest families disproportionately affected.
- Many young people had fewer opportunities to be active due to lack of space at home, and the periodic closure of schools and extra-curricular activities.
- Prevalence of obesity among children in Year 6 increased, compared to pre-pandemic levels. Across England, those living in more deprived areas are more likely to experience obesity than children living in less deprived areas.

The cost-of-living crisis has continued to impact the food security of young people and their families. This is likely to affect their behaviours around food and physical activity, although the full impact is currently unknown.

Local insight

Food

Food plays a central role in all our lives, and young people are growing up in a modern food system designed to shape food choices and win brand loyalty. Research also suggests that the strongest influences on young people's food choices are based on taste, price, something that would 'fill them up', and convenience[1].

Healthy eating becomes less common as young people move through adolescence. One-in-five young people surveyed from Year 8 and Year 10 in Camden said that they had eaten at least five portions of fruit and vegetables the day before the survey, compared to nearly two-in-five children of primary school age[2].

Did you know? The maximum recommended intake of free sugars per day for young people is 30g (or seven cubes). However, on average young people aged 11–18 consume nearly 55g per day. The biggest contributor of free sugars for this age group is soft drinks[3].

Did you know? In England, 45% of secondary school students' dietary energy comes from foods high in saturated fat, salt or sugar, and 65 % of their dietary energy comes from ultra-processed foods[4].

More than one in ten young people in Camden secondary schools said that they had eaten take-away food on most days in the week before completing the survey[5]. Fast food outlets are concentrated in areas of the country that already have high levels of deprivation and obesity[6]. These places often provide a safe space for young people to socialise with friends. There are nearly 140 hot food takeaway outlets in Camden, which is equivalent to 51 outlets per 100,000 people (see Figure 1.1). This is lower than the England average of 96 hot food takeaway outlets per 100,000 people[7]. However, local young people say that having access to hot food takeaways makes it more difficult to choose healthier food[8].

Quotes from the St Pancras and Somers Town Partnership focus groups[9].

'If there's lots of sweet food at home it's harder to choose the healthy option.'

'If you're at home, you're more than likely to eat what your parents make and if they're not prone to making healthier decisions you just eat what they make.'

'I've talked to my mum and now we plan meals together so we both know what we want.'

'There are lots of takeaways. It is easier to buy burgers and chips.'

'Fatty food and junk food [is] everywhere so you get more attached to them.'

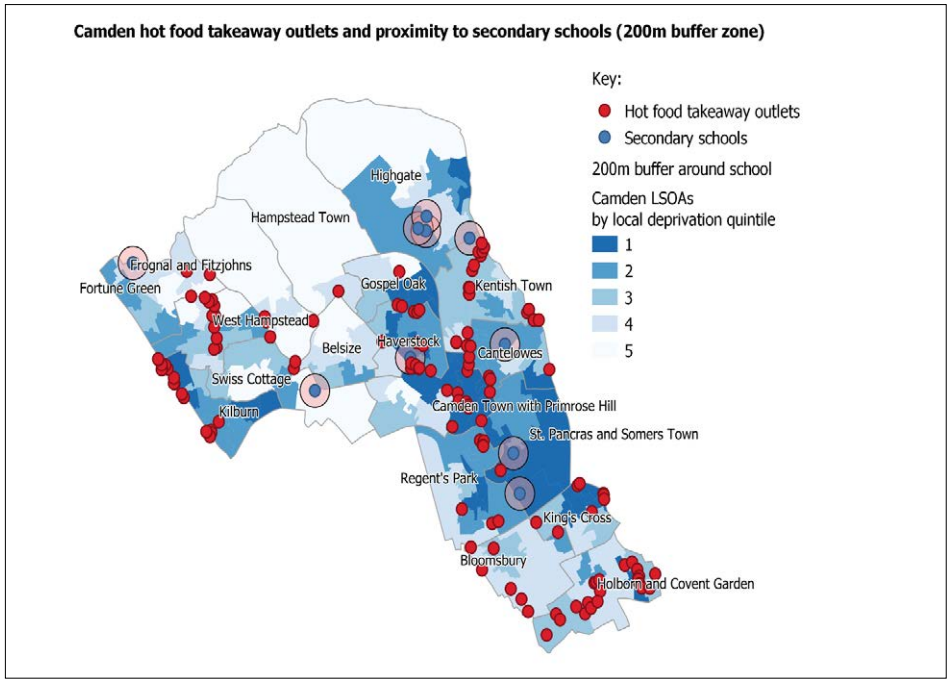


Figure 1.1 Location of hot food takeaway outlets in Camden, and their proximity to secondary schools and areas of deprivation (Lower Super Output Area, LSOA).

Targeted advertising and promotions of foods which are high in fat, salt and sugar also influence children's food preferences and how much they eat[10].

Did you know? A survey in 2018 showed that 43% of all food and drink products located in prominent areas in shops, such as store entrances, checkouts and aisle ends were for sugary foods and drinks[11]. End of aisle displays have also been shown to increase sales of soft drinks by over 50%[12].

Artist: Naveen, 11 years old, Acland Burghley School

Quotes from the St Pancras and Somers Town Partnership focus groups[13].

'Supermarkets are clever – for example sweets at the front by the checkout area in [name of shop].'

'The wrong types of food tend to be on offer – for example cakes in NISA [Nisa Retail Limited].'

'Videos and TV adverts make you want to eat junk food.'

The proportion of students in Years 8 and 10 in Camden who report not eating anything for breakfast increased from 22% in 2017[14], to 29% during the 2020/21 academic year[15]. This is a concerning trend as breakfast consumption in adolescents has been found to improve cognitive function and academic performance at school[16].

Food insecurity is the inability to afford, or have access to, food to have a healthy diet. Before the Covid-19 pandemic, over 20,000 people in Camden were estimated to be experiencing moderate or high levels of food insecurity[17]. This increased across the country during the pandemic, and households with a single parent, or more than three children in the home, were more likely to experience food insecurity than other households[18].

For some families, loss of income or financial difficulties led to an increased consumption of cheaper and less nutritious foods. Following the pandemic, the cost-of-living crisis has placed additional pressure on households. National figures suggest that the percentage of households with children that are experiencing moderate or severe food insecurity was 26% in September 2022, compared to 12% at the start of the year in January 2022[19].

Free school meals (FSM) can provide a healthy and nutritious meal to young people at risk of food insecurity. 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. Eligibility for FSM increased across all ethnicities between Spring 2020 and Spring 2021 (see Figure 1.2).

The national closure of schools during the Covid-19 pandemic led to significant efforts to ensure that young people eligible for FSM were supported to access food. This included the provision of food hampers and vouchers, as well as the introduction of the national Holiday Food and Activity Scheme in 2021.

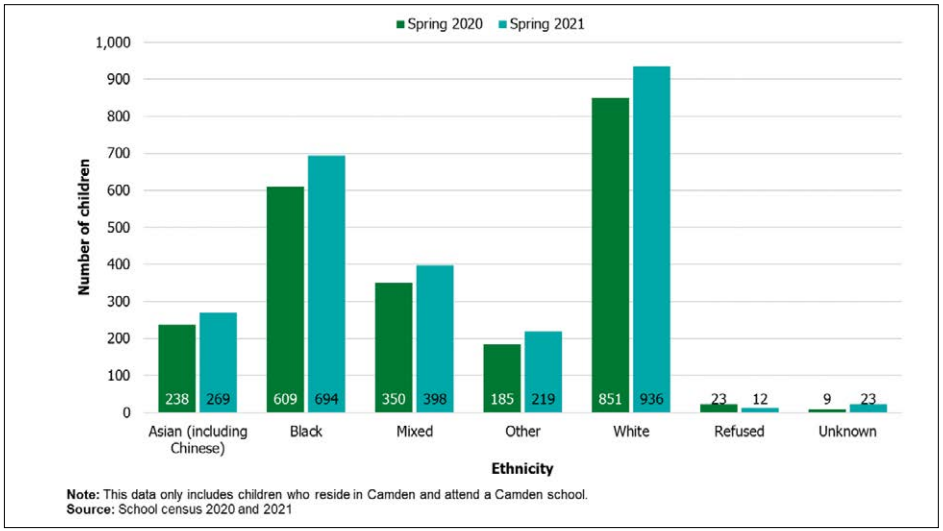


Figure 1.2 Comparison of Camden secondary school pupils eligible for Free School Meals (FSM in January 2020 and January

Physical activity

Young people's participation in physical activity is linked to a range of benefits for health and wellbeing[20], as well as being associated with higher academic performance[21]. Despite the

benefits of being active, young people's physical activity levels tend to decrease as they get older while the amount of time they spend being sedentary increases.

Did you know? Young people are encouraged to aim for an average of at least 60 minutes of moderate to vigorous physical activity every day to develop movement skills, muscular fitness and bone strength[22].

Active: doing an average of 60+ minutes of physical activity a day.

Fairly active: doing an average of 30–59 minutes of physical activity a day.

Less active: doing less than an average of 30 minutes of physical activity a day.

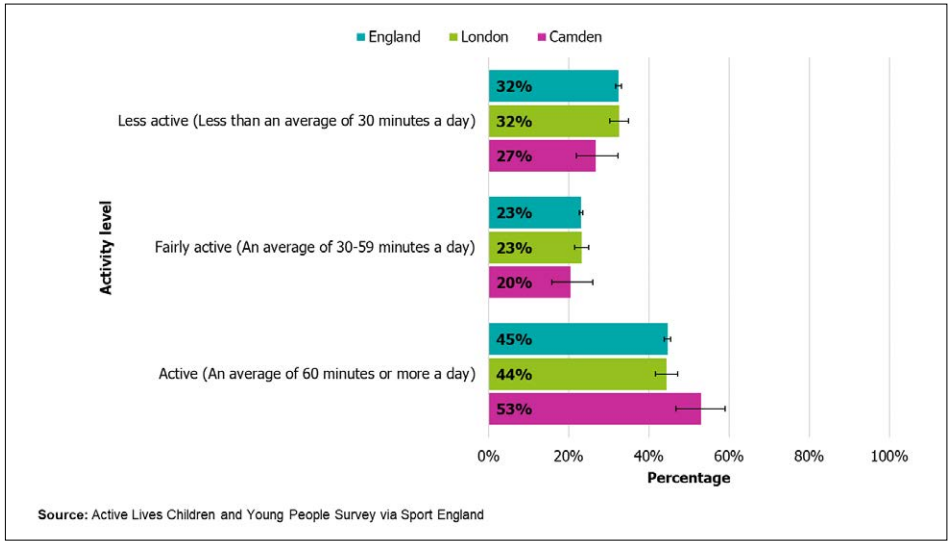


Figure 1.3 Comparison of physical activity levels of children and young people in Camden, London and England during the 2021/22 academic year.

In Camden, 53% of children and young people in Years 1 to 11 are considered to be active, which is not statistically significantly different to London and national figures[23].

Active travel to school is one way to help young people meet their daily recommended amount of physical activity, while also reducing car usage. Nearly three-quarters (71%) of Camden students in Years 8 and 10 say that they usually walk, cycle or scoot to school[24].

Girls in secondary schools are less likely to participate in physical activity than boys, and this gap widens as they get older. Girls say that a range of reasons prevents them from taking part in physical activity. This includes feeling self-conscious (particularly in front of boys), having a lack of choice over activities during physical education (PE) lessons, being on their period and having to prioritise schoolwork instead of being active[25]. Young people also say that feeling unsafe can also be a barrier to being active in the local community[26]. This could be due to activity sessions finishing late or concerns about their safety.

As a result of the Covid-19 pandemic, some young people have had less opportunity to be active, and restrictions triggered an increase in the amount of time spent being sedentary. Across England, 42% of secondary school boys in Year 7–11 were estimated to be active during the 2020/21 academic year, in comparison to 49% during the 2018/19 academic year[27].

When local students in Year 8 and Year 10 were surveyed in 2017, 39% of girls said that they hadn't completed 60 minutes of physical activity on any day in the week before the survey[28] and this decreased to 37% during the 2021/22 academic year[29]. In comparison, 28% of boys did not complete 60 minutes of physical activity on any day in the week before the survey in 2017[30], and this stayed the same (28%) during the 2021/22 academic year[31].

Organised sport is a key contributor to activity levels among secondary age boys. Therefore, the disruption of schools and sports clubs during the Covid-19 pandemic is thought to have particularly impacted the activity habits for boys. Nationally, physical activity levels of Black boys were disproportionately affected during the pandemic, compared to other ethnicities. During the 2018/19 academic year 44% of Black boys and 48% of white British boys were active[32]. During the 2020/21 academic year, levels remained stable for white British boys, but reduced to 36% for Black boys[33].

Nationally, activity levels of children and young people from the least affluent families have also been disproportionately affected during the pandemic. 39% of children and young people from low affluence families were active during the 2020/21 academic year, compared to 43% during the 2018/19 academic year[34]. In contrast, 51% of children from high affluence families were active during the 2018/19 academic year, and this figure stayed the same during the 2020/21 academic year[35 36].

Healthy weight

As outlined in Figure 1.4, more than one in three children leaving primary school in Camden are overweight or very overweight[37]. Over the past 10 years, the prevalence of overweight or very overweight among children in Year 6 in Camden has been significantly higher than the England average. However, the latest figures demonstrate that prevalence of overweight or very overweight among Camden Year 6 pupils is now similar to England, and is significantly lower than the London average[38].

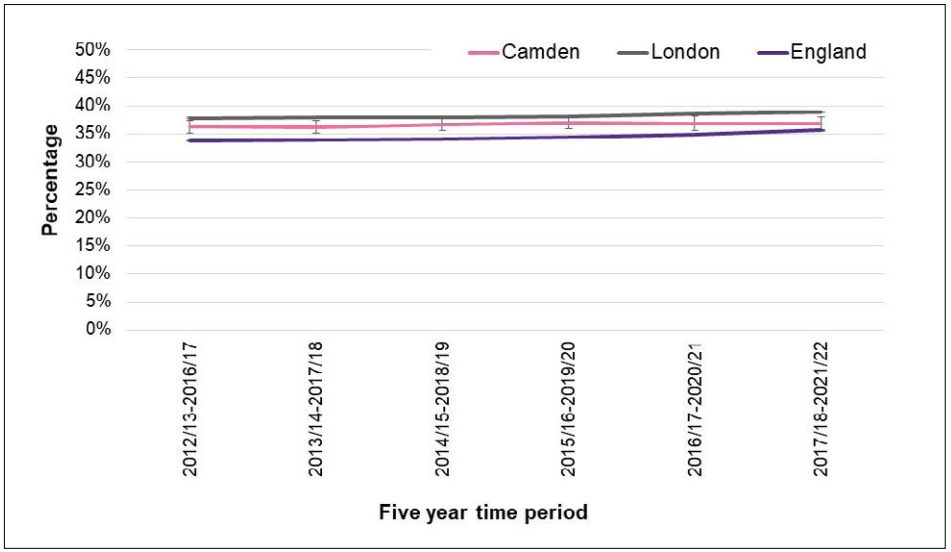


Figure 1.4 Prevalence of overweight (including very overweight) in Year 6 (10–11 years), 5-years data combined Camden resident population 2012/13–2016/17 to 2017/18–2021/22.

Note: The 2021/22 results are not included in the average figures as sample size was too small to be representative of the borough. Children are classified as overweight (including obese) if their body mass index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex. This proportion refers to children living in Camden and may include Camden residents who attend a school in another borough.
Source: OHID Fingertips Obesity profile

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[39]. Year 6 pupils living in the most deprived areas of Camden were also significantly more likely to be overweight or very overweight than those living in the least deprived areas of the borough[40].

This is a concerning trend for young people, as excess weight in adolescence can impact on a young person's mental health and wellbeing[41]. It is also a predictor for obesity in adulthood[42], which increases the risk of certain long-term conditions such as diabetes, cardiovascular disease and some cancers[43].

Quote from sixth form students in Camden who participated in Transitions to Adulthood focus groups[44]

'People think physical activity will help lose weight but [it] needs to be with healthy eating.'

Promoting a healthy weight, while also preventing negative perceptions around body image, can be particularly challenging during adolescence. Worrying about body image is common among young people and, although this affects both boys and girls, research suggests that girls are more likely to be dissatisfied with their appearance than boys[45]. Social media use appears to be associated with body image disturbance[46], and research also suggests that young people with poor perceptions of their own body image may be less physically active[47].

Peers begin to play a greater role in reinforcing what an ideal body looks like during adolescence. In Camden, 30% of girls in Year 8, and 39% of girls in Year 10 have been picked on or bullied about their size or weight. This compares to 20% of boys in Year 8 and 19% of boys in Year 10[48].

55% of girls in Years 8 and 10 say that they would like to lose weight. In comparison, 9% of boys in Year 8 say that they would like to gain weight, rising to 21% of boys in Year 10[49].

What works in Camden?

Supporting children and young people to eat well and be physically active provides a good foundation for their future health and wellbeing as they approach adulthood. It is important to consider the factors which impact these behaviours, such as the influence of peers and family members, cultural norms, the school community and the local environment.

The Healthy Schools Programme

The Camden Healthy Schools programme supports schools to take a whole-school approach around promoting physical activity, healthy eating and working towards achieving the Healthy Schools Award. This includes teaching about cooking and nutrition, making healthier choices and providing opportunities to be physically active before, during and after school.

Camden holiday activity and food programme

Through the national holiday activity and food programme, the Young Camden Foundation and Camden Council worked in partnership to expand the provision of activities for children and young people eligible for FSM. Children and young people taking part were given at least one meal a day, alongside nutrition education aimed at improving knowledge and awareness around healthy eating. Over 1,300 children and young people attended the 2021 Easter provision, and more than 2,554 benefited during the following summer holiday. Young people had an opportunity to participate in a two-day entrepreneurship project to learn about money and how to create their own business.

Quote from a young person who participated in the entrepreneurship project:

'In Camden, I think we should have more opportunities like this. It was a good experience, and I think we have all really benefited from it.'

Friday Night Project

The Friday Night Project runs on the first Friday evening of every month at Talacre Community Sports Centre and since restarting after the pandemic has been free to attend. The initiative provides an opportunity for 12–17-year-olds to be active and socialise in a safe, supportive and neutral environment. Activities such as football, basketball, trampolining, boxing and dance are on offer, and sessions are led by staff and volunteers with extensive experience of working with young people.

Healthy weight support

For young people who need additional help, a weight management pathway for 12–18-year-olds offers a range of support services:

- The Healthy Living Service forms part of the school nursing offer and provides one-to-one weight management support for young people.
- An Enhanced Healthy Living Service supports young people with complex cases through bringing together a variety of professionals and taking a psychologically informed approach. This is coordinated by The Brandon Centre.
- University College London Hospital (UCLH) offers a range of adolescent services, which includes specialist treatment for weight management.

The Brandon Centre also delivers a six-week parenting programme called Families, Food and Feelings. The course provides practical information and support on healthy role modelling, mealtime routines, trying new and healthier foods, setting boundaries, emotional eating, using appropriate rewards and praise, sleep and parenting styles. During the Covid-19 pandemic restrictions, this course was successfully delivered online.

Case study from the Families, Food and Feelings parenting course:

A parent of a 12-year-old child was referred to the Families, Food and Feelings course as their child was identified as being above a healthy weight, and the family needed further support in setting boundaries around screen time and sleep.

The parent said that the course helped them to use role modelling and setting more consistent boundaries. They reported having more awareness of the link between emotions and food, and now look for alternative ways to comfort their son rather than using food and screen time.

Recommendations

1. **Deliver interventions which prevent a drop-off in girls' participation in physical activity**: continue to address the drop-off in physical activity levels for adolescent girls through co-developing inclusive programmes with schools and local Pro-Active Camden partnership. This can be supported through national evidence-based campaigns such as This Girl Can.
2. **Support girls, boys from Black ethnic groups and young people living in areas of deprivation to return to sport and physical activity:** following a drop in participation during the pandemic for these groups, further insight in partnership with young people is needed to fully understand the barriers and potential solutions for increasing physical activity levels.
3. **Work in partnership with the school catering provider and schools to provide a quality food offer and support families to take up their eligibility for Free School Meals:** work in partnership with secondary schools and the catering provider to ensure that the school food offer is attractive to adolescents, supports healthy eating and is sustainable for the planet. In response to the cost-of-living crisis, schools, council support services, and voluntary and community organisations should proactively promote and support eligible families to take up Free School Meals.

Artist: Ben, 14 years old
Acland Burghley, Camden School

4. **Support professionals who are working with young people to promote consistent messages around healthy behaviours:** work with schools, youth clubs, and voluntary and community sector services to promote consistent and positive messages and opportunities around physical activity and healthy food.
5. **Ensure that weight management support services are joined up**: review the existing weight management pathway to support more integration between services. This should include ensuring that professionals can easily refer young people and their families to the most appropriate source of support.
6. **Explore local levers for promoting the availability of healthy and affordable food on high streets:** restrict the advertising of unhealthy food and drinks on council-owned estates.

2. Mental health

Mental health disorders [1]

In Camden it is estimated that **nearly 1 in 5 (19%) of 11-16 year olds** have a mental health disorder. This figure **increases up to 23% for 17-19 year olds**.

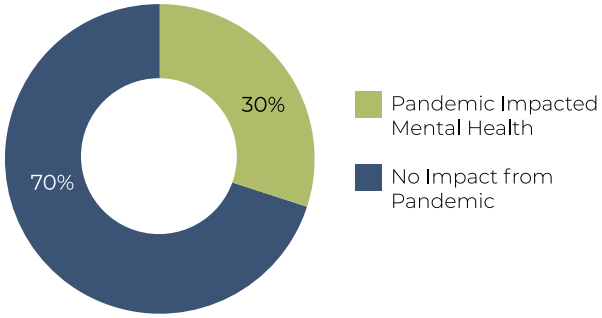
Predicted mental health service use [2]

6,810 additional people aged under 25 in Camden are predicted to seek help from mental health services over the next 2-3 years as a result of the pandemic.

Urgent eating disorder referrals [2]

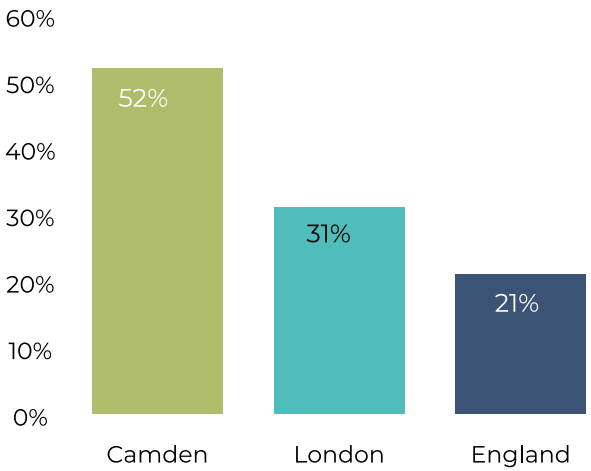
Proportion of referrals categorised as **urgent/emergency** in Camden has increased from 2018/19 to 2020/21.

Covid-19 and mental health [4]



7 in 10 (70%) young people in Camden said that the Covid-19 pandemic impacted their mental health and emotional wellbeing.

Proportion of children and young people living in social housing [2]



Children and young people living in social housing are **significantly more likely** to have a mental health disorder than the national average.

