

LONDON BOROUGH OF CROYDON

REPORT:	Health & Wellbeing Board	
DATE OF DECISION	17.04.2024	
REPORT TITLE:	Croydon Health and Wellbeing Survey for School-Age Children and Young People (2022/23)	
CORPORATE DIRECTOR / DIRECTOR:	Rachel Flowers, Director of Public Health	
LEAD OFFICER:	Ahimza Nagasivam, Consultant in Public Health, Email: ahimza.nagasivam@croydon.gov.uk	
LEAD MEMBER:	Councillor Hopley, Cabinet Member for Health & Social Care	
DECISION TAKER:	Health and Wellbeing Board	
AUTHORITY TO TAKE DECISION:	Constitution of the London Borough of Croydon - Part 4.L It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon.	
KEY DECISION?	No	N/A
CONTAINS EXEMPT INFORMATION?	NO	Public
WARDS AFFECTED:	All	

1 SUMMARY OF REPORT

- 1.1** This report updates the Health and Wellbeing Board on the Croydon Health and Wellbeing Survey for school-aged children and young people (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 survey is the first of six to run over the next decade. 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.
- 1.2** The results from the survey have been written up and presented in the report appended to this paper. This report provides all interested parties with a clear picture of the health

and wellbeing of Croydon students who participated in the survey. This report has been published on the Croydon Council website and provides the borough with a baseline assessment of needs against which the results from future iterations of the survey can be compared.

- 1.3** This paper presents the Health and Wellbeing Board with a summary of the work undertaken to administer the survey and disseminate the survey results, of the proposed programme of work that will take place in 2024/25 to respond the results of this survey, and preparations for the delivery of the second survey in October 2024.

2 RECOMMENDATIONS

For the reasons set out in the report [and its appendices], the Health and Wellbeing Board is recommended:

- 2.1** to note the full report of the results from the 2022/23 survey and discuss:
- 2.1.1 priority areas for action among Health and Wellbeing Board partners
 - 2.1.2 opportunities to share the report among stakeholders.
- 2.2** to note the progress update provided within this report, and endorse the approach being taken.

3 REASONS FOR RECOMMENDATIONS

- 3.1** The data obtained from the survey provides the Health and Wellbeing Board with information to consider what children and young people think about their own health and wellbeing and can support discussions about ways to best meet the Health and Wellbeing Strategy's Priority 1 – A better start in life.
- 3.2** The survey provides population-level insight into children's and young people's health and wellbeing issues. The Director of Public Health has a statutory role to protect the health of the residents of Croydon; this survey supports the discharging of this duty. Further, the COVID-19 pandemic has disproportionately affected deprived groups and some Global Majority populations. It is vital that we start to understand how the consequences of the pandemic are affecting children's health and wellbeing, to prevent further growth of inequalities.
- 3.3** The survey will be used to further understand the mental health and wellbeing of children and young people, identify where additional support is required and monitor progress against the key issues over time. Furthermore, this survey will find out how children and young people in Croydon behave and what they really feel about a range of health-related issues. The information from the surveys can be used by Health and Wellbeing Board members to tailor and target support and inform future priorities and strategies related to children and young people's health and wellbeing.

