

BARKING AND DAGENHAM

Child Health Profile

March 2010

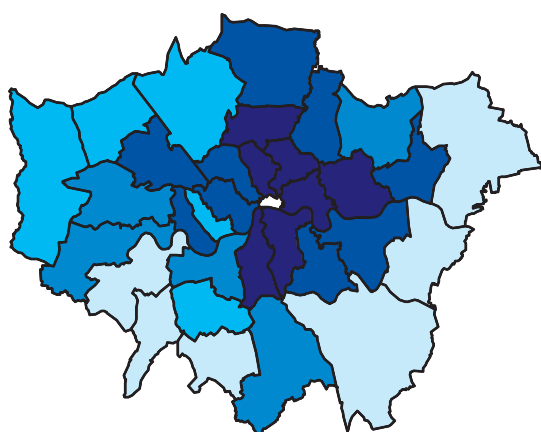
This profile provides a snapshot of child health in this area. It is designed to help the Local Authority and the Primary Care Trust improve the health of children and to tackle health inequalities in their area. These profiles are produced by the Child and Maternal Health Observatory, the London Health Observatory and the Regional Public Health Group. They are available online from www.lho.org.uk



The child population in this area

	Local	London
Live births in 2007	3,384	125,505
Children aged 0-4 yrs	14,737	530,893
% of total population	8.8%	7.0%
Children aged 0-19 yrs	49,280	1,809,509
% of total population	29.5%	23.9%
Children aged 0-19 yrs predicted in 2020	54,000	2,008,300
% of total population	31.0%	24.1%
School children from black/ethnic minority group	12,612	569,124
% of school age population (aged 5-16 years)	46.7%	61.7%
% of children aged 0-15 living in poverty	40.7%	33.9%

Children living in poverty



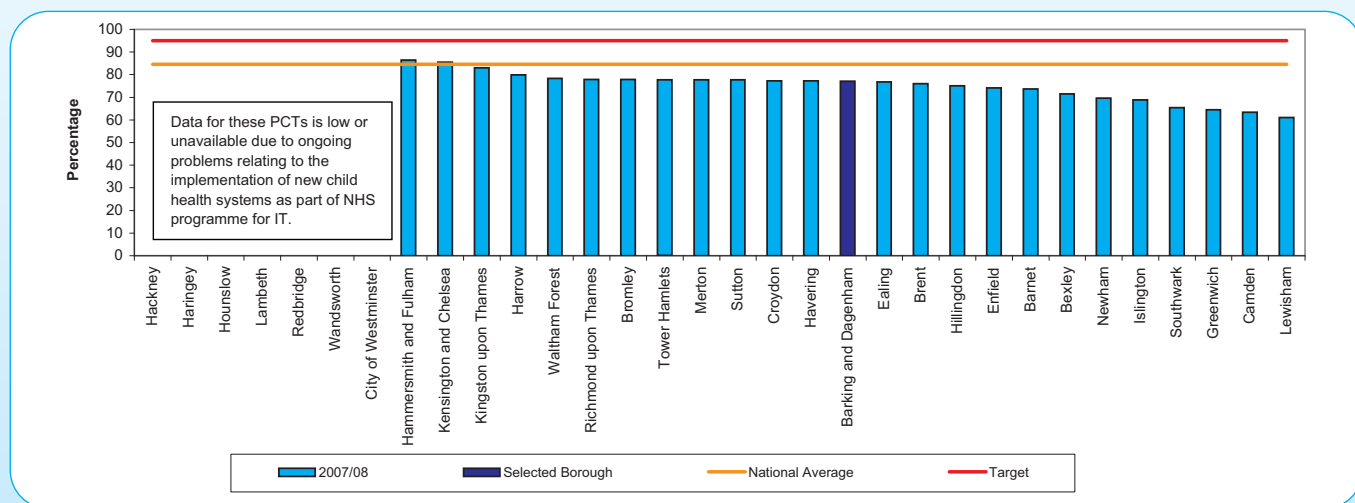
% children living in poverty	
Dark blue	=> 41 (7)
Medium-dark blue	34 to 40.9 (9)
Medium blue	27 to 33.9 (5)
Light blue	20 to 26.9 (5)
White	< 20 (6)

