

Could incorrect box-ticking help explain Hounslow's poor childhood ranking?

Hounslow childhood conditions: evidence, prevention and service accountability. Prepared and offered entirely free of charge by IRELCO LTD, solely in the interests of the Hounslow community. 20 October 2026.

A question about the evidence and access to support. Our audit reproduces the published score and ranking. The original returns, dates and meaning of access need checking before any service answer is corrected. We have not established that any of the 17 recorded No answers is wrong. [1-3]

Five findings that change the response

1. Audit the score before treating every zero as a service gap.

Seventeen council service answers are recorded as No. The 25 binary service indicators account for 78.8% of the gap to the mean London score. Current service descriptions raise questions about timing, definitions and reporting; check each answer rather than silently replacing it. [1,16]

2. Vaccination alone does not explain the ranking.

Removing the MMR indicator, or all three vaccination indicators, consistently across 149 eligible areas leaves Hounslow second-lowest in our sensitivity tests. Removing all 25 binary council-response indicators moves it to 55th-lowest. These are analytical scenarios, not revised official rankings.

3. There is a geographic case for targeted support.

The new child-household measure puts Hounslow Central at 51.4% overcrowded, versus 30.2% borough-wide in 2021. Cranford, Hounslow Heath and Heston West combine crowding with high child poverty. Hanworth Village also needs attention on poverty. [4-6,23]

4. Housing form and cultural background are hypotheses to test.

A converted or shared house is not automatically poor accommodation. Ethnicity or religion cannot tell us why a child missed a vaccination. Measure practical barriers, record transfer, confidence and explicit refusal separately. [4,5,12,13]

5. Test timely access, and use existing improvement plans.

Historical council evidence shows only 10% of educational psychology advice completed within six weeks in July-September 2025. Verify current delivery alongside service existence. Each proposed action needs a lead, resources, baseline and outcome; options are on pages 13-15. [17-22,26,27]

IRELCO LTD | CSAR: Community Safety Analysis and Response. This working analysis identifies documented risks and barriers affecting children, tests the evidence, proposes proportionate responses and provides a basis for tracking outcomes. Council and NHS organisations retain responsibility for their services and delivery decisions. Proposed joint actions require their agreement, accountable officers and confirmed resources. CSAR and contact details are on page 2.

CSAR: from evidence to action

Community Safety Analysis and Response is IRELCO LTD's main activity. This report applies that approach to childhood conditions, prevention and service accountability.

What CSAR means here. IRELCO LTD examines evidence of community risks and barriers to support, identifies questions requiring investigation and develops proportionate options for action. In Hounslow, this includes housing pressures, safeguarding continuity, missed health support and access to services. Broader childhood indicators help locate needs; they are not all measures of safety incidents.

CSAR contribution	Practical output
Analyse the evidence	Reconcile sources, periods, denominators and definitions; separate observed facts, reported evidence and interpretation.
Identify priorities	Locate concentrations of need and unresolved gaps; avoid treating a borough or ward average as a judgement about every family.
Understand barriers	Frame questions for families and services; any new engagement should be separately scoped and use appropriate consent and safeguards.
Recommend a response	Link prevention and access proposals to evidence, responsible organisations, resources and measurable outcomes.
Review what changes	Track clarifications, agreed actions and demonstrated outcomes; correct the record when better evidence becomes available.

A route into scrutiny

The council's scrutiny structure includes children and young people, health and adult social care, and housing and environment. A topic proposal could ask the appropriate bodies to examine the evidence, reconcile reported gaps and seek a coordinated council/NHS response with a progress review. Topic suggestions can be made at scrutiny@hounslow.gov.uk; a review requires consideration and agreement. [31]

Deeper analysis and practical next steps

Contact IRELCO LTD: joffrey@folo-up.co.uk

Enquiries about sources, findings and community-focused next steps are welcome. This report is provided entirely free of charge; no payment, contract or paid appointment is sought in connection with it.

Prepared and offered entirely free of charge by IRELCO LTD, solely in the interests of the Hounslow community.

CSAR supplies an analytical contribution for assessment on its evidence. Public bodies and providers retain service-delivery responsibility; this draft does not record an agreed joint programme or council/NHS endorsement.

Read the evidence alongside the report

This PDF can be read on its own. A separate evidence ZIP accompanies it: **[hounslow-childhood-evidence-0.1.0-draft.5.zip](#)**. It contains the supplied background documents, primary data and verified calculations, with a source index and checksums. Source documents are preserved as evidence; their inclusion does not endorse every original claim.

