

Feeling safe

State of Children in Suffolk

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Suffolk Public Health and Communities Knowledge, Intelligence and Evidence Team
KnowledgeandIntelligence@Suffolk.gov.uk

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Feeling safe is not just about physical safety, but also the mental and emotional safety of children and young people. It is about an environment around the child that allows them to grow, develop and express themselves with confidence and assurance.

A stable home life with safe and secure attachment to parents/caregivers early in life is a child's first experience of safety can help form a safe environment for children and young people to thrive. But across daily life there are many occasions where children and young people need to feel safe if they are to maximise the opportunities available to them.

- They need to feel safe at school if they are to learn.
- They need to feel safe when they travel.
- They need to feel safe when they are at leisure.
- They need to understand the challenges they may encounter that threaten their safety and how to manage them in order to keep themselves safe.

When all or some of the aspects of life that provide a sense of safety for a child are missing there is a risk of harm to the child, whether that is harm to them directly or whether they engage in harmful or risky behaviours that affect the quality of their life and their life experiences.

This chapter of the [State of Children in Suffolk](#) focuses on what makes children and young people in Suffolk feel safe, the consequences when they are not or do not feel safe, and the resources and services available to help them navigate to a safe life space.

- Children are at risk of Adverse Childhood Experiences (ACEs), which have lifelong impacts on health and behaviour. More detail is given in Children who might need additional support
- Children may be placed in Care (CIC) or given a Child Protection Plan (CPP) to help keep them safe. More information is given in Children who might need additional support.
- The section on Community looks at the importance of family community.
- Information on unintentional and deliberate injuries in children and young people is given in Physical health.
- Self-harm and suicide are covered in mental health.

Family

The family unit is the first environment a child is aware of and dependent on for their safety. A healthy and safe family environment provides the foundation on which individuals move through their lives, taking the learning and development into wider society and relationships.

Some family circumstances may lead to children feeling unsafe, whether they directly threaten the safety of the child, or cause a child to feel anxious, upset and distress. Not all children will view or react to the same set of circumstances in the same way.

[Suffolk Family Hubs](#) and the [Health Visiting Service](#) supports parents who may be experiencing challenges during the early years of their child's life (0- 5 years of age). They promote parent-child attachment and offer support, advice, and guidance to help parents raise 'a happy and healthy child' via a wide variety of services and offers. Staff at [Child Health Clinics](#) provide support for concerns around sleeping, managing crying, growth and development, and immunisations.

Accidents and injuries

Injuries are a leading cause of hospitalisation for children and young people. They can be a source of long term health issues as well as representing a major cause of premature mortality.

For information relating to accidents (including road accidents) and injuries in children and young people, see the '[Physical Health](#)' chapter of the State of Children in Suffolk.

Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) happen when abuse or neglect of a child is known about or suspected. A Case Review Panel supports the Suffolk Safeguarding Partnership to investigate the circumstances and develop learning from cases of known or suspected abuse or neglect, perhaps where the child died, was seriously harmed, or where there is concern relating to the way organisations have worked together to safeguard the child. The [Suffolk Safeguarding Partnership website](#) has details of learning from specific cases; the circumstances of the case are detailed alongside clear and defined learning points arising from the review.

43 deaths in Suffolk were reviewed by the Child Death Overview Panel (CDOP) in 2022/23 ([CDOP annual report 2022/23](#)) which covers Norfolk and Suffolk (89 in total). Most (47) occurred in hospital (with an additional 7 in a hospital emergency department), 14 at home, 8 in a hospice and 3 in a public place. In 34% (30) of cases modifiable factors were identified that may have contributed to the child's death. Children aged 15-17 years continue to have the highest proportion of deaths recorded as having modifiable factors (56% 5/9 cases). Some of the themes for modifiable factors and associated learning that have emerged include: communication, information sharing, parental factors, safe sleeping, and health and safety. There were four cases of suicide reviewed in 2022/23.

Bullying

"I think the root to reducing bullying is lessening ignorance and increasing compassion in young people. A lot of kids grow up not understanding people's differences and instead see them as 'other', which can cause bullying"

Year 12 respondent to [My Health Our Future Phase six](#), Healthwatch Suffolk, 2022

Bullying is defined as "...unwanted teasing, putting people down or intimidating behaviour...[or] deliberately leaving someone out or isolating them" ([The Children's Society, Bullying](#), accessed December 2024).

