

Annual Public Health Report 2025

Local school children's health and wellbeing

“
In children's own words
”



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Lead member foreword



Cllr Josh Rendall

Lead Member for Adult Social Care and Public Health

I am pleased to introduce this year's Annual Director of Public Health Report, which focuses on the findings of a children's health and wellbeing survey in the Royal Borough of Kensington and Chelsea (RBKC). The report highlights the importance of feeling safe, eating well, being active, and having access to the right support. It also addresses inequalities faced by some children, tackling these inequalities, particularly in areas such as North Kensington where the Grenfell Tower tragedy took place, remains a priority in Kensington and Chelsea, and this report helps us to better understand where we must focus our efforts. The report also celebrates the strength and resilience of our young people and the work being done to support their mental and physical health. We hope it encourages everyone to reflect on how we can better listen to, support, and empower our children.



Sarah Newman

Executive Director of Children's Services

This year's Public Health report focuses on the health and wellbeing of school-aged children, highlighting the important relationship between education and health. The report reflects the voices and experiences of our children and young people, including those from special schools. It provides valuable insights to help shape services that put children first. Thank you to all the pupils and schools who contributed. We look forward to building on the insights from this report to ensure every child receives the support they need to thrive.



Director of Public Health

I am delighted that this year's report focuses on school-aged health and wellbeing. It provides insights into the health and wellbeing of local children, from physical activity and nutrition to mental health and emotional wellbeing. The data helps inform and shape local services to ensure children are at the heart of what we do. This report contributes to our Health and Wellbeing Strategy, aiming to ensure our children and young people are healthy, happy, safe, and can achieve their full potential. Improving health outcomes and reducing inequalities requires a collective effort.



Acknowledgments

We are grateful to the schools and pupils who participated in the survey. Special thanks to local education colleagues Ian Heggs, Shelly Duffy, Hilary Shaw, Natalija Sorokina, and Grace Herbert, as well as Angela Balding and the SHEU team at the University of Exeter.

This report was prepared by Debbie Arrigon and Lau Prieto in the Public Health team, with support from the working group.

Executive summary

Scope of the survey and report

All local authority-maintained schools, including alternative provision and special schools, were invited to participate. The survey was aimed at pupils in:

- years 4 and 6 in primary school (ages 8 and 9, and 10 and 11)
- years 8 and 10 in secondary school (ages 12 and 13, and 14 and 15)
- all ages in special schools

It's important to note, public health recognise the evidence-based impact of the first 1,001 days on the lifecourse, and although the early years are not a focal point of this report, we continue to prioritise children having the best start in life.



What are we doing about it?

- Data collection and analysis. We will continue to roll out the survey regularly until 2029, monitoring trends in local children's health and wellbeing.
- Stakeholder engagement and pupil voice. We'll keep working closely with schools to boost engagement even further, particularly schools in areas of high deprivation and wider need.
- Strengthen local prevention services and targeted interventions by continuing to support evidence-based programmes that promote protective behaviours (e.g. physical activity, creative activities) and address risk factors (e.g. vaping, online safety).
- Continuing strong collaboration with pupils, schools and community partners, example, through the **RBKC neighbourhood programme (e.g. Colville primary school)**.

Call to action

To improve the health and wellbeing of children and young people in Kensington and Chelsea, we must act on what they've told us. Below are three key priorities, that the Local Authority alongside schools, services, and partners can take forward over the next five years. For the important details that support these call to actions, please see pages 38 and 39.

Our calls to action are:



Prioritise children's voices in decision-making



Strengthen whole-system collaboration



Focus on prevention and equity



Recognising additional need in Kensington and Chelsea

The recently published Grenfell Joint Strategic Needs Assessment (JSNA)¹ Refresh 2024 has highlighted that there are enduring health and wellbeing needs of those affected by the Grenfell Tower tragedy. A key recommendation is the need to prioritise **continuous health monitoring**, particularly for survivors, the bereaved, and the local community.

This helps address concerns about long-term physical and mental health effects.

The JSNA also highlights the need for **tailored mental health support**, especially for children and young people, recognising the complex and evolving nature of trauma and grief.

In acknowledgment of this, we are offering schools in the immediate area the opportunity to participate in the survey more frequently.

This will ensure we are regularly capturing the needs of children and young people in North Kensington. We will use the findings to ensure our services continue to meet their needs effectively, while remaining flexible and responsive to the evolving needs of our community.

Equally important is the emphasis on **preventative health interventions**, proactive, community-led approaches that build resilience and address the root causes of health inequalities.

This includes improving access to culturally competent services, enhancing housing conditions, and supporting community-based recovery initiatives. Preventative efforts must also tackle the broader social determinants of health, such as poverty, education, and discrimination, through coordinated action across public services.

As part of our commitment to becoming a Fairer Council and addressing health inequalities across the borough, we are strengthening our coordinated response in areas facing long-standing deprivation, including North Kensington.

¹ A **Joint Strategic Needs Assessment (JSNA)** report is a document created by local authorities and health partners to understand the **current and future health and wellbeing needs** of a local population.



Introduction and methodology

Kensington and Chelsea is an inspiring place to go to grow-up, attend school, work and live. However, health and wellbeing challenges persist, for example, around oral health, healthy weight and emotional wellbeing and mental health.

What happens in childhood can impact on physical and emotional health through to adulthood. Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children².

As a council, we wanted to hear more from local children and young people, in their own words, about what helps their health and wellbeing and what could be improved. Impact from the COVID-19 pandemic and the cost-of-living crisis poses additional challenges particularly around emotional health and wellbeing.

To enable this, we rolled out a school-based pupil health and wellbeing survey, inviting local authority maintained primary, secondary and special schools to participate.

We recognise that the lasting impact of the Grenfell tragedy can affect emotional wellbeing and mental health. In acknowledgment of this, we are offering schools in the immediate area the opportunity to participate more frequently.

This report aims to support local policy makers, stakeholders, commissioners and providers by providing insight from local children's health and wellbeing. The report aims to support whole-system approaches that are needed to address key areas highlighted.



Methodology

Public health commissioned the **Schools Health Education Unit (SHEU)** at the University of Exeter to administer the survey from 2024 to 2029, with local authority maintained schools being invited to take part three times in this period, with North Kensington schools having the opportunity to participate annually. We were particularly eager to involve schools in areas with high deprivation and health inequalities, as the data collected at the borough level helps us identify trends to address the most pressing health and wellbeing needs.

- The survey was aimed at Years 4, 6, 8 and 10 (with years 5 and 9 as optional).
- Special schools: all ages were included using a tailored survey.
- Some questions were restricted to specific age groups.
- Schools were invited to shape the questions to ensure we adapted for local need.
- Participating schools received a grant to support actions based on their findings.

