



# **BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2022**

## **Section 4: Children and Young People with Established Needs**

**Dr Jenny Selway**

For more information visit [www.bromley.gov.uk/JSNA](http://www.bromley.gov.uk/JSNA) or contact  
[JSNA@bromley.gov.uk](mailto:JSNA@bromley.gov.uk)

*THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY*

## Table of Contents

4. Children and Young People with Established Needs .....	4
1. Children with complex or long term health needs .....	5
a) Diabetes Mellitus (DM) .....	6
b) Asthma .....	8
c) Epilepsy .....	9
d) Autistic Spectrum Disorder (ASD) .....	11
e) Other long term conditions.....	12
2. Children with an Education Health and Care Plan (EHCP).....	14
3. Children at risk of significant harm.....	20
a) Children who are the subject of a Child Protection Plan.....	21
b) Children looked after .....	23
4. Deaths in childhood .....	32
a) Gender and ethnicity of child deaths .....	32
b) Age of child at time of death .....	32
Summary of key findings from Section 4 .....	37
Glossary and abbreviations .....	38

## **Children and Young People with Established Needs**

This section reviews the needs of children and young people who already have an identified need that is significant. This may be a long term health need or it may be a social care need (such as being Looked After or being the subject of a Child Protection Plan). Prevention for these children and young people aims to minimise the impact their situation has on their wellbeing and outcomes. This section also includes information on child deaths in Bromley.

There is no section on serious mental health needs as this is to be the subject of an extensive Mental Health Needs Assessment in Bromley in 2022.

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

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

Most physical health conditions are primarily managed within health services, usually by a combination of a Paediatrician based in the local hospital, a specialist nurse for that condition (usually working closely with the Paediatrician) and the child’s GP. Some conditions (e.g. asthma) will be managed by the GP and the primary care team, with support from the paediatrician as required.

The effective pro-active management of long term conditions offers an opportunity to minimise the effect of the condition on daily life, and prevent adverse outcomes such as emergency admissions to hospital and longer term complications of the condition.

The data for the following analysis comes from;

- School Nurse records (August 2022),
- the annual SEN census in all schools (Spring 2022),
- GP data collected (July 2022), and
- Department for Education data on children with SEND 2022

School nurse records are reliant on schools collecting information from parents about medical conditions which they then collate for children attending Bromley’s maintained primary and secondary schools and academies. In the academic year 2021/22 the school nurse service collected data on children with health conditions from all but 2 primary schools and all but 4 secondary schools. The incomplete data may not be a true picture of the medical conditions of children and young people in Bromley schools. Although no data source is perfect, triangulating the data from several different sources is helpful.

**Table 4. 1: Prevalence of long term health conditions in children aged 0-18 Bromley**

Health condition	GP data 2022	School Nurse data 2022	School SEND data 2022
Asthma	4752	1995	
Autistic Spectrum Disorder	1013	873	788
Diabetes Mellitus	201	68	
Epilepsy and other seizures	428	125	
Sickle cell disease	64	45	
Thalassaemia	147		
Eating disorders	260		
Down’s syndrome	61		
Cystic fibrosis	34		
ADD/ADHD		357	
Childhood cancers	80		
Hearing impairment		134	156
Vision impairment		130	94

Source: School nurse records, 2022; SEN Census, 2022; Bromley GP data 2022

Table 4.1 shows the number of cases of some long term health conditions using different sources of information. National level data is used to estimate the number of cases we may expect to see. Comparison of the expected number of cases to the observed number of cases as recorded by the School Nurses shows that there may be under-reporting. This is especially marked for children with epilepsy and diabetes.

The number of children with complex needs requiring support from specialist services has increased significantly from 171 in 2016/17 to 401 in 2021/22. The majority of the children and young people referred to the services have an Education, Health and Care Plan (EHCP). There is a smaller proportion of children referred due to complex health needs, who are supported in school through health needs child-specific funding without statutory assessment.

### a) Diabetes Mellitus (DM)

Diabetes is an increasingly common long term condition in children and young people<sup>1</sup>. In 2019, there were an estimated 36,000 children in the UK with diabetes under the age of 19, up from 31,500 in 2015.

- Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people. This is where the body is unable to produce any insulin. The prevalence of Type 1 diabetes is not associated with deprivation.
- Type 2 diabetes is much less common in children and young people. It occurs when the body produces some, but not sufficient, insulin, or is resistant to insulin. Type 2 diabetes is more common in obese or overweight people, and in those of South Asian and Afro-Caribbean ethnicity. Unlike Type 1 diabetes, prevalence is strongly associated with deprivation.

National rates of diabetes in children applied to the Bromley population identify that we would expect to see approximately 168 cases of diabetes in children aged under 18 Bromley (1.98 per 1,000 child population) and local GP data indicates that there are 174 children in Bromley with diabetes. Approximately 88% of those cases have Type 1 Diabetes, and 12% have Type 2 diabetes. The changes in numbers of diabetic children and their age is shown in Table 4.2.

**Table 4. 2: Number of children and young adults with Diabetes Mellitus (DM) in Bromley, 2022**

Age group	Total DM 2016	Type I DM 2022	Type II DM 2022	Total DM 2022
0-4 years	3	2	0	2
5-9 years	12	38	1	39
10-14 years	37	72	1	73
15-17 years	49	57	3	60
18-24 years		136	18	154

Source: GP data 2022

<sup>1</sup> Royal College of Paediatrics and Child Health (2020) *State of Child Health*. London: RCPCH. [Available at: [stateofchildhealth.rcpch.ac.uk](http://stateofchildhealth.rcpch.ac.uk)]

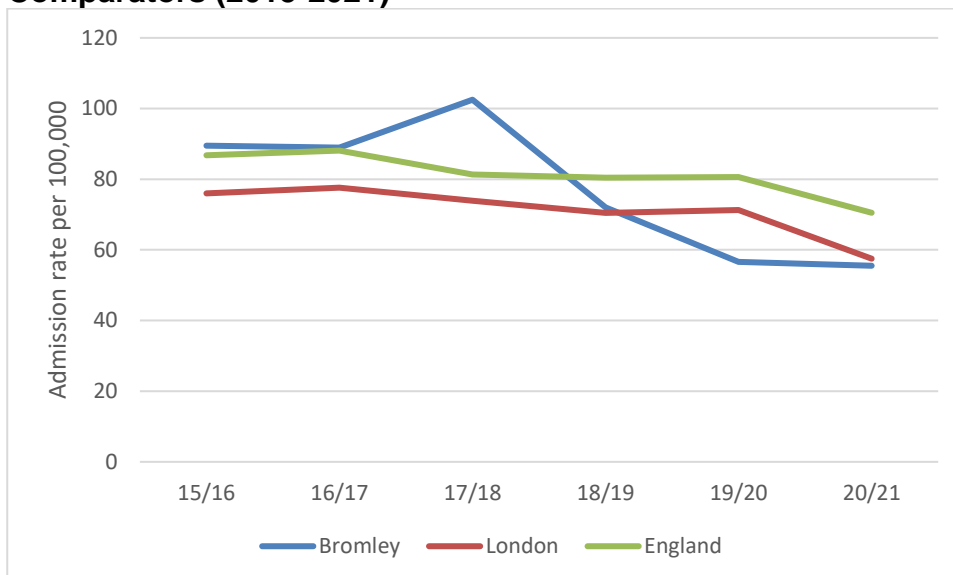
## Outcomes for children with diabetes in Bromley

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

- Long term blood sugar control can be measured using the HbA1c blood test which identifies average plasma glucose concentration over the past three months. NICE guidance recommends maintaining an HBA1c of 48 mmol/mol or lower.<sup>4</sup>
- Diabetic ketoacidosis (DKA) is a potentially life-threatening condition requiring emergency admission to hospital, and can be fatal if not promptly treated. It occurs when plasma blood sugar levels rise rapidly. DKA occurs almost exclusively in type 1 diabetes.

Admission rates for children with diabetes in Bromley are similar to the rates in London and England. Figure 4.1 below shows admission rates for all children aged 10-18 in years Bromley.

**Figure 4. 1: Hospital admission with diabetes mellitus; 10-18 years, Bromley and Comparators (2015-2021)**



Source: OHID fingertips

Admissions due to DM are comparable to London and England rates in Bromley.

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

- Hospital admission rates in diabetic children in Bromley are similar to those of London or England.

## b) Asthma

There are 4,424 children aged under 18 with a diagnosis of asthma on the GP disease register in Bromley. Diagnosis of asthma in young children is not straightforward<sup>2</sup>. This may explain why the numbers of younger children on GP data systems has fallen since 2016 as shown in Table 4.4.

**Table 4. 4: Number of children with an asthma diagnosis by age; Bromley**

Age	Bromley GP data 2016	Bromley GP data 2022	
0-4 years	292	116	
5-9 years	1202	999	
10-14 years	1869	1885	
15-17 years	1368	1424	
18-24 years		3382	

Source: Bromley GP data, 2016 and 2022

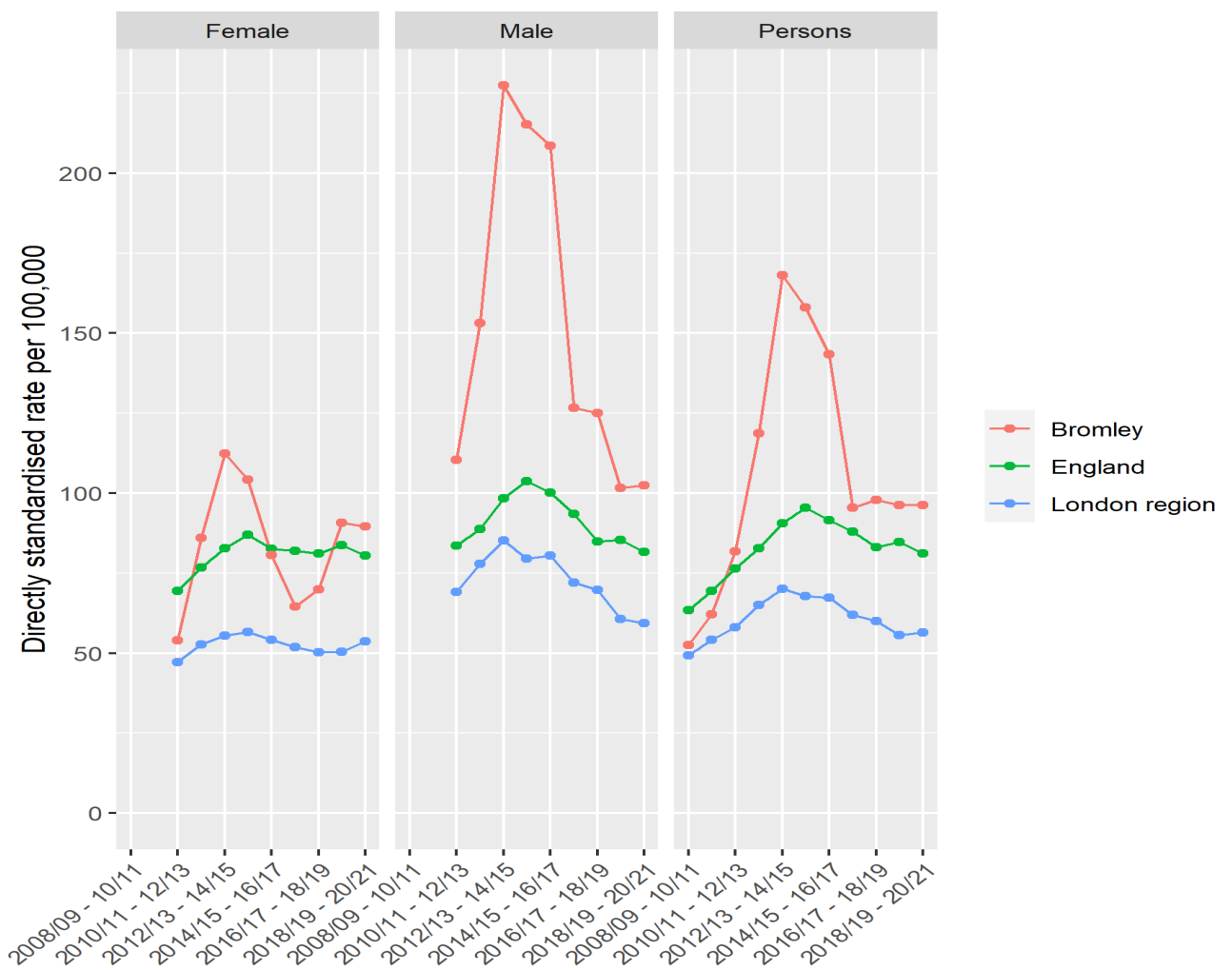
Figure 4.2 shows that admission rates for asthma are no longer lower in Bromley than in London or England. It also shows a difference in admission rates between boys and girls in Bromley.

---

<sup>2</sup> Health24. *How is asthma diagnosed?* [online] Available at: <https://www.health24.com/Medical/Asthma/Overview/How-is-asthma-diagnosed-20130205> [Accessed 23/10/2017].



**Figure 4.2: Emergency hospital admissions with a primary diagnosis of asthma; 0-18 years, Bromley and comparators**



**What does this mean for Bromley residents and for children in Bromley**  
 Emergency admissions of children with asthma have risen, particularly for boys. Processes to prevent future admissions should be reviewed.

**c) Epilepsy**

Epilepsy is the most common long term neurological condition of childhood and it affects an estimated 112,000 children and young people in the UK. A wide range of epilepsy syndromes present throughout infancy, childhood and adolescence from benign self-limiting syndromes to severe epileptic encephalopathies. A child with epilepsy may also have a number of associated neurological, educational or psychosocial problems relating to the cause of their epilepsy or associated co-morbidities. 37% of children with epilepsy have a mental health condition.

Recorded prevalence of epilepsy has reduced in recent years, which may partly reflect more specific diagnosis. However, even among those who have a diagnosis of epilepsy, up to a third continue to have seizures despite treatment.