The Office for National Statistics (ONS) gives a detailed list of examples ([Bullying among children in England and Wales: year ending March 2023](#), 2024):

- Someone called you names, swore at you or insulted you
- Nasty messages about you were sent to you
- You were left out or excluded from a group or activity on purpose
- Rumours were spread about you
- Nasty messages about you were passed around or posted where others could see
- Threatened you on purpose
- Made or tried to make you give them money or other things
- Someone pretended to be you online

- Other nasty things happened to you

Bullying can happen in different ways, for example, physical/in person bullying, or cyber-bullying via text messages, social media, or gaming.

Bullying can be perceived differently by individuals and can depend on the context in which something is taking place and who it is carried out by. A third (33.4%) of children who experienced in-person bullying behaviours in the last year said they would describe these behaviours as bullying compared with 45.0% of children who experienced online bullying behaviours (ONS, [Bullying and online experiences among children in England and Wales: year ending March 2023](#), 2024).

Prevalence

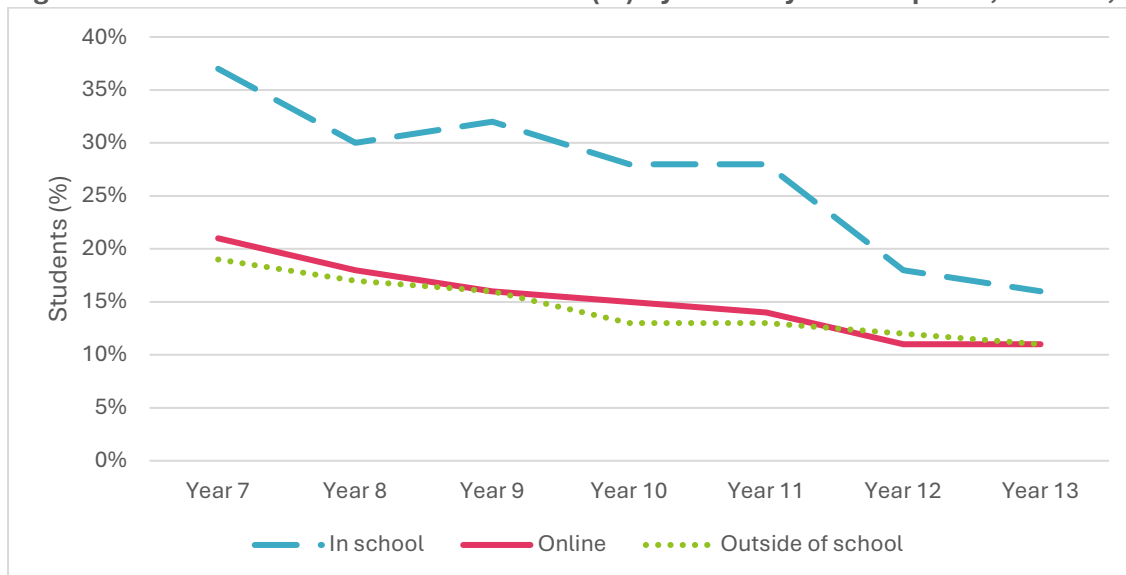
An estimated 34.9% children aged 10 to 15 years experienced an in-person bullying behaviour and 19.1% experienced online bullying in the twelve months to March 2023 (not significantly different to March 2020) (ONS, [Bullying and online experiences among children in England and Wales: year ending March 2023](#), 2024).

In Suffolk around one in three children have experienced bullying (30%, [My Health Our Future Phase six](#), Healthwatch Suffolk, 2022):

- 28% (1,239) had been bullied in school, an increase of 10% on 2021
- 16% (691) had been bullied online
- 15% (662) had been bullied outside school

Bullying appears to reduce with age (Figure 1).

Figure 1: Students who have been bullied (%) by school year and place, Suffolk, 2022



Source: [My Health Our Future Phase six](#), Healthwatch Suffolk, 2022

Risk factors

Bullying can happen to all children and young people, however children who are seen as “different” are more likely to be targeted. It

is often motivated by prejudice against particular groups, for example on grounds of race, religion, gender, sexual orientation, special educational needs or disabilities, or because a child is adopted, in care or has caring responsibilities. It might be motivated by actual differences between children, or perceived differences.

