



# How to navigate the document

## Best viewing experience

This document is best viewed downloaded on a laptop or desktop computer. The interactivity will not work as well on tablets, iPads and mobile phones. You will still be able to view, scroll through and use some functionality such as hyperlinks, however the main navigation buttons on the right may be less effective.

## Right hand navigation

The buttons on the right hand side take you to the different sections of the document. The 6 ambition sections each have their own contents for you to jump to a particular area with ease. Simply click on the button on the right to take you back to that section's contents. All other sections do not have a contents page.

## Endnotes

### Example:

In Camden in 2022, there were 6,389 children or 1 in 5 (19.8%) living in poverty, up from 13.5% in 2021.<sup>1</sup>

To go to the reference of a particular Endnote, click on the number at the end of the paragraph.

Click on the number in the Endnotes to take you back to the page which the reference number is on.

### Example:

- 1 Proportion of children living in low income households (60% of median income) before and after housing costs, Local indicators of child poverty, Centre for Research in Social Policy, Loughborough University for End Child Poverty (2022); Children in low income families: local area statistics, DWP (2022), <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022>, [https://repository.lboro.ac.uk/articles/report/Local\\_indicators\\_of\\_child\\_poverty\\_after\\_housing\\_costs\\_2021\\_22/23523453](https://repository.lboro.ac.uk/articles/report/Local_indicators_of_child_poverty_after_housing_costs_2021_22/23523453).

Text which is in blue and underlined is an active link. This example is a URL hyperlink which will take you to a webpage. Others may open up another document or activate an email programme.

Home and next/  
previous page

Contents page

Overviews

These take  
you to  
individual  
webpages

List of chart and images

Click on this link to bring you  
back to this description of the  
Comparison Group.

# Good Life Camden

Camden’s State of the Borough report is published annually. It brings together data and evidence from quantitative and qualitative sources, and includes national level statistics, regional data, and locally collected data. It provides a **shared evidence base about the outcomes experienced by people in Camden**, and is intended for organisations, residents and the council to increase the understanding of people’s wellbeing in the borough. It is aligned to the structure of the [We Make Camden](#) vision for the borough, and uses the [Good Life Camden](#) framework to identify relevant data.

**A note on timings:** The 2026 report is published earlier than in previous years due to the local elections in May 2026. Due to the shorter timeline for producing the report, we did not include data that was not updated since the last report at the time of drafting.


**The 6 WMC ambitions**

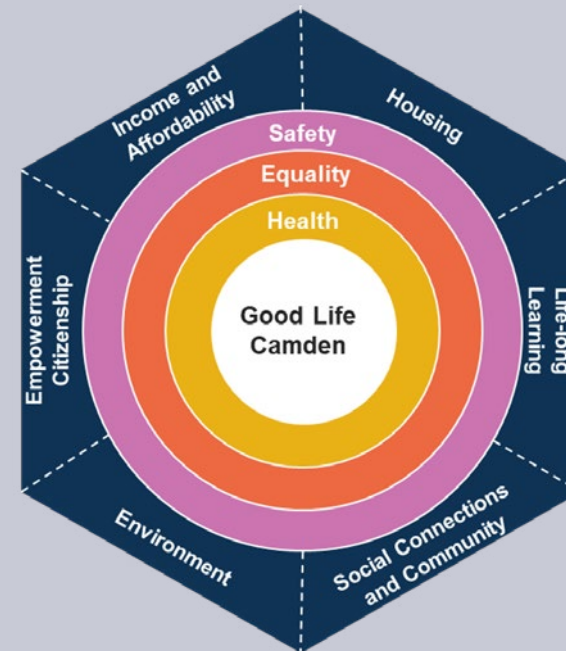
## Good Life Camden

The report focuses on the outcomes that are important for living a good life in Camden, based on the co-created [Good Life Camden](#) (GLC) framework. The GLC framework was developed with residents and staff in 2022. It breaks down the concept of living a good life into nine **themes**, which people told us are most important. These are: Safety, Equality, Health, Housing, Income and Affordability, Lifelong Learning, Social Connections and Community, and Environment. The themes of Safety, Health and Housing are identified as core cross-cutting themes. The framework also spells out the **signals** that tell us if we’re making progress against the different GLC themes (e.g. for Housing, a signal is that the quality of housing is high). The signals are underpinned by **measures**, which use data from a range of sources, such as official statistics or administrative data from schools, hospitals and transport.

