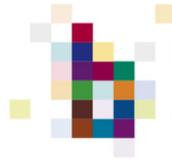


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A Report of the Health and Wellbeing Survey 2013 for Children and Young People in the Bradford District

Academic Year 2012-13



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1 Foreword

We are pleased to present this district wide report on the Health and Wellbeing Lifestyle Survey for 2012/2013 which was completed in 2013. This comes as a result of participation of 69% of all schools in the district and 9,372 children and young people took part from primary schools in Year Group 4 and secondary schools in Year Groups 7 and 10. We hope you will find this report useful for your information and in future planning for services for children and young people. The district wide report provides valuable information about the health and wellbeing needs of children and young people across a wide range of areas which include diet, physical activity, bullying, emotional wellbeing, smoking, drugs and alcohol misuse.

We hope you will find this district wide report useful in planning and developing services, producing school health plans and promoting healthy lifestyles in a range of settings. We will also be producing an Executive Summary, Area Constituency and Clinical Commissioning Group reports. This report provides a robust survey giving a voice to the opinions and experiences of a large number of children and young people in the district. These results will also be compared to the previous survey carried out three years ago in 2009/10. This information will be used to inform our Joint Strategic Needs Assessment, influence key priority areas for the district and will be used by all key partners to improve services for children and young people. We will use this information and understanding to ensure we continue to improve health and wellbeing for children and young people, especially for those more at risk of health inequalities.

We thank all the staff in schools and the children and young people who took part for their valuable contribution towards this important survey for the district.



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2 Acknowledgements

This work was funded by the three local Clinical Commissioning Groups: Bradford City, Bradford District and Airedale, Wharfedale and Craven local Clinical Commissioning Groups.

We are grateful to the teachers, schools, and children and young people for their time and contributions to this survey. As a result of their work we have excellent information to be used by both statutory and voluntary agencies that support the health and education of children and young people in Bradford.

Our thanks go to the staff and pupils of the schools that took part in previous surveys.

We also thank:

- Jenny Philpott and her colleagues Millie Clare, Diane Cokewright, Julia Pomeroy, Gail Suddall from the Health and Wellbeing Team of Bradford Education,
- Public Health colleagues in Bradford Council, and
- Isabelle MacDougall and her colleagues from the School Nursing Service of Bradford District Care Trust

who all worked long and hard to ensure the successful participation of the schools.

3 Support and Contacts

If you have any questions or comments about the study as a whole, please contact:

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If you have any questions about the figures or the tables and reports in general, please contact SHEU in Exeter.

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4 Summary of main findings

This report summarises results of a survey about the lifestyles and perceptions of children from primary and secondary schools in Bradford District. It was conducted by SHEU during 2013, commissioned by the three local Clinical Commissioning Groups (Airedale, Wharfedale and Craven; Bradford District and Bradford City CCGs) and was delivered in partnership with the City of Bradford Metropolitan District Council, School Nursing Service Bradford District Care Trust, Schools and other key partners. The questionnaires were designed by advisers drawn from participating partners, in collaboration with local teachers and SHEU, and were modelled on the questionnaires used in the previous study in 2009-10.

All schools in the District were invited to take part in the survey. Each participating primary school was asked to sample all available children in Year Group 4; each participating secondary school was asked to provide at least 100 young people per year from Year Groups 7 and 10, to make up a representative cross-section of their school population.

The Survey Sample

In total, 119 primary schools and 22 secondary schools signed up to take part, with 111 and 21 (respectively) finally completing surveys. The completed sample size in the target year groups (excluding blank returns and scripts with inappropriate answers) was 9,372. Overall, 69% of all school took part (132 of 191 available), with 70% of primary schools and 64% of secondary schools participating. Around 50% of all eligible pupils in the target age groups took part in the survey. Amongst the participating schools were all of the Pupil Referral Units (three secondary, one primary) and three of the Special Schools across the District.

The proportion of children and young people who took part was high and this ensured the reliability of the findings and increased the chance that statistical differences between different populations could be identified where present.

The sample of children and young people that took part was broadly representative of the District's population.

- Children and Young People in Bradford District were more deprived and more ethnically diverse than young people in the England-wide reference sample that was used for comparison in this report.
- Over half of the children in the sample live in communities classified within the 20% most deprived in England. Bradford in 2009-10 had 44.7% of its population in the most deprived national quintile and 9.4% of the population in the least deprived quintile.
- 51% of the survey sample were boys (also 51% in 2009-10), which matches the 51% of Bradford District's school-aged children who are boys.
- Children from all five constituency areas took part in the survey. Among the Year 10 students, Bradford West was over-represented and Keighley was underrepresented.
- The predominant ethnic groups that children and young people used to identify themselves were White British (48% in 2012-13 and 51% in 2009-10) and South Asian (38% in 2012-13 and 31% in 2009-10). The majority of the South Asian children were Pakistani children. Children and young people from at least 39 different ethnic groups took part in the survey. This is similar to the ethnic diversity of children and young people across Bradford district in the 5-14 year-old age group.

- Half the children and young people in the survey with a South Asian background were from Bradford East and Bradford West, reflecting the background population of these constituency areas. These two constituency areas were also the two most deprived areas of the district.
- Nearly 10% of secondary school pupils reported having a disability or some sort of long-standing illness.

Be Healthy

Healthy Eating

About a fifth of pupils surveyed said they had at least five portions of fruit and/or vegetables on the day before the survey, while 16% of them said they had none at all.

- **Compared with the England reference sample, young people in Bradford were no more or less likely to have eaten at least five portions of fruit and/or vegetables on the day before the survey.**
- Over 80% of the youngest pupils reported having three meals a day. This rate declined as pupils got older.
- About a third of all pupils reported that they consumed snacks or sweets on most days.
- Over two-thirds of all pupils had breakfast on the day of the survey, consisting of a drink and something high in protein and/or complex carbohydrates. Over 10% of secondary school pupils had only a drink.
- As young people got older, they were more likely to skip breakfast entirely, with higher proportions among females at all ages.
- Nearly three-quarters of all pupils reported that their meal on the night before the survey was cooked at home. A little over 10% had a takeaway. Over two-thirds of older pupils were confident that they can cook a healthy meal.
- Over a quarter of all pupils ate their evening meal in front of the TV on the night before the survey.

Oral health

The most common reason for visiting the dentist on the last occasion was a checkup, with nearly 10% of those giving a reason saying it was because they were having trouble with their teeth.

- 5% of secondary pupils reported having trouble recently finding an NHS dentist.
- On average, pupils brushed their teeth twice on the day preceding the survey.

Physical Activity

The vast majority of pupils in all year groups (85%) did at least some hard exercise during the week before the survey; however, less than 5% did the recommended minimum of an hour of hard exercise every day during that week.

- The average number of days on which pupils did any hard exercise in the week before the survey was three; if the criterion is that the exercise last at least an hour, then the average number of days was two. Both figures were higher for males than females.

- The majority of pupils said that they enjoyed physical activities at least quite a lot.
- The most common physical activities that pupils reported taking part in at least weekly were walking, running, football, swimming and keep-fit.

Smoking

Smoking experimentation was rare among younger pupils, with 1% of Year 4 and Year 7 children reporting they were a regular smoker. A third of pupils in Year 10 had tried smoking and 10% reported smoking regularly.

- The most common source of obtaining cigarettes was from a shop, followed by from a friend.
- Most smokers did so only when with friends, rather than when alone or with family.
- Over a third of pupils reported having a parent or carer who smoked, but the proportion who were exposed to second-hand smoke appeared to be much less than this. Children in the most deprived quintile were four times more likely to be exposed to second-hand tobacco smoke at home, and three times as likely in a car, as the least deprived quintile.
- Year 10 males and females were less likely to have parents/carers who are smokers than were pupils of the same age/sex in England as a whole.

Alcohol

The older the pupil, the more likely they were to say that they had tried alcohol. Over 40% of Year 10 pupils reported having ever had an alcoholic drink (more than a sip), 19% of Year 7 and 13% of Year 4.

- **Compared with the England reference sample, young people in Year 10 in Bradford were less likely to drink alcohol in the week preceding the survey.**
- Young people with a White ethnic background did most of the drinking recorded.
- Year 10 males in Bradford were less likely to have drunk alcohol in the week preceding the survey than males of the same age in the reference sample.
- Young people in Year 10 were most likely to have obtained their alcohol from their parents or from carers to drink with them at home (12%); the next most common source was a friend/sibling who purchased alcohol for them (7%).
- 24% of those pupils in Year 10 who drank alcohol were able to purchase directly from a shop, supermarket or pub. Additionally, 42% of those pupils in Year 10 who drank alcohol had alcohol bought for them from off- or on-licenced premises by a stranger.
- Less than 20% of Year 4 and Year 7 pupils say they drink alcohol at all. 13% of pupils said that their parents/carers always knew when they drank alcohol at home; 6% of Year 10 pupils said their parents/carers never knew, and 9% of them say their parents sometimes did not know.
- Over a third of young people in Year 10 say that they were at least fairly sure that they knew a user of drugs (other than alcohol, tobacco or medicines).

Substance Misuse

Cannabis dominated the picture of young people's drug experience, with over 10% of Year 10 pupils having tried it.

- 1% of pupils in Year 7 and 4% in Year 10 reported having taken psychoactive drugs at some time, with 1% and 2% respectively having taken them in the month preceding the survey.
- Nearly 5% of pupils in Year 10 reported having ever used psychoactive drugs and alcohol on the same occasion.
- Lower levels of drug use in children of South Asian origin may be the cause of the lower than expected level of monthly and lifetime drug use in the most deprived quintile.

4% of pupils in Year 7 and 12% of pupils in Year 10 knew of a special drug and alcohol service for young people available locally.

- Pupils were more likely to have heard of the FRANK service if they were from the less deprived quintiles, from the White community or from the Shipley constituency; these populations of course overlap.

Emotional Health and Wellbeing

Pupils in Year 4 were more likely to score in the highest bracket of self-esteem scores if they were male, White, from Shipley or Keighley constituencies and/or in the least deprived quintiles.

- **Compared with the England reference sample, Year 4 pupils in Bradford had similar self-esteem scores.**
- About 70% of pupils said that they worried about at least one issue at least quite a lot.
- Year 10 males were more likely to worry about something than were males of the same age in the reference sample. Year 10 females in Bradford were less likely to worry about at least one issue at least quite a lot than were females of the same age in the reference sample.

Sexual Health

Just over 20% of Year 10 pupils said they knew of a contraception and sexual health (CASH) service for young people available locally while 47% of Year 10 pupils reported that they knew where to get free condoms.

- **Compared with the England reference sample, Year 10 pupils in Bradford were less likely to say they know where to get free condoms.**

Staying Safe

32% of Year 4 pupils said they had been bullied at school in the 12 months preceding the survey; this figure fell to 23% for Year 7 and 17% for Year 10 pupils. The most common perceived reasons for being picked on or bullied were size/weight and appearance.

- **Compared with the England reference sample, young people in Bradford were no more or less likely to be bullied.**
- The most commonly reported types of bullying or aggressive behaviour were teasing and name-calling, with being pushed or hit for no reason a clear third.

- 44% of Year 4 pupils said they were at least 'sometimes' afraid to go to school because of bullying. Less than 10% of secondary pupils had been the victim of violence or aggression in the area where they live in the last year.
- Secondary school pupils were asked if their school took bullying seriously and over half agreed.
- Perceived neighbourhood safety is worse in Bradford ,particularly in Bradford East than in the reference sample.
- Over 70% of secondary pupils thought that their safety going out during the day was good but when asked about going out after dark, this proportion fell to something over a third.
- Less than 10% of secondary pupils reported ever carrying a weapon or something else for protection when going out. Pupils who said they carried a weapon or something else for protection were more likely to be male, from the most deprived quintiles or from ethnic groups other than White or South Asian.
- Most secondary pupils had some experience of contacting other people over the Internet and the majority said they had received advice on how to stay safe online, but which topics they had received advice about was varied.
- A quarter of children in years 4 and 7 do not always wear a seatbelt when travelling in a car or van; this figure rises to 40% amongst year 10 pupils.

Enjoy and Achieve

Secondary school pupils were asked if they think it is important to go to school regularly and 89% agreed.

- Pupils were more likely to agree that it is important to go to school regularly if they were female and/or from the least deprived quintile, but the differences were not large.

Making a Positive Contribution

- 17% of Year 7 pupils and 14% of Year 10 pupils knew who was their School Council representative, with slightly fewer knowing how to contact them.

Economic Wellbeing

Most Year 10 pupils reported that they intended to continue in full-time education (61%).

- In Bradford District, Year 10 pupils were more likely to want to continue in full-time education and more likely to want to find a job as soon as they could, than pupils of the same age/sex in the England reference wide sample.
- Year 10 pupils were less likely to want to take up an apprenticeship than pupils of the same age/sex in the reference sample.

Changes between 2009/10 and 2012-13

- The proportion of Year 10 students identifying as English was lower in 2012-13 than in 2009-10 (2009-10:58%→2012-13:46%).
- The proportion of Year 7 pupils which could be allocated to a known postcode and then to a deprivation quintile is rather lower in 2012-13 than in 2009-10 (86%→71%).
- Reports of having no breakfast were lower among Year 10 students in 2012-13 than in 2009-10 (20%→15%, that is, more pupils had some sort of breakfast in 2012-13).
- Over two-thirds of pupils were confident that they can cook a healthy meal. There was a small statistically significant drop in this figure since 2009-10.
- Secondary school pupils in 2012-13 were a little more likely than in 2009-10 to have eaten together as a family on the evening before the survey (a rise of 5 percentage points in both year groups).
- Pupils were asked on which days they exercised. Compared with 2009-10, each day of the week in 2012-13 is less often reported by pupils as an exercising occasion (at all or for at least an hour, e.g. Year 10 pupils exercising hard for at least an hour on a Saturday went from 27% in 2009-10 to 20% in 2012-13).
- Reported drug use in 2012-13 is slightly higher than in 2009-10, but this finding may be an artefact of the changed style of question.
- Figures for Year 10 pupils ever mixing alcohol and drugs were rather lower in 2012-13 than were seen in 2009-10 (9%→3%).
- Awareness of FRANK services were very much lower in 2012-13 than was seen in 2009-10 (Year 10: 76%→52%).
- Less than 5% ever visit the FRANK website; again the figure is lower than in 2009-10.
- Among Year 10 pupils, since 2009-10, Tic Tac has risen (5%→7%) and Doctors/Health Centre has declined (8%→3%) in the list of identified sources of free condoms.
- The proportion of Year 10 pupils aware of a CASH service in 2012-13 is much higher than the proportion found in 2009-10 to be aware of a 'birth control/family planning' service (15%→24%).
- The 2012-13 figures for being bullied at school in the last 12 months were a little lower than those from 2009-10 (Year 4: 35%→32%).

4.1 Some key findings and comparisons

A summary of some key findings is shown in the table below:

Table 1: Key figures for Bradford and Airedale with constituency and reference comparisons

	England Sample	Bradford District	Bradford East	Bradford South	Bradford West	Shipley	Keighley
Sample sizes Year 4	11,393	4,660	1,238	885	1,136	680	719
Year 7	-	2,374	449	388	604	474	441
Year 10	24,848	2,338	392	474	765	474	195
Percentage of Year 4 pupils with high self-esteem scores	28%	26%	24%	26%	21%	32%	<u>29%</u>
Percentage of Year 10 pupils who think it's important to go to school regularly	88%	88%	87%	89%	86%	90%	91%
Percentage of Year 10 pupils who know who is their school council representative		24%	<u>26%</u>	13%	9%	11%	<u>18%</u>
Percentage of Year 10 pupils who want to continue in full-time education	58%	61%	65%	60%	61%	61%	56%
Percentage of Year 10 pupils eating at least 5 portions of fruit and vegetables yesterday	16%	22%	22%	25%	23%	19%	<u>15%</u>
Percentage of Year 10 pupils who exercised hard for at least an hour every day in the week before the survey	2%	4%	2%	6%	4%	3%	4%
Percentage of Year 10 pupils that know of a contraception/CASH service* for young people	*33%	22%	<u>13%</u>	22%	14%	34%	29%
Percentage of Year 7 pupils who think the health of their teeth is at least 'good'		64%	62%	64%	61%	65%	68%
Percentage of Year 10 pupils who think the health of their teeth is at least 'good'		65%	<u>73%</u>	65%	59%	69%	<u>61%</u>
Percentage of Year 10 pupils smoking regularly	9%	10%	<u>4%</u>	10%	9%	<u>12%</u>	11%
Average number of days drinking alcohol in the week before the survey for those Year 10 pupils who drank at all	1.8	1.8	1.9	1.7	1.7	1.8	<u>1.6</u>
Percentage of Year 10 pupils who have ever taken drugs	15%	17%	<u>11%</u>	18%	15%	20%	15%
Percentage of Year 10 pupils who have ever taken alcohol and drugs on the same occasion	10%	3%	1%	3%	2%	5%	3%
Percentage of Year 10 pupils who think their safety going out after dark is 'poor' or worse	19%	24%	<u>31%</u>	27%	26%	16%	17%
Percentage of Year 10 pupils who were bullied at or near school last year	26%	17%	15%	20%	16%	20%	13%

* N.B. different question asked elsewhere

Areas with significantly higher results compared to the Bradford sample are **boxed** and those with significantly lower results are underlined.

The first 9 indicators listed in the upper part of the table are generally positive, contributing to health and wellbeing; the latter 6 are risk factors for health and wellbeing (e.g. smoking).

5 Introduction

This report summarises results of a survey about the lifestyles and perceptions of children from primary and secondary schools in Bradford District.

It was conducted by SHEU during 2012-13, was commissioned by the three local Clinical Commissioning Groups (Airedale, Wharfedale and Craven; Bradford Districts; Bradford City) and was delivered in partnership with the City of Bradford Metropolitan District Council, the School Nursing Service of the Bradford District Care Trust, Schools and other key partners.

The questionnaires were designed by advisers drawn from participating partners, in collaboration with local teachers and SHEU, and were modelled on the questionnaires used in the previous study in 2009-10.

5.1 The Schools Health Education Unit

SHEU is the leading provider of school-based surveys in the areas of PSHE and health education. It was established in 1977 by John Balding, and continues his vision of providing local information to enable better discussion and planning. The Unit originated and developed within the University of Exeter, where it was based until 1998.

The core of their work is the *Health-Related Behaviour Questionnaire* (HRBQ) survey method, which has been used by secondary schools for over 30 years.

SHEU does not just carry out HRBQ surveys, although that is the most important element of their work. SHEU also designs and processes questionnaires for other researchers; evaluates educational projects; produces resources for primary and secondary health education, and publishes the annual *Young People...* reports as well as the journal *Education and Health*.

SHEU personnel involved with the Bradford survey include:

Research Manager: Dr David Regis

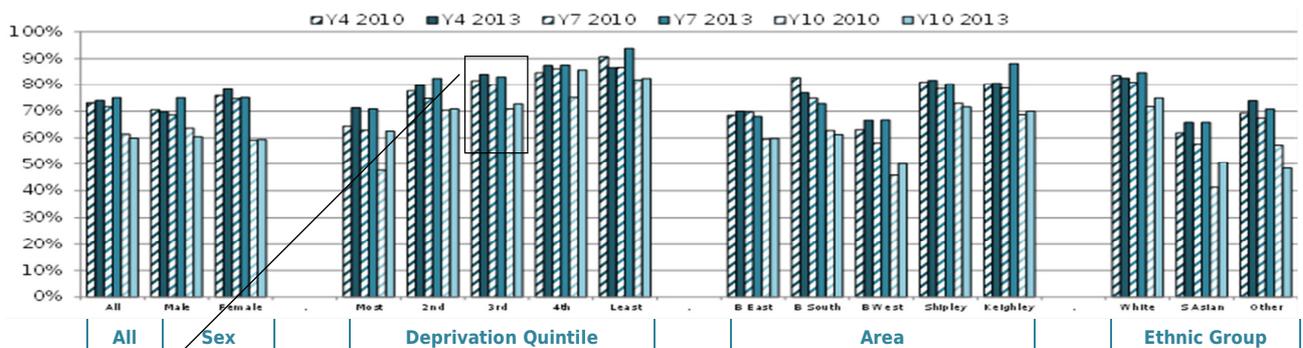
Data preparation Manager: Jim Podbery

5.2 Reading the report

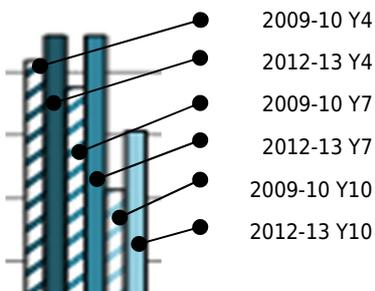
Charts and tables will show figures for the whole sample, but may additionally show a breakdown by year, sex, deprivation quintile, area, ethnicity and by wave of survey. These will be shown in a consistent order and design scheme on tables and charts.

Sample table heading & chart:

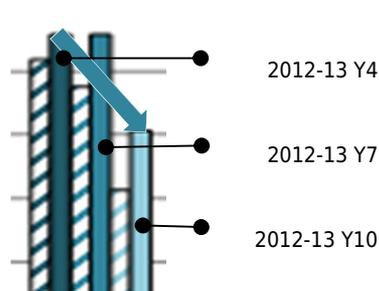
All	Sex		Depr. Quintile					Area					Ethnic Group		
	Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other



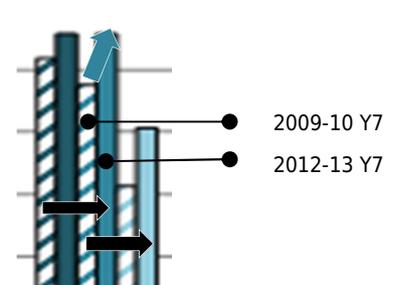
Key to order within each cluster of columns



Cross-sectional changes across year groups in 2012-13



Changes (trends?) in a year group between 2009-10 and 2012-13, and 'cohorts' between the two waves



Also note that the pupils in the Y4 sample from 2009-10 are among the Y7 sample of 2012-13, while the pupils in the Y7 sample from 2009-10 are among the Y10 sample of 2012-13 (→). Changes in these 'cohorts' may be of particular interest.

Example error bars for the columns on a chart are shown on p.102.

How to interpret the figures

Please note that percentages are usually given as whole numbers, which means that percentages within a group may not add up to 100%. This is because rounding up and down may result in apparent anomalies. Here are two examples:

<u>Example 1</u>	Actual	→	Rounded	<u>Example 2</u>	Actual	→	Rounded
Option 1	50.4%	→	50%		50.5%	→	51%
Option 2	30.4%	→	30%		40.5%	→	41%
Option 3	<u>19.2%</u>	→	<u>19%</u>		<u>19.0%</u>	→	<u>19%</u>
	100%	→	99%		100%	→	101%

Significantly different results will be boxed if higher than expected and underlined if lower. Statistical testing indicates only that a *group* of results has some difference that can be explained by the grouping chosen; the selection of individual results to be boxed or underlined has been done by inspection and not through any statistical procedure.

These findings may be selected for comment in the text, in which case they will be flagged according to the type of difference:

- ♀ Difference between the sexes
- ▣ Difference associated with deprivation
- 🕒 Difference between areas
- ▤ Difference between ethnic groups
- ✂ Difference since 2009-10

The first example of this type of analysis in the report is on page 30.

N.B. These differences are not independent, as the most deprived areas also have lower proportions of white pupils.

6 Approach and context

6.1 Method

The questionnaire was designed by advisers in Bradford in collaboration with local teachers and SHEU.

Items were drawn from a number of sources including:

- SHEU *Health-Related Behaviour* questionnaire, Versions 11 and 23
- SHEU *Every Child Matters* questionnaires
- customised items previously used by other SHEU clients
- new items suggested by the group and their colleagues

The draft questionnaire, including new items, was reviewed and a final design produced by SHEU.

Schools fitted this exercise into their scheme of work and, once completed, the questionnaires were sent to SHEU. SHEU collated and analysed the data, and produced the draft that formed the basis of this report.

Notes on quality assurance, statistical testing, and other technical aspects of this report are appended.

Completion rates

As might be expected, the proportions of each whole sample answering each question falls as the children and young people progress through the questionnaires. The percentage completing the last unconditional question in the primary questionnaire was 93% and in the longer secondary questionnaire the percentage was 89%.

These considerations do not materially affect our estimates of confidence limits.

Reporting and analysis

Reporting from the survey has been carried out at different levels:

- The commissioners have a set of detailed tables based on the composite data set for the district, and supplementary tables and analysis.
- Each school has a similar set of tables, and a 'school report', a summary of their own data next to a summary of the whole Bradford data, together with a supporting text.

Formal analysis was carried out by the SHEU, mostly using the statistical software package SPSS¹. Analysis took the form of simple frequency distributions and cross-tabulations, with significance testing used to call attention to particular tables. More detail is given in other parts of the report.

¹ SPSS (Statistical Package for the Social Sciences) (Base & Tables Version 15). SPSS, Inc.: Chicago, USA.

6.2 National context

The Health and Social Care Bill January 2011 placed local government and local communities at the heart of improving health and wellbeing and in tackling health and social inequalities. The Marmot review into health inequalities in England, 'Fair Society, Healthy Lives 2010', emphasised the pivotal role of Local Government. It concluded that to improve health for all and to reduce inequalities, action is needed to tackle the wider social determinants of health, inclusive of education, occupation, income, home and community.

The Public Health White Paper, 'Healthy Lives, Healthy People' 2010 set out the Government's plans to tackle causes of premature death and illness and reduce health inequalities. 'Achieving Equity and Excellence for Children and Young People' and the Kennedy Review emphasised the need for children and young people and their families to be at the heart of everything; share fully in decision making and have real choice about their care.

Although the responsibility to improve and protect our health lies with us all – government, local communities and with ourselves as individuals, under the terms of the Health and Social Care Act 2012, upper tier Local Authorities are now responsible for improving the health of their population. Integrating public health into local government through the transition in April 2013 has allowed this to happen in the context of tackling the broader social determinants of health.

The new Public Health Outcomes Framework introduced the overarching vision for public health, the outcomes we want to achieve and the indicators that will help us understand how well we are improving and protecting health. The School Nursing services which are informed by national school Nursing Guidance is also integral to the delivery of the Healthy Child Programme (HCP) as documented in 'Getting it right for children, young people and families' (2012). Delivery of the universal elements of the HCP should be underpinned by a robust **Joint Strategic Needs Assessment**, which will need to identify vulnerable and at risk groups and at an individual or family level, services should be developed to meet individual need and tailored to ensure individuals are supported.

Commissioners will therefore need to ensure providers can demonstrate a robust process to capture **service user insight** and the experiences of children and young people as service users. The Public Health Outcomes Framework and NHS Outcomes Framework clearly define a range of outcome measures that are significant to the school aged population, most of which are reflected within the survey and include:

Key Public Health Outcomes for Children and Young People aged 5-19 years

- 0.1 Healthy life expectancy and life expectancy
- 0.2 Gap in life expectancy
- 1.01i & 1.01ii Reducing the number of children in poverty
- 1.02i, 1.02ii & 1.02iii Improving School readiness
- 1.03 Reducing Pupil absence
- 1.04 Reducing first time entrants to the youth justice system
- 1.05 Reducing the number of 16-18 year olds not in education, employment or training
- 1.10 Reducing the number killed or seriously injured in road accidents.
- 2.04 Reducing under 18 conceptions

- 2.06i Reducing excess weight in 4-5 and 10-11 year olds (all sub-indicators)
- 2.07i & 2.07ii Reducing hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- 2.08 Improving emotional wellbeing of looked-after children
- 2.09 Reducing smoking prevalence - 15 year-olds
- 2.10 Reducing hospital admissions as a result of self-harm
- 2.13 Increasing the rate of physical activity amongst children and young people
- **2.2 Increasing breastfeeding initiation rates and prevalence at 6-8 weeks after birth**
- 3.02i & 3.02ii Chlamydia diagnoses (15-24 year olds)
- 3.03i - 3.03 xv Improving population vaccination coverage (all sub-indicators)
- 4.02 Reducing tooth decay in children aged 5
- 4.03 - 4.07 Mortality rates from causes considered preventable and under-75 mortality rates from cardiovascular disease, cancer, liver disease and respiratory disease

Key NHS Outcomes for Children and Young People aged 5-19 years

- 1b Life expectancy
- 1.1-1.4 Under-75 mortality rates
- 2.3(ii) Unplanned admissions for asthma, diabetes, and epilepsy in under-19s
- 3.2 Emergency admissions for children with lower respiratory tract infections

6.3 Local context

The Bradford District Children's and Young People's Plan has been developed against the background of the changing policy context as well as build on the principles of the *Every Child Matters* framework. The 2011 - 2014 Plan describes how Children's Services work together with the Children's Trust and partners to make a difference to Children and Young People's lives across the Bradford district. In the Plan, Bradford Children's Trust describe their commitment to making sure every child and young person in the district is supported to have the best possible start in life.

A key local priority for Bradford local authority and its partners is therefore to support improvements to tackle a range of health inequalities for Children and young people and their families and promote healthy lifestyle choices with a focus on: infant mortality; oral health; obesity; teenage pregnancy; sexual health; alcohol, tobacco and substance misuse.

Each local authority is obliged to construct a cross-sector plan for the delivery and monitoring of children's services as well as deliver on key public health outcomes. Each section of the report will begin with an extract of the main outcomes and indicators from the Bradford Children and Young People's Plan.

The Survey also supports, and is supported by, a number of key strategies, policies, plans and needs assessments locally. This includes but is not limited to the:

- Joint Strategic Needs Assessment for Children and Young People 2014
- Joint Health and Wellbeing Strategy and Health Inequalities Action plan,
- Child Poverty Strategy
- Children and Young people's plan 2011-2014
- Bradford Safeguarding Children's Board Plan 2014 -2015,
- Education Improvement Board and other key Groups within the remit of the Children's Trust board.

6.4 Comparison with the England reference sample

It is often interesting to compare local figures with results from elsewhere in the country. Each year the Schools Health Education Unit (SHEU) supports surveys in very many schools throughout the UK and publishes the total picture for each year in the series *Young People in 1986, 1987, ... into 2012-13*. In this report, the Bradford sample has been compared with the SHEU aggregate sample from 2012 and results from which have been published in the report *Young People into 2012-13*. One year group chosen in Bradford coincides with a large sample from Year 10 students in the SHEU databanks.

Table 2: Sample sizes in the 2012 England sample

	Year 10
Male	12,308
Female	12,540
All	24,848

Compared with the England sample, children and young people in Bradford District were more deprived and more ethnically diverse.

Year 10 pupils in Bradford were more likely to come from a non-white background than were pupils of the same age in the England sample.