Key findings

- Almost a third of the population of Barking and Dagenham are under the age of 20, and this proportion is growing. The population is very diverse; nearly 47% of school children are from a black or minority ethnic group and 41% of children are living in poverty.
- The health of children is generally worse than the England average, but is better than average on some indicators.
- Children in the borough have higher than average levels of obesity. 14% of children in reception year and 24% of children in year 6 are at risk of obesity.
- The level of immunisation against measles, mumps and rubella (MMR) is lower than average.
- The teenage conception rate is higher than average. There are 61 conceptions per 1,000 girls aged 15-17.
- Despite this picture, a larger percentage of school children are participating in at least two hours of sport a week.
- For further information on the health of people in Barking and Dagenham please see the Annual Public Health Report and the Joint Strategic Needs Assessment at www.bdpct.nhs.uk and www.barkingdagenham.gov.uk, and the overall Health Profile at www.healthprofiles.info.

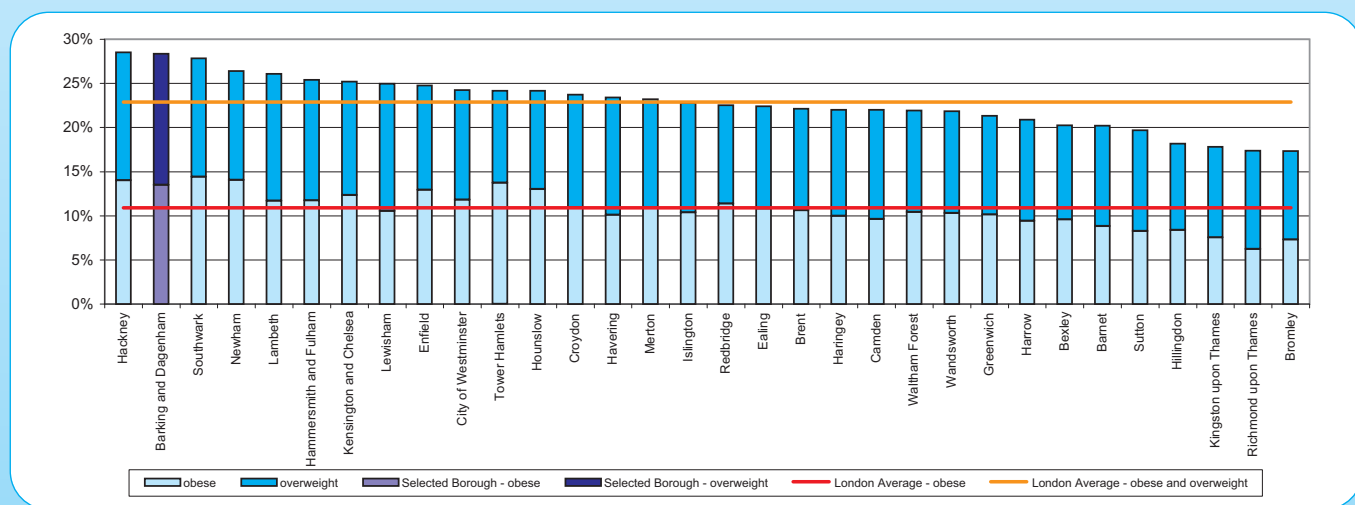
Percentage of children under 2 years old that have been immunised for MMR, 2007/08

The chart below looks at the percentage of children under 2 years old that have been immunised for measles, mumps and rubella by London Borough. Increasing and maintaining MMR immunisation levels are key to reducing the incidence of measles, mumps and rubella.

