



RAISE CAMDEN CHILD HEALTH EQUITY DATA AUDIT

EXECUTIVE SUMMARY

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- Raise Camden is a programme of work that will seek to improve the childhood experience of those living in the most deprived circumstances in the borough, with the long-term goal of raising the healthy life expectancy of residents living in poverty.
- This report provides an initial summary of the current situation in Camden, using the Child Health Equity Framework - a framework developed by The Institute of Health Equity (IHE) and Barnardo's that sets out a range of factors that are important for children's health from the perspective of the literature and the perspective of children and young people.
- The report is the first stage of IHE's work for Camden which will then go on to look at the sufficiency of current policy and strategy and make further recommendations for improvement.

There is extreme and widening socio-economic inequality in Camden

- An analysis of Census data between 2011 and 2021, together with information on the affordability of housing, illustrates extreme and widening socio-economic inequality in Camden. (1)
- In 2011, 67% of Inner London Boroughs were affordable to those eligible for housing benefit, including areas of Camden. (2) However, no areas are affordable in Camden in 2022/23. Across the whole of London only 2.3% of areas were affordable in 2022/23 compared to 19% in 2020/21.¹ (3) This has been driven by a rapid reduction in the value of Local Housing Allowance, and recent increases in rental prices.
- The fact that there are no affordable private rented properties for those on low incomes, together with shortages of social housing, and exceptionally high inner London property prices has meant that low- and middle-income workers, and particularly the white middle class, are leaving Camden. The only increasing demographic is those in higher managerial and professional positions; the numbers of these have risen across all ethnic groups. (1)
- This has left Camden very unequal. Half (56%) of households with children have at least one measure of deprivation. The average home in Camden would cost £831,000 and require a household income of £166,000 to buy. The average rent in Camden is £2,825 and would require a salary over £113,000 to afford. (4)
- It could be that the cost of living and housing is also impacting the fertility rate. The fertility rate in Camden is low and has decreased steadily over the last 20 years. (5) This will reduce the number of schools needed.
- Growing up in a socio-economically divided environment can negatively affect social cohesion, and long-term mental health if left unchecked.

There is not enough social housing to meet the need for it in Camden

- With private housing unaffordable to the majority, there is pressure on social housing. There are approximately 8,000 on the social housing waiting list and 600 allocations a year, half of which are rehousing allocations. In addition, there is a specific lack of large social housing units.
- Given the shortage, approximately 600 Camden households with children are in temporary accommodation. (6) Camden Council has responsibility for these households, even though they are not necessarily housed within the borough. We do not currently know how many households are in hotels in Camden that are the responsibility of the Home Office or other London Boroughs. Temporary accommodation often means moving frequently, inconsistent access to educational facilities, a lack of meal preparation facilities, poor nutrition and a lack of space.
- In addition, in 2022/23, there were 6,940 children in Camden living in overcrowded housing, 791 of which were residing in severely overcrowded homes, with 20% of social rented homes overcrowded. (7) Overcrowding happens across all ethnicities and religions. However Asian families, and particularly those that are Muslim (given that many Muslim families are multi- generational), are more likely to live in overcrowded homes. (1)
- Overcrowding is linked to a range of negative outcomes for children including, for example, higher incidence of respiratory diseases, through increased risk of damp and living in close proximity to others. (8) In addition, there are likely to be poorer educational outcomes; strained family relationships; and increased domestic abuse. (8) Children and carers with Special Educational Needs (SEN) may be at increased risk of crowded accommodation having a dysregulating effect.
- Given the shortage, social housing is increasingly reserved for those in most need, for example: those in contact with health or social services.
- We illustrate that 40% of households with dependent children in social housing, have at least one household member with a long-term health condition or disability.
- It is estimated that only half of young carers in Camden are known to schools or social care, so half are not receiving support.
- We show that the majority of households in deep deprivation (two or more measures of deprivation coexisting) are living in social housing. But this also shows that a third of households with one measure of deprivation do not live in social housing, and so services to support those in poverty cannot entirely focus on those in social housing. (1) For example, there is a group of private renters with lower educational attainment² in Kilburn who may be struggling to make ends meet, given that incomes tend to be higher for those with higher educational levels.

¹Based on being able to borrow five times joint salary, and spending 30% of income on rent.

²By lower educational attainment, we mean that there is no one in the household age 16-18 in full time education, or with 5 or more GCSEs or equivalent.

