

SPECIAL EDUCATIONAL NEEDS AND DISABILITIES JSNA Health Needs Briefing



November 2025

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Introduction

Aim

This report aims to improve our understanding of the health and wellbeing needs of children and young people (CYP) with Special Educational Needs and Disabilities (SEND) in Harrow, alongside the recent Harrow SEND and AP Strategy for children and young people aged 0-25 (2024 to 2029), and the ongoing How Are You (HAY) Harrow surveys. This briefing aims to review available local intelligence and inform local stakeholders, and to guide future service planning and commissioning.

Methods

This report draws on quantitative data on the local prevalence of CYP with SEND across different age cohorts, type of educational setting, demographics and future projections. It describes the health and wellbeing needs of CYP with SEND using data from the NHS and the local authority, modelled estimates, and directly from young people drawing on results of the HAY Harrow survey. It also uses information from the [“Harrow SEND and AP Strategy for children and young people aged 0-25, September 2024 to August 2029”](#) which was published in July 2024.

The How Are You (HAY) Harrow survey has been running in the borough since 2021. It aims to comprehensively investigate the health and well-being of young people aged 9-18 studying and living in Harrow. Full results of this survey are reported elsewhere ([How are you Harrow - HAYHarrow2025.pdf](#)) (HAY, 2021). This report uses the data from the 2025 survey to compare results across a broad range of responses in children who report that they have, or don't have, Special Education Needs or Disabilities. Of the 7,963 children and young people who responded to the survey, a total of 4,842 children and young people state that they do not have SEND, while 600 state that they do. This is a large sample which allows us to draw robust comparisons. A further 1,181 did not know whether they had SEND, 215 preferred not to say, and 1,125 did not answer this question – data from these respondents are not included in this report, in order to focus clearly on the key comparison.

It should be noted that the 600 local children who report that they have SEND in the HAY Harrow survey are self-reporting – while we could expect that this is broadly the same group who have been identified by services, this is not clear, and there may be children identified by services who do not self-report in the survey, and also children not identified by services who do self-report in the survey. We could expect these differences to be particularly associated with factors such as age and first language.

It should also be considered that there is generally no comparison available from other areas for SEND children's response to the HAY Harrow data.

Rather than using statistical neighbours, where possible, this report considers the 8 North West London boroughs covered by the local NHS Integrated Commissioning Board – these are Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, and Westminster. This reflects local services, particularly in the NHS.

In some sections of the report, data from GPs showing patients with Learning Disabilities is shown. While this is helpful to compare trends and patterns, it should be noted that this is not the same as either learning difficulties or SEND.

We have consulted with local stakeholders, including the Harrow JSNA Steering Group, who have reviewed a draft.

Policy context

There are several local and national policy documents which provide a framework for services in Harrow. These policies focus on improving SEND diagnosis and services, as well as wellbeing and outcomes for children with SEND and their families.

Note that this work is being published in advance of significant national policy reforms expected from the government.

The Children and Families Act (2014)

This Act includes in depth guidance and requirements for local authorities relating to CYP with SEND. It describes the responsibility of local authorities to integrate education, training, healthcare, and social care where this promotes the wellbeing of children and young people with SEND. It extended the support for CYP with SEND from 0-25 years and replaced SEN statements with Education, Health, Care Plans (EHCP).

The Care Act (2014)

This Act details the requirements for local authorities to support children transitioning into adult social care

NICE guidance NG43 (2016)

Provides recommendations on the transition from children's to adult services for young people using health and social care services.

The SEND Code of Practice (2015)

Provides statutory guidance for local authorities, health bodies, schools and colleges for their work with CYP with SEND. It sets out broad areas of need including cognition and learning;

communication and interaction; social, emotional and mental health difficulties, and sensory and physical needs. [SEND Code of Practice January 2015.pdf](#)

The Children's Commissioner of England report (2023)

This report recommends: a) To be understood, seen and heard with improved early identification, better data, access to advocacy being key areas of improvement: b) Good education and support in schools; c) Accessible activities; d) High quality care; e) Freedom from harassment and discrimination; f) Smooth transition and preparing for adulthood; and g) A whole family approach.

[Harrow Health and Wellbeing Strategy 2022 - 2030](#)

This strategy commits to providing the best possible start in life for every child in Harrow.

- Work together to ensure that children and families are safe
- Develop models of care for children and young people that meet their needs and focuses on early support and prevention
- Ensure that schools, health and social care develop stronger working partnerships
- Ensure that physical activity is promoted in all children and young people's settings
- Address challenges that families in Harrow are experiencing through closer working with families and communities in Harrow.

[Harrow SEND and AP Strategy for children and young people aged 0-25 \(2024 to 2029\)](#)

This develops the local vision for children and young people with SEND, following on from the previous strategy (2019-2024). Priorities in the strategy are that:

- Children and young people will receive the right support at the right time
- Children and young people will have a place in an educational setting or other provision that is right for them
- Young people are able to live fulfilling adult lives
- Children and young people are supported by a confident workforce
- Children and young people's mental health needs are met so that they can learn and enjoy their lives

Summary

- As at 2024-25 the London Borough of Harrow maintains 2,689 EHCPs, the number of plans has increased from 1,645 in 2018-19, which is a 63.5% increase (DfE SEN2).
- As at 2024-25 Harrow's schools have 6,483 pupils with SEND (with SEN Support (4,494 pupils) or an EHCP (1,989 pupils)) recorded (DfE SEN in England). This number is growing each year, in line with national trends.
- Alongside a significant growth in the number of children in Harrow with EHC plans overall, there has been a particular growth in the following primary needs: Autistic Spectrum Disorder; Speech, Language and Communication; and Social, Emotional and Mental Health. There have been declines in the primary needs: Severe Learning Difficulty or Moderate Learning Difficulty.
- There is some evidence that SEND children in Harrow have more deprived social backgrounds (in 2024-25 almost a third of pupils were eligible for Free School Meals), and that they feel less safe than children with no SEND.
- The DfE's data indicates that SEND pupils in Harrow are more likely to be male (65.9%), and to be of Indian (18%), Other White (15%), Other Asian (16%) or White British (12%) ethnicity.
- Local survey data suggests that SEND pupils in Harrow are more likely to be male, to be or White or Mixed ethnicity, have no religious faith, and to be LGBTQ+, relative to other pupils
- Data from the HAY Harrow survey shows that SEND children may have worse health behaviours across a range of areas – for example, diet, physical inactivity, smoking and use of electronic devices. This highlights the opportunity for targeting public health interventions to reduce the likelihood of long term poor health and wellbeing.
- Pupils with SEND report worse physical health overall, than other pupils in Harrow. They also report higher rates of specific health conditions – asthma, epilepsy, allergies, and diabetes. These high rates are further reflected in data from young people with learning disabilities locally, highlighting the ongoing importance of regular GP health checks for all learning disabilities patients
- Self-reported mental health is also worse in the SEND pupils.
- Recommendations are made based on the finding of the report.

Recommendations

- Continue to ensure that children with SEND are identified at the earliest opportunity – as well as providing the best support for the individual, this allows good forecasting for school places and planning of future service provision
- Further data analysis would be helpful to understand the extent to which the same children with SEND have multiple poor health behaviours, and whether clustering of behaviours would inform health improvement approaches
- Ensure that the findings of this report are disseminated to relevant commissioners and front line staff in the borough, and that policies take account of the findings
- It is important to ensure that all relevant frameworks and best practice guidance relating to learning disabilities continue to be embedded across service provision
- Opportunities to explore further employment and training opportunities for people with SEND

Acknowledgments

This report was written by the following authors during 2025:

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Definitions

Children and Young People (CYP) - a young person up to the age of 19, or up to 25 for a young person with special educational needs or a disability

Long-term conditions – chronic diseases for which there is currently no cure, and which are managed with drugs or other treatment

Asthma – a condition of the lungs characterised by coughing, wheezing, chest tightness and breathlessness

Body mass index (BMI) – a measure of the extent to which a person's weight is healthy for their height. BMI is calculated by dividing body weight (kilograms) by height (metres) squared.

Epilepsy – a condition that affects the brain and causes repeated seizures (fits)

Education, Health and Care Plan (EHCP) – a legal document which describes a child or young person's special educational needs, the support they need, and the outcomes they would like to achieve.

Child Protection Plan – a plan drawn up by the local authority if a multi-agency Child Protection Conference deems a child to be at continuing risk of significant harm or impairment of their health and development, which sets out how the child can be kept safe

Looked after children - Under the Children Act 1989 a child is defined as looked after by a local authority if they are provided with accommodation for a continuous period for more than 24 hours, is subject to a care order or is subject to a placement order. A looked after child ceases to be looked after when they turn 18 years old.

Learning Disability – defined by the UK Department of Health a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence) with a reduced ability to cope independently (impaired social functioning), which started before adulthood. GPs identify and support their patients who have this diagnosis, and it is different from learning difficulties and SEND.

Children in Need - A child in need is one who has been referred to children's social care services, and who has been assessed, usually through an initial assessment, to be in need of social care services.

Carer - include any people – such as a family members, friends or neighbours – who give regular, ongoing assistance to another person without payment for the care given. **Young carers** are children and young people who care for others (usually family members).

Safeguarding – Safeguarding means protecting a person's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. Safeguarding children, young people and adults is a collective responsibility, and can refer to the policies, strategies and individual practice used for this.

Special Educational Needs (and Disabilities) – SEN(D) - Special educational needs and disabilities can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, for example they struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, e.g. if they have attention deficit hyperactivity disorder (ADHD)
- physical ability

Child abuse – includes physical, sexual and emotional abuse, and neglect.

Harrow's population and SEND

Population

The resident population of Harrow at the time of the 2021 Census was around 261,300. The borough is among the 10% most densely populated areas in England, though slightly less than the London average, and with large green spaces particularly in the north. The borough is generally more densely populated toward the south, and in poorer parts of the borough (**Figure 1**; IMD 2019).

Figure 1: Population density in Harrow (2021 Census)

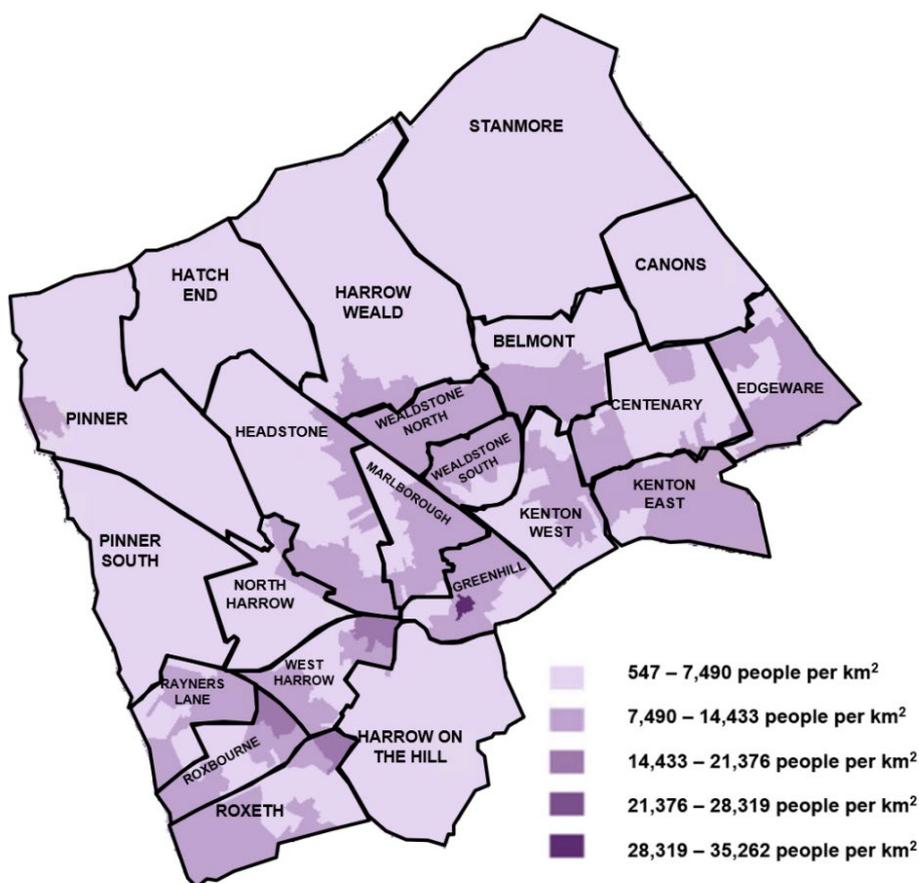
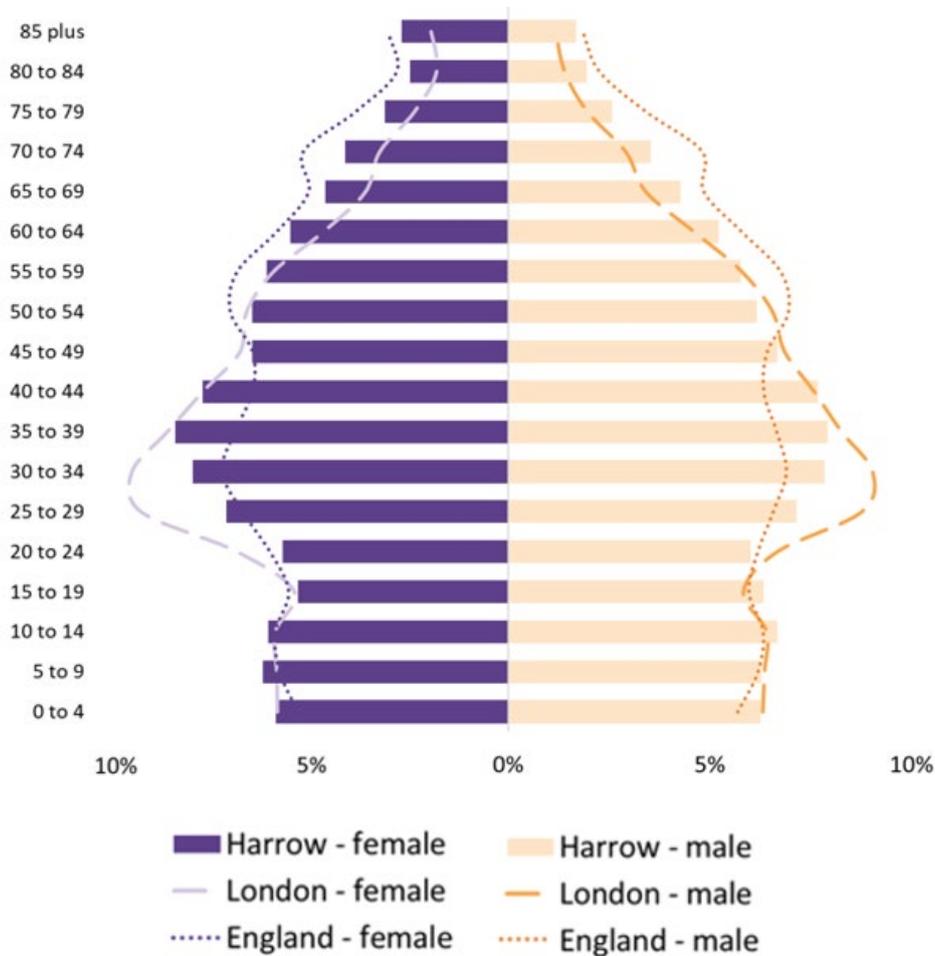


Table 1: Number of residents in Harrow and other areas by age (2021 Census)

Age range	Number of Harrow residents	% of residents			
		Harrow	NW London	London	England
Under 5s	15,699	5.7%	5.4%	5.7%	5.2%
Under 20s	63,355	22.9%	21.8%	22.4%	21.9%
20 to 64	157,669	56.9%	60.9%	60.8%	55.5%
65 plus	40,177	14.5%	11.9%	11.2%	17.5%

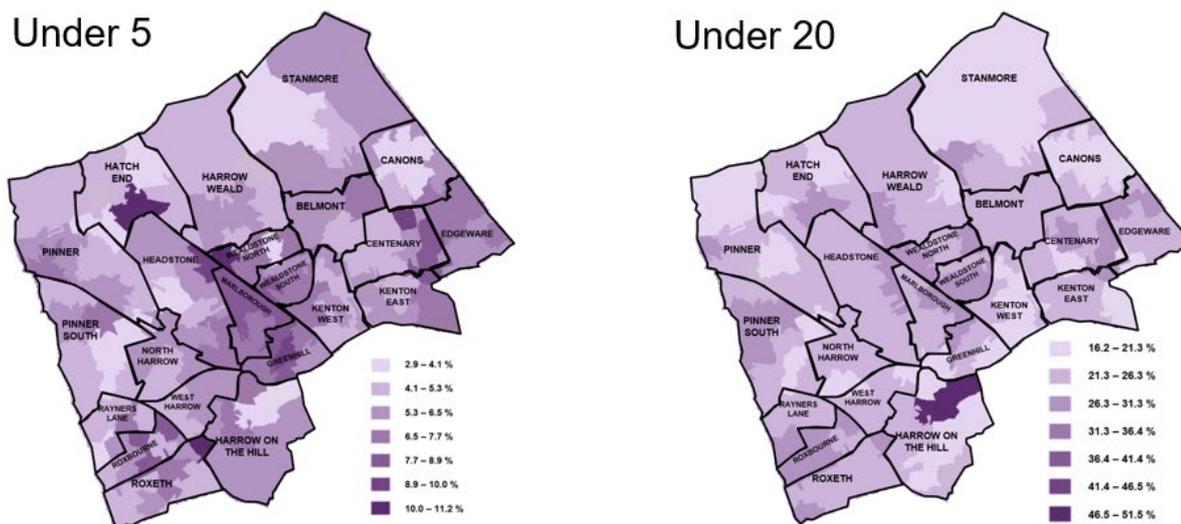
According to the 2021 Census, Children and Young People aged 0 to 19 make up slightly under one-quarter (22.9%) of Harrow’s resident population, which is a similar proportion as in North West London, London and England. The percentage of the population who are under 5 years old is broadly similar in Harrow to London and England – around 6%. On average, Harrow’s population is older than London’s, but younger than the England average - see **Table 1** and **Figure 2**.

Figure 2: Number of residents in Harrow and other areas by age (2021 Census)



There is a higher concentration of children aged under five years in the south-western and south-eastern areas of Harrow, and particularly in the central wards of Wealdstone North, Wealdstone South, Marlborough, and Greenhill. There is more of an even distribution of those aged under 20 across Harrow, but with a high concentration in Harrow on the Hill, which may be due to Harrow School – see **Figure 3**.

Figure 3: Maps showing areas with most children in Harrow (2021 Census)



SEND pupils are classified as follows:

SEN support

SEND support refers to the graduated response schools and early years settings must take when a child is identified as having SEN but does not have an EHC plan.

According to the SEND Code of Practice:

- It involves tailored interventions, adaptations, and additional support to help the child progress.
- It is ordinarily available within mainstream settings and does not require statutory assessment

It includes:

- Setting outcomes with parents
- Planning and reviewing support at least three times a year
- Using evidence-based interventions
- Involving the child and family in decision-making

Education, health and care plans (EHCP)

A local authority may issue an Education, health and care plan for a pupil who needs more support than is available through SEN support, known as special educational provision. This will follow a statutory assessment process whereby the local authority considers the pupil's special educational needs and any relevant health and social care needs; sets out long term outcomes; and specifies provision which will deliver additional support to meet those needs. Special educational provision is educational or training provision that is additional to, or different from, that made generally for others of the same age in mainstream schools, maintained nursery schools, post-16 institutions, or early years settings

In 2024/25, Harrow maintained 2,689 EHCPs. The table below (**Table 2**) shows that the number of EHCPs in Harrow has increased from 2,370 in 2023-24 to 2,689 in 2024-25, which is a 13.5%

increase that is higher than the increase in London (6.0%) and 10.8% nationally. Harrow had a 63.5% increase between 2018-19 and 2024-25, which is just below 66.1% in London and 80.4% nationally.

Table 2: Number of Education, Health and Care Plans (EHCPs) in Harrow and comparators, over recent years

Number of EHCPs	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2024 to 2025	2019 to 2025
Harrow	1,645	1,799	1,896	1,974	2,093	2,370	2,689	13.5%	63.5%
London	59,672	65,853	72,193	78,203	85,601	93,539	99,116	6.0%	66.1%
National	353,995	390,109	430,697	473,255	517,048	576,474	638,745	10.8%	80.4%

The table below (**Table 3**) shows the proportions of EHCPs by type of provision in Harrow and the 7 North West London boroughs. In line with other boroughs a majority of Harrow's CYP with an EHCP attend a Mainstream (51.9%) or a Special (31.8%) setting.

Table 3: Percentage of Education, Health and Care Plans (EHCPs) in Harrow and North West London by type of provision (2024-25)

LA Name	Mainstream	Special	AP PRU	FE	Ed Elsewhere	NM Early Years	Placement Unknown
Brent	47.1%	31.8%	0.6%	15.7%	4.2%	0.5%	0.1%
Ealing	49%	32.7%	0.7%	11.2%	6.2%	0.1%	0%
Hammersmith and Fulham	43.6%	27.9%	1.0%	15.2%	10.5%	0.9%	0.9%
Harrow	51.9% (1,396)	29.0% (781)	0.4% (11)	14.7% (396)	2.8% (74)	1.1% (29)	0.1% (2)
Hillingdon	45.9%	35.0%	0.1%	11.2%	6.8%	0.3%	0.5%
Hounslow	40.4%	34.0%	1.3%	13.0%	11.2%	0.1%	0%
Kensington and Chelsea	55.1%	23.8%	1.3%	13.7%	5.0%	0.2%	0.9%
Westminster	49.3%	27.1%	1.1%	15.7%	4.6%	0.4%	1.8%
National	43.6%	30.4%	0.8%	13.8%	7.8%	0.7%	3%

DfE SEN2 SFR. AP PRU – Alternative Provision Pupil Referral Unit; FE – Further Education; Ed Elsewhere Educated Elsewhere; NM Early Years – Non-maintained Early Years.

Of Harrow's 2,689 CYPs with an EHCP, 1,396 (51.9%) attend a mainstream setting. The table below (**Table 4**) shows that a majority of the CYP at a maintained setting are attending a LA maintained setting (567) followed by 525 attending an Academy School. 53 of Harrow's EHCPs attend a maintained independent setting.

Table 4: Number of Education, Health and Care Plans (EHCPs) in Harrow and North West London by maintained educational setting (2024-25)

Maintained provision	Harrow	% of maintained	% of total EHCPs
LA Maintained School	567	40.6%	21.1%
Academy School	525	37.6%	19.5%
Free School	101	7.2%	3.8%
LA Resourced Provision	95	6.8%	3.5%
Independent	53	3.8%	2.0%
Academy Resourced Provision	43	3.1%	1.6%
Free School Resourced Provision	12	0.9%	0.4%
SEN Unit	0	0.0%	0.0%
Academy SEN Unit	0	0.0%	0.0%
Free School SEN Unit	0	0.0%	0.0%
Total Maintained	1,396	100.0%	51.9%
Total EHCPs	2,689	51.9%	100.0%

Of Harrow’s 2,689 CYPs with an EHCP, 781 (29.0%) attend a special setting. The table below (**Table 5**) shows that a majority of the CYP at a special setting are attending a LA maintained special school (431) followed by 189 (24.2% of all special and 7.0% of all EHCPs) attending an Independent Special.

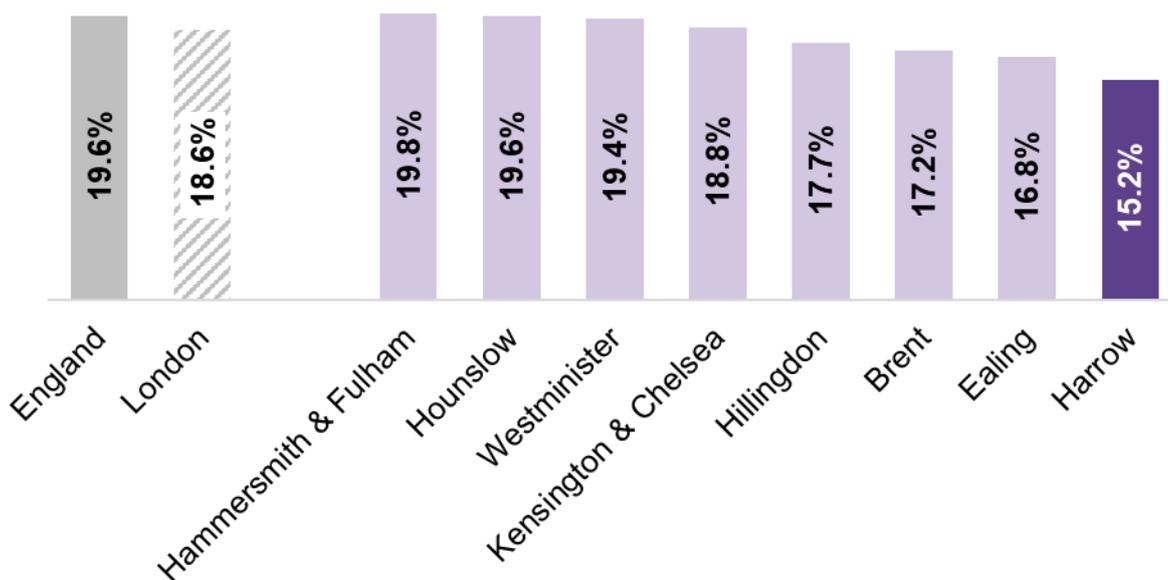
Table 5: Number of Education, Health and Care Plans (EHCPs) in Harrow and North West London by special educational setting (2024-25)

Special provision	Harrow	% of Special	% of total EHCPs
LA Maintained	431	55.2%	16.0%
Independent	189	24.2%	7.0%
Academy/Free	149	19.1%	5.5%
Non-Maintained	12	1.5%	0.4%
Total Maintained	781	100.0%	29.0%
Total EHCPs	2,689	29.0%	100.0%

In 2024/25, 15.2% of pupils in all Harrow schools are recorded as having Special Educational Needs – this equates to 6,483 individuals. Harrow’s rate is the lowest in North West London and is lower than the London and England average (**Figure 4**). Rates of pupils with SEND have increased significantly over the last 8 years, in line with national and London trends (**Figure 5**).

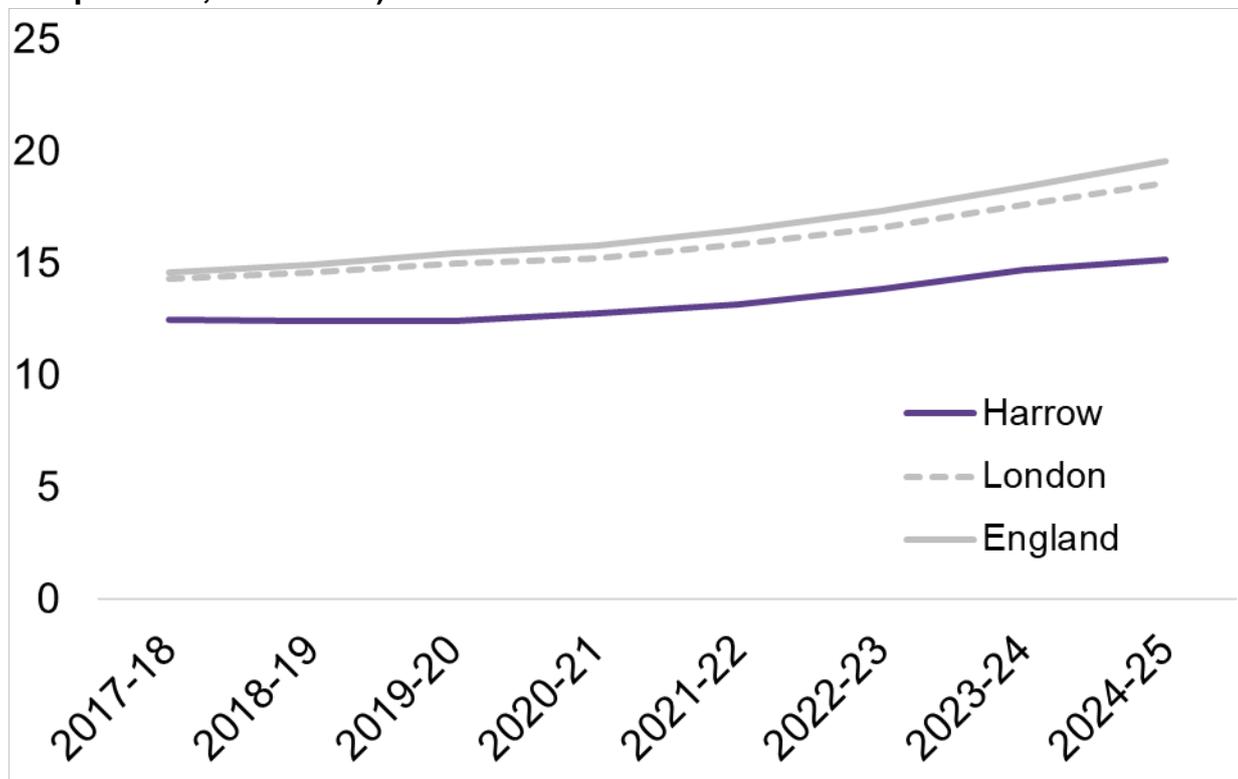
The total number of pupils with SEN across Harrow’s state-funded schools alone, increased from 5,554 in 2023-24 to 5,692 in 2024-25, this increase is in line to a steady increase of pupils with SEN between 2021-22 and 2022-23, from 4,975 to 5,351. The increase is due to increasing numbers of pupils with SEN EHCP.

Figure 4: Percentage of school pupils with special educational needs (Harrow and comparators, 2024/25)



Source: SEN in England 2024-25 – including all state schools

Figure 5: Percentage of school pupils with special educational needs (Harrow and comparators, time trend)



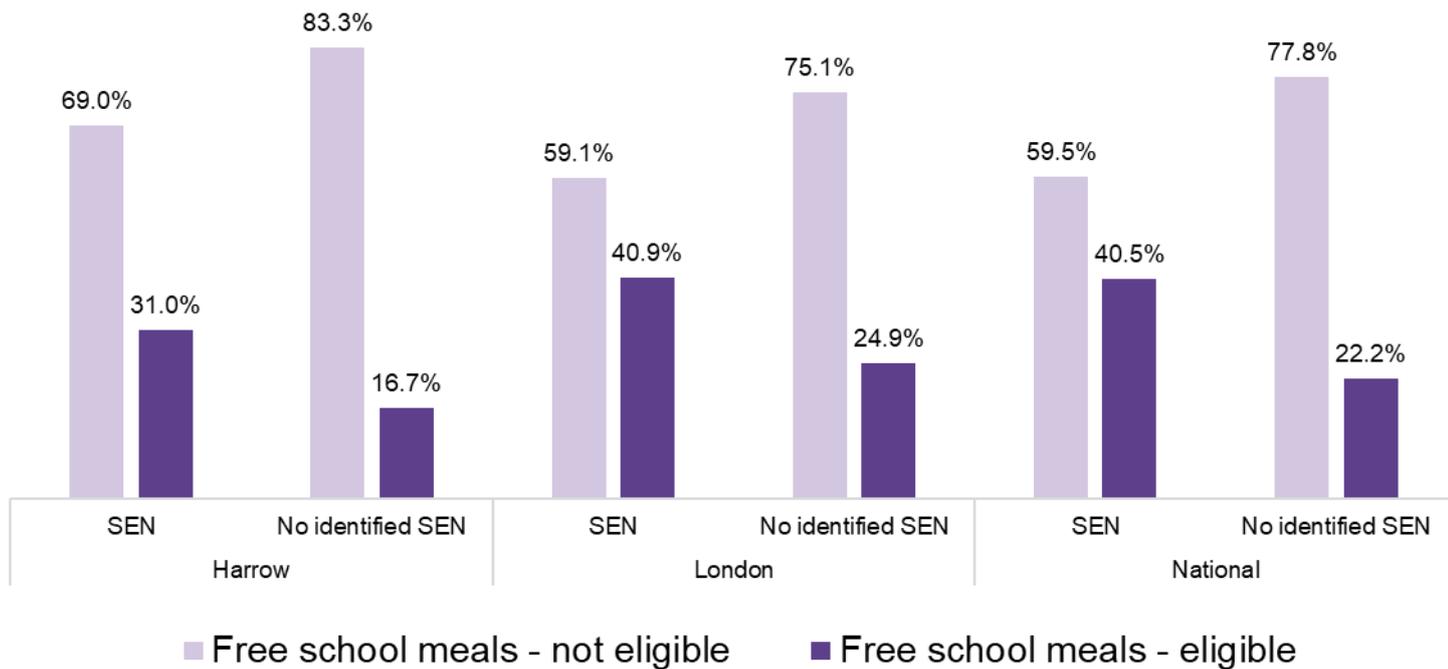
Source: SEN in England 2024-25 – including all state schools

Nationally, overall rates of SEND pupils in the population are associated with socio-economic deprivation – for example, **Figure 6** below shows that a higher proportion of pupils with SEN are

eligible for free school meals in Harrow 31.0%, which is double the pupils with no SEN identified (16.7%). This is similar to the London and national proportions.

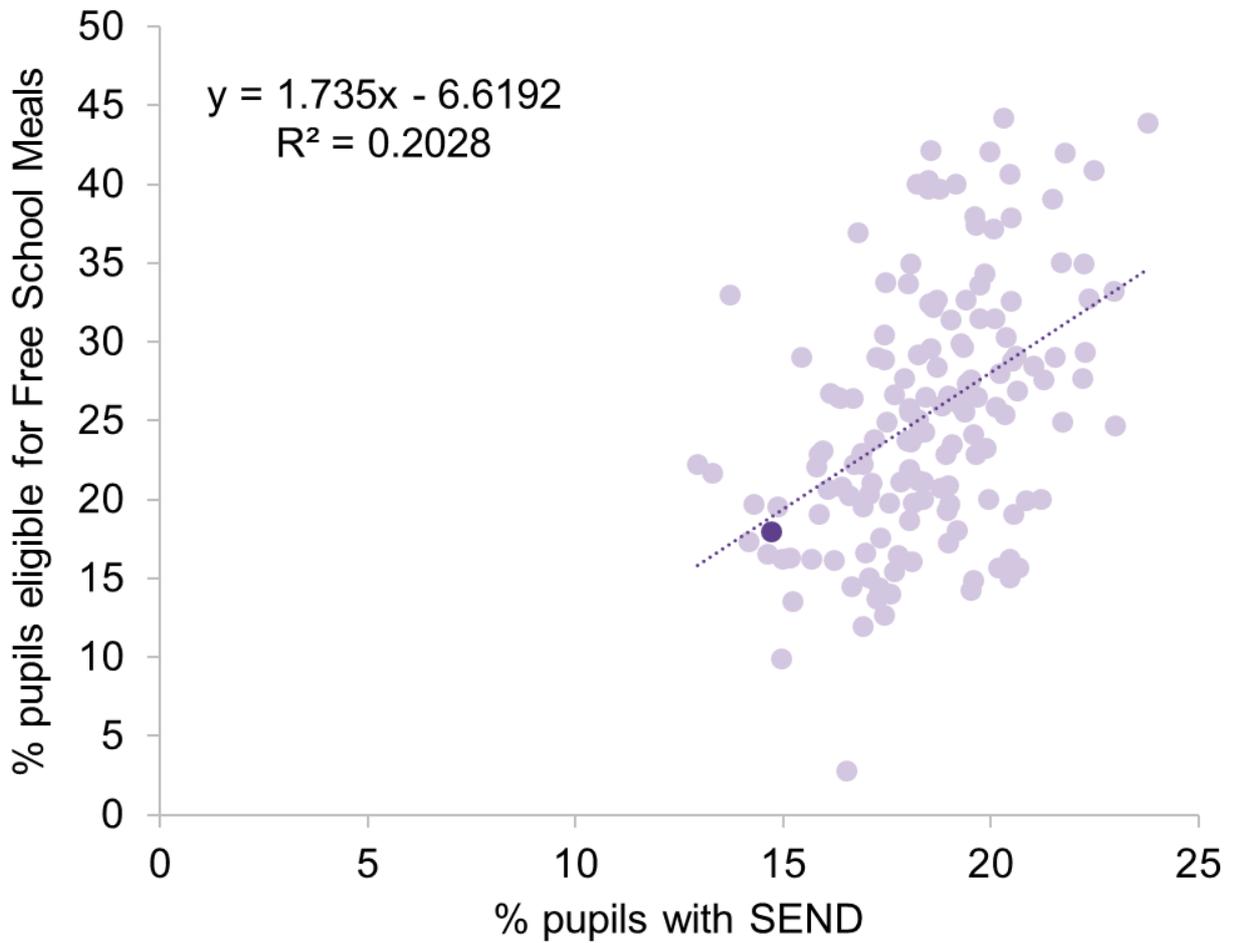
Similarly, **Figure 7** shows the correlation between the percentage of pupils recorded as having SEND in each local authority in England, with the % of pupils eligible for free schools meals. This indicates that the percentage of pupils identified as having SEND locally in Harrow is broadly in line with national expectations.

