Competiton winner: Gabriel, 11 years old

ANNUAL PUBLIC HEALTH REPORT 2023/24:

YOUNG PEOPLE'S HEALTH AND WELLBEING

ISLINGTON
For a more equal future

FOREWORD

Welcome to Islington's Annual Public Health Report 2023/24.

Our subject is the health and wellbeing of young people. This is a period of life marked by many different physical, behavioural, emotional, and social developments. Major changes in young people's bodies, and in their brains and how they think, interplay with a wide range of socio-economic, environmental and cultural influences, making this a time of profound change. Decisions and actions taken by young people can have important and lasting implications for lifetime prospects and future opportunities. This age therefore presents a unique opportunity to promote health and to work with and support young people through these changes, as they develop more independent identities and move into early adulthood. The report describes the current state of young people's health in the borough, with a particular focus on inequalities, and describes the progress made in addressing those needs.

The physical changes experienced by young people associated with the onset of puberty usually begin at around age 11 in girls and young women and slightly later in boys and young men at around 12. However, it is common for puberty to start two or three years earlier or later than these averages. The physical aspects of puberty include changes in body shape, development of secondary sexual characteristics and reproductive capacity and an increase in height, among other wide-ranging changes.

Changes in how young people think during adolescence are very significant too, linked to major changes within the structure of the brain, and continue into the mid-20s. At various points of development, for example, these affect sleep patterns, risk-taking and short-term reward, and understanding of how others may be feeling or affected by behaviour. As new, more abstract ways of thinking develop, young people can be slower to respond to new situations or decisions which require balancing options and more adult responsibility. These can have a profound influence on young people's behaviours and interactions with others.

The wider social, economic, technological, and cultural context in which young people grow up is also crucial in their development. The experience and duration of adolescence and its expression varies significantly across societies and has changed over time, importantly influenced by these wider factors. The modern 'phenomenon' of young people (or the 'teenager') has much of its origins in longer participation in education (bolstered by other demographic and economic changes) which increases the time young people primarily mix with their peers and are not expected to conform to adult norms. Contemporary social, technological, cultural and economic trends concentrate in this age group, help shape individual identities and experience, and contribute to major generational shifts over time.

This period of life is also accompanied by major changes in responsibility, decision-making and influences. At the start of adolescence, most decisions are made for young people. By the end, most decisions are made by young people themselves as they enter early adulthood, and develop greater but varying degrees of social, economic and personal independence from their families. However, particularly in the early and mid-teenage years, young

people of a similar age can be at very different levels of psychological maturity, which in turn affects their ability to make informed choices and their interactions with adults and services, such as the NHS. Peer relationships and influences become increasingly important while adult relationships, rules or conventions can be challenged or rejected. However, it is also important to recognise that this is a period when young people can be intensely lonely, and that relationships with adults remain important and influential.

As this report shows, there is no one experience of growing up as a young person. For example, young people are part of the most ethnically diverse age group in Islington, and the juxtaposition between affluence and deprivation experienced by young people is among the starkest in the borough. Even before the current cost of living crisis, almost half of young people in the borough were living in households experiencing child poverty. We have sought to highlight the range and diversity of experiences and to bring a particular focus on the health inequalities experienced by different parts of our borough's community. Throughout the report, we also recognise the impacts that the Covid-19 pandemic has had on the health and wellbeing of young people, ranging from increased emotional and mental health needs to impacts on social relationships and development, and the disruptions and challenges presented for education and early steps into training and employment.

The report is not intended to be a comprehensive review of all the health and wellbeing issues that affect young people. It focuses on five key factors in the lives of young people which are of lasting importance into adulthood.

The first is health behaviour **(Chapter 1)**. In adolescence young people may form or experiment with new behaviours and develop increasing independence in decision-making that affects their health. Protective and risk influences from childhood remain important, but new and changed behaviours in youth can set the pattern for the rest of their life, as well as having more immediate impacts on the health of young people. The two biggest preventable causes of early ill health and death in Islington are smoking and obesity. Both have important roots in youth and early experience of inequality and disadvantage. They are important causes of many early and preventable conditions that impact on physical and psychological health, increase the risk of disability and are the most important preventable causes of premature deaths. Adolescence therefore represents a crucial period for prevention and early intervention to support good health for young people, promote the chances of a long and healthy life and reduce the risks of ill health and premature mortality.

Adolescence can be a particularly challenging time for psychological health and wellbeing and is a key period for the first onset of many mental health conditions **(Chapter 2)**. Suicidal ideation is more common and self-harm and eating disorders are at their peak in adolescence and early adulthood. Mental health conditions are common in almost all groups of young people, but rise strongly in groups experiencing deprivation, disadvantage and discrimination, and are markedly higher in young people living in the most deprived areas of the borough, in black communities, LGBTQ+ groups and other vulnerable groups. Mental health conditions pass over time for some young people, but for others they can go on to become longer term vulnerabilities. Generational and societal attitudes and understanding of mental health have progressed significantly, and

this is reflected in national and local strategies which seek to prevent and intervene earlier in mental health conditions and provide care in settings such as schools and other young people's settings, as well as through new online support. However, the levels of need are high compared to service provision, and the experience of COVID-19 has further increased levels of need, especially in those with pre-existing vulnerabilities.

Adolescence is generally a period when most young people enjoy good physical health, but this is not universal **(Chapter 5)**. The most common chronic physical health need in adolescence is asthma. Major physical long-term conditions in adults such as cardiovascular disease, diabetes and cancer are relatively uncommon in young people, although the long-term risks for developing these conditions in adults may become well-established in youth and already be affecting general health and quality of life. There are challenges for how health services and young people interact and work together in their care, as young people take on increasing responsibility for their own healthcare, and new ways of delivering long-term conditions care have been developed to help address these.

The report also considers youth safety, and specifically the complex issue of how serious violence involves and affects young people **(Chapter 3)**. Serious youth violence causes severe and often lasting physical and psychological injury and trauma. About one percent of serious youth violence results in homicide. It exerts much wider concerns and fears affecting young people and their families and the community. There are deep inequalities, experienced by victims and also by offenders, closely correlated with high levels of deprivation, other social and economic stressors such as long-term unemployment, and levels of mental health need, among other factors. This is an area where public health-informed approaches seek to understand and act preventatively on the underlying drivers of youth violence and take a community-wide response to violence reduction as part of wider programmes of action on risk.

Education is a potent protective factor for health **(Chapter 4)**. Educational attainment and high-quality vocational training open a host of horizons, including improved employment prospects, higher income and better quality of life. Inequalities in educational outcomes are an important contributory factor to health inequalities experienced by different groups. Young people and young adults in employment are much more likely to be in insecure or 'gig' style jobs compared with older and more established workers. They will also be far more likely to change careers during their working lives. This highlights the importance of equipping young people with the right skills and abilities for the future and the importance of action to create good, sustainable employment for local young people. Supporting young people to thrive and reach their potential during this key phase for education, training and first steps into employment has immediate positive impacts together with lifelong benefits.

Each chapter includes a number of recommendations, drawing on engagement with partners, and we will continue to work collaboratively to progress these. More generally, I hope that this report improves our collective understanding and appreciation of the challenges that young people face in a modern and fast-moving society, with the effects of the COVID-19 pandemic still being

experienced, as we work together to make Islington a more equal borough.

I would like to thank all of the authors and contributors to the chapters in this annual public health report, and others involved in its development. We have been able to draw on so many examples of engagement, insight and solutions created by and with young people in recent years. I, and all the team involved in the report, would like to acknowledge the time and energy that young people and those that work with them have contributed. The cover and chapters include artwork produced by local young people on the theme of health and wellbeing as part of a school-based art competition. I would like to thank all those who took part and submitted their impressive pieces of art which sit proudly within this report. I would like to particularly thank my colleague Bal Heer-Matiana for so very capably leading the creation of this report.

Jonathan O'Sullivan
Director of Public Health

CONTENTS

Image: Ben, 14 years old

Image: Naveen, 11 years old

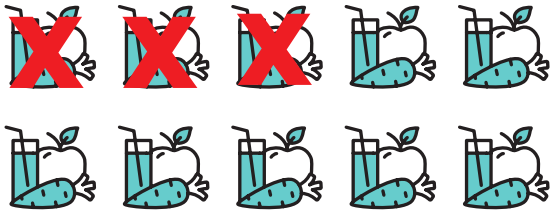
1. PHYSICAL ACTIVITY, FOOD, AND HEALTHY WEIGHT

Takeaway food

1 in 10 (10%)

students in Year 8 and Year 10 said that they had eaten take-away food on most days, or every day, in the last week.

Source: Health Related Behaviour Questionnaire 2021



Eating habits

Around 3 in 10 (29%)

students in Year 8 and Year 10 said that they had nothing to eat or drink before lessons on the morning of the survey.

Source: Health Related Behaviour Questionnaire 2021

Child obesity

Around 2 in 10 (41%)

children leaving primary school in Islington are overweight/very overweight.

Source: National Child Measurement Programme 2021-22

Free School Meals

Around 2 in 5 (42%)

secondary school students living in Islington are eligible for Free School Meals.

Source: School Census data 2021

Active travel

7 in 10 (70%)

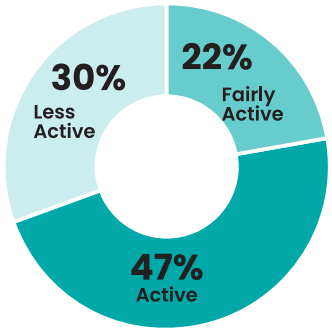
students in Year 8 and Year 10 usually walk to school and 4% usually cycle or scoot.

Source: Health Related Behaviour Questionnaire 2021

Physical activity

Around 1 in 2 (47%)

students in Year 7 and Year 11 across London are considered sufficiently active and 30% are estimated to be inactive.



Source: Sport England 2021-22

Introduction

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

Behaviours established during adolescence and young adulthood influence a person's health throughout their life. However, healthy eating and physical activity become less common as young people move through adolescence; the amount of time spent being sedentary tends to increase. Food intake and physical activity levels can also affect a person's weight, and those living in higher areas of deprivation and from certain ethnic groups are more likely to experience being overweight, or obesity. This is particularly concerning for adolescents as those living with obesity are more likely to continue being above a healthy weight during adulthood and have an increased risk of developing some long-term conditions.

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

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

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

1.1 Health Behaviours in Islington – Local insight

1.1.1 Food

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

Healthy eating becomes less common as young people move through adolescence. Fewer than one in 5 young people surveyed from Year 8 and Year 10 in Islington said that they had eaten at least five portions of fruit and vegetables on the day before the survey, compared to one in three children of primary school age[2].

Did you know?

The maximum recommended intake of free sugars (any sugar added to a food or drink) per day for young people is 30g (or seven cubes). However, on average young people aged 11-18 consume nearly 55g per day. The biggest contributor of free sugars for this age group is soft drinks[3].

Did you know?

In England, 45% of secondary school students' dietary energy comes from foods high in saturated fat, salt or sugar. 65% of their dietary energy comes from ultra-processed foods[1].

"It feels like you can do whatever you want with your body and it doesn't matter. You can eat unhealthy now and when you get older deal with it. There will be a reason to do it then."

[Quotes from Islington young person who participated in the 2012 *Body Matters* research project[6]]

One in ten young people in Islington secondary schools said that they had eaten takeaway food on most days in the week before completing the survey[2]. Fast-food outlets are concentrated in areas of the country that already have high levels of deprivation and obesity[4]. These places often provide a safe space for young people to socialise with friends. There are nearly 180 hot food takeaway outlets in Islington, which is equivalent to 72 outlets per 100,000 people (see figure 1.1). This is lower than the England average of 96 hot food takeaway outlets per 100,000 people[5]. However, local young people say that having access to hot food takeaways makes it more difficult to choose healthier food[6].

"There's too much chicken shops in Finsbury Park. Every time you look there is a new one open."

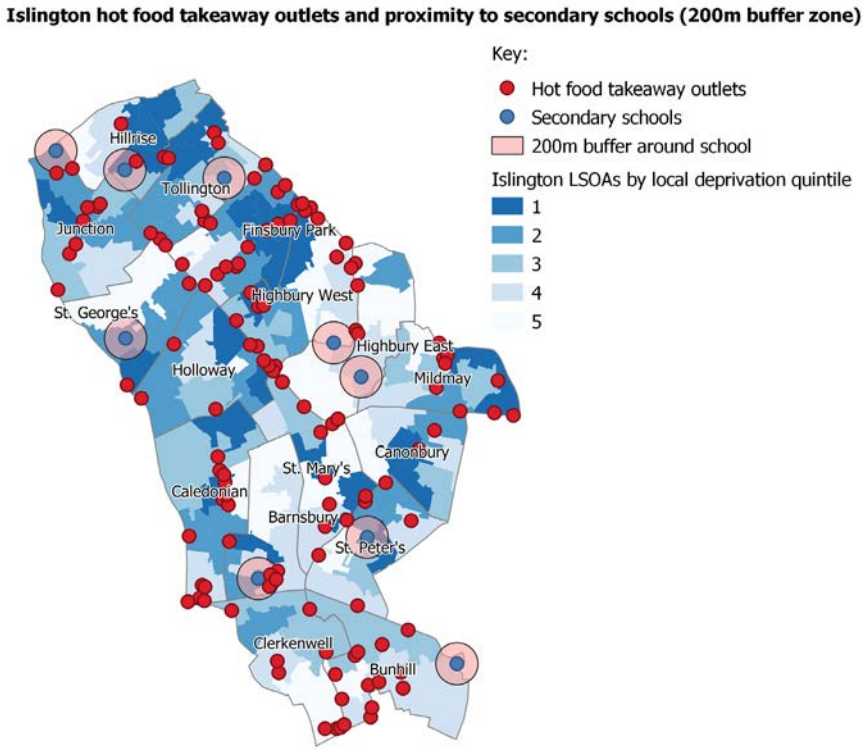
"Finsbury Park is the worst. When they know there are other chicken shops around, they just start competing."

"With our school, you wasn't allowed out so you just ate there until sixth form. I weren't allowed and generally just didn't have school meals. I just had a big breakfast, then bought something off someone like a KitKat. Then when I got home I'd have a normal dinner from mum. Now with sixth form, there's every kind of food shop around it like pizza, Greggs."

"I go out and am with my friends so much and then because my friends are hungry, if everyone says 'oh chicken and chips' then you will go chicken and chip shop to get food."

[Quotes from Islington young people who participated in the *Body Matters* research report[6]]

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



Targeted advertising and promotions of foods which are high in fat, salt and sugar also influence children's food preferences and how much they eat[7].

Did you know?

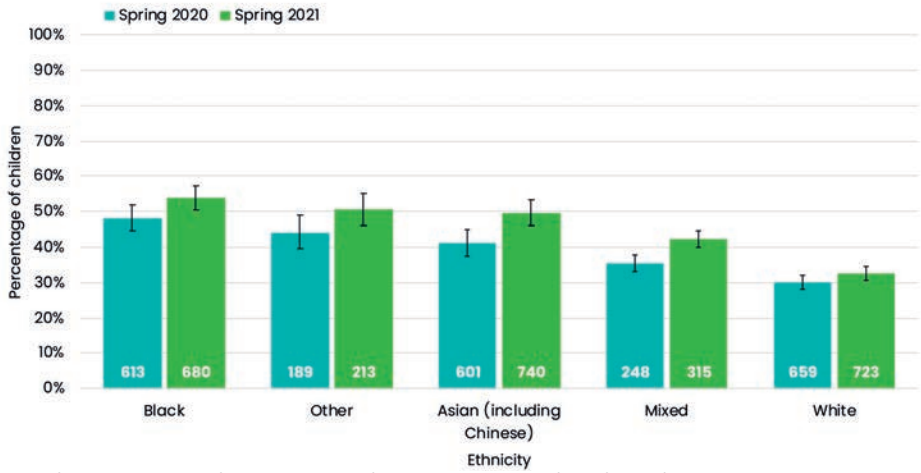
A survey in 2018 showed that 43% of all food and drink products located in prominent areas in shops, such as store entrances, checkouts and aisle ends were for sugary foods and drinks[8]. End-of-aisle displays have also been shown to increase sales of soft drinks by over 50%[9].

The proportion of students in Years 8 and 10 who report not eating anything for breakfast increased from one in five in 2017[2], to 29% during the 2021/22 academic year[10]. This is a concerning trend as breakfast consumption in adolescents has been found to improve cognitive function and academic performance at school[11].

Food insecurity is the inability to afford, or have access to, food to have a healthy diet. Before the COVID-19 pandemic, over 19,000 people in Islington were estimated to be experiencing moderate or high levels of food insecurity[12]. This increased during the pandemic across the country, and households with a single parent, or more than three children in the home, were more likely to experience food insecurity than other households[13]. For some families, loss of income or financial difficulties led to an increased consumption of cheaper and less nutritious foods. Following the pandemic, the cost-of-living crisis has placed additional pressure on households. National figures suggest that the percentage of households with children experiencing moderate or severe food insecurity was 26% in September 2022, compared to 12% at the start of the year in January 2022[14].

Free School Meals (FSM) can provide a healthy and nutritious meal to young people at risk of food insecurity. 42% of secondary school students living in Islington are eligible for FSM, although this varies across ethnic groups. 48% of adolescents from mixed ethnic groups are eligible for FSM, compared to 40% of adolescents from white ethnic groups. Eligibility for FSM increased across all ethnicities between Spring 2020 and Spring 2021 (see figure 1.2). The national closure of schools during the COVID-19 pandemic led to significant efforts to ensure that young people eligible for FSM were supported to access food. This included the provision of food hampers and vouchers, as well as the introduction of the national Holiday Food and Activity Scheme in 2021.

Figure 1.2 Comparison of Islington secondary school pupils eligible for Free School Meals between Spring 2020 and Spring 2021



Note: This data only includes children who reside in Islington and attend an Islington school. 32 eligible children in 2020 and 35 in 2021 didn't register an ethnicity and are excluded from this analysis.

Source: School census 2020 and 2021

1.1.2 Physical activity

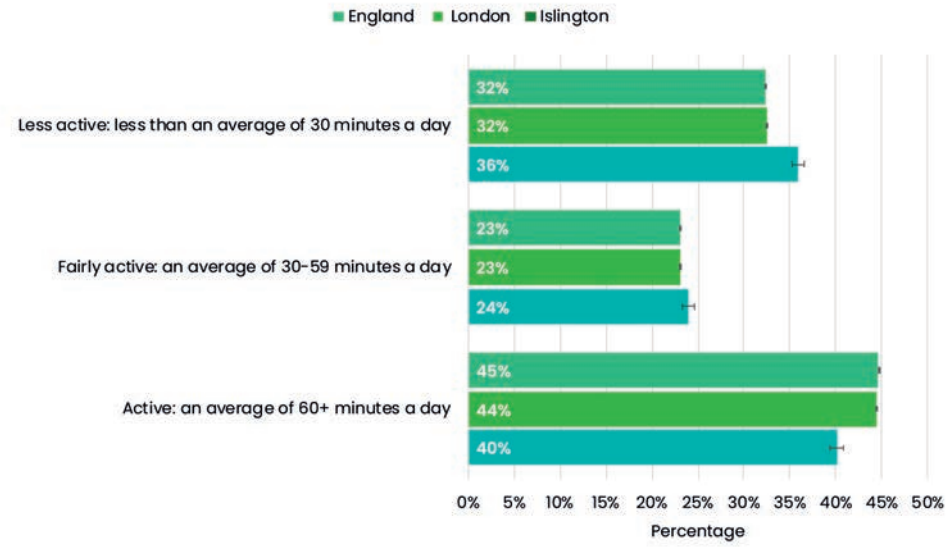
Young people's participation in physical activity is linked to a range of benefits for health and wellbeing[15], as well as being associated with higher academic performance[16]. Despite the benefits of being active, young people's physical activity levels tend to decrease as they get older whilst the amount of time they spend being sedentary increases.

Did you know?

Young people are encouraged to aim for an average of at least 60 minutes of moderate to vigorous physical activity every day to develop movement skills, muscular fitness and bone strength[17].

- **Active:** doing an average of 60+ minutes of physical activity a day
- **Fairly active:** doing an average of 30-59 minutes of physical activity a day
- **Less active:** doing less than an average of 30 minutes of physical activity a day

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



Source: Active Lives Children and Young People via Sport England

PHYSICAL ACTIVITY, FOOD, AND HEALTHY WEIGHT

In Islington, 40% of children and young people in Years 1-11 are considered to be active, which is not statistically significantly different to London and national figures[18].

Active travel to school is one way to help young people meet their daily recommended amount of physical activity, whilst also reducing car usage. Three-quarters of Islington students in Years 8 and 10 say that they usually walk, cycle or scoot to school[2].

Girls in secondary schools are less likely to participate in physical activity than boys, and this gap widens as they get older. Girls say that a range of reasons prevent them from taking part in physical activity. This includes feeling self-conscious (particularly in front of boys) having a lack of choice over activities during Physical Education (PE) lessons, being on their period, and having to prioritise schoolwork instead of being active[19]. Young people also say that feeling unsafe can also be a barrier to being active in the local community[16]. This could be due to activity sessions finishing late or being concerned about their safety.

