BROMLEY CHILDREN AND YOUNG PERSON JOINT STRATEGIC NEEDS ASSESSMENT 2026

Section 3:

Children and Young People with Emerging Needs

Jocelyne Noubiap
Dr Jenny Selway

For more information visit www.bromley.gov.uk/JSNA or contact JSNA@bromley.gov.uk

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1. Emerging health and lifestyle issues

a) Children and young people who smoke

The Schools Health Education Unit (SHEU) survey gathers information from primary and secondary school pupils about their health, wellbeing and lifestyle behaviours. The survey has been developed over more than 40 years with input from health and education professionals and has been completed by over one million pupils nationally. In the last decade, more than 4,000 schools and colleges have taken part. The findings can support local planning and can also be used in schools to encourage discussion with young people.

In Bromley, the survey included pupils in Years 8 and 10. The sample included 606 Year 8 boys, 653 Year 8 girls, 812 Year 10 boys and 712 Year 10 girls. A small number of pupils identified as non-binary, described their gender in another way, or did not answer the question. These pupils are included in overall figures but not in tables or charts split by sex. In addition, 3% of pupils said their gender was different from the sex they were assigned at birth, and pupils' self-described gender is used in the analysis.

The proportion of pupils who have ever smoked or currently smoke has not significantly changed since 2024 (10% in 2024 and 9% in 2026), and regular smoking has gone from 2% to 1%. Recent smoking remains uncommon, with only 1% of pupils saying they were occasional or regular smokers and had smoked in the week before the survey (Table 3.1).

Among the small group of regular smokers, fewer pupils said they would like to give up than in 2024: 19% compared with 25%. Because this is based on a very small number of pupils, it should be interpreted cautiously, but it may suggest that some regular smokers are less motivated to stop or may need more tailored support. This is of concern as two thirds of smokers start smoking before the age of 18 years.

Table 3.1: Smoking rates in Years 8 and 10 pupils in Bromley, 2026

	Year 8 Male	Year 8 Female	Year 10 Male	Year 10 Female	Year 8	Year 10	Male	Female	ALL
Never smoked	96%	96%	91%	85%	96%	87%	93%	90%	91%
Smoked once or twice	3%	3%	6%	10%	3%	8%	5%	7%	6%
Ex-smoker	1%	0%	2%	2%	1%	2%	1%	1%	1%
Occasional smoker (less than 1 cigarette a week)	0%	0%	0%	2%	0%	1%	0%	1%	1%
Regular smoker (more than 1 cigarette a week) and would like to give it up	0%	0%	0%	0%	0%	0%	0%	0%	0%
Regular smoker and don't want to give it up	0%	0%	1%	1%	0%	1%	1%	1%	1%
Total Sample (Count)	606	653	812	712	1302	1584	1418	1365	2886

Source: SHEU survey, 2026

Vaping remains much more common than smoking: one in five pupils have tried vaping, although this has reduced from 24% in 2024 to 20% in 2026. However, regular vaping has increased slightly from 3% to 4%, suggesting that while experimentation may be falling, a small group of pupils may be continuing to vape more frequently (Table 3.2).

Table 3.2: Vaping rates in Years 8 and 10 pupils in Bromley, 2026

	Year 8 Male	Year 8 Female	Year 10 Male	Year 10 Female	Year 8	Year 10	Male	Female	All
I have never used them	91%	87%	79%	66%	89%	72%	84%	76%	80%
I have tried them	7%	10%	15%	24%	9%	20%	12%	17%	15%
I use one occasionally (less than once a week)	1%	1%	2%	3%	1%	2%	1%	2%	2%
I use one regularly (at least once a week)	1%	1%	4%	7%	1%	6%	3%	4%	4%
Total Sample (Count)	606	653	812	712	1302	1584	1418	1365	2886

Source: SHEU survey, 2026

Overall, the figures suggest that traditional smoking is declining and remains uncommon among pupils, while vaping is still the more prominent issue. The reduction in pupils trying vaping is encouraging, but the slight rise in regular vaping indicates a need to maintain prevention work and targeted support for pupils who are already using vapes regularly.

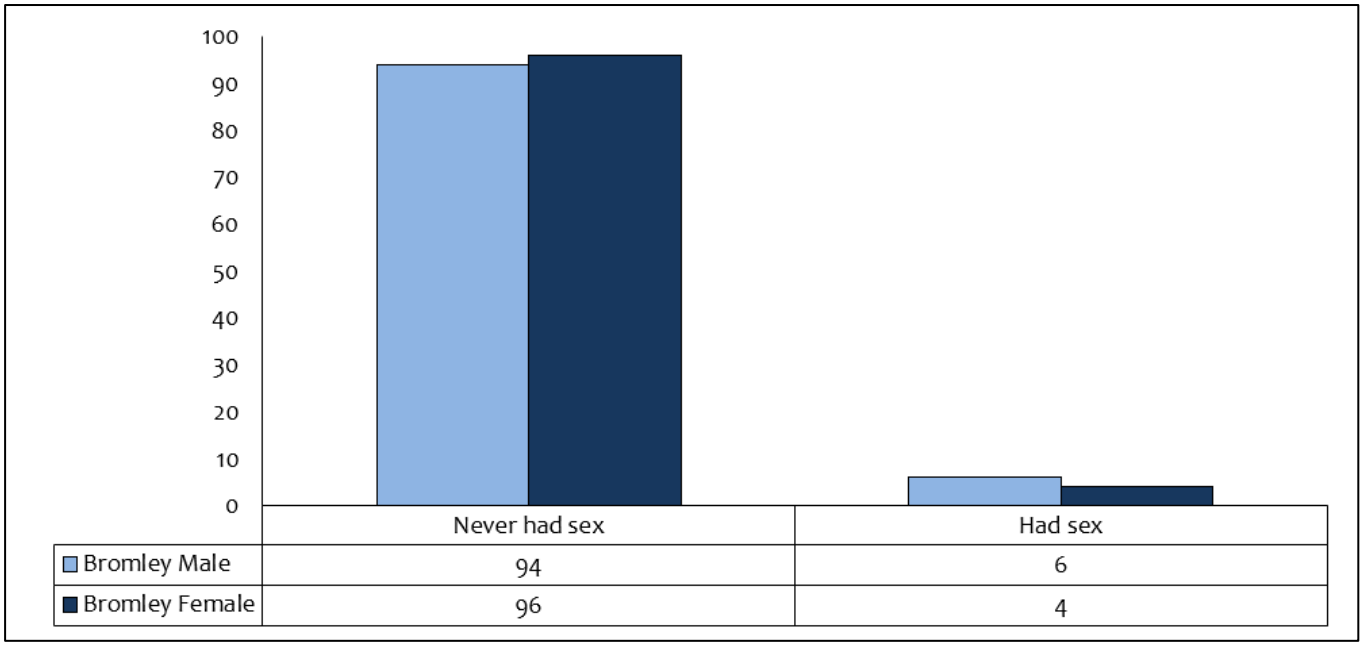
The 2026 SHEU findings for Bromley are broadly consistent with recent national evidence showing that youth vaping remains more common than smoking but may have plateaued. In Bromley, 20% of pupils had tried vaping and 4% reported regular use. Nationally, the latest NHS Digital survey[1] of 11-15-year-olds in England found that 25% had tried vaping and 9% were regular or occasional users in 2023, while in a national YouGov survey in 2026 of 11-17-year-olds in Great Britain found that 19% had tried vaping and 6% currently vaped[2].

What this means for children and young people in Bromley

- Smoking among pupils in Bromley is low and continuing to fall, with regular smoking now reported by only 1% of pupils. Use of electronic cigarettes or vaping appears to have stopped rising.
- Vaping is now the more significant issue than smoking, with one in five pupils having tried vaping and 4% using vapes regularly.
- Bromley's vaping levels are broadly in line with national patterns, with local experimentation being consistent with recent national findings and regular use lower than some England estimates.

b) Children and young people who need sexual health services

Figure 3.1: Proportion of Year 10+ pupils who are in or have been in a sexual relationship



Source: SHEU survey, 2026

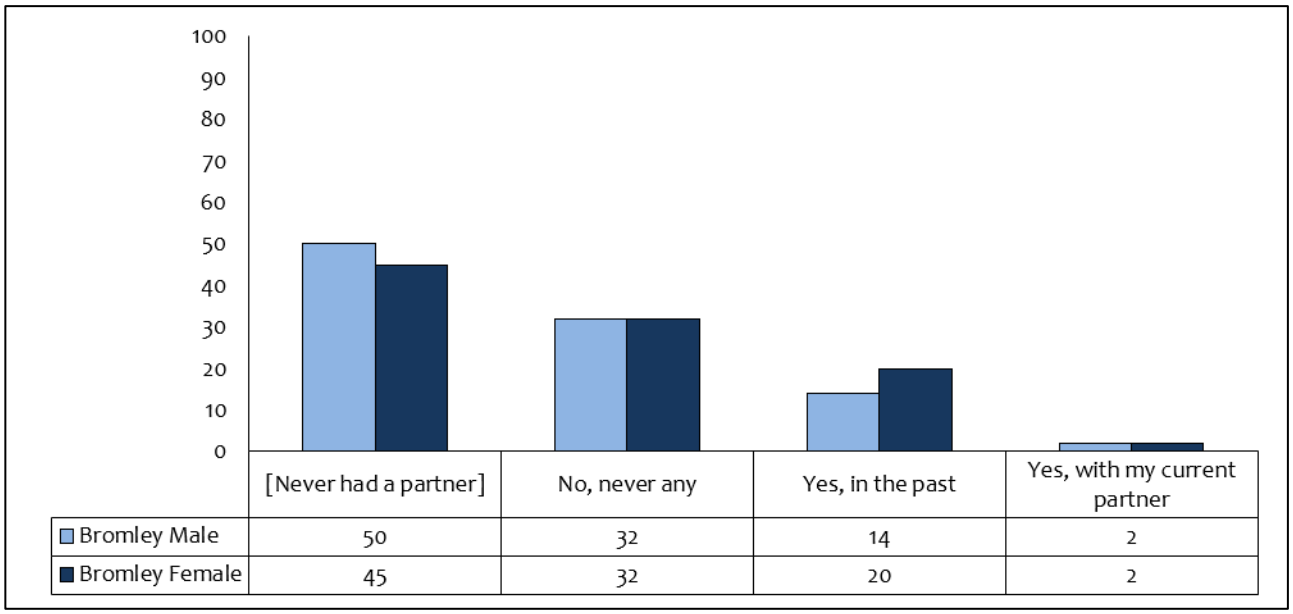
The SHEU survey of year 10 pupils highlighted that:

- 6% of Year 10+ pupils reported that they had had sex, compared with 5% in 2024.
- Among all Year 10+ pupils, 2% reported that they had had sex and always used a condom, unchanged from 2024.
- Among the 82 pupils who reported having had sex in 2026, 32% said they had always used a condom (33% in 2024). A further 13% were unsure whether they had always done so, compared with 16% in 2024.
- Risk-taking linked to alcohol or drug use was reported by a small proportion of all Year 10+ pupils: 2% said they had taken sexual risks that could result in infection or pregnancy after drinking alcohol or using drugs, unchanged from 2024.
- Among pupils who had had sex, 34% reported taking sexual risks after drinking alcohol or using drugs, compared with 38% in 2024. A further 11% were unsure whether they had done so.

The proportion of Year 10+ pupils reporting sexual activity remains low, but among those who are sexually active, consistent condom use and risk-taking associated with alcohol or drug use remain important areas for prevention and support.

Just over half of pupils (52%; 48% in 2024) said they had had a boyfriend, girlfriend or partner. This was broadly similar across Year 8 and Year 10 pupils, although Year 10 girls were the most likely group to report having had a partner.

Figure 3.2: Percentage of pupils who reported experiencing at least one controlling or coercive behaviour in a relationship



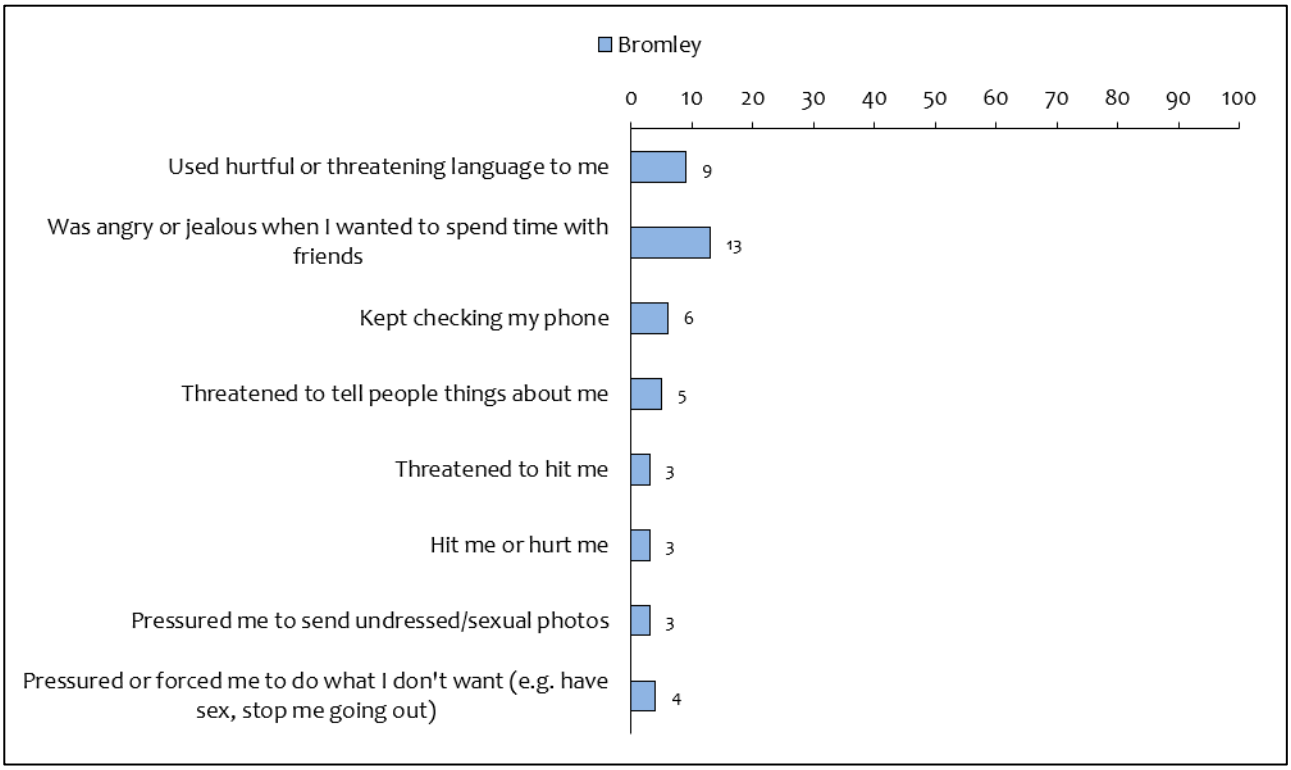
	[Never had a partner]	No, never any	Yes, in the past	Yes, with my current partner
Bromley Male	50	32	14	2
Bromley Female	45	32	20	2

Source: SHEU survey, 2026

Figure 3.2 shows that 19% of 1,251 pupils reported experiencing at least one controlling or coercive behaviours while in a relationship with a boyfriend, girlfriend or partner (20% 795 pupils in 2024). Among the 1,251 pupils who had had a partner (795 in 2024), 36% said they have experienced at least one of the controlling behaviours listed in Figure 3.3 while in a relationship (42% in 2024).

Experiences of controlling or coercive behaviour varied by year group and sex. Among Year 8 pupils, the proportions were similar for boys and girls, with 15% of boys and 14% of girls reporting at least one such experience. Rates were higher in Year 10, particularly among girls: 18% of Year 10 boys and 28% of Year 10 girls reported experiencing at least one controlling or coercive behaviour in a relationship. Essentially, the figures have remained broadly similar to 2024, although these experiences remain common among pupils who have had a partner. The higher rate among Year 10 girls is particularly notable.

Figure 3.3: Percentage of pupils responding that the following things have happened to them in a relationship with a boyfriend/girlfriend/partner:



Source: SHEU survey, 2026

Pupils were also asked how they would respond if they experienced any of the behaviours listed in Figure 3.3. Overall, 29% said they would look after themselves without help (41% in 2024), while 26% said they would not (20% in 2024). This suggests that fewer pupils now say they would manage the situation independently, while a higher proportion say they would not do so without support. Year 10 boys were the most likely group to say they would manage the situation without help (37%), followed by Year 10 girls (30%), Year 8 boys (24%) and Year 8 girls (22%). This suggests that older pupils, particularly boys, were more likely to say they would deal with the situation independently.

Specific controlling or coercive behaviours were also reported by a minority of pupils. 5% said that their boyfriend, girlfriend or partner had threatened to tell people things about them, compared with 6% in 2024. A further 9% said that their boyfriend, girlfriend or partner had used hurtful or threatening language towards them, unchanged from 9% in 2024.

In terms of help-seeking awareness, 57% of pupils said they would know where to get help if they experienced any of these behaviours, unchanged from 57% in 2024. However, 12% said they would not know where to get help, also unchanged from 12% in 2024.

The decline in pupils saying they would manage such situations without help may indicate greater recognition of the need for support, but the proportion who do not know where to seek help remains unchanged, highlighting the importance of continued education on healthy relationships, coercive control and sources of support.

b) Sexual harassment by another student

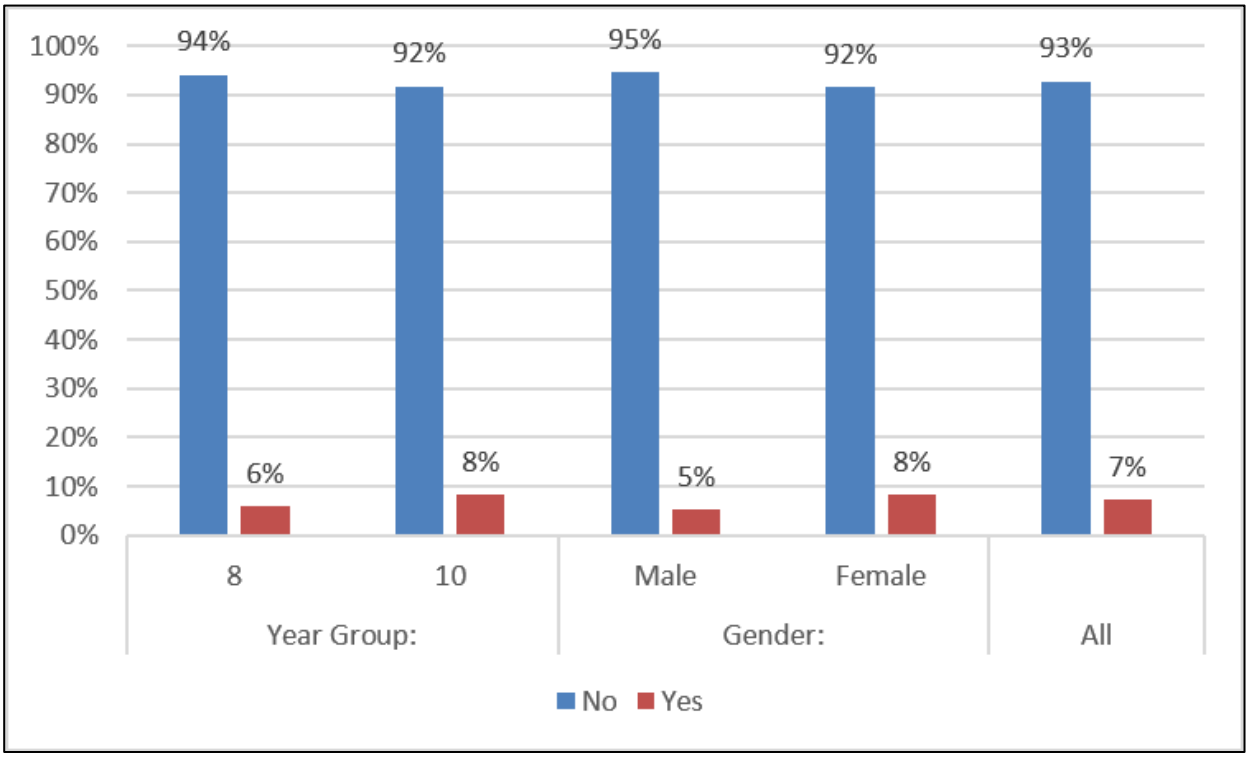
The reported experiences of sexual harassment at school or online from another student have decreased since 2024. Overall, 5% of males reported being a victim of sexual harassment in the last 12 months, compared with 7% in 2024. Among females, the proportion was higher, with 8% reporting this experience, down from 11% in 2024. This shows that girls continue to be more likely than boys to report sexual harassment, although rates have fallen for both groups.

The findings also suggest that many pupils who experience sexual harassment do not formally report it. 3% of pupils said they had experienced sexual harassment and ignored it, compared with 4% in 2024. Only 1% said they had reported the incident to a member of staff, unchanged from 2024. This indicates that, while the overall proportion reporting harassment has reduced, under-reporting or non-disclosure to school staff remains an important concern.

A small proportion of pupils reported that the situation had not improved. 1% of pupils said they had experienced sexual harassment and that the problem had either got worse or stayed the same, unchanged from 2024. Although this is a small percentage, it is important because it suggests that some pupils may continue to experience unresolved harassment.

Overall, the figures suggest an improvement since 2024, with fewer boys and girls reporting sexual harassment from another student. However, girls remain more likely than boys to report these experiences, and the low level of reporting to staff suggests that schools may need to continue strengthening pupils' confidence in seeking help, ensuring clear reporting routes, and promoting a culture where harassment is recognised, challenged and addressed.

Figure 3.4: Percentage of pupils that have experienced sexual harassment at school or online from another student in the last 12 months.



Source: SHEU survey, 2026

c) Sexually Transmitted Infections (STIs)

Sexual ill-health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions. A total of 2,186 new STIs were diagnosed in residents of Bromley in 2024, of which 1,718 were in children and young people (25 years and younger).

Table 3.3: Rate of new STI diagnoses (excluding chlamydia diagnoses) per 100,000 population aged 24 years and under, London: 2025

Indicator	Period	Bromley			London	England
		Recent Trend	Count	Rate per 100,000	Rate per 100,000	Rate per 100,000
New STI diagnoses (exc chlamydia aged <25) / 100,000	2024	↑	1,718	519	1,182	482

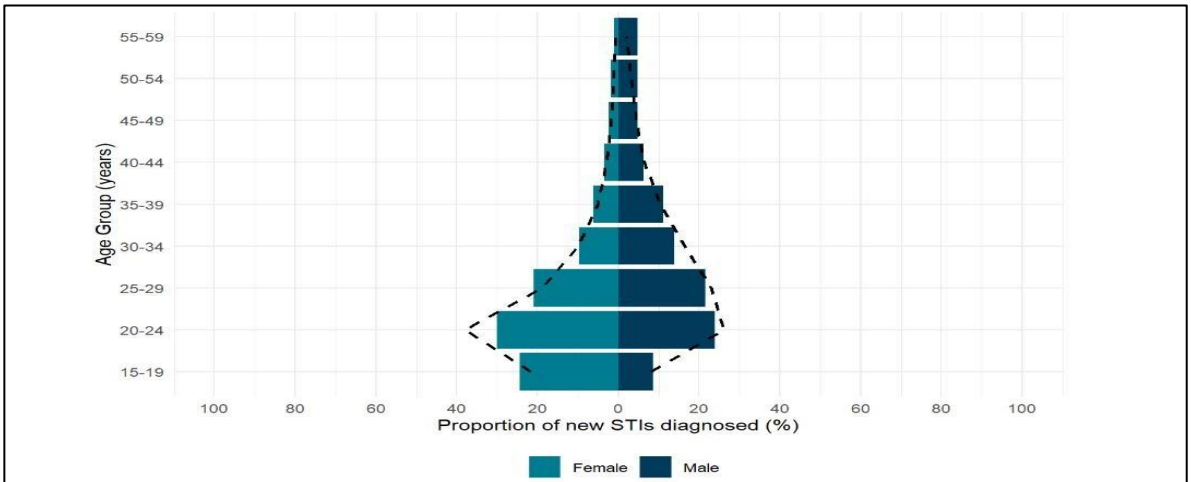
Source: OHID fingertips 2024

Table 3.3 shows that in 2024, the rate of new STI diagnoses excluding chlamydia among under-25s in Bromley was 519 per 100,000 population. This rate is substantially lower than the London rate (1,182 per 100,000) and very similar to the England average (482 per 100,000). The table indicates an increasing recent trend in Bromley, in line with wider national and London trends for non-chlamydia STIs. This suggests that while STI diagnoses (other than chlamydia) remain comparatively low in Bromley, there is evidence of rising transmission, reflecting broader patterns seen across England rather than a Bromley-specific issue.

Young people experience the highest diagnosis rates of the most common STIs. This is likely due to greater rate of partner change among 16- to 24-year-old people[1].

As of 2022, higher rates of STIs were diagnosed in young women up to the age of 25, both nationally and locally (Figure 3.5). This is mainly because of women's health seeking behaviour; they are more likely to be tested for STIs. STI rates are similar in men and women aged 25-30, and above the age of 30 higher rates of STIs are diagnosed in men.

Figure 3.5: Proportion of new STIs by age group & gender, Bromley, 2022



Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system.

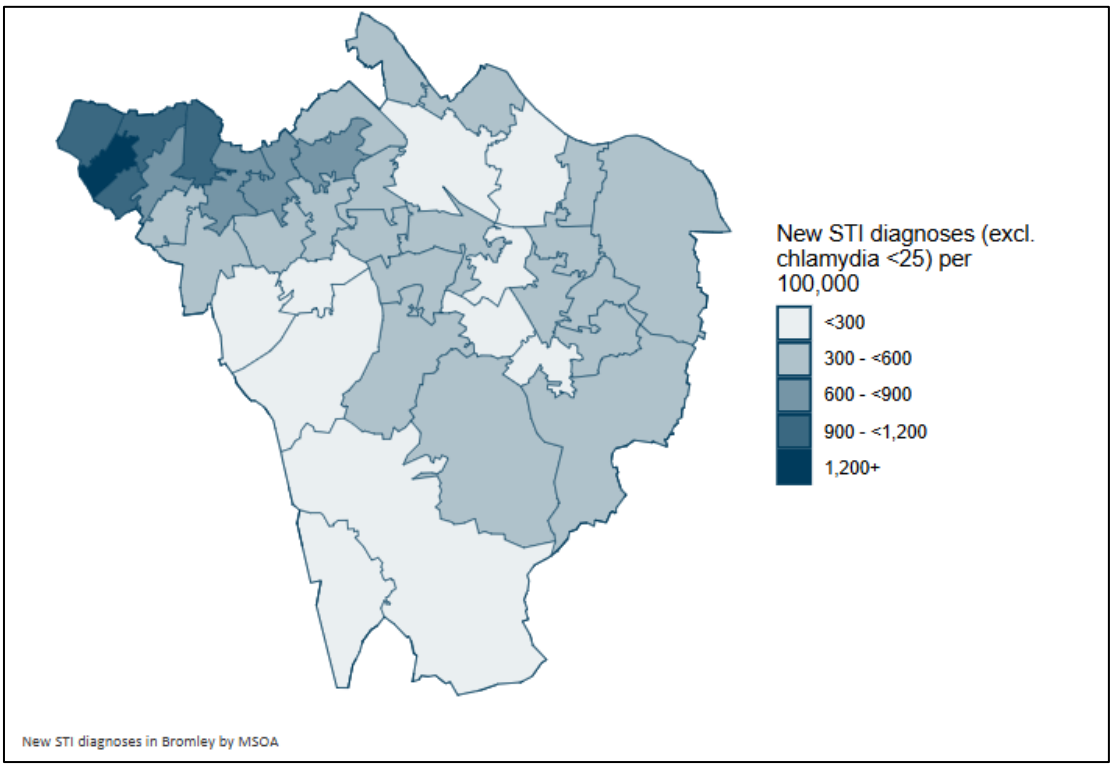
Please note that to prevent deductive disclosure the number of STI diagnoses has been rounded up to the nearest 5.

As a response to the COVID-19 pandemic, since March 2020, the Government implemented national and regional lockdowns and social and physical distancing measures. These measures affected sexual behaviour and health service provision, which is reflected in sexual and reproductive health indicator data. Interpreting data from 2020 should consider these factors, especially when comparing with data from pre-pandemic years.

Source: OHID Fingertips, 2022

The map on Figure 3.6 indicates that higher rates of new STI diagnoses (excluding chlamydia) among under-25s are geographically concentrated in a small number of MSOAs, located in the northwestern wards like Crystal Palace, Penge & Cator, Clock House and Copers Cope (with >900 diagnoses per 100,000). Most other areas in the borough have lower rates, suggesting that risk and/or service use is not evenly distributed.

Figure 3.6: Map of new STI diagnoses (excluding chlamydia in under 25-year-olds) per 100,000 population in Bromley by Middle Super Output Area, 2024



Source: UK Health Security Agency, Summary profile of local authority sexual health report, 2026

Chlamydia detection

The National Chlamydia Screening Programme (NCSP) provides opportunistic screening to sexually active young people aged 15 to 24 years with the aim of increasing the detection of chlamydia and reducing the prevalence of sequelae. This data is shown in Table 3.3 below.

Table 3.4: Chlamydia detection rate per 100,000 population aged 15-24 years, 2026.

Indicator	Period	Bromley			London	England
		Recent Trend	Count	Rate per 100,000	Rate per 100,000	Rate per 100,000
Chlamydia detection rate / 100,000 aged 15 to 24	2025	→	368	1,121	1,206	1,065
Chlamydia detection rate / 100,000 aged 15 to 24 (Male)	2025	→	137	805	935	720
Chlamydia detection rate / 100,000 aged 15 to 24 (Female)	2025	→	221	1,398	1,374	1,348

Source: OHID Fingertips, 2026

Table 3.4 shows that in 2025, the chlamydia detection rate among young people in Bromley was 1,121 per 100,000 population, which is slightly lower than the London rate (1,206 per 100,000) but higher than the England average (1,065 per 100,000). Detection rates were higher in young women than men, a pattern seen locally and nationally. Among young women aged 15-24, Bromley's rate (1,398 per 100,000) was higher than both London and England, while rates among young men (935 per 100,000) were lower than London but higher than England. This pattern suggests effective uptake of opportunistic screening through the National Chlamydia Screening Programme among those at higher risk, rather than higher underlying prevalence, and Bromley's relative position compared with London and England has remained unchanged.

Increasing chlamydia diagnosis rates among 15- to 24-year-olds are largely explained by changes in testing levels through the National Chlamydia Screening Programme (NCSP), although persistently high levels of condomless sex are also likely to contribute. In June 2021 the NCSP refocused on preventing harm from untreated infection, which disproportionately affects young women and others with a womb or ovaries3. Thus, opportunistic screening should prioritise these groups, alongside faster testing and treatment, stronger partner notification and re-testing following treatment. The NCSP data tables provide further detail on testing coverage, positivity and diagnosis rates for people aged 15 to 24.

Because chlamydia is often asymptomatic, higher detection rates generally indicate more effective identification of infections that could otherwise lead to serious reproductive health complications.

In Bromley, the chlamydia detection rate among females aged 15 to 24 in 2024 was 1,755 per 100,000 (275 positive tests out of 3,311 screened), which is below the 3,250 targets. Chlamydia testing coverage for females aged 15 to 24 was 21.1% in Bromley compared with 18.0%

nationally. The detection rate per 100,000 and Bromley's ranking against CIPFA nearest neighbours and England are presented in Table 3.5.