What produces the headline

The report has six pillars. Its downloadable file contains 128 rows per area: 95 scored components, 32 context indicators and one overall row. [1-3]

Pillar	Hounslow	File maximum	Eligible-area mean	Richmond
Better world	58	130	76.3	96
Care	65	140	103.6	101
Community	92	150	96.9	119
Education, jobs & skills	112	190	107.5	147
Family	63	170	101.4	121
Health	70	170	105.5	123

These component totals reproduce Hounslow's published score of **460**. Family, Health and Care have the weakest shares of their file maxima. Education, jobs & skills is above the eligible-area mean but below the London mean. Pillar totals mix outcomes, survey answers and service indicators; they do not measure one agency's performance.

How sensitive is second-lowest?

Consistent scenario across 149 areas	Hounslow position, lowest first
Published component totals	2
Remove childhood MMR indicator	2
Remove all three vaccination indicators	2
Give all six pillars equal weight	2
Remove all 25 binary council-response indicators	55

Interpretation: the result is not explained by a single vaccination metric. It is highly sensitive to the group of binary service answers. Excluding those answers discards potentially important information; it is a diagnostic test, not proof that 55th is the correct position.

Publisher clarification needed: the documents state 96 scored metrics and a maximum of 960. The file has 95 scored component rows, with a maximum of 950, plus the overall summary row. Preserve the published score/rank and ask the publisher to explain this discrepancy. Do not invent a missing indicator.

Seventeen No answers: reconcile original 2025 returns, service definitions, eligibility, start dates, capacity and contracts. For example, the current council website describes an educational psychology team while this dataset records No for access to a local-authority Educational Psychology Team. Current availability does not prove the historical return was wrong. [1,16]

Why the London gap is large

Fixed 32-borough averages with the same source scoring and missing-value treatment. This decomposes index points, not causes of children's outcomes. [1]

Score group	Hounslow	London mean	Gap points
25 binary service-return components	80.0	197.2	117.2
Other 70 scored components	380.0	411.5	31.5
All 95 components	460.0	608.7	148.7

78.8% of the London score gap lies in the 25 binary service indicators: 117.1875 of 148.6875 points. The other 70 components include surveys, outcomes and indexes. They are not all objective measurements, and this is not a causal attribution of disadvantage.

Where the score gap sits

Pillar	Binary gap	Other gap	Total gap
Better world	25.00	-4.44	20.56
Care	36.25	0.50	36.75
Community	4.38	6.00	10.38
Education, jobs & skills	13.75	4.56	18.31
Family	18.12	13.81	31.94
Health	19.69	11.06	30.75

Positive means the mean London borough scores higher; negative means Hounslow scores higher. Totals may differ by 0.01 after rounding. These fixed-denominator calculations replace the supplied theme table and charts, which did not reconcile to the overall gap.

Alternative ranks require careful labels

On the other 70 components alone, Hounslow scores 380: **joint 93rd best** and **55th lowest** among 149, and 24th best of 32 London boroughs. Both national positions are valid competition ranks: Hounslow ties Bristol and Walsall, so counts strictly above and below are not simple complements.

Changing all 17 No answers to Yes would mathematically yield 630, 40th best nationally and 12th in London. **No evidence establishes that all 17 answers should change.** This hypothetical scenario is not a verified correction or an improvement in children's experience.

Check all 17 reported service gaps

Explicit No answers in the published 2025 council-return data. Original metric wording is preserved. Current service pages do not establish availability at the historical reference date. [1,16]

Published service metric	Pillar	Source answer
Access to youth hubs	Better world	No / 0 points
Access to youth clubs or centres	Better world	No / 0 points
Access to targeted support or youth group for LGBTQ+	Better world	No / 0 points
Access to targeted support or youth group for Gypsy, Roma and Traveller (GRT)	Better world	No / 0 points
Access to targeted support or youth group: children from low income families	Family	No / 0 points
Access to a specialist or targeted support group for young carers	Family	No / 0 points
Access to Early Support Hubs (Mental Health Drop in)	Health	No / 0 points
Access to bereavement service	Health	No / 0 points
Access to targeted support or youth group: children with SEND or health needs	Health	No / 0 points
Targeted support or youth group for home educated children	Education	No / 0 points
Access to a local authority Educational Psychology Team	Education	No / 0 points
Access to Children in Care Council	Care	No / 0 points
Access to specialist and targeted support for looked after children	Care	No / 0 points
Access to specialist and targeted support for care leavers	Care	No / 0 points
Specialist and targeted support for UASC	Care	No / 0 points
Access to Child Independent Domestic Violence Advisors (CIDVA)	Community	No / 0 points
Access to Child Independent Sexual Violence Advisors (CISVA)	Community	No / 0 points

For every row: obtain the original question/return, reference date, definition of access, provider and commissioner, eligibility, capacity, waiting times, geographic reach and supporting service/contract evidence. Classify as verified gap, reporting error, definition/timing difference or unresolved.

