

The Health and Wellbeing of Children and Young People aged 0-19 in Westminster

A Population Profile

June 2010

This forms part of the



Westminster City Partnership
Joint Strategic Needs Assessment

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Notes to Readers

The TELLUS 4 Survey and the Children and Young People's Survey both have small sample sizes. The results should be interpreted with caution as they may not be a representative sample of children and young people in Westminster.

The TELLUS 4 questionnaire was completed by 654 pupils from 4 Westminster secondary schools in October 2009. No primary schools took part. Westminster therefore submitted reduced feedback.

The 2010 Children and Young People's Survey was completed by 412 eight to eleven year olds in 15 Westminster primary schools during spring 2010.

The results from these surveys have been included in this profile as they provide a voice from Children and Young People in Westminster. Where possible they are compared to previous years' results as well as current results for Westminster's statistical neighbours and nationally.

Where appropriate, sections of the JSNA Early Years Population Profile have been reproduced, in part or in full, in this document. The sections where this has occurred include those relating to infancy (infant mortality, low birth weight & breastfeeding), teenage pregnancy, hospital admissions, domestic violence and housing. In other sections, this document signposts the reader to the relevant section of the JSNA Early Years Population Profile (<http://westminstercitypartnership.org.uk> under the JSNA tab).

Introduction

This document provides an overarching health and wellbeing¹ profile of the children and young people in Westminster aged 0-19 years². It forms part of Westminster's Joint Strategic Needs Assessment (JSNA) for children and young people, undertaken between Westminster City Council and NHS Westminster. The JSNA process seeks to disclose unmet needs and point out priorities for action for health and social services within the population and as such forms a vital part of the commissioning cycle.

This profile is based on the *Every Child Matters* outcomes and will be used to inform the 2011-14 Children and Young People's Plan written by Westminster City Council's Children's Trust Board.

Key Messages and Findings

Demographics

- **Population** – children and young people account for 17% of the Westminster population. The under fives comprise the largest proportion of the 0-19 year old population. The majority of the youngest children live in the most deprived areas particularly in the North of the borough.
- **Ethnicity** – the 0-19 year old population is more diverse than the overall Westminster population. The 0-19 year old population has a greater representation of individuals from Black and Minority Ethnic groups than the population as a whole.

Be Healthy

- **Life Expectancy** – children born to families in the poorer wards have much lower life expectancy than children born to families in the most affluent wards. There is a difference of approximately 13 years for both men and women in terms of life expectancy between the most and least affluent wards in Westminster.
- **Low Birth Weight** – higher numbers of babies born at a low birth weight (less than 2500g) are born to mothers who live in more deprived areas in Westminster. Three wards have higher numbers of low birth weight babies born compared to Westminster as a whole, London and England.
- **Immunisations** – Westminster achieved the highest uptake rates in London for all the childhood immunisations (except HPV) in 2009-10.

¹ Wellbeing is defined as the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional (happiness), and development and activity dimensions (DH, 2007).

² The bodies that provide, commission or monitor children's services (i.e. NHS, local authority or government) record this age group differently. Local, regional and national data use the terms *up to 19 years*, *under 19 years*, *0-18 years* and *0-19 years* for this population. These terms are being used interchangeably through out the document when describing children and young people from birth up to their nineteenth birthday.

Work continues to bring all vaccinations up to the herd immunity³ level to ensure all children, even those for whom immunisations are medically contraindicated, are safe from vaccine preventable disease.

- **Dental Health** – children and young people are not accessing preventative dental care in Westminster. High levels of preventable dental caries are seen amongst children and young people in the borough. Access to dental care and peoples' understanding of the importance of preventative treatment needs to be improved especially in certain communities.
- **Sexual Health** – where services are designed for young people larger numbers access the services. Young people friendly sexual health and contraception services should be the norm. The current low rates of STIs (sexually transmitted infections) amongst young people in Westminster are more likely to reflect the lack of diagnosis and treatment rather than decreasing levels of disease among the population.
- **Obesity** – raising levels of obesity have been recorded in Westminster's primary school children since 2005. In 2008-09 considerably more reception class children in Westminster measured as part of the National Childhood Measurement Programme were found to be obese than the London and England averages.
- **Physical Activity** – a local survey suggests that about half of Westminster's young people do not do any physical activity during the weekends. It is important that children and young people in Westminster have access to places outside of school where they can do physical exercise and feel safe doing it. Encouraging more young people to take up physical activity in their free time is important. Primary school pupils have identified swimming as a favourite activity – this should be encouraged throughout the borough. Active play and walking amongst other daily activities all count towards the recommended hour of physical activity that children and young people should be doing daily.
- **Healthy Eating** – primary school children eat more fruit and vegetables on a daily basis than secondary school pupils. The number of fruit and vegetables primary school children eat has increased in recent years. Healthy eating must continue to be encouraged by all those working with children and families to help tackle the rising levels of obesity in childhood and chronic disease in latter life.

Stay Safe

- **Looked After Children** – the vast majority of looked after children are placed with foster parents whilst in care. The majority of foster parents are outside Westminster. 25% of looked after children are placed with

³ Herd immunity is the immunity that occurs following the vaccination of a portion of the population (or herd) and so provides protection against the disease to unvaccinated individuals. The level of population needing to be vaccinated to achieve herd immunity differs between vaccines.

foster parents outside of London and can be as far away as the north of England.

- **Bullying** – bullying remains an issue in Westminster. Young people have reported that bullying is most commonly linked to school especially during lunchtimes. This is an area which may warrant further attention.
- **Crime** – though most young people do not worry about becoming victims of crime, youth crime in Westminster is relatively high compared to the rest of London. This is partly due to the night economy in the centre of the borough and many perpetrators and victims of youth crime in Westminster are from out of the borough. Youth crime has been identified by Westminster City Council as an area of concern.
- **Emergency Hospital Admissions** – children aged 0-4 years are at greatest risk of all 0-19 year olds of having an emergency admission to hospital due to ‘injury, poisoning and other external causes’. In Westminster this is the third highest reason for emergency admissions to hospital for children and young people in Westminster following ‘unclassified’ symptoms and signs and diseases of the respiratory system. Many accidental injuries are preventable.
- **Young Carers** – the Carers JSNA identified that schools in Westminster needed to better identify and support young carers. Young carers also requested that social workers had a more flexible approach to meeting with them to fit around their caring duties and school.

Enjoy and Achieve

- **Educational Attainment** – there is a direct link between the educational attainments achieved by schools in Westminster and their location in the borough. Schools in more affluent areas of the borough achieve higher educational attainment than those located in or next to areas of deprivation. In spite of this in 2007 Westminster exceeded the England average for 5 or more GCSEs at grades A* to G for the first time.
- **Educational Attainment of Looked After Children** – looked after children continue to have considerably lower levels of educational attainment compared to their peers within Westminster. Only 33% of looked after children achieved 5 or more GCSEs at grades A* to G in 2008-09.
- **English as a second language** – 110 different languages are spoken by pupils in Westminster primary schools and 103 languages are spoken by pupils in Westminster secondary schools. This poses challenges for teachers and may impact on children’s educational attainment. It also impacts on health promotion messages and other communications delivered to children and their families whose first

language is not English. It is important to try to communicate in a format easily understandable by all.

- **School Population** – there is a high level of movement into and out of the borough at secondary school level in Westminster. Less than half of the pupils attending Westminster secondary schools are resident in the borough. This figure rises to 81% for primary school pupils making this population more representative of Westminster's residents.

Make a Positive Contribution

- **Youth Services** – the numbers of young people attending youth projects in Westminster remain high with around 3,500 young people attending 5 or more sessions in 2008-09. Young people can earn accreditations through these sessions and the numbers of young people achieving this have more than doubled between 2008-09 and 2009-10. However, despite having the highest participation rate, some of the most deprived wards (North West locality), had the lowest accreditation rate.
- **Young People Accused of Crime** – youth crime has been identified in Westminster as an area of concern. In 2008-09 there were 6,294 crimes committed by young people in Westminster. Westminster was also ranked 30 out of 33 boroughs in quarter 4 2008 for the rate of proven reoffending by young offenders. Serious youth violence in 2009-10 (to 28 February) accounted for 18% of Westminster's total offences of serious violence.

Economic Well-being

- **Benefits** – nearly a third of children in Westminster live in families dependent on workless benefits. In some wards, this figure can reach nearly half of all the children. This is much higher than the national average of 21%.
- **Lone Parents** – the number of lone parents in Westminster is consistent with the national average of 2%. The North West locality however, has greater numbers of lone parents than the other localities with the poorer wards of Queen's Park, Harrow Road, Westbourne, Church Street and Churchill having the highest concentration of lone parents.
- **Free School Meals** – since 2006 the number of pupils eligible for free school meals has been reducing in Westminster. This is a positive trend. However, in primary schools over a third of children remain eligible. The rates in secondary school are lower but this may be due to the movement between boroughs at secondary school level.
- **NEETs** – the highest numbers of young people not in education, employment or training at August 2009 were from the most deprived wards of Queen's Park, Harrow Road, Westbourne, Churchill and Church Street.

Significant Gaps in Information

- **Children and Young People's Opinions** – in 2009-10 the two annual surveys (TELLUS & the Children and Young People's Survey) in which children and young people from primary and secondary schools in Westminster can put forward their views on their lives, the areas in which they live, their schools and other services were completed by small numbers of pupils. The small sample size for both surveys in Westminster undermines the evidence collected. To properly provide children and young people in Westminster with a voice, these surveys should be completed by a greater number of children and young people. Schools should be encouraged, and in turn should encourage their pupils, to complete these surveys.

- **Mental Health Data** – there is limited data available on CAMHS services for Westminster. This is collected for the provider organisation (North West London NHS Foundation Trust) but is not available at individual PCT level.

- **Chronic Conditions Data** – there is limited prevalence data on children and young people's chronic conditions, especially their management in primary care. To fully understand the true impact of chronic conditions on children and young people in Westminster, additional data recording may be required. With the increase of obesity amongst children and young people some chronic conditions such as Type 2 diabetes are becoming more prevalent; appropriate monitoring of this should be considered.

Section 1: Profile of Westminster and its Children and Young People

1.1 Child Population

Children and young people in Westminster up to the age of 19 account for 16.6% of the Westminster population. There are slightly more males (51.9%) than females (48.1%) aged 0-19. This differs to the overall population where there are slightly more females (51.0%) than males (49.0%).

The following table shows that the under 5s comprise the largest proportion (34.0%) of the 0-19 population and that the population decreases with age. This may be due to an increasing birth rate, or that families with older children move out of Westminster.

Table 1. Population profile of 0-19 year olds in Westminster in 2010 by age and gender

Ages	Males	Females	Total
0	1,452	1,353	2,805
1	1,335	1,240	2,575
2	1,157	1,194	2,351
3	1,100	1,146	2,246
4	1,136	983	2,119
Under 5	6,180	5,916	12,096
5	1,025	898	1,923
6	1,014	881	1,895
7	979	849	1,828
8	903	779	1,682
9	891	786	1,677
10	876	771	1,647
Age 5 to 10	5,688	4,964	10,652
11	828	708	1,536
12	803	684	1,487
13	783	697	1,480
14	751	721	1,472
15	653	648	1,301
Age 10 to 15	3,818	3,458	7,276
16	646	654	1,300
17	637	661	1,298
18	657	675	1,332
19	801	780	1,581
Age 16 to 19	2,741	2,770	5,511
Total 0-19	18,427	17,108	35,535

Source: GLA, 2009.

1.2 Population Projections

The Greater London Authority (GLA) predicts that the overall population of Westminster will rise by 12.1% between 2006 and 2031.

Table 2. Westminster’s Population Projections, 2006-2031

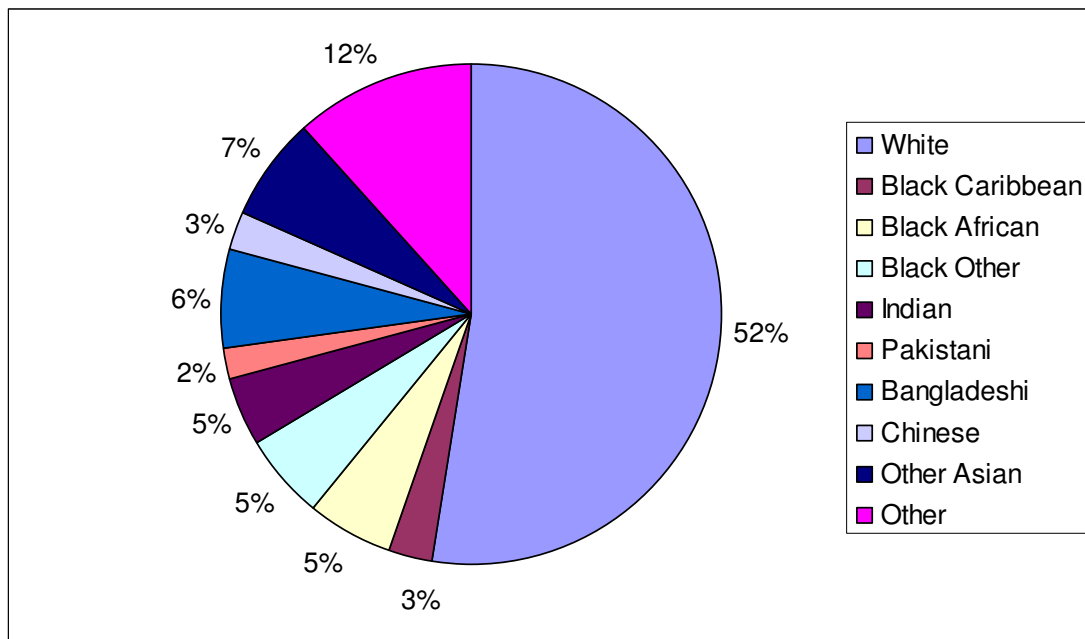
Year	Westminster
2006	210,400
2011	219,000
2016	225,000
2021	229,800
2026	232,900
2031	235,900

Source: GLA Intelligence Update: Update 01-2010 January 2010. DMAG DemoFigure Team.

1.3 Ethnicity of Population

The ethnic breakdown of Westminster’s overall population is considered in detail in the recently published *Annual Report of the Director of Public Health 2007-08 – Tackling Obesity in Westminster*. This can be accessed on NHS Westminster’s website at http://www.westminster-pct.nhs.uk/pdfs/Reports/Tackling_Obesity_full.pdf.

Figure 1. Ethnicity of Children and Young People aged 0-19 in Westminster, 2008



Source: GLA 2008 Round Ethnic Group Projections

The ethnic make-up of the 0-19 year old population in Westminster is more diverse than the general population. It has a greater representation of individuals from Black and Minority Ethnic Groups than the population as a

whole. It also has a larger 'other'⁴ group (12% compared to 7% for the whole population).

These differences are not unexpected. 72% of all live births in Westminster in 2007 were to mothers born outside of the UK⁵. Though ethnicity is not recorded at birth this data helps to give some indication of the ethnicity of the child.

This is much higher than in London (54%) and England (24%). This proportion has been increasing since 2001. Of those mothers born outside the UK 34% were born in Asia, 18% in Africa and 3% in the new European Union Countries (joining the EU since 2004)⁶.

Information on maternal country of birth is important for commissioning and the provision of maternal and child services, given the cultural, language and service provision differences between countries worldwide.

Table 3. Ethnicity of Children and Young People aged 0-19 in Westminster, 2008

Ethnicity	Total	Aged 0-4	Aged 5-19
White	19,887	6,395	13,492
Other	4,444	2,024	2,421
Other Asian	2,466	839	1,627
Bangladeshi	2,432	741	1,690
Black African	2,070	603	1,467
Black Other	2,063	677	1,386
Indian	1,727	625	1,101
Black Caribbean	1,082	256	826
Chinese	989	323	666
Pakistani	719	274	445

Source: GLA 2008 Round Ethnic Group Projections

1.4 Religion and Belief

There is no data on the religions and beliefs of children and young people in Westminster; though most children and young people will practice the same religion as their parents. Data on religion and belief is limited however, with the most recent detailing of this being the 2001 census.

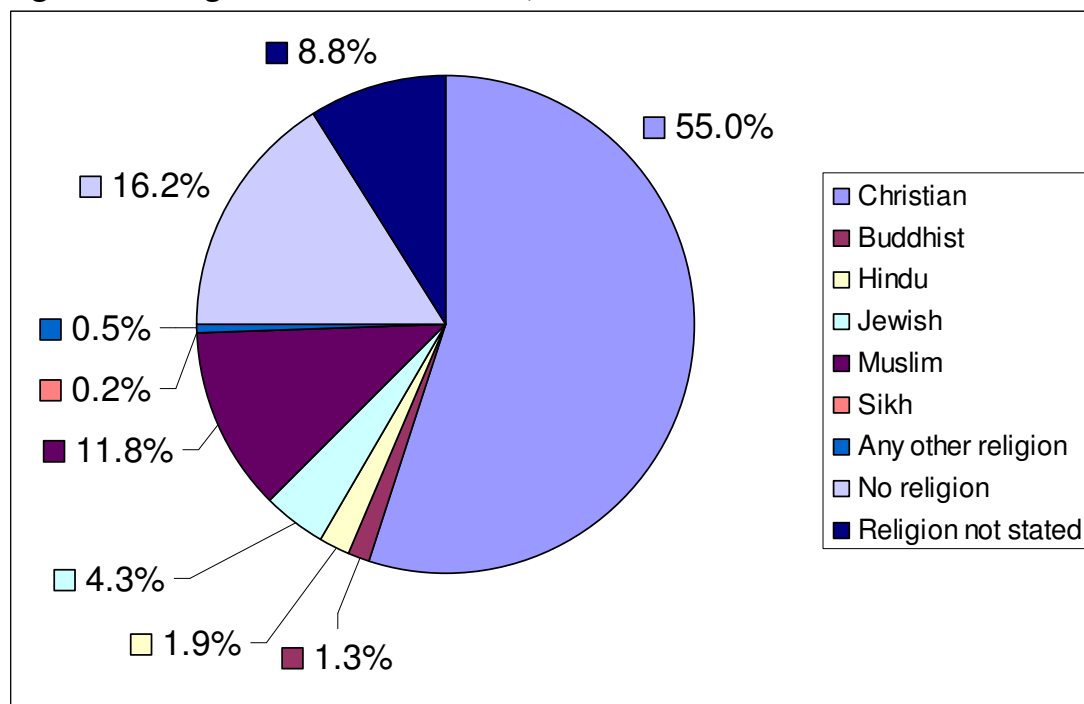
⁴ The 2001 census the 'other' group was considered in more detail. This showed that in Westminster, within this group, over half (54%) of individuals of all ages were self-reported to be of a North African or Middle Eastern ethnicity (also including categories of Arab, Israeli, Iranian, Kurdish and Moroccan). More detailed information on the broad 'other' category is not available for recent population projections.

⁵ Office for National Statistics

⁶ ONS, 2007

The 2001 census showed the biggest religious group in Westminster to be Christians at 55% of the population. The next largest group were those who recorded that they had no religious belief (16%). The third largest religious group, at 12% of the population, were Muslims. Due to the very mobile population in Westminster, it is likely that the religious affiliations within the area will have changed somewhat over the last decade.

Figure 2. Religions in Westminster, 2001 Census



Source: 2001 Census

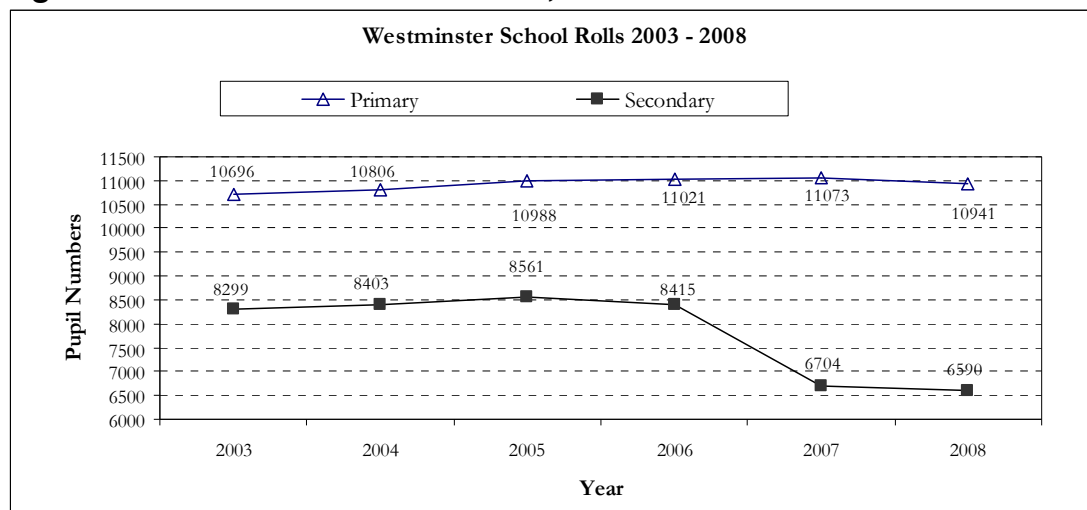
1.5 School Population

Westminster has 40 primary schools, 6 maintained secondary schools, 4 academies (one which takes both primary and secondary school children) and 2 special schools. In addition to the council run schools, Westminster has a high number of private schools which include 11 secondary schools, 1 special school and a number of preparatory schools.

Since 2004, the number of children at primary school has remained relatively stable (10,806 pupils including nursery in 2004; 10,900 pupils including nursery in 2009)⁷. However, due to the closure of 1 school and the change in status of another (North Westminster Secondary School in 2007 and Pimlico School becoming an academy in 2008) the numbers of children attending secondary schools in Westminster has fallen since 2007.

⁷ Pupil Level Annual School Census (PLASC) and January School Census, Westminster City Council, Westminster Schools Key Statistics, 2009

Figure 3. Westminster School Rolls, 2003-2008



Source: Westminster City Council

In 2004, there were 8,403 pupils in secondary schools in Westminster. By 2009, the figure had reduced to 5,280⁸.

Westminster schools, especially at secondary school level, have a high percentage of pupils who live outside of the borough. Only 47% of children attending Westminster secondary schools are resident in Westminster. This compares to 81% of the primary school population. The primary school population therefore is a better representation of the Westminster population than the secondary school population⁹.