They are also **twice as likely** to have a mental disorder as those living in a house owned by parents or caregivers.

Source: [1] 671 students in Year 8 and 641 students in Year 10 completed the HRBQ in 2021; [2] Forecasting future demand for mental health services in light of Covid-19: Camden and Islington. (2021); [3] NCL Eating disorder services 2021; Mental Health of Young People in England 2017; [4] Camden Healthwatch 2021.

2. Mental Health

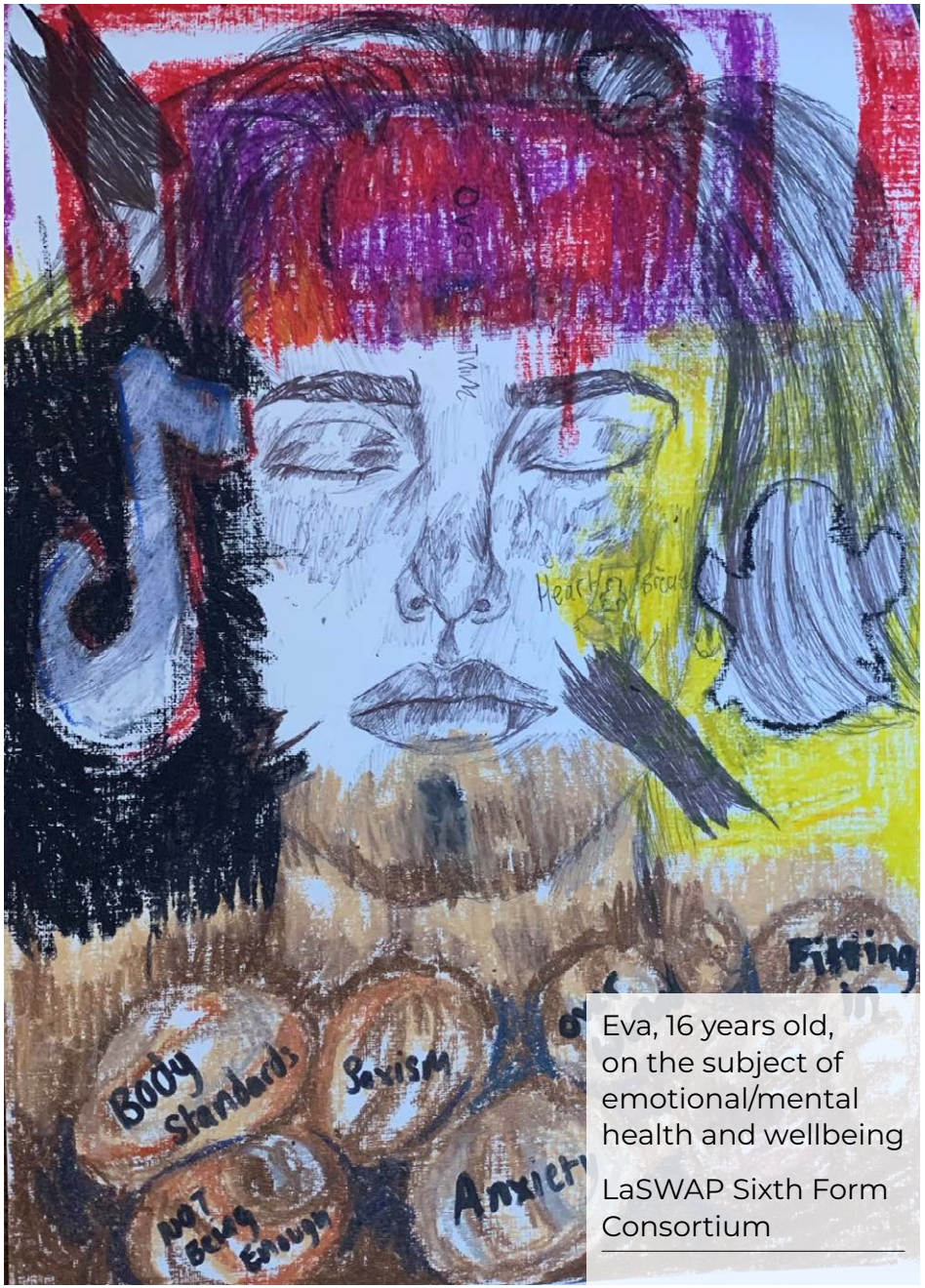
Introduction

Adolescence is one of the most crucial and formative periods in our lives for our immediate and long-term mental health and wellbeing. It marks not only a period of major physical changes to bodies and in our brains, but also a period of major social and psychological transition.

While the physical and social changes associated with adolescence are generally well understood, our understanding of the psychology of adolescence is changing. Developments in neuroscience, and the shift towards positive psychological approaches to emotional and mental health, are increasing our recognition of the extent and the extended nature of these changes, which start in adolescence and continue well into our early and mid-20s. These changes are profound.

As for physical health and wellbeing, the effects of biological changes in adolescence are accompanied by many other important societal and psychosocial changes. The transition from primary to secondary school, the increased importance of peer networks and societal expectations regarding moving towards of independence and adulthood are just some of many factors that will affect current and future mental health and wellbeing.

About a third of all people who experience mental health conditions will have had, or started, their first experience by the age of 14, half by the age of 18 and by the age of 25 this rises to



Eva, 16 years old, on the subject of emotional/mental health and wellbeing

LaSWAP Sixth Form Consortium

around two-thirds[50]. If left unaddressed, mental health issues which begin in adolescence can continue to adulthood. This is just one of many indicators which point to the importance of the protective and risk factors in childhood and adolescence for lifetime vulnerability to mental health conditions, as well as to the importance of early help and access to effective services. Anyone can experience issues with their mental health, and in the UK approximately one in six people experience a mental health problem each year[51].

Some young people are at increased risk of mental health conditions as they are more likely to be exposed to risk factors than their peers, such as those with special educational needs and disabilities (SEND), young carers, young people living in social housing or young people who are in care.

Early neglect and trauma can also impact every area of a young person's life, negatively affecting their capacity to regulate their emotions, process information, manage a formal educational environment and make close, trusting relationships, all of which are protective of mental health[52]. The level of trauma is often associated with adverse childhood experiences (ACEs), such as abuse, neglect or domestic violence. There is evidence to indicate that the more ACEs a child endures, the greater the risk they will have physical and mental health problems later in life[53].

The Covid-19 pandemic exacerbated this for some young people. The impact of the pandemic has been characterised by increased levels of anxiety and uncertainty, with a lack of school structure and social contact creating a sense of loneliness and disconnect from others[54 55]. The Covid-19 pandemic also brought with it new experiences of trauma through bereavement and significant or increased financial hardship, which are risk factors for mental health. In September 2021, an NHS survey found mental health problems for children aged 6 to 16 years had increased to one in six (17.4%) from one in nine (11.6%) in 2017[56].

The long-term impact of the pandemic on young people's mental health remains unclear. Local analysis forecast that there may be an increase of up to 20% of children and young people with new mental health conditions in Camden, with the most significant increases in depression and among those with pre-existing vulnerabilities[57].

There is some evidence to suggest that the disproportionate impact of the Covid-19 pandemic on Black, Asian and minority ethnic communities extended to the mental health and wellbeing of young people from these backgrounds, as compared to young people from white backgrounds[58].

As one example, the latest national data from Kooth, an online wellbeing platform for young people, found a greater proportion of service users came from Black, Asian and minority ethnic communities compared to the pattern of pre-pandemic use[59]. For both Black and Asian service users, there was a dramatic increase in those presenting with school or college issues compared to 2019 (+102% and +50% respectively).

Unfortunately, the national survey looking at the mental health of children and young people in 2021 did not allow for robust findings of the prevalence of mental health problems by ethnicity due to small numbers of children and young people from certain ethnic groups responding[60].

Building resilience during childhood and adolescence can have a protective impact on mental health throughout the life course; embedding trauma-informed practice can reduce the impact of trauma on young people[61].

What is trauma-informed practice?

Trauma-informed practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects a person's neurological, biological, psychological and social development. Understanding the impact of trauma on behaviour and relationships informs the ways that practitioners respond, equipping them with the tools and structures to support children and adults and to build their capacity for self-regulation.

Young people who are engaged in child and adolescent mental health services (CAMHS) are confronted with a significant challenge as they reach the age of 18. The transition to adult mental health services (AMHS) can create gaps in support for young people due to differences in pathways and thresholds for service eligibility.

This chapter focuses on the mental health concerns that are particularly relevant to adolescents in Camden, looking at the impact on certain population groups and what works for prevention.

Local insight

Good mental health and wellbeing is important for young people in Camden. When asked about concerns for students leaving school, sixth form head teachers and students felt that mental health was a top priority. It formed the 'foundations of life' and underpinned other issues and risk-taking behaviours.[62]

The latest major national survey, carried out in 2017, found that 14% of 11–16-year-olds and 17% of 17–19-year-olds had symptoms consistent with a mental health disorder[63]. Applying these findings directly to Camden gives an estimate of just over 3,900 11–19-year-olds with a mental health condition, whether diagnosed or not.

There are particularly strong links locally between housing tenure type, child poverty and other related risk factors for mental health conditions.

Children and young people living in social housing are significantly more likely to have a mental health disorder than average, and over twice as likely as those living in a house owned by their parents or caregiver. Therefore, adjusting local prevalence estimates for housing tenure gives what is known as the 'preferred prevalence'. Once this important factor is taken into account, prevalence estimates for Camden are 33% higher compared to the national average, giving an estimated prevalence of over 19% in 11–16-year-olds (3,080) and 23% (2,110) in 17–19-year-olds.[64]

Figure 2.1 shows the estimated breakdown of different types of disorders in children. In Camden, 12% (1,920) of 11–16-year-olds are estimated to have an emotional disorder, 11% (1,700 individuals) are estimated to have an anxiety disorder and 4% (580 individuals) a depressive disorder. The frequency of these disorders increases with age so that, by the age of 17–19, 20% (1,870 individuals) are estimated to have an emotional disorder, 17% (1,630 individuals) an anxiety disorder and 6% (600 individuals) a depressive disorder.

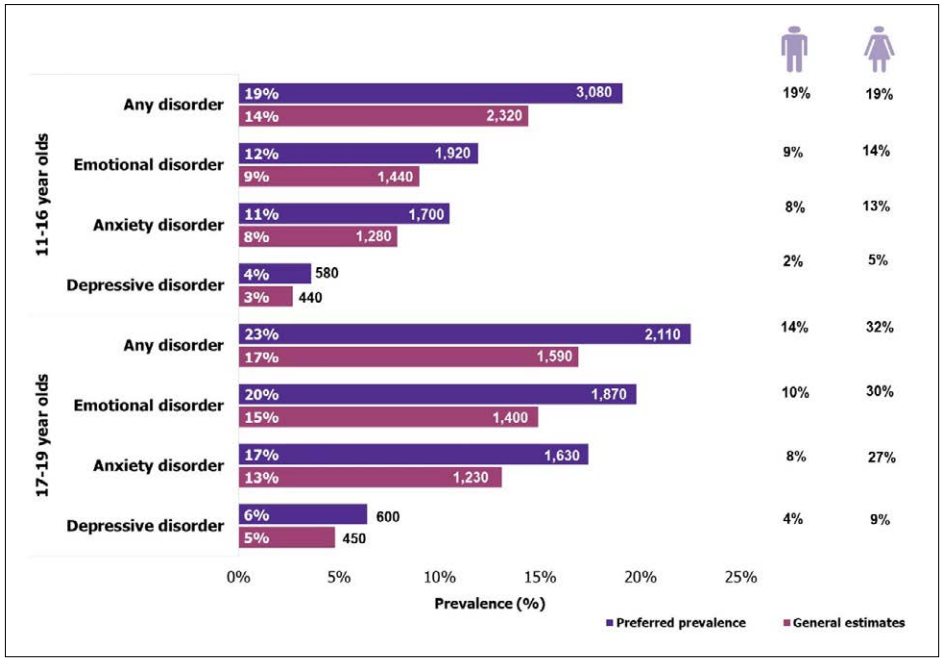


Figure 2.1. Estimated prevalence of mental health disorders in Camden (ages 11–19).

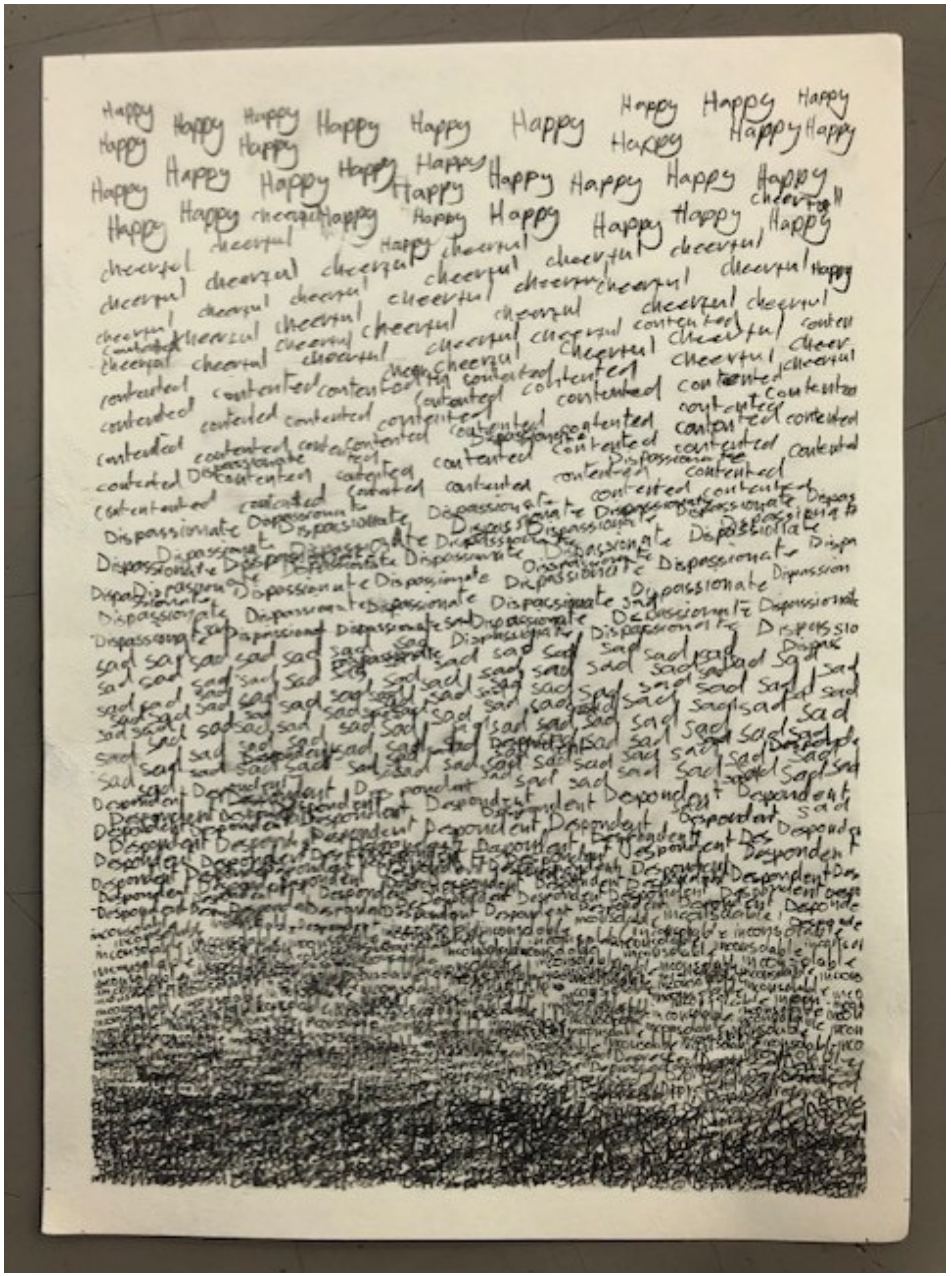
Note 1: Using GLA population projection estimates for 2021 for Camden and 2017 National mental health figures

Note 2: Preferred prevalence estimates are 33% higher in Camden, compared to national averages, taking into account 52% (20,279) in Camden living in social housing, compared with 31% in London and 21% in England and Wales

Note 3: Counts are rounded to the nearest 10

Source: NHS Digital. Mental Health of Children and Young People in England, 2017. Preferred prevalence using 2011 Census data on housing tenure. 2021 Population projections from Greater London Authority in 2016

CAMHS services in Camden are provided through the 'Open Minded' collaboration of provider partners. The lead and largest provider is the Tavistock and Portman NHS Foundation Trust. The most recent data from the Tavistock and Portman Trust indicates that 1,865 children and young people were being treated for mental health disorders in 2021/22. Figure 2.2 shows a breakdown of those cases open to CAMHS at The Tavistock in September 2021 by ethnicity[65].



Artist: Joel, 11 years old
Acland Burghley School

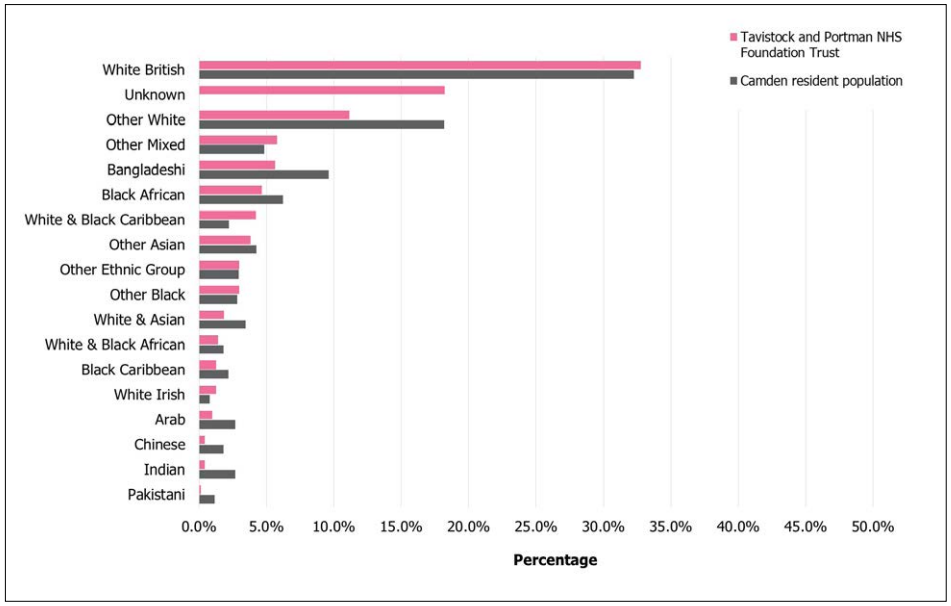


Figure 2.2: Ethnic breakdown of CAMHS contacts in the Tavistock and Portman NHS Foundation Trust compared to Camden resident population aged 0–18 years (2021).

Note 1: Figures for Tavistock and Portman NHS Foundation Trust refer to CAMHS contacts in September 2021 (number of contacts = 702)
Source: Camden CAMHS service user data, 2016-based ethnic group population projections

The ethnic groups who had the highest representation within CAMHS in September 2021 were those from a white British background (33%, 232 individuals) and 'Any other' white background (11%, 79 individuals). 18.2% of young people (129 individuals) in treatment for CAMHS did not have their ethnicity recorded. Because of the high proportion of unrecorded ethnicities, it isn't possible to say whether there is significant under-representation of specific groups. Improving recording of ethnicity would increase our understanding of any inequalities in access to services.

The young people in Camden who may be at greatest risk of mental health conditions include children with SEND, young carers, children living in social housing, and children in care or care leavers:

- It is estimated that one in three young carers has a mental health issue[66], and there are estimated to be 1,370 young carers (aged 5–24) in Camden[67].
- Children and young people living in social housing are significantly more likely to have a mental health disorder than the national average and over twice as likely as those living in a house owned by parents or a caregiver. 52% of children in Camden live in social housing, more than London or England[68].
- Nationally, over half of children with SEND have a probable mental disorder, compared to just over 1 in 10 children without SEND[69].
- In 2021, 51 children in Camden had an identified social, emotional or mental health need as a part of their educational health and care plan (EHCP)[70].
- Children in care are at an increased risk of poor mental health. It is estimated nearly half have a diagnosable mental health disorder[71]. The estimated numbers of children in care in Camden with a mental health disorder is 84.

The impact of Covid-19

The Covid-19 pandemic had a disproportionate impact on young people's mental health and wellbeing. Young people in Camden have reported that their routines and structures were disrupted by lockdown, and their feelings of isolation and stress increased during home learning. Many also felt anxiety about passing Covid-19 on to vulnerable people around them[72].

A Healthwatch survey, undertaken in November 2020, showed the majority (7 in 10) of young people in Camden said that Covid-19 had impacted their mental health and emotional wellbeing. The most common reported issues were increased stress, anxiety, depression, and fear[73].

> 'I just don't want to spread corona to the people around me, because people are vulnerable around me, like my mum or my sister, or even friends and that; friends and family, they could catch it as well, so it's more like being anxious about other people.'
>
> **(Camden and Islington Resident Engagement Survey 2020)**

Nationally, the prevalence of probable emotional disorders in children and young people has increased since 2017[74]. In Camden, estimates based on national figures adjusted for the local population demographic and housing type indicate that an additional 2,190 young people aged 11–19 were expected to have an emotional disorder in 2021 compared to in 2017.

The increase among girls and young women is markedly higher than among boys and young men; among 17–19-year-olds, mental health conditions were estimated to double among girls and young women, affecting 33% in 2021.

Local modelling based on the Centre for Mental Health Toolkit[75] forecast that, as a result of the pandemic, there would be 19,650 new cases of mental health conditions in Camden among under 25s over the following three to five years, with 75% of cases being depression conditions. These new cases were predicted to lead to an increased demand for Camden's mental health services by some 6,810 people.

Despite the estimated prevalence of mental health increasing due to the pandemic, referrals to CAMHS dropped by 10% nationally between 2019–20 and 2020–21. Referrals to Camden CAMHS decreased between April and June 2020 (the first lockdown, and a pattern repeated across the country) but then saw a rapid increase once restrictions were lifted.

Referrals increased further in September and October 2020, as schools (key referrers into CAMHS) reopened for face-to-face education for most pupils. The largest increase in referrals was seen during April–June 2021, when 615 children and young people were referred[76].

