

Outcomes Report for Children and Young People in Lambeth and Southwark

Act Early South London
April 2026



Table of contents

Background & Purpose	3	5.2 Post education outcomes	30
Methodology	4	5.3 Mental health needs	31
How this report should be used	5	5.4 Mental health support	32
Chapter 1: Overview of the CYP Population	6	5.5 Hospital admissions for mental health	33
1.1 Demography.....	7	5.6 Health and wellbeing behaviours.....	34
1.2 Summary of CYP health and wellbeing in Lambeth and Southwark.....	8	5.7 Smoking, alcohol and drug use.....	35
Chapter 2. At risk groups	9	5.8 Parental vulnerabilities.....	36
2.1 Youth justice.....	10	5.9 Violence and safety.....	37
2.2 Children in need and child protection plans.....	11	Chapter 6. Indicators across all CYP	38
2.3 Children looked after and care leavers.....	12	6.1 Child mortality.....	39
2.4 Young carers.....	13	6.2 Vaccination.....	40
2.5 Refugee and asylum seeking CYP.....	14	6.3 Prevalence and emergency admissions for asthma.....	41
Chapter 3: Infancy to Pre-school (0-4 Years)	15	6.4 Prevalence and emergency admissions for epilepsy.....	42
3.1 Life expectancy.....	16	6.5 Prevalence and emergency admissions for diabetes.....	43
3.2 Maternal risk factors.....	17	6.6 ED attendance and admissions	44
3.3 Infant Mortality.....	18	6.7 Frequent Attenders to ED.....	45
3.4 Low birth weight.....	19	6.8 Special Educational Needs and Disabilities	46
3.5 Premature birth.....	20	6.9 Autism.....	47
3.6 Breastfeeding.....	21	6.10 ADHD.....	48
3.7 Early development.....	22	Chapter 7. Social and environmental outcomes	49
3.8 Sickle Cell disease.....	23	7.1 Child poverty and deprivation.....	50
Chapter 4: Childhood and Primary School (5-11 Years)	24	7.2 Housing and homelessness.....	51
4.1 Oral Health.....	25	7.3 School absence.....	52
4.2 Primary school readiness.....	26	7.4 Air quality.....	53
4.3 Obesity and overweight.....	27	Next steps	54-55
Chapter 5: Adolescence and secondary school (12-18 Years)	28	Acknowledgements	56
5.1 Secondary school outcomes.....	29	About this report	57

Background and purpose

Social, educational, and built environments play a fundamental role in shaping emotional and physical health and wellbeing across the lifespan. Yet policy and practice too often focus on reactive, siloed responses that treat symptoms rather than root causes. Early life—infancy through to adolescence—is a key window to prevent inequalities before they become entrenched. The Government has set an ambition through the '[10 Year Health Plan for England](#)' to raise the healthiest generation of children and young people through early intervention and prevention, reduction in health inequalities, and integrated working at neighbourhood level.

Lambeth and Southwark are two of London's most diverse and culturally vibrant boroughs. Almost two thirds of young people across Lambeth and Southwark are non-White, higher than Southeast London and London averages¹. The diversity of Lambeth and Southwark requires the provision of culturally competent and responsive health services. Unfortunately, there is significant variation in child health and wellbeing across Lambeth and Southwark causing inequalities in access and outcomes for local children. Wider determinants of health, and inequalities in these, have profound and cumulative effects on children and young people, especially when there is more than one risk factor. Collective and innovative approaches are required across local government, the NHS, voluntary and community sector and other stakeholders to drive meaningful change.

This report launches a new partnership programme to reduce health and social inequalities for CYP across Lambeth and Southwark: Act Early South London.

Funded primarily by Evelina London Children's Charity, Act Early brings together the NHS, local authorities, academia, patient and public voice, and the voluntary sector to respond to priority problems for local CYP, strengthen whole-system working and deliver evidence-based interventions. Our long-term vision is to promote a healthier and fairer future for children and young people (referred to throughout this report as 'CYP') across Lambeth and Southwark. Building on the [CHILDS](#) (Child Health Integrated Learning and Delivery System) framework widely established across Southeast London, Act Early takes a partnership approach – supported by Evelina London, Guy's and St Thomas', King's College Hospital, King's College London, Lambeth and Southwark Councils, and more.

This report documents the relevant biopsychosocial context in Lambeth and Southwark – drawing on a range of indicators to build a picture of the two areas in terms of child and family health, socioeconomic status, social and education outcomes, environment, and more. Much work has already been done locally to understand and describe the population and their needs, and so this report pulls from many existing sources and summaries. It summarises the scale of the challenge, answers the question *What do we know?* and points us to what we still need to discover and address.

Methodology

This report assesses the status, scale, and trends of challenges affecting children and young people in Lambeth and Southwark. It draws on both publicly available and restricted access datasets as well as routine and one-off reports including local Joint Strategic Needs Assessments (JSNAs). The indicators included in this report were carefully chosen by a bi-borough task and finish group review process. It was important to include the right indicators to provide an overview of the scale of health, educational, and social outcomes for children and young people (CYP). Each indicator includes a relevant inequality, though many have additional inequalities not covered here. It is widely acknowledged that for many of these issues, there is a range of good work in place and Act Early relies on the existing evidence base. An example of local action or alignment to local priorities is included to showcase this however this is not a comprehensive list of local services and initiatives which support children and young people.

This report was developed in partnership with health intelligence teams in Lambeth and Southwark councils and was supported by the Lambeth Together Children and Young People Alliance and Partnership Southwark Start Well.

This report uses the latest available data as of December 2025. Where possible, trends for Lambeth and Southwark are shown alongside comparisons with London and England. Differences in local approaches mean some measures aren't directly comparable; this is noted where relevant. For some outcomes, one borough had conducted a detailed needs assessment or analysis and the other had not. Given the similarities and proximity of the two boroughs, similar findings were inferred for the other. All data is aggregate; no individual-level records have been shared. Counts fewer than 5 have been suppressed to reduce the risk of disclosure, and secondary suppression has been applied where necessary. All references are provided throughout the report.

For the majority of this report, children and young people (referred to as CYP) are those aged 0-18. This is the age range most services follow, with some services supporting young people with special educational needs and/or disabilities (SEND) up to age 25. Some indicators use different age ranges, and these are noted in the report.

How this report should be used

This report launches a new delivery partnership programme to reduce inequalities in outcomes for CYP across Lambeth and Southwark: **Act Early**.

Act Early takes a learning health systems approach following 4 main steps: (1) **Discover**, (2) **Co-Design**, (3) **Implement**, and (4) **Evaluate**. Findings from this report will help Act Early and local partners prioritise key inequalities and issues for children and young people which will benefit from intervention.

The [NHS 10 Year Health Plan for England 'Fit for the Future'](#) aims to transform the NHS through 3 key shifts: Hospital to Community, Analogue to Digital, and Sickness to Prevention. The 10 Year Plan prioritises early intervention for children and reducing inequalities. It also lays the groundwork for integrated neighbourhood teams (INTs) to mobilise across the boroughs and provide multi-disciplinary and person-centred care at neighbourhood level. In addition to informing Act Early initiatives, this report can be used by partners to scope and progress local or regional priorities, including for integrated teams.

Each stage of Act Early is accomplished through partnership and systems working to ensure there is shared ownership and buy-in. Interventions will be co-designed to benefit the entire system and will build on existing work and momentum wherever possible to ensure sustainability of improved outcomes.



This Act Early report is a core component of the **discover** phase of a health learning system cycle and will be followed by co-design, implementation and evaluation.

Findings from this Act Early Child Outcomes Report will be used to inform a systematic evidence-based approach to priority-setting. This report will create a shared sense of priority across partners, describing the key challenges, and setting the local priorities for a longer programme of work.

Wherever possible, references in the report are hyperlinked for more information. For questions about this report or how to get involved with Act Early, please see the CHILDS [website](#) or email gstt.childsframework@nhs.net.

Chapter 1

Overview of the CYP Population

Demography: Lambeth and Southwark

Snapshot of the 125,200 children and young people living across the two boroughs

Declining Population

There are approximately 64,600 CYP aged 0-19 in Southwark and 60,600 CYP aged under 20 in Lambeth. The number of live births has decreased by about one-third in Lambeth and Southwark over the last ten years. By 2033, the CYP population is estimated to decline by 8% in Southwark and by 13% in Lambeth.^{6,7}

1 in 5 with SEN

21% of pupils in Lambeth and 21% in Southwark have Special Education Needs (SEN).²

Diverse population

About two-thirds of CYP in Lambeth and Southwark are of Black, Asian, Mixed or other ethnicities. Ethnic diversity is higher among CYP than the population as a whole.¹

Ethnic breakdown

	Lambeth (under 20) ¹	Southwark (under 18) ¹
White	36%	34%
Black	36%	36%
Mixed	16%	14%
Asian	6%	9%
Other	6%	7%

Age structure

Children and young people under the age of 20 made up 19% of Lambeth's population and 21% of Southwark's population in 2021. This is lower than the London and England proportions at 24% and 26% respectively.^{1,6}

Deprivation

Lambeth and Southwark are more deprived than three-quarters (77% and 76%, respectively) of local authority districts in England. However, each borough is a mix of smaller areas, some of which are which are more deprived, and some are less deprived than the borough average.⁵

LGBTQIA+

Lambeth (8.3%) and Southwark (8.1%) rank in the top 3 for LGB+ populations in London (all ages). Southwark is 4th highest in London for residents who are Trans identity.¹

Birth country

Most children and young people, 91% in Lambeth and 92% in Southwark are UK born.¹

Free school meals

In 2024/25 38.6% of pupils in Lambeth and 39.8% in Southwark were eligible for free school meals. This is higher than average rates across London and England.²

Child poverty

About 1 in 5 children in Lambeth and Southwark are living in relative poverty.² This increases to more than 1 in 3 children after housing costs are incorporated.⁶

Multi-lingual

140 languages are spoken across Lambeth and Southwark including English, Spanish, Portuguese, French, Somali, and Italian.^{3,4} Half of the pupil population in Lambeth speak a language other than English.³

¹ Office for National Statistics, 2021

² Department of Health and Social Care, Fingertips, 2025

³ Lambeth Council, Language Diversity Report 2021

⁴ Southwark Council, Ethnicity, National Identity, Language and Religion, 2023

⁵ Local Deprivation Explorer 2025

⁶ Lambeth Council, CYP Demographic Factsheet, 2024

⁷ Overview of children and young people in Southwark, 2025

KEY: STATISTICAL SIGNIFICANCE COMPARED TO LONDON

A SUMMARY OF CHILD HEALTH AND WELLBEING IN LAMBETH AND SOUTHWARK

Better **Similar** **Worse** NOT COMPARED

LAMBETH

SOUTHWARK

LAMBETH

SOUTHWARK

LAMBETH

SOUTHWARK

4.1/1000 LIVE BIRTHS	INFANT MORTALITY (21-23)	3.2/1000 LIVE BIRTHS	COVERAGE LOWER THAN LONDON	ADOLESCENT VACCINATION (24/25)	MIXED COVERAGE COMPARED TO LONDON	346.2 per 1,000 CYP	ED ATTENDANCE RATE (23/24)	342 per 1,000 CYP
2.8% OF ALL TERM BIRTHS	LOW BIRTH WEIGHT (2024)	3% OF ALL TERM BIRTHS	48.2/90 AVERAGE ATTAINMENT 8 SCORE	SECONDARY SCHOOL OUTCOMES (23/24) <small>*not statistically significant</small>	49.5/90 AVERAGE ATTAINMENT 8 SCORE	11.1% of ED VISITS WERE MADE BY FREQUENT ATTENDERS	FREQUENT ED ATTENDERS (2024)	12% of ED VISITS WERE MADE BY FREQUENT ATTENDERS
70.7/1000 LIVE BIRTHS	PREMATURE BIRTH (2022)	69.2/1000 LIVE BIRTHS	47.9 ADMISSIONS PER 100,000 CYP 0-17 YEARS	HOSPITAL ADMISSIONS FOR MENTAL HEALTH (23/24)	26.5 ADMISSIONS PER 100,000 CYP 0-17 YEARS	16% OF PRIMARY AND 23.1% OF SECONDARY SCHOOL PUPILS	PERSISTENT SCHOOL ABSENCE (23/24)	14.1% OF PRIMARY AND 19.1% OF SECONDARY SCHOOL PUPILS
COVERAGE SIMILAR TO LONDON	VACCINATION AGES 0-4 (24/25)	COVERAGE SIMILAR TO OR HIGHER THAN LONDON	21.5% OF YEAR 10 PUPILS HAVE TRIED VAPING	E-CIGARETTE USE (2024) <small>*Compared to National average, not statistically significant</small>	31% OF YEAR 10 PUPILS HAVE TRIED VAPING	33 per 1,000 HOUSEHOLDS WITH CHILDREN	HOMELESS CHILDREN (22/23)	22 per 1,000 HOUSEHOLDS WITH CHILDREN
68.2% REACHED A GOOD LEVEL OF DEVELOPMENT	PRIMARY SCHOOL READINESS (23/24)	69.9% REACHED A GOOD LEVEL OF DEVELOPMENT	171.6 HOSPITAL ADMISSIONS PER 100,000 POPULATION	ASTHMA (23/24)	132.9 HOSPITAL ADMISSIONS PER 100,000 POPULATION	19.7% OF UNDER 16s	RELATIVE POVERTY (23/24)	20.5% OF UNDER 16s
16.7% OF 5 YR OLDS HAD DENTAL DECAY	ORAL HEALTH (23/24)	17.5% OF 5 YR OLDS HAD DENTAL DECAY	3.7% OF 16-17 YEAR OLDS NOT IN EDUCATION, EMPLOYMENT, OR TRAINING (NEET)	POST EDUCATION OUTCOMES (23/24)	3.5% OF 16-17 YEAR OLDS NOT IN EDUCATION, EMPLOYMENT, OR TRAINING (NEET)	Particulate matter 2.5 levels 8.6 µg/m ³	AIR QUALITY (2023)	Particulate matter 2.5 levels 8.9 µg/m ³
38.9% OVERWEIGHT/OBESE IN YEAR 6	OVERWEIGHT (24/25)	44.3% OVERWEIGHT/OBESE IN YEAR 6				15.6 per 100,000 CYP	CHILD MORTALITY (22-24)	11.3 per 100,000 CYP

THIS IS A SUMMARY OF A SELECTION OF KEY INDICATORS. PLEASE SEE SPECIFIC SLIDES FOR TRENDS, EQUITY DATA, DESCRIPTIONS AND REFERENCES

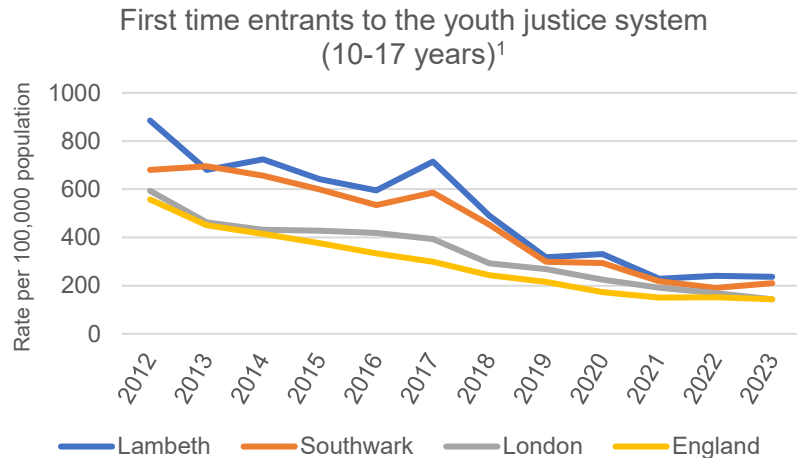
Chapter 2

At risk groups

Youth Justice

Definition

First time entrants to the youth justice system: rates of children receiving their first conviction, caution or youth caution per 100,000 10 to 17-year-old population by area of residence.¹



What does the data tell us?

The rate of first-time entrants to the youth justice system (YJS) has been decreasing over time across Lambeth, Southwark, London and England. Rates in Lambeth and Southwark have consistently remained higher than London and England. In 2023, the rate in Lambeth was 237 per 100,000 children aged 10-17 (57 children), 210 per 100,000 in Southwark (54 children) and 143 per 100,000 in London and England.¹

Nationally, in 2023, boys comprised 84% of total first-time entrants to the youth justice system, while making up 51% of the general population of 10-17-year-olds.²

Why this matters

Children who have, or are at risk of, offending often have greater mental health needs and more unmet health needs than other children. The systems and services designed to prevent children from entering the criminal justice system are often under-resourced, mistrusted by the very people they aim to support, or unequipped to meet the complex and growing needs of a generation facing extraordinary challenges.²

Inequalities

Black children remain four times more likely to be in custody compared to their share of the population.² Lambeth YJS data also shows that Black or Black British children are disproportionately represented in both the group working with the YJS and of first-time entrants. The majority of children working with the Lambeth YJS are male (85% in the year to September 2025) and aged 16 or over.³

Who is more likely to re-offend? In 2023/24, a third of children have re-offended within 12 months of the first offence. Boys make up 94% of prolific (at least three or more convictions in a criminal court) children who have offended, compared to 79% of nonprolific (low frequency) children. More than one in four prolific offenders live in the 10% most deprived areas of England, and nearly half (45%) live in the 20% most deprived areas.²

Examples of local action

[Lambeth Council's 2025-26 Roadmap to Excellence for Children, Families and Education](#) includes a priority to improve services working with young people known to the Youth Justice System and the criminal justice system to make sure the needs of those children are met with the right services and support.

Southwark's Turnaround Programme offers trauma-informed and whole-family interventions. Since its launch two years ago, less than five percent of participants have entered the statutory system within twelve months of case closure.

¹ [Fingertips | Department of Health and Social Care](#), accessed 2025

² [Centre for Young Lives, State of the Nation, 2025](#)

³ Local Lambeth Youth Justice System service data, accessed 2025

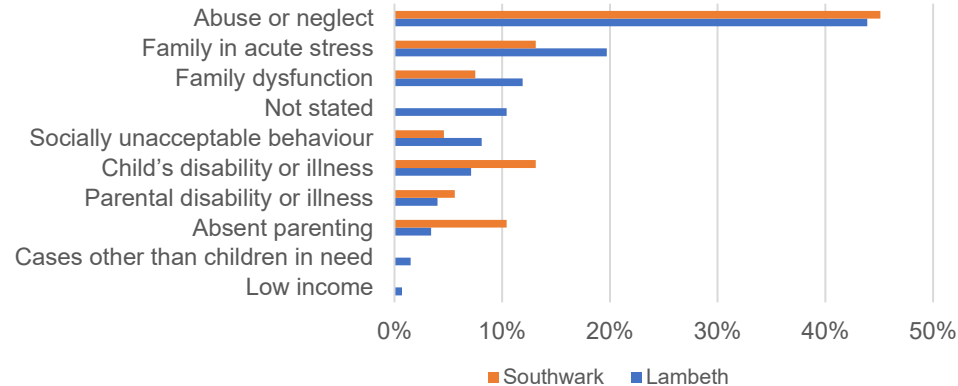
Children in Need & Child Protection Plans

Definitions

Children in Need (CiN): A child is “in need” if they require local authority services to achieve or maintain a reasonable standard of health or development. This includes disabled children.¹

Child Protection Plan (CPP): A CPP is put in place when a child is judged to be at risk of significant harm. CPPs aim to ensure safety of the child and prevent further harm by supporting the strengths of the family, addressing risk factors and providing services to meet needs. A CPP is a statutory agreement led by a designated social worker.¹

Children in Need (CiN) Primary Concern:
Lambeth and Southwark^{1,3}



Why this matters

National and local research shows children in need have lower educational attainment, are more likely to be absent from school, more likely to be suspended, and tragically over 7 times more likely to die than the general population. Local authorities have a legal duty to support and protect vulnerable children. There are likely to be more children who are experiencing harm or neglect who are not known to children’s services.²

¹ [Southwark 2025 JSNA](#)

² [Centre for Young Lives, State of the Nation, 2025](#)

³ Lambeth Local authority administrative datasets, accessed 2025

⁴ Data provided by Southwark Council, January 2026

What does the data tell us?

In Lambeth, at the end of March 2024, there were over 2,100 children in need aged 0-17. The majority were aged 5-10 (28.6%) or 11-15 (30.2%). Throughout the year, 260 CiN were unaccompanied asylum-seeking children who had been separated from their parents and were not being cared for by an adult.³

In Southwark, as of January 2026, there were 1,968 children in need. This rate (approx. 354 per 10,000 CYP) is line with London and England rates (370 and 333 per 10,000 children respectively).⁴ In both Lambeth and Southwark, the most stated reason of need for children in need is ‘abuse or neglect’ (43.9% of CiN in Lambeth and 54% of CiN in Southwark).^{1,3} This is comparable to trends seen nationally.²

Over 2024-25, there were 634 CYP on child protection plans in Lambeth (this includes cases that opened and closed within the year). This equates to a rate of around 100 per 10,000 children.³ In Southwark, the rate was 112 total child protection plans per 10,000 children in the financial year, reduced from a rate of 116 per 10,000 the previous year.¹ These rates are higher than London and England. For those on CPP, the most common concerns were emotional concerns or neglect.³

Inequalities

In Lambeth, over half (57%) of children in need are from Black backgrounds compared to 35% of Lambeth CYP being from Black backgrounds.³ In Southwark, 44.7% of children in need are from Black backgrounds compared to 35% of the overall CYP population.⁴

567 CiN (12.9%) in Lambeth have a disability, with autism, learning difficulties, communication and behavioural challenges being most common.³ Nationally, children in the most 10% deprived neighbourhoods are more than 10x more likely to be put into care or have a child protection plan than the least deprived 10%.²

Example of local action

[Lambeth Council’s 2025-26 Roadmap to Excellence for Children, Families and Education](#) is a three year plan for Lambeth Council’s services to meet the needs of local vulnerable CYP including children in need and those on child protection plans.

Southwark’s Early Help services and Best Start Family Hubs service aims to support families with children and include a range of evidence-based parenting programmes to prevent need escalating.

Children Looked After & Care Leavers

Definitions

Children Looked After / Looked after children (CLA): A child (up to 18 years) looked after by a local authority and in care for more than 24 hours. CLA are taken into care to ensure their wellbeing when it is no longer safe or possible for them to remain with their families.