Pupil participation:

1,952 pupils completed the survey, from eighteen primary schools, four secondary schools and one special school in Kensington and Chelsea. Due to anonymity for the one special school, data has not been included in this annual public health report. However, the school received their own report and grant funding.

The key findings have been grouped into the following themes:



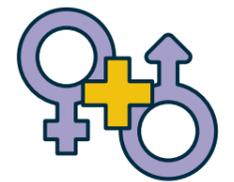
Emotional health and wellbeing



Healthy eating, oral health and physical activity



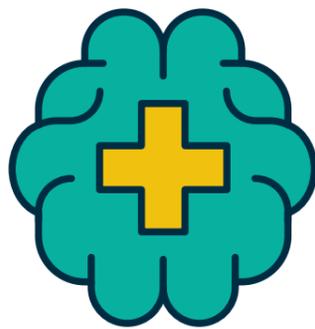
Alcohol, smoking, vaping and drugs



Healthy relationships and sexual health

² Borough Stories | Joint Strategic Needs Assessment

Emotional health and wellbeing



Overview:

Good emotional wellbeing and mental health are essential for leading happy, healthy lives. Often described as 'feeling good' and 'functioning well', mental wellbeing goes beyond simply feeling happy or being free from mental illness. It also encompasses how we cope with life's challenges, maintain relationships, and engage meaningfully with the world around us.

Supporting the emotional wellbeing and mental health of school-aged children is essential for their academic success and social development. Children today face growing pressures both inside and outside the classroom, from academic demands and social media to increasingly complex family environments. Schools play a key role in early intervention, providing a safe environment where emotional and mental wellbeing are nurtured alongside learning.



What the wider evidence base is telling us

Research shows that good mental health and wellbeing promote overall health and improves life expectancy. Good mental health and wellbeing is important across the life course, and some of our challenges include³:

One in five

children and young people in the UK have **mental health needs**, this equates to around **6,900** in Kensington and Chelsea.



Kensington and Chelsea school age children **social, emotional and mental health rates** have remained **below** the England average until 2020/21 when they started to increase and currently marginally surpassing the England average (3.6% and 3.5%) in 2022/23⁴.

The demand for **children's mental health services** has shown a significant increase over the past six years. The number of referrals has **doubled**. Numbers stabilised in 2024/25 but remained **113%** above pre-pandemic levels⁵.

Nationally, we also know that social media and online spaces impact children, for example:

19%

of children aged 10-15-years-old **exchanged messages** with someone online who they **never met before** in the last year⁶.

An estimated **35%** of children aged 10-15 years-old experienced **in-person bullying** behaviour and **19.1%** experienced online bullying behaviour⁷.

28%

of children aged 8-11-years-old have **seen something online** that they found worrying or nasty in some way that they didn't like⁸.

³ Office for Health Inequalities and Disparities (OHID (Fingertips data tool)

⁴ **Mental Health Services Monthly Statistics - NHS England Digital**

⁶ NSPCC

⁷ Office of National Statistics. Estimates of the prevalence and nature of bullying and online experiences among children

⁸ Ofcom Children and parents: media use and attitudes report 2024 – interactive data - Ofcom

What is the survey telling us?

Strengths

71% of pupils from Westminster and Kensington and Chelsea **special schools** report being happy with their life.

At least **90%** of children have been told how to **stay safe** online.

74% of primary (year 6) and **62%** of secondary school pupils know a **trusted adult** they can talk to if they are worried about something.

Challenges

28% of primary and **11%** of secondary school pupils report they have **seen something online** that has upset them.

25% primary and **13%** secondary pupils have been **bullied** at, or near school in the last 12 months.

Overall, responses on how **'happy'** pupils felt either with their life at the moment or school varied.

- **Mental Health Support teams** in schools provide early intervention for emotional wellbeing, offering direct support to pupils and guidance for staff and families.
- The Mayor of London has commissioned a new initiative to improve **mental health support in secondary schools**: Kensington and Chelsea has been selected to participate alongside eight other boroughs, to complement our healthy schools, school health service and support teams.
- **Mental Health Youth Workers** in local youth clubs, offering workshops on sensitive topics such as toxic masculinity and stress in a familiar, accessible and safe environment.
- We have enhanced our **children and young people health and wellbeing service specialising** in substance misuse to include online safety (see also Theme 3) and more emotional wellbeing support.
- The **Games Library** initiative showcasing the positive impact of tabletop gaming on children's emotional wellbeing. The initiative includes loanable games, events and activities, work experience placements for young people and outreach.
- Increasing campaigns and resources: helping children and families get the right support:
 - **We Got U, U Got This campaign**: developed with young people to destigmatise mental health and make getting support easier.
 - The **Wellbeing Hub** is a directory of local and national mental health services. There is a section for under 25s and families and has been recognised nationally as an example of good practice.
 - The suicide prevention **Stay with Us** campaign aims to ensure that communities and professionals can recognise warning signs, intervene early, and support those in crisis.
 - Developing a **self-harm awareness and training campaign**, partnering with Every Life Matters, and co-producing with local communities, schools and young people.

What are we doing to support children's emotional wellbeing?

An evidenced-based whole-system approach to supporting children's emotional and mental health is needed, from access to green spaces and safe environments to fun activities, opportunities and specialist support when needed (please see page 17). The below gives a flavour of some local support available.

- **The Healthy Schools Programme helps schools promote physical and mental wellbeing through a whole-school approach.** It provides an awards framework that supports improvements in health

education, school policies, and everyday practices, empowering schools to create environments where children can thrive both academically and emotionally.

- The **School Health (nursing) service** provides health and wellbeing support to schools, pupils and families using the '5 ways to wellbeing' as a framework. They support with areas such as stress management, friendships, bullying and healthy relationships. The service has a specialist Mental Health lead.



Key messages



Mental health needs among children are increasing.

Local rates are now above the national average.



Digital exposure and online safety pose significant risk factors.

Integrated online safety strategies are required.



Early intervention works best when embedded in schools and communities.

Supported by multi-agency collaboration.



Equity matters.

Children in areas of deprivation and those affected by trauma need tailored, culturally competent support.



Healthy eating, oral health and physical activity



Overview:

Promoting healthy eating, oral health and physical activity in children is essential for their physical and mental health, learning, and long-term wellbeing. Schools are well placed to reinforce these messages through providing balanced school meals, the Personal, Social

and Health Education (PSHE) curriculum and creating healthy environments. Schools' strong collaboration with pupils, families and local services, ensures they play a key role in helping to address issues such as unhealthy weight and tooth decay from an early age.



What the wider evidence base is telling us

Nationally, on average, children aged 11 to 18 years ate **2.8 portions** of fruit and vegetables a day. Less than one in 10 children aged 11 to 18 years (9%) met the 'five a day' recommendation⁹.