In pulling together the data and evidence for the report, we started from the framework and looked for quantitative data that was available, preferably comparable across place and time. Mapping to the GLC framework also showed us where we have data gaps, whether for signals and measures (e.g. people feel safe in Camden) or in the breakdowns of averages (e.g. what is the experience of specific populations, like perceptions of safety of adults with learning disabilities).

Throughout the report, we have highlighted the relevant Good Life Camden signals where the data is presented.

**Look out for these**  **throughout the report, presenting the relevant Good Life Camden signal in each section.**



# Good Health and Wellbeing

Camden communities support good health, wellbeing and connection for everyone so that they can start well, live well, and age well



## Contents

Nearly 4 out of 5 adults in Camden are physically active, and almost 2 out of 5 eat the recommended five portions of fruit and vegetables per day. Overall, healthy behaviours are more common in Camden compared to other London Boroughs, although residents are keen for more opportunities for physical activity and healthy eating **6**

The number of new sexually transmitted diseases in Camden has declined in 2024 to 1,926 per 100,000 people, still higher than the London average of 1,368 **9**

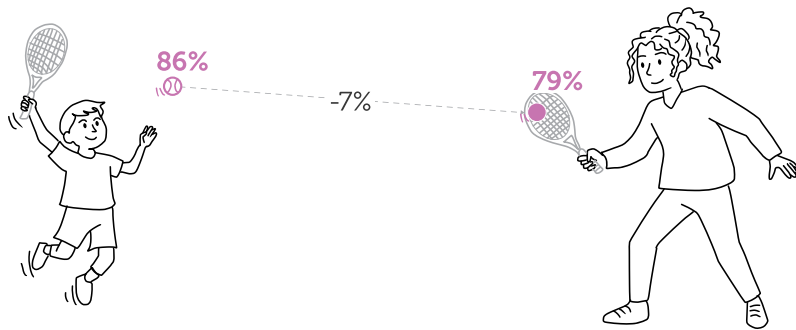
Access to healthcare services and community support is a mixed experience for residents, with some describing barriers to accessing healthcare, ranging from ability to use new digital tools, cultural and linguistic barriers, and physical access due to disability and transport **10**

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## Key Insights

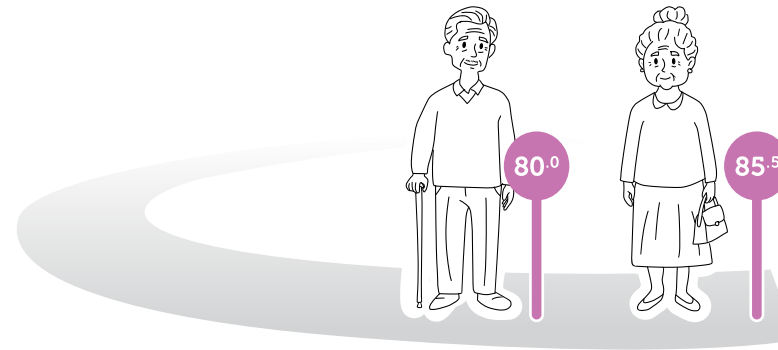
In 2025

86% of primary school students enjoyed taking part in sports or exercise. This decreases to 79% for secondary school students



In 2021-2023

Life expectancy at birth in Camden was 80 years for males and 85.5 years for females



In 2023/2024

78% of adults in Camden were physically active, an increase of 4.6%pt from last year

2023/2024

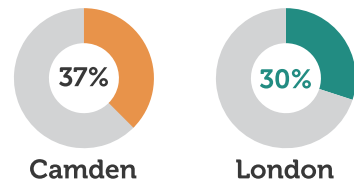


2022/2023



In 2023/2024

Only 37% of adults in Camden ate the recommended 5-a-day



“

Being part of a community has been good for my health, I enjoy doing things that distract me from the worries I face at home. I enjoy talking to people about things that make me happy and reliving happier memories from when I was young.

”

-64, Female

“

When you try to access health services here, it can be hard to get appointments. I know that's a national issue, but Camden's density makes it worse. On the flip side, we benefit from having more hospitals and services than many boroughs, including bigger sexual health clinics. So it's both: longer waits but more choice when you [...] get through.

”

-35-44, Female

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In the [State of the Borough 2025](#) report, data showed that life expectancy at birth in Camden was 80 years for males, similar to the England average, and 85.5 years for females, two years higher than the England average. It also showed that there is a significant gap in life expectancy between the most and least deprived areas, with a difference of 13.5 years for men and 9.7 years for women. Camden is also the 5<sup>th</sup> most unequal by deprivation in male life expectancy at age 65 in England.