Table 3.5: Chlamydia detection rate per 100,000 population and percentage screened in 15- to 24-year-olds in Bromley and England: 2023 to 2024

	2023	2024	% change 2023 to 2024*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2024‡	Value for England: 2024
Detection rate						
Female	1,978	1,754.6	-11.3%	2	48	1,589
Male	1,102	1,072.0	-2.7%	1	28	837
Total	1,978	1,754.6	-11.3%	2	48	1,589
Proportion screened						
Females aged 15-24	23	21.1	-8.0%	1	34	18

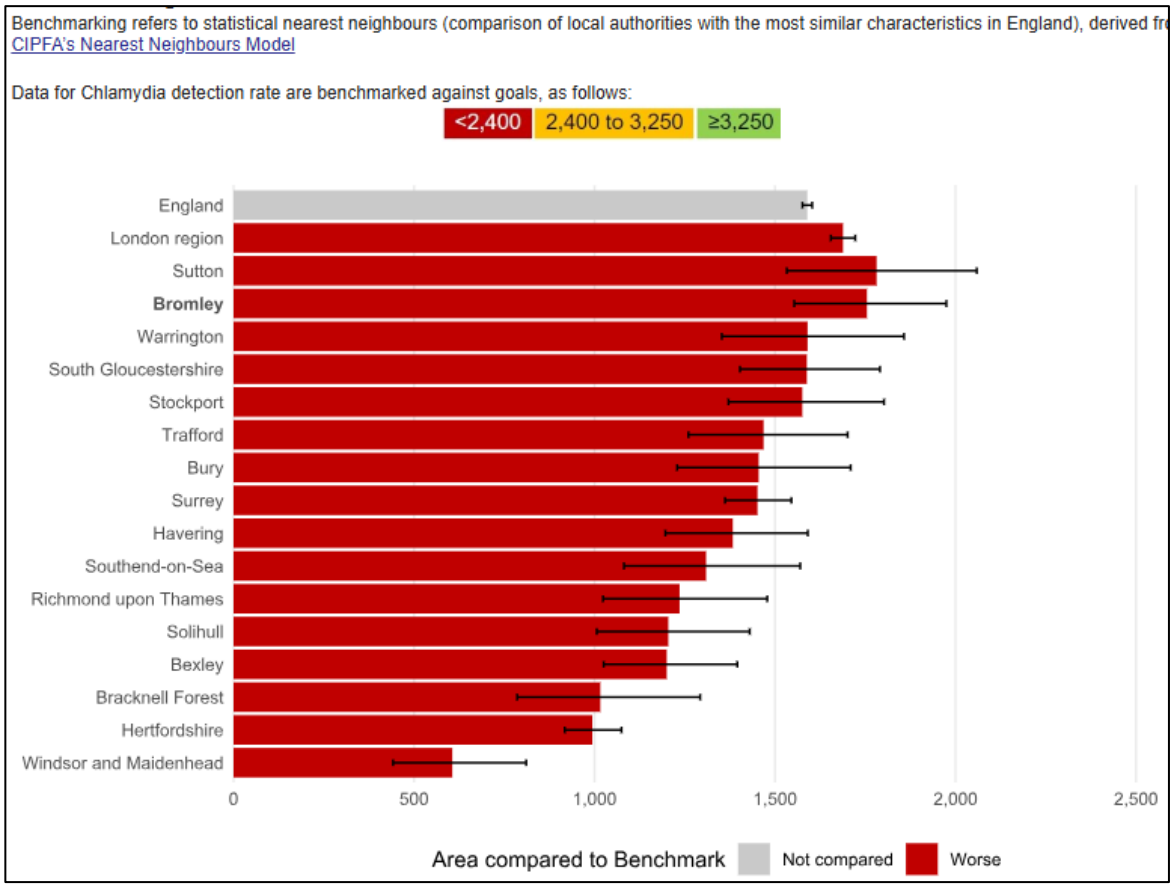
* Percent change proportional to the value in 2023, not a change in percentage points. Percent change not provided where the value in 2023 was 0.
† These are Bromley and its 15 statistical nearest neighbours, excluding those where values were suppressed due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were suppressed due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of local authority names.

Source: UK Health Security Agency, Summary profile of local authority sexual health report, 2026

Variation in rates of chlamydia detection (Figure 3.7) may represent differences in prevalence but are influenced by screening coverage and whether most at risk populations are being reached (i.e. the proportion testing positive).

Figure 3.7 shows how Bromley's chlamydia detection rate (per 100,000 females aged 15-24) compares with 16 similar local authorities and benchmark goals in 2024. Overall, the chart indicates that Bromley is mid-to-lower compared with its statistical neighbours and sits below the benchmark target supporting, the case for strengthening opportunistic testing (especially in young women and others with a womb/ovaries) and reducing time to results and treatment.

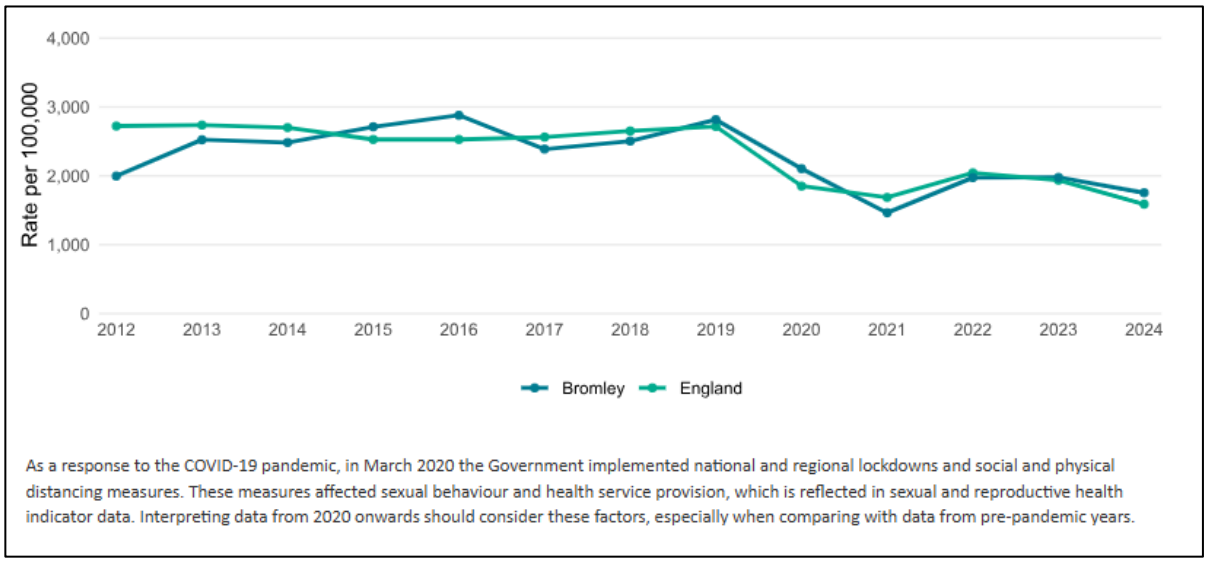
Figure 3.7. Chlamydia detection rate per 100,000 females aged 15 to 24 in 16 similar local authorities compared to benchmark goals: 2024



Source: UK Health Security Agency, Summary profile of local authority sexual health report, 2026

Figure 3.8 indicates that Bromley's detection rate has generally tracked close to (and at times above) the England rate, but it remains well below the recommended detection benchmark referenced in Figure 3.7, suggesting that detection is more likely constrained by screening coverage/reach than indicating low underlying need.

Figure 3.8. Chlamydia detection rate per 100,000 population in 15- to 24-year-olds females in Bromley and England, 2012 to 2024



Source: UK Health Security Agency, Summary profile of local authority sexual health report, 2026

What this means for children in Bromley

- While STI diagnoses (other than chlamydia) remain comparatively low in Bromley, there is evidence of rising transmission, reflecting broader patterns seen across England rather than a Bromley-specific issue.
- Young people experience the highest diagnosis rates of the most common STIs. This is likely due to greater rate of partner change among 16- to 24-year-old people.
- Higher rates of new STI diagnoses (excluding chlamydia) among under 25s are geographically concentrated in a small number of MSOAs, located in the northwestern wards like Crystal Palace, Penge & Cator, Clock House and Copers Cope.
- Chlamydia detection rates were higher in young women than men, a pattern seen locally and nationally.
- In Bromley, Chlamydia detection remains well below the recommended detection benchmark of 2,400 diagnoses per 100,000 population, suggesting that detection is more likely constrained by screening coverage/reach than indicating low underlying need.

d) Abortion

Abortion rates may be indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. In Bromley the total number of abortions in 2023 was 1,560. The total abortion rate per 1,000 female population aged 15 to 44 years was 24.4, similar to the rate in England of 23.4 per 1,000. Bromley's rank (out of 151 UTLAs/UAs) within England for the total abortion rate was 65th highest.

Table 3.6. Abortion figures in Bromley and England: 2022 to 2023

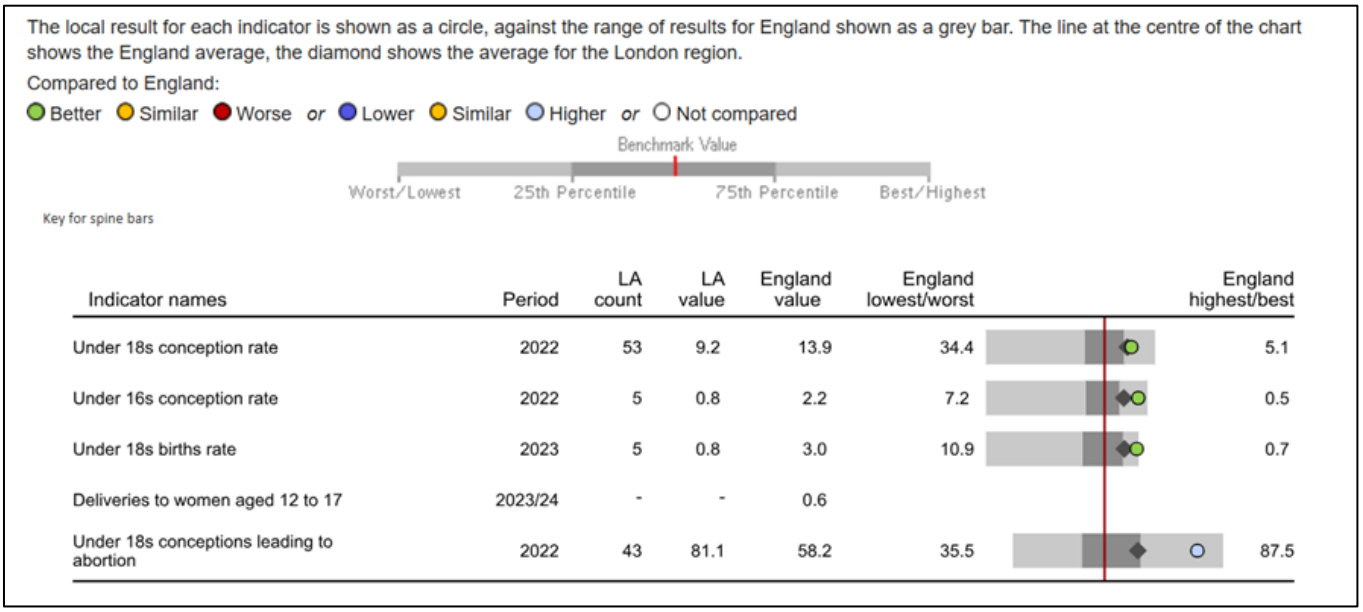
	2022	2023	% change 2022 to 2023*	Rank among 16 similar UTLAs/UAs†	Rank within England: 2023‡	Value for England: 2023
Rates						
Total abortion rate / 1000	22.5	24.4	8.5%	7	65	23.4
Under 18s abortions rate	6.8	5.9	-13.2%	11	120	7.8
Over 25s abortion rate / 1000	20.8	22.5	8.1%	7	57	21.6
Percentages						
Under 25s repeat abortions (%)	29.9	37.0	23.7%	1	3	29.0
Under 25s abortion after a birth (%)	14.0	10.5	-25.0%	15	143	21.5

* Percent change proportional to the value in 2022, not a change in percentage points. Percent change not provided where the value in 2022 was 0.
† These are Bromley and its 15 statistical nearest neighbours, excluding those where values were *suppressed* due to small numbers. First rank has the highest value. Nearest neighbours are derived from CIPFA's Nearest Neighbours Model.
‡ Out of 151 UTLAs/UAs in England, excluding those where values were *suppressed* due to small numbers. City of London and Isles of Scilly are always excluded. First rank has the highest value. Where the value was 0, ranks are based on order of

Source: UK Health Security Agency, Summary profile of local authority sexual health report, 2026

The total abortion rate per 1,000 women aged 15 to 44 years in 2023 was 24.4 in Bromley, similar to the England rate of 23.4 per 1,000. Of those women under 25 years who had an abortion in 2023 the proportion who had previously had an abortion was 37.0% higher than 29.0% in England.

Figure 3.9: Key conception indicators in Bromley UTLAs/UAs compared to the rest of England: 2023



Indicator names	Period	LA count	LA value	England value	England lowest/worst	England highest/best
Under 18s conception rate	2022	53	9.2	13.9	34.4	5.1
Under 16s conception rate	2022	5	0.8	2.2	7.2	0.5
Under 18s births rate	2023	5	0.8	3.0	10.9	0.7
Deliveries to women aged 12 to 17	2023/24	-	-	0.6		
Under 18s conceptions leading to abortion	2022	43	81.1	58.2	35.5	87.5

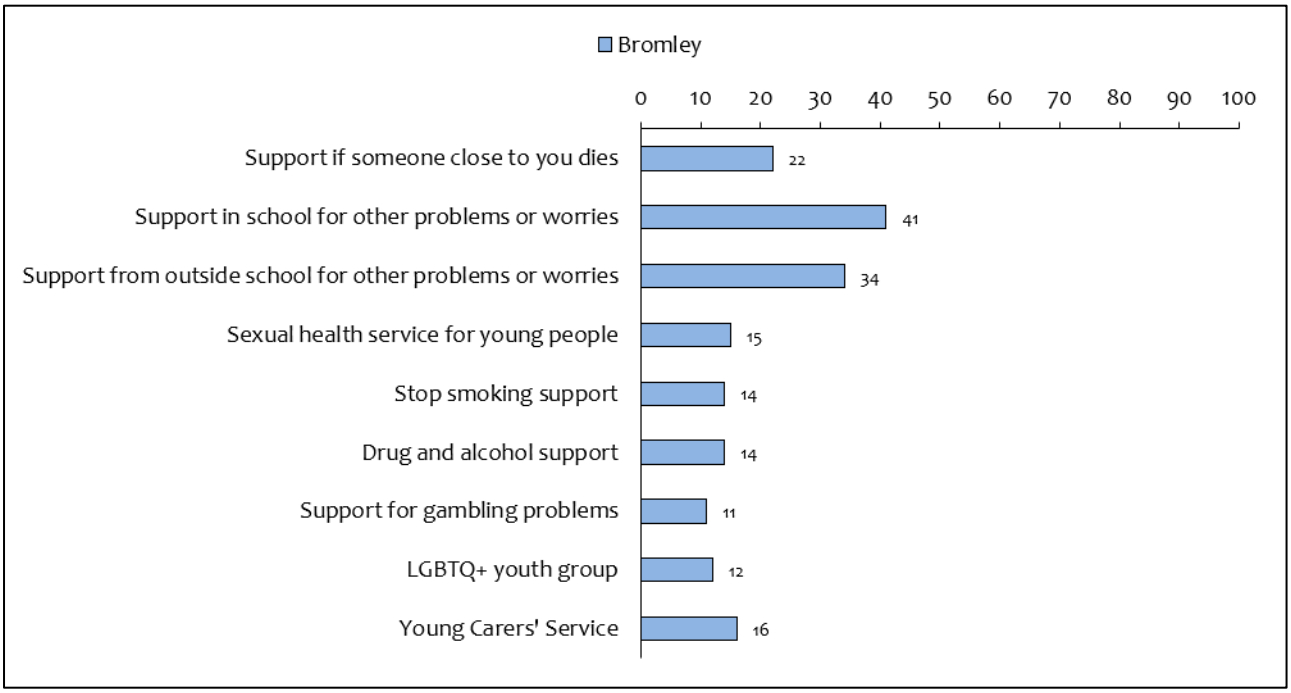
Source: UK Health Security Agency, Summary profile of local authority sexual health report, 2026

The high proportion of under-18 conceptions ending in abortion in Bromley (81.1%) suggests that many young people may not be accessing effective contraception early enough to prevent unintended pregnancy. This aligns with the SHEU survey findings, which indicate relatively low awareness of how to access local sexual health services (Figure 3.10).

e) Access to services

The SHEU survey of Year 10+ pupils in 2026 showed that awareness of local services was mixed, with school-based support being the most recognised service. Overall, 41% of pupils said they knew how to use or had used support in school for other problems or worries, while 34% said the same for support from outside school. Awareness was lower for more specialist services: only 15% knew how to use or had used a sexual health service for young people, 14% reported this for stop smoking support, 14% for drug and alcohol support, 13% for bereavement support, 12% for LGBTQ+ youth groups, 16% for Young Carers' Service and 11% for support with gambling problems. A substantial proportion of pupils had never heard of several services, particularly support for gambling problems (46%), LGBTQ+ youth groups (44%), sexual health services (39%), stop smoking support (39%) and bereavement support (39%). Overall, the findings suggest that while pupils are relatively more aware of support available within school, many have limited knowledge of wider local and specialist services, including sexual health and substance misuse support. This lack of knowledge about services outside their school (Figure 3.10) is of concern.

Figure 3.10. Percentage of pupils responding that they at least 'know how to use' the local services, Bromley, 2026



Source: SHEU survey, 2026

What this means for children in Bromley

- Only 15% knew how to use or had used a sexual health service for young people, 14% reported this for stop smoking support, 14% for drug and alcohol support, 13% for bereavement support, 12% for LGBTQ+ youth groups, 16% for Young Carers' Service and 11% for support with gambling problems
- The high proportion of under-18 conceptions ending in abortion in Bromley (81.1%) suggests that many young people may not be accessing effective contraception early enough to prevent unintended pregnancy. This aligns with the SHEU survey findings, which

f) Domestic and sexual violence

Table 3.7 shows Metropolitan Police data on sexual offences in Bromley, Sutton (a statistical neighbour) and London between September 2022 and August 2023. There has been a decrease in sexual offences in Bromley from 1.9 per 1,000 in 2021/22 to 1.4 per 1,000 in 2024. All rates are lower than the rates for London. Analysis by age group is not possible with the available data.

Table 3.7 Sexual violence in Bromley and comparators, September 2022 to August 2023

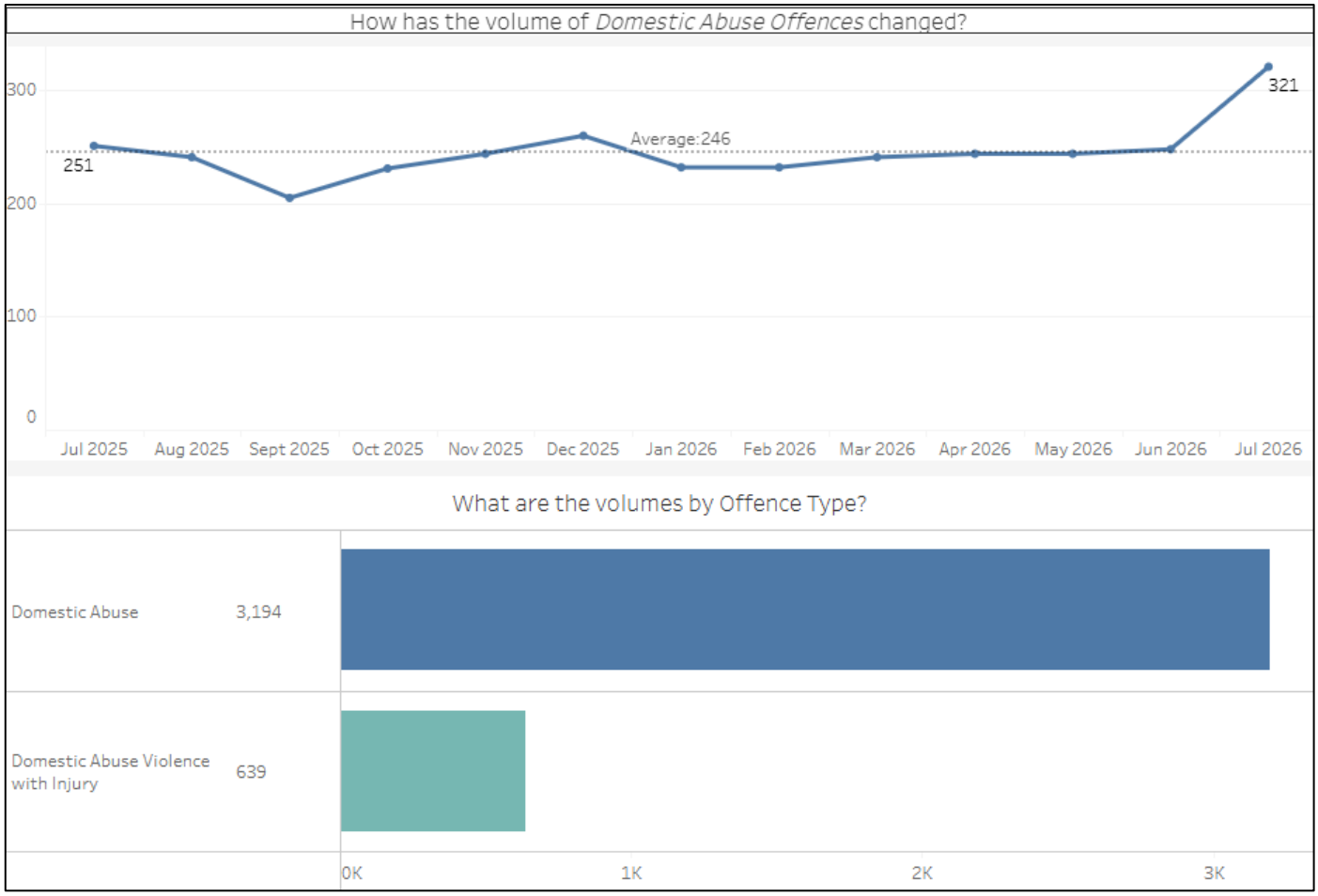
	Rate of sexual violence (per 1,000 population)		
	Bromley rate (number of events)	Sutton rate (number of events)	London rate
All sexual violence	2.1 (694)	2.2 (469)	2.9
Rape offences	0.7 (239)	0.7 (147)	1.1
Other sexual offences	1.4 (455)	1.5 (322)	1.8

Source: MOPAC, 2024

The domestic and sexual violence dashboard provides contextual evidence on the wider risk environment for children and young people in Bromley. The recorded rate of domestic abuse offences was 8.4 per 1,000 population in Bromley, with three of the last seven months being above the borough average (321 offences in July 2026), indicating short-term fluctuation rather than a clear trend.

Recorded offences are unevenly distributed across the borough, with a small number of wards accounting for a disproportionate share. Cray Valley West, Penge and Cator, Cray Valley East, Bromley Town and Crystal Palace together account for around 40% of recorded offences, suggesting place-based concentrations of risk.

Figure 3.11: Number of domestic abuse offences in Bromley, July 2025- July 2026



Source: Monthly Crime Data New Cats, Metropolitan Police Service, 2026

Figure 3.11 shows that there were 3,194 recorded domestic abuse offences in Bromley between July 2025 and July 2026, equivalent to 9.6 offences per 1,000 population. Of these, 639 were domestic abuse violence-with-injury offences, meaning that around one in five recorded domestic abuse offences involved violence with injury. Monthly recorded offences were generally stable across most of the period, averaging 246 offences per month, with most months ranging between 204 and 260 offences. However, July 2026 was notably higher, with 321 estimated offences, well above the monthly average.

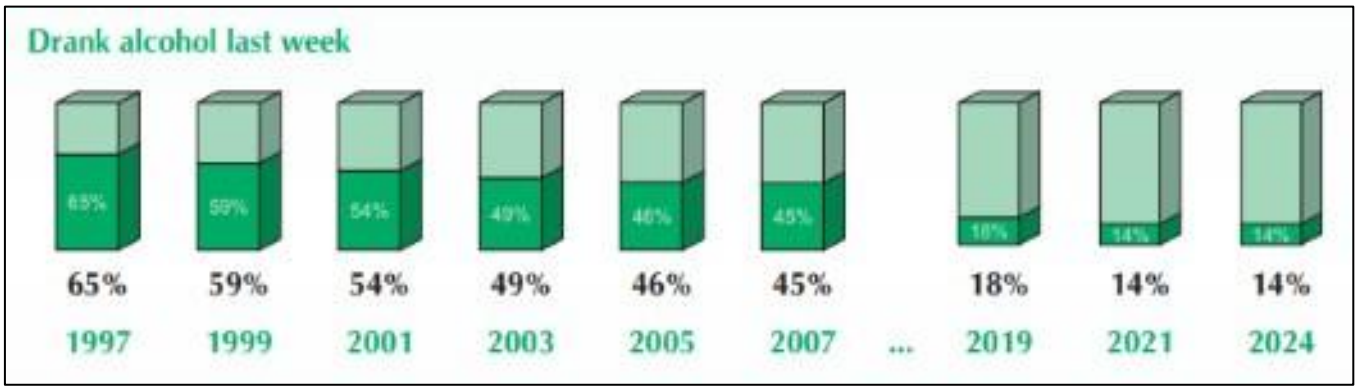
These figures should be interpreted cautiously because they reflect police-recorded offences rather than true prevalence. Domestic abuse is known to be under-reported, and changes over time may reflect reporting behaviour, policing activity, recording practices and service accessibility as well as changes in underlying incidence. Nevertheless, the sustained level of recorded offences at 9.6 per 1,000 population indicates that domestic abuse remains a significant contextual risk factor for children and young people in Bromley, particularly where children are exposed to domestic abuse within the household or wider community.

What this means for children in Bromley

Domestic abuse remains a significant contextual risk factor for children and young people in Bromley, particularly where children are exposed to domestic abuse within the household or wider community.

g) Alcohol consumption

Figure 3.12. Long term trends in alcohol consumption in young people in Bromley



Source: SHEU surveys 1997 to 2024

Alcohol use among pupils in Bromley remains relatively low overall, with 11% of the 2,886 pupils surveyed reporting that they had drunk alcohol in the seven days before the survey, while 89% had not (Figure 3.12). Drinking was much more common among Year 10 pupils than Year 8 pupils, rising from 5% in Year 8 to 15% in Year 10, which suggests that alcohol use increases with age. Differences by gender were small overall, with 10% of boys and 10% of girls reporting recent drinking. Most pupils in both year groups reported no alcohol use in the previous week, including 95% of Year 8 pupils and 85% of Year 10 pupils. Alongside this, 44% of pupils said they found school lessons about alcohol education quite or very useful, but usefulness appeared lower among older pupils, particularly Year 10 girls, and a minority either found lessons not useful or could not remember receiving them. This suggests that while recent alcohol use is not widespread, prevention messages may need to remain age-appropriate and relevant, especially for older pupils as exposure to alcohol increases.

Table 3.8: Alcohol consumption in week before SHEU survey, Bromley, 2026

	Year 8 Male	Year 8 Female	Year 10 Male	Year 10 Female	Year 8	Year 10	Male	Female	All
No	95%	96%	86%	85%	95%	85%	90%	90%	89%
Yes	5%	4%	14%	15%	5%	15%	10%	10%	11%
Total Sample (Count)	606	653	812	712	1302	1584	1418	1365	2886

Source: SHEU survey, 2026

Binge drinking

Heavy drinking is more common in higher-income households, but alcohol-related harm is disproportionately experienced by people living in more deprived areas, as reflected in higher rates of hospital admission. There is also evidence that parental drinking attitudes and behaviours are associated with child harm, including adolescent drinking behaviour[4].

Binge drinking is typically defined in UK sources as consuming more than 8 units of alcohol in a single session for men and more than 6 units for women[5].

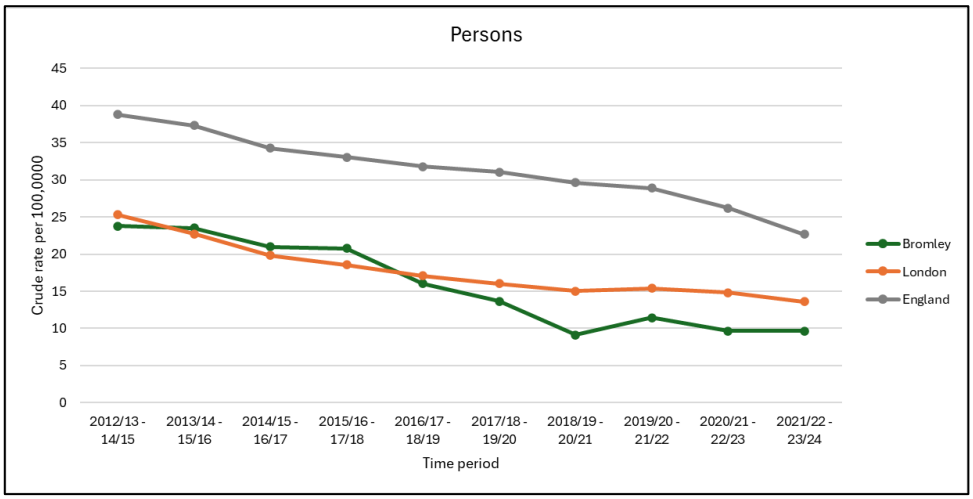
National data indicate that heavy episodic drinking among young adults has fallen over the long term, particularly among young men, although more recent patterns are less consistently downward for women. Recent England survey data continue to show that alcohol use among children and young people remains a significant public health issue and 77% of adults had drunk alcohol in the last 12 months. A higher proportion of men than women had drunk alcohol in the last week (50% of men and 38% of women). Men (27%) were also more likely than women (15%) to drink at levels that put them at increasing or higher risk of alcohol-related harm (over 14 units per week)[6].

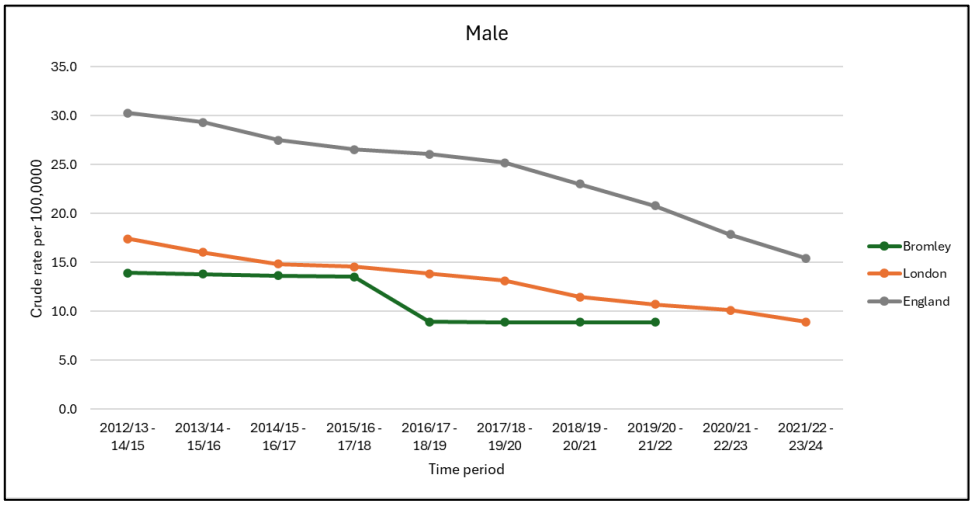
Local substance misuse service data continue to indicate that alcohol is one of the main reasons for young people presenting to treatment services, alongside cannabis.

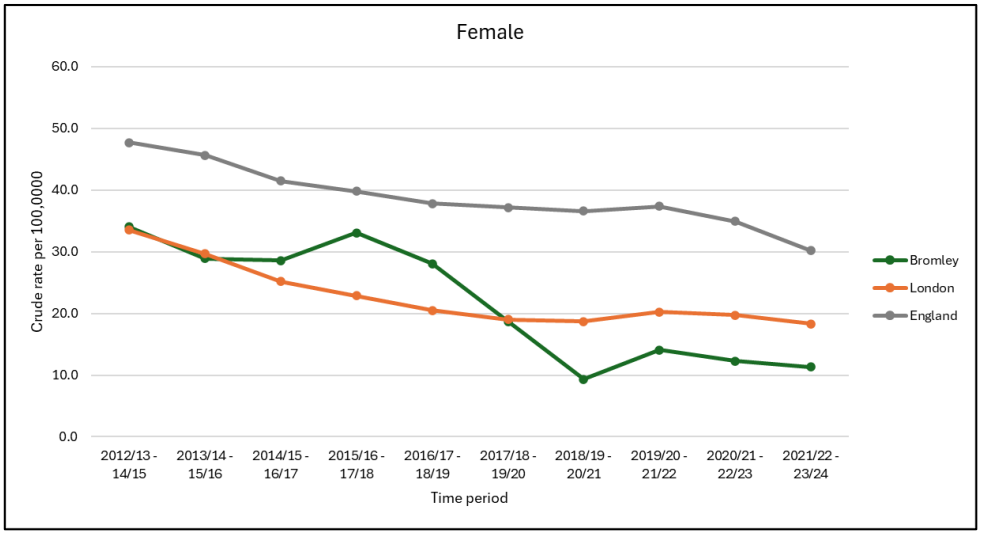
Hospital Admissions: burden of ill-health due to alcohol

The alcohol-specific admission rate for under 18-year-olds in Bromley has been falling for some time and is lower than the rate for London and England (Figure 3.13).