4 BACKGROUND AND DETAILS

- 4.1** The health of our children is of fundamental importance. Understanding children and young people's health and wellbeing needs will help Croydon's services appropriately target resources so that support is provided at the earliest point and in the right place. If children's health and wellbeing needs are not addressed as early as possible there is a risk of longer health consequences and reduced learning outcomes. There is overwhelming evidence that earlier intervention is better value for money.
- 4.2** A 2014 review (PHE, 2014) on the relationship between health and wellbeing and attainment stated that: 'The health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential. The CMO highlighted that: "promoting physical and mental health in schools creates a virtuous circle reinforcing children's attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential."
- 4.3** There is considerable national evidence about the impact of COVID-19 on children's health. PHE stated in April 2021: Whilst most children and young people (CYP) with COVID-19 rarely have severe illness, the longer-term impact on education, mental wellbeing, health service provision and poverty is profound and has exposed the fragile circumstances that many children live in'.
- 4.4** A NHS digital report based on a national survey was published 30th September 2021 (NHS Digital, 2021) found:
- **Probable mental disorder:** Rates of probable mental disorder increased between 2017 and 2021; in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17- to 19-year-olds from one in ten (10.1%) to one in six (17.4%).
 - **Change in mental health:** 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
 - **Eating problems:** The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11- to 16-year-olds and from 44.6% to 58.2% in 17- to 19-year-olds.
 - **Sleep problems:** In 2021, problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6- to 10-year-olds, over a third (38.4%) of 11- to 16-year-olds, and over half (57.1%) of 17- to 23-year-olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).
- 4.5** An April 2021 PHE report (PHE, 2021) highlighted a range of other impacts of the pandemic on children and young people:
- Opportunities for physical activity reduced due to school closures disrupting the daily routine of children e.g. walking to school, loss of PE lessons, cancelled sports clubs and playgrounds being cordoned off
 - A survey of 14–19-year-olds in July 2020 found that 40% were snacking more
 - Children have had long periods with limited access to routine dental care and preventative advice due to COVID-19, leading to long waiting lists. Untreated tooth decay can result in sleepless nights, difficulty concentrating on schoolwork and stress for parents.

4.6 Croydon has had no local equivalent data for informing its understanding of children and young people's health and wellbeing. The survey was developed to obtain both better information about the current impact of the pandemic and over time to track the pandemic's longer-term impacts on children's health and wellbeing.

4.7 Methodology

An anonymous online survey was conducted by Insight Now and Croydon Council's public health team aimed at Croydon students 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 students in years 8, 10 and 12, there were also questions about their sexual health, relationships, self-harm and their use of drugs and alcohol.