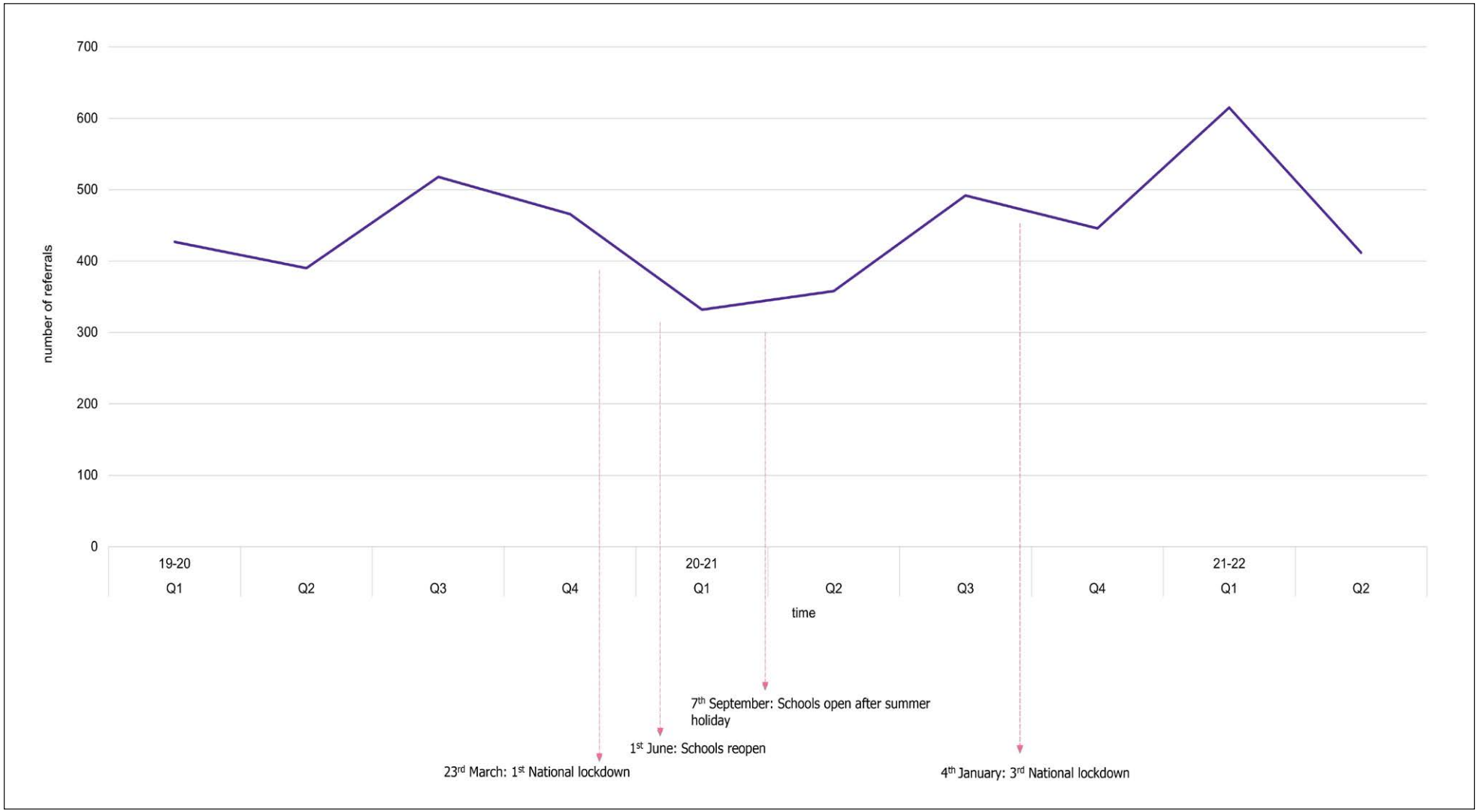


Figure 2.3: Number of referrals to Camden CAMHS: 2019/20 to 2021/22

In July 2021, NHS England laid out new proposals to improve patient access to mental health services[77]. These included a statement that all children, young people and their families/carers presenting to community-based mental health services should start to receive care within four weeks of referral. In Camden in 2020/21, on average 62% of children and young people had their first appointment within four weeks of their referral. This is similar compared to 2019/20, where an average of 63% had their first appointment within four weeks of referral[78].

There has also been a marked increase in the prevalence and presentation of eating disorders among young people. Many of the suggested drivers can be linked to the pandemic such as the increases in social isolation, food insecurity, screen time, pressures to exercise and loss of routines. A national survey has found that reported issues in young people around eating and healthy weight have increased since 2017, from 7% to 13% in 11–16-year-olds and 45% to 58% in 17–19-year-olds[79]. The survey asked screening questions and those who met the threshold have an increased likelihood of problems with eating, rather than a likely eating disorder.

Using the 2021 estimates, this suggests that around 7,564 children and young people in Camden are at an increased likelihood of experiencing issues around eating.

> ‘I’m also worried about my eating because when the lockdown happened the first time I stopped eating completely and I lost a lot of weight because of it. I think it was worry. And I’m scared that might happen again because of the lockdown... In my brain I think I have an eating disorder, in my eyes I see my body as not good enough.’
>
> **(Camden and Islington Resident Engagement Survey 2020)**

Across the five boroughs in North Central London (NCL), referrals to the Royal Free’s specialist eating disorder service increased by 74% between 2019–20 and 2020–21, from 195 to 339. In Camden, although total referrals decreased from 2018, the severity of referrals increased, with 38% of referrals in 2020/21 categorised as urgent or emergency compared to 11% in 2018/19.

Children and young people accessing the service should be seen within 28 days for routine referrals. Due to the combined impact of lockdowns on service delivery and significant increases in referrals, waiting times increased. In 2020/21, 67% of young people waited over four weeks to be seen for a routine appointment compared to 0% in 2018/19.

Post-pandemic investment in the specialist service has meant a return to pre-pandemic waiting times, and urgent referrals are now being seen within a week. A new lower threshold Eating Difficulties and avoidant restrictive food intake disorder (ARFID) service is now provided by the Tavistock and Portman, aiming to prevent escalation of food intake disorders to more serious conditions.

What works in Camden

Treatment approaches alone are not sufficient to address the burden on mental health among the adolescent population. Early support to prevent mental health conditions is essential in reducing the burden on young people and families and reducing the likelihood of patterns becoming ingrained.

Nationally, aligning services to the THRIVE Framework for system change is seen as best practice in delivering mental health services for children and young people and their families. The prevention and promotion of mental health and wellbeing across the whole population are central to the framework[80]. The THRIVE Framework (Figure 2.4), which is being rolled out across NCL, considers the mental health and wellbeing needs of children, young people and families, through five different needs-based groupings:

- Thriving
- Getting advice
- Getting help
- Getting risk support
- Getting more help.

The framework is led by the needs of children, young people and their families, through shared decision-making alongside professionals, rather than severity, diagnosis or health care pathways.

Figure 2.4. THRIVE Framework

Camden has developed a comprehensive mental health prevention offer, ranging from support in schools to online digital platforms. The THRIVE model is going to be pivotal in the development of future mental health and wellbeing services in Camden and services are being aligned to this model.

Supporting the mental health of young people in school

Schools are a place of opportunity to increase young people's awareness and understanding of mental health, to reduce the stigma around seeking support and to build resilience.

The Islington Mental Health and Resilience in Schools (iMHARS) framework, developed in partnership with Camden and Islington's Public Health Team, was introduced to Camden schools in 2017. The framework sets out seven components of school practice which effectively develop children and young people's resilience, promote positive mental health and support those at risk of, or experiencing, mental health problems.

Feedback from schools in Islington about iMHARS has been positive: they say the process has been supportive and useful, and school staff feel better-equipped to put mental health and wellbeing strategies in place for students. To date, six secondary schools in Camden have now completed an iMHARS review.

Box 1. iMHARS Framework

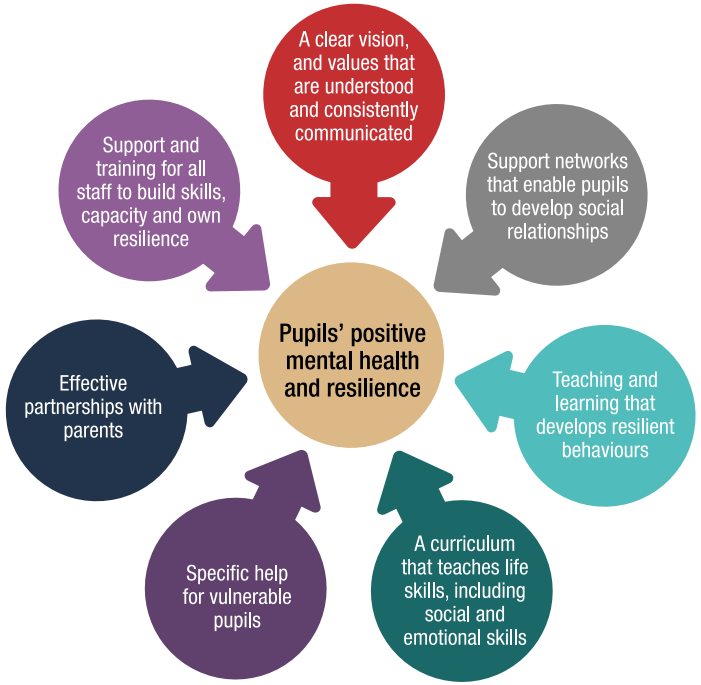


Figure 2.5 The seven components of the iMHARS Framework.

Staff in all 10 secondary schools in Camden are engaged in a Peer Support for Staff Wellbeing programme led by Camden Learning and delivered by Camden Educational Psychology Service, the Tavistock and Portman NHS Foundation Trust and the Brandon Centre. This programme provides a space for school staff to learn about mental health while facilitated by a mental health professional, to better support pupils and their own wellbeing, discuss the challenges they face and share good practice.

In Camden, staff in four of the ten mainstream secondary schools and one special school have also had training and support to embed a whole-school trauma strategy to meet the needs of children and young people who have experienced complex trauma or multiple ACEs.

Mental health support teams (MHST) also support young people in school who present with mild to moderate mental health issues, as well as vulnerable groups at increased risk of developing mental health problems.

Access to online and digital help for mental health

As more of our lives move online, young people are increasingly asking for digital support for their mental health. Young people in Camden have access to Kooth, a free, anonymous, confidential, safe, online wellbeing service that offers support, information and forums for children and young people aged 11–18 years. In Camden during 2020/21 40% of referrals to Kooth were for young people from a Black, Asian or minority ethnic background. This is lower than the estimated population in Camden of children from these backgrounds, which was 49% in 2021.

> ‘If I could use my social media platforms, like Facebook, Snapchat and Instagram, for my healthcare either physically or mentally, that would be like a dream come true.’
>
> **(Camden and Islington Resident Engagement Survey 2020)**

Transitioning from child to adult mental health services

After feedback from service users and providers, it was clear that young people transitioning between Camden’s child and adult mental health services feel less supported at age 18. Local feedback suggested that for those already involved with CAMHS in Camden, the move to AMHS often coincided with a range of competing priorities and demands, such as leaving school. This pointed to the need to improve the capacity and integration of preventative services for young people aged 16–25.

In 2015, Minding the Gap, an innovative transition specific service for young people aged 16–24 was launched in Camden (Box 2), to improve transitions between child and adult mental health services and improve the reach of mental health services for young people aged 16–24.

Box 2. Minding the Gap: improving transitions and engagement with mental health services for Camden young people

> ‘One of the most important aspects of Minding the Gap is that it brought in the different expertise from a wide range of partners from the NHS and voluntary and community sectors, as well as input from young people.’
>
> **Marta Calonge-Contreras (London Borough of Camden)**.

Minding the Gap was launched in 2015 in Camden, with the aim to improve transitions between child and adult mental health services and to improve the reach of mental health services for young people aged 16–24.

The service contains three key elements:

- A transition service, based in the adult mental health services, to support young people with complex needs to transition into adult services.
- The Hive, an innovative youth hub which offers a holistic, integrated offer to young people, including support with mental health support, substance misuse, sexual health and employment, and a wide range of social activities.
- Additional counselling and psychotherapy for young people aged over 18 who do not meet the threshold for adult mental health services.

One of the strengths of the model is the age range, which cuts across children and adult services and aims to improve the experience of transitions to avoid what is often referred as a ‘cliff-edge’ at age 18.

Minding the Gap is showing good performance against its key outcomes. Over the last four years, an estimated 147 admissions have been prevented by services provided under Minding the Gap. These 147 admissions would have equated to a cost of £2,650,000 to the system. The majority of service users reported an improved experience of care, and increased service uptake figures suggest greater accessibility of services to young people.

Recommendations

In order to continue to support young people's mental health and wellbeing in Camden and enable them to live healthier lives in adulthood, we recommend the following actions are taken locally:

1. **Develop and embed public mental health approaches to improve mental wellbeing and reduce the risk of developing poor mental health:** the THRIVE model prioritises mental wellbeing, early intervention and early help, and will provide a framework for embedding public health approaches within the wider system of provision to support children and young people's mental health.
2. **Work to further embed trauma-informed approaches and practice within schools and across wider services working with adolescents.**
3. **Align current service provision with the THRIVE Framework, helping to reduce the gap between need and access to services:** an 'integrated front door' to a broad range of services (covering all the elements of the THRIVE Framework) is one way of streamlining access and ensuring a 'no wrong door' approach to addressing children's needs.
4. **Develop the transition to adulthood programme to support the transition between child and adult mental health services.**
5. **Improve ethnicity data on access and outcomes in all mental health and wellbeing services in order to address inequalities in mental health.**
6. **Continue to reduce the stigma of mental illness and increase knowledge and skills of how children and families can improve their mental health.**
7. **Ensure lived experience is heard and used to shape and inform approaches and services.**
8. **Maintain the reduced waiting times for specialist eating disorder services:** develop wider prevention and promotion work, including increasing the awareness and understanding of eating disorders and body image issues by schools and wider services working with young people.

3. Safety and violence

Victims of violence [1]

1,237 victims of violence by young people aged 10-24 per year (between 2017 and 2019).

Offences [1]

503 (2017/18)

323 (2019/20)

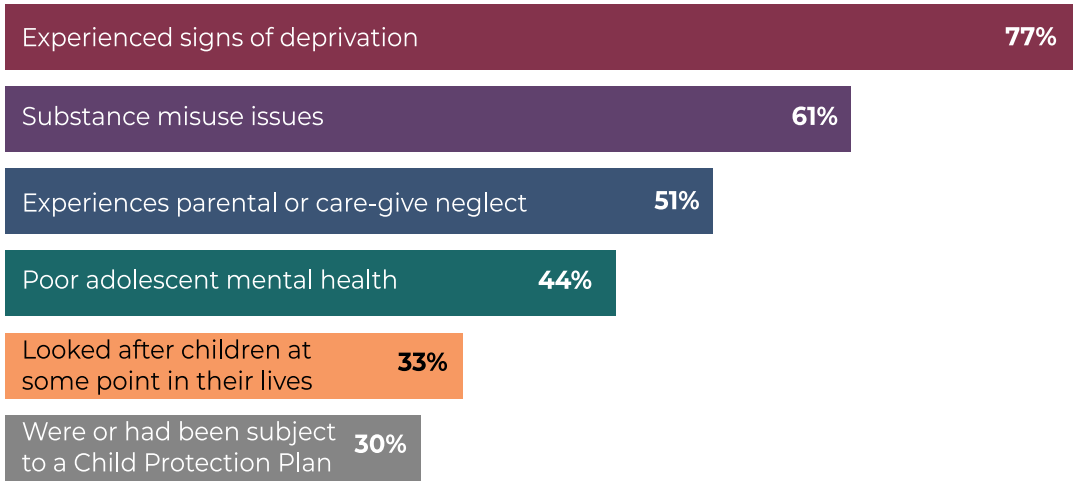
36% reduction in the number of offences committed.

Safety concerns [2]

Proportion of respondents who felt Camden is a safe place to live in 2021

Reoffenders [3]

Of 43 young people in Camden who were cautioned or convicted (October 2015 to September 2016), then reoffended within 12 months:



Sources: [1] Camden Council, Youth Justice service data; [2] Camden Youth Safety Taskforce Evaluation. 2021; [3] Camden Council Youth Offending Service, Risk of reoffending cohort strategic analysis, April 2017

Sakina, 15 years old
Parliament Hill School

3: Safety and violence

Introduction

Serious violence affecting young people is a public health issue, and creating safety is the counterweight to this violence. Violence is driven by, and contributes to, inequality (including health inequalities) and perpetuates cycles of trauma for individuals and communities.

In Camden, we believe that, by continuing to take a public health approach focusing on root causes and prevention (Figure 3.1), we can break this cycle and empower young people to thrive. This means working in partnership with the health and education sectors, police, youth and social services, and community organisations, to create resilient and proactive communities, focus on early intervention, provide effective alternatives to violence and implement evidence-based solutions.

Definitions

Serious youth violence is defined as 'any offence of most serious violence or weapon enabled crime, where the victim is aged 1–19', i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm.

'Youth violence' is defined in the same way, but also includes assault with injury offences.

Risk factors for youth offending and violence exist on many levels: at the individual level (e.g. gender or having learning difficulties), within the family (e.g. family breakdown or abuse) or at a wider environmental level (such as deprivation or homelessness). Risk factors do not exist in isolation; they interact with each other and can be cumulative, and as such a young person may experience multiple risk factors at any given time.

Adverse childhood experiences (ACES) such as abuse or neglect, separation from or poor attachment to parents, overly harsh or lax parental discipline, parental mental ill health, substance misuse or criminal involvement, and domestic violence all increase the risk of adolescent involvement in violence. Children who experience early trauma are more likely to develop behavioural or conduct issues, and experience school exclusion, making them more susceptible to exploitation and entry into youth crime[81].

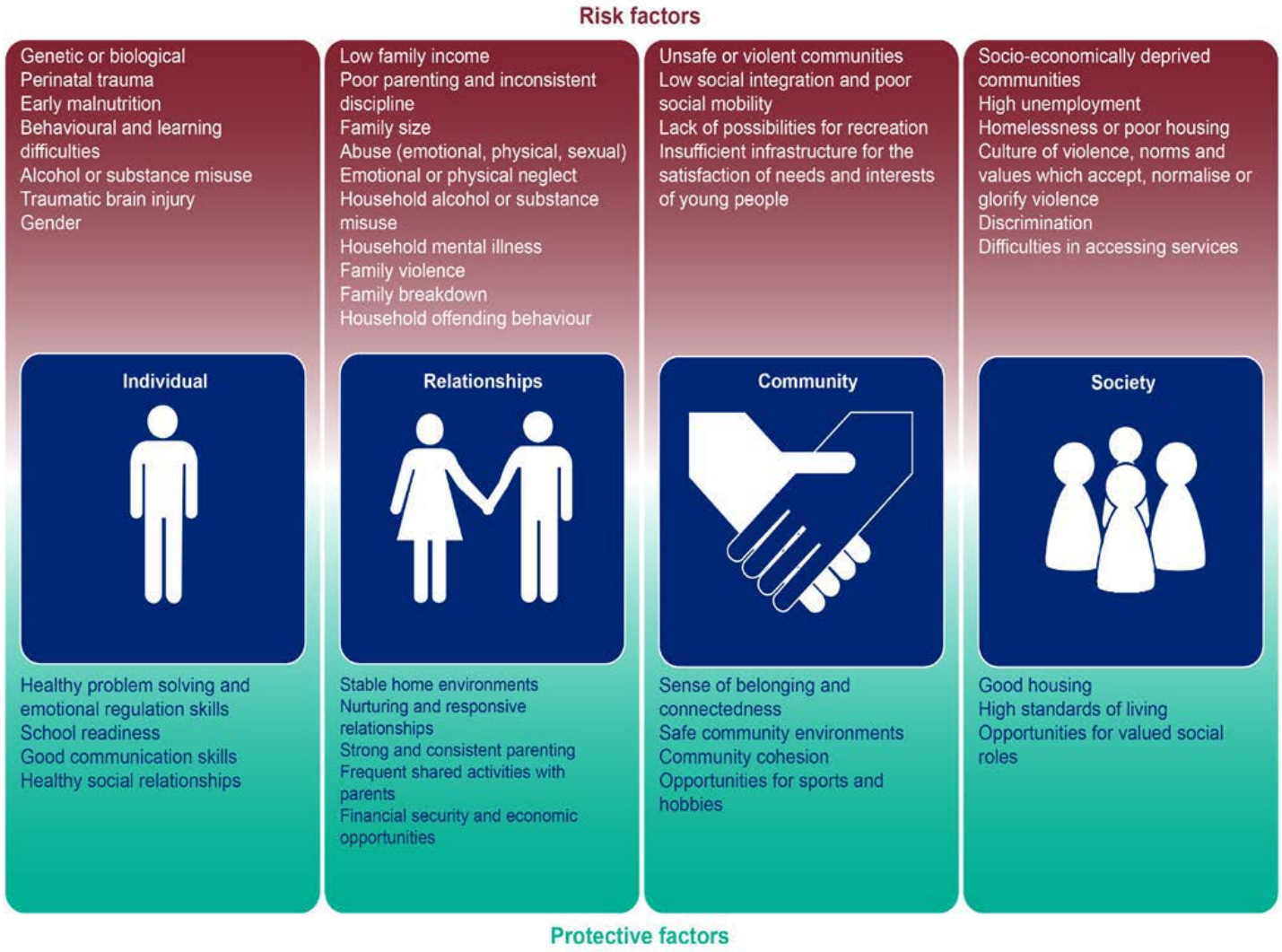


Figure 3.1: A summary of risk and protective factors for offending behaviour for children and young people[82].

In 2018, there was an increase in offences involving knives and sharp instruments in the UK. The increase prompted a surge of local, regional and national action to address the growing concern for young people's safety, including the mobilisation of the Mayor of London's Violence Reduction Unit (VRU), and renewed local partnership efforts. Despite overall reductions in knife and gun crime in London since 2019[83], 2021 saw a tragic rise in the number of teenage homicides when 30 young Londoners lost their lives to violence, the highest number on record[84].

Violence against women and girls (VAWG)

Girls and young women face different risks to their personal safety than boys and young men. Vulnerable girls and young women are at higher risk of child sexual exploitation (CSE), and domestic, peer and sexual violence or harassment[85].

Gang involvement brings different and often less visible risks, including sexual assault, unwanted pregnancy, sexually transmitted disease, threats of violence and mental trauma[86]. Their identity is often not known to police and other agencies, increasing their vulnerability[87].

In England and Wales, a quarter of girls and young women aged 13–17 (and 18% of boys and young men) reported experiencing physical violence from an intimate partner[88]. 9.6% of 16–19-year-olds report experiencing domestic abuse[89]. The first lockdown of the Covid-19 pandemic (April to June 2020) saw a 65% increase in calls to the National Domestic Abuse Helpline[90]. This period also saw widespread debate about the safety of all women and girls following a number of tragic and high-profile murders, and thousands of testimonies from young people regarding sexual violence in the education system (schools and universities) on the *Everyone's Invited* website.

The intersection between age and gender is important: approaches to reduce violence affecting young people should recognise the particular risks faced by girls, and strategies to address VAWG should recognise the particular risks of adolescence.

The impact of Covid-19

Rates of violent crime reduced during the pandemic and lockdowns[91]. However, the pandemic has exacerbated many of the social and economic factors that put young people at risk, including reduced household income, housing instability, domestic violence, poor mental health and less stable unemployment[92]. These factors are likely to have the most impact on the borough's most disadvantaged families.

A report by the Children's Commissioner in 2020 expressed concern that, during lockdown, many of the early warning systems, such as schools noticing changes in children's behaviour, were not operating, so that identifying children at risk of criminal exploitation and associated violence was increasingly difficult[93]. There is also a danger that more children and adults will be drawn into the 'informal economy' as a result of the pandemic, the most lucrative elements of which are drug dealing and county lines[94].

