

4 January 2019

**Director of Public Health Annual Report 2019
The Health and Wellbeing of Children and
Young People**

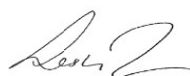
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1. Foreword

This report was written in 2019. The aim of the report was to provide an insight into a child’s journey from pre-conception to adolescence. During this journey there are a huge number of factors that influence children and young people’s health and wellbeing. This report highlights some of the key factors, and what steps can be taken to support positive health and wellbeing in children and young people. It is essential in Bury we do everything we can to ensure our children and young people are supported to lead the healthiest happiest life possible to give them every opportunity in the future.



Lesley Jones – Director of Public Health, Bury

2019

2. Introduction

For this year's public health annual report I have decided to focus on the period of preconception to adolescents. This is a critical stage of life with experiences, behaviours

and exposures during this period playing a huge part in shaping adult and older life outcomes. Thanks to huge amounts of national research and policy development it is now being acknowledged how critical this stage is.

The period from conception to adolescents can be broken down into several key life periods all of which are vitally important in different ways. This report intends to walk you through each of these periods, the factors in each which supports positive development, the risks associated with not achieving these and what can be done to have the best chance of good outcomes.

The report will also provide a detailed insight into the health and wellbeing of young people in Bury. The information on this has come from the recent large scale childhood survey completed by Bury pupils. The survey findings will help to demonstrate in what areas of health and wellbeing our children and young people thrive, what the key areas of challenge are and how we could potentially improve life outcomes for our children and young people in Bury.

3. Preconception and becoming a parent

What we know about this period

The preconception period and pregnancy, which occur during the reproductive years, are important times during the life course. They can affect the next generation and their opportunities for good life outcomes. We know in Bury that certain groups experience significant inequalities and often through no fault of their own are much less likely to adopt practices associated with positive healthy pregnancies.

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and can influence health and wellbeing outcomes in later life. In addition to the critical events that can shape an individual's health both now and in the future, the number and sequence of exposures are also crucial.

We know that the preconception and pregnancy period presents an opportunity for health professionals to encourage women and men to adopt healthier behaviours in preparation for a successful pregnancy and positive health outcomes for both themselves and their child. We know that positive outcomes are more likely in women who are:-

- Aware of screening before or during pregnancy
- Up to date with all their vaccinations before and during pregnancy including flu and pertussis (whooping cough). As this helps to prevent illness and death in the pregnant women, helps to reduce the risk of pregnancy loss, and helps protect the new-born for the first few months of life
- Taking folic acid supplements to reduce the risk of development issues and of spina bifida
- Eating a healthy diet and being physically active to maintain a healthy weight
- Not smoking or giving up smoking to reduce the likelihood of having a premature, low birth weight baby
- Not drinking or reducing alcohol consumption preconception and ceasing alcohol following conception to prevent foetal alcohol spectrum disorder (FASD)
- In a relationship / home free from domestic violence to prevent any physical harm or high levels of stress and anxiety to mother and baby
- Live and work in an environment with a reduced number of hazards and risks such as good air quality and high levels of food safety

What do we do know about Bury

In Bury we have well designed and easily accessible maternity appointments and antenatal care. We know this encourages women to attend and in turn increases the likelihood of a successful pregnancy and detection of any issue or problems at an earlier stage during the pregnancy.

We also have targeted stop smoking provision for pregnant women (Baby Clear) which provides tailored stop smoking advice for pregnant females delivered by midwives in hospitals. We know that in 2018/19 12% of women smoked at the time of delivery which is statistically similar to England and the North West. This rate has stayed relatively stable since 2014/2015 despite the significant investment in interventions to reduce these rates.

Additionally, we have local campaigns raising awareness of the FASD and what pregnant mothers and mothers to be can do to prevent it. There are currently only two clinics in England which formerly diagnose FASD. However, projections based on prevalence studies suggest the rate of cases in the UK for FASD is around 3.24%. This would equate to around 6,144 people in Bury living with FASD, around 72 of which would have been born in 2018.

4. Early years

What we know about this period

There is an overriding consensus amongst the research that the early years of life (0-5 years) set the tone for the whole of the life span. There is clear and growing evidence suggesting that the first 1001 days of a child's life from conception informs the whole of the lifespan. During this period the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experience is therefore vital to ensure children are ready to learn, ready for school and have good life chances.