Figure 3.13: Alcohol-related hospital admissions, Bromley and comparators, 2012/13 to 2023/24







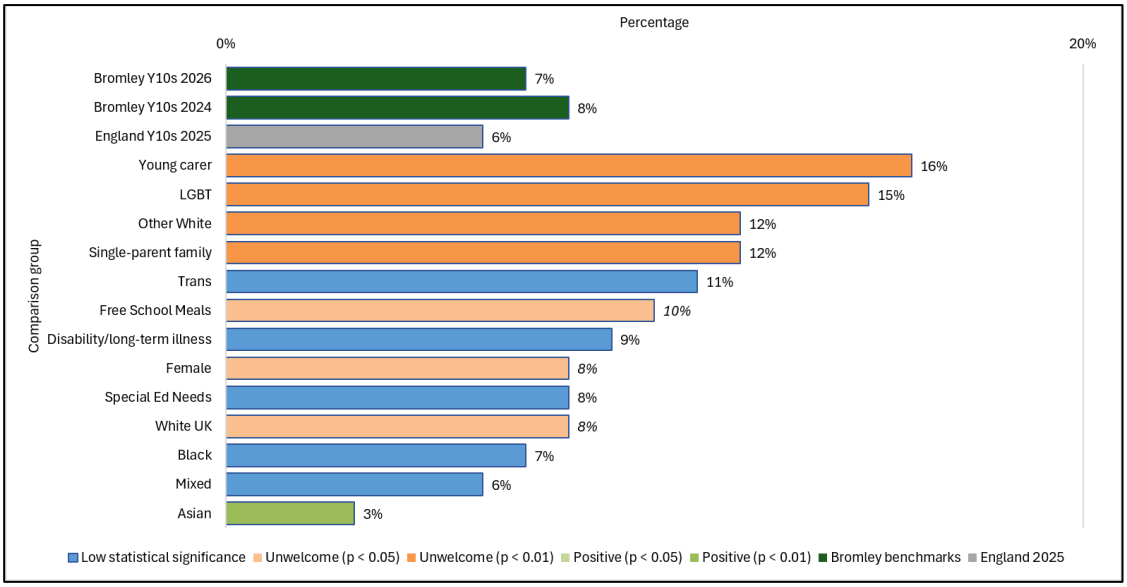
Source: OHID Fingertips, Alcohol Profile, February 2025

h) Drug use in young people

Recent national treatment data for England show that demand for specialist support among children and young people remains substantial. Between April 2024 and March 2025, 16,212 children and young people aged 17 and under were in alcohol and drug treatment, a 13% increase on the previous year, although still well below the peak of 24,494 seen in 2008 to 2009[7]. Cannabis remained the most common substance reported (86%), followed by alcohol (38%), while concerns about ketamine and nitrous oxide continued to rise. The report also highlights the complexity of need among young people entering treatment: early onset substance use and polydrug use were common, almost half reported a mental health treatment need, and girls were more likely than boys to report vulnerabilities such as self-harm and sexual exploitation. Despite these challenges, most young people leaving treatment did so successfully, suggesting that treatment services continue to play an important role in supporting recovery and reducing harm.

The SHEU survey of Year 10 pupils in 2026 showed that 93% of this group had never taken drugs (Figure 3.14). Drug use, including cannabis, was reported by 7% of Year 10 pupils in Bromley in 2026, which is like the 8% in 2024 and 6% among Year 10 pupils in England in 2025. Rates were highest among young carers (16%) and young people identifying as LGBT (15%), followed by Other White pupils and those from single-parent families (both 12%), trans pupils (11%) and pupils receiving Free School Meals (10%). This pattern indicates that substance-use prevention and early support should consider the additional pressures experienced by young carers, LGBT young people and other vulnerable groups.

Figure 3.14: SHEU survey Bromley 2026: Percentage of pupils that used drugs

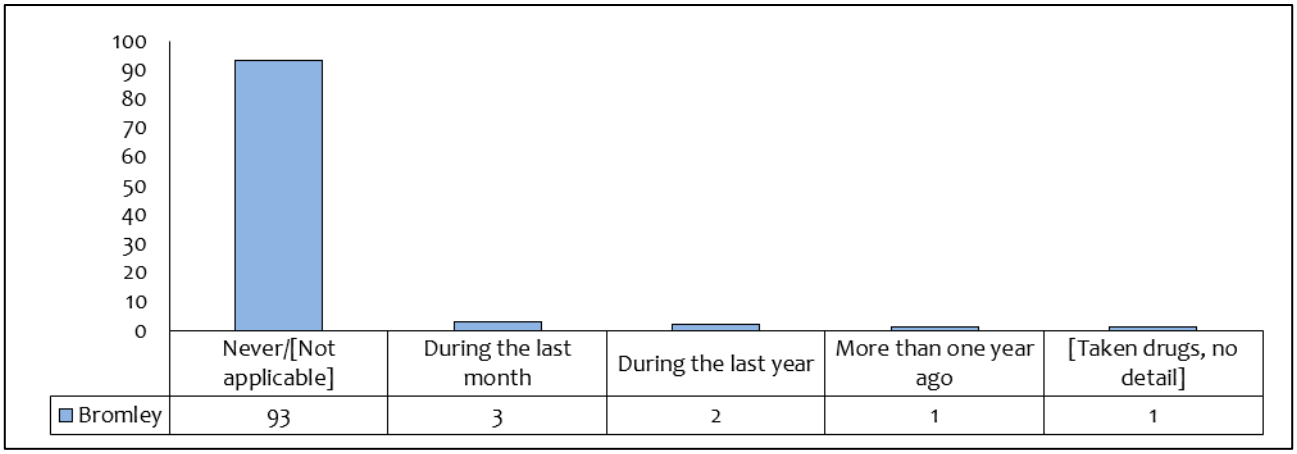


Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

Figure 3.15 shows that 7% of Year 10+ pupils reported that they have taken at least one of the drugs listed in the questionnaire. 3 % of Year 10+ pupils responded that they have taken at least one of the drugs listed during the last month. 5% of Year 10+ pupils responded that they have taken at least one of the drugs listed during the last year.

Figure 3.15: Percentage of Year 10 pupils that used drugs, SHEU survey Bromley 2026



	Never/[Not applicable]	During the last month	During the last year	More than one year ago	[Taken drugs, no detail]
Bromley	93	3	2	1	1

Source: SHEU survey, 2026

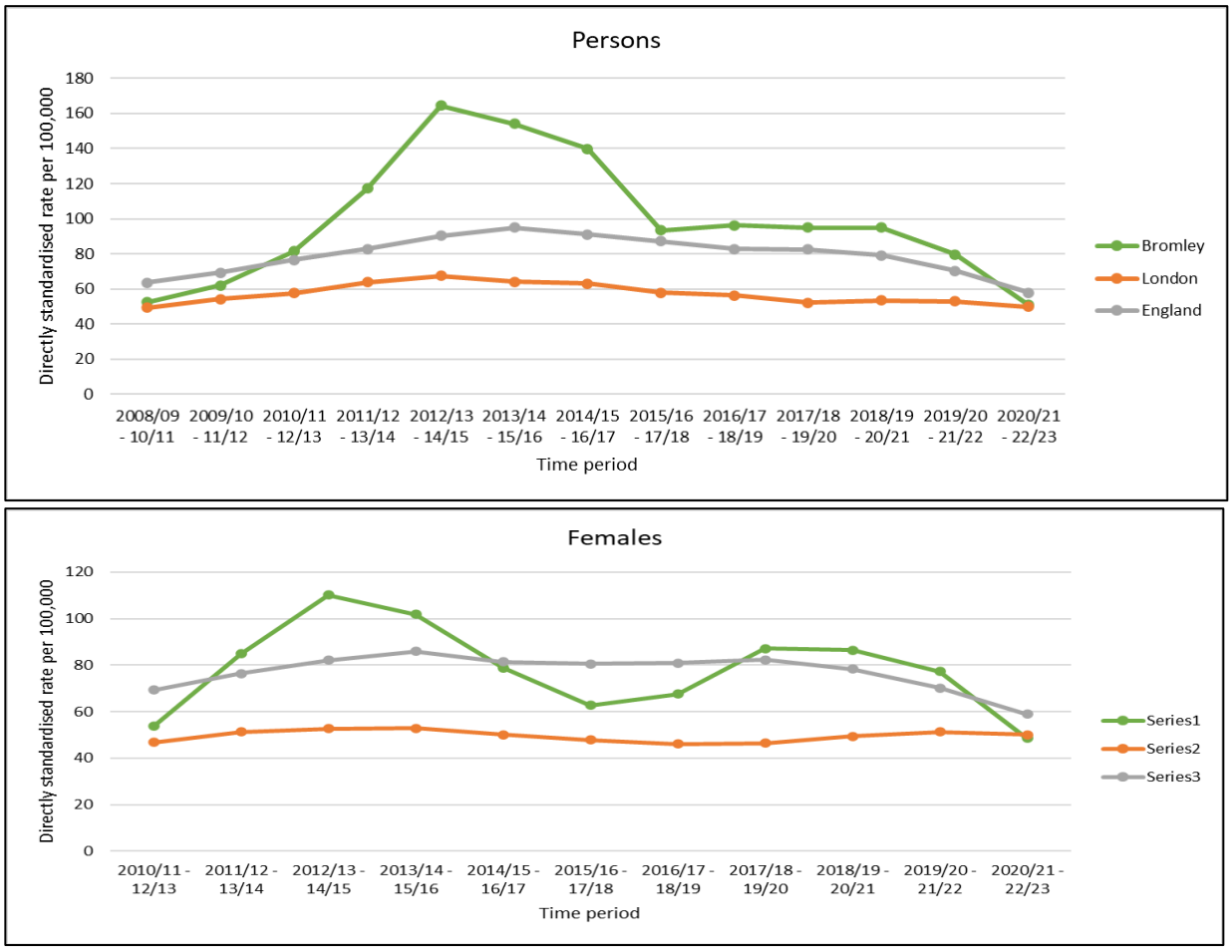
The main substances used by those attending services are cannabis and alcohol, and this has been the picture for several years in Bromley. In 2023-24 there were 82 referrals to the service of which almost 50% engaged in treatment. Children's Social Care was the highest referral source (38% of all referrals). Referrals from education were low at 15%.

Adulterated vape devices containing illegal substances are an emerging risk for young people. Recent evidence from England indicates that some vapes confiscated from school pupils contained synthetic cannabinoids such as Spice, young people may be unaware of the contents or associated risks[8]. Synthetic cannabinoids can produce effects like cannabis but are typically more potent and less predictable than THC, creating a greater risk of serious harm, including acute toxicity and hospital attendance.

There is also evidence of increasing risks in the wider drug market linked to synthetic opioids in England. Recent government guidance notes that potent synthetic opioids, including nitazene, may be added to or substituted for heroin and other drugs, increasing the risk of overdose[9]. National treatment data also show that many young people entering treatment have complex needs, including polydrug use and co-existing mental health need.

The age of young people using the substance misuse service is changing, with fewer young people under the age of 14 presenting to substance misuse services. Hospital admission data for a slightly older cohort aged 15-24 years show that, in recent years, admission rates for substance misuse among young people in Bromley are below the London rate (Figure 3.16).

Figure 3.16: Admissions for substance misuse (excluding alcohol), age 15-24 years, Bromley, London and England



Source: OHID fingertips, 2024

What this means for children and young people in Bromley?

Most Year 10 pupils in Bromley report no drug use, but a small minority continue to use substances, with local rates broadly similar to recent England figures.

Local substance misuse service data continue to indicate that alcohol is one of the main reasons for young people presenting to treatment services, alongside cannabis.

While recent alcohol use is not widespread, prevention messages may need to remain age-appropriate and relevant, especially for older pupils as exposure to alcohol increases.

Drug use is higher among some groups, including young carers, LGBT young people, pupils receiving Free School Meals and some pupils from vulnerable family or ethnic groups, indicating a need for targeted prevention and early help.

Cannabis and alcohol remain the main substances linked to young people accessing local treatment services.

Adulterated vape devices containing illegal substances are an emerging risk too.

Referrals from education to substance misuse services remain relatively low, suggesting opportunities to strengthen identification, advice and referral pathways through schools and colleges.

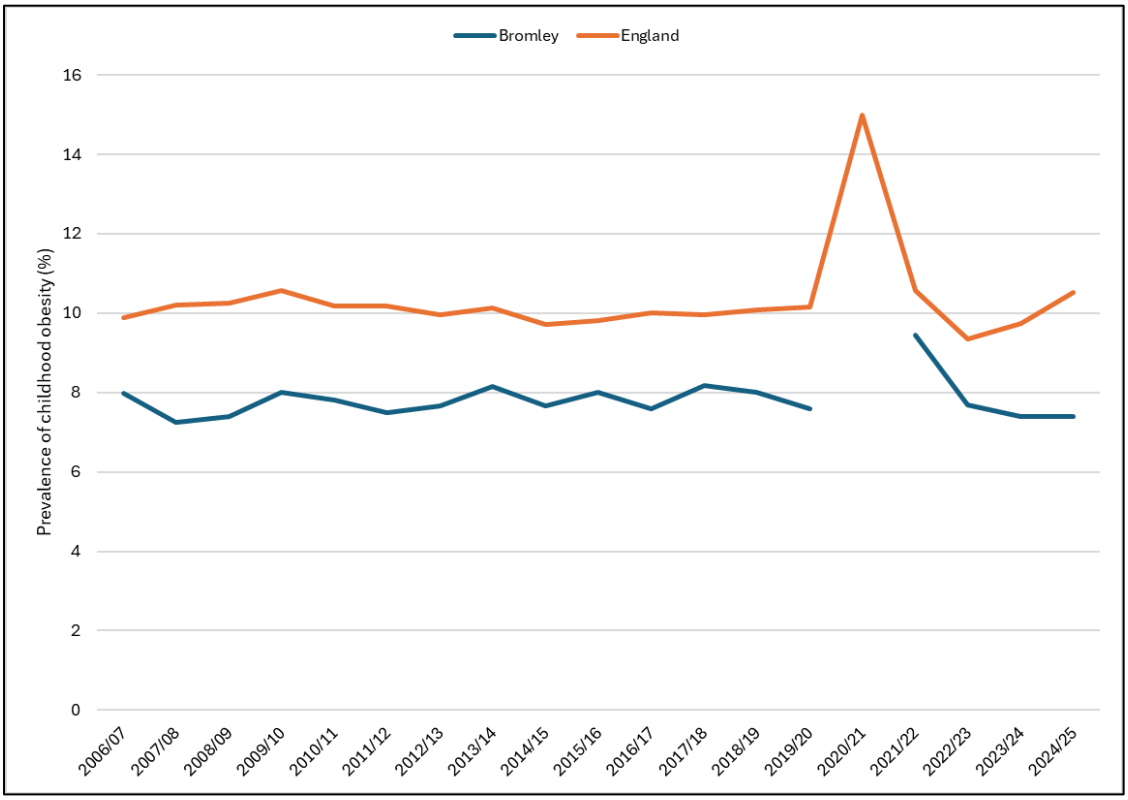
Hospital admission rates for substance misuse among 15- to 24-year-olds in Bromley are below the London rate.

i) Children and young people who are obese

Severely obese children are at risk of developing several serious acute and chronic health problems[10]. These children pose a significant concern in terms of their health and well-being and may require the provision of specialist services. Severe obesity prevalence varies significantly by geography and is highest in children living in income deprived households and those from black ethnic groups.[11]

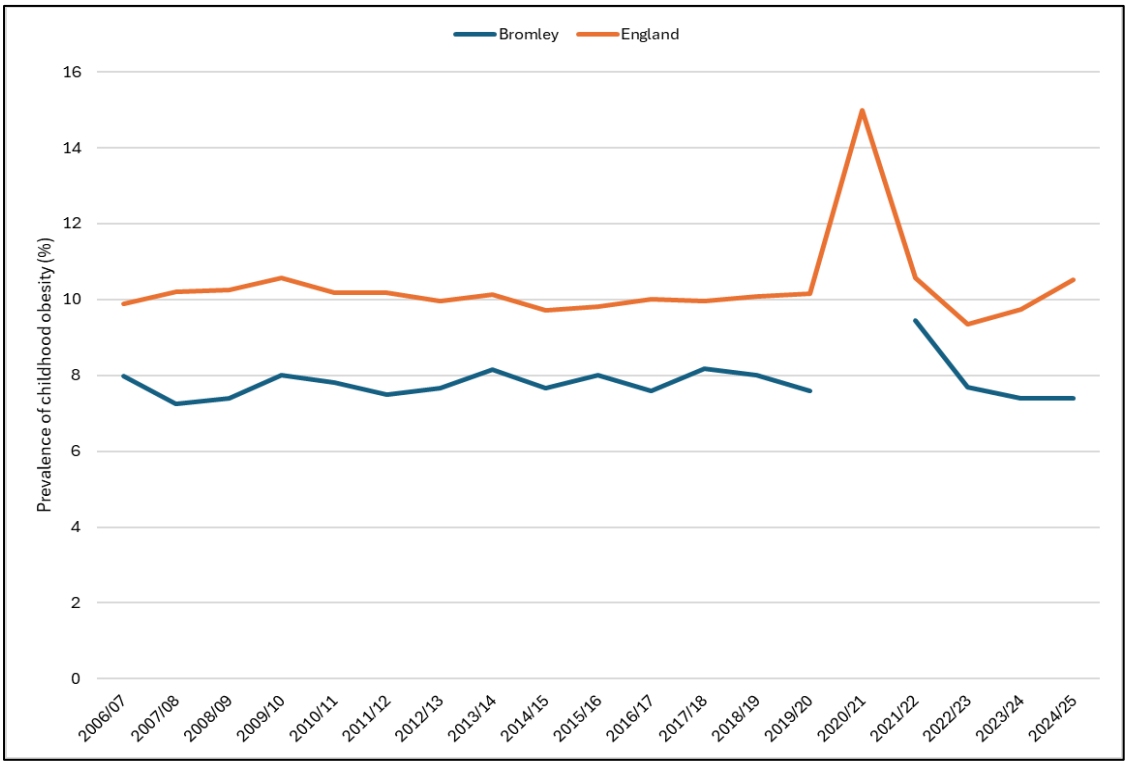
Obese children are likely to remain obese. Severely obese Reception children are likely to remain severely obese in Year 6[12]. Only a small number of overweight and obese children return to a healthy weight in Year 6. Fewer children from Black and Asian groups and those from more deprived neighbourhoods return to a healthy weight.

Figure 3.17: Reception prevalence of obesity (including severe obesity) in Bromley and England, 2006-2025



Source: OHID fingertips, Obesity, physical activity and nutrition Profile. 2025

Figure 3.18: Year 6 prevalence of obesity (including severe obesity) in Bromley and England, 2006-2025

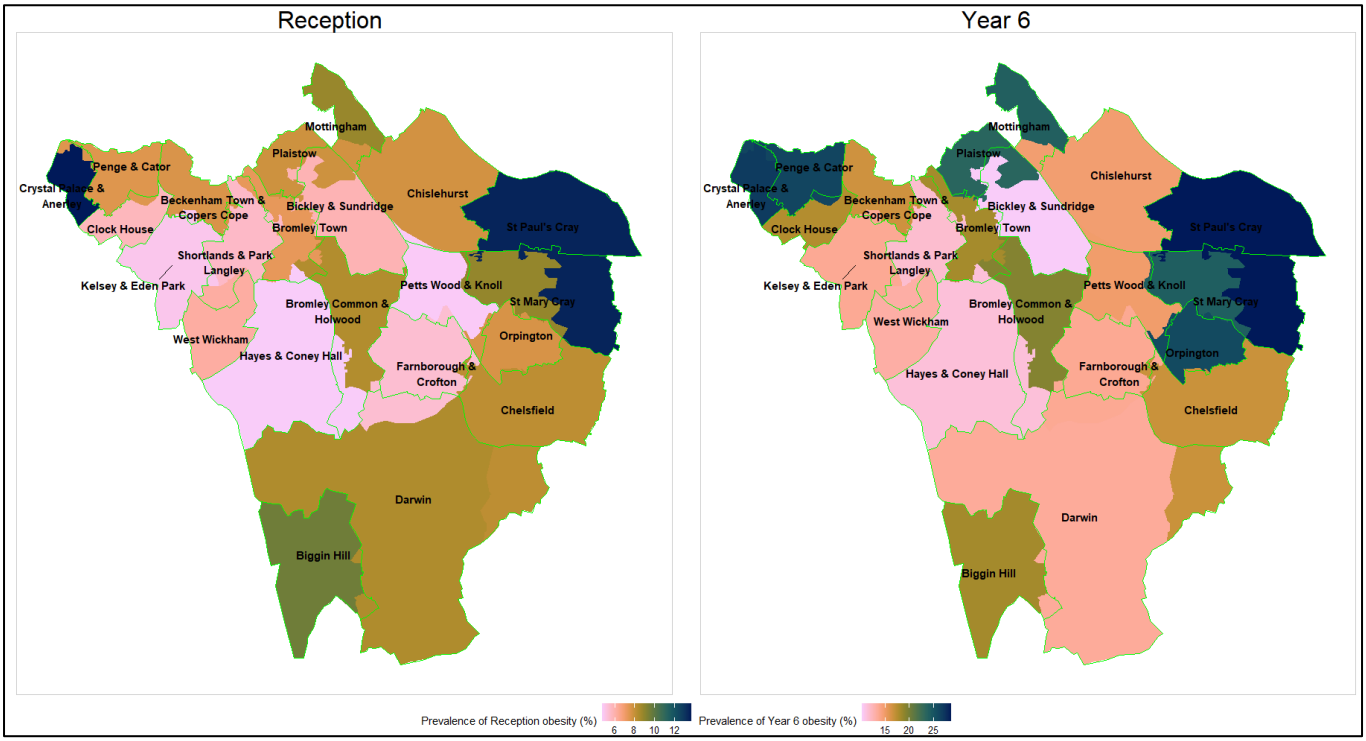


Source: OHID fingertips, Obesity, physical activity and nutrition Profile. 2025

Figures 3.17 and 3.18 show that Bromley's obesity prevalence remains lower than England, but the key recent feature is a post-pandemic spike, especially in Year 6. In Reception, Bromley rose from 7.6% (2019/20) to 9.5% (2021/22) and returned to 7.4% by 2024/25 (England: 10.5% in 2024/25), suggesting the pandemic-related increase in the youngest children may have largely been temporary. In Year 6, Bromley increased from 15.6% (2019/20) to 19.5% (2021/22) and remains elevated at 17.8% in 2024/25 (England: 23.1% in 2024/25), indicating a more persistent impact in older primary pupils and reinforcing the importance of early prevention before excess weight becomes established by the end of primary school.

The percentage of children in Bromley schools who are obese doubles from their first year in primary school. Some parents do not recognise that their children are overweight or obese. Childhood obesity is not evenly distributed within Bromley, as shown in Figure 3.19.

Figure 3.19: Reception and Year 6 prevalence of obesity (including severe obesity), 2022/23-2024/25



Source: National Child Measurement Programme from OHID Fingertips, 2025

Figure 3.19 highlights substantial within-borough variation in obesity prevalence (including severe obesity) over 2022/23-2024/25. Overall, Bromley is below England for both age groups (Bromley 19.4% vs England 22.3% in Reception; Bromley 18.1% vs England 22.3% in Year 6), but several local areas are at or above the national level. The highest prevalence is concentrated in the north of the borough: St Paul's Cray is highest in both Reception (26.8%) and Year 6 (28.5%), with Crystal Palace & Anerley also high (25.8% Reception; 26.7% Year 6) and Penge & Cator elevated in Year 6 (26.0%). In contrast, the lowest rates are seen in less deprived areas such as Hayes & Coney Hall (14.1% Reception; 11.2% Year 6), and Bickley & Sundridge is also low in Year 6 (10.2%). Taken together, this pattern suggests that obesity is not evenly distributed

and is strongly patterned by place, implying a need for targeted prevention and support in higher-prevalence communities.

What this means for children in Bromley

Obesity rates in year 6 children in Bromley increased during the pandemic and have remained higher than the pre-pandemic level.

Rates are highest in St Paul's Cray and Crystal Palace & Anerley in Reception (age 4-5) and in St Paul's Cray, Crystal Palace & Anerley and Penge & Cator in Year 6 (age 10-11)

j) Children and Young People with Sensory Impairment

Table 3.9: SEN data from maintained primary and secondary schools, 2026

	Primary school	Secondary school
Hearing impairment	145	114
Vision impairment	104	107

Source: LBB School nurse data, 2026

Some children identified as vision impaired are registered blind or partially sighted.

Table 3.10: Registered blind and partially sighted people, 2022-2023

	Age 0-4 years	Age 5-17 years
Number of children registered blind	5	25
Number of children registered partially sighted	<5	25

Source: NHS Digital, 2024

Hearing Impairment

Around half of deaf children are born deaf, while the remainder acquire deafness during childhood[13]. Many deaf children also have additional health, learning or social needs, which can increase the level of support they require across education, communication and wider development[14]. This underlines the importance of early identification, timely audiology and specialist support, particularly because most deaf children are born to hearing parents and may need coordinated help to achieve the best possible outcomes.

k) Children and young people's online activity

Most pupils communicate online with friends and family they know in real life (94%), but 22% also communicate with people they have met online but do not know offline. Direct messaging was the most common method (84%), followed by picture/video sharing apps (43%) and online games (38%). Boys were more likely to communicate through online games, while girls were more likely to use picture/video sharing platforms. However, pupils were relatively positive about internet safety education: 55% said school lessons on keeping safe online were "quite" or "very" useful, with this highest among Year 8 pupils, particularly Year 8 girls (66%) and Year 8 boys (61%), compared with 51% of Year 10 girls and 46% of Year 10 boys. Overall, there has been an upward trend in the time spent online (Figure 3.20).

Figure 3.20: Trend in online activities, 1997 to 2024, Bromley



Source: SHEU survey 1997 to 2024

Pupils were asked about their online activities the day before the survey. The results are shown in Table 3.11. The data show clear differences in how boys and girls spend time on screen-based activities. Watching TV, DVDs or online videos was common for both groups, but girls were more likely than boys to spend more than three hours on this activity (32% compared with 23%). Boys were much more likely to spend time playing computer games, with 25% playing for more than three hours compared with 6% of girls, while 62% of girls reported no time playing games. Girls were slightly more likely than boys to spend longer talking, messaging or video chatting, with 18% spending more than three hours compared with 15% of boys. Time spent doing homework was generally limited, with around half of both boys and girls spending up to one hour. Overall, the findings suggest that screen use is widespread but differs by gender, with boys more likely to spend extended time gaming and girls more likely to spend longer watching videos and communicating online.

Table 3.11: Online activity of Years 8 and 10 pupils the day before the survey, Bromley

Male	No time at all	Up to 1 hour	Up to 2 hours	Up to 3 hours	More than 3 hours
Watching TV, DVDs or online videos	6	26	29	15	23
Doing homework	29	47	18	3	3
Playing computer games	24	19	19	12	25
Talking/messaging/video chat*	16	43	16	9	15
Using the internet for something else**	28	37	13	7	15

Female	No time at all	Up to 1 hour	Up to 2 hours	Up to 3 hours	More than 3 hours
Watching TV, DVDs or online videos	3	21	27	17	32
Doing homework	23	50	17	6	3
Playing computer games	62	18	9	3	6
Talking/messaging/video chat*	10	41	20	10	18
Using the internet for something else**	34	31	13	7	14

* *on the phone or other device.* ** *on a computer, phone or other device.*

Source: SHEU survey, 2026

Gambling activity was more commonly reported by boys than girls across most measures. Around 17% of boys said they sometimes played gambling games online, compared with 9% of girls, and 27% of boys had ever placed money bets with friends, compared with 16% of girls. Boys were also more likely to report playing arcade games to win money (29% ever, compared with 19% of girls) and playing online gambling games (17% ever, compared with 9% of girls). This pattern is consistent with the 2024 findings, when 16% of boys reported placing a bet online compared with 5% of girls, suggesting that gambling-related behaviours remain more prevalent among boys. Overall, the figures highlight the need for continued gambling awareness and prevention work, particularly targeted towards boys and activities linked to online gaming and informal betting.

Online communication with strangers

The proportion of year 10 pupils in Bromley communicating online with strangers has fallen a little to 22% in 2026 from 28% in 2024. In 2022, 32% of young people communicated online with strangers.

Table 3.12: Proportion of young people communicating with strangers online

	Year 8 Male	Year 8 Female	Year 10 Male	Year 10 Female	Year 8	Year 10	Male	Female	All
No-one	3%	1%	2%	1%	2%	1%	3%	1%	2%
Friends and family, I know in real life	92%	97%	93%	96%	94%	94%	93%	96%	94%
People I have met online, and I don't know in real life	21%	15%	27%	21%	18%	25%	24%	18%	22%
Total Sample (Count)	606	653	812	712	1302	1584	1418	1365	2886

Source: SHEU survey, 2026

Communicating with friends and family online

Almost all pupils in Bromley reported communicating online with friends and family they know in real life, with this remaining unchanged from 2024 at 94%. This was consistently high across both year groups and genders, including 93% of Year 10 boys and 96% of Year 10 girls. Online communication methods varied by gender: boys were more likely than girls to communicate through online games (52% compared with 24%; 58% and 24% in 2024), while girls were more likely to use picture/video sharing sites or apps (50% compared with 35% of boys; 59% and 34% in 2024). Sending messages to one or a few people was the most common form of online communication overall (84%), particularly among girls (86% of Year 8 girls and 91% of Year 10 girls), while posting things that lots of people can see was reported by 23% of pupils and was more common among girls, especially Year 10 girls (36%). Alongside these patterns, 24% of pupils said they had experienced someone writing or showing them things online to hurt or upset them, broadly unchanged from 25% in 2024, and 8% said they had sent personal information to someone and later wished they had not or had thought more about it. While very few pupils reported forwarding sexting images, 12% said they worried about keeping safe online, by email or when using mobile phones often or all the time, up from 8% in 2024. Online communication is now almost universal among pupils, but there are important differences in how boys and girls communicate online, alongside continuing concerns about online harm, personal information sharing and increasing worries about online safety.

Undesirable online experience

Table 3.13 shows that undesirable online experiences remain common among pupils in Years 8 and 10, although some indicators have improved slightly since 2024. Around a quarter of pupils said someone had written or shown them things online to hurt or upset them (24%; 25% in 2024), and 8% said they had sent personal information to someone and later regretted it (9% in 2024). Most pupils who received sexting images did not pass them on, with 0% saying they had forwarded an image (1% in 2024), while 3% deleted the images (4% in 2024) and 1% told a responsible adult, unchanged from 2024. The 2026 breakdown also shows that online risks were generally higher among Year 10 pupils and girls, particularly Year 10 girls, who were more likely to report being upset by online content, being asked to meet someone they had only met online, being approached by an adult online for a sexual encounter or relationship, receiving sexting images, and seeing sexually explicit material. Overall, while some harmful online experiences appear to have reduced slightly, the rise in worries about online safety and the higher levels of risk reported by older pupils and girls suggest that online safety, digital resilience and trusted routes for support remain important priorities.