This high level of movement has implications for service delivery such as health promotion/education in schools as NHS Westminster is responsible for the resident population (with some exceptions which are based on school population such as the HPV vaccination programme). Other outcomes are measured on GP registered population (e.g. school leaver booster vaccination). Therefore, some Westminster children educated outside of the borough or privately within Westminster may miss out (e.g. looked after children) on such education unless community services are also in place.

⁸ PLASC, 2009

⁹ PLASC, 2009

Table 4. Borough of Residence of Pupils Attending Westminster Schools – 2009

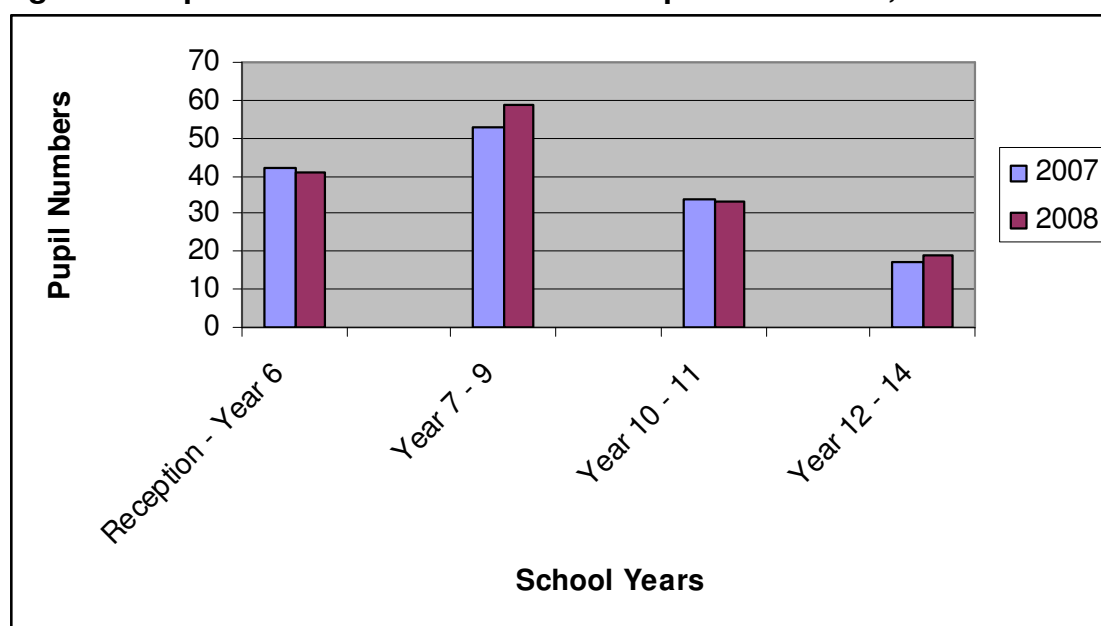
	Primary		Secondary	
	No.	%	No.	%
Westminster	8852	81	2450	46
Brent	459	4	476	9
Camden	843	8	704	13
Hackney	10	0.1	96	2
Hammersmith & Fulham	34	0.3	81	2
Islington	24	0.2	150	3
Kensington & Chelsea	193	2	210	4
Lambeth	207	2	287	5
Southwark	85	1	367	7
Tower Hamlets	13	0.1	50	1
Wandsworth	17	0.2	59	1
Others	163	2	350	7
Total	10,900	100	5,280	100

Source: January School Census, Westminster City Council, Westminster Schools Key Statistics, 2009

Special Schools

Westminster has two dedicated special schools. The numbers attending these schools have been relatively consistent.

Figure 4. Pupil Numbers at Westminster’s Special Schools, 2007-2008



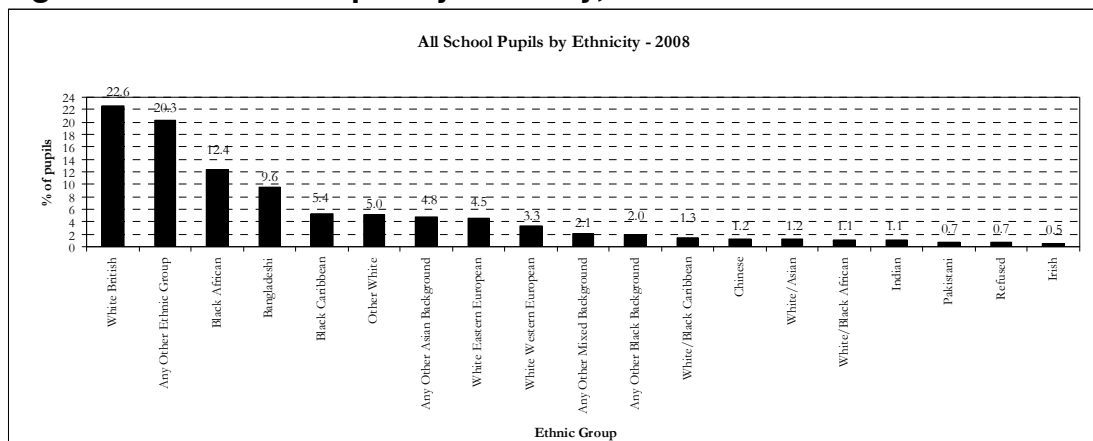
Source: Westminster City Council

Ethnicity of School Population

The ethnic make up of the school population shows differences between primary and secondary schools. Both types of schools have equal proportions of White/British pupils. However, secondary schools have much larger proportions of Black pupils (26%) than primary schools (15%). Primary schools have larger numbers of Arab/Arab British pupils (17%) compared to secondary schools (11%)¹⁰.

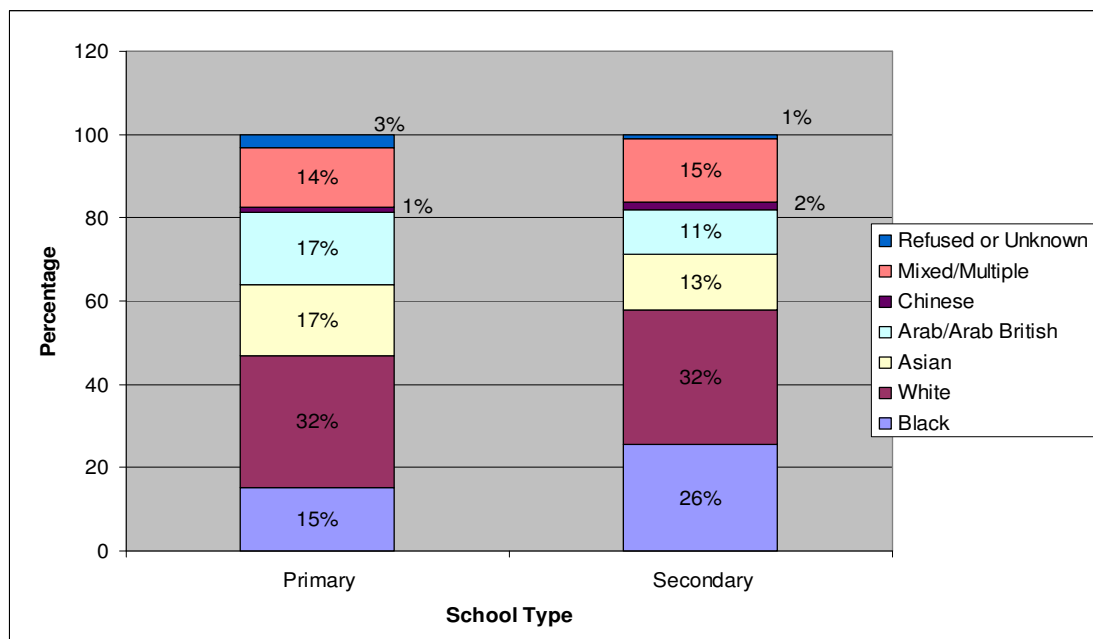
This is consistent with this population's ethnic make-up and may be explained by the above mentioned pupil migration at secondary school level.

Figure 5. All School Pupils by Ethnicity, 2008



Source: Westminster City Council

Figure 6. Ethnicity in Primary & Secondary Schools in Westminster, 2009



Source: Westminster City Council

¹⁰ PLASC, 2009

Languages Spoken in Schools

110 different languages are spoken by children in Westminster primary schools. All the primary schools in Westminster have a proportion of pupils who speak a language other than English. The top 10 languages spoken by primary school pupils are outlined in Table 5.

Table 5. Top Ten Languages Spoken by Pupils at Westminster Primary Schools

Ranking	Language	As % of all Primary pupils
1.	English	30
2.	Arabic	21
3.	Bengali / Sylheti	11
4.	Albanian	5
5.	Kurdish	4
6.	Portuguese	3
7.	Somali	3
8.	French	3
9.	Spanish	2
10.	Persian (Farsi/Dari)	1

Source: Westminster City Council, Westminster Schools Key Statistics, 2009

In all but 8 of the forty primary schools, there are more pupils who speak other languages than pupils who speak English as their first language. The ratio of pupils with English as a first language to pupils with English as a second language can be as high as 1:14 in some schools.

There are 103 different languages spoken in Westminster's secondary schools. Whilst the top 4 languages (English, Arabic, Bengali/Sylheti and Albanian) are the same for both primary and secondary school pupils, there are differences between the other languages. Yoruba (spoken in Nigeria) is the fifth most commonly spoken language in secondary school pupils but it is not included in the top ten languages at primary school. Also, French does not feature in the secondary school top ten but it is eighth in primary schools.

The differences in languages spoken between secondary and primary schools may also be related to the high level of movement between boroughs at secondary school level. It is likely that the languages spoken at primary school level better reflect the languages spoken by Westminster residents.

Table 6. Top Ten Languages Spoken by Pupils at Westminster Secondary Schools

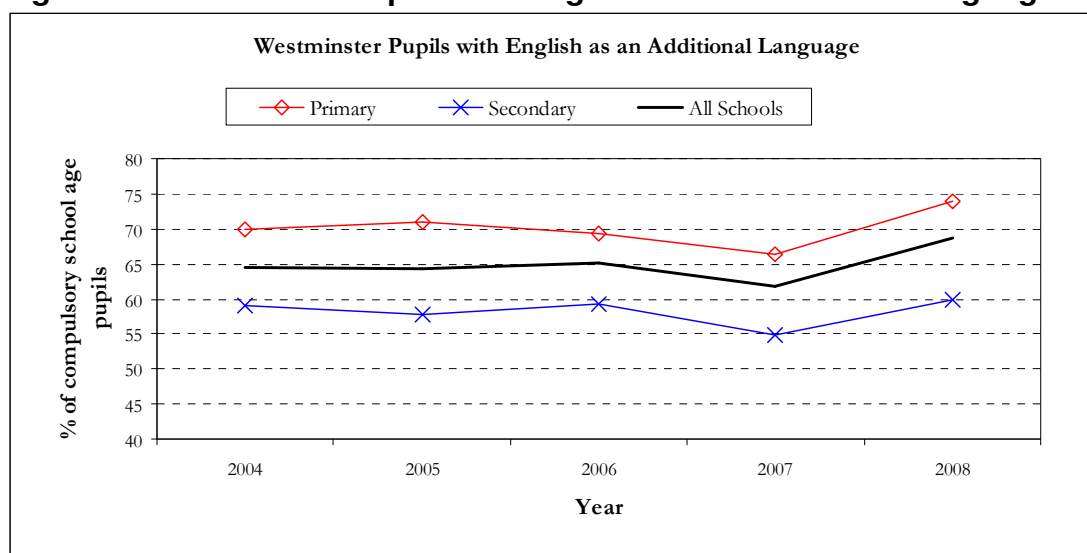
Ranking	Language	As % of all Secondary pupils
1.	English	40
2.	Arabic	15

3.	Bengali / Sylheti	7
4.	Albanian	3
5.	Yoruba	3
6.	Spanish	2
7.	Portuguese	2
8.	Kurdish	2
9.	Somali	2
10.	Persian (Farsi/Dari)	2

Source: Westminster City Council, Westminster Schools Key Statistics, 2009

There has been a slight increase in the percentage of children with English as a second/additional language since 2007 in all school types.

Figure 7. Westminster Pupils with English as an Additional Language



Source: Westminster City Council, Westminster Schools Key Statistics, 2009

Section 2: Be Healthy

While a small proportion of children require intensive health and social care services input from, or even prior to, birth due to illness and/or adverse social circumstances, the majority of children are healthy and safe within their environment. Good nutrition, vaccination, early education, physical and emotional safety and stability is integral to their successful physical, mental, emotional and social development and wellbeing.

2.1 Life Expectancy

Overall, Westminster has a relatively high life expectancy of 79.2 years for men and 83.3 years for women. In both instances this is higher than for London (77.1 years for men and 81.7 years for women) and England (77.3 years for men and 81.5 years for women)¹¹.

However, this masks large variations by ward. The life expectancy of children born in Westminster varies dramatically on where in the borough their families live; those living in the wealthier wards having much higher life expectancy than those living in the poorer wards. The difference for men between the ward with the highest male life expectancy (Lancaster Gate at 86 years) and the ward with the lowest life expectancy (Churchill at 73 years) is 13 years.

Similarly with women there is a 13.7 year difference between the ward with the highest life expectancy for women (Knightsbridge and Belgravia at 90.3 years) and the ward with the lowest life expectancy for women (Church Street at 76.6 years).

These large differences within one borough highlight the impact that the wider determinates of health such as poverty, employment or the lack of it, nutrition etc can have on an individual's life and health.

2.2 Infant Mortality

In 2008 there were 14 stillbirths in Westminster. This equated to a stillbirth rate of 4.8 per 1,000 births. This is equal to the rate reported in 2006 (data included in the previous Children and Young People's profile) and lower than the regional rate of 5.7. The perinatal mortality¹² rate in Westminster is 5.2 per 1,000 live and stillbirths. Again this is lower than the regional rate of 7.8 per 1,000¹³.

Westminster has low rates of infant mortality compared to London. In 2008 there were 5 infants who died under 1 year of age. This equates to a rate of 1.7 per 1,000 live births. In London the infant mortality rate is 4.3 per 1,000 live births.¹⁴ The numbers are too low to report on deaths under 4 weeks or 1 week.

¹¹ LHO Life Expectancy 2003-2007 (pooled).

¹² Perinatal mortality records stillbirths and deaths under 1 week.

¹³ ONS Vital Statistics, 2008.

¹⁴ ONS Vital Statistics data on infant mortality for 2008.

2.3 Low Birth Weight

Low birth weight is associated with lower socio-economic status, where maternal smoking and nutrition intake during pregnancy can play a determining role. It is also associated with certain ethnic origins (e.g. Pakistani and Bangladeshi) whose babies may be smaller naturally. Premature deliveries and multiple births are also associated with low birth weight.

In 2008 7% of all babies born in Westminster weighed less than 2500g compared to 8% of all babies born in London and 8% of babies born nationally¹⁵.

Despite Westminster's overall lower rate there are higher percentages of low birth weight babies born to mothers living in 3 wards (Table 7).

Table 7. Low birth weight by ward (% of live births <2500g) in 2008 in Westminster

Ward	%
Queen's Park	10
Westbourne	9
Regent's Park ¹⁶	8
Church Street	7
Harrow Road	7
Knightsbridge and Belgravia	6
Marylebone High Street	6
Hyde Park	6
Little Venice	5
Abbey Road	4
Bryanston and Dorset Square	4
Vincent Square	4
Bayswater	4
Lancaster Gate	4

¹⁵ ONS Birth Files, 2008.

¹⁶ Note: Regent's Park ward whilst overall an affluent ward has two pockets of high deprivation which are likely to account for its high ranking in terms of low birth weights.

Warwick	4
West End	3
Churchill	2
St. James's	2
Tachbrook	2
Maida Vale	1

Source: ONS data

2.4 Breastfeeding

The World Health Organisation (WHO) recommends that all babies are solely breast fed for the first six months of life. Breastfeeding provides complete nutrition for the healthy development of infants. Breastfed babies are less likely to have respiratory infections, ear problems or gastroenteritis. There are also indications that breastfeeding contributes to the prevention of obesity in later life. There are also significant benefits associated with breastfeeding for the mother including weight loss and breast cancer prevention.

NHS Westminster works with local mothers and service providers to encourage breastfeeding; a local target of 78% of mothers to breastfeed/babies to be breastfed at 6-8 weeks post birth by April 2011 has been set to facilitate this work.

During 2009, Westminster maintained consistently high breastfeeding rates and was featured among the top five boroughs nationally for breastfeeding prevalence at 6-8 weeks post birth. In quarter 2 2009-10, Westminster had the highest breastfeeding prevalence nationally.

2.5 Immunisation

Immunisation protects children from a number of infectious and potentially fatal infectious diseases. Childhood immunisations are delivered through GP practices. The nationally recommended immunisation schedule is included in appendix A.

NHS Westminster also provides a universal neonatal BCG vaccination programme (the Bacillus Calmette-Guérin (BCG) vaccine provides protection against tuberculosis (TB)). Uptake for this vaccination has been poor at St Mary's Hospital. This resulted in the existing community clinic becoming overwhelmed by long waiting lists. Joint public health and commissioning efforts have begun to show improvements in St Mary's hospital BCG vaccination uptake. The target for the BCG vaccination is 75% uptake by quarter 4 in 2010-11.

The uptake of childhood immunisations in Westminster has been improving over recent years. Rates are slightly lower for the booster doses given between 3 and a half years and 5 years of age. However, Westminster

achieved the highest uptake rates in London for all childhood immunisations with the exception of HPV in 2009-10 (Table 8). Whilst vaccination rates in the borough have considerably improved Westminster must continue to focus on immunisations to achieve the 95% uptake rate set by NHS London for all London PCTs.

Table 8. Vaccination Uptake in Westminster, 2009-10

Vaccination	Target (%)	Westminster Uptake (%)	London Uptake (%)
12 months of age			
DTaP/IPV/Hib	95	96	89
24 months of age			
MMR 1	90	91	82
Hib/MenC	85	92	82
PCV	85	90	78
5 Years of Age			
MMR 2	85	88	72
DTaP/IPV	85	90	73

Source: Health Protection Agency (HPA) COVER reports (England data was not available at publication)

The newly introduced HPV vaccination against cervical cancer is provided to girls aged 12-13. This service is delivered by the School Health Team. It requires 3 vaccinations for full protection. This vaccination was introduced into the national schedule in September 2008. Uptake of this vaccination has been positive, but it is not meeting the 90% target set by the Department of Health. This is unsurprising for a new vaccination.

Table 9. HPV Vaccination Uptake, 2008-09

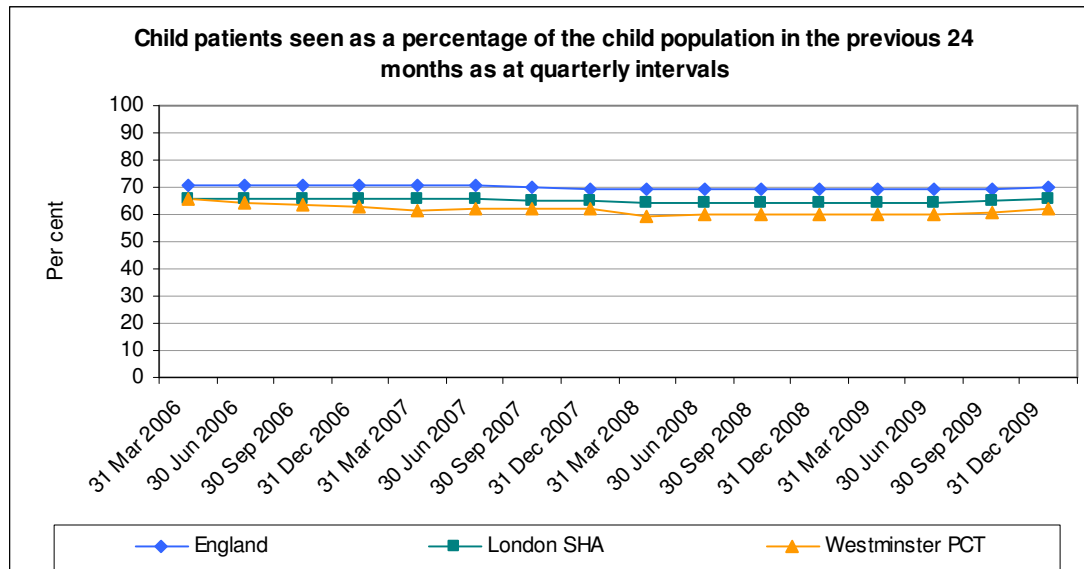
Westminster Uptake			London Uptake			England Uptake		
12-13 year olds (National Target 90%)								
Dose %			Dose %			Dose %		
1	1&2	1-3	1	1&2	1-3	1	1&2	1-3
84	75	69	82	80	74	88	86	80
Catch-Up for 17-18 year olds (National Target 90%)								
Dose %			Dose %			Dose %		
1	1&2	1-3	1	1&2	1-3	1	1&2	1-3
65	56	48	51	41	23	62	54	32

Source: Annual HPV vaccine uptake in England: 2008-2009, Department of Health (2009-10 data not available until after August 2010)

2.6 Dental Health

All dental caries (tooth decay) in children and young people are preventable with appropriate care. This includes regular check ups with dentists from early childhood. With a good number of NHS dentists in Westminster access should not be an issue. However, dental health for children and young people in the area is poor. While the number of young people accessing NHS dental care in Westminster remains below both the London and England averages.

Figure 8. Child Patients Seen as a Percentage of the Child Population in the Previous 24 Months as at Quarterly Intervals



Source: NHS Dental Statistics for England: Quarter 2, 30th September 2009, NHS Information Centre

Children seen by private dentists only are not included in these figures. However, in a telephone survey conducted by ICM, NHS London and COI in late 2009, Westminster had the highest percentage of adults in London who reported their last dentist visit was to a private dentist (55% compared to 33% as London average). It is expected that children whose parents access private dental care would also be seen by private dentists which means a significant proportion of children with healthy teeth are not included in these results.

However, the poor dental health of those included does highlight that many are not accessing any dental care.

