

RESULTS FROM THE  
**HEALTH &  
WELLBEING  
SURVEY**

FOR SCHOOL-AGED CHILDREN AND  
YOUNG PEOPLE IN CROYDON (2022/23)

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This report gives a high-level summary of the findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).

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# HEALTH & WELLBEING SURVEY

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# FOREWORD FROM RACHEL FLOWERS

CROYDON'S DIRECTOR OF PUBLIC HEALTH



I am very pleased to be able to present the findings from the first Health and Wellbeing Survey for school-aged children and young people.

As Director of Public Health, I have witnessed first-hand the impact of the COVID-19 pandemic on the health and wellbeing of our residents, especially children and young people.

The national evidence revealing how COVID-19 has impacted children and young people's lives is a cause for serious concern, and as such I am interested to find out what matters to them with regard to their health and wellbeing, as this information will help us to plan for the future. The survey was undertaken during 2022 / 2023 via an in-depth online questionnaire, and we have committed to repeating the survey every two years over the next decade. This will give us a valuable and unique long-term view of young people's wellbeing in Croydon.

The data from the survey has some limitations, and requires careful interpretation, nevertheless it provides invaluable insights which will help policy makers, frontline staff, parents and carers, and young people to have focused, localised conversations about health and wellbeing. This report provides context and assessment of the survey results, and will be a helpful resource to anyone who is interested in understanding more about young people's health and wellbeing following the pandemic.

I am extremely grateful to all the children and young people who took the time to share their views, and to the teachers and educators who supported them, and I am hopeful that the information shared will help shape provision for children and young people for the better.

I encourage people to share this report and to have conversations about how to address its key findings. Collective, concerted efforts will be required by us all, to make a positive difference to the young people in Croydon who are experiencing challenges with their health and wellbeing at this time.

I look forward to working with many of you on this programme over the coming decade.

*Rachel Flowers*

Rachel Flowers  
Director of Public Health

# FOREWORD FROM MAYOR JASON PERRY

EXECUTIVE MAYOR OF CROYDON



This report provides vital insight into the health and wellbeing of children and young people in Croydon.

My Business Plan (2022-26) clearly sets out my intentions to achieve better outcomes for children and young people, ensuring that they have the chance to thrive, learn and fulfill their potential, and that they feel safe living in the borough.

I want to personally thank everyone who took time to take part in this survey. It is important that we find out directly from children and young people how they are feeling and coping with challenges.

These findings will help us to better understand and support them and will be used to help us plan and shape our services in the future.

Clearly, much needs to be done as we continue our work to improve the health and wellbeing of children and young people in Croydon.

Local agencies – schools, the council, health and care partners, faith leaders and the voluntary sector – will now come together to consider these survey results and prioritise actions in response.

I look forward to seeing the improvements that are generated by this work.

*J Perry*

Jason Perry  
Executive Mayor of Croydon

# EXECUTIVE SUMMARY

## This report gives a high-level summary of the findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).

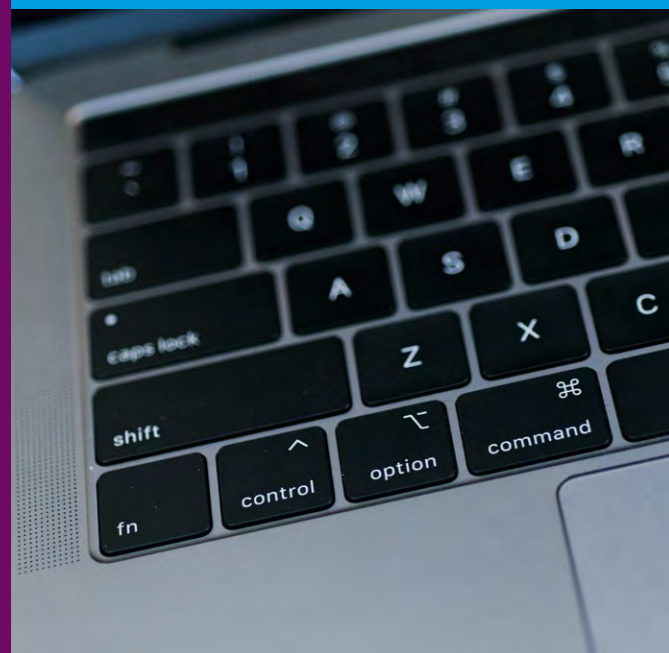
The survey was funded by the Contain Outbreak Management Fund (COMF) from the Department of Health and Social Care, in relation to the COVID-19 pandemic recovery.

This is the first time that Croydon has committed to collecting data over a ten-year period to monitor trends in children and young people's health and wellbeing.

### Methodology

An anonymous online survey was conducted by Insight Now and Croydon Council's public health team aimed at Croydon children and young people across school years 4, 6, 8, 10 and 12. Data was collected between November 2022 and January 2023.

The survey questions covered a range of topics that affect the lives of children and adolescents in the borough. These included diet, exercise, mental health, relationships, family life and overall wellbeing. For young people in years 8, 10 and 12, there were also questions asked about their sexual health, relationships, self-harm and their use of drugs and alcohol.



### Results

A total of 4,116 children and young people in the appropriate school years completed the survey (18% of the eligible school-aged population). 58 schools with students in the eligible years had one or more students submit a survey response, (43% of all eligible schools in Croydon) with varying degrees of uptake within each school.

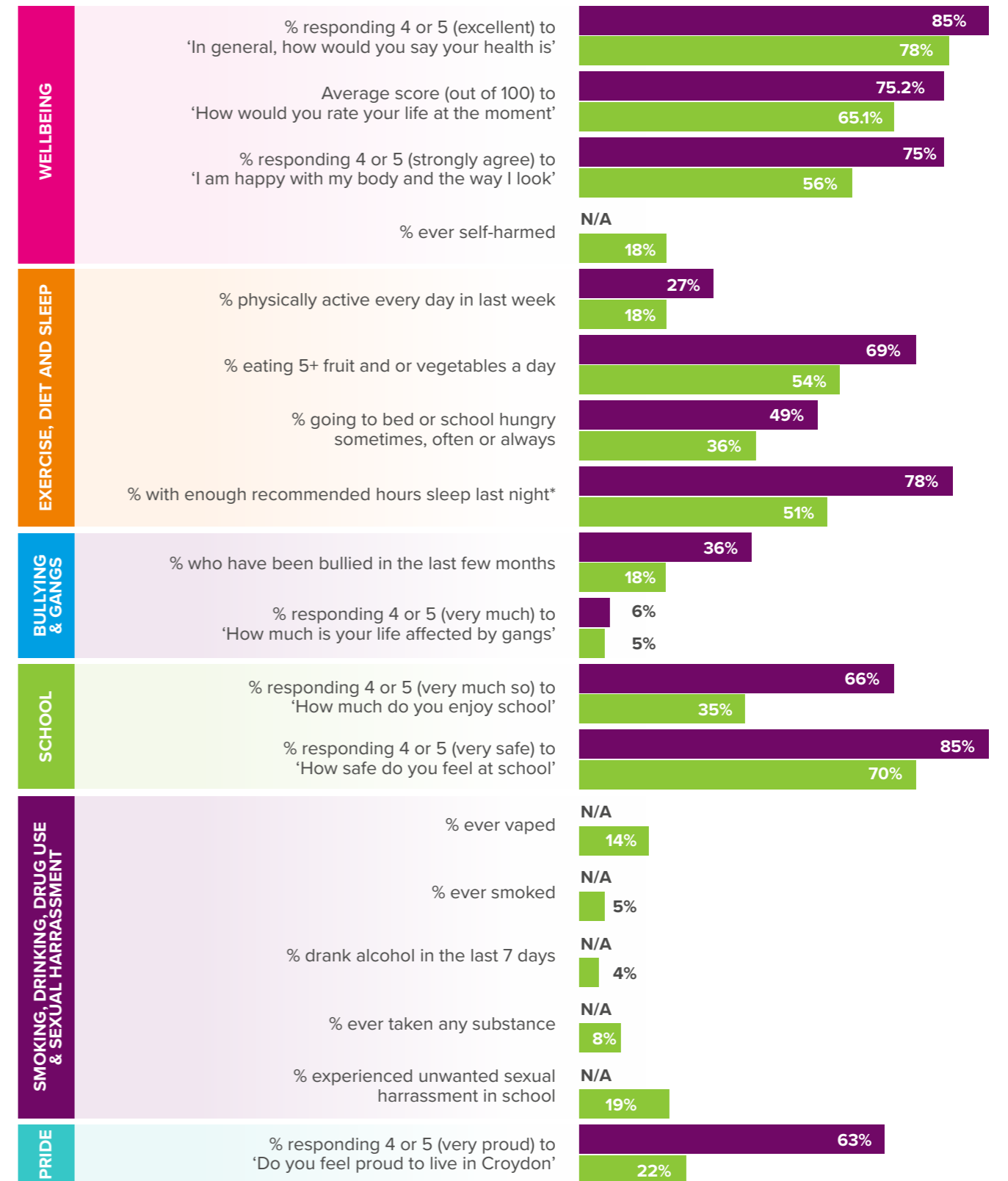
Almost three quarters of responses came from Year 4 and 6 students - this represents a significant skew in the results. However, in both state-funded primary schools and secondary schools, responses were received across all eligible ages, sexes, and ethnic groups, meaning the results provide representative insights into health and wellbeing issues for children and young people in Croydon.

A summary of key findings is shown in figure 1 on page 7, with results shown separately for primary school-aged and secondary school-aged students. Where primary school-aged students results show 'n/a' (not applicable), this is because those questions were not age-appropriate for primary school-aged children, and so were only asked to those in Years 8, 10 and 12.

Some results cannot easily be represented in the summary table, including the top self-reported worries of children and young people. The top worry of children and young people across all year groups was knife crime, followed by terrorism. Primary school-aged students then reported worrying most frequently about wars, bullying and gangs, whilst secondary school-aged students reported worrying most frequently about gangs, wars, and schoolwork/ exams.

## EXECUTIVE SUMMARY CONTINUED...

Figure 1: Summary of headline results ■ Primary school-aged students ■ Secondary school-aged students



\*8+hours for primary school aged students, 8-11 hours for secondary school aged students.

## EXECUTIVE SUMMARY CONTINUED...

THIS IS THE FIRST TIME THAT CROYDON HAS COMMITTED TO COLLECTING DATA OVER TEN YEARS TO MONITOR TRENDS IN CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELLBEING.

### Cautionary Notes

This survey contains self-reported information and views from school-aged children and young people in Croydon. Further work is required to fully understand some of the results and how questions have been interpreted and answered.

Response rates to each question varied, from under 50% to over 90%. There may be several reasons why children and young people chose not to answer certain questions – including being unclear about what the question was asking, fear of reporting, lack of interest, survey fatigue – and it is hoped that discussions with children and young people about why they did or did not answer specific questions can be explored in the next phase of this work.

### Next Steps

A programme of work is being delivered in 2023/24 following the publication of the results of the survey.

- A programme of engagement with children, young people and school staff colleagues has begun, to help understand the answers given to several of the questions (including, but not limited to, the series of questions on gangs (with a focus on understanding how children and young people define a “gang”); and to co-design the next survey (reviewing the number of questions; identifying priority issues)
- Schools have received individual information packs containing results for their own students compared to the rest of Croydon. Schools are being supported by the Education Advisors for Health & Wellbeing, and the council’s public health team, to interpret their data packs and plan activities to address priority improvement areas.
- A series of further analyses will be conducted over the next year by the public health team. There will be a rolling programme of “in focus” reports developed during the 2023/24 academic year that will each consider themes within the survey and analyse the findings in each area in detail, looking at any significant inequalities.
- The next survey is scheduled to take place in the autumn school term in 2024 (October-December 2024). The public health team will be working with schools to increase uptake of the survey, particularly among secondary school-aged students, and in special, independent, and home school settings.

The long-term ambition is to track the results of the survey over the next 10-year period, to understand how children and young peoples’ health and wellbeing in Croydon changes, and where they may need additional support.

### Acknowledgements

We thank schools and children and young people for their active participation in this important survey. We look forward to working together on this programme of work over the coming decade.

## INTRODUCTION

This report gives a high-level summary of key findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).

The survey is an anonymous online survey conducted by Insight Now and Croydon Council aimed at Croydon’s children and young people across school years 4, 6, 8, 10 and 12. This is the first time that Croydon has committed to collecting data over a 10-year period to monitor trends in children and young people’s health and wellbeing.

This survey was commissioned following the height of the COVID-19 pandemic. Research into the impact of the pandemic on children and young people found that lockdown measures had significant impacts, including:

• Despite most children coping well with the pandemic, various groups including girls and young women, older young people (16- to 24-year-olds), disadvantaged children and young people, and those with SEND, reported more difficulties with mental health and wellbeing<sup>1</sup>

• Data showed that the pandemic impacted on many people’s relationships, financial situations, and their physical and mental health. This placed many families under increased pressure<sup>2</sup>

• Some forms of child abuse may have increased during this time<sup>3</sup>

• Some children may have experienced a sustained loss of play and regular peer interaction. Younger (primary) age groups were at highest risk of loss of peer interaction<sup>4</sup>

• 300,000 additional children were driven into poverty<sup>5</sup>

• Levels of physical activity were likely to be lower because of remote schooling<sup>6</sup>

• From 25th March - 20th June 2020 all non-urgent dental care was stopped and deferred, meaning that many children and young people were not able to access routine dental care<sup>7</sup>

• Patient access to health services for HIV, STIs and viral hepatitis, was disrupted<sup>8</sup>

The national evidence was, and continues to be, concerning. It was important for the Council to understand how COVID-19 had impacted on the health and wellbeing of children and young people in Croydon. As such, the public health team developed a comprehensive, evidence-based health and wellbeing survey to explore this directly with school-aged children and young people.

This report summarises its key findings. Wherever comparable evidence was available to benchmark the results and provide context to the Croydon data, this has also been presented.

# METHODOLOGY

The survey was conducted on a sample of children and young people from a range of schools across Croydon. All schools were eligible to take part in the survey if they had students in the school years being surveyed (Years 4, 6, 8, 10 and 12).



The survey was completed by children and young people between November 2022 and January 2023. They completed the survey electronically, and responses were anonymous. Each school was sent a link to the survey site, and most survey responses were completed in classrooms.

Teachers were asked to be on-hand while students completed the survey, and during the exercise, they were given guidance on where to seek help for any health or wellbeing worries.

Questions looked at assorted topics that affect the lives of children and young people in the borough. These included diet, exercise, mental health, relationships, family life and overall wellbeing. For secondary schools there were also questions about their sexual health, relationships, self-harm and the use of drugs and alcohol. Questions for all year groups were age-appropriate, based on validated questions used in other research projects around the UK, and were developed in consultation with local professionals and piloted with schools.

The data obtained from the children and young people who participated in the survey was analysed by Insight Now and the Croydon Council public health team. Individualised school reports were produced for each school where there were more than 10 full survey responses. These were sent directly to schools, with information about how to interpret the data included at the start of the pack. This report provides the aggregated borough-level findings, for schools, the public, and wider stakeholders, who are interested in understanding more about the health and wellbeing of children and young people in Croydon.

<sup>1</sup> OHID (2022). COVID-19 mental health and wellbeing surveillance report. Chapter 4: Children and Young People. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

<sup>2</sup> Scottish Government (2020). COVID-19: Children, young people and families October 2020 Evidence Summary. <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/11/report-covid-19-children-young-people-families-october-2020-evidence-summary/documents/covid-19-children-young-people-families-october-2020-evidence-summary/covid-19-children-young-people-families-october-2020-evidence-summary/govscot%3Adocument/covid-19-children-young-people-families-october-2020-evidence-summary.pdf>

<sup>3</sup> NSPCC (2022). The impact of coronavirus (COVID-19): statistics briefing. <https://learning.nspcc.org.uk/research-resources/statistics-briefings/covid>

<sup>4</sup> Scottish Government (2020). COVID-19: Children, young people and families October 2020 Evidence Summary. <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/11/report-covid-19-children-young-people-families-october-2020-evidence-summary/documents/covid-19-children-young-people-families-october-2020-evidence-summary/covid-19-children-young-people-families-october-2020-evidence-summary/govscot%3Adocument/covid-19-children-young-people-families-october-2020-evidence-summary.pdf>

<sup>5</sup> PHE London (2021). Wider impact of COVID-19 on children and young people. <http://croydonlcsb.org.uk/wp-content/uploads/2021/05/Wider-impact-CYP-12-Apr-21.pdf>

<sup>6</sup> SPI-M and DfE (2020) Benefits of remaining in education: Evidence and considerations. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf)

<sup>7</sup> NHS England (2020) Letters, updates, and additional guidance for dental teams. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Urgent-dental-care-letter-28-May.pdf>

<sup>8</sup> PHE (2020) The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England. <https://www.gov.uk/government/publications/covid-19-impact-on-stis-hiv-and-viral-hepatitis>

# SURVEY SAMPLE

## Response Rate

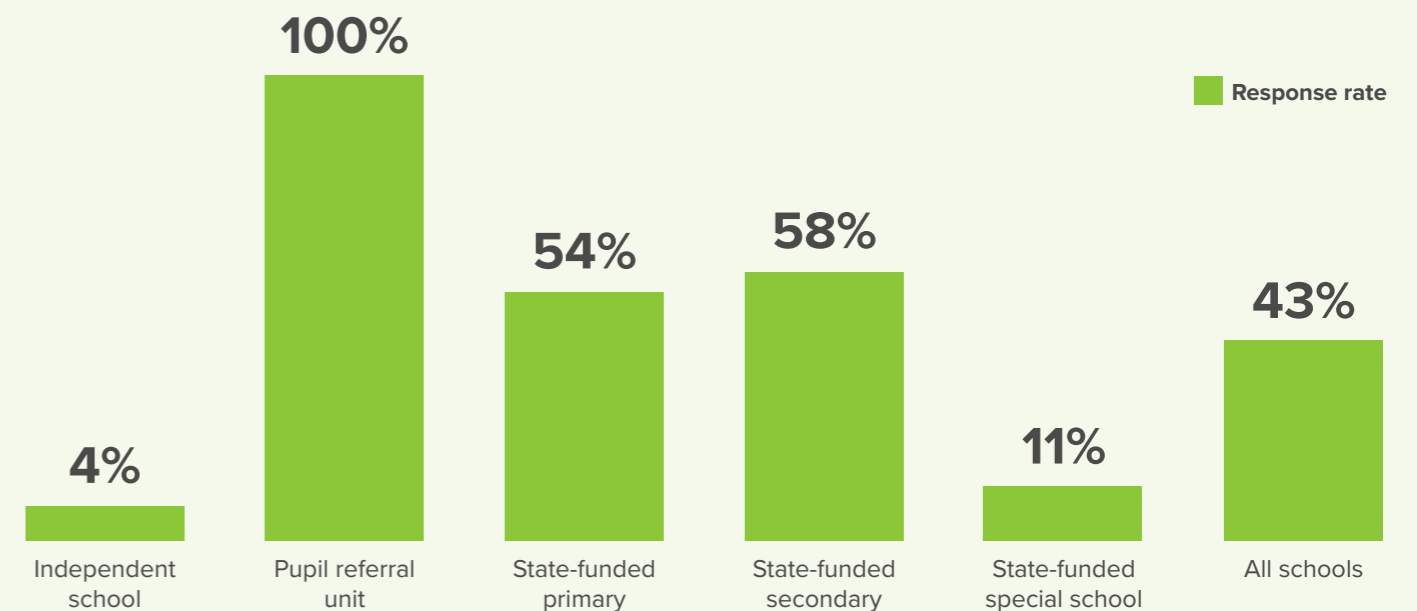
A total of 4,116 children and young people in the appropriate school years completed the survey (18% of all eligible school-aged children and young people)<sup>9</sup>. 58 schools with students in the eligible years had one or more students submit a survey response, with varying degrees of uptake within each school (43% of all eligible schools in Croydon).

43 schools with primary school-aged students participated (42 state-funded primary schools; 1 independent school) and 15 schools with secondary school-aged students took part (13 state-funded secondary schools; 1 PRU (Pupil Referral Unit), and 1 state-funded special school). A small number of children and young people who are home-schooled also completed the survey<sup>10</sup>.

The proportion of sign-ups by school types is shown in Figure 2 below:



**Figure 2:** Proportion of school sign-ups (by school type)



<sup>9</sup> Eligible school and student uptake based on all schools with students in Years 4, 6, 8, 10 and 12 as reported by DfE for the 2020/21 academic year. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2020-21>

<sup>10</sup> Invitation to participate in the survey was extended to independent schools, special schools, and home-school organisations.



## SURVEY SAMPLE CONTINUED...

THE DATA OBTAINED FROM THE STUDENTS WHO PARTICIPATED IN THE SURVEY WERE ANALYSED BY INSIGHT NOW AND THE CROYDON COUNCIL PUBLIC HEALTH TEAM

### Sample Characteristics and Weighting

Almost three quarters of responses came from years 4 and 6 - this represents a significant skew in the results.