"... they don't really ask us what we'd like to do, it's just like – we're doing this now and you have to do it – that's why some people don't really like coming to PE."

"Scared of being judged for not being as good as others."

"Afraid of [period] leaking."

"Male teachers don't understand."

"We have to prioritise schoolwork and stuff and sometimes you get really overwhelmed."

"My mum, not so much, cause she's like the same as me... when she was in school. But my dad like, he's always telling me to sign up for like football and stuff, and I just don't like that kind of thing."

Young people said that they used to do boxing at the local leisure centre with a group of friends, but they stopped going because of "the fact that it finished late" (6/7pm) and because "it was dark".

[Quotes from Islington young people who participated in the *Secondary School Girls Physical Activity* research project[16]]

As a result of the COVID-19 pandemic, some young people have had less opportunity to be active, and restrictions triggered an increase in the amount of time spent being sedentary. Across England, 42% of secondary school boys in Year 7-11 were estimated to be active during the 2020/21 academic year, in comparison to 49% during the 2018/19 academic year[20].

When local students in Year 8 and Year 10 were surveyed in 2017 33% of girls said that they hadn't completed 60 minutes of physical activity on any day in the week before the survey[7] and this increased to 37% during the 2021/22 academic year[2]. In comparison, 20% of boys hadn't completed 60 minutes of physical activity on any day in the week before the survey in 2017[7], and this increased to 28% during the 2021/22 academic year[2].

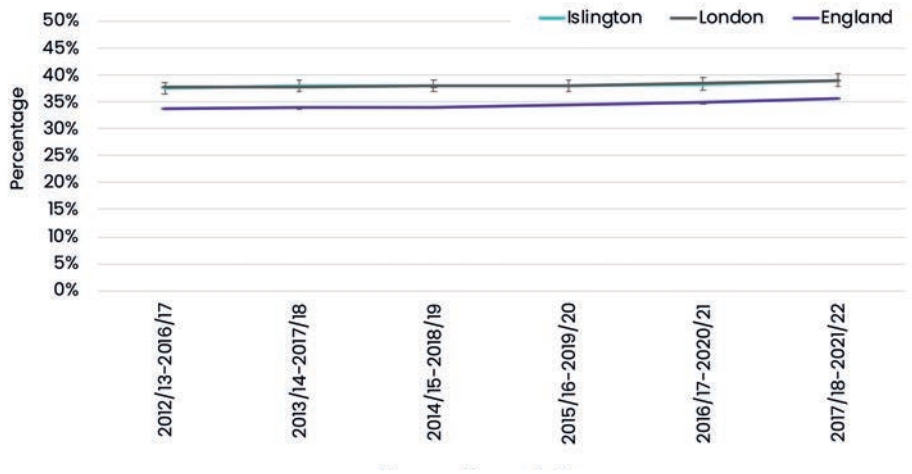
Organised sport is a key contributor to activity levels among secondary age boys. Therefore, the disruption of schools and sports clubs during the COVID-19 pandemic is thought to have particularly impacted activity habits for boys. Nationally, physical activity levels of black boys were disproportionately affected during the pandemic, compared to other ethnicities. During the 2018/19 academic year 44% of black boys and 48% of white British boys were active[17]. During the 2020/21 academic year, levels remained stable for white British boys, but reduced to 36% for black boys[17].

Nationally, activity levels of children and young people from the least affluent families have also been disproportionately affected during the pandemic. 39% of children and young people from low affluence families were active during the 2020/21 academic year, compared to 43% during the 2018/19 academic year[17]. In contrast, 51% of children from high-affluence families were active during the 2018/19 academic year, and this figure stayed the same during the 2020/21 academic year[17].

1.1.3 Healthy weight

As outlined in figure 1.4, nearly two in five children leaving primary school in Islington are overweight or obese[21]. Although the prevalence of obesity in Islington over the past 10 years has been in line with the London average, it is significantly higher than the England average.

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



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

Source: OHID Fingertips Obesity profile

Compared to the Year 6 average, significantly more boys than girls are overweight or obese in Islington[21]. Pupils from black and "any other" ethnic groups are also significantly more likely to be overweight or obese than the Year 6 average[21]. Those living in the least deprived areas of the borough are significantly less likely to be overweight or obese than the Islington average[21].

This is a concerning trend for young people as excess weight in adolescence can impact on a young person's mental health and wellbeing[22]. It is also a predictor for obesity in adulthood[23], which increases the risk of certain long-term conditions such as diabetes, cardiovascular disease and some cancers[24].

Promoting a healthy weight, whilst also preventing negative perceptions around body image, can be particularly challenging during adolescence. Worrying about body image is common among young people, and although this affects both boys and girls, research suggests that girls are more likely to be dissatisfied with their appearance than boys[25]. Social media use appears to be associated with body image disturbance[26], and research also suggests that young people with poor perceptions of their own body image may be less physically active[27].

Peers begin to play a greater role in reinforcing what an ideal body looks like during adolescence. In Islington, 34% of girls in Year 8, and 32% of girls in Year 10, say that they have been picked on or bullied about their size or weight. This compares to 24% of boys in Year 8 and 23% of boys in Year 10[2].

54% of girls in Years 8 and 10 say that they would like to lose weight[2]. In comparison, 8% of boys in Year 8 say that they would like to gain weight, rising to 23% of boys in Year 10[2].

"When you look at yourself in the mirror, all types of emotion go through your head. You ask yourself why has it come to this? Why is it only you? What can I do to change it?... Sometimes I don't even look into the mirror because I don't like what I see"

[Quote from an Islington young person who participated in the *Body Matters* research project[6]]

1.2 What works in Islington?

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

1.2.1 Islington schools

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

Some secondary schools in Islington are part of the council's school catering contract, and the provider holds the 'Food For Life Served Here' silver award. Environmental Health Officers also use the opportunity whilst conducting a food safety inspection to ensure that school food menus meet the nutritional guidelines in the School Food Standards.

1.2.2 Islington Holiday Activity and Food Programme

Through the national holiday activity and food programme, the council provided 2,300 'take and make' activity boxes and 23,000 packed lunches over the 2021 summer holiday.

A new outdoor kitchen was installed at the Lift Youth Hub, which included BBQ grills, a pizza oven, a working tap and fridge. As part of the Summerversity programme, the Lift Youth Hub also offered a weekly 'Introduction to Catering' course, with a different theme each week including Italian, Mexican and vegetarian/vegan. The course was supported by a professional chef, which helped young people to learn new skills, gain a reference, and achieve a certificate. Young people created a menu for the week and would then cook for the other young people participating in activities at the youth hub.

"I tried new foods that I would not usually have."

"Learnt about what is healthy and what is not healthy."

"Enjoyed the summer programme and being able to get free food and having a hot meal."

"We liked the food challenges that changed every week."

"We had so much different food and it was fun."

"I tasted more vegetarian and vegan food that I have not had before."

[Quotes from young people who participated in the 'Introduction to Catering' course at the Lift Youth Hub in 2021 (as part of the Holiday Activity and Food Programme)]

"The outdoor kitchen was a great initiative to encourage cooking in the centre. We had a great time watching the young people but also sitting down to enjoy the food together. It was an experience for us even trying new food."

[Quote from a staff member who supported the 'Introduction to Catering' course at the Lift Youth Hub in 2021]

1.2.3 Free swimming

59% of Islington students in Years 7-11 say that they can swim unaided for 25 metres[15]. To support more young people in Islington to improve their swimming skills and confidence in the water, the council funds free swimming lessons for teenagers aged 13-16 during the school holidays. The intensive lessons are held Monday to Friday for one or two weeks, and also offer suitable swimming attire for those who need it. This includes swimming hats which are specifically designed for long hair, dreadlocks, weaves, extensions, braids, curls and afros. During the 2021 summer holiday, 900 places were available for children, young people and families to access the free swimming lessons. An additional 1,000 places were provided in 2022 across the May and October half-term weeks as well as the summer holiday.

1.2.4 Islington Secondary Girls Project

A local project was set up by Islington Council during the 2021 summer term to encourage and support girls to be active. This was in response to extensive engagement with local secondary school students, which highlighted the barriers that prevent girls from engaging in physical activity. The group is formed of 30 girls, identified by their heads of PE as young people who would benefit from the programme. Sessions are held on a weekly basis at local Islington venues and offer a variety of physical activity opportunities including dance, Zumba, boxing, HIIT, yoga, Pilates, swimming, trampolining, martial arts and tag archery. Understanding the girls' physical activity preferences through regular consultation with them helps the organisers to facilitate sessions which are appropriate and engaging for girls. Inclusion and accessibility are key priorities for the programme, and participants are therefore provided with all equipment (such as swimming caps,

swimsuits, goggles or yoga mats) to ensure that they are able to take part.

"...at Platform, dance is a whole different story. It's fun, everyone loves doing the dance moves and it's not hard for people to do..."

"It has inspired me to do more physical activity when I get home from school."

"I really enjoyed 'Boxfit' because it was interactive and fun and the lesson itself was engaging..."

"They [are] so kind, they make me feel like I'm at home"

[Quotes from young people who took part in the *Islington Secondary Girls Project* in 2021]

1.2.5 Healthy weight support

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

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

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

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

A parent of a 12 year old child was referred to the Families, Food and Feelings course as their child was identified as being above a healthy weight, and the family needed further support around setting boundaries regarding screen time and sleep. The parent said that the course helped them to use role-modelling and setting more consistent boundaries. They reported having more awareness of the link between emotions and food, and now look for alternative ways to comfort their son rather than using food and screen time.

1.3 Recommendations

1. Deliver interventions which prevent a drop-off in girls' participation in physical activity. Continue to address the drop-off in physical activity levels for adolescent girls through co-developing inclusive programmes with schools and local physical activity providers in the community. This can be supported through the use of national evidence-based campaigns such as *This Girl Can*.

2. Support boys from black ethnic groups and young people living in areas of deprivation to return to sport and physical activity. Following a drop in participation during the pandemic for these groups, further insight in partnership with young people is needed to fully understand the barriers and potential solutions for increasing physical activity levels.

3. Working in partnership with the school catering provider and schools to provide a quality food offer and support families to take up their eligibility for Free School Meals. Work in partnership with secondary schools and the catering provider to ensure that the school food offer is attractive to adolescents and supports healthy eating. In response to the cost-of-living crisis, schools, council support services, and voluntary and community organisations should proactively promote and support eligible families to take up Free School Meals.

4. Support professionals who are working with young people to promote consistent messages around healthy behaviours. Work with youth clubs and voluntary and community sector (VCS) services to promote consistent and positive messages and opportunities around physical activity and healthy food.

5. Ensure that weight management support services are joined-up. Review the existing weight management pathway to support more integration between services. This should include ensuring that professionals can easily refer young people and their families to the most appropriate source of support.

6. Explore local levers for promoting the availability of healthy and affordable food on high streets. Encourage local food businesses to engage in the Healthier Catering Commitment for London, and Refill scheme to enable people to access free drinking water.

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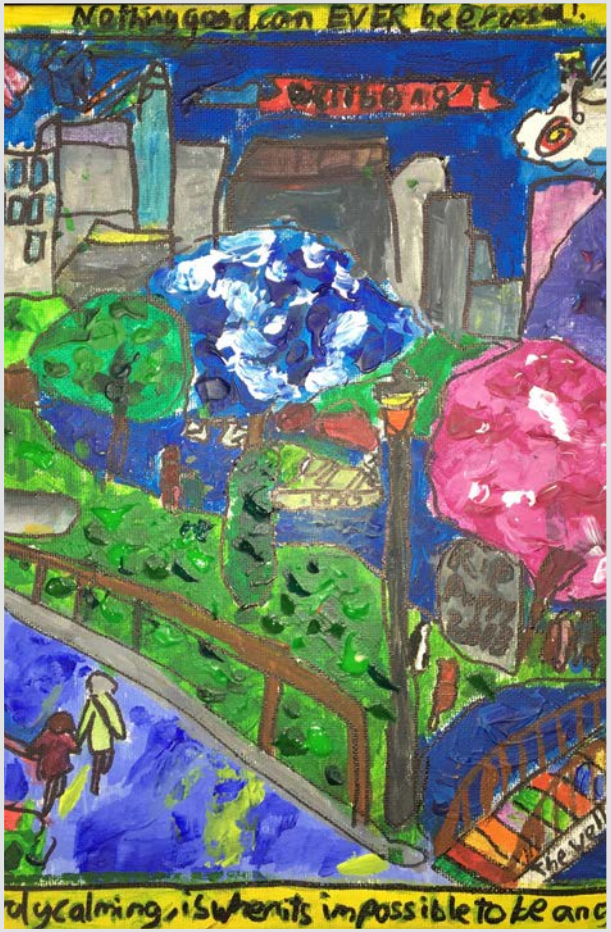
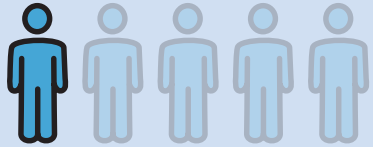


Image: Flory, 12 years old

Image: Elsie, 11 years old

2. MENTAL HEALTH IN YOUNG PEOPLE



Mental health disorders

In Islington it is estimated that nearly

1 in 5 (19%)

of 11-16 year olds have a mental health disorder. This figure increases to 22% for 17-19 year olds.

Source: Mental Health of Young People in England 2017

Predicted mental health service use

5,570

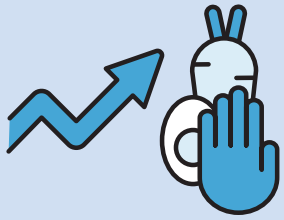
additional people aged under 25 are predicted to seek help from mental health services over the next 2-3 years, as a result of the pandemic.

Source: Camden and Islington 2021 - Forecasting future demand for mental health services in light of COVID-19

Eating disorders

52% increase

in referrals for specialist eating disorder services for young people since 2018.



Source: NCL Eating Disorder Services 2021

Mental health contacts

15,061

contacts with Islington Child and Adolescent Mental Health Services in 2020/21.

Source: Camden and Islington 2021 - Forecasting future demand for mental health services in light of COVID-19

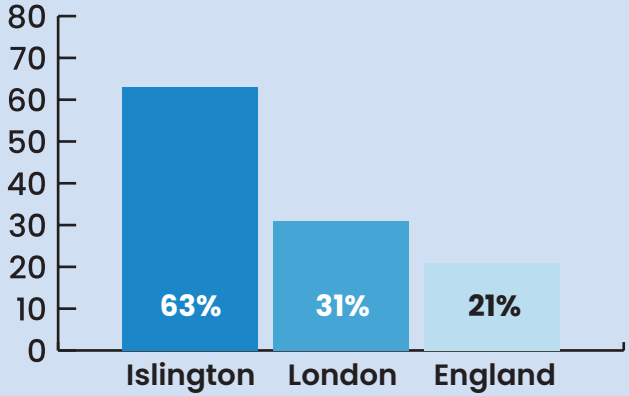
Proportion of children and young people living in social housing

Children and young people living in social housing are

significantly more likely

to have a mental health disorder than the national average. They are also twice as likely as those living in a house owned by parents or caregivers.

Source: Camden and Islington 2021 - Forecasting future demand for mental health services in light of COVID-19



2.1 Introduction

Adolescence is one of the most crucial and formative periods in our lives for our immediate and long-term mental health and wellbeing. It marks not only a period of major physical changes to bodies and in our brains, but also a period of major social and psychological transition. While the physical and social changes associated with adolescence are generally well understood, our understanding of the psychology of adolescence is changing. Developments in neuroscience, and the shift towards positive psychological approaches to emotional and mental health, are increasing our recognition of the extent and the extended nature of these changes, which start in adolescence and continue well into the early and mid-twenties.

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

About a third of all people who experience mental health conditions in their lives will have had, or started, their first experience by the age of 14, half by the age of 18 and by the age of 25 this rises to around two-thirds[1]. If left unaddressed, mental health issues which begin in adolescence can continue through to adulthood. This is just one of many indicators which point to the importance of both protective and risk factors in childhood and adolescence for lifetime vulnerability to mental health conditions, as well as to the importance of early help and access to effective services. Anyone can experience issues with their mental health, and in the UK approximately one in six people experience a mental health problem each year[2].

Some young people are at increased risk of mental health conditions as they are more likely to be exposed to risk factors than their peers, such as those with special educational needs or disabilities (SEND) young carers, young people living in social housing, or young people who are in care. Early neglect and trauma can also impact every area of a young person's life, negatively affecting their capacity to regulate their emotions, process information, manage a formal educational environment and make close, trusting relationships, all of which are protective of mental health[3]. The level of trauma is often associated with abuse, neglect, or domestic violence. There is evidence to indicate that the more trauma and it's response to trauma ie. the ability to repair a child endures, the greater risk they will have to physical and mental health problems later in life[4].

The COVID-19 pandemic exacerbated this for some young people. The impact of the pandemic has been characterised by increased levels of anxiety and uncertainty, with a lack of school structure and social contact creating a sense of loneliness and disconnect from others[5,6]. The pandemic also brought with it new experiences of trauma through bereavement and significant or increased financial hardship, which are risk factors for mental health. In September 2021, an NHS

survey found mental health problems for children aged six to 16 years had increased to one in six (17.4%) from one in nine (11.6%) in 2017[7].

The long-term impact of the pandemic on young people's mental health remains unclear. Local analysis forecasts that there may be an increase of up to 20% of children and young people with new mental health conditions in Islington, with the most significant increases in depression and among those with pre-existing vulnerabilities.[8]

There is some evidence to suggest that the disproportionate impact of the COVID-19 pandemic on black, Asian and minority ethnic communities extended to the mental health and wellbeing of young people from these backgrounds, as compared to young people from white backgrounds[9]. As one example, the latest national data from Kooth, an online wellbeing platform for young people, found a greater proportion of service users came from black, Asian and non-white communities compared to the pattern of pre-pandemic use[5]. For both black and Asian service users, there was a dramatic increase in those presenting with school/college issues compared to 2019 (+102% and +50% respectively). Unfortunately, the national survey looking at the mental health of children and young people in 2021 did not allow for robust findings of the prevalence of mental health problems by ethnicity due to small numbers of children and young people from certain ethnic groups responding.

Building resilience during childhood and adolescence can have a protective impact on mental health throughout the life course; embedding trauma-informed practice can reduce the impact of trauma on young people[3,10].

What is trauma-informed practice?

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

Young people who are engaged in child and adolescent mental health services (CAMHS) are confronted with a significant challenge as they reach the age of 18. The transition to Adult Mental Health services (AMHS) can create gaps in support for young people due to differences in pathways and thresholds for service eligibility. In some cases, youth specialist services straddle this age barrier – for example the counselling and psychotherapy services provided by the Brandon Centre.

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

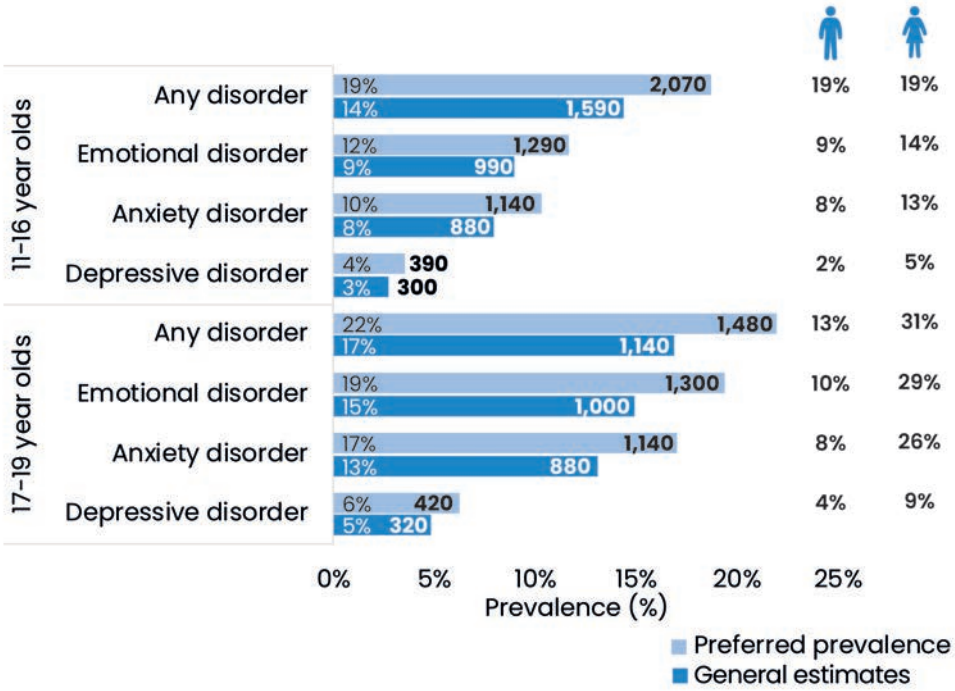
2.2 Adolescent Mental Health in Islington – Local insight

A major national survey carried out in 2017, *Mental Health of Children and Young People in England*, found that 14% of 11-16 year olds and 17% of 17-19 year olds had symptoms consistent with a mental health disorder[11]. Applying these findings directly to Islington gives an estimate of just over 2,700 11-19 year olds with a mental health condition, whether diagnosed or not[11].