The educational psychology service is an apparent inconsistency requiring reconciliation, not proof of an erroneous return. Access may involve external commissioned provision. Also check the family-hub context rows: family hubs is NA and children's centres is No, alongside the combined scored Yes. Preserve original values pending verification.

Weaknesses and strengths

Selected measured indicators from the published workbook. Values retain the source period and definition; England comparators are those printed in that file. [1]

Priority for checking and improvement	Hounslow	England	Period / population
2 to 2.5-year health-visitor review	65.4%	80.8%	2024/25; eligible children
HPV vaccination	51.4%	69.6%	2024/25; eligible children
Td/IPV adolescent vaccination	61.0%	71.7%	2024/25; eligible children
School breakfast provision	80.9%	94.0%	Summer 2024; surveyed schools
School wraparound childcare	51.5%	63.0%	Summer 2024; surveyed schools
Looked-after children placed outside borough	65.4%	49.2%	2025; looked-after children
Looked-after children: mid-year school move	10.3%	8.0%	2025; looked-after children
Year 6 overweight or obesity	39.3%	36.1%	2024/25; measured pupils
Children feeling unsafe online	14.6%	8.8%	2024; voluntary child survey
Children reporting lack of good healthcare	10.34%	5.0%	2024; voluntary child survey
Children reporting nowhere to call home	5.541%	2.0%	2024; voluntary child survey

A higher out-of-borough placement rate is not automatically inappropriate: assess distance, suitability, child wishes, family contact and school continuity. Survey differences should prompt listening and validation; they are not precise measures of every local child's experience.

Protect what is working

Measured strength	Hounslow	England	Period / population
Average Attainment 8 score	50.6	46.0	2024/25; pupils
Grade 5+ in both English and Maths	52.6%	45.4%	2024/25; pupils
Injury hospital admissions, ages 0-14	53.6	68.5	2024/25; per 10,000
Looked-after children with 3+ social workers	18.3%	24.0%	2025; looked-after children

Action implication: retain school and care-continuity strengths while investigating early-years access, adolescent catch-up and practical family support. Current Ofsted/CQC evidence adds specific SEND and safeguarding checks to the action programme; it does not justify treating all services as failing. [17,18]

One corrective detail: the report workbook gives children in temporary accommodation as 118 per 10,000 in Hounslow versus 147 for England. Do not claim that this particular rate exceeds the national comparator or is the sole driver of the overall ranking. Local suitability and continuity problems can still merit action.

Existence is not timely access

Historical council performance and scrutiny evidence adds a quality-of-access test. These are dated measures with different definitions, not an assessment of October 2026 performance. [26-28]

Historical measure	Published result	What needs checking now
Educational psychology advice completed within six weeks; July-September 2025	10%	Recent requests, waits, capacity, staffing, prioritisation and support received.
EHCPs completed within 20 weeks, including exceptions; Q4 2025/26	40 plans (36.0%)	Current backlog, denominator, exceptions, clinical contributions and provision delivered.
Same EHCP measure: prior Q3 result cited in Q4 report	17.1%	An improving historical percentage does not establish current compliance or resolve delays.

The Q2 report links educational psychology delays to staff shortages. The council can have a service while children wait too long. A No-to-Yes index correction would not prove timely access. Ask for current monthly numerators, denominators, exclusions, waiting-time distributions and family outcomes; obtain denominators before comparing quarters. [16,26,27]

Early support and continuity

March 2026 children's scrutiny identifies transport, English, mental health and awareness as barriers (page 7), and recommends clearer translation, referral routes and community links (page 36). These are local leads for investigation, not a quantified explanation for vaccination or every referral delay. [28]

Current reviews should build on the area SEND inspection, transformation programme and July 2025 safeguarding focused visit: neurodisability waits, plan reviews, support delivered, intake caseloads, transfer delays, supervision and handovers. Request progress against existing commitments. [17-19]

Child mortality: a careful review

The workbook gives **6.069 per 10,000** in 2024 versus 3.3 for England, the highest raw value among ranked areas. Its numerator is deaths aged **0-19**, but its denominator is population aged **0-17**. That mismatch and one-year small numbers limit interpretation. [1,3]

Ask public health and the Child Death Overview Panel for age-harmonised multi-year counts, uncertainty, inequality patterns and prevention learning, with confidentiality preserved. These figures do not establish avoidability, poor service quality or a causal link to vaccination, housing or cultural background.