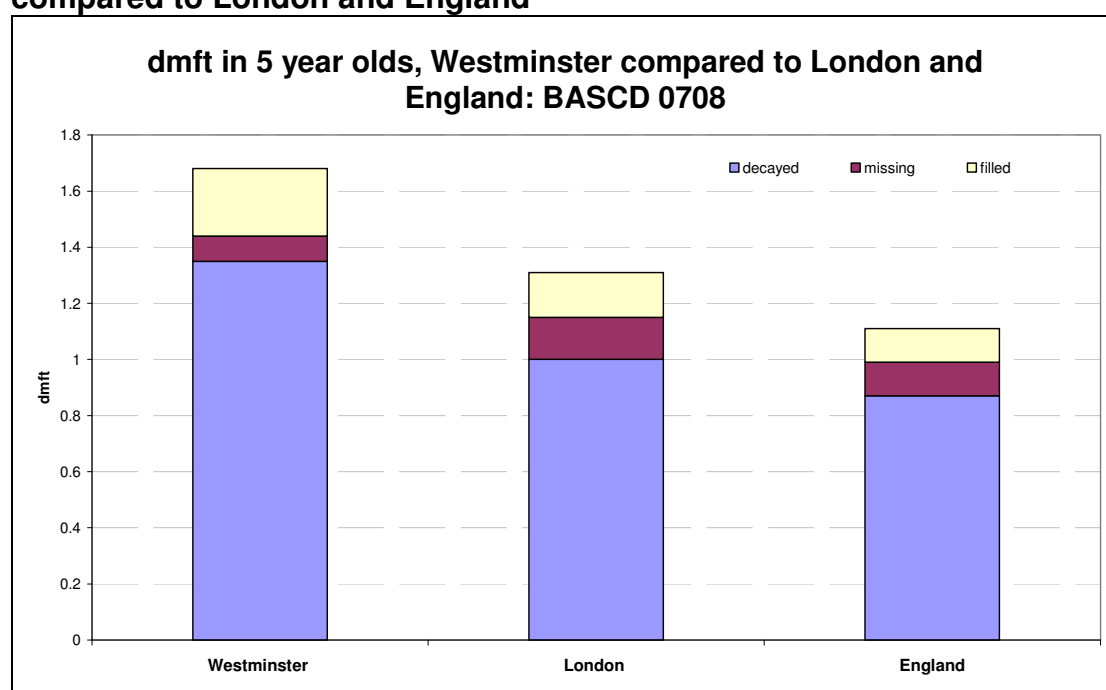
The results of the 2010 Children and Young People's Survey conducted in Westminster primary schools shows that 49.8% of those children surveyed had visited a dentist less than half a year ago. 16.8% of the children had visited a dentist more than 6 months ago. 33.5% were unsure when they last visited a dentist. Thus, 50% of the children surveyed either had not seen a dentist in more than 6 months or could not remember a visit. The survey had a small sample size but it provides a useful local insight.

The high level of tooth decay and untreated decay in Westminster may reflect the fact that certain communities do not place high importance on prevention,

and only attend the dentist when they have an oral health problem which needs treating. It may also be that some dentists within the Borough are selecting adults in preference to children to deliver their activity.

Westminster school children have a significantly higher rate of dental decay than the average for London and England (Figure 9); Westminster is amongst the 20% of Boroughs in the country with the highest rates of dental caries. The British Association for the Study of Community Dentistry (BASCD) survey of 5 year olds in 2005/6 found that more than half of the children in Westminster (57%) had experience of caries, compared to 40% in London and 38% in England. Only 3% of Westminster children were found to have dental caries that had been treated.

Figure 9. Decayed, missing, filled teeth in 5 year olds, Westminster compared to London and England



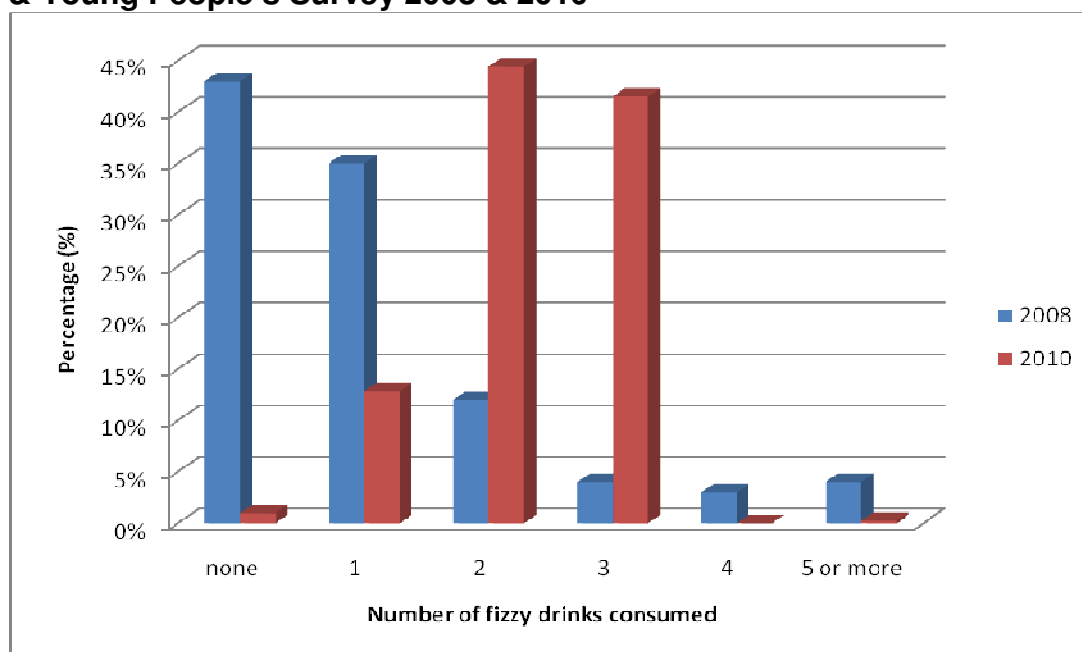
Source: BASCD 07/08

High levels of fizzy drink consumption are associated with worse oral health. The 2010 Children and Young People's Survey also asked about the number of fizzy drinks children had the previous day. The results highlight that nearly all the children (99%) had drunk at least one fizzy drink with majority having had 2 (44%) or 3 (42%) fizzy drinks the previous day.

It is not possible to compare these results locally or nationally. However, they can be compared with previous years' results. The survey results included in this profile when originally published in 2008 show that primary school pupils are now consuming more fizzy drinks (Figure 10).

Details about the type of drinks and the amount should be sought and work done to reduce the amount of fizzy drinks Westminster children consume.

Figure 10. Comparison of previous day fizzy drink consumption by primary school children recorded in Westminster City Council Children & Young People's Survey 2008 & 2010



Source: Children & Young People's Survey 2008 & 2010, Westminster City Council

A positive result from the survey was that children were looking after their teeth through regular brushing. Only 1% of the children said they had not cleaned their teeth the previous day. The majority had cleaned their teeth two (45%) or three (42%) times with 13% cleaning their teeth once.

Further data is due later in 2010 on the dental health of children over 5 years of age. Where information has been collected for older children, so far, rates of decay are lower and compare more favourably to those of London and England.

2.7 Healthy Lifestyles

Maintaining a healthy lifestyle during childhood increases the likelihood that children and young people develop into healthy adults, with reduced risk of diseases such as cancer, heart disease and diabetes.

Obesity

Childhood obesity is a national major public health challenge. Obesity in childhood is associated with the onset of type 2 diabetes in childhood, coronary heart disease in adulthood and psychological issues. There is also evidence to suggest that obese children are more likely to become obese adults. Obesity in adulthood results in an increased risk of Cardiovascular Disease (CVD), diabetes and some cancers.

As part of the National Childhood Measurement Programme (NCMP) NHS Westminster is required to weigh and measure all children in reception and Year 6. In the academic year 2008-09, 88% of both reception and Year 6 children were measured.

In 2008-09 a higher proportion of children in Year 6 attending Westminster schools were classified as being overweight¹⁷ or obese¹⁸ than in London or England as a whole. For reception class children, fewer were overweight when compared to London or England. However, considerably more reception class children in Westminster were obese than the London and England averages.

In 2008-09 the proportion of children measured as overweight in Reception had decreased from the previous academic year as had the proportion of Year 6 pupils who were obese. However, there had been an increase in the proportion of Reception class pupils who were obese and a slight increase in the proportion of Year 6 pupils who were overweight.

From 2010 onwards, parents will be provided with feedback on their child's results from the NCMP. This will include information on the services and activities available in Westminster to help children and families to make changes in their lives and thus reduce their weight and improve levels of physical activity. For those children who are measured as obese individual sessions with the school nurses and dieticians will be provided.

Table 10. National Childhood Measurement Programme, Results 2007-09

	Reception				Year 6			
	Overweight (%)		Obese (%)		Overweight (%)		Obese (%)	
	07/08	08/09	07/08	08/09	07/08	08/09	07/08	08/09
Westminster	12	12	12	15	15	16	25	24
London	12	12	11	11	15	15	22	21
England	13	13	10	10	14	14	18	18

Source: National Childhood Measurement Programme

The Health Survey for England 2006¹⁹ found that children in households where income came from semi-routine and routine work were nearly twice as likely to be obese when compared with those in managerial and professional households. The Health Survey for England 2007 found an increase in difference with 22% of girls in the lowest income groups classed as obese compared with 9% of the highest group²⁰.

¹⁷ 'overweight' is defined as greater than or equal to the 85th percentile but less than the 95th

¹⁸ 'obese' is defined as greater than the 95th percentile.

¹⁹ The Information Centre. (2008) *Health Survey for England 2006*. CVD and risk factors adults, obesity and risk factors children, Information Centre, London

²⁰ The Health and Social Care Information Centre., *Statistics on obesity, physical activity and diet: England*, February 2009, page 37.

Obesity and being overweight is also associated with different ethnic groups. The Health Survey for England 1999 supplement on Ethnic Minority health²¹ shows that Black Caribbean, Indian and Pakistani boys were more likely to be overweight or obese than the general population. For girls the higher rates were experienced by the Afro-Caribbean and Pakistani groups. Children of both sexes from a Chinese background and Bangladeshi boys are less likely to be overweight or obese. Differential rates of obesity and being overweight by ethnic group have also been found by the national childhood measurement programme.

Physical Activity

It is recommended that children and young people undertake a minimum of 60 minutes of physical activity each day. This can be undertaken in short (10 minute) bouts.

In 2007-08 75% of Westminster's primary school children took part in a minimum of two hours of sport each week at school. Secondary schools and Special Schools in the borough, on average, provided pupils with just under two hours of sport each week.

NHS Westminster has funded the Bike It project in Westminster schools. This project works to increase children's access to, and use of, bikes in order to increase physical activity. Schools have been selected based on a number of indicators including the highest levels of eligibility of free school meals thus helping to tackle health inequalities within the borough. NHS Westminster has also provided schools with funding to promote physical activity for their pupils.

Through the TELLUS 4 questionnaire (completed by Westminster secondary school pupils) 87% of the surveyed young people reported they were doing something active during lesson time either, everyday (24%), most days (27%) or some days (36%). 13% reported that they never did something active during lesson time. Nearly a third (32%) of young people said they did something active every day after school and 27% on most days. This is in line with the national average (33%) and with our statistical neighbours (26%).

However, the TELLUS 4 questionnaire also highlighted that there were higher numbers of young people in Westminster doing no activity either before, during (lessons & lunchtime) or after school, compared to the national average and our statistical neighbours (Table 11).

Table 11. TELLUS 4 Questionnaire 2009 – question 28 ‘Thinking back to last week, how often did you do something active?’

	Westminster (%)	National (%)	Statistical Neighbours (%)
I did something active before school			
Never	37	35	31

²¹ The Department of Health (2001). *Health Survey for England 1999: the health of minority ethnic groups*. DH, London

I did something active during lesson time (including PE lessons)			
Never	13	5	6
I did something active during lunchtime/break times			
Never	24	20	17
I did something active after school			
Never	17	12	14

Source: TELLUS 4 Survey, Westminster City Council

Of the surveyed young people, more from Westminster reported taking part in organised sport or keep fit activities in the preceding weekend (49%) than the national average (46%) and our statistical neighbours (44%). Whilst this is positive, it also suggests that around half of young people in Westminster are not involved in any physical activity at the weekend.

The activity of younger children in Westminster was captured in the 2010 Children and Young People's Survey. The top 5 activities for these children when not in school were (in order) watching TV (79%), playing online computer games (69%), swimming (63%), reading a book (62%) and talking to my friends online (57%).

Whilst there was only one physical activity in the top 5 activities, the results of the survey show that of the activities that children would most like to do 3 out of the top 5 included sports. Swimming was the activity they would most like to do (45%) followed by football (40%), ice skating (33%), playing computer games (31%) and talking to my friends online (26%).

To encourage young people to do more physical activity, Westminster City Council runs a wide range of sporting activities for young people who live, work or study in Westminster. There are 130 hours of sporting activities provided on a weekly basis 50 weeks of the year. The activities are free to attend and are run for 8-19 year olds. The sporting activities include boxing, basketball, football and athletics.

In 2009-10, around 1,200 young people attended these sporting activities. Over the course of the year their attendance at the different sporting activities reached 43,000 visits²².

In addition to the sporting activities provided, Westminster City Council also provides free swimming for all under 19 year olds. During 2009-10, 21,384 visits were made by under 19 year olds for swimming²³.

It was identified that there was limited access to some physical activities for residents with disabilities including young people. To improve access Westminster City Council has funded four gyms in the borough to purchase

²² Westminster City Council

²³ Westminster City Council

new equipment which is suitable for people with disabilities. These gyms are now accessible for young people with disabilities to attend.

Obesity is directly linked to reduced physical activity. The Health Survey for England 2007 found that among girls aged 2 to 15 obesity prevalence rates were higher in the low physical activity group. 21% of girls in the low physical activity group were classed as obese compared with 15% in the high group. There were no significant patterns for boys²⁴.

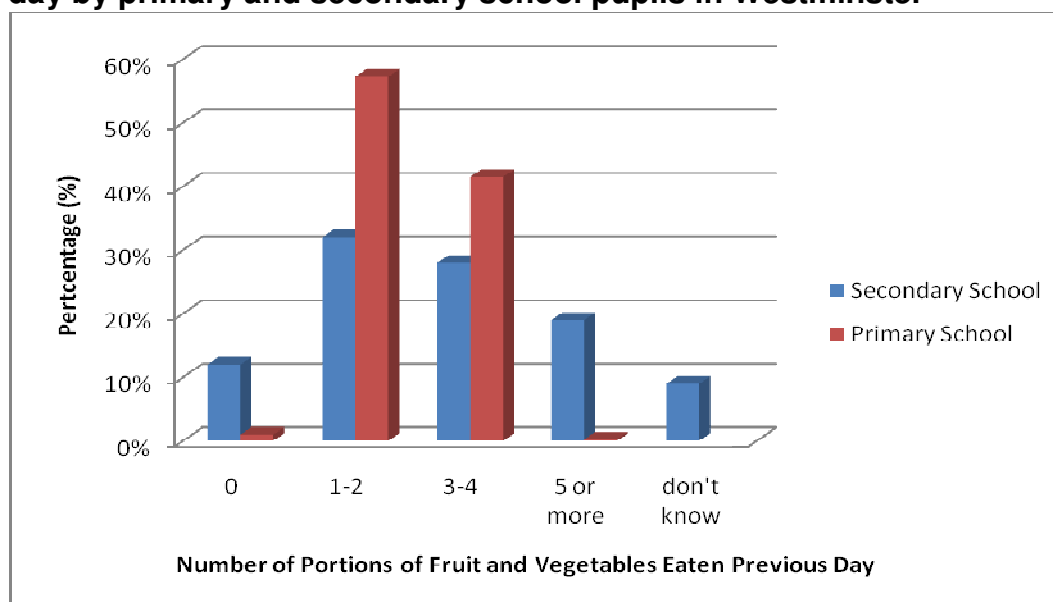
The proportion of children stating they wanted to do more physical activity than at present was higher in the obese group (71%) than in the normal weight group (57%) for boys and 84% and 71% respectively for girls²⁵.

Healthy Eating

The importance of a balanced diet and healthy eating for children and young people, to encourage good physical and mental development, improved learning and reducing the risk of obesity, are well known.

From the Children and Young People’s Survey and the TELLUS 4 Survey there is some data available on the consumption of fruit and vegetables by children and young people in Westminster. These surveys highlight that the number of children and young people eating 5 a day in Westminster appears to depend on age (Figure 11). Fewer primary school pupils in Westminster compared to secondary school pupils are eating no fruit or vegetables daily, 1% in primary school²⁶ and 12% in secondary school²⁷.

Figure 11. The number of fruit and vegetable portions eaten the previous day by primary and secondary school pupils in Westminster



Source: Primary School Children – Westminster City Council CYP Survey 2010, Secondary School Children – TELLUS 4.

²⁴ The Health and Social Care Information Centre., *Statistics on obesity, physical activity and diet: England*, February 2009, page 37.

²⁵ The Health and Social Care Information Centre., February 2009, page 39.

²⁶ Children and Young People’s Survey 2010

²⁷ TELLUS 4 Survey, 2009.

Since the previous profile (published May 2008) was written the Children and Young People’s Survey shows there has been a change in primary school children’s eating habits. The results published in 2008 reported that 7% of primary school pupils had not eaten any fruit or vegetables the previous day. This has reduced to 1%. Whilst there has been a slight increase in secondary school pupils not eating any fruit or vegetables (11% to 12%) the change in younger children’s eating habits is positive. If this change can be sustained throughout primary school over time the numbers of children being measured at Year 6 as overweight or obese may reduce.

Overall, secondary school pupils in Westminster were eating similar amounts of fruit and vegetables compared to the national average and with our statistical neighbours (Table 12).

Table 12. TELLUS 4 Survey, 2009 – question 27 ‘How many of the ‘five a day’ fruit and vegetables did you eat yesterday’?

Portions	Westminster %	National %	Statistical Neighbours %
None	12	9	9
1-2	32	29	29
3-4	28	35	33
5 or more	19	19	22
Don’t know	9	7	7

Source: TELLUS 4 Questionnaire

The 2010 Children and Young People Survey included a question on breakfast habits. Most of the children surveyed had eaten breakfast that morning with only 5% saying they had not eaten anything. The most popular breakfast eaten by 45% was children’s cereal. Whilst it is encouraging that children are eating breakfast, the high levels of sugar and salt often found in many children’s cereals may affect their concentration at school and impact on their weight and oral health.

2.8 Smoking

Despite the ban on smoking in public places and the raising of the legal age of smoking from 16 to 18, almost a third of pupils (32%) aged 11 to 15 in England in 2008 had tried smoking at least once and 6% were regular smokers (smoking at least one cigarette a week). Girls were more likely to smoke than boys; 11% of girls had smoked in the last week compared with 8% of boys²⁸.

Smoking is often linked to other substance misuse especially drug use and alcohol. Young people are more likely to smoke if they have ever been

²⁸ The NHS Information Centre (2009), Statistics on Smoking: England, 2009., pg 7.

excluded from school or truanted or if they live with other people who smoke²⁹.

In Westminster, 69% of secondary school pupils reported having never tried a cigarette³⁰. This is lower than the national figure (77%) and our statistical neighbours (77%) meaning more young people in Westminster have tried smoking. This is reflected in the number of young people who reported they had only ever tried smoking once (15%) which is higher than the national average (10%) and our statistical neighbours (10%). However, the numbers of young people smoking more regularly is low and in line with the national figures and those of our statistical neighbours.

There was not enough data collected in the Children and Young People's Survey to report on smoking habits of primary school pupils.

Relatively low numbers of young people in Westminster are accessing the stop smoking services; however, the numbers are on the increase. In 2008-09 24 under 19 year olds set a quit date and 19 achieved their goal of stopping smoking. In 2009-10 this number had risen to 43 setting a quit date and 21 who achieved their goal³¹.

Targeted work is done with looked after children in Westminster who may be more at risk of starting smoking than their peers. Also, work is done with foster families on what to do if one of their children starts smoking and how to help them give up. There is also consideration being given to introducing a policy on smoke free foster homes.

2.9 Substance Misuse

Westminster Drug and Alcohol Action Team (DAAT) support and commission services for young people in relation to substance misuse. Universal services are supported in Westminster which has a crucial role in the delivery of education and prevention messages and in identifying children and young people with substance related needs. Universal education is provided through normal service routes such as schools and youth facilities.

The universal provision includes substance education, identification of young people experiencing substance misuse and referral to specialist services when a need has been identified³².

The TELLUS 4 Survey³³ asked children and young people about their substance use. This provides a useful insight into the general prevalence of substance use of young people in Westminster. However, these results should not be extrapolated for all Westminster's children and young people. The samples are small and may not be representative.

²⁹ The NHS Information Centre, Lifestyles Statistics., pg 19.

³⁰ TELLUS 4 Survey

³¹ Westminster Stop Smoking Service, data provided April 2010.

³² Substance Misuse Needs Assessment, 2009

³³ Local Authority Measures for National Indicators Supported by the TELLUS 4 survey, February 2010.

The results reported in the TELLUS 4 survey on frequent³⁴ use of substances indicate a slight increase from the previous years TELLUS 3 survey. This is consistent with other London boroughs and is partly due to change in the question wording which was designed to improve reporting. In Westminster 6.1% of young people reported frequent use of substances; the national average is 9.8% and the average for our statistical neighbours is 6.6%. For Westminster the researchers working on the TELLUS survey would not indicate if this was a significant change from TELLUS 3 as participation rates were not high enough. It is hoped that there is better uptake in the future in order to better understand substance misuse prevalence.

As 73% (4,649) of pupils who live in Westminster also attend Westminster schools, the provision of drug education via the Healthy Schools programme is an efficient and good way of providing the preventative messages to young residents of Westminster³⁵.

The Westminster DAAT also commission and support targeted services for young people at risk of substance misuse. The Substance Misuse Needs Assessment, 2009 (contact DAAT@westminster.gov.uk for further information), identified the following children as being at risk of substance misuse and in need of targeted support.

Targeted support should be available to children and young people who are vulnerable to developing substance misuse problems. Evidence³⁶ suggests that these groups include children who are:

- Excluded or truanting from school, (for those over school age not in employment or training)
- Looked After children and care leavers
- Involved in the criminal justice system
- Homeless
- Children of substance misusing parents
- Living in difficult family circumstances including those in need and those who need safeguarding

Targeted support in relation to substance misuse would include the following interventions:

- Ensuring that the child has accessed substance education
- Providing substance education to those who have not accessed it
- Provision of advice and information specific to the young person's needs
- Identification of substance misuse needs
- Provision of brief interventions to address low level needs
- Referral to specialist services where the need has been identified

³⁴ 'frequent' is defined as use of illegal drugs, volatile substances or drunkenness twice in the last four weeks, or a combination of any two.