However, in both state-funded primary schools and secondary schools, children and young people from all ages, sexes and ethnic groups completed the survey, meaning the sample is broadly representative of the student population in Croydon as a whole<sup>11</sup>.

Overall, the schools that did have one or more students submit a survey response were spread across the borough.

Figure 3: Total respondents by year group (number)

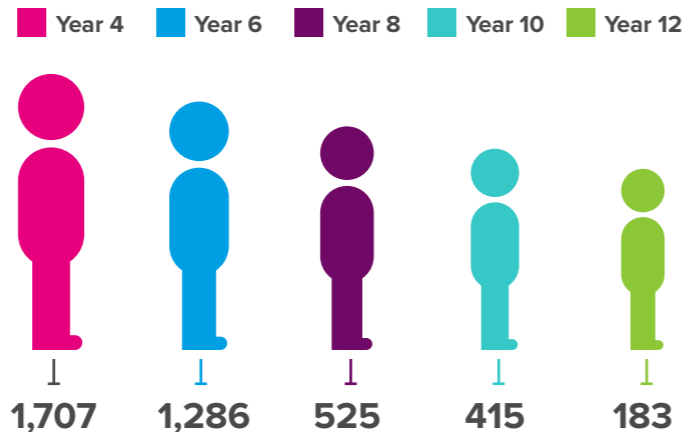


Figure 4: How do you identify your gender?

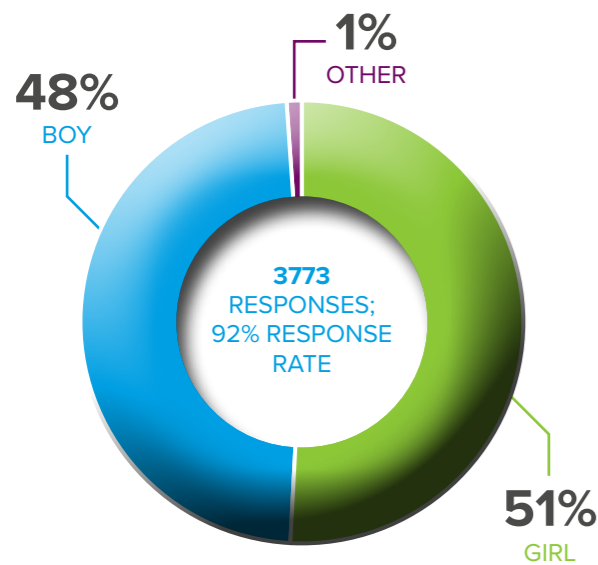
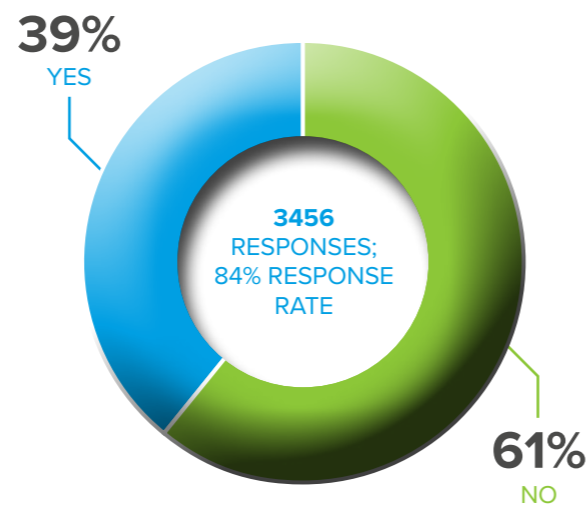


Figure 5: Is English the language usually spoken at home?



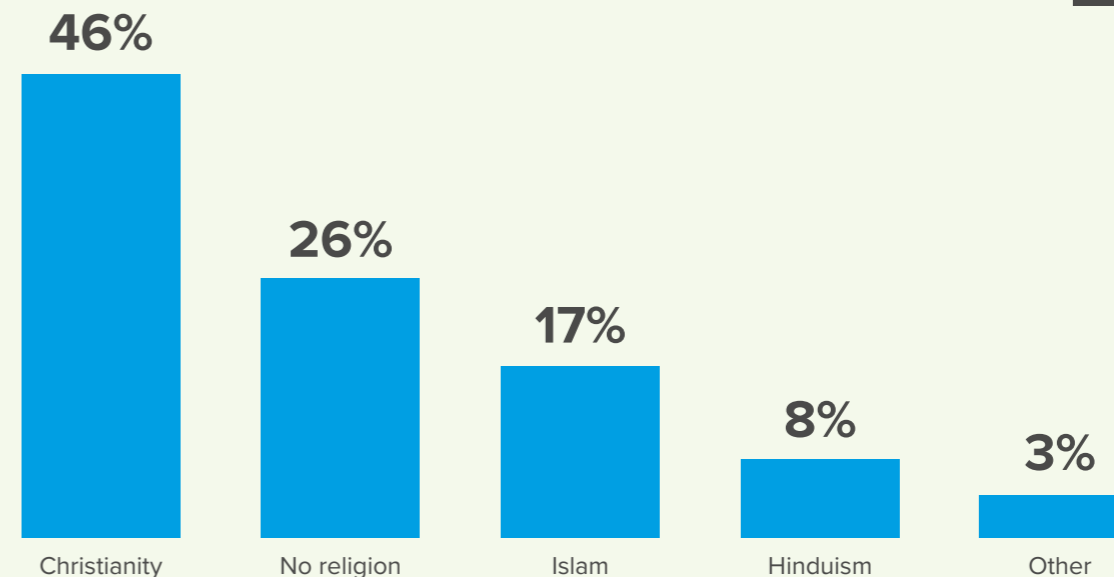
<sup>11</sup> Students who completed the survey also came from a variety of school settings - i.e. from single-sex and mixed-sex schools; from areas of higher deprivation and lower deprivation, and from faith schools and non-faith schools.



## SURVEY SAMPLE CONTINUED...

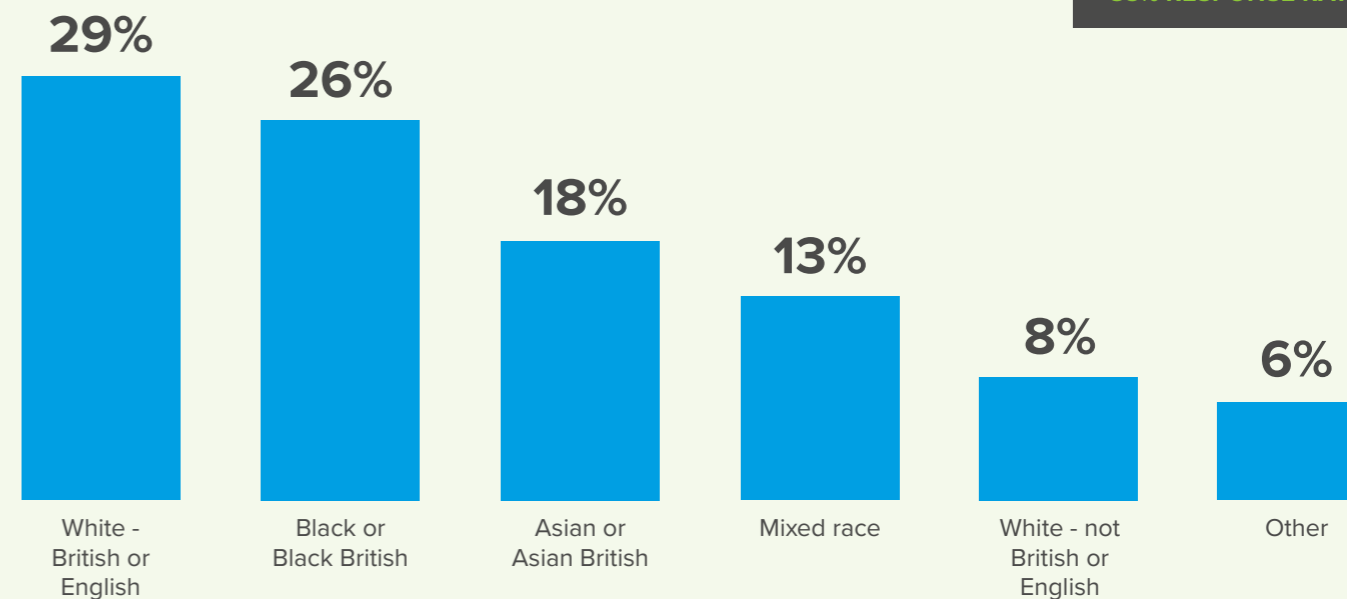
OVERALL, THE SCHOOLS THAT HAD ONE OR MORE STUDENTS SUBMIT A SURVEY RESPONSE WERE SPREAD ACROSS THE BOROUGH

Figure 6: Do you have a religion which you follow?



3639 RESPONSES; 88% RESPONSE RATE

Figure 7: Which one of these best describes your background or race?



3517 RESPONSES; 85% RESPONSE RATE

## SURVEY SAMPLE CONTINUED...

### Structure of the report

130 questions were asked of primary school-aged students, and 220 of secondary school-aged students. The full surveys can be accessed via the hyperlinks in the Appendices to this report.

The next section of the report documents a cross-section of the survey's key findings, broken down by theme. Given the breadth of the survey questions asked, it has not been possible to present all survey findings in this report. A programme of further work to review and present further findings from the survey will be carried out over the coming year – see Next Steps section for more information about this.

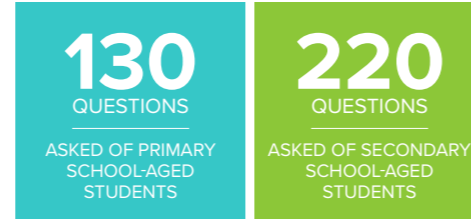


### Limitations of the data

It is important to note that this survey contains self-reported information and views from the children and young people in Croydon schools. Further work is required to fully understand some of the results and how questions have been interpreted and answered (see more detail in Next Steps section).

Response rates to each question analysed in this report have been given. This is to help the reader to understand how many children and young people reported in a certain way. For some questions, the response rate was over 90%, but for others, it was closer to 50%.

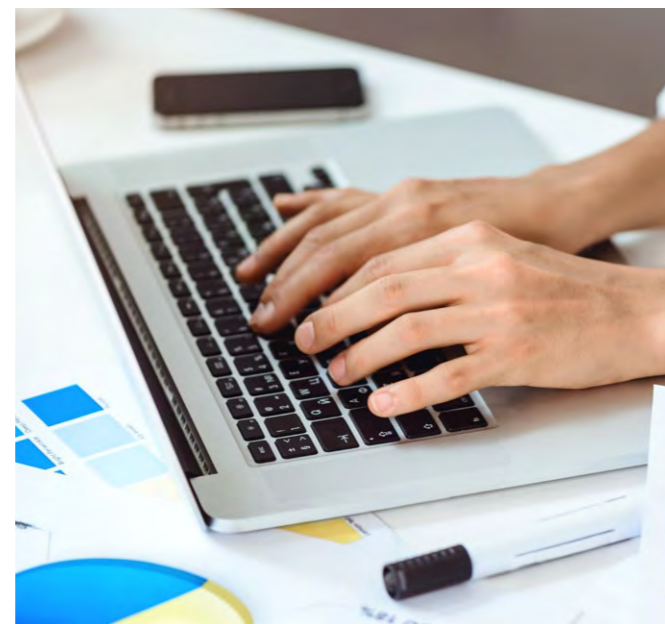
There may be several reasons why children and young people chose not to answer certain questions – including being unclear about what the question was asking, fear of reporting, lack of interest or survey fatigue – and it is hoped that discussions with children and young people about why they did or did not answer specific questions can be explored in the next phase of this work.



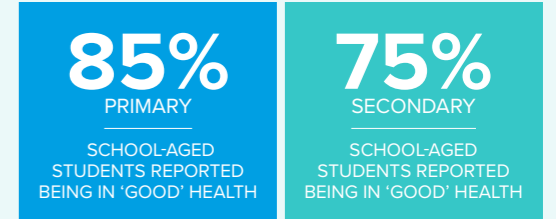
In most areas, only those responses where a conclusive answer was recorded have been included. Those who did not answer the question or answered, 'Don't know' or 'Prefer not to say' have been excluded from all analysis in this report; however, the information will still be analysed and used to help inform the review of the next phase of this work.

Finally, as documented in the 'Demographics' section of the report, whilst the overall sample of school-aged children and young people is large (18% of the eligible population in the relevant year groups), and the sample of students who completed the questionnaire are broadly representative of the student population in Croydon in terms of sex, ethnicity, and religion, it is important to note that:

- 1 Results are significantly skewed to the younger (primary school-aged) students. Work will be conducted to increase uptake among older students in the next survey.
- 2 There is limited representation from special school, independent school, or home schooled students in the report. All school types were invited to participate, but there will be targeted efforts made to increase uptake across all school types in Croydon for the next survey in Autumn 2024.



## KEY FINDINGS



### 1. GENERAL HEALTH

To explore children and young people's views on their general health, we asked the following question:

#### In general, how would you say your health is?

Please answer from 1-5 where 1 is poor and 5 is excellent.



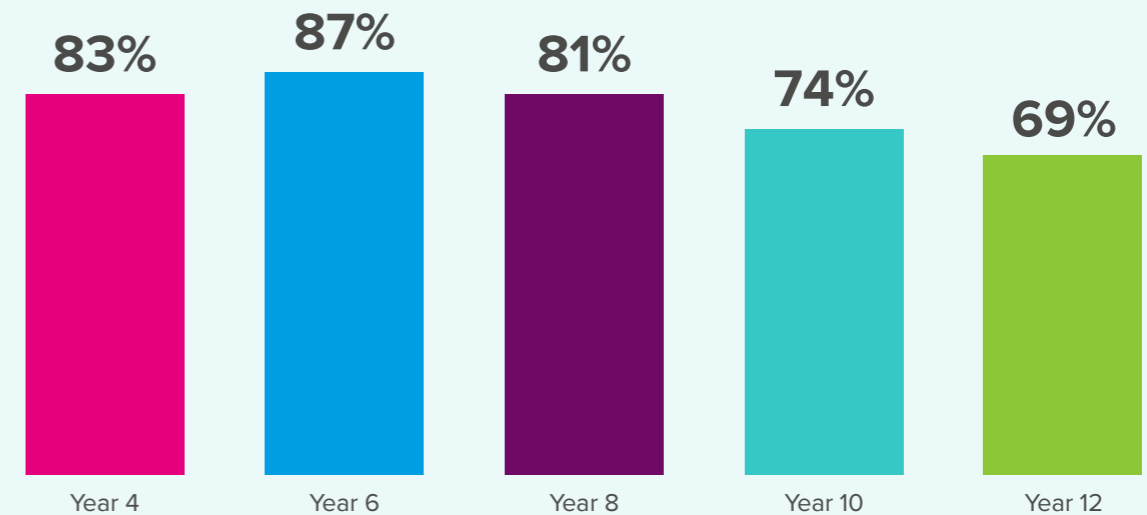
85% primary school-aged students and 75% secondary school-aged students reported being in 'good' or 'excellent' health. Feelings of being in 'good' or 'excellent' health decreased with age. More Year 6 students reported their health to be 'good' or 'excellent' than all other years. Year 4 scores were also significantly higher than in Years 10 and 12.

Benchmarking these results, the World Health Organisation (WHO) Survey among 11, 13 and 15-year-olds in England in 2018<sup>12</sup> found that 87% stated their health was 'good' or 'excellent' i.e., a higher percentage than among students in Croydon of a similar age. As in Croydon, older adolescents were less likely to report being in 'good' or 'excellent' health than young ones..

The Department for Education's Longitudinal Study of Young People in England cohort 2: health and wellbeing (LSYPE2) (2016)<sup>13</sup>, which surveyed Year 10 students, found that 93% respondents reported their health to be 'very good' (the top possible rating, out of 4 options given to participants) or 'fairly good' i.e., a notably higher percentage than in Croydon's Year 10 students (74%).

Figure 8: Percentage of students stating they are in 'good' or 'excellent' health

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)



3338 RESPONSES;  
81% SAMPLE

<sup>12</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>13</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/599871/LSYPE2\\_w2-research\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/599871/LSYPE2_w2-research_report.pdf)



## KEY FINDINGS GENERAL HEALTH CONTINUED...

**130**  
QUESTIONS

ASKED OF PRIMARY  
SCHOOL-AGED  
STUDENTS

**220**  
QUESTIONS

ASKED OF SECONDARY  
SCHOOL-AGED  
STUDENTS

Children and young people were also asked about whether they received extra help at school, and what type of help that was:

### Do you get extra help with any of these things at school?

- Moving around including walking and running
- Using your hands for writing or to pick things up
- Seeing and using your eyes
- Hearing and using your ears
- Using sign language
- Using braille
- Speaking
- Breathing
- Reading or writing
- Using numbers
- How you feel
- How you behave
- Other
- I don't get extra help with any of these things

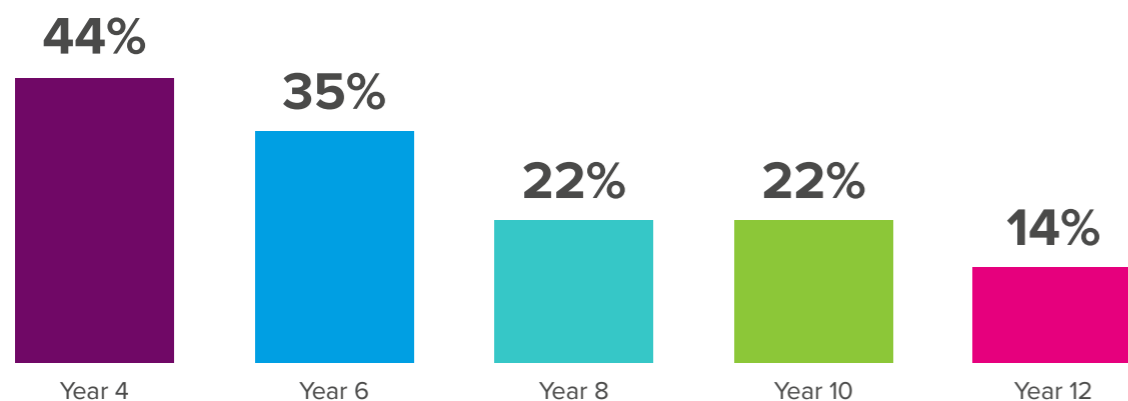
Primary school-aged students received more additional help at school than secondary school-aged students, with those in Year 4 receiving the most.

There was no significant difference between Years 8, 10 and 12 results. The amount of additional help reported by Year 4 students was higher than among those in Year 6. Year 6 students reported higher levels of additional help than secondary years.



**Figure 9:**  
Percentage of students who receive additional help at school

■ Year 4 (aged 8-9) ■ Year 6 (aged 10-11) ■ Year 8 (aged 12-13)  
■ Year 10 (aged 14-15) ■ Year 12 (aged 16-17)



3,709 RESPONSES;  
90% RESPONSE RATE

## KEY FINDINGS GENERAL HEALTH CONTINUED...

**14%**  
IN TOTAL

SAID THEY HAD  
A LONG-TERM ILLNESS

**58%**  
OF WHICH

SAW A DOCTOR FOR  
THEIR ILLNESS

Children and young people were also asked about having a long-term illness:

### Do you have a long-term illness, like diabetes, asthma, arthritis, allergy, epilepsy, sickle cell disease?

- Yes
- Yes but know the name
- No
- I don't know
- I prefer not to say

### Do you see a Doctor about this?

- Yes
- No
- I prefer not to say

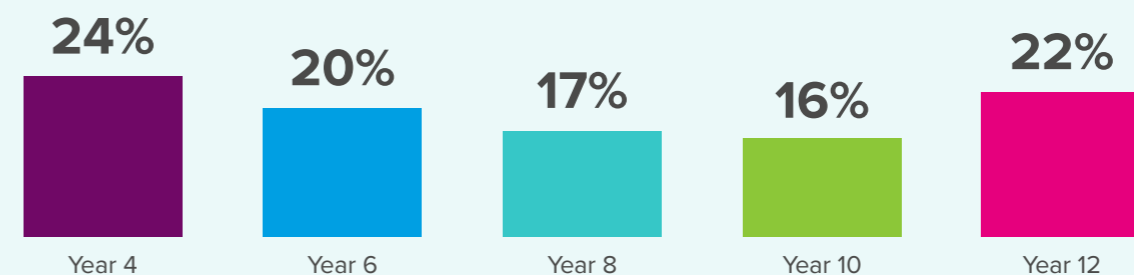


In total, 14% of students said they had a long-term illness; 58% of which saw a doctor about this. Differences between year groups were small, though Year 4 results were significantly higher than (not for) students in Year 8 or Year 10.