The surveys making up the *Young People...* samples were carried out throughout the school year, while the Bradford survey was carried out in the Autumn and Spring. Therefore, any differences seen between the Bradford survey and the England sample may be caused by seasonal factors or the academic calendar. They may also arise from differences in home background seen in the samples.

Not all questions in the Bradford survey could be compared; the Bradford surveys used customised versions of the SHEU questionnaires.

Some of the findings of difference from the 2009-10 report have not been confirmed in 2012-13; sometimes this is because the use of the question elsewhere has stopped.

7 Demographics and population

Sampling

Schools were invited to take part in a survey of children and young people in years 4, 7 and 10 (aged 8-9, 11-12, and 14-15 years respectively).

Each primary school was asked to sample all available children in those year groups; each secondary school was asked to provide at least 100 young people per year group (about 4 classes) who were a representative cross-section of their school population.

This means that the survey would be representative of children and young people of similar ages across the county. This does not take into account absentees².

The Bradford sample 2012-13

The completed sample size in the target year groups (excluding blank returns and scripts with inappropriate answers) was 9,372.

Table 3: Sample sizes in the 2012-13 survey, by year group and sex

2012-13			Males	Females	All
Primary	Year 4	8-9y	2,382	2,278	4,660
Secondary	Year 7	12-13y	1,220	1,154	2,374
	Year 10	14-15y	1,211	1,127	2,338
All					9,372

These may be compared with the samples from the 2009-10 study:

Table 4: Sample sizes in the 2009-10 survey, by year group and sex

2009-10			Males	Females	All
Primary	Year 4	8-9y	2,023	1,925	3,948
Secondary	Year 7	12-13y	1,863	1,784	3,647
	Year 10	14-15y	1,564	1,505	3,069
All					10,664

The proportion of the population sampled was calculated, first as a proportion of the population of participating schools, and then from the total available population:

² Absent pupils will include those who are ill and any that habitually miss school. Therefore, some of the data recorded in the surveys may be biased. This will be a feature of any school-based survey. However, staff may already be more familiar with the characteristics of this absentee group than those of the section of the schools population that complete the questionnaire. Moreover, we should not assume that the absentees are all poorly behaved; our work on bullying suggests that a number of shy, risk-averse pupils may be missing school and therefore biasing the results in the other direction.

Table 5: Response rates in the 2009/10 and 2012-13 surveys, by year group and school type

	2009/10			2012/13		
	Took part	All	%	Took part	All	%
Primary						
Foundation	117	155	75%	108	145	74%
Academy	0	0		3	11	27%
Free	0	0		0	2	0%
All maintained	117	155	75%	111	158	70%
Secondary						
Foundation	21	26	81%	14	17	82%
Academy	3	3	100%	4	9	44%
Free	0	0		0	4	0%
Through		0		3	3	100%
All maintained	24	29	83%	21	33	64%
Both phases	141	184	77%	132	191	69%

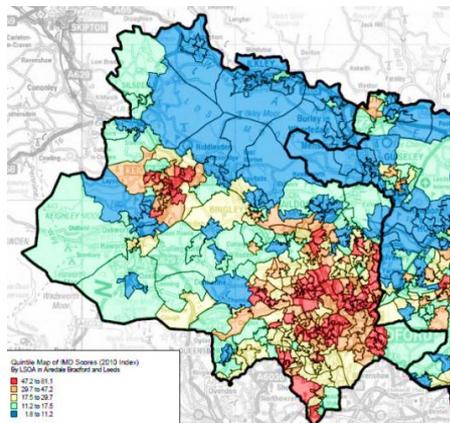
The list of schools taking part is given in Appendix 6 (page 100). Independent schools were invited to take part in each wave of the study but did not become involved.

Year Group	Average response rate at participating schools as proportion of roll ³	Number of pupils responding	Number of pupils in age groups	Overall response rate
Year 4	92%	4,660	7,073	66%
Year 7	66%	2,374	5,947	40%
Year 10	62%	2,338	5,904	40%
All		9,372	18,924	50%

³ The number on roll at Bradford Academy was not available at the time of analysis and was estimated at 180 in each of Years 7 and 10; this is likely to be an over-estimate.

Deprivation quintiles

Chart 1: Quintile Map of IMD Scores (2009-10 index) by LSOA in Bradford & Airedale (some of Leeds showing to the right) superimposed on an Ordnance Survey map of the area.



Crown Copyright 2011; image prepared by Richard Dixon of NHS Leeds.

A numerical score (Index of Multiple Deprivation, IMD) derived from census information is given to each small area shown on the map (Lower Super Output Areas, LSAOs).

IMD scores from LSOAs across the country are sorted from most to least deprived, and those in each fifth (quintile) of the rankings are noted and shown on the map in a different colour. Red areas are among the most deprived fifth of all LSOAs in the country, blue are among the least deprived fifth; yellow are the middle fifth by rank while the orange and green areas are intermediate between the middle and respectively the most and least deprived quintiles.

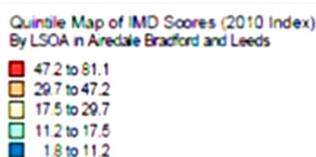


Table 6: Sample sizes in 2012-13 in each deprivation quintile, by year group,

2012-13	Most	2nd	3rd	4th	Least
Year 4	54%	17%	15%	8%	7%
Year 7	58%	15%	14%	7%	5%
Year 10	63%	15%	12%	7%	3%
All	57%	16%	14%	7%	5%

The map shows large areas of green and blue which are in fact less densely populated, so in fact a majority of pupils in Bradford live in the most deprived quintile.

Pupils in Bradford were much more likely to live in areas within the most deprived quintile – that is, the most deprived 20% – of all communities in England.

Locality

The sample has been grouped by school into the five constituencies and 14 localities identified for planning purposes. Pupils have been assigned to these areas according to which school they attended.

Table 7: Sample sizes in 2012-13 in each Locality Achievement Partnership, by year group

2012-13	All	Locality														
		Bradford East 1	Bradford East 2	Bradford East 3	Bradford South 1	Bradford South 2	Bradford South 3	Bradford West 1	Bradford West 2	Bradford West 3	Shipley 1	Shipley 2	Keighley 1	Keighley 2	Keighley 3	
Year 4	4658	467	386	385	346	277	262	288	595	253	299	381	276	280	163	
Year 7	2356		286	163	93	51	244	315	62	227	226	248	118	213	110	
Year 10	2300		231	161	89	60	325	305	219	241	223	251	75		120	
All	9314	467	903	709	528	388	831	908	876	721	748	880	469	493	393	

These 14 localities were grouped into five constituency areas:

Table 8: Sample sizes in 2012-13 in each constituency area, by year group

2012-13	All	Area				
		Bradford East	Bradford South	Bradford West	Shipley	Keighley
Year 4	4658	1238 26.6%	885 19.0%	1136 24.4%	680 14.6%	719 15.4%
Year 7	2356	449 19.1%	388 16.5%	604 25.6%	474 20.1%	441 18.7%
Year 10	2300	392 17.0%	474 20.6%	765 33.3%	474 20.6%	195 8.5%
All	9314	2079	1747	2505	1628	1355

The families with dependent children in Bradford⁴ were distributed between constituencies as follows: Bradford East 23%, South 23%, West 22%, Shipley 17% and Keighley 15%. This suggests that among the Year 10 students, Bradford West is over-represented and Keighley is underrepresented.

Compared with the distribution in 2009-10 (below), there were some differences in 2012-13: a higher proportion was from Bradford West while fewer were found from Bradford East and South and from Keighley.

Table 9: Sample sizes in 2009-10 in each constituency area, by year group

	Area				
2009-10	Bradford East	Bradford South	Bradford West	Shipley	Keighley
Year 4	27.7%	14.4%	25.3%	12.4%	20.2%
Year 7	25.4%	15.3%	20.0%	25.2%	14.1%
Year 10	26.4%	17.1%	20.3%	19.9%	16.4%

Do these differences make a practical difference when comparing the overall 2009-10 and 2012-13 samples?

If a steep gradient in a measure is seen across constituencies so that, say, smoking rates were as follows among Year 10 pupils in both 2009-10 and 2012-13:

- 10% Bradford East
- 20% Bradford South
- 30% Bradford West
- 40% Shipley
- 50% Keighley

So, the actual rates were unchanged between 2009-10 and 2012-13, but the effect on the smoking rate seen in the actual samples would be:

- 2009-10 28.3%
- 2012-13 27.8%

Our biased samples would show a false 0.5% change in the observed rate, but it is unlikely that any importance would be assigned to such a small difference, given that the confidence interval for an observation of 28% in a sample of 2000 is $\pm 2\%$. It may also be noted that:

- the gradient used in this example is steeper than almost everything observed in 2009-10,
- the report nearly always gives percentages to the nearest whole number, and
- all analysis will include a look at the differences between constituencies, so these figures will be readily available when considering any trends.

This means that, although there is some bias in the geographical distribution in the 2009-10 and 2012-13 samples, this is unlikely to lead us to identify a false difference in the overall Bradford figures. And so, we have taken the view that it is permissible to use the unweighted samples as the basis for analysis, without fear of being misled, and that is what has been done throughout the report.

⁴ Families with dependent children by Parliamentary Constituency (Excel sheet 129Kb), Office of National Statistics, 07 Dec 2012. <http://www.ons.gov.uk/ons/about-ons/business-transparency/freedom-of-information/what-can-i-request/published-ad-hoc-data/people/december-2012/families-with-dependent-children-by-parliamentary-constituency.xls>

Ethnicity

The sample has been analysed by ethnicity, using the question shown in an appendix. The ethnic groups were, in descending order of frequency:

Table 10: Percentages in each ethnic group in 2012-13 (detail).

English	45.99%	Other White Western European	0.24%
Pakistani	30.30%	Afghanistani	0.23%
Asian and White	4.59%	Other White Eastern European	0.19%
Bangladeshi	3.19%	Gypsy/Roma	0.18%
Indian	2.09%	Welsh	0.15%
<i>I don't want to say</i>	<i>1.89%</i>	Latvian	0.15%
Other Asian background	1.42%	Chinese	0.15%
Other mixed background	1.41%	Lithuanian	0.14%
Black Caribbean and White	1.16%	Other Black background	0.12%
Other White background	0.87%	African Asian	0.08%
Slovak	0.84%	Other Ethnic background	0.08%
Polish	0.75%	Greek/Greek Cypriot	0.06%
Other Black African	0.70%	Iranian	0.06%
Other White British	0.69%	Kurdish	0.06%
Black African and White	0.43%	Turkish/Turkish Cypriot	0.05%
Caribbean	0.41%	Iraqi	0.05%
Scottish	0.38%	Somali	0.02%
Other Arab background	0.32%	Traveller of Irish Heritage	0.01%
Irish	0.27%	Albanian	0.01%
Czech	0.26%	Yemeni	0.01%

- ✘ The proportion of Year 10 students identifying as English was lower in 2012-13 than in 2009-10 (2009-10:58%→2012-13:46%).

The range of ethnic groups recorded has been collapsed into three main groups:

White British

South Asian (including Pakistani, Bangladeshi and Indian)

Other (including non-British white)

Table 11: Numbers in each ethnic group in 2012-13 (main categories for analysis).

2012-13	Ethnic Group		
	White	S Asian	Other
Year 4	51%	36%	13%
Year 7	48%	36%	16%
Year 10	43%	43%	14%
All	48%	38%	15%

In 2009-10, pupils with an unknown ethnic group were placed in the 'other' category; for this 2012-13 report, the more conservative approach has been adopted of omitting them from the analysis.

The proportion of young people from White and South Asian ethnic backgrounds matches quite well the proportion found in the national pupil census (PLASC) figures for Bradford from 2009-10 (52% and 41% respectively). The match for the Other category was less good (6%).

More up-to-date information from the Office of National Statistics gives a higher estimate for the proportion of children in Bradford among White British group (63%).

The distribution of ethnicity was not even across the constituency areas:

Table 12: Distribution of main ethnic categories among constituency areas in 2012-13

2012-13	Area				
	B East	B South	B West	Shipley	Keighley
White	27%	66%	26%	71%	67%
S Asian	57%	16%	59%	18%	26%
Other	16%	19%	15%	11%	8%

Young people with a South Asian background were found much more often in Bradford East and Bradford West.

There was an interaction between deprivation and other ways of dividing the sample, namely, with ethnicity and locality:

Table 13: Percentage of pupils in 2012-13 assigned to each deprivation quintile, by area and ethnic group.

2012-13	Area					Ethnic Group		
	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Most	77%	60%	68%	27%	37%	37%	75%	66%
2nd	10%	21%	19%	18%	10%	17%	14%	14%
3rd	10%	17%	10%	24%	15%	20%	9%	14%
4th	1%	1%	4%	18%	20%	15%	1%	4%
Least	2%	1%	0%	13%	18%	11%	1%	4%
	100%	100%	100%	100%	100%	100%	100%	100%

The constituencies with the highest proportion of deprived areas were Bradford East and Bradford West.

The least and the next least deprived quintiles were found more often among pupils identifying as White, and these quintiles were also found disproportionately often in Shipley and Keighley.

The lifestyle of Year 10 pupils from South Asian backgrounds is explored as part of the inequality analysis on page 83.

Generally, the lifestyle of pupils from South Asian background is better in several respects as compared with the whole Year 10 sample.

Categories used for analysis

The counts for the breakdown of the samples from 2009-10 and 2012-13 by sex, deprivation quintile, area and ethnicity were as follows:

Table 14: Sample sizes in survey in 2009-10 and 2012-13, by year group and by sex, deprivation quintile, area and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
2009-10																
Year 4	3,948	2,023	1,925	1,817	501	470	267	284	907	572	941	141	958	1,851	1,493	604
Year 7	3,647	1,863	1,784	1,545	561	470	269	319	724	622	639	276	955	1,805	941	901
Year 10	3,069	1,564	1,505	1,157	416	374	241	252	568	551	574	332	639	1,789	863	417
All	10,664	5,450	5,214	4,519	1,478	1,314	777	855	2,199	1,745	2,154	749	2,552	5,445	3,297	1,922
2012-13																
Year 4	4,660	2,382	2,278	2,019	618	572	288	247	1,238	885	1,136	680	719	2,046	1,463	527
Year 7	2,374	1,220	1,154	1,094	276	272	136	101	449	388	604	474	441	1,026	755	342
Year 10	2,338	1,211	1,127	1,054	255	204	111	44	392	474	765	474	195	910	910	299
All	9,372	4,813	4,559	4,167	1,149	1,048	535	392	2,079	1,747	2,505	1,628	1,355	3,982	3,128	1,168

The main tables in the rest of the report will follow this format.

These sample sizes may be used roughly to estimate confidence limits for the convenience of the reader, although significance testing has been conducted with a different approach as described above.

The sample in 2012-13 for Year 10 students in the least deprived quintile is rather small (44), but the results for this group seen on the tables and charts below were generally in keeping with expectations.

The proportions of all pupils represented by the different subdivisions are shown below:

Chart 2: Proportions in survey in 2009-10 and 2012-13, by sex, deprivation quintile, area and ethnicity (Year 10 only).

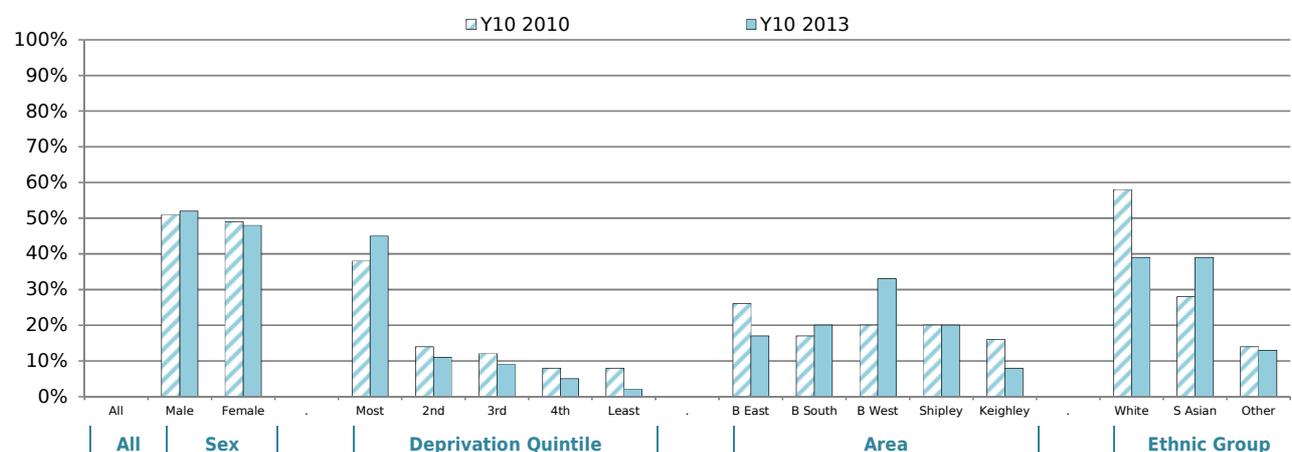


Table 15: Proportions in survey in 2009-10 and 2012-13, by year group and by sex, deprivation quintile, area and ethnicity

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3 rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
2009-10																
Year 4	3948	51%	49%	46%	13%	12%	7%	7%	28%	14%	25%	12%	20%	47%	38%	15%
Year 7	3647	51%	49%	42%	15%	13%	7%	9%	25%	15%	20%	25%	14%	49%	26%	25%
Year 10	3069	51%	49%	38%	14%	12%	8%	8%	26%	17%	20%	20%	16%	58%	28%	14%
All	10664	51%	49%	42%	14%	12%	7%	8%	26%	15%	22%	19%	17%	51%	31%	18%
2012-13																
Year 4	4660	51%	49%	43%	13%	12%	6%	5%	27%	19%	24%	15%	15%	44%	31%	11%
Year 7	2374	51%	49%	46%	12%	11%	6%	4%	19%	16%	25%	20%	19%	43%	32%	14%
Year 10	2338	52%	48%	45%	11%	9%	5%	2%	17%	20%	33%	20%	8%	39%	39%	13%
All	9372	51%	49%	44%	12%	11%	6%	4%	22%	19%	27%	17%	14%	42%	33%	12%

✘ The proportion of Year 7 pupils which could be allocated to a known postcode and then to a deprivation quintile is rather lower in 2012-13 than in 2009-10 (86% → 71%).

In 2009-10, pupils with an unknown ethnic group were placed in the 'other' category; for this 2012-13 report, the more conservative approach has been adopted of omitting them from the analysis.

Family background

Three-quarters of pupils in Year 4 and a little over two-thirds of pupils in secondary schools live at home with both parents.

Chart 3: Percentage of pupils in 2009-10 and 2012-13 who live with both parents, by year group and by sex, deprivation quintile, area, and ethnicity

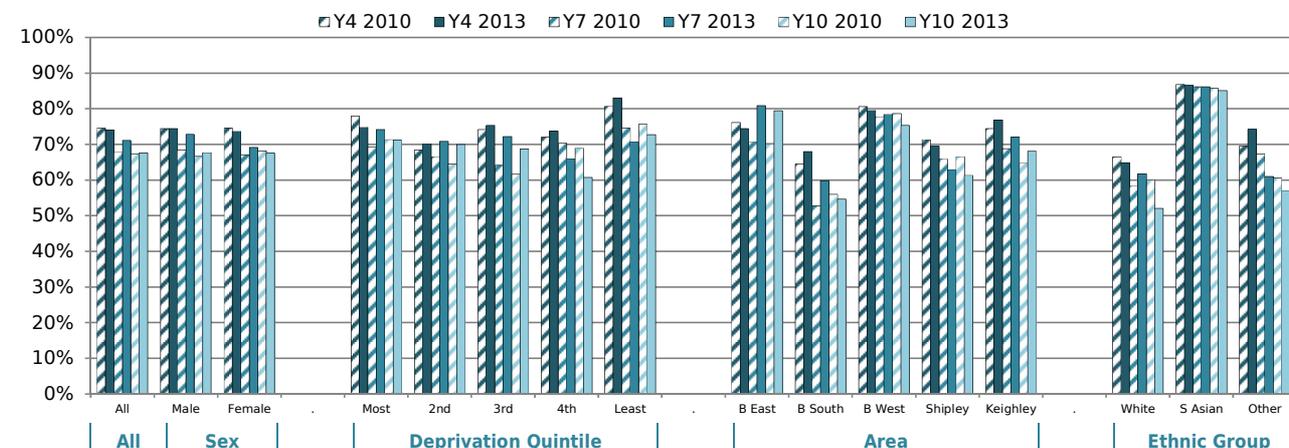


Table 16: Percentage of pupils in 2012-13 who live with both parents, by year group and by sex, deprivation quintile, area, and ethnicity

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3 rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	74%	74%	74%	75%	70%	75%	74%	83%	74%	68%	80%	70%	77%	65%	87%	74%
Year 7	71%	73%	69%	74%	71%	72%	66%	71%	81%	60%	78%	63%	72%	62%	86%	61%
Year 10	68%	68%	68%	71%	70%	69%	61%	73%	79%	55%	75%	61%	68%	52%	85%	57%

Throughout the report, charts will mostly show 2009-10 and 2012-13 figures while tables will show 2012-13 figures only.

Year 10 pupils were the least likely to report living with both parents.

- Pupils from the least deprived quintiles were those more likely to live at home with both parents (just as in 2009-10).
- Pupils from South Asian backgrounds were more likely to live at home with both parents (just as in 2009-10).

Pupils from South Asian background are more likely to be found in the most deprived quintiles, not the least.

The lifestyle of pupils in single-parent homes is explored as part of the inequality analysis on page 83.

2% of pupils were not living in their own home, but in emergency or temporary accommodation.

19% of pupils had free school meals or vouchers for free school meals.

The lifestyles of pupils not living in their own home and those getting free school meals are explored as part of the inequality analysis on page 83.

Disability

About 10% of secondary school pupils reported having a disability or some sort of long-standing illness.

Chart 4: Percentage of pupils in 2009-10 and 2012-13 who have a long-standing illness or disability, by year group and by sex, deprivation quintile, area, and ethnicity

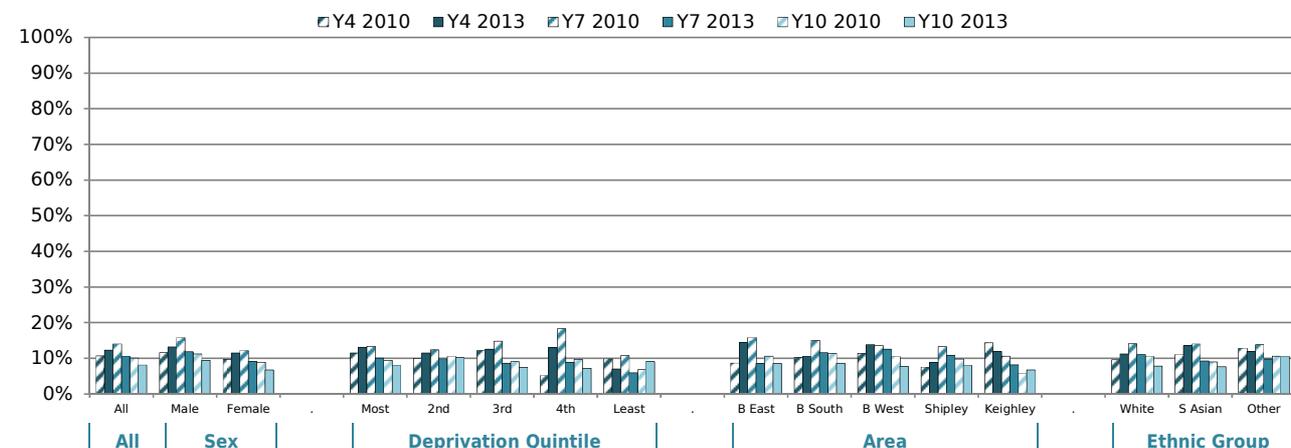


Table 17: Percentage of pupils in 2012-13 who have a long-standing illness or disability, by year group and by sex, deprivation quintile, area, and ethnicity

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3 rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	12%	13%	11%	13%	11%	13%	13%	7%	14%	11%	14%	9%	12%	11%	14%	12%
Year 7	11%	12%	9%	10%	10%	9%	9%	6%	9%	12%	13%	11%	8%	11%	9%	10%
Year 10	8%	9%	7%	8%	10%	7%	7%	9%	9%	9%	8%	8%	7%	8%	8%	11%

♂ Pupils were most likely to report a disability or long-standing illness if they were male.

The most common forms of illness and disability in schools completing the survey on paper in 2012-13 were (in descending order):

Asthma	4.00%	Epilepsy	0.12%
Undescribed	2.43%	Learning difficulties	0.12%
Other health issues	2.08%	Speaking difficulties	0.09%
Skin problems	1.54%	Behavioural problems (incl. ADHD)	0.08%
Allergies	0.47%	Migraine	0.05%
Hearing problems	0.44%	Mobility problems	0.05%
Visual problems (not just wearing glasses)	0.38%	Downs' Syndrome	0.05%
Diabetes	0.21%	Eating disorder	0.03%
Autism/Asperger's/ASD	0.20%	Bed wetting	0.03%
Dyslexia/Dyspraxia/Dyscalculia	0.14%	Mental health issues	0.02%

Some of these conditions were reported with a different rate than might be expected from other records (for example, the prevalence of epilepsy among children is about 0.4% in the UK), but all are at similar rates to those found in 2009-10.

The lifestyle of pupils who said they had a disability or long-term illness is explored as part of the inequality analysis on page 83.

Young carers

6% of secondary school pupils said they were young carers.

The family members most often reported as cared for were *parents*.

The lifestyle of pupils who were young carers is explored as part of the inequality analysis on page 83.

8 BE HEALTHY

8.1 Healthy Eating

For this and other topics we provide some specific policy context.

Diet and Excess weight in 4-5 and 10-11 year olds

Rationale	Obesity is a priority area for Government. The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in children. Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. The National Child Measurement Programme which is undertaken in primary school age children in Reception (aged 4-5 years) and in Year 6 (aged 10-11) also provides data on height and weight recorded and identifies children who are classified as overweight or obese. The importance of diet as a major contributor to chronic disease and premature death in England is also recognised in the White Paper 'Healthy People, Healthy Lives'. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. The questions below therefore provide us with a better understanding of the wider determinants to health and dietary habits of children.
Public Health Outcome Indicators	<p>2.6i Percentage of children aged 4-5 classified as overweight or obese</p> <p>2.6ii Percentage of children aged 10-11 classified as overweight or obese</p> <p>2.11i Proportion of the population meeting the recommended '5-A-Day' on a "usual day"</p> <p>2.11ii Average number of portions of fruit consumed</p> <p>2.11iii Average number of portions of vegetables consumed</p>

Breakfast

Looking at breakfast choices, pupils were offered a list of items among which to identify their breakfast items from the morning of the survey (drinks listed first):

A drink of: . . .	Paratha/Rice	Toast or bread
Water	Fruit	Cooked breakfast, e.g. eggs, beans, bacon
Milk or milky drink, e.g. milk shake	Sugar-coated cereals	Crisp-type snack
Tea/coffee	Porridge/Readybrek	Chocolate bar, sweets
Fruit juice	Other cereals	Biscuits/Cakes
Squash		Other (please describe)
Fizzy drink		

This level of detail is rather unwieldy, so types of breakfast have been derived.

Table 18: Percentage of pupils in 2012-13 who had different types of breakfast, by year group.

2012-13	Year 4	Year 7	Year 10
Conventional: Drink + cereal/toast and/or cooked items	85%	72%	55%
Only drink	4%	9%	14%
Only snacks	6%	6%	9%
Other	1%	1%	1%
Nothing	3%	6%	15%
Missing	2%	6%	6%

Over two-thirds of pupils had a conventional breakfast on the day of the survey, consisting of a drink and something high in protein and/or complex carbohydrates. Over 10% of secondary school pupils had only a drink.

As young people get older, they were more likely to skip breakfast entirely.

The following table shows a single criterion, subdivided by the standard groups described above:

Chart 5: Percentage of pupils in 2009-10 and 2012-13 who had no breakfast at all, by year group and by sex, deprivation quintile, area, and ethnicity.

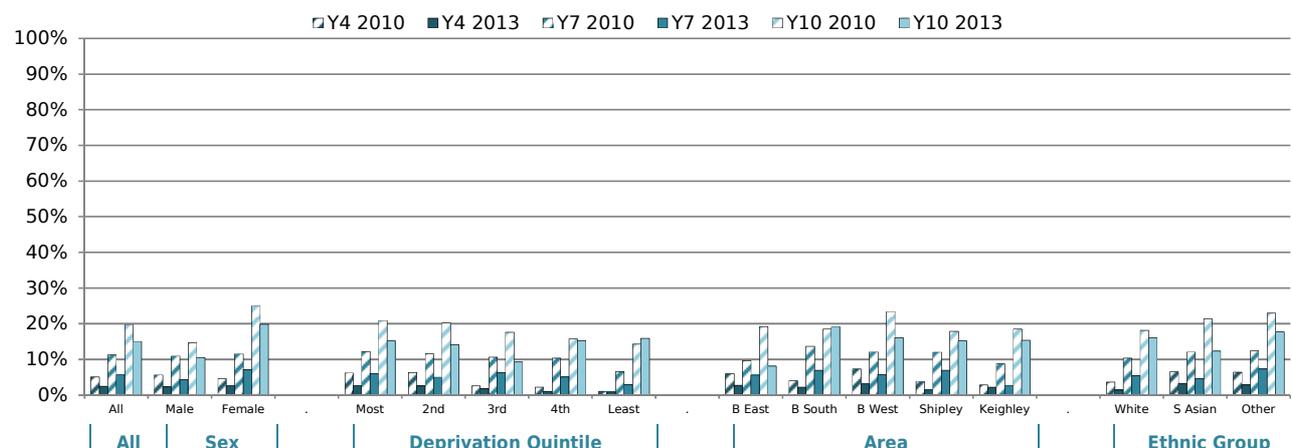


Table 19: Percentage of pupils in 2012-13 who had no breakfast at all, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3 rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	3%	2%	3%	3%	3%	2%	1%	1%	3%	2%	3%	1%	2%	1%	3%	3%
Year 7	6%	4%	7%	6%	5%	6%	5%	3%	6%	7%	6%	7%	3%	5%	5%	7%
Year 10	15%	11%	20%	15%	14%	9%	15%	16%	8%	19%	16%	15%	15%	16%	12%	18%

✂ Reports of having no breakfast were lower among Year 10 students in 2012-13 than in 2009-10 (20% → 15%, that is, more pupils had some sort of breakfast).

♀ Females in Year 10 were more likely to skip breakfast than were boys (as in 2009-10).