Camden needs to reduce or mitigate against the negative impacts of absolute poverty and overcrowding

- Differences in individuals' socio-economic status do not necessarily lead to wide disparities in health. To ensure that they do not, those on lower incomes need to have a minimum income for healthy living, safe and warm housing, a good education and good services.
- We know that material deprivation (absolute poverty) accounts for approximately 35% of inequalities in self-rated health in adults and is associated with a range of negative health outcomes for children (e.g. worse mental health, higher levels of obesity, lower educational attainment). (9) Tackling this is therefore important from a whole family health perspective.
- We illustrate that there is variation in terms of the numbers of children in absolute poverty in Camden, with wards such as St Pancras and Somers Town, Holborn and Covent Garden, Bloomsbury, Regents Park and Haverstock having the highest levels of children in absolute poverty. Recent large percentage increases in Bloomsbury and to a lesser extent Holborn and Covent Garden are concerning, but unexplained by Camden's use of temporary accommodation, and warrant further investigation. (10)
- While ideally central government might address poverty, and ensure that Universal Credit covers essentials, it is likely that in the near term this may not happen, and so Camden should trial alternative local mitigation approaches (compensatory approaches).
- Tackling overcrowding could also be helped if Government raised the Local Housing Allowance limit. However, this in itself can be inflationary.

Camden needs to improve safety and sustainability at home and outside

- Just half (52%) of Black young people feel safe in Camden, compared with 73% of White young people. (11) This could impact negatively on their mental health and activity levels. For instance, qualitative findings suggested that Black boys were socialising less outside of the home with friends. (11) Children and young people were concerned about drug crime, gangs and bullying. (12, 13)
- From 5,854 children that had a contact or assessment step with social services in 2023/24, 29% had Domestic Violence or Abuse (DVA) identified as a risk. (14)
- Analyses of Camden school data found that those most likely to have a record with Camden's social services were young carers, those with Education, Health and Care Plans (EHCP) or Special Educational Needs and Disabilities (SEND), and children living in the borough, as opposed to children attending Camden schools from outside the borough. (15)
- Children and young people valued youth services and safe third spaces, such as youth centres and libraries, and wanted more of these spaces that were fully inclusive. (12)
- To foster a sense of pride about living in Camden, children highly valued sustainability in their communities and living environments. (12)

Camden needs to improve educational outcomes for boys and children living in low-income households

- Early Years Foundation Stage (EYFS) scores are in line with the London average, (16) but ward-level data would be helpful to illustrate inequalities within the borough. Sufficient use of good quality childcare is related to improved outcomes, particularly for those with less educated parents. At present we know what percentage of Camden residents are using Camden early years services, but not what percentage of Camden residents are using services outside the borough, which is a gap.
- A good level of development at Reception age is observed, in-line with London averages. (16) Ward- or school-level data could be further interrogated to illustrate inequalities, if available.
- Progress 8 scores measure the degree to which secondary school outcomes are in line with results seen in Key Stage 2. It is a measure of school performance. There is some concern here: boys in general in Camden are not doing as well as boys in the rest of London, regardless of ethnicity, and those on FSM are not doing as well as those on free school meals in London as a whole. (17) The borough is aware of this and has commissioned services to respond to these trends.
- Camden schools are experiencing high levels of persistent absence from school. In secondary schools, 24% of Camden pupils were persistently absent in 2023/24. This rate is similar to England's rate of 23.9%, but higher than London's rate of 19.6%. Students eligible for FSM have the highest absence rates in Camden secondary schools, along with boys and some ethnic groups including Gypsy/Roma, Irish traveller, White and Black Caribbean pupils, young carers and pupils with SEND support/EHCP. (18)

Improving the social determinants of health in Camden will improve children's health outcomes

- In Camden there is a strong correlation between higher levels of deprivation and worse mental health, higher levels of overweight and obesity, higher asthma rates, higher rates of low birth weight and higher prevalence of learning disabilities in children. This is what we would expect given our previous work and the wider academic and medical literature.
- Low incomes, cold homes, overcrowding, pollution and DVA could all be driving poor mental health outcomes in children in Camden. Camden's Annual Public Health Report 2023 identifies children with SEND, young carers, children living in social housing, and children in care or care leavers as being the children and adolescents at greater risk of poor mental health. (19)
- There is an over-representation of White children and young people in terms of CAMHS referrals. We do not see the same for asthma and learning disabilities and so we do not think this is because of inequities in access to primary care. (20)

