

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

These results were collected in the Bradford District during 2013.

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.

This report looks just at those pupils in Year 4 (aged 8 and 9) and in Years 7 and 10 (aged 11-12 and 14-15). Pupils anonymously completed the questionnaires on paper and online and they were processed at the Schools Health Education Unit in Exeter.

The survey was previously carried out in this area in 2009-10 and the results from both studies will be used to inform Bradford's Children and Young People's Plan and the support to schools by the School Improvement Service.

➤ Trends ▼

Differences between the current and previous survey results shown on page 11.

9,372 children and young people were involved in the Bradford District 2012-13 survey from the following year groups:

School Year	Year 4	Year 7	Year 10
Age	8-9y	11-12y	14-15y
Boys	2382	1220	1211
Girls	2278	1154	1127
Total	4660	2374	2338

Analysis

The sample has been analysed in great detail in a longer report, of which this is a summary. The sample has been broken down by year group, sex, constituency area, ethnic group and 'deprivation quintile' (that is, areas in England and Wales sorted into fifths by how deprived they are, as shown from the Census).

TOPICS INCLUDE:

- Citizenship
- Drugs, Alcohol and Tobacco
- Emotional Wellbeing
- Healthy Eating
- Oral Health
- Physical Activity
- Safety
- School and Career
- Sex and Relationships

Why a survey?

The Marmot review into health inequalities in England, 'Fair Society, Healthy Lives 2010', emphasised the pivotal role of Local Government. 'Achieving Equity and Excellence for Children and Young People' (2010) and the Kennedy Review (2010) emphasised the need for children and young people and their families to be at the heart of everything.

The Bradford District Children's and Young People's Plan 2011-2014 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. The Plan describes 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 is to support improvements to tackle a range of health inequalities for Children and young people and their families and promote healthy lifestyle choices. This includes the delivery and monitoring of children's services as well as deliver on key public health outcomes.

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

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

The young people in our survey

The sample of children and young people taking part was broadly representative of the District's population. However Children and Young People in Bradford District:

- Were more deprived and more ethnically diverse than young people in the England-wide reference sample
- Lived in communities classified within the 20% most deprived in England (Over half of the children in the sample)
- Identified themselves as White British (48%) and South Asian (38%)
- The majority of the South Asian children were Pakistani children, and Children and young people from at least 39 different ethnic groups took part.
- 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.

	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	4660	2382	2278	2019	618	572	288	247	1238	885	1136	680	719	2046	1463	527			
Year 7	2374	1220	1154	1094	276	272	136	101	449	388	604	474	441	1026	755	342			
Year 10	2338	1211	1127	1054	255	204	111	44	392	474	765	474	195	910	910	299			
All	9372	4813	4559	4167	1149	1048	535	392	2079	1747	2505	1628	1355	3982	3128	1168			

Being Healthy

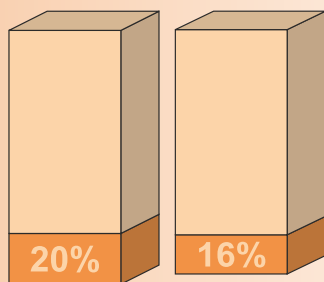
CONTEXT

The National Child Measurement Programme which is undertaken in Reception (aged 4-5 years) and in Year 6 (aged 10-11) identifies children who are classified as overweight or obese.

In Bradford District around 21.6% of Reception children and 35.4% of Year 6 children are overweight or obese. Levels of overweight and obesity have remained relatively stable over the past seven years. Compared with the England average in 2012/13, Bradford has a similar percentage of children in Reception classified as overweight or obese, but a worse percentage in Year 6.

Healthy Eating

- 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.



- 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.

- Over 80% of younger pupils reported having three meals a day. This rate declined as pupils got older.
- About a third of pupils reported that they consumed snacks or sweets on most days.
- Nearly three-quarters of 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 pupils reported that their meal on the night before the survey was cooked at home. A little over 10% had a takeaway. Nearly three-quarters of pupils were confident that they can cook a healthy meal.
- Over a quarter of pupils ate their evening meal in front of the TV on the night before the survey.

Physical Activity

The majority of pupils in all year groups did at least some hard exercise in 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.