³⁵ Substance Misuse Needs Assessment, 2009

³⁶ DrugScope and Drugs Prevention Advisory Service (2002) Assessing Local Need

The Needs Assessment, also identified that in 2008-09 in Westminster the percentage of young people in treatment (40%) in the 10-14 year age range significantly exceeded that for London (26%). The older, 15-17 year old age range saw the opposite with fewer young people in Westminster in treatment (60%) compared to London (74%).

Of the young people in treatment in Westminster, 62% were male (128) and 38% were female (77). This is very similar to the London figure of 64% male and 36% female.

The majority of the young people in treatment in Westminster in 2008-09 were white (43%). The next largest group at 29% was 'other'. This group is made up of young people from Arabic speaking countries in the Middle East region, who do not identify their ethnicity within the Asian Other category; North African Arabic young people, (Egypt, Morocco, Algeria, Libya, Tunisia) do not identify as Black African. Asian young people account for 12% and black young people for 16% of the treatment population.

Almost all young people in treatment in Westminster during 2007-08 and 2008-09 reported that cannabis was their primary problematic substance used.

2.10 Teenage Conceptions

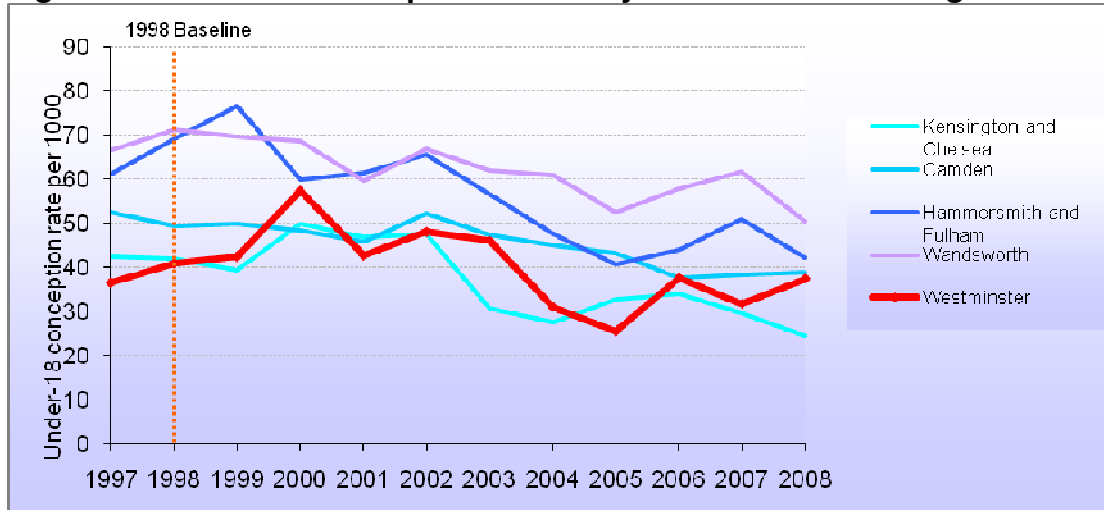
Teenage pregnancy is associated with worse social and health outcomes for both mother and child. Children born to teenage mothers (measured in girls aged 15-17) have 60% higher rates of infant mortality and are at increased risk of having babies with low birth weight. Teenage motherhood impacts on maternal prospects of continuing education, which in turn reduces the social and economic opportunities for both the mother and her child. Children of teenage parents are more likely to become teenage parents themselves perpetuating the cycle of social, material and health disadvantage in the family. Therefore, reducing unwanted teenage conceptions³⁷ remains a priority.

The number of teenage conceptions in Westminster has declined since 2001 with a brief increase during 2006 and 2008. The annual numbers of under 18 year olds becoming pregnant in Westminster are relatively low. However, even a small increase in the number of conceptions can cause a large increase in the rate.

The under 18s conception rate in Westminster for 2008 was 37.3 per 1000. Amongst our statistical neighbours (Camden, Kensington and Chelsea, Hammersmith and Fulham and Wandsworth) Westminster has the second lowest under 18s conception rate.

³⁷ The teenage conception rate is all pregnancies; those resulting in both live births and abortions.

Figure 12. Under-18 conception trends by DCSF statistical neighbours

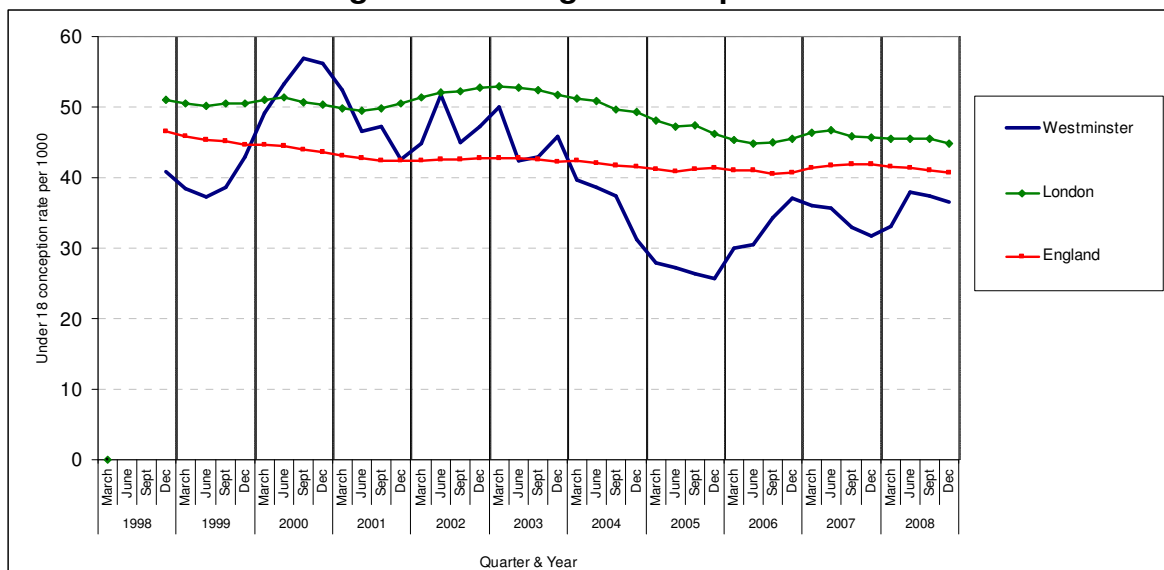


Source: Teenage Pregnancy Unit

Note: Data for 2008 are provisional

Westminster's under 18 conception rate is significantly lower than the London rate of 44.6 per 1000 and also lower than the England rate of 40.4 per 1000³⁸.

Figure 13. Quarterly conception rate in Westminster from March 1998 to December 2008 with regional and England comparisons



Source: Teenage Pregnancy Unit

2.11 Sexual Health

A JSNA on sexual health services is currently being written. This will be published in the summer of 2010 and will be available at <http://westminstercitypartnership.org.uk> under the JSNA tab. Key points identified so far about young people and their sexual health are access to services and the suitability of these.

Young people in Westminster do not seem to be accessing community contraceptive services. Why they are choosing not to needs to be understood. Access to contraceptive and sexual health services for young

³⁸ Teenage Pregnancy Unit, LA Teenage Pregnancy Analysis, May 2010

people in Westminster is inconsistent; not all areas have comparable services and opening hours differ.

Where young people do have access to suitable, dedicated services they are used. The ARC provided at St Mary's and as a satellite clinic at the youth centre at the Stowe has higher levels of uptake compared to other services.

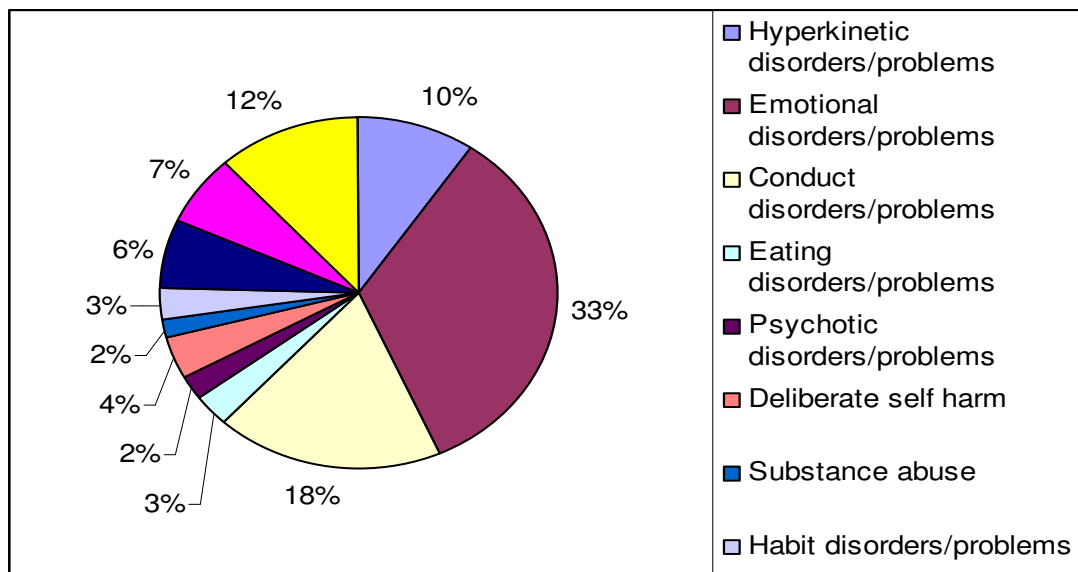
For the under 18 year olds there are relatively low levels of sexually transmitted infections (STIs) diagnosed in GUM clinic settings, particularly amongst young men. Considering that young people are one of the high risk groups for STIs and the limited attendance at contraception clinics, it is unlikely that young people in Westminster have not contracted these infections. Instead, the low uptake of sexual health services is more likely to mean that young people under 18 years of age have undiagnosed (and untreated) STIs.

2.12 Mental Health

Mental health services for young people in Westminster are provided by Central and North West London NHS Foundation Trust. This Trust provides Child and Adolescent Mental Health Services (CAMHS) for a number of different PCTs and therefore it is difficult to obtain data at individual PCT level.

In 2007-08 Central and North West London NHS Foundation Trust saw 610 patients from Westminster at a variety of different service settings³⁹. It is not possible to ascertain what conditions the children and young people from Westminster were presenting with or their age, gender or ethnicity. This information is available for Central and North West London NHS Foundation Trust (Figure 14) but not for the various PCTs for whom it provides services.

Figure 14. Primary presentation of CAMHS caseload in Central and North West London NHS Foundation Trust, 2008-09



Source: CAMHS Provider Summary on www.childrensmapping.org.uk

³⁹ Central and North West London NHS Foundation Trust: CAMHS Provider Summary. <http://www.childrensmapping.org.uk/dataentry/camhsproviderssummary.php?providerID=661>; accessed 11 May 2010 at 13.35.

The TELLUS 4 Survey 2009 asked children and young people how they were feeling. This provides a useful insight into the mental health of some young people in Westminster and what things maybe worrying them or causing them concern. However, these results should not be extrapolated for all Westminster's children and young people. The sample is small and therefore may not be representative. Also, some schools in Westminster offer more pastoral care to young people than others and this may influence the findings.

The results reported in the TELLUS 4 survey on whether young people felt happy about life at the moment were consistent with both the national average and our statistical neighbours. In Westminster 63% of young people answered that they did feel happy about life at the moment; the national average is 67% and our statistical neighbours reported 68%. Equally, those who were unhappy were similar; Westminster 6%, nationally 8% and statistical neighbours 8%⁴⁰. Nationally, it is estimated that 1 in 10 young people aged 5-16 will have a mental health problem⁴¹.

In Westminster 56% of young people felt they could talk to their parents when something was worrying them. This was slightly lower than the national average (64%) and our statistical neighbours (63%). 19% said they could not speak to their parents, compared to the national average (14%) and our statistical neighbours (15%)⁴². This shows the importance of engaging families for interventions and better cooperation between children and adult services in health and social care.

Similar to the national average and our statistical neighbours (both 40%) 41% of Westminster's young people felt they could talk to an adult who is not their parent if they were worried about something. However, 27% felt they could not (nationally, 30%; statistical neighbours, 40%)⁴³.

91% of our young people have one or more good friend. This is similar to the national average (92%) and our statistical neighbours (91%). 67% of Westminster's young people felt they could talk to a friend if they were worried about something. Nationally it is 66% and our statistical neighbours reported 62%. 10% of our young people did not feel they could talk to their friends about something worrying them⁴⁴.

The prevalence of mental health disorders in the 5-16 years age group was found to be higher in certain socio-demographic groups: lone parent and reconstituted families, in families where neither parent worked, in families with a gross weekly household income of less than £100, in families where someone received disability benefit, and children living in the social or

⁴⁰ TELLUS 4 Survey.

⁴¹ The Office for National Statistics carried out a large sample survey (7,977 5-16 year olds living in private households in Great Britain were interviewed) of 5-16 year olds in Great Britain in 2004, which looked at the prevalence of mental health issues for 5-16 year olds for different population groups and different categories of mental health disorders. Overall 10% of children aged 5-16 years had some type of mental health problem or disorder. The survey found that boys were more likely than girls to have a mental disorder.

⁴² TELLUS 4 Survey.

⁴³ TELLUS 4 Survey.

⁴⁴ TELLUS 4 Survey.

privately rented sector⁴⁵. In recognition of the higher rates of poor mental health experienced by children with disabilities, in Westminster a CAMHS behavioural nurse is linked to the Children with Disabilities team.

The 2010 Children and Young People's Survey asked 8-11 year old children about how they felt at school and their local area. Again, the results must be interpreted with caution due to the small sample size and cannot be extrapolated Westminster wide.

The majority of the primary school pupils asked felt either quite happy (45%) or very happy (42%) at their school. However, 13% did not feel too happy and 1% were not happy at all⁴⁶.

Also, most children surveyed were quite happy (44%) or very happy (41%) in the area they lived in. Though 12% reported they were not too happy and 3% were not happy at all⁴⁷.

2.13 Chronic Conditions

There is limited data available on chronic conditions in children and young people especially regarding the management of these conditions in primary care. The data sources used to gather information on chronic conditions for adults do not break down the information by age or in some cases gather information on under 18 year olds at all. This information gap means there is little knowledge of the chronic conditions affecting children and young people in Westminster or what their needs may be.

Asthma is the most common long-term childhood medical condition, affecting 1.1 million in the UK – one in ten children⁴⁸. It is estimated that 590,000 teenagers live with asthma in the UK⁴⁹. Whilst there is no information on the prevalence of asthma in the children and young people in Westminster there is data on emergency hospital admission for respiratory conditions (which includes asthma).

In Westminster in 2009, 18% (n=276) of all emergency hospital admissions were for diseases of the respiratory system⁵⁰ in 0-19 year olds⁵¹. This was the highest proportion of emergency admissions for a known or recorded condition⁵². Younger children made up the larger proportion with 83% of admissions being from the 0-9 age group. This suggests that as children got older they were better able to manage their condition.

⁴⁵ Meltzer H, Ford T, Goodman R (2005) Mental health of children and young people in Great Britain, 2004. Her Majesty's Stationery Office (HMSO): London.

⁴⁶ Children and Young People's Survey 2010, Westminster City Council.

⁴⁷ 2010 Children and Young People's Survey

⁴⁸ Asthma UK, *Where Do We Stand? Asthma in the UK today*, December 2004.

⁴⁹ Asthma UK, December 2004.

⁵⁰ This will include asthma and cystic fibrosis.

⁵¹ SUS data, 2010.

⁵² 22% of emergency admissions were recorded as 'Symptoms and sign not elsewhere classified'.

Section 3: Stay Safe

3.1 Child Protection

As at the 31 May 2010, 2,145 'children in need' lived in Westminster. The term 'children in need' encompasses all children receiving support from social services. This was an increase from the 31 March 2009 figure of 1,756 'children in need'⁵³.

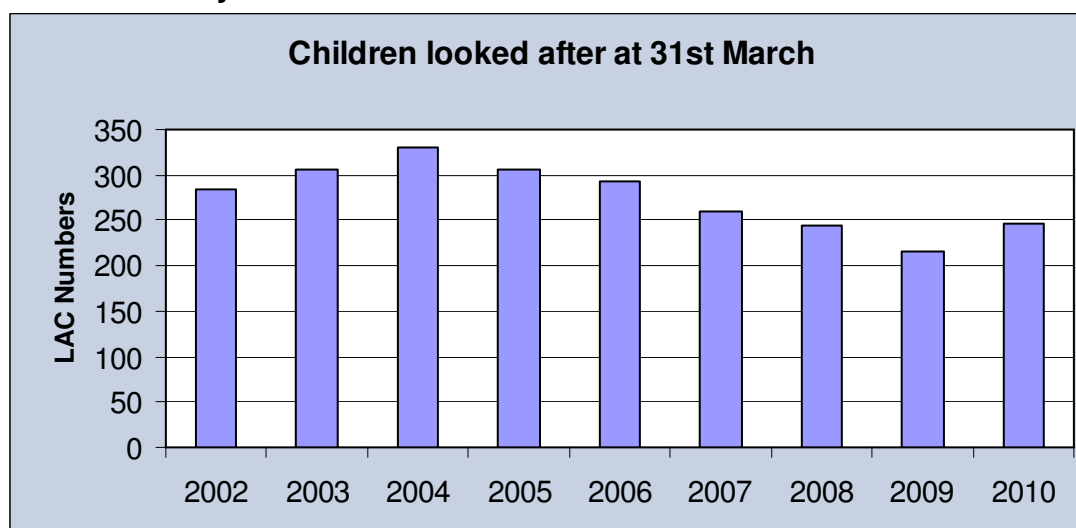
During 2008-09, 1,345 children and young people were referred to children's social care services in Westminster. Of the referrals made in 2008-09, 303 were deemed to require a Section 47 child protection investigation⁵⁴.

3.2 Looked After Children

Looked after children are children who are in the care of the local authority. Looked after children have been found to have increased health needs compared to children who come from similar socio-economic backgrounds but who have not needed to enter care. This group on leaving care have been found to experience significant inequalities in their health, having poorer educational attainment and social outcomes.

The number of looked after children at the end of March 2010 was 247. This is a 15% increase from the number of children in March 2009⁵⁵. As Figure 15 shows prior to this year there had been a decreasing trend in the number of looked after children.

Figure 15. Number of Looked After Children in Westminster at 31st March annually



Source: Westminster City Council

⁵³ Paper 'Looked After Children Trends as at 31st March 2010'. Westminster City Council, 2010.

⁵⁴ After social services have been notified of a child at risk from harm, they have 24 hours to decide what to do next. This can include an initial assessment. If after this initial assessment they feel that further investigation is needed they will begin an enquiry. Social Services are authorised to carry out this investigation under section 47 of the Children Act 1989. The further investigation may simply be referred to as a 'section 47 enquiry'.

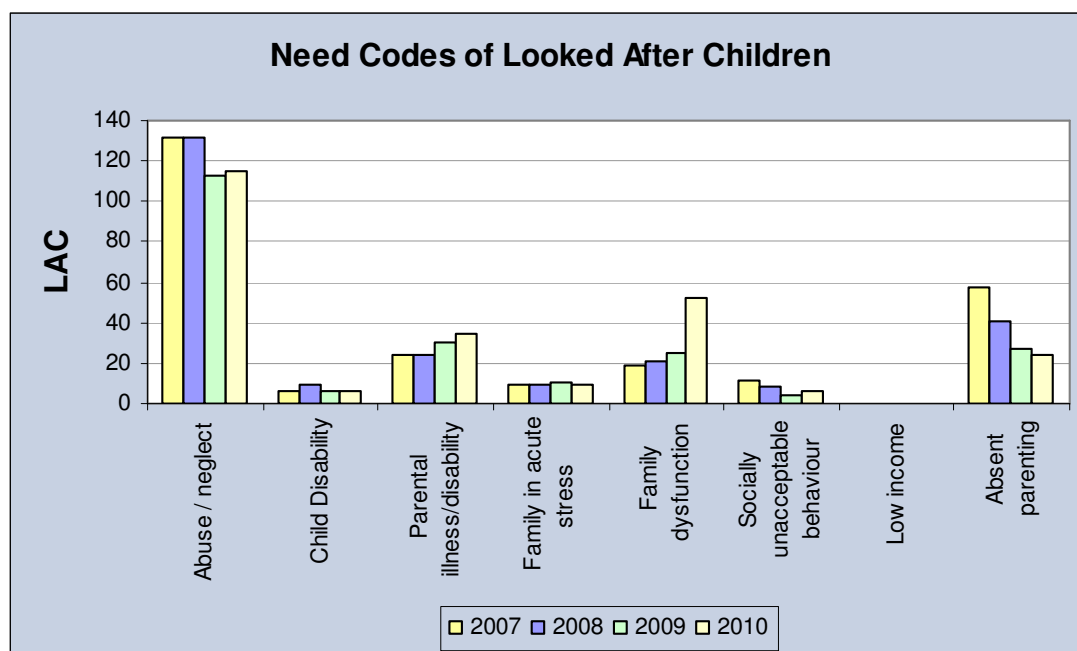
⁵⁵ Westminster City Council, 2010.

The number of children whose principal reason for being in care is absent parenting has been decreasing since 2007 (Figure 16). This can largely be attributed to the smaller number of unaccompanied asylum seeking children accommodated under the Hillingdon Judgement⁵⁶. This reduction is due to the introduction of new systems for supporting this group of young people brought in by the Home Office.

The largest proportion of need continues to be for those children whose principal reason is abuse or neglect. These children will have a high level of emotional and behavioural needs.

The number of disabled young people in care remains low. This is due to the high level of family support that is offered to parents and carers in the community.