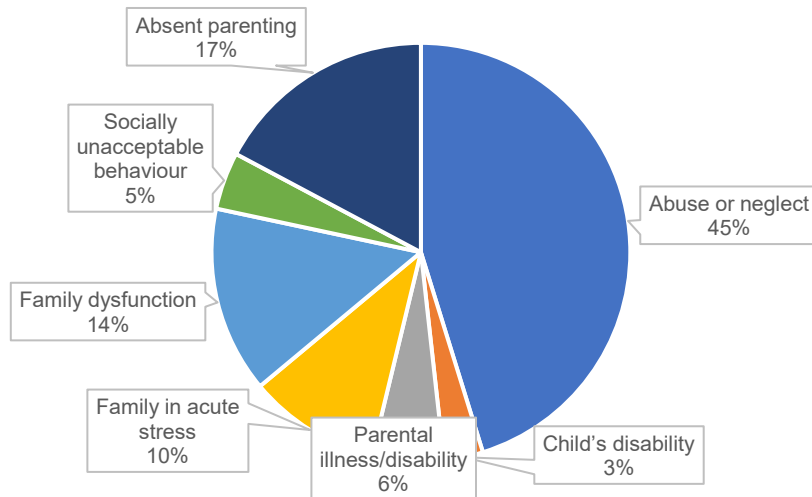
Care leavers (18+): Young people who have been looked after for at least 13 weeks since the age of 14, including some time after their 16th birthday. Local authorities have a duty to support them until at least age 21, and up to 25 if they are in education or training.

What does the data tell us?

In Lambeth, 2025 data shows 474 open cases of children looked after (ages 0-18 and 18+ for care leavers). The most common primary need of these children was abuse or neglect.² As of January 2026, there were 360 CLA in Southwark. At 65 per 10,000 children, this was the fifth highest rate in London.⁵ These rates are consistently higher than London and England.³

As of March 2025, there were 616 care leavers in Lambeth and 818 in Southwark.^{2,5} This number has increased over time. Approximately 55% of Lambeth care leavers were in education, employment, or training (EET) and 45% were not (NEET).² Nationally, the number of children aged 16 and over entering care each year more than doubled between 2013 and 2023.¹

Primary Need of Children Looked After (CLA) – Lambeth, 2025²



Inequalities

35.1% of looked after children in Southwark have SEND.⁴ Nationally, more boys (57%) are looked after than girls (43%).¹ White children are over-represented among those who get adopted and Black children are underrepresented among those adopted.¹

Children looked after have disproportionately lower educational outcomes and are more likely to experience challenges with their mental health: 45% are estimated to have a mental health problem, rising to 72% for children who live in residential care. Nationally, one in three care leavers become homeless within two years of leaving care.¹

Why this matters

Children who experience care are often vulnerable and face further vulnerabilities if their needs are not identified and met. Children in care are more likely to be absent from school, have lower educational attainment, and have higher exclusion rates than the general pupil population.¹

Examples of local action

[Lambeth Council's 2025-26 Roadmap to Excellence for Children, Families and Education](#) is a three-year plan for Lambeth Council's services to meet the needs of local CYP. It includes 7 priorities including actions related to supporting children looked after and care leavers to have their voices heard, the right support, safe and stable places to live, and access to opportunities and services.

[Southwark's School Standards Report 2024-25](#) monitors educational outcomes including for those who are looked after. Southwark's Trailblazer programme (GLA funded) is driving a whole council approach to employability for care leavers.

¹ Centre for Young Lives, State of the Nation, 2025

² Lambeth Local authority administrative datasets, accessed 2025

³ Southwark Council, Data overview of CYP Population, 2023

⁴ Mental Health of Children & Young People in Southwark, JSNA 2023

⁵ Data provided by Southwark Council, January 2026

Young Carers

Definitions

A **Young carer** is someone aged under 18 who cares for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support.¹

Young adult carers are between 18-25 and they may have different support needs to younger carers.¹

Future age-based carer number estimates (based on population change alone) are:^{1,2}

Age	2011 carer %	2020 carers	2025 carers	2030 carers	% increase 2020 to 2030
0-15 yr	1%	600	700	700	8%
16-24 yr	5%	1,900	2,000	2,100	9%
25-34 yr	5%	4,100	4,200	4,100	1%
35-49 yr	10%	8,100	9,200	9,700	20%
50-64 yr	16%	7,900	8,500	9,000	14%
65+ yr	11%	3,000	3,600	4,300	45%
All ages	7%	25,700	28,100	30,000	17%

Source: Southwark Carer's Needs, JSNA, 2021

What does the data tell us?

The 2021 census found that 1,165 Southwark 5-17 yr olds provided unpaid care. However, nationally as many as 1 in 5 (21.6%) 11-15 yr olds act as carers with this number increasing during the COVID-19 pandemic, so Southwark young carers could number more than 3,400.² For carers in Southwark aged 0-24, it is estimated 72-77% give less than 20 hours of care a week, 11-15% provide 20-49 hours of care and 13% provide over 50 hours of care per week. Females have higher rates of caring responsibilities than males.³

Carers and young carer numbers are underreported. Only 2-3% of young carers are estimated to be known to Southwark council.³ There are at least 376,000 young adult carers in the UK who are likely to be in every school, college, university and workplace.¹

¹ Carers Trust, accessed 2025

² Mental Health of Children & Young People in Southwark, JSNA 2023

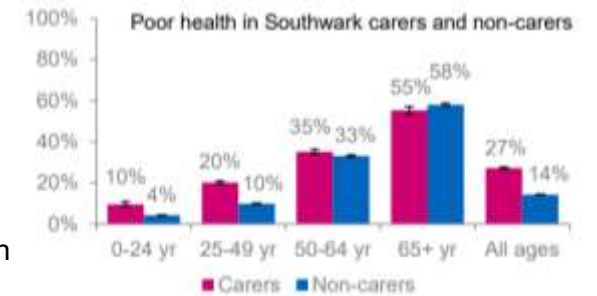
³ Southwark Carer's Needs, JSNA, 2021

Why this matters

Young carers are likely to have significantly lower educational attainment than their peers. With the added complications of COVID-19, young carers have missed out on even more school than before and urgent support is needed. Caring can be an isolating experience but having the right support in place can give young carers a better chance of succeeding in all parts of their lives.¹ Carers save the nation a huge amount financially but face substantial financial challenges themselves.³

Inequalities

One in 3 young carers have a mental health issue.² Nationally, young carers' mental distress levels rise with age: one-sixth (14%) of 9-11 year-old carers are unhappy with their mental health, versus almost half (47%) of 16-17 year-old carers. Based on available evidence, this means an estimated 400 to 1,100 Southwark young carers have a mental disorder.² Many struggle to manage their education, work life and caring role which can cause stress. Young carer numbers have risen, especially in poorer families, as external support dwindles. Young carer identification has improved but specialist support funding remains inadequate.³ Data shows young carers have poorer health when compared to non-carers.³



Examples of local action

[IMAGO](#) is an organisation providing support for young carers in Southwark.³

The Southwark Carer's Needs Assessment, 2021 provides a series of recommendations to address the unmet needs of Southwark's unpaid carers.

[Carers' Hub Lambeth](#) supports young carers aged 5-21 years old. They provide information and advice, emotional and educational support and organise activities.

Refugee and asylum-seeking children

Definitions

Asylum Seekers: An individual who has applied for asylum under the 1951 Convention Relating to the Status of Refugees (fear of being persecuted for reasons of race, religion, nationality, social group or political opinion). This group receive some financial support in the UK.¹

Unaccompanied asylum-seeking children (UASC): Children and young people who are seeking asylum in the UK and who have been separated from their parents or carers. While their claim is processed, they are cared for by a local authority.¹

Refugee: An individual whose asylum claim has been accepted and has access to public funds.¹

Count of UASC looked after by Southwark, 2015-2022¹



What does the data tell us?

There are significant gaps in data on the prevalence and needs of these populations. Although data is lacking, the UK likely also hosts a significant population of migrants with irregular status.

In 2022, Southwark had about 250 asylum-seeker and/or refugee CYP aged 0–17 yr housed in initial accommodation centres. UASC are supported by the Looked After Children (LAC) team in Southwark and are designated an individual social worker. The majority (88%) of UASCs supported by Southwark are 16-17 years old and are male. The top country of origins are Iran, Afghanistan and Eritrea. Those UASC under 16 are always placed in foster care.

In Lambeth, over 2024-25, 260 children in need were unaccompanied asylum-seeking children who had been separated from their parents and were not being cared for by an adult.³

Why this matters

Asylum seekers, refugees and those with irregular immigration status have multiple, over-lapping health and wellbeing needs and are at higher risk of certain health conditions including mental health and wellbeing issues, challenges with social integration, long stays in initial accommodation centres and some infectious diseases.¹

Access to services is a major issue for these populations due to language barriers, difficulty navigating the health, welfare and education systems and fear of immigration enforcement by statutory services. UASC have specific needs and can fall through the gaps in terms of access to services. This is exacerbated when they turn 18 and education and services end or change.¹

Inequalities

An additional audit from Southwark in 2020 highlighted mental health, dental health and immunisations as key areas of need for UASC. An audit by CAMHS uncovered significant health and mental health needs among UASC in Southwark. UASC nationally have been reported as having a higher prevalence of mental health problems than in any other refugee group, including trauma, anxiety, post-traumatic stress disorder (PTSD) and depression. Up to half of asylum-seeker CYP have PTSD, and up to 1 in 3 have depression, anxiety and behavioural problems.²

Examples of local action

[The Health & Wellbeing of Asylum Seekers and Refugees in Southwark](#) JSNA outlines 39 recommendations (including 6 to support children and young people) for how Southwark Council, Southeast London Integrated Care System (ICS) and local partners can work together to better meet the needs of these populations locally.

Both Lambeth and Southwark were awarded as Boroughs of Sanctuary for their commitment to fostering a culture of inclusion and support for refugees, asylum seekers and vulnerable migrants. As a result, both boroughs welcome and accept a relatively high number of refugee and asylum seekers. Compared to surrounding boroughs and the whole of London, Southwark has seen a dramatic increase in the number of asylum seekers (including adults) in the last 5 years.¹

Outside of mainstream primary and secondary care, Guy's and St Thomas' Health Inclusion Team (HIT) is a provider of health services for asylum seeking and refugee children.

¹ [The Health & Wellbeing of Asylum Seekers and Refugees in Southwark, JSNA, 2023](#)

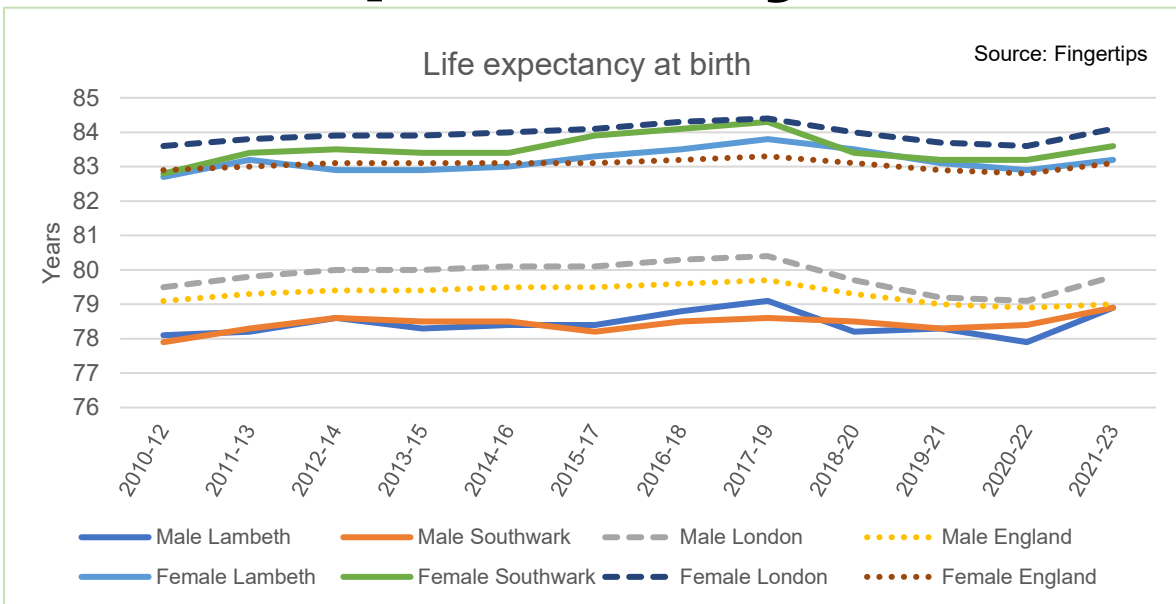
² [Mental Health of Children & Young People in Southwark, JSNA 2023](#)

³ Lambeth Local authority administrative datasets, accessed 2025

Chapter 3

Infancy to Pre School (0-4 years)

Life Expectancy



Definitions

Life expectancy is an estimate of the average number of years a newborn would survive if she or he experienced the age specific mortality rates for that area and time period.²

Healthy life expectancy provides a more comprehensive picture of health by considering both the quantity and quality of life. The two indicators are extremely important summary measures of mortality and morbidity. They complement the supporting indicators by showing the overall trends in major population health measures.

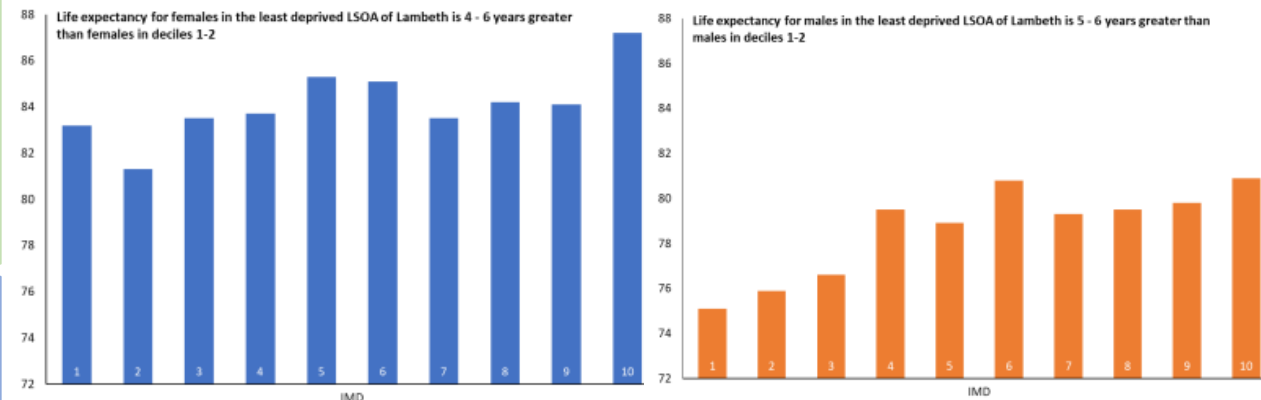
What does the data tell us?

On average, life expectancy has consistently been higher for females than for males over time. In 2021-23, life expectancy for males in Lambeth (78.9 years) and Southwark (78.9) was lower than London (79.8) and England (79.0). For females, life expectancy in Lambeth (83.2 years) and Southwark (83.6) was lower than London average (84.1) but higher than England (83.1). Covid-19 led to a dip in life expectancy trends.

Healthy Life expectancy is the amount of time spent living in good health. 2023 data shows healthy life expectancy is around 64 years for males and females in Lambeth, and 60 years for males and females in Southwark.

2021-2023	Lambeth	Southwark	London	England
Male	63.9	60.4	63.9	61.5
Female	64.4	60.1	64.0	61.9

Source: Fingertips



Inequalities

National and local data shown inequities in life expectancy amongst disadvantaged communities. 2016-2020 Southwark data showed more than a 10 year average life expectancy gap for males between the most and least deprived boroughs.¹

Similar inequality trends are seen across Lambeth. In 2022, there was a 5.7 year gap for males and 4.8 year gap for females in life expectancy between the least deprived and most deprived quintiles in Lambeth. When compared to London and England, life expectancy for those living in the most deprived quintile in Lambeth was higher for females yet lower for males.²

¹ Southwark 2025 JSNA

² Health Profile for Lambeth 2022 – Life Expectancy and Mortality

Maternal risk factors

Definition

Maternal health and sociodemographic factors are measurable determinants of infant and child outcomes. Some impactful maternal variables which are strongly associated with adverse infant and child outcomes include:

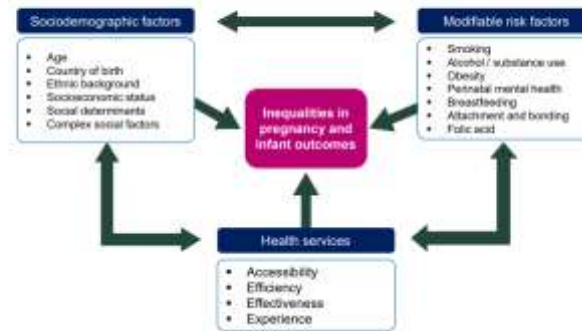
- **Health:** antenatal care, hypertension/diabetes, smoking, BMI, age, vaccination status, mental health
- **Sociodemographic:** deprivation, individual/household income, maternal education, housing status, exposure to domestic violence

Why this matters

Maternal health and sociodemographic factors have a significant impact on infant and child health and educational outcomes via multiple complex mechanisms across the life course.²

For example, a systematic review identified a 264% increase in the odds of developing childhood obesity when mothers are obese before conception.¹

Inequality in pregnancy and infant outcomes is often the result of interactions between numerous factors²



What does the data tell us?

- Regionally, London had the lowest prevalence of maternal mental health need (17%) in 2024. However, needs were higher in areas with highest levels of socioeconomic disadvantage.²
- Southwark rates of obesity during early pregnancy are lower than London and England.² Lambeth rates are similar to London but lower than England.³ In Lambeth, 4 in 10 mothers were overweight or obese. This was higher in those of Black ethnicity.³
- Smoking prevalence in pregnancy has reduced over time yet is higher in more disadvantaged areas.² In Lambeth, under 30s, and those from Black Caribbean and Mixed ethnic groups were more likely to smoke.³
- In Southwark, those aged over 35 accounted for half of stillbirths between 2021-22. Those under 20 and those over the age of 35 have increased risk of preterm and low birth weight.²
- Between 2021-22, 64% of stillbirths in Southwark were to women not born in the UK.²
- Pregnant women who struggle to access nutritious food are up to four times more likely to have poor mental health and are at greater risk of gestational obesity, diabetes and hypertension. Food insecurity during this life stage is also associated with poorer neonatal outcomes.⁴

Inequalities (Southwark)²

Risk	Southwark Picture	Associated Outcomes
Smoking	4.5% of women are known to be smokers at time of delivery (2022/23)	Increased risk of poor infant outcomes including stillbirth, low birthweight, SIDS, asthma, obesity, and Type 2 diabetes
Alcohol and substance use	Local data unavailable, however 4.1% of pregnant women in England were reportedly drinking alcohol at time of booking appointment (2018/19)	Increased risk of FASD and FAS, miscarriage, preterm birth and low birth weight
Obesity	17% of pregnant women were obese during early pregnancy (2018/19)	Increased risk of stillbirth, congenital abnormality, shoulder dystocia, macrosomia and later obesity
Perinatal mental health	Estimated 10-20% women and 10-15% fathers are affected by perinatal mental health problems	Increased risk of preterm birth, low birthweight, emotional and behavioural problems, maternal suicide
Breastfeeding	55% of children exclusively, 30% partially breastfed and 15% were not breastfed at all at 6-8 weeks (2018-22)	Not breastfeeding associated with obesity, GI disease, LRTI, SIDS, dental disease, allergies, otitis media, cardiovascular disease
Attachment and bonding	An estimated 50% of infants have insecure or disorganised attachment	Associated with delinquency, criminality, poor relationships and mental health needs.
Folic acid	15% of pregnant women took folic acid before pregnancy (2018/19)	A lack of folate can result in neural tube defects such as spina bifida and anencephaly

Risk	Southwark Picture	Associated Outcomes
Age	71% of births are to women and people over the age of 30 (2021-2022)	Increased incidence of stillbirth, preterm birth and low birthweight in those over the age of 35
Ethnic background	Over half of all births are to mothers and birthing parents born outside of England (2022)	Increased incidence of stillbirth and maternal mortality in women and people from Black, Asian and mixed ethnic groups
Deprivation	51% of births were in the three most deprived deciles (2021/22)	Increased rates of stillbirth among women and people living in more deprived areas
Wider determinants	Parental disability (8%), lack of education (12%) and lone parenting (9%) impact Southwark's population	Risk of mental health need, behaviour problems, educational outcomes and future relationships can all be increased
Racism and discrimination	Racial biases rooted in the health system lead to discriminatory behaviour and attitudes by healthcare professionals	Black women and people are 3.7 times more likely to die as White women and people during pregnancy, delivery or postpartum (2018-20)
Complex social factors	10% of women and people deemed to be subject to complex social factors (2021/22)	Those with complex social factors are known to access antenatal care later; this is associated with poor neonatal outcomes

Examples of local action

[The Southwark Maternity Commission](#) was set up to assess inequalities, evaluate implementation of national recommendations and identify areas for further improvement.

[The Lambeth Early Action Partnership \(LEAP\)](#) was a local ten-year partnership to improve the life chances of babies, very young children, and families. It viewed inequalities through an intersectionality lens of factors which have a cumulative impact on health.

¹ [The Lambeth Early Action Partnership \(LEAP\)](#), 2024

² [The First 1,001 Days Southwark JSNA, 2024](#)

³ [Lambeth Together Infant Feeding Needs Assessment, 2024](#)

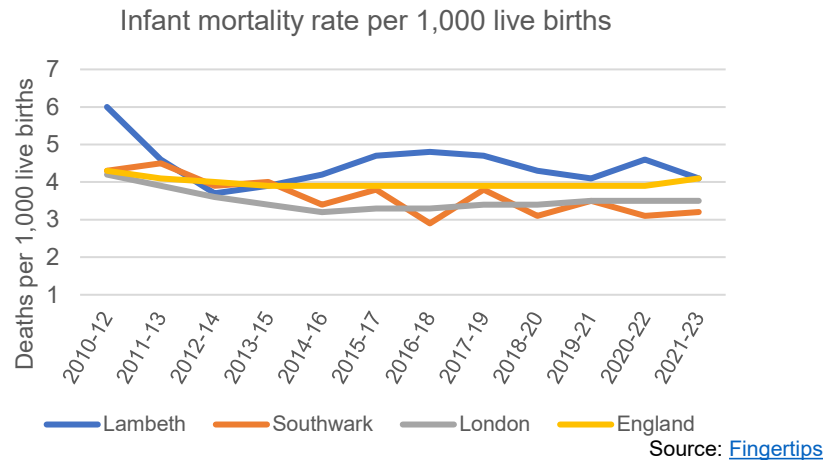
⁴ [Food at the Heart of Lambeth Annual Public Health Report 2025](#)

Infant mortality

Definitions

Infant mortality rate (IMR) refers to deaths within the first year of life per 1,000 live births. IMR is recorded as a 3-year rolling average to smooth fluctuation between years. It includes:

- **Perinatal mortality** - deaths within the first 7 days
- **Neonatal mortality** - deaths under 28 days
- **Post-neonatal mortality** - deaths between 28 days and one year



Why this matters

Infant mortality reflects the general health of a population due to its relationship with economic, social and environmental risk factors. Risk factors for infant mortality are complex and interrelated. Of all the London Child Death Overview Panels (CDOP) between 2020-2024, 28% of infant deaths were identified as having a modifiable risk factor.⁴

Inequalities

Deprivation is a driver of infant mortality and is associated with an increased risk of pre-term birth, low birth weight, congenital abnormalities and more. Recent trends show infant mortality has increased in the most deprived and reduced in the least deprived, further widening the inequality gap.³

London data shows infant mortality rates were higher for Black and Asian infants compared to White ethnic groups.³ Although numbers are small, local CDOP analysis also suggests there were more child deaths in children living in areas of greater deprivation, and disproportionately more deaths among children from Black ethnic backgrounds.⁴

What does the data tell us?