Local action on obesity

The approach to a children's healthy weight strategy for Bradford was approved by the Children's Trust Board in January 2014. A multi-agency action plan has been developed and key actions include:

- Working in partnership with organisations to raise the profile and importance of healthy weight and physical activity
- Ensuring our partners in midwifery, health visiting, children's centres, school nursing, sport and leisure, children's services and primary care are equipped and trained to raise the issue and offer support and referral to healthy weight services
- Commissioning evidence-based programmes and interventions to prevent and address overweight and obesity in children and young people. These are targeted in areas with higher levels of overweight and obesity and include weight management, HENRY, Active Schools Programme, Walking and Cycling in Schools programme, National Child Measurement Programme referral and community based activity including cookery clubs and physical activity
- Addressing environmental issues to make it easier for children and young people to maintain a healthy weight and be physically active

There has also been additional funding from the Clinical Commissioning Groups to support children who are coming into school hungry.

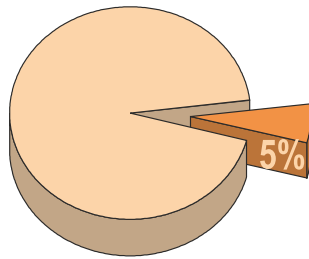
Oral health

CONTEXT

The 2011/2012 local dental survey shows over the past five years the number of 5 year olds free from tooth decay has increased from 48% in 2007/08 to 54% in 2011/2012. The average number of teeth affected by tooth decay has reduced from 2.42 in 2007/08 to 1.98 in 2011/2012. However, the proportion of children with dental disease at age 5 years in 2011/12 was 46% (52% 2007/08); this was higher than regional 34% (39% 2007/08) and national 28% (31% 2007/08) figures.

Children in the least deprived (quintile 5) have a mean dmft (decayed, missing, filled teeth) of 0.74, which is significantly lower than those from the most deprived (quintile 1), who have a mean dmft of 2.67.

- ❑ 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.



Local action on Oral Health

- ❑ Public Health in the Council are responsible for the commissioning oral health improvement programmes and includes the development of a Districts Oral health strategy and action plan, and embedding oral health targets in children centres as well as the commissioning evidence based programmes and interventions as follows:
- ❑ Brushing for Life - Health Visitor led programme, with oral health advice and dental packs
- ❑ Community based Fluoride Varnish aimed at children aged 2-4 years, applied by dental nurses
- ❑ School based tooth brushing - Children's teeth are brushed once a day over a 2 year period. Offered to nursery and reception classes in schools where 25% plus of pupils are eligible for free school meals (FSM).
- ❑ First Steps to Healthy Teeth - Dental Health Award scheme for early years settings to promote the oral health of young children.
- ❑ Training the trainer Programmes - training and regular updates in evidence based oral health practice for professionals
- ❑ Dental epidemiology - statutory requirement to conduct oral epidemiology surveys of their population.
- ❑ Special Schools Screening - All children attending special schools in Bradford are offered annual dental screening.

Bradford District has therefore prioritised oral health in the Districts Health Inequalities action Plan and included a focus on oral health within the Children and Young People Lifestyle Survey.

Being Healthy

Smoking, Alcohol and Substance Misuse

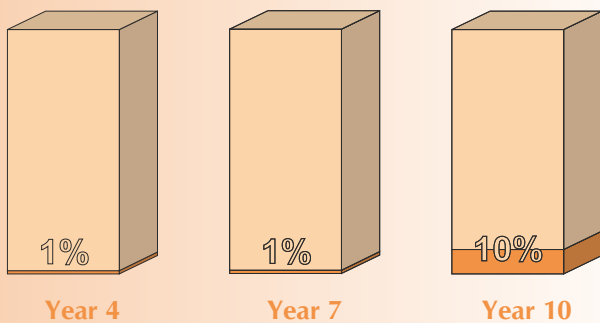
CONTEXT

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.

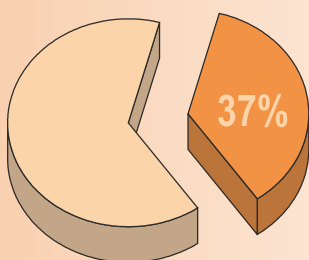
Smoking is a major cause of preventable morbidity and premature death. There is a large body of evidence showing that smoking behaviour in early adulthood affects health behaviours later in life. The Tobacco Control Plan sets out the Government's aim to reduce the prevalence of smoking among both adults 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.

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.