The following table shows multiple responses from just one year group, again subdivided along the standard groups:

Table 20: Percentage of pupils in Year 10 having different types of breakfast, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3 rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 10																
Food+drink	55%	60%	49%	53%	58%	59%	64%	75%	58%	50%	54%	58%	57%	58%	55%	47%
Drink only	14%	14%	14%	14%	14%	13%	10%	7%	9%	14%	15%	11%	21%	10%	16%	15%
Snack	9%	9%	9%	12%	4%	5%	4%	2%	8%	13%	9%	7%	5%	8%	9%	11%
Other	1%	0%	2%	1%	2%	0%	1%	0%	2%	1%	1%	1%	1%	1%	1%	1%
Nothing	15%	11%	20%	15%	14%	9%	15%	16%	8%	19%	16%	15%	15%	16%	12%	18%

The detail here supports the picture seen when looking only at those skipping breakfast.

▣ Young people in the least deprived quintile were most likely to have a 'proper' breakfast of drink and non-snack foods (also found in 2009-10).

Evening meal

Pupils were asked what sort of meal they had on the night before the survey. The table below shows the breakdown for home cooking and for take-aways; other options included 'ready-meal' and a meal at a café or restaurant.

Table 21: Percentage of pupils in 2012-13 who had a **home cooked** or a **takeaway** evening meal yesterday, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shiopley	Keighley	White	S Asian	Other
Home-cooked																
Year 4	70%	68%	72%	72%	68%	69%	69%	74%	72%	63%	74%	70%	69%	63%	78%	73%
Year 7	76%	74%	78%	77%	79%	75%	74%	86%	74%	75%	78%	73%	79%	76%	80%	70%
Year 10	74%	71%	77%	76%	80%	72%	77%	77%	75%	72%	75%	73%	77%	74%	76%	70%
Takeaway																
Year 4	12%	14%	11%	13%	13%	10%	9%	5%	13%	14%	14%	10%	9%	12%	12%	10%
Year 7	9%	10%	7%	10%	9%	10%	7%	1%	13%	7%	12%	7%	4%	6%	11%	12%
Year 10	13%	15%	10%	15%	10%	10%	3%	5%	14%	12%	14%	11%	11%	9%	15%	16%

About three-quarters of pupils reported that their meal on the night before the survey was cooked at home. A little over 10% had a takeaway.

- ♂ Males were more likely than females to have had a takeaway on the night before the survey.
- ▣ Young people in the least deprived areas were the most likely to have had a home-cooked meal.
- 🕒 Young people in years 4 and 10 in Bradford South were the ones least likely to have had a home-cooked meal.

Healthy choices

Pupils in secondary schools were asked how often if at all they thought about their health when choosing food.

Table 22: Percentage of **secondary** pupils in 2012-13 who **never** or **always** consider their health when choosing food, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shiopley	Keighley	White	S Asian	Other
Never																
Year 7	9%	10%	8%	10%	9%	9%	5%	2%	9%	10%	11%	9%	6%	9%	9%	8%
Year 10	19%	21%	16%	18%	16%	14%	13%	7%	15%	21%	18%	17%	27%	19%	16%	23%
Always																
Year 7	9%	9%	10%	10%	10%	9%	7%	10%	14%	8%	9%	7%	9%	8%	12%	8%
Year 10	7%	8%	6%	7%	7%	10%	7%	7%	11%	4%	7%	8%	6%	6%	8%	11%

Less than 10% of all secondary pupils 'always' thought about health when making food choices.

There was a marked increase in the proportion of secondary pupils who say they 'never' consider their health when choosing food between Year 7 and Year 10.

- ♂ Males in both year groups were more likely than females to say they never thought about health considerations (just as in 2009-10).
- ▣ Pupils in the most deprived groups were those most likely to say they never thought about health when choosing food (just as in 2009-10).

Cooking skills

Pupils were asked if they felt confident they could prepare a healthy meal.

Chart 6: Percentage of **secondary** pupils in 2009-10 and 2012-13 who felt confident that they are able to cook a healthy meal, by year group and by sex, deprivation quintile, area, and ethnicity.

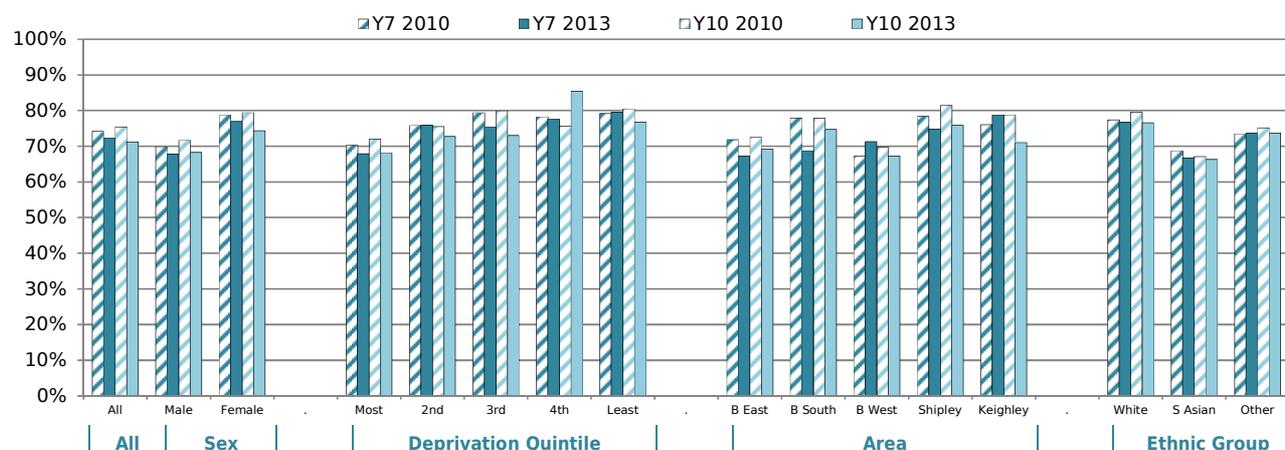


Table 23: Percentage of **secondary** pupils in 2012-13 who felt confident that they are able to cook a healthy meal, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	72%	68%	77%	68%	76%	75%	78%	80%	67%	69%	71%	75%	79%	77%	67%	74%
Year 10	71%	68%	74%	68%	73%	73%	85%	77%	69%	75%	67%	76%	71%	77%	66%	74%

- ✂ Over two-thirds of pupils were confident that they can cook a healthy meal. There was a small statistically significant drop in this figure since 2009-10.
- ♀ Females were more likely than males to feel confident that they can cook a healthy meal (as found in 2009-10).
- ▣ Young people in the two least deprived quintiles were those most likely to feel confident that they can cook a healthy meal (as found in 2009-10).
- ▣ Young people from a South Asian background were those least likely to feel confident that they can cook a healthy meal compared with other ethnic groups (as found in 2009-10).

Meal habits

Pupils were asked if they were in the habit of eating three meals a day.

Table 24: Percentage of pupils in 2012-13 who normally eat three meals a day (a breakfast, a lunch at dinner time and tea or evening meal) by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	85%	82%	89%	82%	87%	89%	92%	95%	84%	86%	81%	90%	90%	91%	80%	86%
Year 7	86%	87%	85%	84%	87%	87%	84%	90%	84%	83%	84%	88%	90%	88%	85%	85%
Year 10	68%	76%	60%	68%	72%	66%	81%	67%	72%	64%	69%	67%	73%	64%	75%	63%

Over 80% of younger pupils have three meals a day.

Year 10 pupils were less likely to have a regular habit of eating three meals a day (as found in 2009-10).

- ♀ Males in Year 10 were more likely than females to have three meals each day.
- ▣ Younger pupils in the least deprived quintiles were the most likely to have three meals a day

Family meals

Pupils were asked if they ate with their family on the night before the survey.

Chart 7: Percentage of pupils in 2009-10 and 2012-13 who all eat together as a family yesterday evening, by year group and by sex, deprivation quintile, area, and ethnicity.

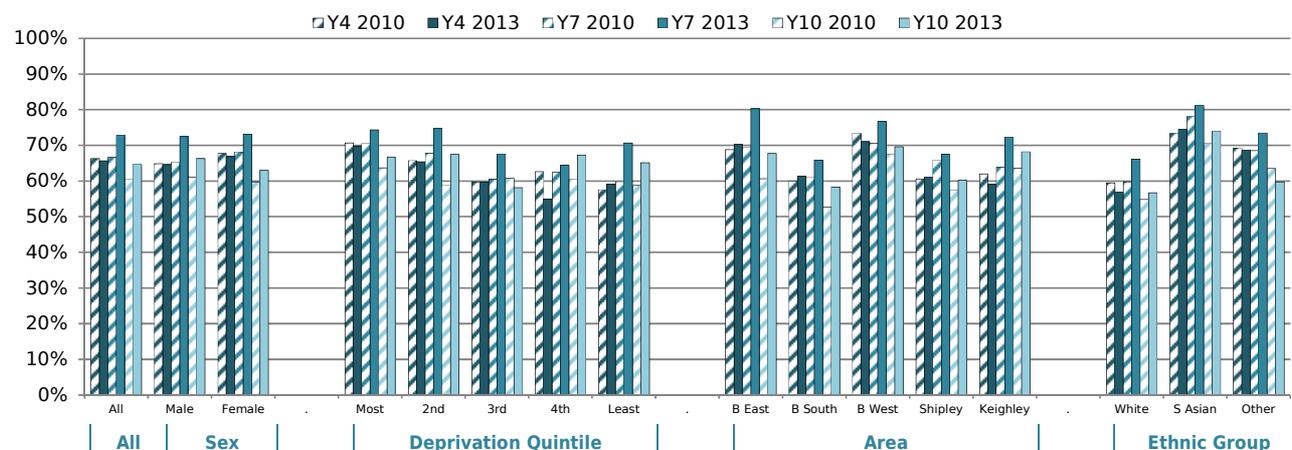


Table 25: Percentage of pupils in 2012-13 who ate together as a family yesterday evening, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipleigh	Keighley	White	S Asian	Other
Year 4	66%	65%	67%	70%	65%	60%	55%	59%	70%	61%	71%	61%	59%	57%	75%	69%
Year 7	73%	73%	73%	74%	75%	68%	64%	71%	80%	66%	77%	67%	72%	66%	81%	74%
Year 10	65%	66%	63%	67%	67%	58%	67%	65%	68%	58%	70%	60%	68%	57%	74%	60%

About two-thirds of pupils ate together as a family on the evening before the survey.

Young people in Year 10 were the least likely to have eaten their evening meal yesterday with their family.

- ✕ Secondary school pupils in 2012-13 were a little more likely than in 2009-10 to have eaten together as a family on the evening before the survey (a rise of 5 percentage points in both year groups).
- ▣ Young people with a South Asian background were more likely to have eaten their evening meal yesterday with their family than were those from other ethnic groups.

TV meals

Pupils were asked if they ate their meal on the night before the survey in front of the TV.

Table 26: Percentage of pupils in 2012-13 who ate their evening meal on the night before the survey in front of the television, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipleigh	Keighley	White	S Asian	Other
Year 4	29%	32%	26%	31%	30%	28%	21%	15%	29%	31%	30%	26%	25%	29%	31%	25%
Year 7	22%	24%	20%	25%	22%	23%	17%	11%	24%	27%	22%	22%	18%	22%	23%	23%
Year 10	32%	31%	33%	34%	26%	30%	28%	21%	32%	32%	32%	32%	31%	34%	31%	33%

Over a quarter of pupils ate their evening meal in front of the TV on the night of the survey.

Young people in Year 10 were more likely than younger pupils to have eaten their evening meal on the night before the survey in front of the television.

- ▣ Young people in the most deprived quintiles were more likely than those from less deprived quintiles to have eaten their evening meal on the night before the survey in front of the television (just as in 2009-10).

5 a day

Pupils were asked how many portions of fruit and vegetables they had yesterday; a note was included in the questionnaires to define portion size, to instruct pupils to exclude potatoes from the count and explain how to treat fruit juice. It is recommended by the Government that everyone consumes at least five portions each day.

Chart 8: Percentage of pupils in 2009-10 and 2012-13 who consumed **5 or more** portions of fruit or vegetables yesterday, by year group and by sex, deprivation quintile, area, and ethnicity.

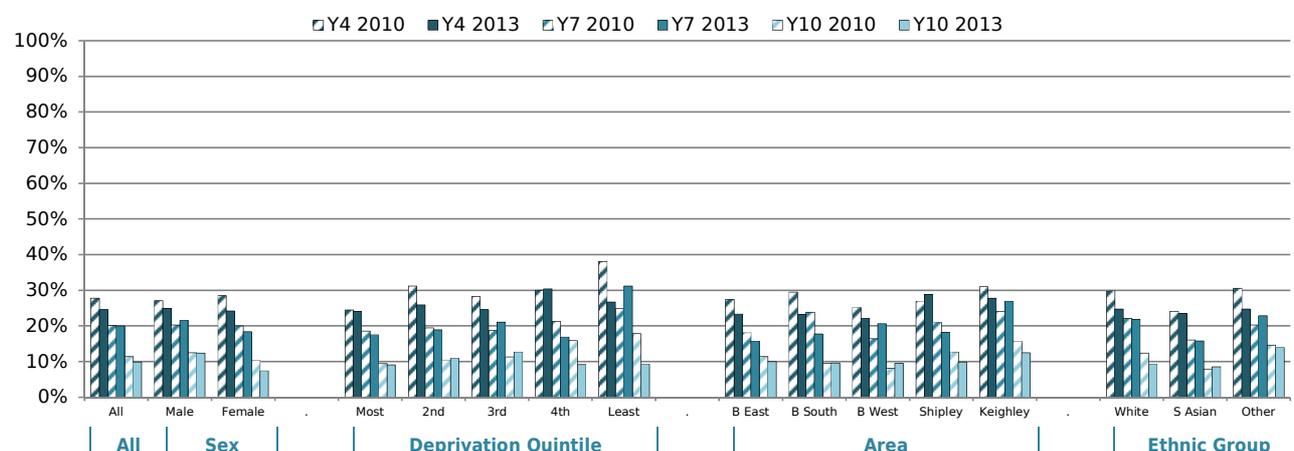


Table 27: Percentage of pupils in 2012-13 who consumed **none or 5 or more** portions of fruit or vegetables yesterday, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
None																
Year 4	16%	19%	12%	18%	14%	14%	8%	9%	15%	21%	17%	12%	11%	16%	15%	16%
Year 7	10%	10%	10%	13%	7%	9%	5%	2%	14%	13%	10%	10%	4%	7%	11%	11%
Year 10	22%	20%	24%	22%	23%	20%	17%	7%	22%	25%	23%	19%	15%	20%	22%	26%
5 +																
Year 4	25%	25%	24%	24%	26%	25%	30%	27%	23%	23%	22%	29%	28%	25%	24%	25%
Year 7	20%	22%	18%	18%	19%	21%	17%	31%	16%	18%	21%	18%	27%	22%	16%	23%
Year 10	10%	12%	7%	9%	11%	13%	9%	9%	10%	10%	10%	10%	13%	9%	9%	14%

About a fifth of all young people said they had at least five portions of fruit and/or vegetables on the day before the survey, while a little over an eighth of them said they had none at all.

Charts which show a 'descending staircase' of columns, like this, indicate both a decline with increasing age and a decline between 2009-10 and 2012-13.

Young people in Year 10 were more likely than younger pupils to say they had no portions of fruit or vegetables yesterday and were less likely to say they had at least five portions (just as in 2009-10).

- Young people from the most deprived quintiles were those most likely to have had no portions of fruit or vegetables yesterday (just as in 2009-10).

Food habits

Pupils were asked how often they ate selected types of food:

Red meat (e.g. beef, pork, lamb)	Sugar-free drinks (e.g. diet/zero cola or pop, sugar-free squash)
Fried food (e.g. chips, samosa, pakora)	Sugary drinks (e.g. pop, squash, cola)
Burger, pasties or pizza	Crisps or other snacks
Milk	Sweets, chocolate, choc bars
Energy drinks (with caffeine, e.g. Red Bull)	Sauces on your food (e.g. ketchup, mayonnaise)

The proportions of young people eating these foods *on most days* was recorded in the following table.

Table 28: Percentage of pupils in 2012-13 eating foods **on most days**, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area				Ethnic Group			
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4																
Red meat	10%	11%	9%	11%	10%	9%	6%	6%	11%	11%	10%	9%	9%	10%	10%	11%
Fried food	<u>19%</u>	20%	19%	22%	22%	16%	10%	6%	22%	20%	20%	16%	15%	17%	24%	16%
Burger, pasties etc.	15%	17%	13%	16%	16%	10%	8%	8%	15%	19%	15%	11%	14%	15%	15%	16%
Milk	53%	54%	52%	52%	58%	55%	57%	59%	55%	53%	46%	60%	55%	55%	53%	50%
Sugar-free drinks	19%	20%	19%	20%	20%	23%	20%	13%	21%	22%	15%	20%	19%	22%	17%	17%
Sugary drinks	<u>21%</u>	23%	19%	22%	20%	24%	16%	10%	22%	26%	18%	19%	18%	22%	20%	22%
Crisps etc.	36%	36%	36%	37%	39%	37%	31%	25%	39%	39%	32%	34%	33%	36%	37%	32%
Sweets, choc, etc.	31%	33%	28%	32%	30%	31%	25%	22%	31%	36%	31%	24%	29%	30%	34%	28%
Year 7																
Red meat	6%	6%	7%	7%	7%	6%	6%	6%	8%	7%	7%	5%	6%	6%	7%	7%
Fried food	8%	8%	9%	10%	8%	7%	4%	2%	8%	13%	10%	5%	4%	8%	9%	6%
Burger, pasties etc.	6%	7%	5%	7%	5%	8%	2%	3%	8%	9%	7%	4%	4%	6%	5%	7%
Milk	51%	56%	47%	51%	57%	47%	52%	52%	50%	52%	50%	48%	56%	55%	49%	48%
Energy drinks	10%	12%	8%	10%	13%	9%	8%	4%	10%	13%	11%	8%	6%	10%	9%	11%
Sugar-free drinks	19%	17%	21%	20%	22%	22%	24%	12%	17%	22%	21%	15%	18%	21%	18%	15%
Sugary drinks	18%	17%	20%	20%	17%	21%	13%	12%	18%	22%	23%	11%	17%	18%	18%	21%
Crisps etc.	29%	26%	32%	31%	29%	30%	26%	13%	29%	33%	33%	25%	25%	28%	30%	28%
Sweets, choc, etc.	23%	20%	27%	27%	20%	25%	15%	17%	25%	26%	28%	17%	20%	21%	25%	23%
Sauces on food	24%	25%	22%	17%	24%	25%	19%	22%	22%	27%	25%	21%	24%	27%	22%	23%
Year 10																
Red meat	8%	8%	8%	9%	7%	6%	10%	2%	9%	9%	7%	6%	<u>14%</u>	7%	9%	8%
Fried food	9%	8%	9%	10%	6%	8%	5%	7%	8%	<u>11%</u>	8%	6%	<u>13%</u>	9%	8%	8%
Burger, pasties etc.	6%	6%	6%	7%	4%	6%	3%	0%	5%	7%	7%	3%	7%	5%	6%	7%
Milk	48%	<u>55%</u>	40%	45%	56%	48%	50%	50%	47%	<u>51%</u>	46%	47%	48%	<u>53%</u>	47%	43%
Energy drinks	18%	19%	17%	<u>19%</u>	18%	15%	8%	5%	17%	<u>22%</u>	18%	14%	16%	16%	17%	<u>22%</u>
Sugar-free drinks	17%	15%	<u>20%</u>	17%	18%	20%	24%	14%	15%	18%	<u>21%</u>	15%	17%	19%	15%	<u>20%</u>
Sugary drinks	<u>26%</u>	26%	27%	<u>28%</u>	24%	26%	14%	14%	23%	<u>30%</u>	28%	22%	28%	26%	26%	27%
Crisps etc.	<u>33%</u>	31%	<u>36%</u>	35%	30%	37%	29%	27%	30%	<u>38%</u>	<u>35%</u>	28%	<u>37%</u>	<u>35%</u>	33%	32%
Sweets, choc, etc.	<u>32%</u>	29%	<u>36%</u>	34%	26%	31%	33%	16%	27%	<u>36%</u>	<u>34%</u>	26%	<u>39%</u>	31%	<u>33%</u>	31%
Sauces on food	28%	26%	29%	30%	27%	22%	27%	23%	25%	<u>31%</u>	26%	29%	26%	28%	26%	28%

About a third of year 10 pupils consume snacks, sweets and/or sugary fizzy drinks on most days.

Older pupils were more likely to report consuming fizzy drinks on most days. 19% of young people in Year 4 reported eating fried food on most days.

- ♂ Males were more likely than females to report consuming milk; females in Year 10 were more likely to eat snacks and sweets on most days.
- ▣ Young people in the most deprived quintile in Year 10 were those most likely to report consuming on most days energy drinks and sugary fizzy drinks (similar to what was found in 2009-10 for 'fizzy drinks' in general).
- 🕒 The diet of Year 10 students in Bradford South seems the least healthy; they were the most frequent consumers of energy drinks, sugary drinks and snacks, and were the second highest area for consuming sweets.

Year 10 males and females in Bradford were more likely to consume fizzy drinks and snacks on most days than were pupils of the same age and sex in the England sample (just as in 2009-10).

Water

Over three-quarters of pupils say that they can easily get water at school, but this proportion declines as they get older.

Chart 9: Percentage of pupils in 2009-10 and 2012-13 who can easily get water at school, by year group and by sex, deprivation quintile, area, and ethnicity.

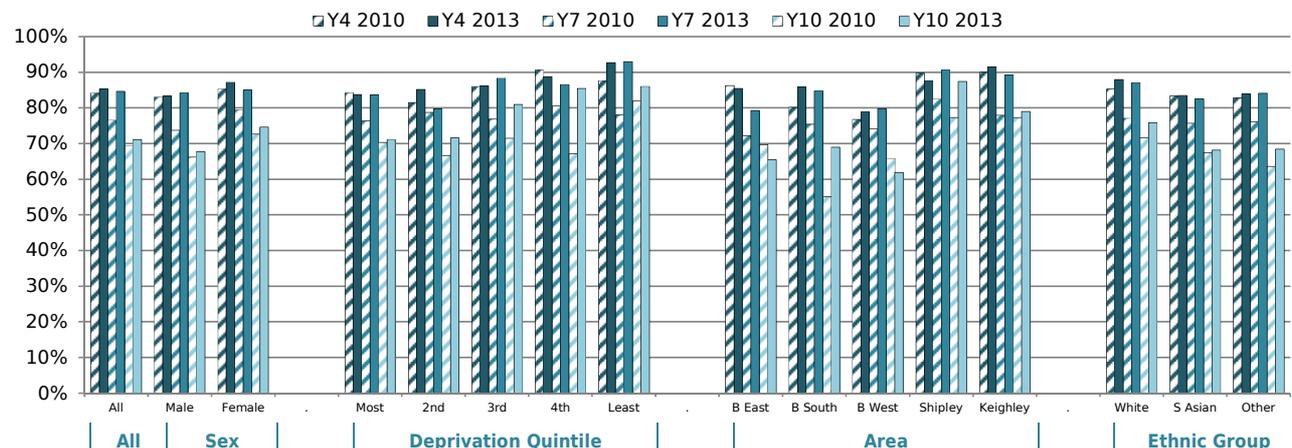


Table 29: Percentage of pupils in 2012-13 who can easily get water at school, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	85%	83%	87%	84%	85%	86%	89%	93%	85%	86%	79%	88%	92%	88%	84%	84%
Year 7	85%	84%	85%	84%	80%	88%	87%	93%	79%	85%	80%	91%	89%	87%	83%	84%
Year 10	71%	68%	75%	71%	72%	81%	85%	86%	66%	69%	62%	87%	79%	76%	68%	68%

- ♀ Females in Year 10 were more likely than males of the same age to think that they can get water easily at school (just as in 2009-10); there were some single-sex schools in the sample.
- ▣ Those most likely to think that they can get water easily at school were in the least deprived quintile (just as in 2009-10).
- 🕒 Bradford West was the area where young people were least likely to think that they can get water easily at school (just as in 2009-10); among Year 7 pupils, Bradford East pupils scored as low.
- 🔲 Young people from a White background were those most likely to think that they can get water easily at school (just as in 2009-10).

8.2 Breastfeeding

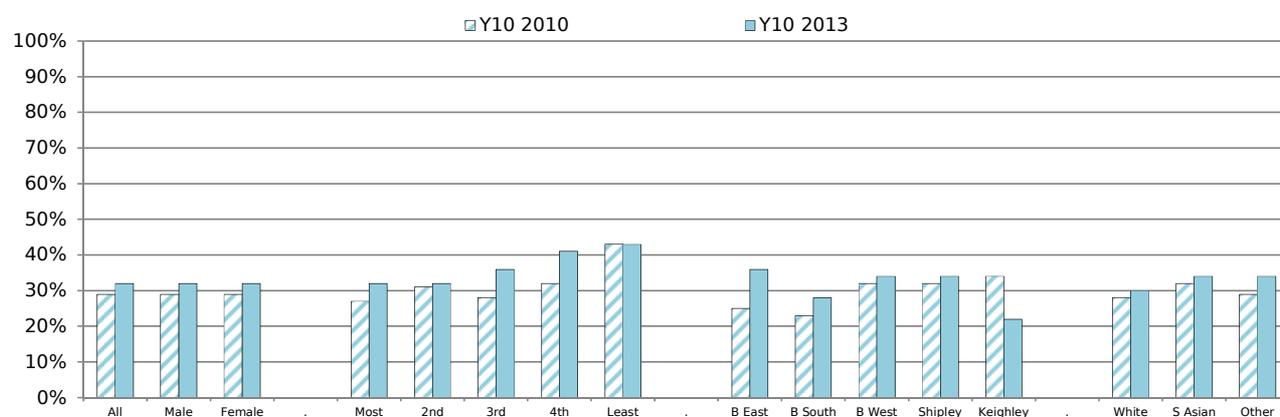
Breastfeeding	
Rationale	What happens to children before they are born and in their early years can affect their health and opportunities later in life. For example, babies that are breastfed have less chance of getting infections or of becoming obese and therefore developing type 2 diabetes and other illnesses when they get older. This question provides important information on breastfeeding as key national priorities and targets are measured in relation to breastfeeding initiation and breastfeeding prevalence at 6-8 weeks after birth. Hence understanding perceptions of young people earlier is important in highlighting future priorities and actions.
Public Health Outcome Indicators	<p>2.2i Breastfeeding initiation</p> <p>2.2ii Breastfeeding prevalence at 6-8 weeks after birth</p>

Pupils in secondary schools were offered four statements to consider:

- "Breastfeeding is best for mother and baby" (**Best** on table below)
- "Bottle-feeding formula milk is as good as breastfeeding for most babies" (**Bottle**)
- "I would want me/my partner to breastfeed our babies" (**Intend**)
- "Bottle-feeding formula milk is easier than breastfeeding" (**Easier**)

The percentage of Year 10 pupils agreeing with each statement is shown in the table:

Chart 10: Percentage of **Year 10** pupils in 2009-10 and 2012-13 who intend for themselves or partner to breastfeed their children, by sex, deprivation quintile, area, and ethnicity.



(The error bars for the columns on this chart are shown on p.102.)

Table 30: Percentage of **Year 10** pupils in 2009-10 and 2012-13 who agree with statements about breastfeeding, by sex, deprivation quintile, area, and ethnicity.

Year 10 All	Sex		Depr. Quintile					Area					Ethnic Group			
	Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other	
2009-10																
Best	54%	49%	59%	55%	53%	52%	59%	63%	49%	49%	59%	57%	57%	51%	60%	53%
Bottle	18%	15%	20%	17%	18%	21%	18%	13%	20%	21%	15%	16%	15%	19%	15%	18%
Intend	29%	29%	29%	27%	31%	28%	32%	43%	25%	23%	32%	32%	34%	28%	32%	29%
Easier	33%	27%	40%	33%	35%	37%	35%	31%	35%	35%	31%	31%	35%	34%	30%	34%
2012-13																
Best	58%	54%	62%	59%	56%	66%	62%	59%	63%	57%	59%	59%	48%	56%	62%	57%
Bottle	16%	15%	17%	16%	16%	15%	13%	18%	14%	16%	16%	17%	17%	19%	13%	17%
Intend	32%	32%	32%	32%	32%	36%	41%	43%	36%	28%	34%	34%	22%	30%	34%	34%
Easier	29%	23%	36%	29%	30%	24%	23%	39%	31%	29%	30%	30%	22%	33%	26%	32%

Over half of Year 10 pupils agreed that *breastfeeding is best for mother and baby*, but only about 1/3 intended for their babies to be breastfed.

- ♀ Females were more likely than males to agree that breastfeeding is best and to think bottle-feeding is easiest.
- ▣ Young people in the least deprived quintile were the most likely to intend that their children were breastfed (just as in 2009-10).
- 🕒 Intentions to breastfeed were lowest in Keighley (the reverse of what was found in 2009-10).
- 🧩 Young people from a South Asian background were the most likely to agree that breastfeeding is best; young people of White heritage were least likely to intend that their babies be breastfed.

8.3 Oral Health

Tooth decay in children aged 5	
Rationale	Tooth decay is a predominantly preventable disease. Significant levels remain (31% of 12-year-old children have observable decay), resulting in pain, sleep loss, time off school and in a few cases treatment under general anaesthetic. Inclusion of this indicator in the Public Health Outcomes Framework will encourage local authorities to focus on and prioritise oral health and oral health improvement initiatives to reduce tooth decay. The Children and Young People's Health Outcomes Framework (2014) and strategy recommends an integrated and partnership approach is needed to improve health outcomes for children and young people and also includes the "tooth decay in five year old children" indicator. Oral health is a key priority in the Health and Wellbeing strategy because of the high levels of poor oral health of children within the district and is included in the Health & Wellbeing Action Plan. The lifestyle survey provides valuable information on tooth brushing practices and the state of children's teeth as perceived by young people themselves and is broken down into the various protected groups.
Public Health Outcome Indicators	4.2 Rate of tooth decay in children aged 5 years based on the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted - decayed/missing/filled teeth (dmft)

Toothbrushing

Pupils were asked to say when they usually brushed their teeth. The most common times of day were before bed, and before and/or after breakfast.

Table 31: Percentage of pupils in 2012-13 who usually brush their teeth at different times of day, by year group.

2012-13	Year 4	Year 7	Year 10
Most days I don't	7%	4%	3%
Before breakfast	42%	44%	52%
After breakfast	44%	44%	41%
After lunchtime	0%	6%	7%
Before evening meal	7%	4%	4%
After evening meal	14%	13%	15%
Before bed	74%	73%	75%
Other times	2%	7%	7%

Dental health

The questions about dental health were changed between 2009-10 and 2012-13.