We know that oral health is closely linked to healthy weight and wellbeing for example teachers in secondary schools across England report students missing school because of poor oral health, being socially excluded and at times bullied because of oral hygiene¹⁰. Nationally in 2022-2023, tooth decay was the most common reason for hospital admission in children aged between five and nine years¹¹.

In RBKC:

Nearly **One in five** children have one or more **decayed, filled or missing teeth** by the age of five (**19%**)¹². This is just below the **London (27%)** and the **England (23%)** averages.

Locally, children in Reception and Year 6 are weighed and measured annually as part of the National Child Measurement Programme (NCMP):

Over **One in five** children have an **unhealthy weight** when they enter primary school in reception (**23%**).

Over **One in three** have an unhealthy weight when they leave primary school in Year 6 (**34%**).

Reception figures are below London (**21%**) and England (**22%**) averages.

Year 6 figures are below **London (38%)** and **England (36%)** averages¹³.

⁹ National Diet and Nutrition survey (2019 – 2023)

¹⁰ Cost of living crisis leaves children's oral health on the line

¹¹ Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK (www.gov.uk)

¹² Office for Health Inequalities and Disparities (OHID) (Fingertips data tool)

¹³ National Child Measurement Programme (NCMP) figures are from the national 2023/24 data.

The NCMP allows us to look at trends and patterns of children’s weight, for example children living in the more deprived areas are more likely to have an unhealthy weight (and poor oral health) than those living in more affluent areas. Also, being an unhealthy weight is more likely in children who identify as being from ethnically diverse groups.

We know that physical activity plays a key role in children’s development and wellbeing. The impact of COVID on children’s activity levels persists across England. In 2023–24, physical activity levels remained stable, but only **47.8%** of children met the Chief Medical Officers’ guideline of 60+ minutes of daily activity¹⁴.



At least **80%** of pupils **cleaned their teeth at least twice** the day before the survey and over **85% visited a dentist** in the past year

84% of primary and **70%** of secondary pupils enjoy physical activity.

61% of primary and **54%** of secondary pupils walked, cycled or scooted to school on the day of the survey.

76% of primary and **65%** of secondary school pupils visited a park or open space at least once or twice a week.



29% of primary and **16%** of secondary school pupils ate at least five portions of fruit or vegetables on the day before the survey.

11% of primary and **9%** of secondary pupils exercised for an hour or more and had to breathe harder and faster on at least five days in the seven before the survey¹⁵.

A reduction in pupils reporting getting at least eight hours of sleep from primary to secondary:

79% primary pupils to **52%** in secondary pupils.

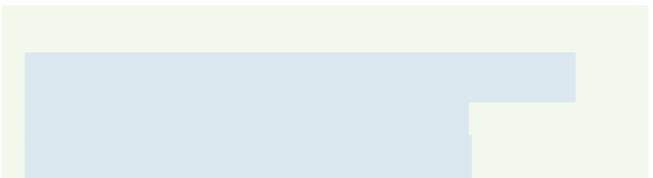


Tackling child obesity (and related issues such as oral health) is a complex issue needing a multi-pronged approach, from access to safe spaces and affordable healthy food, to fun activities and specialist support when needed.

Our work is data-driven, prevention-focused, and community-based, placing children and families at the centre while partnering with services to build healthier habits and environments.

The below gives a flavour of some local support available, whilst recognising the wider determinants and inequalities that play a role.

- The **Healthy Schools Programme** supports local schools to promote healthy eating, oral health and physical activity through a whole-school approach and awards framework around education, policy, and practice. There is also a sister programme, the Healthy Early Years programme recognising the need for early intervention and the key role nurseries and early years settings play.



St Barnabas and St Philip’s Healthy Schools award was focused on improving pupils and families healthy eating knowledge and behaviours.

After implementing their Healthy schools action plan, the school were able to demonstrate improvement across all of their targets including pupils’ understanding of the impact of foods high in sugar, their enjoyment of lunches, the importance of five fruit and vegetables per day and their willingness to try new foods.

A key part of the support to achieve these targets came for the local Change4Life Service with four workshops around healthy eating delivered for parents/carers and three for staff.

As a result of this programme, the school was able to demonstrate positive sustainable changes related to healthy eating across leadership, policy, ethos and environment, targeted support for vulnerable children, teaching and learning and the partnership with parents and carers.

¹⁴ Sport England Active Lives Children and Young People survey (2024)

¹⁵ Based on Chief Medical Officer physical activity guidelines

- The **School Health (nursing) service** supports pupils, families, and schools with health and wellbeing. It conducts the NCMP measurements and refers children to the Change4Life weight management service. The team includes a **Healthy Living Specialist**.
- The **RBKC Ecology Service** works with Hammersmith Community Gardens Association to deliver an exciting food growing project in schools in the borough. In 24/25 the programme has worked with 12 schools engaging with 2946 pupils providing an extensive gardening training and support programme to encourage pupils, teachers and the wider school community about food growing and healthy eating.
- The **Healthier Catering Commitment** is a London-wide scheme supported by the Mayor, Environmental health and public health, aimed at improving access to healthier food, often in areas of higher need. It recognises businesses that reduce saturated fat, salt, and sugar in their offerings, provide smaller portions on request, and offer healthier alternatives. Currently, 103 local businesses are signed up in Kensington and Chelsea.
- The local **Change4Life service** supports children, young people, and families in Kensington and Chelsea to eat well, move more, and feel good in their communities, and is based on 4 pillars:
 - **1:1 coaching** is available for children and families above a healthy weight.
 - **Group sessions** offer fun, interactive activities.
 - **Workforce training** is provided to embed healthy eating and physical activity in settings such as early years, schools, family hubs and community organisations.

- **Neighbourhood projects** run annually in rotating local wards. They empower communities to design local health campaigns that address key issues and solutions around eating well, moving more, and feeling good.
- Expanding supervised toothbrushing and fluoride varnish programmes in early years settings and schools is outlined in last year's **Public Health report on oral health** (please see page 22 at the end of this report for more information).
- Colville Primary School was the first school in Kensington and Chelsea to adopt **oral health** as their key area of their Healthy School award. The school has taken significant steps to promote oral health and healthy eating. **In this video** you can see examples of oral health promotion in a reception class, including supervised toothbrushing delivered by an early years educator. It also shows how the school's healthy eating and water only policies are put into practice as part of their everyday activities.
- In RBKC's Council Plan, Fairer, there is commitment to strengthen the youth and play offer, and uptake of, youth and play services from under-represented groups.



Key messages



Nutrition and oral health gaps persist.

Most children do not meet healthy eating guidelines, and tooth decay affects nearly 1 in 5 RBKC five-year-olds, especially in deprived and ethnically diverse communities. Poor oral health impacts attendance and wellbeing.