Department for Education. [Preventing and tackling bullying](#), 2017

According to the latest Healthwatch data ([My Health Our Future Phase six](#), Healthwatch Suffolk, 2022), in Suffolk:

- 62% of young people who described their ethnic background as Arab, and 38% “White – Gypsy or Irish Traveller” have experienced bullying, compared to 30% of young people that described their ethnic background as White
- “Young people with additional support needs were significantly more likely to experience bullying” – for example, 52% of young people who described themselves as in care or having been in care (compared to 32% of young people with no experience of care)
- Half of those who preferred to describe their gender in another way experienced bullying (compared to a third of all pupils)
- Around 40% of “LGBT*Q+ students have experienced a form of bullying [compared to] 1 in 4 straight students”
- A third of female students have experienced bullying (compared to a quarter of male students)

Impact

Bullying can seriously affect a child’s physical and mental health (Royal College of Psychiatrists, [The emotional cost of bullying](#)). The effects of bullying can also be felt and experienced into adulthood.

There is no statistically significant difference between the emotional impact of online and in person bullying: 22.7% of children (aged 10-15, in England and Wales) who experienced online bullying were emotionally affected “a lot” (18.3% for in person bullying), and nearly half (49.1%) affected “a little” (50.1% of children who experienced in person bullying) (ONS, [Bullying among children in England and Wales: year ending March 2023](#), 2024).

In Suffolk, young people who had been bullied were ([My Health Our Future Phase six](#), Healthwatch Suffolk, 2022):

- Almost three times as likely to currently self-harm than students who had not been bullied
- Twice as likely to have low wellbeing than those who had not (18% vs. 7%)
- More likely to experience moderate to severe anxiety (58% vs. 32%)
- More likely to have “low resilience” (75% vs. 55%)
- More likely to say they were currently ‘struggling’ or ‘emotionally unwell’, compared to those who had not been bullied (67% vs. 40%)

Response

Schools are recommended to “create a safe environment where pupils can openly discuss the cause of their bullying, without fear of further bullying or discrimination”. Successful schools “make it easy for pupils to report bullying so that they are assured that they will be listened to and incidents acted on” (Department for Education. [Preventing and tackling bullying](#), 2017).

Over half of children told their parent or guardian about the bullying they experienced in the last year (58.8% for children who experienced an in-person bullying behaviour and 56.3% for children who experienced an online bullying behaviour), however, 18.1% who experienced an online bullying behaviour and 14.7% who experienced an in-person bullying behaviour did not tell anyone. (ONS, [Bullying and online experiences among children in England and Wales: year ending March 2023](#), 2024).

46.9% children who had experienced an in-person bullying behaviour said their school deals with bullying “not very well” or “not well at all” (46.9%). This was similar for online bullying, with 52.9% of children who had experienced an online bullying behaviour saying that their school deals with bullying “not very well” or “not well at all” (ONS, [Bullying among children in England and Wales: year ending March 2023](#), 2024).

In Suffolk, 50% of young people said they did not receive any help or support with bullying, although it is unclear whether they had reported the bullying. Almost 2 in 5 students bullied outside of school, or online, received help but not enough to stop the bullying. 70% of students bullied at school said they received help, but not enough to stop the bullying. Male students, and those who preferred to describe their gender in another way, were more likely to say they did not receive any help or support. ([My Health Our Future Phase six](#), Healthwatch Suffolk, 2022)

Crime and safety

Youth violence - violence either against or committed by a child or adolescent - can impact on individuals, families, communities, and society. Adverse childhood experiences, access and availability of youth support/mental health service, and socioeconomic deprivation are associated with an increased risk of committing or being affected by youth violence. Youth violence is a public health concern because the health and social outcomes of young people are worsened by increased exposure to violence, with both short and long term implications. Long term impacts can include increased risk of substance misuse, obesity, and illnesses such as cancer and heart disease (Royal College of Psychiatrists, [State of child health: youth violence](#), revised 2021).

Perceptions of safety

In a recent (December 2023 – January 2024) national survey of primary and secondary school parents and secondary school pupils, almost all primary school parents (93%) said their child felt safe at school every day or most days over the past week; a majority of secondary school parents (86%) and special school parents (84%) said the same. A large majority of pupils (81%) also said they felt safe at school every day or most days. (DfE, [Parent, pupil and learner voice: December 2023](#)).