By comparison, 16% of students surveyed in the Department for Education's LSYPE2 study (2016)<sup>14</sup> had an illness or disability; 50% of which reported that this illness or disability affected school. The WHO's Survey of 11-, 13- and 15-year-olds in England<sup>15</sup> found that 23% said they had a long-term condition or disability, i.e., a slightly smaller proportion of students in Croydon reported a long-term illness.

**Figure 10:**  
Percentage of students with a long-term illness

■ Year 4 (aged 8-9) ■ Year 6 (aged 10-11) ■ Year 8 (aged 12-13)  
■ Year 10 (aged 14-15) ■ Year 12 (aged 16-17)



3,025 RESPONSES;  
73% RESPONSE RATE

<sup>14</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/599871/LSYPE2\\_w2-research\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/599871/LSYPE2_w2-research_report.pdf)

<sup>15</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

## KEY FINDINGS SLEEP

### 2. SLEEP

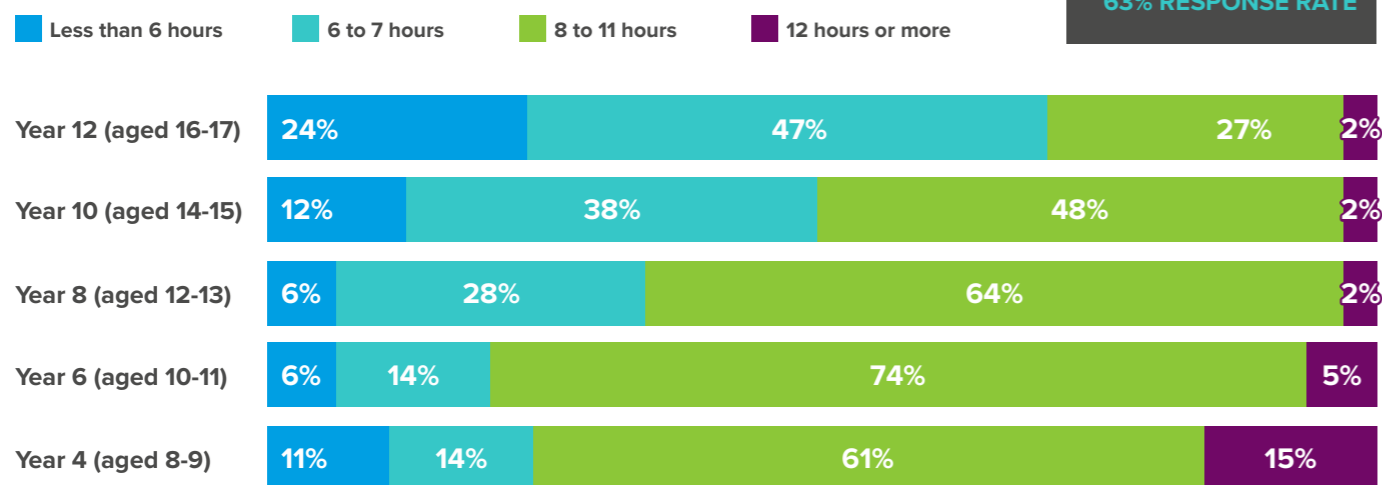
Children aged 6 to 12 years are recommended to get between 9 to 12 hours sleep within a 24-hour period. Teenagers aged 13 to 18 years are recommended to get between 8 to 10 hours<sup>16</sup>. Sleep is critical for healthy child development. It affects happiness, alertness and attention, cognitive performance, mood, resiliency, vocabulary acquisition, and learning and memory<sup>17</sup>.

Children and young people were asked about the number of hours of sleep they had on the previous night before completing the survey, and about problems in getting to sleep and/or staying asleep in the week prior to completing the survey:

#### How many hours sleep did you have last night?

- 3 hours or less
- 4 to 5 hours
- 6 to 7 hours
- 8 to 9 hours
- 10 to 11 hours
- 12 or more hours
- Don't know / prefer not to say

**Figure 11:**  
Number of reported hours of sleep in the night prior to completing the survey



2,608 RESPONSES;  
63% RESPONSE RATE

<sup>16</sup> Sleep Foundation (2023). How much sleep do we really need? <https://www.sleepfoundation.org/how-sleep-works/how-much-sleep-do-we-really-need>

<sup>17</sup> Sleep Foundation (2023). Children and Sleep. <https://www.sleepfoundation.org/children-and-sleep>

<sup>18</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/599871/LSYPE2\\_w2-research\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/599871/LSYPE2_w2-research_report.pdf)

**32%**  
NATIONALLY

YEAR 10 STUDENTS GOT LESS THAN 8 HRS SLEEP ON A SCHOOL NIGHT

**50%**  
IN CROYDON

YEAR 10 STUDENTS GOT LESS THAN 8 HRS SLEEP ON A SCHOOL NIGHT

## KEY FINDINGS SLEEP CONTINUED...

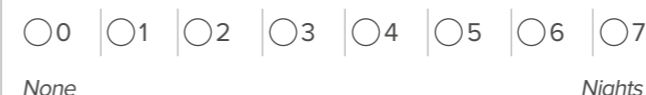
**YEAR 4**

STUDENTS REPORTED SIGNIFICANTLY MORE PROBLEMS THAN YEARS 6 AND 8 IN TERMS OF GETTING TO SLEEP

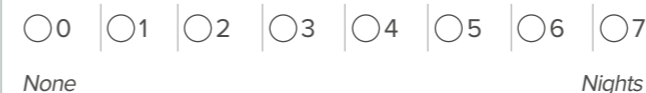
Children and young people were also asked about difficulties they had getting to sleep, and/or staying asleep, in the 7 days before they completed the survey:

On how many nights in the past 7 days have you had any of the following problems with sleep?

#### Problems getting to sleep:



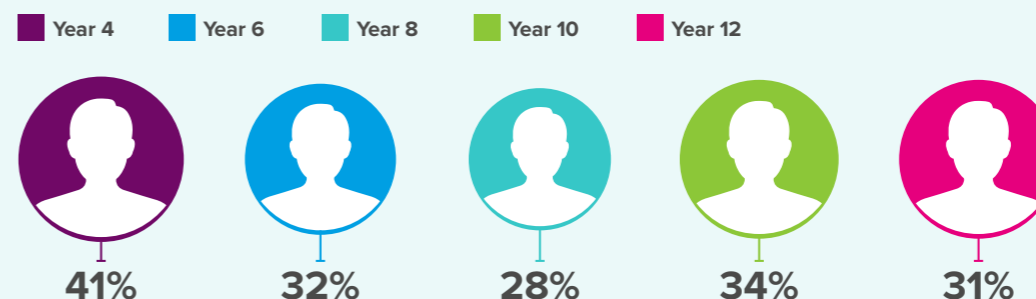
#### Problems with staying asleep:



Primary school-aged students reported more problems getting to sleep / staying asleep than secondary school-aged students. Year 4 students reported significantly more problems than Years 6 and 8 in terms of getting to sleep. There were no other significant differences. Year 4 students also reported significantly more problems than all other years with staying asleep (there were no other significant differences by year group).

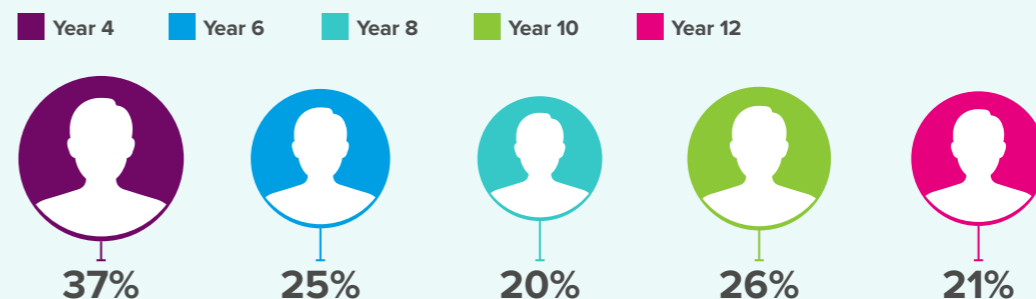
Results from a comparable survey sample found that 34% of 7- to 16-year-olds experienced sleep problems three or more times in the past week<sup>19</sup>. Comparatively, Croydon showed a similar proportion of children and young people experiencing sleep problems on three or more nights (36% getting to sleep; 29% staying asleep).

**Figure 12:**  
Percentage of students reporting problems getting to sleep on 3 or more nights in the week prior to completing the survey



3,049 RESPONSES;  
74% RESPONSE RATE

**Figure 13:**  
Percentage of students reporting problems staying asleep on 3 or more nights in the week prior to completing the survey



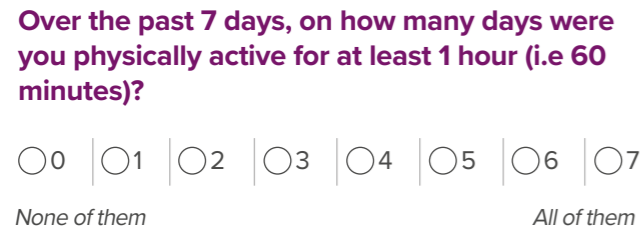
2,998 RESPONSES;  
73% RESPONSE RATE

## KEY FINDINGS PHYSICAL ACTIVITY

### 3. PHYSICAL ACTIVITY

Participation in physical activity is important for healthy growth and development. It can reduce the risk of chronic conditions (for example, obesity) and improve general health and wellbeing<sup>20</sup>. Children and young people aged 5 to 18 should aim for an average of at least 60 minutes physical activity per day across the week<sup>21</sup>.

Children and young people were asked about how many days (out of the previous 7 days before completing the survey) they had completed at least 1 hour of physical activity:



27% of primary school-aged students met the recommendation for at least one hour of physical activity every day. This fell to 18% in Year 8 and Year 10 students and to 13% in Year 12 students.

**Figure 14:**  
Percentage of students reporting problems getting to sleep on 3 or more nights in the week prior to completing the survey

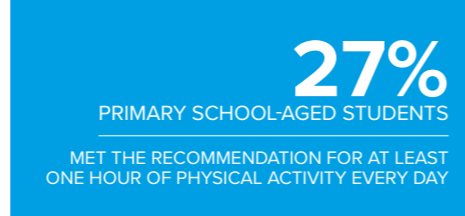
■ Year 4 ■ Year 6 ■ Year 8 ■ Year 10 ■ Year 12



<sup>19</sup> NHS Digital (2022). Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Ages 7-24. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

<sup>20</sup> NICE (2019). Physical activity for children and young people. Public health guideline [PH17]. <https://www.nice.org.uk/guidance/ph17/chapter/public-health-need-and-practice>

<sup>21</sup> DHSC (2020). Physical activity guidelines: UK Chief Medical Officers' report. <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>



## KEY FINDINGS DIET

### 4. DIET

Children and young people were asked a variety of questions about their eating habits to establish how healthy their diets were. Children and young people should eat at least 5 portions of a variety of fruit and vegetables every day<sup>23</sup>. Evidence shows there are significant health benefits to consuming at least 5 portions of fruit and vegetables every day, including a lower risk of serious health problems, such as heart disease, stroke, and some types of cancer<sup>24</sup>.

Children and young people were asked how many portions of fruit and vegetables they usually consumed each day, ranging from '0' portions, to 'more than 5':

How many portions of fruit and vegetables do you usually eat each day?

FRUIT



VEGETABLES



<sup>22</sup> Sport England (2021/22). Active Lives Survey. Ages 5-15. <https://www.sportengland.org/research-and-data/data/active-lives>

<sup>23</sup> PHE (2018). The Eatwell Guide. <https://www.gov.uk/government/publications/the-eatwell-guide>

<sup>24</sup> NHS.uk (2022). Why 5 A Day? <https://www.nhs.uk/live-well/eat-well/5-a-day/why-5-a-day/>



69% of primary school-aged students met the recommendation of eating five or more portions of fruit and/or vegetables per day. This fell to 56% in Year 8 and Year 10 students, and to 45% in Year 12 students.

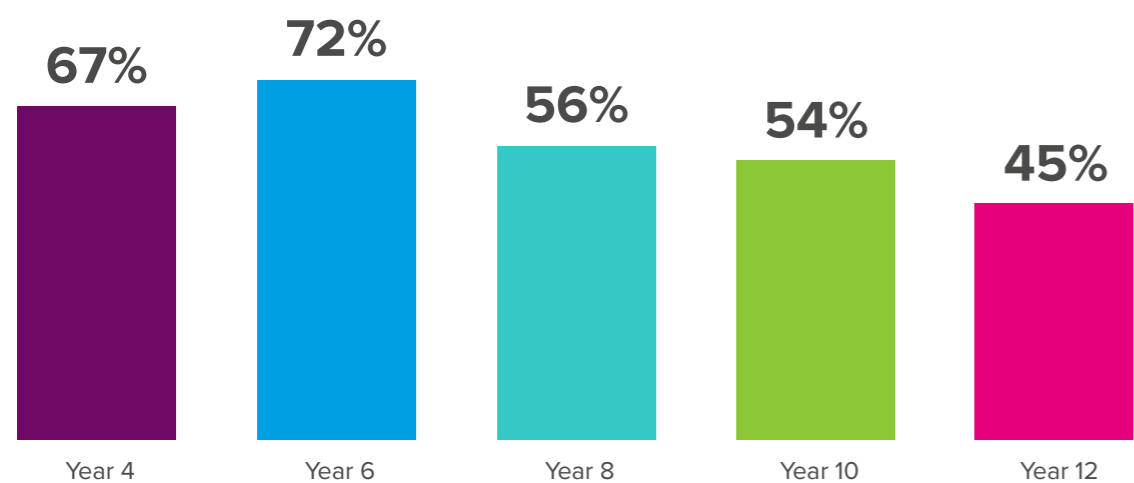
There were no statistical differences between individual years in primary / secondary school, but primary school years reported significantly higher rates of fruit/vegetable consumption than secondary school students. There were no differences between boys and girls in either primary or secondary school ages.

## KEY FINDINGS DIET CONTINUED...

**44%**  
SECONDARY SCHOOLS IN ENGLAND  
MET THE 5-A-DAY FRUIT AND VEGETABLE  
CONSUMPTION GUIDELINES

**Figure 15:**  
Percentage of students eating five or more portions of fruit and/or vegetables per day

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)



3,132 RESPONSES;  
76% RESPONSE RATE

A WHO survey of secondary school-aged students in England found that 44% met 5-a-day fruit and vegetable consumption guidelines.

This figure decreased with age (51% of 11-year-olds, 41% of 13-year-olds, 34% of 15-year-olds)<sup>25</sup>. Compared to these figures, higher percentages of students in Croydon are meeting 5-a-day guidelines.



<sup>25</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

## KEY FINDINGS DENTAL HYGIENE

**82%**  
ALL STUDENTS MET THE  
RECOMMENDATION OF BRUSHING  
THEIR TEETH AT LEAST TWICE A DAY.

### 5. DENTAL HYGIENE

Children and young people were also asked about dental hygiene. Tooth decay is highly preventable but remains a significant public health problem. Children and young people aged 7 and over should brush their teeth at least twice a day for about two minutes with fluoride toothpaste to prevent tooth decay<sup>26</sup>.

It has been found that children are more at risk of tooth decay if they eat a poor diet, brush their teeth less than twice per day with fluoride toothpaste, and/or are from deprived backgrounds<sup>27</sup>.

Children and young people were asked to report the number of times they usually brushed their teeth each day:

**How many times do you usually brush your teeth a day?**

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Never
- I am not sure

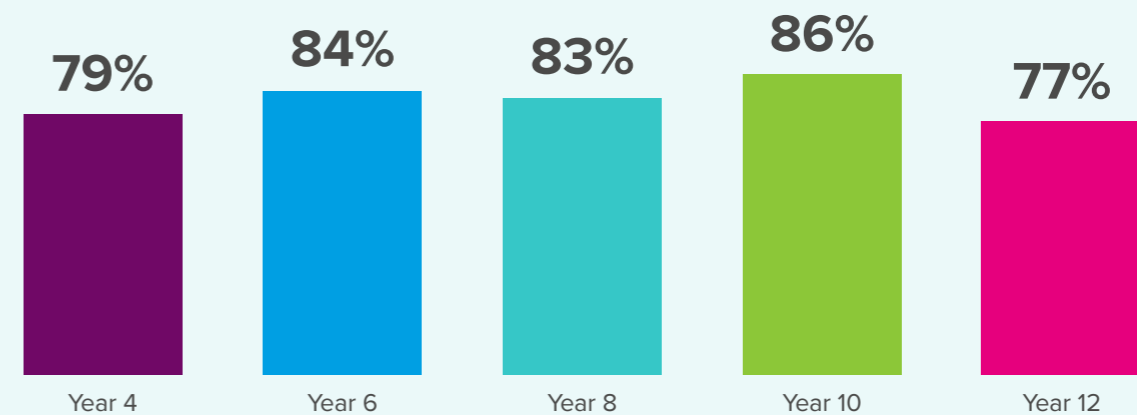
82% of all students met the recommendation of brushing their teeth at least twice a day. There were no statistical differences found between any years. However, boys of secondary school age were significantly less likely to brush their teeth twice a day than girls.

The My Health My School survey in Leeds (2020/21) found that 72% students of similar ages to those surveyed in Croydon reported brushing their teeth twice or more a day, i.e., more children and young people in Croydon reported meeting the recommendation for teeth brushing frequency<sup>28</sup>.



**Figure 16:**  
Percentage of students who brush their teeth at least twice a day

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)



3,067 RESPONSES;  
75% RESPONSE RATE

<sup>26</sup> NHS.uk (2022). Children's teeth. <https://www.nhs.uk/live-well/healthy-teeth-and-gums/taking-care-of-childrens-teeth/>

<sup>27</sup> PHE (2017). Health matters: child dental health. <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

<sup>28</sup> Leeds City Council (2021). My Health, My School Survey Leeds Headline Report, Key Findings 2020-21. [https://www.myhealthmyschoolsurvey.org.uk/uploads/optimadmin/document/document/16/2021105\\_Final\\_Headline\\_Report\\_2020-21\\_V1.pdf](https://www.myhealthmyschoolsurvey.org.uk/uploads/optimadmin/document/document/16/2021105_Final_Headline_Report_2020-21_V1.pdf)

## KEY FINDINGS EATING ENOUGH

IN SECONDARY SCHOOL AGES, GIRLS WERE LESS LIKELY TO EAT BREAKFAST EVERY DAY THAN BOYS

### 6. EATING ENOUGH

Good nutrition is important for healthy development. Some of the benefits of healthy eating include stable energy, strong bones and teeth, improved mental health, maintaining healthy weight, and preventing chronic diseases<sup>29</sup>. However, many children and young people are not able to eat a healthy, balanced diet.

This may, in part, be due to not being able to afford enough healthy, nutritious food to eat. According to government data from 2020, 92% of households in the UK regarded themselves as food secure<sup>30</sup>. 8% regarded themselves as food insecure. Food insecurity is more likely among the young and old, those with a disability, and from an ethnic minority group<sup>31</sup>.

Children and young people were asked several questions that were designed to understand how much access to, and utilisation of, healthy nutritious foods they had. These included the following:

#### How often do you usually have breakfast on school days (more than a glass of milk or fruit juice)?

- Every day
- Three or four days
- One or more days
- I never have breakfast on school days
- Prefer not to say

#### Sometimes children and young people go to school or bed hungry. How often does this happen to you?

- Never
- Sometimes
- Often
- Always
- Prefer not to say



Three quarters of primary school-aged students reported having breakfast every school day compared to half of secondary school-aged students. In secondary school ages, girls were less likely to eat breakfast every day than boys.

In those who reported having breakfast every day, there was no statistical difference in results between secondary school years and primary school years, although primary school students reported significantly higher rates of usually eating breakfast on school days than secondary school-aged students.