Unhealthy weight and low activity are common.

A third of Year 6 pupils have an unhealthy weight, and physical activity and sleep decline sharply with age, affecting health and learning.



Health inequalities drive poor outcomes.

Deprivation and ethnicity strongly influence nutrition, oral health, and weight, underscoring the need to tackle wider determinants like food access, safe spaces, and culturally competent services.



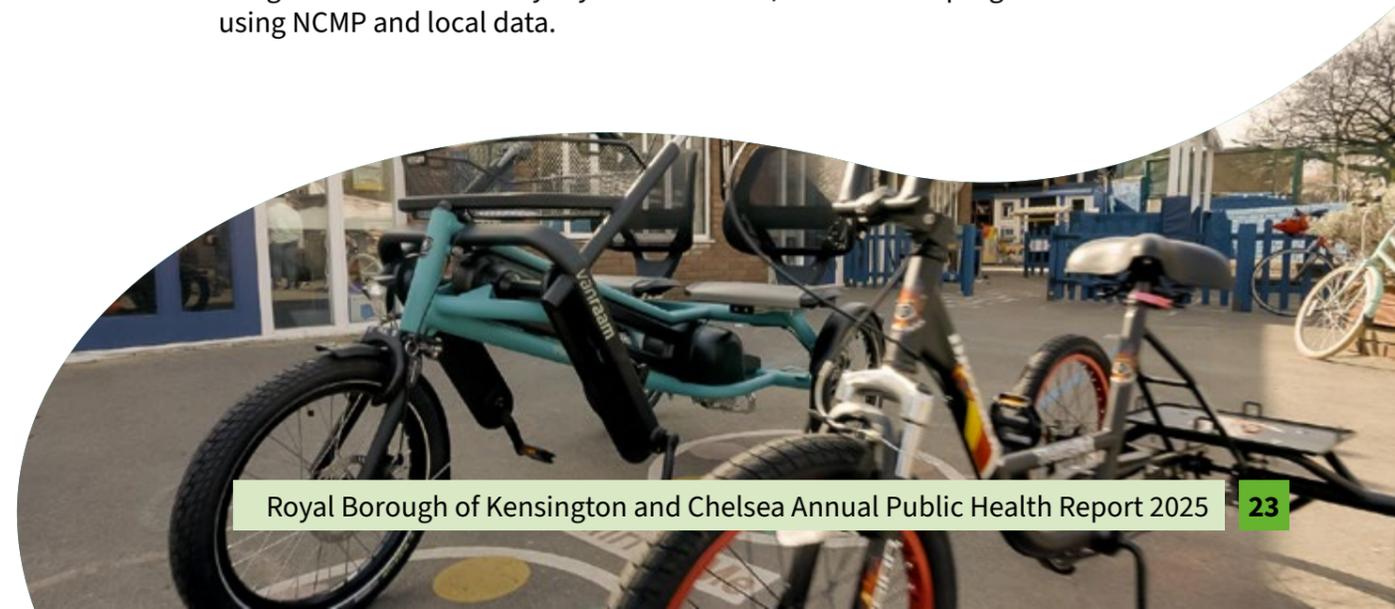
Protective behaviours offer opportunities.

High rates of toothbrushing, dental visits, and enjoyment of physical activity provide a foundation for reinforcing positive habits through accessible programmes.



Whole-system action is essential.

Embed healthy eating, oral health, and physical activity in schools and early years; target high-need areas; expand community initiatives; integrate health into everyday environments; and monitor progress using NCMP and local data.



Alcohol, smoking, vaping and drugs



Overview:

Educating children about smoking, vaping, drugs and alcohol is key for safeguarding their health and wellbeing. Early awareness helps children understand associated risks with substance use and the impacts it may have on their health and life opportunities. We know that vaping in particular, often marketed at children, is a present concern.

Schools play a key role in providing age-appropriate information, safe spaces, trusted adults, diversionary activities and promoting informed choices and building confidence.

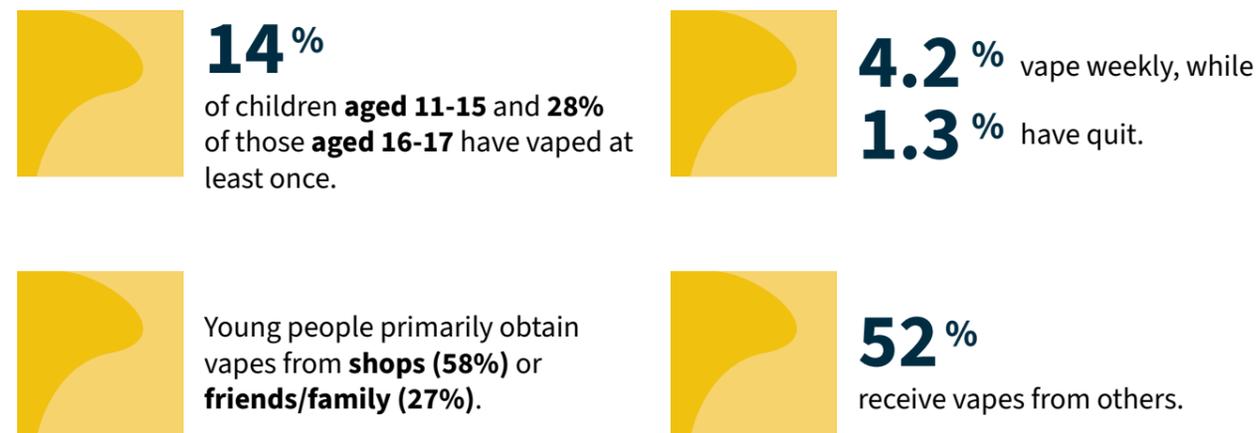


What the wider evidence base is telling us

In the UK, regular smoking rates for under 18s are low and declining: only 1% of 11–15-year-olds were regular smokers, though 11% had tried it at least once¹⁶.

Long-term exposure to second hand smoking increases the risk of lung cancer in non-smokers by 20-30% and coronary heart disease by 25-35%, as well as a range of other diseases¹⁷.

However, the evidence also shows that vaping is a growing concern. A 2024 UK study¹⁸ found:



The first of three government-commissioned studies¹⁹ on the health impacts of youth vaping has found consistent associations between vaping and subsequent smoking, marijuana and alcohol use, asthma and mental health outcomes. The findings support measures to restrict sales and marketing to young people. The Tobacco and Vapes Bill²⁰ could help introduce a **smoke-free generation** by phasing out the sale of tobacco products: the bill makes it an offence to sell tobacco products to anyone born on or after 1 January 2009.