Table 3.13: Undesirable online experiences of Years 8 and 10 pupils, Bromley, 2026

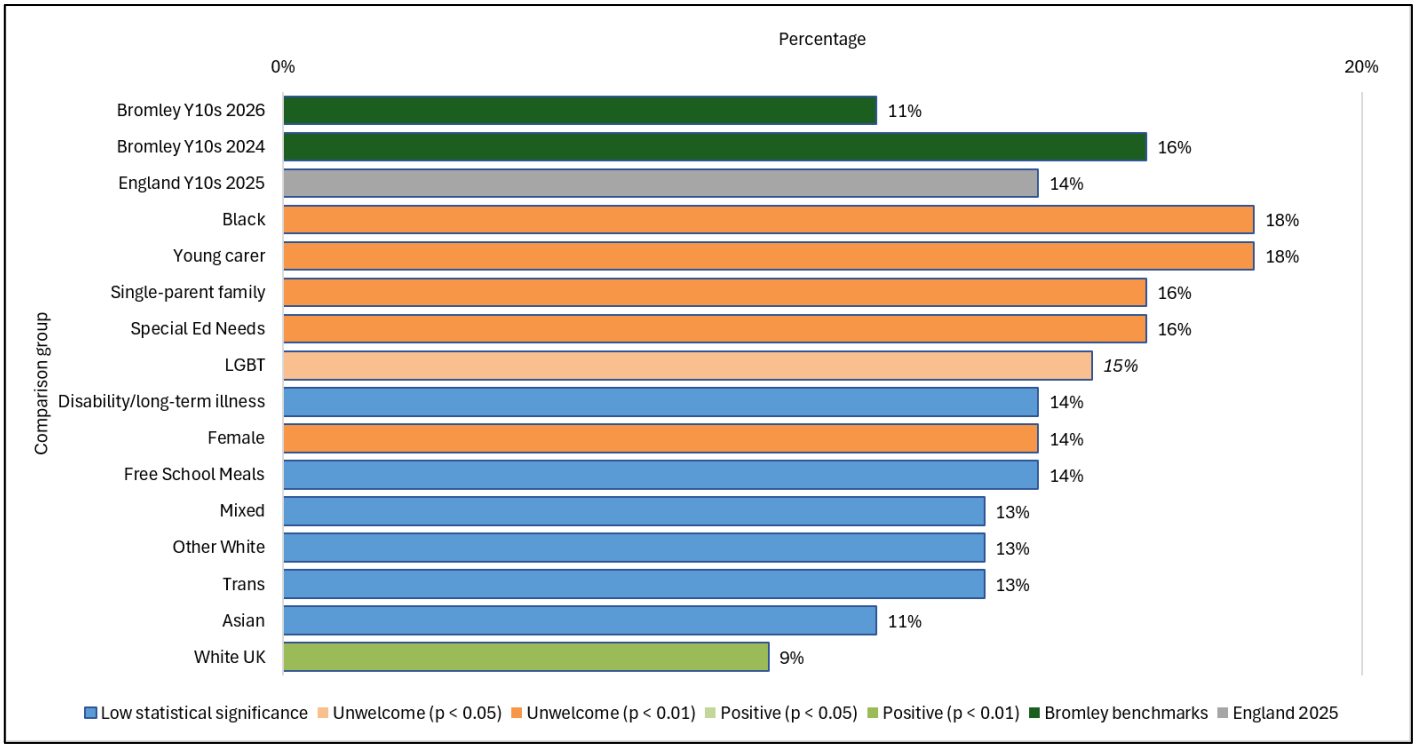
	Year 8 Male	Year 8 Female	Year 10 Male	Year 10 Female	Total
None of these	53	55	39	38	45
Someone writing or showing things to hurt or upset them (with text, pictures or video)	18	23	21	31	24
Someone published private information about them	4	6	6	9	7
Someone used their identity/password to upset or hurt them	3	3	3	4	4
They sent personal information to someone, then wished they hadn't or had thought more about	5	6	8	12	8
They saw pictures, videos or games they found upsetting	7	11	11	22	13
Someone asking to meet them who they have only ever met online	2	6	7	16	8
Being approached by an adult online who wants a sexual encounter or relationship	1	4	3	12	5
Extremism online	2	1	10	5	5
They saw sexually explicit images, videos or games	8	10	20	26	17
They sent undressed/sexual images of themselves ('sexting')	0	1	2	2	1
Someone who knows them sent 'sexting' images of them	1	1	1	2	1
Received 'sexting' images	2	5	7	14	7
They placed a bet for money	2	1	4	2	3
They made a bet on skins or loot boxes in games	7	2	10	4	6
They bought skins or loot boxes in games	34	17	41	18	29

Source: SHEU survey, 2026

Sending or receiving “sexting” images

In 2026, 11% of Year 10 pupils in Bromley reported sending or receiving sexting images, compared with 16% in Bromley in 2024 and 14% among Year 10 pupils in England in 2025. Rates were significantly higher among Black pupils and young carers (both 18%), pupils from single-parent families and those with Special Educational Needs (both 16%). LGBT young people also reported a higher rate (15%), although this difference was less statistically robust. This highlights the importance of inclusive relationships and sex education covering consent, digital safety, image sharing and access to confidential support.

Figure 3.21: Proportion of young people sending or receiving "sexting" messages



Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

24% of pupils responded that they have experienced someone writing or showing them things online to hurt or upset them (with text, pictures or video), while 8% said they have sent personal information to someone, then wished they hadn't or had thought more about it. 26% year 10 girls saw sexually explicit images, videos or games (20% of boys).

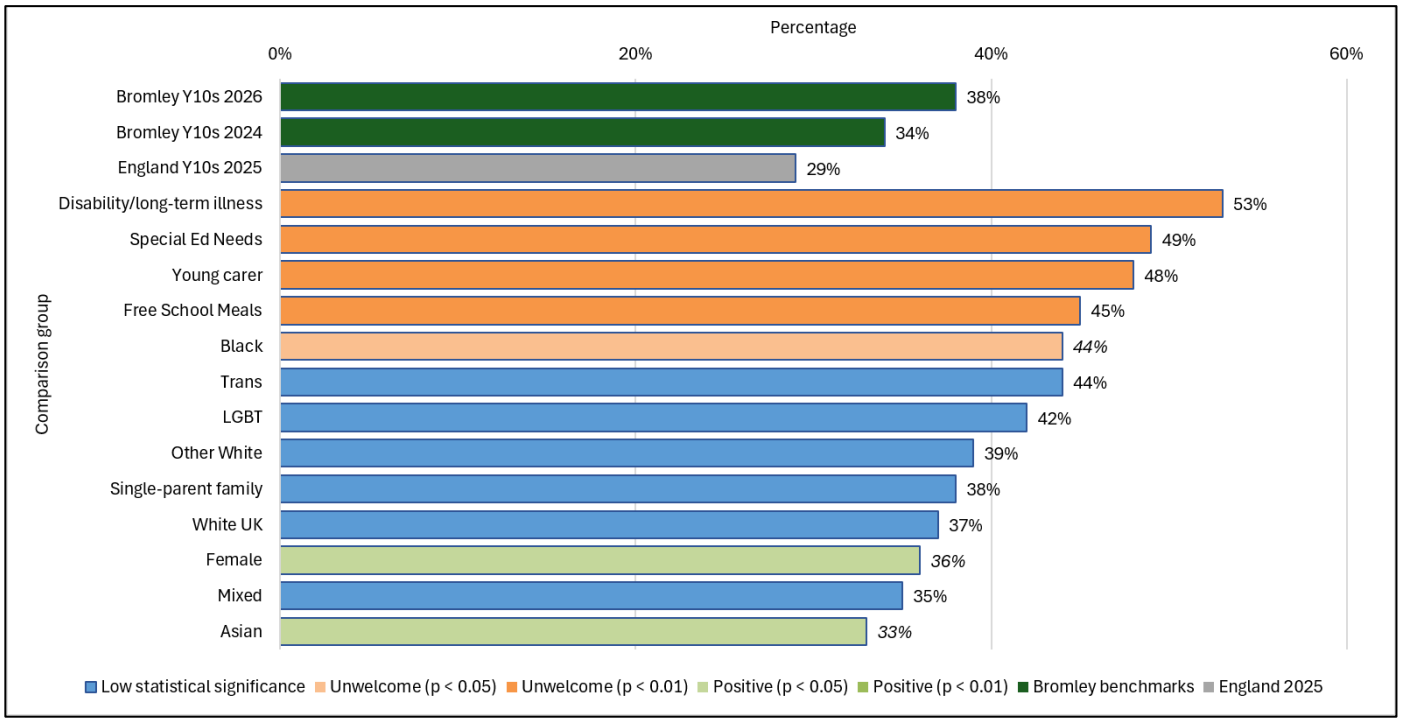
What this means for children in Bromley

- Undesirable online experiences remain common, with around one in four pupils reporting online content or contact that hurt or upset them.
- Boys were much more likely to spend time playing computer games, with 25% playing for more than three hours compared with 6% of girls, but girls were more likely to spend longer watching videos and communicating online.
- Gambling activity was more commonly reported by boys than girls across most measures. Around 17% of boys said they sometimes played gambling games online, compared with 9% of girls, and 27% of boys had ever placed money bets with friends, compared with 16% of girls
- The proportion of year 10 pupils in Bromley communicating online with strangers has fallen a little to 22% in 2026 from 28% in 2024
- 24% of pupils said they had experienced someone writing or showing them things online to hurt or upset them, broadly unchanged from 25% in 2024
- 12% of pupils said they worried about keeping safe online, by email or when using mobile phones often or all the time, up from 8% in 2024
- Risks are higher for Year 10 pupils and girls, especially Year 10 girls, who report greater exposure to upsetting, sexual or risky online experiences.
- Sexting has reduced since 2024 but remains a concern, particularly for some vulnerable groups including young carers, pupils with SEND and those from single-parent families.
- Online safety education should continue to focus on digital resilience, consent, image sharing, gambling-related online activity and trusted routes for support.

l) Accidental injuries to children and young people

The SHEU survey in 2026[1] asked Year 10 pupils in Bromley about accidents in the last 12 months which have required treatment in a clinic or hospital. The rate of reported accidents in 2026, 38%, is higher than in 2024 when the rate was 34%. However, this is a higher rate than the national comparator (29%). The reported accident rate is higher in Year 10 boys (40%) than girls (36%). Rates were highest among pupils with a disability or long-term illness (53%), special educational needs (49%) and young carers (48%); Asian pupils reported the lowest rate (33%). Overall Figure 3.22 indicates that medically attended accidents are particularly concentrated among vulnerable groups. The most common reason for the accident was sports injury (24% boys and 15% girls). Accidents which require admission to hospital are less common. The rate of admissions for accidents in younger children is lower in Bromley than the average for London and England as shown in Figure 3.22. Admission rates for accidents in 15-24-year-olds have been higher than the rate for London and lower than the rate for England but reached London levels in 2024/25.

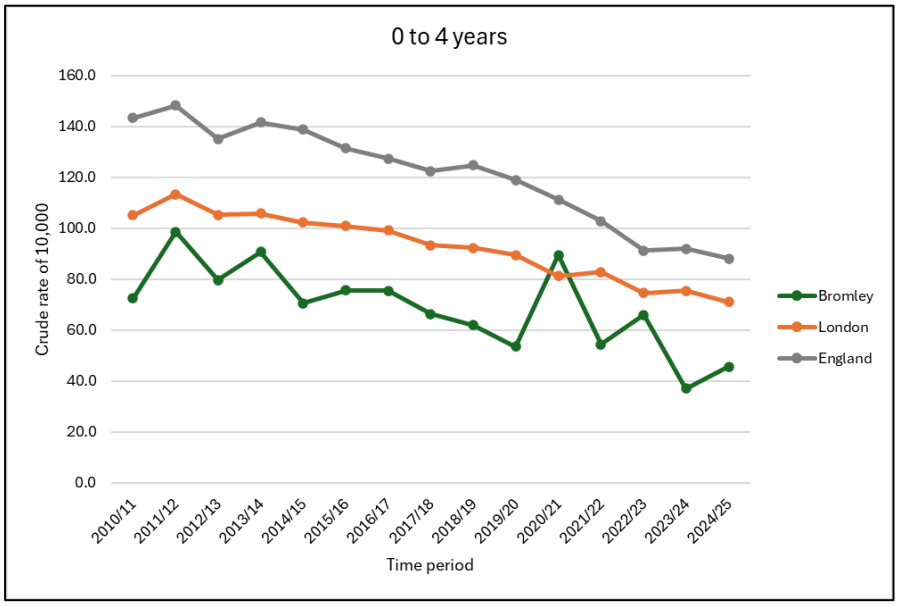
Figure 3.22: Proportion of young people having accidental injuries needing medical attention last year

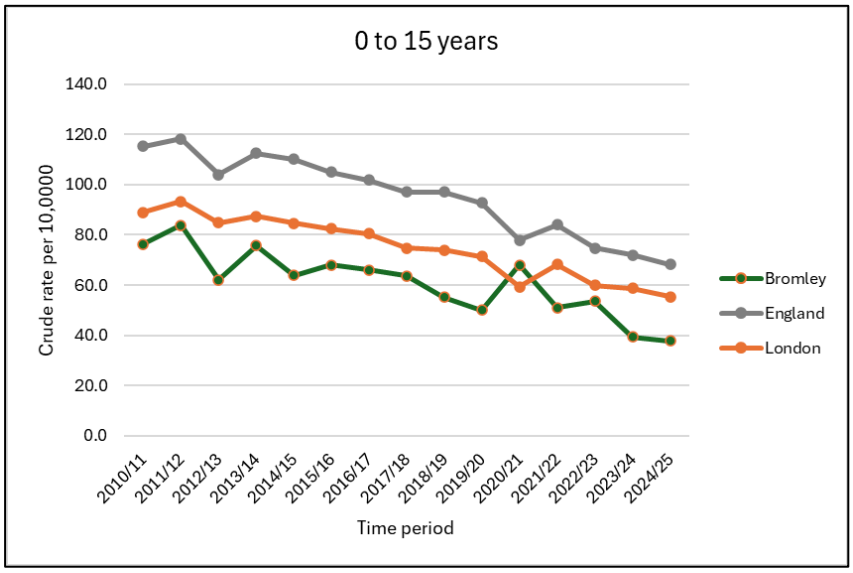


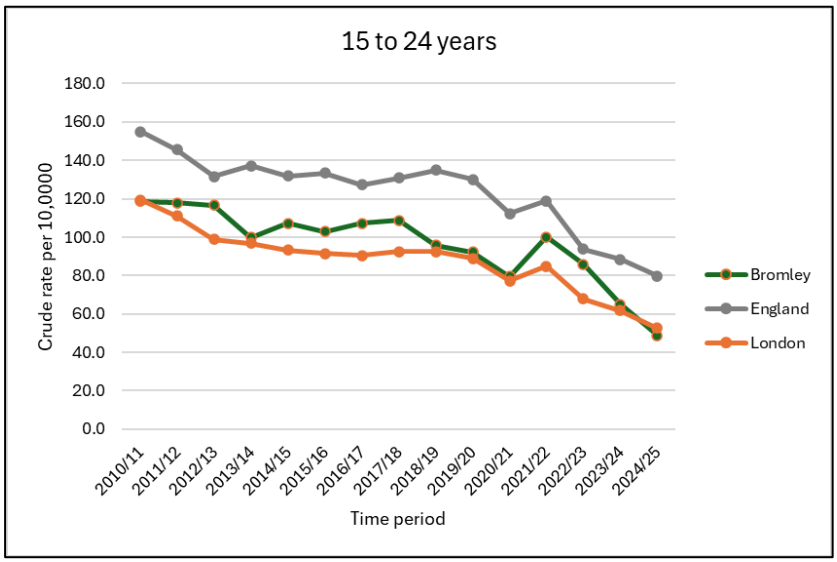
Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

Figure 3.23: Hospital admissions caused by unintentional and deliberate injury, Bromley and comparators, 2010/11 to 2024/25



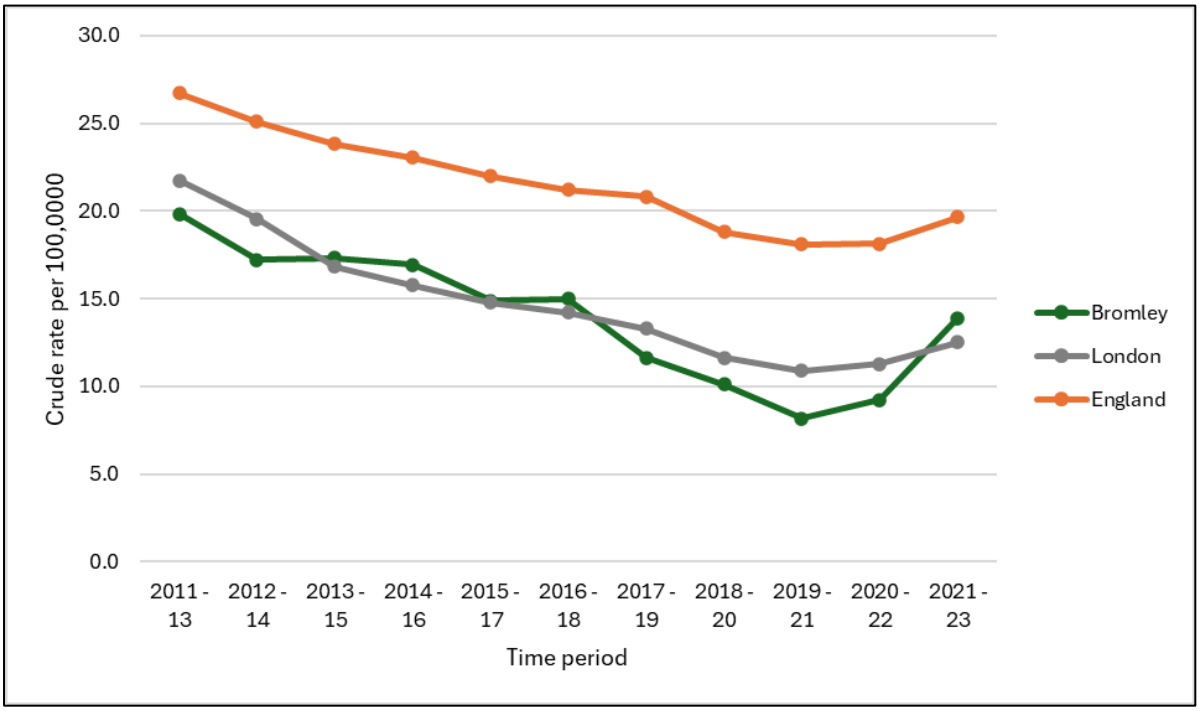




Source: OHID Fingertips, Child and Maternal Health Profile, May 2026

Hospital admission rates for unintentional and deliberate injury have fallen over the long term in Bromley across all age groups shown, although there has been some year-to-year fluctuation (Figure 3.23). In children aged 0-4 years, the rate fell from 72 in 2010/11 to 46 in 2024/25 and, in recent years, has remained below both the London and England averages, despite a temporary rise in 2020/21. A similar pattern is seen among children aged under 15 years, where the Bromley rate declined from 76.3 in 2010/11 to 37.7 in 2024/25 and has remained consistently lower than both London and England in the most recent years. Among young people aged 15-24 years, admission rates have also fallen substantially, from 118.6 in 2010/11 to 48.8 in 2024/25. This age group has shown more fluctuation than younger children, but the overall direction remains downward. In recent years, Bromley has generally performed better than England across all three age groups and, by 2024/25, rates were also below the London average, suggesting an overall improvement in injury-related hospital admissions locally.

Figure 3.24: Children killed and seriously injured (KSI) on England's roads in Bromley and comparators, 2011-2023



Source: OHID Fingertips, Child and Maternal Health Profile, May 2026

Children killed and seriously injured on the roads in Bromley fell markedly over the long term, from 19.8 per 100,000 in 2011-13 to 8.2 in 2019-21, indicating substantial improvement in child road safety locally. In recent years, however, this downward trend has partly reversed, with the Bromley rate rising to 9.2 in 2020-22 and then to 13.9 in 2021-23. Despite this recent increase, Bromley remains well below the England average (19.7 in 2021-23), although it is now slightly above the London average (12.5). This suggests that while child road safety outcomes in Bromley remain comparatively better than nationally, recent deterioration may warrant closer monitoring and renewed attention to local road safety measures, particularly to understand whether this reflects short-term fluctuation or an emerging upward trend.

What this means for children in Bromley

Medically attended accidents are particularly concentrated among vulnerable groups.

Sports injuries (especially for boys) are the most common accidents.

Hospital admissions due to unintentional and deliberate injury have fallen over time in Bromley and, in recent years, have remained below both the London and England averages for younger children.

Children killed or seriously injured on Bromley's roads fell over the long term, but recent data show an increase; the latest rate remains below England but is now slightly above the London average.

While child road safety outcomes in Bromley remain comparatively better than nationally, recent deterioration may warrant closer monitoring and renewed attention to local road safety measures.

2. Emerging emotional health needs

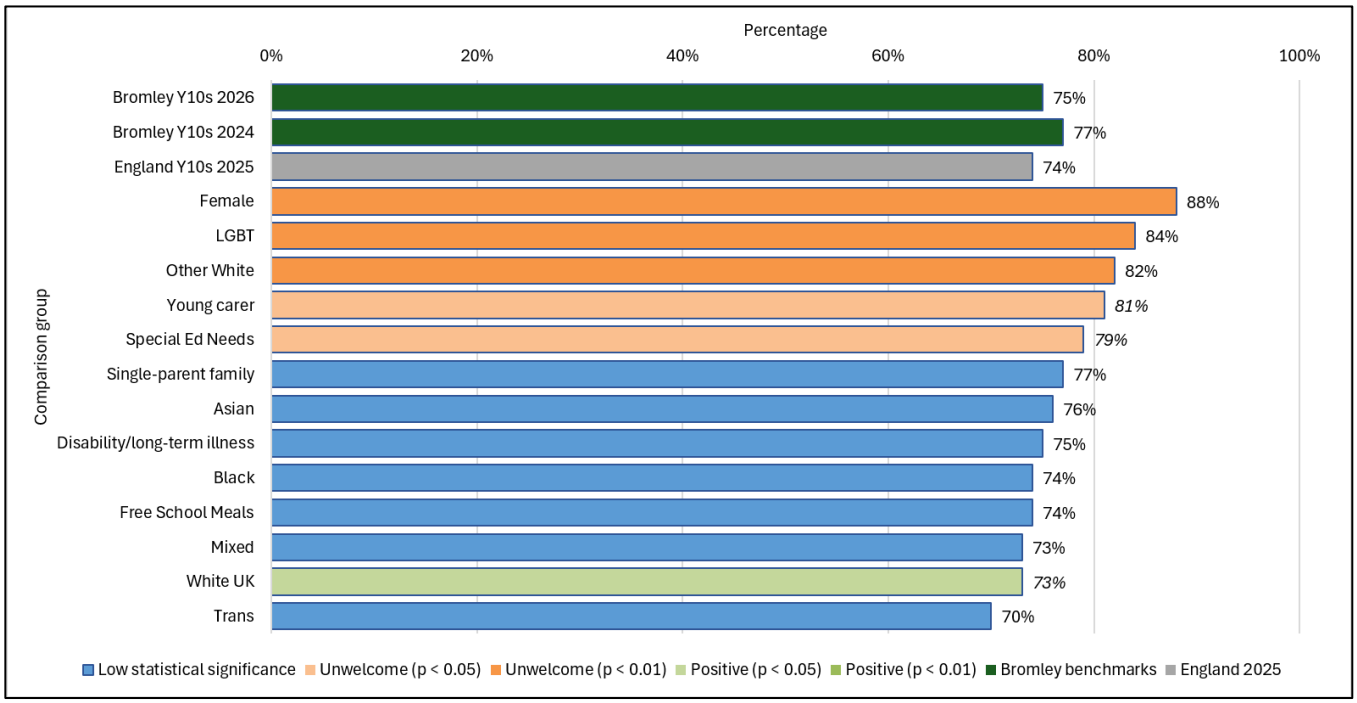
This section will give some recent data from GPs and describe the findings of the SHEU survey. Please visit Bromley's JSNA webpage to access Bromley's mental health needs assessment for a more detailed review of mental health needs in Bromley.

GP records in Bromley in August 2024 identified 9899 CYP with mental health problems. These included 6090 CYP with anxiety, 3474 young people with depression or low mood, and 1571 young people with suicidal thoughts or self-harm. All these numbers are lower than in 2024.

In 2026, 39% of pupils said they had been feeling optimistic about the future "often" or "all of the time" in the two weeks before the survey, compared with 11% in 2024. Similarly, 38% reported feeling useful often or all the time, compared with 9% in 2024. This suggests a notable improvement in pupils' positive wellbeing indicators since 2024.

In 2026, 75% of Bromley Year 10 pupils worried about an issue at least "quite a lot", slightly below 77% in 2024 and close to England's 74%. Worry was highest among female pupils (88%), LGBT pupils (84%) and Other White pupils (82%), but lowest among trans pupils (70%), indicating particularly elevated concerns among female and LGBT young people.

Figure 3.25: Proportion of young people who worry about some issue at least 'quite a lot' (not COVID)



Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

- They felt optimistic about the future (**44% of boys, 34% of girls**)
- They felt useful (**49% of boys, 28% of girls**)
- They felt relaxed (**51% of boys, 30% of girls**)
- They felt they dealt with problems well (**50% of boys, 32% of girls**)
- They were thinking clearly (**53% of boys, 34% of girls**)
- They were feeling close to other people (**57% of boys, 51% of girls**)
- They felt able to make their own mind up about things (**66% of boys, 50% of girls**)

There were also clear differences between boys and girls in how often they worried.

Table 3.14: Issues year 10 pupils worried about often or "all the time", 2026

Issue worried about "often" or "all the time"	Boys	Girls
Exams/tests	38%	62%
School work problems	23%	50%
The way they look	17%	45%
Physical health	18%	30%
Mental health	18%	38%
Relationships	11%	24%
Problems with friends	13%	37%
Family problems	11%	25%
Keeping safe on the Internet, email and using mobile phones	12%	12%
Being separated from parents/carers	8%	16%

Source: SHEU survey, 2026

There were marked gender differences in how pupils responded when they had a problem or felt stressed. Boys were most likely to:

- Talk to someone in their family about it (48%)
- Play video/online games (41%)
- Think about it on their own (38%)
- Listen to music (36%)
- Try to sort the problem by themselves (36%)
- Talk to a friend at school (33%)
- Keep busy with other things (31%)
- Rest or sleep more (31%)
- Watch TV, DVDs or online videos (30%)
- Do nothing (24%)

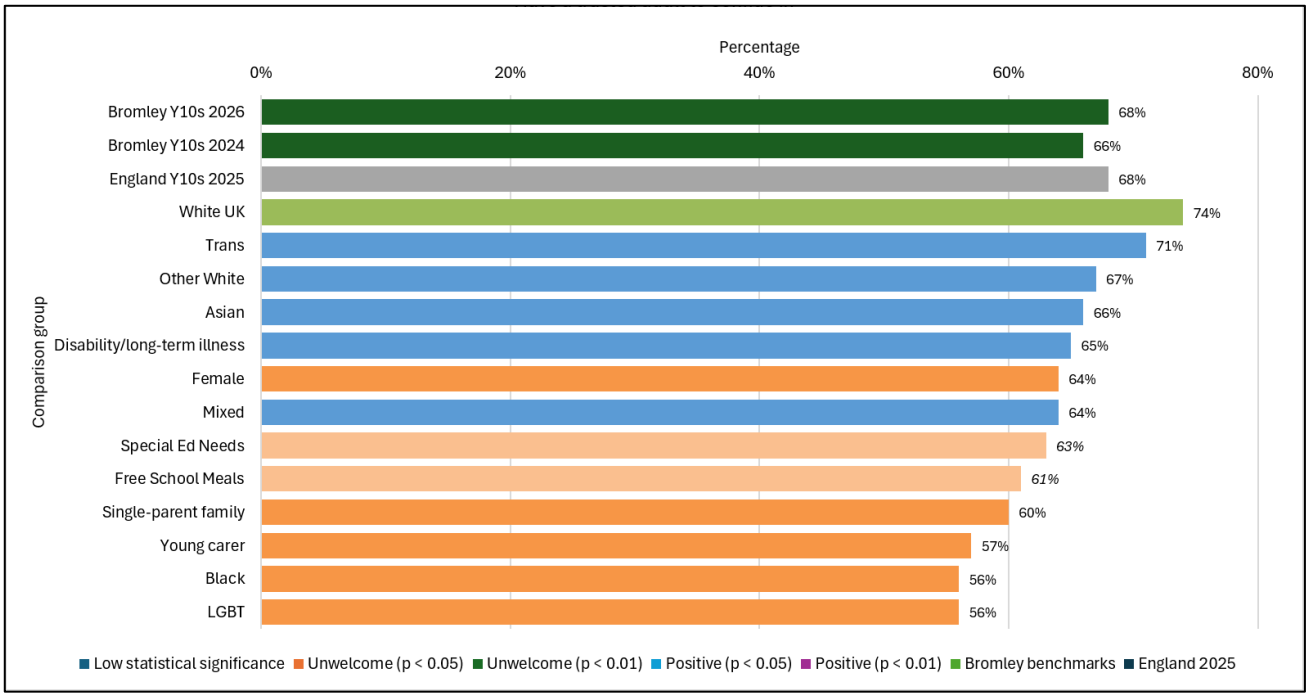
In contrast, girls were most likely to:

- Listen to music (59%)

- Cry (55%)
- Think about it on their own (53%)
- Talk to someone in their family about it (48%)
- Rest or sleep more (44%)
- Try to sort the problem by themselves (43%)
- Talk to a friend at school (42%)
- Keep busy with other things (39%)
- Watch TV, DVDs or online videos (37%)
- Eat more/eat less (32%)

In 2026, 68% of Bromley Year 10 pupils reported having a trusted adult to confide in (73% boys and 64% girls). This is up slightly from 66% in 2024 and equal to England (68%). Access was highest among White UK (74%) and trans pupils (71%), but lowest among Black and LGBT pupils (56% each) and young carers (57%), highlighting notable gaps in trusted-adult support between groups.

Figure 3.26: Proportion of young people with a "trusted adult" they can talk to



Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

What this means for children and young people in Bromley

- Mental health need remains substantial in Bromley, particularly anxiety, low mood, suicidal thoughts and self-harm, despite lower GP-recorded numbers than the previous year.
- Positive wellbeing indicators have improved since 2024, with more pupils reporting optimism, feeling useful and other positive feelings.
- Most Year 10 pupils still worry about at least one issue, with higher levels of worry and poorer wellbeing reported by girls and LGBT young people.
- Girls report greater worries about exams, schoolwork, appearance, friendships, family problems and mental health, suggesting a need for targeted support.
- Trusted adult support has improved slightly but remains lower among Black pupils, LGBT pupils and young carers, highlighting gaps in accessible support.
- Schools and local services should continue to prioritise early help, emotional wellbeing support and clear routes to trusted adults and specialist advice.

3. Emerging education issues

a) Children with Special Educational Needs or Disabilities (SEND)

This section focuses on children and young people who have Special Educational Needs or Disabilities (SEND) at the school support level. Those with SEND needs at Education, Care and Health Plans (EHCP) level are discussed in Section 4.

Children with SEND can be very vulnerable; they often do not achieve the same educational outcomes as their peers and are more likely to be excluded from school.

There are 9,686 pupils in Bromley with special educational needs in 2025. This is an increase of 296 (3.2%) pupils since 2024. This includes the number of pupils with an EHC plan (2942) and the number of pupils with SEN support, both of which continue the increasing trend since 2016. The percentage of pupils with SEN support has remained at 12.7% (6,744 pupils) in 2025.