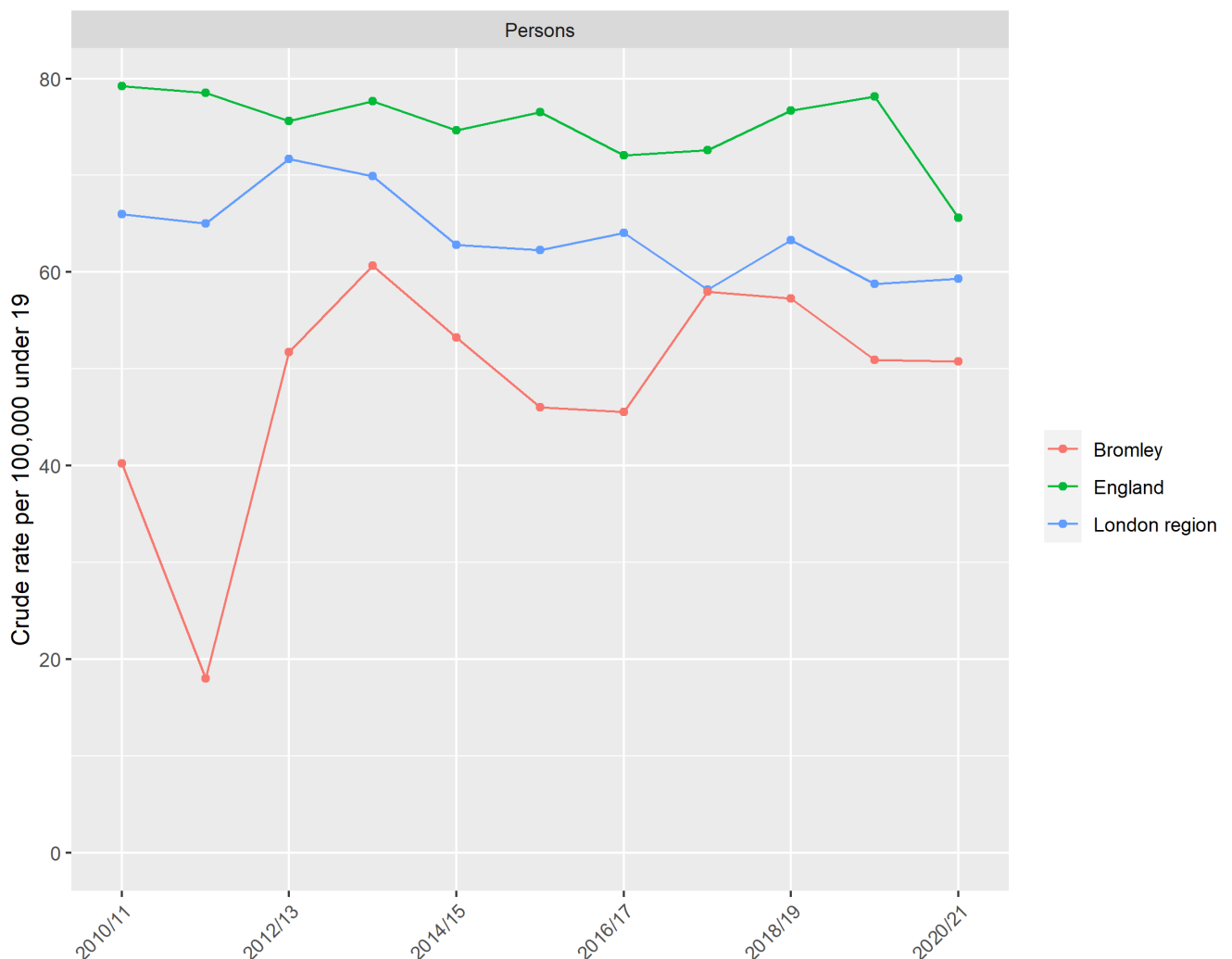
Transition to adult epilepsy services is a time of increased risk, and well-coordinated specialist epilepsy services can reduce mortality among young people with epilepsy after transition to adult services.

**Table 4.5: Number of children diagnosed with epilepsy in Bromley, by age**

Age	Bromley GP data 2016	Bromley GP data 2022	
0-4 years	56	30	
5-9 years	121	106	
10-14 years	133	154	
15-17 years	87	105	
18-24 years		258	

Source: Bromley GP data, 2016

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



Not all emergency admissions to hospital for epilepsy or seizures are avoidable. However, there is evidence that education, support with epilepsy medications and emergency seizure management plans can reduce emergency admissions. Figure 4.3 shows that during the period 2010-16 emergency admissions to hospital with epilepsy for Bromley children were consistently below London and national rates.

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

Based on limited outcome data, the outcomes for children with epilepsy in Bromley appear to be better than for children in London and England.

#### d) Autistic Spectrum Disorder (ASD)

Autism is a lifelong developmental disability that affects how a person communicates and relates to other people, and how they experience the world around them. Those on the autistic spectrum experience difficulties with social interaction, social communication and rigidity of thought. They may also be more sensitive to everyday sensory information.

ASD describes a wide range of needs. Most young people on the autistic spectrum are educated in mainstream schools. The proportion of children with autism known to schools is rising more slowly Bromley than in London and England (Figure 4.4).

Figure 4.4 Children with Autistic Spectrum Disorder known to schools

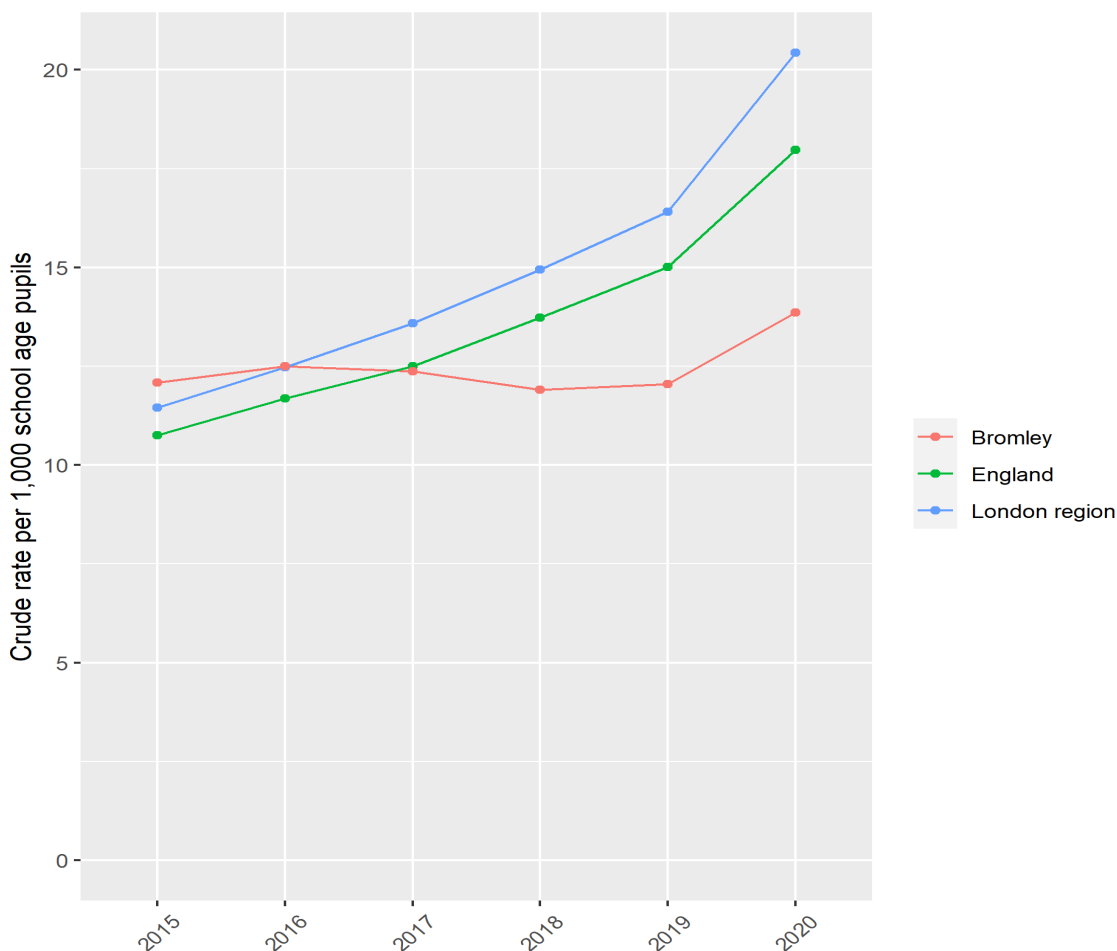


Table 4.6 shows that, there are 1471 children aged 0-17 with ASD recorded with Bromley General Practice in 2016. The number of 15-17 year olds with a diagnosis of ASD has implications for the transitional services.

**Table 4.6: Number of children diagnosed with ASD in Bromley GP data, by age**

Age	Bromley GP data 2016	Bromley GP data 2022
0-4 years	15	26
5-9 years	127	383
10-14 years	164	651
15-17 years	114	411
18-24 years		736

Source: Bromley GP data, 2016

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

GP data shows an increase in the number of children with autism

The number of children with autism known to schools is rising more slowly than comparators.

#### e) Other long term conditions

Some other long term conditions that affect the life of a child are collected by GPs and schools (Table 4.1 on page 5). It is important that schools are aware of children who have long term health conditions in their schools so that they can support the child and family and respond appropriately if the child becomes unwell in school.

**Table 4.7: Number of children diagnosed with cancer in Bromley since 2001, by age group**

Age	Bromley GP data 2022
0-4 years	7
5-9 years	9
10-14 years	34
15-19 years	35
20-24 years	36

Source: Bromley GP data, 2022

The most common type of childhood cancer in Bromley since 2001 is acute lymphoblastic leukaemia, followed by histiocytosis, lymphoma and acute myeloid leukaemia.

**Table 4.8: Frequency of different types of eating disorder in Bromley, ages 0-24 years, 2017-2022**

<b>Eating disorder</b>	<b>Number of cases</b>	<b>Age range usually affected</b>
Pica	34	All ages, more common in younger children
Anorexia nervosa	152	15-24 years age group
Bulimia nervosa	52	All 15-24 years
Eating Disorder unspecified	170	All age groups
Avoidant restrictive food intake disorder	16	All age groups
<b>Total</b>	<b>424</b>	

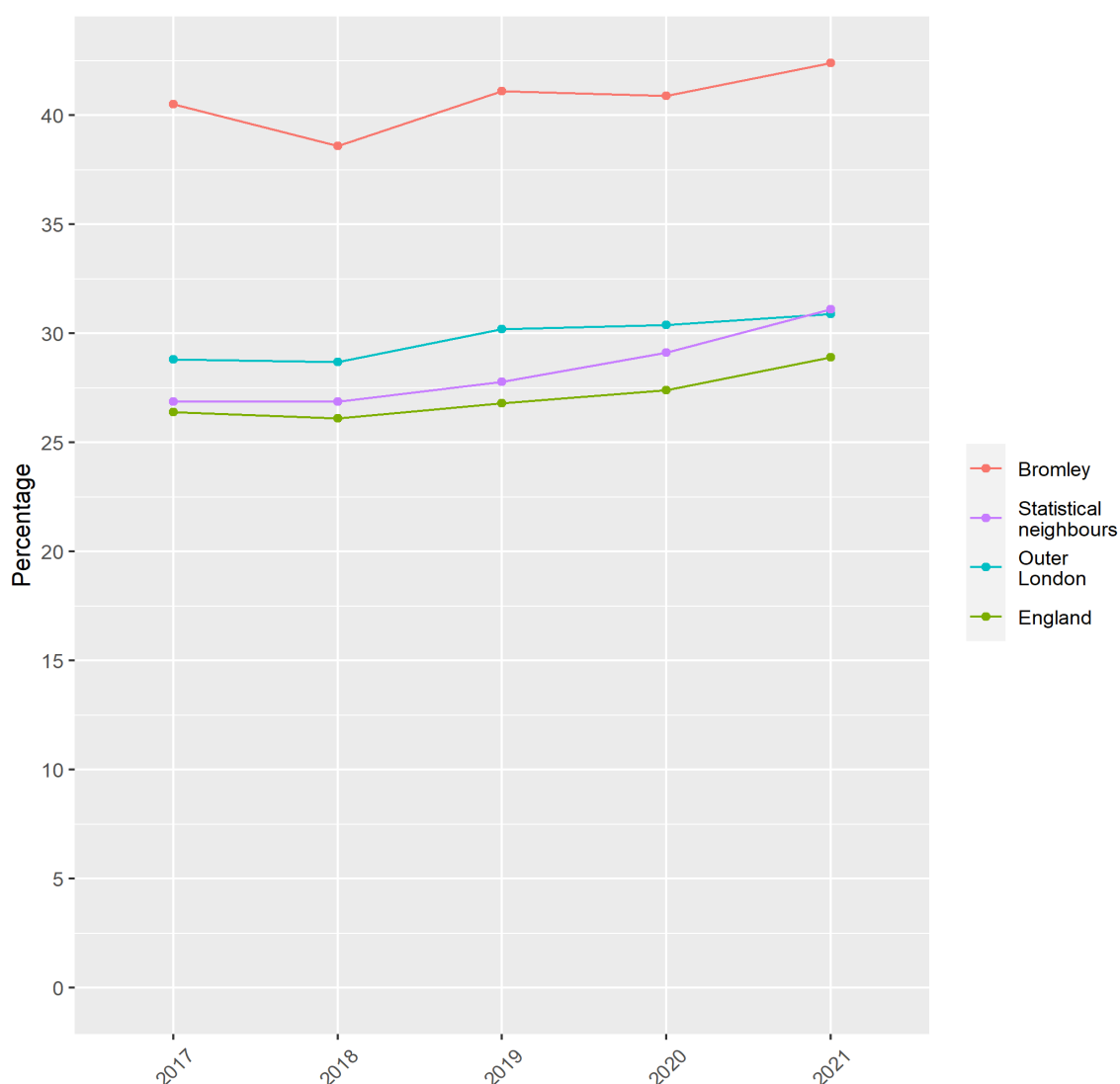
Source: GP data

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

The existence of an EHC Plan is an indicator of significant need. It is a plan put in place to ensure that a young person reaches their full potential, not just in education.