Local insight

In Camden there were 1,237 victims of violence by young people aged 10–24 per year (between 2017 and 2019), following a downward trend[95]. Since 2017/18, there has been a 36% reduction in the total number of offences committed (from 503 in 2017/18 to 323 in 2019/20). The number of offenders has also decreased, from 131 in 2017/18 to 97 in 2019/20 (a 26% decrease)[96]. Violence against the person and drug offences remain the two most common offence types in which young people are involved (as in London, and England and Wales as a whole)[97].

The rate of Camden children (under 18 years old) in the youth justice system has been decreasing (from 8.9 per 1,000 children in 2013/14 to 3.6 per 1,000 in 2020/21), similar to the rate for London (3.5 per 1,000)[98]. Custodial sentences for children have reduced by 77% between 2016/17 to 2020/21 where, in the latest year (2020/21), two children received custodial sentences in Camden[99]. This reduction is partly attributable to the success of schemes that divert children and young people from court, as well as a range of early intervention and prevention approaches. Remand episodes have dropped 80% since 2018/19, with only four young people remanded into custody in 2020/21, reflecting the confidence of the court and Crown Prosecution Service in the council's bail support proposals for young people[100].

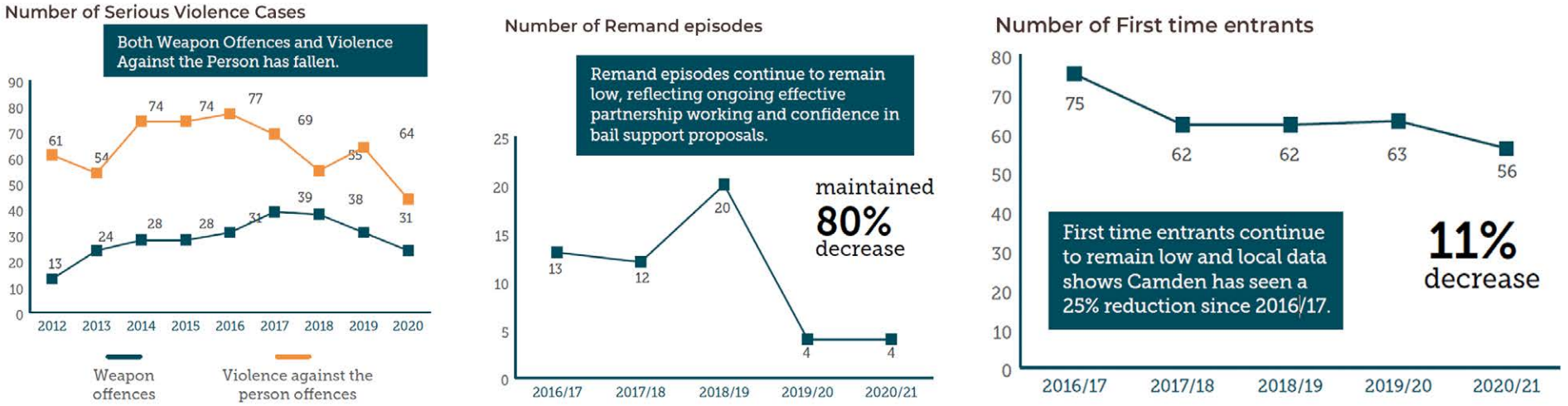


Figure 3.2: Youth crime performance indicators for Camden[101].

Risk factors for serious violence affecting young people in Camden

The risk factors for involvement in youth violence are multiple and often interlinked, and it is clear that the most vulnerable young people are at the greatest risk. In Camden, a Youth Safety Taskforce set up in 2017 engaged with young people, parents, residents, professionals and the voluntary sector, and identified the following factors for involvement in youth violence: exclusion from or poor attendance at school, involvement in gangs or the drug trade, lack of opportunities for training and employment and a need to make money, trauma and ACEs, and negative media influences or exposure to negative role models[102].

When young people were asked in an online survey run by the council what the main causes of violent crime are in Camden, 76% said 'gangs', 72% said 'drugs', and 69% said a 'lack of youth services'[103]. Camden has an established and widely known illegal drugs market and this was echoed in all conversations the Taskforce had with parents, teachers and professionals.

It is the most vulnerable young people who are most at risk of being groomed for gang membership from as young as 10 years old, and the drugs market operates with a strong level of exploitation[104]. The illegal drugs business is often seen by young people as the best, or only, way to make money. While not all young victims of youth violence are linked to gangs, and the majority of knife crime in Camden is not gang related, gang-related knife crime tends to be more violent and young Black, Asian and minority ethnic males are disproportionately affected[105].

School exclusion was also a recurring topic during the conversations with the Taskforce, specifically with the Somali community in Camden. Although the Taskforce did not find evidence of direct causality between school exclusions and youth violence in Camden, research from the Early Intervention Foundation strongly suggests that regular attendance in

education plays a vital role in keeping young people away from gang involvement[106], and being excluded or not engaging with schools are very strong indicators for those who are at risk of involvement. Youth centres were seen as a way to keep young people off the streets and away from trouble[107].

Trauma and ACEs are a risk factor for involvement in youth violence. In a study of the 43 young people in Camden who received a caution or conviction between October 2015 and September 2016 and reoffended in the subsequent 12 months, 77% had experienced signs of deprivation, 33% had been looked-after children at some point in their lives, 30% were or had been subject to a Child Protection Plan, and over half had experienced parental or caregiver neglect. Furthermore, 61% had substance misuse issues, and 44% had poor adolescent mental health[108].

Ethnicity and safety and violence of young people in Camden

In Camden in 2021, the risk of being a known young victim (under 18) of violence is higher for those from Black ethnic groups (13% of victims were black, although they make up only 8% of Camden's youth population) and lower for those from Asian ethnic groups (18% of victims were Asian, although they make up 23% of the Camden's youth population).

Disproportionality remains a concern. Young people from a Black and mixed ethnicity in Camden are overrepresented in the criminal justice system. Of young people (aged 10–24) found guilty of a youth offence, 28% were Black (significantly higher than the 8% of Black 10-24 year olds that make up the general population), 40% were white and 13% were Asian (significantly lower than the 57% white and 23% Asian 10–24-year-olds that make up the 18-24 population in Camden respectively)[109].

VAWG and domestic abuse in Camden

Artist: Hebe, 11 years old
Acland Burghley School

In Camden, the number of contacts where domestic abuse was the presenting issue to Children's Services increased from 1,129 in 2019 to 1,430 in 2020[110]. Domestic violence concerns about a child's parent or carer increased from 30% to 35% of all concerns in the same year. The number of contacts into Camden's Early Help Service referencing domestic abuse also increased from 1,551 in 2019 to 1,808 in 2020[111]. Camden Council's specialist domestic abuse service, Camden Safety Net, also saw a 400% increase in website hits during the first period of the Covid-19 lockdown[112].

There were 102 reports of CSE in Camden and Islington in 2019/20; of these 36 were related to criminal child exploitation[113]. Online child exploitation was the most common type of CSE (though in the majority of cases the type of exploitation was not recorded). In 85% of cases, the victims were female; victims were aged between 1 and 20 years (the majority were between 14 and 17 years old)[114]. Bullying, language barriers, school exclusion or non-attendance, substance misuse, family instability, and being a previous victim or rape, sexual assault, domestic violence or abuse, or having a family member or friend who was sexually exploited, all increase the risk of a child or young person being sexually exploited.

Perceptions of safety in Camden

Camden's recent Youth Review found that 59% of young people believed that Camden is a safe place to live; however, there are significant differences in perception of safety by age, ethnicity and gender. Younger adolescents felt less safe compared to older ones, with 50% of 12–15-year-olds reporting feeling safe in Camden compared to 70% of respondents aged 16+. Only about half (52%) of Black respondents felt Camden was safe, compared with 73% of white respondents[115]. This difference may reflect young people's lived experiences, with young Black men being more likely to be victims of knife crime in the borough than young white men.

Only 59% of female respondents felt safe in Camden, compared to 64% of young males. This was not reflected in likelihood of being a victim of youth violence, as women are significantly less likely to be victims of this than men, and may reflect other aspects of safety and threat.[116].

What works in Camden

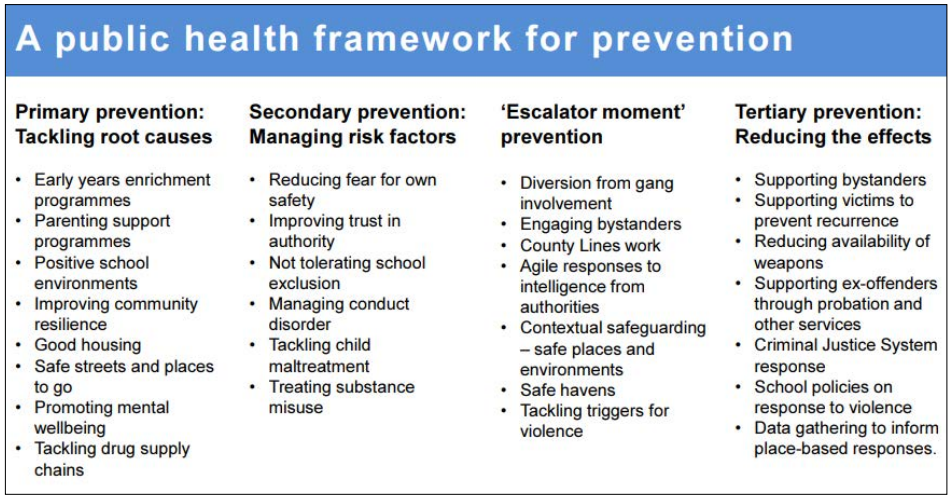


Figure 3.3: A public health framework for prevention of youth violence[117]

The development of a Camden-wide public health approach to youth violence is the result of a recommendation of the Youth Safety Taskforce, set up in 2017. The purpose of the Taskforce was to gather information through engagement with young people, parents, residents, professionals and the voluntary sector, to understand what drives youth violence in Camden. As a result, the Taskforce made 17 recommendations sitting under the following five themes:

- **Prevent** youth violence by providing young people, parents and professionals with information which raises their awareness of the issues and helps them stay safe, make positive choices about their behaviour and build their resilience.
- **Identify** and refer those young people who need support because they are vulnerable to youth violence.
- **Support** and target those at risk of youth violence and provide then with the support they need, including enabling parents and professionals to support the young people with whom they are involved.
- **Disrupt** the patterns of youth violence to make Camden a safe environment by interrupting the activities of perpetrators and inhibiting the grooming and targeting process.
- **Enforce**: use appropriate enforcement against perpetrators, using information and intelligence gathered by partner agencies.

The Taskforce has been recently evaluated by the London Metropolitan University to critically assess the efficacy of the local approach and inform the partnership's conversations on the future direction and purpose of the Taskforce. Some examples of good practice from Camden's youth safety work are outlined below.

Camden's Youth Safety Week has now become a regular annual event, building on the success of the first Youth Safety Week in February 2020. It focuses on three core themes:

- building resilience and making positive choices
- encouraging participation and creating social action
- promoting opportunities and empowering young people.

In 2023, there were a range of activities, including youth health and wellbeing events, online safety sessions, workshops to tackle toxic masculinity, knife crime awareness sessions, and a Young People's Assembly on young women and girls' safety as well as Camden's annual youth safety multimedia competition. Over 100 events and activities for children, young people, parents and

carers and professionals took place over the fortnight, including detached street sessions for young people lacking mainstream youth provision access, which engaged them in a community setting. There were also youth events involving healthy cooking, arts, music, games and sporting activities, and various workshops and youth events on wide-ranging topics.

Camden and Islington's Parental Support project has been identified as an example of good practice by the London Mayor's VRU for its approach to engaging parents and carers. This collaborative project works to improve outcomes with a focus on families using a community-based, peer-to-peer support approach. It offers:

- A diverse training package to parents/carers including:
  - Social Switch training on how to keep children safer online and how social media can amplify tensions that can lead to violence
  - raising awareness about the education system, how to have positive and constructive conversations about children with their school, and specialist sessions on school exclusions and supporting children around mental health and SEND concerns
  - welfare benefits and employment opportunities
  - workshops on youth safety including knife harm, gangs and county lines
  - VAWG and healthy relationships
- Transition to secondary support: a Targeted Youth Services (TYS) worker works with children and families to support a positive transition from primary to secondary school. The aim is to deliver high-quality diversion and early help interventions which address risk behaviours and remove barriers for children aged 10–11, to help build skills and resilience, and engage positively at their new secondary school.
- Mental health and therapeutic support for parents/carers; counselling and mindfulness sessions.
- Violence Reduction Parent Champion programme: the project has recruited and trained at least two cohorts of 10 parents/carers champions. They include foster carers, caregivers to family members, healthcare professionals and wellbeing professionals who share a passion for making a difference within their community. Their motto is TEAM – Together Everyone can Achieve More – and they believe that it takes partnership working between parents/carers, young people, the council, the police and community groups to make positive change. A new cohort of Parent Champions is being trained in 2023, with a focus on reducing knife crime, school exclusion and VAWG.
- London Metropolitan University evaluated the VRU Parental Support Project and found that in the first two years it had engaged with 285 parents and 24 children and young people. Its successes include:
  - 93% of parents saying that the project helped them to improve their engagement with their child's school
  - 86% of parents saying that the support they received enabled them to ensure their child got the right support.

The Youth Diversion Programme 'Engage' is a custody-based intervention for under-18s to reach children and young people at a 'teachable moment' to support access to statutory services and reduce the risk of reoffending. It allows youth workers to meet with young people in police custody who have been arrested and work with the young person and their family with the aim of building resilience and deterring them from committing further offences. The number of referrals has increased in 2021/22, with 210 young people compared to 148 young people in 2020/21 who were contacted by the Engage Team in police custody or in the community following their arrest. Camden Engage programme has proven to be a success, and as a result the VRU is intending

to roll out the programme across London.

Redthread's youth violence intervention programme at University College Hospital works in a similar way by intervening during a 'teachable moment' in a young person's life. Specialist youth workers work with clinicians in the Accident and Emergency Department (A&E) to offer support to young people attending with injuries consistent with youth violence or exploitation, to help them make healthier choices to avoid further harm.

Acland Burghley School in Camden has been running a number of whole-school initiatives focused on diverting young people away from gang activity and culture, supporting them to remain in education or become more employable, and improving their wellbeing and resilience. This has included working alongside the Metropolitan Police's Safer Schools Team to strengthen the relationship between the local police and students, while also running community cohesion projects with specific groups in the school community. Police officers have delivered personal social health and economic education (PSHEE) sessions, attended assemblies, provided talks and run training groups addressing youth safety, to provide understanding of the law and rights around stop and searches.

Interventions to address domestic abuse and VAWG

In March 2022, Camden launched a new VAWG board with the police, health services, and community and voluntary groups, to begin a new programme of action to improve safety for women and girls in the borough.

The board meets every three months to drive forward the borough's work on domestic abuse, sexual harassment and other forms of VAWG. It will bring together partners for projects, looking at data on VAWG, increasing training and awareness, and ensuring that reducing VAWG is prioritised in Camden.

This work builds on the inquiry into domestic violence and abuse led by the Camden Women's Forum in 2021. The report identified good practice taking place in Camden, including new policies and procedures. It specifically mentioned the work of Camden Safety Net, Camden Council's Independent Domestic and Sexual Violence Advisory Service. It provides services to survivors of domestic abuse or sexual violence, and children affected by violence, who live work or study in Camden. The service was described as 'literally a life saver[118].

The inquiry identified the following important factors in addressing the impact of domestic violence on young people:

- Opportunities to open up about domestic violence in settings such as schools to give children a sense of voice and agency.
- The importance of role models from all backgrounds and genders, to encourage child survivors of domestic abuse to talk about their experiences, including male role models for young male survivors.
- Professional support for young survivors of domestic abuse to process and overcome the trauma of their abuse.
- When working with children and young people, considering together support for the child, support for the parent and support for the school.

The inquiry also identified an implementation gap and recommended that services across Camden need to work together to provide a coordinated response to victims.

In response to the sexual abuse in schools exposed by the Everyone's Invited website in 2021, and the subsequent Ofsted review, Camden Learning's Health and Wellbeing Team worked closely with local schools to refresh safeguarding protocols and policies, implemented multi-agency training on peer-on-peer sexual harassment and harmful sexual behaviour, delivered facilitated sessions and provided support to schools on developing the PSHEE curriculum.

Recommendations

1. **Ensure that there is a strong focus on prevention and early intervention,** and a persistent focus on addressing the experience of trauma in children and their families' lives to reduce offending and reoffending.
2. **Continue to deliver and promote accessible and engaging youth services, to provide a positive alternative to gangs, crime or violence, with a particular focus on groups and communities less likely to engage**. It is essential that young people inform these services by having their voices heard through helping to design and deliver services.
3. **Build on the work of Acland Burghley School by sharing learning with other schools and youth settings to support young people to stay in school**.
4. **Deliver community-based activities to engage with parents, carers and families to equip them with the skills and knowledge to identify a young person at risk and know how to support them before they get into trouble**. These should be evidence-based, with a proportionate universalism approach focused on communities most affected by youth violence, in order to tackle the stark inequalities.
5. **Give young people the life skills for increasing resilience and teach them how to process or address trauma or stress, including problem solving and anger managemen**t. This should include universal and targeted approaches, incorporating the concept of 'teachable moments'.
6. **Improve the relationship between communities and the police,** including addressing the lack of trust that many young people have in the police, especially those from Black communities.
7. **Target enforcement action toward those at the top of the drugs business, rather than the young people they are exploiting.**
8. **Change language and communication to reflect the fact that a large proportion of young offenders are also victims**. Young people's experience of trauma and ACEs can lead to vulnerabilities and patterns of behaviour associated with youth violence, and vulnerable young people are at most risk of grooming for gang membership and subsequent exploitation.
9. **Work with schools and other youth settings to tackle peer-on-peer sexual harassment and sexual violence**. This includes monitoring offences and encouraging a supportive environment where victims feel able to report abuse, whether that's school-based or domestic abuse.

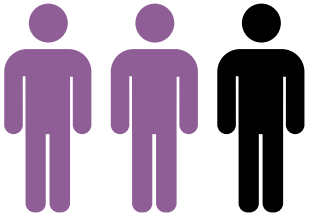
4. Education, employment and training

Ofsted rating [1]

83% of schools are good or better

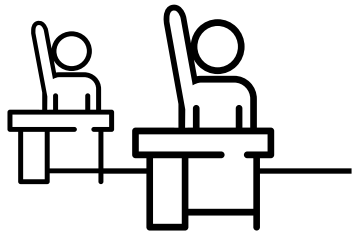
Achievement [2]

3 in 4 Camden 16 year old's left school with **a standard pass** (grade 4 and above) in English and Math's in 2021.



2 in 3 disadvantaged Camden 16 year old's left school with **a standard pass** (grade 4 and above) in English and Math's in 2021.

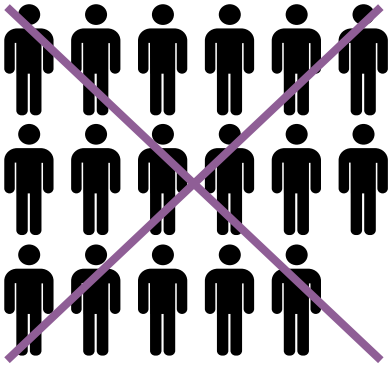
Attendance [3]



95% attendance levels for Camden secondary schools in autumn and spring 2020/21, **similar to England and Inner London averages**.

Exclusions [4]

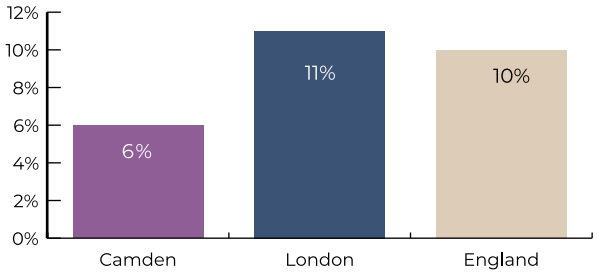
There were **17 permanent exclusions** (rate of 0.16) in Camden secondary schools, proportionately higher than the national average (rate of 0.1).



In the same period there were **627 suspensions** (rate of 6.0), proportionately fewer than the national average (rate of 8.4).

Unemployment benefits [5]

18 to 24 year olds claiming Unemployment Benefits in August 2022



Note: Attendance = 100 – absence, where absence = (total overall absence sessions)/total sessions possible) x 100; exclu-sion rate = number of permanent exclusions per 100 pupils in the 2019/20 academic year ; suspension rate = number of suspensions per 100 pupils in the 2019/20 academic year.

Source: 1. Ofsted, 2022;
2. National Statistics (key stage 4 performance revised/2021-22);
3. Department for Education, 2021;
4. National Statistics (Permanent exclusions and suspensions in England:2020 to 2021);
5. ONS Claimant count by age, 2022

Artist: Uranoos, 17 years old
Etching / line drawing
'Concealment'

Regent High School

4: Education, Employment and Training

Introduction

Education is a vital part of young people's lives and development, as it builds knowledge and skills. It provides the foundation for the next stage of their development as they go into early adulthood, whether they continue in education or take up training or employment. Training and apprenticeships are important for many young people seeking entry to the workforce, to gain valuable skills, leading to higher earning potential and improved life chances.

The quality of education and training for young people has short- and long-term impacts on employment opportunities, income and job satisfaction. These factors in turn affect health and quality of life. They influence our social networks, where we live and the quality of our housing[119]. The 2015 Incheon Declaration confirms that education develops the skills, values and attitudes that enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges[120].

Educational outcomes have significantly improved in the borough. For example, the proportion of pupils achieving a standard pass in English and Maths has risen from 67.7% in 2018/19 to 75.1% in 2021/22121. However, inequalities in educational outcomes and employment opportunities continue to be significantly linked to wider social determinants and disadvantage. For example, the proportion of young people aged 16 to 17 known to be not in employment, education, or training (NEET) in 2019 was 2.6%, while in 2022 the proportion was 2.0%[122].

The Covid-19 pandemic has had a major impact on the educational and training experience of young people, highlighting the pre-existing effects of disadvantage and deprivation. This chapter explores those factors in the context of the impact of the Covid-19 pandemic on secondary school and higher education, training and employment for young people in Camden.

Impact of inequalities on education

Factors associated with inequality and attainment gaps include economic disadvantage, ethnicity, disability, gender and whether a child has been in care or has special educational needs and disability (SEND)[123]. Educational inequalities emerge in very early childhood and the effects continue throughout a person's life, affecting entry into higher education, future employment and lifetime earnings[124].

There is robust evidence to suggest that an association between young people's socioeconomic background and school absenteeism compounds existing inequalities. Students from lower socioeconomic backgrounds are overrepresented among those absent from school and have a higher risk of school absenteeism than those from more advantaged socioeconomic backgrounds.

Higher rates of absenteeism are associated with poor academic performance, school dropout and a lower likelihood of college enrolment – and therefore a higher risk of becoming NEET. In the long term, school absenteeism is associated with a lower likelihood of employment and higher likelihood of smoking, problem drinking and taking drugs[125].

The impact of the Covid-19 pandemic

The Covid-19 pandemic had an unprecedented adverse impact on education, reinforcing and amplifying many pre-existing inequalities.