Adults (aged 16 and over) felt less safe walking alone in all settings after dark than during the day. Compared to all people, young people (age bands 16-19 and 20-24) were less likely to feel

very or fairly safe after dark, although the differences are not statistically significantly different (Table 1).

Table 1: Perceptions of personal safety, Great Britain, by age, 2022

Measure: Thinking of your personal safety, how safe or unsafe would you feel walking on your own...	16 to 19	20 to 24	All ages	Statistical significance
...after dark in a quiet street close to your home?	55	50	62	Similar
... after dark in a busy public space such as a high street or train station?	56	54	63	Similar
...after dark in a park or other open space?	37	29	32	Similar
Thinking of your personal safety, how safe or unsafe would you feel using public transport on your own after dark in or around your local area?	51	52	58	Similar

Source: ONS, [Perceptions of personal safety and experiences of harassment, Great Britain: 16 February to 13 March 2022](#)

Young people were more likely to change their behaviour as a result of feeling unsafe (Table 2, Table 3).

Table 2: In the past month, which of the following have you stopped doing as a result of feeling unsafe when walking after dark on your own? 2022

Age bands	Leaving home alone (%)	Going to streets or areas that you think are unsafe (%)	Walking in quiet places / open spaces (%)	Walking in a quiet street close to your home (%)	Going to busy public spaces (%)	None of the above (%)
ALL ADULTS	20	30	32	19	14	54
Aged 16 to 19	32	47	40	27	24	40
Aged 20 to 24	27	42	39	31	19	42
Aged 25 to 29	23	39	38	25	14	44
Aged 30 to 34	19	35	39	22	15	53
Aged 35 to 39	13	28	36	18	8	52
Aged 40 to 44	16	27	30	15	12	56
Aged 45 to 49	12	24	28	18	8	64
Aged 50 to 54	16	23	29	16	12	61
Aged 55 to 59	20	26	30	16	15	59
Aged 60 to 64	19	27	32	16	16	55
Aged 65 to 69	22	29	31	16	15	53
Aged 70 to 74	24	24	27	15	18	59
Aged 75 and over	24	24	25	15	14	58

Source: ONS, [Perceptions of personal safety and experiences of harassment, Great Britain: 16 February to 13 March 2022](#)

Table 3: In the past month, which of the following have you stopped doing as a result of feeling unsafe when walking during the day on your own? 2022

Age bands	Leaving home alone (%)	Going to streets or areas that you think are unsafe (%)	Walking in quiet places / open spaces (%)	Walking in a quiet street close to your home (%)	Going to busy public spaces (%)	None of the above (%)
ALL ADULTS	18	29	22	11	23	46
Aged 16 to 19	28	46	18	14	35	31
Aged 20 to 24	33	41	27	20	21	26
Aged 25 to 29	23	39	26	13	27	39
Aged 30 to 34	12	29	13	11	25	52
Aged 35 to 39	18	29	17	7	19	46
Aged 40 to 44	15	23	24	19	29	44
Aged 45 to 49	8	33	21	8	22	48
Aged 50 to 54	12	28	26	9	20	52
Aged 55 to 59	18	27	19	8	25	48
Aged 60 to 64	16	24	31	15	23	45
Aged 65 to 69	10	21	22	9	16	55
Aged 70 to 74	17	26	22	6	23	48
Aged 75 and over	20	21	24	9	14	53

Source: ONS, [Perceptions of personal safety and experiences of harassment, Great Britain: 16 February to 13 March 2022](#)

Younger adults (aged 16 – 24) are statistically significantly more likely than people of all ages to perceive the following as problems in their local area: high level of anti-social behaviour, people using or dealing drugs, litter or rubbish, people being drunk or rowdy, teenagers hanging around, vandalism and graffiti (Figure 2). They have statistically similar levels of worry about burglary, car crime and violent crime to the adult population as a whole, and are less worried about fraud (ONS, [Crime Survey for England and Wales Open Data tables, 2024](#)).