Over the last ten years, there has been an overall reduction in infant mortality in Lambeth and Southwark. Over 2021-23, the infant mortality rate was 4.1 deaths per 1,000 live births in Lambeth and 3.2/1,000 in Southwark, compared to 3.5/1,000 in London.

Local data show the **majority of infant deaths (69% in Southwark) occur in the neonatal period.**² In 2023/24 there were 29 deaths of children under 1 year in Lambeth, Southwark and Bromley.⁴ National data from the Office for Health Improvement and Disparities (OHID) shows the causes of neonatal mortality are mainly preterm birth and congenital anomalies.³

Examples of local action

The Lambeth, Southwark and Bromley Child Death Review Process reviews all local child deaths with the aim of increasing understanding of causes of death and identifying potential modifiable risk factors.

The [2025 OHID Reducing Infant Mortality in London Strategic Action Plan](#) includes a series of recommendations to reduce infant mortality in London with a particular focus on health inequalities.

¹ [British Association for Child & Adolescent Public Health, 2021](#)

² [The First 1,001 Days Southwark JSNA, 2024](#)

³ [OHID. Reducing Infant Mortality in London, Feb 2025](#)

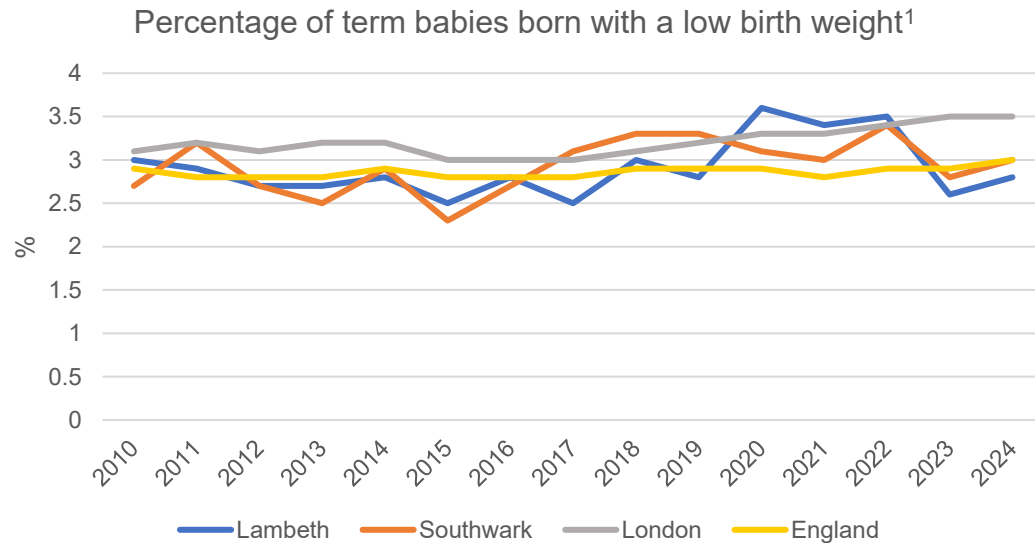
⁴ Southwark, Lambeth and Bromley Child Death Review Partnership 2023/24 Annual Report

Low birth weight

Definitions

Low birth weight of term babies: live births with a recorded birth weight under 2500g

Term: gestational age of at least 37 complete weeks



What does the data tell us?

The percentage of term babies born with a low birth weight in 2024 was 3.0% in Southwark (similar to the London and England averages) and 2.8% in Lambeth (better than the London and similar to the England average). From 2015 to 2022, the percentage of term babies born with a low birth weight generally increased locally, then decreased from 2022.¹

Why this matters

Low birth weight is associated with increased risk of infant mortality, developmental problems in childhood and poorer health in later life.²

Inequalities

Various socioeconomic risk factors impact the rate of low birth weight in communities including ethnicity, maternal age, socioeconomic status, perinatal mental health and obesity.²

Behaviours such as alcohol use and smoking increase the rate of low birth weight.² In Southwark and Lambeth, 3.7% of women and people giving birth were known to be smokers at the time of delivery in 2024/25. This was similar to London (3.3%) and lower than England rates (6.1%).¹ Smoking prevalence in pregnancy is higher in more disadvantaged areas.²

Rates of obesity in pregnancy are equal to or lesser than the London and England averages in both Lambeth and Southwark at approximately 17-18% of pregnant people. However, there were clear inequalities, with women from Black ethnic backgrounds and more deprived areas having higher rates of obesity during pregnancy.³

Local data shows there is an increased incidence of low birthweight for pregnant people over the age of 35. The percentage of mothers over the age of 30 in Southwark and Lambeth is high, at 71% and 66% respectively.^{3,4}

Examples of local action

[Southwark's First 1,001 Days Joint Strategic Needs Assessment](#) from 2024 provides recommendations to address factors that lead to low birth weight, such as reducing maternal smoking rate, improving participation in Start for Life, and other local schemes.

[Lambeth 2024 Infant Feeding Needs Assessment](#) produced a series of recommendations for the borough, including increased antenatal support.

¹ [Fingertips | Department of Health and Social Care](#), accessed 2025

² [Nuffield Trust](#), Low Birth Weight, 2025

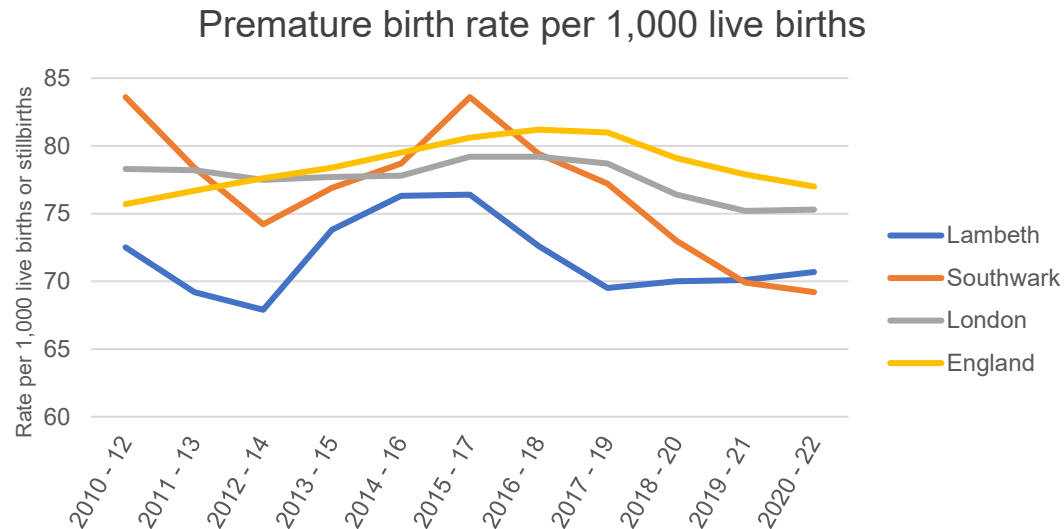
³ [The First 1,001 Days Southwark JSNA, 2024](#)

⁴ [Lambeth 2024 Infant Feeding Needs Assessment](#)

Premature birth

Definition

Premature or pre-term birth is birth that occurs before 37 weeks gestation. The figure below shows a crude rate of premature live births (gestational age between 24-36 weeks) and all stillbirths per 1,000 live births and stillbirths.



Source: [Fingertips](#)

What does the data tell us?

Lambeth and Southwark premature birth rates have fluctuated over time. The most recent data show lower rates for Southwark (statistically significant) and Lambeth (not statistically significant) when compared to London and England. In 2022, there were 70.7 preterm births per 1,000 live births in Lambeth and 69.2 per 1,000 live births in Southwark, compared to 75.3 per 1,000 live births in London.

Why this matters

Preterm birth is the leading cause of neonatal mortality in the UK.¹

Inequalities

Prevalence of preterm birth and low birth weight share many of the same sociodemographic and modifiable risk factors, including:²

- Those with complex social factors are known to access antenatal care later which is associated with poor neonatal outcomes.
- Evidence suggests preterm births are more common in those living in the most disadvantaged areas. Across Southwark, 7.3% of births in the most disadvantaged quintile were preterm, compared to 5.3% in the fourth most disadvantaged quintile (*not compared to least disadvantaged quintile due to low numbers*).
- There is an increased risk of preterm birth and low birth weight amongst people who give birth over the age of 35 (Southwark data shows similar trends for those under 20), smoking or drug and alcohol use during pregnancy, unsupported maternal mental health needs, inadequate maternal nutrition and obesity.²

Examples of local action

[Southwark's First 1,001 Days Joint Strategic Needs Assessment](#) from 2024 provides recommendations for the system to reduce both sociodemographic and modifiable risk factors for premature birth.

Lambeth's [Start for Life](#) offer provides support to parents and carers from a child's conception until their second birthday.

¹ OHID. Review of the drivers for the increase in infant deaths in England, Sept 2025

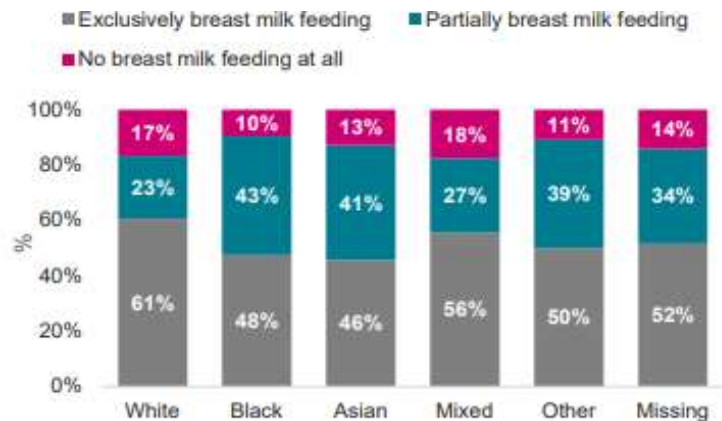
² [The First 1,001 Days Southwark JSNA, 2024](#)

Breastfeeding

Why this matters

Breastfeeding provides optimal nutrition and has lifelong benefits for babies and mothers. This includes decreased risk of obesity and other illnesses, for both mother and infant. Breastfeeding also increases bonding and emotional wellbeing and boosts immunity.^{1,2}

Southwark breastfeeding coverage at 6-8 wks by ethnic group of child (2018-22)²



What does the data tell us?

Southwark: 2021/22 data shows that 85% of all infants were exclusively or partially breastfed at the 6-8 week health visit. This is compared to 49% in England. However, differences exist by age and ethnicity.²

Lambeth: In 2020/21, breastfeeding rates were higher than the UK average. 84% of Lambeth babies had a first feed of breastmilk, compared to 71.7% nationally, and 89.6% of babies had received any breastmilk at the newborn review. From the newborn review to the 6-8 week check, the percentage of not at all breastfed babies doubled from 7.7% to 14%.¹

¹ [Lambeth Together Infant Feeding Needs Assessment, 2024](#)

² [The First 1,001 Days Southwark JSNA, 2024](#)

Inequalities

Inequity exists across the boroughs. In Southwark, exclusive breastfeeding rates were highest for White children (61%), followed by Mixed ethnic group (56%). Any breastfeeding (exclusive or partial breastfeeding) was highest in Black ethnic groups (91%). Rates for 'no breast milk feeding at all' were highest in White (17%) and Mixed (18%) ethnic groups.²

In Lambeth, as seen below, younger mothers and mothers from more deprived areas are less likely to breastfeed. Inequalities also exist by ethnicity.¹

Inequalities in Infant Feeding in Lambeth



Examples of local action

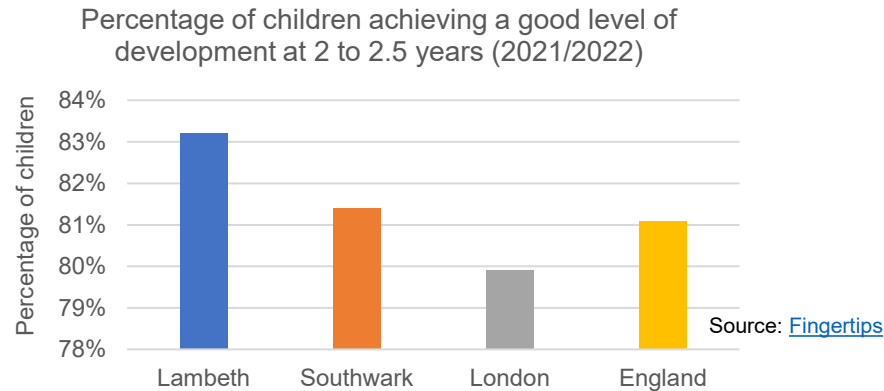
Southwark are delivering a range of evidence-based interventions to support infant feeding through the Start For Life Programme, with joint interventions delivered with GSTT to increase Breast Feeding Network Accreditation across the borough.

[Lambeth 2024 Infant Feeding Needs Assessment](#) includes recommendations to ensure families can feed their infants in the way that they choose through informed and supported choices, recognising certain groups may need additional support.

Early Development

Definition

The 2 to 2.5 year review is a holistic review of child health, development and growth, to identify children who are not developing as expected and/or in need of additional support or early intervention. This review is completed by a health visitor using the ASQ-3 (Ages & Stages Questionnaires) developmental screening tool, often completed as part of the Healthy Child Programme. The tool assesses five key domains—communication, gross motor, fine motor, problem-solving, and personal-social skills.¹



What does the data tell us?

In 2024, most children (87-90%) aged 2-2.5 in Lambeth and Southwark received the ASQ-3 as part of the Healthy Child Programme integrated review. This coverage is similar to the London average and slightly lower than England (93.9% coverage of ASQ-3).

Data completeness issues prevent comparison of results for 2024-25. However, among those assessed over 2021-22, most children achieved the expected level across key developmental domains, with 83.2% in Lambeth and 81.4% in Southwark reaching a good level of development in all 5 areas. This exceeded the 2021-22 averages for London (79.9%) and England (81.1%), indicating strong early developmental outcomes locally.

Why this matters

Early childhood development lays the foundation for lifelong learning, health, and wellbeing. Children who achieve expected developmental milestones are better equipped to succeed in school, form positive relationships, and manage challenges as they grow. High coverage of developmental reviews, combined with strong outcomes, helps identify children who may need additional support early, enabling timely interventions that can prevent longer-term difficulties and reduce inequalities.¹

Inequalities

Analysis of ASQ-3 outcomes highlights clear inequalities in early childhood development. Boys, Black and Asian children, and those living in the most deprived areas are more likely to score below the expected threshold, indicating delays in key developmental domains.

Children attending Targeted or Specialist Healthy Child Programmes (HCPs) also have higher odds of not meeting developmental expectations compared with those receiving Universal HCPs, reflecting the concentration of additional needs in these groups. These patterns underline the importance of targeted support to address disparities and ensure all children can achieve developmental milestones.^{2, 3}

Examples of local action

Both Southwark and Lambeth continue to embed the [WellComm](#) approach across the boroughs.

Southwark are working in partnership with GSTT speech and language therapy teams to pilot WellComm across primary care on top of the existing success in Early Years settings. Lambeth, building on the legacy of the LEAP programme, continues to embed the WellComm communication screening tool alongside ASQ-3 in the 2-year health review pathway.

¹ GOV.UK, [Child development outcomes at 2 to 2 and a half years, 2023 to 2024: statistical commentary](#)

² BACAPH, [Inequity in childhood developmental outcomes in an inner-London borough: a secondary analysis of children's characteristics and the ASQ-3, 2024](#)

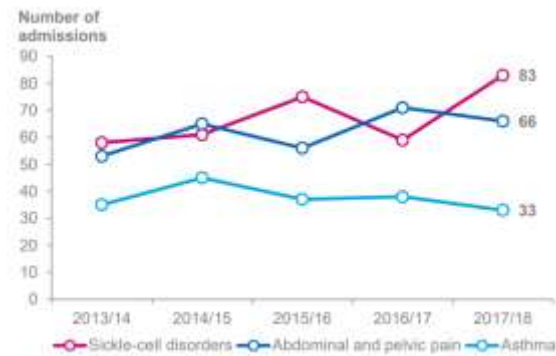
³ GOV.UK, [Inequalities in child development, 2021](#)

Sickle cell disease

Definition

Sickle cell disease is the name for a group of inherited health conditions that affect the red blood cells. The most serious type is called sickle cell anaemia. It is a serious and lifelong condition, although treatment can help manage symptoms. People born with sickle cell disease tend to have problems from early childhood, although some children have few symptoms and lead normal lives most of the time. ¹

Top three causes of emergency admissions among those aged 10-17 in Southwark, 2013/14 – 2017/18³



What does the data tell us?

London is the region with the most people with sickle cell disorder in England: 1 in 4 people with sickle cell disorder in England live in South East London.² 1 in 4 people with sickle cell disorder in Lambeth are aged under 18.²

In the five years to 2017/18, sickle cell disorders were the first or second cause of emergency admission for those 10-17 years in Southwark.³ Sickle cell disorders accounted for the largest number of cases among those having an emergency admission more than three times within the year.³

¹ [Sickle cell disease - NHS](#)

² Lambeth Sickle Cell Briefing, 2025

³ [Southwark Annual Public Health Report. Mental wellbeing and resilience in young people, 2019](#)

⁴ NHS Race and Health Observatory and Sickle Cell Society, [Sickle cell comparative review to inform policy report](#), 2025

Why this matters

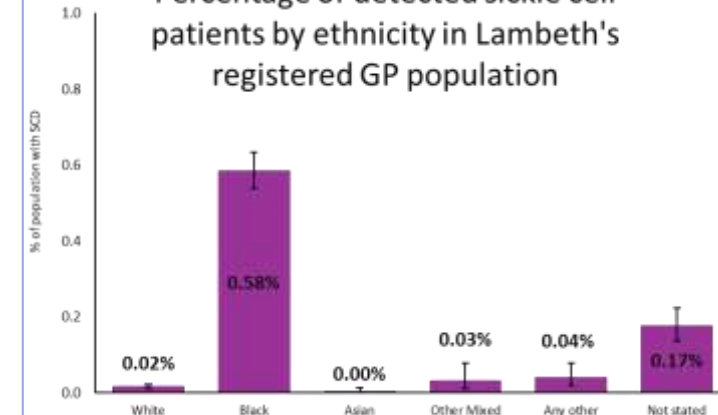
Sickle cell crises are the most common and distressing symptoms of sickle cell disorder. The red blood cells can block blood flow in vessels, leading to pain for days or even weeks, which can require morphine. The frequency of these pain episodes varies significantly; some people experience them frequently, while others may have them fewer than once a year. People with sickle cell disorder are more susceptible to infections, particularly in childhood. Over time sickle cell disorder can damage organs, and complications of sickle cell disorder include stroke, blindness, and bone damage.²

Inequalities

Sickle cell disease is particularly common in people with an African or Caribbean family background.¹ The detected prevalence of sickle cell disease in Lambeth is 32 times higher in Black populations than other ethnic groups (all ages).²

Inequalities exist across systemic issues including lower research funding, fewer specialist nurses, poorer hospital experiences, and bias (especially racial) leading to delayed or inadequate pain treatment.⁴

Percentage of detected sickle cell patients by ethnicity in Lambeth's registered GP population



Examples of local action

The [South East London Sickle Cell Improvement Programme](#) is a two-year pilot to improve services across care settings for better care, experience, and outcomes for people living with sickle cell disorder. It includes a peer mentoring programme for CYP aged 10-24 who are living with the disease.

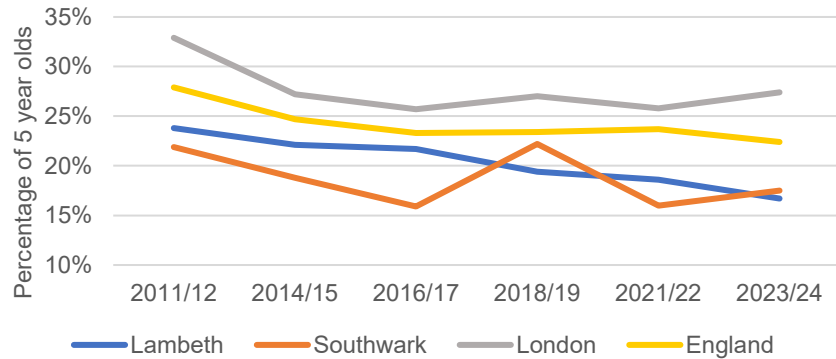
The [Evelina London sickle cell disease and thalassaemia community service](#) supports children and young people and their families in Lambeth, Southwark and Lewisham.

Chapter 4

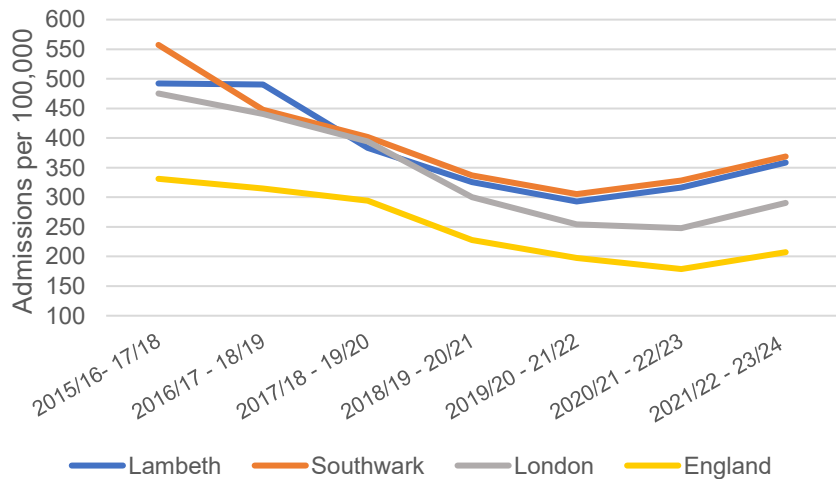
Childhood and Primary School (5-11 years)

Oral Health

Percentage of 5 year olds with visually obvious dental decay¹



Hospital admissions for dental caries (0 to 5 years)¹



What does the data tell us?