Table 32: Percentage of secondary school pupils in 2012-13 who think the health of their teeth is at least 'good', by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3 rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	64%	59%	69%	60%	64%	69%	71%	73%	62%	64%	61%	65%	68%	68%	57%	67%
Year 10	65%	59%	71%	61%	65%	74%	71%	76%	73%	65%	59%	69%	61%	68%	64%	63%

Almost 2/3 of secondary school pupils think the health of their teeth is at least 'good'.

- ♀ Females in secondary schools had a better opinion of the health of their teeth than did males.
- ▣ Pupils in the least deprived quintile had a better opinion of the health of their teeth than did pupils from other areas.
- 🕒 The signals about areas are contradictory: Pupils in Bradford East were among the least positive in Year 7 but the most positive in Year 10; Keighley showed the complementary pattern.

Pupils were asked the reason for their last visit to the dentist; the most common reason was for a checkup.

Table 33: Percentage of pupils in 2012-13 who went to the dentist because they were having trouble with their teeth, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	7%	7%	7%	7%	7%	8%	6%	3%	6%	10%	8%	5%	5%	8%	6%	6%
Year 7	9%	9%	8%	11%	8%	6%	5%	3%	12%	8%	10%	7%	5%	5%	11%	11%
Year 10	8%	8%	8%	8%	10%	6%	4%	2%	4%	8%	9%	7%	4%	8%	6%	10%

Less than 10% pupils say they last went to the dentist because they were having trouble with their teeth (fewer than in 2009-10).

- ▣ In secondary schools, young people in the most deprived quintiles were more likely than others to have gone to the dentist last time because they were having trouble with their teeth.

8.4 Physical Activity

Physically activity and obesity	
Rationale	Lack of sufficient physical activity costs the NHS over £1bn/yr - £6.5bn/yr to the wider economy - and is one of the top few risk factors for premature mortality. Physical activity provides important health benefits across the life-course and the lack of physical activity is a key contributor to obesity, and in turn, to rising rates of chronic disease. Participation in sport and active recreation during youth and early adulthood can lay the foundation for life-long participation in health enhancing sport and wider physical activity. There is also strong evidence to suggest that outdoor spaces have a beneficial impact on physical and mental well-being and cognitive function through both physical access and usage. The National Child Measurement Programme allows local areas to have information about levels of overweight and obesity in children to inform planning and commissioning of local services, and to provide a measure of the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds. The following questions therefore provide information on the levels of activity in children and young people within the district.
Public Health Outcome Indicators	<p>2.6i Excess weight in 4-5 and 10-11 year olds</p> <p>2.6ii Excess weight in 10-11 year olds</p> <p>1.16 Utilisation of outdoor space for exercise/health reasons</p>

Enjoyment

The majority of pupils say that they enjoy physical activities at least quite a lot.

Chart 11: Percentage of pupils in 2009-10 and 2012-13 who enjoy physical activities quite a lot or a lot by year group and by sex, deprivation quintile, area, and ethnicity.

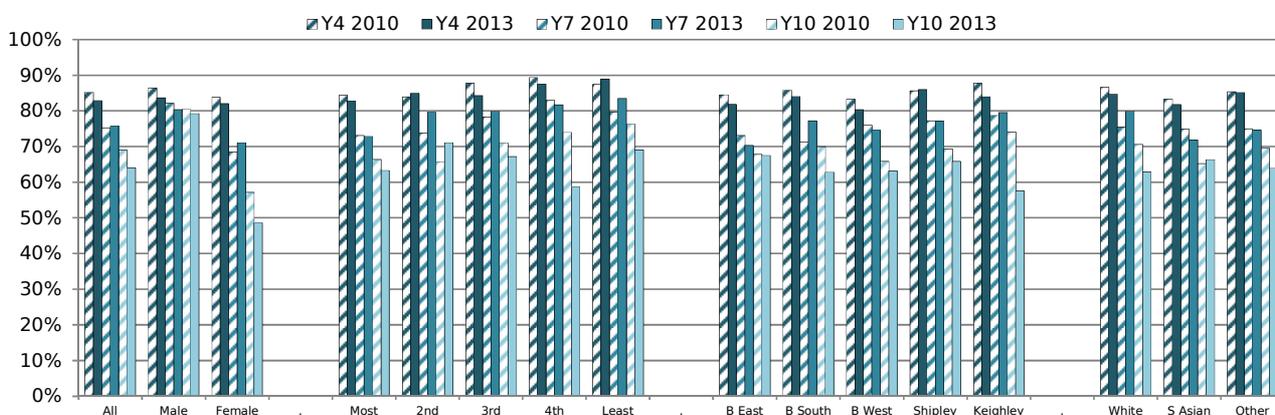


Table 34: Percentage of pupils in 2012-13 who enjoy physical activities quite a lot or a lot by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	83%	84%	82%	83%	85%	84%	88%	89%	82%	84%	80%	86%	84%	85%	82%	85%
Year 7	76%	80%	71%	73%	80%	80%	82%	84%	70%	77%	75%	77%	80%	80%	72%	75%
Year 10	64%	79%	49%	63%	71%	67%	59%	69%	68%	63%	63%	66%	58%	63%	66%	64%

As young people get older, they were less likely to enjoy physical activities quite a lot or a lot.

- ♂ Males were much more likely to say they enjoy physical activities than were females.
- ▣ Young people in the most deprived parts of Bradford were the least likely to say that they enjoy physical activities (just as in 2009-10).

- 🕒 Young people in Year 10 in Keighley were less likely to say they enjoy physical activities than were their peers from other areas (the reverse was found in 2009-10).

Days exercising

Current recommendations for young people are that they should do an hour of hard physical activity every day. When asking about pupils' levels of exercise, one goal was not to ask too many things at once. So, pupils were first asked on which days they did a physical activity that made them out of breath and sweaty, and then they were asked to say how many days they did an activity like this for an hour or more.

Table 35: Percentage of pupils in 2012-13 who reported doing hard physical activity during the week (a) at all and (b) for an hour or more by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile				Area					Ethnic Group			
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shiopley	Keighley	White	S Asian	Other
Year 4																
(a) Any	87%	87%	87%	88%	88%	91%	88%	92%	88%	87%	84%	90%	90%	89%	87%	87%
Daily	12%	14%	9%	11%	15%	12%	10%	11%	10%	15%	9%	14%	13%	13%	9%	12%
(b) 1h+ hard	62%	62%	61%	61%	66%	63%	69%	71%	61%	62%	55%	68%	66%	66%	58%	58%
Daily 1h+	5%	6%	4%	4%	6%	5%	4%	3%	4%	7%	3%	6%	5%	5%	3%	5%
Year 7																
(a) Any	71%	71%	71%	68%	78%	75%	79%	85%	55%	74%	72%	75%	77%	77%	66%	71%
Daily	5%	7%	3%	5%	5%	6%	6%	8%	3%	6%	6%	5%	6%	6%	4%	6%
(b) 1h+ hard	58%	59%	56%	53%	62%	66%	68%	76%	43%	64%	56%	62%	66%	65%	50%	56%
Daily 1h+	3%	4%	1%	3%	3%	3%	3%	4%	2%	4%	3%	2%	3%	4%	2%	1%
Year 10																
(a) Any	71%	73%	70%	73%	71%	74%	68%	84%	72%	73%	72%	69%	68%	73%	72%	71%
Daily	7%	10%	4%	7%	6%	6%	6%	2%	6%	10%	7%	5%	9%	7%	6%	9%
(b) 1h+ hard	57%	61%	54%	57%	61%	66%	59%	59%	56%	60%	60%	54%	54%	62%	55%	55%
Daily 1h+	4%	6%	2%	4%	4%	2%	2%	2%	2%	6%	4%	3%	4%	4%	3%	6%

The majority of pupils in all year groups did at least some hard exercise during the week before the survey; however, only 5% did the recommended minimum of an hour of hard exercise every day during that week.

- ♀ Male pupils were likely to exercise more, almost no matter what criterion was used, and the difference became more pronounced with age.

Some area differences seen in 2009-10 have not been confirmed in the 2012-13 data set.

The average number of days doing any hard exercise in the week before the survey was 2.5; if the criterion is that the exercise last at least an hour, then the average number of days is 1.5. Year 4 pupils on average exercised on more days than their secondary school peers.

- ✂ Pupils were asked on which days they exercised. Compared with 2009-10, each day of the week in 2012-13 is less often reported by pupils as an exercising occasion (at all or for at least an hour, e.g. Year 10 pupils exercising hard for at least an hour on a Saturday went from 27% in 2009-10 to 20% in 2012-13).

In 2009-10, there appeared to be a pattern of primary pupils taking part in exercise more often on Saturday and Sunday than 'school days', but this is not apparent in 2012-13.

Activities

Pupils were asked about physical activities being undertaken.

- Running for exercise (in races or tag games)
- Keep-fit
- Going for walks
- Football (soccer)
- Swimming
- Dancing/gymnastics/trampolining
- Riding your bike
- Cricket/kwick cricket
- Other physical sporting activities

The top three for each year group was identified and is shown below.

Table 36: Percentage of pupils in 2012-13 who reported doing different activities at least **weekly**, top three by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group			
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other	
Year 4																	
	Running	51%	54%	49%	51%	56%	49%	58%	57%	49%	54%	45%	57%	56%	54%	49%	49%
	Keep fit	49%	49%	50%	47%	53%	55%	59%	59%	46%	53%	43%	56%	54%	53%	45%	47%
	Walks	43%	41%	46%	44%	44%	39%	55%	47%	43%	46%	36%	49%	47%	47%	38%	45%
	None	10%	9%	11%	11%	8%	9%	4%	2%	10%	6%	16%	6%	9%	7%	12%	13%
Year 7																	
	Football	38%	56%	19%	37%	47%	39%	37%	42%	33%	34%	40%	42%	39%	38%	39%	37%
	Keep fit	37%	40%	33%	34%	42%	44%	37%	41%	31%	32%	37%	39%	42%	41%	32%	35%
	Walks	33%	32%	34%	30%	33%	38%	46%	47%	24%	28%	35%	37%	42%	38%	29%	30%
	Running	33%	34%	31%	30%	34%	40%	34%	41%	25%	30%	33%	36%	39%	36%	30%	32%
	None	27%	24%	30%	32%	22%	20%	16%	9%	45%	29%	24%	24%	15%	19%	35%	30%
Year 10																	
	Walks	36%	31%	41%	38%	39%	37%	32%	43%	39%	34%	37%	33%	35%	38%	34%	34%
	Football	31%	50%	11%	35%	27%	25%	25%	23%	38%	28%	31%	28%	31%	26%	35%	33%
	Keep-fit	28%	35%	21%	29%	33%	28%	26%	30%	32%	29%	31%	25%	21%	27%	30%	29%
	None	32%	27%	37%	32%	29%	30%	27%	23%	32%	34%	31%	32%	36%	28%	34%	32%

The most common physical activities pupils reported taking part in at least weekly were walking, running, football and keep-fit; at least a quarter of all pupils in each age group reported doing each of these at weekly.

Pupils in Year 4 were the most likely to say that they go swimming at least weekly.

- ♀ Males in secondary schools were more likely to take part in football and keep fit activities at least weekly than were females (just as in 2009-10).
- ♀ There was a series of other unsurprising sex differences in preferences for physical activities, where males were more likely to report rugby, martial arts, cricket and basketball, while females were more likely to report dancing, netball, and swimming (just as in 2009-10).
- ▣ There were some significant differences in weekly physical activities by deprivation, but most of these do not form clear trends; it is more clear that those in the most deprived quintiles were the most likely not to report any activity at all.

In 2009-10 and 2012-13, pupils were invited to write extra activities in a free text box, but in 2009-10 many more activities were offered in the main question, so the results are not comparable.

- Year 10 males and females were more likely to go for walks than their peers elsewhere (in 2009-10, males were less likely so to do).

8.5 Smoking, Alcohol and Substance Misuse

Smoking prevalence - 15 year olds	
Rationale	Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults and children and includes a national ambition to reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015. This section provides important information on the experience of smoking in pupils by age, sex, and gender as well as by deprivation and includes smoking habits of young people locally in our schools. This is important as the indicator focuses on reducing the prevalence of smoking among adults (primarily through quitting) and local authorities need to address the issue of reducing the uptake of smoking among children. Hence the questions below provide important information on smoking status and differences according to ethnicity and deprivation.
Public Health Outcome Indicators	2.9 Prevalence of smoking among 15 year-olds

Smoking status

Pupils were asked to describe their experience of smoking cigarettes.

Table 37: Percentage of pupils in 2012-13 who have **never smoked** and who were **regular smokers**, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Never																
Year 4	96%	93%	99%	95%	96%	98%	97%	99%	95%	95%	95%	97%	98%	97%	96%	96%
Year 7	94%	93%	96%	94%	93%	94%	96%	99%	96%	93%	93%	94%	98%	95%	96%	91%
Year 10	66%	67%	65%	69%	64%	73%	66%	72%	78%	64%	69%	57%	68%	60%	77%	52%
Regular																
Year 4	1%	1%	0%	1%	1%	0%	1%	0%	1%	1%	1%	0%	0%	1%	1%	1%
Year 7	1%	1%	1%	1%	0%	1%	0%	0%	1%	1%	0%	1%	0%	1%	0%	2%
Year 10	10%	10%	9%	14%	13%	10%	10%	5%	4%	10%	9%	12%	11%	12%	6%	15%

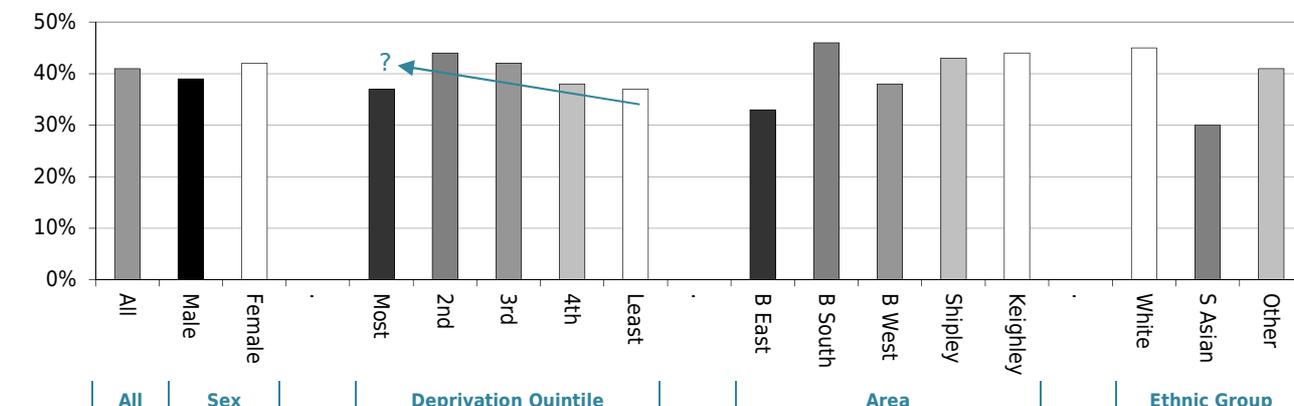
Smoking experimentation was rare in the younger age ranges and the proportion with a smoking habit was around 1%. In Year 10, about a third of the sample have tried smoking and 10% smoke regularly.

- ♀ Females in Year 10 were slightly more likely to have tried smoking than males of the same age.
- ▣ The pupils in the more deprived quintiles were more likely to have tried smoking and to be current smokers.
- ▣ Pupils with a South Asian background were much less likely to have tried smoking and to be current smokers.
- ▣ Pupils from other non-white ethnic groups were the most likely to have tried smoking and to be current smokers.

Smoking, ethnicity and deprivation

There were some interesting differences between what was found in 2009-10 and 2012-13. Here is reproduced a chart from the 2009-10 report:

Chart 12: Percentage of Year 10 pupils in 2009-10 who have ever smoked by sex, deprivation quintile, area, and ethnicity.



■ In 2009-10, the relationship between trying smoking and deprivation seemed to be ‘humped’; young people in Year 10 in the most deprived and the least deprived quintiles were the least likely to have tried smoking, while those in the middling quintiles reported higher rates.

■ In 2009-10, young people with a S Asian ethnic background were the least likely to be current smokers.

An obvious possible explanation for the 'missing' smokers in the most deprived quintile is that these are areas with a higher proportion of S Asian pupils, and S Asian pupils were less likely to smoke.

In 2012-13, this marked discontinuity with deprivation is not present, although the lower levels among South Asian pupils is still seen.

Smoking habits

The average number of cigarettes smoked in the week before the survey by Year 7 smokers was 9.5 and by Year 10 smokers was 23.4. 63% of Year 10 smokers in the week before the survey smoked at least five a day.

The most common sources of cigarettes reported by smokers were:

Shop	51%	Off licence	2%
Friends	28%	Other relatives	2%
Bought for you by others with your money	6%	Given them	1%
Parent(s)	5%	Others	1%

Young people under 18 are not allowed to purchase their own cigarettes, yet 51% of smokers report a shop as being the source of their cigarettes.

Most smokers do so only when with friends (rather than when alone or with family).

Table 38: Percentage of smokers in 2012-13 who smoke only with friends, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	65%	70%	57%	63%	50%	50%	100%	0%	75%	33%	50%	75%	100%	71%	100%	67%
Year 10	59%	60%	58%	62%	56%	50%	70%	67%	57%	57%	67%	57%	72%	55%	66%	54%

This is very much the same result as seen in 2009-10, although the figures for the Year 7 smokers seem lower; there were rather few Year 7 smokers to reply in some categories.

Second-hand smoke

Pupils were asked three related questions about second-hand smoke.

Table 39: Family smoking among pupils in 2012-13, by year group: percentages responding positively.

2012-13	Year 4	Year 7	Year 10
Do your parents/carers smoke?	37%	34%	39%
Does anyone smoke indoors at home in rooms that you use?	15%	12%	20%
Does anyone smoke in a car when you are in it too?	21%	14%	22%

About 1/3 of pupils had a parent or carer who smokes, but the proportion who were exposed to second-hand smoke appears much less than this.

There is a suggestion in the figures that pupils in Year 7 were less likely to be exposed to cigarette smoke at home or in a car than pupils in other year groups, but there is no obvious explanation for this.

To examine patterns of difference in the sample, just the Year 7 pupils were selected:

Table 40: Percentage of Year 7 pupils in 2012-13 responding to second-hand smoking questions, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Parent	34%	33%	35%	38%	37%	31%	27%	10%	27%	46%	35%	33%	28%	37%	26%	43%
Indoors	12%	12%	12%	16%	8%	13%	6%	4%	13%	17%	12%	12%	7%	12%	10%	16%
Car	14%	13%	14%	15%	15%	14%	7%	5%	17%	16%	13%	14%	7%	14%	12%	17%

Over 10% of pupils in Year 7 say that they experience exposure to second-hand smoke indoors or in a car; this figure is lower than in 2009-10.

Within this Year 7 group:

- ☑ Young people in the more deprived areas were more likely to have a parent/carers who smokes, and to be exposed to second-hand smoke indoors or in a car (just as in 2009-10).
- 🕒 Young people in Bradford South were the most likely to say that they have a parent or carer who smokes and to be exposed to cigarette smoke indoors at home (just as in 2009-10).
- 🧩 Pupils from South Asian families reported less smoking by parents/carers.

Pupils were also asked to describe smoking policy at home, choosing from the following options:

No-one ever smokes at home
Smoking happens only outside

Smoking happens only in certain rooms
Smokers can smoke anywhere

Table 41: Percentage of **Year 7** pupils in 2012-13 describing smoking policy at home, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
No-one	58%	59%	56%	51%	57%	59%	71%	86%	59%	44%	57%	59%	68%	57%	64%	43%
Outside	26%	24%	27%	28%	29%	26%	21%	8%	24%	31%	27%	26%	22%	26%	21%	37%
Rooms	11%	11%	12%	14%	11%	10%	6%	6%	11%	19%	10%	11%	8%	13%	8%	12%
Anywhere	5%	6%	5%	8%	3%	4%	2%	0%	6%	7%	6%	5%	3%	4%	6%	8%

Nearly half of pupils in Year 7 reported there was smoking at home, but this was mostly outside.

- Young people in the least deprived quintiles were the most likely to say that no-one smokes at home.
- Young people in the most deprived quintiles were the most likely to say that someone at home smokes in at least some indoor rooms, or that there were no rooms at home which were routinely kept free from smoking.

Shisha

Shisha is a colloquial term for tobacco, often flavoured, smoked through a water pipe. This topic was asked about for the first time in 2012-13.

Chart 13: Percentage of **secondary** pupils in 2012-13 who have ever tried smoking shisha, by year group and by sex, deprivation quintile, area, and ethnicity.

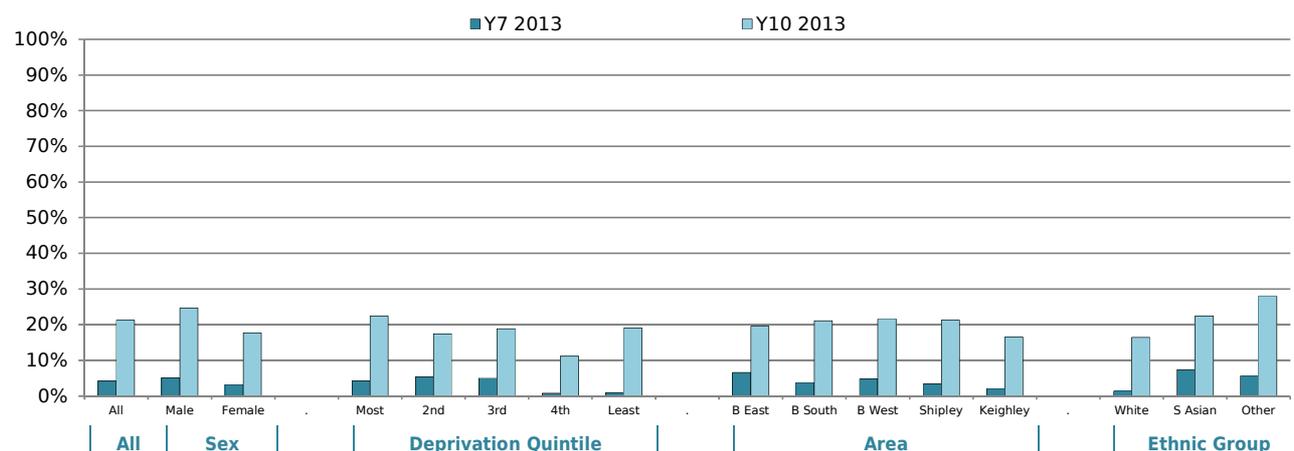


Table 42: Percentage of **secondary** pupils in 2012-13 who have ever tried smoking shisha, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	4%	5%	3%	4%	5%	5%	1%	1%	7%	4%	5%	3%	2%	1%	7%	6%
Year 10	21%	25%	18%	22%	17%	19%	11%	19%	20%	21%	22%	21%	17%	16%	22%	28%

About a fifth of secondary school pupils said that they had ever tried smoking shisha.

The most common sites for smoking shisha reported by Year 10 students were:

At a café, bar or restaurant	15%	Outside in public	2%
At home	3%	Named area (e.g. Westgate)	1%
At a friend's	4%	Holiday/abroad	3%
At a relation's	0%	Party	0%

Over ¼ of secondary pupils said that someone in their family smokes shisha.

Alcohol and substance misuse

Alcohol related admissions to hospital	
Rationale	Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm. In April 2013, local authorities became responsible for commissioning drug and alcohol prevention, treatment and recovery services for adults and young people. During 2012/13 recorded cannabis use within specialist services rose slightly from 75% (11/12) to 79% whilst recorded alcohol use dropped from 55% (11/12) to 37%. Whilst recorded crack/cocaine use fell from 14% (11/12) to 7% in 2012/13, there was a significant increase in recorded opiate use from 4% (11/12) to 11% in 2012/13.
Public Health Outcome Indicators	<p>2.18 Alcohol related admissions to hospital</p> <p>4.03-4.07 Mortality rates from causes considered preventable</p>

Pupils were initially asked if they had ever drunk alcohol. The question specified a whole drink, not just a sip.

Chart 14: Percentage of pupils in 2009-10 and 2012-13 who have ever drunk alcohol, by year group and by sex, deprivation quintile, area, and ethnicity.

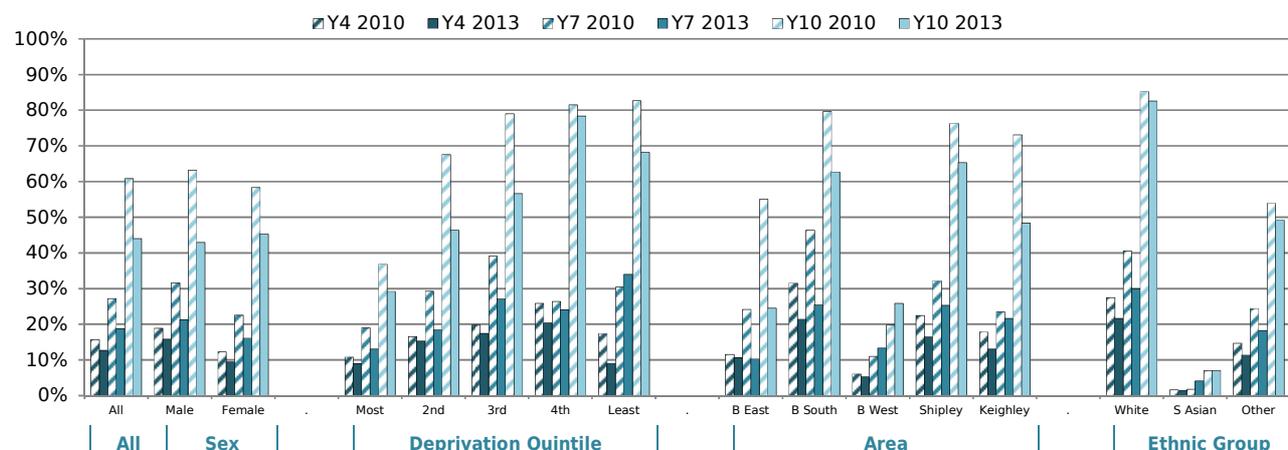


Table 43: Percentage of pupils in 2012-13 who have ever drunk alcohol, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shiple	Keighley	White	S Asian	Other
Year 4	13%	16%	9%	9%	15%	18%	20%	9%	11%	21%	5%	16%	13%	22%	1%	11%
Year 7	19%	21%	16%	13%	18%	27%	24%	34%	10%	25%	13%	25%	22%	30%	4%	18%
Year 10	44%	43%	45%	29%	46%	57%	78%	68%	25%	63%	26%	65%	48%	83%	7%	49%

It perhaps comes as no surprise to find that older pupils were more likely to say that they have ever tried alcohol; in Year 10 over 40% of pupils have drunk an alcoholic drink (more than a sip).

- There were very marked differences in the practices of young people from different ethnic groups with regard to alcohol: most young people in Year 10 from White backgrounds have tried alcohol (83%), while less than 10% of South Asian youngsters in the same age group reported trying alcohol. In Year 4, the figures were 22% for White and 1% for S Asian.

Across most of the chart, large shifts between levels seen in 2009-10 and 2012-13 can be seen, but this is not seen to anything like the same extent in each of the ethnic groups. This strongly suggests that the apparent overall changes are due to a change in the composition of the samples between the two waves of the study.

- 🕒 This pattern of difference with ethnicity may explain most of the differences seen between areas. Young people in Year 4 in Shipley, a mostly White area, were more likely to say they have tried alcohol (16%) than Year 10 pupils with a South Asian background (7%).

The proportions drinking in the week before the survey were:

Table 44: Percentage of pupils in 2012-13 who have drunk alcohol in the week before the survey, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7		4%	3%	2%	4%	6%	4%	3%	1%	4%	3%	3%	5%	6%	0%	4%
Year 10		17%	18%	11%	18%	22%	29%	39%	7%	26%	10%	25%	24%	32%	3%	21%

This table shows very much the same highs and lows as the previous one.

Year 10 males in Bradford were less likely to have drunk alcohol in the week before the survey than were males of the same age in the England sample (Bradford Y10 males 18%, females 18%; England figures were 39% and 38% respectively; this was also found in 2009-10). If we look at the White group only (32%), this still is lower than in the reference sample (the classification of ethnic groups is explained on page 27).

We also looked at the ages at which pupils said they first tried alcohol.

Table 45: Average age in 2012-13 of first trying alcohol, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	6.8	6.8	6.8	6.8	6.8	6.7	6.8	6.7	6.7	6.7	6.5	7.0	6.8	6.8	6.1	6.7
Year 7	9.7	9.5	10.1	9.9	10.1	9.3	10.1	10.5	7.4	10.9	8.8	10.2	9.5	9.8	7.0	9.6
Year 10	12.3	12.1	12.4	12.6	11.5	12.7	12.4	12.6	11.7	12.9	10.9	12.3	12.6	12.2	12.9	12.4

Looking just at those young people who have ever tried alcohol, the average age of their first experience was quite similar amongst males and females, across different quintiles of deprivation, throughout different areas and between different ethnic backgrounds. The ages also a little higher than was seen in 2009-10.

- 🧩 The few young people with a South Asian background who have tried alcohol by Year 4 reported a younger age of first experience than do young people from other ethnic groups, but those in Year 10 reported an older age.

Table 46: Average number of days drinking among all secondary pupils in the week before the survey in 2012-13, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.1
Year 10	0.3	0.3	0.3	0.2	0.3	0.4	0.5	0.6	0.1	0.5	0.2	0.5	0.4	0.5	0.1	0.4

The average number of days that young people reported drinking in the week before the survey was 0.1 in Year 7 and 0.3 in Year 10. Looking at just those young people who drank at all, then the figures become 1.5 and 1.8.

- 📌 Young people in Year 10 in the most deprived quintile reported fewer drinking days than did those from the rest of Bradford.
- 🕒 Young people in Year 10 in Bradford East and West reported fewer days drinking alcohol than young people from other parts of the district.

These are overall figures; it is possible to look only at those who had had a drink at all in the previous week.

Looking at just those young people who drank at all, then the figures for the average number of days that young people reported drinking in the week before the survey become 1.5 and 1.8.

Table 47: Average number of days drinking in the week before the survey among secondary pupils who had a drink in that week in 2012-13, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	1.5	1.6	1.4	1.5	1.4	1.7	1.0	2.3	2.3	1.2	1.7	1.6	1.5	1.6	3.0	1.3
Year 10	1.8	1.9	1.7	1.9	1.7	1.7	1.8	1.6	1.9	1.8	1.8	1.9	1.7	1.7	2.2	2.0

We find that the frequency of drinking among those groups and areas who drink less often is not lower among those who did drink, and may be higher. This is most obvious for the Year 10 S Asian sample.