Table 3.15 All pupils with SEN by type of need in maintained schools and academies, 2025

Primary type of need 2025	Primary schools	Secondary school	Special school	Pupil referral unit	Total	% Share
Autistic Spectrum Disorder	459	522	100	no data	1081	11.2
Down Syndrome	7	no data	11	no data	18	0.2
Hearing Impairment	75	77	4	no data	156	1.6
Moderate Learning Difficulty	150	223	119	1	493	5.1
Multi-sensory impairment	8	2	4	no data	14	0.1
Other difficulty or disability	137	124	9	no data	270	2.8
Physical Disability	81	77	9	no data	167	1.7
Profound & Multiple Learning Difficulty	14	no data	109	no data	123	1.3
SEN support but no specialist assessment of type of need	209	73	no data	no data	282	2.9
Severe Learning Difficulty	19	3	302	no data	324	3.3
Social, Emotional and Mental Health	983	1245	183	49	2460	25.4
Specific Learning Difficulty	483	1067	19	no data	1569	16.2
Speech, Language and Communications needs	2049	524	64	1	2638	27.2
Visual Impairment	37	49	5	no data	91	0.9

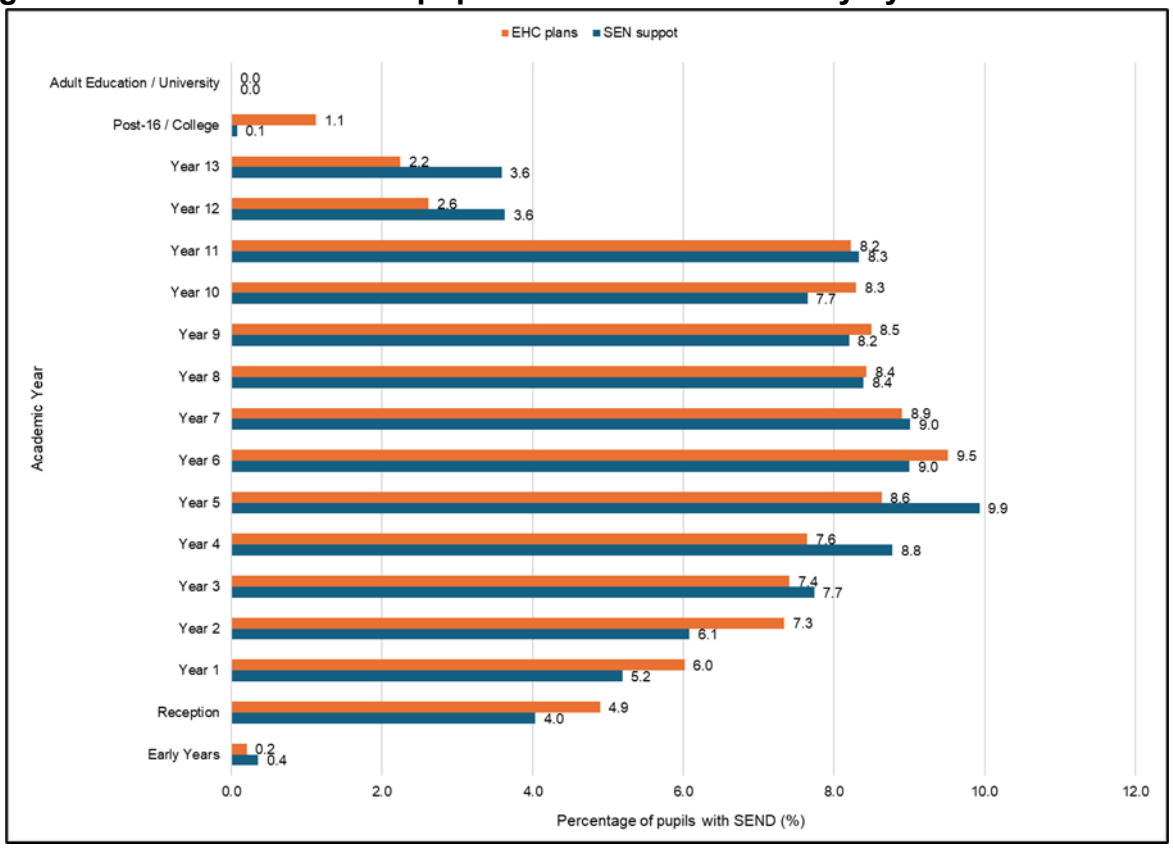
Source: Department for Education, 2025, reported by LBB Public Health Intelligence[15]

Speech, Language and Communication Needs (SLCN) remain the most prevalent primary need across Bromley schools, accounting for 27.2% of all pupils with SEN (2,638 children), with the majority in primary settings (Table 3.15). Social, Emotional and Mental Health (SEMH) needs represent 25.4% (2,460 pupils) and dominate the secondary phase (1,245 pupils), followed by Specific Learning Difficulty (SpLD) at 16.2% (1,569 pupils). Autistic Spectrum Disorder (ASD) is also significant at 11.2% (1,081 pupils) across all phases. Special schools primarily support pupils with Severe Learning

Difficulty (SLD), Profound and Multiple Learning Difficulty (PMLD), and Moderate Learning Difficulty (MLD), reflecting high complexity needs.

The distribution of pupils with SEN across the school years is shown in Figure 3.22.

Figure 3.27: All state-funded pupils with SEND in Bromley by Academic Year Group, 2024-25



Source: Department for Education, 2025, reported by LBB Public Health Intelligence[16]

Figure 3.27 illustrates the distribution of pupils with SEND by academic year group. The proportion of pupils with SEND rises sharply from Early Years (SEN Support 0.4%, EHCP 0.2%) to Reception (4.0%, 4.9%) and continues to increase through primary, peaking in Year 5 for SEN Support (9.9%) and Year 6 for EHCPs (9.5%).

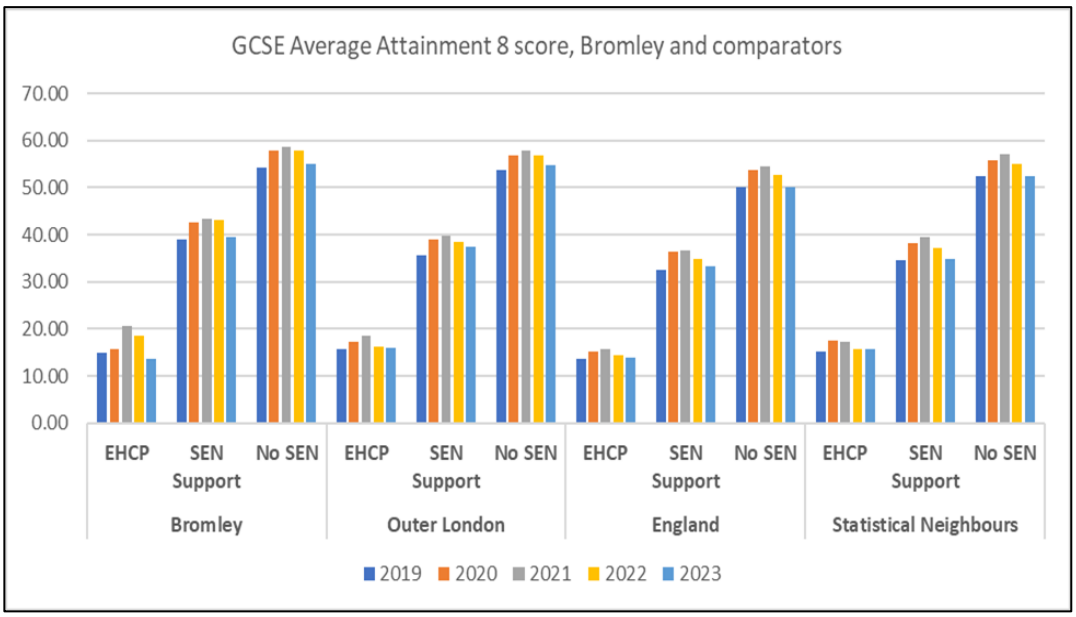
In secondary, levels remain consistently high across Years 7-11 (around 8-9% for both SEN Support and EHCPs), reflecting sustained need during key exam stages.

Post-16 years groups show a decline, with Year 12 and Year 13 at 3.6% SEN Support and 2.6-2.2% EHCPs, and only 1.1% EHCPs recorded in college. This pattern highlights the importance of early identification in primary, robust transition planning between Year 6 and Year 7, and continuity of support into post-16 education to meet the 0-25 SEND entitlement.

There were **9,686 pupils in Bromley with special educational needs in 2025**. This is an **increase of 296 (3.2%) pupils** since 2024[17]. This includes the number of pupils with an EHC plan (2942) and the number of pupils with SEN support, both of which continue the increasing trend since 2016. The percentage of pupils with SEN support has remained at 12.7% (6,744 pupils) in 2025.

Figure 3.28 shows that pupils at GCSE level receiving SEN support in Bromley are achieving better than comparators. Attainment 8 score is calculated by adding together pupils' highest scores across eight government approved school subjects.

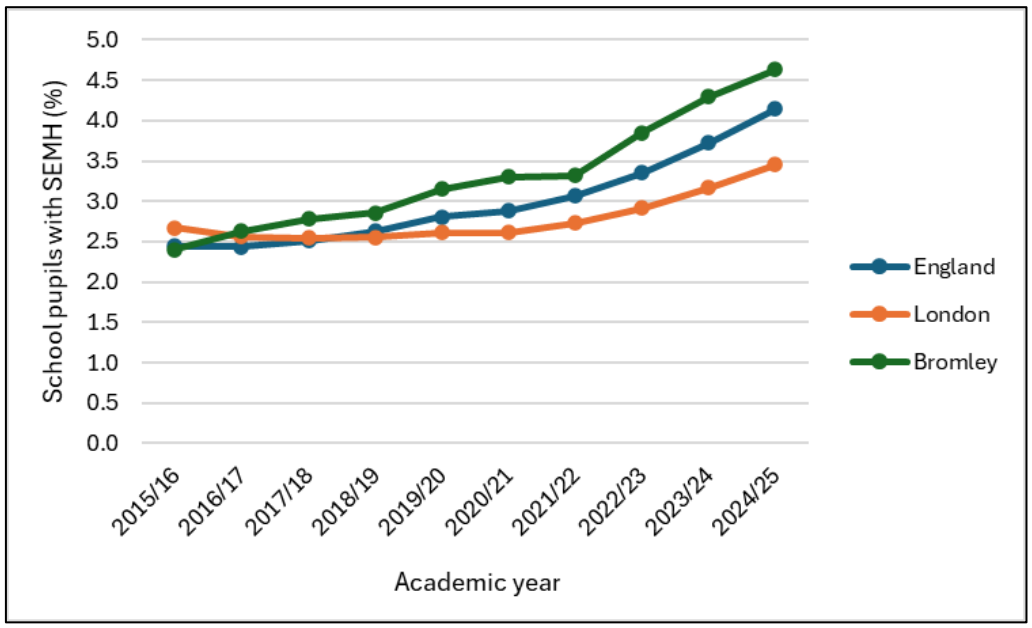
Figure 3.28: Pupils average Attainment 8 score, 2019-23, Bromley and comparators



Source: LAIT 2024

Pupils with SEMH are a higher proportion of pupils in Bromley (4.6%) than in London (3.5%) or England (4.1%) and this proportion has been steadily increasing in the past 5 years (Figure 3.29).

Figure 3.29: Percentage of pupils with SEMH as a proportion of all pupils in Bromley and comparators, 2015 to 2025



Source: Department for Education, 2025[18]

What this means for children and young people in Bromley?

The proportion of all pupils with social, emotional or mental health issues in Bromley is significantly higher than the national average and rising.

Attainment at GCSE of Bromley pupils receiving SEN support is higher than comparators

The rest of the SEND analysis is in Section 4: Established needs

Children and young people with speech, language and communication needs

Speech, language and communication skills are core to overall child development. Difficulties in these areas will potentially have significant and far-reaching impacts on social, emotional, behavioural and academic development. The term 'Speech, Language and Communication needs' (SLCN) is the most used term to describe children who find it hard to talk and/or understand what people say to them. Autistic Spectrum Disorder is a type of social communication disorder but is measured and reported separately.

A variety of adverse outcomes are associated with SLCN in a child. These include:

- being bullied
- mental health difficulties
- lower educational attainment
- up to 60% of young offenders have SLCN[19]
- 88% of long-term unemployed men have SLCN[10]

It is estimated that, nationally, 7% of children 0-5 years will have speech, language and communication needs, but this may be as high as 55% of under 5s and 35% of 5 to16 year olds in areas of high deprivation[20].

An "Ages and Stages Questionnaire" (ASQ) is used nationally as a screening tool to identify developmental delay in young children. In 2024/25 in Bromley, 1,988 children aged 24-27 months were screened using this tool as part of the routine Health Visitor developmental review. Of the children screened, 1797 (90%) met the expected standard in communication but 191 children (10%) were below the expected developmental standard for this age group. In most cases parents will be given advice by the health visitor and the child reassessed a few weeks later. In cases with poorer scores, or if the child does not improve after simple advice, they are referred to a Speech and Language therapist.

Comparing those with SLCN needs in Bromley with England:

- The rate of identified Speech, language and communication needs (both SEN support and EHC Plan) is higher in Bromley at 4.7% than for England at 4.4% but lower than the rate for London of 5.3%.
- The rate of identified Autistic Spectrum Disorder (both SEN support and EHC Plan) is lower in Bromley at 1.8% than for London at 3.1% and England at 2.8%.
- There may be some substitution of a primary need of ASD with SLCN. The total proportion of all pupils with either ASD or SLCN in England is 7.2%, in London it is 7.8%, and in Bromley it is 6.2%. This indicates that although there may be some substitution, the overall level of

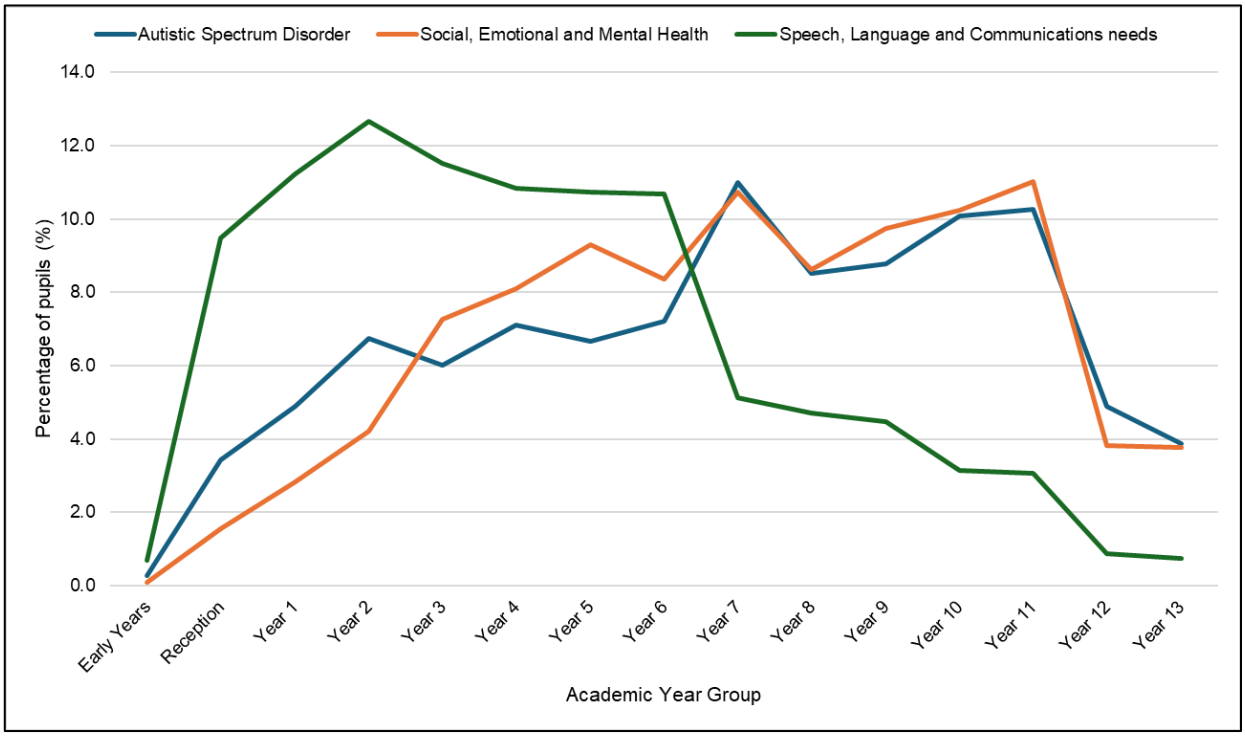
communication need is lower in Bromley children and young people than in London or England.

Approximately 2,638 children and young people in Bromley schools are identified as having SLCN (1,818 at SEN support level and 820 at EHC Plan level). Of these, 2,049 are primary school age and 524 are secondary school age. 64 pupils with SLCN are in special school.

The distribution of SLCN needs across the age range in Bromley is not uniform, with the rate of SLCN need in primary school age children higher than the rate of SLCN need in secondary school age children, but this pattern reversed for pupils with ASD, rising into secondary and peaking at Year 7, with sustained high levels through Years 10-11(Figure 3.30).

Social, Emotional and Mental Health (SEMH) needs escalate across late primary and dominate mid-secondary, peaking at Year 11. These distributions indicate the need for strong early SLCN identification and intervention in primary, robust ASD-informed practice and graduated SEMH pathways across secondary, and careful transition planning at Year 6-7 to ensure continuity of support (Figure 3.30).

Figure 3.30: Proportion of pupils with SLCN and ASD by school year in Bromley, 2023/24



Source: Department for Education, 2025, reported by LBB Public Health Intelligence[21]

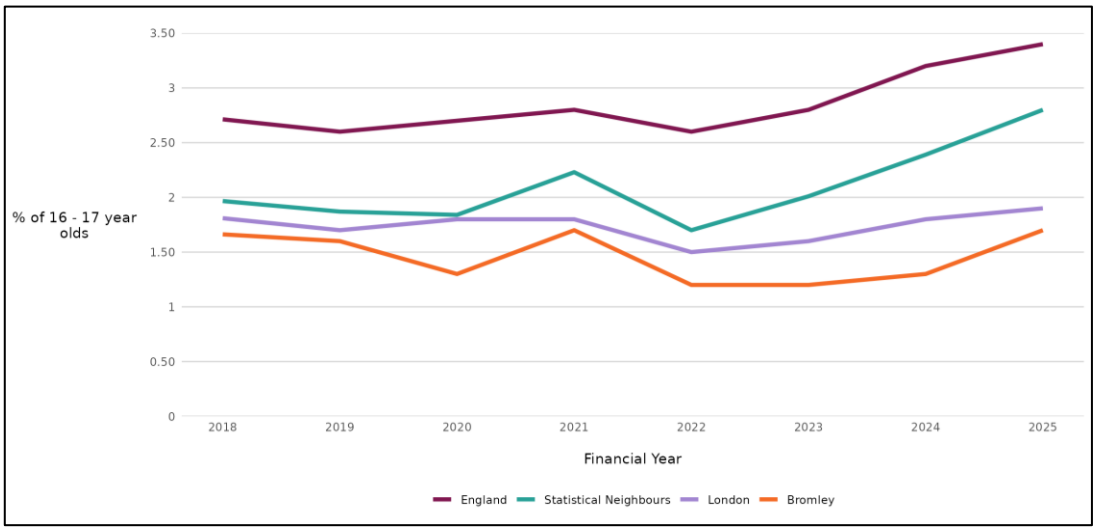
SLCN is described in more detail in Section 4: Children with Established Needs.

b) Young People who are Not in Education, Employment or Training (NEET)

Those at risk of being NEET include young people from disadvantaged backgrounds, those who have underachieved in school, teenage parents, young people in or leaving care, and young people with learning disabilities or mental health problems.

The latest published rate of NEET in Bromley 16-17-year-olds was 1.7% in 2025. This compares favourably to a rate of 2.8% in statistical neighbours and 3.4% nationally (Figure 3.31).

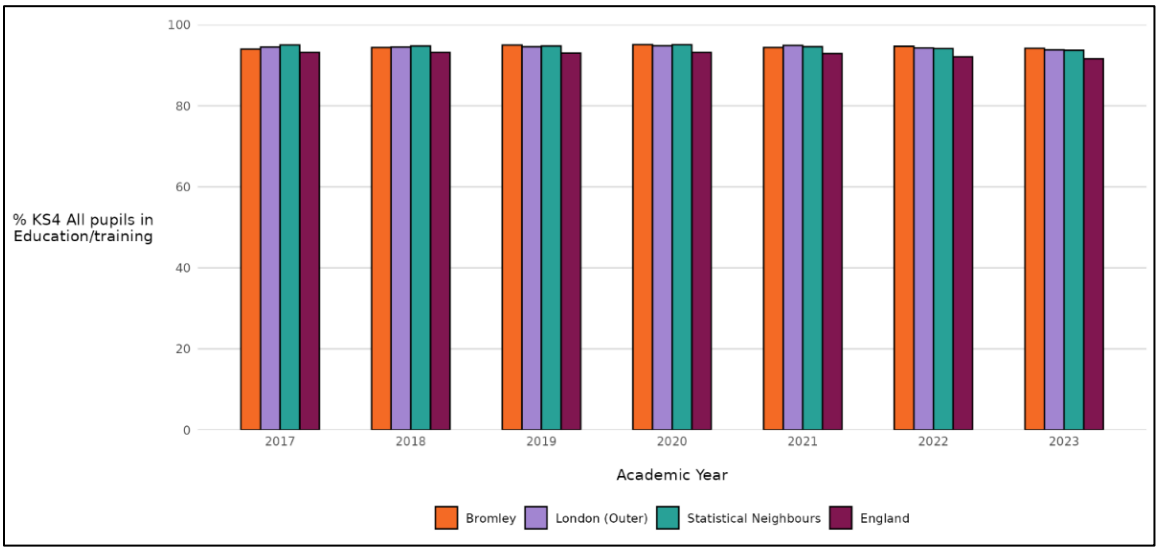
Figure 3.31: Bromley 16-17-year-olds who are NEET, Bromley and comparators, 2018-2025



Source: LAIT 2025

The proportion of pupils with SEND who remain in education, employment or training after KS4 in Bromley, London and England, has remained stable over recent years. The rate in Bromley is like that in statistical neighbours and slightly higher than the rate in England (Figure 3.32).

Figure 3.32. % KS4 pupils remaining in education, employment or training, Bromley and comparators, 2017 - 2023.



Source: LAIT 2026

What this means for children and young people in Bromley?

Rates of pupils who are NEET in Bromley are lower than statistical neighbours and the national rate.

c) Children and young people who are not attending school

School is a protective factor in the life of most children and young people. When a young person does not attend school regularly, they can quickly lose step with their peers, both educationally and socially. They are also less likely to be protected from harm and may not be observed by adults who recognise the signs of harm. Attendance at school also limits the extent to which young people can engage in harmful or antisocial behaviours such as self-harm, drug and alcohol use, offending and gang association. It also reduces the risk of CSE.

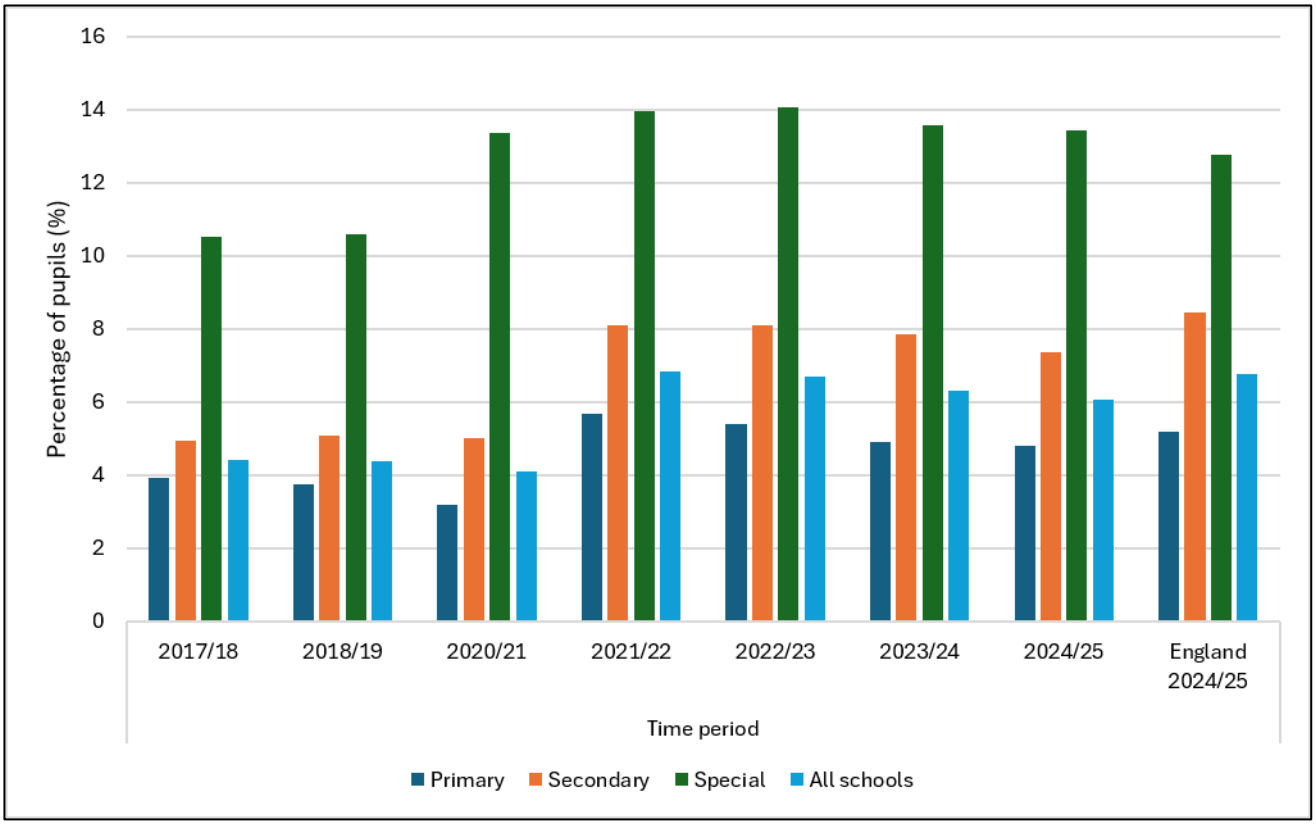
The SHEU survey 2026 found that 81% of pupils had attended school on 5 or more days in the week prior to the survey. There were no differences in attendance between boys and girls.

In the month before the 2026 SHEU survey:

- 41% missed no school at all (no change since 2024 and had increased from 34% in 2022)
- 38% missed school due to illness or injury (a decrease from 43% in 2024)
- 21% missed school due to medical or dental appointments (no change since 2024)

Figure 3.32 shows that absence in Bromley remains higher than before the pandemic and is now below the England average overall. Across all schools, Bromley's absence rate rose from 4.4% in 2017/18 to 6.3% in 2023/24 and 6.0% in 2024/25. Bromley's primary absence rate is also lower than England in 2024/25 (4.8% compared with 5.2%), and the secondary rate has fallen from 8.1% in 2021/22 and 2022/23 to 7.4% in 2024/25, which is notably below the England rate of 8.4%. However, absence in special schools remains much higher than in mainstream settings and is slightly above England in 2024/25 (13.4% compared with 12.8%), indicating ongoing additional needs and barriers to attendance for this group. Overall, the absence rate has not returned to pre-pandemic levels, but Bromley is showing gradual recovery and is performing better than England overall. However, the pupil absenteeism rate in Bromley's special schools (13.4%) is slightly higher than national levels (12.8%).

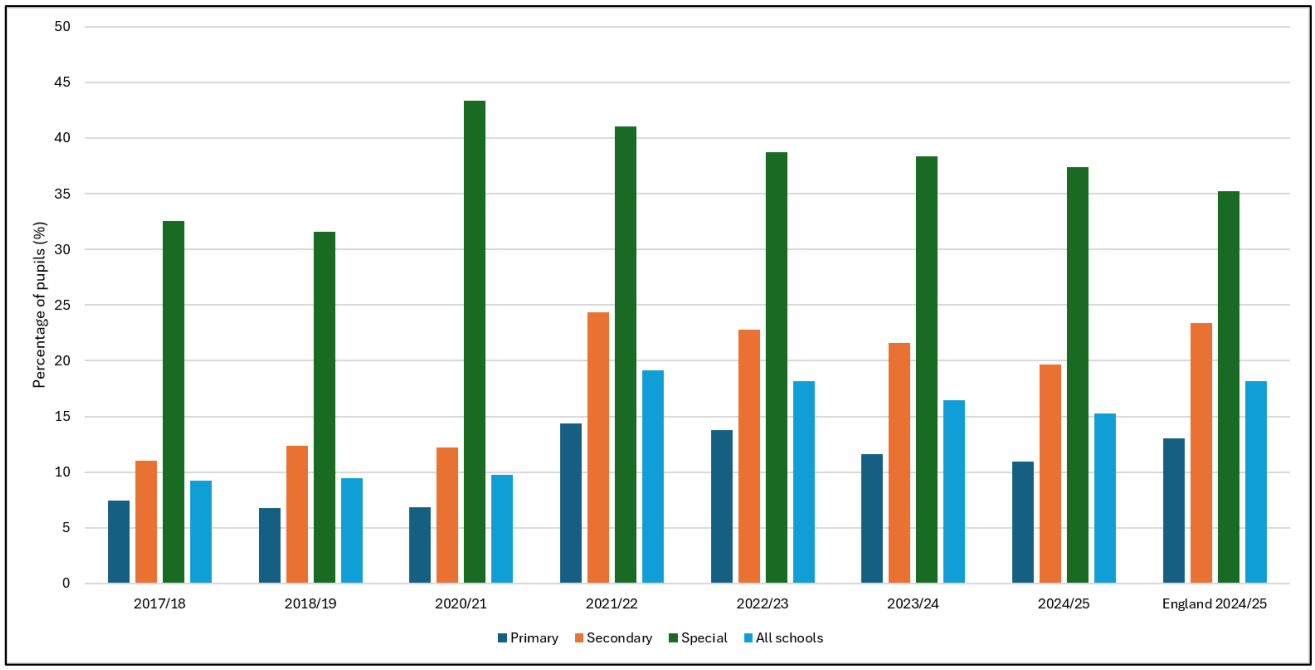
Figure 3.33: Percentage of pupils who are reported absent, Bromley and England, 2017/18 to 2024/25



Source: Department for Education, March 2026

Persistent absence is defined as an attendance record of less than 90%, measured over a single term. This amounts to around 7 days per term. Persistent absence rates are lower in Bromley than national rates except for special schools. Figure 3.34 shows the proportion of pupils who are persistently absent, meaning they missed more than 10% of school. Persistent absence in Bromley remains much higher than before the pandemic but has been improving in recent years: across all schools, the rate rose from 9.3% in 2017/18 to a peak of 19.1% in 2021/22, before falling steadily to 16.5% in 2023/24 and 15.2% in 2024/25. This means that around one in seven pupils in Bromley still missed at least 10% of school in 2024/25, but the borough is now below the England average of 18.1%. Bromley's primary and secondary schools both compare favourably with England, with 11.0% of primary pupils and 19.6% of secondary pupils persistently absent in 2024/25, compared with 13.0% and 23.4% nationally. However, persistent absence remains particularly high in special schools, where 37.4% of pupils in Bromley missed more than 10% of school, slightly above the England rate (35.3%).

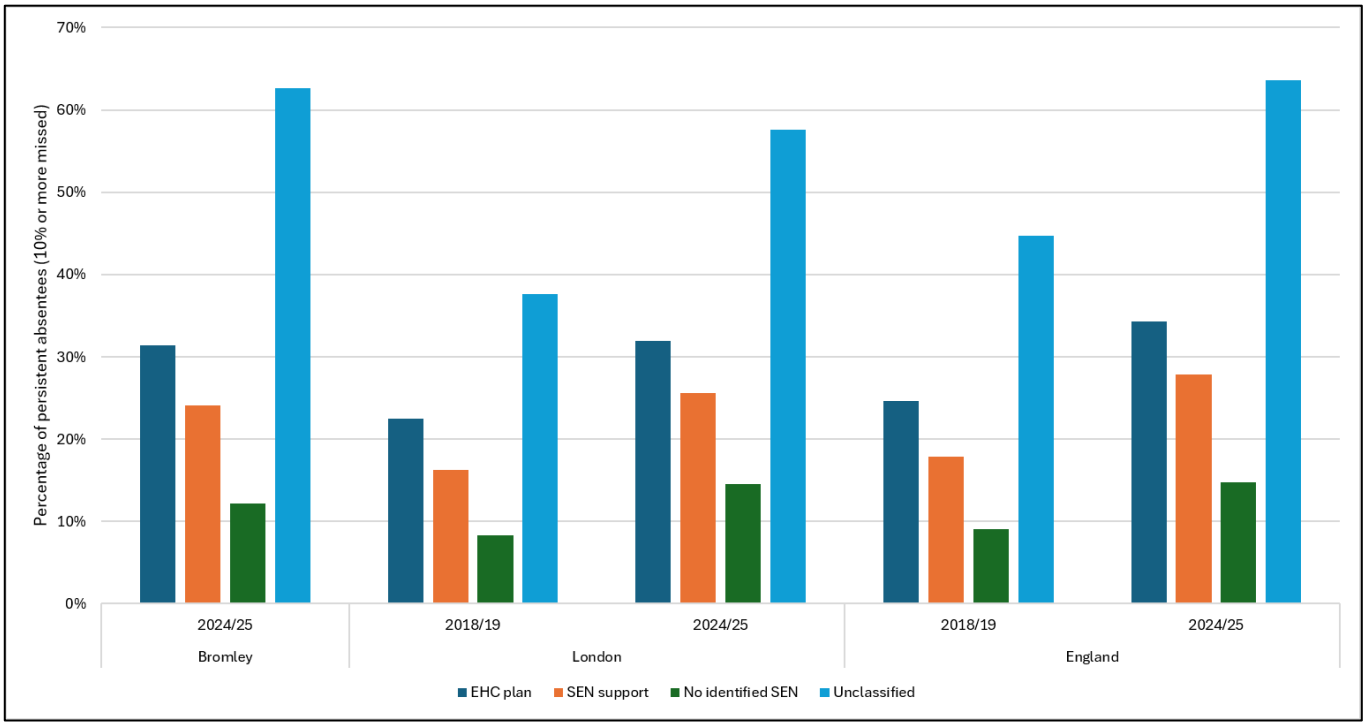
Figure 3.34: Percentage of pupils who miss more than 10% of school, Bromley and England, 2017/18 to 2024/25



Source: Department for Education, March 2026

Figure 3.35 shows that persistent absence is substantially higher among children and young people with SEND than among pupils with no identified SEN, both locally and nationally. In Bromley in 2024/25, almost one in three pupils with an EHC plan were persistently absent (31%) and nearly one in four pupils receiving SEN support were persistently absent (24%), compared with 12% of pupils with no identified SEN. Bromley's rates are slightly lower than the England averages for pupils with an EHC plan (34%) and SEN support (28%), and similar to or below London, suggesting Bromley performs comparatively better for these groups. However, the high level of persistent absence among pupils with SEND remains a concern, indicating ongoing barriers to regular attendance for children with additional needs.