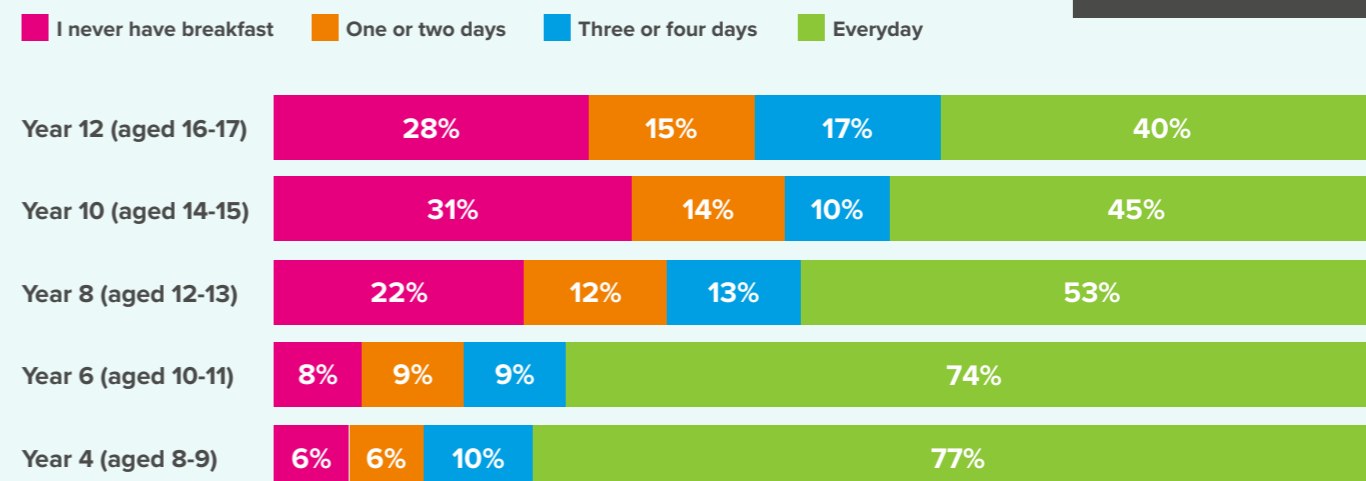
## KEY FINDINGS EATING ENOUGH CONTINUED...

56%

OF YEAR 4 STUDENTS SAID THEY SOMETIMES, OFTEN, OR ALWAYS GO TO SCHOOL OR BED HUNGRY

Figure 17:  
Percentage of students reporting how often they ate breakfast on school days, by year group

3,084 RESPONSES;  
75% RESPONSE RATE



Benchmarking this data, the Scotland Health and Wellbeing Census in Schools 2021-2022 (with results for children from Year 4 -Year 13) found 56.9% had breakfast on weekdays (more than a glass of milk or fruit juice)<sup>32</sup>. The WHO Survey (2018) among 11-, 13- and 15-year-old students in England found that 63% reported eating breakfast every day i.e., a smaller proportion of students who completed the Croydon survey reported eating breakfast every day. Younger adolescents and boys were more likely to report doing so, ranging from 77% in 11-year-old boys to 48% of 15-year-old girls<sup>33</sup>. Both trends were also found within the Croydon dataset.



Students were also asked how often they went to school or bed hungry. 56% of Year 4 students said they sometimes, often, or always go to school or bed hungry. Year 4 students were significantly more likely to go to bed/school hungry than all other years.

Year 6 students were significantly more likely than Year 8 students to report going to bed/school hungry, but all other years were similar.

<sup>29</sup> Nationwide Children's Hospital (2023). The Importance of Good Nutrition for Kids. <https://www.nationwidechildrens.org/family-resources-education/700childrens/2021/03/importance-good-nutrition-kids>

<sup>30</sup> DEFRA (2021). United Kingdom Food Security Report 2021: Theme 4: Food Security at Household Level. <https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2021/united-kingdom-food-security-report-2021-theme-4-food-security-at-household-level#united-kingdom-food-security-report-2021-theme4-indicator-4-1-4>

<sup>31</sup> *ibid*

<sup>32</sup> Scotland Experimental Statistics (2023). Health and Wellbeing Census 2021/22. <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.gov.scot%2Fbinaries%2Fcontent%2Fdocuments%2Fgovscot%2Fpublications%2Fstatistics%2F2023%2F02%2Fhealth-and-wellbeing-census-scotland-2021-22%2Fdocuments%2Fkey-findings%2Fgovscot%253Adocument%2FHWB%252BCEnsus%252B2021-22%252B-%252Bpublication%252B-%252B2023%252B-%252Bkey%252Bfindings.docx&wdOrigin=BROWSELINK>

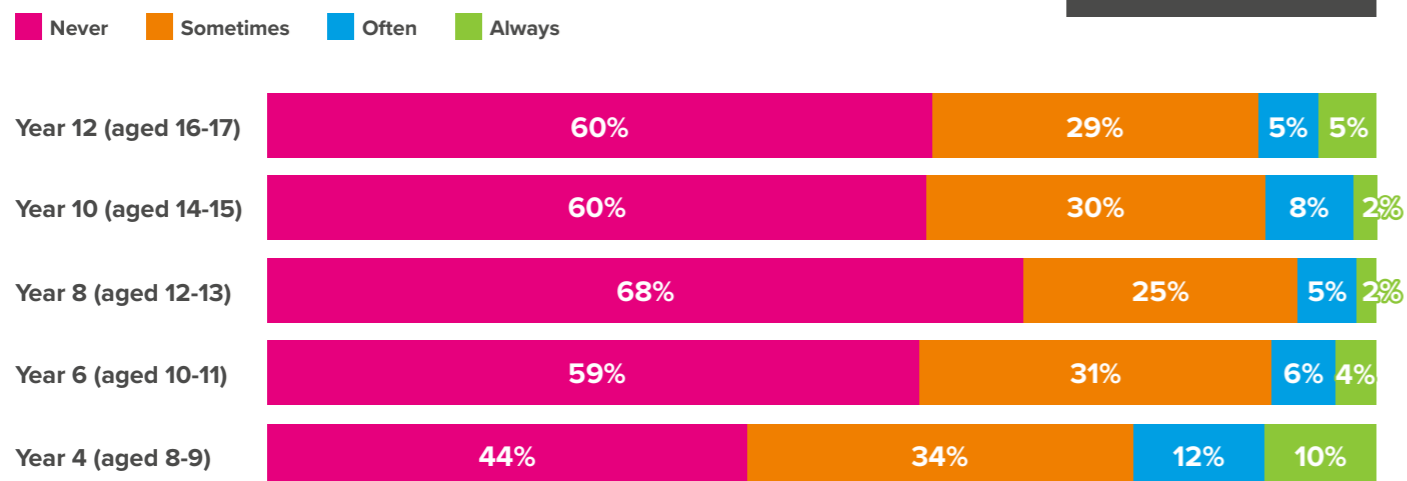
<sup>33</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

## KEY FINDINGS EATING ENOUGH CONTINUED...

### Year 4

STUDENTS WERE SIGNIFICANTLY MORE LIKELY TO GO TO BED/SCHOOL HUNGRY THAN ALL OTHER YEARS

**Figure 18:**  
Percentage of students reporting how often they went to school or bed hungry, by year group



Comparatively, the Scotland Health and Wellbeing Census in Schools 2021-2022 (with results for children from Year 4 -Year 13) found that 62.1% never went to school hungry, but there was not comparable data on numbers reporting going to bed hungry. Despite this, it is important to investigate what the data reported by children and young people in Croydon mean<sup>34</sup>. There are a number of possible explanations for the results, including living in food poverty, and hunger owing to growth and development. Further work will be conducted with children and young people in Croydon to explore these results further.

<sup>34</sup> Scotland Experimental Statistics (2023). Health and Wellbeing Census 2021/22. <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.gov.scot%2Fbinaries%2Fcontent%2Fdocuments%2Fgovscot%2Fpublications%2Fstatistics%2F2023%2F02%2Fhealth-and-wellbeing-census-scotland-2021-22%2Fdocuments%2Fkey-findings%2Fkey-findings%2Fgovscot%253Adocument%2FHWB%252BCensus%252B2021-22%252B-%252Bpublication%252B-%252B2023%252B-%252Bkey%252Bfindings.docx&wdOrigin=BROWSELINK>

## KEY FINDINGS SMOKING, DRINKING AND DRUGS

# 86%

OF THE STUDENTS WHO DID COMPLETE THE QUESTION, MORE THAN FOUR IN EVERY FIVE SAID THEY HAD NEVER VAPED

### 7. SMOKING, DRINKING AND DRUGS (SECONDARY SCHOOL-AGED STUDENTS ONLY)

#### 7.1 SMOKING AND VAPING BEHAVIOURS

In the UK, vapes (e-cigarettes) can be legally sold to people aged 18 or over. The government has encouraged adult smokers to switch to vapes as the evidence shows vaping is substantially less damaging to health than smoking. Vapes should not be used by children and young people; vaping is not risk-free, particularly for people who have never smoked<sup>35</sup>.

The survey asked the following questions to secondary school-aged students only:

##### Which statement describes you best about smoking e-cigarettes/vaping?

- I have never vaped
- I have tried vaping once or twice
- I vape occasionally but not every day
- I vape one or more times a day
- I used to vape, but don't now

##### Which statement describes you best about smoking (traditional) cigarettes?

- I have never smoked a cigarette
- I have tried smoking once or twice
- I smoke occasionally but not every day
- I smoke one or more times a day
- I used to smoke, but don't now



If you would like to talk to someone about stopping smoking you can speak to your GP or an adult you trust.

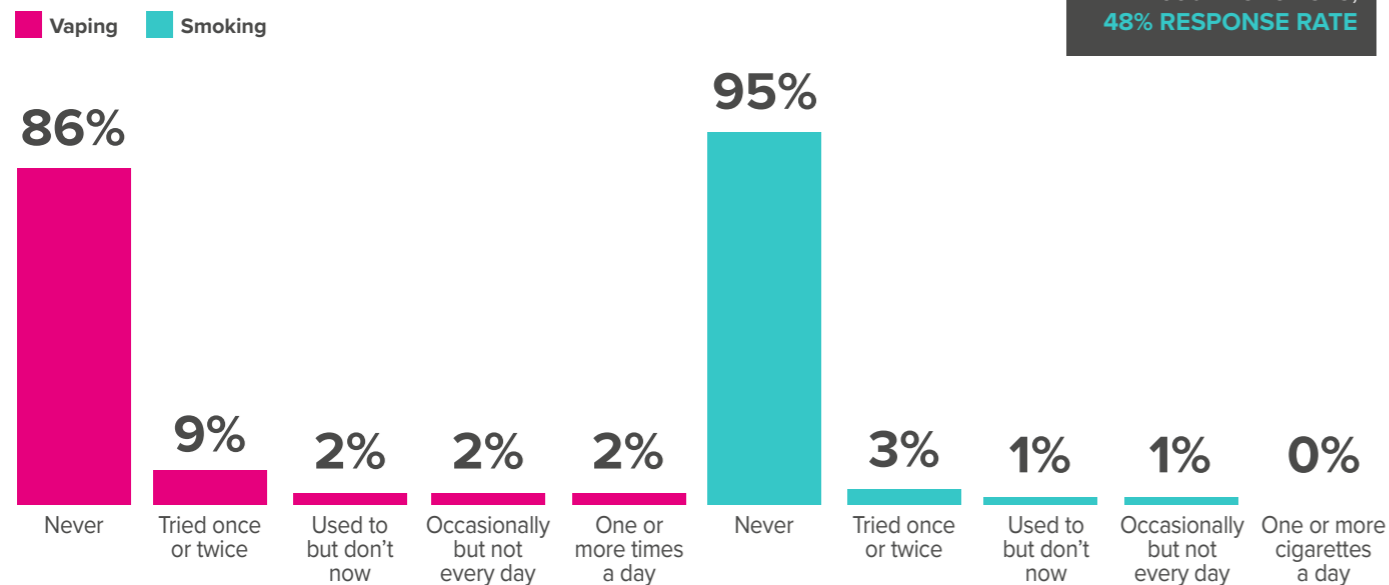
Of the students who did complete the question, more than four in every five (86%) said they had never vaped, and more than nine in every ten (94%) said that they had never smoked. Statistically, students in Years 10 and 12 were more likely to have ever vaped compared to those in Year 8, and students in Year 12 were more likely to have ever smoked compared to those in Year 8.

<sup>35</sup> Nicotine vaping in England: 2022 evidence update main findings - GOV.UK ([www.gov.uk](http://www.gov.uk))

## KEY FINDINGS SMOKING, DRINKING AND DRUGS CONTINUED...

**86%**  
OF STUDENTS  
HAD NEVER TRIED  
E-CIGARETTES

**Figure 19:**  
Frequency of vaping and smoking among secondary school-aged students



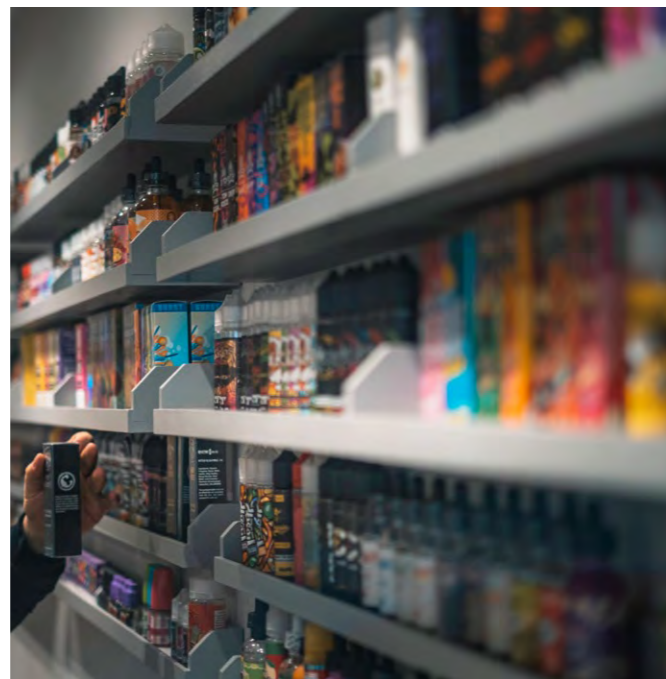
580 RESPONSES;  
48% RESPONSE RATE

Comparatively, the proportion of Croydon students saying that they have never vaped or smoked was higher than the proportions reported across England in the Smoking Drinking and Drug Use among Young People survey from 2021<sup>36</sup>. This survey reported that 78% of young people had never tried e-cigarettes and 88% had never tried smoking. Like the national survey, older students were generally more likely to report vaping and smoking.

Further, the latest data from the ASH-Youth 2022 survey of 11- to 18-year-olds in England showed that:

- smoking prevalence (including occasional and regular smoking) was 6% in 2022, compared with 4.1% in 2021 and 6.7% in 2020.
- vaping prevalence (including occasional and regular vaping) was 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020

These statistics are very similar to those found in the Croydon survey.



<sup>36</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>37</sup> OHID (2022). Nicotine vaping in England: 2022 evidence update main findings. <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings>

## KEY FINDINGS SMOKING, DRINKING AND DRUGS CONTINUED...

YEAR 12 STUDENTS WERE SIGNIFICANTLY MORE LIKELY TO REPORT HAVING TRIED ALCOHOL OR SUBSTANCES THAN BOTH YEAR 8 AND YEAR 10

### 7.2 DRINKING ALCOHOL AND TAKING DRUGS

Many young people experiment with alcohol, but the latest statistics show that most 11–15-year-olds in England have never tried it<sup>38</sup>. The UK Chief Medical Officer's (CMO) recommendation is that childhood is alcohol-free. The CMO also suggests that if children do drink alcohol, they shouldn't do so until they are at least 15 years of age<sup>39</sup>.

The impacts of alcohol use in young people are wide ranging. Alcohol use can negatively impact on educational performance, and relationships with other people. Young people aged between 15 and 17 years are more likely to 'binge drink' (drinking multiple drinks in a row), which may increase their risk of engaging in other risky health behaviours such as unsafe/ unplanned sexual activity, antisocial and criminal behaviour, and/or self-harm and thoughts of suicide.



Regular alcohol consumption from a young age can also increase the risk of later alcohol misuse/ abuse; high consumption of alcohol in adulthood is linked to many adult diseases including cancer and cirrhosis<sup>40</sup>.

Substance misuse is also one of the most common risks to a young person's health and development. Evidence has shown short- and long-term risks to young people's health and wellbeing associated with the use of legal and illegal drugs. These risks change depending on the type of drug taken<sup>41</sup>. Frequent cannabis use in young people, for example, has been linked to depression, anxiety and even psychosis<sup>42</sup>.

Children and young people were asked the following questions about drinking alcohol and taking drugs. Please note that the whole list of options related to drug use has not been included here. Please refer to the full survey which can be found in the Appendix of this report.

#### Have you drunk any alcohol in the last 7 days?

- Yes
- No
- Prefer not to say

#### Have you ever taken any of these drugs?

- Cocaine
- Ecstasy
- Benzos

(see appendix for full list of options)

Among those who responded, it was found that drinking alcohol and taking drugs increased with age. Year 12 students were significantly more likely to report having tried alcohol or substances than both Year 8 and Year 10. Year 8 and Year 10 results were statistically similar to each other. Cannabis was the most common substance students reported to have ever taken.



<sup>38</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>39</sup> Drinkaware.co.uk (2022). Teenage drinking. <https://www.drinkaware.co.uk/advice/underage-drinking/teenage-drinking/>

<sup>40</sup> Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/alcohol-drug-use-young-people/>

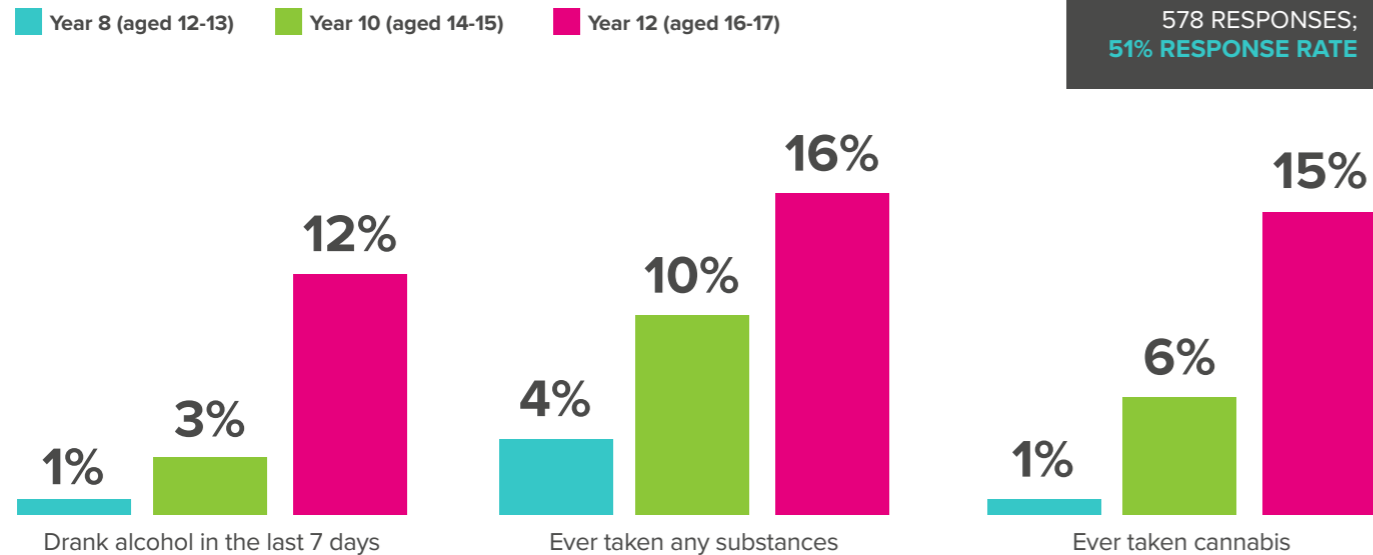
<sup>41</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>42</sup> Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/alcohol-drug-use-young-people/>

## KEY FINDINGS SMOKING, DRINKING AND DRUGS CONTINUED...

**16%**  
YEAR 12 STUDENTS  
REPORTED EVER  
TAKING SUBSTANCES

**Figure 20:**  
Percentage of secondary school-aged students reporting drinking alcohol (in the 7 days prior to completing the survey); ever trying any substance; ever taking cannabis



SMOKING  
582 RESPONSES;  
52% RESPONSE RATE

DRUGS  
578 RESPONSES;  
51% RESPONSE RATE

Benchmarking the results on drinking alcohol, research has found that 9% of 11-15 years olds reported drinking alcohol in the last 7 days. This increased with age (NHS, 2021)<sup>43</sup>. Comparatively, a smaller proportion of students in Croydon reported drinking in the last week (4%). Proportions also decreased with age.

Benchmarking the results on drug taking, research has found that 18% of 11-15-year-olds reported ever taking drugs; this proportion increased with age. 7% had ever taken cannabis<sup>44</sup>. In comparison, a lower proportion of Croydon students reported ever taking drugs (8%). Proportions also increased with age. A similar proportion reported ever trying cannabis (6%).