The increase in the percentage of babies with low birth weight, which is associated with adverse health outcomes, is a concern in Camden and London - in 2022, 3.2% of babies born in Camden had a low birth weight. Overall, while health data on average show relatively good outcomes, the impact of inequalities on physical and mental health is clear.

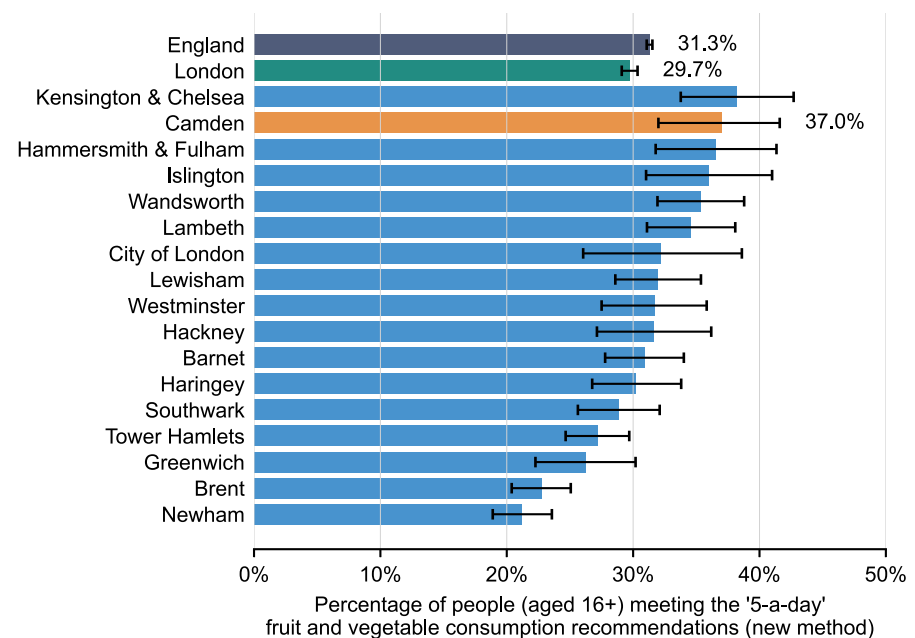
In this year's report, most datasets have not yet been updated, so this chapter is *limited to data on healthy behaviours*. However, more detailed data on health and wellbeing can be found on Camden's [JSNA Hub](#) (Joint Strategic Needs Assessment), which is an online resource that brings together evidence on health and wellbeing in the borough. It supports strategic decision-making by providing data, research, and analysis to identify local health needs, inform priorities, and guide commissioning of services. The Hub includes profiles, health needs assessments, JSNA chapters, briefings, data, and dashboards, making it a key tool for understanding population health trends and reducing inequalities.

**Nearly 4 out of 5 adults in Camden are physically active, and almost 2 out of 5 eat the recommended five portions of fruit and vegetables per day. Overall, healthy behaviours are more common in Camden compared to other London Boroughs, although residents are keen for more opportunities for physical activity and healthy eating**

In 2023/24, 78% of adults in Camden were physically active - an increase of 4.6 percentage points from the previous year. However, there are significant inequalities in participation by age, gender, ethnicity and disabilities. This is higher than London, with 67%, and the highest across the comparison group and closest to Islington, with Brent and Newham at the other end of the group, with 58% and 61%, respectively.