There are particularly strong links locally between housing tenure type, child poverty and other related risk factors for mental health conditions. Children and young people living in social housing are significantly more likely to have a mental health disorder than average, and over twice as likely as those living in a house owned by their parents or caregiver. Therefore, adjusting local prevalence estimates for housing tenure gives what is known as the 'preferred prevalence'. Once this important factor is taken into account, prevalence estimates for Islington taken from the Camden and Islington Annual Public Health Report 2015 are 30% higher compared to the national average, giving an estimated prevalence of over 19% in 11–16 year olds (2,070) and 22% (1,480) in 17-19 year olds.

Figure 2.1 shows the breakdown of different types of disorders in children. In Islington, 12% (1,290) of 11–16 year olds are estimated to have an emotional disorder, 10% (1,140 individuals) are estimated to have an anxiety disorder, and 4% (390 individuals) a depressive disorder. The frequency of these disorders increases with age, so that by the age of 17-19, 19% (1,300 individuals) are estimated to have an emotional disorder, 17% (1,140 individuals) an anxiety disorder, and 6% (420 individuals) a depressive disorder.

Figure 2.1 Estimated prevalence of Mental Health Disorders in Young People: Islington, 2021 (ages 11-19)



Note 1: Counts are rounded to the nearest 10

Note 2: Using School roll population projection estimates for 2021 for Islington AND 2017 National mental health figures

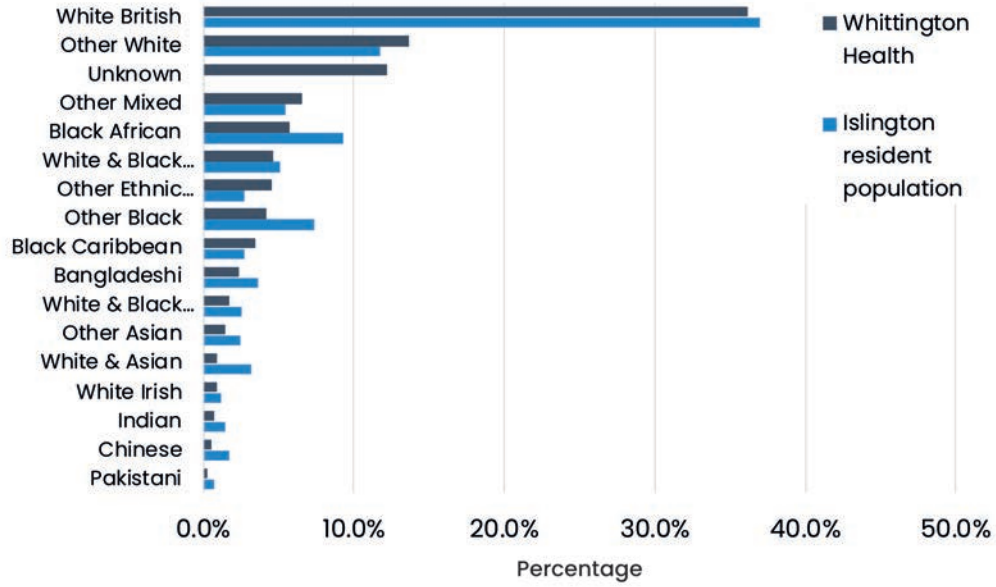
Note 3: Preferred prevalence refers to estimates that are adjusted for deprivation

Note 4: Gender prevalence estimates calculated from preferred prevalence estimates

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

In 2020/21, there were 15,061 contacts with Islington CAMHS (an increase of 3% from 2019/20). Data from Islington CAMHS indicates that 1,720 children and young people aged 11-18 were being treated for mental health disorders between April and June 2021. During this period, 38% (654 individuals) of CAMHS contacts were between the ages of 11-15 and 22% (378 individuals) were between the ages of 16-18, a total of 1,032 aged 11-18 young people in contact with CAMHS. Whilst not directly comparable for age, this is a considerably lower figure than the 3,550 children and young people aged 11-19 estimated to have a mental health disorder.

Figure 2.2 Ethnic breakdown of CAMHS contacts in Whittington Health NHS Trust compared to Islington resident population aged 0-18 years 2021



Note 1: Figures for Whittington Health refer to CAMHS contacts in Q1 2021/22 (number of contacts = 1,720).

Source: Whittington Health Islington CAMHS Q1 2021/22 Engagement report data, 2016-based ethnic group population projections

Of those in treatment with CAMHS between April and June 2021, 36% (662 individuals) of young people being treated were from a white British ethnic background, 14% (235 individuals) were from 'Any Other' white background, 7% (113) were from 'Any Other' mixed background and 6% (98 individuals) were from a black African background[8]. 8% (140 individuals) of children and young people in treatment with CAMHS did not have their ethnicity recorded.

The ethnic breakdown of young people accessing CAMHS is significantly different to the breakdown of the Islington population of under 18s for some groups. Children and young people from an 'Other White' and 'Other Mixed' background are over-represented in CAMHS compared to the age 0-18 population. Those from an 'Other White' background make up 11.7% of the Islington population under 18 but 13.7% of those in treatment with CAMHS. Black African and Asian ethnicities (includes Pakistani, Chinese, Indian and Bangladeshi and 'Other Asian') are under-represented, however due to the high proportion of unrecorded ethnicities (12.2%) it isn't possible to say whether there is significant under-representation of these ethnic groups. Improving recording of ethnicity would improve our understanding of any inequalities in access to services.

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

It is estimated that 1 in 3 carers have a mental health issue[12] and the Census 2021 estimates that in Islington there are 1365 young carers (aged 5-24). Children and young people living in social housing are significantly more likely to have a mental health disorder than the national average and over twice as likely as those living in a house owned by parents or caregiver(s). 63% of children in Islington live in social housing, more than twice the London average[13]. Nationally, over half of children with SEND have a probable mental disorder, compared to just over one in 10 children without SEND[11]. According to Islington Children's services data 2021 since 2015, the number of children with an identified social, emotional or mental health need as part of an educational health and care plan (EHCP) in Islington has increased from 72 in 2015 to 210 in 2021. Children in care are at an increased risk of poor mental health. It is estimated nearly half have a diagnosable mental health disorder[14]. From this it is estimated that there are 202 children in care and 262 care leavers in Islington with a mental health disorder.

2.2.1 The Impact of COVID-19

The Covid-19 pandemic had a disproportionate impact on young people's mental health and wellbeing. Young people in Islington have reported that their routines and structures were disrupted by lockdown, and their feelings of isolation and stress increased during home learning. Many also felt anxiety about passing COVID-19 on to vulnerable people around them.[15]

"I just don't want to spread corona to the people around me, because people are vulnerable around me, like my mum or my sister, or even friends and that; friends and family, they could catch it as well, so it's more like being anxious about other people."

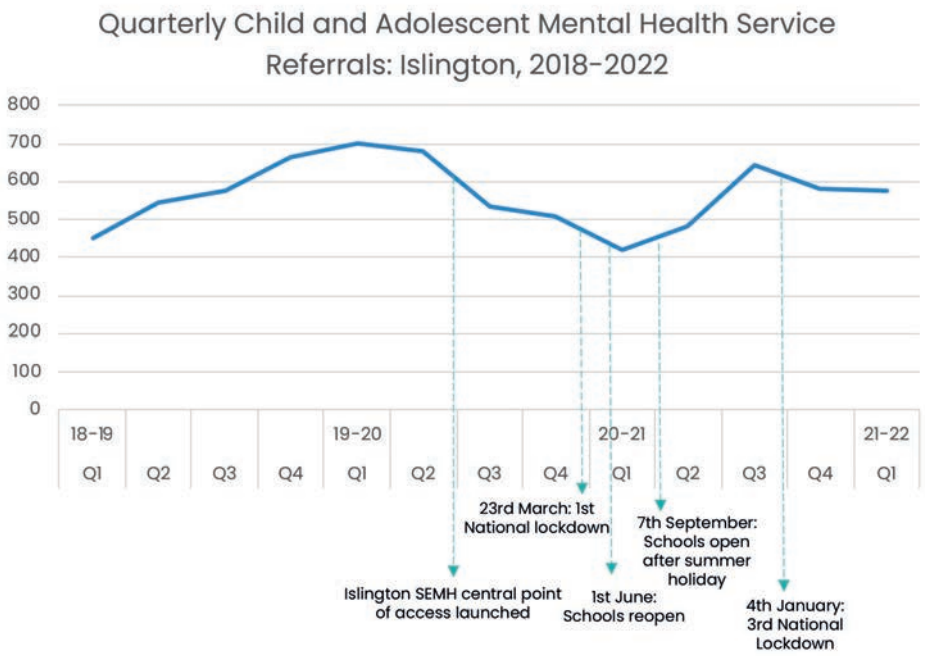
(Camden and Islington Resident Engagement Survey 2020)

According to the national survey conducted in 2021, the prevalence of probable emotional disorders has increased since 2017[7]. In Islington, estimates based on national figures adjusted for the local population demographic and housing type indicate that an additional 1,694 young people aged 11-19 were expected to have mental health conditions in 2021 compared to 2017. The increase among girls and young women is markedly higher than among boys and young men; among 17-19 year olds, mental health conditions were estimated to have almost doubled among girls and young women, affecting 32% in 2021 compared to 17% in 2017.

Local modelling[8] based on the Centre for Mental Health toolkit[16] forecast that as a result of the pandemic, there could be 16,120 new cases of mental health conditions in Islington amongst under 25s over the following three to five years, with 75% of cases being depression conditions. If the forecast is accurate, this could lead to a potential increase in demand for Islington's mental health services by 35% over the same period. This is equivalent to around 5,570 people.

Although estimated prevalence of mental health conditions increased due to the pandemic, total referrals to CAMHS dropped by 12% between 2019/20 and 2020/21. Between August 2019 and March 2020, referrals into Islington CAMHS reduced partly due to a major transformation of the delivery of social and emotional health services for young people (CYP SEMH) in Islington, which included the provision of a wider range of options for support outside of CAMHS (see Section 3.3). Referrals to CYP SEMH services (including CAMHS) decreased between March and June 2020 (the first lockdown, and a pattern which was repeated across the country) but then saw a rapid increase once restrictions were lifted. Referrals increased further in September and October as schools, who are key referrers into CAMHS, reopened for face-to-face education for most pupils. Anecdotally, CAMHS report a considerable increase in the complexity and severity of presenting problems in this period. The proportion of CAMHS referrals due to anxiety have increased significantly which is likely to be attributed to the pandemic (29.4% of referrals in 2020/21 compared to 19.3% of referrals in 2019/20)[7].

Figure 2.3 Quarterly referrals to Islington CAMHS: 2019/20 to 2021/22



On average, in 2020/21 an estimated 80% (monthly range 48.6% - 93.3%) of young people referred were seen within eight weeks, compared to 69% in 2019/20. There was significant variability over the course of the pandemic, with only 49% of referrals being seen within eight weeks in May 2020 when the impact was most significant, and higher proportions seen within eight weeks as operating conditions and impacts associated with COVID-19 improved. As with other services, CAMHS adapted its delivery models during lockdowns to include virtual consultations as well as in-person.

This substantial increase in demand has led again to increased waiting times for CAMHS and a review of Islington Social and Emotional Mental Health Services was undertaken in early 2023.

There has also been a marked increase in the prevalence and presentation of eating disorders among young people. Many of the suggested drivers can be linked to the pandemic such as the increases in social isolation, food insecurity, screen time, pressures to exercise and loss of routines. A national survey has found that reported issues in young people around eating and healthy weight have increased since 2017; from 7% to 13% in 11-16 year olds and 45% to 58% in 17-19 year olds[7]. The survey asked screening questions and those who met the threshold have an increased likelihood of problems with eating, rather than a likely eating disorder. Using the 2021 population estimates[8], this suggests that around 5,900 children and young people in Islington are at an increased likelihood of experiencing issues around eating.

"I'm also worried about my eating because when the lockdown happened the first time I stopped eating completely and I lost a lot of weight because of it. I think it was worry. And I'm scared that might happen again because of the lockdown... In my brain I think I have an eating disorder; in my eyes I see my body as not good enough."

(Camden and Islington Resident Engagement Survey 2020)

Across the five boroughs in North Central London, referrals to the specialist eating disorder service have increased by 74% between 2019-20 and 2020-21, from 195 to 339. For Islington young people, there was a 52% increase in referrals between 2018 and 2021, from 25 to 38. Children and young people accessing the service should be seen within 28 days for routine referrals. Due to the combined impact of lockdowns on service delivery and significant increases in referrals, waiting times also increased. In 2020/21 81% of young people (24 individuals) referred as a routine referral waited over four weeks to be seen, compared to 5% in 2018/19[9].

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

2.3 What works in Islington to improve adolescent mental health?

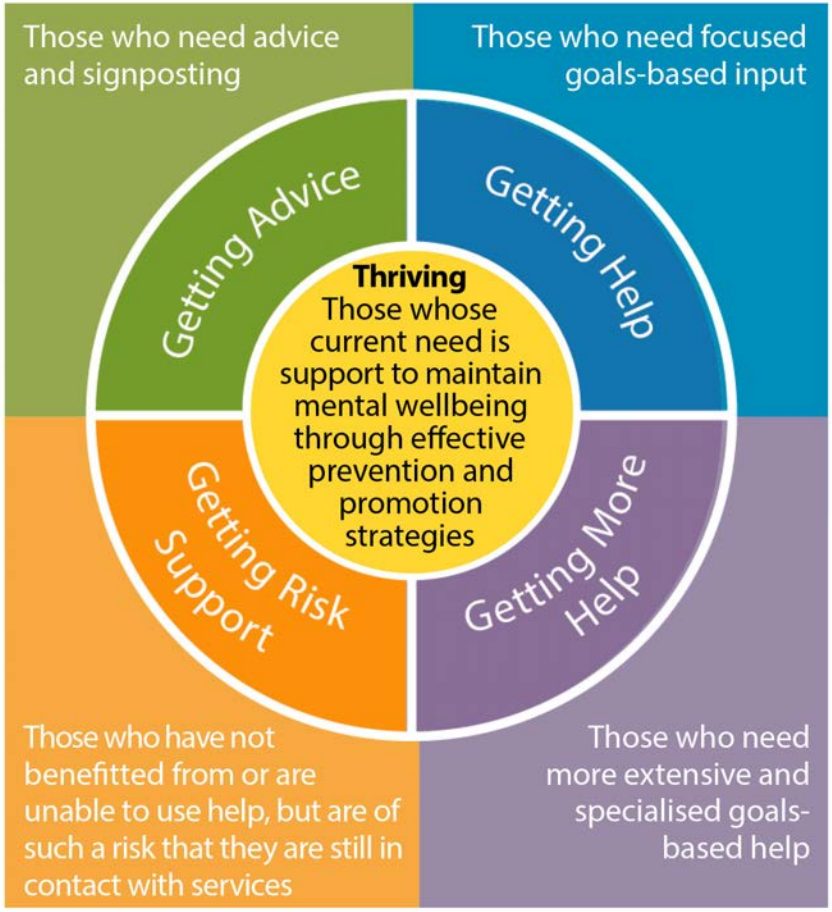
Treatment approaches alone are not sufficient to address the wide-ranging mental health needs among young people. There are many benefits to prevention and early intervention including reducing the risks of developing mental health conditions, reducing the duration of the condition, and reducing the likelihood of patterns of risk or vulnerability becoming ingrained.

Nationally, aligning services to the THRIVE model for system change is seen as best practice for the prevention and promotion of mental health and wellbeing[17]. The THRIVE Framework (Figure 2.4) which is being rolled out across North Central London, thinks about the mental health and wellbeing needs of children, young people and families, through five different needs-based groupings:

- Getting Advice
- Signposting
- Getting Help
- Getting More Help
- Getting Risk Support

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

Figure 2.4 THRIVE Framework



The comprehensive mental health promotion offer developed in Islington, ranging from support in schools to online digital platforms, aligns well with the THRIVE model. The THRIVE model is going to be pivotal in the development of future mental health and wellbeing services in Islington. This section summarises some of the good practice taking place locally.

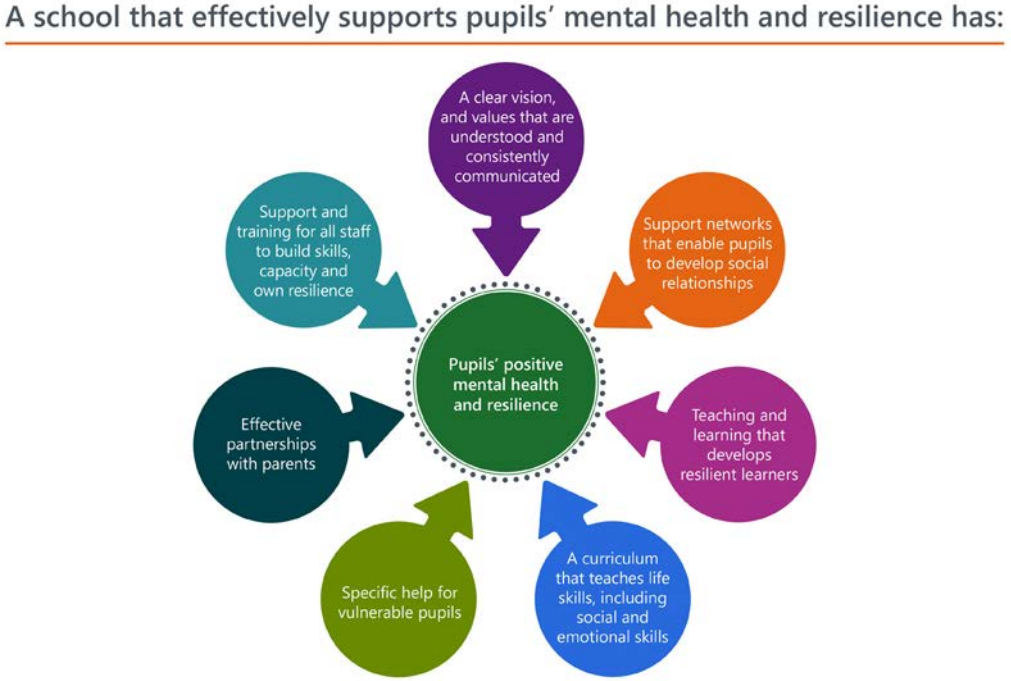
2.3.1 Supporting the mental health of young people in school

Schools are a place of opportunity to increase young people's awareness and understanding of mental health, reduce the stigma around seeking support and build resilience. Islington schools have embedded both a mental health and resilience framework (iMHARS) and a whole-school trauma strategy (known as iTIPS – Islington Trauma-Informed Practices in Schools) to meet the needs of children and young people who have experienced complex trauma or multiple ACEs. Feedback from schools in Islington around iMHARS has been positive; they say the process has been supportive and useful and school staff feel better-equipped to put mental health and wellbeing strategies in place for students. One Deputy Head at a secondary school has said, "It gives you a comprehensive view of your school systems for early identification and the role of all staff in supporting student wellbeing".

iTIPS has also been extended to support the VCS to understand and effectively respond to trauma-impacted young people; helping to develop community-wide support for children, young people and their families.

Figure 2.5 iMHARS Framework

The iMHARS framework, developed by Camden and Islington Public Health and Islington's Health and Wellbeing teams, was introduced to Islington schools in 2016. The iMHARS framework sets out seven components of practice in schools which can effectively develop children and young peoples' resilience, promote positive mental health and support those at risk of, or experiencing, mental health problems. iMHARS helps schools to identify practical actions within each component in order to develop their provision for pupils' positive mental health and resilience.



2.3.2 Access to online and digital help for mental health

As more of our lives move online, young people are increasingly asking for digital support for their mental health. Young people in Islington have access to Kooth, a free, anonymous, confidential, safe, online wellbeing service that offers support, information and forums for children and young people aged 11-18 years. In 2020/21 there were an average of 447 logins per month from an average of 60 users. Through a survey on the homepage, 100% of young people in Islington who responded (28 individuals) would recommend Kooth to a friend.

2.3.3 Early diagnosis and support

More services have been provided in Islington to support early recognition and access to early support for concerns about social and emotional health. Young people's mental health services (previously largely delivered through CAMHS) underwent a major transformation in 2019 to a wider Social and Emotional Mental Health (SEMH) offer through a central point of access. It has improved access into a wide range of health, social and digital community-based services for children and young people in Islington. The transformation of SEMH services for children and young people was awarded the Health Service Journal (HSJ) 'Highly Commended' Award for 'Integrated Care Partnership of the Year' 2021. Furthermore, an increase in the availability of direct support in schools has been provided through the introduction of the School Wellbeing Service in 2020. Between April 2020 and September 2021, the School Wellbeing Service supported 1,273 young people through one-to-one work, groups and workshops.