Ward priorities: children's households

All 22 wards, ordered by overcrowding in households with dependent children. Housing: Census 2021 in 2022 boundaries; poverty: financial year ending 2025, provisional. [4-6,23]

Ward	Child HH crowded %	Crowded child HH	All HH crowded %	Child poverty AHC %	Children low income
Hounslow Central	51.4	809	27.5	36.2	910
Hounslow West	45.7	923	24.2	36.4	1,228
Cranford	42.1	863	22.4	43.3	1,471
Hounslow Heath	39.9	898	22.4	43.3	1,536
Brentford East	38.4	451	16.5	34.2	635
Heston Central	36.0	672	19.8	34.4	1,088
Hounslow East	35.3	426	18.1	33.4	625
Heston West	34.3	693	20.0	41.3	1,388
Feltham North	31.9	503	16.1	34.7	1,069
Bedfont	31.3	629	15.2	32.5	1,076
Heston East	28.8	417	16.8	39.6	903
Feltham West	28.7	690	15.6	30.8	1,156
Hanworth Village	28.6	645	14.8	38.5	1,404
Hanworth Park	27.7	389	12.7	30.9	699
Syon & Brentford Lock	26.6	448	11.1	29.6	757
Isleworth	24.0	465	11.2	29.3	857
Osterley & Spring Grove	20.6	376	9.9	24.3	677
Brentford West	19.1	185	7.8	27.2	431
Hounslow South	18.1	311	9.4	23.6	598
Chiswick Gunnersbury	16.1	224	5.7	16.1	302
Chiswick Riverside	12.5	161	5.1	12.8	246
Chiswick Homefields	12.4	207	5.1	10.9	241

Separate denominators: child HH means households with dependent children, not children. All HH means all households. DWP poverty means children aged 0-15 in relative low income after housing costs. The Census dependent-child definition also includes some 16-18-year-olds in full-time education. Do not derive a child count by multiplying a household share by a child population.

Hounslow Central and Hounslow West lead this crowding measure. Cranford and Hounslow Heath combine high crowding with 43.3% child poverty; Heston West is also high on both. Hanworth Village's poverty remains important despite less crowding. Isleworth's lower rates still represent substantial need.

These identify priorities for a current needs check, not overall childhood or vaccination ranks. Ward averages hide variation. Census disclosure control can cause small differences between table totals, and source years/populations differ.

Housing: form is not condition

Primary RM098 counts for households with dependent children were independently reproduced for 22 wards, Hounslow, London and England. Overcrowded means bedroom occupancy rating -1 or less. [23]

Area	Crowded child households	All child households	Crowded %
Hounslow	11,385	37,741	30.2
London	279,756	1,071,105	26.1
England	774,762	6,675,817	11.6

This is more relevant to family housing pressure than the all-household rate, but remains a 21 March 2021 snapshot. The calculation sums four mutually exclusive dependent-child household types. It does not identify current hazards, individual children's exposure or vaccination status.

A converted flat is not a poor-housing finding

Chiswick Gunnersbury has 17.8% of households in converted/shared houses including bedsits, but 5.7% all-household overcrowding. Heston West has 1.6% converted/shared houses and 20.0% overcrowding. Accommodation type, HMO licensing, space and disrepair are different measures. [4,5]

What the HMO register can establish

The retained 19 October 2026 snapshot has **1,403 rows, 1,398 distinct trimmed address strings, 26 mixed old/current ward labels and 122 expiry dates before 19 October 2026**. These are administrative records, not validated active-property counts. Expiry does not prove illegal occupation. [9]

Postcode recoding may resolve old ward labels, but not active status, renewal, duplicates, child occupancy or hazards. The supplied HMO league table and composite housing-pressure index are not adopted as current ward risk measures.

The practical housing response

Use current inspections and complaints to identify hazards in children's homes. Track remedies, repair time, recurrence and suitable rehousing. Preserve school and healthcare continuity after moves, and separate Hounslow families placed elsewhere from other authorities' placements here.

DWP estimates 32.3% of Hounslow under-16s in relative low income AHC (19,296 children), versus 16.5% BHC (9,843). This shows housing-cost sensitivity, not causation. The report's temporary-accommodation indicator is 118 per 10,000 versus 147 England; do not claim it exceeds that comparator. [1,6,21,22]

Vaccination: define the problem

The headline 71% is 70.8% recorded two-dose MMR coverage by the fifth birthday in 2024/25: 2,658 of 3,752 children in the source cohort. It is not coverage of all childhood vaccines. [8]

Historical caution: UKHSA's 2024/25 table warns that system and multi-dose calculation changes in 14 London authorities, including Hounslow, likely underestimate MMR2 and preschool-booster coverage. Reported falls should not be used alone to judge performance or direct action. [8]