<sup>43</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>44</sup> ibid

## KEY FINDINGS LIFE SATISFACTION

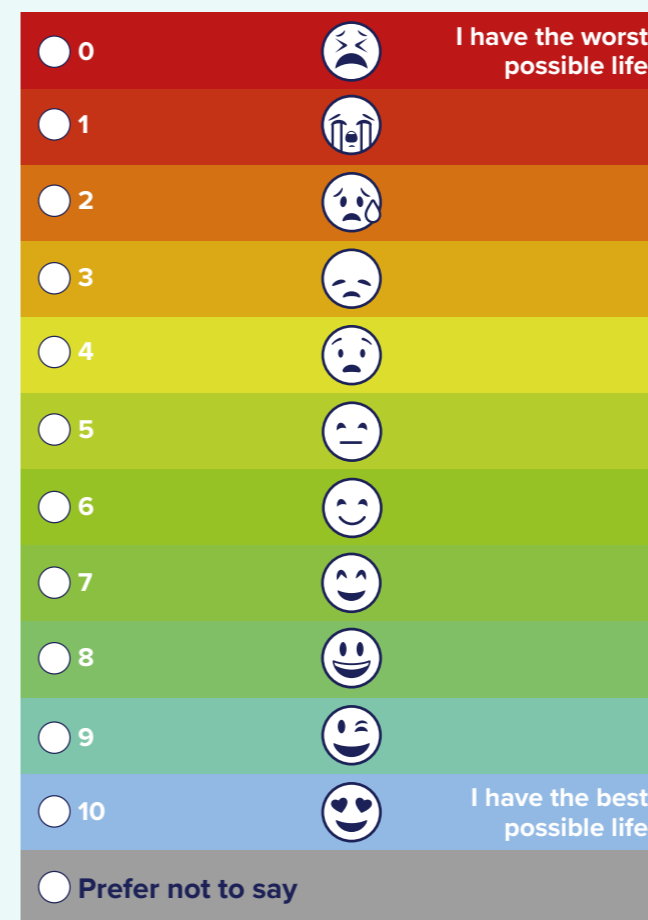
**75%**  
OF 11-, 13- AND 15-YEAR-OLD  
STUDENTS IN ENGLAND RATED THEIR  
LIFE SATISFACTION AS 7 OR HIGHER  
BASED ON THE WHO SURVEY (2018)

### 8. LIFE SATISFACTION

Higher life satisfaction has been linked to better psychological functioning, better social relationships, academic success, increased healthy behaviours, and many school-related outcomes including academic efficacy and competence<sup>45</sup>. Recent research into life satisfaction in adolescence found that, among 15-24-year-olds, life satisfaction declines more rapidly than at any other age, across most regions of the world<sup>46</sup>.

Children and young people were asked the following question in the survey relating to life satisfaction:

On scale of 0-10, how would you rate your life at the moment?



Younger students were more likely to report higher scores when asked to rate how their life is at the moment. The average rating was 7.6 out of 10 for primary school-aged students and 6.4 for secondary school-aged students.

**Figure 21:**  
Average score of students asked to rate their life at the moment (out of ten), by year group

3,082 RESPONSES;  
75% RESPONSE RATE



The WHO Survey (2018) completed by 11-, 13- and 15-year-old students in England found that 75% rated their life satisfaction as 7 or higher, indicating high life satisfaction (or thriving)<sup>47</sup>, compared to in Croydon where the score was on average 1 point lower (6 out of 10). The Sport England Active Lives Survey (2021-22) completed by students aged 5-16 (Years 1-11) reported a mean score of 6.8 out of 10 for responses to the question 'How satisfied are you with life nowadays?'<sup>48</sup> i.e., a similar overall score to Croydon's primary and secondary school-aged students.

<sup>45</sup> Proctor, Carmel & Linley, P. (2014). Life Satisfaction in Youth. [https://www.researchgate.net/publication/263919600\\_Life\\_Satisfaction\\_in\\_Youth](https://www.researchgate.net/publication/263919600_Life_Satisfaction_in_Youth)

<sup>46</sup> Handa, S., Pereira, A. & Holmqvist, G. (2023). The Rapid Decline of Happiness: Exploring Life Satisfaction among Young People across the World. Applied Research Quality Life 18, 1549-1579. <https://doi.org/10.1007/s11482-023-10153-4>

<sup>47</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>48</sup> Sport England (2021/22). Active Lives Survey. Ages 5-15. <https://www.sportengland.org/research-and-data/data/active-lives>



## KEY FINDINGS BODY IMAGE

POOR BODY IMAGE HAS BEEN LINKED TO REDUCED PHYSICAL ACTIVITY AND HEALTHY EATING, INCREASED RISK-TAKING BEHAVIOURS SUCH AS SMOKING AND DRUG USE, AND POOR MENTAL HEALTH INCLUDING DEPRESSION AND ANXIETY<sup>50</sup>

### 9. BODY IMAGE

Body image is a significant concern for young people. Research has found that 16–25-year-olds rate 'body image' as the third largest issue causing harm to young people, after lack of employment opportunities and failure to achieve academically<sup>49</sup>. Poor body image has been linked to reduced physical activity and healthy eating, increased risk-taking behaviours such as smoking and drug use, and poor mental health including depression and anxiety<sup>50</sup>.

Children and young people were asked the following question in the survey relating to body image:

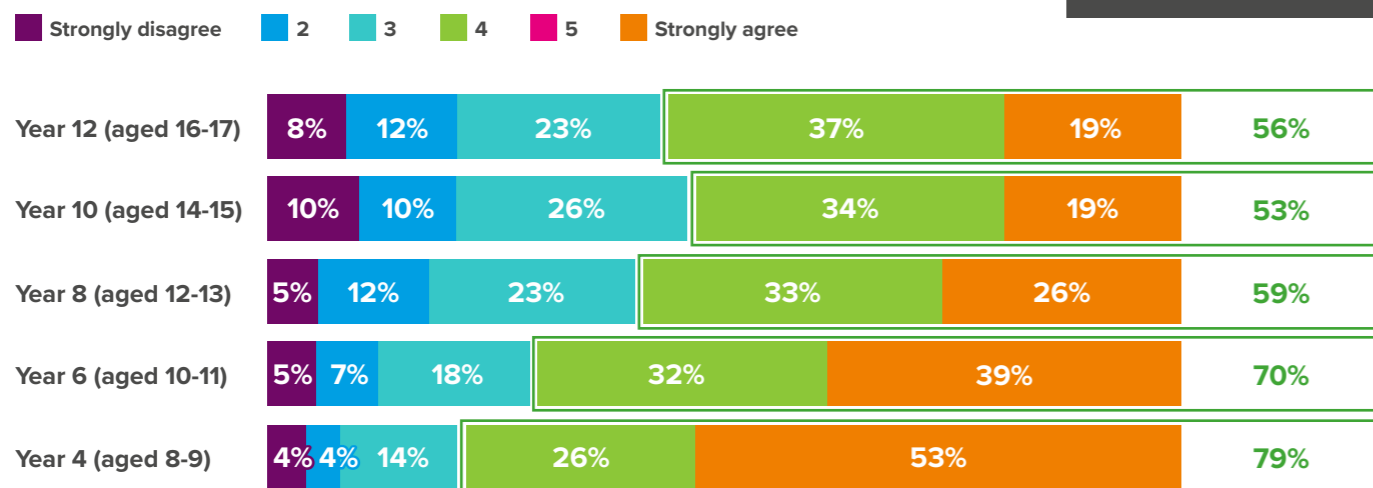
**How much do you agree with this sentence?**  
**I am happy with the way I look**

Strongly disagree Strongly agree

Three quarters of primary school-aged students were happy with their body and the way they looked; this was evenly split across boys and girls. This fell to 56% of all secondary school-aged students and is lower in girls than boys in this age group. Years 8, 10 and 12 reported similar results to one another. Year 4 scores were significantly higher than Year 6 scores, which in turn were higher than secondary ages.

In comparison, the WHO's Survey for England (2018) completed by 11-, 13- and 15-year-old students found that 60% participants reported their body was "about the right size". Younger adolescents were more likely to say their body was "about the right size": 66% of 11-year-olds, 65% of 13-year-olds and 55% of 15-year-olds. This age difference was present more for girls – the likelihood of believing your body is the "right size" decreased with age in girls, and across all age groups, 15-year-old girls were less likely to report their body to be the right size. Whilst the questions asked to students in the WHO survey were not the same as in Croydon, the trends are similar i.e., that girls reported lower body satisfaction, and that this became even more prevalent with age.

**Figure 22:**  
Students' views about the statement "I am happy with my body and the way I look"



<sup>49</sup> Mental Health Foundation (2019). Body image in childhood. <https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood>

<sup>50</sup> ibid

## KEY FINDINGS WORRIES

ANXIETY CAN AFFECT SCHOOL ATTENDANCE, SCHOOL PERFORMANCE, AND SOCIAL INTERACTIONS, LEADING TO SOCIAL WITHDRAWAL, ISOLATION, AND LONELINESS

### 10. WORRIES

The WHO states that anxiety disorders (including panic and/or excessive worry) are most prevalent among adolescents, with older adolescents more likely to experience anxiety disorders than younger adolescents. Globally, approximately 3.6% of 10–14-year-olds, and 4.6% of 15–19-year-olds experience anxiety disorders. Anxiety can affect school attendance, school performance, and social interactions, leading to social withdrawal, isolation, and loneliness<sup>51</sup>.

Children and young people were asked the following question about their worries. Please note that the whole list of options related to worries has not been included here. This can be found in the Appendix of this report.

#### How do you feel about the things in this list?

For each one please choose an image which best shows how you felt about it. If you do not know just click don't know. 1 means you are 'Not worried' and 5 means you are 'Very worried'.

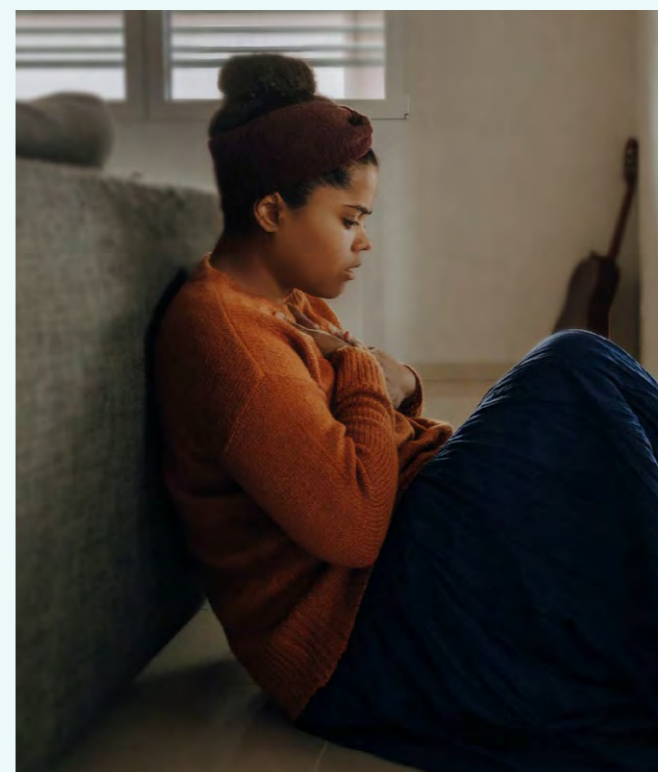
Options included, 'wars', 'gangs', 'your friends'.

They were also asked about who they would feel comfortable speaking to about these worries:

#### Who would you be most happy speaking to about something worrying you, or asking for help with an issue?

Please select up to 3.

- My Mum
- My Dad
- A grandparent / my grandparents
- An older brother or sister
- Another relative
- My carer
- A school counsellor or nurse
- Another adult at school
- My sports coach
- A youth worker
- Doctor
- Faith leader
- I prefer to talk to my friends
- Other (please specify)
- I don't have anyone to talk to



#### CHILDLINE

- One to one counsellor chat
- Information and advice on things like bullying, abuse and relationships
- A message board where you can share your experience with others
- A dedicated helpline open 24 hours a day

#### CONTACT INFORMATION

0800 1111 - 24hr helpline  
[www.childline.org.uk](http://www.childline.org.uk)

<sup>51</sup> WHO (2021). Mental Health of Adolescents. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

## KEY FINDINGS WORRIES CONTINUED...

YEAR 4 STUDENTS LEVELS OF LACKING SOMEONE THEY'D BE HAPPY TO TALK TO WAS LOWER THAN YEAR 8 STUDENT LEVELS. ALL OTHERS WERE STATISTICALLY SIMILAR

The top worry of students across all year groups was knife crime, followed by terrorism. Primary school-aged students then reported worrying most frequently about wars, bullying and gangs, whilst secondary school-aged students reported worrying most frequently about gangs, wars, and schoolwork/ exams.

Most students felt they had someone they would be happy speaking to about their worries / issues (96%). In terms of not having anyone to talk to, Years 4 and 6 were significantly less likely to report this than Years 10 and 12 students. Year 4 levels of lacking someone they'd be happy to talk to was also lower than Year 8 levels. All others were statistically similar.

**Figure 23:** Top five areas students in each year group responded 'worried' or 'very worried' about when asked how they felt about certain items

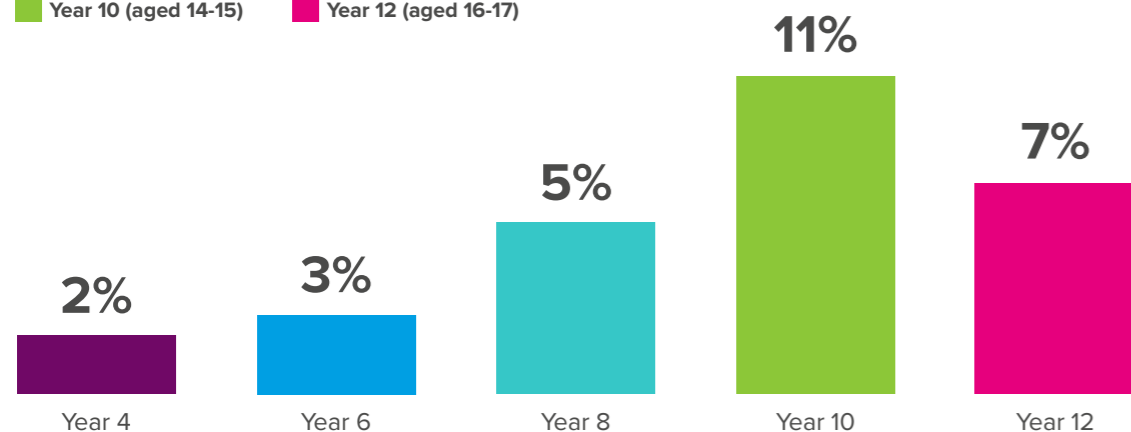
■ Year 4 ■ Year 6 ■ Year 8 ■ Year 10 ■ Year 12



3,414 RESPONSES;  
83% RESPONSE RATE

**Figure 24:** Percentage of students who said they don't have anyone to talk to when asked "Who would you be most happy speaking to about something worrying you, or asking for help with an issue?"

■ Year 4 (aged 8-9) ■ Year 6 (aged 10-11) ■ Year 8 (aged 12-13)  
■ Year 10 (aged 14-15) ■ Year 12 (aged 16-17)



3,342 RESPONSES;  
81% RESPONSE RATE

## KEY FINDINGS FEELINGS OF SAFETY

**77%**  
OF STUDENTS  
REPORTED FEELING  
SAFE AT SCHOOL

**70%**  
OF STUDENTS  
REPORTED FEELING  
SAFE IN THE AREA  
THEY LIVE

### 11. FEELINGS OF SAFETY

Recent qualitative evidence of children's perspectives on their well-being and what makes a happy life for a child found that children described feeling safe as an essential component of their happiness. This related to feeling safe at home, in their neighbourhoods, at school and online, and to having safe places to meet friends<sup>52</sup>.

Students were asked how safe they felt travelling to and from school, when they were at school, and in the area they live:

How safe do you feel...

When travelling to and from school?



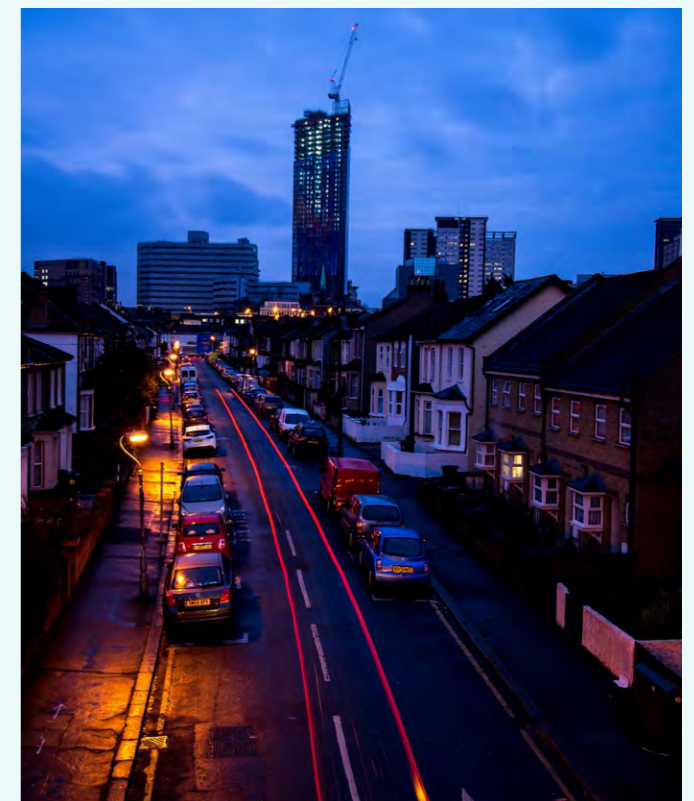
When you are at school?



In the area where you live?



Most students reported feeling safer at school (77%) than in the area where they live (70%). Perceptions of safety were highest in primary school students. In terms of statistical significance, Years 4 and 6 scores on feeling safe at school were significantly higher relating to Year 8 and Year 10 scores. On travelling to and from school, Years 4 and 6 had statistically higher scores (i.e. felt safer travelling) than Years 8, 10 and 12.



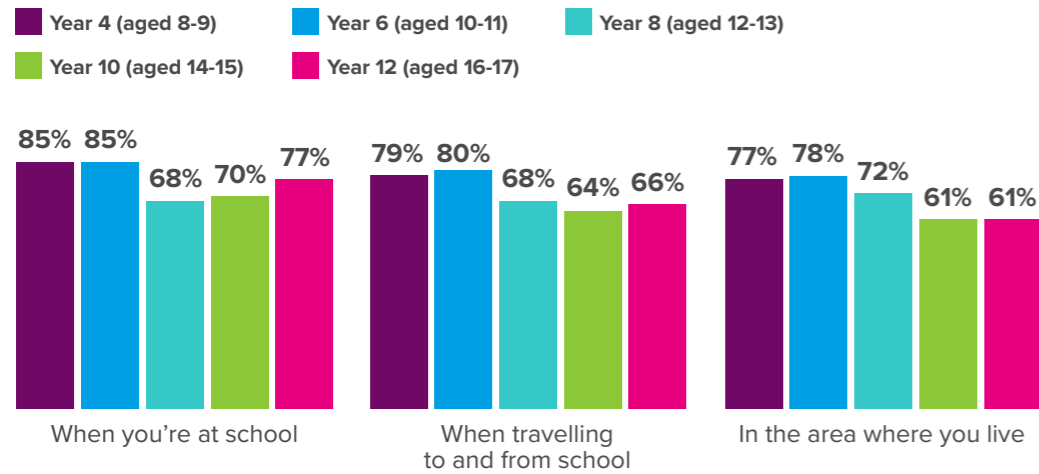
On feeling safe in the areas students live, Years 4, 6 and 8 scores were significantly higher than Year 10. Years 4 and 6 scores were also higher than Year 12 scores. The difference between feeling safe at school and feeling safe in the area where they live was significant in all students (not split by year group).

<sup>52</sup> ONS (2020). Children's views on well-being and what makes a happy life, UK: 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensviewsonwellbeingandwhatmakesahappyifeuk2020/2020-10-02>

## KEY FINDINGS FEELINGS OF SAFETY CONTINUED...

UNLIKE BOTH OF SETS OF BENCHMARKED RESULTS, CROYDON STUDENTS FELT SAFER AT SCHOOL THAN THE AREA THEY LIVE IN.

**Figure 25:**  
Percentage of students who answered 4 or 5 (very safe) to "How safe do you feel..."



WHEN YOU'RE AT SCHOOL  
3,287 RESPONSES;  
80% RESPONSE RATE

WHEN TRAVELLING TO AND FROM SCHOOL  
3,316 RESPONSES;  
81% RESPONSE RATE

IN THE AREA WHERE YOU LIVE  
3,282 RESPONSES;  
80% RESPONSE RATE



Benchmarking this data, one study found that 67% of school-aged students felt safe at school, and that this figure decreased with age (74% of 11-year-olds, 62% of 13-year-olds, 65% of 15-year-olds); 77% of students felt safe in the area where they lived<sup>53</sup>. Comparatively more students of similar ages felt safe at school in Croydon (72%), with similar decline in these feelings of safety with age. A smaller proportion of secondary school-aged students in Croydon felt safe in the area where they live (65%).