Evidence has shown that a crucial influence to good future development of emotional and mental health and wellbeing is being supported by sensitive attuned parents and exposure to high-quality education and care settings.

Improving children and young peoples' mental wellbeing will have a positive effect on their cognitive development, learning, physical health, their mental health and social and economic prospects in adulthood. It is known that poor social and emotional well-being in young children can lead to behaviour and developmental problems and, later in childhood, severe depression, anxiety, self-harm and other poor mental health outcomes.

We also know those who

- have loving secure relationships
- are breast fed
- are well socialised
- are spoken to and communicated with more frequently
- grow up in a safe and secure environment free from harm

Are more likely to be school ready and thrive into healthy children, young people and then adults.

What do we know about Bury?

Breast-feeding rates

We know that in Bury the breastfeeding initiation rates (within the first 48 hours of birth) are 71.4% (2016/2017 data). This has been increasing annually since 2014 and we are better than the average for the North West (64.5%). However, while the gap has decreased, Bury is still lower than the national average (74.5%). Bury is also below the England average for breast-feeding at 6-8 weeks (42.5% versus 46.2% respectively – 2018/19 data).

Bury is doing a range of work to try and increase rates including;-

- Extensive midwifery support around nutrition during the antenatal period
- Providing trained peer support volunteers at children centre hubs to provide antenatal and postnatal support
- Providing a health visitor service which is UNICEF breastfeeding accredited with all staff trained to level 3
- Promoting support through the Bury Breastfeeding Support Group

Proportions attending early year's settings

We know that in Bury for the summer term 2019 we had the following children in early year settings

- 78.4% of eligible 2 year olds in Bury are attending early year settings compared to 68% nationally
- 94% of 3 and 4 year olds accessed their universal free 15 hours
- Of those accessing their free 15 universal hours 45.1% accessed their extended funded entitlement

Bury is doing a range of work to promote attendance within early years setting including

- Regularly using social media to share information on early year settings
- Extensively advertising the free child care offer
- Holding network meetings to update partners and the public
- Closely monitoring the uptake of places
- Promoting the 2 year old funding for those eligible through a 'Golden Ticket' scheme

Numbers of children in homes where they are exposed to abuse

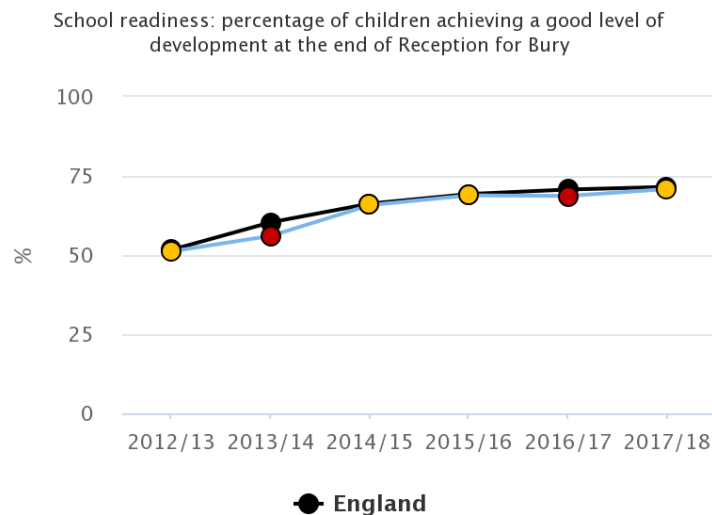
In Bury as of July 2019 we have 1,372 children currently classed as a 'Child in Need', a 'Child on a protection plan' or a 'Child in care receiving a social care service'. This is a rate of 318 per 100,000. We currently have 179 child protection plans (41.5 per 100,000). The breakdown by current category is

- Emotional abuse 55
- Neglect 118
- Physical abuse 2
- Sexual abuse 4

We also do detailed health assessments in all children in care, this looks at a range of health and wellbeing and development factors including, speech and language, learning disability, dental, behavioural difficulties, mental health difficulties, substance misuse, vision, high Body Mass Index and if they are known to the youth offending service. Then based on the findings of the assessment they are offered appropriate support.