Figure 3.35: Persistent absence from school of children and young people with SEND, 2018/19 and 2024/25, Bromley and comparators



Source: Department for Education, May 2026

Table 3.16 shows that persistent absence rates for young people eligible for free school meals are higher in Bromley than the national average and much higher than the rate for London.

Table 3.16. Persistent absence from school of children and young people eligible for free school meals, 2023/24, Bromley and comparators

Pupil characteristic	Bromley %	London %	England %
Eligible for FSM	37.7	28.1	34.8
Not eligible for FSM	11.7	13.3	14.1

Source: Department for Education, May 2026

The SHEU survey 2026 asked pupils about reasons for missing school in previous month (Table 3.17). Overall, 41% of pupils said they had not been absent in the month before the survey, while the most common reasons for absence were illness or injury (38%) and medical/dental appointments (21%).

Table 3.17: Percentage of pupils reporting school absence in the previous month, 2026

Reason	Boys %	Girls %

Illness or injury	37%	40%
Medical/dental appointments	15%	26%
Mental health	4%	13%
Having their period	-	11%
Worries about school	-	9%
Other	4%	-

Source: SHEU survey, 2026

What this means for children and young people in Bromley?

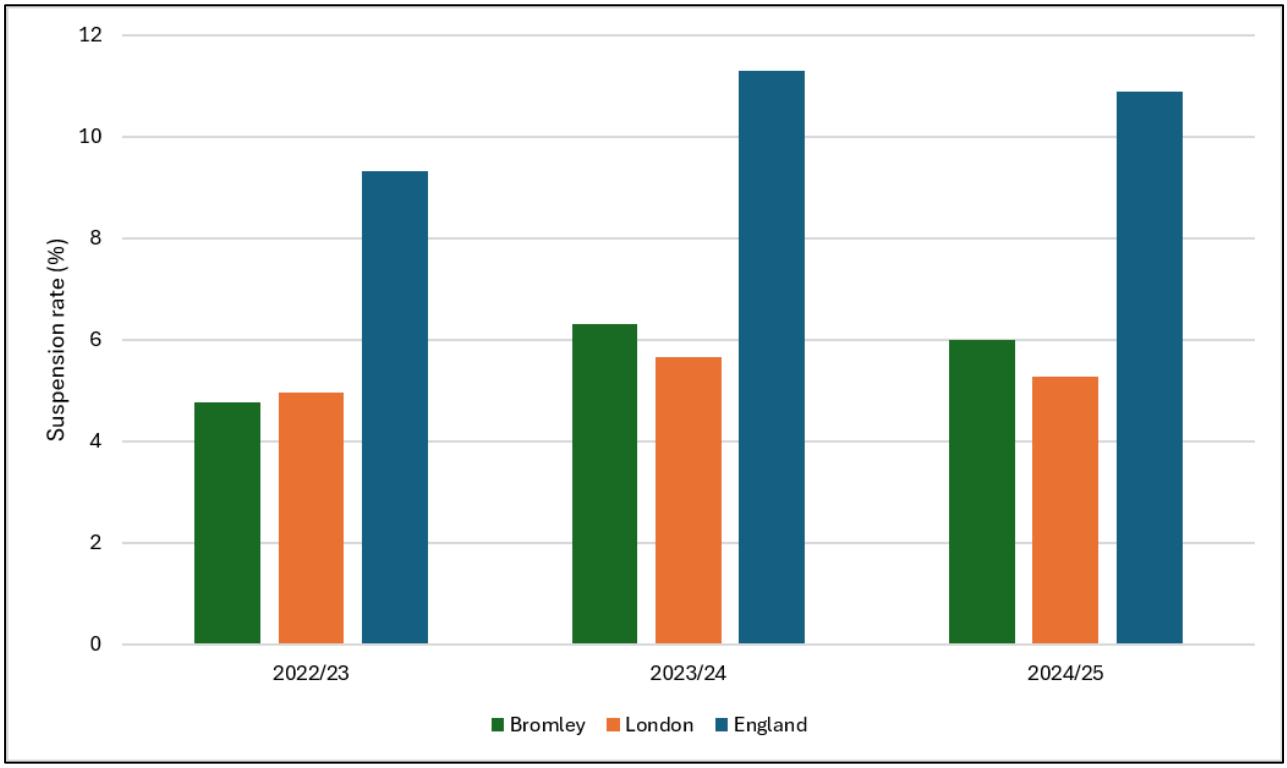
The school absence rate has not returned to pre-pandemic levels, but Bromley is showing gradual recovery and is performing better than England overall.

Absence in special schools remains much higher than in mainstream settings and is slightly above England in 2024/25 (13.4% compared with 12.8%), indicating ongoing additional needs and barriers to attendance for this group.

Children and young people excluded from school

Children and young people may be excluded from school temporarily (suspension) or permanently (permanent exclusion). Exclusion from school is known to impact significantly on young people's life chances and wellbeing. Over 80% of permanently excluded children are estimated to develop mental health difficulties and many will struggle with poor self-esteem. They may struggle to secure opportunities in employment or studies later in life.

Figure 3.36. Rate of suspensions and permanent exclusions in Bromley and comparators, 2022/23 to 2024/25



Source: Department for Education, May 2026

Figure 3.36 shows that Bromley's rate of suspensions and permanent exclusions has remained broadly similar over the period, at around 5 to 6 per 100 pupils between 2022/23 and 2024/25. In 2024/25, Bromley's rate was slightly higher than the London average but remained well below the England average, indicating that exclusion and suspension rates locally are closer to the London pattern than the national picture. The numbers of suspensions and permanent exclusions in Bromley schools are shown in Table 3.18.

Table 3.18: Numbers of children and young people suspended or permanently excluded in Bromley, 2022/23 to 2024/25

	2022/23	2023/24	2024/25
Suspension	1272	1533	1493
Permanent exclusions	48	45	20

Source: Department for Education, May 2026

The following table breaks down the exclusions and suspensions by type of school. Table 3.19 shows that suspension rates in Bromley vary notably by school type. In 2024/25, Bromley's suspension rate was highest in special schools at 8.9, which is above both London (4.0) and England (5.1), suggesting that behaviour-related pressures are more concentrated in specialist provision locally. In primary schools, Bromley's suspension rate was low at 0.9, broadly similar to London and England, while in secondary schools the Bromley rate of 4.7 was below both London (5.5) and England (7.3). Permanent exclusions were very low across all school types and broadly in line with comparator areas, with rates close to zero. Overall, the table suggests that Bromley's exclusion profile is generally favourable in mainstream schools, particularly secondary schools, but special schools have a comparatively higher suspension rate and may require closer monitoring and targeted support.

Table 3.19: Rate of Fixed Period and Permanent Exclusions in maintained Primary, Secondary and Special Schools in Bromley 2024/25

School type	Exclusion type	Bromley	London	England
Special schools	Suspension	8.9	4.0	5.1
	Permanent exclusions	0.1	0.0	0.1
Primary schools	Suspension	0.9	0.6	1.1
	Permanent exclusions	0.0	0.0	0.0
Secondary schools	Suspension	4.7	5.5	7.3
	Permanent exclusions	0.1	0.1	0.2

Source: Department for Education, May 2026

Table 3.20 shows that the main recorded reasons for permanent exclusions in Bromley in 2024/25 were physical assault against a pupil (27.6%), persistent disruptive behaviour (20.7%), verbal abuse or threatening behaviour against an adult (13.8%) and physical assault against an adult (10.3%). Compared with London and England, Bromley had a higher proportion of exclusions linked to physical assault against pupils and verbal abuse or threatening behaviour towards adults, while persistent disruptive behaviour accounted for a smaller share than in both comparator areas. Reasons such as offensive weapons or prohibited items, drug and alcohol-related incidents, damage, inappropriate use of social media or online technology, and sexual misconduct each accounted for smaller proportions of exclusions. Several categories, including bullying, racist abuse, theft, and abuse relating to disability, sexual orientation or gender identity, recorded no permanent exclusions in Bromley. Overall, the pattern suggests that permanent exclusions in Bromley are more commonly linked to serious incidents of assault or threatening behaviour than to persistent disruptive behaviour, which is the dominant reason nationally.

Table 3.20: Reasons for permanent exclusions in maintained schools in Bromley and comparators, 2024/25

Reason	Bromley	London	England
Physical assault against a pupil (%)	27.6	20.0	15.6
Persistent disruptive behaviour (%)	20.7	29.9	39.6
Verbal abuse or threatening behaviour against an adult (%)	13.8	8.3	10.8
Physical assault against an adult (%)	10.3	8.4	12.0
Use or threat of use of an offensive weapon or prohibited item (%)	6.9	12.3	5.8
Verbal abuse or threatening behaviour against a pupil (%)	6.9	6.9	4.7
Damage (%)	3.5	1.7	2.9
Drug and alcohol related (%)	3.5	5.5	4.6
Inappropriate use of social media or online technology (%)	3.5	1.7	0.8
Sexual misconduct (%)	3.5	2.5	1.1
Abuse against sexual orientation and gender identity (%)	0.0	0.1	0.2
Abuse relating to disability (%)	0.0	0.1	0.0
Bullying (%)	0.0	1.4	0.6
Racist abuse (%)	0.0	0.2	0.7
Theft (%)	0.0	0.5	0.4
Wilful and repeated transgression of protective measures in place to protect public health (%)	0.0	0.6	0.5

Source: Department for Education, May 2026

Gypsy Traveller Population

National data continue to show significant inequalities for Gypsy, Roma and Traveller communities. In Census 2021, 56.8% of people who identified as Gypsy or Irish Traveller in England and Wales had no qualifications, compared with 18.2% of the wider population[22]. Educational outcomes are also lower across key stages: in 2023, 18% of Gypsy/Roma pupils and 21% of pupils of Traveller of Irish Heritage met the expected standard in reading, writing and mathematics at the end of primary school, compared with 60% of all pupils. At GCSE, 16% of Gypsy/Roma pupils and 31% of Traveller of Irish Heritage pupils achieved grade 4 or above in English and mathematics, compared with 65% of all pupils. Pupils from these groups also experience higher absence and exclusion rates, with White Gypsy or Roma and Traveller of Irish Heritage pupils having the highest permanent exclusion rates in 2022/23. There remains a marked decline in recorded Gypsy, Roma and Traveller pupil numbers between primary and secondary school.

According to the 2021 Census, 0.8% of Gypsy or Irish Traveller ethnic groups in England and Wales lived Bromley. Bromley has a settled Gypsy Traveller community, with households concentrated chiefly in the east of the borough, particularly around the Crays. Some families live in bricks-and-mortar housing, while others may have accommodation needs linked to Traveller sites or culturally appropriate support.

Estimating the size and needs of Gypsy, Roma and Traveller communities remains challenging. Census and school records are likely to undercount these groups because some individuals may choose not to identify their ethnicity, including because of concerns about stigma, discrimination or

mistrust of public services. This means local data should be interpreted with caution and supplemented with community insight where possible.

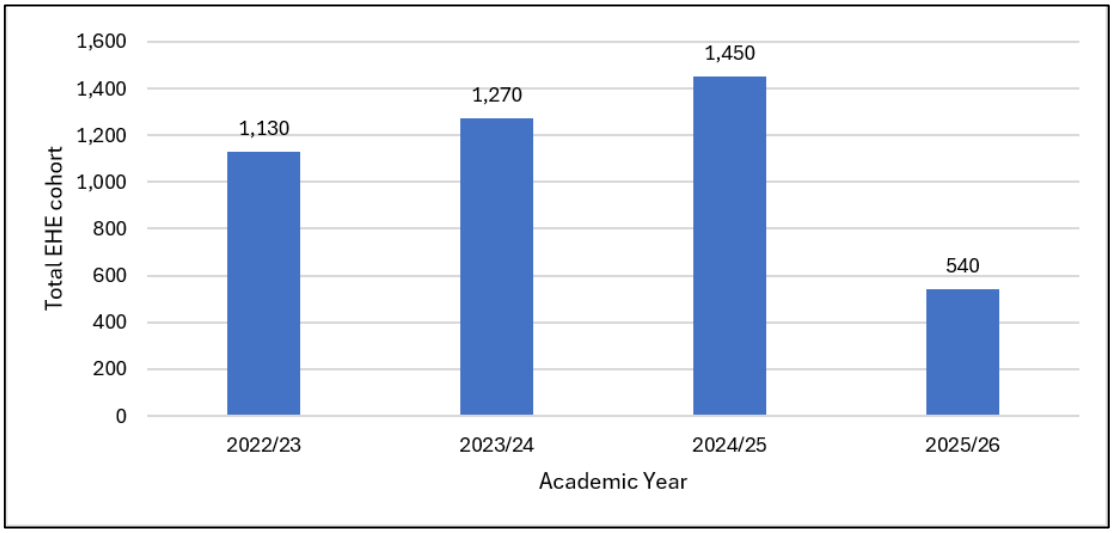
What this means for children and young people in Bromley?

- School attendance has improved but has not returned to pre-pandemic levels
- Children with SEND face greater barriers to regular attendance, particularly those in special schools and those with EHC plans.
- Children eligible for free school meals are at higher risk of persistent absence
- Suspensions and exclusions in Bromley are broadly in line with London and much lower than England.
- Special schools have higher suspension rates than comparators, indicating additional pressures in specialist provision and a need for targeted support around behaviour, SEMH needs and attendance.
- Permanent exclusions in Bromley are more commonly linked to serious incidents of assault or threatening behaviour than to persistent disruptive behaviour, which is the dominant reason nationally.
- Gypsy, Roma and Traveller communities experience significant national inequalities in education and qualifications, while local understanding of need is limited by likely under-recording in Census and school data.

d) Children who are Electively Home Educated (EHE)

Elective Home Education is a conscious decision by parents or carers to educate their children at home. The number of children declared EHE in Bromley from 2022/23 to 2024/35 has been rising.

Figure 3.37: Number of EHE children at any point during the year in Bromley, 2022/23 to 2025/26

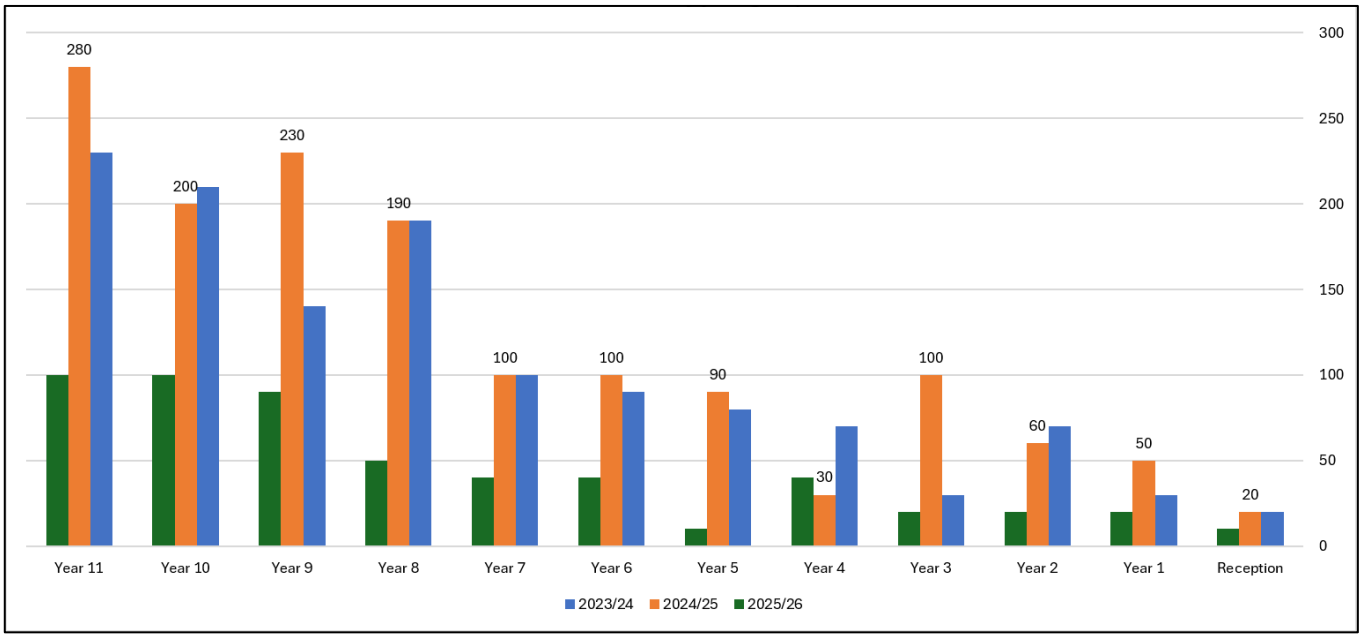


Source: ECHS, 2026

There is an overall increase in EHE, both locally and nationally. This number is fluid with some children returning to mainstream education during the academic year.

The academic stage of the EHE children in Bromley in August 2026 is shown in Figure 3.38. EHE is most common among older pupils, particularly those in Years 8-11, suggesting that elective home education becomes more common during the secondary-school years. Although current 2025/26 counts are lower across most year groups than in 2024/25, the incomplete reporting period means these differences should not yet be regarded as evidence of a genuine reduction or changing age profile.

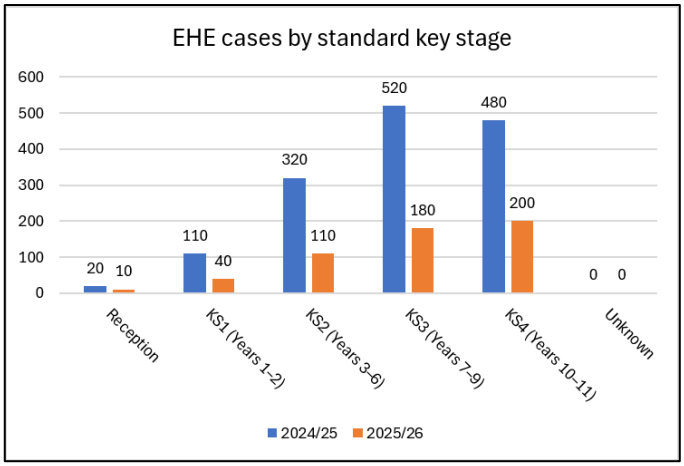
Figure 3.38: EHE Cohort by Year Group, August 2026

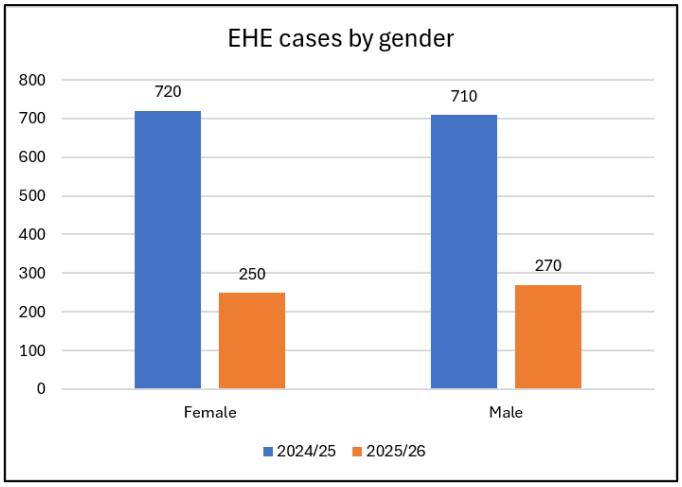


Source: ECHS, 2026

The recorded gender distribution is relatively balanced, with 250 females and 270 males; however, 2025/26 totals are probably incomplete, and the available data do not support analysis of gender differences within individual key stages.

Figure 3.39: EHE Cases by Key Stage and Gender, Bromley, August 2026

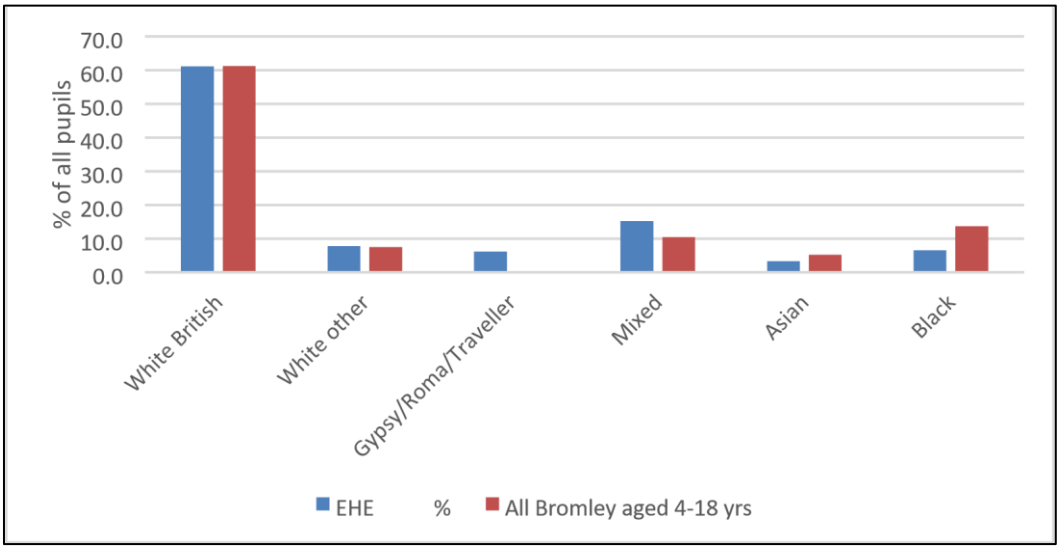




Source: ECHS, 2026

There are some differences in ethnicity of EHE pupils with Gypsy/Roma/Traveller children significantly over-represented in the EHE population, and to a lesser extend children of mixed ethnicity. Figure 3.40 uses data from 2022.

Figure 3.40: Ethnicity of EHE children compared to all children of school age in Bromley, 2022



Source: ECHS, 2022

National research suggests that some parents are encouraged to remove their children from school rather than to have them excluded.

What this means for children and young people in Bromley?

The number of children who are electively home educated continues to grow in Bromley

The majority of EHE in Bromley are of secondary school age.

4. Emerging social issues

Contextual safeguarding refers to the need to assess and respond to risks to children that arise outside the home, including in peer groups, schools, neighbourhoods and online environments[23]. In Bromley, extra-familial harm includes children and young people who go missing from home or care, and those at risk of child sexual exploitation, child criminal exploitation, serious youth violence, trafficking, modern slavery, radicalisation, harmful sexual behaviour and online exploitation[22].

More than one form of exploitation may affect the same young person at the same time[22]. The national and local safeguarding landscape continues to evolve, particularly in relation to online harms, criminal exploitation and the wider risks associated with extra-familial contexts. Recent national evidence indicates that online grooming offences against children remain a significant and growing concern[2424].

Local Bromley data for 2024 indicate ongoing concerns relating to missing episodes and exploitation. Between April and September 2024, 67 children and young people were reported missing. In the same period, 28 were identified as being at risk of child sexual exploitation, 26 were being exploited by gangs, 64 were being criminally exploited, and 6 young people were referred to the National Referral Mechanism due to concerns relating to trafficking or modern slavery[25]. Local data also indicate that the number of children identified as being sexually or criminally exploited has increased since 2022.

This section starts with the lowest level of social care support as seen in Early Help Services and Children in Need (CiN), and the highest levels of need are seen in children subject to a Child Protection Plan (CPP) or children who are taken into public care, Children Looked After (CLA). The needs of CPP and CLA are set out in Section 4: Children and Young People with Established Needs.

a) Early help

National evidence continues to show a strong relationship between socio-economic disadvantage and educational attainment, with gaps in development and school readiness evident before children start school and persisting through later stages of education[26]. Evidence also indicates that high-quality early year's provision, alongside effective teaching

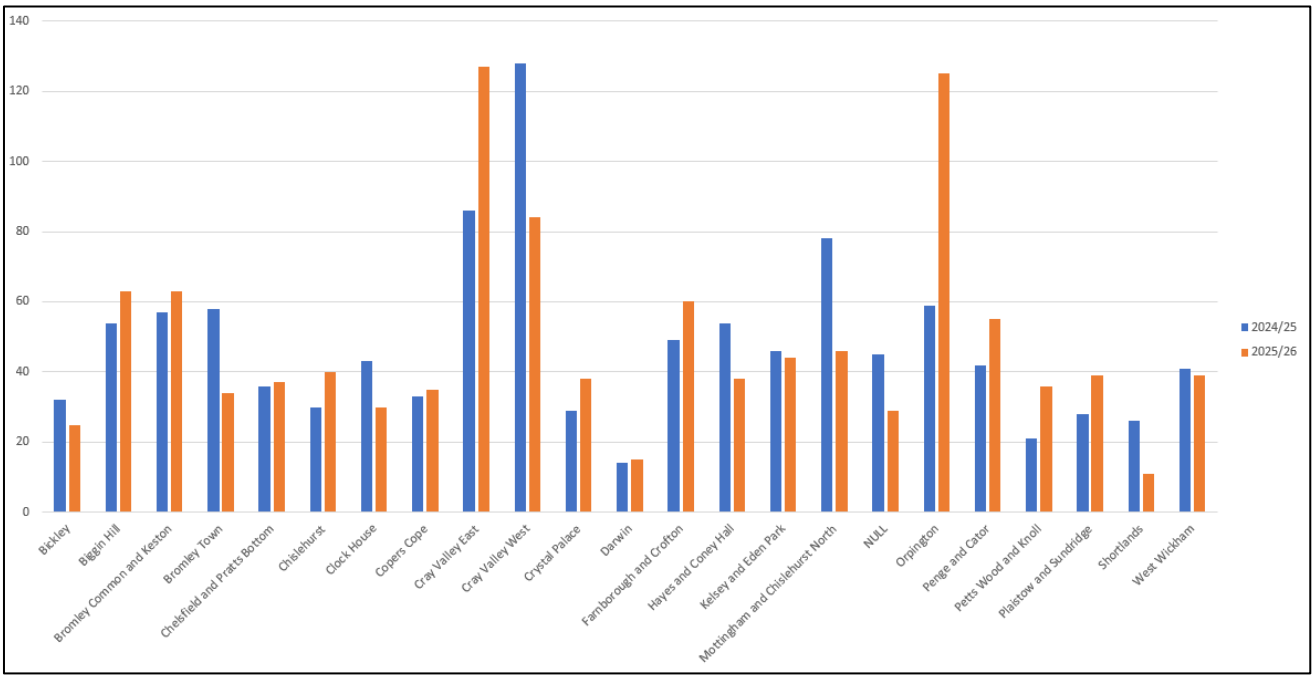
and support in schools, can improve outcomes for all children and is particularly important for those from disadvantaged backgrounds[27].

Most children and young people have their needs met through universal services such as health and education. However, some will experience additional needs at different stages of childhood and adolescence and may require extra support to achieve good outcomes in safe and secure home environments[28]. In Bromley, services aim to identify emerging needs early and provide coordinated support where problems begin to develop.

Some children and families with lower levels of need are supported by Bromley Children Project Early Intervention Family Support and the Children and Family Centres. Although Supporting Families Programme has ended, EIFS continues to use its outcomes framework to maintain consistency.

The total number of children living in families where the family are receiving support from Bromley Children Project Family Support or Children and Family Centres is set out in Figure 3.41 by ward. Some wards have a higher number of children living in families who are receiving support in 2025/26, namely Cray Valley East, Cray Valley West and Orpington.

Figure 3.41: Number of Children & Young People in Bromley, by ward, 'attached' via Early Intervention & Family Support under Children who need intensive support for the purpose of Supporting Families (nee Tackling Troubled Families), 1st April 2024 to 31st March 2026.



Source: EIFS data, June 2026

Note: From October 2025 onwards, children receiving support within the Community Vision outreach area are included in the Family First pilot; therefore, this cohort is excluded from the chart.

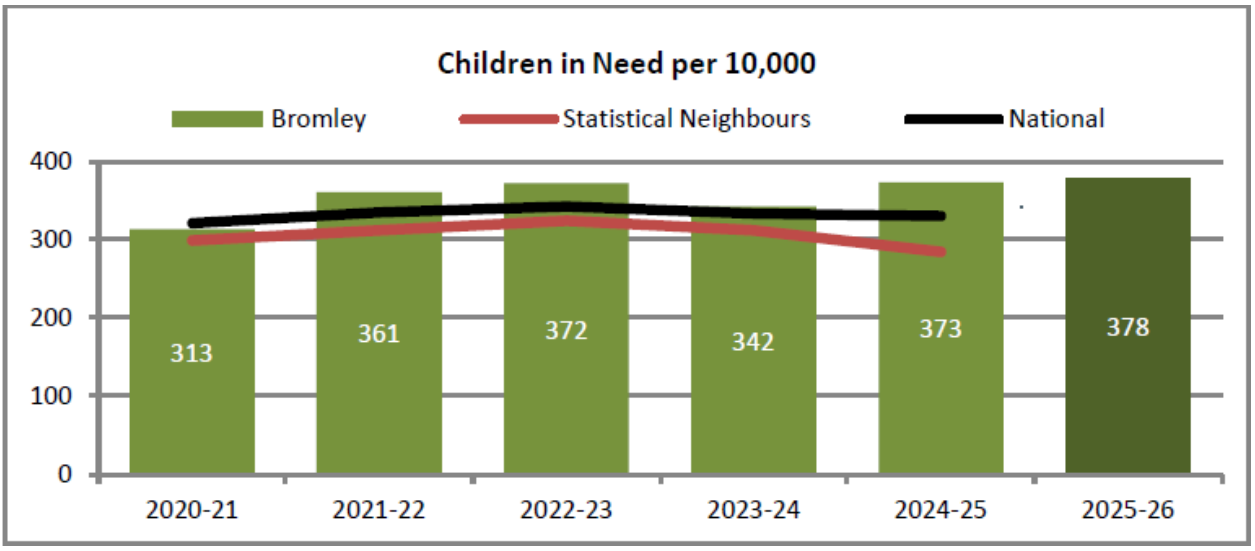
What this means for children in Bromley

Additional support needs in children have been identified particularly in Cray Valley East, Cray Valley West and Orpington.

b) Children in Need (CiN)

If it is judged that a particular child is unlikely to reach or maintain a satisfactory level of health or development without the provision of services, or the child is disabled, then that child is judged to be a Child in Need (CiN)[29]. These children and their families may be facing complex and/or multiple needs.

Figure 3.42 Proportion of Children in Need (CiN) in Bromley and comparators, 2020-21 to 2025-26



Source: LBB Children's Social Care, Performance Insights, March 2026

Figure 3.42 indicates that the proportion of Children in Need in Bromley has slightly increased in recent years, sitting above the England average and statistical neighbours in 2025. Taken together, the pattern points to ongoing demand for statutory support in Bromley.

Table 3.21 compares the characteristics of CiN in Bromley with data for London and England.