Latest annual coverage: 2025/26	Hounslow	London	England
6-in-1 primary course by 12 months	89.0%	85.1%	90.5%
6-in-1 primary course by 24 months	86.1%	86.8%	92.3%
MMR first dose by 24 months	82.5%	79.5%	87.9%
MenB booster by 24 months	77.8%	77.5%	86.8%
PCV booster by 24 months	81.0%	78.6%	87.5%
MMR first dose by 5 years	86.8%	85.0%	92.1%
MMR second dose by 5 years	71.8%	70.4%	83.8%
Preschool dTaP/IPV booster by 5 years	68.0%	66.9%	81.9%

The largest current national gaps are preschool booster (-13.9 percentage points), MMR2 (-12.0) and MenB booster (-9.0). Prioritise completion and reliable records. Hounslow is above the London average on most of these measures. Richmond's MMR2 rate is 70.2%, showing that a better overall childhood rank does not imply stronger coverage on every measure. [7]

Historical comparators: the report workbook prints England 83% and the London borough median is 70.55%. The direct 2024/25 UKHSA table gives England 83.7% and weighted London 69.6%. Preserve these definitions separately; do not mix them with 2025/26. [1,8]

Test mechanisms before attributing cause

Possible mechanism	What would distinguish it?
Mobility / overseas vaccination records	Reconcile CHIS and GP records, moves, dates and unknown status.
Appointment and travel barriers	Successful contact, waits, convenient slots, transport and completion after support.
Language / navigation / digital exclusion	Preferred-language contact and interpreting; assisted booking; family interviews.
Confidence, beliefs or explicit refusal	Ask families directly; record concern or refusal separately from non-response.

Different age groups are different cohorts. The latest annual figures exclude GP-unregistered children in Hounslow and 13 other London authorities because denominator data are uncertain. Population movement can depress recorded coverage. No residence-based ward vaccination figures were obtained; a surgery's postcode cannot supply them. [7,12,13]

Provider evidence, with limits

Published 2025/26 supplementary PCN tables are management information outside core COVER official statistics. UKHSA warns of variable completeness and data quality. Validate before performance attribution. [24]

Primary care network	Children reaching 5	MMR2 by 5	MMR1 by 24m	6-in-1 by 12m
Feltham And Bedfont	904	65.4%	79.2%	86.3%
Brentworth	604	71.0%	78.7%	87.2%
Hounslow Health	978	71.8%	82.8%	89.8%
Great West Road	756	75.1%	85.8%	91.6%
Chiswick	414	80.9%	87.1%	90.6%

Published percentages and denominators reproduce the supplied workbook's annual PCN figures. These full-network totals include all member practices, including two with a different local-authority geography code. They are **registered network cohorts, not Hounslow-only resident children**. The five-year denominator does not apply to the one- and two-year columns.

Never transfer a surgery's rate to its ward. Patients may live elsewhere. Wards without a surgery still have registered children. These data cannot identify the most or least vaccinated resident ward, or measure the influence of housing or cultural background.

Why supplied quarterly figures differ

The supplied Markdown and PDFs use January-March 2026 practice cohorts, often only 5-45 children reaching five. Their Hounslow-location subsets differ from official whole-network quarterly aggregates for Brentworth and Feltham and Bedfont. The annual whole-PCN data above provide a separately verified, longer-period view. They are not interchangeable with the quarterly subsets. [24,25]

Use signals to ask service-delivery questions

NHS England London, the ICB, CHIS and GP vaccination leads should reconcile eligible lists, overseas records, moves and unknown status; inspect successful invitations and recalls; and check convenient slots, interpreting and additional completed doses after support. Check completeness before allocating resources or attributing poor performance. [10,11,14]

Keep corrected records separate from new administrations. Reconstructed vaccinated counts from rounded percentages are estimates, not official numerators. No residence-based ward vaccination dataset was obtained.

Test barriers before attributing cause

Neither cultural background nor housing form is a sufficient explanation for missed vaccination. Test practical access, population movement, records and confidence separately. [12,13,28]

Possible mechanism	What would distinguish it?
Moves or vaccines given elsewhere	GP/CHIS agreement, move dates, record translation, unknown status and unregistered children.
Appointment, travel or time barriers	Contact success, booking failures, waits, convenient slots, travel costs and completion after support.
Language, navigation or digital exclusion	Preferred-language communication, interpreting, assisted booking and clear referral routes.
Confidence, beliefs or explicit refusal	Ask families directly; separate concerns and refusal from no response or inability to attend.
Temporary accommodation or instability	Residence-based continuity, suitability, moves and contact handovers across health and school.
Fragmentation or capacity	Named lead, referral completion, handover timing, records exchanged and support received.