"I wasn't doing anything before and didn't feel like I had a future – this made me feel like I had a future. You gave me the right kind of push"

[Young person accessing the Emotional and Well-Being Service (part of SEMH services)]

A social prescribing pathway pilot has also been established. It is a direct referral service for those children and young people who do not meet clinical thresholds for referral into the SEMH central point of access. It comprises of non-clinical community support for adolescents who are experiencing risks to their wellbeing, and it provides an early intervention approach. Although most service users are expected to be 11-18 years old, the pilot deliberately retains some flexibility to provide support for any 18-25 year olds who may benefit, in order to work across the threshold between child and adult mental health provision. Despite a pause in the pilot due to COVID-19, the service now has an average of 10 referrals a month, with similar numbers of males and females accessing the service. An evaluation of the pilot has found that stakeholders believe that a social prescribing model can fill a gap in the system for young people and can be successful in addressing low-level wellbeing needs.

What is social prescribing?

A social prescriber works with a person who is experiencing, or at risk of, low wellbeing, to identify their needs and connect them to local organisations, groups and activities to improve their health and wellbeing through non-clinical means. The model in Islington utilises the diverse network of organisations and activities available where young people can get support to address their wider needs, build their resilience, improve their wellbeing and prevent escalation of mental ill-health. It is intended to sit below the threshold level for other emotional wellbeing services.

2.3.4 Trauma-Informed Practice

Islington is implementing trauma-informed practice within children's social care services and the 2020 Ofsted inspection highlighted the impact on children's lives. CAMHS clinicians are now part of social care teams with the aim to provide a responsive and accessible CAMHS service, specialist mental health advice and specialist psychological assessments or psychotherapeutic interventions for children looked after (CLA) and their families and/or carers.

Trauma-formulation meetings are held when a child or young person comes into care. The meetings involve both the young person and professionals working with them. The CAMHS practitioner gathers the experiences of the young person with a focus on the trauma they have experienced, linking it to current presentations and behaviours. An increased understanding of each young person at the start of their journey through care should support their recovery from the trauma and increase placement stability.

2.3.5 Transitioning from child to adult mental health services

To mitigate difficulties with young people transitioning between CAMHS and adult mental health services, a transition protocol has been developed. This specifies timeframes for conversations and planning between the two services to begin well in advance of an individual's 18th birthday. The protocol was developed through collaboration between our Young People's Service Users Board and senior clinicians from services delivering care to young people. It places them at the centre of the process, fully engaging them (and their families and/or carers if they wish) in decision-making about their future care and the transition to adult services. Where the young person is in agreement, both parties will meet to agree a transition and treatment plan in accordance with the National Institute for Health and Care Excellence (NICE) guidance and an opportunity will be provided for the young person to visit the adult service. A recent SEND local area inspection highlighted it as an effective framework for planning children and young people's next steps and it supports a key priority in the NHS Long-Term Plan for improving mental health service provision for young people and adults aged up to 25.

2.4 Recommendations

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

1. Develop and embed public health approaches, to improve mental wellbeing and reduce the risk of developing poor mental health. The THRIVE model prioritises mental wellbeing, early intervention and early help, and will provide a framework for embedding public health approaches within the wider system of provision to support children and young people's mental health.
2. Continue to embed trauma-informed approaches and practice within schools and across wider services working with adolescents.
3. Work to reduce the gap between need and access to services by reviewing the effectiveness of the transformed social and emotional mental health offer, and implementing the recommendations from this review. This will support further transformation to bring the service fully in line with the THRIVE model, increasing access and reducing waiting times.
4. Develop the transition to adulthood programme to support the transition between child and adult mental health services.
5. Improve ethnicity and deprivation data on access and outcomes to all elements of the SEMH service in order to address inequalities in mental health.
6. Continue to reduce the stigma of mental illness and increase knowledge and skills of how children and families can improve their mental health.
7. Ensure lived experience is heard and used to shape and inform approaches and services.
8. Maintain the reduced waiting times for specialist eating disorder services. This should involve wider prevention and promotion work including increasing the awareness and understanding of eating disorders and body image issues through schools and wider services working with young people.

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Image: Hebe, 11 years old

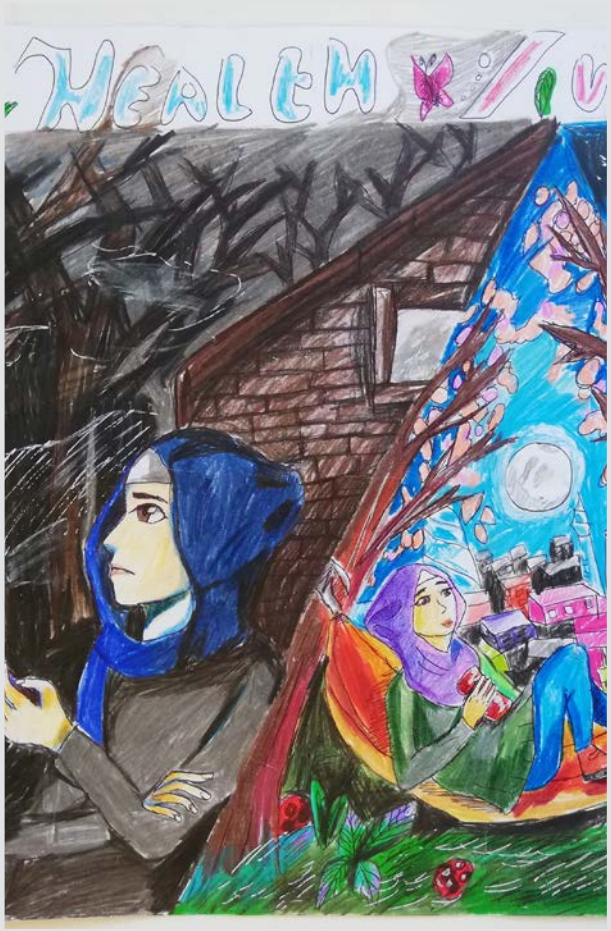


Image: Sakina, 15 years old

3. YOUTH SAFETY AND VIOLENCE

Victims of violence

2,827

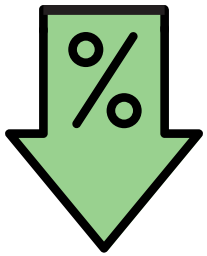
victims of violence by young people aged 10-24 per year (between 2019-2021)

Source: Data Performance Team 2022

Offences

35%

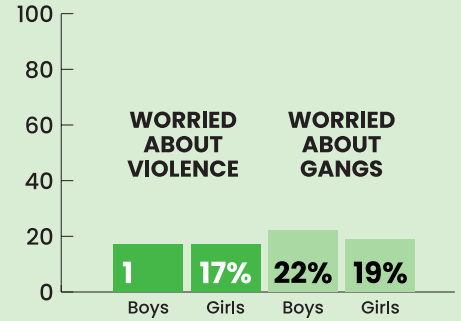
reduction in violent crime perpetrated by young people between 2019-20 and 2020-21



Source: Safer Islington Partnership Strategic Assessment 2021

Safety concerns

Secondary school children:

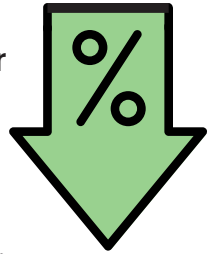


Source: Health Related Behaviour Questionnaire 2021

Youth Offending Service (YOS) intervention

55%

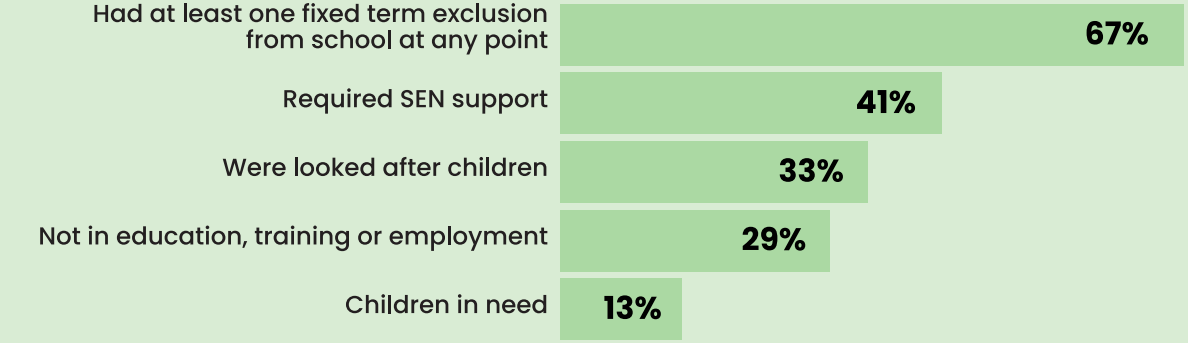
reduction in the number of young people aged 10-17 starting an intervention with the YOS – fell from 197 in 2014-15 to 80 in 2021-22.



Source: Data & Performance Team

Offenders

As of February 2022, 51 young people known to the YOS:



Source: Data & Performance Team

3.1 Introduction

Serious violence affecting young people is a public health issue, and creating safety is the counterweight to this. Violence is driven by and contributes to inequality (including health inequalities) and perpetuates cycles of trauma for individuals and communities. Public health approaches address root causes and prevention in order to break this cycle and empower young people to thrive. This means working in partnership with the health and education sector, police, youth and social services and community organisations, to create resilient and proactive communities, focus on early intervention, provide effective alternatives to violence, and implement evidence-based solutions.

Definitions

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

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

Factors which increase the risk for youth offending and violence exist on many levels; at the individual level (e.g. gender, or having a learning difficulty) within the family (e.g. family breakdown or abuse) or at a wider environmental level (such as deprivation or homelessness). Research on violence prevention has categorised these risk factors into individual, relationship, community and society (Figure 3.1).

Adverse childhood experiences (ACEs) such as abuse or neglect, separation from or poor attachment to parents, overly harsh or lax parental discipline, parental mental ill-health, substance misuse, criminal involvement and domestic violence all increase the risk of adolescent involvement in violence. Children who experience early trauma are more likely to develop behavioural or conduct issues, and experience school exclusion, making them more susceptible to exploitation and entry into youth crime[1].

Risk factors do not exist in isolation; they interact with each other and can be cumulative. As such, a young person may experience multiple risk factors at any given time.

Figure 3.1 A summary of risk and protective factors for offending behaviour for children and young people[1]

	RISK FACTORS	PROTECTIVE FACTORS
INDIVIDUAL	• Genetic or biological • Perinatal trauma • Early malnutrition • Behavioural and learning difficulties • Alcohol or substance misuse • Traumatic brain injury • Gender	• Healthy problem solving and emotional regulation skills • School readiness • Good communication skills • Healthy social relationships
RELATIONSHIPS	• Low family income • Poor parenting and inconsistent discipline • Family size • Abuse (emotional, physical, sexual) • Emotional or physical neglect • Household alcohol or substance misuse • Household mental illness • Family violence • Family breakdown • Household offending behaviour	• Stable home environment • Nurturing and responsive relationships • Strong and consistent parenting • Frequent shared activities with parents • Financial security and economic opportunity
COMMUNITY	• Unsafe or violent communities • Low social integration and poor social mobility • Lack of possibilities for recreation • Insufficient infrastructure for the satisfaction of needs and interests of young people	• Sense of belonging and connectedness • Safe community environments • Community cohesion • Opportunities for sports and hobbies
SOCIETY	• Socio-economic deprived communities • High unemployment • Homelessness or poor housing • Culture of violence, norms and values which accept, normalise or glorify violence • Discrimination • Difficulties in accessing services	• Good housing • High standards of living • Opportunities for valued social roles

Protective factors which reduce risk of violence mirror the risk factors and vulnerabilities. At the individual level, they include good social skills, emotional regulation, self-esteem, academic achievement, strong bonds with parents, positive peer groups, good attachment to school, and a sense of identity or community. Protective societal and community factors include economic opportunities, access to services and social support, safe and stable housing, and well-maintained community spaces designed to increase ownership, visibility and access as well as promoting positive interactions. Reducing risk factors and strengthening protective factors is a cost-effective way of preventing violence among young people[2].

In 2018 there was an increase in offences involving knives and sharp instruments in the UK. The increase prompted a surge of local, regional and national action to address the growing concern for young people's safety, including the mobilisation of the Mayor of London's Violence Reduction Unit (VRU) and renewed local partnership efforts. Despite overall reductions in knife and gun crime in London since 2019[3], 2021 saw a rise in the number of teenage homicides: 30 young Londoners lost their lives to violence last year, the highest number on record[4].

3.1.1 Violence against women and girls (VAWG)

Girls and young women face different risks to their personal safety than boys and young men. Vulnerable girls and young women are at higher risk of child sexual exploitation (CSE), domestic, peer and sexual violence or harassment[5]. Gang involvement brings them different and often less visible risks, including sexual assault, unwanted pregnancy, sexually-transmitted infections, threats of violence, and mental trauma[6]. In addition, their identity is often not known to police and other agencies, thus increasing their vulnerability[7].

In England and Wales a quarter of girls and young women aged 13-17 (and 18% of boys and young men) reported experiencing physical violence from an intimate partner[8]. 9.6% of 16-19 year olds reported experiencing domestic abuse[9]. The first lockdown of the COVID-19 pandemic (April to June 2020) saw a 65% increase in calls to the National Domestic Abuse Helpline[10]. This period also saw widespread debate about the safety of all women and girls following a number of tragic and high-profile murders, and thousands of testimonies from young people regarding sexual violence in the education system (schools and universities) on the *Everyone's Invited* website[11].

The intersection between age and gender is also important. Islington's VAWG strategy[11] recognises the particular risks faced by adolescent girls and young women and sets out clear strategies to address them.

3.1.2 The Impact of COVID-19

Rates of violent crime reduced during the pandemic and lockdowns[12]. However, the pandemic has exacerbated many of the social and economic factors which put young people at risk, including reduced household income, housing instability, domestic violence, poor mental health and less stable employment[13]. These factors are likely to have the most impact on the borough's most disadvantaged families.

A report by the Children's Commissioner in 2020 expressed concern that during lockdown, many of the early warning systems such as schools noticing changes in children's behaviour were not operating, so that identifying children at risk of criminal exploitation and associated violence was increasingly difficult[14]. There is also a danger that more children and adults have been drawn into the 'informal economy' as a result of the pandemic, including drug dealing and county lines, which are strongly associated with risks of serious violence[7].

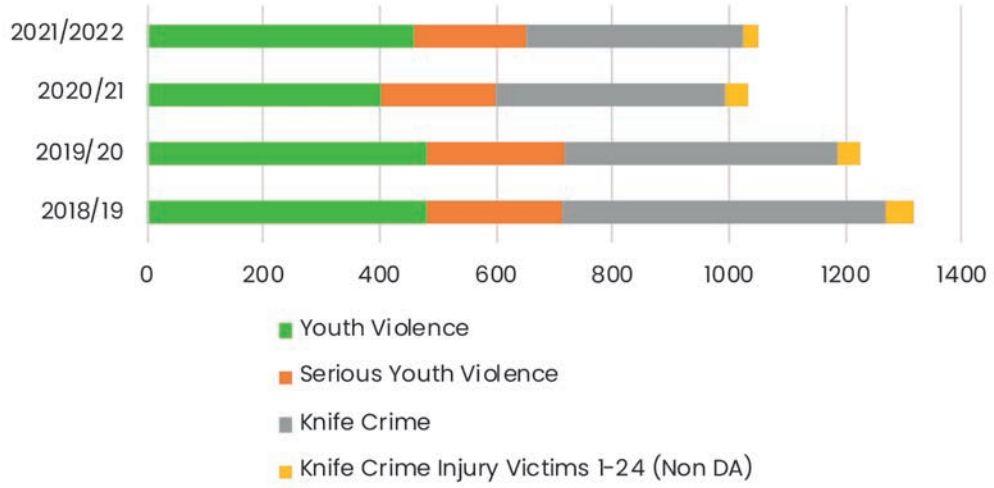
3.2 Young people's safety in Islington – Local Insight

In Islington there were 2,827 victims of violence by young people aged 10-24 per year between 2019 and 2021[15]. The number of young people aged 10-24 who were accused of a violent crime (actual bodily harm, grievous bodily harm, robbery, attempted murder and murder) has been similar in these three years, ranging from 197 in 2019 to 206 in 2021.

Prior to the pandemic, Islington was making good progress on a number of youth safety indicators, including a 70% reduction in the number of children who had received a custodial sentence, from 30 in 2016/17, down to 9 in 2019/20, and a 46% reduction in the number of known knife crime injury victims aged under 25, between 2017/18 and 2019/20.

In Islington there has been a 9% reduction in youth violence in 2022 as compared to 2018, and a 2% reduction in serious youth violence (see figure 3.2). Islington was ranked 24th highest out of 32 Metropolitan Police Service (MPS) boroughs for youth violence in 2022 and 18th highest for serious youth violence.[16,17]

Figure 3.2 Youth Crime performance indicators for Islington (2018/19 to 2021/2022)[16]



In 2021, 186 of the victims of youth violence (21%) were aged between 10 and 14. This is similar to 2019 where, again, 21% were aged between 10 and 14 (230 cases).16% of the young people accused of violent crime were aged 10-14[17] (16 cases).

The vast majority of known victims and suspects of youth violence in Islington are male: 75% of youth violence victims in 2019, 89% of young people accused of violence (2017-2019), and 95% of young people starting an intervention with the youth offending service (2016/17-2018/19)[17].

In Islington in 2019, nearly 60% of reported offences involving violence against young people were for robbery (652 out of 1,098). Nearly a quarter were for actual bodily harm (262 out of 1,098), a number which has been decreasing since 2017. 15% (166 cases) were for grievous bodily harm. Between 2017 and 2019, 39% of young victims of violent crime were related to the person accused, as a family, relative or partner (228 cases).

From January to December 2022, Islington recorded 411 knife crime offences, representing a 7% increase compared to 2021. However, the longer-term trend shows a 34% reduction from 2018. This is a greater decrease than that seen over the same period across the wider MPS, which saw a 14% reduction. Islington was ranked 12th highest out of 32 MPS boroughs in 2022 for knife crime offences. Islington also saw a 40% reduction in knife crime injuries from 2018 to 2022[18].

Reducing the number of first time entrants to the youth justice system is an important priority for Islington council and its partners. In 2021/22, 45 young people entered the youth justice system for the first time, a reduction of 26% from pre-pandemic levels (61 in 2019/20)[18].

There are a range of interventions available to young people in Islington who are assessed as presenting a medium to high risk of reoffending following assessment. This has helped to make good progress on reoffending rates, with the most recent data showing a drop of 45% from a rate of 37% in 2019/20[19] to 20% in 2021/22[20]. This rate is lower than most of London, and lower than our statistical neighbours.

The long-term trend on the number of custodial sentences for young offenders also remains positive, with two and four young people given custodial sentences in 2020/21 and 2021/22 respectively, compared to 30 in 2017/18, 26 in 2018/19 and 7 in 2019/20. This is largely attributable to having a range of effective interventions to manage risk in the community and a strong working relationship and reputation with various Courts[7,20].

3.2.1 Risk factors for serious violence affecting young people in Islington

Young people in Islington have significantly greater vulnerability to risk factors for being involved in or affected by violence. The most vulnerable young people are at the greatest risk. In Islington, data shows that young people who have suffered abuse or emotional or physical neglect, live in a lone parent family or with a parent who has substance misuse issues, and have experienced domestic abuse and/or exclusion from school are more likely to become involved in crime and youth violence[20]. These risks are amplified by deprivation: Islington has one of the highest child poverty levels in the country. 52.9% (7,500) of primary school age children and 69.6% (5,300) of secondary school age children are eligible for the Pupil Premium[7].

Not being in education, employment or training (NEET) is also a risk factor for involvement in violence. Permanent exclusions in Islington fell from 20 in 2018/19 to one in 2020/21, a 95% fall. This compares to a drop in London of 61.6% and a drop in England of 48.3% over the same period. Disadvantaged young people, young people with special educational needs or disabilities (SEND) and from some ethnic groups in Islington are at higher risk of school exclusion. In 2022, 41% (21 individuals) of young people in the Islington Youth Justice service required SEND support, and 67% (34 individuals) had at least one fixed-term exclusion from school (significantly higher than the rate for all secondary school pupils in Islington)[7]. In 2022, 33% (17 individuals) of young people known to the Youth Offending Service (YOS) were children looked-after and 13% (7 individuals) were children in need[21].

3.2.2 Ethnicity and youth safety in Islington

In Islington, the risk of being a known young victim (under 18) of violence is higher for black communities (16%, compared with 8% of Islington's youth population) and lower for Asian communities (15%, compared with 23% of the youth population). Young people from a black and mixed ethnicity in Islington are overrepresented in the criminal justice system; of young people (aged 10-17) found guilty of a youth offence, 38% were black (compared to 13% in Islington's overall youth population), 36% were white (compared to 52% in Islington's youth population) and 20% of mixed ethnicity (compared to 12% in the youth population)[17].