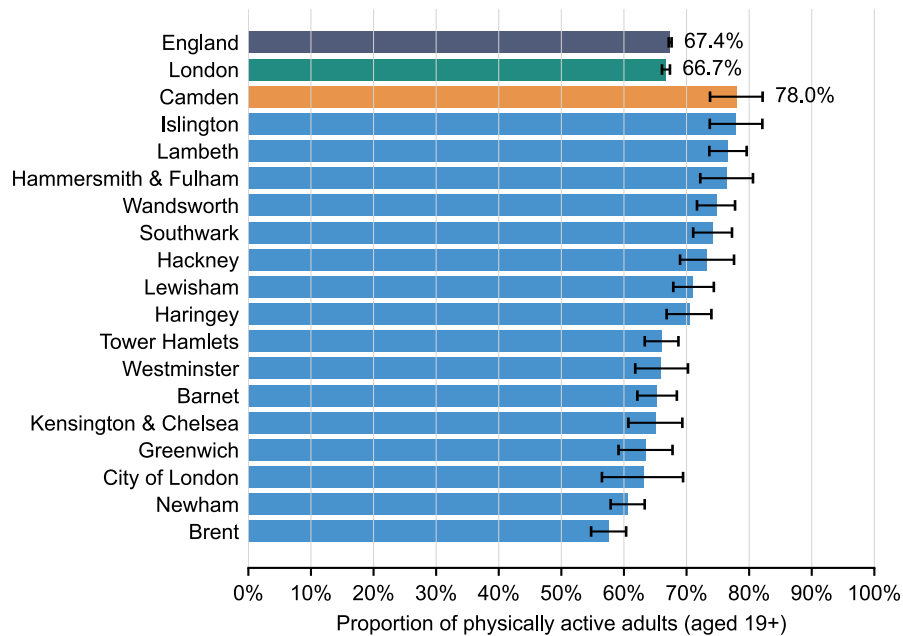
Eating the recommended 5-a-day is also more common in Camden compared to the comparison group, with 37% of adults reporting meeting the target in 2023/24. This is higher than the London average of 30%, and second only to Kensington and Chelsea (38%) across the comparison group, with Newham and Brent at the other end of the group (21% and 23% respectively). However, it is still far from the target for the whole population of eating 5-a-day.

**Figure 4.1: Percentage of people meeting the '5-a-day' fruit and vegetable recommendations (aged 16+)**



Sources: OHID, based on Sport England data, 2023/24  
 Note: Error margins shown where available

**Figure 4.2: Percentage of physically active adults, 2023/24**



Sources: OHID, based on Sport England data, 2023/24  
 Note: Error margins shown where available

While many residents express a strong desire to lead healthier lives, some people experience barriers that make this difficult. For some, cultural and social engagement plays a vital role in wellbeing. One resident shared how she runs regular workshops at The Euston Community Hub and organises creative activities like sewing, singing, and drumming through The Lotus Club to help women overcome health challenges. These initiatives not only encourage physical and mental wellbeing but also foster cultural pride and social connection. Such examples highlight the importance of community-led, culturally sensitive approaches to health.

One resident also emphasised how connection itself is a form of health support,

*“Being part of a community has been good for my health, I enjoy doing things that distract me from the worries I face at home”*

(64, Female, Pearly Sari at The People’s Museum).

These experiences show how social connection can act as a protective factor for mental health, particularly for those managing stress and caring responsibilities. However, other residents spoke about feeling unsupported and unmotivated, despite wanting to improve their health. They mentioned multiple barriers to accessing healthy behaviours including costs, access and suitability of what was offered.

**Learning from: Camden school students’ healthy behaviours and perspectives**

In 2025, Camden state primary and secondary schools took part in the Health-Related Behaviour Questionnaire survey. There were 2,905 responses, with 1,105 returned from twenty primary settings and 1,800 from nine secondary settings. This questionnaire covers various topics, including wellbeing; physical health (nutrition and activity), safety, bullying and other topics.

Healthy eating was more common for primary students compared to secondary. Whilst 36.9% of primary students had 5 or more portions, only 26.6% of secondary students had the equivalent. Eating breakfast was also more common for primary school students, with 80% saying they had something to eat or drink at home before lessons that morning, compared to 56.7% of secondary school students.

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Enjoying taking part in physical activities was common across both primary and secondary schools, with 86.2% of primary school students and 79% of secondary school students saying they agreed or strongly agreed that they enjoyed taking part in sports or exercise. However, there are considerable gender gaps, with only 29% of secondary school girls responding that they strongly agree that they enjoy sports and physical activity, compared to 56% of boys.

Bullying was an experience that the majority of students in both primary (59.1%) and secondary (52.6%) said that they had experienced in the past. The main reason in both settings was the way they looked or size and weight. However, most students said they had not felt afraid of going to school due to bullying (primary 68.7% and secondary 74.9%).

Students were also asked whether they were happy with their life at the moment. 70.5% of primary school students and 57.8% of secondary school students said they were either very happy or quite happy with life. Similarly, 72% of primary school students compared to only 54.6% of secondary school students said they were either very happy or quite happy with their future. In both secondary and primary schools, the highest reason for being anxious or worried was 'Exams and tests' (84.3% and 92.2% of primary and secondary, respectively).