In 2023/24, 16.7% of 5 year olds in Lambeth and 17.5% in Southwark had visually obvious dental decay. These rates were significantly better than London and England which had 27% and 22% respectively.¹ In contrast, Lambeth and Southwark had higher rates of admissions for dental caries for those aged 0-5, (359 per 100,000 and 369 per 100,000 respectively) when compared to London and England (291 per 100,000 and 207 per 100,000 respectively). Although admissions are generally going down over time, there was an uptick in admissions from 2020.¹

A 23-24 Southwark survey of 2,510 primary school pupils showed that 40% had been to the dentist in the last 6 months. 17% of pupils said that they had never been to the dentist or had been more than a year ago. 76% of pupils said that they cleaned their teeth at least twice the day before the survey.⁴

Inequalities

Poor oral health disproportionately affects socially disadvantaged groups. The risk of dental decay increases for those living in more deprived areas where the imbalance in income, education, employment and neighbourhood circumstances affect the life chances of children's development.

Children living in the most deprived areas experience more dental caries than those living in the least deprived areas.³

Why this matters

Tooth decay is the most common chronic disease in childhood yet it is preventable. Poor oral health in children can lead to difficulties eating, sleeping, socialising and reduce school attendance. It is the number one reason why 5-9 year olds are admitted to hospital in England.²

Examples of local action

[Lambeth Early Action Partnership \(LEAP\)](#) (ended in 2023) led an early years oral health service based on need. It included a series of interventions including oral health promotion and supervised toothbrushing

[The Southwark Oral Health JSNA 2018](#) made various recommendations to improve oral health, including an oral health action plan and promotion of dental checks for young children.

¹ [Fingertips | Department of Health and Social Care](#), accessed 2025

² [OHID: The health and wellbeing of children and young people in London, August 2025](#)

³ [LEAP's oral health promotion service](#), 2024

⁴ Health & Wellbeing Related Behaviour Survey, Southwark, 2024

Primary school readiness

Definition

A Good Level of Development (GLD) is achieved when children meet the expected standard across the Early Years Foundation Stage (EYFS) profile at the end of Reception in primary school (aged 5 years). It covers 12 early learning goals within the five areas of learning: (1) communication and language, (2) personal, social and emotional development, (3) physical development, (4) literacy and (5) mathematics.

Why this matters

Children who don't achieve a GLD may struggle with social skills, reading, and maths, which impacts life experiences and educational and health outcomes. Inequalities highlight how structural barriers shape early child development, reinforcing the importance of early years support to reduce gaps before they widen further through schooling.¹

Inequalities

Inequalities in school readiness exist by gender, socio-economic status, ethnicity, and special educational needs and disabilities (SEND). In Lambeth, 62.9% of boys achieved GLD compared with 73.4% of girls, while in Southwark, 64.7% of boys achieved GLD compared with 75.5% of girls.²

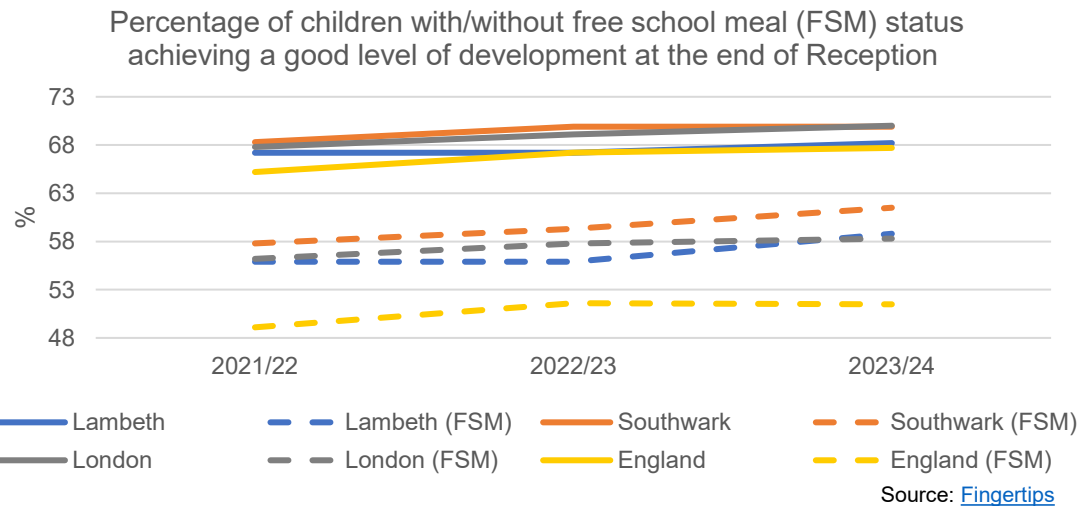
In Lambeth, the biggest gap in development in 2023 was between the Mixed White/Asian (92%) and Portuguese (52%) ethnic groups. In 2022 it was between Asian Other (85%) and Any other group (51%).² Good development levels are higher in those that speak English as a first language, compared to those who don't.

Nationally, children from the most deprived backgrounds are less likely to reach expected levels, with the attainment gap evident from the start of school and persisting through later education.¹ This is seen locally through the disparity between those eligible for FSM and those who aren't. Additionally, children with SEND show large disparities in achieving school readiness compared to their peers (Lambeth: 25% with SEND vs. 74% without SEND).²

Examples of local action

[Lambeth Education and Learning Strategy 2024-30](#): sets out priorities around early identification, inclusive learning and smoother school transitions.

Southwark's [Delivering the EYFS framework](#) focuses on high-quality early learning and care across all providers.



What does the data tell us?

In 2023/24, school readiness in Lambeth and Southwark was broadly in line with the London average (70%) and slightly above the England average (67.7%).

There is a large disparity between all children and those children eligible for free school meals (a marker of poverty). In 2023/24, 58.8% of children eligible for FSM in Lambeth and 61.5% in Southwark reached a good level of development at the end of reception compared to 68.2% and 69.9%, respectively, when looking at all children.

¹ [British Association for Child & Adolescent Public Health, 2021](#)

² [Lambeth Education Statistics, 2023-2024](#)

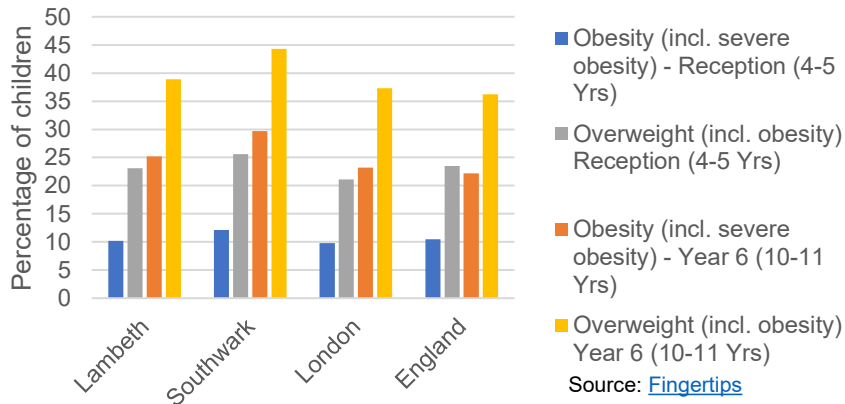
³ [GOV.UK Early years foundation stage profile, 2024](#)

Obesity and overweight

Definition

The National Child Measurement Programme (NCMP) measures children in Reception and Year 6. The NCMP defines a child to be **overweight** if their body mass index (BMI) is on or above the 85th centile for their age. **Obesity** is classified as on or above the 95th centile.

2024-25 Prevalance of Overweight and Obesity



Prevalence of obesity in Yr 6 2018/19-2022/23 by deprivation³



What does the data tell us?

In Lambeth and Southwark, 2024-25 child obesity rates are higher than both London and England. Data from the NCMP shows rates of overweight and obesity are higher in Year 6 compared to Reception across all geographies. 38.9% of Lambeth and 44.3% of Southwark Yr 6 pupils were overweight (including obesity) compared to 37.3% of London. 25.2% of Lambeth and 29.7% of Southwark Yr 6 pupils were obese compared to 23.2% of London. Rates have generally been increasing over time. Southwark ranks 8th in London for excess weight in Reception and 3rd for excess weight in Year 6.²

¹ [OHID: The health and wellbeing of children and young people in London, August 2025](#)

² [Childhood Obesity, Southwark JSNA Factsheet, May 2025](#)

³ [Poverty, Southwark JSNA, 2025](#)

Why this matters

Obesity and overweight is a significant public health problem across the UK. It leads to increased risk of breathing difficulties, bone and joint problems, cancer, type 2 diabetes, high blood pressure, bullying, school absence, premature death and more.¹

Inequalities

There are inequalities in childhood obesity across Lambeth and Southwark. Children and young people are more likely to be obese or overweight if they are from low-income families.¹ Additionally, CYP from Black ethnic groups are significantly more likely to be obese compared to other ethnic groups.²

Southwark Inequalities²



Socio-economic disadvantage impacts the lives of many Southwark families and children, impacting their weight status. The most disadvantaged wards in the borough have at least double the proportion of children with obesity or excess weight compared the least disadvantaged wards.



There are significant inequalities in the proportion of obese children in both Reception and Year 6 from a Black, Asian or Multi-Ethnic background. The largest disparities in obesity are seen amongst children in Reception, with Black children having an obesity prevalence twice that of their White counterparts.



Food insecurity, the limited or uncertain access to adequate food, is a major factor in the development of excess weight in children. With almost 600 takeaway food stores across Southwark and only 80 supermarkets, many families rely on the consumption of fast-food to feed their children.

Examples of local action

Lambeth and Southwark are part of the London-wide Every Child a Healthier Weight (ECHW) initiative. The plan takes a systems-wide approach and aims to halve the percentage of overweight and obese children by 2030 and reduce disparities in obesity. It outlines ten key areas including ending child poverty, improving breastfeeding rates, creating more active streets and more.

[Southwark's Healthy Weight Strategy 2022-27](#) also takes a systems approach, working with taskforce partners on digital health, treatment, prevention and the environment. CYP is one of the priority groups of the strategy.

Chapter 5

Adolescence and Secondary School (12-18 years)

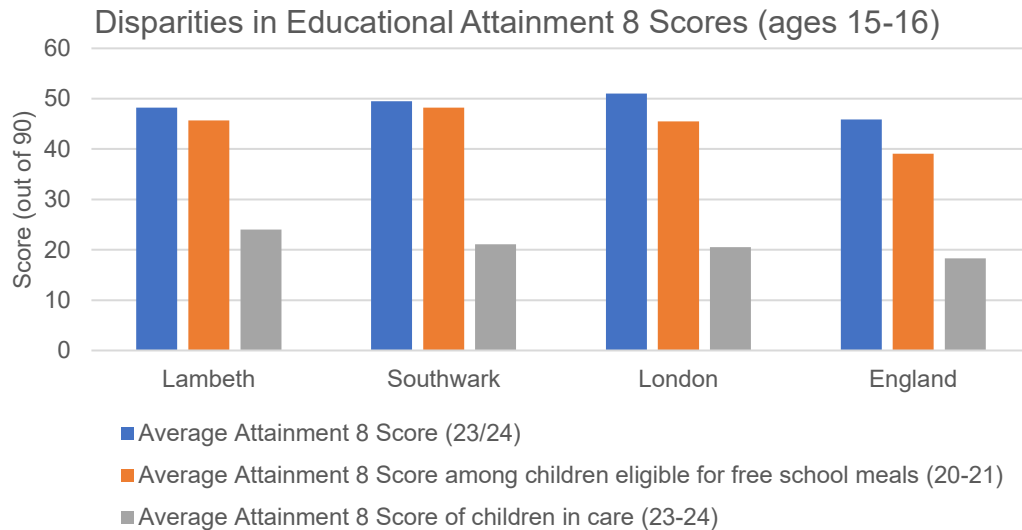
Secondary school outcomes

Definition

Total attainment 8 score measures the achievement of a pupil at the end of secondary school (age 15-16 Yrs). The 8 key qualifications include English, Maths, 3 highest scores from science/humanities and 3 highest scores from other subjects. Attainment 8 is scored out of 90 points.¹

Why this matters

Children's education and development of skills ensures children develop the knowledge and capabilities they need for mental, emotional, social and physical wellbeing. Educational attainment is influenced by both the quality of the education children receive and their family socio-economic circumstances.¹



Inequalities

Local and National data show disparities in attainment 8 score by ethnicity, deprivation, special educational needs (SEN) and for children in care. In all geographies, pupils eligible for free school meals (an indicator of deprivation) had a lower average score than those who were not eligible.¹

Children in care had over 50% lower attainment 8 scores in both Lambeth (24.0) and Southwark (21.1). In Lambeth, Black Caribbean and Portuguese speaking pupils have lower levels of attainment than their peers.³

Nationally, pupils with SEN had an average score of 28.1 compared with 50.0 for pupils with no identified SEN. In almost all ethnic groups, girls have a higher average score than boys.²

What does the data tell us?

In 2023/24, average attainment 8 scores in both Lambeth (48.2 out of 90) and Southwark (49.5 out of 90) were higher than England (45.9) but lower than London (51)*. For children in receipt of Free School Meals (FSM) and for children in care, attainment 8 scores were lower in all geographical areas.¹

**Due to changes in the way GCSE grades were awarded during the Covid-19 pandemic, these comparisons are not statistically significant.*

Examples of local action

[Lambeth Education and Learning Strategy 2024-30](#): builds on successful programmes to tackle the academic attainment gap and high exclusion rates that have a disproportionate impact on Black Caribbean pupils and Portuguese and Spanish speaking students.

[Southwark's School Standards Report 2024-25](#) tracks local educational outcomes to ensure annual improvements.

¹ [OHID, Public Health Profiles](#), accessed September 2025

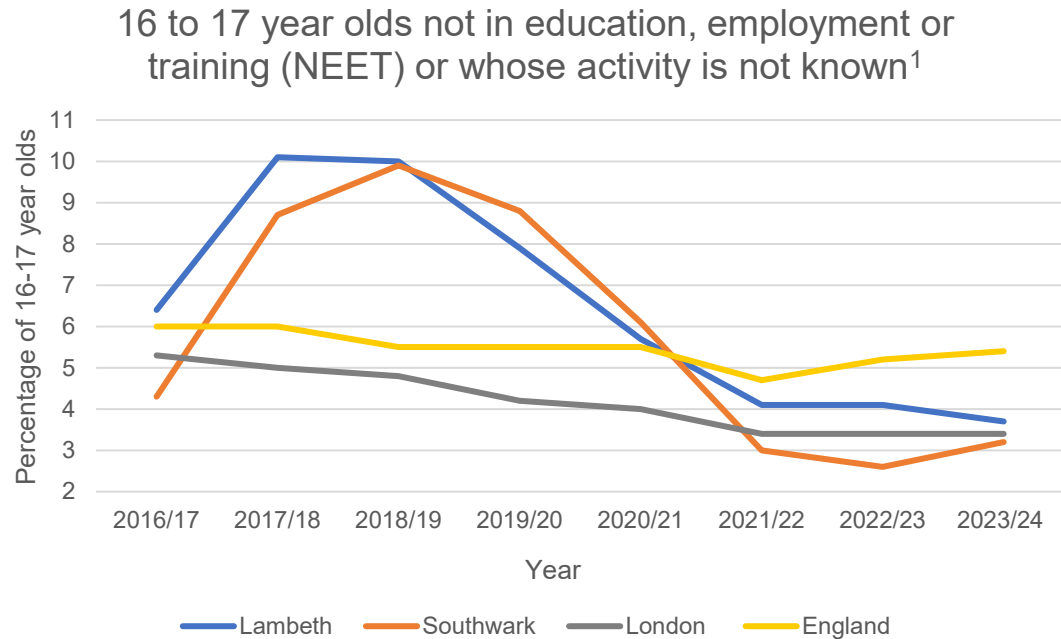
² [GOV.UK GCSE results \(Attainment 8\), 2024](#)

³ [Lambeth Education and Learning Strategy 2024-30](#)

Post education outcomes

Definition

NEET = Not in Education, Employment or Training.¹



What does the data tell us?

The percentage of 16 to 17-year-olds who are NEET in Lambeth and Southwark has generally reduced over time. In 2023/24, rates for both Lambeth (3.7%) and Southwark (3.2%) were lower than England (5.4%) and comparable to London (3.4%).¹

Why this matters

Young people who are NEET have a higher risk of negative outcomes such as poor health, depression, anxiety, substance use and early parenthood.²

Inequalities

In 2019, 1 in 5 Southwark teenage mothers (16–18 yrs) were NEET. NEET is a high-risk group for poor mental health: NEET young people have double the risk of mental disorder and three times the risk of suicidal behaviours compared with non-NEET peers.²

On average, boys are more likely to be NEET/unknown across all localities.³

Percentage of 16 and 17 year olds who are NEET/not known 2024-25		
Locality	Male	Female
Lambeth	4.8	3.7
Southwark	2.9	2.3
London	3.9	2.8
England	6.2	5.0

Examples of local action

[Lambeth Education and Learning Strategy 2024-30](#) includes a priority around post-16 and post-18 employment, education and skills. This priority aims to improve identification and support for young people who are NEET or not known to the education system.

In Southwark, CYP are supported to access the Nest for mental health support and the Southwark Information, Advice and Support Team (SIAS).²

¹ [OHID, Public Health Profiles](#), accessed September 2025

² [Mental Health of Children & Young People in Southwark, JSNA 2023](#)

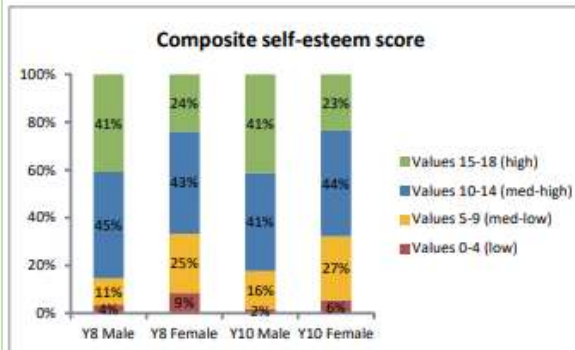
³ [GOV.UK, NEET by characteristics, 2025](#)

Mental health needs

Definition

Mental wellbeing is a positive state of mind and body, feeling safe and able to cope, with a sense of connection to people, communities and the wider environment. It is the combination of feeling good and functioning effectively.³

2024 Southwark school survey



Scale of the challenge

It is difficult to determine the true prevalence of mental health disorders in local CYP due to unidentified need and gaps in data and reporting. However, national data shows increasing prevalence of probable mental health disorders among 8-16 year olds from 2017 (12.5%) to 2023 (20.3%). For 17-19 year olds the prevalence is estimated to be as high as 23.3%.² This pattern is likely replicated in Lambeth and Southwark.

In Southwark, there are an estimated 8,550 CYP aged 5-17 with a mental disorder.³ More than 3,000 are estimated to have an emotional disorder and 2,750 to have a behavioural disorder. 3,000 are estimated to have more than one mental disorder.³

Self Esteem: Southwark school survey data shows lower self-esteem scores for females in Year 8 and Year 10 compared to males. 34% of females in Yr 8 and 33% of females in Yr 10 had low or medium-low self-esteem compared to 15% of males in Yr 8 and 18% of males in Yr 10.⁵

Why this matters

Good mental health gives children and young people the best opportunities in life. Mental ill health has a significant impact on outcomes including poor educational achievement, greater risk of substance use and suicide, offending, and more.³ Nationally, three-quarters of all mental health conditions start before the age of 24. Children and adolescents with mental health disorders are more likely to have mental health disorders as adults and many CYP are not receiving the care they need due to long waitlists, stigma and lack of resource.^{1,4}

Estimated prevalence of probable mental disorders in CYP aged 8-16, England⁴

2017	2020	2022	2023
12.5%	17.1%	19.0%	20.3%

Mental health disorders

Estimates of mental health disorders in 2-4 year olds in Lambeth found the most prevalent condition to be behavioural disorder. Other conditions for this age group were hyperactivity disorder, emotional disorder, and autism.¹

Estimates of mental health disorders in 5-17 year olds in Lambeth found the most prevalent condition to be emotional disorders, largely anxiety disorders. The second most prevalent condition was behavioural disorder followed by hyperkinetic and eating disorders. Many children have more than one disorder.¹

Examples of local action

Lambeth and Southwark both have JSNAs focussed on understanding and addressing CYP mental health.

Inequalities

Inequities exist in mental health outcomes for children and young people. For example there is higher prevalence of mental health needs for asylum seeking CYP, children in care, young carers, young people not in employment, education or training (NEET), those with SEND, the LGBTQIA+ community, homeless CYP, CYP from low socio-economic backgrounds and more.³

There are a variety of compounding risk factors and protective factors influencing CYP mental health across individual, family, school and community level.¹

¹ CYP Emotional Health and Wellbeing, Lambeth JSNA: A Lifecourse Approach, 2021/222 (unpublished)

² [Southeast London ICS CYP Mental Health and Emotional Wellbeing Plan](#), 25-26

³ [Mental Health of Children & Young People in Southwark, JSNA 2023](#)

⁴ [OHID. The health and wellbeing of children and young people in London, 2025](#)

⁵ Health & Wellbeing Related Behaviour Survey, Southwark, 2024

Mental health support

Preventing mental ill health


Risk and protective factors exist at the levels of the child, family, school and community. Risk factors include physical illness, having a parent with mental illness or substance misuse, abuse, bullying, homelessness, socio-economic disadvantage, and discrimination.


Protective factors include secure attachment experience, family stability, a positive school climate with clear policies on bullying, good housing, and opportunities for social roles and sport or leisure activities.


Strengthening protective factors and reducing risk factors can contribute to preventing mental illness at population levels.¹

Inequalities

Mental illness is:

 2.9x higher in White British children compared to Asian/Asian British children

 2.2x higher in children in the lowest income quintile compared to children in the highest income quintile

 5.2x higher in children with special educational needs compared to children without special educational needs

Inequalities

Specific groups of children and young people are at higher risk of mental disorder and poor mental wellbeing, due to adverse individual, environmental, social and economic circumstances.