Further research found that 82% of 11–16-year-olds felt safe at school, and that 83.8% felt safe in their local area<sup>54</sup>. Comparatively, a similar percentage of Croydon students felt safe at school, but they felt less safe in their local area. Unlike both of sets of benchmarked results, Croydon students felt safer at school than the area they live in.

<sup>53</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>54</sup> NHS Digital (2022). Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Ages 7-24. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

## KEY FINDINGS BULLYING

**31%**  
YEAR 4 STUDENTS  
REPORTED BEING BULLIED  
IN THE LAST COUPLE OF MONTHS

**9%**  
YEAR 12 STUDENTS  
REPORTED BEING BULLIED  
IN THE LAST COUPLE OF MONTHS

### 12. BULLYING

Research on the impact of bullying on both the mental and physical health of a young person is pervasive. There is a significant amount of research showing both the long- and short-term impacts of bullying. Children and young people who have experienced bullying are more likely to face barriers to learning, miss school, be excluded, retaliate, place strain on families/carers, self-harm and experience depression, and have impaired wellbeing<sup>55</sup>.

Children and young people were asked a series of questions about bullying, including the following about frequency, location, reporting of, and reasons for, bullying. Please note that the whole list of options related to bullying has not been included here. This can be found in the *Appendix* of this report.



Approximately one third of students who answered the survey reported having been bullied in the last few months. Younger students in Year 4 were more likely to have experienced and reported bullying in the last few months. School was the most common place for bullying to occur.

The prevalence of bullying among Year 8 students was statistically similar to that found in both Year 6 and Year 12. Further, the prevalence of bullying among Year 10 students was statistically similar to the level in Year 12. Otherwise, all differences in the prevalence of bullying by year group were significant.

#### Have you been bullied in the last couple of months...

##### At school

- YES
- NO
- Prefer not to say

##### At home?

- YES
- NO
- Prefer not to say

#### Have you ever told anyone about being bullied?

- YES - and it helped
- YES - but it didn't help
- YES - but I am not sure if it will help
- NO

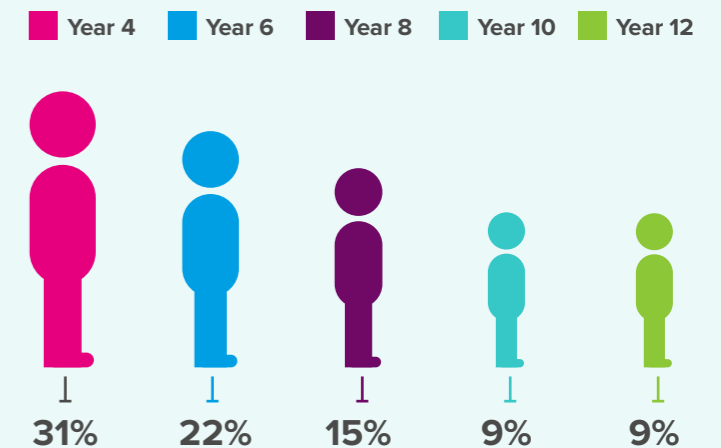
#### Why do you think you have been bullied?

Options included:

- How I look
- How I dress
- My family
- I am shy

**Figure 26:**  
% of students saying they had been bullied in the last couple of months

3,056 RESPONSES;  
74% RESPONSE RATE



<sup>55</sup> Anti-bullying alliance (2023). The impact of bullying. <https://anti-bullyingalliance.org.uk/tools-information/all-about-bullying/prevalence-and-impact-bullying/impact-bullying>

## KEY FINDINGS BULLYING CONTINUED...

IN TOTAL, A THIRD OF THOSE WHO HAD BEEN BULLIED BELIEVED IT TO BE BECAUSE OF HOW THEY LOOK

Primary and secondary school-aged students were just as likely to report bullying, though significantly more primary school-aged students reporting it had helped.

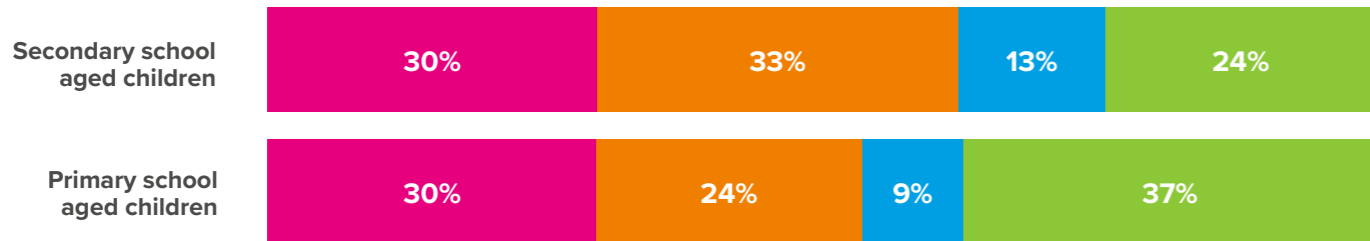
In total, a third of those who had been bullied believed it to be because of how they look.



**Figure 27:**  
For those who said they had been bullied, percentages of students who had told someone about it

919 RESPONSES;  
97% RESPONSE RATE

■ No ■ Yes - but didn't help ■ Yes - but I am not sure if it will help ■ Yes - and it helped



Comparatively, other surveys among students in England have found:

**36%**

of students reported being bullied in the last couple of months (approximately 32% of 11-year-olds, 43% of 13-year-olds, 33% of 15-year-olds)<sup>56</sup>. By comparison, Croydon had lower percentages of students being bullied.

**36%**

of Year 10 students reported being bullied in the last twelve months (excludes cyber bullying)<sup>57</sup>. Croydon also had lower levels of Year 10s reporting bullying, although this could be because of timescales considered (i.e., the last couple of months versus the entire year).



<sup>56</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

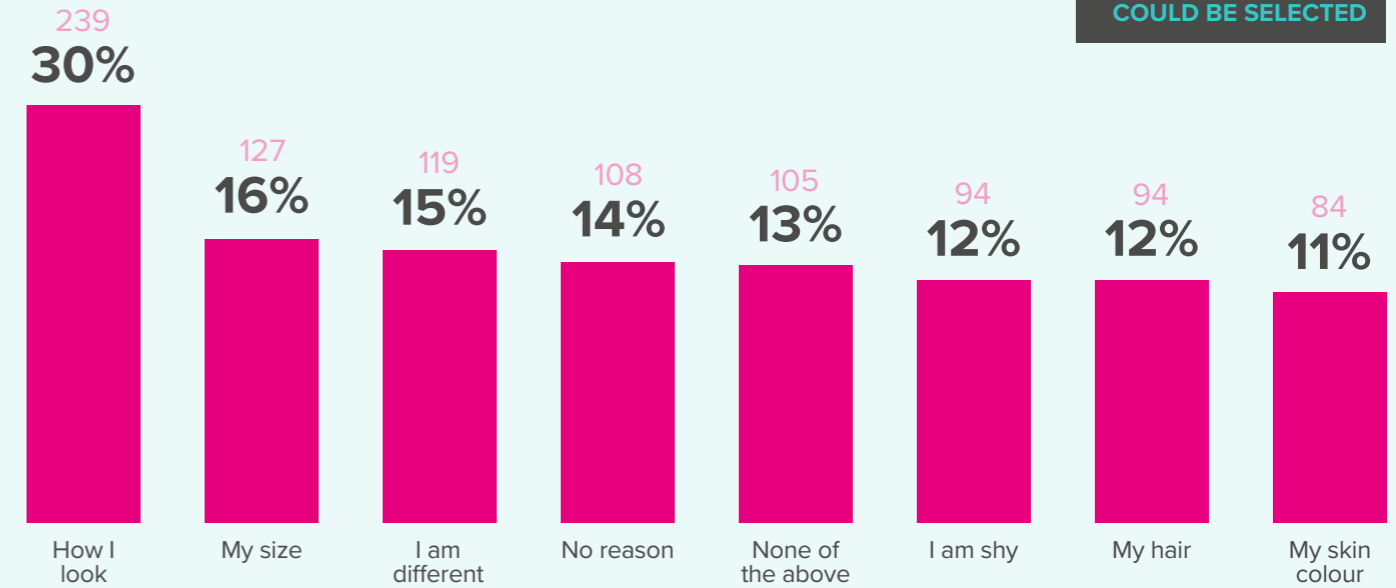
<sup>57</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15.

## KEY FINDINGS BULLYING CONTINUED...

SCHOOL WAS THE MOST COMMON PLACE FOR BULLYING TO OCCUR

**Figure 28:**  
Top eight perceived reasons for being bullied (primary school-aged students)

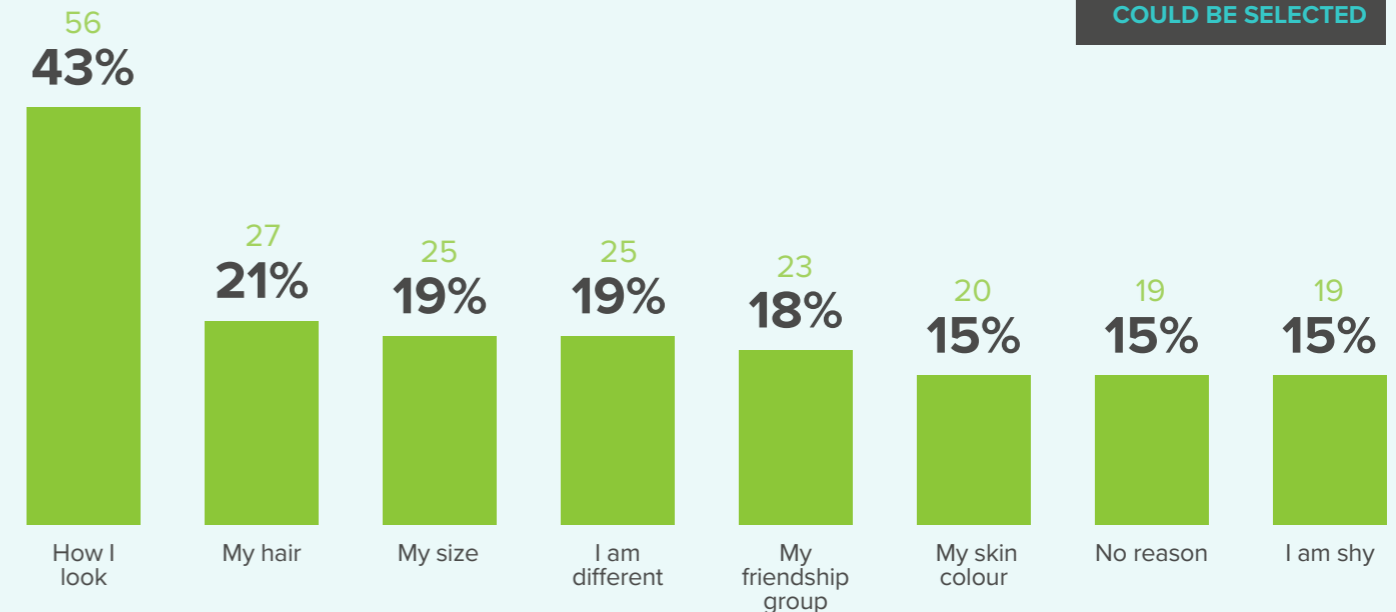
■ Primary school-aged children



970 RESPONSES;  
NOTE THAT  
MULTIPLE CHOICES  
COULD BE SELECTED

**Figure 29:**  
Top eight perceived reasons for being bullied (secondary school-aged students)

■ Secondary school-aged children



214 RESPONSES;  
NOTE THAT  
MULTIPLE CHOICES  
COULD BE SELECTED

## KEY FINDINGS DISCRIMINATION

### 13. DISCRIMINATION (SECONDARY SCHOOL-AGED STUDENTS ONLY)

Young people who experience discrimination may experience a lower sense of well-being, reduced self-esteem, a disrupted sense of belonging, increased anxiety, depression, and stress, and/or reduced feelings of self-worth<sup>58</sup>. Discrimination can take several forms: direct discrimination (being treated worse than another person), indirect discrimination (being disadvantaged within systems, groups, organisations, policies), harassment (when someone makes you feel humiliated, offended, or degraded), and victimisation (being treated badly after reporting discrimination)<sup>59</sup>.

Children and young people were asked for reasons they thought they had experienced discrimination, and where this discrimination had taken place. They could choose multiple responses from a list of perceived reasons for discrimination, including skin colour, gender, activities and interests, and disability. Please note that the whole list of options related to perceived reasons for discrimination has not been included here. This can be found in the *Appendix* of this report.

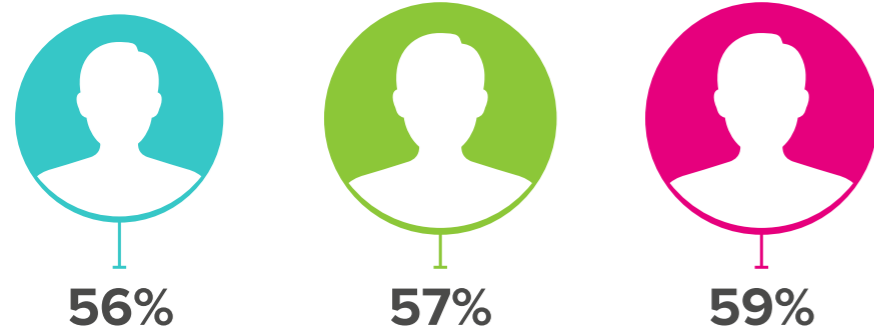
#### Do you feel you have ever been picked on or discriminated against because of your...

Options included:

Culture  Gender  Age

**Figure 30:**  
Percentage of students saying they had ever been picked on or discriminated against

■ Year 8 (aged 12-13) ■ Year 10 (aged 14-15) ■ Year 12 (aged 16-17)



<sup>58</sup> WH&Y AUSTRALIA (2020). Discrimination and the effects on young people's wellbeing. <https://www.why.org.au/news/Discrimination-and-the-effects-on-young-peoples-wellbeing>

<sup>59</sup> Equality and Human Rights Commission (2020). Your rights under the Equality Act 2010. <https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010#:~:text=How%20can%20you%20be%20discriminated%20against%3F%201%20Direct,one.%20...%203%20Harassment%20...%204%20Victimisation%20>

**57%**  
OF STUDENTS SAID THEY HAD EVER BEEN PICKED ON OR DISCRIMINATED AGAINST

Of those who answered this section, 57% said they had ever been picked on or discriminated against. Just over half of those who said they had ever been picked on or discriminated against said that this discrimination most frequently occurred at school. There were no statistically significant differences in those who have ever been discriminated against, by age group.



529 SECONDARY SCHOOL-AGED STUDENTS;  
47% RESPONSES RATE

## KEY FINDINGS DISCRIMINATION CONTINUED...

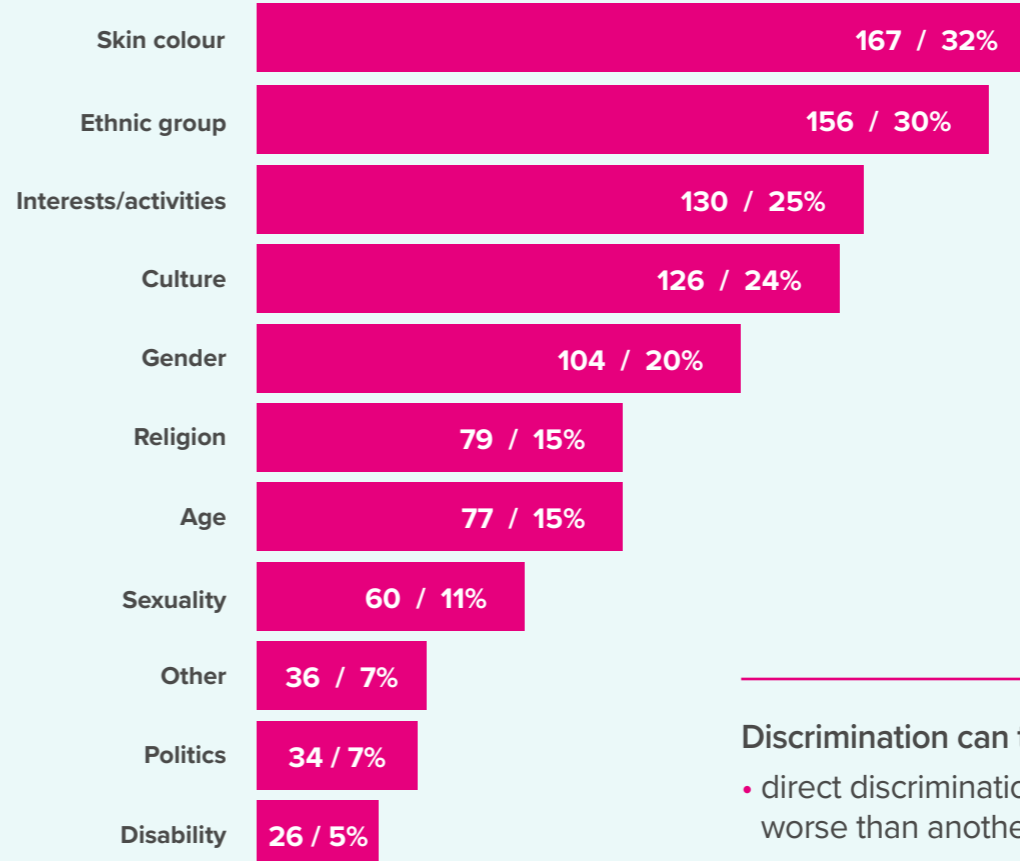
1 IN 4 STUDENTS CITED THEIR INTERESTS/ACTIVITIES AS THE PERCEIVED REASON FOR THE DISCRIMINATION THEY EXPERIENCED

Secondary school aged students were asked for reasons they thought they had experienced discrimination, and where this discrimination had taken place.

The most common perceived reasons for discrimination were skin colour (32%) and ethnic group (30%). 1 in 4 students cited their interests/activities as the perceived reason for the discrimination they experienced.

**Figure 31:**  
Top eight perceived reasons for being discriminated against (secondary school-aged students)

■ Secondary school-aged chil-



995 RESPONSES;  
NOTE THAT  
MULTIPLE CHOICES  
COULD BE SELECTED

#### Discrimination can take several forms:

- direct discrimination (being treated worse than another person)
- indirect discrimination (being disadvantaged within systems, groups, organisations, policies)
- harassment (when someone makes you feel humiliated, offended, or degraded),
- victimisation (being treated badly after reporting discrimination).

## KEY FINDINGS RELATIONSHIPS AND SEX

### 14. RELATIONSHIPS AND SEX (SECONDARY SCHOOL-AGED STUDENTS ONLY)

Most sexual behaviours of children and young people are normal and healthy, and are shaped by their environment, experiences and what they see<sup>60</sup>. Children and young people are likely to become interested in relationships, sex and sexuality at slightly different ages to one another; however, as children get older, they express their sexual feelings in different ways<sup>61</sup>.

There is rising concern about the sexual activities and relationships of young people, owing largely to the rapid expansion of technology, which provides an opportunity for young people to reveal more information about themselves than they could historically. Bullying, dysfunctional relationships and relationship breakdown, and social pressure have been elevated by online platforms, whilst quality information, and clear social norms, are less present in digital spaces. There is also much easier access to adult/extreme material<sup>62</sup>.

Children and young people were asked about sexual harassment, pressure to take part in sexual activities, and receiving sexual messages (online):

#### Have you ever felt pressure to take part in a sexual activity, including sending sexual images online?

- NO
- YES - Once or twice
- YES - a few times
- YES - lots of times
- Prefer not to say



#### Have you ever experienced unwanted sexual harassment, such as inappropriate comments, name calling, or touching, in or out of school?