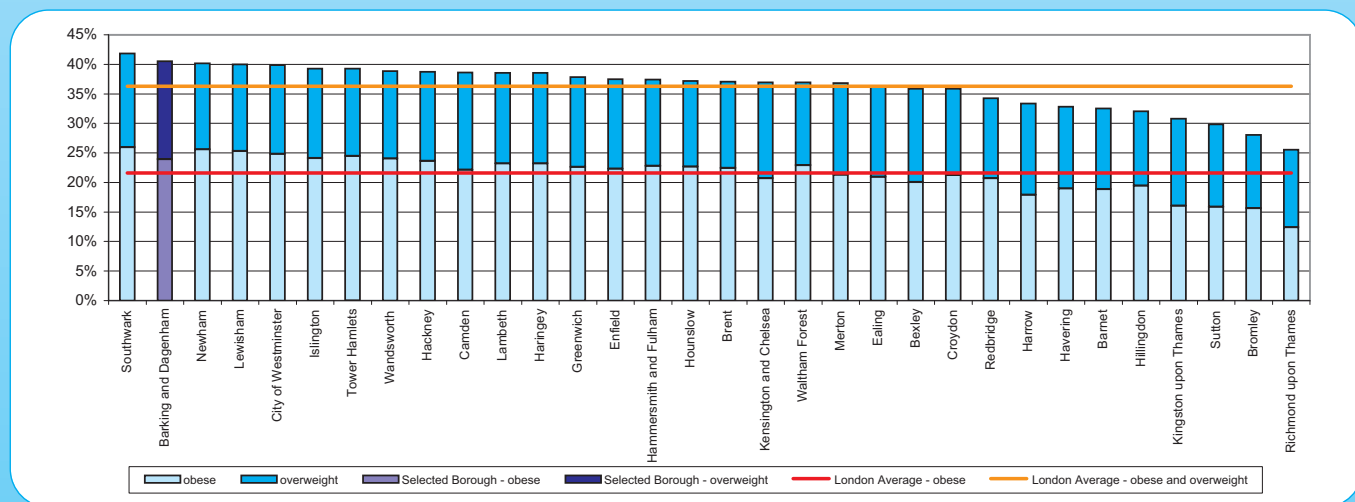


The charts below show the percentage of children at risk of obesity and being overweight at reception age and year 6 respectively by London borough. London as a whole has the highest percentage of children at risk of obesity out of all regions, in both reception year and year 6. Reducing childhood obesity is a key priority.

Children at risk of being obese or overweight, reception age, 2007/08



Children at risk of being obese or overweight, year 6, 2007/08



Summary of child health in Barking and Dagenham

The chart below shows how children's health in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for London which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown beneath the chart. A light blue circle may still indicate an important public health problem.

	Local No. per Year	Local Value	Nat Avg	Reg best	National Range	Reg Worst
Be Healthy	1. Infant deaths	14	4.4	4.9	2.6	6.7
	2. All causes mortality (age 1-17)	8	19.0	17.4	11.8	25.1
	3. Breastfeeding initiation	2126	72.2	71.0	92.2	65.0
	4. Obese children (age 4-5)	282	13.5	9.6	6.2	14.4
	5. Obese children (age 10-11)	473	23.9	18.3	12.4	26.0
	6. Participation in at least 2 hours per week of sport	23312	92.0	90.0	93.6	81.6
	7. Tooth decay (age 5)	-	1.5	1.5	0.6	2.6
	8. Under 18 conceptions	193	61.3	41.2	21.1	79.1
	9. Under 18 conceptions ending in abortion	101	52.0	49.0	51.0	73.0
Stay Safe	10. Children who have been bullied	-	6.0	6.0	3.0	9.0
	11. Hospital stay following injury (<18)	620	1415.8	1454.3	762.8	1756.5
	12. MMR immunisation (2 years old)	2339	77.1	84.6	86.4	61.1
	13. Children in care immunisations	195	85.0	82.3	99.0	50.0
	14. Road traffic accidents	-	13.9	7.5	-25.0	29.6
Enjoy and achieve	15. Primary school exclusions	6	0.03	0.02	0.00	0.06
	16. Secondary school exclusions	34	0.27	0.22	0.08	0.58
Making a positive contribution	17. Alcohol specific hospital stays (<18)	56	42.4	72.3	19.0	85.5
	18. Hospital stays for drug misuse (15-24)	178	267.0	357.7	79.3	310.6
	19. First time entrants to YJS	322	17.6	17.9	6.4	23.1
	20. Reoffending rates	-	0.8	1.2	0.5	2.3
AEWB	21. NEET	620	8.8	6.7	3.1	9.9
	22. Homeless families	-	-	2.2	0.7	6.5
	23. Children living in poverty	15869	40.7	22.4	12.2	66.5

AEWB - Achieving Economic Well Being

- Significantly worse than National average
- Significantly better than National average
- Not significantly different
- Significance not tested