Figure 6: Percentage of pupils with a SEN and pupils with no SEN identified in state schools in Harrow, London and nationally by Free School Meal Eligibility



Source: SEN in England 2024-25 – including all state schools

Figure 7: Comparison of the rate of SEND and Free School Meal eligibility – each point indicates a local authority in England, with Harrow highlighted (DoE 2023/24)

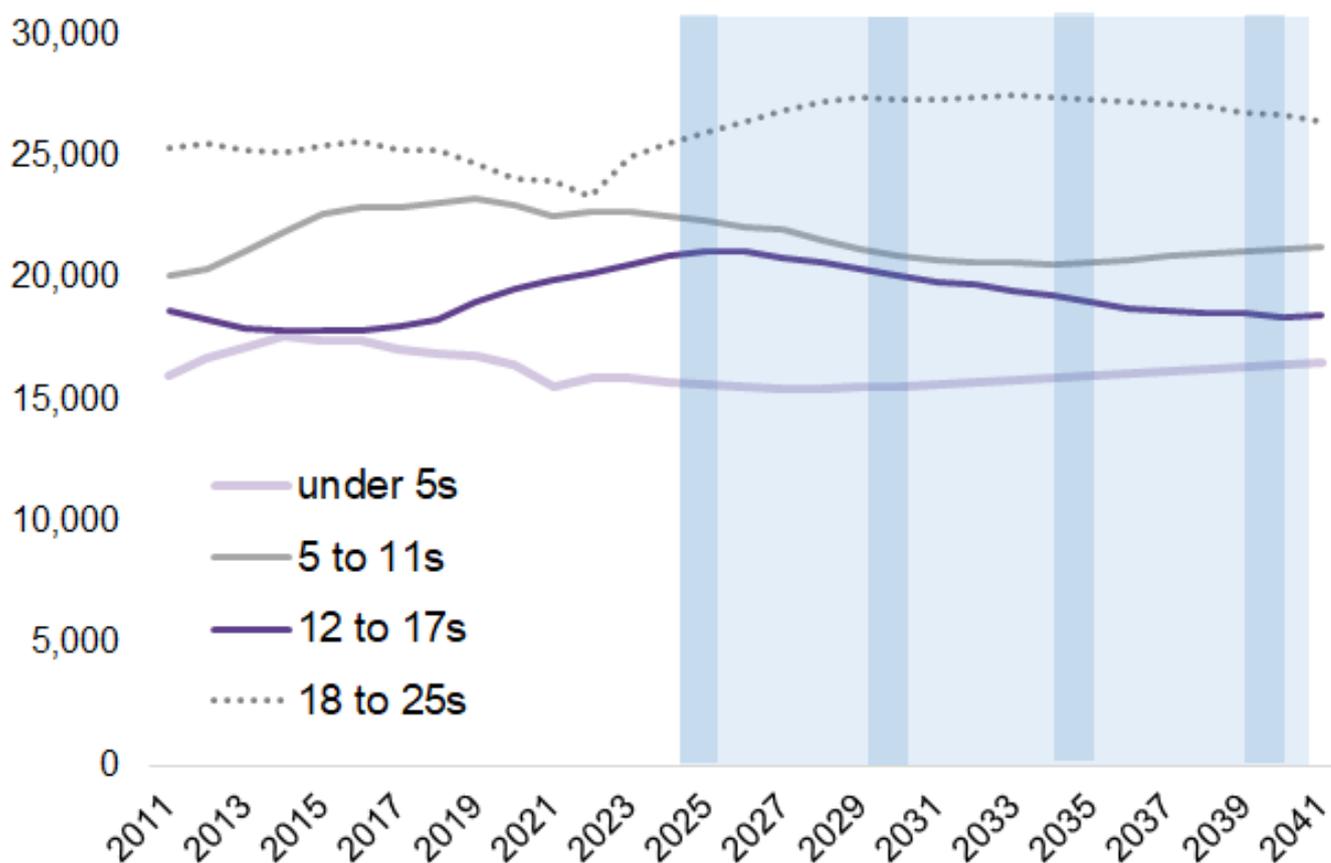


Population Change

The Great London Assembly (GLA) produce regular estimates of projected population growth across the city, based on factors including births, death, migration and housing availability. These models predict recent trends toward reducing numbers of children and young people in Harrow will continue until 2028 – see **Figure 8**- though the numbers of under 5s are projected to increase slightly from their lowest point in 2023.

Note that projected growth is expected to be geographically uneven and focused on parts of Harrow.

Figure 8: Population projections for 0 to 25 year olds in Harrow (GLA 10 Yr Central Fertility Borough Preferred Projections 2024)



Source: GLA 2024 BPO PP

Across London, rates of population movement are high, especially among younger adults. Data from the 2021 Census shows that 10.0% of Harrow residents had moved into the area in the previous year - 8.6% from other parts of the UK and 1.4% from abroad. Population movement can affect the provision of many public services, as well as influencing residents' sense of belonging in their community. Other data shows for example, that in parts of Harrow, over half the population changed during the period 2011 to 2020 (CDRC, 2024).

Detailed analysis of SEND data and trends is available locally, produced by the council's Education Performance Team (Education Performance Team, BIU, 2024).

Analysis of data on primary categories of need and projection modelling has shown that there are now greater numbers of CYP in Harrow with SEND who have more complex needs, that are being identified as having severe learning difficulties (SLD). Based on actual pupil numbers of CYP who required SLD provision, between 2015 and 2024, and projections of pupil numbers and need, the projections are suggesting that increased number of new children each year will require SLD special school provision.

Prior to 2020, the growth in numbers has been largely accommodated through two expansions at a primary SLD special school (Woodlands School), the development of a primary SLD resourced provision in a mainstream school (Belmont School) and a satellite provision for Kingsley High School pupils at a second site.

The projection modelling confirmed that the immediate and significant pressure is for secondary phase SLD special school places. To accommodate this immediate place pressure the Council expanded Kingsley High Special School to its full capacity, from 96 to 102 places from September 2021 and created a temporary satellite provision for 24 CYP from September 2022.

Current projections based on the demand for Harrow's special schools indicate that by 2025 over 100 additional places will be required and this demand will increase to a total of 330 by 2029.

Strategic Priority 2 in the SENDAP Strategy 2024 outlines the Council's aim to increase the number of suitable specialist placements available within Harrow for those pupils who need it.

In line with the key strategic priority to reduce out of borough placements, Harrow is progressing 2 main strands of development:

- A 'Whole System Shift' model
- Further expansion of the additional resourced mainstream school (ARMS) provision

The local authority is working collaboratively with Harrow's four special schools, and a bid for a new Free Special School was approved by the Department for Education (DfE) in spring 2024. This will add 292 places for children and young people aged 4-19.

The 'Whole System Shift' was embedded in the SEND Strategy of 2019 and is a strategic and cultural approach across all of Harrow's special and mainstream schools to develop the education provision on offer in Harrow as a continuum of provision, in order to ensure that the finite numbers of special school places are prioritised for CYP with the greatest complexity of need. This has seen the schools which historically supported pupils with moderate learning difficulties widen their remit to support pupils with more complex needs.

The local authority is working collaboratively with Harrow's four special schools, and a bid for a new Free Special School was approved by the Department for Education (DfE) in spring 2024. This will add 292 places for children and young people aged 4-19. However, as a result of the change of government, progress on this has paused. Officers have contacted the DfE who advise that Councils need to wait for further updates.

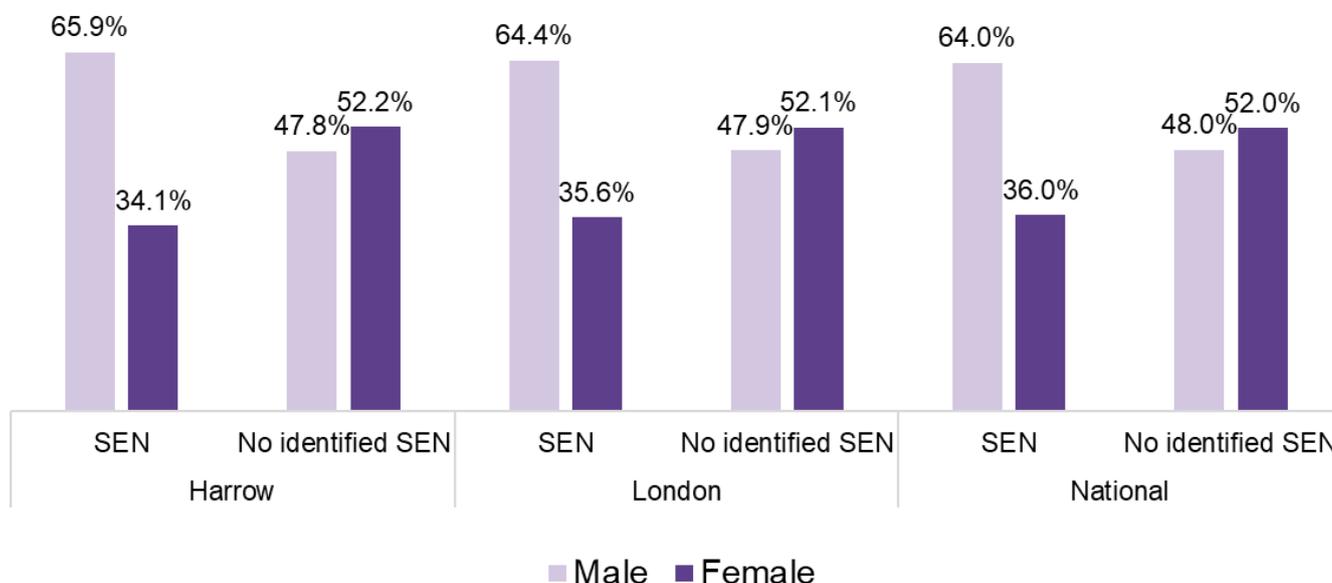
The LA continues to work with a range of schools to develop increased capacity for children with SEND across the borough.

Gender

Among 0 to 19 year-olds, the 2021 Census shows that the proportion of females and males is roughly even – see **Figure 2**.

The gender split of EHCP and SEN support pupils at 2024/25 was 65.9% males and 34.1% females. The gender split of pupils with no identified SEN was 47.8% males and 52.2% females – see **Figure 8**.

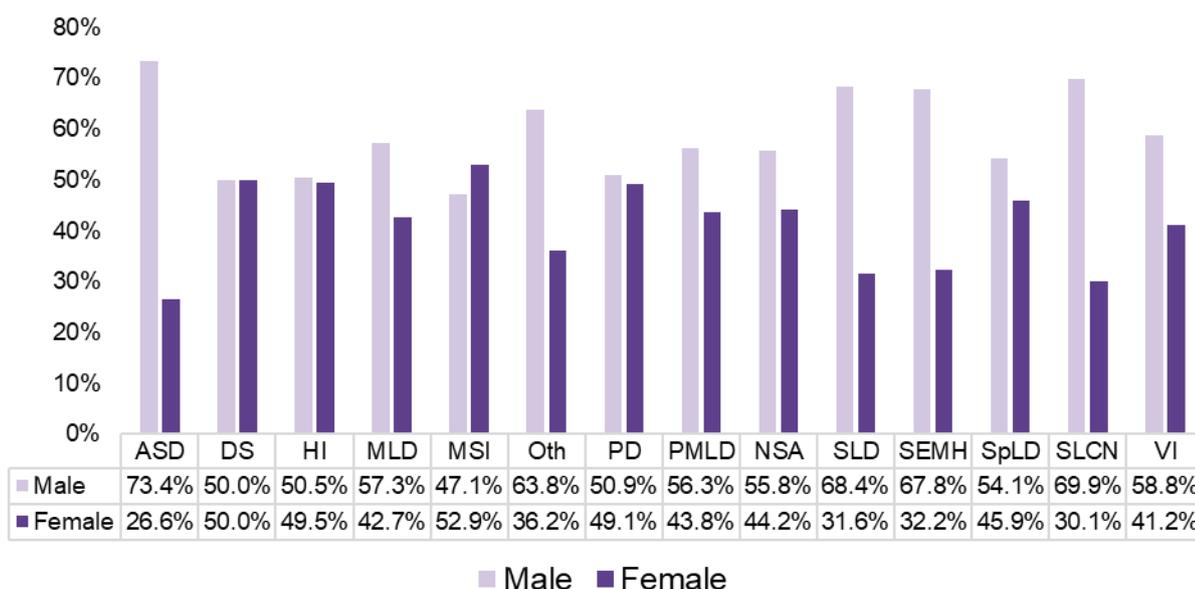
Figure 9: Percentage of pupils with a SEN and pupils with no SEN identified in state schools in Harrow, London and nationally by gender



Source: SEN in England 2024-25 – including all state schools

Whilst the overall gender split of pupils with a SEN is 65.9% males and 34.1% females by primary need, **Figure 9** below shows that these proportions differ when the primary need is factored in. A much higher proportion of male pupils with a SEN have the primary need Autistic Spectrum Disorder (ASD) for example – 73.4%. There are a higher proportion of female pupils with SEN with the primary need of Multi-Sensory Impairment.

Figure 9: Percentage of pupils with a SEN by Primary Need in Harrow’s state schools by gender

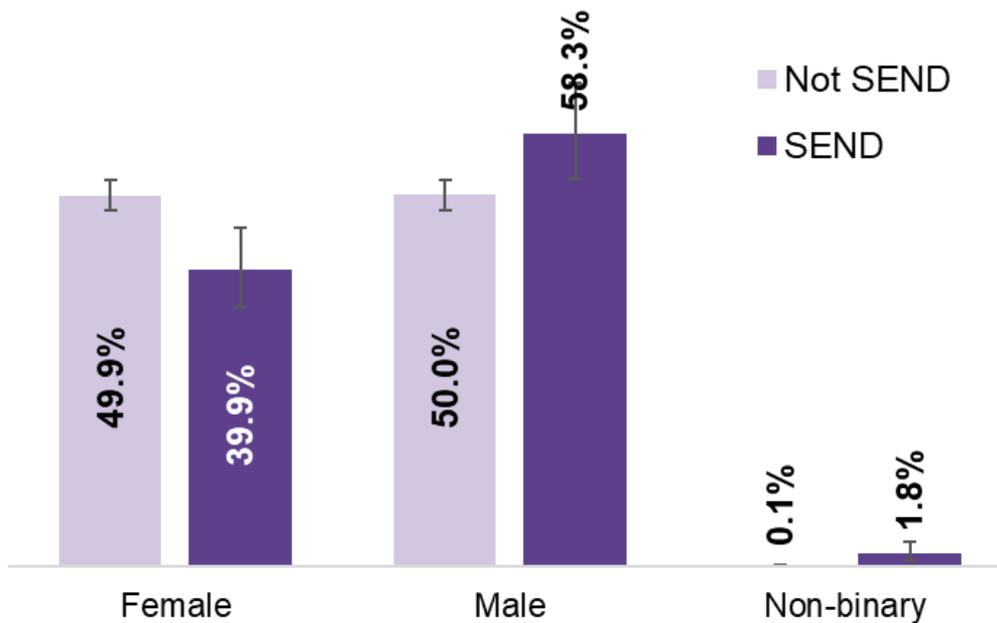


Source: SEN in England 2024-25 – including all state schools

ASD – Autistic Spectrum Disorder, DS – Downs Syndrome, HI – Hearing Impairment, MLD – Moderate Learning Difficulty, MSI – Multi-Sensory Impairment, Oth – Other difficulty or disability, PD – Physical Disability, PMLD – Profound & Multiple Learning Difficulty, NSA – No Specialist Assessment, SLD – Severe Learning Difficulty, SEMH – Social, Emotional & Mental Health, SpLD – Specific Learning Difficulty, SLCN – Speech, Language & Communication Needs, Vi – Visual Impairment

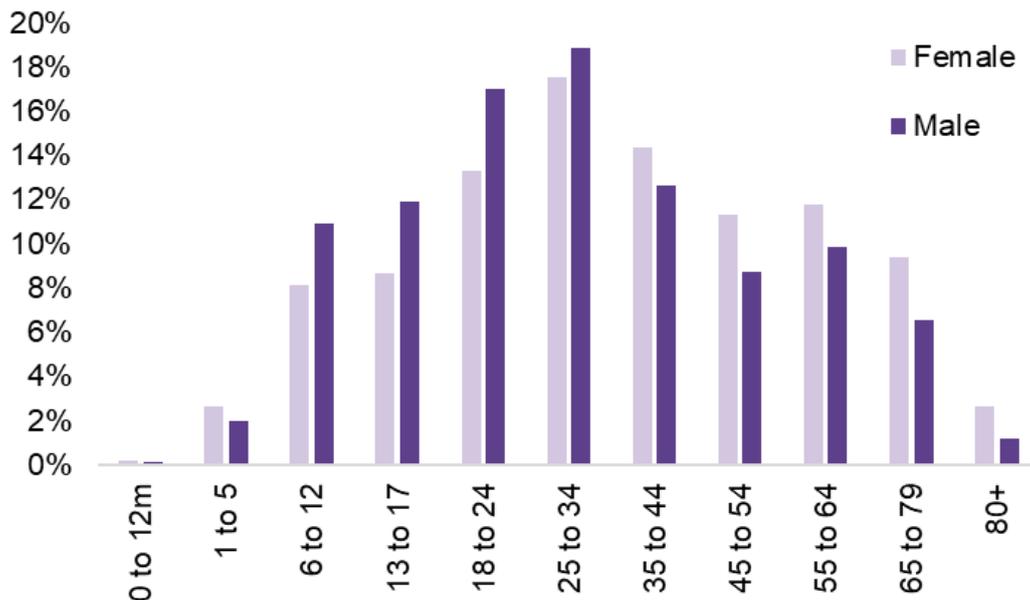
This pattern is also reflected in children who completed the 2025 HAY Harrow survey, with 58.3% males and 39.9% females in the sample with SEND – see **Figure 10**.

Figure 10: Percentage of SEND and non-SEND pupils in Harrow by gender (Self-Reported; HAY Harrow 2025)



Data from local GP registers also shows higher rates of Learning Disability diagnoses in younger males (**Figure 11**). This pattern changes into adulthood, perhaps reflecting a loss to follow up of milder cases among adult males. It should be noted that learning disability is not the same as learning difficulty or SEND.

Figure 11: Percentage of Learning Disabilities patients in Harrow by age and gender (WSIC 2025)



Ethnicity

There were at least 285 different ethnic identities reported in the 2021 Census, making Harrow among the most ethnically diverse populations in England (**Figure 12**). This is even more true for children – according to the 2021 Census, 47% of Harrow children are of Asian ethnicity, 14% White British, 14% White other, 8% Black, 8% Mixed, and 9% other ethnicities (**Figure 13**).

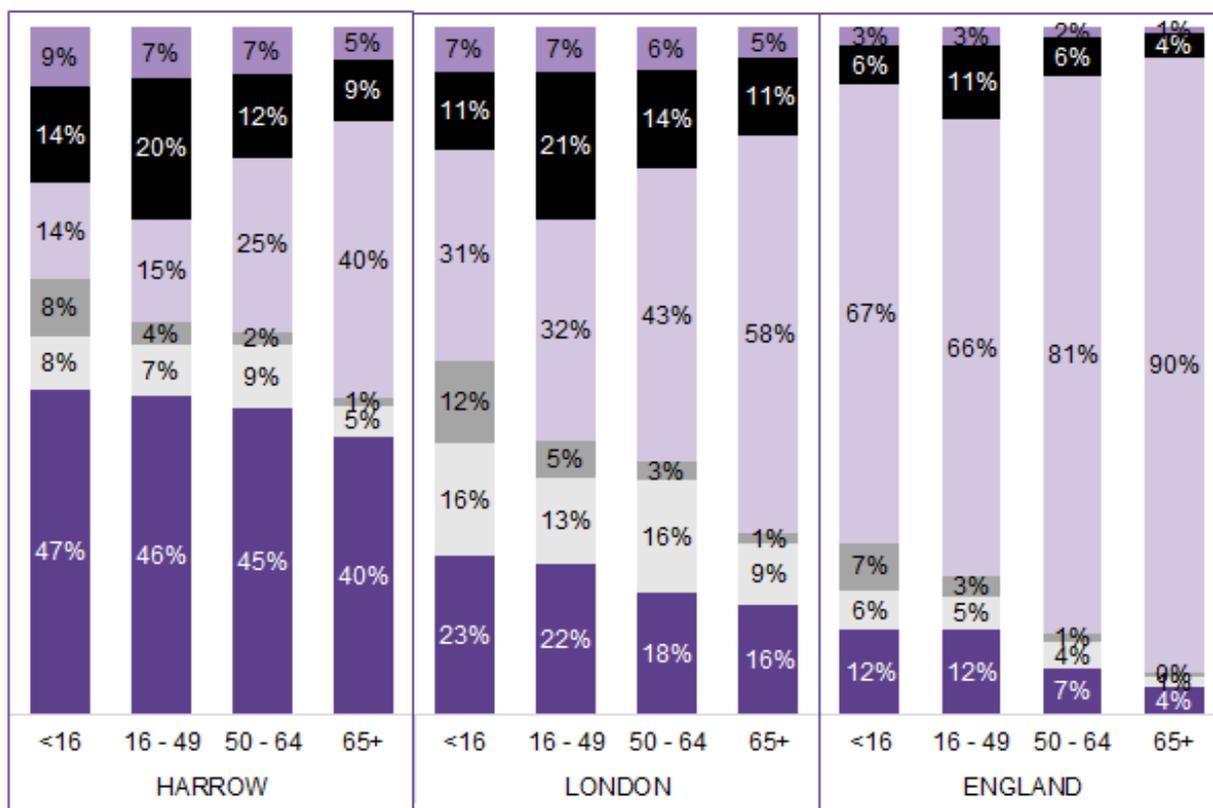
Alongside White British children in Harrow, there are an almost equal number of children with Other White ethnicities. This includes significant numbers of Romanian, as well as other European groups, including Irish and Polish.

In Harrow, data from the 2021 Census and the Index of Multiple Deprivation show that residents of Black ethnicity are much more likely to live in more deprived parts of the borough. This data is supported by the 2023 Harrow residents survey (London Borough of Harrow, 2023) which found that black residents were least likely to feel financially comfortable.

Figure 12: Ethnic diversity in Harrow, with comparators (2021 Census)

Ethnicity	Number of Harrow residents	% of residents			
		Harrow	NW London	London	England
Asian	118,152	45.2%	27.8%	20.7%	9.6%
Black	19,151	7.3%	9.5%	13.5%	4.2%
Mixed	9,833	3.8%	5.2%	5.7%	3.0%
White	95,233	36.5%	49.1%	53.8%	81.0%
Others	18,836	7.2%	8.4%	6.3%	2.2%

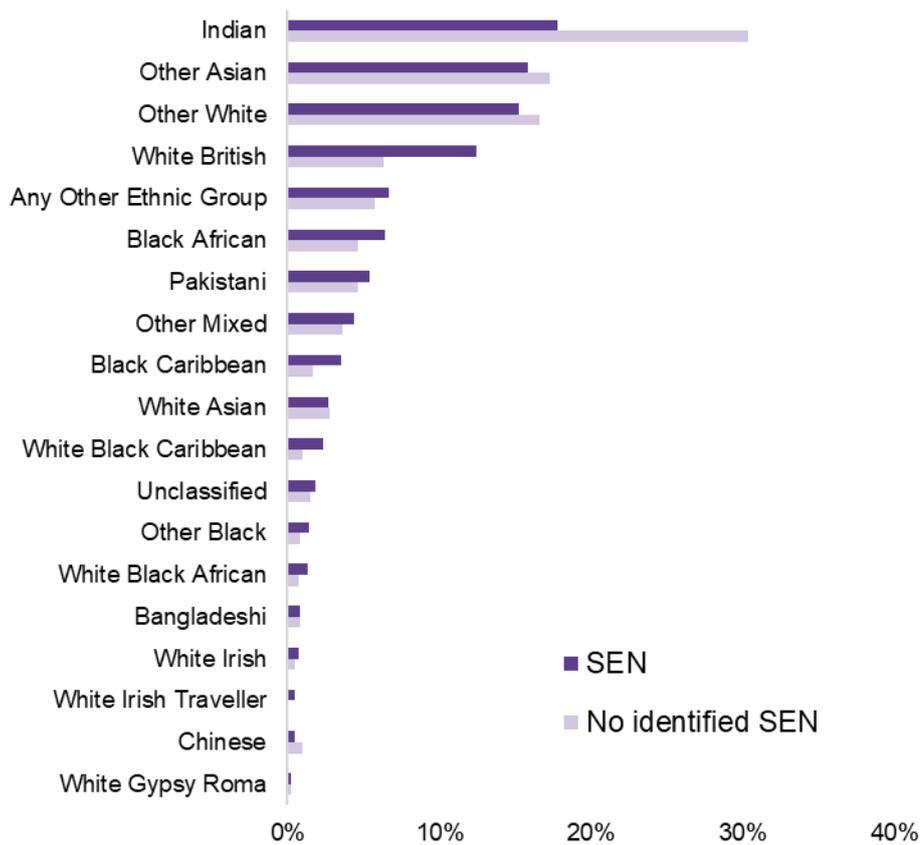
Figure 13: Ethnic diversity in Harrow by broad age group, with comparators (2021 Census)



■ Asian ■ Black ■ Mixed ■ White British ■ White other ■ Other

Figure 14 below shows Harrow’s state school pupils with a SEN and those with no identified SEN by their ethnic origin. A higher proportion of White British, Any other ethnic group, Black African, Pakistani, Other mixed and Black Caribbean have a SEN, than pupils of Indian, Other Asian or Other White pupils.

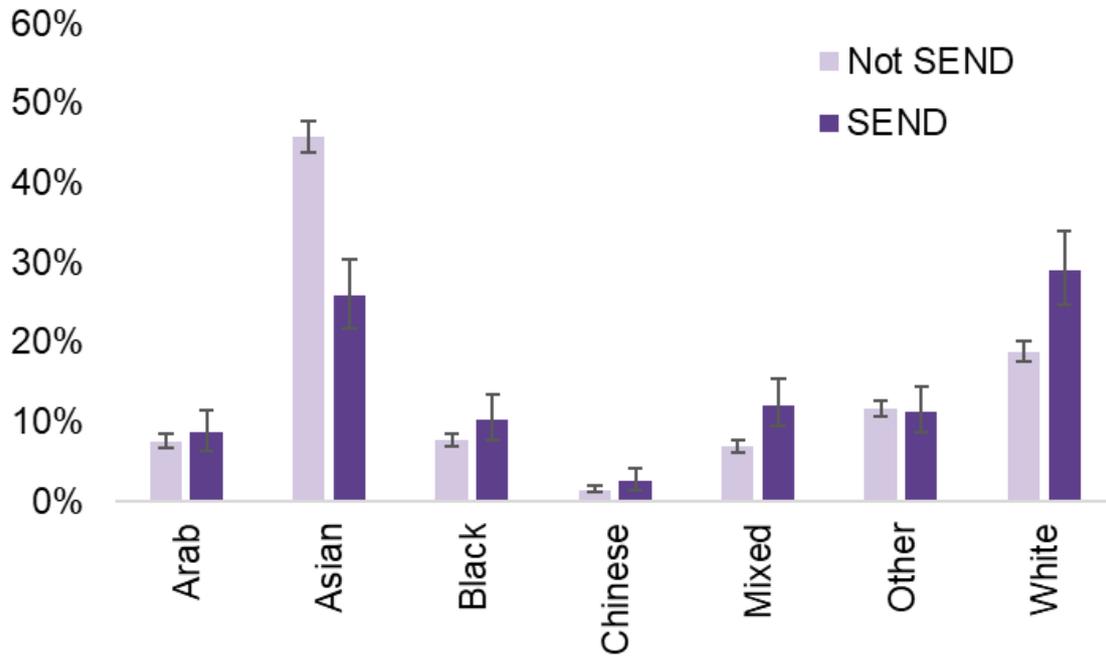
Figure 14: Ethnic Origin of Harrow’s pupils with a SEN or no identified SEN



Source: SEN in England 2024-25 – including all state schools

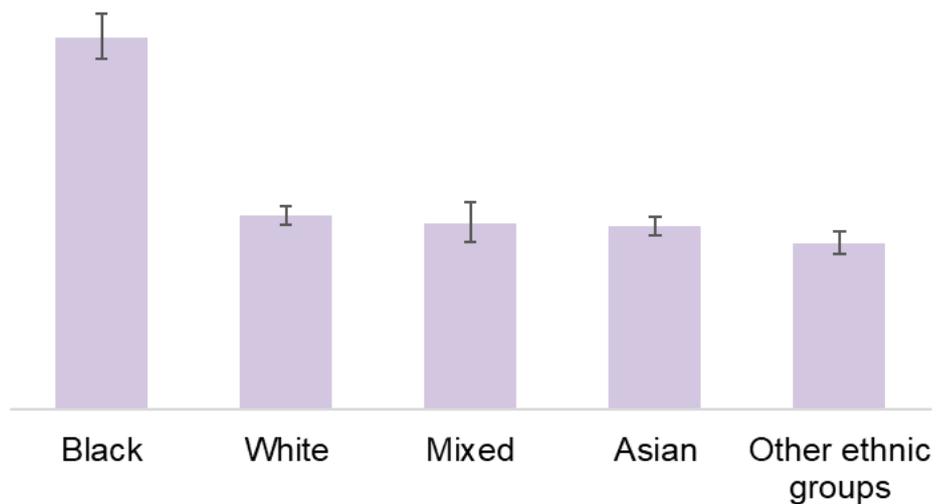
Figure 15 shows that Asian children in Harrow – the largest ethnic group in this age range - are significantly less likely to have SEND, while Mixed and White pupils are more likely to have SEND. There were no significant differences in other ethnicities.

Figure 15: Percentage of SEND and non-SEND pupils in Harrow by ethnicity (Self-Reported; HAY Harrow 2025)



A different pattern is evident in GP recorded rates of Learning Disabilities by ethnicity locally, with young black people having the highest rate (see **Figure 16**, below). It should be noted that learning disability is not the same as learning difficulty or SEND.

Figure 16: Percentage of learning disabilities patients age under 25 in Harrow by ethnicity (WSIC 2025)



Migration

More than half the residents of Harrow were not born in the UK, according to the 2021 Census (**Figure 18**). This is higher than the percentage in London. The 10 most common other countries of birth are shown in **Figure 17**. Most residents born overseas arrived in the UK as children or young adults.

Figure 17: Most common countries of birth of Harrow residents (2021 Census)

Country of birth	Number of residents	% of Harrow population
England	125,093	47.9
India	26,376	10.1
Romania	21,082	8.1
Kenya	10,859	4.2
Sri Lanka	10,706	4.1
Other South and Eastern Africa	8,058	3.1
Afghanistan	4,825	1.8
Pakistan	4,485	1.7
Poland	3,602	1.4
Other Middle East	3,303	1.3

The percentage of residents born overseas is higher than the London and England percentages. Harrow has a particularly high number of residents born in Asia and Africa (**Figure 18**).

Figure 18: The percentage of residents born by region, in Harrow and comparators (2021 Census)

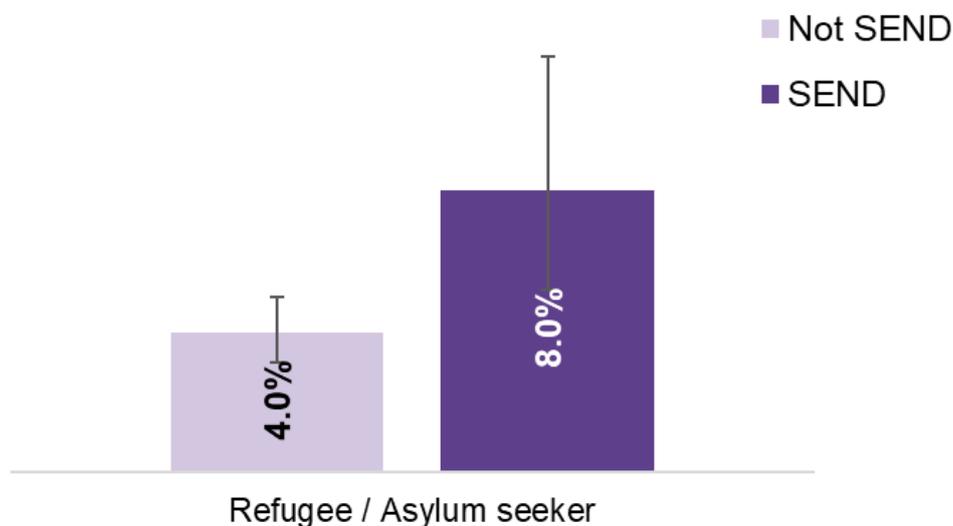
Country of birth	Number of Harrow residents	% of residents			
		Harrow	NW London	London	England
UK	127,612	48.9%	50.1%	59.4%	82.6%
Rest of Europe	41,677	15.9%	17.1%	15.5%	7.2%
Africa	26,748	10.2%	7.6%	7.1%	2.8%
Asia / Middle East	59,517	22.8%	20.4%	13.0%	5.7%
Americas / Caribbean	4,985	1.9%	4.0%	4.2%	1.4%
Others	664	0.2%	0.8%	0.8%	0.3%

Nationally, and in Harrow, refugees and asylum seekers make up a small percentage of immigrants. During 2022/23, a total of 670 immigrants received support from Harrow (London Borough of Harrow, 2022/23). This includes 255 under Homes for Ukraine, 89 under Afghan Resettlement Programme, and 326 Supported Asylum. In 2018, a total of 24 children in Harrow were looked after due to being unaccompanied asylum seekers (OHID, 2024).

In the HAY Harrow 2021 survey respondents were asked about their status in the UK from KS3 and above. 3.5% said they were people seeking asylum and 3.8% said they were refugees. These figures remained the same for HAY 22/23. The issues that these young people said in HAY 22/23 were their biggest worries were about improving their English, war in their country and being separated from their family.

Data from the 2025 HAY Harrow survey shows that the rate of SEND in pupils who are refugees or asylum seekers is higher than average (**Figure 19**).

Figure 19: Percentage of SEND and non-SEND pupils in Harrow who are refugees or asylum seekers (Self-Reported; HAY Harrow 2025)



Religion

Harrow has among the most diverse communities in England in terms of religion. According to the 2021 Census, a third of the population are Christians, and a quarter Hindu - the highest percentage in England. There are also large populations of Muslims and people with no religion. There are also smaller numbers of Jews, Buddhists and Sikh, as well as Jains - who make up over 80% of the “other religion” category, in the table below (**Figure 20**).

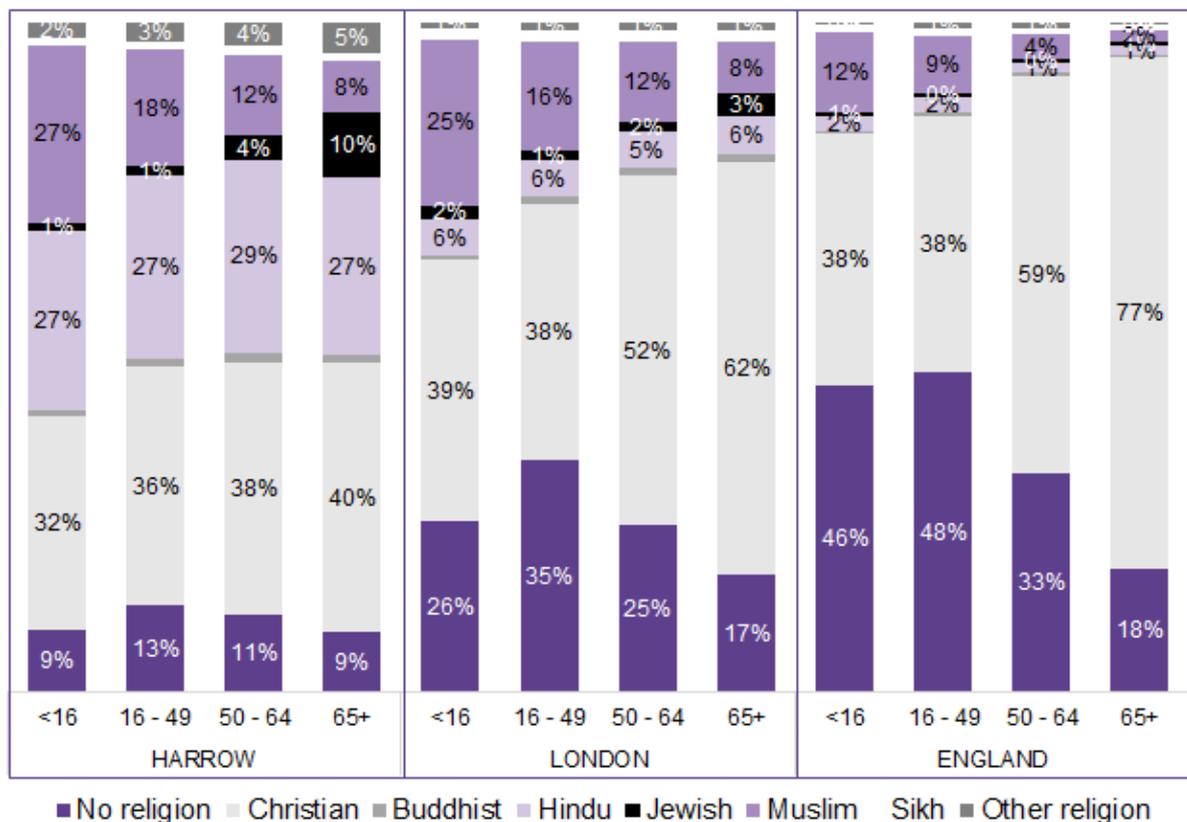
In Harrow, data from the 2021 Census and the Index of Multiple Deprivation show that Muslim residents are much more likely to live in more deprived parts of the borough. Sikh residents are more likely to live in less deprived areas.

According to the 2021 Census, 32% of Harrow children are Christian, 27% Hindu, 27% Muslim, 9% Not religious, and small numbers of Sikh, Jewish, Buddhist and other religions (**Figure 21**).

Figure 20: Religious diversity in Harrow, with comparators (2021 Census)

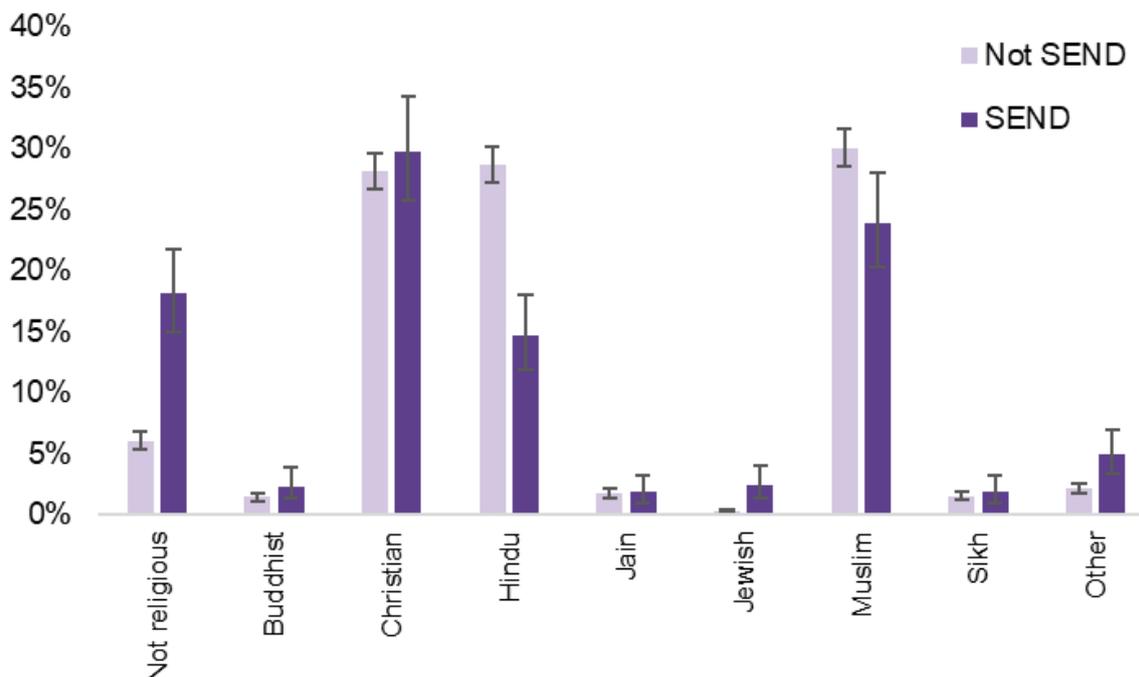
Religion	Number of Harrow residents	% of residents			
		Harrow	NW London	London	England
Christian	88,602	33.9%	38.8%	40.7%	46.3%
Hindu	67,392	25.8%	10.6%	5.1%	1.8%
Muslim	41,503	15.9%	16.6%	15.0%	6.7%
No religion	27,748	10.6%	20.0%	27.1%	36.7%
Other religion	7,695	2.9%	1.1%	1.0%	0.6%
Jewish	7,304	2.8%	1.0%	1.7%	0.5%
Buddhist	2,812	1.1%	1.1%	0.9%	0.5%
Sikh	2,743	1.1%	4.1%	1.6%	0.9%

Figure 21: Religious diversity in Harrow by broad age group, with comparators (2021 Census)



Data from the 2025 HAY Harrow survey shows that the rate of SEND in pupils who are Hindu or Muslim are disproportionately lower, while rates are significantly higher among pupils who don't consider themselves to be religious, in particular (Figure 22).