- |   |   |
|---|---|
| <b>In school</b>                        | <b>Outside of school</b>                |
| <input type="radio"/> Never             | <input type="radio"/> Never             |
| <input type="radio"/> Once or twice     | <input type="radio"/> Once or twice     |
| <input type="radio"/> A few times       | <input type="radio"/> A few times       |
| <input type="radio"/> Lots of times     | <input type="radio"/> Lots of times     |
| <input type="radio"/> Prefer not to say | <input type="radio"/> Prefer not to say |



#### Have you ever received messages containing sexual images or videos?

- NO
- YES - Once or twice
- YES - a few times
- YES - lots of times
- Not to sure

<sup>60</sup> NSPCC (2023). Sexual behaviour in children. <https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/sexual-behaviour-children/>

<sup>61</sup> ibid

<sup>62</sup> IPPR (2014). Young people, sex and relationships: The new norms. <https://www.ippr.org/publications/young-people-sex-and-relationships-the-new-norms>

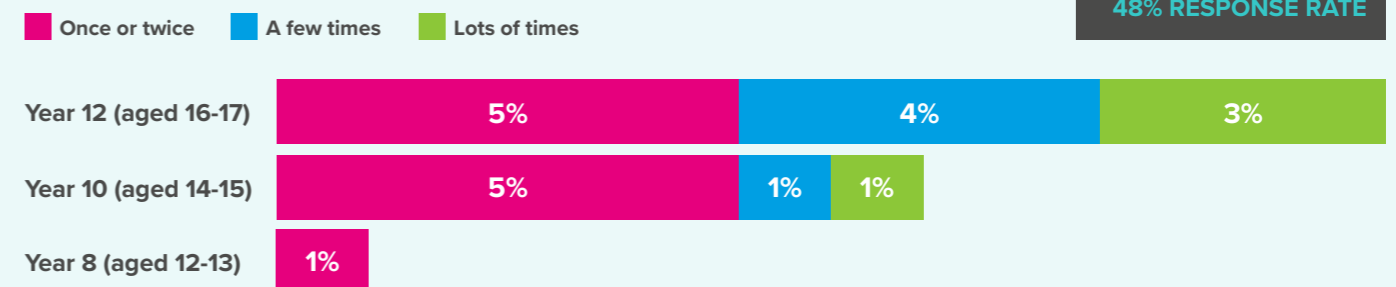
## KEY FINDINGS RELATIONSHIPS AND SEX CONTINUED...

**26%**  
OF YEAR 10 STUDENTS  
REPORTED EXPERIENCING  
UNWANTED SEXUAL  
HARASSMENT IN SCHOOL

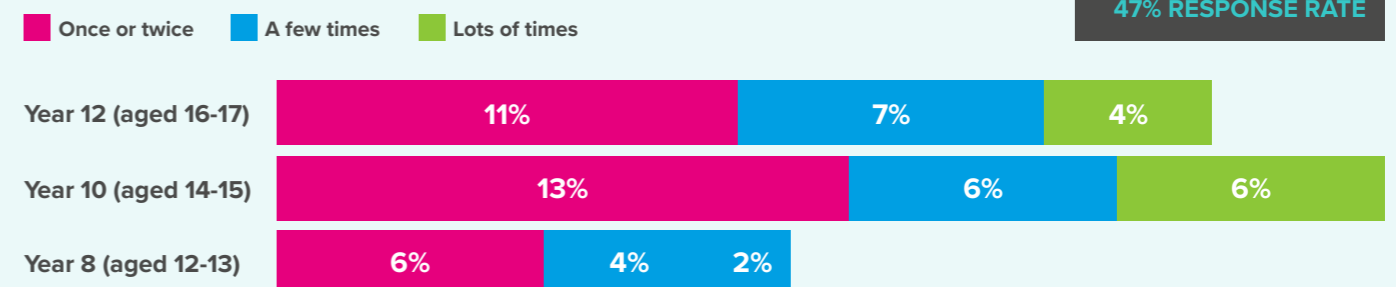
26% of Year 10 students reported experiencing unwanted sexual harassment in school. They were more likely to report unwanted sexual harassment than Year 8 or Year 12 students. The likelihood of students saying they had ever felt pressure to take part in sexual activity or received messages containing sexual images or videos increased with age.

11% of Year 12 students reported feeling pressure to take part in sexual activity (compared to 6% of Year 10 students and 2% of Year 8 students). 46% of Year 12 pupils reported receiving messages containing sexual images or videos (compared to 28% of Year 10 students and 15% of Year 8 students).

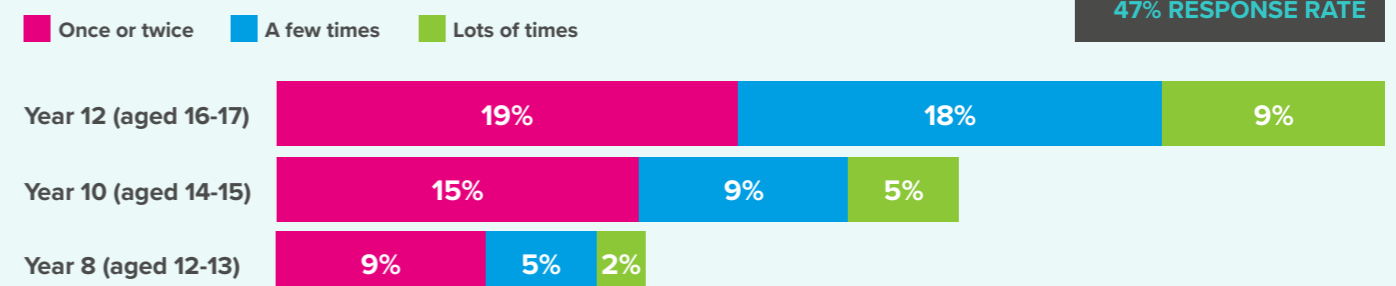
**Figure 32:**  
Students feeling pressure to take part in sexual activity



**Figure 33:**  
Students experiencing unwanted sexual harassment in school



**Figure 34:**  
Frequency students reported receiving sexual images



## KEY FINDINGS SELF-HARM

18%

ALMOST ONE IN FIVE SECONDARY SCHOOL-AGED STUDENTS WHO ANSWERED THIS QUESTION, SAID THEY HAD EVER HURT THEMSELVES ON PURPOSE

### 15. SELF-HARM (SECONDARY SCHOOL-AGED STUDENTS ONLY)

Self-harm is the act of emotionally or physically hurting yourself on purpose<sup>63</sup>. Self-harm is increasing in young people, especially young girls. Evidence suggests that self-harm and suicide increase at an unprecedented pace in mid to late adolescence, faster than at any other time across the life course. Self-harm is the strongest known predictor of death by suicide. Half of young people who die by suicide have a known prior episode of self-harm. Self-harm is also associated with significantly decreased life expectancy (up to 40 years of life lost to external causes)<sup>64</sup>.

Secondary school-aged students were asked if they had ever hurt themselves on purpose. Those who said that they had done so, were asked how often they self-harmed:

#### Have you ever hurt yourself on purpose (self-harmed)?

- YES  
 NO  
 Prefer not to say

#### How often have you self-harmed?

Please select the option that fits best:

- I have done it once  
 A few times a year  
 A few times a month  
 Several times a week  
 Once a week  
 Every day  
 Prefer not to say



Almost one in five secondary school-aged students who answered this question, said they had ever hurt themselves on purpose (18%). Almost half of these students who reported ever self-harming reported doing this more than once a month. There were no statistically significant differences by year group in those who had ever self-harmed.

<sup>63</sup> MIND.org.uk (2021). Coping with self-harm – for 11-18 year olds. <https://www.mind.org.uk/for-young-people/feelings-and-experiences/coping-with-self-harm/>

<sup>64</sup> British Psychological Society (2020). Understanding self-harm. <https://www.bps.org.uk/psychologist/understanding-self-harm>

## KEY FINDINGS SELF-HARM CONTINUED...

7.3%

OF 11-16 YEARS IN ANOTHER SURVEY REPORTED TRYING TO HARM THEMSELVES AT ANY POINT IN THEIR LIFETIME

Figure 35:  
Percentage of students saying they had ever hurt themselves on purpose (self-harmed)

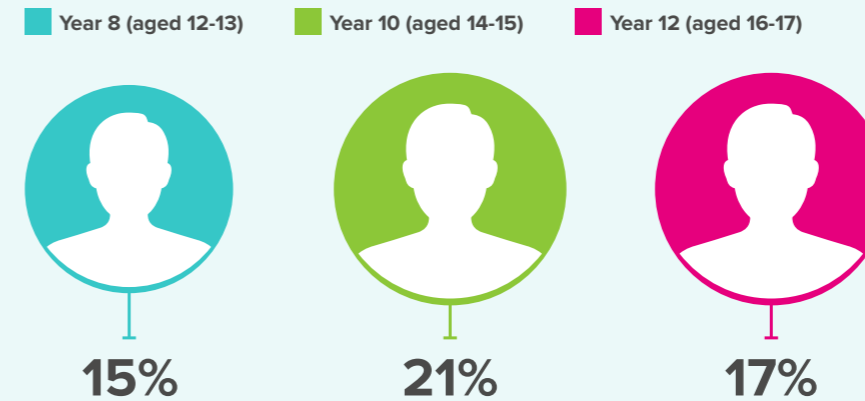
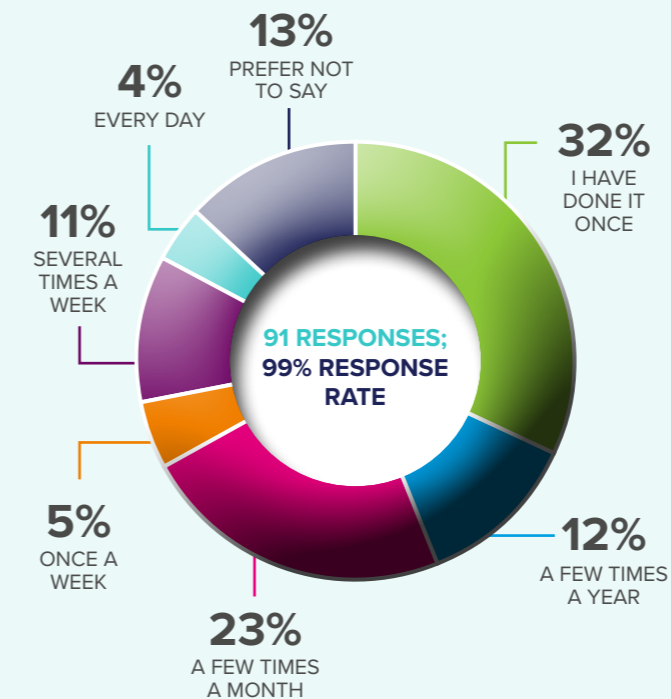


Figure 36:  
Frequency of self-harm (among those who reported ever self-harming)



Comparing these results to those found in other surveys of secondary school-aged students, there is significant variability:

- One survey of secondary school students found that 25% aged 15 years+ stated they had ever self-harmed<sup>65</sup>. Comparatively, Croydon had a lower proportion of students stating that they have ever self-harmed (18%); however this could be because of the differences in ages considered.
- Another survey found that 7.3% of 11–16-year-olds reported trying to harm themselves at any point in their lifetime<sup>66</sup>, i.e., a higher proportion of students in Croydon reported they had ever self-harmed.

<sup>65</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>66</sup> NHS Digital (2022). Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Ages 7-24. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

## KEY FINDINGS SCHOOL

**69%**  
YEAR 4 STUDENTS

REPORTED ENJOYING SCHOOL A LOT

**61%**  
YEAR 6 STUDENTS

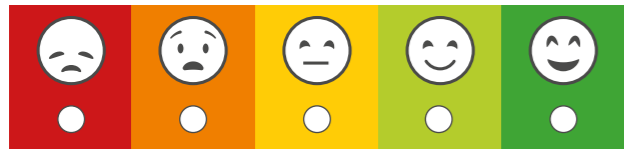
REPORTED A 4 OUT OF 5 OR 5 OUT OF 5 FOR HOW MUCH THEY LIKED SCHOOL

### 16. SCHOOL

“School liking” refers to students’ (generally) positive perceptions of, and feelings about, school. Liking school has been shown to be important in children’s adjustment to school, and has been linked to student engagement and educational achievement<sup>67</sup>.

Children and young people were asked how much they enjoyed school:

How much do you enjoy school?



Not at all

Very much so

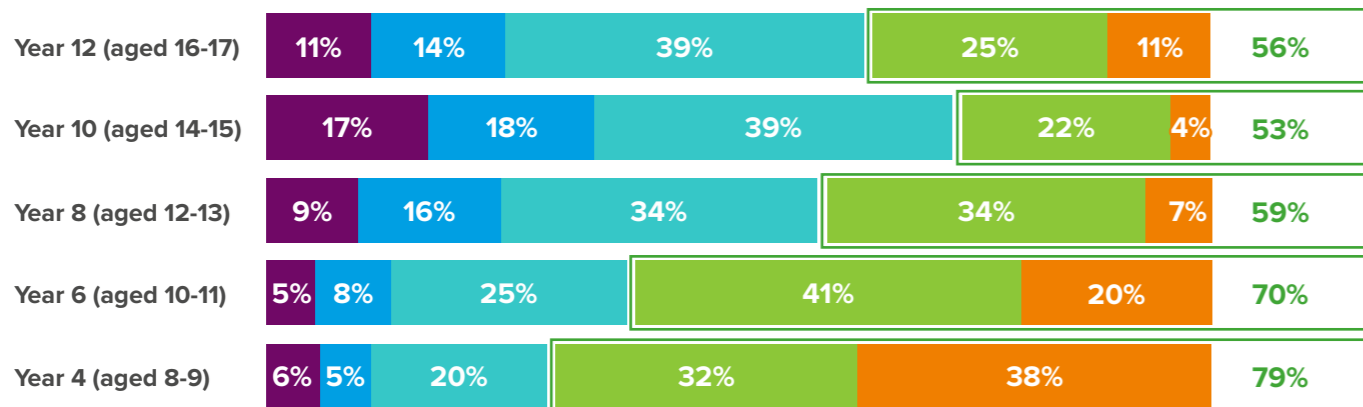
Younger students reported enjoying school the most, with 69% Year 4 students and 61% Year 6 students reporting a 4 out of 5 or 5 out of 5 for how much they liked it. Secondary school-aged students had significantly lower ratings than primary school-aged students, ranging from 41% rating their enjoyment of school at 4 out of 5 or 5 out of 5 in Year 8, to 26% providing the same rating in Year 10.

Students in Year 10 reported enjoying school the least. Year 10 and Year 12 results were similar (36% Year 12 students rated their enjoyment of school at 4 out of 5 or 5 out of 5), as were the results of Year 8 and Year 12, but all other results are significantly different from one another.

Figure 37: Self-reports of the extent that students enjoyed school

Not at all 2 3 4 5 Very much so

3,145 RESPONSES;  
76% RESPONSE RATE



<sup>67</sup> Graham LJ, Gillett-Swan J, Killingly C and Van Bergen P (2022) Does It Matter If Students (Dis)like School? Associations Between School Liking, Teacher and School Connectedness, and Exclusionary Discipline. *Frontiers in Psychology*. 13:825036. doi: 10.3389/fpsyg.2022.825036. Available: <https://www.frontiersin.org/articles/10.3389/fpsyg.2022.825036/full#:~:text=Liking%20for%20school%20has%20been%20found%20to%20play,%28Ladd%20et%20al.%2C%202000%3B%20Riglin%20et%20al.%2C%202013%29>

## KEY FINDINGS SCHOOL CONTINUED...

ALMOST HALF OF STUDENTS HAD MISSED AT LEAST ONE DAY OF SCHOOL IN THE MONTH PRIOR TO COMPLETING THE SURVEY. THE MAIN REASON FOR THIS WAS ILLNESS.

Comparing these results with another wellbeing survey among similar-aged students, the WHO found 23% of students reported liking school ‘a lot’, 47% ‘a bit’. Liking school a lot decreased with age – approximately 36% in those aged 11, 17% in those aged 13 and 10% in those aged 15<sup>68</sup>. Comparatively, Croydon had fewer students who like school “a lot” but this could be because the questions asked to students were different (students in Croydon were not asked to rate if they liked school ‘a lot’ or ‘a bit’, but instead were asked to select a value from a range from 0-5). In both studies, however, liking school decreased with age.

Children and young people were also asked if they had missed school recently, and the reasons for this. Please note that the whole list of options on reasons for missing school has not been included here. This can be found in the *Appendix* of this report.

How many days of school have you missed in the last month?

- None at all
- One day
- Two days
- Three to five days
- Five to ten days
- More than ten days

Why did you miss school?

You can select more than one reason.

[options included “I had COVID”; “my friends were not going to school”; “I had an accident”]



Almost half of students had missed at least one day of school in the month prior to completing the survey. The main reason for this was illness. In secondary school-aged students, other key reasons for missing school included anxiety / stress, and not wanting to go. In primary school-aged students, other key reasons included COVID-19 and holidays.



<sup>68</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>



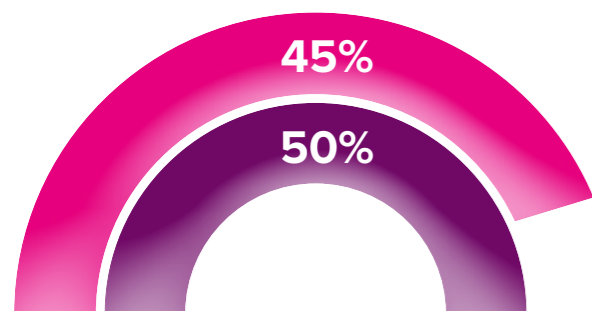
## KEY FINDINGS SCHOOL CONTINUED...

**61%**  
YEAR 6 STUDENTS  
REPORTED A 4 OUT OF 5  
OR 5 OUT OF 5 FOR HOW  
MUCH THEY LIKED SCHOOL

2,985 RESPONSES;  
**73% RESPONSE RATE**

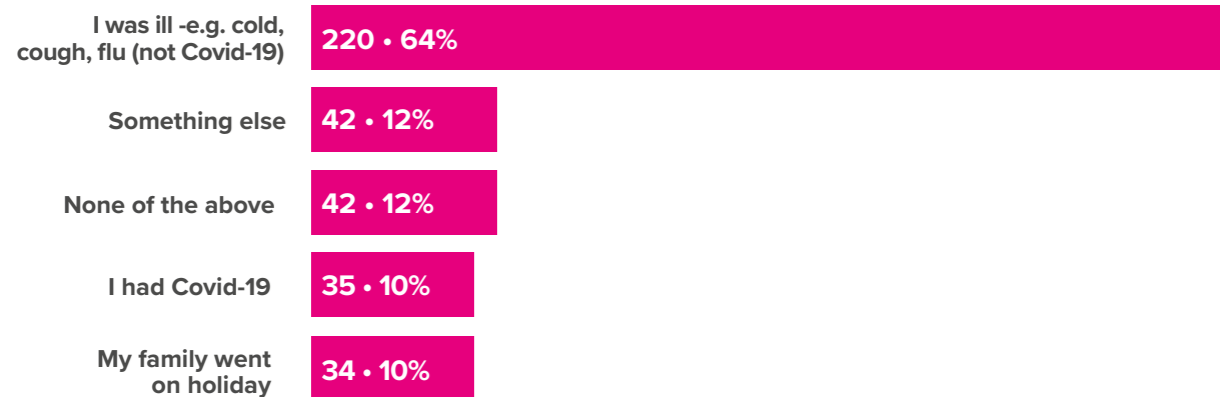
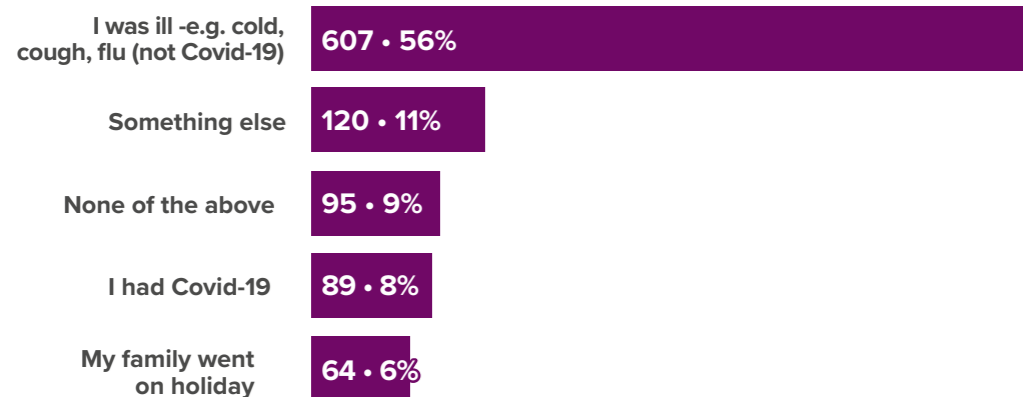
**Figure 38:**  
% of students missing at least one day of school in the last month

Secondary school-aged children Primary school-aged children



**Figure 37:**  
Main reasons for missing school (primary school-aged students vs secondary school-aged students)

Primary school-aged students Secondary school-aged students



1,339 RESPONSES;  
**98% RESPONSE RATE**

## KEY FINDINGS GANGS

SOME GANG MEMBERSHIP HAS BEEN LINKED TO ILLEGAL ACTIVITY, PARTICULARLY IN ORGANISED CRIMINAL GANGS WHERE TRAFFICKING, DRUG DEALING, DRUG USE AND VIOLENT CRIME MAY FEATURE.<sup>70 71</sup>

### 17. GANGS

The word 'gang' means different things in different contexts. It is not illegal to be in a gang, and there are different types that are not necessarily criminal or dangerous. The government distinguishes between peer groups, street gangs and organised criminal gangs<sup>69</sup>. Peer groups refer to usually small, transient social groups who may or may not self-define as a 'gang', depending on the context. Street gangs refer to "groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity."

