



BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2024

Section 2: Risk Factors

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Key risk factors associated with poorer developmental outcomes in children

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

1. [Health and lifestyle issues of parents](#)
 - a) [parental illness or disability](#)
 - b) [issues in the period leading up to and around birth](#)
 - c) [parents who misuse drugs](#)
 - d) [parents who misuse alcohol](#)
2. [Mental health of parents](#)
3. [Social issues of parents](#)
 - a) [domestic violence](#)
 - b) [financial stress](#)
 - c) [housing issues](#)

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

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

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

Some factors are protective. These include:

4. [Protective factors](#)
 - a) [Breastfeeding](#)
 - b) [Immunisation](#)
 - c) [Early education](#)

1. Health and lifestyle issues of parents

a) Parental illness

Life expectancy in Bromley is 81.3 years for men and 85 years for women (2020/22). Life expectancy is higher in Bromley than for London or England.

47% of the adult population registered with a Bromley GP have a long term health condition. This is higher than the rate for South East London (44%) but lower than the national rate (51%). As this data is for all adult patients in Bromley this is likely to reflect health conditions in the older population and not just parents of children under 18.

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

Table 2.1: Proportion of the Bromley population with disabilities or long term condition, 2021 census

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

What does this mean for families in Bromley?

Rates of disability and long term conditions in Bromley are higher than the average for London but lower than the rates in England.

As this data is for all adults this is likely to reflect conditions in the older population in Bromley and not just parents of children under 18.

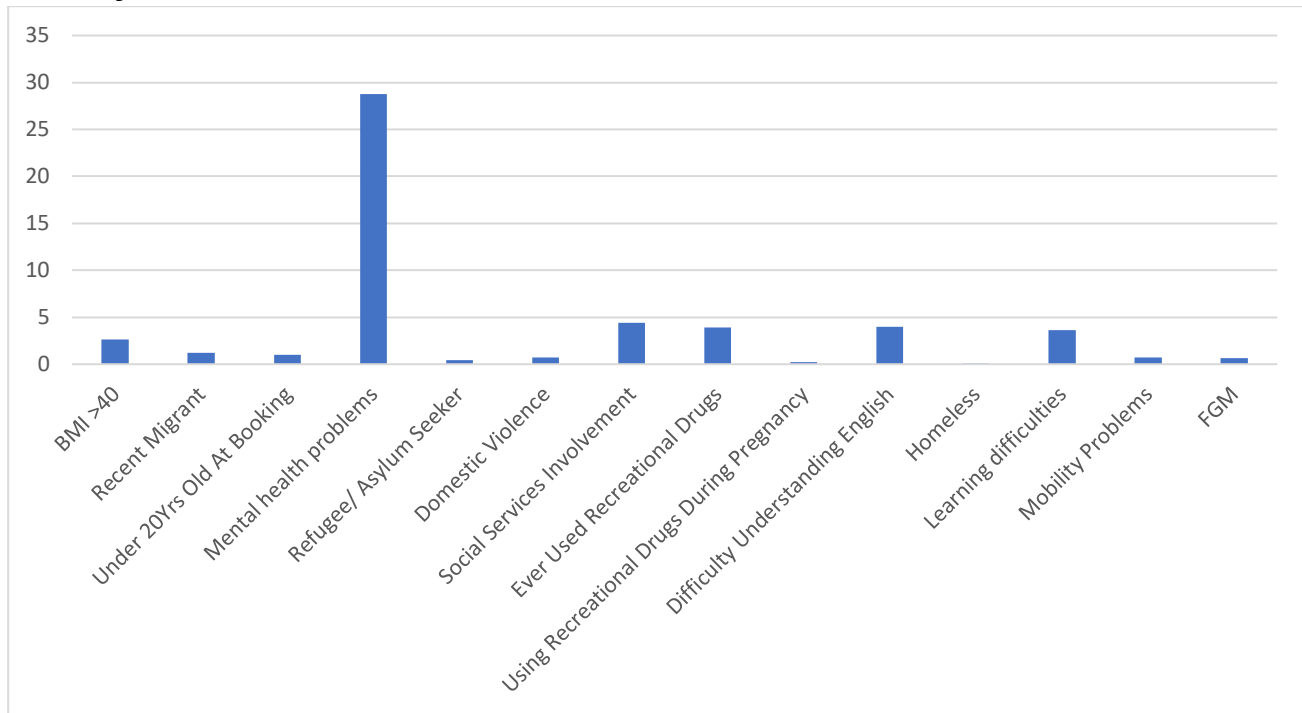
b) Issues up to and around the time of birth

i. Booking for maternity care

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

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

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



Source: PRUH Badgernet data system

NICE Guidance¹ recommends that women should have access to maternity services for a full assessment of health and social care needs, risks and choices before they reach 12 completed weeks of pregnancy (commonly called “12⁺⁶”).¹¹

A large study in Newham in 2013² showed that the women most likely to book after 12⁺⁶ weeks are from Black, Asian, and other minority ethnic groups. These groups were significantly more likely to book late compared to women who identified as British white, particularly women who identified as Somali ethnicity, where only 45% booked by 12⁺⁶ weeks of pregnancy and 20% booked later than 20 weeks’ gestation.

Other risk factors for late booking were:

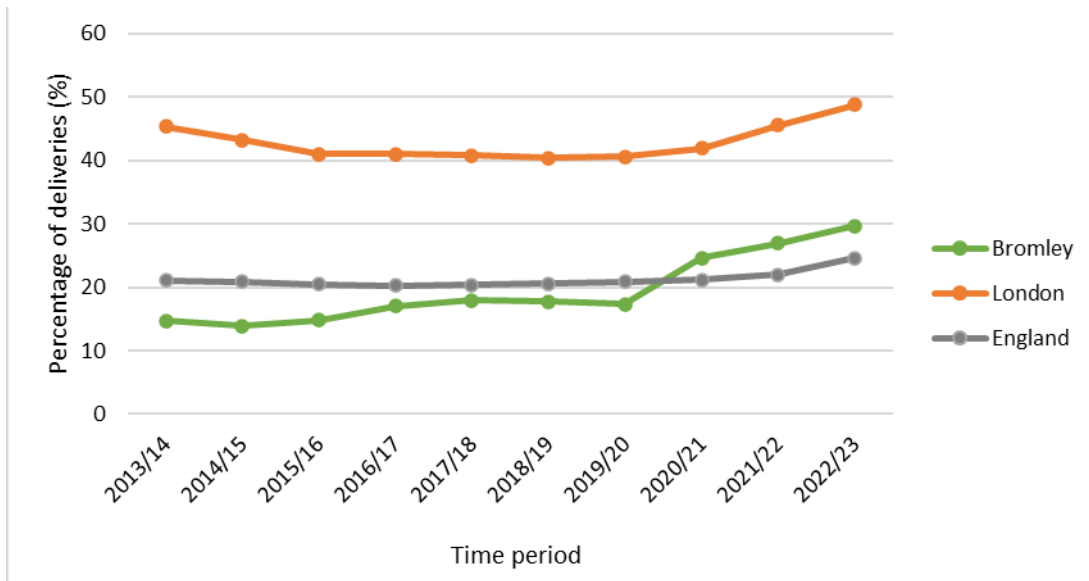
- four or more previous births (more than twice as likely to book later compared to those with one previous birth),
- living in temporary accommodation, and
- age less than 20 years.

The proportion of births in Bromley to women who are from Black, Asian, and other minority ethnic groups has increased and is now above the national rate, although it is still lower than the rate for London (Figure 2.4).

¹ National Institute for Health and Care Excellence (NICE) Guidance on Antenatal Care (2008)

² Cresswell, J.A., Yu, G., Hatherall, B., Morris, J., Jamal, F., Harden, A. and Renton, A. (2013). *Predictors of the timing of initiation of antenatal care in an ethnically diverse urban cohort in the UK*. BMC Pregnancy and Childbirth, 103, 1-8.

Figure 2.2: Percentage of deliveries to Bromley women who are Black, Asian, and other minority ethnic groups