One last general feature we looked at was drunkenness:

Table 48: Most recent occasion of drunkenness among Year 10 students in 2012-13, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group			
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other	
Year 10	I never drink alcohol	55%	57%	52%	68%	53%	45%	19%	23%	75%	36%	72%	33%	51%	17%	91%	51%
	I've never been drunk	15%	15%	15%	11%	18%	21%	24%	27%	10%	17%	12%	21%	15%	27%	4%	14%
	Last week	8%	8%	9%	6%	9%	10%	14%	16%	4%	10%	5%	14%	12%	14%	2%	10%
	In the last month	10%	9%	12%	7%	9%	12%	17%	23%	5%	16%	4%	17%	15%	21%	0%	12%
	In the last year	9%	8%	10%	6%	9%	10%	24%	11%	4%	17%	6%	11%	7%	16%	2%	12%
	More than a year ago	3%	3%	2%	2%	2%	3%	3%	0%	1%	4%	1%	4%	2%	5%	0%	2%

The 'in the last year' figure on the table excludes pupils reporting the 'in the last month'; the 'last month' figure excludes 'last week'. For an inclusive figure, 4% of Year 7 pupils and 28% of Year 10 pupils report that they have been drunk in the last year; for the last month, the figures are 2% and 19% respectively.

For this drunkenness table, the highs (Whites, least deprived) and lows (S Asians, most deprived, Bradford East and West) are very much the same as we have seen on other tables for drinking in general.

Sources, sites and types of drinking

Pupils in secondary schools were invited to identify from where they obtained their alcohol last week. The most common option chosen by the few Year 7 drinkers was *I got my alcohol from my parents to drink with them*. The full list of options was:

I got my alcohol from my parents to drink with them	I got a stranger to buy alcohol for me from a supermarket
I got my alcohol from my parents to drink with my friends	I got a stranger to buy alcohol for me from an off licence or other shop
I took/stole my alcohol from home	I got a friend/sibling to buy alcohol for me
I bought my alcohol from a supermarket	I bought alcohol in a pub or club
I bought my alcohol from an off licence or other shop	I got alcohol some other way

Table 49: Percentage of all pupils in 2012-13 who obtained alcohol from different sources, Year 10 only, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Parents to drink with them	12%	11%	13%	7%	15%	19%	27%	25%	7%	15%	8%	19%	16%	26%	1%	9%
Parents to drink with friends.....	6%	5%	7%	3%	5%	9%	16%	11%	4%	5%	5%	10%	10%	12%	0%	8%
Took/stole from home	3%	3%	3%	2%	4%	4%	5%	5%	2%	3%	2%	5%	2%	5%	0%	3%
Bought from supermarket.....	3%	2%	3%	2%	0%	5%	2%	0%	2%	3%	2%	3%	2%	4%	1%	3%
Bought from other shop	4%	4%	5%	4%	4%	4%	5%	5%	3%	5%	3%	6%	4%	7%	1%	7%
By stranger from supermarket.....	3%	3%	3%	2%	2%	4%	5%	2%	2%	4%	2%	5%	2%	5%	1%	4%
By stranger from other place	4%	3%	4%	3%	4%	5%	6%	5%	3%	4%	3%	8%	1%	7%	1%	4%
Bought by friend/sibling	7%	5%	9%	4%	9%	10%	14%	7%	5%	7%	5%	12%	10%	13%	1%	8%
Bought in a pub or club	3%	3%	3%	2%	1%	4%	5%	7%	3%	4%	3%	4%	2%	5%	0%	5%
Obtained some other way	3%	3%	3%	2%	2%	7%	4%	2%	2%	4%	2%	5%	0%	5%	0%	3%

The figures in the columns do not add up to 100% because we are calculating percentages of the whole sample, not just those who had a drink last week; pupils may have chosen more than one source as being true for last week.

Young people in Year 10 who drank in the week before the survey were most likely to have obtained their alcohol by being given it by parents or carers to drink with them at home (12%); the next most common source was a friend/sibling who purchased alcohol for them (7%) and 'got my alcohol from my parents to drink with friends' (6%).

♀ Females were more likely than males to have obtained alcohol by a variety of routes.

The percentage of all pupils in Year 10 who were able to purchase directly from a shop, supermarket or pub was 6%. Additionally, 10% had alcohol bought for them from off- or on-licenced premises by a stranger.

The percentage of drinkers in Year 10 who were able to purchase directly from a shop, supermarket or pub was 24%. Additionally, 42% had alcohol bought for them from off- or on-licenced premises by a stranger.

When the most common site for consuming alcohol reported by young people is the home, there is a natural question about how much of this consumption was done with the awareness (if not the approval) of parents and carers. The figures for 2009-10 have been recalculated to make them comparable to the 2012-13 results.

Table 50: Percentage of pupils in 2009-10 and 2012-13 who ever drink alcohol whose parents **always** or who **never** know when they drink alcohol, by year group and by sex, deprivation quintile, area, and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
2009-10																
Always																
Year 4	72%	68%	77%	64%	77%	74%	73%	78%	67%	75%	59%	69%	78%	74%	46%	67%
Year 7	71%	69%	75%	62%	69%	74%	85%	82%	70%	70%	66%	75%	75%	72%	75%	67%
Year 10	37%	40%	34%	44%	33%	40%	40%	30%	37%	39%	44%	37%	33%	38%	18%	34%
Never																
Year 4	7%	7%	6%	9%	9%	4%	3%	6%	10%	5%	9%	7%	6%	6%	32%	5%
Year 7	6%	6%	6%	9%	5%	2%	4%	5%	6%	5%	10%	5%	7%	5%	0%	9%
Year 10	13%	13%	13%	16%	12%	10%	6%	17%	14%	13%	11%	12%	12%	11%	47%	22%
2012-13																
Always																
Year 4	72%	69%	76%	68%	71%	76%	75%	86%	67%	68%	64%	80%	82%	75%	53%	61%
Year 7	81%	81%	82%	84%	75%	83%	85%	88%	79%	87%	82%	77%	81%	85%	54%	70%
Year 10	42%	45%	40%	44%	42%	44%	48%	43%	39%	48%	42%	35%	51%	46%	36%	25%
Never																
Year 4	8%	10%	7%	9%	8%	6%	9%	7%	10%	9%	11%	8%	4%	7%	17%	12%
Year 7	5%	7%	3%	6%	5%	6%	3%	0%	14%	3%	5%	7%	5%	2%	23%	14%
Year 10	15%	14%	16%	18%	13%	14%	8%	3%	18%	16%	17%	13%	5%	9%	53%	24%

Overall, about a quarter of younger pupils ever drink at home, while 60% of Year 10 pupils ever do so. Among these, most pupils say that their parents/carers always know when they drink alcohol at home; 15% of Year 10 pupils say their parents/carers never know, and 50% of Year 10 pupils say their parents sometimes do not know.

- Young people in least deprived quintile in Years 4 and 7 were the most likely to report that their parents/carers *always* know if they drink alcohol at home.
- Young people in the most deprived quintile in Year 10 were most likely to reported that their parents *never* know.
- Year 10 pupils with a S Asian heritage were much more likely than those from other backgrounds to say that their parents *never* know if they drink at home.

In 2012-13, there is some information about which drinks were consumed in the week before the survey.

Table 51: Percentage of Year 10 pupils in 2012-13 reporting different drinks consumed in the week before the survey, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 10																
Beer or lager	7%	10%	4%	5%	5%	10%	12%	9%	3%	11%	4%	12%	11%	15%	1%	6%
Cider	5%	4%	6%	3%	6%	6%	12%	7%	2%	8%	3%	8%	11%	10%	1%	5%
Wine	3%	2%	5%	2%	5%	5%	4%	7%	2%	5%	1%	6%	5%	6%	1%	4%
Alcopops	5%	4%	7%	4%	5%	5%	11%	14%	1%	7%	3%	9%	9%	10%	1%	6%
Spirits	9%	7%	10%	6%	6%	11%	14%	23%	3%	14%	6%	12%	11%	16%	1%	12%
Fortified wines	2%	1%	2%	1%	2%	1%	1%	0%	1%	2%	1%	1%	3%	2%	0%	3%
Other	0%	1%	0%	0%	0%	0%	1%	0%	1%	1%	1%	0%	1%	1%	0%	0%

Beer, cider and spirits were the most commonly reported drinks among Year 10 pupils.

- ♀ Beer is favoured by the males in Year 10 and 'alcopops' and other spirits by the females.

There is no information collected about the amounts consumed, but 18% of Year 10 students reported getting drunk in the last month.

Contact with drug users

Nearly a third of young people in Year 10 say that they were at least fairly sure that they know a user of illegal drugs.

Table 52: Percentage of pupils in 2012-13 who were **fairly sure** or **certain** that they know a drug user, by year group and by sex, deprivation quintile, area, and ethnicity in 2009-10 and 2012-13 .

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	14%	17%	11%	17%	16%	12%	11%	4%	14%	16%	17%	10%	13%	13%	16%	11%
Year 7	9%	11%	7%	8%	9%	11%	10%	9%	7%	10%	9%	11%	8%	10%	7%	10%
Year 10	31%	33%	30%	27%	35%	34%	37%	37%	28%	25%	28%	46%	28%	37%	25%	37%

- ♀ Males were more likely than females to know a user of psychoactive drugs (just as in 2009-10).
- ▣ Young people in Year 10 from the most deprived quintile were the least likely to know a drug user (also found in 2009-10).
- 🕒 Young people in Year 10 in Shipley were the most likely to know a drug user (just as in 2009-10), but that pattern is not so clear among Year 7 students and they were the least likely in Year 4 (also as in 2009-10).
- 🧩 Young people in secondary schools with a S Asian ethnic background were the least likely to know a drug user (also found in 2009-10).
- Year 10 pupils in Bradford were less likely to know a drug user than were pupils of the same age in the England sample (the reverse was found in 2009-10).

Talking about drugs

Young people in primary schools were asked, *Who would you like to talk with about drugs?*

Table 53: Percentage of **primary** pupils in 2012-13 who would like to talk about drugs with different people, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4																
Parents/ carers	55%	52%	59%	52%	58%	62%	60%	66%	53%	63%	47%	60%	61%	62%	52%	54%
Teachers	25%	24%	27%	25%	27%	25%	21%	27%	26%	25%	25%	26%	24%	25%	25%	27%
Visitors in school	9%	10%	8%	8%	11%	10%	6%	11%	9%	9%	9%	8%	9%	9%	8%	12%
School Nurse	16%	14%	18%	16%	18%	17%	12%	16%	18%	14%	15%	15%	17%	15%	17%	19%
Doctor	43%	43%	42%	43%	44%	42%	44%	47%	42%	42%	41%	45%	46%	42%	45%	47%
None of the above (or missing data)	14%	15%	13%	14%	13%	11%	10%	14%	14%	10%	21%	10%	13%	12%	15%	14%

Young people in Year 4 expressed a clear preference for talking about drugs with their parents, but votes for parents were lowest among pupils from South Asian backgrounds and from the most deprived quintiles (also found in 2009-10).

Doctors also scored well in this age group; other work from SHEU suggests that this does not persist into teenage years.

Experience of using drugs

Young people’s experiences of using drugs are not easy to record; there is the association with illegal acts and the sheer variety of drugs and their slang names adds additional problems.

In 2009-10, cannabis dominated the picture of young people’s drug experience, and so in 2012-13, questions were asked separately about this substance before going on to ask about other drugs.

14% of Year 10 students had ever used cannabis, 6% once a month or so and 3% say they use more than weekly.

Young people attending secondary schools were offered a short list of categories of psychoactive drugs, together with their slang names, and asked to report if they had ever taken any of them. Those that said yes were asked to record which drugs and how recently. The percentages who had ever taken any of these drugs and who had taken them in the last month are shown in the next two tables.

Table 54: Percentage of **secondary** pupils in 2012-13 who have taken drugs (other than cannabis) in the last month, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shiple	Keighley	White	S Asian	Other
Year 7	1%	1%	0%	1%	0%	1%	0%	0%	0%	1%	1%	0%	0%	0%	0%	1%
Year 10	2%	2%	2%	1%	2%	2%	2%	0%	1%	1%	2%	4%	2%	3%	1%	3%

1% of pupils in Year 7 and 2% of those in Year 10 said that they had taken psychoactive drugs other than cannabis in the last month.

❖ Young people in Year 10 with a South Asian ethnic background were the least likely to have taken psychoactive drugs in the last month.

Figures for cannabis have been combined with those for other drugs:

Chart 15: Percentage of **Year 10** pupils in 2012-13 who have ever taken drugs (including cannabis) by sex, deprivation quintile, area, and ethnicity

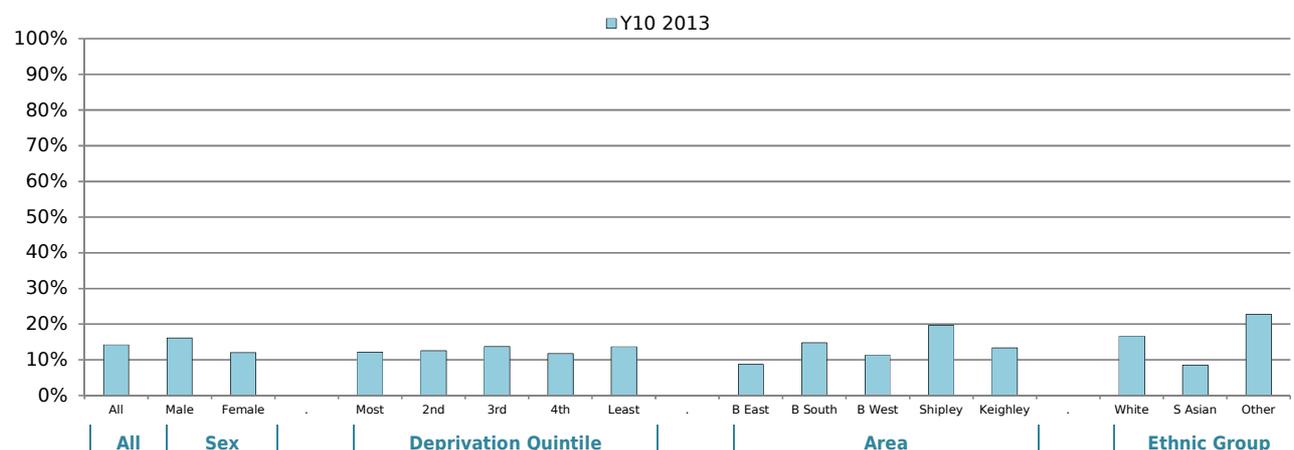


Table 55: Percentage of **secondary** pupils in 2012-13 who have ever taken drugs by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shiple	Keighley	White	S Asian	Other
Year 7	2%	2%	1%	2%	1%	2%	1%	1%	1%	2%	2%	1%	1%	1%	1%	3%
Year 10	14%	16%	12%	12%	13%	14%	12%	14%	9%	15%	11%	20%	13%	17%	9%	23%

2% of pupils in Year 7 and 14% in Year 10 said that they had ever taken psychoactive drugs.

❖ Reported drug use in 2012-13 is slightly higher than in 2009-10, but this finding may be an artefact of the changed style of question.

- ♀ Males were more likely ever to have taken psychoactive drugs than were females (also found in 2009-10).
- 🕒 As above, pupils in Year 10 from Shipley were the ones most likely to have ever tried psychoactive drugs (also found in 2009-10).
- 🧩 Young people with a South Asian ethnic background were the least likely to have ever taken psychoactive drugs (also found in 2009-10).

Mixing alcohol and drugs

3% of pupils in Year 10 have ever used psychoactive drugs and alcohol on the same occasion.

Table 56: Percentage of **secondary** pupils who have ever taken psychoactive **drugs** and **alcohol** on the same occasion by year group and by sex, deprivation quintile, area, and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group			
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other	
Year 7	0%	0%	0%	0%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
Year 10	3%	4%	3%	2%	3%	4%	4%	7%	1%	3%	2%	5%	3%	5%	1%	5%	

- ✂ Figures for Year 10 pupils ever mixing alcohol and drugs were rather lower in 2012-13 than were seen in 2009-10 (9%→3%).
- 🕒 Young people in Shipley were the most likely to report ever mixing drink and drugs.
- 🧩 Again, a lower levels of drug use in children of South Asian origin is observed.
- Year 10 pupils in Bradford were less likely to mix drugs and alcohol than were pupils of the same age in the England sample (the reverse was found in 2009-10).

Drug services

4% of pupils in Year 7 and 12% of pupils in Year 10 know of a special drug and alcohol service for young people available locally.

Chart 16: Percentage of **secondary** pupils in 2012-13 who know of a special drug and alcohol service for young people available locally by year group and by sex, deprivation quintile, area, and ethnicity.

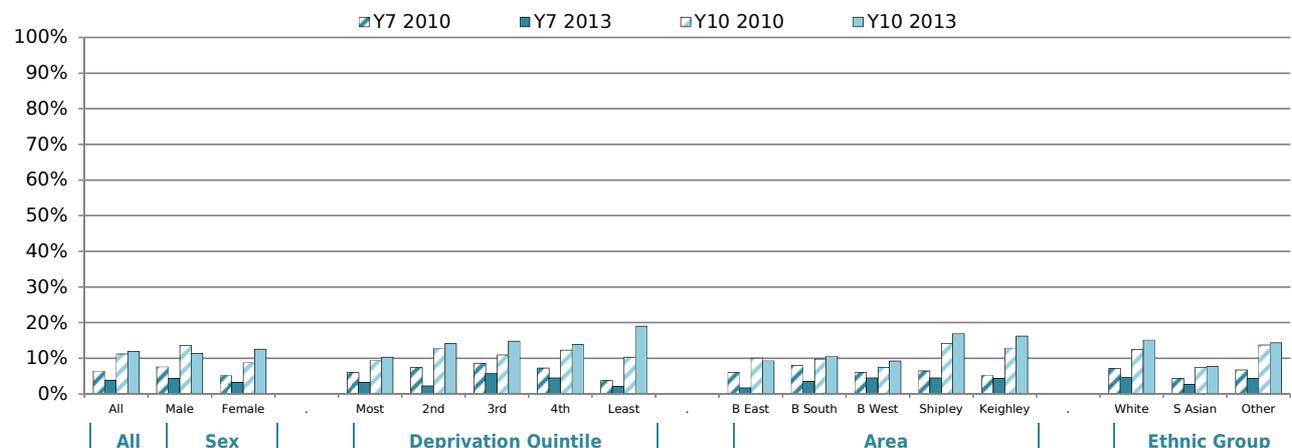


Table 57: Percentage of **secondary** pupils in 2012-13 who know of a special drug and alcohol service for young people available locally by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	4%	4%	3%	3%	2%	6%	5%	2%	2%	4%	4%	5%	4%	5%	3%	4%
Year 10	12%	11%	13%	10%	14%	15%	14%	19%	9%	11%	9%	17%	16%	15%	8%	14%

Young people with a South Asian background were least likely to know of a special drug and alcohol service for young people available locally (also found in 2009-10).

There seem to have been some gains in awareness of a special drug and alcohol service for young people since 2009-10 among Year 10 pupils in the least deprived quintile and in Shipley and Keighley (Keighley 13%→16%).

Pupils were also asked about the FRANK drug information service.

Table 58: Percentage of pupils in 2012-13 who have heard of FRANK/'Talk to FRANK' and who **sometimes/often** visit the FRANK website for information, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Aware																
Year 7	12%	12%	13%	11%	17%	17%	15%	7%	12%	11%	17%	9%	11%	15%	9%	16%
Year 10	52%	51%	52%	45%	54%	61%	74%	63%	47%	59%	41%	60%	59%	71%	37%	51%
Website																
Year 7	1%	1%	1%	0%	1%	0%	2%	1%	1%	0%	1%	0%	0%	1%	0%	1%
Year 10	2%	2%	1%	2%	2%	1%	0%	0%	1%	2%	1%	1%	4%	1%	1%	2%

Just over 10% of Year 7 pupils and just over half of Year 10 pupils were aware of the FRANK drug information and advice service.

- ✘ Awareness of FRANK services were very much lower in 2012-13 than was seen in 2009-10 (Year 10 76%→52%).
- ✘ Less than 5% ever visit the FRANK website; again the figure is lower than in 2009-10.
- Pupils were more likely to have heard of the FRANK service if they were less deprived and/or White (just as in 2009-10).

8.6 Emotional Health and Well-being

Emotional wellbeing	
Rationale	The mental health of all children is important. With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional well-being issues is essential. Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s). These questions and the inclusion of these Public Health indicators are key for cross-sectoral and partnership working to reduce injuries, including child safeguarding. The cross-government mental health strategy, No Health without Mental Health, identifies looked after children as one of the particularly vulnerable groups at risk of developing mental health problems. Inclusion of this indicator for looked after children will send out a message that this group of young people are a priority for the NHS and local authorities in their new public health role. Under Section 10 of the Children Act 2004, local authorities have a duty to co-operate to promote wellbeing among children and young people.
Public Health Outcome Indicators	<p>2.07i Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population</p> <p>2.07ii Rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 per 10,000 resident population</p> <p>2.08 Emotional well-being of looked after children</p> <p>2.10 Hospital admissions as a result of self-harm</p>

Self-esteem

Self-esteem was measured using a series of statements for which young people were asked to indicate their agreement. These items are based on the LAWSEQ self-esteem scale (Lawrence, 1981). From the list, a score from zero (lowest esteem) to 18 (highest) was derived, and these scores were put into bands for convenience. The proportion of pupils scoring in the highest bracket of self-esteem scores (15-18) is shown in the chart for each group.

Chart 17: Percentage of **Year 4** pupils in 2012-13 scoring in the highest band of scores for self-esteem, by sex, deprivation quintile, area, and ethnicity.

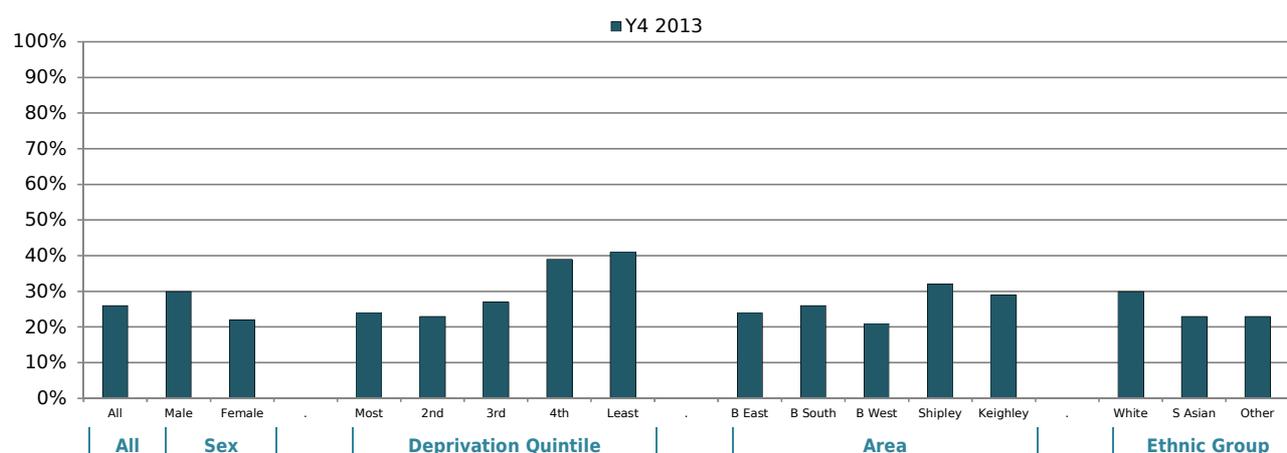


Table 59: Percentage of **Year 4** pupils in 2012-13 scoring in different bands of self-esteem scores, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
0-4 (low)	5%	4%	6%	5%	5%	5%	4%	2%	5%	6%	6%	4%	3%	5%	5%	4%
5-9 (med-low)	26%	22%	30%	28%	28%	27%	19%	16%	27%	27%	28%	24%	24%	25%	27%	29%
10-14 (med-high)	43%	44%	42%	44%	44%	41%	39%	40%	43%	42%	45%	40%	44%	40%	45%	45%
15-18 (high)	26%	30%	22%	24%	23%	27%	39%	41%	24%	26%	21%	32%	29%	30%	23%	23%

- Pupils in Year 4 were most likely to score in the highest bracket of self-esteem scores if they were male, White, from Shipley or Keighley, and/or in the least deprived quintiles. This is precisely the same set of results seen in 2009-10.

Worries

The pupils in the survey were provided with a list of issues that they might worry about, and asked how much they worried about them. A slightly longer list was offered to pupils in secondary schools, which accounts for the gaps in the Year 4 column:

Table 60: Percentage of pupils in 2012-13 who reported worrying about different issues **quite a lot** or **a lot** by year group.

2012-13	Year 4	Year 7	Year 10
School-work problems	16%	15%	32%
Exams and tests	24%	32%	60%
Money problems	21%	10%	17%
Bullying	23%	17%	12%
Health	21%	25%	31%
Problems with friends	16%	17%	21%
Family problems	19%	20%	26%
The way you look	13%	18%	28%
Relationships		9%	19%
Sexually transmitted infections		3%	7%
Drugs		6%	6%
The environment	16%	12%	10%
War and terrorists	28%	14%	15%
Crime	27%	15%	16%
Gambling		6%	6%
Other		1%	1%
None of the above (or missing data)	32%	40%	22%

Over 70% of pupils worried about at least one issue at least quite a lot.

Pupils in Year 4 were most likely to report worrying about Crime and about Wars and terrorism; young people in Year 10 were most likely to worry about School-work problems, Exams and tests, Health, Problems with friends, Family problems and The way you look. These were also the issues most often worried about in 2009-10.

From the wider set of figures available, we can also see:

- Year 10 males in Bradford were more likely to worry about health and problems with family than were males of the same age in the England sample; they were less likely to worry about their appearance (all as in 2009-10).
- Year 10 females in Bradford were less likely to worry the way they look than were females of the same age in the England sample (the reverse was found in 2009-10).
- Year 10 males in Bradford were more likely to worry about something than were males of the same age in the England sample (just as in 2009-10).

Variation in the sample can be explored by looking just at the Year 10 pupils.

Table 61: Percentage of Year 10 pupils in 2012-13 who worry about issues quite a lot or a lot by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
School-work	32%	28%	37%	34%	38%	31%	23%	23%	39%	26%	35%	32%	27%	29%	36%	36%
Exams and tests	60%	52%	68%	65%	64%	59%	46%	57%	69%	55%	65%	55%	45%	51%	70%	57%
Money problems	17%	15%	18%	16%	16%	21%	10%	16%	17%	16%	19%	16%	12%	16%	16%	20%
Bullying	12%	11%	14%	14%	17%	9%	9%	7%	11%	15%	13%	13%	7%	13%	13%	11%
Health	31%	28%	34%	34%	36%	25%	25%	20%	34%	29%	35%	31%	19%	28%	35%	33%
Friends	21%	15%	27%	21%	25%	18%	14%	30%	23%	20%	20%	25%	10%	21%	20%	23%
Family problems	26%	21%	32%	28%	29%	30%	17%	27%	29%	26%	27%	27%	16%	26%	25%	29%
The way you look	28%	17%	40%	27%	39%	27%	29%	30%	29%	27%	27%	34%	24%	36%	22%	30%
Relationships	19%	15%	23%	18%	25%	22%	15%	20%	19%	20%	17%	23%	12%	21%	15%	24%
STIs	7%	8%	6%	7%	9%	4%	5%	2%	5%	8%	7%	7%	5%	7%	7%	8%
Drugs	6%	7%	5%	5%	11%	5%	2%	2%	4%	6%	8%	5%	3%	5%	5%	10%
Environment	10%	11%	9%	11%	13%	7%	11%	7%	11%	6%	13%	8%	7%	6%	12%	12%
Wars / terrorism	15%	18%	13%	17%	17%	12%	14%	11%	15%	13%	18%	15%	9%	10%	20%	18%
Crime	16%	17%	16%	19%	18%	14%	14%	18%	19%	14%	20%	14%	8%	10%	21%	22%
Gambling	6%	8%	4%	7%	6%	3%	4%	0%	7%	3%	8%	4%	3%	3%	7%	7%
Other	1%	2%	1%	1%	2%	0%	0%	2%	2%	1%	2%	1%	1%	0%	2%	1%
NONE	22%	29%	15%	19%	19%	24%	29%	25%	18%	23%	20%	22%	35%	24%	18%	23%

- ♀ Females were more likely to worry about most of the issues than were males.
- ▣ Year 10 pupils in the more deprived quintiles were more likely to worry about School-work problems,; Exams and tests; Bullying; Health; and Friends and Family problems
- 🕒 Year 10 pupils in Bradford East and West were the most likely to worry about Exams and tests and about Health
- 🔲 Year 10 pupils from a White background were the most likely to worry about the way they look; those from a South Asian background were the most likely to worry about Exams and tests and about Health.

These findings repeat findings from 2009-10.

There was a write-in box provided so that young people could list additional concerns; those recorded included the following list, but none was seen with frequencies approaching any of the printed list.

- | | | |
|--|----------------------|--------------|
| If my mum is ok paying this month's bills. | Parliament | Getting lost |
| Strangers around me affecting my education | The world ending | Vegetarians |
| | Censorship & Economy | Paedophiles |

8.7 Sexual health

Sexual Health	
Rationale	<p>Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.</p> <p>Teenage pregnancy has also been included as a child poverty strategy indicator 2011-14, in the "A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives" document, published jointly between the Department for Work and Pensions and Department for Education, April 2011. Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under-25 year-olds is a measure of chlamydia control activities. Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control Chlamydia. Chlamydia screening is recommended for all sexually active people under 25 and on partner change. This indicator will allow progress in delivering accessible, high-volume chlamydia screening to be monitored. The questions asked below represent young people's understanding and awareness of sexual health in relation to protection from STI's, and understanding of their gender and sexuality and the services available to them for help and advice.</p>
Public Health Outcome Indicators	<p>2.4 (i) Under 18 Conceptions: conceptions in those aged 15-17</p> <p>3.2i Chlamydia vaccination coverage (15-24 yr olds)</p> <p>3.2ii Chlamydia vaccination coverage, male (15-24 yr olds)</p> <p>3.2ii Chlamydia vaccination coverage, female (15-24 yr olds)</p> <p>3.2ii Chlamydia vaccination coverage, persons (15-24 yr olds)</p>

Year 10 pupils were asked a series of questions about sexual health.

The questions in this section (pages 63-66) were not asked of Year 7 pupils.

Condoms

47% of Year 10 pupils say they know where to get free condoms, similar to 2009-10.