Figure 22: Percentage of SEND and non-SEND pupils in Harrow by religion (Self-Reported; HAY Harrow 2025)



LGBTQ+

It is difficult to estimate the number of gay and bisexual young people in Harrow - this data has not been routinely collected, and there are barriers including stigma and discrimination.

A national survey suggests that around 5% of the adult population may identify as bisexual, and 4% gay or lesbian (Stonewall, 2022). However, another study suggests that around 25% of UK adults would not describe themselves as “completely heterosexual” (Yougov, 2019). Data from the 2021 Census suggests that there are at least 1,361 gay or lesbian residents, 1,873 bisexual, and 1,005 other sexual orientations in Harrow (Figure 23). However, 11% of residents did not answer this question, and it is likely to underestimate the true numbers.

Figure 23: Sexual orientation in Harrow adults, with comparators (2021 Census)

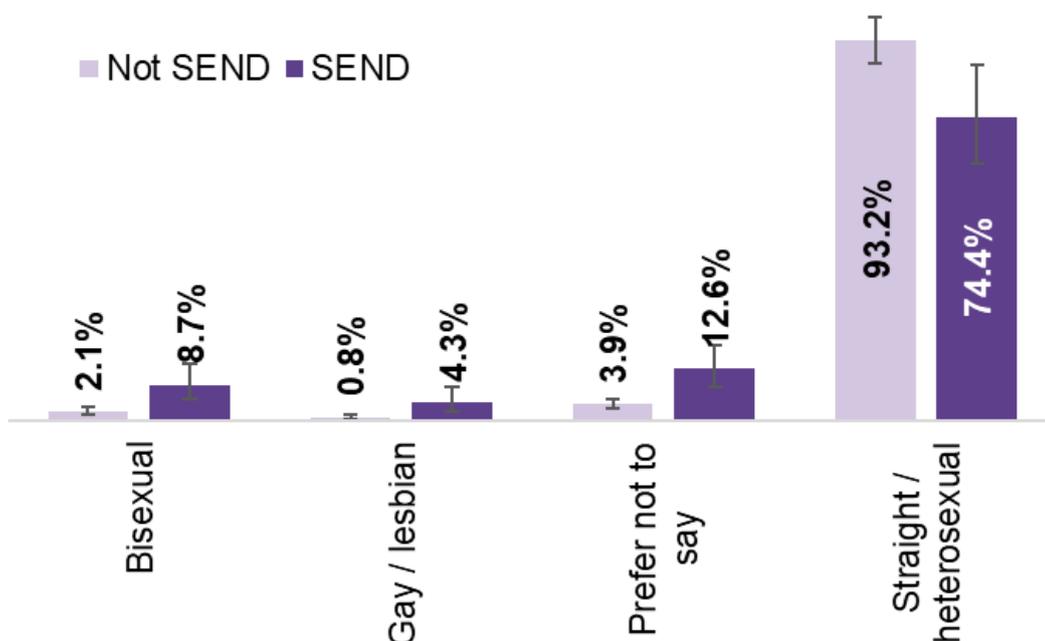
Sexual orientation	Number of Harrow adults (16+)	% of adults (16+)			
		Harrow	NW London	London	England
Straight / heterosexual	182,702	87.2%	86.2%	86.2%	89.4%
Gay or lesbian	1,361	0.6%	1.7%	2.2%	1.5%
Bisexual	1,873	0.9%	1.3%	1.5%	1.3%
All others	1,005	0.5%	0.5%	0.5%	0.3%
Not answered	22,680	10.8%	10.4%	9.5%	7.5%

7% of children and young people responding to the 2022/23 HAY Harrow survey reported that they were gay or bisexual (HAY, 2021).

Percentages of gay and bisexual orientation are much lower as reported in the 2021 Census but higher percentages among younger adults than older adults in the 2021 Census may be related to less stigma in the younger generation.

Data from the 2025 HAY Harrow survey shows that the rate of SEND in pupils who gay or bisexual are higher than in straight pupils (**Figure 22**).

Figure 24: Percentage of SEND and non-SEND pupils in Harrow by sexual orientation (Self-Reported; HAY Harrow 2025)



It is also difficult to estimate the numbers of transgender people in Harrow - this data has not been routinely collected, and there are barriers including stigma and discrimination.

Nationally, the government has tentatively estimated that 200,000-500,000 people in the UK may identify as being trans (Government Equalities Office, 2018). The Gender Identity Research & Education Society have estimated that around 1% of the population identify as trans (GIRE, 2011). Data from the 2021 Census suggests that there are at least 1,888 transgender or non-binary residents, however 9% of residents did not answer this question, and it is likely to underestimate the true number (**Figure 25**). Reported percentages are higher among younger adults.

Figure 25: Transgender and non-binary Harrow adults, with comparators (2021 Census)

Gender	Number of Harrow adults (16+)	% of adults (16+)			
		Harrow	NW London	London	England
Transgender or non-binary	1,888	0.9%	0.9%	0.9%	0.5%

The data for those self-identifying as non-binary in the HAY survey 2022/23 for those in KS3 and above i.e. from the ages of 11 to 18 is that 1% said they were non-binary and 2% responded that they preferred not to say in answer to the question about their gender.

In the 2025 HAY survey, 1.8% of SEND pupils identified as non-binary – significantly higher than in non-SEND pupils (**Figure 10**).

Languages

The diversity of Harrow’s population is reflected in the languages spoken in the community. There are at least 86 different main languages spoken in the borough according to the 2021 Census - the most common apart from English, being Romanian, Gujarati and Tamil. Harrow has the highest percentage of Romanian speakers in England. From the responses of children and young people to the HAY 22/23 survey the top three non-English languages spoken in families in Harrow with children from ages 9 to 18 are: Gujarati, Arabic and Romanian.

The most common 20 main languages in Harrow are shown below (**Figure 26**). The map below shows the percentage of the population of Harrow who cannot speak English either well, or at all, by area (**Figure 27**).

The percentage of children who are non-native speakers of English, and those who do not speak English well, are higher than the London and England average (**Figure 28**).

Figure 26: The main languages in Harrow (2021 Census)

Main language spoken	Number of residents	% of Harrow population
English	174,443	69.3%
Romanian	18,987	7.5%
Gujarati	17,298	6.9%
Tamil	8,696	3.5%
Arabic	3,224	1.3%
Polish	2,886	1.1%
Persian or Farsi	2,716	1.1%
Pashto	2,128	0.8%
Urdu	1,866	0.7%
Hindi	1,823	0.7%
Nepalese	1,327	0.5%
Portuguese	1,250	0.5%
Somali	1,245	0.5%
Panjabi	1,127	0.4%
Spanish	786	0.3%
Italian	723	0.3%
Hungarian	653	0.3%
Albanian	652	0.3%
Sinhala	618	0.2%
Bengali	595	0.2%

Figure 27: Map showing the percentage of residents who cannot speak English well, or at all, in Harrow (2021 Census)

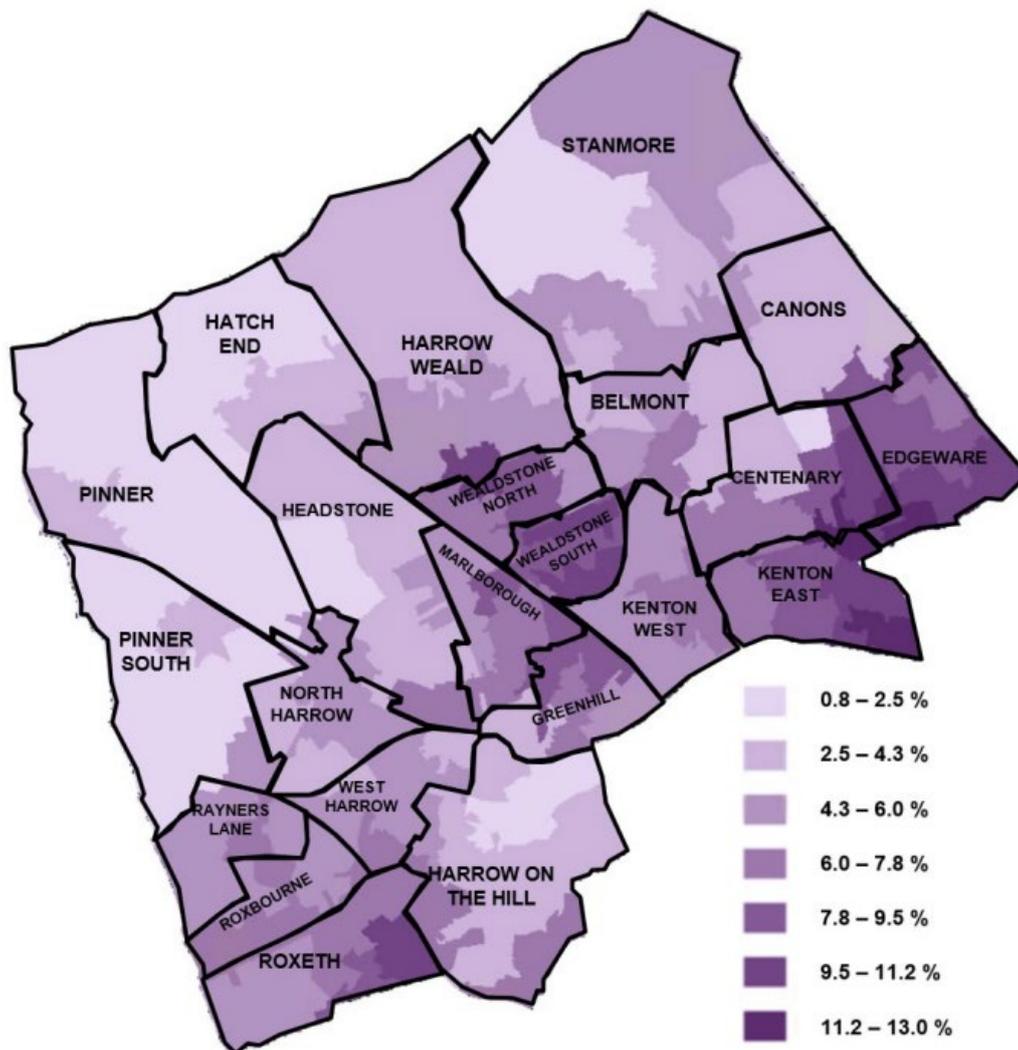
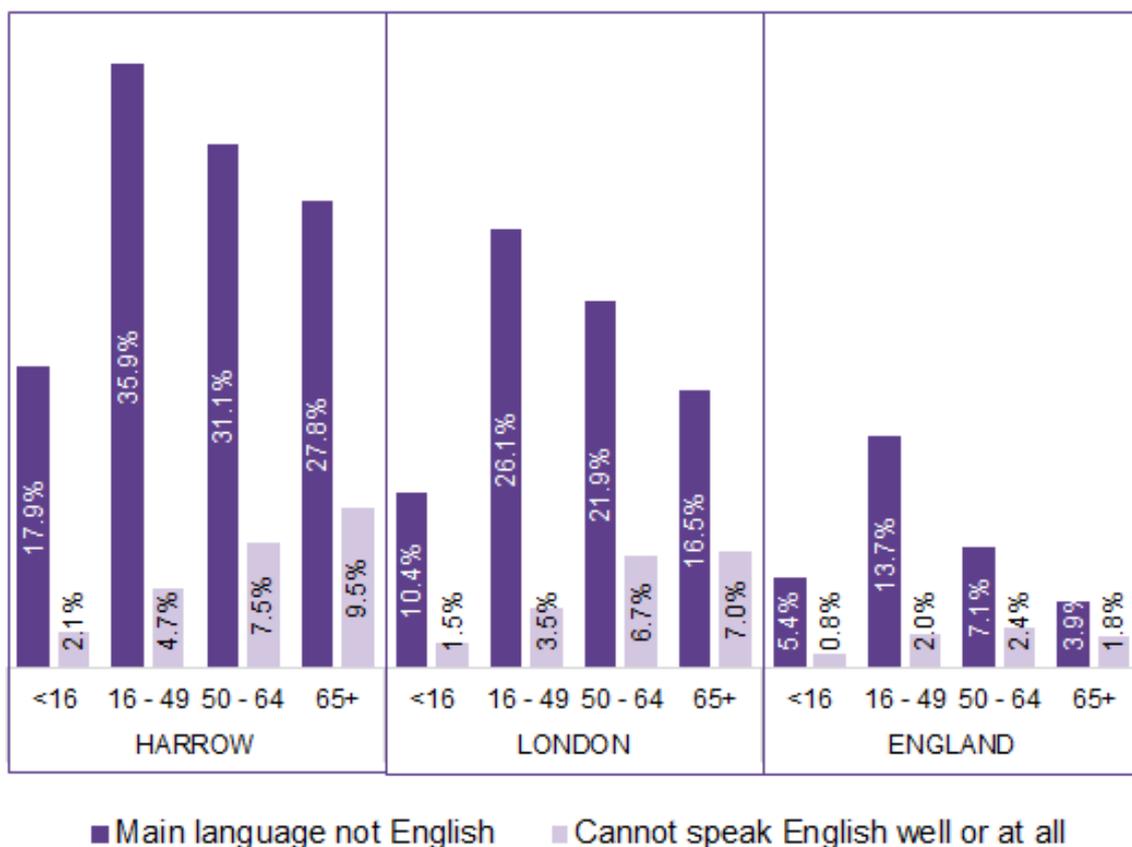
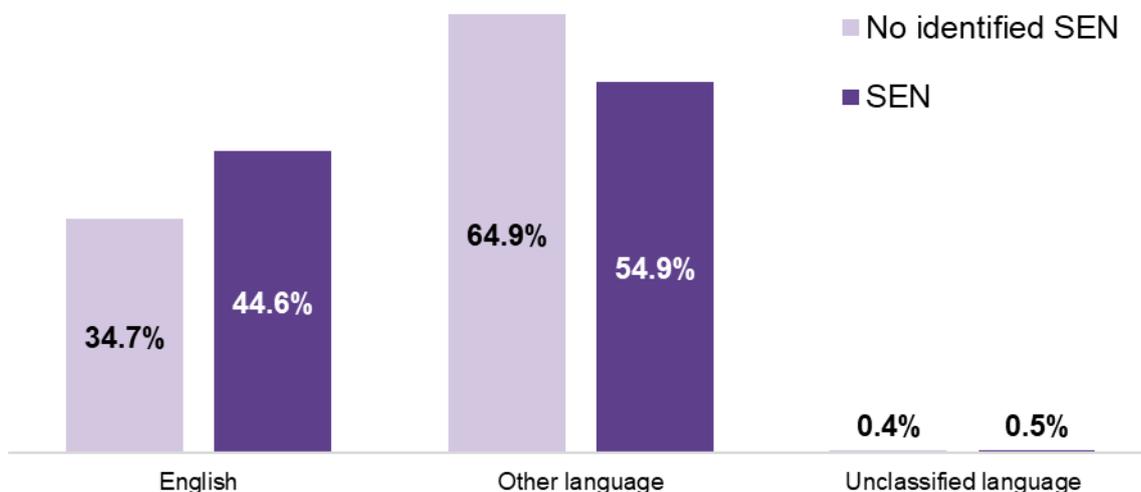


Figure 28: English language in Harrow by broad age group, with comparators (2021 Census)



A higher proportion of Harrow’s state school pupils with a SEN state a language other than English as their first language – 54.9%. Of the pupils who state English as their first language a higher proportion (44.6%) have a SEN – see **Figure 29**.

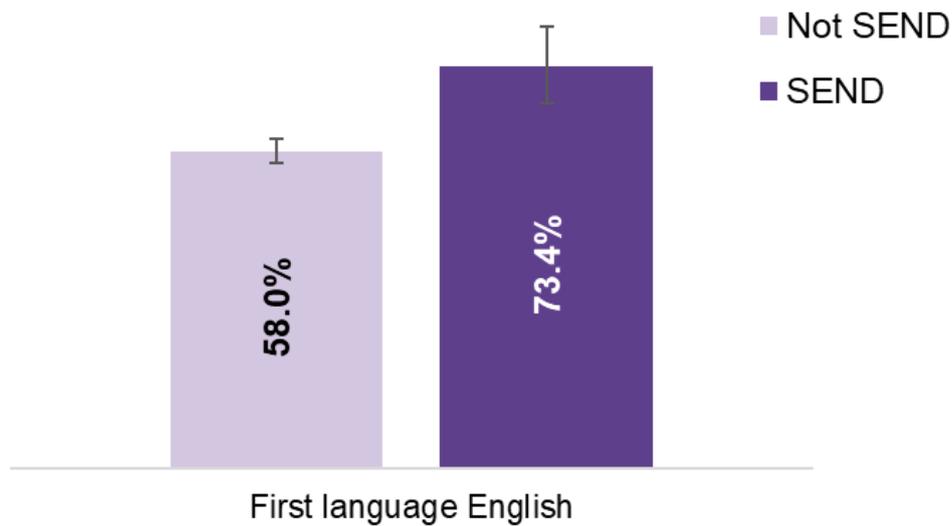
Figure 29: First language spoken by pupils with a SEN or no identified SEN in Harrow’s state schools



Source: SEN in England 2024-25 – including all state schools

Data from the 2025 HAY Harrow survey suggests that the rate of SEND is higher in pupils whose first language is English (**Figure 30**). This contrasts with 55% of SEND pupils with first language other than English, and 45% with first language English reported in the council's data (London Borough of Harrow, 2025). This difference may relate to differences in understanding this question in the HAY survey in pupils who do not speak English as a first language.

Figure 30: Percentage of SEND and non-SEND pupils in Harrow whose first language is English (Self-Reported; HAY Harrow 2025)



Households

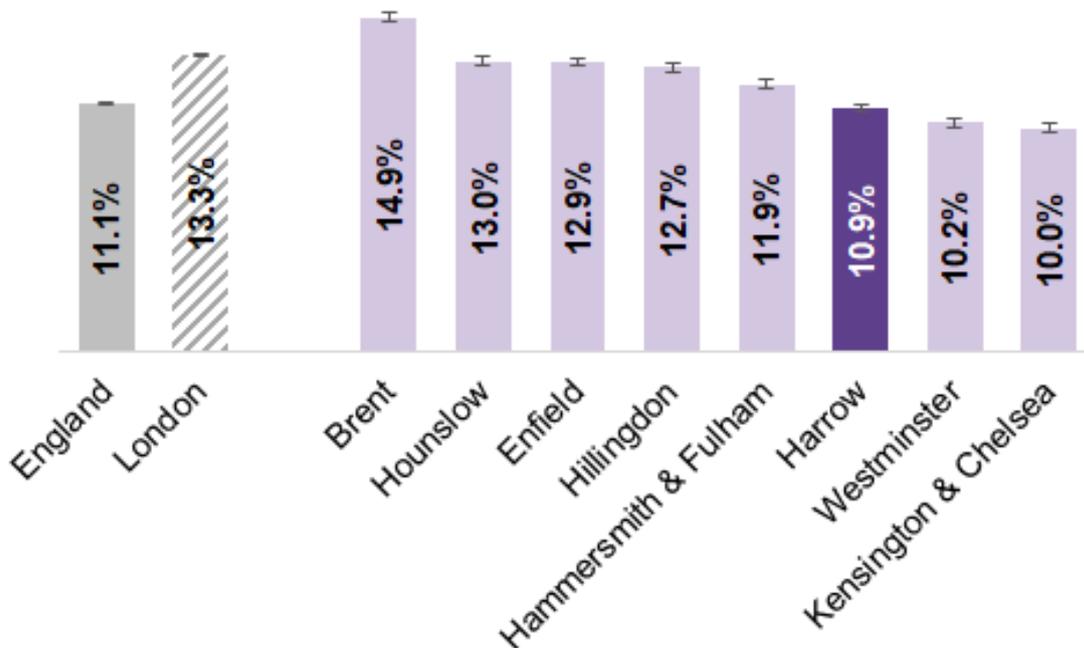
There is evidence that lone parents and their children are both at higher risk of poorer health and social outcomes (Campbell, 2016). Much of this has been attributed to higher rates of poverty.

The 2021 Census reports that a third of households in Harrow are couples with children – see **Figure 31**. 11% of households are single parent families, and another 11% are couples without children. The percentage of households that are lone parent families in Harrow is similar to the England average, and lower than in London and most of North West London (**Figure 32**).

Figure 31: Household composition in Harrow (2021 Census)

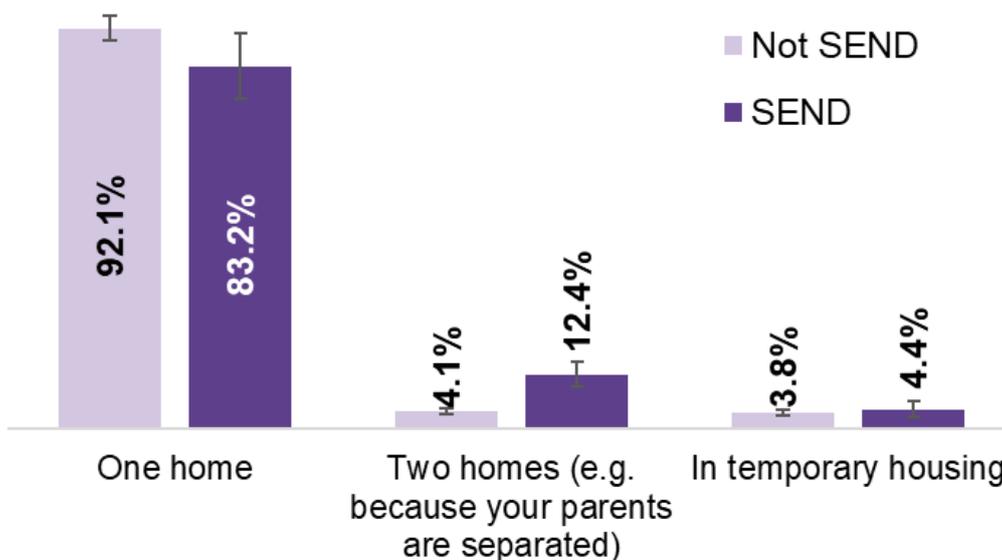
Household type		% of Harrow households
One person	>65	10.1%
	Other ages	12.1%
Single family	Couple; no children	11.0%
	Couple; with children	33.1%
	Lone parent	10.9%
Other household types		22.9%
		100%

Figure 32: Percentage of households which are lone parent families, in Harrow and comparators (2021 Census)



Data from the 2025 HAY Harrow survey shows that the rate of SEND is higher in pupils live in two homes – this suggests that they are more likely to have separated parents (**Figure 33**).

Figure 33: Percentage of SEND and non-SEND pupils in Harrow by housing arrangements (Self-Reported; HAY Harrow 2025)



Carers

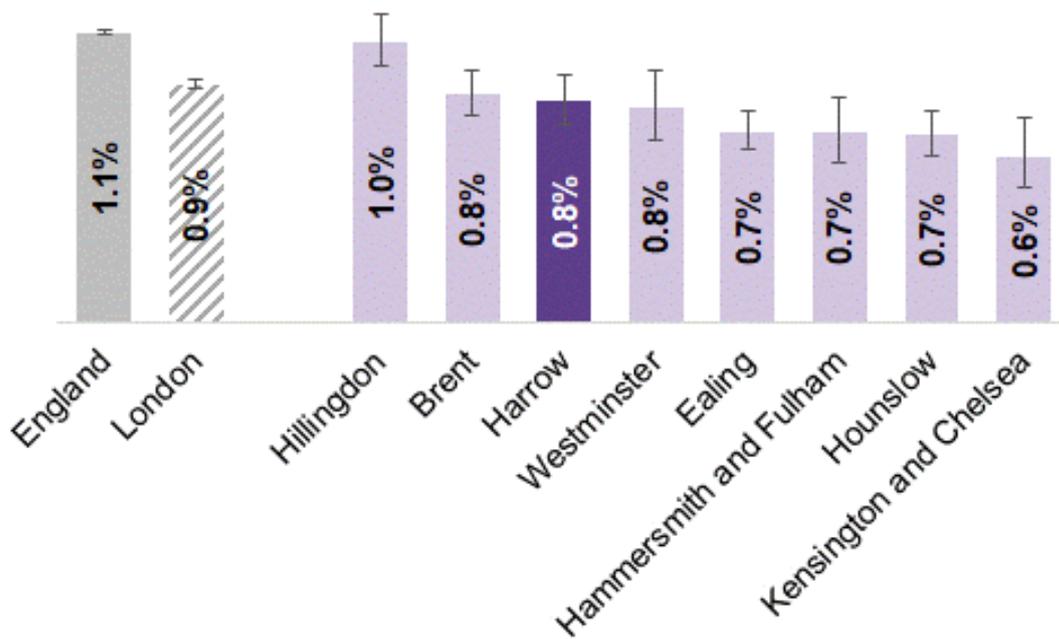
Carers include any people – such as a family members, friends or neighbours – who give regular, ongoing assistance to another person without payment for the care given. Some of the support provided by friends and family can be seen as part of the routine way in which people form relationships, which can make it difficult to identify when a person is termed a ‘carer’. Young carers are children and young people who care for others - usually family members.

Children who care for others are forced to grow up and take responsibility at an earlier age than their peers. Some young people in this position will need emotional and mental health support.

According to the 2021 Census, 292 children aged 5 to 15 in Harrow reported that they provided some informal care – 0.8% of this age group. This percentage is similar to the London average, and to most North West London boroughs, and is lower than the national average (**Figure 34**). Of these children, most (210) provided fewer than 20 hours care per week. A further 39 children provided 20-49 hours care per week, and 43 provided 50 or more hours care per week.

There were 218 young carers under 18 known to the Council in 2022 (0.4 % of all children) (London Borough of Harrow, 2022). About 50% are children aged 10-15 and 33% are younger children aged 5-10 and 18% are 16-17 years old. Main reasons of support usually are related to physical and mental health, SEND or addiction. Local data shows that there was a 20% increase in support for child carers in Harrow from 2019 to 2022 – from 51 to 85 children aged 5-10 years.

Figure 34: Provision of unpaid care by children aged 5 to 15 in Harrow, with comparators (2021 Census)



Children in Need

A “Child in Need” is one who has been referred to children's social care services, and who has been assessed, usually through an assessment, to be in need of social care services.

The percentage of children in Harrow who are in this group has fluctuated over the past 10 years, generally remaining below the London and England average (**Figure 36**). In 2024 the rate in Harrow was among the lowest in North West London - see **Figure 35**.

Figure 35: Percentage of Children in Need in Harrow, with comparators (2025 year to March 31st; DoE)

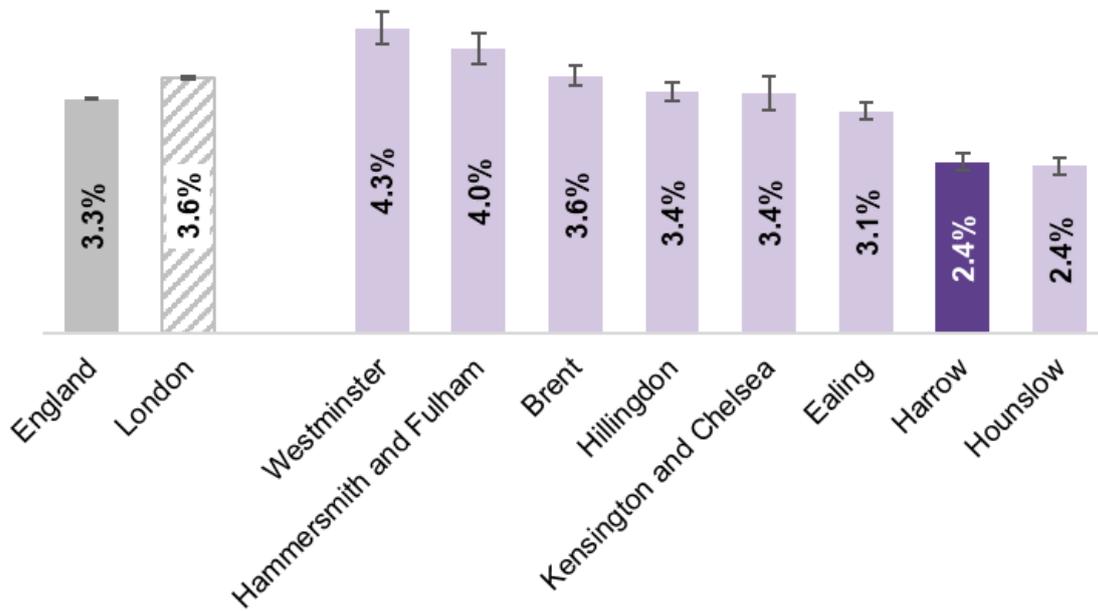
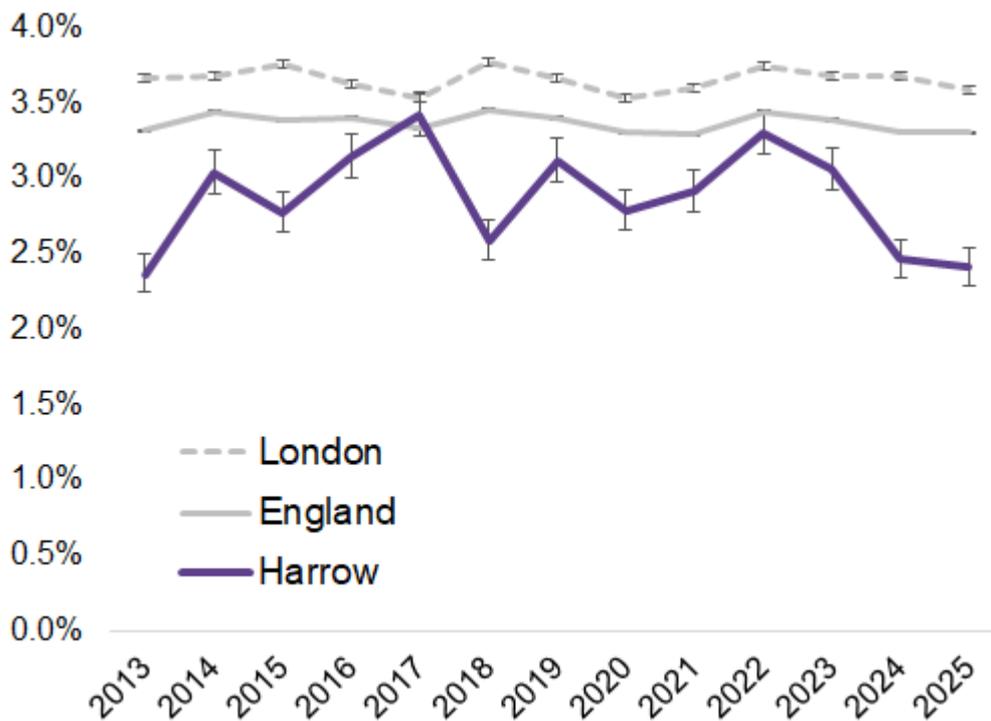


Figure 36: Percentage of Children in Need in Harrow, with comparators over time (year to March 31st; DoE)



Child protection and child safeguarding

A Child Protection Plan (CPP) is drawn up by the local authority if a multi-agency Child Protection Conference deems a child to be at continuing risk of significant harm or impairment of their health and development. It sets out how the child can be kept safe.

The percentage of children with a CPP in Harrow in 2024 is among the highest in North West London and is higher than the England and London rate (**Figure 37**). The rate has risen significantly over the past 10 years (

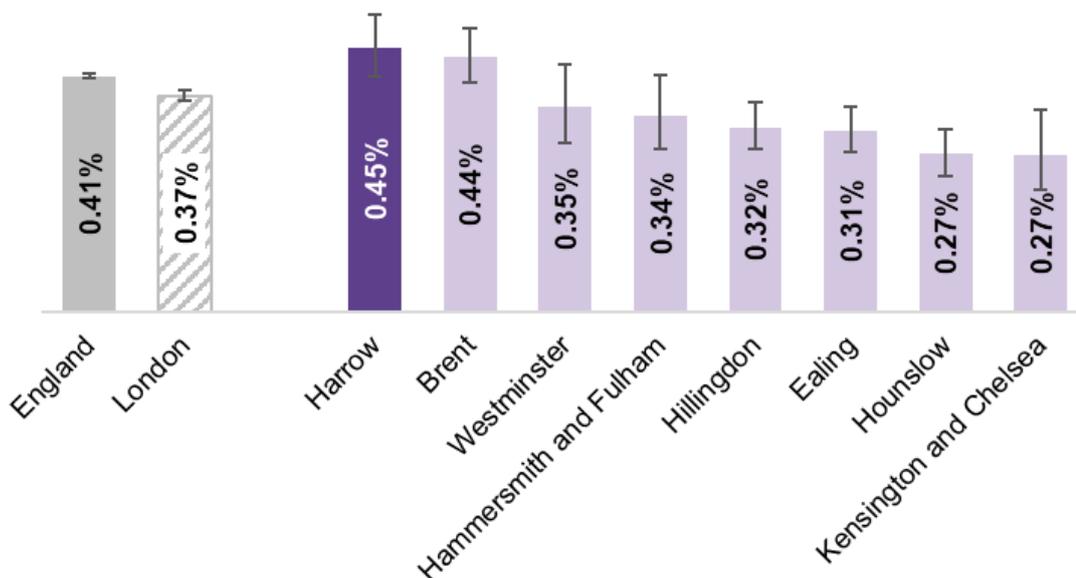


Figure 38).

Figure 37: Percentage of children with a Child Protection Plan in Harrow, with comparators (2025 year to March 31st; DoE)

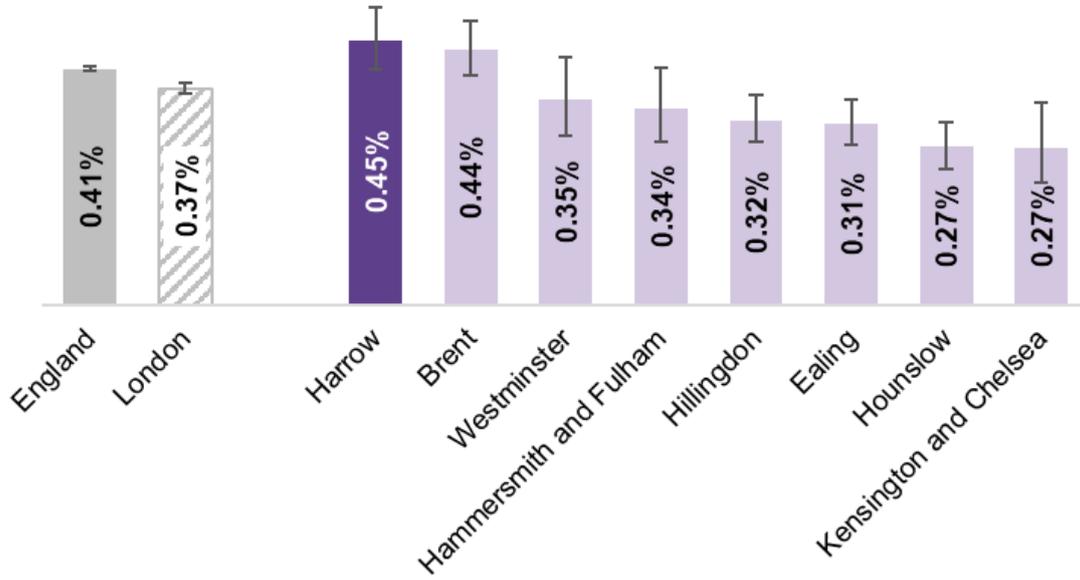
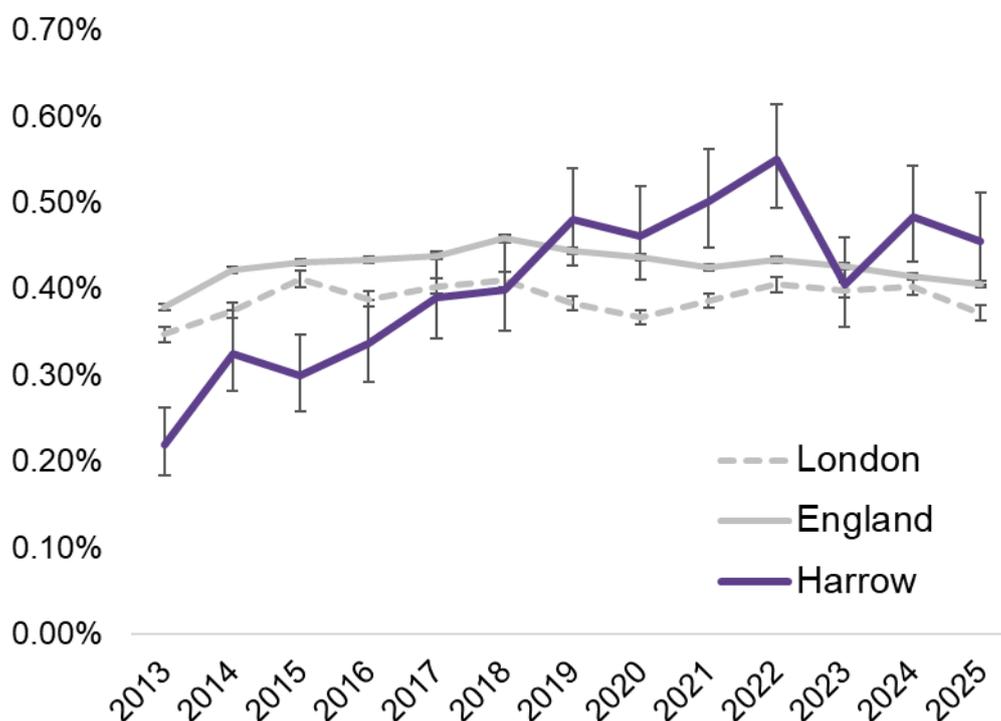


Figure 38: Percentage of children with a Child Protection Plan in Harrow, with comparators over time (year to March 31st; DoE)



Disability

The Equality Act (2010) defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on someone's ability to do normal daily activities.

It is important to note that SEND children are not necessarily disabled.

Disabilities could include physical disabilities, including mobility impairment, personal care needs, sensory impairments (such as hearing or sight loss), and learning disabilities. The causes of disabilities are broad and often multifactorial. Impairments can arise as a consequence of congenital causes or can be acquired later in life. The average disability free life expectancy at birth in Harrow for males was 65.9 and for females 62.9 in 2018-2020 – both are higher than the national average (ONS, 2024).

Disability in childhood and adolescence can have a significant impact on overall life chances, including impacting education and economic outcomes, as well as health behaviours and social wellbeing.