## 1 Nutrition

### Primary school pupils were more likely to eat healthy:

Pupils who had 5+ portions of fruit and veg the day before the survey

Primary pupils

36.9%

Secondary pupils

26.6%

Pupils who had something to eat or drink before lessons on the day of the survey

Primary pupils

80.0%

Secondary pupils

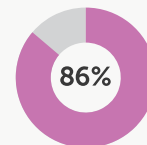
56.7%

## 2 Physical activity

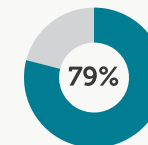
### Enjoying taking part in physical activities was common across both primary and secondary school pupils

Percentage (%) of pupils who agreed or strongly agreed that they enjoyed taking part in sports or exercise

Primary pupils



Secondary pupils

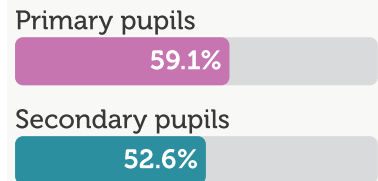


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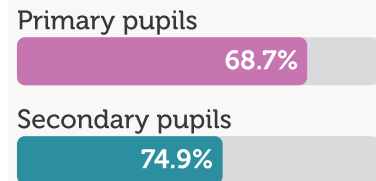
### 3 Bullying

#### The majority of school pupils have experienced bullying

The majority of pupils have experienced bullying in the past...



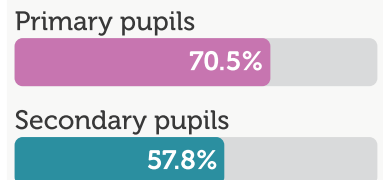
Most pupils said they had not felt afraid of going to school due to bullying



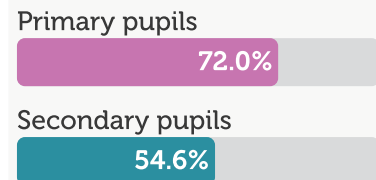
### 4 Happiness

#### A higher share of primary school pupils - compared to secondary school pupils - said they were happy with life now and with their future

Percentage (%) of pupils who were very happy or quite happy with life at the moment



Percentage (%) of pupils who were very happy or quite happy with their future



### Learnings from: Caversham Group Practice and The Listening Space - Mind & Body exercise for people with ADHD

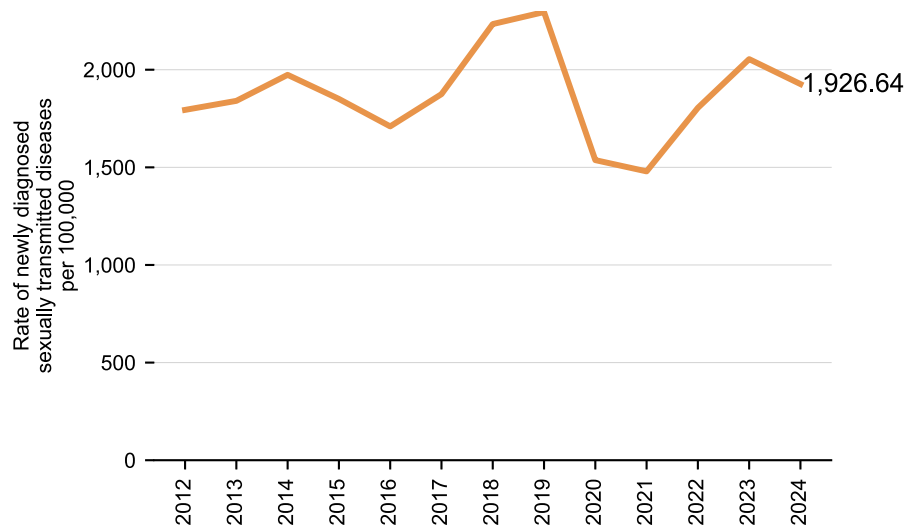
The Caversham Group Practice and The Listening Space trialled a short Mind & Body exercise programme specifically for people with ADHD or suspected ADHD, as part of the [River of Hope](#) programme of activities. Several themes emerged as part of the evaluation of the programme about the impact of living with ADHD. Attendees spoke of the impact of ADHD affects not only mental health (increasing risks of anxiety, depression, and even suicide) but also physical health, academic and occupational performance, social relationships, and overall quality of life. Some also reflected on feeling alone in their experiences, and the positive impact of joining the group and belonging to a community of peers with ADHD. The long waiting lists for ADHD diagnosis and support services, which are managed by the NHS, were also mentioned as a contributing factor to the sense of lack of support and isolation.