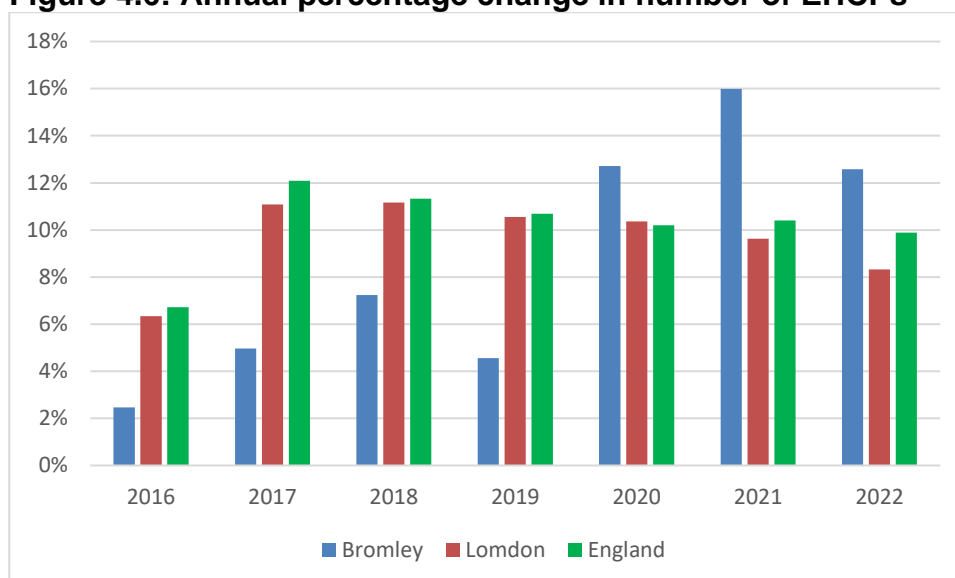
The percentage of pupils with an EHCP in Bromley schools had reduced in 2018 but has since increased again. It is not clear whether this is due to a real change or a difference in the application of thresholds. Comparison with statistical neighbours is shown in Figure 4.5 below. Bromley rates have consistently been higher. The majority of pupils with an EHCP are in mainstream maintained schools or academies or special schools.

**Figure 4.5: Percentage of pupils with statements/EHC Plans, Bromley and comparators, 2017-2021**



For the past 3 years the growth in the number of EHCPs in Bromley has been greater than the regional or national average.

**Figure 4.6: Annual percentage change in number of EHCPs**



Source: DfE 2015-2022 SEN2 data

**Table 4.10** shows that the most common types of needs in children with SEN are;

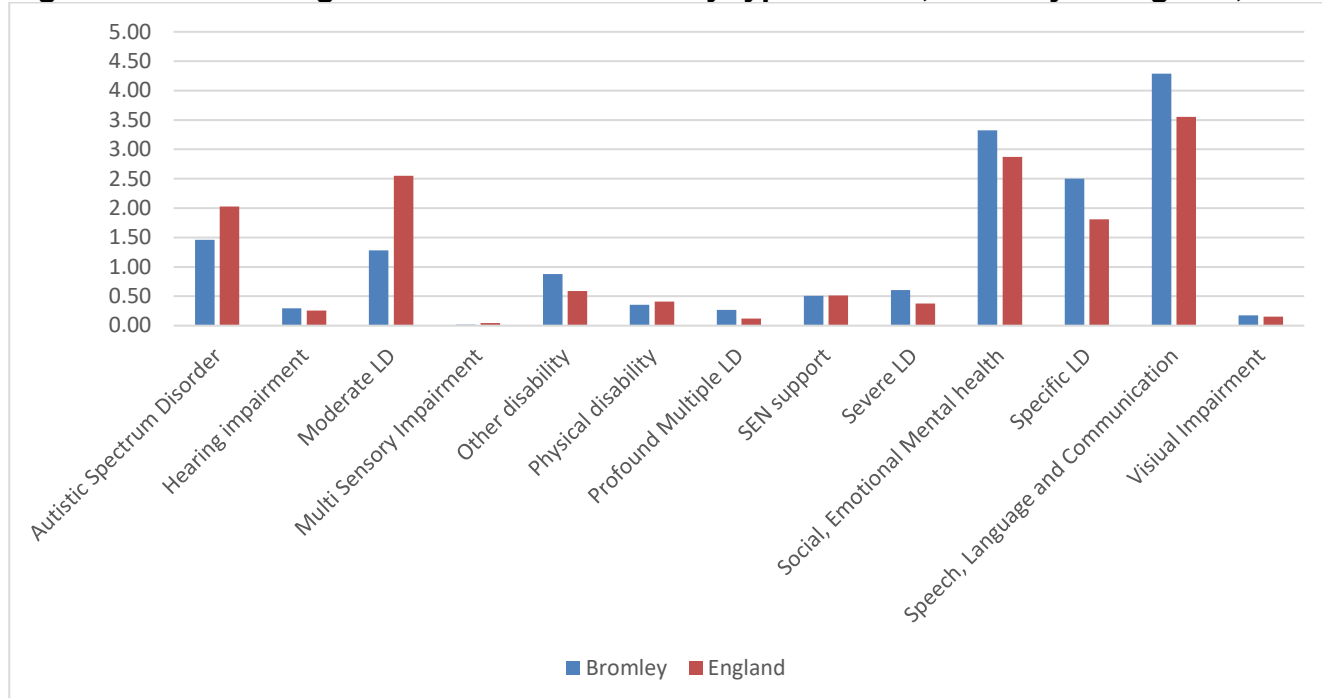
- Speech, Language and communication Needs,
- Social Emotional and Mental Health Difficulties,
- Specific Learning Difficulty, and
- Moderate Learning Difficulty.

**Table 4.10: Children with SEN by type of need in maintained schools and academies, 2022**

Primary type of need	Primary schools	Secondary schools	Special school	Pupil referral unit	Total
Autistic Spectrum Disorder	305	376	97	no data	778
Hearing Impairment	69	84	3	no data	156
Moderate Learning Difficulty	266	306	109	no data	681
Multi- Sensory Impairment	7	1	no data	no data	8
Other Difficulty/Disability	205	254	8	no data	467
Physical Disability	94	88	8	no data	190
Profound & Multiple Learning Difficulty	13	3	125	no data	141
SEN support but no specialist assessment of type of need	167	103	no data	no data	270
Severe Learning Difficulty	34	3	284	1	322
Social, Emotional and Mental Health	661	888	182	37	1,768
Specific Learning Difficulty	463	865	2	no data	1,330
Speech, Language and Communications needs	1,801	450	31	no data	2,282
Visual Impairment	45	46	3	no data	94

**Source:** <https://explore-education-statistics.service.gov.uk/data-tables/permalink/41b65f85-d46a-4501-a228-af6adb195a8c>

**Figure 4.7: Percentage of Children with SEN by type of need, Bromley & England, 2022**



Source: Department for Education, 2022

Comparing Bromley to England in Figure 4.7 shows that;

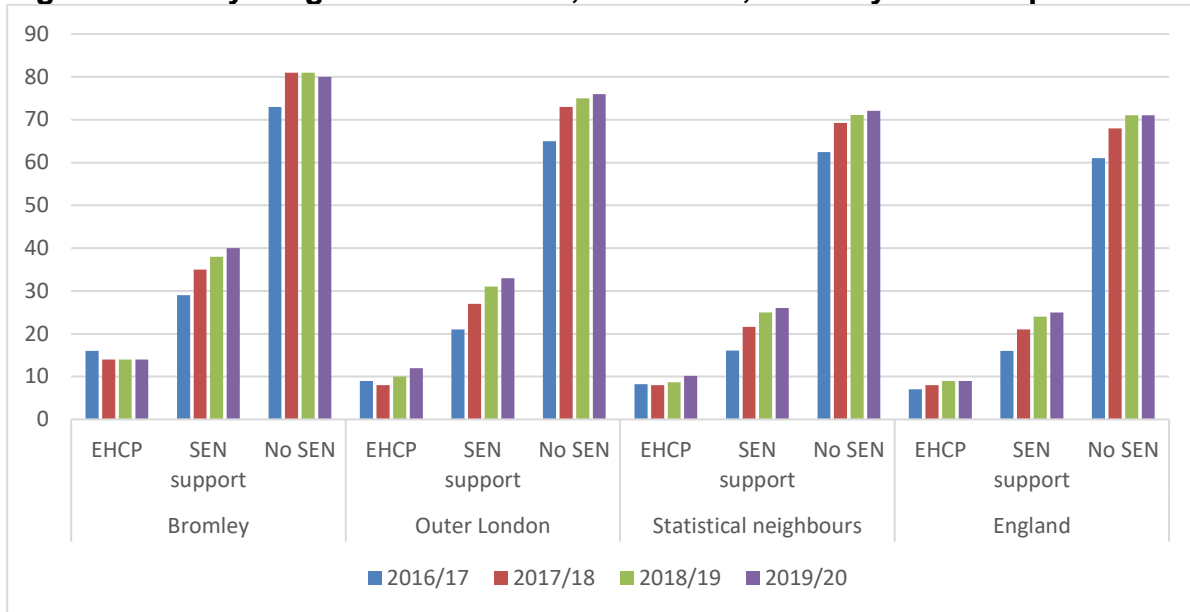
- Bromley has relatively high rates of Speech, Language and Communication, Specific Learning Difficulty and Social, emotional and mental health needs compared to England
- Bromley has relatively low rates of moderate learning difficulty and Autistic Spectrum Disorder compared to England

### **Educational Attainment in Children with Special Educational Needs**

Figure 4.8 shows that, achievement in Key Stage 2 in Bromley has improved in all groups except for children with an Education Health Care Plan where achievement has remained stable for three years. Furthermore, the pupils in Bromley are achieving better in all groups than pupils in comparator areas.



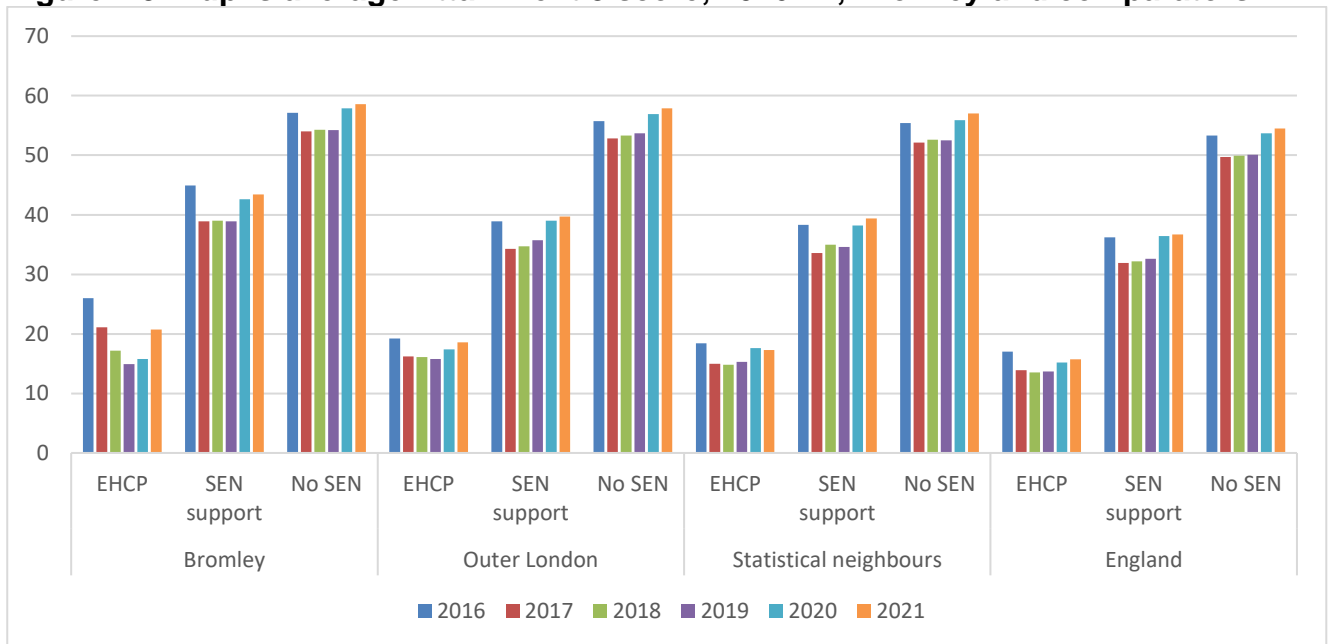
**Figure 4. 8: Key Stage 2 achievement, 2016-2017, Bromley and comparators**



Source: LAIT, 2022

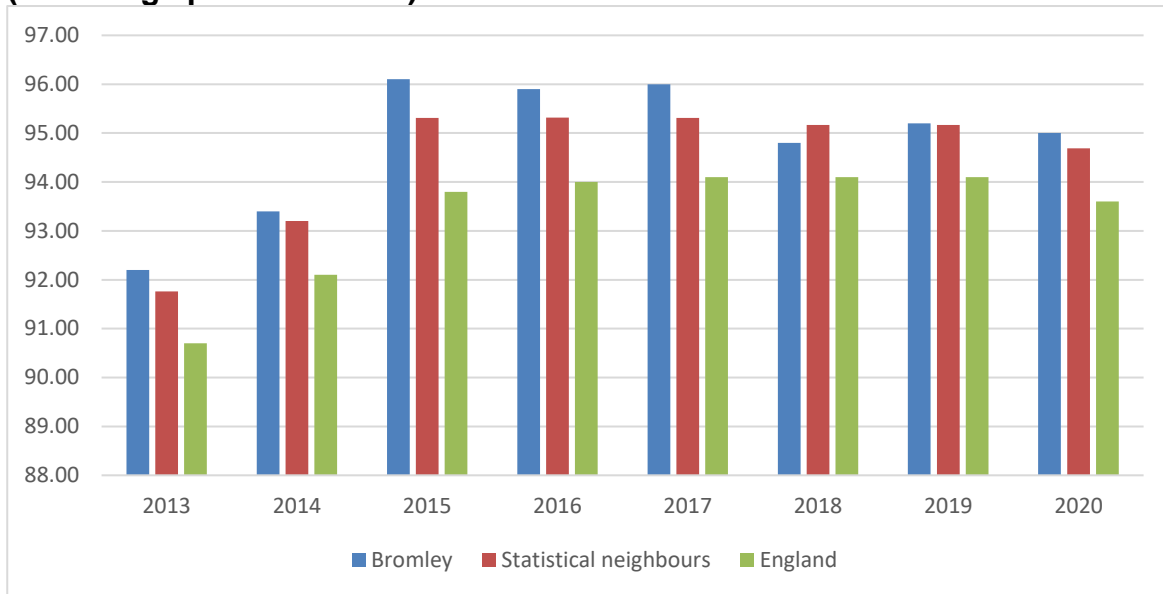
Figure 4.9 shows that pupils at GCSE level (Key stage 4) are achieving better in Bromley for those at EHCP, SEN support and no SEN levels. Attainment 8 score is calculated by adding together pupils' highest scores across eight government approved school subjects.