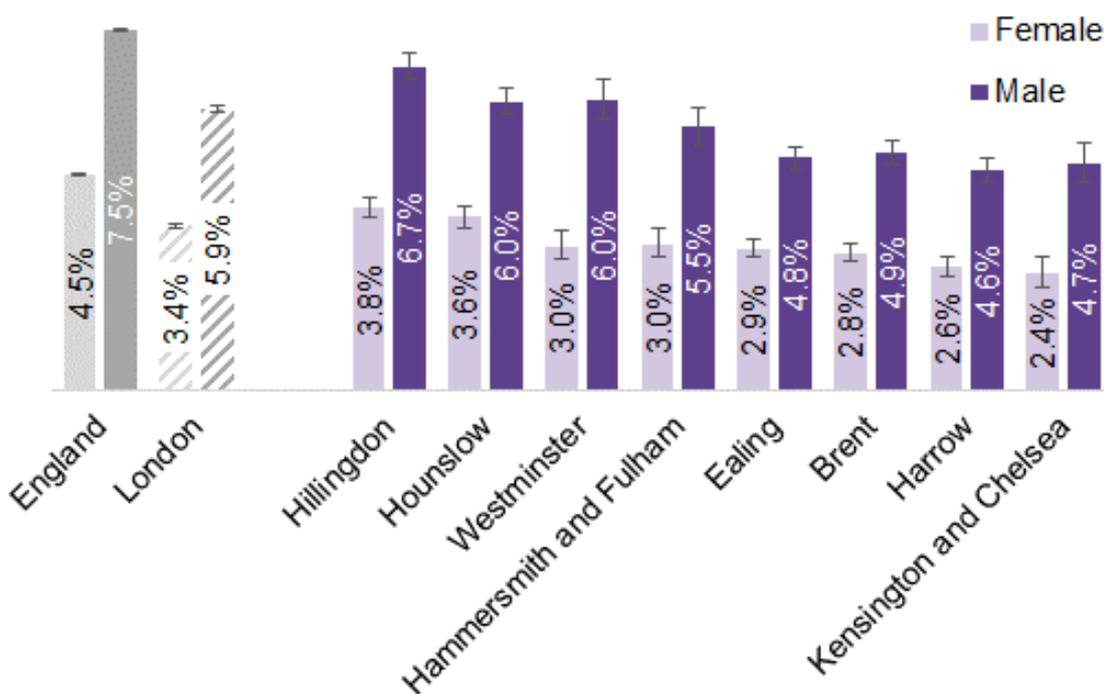
The Social Model of Disability (Inclusion London, 2024) has reframed disability as being the responsibility of how society is organised, rather than by a child's or adult's impairment. It looks at

removing barriers that restrict the life choices of disabled people, and their long term health and social outcomes.

Data from the 2021 Census suggests that rates of disability in Harrow children are relatively low compared with England and London averages, and with most boroughs in North West London. 2.6% of girls, and 4.6% of boys, aged under 15 locally report that their day-to-day activities are limited a little or a lot by a long term physical or mental health condition – see

Figure 39.

Figure 39: Proportion of children (<15) reporting that their day-to-day activities are limited a little or a lot by a long term physical or mental health condition, in Harrow and comparators (Census 2021)



The Global Burden of Disease study provides estimates of the number of children locally who have sensory impairments and learning disabilities. Some degree of hearing loss is predicted to be present in 12.1% of girls and 11.5% of boys in Harrow (**Figure 40**). Some sight loss is predicted to be present in 9.9% of girls and 9.4% of boys in Harrow. 6.5% of girls and 10.0% of boys in Harrow are predicted to have some degree of developmental intellectual disability.

Figure 40: Estimated prevalence of sensory impairments and learning disabilities in Harrow children in 2021 (GBD)

		Female		Male	
		Number	%	Number	%
All hearing loss	<5 years	146	2.3%	134	2.7%
	5-9 years	206	2.6%	190	2.7%
	10-14 years	231	2.7%	204	2.5%

	15-19 years	373	4.5%	304	3.6%
	Total	956	12.1%	831	11.5%
All blindness and vision loss	<5 years	89	1.4%	75	1.5%
	5-9 years	199	2.5%	165	2.3%
	10-14 years	251	2.9%	215	2.7%
	15-19 years	262	3.2%	246	2.9%
	Total	800	9.9%	703	9.4%
All developmental intellectual disability	<5 years	124	1.9%	170	3.4%
	5-9 years	131	1.6%	178	2.5%
	10-14 years	128	1.5%	175	2.2%
	15-19 years	115	1.4%	166	2.0%
	Total	498	6.5%	689	10.0%

The primary need proportions for children and young people with an EHCP in Harrow (SEN2) are shown in the table below and are as follows:

- **Autistic Spectrum Disorder:** The most common type of need, with 1,154 of the 2,689 (42.9%) CYP with an EHCP in Harrow. Harrow's proportion is in-line with London and nationally. This cohort will also include pupils with ASD with severe learning difficulties.
- **Speech, Language & Communication Needs:** Harrow's second highest primary need, represents a fifth of Harrow's EHCPs, whilst it is in-line with national, it is lower than London. A proportion of these pupils will go on to receive an ASD diagnosis.
- **Social, Emotional and Mental Health:** Almost 300 of Harrow's CYP with an EHCP have this primary need, however Harrow's proportion of 10.7% is lower than both London (14.7%) and nationally (20.7%).

It should be noted that there are certain primary needs that a smaller proportion of Harrow's CYP with an EHCP have, however these needs are more complex to provide for, such as **Severe Learning Difficulty**, **Specific Learning Difficulties** and **Profound and Multiple Learning Difficulties**.

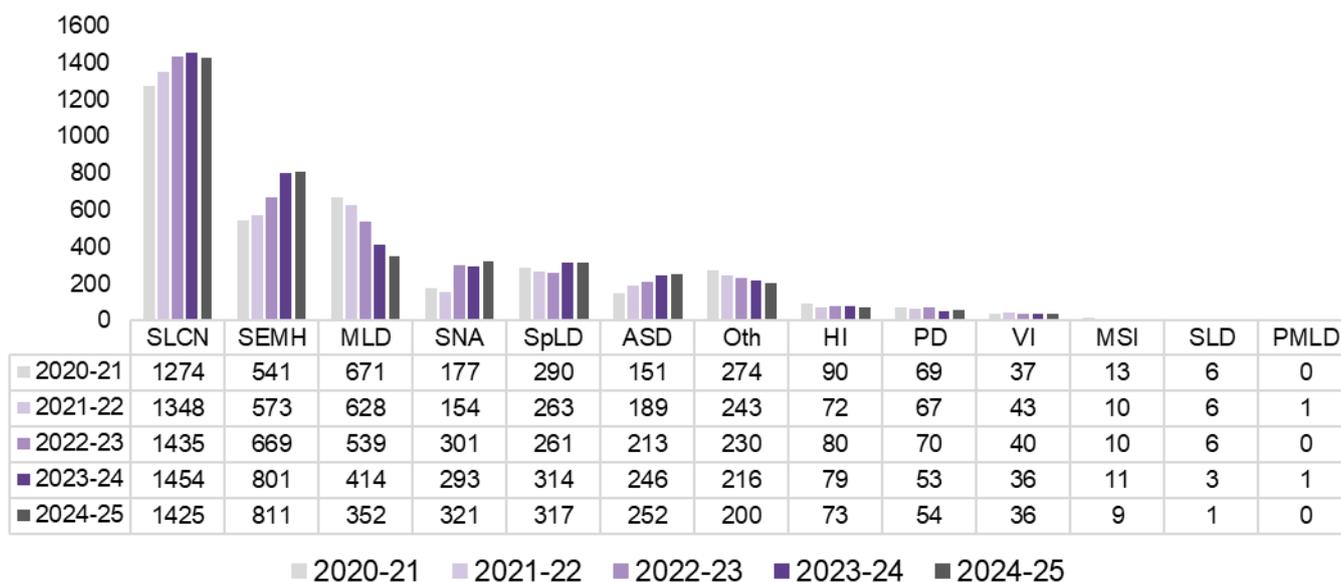
The real challenges emerge where Harrow's CYP with an EHCP have more than one need, where they have a combination of needs, for example a child that has the primary need of Autistic Spectrum Disorder alongside a secondary need of Severe Learning Difficulty or any of the other more complex needs.

The more specialised placements that are required for CYP with more complex combinations of needs are the most challenging for Harrow to place, and these are also most likely to be most costly especially when they cannot be placed in a Harrow Special School.

2024-25 SEN2 EHCP Primary Needs	Harrow		London		National	
	Number	%	Number	%	Number	%
All EHC plans	2,689	100	99,116	100	638,745	100
Autistic Spectrum Disorder	1,154	42.9	36,417	36.7	201,183	31.5
Speech, Language & Communication Needs	573	21.3	24,178	24.4	135,836	21.3
Social, Emotional and Mental Health	287	10.7	14,585	14.7	132,217	20.7
Moderate Learning Difficulties	270	10	8,750	8.8	67,861	10.6
Physical Disability	109	4.1	3,443	3.5	24,897	3.9
Severe Learning Difficulty	92	3.4	3,271	3.3	25,681	4
Hearing Impairment	62	2.3	1,644	1.7	8,765	1.4
Specific Learning Difficulties	55	2	2,242	2.3	14,374	2.3
Profound and Multiple Learning Difficulties	42	1.6	1,606	1.6	8,577	1.3
Unknown	21	0.8	635	0.6	4,870	0.8
Visual Impairment	20	0.7	836	0.8	5,280	0.8
Multi-Sensory Impairment	4	0.1	310	0.3	1,692	0.3
Other	0	0	1,199	1.2	7,512	1.2

Figure 41 shows the Harrow SEND pupils on SEN Support by primary need, over the past five years. Alongside the increase in the number of pupils on SEN Support overall, there has been a particular growth in the primary needs: Autistic Spectrum Disorder; Speech, Language and Communications; and Social, Emotional and Mental Health. There has been a decline in the primary needs Moderate Learning Difficulty and Severe Learning Difficulty.

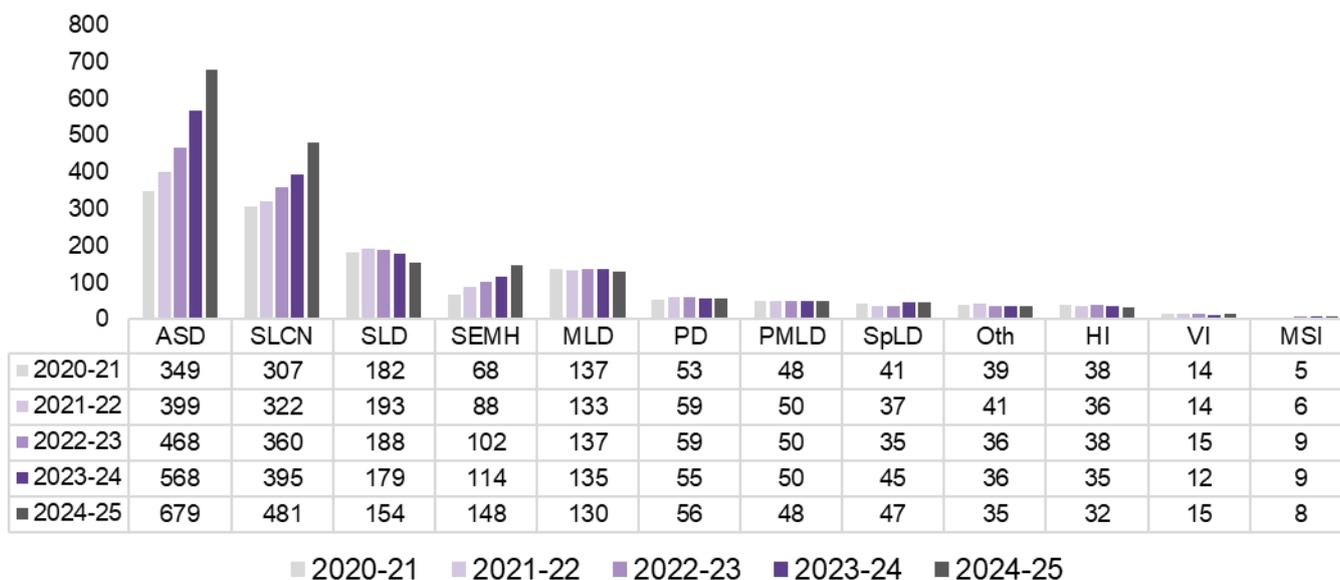
Figure 41: Harrow pupils on SEN Support by primary need -time trend



Source: SEN in England 2024-25 – including all state schools

Figure 42 shows the Harrow SEND pupils with an EHC Plan by primary need, over the past five years. Alongside the increase in the number of pupils with an EHC Plan overall, there has been a particular growth in the primary needs: Autistic Spectrum Disorder (95% increase over last 5 years); Speech, Language and Communications (57% increase over last 5 years); and Social, Emotional and Mental Health (118% increase over last 5 years). There has been a slight decline in the primary need Severe Learning Difficulty (-15% decrease over the last 5 years).

Figure 42: Harrow SEND pupils with an EHC plan by primary need -time trend



Source: SEN in England 2024-25 – including all state schools

Health

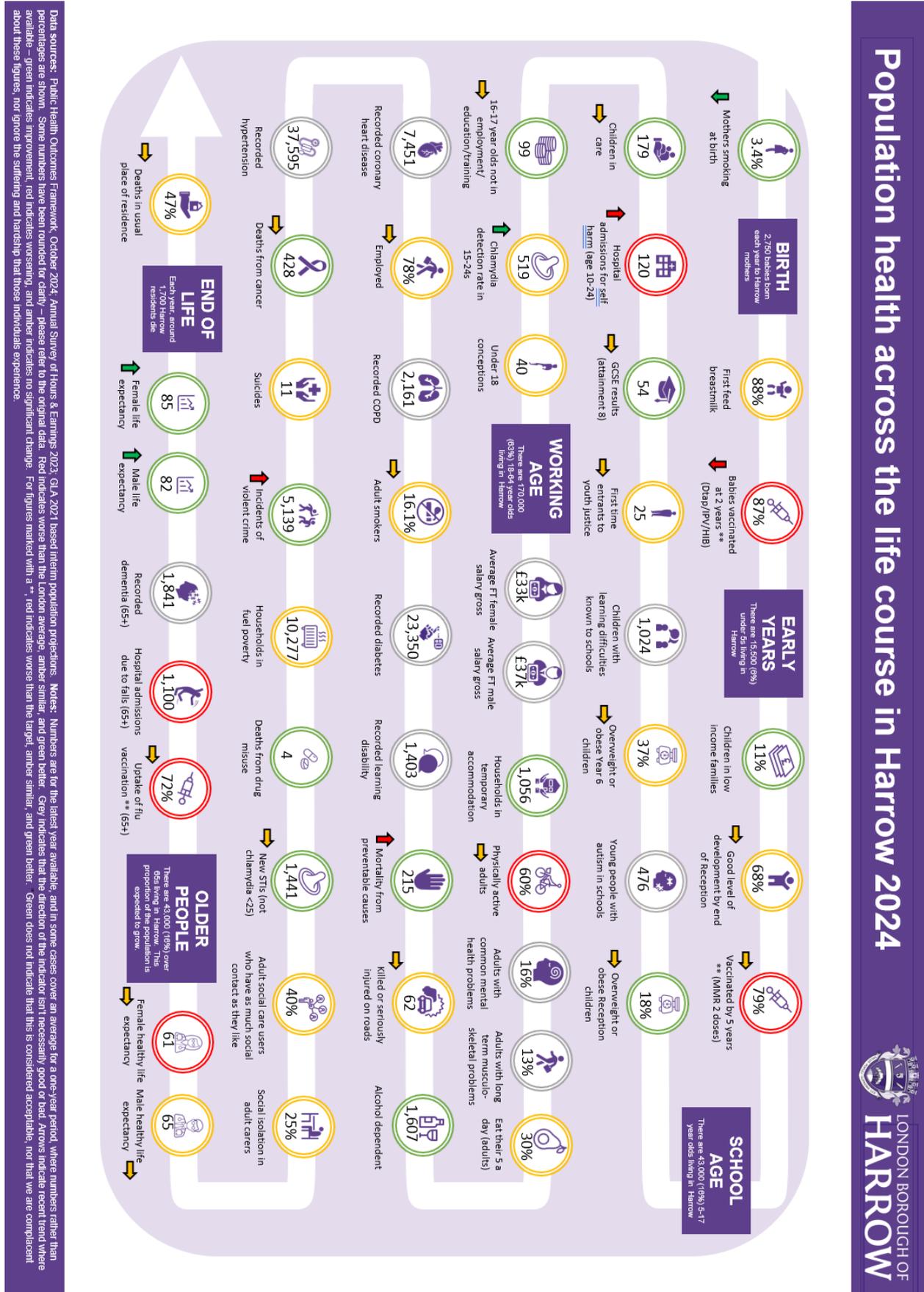
Following national trends, the population of Harrow is growing, and ageing – and the prevalence of long term conditions is increasing, with obesity now overtaking tobacco as the major preventable risk factor for ill health (Global Burden of Disease Study, 2025). Rates of diabetes and cardiovascular disease are particularly high in the borough.

This will create sustained increases in need for NHS and Adult Social Care services in particular (London Borough of Harrow, 2022).

Health inequalities are a major concern in Harrow. Though it is one of the least socioeconomically deprived London boroughs, there are pockets of significant poverty and housing is a problem for many. People in the poorest neighbourhoods die earlier by more than 4 years compared to people in the wealthiest parts of Harrow

Figure 43 summarises a range of health statistics in Harrow, across the life course. It highlights vaccination uptake and self-harm as key issues in childhood locally. Adult physical inactivity is a key concern for the working age population, while falls, and health life expectancy as major problems among older adults.

Figure 43: Diagram showing a range of health indicators in Harrow across the life course, with comparison to London (2024)



Health determinants

Poverty

The [Marmot Review \(2010\)](#) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health.

The wider, or social, determinants of health are intrinsically linked to poverty. Poverty is dynamic – people’s needs change throughout their lives and the resources they require to meet their needs change too. Some groups face a greater risk of poverty than others. Those at high risk include: workless households, those where no one works full time, single parents (more likely to be women) and single pensioners, working-age people with a disability and some ethnic minority groups. Unaffordable housing also damages health. Professor Marmot reported that 21 percent of adults in England said a housing issue had negatively impacted their mental health, even when they had no previous mental health issues, and housing affordability was most frequently stated as the reason. Poor quality housing, particularly damp and cold homes, directly harm physical and mental health and poor housing conditions continue to widen health inequalities nationally. Many of the ways we can examine the role of our environment on our health show that conditions are worse in more deprived areas, in fact these measures show a linear relationship – the more deprived the area the worse the conditions, including quality of high streets. For example the things we would categorise as unhealthy in our high streets are more likely to be located in more deprived areas; and these include the highest number of fast food outlets, betting shops, more littering and fouling, noise and air pollution, unhealthy retail outlets, crime and fear of crime and road traffic accidents.

Lower income experienced during school years has lifelong impacts – in terms of income, quality of work and a range of other social and economic outcomes including physical and mental health. Young people living in more deprived areas continue to have significantly lower levels of attainment during secondary school, measured by GCSE results and attainment 8 scores, which measures pupils’ performance in eight GCSE-level qualifications.

It is likely that more socio-economically disadvantaged residents will experience worse impacts from external events such as pandemics (Raleigh, 2022) and climate change (Climate Just, 2022).

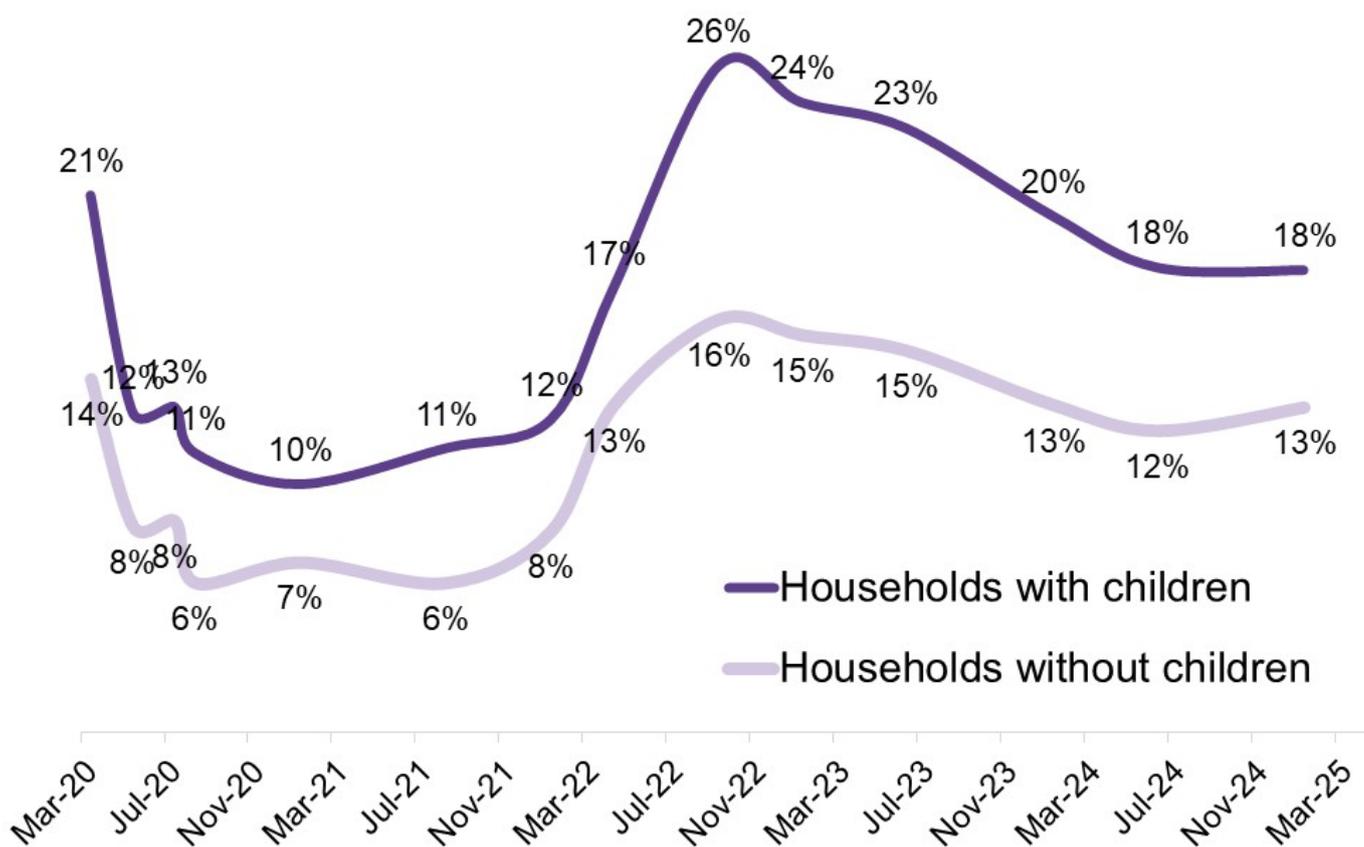
Recent increases in poverty have been recorded nationally with, for example, a Food Foundation tracker survey reporting a more than doubling in the rate of food insecurity during 2022, with families with children most affected - see **Figure 44**. Rates of food insecurity overall rose from 11% to 26% in households with children, and at the same time as high as 44% in single parent households in late 2022 (Food Foundation / YouGov, 2025).

The HAY 22/23 survey picked up this increase in CYP who report food insecurity at the end of the pandemic. The proportion of young people worrying that their family will run out of food because of lack of money or other resources increased across all year groups but especially KS2 and KS4&5.

In HAY 21, 682 out of 5,771 (12%) young people said they worried about food insecurity. Eighteen months later this had increased to 1,072 out of 6,318 (17%) of young people. The largest between-year difference was visible in KS2 (primary) data, where the proportion of children worrying about food insecurity nearly doubled from 10% to 19%.

In terms of differences between ethnic groups, young people who identified as Arab were most likely to worry (22% said they worried), as are those identifying as Chinese or Black (both 21%). This compared with only 14% of Asian and 16% of White or mixed/dual heritage young people.

Figure 44: Graph showing self-reported household food insecurity in England (Food Foundation / YouGov, 2025)



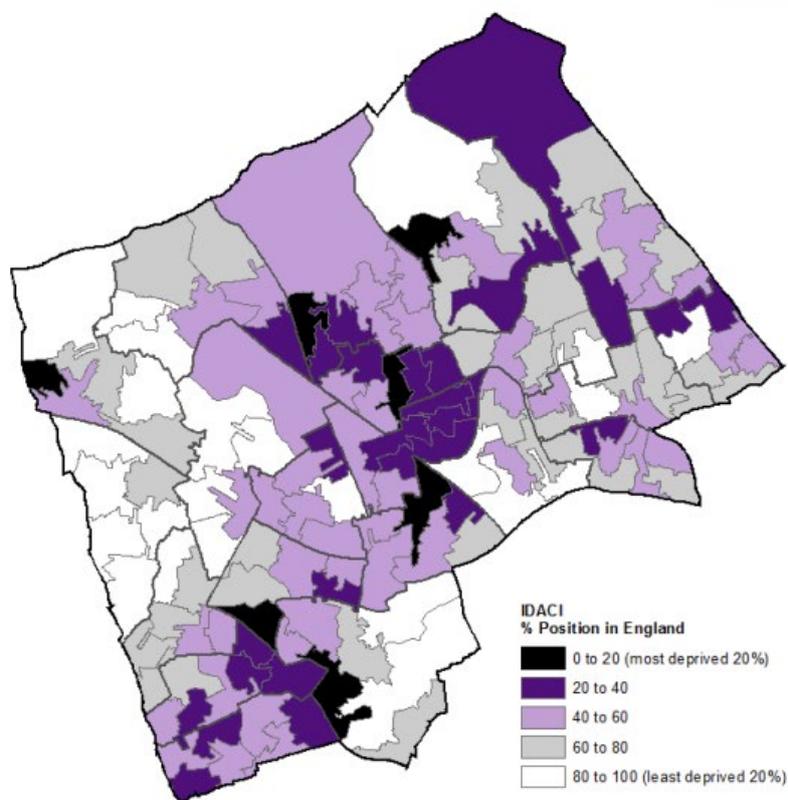
Growing up with food insecurity can teach children to eat when food is available rather than when hungry. This can affect the body's ability to regulate hunger signals, making it difficult to lose weight (Hill, 2016).

Food insecure children are at higher risk of being under or overweight, largely due to unaffordability of healthy diets (RCPCH, 2017). Undernutrition can manifest as short stature, more prevalent in deprived children (Orr, 2021) and now rising nationally in England (Food Foundation, 2024).

In the 2023 residents' survey, most people in Harrow (58%) reported recently using less water, energy or fuel to save money – this was 72% among people who reported that they were struggling to make ends meet. 43% of residents struggling to make ends meet reported that they were buying less food to save money.

The Indices of Multiple Deprivation are the main measure of socio-economic deprivation used nationally by local authorities and other public bodies. Though Harrow is one of the least socioeconomically deprived London boroughs, there are pockets of significant poverty, often associated with areas which have more social housing. These are shown in **Figure 45**.

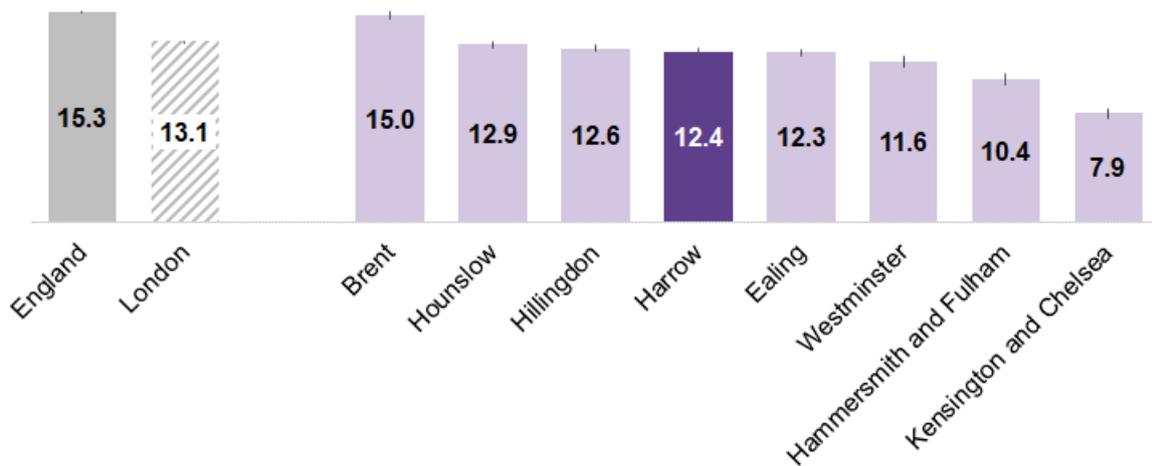
Figure 45: Map showing Income Deprivation Affecting Children indicators for Harrow (IMD 2019)



The below graph (**Figure 46**) shows the percentage of children in the area, living in absolute low income families. Absolute low income is defined as a family in low income before housing costs. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics.

As stated above, the previous HAY Harrow survey found that children and young people in the borough have growing concerns about poverty (HAY Harrow, 2022/23).

Figure 47: Percentage of children in absolute low income families (under 16s) in 2021/23, in Harrow and comparator areas



Poverty is both a cause and effect of SEND. Children with SEND are more likely to be poor, while children living in poverty are more likely to develop SEND. They are also less likely to reach their full educational potential and to leave education with outcomes that increase the chances of living in poverty in their adult life. The Joseph Rowntree Foundation (JRF, 2016) recommend that policy makers and early years leaders prioritise SEND, training of staff in early years settings and schools for early identification of SEND, and targeted funding for pupils with SEND who are at risk of being excluded.

Figures from the 2025 HAY Survey show that the percentage of children with SEND who worry about their family running out of money for food are higher than non SEND children (**Figure 48**). However, there is no significant difference in the percentage of children who have a dedicated laptop/tablet at home (**Figure 49**).

Figure 48: Percentage of SEND and non-SEND pupils in Harrow who worry that their family will run out of money for food (Self-Reported; HAY Harrow 2025)

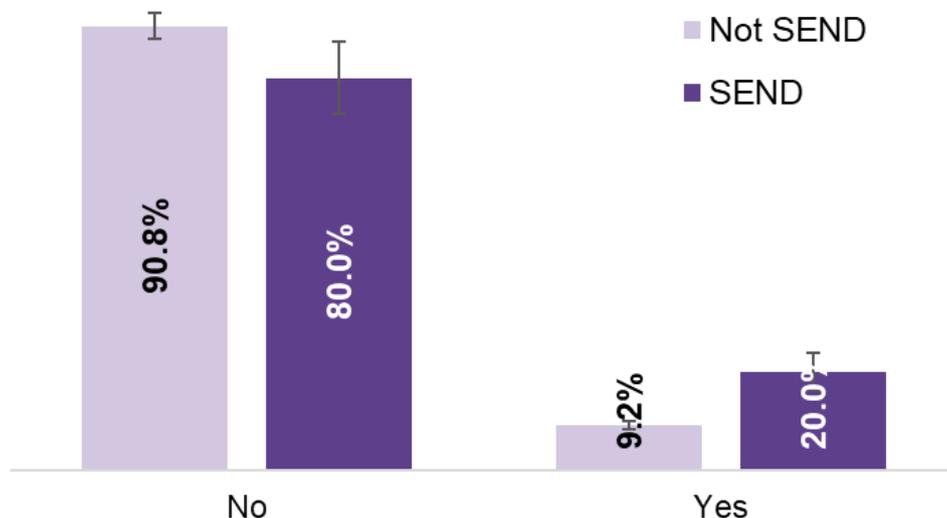
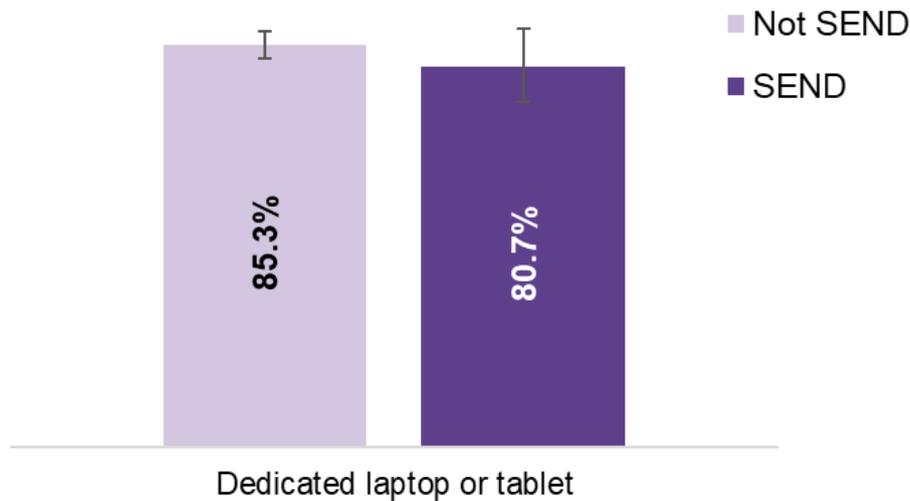
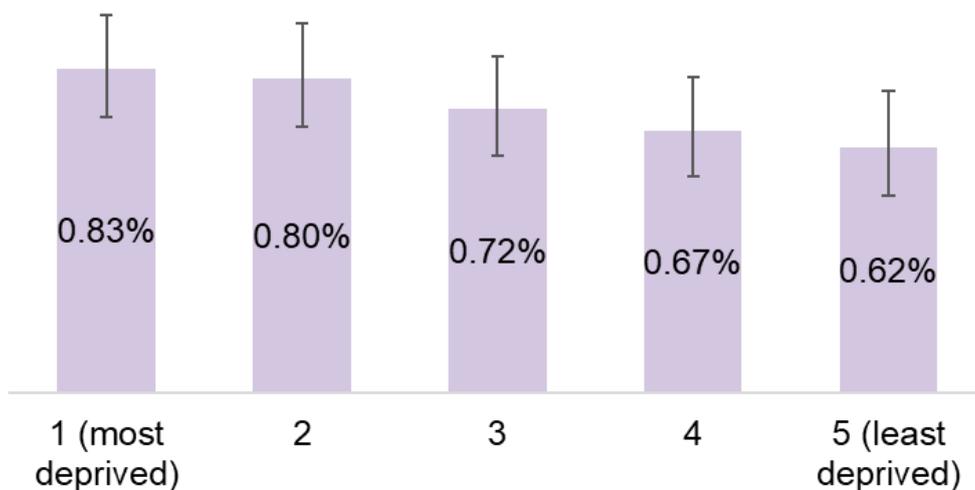


Figure 49: Percentage of SEND and non-SEND pupils in Harrow who have a dedicated laptop or tablet they can use for homework, which isn't shared (Self-Reported; HAY Harrow 2025)



There is some evidence for a socio-economic trend in the percentage of children and young people with learning disabilities in the Harrow recorded by their GP – however, these differences are not statistically significant (Figure 50). It should be noted that learning disability is not the same as learning difficulty or SEND.

Figure 50: Percentage of under 25 year olds with GP recorded learning disabilities in Harrow, by local socio-economic deprivation quintiles (IMD2019; WSIC 2025)



Housing

Housing is an important determinant of health and wellbeing in England (Marmot, 2010), and more so in London where there is a particularly high pressure on availability.

While the most recent English Indices of Deprivation (DCLG, 2019) report that Harrow is among the 30% of least deprived areas in the country overall, it is in the lowest 10% for the “Barriers to housing and services” domain, like many London boroughs.

According to the 2021 Census **Figure 51**, there are 89,629 households in Harrow. 59% of households own their home (including with a mortgage), which has reduced by 6% since 2011. The percentage socially rented has stayed at just above 10%. 30% of households are privately rented – this is up from 22% in 2011.

Figure 51: Housing tenure in Harrow and comparators (2021 Census)

Housing tenure	Number of Harrow households	% of households			
		Harrow	NW London	London	England
Owned	52,684	58.8%	42.9%	45.2%	61.3%
Socially rented	9,293	10.4%	21.2%	23.1%	17.1%
Privately rented	26,494	29.6%	34.1%	30.0%	20.5%

In Harrow, data from the 2021 Census and the Index of Multiple Deprivation show that residents in social housing are much more likely to live in more deprived parts of the borough, and residents who own their home are more likely to live in less deprived areas.

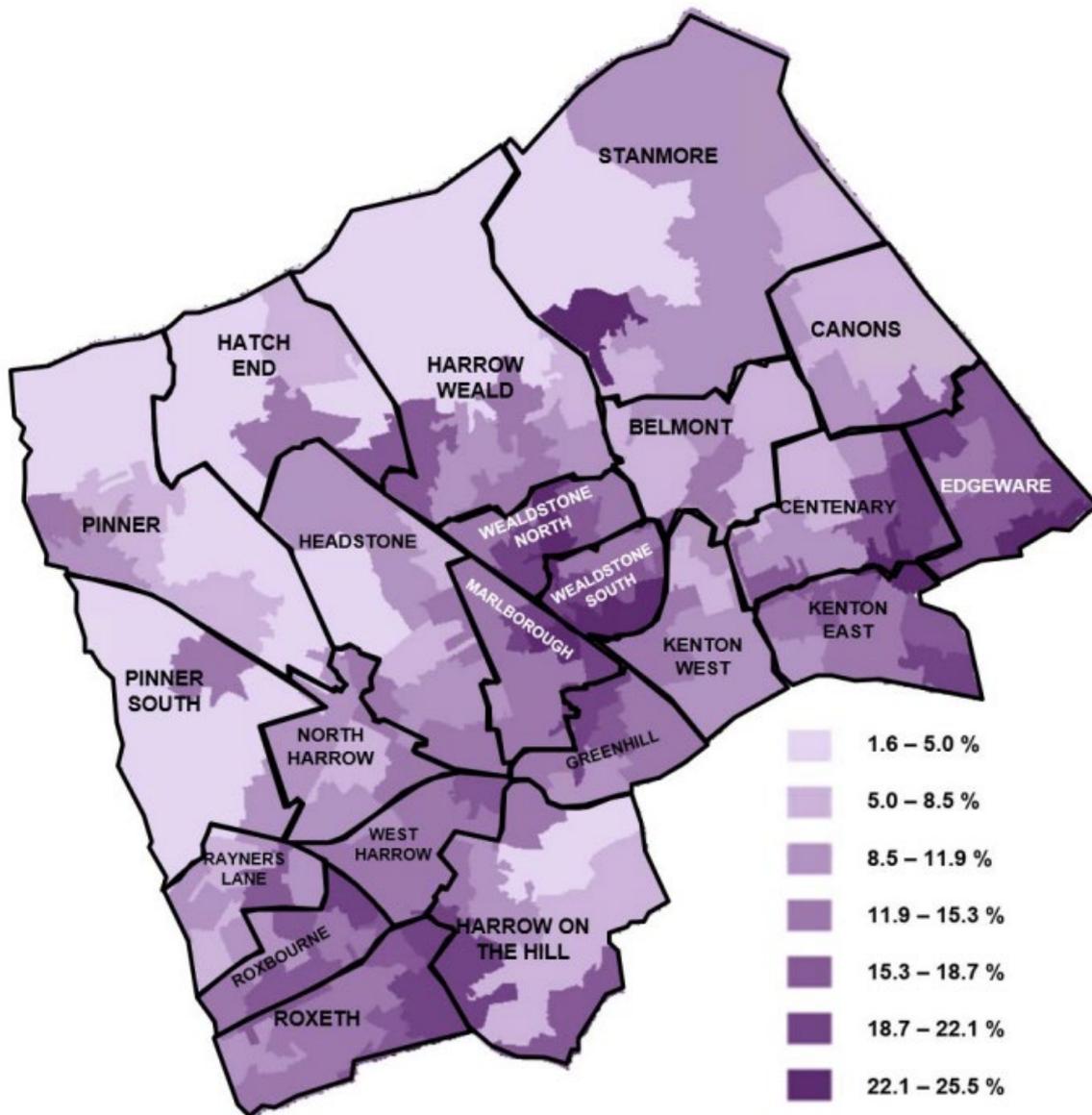
Related to housing availability and affordability, overcrowded housing is a particular issue in London. For children, growing up without adequate privacy and space to study can lead to poor development, as well as putting pressure on mental wellbeing and family relationships. In the HAY 22/23 survey, 23% of respondents said they did not have a quiet desk area at home where they could do their school / college work.