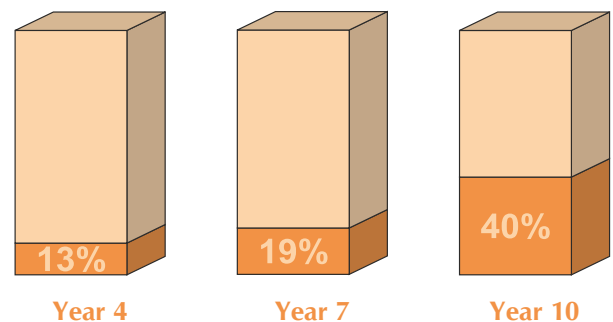


- ❑ About a third of pupils reported having a parent or carer who smoked, but the proportion who were exposed to second-hand smoke appeared to be much less than this.

❑ 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.

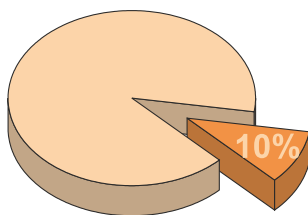


- ❑ Compared with the England reference sample young people in Year 10 in Bradford were less likely to drink alcohol in the week preceding the survey.
- ❑ Year 10 males in Bradford were less likely to have drunk alcohol in the week preceding the survey than males of the same age in the reference sample.
- ❑ Young people in Year 10 who drank in the week preceding the survey 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%).
- ❑ 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).

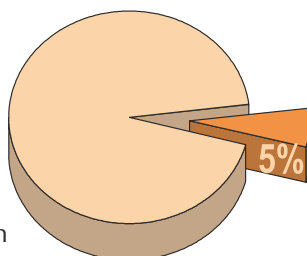
Illegal Drugs

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

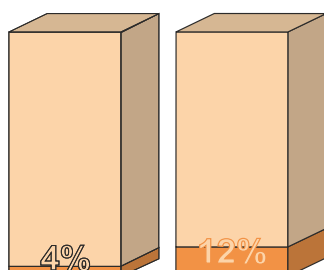
- 1% of pupils in Year 7 and 4% in Year 10 reported having taken psychoactive drugs at some time, with 1% and 2% respectively having taken them in the month preceding the survey.



- 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.
- 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 Shipley; these populations of course overlap.



- 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.**

Local action on alcohol and substance misuse

- Ensure that joint governance arrangements are embedded within Public Health and Children's Services
- Review all protocols within treatment providers and with partner agencies
- Continue to disseminate the Young People's Drug Users Screening Tool
- Target vulnerable young people who are more likely to use alcohol and substances problematically to access treatment services
- To increase referral systems
- Ensure all young people are assessed within 5 working days and commence treatment within 10 working days to meet targets
- Ensure that all young people accessing treatment are assessed to identify Hepatitis B & C intervention status and are supported to access specialist Harm Reduction interventions
- Improve services to ensure drop outs are reduced and increase in planned discharges through robust planning and processes
- Ensure that young people (up to the age of 21 years) are able to access young peoples specialist treatment provision
- Ensure transition arrangements for young people are in place and robust on discharge from treatment service
- Continue to monitor planned exit rates as a priority ensuring compliance with agreed targets
- Some work has also been commissioned in schools around Public Health Outcomes, and in particular self-harm; self reported well being and the emotional wellbeing
- A Health needs assessment in relation to emotional health and wellbeing is also being undertaken within the District

Being Healthy

Emotional Wellbeing

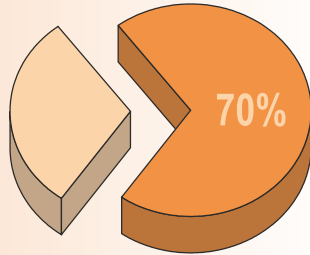
CONTEXT

Public Health functions transferred to local government in April 2013. This includes the commissioning of sexual health interventions and some services. Work across the district of Bradford has been focused towards addressing the under 18 conception data and reducing Chlamydia diagnosis in the previous 12 years under the Teenage Pregnancy Strategy and further details of this work are available in the Children's and Young People's Joint Strategic Needs Assessment section.

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 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.



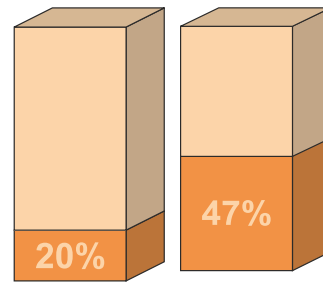
- ❑ Year 10 males were more likely to worry about something than were males of the same age in the reference sample. Year 10 females in Bradford were less likely to worry about at least one issue at least quite a lot than were females of the same age in the reference sample.