Chart 18: Percentage of **Year 10** pupils in 2009-10 and 2012-13 who know where to get condoms free of charge by year group and by sex, deprivation quintile, area, and ethnicity.

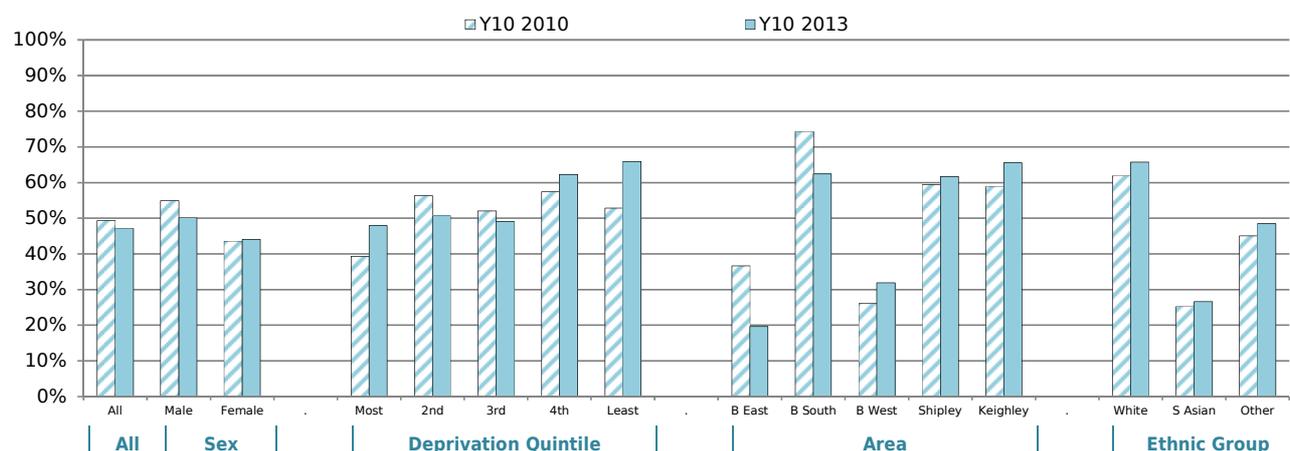


Table 62: Percentage of **Year 10** pupils in 2009-10 and 2012-13 who know where to get condoms free of charge by year group and by sex, deprivation quintile, area, and ethnicity.

Year 10	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
2009-10	49%	55%	44%	39%	56%	52%	57%	53%	37%	74%	26%	59%	59%	62%	25%	45%
2012-13	47%	50%	44%	39%	45%	47%	62%	66%	20%	62%	32%	62%	66%	66%	27%	49%

- ♀ Males were more likely to say that they know where to get free condoms than were females (also found in 2009-10).
- ▣ Pupils from the most deprived quintile were the least likely to know where to get condoms free of charge.
- 🕒 Young people from Bradford East and West were the least likely to know where to get condoms free of charge (just as in 2009-10).
- 🧩 Young people from White ethnic background were again the most likely to know where to get condoms free of charge; once more, this finding may underlie the differences associated with deprivation and with area.
- Compared with the England reference sample, Year 10 pupils in Bradford were less likely to say they know where to get free condoms.

The following question asks where pupils think they can get free condoms.

The sources most commonly identified by Year 10 pupils in 2012-13 were:

Tic Tac	7.2%
School/College (e.g. school nurse, student support)	6.1%
Chemist/pharmacy	4.9%
Doctors/Health Centre/Health Clinic	3.4%
Others	1.5%
Unspecified 'clinic'	1.0%
Named local centre	0.8%
Youth Centre/club/worker (incl. 311)	0.8%

- ✂ Among Year 10 pupils, since 2009-10, Tic Tac has risen (5%→7%) and Doctors/Health Centre has declined (8%→3%) in the list of identified sources of free condoms.

Sexual health services

Pupils were asked about their awareness of local sexual health services. In 2009-10, the phrasing in the question was 'birth control/family planning' while, in 2012-13, pupils were asked about a 'contraception and sexual health (CASH) service'.

22% of Year 10 pupils say they know of a contraception and sexual health (CASH) service for young people available locally.

- ✕ The proportion of Year 10 pupils aware of a CASH service in 2012-13 is much higher than the proportion found in 2009-10 to be aware of a 'birth control/family planning' service (15% → 24%).

Table 63: Percentage of **secondary** pupils in 2009-10 and 2012-13 who know of a contraception and sexual health (CASH) service for young people available locally, by year group and by sex, deprivation quintile, area, and ethnicity (2009-10: 'birth control/family planning').

Year 10	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipleigh	Keighley	White	S Asian	Other
2009-10	11%	8%	15%	9%	11%	14%	15%	10%	10%	12%	6%	10%	20%	15%	5%	12%
2012-13	22%	19%	24%	17%	22%	28%	29%	36%	13%	22%	14%	34%	29%	32%	10%	23%

- ♀ Females were more likely than males to say they were aware of a local CASH service (also found in 2009-10).
- 🕒 Young people in Shipley were the most likely to say they know of a local CASH service.
- 📌 Pupils in the least deprived quintiles were distinctly the ones in 2012-13 who were most likely to be aware of a CASH service; this contrasts with the mixed picture found in 2009-10.

A new pair of questions for 2012-13 concerned their intentions on starting a new relationship.

Table 64: Percentage of **Year 10** pupils in 2012-13 who, if they were thinking of starting a new sexual relationship, would use a condom, by year group and by sex, deprivation quintile, area, and ethnicity.

Year 10	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipleigh	Keighley	White	S Asian	Other
2012-13	69%	67%	73%	61%	69%	83%	90%	86%	68%	81%	57%	81%	64%	85%	56%	69%

- ♀ Females were more likely than males to say they would use a condom in a new sexual relationship
- 📌 Pupils from the least deprived quintiles were the most likely to say they would use a condom in a new sexual relationship
- 👤 White pupils were the most likely to say they would use a condom in a new sexual relationship

Pupils were then asked, if not, why not? The most common reasons given, as a proportion of all reasons given, were:

Religious reasons	23%	Too young	8%
Feeling's better without	18%	Allergic to latex	8%
Don't want to/want to get pregnant	16%	Don't need them	5%
I wouldn't have a sexual relationship	12%	Someone might find out (e.g. parents)	1%
Don't like them	9%	Don't know where to get them	1%

Sexual and gender identity

In 2012-13, pupils in Year 10 were asked about their sexual and gender identity. 4% of pupils in Year 10 identified as gay/lesbian, bisexual and/or transgender.

Table 65: Percentage of **Year 10** pupils in 2012-13 with different sexual and/or gender identities.

	All	Male	Female
Straight/heterosexual	80%	82%	78%
Gay/Lesbian	1%	1%	1%
Bisexual	3%	1%	4%
Transgender	1%	0%	1%
Not sure	3%	2%	4%
Prefer not to say	3%	2%	4%
None of the above (or missing data)	11%	12%	10%

The proportion of missing data is high.

The lifestyle of pupils who identified as gay/lesbian, bisexual and/or transgender is explored as part of the inequality analysis on page 83.

9 Staying safe

Bullying	
Rationale	Public health services have an important role to play in tackling violence which has a major impact on the health and wellbeing of children and young people (CYP) and their families. Public Health, located within local authorities, will be looking widely at issues including crime reduction, violence prevention, responses to violence and reducing levels of reoffending, which can also prevent health inequalities. With the implementation of the Health and Social Care Bill, Directors of Public Health in local authorities have become responsible for the public health aspects of the promotion of community safety, violence prevention, responses to violence, and local initiatives to tackle social exclusion. Therefore understanding the needs of CYP is important in informing key actions and service delivery. Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children. Mapping relevant risk factors associated with youth crime can help inform Local Authority and NHS commissioning of evidence-based early intervention, therefore maximising the life chances of vulnerable children and improving outcomes for them. A lack of focus in this area could result in greater unmet health needs, increased health inequalities and potentially an increase in offending and re-offending rates, including new entrants to the system. The impact of incorporating these vulnerable children into mainstream commissioning also has the potential benefit of impacting on a young person's wider family now and in the future, particularly when they may already be parents themselves. Hence these questions focus on bullying behaviours. Young people who are not in education, employment or training are also at greater risk of a range of negative outcomes, including poor health, depression or early parenthood. The indicator is included to encourage services to work together to support young people, particularly the most vulnerable, to engage in education, training and work.
Public Health Outcome Indicators	<p>1.04 Rate of 10-17 year olds receiving their first reprimand, warning or conviction</p> <p>1.05 % of 16-18 year olds not in education, employment or training (NEET)</p> <p>2.07 Hospital admissions caused by unintentional and deliberate injuries, 15-24 year-olds</p> <p>2.10 Hospital admissions as a result of self-harm</p>

9.1 Bullying

The most important 'headline' finding in this section is the proportion who reported being bullied in the last 12 months.

Chart 19: Percentage of pupils in 2009-10 and 2012-13 who reported being bullied at school in the last 12 months, by year group and by sex, deprivation quintile, area, and ethnicity.

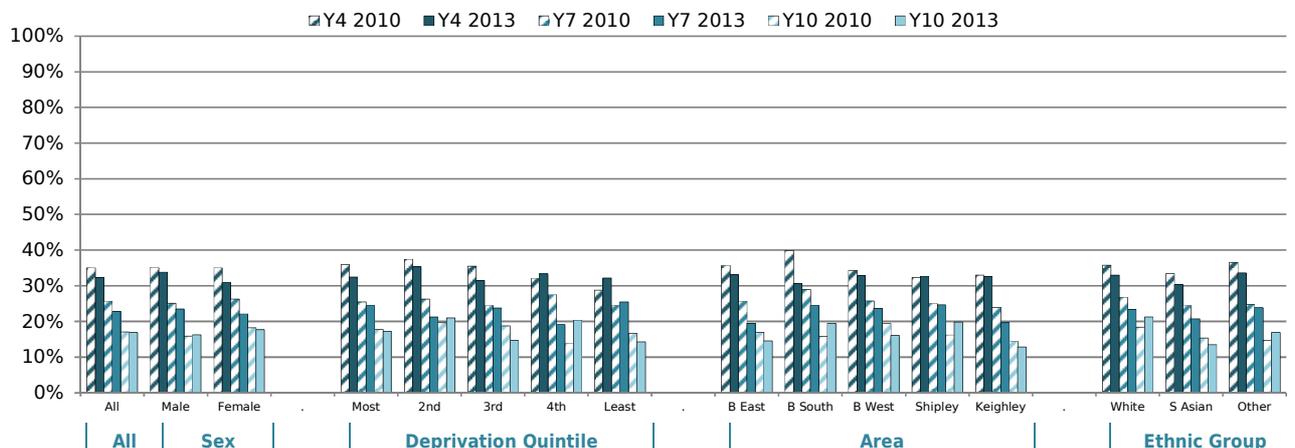


Table 66: Percentage of pupils in 2012-13 who reported being bullied at school in the last 12 months, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	32%	34%	31%	32%	35%	31%	33%	32%	33%	31%	33%	33%	33%	33%	30%	34%
Year 7	23%	24%	22%	24%	21%	24%	19%	26%	19%	25%	24%	25%	20%	23%	21%	24%
Year 10	17%	16%	18%	17%	21%	15%	20%	14%	15%	20%	16%	20%	13%	21%	13%	17%

32% of Year 4 pupils say they have been bullied at school in the last 12 months; this figure falls to 23% in Year 7 and 17% in Year 10.

- ✕ The 2012-13 figures for being bullied at school in the last 12 months were a little lower than those from 2009-10 (Year 4 35% → 32%).

Prior to this question, a list of aggressive or bullying behaviours was offered to secondary pupils who were asked to report how often they have experienced any of these behaviours in the month before the survey.

It is important to note that these questions or experiences are not here labelled as 'bullying'. A pattern of deliberate repeated behaviour from the same individual or group *with intent* to upset the person who is the subject of these actions would undoubtedly constitute bullying, but that is a step or three beyond the question as asked.

The most common sorts of bullying or aggressive behaviours reported were *teasing* and *name-calling*, with *being pushed or hit for no reason* a clear third.

Table 67: Percentage of **secondary** pupils in 2012-13 who reported often or very often experiencing types of bullying/aggression in the last month, by year group.

	Year 7	Year 10
Being teased/made fun of	27%	27%
Called nasty names	27%	24%
Received nasty/threatening text message	4%	6%
Received nasty/threatening e-mail	2%	4%
Received nasty/threatening message in a chatroom	5%	7%
Seen nasty things written about you online	4%	8%
Pushed/hit for no reason	18%	14%
Had belongings taken/broken	8%	7%
Been threatened for no reason	9%	8%
Been asked for money	2%	3%
Been ganged up on	10%	9%
Other	4%	3%
None of the above (or missing data)	56%	59%

There are a number of differences by age in this table: Year 7 pupils were more likely than those in Year 10 to report being called nasty names or being pushed/hit. Year 10 pupils were more likely than those in Year 7 to report 'cyber-bullying' by 'phone or computer.

- Year 10 males in Bradford were less likely to report being teased/made fun of than were males of the same age in the England sample (the reverse was found in 2009-10).
- Year 10 females in Bradford were less likely to have been asked for money than were females of the same age in the England sample (as found in 2009-10).

There is a lot of detail available here, which becomes less than easily manageable once the sample is subdivided by year group, sex, quintile, area and ethnicity. To provide a single short table, a breakdown is given of responses from just Year 7 pupils:

Table 68: Percentage of pupils in **Year 7** in 2012-13 who reported various experiences of bullying/aggression at least **often** in the last month, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Teased	27%	27%	28%	26%	26%	30%	32%	34%	22%	30%	24%	30%	31%	31%	21%	27%
Names	27%	26%	28%	27%	26%	31%	29%	35%	20%	31%	28%	30%	25%	29%	22%	29%
Text	4%	3%	5%	3%	5%	5%	5%	4%	3%	4%	4%	5%	2%	4%	2%	4%
Email	2%	2%	2%	2%	2%	1%	4%	2%	2%	1%	3%	2%	1%	2%	2%	1%
Chatroom	5%	4%	5%	3%	9%	5%	7%	5%	4%	5%	5%	5%	4%	5%	3%	4%
Online	4%	4%	5%	3%	9%	4%	7%	4%	4%	3%	4%	7%	3%	5%	3%	3%
Pushed/hit	18%	22%	15%	17%	18%	22%	22%	19%	14%	19%	18%	19%	20%	20%	16%	18%
Belongings	8%	10%	7%	7%	7%	10%	16%	12%	6%	9%	8%	9%	9%	10%	6%	9%
Threats	9%	11%	7%	9%	12%	9%	10%	5%	9%	9%	10%	8%	7%	8%	8%	9%
Money	2%	3%	1%	2%	2%	3%	4%	3%	2%	1%	3%	3%	2%	3%	2%	1%
Ganged	10%	10%	10%	10%	12%	10%	10%	13%	8%	12%	8%	11%	11%	11%	8%	11%
Other	4%	3%	4%	4%	4%	4%	4%	5%	4%	2%	3%	5%	4%	4%	4%	4%
NONE	56%	56%	55%	56%	58%	51%	50%	50%	64%	51%	58%	52%	54%	51%	63%	56%

Among these Year 7 pupils:

- Those in the least deprived quintile were the most likely to report being teased (also found in 2009-10); those in the 2nd most deprived quintile were also likely to report being ganged up on (just as in 2009-10) and to report cyber-bullying.
- Those in the most deprived quintile were the least likely to report receiving nasty or threatening text messages; this may be in part because they were the least likely to be using this technology.
- Young people with a South Asian ethnic background were the least likely to say they have been teased or called names.

Pupils were then asked if they thought they were being bullied or picked on for any reason (no time period was specified for this question). The headline figures for each year group were as follows:

Table 69: Percentage of pupils in 2012-13 who reported being bullied or picked on for different reasons, by year group

2012-13	Year 4	Year 7	Year 10
Your size or weight	20%	14%	15%
The way you look	27%	16%	16%
The clothes you wear	9%	3%	6%
Your race, colour or religion	0%	5%	7%
Your sexuality	12%	3%	5%
A disability	0%	2%	3%
Other	5%	2%	2%
None of the above (or missing data)	7%	5%	4%

The most common reasons perceived for being picked on or bullied were size/weight and appearance.

Pupils in Year 4 were more likely than older children to report being bullied or picked on for *The way you look* or *The clothes you wear*.

- Year 10 females in Bradford were more likely to be picked on or bullied because of the way they look than were females of the same age in the England sample (as found in 2009-10).

Again, there is a lot of detail available here to be subdivided, which can perhaps be more easily examined by looking at a single year group:

Table 70: Percentage of Year 7 pupils in 2012-13 who reported being bullied or picked on for different reasons, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group			
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other	
Year 7																	
Weight	14%	16%	13%	13%	17%	18%	20%	14%	12%	13%	16%	18%	12%	15%	14%	10%	
Looks	16%	14%	19%	17%	18%	19%	19%	18%	14%	16%	16%	20%	15%	17%	15%	16%	
Clothes	3%	3%	4%	3%	4%	3%	4%	5%	2%	3%	3%	4%	3%	4%	3%	1%	
Colour/Race	5%	6%	5%	7%	4%	4%	2%	2%	6%	5%	5%	4%	6%	1%	8%	10%	
Religion	3%	4%	3%	4%	1%	3%	2%	1%	4%	2%	4%	4%	2%	1%	6%	3%	
Sexuality	2%	2%	1%	2%	2%	2%	1%	0%	2%	2%	1%	2%	1%	1%	2%	3%	
Disability	2%	2%	1%	2%	0%	3%	2%	1%	1%	1%	2%	2%	3%	2%	1%	1%	
Other	5%	4%	5%	5%	5%	4%	4%	5%	6%	3%	5%	4%	4%	5%	5%	6%	

- It perhaps comes as no surprise to discover that pupils with a White ethnic background were much less likely to report being picked on or bullied for reasons of race, colour or religion (just as in 2009-10). Differences in reporting this reason between quintiles and areas may flow from this fact.
- Young people with a White ethnic background were more likely to report being picked on because of the way they look.
- The difference was not large in absolute terms, but males were more likely than females to report being bullied over their sexuality (just as in 2009-10).

Primary school pupils were asked, if they ever feel afraid to go to school because of bullying. In this question bullying is not defined, but a judgement might be that if they feel afraid to go to school because of this bullying with any frequency, then it is likely to be having an impact on the quality of their school experience.

Table 71: Percentage of **primary** pupils in 2012-13 who feel afraid to go to school because of bullying at least sometimes, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Year 4	44%	37%	50%	44%	46%	43%	46%	40%	44%	42%	45%	43%	42%	44%	41%	42%

44% of Year 4 pupils say they were at least sometimes afraid to go to school because of bullying.

- ♀ Among these Year 4 pupils, females were more likely to feel afraid to go to school because of bullying at least sometimes than their peers.

Secondary school pupils were also asked if their school takes bullying seriously, and over half thought so.

Table 72: Percentage of **secondary** pupils in 2012-13 who think their school takes bullying seriously, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Year 7	68%	68%	67%	66%	70%	72%	61%	82%	67%	73%	55%	76%	71%	73%	65%	64%
Year 10	49%	50%	48%	45%	54%	57%	62%	76%	46%	51%	39%	65%	46%	58%	44%	46%

- ♀ Males were slightly more likely than females to think that their school takes bullying seriously (a less pronounced difference than in 2009-10). (Females were not more likely to deny this view, but were more likely to say they were not sure.)
- ▣ Pupils in the least deprived quintiles were the most likely to say their school takes bullying seriously.

9.2 Staying safe

Perceived safety

Pupils in secondary schools were asked to rate the safety of different aspects of their neighbourhood. The options were *very good*, *good*, *OK*, *poor* and *very poor*.

Table 73: Percentage of pupils in 2012-13 who reported their safety as being **good** or **very good**, by year group.

2012-13	Year 7	Year 10
Your safety when going out after dark	41%	37%
Your safety when going out during the day	74%	69%
Your safety at school	71%	63%
Your safety when going to and from school	67%	63%
None of the above (or missing data)	17%	20%

Because of the 'OK' option, we cannot subtract these percentages from 100% to obtain the 'poor or very poor' figure.

About 70% of secondary pupils thought that their safety going out during the day was good, but when thinking about going out after dark, this proportion was just over a third.

The figure for the England reference sample for going out during the day was 85%, and for after dark was 50%. This suggests that perceived neighbourhood safety is rather lower in Bradford than in the reference sample.

Pupils in Year 7 were a little more likely than those in Year 10 to think the safety of their area was good when going out during the day and more likely too to rate their safety at school as good.

Responses are given below just for the Year 10 pupils, this time focussing on those who thought safety was poor:

Table 74: Percentage of **Year 10** pupils in 2012-13 who think safety is **poor** or **very poor**, by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Dark	24%	22%	26%	29%	21%	17%	11%	5%	31%	27%	26%	16%	17%	26%	23%	25%
Day	6%	8%	5%	8%	6%	3%	1%	0%	9%	8%	6%	3%	6%	6%	7%	6%
School	8%	11%	6%	9%	6%	7%	2%	2%	11%	8%	10%	5%	7%	7%	10%	9%
Journey	8%	9%	6%	9%	9%	6%	2%	5%	11%	8%	8%	5%	6%	7%	8%	9%
NONE	71%	72%	71%	66%	74%	79%	87%	93%	62%	69%	69%	81%	79%	70%	72%	71%

Among these Year 10 pupils:

- ♀ Males were more likely than females to think their safety at school was poor, but a little less likely to rate as poor their safety going out after dark (both also found in 2009-10).
- ▣ Young people in the most deprived quintile were rather more likely to think their safety going out after dark was poor; not many pupils thought the same about going out during the day, but among those that did, there were more in the most deprived quintiles.
- 📍 Bradford East was the area where pupils were the most likely to say that their safety going out after dark was poor.
- Year 10 pupils in Bradford were more likely to rate as poor their safety when going out after dark than were pupils of the same age in the England sample.

Experience of crime and carrying protection

These questions were asked of secondary pupils only.

Less than 10% of secondary pupils had been the victim of violence or aggression in the area where they live in the last year.

Chart 20: Percentage of **secondary** pupils in 2012-13 who have been the victim of violence or aggression in the area where they live in the last year, by year group and by sex, deprivation quintile, area, and ethnicity.

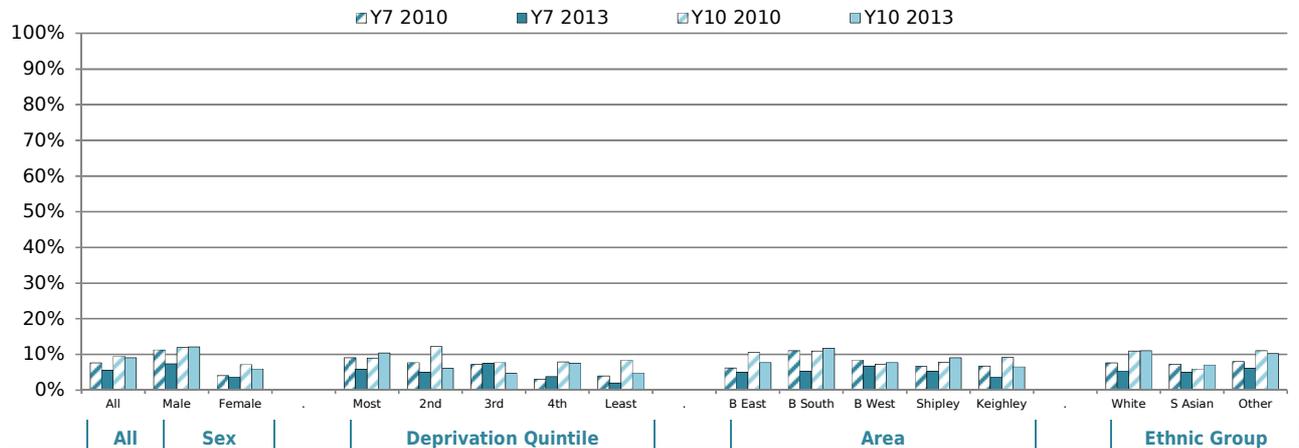


Table 75: Percentage of **secondary** pupils in 2012-13 who have been the victim of violence or aggression in the area where they live in the last year, by year group and by sex, deprivation quintile, area, and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	5%	7%	4%	6%	5%	7%	4%	2%	5%	5%	7%	5%	4%	5%	5%	6%
Year 10	9%	12%	6%	10%	6%	5%	8%	5%	8%	12%	8%	9%	6%	11%	7%	10%

- Pupils in Year 10 were more likely than their peers to report having been the victim of violence or aggression in the area where they live if they were male, from the most deprived quintile, or from Bradford South; it was less likely if they were from a South Asian background (all very much as in 2009-10).

Table 76: Percentage of **secondary** pupils in 2012-13 who ever carry weapons or anything else for protection when going out, by year group and by sex, deprivation quintile, area, and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 7	8%	12%	4%	8%	10%	6%	7%	4%	10%	8%	11%	6%	5%	7%	8%	9%
Year 10	9%	14%	4%	7%	7%	9%	5%	5%	9%	10%	10%	7%	6%	7%	9%	13%

Less than 10% of secondary pupils ever carry a weapon or something else for protection when going out.

- Pupils were more likely to say they carried a weapon or something else for protection if they were male, or from ethnic groups other than White or South Asian (just as in 2009-10).

Pupils were asked to say what it was that they carried, as some thought that a mobile phone was worth mentioning; the single most common type of offensive weapon mentioned was a knife or other weapon with a blade.

9.3 Safety using mobile phones and the Internet

This section was re-designed for the 2012-13 survey, as a series of tick boxes. The Year 4 questionnaire had a shorter list. The table below gives an overview:

Table 77: Percentage of pupils in 2012-13 answering yes to a series of questions about the Internet, by year group.

2012-13	Year 4	Year 7	Year 10
Who do you communicate with (chat or message) online?			
Friends and family.....	74%	80%	88%
People I have met online and I don't know in real life.....	11%	7%	17%
How do you communicate with other people online?			
Social networks (such as Facebook, MySpace, Twitter)	17%	46%	76%
Instant Messaging (IM) (such as MSN, Yahoo messenger).....	11%	27%	29%
E-mail	21%	31%	22%
Chat rooms.....	10%	10%	7%
Blogs.....	6%	4%	3%
Forums	0%	2%	3%
Using a webcam (video chat on MSN Skype or Facetime).....	28%	32%	31%
Through online games.....	33%	23%	20%
Other (please tick and write below).....	6%	4%	3%
Have you ever experienced the following when online?			
People saying or writing unpleasant things about you (with words, pictures or video).....		10%	15%
People bullying you		7%	7%
Pictures, videos or games with violence you found upsetting.....		5%	7%
Sexually explicit images, videos or games		4%	13%
Posting or sending something online you now wish you hadn't (text, images, videos).....		5%	10%
People who you have not met in the real world wanting to meet you		5%	16%
Meeting someone in the real world you had previously only met online.....		4%	10%
Have you been taught about or been given advice about these things?			
Appropriate use of social media (such as Facebook & Twitter)		58%	61%
Spending too much time online or gaming.....	41%	42%	41%
Sharing your personal information online	40%	50%	51%
Identity theft (incl. 'fraping', i.e using someone's account while they are still logged in) ..		30%	35%
Spam (emails or other messages from companies or people you don't know)		33%	34%
Phishing (trying to get your information by pretending to be someone you can trust)		25%	27%
Viruses (and how to deal with misleading pop-ups)		36%	37%
Copyright and plagiarism		27%	33%
Sexual, violent or other content that makes you feel upset or uncomfortable		28%	33%
Being bullied online or cyberbullying	43%	43%	42%
Communicating with people you have only met online.....		35%	36%
Sexting (sending sexually explicit text messages or nude/sexual pictures or videos).....		22%	30%
Being approached online by adults who want a sexual encounter or relationship		23%	29%
CEOP's "Report Abuse" buttons (below)	21%	28%	28%



Communication online with friends and family increases in prevalence with age. 'Communication online' may include communication in online games, as reported by 33% of Year 4 pupils.

7% of secondary school pupils said they had been bullied online.

The last part of the question may comprise an online safety curriculum.

Half of secondary school pupils said they had been told about sharing personal information online, but the proportions reporting being taught about specific issues like online bullying or 'sexting' were all lower (e.g. taught about 'sexting': Year 7 22%, Year 10 30%).

Internet and mobile phone safety

The headline figures for this section of the list have been broken down for Year 10 pupils only; the item descriptions in the table have been abbreviated.

Table 78: Percentage of **secondary** pupils who reported various experiences with mobile phones/Internet by sex, deprivation quintile, area, and ethnicity.

2012-13	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	BEast	BSouth	BWest	ShIPLEY	KEIGHLEY	White	SAsian	Other
Year 7																
People saying nasty things about you	10%	10%	10%	9%	14%	10%	5%	13%	8%	11%	10%	10%	10%	12%	8%	8%
People bullying you	7%	6%	8%	7%	9%	9%	4%	7%	7%	7%	7%	9%	5%	8%	6%	6%
Violence you found upsetting	5%	5%	5%	4%	6%	4%	6%	8%	4%	6%	4%	5%	5%	6%	4%	3%
Sexually explicit images or games	4%	4%	4%	4%	6%	5%	1%	7%	3%	6%	4%	6%	4%	5%	3%	5%
Posting something you wish you hadn't	5%	5%	6%	5%	9%	7%	5%	6%	4%	7%	6%	5%	5%	6%	5%	5%
People wanting to meet you	5%	4%	6%	5%	7%	5%	4%	5%	4%	7%	5%	6%	4%	5%	4%	7%
Met someone IRL first met online	4%	5%	4%	4%	8%	7%	1%	1%	3%	4%	6%	3%	4%	4%	6%	4%
Year 10																
People saying nasty things about you	15%	12%	<u>19%</u>	15%	19%	17%	18%	16%	13%	<u>17%</u>	14%	18%	13%	19%	<u>11%</u>	18%
People bullying you	7%	6%	9%	7%	8%	8%	6%	5%	6%	<u>10%</u>	6%	9%	7%	9%	<u>6%</u>	10%
Violence you found upsetting	7%	6%	8%	7%	6%	8%	8%	2%	6%	<u>9%</u>	6%	7%	8%	8%	<u>5%</u>	11%
Sexually explicit images or games	13%	13%	12%	11%	11%	16%	9%	16%	6%	<u>19%</u>	9%	17%	12%	15%	<u>8%</u>	18%
Posting something you wish you hadn't	10%	8%	12%	10%	10%	8%	10%	14%	9%	<u>12%</u>	8%	<u>12%</u>	9%	13%	<u>8%</u>	10%
People wanting to meet you	16%	11%	<u>21%</u>	16%	16%	15%	12%	20%	12%	<u>19%</u>	15%	16%	14%	20%	<u>11%</u>	19%
Met someone IRL first met online	10%	11%	10%	12%	9%	9%	4%	7%	10%	11%	<u>12%</u>	9%	7%	9%	<u>12%</u>	12%

Among the Year 10 pupils:

- ♀ Females were more likely to have seen a nasty message or statement about them and to have been bullied.
- 📍 Pupils from Bradford South were scored highest for many items.
- 🧩 Young people with a S Asian ethnic background scored lowest for all items.