The ONS define overcrowded housing as having fewer bedrooms than needed for occupants. 12% of households in Harrow are overcrowded – higher than in London as a whole (**Figure 52**). This map shows percentage of overcrowded housing across Harrow – generally rates are highest in the south of the borough (**Figure 53**).

Figure 52: Overcrowded housing in Harrow and comparators (2021 Census)

Situation	Number of Harrow households	% of households			
		Harrow	NW London	London	England
Overcrowded	10,934	12.2%	12.4%	11.1%	4.3%

Figure 53: Overcrowded housing within Harrow (2021 Census)



The 2025 HAY Harrow survey shows that SEND pupils are slightly more likely to have their own bedroom than non SEND pupils (

Figure 54), and have a similar likelihood to live with siblings (**Figure 55**). The chances of SEND pupils having a quiet area at home to study are slightly lower than for non SEND pupils (

Figure 56).

Figure 54: Percentage of SEND and non-SEND pupils in Harrow by bedrooms (Self-Reported; HAY Harrow 2025)

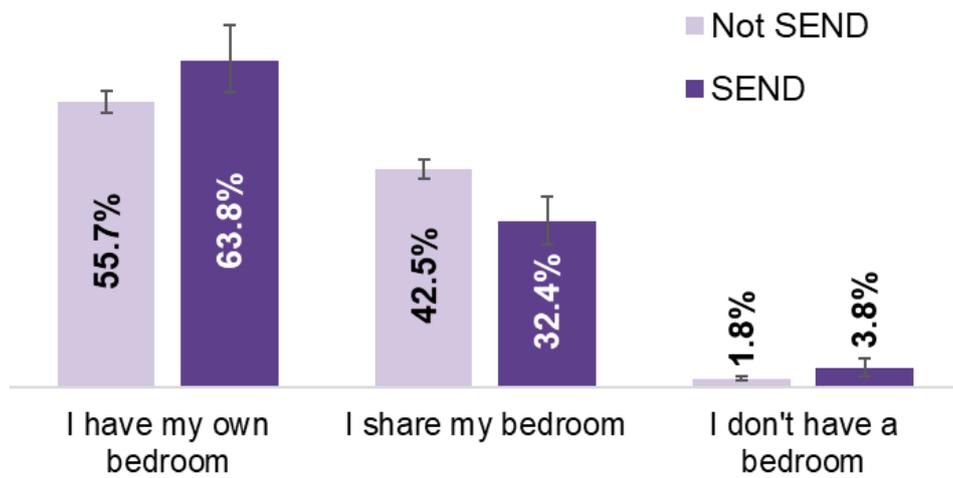


Figure 55: Percentage of SEND and non-SEND pupils in Harrow who live with siblings (Self-Reported; HAY Harrow 2025)

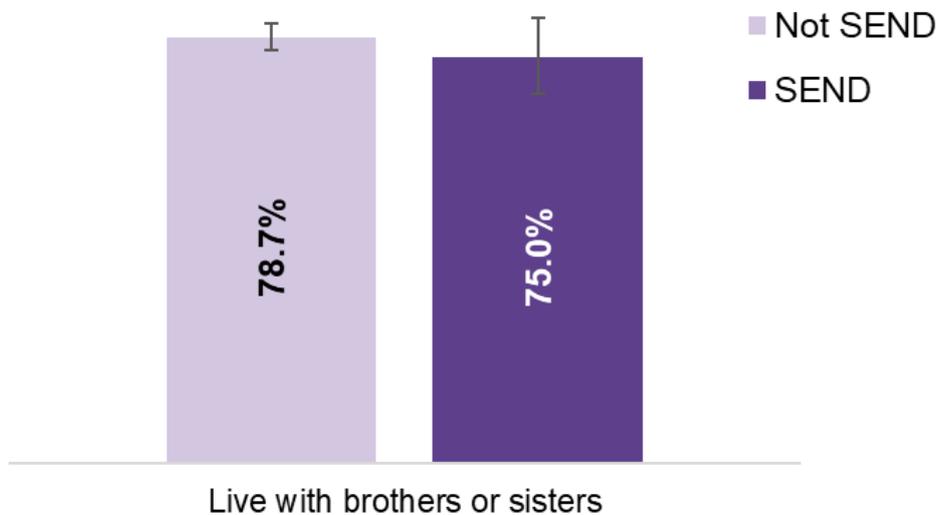
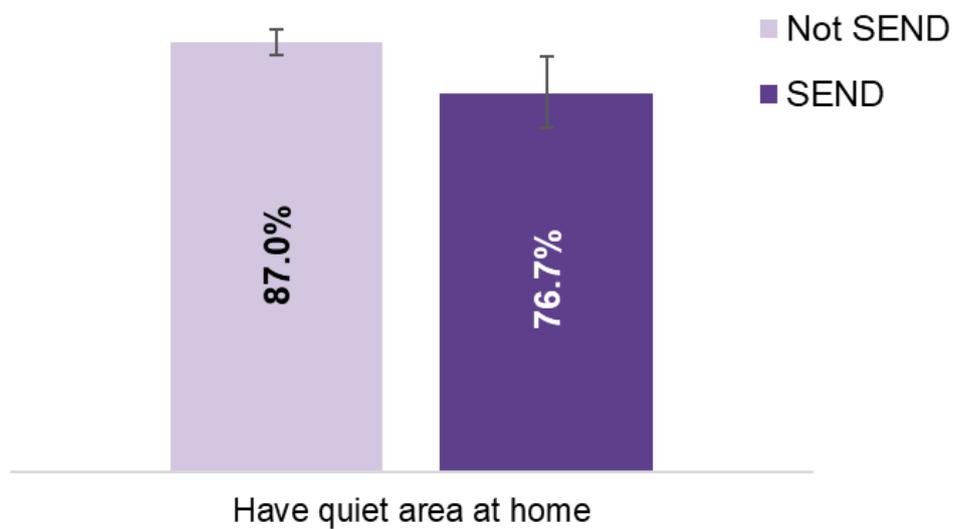


Figure 56: Percentage of SEND and non-SEND pupils in Harrow who have a quiet area at home to study (Self-Reported; HAY Harrow 2025)



Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

Homelessness is associated with poor health, education and social outcomes, particularly for children (LGA, 2017).

The legal definition of homelessness is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy. Homelessness does not just refer to people who are sleeping rough, the Housing Act 1996 defines a person as homeless if they either:

- have no accommodation available to occupy
- are at risk of violence or domestic abuse
- have accommodation but it is not reasonable for them to continue to occupy it
- have accommodation but cannot secure entry to it
- have no legal right to occupy their accommodation
- live in a mobile home or houseboat but have no place to put it or live in it

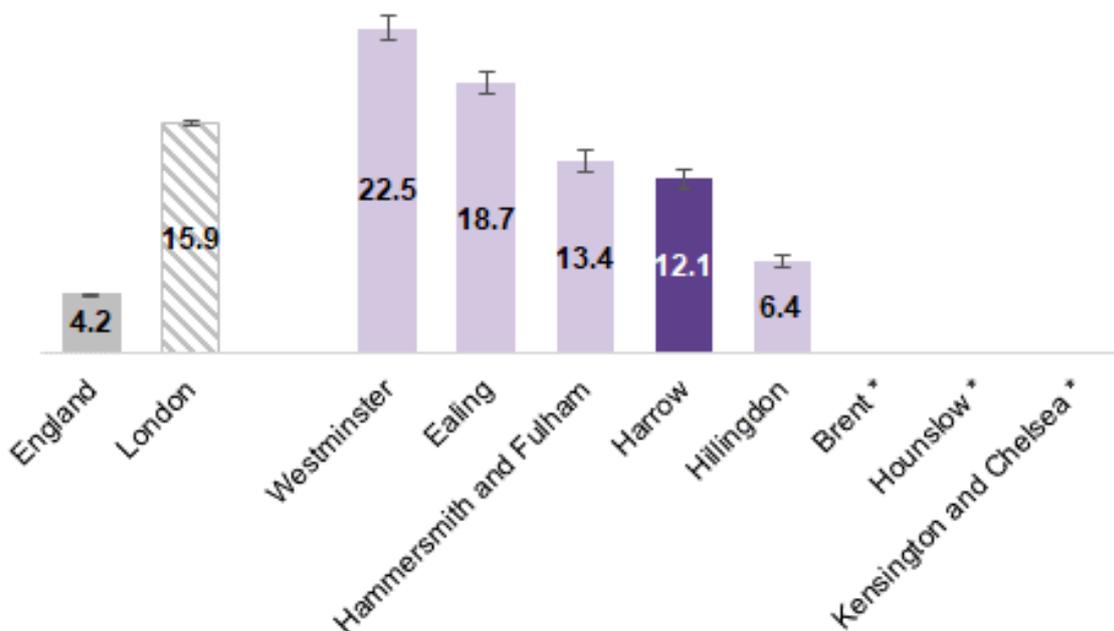
Local authorities in England have a statutory duty to secure accommodation for unintentionally homeless households who fall into a 'priority need' category – defined as Statutory Homelessness. There is no duty to secure accommodation for all homeless people.

Rough sleepers are defined as people bedded in the open air (including tents, doorways, or encampments), or in buildings or other places not designed for habitation (e.g. stairwells, sheds, cars, derelict boats or stations) – this group is at the highest risk in terms of their health and wellbeing.

In 2022/23, 1,056 households in Harrow were in temporary accommodation – a rate of 12.1 households per 1,000 (**Figure 57**). This rate is higher than the England average, but lower than London. It is lower than most Northwest London boroughs.

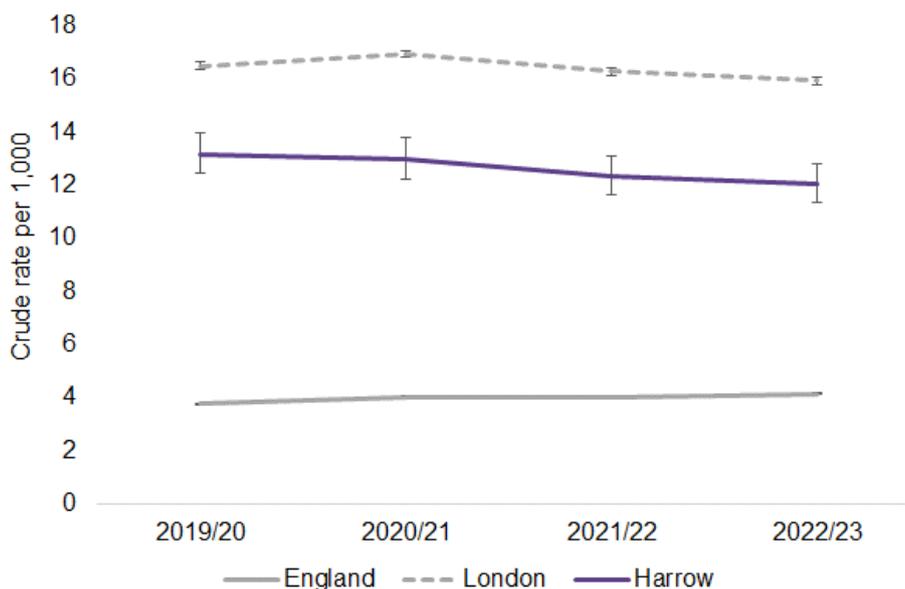
Over the past four years, there has been no significant change in the rate of households living in temporary accommodation in Harrow. Nationally, there has been a gradual rise (**Figure 58**).

Figure 57: Households in temporary accommodation in Harrow and comparators – crude rate per 1,000 (2022/23)



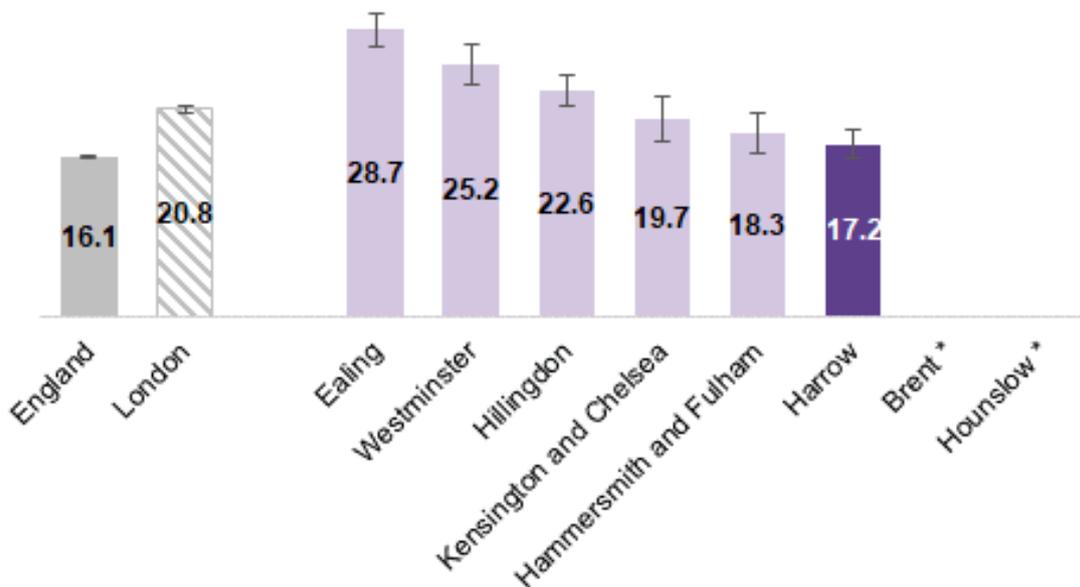
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Figure 58: Households in temporary accommodation in Harrow and comparators – crude rate per 1,000 (time trend)



In 2023/23, 555 households in Harrow with dependent children were owed a duty under the Homelessness Reduction Act – a rate of 17.2 households per 1,000 (**Figure 59**). This rate is higher than the England average, but lower than London. It is lower than most North West London boroughs.

Figure 59: Households with dependent children owed a duty under the Homelessness Reduction Act in Harrow and comparators – crude rate per 1,000 (2022/23)



* value suppressed due to incomplete source data

Figure 33 shows that in the 2025 HAY Harrow survey, 4.4% of SEND pupils reported that they live in temporary accommodation, and 3.8% of non SEND pupils – this difference is not statistically significant.

The majority of young people aged 18 to 25 with EHCPs in Harrow live in settled mainstream accommodation with family or friends, with only a few in temporary or unsupported housing. However, a significant minority of these residents did not have a known accommodation status (

Figure 60).

Figure 60: Young people (18-25) in Harrow with an EHCP by type of accommodation recorded (London Borough of Harrow 2025)

Accommodation Type	Number of 18-25 yr olds with social care contact (Total 128)
Other temporary accommodation	1
Registered care home	4
Rough sleeper / squatting	0
Settled mainstream housing with family / friends	99
Shared Lives scheme	1
Staying with family / friends as a short-term guest	0
Supported accommodation / supported lodgings / supported group home	6
Tenant (not private)	0
Tenant - private landlord	1
Unknown	16

Crime and Safety

Harrow has among the lowest rates of notifiable crime in London, though there have been significant rises in some types of offense recorded in recent years (London Borough of Harrow, 2023). Crime levels vary across the borough with some city centre areas such as Greenhill likely to report the highest levels of violent crime.

Experience of crime can make a significant impact on the health of children and young people (Marmot, 2010). Young people who become involved in crime can also have their life opportunities and long term outcomes impacted. Key national risk factors for being involved in the

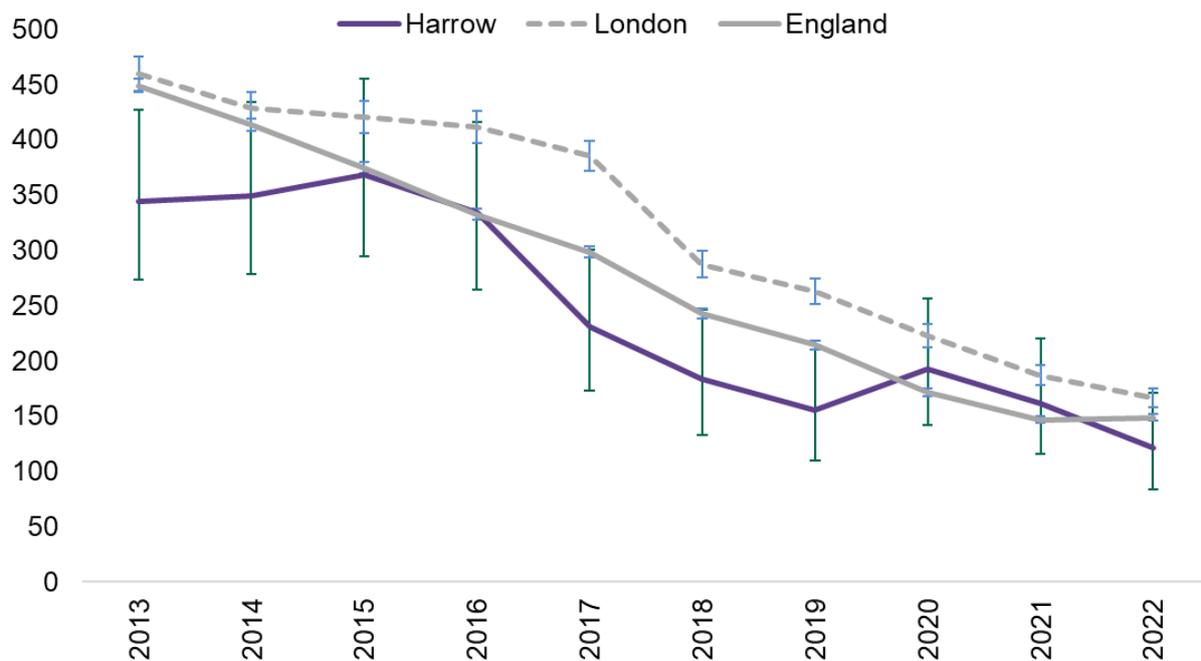
youth justice system include poverty, gender, ethnicity, mental health, and adverse childhood experiences (ACEs).

The rate of first-time entrances to youth justice in 2022 in Harrow was similar to other North West London Boroughs. Nationally, and in Harrow, there have been significant falls over recent years **Figure 61**. Two reasons have been proposed for this (Roberts, 2019) – firstly, that the activities of Youth Offending Teams have successfully diverted and prevented children from entering the criminal justice system, and secondly that the contraction in police activity has reduced the rates of conviction.

Fear of crime can also impact residents’ long term health and wellbeing, and their ability to use their local environment to exercise, for example. In the Harrow Safer Spaces Survey 2022, 77.6% of the women and girls reported feeling unsafe or mostly unsafe in the borough. Overall, 79% of residents were concerned that knife crime is a problem in their area and 44% of residents were concerned that gun crime is a problem in their area.

In another survey (HAY Harrow, 2022/23), 38% of local children and young people reported that there are areas of Harrow where they feel unsafe, and 44% that they do not feel safe in the area where they live either some or all of the time. 3% of older teenagers reported that they had been involved in gang activities in the past year. Males were more likely to say they got into fights, had seen someone else get physically hurt, be involved in gang activities, and be offered illegal drugs.

Figure 61: Data showing the rate per 100,000 first time entrants to youth justice time trends, in Harrow and comparator areas



Data source: [Fingertips](#)

Figure 62, Figure 63 and

Figure 64 show data from the 2025 HAY Harrow survey which shows that SEND pupils re less likely to feel safe at home, at school or college, or in their local area.

Figure 62: Percentage of SEND and non-SEND pupils in Harrow who feel safe at home (Self-Reported; HAY Harrow 2025)

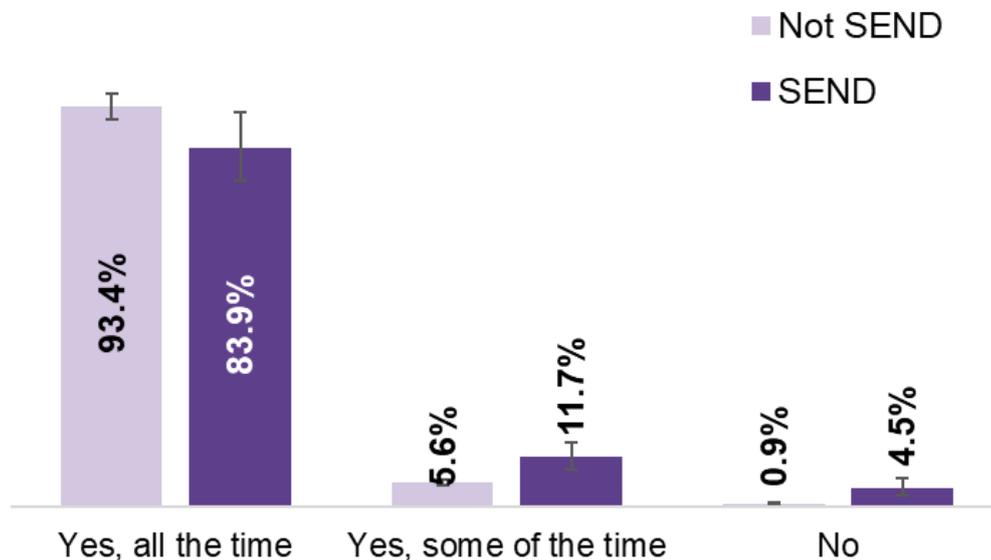


Figure 63: Percentage of SEND and non-SEND pupils in Harrow who feel safe at school or college (Self-Reported; HAY Harrow 2025)

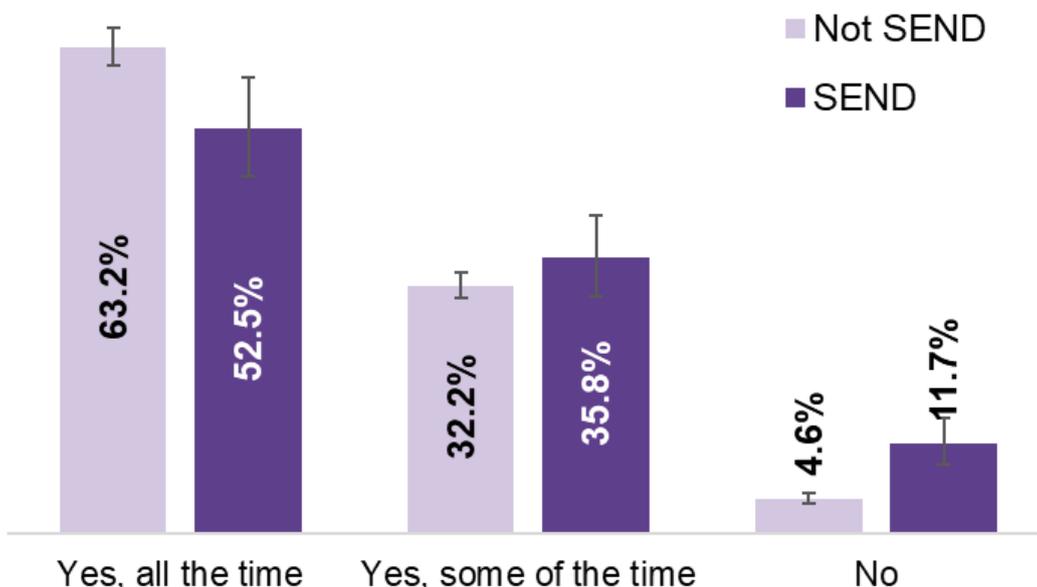
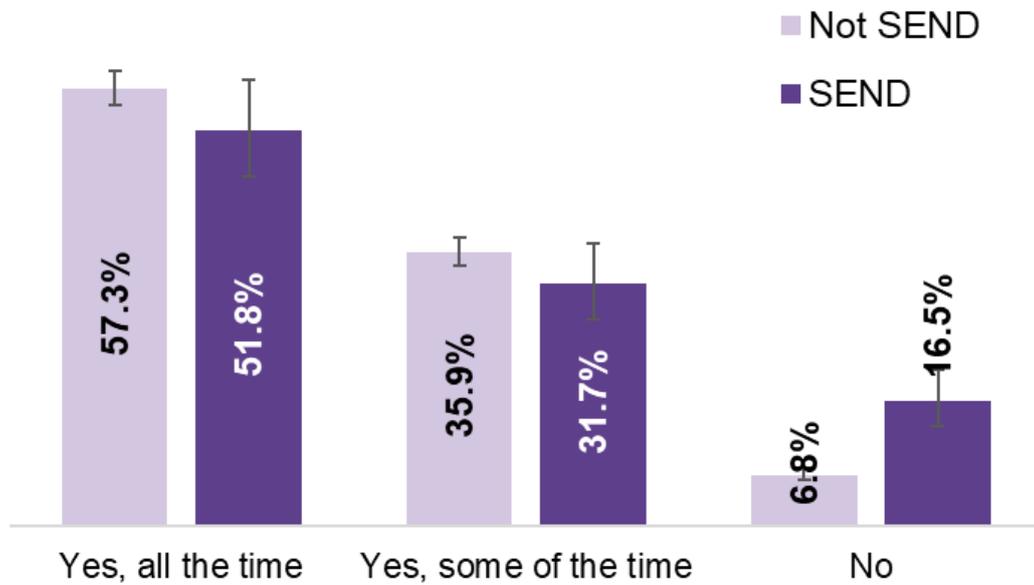


Figure 64: Percentage of SEND and non-SEND pupils in Harrow who feel safe in the area they live in (Self-Reported; HAY Harrow 2025)



Lifestyles and behaviour

Diet

Diet is a key risk factor for mortality and illness, with a healthy diet being important to children development at all stages. Despite this, little data is systematically collected across the country to understand the quality of children and young people's diets.

UK survey data shows that adolescents in the UK now get two thirds of their total calories from Ultra-Processed Foods, with higher rate in more socio-economically deprived backgrounds (Chavez-Ugalde, 2024)

For adults, around 30% of adults in Harrow meet the '5-a-day' fruit and vegetable consumption recommendations – this rate is similar to the London and England averages (OHID, 2024).

According to the 2022/23 HAY Harrow survey, seven in ten young people in Harrow have breakfast every day. The proportion decreases as young people get older, so whilst 85% of KS2 children have breakfast every day, this decreases to just 50% of KS4&5 and college students.

Comparing across ethnic groups revealed that Asian young people were significantly more likely to have breakfast every day than other ethnicity groups. This group was also most likely to eat vegetables daily and sit down to family meals together every day. They were least likely to drink fizzy drinks frequently (HAY, 2021).

Overall, about half of young people ate vegetables every day and 80% ate them at least several times a week. This was consistent across all age groups. Comparing across ethnicity groups

revealed that Black young people were significantly less likely to eat vegetables every day than other ethnic groups.

Overall, 8% of young people had a fizzy or energy drink every day, and nearly 30% had one at least several times a week. About 16% never had them. Of those who drank fizzy / energy drinks, the frequency of drinking them increased with age such that only 3% of KS2 children drank them daily in comparison with 16% of college students. National policy is likely to have a major impact on fizzy drink consumption with for example, the amount of sugar taken from soft drinks in children nationally reported to have fallen by half since the introduction of the “sugar tax” in 2018 (Rogers, 2014).

Overall, 7% of young people in Harrow said they never ate fast food or take-aways, 75% said they ate them once a week or less and 19% said they ate fast food or take-aways several times a week or more.

Overall, six in ten young people said they have meals with their family every day; 7% said they never eat with their family. The proportion of young people not eating with their family increased with age, such that only 4% of KS2 children said they never eat with their family in comparison with 13% of college students. Comparing across ethnicity groups revealed that Black young people were significantly less likely to eat daily family meals than other ethnic groups.

Eating regular meals with family was associated with higher life satisfaction in the HAY Harrow survey (HAY, 2021).

SEND pupils are more likely to never eat breakfast according to the 2025 HAY Harrow survey, and more likely to never eat vegetables (

Figure 65, Figure 66). They are also more likely to drink fizzy drinks more often, and takeaway food (

Figure 67, Figure 68). They are less likely to eat regular family meals (

Figure 69).

Figure 65: Percentage of SEND and non-SEND pupils in Harrow who eat breakfast each week (Self-Reported; HAY Harrow 2025)

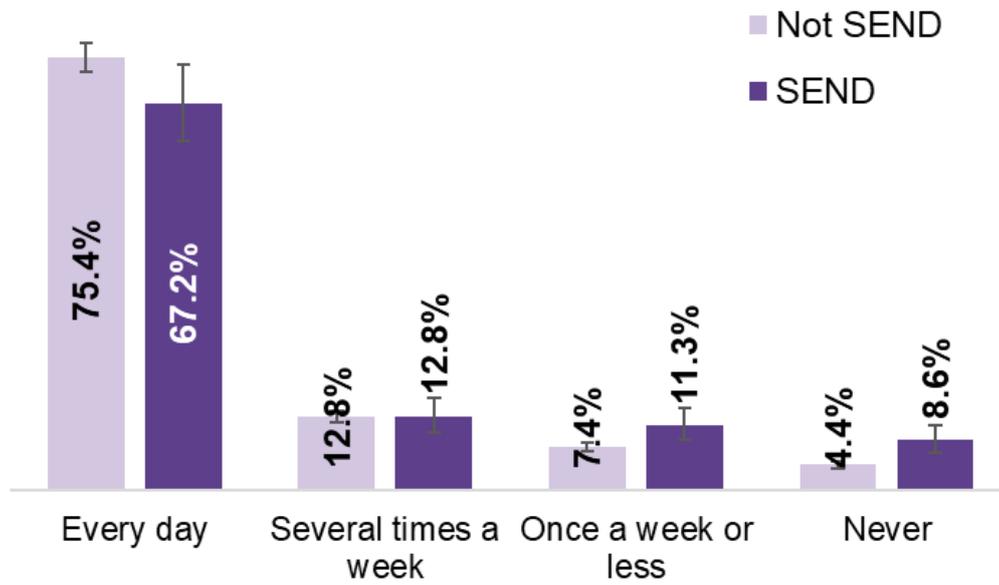


Figure 66: Percentage of SEND and non-SEND pupils in Harrow who eat vegetables each week (Self-Reported; HAY Harrow 2025)

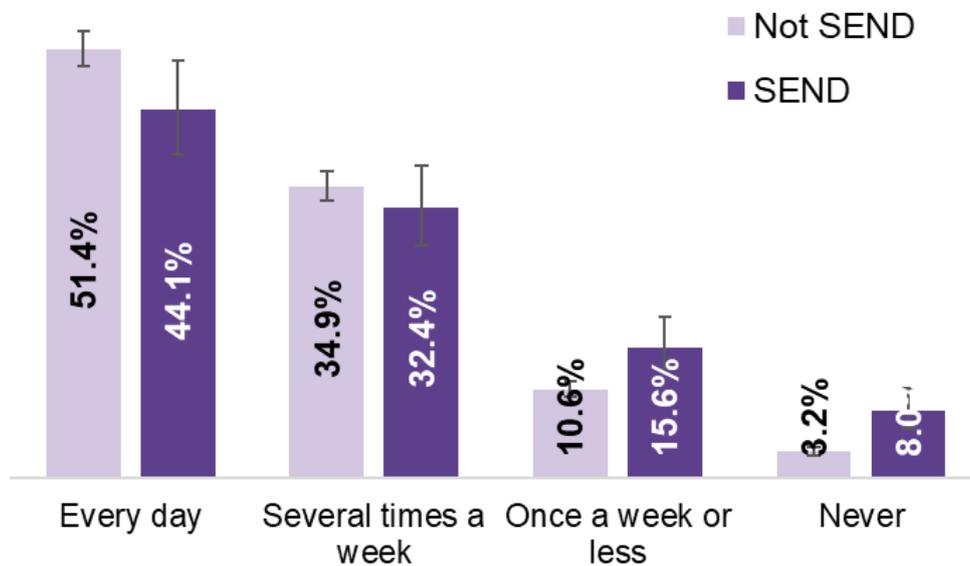


Figure 67: Percentage of SEND and non-SEND pupils in Harrow who drink fizzy or energy drinks each week (Self-Reported; HAY Harrow 2025)

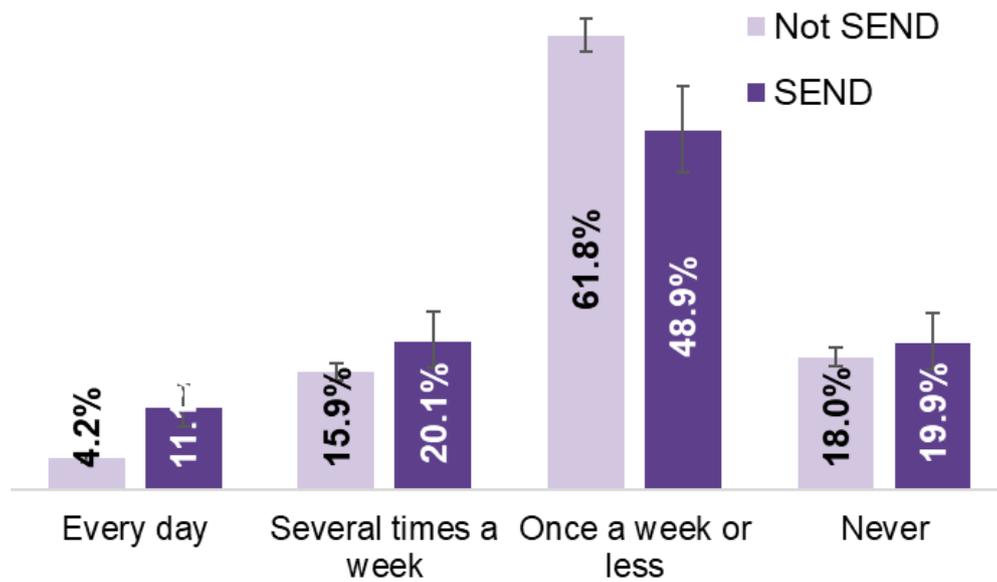


Figure 68: Percentage of SEND and non-SEND pupils in Harrow who eat fast food or takeaways each week (Self-Reported; HAY Harrow 2025)

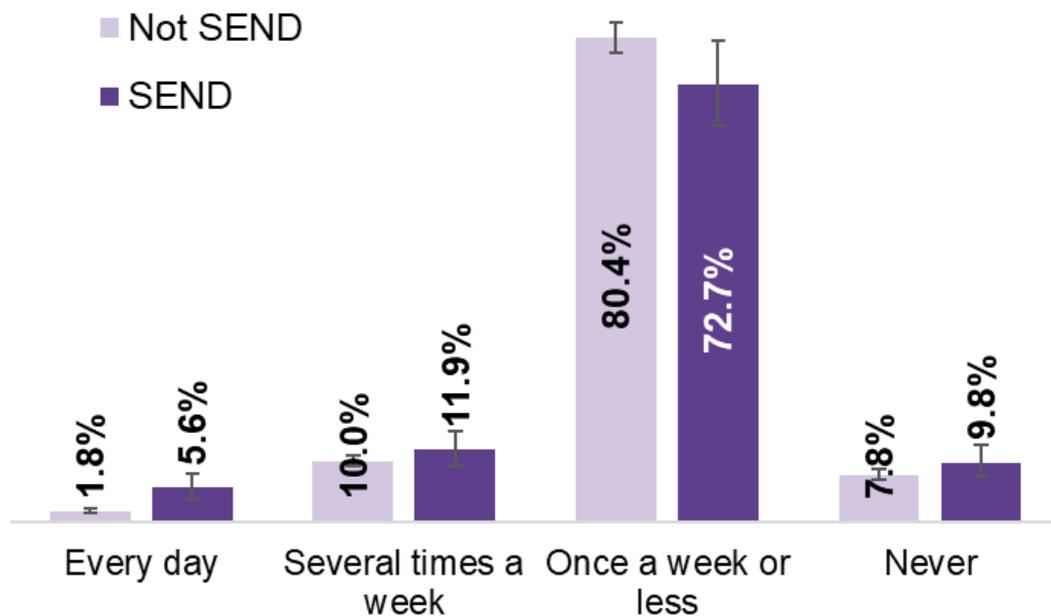
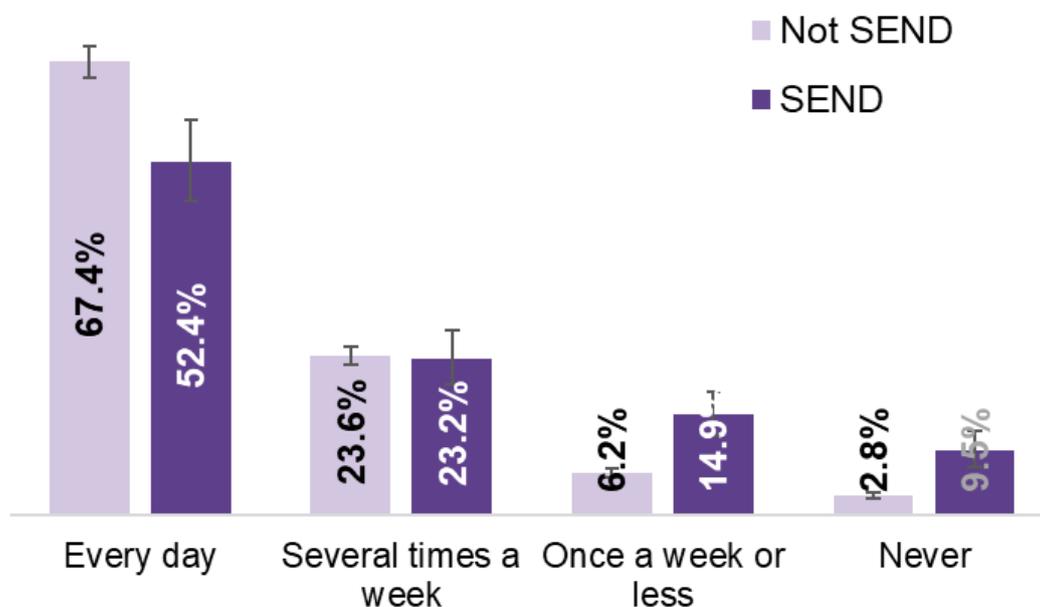


Figure 69: Percentage of SEND and non-SEND pupils in Harrow who eat meals together with their family each week (Self-Reported; HAY Harrow 2025)



Physical Activity

Physical inactivity is one of the leading risk factors for mortality and illness in England – it is strongly associated with a number of chronic health conditions including cardiovascular disease, coronary heart disease and stroke, as well as diabetes, obesity, hypertension, several cancers and poor mental health (GBD , 2021).