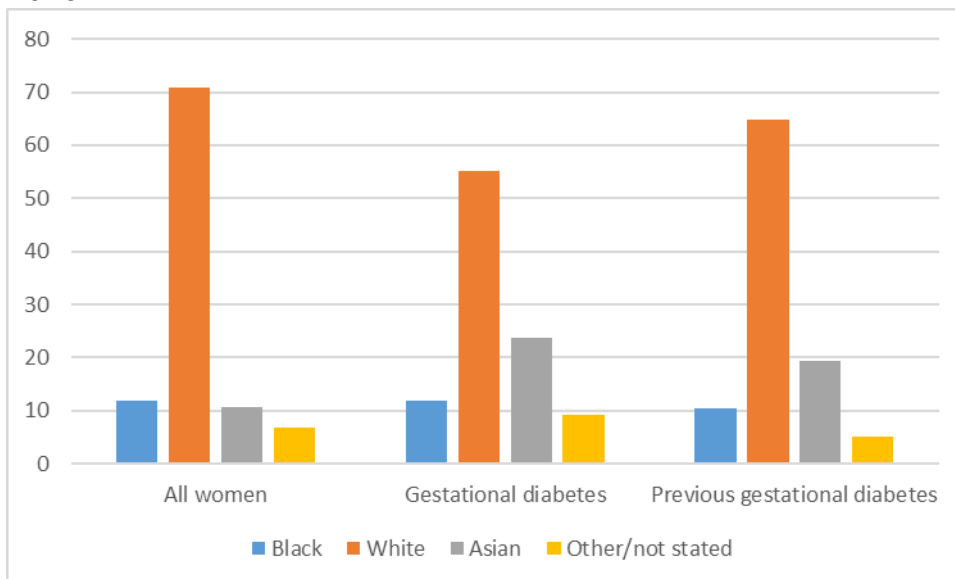


Source: PHE fingertips, 2024

Diabetes in pregnancy

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

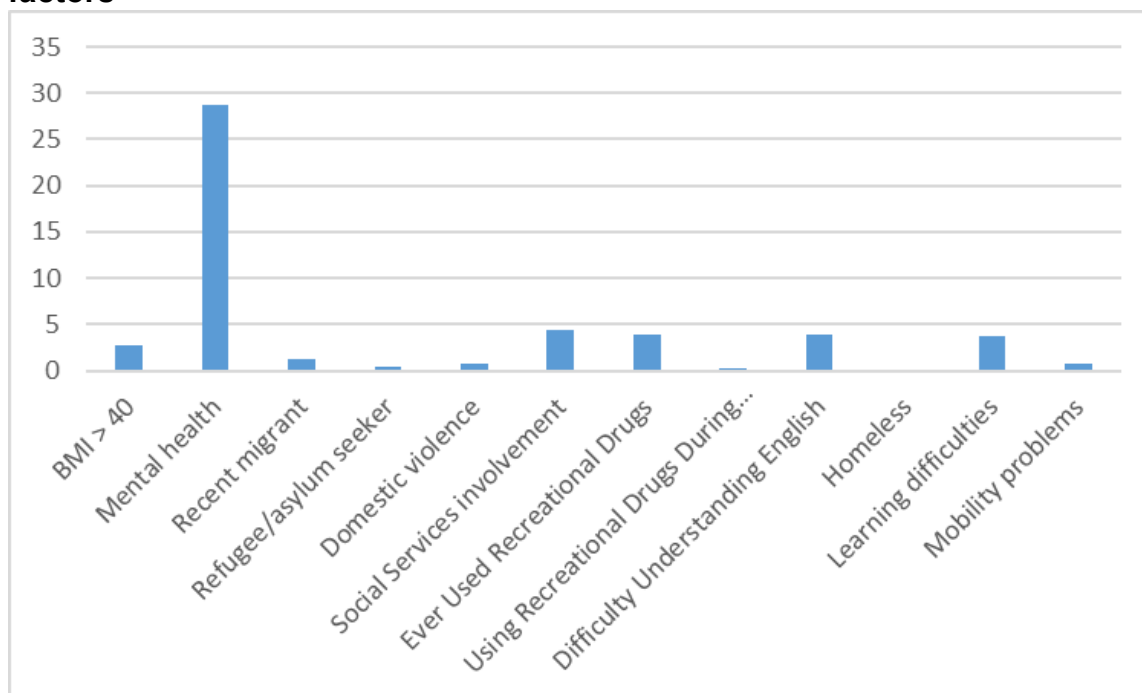
Figure 2.3. Ethnicity of women with gestational diabetes at PRUH, January 2022 to October 2023



This indicates that Asian women are more likely to experience gestational diabetes than the whole population of pregnant women booking for antenatal care at the PRUH.

Risk factors identified at the time of the birth

Figure 2.4. % of deliveries between January 2022 and October 2023 with identified risk factors



Source: Princess Royal University Hospital Badgernet data system, 2024

By far the most common risk factor identified was mental health issues.

Smoking in pregnancy

Smoking in pregnancy has been shown to be linked to poorer developmental outcomes for the child at the age of five years³. Further evidence has shown that early exposure to household tobacco smoke can be associated with increased propensity toward physical aggression and antisocial behaviour when the child is older⁴.

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

Research shows that mothers aged 20 or under are five times more likely than those aged 35 and over to have smoked throughout pregnancy (45% and 9% respectively), and mothers in routine and manual occupations are more than four times as likely to smoke throughout pregnancy – compared to those in managerial and professional occupations (29% and 7% respectively)⁵.

³ Sabates, R. and Dex, S. (2013). *The impact of multiple risk factors on young children's cognitive and behavioural development*. Children and Society, 29, 95-108.

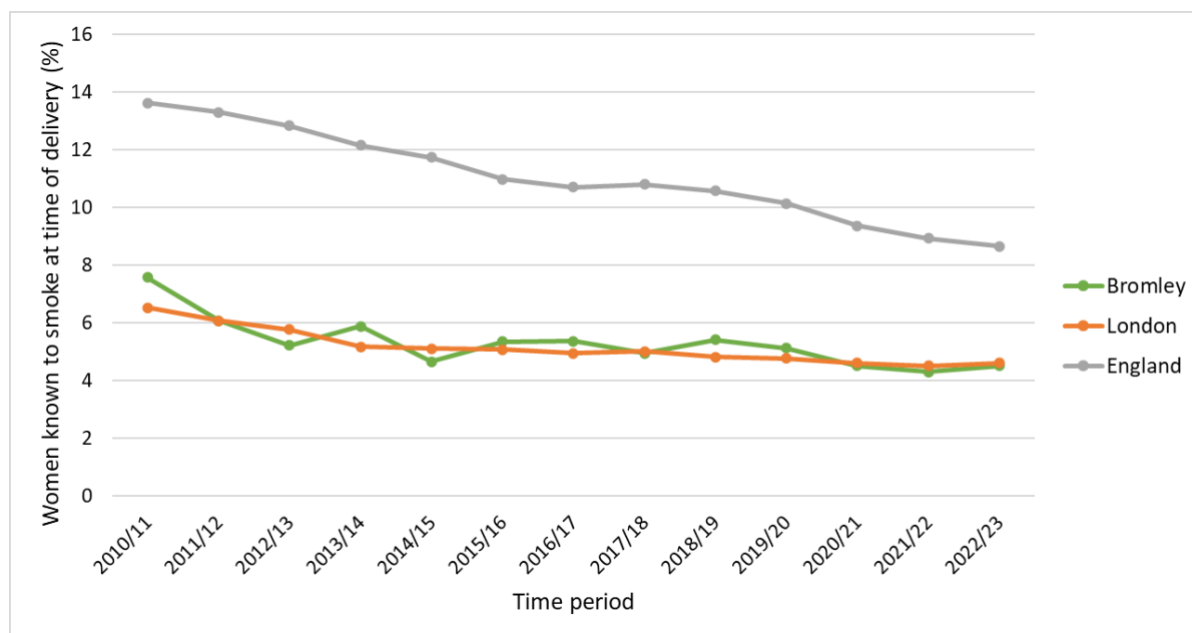
⁴ Pagani, L.S. and Fitzpatrick, C. (2014). *Children's school readiness: implications for eliminating future disparities in health and education*. Health, Education and Behavior, 41, 25-33.

⁵ NICE. (2010). *Quitting smoking in pregnancy and following childbirth*: Available at:

<https://www.nice.org.uk/guidance/ph26/documents/quitting-smoking-in-pregnancy-and-following-childbirth-final><https://www.nice.org.uk/guidance/ph26/documents/quitting-smoking-in-pregnancy-and-following-childbirth-final-scope>

Data about smoking in pregnancy is collected at booking and at the time of the birth. Smoking status at time of delivery in 22/23 in Bromley is similar to the rate for London but lower than the rate for England.

Figure 2.5: Smoking at time of delivery, Bromley, and comparators, 2010/11 - 2022/23



Source: PHE fingertips, 2024

Pregnancy in children looked after and care leavers

Children Looked After (CLA) and care leavers are estimated to be six times more likely than others to have children in their teenage years, with around half of young women becoming parents within 18-24 months of leaving care^{6,7,8}. There are some identifiable trends in national research:

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

Bromley has a Family Nurse Partnership programme for young parents which includes care leavers up to the age of 24 years who are pregnant. Between April 2023 and September 2024 in Bromley, 10 CLA/care leavers have been referred and 9 enrolled on this programme.

Outcomes of pregnancy

The effect of smoking on several key outcomes of pregnancy is shown in Figure 2.6 which uses data collected by midwives at the PRUH September 2021 to August 2022.

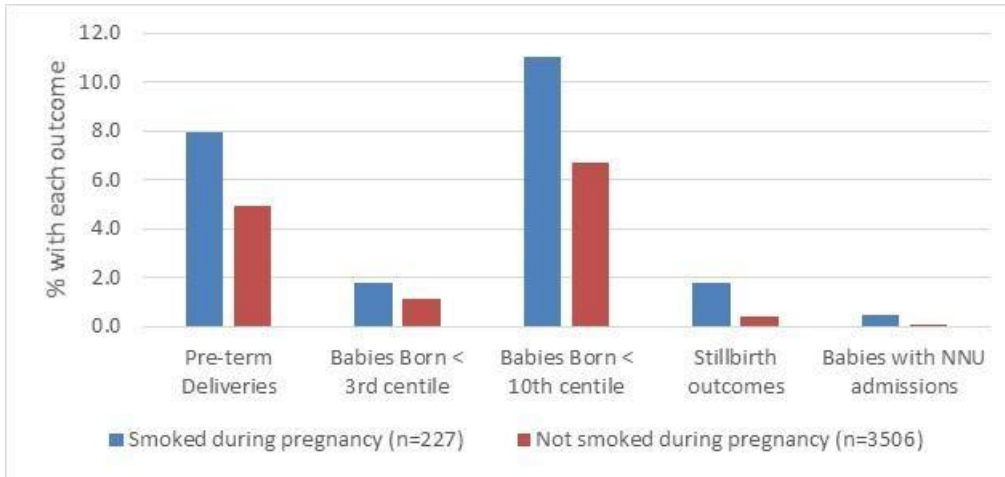
⁶ Biehal, N. and Wade, J. (1999). *"I thought it would be easier": the early housing careers of young people leaving care*. Young People, Housing and Social Policy (pp.79-92). London: Routledge.