Figure 2: Perceived problems in the local area, by age of respondent, England and Wales, 2024

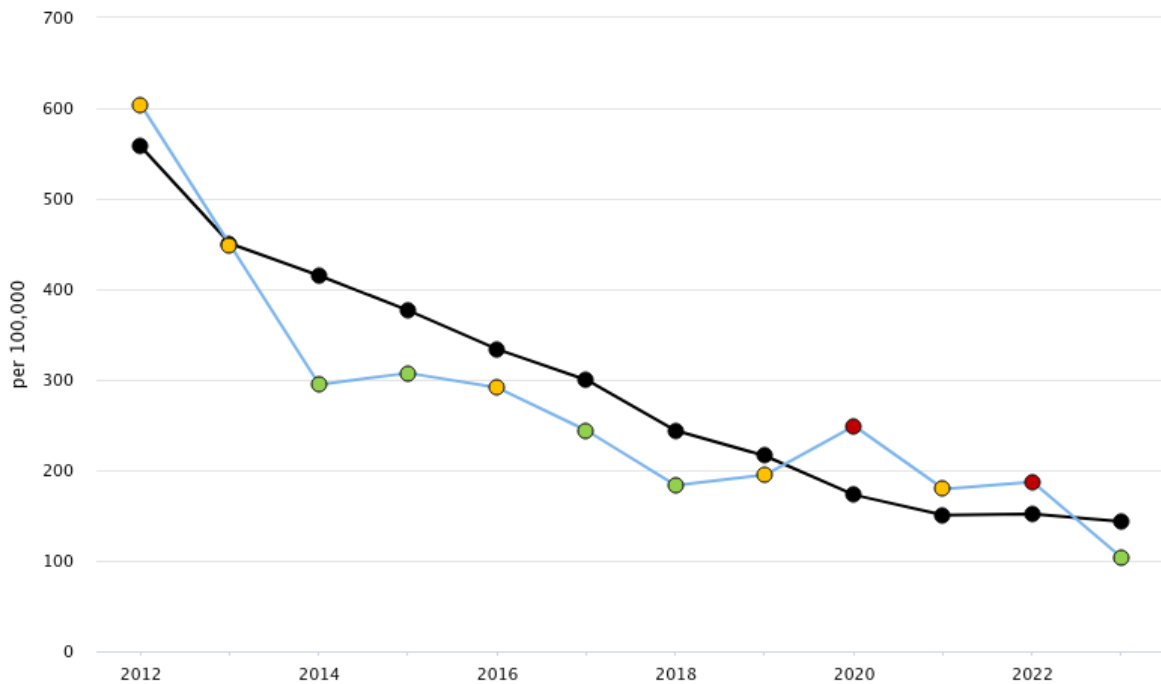


Source: [Crime Survey for England and Wales Open Data tables, 2024](#)

Entrants to the criminal justice system

The rate of first time entrants in Suffolk to the youth justice system fell in 2023 to 103.3 per 100,000 10 to 17 year olds (n=72). This is now significantly lower (better) than England, than Suffolk's 2022 rate, and is also lower (though not significantly) than the East of England (131.8 per 100,000) (Figure 3).

Figure 3: First time entrants to the youth justice system, Suffolk, 2012-2023



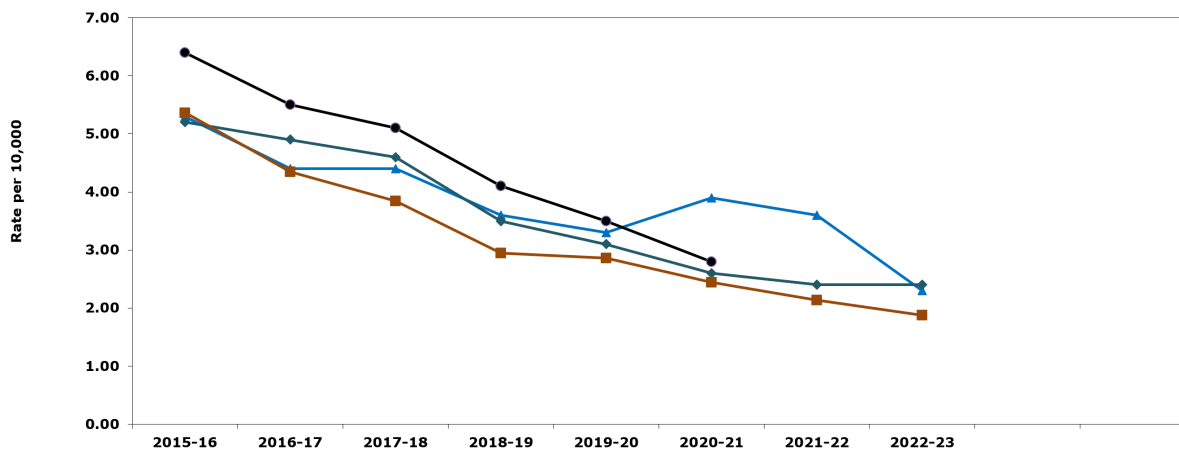
England: black line, Suffolk: blue line

Green indicates better (95%) than England, yellow is similar to England, and red is worse (95%).