School Readiness

In Bury the proportion of children being assessed as a Good Level of Development (GLD), i.e. being school ready at the end of the reception year is 71.4% for 2019. This is in line with the national average and puts us at 2nd highest in Greater Manchester. This figure has been increasing year on year since 2013 when it was 51.2%



However, it is important to understand that there are significant inequalities within school readiness with some groups having much lower level of school readiness. Analysis from the GLD data in Bury has shown that a child in Bury is at increased risk of not achieving GLD if they

- Reside in East or Radcliffe area of Bury
- Are male
- Are from an ethnic group other than White British
- Are born in spring or summer months
- Speak English as an additional language
- Have a Special Educational Need or Disability (SEND)

In Bury we have a robust programme of work consisting of multiple assessments and interventions that contribute to improving school readiness. Along with the rest of Greater Manchester, Bury are delivering the Early Years Delivery Model.

The Greater Manchester Early Years Delivery Model comprises 4 key elements:

- High Quality Universal Services
- 8-stage New Delivery Model assessment pathway
- A range of multi-agency pathways
- A suite of evidence based assessment tools and targeted interventions.

Specific interventions currently taking place in Bury are:

- Solihull Approach – This aims to increase emotional health and well-being through both practitioners and parents. This is done through resources and training across the

- child and family workforce. Bury's Health Visitors are trained in this approach and provide this intervention when required.
- Speech and Language
 - HELLO Programme is an improvement framework for settings to use to holistically reflect on their speech, language and communication provision. This training has been provided and the programme is being delivered in a number of Early Years settings in Bury.
 - WellComm is a Speech and Language Toolkit for Screening and Intervention in the Early Years: plays a crucial role in identifying children with potential language difficulties and offers a range of customised intervention activities to help support their language development. Bury's Health Visitors are trained and are screening children and offering intervention as required.
 - Bury's Health Visitors also distribute the Bookstart books universally at 9 months.
- Healthy weight, nutrition and physical activity
 - Change 4 Life lifestyle campaigns delivered in Children's Centres - cooking sessions teaching families food preparation skills and food nutrition.
 - Let's Play sessions provided at Children's Centres to develop skills for school readiness through physical activity and play activities.
 - The Golden Apple Award Scheme is administered in Bury and designed for early years settings who wish to improve nutrition, hygiene and dental health amongst children in their care

5. The school age and adolescence

What we know about this period

Children and young people face many new challenges and experiences as they grow and develop; part of growing up includes experimenting and trying new things. Risky behaviours are those that potentially expose young people to harm, or significant risk of harm, which will potentially prevent them reaching their full potential.

Some risky behaviour is normal and part of growing up and may be influenced by peer pressure, social media, friends and family and the wider community.

Children and young people exposed to adverse childhood experiences (ACEs) have an increased risk of poor health outcomes and health-harming behaviours across the life course *(There are 10 types of childhood trauma measured as ACEs. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment. Each type of trauma counts as one).*

Increased exposure to ACEs has been associated with issues such as increased risk of injury, disease or poor mental health. It has also been linked with health-harming behaviours such as

- binge drinking
- poor diet
- smoking
- violence perpetration
- substance misuse
- unintended teenage pregnancy
- increased risk of interface with criminal justice

We know that adolescence, is a time when young people begin developing habits that will carry over into adulthood. Evidence suggests if healthy behaviours are initiated in childhood, such as physical activity and healthy nutrition, this can increase the likelihood of them being maintained during adolescence.

What do we know about Bury?

We have recently carried out the largest school survey in Bury in the last decade. Over 3000 primary and secondary pupils throughout Bury completed the survey providing a detailed insight into our young people's health and wellbeing.

Survey Findings

The intention of this information is to provide the highlights of the school survey. While robust valid and reliable methods were used to collect the data there are some limitations to be aware of when interpreting the information. Where possible we intended to compare our area to other areas that were statistically similar to benchmark. However, due to variations in questions this has not always been possible. In addition, our analysis has looked at vulnerable groups and how their results vary from everyone else, while this is important information often the vulnerable groups had small numbers which meant the data could be easily skewed. Finally, in regards to the data provided unless explicitly stated please assume there is no significant differences in the results when compared to either national or statistical neighbours.

Physical Activity

We know regular physical activity has a whole host of physical and mental health benefits to all people throughout life. We also know that young people who are regularly physical active as a child and young person are more likely to become active adults and pass on these habits onto their children.

The national guidance suggests that children and young people should do 60 minutes or more of moderate to vigorous physical activity daily. This should include vigorous physical activity on at least three days a week.