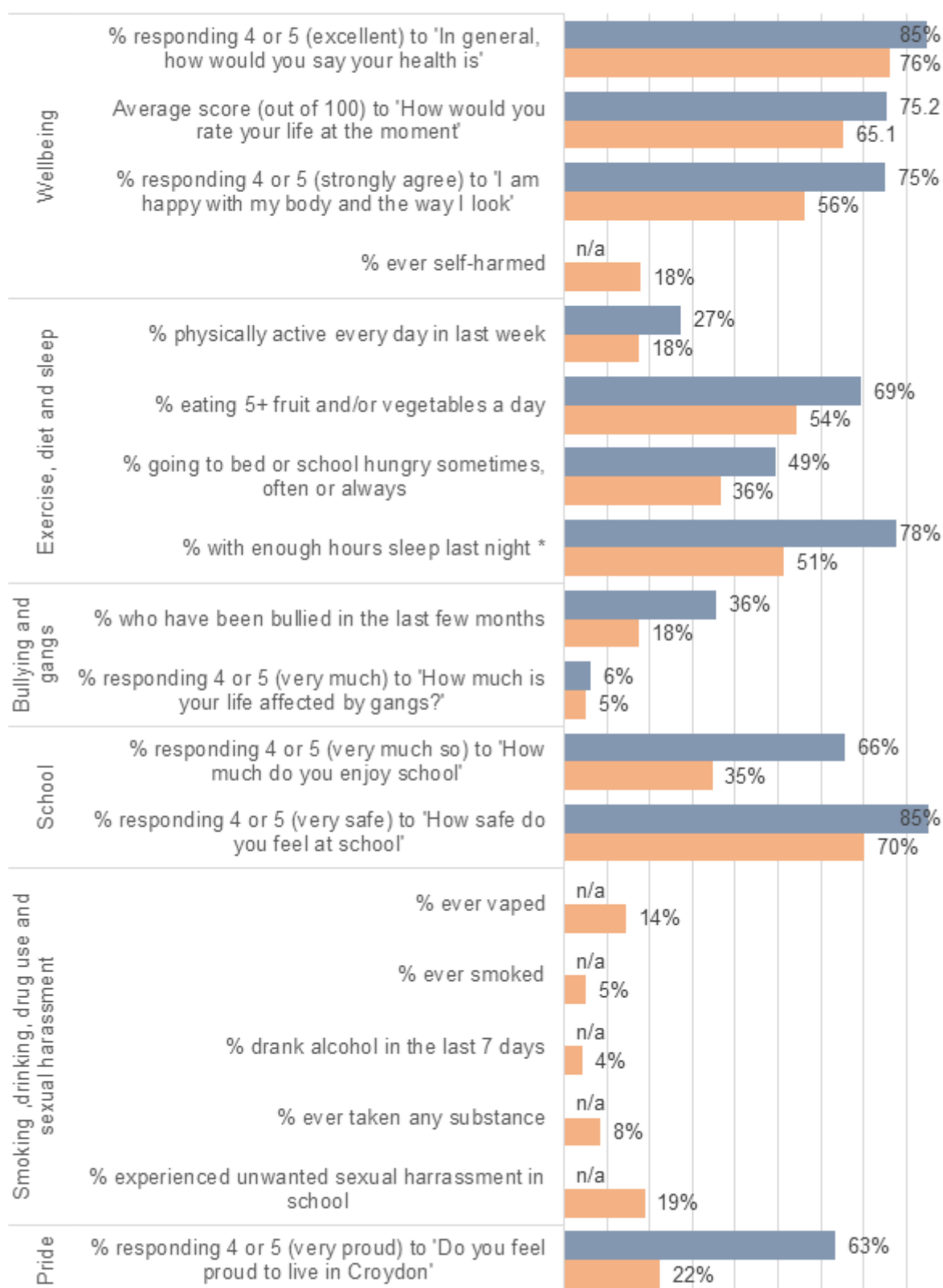
4.8 Results

A total of 4,116 pupils in the appropriate school years completed the survey (18% of the eligible pupil population). 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).

4.9 Almost three quarters of responses came from children in years 4 and 6 - 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 sample is broadly representative of the student population in Croydon.

4.10 A summary figure of key findings is shown below, 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 students, and so were only asked to those in Years 8, 10 and 12:

■ Primary school-aged students ■ Secondary school-aged students



* (8+ hours for primary school aged students, 8-11 hours for secondary school aged students)

4.11 Some results cannot easily be represented in the summary table above, including the top self-reported worries. The top worry of children and young people across all year groups was knife crime, followed by terrorism. Primary school-aged children 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.

4.12 It is important to note that this survey contains self-reported information and views from students 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 students chose not to answer certain questions – including being unclear about what the question was asking, fear of reporting, lack of interest, and/or survey fatigue – and it is hoped that discussions with students, using focus groups, about why they did or did not answer specific questions can be explored in the next phase of this work.

4.13 Additional key findings are presented within the comprehensive results report appended to this paper. The purpose for producing a written report was to provide all stakeholders with a clear overview of the results, and to formally present and analyse the findings. It was important to provide narrative around the data to explain what the data can and cannot tell us, what the nuances and limitations in the data are, and where further exploration is needed to better understand specific findings. The report compares Croydon's dataset against similar national / regional surveys that have been undertaken with similar aged pupils, to contextualise the findings. The Health and Wellbeing Board is asked to review this report and discuss opportunities to promote the findings amongst their networks.

4.14 Next Steps

A programme of work is being led by Public Health following the publication of the results of the survey.

4.15 **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. Insight Now, the commissioned partner for this work, has developed an online data dashboard for schools to access their results along with a portal for resources to support schools take forward improvement activities. This online portal will be a "live" space, populated in line with schools' feedback and proactive decisions from Education, public health and other Council departments.

4.16 **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. A series of focus groups are in development to explore results in more details with students, with delivery before June 2024.

4.17 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 published during 2024, addressing detailed findings and significant inequalities. These will primarily be of value to Council staff and strategic stakeholders focused on improving the health and wellbeing of children and young people in the borough.

4.18 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.

4.19 The following activities have also been initiated by Education colleagues, in collaboration with Public Health, since the results of the survey have been published:

4.20 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.

4.21 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.

4.22 Subsidised Support in Schools:

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

4.23 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.

4.24 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, to be held on 24th April 2024.

4.25 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.

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

5 ALTERNATIVE OPTIONS CONSIDERED

- 5.26 Recommendations are for noting only.