Local scrutiny identifies transport, English, mental health and awareness concerns. UKHSA's equity audit supports investigating multiple barriers. Neither source establishes their relative contribution in Hounslow or justifies treating any community as resistant to vaccination. [12,13,28]

Why the supplied correlations are not findings

The cross-borough analysis uses only 32 areas and many related population measures and tests; full raw inputs and statistical code were not supplied for independent replication. Inside Hounslow, correlating surgery-location rates with ward housing assigns children an unreliable exposure and clusters practices within wards.

A near-zero correlation cannot rule out a housing effect or prove that practice invitations and recording explain the gap. Non-significant associations with broad Asian, Sikh or Hindu shares do not establish that beliefs, trust or communication are irrelevant. Ask families directly and test services.

The next evidence request

Seek anonymised residence-based aggregates with age, vaccine/dose, dates, numerators, denominators, unmatched/unknown records and safe suppression. Combine with current child-specific housing and access evidence. Pre-specify a limited analysis and include qualitative work; 22 wards cannot support a many-variable causal model.

A practical route: first 45 days

Proposals for discussion, not agreed commitments or statutory deadlines. Day counts begin when a joint review starts. Lead organisations should confirm named officers, budgets and feasible targets.

Workstream / delivery lead	By when	What the first review should show
A01 Reconcile the report Director of Children's Services + corporate performance; Commissioner data team	By day 30	Audit 17 No answers, 95/96 count discrepancy and flagged scale/comparator issues. Classify as verified gap, reporting error, definition difference or unresolved.
A02 Locate current need Council public-health/housing intelligence + ICB analytics + CHIS	By day 45	Publish residence-based counts, periods, denominators and missingness. Keep exposures separate; review healthcare experience and commission careful multi-year child-death analysis.
A03 Check vaccination delivery NHS England London + GP vaccination leads + CHIS + West and North London ICB	By day 30; monthly	Audit overdue children, contact success, invitations, recall, appointment access and data exchange. Separate corrected records from newly completed doses.
A04 Hear families; test access Public health + NHS providers + health visitors + Family Hubs + community partners	Days 30-90	Interview families across housing, language and background. Test supported catch-up where verified need is greatest; measure additional completions and unresolved barriers.
A05 Make rented homes safer Private-sector housing, environmental health and licensing + landlords / agents	Baseline day 30; review day 90	Target current hazards in children's homes. Recode HMO boundaries and licence status. Report hazards remedied, repair times, repeat problems and suitable rehousing.
A06 Preserve continuity on moves Housing/homelessness + placing authorities + GPs/health visitors + admissions	Design day 30; pilot day 60	At placement or move, check school and health continuity, travel and suitability. Count Hounslow families outside the borough separately from incoming placements.
A07 Recover missed early reviews Council Healthy Child Programme commissioner + provider + early-years settings	Audit day 30; plan day 60	Check completed reviews, concerns, referral waits and support started. Use community or home contacts where appropriate.

Build on current plans

October 2025 Health and Wellbeing Board material records an agreed childhood immunisation action plan. January 2026 papers record delivery underway and an amber status. Obtain the current plan, owners, budget, progress and barriers; use the same approach for SEND, housing and safeguarding. [17-19,21,22,29,30]

Proposed IRELCO LTD / CSAR contribution: maintain the evidence register, prepare targeted clarification questions and track responses, agreed actions and demonstrated outcomes. Use that record to refine prevention proposals. Public bodies and providers own service delivery. The original action-register workbook remains draft1; this PDF presents proposals for review.

Who needs to deliver more

Responsibility follows the service, contract and barrier. Councillors provide political oversight; operational leaders and providers deliver. Families should not be blamed for inaccessible or fragmented services.

Remaining workstream / delivery lead	Timing	Outcome to inspect
A08 Check current dental need ICB dental commissioner + providers; public health / early years	Baseline day 45; review day 90	Attendance is a relative strength: 61.1% vs 57% England [1]. Check current unmet clinical need, referral waits and treatment completed.
A09 SEND delivery Council SEND leadership + ICB + health providers + schools	Progress day 30; milestones day 60	Educational psychology/clinical waits, EHCP timeliness with definitions, overdue reviews, provision received and family experience. [17,19]
A10 Safeguarding continuity Children's Services leadership + safeguarding partners	Position day 30; review day 90	Intake caseloads, transfer delays, handovers, supervision and evidence of reduced risk. [18]
A11 Youth provision and play Youth/voluntary providers + schools/safeguarding + young people	Audit day 45; offer day 90	Affordable reachable sessions, capacity, unmet demand and children's choices; examine online safety with schools and safeguarding partners.
A12 Structural investment Council leader + GLA/TfL + government; MPs represent needs	Costed priorities day 60	Specific funded asks for family housing, income support, transport and environmental improvement.
A13 Joint public review Health and Wellbeing Board + council/NHS executives	Baseline day 30; review day 90	Named lead, budget, baseline, inequality gap and outcome for every action; explain slippage.
A14 Breakfast and childcare access Council education / childcare teams + schools and trusts + providers	Baseline day 45; plan day 90	Verify current offer, costs, capacity, hours and low-income family uptake. Summer 2024 school survey is historical.
A15 Care and school stability Council corporate parenting / placement teams + Virtual School + providers	Position day 45; milestones day 90	Review suitability, distance, child wishes, family contact and school continuity. Check missing distance data; outside borough is not automatically inappropriate.