¹⁶ Smoking, Drinking and Drug Use among Young People in England, 2023 - NHS England Digital

¹⁷ Secondhand smoke - ASH

¹⁸ Action on smoking health (2024) "Use of vapes (e-cigarettes) among young people in Great Britain"

¹⁹ Vaping and harm in young people: umbrella review | Tobacco Control

²⁰ Tobacco and Vapes Bill: creating a smoke-free UK and tackling youth vaping factsheet - GOV.UK

Other drugs and alcohol

Cannabis is consistently the most used substance amongst under 18s who access treatment in Kensington and Chelsea followed by **alcohol**. This is the same nationally. Kensington and Chelsea has higher than London admission episodes for alcohol-specific conditions (under 18 years) between 2022 and 2024²¹.

We know that recreational drugs such as ketamine are also a growing concern in young adults. However, there is evidence to suggest that illicit drug use in under 18s is falling. A survey²² of secondary school pupils in England in years 7 to 11 (aged 11 to 15) showed a fall in prevalence of self-reported illicit drug use. 13% of pupils reported they had ever taken drugs (18% in 2021) and 9% had taken drugs in the last year.

What is the survey telling us?

Strengths

0% of Year 6's reported ever being offered **cannabis** (rising to **9%** for **secondary pupils**).

Low numbers of pupils (**1-4%**) have taken drugs to **"get high"** for Year 6 and secondary.

It's worth noting that whilst these are low numbers, even small numbers are concerning and we acknowledge pupils may be hesitant to self-report information particularly around drugs.

Challenges

9% of secondary pupils reported being offered cannabis.

5% of Year 6 and **18%** of secondary pupils have tried vaping.

11% of Year 6 and **18%** of secondary had an alcohol drink.

27% of secondary pupils said their parents/carers smoke (secondary only question).

To prevent and minimise harm from substance misuse on children, Public Health developed the **Children and Young People's Drug Strategy** (2023-26) to align with the **National 10 year drugs strategy**, and the **Annual Director of Public Health Report** on Combatting Drug and Alcohol Misuse. Key actions are below:

- We are strengthening our **children and young people's health and wellbeing service**, which specialises in substance misuse, with a new service delivery model due to launch in early 2026. This enhanced service has a greater focus on wider addictions, vaping, adolescent holistic support, online and hidden harm and earlier interventions by extending into primary schools. One-to-one, family and school support is part of the service offer.
- Establishment of the Combatting Drugs and Alcohol Partnership:** with the responsibility for delivering the National Drug Strategy at a local level. A wide range of partners such as the police, substance misuse providers, schools, housing and Children's Services work together, alongside residents and service users with lived experiences, to prevent and minimise harm from drugs and alcohol.
- Exploring **vaping testing initiatives** in partnership with schools and the police, with a focus on collaboration and harm minimisation (not criminalisation of children and young people).
- Increasing our funding into **serious youth violence prevention and targeted work**, alongside strengthening links around **mental health and substance misuse** e.g. substance misuse and mental health workers based in youth offending services.
- Strengthening **education and awareness and tackling stigma and shame**. For example, the **Black and Blue programme** is a prevention initiative offering drug education sessions for year 6 pupils in primary schools. It touches on topics such as mental health and racism through the experience of Paul Canoville, the first black footballer to play for Chelsea Football Club, who turned to drugs when struggling with injury and racial abuse. Having successfully overcome his addiction, Paul now leads the Black and Blue sessions in partnership with the archives team and public health. He acts as a role model for children, advocating that adversity can be overcome.
- Creating safe spaces for children, for example the **Games Library** initiative developed by Children's services showcasing the positive impact of tabletop gaming. Kensington and Chelsea's **Games Library** initiative includes loanable games, events and activities, work experience placements for young people and outreach.



²¹ Office for Health Inequalities and Disparities (OHID) (Fingertips data tool)

²² **Smoking, Drinking and Drug Use among Young People in England, 2023 - NHS England Digital**

Key messages

1

Vaping is a growing risk.

Youth vaping is a concern, with links to smoking, substance use, and health issues. Strong prevention and enforcement are critical.

2

Cannabis is the most common substance among young people in treatment, and local alcohol-related hospital admissions exceed the London average.

3

A small but notable proportion of pupils have tried vaping or alcohol, and parental smoking increases intergenerational risk.

4

National trends show decline, but even small numbers locally warrant vigilance and targeted support.

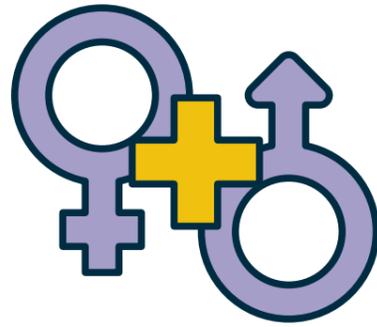
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Protective factors offer leverage.

Low exposure in primary years and positive attitudes can be reinforced through education and stigma reduction.



Healthy relationships and sexual health



Overview:

Understanding healthy relationships is vital for the emotional wellbeing and safety of children and young people. Teaching about respect, consent, empathy, boundaries, and communication helps children form positive relationships and recognise unhealthy behaviours. It is also important that they begin to understand more serious issues such as coercive control, which involves patterns of manipulation, isolation, or intimidation.

By learning to identify early signs of healthy and unhealthy relationships, children are better equipped to seek help and stay safe. Schools play a crucial role in creating a supportive environment where these conversations can happen sensitively and age-appropriately through their Personal, Social and Health Education (PSHE) curriculum.



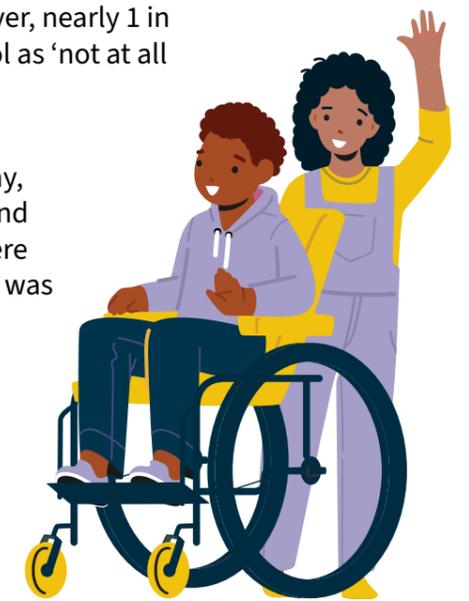
What the wider evidence base is telling us

Evidence shows PSHE can positively impact in a number of areas, including emotional wellbeing, physical health, attainment, and preparation for work²³. Relationships Education is now compulsory for all primary school pupils; Relationships and Sex Education (RSE) is compulsory for all secondary school pupils; and Health Education is compulsory for pupils in all state-funded schools. The changes to the guidance reflect the commitment to ensuring that provision is more consistent, and that all young people are equipped for adolescence and adult life.