6 CONSULTATION

- 6.1 The health and wellbeing survey was developed in partnership with schools and was piloted within schools before being rolled out, to test viability, appropriateness and acceptability among children and young people, and school staff.
- 6.2 School head teachers, and wellbeing leads, have been presented with the results of the survey and been given opportunities to discuss the findings and areas of priority action.
- 6.3 Croydon Education Partnership, Croydon's CYP Emotional Health and Wellbeing Board, Croydon Council's Strategic Education Advisory team, CYP safeguarding teams, CYP commissioning leads, and CYPE DMT/ ACE DMT have been presented with the findings of the survey.

7. CONTRIBUTION TO COUNCIL PRIORITIES

- 7.1 The data obtained from the survey provides the Health and Wellbeing Board with information to consider what children and young people think about their own health and wellbeing and can support discussions about ways to best meet the Health and Wellbeing Strategy's Priority 1 – A better start in life.
- 7.2 The survey provides population-level insight into children's and young people's health and wellbeing issues. The Director of Public Health has a statutory role to protect the health of the residents of Croydon; this survey supports the discharging of this duty.
- 7.3 Through directly engaging with children and young people, and utilising the findings from the survey, this programme of work supports the Mayor's Business Plan (2022-26) to achieve better outcomes for children and young people, ensuring that they have the chance to thrive, learn and fulfil their potential, and that they feel safe living in the borough.

8. IMPLICATIONS

8.1 FINANCIAL IMPLICATIONS

8.1.1 There are no direct financial implications arising from this noting report. Any subsequent actions arising, in response to issues raised by the survey results, that have financial implications would need to have funding sources identified by the Council and/or partner organisations prior to implementation.

8.1.2 Comments approved by Allister Bannin, Director of Finance (Deputy s151 Officer), 08/04/2024.

8.2 LEGAL IMPLICATIONS

8.2.1 There are no legal implications arising from this report.

8.2.2 Comments approved by the Head of Social Care & Education Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 2nd April 2024)

8.3 EQUALITIES IMPLICATIONS

8.3.1 Under the Public Sector Equality Duty of the Equality Act 2010, decision makers must evidence consideration of any potential impacts of proposals on groups who share the protected characteristics, before decisions are taken. This includes any decisions relating to how authorities act as employers; how they develop, evaluate and review policies; how they design, deliver and evaluate services, and also how they commission and procure services from others.

8.3.2 Section 149 of the Act requires public bodies to have due regard to the need to:
eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.
advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
foster good relations between people who share a protected characteristic and people who do not share it.

8.3.3 The survey was offered to all schools in Croydon and was co-designed and piloted with schools to ensure it was accessible to children and young people.

8.3.4 The survey asked participants to complete questions related to their demographics so it would be possible to understand if there were any equalities implications related to the survey sample. This data was analysed by the Public Health Analyst involved in the work. the results were compared to the comparable data on Croydon's children and young people to understand how representative the results from the survey were.

- 8.3.5** 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. A priority action within the current work programme is to increase uptake in older school years for the second survey in October 2024.
- 8.3.6** There were results indicating inequalities among genders, ethnicities and ages of the children and young people asked. Croydon Council public health team is currently producing a series of “in focus” report packs to look at the data broken down by these domains to identify and explore any significant inequalities in the results with leading stakeholders for each theme of the survey that is analysed.
- 8.3.7** An equalities impact assessment will be undertaken before the second survey is launched in October 2024, which will identify equality implications for all characteristics.

Comments approved by Felisha Dussard on behalf of Helen Reeves Head of Strategy & Policy 21/03/2024

8.4 HR implications

- 8.4.1** There are no immediate HR implications arising from this report. The council continues to put plans and actions in place via the People and Cultural Transformation Strategy to ensure employee wellbeing and working experience is improved as much as possible, as it is recognised in turn, a healthy and engaged workforce will be better placed to serve our residents effectively, including the borough’s children.

Comments approved by: Dean Shoesmith, Chief People Officer, 8 April 2024

OTHER IMPLICATIONS

DATA PROTECTION IMPLICATIONS

The survey was conducted anonymously so no individual child or young person can be identified in the work. No personal data has been collected or processed in this work.

Schools received individualised report packs with results for the children and young people in their school provided there were more than 10 completed surveys from students in that setting.

7. APPENDICES

7.1 *Appendix 1. Results from the Health & Wellbeing Survey*