Source: OHID, [First time entrants to the youth justice system](#), Fingertips

Recent data on cautions and sentencing may indicate that Suffolk rates will resume falling in line with comparator groups, after two periods (2020-21 and 2021-22) where our rates were higher. Statistical significance has not been calculated for this data, and the period 2020-22 may have been affected by pandemic control measures (Figure 4).

Figure 4: Rate of children cautioned or sentenced per 1,000 of 10-17 population



England: black line, Suffolk: blue line, Statistical neighbours: brown, East of England: teal

Source: [LAIT statistics reporting tool](#), DfE (accessed November 2024).

Criminal exploitation

Criminal exploitation involves the recruitment, movement, harbouring or receiving of children, women, or men through the use of force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation. It is a lesser-known type of modern slavery and human trafficking (Suffolk County Council, [Criminal exploitation](#)).

Children can be groomed, manipulated, or forced into drug dealing and other crimes. Exploiters will exploit children online and / or in the community. Some children do not recognise that they are being exploited and some do not feel safe enough to say what is happening (Suffolk Safeguarding Partnership, [exploitation](#)).

Potential victims of modern slavery in the UK that come to the attention of authorised ‘first responder’ organisations (such as local authorities, the police, specific government agencies, and specified non-governmental organisations) are referred to the National Referral Mechanism (NRM) (Home Office, [Modern Slavery: NRM and DtN \[Duty to Notify\] statistics, end of year summary 2023](#)).

In 2023, there were NRM referrals for 15,202 people in England; 43.8% (6,658) were for children aged 17 or under. In Suffolk 85 people had referrals, 49.4% (42) were aged 17 or under. This is statistically similar to England. 11 of the child or young person referrals came through Suffolk County Council and 21 from Suffolk Constabulary (Home Office, [Modern Slavery: NRM and DtN statistics](#), 2023). Of the referrals for people aged 17 or under through Suffolk Constabulary:

- 19 were for criminal exploitation: 18 male and 1 female. Of these, 15 were UK nationals, 1 unknown UK, 1 Dutch UK, 1 Albania
- 2 labour and criminal exploitation: 2 male and UK

The Suffolk Office of Data and Analytics (SODA) carry out regular evaluations of the Suffolk criminal exploitation programme – reports are published on the Suffolk Observatory website ([SODA evaluations](#)).

Online safety

Being online has risks and benefits. Children and young people can stay connected to friends and family, but they are at risk of bullying, exploitation, and poor emotional wellbeing. Social media can make people feel lonely or insecure, and can affect self-esteem through promoting “ideal” body shapes or lifestyles.

In February 2024, Ofcom, the online safety regulator (Ofcom, [How the Online Safety Act will help to protect children](#)), reported that:

- 99% of children spend time online
- nine in 10 children own a mobile phone by the time they reach the age of 11
- three-quarters of social media users aged between eight and 17 have their own account or profile on at least one of the large platforms
- despite most platforms having a minimum age of 13, six in 10 children aged 8 to 12 who use them are signed up with their own profile
- almost three-quarters of teenagers between age 13 and 17 have encountered one or more potential harms online
- three in five secondary school-aged children have been contacted online in a way that potentially made them feel uncomfortable
- there is a “blurred boundary between the lives children lead online and the ‘real world’”

Healthwatch Suffolk’s 2020 survey [My Health, Our Future Phase 4](#) was carried out while children were at home during the COVID-19 pandemic. It noted that a third (34%) of young

people aged 11-19 years used social media for between two to three hours each day, although nearly half (48%) of all young people aged 15 used social media for more than four hours a day.