There is higher prevalence of mental health needs for asylum seeking CYP, children in care, young carers, young people not in employment, education or training (NEET), those with SEND, the LGBTQIA+ community, homeless CYP and more.²

Supporting young people with mental health needs

Children with mental health needs in Lambeth and Southwark may be supported by a range of providers including GPs, Mental Health Support Teams in schools, Kooth, The Nest, Child and Adolescent Mental Health Services (CAMHS), and The Well Centre.³

Referrals to CAMHS

CAMHS provide NHS assessment and treatment for young people (typically up to age 18) experiencing emotional, behavioural, or mental health difficulties. Whilst this can be a proxy for the scale of need, it represents just the tip of the iceberg in terms of mental health for CYP. CAMHS services support around 30% of children and young people with a mental health need.⁴

Trend data can provide information about changing demand for services. In Southwark, CAMHS referrals rose by almost one-third (31%) between 2019/20 (1,467 referrals) and 2022/23 (1,924 referrals), in line with national trends. In 2025, there were over 2,000 referrals to Southwark CAMHS and over 3,700 CYP on the caseload.⁵ Over the last 4 years, most referrals came from GPs (37%), schools (22%), ED (10%) and Child Health (9%).² Provisional analysis of data provided by Lambeth CAMHS shows a broadly similar picture for Lambeth's CYP.

Most patients enter through CAMHS front door service for an initial consultation and advice. If appropriate, they proceed to wait for an internal appointment, with higher risk cases seen first. Many CYP are not receiving the care they need due to long waitlists, stigma asking for help, and lack of resource. In 2025, 61.5% or roughly 3 out of 5 of Southwark CAMHS patients were seen by the front door team within 28 days of their referral. This fluctuated significantly over the year based on resource and backlog.⁵

Examples of local action

[The Southeast London ICS CYP Mental Health and Emotional Wellbeing Plan](#) sets out the vision to improve the emotional health of all CYP in the ICS, including mental health service transformation and core service improvement priorities for 25/26.

1 CYP Emotional Health and Wellbeing, Lambeth JSNA: A Lifecourse Approach, 2021/2022 (unpublished)

2 [Mental Health of Children & Young People in Southwark, JSNA 2023](#)

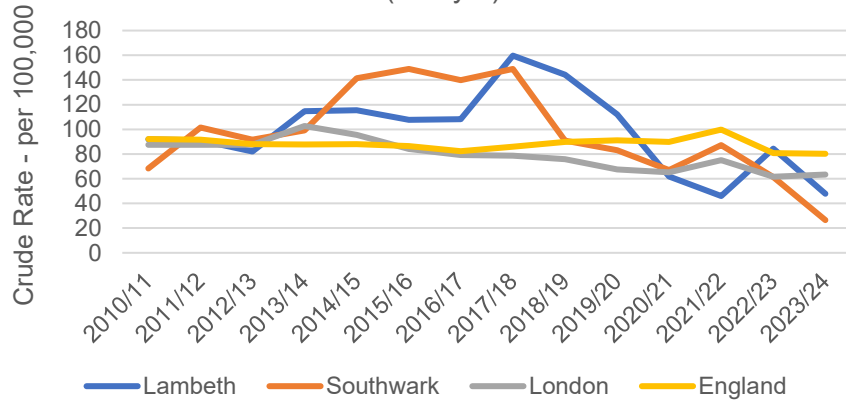
3 [OHID: The health and wellbeing of children and young people in London, August 2025](#)

4 [Southeast London ICS CYP Mental Health and Emotional Wellbeing Plan, 2025](#)

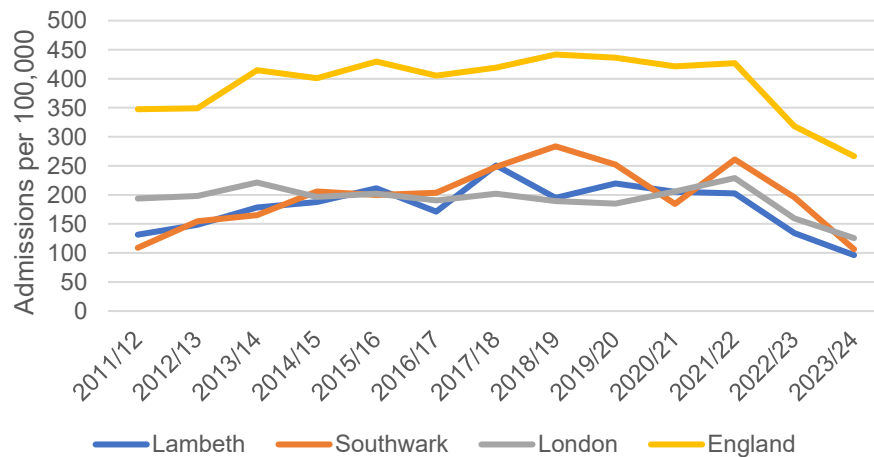
5 Southwark CAMHS Data Pack, South London and Maudsley NHS Foundation Trust, February 2026

Hospital admissions for mental health

Hospital Admissions for Mental Health Conditions (<18 yrs)



Hospital admissions as a result of self-harm (10-24 yrs)



Definitions

Hospital inpatient admission rate for mental health disorders per 100,000 population aged 0 to 17 years.

Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. Hospital admission rate for self-harm is measured per 100,000 population aged 10 to 24 years.

What does the data tell us?

Since 2017/18, admission rates for mental health conditions have fallen, with 2023/24 rates in Lambeth (47.9 per 100,000) and Southwark (26.5 per 100,000) now below London (63.4 per 100,000) and England (80.2 per 100,000) rates.

Hospital admission rates for self-harm in 10-24 year olds in Lambeth (96.3 per 100,000) and Southwark (106.6 per 100,000) are similar to London and significantly lower than England.

Why this matters

Hospital admissions for mental health conditions in young people reflect the most acute and urgent needs. They indicate points where difficulties have escalated beyond what could be managed in the community. They highlight the urgency of strengthening prevention, early intervention, and community-based support.¹

Inequalities

Nationally, hospital admissions for mental health conditions (<18) and for self harm (10-24y) are significantly greater in females than males. Admissions for self-harm are greater in older age groups of young people. Rates are disproportionately higher among young people from the most deprived communities and women of South Asian ethnicity.²

Other groups at increased risk of self-harm include LGBTQ+ young people, those with pre-existing mental health conditions, individuals who have experienced abuse or interpersonal violence, those who use alcohol or other substances, and young people affected by structural inequalities such as poverty and discrimination.³

Examples of local action

The [Southeast London ICS CYP Mental Health and Emotional Wellbeing Plan](#) aims to reduce the number of CYP escalating into crisis and requiring inpatient admission. In Lambeth and Southwark, community and school-based mental health services are being enhanced to identify young people at risk and provide timely support before crises escalate. Multi-agency teams work closely with hospitals to ensure safe discharges and prevent repeat admissions, while pilot programmes target adolescents with complex needs.

Source: [Fingertips](#)

¹ [NHS England, Supporting CYP with mental health needs in acute settings, 2022](#)

² [Fingertips | Department of Health and Social Care](#)

³ [Suicide and self-harm in Southwark, JSNA, 2017](#)

Health and wellbeing behaviours

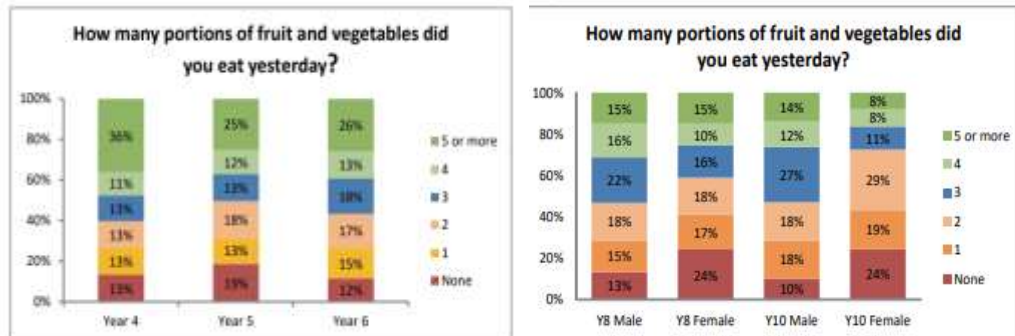
Schools Health Education Unit (SHEU) is an independent research unit specialising in health and behaviour related surveys of children and young people for Local Authorities and schools. It is commissioned bi-annually. There was a gap in the survey between 2018 and 2024 due to the restrictions of the pandemic.

Reports were published from the 2023-24 school year for a subset of primary school (ages 8-11) and secondary school pupils (ages 11-15) in Southwark and Lambeth.¹

What does the data tell us?

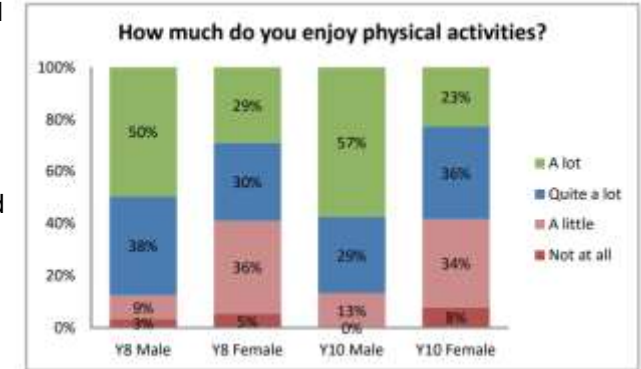
Healthy Eating: In Southwark, 29% of surveyed primary school pupils (26% in Lambeth) reported eating 5 or more portions of fruit or vegetables the day before the survey; 14% in Southwark and 10% in Lambeth said that they had eaten no portions of fruit or vegetables. This reduced in surveyed secondary school pupils: 14% in Southwark and 19% in Lambeth said they had eaten 5 or more portions of fruit or vegetables the day before the survey and 20% in Southwark (12% in Lambeth) said that they had eaten no portions.¹

Southwark¹



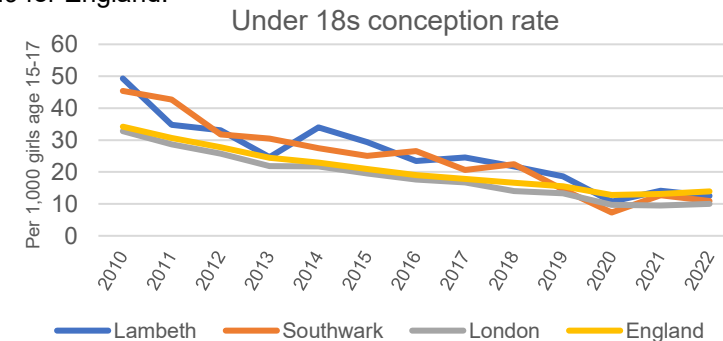
Screen time: In Southwark, 69% of surveyed secondary school pupils responded that they spent more than an hour watching TV, online videos, or streaming services after school on the day before the survey. 96% of secondary pupils responded that they chatted/messaged people online at least 'once or twice' in the week before the survey.

Physical activity: In Lambeth, 25% of surveyed secondary school pupils said they did any physical activity for at least 60 minutes over the course of the day on at least 5 days in the week before the survey, 9% said they didn't do any.¹ Boys were more likely than girls in both Yr 8 and Yr 10 to enjoy physical activity.¹



59% of surveyed Year 6 pupils in Southwark thought that there is enough to do in their free time near where they live, while 14% said there is not enough to do.

Under 18s conception rate has decreased significantly over time. In 2022, the Lambeth rate was 12.5 per 1,000 girls aged 15-17 and the Southwark rate was 10.9. This is compared to a rate of 10 for London and 13.9 for England.²

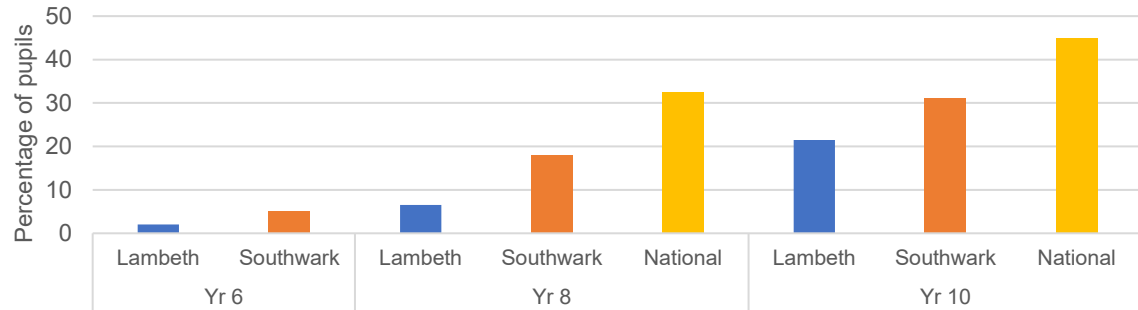


Teen pregnancy is more common amongst the most deprived deciles. Teenage mothers are less likely to finish education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health.²

¹ Health & Wellbeing Related Behaviour Survey, 2024.
 Southwark: A sample of 2,510 primary school (ages 8-11) and 885 secondary school pupils (ages 11-15)
 Lambeth: A sample of 1,478 primary school y4 and y6 and 941 secondary school pupils y8 & y10
² OHID Fingertips, accessed 2025

Smoking, alcohol and drug use

2024 SHEU Survey Responses
Pupil had at least tried vaping / e-cigarettes¹



What does the data tell us?

Alcohol use: 77% of Southwark and 75% of Lambeth secondary school pupils surveyed reported they 'never' drink alcohol. 5% of secondary school responders in Southwark and 6% in Lambeth had an alcoholic drink in the 7 days before the survey. Lambeth trends over time show a reduction in alcohol use in both primary and secondary school.¹

Cigarettes: 8% of Southwark and 6% of Lambeth secondary school pupils smoked cigarettes in the past or smoke now. 1% of Lambeth secondary school pupils smoked in the week before the survey, in alignment with national trends. In Southwark primary schools, over 95% of pupils surveyed said they have never smoked, in alignment with national results.¹ Local and national trends show reductions in smoking over time for primary and secondary school pupils. In 2006, 61% of secondary school pupils and 93% of primary school pupils in Lambeth had never tried smoking compared to 95% and 99% in 2024.^{1,2}

Vaping: Vaping prevalence increases with age amongst pupils surveyed. In Southwark, 5% of Year 6, 18% of Year 8, and 31% of Year 10 pupils self-reported they have at least tried vaping with 1% of Year 8 and 3% of Year 10s vaping regularly. In Lambeth, 2% of Yr 6, 6.5% of Yr 8 and 21.5% of Yr 10 had tried vaping.¹ Local rates are lower than national SHEU results which show 32.5% of Yr 8s had tried vaping and 45% of Yr 10s, with 7% of Yr 10s vaping regularly.² After a rise in vaping over previous years, these numbers are plateauing.

Drugs: On average, 5% of Southwark and Lambeth secondary school pupils responded that they have ever taken drugs to get high. This was higher in Yr 10 than Yr 8 and in line with national data.^{1,2} Lambeth trend data shows 20% of primary school pupils knew someone personally who uses drugs in 2006 compared to 13% in 2024.¹

Why this matters

Smoking remains the leading cause of preventable illness and death in England. More than 4 in 5 smokers start before the age of 20. The sale of tobacco and nicotine vapes to those under 18 is illegal. Vaping exposes children to harmful substances and potential nicotine addiction.³

Inequalities

According to National SHEU survey data, year 10 young carers were more likely to report that they have tried smoking, have ever used drugs, worry about money, and have been bullied compared with the whole year group sample. Lambeth data showed year 10 females were the most likely to have tried vaping.¹

Examples of local action

Lambeth is consulting on a Tobacco control strategy, aligned with the Government's Smoke-free Generation 2030 ambition, that includes actions to prevent youth vaping and enforce a higher age for cigarette sales.

[Southwark 2024-30 Tobacco Control Strategy](#) includes key actions for preventing the uptake of smoking and youth vaping.

¹ Health & Wellbeing Related Behaviour Survey, 2024.

Southwark: A sample of 2,510 primary school (ages 8-11) and 885 secondary school pupils (ages 11-15)

Lambeth: A sample of 1,478 primary school y4 and y6 and 941 secondary school pupils y8 & y10

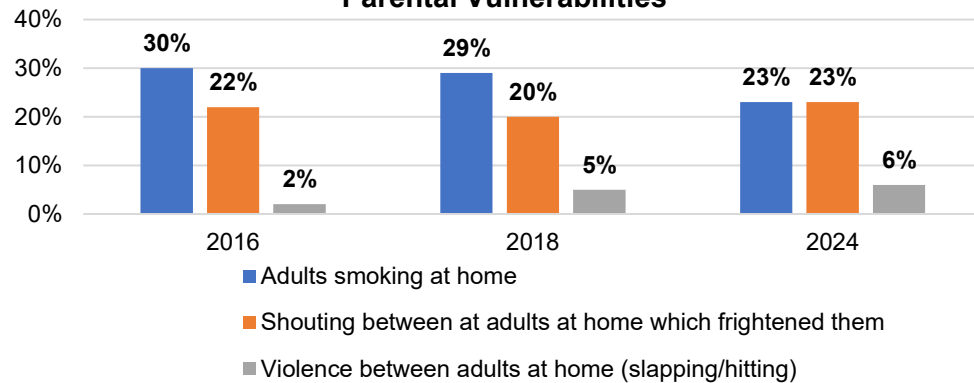
² Young People into 2024. Schools Health Education Unit (SHEU) National report. [Request a copy.](#)

³ [Southwark 2024-30 Tobacco Control Strategy](#)

Parental vulnerabilities

The **School Health Education Unit (SHEU) survey** is commissioned by Lambeth and Southwark Public Health biannually to assess **health and wellbeing behaviours** of children and young people. There was a gap in the survey between 2018-2024 due to the restrictions of the pandemic.

**Lambeth SHEU Survey Responses
Secondary Schools- Yr 8 & 10
Parental Vulnerabilities**



What does the data tell us?

For Lambeth secondary school age pupils, prevalence of adults smoking at home shows a positive downward trend (30% in 2016 and 23% in 2024). The Southwark SHEU survey asked a slightly different question with 79% of secondary school pupils reporting adults never smoked at home in 2024.²

Young people reporting 'adults shouting at home which frightened them' remained fairly consistent over time (20-23%). Small but notable numbers also reported violent behaviour such as punching, hitting and slapping between adults at home which has increased over time (2% in 2016 and 6% in 2024).²

¹ [Centre for Young Lives, State of the Nation, 2025](#)

² Health & Wellbeing Related Behaviour Survey, 2024.

Southwark: A sample of 2,510 primary school (ages 8-11) and 885 secondary school pupils (ages 11-15)

Lambeth: A sample of 1,478 primary school y4 and y6 and 941 secondary school pupils y8 & y10

Why this matters

Exposure to multiple parent vulnerabilities including poor mental health, substance misuse and domestic violence, is associated with adverse long-term outcomes for children. These circumstances increase the risk of emotional and behavioural difficulties. Adverse Childhood Experiences (ACEs) describe childhood experiences associated with increased risk of poor health and other problems in later life.¹

Parental alcohol and opiate dependency and parental mental ill health:

In 2018-19 an estimated 1,200-1,300 children in Lambeth and 1,000-1,200 in Southwark were living with at least one adult with alcohol dependency. This equates to 20-22 per 1,000 children in Lambeth and 17-18 per 1,000 children in Southwark, compared to 16-17 per 1,000 in England. There were an estimated 460 opiate dependent adults living with children in Lambeth and 450 in Southwark (2 per 1,000 population).³

Nationally, prevalence of maternal mental illness is 23.2% which increases during childhood and is even higher among more deprived local authorities. A Lambeth mental health and wellbeing needs assessment estimated that in 2021 over 8,000 mothers of children under 17 had a mental health condition, including depression and anxiety.

Inequalities

In Lambeth in 2024 rates of pupils who reported witnessing violence at home in the last month were higher among pupils who identified as **Black, Asian or Multi-Ethnic (78%)**, and among those with **SEN or a learning difficulty**.²

In 2024, pupils exposed to violence at home were also more likely to experience **food insecurity**, with many reporting **going to bed hungry** due to lack of food (**51%**).²

Examples of local action

Lambeth and Southwark have a range of services to support adults experiencing vulnerabilities such as substance misuse, smoking or mental ill health. There are also a range of parenting support programmes in both boroughs.

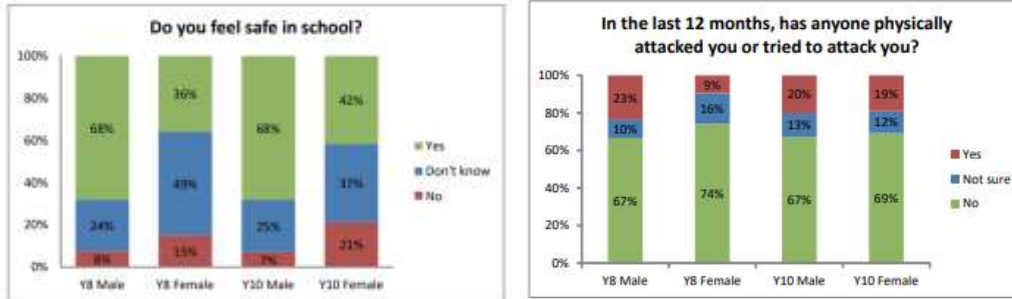
³ [Parents with problem alcohol and drug use: Data for England and Lambeth, 2019 to 2020](#) and [Parents with problem alcohol and drug use: Data for England and Southwark, 2019 to 2020](#)

⁴ Lambeth Joint Strategic Needs Assessment (JSNA): Mental Health & Wellbeing, 2025

Violence and safety

Violence: According to the 2024 SHEU survey, 17% of secondary school pupils in Southwark responded that someone physically attacked them or tried to attack them in the past 12 months. 3% of pupils responded that a weapon was used/threatened when someone attacked them or tried to attack them and 2% of pupils said a knife/bladed item was used/threatened.¹ Nationally, young people with higher deprivation levels are nearly four times as likely to carry a weapon or join a gang because of fears about violence.²

Southwark SHEU Survey Responses (2024):



Feeling safe in schools: In Southwark, 7% of males and 18% of females in secondary school said they don't feel safe in school. 19% of secondary school pupils and 27% of primary school pupils responded that they have been bullied at or near school in the last 12 months. This was higher for those who have **free school meals (22%)** and for **young carers (29%)**.¹ 8-9% of all pupils responded that they have bullied someone else at school in the last 12 months. In Lambeth, 20% of secondary school pupils responded being afraid to go to school in the last 12 months, higher than previous years.