Local action on mental health

Bradford's "Healthy Minds Strategy Group", a partnership of NHS, local authority, and voluntary and community sector organisations, supported by input from young people, has stated the following objectives:

- ❑ An improvement in the mental health of all children and young people across the district;
- ❑ That multi-agency services, working in partnership, promote the mental health of all children and young people, provide early intervention services and also meet the needs of children and young people with established or complex problems;
- ❑ That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

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.

Local action on sexual health

- ❑ Sexual Health and Reproductive Services including CASH are currently being re-tendered with the requirement that all services meet 'You're Welcome' quality criteria for young people's sexual health and contraceptive services
- ❑ Work continues to ensure Teenage Pregnancy rates remain at 2011 levels or better when Bradford achieved the 50% reduction in unwanted teenage conceptions against the 1998 baseline
- ❑ Condom distribution schemes continue to focus on the under 25 population

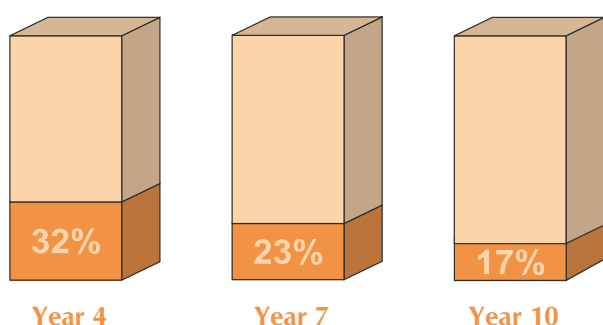
Staying Safe

Bullying

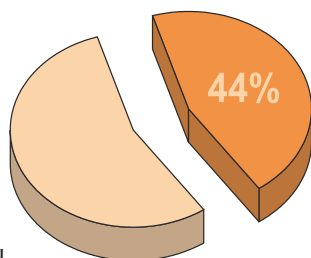
CONTEXT

Children and young people report bullying as the single biggest barrier to them living their lives to the full. It was the biggest single reason for 31,599 children (10% of all callers) contacting ChildLine in 2011-12 (NSPCC 2013).

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 afraid to go to school because of bullying at least sometimes.**
- ❑ Secondary school pupils were asked if their school took bullying seriously and over half agreed.



Other risks

- ❑ Less than 10% of secondary pupils had been the victim of violence or aggression in the area where they live in the last year.
- ❑ 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 carry 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.
- ❑ Over two-thirds of pupils said that they always wore a seat belt when travelling in a car or van; Year 10 pupils were less likely to say they always wore a seat belt than the younger pupils.

Local action on safety and safeguarding

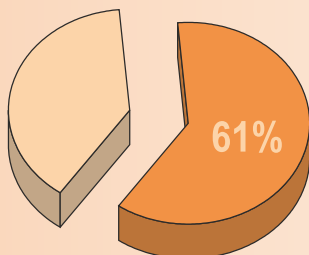
- ❑ There are various local strategies and plans aimed at keeping children safe including the Bradford Safeguarding Children Board (BSCB) Strategic Plan
- ❑ Maintain robust child protection arrangements
- ❑ Ensure children and young people are safe in their home and community
- ❑ Target support for vulnerable families through development of the early help offer
- ❑ Build emotional resilience
- ❑ Children and young people are actively involved in shaping the anti-bullying agenda
- ❑ All agencies that work with children and young people follow up-to-date policies and procedures. They seek to prevent the occurrence of bullying. Measures to ensure incidents of bullying are responded to in accordance with their agencies protocols.

Economic Wellbeing

CONTEXT

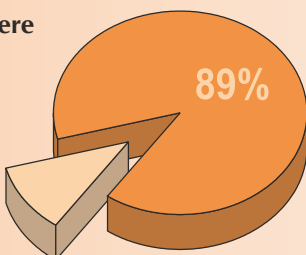
- ❑ Improving educational attainment and life chances for children and young people in the District is a key priority.
- ❑ The most recent, official child poverty figures for 2010-11 (published in autumn 2013) showed a further small reduction of 0.3% following a substantial 1.2% fall the previous year, giving the District a child poverty rate of 25.8% in 2011 which is higher than the England rate of 20.1%.
- ❑ The large and growing 0-19 population in the District mean that a 25.8% child poverty rate equates to 35,820 children and young people aged 0-19. Consistently we find that just over half of children who live in poverty live in 6-8 of the most urban of the District's 30 wards. The most recent figures show that half of children in poverty (51.8%) live in 8 wards.