In 2021 the Department for Education published research²⁴ on young people's attitudes towards the Relationships and Sex Education (RSE) they received at school, and subsequent sexual risk-taking when they were aged 18/19. The report relates to the period before new guidance was introduced in 2020.

Key findings were:

- Young people who did not receive any RSE in schools were more likely to go on and take more sexual risks, including intercourse before the legal age of consent, unprotected sex and contraction of a sexually transmitted infection.
- Just under half of young people described the RSE they received at school as either 'fairly useful' or 'very useful'. However, nearly 1 in 5 young people described the RSE received in school as 'not at all useful'.
- Young people of minority sexual orientations (i.e. gay, lesbian, bisexual or other), those with disabilities, and those who participated in other risky behaviours were significantly more likely to say that their school RSE was 'not at all useful'.

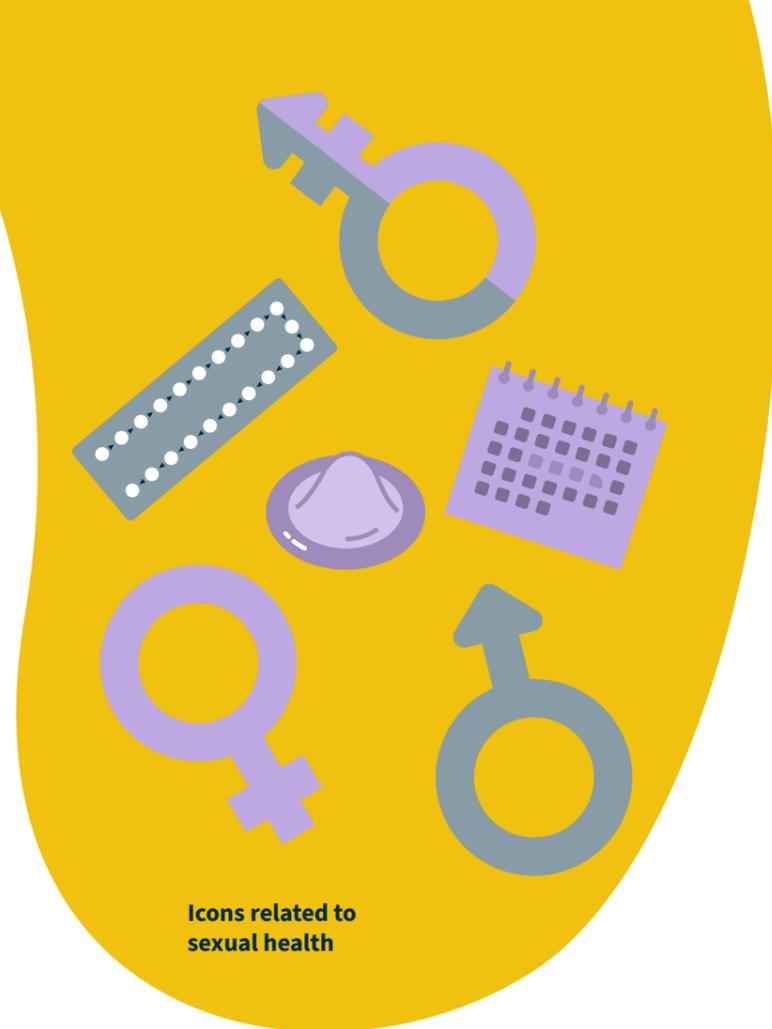


²³ PSHE Association

²⁴ Department of Education: Experiences of relationships and sex education (RSE)

Teenage pregnancy and Sexual Transmitted Infections (STIs)

Nationally and locally, teenage pregnancy rates have seen significant declines over the past few decades. However, the UK still has higher under 18 conception rates than many other comparable countries²⁵. Sexually Transmitted Infections (STIs) represent a public health problem in London and disproportionately affect young people. London residents aged between 15 and 24 years accounted for 27% of all new STI diagnoses in 2023²⁶. The need for age-appropriate, evidence-based PSHE and wider support remains important.



Icons related to sexual health

What is the survey telling us?

Strengths

63% of year 6 pupils said they found school lessons on good friendships and relationships “quite” or “very” useful.

Challenges

26% of secondary pupils said they had experienced at least one type of **controlling behaviour** when in a relationship.

11% of secondary pupils **knew** where to get **free condoms**.

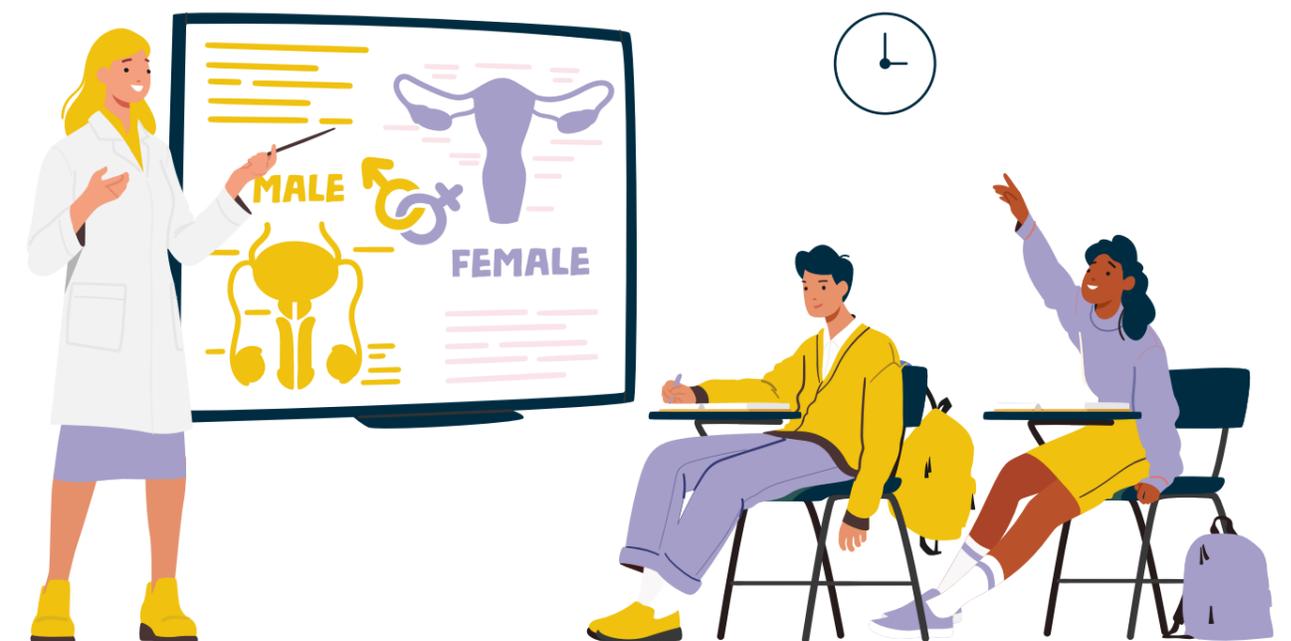
²⁵ Royal College of Paediatrics and Child Health (RCPCH)

²⁶ Spotlight on sexually transmitted infections in London: 2023 data - GOV.UK

What are we doing to support children around healthy relationships and sexual health?