**Figure 4.9: Pupils average Attainment 8 score, 2016-21, Bromley and comparators**



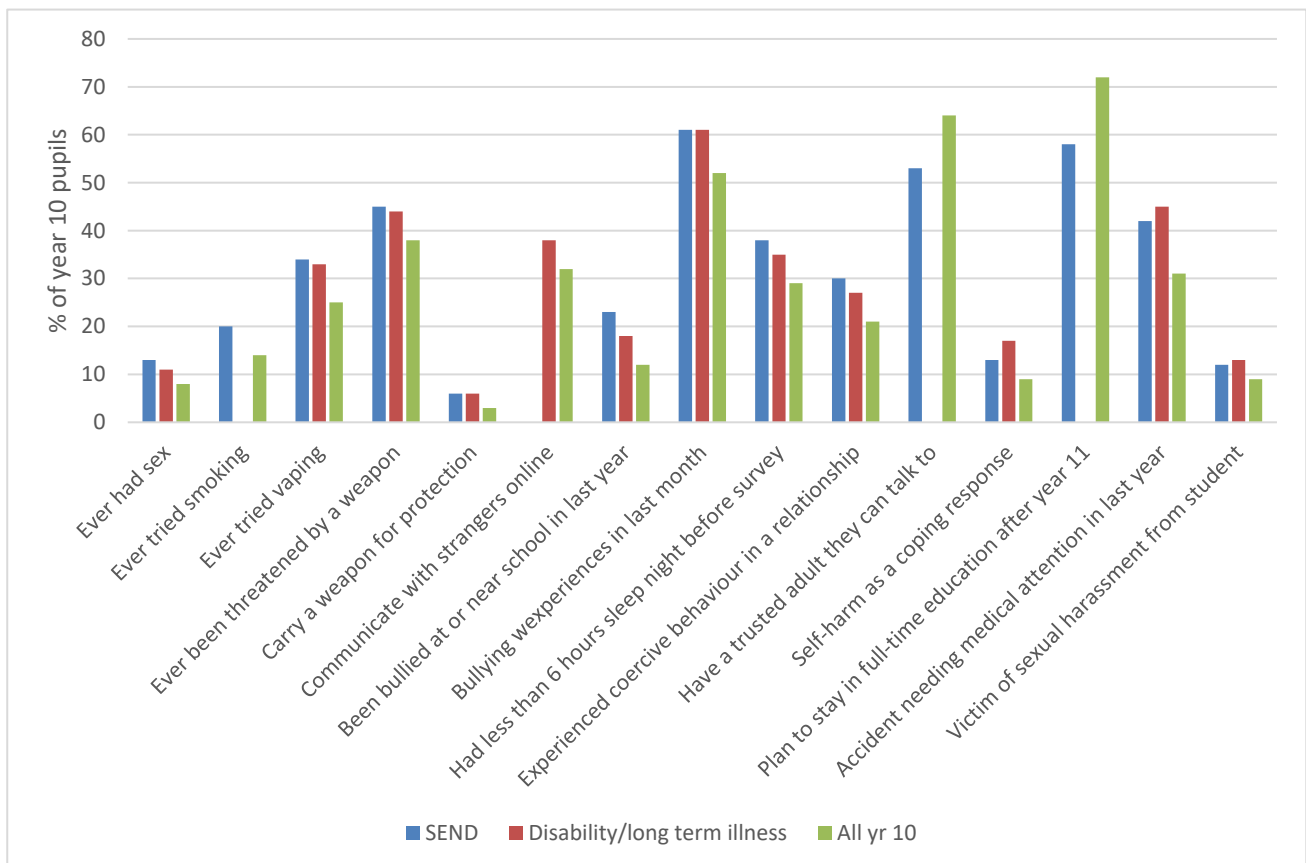
Bromley also has better rates than London or England of Key Stage 4 (KS4) pupils with SEN remaining in education or going into employment/training. Figure 4.10 shows that Bromley has a higher percentage (95%) of pupils with special education needs who were in education or training after Key Stage 4 in 2020 compared to statistical neighbours and England.

**Figure 4.10: % KS4 SEN Pupils remaining in education or going to employment/training (including special schools)**



The survey of year 10 pupils in 2022 showed some vulnerabilities of young people with SEND or long term illness when compared to the whole year 10 cohort. This shows that young people with SEND or long term illness were more likely than their peers to participate in risky behaviour and had fewer protective factors such as a trusted adult or staying in full-time education after year 11.

**Figure 4.11. Experiences of year 10 pupils with SEND or long term illness compared to all year 10, 2022**



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

For the past 3 years the growth in the number of EHCPs in Bromley has been greater than the regional or national average.

Bromley has relatively high rates of Speech, Language and Communication, Specific Learning Difficulty and Social, emotional and mental health needs compared to England.

Attainment for children with SEND is good compared to statistical neighbours and England.

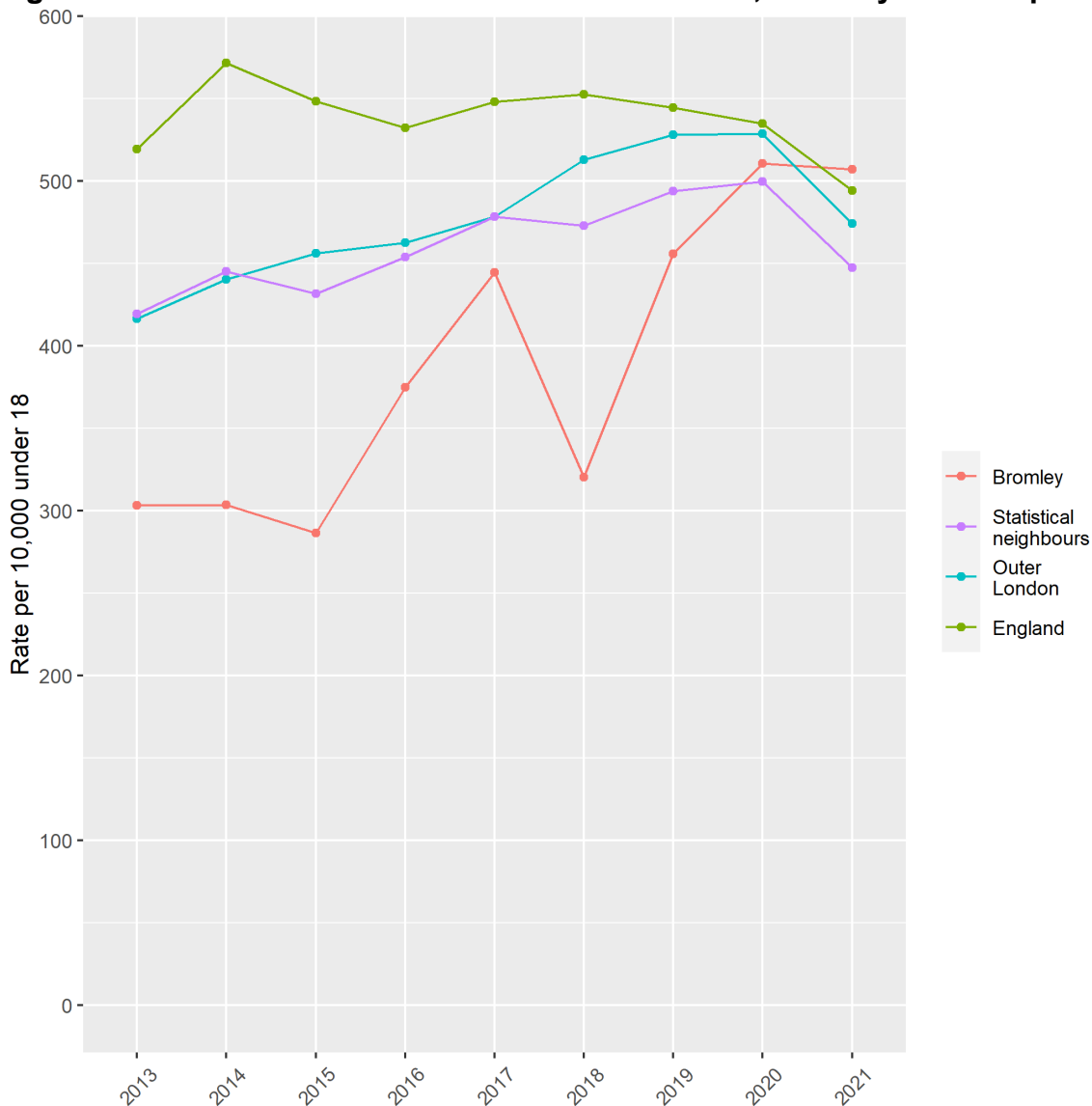
### 3. Children at risk of significant harm

The risks can be broadly of two kinds:

- a) Abuse or ill-treatment causing an immediate and acute risk of or actual significant harm to the child/ young person's health or development, or
- b) A chronic and long-term risk of harm to the child's health or development.

This small group of children/young people will have needs which may meet the threshold for statutory intervention. Children at this level may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention.

**Figure 4.12: Referral rates to Children’s Social Care, Bromley and comparators**



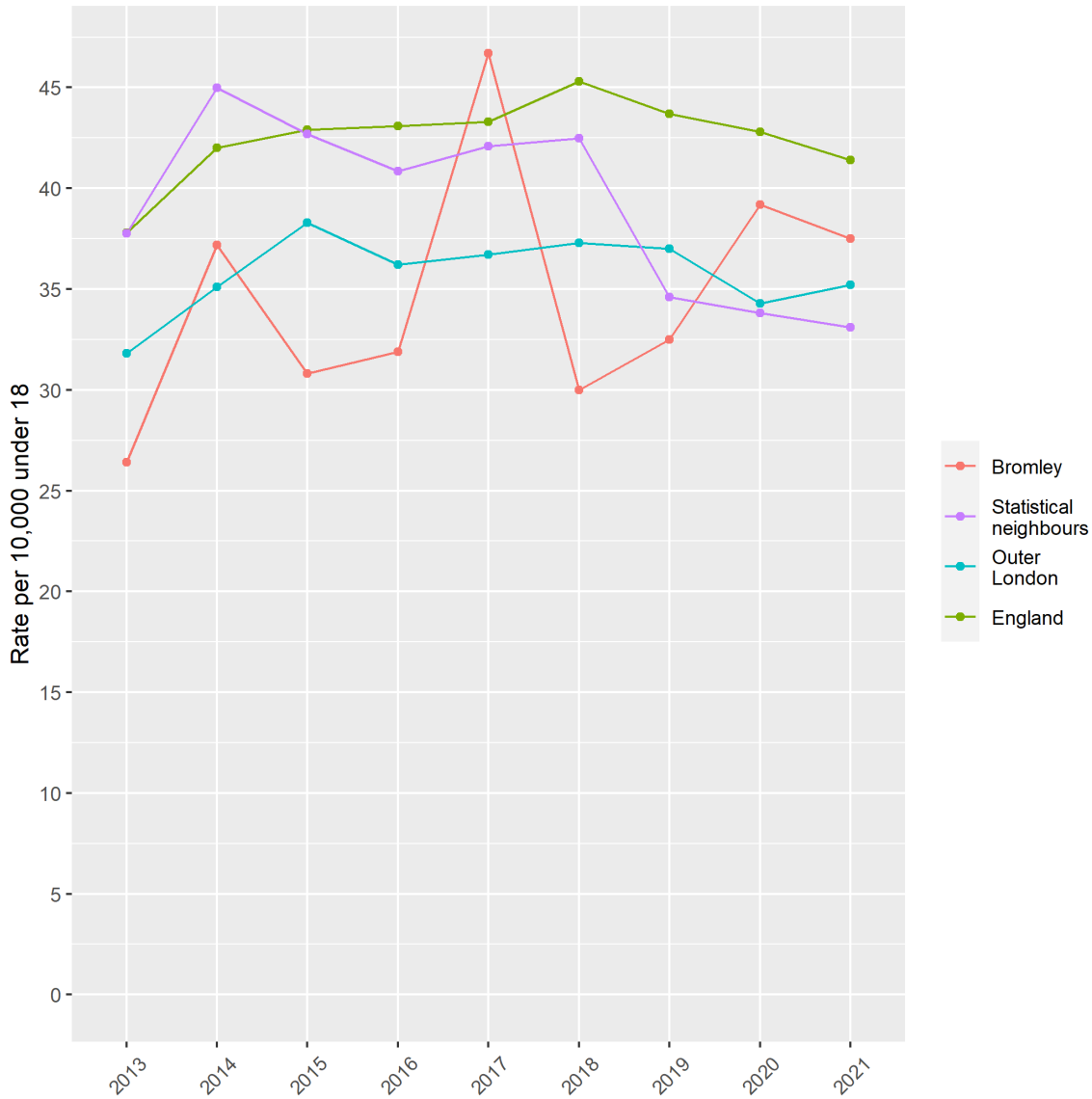
Source: LAIT, 2022

The referral rate in Bromley has increased and is now comparable to the rates in the comparator areas as shown in Figure 4.11.

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

There are currently 402 children subject to a Child Protection Plan (CPP) in August 2022 in Bromley. Bromley is roughly comparable to statistical neighbours and the national rate but shows fluctuation.