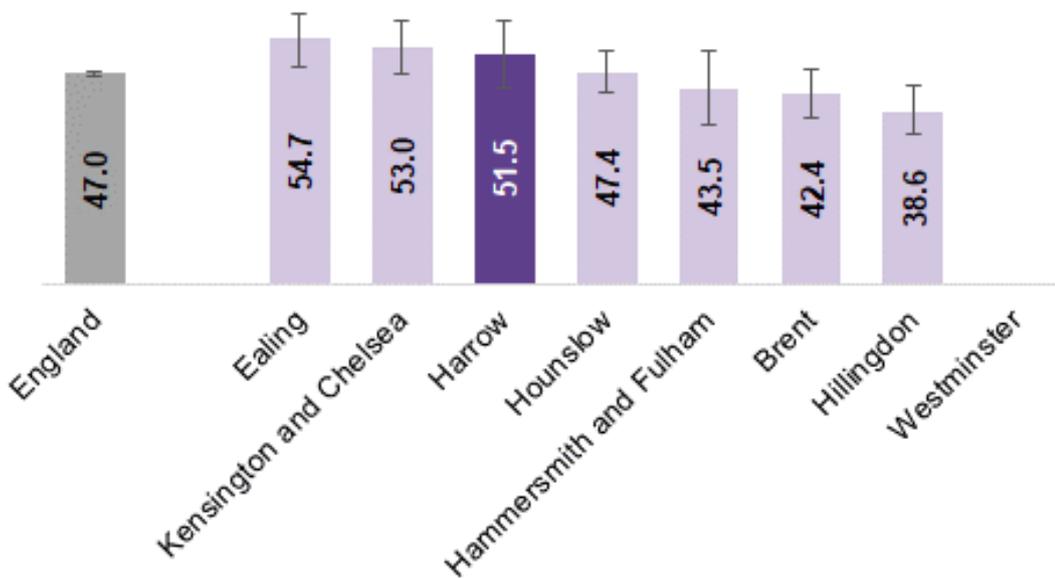
The proportion of adults in Harrow who are physically inactive is similar to the national level (OHID, 2024).

In children, regular moderate to vigorous physical activity improves health and fitness, strengthens muscles and bones, develops coordination, maintains healthy weight, improves sleep and mood, builds confidence and social skills and improves concentration and learning.

Good physical activity habits established in childhood and adolescence are also likely to be carried through into adulthood, reducing the risk of harm from chronic illnesses later in life.

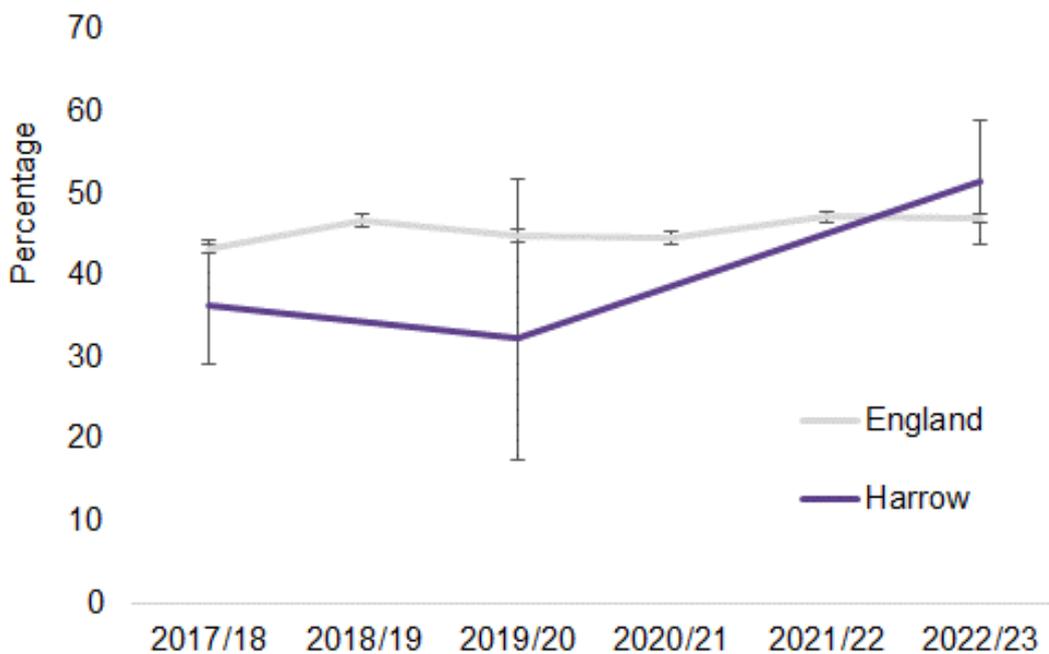
The UK Chief Medical Officers recommend that children and young people (5 to 18 years) are physically active for an average of at least 60 minutes per day across the week. The evidence suggests, however, that a significant proportion of adolescents do not meet this minimum standard. Survey data suggest that the rate of children and young people who meet this recommendation in Harrow is similar to other North West London boroughs, and to the national average (**Figure 70**). The rate hasn't changed significantly in recent years (**Figure 71**).

Figure 70: Percentage of children and young people (5-15 years old) who meet physical activity recommendations in Harrow and comparators (2022/23)



Source: Fingertips

Figure 71: Percentage of children and young people (5-15 years old) who meet physical activity recommendations in Harrow and comparators (time trend)



Source: Fingertips

Local survey evidence suggests that rates of physical inactivity in Harrow children is much lower than the national average (HAY, 2021). In HAY 2022/23 only 28% of all children and young

people said they were physically active for at least an hour 7 days a week and that masked a significant fall from those in KS2 (34%) to those in KS4/5 and college (20%). But that is not the same as an average of 60min a day across 7 days a week which could explain some of the discrepancy between the nationally reported and locally reported figures in Fingertips.

If the comparison is made with the HBSC 2022 (Health Behaviours in School-Aged Children) report which asks the same question as the HAY survey, Harrow children and young people in comparable age groups report a higher level of physical activity (26%) compared to the national average of 17%.

This data also shows a clear link between physical activity and feeling happy with the number of active days per week correlating strongly with life satisfaction and happiness measures.

Football/rugby/cricket were the most commonly practiced sports in local children (49%), followed by basketball / netball / tennis (38%), jogging / running (34%) and cycling (30%). A lack of “suitable spaces, pitches, or courts near to my home” was the most common reason (18%) given for children who did not reach the recommended level of physical activity, followed by “cost” (14%).

The 2025 HAY Harrow survey shows that SEND pupils are more likely to not have been physically active on any days in the previous week (**Figure 72**). Barriers to physical activity were broadly similar in SEND and non SEND pupils – however, SEND pupils were particularly likely to report that they were not made to feel welcome (

Figure 73).

Figure 72: Percentage of SEND and non-SEND pupils in Harrow who are physically active for at least an hour, over the last 7 days (Self-Reported; HAY Harrow 2025)

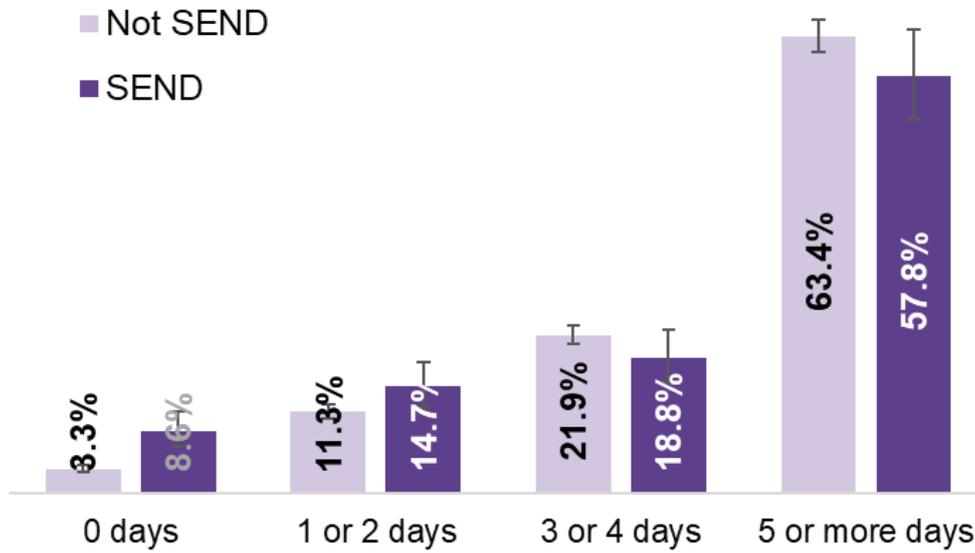


Figure 73: Percentage of SEND and non-SEND pupils in Harrow who report barriers to taking part in physical activities (Self-Reported; HAY Harrow 2025)



Oral health

Oral health is an integral part of overall health and wellbeing. It is vital to essential functions such as eating, breathing and speaking, as well as our self-confidence and ability to socialise without pain, discomfort and embarrassment (WHO, 2025). Poor oral health, caused by diseases like tooth decay, is also the most common cause of hospital admissions for 6-10-year-olds in the UK (PHE, 2021) and frequently has knock-on effects such as missed education (UK Government, 2021). Evidently, oral health impacts on children's physical, emotional, mental, social and educational wellbeing and their ability to learn, thrive and develop.

Evidence demonstrates that people with SEND experience oral health inequalities. This includes higher rates of untreated tooth decay and gum disease. The treatment of tooth decay in children with SEND is also more likely to lead to more invasive procedures such as hospital tooth extractions (PHE, 2025).

Many people with SEND are more reliant on others, such as their carers, to help them to clean their teeth. These carers are often inadequately trained to provide dental care, particularly considering the greater needs such as reduced dexterity that can impair toothbrushing and sensory sensitivity that can make it challenging to cooperate with oral care. Furthermore, people with SEND face an increased risk of poor oral health due to high sugar intake, medications that reduce saliva flow and acid reflux. In addition to this unmet oral health need, people with SEND experience poorer access to dental services and less preventative dentistry (PHE, 2025).

In Harrow, results from the HAY Harrow survey paint a local picture of behaviours related to oral health in children. Figure 68 shows that SEND pupils are less likely to brush their teeth twice a day with toothpaste than non-SEND pupils. In addition, pupils with SEND were more likely to drink fizzy or energy drinks and eat fast-food or takeaways every day or several times a week than non-

SEND pupils. Results from the HAY Harrow survey also show that pupils with SEND were just as likely as non-SEND pupils to report visiting a dentist in the last 12 months.

There is no comprehensive data available on oral health outcomes that is stratified by SEND. Overall, 27.6% of 5-year-old children in Harrow have experience of tooth decay. This is just above the London average of 27.4%, and a statistically significant reduction from 42.4% in 2019 (NDEP, 2025).

Data from the recent HAY Harrow survey shows some evidence for poorer oral hygiene in SEND children in Harrow (**Figure 74**).

The recently published Harrow Oral Health Needs Assessment (OHNA) explores local oral health in more detail (London Borough of Harrow, 2025). As part of this work, a targeted survey was conducted and includes results for children and adults with SEND. It reveals unmet oral health needs affecting this group locally and highlights the challenges which they face.

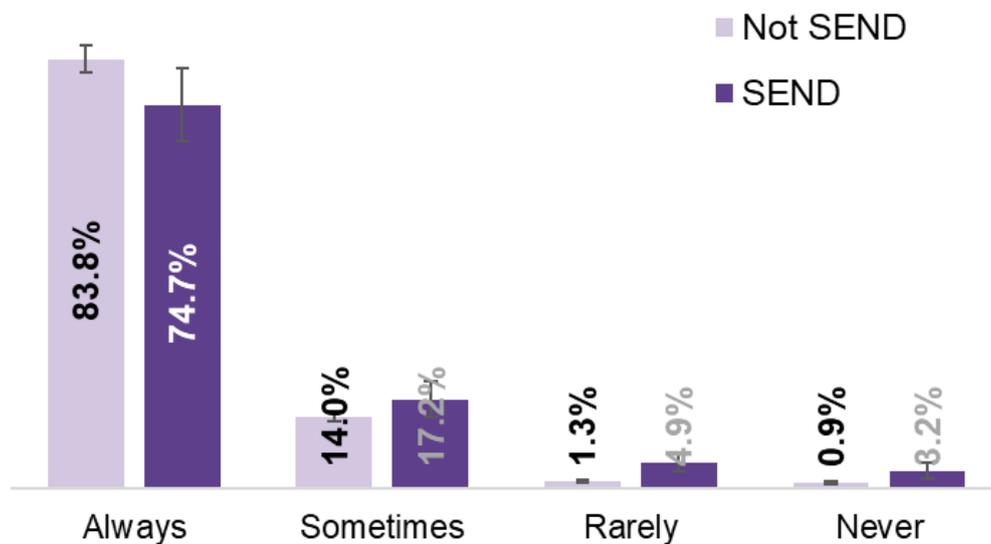
The OHNA makes a number of recommendations to improve oral health in Harrow. This includes addressing inequalities and unmet needs, tackling the challenges which particularly vulnerable at-risk groups experience – people with SEND are at the core of this.

North West London NHS has recently launched new dental clinics and have started to take referrals in Harrow specifically for children and young people who have never seen a dentist, have special educational needs and disabilities or do not attend regularly. These clinics offer free NHS dental treatment in a child-friendly setting, with longer, calmer appointments and experienced teams skilled in supporting nervous or first-time patients. Located near family hubs, schools, and children's centres, the service also provides practical advice for parents on oral hygiene, diet, and routine check-ups. Access is facilitated through local hubs and monthly outreach sessions.

Key Benefits for Children with SEND:

- Free NHS dental treatment for all children under 18.
- Longer, calmer appointments tailored for comfort and reduced anxiety.
- Child-friendly environment designed to support sensory needs.
- Experienced dental teams skilled in working with nervous, first-time, and SEND patients.
- Practical advice for parents/carers on brushing, diet, and oral health routines.

Figure 74: Percentage of SEND and non-SEND pupils in Harrow who report that they brush their teeth twice a day with toothpaste (Self-Reported; HAY Harrow 2025)



Smoking

Efforts are ongoing to support people of all ages who smoke to quit, whether through licenced medication or through vapes. Vapes are promoted as an effective tool to help people to quit, (e.g. the “Swap to Stop” campaign launched in 2023). Vapes, while less damaging to health than cigarettes, are not risk-free, and are therefore not recommended for non-smokers. In addition, as vapes usually contain nicotine, they can be highly addictive, and this in combination with flavourings and marketing targeted at children and young people, has led to national increase in recent years of children and young people who do not smoke, trying and taking up vaping. The longer-term and wider effects of vaping in children and young people is largely unknown, but there are concerns, and so restricting the access of vapes to this cohort is a focus of the Tobacco and Vapes Bill currently going through Parliament.

Rates of adult smoking in Harrow have increased to 16.1% in the most recently published data and one of the highest in Northwest London. (OHID, 2024). This is also higher than the smoking rate in England at 12.6% according to the annual population survey.

According to the HAY Harrow Survey, rates of smoking in local children and young people declined from 5% in 2021 to 3% in 2023 (HAY Harrow, 2022/23). However, rates of vape use doubled from 3% to 6% in the same years. These show a similar trend to a national picture where rates of smoking prevalence among under 18s continues to decline, but vape use is increasing. Rates of vape use have increased nationally from 3% in 2021 to 7.6% in 2023.

Around 2% of young people used to smoke, vape, or drink alcohol but had given up (HAY, 2021).

Local survey evidence suggests that rates of smoking and vaping in Harrow children is lower in those of Asian ethnicity (HAY, 2021). This is supported by evidence from local GP data which shows that adult smoking rates are relatively low in Asian residents, and in particular females (London Borough of Harrow, 2022/23).

The graphs below, based on data from the 2025 HAY Harrow survey show that pupils with SEND are more likely to smoke, vape and to use nicotine pouches (**Figure 75**,

Figure 76, Figure 77).

There is more information on smoking in Harrow in a recently published Needs Assessment (London Borough of Harrow, 2024)

Figure 75: Percentage of SEND and non-SEND pupils in Harrow who report that they smoke (Self-Reported; HAY Harrow 2025)

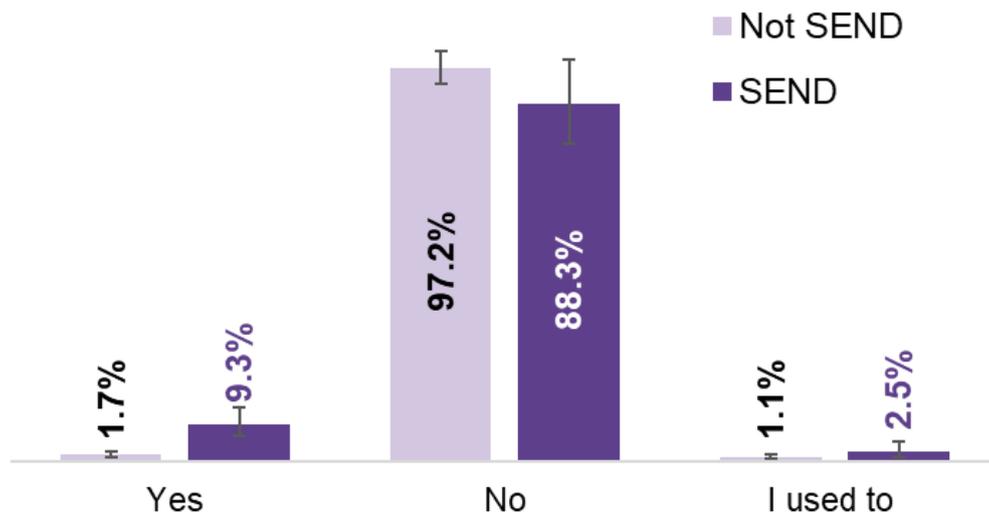


Figure 76: Percentage of SEND and non-SEND pupils in Harrow who report that they vape (Self-Reported; HAY Harrow 2025)

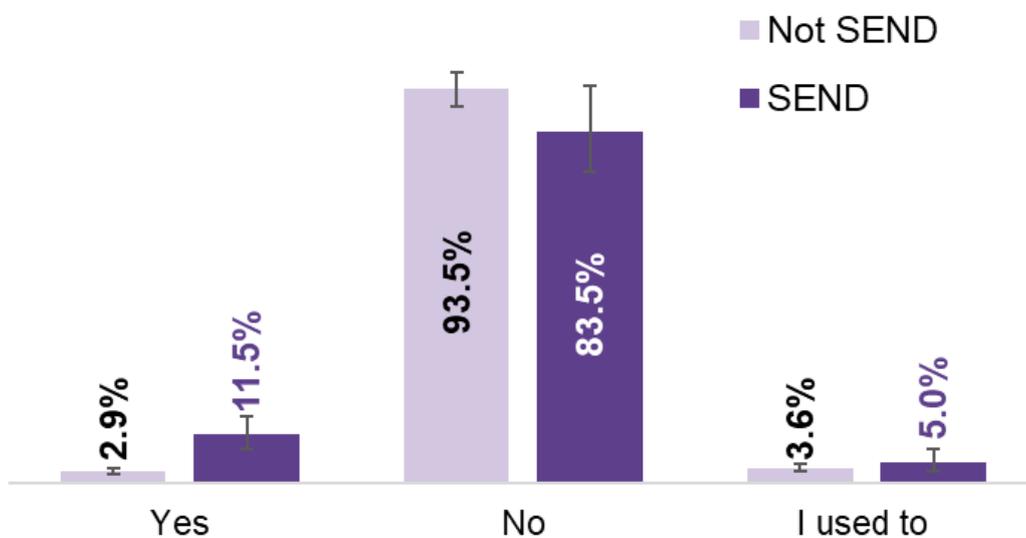
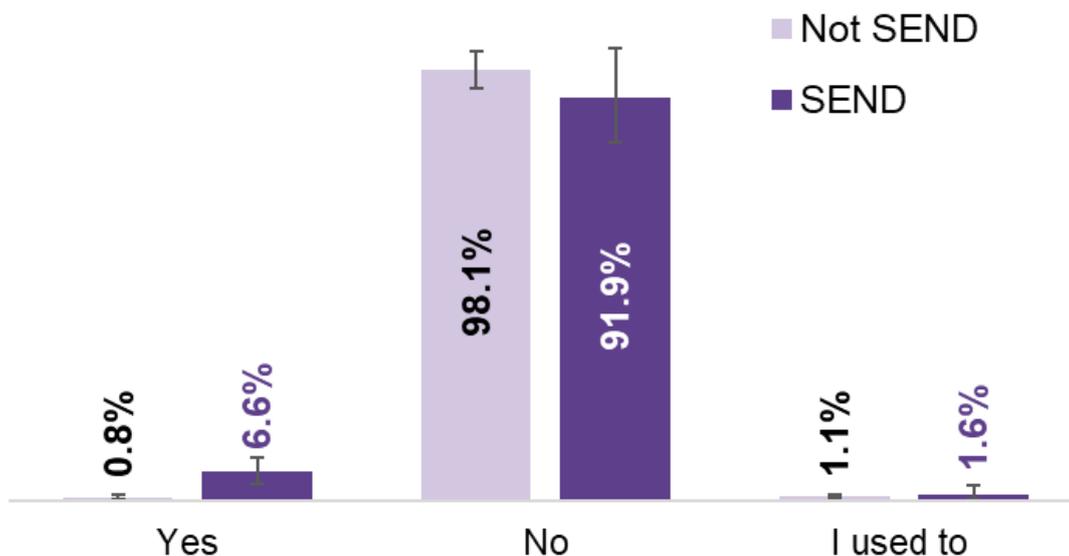


Figure 77: Percentage of SEND and non-SEND pupils in Harrow who report that they use snus / nicotine pouches (Self-Reported; HAY Harrow 2025)



Alcohol

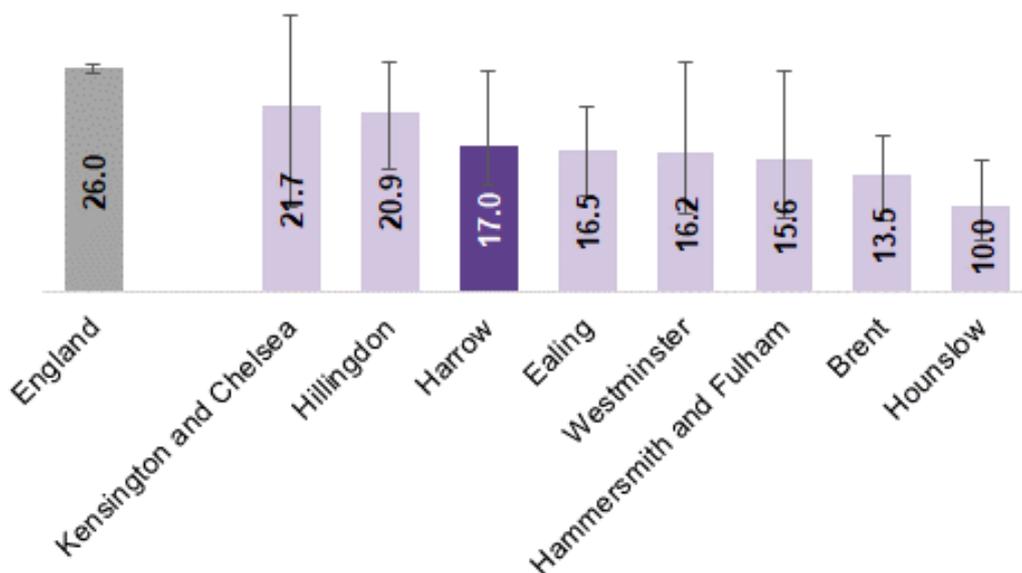
Alcohol consumption in children contributes to illness, hospital admissions and deaths from a diverse range of conditions. It places a considerable cost on the NHS and other public services. Alcohol consumption by young people leads to an increased likelihood that they will have sex at a younger age - alcohol is linked to a greater number of sexual partners, more regretted or coerced sex, and higher rates of teenage pregnancy (DHSC, 2013).

Alcohol misuse by parents can significantly affect their children’s long term health and life opportunities, including causing foetal alcohol spectrum disorder (FASD) (DHSC, 2023). It is estimated that nationally approximately 4 in 100 children live with a parent who has problem alcohol or drug use (Public Health England, 2021). This is mirrored in local survey data in which 3% of young people from KS3 and older reported that they lived with someone who had problems with substance abuse (HAY 2022/23).

Local evidence suggests that rates of alcohol consumption in Harrow children are much lower than the national average, with children identifying as Asian in particular less likely to drink alcohol (HAY, 2021). Overall self-reported rates of drinking alcohol ranged from 2% of respondents in KS3 to 14% in KS5 / College with the overall borough rate for KS3 and above being 6% (HAY 2022/23).

This is supported by data showing that rates of alcohol specific hospital admissions in under 18s are similar in Harrow to those of the comparators – see **Figure 78**.

Figure 78: Admission episodes for alcohol-specific conditions – crude rate per 100,000 under 18s in Harrow and comparators (2020/21 - 22/23)

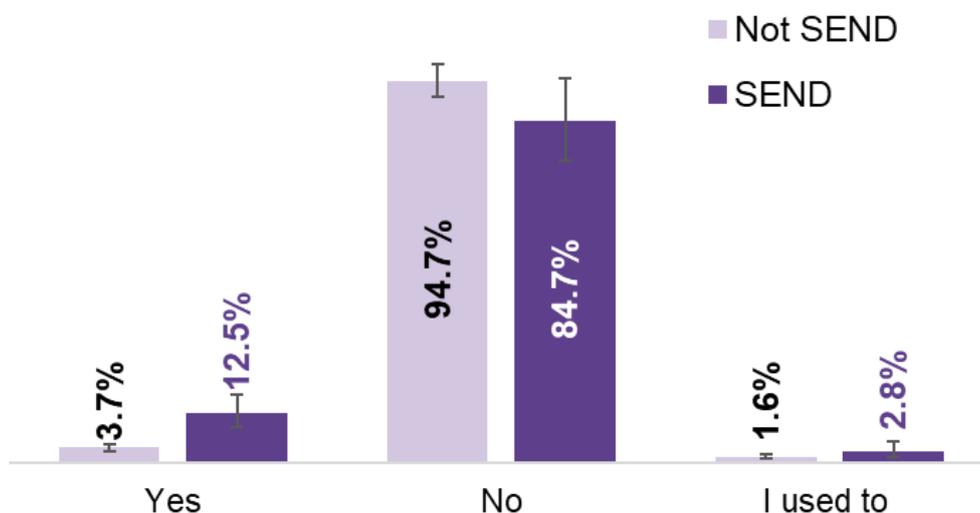


Source: Fingertips

The graph below, based on data from the 2025 HAY Harrow survey show that pupils with SEND are more likely to drink alcohol (**Figure 79**).

There is more information on drugs and alcohol in Harrow in a recently published Needs Assessment (London Borough of Harrow, 2025)

Figure 79: Percentage of SEND and non-SEND pupils in Harrow who report that they drink alcohol (Self-Reported; HAY Harrow 2025)



Drugs

There is evidence to suggest that young people who use recreational drugs run the risk of damage to their mental health, including suicide, depression and disruptive behaviour disorders (London Borough of Harrow, 2021). Regular use of cannabis or other drugs may also lead to dependence. Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

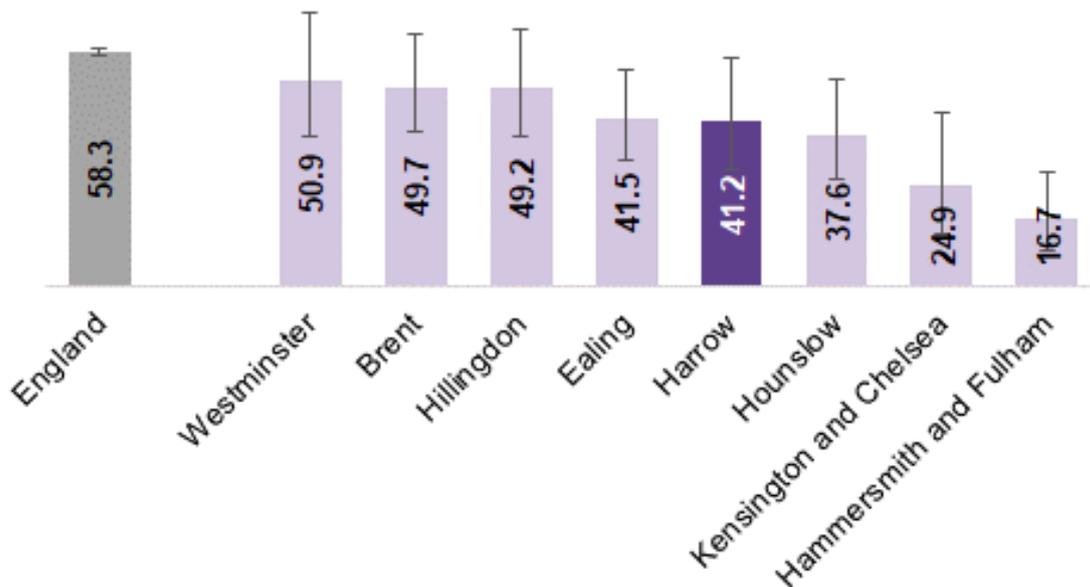
Local surveys suggest that in 2022/23, 2% of young people were current users of legal highs (a further 1% said they used to) and 3% were current users of illegal drugs (and a further 1% said they used to) (HAY, 2021). Around 4% of older teenagers said they lived with someone who has problems with substance misuse (HAY, 2021).

Around 6% of respondents across Key Stages 3, 4 and 5 have been offered illegal drugs. There was an increased likelihood of being offered illegal drugs in secondary school at Key Stages 4 or 5 (HAY, 2021).

The number of young people in treatment in Harrow has shown a downward trend since 2014, and in 2021 remained under 1% of the total proportion of young people in treatment in England and roughly 3% of the total proportion of young people in treatment in England (London Borough of Harrow, 2021).

Rates of hospital admissions of young people from Harrow are similar to those in North West London, and lower than the rates in England as a whole (**Figure 80**). There has been no clear trend upwards or downward over recent years (data not shown).

Figure 80: Hospital admissions due to substance misuse (15 to 24 years) in Harrow and comparators (DSR per 100,000 2020/21 – 2022/23)



Source: [Fingertips](#)

The graphs below, based on data from the 2025 HAY Harrow survey show that pupils with SEND are more likely to use illegal drugs, and to have been offered illegal drugs (**Figure 81, Figure 82**).

There is more information on drugs and alcohol in Harrow in a recently published Needs Assessment (London Borough of Harrow, 2025)

Figure 81: Percentage of SEND and non-SEND pupils in Harrow who report that they use illegal drugs (Self-Reported; HAY Harrow 2025)

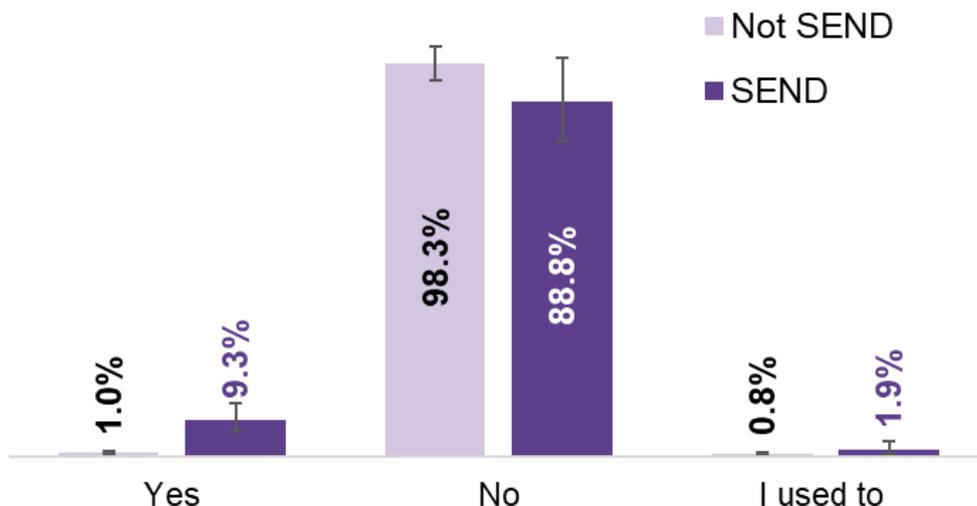
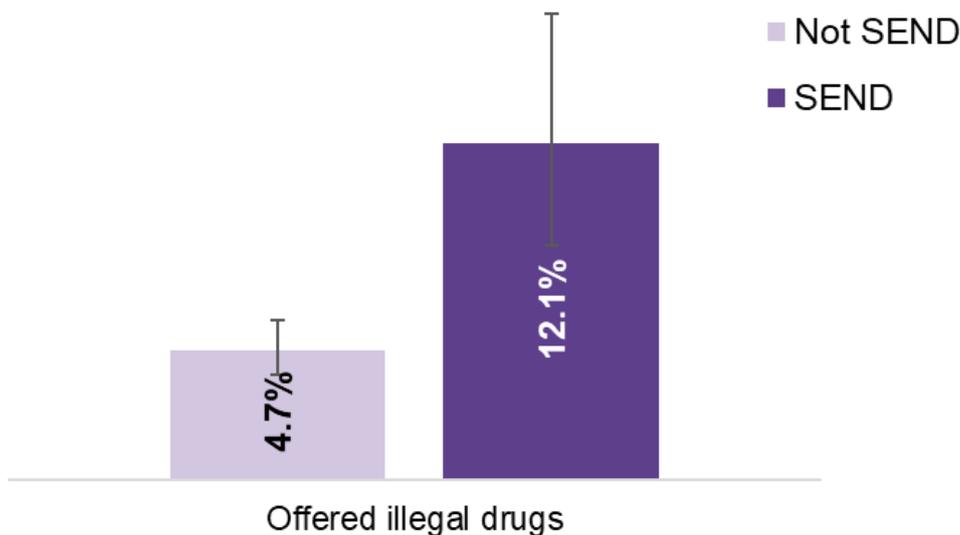


Figure 82: Percentage of SEND and non-SEND pupils in Harrow who report that they have been offered illegal drugs (Self-Reported; HAY Harrow 2025)



Sexual health

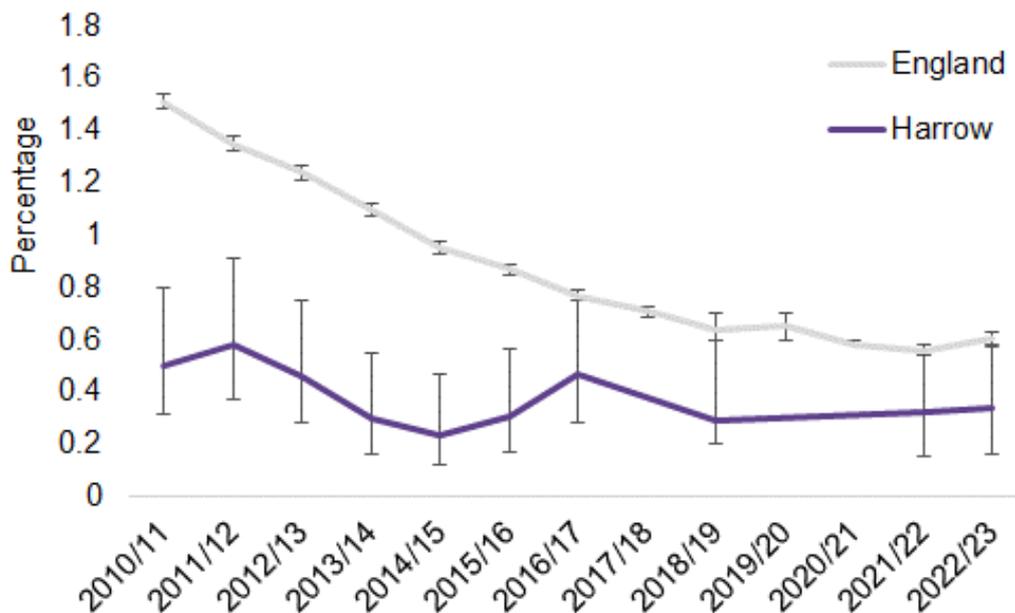
The World Health Organisation notes that good sexual health “requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. Reproductive health implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so”.

Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.

The percentage of mothers who are under 18 has remained consistently low in Harrow over recent years, while there has been a large decline nationally (

Figure 83).

Figure 83: Teenage mothers – percentage of deliveries where mother in under 18, in Harrow and comparators (time trend)



Source: Fingertips

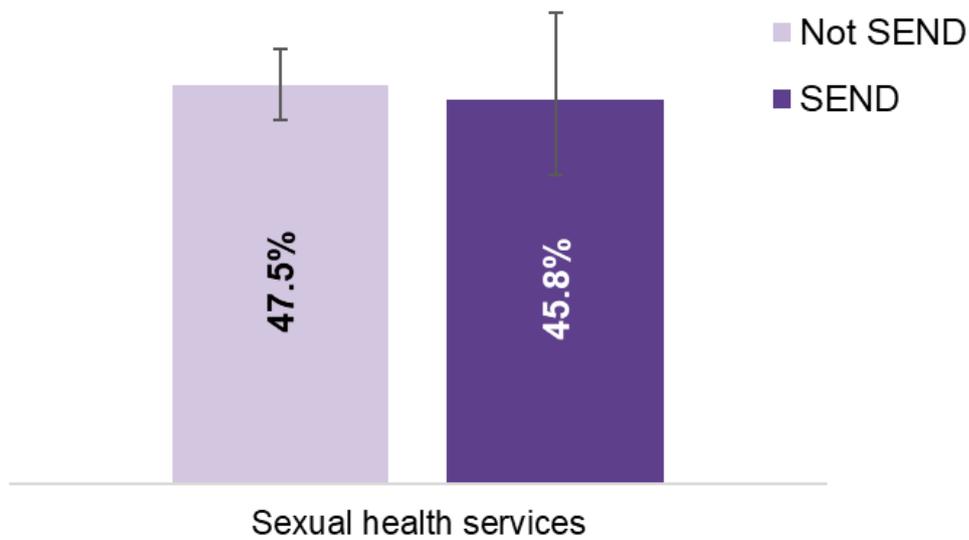
Sexual and reproductive health services for young people in Harrow need to be easily accessible with a high level of awareness and willingness to use them. Some services can be sensitive, and they should meet the needs of our culturally and sexual diverse community.