- Parents and carers play a key role in creating an environment where their children feel supported. However, some children and young people thought that parents lack the knowledge or emotional capacity to address mental health issues effectively, especially in families where discussing mental health is stigmatised. (12)
- Health improvement professionals have commented on good practice and areas for improvement in cultural competence and inclusive practice to deliver health interventions more effectively, such as inviting grandparents to join healthy weaning sessions, or ensuring low sensory environments in clinics where autistic children will be attending. Families confirmed that when services took a responsive approach to recognising who they are as a family, it helped them engage more effectively.
- Children and young people have said they want radical acceptance, where they're encouraged to embrace their true selves without fear of judgement, and felt that this is key to improving their and others' physical health and mental wellbeing. (12)

RECOMMENDATIONS

RECOMMENDATION: IMPROVING INCOMES AND REDUCING DEPRIVATION

For Camden Council:

Camden should aim to eradicate material deprivation which accounts for 35% of inequalities in self-rated health.

Camden Council should lobby central government to raise Universal Credit to ensure that households are not materially deprived and are above at least 75% of the Joseph Rowntree Foundation (JRF) minimum income standard.

If households remain materially deprived, then Camden should investigate ways to set a local minimum income.

Interim measures which reduce the impact of material deprivation by for instance providing white goods, beds, and food, can help to mitigate the impact of material deprivation on children but should not be seen as sufficient.

Camden Council should move families living in overcrowded housing into suitable housing, split them, or move them out of the borough.

The Estates Mission's focus on estate residents is an effective way of addressing the needs of residents living in greatest levels of poverty. However, the borough should ensure it is not the exclusive focus in recognition of households living in different tenures.

A targeted focus of income support for lone parents not in receipt of their child maintenance payments should be considered, due to their increased risk of child poverty and having been more likely than average to experience domestic violence or abuse.

Improving housing and providing sufficient support to those with long-term health problems or disabilities should be a priority when working with households with dependent children in Camden.

Hotspot wards such as St Pancras and Somers Town, Haverstock, Regents Park (Camden), Gospel Oak, Holborn and Covent Garden and Kilburn could be the focus of initial programmes of work that also aim to improve employment opportunities and engagement with the labour market, while mitigating against low levels of parental education through measures such as ensuring high uptake of good quality childcare, giving children the best start in life.

Ward level portraits as illustrated in the appendix can support target creation.

For National Government and Camden Council Partners:

Cross-London action should ensure that Camden (and all London) residents in work are being paid the Real Living Wage for enough hours.

London boroughs should work together, and with the Home Office, to understand numbers in temporary accommodation that have been placed there by other boroughs or the Home Office, and how this might impact on local statistics and services.

IHE will investigate the sufficiency of current policies within Camden and provide recommendations on any additional action needed.

RECOMMENDATION: HOUSING

For Camden Council:

Significant action is needed to increase the supply of social and private rental properties that are affordable and to tackle increasing numbers becoming homeless and living in temporary accommodation in Camden.

Camden also needs to provide bigger social homes for households with children that are overcrowded to improve their outcomes, or allocate two homes near each other where household structure allows. This could be achieved through a mix of measures:

- The Local Housing Allowance (LHA) for Camden needs to rise substantially to enable privately rented properties to be utilised to meet demand. Given tight fiscal space, central government could consider targeting LHA rises for certain types of properties in areas (e.g. four- or five-bedroom properties).
- Camden should seek to build more or larger social housing where space and funds allow.

Camden should support findings for Westminster Council that described how action is needed to improve out-of-borough temporary moves, such as 'ensuring intensive support during the transition to a new area, outreach and visiting approaches, periods of remote support, more proactive referrals and handovers to local services'. This indicates that pan-London action on this issue is needed.

Mitigation measures will be needed that reflect the health and social needs of households. For example, mould and damp will need to be managed, and safe spaces for children to socialise and do homework could help to provide the private space they need.

A criteria for getting social housing is increased need, and so increasingly health and care provision will need to be wrapped around estates, alongside additional support for young carers. Service provision should be set at levels to meet increased need. Improvements in the insulation and ventilation of the homes of those on low incomes should continue.

Further investment in schemes such as the North Central Integrated Care System scheme to build homes for health and care workers is needed to ensure that those on low and middle incomes can afford to stay in London and work. Alternative models such as housing co-ops and self-build should be investigated to keep build costs lower.

For National Government and Camden Council Partners:

Camden has a landlord accreditation scheme, but national government needs to introduce licensing for short-term let properties to enable the council to enforce action.