9.4 Accidents

Accidents	
Rationale	Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. The World Health Organisation (WHO 2006) states that by 2020 injury will be the largest single reason for loss of healthy human life years. Injury prevention is rising up the national agenda with the inclusion of unintentional injury prevention featuring in the strategy for public health, 'Healthy Lives, Healthy People', 2010, the Public Health Outcomes Framework and also with the publication of NICE guidance on preventing unintentional injuries among under 15's. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The public health strategy 'Healthy Lives, Healthy People' (2010) highlighted the need to reduce road injuries in children and address the "strong social and regional variations". The questions asked in this section identify the practices of young people in terms of road safety whilst travelling in vehicles and considers ethnicity, age and deprivation factors.
Indicators	1.10 Killed and seriously injured casualties on England's roads. 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years.

Pupils were asked how often they wear a seatbelt when travelling in a car or van; over two-thirds say they always do so.

Chart 21: Percentage of pupils who **always** wear a seatbelt in a car or van by year group and by sex, deprivation quintile, area, and ethnicity.

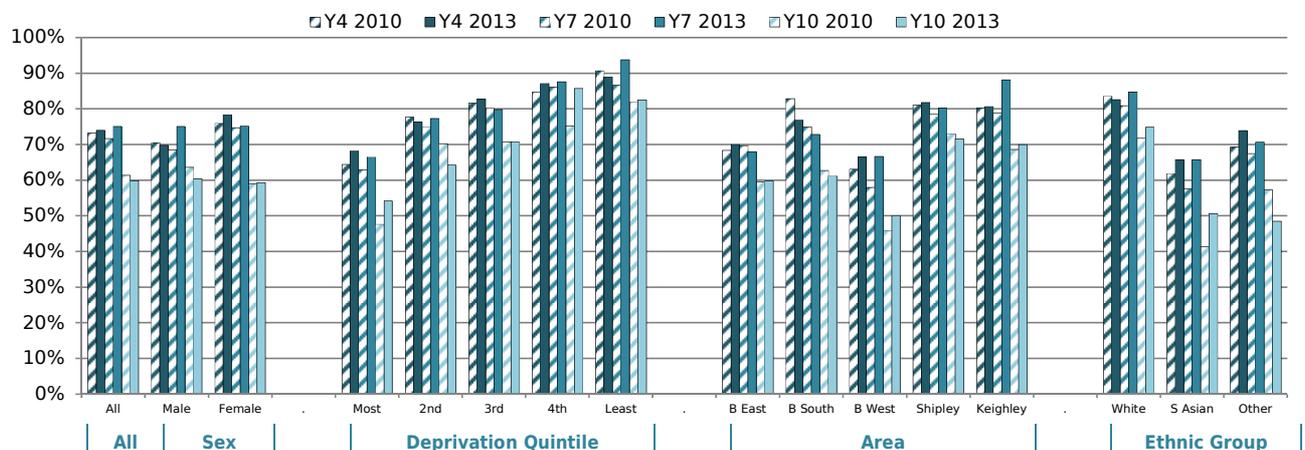


Table 79: Percentage of pupils who **always** wear a seatbelt in a car or van by year group and by sex, deprivation quintile, area, and ethnicity.

	All		Sex		Depr. Quintile					Area					Ethnic Group		
	Male	Female	Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
Year 4	74%	78%	70%	78%	68%	76%	83%	87%	89%	70%	77%	67%	82%	81%	83%	66%	74%
Year 7	75%	75%	75%	75%	66%	77%	80%	88%	94%	68%	73%	67%	80%	88%	85%	66%	71%
Year 10	60%	59%	60%	59%	54%	64%	71%	86%	83%	60%	61%	50%	72%	70%	75%	51%	49%

- Pupils in Year 10 were less likely than younger pupils to say they always wore a seatbelt in a car or van.
- ▣ Young people in the least deprived quintiles were the ones most likely always to wear a seatbelt in a motor vehicle.

Young people with a S Asian background were the least likely always to wear a seatbelt in a motor vehicle

Children under 4'5" tall are required by law to use a booster seat.

Year 4 pupils were asked for their height and their practice in motor vehicles, and derived the proportion who should use such a seat but do not; this was more than 10% (but lower than the proportion found in 2009-10).

Chart 22: Percentage of primary pupils in 2009-10 and 2012-13 who should use a booster seat but do not, by sex, deprivation quintile, area, and ethnicity.

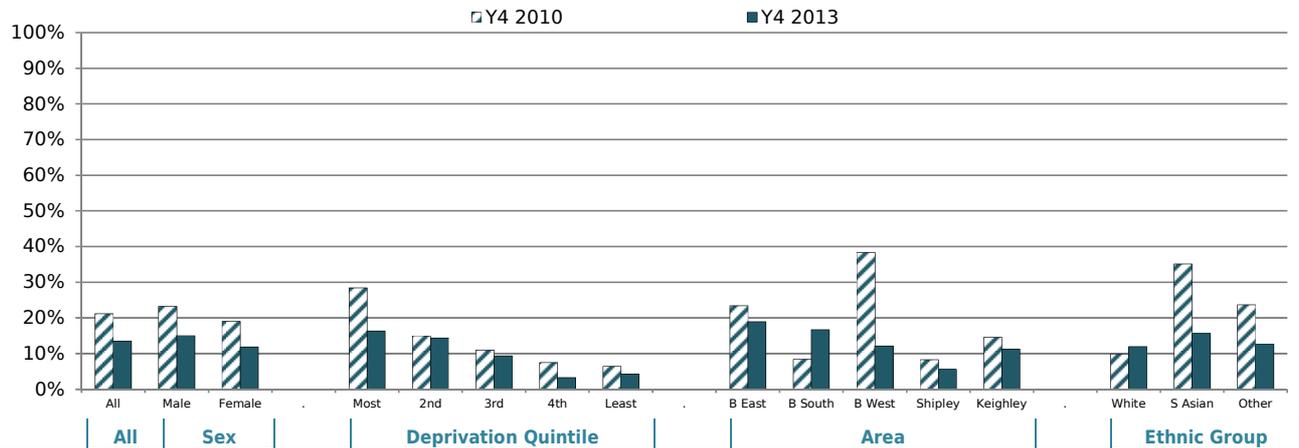


Table 80: Percentage of primary pupils in 2009-10 and 2012-13 who should use a booster seat but do not, by sex, deprivation quintile, area, and ethnicity.

Year 4	Sex		Depr. Quintile					Area					Ethnic Group		
	Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
2009-10	21%	19%	28%	15%	11%	8%	6%	23%	8%	38%	8%	15%	10%	35%	24%
2012-13	14%	12%	16%	14%	9%	3%	4%	19%	17%	12%	6%	11%	12%	16%	13%

- Pupils from Year 4 in the most deprived quintile were those most likely to refrain from use of a booster seat when such use was required (just as in 2009-10).

10 Enjoy and achieve

Enjoy and achieve	
Rationale	Parents of children of compulsory school age (aged 5 to 15 at the start of the school year) are required to ensure that they receive a suitable education by regular attendance at school or otherwise. Education attainment is influenced by both the quality of education they receive and their family socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities. Improving attendance (i.e. tackling absenteeism) in schools is crucial to the Government's commitment to increasing social mobility and to ensuring every child can meet their potential. Improving school attendance will require all services that work with young people to agree local priorities. Young people's understanding of regular attendance at school was asked in the survey.
Public Health Outcome Indicators	<p>1.03 Pupil absence (to include: all dependent children under 20 years, all dependent children under 16 years)</p> <p>1.06 Rate of 16-18 year-olds not in education, employment or training</p>

Absence from school

Secondary school pupils were asked if they think it is important to go to school regularly; 89% of the sample assented.

Chart 23: Percentage of **secondary** pupils in 2009-10 and 2012-13 who think it is important to go to school regularly, by year group and by sex, deprivation quintile, area, and ethnicity.

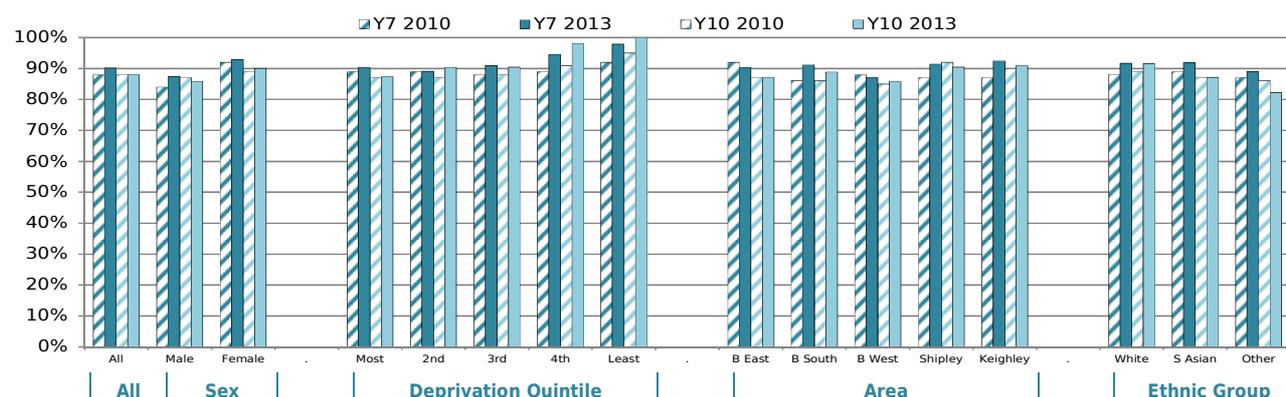


Table 81: Percentage of **secondary** pupils in 2009-10 and 2012-13 who think it is important to go to school regularly, by year group and by sex, deprivation quintile, area, and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	Shipley	Keighley	White	S Asian	Other
2009-10																
Year 7	88%	84%	92%	89%	89%	88%	89%	92%	86%	88%	87%	87%	88%	89%	87%	
Year 10	88%	87%	89%	87%	87%	88%	91%	95%	87%	86%	85%	92%	90%	89%	87%	86%
2012-13																
Year 7	90%	87%	93%	91%	88%	91%	95%	98%	90%	91%	87%	91%	92%	92%	92%	89%
Year 10	88%	86%	90%	89%	93%	91%	98%	100%	87%	89%	86%	90%	91%	92%	87%	82%

- Pupils were more likely to agree that it is important to go to school regularly if they were female and/or from the least deprived quintile, but the differences were not large.

Table 82: Percentage of **primary** pupils in 2012-13 whose parents **always** know if they are away from school, by sex, deprivation quintile, area, and ethnicity.

	All	Sex		Depr. Quintile					Area					Ethnic Group		
		Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Year 4	87%	84%	90%	87%	88%	88%	91%	93%	84%	86%	88%	89%	91%	87%	88%	83%

Pupils in Year 4 were asked if their parents always know if they are away from school; again, there was a large majority saying yes, with females being more likely to agree than were males.

11 Making a positive contribution

Participation

The 2012-2013 survey included a pair of questions directly about opportunities for participation, which was to ask if they knew who was their School Council representative, and then asking if they knew how to contact them.

17% of Year 7 pupils and 14% of Year 10 pupils knew who was their School Council representative, with slightly fewer knowing how to contact them.

Chart 24: Percentage of **secondary** pupils in 2009-10 and 2012-13 knew who was their School Council representative, by year group and by sex, deprivation quintile, area, and ethnicity.

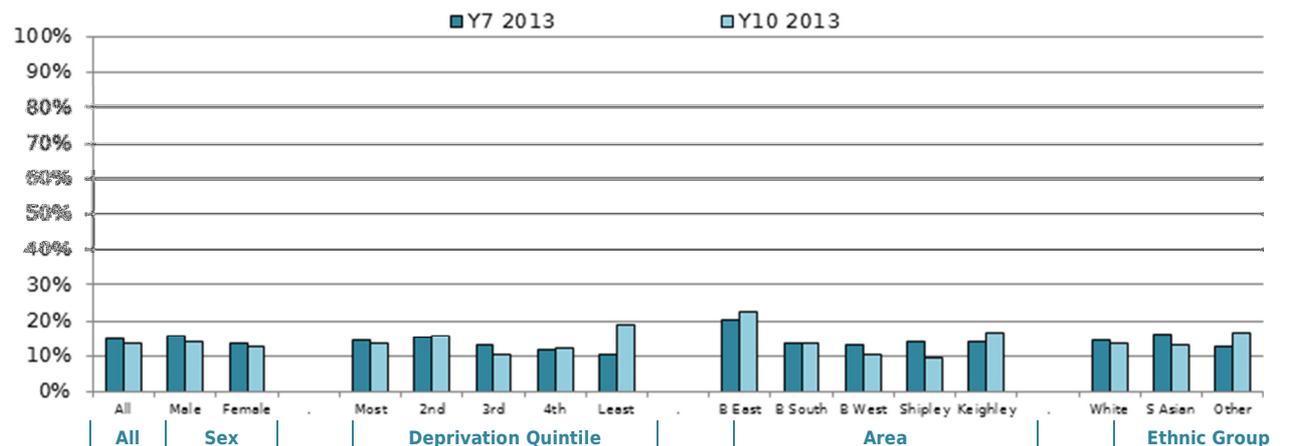


Table 83: Percentage of **secondary** pupils in 2012-13 who knew who was their School Council representative, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	Sex		Depr. Quintile					Area					Ethnic Group		
	Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Year 7	17%	17%	17%	17%	14%	18%	15%	32%	13%	13%	13%	17%	19%	15%	
Year 10	14%	14%	14%	17%	13%	13%	20%	26%	13%	9%	11%	18%	14%	15%	16%

Table 84: Percentage of **secondary** pupils in 2012-13 who knew how to contact them, by year group and by sex, deprivation quintile, area, and ethnicity.

2012-13	Sex		Depr. Quintile					Area					Ethnic Group		
	Male	Female	Most	2nd	3rd	4th	Least	B East	B South	B West	ShIPLEY	Keighley	White	S Asian	Other
Year 7	15%	16%	14%	15%	16%	13%	12%	10%	20%	13%	13%	14%	14%	15%	16%
Year 10	14%	14%	13%	13%	16%	11%	12%	19%	23%	14%	10%	9%	17%	14%	13%

- Year 10 pupils were most likely to know who their School Council representative was, if they lived in Bradford East or in Keighley.

In 2009-10, these areas were the ones most likely to report knowledge of the Bradford and Keighley Youth Parliament (now not in operation).

Year 10 males and females in Bradford were more likely to want to find a job as soon as possible than were pupils of the same age/sex in the England sample (just as in 2009-10).

Year 10 males and females in Bradford were less likely to want to take up an apprenticeship than were pupils of the same age/sex in the England sample (just as in 2009-10).

13 Reducing inequalities

The body of the report above has taken the same approach in analysis of inequalities as in 2009-10: looking at sex, deprivation, area and ethnicity.

Other dimensions of inequalities can be experienced. These other dimensions can of course consequences on lifestyle but also on, for example, the original list of inequalities such as deprivation, and deprivation may then affect pupils' experience of that dimension of inequality. For example, single parenthood may create difficulties in employment and/or housing for the carer.

So, other groups were examined in the data set that may be experiencing particular difficulty or discrimination. These were:

- (a) those in the most deprived quintile,
- (b) young people experiencing long-term illness or disability,
- (c) those with special educational needs,
- (d) young people with a South Asian background,
- (e) those qualifying for Free School Meals,
- (f) young people who were carers,
- (g) those in a single parent family
- (h) young people in foster or residential care,
- (i) those not in own home,
- (j) young people who identified as Lesbian, Gay, Bisexual or Transgender (LGBT).

These were found in the sample with the following frequencies:

Table 86: Percentages in 2012-13 in each inequality group, by year group

2012-13	Most deprived	Long-term illness/disabled	SEN	S Asian	Free School Meals	Young carer	Single parent family	YP in care	Not in own home	LGBT
Year 4	2019	554	506	1463			292	19		
	43%	12%	11%	31%			6%	<1%		
Year 7	1094	245	152	755	411	150	158	8	50	
	46%	10%	6%	32%	17%	6%	7%	<1%	2%	
Year 10	1054	188	127	910	449	118	126	17	42	101
	45%	8%	5%	39%	19%	5%	5%	1%	2%	4%

Certain questions were asked only of older pupils.

Some key lifestyle variables were selected from across the survey and the prevalence in each group discovered, shown in the following table. (For the full wording of the questions and their context, please refer to the main body of the report.) The results for the whole Year 10 sample are shown in the first column of figures, all shown with tone background. So, in the first column we see that 15% of all Year 10 pupils said they had nothing to eat for breakfast on the morning of the survey (first row). If we looked at just Year 10 pupils with a South Asian background, the figure was lower, at 12%.

These results were then tested for statistical significance of differences, when compared with the whole Year 10. The South Asians' 12% was found to be significantly different to the 15% for the whole group, and so is shown in **bold** and with an asterisk(*). Not all the differences in these vulnerable groups were in a direction to cause concern, as with this example; variables on which a higher frequency would be judged positive are shown in **colour** and differences judged positive are also shown in **colour** in the upper part of the table.

Table 87: Percentages in Year 10 students in 2012-13 in each inequality group responding to a range of lifestyle questions

2012-13 Figures are percentages	All Y10	Most deprived	Long-term illness/disabled	SEN	S Asian	Free School Meals	Young carer	Single parent family	YP in care	Not in own home	LGBT
5-a-day	10	9	9	7	9	10	*16	12	13	10	15
Intend breastfeeding	33	33	33	34	35	29	36	36	30	22	40
Know where to get free condoms	47	**39	42	43	**27	47	43	*60	69	32	**68
Health of teeth good	66	63	67	59	65	65	69	61	69	69	67
7 days' physical exercise	8	8	12	9	6	10	9	8	6	5	10
7 days' hard exercise	5	5	8	5	4	6	5	5	6	3	4
Intend post-16 education	62	64	56	*45	67	62	56	55	66	64	64
No breakfast	15	15	14	14	*12	**20	*22	19	19	22	**26
Regular smoker	10	9	9	13	**6	11	**19	10	*29	*21	**20
Tried shisha	21	22	19	*30	22	24	29	20	38	32	24
Alcohol the week before the survey	18	**11	17	21	**3	**12	15	**34	12	10	**33
Drunk last month	19	**12	16	15	**2	**12	15	**41	13	11	**34
Used cannabis	14	12	15	17	**9	13	18	20	*33	11	*23
Used other drugs	5	4	5	*9	**2	5	7	6	8	10	**11
Know a drug user	31	*27	29	30	**25	28	34	*41	31	18	**46
Trouble finding NHS dentist	7	*9	6	8	8	9	**14	6	6	13	8
Bullied in last year	17	17	**28	**27	**13	*21	24	21	33	27	**41
Worry quite a lot about something	78	82	77	74	83	80	89	74	89	70	86
Poor safety after dark	38	**31	39	33	39	38	36	38	42	55	29
Victim of violence/aggression	9	10	**15	**17	*7	11	14	13	6	5	14
Seatbelt never	32	*36	26	28	**40	36	31	30	23	21	28
N	2338	1054	188	127	910	449	118	126	17	42	101

220 independent χ^2 tests: * $p < 0.05$ ** $p < 0.01$ *99=positive change

In the inequality analysis, the three groups of young people with the greatest number of significant differences in lifestyle when compared with the whole Year 10 sample were the LGBT group, those in the most deprived quintiles and those of South Asian origin. The differences shown by the South Asian group were largely positive, but the other two groups give cause for concern.

Some technical points:

- Some small differences may be assigned a lower probability level than a larger difference, when looking across the rows; in these cases, the lower probability is associated with a larger sample size. The Children in Care group is just 17, which is really too small to use χ^2 and so the exact probabilities were calculated.
- There are 10 groups and 22 variables, making 220 tests (χ^2 was used), and so 11 such tests can be expected to turn up as apparently significant at the 0.05 level by chance alone. There were 48 differences at this level that can be seen on the table, so here are also indicated which findings pass the 0.01 level. 32 results turn up at this level, when the expected number would be just two.

14 Conclusions

Overall, 9,372 pupils took part in the Bradford district lifestyle survey and 69% of schools with Years 4, 7 and 10 completed the survey. This high response rate means we have a robust statistical sample from which to draw conclusions. The sample was representative of the diversity of Bradford district's neighbourhoods and ethnic mix. Overall, 69% of schools took part, 111 primary schools and 21 secondary schools; these were 70% of the primary schools and 64% of the secondary schools available. This survey provided a rich source of information about children in the district that will be used to inform planning and commissioning services in coming years.

Compared with young people completing similar surveys from other parts of England, Year 10 pupils in Bradford were more ethnically diverse and were more deprived. They had a poorer diet, were less likely to drink alcohol, and were more likely to know a drug user.

This snapshot of pupils in Bradford district showed some marked differences between young people of different age groups. We found a general increase in higher-risk health behaviours and a decline in more positive behaviours as young people progressed from Year 4 through Year 7 to Year 10.

Many of the notable differences between groups emerged for Year 10 children. In this age group, pupils from the most deprived postcodes were less likely to eat breakfast or have three meals a day, to wear a seatbelt in the car or to actively take care to avoid sexually transmitted infections. They were more likely to drink alcohol and to be the victim of aggression or violence.

Ethnicity is a key factor in shaping the lifestyle of young people. A higher proportion of South Asian pupils live at home than the White group. They were more likely to support breastfeeding and to seek full-time post-compulsory education. They were also less likely to use alcohol, to be a regular smoker or to have taken drugs recently. However, use of seatbelts in the car was lower than in White or other ethnic groups.

The district wide use of alcohol was lower than the rate in a country wide reference sample. A contributory factor to this may be the lower levels of reported drinking of alcohol by pupils from a South Asian background.

When compared with the 2009-10 study, we have found slightly more positive shifts in behaviour than negative ones; however, some lifestyle behaviours such as smoking have shown little change.

We hope that this report will help a variety of key strategic groups to plan services and interventions aimed at tackling obesity, smoking, alcohol and substance misuse in young people, as well as improving their emotional health, personal safety and long term outcomes.

To support the information in this report we will be disseminating more detailed analysis to a variety of groups. Each participating school has received a report about the children that took part in their school. Additional data tables summarising questionnaire responses will also be supplied to schools. These reports will help schools to identify their key health priorities, develop the School Health Plan, gather pupil perspectives and undertake pupil health needs assessments. We will also analyse the data further where specific analysis is required in planning services in relation to key priority areas.

Recognising the way in which schools and local services are planned, we have compiled lifestyle information by *area* and by *locality*. Reports will be distributed to support the 14 localities and will support work in schools and communities. Schools that took part in the survey are already using the results of the survey to identify priorities for action. Five constituency area reports have also been produced to assist Area Partnerships target interventions at the groups and areas most in need; the Clinical Commissioning Groups also have a report for their respective areas.

To find out more about the survey please use the contact details in this report or visit the Bradford Observatory Public Health website (<http://www.observatory.bradford.nhs.uk/>). We aim to repeat the survey every three years allowing us to monitor our public health interventions and to respond to emerging new lifestyle issues.

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All links correct at last access attempt, May 2014.

16 Appendix 1: ethnicity question

1 Which of the following best describes your ethnic background? Please tick one box ✓

I don't want to say 88

White background

English 02

Scottish 03

Welsh 04

Other White British * 05

Gypsy/Roma 06

Irish 07

Traveller of Irish Heritage 08

Albanian 09

Czech 10

Greek / Greek Cypriot 11

Kosovan 12

Latvian 13

Lithuanian 14

Polish 15

Slovak 16

Turkish / Turkish Cypriot 17

Other White Eastern European * 18

Other White Western European * 19

Other White background * 20

Mixed background

Asian and White 21

Black African and White 22

Black Caribbean and White 23

Other mixed background * 24

Black background

Somali 25

Other Black African * 26

Caribbean 27

Other Black background * 28

Asian background

Chinese 29

Bangladeshi 30

Indian 31

Pakistani 32

African Asian 33

Other Asian background * 34

Arab background

Afghanistani 35

Iranian 36

Iraqi 37

Kurdish 38

Yemeni 39

Other Arab background * 40

Other Ethnic background * 41

* (please describe in box)

17 Appendix 2: Summary of trends

✘	The proportion of Year 10 students identifying as English was lower in 2012-13 than in 2009-10 (2009-10:58%→2012-13:46%).	27
✘	The proportion of Year 7 pupils which could be allocated to a known postcode and then to a deprivation quintile is rather lower in 2012-13 than in 2009-10 (86%→71%).	29
✘	Reports of having no breakfast were lower among Year 10 students in 2012-13 than in 2009-10 (20%→15%, that is, more pupils had some sort of breakfast).	33
✘	Over two-thirds of pupils were confident that they can cook a healthy meal. There was a small statistically significant drop in this figure since 2009-10.	35
✘	Secondary school pupils in 2012-13 were a little more likely than in 2009-10 to have eaten together as a family on the evening before the survey (a rise of 5 percentage points in both year groups).	36
✘	Pupils were asked on which days they exercised. Compared with 2009-10, each day of the week in 2012-13 is less often reported by pupils as an exercising occasion (at all or for at least an hour, e.g. Year 10 pupils exercising hard for at least an hour on a Saturday went from 27% in 2009-10 to 20% in 2012-13).	45
✘	Reported drug use in 2012-13 is slightly higher than in 2009-10, but this finding may be an artefact of the changed style of question.	57
✘	Figures for Year 10 pupils ever mixing alcohol and drugs were rather lower in 2012-13 than were seen in 2009-10 (9%→3%).	58
✘	Awareness of FRANK services were very much lower in 2012-13 than was seen in 2009-10 (Year 10 76%→52%).	59
✘	Less than 5% ever visit the FRANK website; again the figure is lower than in 2009-10.	59
✘	Among Year 10 pupils, since 2009-10, Tic Tac has risen (5%→7%) and Doctors/Health Centre has declined (8%→3%) in the list of identified sources of free condoms.	64
✘	The proportion of Year 10 pupils aware of a CASH service in 2012-13 is much higher than the proportion found in 2009-10 to be aware of a 'birth control/family planning' service (15%→24%).	65
✘	The 2012-13 figures for being bullied at school in the last 12 months were a little lower than those from 2009-10 (Year 4 35%→32%).	68

18 Appendix 3: Key findings and page numbers

This report summarises results of a survey about the lifestyles and perceptions of children from primary and secondary schools in Bradford District.	15
It was conducted by SHEU during 2012-13, was commissioned by the three local Clinical Commissioning Groups (Airedale, Wharfedale and Craven; Bradford Districts; Bradford City) and was delivered in partnership with the City of Bradford Metropolitan District Council, the School Nursing Service of the Bradford District Care Trust, Schools and other key partners.....	15
The questionnaires were designed by advisers drawn from participating partners, in collaboration with local teachers and SHEU, and were modelled on the questionnaires used in the previous study in 2009-10.	15
N.B. These differences are not independent, as the most deprived areas also have lower proportions of white pupils.	17
The questionnaire was designed by advisers in Bradford in collaboration with local teachers and SHEU..	18
Formal analysis was carried out by the SHEU, mostly using the statistical software package SPSS. Analysis took the form of simple frequency distributions and cross-tabulations, with significance testing used to call attention to particular tables. More detail is given in other parts of the report.	18
Compared with the England sample, children and young people in Bradford District were more deprived and more ethnically diverse.	22
Year 10 pupils in Bradford were more likely to come from a non-white background than were pupils of the same age in the England sample.....	22
Schools were invited to take part in a survey of children and young people in years 4, 7 and 10 (aged 8-9, 11-12, and 14-15 years respectively).	23
Each primary school was asked to sample all available children in those year groups; each secondary school was asked to provide at least 100 young people per year group (about 4 classes) who were a representative cross-section of their school population.	23
Pupils in Bradford were much more likely to live in areas within the most deprived quintile - that is, the most deprived 20% - of all communities in England.	25
Young people with a South Asian background were found much more often in Bradford East and Bradford West.	28
The constituencies with the highest proportion of deprived areas were Bradford East and Bradford West.	28
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About a third of year 10 pupils consume snacks, sweets and/or sugary fizzy drinks on most days. 38

Older pupils were more likely to report consuming fizzy drinks on most days. 19% of young people in Year 4 reported eating fried food on most days. 38

Year 10 males and females in Bradford were more likely to consume fizzy drinks and snacks on most days than were pupils of the same age and sex in the England sample (just as in 2009-10). 39

Over three-quarters of pupils say that they can easily get water at school, but this proportion declines as they get older..... 39

Over half of Year 10 pupils agreed that *breastfeeding is best for mother and baby*, but only about 1/3 intended for their babies to be breastfed. 41

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Almost 2/3 of secondary school pupils think the health of their teeth is at least 'good'. 43

Less than 10% pupils say they last went to the dentist because they were having trouble with their teeth (fewer than in 2009-10)..... 43

The majority of pupils say that they enjoy physical activities at least quite a lot. 44

The majority of pupils in all year groups did at least some hard exercise during the week before the survey; however, only 5% did the recommended minimum of an hour of hard exercise every day during that week. 45

The most common physical activities pupils reported taking part in at least weekly were walking, running, football and keep-fit; at least a quarter of all pupils in each age group reported doing each of these at weekly. 46

- Year 10 males and females were more likely to go for walks than their peers elsewhere (in 2009-10, males were less likely so to do). 46

Smoking experimentation was rare in the younger age ranges and the proportion with a smoking habit was around 1%. In Year 10, about a third of the sample have tried smoking and 10% smoke regularly.. 47

Young people under 18 are not allowed to purchase their own cigarettes, yet 51% of smokers report a shop as being the source of their cigarettes..... 48

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Nearly half of pupils in Year 7 reported there was smoking at home, but this was mostly outside..... 50

Shisha is a colloquial term for tobacco, often flavoured, smoked through a water pipe. This topic was asked about for the first time in 2012-13. 50

About a fifth of secondary school pupils said that they had ever tried smoking shisha. 50

Over ¼ of secondary pupils said that someone in their family smokes shisha. 50

It perhaps comes as no surprise to find that older pupils were more likely to say that they have ever tried alcohol; in Year 10 over 40% of pupils have drunk an alcoholic drink (more than a sip). 51

Year 10 males in Bradford were less likely to have drunk alcohol in the week before the survey than were males of the same age in the England sample (Bradford Y10 males 18%, females 18%; England figures were 39% and 38% respectively; this was also found in 2009-10). If we look at the White group only (32%), this still is lower than in the reference sample (the classification of ethnic groups is explained on page 24). 52