More young people aged 15-18 reported that they know how to access sexual health services in 2023 compared to 2021 - from 31% to 40% (HAY Harrow, 2022/23).

Data from the 2025 HAY Harrow survey shows that SEND and non SEND pupils have a similar awareness of accessing sexual health services (

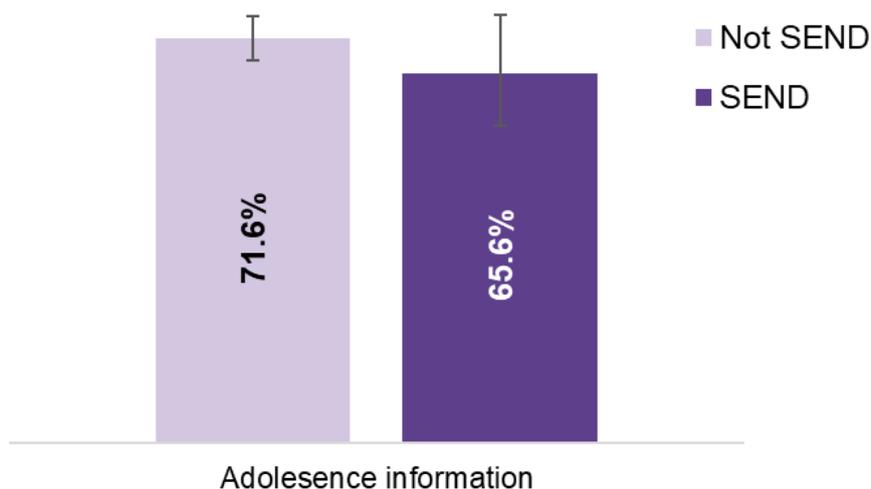
Figure 84).

Figure 84: Percentage of SEND and non-SEND pupils in Harrow who know how to access sexual health services (Self-Reported; HAY Harrow 2025)



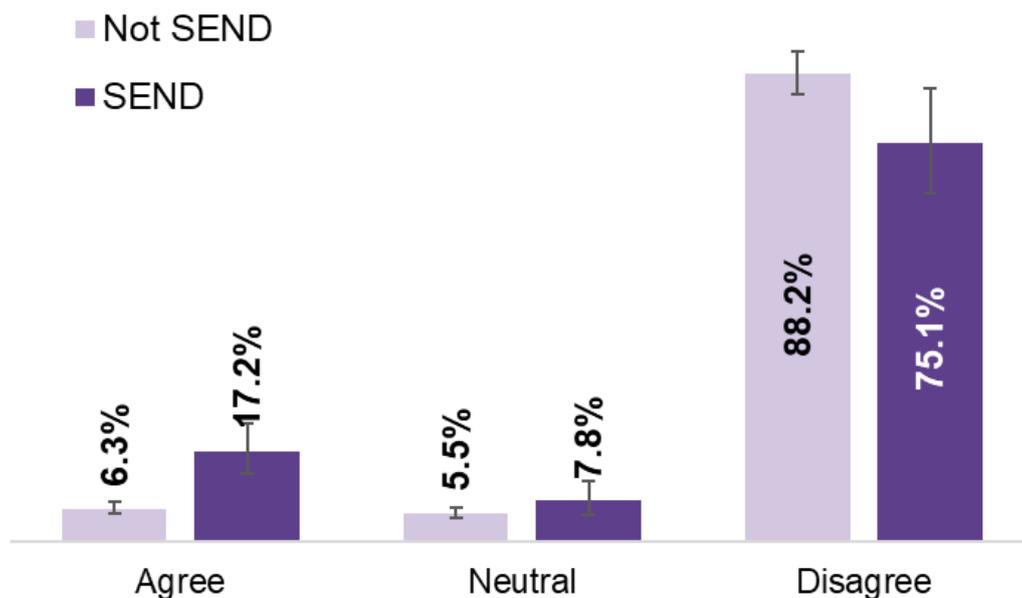
Data from the 2025 HAY Harrow survey show that similar percentages of pupils with SEND and without SEND report that they receive enough information from school about adolescence and body changes. (**Figure 85**).

Figure 85: Percentage of SEND and non-SEND pupils in Harrow who report that they receive enough information from school about adolescence and body changes (Self-Reported; HAY Harrow 2025)



Data from the 2025 HAY Harrow survey show older pupils with SEND in Harrow are more likely to have been victims of sexual harassment (**Figure 85**).

Figure 86: Percentage of SEND and non-SEND pupils in Harrow who consider that they have been a victim of sexual harassment (KS3+, Self-Reported; HAY Harrow 2025)



Devices

There is significant public concern about the effect of developments in digital technology on the health and wellbeing of children.

Digital media has great value in providing young people with opportunities for connection and friendships, particularly for those who may find them difficult to access in person. Likewise, the digital opportunities for seeking support and delivering peer support for mental health are emerging (Naslund et al., 2020). However, elevated and problematic screen use has also been linked with poorer mental health (Primack et al., 2016), compromising health behaviours (Ganson et al. 2023), reduced academic performance and school connectedness (Sampasa-Kanyinga et al., 2022). Intense and problematic social media use is associated with shorter sleep duration, later bedtimes and greater 'social jetlag' in adolescents (Boniel-Nissim et al., 2023). Similarly, while gaming provides opportunities for connection, disordered gaming has been associated with depressive symptoms, anxiety and substance misuse in adolescents (Burkauskas et al., 2022). In-game purchases or micro-transactions, an increasingly common feature in gaming, have also raised concerns since they may share some common features with gambling activity (King and Delfabbro, 2020).

The graphs below, based on data from the 2025 HAY Harrow survey show that pupils with SEND are more likely to spend long hours on electronic devices (

Figure 87, Figure 88).

Figure 87: Hours per day spent on electronic devices on the weekend by SEND and non-SEND pupils in Harrow (Self-Reported; HAY Harrow 2025)

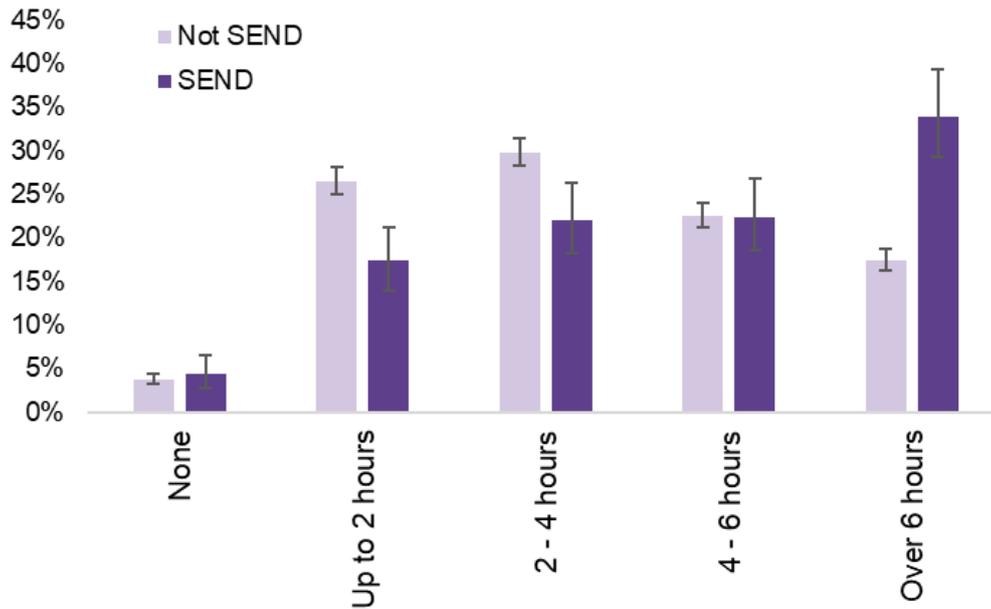
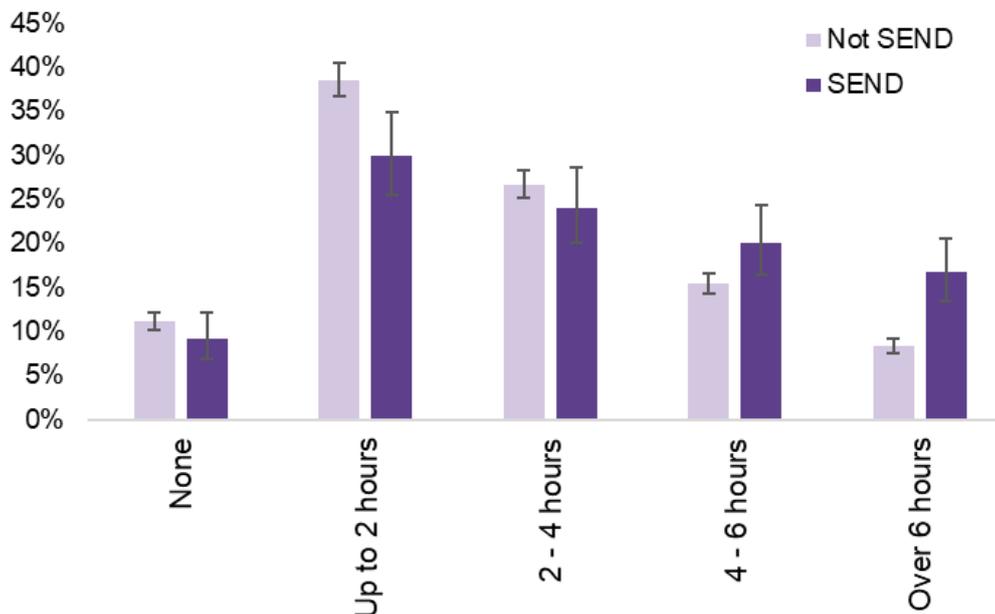


Figure 88: Hours per day spent on electronic devices on weekdays by SEND and non-SEND pupils in Harrow (Self-Reported; HAY Harrow 2025)



Relationships

There is strong scientific evidence that having high-quality personal relationships, and feeling socially connected, is associated with improved wellbeing, and reduced risk of illness and death (Julliance Holt-Lunstad et al, 2018). Rates of self reported loneliness nationally are highest in young adults, leading to worse mental health and economic opportunity (Ozcelik, H., & Barsade, S., 2011).

Pupils in Harrow with SEND report worse relationships with their family on average (**Figure 89**, **Figure 90**), and that they are less likely to have one or more really good friends (

Figure 91).

Figure 89: Percentage of SEND and non-SEND pupils in Harrow who agree that their family helps and supports them (Self-Reported; HAY Harrow 2025)

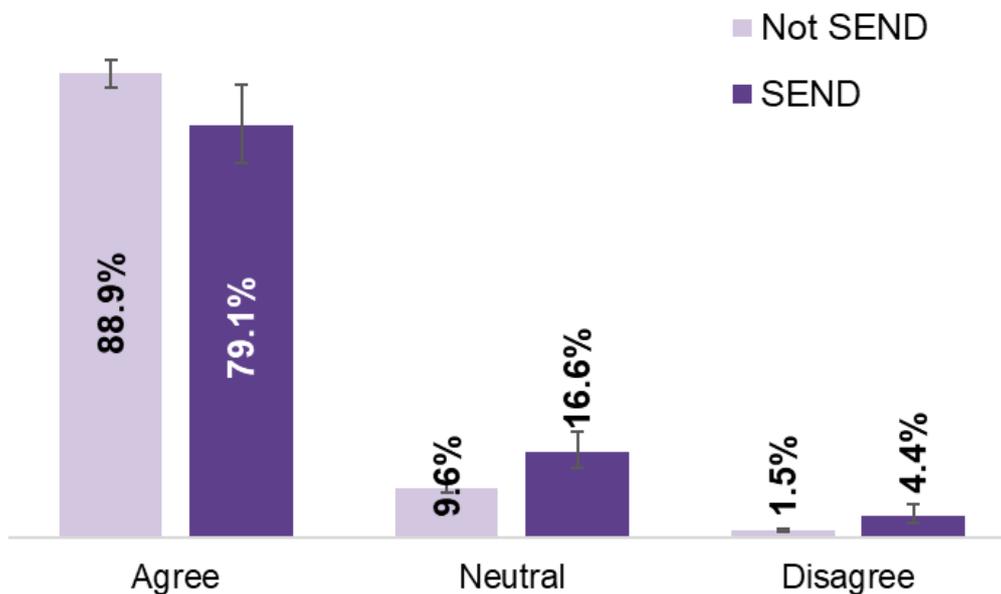


Figure 90: Percentage of SEND and non-SEND pupils in Harrow who agree that they can talk about problems with their family (Self-Reported; HAY Harrow 2025)

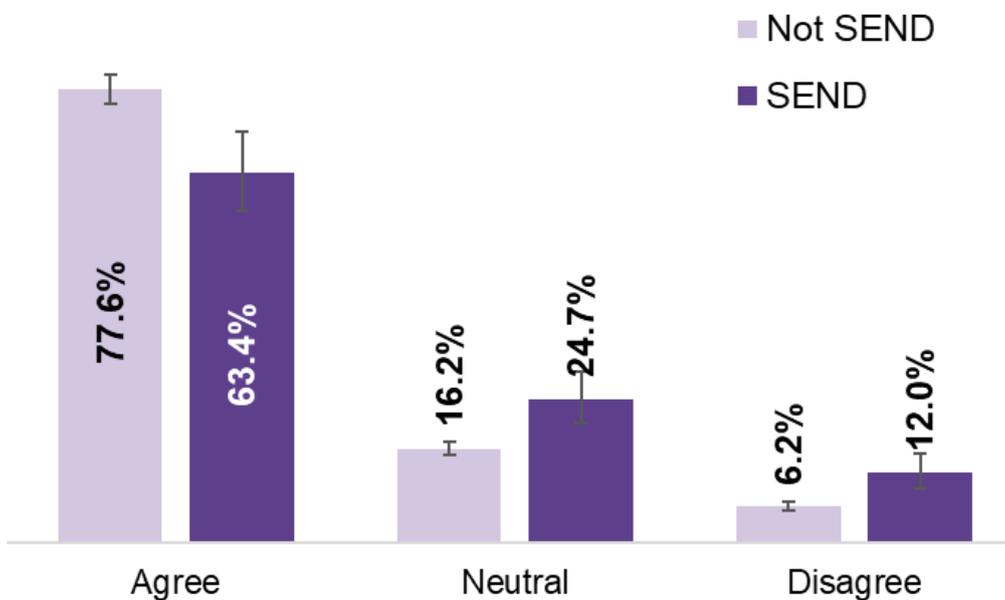
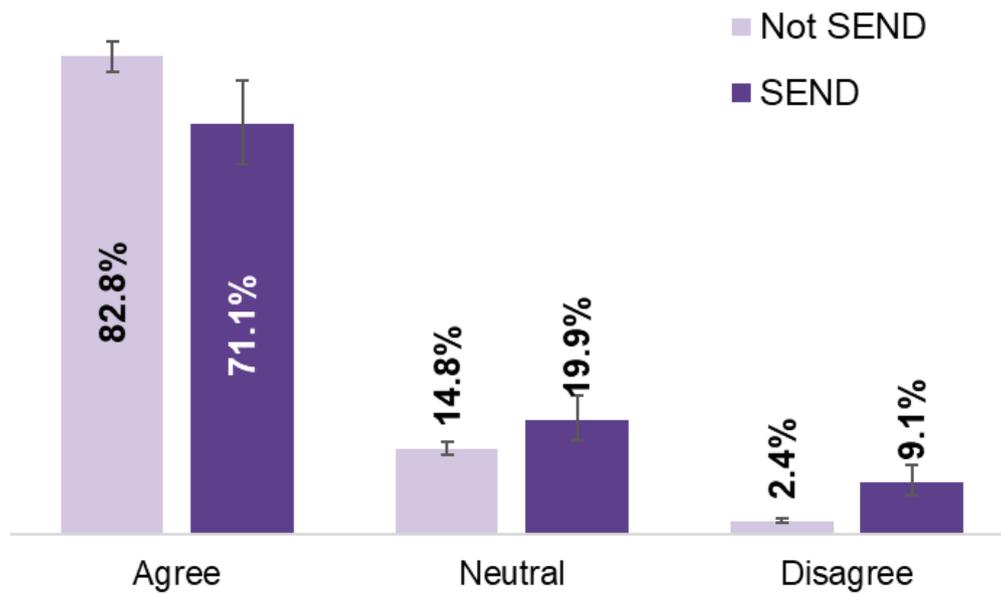
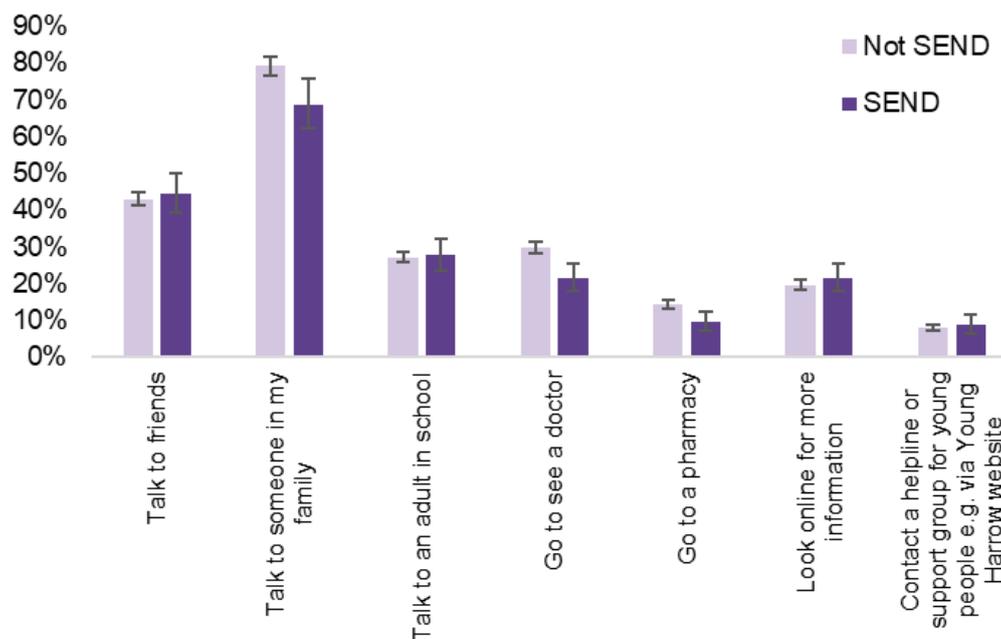


Figure 91: Percentage of SEND and non-SEND pupils in Harrow who agree that they have a really good friend or friends (Self-Reported; HAY Harrow 2025)



Pupils with SEND report that they would most likely seek health advice from a family member, or friends – these rates are similar to non SEND pupils. A slightly lower proportion of SEND pupils reported that they would seek this advice from a doctor or pharmacy (**Figure 92**).

Figure 92: Where SEND and non-SEND pupils in Harrow would seek advice with a mental or physical health problem (Self-Reported; HAY Harrow 2025)



More Harrow pupils with SEND also report that they have been bullied (**Figure 93**) – in particular, there is a high rate of SEND children who report having been bullied for their health, mental health or disability (**Figure 94**).

Figure 93: Percentage of SEND and non-SEND pupils in Harrow who agree that they have been bullied (Self-Reported; HAY Harrow 2025)

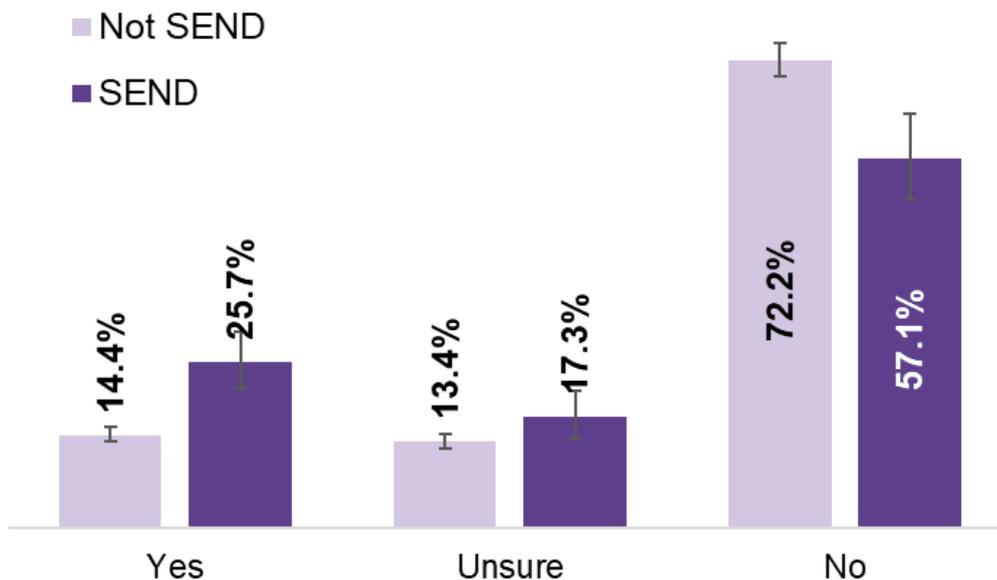
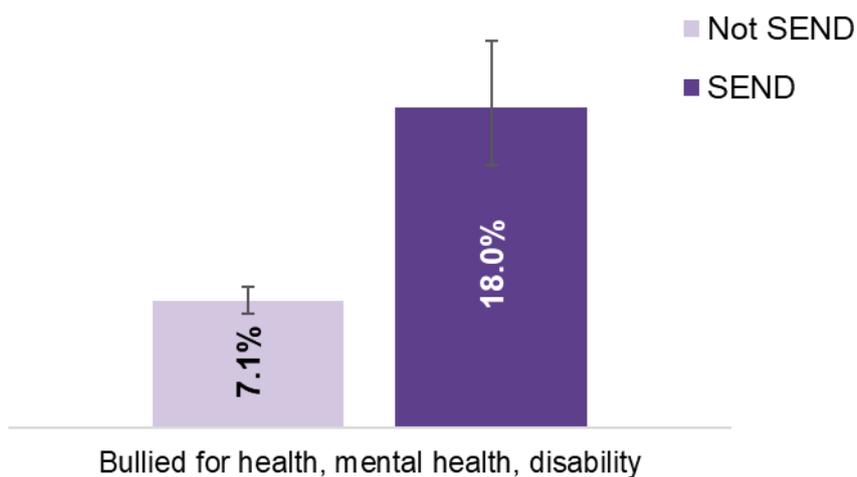


Figure 94: Percentage of SEND and non-SEND pupils in Harrow who think they have been bullied for their health, mental health or disability (Self-Reported; HAY Harrow 2025)



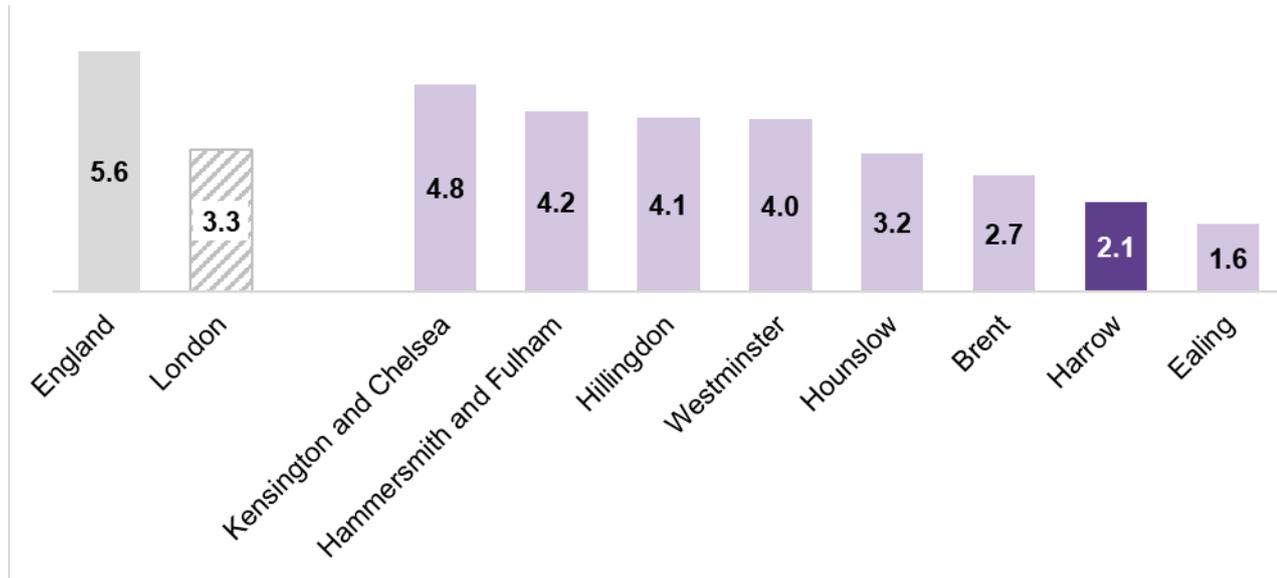
Outcomes

Education and Employment

Good quality education and employment are key determinants of a healthy life course, with young people who are not engaged in employment, education or education at high risk of poor outcomes (Marmot, 2010). According to the 2021 Census, most adults (58%) in Harrow, are in employment. Significant percentages are also retired, students, looking after the home or family, unemployed, or long-term sick and disabled. The rate of 16-17 year old children, who are not in education, employment or training in Harrow is the lowest in North West London, and is lower than the national and London average (**Figure 95**,

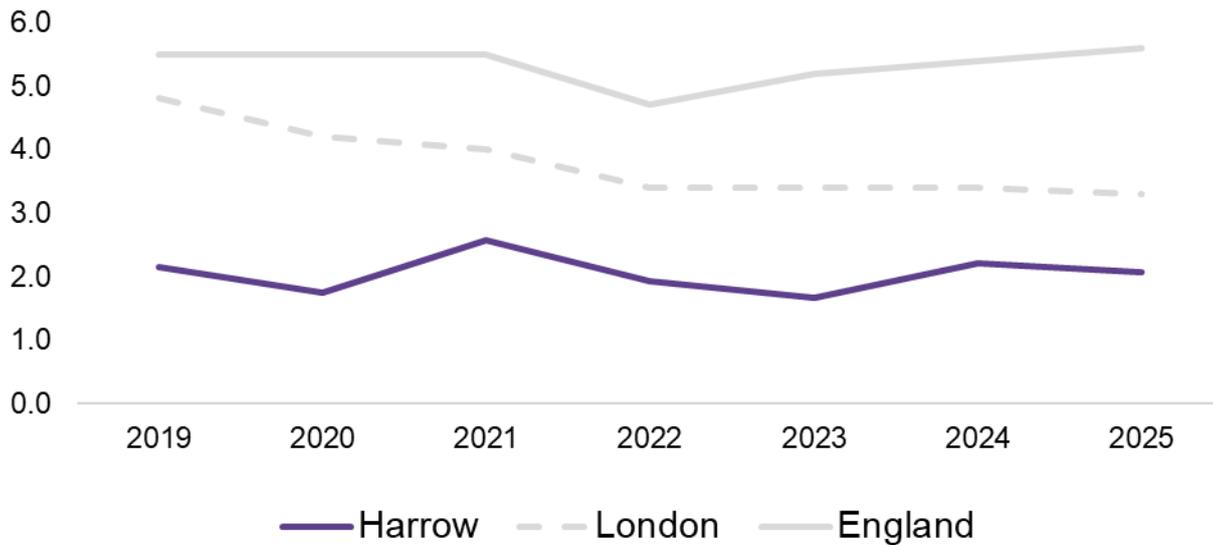
Figure 96).

Figure 95: 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Harrow and comparators 2024/25)



Data source: Participation in education, training and NEET age 16 to 17 by local authority

Figure 96: 16 to 17 year olds Not in Education, Employment or Training (NEET) or whose activity is Not Known (Harrow and comparators, time trend)



Data source: Participation in education, training and NEET age 16 to 17 by local authority

Based on the DfE Participation in education, training and NEET data in **Figure 97** below 4.1% of Harrow’s 16 to 17 year olds with a SEN were NEET or whose activity is not known in comparison to 1.8% of the CYP with no identified SEN. Harrow’s SEN percentages are lower than both the London (6.0%) and national (9.8%).

Figure 97: 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known (Harrow, London and National 2024/25)

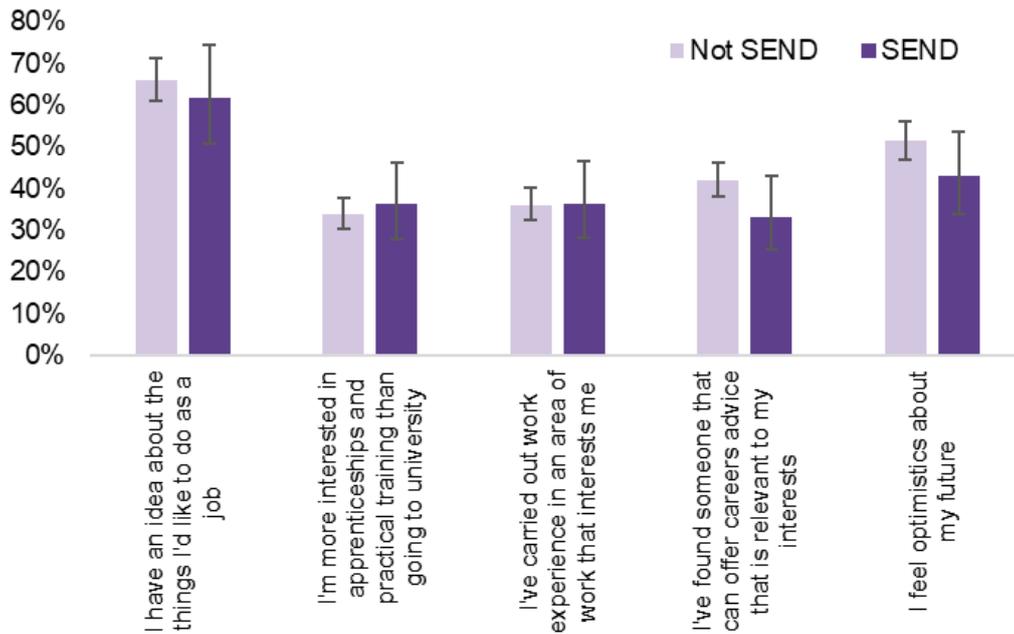


Data source: Participation in education, training and NEET age 16 to 17 by local authority

According to the 2025 Hay Harrow survey, older pupils with SEND have given similar levels of consideration to their future working lives (

Figure 98).

Figure 98: Percentage of SEND and non-SEND pupils in Harrow who agree with statements giving consideration to their future (KS4+; Self-Reported; HAY Harrow 2025)

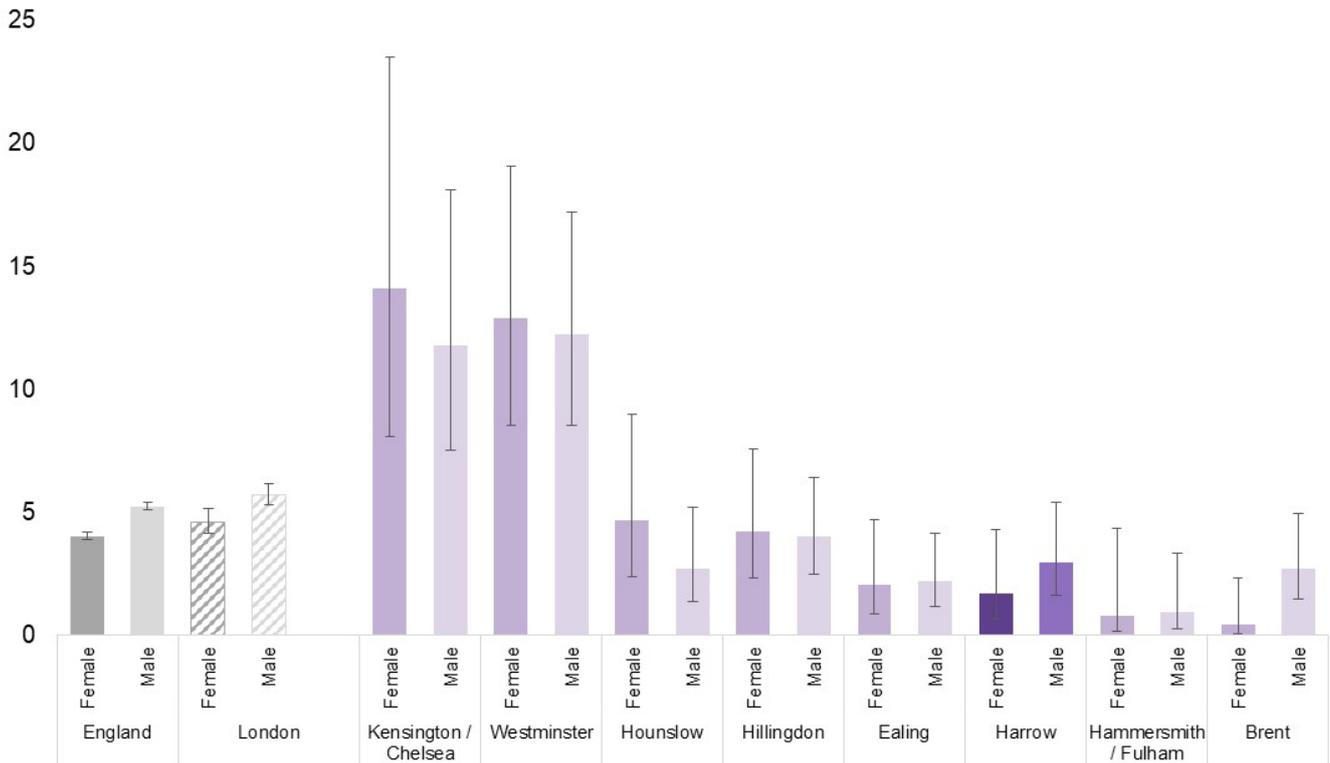


Wider consideration of a range of educational performance measures in Harrow’s SEND children is provided by the council’s education performance team. This includes figures relating to outcomes such as KS2 Reading, Writing, and Maths, and GCSEs (London Borough of Harrow, 2025). They also report on absences and exclusions.

The proportion of adults with learning disabilities who are in paid employment is relatively low in Harrow, compared to national and London rates, and to some other North West London boroughs (

Figure 99). This is currently being monitored locally by the council with a view to improving it.

Figure 99: Percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64; 2022/23)



Data source: [Fingertips](#)

Physical health

In the 2025 HAY Harrow survey, children with SEND in Harrow report significant levels of physical illness. This includes overall worse health, as well as higher rates of asthma, allergies, diabetes, and epilepsy (

Figure 100, Figure 101,

Figure 102, Figure 103,

Figure 104).

This is also reflected in data for young people with learning disabilities in Harrow who have significantly more additional long term conditions recorded by their GP, than young people without learning disabilities **Figure 105**. It should be noted that learning disability is not the same as learning difficulty or SEND.