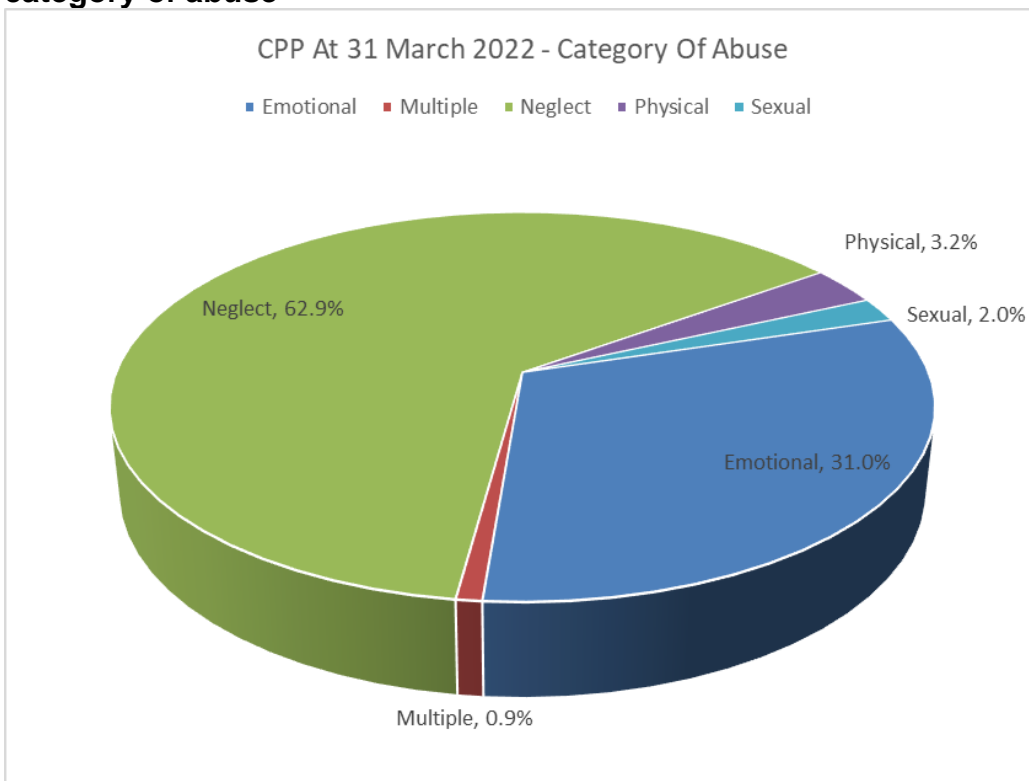
**Figure 4.13 Rate of Children subject to a CP Plan, Bromley and Comparators**



Source: LAIT, 2022

Figure 4.14 shows that neglect and emotional abuse are the categories of abuse most represented in children subject to a CPP in Bromley.

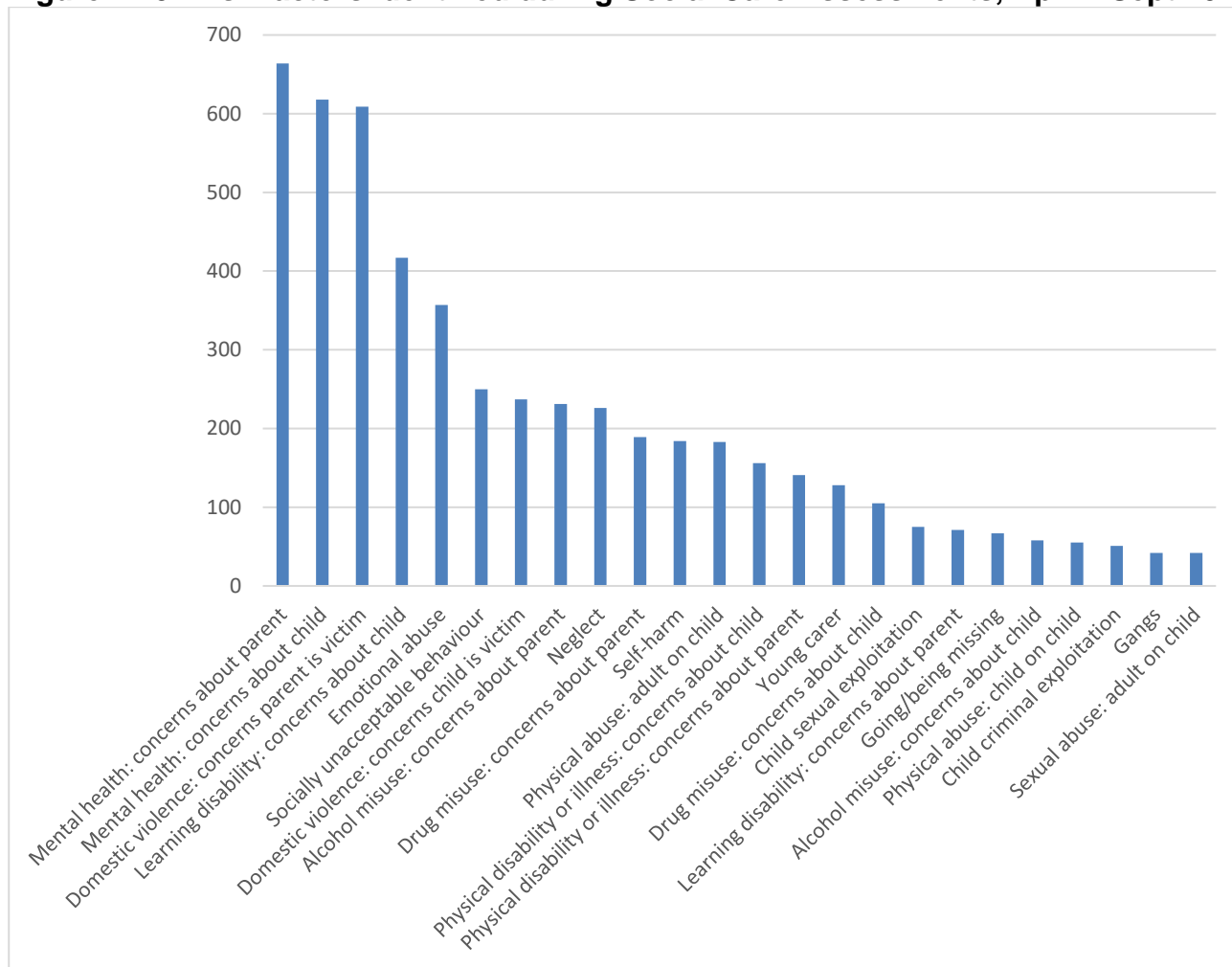
**Figure 4.14: Proportion of child protection plans in Bromley, 31<sup>st</sup> March 2022, by category of abuse**



Source: Statistics: children in need and child protection

Risk and protective factors are identified as part of the social work assessment. The risk factors identified during these assessments in April 2017 to February 2018 are presented in Figure 4.15. Mental health needs in either the parent or the child were the most common risks identified, followed by learning disability in the child.

**Figure 4.15: Risk factors identified during Social Care Assessments, April - Sept 2022**



Source: Children Social Care data, LBB

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

Children on a Child Protection Plan are most likely to be on the plan for neglect.

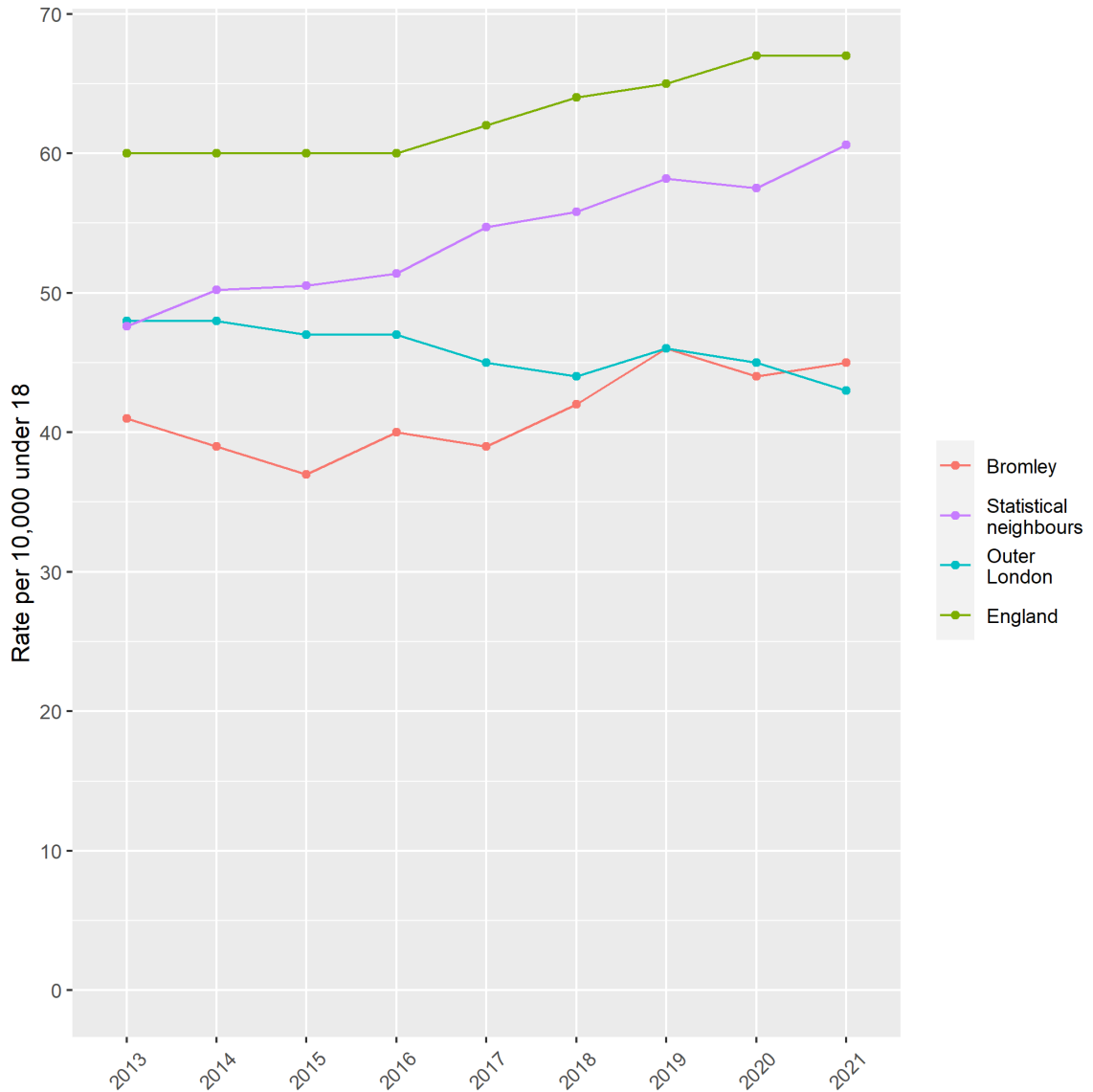
Mental health needs in either the parent or the child were the most common risks identified during assessment by Children’s Social Care, followed by domestic violence.

### b) Children looked after

- The number of children looked after (CLA) in Bromley, August 2022, is 336.
- The rate of 45 CLA per 10,000 population under 18 is lower than statistical neighbours and lower than the rate for England.
- There are currently 12 unaccompanied asylum seeking children in Bromley and this number remains stable.
- 70% of children looked after are in foster placements (August 2020).
- The percentage of children looked after placed out of the borough and more than 20 miles from where they used to live was 15% in 2021/22. This is comparable to the national rate

- In the last two years, 23 CLA or care leavers have been enrolled in the FNP programme as young parents, 4 more have been referred but not enrolled, and a further 3 are awaiting enrolment.

**Figure 4.16 Rate of CLA in Bromley and comparators, 2020/21**

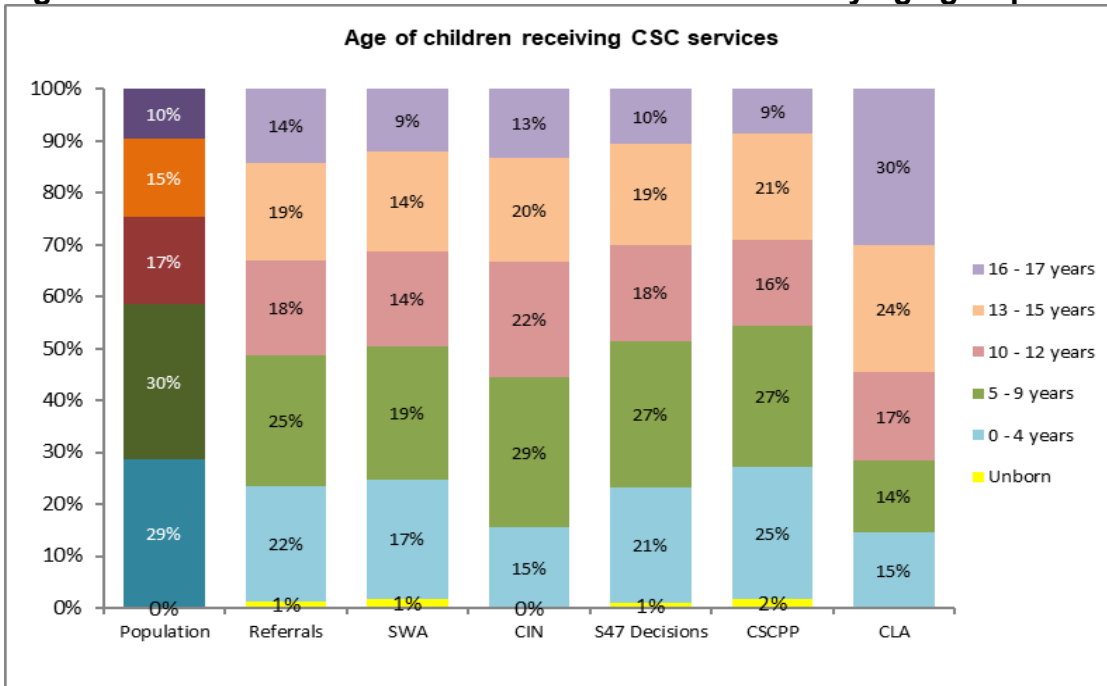


Source: LAIT, 2022

The ages of children in different parts of Children’s Social Care in Bromley is shown in Figure 4.17. This shows that older teenagers are over-represented among CLA in Bromley.