⁷ Dixon, J. & Stein, M. (2002). *Still a Bairn? through care and after care services in Scotland, the final report to the Scottish Executive*. University of York: Social Work Research and Development Unit.

⁸ Rodgers, H. & Carson, P. (2013). *Northern Ireland Care Leavers Aged 19 Statistical Bulletin 2011/12*.

Department of Health, Social Services and Public Safety. [online] Available at: <https://data.gov.uk/dataset/172088ec-8f1d-48d5-8026-b272f03167d5/northern-ireland-care-leavers-aged-19> [Accessed 23/10/2017].

Figure 2.6: Key outcomes of pregnancy for smokers and non-smokers, PRUH, Sept 2021 to August 2022.



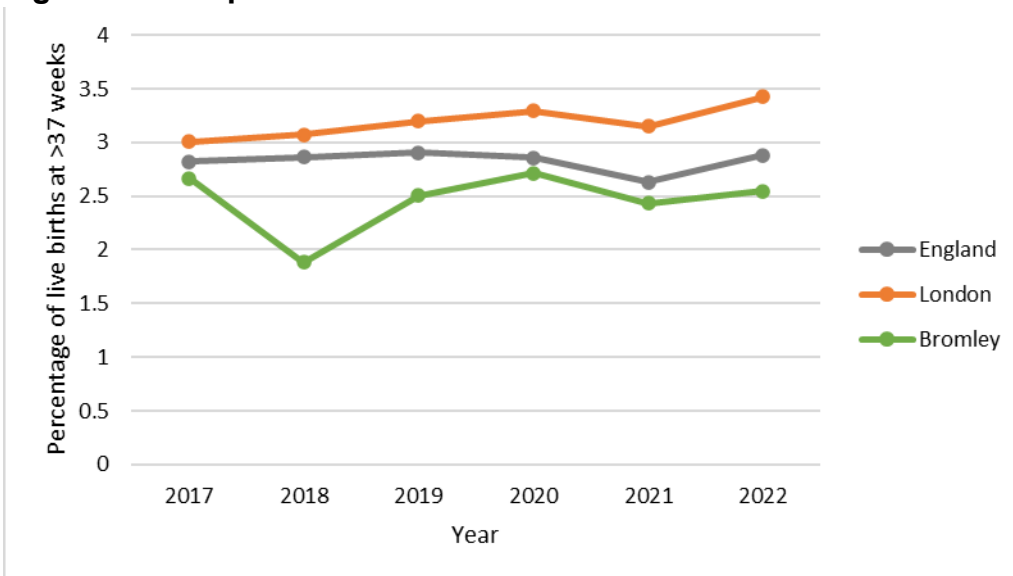
Source: Princess Royal University Hospital Badgernet data system, 2022

Low birth weight

Children born with reduced birth weights (below 2.5kg), both premature and full-term, tend to have more health problems than those with normal birth weight.

The rate in Bromley in 2022 is lower than for London and England (Figure 2.7).

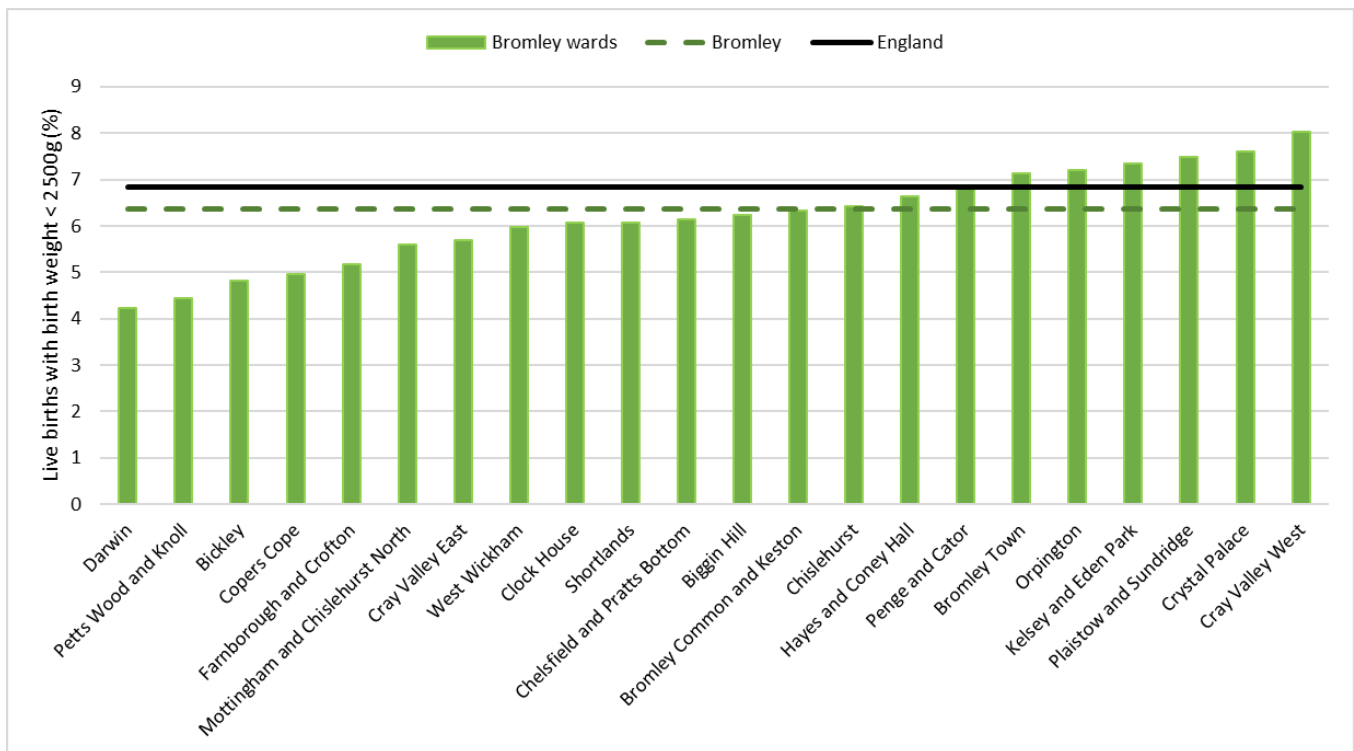
Figure 2.7: Proportion of live births at 37 weeks or more that are low birth weight (<2,500g)



Source: Office for National Statistics, 2024

Figure 2.8 shows that low birthweight babies are more likely to be born to mothers living in wards with higher levels of deprivation.

Figure 2.8: Low birth weight by Ward, 2016 -2020

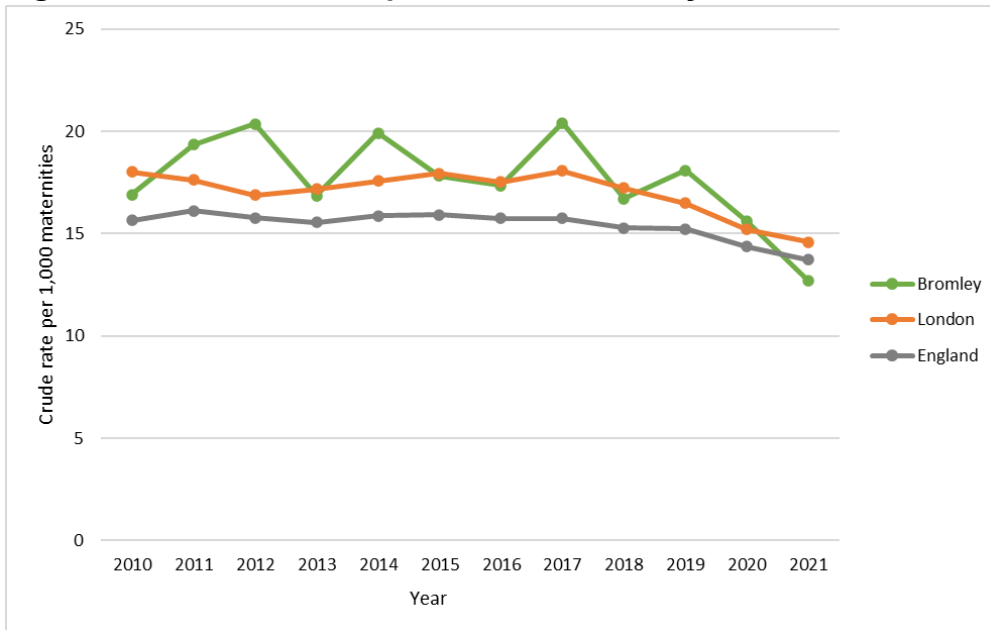


Source: OHID Fingertips, 2022

Babies born with very low birthweight (below 1.5kg) are even more likely to have adverse outcomes. The rate of very low birthweight in Bromley (1.2%) in 2021 is an increase on the rate in the previous year (0.9% in 2020) and is now slightly higher than the rate in London (1.1%) and England (1.0%). As this involves a relatively small number of births (45 births) this may reflect small number variation but should be kept under review.

Multiple birth is also a risk factor. The rate in Bromley in 2021 was 12.7 per 1,000 (47 births) and was lower than that in London (14.6 per 1,000) and England (13.7 per 1,000 births), although as for very low birthweight this figure is very variable due to small number variation.