Figure 100: Overall self-reported health of SEND and non-SEND pupils in Harrow (Self-Reported; HAY Harrow 2025)

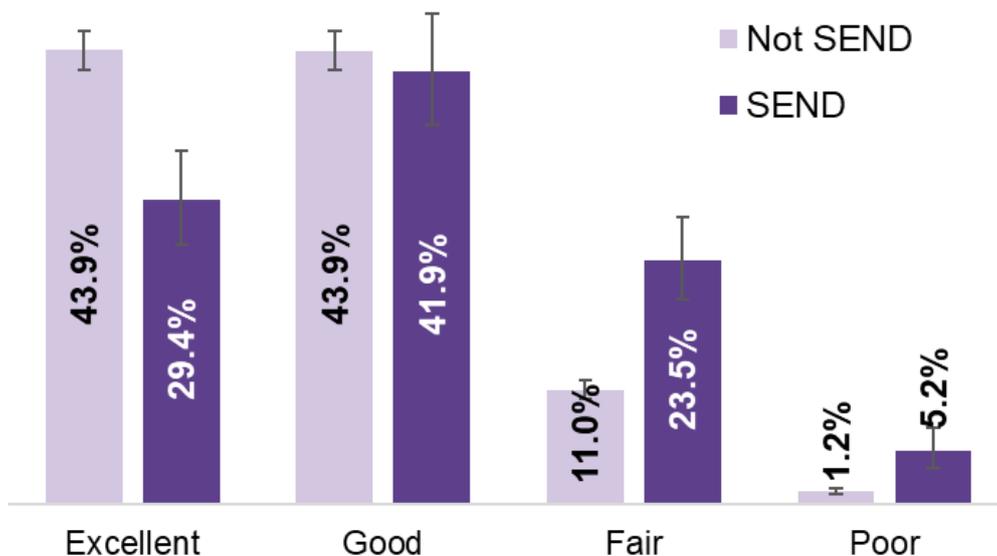


Figure 101: Percentage of SEND and non-SEND pupils in Harrow who report that they have asthma (Self-Reported; HAY Harrow 2025)

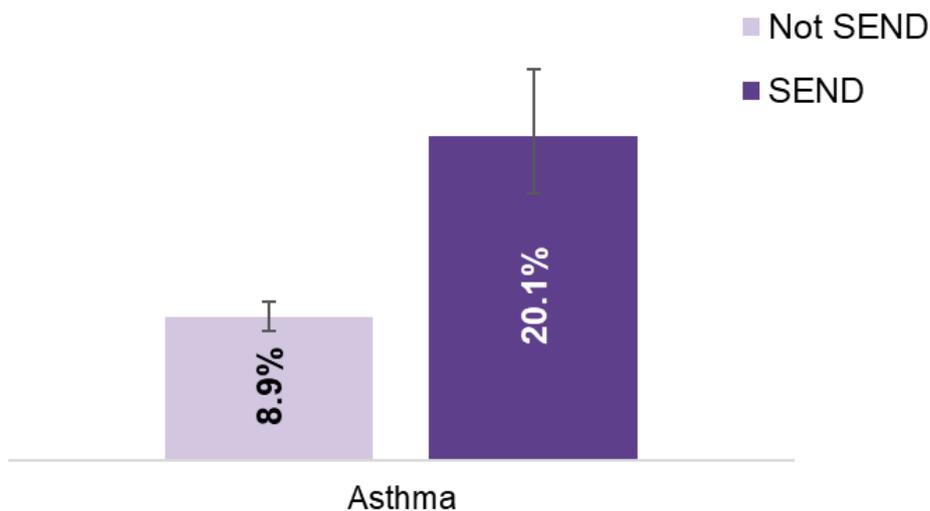


Figure 102: Percentage of SEND and non-SEND pupils in Harrow who report that they have allergies (Self-Reported; HAY Harrow 2025)

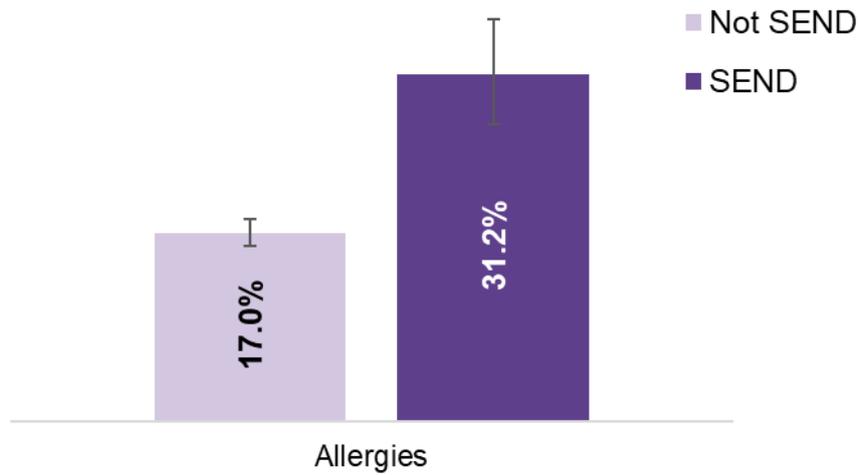


Figure 103: Percentage of SEND and non-SEND pupils in Harrow who report that they have diabetes (Self-Reported; HAY Harrow 2025)

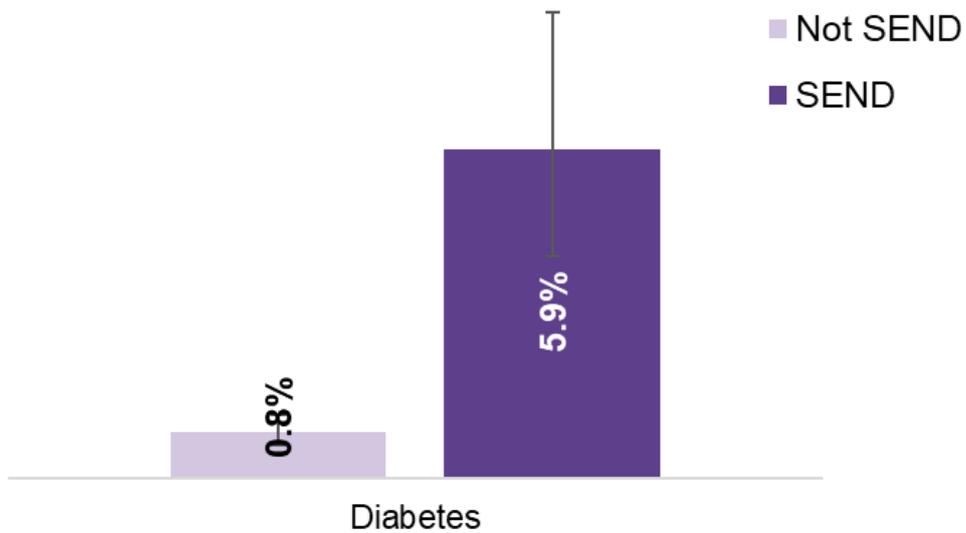


Figure 104: Percentage of SEND and non-SEND pupils in Harrow who report that they have epilepsy (Self-Reported; HAY Harrow 2025)

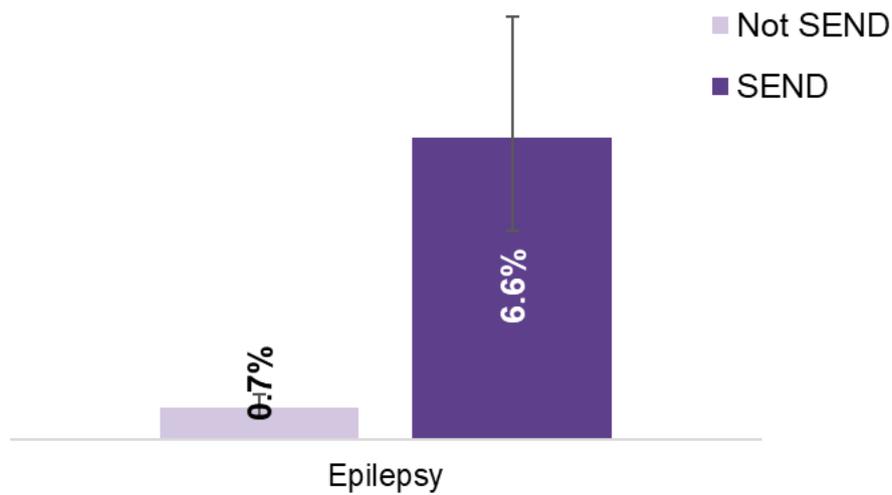
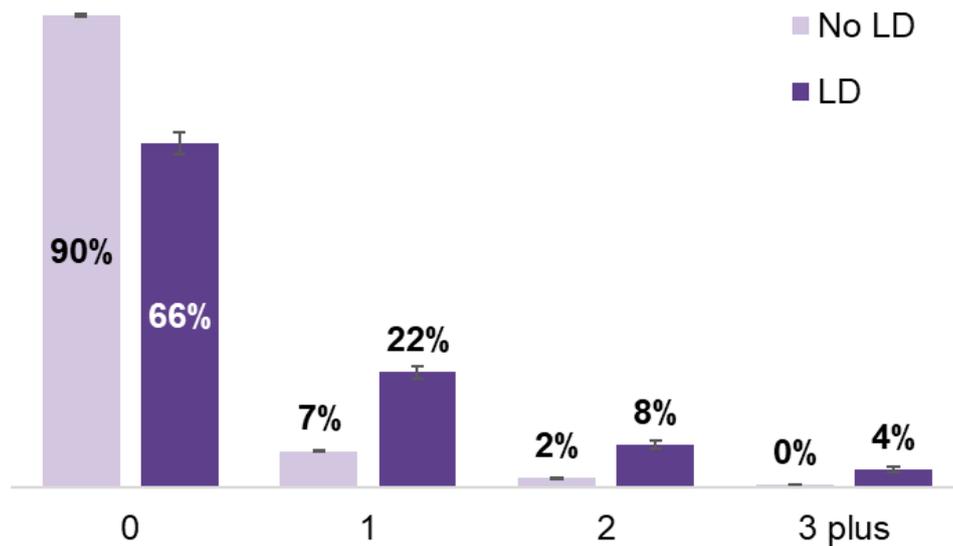


Figure 105: Percentage of patients aged under 25 with learning disabilities by the number of (additional) long term health conditions, compared with non-learning disabilities patients (WSIC 2025)



Mental health

Mental health is the major cause of ill health in adolescence and early adulthood (GBD , 2021). Poor mental health at this time can have significant long term consequences on health and wellbeing.

According to results of the 2025 HAY Harrow survey, most indicators of mental health are worse among pupils with SEND. This includes feeling down or depressed, feel nervous or anxious, having areas of worry, self harm, and sleep (**Figure 106**,

Figure 107, Figure 108,

Figure 109, Figure 110,

Figure 111).

There is more information on self-harm in Harrow in a recently published needs assessment (London Borough of Harrow, 2024)

Figure 106: Percentage of SEND and non-SEND pupils in Harrow who report feeling down or depressed (Self-Reported; HAY Harrow 2025)

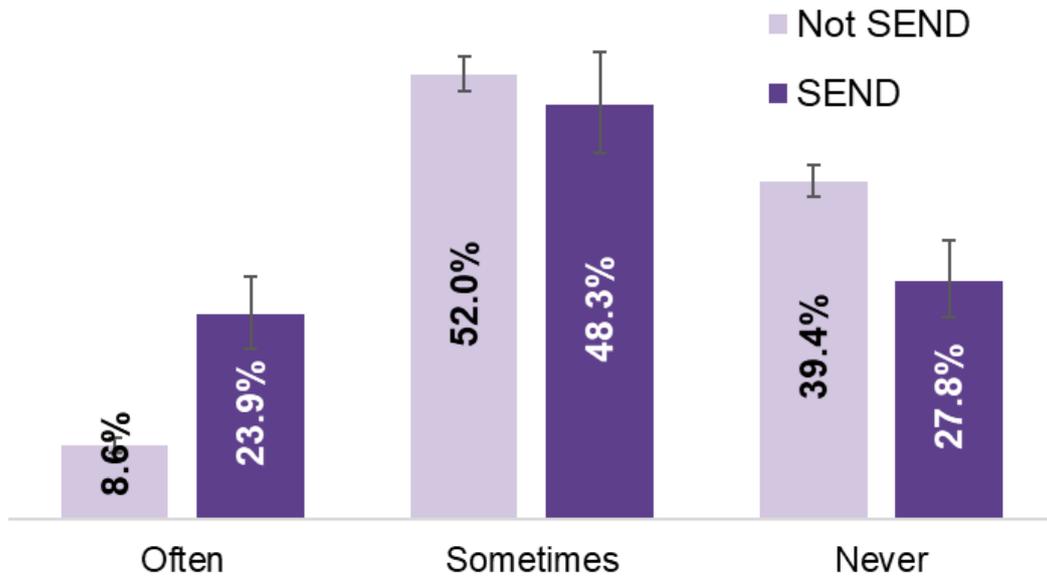


Figure 107: Percentage of SEND and non-SEND pupils in Harrow who report feeling nervous or anxious (Self-Reported; HAY Harrow 2025)

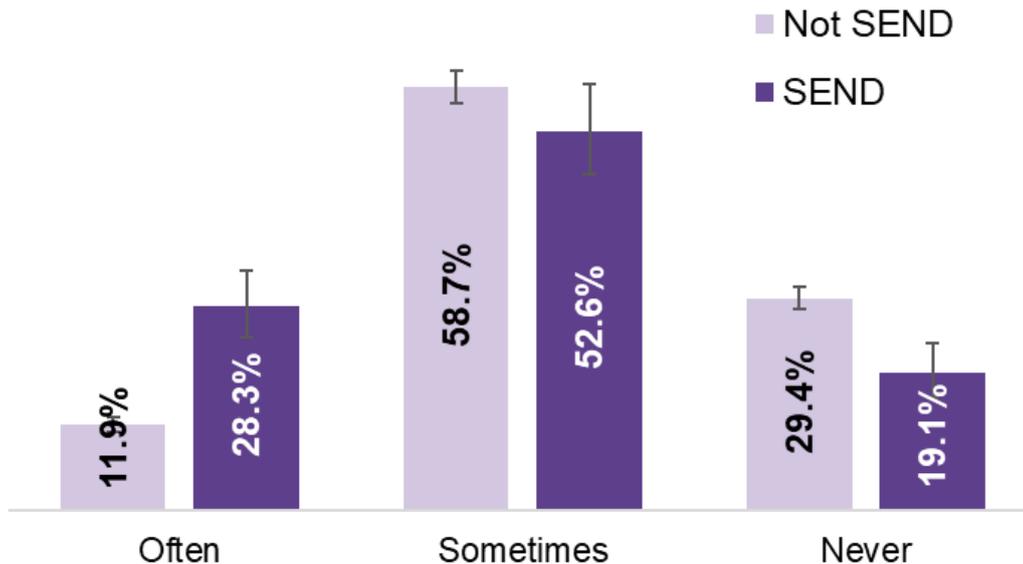


Figure 108: Percentage of SEND and non-SEND pupils in Harrow who report areas of worry in their life (KS3+; Self-Reported; HAY Harrow 2025)

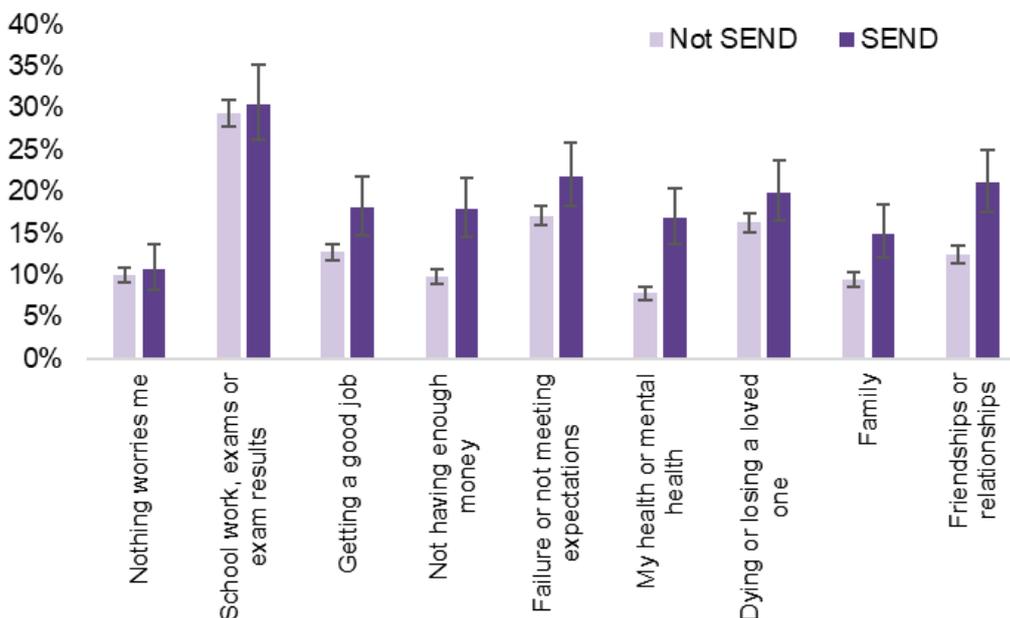


Figure 109: Percentage of SEND and non-SEND pupils in Harrow who report that they have hurt themselves on purpose (Self-Reported; HAY Harrow 2025)

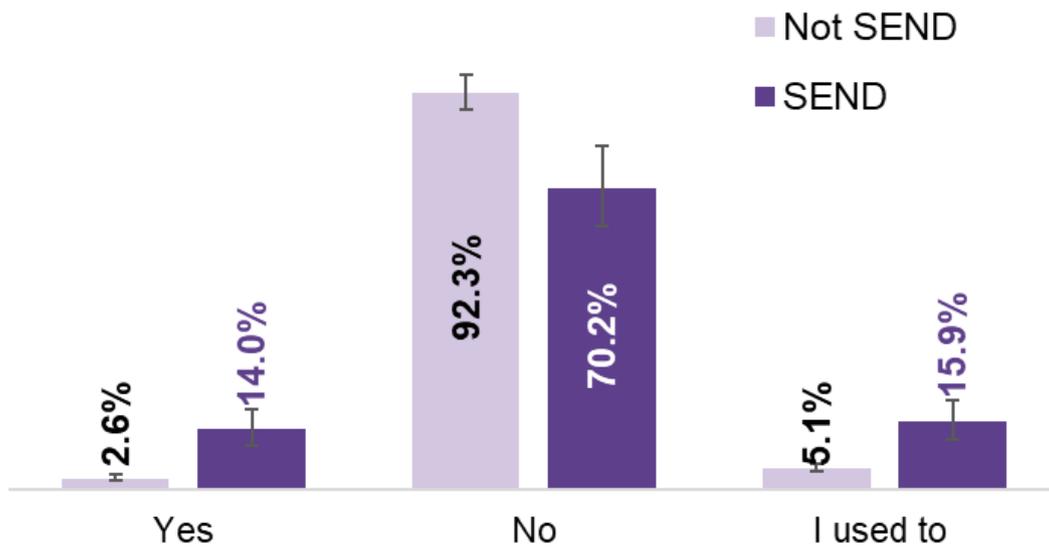


Figure 110: Percentage of SEND and non-SEND pupils in Harrow who report that they normally get enough sleep to feel awake and to concentrate (Self-Reported; HAY Harrow 2025)

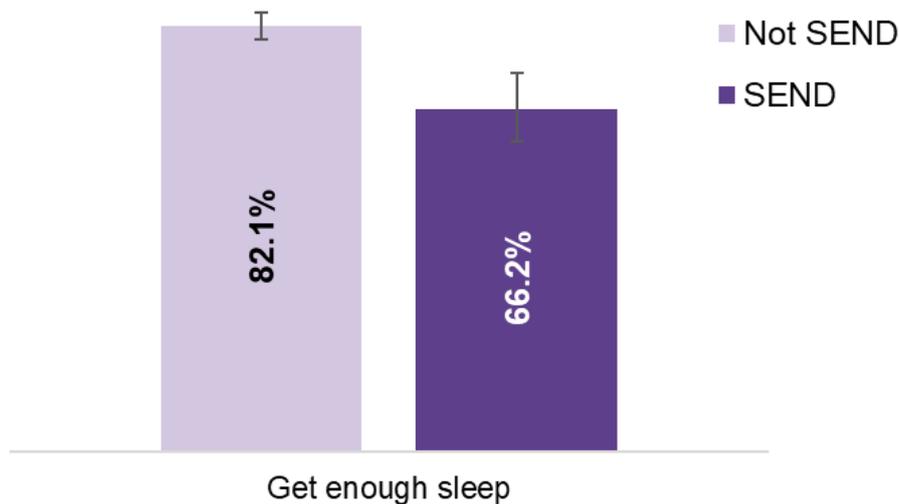
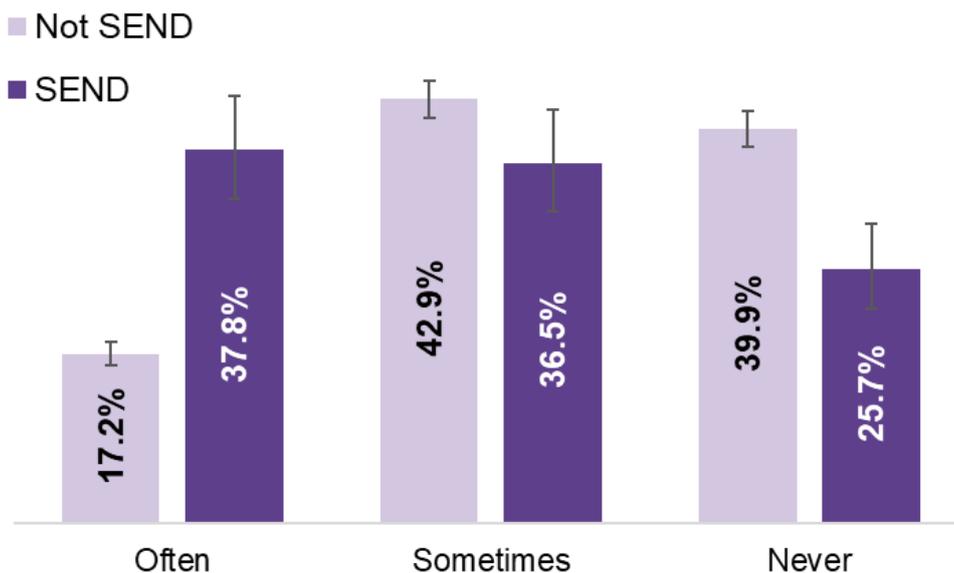


Figure 111: Percentage of SEND and non-SEND pupils in Harrow who report that they find it hard to sleep, or to stay asleep (Self-Reported; HAY Harrow 2025)



Services

Harrow Council delivers a wide range of services to support children and young people with Special Educational Needs and Disabilities (SEND), from early years through to adulthood. These services are designed to ensure that every child receives the right support at the right time, enabling them to thrive in education, enjoy good health and wellbeing, and prepare for a fulfilling adult life.

The local offer includes access to education, health and care services, as well as support for families and carers.

This section outlines the key services available in Harrow, how they are accessed, and how they contribute to improving outcomes for children and young people with SEND.

Below is a snapshot of some key services and resources available:

- Local offer webpage [SEND Local Offer – London Borough of Harrow](#)
- PFA Webpage [Settings information – Preparing for Adulthood \(PfA\) – London Borough of Harrow](#)
- [Search this site – London Borough of Harrow](#)
- [Local Support - Healthy Harrow](#)
- Young Harrow Foundation [Young people homepage](#)
- [Health and Wellbeing | Community ConneX](#)
- [Wellbeing Support - Centre for ADHD and Autism Support](#)
- Enablement team
- [TIER Network - TIER Homepage](#) Ready Steady Go

- [0-19 Health visiting and school nursing service – London Borough of Harrow](#)
- [Harrow Health Visiting Service :: Central and North West London NHS Foundation Trust](#)

Schools

Harrow has 60 state funded schools, 40 primary, 12 secondary, 1 all-through, 4 special schools, 1 alternative provision secondary and 1 pupil referral unit. There are 38,737 pupils in these state funded schools. Specifically, 21,625 pupils in primary, 15,149 pupils in secondary, 1,443 pupils in all-through and 520 pupils in special state-funded education (London Borough of Harrow, 2025).

Of the 40 primary state-funded schools, 24 are community schools (14,213), 3 are voluntary aided schools (1,123) and 13 are academy and free schools (6,289). Of the 12 secondary schools, 1 is a community school (1,739 pupils), 11 are academies (13,410 pupils) and 1 all-through school (1,443).

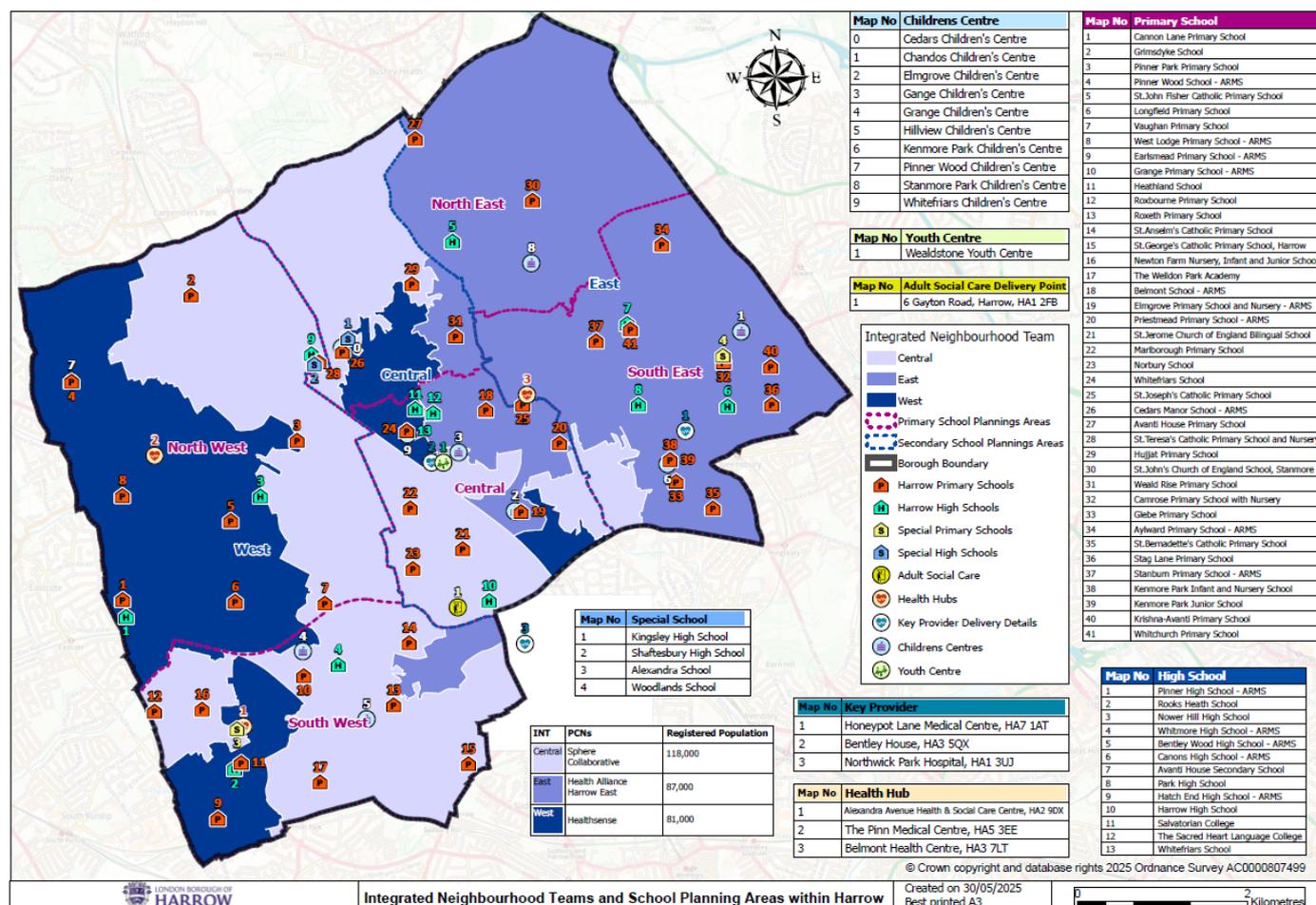
Special schools can specialise in 1 of the 4 areas of special educational needs: communication and interaction, cognition and learning, social, emotional and mental health; and sensory and physical needs. Schools can further specialise within these categories to reflect the special needs they help with, for example Autistic Spectrum Disorders (ASD), Visual Impairment (VI), or Speech, Language and Communication Needs (SLCN).

A map showing the location of current SEND and AP provision is provided below (

Figure 112).

As discussed elsewhere in this document, a detailed analysis of SEND data and trends is available locally, produced by the council's Education Performance Team (Education Performance Team, BIU, 2024).

Figure 112: Harrow's Schools, Children's Centres, Integrated Neighbourhood Centres
(Harrow council and partners, 2024)



Source: Harrow's GIS Team

Transportation

Provision of transport for children with SEND can be a barrier to accessing extended education provision. SEND Transport is intended to facilitate attendance at school and improve access to healthcare services (London Borough of Harrow, 2025).

Figure 113, below, shows the number of children aged 0-25 with an EHCP who benefit from SEND transportation.

Figure 113: Number of children aged 0-25 with an EHCP who benefit from SEND transportation (London Borough of Harrow 2025)

School Type	Mode	Numbers
Primary Mainstream	Shared bus	8
Primary Mainstream	Single Cabs	2
	Out of Borough	3
Mainstream Secondary School:	Single Mainstream School	5
	Cabs	10
Mainstream Secondary School:	Shared bus	23
	Out of Borough	2

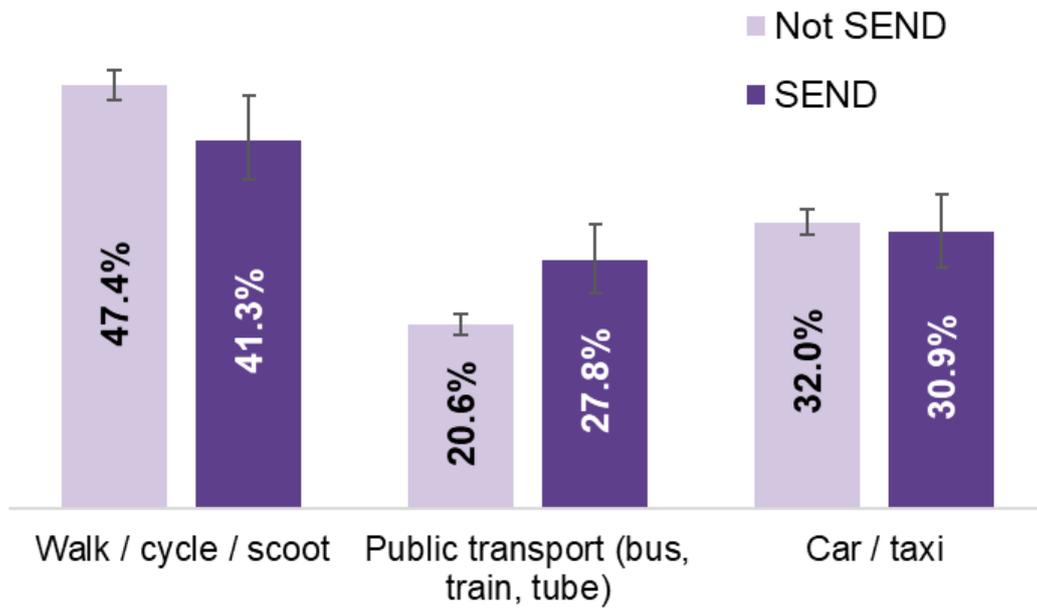
Further Education: Single Cab	Single Cab Out of Borough	17 27
Further Education: Shared Bus	Out of Borough	2
Supported Internships, NRC etc	Single Cab	3
Special Primary	Shared Bus Out of Borough bus	149 70
Special Secondary School	Shared Bus Out of Borough	107 128
Special Schools: Single Cab	Single Cab Out of Borough	7 13

In Harrow, the commissioning of two travel trainers at Shaftesbury High School has demonstrated promising outcomes, with an average of 10–12 learners trained per route annually. Building on this success, the council is now investing in a borough-wide expansion by training staff across 10 secondary schools and colleges, spanning both mainstream and special education settings. This initiative aims to empower institutions with the autonomy to deliver travel training internally, thereby increasing accessibility and reach for young people. The model includes a two-day certified training course followed by ongoing support, ensuring sustainability and quality assurance.

Analysis of the 2025 HAY Harrow survey shows that SEND children are more likely to travel to school by public transport – this is likely to include council provision (

Figure 114).

Figure 114: Percentage of SEND and non-SEND pupils in Harrow by mode of travel to school (Self-Reported; HAY Harrow 2025)



Speech and language services

Speech and Language Therapies (SaLT) are a key service accessed by children with SEN(D).

2,405 babies, children, and young people (BCYP) access the Harrow Children's Speech and Language Therapy Service (SLT) in August 2025. This is a decrease of 10% since 2022, or 244 children and young people), however an overall increase of 4% since 2019.

The Harrow SaLT caseload broadly reflects Harrow's diverse ethnic profile, with a high proportion of White and Indian children. The most common recorded first languages spoken at home were reported to be English (25%), followed by Romanian (9%), Arabic (9%), Gujarati (5%), and Hindi (3%). 37% of the caseload are female, and 73% male.

Occupational Therapy services

As of August 2025, the Harrow Children's Occupational Therapy Service (OT) provides care for 914 babies, children, and young people (BCYP). 774 CYP are open to OT and attend Harrow mainstream and special schools, of these 510 have EHCPs. A further 404 BCYP are open to OT and the majority of these are to meet their health needs and this is commissioned by health.

The Harrow OT caseload broadly reflects Harrow's diverse ethnic profile, with a high proportion of children recorded as White, Indian, African and Pakistani ethnicity. The most common first languages spoken at home were reported to be English (34%), followed by Romanian (7%), Gujarati (4%) and Hindi (3%). 39% of the caseload are female, and 71% male.

Physiotherapy services

As of August 2025, the Harrow Children's Physiotherapy Service (PT) currently provides care for 309 babies, children, and young people (BCYP), although this does not reflect the caseload of musculoskeletal conditions which is much larger, but would not fall into the category of SEND. 215 CYP are open to PT and attend Harrow mainstream and special schools. CYP predominantly seen at school age have physical disabilities. Approximately 144 of these are CYP with EHCPs within the school setting, although it has not been possible to get a totally accurate number using existing data. 165 CYP are seen predominantly within the health care setting to monitor physical disabilities. 86 of these BCYP are within the preschool service, and this concentrates on early intervention.

The Harrow PT caseload broadly reflects Harrow's diverse ethnic profile, with a high proportion of White and Indian children. The most common first languages spoken at home were reported to be English (28%), followed by Arabic (9%), Romanian (6%), and Urdu (5%). 51% of the caseload are female, and 49% male.

Child and Adolescent Mental Health services

Child and Adolescent Mental Health Services (CAMHS) in Harrow provides specialist assessment, intervention, and support for children and young people up to the age of 18 who are experiencing emotional, behavioural, or mental health difficulties. Services operate as part of a tiered model of care, ranging from early intervention and community-based support through to targeted and specialist interventions for those with more complex needs. The service aims to begin treatment for all children and young people accepted within 12 weeks of referral. Where referrals to other services such as adult mental health teams, is indicated, children and young people are supported with this prior to discharge. Harrow CAMHS works in partnership with schools, primary care, social care, and the voluntary sector to ensure that children and families can access appropriate care pathways, with a focus on early identification and timely support to reduce escalation of need.

Demand for CAMHS in Harrow continues to rise, reflecting both growing population needs and increased awareness of mental health issues among children and young people. Local data shows higher prevalence of conditions such as anxiety, depression, self-harm, and behavioural disorders, particularly among vulnerable groups including looked after children, those with special educational needs, and young people from minority ethnic backgrounds. Referrals for neurodevelopmental conditions has significantly increased over the past years, which has pushed back the intervention waiting times for this group to many months. While investment has supported improvements in access and waiting times, challenges remain in meeting demand, addressing inequalities, and ensuring seamless transitions between CAMHS and adult mental health services. Strengthening early intervention and community-based provision, alongside continued multi-agency working, will be key to reducing pressure on specialist CAMHS and improving outcomes for children and families in Harrow.

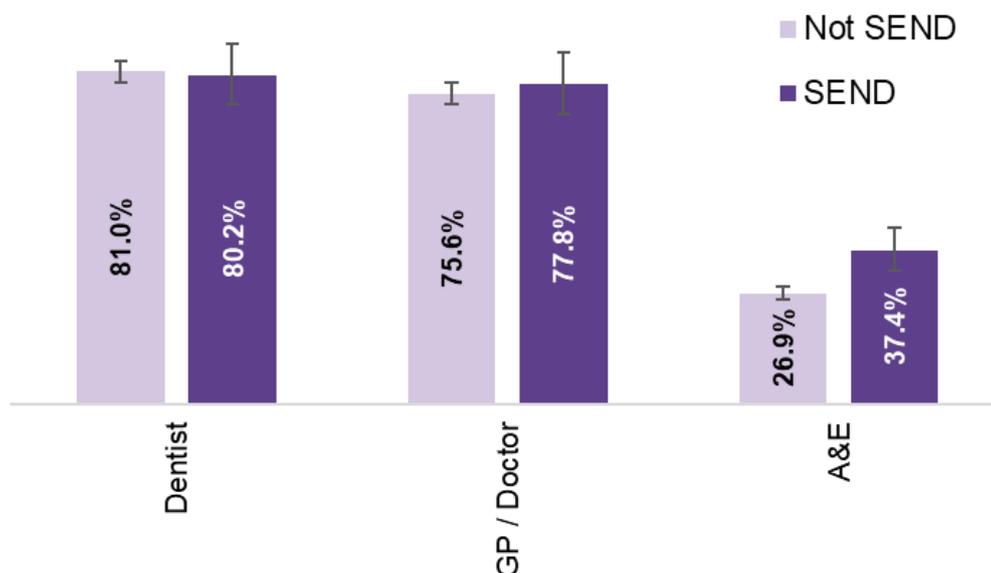
During the first quarter of 2024/25, there were a total of 633 diagnosed referrals to the service.

Primary and Secondary Care

In the 2025 HAY Harrow survey, SEND and non SEND pupils reported similar overall levels of use of dentist and GP/Doctor services (

Figure 115). However, A&E attendances were higher among the SEND pupils – this may reflect the higher levels of ill health in this group.

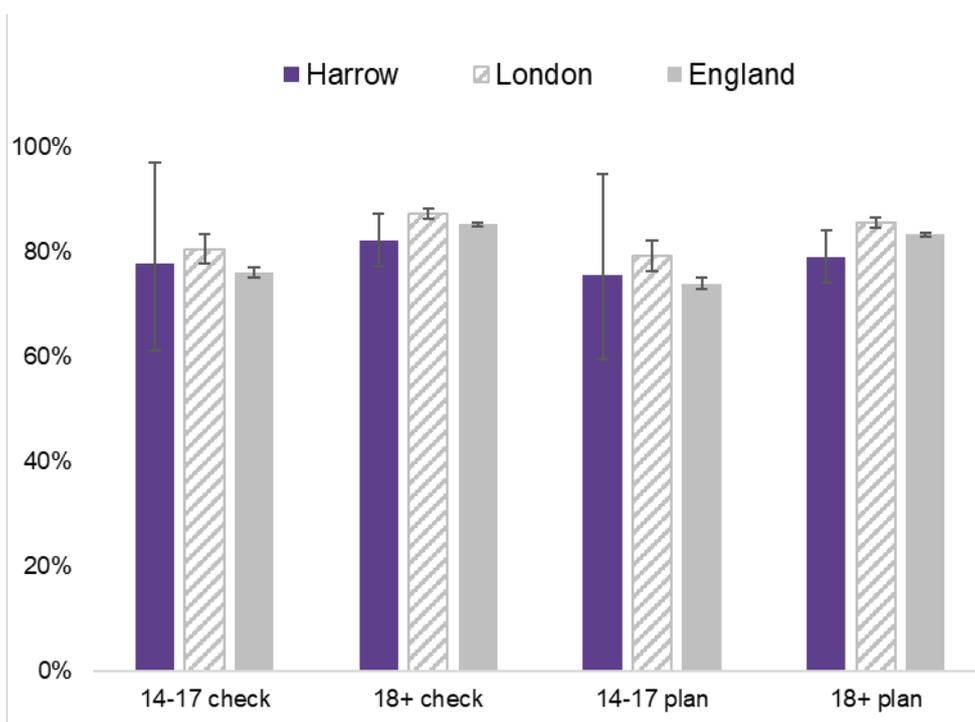
Figure 115: Percentage of SEND and non-SEND pupils in Harrow reporting use of medical services in the last year (Self-Reported; HAY Harrow 2025)



The English Learning Disabilities Health Check scheme is designed to encourage GPs to identify all patients aged 14 and over with learning disabilities to maintain a register and offer them an annual health check, which includes producing a health action plan. People with learning disabilities have lower rates of access to some health services such as screening and immunisation. Annual Health Checks can identify undetected health conditions early. This facilitates ongoing treatment and promotes better health through screening and immunisation.

Data from this scheme shows that uptake in 14-17 year olds, and in 18+, in Harrow is broadly in line with rates in London and England (**Figure 116**).

Figure 116: Percentage of patients with a learning disability who received an annual check, and you have a completed Health Action Plan, by age band, in Harrow and comparators (NHSE 2024/25)



Best practice

Some key documents outlining best practices for children with SEND include:

- The Department for Education's 2017 Study of Early Education and Development (SEED): Meeting the needs of children with SEND in the early years (DofE, 2017). The research report sets out conclusions and recommendations relating to: 1. Early years provision for children with SEND 2. Identification of SEND 3. Communication between parents and providers 4. The introduction of EHC plans 5. Resources and funding
- Education, Health and Care Plans - Examples of Good Practice (Council for Disabled Children, 2016): this resource has been produced to help practitioners develop good quality EHC plans that meet both the letter and the spirit of the Children and Families Act 2014.
- Decision Making Toolkit (Council for Disabled Children, 2017): this is a practical guide to support social workers, health practitioners, school and college staff, parent carers, families and anyone working directly with children and young people with SEND. It is designed to be used in partnership with young people to support them to make their own decisions and to participate as fully as possible in decisions made on their behalf.
- A Local Authority Audit Tool (Council for Disabled Children, 2017): the tool draws together in one place the key pieces of evidence that local authorities would wish to assure themselves on in terms of progressing towards implementation of the 2014 Children and Families Act reforms in relation to disabled children and young people and those with SEN.
- Transition from children's to adults' services NICE quality standard QS140 (NICE, 2016) covers all young people (aged up to 25) using children's health and social care services who are due to make the transition to adults' services.
- Guidance on Home to School Transport (Council for Disabled Children, 2016) comprises guidance to support local authorities in relation to sustainable school travel, and school travel arrangements for children and young people

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