**Figure 4.17: Children known to Children’s Social Care by age group**

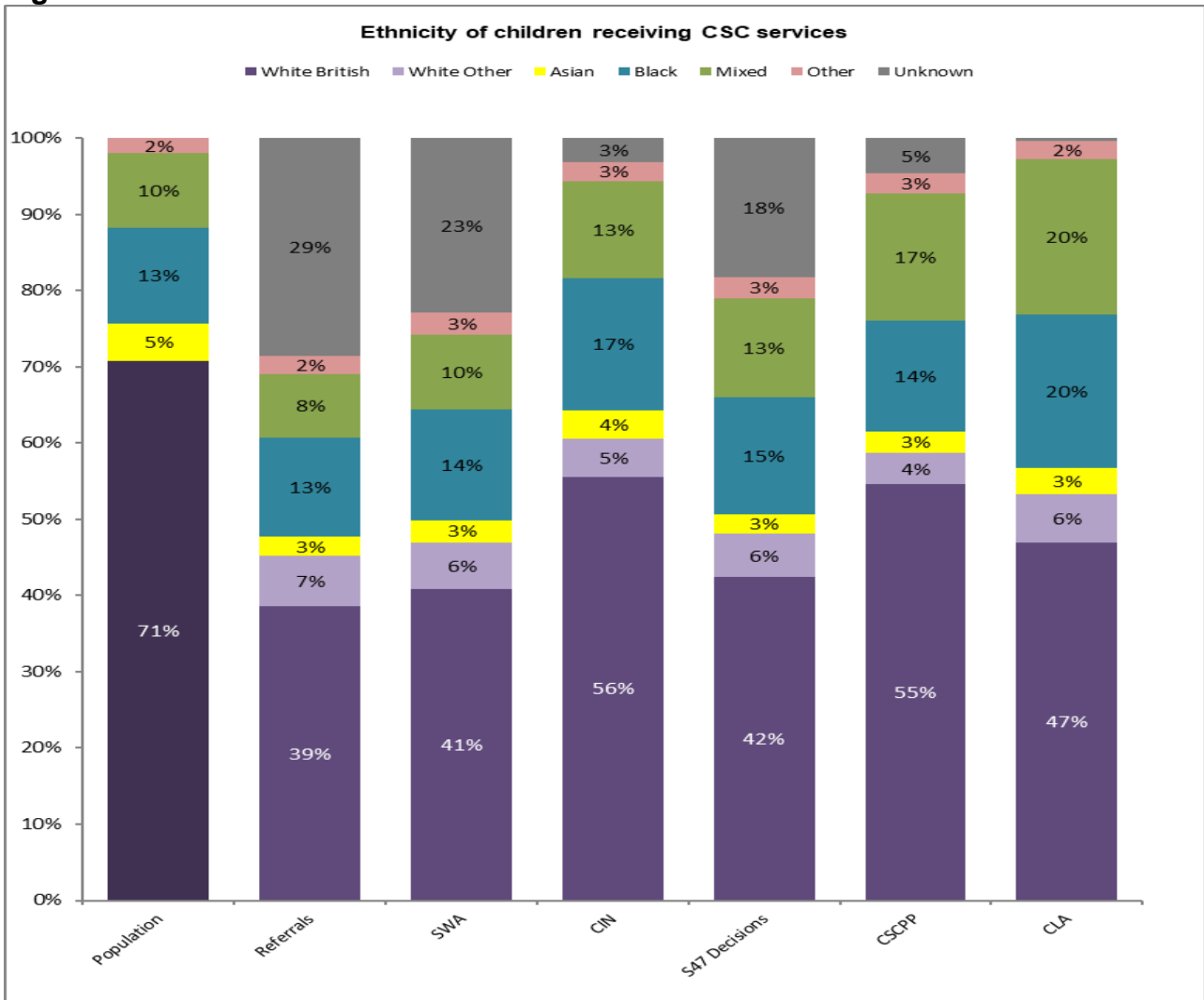


Source: Children Social Care data, LBB- 2018

### Ethnicity of children looked after

Some ethnic groups are over-represented in the CLA population. This includes those of mixed race and black populations (the “white other” population in Bromley is 7.8%). White British and Asian are under-represented in CLA.

**Figure 4. 18**

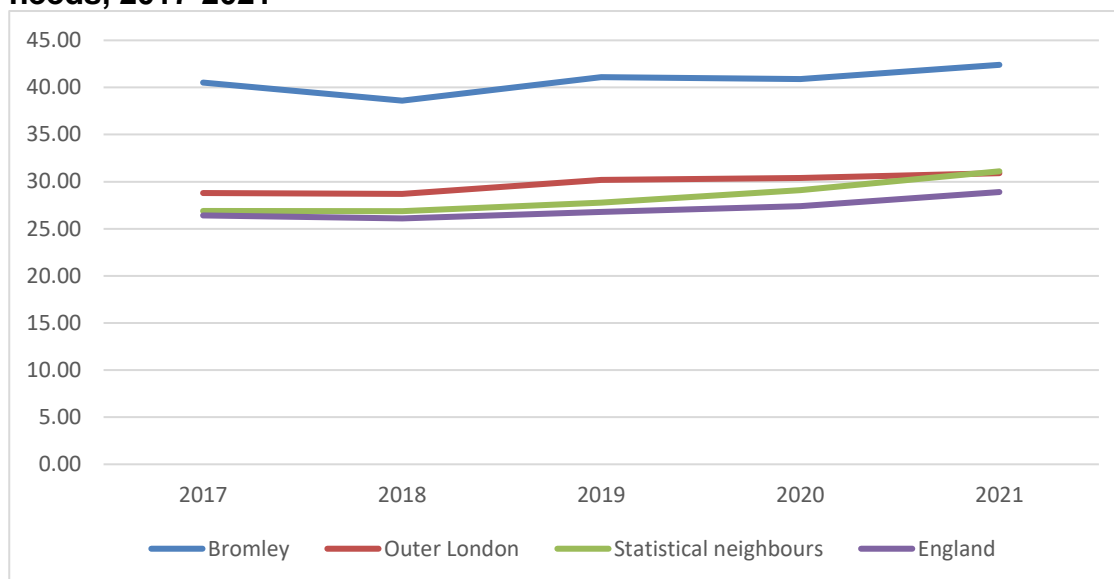


Source: Children Social Care data, LBB-2018

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

The proportion of CLA who have special educational needs in Bromley is also higher than London, national and statistical neighbour rates (Figure 4.18).

**Figure 4.19 The proportion of Children Looked After who have special educational needs, 2017-2021**



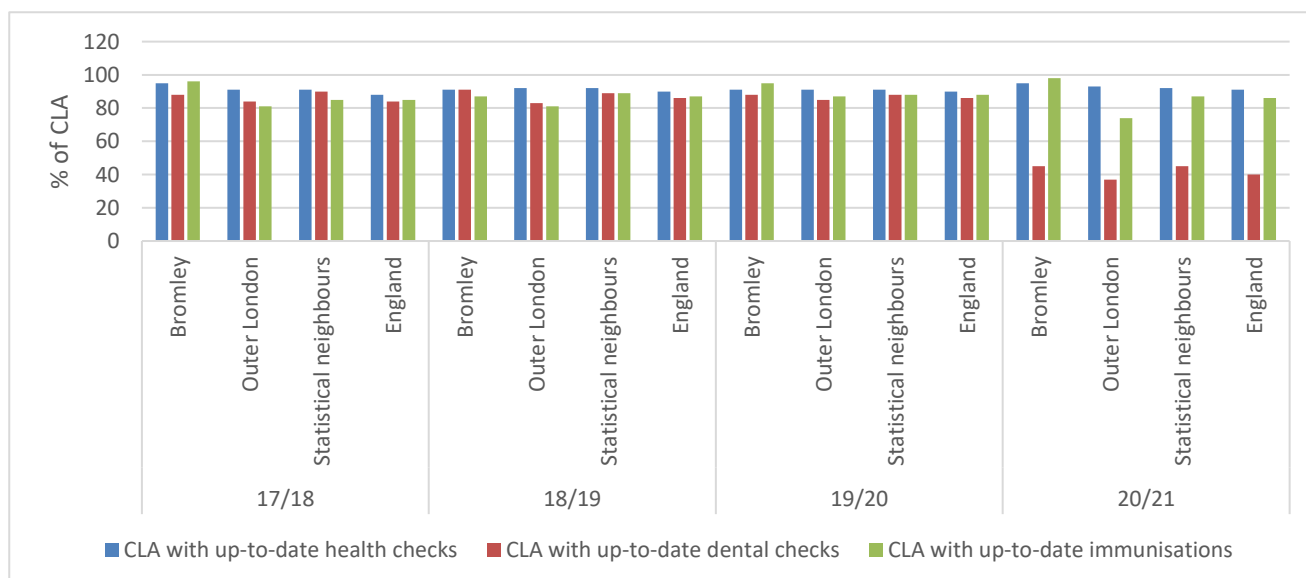
Source: LAIT, 2022

### Emotional Health needs of Bromley CLA

The emotional health score of CLA in Bromley is been similar to the scores in statistical neighbours, outer London and England.

### Health Protection of CLA

**Table 4.20: Proportion of CLA who have up-to-date health checks, dental checks and immunisations, 2017-21, Bromley and comparators**



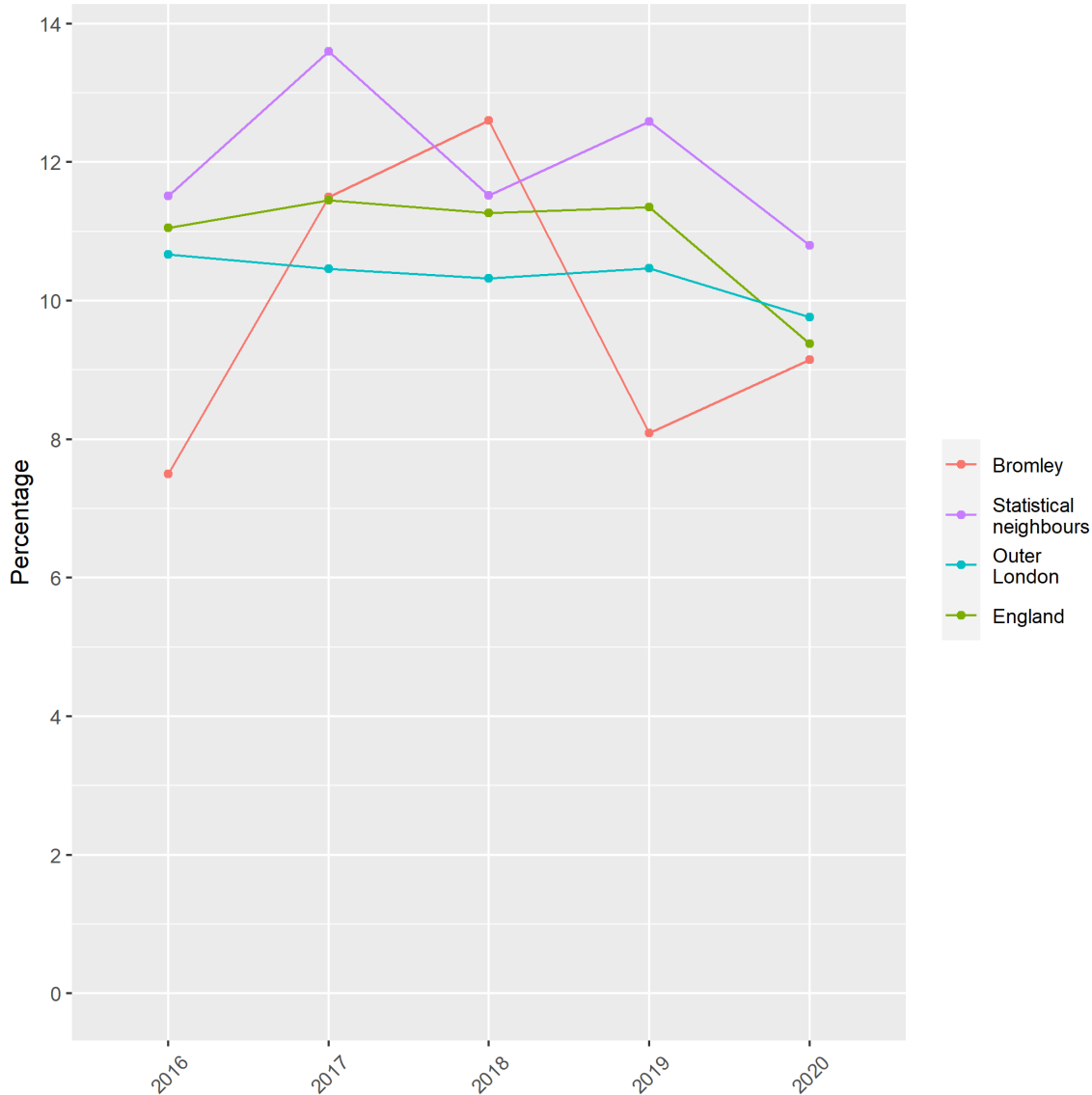
Source: LAIT 2022

Table 4.19 shows that coverage of routine health protection in Bromley is good apart from dental checks in 2020/21, when the proportion of CLA having dental checks fell for all geographical locations.

## Exclusions and School Attendance

Bromley's fixed term exclusion rate for CLA is broadly comparable to statistical neighbours, London and national rates (Figure 4.20).

**Figure 4.21: Percentage of children looked after with at least one fixed term exclusion from school**



Source: LAIT 2022

The rates of persistent absence of CLA has gone up in 2020/21 in Bromley and all comparators. This is likely to be related to the pandemic.

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

In 2020/21, 42% of Bromley care leavers were in education, employment or training (EET) and 4% were in higher education. Bromley has a lower percentage of EET than our statistical neighbours, London and England and the gap appears to be widening.