We commission a range of services to support children around healthy relationships such as:

- The **Domestic Abuse Prevention in Schools Programme** supports schools in developing and embedding a whole school approach to preventing domestic abuse. The programme offers training staff, enhancing their understanding of coercive control and its impact. It builds confidence in using educational resources to design lesson plans, lead classroom activities and manage disclosures safely. It also offers tailored support through one-to-one sessions and professional development. The programme integrates education on healthy versus unhealthy relationships into the PSHE curriculum and encourages schools to use the Healthy Schools awards to plan, embed and evaluate progress.
- The **Healthy Schools Programme** supports schools to embed healthy relationships and RSE through a whole-school approach and awards framework to health promotion, policy, and practice.
- The **School Health (nursing) service** includes a Violence Against Women and Girls (VAWG) specialist nurse to promote best practices and training in schools, engage with the local **VAWG partnership** and advocate for the **domestic abuse prevention programme** in schools. The service also provides RSE assemblies and workshops to schools.
- **Support and Advice on Sexual Health (SASH)** is a confidential, non-clinical service offering support for sexual and mental health. The service has a specialist young people offer (aged 14+). For young people, SASH offer RSE programmes starting from age 14 (Year 10+), delivered by a qualified youth worker and aligned with Department for Education guidelines.



Key messages

1

Healthy relationships education is important.

Teaching respect, consent, and boundaries through statutory PSHE and RSE is critical for safeguarding and emotional resilience.

2

Reports of controlling behaviour and low awareness of sexual health services highlight the need for stronger education and signposting.

3

RSE is a protective factor, and children and young people who miss out and/or those with additional vulnerabilities, are more likely to experience harm, requiring inclusive, tailored approaches.

4

Despite falling teenage pregnancy rates, under-18 conception and STI prevalence among 15–24-year-olds demand sustained, age-appropriate interventions.

5

Whole-system action is needed.

Embed RSE in school curricula, expand access to confidential sexual health support, target high-risk groups, prevent coercive control, and monitor trends to adapt strategies.



Overview:

An adapted version of the questionnaire was completed from three special schools in Westminster and one special school in Kensington and Chelsea. We worked with the special schools to tailor and design an accessible survey including the use of Widgits

(symbol-based language used in special schools to support communication, learning and language).

Due to anonymity for the special school in Kensington and Chelsea, we agreed with the school not to show their individual results.

Early signs of the survey programme impact are very positive:

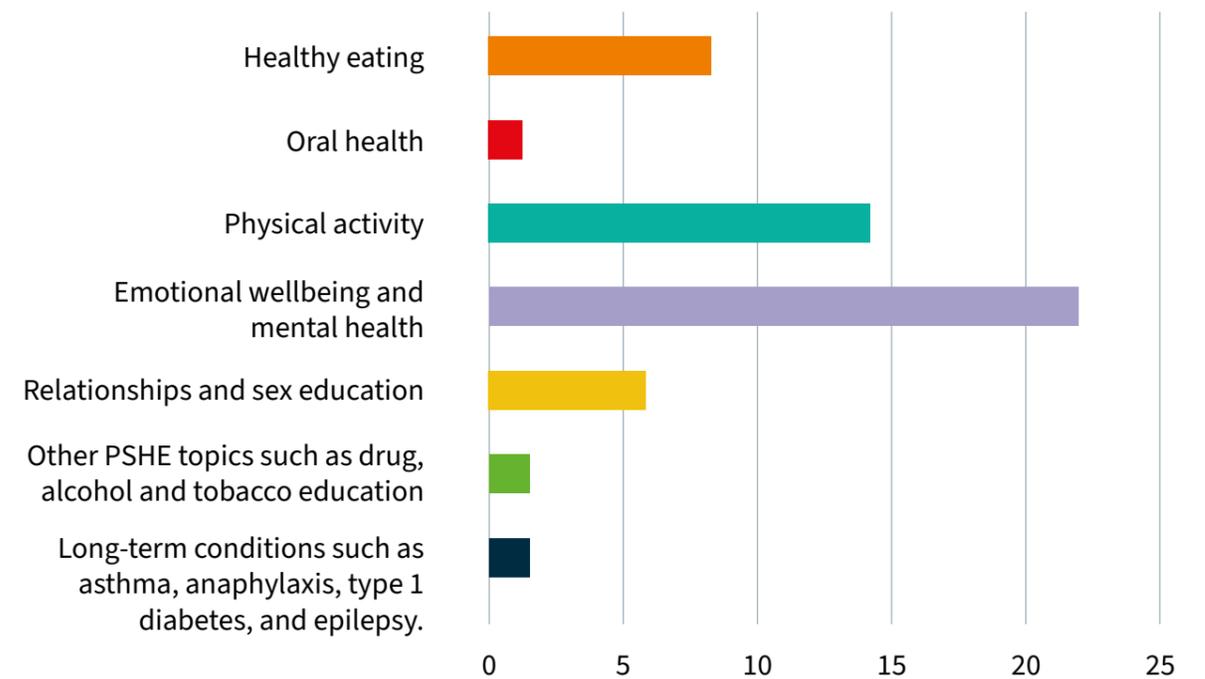
What schools are telling us:

We are so very grateful! In these times of scarcity, and so many of our pupils needing mental health and wellbeing support, this will enable us to better fund the provision. Thank you!

The results of the survey are very useful for our school: they offer a valuable insight about our children's needs.



Participating schools received a grant to support actions based on the findings for their school. When asked the question “What priority area will your grant help address”, the responses were as follows:



The majority of schools highlighted emotional wellbeing and mental health, and physical activity as areas for action. Here are a few more detailed examples of what schools are planning to do who based on their findings and grants:



Call to action: turning insight into action

To improve the health and wellbeing of children and young people in Kensington and Chelsea, we must act on what they've told us. Below are three key priorities, each with practical actions that the Local Authority alongside schools, services, and partners can take forward over the next five years.

1

Prioritise children's voices in decision-making

What we will do:

- Utilise pupil/children voice forums in schools and community settings to gather feedback on health and wellbeing. This ensures we are hearing from a range of children, including those who don't take part in the survey.
- Include children and young people in service design by involving them in co-production workshops for health and wellbeing programmes.
- Make use of "You Said, We Did" feedback opportunities to show how children's views are shaping decisions and services.
- Create a child-friendly version of this report and accessible future survey findings.