Online safety: 29% of secondary school pupils in Southwark responded that they chatted online to people who they don't know at least 'some of the time' in the week before the survey. About 25% of both Year 6 and secondary school pupils had received a message or picture that scared or made them upset at least once or twice in the last 12 months. 9% of Year 6 pupils have been bullied online.¹

Why this matters

CYP who experience exploitation, violence and abuse face serious risks to their health and wellbeing. Nationally, one in five 13-17 year olds have been a victim of violence, with the fear and reality of such experiences leading to declining mental health, disrupted sleep, trouble focussing on school and school exclusion. Violence affecting young people is an acute expression of inequalities and unmet needs.²

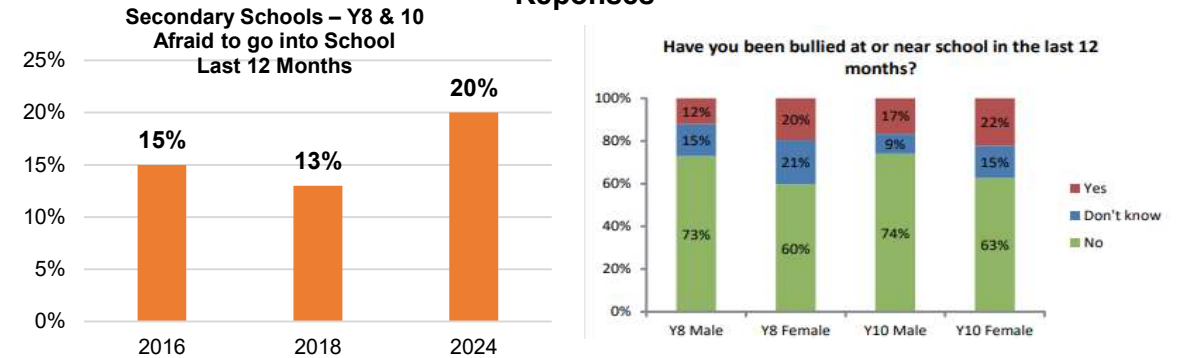
¹ School Health Education Unit: Health & Wellbeing Related Behaviour Survey, 2024.
 Southwark: A sample of 2,510 primary school (ages 8-11) and 885 secondary school pupils (ages 11-15)
 Lambeth: A sample of 1,478 primary school y4 and y6 and 941 secondary school pupils y8 & y10

Inequalities

The Lambeth youth violence intelligence briefing (2019) found that many risk factors for involvement in youth violence are unequally distributed in the population. Hospital admissions for youth violence were more likely among males, those aged 16-25, and young people from a Black background. Secondary school females were more likely to report feeling unsafe in school, while younger age groups, those eligible for free school meals and young carers were more likely to be bullied in school.³

National SHEU trend data shows the fear of going to school because of bullying is more marked among females and LGBTQIA+ students had more experiences of being bullied.

Lambeth 2024 SHEU Survey¹ Responses



Examples of local action

The London Violence Reduction Unit (VRU) established violence as critical public health issue. They fund the Hospital-Based Youth Work programme which places specialist youth workers in A&E departments, including St Thomas, to support young people during moments of crisis.

[Lambeth Made Safer Strategy for Young People Strategy \(2020\)](#) is a 10-Year plan to make Lambeth one of the safest places for CYP to grow up.

[Southwark 2030 Strategy](#) aims to deliver a safer Southwark by tackling crime and antisocial behaviour, reducing violence against women and CYP, and improving trust in local policing.

² Centre for Young Lives, State of the Nation, 2025
³ Lambeth Youth Violence Intelligence Briefing, 2019

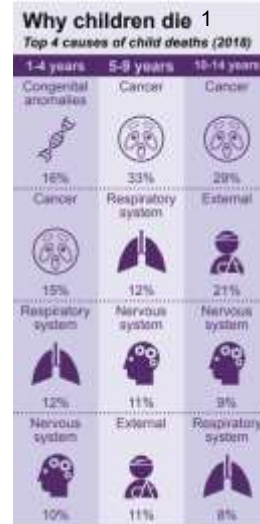
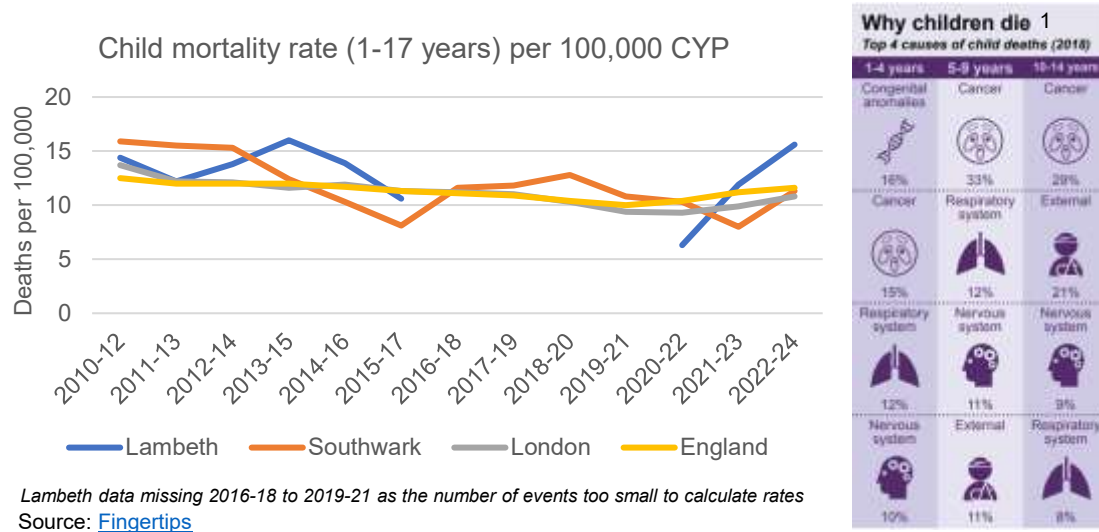
Chapter 6

Indicators across all children and young people

Child mortality

Definition

Child mortality is defined as the directly age-standardised rate of death due to all causes, among persons aged 1 to 17 years. For this report, child mortality excludes infant mortality (up to 1 year of age) – see ‘infant mortality’ in Chapter 3.



What does the data tell us?

There are relatively few child deaths in Lambeth and Southwark, and no recent trend can be calculated. The 2022-24 death rate in Lambeth (15.6 deaths per 100,000 CYP) and Southwark (11.3 deaths per 100,000) were not significantly different to London (10.8 per 100,000) or England (11.6 per 100,000).

Over the last 5 years, around one-third of all child deaths (aged 0-18) in Lambeth, Southwark and Bromley were of children aged between 1 and 17 years. The other two-thirds were of infants up to 1 year.² In 2023/24 there were 16 deaths of children aged 1-17 across Lambeth, Southwark and Bromley.²

Why this matters

A child's death represents not only a tragedy for that child's family but also a loss to wider society. Many of these deaths are potentially avoidable through collective action on health and social determinants including reduction in poverty, provision of safe environments for CYP, optimisation of maternal health care, and more.¹ Tackling inequalities related to poverty and racism is key to reducing child mortality.

Inequalities

Although numbers are small, local Child Death Overview Panel (CDOP) analysis suggests there were more deaths in children living in areas of greater deprivation, and disproportionately more deaths among children from Black ethnic backgrounds.²

Nationally, children who live in poverty and deprivation are less likely to survive than their more privileged peers.¹ 87% of child deaths occurring from April 2019 to March 2023 in Southwark were experienced by families from the three most disadvantaged deciles.³

Deaths by suicide

There were 12 deaths by suicide in people aged 10-24 in Southwark in the 5 years 2019-23 (similar rate to London) and 9 in Lambeth. Due to small numbers, a comparable rate to London is not available for Lambeth. Lambeth's [Suicide Prevention Strategy 2022-25](#) prioritises CYP.

Examples of local action – CDOP

The Lambeth, Southwark and Bromley CDOP is a review process for all local child deaths with the aim of increasing understanding of causes of death, identifying potential modifiable risk factors, and sharing learning across the system to prevent future deaths.

CDOPs look for modifiability in factors intrinsic to the child, the social environment, the physical environment, and factors in service provision.² In 2019/20, about one in 10 child death reviews in England was assessed as having a modifiable risk factor.¹ Given the small number of deaths reviewed in a year, factors identified in any single year may not be generalisable, however are used to inform local services. The national child mortality database is important in identifying emerging trends at larger scale.

¹ [British Association for Child & Adolescent Public Health, 2021](#)

² Southwark, Lambeth and Bromley Child Death Review Partnership 2023/24 Annual Report

³ [The First 1,001 Days Southwark JSNA, 2024](#)

Vaccination

Why this matters

Vaccination prevents serious illness in both individuals and communities. It provides protection to vaccinated individuals, can provide protection to the wider unvaccinated population, helps CYP stay in school, frees up NHS resources and is highly cost effective. Vaccine preventable diseases can cause long-term illness, hospitalisation and death. Some vaccinations such as HPV can prevent cancer.¹

What does the data tell us?

In 2024/25, all vaccine coverage for the 0-4 age group in Lambeth and Southwark was similar or better than London. For the 5-11 age group, vaccine coverage was similar or better than London for all vaccines except influenza. In contrast, the vaccine coverage for all age 12-18 vaccines in Lambeth was worse than London. For Southwark, coverage was mixed. For all available vaccine coverage indicators across all ages of CYP, both Lambeth and Southwark had a significantly lower vaccine coverage than England.

For all vaccines with a 95% target recommended by the World Health Organisation (WHO) to achieve herd immunity, cover was below targets.

Inequalities

Nationally and locally, many factors impact vaccine uptake including: deprivation, ethnicity, access to services, prevalence of learning difficulties and exposure to misinformation. For example, both Lambeth and Southwark identified low socioeconomic status and being of Black African, Black Caribbean or Black British background as being consistent with lower MMR uptake.^{2,3} Being born outside the UK or being of non-White British ethnicity was associated with lower vaccine uptake in Lambeth, whilst children with long term health conditions managed in primary care had higher vaccine uptake.⁴

Examples of local action

[Lambeth's Childhood Vaccination Programme \(2023\)](#): a comprehensive overview of the state of childhood vaccination in the 0-5 age group which provides recommendations to inform the [Lambeth Childhood Immunisation Strategy](#).

[Southwark's Joint Strategic Needs Assessment \(2025\)](#): includes a summary of childhood vaccination and identifies a priority measure: a "Reduction in the gap in 6 in 1 vaccine coverage at 12 months between White and Black, Asian and ethnic minority children".

⁴ [Predictors of Childhood Vaccination Uptake and Timeliness in a Diverse Urban Population, 2025](#)

Vaccine	2024-25 Coverage (%)			
	Lambeth	Southwark	London	England
Age 0-4				
DTaP/IPV/Hib/HepB (1 year old)	86.8	87.8	86.3	91.3
DTaP/IPV/Hib/HepB (2 years old)	87.2	87	87.1	92.5
MenB (1 year old)	86.3	87.3	85.5	91
MenB booster (2 years old)	78.3	78	78.5	87.3
Rotavirus (1 year old)	84.4	85.7	83.9	88.8
Hib/MenC (2 years old)	79.8	79.8	80.2	88.6
MMR for one dose (2 years old)	80	80.4	80.8	88.9
Influenza (2-3 years old)	37.2	37.5	35.2	42.6
Age 5-11				
DTaP/IPV booster (5 years old)	66.5	61	63.8	81.3
MMR for one dose (5 years old)	84.2	85.8	84.4	91.8
MMR for two doses (5 years old)	72	72.1	69.6	83.7
Influenza (primary school age) 2024	31.5	36.9	43.6	54.5
Age 12-18				
HPV one dose (Female, age 12-13) (2023/24)	54.9	59.3	61.6	72.9
HPV two doses (Female, age 13-14) (2022/23)	33.6	56	52.9	62.9
HPV one dose (Male, age 12-13) 2023/24	46.9	62.9	57	67.7
HPV two doses (Male, age 13-14) 2022/23	25.6	57.7	45.7	56.1
MenACWY (age 14-15) 2023/24	56	60.5	64.1	73
Key= significantly worse (red)/similar (yellow)/better (green) than London				

Source: [Fingertips](#)

¹ [OHID: The health and wellbeing of children and young people in London, August 2025](#)

² [Lambeth's Childhood Vaccination Programme, Needs Assessment 2023](#)

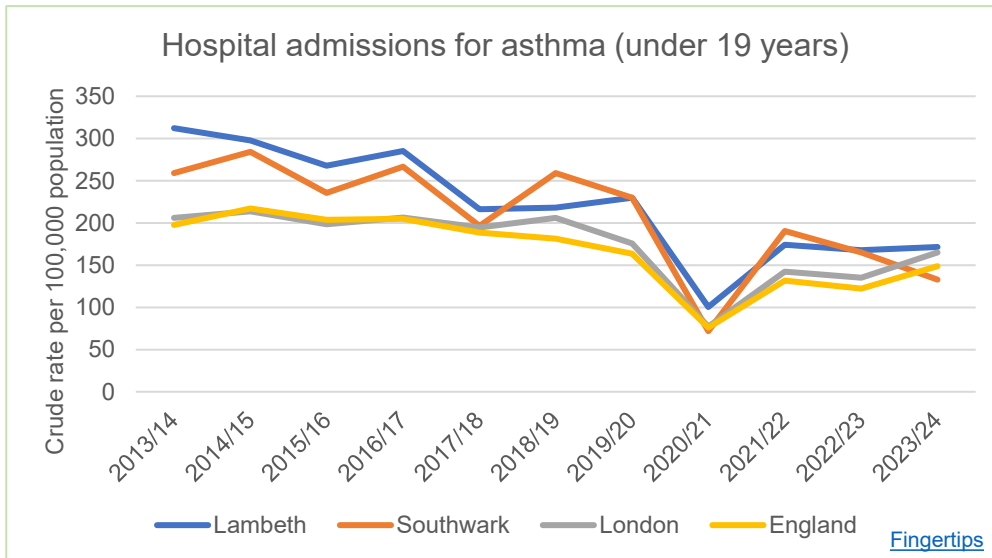
³ [Southwark 2025 JSNA](#)

Asthma

What does the data tell us?

Asthma is the most common long-term condition among children and young people, affecting around 1 in 11 CYP nationally, although prevalence estimates vary. In Lambeth, it is estimated 7.5% or nearly 5,000 CYP aged 0-17 have asthma. In Southwark, it is 7% or nearly 4,000 CYP 0-17,¹ though more may be living with the condition.²

Emergency hospital admissions as a result of asthma among children and young people (aged under 19) in Lambeth and Southwark have typically remained higher than the London and England averages, however in 2023/24 rates were similar. There has been a reduction over the past decade. In Lambeth, admissions declined from 312.2 per 100,000 in 2013/14 to 171.6 in 2023/24. In Southwark, rates decreased from 259.2 per 100,000 in 2013/14 to 132.9 in 2023/24. Admissions are higher among males than females, reflecting well-established sex differences in childhood asthma prevalence and severity.⁴



¹ SEL ICB CYP Data Dashboard. Accessed 2025

This dashboard does not report on any patients (approx. 3%) who have opted-out of data sharing

² [Southwark Annual Public Health Report. Mental wellbeing and resilience in young people, 2019](#)

³ [RCPCH – Asthma – State of Child Health, 2021](#)

⁴ [Epidemiology of Childhood Asthma in the UK, 2024](#)

Why this matters

Emergency hospital admissions for asthma are a key indicator of both the prevalence of the condition and how well it is being managed in the community. High admission rates suggest gaps in early diagnosis, access to primary care, medication adherence, or wider environmental and social factors such as housing quality and air pollution. Since asthma is a leading cause of avoidable hospital admissions among children, reducing these episodes is crucial for improving quality of life, preventing long-term complications, and reducing pressures on urgent and emergency care.³

Inequalities

Emergency admissions for asthma are strongly associated with deprivation. Higher exposure to risk factors such as tobacco smoke and environmental pollution in these communities, as well as poor housing conditions, contributes to the increased risk of severe asthma episodes requiring hospital care.³ Reviews in low-income populations have shown indications of under-diagnosis or misdiagnosis of asthma, while studies in high income populations suggest over-diagnosis of asthma. Asthma prevalence and severity are also higher among boys in childhood, and children with other underlying health conditions are more vulnerable to acute episodes requiring hospital admission.⁴

Examples of local action

[Children & Young People's Health Partnership \(CYPHP\)](#) – CHILDS: an integrated primary care model which includes asthma as a “tracer condition,” delivering proactive care to reduce the risk of asthma attacks and hospital admissions across Lambeth and Southwark.

Air Quality Monitoring & Engagement (Southwark): Schools and homes of children with asthma are being provided with free indoor air quality sensors. These support families and schools to understand local pollutant exposure and take steps to reduce asthma triggers.

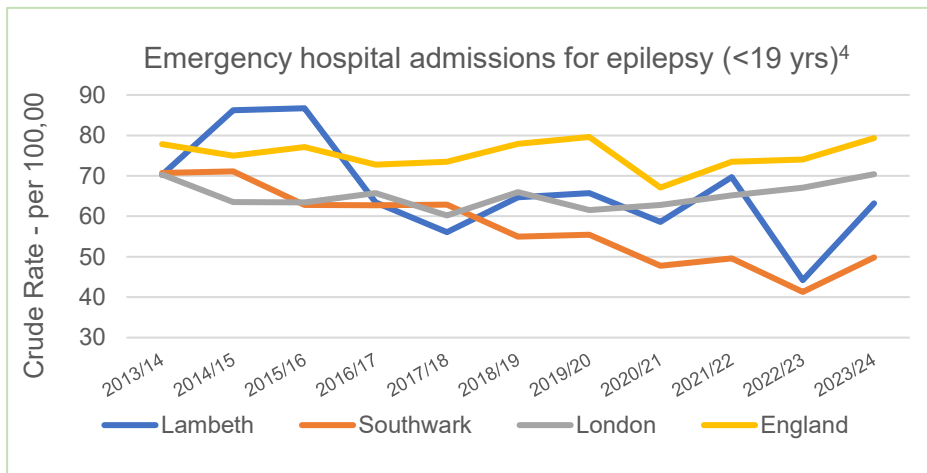
Digital Asthma Self-Management (South East London ICS): The Health Passport app enables young people and carers to manage asthma effectively, with symptom tracking, medication reminders, access to asthma action plans, air quality alerts, and peer support.

Epilepsy

What does the data tell us?

Epilepsy is one of the most common long-term conditions in childhood, affecting an estimated 63,400 CYP aged 18 and under in the UK¹. In London, this is equivalent to roughly 1% of the population. In Lambeth, over 310 CYP have a diagnosis of epilepsy. In Southwark, over 270 CYP.² Many children in Lambeth and Southwark have more than one long-term condition.²

Emergency hospital admissions for epilepsy among children and young people aged under 19 in Lambeth and Southwark have shown fluctuations over the past decade but overall remain below the England average. In 2023/24, admission rates for epilepsy were 63.2 admissions per 100,000 CYP in Lambeth and 49.8/100,000 in Southwark, compared with 70.4 in London and 79.3 in England. Both boroughs have seen periods of reduction compared with earlier years. Epilepsy admissions are generally higher among males than females. In 2023/24, the admission rate for Lambeth males was 71/100,000, compared with 55 among females. In Southwark, males had a similar rate (49) to females (51), although historically male rates have been higher.⁴



Why this matters

Whilst not all hospital admissions for epilepsy can be prevented, evidence shows that better education about the condition, support with medication, and clear emergency seizure management plans can help reduce avoidable admissions. Each emergency admission can be distressing for families and disruptive to children's education, social development, and overall wellbeing. Reducing preventable admissions is therefore essential to improving quality of life and long-term outcomes.

Inequalities

Children and young people living in more deprived areas are more likely to have epilepsy than those in less deprived areas. Epilepsy in childhood is also strongly associated with other neurodevelopmental conditions, including learning disabilities, autism, and ADHD.³

Examples of local action

Local action to improve epilepsy care for children and young people focuses on ensuring timely diagnosis, access to specialist services, and support to prevent avoidable hospital admissions. Initiatives include the implementation of care pathways aligned with the London Epilepsy Standards for Children and Young People (2018), which set out best practice for clinical management, community support, and transition to adult services. Both boroughs work with local NHS trusts, schools, and community services to improve epilepsy education, medication management, and seizure safety planning for CYP and their families.

1 [RCPCH – Epilepsy – State of Child Health, 2021](#)

2 SEL ICB CYP Data Dashboard. Accessed 2025

This dashboard does not report on any patients (approx. 3%) who have opted-out of data sharing

3 [RCPCH - Epilepsy12 Annual Report, 2023](#)

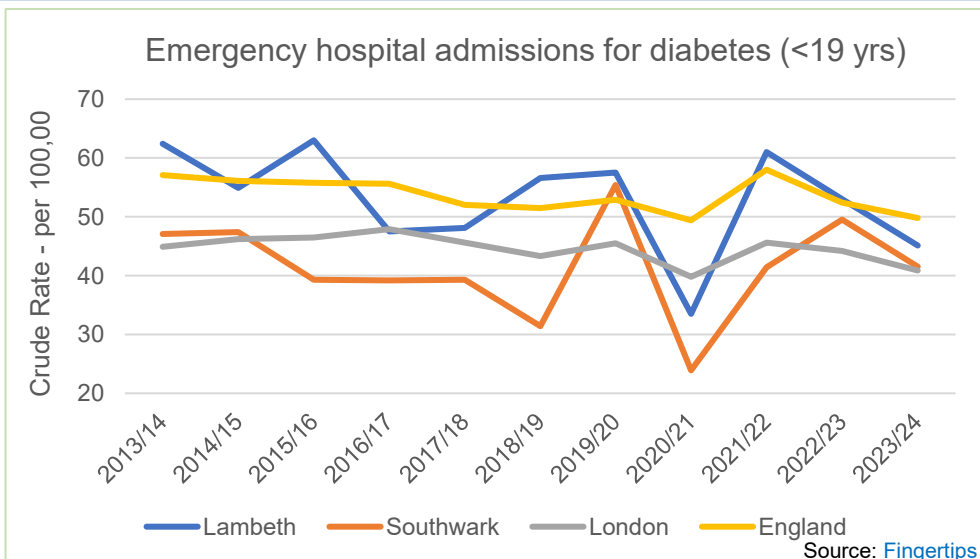
4 [OHID. Public Health Profiles](#), accessed September 2025

Diabetes

What does the data tell us?

Diabetes is an increasingly common long-term condition in children and young people. It's estimated that 36,000 CYP under 19 in the UK have diabetes, 90% of whom have Type 1.¹ In Lambeth, 320 CYP aged 0-24 have diagnosed diabetes and 262 CYP in Southwark.² Local data shows overlap in CYP with diabetes (likely Type 2) and other long term conditions, including obesity.²

Emergency hospital admissions for diabetes among children and young people aged under 19 in Lambeth and Southwark have fluctuated over the past decade but remain broadly in line with London averages, while generally lower than England overall. In 2023/24, Lambeth reported diabetes admission rates of 45.1 per 100,000 CYP and Southwark 41.5, are both higher than the London rate (40.9) but below the England rate (49.8). Despite fluctuations, the long-term trend suggests some improvement over time.