**Figure 4.22: Proportion of care leavers who are educated, in employment or training**

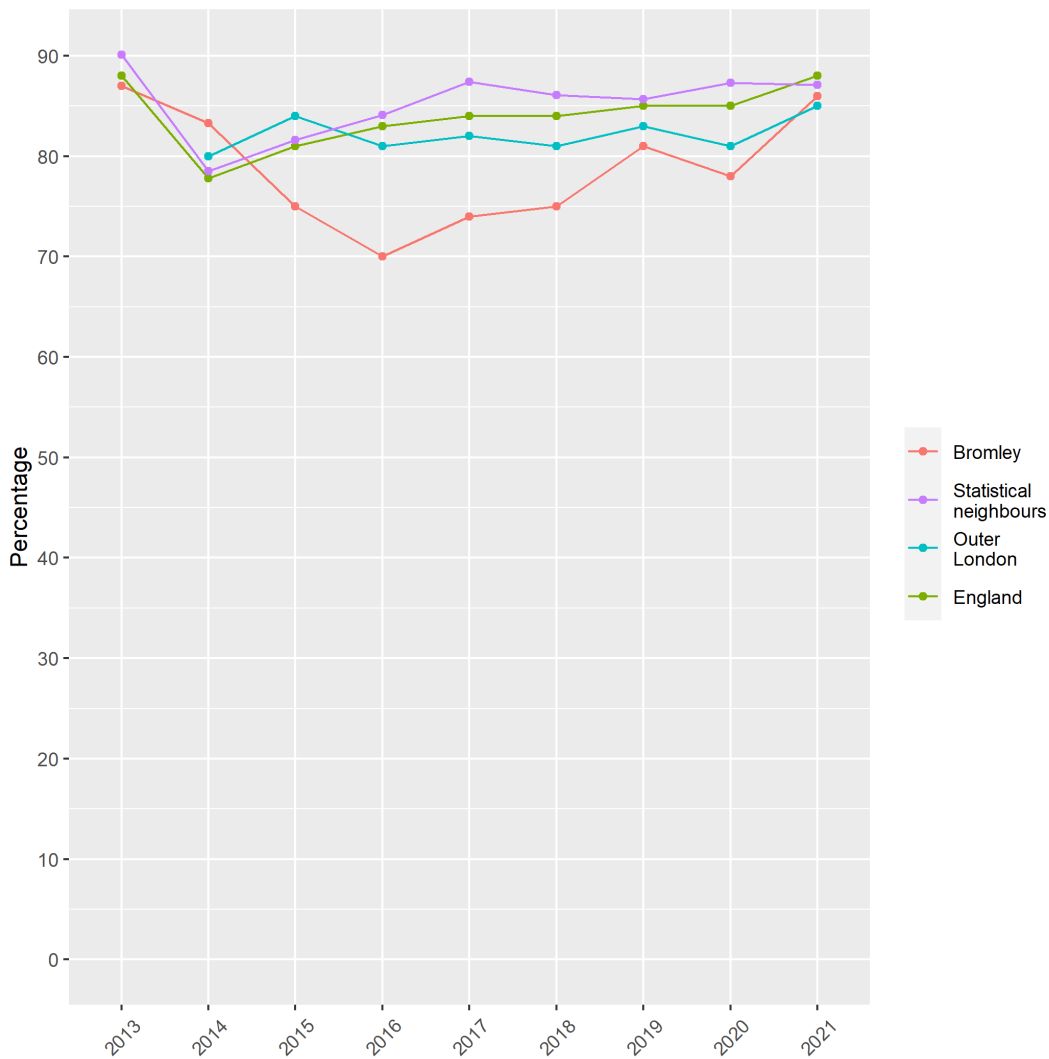


The proportion of Bromley care leavers in higher education 2020/21 was 4%. This proportion is lower than our statistical neighbours, London and England who had rates between 6% and 7%. This indicator is very variable due to small numbers in Bromley.

### **Care leavers in suitable accommodation**

Figure 4.23 shows that the proportion of care leavers in suitable accommodation in Bromley is comparable to statistical neighbours, Outer London and England. This has shown improvement over recent years.

**Figure 4.23: Percentage of Care Leavers in suitable accommodation**



Source: LAIT, 2022

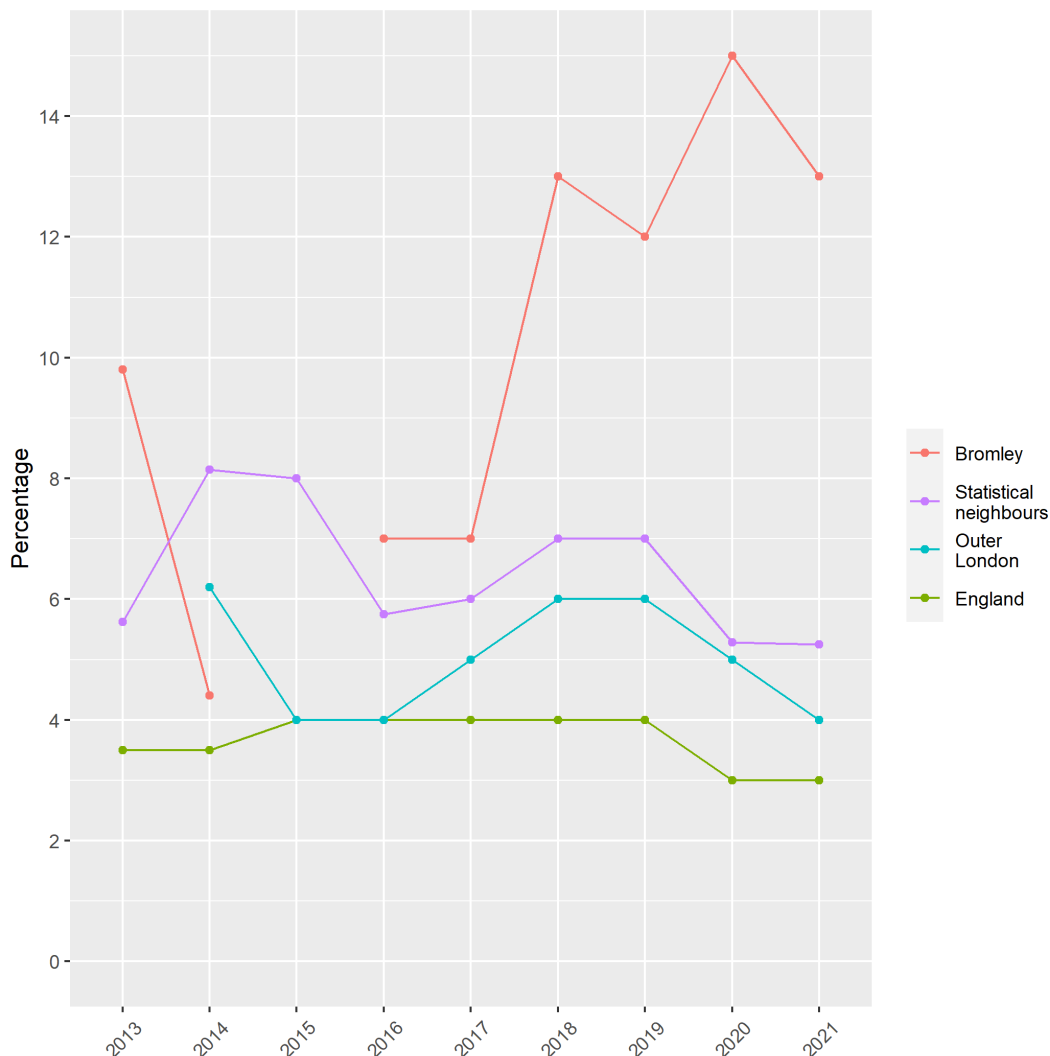
### **Offending in children looked after**

In 2021/22, 3% of CLA in Bromley were receiving services from the Youth Justice System. This is similar to our statistical neighbours and England. The rate is subject to random variation due to small numbers.

### **Substance Misuse in CLA**

The proportion of CLA in Bromley who have had a problem with substance misuse over the previous year is very high in Bromley compared to statistical neighbours, outer London and England (Figure 4.24).

**Figure 4.24 CLA with substance misuse problems, Bromley and comparators, 2013-2021**



Source: LAIT, 2018

### Unaccompanied Asylum Seeking Children (UASC)

There are currently approximately 12 unaccompanied asylum seeking children in Bromley. These young people are automatically children looked after. Studies of refugees of all ages have found that 1 in 6 has significant health problems and over two thirds suffer with anxiety or depression.

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

Bromley has a relatively low rate of children looked after compared to statistical neighbours, London and national rates

There is an over-representation of mixed race and black children and young people

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

Care leavers in Bromley are less likely than comparators to be in education, employment or training

Young people looked after in Bromley are much more likely than comparators to be substance misusers

## 4. Deaths in childhood

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

### a) Gender and ethnicity of child deaths

Analysis of data 2008-2014 shows that, 57% of child deaths in Bromley were boys, which is similar to the England rate of 56%. 14 years' worth of data has been aggregated to allow for meaningful statistical analysis.

**Table 4.11: Comparison of ethnicity of Bromley deaths 2011-2021 with death rates in England, 2019/20**

	<b>Bromley child deaths 2011-2021 %</b>	<b>Bromley general population aged 0-18* %</b>	<b>All child deaths England 2019/20 %</b>
<b>White</b>	52	69	58
<b>Black</b>	18	14	7
<b>Asian</b>	11	5	16
<b>Mixed</b>	15	10	5
<b>Not recorded</b>	4	0	11

\*(2016 housing data)

Source: Child Deaths database, LBB

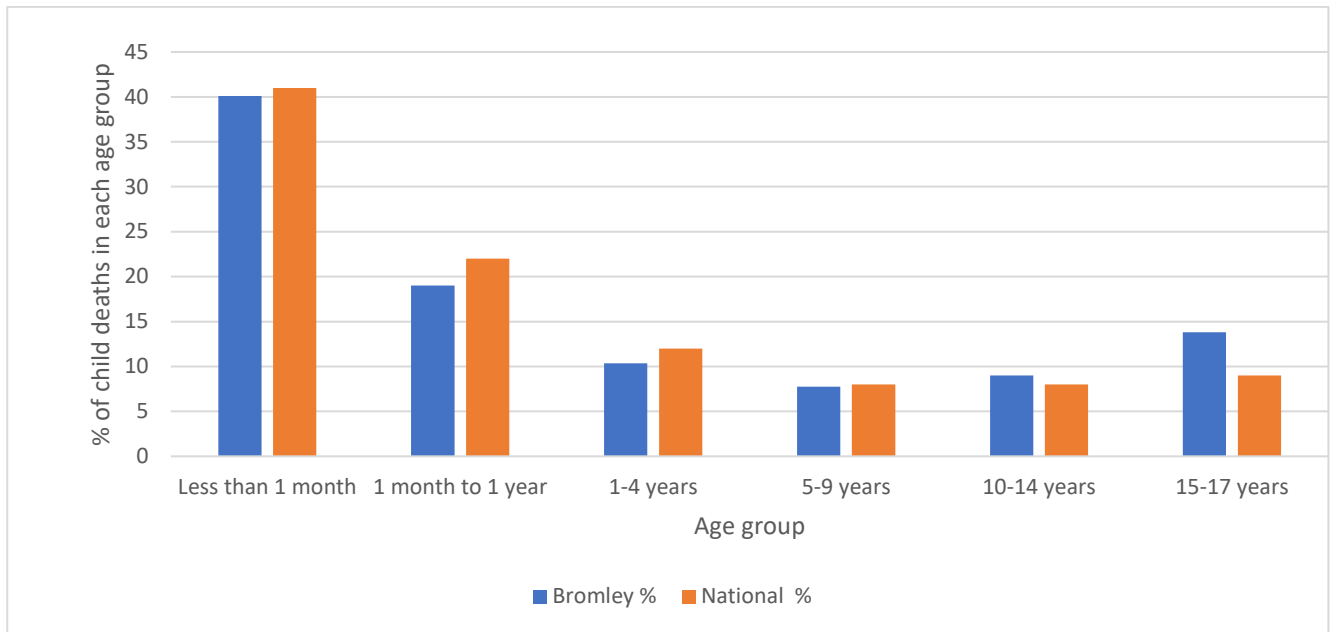
Aggregate data of the ethnicity of children dying in Bromley 2011-2021 shows some differences to those dying in England in 2019/20 and the general Bromley population aged 0-18 years.

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

Summarising the child death data in Bromley 2008-2022 and comparing to national data shows similar rates of death in all age groups except adolescents aged 15-17 years (Figure 4.25). The death rate in this group has been low in recent years, so this rate is coming closer to the national rate.



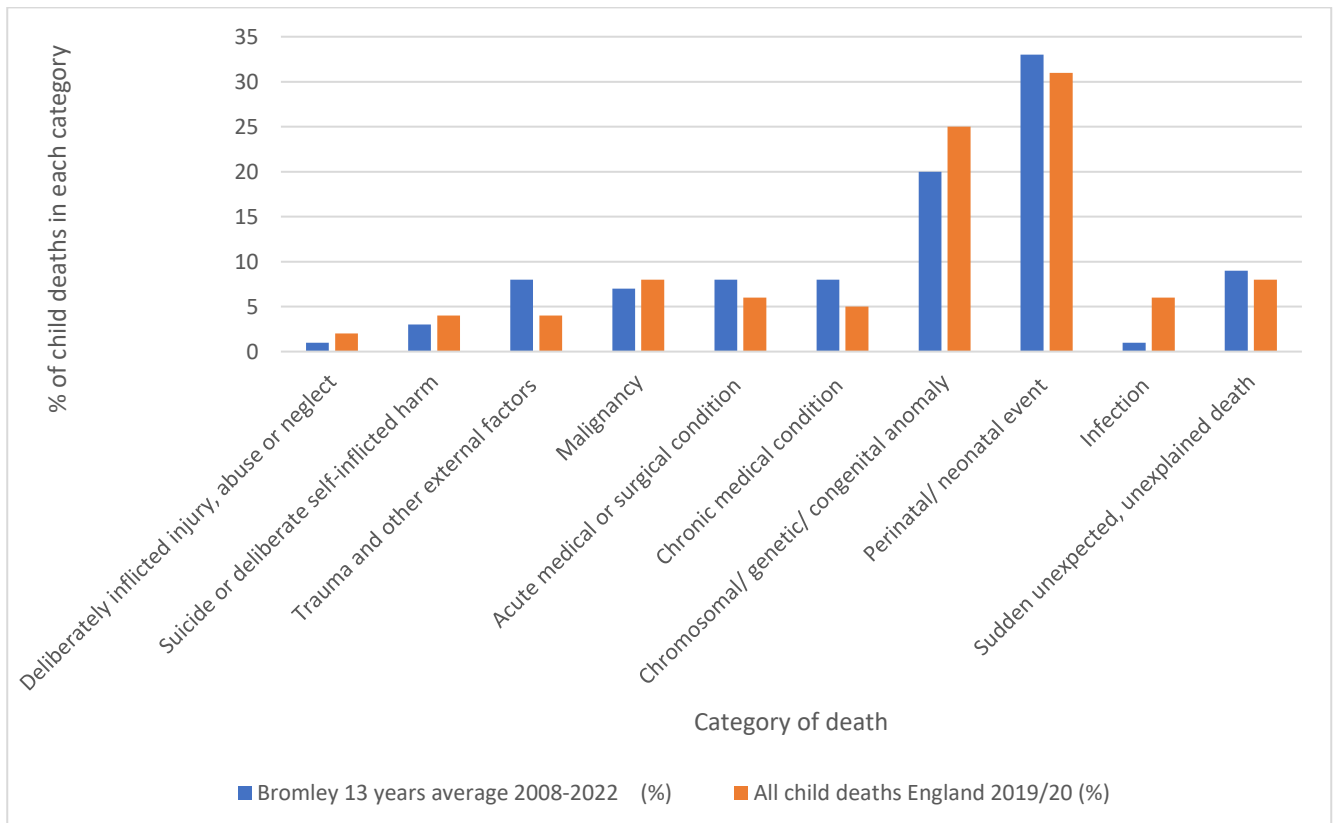
**Figure 4.25: Comparison of age at death in Bromley (aggregated data 2008-2022) and England, 2019/20**



Source: eCDOP

Figure 4.26 shows that, the majority of child deaths in Bromley and England are due to perinatal or neonatal events and chromosomal, genetic or congenital anomalies. The data also shows that Bromley has higher rates of child death than England for trauma and external factors.