Secondary school students in England missed up to 110 classroom days as a direct result of schools being closed to all except vulnerable pupils and children of key workers during the pandemic. Taking into account learning at home rather than in the classroom during this time, pupils in England lost up to 61 days of schooling[126]. After schools reopened, classroom learning continued to be affected when classes and bubbles needed to self-isolate if Covid-19 infections were identified in pupils or staff members.

Although schools remained open for vulnerable pupils and children of key workers, aspects of the pandemic are likely to have been more detrimental to education for young people with SEND or those from lower socioeconomic positions[127].

Nationally, many young people, including those with complex needs, did not attend school or college during the first national lockdown. Some did not have a place in school because they did not have an Education, Health, and Care plan (EHCP) (the definition of 'vulnerable children' did not include those receiving SEND support without an EHCP). Some did not attend because their parents were too anxious to send them in, or because schools said that their health or personal care needs could not be met. Although some who received remote education coped well with this, others did not. When schools and colleges opened fully to all pupils in September 2020, not all those with SEND returned. Ofsted found more positive findings in areas where parents and carers had been given meaningful involvement in planning and decision-making[128].

Young people from lower socioeconomic backgrounds were more likely to face challenges with remote learning since they:

- are less likely to have a computer or broadband internet access, and other educational resources which make home learning possible
- are more likely to live in overcrowded and cold homes, which make study difficult
- have parents who are less likely to have capacity to support them with schoolwork.

Deprived areas also experienced higher infection rates, with the rate in the most deprived quintile 1.9 times the rate in the least deprived quintile among males and 1.7 times among females, as of 9 May 2020[129]. This had practical consequences for school attendance, meaning that secondary school pupils in the most deprived areas were more likely to miss school than those in the least deprived areas, primarily driven by needing to self-isolate as close contacts[130].

Students from Black, Asian and minority ethnic backgrounds were less likely to return to school in June and July 2020 when schools invited certain year groups to return on a voluntary basis. As schools reopened for all pupils, schools reported that an average 49% of pupils from Black, Asian and minority ethnic groups returned to school, compared to an average 56% of all pupils during that period. Schools with higher proportions of students from Black, Asian and minority ethnic backgrounds were more likely to report non-attendance, which was to a great extent due to parents' safety concerns[131].

While schools worked hard to provide education online for pupils and remained open for vulnerable pupils and children of key workers, young people with underlying health conditions had to shield at home. This included 170 young people aged between 10 and 19 years old in Camden (0.6% of all young people aged between 10 and 19)[132]. Online education was

Artist: Anjuma, 16 years old
'Isolation'
Regent High School

unsuitable for some disabled young people who required more specialist assistance and care.

In an Inclusion London survey, one London parent said, 'My child with special needs has been unable to attend school for the duration of the lockdown, causing huge amount of anxiety and distress within the household. He has also had all external support and care removed'[133].

The need to move to remote learning for most young people may also have had adverse impacts for those whom school can act as a gateway to other services or support. Specific examples described include LGBTQ+ young people living in unsupportive and potentially abusive homes no longer having a gateway to mental health services, or schools no longer identifying young people who may have developed eating disorders, if parents do not notice gradual weight loss at home[134].

Box 1. Camden schools found ways to support young people's learning to ensure all young people access education, and used a wide range of interventions to overcome the barriers posed by lockdown including the digital divide. Camden's school leaders used their knowledge of, and relationships with, families and communities to support individual children and families with a variety of interventions, including:

- distributing 5,934 devices from Camden Learning/Camden Council to schools and young people
- providing pens, papers, scissors, paper, white boards, books, workbooks and other resources to enable home learning
- supporting families by making variations to timetables to enable children to share devices
- providing both live and pre-recorded lessons to suit family circumstances
- remaining open for vulnerable young people throughout all school closures
- carrying out wellbeing checks.

Impact on training and apprenticeships

Apprenticeships and training opportunities are an important option for many school leavers, leading to nationally recognised qualifications, and experience and skills that employers want and value.

Young people from disadvantaged backgrounds are less likely to do well academically at school and progress to higher education, and these socioeconomic inequalities in schooling are compounded by structural problems in post-16 education, which tends to track people into narrow subject areas. Although apprenticeships in England attract a return in the labour market, access to apprenticeships is unequal, as those from low socioeconomic groups are more likely to commence an intermediate apprenticeship (GCSE level equivalent) than an advanced apprenticeship (A level equivalent and above) [135].

The pandemic significantly impacted apprenticeship placements. Many were based in sectors which were closed for long periods or suffered large reductions in business, such as the hospitality sector. Many apprentice roles were not transferrable to homeworking, for example due to the need for specialist on-site equipment, or home learning could not be accessed due to a lack of internet or because the learning provider had closed[136]. Young people also had less access to careers advisors, and many employers put recruitment of apprentices on hold[137]. These issues have particularly affected young people from lower socioeconomic backgrounds as they are more likely to access such training and apprenticeships than young people from more affluent backgrounds.

The pandemic also seems to have intensified the shift towards higher level apprenticeships and older apprentices (aged 25+) away from younger, more socially disadvantaged apprentices. This may in part be because apprentices from disadvantaged backgrounds are less likely to receive financial support from their families, especially during a period of increased financial strain caused by the pandemic and so are less likely afford the cost of staying in apprenticeship roles[138]. In Camden, while apprenticeship starts remained stable at 620 in both 2019/20 and 2020/21, the number of starts by under 19-year-olds fell by 29% from 70 to 50, while the number of over 25s starting increased by 12% from 330 to 370[139].

Impact on employment

Work is an important part of people's lives. The concept of 'good work' has been defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development[140]. As well as providing money, good work contributes to a sense of identity, provides a structure to life, and helps support better physical and mental health[141].

The rise of the gig economy (which relies heavily on temporary and part-time positions filled by independent contractors and freelancers rather than full-time permanent employees), in-work poverty, exacerbated by the current cost-of-living crisis, means that employment is not a straightforward solution to tackling poverty, and so precarious employment and equal access to well-paid jobs with prospects need to be addressed.

Between 2013 and 2022, the percentage of young people aged 16–24 in employment with a zero hours contract in the UK rose from 5.7% to 10.6%, compared with a rise from 1.9% to 3.2% across all age groups over 16 years[142].

Low pay leads to an inability to afford items necessary for a healthy life, such as nutritious food, fuel to heat homes, adequate housing and activities for social interaction, all factors which can also impact on a child's educational attainment where the family is low paid. Low pay also increases the risk of psychosocial factors that can cause stress and ill health for

those living with insufficient income and financial difficulties[143].

In 2022, the voluntary London Real Living Wage (which is set by a calculation based on a basket of goods and services) was raised to £11.95 an hour (to be implemented by 14 May 2023), compared with £9.50 an hour for the statutory National Living Wage. The minimum age for the London Real Living Wage is 18 years, compared to 23 years for the National Living Wage, significantly benefiting older adolescents as they transition to adult apprenticeships (of which 22.2% were aged under 19 in 2021/22, receiving a minimum of £4.81 an hour under both schemes). Camden has been an accredited London Living Wage employer through the Living Wage Foundation since 2012.

The Resolution Foundation found that young people were significantly more likely than their older counterparts to have lost working hours, experienced lower pay, been put on furlough or lost their job during the pandemic. Spells of unemployment can have a long-lasting impact, as they can act as a negative signalling device for employers and put them off hiring such candidates. Time spent out of work or on furlough reduces opportunities for skills progression and reduces the track record of previous employment to show potential future employers[144].

During the pandemic, the proportion of all age groups claiming benefits increased significantly in Camden, London and nationally. In Camden, the proportion of those aged 18–24 who claimed benefits increased by 3.1% between January 2020 and August 2021, from 2.0% of the resident population (635 individuals) to 5.1% (1,405 individuals). This was similar to the increase in those aged 25 and over (3.6%) which rose from 1.8% (3,495 individuals) to 5.4% (7,940 individuals). Despite the increase, the percentage of 18–24-year-olds claiming benefits in Camden in August 2021 was significantly lower than London and England (5.1% compared to 8.0% and 6.8% respectively) and remained so in August 2022 (3.5% in Camden compared with 4.9% in London and 4.6% in England). It is not possible to draw on comparable figures for under 18s, since, in general, means-tested, out-of-work benefits are not available to single people aged under 18 who do not have children, and therefore under 18s who are NEET face particular challenges[145].

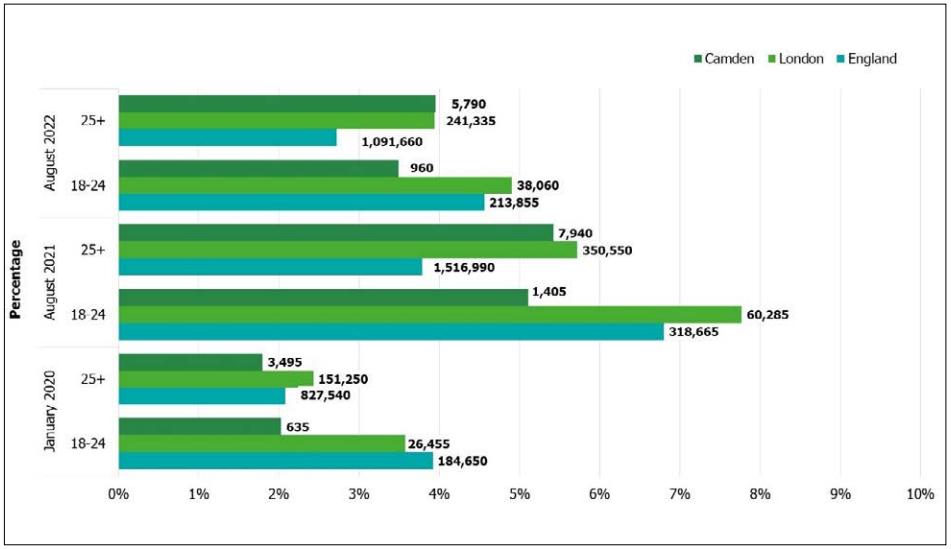


Figure 4.1 Proportion of Camden residents claiming benefits compared to London and England, by age group, January 2020, August 2021 and August 2022

Note: ONS mid-point population estimates 2020 were used to calculate 2020 proportions and ONS mid-point population estimates 2021 was used for 2021 and 2022 proportions.

Source: ONS Claimant count by age, January 2023; ONS population estimates

Impact on young people not in education, employment or training (NEET)

'NEET' is used to describe young people who are not in education, employment or training. Evidence shows that time spent NEET can have a significant and long-lasting detrimental effect on physical and mental health, as well as increasing the likelihood of unemployment, social exclusion and low-quality or low wage work later in life. The most significant risk factors associated with becoming NEET are being a looked-after child or a child in need.

> 'Children in need' are a group supported by children's social care, who have safeguarding and welfare needs, including children on child in need plans, children on child protection plans, looked-after children and disabled children.

Compared to England as a whole, a smaller proportion of Camden young people were NEET in 2020 and 2021. In Camden, the proportion of 16- and 17-year-olds who were NEET or whose education, employment or training status was not known fell from 4.2% (140 young people) at the end of 2019 to 3.2% (100 young people) at the end of 2020, although statistically this is not a significant change. Nationally, the proportion of young people who were NEET remained broadly similar over the period, although in 2021 the share of 16–17-year-olds who were employed nationally (and not in full-time education) fell, offset by a rise in full-time study[146].

The pandemic also significantly affected young people not educated via the mainstream schooling system (those in alternative provision). A survey by the Centre for Social Justice found that a quarter of students aged 16 and over in alternative provision were likely to be immediately NEET in September 2020 because of the disruption caused by the Covid-19 crisis[147].

There is a broad consensus internationally that the youngest people furthest from the labour market, at risk of unemployment or unemployed, inactive or NEET, require intensive support and personalised information, advice and guidance. Early warning and tracking systems are needed to ensure young people in need of support can be identified. Integrated, comprehensive, and holistic approaches to tackle unemployment locally are more effective for this group than only focusing on skill acquisition[148].

Local insight

At state-funded secondary school level, Camden has 10 mainstream schools (nine maintained and one academy), plus two special schools at secondary level and one pupil referral unit (PRU).

The Office for Standards in Education, Children's Services and Skills (Ofsted) rates 10 out of 13 Camden secondary schools as Good or better with three 'Requiring Improvement'. Both special schools achieved 'Good' or 'Outstanding' ratings. Overall, 83.3% of Camden secondary schools were rated 'Good' or 'Outstanding', compared to 94.4% in London and 81.2% in England. However, the number of schools in Camden is comparatively small so one school makes a large difference in percentage terms[149].

Attainment for Camden pupils, based on the average Attainment 8 score (see Box 2 below) increased from 48.6 to 52.4 between 2018/19 and 2021/22, although there were some differences in assessments compared to pre-pandemic exams and exams during the pandemic. However, the increase of 3.8 points was greater than London (3.0 points) and England (2.1 points). Boys had a lower average Attainment 8 score compared to girls in 2021/22; the differential between genders in Camden of 6.7 points was greater than the differential in London (4.7 points) and England (5.1 points).

Box 2. The Attainment 8 score is the average GCSE grade (from 1 to 9) across a student's best eight subjects, with higher weighting given to English (where English Language and Literature are both taken) and Maths. Three subjects must be EBacc subjects (Sciences, History, Geography, Modern Languages or Computer Science) and three are any other subjects. Where a ninth subject is taken, this does not count towards Attainment 8 score.

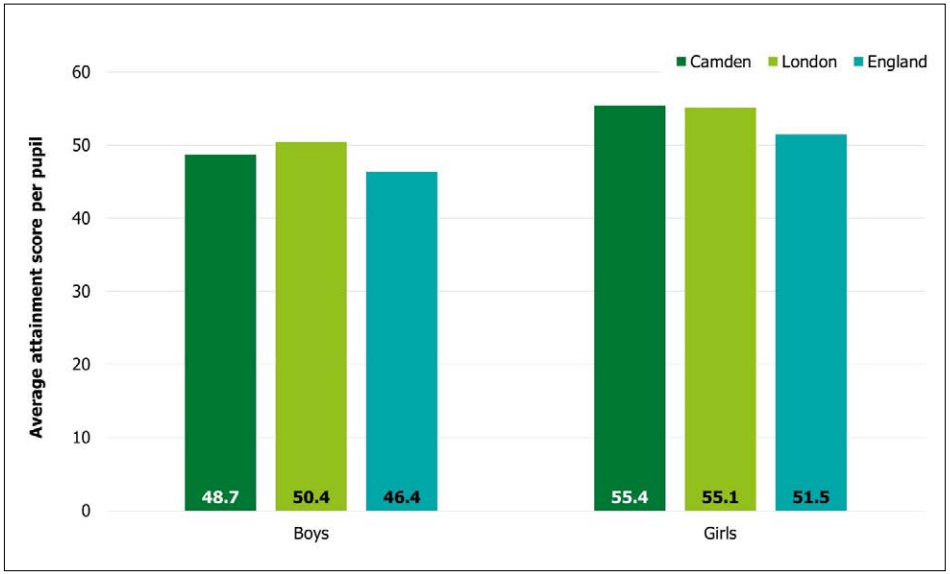


Figure 4.2. Average Attainment 8 score of all pupils, by gender, in Camden compared to London and England, 2021/22.

Source: DfE, 2022

In 2021/22, 75.1% of Camden students achieved a 'standard pass' in English and Maths (grade 4 or above), which is just above the London percentage of 74.3% and above the national average of 69%[150]. This represented an increase from 2018/19, when 67.7% of Camden pupils achieved a standard pass in English and Maths. This increase of 7.4% was greater than London (5.6%) and England (4.1%).

Inequalities in young people with SEND

The number of Camden pupils aged 12+ with an EHCP rose from 369 (4.2% of all pupils) in 2018/19 to 441 (4.8% of all pupils) in 2021/22. The increase in pupils with an EHCP or statement (19.5% over this period) was lower than in London (30.6%) and England (26.4%). Over the same period, the number of pupils receiving SEND support increased in Camden from 896 (10.1% of all pupils) in 2018/19 to 1,207 (13.0% of all pupils). The increase of 24.7% in Camden pupils receiving SEND support was greater than London (12.4%) and England (18.8%)[151].

Young people with an EHCP had lower Attainment 8 scores compared to those with no EHCP in 2021/22. In Camden, young people with an EHCP had Attainment 8 scores of 17.7. This is 39.1 points lower than those without an EHC plan, but higher compared to London (16.8) and England (14.3).

In 2021/22, 20% of Camden pupils with an EHCP achieved a standard pass in English and Maths, compared with 82.8% with without an EHCP or SEN support, and lower than in 2018/19 (11.6%). This was lower in 2021/22 than London (17.2% of pupils with an EHCP) and similar to England (13.5%). In both London and England, a greater proportion of pupils with an EHCP achieved a standard pass in 2021/22 compared with 2018/19, when 13.9% (London) and 11.1% (England) of pupils with an EHCP achieved a standard pass.

Detailed data on exam results by special educational needs in 2021 have not been published to date. However, 29.8% of Camden students with SEND went on to higher education in 2021 (the most recent data available), which is higher than in 2020 (23.4%) This compares to 65.7% with no identified SEND continuing to higher education (60.1% in 2020)[152].

Inequalities in young people from disadvantaged backgrounds

The number of secondary school pupils known to be eligible for FSM in Camden rose from 2,825 in 2018/19 to 3,982 in 2021/22, an increase of 41.0%. This compares to increases of 52.7% in London and 59.4% in England over the same period[153].

Box 3. The definition of disadvantaged pupils includes pupils who are:

- known to be eligible for free school meals (FSM) in any spring, autumn, or summer term
- in alternative provision or pupil referral unit at any time between year 6 to year 11
- are looked after children for at least one day or are adopted from care.

Young people from disadvantaged backgrounds had lower Attainment 8 scores. In 2021/22, disadvantaged pupils in Camden had an average Attainment 8 score of 46.1 compared to 58.3 for those not disadvantaged. This differential of 12.2 points was similar to London (12.1) and England (15.2).

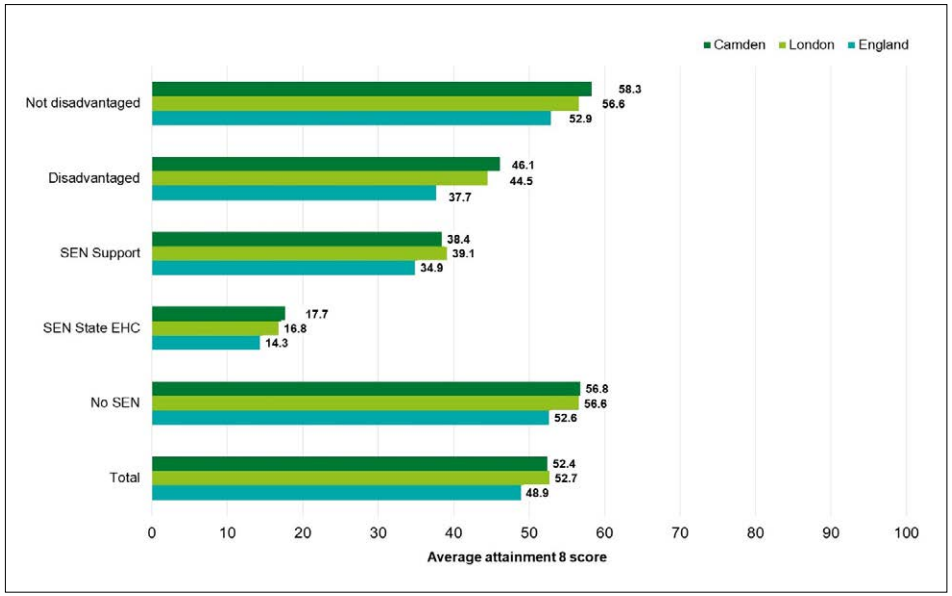


Figure 4.3. Average Attainment 8 score of all pupils, by SEN and disadvantage status, in Camden compared to London and England, 2021/22.

Source: DfE, 2022

Fewer disadvantaged Camden pupils achieved a standard pass in English and Maths in 2021/22 (67.0%) compared to pupils with no disadvantage (82.7%), and higher than London (61.3%) and England (48.6%).

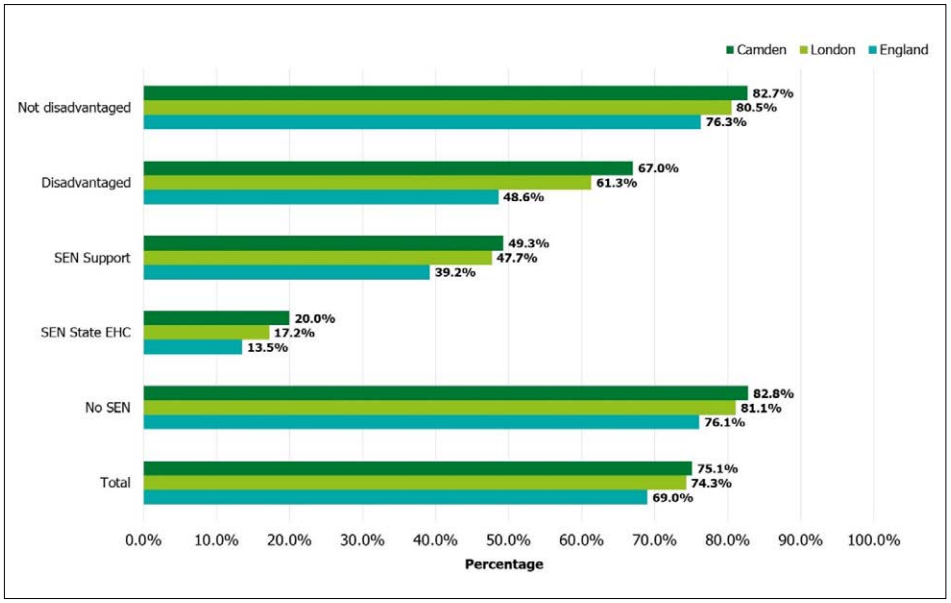


Figure 4.4. Percentage of pupils achieving a standard pass in English and Maths, by SEND and disadvantage status, in Camden compared to London and England, 2021/22.

Source: DfE, 2022

Nationally, one in six young people do not reach a minimum of five GCSEs at Grade 4 or above (or the equivalent technical qualifications), meaning that they leave school without the necessary qualifications to begin certain apprenticeships or start technical or academic courses[154]. This increases to nearly one in four in young people who meet eligibility.

Inequalities in disadvantaged young people aged 16–19

Among Camden 19-year-olds, 70.4% had achieved Level 3 qualifications in 2020/21 (Level 3 is two or more A levels or equivalent, for example a Level 3 vocational qualification), which is a higher proportion than London (69.8%) and England (59.8%)[155]. This represents the most recently available data.

Disadvantaged 16–19-year-old pupils are defined as pupils who have:

- been eligible for FSM at any point over the past six years
- been looked-after continuously for at least one day in the last year, or
- left care through a formal route such as adoption.

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).

Attendance

Overall attendance (excluding absence due to Covid-19) at Camden state-funded secondary schools in the autumn and spring terms of 2020/21 was 94.9%, similar to Inner London (95.7%) and England (95.4%). However, this represents attendance of possible sessions when the school was open to all pupils, excluding periods when schools were closed for most pupils. Non-physical attendance when schools were only open to vulnerable pupils and children of key workers was recorded separately.