Boys and young men with black Caribbean and black African ethnicity are particularly vulnerable cohorts in Islington. They are more often identified as at risk of gang involvement, criminal exploitation, serious youth violence and child sexual exploitation; they are more likely to be subject to child protection plans, to be looked-after children, or children in need[7]. Black Caribbean boys have the highest levels of offending in the borough[7]. Black African boys have a fixed-term exclusion rate almost four times higher than the borough average and are more vulnerable to exploitation into county lines activity. Mixed-race black/white boys are least likely to be in education, employment and training compared to other young people in Islington[7].

White boys from lower socio-economic backgrounds are also vulnerable to child criminal exploitation or serious youth violence exploitation. They have higher than average persistent absence or exclusion from secondary school, and a higher than average rate of being NEET at the age of 16-17[7].

Islington's Youth Safety Strategy 2020-2025 prioritises taking action on these stark and entrenched disproportionalities by building on innovative work carried out by Islington's YOS, City University and the Youth Justice Board in 2020.

Islington's Youth Safety Strategy 2020-2025

Core activity areas	Objectives
1. Prevention 2. Identification 3. Engagement 4. Diversion 5. Support 6. Protection 7. Disruption* 8. Enforcement and Prosecution* * for the more prolific, high-risk and persistent offenders	1. Protect children and young people from violence, abuse and exploitation 2. Foster stronger and safer communities, public spaces and schools 3. Safeguard children and young people and support families, parents and carers 4. Build the resilience of Islington's children and young people 5. Secure school inclusion and maximise academic and vocational achievement 6. Address inequality and disproportionality within the youth and criminal justice system 7. Reduce reoffending for those children and young people who have become more persistent in their offending behaviours 8. Empower communities to create a safer environment for all, but especially for children

3.2.3 Gangs, drugs and county lines in Islington

In Islington, exploitation of young people within the drugs trade, county lines and gangs, alongside income deprivation place young people at particular risk. The drugs market in Islington is an aggravating factor in youth violence; vulnerable young people, particularly young men and boys, can be groomed from a young age and exploited for profit by adults involved in the drugs trade and county lines drug distribution. This risk is heightened if they are from the African or African-Caribbean community, if they have learning difficulties, or if they are living with autism[7]. While many young people 'age out' of involvement in crime as they enter adulthood, there is growing evidence that a lack of viable routes out of gang crime mean that some young people stay longer, further increasing their risk of lengthy prison sentences, serious injury or death[7].

3.2.4 VAWG and Domestic Abuse in Islington

Eight percent of domestic abuse survivors who accessed support were aged 18 or under in 2020/21; however, in 69% of all referrals, children were present in the household, highlighting the extent to which domestic abuse affects young people's lives. 16.5% of calls to the Children Services Contact Team (CSCT) raised concerns of domestic abuse; the single most common issue in contacts with the service[22]. Exposure to domestic abuse in early childhood is a common feature in the backgrounds of persistent young offenders in Islington[23].

There were 102 reports of child sexual exploitation (CSE) in Camden and Islington in 2019/2020. Of these, 36 were related to criminal child exploitation. Online child exploitation was the most common type of CSE (though in the majority of cases, the type of exploitation was not recorded). In 85% of cases the victims were female; victims were aged between 1 and 20 years (the majority were between 14 and 17 years old)[22]. Bullying, language barriers, school exclusion or non-attendance, substance misuse, family instability and being a previous victim of rape, sexual assault, domestic violence or abuse, or having a family member or friend who was sexually exploited, all increase the risk of a child or young person being sexually exploited.

3.2.5 Perceptions of safety in Islington

When young people in Islington are asked about violence, they often talk first about their sense of safety. A Health-Related Behaviours Questionnaire (HRBQ) conducted amongst primary and secondary schools pupils in 2021 found that the majority of pupils (94%) feel safe going to and from school; however 35% of both primary and secondary pupils reported not feeling at all safe when they go out after dark. This was slightly higher than the portion of secondary school pupils who agreed with this in 2017 but the same for primary school pupils, 29% and 35% respectively[24].

16% (14% in 2017) of all secondary pupils in the survey and 20% of Year 10 boys (the highest for any group) said that someone had attacked or tried to attack them in the last 12 months. 3% said that a weapon was used or threatened. 14% of secondary school pupils responded that they are 'fairly sure' or 'certain' they know someone who carries a weapon, significantly down from 26% in 2017.

Approximately a quarter of secondary school pupils reported being worried 'quite a lot' or 'a lot' about gangs and knife/gun crime, with 23% and 25% respectively for boys, and 23% and 27% for girls[24].

75% of Year 6 pupils said that their lessons about safety and crime were 'quite useful' or 'very useful'; 59% of Year 8 and 47% of Year 10 said the same. It should be noted that the survey period 2020/21 coincided with the COVID-19 pandemic lockdowns and restrictions, including remote learning which may have impacted on the findings.

3.3 What works to improve youth safety and address youth violence in Islington?

A public health framework for prevention of youth violence[25]

Primary prevention: Tackling root causes	Secondary prevention: Managing risk factors	'Escalator moment' prevention	Tertiary prevention: Reducing the effects
• Early years enrichment programmes • Parenting support programmes • Positive school environments • Improving community resilience • Good housing • Safe streets and places to go • Promoting mental wellbeing • Tackling drug supply chains	• Reducing fear for own safety • Improving trust in authority • Not tolerating school exclusion • Managing conduct disorder • Tackling child maltreatment • Treating substance misuse	• Diversion from gang involvement • Engaging bystanders • County Lines work • Agile responses to intelligence from authorities • Contextual safeguarding – safe places and environments • Safe havens • Tackling triggers for violence	• Supporting bystanders • Supporting victims to prevent recurrence • Reducing availability of weapons • Supporting ex-offenders through probation and other services • Criminal Justice System response • School policies on response to violence • Data gathering to inform place-based responses.

Taken from the Mayor's report on *Serious Violence Affecting Young People in London: Progressing a Public Health Approach to Violence Prevention and Reduction*.

Locally, there are multiple and wide-ranging strategies and interventions which bring partners together to address youth violence and improve safety. These include:

- The Youth Safety Strategy 2020-2025 (2020)
- The Violence Reduction Strategy (VRS) 2022-2027 (2022)
- The Violence Against Women and Girls (VAWG) Strategy 2021 – 2026 (2021)

Islington's five-year Youth Safety Strategy launched in 2020, setting out how we will work with partners and local communities to keep children and young people safe. It uses an evidence-based public health approach, maximising protective factors within communities, neighbourhoods, families, schools, and ensuring an early response to provide support as soon as problems emerge, rather than when they reach a crisis point or require specialist interventions.

This is closely connected to Islington's VRS 2022 – 2027 which sets out a community partnership response to tackling serious violence and crime across all ages and communities in Islington. The strategy pledges to adopt a whole-community approach to support all victims, families and communities affected, provide positive opportunities to those at risk of becoming involved in violence, and rehabilitate offenders. Integral to this vision is the commitment to addressing the disproportionate impact of violence on certain groups – namely young women, black men, and vulnerable adults.

Islington's adoption of the public health approach to address youth violence is evident in the development and adoption of trauma-informed practice (ITIP) within early years and schools in the borough. To date, 33 (of 59) schools in Islington have signed up (with over 800 school staff trained) as well as 13 early years settings and 14 voluntary and community organisations. The aim is to improve staff understanding of the physiological, social, emotional and academic impacts of trauma and adversity on children and young people, to better support students whose troubled behaviour acts as a barrier to learning, and respond, in a more consistent and unified way across the school, to the needs of these pupils. An evaluation of the programme identified a range of impacts for staff and pupils including:

For staff

- Better understanding of trauma and increased empathy for pupils
- An increase in strategies to respond to pupils' emotional, social learning needs and behaviour
- Improved staff support, self-care and self-regulation

For pupils:

- More pupils seeing the school as a safe place
- Greater understanding of the stress response and more strategies to cope in times of stress
- Improvements in behaviour and promising results in relation to numbers of exclusions [26]

The approach also saw more collaborative working between schools and partners including the police when there are concerns about individual pupils, and more effective use of referral pathways.

A trauma-informed approach to youth crime has also been introduced. This means viewing young people who are involved in or affected by crime as children first, and recognising that exploitation of young people, including county lines, in criminal activity is actually a child protection issue. It also means that the Targeted Youth Support and YOS, and children's services, take a trauma-informed approach to supporting young people. Data on local and national metrics shows that trauma-informed approaches and developing more relational based work with young people is working.

Feedback on Islington's trauma-informed practice (ITIP) intervention

"ITIP has opened people's eyes to what the reason is behind this behaviour. Understanding that the reason for some children's behaviour and the things they do was because of trauma - it was eye-opening. Helpful to be able to talk and discuss."

[Primary school teacher]

"One child came to me after an incident in the playground and said 'I've come to talk to you because I'm really angry about what happened and I wanted to hit him but I didn't. I just wanted to talk to you.' The child said he would sit there and wait and talk once I was ready. This child can be very aggressive when he can't regulate. He's now telling staff regularly that he wanted to hit people but didn't.'"

[Primary school teacher]

"Stabbings, poor mental health and suicides are the fallout from these events [stabbings]. The impact of youth violence is community trauma – PTSD – and our children especially are traumatised by violent incidents."

[Community partner]

"[The] approach enabled us to set up a calm learning environment for the children and to change the mind-set of our staff"

[Headteacher from secondary school]

Early support for young people and families at risk of, or affected by, youth violence, particularly those who are least likely to ask for help, is important. Locally, interventions by the Youth Justice Service, the Integrated Gangs Team (IGT), Targeted Youth Services (TYS), and the Post-16 Participation/Progression programmes, as well as many third-sector agencies such as Arsenal in the Community (amongst others) aim to create alternative futures for young people involved or at risk of being involved in gangs and/or crime.

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

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

Engaging with and supporting young people at key points immediately following harm or offending may also help to reduce further harm and improve outcomes. For example, the Red Thread[i] support service at UCL Hospital and the St Giles Trust[ii] at the Whittington Hospital, aim to identify young people (aged 11-24) who have been subject to violence, admitted to the Emergency Department (ED) and referred onto onward support. This also includes supporting siblings of young people who offend and/or are gang-affiliated to prevent them from becoming involved in the criminal justice system. Local and national evidence suggests that successfully embedding specialist youth workers within the ED team provides opportunities for a public health approach to complex 'youth problems', such as violence, drug and alcohol addiction and mental health concerns, during these 'teachable moments', which can help reduce risk behaviours[27,28,29,30]. A similar approach where youth workers engage with young people in the custody suite at police stations has been delivered in Islington since 2021/2 through a programme called 'Engage'.

3.3.1 Interventions to address Domestic Abuse (DA) and VAWG

Islington's VAWG Strategy (2021-2026) outlines the increased investment in Islington's specialist VAWG Services, funding of the new Independent Domestic Violence Advocate roles, and establishing one of the first multi-agency Daily Safeguarding Meetings in London, to provide a faster, whole-system response to high-risk cases of DA. It reinforces Islington's zero-tolerance approach to the mistreatment, abuse and violation of women and girls, and its commitment to working towards eliminating all forms of VAWG, supporting survivors, and rehabilitating and making perpetrators accountable for their actions. This new investment and service expansion supported local VAWG services to respond to the unprecedented increase in demand and complexity of need which was prompted by the pandemic.

Islington recognises the need for reparative interventions, to address the damage caused by abuse, neglect, trauma and loss, as well as by abusers who frequently deliberately undermine the bond between the child and the non-abusing parent. Examples of some services and initiatives Islington has put in place to support children and families to repair and recover from DA are outlined below:

- DART: Domestic Abuse Recovering Together programme, supporting non-abusive parents and children to repair and recover from harm caused
- The Keel multi-agency team which tests new ways to work with families experiencing DA

i. www.redthread.org.uk
ii. www.stgilestrust.org.uk

- The Sunflower project supporting children in schools who have experienced DA in their families and offering therapeutic groups to survivors of DA
- The Journey to Chance service, developing interventions with young people and families where there is child-to-parent violence

In response to the shocking revelations of sexual abuse in schools exposed by the *Everyone's Invited* website in 2021 and the subsequent Ofsted review, Islington Council's Schools Health and Wellbeing team worked closely with local schools to refresh safeguarding protocols and policies, implemented multi-agency training on peer-on-peer sexual harassment and harmful sexual behaviour, delivered facilitated sessions, and provided support to schools on developing the personal, social, health, citizenship and economic education (PSHCE) curriculum.

3.4 Recommendations

1. Ensure there is a strong focus on prevention and early intervention, and a persistent focus on addressing the experience of trauma in children and their family's lives, to reduce offending and reoffending. This should build on the recognition that many young people become involved in offending / exploitation / serious youth violence because of trauma experiences, such as neglect, abuse and exploitation.
2. Continue to deliver and promote accessible and engaging youth services, to provide a positive alternative to entry into gangs, crime or violence, with a particular focus on groups and communities which are less likely to engage. It is essential that young people inform these services by having their voice heard through co-production of designing and delivering services.
3. Deliver community-based activities to engage with parents, carers and families to equip them with the skills and knowledge to identify a young person at risk and know how to support them before they get into trouble. These should be evidence-based with a proportionate universalism approach, focused on the communities most affected by youth violence in order to tackle the stark inequalities that exist.
4. Give young people the life skills to increase resilience and teach young people how to process or address trauma or stress, including problem-solving and anger management. This should include universal and targeted approaches, incorporating the concept of 'teachable moments'.
5. Improve the relationship between communities and the police, including addressing the lack of trust that many young people have, especially those from black communities.
6. Change language and communication to reflect the fact that a large proportion of young offenders are also victims, that young people's experience of trauma and ACEs can lead to vulnerabilities and patterns of behaviour associated with youth violence, and that vulnerable young people are at most risk of grooming for gang membership and subsequent exploitation.
7. Work with schools and other youth settings to tackle peer-on-peer sexual harassment and sexual violence, including monitoring of offences and encouraging a supportive environment where victims feel able to report abuse, whether it be school-based or domestic violence.

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Image: Anjuma, 16 years old

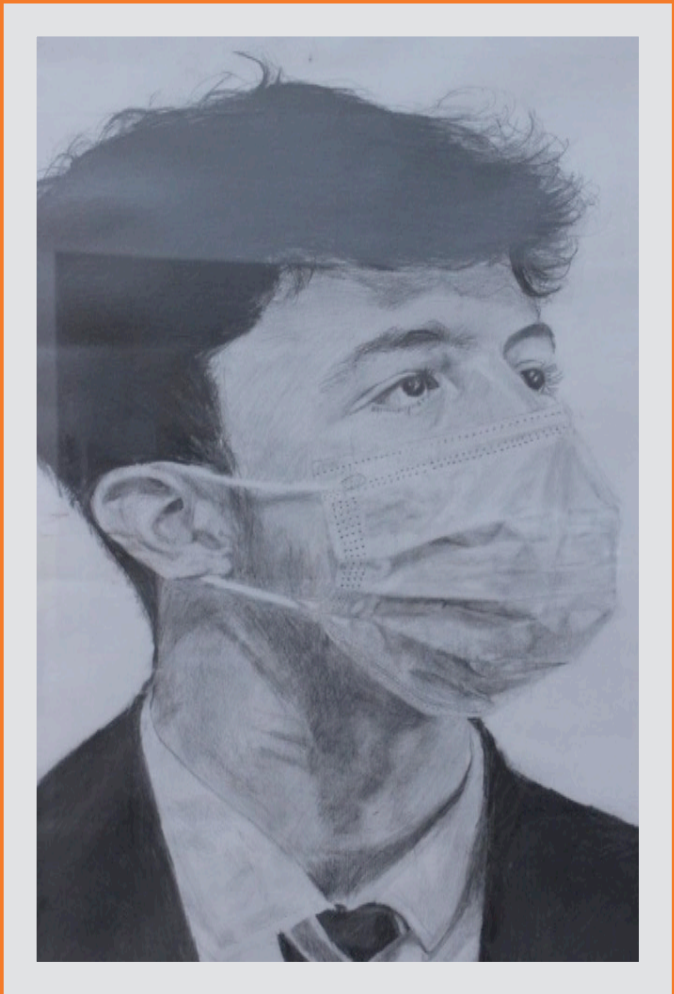


Image: Nour, 16 years old

4. EDUCATION, EMPLOYMENT AND TRAINING

Ofsted rating

88%

Good or better

Source: Ofsted 2022

Achievement

Almost 3 in 4

16 year olds left school with a standard pass (grade 4 and above) in English and Maths in 2022

2 in 3 disadvantaged

16 year olds left school with a standard pass (grade 4 and above) in English and Maths in 2022

Source: ONS (Key stage 4 performance revised/2021-22)

Attendance

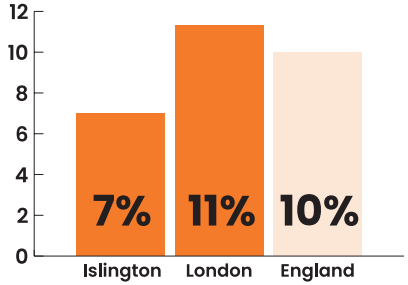
95% attendance levels

for Islington secondary schools in autumn and spring 2020-21, similar to England and inner London averages

Source: Department for Education 2021

Unemployment benefits

18-24 year olds claiming in August 2022



Source: ONS (Claimant count by age, 2022)

Exclusions

1 permanent exclusion (rate of 0.01)

in Islington secondary schools (2020-21), comparatively fewer than the national average rate of 0.1

In the same period, there were

1,340 suspensions (rate of 14.9)

comparatively more than the national average rate of 8.5

Source: ONS (Permanent exclusions and suspensions in England: 2020 to 2021)

4.1 Introduction

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

The quality of education and training for young people has short and long-term impacts on employment opportunities, income and job satisfaction. These factors in turn affect health and quality of life; they influence our social networks, where we live and the quality of our housing[1]. The 2015 Incheon Declaration confirms that education develops the skills, values and attitudes which enable citizens to lead healthy and fulfilled lives, make informed decisions, and respond to local and global challenges[2].

Educational outcomes have significantly improved in the borough. For example, the proportion of pupils achieving a standard pass in English and Maths has risen from 64.2% in 2015/16 to 72.9% in 2020/21[3]. However, it remains the case that inequalities in educational outcomes and employment opportunities continue to be significantly linked to wider social determinants and disadvantage. For example, the proportion of young people aged 16 to 17 known to be not in employment, education, or training (NEET) in 2016 was 1.1%, whilst in 2021 the proportion was 1.7%[4].

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

4.1.1 Impact of inequalities on education

Factors associated with inequality and attainment gaps include economic disadvantage, ethnicity, disability, gender, and whether a child has been in care or has special educational needs or disability (SEND)[5]. Educational inequalities emerge in very early childhood and the effects continue throughout a person's life, affecting entry into higher education, future employment, and lifetime earnings[6].

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

Higher rates of absenteeism are associated with poor academic performance, school dropout and a lower likelihood of college enrolment, i.e. a higher risk of becoming NEET. In the long-term, school absenteeism is associated with a lower likelihood of employment and higher likelihood of smoking, problem drinking, and taking drugs[7].

4.1.2 The impact of the COVID-19 pandemic

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

Secondary school students in England missed up to 110 classroom days as a direct result of schools being closed to all except vulnerable pupils and children of key workers during the pandemic. Taking into account learning at home rather than in the classroom during this time, pupils in England lost up to 61 days of schooling[8]. After schools re-opened, classroom learning continued to be affected when classes and 'bubbles' needed to self-isolate if COVID-19 infections were identified in pupils or staff members.

Although schools remained open for vulnerable pupils and children of key workers, aspects of the pandemic are likely to have been more detrimental to education for young people with SEND or those from lower socio-economic backgrounds[9].

Nationally, many young people, including those with complex needs, did not attend school or college during the first national lockdown. Some did not have a place in school because they did not have an Education, Health, and Care plan (EHC plan) (the definition of 'vulnerable children' did not include those receiving SEND support without an EHC plan). Some did not attend because their parents were too anxious to send them in, or because schools said that their health or personal care needs could not be met. Whilst some who received remote education coped well with this, others did not. When schools and colleges reopened fully to all pupils in September 2020, not all those with SEND returned. OFSTED found more positive findings in areas where parents and carers had been given meaningful involvement in planning and decision-making[10].

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

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

Deprived areas also experienced higher infection rates, with the rate in the most deprived quintile being 1.9 times higher than the rate in the least deprived quintile among males and 1.7 times among females as of 9th May 2020[11]. This had practical consequences for school attendance, meaning that secondary school pupils in the most deprived areas were more likely to miss school than those in the least deprived areas, primarily driven by needing to self-isolate as close contacts[12].

Students from black, Asian, and minority ethnic backgrounds were less likely to return to school in June and July 2020 when schools invited certain year groups to return on a voluntary basis. As schools reopened for all pupils, they reported that an average 49% of pupils from black, Asian and other ethnic minority groups returned to school, compared to an average 56% of all pupils during that period. Schools with higher proportions of students from black, Asian, and minority ethnic backgrounds were more likely to report non-attendance, which was to a great extent due to parents' safety concerns[13].

Whilst schools worked hard to provide education online for pupils and remained open for vulnerable pupils and children of key workers, young people with underlying health conditions had to shield at home. This included 203 young people aged between 10-19 in Islington (0.9% of all young people aged between 10-19)[14]. Online education was unsuitable for some disabled young people who require more specialist assistance and care.