### The number of new sexually transmitted diseases in Camden has declined in 2024 to 1,926 per 100,000 people, still higher than the London average of 1,368

In 2024, there were 1,926 new diagnoses of sexually transmitted disease per 100,000 population, a decline from the previous value. This rate is higher than the rate for London and England. Camden is in the middle of the comparison group, with Barnet having the lowest rate and Lambeth the highest (812 and 3,257 per 100,000, respectively). More data on Sexual and Reproductive Health in Camden is available on the [JSNA hub](#).

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**Figure 4.3: Rate of new diagnoses of sexually transmitted disease per 100,000 population**



Source: UK Health Security Agency, 2024

**Access to healthcare services and community support is a mixed experience for residents, with some describing barriers to accessing healthcare, ranging from ability to use new digital tools, cultural and linguistic barriers, and physical access due to disability and transport**

Experiences of healthcare as described by residents in Camden show a mixed picture of convenience and barriers. For some, digital tools like the NHS app make managing appointments and referrals easier:

“ I love my GP, I use the NHS app [...] it helps me keep on top of appointments, referrals and updates which otherwise I would forget” (50–55, Female, Regent’s Roots Festival).

Others, however, find online systems challenging:

“ GP services have moved online which makes it difficult for me to access and I depend on my children to book my appointments” (64, Female, Pearly Sari at The People’s Museum).

Long-standing relationships with GPs remain important, even when people move away:

“ I’ve stayed with the same GP, 40 maybe nearly 50 years now. I even travel much further because I moved further away from the practice” (84, Male, Focus group at Abbey Community Centre).

Barriers are often compounded by language, disability and transport issues. Bangladeshi residents highlight the need for culturally and linguistically tailored support:

“ We need more Bangladeshi Community Champions [...] It would be useful to so many women from my community to have Bengali-speaking workshops on health and how to live healthy” (44, Female, Pearly Sari at The People’s Museum).

While Camden’s density brings both benefits and drawbacks,

“ It can be hard to get appointments [...] but we benefit from having more hospitals and services than many boroughs” (35–44, Female, Focus group with representatives of the LGBTQ+ community in Camden),

community centres play a vital role in wellbeing:

“ This centre is really a lifeline for us because my partner is disabled [...] we have free low cost activities [at our] our local community centre, without it we would be really struggling [...] we’re happier, we get more connected, we learn” (67, Focus group at Abbey Community Centre).

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### Learning from: Focus Group with residents with learning difficulties

In September 2025, Camden Council, with support from [Camden People First](#) and [Elfrida Rathbone Camden](#), held a focus group with five residents with learning difficulties, aged between 27 and 67, to better understand their everyday experiences of life in the borough. Residents described how important it is to stay connected and active through regular community activities. They spoke about the value of community centres and organised groups in fostering friendships and routine, noting:

**“ We have a Saturday club, we meet nearly every week”**  
(36, Male).

As one community representative explained, these gatherings offer

**“ an opportunity for everyone to come together and talk about things that are going on [...] a forum for people to support each other.”**

Safety, however, was a significant concern. Several participants spoke about feeling vulnerable when out alone. One resident said plainly,

**“ I’m safe if I’m with somebody,”** (67, Female) while another shared a distressing experience of hate crime:

**“ I was attacked by my neighbour [...] one of his friends was racist. They attacked me, cut my ear, very painful [...] it made me feel anxious, frustrated and angry”** (40+, Male).

Others described avoiding certain places, with one explaining,

**“ When the football’s on, they get drunk [...] it feels threatening to go out”** (42, Female).

Digital exclusion also shaped several residents’ experiences, with

online-only systems creating barriers to essential services. Despite these challenges, family and community remained essential sources of support. One participant described the comfort of routine:

**“ I go to my mum’s house [...] when I’m too stressed, I stay there two nights. I’ve got family supporting me”** (42, Female).

Participants expressed a clear desire for authorities to better understand and respond to the needs of people with learning disabilities. As one resident noted,

**“ Training the police would help a lot [...] they didn’t take me seriously enough [when reporting an incident]”** (40+, Male).

Another reflected on how past traumatic experiences shaped his ability to trust services, explaining,

**“ I can’t handle police [...] when I was young, I got sexually assaulted and the police didn’t even do nothing [...] it brings back bad memories”** (27, Male).

Overall, the group’s reflections show lives supported by community but challenged by safety concerns, digital exclusion, challenges with housing, and the ongoing sense of not always being fully understood.

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[camden.gov.uk/state-of-the-borough-report](https://camden.gov.uk/state-of-the-borough-report)



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