The ability of social media to present both healthy/safe and unhealthy/unsafe communities to young people is illustrated by the words used by respondents to the Healthwatch survey to describe how social media made them feel. Frequently used words used to positively describe social media usage included: connected, intrigued, good, creative, community, escape, friends, occupied, sociable and positive. Conversely, some of the common negative words used to describe social media were: bullied, lonely, fake, overwhelmed, insecure, drained, jealous, horrible, detached, and fear of missing out (FOMO).

Almost 3 in 5 respondents to the Healthwatch survey (57%) said social media only had a positive impact on them and their lives. They used their accounts to promote their own achievements, to follow accounts about hobbies or other creative activities they were interested in and stated that being able to connect with friends or like-minded peers was important to them.

For 7% of respondents, social media had an exclusively negative impact on them. These experiences often revolved around comparisons, particularly in relation to body image, with other people on social media that impacted on their self-esteem. In some cases, this led to changes in behaviour, for example how much food was consumed, or triggering self-harm behaviours as well as leading to feelings of depression. Some respondents had experienced bullying or abuse.

An association between the time spent by children and young people looking at a screen - screen time – and the parent-children relationship was identified in the report by Healthwatch. Those children and young people who reported higher levels of screen time were not only less likely to say that their parents were important for support with their mental health, but also less likely to approach them for support.

Housing and homelessness

Overcrowding

The proportion of households that were overcrowded (had one fewer bedroom or less than required) in 2021 was significantly higher in Ipswich (4.1%) compared to other districts and boroughs in Suffolk (the county average was 2.1%) ([ONS 2021](#)).

In Suffolk, households with people aged 24 or under were statistically significantly more likely to be over-occupied: 11.3% of households with someone aged 24 and under were over-occupied compared to 3.1% of all households in Suffolk ([ONS, Type of central heating in household by occupancy rating \(rooms\) by age](#), 2021). Occupancy is calculated from a formula using Census and Valuation Office Agency data ([ONS, Occupancy rating for rooms variable](#), 2023).

Tenure

As of census day 2021, there were 333,543 households in Suffolk, with variation of housing tenure across districts and boroughs. 71.0% of households in Babergh were owned by the occupant either outright or with a mortgage/loan, compared with 55.4% in Ipswich (the average

figure across Suffolk was 65.4%). The proportion of households either privately or socially rented was highest in Ipswich (43.8%), followed by West Suffolk (38.6%), East Suffolk (30.7%), Babergh (28.1%) and Mid Suffolk (25.0%). In 2021, Suffolk had just over 1 in 3 households (33.8%) either private or socially rented ([ONS 2021](#)). Households with dependent children were statistically significantly more likely to live in private rented (or lives rent free) and social rented accommodation than those without dependent children (Table 4).

Table 4: Suffolk households by tenure and dependent children, Census 2021

Tenure	Household with dependent children	% of households with dependent children	Significant statistical difference	No dependent children in household	% of households without dependent children
Owns outright	29,229	9.3%	Lower	213,112	49.1%
Mortgage / loan / shared ownership	151,961	48.3%	Higher	101,862	23.5%
Private rented / rent free	71,578	22.8%	Higher	68,346	15.8%
Social rented	61,817	19.7%	Higher	50,602	11.7%
Total	314,585			433,922	

Source: ONS, [Tenure of household by dependent children 2021](#)

Affordability

The affordability of home ownership index shows that housing affordability in Suffolk has almost doubled in the last 20 years. Median house prices in Suffolk in 2023 were 8.3 times median earnings, having been 5.0 times higher in 2002. The median property in Suffolk in 2023 is similar in affordability compared to the England average (8.2), however affordability varies significantly across districts and boroughs. In Ipswich, the median property is 7.3 times median earnings, whereas in Babergh, the median property is 10.6 times median earnings ([ONS 2023](#)). This means it will be particularly difficult for young people and first-time buyers to purchase a property in Suffolk. The median house price in Suffolk was £280,000 in 2023, with the lowest median price in Ipswich (£243,750) and the highest median price in Babergh (£328,000).

Homelessness

The Homelessness Reduction Act (HRS) introduced new homelessness duties in April 2018, leading to more households receiving statutory services by local housing authorities through either the prevention or relief duty, owed to households that are either homeless or threatened with becoming homeless. In 2022/23, 1,302 households with dependent children or pregnant women in Suffolk were owed a duty under the Homelessness Reduction Act. The Suffolk rate (15.6 per 1,000) was statistically similar to the England average ([Office for Health Improvement and Disparities 2023](#)).