Although overall attendance was similar to attendance in 2018/19 (94.7%) it is estimated that on average each secondary school pupil in England missed up to 110 days of education as a direct result of school closures since March 2020[156]. Due to the pandemic, the government's data release on pupil absence in 2019/20 was cancelled, and incompatible weekly data was published for 2020/21[157]. Data on pupil absence in schools in England in 2021/22 was not available.

Attendance across years 7 to 11 in Camden's special schools was lower than mainstream schools in 2020/21 at 85.7%, lower than Inner London (87.2%) and higher than England (84.8%). This was despite Camden special schools having a lower proportion of Covid-related absences compared to secondary schools (12.6% vs. 24.1%). It was also lower than pre-pandemic attendance on 2018/19, when attendance for Years 7 to 11 in Camden special schools was 88.0% (Inner London 90.0% and England 89.90%)[158].

The effect of deprivation on school attendance and attainment is also clear. 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, and pupils with SEND support/EHCP in 2020/21).

In 2020/21, there were 1,396 persistent absentees in Camden who missed 10% or more of possible sessions. As a proportion of all pupils, this was 16.8%, which was higher than Inner London (13.8%) and England (14.8%). Of these, 101 (1.2% of all pupils) missed 50% or more of possible sessions, higher than London (1.1%) but lower than England (1.5%). Persistent absence in Camden, London and England were all higher in 2020/21 compared to 2018/19.

Permanent exclusions in Camden fell from 18 in 2018/19 to 17 in 2020/21, a 5.6% fall. This compares to a drop in London of 61.6% and a drop in England of 48.3% over the same period.

What works In Camden

Education

A holistic approach to education that addresses students' learning, social and emotional needs is crucial, and its need has become more apparent during the Covid-19 pandemic. In order to change outcomes in the long term for disadvantaged pupils, a one-off intervention is unlikely to be effective. Guidance from the Department for Education on reducing the disadvantage gap advocates for a whole-school approach, where pupils are supported to achieve through all aspects of school life (including school ethos, curricula and policies)[159].

In response to the pandemic, Camden has seized a once-in-a-generation opportunity to refresh its ambitions for the education system in the borough. To develop its vision, Camden Learning (a school-led partnership working as a not-for-profit company commissioned by Camden Council), the voluntary and community sector, and young people themselves worked with the council to set three ambitions:

- a fair start
- an excellent school experience
- flourishing lives.

This was done in collaboration with the Renewal Commission, the Youth Review, the Resilient Families Framework and the Joint Health and Wellbeing Strategy. A key part of the approach will be to introduce a Think, Test and Learn framework to develop new ideas and ways of working, with a greater use of experimentation and evidence. This is expected to put Camden at the leading edge of change and effective practice in education by trialling new ways of working to support learning.

Camden Council adopted its education strategy to 2030, 'Building Back Stronger', in January 2022. The strategy sets out plans for a school-led network of high-tech learning venues across the borough, operating at evenings, weekends and holidays to provide:

- access for secondary school age students to learning
- access to technology, digital and Artificial Intelligence (AI) learning programmes, particularly in subject areas, such as Mathematics and Modern Languages
- small group tutoring
- access to good information, advice and guidance about the world of work and opportunities
- signposting to a range of other services.

Camden Learning is a local partnership set up for the benefit of children and schools. It is a joint enterprise set up between Camden schools and Camden Council. It brings teachers, head teachers and other education practitioners together in a school-led system, to share expertise, drive improvement and develop excellent practice, and give schools a rich variety of resources and improvement support, including training and performance management resources.

Camden also benefits from the STEAM programme (Science, Technology, Engineering, Arts and Maths), one of the hubs within Camden Learning. It was designed to build the link between schools and further education colleges to help strengthen Camden's creative and knowledge economy, and improve access to diverse, young, local talent. The programme offers a variety of initiatives, including a school-employer brokerage programme which links schools to employers' trained STEAM ambassadors, a girls' mentoring programme with Facebook, a Computer Science programme for schools

with Google and summer Camden Challenges for young people at creative employers.

During the pandemic, a virtual work experience programme was created for 200 students in Camden secondary schools to develop high-quality placements, with excellent feedback from young people and schools. The STEAM Hub has also been set up, which is an intensive leadership programme for two middle leaders from each participating school, to develop high-quality STEAM curricula, and to embed STEAM beyond the curriculum.

Schools are also putting measures in place to promote pupils' emotional and mental health, such as mental health reviews using the iMHARS Framework, which is available to Camden schools. Trauma-informed practice (see Chapter 2: Mental Health) enables staff in schools to use effective strategies to build children's and young people's resilience and improve their wellbeing. Tackling mental health is important in raising educational attainment: children experiencing poor mental health while at secondary school are three times less likely to pass five GCSEs including Maths and English.

High-quality careers information, advice and guidance is also an important component of young people's schooling, to widen their horizons, challenge stereotypes, raise aspirations, and make informed career and learning decisions. However, young people in Camden have told us that there is insufficient support for them to make informed career choices. They want pre- and post-education support from a personal careers advisor who understands their strengths and aspirations and provides continuity through their journey.

To address this, the education strategy has set out various objectives, including better knowledge-sharing between schools on providing high-quality careers information, opportunities for all students to benefit from a mentor or role model, a strategy to use digital technology to provide extensive and high-quality information and guidance to pupils and support young people to access career opportunities in Camden's thriving third sector, and improve their digital skills.

Adopted in July 2022, the Camden Offer for Young People renewed the council's commitment to the borough's people with a whole-Camden approach that contributes to the realisation of the Youth Mission developed by Camden's Renewal Commission in 2021.

The Camden Offer for Young People is aligned with 'Building Back Stronger', as well as Camden's STEAM strategy, bringing a new approach for employment support for young people and the development of a new SEND strategy.

In keeping with the Enrichment Pledge in 'Building Back Stronger', the Camden Offer for Young People aims to ensure that young people get the chance to develop and pursue passions and interests, benefiting their wellbeing as well as their job opportunities, with a whole-Camden approach that contributes to the realisation of the Youth Mission.

The Camden Integrated Youth Support Service (IYSS) supports young people's social and personal development by offering a wide range of activities including accredited programmes such as Assessment and Qualifications Alliance (AQA) units awards, arts awards, Duke of Edinburgh Awards, food hygiene, first aid, cognitive behavioural therapy (CBT) and information, advice, guidance and support to young people primarily aged between 13–19 years (up to 25 for those with learning difficulties or disabilities).

Through a network of youth projects, the service engages young people in positive activities that help them gain new skills and increase in confidence and resilience. For example, the programme includes the Camden Summer University which, over five weeks in summer, offers free courses in work, study and life skills, health, fitness and sport, film, media and

ICT, music, dance and performing arts, fashion and beauty, and creative arts to all Camden young people.

IYSS also offers one-to-one, tailor-made support to young people needing additional help to succeed in life. An example of this is Camden Mosaic, which helps disabled children and young people to join in with all aspects of school, leisure and community activities, and supports their independence and involvement in all decisions that affect them, preparing them for adult life.

Employment, training and apprenticeships

Support for both young people and employers is important in getting young people who don't continue in education into good employment, whether through apprenticeships or directly into employment.

Research shows that active measures, including training and skills development, entrepreneurship promotion, access to capital, employment services (job counselling, job-search assistance and/or mentoring services) and subsidised employment can succeed in supporting young people into work and training. They increase the chances of employment in the short term and improve careers and earnings in the longer term. They are particularly effective when targeting disadvantaged young people[160].

Apprenticeships are an important option, particularly for young people who prefer experiential learning. Alongside on-the-job training, apprentices spend at least 20% of their working hours completing classroom-based learning with a college, university or training provider, leading to a nationally recognised qualification, which can be up to the equivalent of a degree.

Although the government's public sector apprenticeships target came to an end on 31 March 2022, the council remains committed to increasing the number of residents taking up apprenticeships across organisations in the borough.

Case Study: King Cross Construction Skills Centre

Camden and Islington Councils work closely together to support the delivery of its joint construction training and employment strategy through Kings Cross Construction Skills Centre.

The centre provides a recruitment job brokerage service to employers and unemployed local residents, as well as delivering various construction diploma courses via the College of North-West London. It is an accredited test centre for the Construction Skills Certification Scheme (CSCS), which provides proof that holders are qualified for working on construction sites as well as being important in ensuring safety on site.

Over the last few years, the initiative has supported the joint delivery of two Construction Industry Training Board (CITB)-funded projects. This included providing an initial brokerage and employment service and pre-employment training and CSCS training to residents, to enable them to access construction sector opportunities. It is an important route into apprenticeships and construction work for young people. In the first project, which ran from November 2018 to April 2020, 71 of the 229 Camden residents (31%) accessing the scheme were aged 16–25, while in the second project, which ran from April 2020 – April 2021, 44 of 87 Camden residents (51%) taking part were aged 16–25.

Camden Council has also set up ‘Your Future’ to help make it easier for young people aged 16–24 to navigate the employment and training services available, to provide one-to-one advice and to signpost to the right support based on their needs. The Your Future team offers bespoke employment support for 16–24-year-olds, including support with job searches and work experience, as well as apprenticeships and training opportunities.

There is, of course ,a wealth of activity across the many voluntary and community sector organisations in Camden which provide valuable and effective employment and training support for young people. However, with no centralised directory of services, it’s not possible to list these in this report.

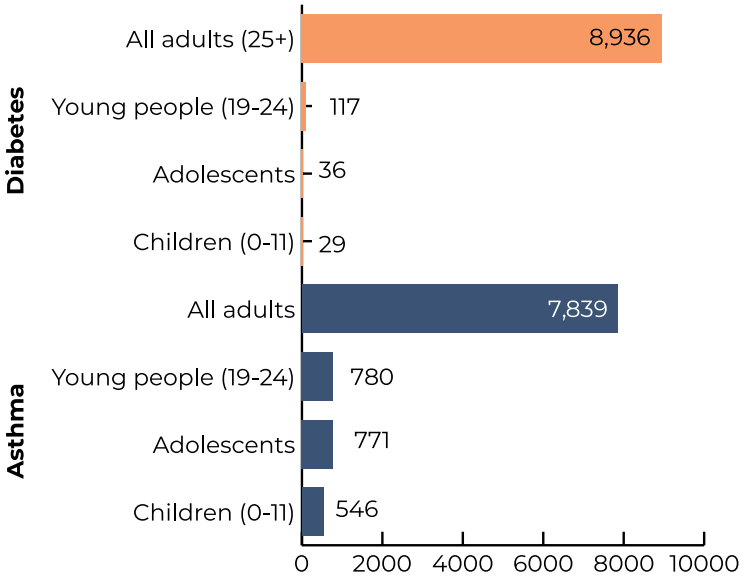
Recommendations

1. **Continue to support disadvantaged pupils with access to technology and study space so that inequalities in access to out-of-class study are reduced.**
2. **Encourage more Camden businesses to provide young people with work experience across all employment sectors.**
3. **Ensure that the young people furthest from the labour market, at risk of unemployment or unemployed, inactive or NEET, are offered intensive support and personalised information, advice and guidance.**
4. **Ensure that the apprentice schemes are fully funded to provide apprenticeships to Camden young people.**
5. **Ensure that the education strategy and youth offer are regularly monitored and reviewed as part of the council's ambitions for improving outcomes and reducing inequalities.**

5. Long-term conditions

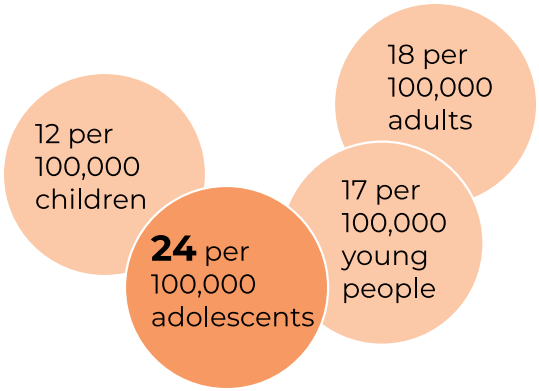
Camden: key long-term conditions [1]

The prevalence of asthma is highest among adolescents (4.5%, 771 adolescents) than children, young people and adults.

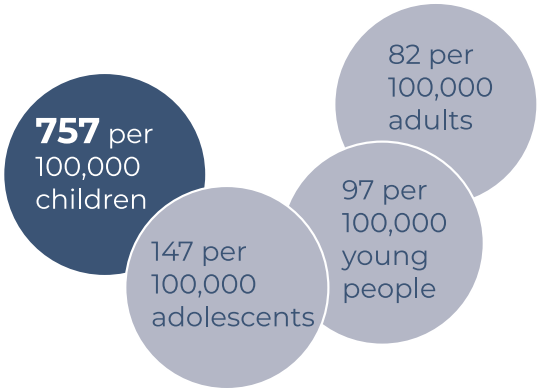


Secondary care [2]

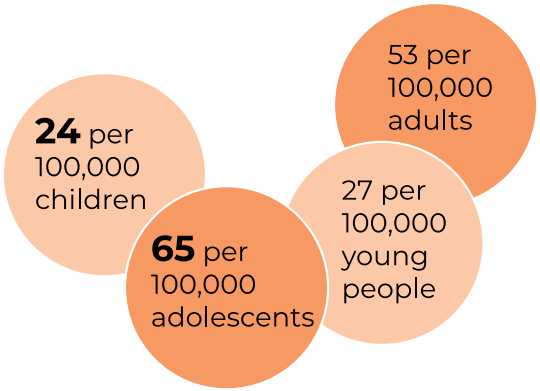
A&E attendance of diabetes



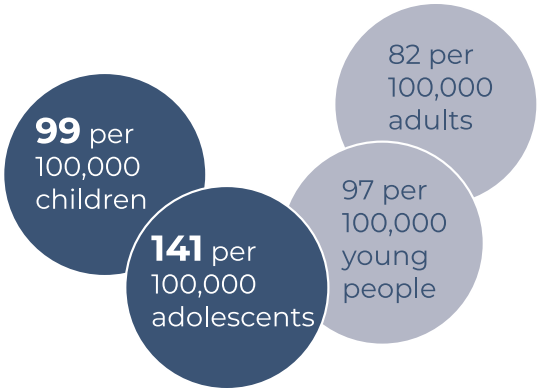
A&E attendance of asthma



Emergency hospital admissions of diabetes



Emergency hospital admissions of asthma



Source:
[1] Commissioning Support Unit GP primary care dataset, Dec 2021
[2] Commissioning Support Unit Secondary Uses Service dataset, Dec 2020 - Dec 2021

5: Long-term conditions

Introduction

Adolescence is generally a time of good physical health for most people; however, data from the Health Survey for England (2018)[161] and the England and Wales GP survey (2021)[162] suggests that between 29% (HSE) and 34% (GP survey) of 16–24 year olds have a long-term physical or mental health condition, disability or illness. Long-term conditions can develop and be diagnosed for the first time in adolescence, and this is the peak age for diagnosis of Type 1 diabetes[163] and asthma[164].

There are multiple risk factors for the development of long-term conditions in adolescence, including genetics, prenatal exposures and environmental determinants. Some of these factors are preventable, such as through comprehensive prenatal nutrition and healthcare, healthy eating habits and exercise, and improving air quality[165]. There is also strong evidence that healthy behaviours initiated in adolescence remain throughout life, which are protective of long-term conditions[166].

Did you know? A greater focus on the wider determinants of children's health would also address and reduce many relevant risk factors for long-term conditions.

However, for young people who do have long-term conditions, accurate diagnoses, early treatment and effective management are critical to minimise their impact on

Edie, 11 years old
Acland Burghley School

health and quality of life. The potential impacts of long-term conditions are largely influenced by the severity of disease, the required treatment and side effects, as well as accompanying psychological and social complications. Young people with long-term conditions are more likely than their peers to be admitted to hospital and experience poor mental health, including anxiety, depression social exclusion, bullying and lack of self-esteem[167] [168] .

Poor health and the demands of treatment can negatively impact on school attendance; conversely, missing appointments to prioritise school may negatively affect disease management[169] [170] [171]. Lack of planning for the management of a young person's conditions can risk a health emergency – such as a serious asthma attack – occurring at school[172]. Long-term conditions can also increase adolescents' dependence on their family and carers, which may lead to exclusion from their peer group at a time when the independence of most young people is increasing[173] [174]. Issues relating to stigma can compound these difficulties[175].

There are no dedicated health services for young people; therefore, adolescents with chronic illnesses have to navigate the transition from paediatric to adult health services, where there is less centralised coordination of care[176]. There may be no equivalent adult service in place, or a lack of clarity about how to get their needs addressed. This can lead to negative healthcare experiences and increased morbidity[177].

Young people with long-term conditions want to have a say about their treatment[178]. However, in general, young people aged between 12–18 years report the lowest levels of satisfaction with GP services and have the shortest consultation times[179]. Increasing the availability and access to youth-friendly services is central to improving young people's health and wellbeing[180].

In this chapter, we will focus on two long-term conditions in adolescence: asthma and diabetes.

Asthma

Asthma is the most common long-term condition among children and young people in the UK. Around 1 in 11 children and young people, or 800,000 teenagers, suffer from the condition[181]. Asthma is the single most common cause of emergency hospital admissions for children and young people in the UK, among the highest rates in Europe. Although rare, death rates among young people from asthma are also among the highest in Europe[182].

Young people with asthma living in the most deprived areas are more likely to be admitted to hospital for asthma than those living in the most affluent areas. Deprivation is associated with an increased likelihood of risk factors for asthma, including exposure to tobacco smoke, environmental pollution and fuel poverty (leading to cold, damp housing)[183].

Underdiagnosis and poor treatment and management of asthma are common[184]. In England, 30% of those who died were diagnosed with mild asthma[185]. Many emergency admissions could be avoided with earlier and more integrated care. Deaths from asthma should be largely preventable with improved management that includes personalised asthma action plans (PAAP), more effective preventative medicine and early intervention[186].

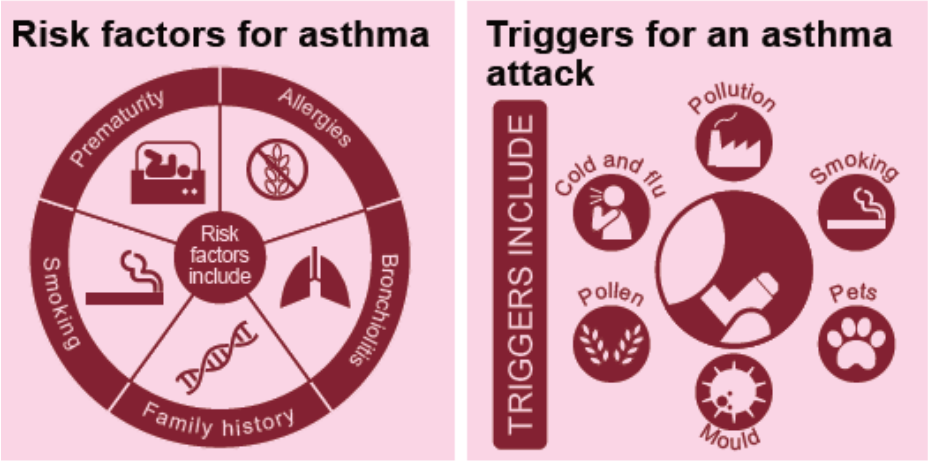


Figure 5.1: Risk factors and triggers for asthma

Diabetes

Diabetes affects an estimated 35,000 (<1%) children and young people aged under 19 living with diabetes in the UK and has been increasing with time191[187]. Diabetes is associated with increased risks of long-term complications, including loss of sight, ketoacidosis, kidney failure, heart disease, stroke, amputations and shortened life. However, when it is well managed, the risks of complications are significantly reduced, and young people with diabetes can live healthy, happy and long lives. In England, young people living in deprived areas and minority ethnic children and young people are less likely to have well-managed diabetes than other groups.

Did you know? The majority of young people with diabetes have **Type 1** (96%), which is an auto-immune condition that prevents the body from creating insulin. It is not caused by a poor diet or unhealthy lifestyle.

About 2% of young people with diabetes have Type 2[188], when the body does not produce enough insulin or use the insulin properly. This is the most common type of diabetes in adults (90%), the risk being higher in those who are overweight or obese, aged over 45, have high blood pressure, a family history of the condition or are living in more deprived areas[189]. Although only 2% of young people with diabetes have Type 2[190], it is increasingly being diagnosed in young overweight people, and disproportionately affects young people from a South Asian (nine times higher) or African-Caribbean ethnic origin (six times higher) compared with white children[191] [192].

A more coordinated approach to national, regional and local diabetes management has improved quality of care for young people[193]. A high and increasing proportion of young people with diabetes require psychological and mental health support and young people report wanting access to mental health support to talk through questions outside of appointments[194]. Research with young people shows the importance of non-medicalised and holistic care because they experience structural barriers around their health and education as well as disparities in the quality of support they receive[195].

> ‘I’ve had diabetes for five years but as a young person I didn’t know any other young person with diabetes… when you first find out [you have diabetes] for young people they don’t know anyone and they feel like it’s just them and they’re alone.’
>
> **Young person, Co-designing group clinics for young adults with diabetes**[196]

Anjuma, 16 years old
Regent High School

Local insight

Long-term conditions in adolescents can be delivered most effectively by working collectively across an integrated system. Holistic, system-wide responses are needed to address the wider causes of long-term conditions, including socioeconomic factors, the physical environment, healthy behaviours and access to healthcare.

Asthma

Asthma is by far the most common long-term condition among adolescents in Camden. In 2021 there were 771 adolescents aged 12–18 diagnosed with asthma and registered with a GP in Camden, a prevalence of 4.5%[197]. This is a higher prevalence than for both children aged 0–11 and young people aged 19–24 in Camden (of which 2.2% and 1.9% have an asthma diagnosis respectively)[198] (see infographics 1). This pattern is broadly in line with the national data. There are more cases diagnosed in males than females, also in line with the pattern nationally[199].

In Camden, for those aged 12–18 there is a significance difference in asthma prevalence in white British compared to ethnic minority groups (5.3% and 4.2% respectively). In addition, among young people aged 19–24, the prevalence in non-white groups (1.4%) is much lower than in white British young people (4.3%)[200]. This does not reflect the English pattern of higher asthma prevalence in ethnic minority groups[201]. However, ethnicity data is underreported, which may lead to biased data reporting. It is also likely that long-term conditions are underdiagnosed in non-white groups.

In Camden in 2021, the rate of A&E attendances for asthma is much higher in children compared to other age groups. There were 757 A&E attendances (191 individuals) related to asthma in children aged 0–11 years old (per 100,000 GP registered population), compared to 147 for adolescents (12–18 years old),

97 for young people (19–24 years old) and 82 attendances for adults (25+ years old). The frequency of emergency admissions for asthma also decreases with age. In 2021, for every 100,000 children (0–11 years old) and adolescents (12–18 years old), there were 99 and 141 emergency admissions for asthma respectively. This decreased to 34 in young people (12–18 years old) and 79 in adults (25+ years old) per 100,000 GP registered population[202]. This may indicate poorer identification and management of asthma in children and adolescents compared to adults.