2

Strengthen whole-system collaboration

What we will do:

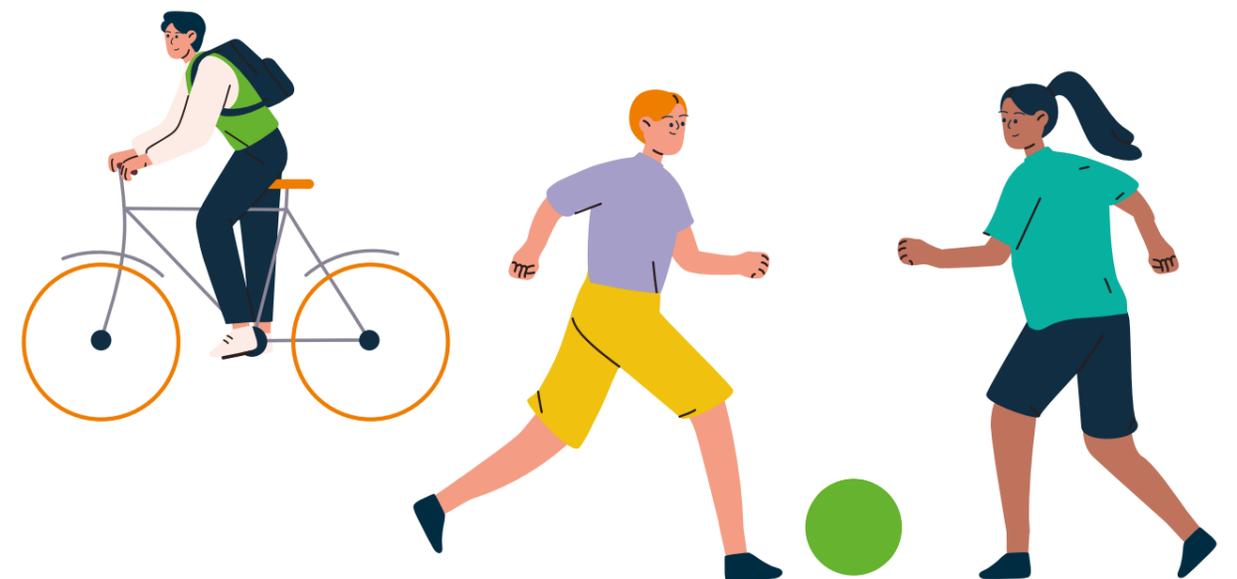
- Strengthen shared action plans with schools, health and youth services, and voluntary sector partners to address overlapping needs (e.g. mental health, substance misuse, online safety).
- Support local "wellbeing champions and navigators" in schools and community organisations to coordinate support and share best practice.
- Use data from the school survey to inform cross council investments, joint commissioning and service planning, across education, health, and social care.
- Utilise multi-agency learning events to share insights, case studies, and progress on children's health and wellbeing.

3

Focus on prevention and equity

What we will do:

- Target resources and support to schools and communities in areas of highest deprivation and need.
- Expand access to early support services, including those that bolster emotional wellbeing, healthy eating programmes, and substance misuse education in primary and secondary schools.
- Raise awareness of healthy and harmful behaviours through campaigns co-designed with children (e.g. vaping awareness, healthy eating, online safety).
- Support schools to implement whole-school approaches using the Healthy Schools and Healthy Early Years frameworks, with a focus on emotional wellbeing, physical activity, and oral health.
- Monitor progress through continued survey roll-out and use findings to adapt and improve services.



This report has placed children's voices at the heart of understanding health and wellbeing in RBKC. Their insights have highlighted both strengths and challenges, ranging from emotional wellbeing and physical activity to concerns around vaping, bullying, and online safety.

The findings show that while many children feel supported and informed, significant challenges remain. These call for a system-wide, preventative approach that is rooted in equity, collaboration, and early intervention.

Moving forward, we are committed to:



Listening and responding to what children are telling us.



Working together across sectors to create healthier environments.



Targeting support where it is needed most to reduce inequalities and improve outcomes.



We are using these insights to strengthen our local health and wellbeing offer for children, families, schools, and communities. By continuing to listen to children and monitor trends, we aim to shape more responsive and equitable services in partnership with others, we can ensure that every child in RBKC has the opportunity to be healthy, safe, and thrive.

2024/25 Annual Public Health report

Last year the public health report focussed on oral health. Below is a reminder of the issue, and an update on achievements made since the report was published.

Concern:

One in four 5-year-olds in RBKC have experienced tooth decay.

Challenge:

Access to NHS dental care remains difficult for many, worsened by the pandemic.

Inequality:

Poor oral health disproportionately affects communities affected by the cost of living, rough sleeping, unemployment, and lower educational attainment.

Need:

Visible, accessible, and inclusive oral health promotion across all life stages, focusing on people with Special Educational Needs and Disabilities (SEND).



Key achievements:

1

Integrated oral health promotion

- Embedded oral health messaging across services such as early years settings promoting simple, effective messaging: brushing twice daily, spitting not rinsing, reducing sugar, and regular dental visits.
- Delivered Oral Health training to staff working with children, young people and vulnerable groups to convey clear and consistent oral health messages.
- Launched supervised toothbrushing in early years settings in deprived areas, training staff to support daily brushing for 3–4-year-olds and encouraging parents to continue the habit at home.

2

Community-led initiatives

- Community and Maternity Champions partnered with NHS Oral Health Promotion Team to deliver advice and support on toothbrushing, healthy eating and visiting the dentist to local families.
- Expanded outreach through Family Hubs to educate parents and children.

3

Supporting vulnerable groups

- Piloted specialist dental care in care homes, including staff training and tailored services.
- Focused on reducing inequalities by targeting groups with the greatest need such as homelessness, women in shelters, Looked After Children and people with SEND.

4

Working together

- Collaborated with NHS, London Dental Committee, and North West London Integrated Care Board to improve access and quality of dental services.

Next steps

We're committed to:

- Continuing to embed oral health into everyday services.
- Expanding community partnerships.
- Advocating for improved dental access for all residents.

Please see the following videos for more information on our work around oral health:

Oral Health through Family Hubs

This video shows the partnership work between the Church Street Family Hub and the Oral Health Promotion team at a stay and play session. In the video they are talking with parents and children about how to look after their teeth.



www.youtube.com/watch?v=PD-CRT2Qsu8



Supporting those experiencing homelessness to keep their teeth healthy

This video shows the work of the Community Dental Service supporting people experiencing homelessness at the Refettorio Felix at St Cuthbert's. In the video you can learn about the first-hand experience of oral health by a user of the centre and further challenges caused by homelessness and the support offered to overcome them.



www.youtube.com/watch?v=xHQznJrgQvE





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