Notes and definitions

- Rate per 1000 live births 2005-07, aged under 1 year. NCHOD
- Directly standardised rate per 100,000 (1-17yrs) 2001-06. ONS
- % of mothers initiating breastfeeding where status known 2007/08. Local Delivery Plan Return, DH
- % school children in reception year 2007/08. National Childhood Measurement Programme
- % school children in year 6 2007/08. National Childhood Measurement Programme
- % children participating in at least 2 hours per week of high quality PE and sport at school (5-16 years old). Annual Survey of School Sport Partnerships
- Average (mean) number of teeth per child which were actively decayed, filled, or had been extracted (age 5) 2005/06. APHO health profiles
- Under 18 conception rate per 1000 females (aged 15-17) - 2005-07. ONS
- Under 18 conceptions ending in abortion - 2005-07. ONS
- % children (Tellus 3 survey) who reported that they had been bullied at least a couple of times in the last 4 weeks 2007/08. Tellus 3 survey, OFSTED
- Hospital admissions following all injury (0-17 yrs) crude rate per 100,000, 2006/07. Hospital Episode Statistics
- % children immunised against Measles, Mumps and Rubella (MMR) (2 yrs). 2007/08. The Information Centre for Health and Social Care
- % children in care whose immunisations were up-to-date. 2008. DCSF
- % change in number of children killed or seriously injured during the calendar year compared to the previous year 2005-07. http://www.fti.communities.gov.uk/fti/Data_Download.aspx
- % of children permanently excluded from primary school 2006/07. DCSF
- % of children permanently excluded from secondary school 2006/07. DCSF
- Alcohol specific hospital admissions, crude rate per 100,000, under 18s 2003/04-2005/06. Hospital Episode Statistics
- Hospital admissions for substance misuse, directly standardised rate per 100,000, 15-24, 2000-06. Hospital Episode Statistics
- First time entrants to Youth Justice System, crude rate per 1,000 (10-17 yrs) 2006/07. Ofsted
- Rate of proven re-offending by young offenders. 2005 Qtr 4. http://www.fti.communities.gov.uk/fti/Data_Download.aspx
- % 16-18 yrs not in education, employment or training as a proportion of total 16-18 yrs known to local connexions service 2008. Connexions; DCSF; DWP
- Statutory homeless households with dependent children or pregnant women per 1000 households 2007. Department for Communities and Local Government
- % children aged 0-15 living in income deprived households (IDACI 2007)

Child health summary for London by borough

This table provides a snapshot of child health in London. It shows how each borough in London compares to the England average across the range of indicators used in the profile. A square is coloured according to the difference between the borough and the England average. The key to the colours is explained beneath the chart. As with the previous table, a light blue box may still indicate an important child health issue.

	Be Healthy						Stay safe				Enjoy and Achieve	Making a positive contribution			AEWB										
	Infant deaths	All causes mortality (age 1-17)	Breastfeeding initiation	Obese children (age 4-5)	Obese children (age 10-11)	Participation in at least 2 hours per week of sport	Tooth decay (age 5)	Under 18 conceptions	Under 18 conceptions ending in abortion	Children who have been bullied	Hospital stay following injury (<18)	MMR immunisation (2 years old)	Children in care immunisations	Road traffic accidents	Primary school exclusions	Secondary school exclusions	Alcohol specific hospital stays (<18)	Hospital stays for drug misuse (15-24)	First time entrants to YJS	Reoffending rates	NEET	Homeless families	Children living in poverty		
Barking and Dagenham																									
Barnet																									
Bexley																									
Brent																									
Bromley																									
Camden																									
Croydon																									
Ealing																									
Enfield																									
Greenwich																									
Hackney																									
Hammersmith and Fulham																									
Haringey																									
Harrow																									
Havering																									
Hillingdon																									
Hounslow																									
Islington																									
Kensington and Chelsea																									
Kingston upon Thames																									
Lambeth																									
Lewisham																									
Merton																									
Newham																									
Redbridge																									
Richmond upon Thames																									
Southwark																									
Sutton																									
Tower Hamlets																									
Waltham Forest																									
Wandsworth																									
City of Westminster																									

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References:

Health profiles – www.healthprofiles.info
 CHIMAT – www.chimat.org.uk
 Link to profiles on LHO website –
www.lho.org.uk/LHO_Topics/Health_Topics/Populations/ChildHealthProfiles.aspx

This profile is intended to give an overview of child health outcomes in a local area, and as a snapshot in time. Inevitably, there will be gaps in our knowledge and ambiguities in certain fields of data for which we apologise. These profiles are loosely based upon child health profiles for the East of England (ERPHO) and APHO's national health profiles, which we acknowledge as a valuable contribution.