Camden also has relatively high inpatient admission rates for asthma in children and young people (694 per 100,000 GP registered population) compared with other NCL CCGs[203].

However overall, the rate of emergency hospital admissions for young people with asthma (per 100,000 GP registered population) has been decreasing, in line with the trends for London and England204 (see Figure 5.2).

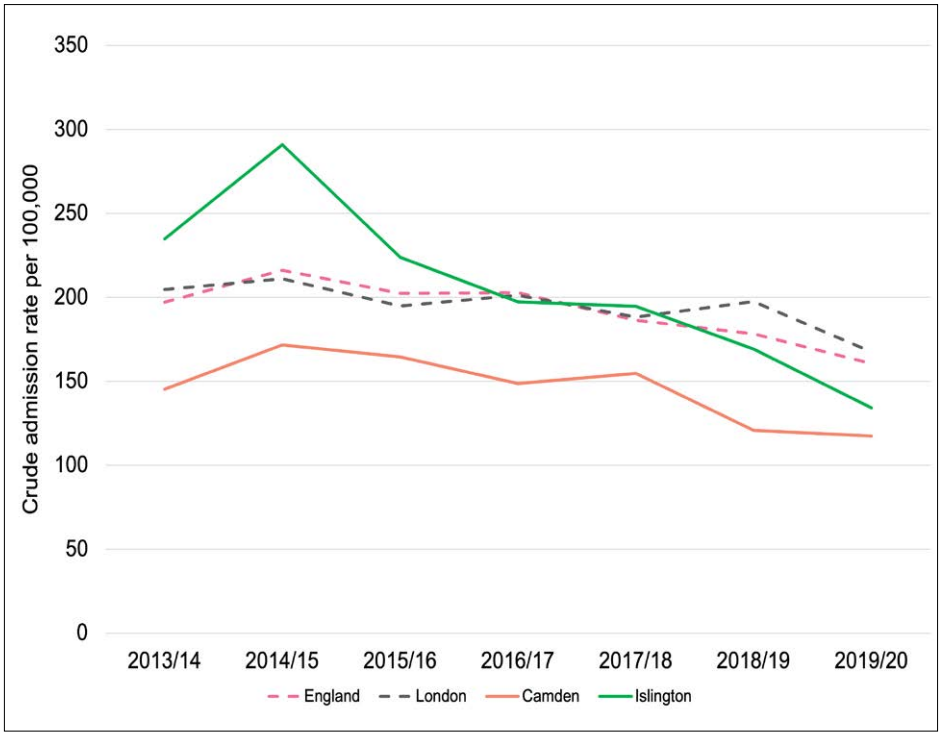


Figure 5.2 Trend in emergency hospital admissions for asthma for children under 19 (crude rate per 100,000), for Islington, Camden, London and England, 2013/14–2019/20.

In Camden, young people living with asthma say that they need more help at school to feel safe and supported with their asthma care[205]. They want GPs and hospitals to know how to look after them when they go for appointments and emergency care. They want more help and training in schools and also for friends and family to help them to enjoy themselves and stay safe.

> ‘When my asthma is in check…. I feel free!’ **[13-year old girl]**
>
> ‘It would also help if doctors could tell us about our medications and our conditions more directly rather than telling our parents.’[206]

Diabetes

The prevalence remains low in young people aged 12–18 (0.2%) and 19–24 (at 0.3%) but increases dramatically in adults aged over 24; 4.4% of the adult population in Camden has a diabetes diagnosis[207] (See infographics 1). An estimated 45% of the true number with diabetes in Camden have not yet been diagnosed[208].

In Camden, the number of diabetes diagnoses in adolescents is not large enough to draw conclusions about differences by ethnic group. However by adulthood, Black and Asian residents are significantly more likely to be diagnosed with diabetes compared to other ethnic groups (9% and 8% respectively, compared to 3% in white British residents[209]). In Camden, those in the most deprived quintile are 60% more likely to be diagnosed with diabetes than the average resident. those in the least deprived quintile are 50% less likely to be diagnosed than average[210].

The likelihood of an A&E attendance for diabetes is higher among adolescences compared to children, young people or adults. In 2021, there were 24 A&E attendances for diabetes among adolescents aged 12–18 years old (per 100,000 GP registered population) compared to 12 attendances for every 100,000 children, 17 for young people and 18 for adults. Similarly, rates of emergency hospital admissions for diabetes are also higher for adolescents: 24 admissions in children, 27 in young people and 53 in adults, 65 emergency hospital admissions for diabetes (per 100,000 GP registered population)[211]

Clinicians who were consulted as part of the NCL Diabetes Structured Education Review 2021 highlighted that adolescence is an inherently risky stage of life, particularly for young people with Type 1 diabetes. As well as navigating social, familial, developmental and other challenges characteristic of adolescence, young people with Type 1 are learning to become responsible for the management and care of their diabetes. Guidance from parents/carers and paediatric providers may reduce, and young people and the services who provide care may find it difficult to adjust to the changes. This period can see young people disengaging from services resulting in preventable long-term complications that increase risk of adverse health outcomes[212].

What works in Camden?

What works to address asthma in adolescents in Camden?

Camden was the first borough in North Central London to produce a whole-system strategic asthma plan to support children with asthma[213]. Before the pandemic, a whole-system strategic plan was co-produced with partners across NCL as part of the integrated care system (ICS).

Work is taking place to improve asthma outcomes in Camden as part of the NCL Asthma Strategic Plan the aims of which are outlined below (Figure 5.3):

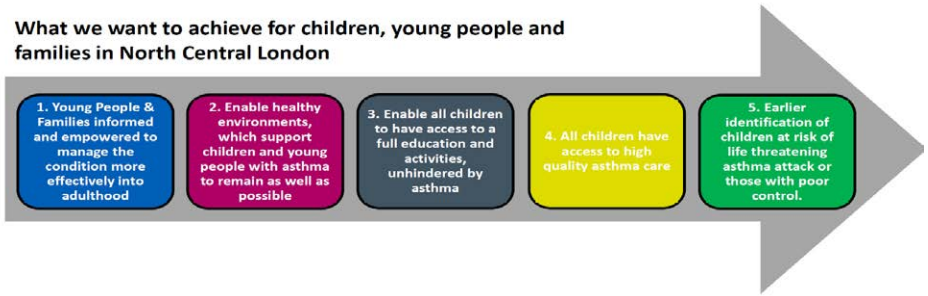


Figure 5.3: NCL Asthma Strategic Plan: Objectives

The Camden Children and Young People's Asthma Strategic Plan (2020/22) incorporates views from relevant council services such as housing, air quality, public health, school health and wellbeing teams, as well as community services, and outlines three key priorities areas:

- Identify and reduce the risk of severe asthma
- Enable settings to prevent asthma and raise awareness about the support available to manage asthma effectively
- Address the wider determinants of health relating to asthma.

Camden's Asthma Strategic Plan also sits within the context of national initiatives designed to improve asthma outcomes for children and young people, including NHS England's Children and Young People's (CYP) Transformation Programme[214] and the National Bundle of Care for Children and Young People with Asthma. The Bundle of Care sets out evidence-based interventions to help children, young people, families and carers control and reduce the risk of asthma attacks and prevent avoidable harm[215]. The Healthy London Partnership has also produced a London asthma toolkit[216] designed for healthcare professionals, school staff, parents, carers, children and young people.

The following section outlines how Camden has responded to each of the topic areas in the National Bundle of Care for Children and Young People with Asthma[217].

1. **Reducing environmental causes and triggers of asthma**
   Camden was the first local authority to commit to the ambitious World Health Organization air quality standards. Our Clean Air Action Plan outlines the council's strategy for creating a borough in which no one suffers ill health as a result of the air they breathe. The Camden Air Quality team has also developed a suite of materials to support young people, their families and professionals to understand the impact of poor air quality and reduce exposure to both outdoor and indoor air pollution. The strategy also promotes a shift towards greener and healthier travel.

2. **Early and accurate diagnosis**
   Camden is working to improve asthma diagnosis within primary, secondary and tertiary care, and establishing diagnostic hubs and risk stratification of asthma patients. The new asthma locally commissioned service (LCS) will support improvement of asthma diagnosis and ensure all young people have an annual asthma review.

3. **Effective preventative medicine (preventing asthma attacks**)
   Most young people with asthma should be managed within primary care. In Camden, there is variation in quality of primary care management of young people with asthma, and six GP practices have higher asthma-related inpatient admission rates than the NCL average[218]. Improving this capacity is a focus of Camden's Children and Young People's Asthma Strategic Plan. This covers the sharing of personalised asthma plans with school nursing services, and reviewing the asthma plans annually. With more regular management, hospital attendance and admissions can reduce.

   There are three pillars of asthma management:

   - adherence to treatment (inhaler technique)
   - adherence to a Personalised Asthma Action Plan (PAAP)
   - conducting annual asthma reviews, resulting in a reduced hospital admissions and risk of death from asthma[219].

Where there is a hospital attendance, ideally children should have a 48-hour review with their GP to support with asthma action planning and reduce the chances of reattendance.

Adherence to treatment plays a key role in effective preventative medication. Identifying the reasons for poor disease control is essential, and the training of healthcare professionals to take time to identify the issue and provide appropriate support, advice or intervention, based on the underlying cause, is critical[220].

In Camden, children and young people's asthma is included in the new LCS for long-term condition management in primary care. This will enable extended annual asthma reviews for all children and young people with asthma. Included in the framework will be case finding, to identify those who may have asthma but have not received a diagnosis, as well as risk stratification to identify those at most risk of future deterioration. Time will be allotted to improve multidisciplinary working, to ensure appropriate support is available to children and young people and their families in appropriate settings including school, primary care and home.

It is important to use continued learning to improve the knowledge, skills and confidence of all staff in front line. NCL is planning to roll out training reflecting the new tiered asthma capability framework from NHS England, to ensure all professionals involved in caring for children and young people with asthma have the skills and knowledge to ensure the safety of that child.

In addition to the work outlined above, Camden has introduced the Asthma Friendly Schools (AFS) programme, which provides training and information to support schools to meet the five key standards required to be an AFS[221]. Schools must have an asthma policy and school staff must be trained on care of children with asthma, all children with asthma should be identified on a register and have a written care plan and schools should have their own emergency inhaler kit and starter resource pack[222].

Management of exacerbations

Nationally, asthma control levels are worryingly low[223]. Ensuring that everyone who has an asthma attack receives a follow-up appointment to review medication and improve self-management within two working days of being discharged is a crucial part of asthma care[224]. Better joined-up data between primary and secondary care will also improve rates of post-admission follow-up.

In Camden, a community atopy nurse works with primary care and provides step-up support for children and young people with poorly controlled asthma. As well as linking with primary care and secondary care, this atopy nurse links in with social care

where required, and works closely with the AFS nurse and the school nursing service to support children in a more holistic way.

Asthma care can be delivered most effectively by working collectively across an integrated system. The Integrated Paediatric Service (IPS) within NCL is an innovative primary care model which brings paediatric expertise into the community and improves the synergies between GPs, hospital paediatricians and children's community services to improve care and support pathways, and improve outcomes for children, parents and carers using these services[225]. This model is shown to reduce referrals into outpatients and is a more efficient use of resources which can be adapted for asthma.

What works to address diabetes in adolescents in Camden

Camden is part of the NCL Diabetes Network, which is linked into London's Diabetes Clinical Network. This has a five-year delivery plan (2020–2025) to improve outcomes and the quality and safety of care. The plan commits to addressing the lack of a standardised approach to healthcare for children and young people with Type 1 diabetes[226]. Integrated commissioning, utilising the existing paediatric networks in London, and increasing the use of new technologies are key to reducing the variation of health outcomes for young people with diabetes across the capital[227].

In Camden, the school nursing team deliver targeted clinical intervention and support for young people who have a care plan or who require support following an exacerbation of their condition. This includes supporting young people to regularly monitor their blood glucose levels to prevent diabetic complications and providing regular adult support to supervise young people to manage their diabetes. The London Diabetes Network has developed guidance for the Healthy London Partnership which schools can use to assist them in this provision[228].

Promoting a healthy weight in children and young people is also a key priority for Camden's Health and Wellbeing Board and there are specific programmes to support people to achieve a healthy weight and prevent the onset of Type 2 diabetes. They include a Healthy Schools programme (involving school, afterschool club and youth club interventions) and 1–1 weight management services for young people who are overweight (Chapter 1: Physical Activity, Food and Healthy Weight for more information). A North Central London Diabetes Structured Education Review was conducted in 2021 and outlined some local recommendations regarding how to enhance diabetes education for children and young people. These are outlined in the recommendations section.

We should follow national guidance on diabetes control in this age group, including:

- Ensuring the infrastructure to develop standardised high-quality patient-centred service.
- Improving prevention and diagnosis through stakeholder partnership to raise awareness, and improving disease management by supporting self-management.
- Ensuring age-appropriate interventions to support young people, and ensuring local services and infrastructure are young-person friendly[229].
- It is also vital that patients adhere to regular monitoring of blood glucose and potential diabetic complications. This is important to help young people manage their condition well to prevent emergency hospital admissions. NICE[230]. recommends that children and young people with Type 1 diabetes have health checks at least four times a year.

Recommendations

The following recommendations are for long-term conditions in young people in general:

1. **Taking early, preventative action which can help reduce the risk of developing long-term conditions in young people.**
2. **Promoting healthy behaviours in young people.** This can have lifelong benefits by reducing the risk of developing long-term conditions.
3. **Early and accurate diagnosis for access to timely support and care.** Action should be taken to improve awareness of condition risk factors and early signs and symptoms among key services, as well as providing targeted information for young people and families at greater risk of disease.
4. **Recognising the importance of ensuring the basic elements of care are in place and carried out regularly.**
5. **Developing the partnership with young people as they grow and become more responsible for managing their own condition.**
6. **Ensuring that all strategies and frameworks for change are co-produced with young people, their parents and carers**.
7. **Ensuring competence and ways of working with young people by following the You're Welcome quality criteria** This has been developed by the Department of Health, which is an example based on services' experience of effective local practice working with young people under 20 and becoming young people-friendly. Strategies should be in place to enable young people to advocate for themselves with respect to their healthcare.
8. **Recognising the psychosocial impacts on young people living with a long-term condition,** especially how this will be affecting their feelings around loss of control over their body, and self-management and care of their condition.
9. **Improving the transition into adult services.** NICE guidance sets out steps to ensure young people are given enough time to understand how to transition from paediatric to adult services, and how some aspects of their care will change[231].
10. **Ensuring increased support for young people from Black, Asian and other minority ethnic groups, and those living in areas of greater deprivation, who are generally at greater risk of developing long-term conditions and more likely to need urgent or emergency care than other groups.**
11. **Ensuring a whole systems response (not just a health system response). Services need to be commissioned in a seamless integrated fashion across the entire pathway, from prevention and self-management to in-hospital and out-of-hospital care.** Whole-system approaches for all long-term conditions should be coordinated using the blueprint laid out for asthma.
12. **Improving prevention and health promotion.** Action to tackle preventable risk factors should start as early as possible. This includes supporting the wider health and social care settings in particular schools where promotion of health will help them to increase educational attainment and

enhance later life chances in line with the Annual Report of the Chief Medical Officer 2012, for example, by not penalising absences and supporting young people with medication adherence.

The following recommendations are more condition-specific:

1. **Review the guidance provided by the London Diabetes Network[232] and the NCL Diabetes Structured Education Review, and where necessary implement an action plan in schools to address any gaps for diabetes**.
2. **Maintain schools' Asthma Friendly School status by following the 'London schools guide for the care of children and young people with asthma'**.

Glossary

A&E – Accident and Emergency Department (of hospital)

ACE – adverse childhood experiences

AFS – Asthma Friendly Schools

AMHS – adult mental health services

APHR – Annual Public Health Report

ARFID – avoidant restrictive food intake disorder

CAMHS – child and adolescent mental health services

CSE – child sexual exploitation

CITB – Construction Industry Training Board

CYP – children and young people

DfE – Department for Education

EHCP – educational health and care plan

FSM – free school meals

HSE – Health Survey for England

ICS – integrated care system

IPS – Integrated Paediatric Service

ITIP – trauma-informed practice

IYSS – Integrated Youth Support Service

iMHARS – Islington Mental Health and Resilience in Schools

LCS – locally commissioned service

LSOA – Lower Super Output Area

MHST – mental health support teams

NCL – North Central London

NEET – not in education employment or training

NICE – National Institute for Health and Care Excellence

Ofsted – Office for Standards in Education, Children's Services and Skills

ONS – Office for National Statistics

PAAP – personalised asthma action plan

PE – physical education

PRU – pupil referral unit

PSHEE – personal social health and economic education

SEND – special educational needs and disabilities

TYS – targeted youth services

VAWG – violence against women and girls

VRU – Violence Reduction Unit

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They are:

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References

Chapter 1: Physical activity, food and healthy weight

1 The Food Foundation. 'Your future, your food: youth consultation for the national food strategy' (viewed on 27 May 2022)

2 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

3 Hashem KM, He FJ, Jenner KH, MacGregor GA. 'Cross-sectional survey of the amount of free sugars and calories in carbonated sugar-sweetened beverages on sale in the UK' BMJ 2016: 6:11 (viewed on 27 May 2022)

4 The Food Foundation. 'Your future, your food: youth consultation for the national food strategy' (viewed on 27 May 2022)

5 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

6 Wise J. 'Britain's deprived areas have five times as many fast food shops as rich areas'. BMJ 2018: 363 (viewed on 27 May 2022)

7 Public Health England. 'Obesity and the environment: density of fast food outlets at 31/12/2017' (viewed on 27 May 2022)

8 St Pancras and Somers Town Partnership. 'Healthy weight, healthy lives in St Pancras & Somers town' (viewed on 27 May 2022)

9 St Pancras and Somers Town Partnership. 'Healthy weight, healthy lives in St Pancras & Somers town' (viewed on 27 May 2022)

10 World Health Organization. 'Marketing of foods high in fat, salt and sugar to children: update 2012–2013' (viewed on 27 May 2022)

11 The Obesity Health Alliance. 'Out of place: the extent of unhealthy foods in prime locations in supermarkets' (viewed on 27 May 2022)

12 Nakamura R, Pechey R, Suhrcke M, Jecc SA, Marteau TM. 'Sales impact of displaying alcoholic and non-alcoholic beverages in end-of-aisle locations: an observational study' Social Science and Medicine 2014: 108:100 (viewed on 27 May 2022)

13 St Pancras and Somers Town Partnership. Healthy weight, healthy lives in St Pancras & Somers town (viewed on 27 May 2022)

14 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2017'

15 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

16 Adolphus K, Lawton CL, Dye L. 'Associations between habitual school-day breakfast consumption frequency and academic performance in British adolescents'. Frontiers in Public Health 2019: 7:283 (viewed on 10 August 2022)

17 Camden and Islington Public Health. 'Food poverty in Camden and Islington, January 2018: understanding the local picture' (viewed on 27 May 2022)

18 The Food Foundation. 'A crisis within a crisis: The impact of Covid-19 on household food security' (viewed on 27 May 2022)

19 The Food Foundation. 'Food insecurity tracking' (viewed on 27 January 2023)

20 Kumar B, Robinson R. 'Physical activity and health in adolescence'. Clinical Medicine (London) 2015: 15:3 (viewed on 27 May 2022)

21 Chaddock L, Erickson KI, Prakash RS, Kim JS, Voss MW, VanPatter M, and others. 'A neuroimaging investigation of the association between aerobic fitness, hippocampal volume, and memory performance in preadolescent children'. Brain Research 2010: 1358, pages 172–183 (viewed on 27 May 2022)

22 Department of Health and Social Care. 'UK Chief Medical Officers' physical activity guidelines' (viewed on 27 May 2022)

23 Sport England. 'Active Lives children and young people survey academic year 2020–21 report' (viewed on 27 May 2022)

24 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

25 Islington Council. 'Secondary school girls physical activity engagement in Islington' 2020

26 Islington Council. 'Secondary school girls physical activity engagement in Islington' 2020

27 Sport England. 'Active Lives children and young people survey coronavirus (Covid-19) report' (viewed on 27 May 2022)

28 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2017'

29 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

30 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2017'

31 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

32 Sport England. 'Active Lives children and young people survey academic year 2018–19 report' (viewed on 27 May 2022)

33 Sport England. 'Active Lives children and young people survey academic year 2020–21 report' (viewed on 27 May 2022)

34 Sport England. 'Active Lives children and young people survey academic year 2018–19 report' (viewed on 27 May 2022)

35 Sport England. 'Active Lives children and young people survey academic year 2018–19 report' (viewed on 27 May 2022)

36 Sport England. 'Active Lives children and young people survey academic year 2020–21 report' (viewed on 27 May 2022)

37 Office for Health Improvement and Disparities. 'Fingertips: obesity profile' (viewed on 27 January 2023)

38 Office for Health Improvement and Disparities. 'Fingertips: obesity profile' (viewed on 27 January 2023)

39 Camden and Islington Public Health. 'Camden NCMP Results 2021/22' 2022

40 Camden and Islington Public Health. 'Camden NCMP Results 2021/22' 2022

41 Tiffin PA, Arnott B, Moore HJ, Summerbell CD. 'Modelling the relationship between obesity and mental health in children and adolescents: findings from the Health Survey for England 2007' Child and Adolescent Psychiatry and Mental Health 2011: 5:31 (viewed on 27 May 2022)

42 Simmonds M, Llewellyn A, Owen CG, Woolacott N. 'Predicting adult obesity from childhood obesity: a systematic review and meta-analysis' Obesity Reviews 2016: 17:2 (viewed on 27 May 2022)

43 Public Health England. 'Health matters: obesity and the food environment' (viewed on 27 May 2022)

44 Camden Council. 'Transitions to Adulthood' 2019

45 Delfabbro PH, Winefield AH, Anderson S, Hammarström A, Winefield H. 'Body image and psychological well-being in adolescents: the relationship between gender and school type' The Journal of Genetic Psychology 2011: 172:1 (viewed on 27 May 2022)

46 Saiphoo A, Vahedi Z. 'A meta-analytic review of the relationship between social media use and body image disturbance' Computers in Human Behaviour 2019: 101:1 (viewed on 27 May 2022)

47 Andrew R, Tiggemann M, Clark L. 'Predictors and health-related outcomes of positive body image in adolescent girls: a prospective study'. Developmental Psychology 2016: 52:3 (viewed on 27 May 2022)

48 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

49 The Schools Health Education Unit. 'Camden Health Related Behaviour Questionnaire 2021/22'

Chapter 2: Mental Health

50 Solmi M, Radua J, Olivola, M and others. 'Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies' Molecular Psychiatry 2022: 27 (viewed on 31 May 2022)

51 McManus S, Bebbington P, Jenkins R, Brugha T. 'Mental health and wellbeing in England: adult psychiatric morbidity survey 2014' NHS Digital 2016 (viewed on 18 August 2023)

52 Early Intervention Foundation. 'Adverse childhood experiences: what we know, what we don't and what should happen next' (viewed on 31 May 2022)

53 Chang X, Jiang X, Mkandarwire T, Shen M. 'Associations between adverse childhood experiences and health outcomes in adults aged 18–59 years'. PLoS One 2019:14:2 (viewed on 31 May 2022)