Figure 16. Primary Need of Children When They Become Looked After, 2007-2010



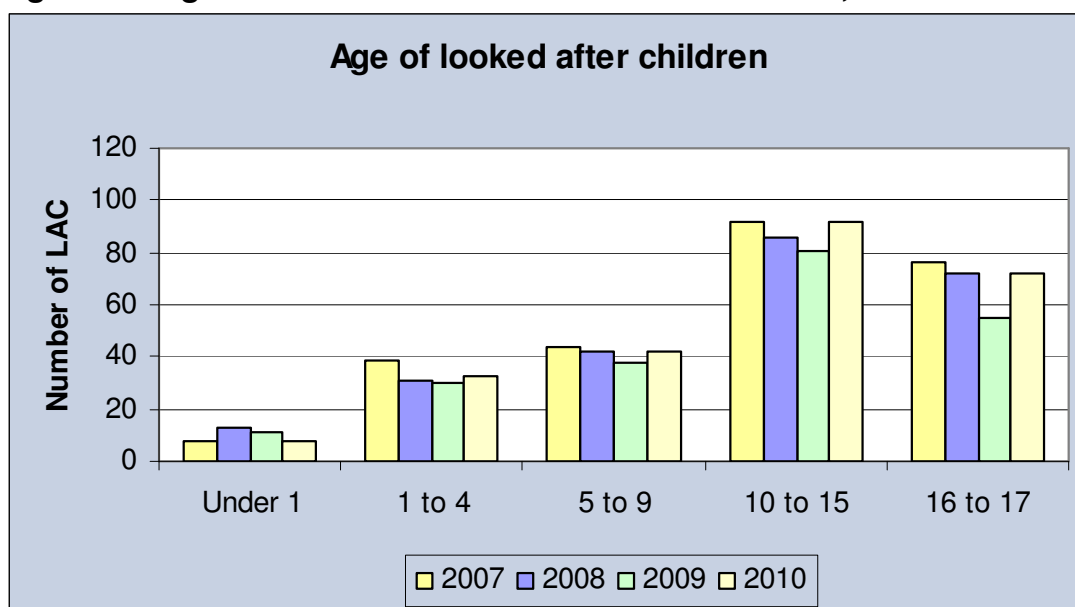
Source: Westminster City Council

The largest group of the looked after children are aged 10 to 15 years; this has been consistent between 2006 and 2010. There has been an increase in 2010 of the number of children and young people in the age groups '10 to 15' and '16 to 17' (Figure 17). Although the number of teenage looked after children to some extent reflects the unaccompanied asylum seeking children

⁵⁶ The Hillingdon Judgement required local authorities to ensure that unaccompanied young people aged 16-18 year old need to be accommodated under section 20 of the Children Act and after 13 weeks in care, qualify for a full leaving care support package, including accommodation and education/employment support and assistance with living costs up to the age of 21 or beyond. (Information taken from Ealing Council Report for Cabinet, 2004 accessed via <http://www.ealing.gov.uk/archive/committees/cabinet/april2003-march2004/item+14+-+unaccompanied+asylum+seeking+children+-+implications+of+hillington+judgement.doc> on 25.06.10 at 11.40am).

population, an increasing number of these young people are from the indigenous population.

Figure 17. Age of Looked After Children in Westminster, 2006-2010



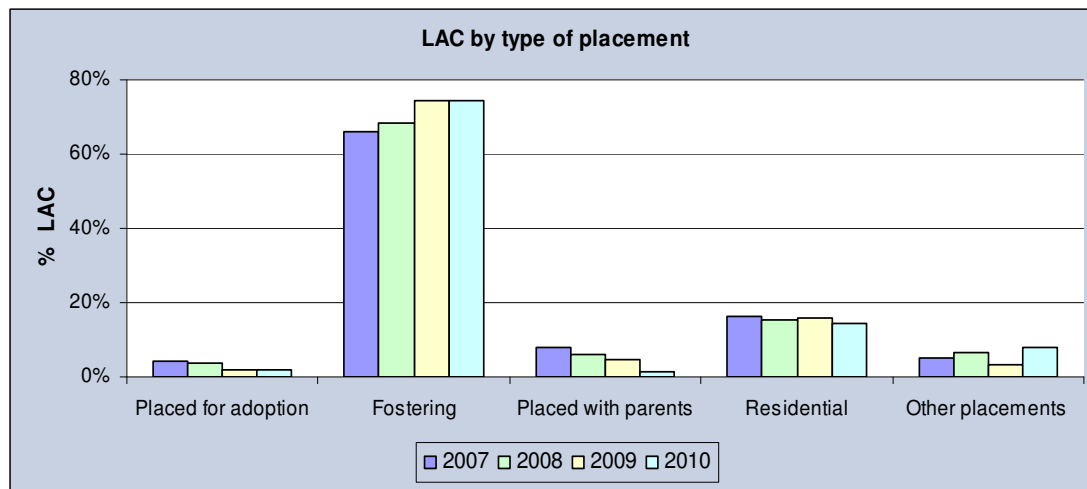
Source: Westminster City Council

The ethnic background of looked after children differs from the general population of children and young people in Westminster. Looked after children are more likely to be of mixed, black or other origin. This reflects the over-representation of looked after children of mixed origin which has been established in research over many years and the number of unaccompanied asylum seeking children whose ethnic background does not reflect the various communities in Westminster.

The vast majority of looked after children are placed with foster parents during their time in care (Figure 18). As can be seen in Figure 19 the majority of these are outside of Westminster. In 2009 of those placements outside of Westminster, 75% are in other London boroughs. The remaining 25% of looked after children are placed outside London with some placements being as far away as Oldham and Derbyshire⁵⁷. This has consequences for the child and their family but also for the services Westminster can provide including healthcare. All looked after children remain under the care of NHS Westminster for their healthcare even if they are placed out of borough.

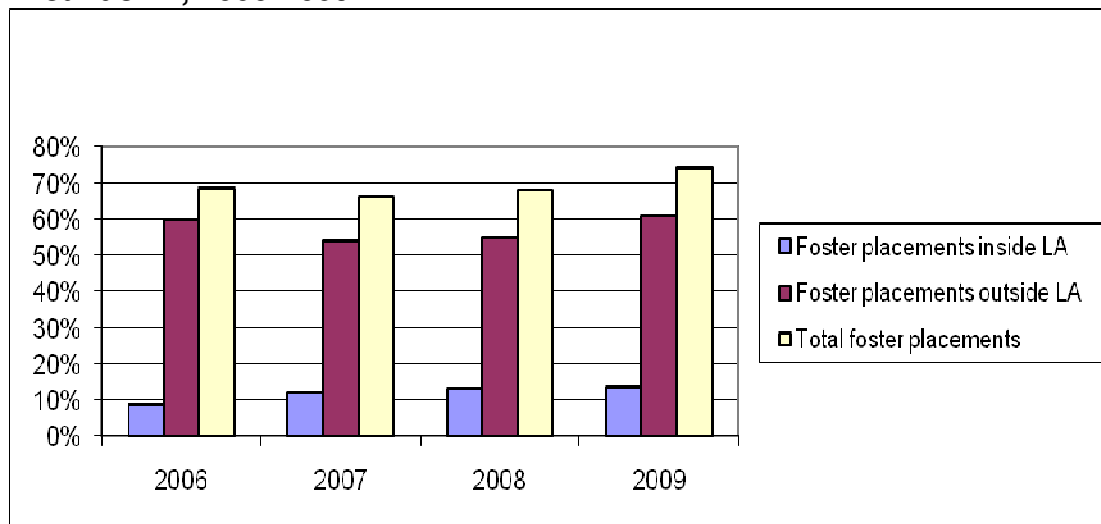
⁵⁷ Westminster City Council, 2009.

Figure 18. Looked After Children in Westminster by Type of Placement, 2006-2010



Source: Westminster City Council

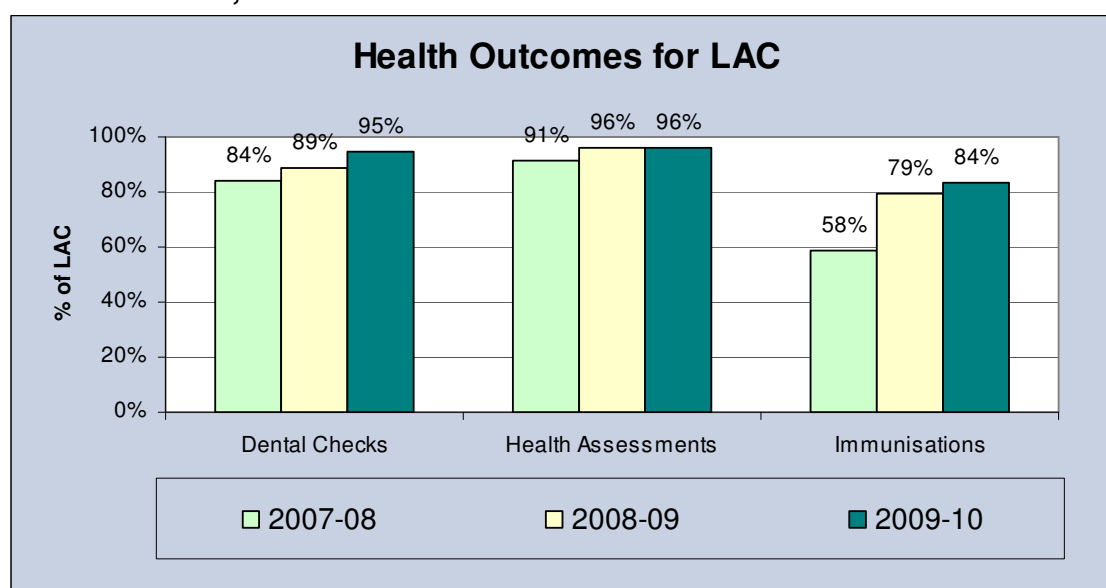
Figure 19. Looked After Children in Westminster - Foster Placement Breakdown, 2006-2009



Source: Westminster City Council

High levels of attendance at annual health reviews for looked after children were maintained in 2009-10. Between 2007-08 and 2009-10 looked after children received more dental checks than other children. This is due in part to increasing the number of dentists available to do check-up through working with private dentists. The immunisation rate amongst looked after children has also risen between 2007-08 to 2009-10 bringing them in line with the vaccination rate amongst other children in the borough.

Figure 20. OC2 Healthcare Indicators Received by Looked after Children in Westminster, 2007-08 & 2009-10



Source: Westminster City Council

3.3 Young Carers

It was estimated in 2009 that there were 332 young carers in Westminster aged under 16, representing less than 2% of the total caring population. It was also estimated in 2009 that a further 218 carers were aged between 16 and 17. In total, carers aged under 18 accounted for 1.5% of the population in Westminster aged under 18, slightly higher than the 1.4% observed in London and 1.3% in England⁵⁸.

The recent Carers JSNA considered young carers in detail (Page 97-118 - <http://westminstercitypartnership.org.uk> under the JSNA tab).

The key issues affecting young carers in Westminster that this needs assessment identified are:

- Less parental or emotional support at home (which can lead to mental health issues for the young carer).
- The physically demanding nature of caring for a person with a physical disability.
- Exposure to inappropriate information for their age for example when attending, or even acting as a translator during, hospital appointments/GP appointments with the cared-for person.
- Being at risk of poverty and social exclusion.
- At risk of experiencing difficulties at school including reduced educational attainment due to missed school days, falling behind in

⁵⁸ Carers JSNA, 2009.

lessons and with homework, unable to join in school activities and bullying. This does not affect all young carers.

It was identified in the needs assessment that more work needs to be done by Westminster schools to identify and support young carers. Also, young carers asked for a more flexible approach from social workers.

3.4 Domestic Violence

In England 28% of women aged 16–59 have experienced domestic violence⁵⁹. In 90% of incidences of domestic violence children are in the same, or an adjoining, room.

There is significant evidence that children and young people are deeply affected by living in a household where domestic violence takes place. Infants exposed to violence may not develop attachments to their carers which are critical to their development; in extreme cases they may 'fail to thrive'. Preschool children in violent homes may regress developmentally and suffer sleep disturbances, including nightmares. School age children who witness violence may exhibit a range of problems and behaviours including difficulties at school, depression, anxiety, anti-social behaviour, psychosomatic illness and violence towards peers.

There is limited data on families in Westminster who suffer domestic violence.

However, the British Crime Survey self-completed questionnaire indicates that around 10,000 women are sexually assaulted and 2,000 women are raped every week⁶⁰. Of all the rapes recorded by police, 34% are committed against children under 16 years of age⁶¹. Also, it has been identified that 16% of children under 16 experience sexual abuse during childhood (11% of boys and 21% of girls)⁶².

In Westminster the 'Westminster Domestic Violence Schools Project' aims to assist schools in responding to the needs of children affected by domestic violence and to teach children and young people how to form their own healthy and safe relationships.

3.5 Accidents Road Accidents

In Westminster in 2008 the rate of children (0-15 years) killed or seriously injured on the roads was 26.1 children per 100,000 population⁶³ (8 children), this is higher than the London and England figures (21.1 and 24.8 respectively). Though fewer children (6) were killed or seriously injured on Westminster's roads in 2007, these figures represent a continuing fall in number of children killed or seriously injured on the road. Fourteen children

⁵⁹ *British Crime Survey 2008-2009*, Home Office, 2009.

⁶⁰ Walker, A, Kershaw, C and Nicholas, S. *Crime in England and Wales 2008/09*, Home Office Statistical Bulletin, July 2009.

⁶¹ *Ibid.*

⁶² Cawson, P, et al, *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect*. NSPCC, London, 2000.

⁶³ These rates are based on proportions of residents rather than the actual numbers of people active in the area during the day or night.

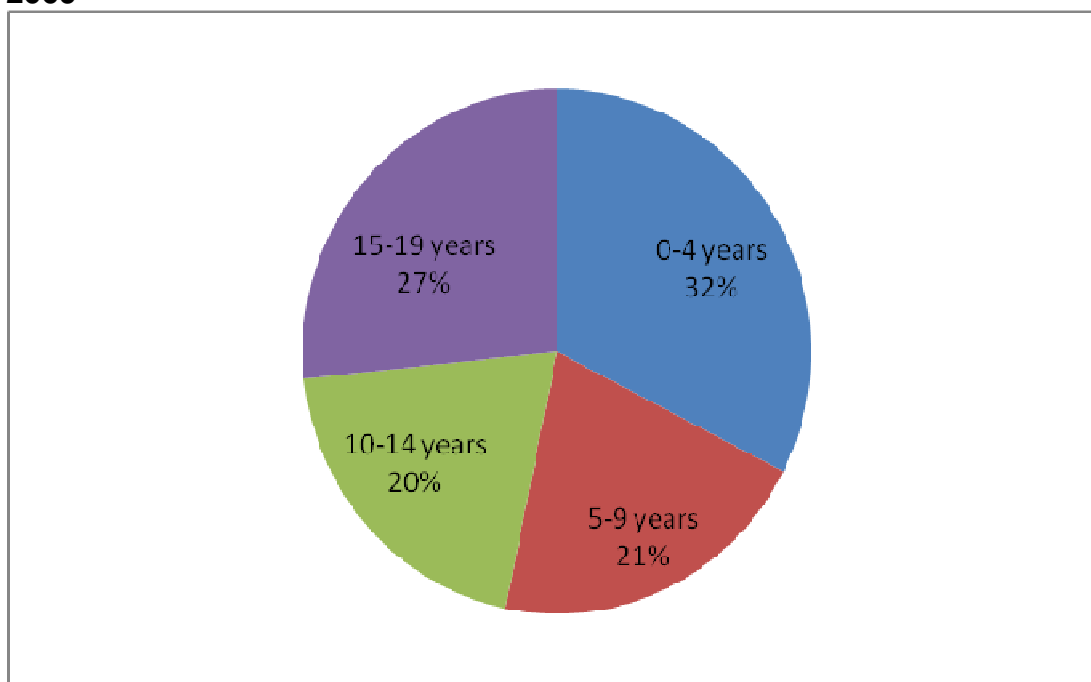
were killed or seriously injured in 2005 and the average number of children killed or seriously injured between 1994-98 was 23 per year⁶⁴.

Hospital Admissions

Accidents are a leading cause of injury in children. Research has indicated that they disproportionately affect children from lower socio-economic groups. The physical environment in which a child lives can increase the risk of accidents. High-rise flats with communal stairs where stair-gates are not allowed, insecure windows, balconies, lack of public playgrounds, busy roads etc. (Child Accident Protection Trust). In Westminster in 2009 11% of all emergency hospital admissions in children and young people aged 0-19 years were for injury and poisoning. Although not all, some of these admissions will have been preventable.

This is the third most common reason for emergency hospital admissions for children and young people in Westminster following 'unclassified' symptoms and signs (22%) and diseases of the respiratory system (18%). These types of injuries are highest amongst 0-4 year olds; the age group for whom these types of injuries are most common.

Figure 21. Emergency Admissions to hospital in Westminster due to Injury, poisoning and certain other external causes for 0-19 year olds, 2009



Source: SUS

3.6 Bullying and Discrimination

According to research by the NSPCC nationally 31% of children experienced bullying by their peers during childhood, a further 7% were discriminated

⁶⁴ Data received from Westminster City Council – original source TfL.

against and 14% were made to feel different or 'like an outsider'. 43% experienced at least one of these things during childhood⁶⁵.

The results from the 2010 Children and Young People's Survey revealed that 42% of children surveyed had reported that they had been bullied at some point⁶⁶. Fewer secondary school pupils reported this with only 26% having ever been bullied at school⁶⁷. National research mirrored this difference. Just over half (51%) of Year 5 students (aged 9-10) reported that they had been bullied during the preceding term compared with just over a quarter (28%) of Year 8 students (aged 12-13)⁶⁸.

Whilst the sample sizes for both the 2010 Children and Young People's Survey and the TELLUS 4 survey are small the fact that they mirror the national results quite closely provides the results with more validity. It can be taken from these results that a large number of Westminster pupils experience bullying.

Primary school children reported having been bullied in a number of different places (children could report more than one place so the percentages exceed 100%). The most common place for bullying to occur and where the majority of children reported having experienced it was in the playground (77%). A further 35% were bullied in the classroom. 6% were bullied on the way to school and 13% on their way home from school. 9% reported being bullied in other places⁶⁹.

Secondary school pupils reported that only 14% of them had experienced bullying outside of school. Nearly half of them felt their school dealt with bullying very well (21%) and quite well (26%). However, 15% thought their school didn't deal with it very well and 9% thought it was dealt with badly. Only 8% thought bullying was not a problem in their school⁷⁰.

National research conducted for ChildLine and the Department for Education and Skills (DfES) found that just over half (54%) of both primary and secondary school children thought that bullying was 'a big problem' or 'quite a big problem' in their school⁷¹.

Bullying and discrimination is faced on a regular basis by children and young people with disabilities. Nationally, 31% of disabled children have experienced abuse, almost four times the rate of abuse experienced by other

⁶⁵ *Cawson, P. et al. (2000) Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect. London: NSPCC. p.26. (sourced from http://www.nspcc.org.uk/Inform/research/statistics/bullying_statistics_wda48744.htm; accessed 11 May 2010 at 17.40)*

⁶⁶ 2010 Children and Young People's Survey.

⁶⁷ TELLUS 4.

⁶⁸ Oliver, C. and Kandappa, M. (2003) Tackling bullying: listening to the views of children and young people. Summary report (PDF). London: DfES and ChildLine.

⁶⁹ 2010 Children and Young People's Survey.

⁷⁰ TELLUS 4.

⁷¹ *Oliver, C. and Kandappa, M. (2003)*

children⁷². The proportion of people with learning disabilities is even higher with 9 out of 10 experiencing harassment or violence within a year⁷³. Whilst 32% experience harassment or attacks on a daily or weekly basis and 23% had been assaulted. There is currently no data on the experiences of Westminster's children and young people with disabilities with regards to bullying.

3.7 Victims of Crime

The TELLUS 4 survey found that 16% of young people in Westminster are worried about becoming a victim of crime. These results were generated from a small sample. Our statistical neighbours' report 21% of their young people being worried about being a victim of crime. This may be a more realistic figure for Westminster too given the urban, central position, high population turnover and deprivation versus wealth. Nationally, the figure reported is 16%.

In the 2010 Children and Young People's Survey primary school children were asked if they felt safe travelling to and from school. 1% highlighted that they didn't feel at all safe with a further 13% feeling not too safe. However, the majority felt quite safe (45%) and very safe (42%). It is not clear from this question whether the children were being asked about fear of crime or general safety issues such as crossing the road.

The following evidence provided in this section is taken from 2 reports, *Youth Violence in Westminster 2009 - An assessment into the levels of youth violence in Westminster during the calendar year of 2009*, and a *Crime Policy Discussion Note* both produced by Westminster City Council.

During 2009 there were 630 victims of youth violence. Two-thirds of youth violence is for offences of Assault with Injury. Knife crime accounts for 19% of offences whilst gun crime makes up just 2%⁷⁴.

Westminster residents accounted for 43% of all youth violence victims in the borough, followed by people from outside the MPS area (10%). The next 6 boroughs are all neighbouring central London boroughs, making up between 3%-5% of victims.

In 2009, over half of youth victims (55%; 344) were aged 17-19 years, a third (31%; 196) were aged between 14-16, with a minority (14%; 90) being aged 13 years and under⁷⁵.

The group aged 14-16 years are most prominent for knife crime where they make up 42% of the victims (49 of 117 victims).

⁷² Sullivan, PM and Knutson, JF, Maltreatment and disabilities: A population-based epidemiological study, *Child Abuse and Neglect*, 2000. This is a respected USA study. UK figures are unknown but estimated to be similar.

⁷³ Mencap, *Living in Fear*, 2000.

⁷⁴ Will Broadribb, *Youth Violence in Westminster 2009 - An assessment into the levels of youth violence in Westminster during the calendar year of 2009*, Westminster City Council, April 2010

⁷⁵ Will Broadribb

The prominence of victims aged 17-19 years increases for the more violent offences; they make up 55% of assault with injury, 59% of most serious violence, and 62% of gun crime⁷⁶.

The age of victims also varies depending on the area of the borough. The North and South areas have a similar age mix, but the central area is almost completely made up of victims aged 17-19 years old, with 70% being aged 18-19 years alone⁷⁷.

In Westminster in 2009, one third of victims of violent crime were aged 18-24 and were attacked on Saturday and Sunday mornings in Soho and the West End. A large proportion of both victims and perpetrators are from other London boroughs or outside of London⁷⁸.

Analysis undertaken by Westminster City Council has shown that Youth victims of Actual Bodily Harm (ABH) are mainly male with a third being aged 14-15⁷⁹. Two-thirds of all victims were Westminster residents, with the surrounding boroughs of Brent, Kensington & Chelsea and Camden making up a further 13%⁸⁰.

Overall victims for youth violence were made up of 69% male (436 victims) and 31% female (194 victims). Female victims are notably more represented for offences of assault with injury where they made up 40% of victims. The other types of youth violence are heavily made up of male victims with 90% of knife crime, 83% of most serious violence, and 77% of gun crime⁸¹.