In an *Inclusion London* survey, one London parent said, "My child with special needs has been unable to attend school for the duration of the lockdown, causing a huge amount of anxiety and distress within the household. He has also had all external support and care removed"[15].

The need to move to remote learning for most young people may also have had adverse impacts on those for whom school can act as a gateway to other services or support. Specific examples described include LGBTQ+ young people, living in unsupportive and potentially abusive homes and no longer having a gateway to mental health services, or schools no longer identifying young people who may have developed eating disorders, if parents do not notice gradual weight loss at home[16].

An Islington Recovery Curriculum was co-designed by New River College and the council's School Improvement Team, to support schools and pupils on the return to face-to-face education as a result of national lockdowns. A bank of resources was created by officers across the council, including Cultural Enrichment, World of Work, Music Education, Early Years, School Improvement and Health and Wellbeing teams to support the mental health and wellbeing of children and families. Additional resources were created to support transition of Year 6 pupils to secondary school.

The experience through the pandemic has helped inform and shape Islington's new Education Strategy and the priorities within it. These priorities will address the inequity of experience for vulnerable children and young people, which has been exacerbated during the pandemic.

4.1.3 Impact on training and apprenticeships

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

Young people from disadvantaged backgrounds are less likely to do well academically at school and progress to higher education, and these socioeconomic inequalities in schooling are compounded by structural problems in post-16 education, which tends to track people into narrow subject areas. Although apprenticeships in England attract a return in the labour market, access to apprenticeships is unequal, as those from low socioeconomic groups are more likely to commence an intermediate apprenticeship (GCSE level equivalent) than an advanced apprenticeship (A level equivalent and above)[17].

The pandemic significantly impacted apprenticeship placements. Many were based in sectors which were closed for long periods or suffered large reductions in business, such as the hospitality sector. Many apprentice roles were not transferrable to home working, for example due to the need for specialist on-site equipment, or home learning could not be accessed due to a lack of internet, or because the learning provider had closed[18]. Young people also had less access to careers advisors, and many employers put recruitment of apprentices on hold(9). These issues have particularly affected young

people from lower socioeconomicc backgrounds as they are more likely to access such training and apprenticeships than young people from more affluent backgrounds.

The pandemic also seems to have intensified the shift towards higher-level apprenticeships and older apprentices (aged 25+) and away from younger, more socially disadvantaged apprentices. This may in part be due to the fact that apprentices from disadvantaged backgrounds are less likely to receive financial support from their families, especially during a period of increased financial strain caused by the pandemic and so are less likely afford the cost of staying in apprenticeship roles[19]. In Islington, apprenticeship starts among 19-24 year olds fell slightly from 260 in 2019/20 to 240 in 2020/21, before recovering to 310 in 2021/22[20].

Islington's Youth Employability and Skills (YES) programme was launched to provide a targeted package of employability and skills support to NEET young people aged 18-25 at risk of long-term unemployment as a result of the COVID-19 pandemic and other entrenched challenges. The programme has a focus on the most disadvantaged groups, namely care leavers, those with experience of the criminal justice system and NEET referrals from VCS partners. It offers outreach activity, employment coaching, careers information advice and guidance (IAG), skills tuition, world of work experience, access to therapeutic support, access to employment, education and training opportunities and support to sustain these outcomes.

4.1.4 Impact on employment

Work is an important part of people's lives. The concept of 'good work' has been defined as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development[21]. As well as providing money, good work contributes to a sense of identity, provides a structure to life, and helps support better physical and mental health[22].

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

Between 2013 and 2022, the percentage of young people aged 16-24 in employment with a zero hours contract in the UK rose from 5.7% to 10.6%, compared with a rise from 1.9% to 3.2% across all age groups over 16 years[23].

Low pay leads to an inability to afford items necessary for a healthy life, such as nutritious food, fuel to heat homes, adequate housing, and activities for social interaction, all factors which can also impact on a child's educational attainment where the family is low-income. Low pay also increases the risk of psychosocial factors that can cause stress and ill-health for those living with insufficient income and financial difficulties[24].

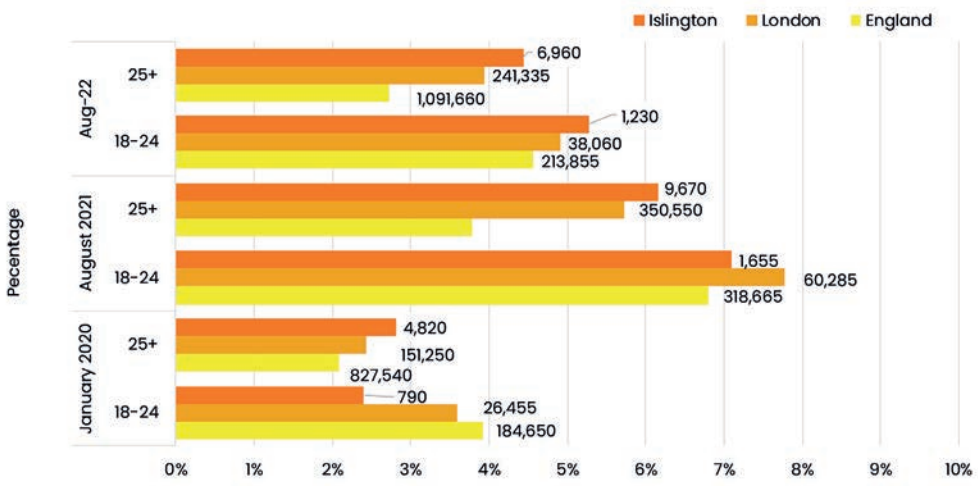
In 2022 the voluntary London Real Living Wage (which is set by a calculation based on a basket of goods and services) was raised to £11.95 an hour (to be implemented by 14th May 2023 at the latest), compared with £9.50 an hour for the statutory National Living Wage.

The minimum age for the London Real Living Wage is 18 years, compared to 23 years for the National Living Wage, significantly benefitting older adolescents as they transition to adulthood. Apprentices (of which 22.2% were aged under 19 in 2021/22) receive a minimum of £4.81 an hour under both schemes. Islington has been an accredited London Living Wage employer through the Living Wage Foundation since 2012, and currently over 200 businesses across the borough are accredited as living wage employers. This has led to around 3,000 Islington workers getting an increase in pay to the London Living Wage.

The Resolution Foundation found that young people were significantly more likely than older counterparts to have lost working hours, experienced lower pay, been put on furlough or lost their job during the pandemic. Spells of unemployment can have a long-lasting impact, as they can act as a negative signalling device for employers and put them off hiring such candidates. Time spent out of work or on furlough reduces opportunities for skills progression and reduces the track record of previous employment to show potential future employers[25].

During the pandemic, the proportion of all age groups claiming benefits increased significantly in Islington, London and nationally. In Islington, the proportion of those aged 18-24 who claimed benefits increased by 4.7% between January 2020 and August 2021, from 2.4% of the resident population (790) to 7.1% (1,655). This was higher compared to the increase in those aged 25 and over (3.4%) which rose from 2.8% (4,820) to 6.2% (9,670). Despite the increase, the percentage of 18-24 year olds claiming benefits in Islington in August 2021 was significantly lower than London but significantly higher than England (7.1% compared to 7.8% and 6.8% respectively). In August 2022, the percentage of 18-24 year olds claiming benefits in Islington was similar to London but remained significantly higher compared to the national average (5.3% compared to 4.9% in London and 4.6% in England)[26]. It is not possible to draw on comparable figures for under 18s, since in general means-tested, out-of-work benefits are not available to single people aged under 18 who do not have children, and therefore under 18s who are NEET face particular challenges.

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



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

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

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

Evidence shows that time spent NEET can have a significant and long-lasting detrimental effect on physical and mental health, as well as increasing the likelihood of unemployment, social exclusion, and low-quality or low wage work later in life. The most significant risk factors associated with becoming NEET are being a looked-after child or a child in need.

Children in need

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

Compared to England, a smaller proportion of Islington young people were NEET in 2020 and 2021. In Islington, the proportion of 16 and 17 year olds who were NEET or whose activity is not known went up from 4.1% (130 individuals) towards the end of 2019 to 4.8% (161) during the pandemic towards the end of 2020, although statistically this is not a significant change. Nationally, the proportion of young people who were NEET remained broadly similar over the period, although in 2021 the share of 16 and 17 year olds who were employed nationally (and not in full-time education) fell, offset by a rise in full-time study[14].

The pandemic also significantly affected young people not educated via the mainstream schooling system (those in alternative provision). A survey by the Centre for Social Justice found that a quarter of students aged 16 and over in alternative provision were likely to be immediately NEET in September 2020 because of the disruption caused by the COVID-19 crisis[27].

There is a broad consensus internationally that the youngest people furthest from the labour market, at risk of unemployment or unemployed, inactive or NEET, require intensive support and personalised information, advice, and guidance. Early warning and tracking systems are needed to ensure young people in need of support can be identified. Integrated, comprehensive, and holistic approaches to tackle unemployment locally are more effective for this group than only focusing on skill acquisition[28].

4.2 Local insight

At state-funded secondary school level, Islington has 10 mainstream schools (four maintained and six academies) plus three special schools at secondary level and one pupil referral unit (PRU).

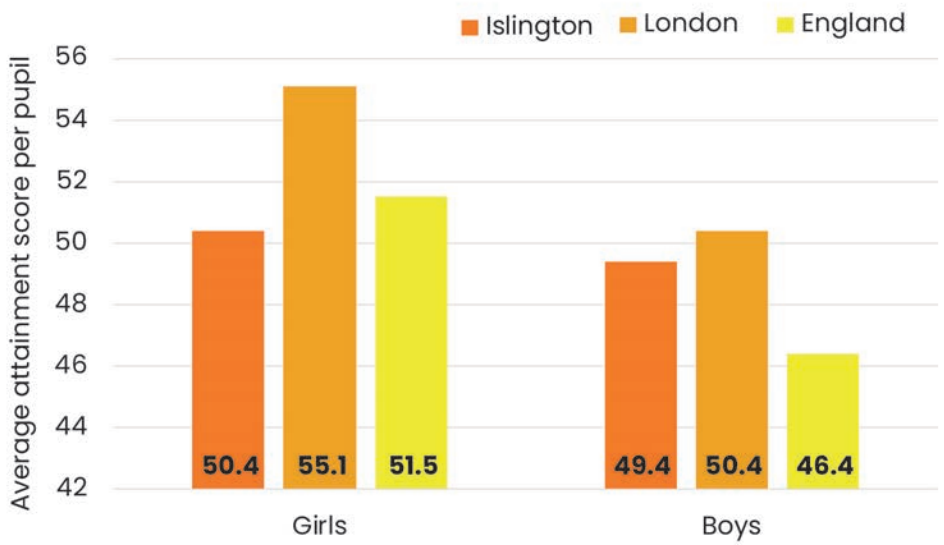
The Office for Standards in Education, Children's Services and Skills (Ofsted) rates 14 out of 16 Islington secondary schools as good or outstanding with two requiring improvement. All six special schools achieved good or outstanding ratings. Overall, 87.5% of Islington secondary schools were rated good or outstanding, compared to 91.4% in London and 81.2% in England. However, the number of schools in Islington is comparatively small so one school makes a large difference in percentage terms[29].

Attainment for Islington pupils, based on the average Attainment 8 score increased in Islington from 45.8 to 49.9 between 2018/19 and 2021/22, although there were some differences in assessments compared to pre-pandemic exams and exams during the pandemic. However, the increase of 4.1 points was greater than London (3.0 points) and England (2.1 points). Boys had a lower average Attainment 8 score compared to girls in 2021/22, the differential between genders in Islington of 1.0 points was smaller than the differential in London (4.7 points) and England (5.1 points).

The Attainment 8 score

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

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



Source: DfE, 2022

In 2021/22, 70.5% of Islington students achieved a standard pass in English and Maths (grade 4 or above), which is below the London percentage of 74.3% and just above the national average of 69.0%[30]. This represented an increase from 2018/19, when 63.5% of Islington pupils achieved a standard pass. This increase of 7% was greater than London (5.6%) and England (4.1%).

4.2.1 Inequalities in young people with Special Educational Needs

The number of state-funded secondary school pupils with an Education, Health, and Care plan (EHC plan) rose from 172 (2.0% of all pupils) in 2018/19 to 257 (2.8% of all pupils) in 2021/22. The increase in pupils with an EHC plan of 49.4% over this period was greater than in London (37.1%) and England (39.1%). Over the same period, the number of pupils receiving SEN support increased in Islington from 1,218 (14.2% of all pupils) in 2018/19 to 1,418 (15.5% of all pupils). The increase of 16.4% in Islington pupils receiving SEN support was greater than London (12.4%) but lower than England (18.6%).

Young people with an EHC plan had lower Attainment 8 scores compared to those with no EHC plan in 2021/22. In Islington, young people with an EHC plan had Attainment 8 scores of 11.7; 42.7 points lower than those without an EHC plan or SEN support, and lower compared to London (16.8) and England (14.3).

In 2021/22, 11.3% of Islington pupils with an EHC plan achieved a standard pass in English and Maths, compared with 78.6% with no EHC plan or SEN support, higher than in 2018/19 (9.0%). This was lower in 2021/22 than London (17.2% of pupils with an EHC plan) and similar to England (13.5%). In both London and England, a greater proportion of pupils with an EHC plan achieved a standard pass in 2021/22 compared with 2018/19, when 13.9% (London) and 11.1% (England) of pupils with an EHC plan achieved a standard pass.

Detailed data on exam results by special educational needs in 2021 have not been published to date. However, 29.4% of Islington students with SEN went on to higher education in 2021 (the most recent data available), lower than in 2020 (33.2%) This compares to 58.3% with no identified SEN continuing to higher education (56.4% in 2020)[31].

4.2.2 Inequalities in young people from disadvantaged backgrounds

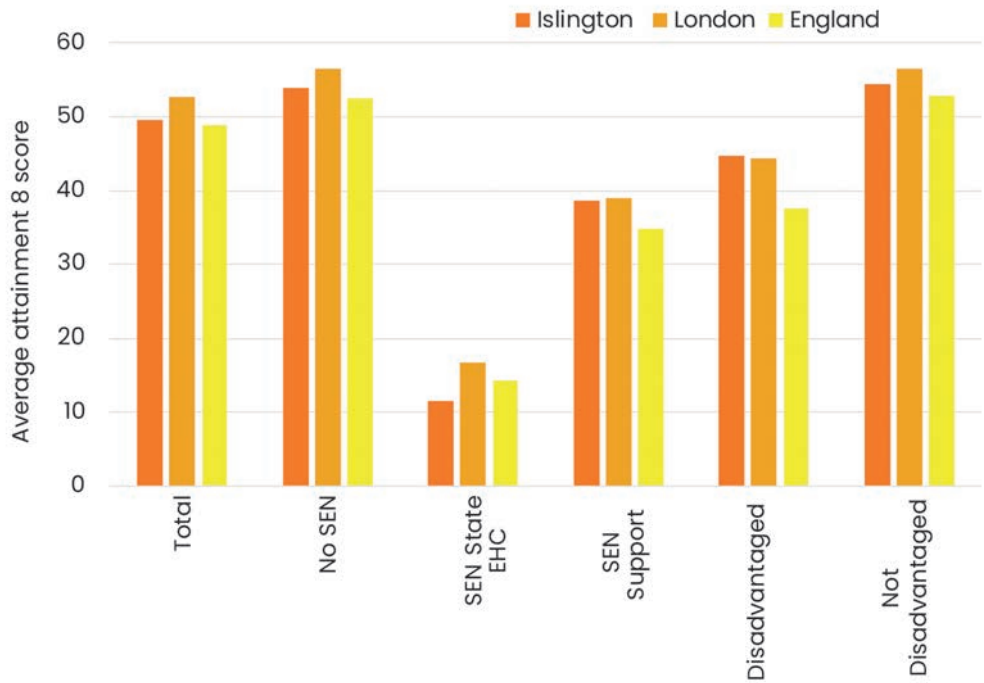
The number of secondary school pupils known to be eligible for Free School Meals (FSM) in Islington rose from 2,785 in 2018/19 to 3,783 in 2021/22; an increase of 35.8%. This compares to increases of 52.7% in London and 59.4% in England over the same period[32].

Disadvantaged pupils

Disadvantaged pupils include pupils known to be eligible for FSM in any spring, autumn, or summer term, alternative provision, or pupil referral unit census from year 6 to year 11, or are looked-after children for at least one day, or are adopted from care.

Young people from disadvantaged backgrounds in Islington had lower Attainment 8 scores. In 2021/22, disadvantaged pupils had an average Attainment 8 score of 45.3, compared to 54.6 for those not disadvantaged. This differential of 9.3 points was lower than London (12.1) and England (15.2)[32].

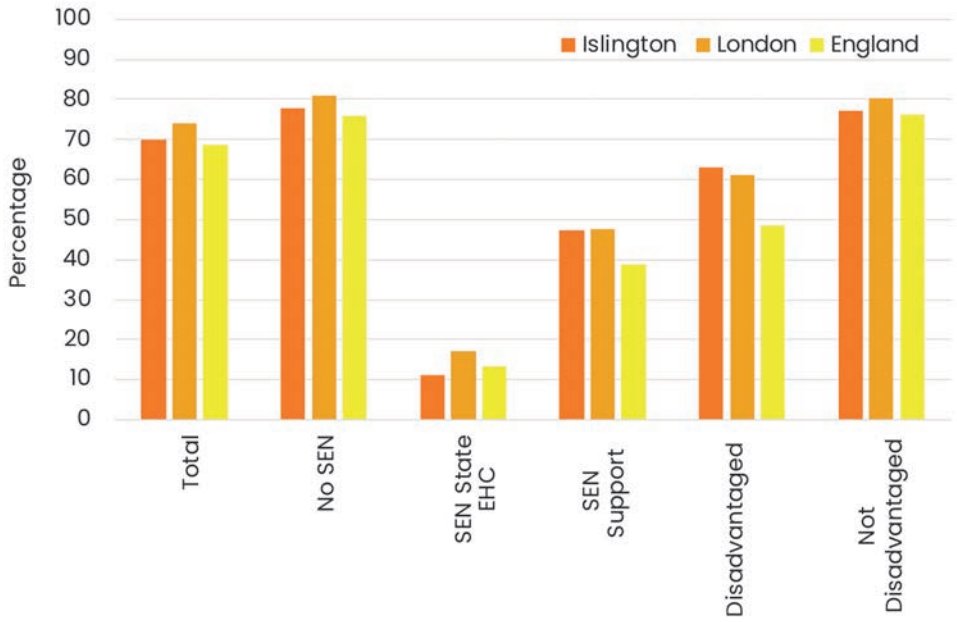
Figure 4.3 Average Attainment 8 score of all pupils, by SEN and disadvantage status, Islington compared to London and England, 2021/22



Source: DfE, 2022

Fewer disadvantaged Islington pupils achieved a standard pass in English and Maths in 2021/22 (63.1%) compared to pupils with no disadvantage (77.0%),and higher than London (61.0%) and England (48.4%).

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



Source: DfE, 2022

One in six young people in Islington do not reach a minimum of five GCSEs at Grade 4 (Grade C) or above (or the equivalent technical qualifications) meaning that they leave school without the necessary qualifications to begin certain apprenticeships or start technical or academic courses[33]. This rises to nearly one in four in young people who meet FSM eligibility criteria.

4.2.3 Inequalities in disadvantaged young people aged 16-19

Among Islington 19 year olds, 68.1% had achieved Level 3 qualifications in 2020/21 (Level 3 is two or more A levels or equivalent e.g. Level 3 vocational qualification) a lower proportion than London (69.8%) but higher than England (59.8%)[34]. This represents the most recently available data.

Disadvantaged 16-19 year old pupils are defined as:

- Pupils who have been eligible for FSM at any point over the past 6 years
- Pupils who have been looked-after continuously for at least one day in the last year
- Pupils who have left care through a formal route such as adoption

In 2020/21, 64.0% of disadvantaged young people aged 16-19 gained a Level three qualification, compared to 74.8% who were not disadvantaged. This 10.8 percentage points gap was smaller than London (15.5 percentage point gap) and England (24.8 percentage point gap).

4.2.4 Attendance

Overall attendance (excluding absence due to COVID-19) at Islington state-funded secondary schools in the autumn and spring terms of 2020/21 was 95.1%, similar to inner London (95.7%) and England (95.4%). However, this represents attendance of possible sessions when the school was open to all pupils, excluding periods when schools were closed for most pupils. Non-physical attendance when schools were only open to vulnerable pupils and children of key workers was recorded separately. Although overall attendance was similar to attendance in 2018/19 (94.6%), it is estimated that on average each secondary school pupil in England missed up to 110 days of education as a direct result of school closures since March 2020[35]. Due to the COVID-19 pandemic, the Government's data release on pupil absence in 2019/20 was cancelled, and incompatible weekly data was published for 2020/21[36].