Measure what changes for children: plans, meetings and referrals are activities. Timely support received, hazards resolved, affordable provision used, continuity preserved and additional vaccinations are closer to outcomes. Publish both with costs and limitations.

Children, parents and carers should shape priorities and whether changes help. Include families with limited time, English, digital access or confidence in services.

Make responsibility visible

A proposed plan needs named accountable people, delivery leads and one coordinating contact. This analysis identifies responsibilities; it does not appoint anyone or presume agreement.

Decision or service	Proposed accountable organisation / role
Evidence and response tracking	IRELCO LTD / CSAR: analysis, clarification questions and response tracking. Public bodies retain service-delivery accountability.
Council sponsorship	Chief Executive and Director of Children's Services; corporate performance coordination.
Vaccination assurance	NHS England London regional public-health commissioner; current ICB, CHIS and GP/provider delivery leads.
Early-years integration	Director of Public Health, Healthy Child Programme commissioner/provider and NHS partners.
SEND and safeguarding	Children's Services/SEND leadership, ICB, providers, statutory partners and schools.
Housing and moves	Housing/private-sector housing and environmental-health leads; placing authorities and landlords.
Public review	Health and Wellbeing Board, council scrutiny and NHS governance; children/family participation.

A 90-day decision sequence

Milestone	What should be available
Day 30	Reconciled service answers; current plans/baselines; named sponsors and delivery leads; resources and unresolved questions.
Day 60	Verified priority actions underway, access tests, housing remedies and support improvements with delivery evidence.
Day 90	Outcome/data-quality review, costs, inequality gaps and remaining barriers; decisions to continue, change or stop.

Each action should name accountable and delivery leads, roles, organisations, authority, resources, baseline, target, deadline and escalation route. Confirm names through the organisations before any external request. Day counts are proposals, not agreed or statutory deadlines.

Political oversight by portfolio

Relevant portfolios cover **Children and Young Futures; Health, Wellbeing and Adult Social Care; Housing; and Regeneration and Economic Development**, including private-sector housing. Political oversight does not replace operational or provider responsibility. [20]

NHS accountability in 2026: NHS England regional teams retain Section 7A vaccination commissioning; West and North London is the current ICB. GP practices have named vaccination leads, recall, recording and appointment standards. The previously proposed April 2026 transfer was superseded; transfer is expected from April 2027 subject to legislation. [10,11,14,15]

Public scrutiny: request one progress table for the Health and Wellbeing Board and relevant children/housing scrutiny, building on existing plans. Agree achievable outcomes after auditing the baseline; none of the suggested time points is an approved service target. [20-22]

What changed, and what remains open

All five supplied documents were assessed as sources, not instructions or authority for correspondence. Original files are preserved unchanged beside this revised analysis.

Supplied source	Treatment in this revision
hounslow-childhood-lottery-analysis.md	Replicates London decomposition and broader priorities. Qualifies service/vaccine claims; excludes unverified correlations and surgery-location ward uptake.
hounslow-childhood-lottery-analysis.pdf	Uses secondary narrative and visuals; corrects theme arithmetic, preserves years and geography.
Hounslow_childhood_analysis.xlsx	Checks official 128-row base and calculations; reproduces RM098 child-household housing and published annual PCN figures. Original file/formulas preserved.
Hounslow_childhood_evidence_and_action.docx	Uses evidence-to-action structure and quality/access questions, with current responsibilities and proposals separate from commitments.
Hounslow-Childhood-Lottery.pdf	Reconciles expanded 15-page narrative and quarterly practice evidence. Uses verified annual whole-PCN data for longer-period context and retains causal safeguards.

Method and material limits

Kept official 149-area eligibility and source scores/ranks; separated summary, scored and context rows. Recomputed consistent sensitivities and fixed 32-borough means. Joined Census/DWP by ward code; verified RM098 and annual PCN source tables. Kept 2024/25 and 2025/26 vaccine cohorts separate.