Organised criminal gangs refer to "a group of individuals for whom involvement in crime is for personal gain (financial or otherwise)". For most crime is their 'occupation'. Some gang membership has been linked to illegal activity, particularly in organised criminal gangs where trafficking, drug dealing, drug use and violent crime may feature.<sup>70 71</sup>

Children and young people were asked how much their lives were affected by gangs, and if they personally knew anyone who was a member of a gang:

#### How much is your life affected by gangs?

1 |  2 |  3 |  4 |  5  
Not at all Very much

#### With regards to gangs...

Do you know anyone, personally, who is currently a member of a gang?

YES  
 NO  
 Prefer not to say



On average, around one in every twenty students said they felt their life was affected by gangs. The difference between Year 4 and Year 6 was significant regarding their life being affected by a gang, but otherwise the results were the same.



<sup>69</sup> NSPCC (2023). Criminal exploitation and gangs. <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/>

<sup>70</sup> ibid

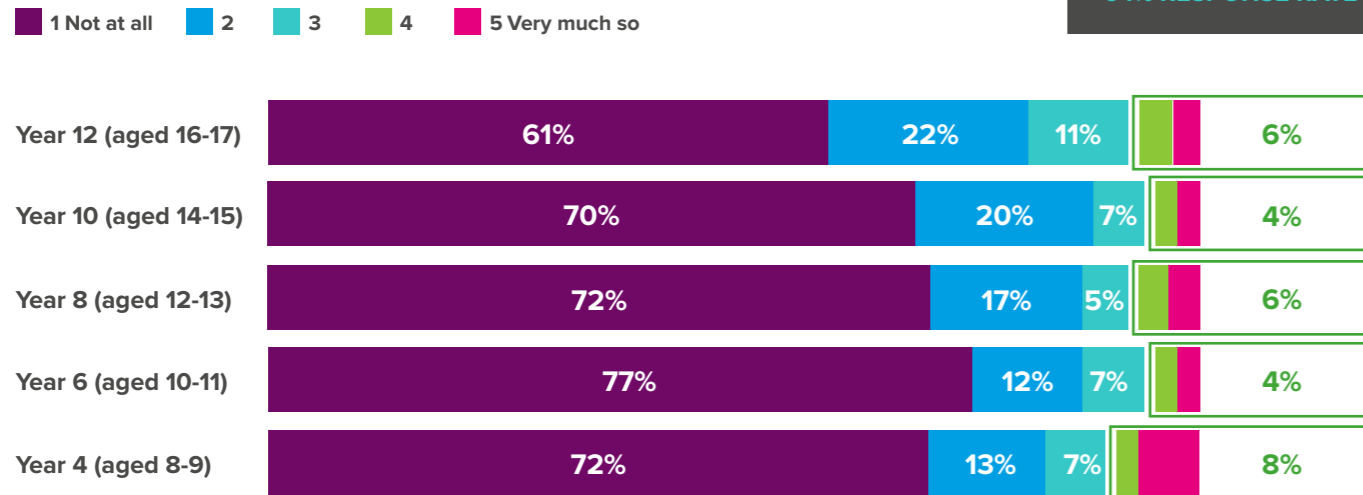
<sup>71</sup> Medina, J., Cebulla, A., Ross, A., Shute, A., & Aldridge, J. A. (2013). Children and Young People in Gangs: a Longitudinal Analysis Summary and Policy Implications. University of Manchester, Centre for Criminology and Criminal Justice. Available: [https://www.nuffieldfoundation.org/sites/default/files/files/Children\\_young\\_people\\_gangs.pdf](https://www.nuffieldfoundation.org/sites/default/files/files/Children_young_people_gangs.pdf)

## KEY FINDINGS GANGS CONTINUED...

ON AVERAGE, AROUND ONE IN EVERY TWENTY STUDENTS SAID THEY FELT THEIR LIFE WAS AFFECTED BY GANGS

**Figure 40:**  
Extent to which students felt their life was affected by gangs

2,618 RESPONSES;  
64% RESPONSE RATE

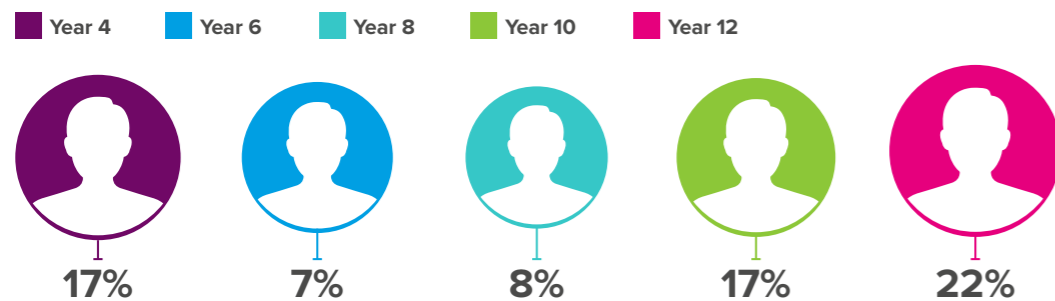


Just over one in ten students said they personally knew someone who was a member of a gang. Year 6 and Year 8 students were statistically less likely than the other three years to know someone who was a member of a gang. The results for Year 4, Year 10 and Year 12 were statistically similar to one another.



**Figure 41:**  
Percentage of students who knew someone personally who is currently a member of a gang

3,078 RESPONSES;  
75% RESPONSE RATE



## KEY FINDINGS GANGS CONTINUED...

ORGANISED CRIMINAL GANGS REFER TO "A GROUP OF INDIVIDUALS FOR WHOM INVOLVEMENT IN CRIME IS FOR PERSONAL GAIN (FINANCIAL OR OTHERWISE)"

Secondary school-aged students were also asked if they had ever felt pressured into carrying a weapon, and/or carrying drugs:

Have you ever been pressured into carrying a weapon?

- YES
- NO
- Prefer not to say

Have you ever been pressured into carrying drugs?

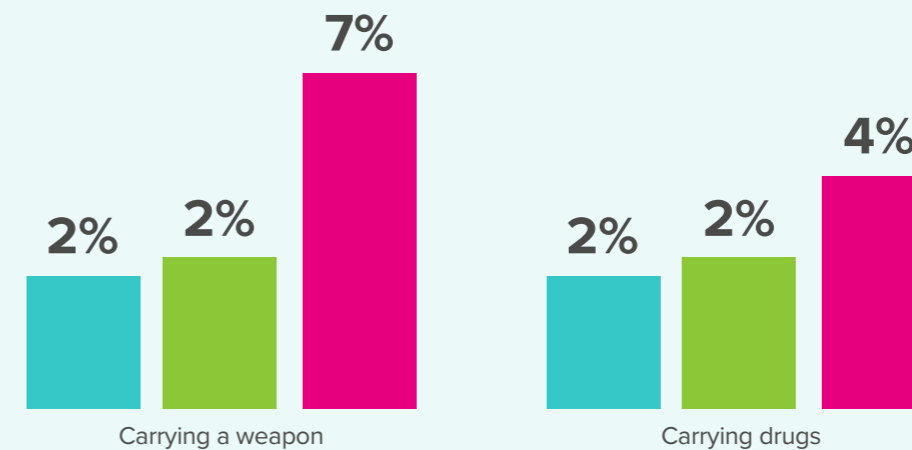
- YES
- NO
- Prefer not to say



**Figure 42:**  
Percentages of secondary school-aged students who have felt pressure to carry a weapon and/or drug

514 RESPONSES;  
46% RESPONSE RATE

Year 8 (aged 12-13) Year 10 (aged 14-15) Year 12 (aged 16-17)



Year 12 students were more likely to have felt pressure than other years to carry weapons (7%), and drugs (4%), though this finding is not statistically significant.

## KEY FINDINGS LIVING IN CROYDON

**61%**  
OF PRIMARY SCHOOL-AGED STUDENTS SAID  
THEY FEEL PROUD TO LIVE IN CROYDON

### 18. LIVING IN CROYDON

The Community Life Survey (England, 2017-2018) found that young people feel less connected to their neighbourhood than older adults, despite most young people having lived in their local area for all or most of their life<sup>72</sup>.

Children and young people were asked whether they felt proud to live in Croydon:

**Do you feel proud to live in Croydon?**

1 |  2 |  3 |  4 |  5

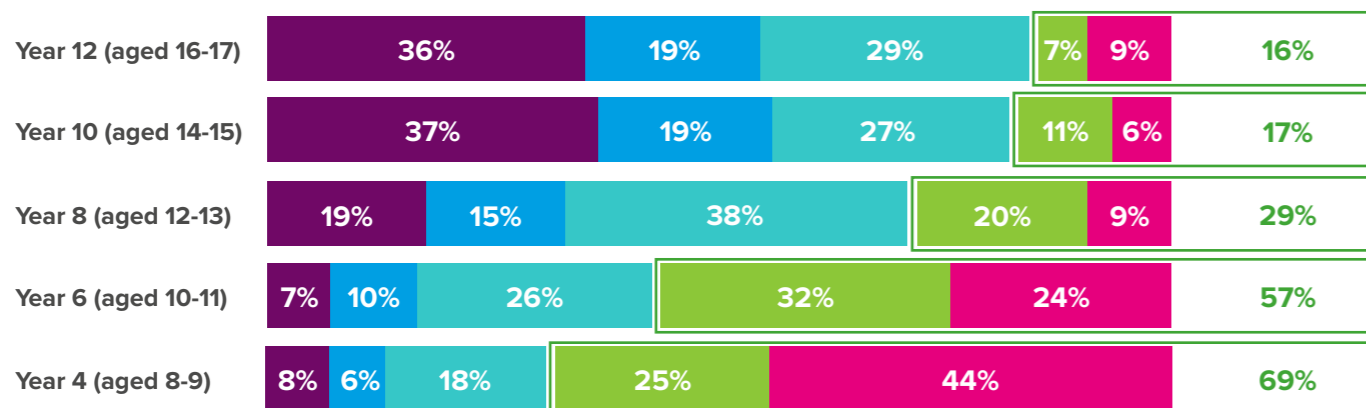
Not at all proud Very proud



63% of primary school-aged students said they felt proud to live in Croydon compared to 22% of secondary school-aged students. Year 10 and Year 12 results were statistically similar but results from all other year groups were significantly different from one another. It is worth noting that not all Croydon students live within Croydon.

**Figure 43:**  
Percentage of pupils reporting they felt proud to live in Croydon

1 Not at all proud 2 3 4 5 Very proud



<sup>72</sup> ONS (2019). Are young people detached from their neighbourhoods? <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/areyoungpeopledetachedfromtheirneighbourhoods/2019-07-24>

## KEY FINDINGS RESILIENCE

RESULTS IN CROYDON SHOWED THAT  
PRIMARY SCHOOL-AGED STUDENTS  
HAD STATISTICALLY HIGHER AVERAGE  
RESILIENCE SCORES (69.4) THAN SECONDARY  
SCHOOL-AGED STUDENTS (66.6).

### 19. RESILIENCE

The Resilience Research Centre suggests that “In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways<sup>73</sup>.”

The Marmot Review recognised the significant role schools have in building resilience, and recommended that, ‘schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people<sup>74</sup>. Higher resilience in young people has been linked to lower risky health behaviours, improved health and health behaviours; and higher academic results<sup>75</sup>.

Measuring resilience is not straightforward. A methodological review comparing 15 resilience measurement scales concluded there was no ‘gold standard’ in measurement tool<sup>76</sup>. The Child and Youth Resilience Measure (CYRM) is designed as a screening tool to explore the resources (individual, relational, communal, and cultural) available to individuals, that may bolster their resilience. The measure was designed as part of the International Resilience Project (IRP), of the Resilience Research Centre, in collaboration with 14 communities in 11 countries around the world.

There are 2 versions of the questionnaire - CHILD - Designed for ages 5-9 years old, and YOUTH - designed for ages 10-23 years old. There are 3 sub-scales within the measure: individual capabilities/resources; relationships with primary caregivers; and contextual factors that facilitate a sense of belonging. Respondents are asked to read a series of statements and select an answer from a rating scale from 1-5 for each statement/item that reflects the extent that the statement describes them. For example:

**Example statement/item:**  
“I have people to look up to”.

**Response options:** 1=not at all, 2=a little, 3=somewhat, 4=quite a bit, and 5=a lot

To calculate a total score, the mean scores are calculated within each of the 3 subscales of the questionnaire. The higher the score, the more resilience resources are present in that individual’s life and the more likely they are to do well under stress.

Results in Croydon showed that primary school-aged students had statistically higher average resilience scores (69.4) than secondary school-aged students (66.6). Year 6 students had a higher average resilience score than any other school year. Year 10 students had the lowest average resilience score though this is a statistically similar score to all other secondary school ages.



<sup>73</sup> Resilience Research Centre (2023). Child and Youth Resilience Measure & Adult Resilience Measure. <https://cyrm.resilienceresearch.org/>

<sup>74</sup> PHE (2014). Building children and young people’s resilience in schools. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355766/Review2\\_Resilience\\_in\\_schools\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355766/Review2_Resilience_in_schools_health_inequalities.pdf)

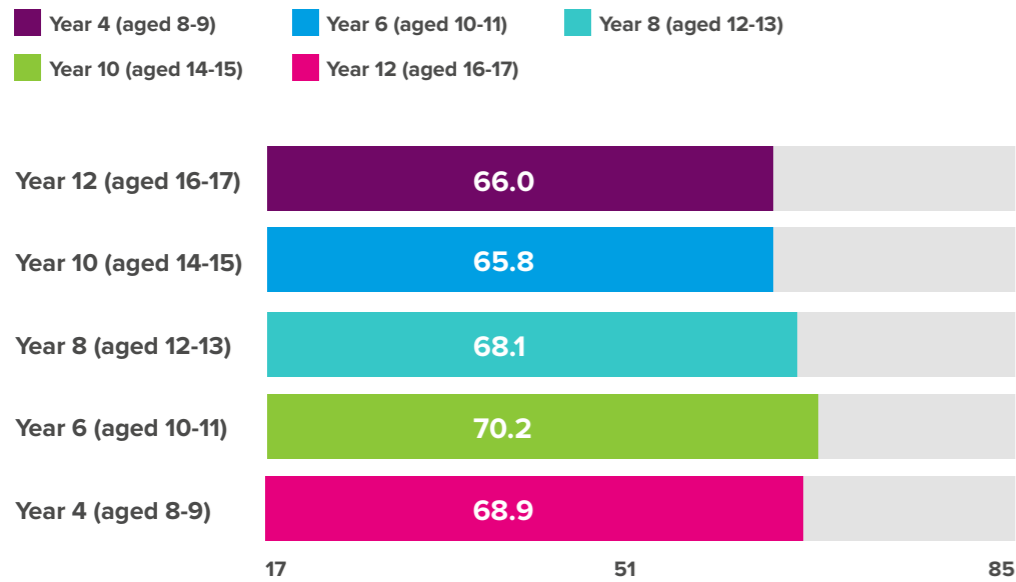
<sup>75</sup> ibid

<sup>76</sup> ibid

## KEY FINDINGS RESILIENCE CONTINUED...

YEAR 6 STUDENTS HAD A HIGHER  
AVERAGE RESILIENCE SCORE  
THAN ANY OTHER SCHOOL YEAR

**Figure 44:**  
Average score (ranging from 17-85) on CYRM scale



2,245 PRIMARY  
SCHOOL-AGED  
RESPONSES;  
**75% RESPONSE RATE**

816 SECONDARY  
SCHOOL-AGED  
RESPONSES;  
**73% RESPONSE RATE**

In primary school ages, girls had a significantly higher average resilience score than boys. In secondary school ages, the difference between genders was not significant.



## NEXT STEPS

The findings from this report provide a solid foundation for further engagement with Croydon's students, to work in collaboration with them to improve their health and wellbeing.

A programme of work is being delivered following the publication of the results of the survey:

### Individual Information Packs for Schools:

**Distribution:** Schools have received tailored information packs.

**Support:** Education Advisors for Health & Wellbeing, along with the Council's public health team, are assisting schools in interpreting data and planning activities to address priority improvement areas.

### Ongoing Analyses and Reports:

**Timeline:** Over the next year.

**Content:** Conducting thorough analyses with a focus on health and wellbeing themes. A series of "in focus" reports will be completed during the 2023/24 academic year, addressing detailed findings and significant inequalities.

### Programme of Engagement with Students and School Staff:

**Purpose:** Understand survey responses particularly areas highlighted strongly in the report.

**Action:** Initiate an engagement programme with students and staff to co-design the next survey, review question structure, and identify priority issues.

### Next Survey (2024):

**Timing:** Scheduled for the autumn school term in 2024 (October-December).

**Action:** Collaboration with schools to enhance survey uptake, particularly among secondary school-aged students, as well as in special, independent, and home school settings.



## NEXT STEPS CONTINUED...

### Establishment of Professionals Wellbeing Forum:

**Purpose:** Facilitate collaboration among education professionals.

**Action:** The forum provides essential training, support, networks, and shared resources dedicated to enhancing the wellbeing support for schools in the region.

### Borough Wide Focus on Wellbeing

**Action:** In addition to other areas mentioned, promote 'Wellbeing Day', first Wednesday in May/ borough wide programme of wellbeing activities and awareness done across educational establishments.

### Subsidised Support in Schools:

**Objective:** Deliver subsidised training and resources focusing on sex and relationships, consent, and gender-based violence within schools.

### Subsidised Membership of the PSHE Association:

**Target:** Secondary schools in Croydon.

**Action:** Offer subsidised membership to the PSHE Association to promote comprehensive Personal, Social, Health, and Economic (PSHE) education.

### Annual Professionals Wellbeing Conference:

**Objective:** Integrate holistic wellbeing practices into education environments.

**Frequency:** An annual conference to address and promote wellbeing strategies, share learning and develop practice.

### Croydon Education Partnership Involvement:

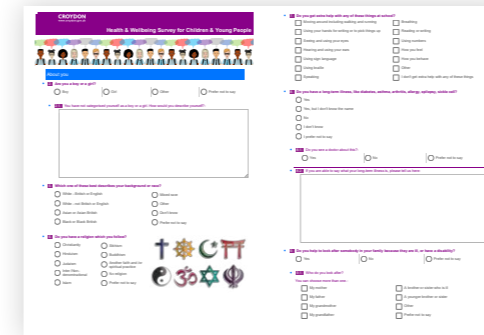
**Action:** The Croydon Education Partnership have had the report presented to them and have voted to make this a priority area of delivery.

**Next Steps:** Collaboratively develop a comprehensive strategy for further support through the partnership.



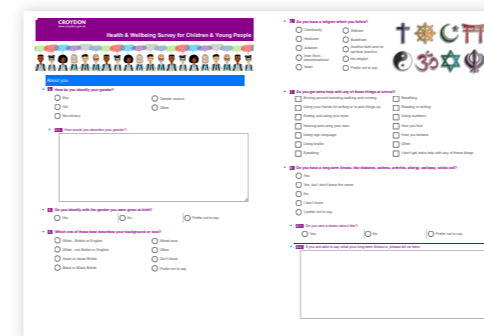
**THE LONG-TERM AMBITION IS TO TRACK THE RESULTS OF THE SURVEY OVER THE NEXT 10-YEAR PERIOD, TO UNDERSTAND HOW THE HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN CROYDON CHANGES, AND WHERE THEY MAY NEED ADDITIONAL SUPPORT.**

# APPENDICES



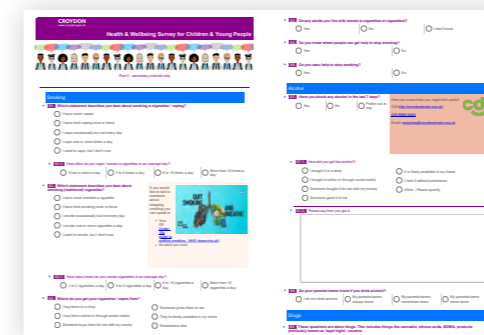
**Primary school survey**  
<https://www.croydonobservatory.org/wp-content/uploads/2023/09/Primary-Health-Wellbeing-Survey-for-Children-Young-People.pdf>

**CLICK TO DOWNLOAD**



**Secondary survey part one**  
<https://www.croydonobservatory.org/wp-content/uploads/2023/09/Secondary-pt.-1-Health-Wellbeing-Survey-for-Children-Young-People.pdf>

**CLICK TO DOWNLOAD**



**Secondary survey part two**  
<https://www.croydonobservatory.org/wp-content/uploads/2023/09/Secondary-pt.-2-Health-Wellbeing-Survey-for-Children-Young-People.pdf>

**CLICK TO DOWNLOAD**

■ RESULTS FROM THE  
**HEALTH &  
WELLBEING  
SURVEY**

FOR SCHOOL-AGED CHILDREN AND  
YOUNG PEOPLE IN CROYDON (2022/23)

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