Attendance across years 7 to 11 in Islington's special schools was lower than mainstream schools in 2020/21 at 82.3%, but higher than London overall (87.2%) and England (84.8%). This was despite Islington special schools having a lower proportion of Covid-related absences compared to secondary schools (6.6% vs 25.3%). Overall attendance was also lower than pre-pandemic attendance in 2018/19, when years 7 to 11 attendance in Islington special schools was 91.5% (London 90.0% and England 89.9%)[37].

The effect of deprivation on school attendance and attainment is also clear. Students eligible for FSM have the highest absence rates in Islington secondary schools (along with girls and some ethnic groups including Irish traveller, white Irish, white British and pupils with SEN support/EHCP (in 2020/21)).

In 2020/21 there were 1,463 persistent absentees in Islington missing 10% or more of possible sessions. As a proportion of all pupils, this was 18.6%, which was higher than London (13.8%) and England (14.8%). Of these, 97 (1.2% of all pupils) missed 50% or more of possible sessions, higher than London overall (1.1%) but lower than England (1.5%). Persistent absence in Islington, London and England were all higher in 2020/21 compared to 2018/19.

Permanent exclusions in Islington fell from 20 in 2018/19 to one in 2020/21, a 95.0% fall. This compares to a drop in London of 61.6% and a drop in England of 48.3% over the same period.

4.3 What works in Islington?

4.3.1 Education

A holistic approach to education, which addresses students' learning, social and emotional needs is crucial, and has become more apparent during the COVID-19 pandemic. To change outcomes in the long term for disadvantaged pupils, a one-off intervention is unlikely to be effective. Guidance from the Department for Education[38] on reducing the disadvantage gap advocates for a whole-school approach, where pupils are supported to achieve through all aspects of school life (including school ethos, curricula and policies).

Schools found ways to support young people's learning, ensuring all young people access education and using a wide range of interventions to overcome the barriers posed by lockdown including the digital divide.

The Department for Education allocated around 4,700 devices, of which the council distributed the first wave of 1,600. The DfE sent devices directly to schools during the second phase.

The council funded 420 devices for children in May 2020. During 2020 and early 2021 the council also bought and issued another 1,400 devices, with funding from Islington Giving and the Cripplegate Foundation, the Richard Reeves Foundation, and the Dame Alice Owen Foundation.

The borough also had donations from City University, the Melissa Bell Foundation, Expedia, and Arsenal in the Community of around 320 devices.

All Islington schools are required to provide a broad and inclusive curriculum for all pupils up to Year 11 and it is the strong implementation of this requirement which is of particular importance in tackling issues of inequality. Schools are reviewing their curriculum offer considering the revised Ofsted Framework introduced in September 2019 as well as COVID-19 and the resulting interruption of learning which has impacted on schools. During the pandemic, schools and teaching staff responded rapidly to the restrictions by developing and delivering lessons remotely to pupils online. This was hugely important in continuing with education during school closures or when classes or bubbles needed to self-isolate.

The Council supports schools through regular network meetings with curriculum leaders. It has provided clear guidance to schools in relation to what needs to be taught, the best ways to teach a subject and how to use resources within a subject that reinforces current health and safety guidance.

Schools are ensuring that their curriculum is relevant to the young people of today, and that it acknowledges the past and challenges diversity, inequalities, and stereotypes. Secondary schools are giving particular attention and focus on the 100 hours of work initiatives, which are embedded in a sustained approach to enrichment, so that pupils can link their learning and skills to cultural and employment opportunities in the future.

Schools are also putting measures in place to promote pupils' emotional and mental health, such as the iMHARS framework and trauma-informed practice (see the Mental Health chapter) which enable teachers to adjust their approach to teaching. Tackling mental health is important in raising educational attainment. Young people experiencing poor mental health while at secondary school are three times as likely not to pass five GCSEs, including Maths and English[39].

High-quality careers information, advice and guidance is also an important component of young people's schooling, to widen their horizons, challenge stereotypes, raise aspirations, and make informed career and learning decisions. However, young people in Islington have told us that careers advice and guidance still takes place too late at school, although there were mixed views about when education about careers should start. They told us that they we should prepare them with the skills they will need to secure jobs in the future, such as creativity, new ways of working and decision-making. Schools and young people need up-to-date information about the future of the world of work, so that this informs careers education and choices[40].

Building on the vision to create a more equal Islington where everyone, whatever their background, has the same opportunity to reach their potential and enjoy a good quality of life, the Council is developing an education strategy.

Islington Council's Executive approved a new Education Plan, *Putting Children First* in October 2022. The plan will run from 2023 to 2030, and seeks to ensure that every child, whatever their background, has the same opportunity and ambition to reach their educational potential in a good Islington school. The plan is accompanied by a SEND strategy to demonstrate that educational excellence is dependent upon schools being inclusive, where all pupils are supported to thrive in establishments which are financially sustainable.

Although the Plan seeks to achieve its goals by 2030, five of the six immediate priorities are relevant to improving educational outcomes among adolescents:

- Reducing fixed term exclusions
- Reducing levels of persistent absence
- Reducing levels of young people aged 16-19 who are NEET
- Improving outcomes for vulnerable groups
- Improving attainment at Key Stages 2 and 4

The Plan takes a holistic approach to improving the life chances of young people in Islington, including:

- ensuring that every child who has poor attendance or multiple fixed-term exclusions receives early help to support them
- developing pathways into central London's range of employment sectors, through digitalised information, advice, and guidance
- developing progression pathways through the Council's cultural services so that young people can gain paid employment in arts and culture
- ensuring support for mental health and wellbeing, including trauma-informed practice, which enables children and young people to have the best life chances
- identifying and supporting leaders, teachers, and governors to embed school-led improvement

The council's strategy for closing the gap between children with special educational needs and disability was co-produced with Islington parents and carers of children and young people with SEND. In order to close the gap in educational and health and care outcomes, it commits to:

- An inclusive education system whereby children with increasingly complex needs achieve and succeed within mainstream schools
- A consistent, borough-wide approach to including all children and young people with SEND
- Every child and young person have a sense of belonging and feels part of their school, irrespective of background, needs or culture

4.3.2 Employment, Training, and apprenticeships

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

Research shows that active measures, including training and skills development, entrepreneurship promotion, access to capital, employment services (job counselling, job-search assistance, and/or mentoring services) and subsidised employment to support young people into work and training can succeed.

These increase the chances of employment in the short-term, and improve careers and earnings in the longer term. They are particularly effective when targeting disadvantaged young people[41].

Case study: The Real Life Photovoice research on lived experiences of youth unemployment in Islington

Between December 2019 and February 2020, The Real Life project explored the lived experiences of youth unemployment for a small cohort of people aged between 18-25 in Islington. The aim was to gain insight into the experiences of unemployment for young people living in Islington, including the enablers and barriers to finding employment and the wider factors that can influence unemployment. Using Photovoice, a community-based visual research method, young people had a creative way to explore and express their experiences. They took photos relating to their lives and personal experiences of unemployment and shared these in a group setting, and took an active role in shaping the research by choosing to share specific photos and stories with the group.

The young people developed four key themes impacting on their employment situation:

Personal life

- Dealing with multiple setbacks in life relating to personal/family circumstances, past experiences in work and/or further education
- Pressures and responsibilities in family/personal life i.e. looking after younger siblings, pressure to earn money to support self and/or others
- Poor financial management skills
- Experiencing mental health issues relating to multiple setbacks, pressures, responsibilities, bereavement

Past experiences of work and further education

- Challenging past work experiences i.e. inflexible hours, not feeling supported by management, poor communication with management, incidents at work, having to leave jobs or getting fired
- Feeling trapped in jobs due to the need to earn money
- Experiencing pressure to go to university and pursue a certain career, and/or feeling unsupported on courses

Level of access to support (employment, health and wellbeing support) and opportunities

- Knowledge of where to go for employment support and opportunities
- Access to support for health and wellbeing needs
- Understanding the importance of developing resilience and getting support to build confidence and skills
- Access to peer support, mentoring/coaching and networking opportunities

Confidence in finding work

- Unsure of experience required when reading job adverts and of employer's expectations
- Perceived lack of work experience and skills
- Unsure of how to market transferable skills
- Feeling nervous in interview and not knowing how to prepare
- Challenge of finding a suitable career/work environment that you enjoy

Islington Council's Youth Employment Support Service makes it easier for young people aged 16-24 to navigate the employment and training services available. Developed with the help of young people, the Progress Pledge sets out the support available to help young people find employment, education, or training. Support includes careers guidance with qualified advisers, job coaching, practice interviews and one-to-one support into education, a traineeship or apprenticeship, or employment, alongside other supporting services.

Alongside on-the-job training, apprentices spend at least 20% of their working hours completing classroom-based learning with a college, university or training provider which leads to a nationally recognised qualification which can be up to the equivalent of a degree.

Islington Council offers a high-quality apprenticeship programme within the council itself, which combines work experience, training and a competitive London Living Wage salary, as well as working with local employers to support them in recruiting Islington young people into apprenticeships.

Case Study: King's Cross Construction Skills Centre

Camden and Islington Councils work closely together to support the delivery of their joint construction training and employment strategy, through King's Cross Construction Skills Centre.

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

Over the last few years, the initiative has supported the joint delivery of two Construction Industry Training Board (CITB) funded projects. This included providing an initial brokerage and employment service, pre-employment training and CSCS course training to residents to enable them to access construction sector opportunities. It is an important route into apprenticeships and construction work for young people: in the first project which ran from November 2018 to April 2020, 98 of the 238 Islington residents (41%) accessing the scheme were aged 16-25, whilst in the second project which ran from April 2020 – April 2021, 65 of 121 Islington residents (54%) taking part were aged 16-25.

The skills centre is currently funded by money that developers pay to the council to reduce the impacts of development, funding from Job Centre Plus, and other partnership funding.

4.4 Recommendations

1. Continue to support disadvantaged pupils with access to technology and study space so that inequalities in access to out-of-class study are reduced.

2. Encourage more Islington businesses to provide young people with work experience across all employment sectors.

3. Ensure that the young people furthest from the labour market, at risk of unemployment or unemployed, inactive or NEET, are offered intensive support and personalised information, advice, and guidance.

4. Ensure that the apprentice schemes are fully funded to provide apprenticeships to Islington young people.

5. Regularly monitor and review the Education Strategy as part of its ambitions for achieving improved outcomes and reduced inequalities.

6. Continue to take a partnership approach to improving school attendance and reducing persistent absence, with a particular focus on reducing inequalities

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Image: Edie, 11 years old

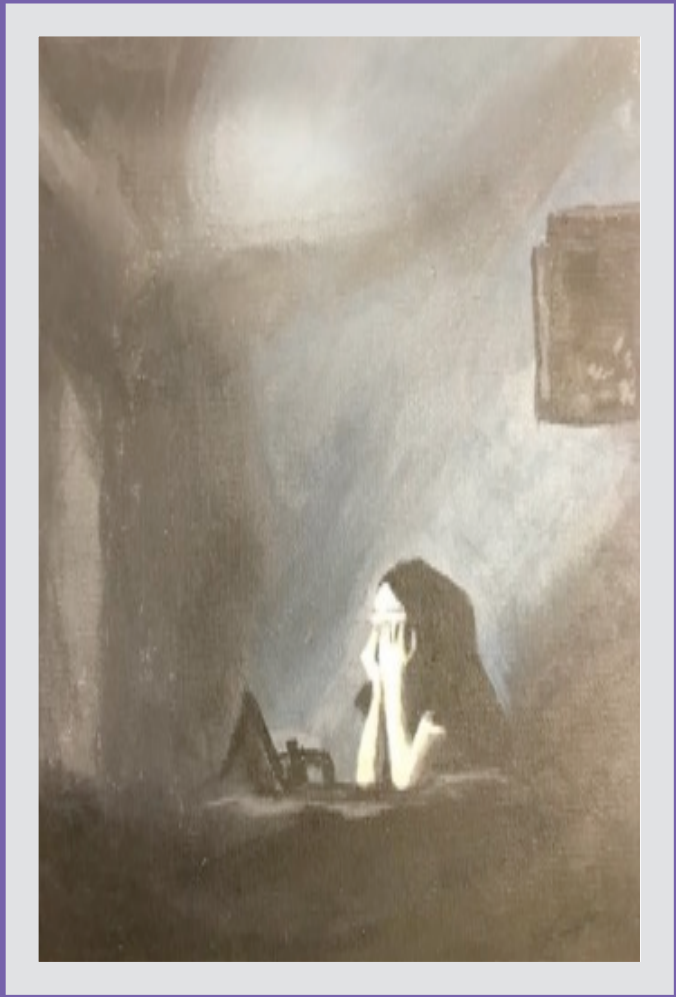
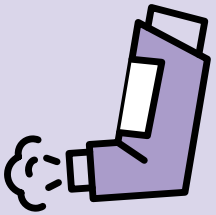


Image: Anjuma, 16 years old

5. LONG-TERM CONDITIONS

Asthma



Asthma is by far the most common long-term condition diagnosed amongst adolescents in Islington.
Of young people aged 12-18 registered with a GP in Islington,

775 (5.3%)

had a diagnosis of asthma

Source: Local CSU GP data

Long-term conditions

In the UK, between

29% (HSE) and **34%** (GP survey) of 16-24 year olds have a long-term physical or mental health condition, disability or illness.

Source: Health Survey for England (2018 and England and Wales GP survey (2021)

At risk

Young people from

black, Asian and other minority ethnic groups

and those living in areas of

greater deprivation

are generally at greater risk of developing long-term conditions and more likely to need urgent or emergency care than other groups

Impact

For young people who do have long-term conditions,

accurate diagnoses, early treatment and **effective management**

are critical to minimise their impact on health and quality of life.

Source: NICE: Managing Long-term conditions in the community

Effect

Young people with long-term conditions are more likely than their peers to be

admitted to hospital

and experience

poor mental health,

including anxiety, depression, social exclusion, bullying and lack of self-esteem.

Care

The provision of

age-appropriate care

and effective transition from child health to adult health systems improve outcomes for young people, but caring for young people is everyone's business.

Source: CMO Report, Chapter 8, 2021

5.1 Introduction

Adolescence is generally a time of good physical health for most people; however data from the Health Survey for England (2018)[1] and the England and Wales GP survey (2021)[2] suggest that between 29% (HSE) and 34% (GP survey) of 16-24 year olds have a long-term physical or mental health condition, disability or illness. Long-term conditions can develop and be diagnosed for the first time in adolescence, and it's the peak age for diagnosis of Type 1 diabetes[3] and asthma[4]. There are multiple risk factors for the development of long-term conditions in adolescence including genetics, prenatal exposures, and environmental determinants. Some of these factors are preventable, such as through comprehensive pre-natal nutrition and healthcare, healthy eating habits, exercise and improving air quality[5]. There is also strong evidence that healthy behaviours established in adolescence continue through the life course, which are protective from long-term conditions[6].

A greater focus on the wider social determinants of children's health would help address and reduce many relevant risk factors for long-term conditions.

However, for young people who do have long-term conditions, accurate diagnoses, early treatment and effective management are critical to minimise their impact on health and quality of life. The potential impacts of long-term conditions are largely influenced by the severity of disease, the required treatment and side effects, as well as accompanying psychological and social complications. Young people with long-term conditions are more likely than their peers to be admitted to hospital and experience poor mental health, including anxiety, depression, social exclusion, bullying and lack of self-esteem[7,8].

Poor health and the demands of treatment can negatively impact on school attendance; conversely, missing appointments to prioritise school may negatively affect disease management[9,10,11]. Lack of planning for the management of a young person's conditions can risk a health emergency – such as a serious asthma attack – occurring at school[12]. Long-term conditions can also increase adolescents' dependence on their family and carers which may lead to exclusion from their peer group at a time when the independence of most young people is increasing[13,14]. Issues relating to stigma can compound these difficulties[15].

There are no dedicated health services for young people, therefore adolescents with chronic illnesses have to navigate the transition from paediatric into adult health services, where there is less centralised coordination of care[16]. There may be no equivalent adult service in place or a lack of clarity about how to get their needs addressed. This can lead to negative healthcare experiences and

increased morbidity[17]. Young people with long-term conditions want to have their voice heard, regarding their treatment[18]. However, in general, adolescents report the lowest levels of satisfaction with GP services and have the shortest consultation times[19]. Increasing the availability and access to youth-friendly services is central to improving young people's health and wellbeing[20].

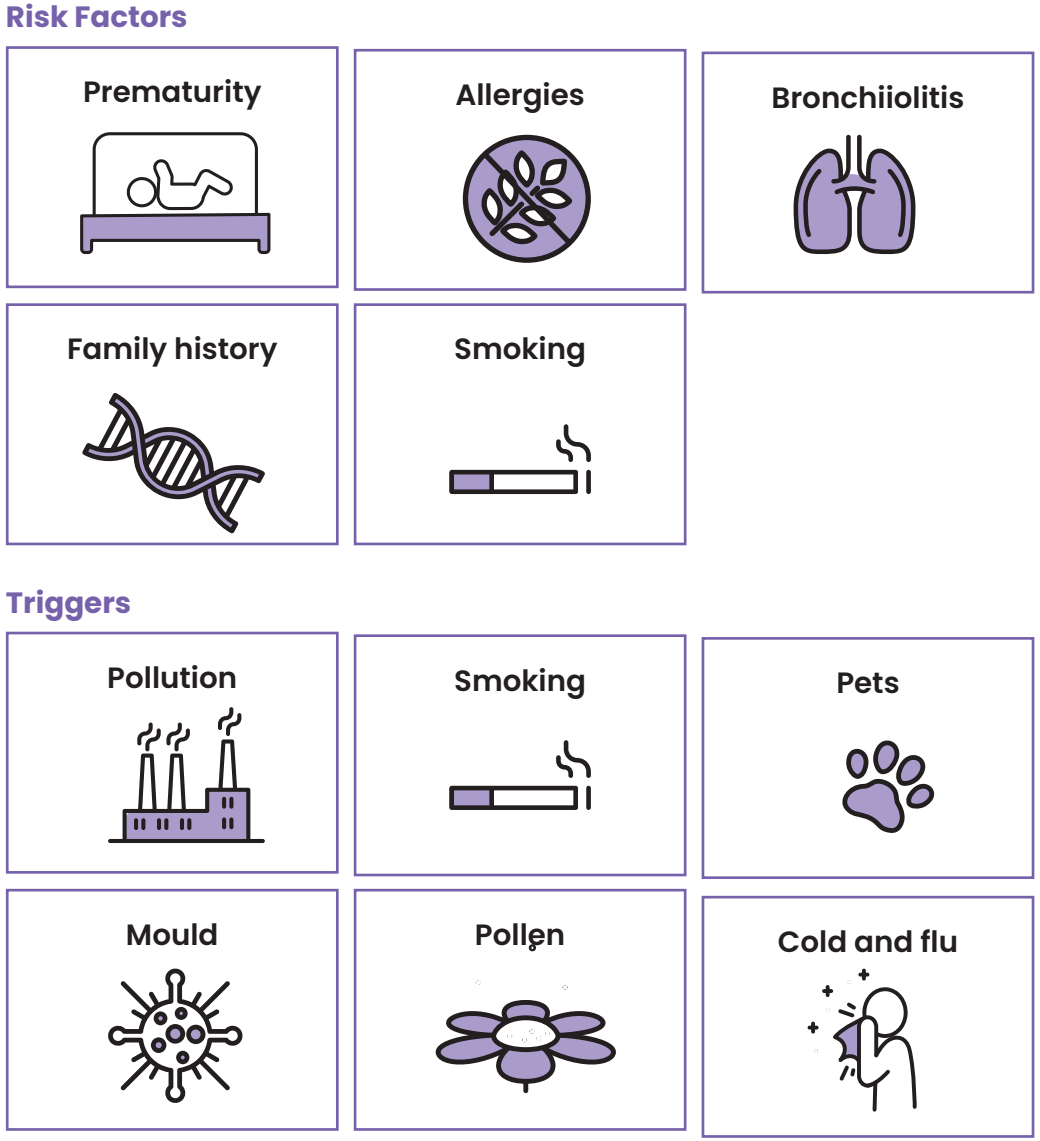
In this chapter, we focus on two long-term conditions in adolescence: asthma and diabetes.

5.1.1 Asthma

Asthma is the most common long-term condition amongst children and young people in the UK. Around one in 11 children and young people and 800,000 teenagers have the condition[21]. Asthma is the single most common cause of emergency hospital admissions for children and young people in the UK (among the highest rates in Europe). Although rare, death rates among children and young people from asthma are also among the highest in Europe[22]. Young people living in the most deprived areas are more likely to be admitted to hospital for asthma than those living in the most affluent areas. Deprivation is associated with an increased likelihood of risk factors for asthma including exposure to tobacco smoke, environmental pollution and fuel poverty (leading to cold, damp housing)[23].