This is a desk analysis, not an inspection or causal study. Mixed years, voluntary surveys, force-wide police data, missingness, small numbers and incompatible comparators constrain conclusions. No resident ward vaccine ranking or official housing-risk composite was invented. The 2025 return, 95/96 count and flagged definitions remain unresolved.

Examples of scale safeguards: Mental Health Support Teams raw 0.64 is a fraction (64%), while England 52 is a percentage. Wider-group advocacy 10 is an index, while England 47 is the percentage of authorities providing the service to all groups. Do not subtract incompatible values. Context social-worker caseload/turnover source ranks also run opposite to their lower-is-better descriptions.

Version, packet and responsible use

IRELCO LTD / CSAR edition: 0.1.0-draft.5, 20 October 2026. This edition uses organisational responsibilities and portfolios, with a TW7.info article draft as a companion. The report is entirely free of charge and solely for the Hounslow community. Childhood figures and qualifications are retained from earlier editions; sources chiefly retain their 19 October snapshot. No new primary research or causal finding is claimed.

Published/live version: none; this is an IRELCO LTD working draft. Earlier analyses are preserved as historical versions. The evidence workbook remains **0.1.0-draft.1**; supplied workbooks are unchanged. **source-inventory-0.1.0-draft.5.json** records copies and hashes. Version authority: work/analysis-manifest.json; the handover identifies the exact revision and rollback reference.

OI-Piloted, AI-Augmented. People direct, assess, decide and take responsibility; AI assistance remains transparent. IRELCO LTD offers this analysis in its own capacity, without claiming appointment to represent residents or direct public services. Any external correspondence is prepared and reviewed separately.

Primary sources and reading routes

Numbered references identify the primary evidence. Source copies and analytical extracts are together in the outputs folder, with provenance in the current edition's source inventory.

- | | |
|--|--|
| [1] Commissioner full dataset (XLSX)
assets.childrenscommissioner.gov.uk | [16] Council educational psychology service
www.hounslow.gov.uk |
| [2] The Childhood Lottery report (PDF)
assets.childrenscommissioner.gov.uk | [17] Ofsted/CQC: Hounslow area SEND inspection
files.ofsted.gov.uk |
| [3] Evidence annex and methods (PDF)
assets.childrenscommissioner.gov.uk | [18] Ofsted: July 2025 focused visit
files.ofsted.gov.uk |
| [4] ONS / NOMIS: bedroom occupancy, TS052
www.nomisweb.co.uk | [19] Council SEND transformation programme
www.hounslow.gov.uk |
| [5] ONS / NOMIS: accommodation type, TS044
www.nomisweb.co.uk | [20] Hounslow cabinet portfolios, May 2026
www.hounslow.gov.uk |
| [6] DWP: children in low-income families, 2022-25
www.gov.uk | [21] Hounslow housing strategy: priorities
www.hounslow.gov.uk |
| [7] UKHSA: annual COVER, 2025/26
www.gov.uk | [22] Housing strategy: delivery and reporting
www.hounslow.gov.uk |
| [8] UKHSA: annual COVER, 2024/25
www.gov.uk | [23] ONS / Nomis: dependent-child households, RM098
www.nomisweb.co.uk |
| [9] Hounslow licensed HMO register
data.hounslow.gov.uk | [24] UKHSA: annual GP/PCN supplementary 2025/26
assets.publishing.service.gov.uk |
| [10] NHS England: GP vaccination standards
www.england.nhs.uk | [25] UKHSA: quarterly GP tables 2025/26
www.gov.uk |
| [11] NHS England: 2026/27 commissioning, section 6.1
www.england.nhs.uk | [26] Council performance 2025/26, Q2 appendix, p11
www.hounslow.gov.uk |
| [12] UKHSA: immunisation health equity audit
www.gov.uk | [27] Council performance 2025/26, Q4 appendix, p11
democraticservices.hounslow.gov.uk |
| [13] UKHSA: determinants of vaccine uptake
www.gov.uk | [28] Children scrutiny deep dive, March 2026, pp7,36
democraticservices.hounslow.gov.uk |
| [14] West and North London ICB governance
www.westandnorthlondon.icb.nhs.uk | [29] Health and Wellbeing progress, October 2025
democraticservices.hounslow.gov.uk |
| [15] NHS England: changed delegation timetable
www.england.nhs.uk | [30] Health and Wellbeing Board papers, January 2026
democraticservices.hounslow.gov.uk |
| | [31] Hounslow scrutiny: programme and topic submissions
www.hounslow.gov.uk |