54 Kooth PLC. 'The state of the nation's mental health, Kooth Pulse report' (viewed on 31 May 2022)

55 The Health Foundation. 'Generation Covid-19: building the case to protect young people's future health' (viewed on 31 May 2022)

56 NHS Digital. 'Mental health of children and young people in England 2021 – wave 2 follow up to the 2017 survey' (viewed on 31 May 2022)

57 Camden and Islington Public Health Intelligence Team. 'Forecasting future demand for mental health services in light of Covid-19: Camden and Islington' 2021

58 Smith K, Bhui K, Cipriani A. 'Covid-19, mental health and ethnic minorities' Evidence-Based Mental Health 2022: 23:3 (viewed on 31 May 2022)

59 Kooth PLC. 'The state of the nation's mental health, Kooth Pulse report' (viewed on 31 May 2022)

60 NHS Digital. 'Mental health of children and young people in England 2021 – wave 2 follow-up to the 2017 survey' (viewed on 31 May 2022)

61 Tabone JK, Rishel CW, Hartnett HP, Szafran KF. 'Examining the effectiveness of early intervention to create trauma-informed school environments' Children and Youth Services Review 2020: volume 113(C)

62 Camden Council. 'Transitions to Adulthood' 2019

63 Camden and Islington Public Health Intelligence Team. 'Forecasting future demand for mental health services in light of Covid-19: Camden and Islington' 2021

64 Healthy minds, healthy lives; Widening the focus on mental health Annual Public Health Report 2015 Camden and Islington

65 Camden CAMHS service user data, 2016-based ethnic group population projections

66 The Children's Society 2022 Young Carers Wellbeing (2018)

67 Camden Children's Services data, 2021

68 Camden and Islington APHR 2015. Healthy Minds, Healthy Lives: Widening the Focus on Mental Health.

69 NHS Digital 2021 Mental Health of Children and Young People in England, 2017 [PAS] - NHS Digital

70 Camden Children's Services data 2021

71 NICE 2021. NG 205 Looked-after children and young people.

72 Islington Council. Covid-19 Resident Survey 2021. (2022)

73 Camden Healthwatch. Covid-19 Survey; 2020

74 NHS Digital. 'Mental health of children and young people in England 2021 – wave 2 follow-up to the 2017 survey' (viewed on 31 May 2022)

75 Centre for Mental Health. 'Covid-19 Forecast Modelling Toolkit' (viewed on 31 March 2022)

76 CAMHS service data 2021

77 NHS England. 'NHS England proposes new mental health access standards' (viewed on 1 June 2022)

78 NHS Benchmarking Network. 'CAMHS collection and monthly Covid-19 tracker 2019/20'

79 Camden Council. 'Transitions to Adulthood' 2019

80 Wolpert M, Harris R, Hodges S, Fuggle P, James R, Wiener A, Munk S. 'THRIVE framework for system change' (viewed on 18 August 2023)

Chapter 3: Safety and violence

81 Centre for Mental Health. 'Briefing 54: Trauma, challenging behaviour and restrictive interventions in schools' (viewed on 21 August 2023)

82 Public Health England. 'Collaborative approaches to preventing offending and reoffending in children (CAPRICORN)' 2019 (viewed on 21 August 2023)

83 Greater London Authority's City Intelligence Unit. 'Understanding the most serious violence among young people in London' (viewed on 18 August 2023)

84 https://news.sky.com/story/london-teenage-homicides-grim-rollcall-of-young-victims-killed-in-capital-this-year-12481302

85 Office for National Statistics. 'The lasting impact of violence against women and girls' November 2021 (viewed on 21 August 2023)

86 The Centre for Social Justice. 'Girls and gangs: the eXceL project' 2014 (viewed on 21 August 2023)

87 Camden Council. 'Camden Youth Safety Taskforce Report' 2018 (viewed on 21 August 2023)

88 Barter C, McCarry M, Berridge D, Evans K. 'Partner exploitation and violence in teenage intimate relationships' NSPCC 2009 (viewed on 21 August 2023)

89 Office for National Statistics. 'Domestic abuse victim characteristics, England and Wales: year ending March 2019' (viewed on 21 August 2023)

90 Office for National Statistics. 'Domestic abuse in England and Wales overview: November 2020' (viewed on 21 August 2023)

91 Office for National Statistics . 'Crime in England and Wales: year ending September 2021' (viewed on 21 August 2023)

92 Henehan, K. 'Uneven steps: changes in youth unemployment and study since the onset of Covid-19' Resolution Foundation 2021 (viewed on 21 August 2023)

93 Children's Commissioner. 'We're all in this together' 2020 (viewed on 21 August 2023)

94 Camden Council. 'Camden Youth Safety Taskforce Report' 2018 (viewed on 21 August 2023)

95 Camden Council. Youth justice service data 2022

96 Camden Council. Camden Youth Justice Plan 2021–2023

97 Data and Insight within the Belong Theme: Camden Resilient Families: September 2021

98 Office for Health Improvement and Disparities. 'Fingertips: Public health profile. Children entering the youth justice system (10–17 yrs)' (viewed on 21 August 2023)

99 Camden Council. Youth justice service data 2022

100 Alexander J, O'Shaughnessy M. 'Camden youth safety taskforce evaluation report' Youth Safety Research Group, London Metropolitan University 2021 (viewed on 21 August 2023)

101 Camden Council. Camden Youth Justice Plan 2021–2023

102 Camden Council. 'Camden Youth Safety Taskforce Report' 2018 (viewed on 21 August 2023)

103 Data and Insight within the Belong Theme: Camden Resilient Families: September 2021

104 Camden Council. 'Camden Youth Safety Taskforce Report' 2018 (viewed on 21 August 2023)

105 Camden Council. Camden Youth Justice Plan 2021–2023

106 Waddell S, Jones N. 'Intervening early to prevent gang and youth violence: The role of primary schools' Early Intervention Foundation 2018 (viewed on 21 August 2023)

107 Whittaker A, Cheston L, Tyrell T, Higgins M, Felix-Baptiste C, Harvard T. 'From postcodes to profit: How gangs have changed in Waltham Forest' London South Bank University 2018 (viewed on 21 August 2023)

108 Camden Council Youth Offending Service. Risk of reoffending cohort strategic analysis, April 2017

109 Camden Council. Youth justice service data 2022

110 London Borough of Camden. 'Domestic abuse policy: progress to date and action plan' 2021 (viewed on 21 August 2023)

111 Islington Community Safety Intelligence Team. 'Safer Islington Partnership Strategic Assessment March 2021'

112 Camden Women's Forum. 'Domestic violence and abuse enquiry report' 2021 (viewed on 21 August 2023)

113 Islington Community Safety Intelligence Team. 'Safer Islington Partnership Strategic Assessment March 2021'

114 Islington Community Safety Intelligence Team. 'Safer Islington Partnership Strategic Assessment March 2021'

115 London Borough of Camden. 'Camden youth review – Appendix 1 growing up in Camden survey analysis' 2022 (viewed on 21 August 2023)

116 London Borough of Camden. 'Camden youth review – Appendix 1 growing up in Camden survey analysis' 2022 (viewed on 21 August 2023)

117 Greater London Authority. 'Serious violence affecting young people in London: progressing a public health approach to violence prevention and reduction' 2018 (viewed on 21 August 2023)

118 Camden Women's Forum. 'Domestic violence and abuse enquiry report' 2021

Chapter 4: Education, Employment and Training

119 World Health Organization. 'Social determinants of health' (viewed on 30 September 2022)

120 UNESCO Institute for Statistics. 'Education 2030: Incheon Declaration and framework for action for the implementation of sustainable development' 2016 (viewed on 30 September 2022)

121 Department for Education. 'Statistics: GCSEs (key stage 4). Key stage 4 performance 2021' (viewed on 21 February 2023)

122 Department for Education. 'NEET and participation: local authority figures. 16- to 17-year-olds recorded in education and training and NEET by local authority, 2021' (viewed on 28 September 2022)

123 Education Endowment Foundation. 'Closing the attainment gap 2018' (viewed on 2 October 2022)

124 Pillas D, Marmot M, Naicker K, Goldblatt P, Morrison J, Pikhart H. 'Social inequalities in early childhood health and development: a European-wide systematic review' Pediatric Research November 2014: 76(5), pages 418–24.(viewed on 3 October 2022)

125 Klein M, Sosu E, Dare S. 'School absenteeism and academic achievement: does the reason for absence matter?' AREA open January–December 2022: Volume 8, Number 1, pages 1–14 (viewed on 21 August 2023)

126 Elliot Major L Eyles A, Machin S. 'Learning loss since lockdown: variation across the home nations' LSE Centre for Economic Performance July 2021: Number 023 (viewed on 21 August 2023)

127 Nazroo J, Murray K, Taylor H. and others. 'Rapid evidence review – inequalities in relation to Covid-19 and their effects in London' Greater London Authority 2020 (viewed on 21 August 2023)

128 Ofsted. 'SEND: old issues, new issues, next steps' 2021 (viewed on 21 August 2023)

129 Public Health England. 'Disparities in the risk and outcomes of Covid-19' 2020 (viewed on 21 August 2023)

130 Leng T. 'Trends in Covid-19 school absences by measures of deprivation' University of Warwick 2022 (viewed on 30 September 2022)

131 Sharp S, Nelson J, Lucas M and others. 'The challenges facing schools and pupils in September 2020'. National Foundation for Education Research 2020 (viewed on 21 August 2023)

132 Total number of individuals advised to shield by the government reported from the HealteIntent NCL Covid-19 report (HealtheIntent, April 2020)

133 Nazroo J and others. 'Rapid evidence review: inequalities in relation to Covid-19 and their effects on London' Centre on Dynamics of Ethnicity, University of Manchester 2020 (viewed on 21 August 2023)

134 Porter T. 'How Covid has created an epidemic of eating disorders'. TES 2021 (viewed on 21 August 2023)

135 Blundell R, Cribb J, McNally S, Warwick R and Xu X. 'Inequalities in education, skills, and incomes in the UK: The implications of the Covid-19 pandemic' The Institute for Fiscal Studies 2021 (viewed on 3 October 2022)

136 Doherty K, Cullinane C. 'Covid-19 and social mobility impact brief #3: apprenticeships' The Sutton Trust 2020 (viewed on 21 August 2023)

137 Nazroo J and others. 'Rapid evidence review: inequalities in relation to Covid-19 and their effects on London' Centre on Dynamics of Ethnicity, University of Manchester 2020 (viewed on 21 August 2023)

138 Montacute R. 'Social mobility and Covid-19. Implications of the Covid-19 crisis for educational inequality' The Sutton Trust 2020 (viewed on 21 August 2023)

139 Department for Education. 'Explore education statistics' (viewed on 21 August 2023)

140 Public Health England. 'Health matters: obesity and the food environment' (viewed on 27 May 2022)

141 MIND. 'How to be mentally healthy at work' 2020

142 Office for National Statistics. 'EMP17: people in employment on zero hours contracts' 2022. (viewed on 3 October 2022)

143 Bloomer E. 'Health inequalities and the living wage' Public Health England/ Institute for Health Equity 2014 (viewed on 3 October 2022)

144 Henehan K. 'Uneven steps: changes in youth unemployment and study since the onset of Covid-19' Resolution Foundation 2021 (viewed on 21 August 2023)

145 NOMIS. 'Claimant count by sex and age' (viewed on 21 August 2023)

146 Department for Education. 'NEET by characteristics for 16–17 in Camden, London and England between 2019 and 2022' (viewed on 21 August 2023)

147 Centre for Social Justice. 'Post-16 support in alternative provision' 2020 (viewed on 21 August 2023)

148 Newton B, Sinclair A, Tyers C, Wilson W. 'Supporting disadvantaged young people into meaningful work' Institute for Employment Studies 2020 (viewed on 21 August 2023)

149 Ofsted. 'Search for schools, colleges and multi-academy trusts (performance)' (viewed on 21 August 2023)

150 gov.uk. 'Academic Year 2019/20: Key stage 4 performance' (viewed on 21 August 2023)

151 Department for Education. 'National statistics. Special educational needs in England: January 2022' (viewed on 21 August 2023)

152 Department for Education. 'Widening participation in higher education' (viewed on 21 August 2023)

153 Department for Education. 'Schools, pupils and their characteristics. Academic year 2021/22 – Explore education statistics' (viewed on 21 August 2023)

154 Children's Commissioner. 'Almost one in five children left education at 18 last year without basic qualifications' 2019 (viewed on 21 August 2023)

155 Department for Education. 'Academic Year 2019/20: Level 2 and 3 attainment by young people aged 19'

156 Department for Education. Attendance data from Week 8 2022 (viewed on 21 August 2023)

157 Klein M, Sosu EM, Dareb S. 'Mapping inequalities in school attendance: The relationship between dimensions of socioeconomic status and forms of school absence' Children and Youth Services Review 2020: Volume 118 (viewed on 21 August 2023)

158 Department for Education. 'Pupil absence in schools in England: autumn and spring terms 2020/21' (viewed on 21 August 2023)

159 Sharp C, Macleod S, Bernardinelli D and others. 'Supporting the attainment of disadvantaged pupils. Briefing for school leaders. November 2015' Department for Education / National Foundation for Educational Research 2015 (viewed on 21 August 2023)

160 Kluve J, Puerto S, Robalino D and others. 'Interventions to improve the labour market outcomes of youth: a systematic review of training, entrepreneurship promotion, employment services and subsidized employment interventions' Campbell Systematic Reviews 2017: number 37 (viewed on 21 August 2023)

Chapter 5: Long-term conditions

161 NHS Digital. 'Health survey for England 2018: Children's health' (viewed on 2 February 2022)

162 The Association of Young People's Health / Youth Health Data. 'Key data 2021: physical health conditions: long-term conditions' (viewed on 24 January 2023)

163 Department of Health. 'Making every young person with diabetes matter' 2007 (viewed on 24 January 2023)

164 The Association of Young People's Health / Youth Health Data. 'Key data 2021: physical health conditions: asthma' (viewed 2 February 2022)

165 Torpy J and others. 'Chronic diseases of children' Jama Network 2010 (viewed on 3 December 2022)

166 Sawyer SM, Drew S, Yeo MS, Britto MT. 'Adolescents with a chronic condition: challenges living, challenges treating' Lancet 2007: 369(9571): 1481–89 (viewed on 21 August 2023)

167 Seigel W, Golden N, Gough J and others. 'Depression, self-esteem and life events in adolescents with chronic disease' Journal of Adolescent Health Care 1990: 11, pages 501–4 (viewed on 21 August 2023)

168 Forero R, Bauman A, Young L and others. 'Asthma, health behaviors, social adjustment, and psychosomatic symptoms in adolescence' Journal of Asthma 1996: 33, pages 157–64 (viewed on 21 August 2023)

169 Good A. 'Informing schools about children's chronic illnesses: parents' opinions' Pediatrics 1991: 88, pages 306–11 (viewed on 21 August 2023)

170 Hampson S, Skinner T, Hart J and others. 'Effects of educational and psychosocial interventions for adolescents with diabetes mellitus: a systematic review' Health Technology Assessment 2002: 5 (10), pages 1–79 (viewed on 21 August 2023)

171 Sturge C, Garralda M, Boissin M and others. 'School attendance and juvenile chronic arthritis' British Journal of Rheumatology 1997, pages 1218–23 (viewed on 21 August 2023)

172 Westbom L. 'Wellbeing of children with chronic illness. A population-based study in a Swedish primary care district' Acta Paediatrica 1992: 81, pages 625–29 (viewed on 21 August 2023)

173 Eiser C, Berrenberg J. 'Assessing the impact of chronic disease on the relationship between parents and their adolescents' Journal of Psychosomatic Research 1995: 39, pages 109–14 (viewed on 21 August 2023)

174 Manworren R. 'Developmental effects on the adolescent of a temporary ileostomy' Journal of Wound Ostomy and Continence Nursing 1996: 23, pages 210–117 (viewed on 21 August 2023)

175 Policy Research Unit Children and Families. 'What do young people with multiple long-term conditions and carers of children with complex care needs regard as important areas of research?' (viewed on 24 April 2022)

176 Public Health England. Child and Maternal Health Intelligence Network, HES Data.

177 Care Quality Commission. 'From the pond into the sea: children's transition to adult services' 2014 (viewed on 24 January 2023)

178 Jordan A and others. 'What adolescents living with long-term conditions say about being involved in decision-making about their healthcare: a systematic review and narrative synthesis of preferences and experiences' Patient Education and Counselling 101 2018: pages 1725–1735 (viewed on 24 April 2022)

179 Healthy London Partnership. 'Children and young people's health services in London: a case for change. April 2019' (viewed on 3 January 2022)

180 The Association of Young People's Health / Youth Health Data. 'Key data 2021: use of health services' (viewed on 24 April 2022)

181 NICE. 'What is the prevalence of asthma?' (viewed on 21 December 2021)

182 NHS England. 'National bundle of care for children and young people with asthma' 2021 (viewed on 10 February 2022)

183 Williams ML and others. 'Chapter 8: Impact of air pollution scenarios on inequalities' in Williams ML and others, 'Public health air pollution impacts of pathway options to meet the 2050 UK Climate Change Act target: a modelling study' Public Health Research 2018: Volume 6, Issue 7 (viewed on 21 August 2023)

184 The Health Foundation. 'Acting on the evidence to empower young people with asthma' 2019 (viewed on 22 April 2022)

185 Royal College of Physicians. 'National Review of Asthma Deaths' 2015 (viewed on 10 March 2022)

186 Royal College of Paediatrics and Child Health. 'State of Child Health: asthma' 2020 (viewed on 22 April 2022)

187 Diabetes UK. 'Diabetes in the UK 2010: Key statistics on diabetes' (viewed on 22 April 2022)

188 NHS Digital. 'Health survey for England 2018: Children's health' (viewed on 2 February 2022)

189 Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. Available from https://stateofchildhealth.rcpch.ac.uk/evidence/long-term-conditions/asthma/ (Accessed 22nd April 2022)

190 NHS Digital. 'Health survey for England 2018: Children's health' (viewed on 2 February 2022)

191 Diabetes UK. 'Diabetes in the UK 2010: Key statistics on diabetes' (viewed on 22 April 2022)

192 TOGETHER study. 'Setting up group clinics for young adults living with diabetes: Initial findings from a feasibility study' Association for Young People's Health 2020 (viewed on 22 April 2022)

193 Royal College of Paediatrics and Child Health. 'State of Child Health: asthma' 2020 (viewed on 22 April 2022)

194 TOGETHER study. 'Setting up group clinics for young adults living with diabetes: Initial findings from a feasibility study' Association for Young People's Health 2020 (viewed on 22 April 2022)

195 Sharpe D, Rajabi M, Harden A and others. 'Supporting disengaged children and young people living with diabetes to self-care: a qualitative study in a socially disadvantaged and ethnically diverse urban area' BMJ Open 2021: 11:e046989 (viewed on 8 August 2022)

196 TOGETHER study. 'Setting up group clinics for young adults living with diabetes: Initial findings from a feasibility study' Association for Young People's Health 2020 (viewed on 22 April 2022)

197 Commissioning Support Unit GP primary care dataset (Dec 2021)

198 Sharpe D, Rajabi M, Harden A and others. 'Supporting disengaged children and young people living with diabetes to self-care: a qualitative study in a socially disadvantaged and ethnically diverse urban area' BMJ Open 2021: 11:e046989 (viewed on 8 August 2022)

199 Commissioning Support Unit GP primary care dataset (Dec 2021)

200 Commissioning Support Unit GP primary care dataset (Dec 2021)

201 Sharpe D, Rajabi M, Harden A and others. 'Supporting disengaged children and young people living with diabetes to self-care: a qualitative study in a socially disadvantaged and ethnically diverse urban area' BMJ Open 2021: 11:e046989 (viewed on 8 August 2022)

202 Commissioning Support Unit GP primary care dataset (Dec 2021)

203 North Central London. Asthma in children and young people. NEL Commissioning Support Unit and Camden and Islington Public Health. August 2019.

204 Office for Health Improvement and Disparities. Fingertips: Fingertips: Public health profiles: asthma (viewed on 22 April 2022)

205 Young People voices from NCL whole system asthma plan development and implementation (not published)

206 Young People voices from NCL whole system asthma plan development and implementation (not published)

207 Commissioning Support Unit GP primary care dataset (Dec 2021)

208 Camden and Islington Public Health. 'Annual public health report 2019–20: going further on health inequalities within Camden and Islington' (viewed on 22 April 2022)

209 Commissioning Support Unit GP primary care dataset (Dec 2021)

210 Camden and Islington Public Health. 'Annual public health report 2019–20: going further on health inequalities within Camden and Islington' (viewed on 22 April 2022)

211 Office for Health Improvement and Disparities. Fingertips: Fingertips: Public health profiles: asthma (viewed on 22 April 2022)

212 Pritlove C, Markowitz B, Mukerji G and others. 'Experiences and perspectives of the parents of emerging adults living with type 1 diabetes' BMJ Open Diabetes Research and Care 2020: 8:e001125 (viewed on 21 August 2023)

213 The London Borough of Camden. 'Children and Young People's Asthma Strategic Plan January 2020–December 2022' (not published)

214 NHS. 'Childhood asthma' (viewed on 22 April 2022)

215 NHS England. 'National bundle of care for children and young people with asthma' 2021 (viewed on 22 April 2022)

216 Healthy London Partnership. London asthma toolkit (viewed on 22 April 2022)

217 NHS England. 'National bundle of care for children and young people with asthma' 2021 (viewed on 22 April 2022)

218 Commissioning Support Unit GP primary care dataset (Dec 2021)

219 NHS Digital. 'Health Survey for England 2018: asthma' (viewed on 11 February 2022)

220 Kaplan A, Price D. 'Treatment adherence in adolescents with asthma' Journal of Asthma and Allergy 2020: 13, pages 39–49 (viewed on 21 March 2022)

221 Healthy London Partnership. 'Asthma friendly schools' (viewed on 22 April 2022)

222 Healthy London Partnership. 'Asthma friendly schools' (viewed on 22 April 2022)

223 Asthma UK. 'The great asthma divide: the annual asthma survey 2019' (viewed on 22 April 2022)

224 NICE. 'Quality standard QS25. Quality statement 4: Follow-up by general practice after emergency care' 2018 (viewed on 22 April 2022)

225 North Central London Clinical Commissioning Group. 'Integrated Paediatric Service' (viewed on 3 January 2022)

226 National Children and Young People's Diabetes Network. 'National network' (viewed on 4 May 2022)

227 NHS England. 'The NHS long term plan' 2019 (viewed on 22 April 2021)

228 NHS, South East Coast & London Diabetes Network. 'Diabetes in children and young people' 2022 (viewed on 25th January 2023)

229 NICE. 'Guidance NG18. Diabetes (type 1 and type 2) in children and young people: diagnosis and management' (viewed on 22 April 2022)

230 NICE. 'Managing long-term conditions in the community' (viewed on 25 April 2022)

231 NICE. 'Guidance: Babies, children and young people's experience of healthcare' 2021 (viewed on 3 April 2022)

232 Healthy London Partnership. 'Child and young people's diabetes. A London guide for teachers and parents of children and young people with diabetes: pre-school, early years, primary and secondary school' (viewed on 25 April 2022)