Under-diagnosis, poor treatment and poor management of asthma are common[24]. In England, 30% of those who died were diagnosed with mild asthma.[25] Many emergency admissions could be avoided with earlier and more integrated care; deaths from asthma should be largely preventable with improved management which includes personalised asthma action plans (PAAP), more effective preventative medicine and early intervention.[26]

Figure 5.1 Risk factors and triggers for asthma



5.1.2 Diabetes

Diabetes affects an estimated 35,000 (< 1%) children and young people aged under 19 living in the UK and has been increasing over time[27]. Diabetes is associated with increased risks of long-term complications, including loss of sight, ketoacidosis, kidney failure, heart disease, stroke, amputations and shortened life. However, if well-managed, the risks of complications are significantly reduced, and young people with diabetes can live healthy, happy and long lives. In England, young people living in deprived areas, as well as minority ethnic children / young people are less likely to have well-managed diabetes than other groups.

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

About 2% of young people with diabetes have Type 2[1] when the body does not produce enough insulin or use the insulin properly. This is the most common type of diabetes in adults (90%) the risk of which is higher in those who are overweight or obese, aged over 45, have high blood pressure, a family history of the condition, or living in more deprived areas[25]. Although only 2% of young people with diabetes have Type 2[1] it is increasingly being diagnosed in young overweight people, and disproportionately affects young people from a South Asian (9 times higher) or Afro-Caribbean ethnic origin (6 times higher) compared with white children[27,28].

A more coordinated approach to national, regional and local diabetes management has improved quality of care for young people[26]. A high and increasing proportion of young people with diabetes require psychological and mental health support and young people report wanting access to mental health support, to talk through questions outside of appointments[26,27]. Research with young people shows the importance of non-medicalised and holistic care because they experience structural barriers around their health and education, as well as disparities in the quality of support they receive[29].

"I've had diabetes for five years but as a young person I didn't know any other young person with diabetes … when you first find out [you have diabetes] for young people they don't know anyone and they feel like it's just them and they're alone".

[Young Person, Co-designing group clinics for young adults with diabetes][28]

5.2 Asthma and Diabetes in Islington – Local Insight

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

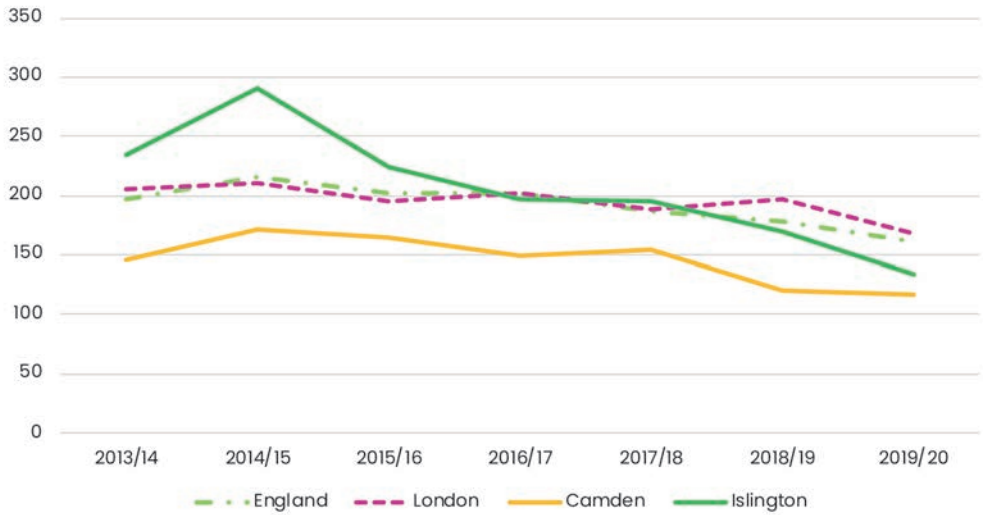
5.2.1 Asthma in Islington – Local insight

Asthma is by far the most common long-term condition diagnosed amongst adolescents (12-18 year olds) in Islington. Of young people aged 12-18 registered with a GP in Islington, 775 had a diagnosis of asthma (5.3%)[30]. This is a significantly higher prevalence than in children aged 0-11 and young people aged 19-24 (2.2% and 2.9% respectively); this pattern is broadly in line with national data. There are more cases diagnosed in males than females, which is similar to the pattern nationally.

In Islington, for adolescents aged 12-18, the prevalence of diagnosed asthma is similar among white British (WB) (5.5%) and ethnic minority groups (5.3%) compared with national evidence which indicates a higher prevalence among non-white groups. It is possible that under-reporting of ethnicity coding or differences in diagnosis may affect the local data[30]. This does not reflect the English pattern of higher asthma incidence in ethnic minority groups. However, ethnicity data is under-reported which may lead to biased data reporting. It is also likely that long-term conditions are under-diagnosed in non-white groups.

In Islington in 2021, the rate of A&E attendances for asthma was much higher in younger compared with older age groups. In Islington in 2021, the rate of A&E attendances for asthma is much higher in children compared to other age groups. There were 813 A&E attendances (212 individuals, some repeat visits) related to asthma in children aged 0-11 years old (per 100,000 GP registered population) compared to 289 for adolescents (12-18 years old), 191 for young people (19-24 years old) and 102 attendances for adults (25+ years old). The rate of emergency admissions for asthma also decreases with age; in 2021 for every 100,000 children (0-11 years old) and adolescents (12-18 years old) there were 103 and 206 emergency admissions for asthma respectively, decreasing to 68 in young people (12-18 years old) and 51 attendance in adults (25+ years old) per 100,000 GP registered population[30]. This may indicate greater challenges in the identification and management of asthma in children and adolescents compared to adults. Despite this, overall the rate of emergency hospital admissions for young people with asthma (per 100,000 GP registered population) has been decreasing in line with the trends for London and England[31] (Figure 5.2).

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



Source: PHE Fingertips (2021)

In Islington, young people living with asthma say that they need more help at school to feel safe and supported with their asthma care[32]. They want GPs and hospitals to know how to look after them when they go for appointments and emergency care. They want more help and training in schools and also for friends and family to help them to enjoy themselves and stay safe.

"When my asthma is in check.... I feel free!"

[13-year old girl][1]

"It would also help if doctors could tell us about our medications and our conditions more directly rather than telling our parents"[1]

5.2.2 Diabetes in Islington – Local Insight

There are currently 34 young people aged 12-18 diagnosed with diabetes in Islington[29]; this is a prevalence of 0.2% .

The number of diabetes diagnoses in adolescents in Islington is not large enough to be able to draw conclusions about differences by ethnic group or by area of deprivation. However, across all age groups in Islington, the risk of diabetes is significantly higher among black and Asian residents and also people living in the most deprived areas of the borough[33].

The likelihood of an A&E attendance for diabetes is higher among adolescents compared to children, young people or adults. In 2021, the highest rate of A&E attendance was among adolescents (124 per 100,000 GP registered population) compared to other age groups (15 per 100,000 in children, 38 per 100,000 in young people and 27 per 100,000 in adults). Similarly, rates of emergency hospital admissions for diabetes are also higher for adolescents, at 206 emergency hospital admissions for diabetes (per 100,000 GP registered population) then decreasing to 57 attendances in children, 34 in young people and 63 in adults[32].

Clinicians who were consulted as part of the North Central London Diabetes Structured Education Review 2021 highlighted that adolescence is an inherently risky stage of life, particularly for young people with Type 1 diabetes. As well as navigating the social, familial, developmental and other challenges characteristic of adolescence, young people with Type 1 are learning to become responsible for the management and care of their diabetes. Guidance from parents/ carers and paediatric providers may reduce; young people and the services who provide care may find it difficult to adjust to the changes. This period can see young people disengaging from services, resulting in preventable long-term complications that increase risk of adverse health outcomes[29].

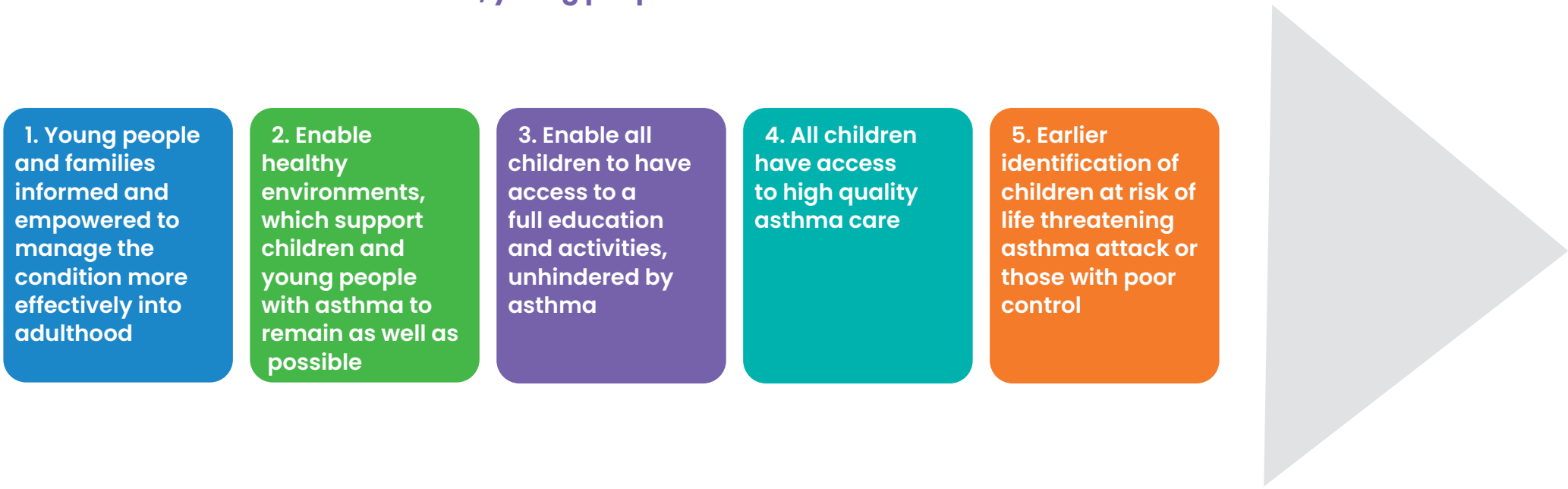
5.3 What works to address long-term conditions in Islington?

5.3.1 What works in Islington to address asthma in adolescents?

Before the pandemic, a whole-system strategic plan for asthma was co-produced with partners from across the North Central London (NCL) Integrated Care System (ICS). Work to improve asthma outcomes in Islington is delivered following the NCL Asthma Strategic Plan, the aims of which are outlined below (see figure 5.3).

Figure 5.3 NCL Asthma Strategic Plan: Objectives

What we want to achieve for children, young people and families in North Central London



NCL's Asthma Strategic Plan also sits within the context of national initiatives designed to improve asthma outcomes for children and young people, including NHS England's Children and Young People's (CYP) Transformation programme[34] and the National Bundle of Care for Children and Young People with Asthma[22]. The Bundle of Care sets out evidence-based interventions to help children, young people, families and carers to control and reduce the risk of asthma attacks and prevent avoidable harm. It emphasises that asthma should be managed effectively in primary care to prevent exacerbations resulting in attendance and admissions to hospital[22]. The Healthy London Partnership has also produced a London Asthma toolkit[35] designed for healthcare professionals, school staff, parents, carers, children and young people.

- **System-wide approaches in Islington:** In Islington, an asthma team led by Whittington Health was established in 2015 to deliver system-wide connected care for children and young people with asthma delivered by a Paediatric Primary Care Nurse, Community Nurses and Secondary Care Clinicians[36].

  A new Paediatric Integrated Network (PINC) is being piloted in Islington to improve integration, co-ordination and communication between professionals from hospitals, community services and primary care, health and social care, mental health and physical health services. The PINCs are not asthma-specific, but cover all healthcare needs of children. Two GP networks, from the north and south of the borough, will meet monthly to discuss cases. The PINC provides an environment in which the core team of professionals can seek advice, guidance and referrals through case discussions. This ensures young people and their families are supported by the right services, in the right place and at the right time.

- **Reducing environmental causes and triggers of asthma:** Air pollution is one of the greatest environmental risks to health. In 2020 a coroner made legal history by ruling that air pollution was a cause of the death of a nine year old girl from South London. This has amplified a need to escalate work to reduce air quality to prevent further harm(s). Islington is committed to creating a borough in which no one suffers ill-health as a result of the air they breathe, as set out in the council's Air Quality Strategy 2019-23[37]. We have worked with NCL Child Death Overview Panel (CDOP) to ensure that advice on avoiding air pollution is communicated to those most at risk, and that medical professionals provide advice to their at-risk patients on how to avoid bad air quality. Islington Council have also been working in partnership with schools, health professionals and community groups to inform the public about indoor and outdoor air quality so that we can protect those residents who are most sensitive to the health impacts associated with air pollution. This strategy also promotes a shift towards greener and healthier travel.

- **Early and accurate diagnosis:** Islington aims to have a clear and cohesive offer for asthma care which is underpinned by a consistent pathway where all services should be accessible and effectively address health inequalities. This should be a multi-disciplinary approach where everyone from parents to primary care workers, health visitors, schools nurses, teachers and nursery workers are all able to identify early signs of asthma. We should follow the recommendations set out in the NCL Asthma Strategic Action plan to improve detection and diagnosis which will:

  - Improve knowledge, skills and confidence within primary care in the diagnosis and management of asthma

  - Improve asthma diagnosis within primary, secondary and tertiary care, and support work to establish diagnostic hubs and risk stratification of asthma patients
  - Develop an education programme for GPs and implement training opportunities across Islington

- **Improved care and management:** Primary Care Networks (PCNs) should be engaged to improve on asthma diagnoses and ensure that all young people have an annual asthma review, which is an area currently under development. The new asthma Bundle of Care will ensure that GPs receive more education which will improve the accuracy of asthma diagnosis and increase the number of young people who have a personalised asthma management plan in place[22].

It is important to focus on case-finding and identification of young people who have not received a diagnosis, as well as risk stratification to identify those most at risk of future deterioration. This is an area which may be improved through improvements to multi-disciplinary working to ensure that appropriate support is available to children and young people and their family in appropriate settings including school, primary care and home.

Case Study – Asthma-Friendly Schools

A key success in improving outcomes for children and young people with asthma in Islington was the launch of the Asthma-Friendly Schools (AFS) Programme which began in 2015[38]. Asthma-Friendly Schools[39] is an ambitious, evidence-based, cross-sector initiative which aims to make schools safer for children with asthma. It has been shown to reduce asthma-related school absence and improve local morbidity and mortality rates. The Islington Asthma-Friendly Schools nurse worked collaboratively with participating schools to implement five asthma-friendly standards, including:

- Introducing an asthma register
- Developing a specific asthma policy
- Developing an emergency asthma plan (plus inhaler and spacer)
- Identifying an asthma champion
- All relevant students having an individual asthma care plan and inhaler

Building partnerships between education and health allowed the AFS programme to implement a comprehensive change to in-school asthma care. By 2021, 51 schools in Islington had successfully met the five key standards. Local research suggested a positive impact in participating schools, including improved asthma knowledge and management and a faster reduction in absence due to illness[40]. Since the programme was introduced in 2015, emergency hospital admissions have reduced by 50% having once been fifth-highest in London[31]. Between 2014/15 and 2018/19 the number and rate of asthma inpatient admissions for under-18s almost halved which could be attributed towards the Asthma-Friendly Schools project but was not evaluated as part of the research.[38]

5.3.2 What works in Islington to address diabetes in adolescents?

Islington is part of the NCL Diabetes Network, which is linked into London's Diabetes Clinical Network and has a five-year delivery plan (2020-25) to improve outcomes and the quality and safety of care. The plan commits to addressing the lack of a standardised approach to healthcare for CYP with Type 1 diabetes[41]. Integrated commissioning, utilising the existing paediatric networks in London and increasing use of new technologies are key to reducing the variation of health outcomes for young people with diabetes across the capital[18,42].

In Islington, the school nursing team deliver targeted clinical intervention and support for young people who have a care plan or who require support following an exacerbation of their condition. This includes supporting young people to regularly monitor their blood glucose levels, to prevent diabetic complications, and provides regular adult support to supervise young people to manage their diabetes. The London Diabetes Network has developed guidance for the Healthy London Partnership which can be used by schools to assist them in this provision[43].

Promoting a healthy weight to children and young people is a key priority for Islington's Health and Wellbeing Board. There are specific programmes in place to support people to achieve a healthy weight and prevent the onset of Type 2 diabetes. They include a 'healthy schools' programme (school, after-school club and youth club interventions) and 1-1 weight management services for young people who are overweight [see the Healthy Behaviours chapter]. A North Central London Diabetes Structured Education Review was conducted in 2021 and outlined some local recommendations regarding how to enhance diabetes education for children and young people, which are outlined in the recommendations section.

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

- Infrastructure to develop standardised high-quality patient centred service for patients
- Improving prevention and diagnosis through stakeholder partnership to raise awareness
- Improving disease management by supporting self-management and ensuring age-appropriate interventions to support young people
- Ensuring local services and infrastructure are young person friendly[36]

It is also vital to adhere to regular monitoring of blood glucose control, to avoid potential diabetic complications. This is important to help young people manage their condition well, to prevent emergency hospital admissions. NICE[44] recommends that children and young people with Type 1 diabetes have health checks at least four times a year.

5.4 Recommendations

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

1. Early, preventative action can help reduce the risk of developing long-term conditions in young people.
2. Promoting healthy behaviours in young people can have lifelong benefits in reducing the risk of developing long-term conditions.
3. Early and accurate diagnosis for access to timely support and care.
4. Action to improve awareness of condition risk factors and early signs and symptoms among key services, as well as targeted information for young people and families at greater risk of disease.
5. Ensuring the basic elements of care are in place and carried out regularly.
6. Developing the partnership with young people as they grow and become more responsible for managing their own condition.
7. Ensuring that all strategies and frameworks for change are co-produced with young people, their parents and carers.
8. Ensuring competence and ways of working with young people by following the *You're Welcome* quality criteria[45] developed by the Department of Health, which is an example based on services' experience of effective local practice working with young people under 20 and becoming young people-friendly. Strategies should be in place to enable young people to advocate for themselves with respect to their healthcare[46].
9. Recognising the psychosocial impacts on young people living with a long-term condition, especially how this will be affecting their feelings around loss of control over their own body, self-management, and care of their condition.
10. Improving the transition into adult services. NICE guidance sets out steps to ensure young people are given enough time to understand how to transition from paediatric to adult services, and how some aspects of their care will change[43].
11. Recognising that young people from black, Asian and other minority ethnic groups and those living in areas of greater deprivation are generally at greater risk of developing long-term conditions and more likely to need urgent or emergency care than other groups.
12. Ensuring services and settings are supportive of seamless, integrated care.
13. Ensuring a whole-systems response, not just a health system response. Services need to be commissioned in a seamless, integrated fashion across the entire pathway, from prevention and self-management, to in-hospital and out-of-hospital care. Whole-system approaches for all long-term conditions should be coordinated using the blueprint laid out for asthma.

14. Improving prevention and health promotion. Action to tackle preventable risk factors should start as early as possible. In addition, supporting the wider health and social care settings, in particular schools where promotion of health will help them to increase educational attainment and enhance later life chances[47]. For example, not penalising absences and supporting young people with medication adherence.

Recommendations for schools:

1. Review the guidance provided by the London Diabetes Network[43] and the NCL Diabetes Structured Education Review, and where necessary, implement an action plan to address any gaps for diabetes.

2. Maintain their Asthma-Friendly status by following the 'London Schools' *London Schools' Guide for the Care of Children and Young People with Asthma*[48].

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GLOSSARY

ACRONYM	DEFINITION
ACE	Adverse Childhood Experiences
AFS	Asthma Friendly Schools
AMHS	Adult Mental Health Services
APHR	Annual Public Health Report
ARFID	Avoidant restrictive food intake disorder
CAMHS	Child and Adolescent Mental Health Services
CDOP	Child Death Overview Panel
CSCT	Children Services Contact Team
CSE	Child Sexual Exploitation
CITB	Construction Industry Training Board
CYP	Children and Young People
DA	Domestic Abuse
DART	Domestic Abuse Recovering Together Programme
DfE	Department for Employment
ED	Emergency Department
EHC plan	Education, Health, and Care plan
HSE	Health Survey England
ICS	Integrated Care System
IGT	Integrated Gang Team
ITIP	Trauma Informed Practice
iMHARS	Islington mental health and resilience in schools
LTC	Long Term Conditions

ACRONYM	DEFINITION
LSOA	Lower Super Output Area
NCL	North Central London
NEET	Not in education, employment or training
NICE	National Institute for Health and Care Excellence
OFSTED	The Office for Standards in Education, Children's Services and Skills
ONS	Office of National Statistics
PCN	Primary Care Network
PINC	Paediatric Integrated Network
PSHE	Personal, social, health and economic
SEN	Special Educational Needs
SEHM	Social and Emotional Mental Health
SYV	Serious Youth Violence
TYS	Targeted Youth Services
PE	Physical Education
VAWG	Violence Against Women and Girls
VRU	Violence Reduction Unit
WB	White British
YOT/YOS	Youth Offending Service (now known as the Youth Justice Service)
YJS	Youth Justice Service (formally known as the Youth Offending Service)

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They are:

Gabriel (age 11) – front cover
Anjuma (age 17)
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Hebe (age 11)
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