- ❑ **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.

- ❑ **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.

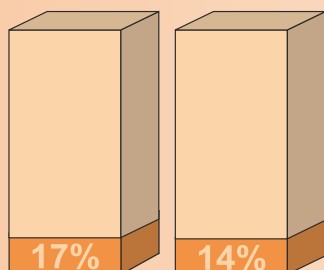
Local action on educational achievement and child poverty

The Education Improvement Strategy 2012-2015 and Early Learning Strategy 2012-2015 are the key drivers to improve educational attainment and life chances for children and young people in the district.

In addition, for child poverty, the key priority workstreams by the Child Poverty Board include the following areas:

- ❑ childhood accidents
- ❑ fuel poverty,
- ❑ uptake of Free School Meals,
- ❑ inequalities in nutrition,
- ❑ positive parenting for resilience
- ❑ 'Poverty-proofing the school day'
- ❑ welfare reform advice,
- ❑ job training
- ❑ housing for poor families

Making a Positive Contribution



- ❑ A question was asked about opportunities for participation.
- ❑ **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.**

- ❑ The majority of secondary school pupils did not know who their school council representative is or how to contact them.

Some key findings and comparisons

- A summary of some key findings is shown in the table below.
- Key figures are shown for selected criteria for Bradford and Airedale District, with figures for the five constituency areas for comparison and results also from a reference sample derived from a large number of similar local surveys using the same or similar questions.

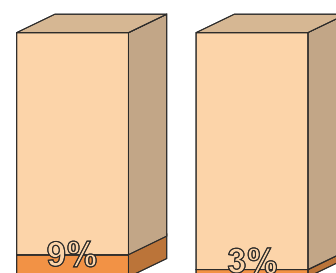
	England Sample	Bradford District	Bradford East	Bradford South	Bradford West	Shipley	Keighley
Sample sizes Year 4	11393	4660	1238	885	1136	680	719
Year 7	(-)	2374	449	388	604	474	441
Year 10	24848	2338	392	474	765	474	195
Percentage of Year 4 pupils with high self-esteem scores	28%	26%	24%	26%	21%	32%	29%
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%	26%	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%	<u>62%</u>	64%	<u>61%</u>	65%	68%
Percentage of Year 10 pupils who think the health of their teeth is at least 'good'		65%	73%	65%	59%	69%	<u>61%</u>
Percentage of Year 10 pupils smoking regularly	9%	10%	<u>4%</u>	10%	9%	12%	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%	31%	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 shown in **bold** and those with significantly lower results are underlined.
- The generally positive indicators are listed in the upper part of the table and are shown in **tone**.
- Shipley constituency seems to score high on a number of less desirable indicators; on the same indicators, Bradford East generally scores low (which is a good thing!).

Summary of trends 2009-10 to 2012-13

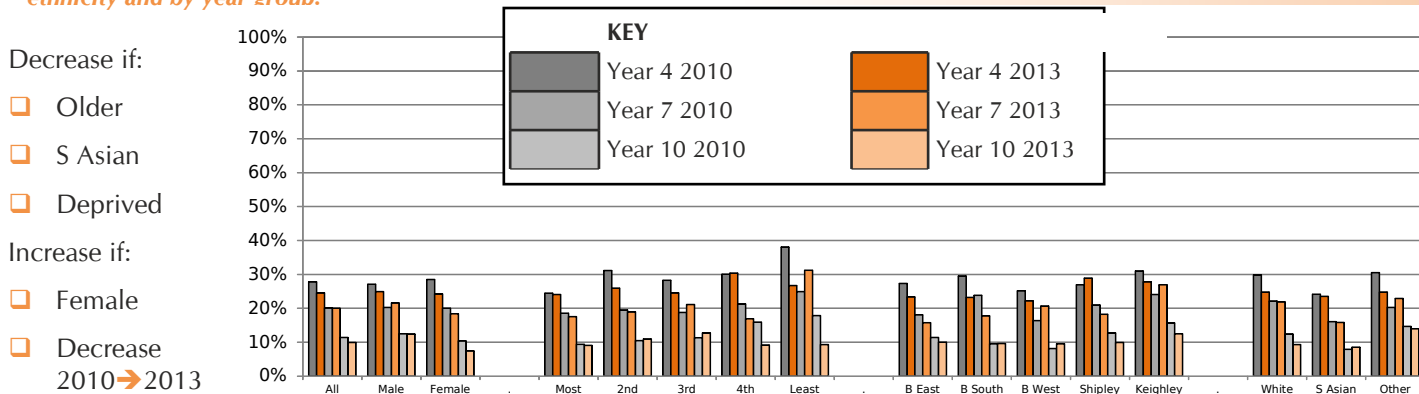
- ❑ The proportion of Year 10 students identifying as English was lower in 2012-13 than in 2009-10 (2009-10:58% → 2012-13:46%).
- ❑ The proportion of Year 7 pupils which could be allocated to a known postcode and then to a deprivation quintile is rather lower in 2012-13 than in 2009-10 (86% → 71%).
- ❑ 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).
- ❑ 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 2013 than were seen in 2010 (9% → 3%).**
- ❑ 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%).
- ❑ Awareness of FRANK services were very much lower in 2012-13 than was seen in 2009-10 (Year 10: 76% → 52%).
- ❑ 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%).