Figure 2.9: Rates of multiple births in Bromley, 2010-2021



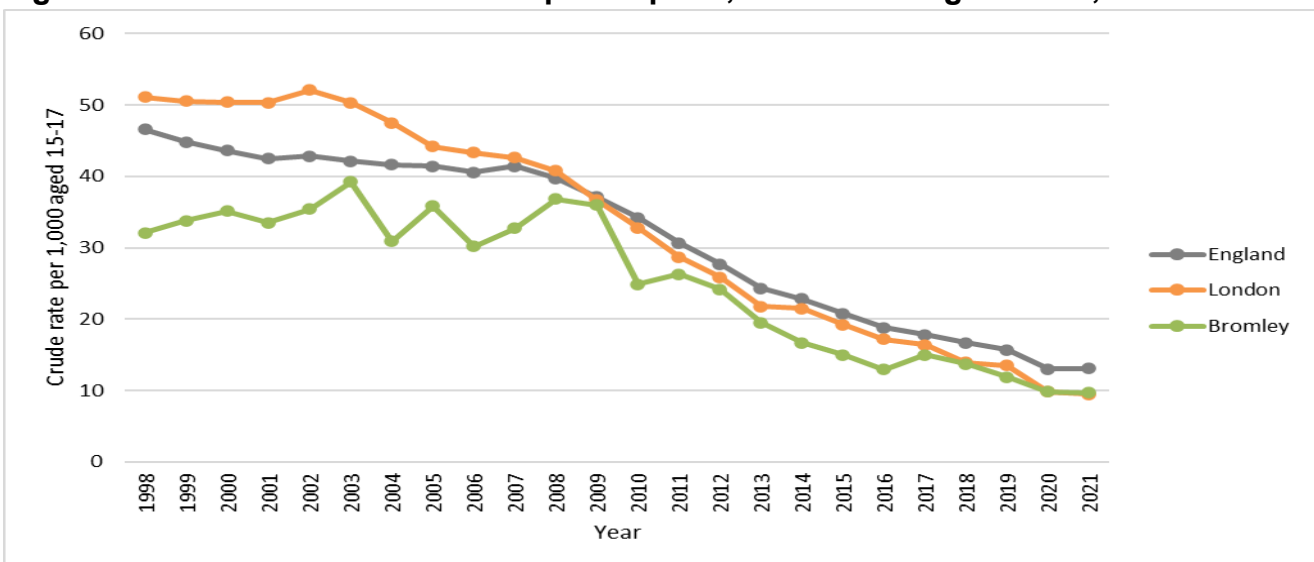
Source: PHE Fingertips, 2024

ii. Teenage conceptions

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

In Bromley 9.7 young women per 1,000 population aged under 18 years (55 young women) conceived in 2021 which is similar to the London average (9.5 per 1,000) and below the England average of 13.1 per 1,000 population. Of these conceptions in Bromley, 44 (80%) led to termination of pregnancy, compared with an average of 62% in London and 53% in England.

Figure 2.10: Rate of under 18 conceptions per 1,000 females aged 15-17, 1998 to 2021



Source: Office for National Statistics, 2023

Under 16s Conceptions

This rate in 2021 fell to 1.4 per 1000 girls aged 13-15 in Bromley (8 girls), which was below the national rate (2.1 per 1,000) and the London rate (1.5 per 1,000).

What does this mean for families in Bromley?

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

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

The teenage pregnancy rate continues to fall in Bromley.

c) Parents who misuse drugs

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

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

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

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

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

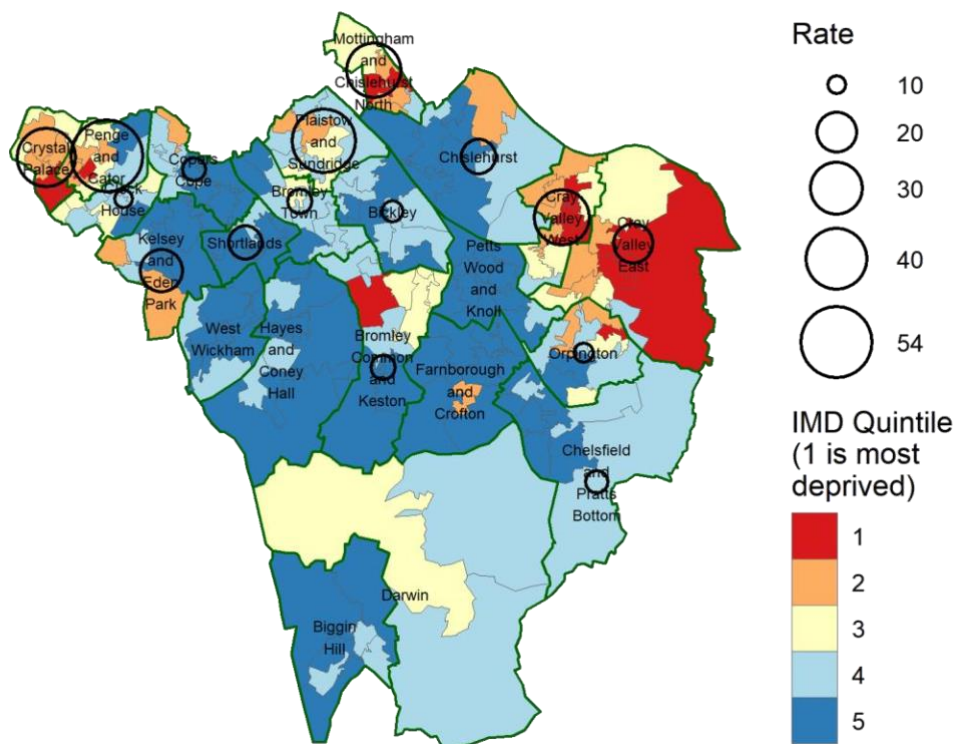
Age Group	Proportion of adults (%)	Proportion of men (%)	Proportion of women (%)
16-19	16.6	19.1	16.2
20-24	18.4		
25-29	15.0	10.0	5.5
30-34	11.0		
35-44	7.1		
45-54	5.3		
55-59	3.1		

Source: Crime Survey for England and Wales, 2024

National data (Table 2.2) shows that drug use is more common in younger people. However rates of drug use in those aged 16-24 years are falling but rates in 25 to 59 year olds are rising in each age band.

Bromley data in 2021/22 shows drug-related hospital admissions in Bromley are lower than national rates.

Figure 2.11: Map of Bromley wards demonstrating IMD Quintile and rate of admissions due to primary drug related disorders in 2018/19 – 2020/21



Source: Hospital Episode Statistics

Social Care assessments of families in 2023 showed 7.7% of families had a parent that used drugs. This represents 289 families where at least one parent had drug misuse issues. This is below the rates for London and England.

The population of adults in treatment for drug misuse in Bromley in 2021/22 (503 adults) is predominantly male (69%) and of White British ethnicity although of the new presentations to drug services in 2021/22 less than half were male. The substances most commonly misused by those in treatment in Bromley are cannabis, opiates and alcohol.

Table 2.3. Most commonly cited problem substances of all adults starting treatment for problems with all drugs for Bromley and England, 2021-22

Substance use on presentation 2021/22	Bromley % 2021/22	England % 2021/22
Cannabis	44	37
Opiates	40	43
Alcohol	39	37
Cocaine	33	28
Crack cocaine	32	31

18% of all drug treatment clients in Bromley in 2021/22 successfully completed treatment compared to 14% in England. Men are more likely to drop-out early across all substance groups both locally and nationally.

Substance misuse in pregnancy

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

What does this mean for families in Bromley?

7.7% of Social Care assessments of families in Bromley in 2023 identified a parent who used drugs

Nationally, the number of adults taking drugs is falling in those aged 16-24 years but increasing in the 25-59 year olds.

d) Parents who misuse alcohol

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

Parental alcohol problems are associated with negative outcomes in children, e.g. poorer physical and psychological health (and therefore higher hospital admission rates), poor educational achievement, eating disorders and addiction problems^{9,10} many of which persist into adulthood¹¹.

A Danish study involving a cohort of nearly 85,000 children, followed from age 13 to 27, looked at the long-term consequences of parental alcohol abuse, identified through alcohol abuse related hospital admissions¹². Parental alcohol abuse was found to be a risk factor for other disadvantages including premature death, suicide attempts, drug addiction, mental illness and teenage motherhood, and for certain life experiences including parental violence and family separation.

The Health Survey for England and the General Household Survey both estimated that 30% of children aged under 16 years in the UK lived with one binge drinking parent¹³. The National

⁹ West, M.O. and Prinz, R.J. (1987). *Parental alcoholism and childhood psychopathology*. Psychological Bulletin, 102, 204-218.

¹⁰ Girling, M., Huakau, J., Casswell, S. and Conway, K. (2006). *Families and heavy drinking: impacts on children's wellbeing*. [online] Available at: <http://www.superu.govt.nz/sites/default/files/BS-families-and-heavy-drinking.pdf> [Accessed 23/10/2017].

¹¹ Balsa, A.I., Homer, J.F. and French, M.T. (2009). *The health effects of parental problem drinking on adult children*. The Journal of Mental Health Policy and Economics, 12, 55-66.

¹² Christoffersen, M.N. and Sothill, K. (2003). *The long-term consequences of parental alcohol abuse: a cohort study of children in Denmark*. Journal of Substance Abuse Treatment, 25, 107-116.

¹³ Manning, V., Best D, Faulkner, N. and Titherington, E. (2009). *New estimates of the number of children living with substance misusing parents: results from the UK National Household Surveys*. BMC Public Health, 9, 377.

Treatment Agency for Substance Misuse found that during 2011/12, one third of adults in treatment lived in a household containing children.