**Figure 4.26: Comparison of Bromley deaths 2008-2022 with death rates in England, 2019/20**



Source: eCDOP

**Table 4.12: Child death rates<sup>3 4</sup> in Bromley and comparators in 2018-20**

	<b>Bromley</b>	<b>London</b>	<b>England</b>
Infant Mortality Rate <sup>5</sup>	2.9	3.4	3.9
Death rate children aged 1-17 years <sup>6</sup>	8.1	9.8	10.3

Source: OHID Fingertips

The death rates are measured as a rolling average over three years.

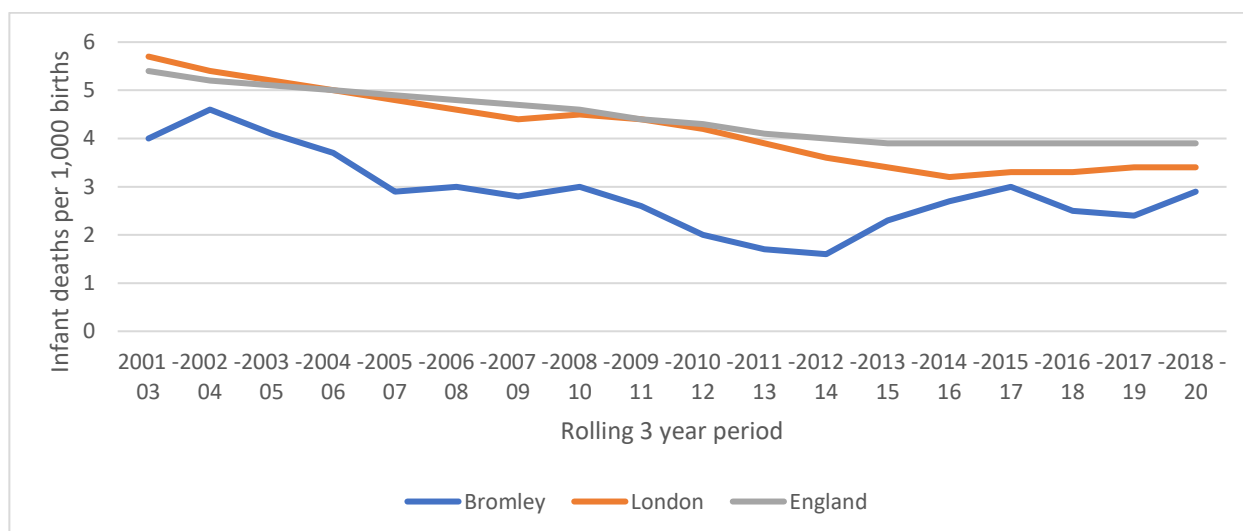
### Infant deaths<sup>7</sup> in Bromley 2008-2020

Deaths of infants in the first year of life, as demonstrated by the infant mortality rate, continues to be lower in Bromley than the rate for all England. Infant mortality can be divided into neonatal mortality rates (deaths under 28 days) and post-neonatal mortality rates (deaths between 28 days and 1 year).

Deaths occurring during the first 28 days of life in particular are considered to reflect the health and care of both mother and new-born and are often largely caused by perinatal and biologic conditions (endogenous causes).

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

**Figure 4.27: Trend in Infant Mortality Rate in Bromley, London and England, 2001-2020**



There is potential overlap between the descriptors “stillbirth” and “neonatal death”. If a new-born baby shows any sign of life it should be described as a neonatal death rather than a

<sup>3</sup> Infant Mortality Rate is the number of deaths of babies under 1 year of age per 1000 live births, per year

<sup>4</sup> Directly standardised death rate per 100,000 children aged 1-17 years

<sup>5</sup> Infant Mortality Rate is the number of deaths of babies under 1 year of age per 1000 live births, per year.

<sup>6</sup> Directly standardised death rate per 100,000 children aged 1-17 years

<sup>7</sup> Definitions of infant mortality, neonatal mortality, post-neonatal mortality and stillbirths in Appendix

stillbirth. In practice however, it may be classified as a stillbirth rather than a neonatal death, especially if the baby is very premature.

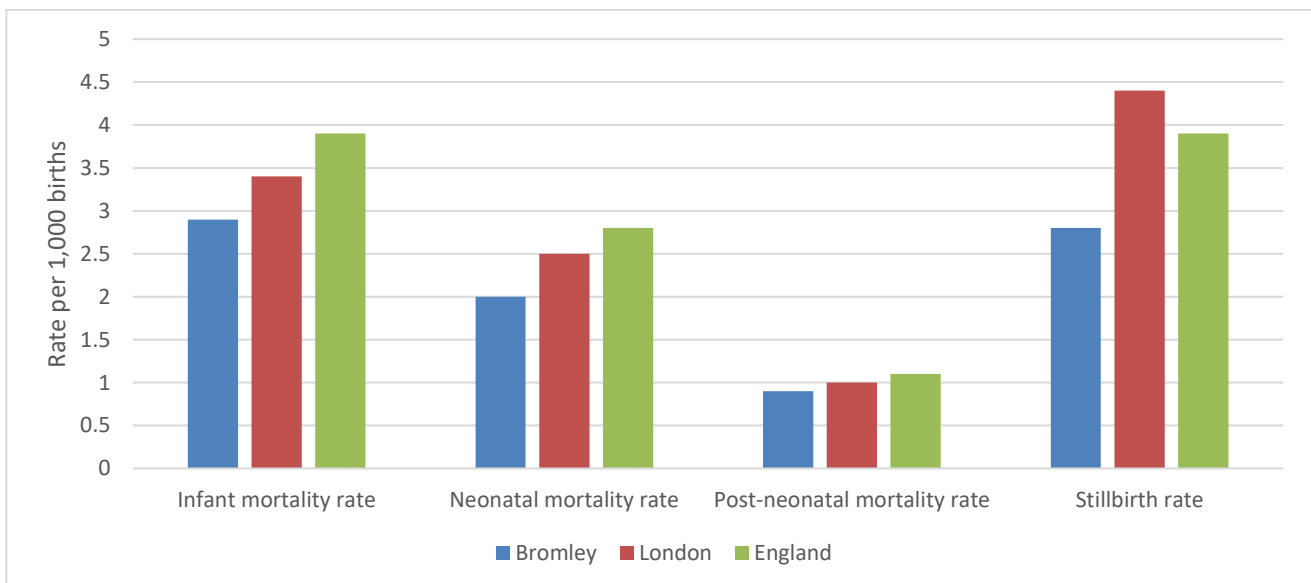
A combined analysis of stillbirth and neonatal deaths together is published by OHID. Figure 4.28 shows the long term trends of this combined indicator. As expected, there is more variability in the Bromley rates because of small numbers. However, the overall picture is that the combined rate is below the rate for England and London although moving towards them.

**Figure 4.28. Trend in combined stillbirths and neonatal mortality, Bromley and comparators, 1999-2019**



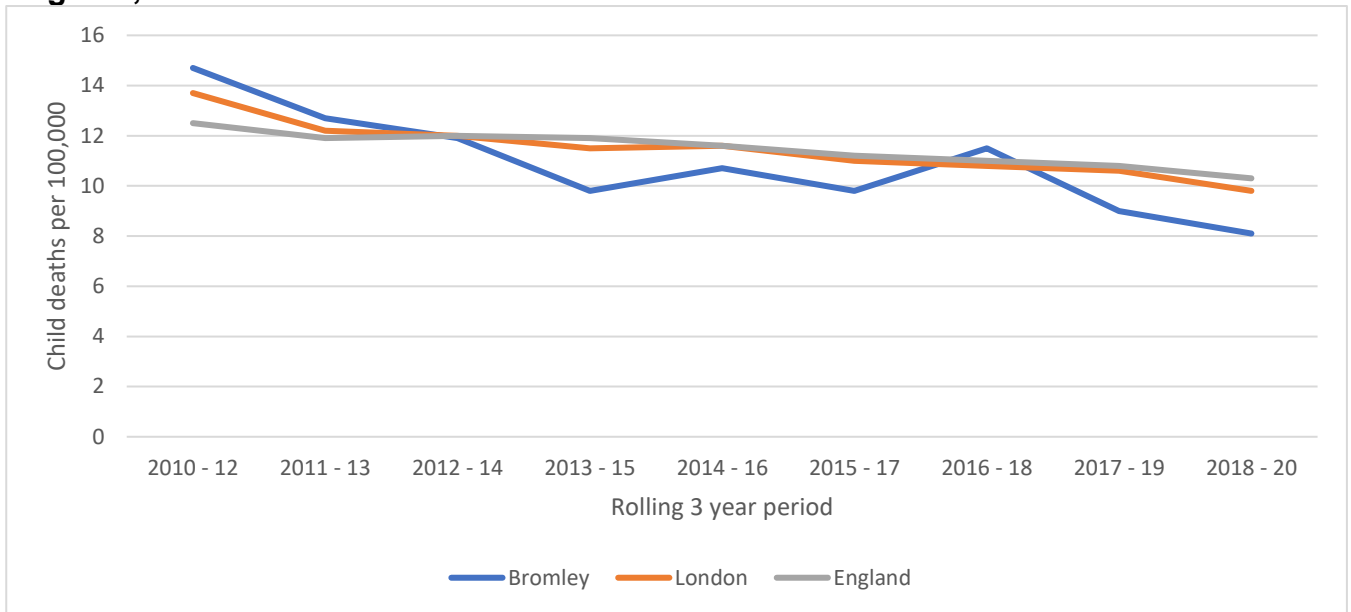
All perinatal mortality rates are still lower than England and London rates (Figure 4.29).

**Figure 4.29. Perinatal Mortality rates, Bromley and comparators 2018 - 20**



The trend in deaths of older children is downward, below those in London and England.

**Figure 4.30: Trend in Child Mortality (age 1-17 years) rate, Bromley, London and England, 2010-2020.**



Source: OHID Fingertips 2022

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

Child death rates in Bromley are lower than London and England, although there are indications that the gap is narrowing.

## **Key findings from Section 4**

### **Children with complex or long term health needs**

Hospital admission rates in diabetic children in Bromley are similar to those of London or England.

Emergency admissions of children with asthma have risen, particularly for boys. Processes to prevent future admissions should be reviewed.

Based on limited outcome data the outcomes for children with epilepsy in Bromley are improving.

GP data shows an increase in the number of children with autism

The number of children with autism known to schools is rising more slowly than comparators.

### **Children with an Education Health and Care Plan**

For the past 3 years the growth in the number of EHCPs in Bromley has been greater than the regional or national average.

Bromley has relatively high rates of Speech, Language and Communication, Specific Learning Difficulty and Social, emotional and mental health needs compared to England.

Attainment for children with SEND is good compared to statistical neighbours and England.

### **Children at risk of significant harm**

Children on a Child Protection Plan are most likely to be on the plan for neglect.

Mental health needs in either the parent or the child were the most common risks identified during assessment by Children's Social Care, followed by domestic violence.

Bromley has a relatively low rate of children looked after compared to statistical neighbours, London and national rates

There is an over-representation of mixed race and black children and young people

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

Care leavers in Bromley are less likely than comparators to be in education, employment or training

Young people looked after in Bromley are much more likely than comparators to be substance misusers

### **Deaths in childhood**

Child death rates in Bromley are lower than London and England, although there are indications that the gap is narrowing.

## **Glossary and abbreviations**

ASD	Autistic Spectrum Disorder
CAF	Common Assessment Framework (multi-agency assessm't of concerns)
CLA	Child Looked After
CPP	Child Protection Plan
DfE	Department for Education
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
HbA1c	Haemoglobin A1c (glycosylated haemoglobin – test for glucose control)
eCDOP	Electronic Child Death database
ECHS	Education, Care and Health Services
EHCP	Education, Health and Care Plan
GCSE	General Certificate of Secondary Education
GP	General Practitioner
KS2/KS4	Key Stage 2 (school years 3-6), Key Stage 4 (school years 10 & 11)
LAIT	Local Authority Interactive Tool
LD	Learning Disability
NICE	National Institute for Health and Care Excellence
OHID	Office for Health Improvement and Disparities (formerly part of PHE)
RTA	Road Traffic Accident
SEMH	Social, Emotional and Mental Health (difficulties)
SEN	Special Education Needs
SEND	Special Educational Needs and Disabilities
UASC	Unaccompanied Asylum Seeking Children