Victims of youth violence are mainly of white ethnicity (total of 48%), followed by black – 22%, Middle Eastern – 16% and Asian – 12%. Victims of white ethnicity are more highly represented for both knife crime, making up 59% of victims, and gun crime with 75%⁸².

The ethnicity of the victim also varies depending on the area of the borough. Victims of white ethnicity are most heavily represented in the Central area. Middle Eastern victims are mainly situated in the North, with a greater frequency of black victims in the South.

Victims in the North of the borough are predominantly Westminster residents, whilst the central area is almost completely non-residents. The South of the borough sees the most notable variation in the resident percentage of victims depending on time of day, going from a high of 67% to a low of 37%.

The peak times for youth violence are Friday night into Saturday morning, and similarly Saturday night into Sunday morning.

⁷⁶ Will Broadribb

⁷⁷ Will Broadribb

⁷⁸ Alice Murray, *Crime Policy Discussion Note*, Westminster City Council, March 2010.

⁷⁹ Almost two-thirds of youth victims of ABH were male.

⁸⁰ Alice Murray

⁸¹ Will Broadribb

⁸² Will Broadribb

Throughout the day the main locations of youth violence within Westminster undergo a notable change. During the morning the North of the borough makes up almost 70% of offences, and remains high at 54% of offences through the afternoon and early evening. It is not until the night time economy starts that the Central area becomes the main focus with 56% of offences between 2000-0359 hours, compared to 33% in the North. Overall the South only accounts for 15% of offences⁸³.

⁸³ Will Broadribb

Section 4: Enjoy and Achieve

4.1 Early Years and Childcare

Children's experiences between 0-4 years are vital for their future development and educational attainment. Westminster has a wide variety of activities for families with young children and childcare settings. These range from Children's Centres to private day nurseries.

The costs of childcare places can be prohibitively expensive for some families in Westminster and thus can limit parents return to work. Low cost childcare places are often part-time and do not match a full-time working day. Space is an issue for both private and state childcare providers.

The Early Years JSNA looks in detail at the early years and childcare provision (Section 5 - <http://westminstercitypartnership.org.uk> under the JSNA tab).

4.2 Schools

Westminster has 40 primary schools; over half are faith schools - 19 are Church of England schools and 7 are Roman Catholic schools. There are 6 maintained secondary schools, 4 academies and 2 special schools. All the secondary schools (excluding the academies) have specialist schools status for at least 1 subject/area. In addition, there are also a large number of private schools for both primary and secondary pupils.

Table 13. Primary Schools by Faith and Governance

School	Faith	Governance	School	Faith	Governance
All Souls Church of England Primary School	Church of England	Voluntary aided	St Barnabas' Church of England Primary School	Church of England	Voluntary aided
Barrow Hill Junior School	N/A	Community	St Clement Dane's Church of England Primary School	Church of England	Voluntary aided
Burdett Coutts and Townshend Church of England Primary School	Church of England	Voluntary aided	St Edward's RC Primary School	Roman Catholic	Voluntary aided
Christ Church Bentinck Church of England Primary School	Church of England	Voluntary aided	St Gabriel's Church of England Primary School	Church of England	Voluntary aided
Churchill Gardens Community Primary School	N/A	Community	St George's Hanover Square Church of England Primary School	Church of England	Voluntary aided
Edward Wilson Primary School	N/A	Community	St James's and St Michael's Church of England Voluntary Aided Primary School	Church of England	Voluntary aided
Essendine Primary School	N/A	Community	St Joseph's RC Primary School	Roman Catholic	Voluntary aided
Gateway Primary School	N/A	Community	St Luke's Church of England Primary School	Church of England	Voluntary aided
George Eliot Infants' School	N/A	Community	St Mary Magdalene Church of England Primary School	Church of England	Voluntary aided
George Eliot Junior School	N/A	Community	St Mary's Bryanston Square Church of England School	Church of England	Voluntary aided
Hallfield Infants' School	N/A	Community	St Mary of the Angels RC Primary School	Roman Catholic	Voluntary aided
Hallfield Junior School	N/A	Community	St Matthew's School, Westminster	Church of England	Voluntary aided

Hampden Gurney Church of England Primary School	Church of England	Voluntary aided	St Peter's Church of England School	Church of England	Voluntary aided
Millbank Primary School	N/A	Community	St Peter's Eaton Square Church of England Primary School	Church of England	Voluntary aided
Our Lady of Dolours RC Primary School	Roman Catholic	Voluntary aided	St Saviour's Church of England Primary School	Church of England	Voluntary aided
Paddington Green Primary School	N/A	Community	St Stephen's CofE Primary School	Church of England	Voluntary aided
Queen's Park Primary School	N/A	Community	St Vincent's RC Primary School	Roman Catholic	Voluntary aided
Robinsfield Infant School	N/A	Community	St Vincent de Paul RC Primary School	Roman Catholic	Voluntary aided
Soho Parish Church of England Primary School	Church of England	Voluntary aided	Westminster Cathedral RC Primary School	Roman Catholic	Voluntary aided
St Augustine's Church of England Primary School	Church of England	Voluntary aided	Wilberforce Primary School	N/A	Community

Source: Westminster City Council

Table 14. Secondary Schools by Governance, Gender and Specialism

School	Governance	Gender	Specialism
King Solomon Academy*	Academy	Mixed	----
Paddington Academy	Academy	Mixed	---
Pimlico Academy	Academy	Mixed	---
Quintin Kynaston School	Community	Mixed	Technology
St Augustine's Church of England High School	Voluntary aided	Mixed	Science
St George RC School	Voluntary aided	Mixed	Humanities
The Grey Coat Hospital	Voluntary aided	Girls (mixed 6 th form)	Languages Training School
The St Marylebone Church of England School	Voluntary aided	Girls	Arts Mathematics & Computing SEN Specialism Communication and Interaction
Westminster Academy	Academy	Mixed	---
Westminster City School	Voluntary aided	Boys	Science

Source: Westminster City Council

*King Solomon Academy takes children from ages 3-18.

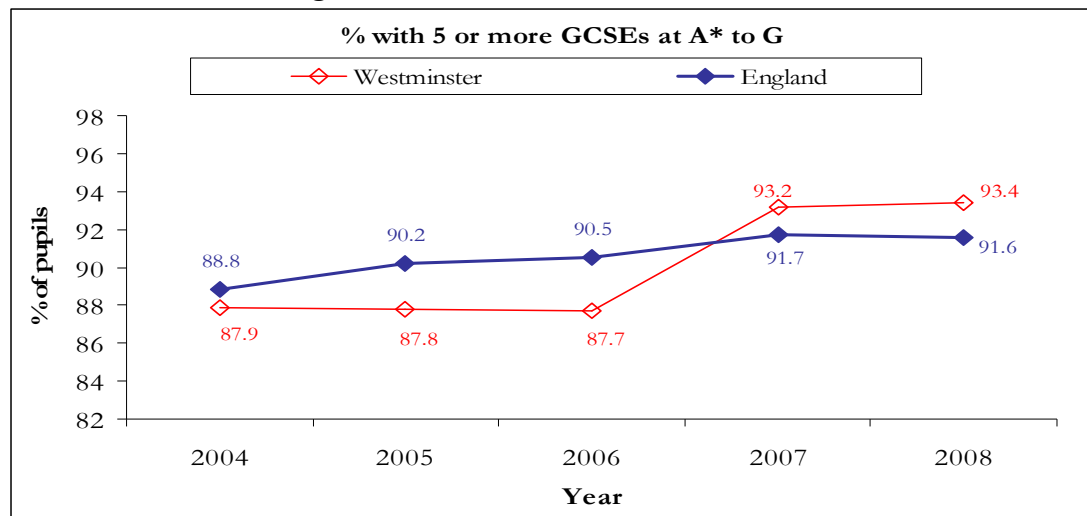
4.3 Educational Achievement

As only 47% of children attending Westminster secondary schools are resident in Westminster educational attainment levels do not give a complete picture of the levels of achievement of Westminster's young people.

Westminster has seen an improvement in educational attainment in the borough at GCSE. In 2007 Westminster (93%) had exceeded the England average (92%) for 5 or more GCSEs at grades A* to G for the first time (

Figure 22).

Figure 22. Percentage of Pupils with 5 or more GCSEs at A* to G in Westminster and England, 2004-2008



Source: Westminster City Council

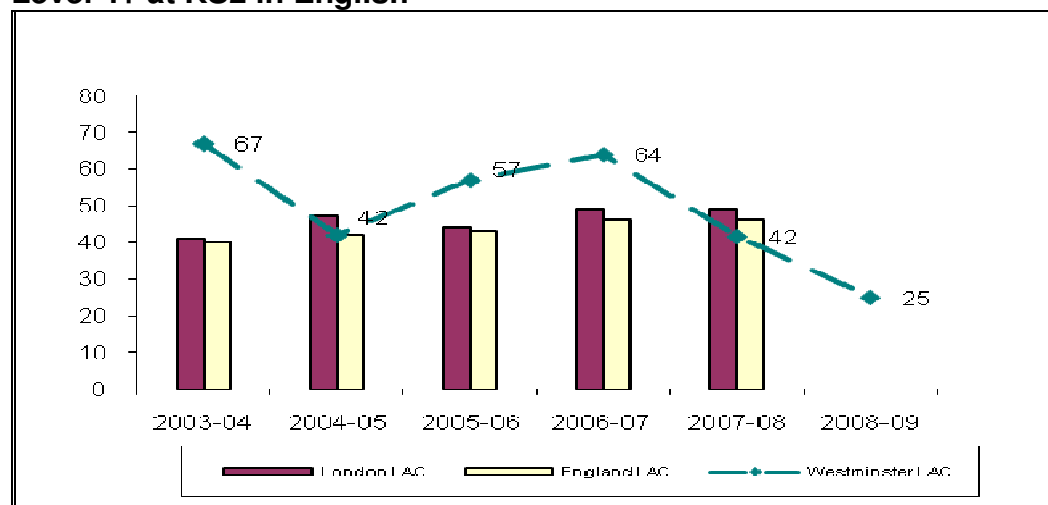
Despite these encouraging results there remain considerable variations in educational attainment between schools, with the percentage of pupils achieving five or more GCSEs at grades A*-C including maths and English in 2008 ranging from 80% to 36%. This difference was consistent with previous years - 2007 (87% & 33%) and 2006 (80% & 32%)⁸⁴.

4.4 Attainment of Looked After Children

The educational attainment of looked after children is known to be poorer than their peers who have not needed to enter care.

The educational attainment of Westminster's looked after children fluctuates by year especially at KS2 in English and Maths. Since 2006-07 there has been a downward trend in terms of attainment at KS2.

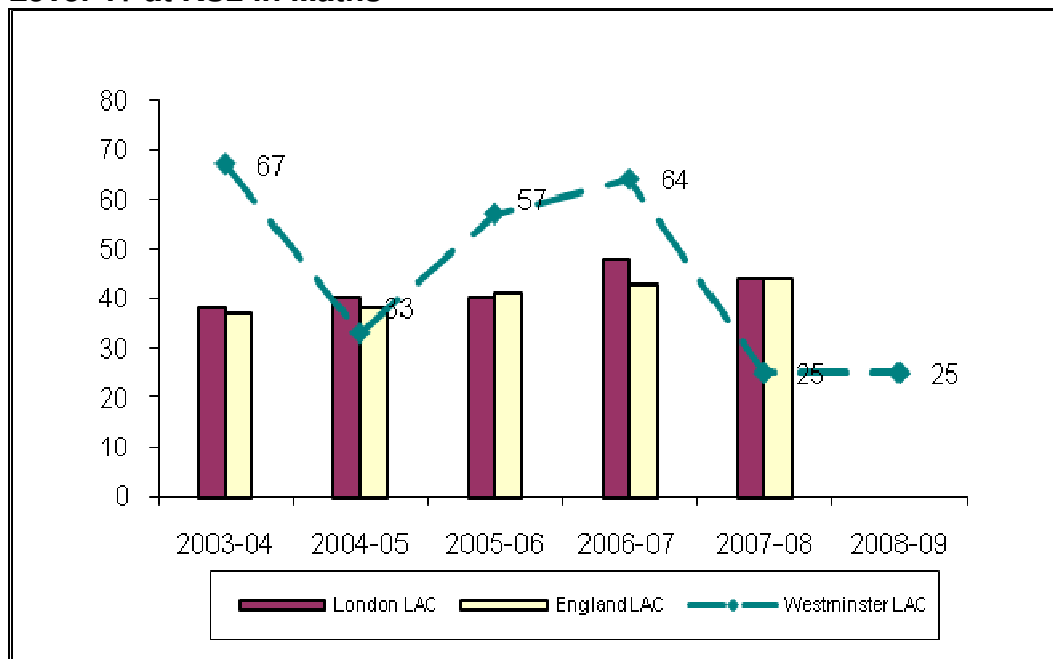
Figure 23. Percentage of Westminster Looked After Children achieving Level 4+ at KS2 in English



Source: Westminster City Council

⁸⁴ Westminster City Council.

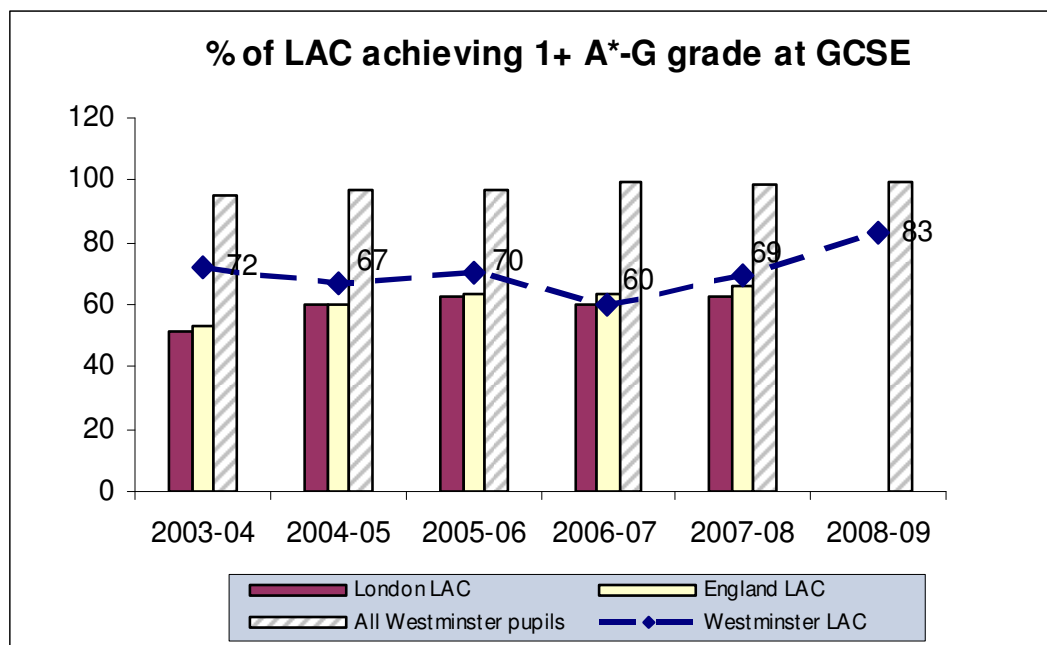
Figure 24. Percentage of Westminster Looked After Children achieving Level 4+ at KS2 in Maths



Source: Westminster City Council

Nearly all of Westminster's looked after children achieve 1+ GCSE at grade A*-G and the number achieving this has been increasing over the last few years.

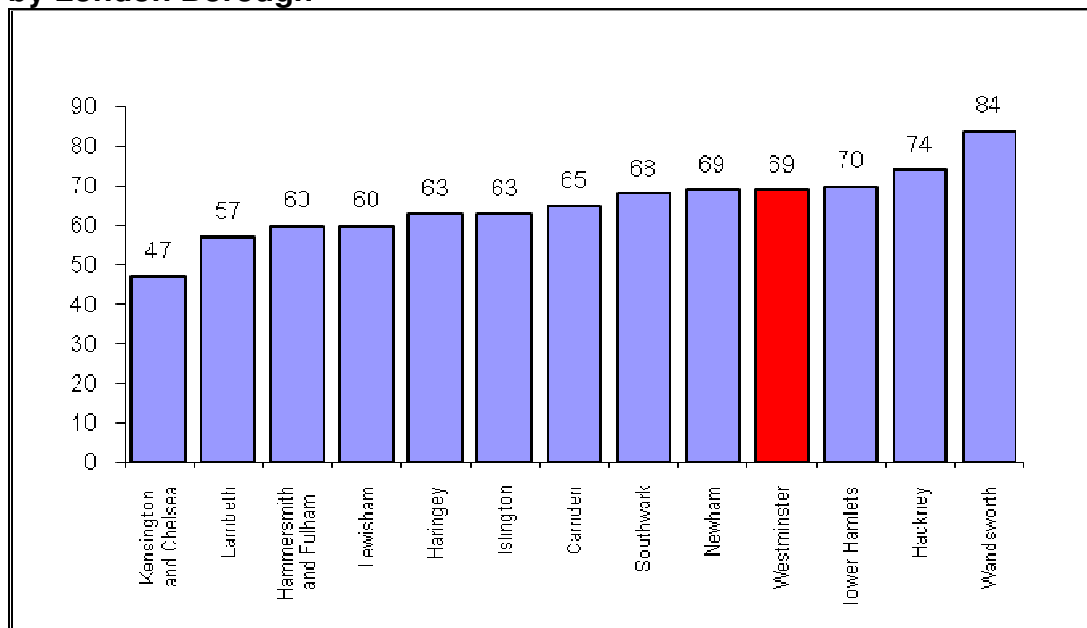
Figure 25. Percentage of Westminster's Looked After Children achieving 1+ A*-G grade at GCSE, 2003-04 to 2008-09



Source: Westminster City Council

Westminster was in the top four boroughs in London in terms of looked after children's educational achievement for 1+ A*-G grade at GCSE in 2007-08.

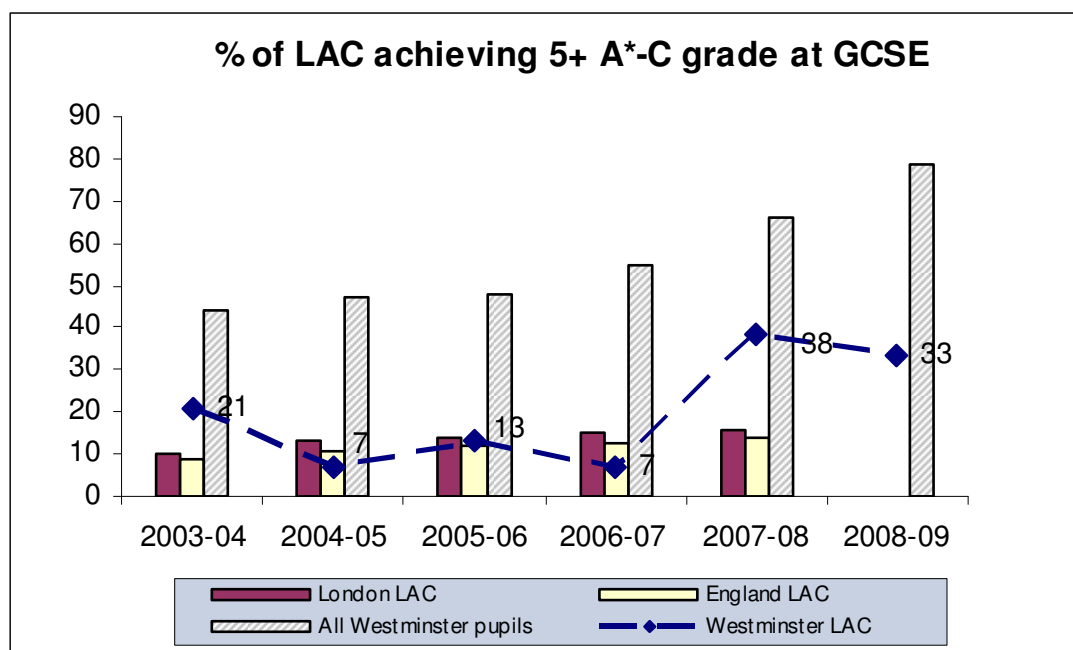
Figure 26. Percentage of LAC achieving 1+ A*-G grade at GCSE 2007-08 by London Borough



Source: Westminster City Council

However, the number of looked after children achieving 5 or more A*-G grades at GCSE is much lower with only 33% achieving this in 2008-09. This was a reduction from the previous year. However it is significantly better than London and England for looked after children where only around 10-15% achieve 5 or more A*-G grades at GCSE. However, when compared to the rates of all Westminster pupils it is obvious that looked after children's educational attainment is low in comparison.

Figure 27. Percentage of Looked After Children achieving 5+ A*-G grades at GCSE, 2003-4 to 2008-09



Source: Westminster City Council

4.5 Attendance

Attendance at both primary and secondary schools in Westminster is high. As would be expected, attendance is slightly better in primary school, though both are above 90%. However, the unauthorised absence in Westminster's schools is higher than the average for England for all years (2004-8).