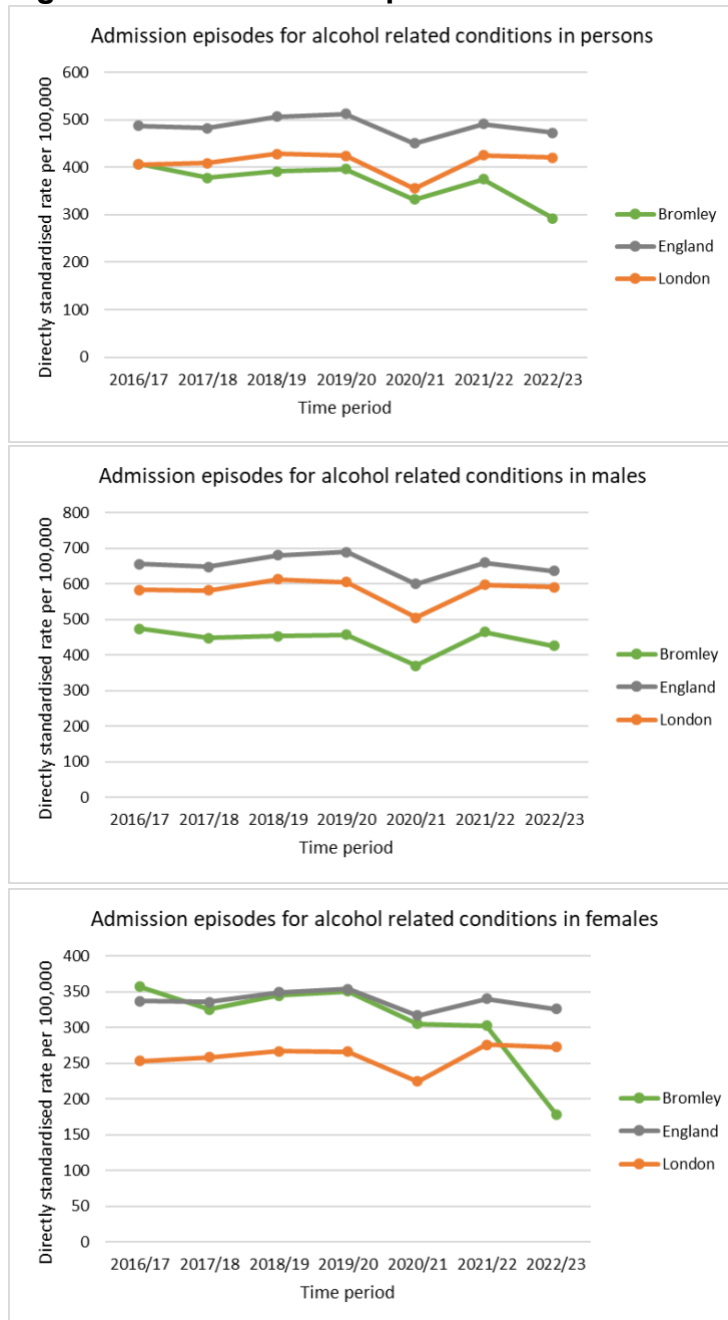
Bromley has approximately 1% of adults who are alcohol dependent. This is one of the lowest rates in London and below the rate for England of 1.4%.

The Children Social Care assessment process in Bromley in 2023 identified 408 families (10.6% of all assessments) where at least one parent had alcohol issues.

Alcohol use in pregnancy

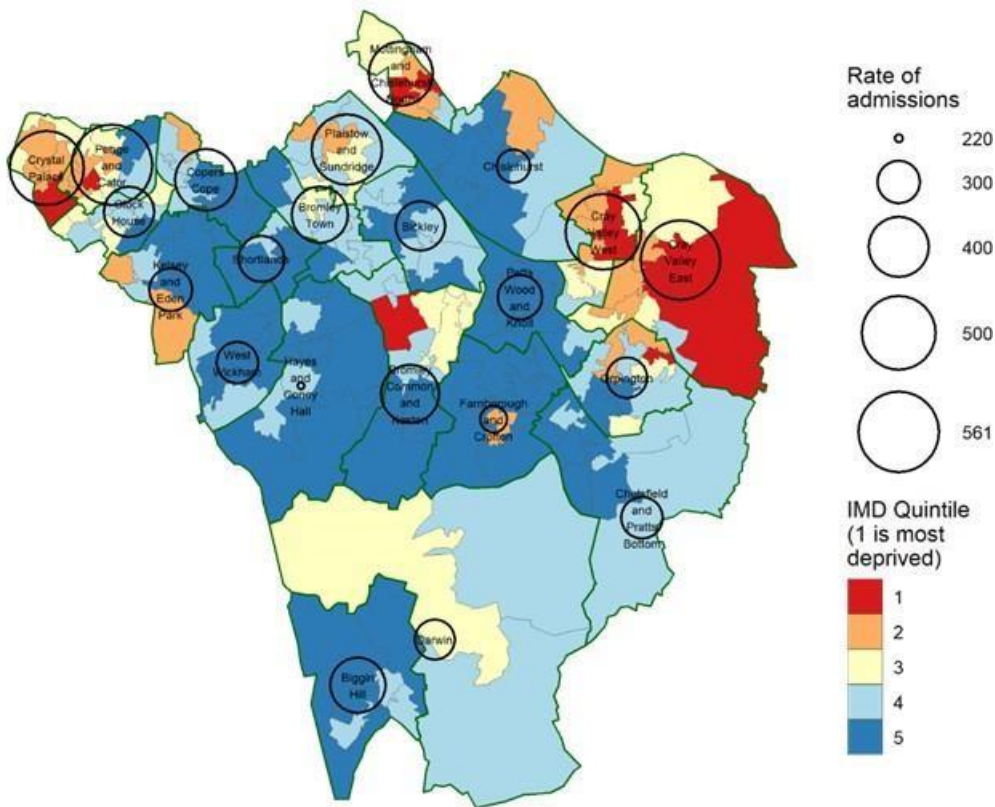
Of the 7,495 women booking for maternity care at the PRUH between 1st January 2022 and 4th October 2023, 65 women (0.9%) were using alcohol at the time of booking for maternity care and 50 women were using alcohol at the time of birth.

Figure 2.12: Admission episodes for alcohol related conditions, Bromley, 2016-2023



The rate of alcohol-related hospital admissions is falling in Bromley for both males and females and is lower than the rate for England. The admission rate in females in Bromley is now below the national rate (having previously been higher) as shown in Figure 2.12.

Figure 2.13: Rate of admission episodes for alcohol specific conditions by Bromley ward against LSOA national deprivation quintile: 2019/20 - 2021/22



Source: NHS Digital; IMD 2019

What does this mean for families in Bromley?

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

In 2023, Children Social Care assessments identified 408 families where a parent/carer was misusing alcohol.

2. Mental health of parents

Mental health problems in adults can have a significant impact on the wellbeing of their children. A recent study found that 25% of children were exposed to maternal mental illness and this rate is increasing¹⁴. Younger mothers were more likely to have a mental health problem than older mothers.

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

These illnesses suffered by the mother increase the likelihood that:

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

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

The prevalence in the UK:

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

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

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

The Children Social Care assessment process in Bromley in 2023 identified 1096 families where at least one parent had mental health issues.

Data from GP registers shows that the prevalence of adults over 18 with depression in Bromley (10.8%) is the 6th highest in London. The rate is decreasing (it was 11.2 in 2022).

What does this mean for families in Bromley?

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

GP data shows that recorded depression in adults in Bromley is decreasing

¹⁴ Abelt, M et al. Prevalence of maternal mental illness among children and adolescents in the UK between 2005 and 2017: a national retrospective cohort analysis. *Lancet Public Health*, Vol 4. June 2019.

3. Social issues of parents

a) Domestic violence

Lord Laming¹⁵ identified that 1.8% of children in England live in households where there is a known high risk case of domestic abuse and violence. Her Majesty's Inspectorate of Constabulary¹⁶ found that in the UK, 1 in 4 young people aged 10-24 reported experience of domestic violence and or abuse in childhood.

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

Domestic violence often begins in pregnancy¹⁷ and evidence suggests having experienced partner violence during pregnancy results in a three-fold increase in the odds of high levels of depressive symptoms in the postnatal period¹⁸.

The recorded number of domestic abuse incidents in Bromley between October 2023 and September 2024 was 2,714, of which 695 were domestic abuse violence with injury. The rate of domestic abuse incidents in Bromley is 8.2 per 1,000, the 8th lowest in London. The lowest rate of domestic abuse incidents in London is in Richmond Upon Thames at 5.3 per 1,000 and the highest rate is in Barking and Dagenham at 15.2 per 1,000.

In Bromley our data shows an increase in the use of the domestic abuse (DA) services. In the first quarter of 2024/25 we have seen:

- 171 people used the One-Stop-Shop service,
- The number of victim survivors accessing the IDVA Service was 232, and
- 107 people accessed the freedom programme.

The Children Social Care assessment process in Bromley in 2023 identified 1054 assessments (27% of all assessments) where a parent was a victim and 357 assessments (9% of all assessments) where a child was a victim.

The Bromley Children Project Early Intervention and Family Support data shows which families are being supported because of domestic violence and abuse. The distribution of these families across the borough in 2022-2024 is shown in Figure 2.14.