The average number of days that young people reported drinking in the week before the survey was 0.1 in Year 7 and 0.3 in Year 10. Looking at just those young people who drank at all, then the figures become 1.5 and 1.8..... 52

Looking at just those young people who drank at all, then the figures for the average number of days that young people reported drinking in the week before the survey become 1.5 and 1.8. 53

Overall, about a quarter of younger pupils ever drink at home, while 60% of Year 10 pupils ever do so. Among these, most pupils say that their parents/carers always know when they drink alcohol at home; 15% of Year 10 pupils say their parents/carers never know, and 50% of Year 10 pupils say their parents sometimes do not know. 55

Beer, cider and spirits were the most commonly reported drinks among Year 10 pupils. 55

There is no information collected about the amounts consumed, but 18% of Year 10 students reported getting drunk in the last month. 56

Nearly a third of young people in Year 10 say that they were at least fairly sure that they know a user of illegal drugs..... 56

- Year 10 pupils in Bradford were less likely to know a drug user than were pupils of the same age in the England sample (the reverse was found in 2009-10)..... 56

Young people in Year 4 expressed a clear preference for talking about drugs with their parents, but votes for parents were lowest among pupils from South Asian backgrounds and from the most deprived quintiles (also found in 2009-10). 56

14% of Year 10 students had ever used cannabis, 6% once a month or so and 3% say they use more than weekly. 57

Young people attending secondary schools were offered a short list of categories of psychoactive drugs, together with their slang names, and asked to report if they had ever taken any of them. Those that said yes were asked to record which drugs and how recently. The percentages who had ever taken any of these drugs and who had taken them in the last month are shown in the next two tables. 57

1% of pupils in Year 7 and 2% of those in Year 10 said that they had taken psychoactive drugs other than cannabis in the last month. 57

2% of pupils in Year 7 and 14% in Year 10 said that they had ever taken psychoactive drugs. 57

3% of pupils in Year 10 have ever used psychoactive drugs and alcohol on the same occasion. 58

- Year 10 pupils in Bradford were less likely to mix drugs and alcohol than were pupils of the same age in the England sample (the reverse was found in 2009-10). 58

4% of pupils in Year 7 and 12% of pupils in Year 10 know of a special drug and alcohol service for young people available locally. 59

Just over 10% of Year 7 pupils and just over half of Year 10 pupils were aware of the FRANK drug information and advice service. 59

- Pupils were more likely to have heard of the FRANK service if they were less deprived and/or White (just as in 2009-10). 59
- Pupils in Year 4 were most likely to score in the highest bracket of self-esteem scores if they were male, White, from Shipley or Keighley, and/or in the least deprived quintiles. This is precisely the same set of results seen in 2009-10. 61

Over 70% of pupils worried about at least one issue at least quite a lot. 61

Pupils in Year 4 were most likely to report worrying about Crime and about Wars and terrorism; young people in Year 10 were most likely to worry about School-work problems, Exams and tests, Health, Problems with friends, Family problems and The way you look. These were also the issues most often worried about in 2009-10. 61

- Year 10 males in Bradford were more likely to worry about health and problems with family than were males of the same age in the England sample; they were less likely to worry about their appearance (all as in 2009-10). 61
- Year 10 females in Bradford were less likely to worry the way they look than were females of the same age in the England sample (the reverse was found in 2009-10). 61
- Year 10 males in Bradford were more likely to worry about something than were males of the same age in the England sample (just as in 2009-10). 61

47% of Year 10 pupils say they know where to get free condoms, similar to the 2009-10 result. 63

- Compared with the England reference sample, Year 10 pupils in Bradford were less likely to say they know where to get free condoms. 64

22% of Year 10 pupils say they know of a contraception and sexual health (CASH) service for young people available locally. 65

32% of Year 4 pupils say they have been bullied at school in the last 12 months; this figure falls to 23% in Year 7 and 17% in Year 10. 68

The most common sorts of bullying or aggressive behaviours reported were *teasing* and *name-calling*, with *being pushed or hit for no reason* a clear third. 68

- Year 10 males in Bradford were less likely to report being teased/made fun of than were males of the same age in the England sample (the reverse was found in 2009-10). 68
- Year 10 females in Bradford were less likely to have been asked for money than were females of the same age in the England sample (as found in 2009-10). 68

The most common reasons perceived for being picked on or bullied were size/weight and appearance. . 70

- Year 10 females in Bradford were more likely to be picked on or bullied because of the way they look than were females of the same age in the England sample (as found in 2009-10). 70

44% of Year 4 pupils say they were at least sometimes afraid to go to school because of bullying. 71

Secondary school pupils were also asked if their school takes bullying seriously, and over half thought so. 71

About 70% of secondary pupils thought that their safety going out during the day was good, but when thinking about going out after dark, this proportion was just over a third. 72

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- Pupils in Year 10 were more likely than their peers to report having been the victim of violence or aggression in the area where they live if they were male, from the most deprived quintile, or from Bradford South; it was less likely if they were from a South Asian background (all very much as in 2009-10)..... 73

Less than 10% of secondary pupils ever carry a weapon or something else for protection when going out. 73

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Half of secondary school pupils said they had been told about sharing personal information online, but the proportions reporting being taught about specific issues like online bullying or 'sexting' were all lower (e.g. taught about 'sexting': Year 7 22%, Year 10 30%). 74

- Pupils in Year 10 were less likely than younger pupils to say they always wore a seatbelt in a car or van. 76

Year 4 pupils were asked for their height and their practice in motor vehicles, and derived the proportion who should use such a seat but do not; this was more than 10% (but lower than the proportion found in 2009-10)..... 77

- Pupils from Year 4 in the most deprived quintile were those most likely to refrain from use of a booster seat when such use was required (just as in 2009-10). 77

Secondary school pupils were asked if they think it is important to go to school regularly; 89% of the sample assented. 78

- Pupils were more likely to agree that it is important to go to school regularly if they were female and/or from the least deprived quintile, but the differences were not large..... 78

Pupils in Year 4 were asked if their parents always know if they are away from school; again, there was a large majority saying yes, with females being more likely to agree than were males..... 79

11% of Year 7 pupils and 12% of Year 10 pupils knew who was their School Council representative, and then asking if they knew how to contact them. 80

Most pupils in Year 10 intended to continue in full-time education (61%). 81

Starting a family was a more likely goal if pupils were male, in the most or least deprived quintiles, not in Keighley, or from an ethnic background other than White or South Asian. 81

Year 10 males and females in Bradford were more likely to want to find a job as soon as possible than were pupils of the same age/sex in the England sample (just as in 2009-10). 82

Year 10 males and females in Bradford were less likely to want to take up an apprenticeship than were pupils of the same age/sex in the England sample (just as in 2009-10). 82

In the inequality analysis, the three groups of young people with the greatest number of significant differences in lifestyle when compared with the whole Year 10 sample were the LGBT group, those in the most deprived quintiles and those of South Asian origin. The differences shown by the South Asian group were largely positive, but the other two groups give cause for concern..... 84

A seminar was offered to all participating schools to explain and discuss administering the survey to pupils. Further guidance was provided through written material supplied by e-mail and on paper with the questionnaire booklets. 101

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20 Appendix 5: Steering Group

Key members of the Steering Group included:

Shirley Brierley	Consultant in Public Health, City of Bradford Metropolitan District Council
Millie Clare	Personal Social Health Education (PSHE) Consultant, City of Bradford Metropolitan District Council
Jonnie Dance	Senior Public Health Information Analyst, City of Bradford Metropolitan District Council
Isabelle MacDougall	School Nursing Strategic Network Lead, Bradford District Care Trust
Jennifer Philpott	Head of Health and Wellbeing Team, City of Bradford Metropolitan District Council
David Regis	Research Manager, SHEU
Cindy Peek	Deputy Director of Children's Services, City of Bradford Metropolitan District Council
Ruksana Sardar-Akram	Public Health Commissioning Manager, City of Bradford Metropolitan District Council
Kath Shorey	Service Co-ordinator, School Nursing, Bradford District Care Trust
Nina Smith	Programme Lead (Alcohol and Drugs), Department of Adult and Community Services, City of Bradford Metropolitan District Council

The membership of the Group was wider than this, and the minutes and papers of meetings of the Group had a wider circulation again, including:

Alison Moore	Child Obesity Lead, , City of Bradford Metropolitan District Council
Joanna Barnes	Public Health Analyst, City of Bradford Metropolitan District Council
Liz Barry	Joint Commissioning Manager for Substance Misuse at NHS Bradford
Paul Bolton	Elected GP, NHS Airedale, Wharfedale and Craven Clinical Commissioning Group
Jane Browne	Headteacher, Woodside Academy (Primary)
Hugh Bryson	Manager, Young People's Drug and Alcohol Service, City of Bradford Metropolitan District Council
Paul Burluroux	Headteacher, Southfield Grange Campus
Julia Burrows	Consultant in Public Health, City of Bradford Metropolitan District Council
Louise Clarke	GP and Clinical Speciality Lead for Children and Young People
Duncan Cooper	Public Health Specialist (Health Intelligence), City of Bradford Metropolitan District Council
Nicola Corrigan	Sexual Health Lead Public Health, , City of Bradford Metropolitan District Council
Jenny Godson	Deputy Director of Public Health/Consultant in Dental Public Health, City of Bradford Metropolitan District Council
Paul Hill	Safeguarding Children Board Manager, City of Bradford Metropolitan District Council
Sharon Hodgson	Project Manager, City of Bradford Metropolitan District Council
George McQueen	Assistant Director. Access & Inclusion. , City of Bradford Metropolitan District Council
Zoe Mawson	Headteacher, Heaton Primary School
Rafaqut Rashid	Clinical Board Lead, Bradford City Clinical Commissioning Group's (CCG)
Jeannie Smith	Children's Obesity Lead, City of Bradford Metropolitan District Council
Dominic Wall	Headteacher, Haycliffe Special School

(The posts listed may have changed during the course of the project.)

The input from all formal and informal members of the Group is gratefully acknowledged.

We would like to give thanks to Sarah Darr and Azar Hussein for their expert support of the clerical needs of the Group.

21 Appendix 6: List of schools taking part

We would like to thank all the pupils who took part in the survey and the staff who gave their time and hard work to support this valuable study, including the following schools:

1. Addingham Primary School
2. All Saints CE Primary School (Bradford)
3. All Saints' CE Primary School (Ilkley)
4. Atlas Community Primary School
5. Bankfoot Primary School
6. Barkerend Primary School
7. Beckfoot School
8. Belle Vue Girls' School
9. Ben Rhydding Primary School
10. Blakehill Primary School
11. Bowling Park Primary School
12. Brackenhill Primary School
13. Bradford Academy
14. Bradford Central PRU
15. Bradford District PRU
16. Bradford Moor Community Primary School
17. Burley Oaks Primary School
18. Buttershaw Business and Enterprise College
19. Carlton Bolling College
20. Carrwood Primary School
21. Cavendish Primary School
22. Clayton CE Primary School
23. Clayton Village Primary School
24. Copthorne Primary School
25. Cottingley Village Primary School
26. Denholme Primary School
27. Dixons Allerton Academy
28. Dixons City Academy
29. East Morton CE Primary School
30. Eastburn J&I School
31. Eastwood Primary School
32. Eldwick Primary School
33. Ellar Carr
34. Fagley Primary School
35. Farfield Primary and Nursery School
36. Farnham Primary School
37. Fearnville Primary School
38. Feversham Primary Academy
39. Foxhill Primary School
40. Glenaire Primary School
41. Grange Technology College
42. Green Lane Primary School
43. Grove House Primary School
44. Heaton Primary School
45. Heaton St. Barnabas' CE Aided Primary School
46. High Crag Primary School
47. Hill Top CE Primary School
48. Hollingwood Primary School
49. Holybrook Primary School
50. Holycroft Primary School
51. Home Farm Primary School
52. Horton Grange Primary School
53. Horton Park Primary School
54. Hothfield Junior School
55. Hoyle Court Primary School
56. Ilkley Grammar School
57. Iqra Community Primary School
58. Keelham Primary School
59. Keighley St. Andrew's CE Primary School and Nursery
60. Killinghall Primary School
61. Knowleswood Primary School
62. Laisterdyke Business and Enterprise College
63. Laycock Primary School
64. Ley Top Primary School
65. Lilycroft Primary School
66. Lister Primary School
67. Long Lee Primary School
68. Low Ash Primary School
69. Low Moor CE Primary School
70. Margaret McMillan Primary School
71. Marshfield Primary School
72. Myrtle Park Primary School
73. Newby Primary School
74. Newhall Park Primary School
75. Oakbank School
76. Oakworth Primary School
77. Oldfield Primary School
78. Parkland Primary School
79. Parkwood Primary School
80. Peel Park Primary School
81. Primary PRU
82. Princeville Primary School
83. Queensbury School
84. Russell Hall Primary School
85. Saltaire Primary School
86. Sandal Primary School
87. Sandy Lane Primary School
88. Shipley CE Primary School
89. Southmere Primary School
90. St. Anne's Catholic Primary School
91. St. Columba's Catholic Primary School
92. St. Cuthbert and The First Martyrs' Catholic Primary School
93. St. James' Church Primary School
94. St. John the Evangelist Catholic Primary School
95. St. John's CE Primary School
96. St. Joseph's Catholic Primary School, Bradford
97. St. Joseph's Catholic Primary School, Keighley
98. St. Luke's CE Primary School
99. St. Matthew's Catholic Primary School
100. St. Matthew's CE Primary School and Nursery
101. St. Oswald's CE Primary Academy
102. St. Paul's CE Primary School
103. St. Stephen's CE Primary School
104. St. Walburga's Catholic Primary School
105. St. William's Catholic Primary School
106. St. Winefride's Catholic Primary School
107. Stanbury Village School
108. Steeton Primary School
109. Stocks Lane Primary School
110. Swain House Primary School
111. Thackley Primary School
112. The Challenge College
113. The Holy Family Catholic School
114. The Phoenix Special School
115. The Sacred Heart Catholic Primary School
116. Thornbury Primary School
117. Thornton Grammar School
118. Thornton Primary School
119. Thorpe Primary School
120. Titus Salt School
121. Tong High School
122. Trinity All Saints CE VA Primary School
123. University Academy Keighley
124. Wellington Primary School
125. Westbourne Primary School
126. Wibsey Primary School
127. Wilsden Primary School
128. Woodlands CE Primary School
129. Woodside Academy
130. Worth Valley Primary School
131. Worthinghead Primary School
132. Wycliffe CE Primary School

22 Appendix 7: Notes on survey conduct and analysis

Quality assurance

A seminar was offered to all participating schools to explain and discuss administering the survey to pupils. Further guidance was provided through written material supplied by e-mail and on paper with the questionnaire booklets.

Each teacher supervising completion of questionnaires was asked to provide feedback on a standard form about the conduct of the sessions. Most of these feedback sheets raised no concerns or made only positive comments. Some sheets called our attention to general difficulties (e.g., *some of our pupils didn't see the point*) or problems with particular questions. A comment from a teacher in a previous survey was notable: *The only question which caused any problems was, 'does everyone have a pen?'*

The questionnaire is a taxing exercise for younger and less able students, although most can complete the questionnaire with adequate time and some support in the classroom.

The manner in which the data is collected is also vital. Even with the best possible sample and the best-researched instrument, the value of the data is questionable if the respondent does not enter into the spirit of the enquiry. Numbers of unanswered questions or abused questionnaires would signal a doubtful procedure, but, in our experience, while there are occasional unengaged young people who misuse the questionnaires, it is very unusual for these to form a significant proportion of responses. In the unlikely event that this happens, the school will be contacted.

In every school, supervisors can be found who can generate an atmosphere of importance for the task, inspire trust in the confidentiality and anonymity of the exercise, and provide ideal support for the completion of the questionnaire. Such conditions offer the most favourable environment for the collection of valid data.

If the children know that the questionnaires are completely anonymous, that they will immediately be sealed in envelopes to be sent away for processing, and that the results will be returned only as a summary in which no individuals can be identified, their motivation to be honest will be reinforced. If, in addition, they feel that what they are doing is important for themselves — that it will affect the work they do in school to their own benefit — they will answer the questions as conscientiously as possible.

An important strength of the current survey is that it is not administered by or on behalf of an external agency, but by the schools itself, who will be motivated to derive a set of valid results on which to base curriculum and other improvements. If a school volunteers to fit the questionnaire process into its already crowded timetable, then it is serious about the enquiry, and this commitment will be transmitted to the pupils.

Confidence limits

When a figure is shown in this report, how reliable is it? The theoretical uncertainty (standard error) for each figure can be calculated.

Table 88: Standard errors of proportion for observations in different sample sizes.

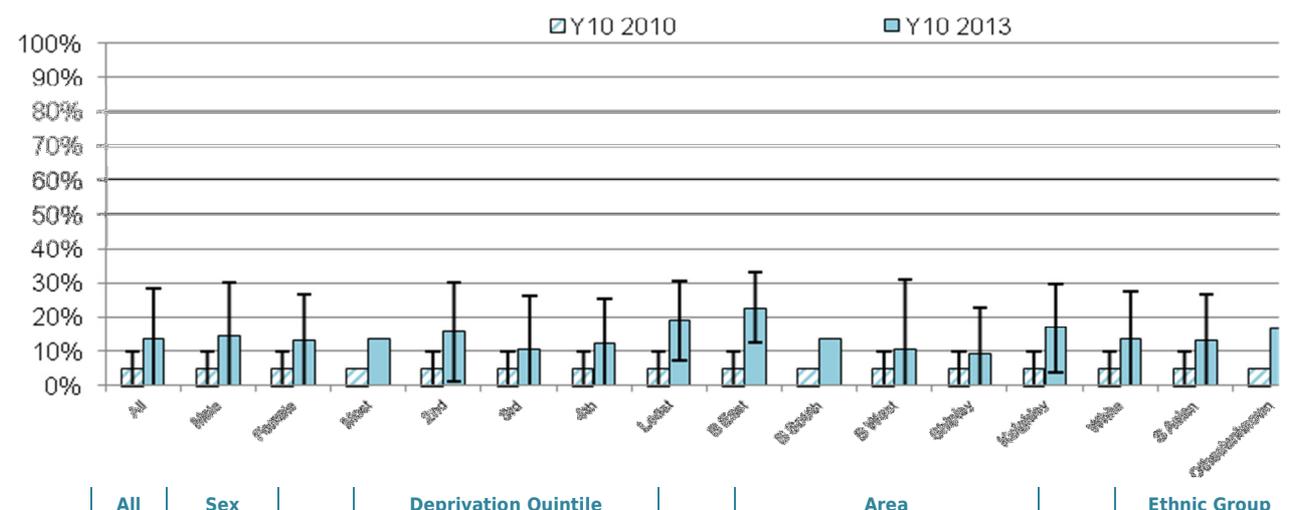
Sample	10%	20%	30%	40%	50%
100	3.0%	4.0%	4.6%	4.9%	5.0%
150	2.4%	3.3%	3.7%	4.0%	4.1%
200	2.1%	2.8%	3.2%	3.5%	3.5%
300	1.7%	2.3%	2.6%	2.8%	2.9%
500	1.3%	1.8%	2.0%	2.2%	2.2%
2000	0.7%	0.9%	1.0%	1.1%	1.1%

The table shows that the standard error of proportion for an observation of 50% seen in a samples of a couple of thousand (a whole year group) would be about ±1%, and therefore the 95% confidence limits would be about ±2% (about twice the standard error). The more the observed percentage is different from 50%, the smaller the standard error, so that an observation of 10% has limits of ±1.5%. For a sample size smaller than 100 - for example, just one deprivation quintile within a year group - the confidence limits may exceed ±5%.

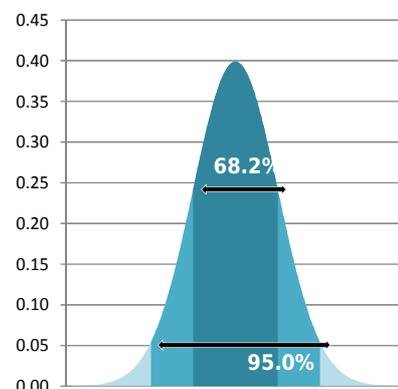
These theoretical confidence limits do not take into account any bias in the sampling methods or other features, such as the high sampling fraction.

Below is given a chart with error bars to show the worst case (largest error estimates) where the sample sizes were smallest (the year 10 samples) using a result close to 50% (intentions to breastfeed).

Chart 25: Worst case error bars: 95% confidence intervals for the Year 10 samples for 2009-10 and 2012-13 for a result close to 50%



The Year 10 sample in 2012-13 for the least deprived quintile is less than 50, hence the large 95% confidence interval. It is not the case that error bars suggest that the true population prevalence is equally likely to be at any point within the range; the actual rate is most likely to be the same as was observed, and is least likely to reside at points furthest from the observed result. The true prevalence is expected to be within the 95% interval (mid tone) 95% of the time, but within the central portion of the range (darkest tone) over 2/3 of the time.



Error bars have not been shown on all charts for reasons of clarity.

It should be noted that, because of the large sample sizes, rather small differences between 2009-10 and 2012-13 will be statistically significant. These will only be noted in the text if the

differences were not just statistically significant, but also large enough to be judged important.

Significance testing

Comparisons have been made between sub-groups of the sample, and between the Bradford samples and results from other samples as described above. Statistically significant results are reported throughout the report below. A variety of tests have been used, including chi-squared (χ^2) for categorical variables and Student's *t* for continuous variables.

There are hundreds of items to compare, so that if the conventional cut-off of probability (*alpha*) of 0.05 is adopted, several items would be expected to show differences large enough to reach this criterion just by chance. These 'false positives' can sometimes be distinguished in practice by their inconsistency with other evidence, but a statistical approach can be used to reduce their frequency.

For some time, it was usual to seek to control the *FamilyWise Error Rate* (FWER) - that is, the probability that a true assumption that results are not different is rejected (the so-called *null hypothesis*). However, this approach, often using the Bonferroni technique, was generally too conservative (in the jargon, this approach has *low power*). Many false null hypotheses were accepted - that is, it was accepted that no differences existed when they actually were present (type II error).

The proportion of 'false positives' is called the *False Discovery Rate* (FDR). Benjamini and Hochberg (1995) argued that this is the appropriate statistic to control when doing multiple tests and also suggested a procedure for so doing. This approach much reduces the number of type II errors (accepted false null hypotheses) while keeping type I errors (rejected true null hypotheses) at a tolerable level.

Benjamini and Yekutieli (2001) went on to show that their suggested procedure was still appropriate under conditions where the variables being tested are correlated (as is usually the case in surveys). Moreover, this procedure can be implemented using readily available software (Thissen, 2002). For the comparisons in this report, this procedure has been adopted to control the FDR at 0.05, the level advised by Benjamini and Gavrilov (2009).



Further details are available on request from SHEU.*

* Benjamini Y & Hochberg Y (1995). Controlling the false discovery rate - a practical and powerful approach to multiple testing. *J Roy Stat Soc B Met*, 57(1): 289-300. [Also available at http://www.math.tau.ac.il/~ybenja/MyPapers/benjamini_hochberg1995.pdf]

Benjamini Y & Yekutieli D (2001). The control of the false discovery rate in multiple testing under dependency. *Annals of Statistics*, 29(4): 1165-1188. [Also available at http://www.math.tau.ac.il/~ybenja/MyPapers/benjamini_yekutieli_ANNSTAT2001.pdf]

Thissen D (2002). Quick and Easy Implementation of the Benjamini-Hochberg Procedure for Controlling the False Positive Rate in Multiple Comparisons. *Journal of Educational and Behavioral Statistics*, 27(1): 77-83.

Benjamini Y & Gavrilov Y (2009). A simple forward selection procedure based on false discovery rate control. *Ann. Appl. Stat.* 3(1): 179-198.

The analysis for the 2012-13 report was performed using the software package R, version 3.0.1 (<http://www.r-project.org/>). A custom R script was run in *R Studio for Windows* (Version 0.97.551, RStudio Inc.: Boston, USA) using the `p.adjust` command of the core R {stats} package (<http://cran.r-project.org/doc/manuals/r-release/fullrefman.pdf>). The results from the analysis were spot-checked for accuracy against SPSS results and a parallel analysis done using the 2009-10 spreadsheets.

URLs last visited 11th September 2012-13.

23 Appendix 8: Correlations

Correlation coefficients for different variables across the survey, Year 10 females only.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
A 5-a-day		0.08	0.03	0.15	0.13	-0.03	0.00	0.03	-0.01	-0.04	-0.05	-0.01	-0.02	-0.04	0.03	0.00	0.00	-0.07	0.04	-0.03	0.04	-0.07
B Health of teeth good	0.08		-0.01	0.02	0.00	0.07	0.05	0.09	-0.10	-0.05	-0.02	-0.03	0.04	0.05	-0.01	-0.03	-0.03	-0.01	-0.12	-0.02	-0.07	-0.08
C Intend breastfeeding	0.03	-0.01		0.05	0.05	0.04	0.03	0.04	0.02	-0.01	0.01	0.09	0.01	-0.01	0.07	0.02	0.10	-0.03	0.03	0.03	0.04	0.02
D 7 days' physical exercise	0.15	0.02	0.05		0.79	-0.15	0.05	0.07	0.01	-0.02	0.05	0.06	0.06	0.01	0.20	0.07	0.02	0.06	0.04	-0.20	0.08	-0.02
E 7 days' hard exercise	0.13	0.00	0.05	0.79		-0.16	0.04	0.06	0.02	-0.02	0.04	0.09	0.02	-0.01	0.24	0.06	0.01	0.02	0.03	-0.18	0.07	0.00
F Intend post-16 education	-0.03	0.07	0.04	-0.15	-0.16		-0.02	0.03	0.00	0.01	-0.09	-0.05	-0.08	-0.09	-0.13	-0.09	0.00	-0.09	-0.03	0.16	-0.06	-0.01
G Know where to get free condom	0.00	0.05	0.03	0.05	0.04	-0.02		0.01	-0.03	0.05	0.21	0.13	0.28	0.31	0.14	0.21	0.18	0.17	0.02	-0.02	0.10	-0.02
H Poor safety after dark	0.03	0.09	0.04	0.07	0.06	0.03	0.01		-0.05	-0.01	0.00	0.02	-0.03	-0.04	0.05	-0.04	-0.04	-0.07	-0.11	-0.09	-0.07	-0.04
I Trouble finding NHS dentist	-0.01	-0.10	0.02	0.01	0.02	0.00	-0.03	-0.05		0.03	0.04	0.07	-0.03	-0.01	0.04	0.01	0.05	-0.06	0.05	0.03	0.02	0.04
J No breakfast	-0.04	-0.05	-0.01	-0.02	-0.02	0.01	0.05	-0.01	0.03		0.10	0.03	0.04	0.08	0.05	0.05	0.06	0.17	0.05	0.04	0.05	0.02
K Regular smoker	-0.05	-0.02	0.01	0.05	0.04	-0.09	0.21	0.00	0.04	0.10		0.29	0.25	0.29	0.36	0.58	0.21	0.29	0.05	0.01	0.14	0.12
L Tried shisha	-0.01	-0.03	0.09	0.06	0.09	-0.05	0.13	0.02	0.07	0.03	0.29		0.15	0.19	0.25	0.39	0.22	0.19	-0.03	0.03	0.15	0.16
M Alcohol last week	-0.02	0.04	0.01	0.06	0.02	-0.08	0.28	-0.03	-0.03	0.04	0.25	0.15		0.56	0.24	0.32	0.23	0.41	0.06	-0.02	0.11	0.03
N Drunk last month	-0.04	0.05	-0.01	0.01	-0.01	-0.09	0.31	-0.04	-0.01	0.08	0.29	0.19	0.56		0.24	0.41	0.28	0.35	0.03	-0.03	0.13	0.08
O Used other drugs	0.03	-0.01	0.07	0.20	0.24	-0.13	0.14	0.05	0.04	0.05	0.36	0.25	0.24	0.24		0.44	0.21	0.46	0.05	-0.13	0.14	0.10
P Used cannabis	0.00	-0.03	0.02	0.07	0.06	-0.09	0.21	-0.04	0.01	0.05	0.58	0.39	0.32	0.41	0.44		0.27	0.41	0.05	-0.02	0.19	0.17
Q Know a drug user	0.00	-0.03	0.10	0.02	0.01	0.00	0.18	-0.04	0.05	0.06	0.21	0.22	0.23	0.28	0.21	0.27		0.28	0.10	0.08	0.15	0.09
R Mixed drug & alcohol	-0.07	-0.01	-0.03	0.06	0.02	-0.09	0.17	-0.07	-0.06	0.17	0.29	0.19	0.41	0.35	0.46	0.41	0.28		0.01	0.06	0.20	0.12
S Bullied in last year	0.04	-0.12	0.03	0.04	0.03	-0.03	0.02	-0.11	0.05	0.05	0.05	-0.03	0.06	0.03	0.05	0.05	0.10	0.01		0.12	0.15	-0.06
T Worry quite a lot about someth	-0.03	-0.02	0.03	-0.20	-0.18	0.16	-0.02	-0.09	0.03	0.04	0.01	0.03	-0.02	-0.03	-0.13	-0.02	0.08	0.06	0.12		0.01	0.05
U Victim of violence/aggro	0.04	-0.07	0.04	0.08	0.07	-0.06	0.10	-0.07	0.02	0.05	0.14	0.15	0.11	0.13	0.14	0.19	0.15	0.20	0.15	0.01		0.02
V Seatbelt never	-0.07	-0.08	0.02	-0.02	0.00	-0.01	-0.02	-0.04	0.04	0.02	0.12	0.16	0.03	0.08	0.10	0.17	0.09	0.12	-0.06	0.05	0.02	

This rather crowded table shows associations between of different aspects of lifestyle. We have picked a few variables from each area of the survey: the health-positive behaviours are A-G (with a teal background); the less desirable behaviours are H-V (amber). We then calculated correlation coefficients for each pair of variables. A correlation coefficient is a number between +1.0 and -1.0, where 0 indicates no association at all, and a positive number indicates a positive association (more or one, more of the other), and a negative number indicates a negative association (more or one, less of the other). If the correlation was statistically significant ($p < 0.01$), it is shown in green if it was positive association and in amber if it was a negative association (grey shows non-significant differences).

On the table, we can see that health-risky behaviours are generally positively correlated with each other (bottom right quarter of the chart is mostly teal). The correlation with the greatest magnitude is the one between being a regular smoker (K) and having used cannabis (P), which is +0.58. There are some positive correlations between health-promoting and health-risky behaviours.

All these general features could also be found in 2009-10, although there are differences of detail.