National government should ensure sufficient funding to meet net-zero commitments.

RECOMMENDATION: EDUCATION

For Camden Council:

Camden needs to better understand what is driving the low attainment of children on free school meals and work to improve outcomes to match the higher London average attainment levels of children on free school meals.

The figures show a particular issue with boys falling behind much more than girls, and further exploration may be warranted. However, we note that Camden Learning has been commissioned, and a better understanding of what they are planning may help to advise on whether further investigation is needed.

More granular-level detail is needed to understand inequalities in educational attainment across the borough with further analyses of a combined data set that joins local area data together with the National Pupil Database.

For Camden Council Partners:

Schools should work with children and young people (CYP) to ensure they provide supportive, structured environments where students feel valued and understood. These environments should also be safe spaces, with consistent anti-bullying policies, clear boundaries, and fair, predictable consequences to help students feel secure and supported.

RECOMMENDATION: COMMUNITY AND SAFETY

For Camden Council:

Camden needs to feel safer to children. Further exploration of safety by gender would also be helpful to understand if boys feel less safe than girls or vice versa.

Involving CYP, especially underserved CYP, in the design and monitoring of safe public spaces would ensure that safety measures align with their lived experiences and needs. Creating safe places particularly for Black children to play and socialise appears to be important as they are less likely to do so and this could damage their wellbeing.

Camden's vacant spaces programme should incorporate spaces for CYP living in crowded accommodation to mitigate the related health harms. Additional consideration should be offered to CYP with autism and ADHD where overcrowding can present high-stimulation environments which can lead to chronic dysregulation.

Young people-led social cohesion programmes, which promote a sense of pride in where you come from, and belonging, are important compensatory measures.

Camden Council should collaborate with CYP on both sides of the social divide to support social cohesion and promote a sense of belonging to all. Council collaboration with schools and families to provide workshops on digital wellbeing, focusing on managing screen time, recognising online harms, and fostering healthy online habits would be welcomed and valued by many CYP.

Further action is needed to understand the level and impact of domestic violence and abuse (DVA) on children and young people in Camden. Action to reduce overcrowding and material deprivation will help to reduce DVA, although it is worth noting that DVA is prevalent across all walks of society and wide action is needed to promote tolerance and respect.

RECOMMENDATION: DATA

For Camden Council:

Camden should consider good practice from elsewhere. For example, Birmingham has built on the Child Health Equity Collaborative (CHEC) framework to create an interactive tool to track progress towards outcomes across the area.

Camden Council should aim to disaggregate routine datasets by geography and by personal identity characteristics so that the council can target resource, or centre those with greatest potential to benefit, within policy design.

The ward-level pen portraits (see appendix of main report) are a starting point for understanding how these considerations coalesce at a ward-level. This can support target health creation at ward- or neighbourhood-level, which clusters wards into five geographic areas within the borough.

The CHEC framework should guide the collection of local data from ages 0-19, covering key factors that affect child health and later outcomes. It would also be helpful to track young people into higher education or work to see how well interventions and policies are working over time.

Camden Council should ensure an integrated 0-19/25 database considers all aspects of the CHEC framework. They should also consider data protection aspects carefully, taking advice from areas such as the LIFT database, LEAP and Act Early.

Camden Council should work to link data at household-level to understand the relationship between family members and how they may be impacted by parents and siblings.

More granular-level detail on inequalities in educational attainment and wider factors would support greater understanding. This could be done on a school-by-school basis.

RECOMMENDATION: HEALTH

For Camden Council:

Given that 40% of households with dependent children in social housing have someone with a health condition or disability, further consideration of support for young carers is needed as this group is at most risk from domestic violence and abuse and persistent absence from school.

Camden should evaluate their equitable services programme to assess impact prior to wider roll out and embedding systems wide.

Increased rates of obesity in some ethnic groups may require a culturally competent approach to be tested.

Action to reduce material deprivation will have a positive impact on prevalence of health conditions that are socially graded, such as obesity, poor mental health and asthma. However, mitigation may be needed where incomes are too low to support the ability of families on low incomes to purchase diets with adequate protein, fruit and vegetables.

Action to improve housing conditions will reduce poor mental health and asthma.

The referrals to CAMHS shows a bias such that a higher percentage of White households are accessing help. Action, including culturally competent approaches, is needed to ensure that children from all ethnicities have the mental health support they need. Work with faith and community groups to de-stigmatise mental health and to support parents to support their children, is needed.