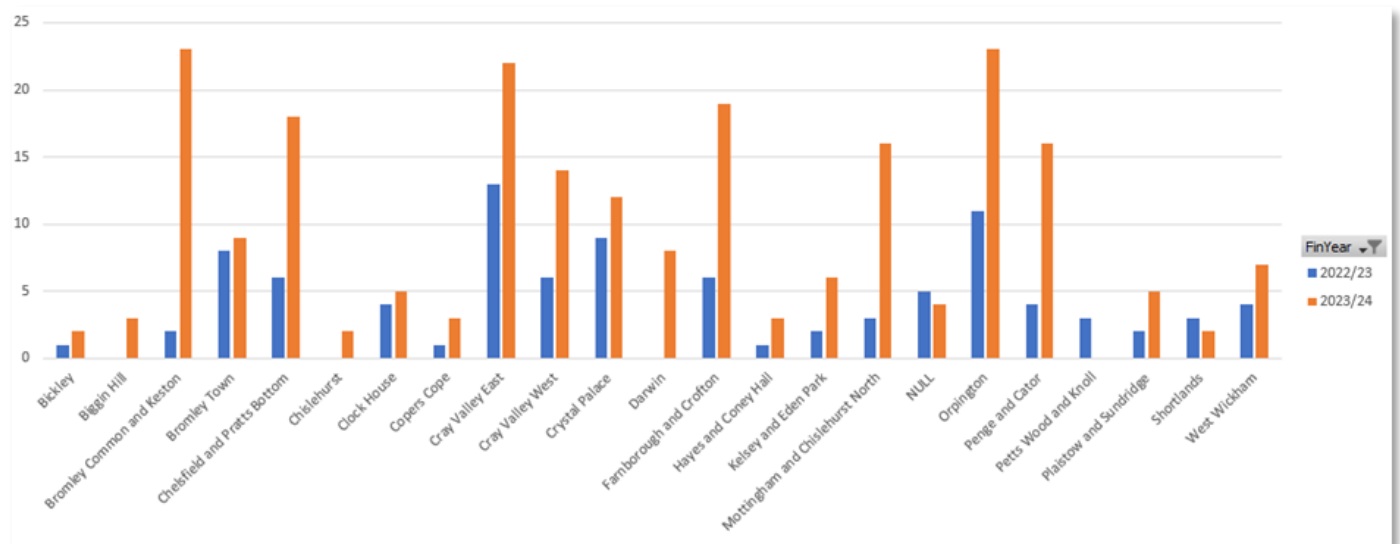
¹⁵ Laming, W.H. (2009). *The protection of children in England: a progress report*. [online] Available at: http://dera.ioe.ac.uk/8646/1/12_03_09_children.pdf [Accessed 23/10/2017].

¹⁶ HMIC. (2014). *Everyone's business: Improving the police response to domestic abuse*. [online] Available at: <https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf> [Accessed 23/10/2017].

¹⁷ Lewis, G. and Drife, J. *Why mothers die 2000 to 2002: the sixth report of the Confidential Enquiries into Maternal Deaths in the UK*. (2004). [online] Available at: https://stratog.rcog.org.uk/sites/default/files/Gynaecological%20emergencies/CEMACH_Why_Mothers_Die_00-02_2004.pdf [Accessed 23/10/2017].

¹⁸ Howard, L.M., Oram, S., Galley, H., Trevillion, K. and Feder, G. (2013). *Domestic Violence and Perinatal Mental Disorders: a systematic review and meta-analysis*. PLOS Medicine, 10, e1001452.

Figure 2.14: Number of Children in Bromley living in families supported by Early Intervention and Support under “safe from domestic abuse” 2022-2024, by ward.



Source: LBB, 2024

What does this mean for families in Bromley?

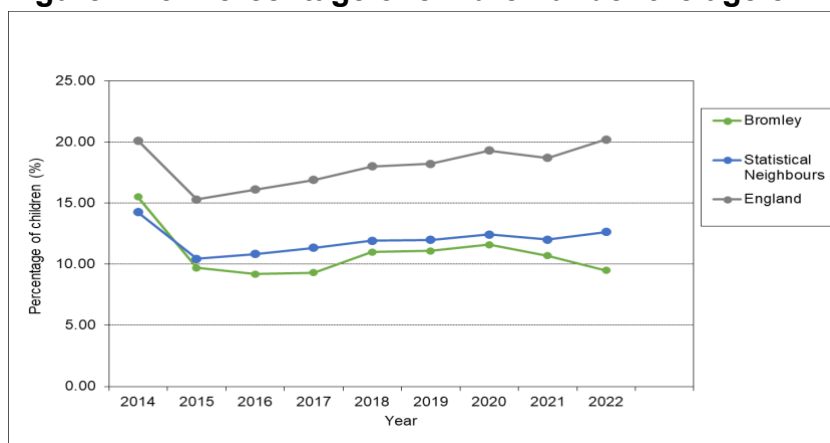
Domestic abuse is one of the commonest reasons why families are assessed by Children’s Social Care.

More families are supported around DA issues in Bromley Common and Keston, Cray Valley East and Orpington

b) Financial stress

Bromley is the 4th least deprived borough in London overall. The IDACI (income deprivation affecting children index) was 13.9% in 2019 compared to 17.1 for England. This makes Bromley the 8th least deprived borough in London for children. The rate of children in Bromley living in poverty is low compared to statistical neighbours and England. The rate of under 16s living in low-income families in Bromley and comparators is shown in Figure 2.15). Bromley is the 3rd lowest London borough in terms of the proportion of under 16s living in absolute low income families in 2022/23.

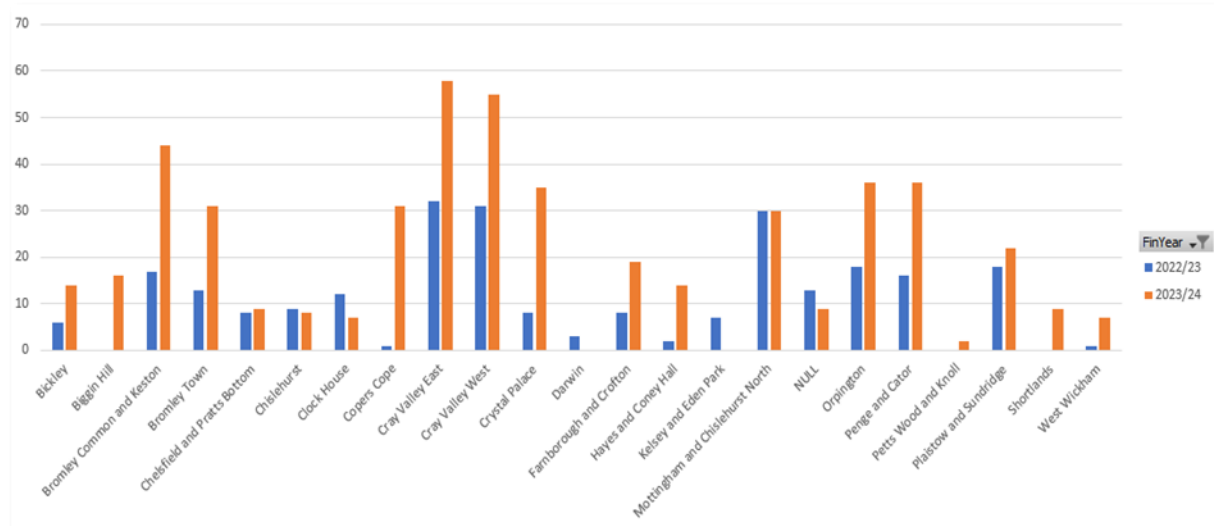
Figure 2.15: Percentage of children under the age of 16 in low-income families in Bromley



Source: LAIT, 2023

The Early Intervention and Family Support team provide support to families with unemployment, housing or financial difficulties. Figure 2.16 indicates that support needs have increased in many parts of the borough in 2023/24 compared to the previous year. Support needs continue to be high in the Crays and Bromley Common and Keston.

Figure 2.16: Number of Children in Bromley living in families supported by Early Intervention and Support under “financial stability” or “secure housing” 2022-2024, by ward



Source: EIFS, LBB, 2024

Parental worklessness

Worklessness not only reduces family income, it can also damage families’ resilience, health and stability, and thus undermine child development. Children in workless families are almost twice as likely to fail at all stages of their education, and workless parents are more likely to experience relationship distress. Overall employment rates in Bromley are high as shown in Table 2.4.

Table 2.4: Employment in Bromley, July 2023 to June 2024

	Bromley		London	Great Britain
	number	%	%	%
Economically active	172,700	78.4	79.2	78.4
In employment	167,100	76.1	75.1	75.5
Employees	135,700	62.2	63.4	66.1
Self employed	30,800	14.0	11.6	9.2
Unemployed (model based)	8,400	4.8	5.1	3.7
Total claimants of out-of-work benefits	7,315	3.5	5.9	4.3

Source: NOMIS Official labour market statistics 2024

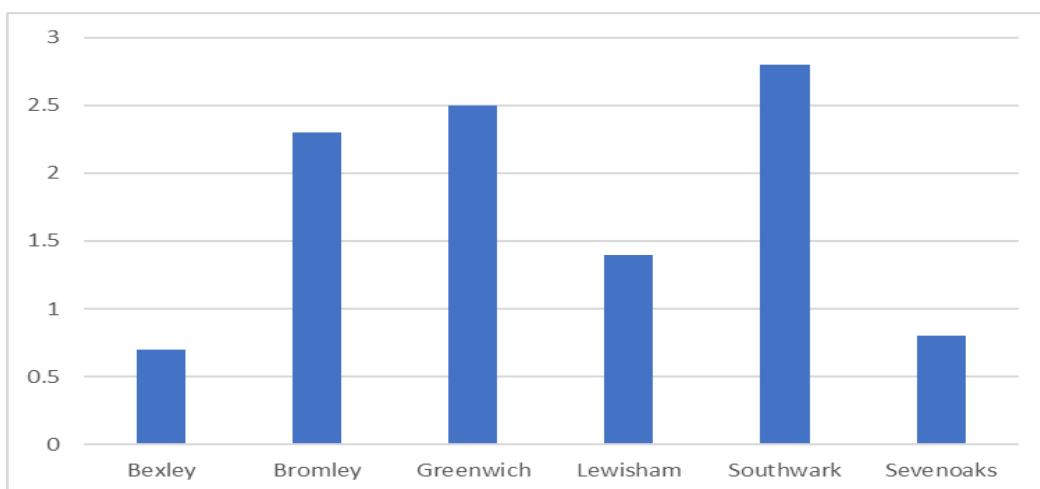
What does this mean for families in Bromley?