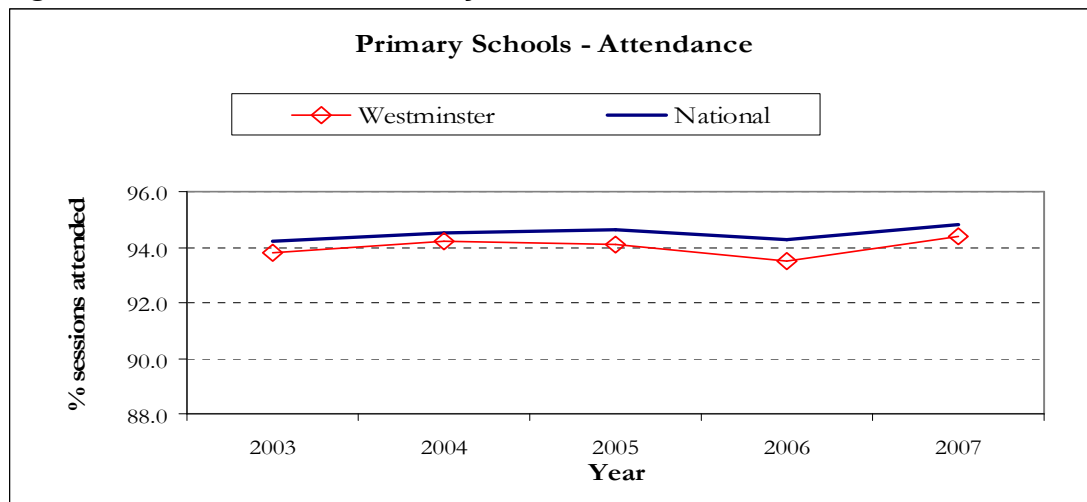
Table 15. Attendance in Westminster Primary and Secondary Schools (%) – 2004 to 2008

	Year	Westminster Schools			England		
		Attendance	Authorised Absence	Unauthorised	Attendance	Authorised Absence	Unauthorised
Primary Schools	2004	94	5	1	95	5	0.4
	2005	94	5	1	95	5	0.4
	2006	94	6	1	94	5	1
	2007	94	5	1	95	5	1
	2008	94	5	1	95	5	1
Secondary Schools	2004	92	6	2	92	7	1
	2005	93	5	2	92	7	1
	2006	93	5	2	92	7	1
	2007	92	6	2	92	6	2
	2008	93	5	2	93	6	2

Source: DCSF Pupil Absence Return, Westminster City Council, Westminster Schools Key Statistics, 2009

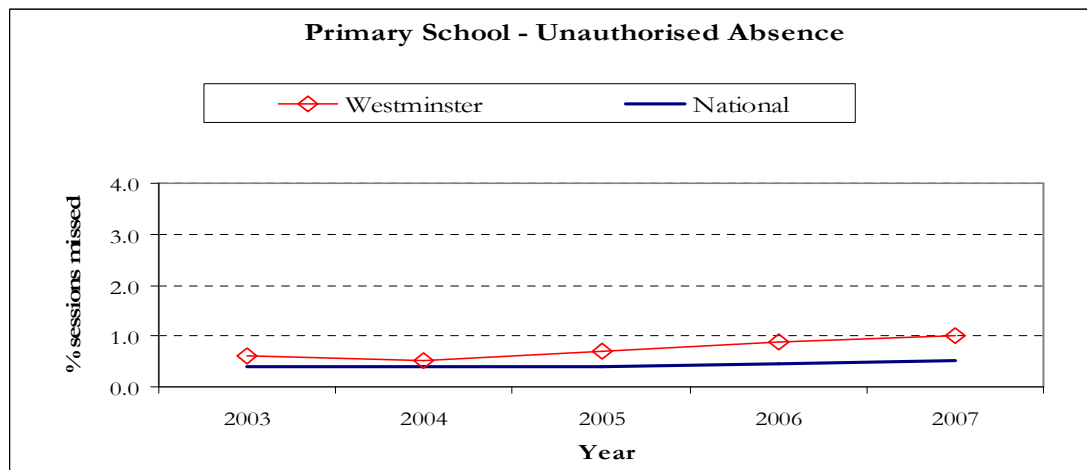
Note: Where a year is given, e.g. 2005, it refers to the year in which the school year ended e.g. 2004/05. Totals may not equal 100% due to rounding.

Figure 28. Westminster Primary Schools – Attendance, 2003-2007



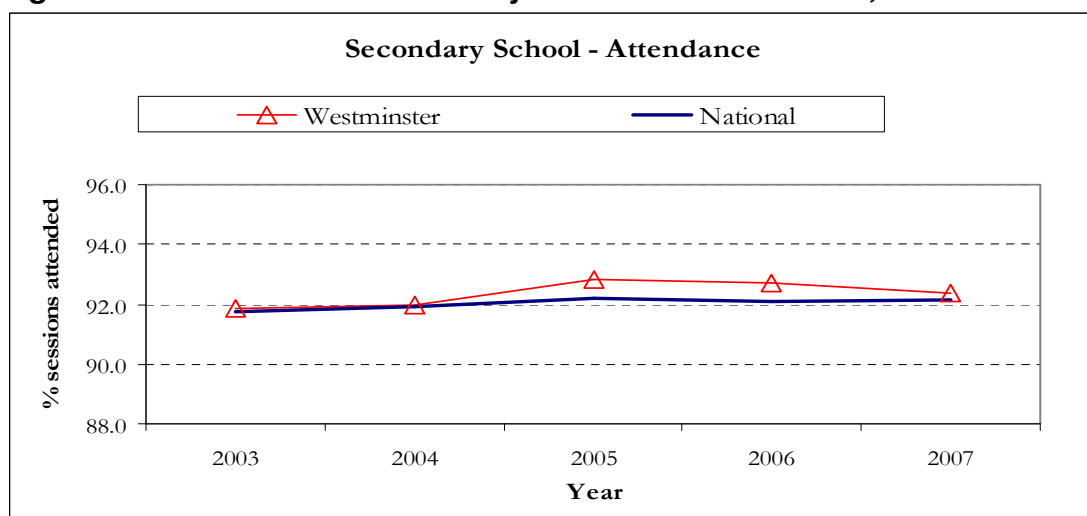
Source: Westminster City Council

Figure 29. Westminster Primary Schools – Unauthorised Absence, 2003-2007



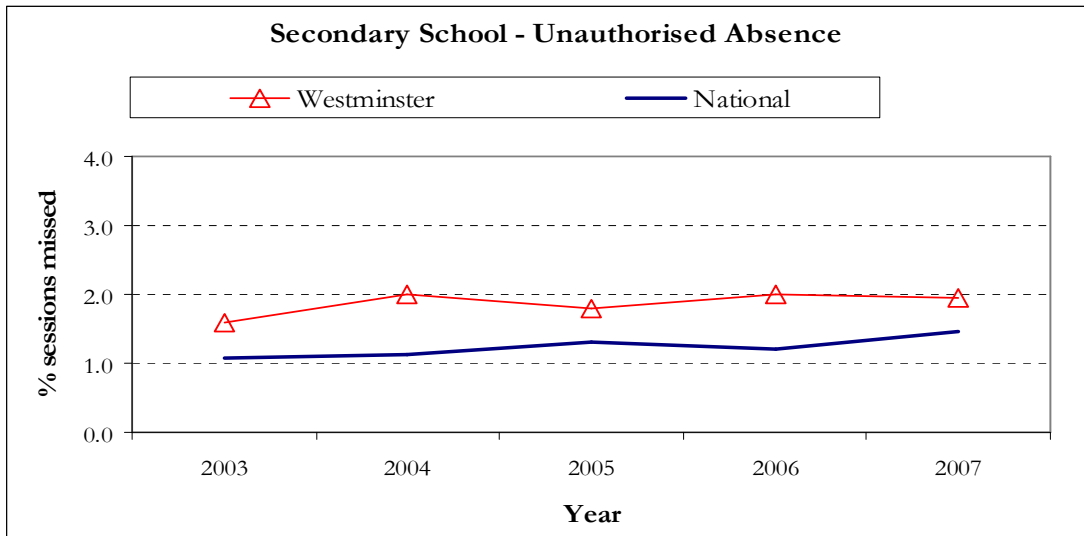
Source: Westminster City Council

Figure 30. Westminster Secondary Schools – Attendance, 2003-2007



Source: Westminster City Council

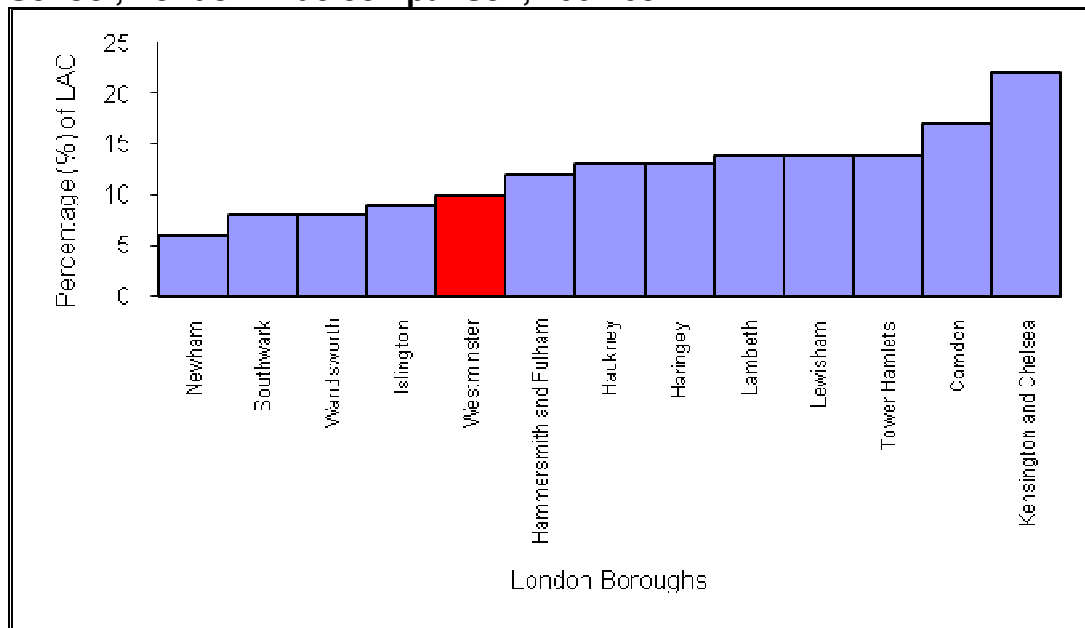
Figure 31. Westminster Secondary Schools – Unauthorised Absence, 2003-2007



Source: Westminster City Council

Absence rates for Westminster’s looked after children in 2007-08 were towards the lower end amongst the London boroughs with only 10% missing 25 plus days of school.

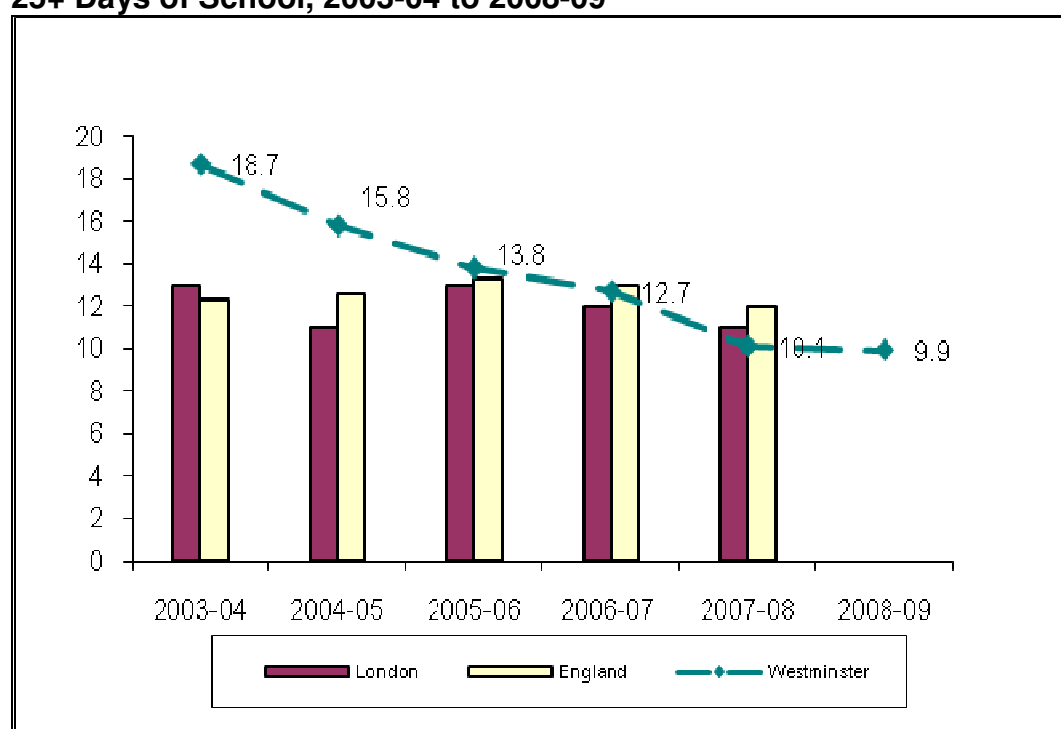
Figure 32. Percentage of Looked After Children Missing 25+ Days of School, London-wide comparison, 2007-08



Source: Westminster City Council

The rates of truancy amongst Westminster’s looked after children have been steadily decreasing. Since 2003-04 the percentage of looked after children missing 25 plus days of school has nearly halved.

Figure 33. Percentage of Westminster's Looked After Children Missing 25+ Days of School, 2003-04 to 2008-09



Source: Westminster City Council

Exclusions

The number of permanent exclusions overall in Westminster have been reducing since 2005. The greatest reductions have been seen in secondary schools while primary school exclusions have remained relatively static.

Table 16. Total Number of Permanent Exclusions by Type of School, 2005-2008

	School	Primary	Secondary	Special	All Schools
2005	Total	4	30	0	34
Westminster	Rate per 1,000	0.4	3.5	0.0	1.6
National		0.3	2.4	3.1	1.2
2006	Total	1	19	1	21
Westminster	Rate per 1,000	0.1	2.3	6.7	0.9
National		0.2	2.4	2.3	1.2
2007	Total	5	14	0	19
Westminster	Rate per 1,000	0.5	1.7	0.0	1.0
National		0.2	2.1	2.1	1.1

2008	Total	4	15	0	19
Westminster	Rate per 1,000	0.4	1.8	0.0	1.0
National		n/a	n/a	n/a	n/a

Source: Westminster City Council

Note: Rate per 1,000 is the number of exclusions expressed as a rate per 1,000 pupils on the school rolls.

Where a year is given e.g. 2006, it refers to the year in which the school year ended e.g. 2005-06

4.6 Leisure and Recreation

Despite its inner city location, Westminster has many outdoor spaces for leisure activities. These include some of the famous royal parks (Regent's Park and Hyde Park) to the more local community parks. Some parks include specialised play areas for younger children at which adults are only allowed access with a child.

Westminster Council employs play makers and play wardens to help create fun and safe places for children and young people to play outdoors. They cover between 4 or 6 different sites on Saturdays all year and during the week in school holidays. The play makers and wardens work at local playgrounds, parks and in the local estates.

In the TELLUS 4 survey the majority of young people thought the parks and play areas in Westminster were either very good (27%) or fairly good (37%). The primary school children asked in the 2010 Children and Young People's Survey were even more positive about the parks with 52% rating them very good and 34% rating them quite good.

In addition to outside areas, a programme of over 130 hours of free sporting activities is available each week for children and young people aged 8-19. These activities are held in and around the wards of Harrow Road, Church Street, Tachbrook, Queen's Park and Westbourne – the poorest wards in the borough. Westminster also provides free swimming for all children under 19.

Additional activities are available for children and young people both during term time after school and during school holidays. The after school activities which are based at 7 school sites and 6 community sites around Westminster are charged at £1 per person per day. These sessions run Monday to Friday from 3.30-6pm and provide a wide variety of sports and arts based activities for 8-13 year olds for over 500 children daily.

During the school holidays, Westminster City Council provides up to 350 play scheme places for 5-14 year olds on a daily basis. These run from 8.30am-6pm Monday to Friday. The uptake for these places is evenly split by age with around half of the children aged under 8; the play schemes are consistently fully booked. These play schemes are subsidised for residents with the cost for working families at £22 for the first child and £38 for a family. Families on benefits pay half this.

To ensure the all children have the opportunity to enjoy play, play facilities for children with disabilities has been improved in Westminster. In June 2010, The Westminster Play Service launched a specialist Play Maker scheme for children with disabilities. There are three specialist workers working across the borough during school holidays and on Saturdays. These workers will be advocates for children with disabilities' right to play and will support children and families in accessing open access play facilities.

As part of the Playbuilder programme, the playground at Hanover Gate in Regent's Park has been refurbished, providing a high quality inclusive playground. In addition to the refurbishment of the playground it is planned to build a changing facility for children with disabilities at the playground.

Section 5: Make a Positive Contribution

5.1 Youth Support Services

Westminster's Youth Service works with 11 to 25 year olds, with the priority for those aged 13-19. The Youth Service works with a wide range of statutory and voluntary organisations to deliver positive activities and fun programmes that include personal and social development.

Previously known as Connexions, Young People's Services, has a central team and a team in each locality; South, North East and North West. They provide support services for all young people aged 13-19, and up to age 25 for young people with learning difficulties and disabilities.

The Young People's Service offers young people advice, guidance and support on a range of issues such as education, training, jobs, money and lifestyle decisions, to help them to make a smooth transition to adulthood and working life.

5.2 Youth and Play

There is a wide variety of youth projects in Westminster. These support young people with their personal and social development, and include providing young people with opportunities to develop new skills, knowledge and understanding. Young people can achieve formal accreditation through the youth projects. The accreditations include the Duke of Edinburgh Award, AQA Unit Award, Youth Achievement Award, Youth Arts Award and First Aid Certificate.

In 2008-09 476 young people achieved accreditations⁸⁵. This had risen to 1,250 in 2009-10⁸⁶.

There are high levels of participation with the youth services in Westminster. Around 3,500 young people aged 13-19 attended 5 or more sessions during 2008-09. The youth services are especially popular in the North West locality where nearly 2,300 young people participated⁸⁷.

Despite the North West having the highest participation rates in 2008-09, it had the lowest number of young people receiving accreditations with only 6% achieving these. This compares to 56% in the South and 29% in the North East⁸⁸.

Participation details for 2009-10 are not yet available.

Youth Council

The City of Westminster has a Youth Council. This currently consists of 14 members who have stood in the annual elections, to become the Youth MP and Deputy Youth MP and become part of the UK Youth Parliament. Every

⁸⁵ Westminster Children's Services, Locality Profiles, 2009.

⁸⁶ Locality Young People's Services, Westminster City Council.

⁸⁷ Westminster Children's Services, Locality Profiles, 2009.

⁸⁸ Westminster Children's Services, Locality Profiles, 2009.

year the Youth Council works from an agreed manifesto. This year their manifesto is 'The Westminster Youth Council aims to represent young people and promote their contributions and achievements'.

Westminster City Council and partners involves the Youth Council and requests their views on certain policies affecting children and young people. Recently they have been consulted on the new Locality Young People's Services and the Dispersal Zone. They also attend Community Protection meetings and earlier this year they participated in the Safer Neighbourhood Forum in the South of Westminster.

Some members of the Youth Council also assess Youth Opportunity Fund/Youth Capital Fund applications from young people.

Youth Parliament

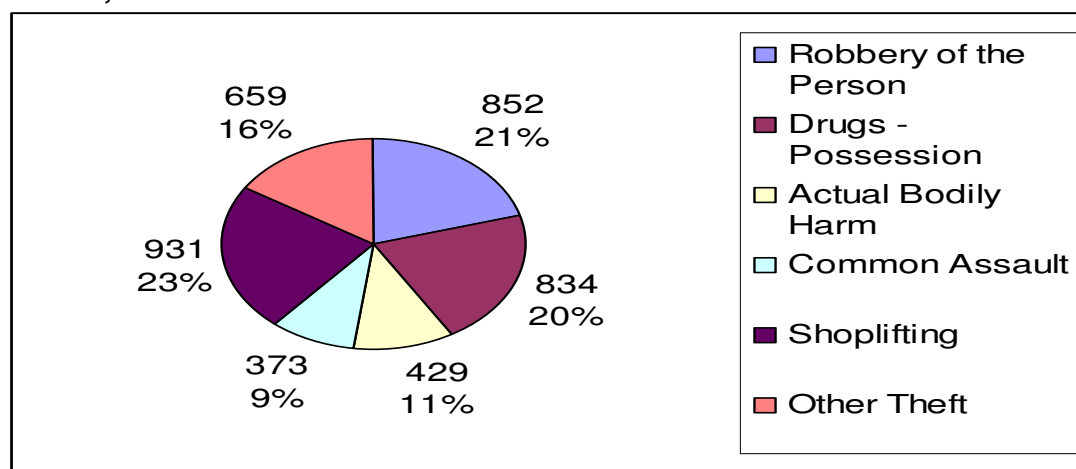
The UK Youth Parliament (UKYP) is run by young people for young people. UKYP is a national body which gives young people from around the UK, between the age of 11 and 18 a voice, which is heard and listened to by local and national government, providers of services for young people and other agencies that have an interest in the views and needs of young people.

Westminster currently has a Youth MP and a Deputy Youth MP. Both are 16 years old. They were elected in the annual elections in February 2010 when 11 candidates stood for election (4 young women and 7 young men). Over 3,800 young people voted in these elections. The Youth MP and their deputy represent the young people of Westminster at the annual sitting of the UK Youth Parliament and at UKYP London Regional meetings.

5.3 Young People Accused of Crimes

In 2008-09 there were 6,294 crimes committed by young people aged 0-19 years in Westminster. In 2008-09 110 young people became new entrants into the Youth Justice System⁸⁹.

Figure 34. 0-19 year old crime suspects by the 6 highest recorded crimes, 2008-09



Source: Westminster City Council

⁸⁹ Westminster Children's Services, Locality Profiles, 2009.

This high number of crimes led to Westminster being ranked 30 out of the 33 London boroughs in Quarter 4 2008 for the rate of proven reoffending by young offenders. Despite the low ranking the number of young offenders reoffending in Westminster was reducing⁹⁰.

Westminster is ranked 19 out of 32 boroughs for young people receiving custodial sentences in 2009-10 (quarter 3)⁹¹. The numbers were following a downward trend.

A newly introduced method for police to tackle low-level offending by young people is the Youth Justice System Disposal Order. This allows the police to manage first time offenders of low level crimes by requiring them to explain their actions and apologise to their victim. The apology could be given in either oral or written form. The aim of the disposal is to address behaviour at an early stage and to prevent reoffending. The table below shows Westminster's ranking amongst the London boroughs for Youth Justice System Disposals based on ethnicity.

Table 17. Westminster City Council ranking for Youth Justice System Disposals based on Ethnicity, 2008-09

National Indicator	Ranking
White Youth Justice Disposals	1
Mixed Youth Justice Disposals	25
Asian/Asian British Youth Justice Disposals	22
Black/Black British Youth Justice Disposals	31
Chinese/other Youth Justice Disposals	33

In Westminster, in 2009-10 (to 28th February) there were 178 offences of serious youth violence⁹², making up 18% of Westminster's total of 1,004 offences of serious violence. There were 559 'youth violence' offences⁹³.

Analysis by Westminster City Council has shown that youth suspects of Actual Bodily Harm (ABH) were predominantly male (83%) and likely aged between 15-16 years of age⁹⁴. Almost 40% of all youth ABH suspects are

⁹⁰ Government Office For London Borough Overview - Westminster – <http://www.go-london.gov.uk/Tools/indicatorprofiler.xls>, accessed 10 May 2010 at 11.45.