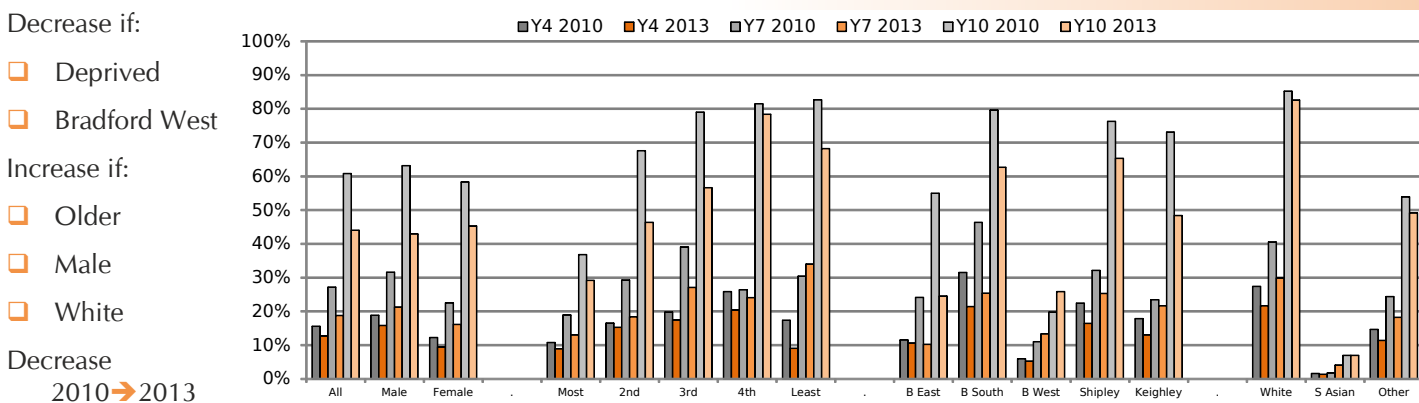
Differences across Bradford District

These charts show how the prevalence of a behaviour can change with sex, deprivation, area, ethnicity and age. The six columns in each group show pairs of results for Years 4, 7 and 10 with the 2009-10 result first and then the 2012-13 result.