Poverty and unemployment are low in Bromley.

c) Housing issues

There is an observed impact on families as a result of unstable accommodation, for example behavioural issues among children. There is also clear evidence that links poor health with poor housing. Those most susceptible include children and those with chronic health problems. The impact of temporary housing goes beyond the uncertainty and unsettledness that results from feeling displaced and can impact, both, physically and mentally on homeless households. Co-ordination of services to these groups is critical to enable them to exercise decisions or choice over their situation and access health and support services. This can be particularly challenging for households based outside of the borough.

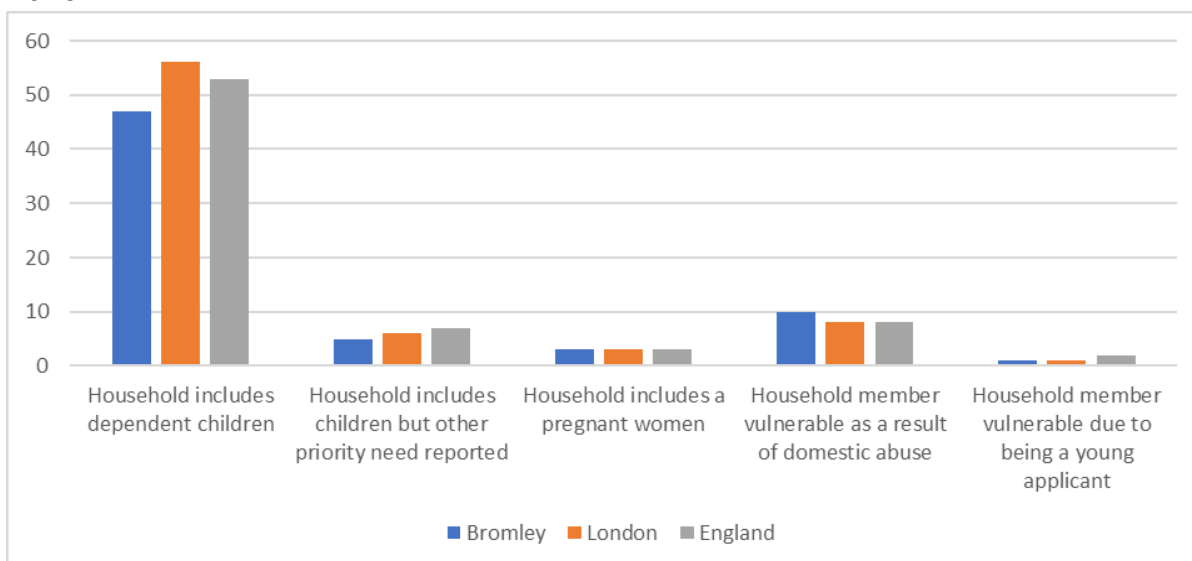
Figure 2.17. Rate of homelessness acceptances per 1,000 population, Bromley and neighbouring boroughs, 2023/24



Source: DLUHC. Statutory homelessness: April 2023 to March 2024

Families account for the majority of accepted households. Figure 2.18 shows the proportions of homelessness acceptances in Bromley, London and England in 2023/24.

Figure 2.18. Homelessness acceptances by priority need, Bromley and comparators, 2023/24



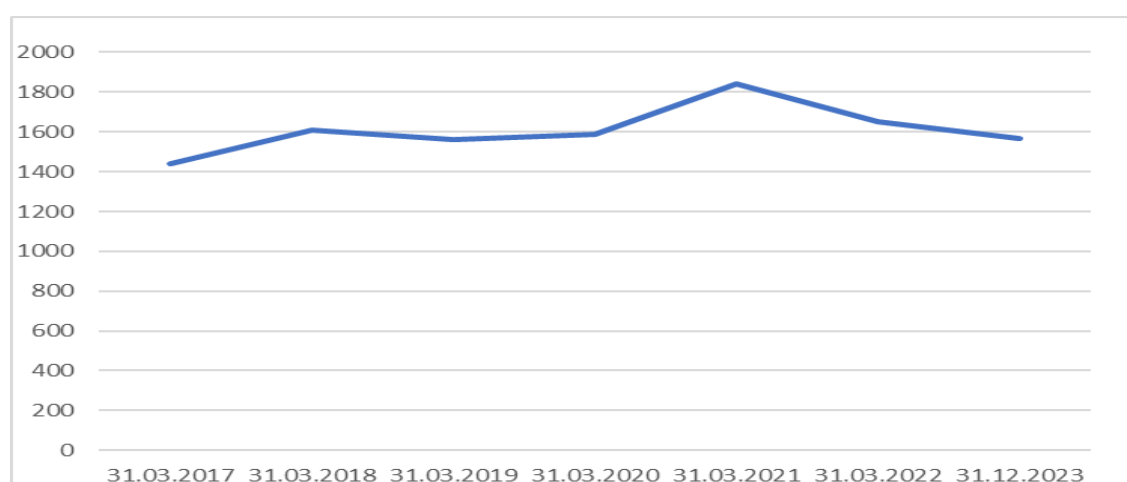
Source: DLUHC. Statutory homelessness: April 2023 to March 2024

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

‘Non statutory homelessness’ is often referred to as the single homeless i.e. people who find themselves with no stable accommodation but also have no dependents. They are legally entitled to advice rather than accommodation support. This definition also includes non-UK nationals whose immigration status renders them ineligible for acceptance as statutorily homeless¹⁹.

Temporary Accommodation

Figure 2.19: Total number of households in temporary accommodation in Bromley, 2017 to 2023



Data source: DLUHC. Temporary accommodation. 2024

Of the 1566 households in temporary accommodation at the end of December 2023 in Bromley, 906 had children. A total of 1697 children were living in temporary accommodation. Comparison with local boroughs is shown in Table 2.5.

Table 2.5. Children in temporary accommodation in Bromley and local boroughs, 2023

	Total number of households in TA	Total number of households in TA with children	Total number of children in TA
Bexley	589	472	1027
Bromley	1566	906	1697
Greenwich	1707	1414	2836
Merton	465	330	677
Sevenoaks	69	40	77
Southwark	3714	1972	3258

¹⁹ Greater London Authority. (2015). Mayor of London Health Inequality Strategy Delivery Plan 2015-2018 Indicator Report [online] Available at: https://www.london.gov.uk/sites/default/files/mayors_his_delivery_plan_indicator_report_final.pdf [Accessed 23/10/2017].

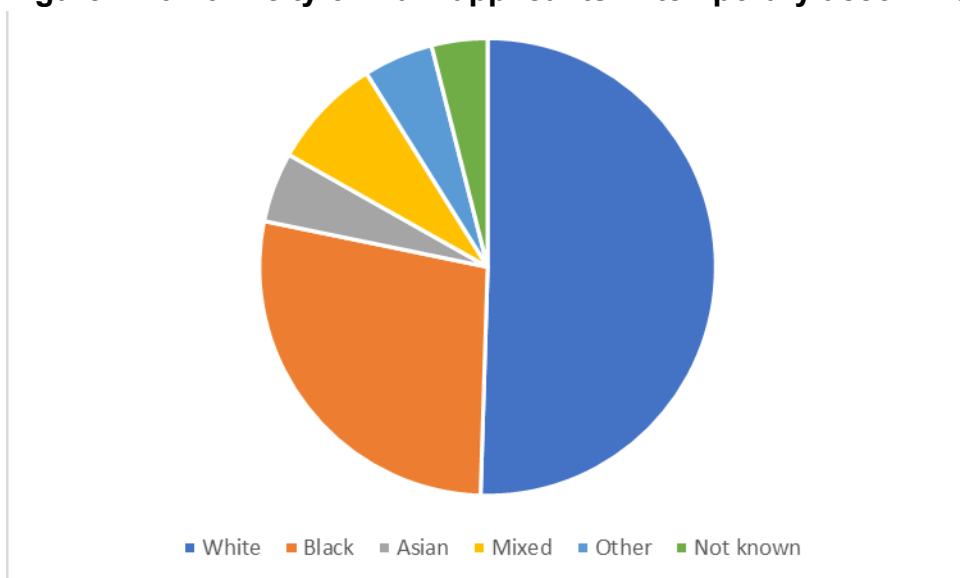
The type of temporary accommodation is shown in Table 2.6. This shows that Bromley is mostly successful in minimising the number of children staying in bed and breakfast hotels or hostels.