¹ [RCPCH – Diabetes – State of Child Health, 2020](#)

² SEL ICB CYP Data Dashboard. Accessed 2025

This dashboard does not report on any patients (approx. 3%) who have opted-out of data sharing

³ [Admissions of inequality: emergency hospital use for children and young people | Nuffield Trust, 2017](#)

Why this matters

Diabetes can have a significant impact on the health and daily lives of young people and their families or carers. It is a long-term condition that often drives healthcare service use, particularly through emergency hospital admissions. Poorly controlled diabetes increases the risk of serious complications, making effective management and prevention of admissions essential for supporting long-term health outcomes.³

Inequalities

Type 1 diabetes constitutes the vast majority (90%) of diabetes in children and young people and is not associated with deprivation. Type 2 diabetes, although much less common in CYP, is strongly associated with deprivation and is more common in overweight or obese CYP.¹

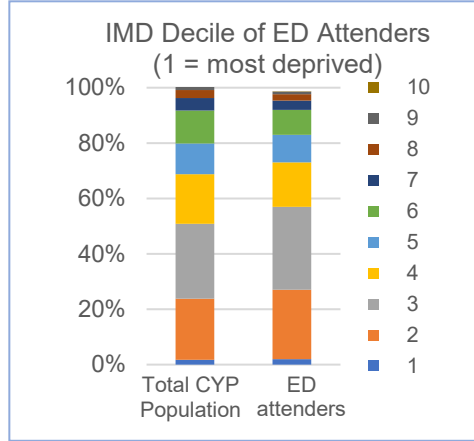
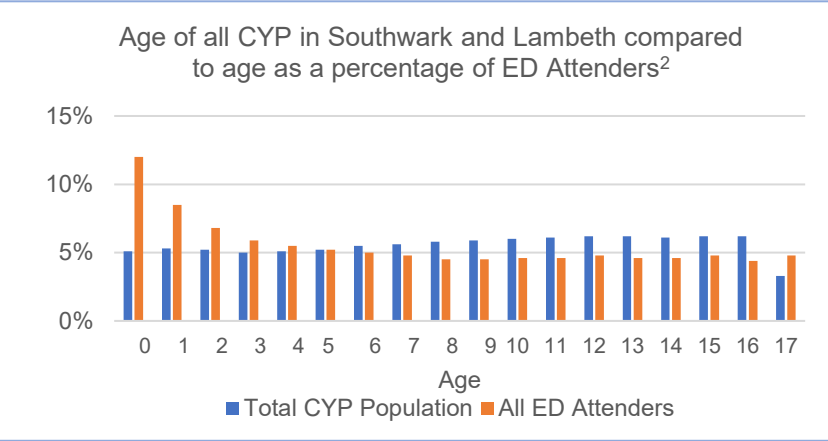
Emergency hospital admissions for type 2 diabetes show clear inequalities.³ Children and young people living in the most deprived areas are more likely to be admitted, highlighting the impact of wider social and economic factors on managing the condition. Children and young people from deprived or Black and minority ethnicity backgrounds have poorer diabetes control, reflecting unequal access to resources, support, and care. These disparities underline the need for targeted approaches to reduce preventable admissions and ensure equitable outcomes.³

Examples of local action

The Diabetes Transition and Young Adult Service Expansion pilot brought together Guy's and St Thomas' NHS FT, King's College Hospital NHS FT, and local diabetes services in Lambeth and Southwark. It expanded provision for young adults with type 1 diabetes, introduced new services for type 2 diabetes, and established patient involvement groups. The pilot also developed a risk stratification tool and aligned care pathways across the two trusts.

ED Attendance & Admissions

This analysis includes all Emergency Department (ED) attendances and admissions by CYP aged 18 and under at Guy's and St Thomas' (GSTT) or King's College Hospital (KCH) in 2024.



Why this matters

High levels of ED use among CYP can point to challenges in accessing primary or community care, with many visits driven by minor illness or injury that are often preventable. Understanding patterns of attendance is important for prevention, improving pathways and reducing pressure on emergency services.

Inequalities

A higher proportion of ED attenders are from more deprived deciles (IMD deciles 1-3): 51% of the CYP population vs. 57% of ED attenders. These patterns demonstrate a social gradient in ED use, with children from more deprived areas more likely to attend ED.

In both Lambeth and Southwark, Black children account for a slightly higher proportion of ED attendances and admissions than their share of the population, whereas White children make up a smaller proportion. These patterns highlight inequalities in emergency care use among different ethnic groups. Black/African/Caribbean/Black British children: 30% of CYP population vs. 35% of ED attenders. White: 40% of CYP population vs. 35% of ED attenders.²

What does the data tell us?

Attendance: The 2023-24 ED attendance rate for all CYP under 18 was significantly lower in Lambeth (346.2 per 1,000 CYP) and Southwark (342/1,000) compared to London (494.4/1,000) and England (460.3/1,000)¹. In 2024, 27,616 CYP across Lambeth and Southwark (approx. 23% of CYP population) attended ED, making up a total of 44,754 visits.²

Younger children made up a larger proportion of ED visits: children under 1 made up 5% of the CYP population vs. 12% of ED attenders and 1-year olds made up 5% of the CYP population vs. 9% of ED attenders. Most children visit ED only once or twice: approximately 18,000 children (65% of attenders) had just 1 visit and 5,700 children (21%) had 2 visits. The most common primary diagnosis category for ED attendance was respiratory conditions (26%). This was followed by bones and joints (12%), and wounds and trauma (12%).²

Admissions: The 2023-24 ED admissions rates for Lambeth (39.3/1,000) and Southwark (38.6/1,000) were lower than London (54.8/1,000) and England (69.1/1,000).¹ In 2024, 2,163 children were admitted across Lambeth and Southwark, making up 2,649 admissions. The youngest children were also disproportionately likely to be admitted following an ED visit.²

Examples of local action

Lambeth and Southwark are focusing on early intervention, integrated community care, and condition-specific support to prevent crises. These approaches aim to provide timely care, reduce escalation to emergency services, and improve outcomes.

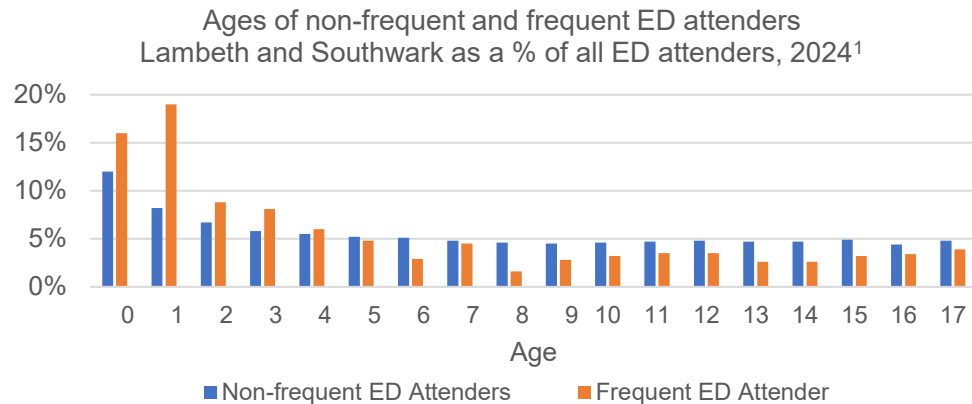
¹ OHID, Public Health Profiles, accessed September 2025

² EPIC and Primary Care Data, 2024

Frequent Attenders to ED

Definition

For the purposes of this analysis, a 'frequent attender' is a CYP who has attended the Emergency Department (ED) at Guy's and St Thomas' (GSTT) or King's College Hospital (KCH) 5 or more times in 12 months over 2024.



What does the data tell us?

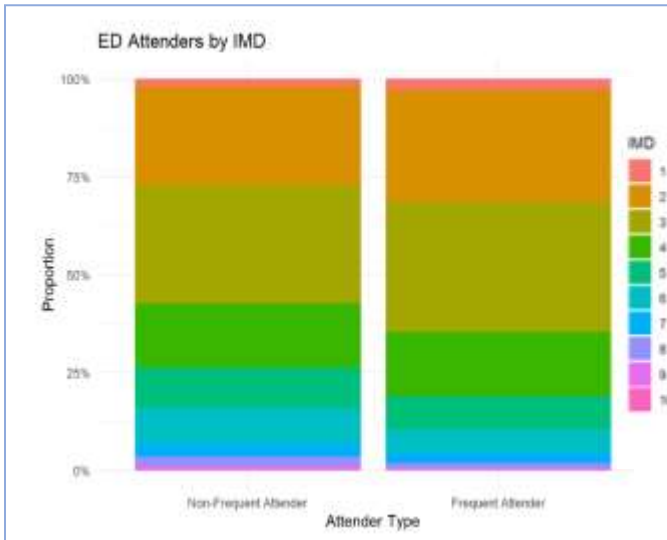
Frequent ED attendance is uncommon but significant. In 2024, there were 818 children and young people who attended ED 5 or more times in the year, (351 in Lambeth and 467 in Southwark) comprising 5,260 ED visits or 11.6% of the total ED visits (11.1% in Lambeth; 12% in Southwark). Compared to all ED users, younger children make up a larger proportion of frequent attenders: for example, under 1 year olds make up 12% of non-frequent attenders vs. 16% of frequent attenders. One year olds make up 8% of non-frequent attenders vs. 19% of frequent attenders.

The majority of frequent attenders had between 5-7 visits over the 12 month period, however some others had extremely high attendance including 1 child who had 94 visits to ED in one year.¹

Frequent attenders had higher rates of respiratory needs as primary diagnosis (36%), had higher proportion of high-acuity cases and were admitted more often than non frequent attenders (11% of visits resulted in admissions vs 5.3% of visits by non-frequent attenders).¹

Why this matters

Frequent A&E attenders account for a disproportionate share of attendances and place considerable pressure on emergency services. Their patterns of use often highlight underlying health or social needs and may point to gaps in access to primary or community care.



Inequalities

A higher proportion of frequent ED attenders are from more deprived deciles: 64% of the frequent ED attenders are in the 30% most deprived areas (IMD deciles 1, 2 or 3) compared to 57% of non-frequent ED attenders.¹

Examples of local action

A pilot hosted by King's College Hospital Emergency Department has been established to identify the reasons for frequent paediatric A&E attendance. The aim of the team is to identify if there are unmet needs for the CYP that are resulting in their ED frequent attendance and meet these needs through integrated multidisciplinary support. The team meets monthly to review children who have attended three or more times within the previous 90 days, as well as five or more attendances in the preceding 12 months.

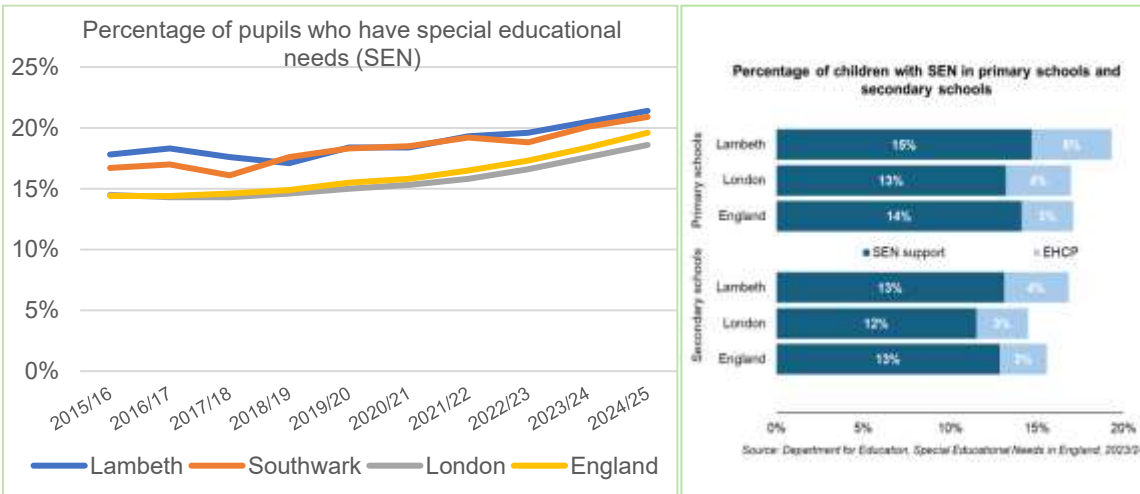
¹ EPIC and Primary Care Data, 2024

Special Educational Needs & Disabilities

Special Educational Needs (SEN): A child has SEN if they have a difficulty or disability which makes it harder for them to learn than other pupils of the same age *and* they require special educational provision or SEN support.²

Special Educational Needs and Disabilities (SEND): A broader term encompassing children with SEN and disabilities that may not affect their ability to learn but does impact their ability to fully participate, for example physical disabilities. SEND encompasses a wide array of needs and some CYP may have more than one need.²

Education, Health and Care Plan (EHCP): A legal agreement from local authorities to provide extra support (beyond SEN support) for CYP 0-25 based on a needs assessment.²



Why this matters

Having SEND can affect a young person's behaviour, ability to socialise, learn, physical ability and more. In Southwark, as seen around the country, those with SEND have lower levels of development and educational attainment than their counterparts.² The percentage of SEN pupils has increased over time, as has pressure on local services to support these CYP and their families.

What does the data tell us?

The rate of pupils with SEN is increasing. In 2024/25, about one in five pupils in Lambeth (21.4%) and Southwark (20.9%) had Special Educational Needs (SEN). The rate of CYP with SEND will be even higher. Lambeth and Southwark have large SEN populations compared to London (18.6%) and England (19.6%).

As of 2025 in Lambeth, there were 3,332 children with EHCPs – a 41% increase since 2018.³ A larger proportion of pupils in Lambeth have either SEN support or an EHCP compared to London and England.⁴

2021/22 Southwark data showed the primary needs of children with SEND in primary school differ from CYP with SEND in secondary school. In primary school, speech, language and communication needs were the most common (accounting for over 1/3 of children), followed by autism (18%) and social, emotional or mental health needs.²

In secondary school, the primary needs of Southwark CYP with SEND were social, emotional or mental health needs, followed by a specific learning difficulty, and speech, language and communication needs.² Lambeth data is not split by primary and secondary school. However, combined data shows the primary needs of pupils with SEND are speech, language and communication (29.7%), autism spectrum disorder (ASD) (19.5%), followed by social, emotional or mental health needs (17.8%).⁴

Inequalities

In Southwark, almost half of CYP with SEND have a mental health condition, five times higher than levels in non-SEND peers.⁵ Additionally, 60% of looked after children in Lambeth have SEND.⁴

Local data shows that children from areas of higher deprivation make up a greater proportion of children with an EHCP. As seen across the country, children and young people with SEN in Lambeth and Southwark are more likely to live in poverty and be eligible for free school meals than those without SEN.² In Lambeth, 52.4% of pupils with SEN are eligible for free school meals compared to 34.3% with no SEN.⁴

Examples of local action

[Lambeth SEND and Alternative Provision Strategy \(2025-2030\)](#): Lambeth's commitment to ensuring inclusive, high-quality support for children and young people with SEND and those in Alternative Provision.

[Southwark SEND Education Provision Strategy \(2022-2025\)](#): Includes four priorities: (1) Improving provision for complex/multiple needs including ASD, (2) Provision of timely, high-quality identification and provision (3) Development of greater confidence skills (4) Development of pathways into adulthood for CYP with SEND.

¹ [OHID Public Health Profiles](#), accessed 2025

² [Southwark JSNA, CYP with SEND](#), 2022

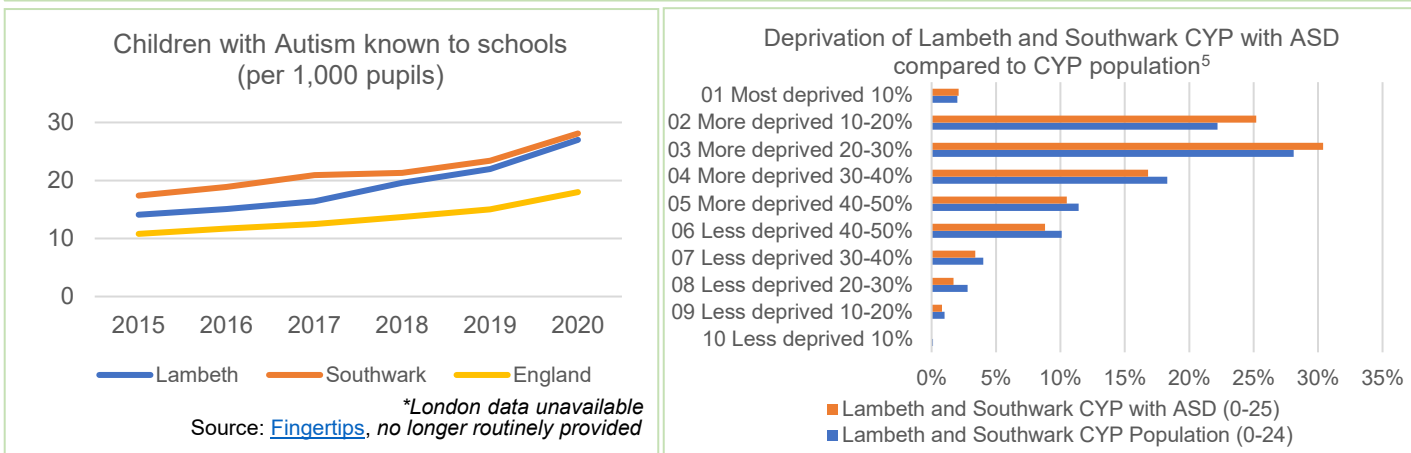
³ [Lambeth SEND and Alternative Provision Strategy \(2025-2030\)](#)

⁴ Lambeth Local Picture Profile, Children with SEND, 2024

⁵ [Mental Health of Children and Young People in Southwark, JSNA, 2023](#)

Autism

Autism Spectrum Disorder (ASD) is a complex, lifelong neurodevelopment condition influencing how individuals perceive, process, and engage with their environment. Autism is marked by challenges in social communication, restricted and repetitive behaviours, and heightened sensory sensitivities. Autism manifests uniquely, leading to a diverse range of abilities, challenges, and support needs for individuals.¹



What does the data tell us?

Prevalence data for autism is difficult to obtain and varies by source. Nationally, 1.5% of school-aged children are diagnosed with autism.¹ Southeast London ICB host an autism dashboard which draws on primary care data. As of December 2025, for those aged 0-18 and registered with a Southwark GP, 3,025 CYP or 4.9% had diagnosed ASD.⁵ In Lambeth, 2,901 CYP or 4.1% had diagnosed ASD. These numbers do not include CYP with suspected autism or those on the waiting list for assessment. For both boroughs, roughly 70% of those diagnosed with ASD were boys and the ethnic breakdown of patients roughly aligned with Lambeth and Southwark averages.⁵

According to Community Paediatric Teams at Evelina London, there are approximately 1,700 CYP (aged 1-19) in Lambeth and approximately 1,800 in Southwark awaiting ASD assessment (about 3,500 CYP total). About one third awaiting assessment are aged 1-5, one-third are aged 5-10, and one-third are aged 10-19.⁴ From April 2020 to April 2024, there has been a 341% increase in children waiting for an autism assessment nationally.³

In Lambeth, Southwark and England, there has been a steep increase in children with autism known to schools between 2015-2020 and rates are expected to be higher today. In Southwark, there has been an increase in the number of CYP with autism as their primary SEN need and 50% of Southwark's EHC plans are for autistic CYP.²

¹ [Lambeth All-Age Autism Strategy and Action Plan 2024-2027](#)

² [Southwark JSNA, CYP with SEND](#), 2022

³ [Centre for Young Lives, State of the Nation, 2025](#)

⁴ EPIC – Community Paediatric Team, Evelina London, December 2025

⁵ SEL ICB CYP Data Dashboard. Accessed 2025

This dashboard does not report on any patients (approx. 3%) who have opted-out of data sharing

Why this matters

Autistic children are likely to have a combination of needs including difficulties with language, communication and imagination, which can impact on how they relate to others and their mental health. People with autism have a shorter life expectancy by up to 30 years.³ The growing waiting times for autism assessments increases the risk of exclusion and poorer attainment. Evidence shows that when support is in place following a diagnosis, children and young people with autism are less likely to be excluded from school.³

Inequalities

Local data shows boys are disproportionately diagnosed with autism (approximately 70% of CYP with ASD in Lambeth and Southwark are boys).⁵ However, in 2023, it was estimated that three-quarters of girls with autism may not have been identified as having autism and nationally, boys are referred for a diagnostic assessment at a rate 10 times the rate for girls. These differences are likely to be due to awareness and diagnostic criteria of autism being based on boys, and girls' ability to mask their autistic traits.²

Deprivation: Local data shows a deprivation gradient: disproportionately more CYP diagnosed with autism are from the 3 most deprived deciles when compared to all CYP in the two boroughs.⁵

Examples of local action

[Lambeth All-Age Autism Strategy and Action Plan 2024-2027](#) aims to ensure autistic individuals and their families receive the support necessary to reach their full potential. It takes a lifespan approach, addressing the needs of autistic individuals from early childhood through to adulthood including positive transitions into adulthood.

Several recommendations were made following the [2022 Southwark JSNA, CYP with SEND](#) including improving identification of CYP who need support, better monitoring of outcomes, and improved support during transition years.

ADHD

Attention Deficit Hyperactivity Disorder (ADHD): a persistent pattern of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning.¹

What does the data tell us?

Historically there is a lack of ADHD prevalence data, for various reasons. It is estimated that as of November 2025, approximately 5% of children and young people in England have ADHD, including those without a diagnosis.^{1,5} ADHD frequently co-occurs with autism and other neurodevelopmental or mental health disorders.⁴

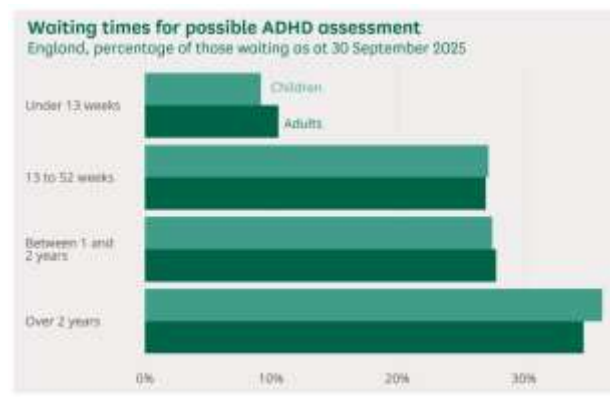
Southeast London ICB host an autistic spectrum conditions dashboard which draws on primary care data. As of February 2026, in Lambeth, there are over 1,700 CYP under 18 with diagnosed ADHD (c 2.7% of those aged under 18) and in Southwark, over 1,170 CYP or about 2% of those under 18 with diagnosed ADHD. Over one-quarter of these CYP have been prescribed ADHD medication in the last six months.⁶

A rising waitlist for assessment:

ADHD waitlists are continuing to rise both locally and nationally, with demand outweighing supply.⁴

According to national data (including adults), there was a 20.7% increase in referrals between Sept 2024 and Sept 2025 for an ADHD assessment.¹ Just under half of new referrals are for CYP.⁵

Nationally, at the end of Sept 2025, of those children waiting for an ADHD assessment, about 9.2% had been waiting for less than 13 weeks and about 63.6% of children had been waiting for over a year.⁵



Why this matters

In Lambeth, ADHD assessments for those aged 6-11 are done by community paediatric teams and for those aged over 11, assessments are done by CAMHS. In Southwark, CAMHS undertake ADHD assessments for all children and young people aged six and older.