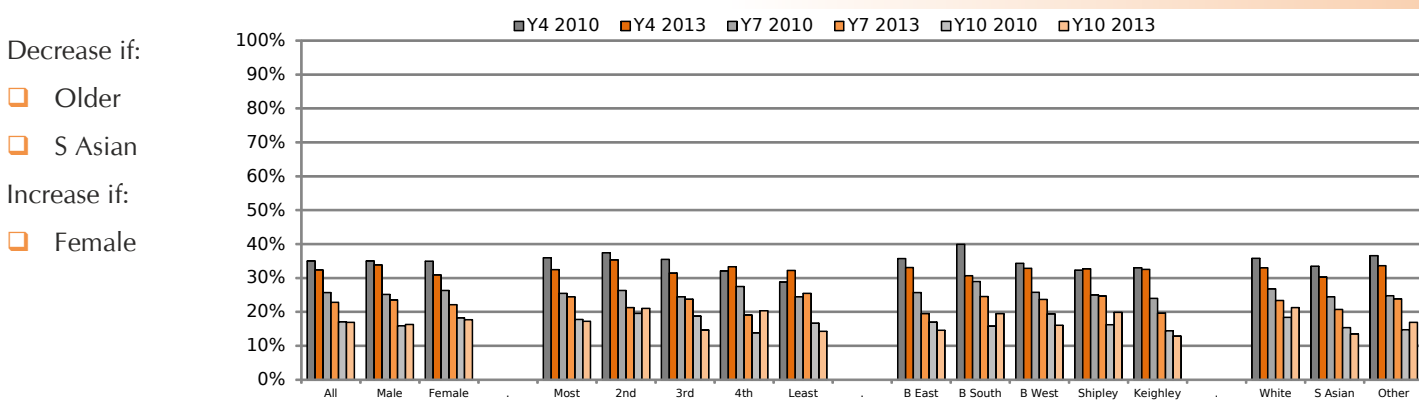
Percentages of pupils who ate five portions of fruit and/or vegetables on the day before the survey, by sex, deprivation, area and ethnicity and by year group.



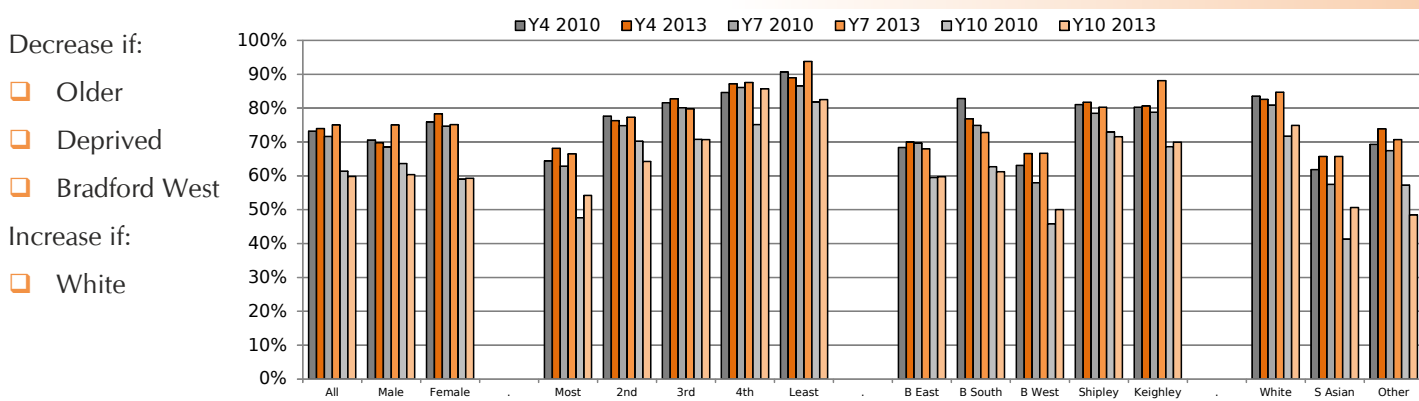
Percentages of pupils who have ever drunk alcohol, by sex, deprivation, area and ethnicity and by year group.



Percentages of pupils who have been bullied in the last year, by sex, deprivation, area and ethnicity and by year group.



Percentages of pupils who always wear a seatbelt in a car or van, by sex, deprivation, area and ethnicity and by year group.



Inequalities in Bradford and Airedale

- The body of the report has taken the same approach in analysis of inequalities as in 2010: looking at sex, deprivation, area and ethnicity.
- Other dimensions of inequalities can be experienced. These other dimensions can of course have consequences on lifestyle .
- Groups were examined in the data set who may be experiencing particular difficulty or discrimination. We looked at (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:

2013	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%

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**.

2013	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
No breakfast	15	15	14	14	*12	**20	*22	19	19	22	**26
5-a-day	10	9	9	7	9	10	*16	12	13	10	15
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 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
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
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
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
Seatbelt always	32	*36	26	28	**40	36	31	30	23	21	28
Intend post-16 education	62	64	56	*45	67	62	56	55	66	64	64
N	2338	1054	188	127	910	449	118	126	17	42	101

CONCLUSIONS

- ❑ The survey provides data and information on inequalities in relation to key public health areas and informs the way in which services should be commissioned and delivered to meet the needs of children and young people. Having received a high response rate from 9,372 children from a total of 119 schools means we have a robust statistical sample from which to draw conclusions. The information will also support a number of key strategies, policies, plans and needs assessments locally.
- ❑ 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.
- ❑ This report will be disseminated to a variety of groups, for example to schools, Five constituency Area reports, localities reports, Clinical Commissioning Groups and more detailed analysis will be available.
- ❑ The findings and results will also be launched and disseminated at a stakeholder event with a view to a partnership approach to addressing some of the inequalities and gaps identified. This will feed into various strategic priorities and action plans for the District.