Table 2.6. Types of temporary accommodation in Bromley and local boroughs, December 2023

	Bed and breakfast hotels		Nightly paid, privately managed accommodation		Hostels (including reception centres, emergency units and refuges)		Private sector accommodation leased by local authority		Local authority or Housing association (LA/HA) stock		Any other type of temporary accommodation	
	No, of house holds	No, with children	No, of house holds	No, with children	No, of house holds	No, with children	No, of house holds	No, with children	No, of house holds	No, with children	No, of house holds	No, with children
Bexley	8	4	163	139	44	35	173	126	201	168	0	0
Bromley	11	0	1233	723	15	6	125	67	180	109	2	1
Greenwich	317	201	739	638	0	0	53	49	595	524	3	2
Merton	30	1	420	318	0	0	13	11	0	0	2	0
Sevenoaks	3	0	28	14	0	0	0	0	38	26	0	0
Southwark	151	0	1014	620	22	16	1204	658	1316	675	7	3

The ethnicity of applicants in 2021/22 is shown in Figure 2.20.

Figure 2.20 Ethnicity of main applicants in temporary accommodation, Bromley, 23/24



Data source: DLUHC. Ethnicity of main applicants in temporary accommodation, 31 March 2024

What does this mean for families in Bromley?

There were 1566 families with children living in temporary accommodation in Bromley at the end of December 2023. Of these, 723 families are in nightly paid accommodation.

4. Protective factors

a) Breastfeeding

Breastfeeding not only provides the ideal nutrition for a baby and additional immunity, it is also important in promoting bonding between mother and baby.

Women are encouraged to initiate breastfeeding soon after delivery. The proportion of women breastfeeding when they attend a review with a Health Visitor at 10-14 days and at 6-8 weeks is measured. This shows that those women who are exclusively breastfeeding at 10-14 days are likely to still be breastfeeding exclusively at 6-8 weeks. In the year to end June 2024 in Bromley, the proportion of infants breastfed at 10-14 days was 79.2%, and at 6-8 weeks the proportion was 65.1%.

b) Immunisation

The combined DTaP/IPV/Hib/HepB is the first in a course of vaccines offered to babies to protect them against diphtheria (D), pertussis (P - whooping cough), tetanus (T), Haemophilus influenzae type b (HiB - an important cause of childhood meningitis and pneumonia), polio (IPV is inactivated polio vaccine) and Hepatitis B (HepB). Given at the same time are Men B (against Meningococcal group B bacteria), PCV (against pneumococcal disease) and oral rotavirus vaccine. These vaccines are offered when babies are two, three and four months old.

From one year of age babies are offered the meningococcal C (MenC) vaccine (meningococcal group B and C bacteria can cause meningitis and septicaemia).

They are also offered PCV and MenB boosters and the first dose of MMR (Measles, Mumps and Rubella) vaccine. MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

At around the age of 3, children are offered boosters against diphtheria, tetanus, pertussis and polio and a second dose of MMR before starting school.

The national human papillomavirus (HPV) immunisation programme was introduced in 2008 for secondary school year 8 females (12 to 13 years of age) to protect them against the main causes of cervical cancer. It is now offered to year 8 boys as well as girls. In year 9 young people are offered boosters against diphtheria, tetanus and polio and also offered vaccination against further types of meningitis (Men ACWY).

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Table 2.7: Vaccination coverage of immunisations, Bromley and comparators, 2022/23

Vaccine	Age*	Coverage by specified age, 2023		
		Bromley	London	England
DTaP/IPV/Hib– 3 doses	1	93.2	87.6	91.8
PCV – 1 dose	1	95.1	89.8	93.7
Hib/MenC	2	90.9	81.3	88.7
PCV booster	2	84.4	80.4	88.5
MMR – 1 dose	5	92.4	86.6	92.5
MMR – 2 doses	5	87	74.0	84.5

*This is the age by which the vaccine should have been given Source: OHID Fingertips, 2023

This data shows that coverage in Bromley of routine vaccinations is always better than the London rate and often better than the rate for England.

What does this mean for families in Bromley?

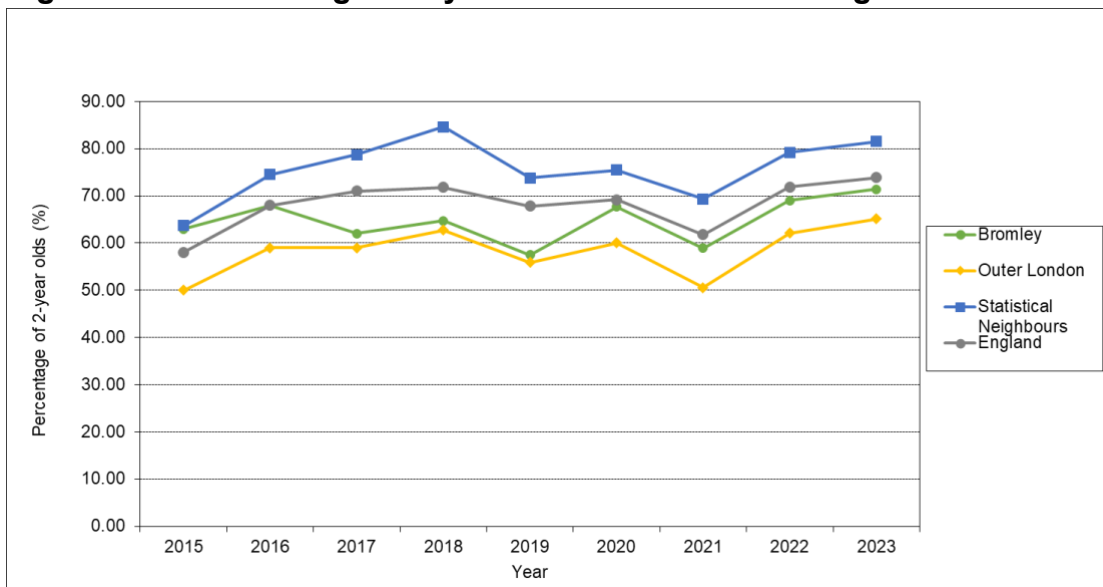
Breastfeeding rates are good in Bromley.

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

c) Early Education

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

Figure 2.21: Percentage of 2 year old children benefitting from funded early education

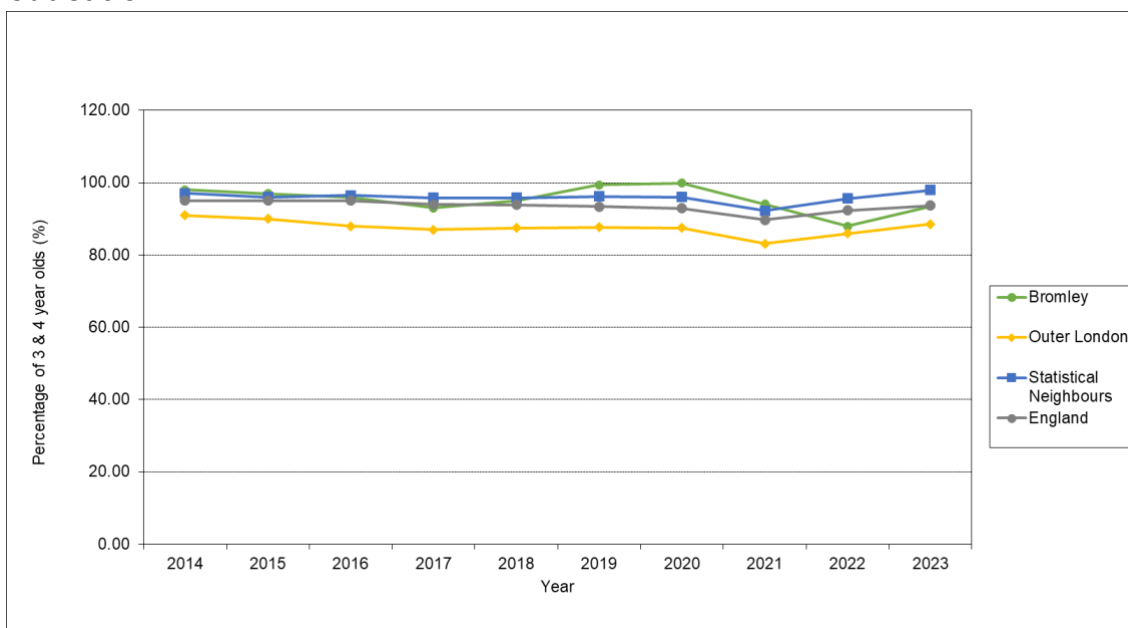


Source: LAIT, 2023

Figure 2.21 shows that the rate of take up for 2 year olds is increasing again in Bromley as elsewhere.

Take up of the free early education for 3 and 4 year olds as shown in Figure 2.22 is much higher and in Bromley reached nearly 100% just before the pandemic and is still high.

Figure 2.22: Percentage take up of 3 and 4 years olds benefiting from some free early education



Source: LAIT, 2023

What does this mean for families in Bromley?

The proportion of children in early education is very high in Bromley.

5. Key findings from Section 2

Health and lifestyle issues of parents

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

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

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

The teenage pregnancy rate continues to fall in Bromley.

Social Care assessments of families in Bromley in 2023 identified 289 families with a parent/carer who used drugs and 408 families where a parent/carer was misusing alcohol.

Nationally, the number of adults taking drugs is falling in those aged 16-24 years but increasing in the 25-59 year olds.

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

Mental health issues of parents

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

GP data shows that recorded depression in adults is decreasing.

Social issues of parents

Domestic abuse is one of the commonest reasons why families are assessed by Children's Social Care (1230 families in 2023/24).

Rates of Domestic Abuse peaked in 2020 and have since fallen.

Poverty and unemployment are low in Bromley.

There were 1566 families with children living in temporary accommodation in Bromley at the end of December 2023. Of these, 723 families are in nightly paid accommodation.

Protective factors for children

Breastfeeding rates are good in Bromley.

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

The proportion of children in early education is very high in Bromley

Glossary and abbreviations

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