⁹¹ Government Office For London Borough Overview - Westminster – <http://www.go-london.gov.uk/Tools/indicatorprofiler.xls>, accessed 10 May 2010 at 11.45.

⁹² Metropolitan Police define serious youth violence as any offence of Most Serious Violence or Weapon Enabled Crime, where the victim is aged 1-19. Youth violence is defined in the same way, but also includes Assault with Injury offences.

⁹³ Alice Murray

⁹⁴ Victims described the largest amount of youth suspects to be aged between 15-16 years old.

described as being of black appearance; this group are notably more represented than any other group⁹⁵.

Looked after Children

The percentages of looked after children who are involved in youth offending have remained relatively low since 2006.

Table 18. Percentage of Looked After Children involved in youth offending between 2006-2009

	2006-07 (%)	2007-08 (%)	2008-09 (%)
Offending	7	2	6

Source: Westminster City Council

⁹⁵ Alice Murray

Section 6: Economic Well-Being

6.1 Borough Characteristics

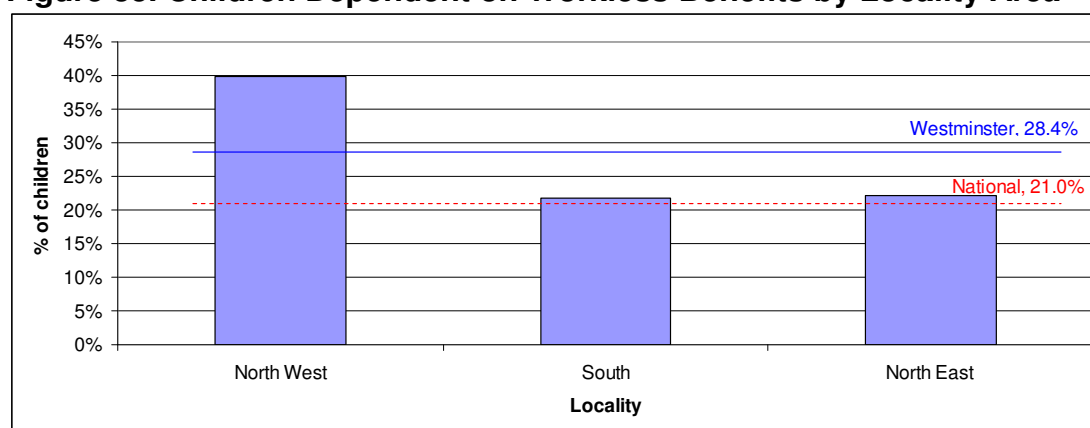
Westminster is located in the heart of London. The City of Westminster includes some of London's most famous landmarks and districts within its boundaries. These include Buckingham Palace, the Houses of Parliament, Westminster Abbey, Big Ben, Trafalgar Square, Marble Arch, Piccadilly Circus, Leicester Square, Mayfair, Oxford Street and Soho. Westminster is also one of Europe's most prestigious business locations and houses the headquarters of many multinational organisations. The Borough covers eight and a half square miles⁹⁶.

Despite areas of great wealth within Westminster, the borough also has areas of real poverty including some of the most deprived wards in the country. This disparity between the different parts of the borough influences the health and social inequalities that can be found within Westminster.

6.2 Benefits

In Westminster, 28% of children live in families which are dependent on workless benefits. This is higher than the national average of 21%. Between the localities within Westminster there are vast differences. In the North West 39% of families are on workless benefits. This compares to the South where only 20% of families rely on workless benefits.

Figure 35. Children Dependent on Workless Benefits by Locality Area

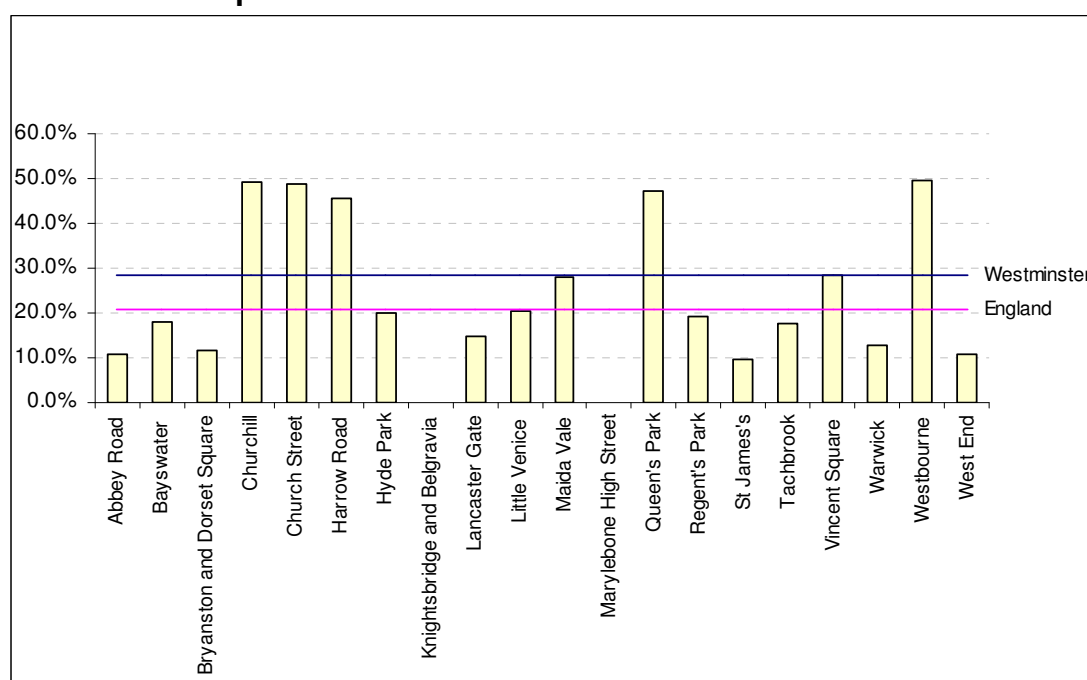


Source: Westminster City Council

When ward level data are considered, nearly half the children in some wards live in families dependent on workless benefits.

⁹⁶ Public Health Annual Report, 2006-07. Westminster Primary Care Trust.

Figure 36. Percentage of Children and Young People Living in Households Dependent on Workless Benefits



Source: DWP April 2006/Westminster City Council

The working families tax credit is claimed by 11% of Westminster families. This is an indicator of low income levels across families in work. This is lower than the national average of 13%. However, the North West locality matches this as 13% of families claim working families tax credit. The South locality has 12% of families receiving this tax credit though within one ward (Tachbrook) this is as high as 22%. The North East has the lowest uptake of this tax credit with 8% of families receiving it⁹⁷.

6.3 Deprivation

Westminster was ranked as the 72nd most deprived local authority out of 354 local authorities in England in the 2007 Index of Multiple Deprivation (IMD). However, analysis of data at electoral ward and small area level demonstrates wide variations within the Borough. Westminster includes some of the most deprived areas as well as some of the most affluent.

The IMD shows that 27 of the 120 Super Output Areas⁹⁸ (SOAs) in Westminster are now deemed to be among the 20% most deprived SOAs in England of which 15 are amongst the top 10% most deprived⁹⁹.

Nearly 3,000¹⁰⁰ people claimed lone parent support in Westminster as at November 2009. The numbers are particularly high in the poorer wards of

⁹⁷ Westminster Children's Services, Locality Profiles, 2009.

⁹⁸ Super Output Areas (SOAs) are units designed for the collection and publication of small area statistics. SOAs are the building blocks for large groups of SOAs called Lower SOA, Middle SOA and Upper SOA. The SOAs are based on even population numbers (mean total population of an MSAO being 7,200) rather than geographic area.

⁹⁹ Public Health Annual Report, 2006-07. Westminster Primary Care Trust.

¹⁰⁰ Actual number 2900.

Queen's Park, Harrow Road, Westbourne, Church Street and Churchill¹⁰¹. This accounts for the North West locality having the highest percentage of lone parents in Westminster at 3%. However, overall Westminster (2%) and the 3 localities have relatively low rates of lone parents which are in line with the national average (2%)¹⁰².

6.4 Uptake of Free School Meals

Uptake of free school meals is an indicator of the deprivation levels found in schools. Overall since 2006, the number of pupils eligible for free school meals has been reducing in Westminster.

Table 19. Westminster Pupils with Free School Meals Eligibility 2006 – 2009

Year	2006		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%
Primary	4,451	40	4,028	37	3,960	36	4,009	37
Secondary	2,825	33	2,750	33	1,992	30	1,871	28
Special	86	60	79	53	66	45	64	42
Nursery	30	13	32	14	31	13	35	15
All Schools	7,392	37	6,889	35	6,049	33	5,979	33

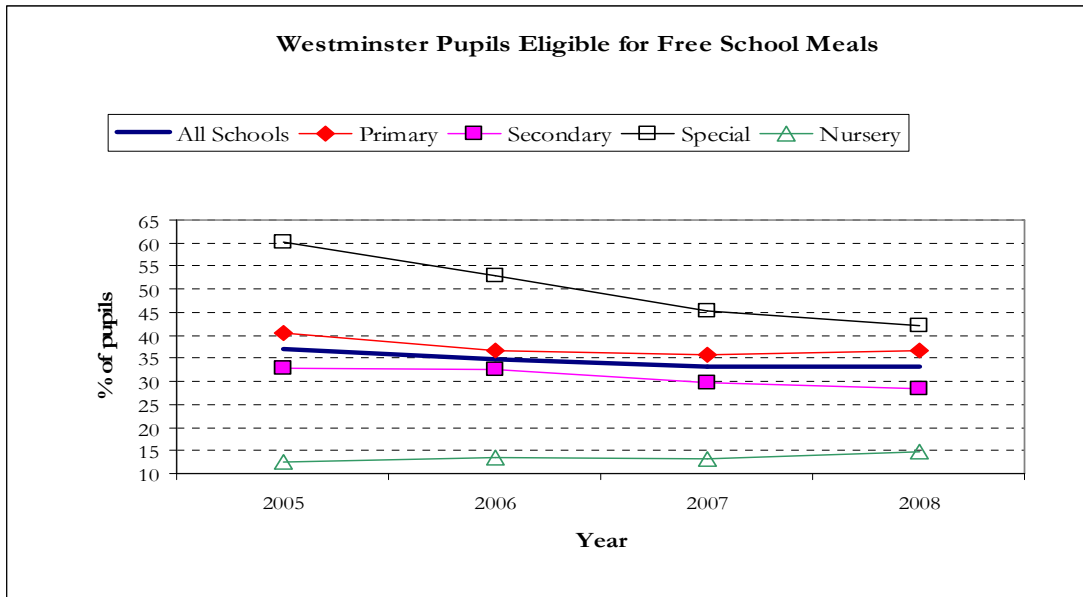
Source: Pupil Level Annual School Census (PLASC) and January School Census – All Pupils, Westminster City Council, Westminster Schools Key Statistics, 2009

However, the rates amongst primary school children remain high with over a third eligible for free school meals. The slightly lower rate seen in secondary schools may be attributed to the high level of movement between boroughs at secondary school level. Therefore the primary school levels maybe a more accurate picture of deprivation amongst Westminster families.

¹⁰¹ Westminster Children's Services, Locality Profiles, 2009.

¹⁰² Westminster Children's Services, Locality Profiles, 2009.

Figure 37. Westminster Pupils Eligible for Free School Meals, 2005-2008



Source: Westminster City Council

6.5 Healthy Start

Healthy Start is a national programme to increase access to, and uptake of, milk, fruit, and vegetables for low income families. In addition, the scheme also provides maternal and child vitamins.

Healthy Start is open to women at least 10 weeks pregnant and families with children under the age of four who are on:

- Income Support, or
- Income-based Jobseeker's Allowance, or
- Child Tax Credit and have an annual family income of £16,190 or less (2009/10), or
- Income-Related Employment and Support Allowance

All pregnant women under the age of 18 qualify for the scheme whether they are on benefits or not.

In Westminster in 2009-10, an average of 2,480 women and families were eligible for Healthy Start¹⁰³. 85%¹⁰⁴ of those eligible for Healthy Start were part of the programme. This is the second highest in the London region and approximately 5% above the national average.

Despite this high uptake, many of those participating in the scheme do not make use of the free vitamins. In Westminster, there is evidence of increasing rates of vitamin D deficiency amongst the population which the vitamins can help to negate. Jointly public health and commissioning at NHS Westminster are working with service provider to improve the provision of these vitamins.

¹⁰³ NHS London, June 2010

¹⁰⁴ Quarter 4 2009-10, Department of Health, June 2010.

6.6 Attainment and Deprivation

A direct pattern can be seen in Westminster between the geographical locations of schools, the deprivation score for the area and the educational attainment of the schools' pupils. The schools in more affluent areas of the borough, though they may have some more disadvantaged students, achieve higher educational attainment.

The schools located in or next to areas of the borough with higher deprivation scores achieve consistently lower educational attainments.

6.7 Young People Not in Education, Employment or Training

At August 2009, Westminster had 250 16-18 year old NEETs. They were predominately located in the north west of the borough where 48% of them lived. The highest numbers throughout the 3 localities were located within the poorest wards, Queen's Park, Harrow Road, Westbourne, Churchill and Church Street.

6.8 Housing

Housing was considered extensively in the Early Years JSNA profile. The section from that population profile has been reproduced here.

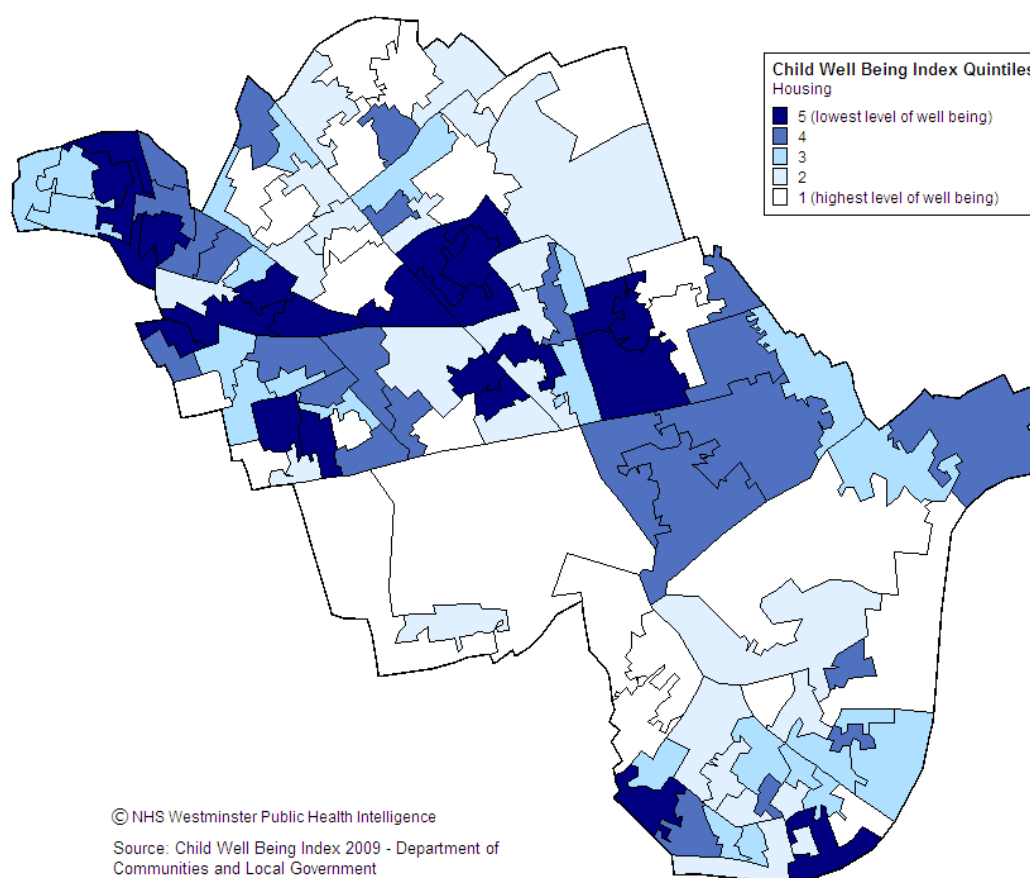
The Index of Child Wellbeing (CWI) 2009 represents the first attempt to create a small area index exclusively for children in England. The index is one of wellbeing rather than deprivation. The CWI is made up of seven domains, one of which is on housing.¹⁰⁵ Data for the housing domain was built up from various indicators from the 2001 Census around access to housing and quality of housing.¹⁰⁶ The Lower Super Output Area (LSOA) with the lowest wellbeing was in Marylebone High Street Ward¹⁰⁷.

¹⁰⁵ The others 6 domains are material wellbeing, health, education, crime, environment and Children in Need.

¹⁰⁶ The indicators included overcrowding, 0-15 year olds living in shared dwellings, homelessness and lack of central heating.

¹⁰⁷ Department for Communities and Local Government: Local Index of Child Well-Being 2009. <http://www.communities.gov.uk/publications/communities/childwellbeing2009>

Figure 38. Child Wellbeing Index quintiles for Housing by Westminster Lower Super Output Area



Overcrowded living conditions have traditionally been associated with an increased prevalence of mental health problems and infectious diseases. 30% of housing in Westminster is classified as overcrowded. This places Westminster as the third highest in the country in terms of overcrowded housing conditions; significantly higher than London (17%) and England (7%). For houses that are occupied with dependent children, the overcrowding figure is 45%.

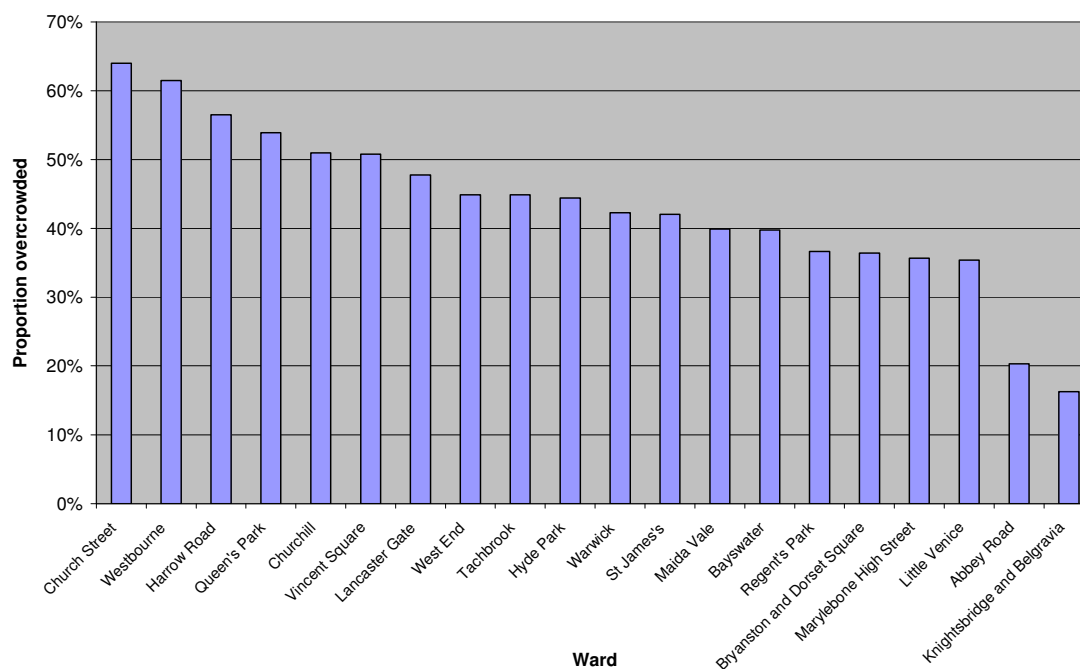
Table 20. Proportion of housing occupied by dependent children classified as overcrowded by housing tenure, 2001 Census

Owned	Rented from Council	Other Social Rented	Privately Rented
29%	67%	51%	35%

Source: National Census 2001, Office for National Statistics, 2003.

The proportion of properties that are overcrowded varies between wards, from 16% in Knightsbridge and Belgravia to 64% in Church Street. Those areas with the highest proportions of overcrowded housing are those that are the most deprived in Westminster.

Figure 39. Proportion of housing occupied by dependent children (all ages) classified as overcrowded by ward, 2001



Source: National Census 2001, ONS 2003

Living in temporary accommodation is linked to worse mental and physical health outcomes. This is thought to relate to the quality of the housing and the level of access to social and health services and support networks by those who may have only recently arrived to the UK often following traumatic events in their homeland. Alongside poor living conditions, uncertain living conditions affect educational development and attainment which is of vital importance during these formative years.

A snapshot figure taken on 31 March 2010 showed there were 85 children and young people aged under 19 years temporarily placed in emergency Bed and Breakfast accommodation by Westminster, while waiting for allocation of a suitable self-contained temporary accommodation property (6 week target). (Data provided by Westminster City Council Housing Department)

Westminster makes every effort to move families out of emergency Bed & Breakfast accommodation within the 6 week target and this is monitored by Housing Options on a weekly basis. There are seldom more than 2-3 families per month having to wait a few days beyond this target. Most often the delays to being placed into a suitable self contained temporary accommodation property are due to either the involvement of social services which can restrict the location in which the family can be placed, or the medical conditions affecting the family limiting the types of properties which would be suitable.

As at April 2008 Westminster City Council reported a total of 1,080 primary school age children in self-contained temporary accommodation situated in Westminster and other Boroughs¹⁰⁸.

¹⁰⁸ APHR, 2006/7, NHS Westminster

Since the Southwark Ruling (R(G) v Southwark LB) in May 2009, homeless young people aged 16-17 are now to be classed as children in need and to be supported by the local authority as such (unless they request not to be). As such the responsibility for housing these young people has transferred from the housing departments of local authorities to social services departments. These young people are now classed as looked after children. Therefore, there is no longer data on the number of 16-17 year olds requiring housing in Westminster as they come under the data for looked after children.

Appendix A: Childhood Immunisation - National Schedule

Age	Diseases protected against
Two months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal infection
Three months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) Meningitis C
Four months old	Diphtheria, tetanus, pertussis, polio and <i>Haemophilus influenzae</i> type b (Hib) Meningitis C Pneumococcal infection
Around 12 months	<i>Haemophilus influenzae</i> type b (Hib) Meningitis C
Around 13 months old	Measles, mumps and rubella Pneumococcal infection
Three years and four months or soon after	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella

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