Schools taking part in the survey in 2012-13

Our thanks go to the staff and students of the following schools, who supported the study in 2012-13.

Addingham Primary School	Hill Top CE Primary School	St. James' Church Primary School
All Saints CE Primary School (Bradford)	Hollingwood Primary School	St. John the Evangelist Catholic Primary School
All Saints' CE Primary School (Ilkley)	Holybrook Primary School	St. John's CE Primary School
Atlas Community Primary School	Holycroft Primary School	St. Joseph's Catholic Primary School, Bradford
Bankfoot Primary School	Home Farm Primary School	St. Joseph's Catholic Primary School, Keighley
Barkerend Primary School	Horton Grange Primary School	St. Luke's CE Primary School
Beckfoot School	Horton Park Primary School	St. Matthew's Catholic Primary School
Belle Vue Girls' School	Hothfield Junior School	St. Matthew's CE Primary School and Nursery
Ben Rhydding Primary School	Hoyle Court Primary School	St. Oswald's CE Primary Academy
Blakehill Primary School	Ilkley Grammar School	St. Paul's CE Primary School
Bowling Park Primary School	Iqra Community Primary School	St. Stephen's CE Primary School
Brackenhill Primary School	Keelham Primary School	St. Walburga's Catholic Primary School
Bradford Academy	Keighley St. Andrew's CE Primary School and Nursery	St. William's Catholic Primary School
Bradford Central PRU	Killinghall Primary School	St. Winefride's Catholic Primary School
Bradford District PRU	Knowleswood Primary School	Stanbury Village School
Bradford Moor Community Primary School	Laisterdyke Business and Enterprise College	Steeton Primary School
Burley Oaks Primary School	Laycock Primary School	Stocks Lane Primary School
Buttershaw Business and Enterprise College	Ley Top Primary School	Swain House Primary School
Carlton Bolling College	Lilycroft Primary School	Thackley Primary School
Carrwood Primary School	Lister Primary School	The Challenge College
Cavendish Primary School	Long Lee Primary School	The Holy Family Catholic School
Clayton CE Primary School	Low Ash Primary School	The Phoenix Special School
Clayton Village Primary School	Low Moor CE Primary School	The Sacred Heart Catholic Primary School
Copthorne Primary School	Margaret McMillan Primary School	Thornbury Primary School
Cottingley Village Primary School	Marshfield Primary School	Thornton Grammar School
Denholme Primary School	Myrtle Park Primary School	Thornton Primary School
Dixons Allerton Academy	Newby Primary School	Thorpe Primary School
Dixons City Academy	Newhall Park Primary School	Titus Salt School
East Morton CE Primary School	Oakbank School	Tong High School
Eastburn J&I School	Oakworth Primary School	Trinity All Saints CE VA Primary School
Eastwood Primary School	Oldfield Primary School	University Academy Keighley
Eldwick Primary School	Parkland Primary School	Wellington Primary School
Ellar Carr	Parkwood Primary School	Westbourne Primary School
Fagley Primary School	Peel Park Primary School	Wibsey Primary School
Farfield Primary School	Princeville Primary School	Wilsden Primary School
Farnham Primary School	Queensbury School	Woodlands CE Primary School
Fearnville Primary School	Russell Hall Primary School	Woodside Academy
Feversham Primary Academy	Saltaire Primary School	Worth Valley Primary School
Foxhill Primary School	Sandal Primary School	Worthinghead Primary School
Glenaire Primary School	Sandy Lane Primary School	Wycliffe CE Primary School
Grange Technology College	ShIPLEY CE Primary School	
Green Lane Primary School	Southmere Primary School	
Grove House Primary School	St. Anne's Catholic Primary School	
Heaton Primary School	St. Columba's Catholic Primary School	
Heaton St. Barnabas' CE Aided Primary School	St. Cuthbert and The First Martyrs' Catholic Primary School	
High Craggs Primary School		

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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.

For information or advice on how to use these results to help schools:

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