In England, clinician-defined ADHD is under-recognised, under-diagnosed and under-treated.⁴ ADHD originates in childhood and benefits from early years support.⁴ When unsupported, young people with ADHD are at increased risk of educational failure, long-term unemployment, crime and involvement in the youth justice system, substance misuse, suicide, mental and physical illness.⁴

Inequalities

British 18 year olds who are not in education, employment or training (NEET) have higher levels of ADHD compared to those who are non-NEET (25.9% vs 10.4%, respectively).³ Boys are disproportionately diagnosed with ADHD (approximately 70% of CYP with ADHD in Lambeth and Southwark are boys).

Smoking during pregnancy increases ADHD risk for the child by three-fifths (60% increase).³

Examples of local action

[The Southeast London ICS CYP Mental Health and Emotional Wellbeing Plan](#) sets out the vision to improve the emotional health of all CYP in SEL including a core offer for ASD/ADHD assessment and reducing the waitlist.

[Lambeth All-Age Autism Strategy and Action Plan 2024-2027](#) includes priorities to improve assessment and support for those with suspected ADHD and autism.

1 [NHS Digital – ADHD Management Information](#), November 2025

2 [Southwark JSNA, CYP with SEND](#), 2022

3 [Mental Health of Children & Young People in Southwark, JSNA 2023](#)

4 [Report of the independent ADHD Taskforce](#), NHS England, 2025

5 [ADHD Statistics \(England\)](#), House of Commons Library, 2025

6 SEL ICB CYP Data Dashboard. Accessed February 2026

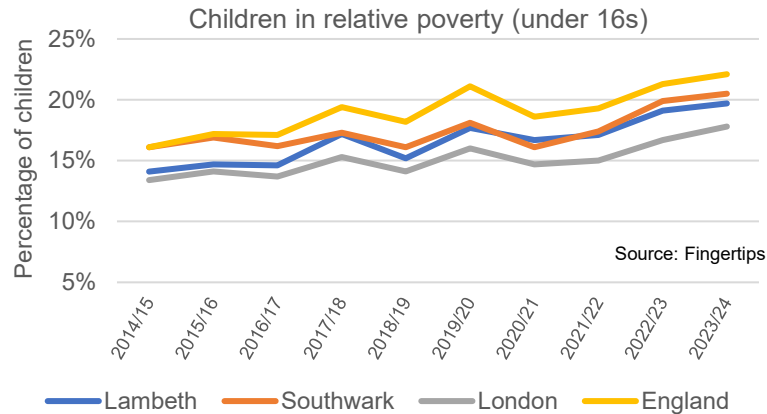
Chapter 7

Social and environmental outcomes

Child poverty and deprivation

Children are in relative poverty if family income is below the poverty line: earning 60% below the median income.

Index of Multiple Deprivation (IMD): a tool to determine an area's relative deprivation level through 7 domains: income, employment, health and disability, education and skills, crime, barriers to housing and services, and living environment.¹



Food insecurity

The 2023-24 Southwark SHEU survey asked about food access: 35% of primary school pupils said they had used a foodbank or source of free or subsidised food in the last 12 months; 8% said they do most weeks. 20% of secondary school pupils said their household has used 'food banks' or similar sources of free or subsidised food in the last 12 months; 3% said their household had used them 'most weeks'.⁵

What does the data tell us?

Child poverty is on the rise. In 2023/24, 19.7% (Lambeth) and 20.5% (Southwark) of children under 16 were living in relative poverty, equating to about 1 in 5 children. Poverty rates differ across the boroughs by neighbourhood. Lambeth and Southwark have consistently had lower rates of child poverty than England yet higher rates than London.

In 2025, the way IMD is calculated changed. In 2025, Lambeth and Southwark were more deprived than three-quarters of local authority districts in England (77% and 76%, respectively). However, each borough is a mix of smaller areas, some of which are which are more deprived, and some are less deprived than the borough average.¹ Compared to 2019, both Lambeth and Southwark's relative ranking amongst Upper Tier Local authorities has improved. As the IMD is not designed for comparison of changes over time, change should be interpreted with caution.¹

Many suggest a more telling measure of child poverty considers housing costs due to the rising cost of accommodation. When housing costs are incorporated, rates of child poverty increase. In 2021/22, 37% of Southwark's children and 36% of Lambeth's children were living in poverty after housing costs, higher than London and England averages.³

Inequalities

- Children living in poverty have poorer educational outcomes and poorer health related outcomes.²
- In England, infants in the most deprived areas are twice as likely to die as those in the least deprived.²
- Five-year-olds living in the most deprived areas are 2.5 times more likely to have advanced tooth decay compared to those from the least deprived areas.²
- Poverty is strongly associated with poor nutrition and child obesity.²
- CYP in deprived areas are more likely to not receive or be waiting for the mental health support they need.²
- Young people (under age 25) are more likely than other age groups to live in the most deprived areas.⁴
- Southwark residents of a Black/Black British ethnic group are 1.6 times more likely to live in a more deprived IMD decile compared to those of a White/White British ethnic group.¹
- People with children are more likely than those without children to experience food insecurity (lack of access to safe, nutritious, and culturally appropriate food to support health and dignity).⁶

Examples of local action

[The 2025 Southwark Poverty JSNA](#) provides data and analysis on the impact of poverty and other wider determinants of health, including for CYP.

The [Lambeth Tackling Poverty Action Plan](#) describes the prevention and early intervention actions Lambeth plans to take between May 2025 and March 2030 to alleviate poverty in the borough.

¹ [GOV.UK – English indices of deprivation 2025: statistical release](#)

² [Centre for Young Lives, State of the Nation, 2025](#)

³ [Poverty, Southwark JSNA, 2025](#)

⁴ Health Index for South East London, Ethica Health Partners, 2025

⁵ School Health Education Unit: Health & Wellbeing Related Behaviour Survey, 2024

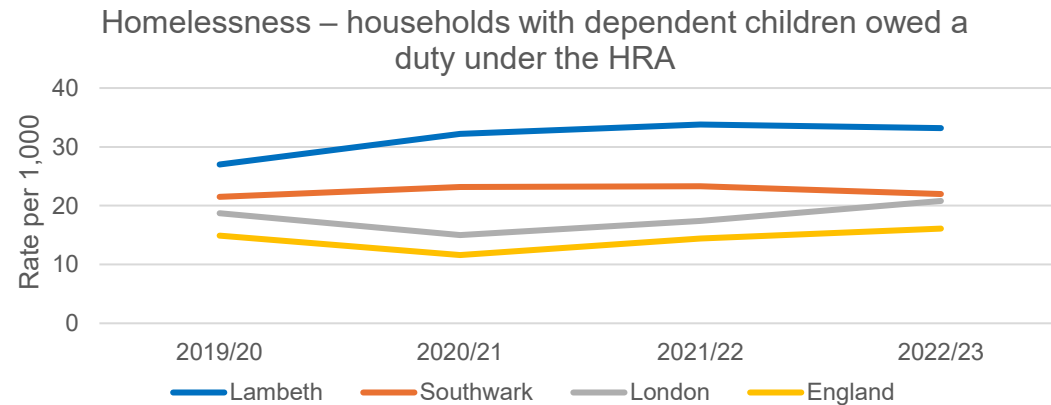
⁶ [Food at the Heart of Lambeth Annual Public Health Report 2025](#)

Housing and homelessness

Definitions

Homeless: defined here as a priority household assessed by a local authority as owed a prevention or duty under the Homelessness Reduction Act (HRA).

Temporary accommodation (TA): short term accommodation that must legally be provided to priority households (with dependant children, 16-17 year olds, 18-20 year old care leavers and pregnant women) until longer term housing is secured.



What does the data tell us?

In 2022/23, 1,190 households (33.2 per 1,000) with dependent children in Lambeth and 778 in Southwark (22 per 1,000) were homeless or at risk of becoming homeless. Lambeth ranked second highest in London for homeless families with CYP under 18 and Southwark ranked 10th. Additionally, in 2021/22, 469 Southwark 16–24 yr olds were homeless (down from 581 in 2020/21). Southwark had the fourth highest prevalence of homelessness for this age group (3.5 per 1,000) of all London boroughs; rates were around 50% higher than London and England levels.⁴

Temporary Accommodation:

In Q1 2025–26, 3,206 households with children in Lambeth were living in temporary accommodation, with a total of 6,188 children (2025 Local Authority data). The majority of households in TA are families with children.¹ In Southwark, around 5.75% of all children in the borough are currently in TA. Between 2020 and 2024, the number of children in TA in Southwark rose by 77%, from around 1,900 to 3,500, a faster increase than the 25% rise in England.²

Why this matters

The rising cost of accommodation is impacting families, especially in London. Young people facing homelessness are likely to experience poorer mental health, poor health and nutrition, difficulty finding employment, disrupted education, and more likely to experience violence and abuse. Additionally, children in TA face significant health, developmental, and psychological harms. Poor housing conditions, overcrowding, frequent moves, and instability can lead to respiratory illness, skin problems, gastrointestinal issues, higher accident rates, sleep deprivation, depression and anxiety, as noted in the table below.²

Impacts of temporary accommodation on children's health and wellbeing

Physical effects	Psychological effects	Developmental effects
Sleep deprivation	Stress	Poor educational attainment
Injury	Fear	Slower language development
Infections and respiratory illness	Depression and anxiety	Underdeveloped social skills
Nutritional deficiency	Unmanaged neurodivergence	Poor hygiene

Inequalities

The profile of families in TA also reflects broader inequalities; White British groups are less likely to experience housing disadvantage than non-White groups. In Southwark, this is particularly pronounced, with over two-thirds of statutory homeless households from Black, Asian, or minority ethnic backgrounds, and single parents and migrant families are disproportionately represented.

Examples of local action

[Lambeth Homelessness and Rough Sleeping Strategy \(2025-30\)](#): includes prioritising suitable accommodation for homeless people; preventing rough sleeping and homelessness and improving data quality.

[Southwark 2030 Strategy](#) prioritises 'Decent Homes for all: People live in safe, well-maintained homes' as a primary goal for the borough.

1 [Lambeth Homelessness and Rough Sleeping Strategy \(2025-30\)](#)

2 [New Economics Foundation, Nowhere to Grow, 2025](#)

3 [England's Homeless Children: The crisis in temporary accommodation \(2025\)](#)

4 [Mental Health of Children & Young People in Southwark, JSNA 2023](#)

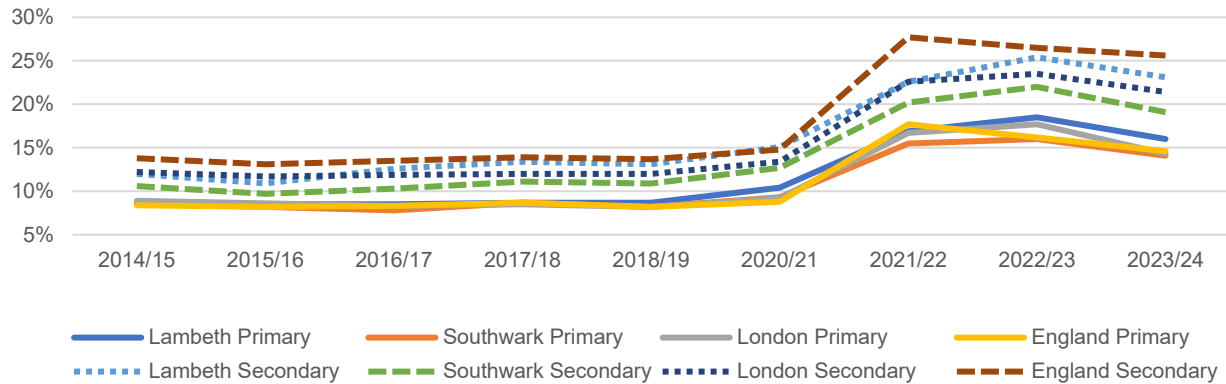
School absence

Definitions

Persistent absence: children missing 10% or more of school sessions

Severe absence: children missing 50% or more of school sessions

Persistent Absence - Primary and Secondary School



Source: [Fingertips](#). 2019/20 data missing due to Covid-19

What does the data tell us?

School absence has increased significantly since 2020. Persistent absence is more prevalent in secondary school than in primary school. Over the 2023/24 school year, 16% of primary school students and 23.1% of secondary school students were persistently absent in Lambeth. In Southwark, 14.1% of primary school students and 19.1% of secondary school students were persistently absent. Primary and secondary school absence rates in Lambeth were significantly worse than London (14.3% primary, 21.4% secondary) and England (14.6% primary, 25.6% secondary). Southwark primary school absence rates were similar to London and England yet secondary school absence rates were lower than London and England.

Reasons for CYP not attending school are individual and complex. A 2024 survey of Southwark secondary school pupils revealed some reasons children aren't going to school include mental health, illness or injury, medical appointments, caring for family members, and religious occasions.¹

¹ School Health Education Unit: Health & Wellbeing Related Behaviour Survey, 2024
Southwark: A sample of 2,510 primary school (ages 8-11) and 885 secondary school pupils (ages 11-15)
Lambeth: A sample of 1,478 primary school y4 and y6 and 941 secondary school pupils y8 & y10

² [An evidence-based plan for improving school attendance](#), Child of the North, 2024.

Why this matters

The root causes of chronic absence often arise from the broader social drivers of health or are emotionally-based. Children missing school are losing out on a protective factor in their lives and have poorer educational outcomes. In 2018/19, nationally, only 36% of persistently absent pupils achieved expected grades in English and Maths GCSEs compared to 78% of pupils who were rarely absent. For some young people, school absence is also a safeguarding issue.²

A 2021-22 study in England showed that for CYP aged 5 to 16 years living in two-parent households, the probability of presenting at hospital with mental health issues more than doubles when school absences increase from 0% to 20% and nearly triples at 30% school absence.³

Inequalities

Children experiencing poor mental health, poverty, bullying, racism, discrimination, caring responsibilities or with special educational needs and disabilities (SEND) are more likely to be absent from school. In Southwark, of the approximately 5,800 *persistently* absent children at the time of the 24-25 school census (July 2025), (primary, secondary and special schools combined), 34% had SEND. Of the approximately 390 *severely* absent children, 64% had SEND.⁴

In Lambeth, a greater percentage of pupils with SEN (28.9%) and/ or an EHCP (30.5%) were persistently absent from school, compared to those pupils with no SEN (17.7%).⁵

There is a clear link between children living in poverty and persistent absence. Those eligible for Free School Meals in Lambeth were more likely to be persistently absent than those not eligible (26.7% vs 15.8%, respectively). Inequalities also exist by ethnic group. Pupils from Gypsy Roma, White and Black Caribbean, Pakistani and Black Caribbean had the highest percentage of children persistently absent in 2023-24 in Lambeth, although this fluctuated each year.⁵ In 2023/24, Lambeth special schools had the highest percentage of persistent absence (29.4%) compared to primary and secondary schools.⁵ A similar trend was seen in Southwark.⁴

Examples of local action

[Lambeth Education and Learning Strategy 2024-30](#) aims to improve school attendance by working with other services and agencies to make school an inclusive and safe place to be. Lambeth Council developed an 'Emotionally-based school non-attendance (EBSNA) Toolkit' for providers.

[Southwark Council's 3 stage approach and Education Inclusion Handbook](#) supports schools and partners with school engagement and encourages holistic understanding of the underlying factors contributing to pupil absence.

³ [Child mental ill health and absence from school, England: 2021 to 2022](#)

⁴ Data provided by London Borough of Southwark

⁵ [Lambeth Education Statistics, 24-2025](#)

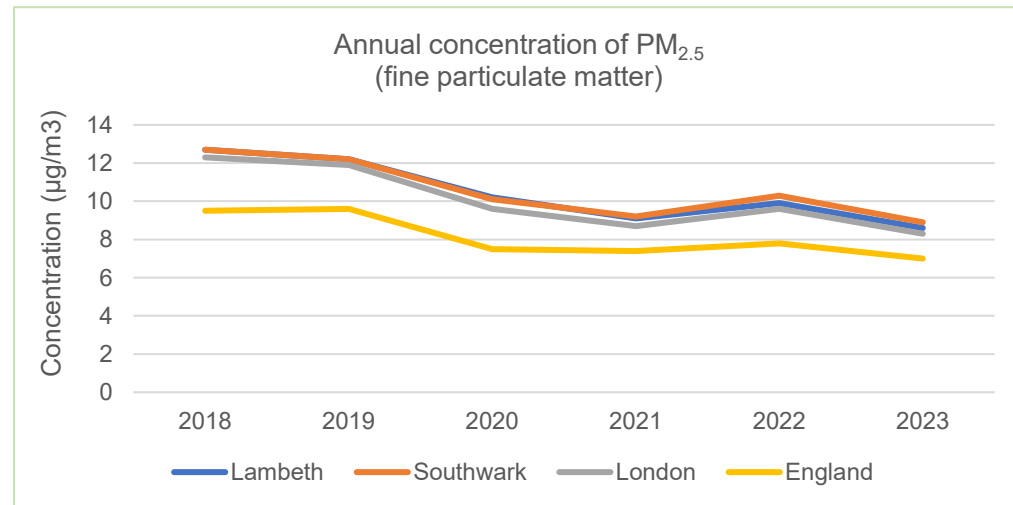
Air Quality

What does the data tell us?

Southwark and Lambeth are busy inner London boroughs with high levels of pollutants including nitrogen dioxide (NO₂) and particulate matter 2.5 and 10 (PM_{2.5} and PM₁₀).² Local pollution comes from a variety of sources including road transport, construction, and energy use in the home.²

Over time there have been significant improvements in air quality across Southwark, Lambeth, London and England. However, in 2023, average PM_{2.5} levels in Lambeth (8.6 µg/m³) and Southwark (8.9 µg/m³) were higher than London (8.3) and England (7.0) and almost twice the WHO recommendation.¹

In Lambeth, the number of state primary and secondary schools exceeding legal levels of nitrogen dioxide has fallen from 19 to 2 between 2016-2020, however air quality issues still exist especially in communities in the north of the borough and along main roads.²



Source: [Fingertips](#)

Why this matters

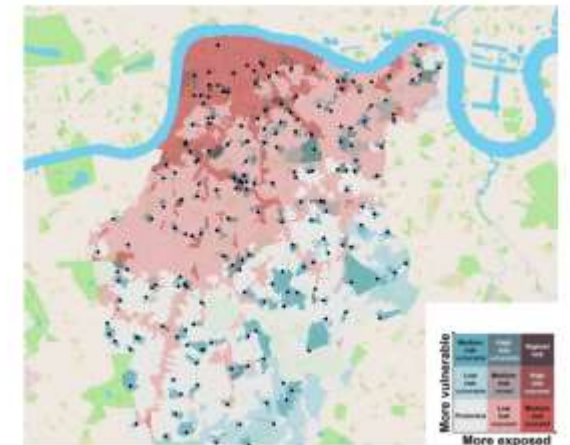
Despite improvements, air quality remains at dangerous levels across London. Short and long-term exposure to air pollution is known to harm health. It contributes to disease including respiratory illness, lung damage, asthma, cancer and premature death.¹

In Lambeth, it is estimated that each year, air pollution kills over 100 residents and causes over 750 emergency hospital admissions from lung and heart disease.² Air pollution has been listed as a cause of death for a local young child by a coroner's inquest for the first time, emphasising the need to take urgent action to improve the air that we all breathe.³

Inequalities

Air pollution is a significant public health problem and has greater impacts on vulnerable communities, including children. There is a strong correlation between air quality and socio-economic inequalities; those in deprived areas tend to live in places with more exposure to air pollution. A report from Greater London Authority showed areas with higher proportion of Black and mixed ethnic backgrounds were more likely to experience higher levels of NO₂ pollution.²

Risk of Air Pollution in Lambeth and Southwark with school locations indicated by dots²



Examples of local action

Southwark's Air Quality Action Plan 2023–27 commits to reducing exposure to poor air quality to improve health, with a particular focus on schools.

[Lambeth Air Quality Action Plan 2023-25](#) outlines steps to implement the 2021 Air Quality Vision, targeting interventions for the most vulnerable: children, the elderly, those with health conditions, and residents in highly polluted areas.

¹ [Southwark JSNA, 2025](#)

² [Lambeth Air Quality Action Plan 2023-25](#)

³ Southwark Air Quality Action Plan 2023 – 2027

Next Steps

Next steps – looking to the future



Findings from this report will support Act Early, alongside local partners, to identify and prioritise inequalities and issues facing local children and young people where interventions can have the greatest impact.

This Act Early Outcomes Report for Children and Young People will inform a systematic, evidence-based approach to priority-setting. Health and wellbeing indicators and outcomes included in the report will be assessed by Act Early and a multidisciplinary group of local partners using a robust prioritisation framework. Each indicator will be considered and scored against 4 main categories:

- (1) Strength of evidence and data
- (2) Scale and nature of inequalities
- (3) Alignment to strategic priorities, and
- (4) Feasibility for impact

Outputs from the prioritisation exercise will be tested widely with Act Early partners, children and young people, and parents and carers to ensure public and patient voice informs decision-making. A smaller subset of priorities will then be taken forward for deep dive analysis which will include additional data, robust evidence reviews to understand what works and additional patient and public engagement.

At the end of the ‘**Discover**’ phase, Act Early will **co-design, implement, and evaluate** evidence-based interventions to reduce inequalities for local children and young people. Interventions will benefit the entire system and rely on existing work and momentum wherever possible, contributing to a learning health system and the wider evidence base.

In addition to informing Act Early initiatives, partners are encouraged to use this report to support local conversations and action, creating a shared sense of priority and commitment to reducing inequalities for children and young people through a longer programme of work.

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Also:

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- Lambeth Children and Young People Alliance
- South London and Maudsley NHS Foundation Trust
- Evelina Community Paediatric teams
- Lambeth Health Determinants Research and Evaluation Network (HEART)
- Southwark and Lambeth Public Health teams
- Lambeth CYP Alliance Shadow Board
- South East London Integrated Care Board (ICB) Business Intelligence Team

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