Table 3.21 Descriptors of Children in Need in Bromley, 2025

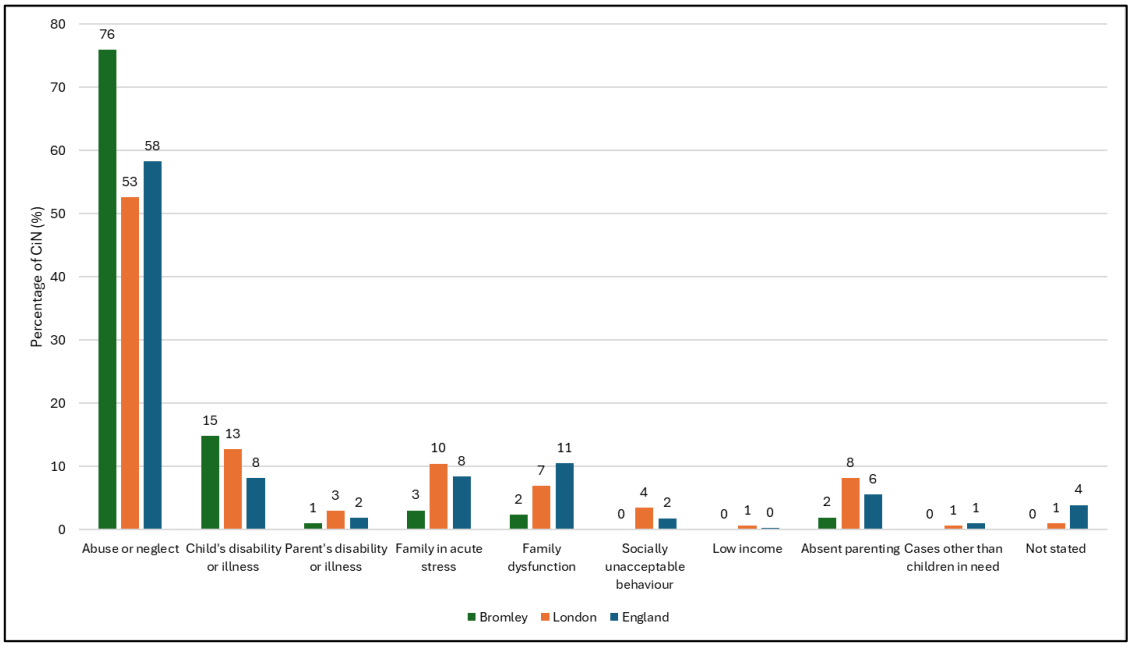
Descriptor	Bromley %	Statistical neighbour %	England %
CiN with no SEN	42.4	46.3	46.3
CiN with SEN support needs	17.0	21.4	21.9
CiN with EHC Plan	40.7	32.3	31.4
CiN eligible for free school meals	46.3	54.4	61.7
CiN achieving 9-4 pass on Key Stage 4 in English and mathematics	24.6	22.6	18.1
CiN with unauthorised absence from school (% sessions missed)	7.8	6.9	8.2
Proportion of CiN absentees who are persistent absentees	44.7	46.2	46.0
CiN who are excluded for a fixed period (2024)	12.38	13.52	14.24
CiN who are permanently excluded (2024)	1.02	1.06	1.03

Source: LAIT, 2026

The proportion of children on SEN support is lower in Bromley but the proportion with an EHC Plan is much higher than the national rate.

Figure 3.43 shows the percentage distribution of children in need by their recorded primary need in 2025, meaning the figures add up to 100% within each area and indicate the main reason children came to the attention of services rather than the overall number of children in need. In Bromley, the most striking feature is that abuse or neglect accounts for 76% of CiN cases, far higher than London (53%) and England (58%), indicating that in the most recent year Bromley's CiN profile is much more concentrated around safeguarding concerns than in comparator areas. Bromley is also slightly higher than comparators for child's disability or illness (15% vs 13% in London and 8% in England), but much lower for family-related needs such as family in acute stress (3% vs 10% London, 8% England), family dysfunction (2% vs 7% and 11%), and absent parenting (2% vs 8% and 6%). Bromley's CiN population is now dominated by children whose primary need is recorded as abuse or neglect, with comparatively fewer cases driven mainly by broader family stress or dysfunction.

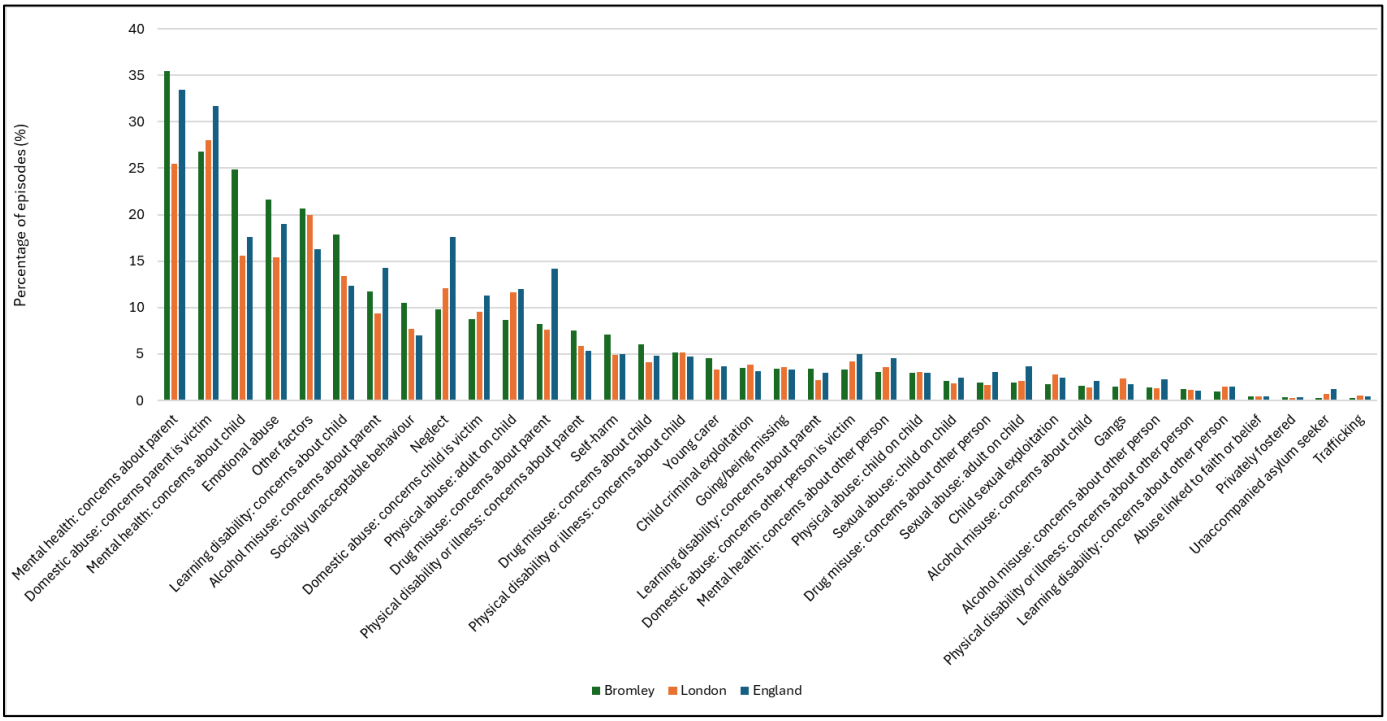
Figure 3.43: Percentage of children in need (CiN) by primary need, Bromley and comparators, 2025



Source: Department for Education, October 2025

Figure 3.44 shows the percentage of children in need assessment episodes in which particular factors were identified by social workers at the end of assessment, so the figures do not represent the percentage of children with that issue overall and they do not add up to 100%, because more than one factor can be recorded for the same episode and the same child may appear more than once if they have multiple episodes in the year. In Bromley the most identified factors were concerns about the mental health of a parent/carer (35%) and domestic abuse where the parent/carer is the victim (27%), meaning these issues were recorded in around one third and just over one quarter of assessed episodes respectively. Bromley also stands out for having higher-than-comparator levels for several child-focused vulnerabilities, including mental health concerns about the child (25% vs 16% London and 18% England), emotional abuse (22% vs 15% and 19%), and learning disability concerns about the child (18% vs 13% and 12%), suggesting a relatively complex profile of need. At the same time, Bromley is lower than England on some factors such as neglect (10% vs 18%), physical abuse by an adult on a child (9% vs 12%), and parental drug misuse (8% vs 14%). Overall, the latest picture suggests that Bromley's CiN assessments are particularly shaped by parental mental health, domestic abuse, and children's own emotional or developmental needs, but the data should be interpreted cautiously because recording practices differ between local authorities and not all episodes have factors recorded.

Figure 3.44: Factors identified at the end of assessment for CiN in the year to 31 March 2025, Bromley and comparators



Source: Department for Education, October 2025

Children at risk of significant harm

This small group of children/young people will have needs which may meet the threshold for statutory intervention at the highest level. Children at this level may be subject to child protection enquiries, taken into the care of the local authority or need specialist mental health intervention. This is examined in more detail in Section 4: Established Needs

What this means for children in Bromley
The proportion of the population who are CiN in Bromley is no longer lower than the national proportion. There is an increase in persistent school absence in CiN in Bromley. This is similar to increases in London and England. The proportion of Children in Need with an EHC Plan is relatively high in Bromley. Bromley's CiN assessments are particularly shaped by parental mental health, domestic abuse, and children's own emotional or developmental needs

c) Young Carers

The Children and Families Act 2014 defines a young carer as, "someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol".

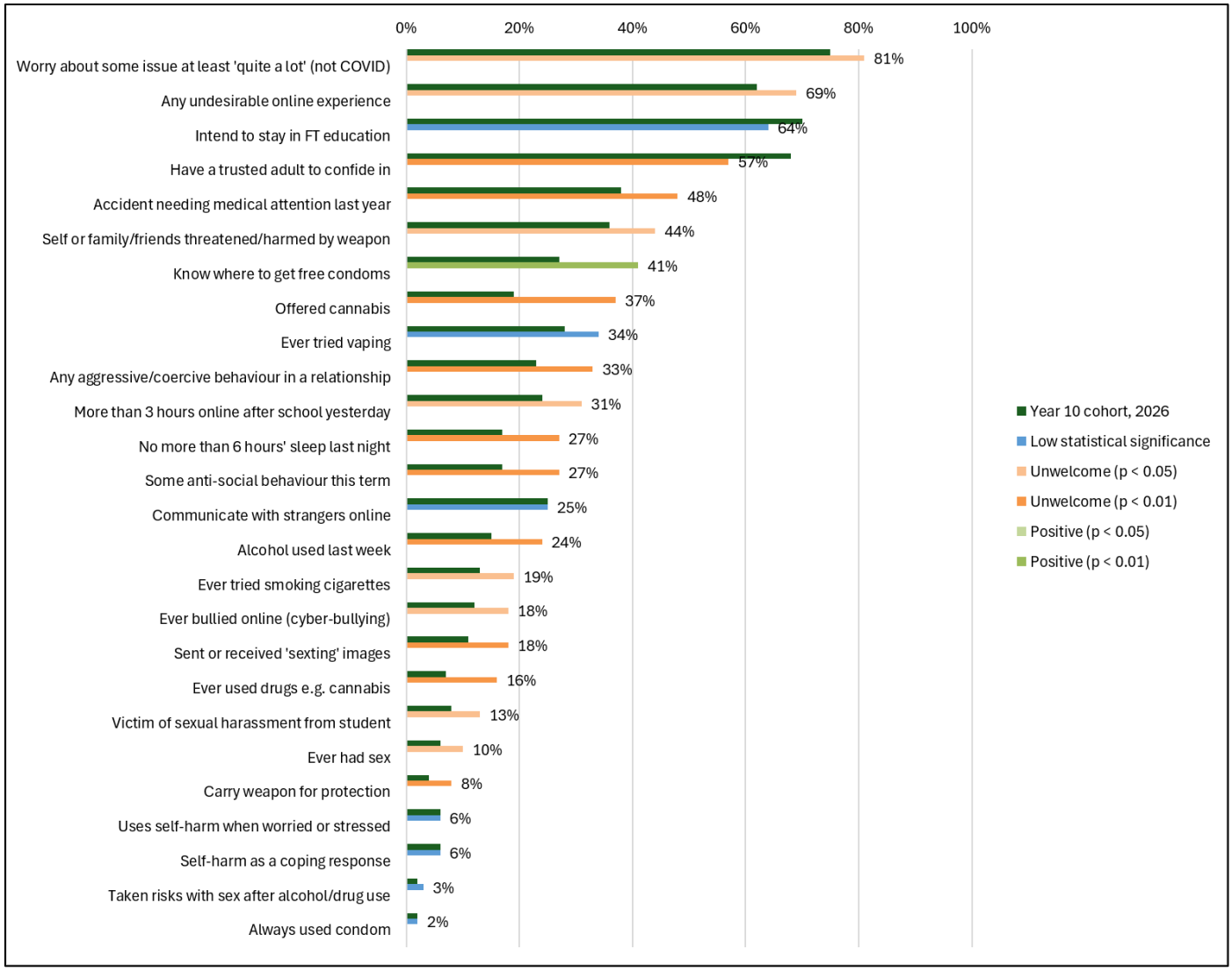
The 2026 SHEU survey identified 227 pupils (8% of Years 8 and 10 pupils) who had to look after family members every week, while 9% said they are 'not sure' if they do. In Year 8, there were 146 young carers (8% of the cohort) Both male and female pupils were affected equally.

Within this cohort:

- 1% of pupils responded that the amount of time they have to look after other family members affects their schoolwork.
- Of the 227 (169) pupils who said they have to look after family members every week, 13% (14% in 2024) said it affects their schoolwork.
- 2% (2% in 2024) of pupils responded that the amount of time they have to look after other family members stops them from doing the things they want to do.
- Of the pupils who said they have to look after family members every week, 24% said it stops them from doing the things they want to do.

By analysing the entire survey separately for this group of pupils the survey identified some statistically significant differences between young carers and the rest of the year 10 cohort.

Figure 3.45: Young carers compared to Year 10 cohort, 2026 survey



Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

Young carers report a markedly poorer experience than the overall Year 10 cohort across safety, substance exposure, sleep and relationships (Figure 3.45). They were more likely to have been offered cannabis (37% compared with 19%), to have used drugs (16% compared with 7%), to have consumed alcohol in the previous week (24% compared with 15%), and to carry a weapon for protection (8% compared with 4%).

They were also more likely to report insufficient sleep, accidents requiring medical attention and aggressive or coercive behaviour within a relationship. Conversely, fewer young carers had a trusted adult in whom they could confide (57% compared with 68%). These differences were statistically significant.

One positive finding was that more young carers knew where to obtain free condoms (41% compared with 27%). Thus, there is a need for targeted support for young carers, particularly relating to trusted relationships, personal safety, sleep and substance use.

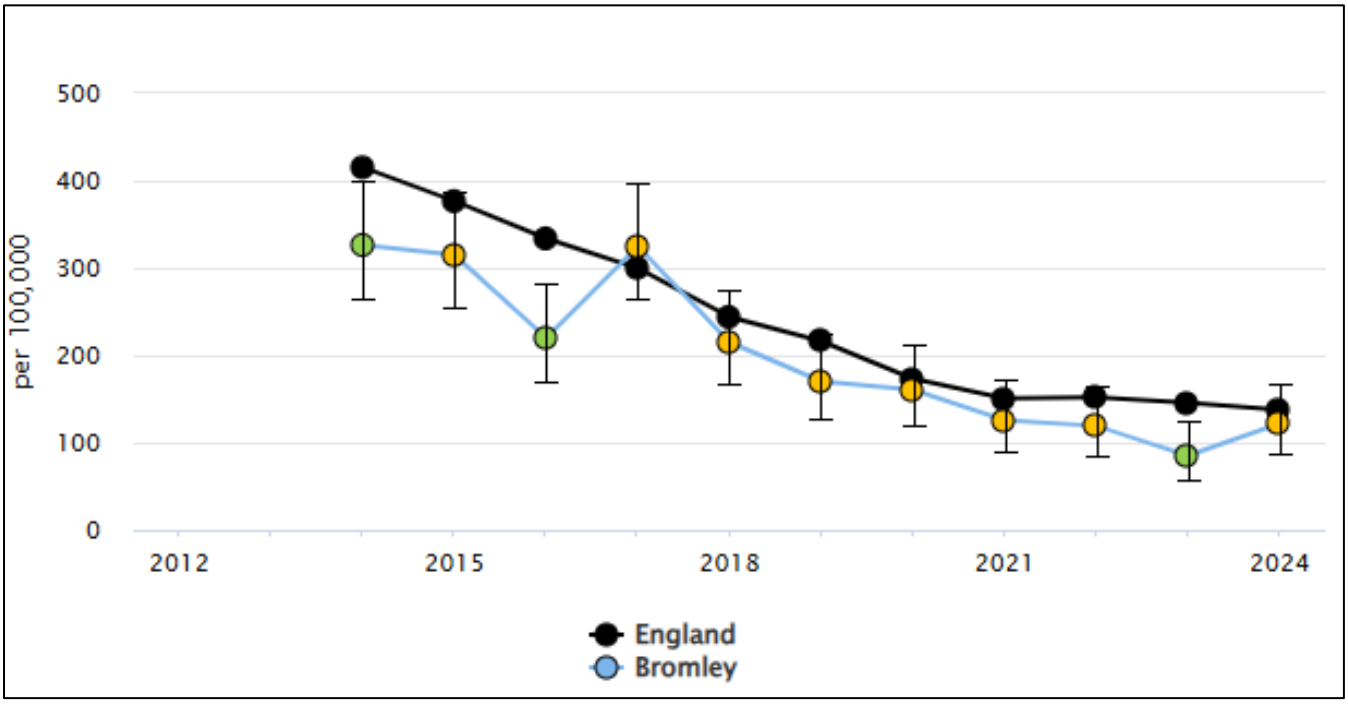
What this means for children in Bromley

Young carers continue to be a particularly vulnerable group of young people.

Young carers report a markedly poorer experience than the overall Year 10 cohort across safety, substance exposure, sleep and relationships

d) Young People in contact with the Youth Justice Service

Figure 3.46. Crude rate of first-time entrants to the youth justice system



Source: OHID Fingertips, Child and Maternal Health Profile, November 2025

Figure 3.46 shows a clear long-term reduction in first time entrants to the youth justice system in Bromley, falling from 96 young people in 2014 to 28 in 2023, with the rate decreasing from 326.3 to 85.2 per 100,000 over the same period. This indicates substantial progress in reducing initial entry into the youth justice system locally. Although there was a rise in 2024 to 41 first time entrants and a rate of 121.8 per 100,000, Bromley remained below the England rate of 137.7. The recent increase may indicate some renewed pressure after several years of improvement, but the overall trend remains markedly downward, suggesting that Bromley has performed better than the national picture over the last decade in preventing young people from entering the youth justice system for the first time.

What this means for children in Bromley

The number of first-time entrants to the Youth Justice System continues to fall, with a slight increase in 2024.

e) Lesbian, Gay, Bisexual and Transgender (LGBTQ+) young people

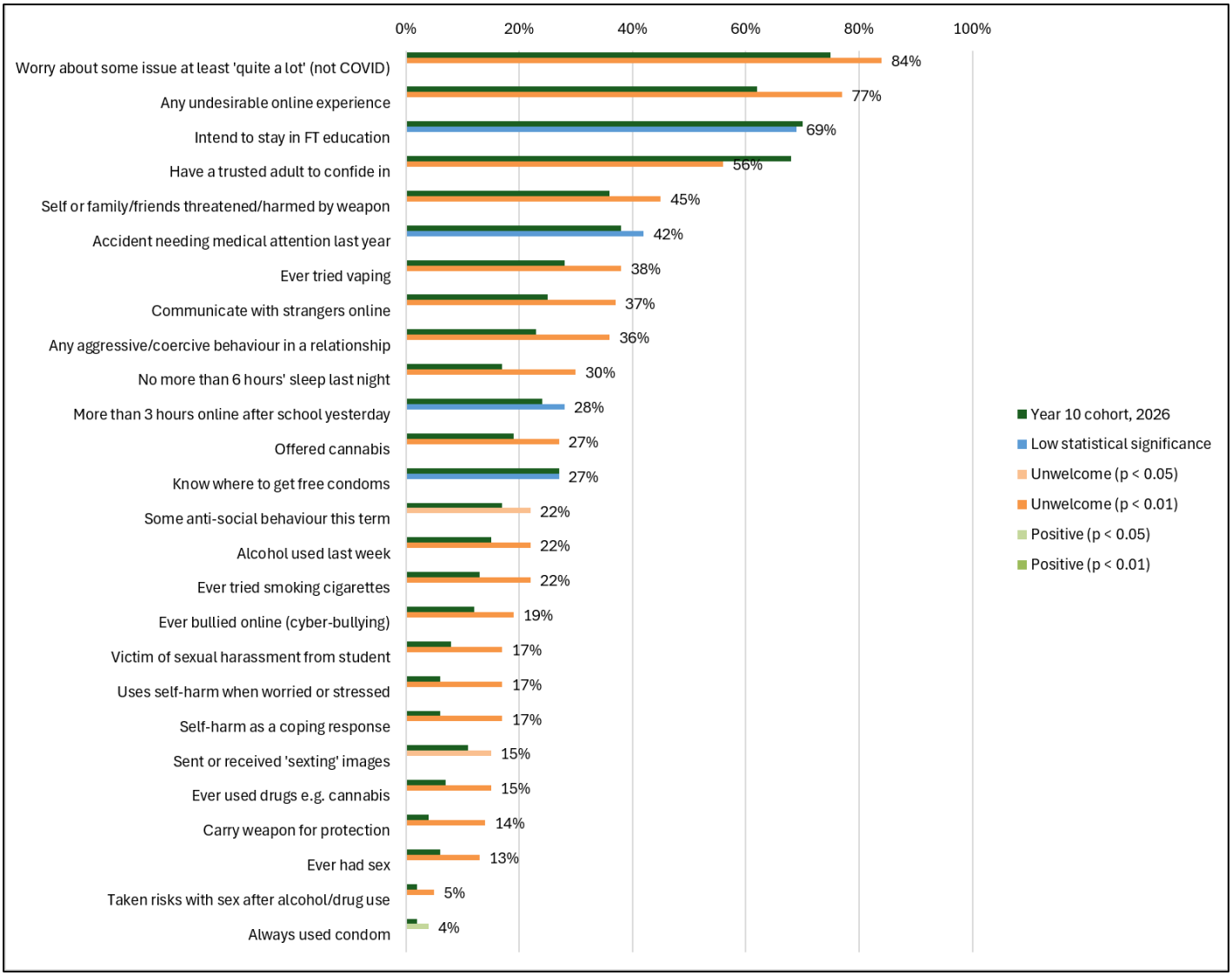
Young people who identify as LGBTQ+ continue to experience disproportionate bullying, discrimination and mental health need. Stonewall's School Report 2017 found that 45% of LGBT pupils in Britain were bullied for being LGBT, including 64% of trans pupils, while self-harm was reported by more than four in five trans young people and three in five lesbian, gay and bi young people who were not trans[30]. In 2024, 47% of young people aged 16 to 24 who identified as LGBTQ+ had experienced bullying and/or discrimination in education because of their sexual orientation, and 25% because of their gender identity; around half did not report the bullying or discrimination[31]. Thus, inclusive school environments, clear reporting routes, trusted adults and access are crucial to affirming support for pupils who identify as LGBTQ+.

The SHEU survey of Year 10 pupils in 2026 found that 86% of pupils reported themselves to be straight or heterosexual, broadly like in 2024, when the proportion was 87%. There was also a gender difference, with a higher proportion of boys (94%) than girls (83) reporting themselves as straight or heterosexual.

Pupils were equally likely in 2026 and 2024 to describe themselves as bisexual, at 5% in both years, and gay/lesbian, at 3% in both years. The proportion of pupils reporting that they were transgender decreased from 5% in 2024 to 3% in 2026. Pupils were slightly more likely in 2026 to worry about being different because of their sexuality "often" or "all the time" than in 2024, increasing from 3% to 4%.

In 2026, 12% of pupils reported that they at least "know how to use" a local LGBTQ+ youth group, compared with 6% in 2024, and 2% had used one, compared with 1% in 2024. By analysing the entire survey separately for this group of pupils the survey identified some statistically significant differences between young people who identify as LGBTQ+ or Trans and the rest of the Year 10 cohort (Figure 3.47).

Figure 3.47: Experiences of pupils in Year 10 who identify as LGBT compared to whole year, 2026



Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

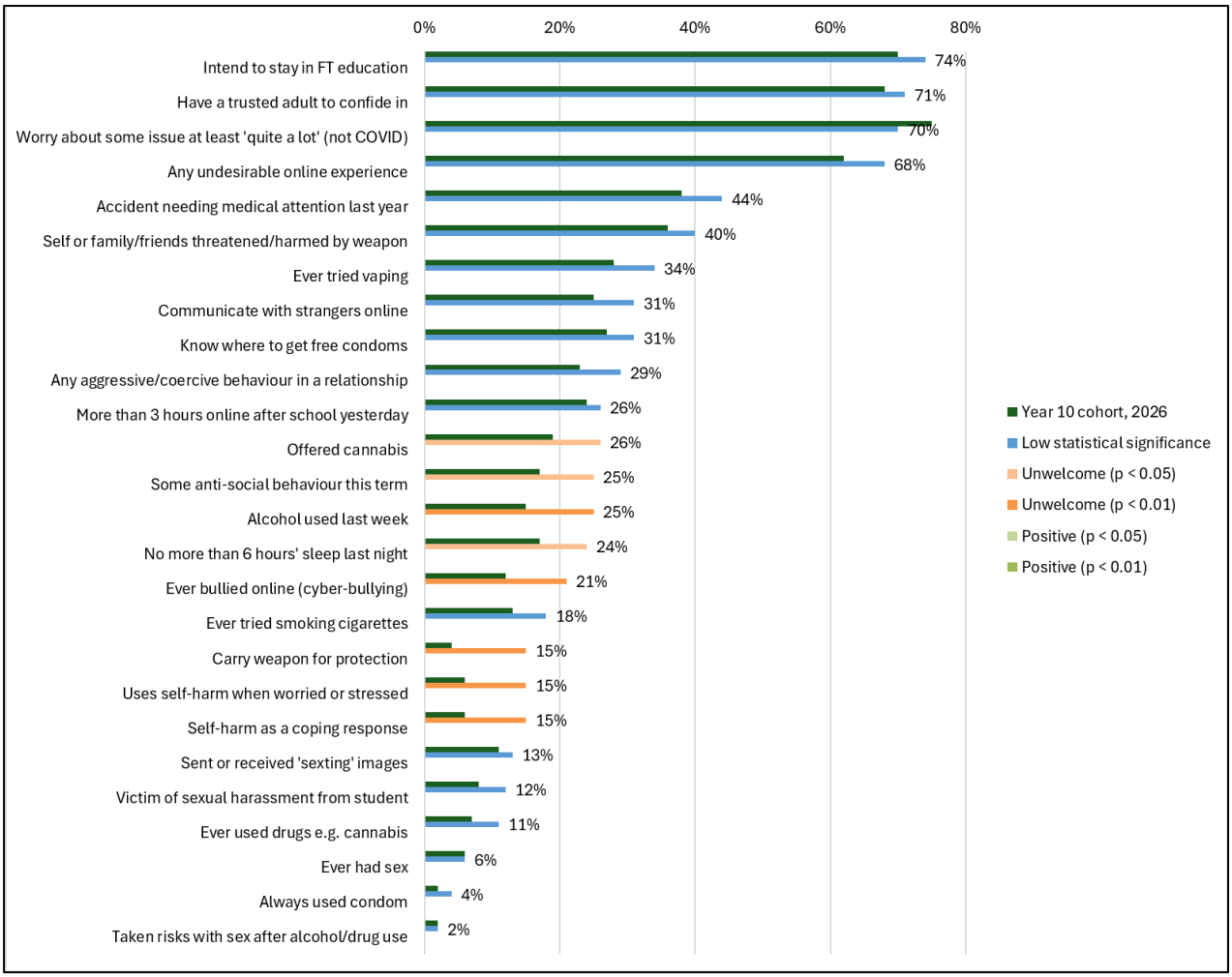
Young people who identify as LGBT reported significantly poorer outcomes than the overall Year 10 cohort across several aspects of health, wellbeing and safety in 2026 (Figure 3.42). They were more likely to report an undesirable online experience (77% compared with 62%), insufficient sleep (30% compared with 17%), and aggressive or coercive behaviour within a relationship (36% compared with 23%). They were also more likely to communicate with strangers online (37% compared with 25%) and less likely to have a trusted adult in whom they could confide (56% compared with 68%).

Mental health and personal safety concerns were particularly pronounced. The proportion reporting self-harm as a coping response was almost three times the cohort rate (17% compared with 6%). LGBT young people were also more likely to carry a weapon for protection (14% compared with 4%),

experience sexual harassment from another student (17% compared with 8%), or report that they, their family or friends had been threatened or harmed with a weapon (45% compared with 36%).

Risk-related behaviours were also more common, including vaping (38% compared with 28%), smoking (22% compared with 13%), drug use (15% compared with 7%) and alcohol use in the previous week (22% compared with 15%). Overall, these findings indicate substantial inequalities for LGBT young people and support the need for targeted, inclusive mental health, safeguarding, trusted-adult and substance-use support.

Figure 3.48: Experiences of Year 10 pupils who identify as Trans compared to whole year, 2026



Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

Trans young people reported significantly poorer outcomes than the overall Year 10 cohort across several areas of safety, emotional wellbeing and risk-related behaviour (Figure 3.48). They were almost four times as likely to carry a weapon for protection (15% compared with 4%) and were more likely to have consumed alcohol during the previous week (25% compared with 15%). Rates of online bullying were also higher (21% compared with 12%).

Mental health differences were pronounced: 15% of trans young people reported using self-harm when worried or stressed, compared with 6% of the cohort. The proportion reporting self-harm as a coping response was similarly 15%, compared with 6% overall. Trans young people were also more likely to report anti-social behaviour (25% compared with 17%), being offered cannabis (26% compared with 19%) and insufficient sleep (24% compared with 17%). This highlights particular needs around mental health, personal safety, sleep, substance use and online harm

What this means for children and young people Bromley?

Young people who identify as LGBTQ+ or trans are a vulnerable group who have significantly worse experiences than their peers.

f) Children and young people who are at risk of exploitation

"Assessment of risk outside the home", or contextual safeguarding, is a duty to consider the safeguarding and welfare of children and young people with specific reference to extra-familial harm.

In Bromley, children and young people at risk of extra familial harm includes those who go missing from home and care, those who are at risk of Child Sexual Exploitation, Child Criminal Exploitation, gang affiliation/association, serious youth violence, radicalisation and trafficking. A detailed list includes:

- Child Sexual Exploitation (CSE)
- Child Criminal Exploitation (CCE: including county lines, gang affiliation, drug dealing)
- Harmful Sexual Behaviour
- Modern Slavery/Child Trafficking
- Radicalisation
- Online Child Exploitation
- Peer on Peer Exploitation
- Organised begging
- Youth produced sexual imagery identified in schools.

More than one form of exploitation may be present for a young person. For example, a child or young person may be at risk of child sexual exploitation (CSE), child criminal exploitation (CCE), serious youth violence, modern slavery and/or trafficking at the same time. These risks can overlap with missing episodes, gang affiliation, coercive relationships, online harm and wider extra-familial harm.

The national and local landscape for vulnerable adolescents, exploitation, extra-familial harm and child protection continues to change. Online grooming and technology-assisted exploitation remain important risks, with young people increasingly contacted through social media, messaging platforms, gaming and other online spaces. Locally, exploitation risks may also be shaped by changes in county lines activity, serious youth violence, peer-group conflict and cross-borough movement between Bromley and neighbouring boroughs such as Lewisham and Croydon. Some

groups of young people may face additional vulnerability, including children who are missing from home or care, those with special educational needs or disabilities, care-experienced young people, and young people who are LGBTQ+ or questioning their gender identity or sexuality.

Social norms and patterns of communication among young people are also changing. Young people may not always recognise exploitative or coercive behaviour as harmful, particularly where relationships begin online, involve peers, or include gifts, status, substances, threats or pressure. This means that prevention, early identification and trusted relationship-based support remain central to safeguarding adolescents from exploitation and extra-familial harm.

Bromley data on young people at risk of exploitation in 2024

a) Missing from home and care: Between April and September 2024, 67 children/young people were reported missing.

b) Risk of Exploitation: some young people were identified as being at risk of exploitation:

- 28 were identified to be at risk of CSE.
- 26 were being exploited by gangs.
- 64 were being criminally exploited.