Camden Council could also consider promoting school programmes that challenge societal norms around happiness and success, encouraging radical self-acceptance and reducing stigma. Schools and community spaces should continue to provide platforms for CYP to express themselves creatively and authentically, such as through art, music, or theatre.

RECOMMENDATION: RAISE CAMDEN

**For
Camden
Council:**

Children's and young people's voices need to be central to how Raise Camden shapes their response to this reports' findings.

Raise Camden aims to improve and address inequities in childhood experience, since a happy childhood improves one's chances of lifelong health and wellbeing. Camden Council needs to set clear measures of childhood experiences that they can be confident are likely to raise the healthy life expectancy of the most deprived children. Camden Council must also assess whether it is meeting its ambitions and on the right trajectory.

The significant adults in a child's life are one of the biggest determining factors for their lifelong health and wellbeing. However, adult experience is often considered separate to childhood experience. Camden Council needs to better consider the role of whole family dynamics within childhood experience.

It is recommended that the CHEC framework is further developed and used by Raise Camden to ensure that child health equity is routinely and adequately considered.

Raise Camden should promote the principle of compensatory practice. This review indicates potential health-harming considerations, which are under the auspices of the council, but some are largely intractable due to the environment in which Camden operates, such as the availability of affordable housing. Camden Council therefore has a duty to ensure that compensatory health-protecting determinants are made available, accessible and utilised to those with the greatest potential to benefit.

REFERENCES

1. Office for National Statistics. Census - Office for National Statistics [Internet]. [cited 2025 Feb 12]. Available from: <https://www.ons.gov.uk/census>
2. Fenton A, Cambridge Centre for Housing and Planning Research issuing body. Housing Benefit reform and the spatial segregation of low-income households in London. Cambridge: Cambridge Centre for Housing & Planning Research; 2011.
3. Whitehead Christine, Scanlon K, Benton E, Davies A, Daly J, Holford W, et al. London Councils supply of prs accommodation summary report 5. 2023.
4. Office for National Statistics. Housing prices in Camden [Internet]. 2025 [cited 2025 Feb 24]. Available from: <https://www.ons.gov.uk/visualisations/housingpriceslocal>
5. Nomis - Official Census and Labour Market Statistics. Live births in England and Wales : birth rates down to local authority areas [Internet]. 2023 [cited 2025 Feb 12]. Available from: <https://www.nomisweb.co.uk/datasets/lebirthrates>
6. Open Data Camden. FOI Request - Adults and children aged under 18 housed in temporary accommodation. [Internet]. 2023 [cited 2025 Feb 12]. Available from: <https://opendatastore.camden.gov.uk/FOI/CAM6421.pdf>
7. Camden Council. Camden Overcrowding Update CMT 2.8.23.
8. Harker L, Shelter (Organization). Chance of a lifetime : the impact of bad housing on children's lives. London: Shelter; 2006.
9. World Health Organization. Regional Office for Europe. Healthy, prosperous lives for all: the European Health Equity Status Report [Internet]. Copenhagen: World Health Organization. Regional Office for Europe; 2019. Available from: <https://iris.who.int/handle/10665/326879>
10. Department for Work and Pensions. GOV.UK. 2023 [cited 2025 Feb 12]. Children in low income families: local area statistics 2014 to 2022. Available from: <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022>
11. Camden Council. Appendix 1 - Growing Up in Camden survey analysis.
12. Camden Council. Real Talk 2024. 2024.
13. Camden Council. Schools Takeover Challenge. 2024.
14. Camden Council. Understanding Child Survivors of Domestic Abuse: A Data Analysis within Camden Services 2023/24. 2024.
15. Kretschmer L. School Attendance amongst Students in Camden. 2024.
16. Department for Education. Early years foundation stage profile results, Academic year 2023/24 [Internet]. 2024 [cited 2025 Feb 12]. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/early-years-foundation-stage-profile-results/2023-24>
17. Department for Education. Key stage 4 performance, Academic year 2023/24 [Internet]. 2024 [cited 2025 Feb 12]. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance/2023-24>
18. Department for Education. Pupil absence in schools in England, Autumn and spring term 2023/24 [Internet]. [cited 2025 Feb 10]. Available from: <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-absence-in-schools-in-england>
19. Camden Council. Annual Public Health Report 2023 - Adolescent Health and Wellbeing in Camden. 2023.
20. Camden Council. Camden primary care data extract as at August 2024. 2024.