Six young people were referred to the National Referral Mechanism due to concerns about trafficking or modern slavery. The number of children identified as being sexually or criminally exploited has risen since 2022. In the absence of more recent publicly available local data, these figures should be treated as the latest available local intelligence and interpreted alongside current Bromley safeguarding guidance and partnership reporting.

What does this mean for the residents of Bromley?
The number of young people at risk of being exploited has risen since 2022, particularly those at risk of being sexually or criminally exploited

g) Youth Violence

The reasons young people become victims and perpetrators of serious youth violence are many and varied. Factors such as the influence of peer groups, the level of exposure to violence within the family, or the impact of the community have all been cited as reasons why a young person might engage in serious violence.

A dominant driver, particularly of knife crime among young people, appears to be a belief that they need to be prepared to defend themselves.

Young people as perpetrators of violence

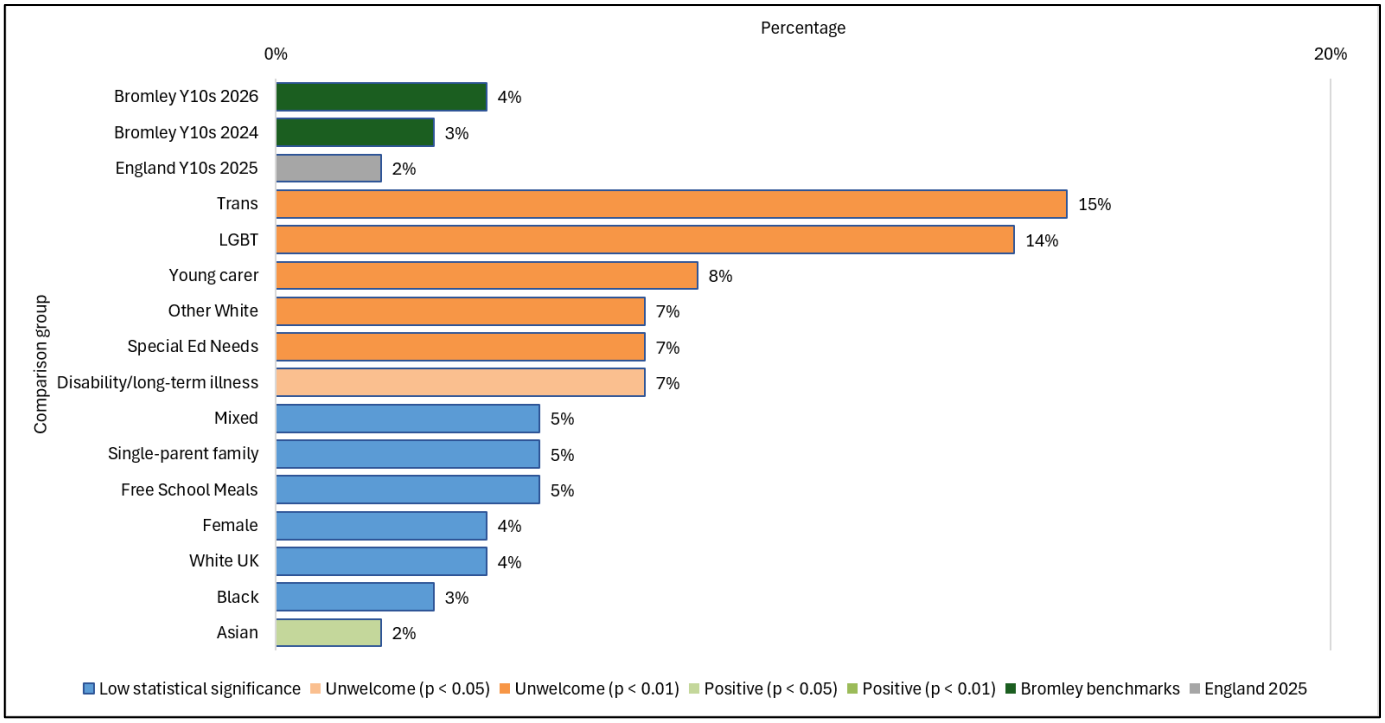
Overall, 2% of pupils reported carrying a weapon or something else for protection when going out at night, while 1% reported doing so when travelling to and from school, at school, during the day, or in another situation. Reported weapon carrying was low across all groups, with only small differences by year group and sex.

Table 3.22: Pupils who reported carrying a weapon or something else for protection, Bromley, 2026

Situation	Year 8 boys	Year 8 girls	Year 10 boys	Year 10 girls	Total
Going to and from school	1%	2%	1%	1%	1%
At school	1%	0%	1%	0%	1%
Going out at night	1%	2%	2%	2%	2%
Going out during the day	1%	1%	1%	1%	1%
Other situation	2%	2%	1%	0%	1%

The 2026 SHEU survey of Year 10 pupils in Bromley found that 4% carried a weapon for protection, compared with 3% in Bromley in 2024 and 2% in England in 2025 (Figure 3.49). Rates were higher among trans pupils (15%), LGBT pupils (14%), young carers (8%), and pupils with SEN, disabilities or long-term illnesses (7%). Girls were just as likely as boys to carry a weapon when going out.

Figure 3.49: Pupils who reported carrying a weapon or something else for protection

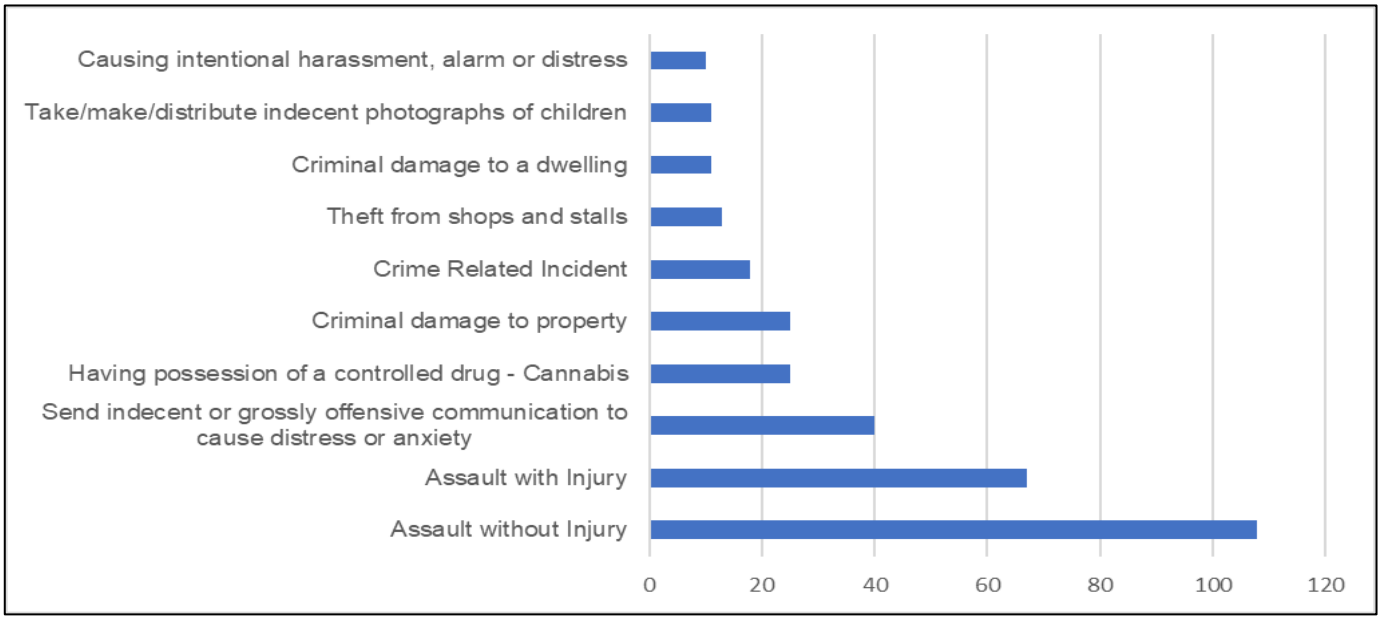


Source: SHEU survey, 2026

***How to read this chart**: **Dark green** represents the overall year-group cohort. The other coloured bars represent the subgroup named in the title. **Orange** indicates a statistically significant poorer outcome, **green** a statistically significant better outcome, and **blue** a difference of low statistical significance. Darker shades indicate stronger statistical evidence ($p < 0.01$); lighter shades indicate $p < 0.05$. See Appendix 1 for further details.*

Figure 3.50 shows that the 2 most common offences suspected to have been committed by young people in the last year in Bromley are violence (assault with or without injury).

Figure 3.50: Top 10 offences for youth suspects in Bromley, October 2023 to September 2024



Source: Bromley Police, 2024

School pupils reported a range of behaviours that could affect whether other young people feel safe. Overall, these behaviours were reported by a minority of pupils, but some were more common than others. Around 10% of males and 12% of females said they had shoplifted at some point, while 6% of males and 8% of females said they had been in a car with a drunk or under-age driver. Boys were more likely than girls to report going on or near railway lines, entering a building site without supervision, damaging a car, vandalising, hitting/kicking/throwing stones at someone, or starting a fire they should not have done. Girls were slightly more likely than boys to report shoplifting, stealing something from someone, and being in a car with a drunk or under-age driver.

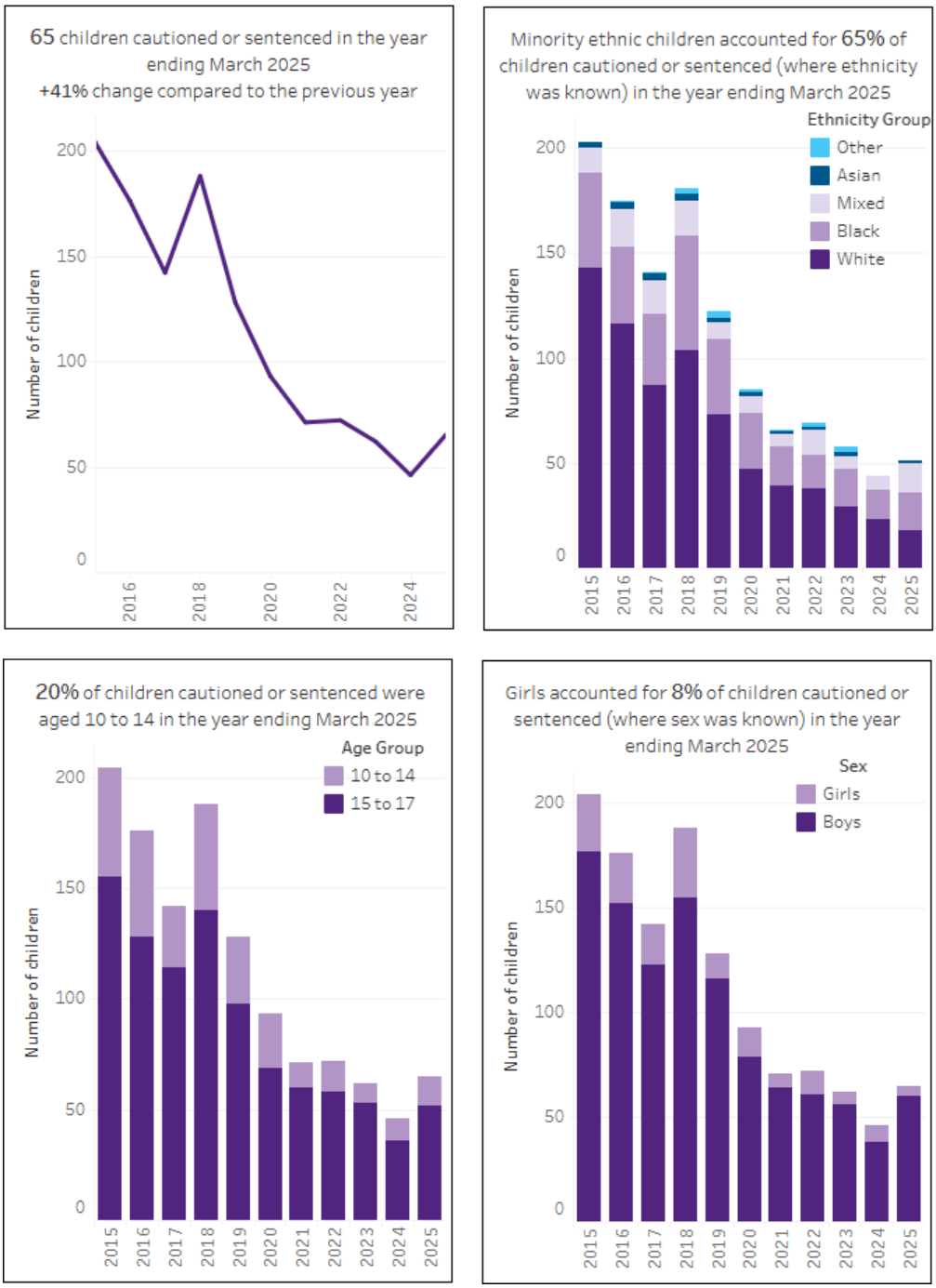
Table 3.23: Reported behaviours year 10 pupils, Bromley, 2024

Behaviour	Boys ever %	Boys this term %	Girls ever %	Girls this term %
Been the victim of violence or aggression	30	5	23	4
Gone on or near railway lines	25	9	18	7
Gone onto a building site without supervision	20	5	14	3
Shoplifted	10	3	12	2
Stolen something from someone	22	4	23	3
Been in a car with a drunk or under-age driver	6	1	8	2
Damaged a car	11	1	7	1
Broken into a car	1	0	1	1
Vandalised	10	2	8	1
Hit, kicked or thrown stones at someone	22	4	18	4
Started a fire they should not have done	9	1	6	1

SHEU survey, 2024

Young people as both perpetrators and victims of violence

Figure 3.51: Number of children cautioned or sentenced in Bromley by age, sex and ethnicity, 2015 - 2025



Children cautioned or sentenced dashboard, Youth Justice Statistics, 2026

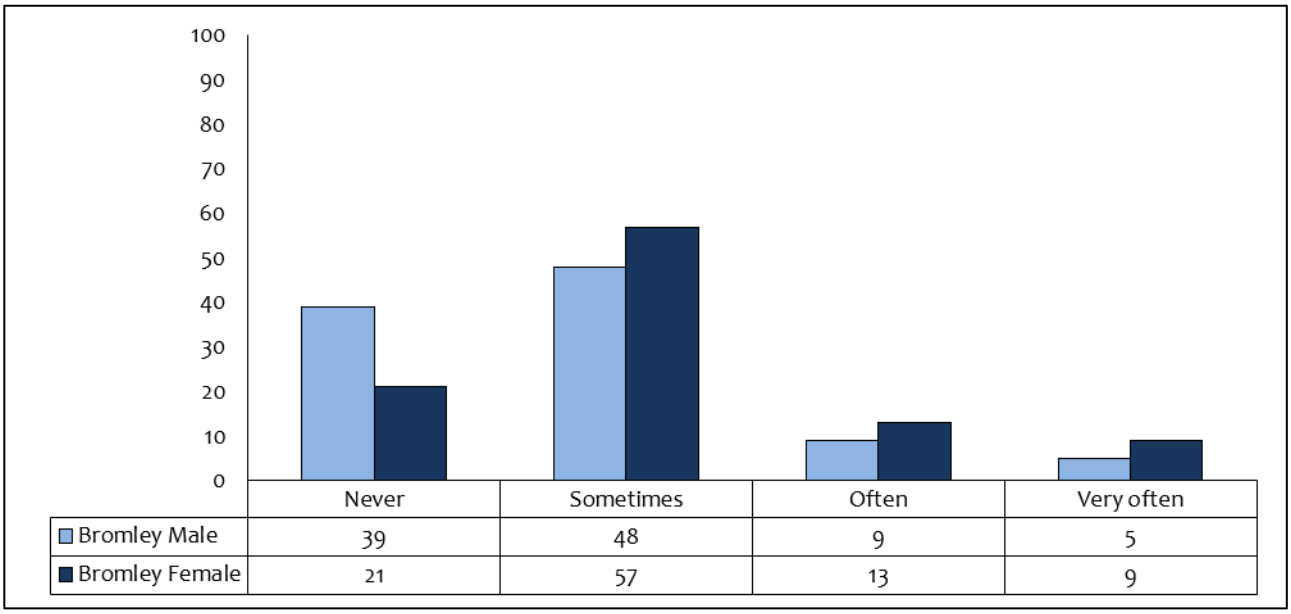
In Bromley, 65 children were cautioned or sentenced in the year ending March 2025, representing a 41% increase compared with the previous year. Despite this recent rise, the overall long-term trend shows a substantial reduction from around 200 children in 2015/16 to 65 in 2024/25. Most children entering the youth justice system were from minority ethnic groups (65%), highlighting continuing ethnic disproportionality. Most children cautioned or sentenced were boys (92%), while girls accounted for only 8% of cases. The age profile indicates that offending is concentrated among older adolescents, with 80% aged 15 to 17 years and 20% aged 10 to 14 years. These findings suggest

that youth offending in Bromley remains predominantly concentrated among older teenage boys, with minority ethnic children disproportionately represented within the youth justice system.

Young people as victims of violence

The proportion of pupils who had either themselves or a friend/family member been threatened or harmed by a weapon was 35% in 2026, 6% lower than in 2024. Girls were more likely to worry about weapons when going out.

Figure 3.52: Pupils worrying about people with knives when going out, Bromley, 2026

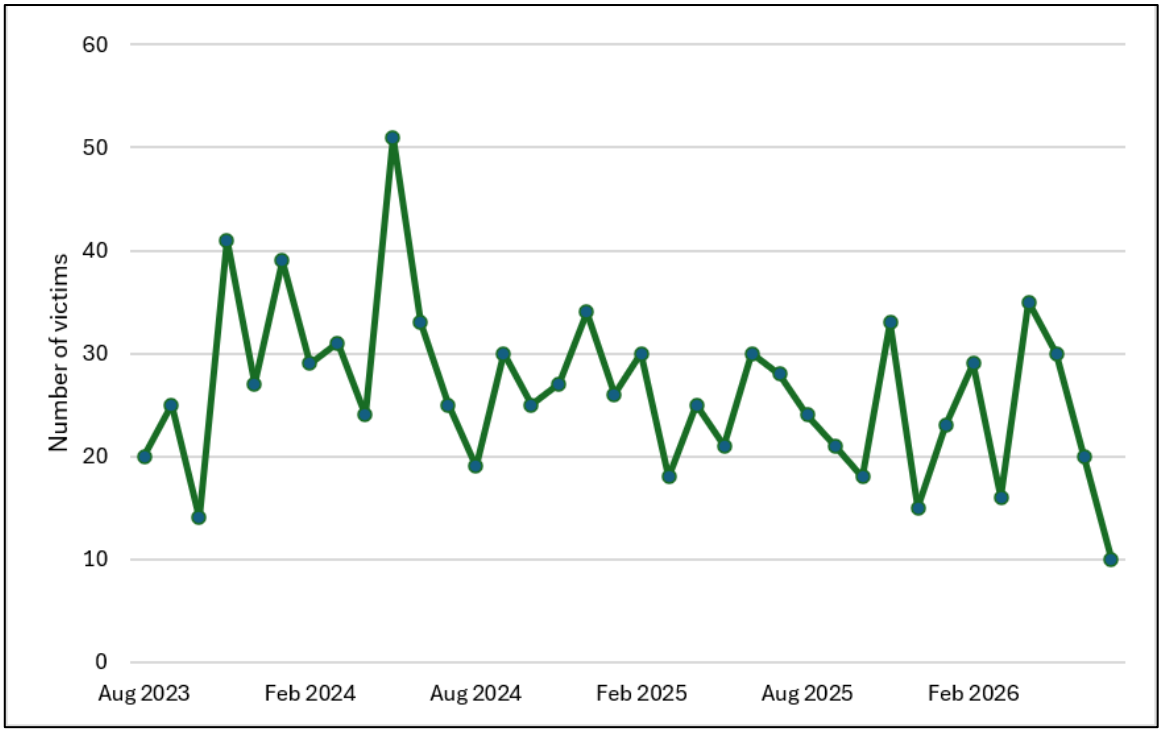


	Never	Sometimes	Often	Very often
Bromley Male	39	48	9	5
Bromley Female	21	57	13	9

Source: SHEU survey, 2026

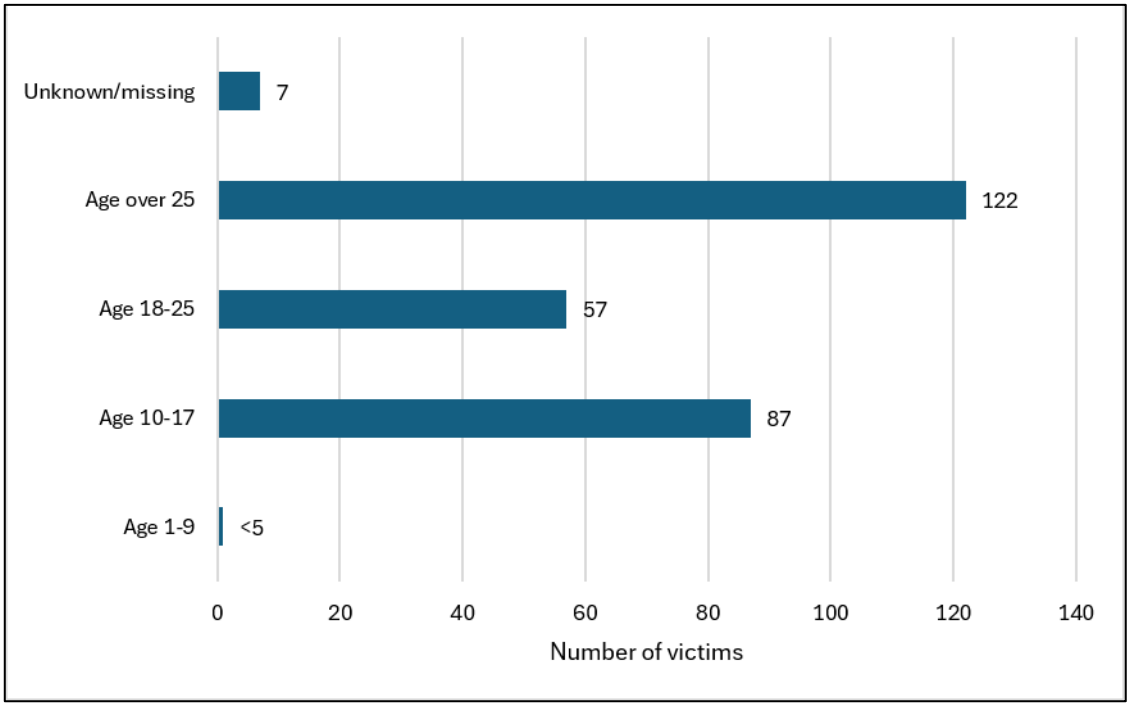
Bromley recorded 274 knife crime victims in the 12 months to July 2026, 12.5% below the preceding 12 months. Male victims accounted for 79.6%, while victims aged under 18 represented 32.1%. The all-time monthly peak was 51 victims in May 2024. The 2026-2027 financial year is partial through July 2026.

Figure 3.53. Knife crime victims in the last 36 months, Bromley (all ages)



Source: Metropolitan Police Service Data, August 2026

Figure 3.54. Knife crime victims in the last 36 months, Bromley (all ages)



Source: Metropolitan Police Service Data, August 2026

The SHEU survey in 2026 asked pupils in Bromley whether they had been a victim of violence or aggression and about how safe they feel in different settings. Overall, 30% of

boys and 23% of girls reported that they had ever been a victim of violence or aggression, including 5% of boys and 4% of girls who said this had happened during the current term. Safety perceptions were generally positive, with 89% of pupils saying they always feel safe at home, up from 87% in 2024, and 47% saying they always feel safe at school, up from 39% in 2024. However, a minority of pupils still reported feeling unsafe: 9% said they do not feel safe at school, although this has fallen from 15% in 2024, and 3% said they do not feel safe going to and from school, down from 7% in 2024. Overall, the findings suggest an improvement in pupils' reported feelings of safety since 2024, particularly at school and when travelling to and from school, but experiences of violence or aggression remain an important concern, especially among boys.

Table 3.24: Settings where year 10 pupils do not feel safe, Bromley, 2026

	Y8 (%)		Y10 (%)		Total
	Male	Female	Male	Female	
At school	10	11	6	9	9
Crossing roads going to and from school	3	4	2	7	4
Going to and from school	2	4	2	4	3
Being outside their place of residence	2	2	3	3	3
At home	0	0	1	1	1
On a bike or scooter	9	11	8	18	12

Source: SHEU survey, 2026

What does this mean for the residents of Bromley?

- Youth violence remains a key local concern: although youth justice numbers are much lower than a decade ago, cautions or sentences increased in the most recent year.
- Violence and weapon-related harm affect young people both as perpetrators and victims, with boys and older teenagers most represented in youth justice data.
- There is evidence of disproportionality, with minority ethnic children over-represented among those cautioned or sentenced.
- Knife crime victimisation has reduced compared with the previous 12 months, but around one-third of victims were under 18, showing that children remain significantly affected.
- Pupils' feelings of safety have improved since 2024, particularly at school and when travelling to and from school, but a minority still feel unsafe.
- Fear of weapons continues to affect young people's wellbeing and confidence in public spaces, especially among girls.

h) Women who have undergone Female Genital Mutilation (FGM)

The daughters of women who have undergone FGM are themselves at risk of FGM. Few cases of FGM are identified in Bromley, usually by maternity services. Between January 2022 to 4th October 2023, 47 women with FGM were identified at the Princess Royal University Hospital in Orpington.

i) Homeless young people

Young people are one of the groups most susceptible to homelessness. Research by Kings College found that homeless young people are most likely to experience difficulties after being resettled into accommodation compared to other age groups but are least likely to receive support. They are also more likely to become homeless again and to accumulate significant debt.

Key Findings from Section 3

Emerging health and lifestyle issues

- Smoking remains uncommon among Bromley pupils: 9% had ever smoked or currently smoked in 2026, compared with 10% in 2024.
- Vaping remains more common than smoking. The proportion who had tried vaping fell from 24% in 2024 to 20% in 2026, although regular vaping increased slightly from 3% to 4%.
- Among sexually active pupils, consistent condom use and risks linked to alcohol or drugs remain important priorities for prevention.
- Reported sexual harassment by another pupil decreased between 2024 and 2026 for both boys and girls, but girls remained more likely to report it and disclosure to school staff was low.
- Controlling or coercive behaviour in relationships remains a concern: 19% of all surveyed pupils reported at least one such experience, rising to 36% among pupils who had had a partner. Year 10 girls reported the highest rate.
- New STI diagnoses excluding chlamydia among under-25s were substantially lower in Bromley than in London and close to the England rate, although the recent trend is increasing.
- The chlamydia detection rate for 15- to 24-year-olds was slightly below London and above England, with higher detection among young women. Screening reach and awareness of local sexual health services remain important.
- Alcohol use remains relatively low: 11% of pupils had drunk alcohol in the previous seven days. Alcohol-specific hospital admission rates for under-18s are falling and are lower than London and England.
- Drug use among Year 10 pupils was broadly stable at 7% in 2026, compared with 8% in 2024. Cannabis and alcohol remain the main substances among young people attending services, alongside concerns about polydrug use, complex vulnerabilities, adulterated vapes and synthetic opioids.
- Year 6 obesity rose during the pandemic and remained above the pre-pandemic level in 2024/25. The highest local prevalence was in St Paul's Cray and Crystal Palace & Anerley, with Penge & Cator also high in Year 6.
- Online communication is almost universal. Communication with people known only online fell to 22% in 2026, from 28% in 2024 and 32% in 2022.

Emerging mental health issues

- GP records and wider local evidence indicate substantial mental health need among children and young people.
- Year 10 pupils, particularly girls, report frequent worries across several areas of their lives.
- Self-harm among Year 10 pupils remains lower than the national comparator, which is a positive finding.

- Some pupils do not have a trusted adult they can speak to when worried, particularly pupils with special educational needs and some ethnic minority groups, highlighting the importance of accessible, trusted support.

Emerging education issues

- The proportion of pupils identified with social, emotional and mental health needs in Bromley is significantly above the national average and continues to rise.
- Patterns in primary need suggest possible substitution between autism spectrum disorder and speech, language and communication needs. Taken together, the proportion with either need remains below London and England.
- Overall, NEET rates in Bromley remain below statistical-neighbour and national rates.
- NEET outcomes for pupils with SEND are better than the national average but less favourable than those of statistical neighbours.
- Suspensions and permanent exclusions have risen across London and England; permanent exclusion rates in Bromley special schools remain higher than comparator rates.
- Elective home education continues to increase, with most electively home-educated children of secondary-school age.

Emerging social issues

- Additional support needs are concentrated in local areas, including Cray Valley East and Orpington.
- The proportion of children who are Children in Need in Bromley is no longer below the national proportion, while persistent absence among Children in Need has increased in line with London and England.
- A relatively high proportion of Children in Need have an Education, Health and Care Plan.
- Young carers remain particularly vulnerable, with higher risk factors and weaker protective factors than their peers, including less access to a trusted adult.
- First-time entrants to the youth justice system continue to fall. Most referrals involve boys and young men associated with violence, drugs or theft, and Black young people remain over-represented.
- LGBTQ+ and trans young people report substantially poorer experiences than their peers and remain a priority for inclusive support.
- The number of young people identified as being at risk of exploitation has risen since 2022, particularly those at risk of sexual or criminal exploitation.
- Violence remains the most common offence among young people in Bromley. Weapon-related concerns are widespread: 41% of Year 10 pupils reported that they, their family or friends had been threatened with a weapon, and more than half worried about people carrying knives when going out at least sometimes.
- Despite these concerns, fewer young people reported carrying a weapon when going out than in 2022.

Glossary and abbreviations

ASQ	Ages and Stages Questionnaire (development assessment 2-year-olds)
ASD	Autistic Spectrum Disorder
CAF	Common Assessment Framework (multi-agency assessm't of concerns)
CAMHS	Child and Adolescent Mental Health Service
CCE	Child Criminal Exploitation
CiN	Children in Need
CLA	Child Looked After
CPP	Child Protection Plan
CSE	Child Sexual Exploitation
CYP	Children and Young People
ECHS	Education, Care and Health Services
EHCP	Education, Health and Care Plan
EHE	Electively Home Educated
FGM	Female Genital Mutilation
GCSE	General Certificate of Secondary Education
GP	General Practitioner
KS2/KS4	Key Stage 2 (school years 3-6), Key Stage 4 (school years 10 & 11)
KSI	Killed or Seriously Injured
LGBTQ+	Lesbian, Gay , Bisexual, Trans, Questioning and others
MOPAC	Mayor's Office for Policing and Crime
NCMP	National Child Measurement Programme (height & weight year R & 6)
NCSP	National Chlamydia Screening Programme
NDTMS	National Drug Treatment Monitoring System
NEET	Not in Employment, Education or Training
OHID	Office for Health Improvement and Disparities (formerly part of PHE)
RTA	Road Traffic Accident
SEMH	Social, Emotional and Mental Health (difficulties)
SEN	Special Education Needs
SEND	Special Educational Needs and Disabilities
SHEU	School Health Education Unit
SLCN	Speech, Language and Communication Needs
Trans	Transgender (gender identity is not the same as sex assigned at birth)

5. Appendices

Appendix 1: Guide to interpreting SHEU subgroup comparison

The chart compares the results for a specified group of pupils with the relevant overall Year 10 cohort. In each chart, the **dark green** bars show the results for the overall cohort. The second bar for each indicator shows the result for the subgroup named in the chart title. Its colour indicates the direction and statistical significance of the difference:

- **Dark orange** - indicates that the subgroup has a statistically significant poorer or "unwelcome" outcome than the overall cohort.
- **Light orange** - the subgroup has a statistically significant poorer outcome than the overall cohort, but with slightly weaker evidence.
- **Light green** - indicates that the subgroup has a statistically significant better or "positive" outcome than the overall cohort, with the shade indicating the strength of the evidence.
- **Blue** - indicates low statistical significance, meaning there is insufficient evidence of a clear difference between the subgroup and the overall cohort.

Darker shades indicate stronger statistical evidence at $p < 0.01$, while **lighter shades** indicate statistical evidence at $p < 0.05$.

The terms **"positive" and "unwelcome" refer to whether the outcome is favourable or unfavourable**, not simply to whether the subgroup percentage is higher or lower. For example, a higher percentage reporting worry would be an unwelcome outcome, while a higher percentage knowing where to access support would be a positive outcome.

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