How much physical activity do Bury pupils do?

- Only 3% of pupils reported enough physical activity to meet the guideline level, even in part
- 12% of children exercised everyday
- Year 8 pupils were the age most likely to do at least some exercise

How much do Bury pupils enjoy physical activity?

- 63% primary pupils and 57% of secondary pupils responded that they enjoy general physical activity 'quite a lot' or 'a lot'

How active are Bury pupils when they travel?

- 63% of secondary and 41% of primary pupils responded that travelled to school by car or van to school
- 39% of primary and 52% of secondary pupils responded that they walk at least part of the way
- Only 2% of pupils responded that they cycled to school

Do physical activity levels vary by group and are there any inequalities?

- Children were more likely to have taken no exercise if they had special needs or were in the Lesbian Gay, Bisexual or transsexual (LGBT) group
- Children living in the East district of Bury are significantly less likely to suggest they enjoy general physical activities
- The groups most likely to have no days of vigorous physical activity were year 4, Asian, Looked After Children (LAC), LGBT and those who receive Free School Meals (FSM)

Tobacco, Alcohol and Drugs

Substance misuse including tobacco are forms of risk-taking behaviour which are often associated with adolescence. We know there are a range of short and long term physical and mental health implications such as heart or lung disease, cancer, mental health illness, addictions and blood borne viruses.

Tobacco

Passive Smoking

- 8% of secondary pupils responded that someone smokes in a car when they are in it too
- 22% of secondary pupils responded that their parents/carers vape (use an e-cig)

Smoking

- 1% of year 6 primary pupils and 9% of secondary pupils responded that they have at least tried smoking tobacco
- 2% said they do so at least once per week

E-Cigarettes

- 2% of year 6 pupils and 27% of secondary school pupils responded that they have at least tried vaping with e-cigs or shisha
- 5% said they do so at least 'once per week'

Shisha

- 9% of secondary pupils responded that they have at least tried smoking a shisha waterpipe
- 1% said they do it at least once per week

Alcohol

- 92% of year 6 students responded that they don't drink alcohol
- 58% of secondary pupils responded that they have never drunk alcohol
- 2% of year 6 pupils responded that they had an alcoholic drink in the 7 days before the survey
- 0% of primary pupils drank alcohol on more than one day

- 2% of secondary pupils responded that they drank alcohol on more than one day in the 7 days before the survey

Drugs

- 6% of secondary pupils responded that they have taken cannabis
- 9% of secondary pupils reported that they have taken at least one of the drugs listed in the questionnaire (*questions from the questionnaire can be found at the web link in the footer below)
- 5% of secondary pupils responded that they have taken at least one of the drugs listed during the last month
- Experience of one drug is associated with experience of others (for example - of the year 10 cohort, 8% use a nicotine product weekly, 12% drank alcohol last week and 13% have ever tried illegal drugs. If these criteria were independent we would expect about 0.1% of the sample to meet all three, but the actual figure is more than 2%)

Does substance misuse levels vary by group and are there any inequalities?

- Older students, those from Prestwich and those from single parent families, were all more likely to report ever trying illegal drugs
- Asian students were less likely to report ever trying illegal drugs

Knowledge and perceptions about drugs

- Cannabis and nitrous oxide are the drugs seen as safest
- Cocaine was most likely to be seen as unsafe
- For many drugs little or nothing was known about them

Emotional Health and Wellbeing

Social and emotional wellbeing provides the building block for healthy behaviours and educational attainment. It also helps prevent behavioural problems (including

substance misuse) and mental illness. We know good emotional health and wellbeing leads to young people being happy and confident and not anxious.

A number of factors may contribute, to varying degrees, to making a child vulnerable to poor social and emotional wellbeing. In addition, a child's circumstances may vary with time.

What do we know about how much Bury pupils worry?

- 75% of primary pupils and 79% of secondary pupils responded that they worry about at least one of the issues listed 'quite a lot' or 'a lot'
- 40% of primary pupils responded that they worry 'quite a lot' or 'a lot' about school work/homework; 49% said they worry about SATs/tests
- 37% of secondary pupils responded that they worry about relationships with friends 'quite a lot' or 'a lot'; 28% said they worry about their health

- 90% of primary pupils responded that they at least 'sometimes' talk to an adult when they have a problem that worries them. 37% of secondary pupils responded that they talk to someone if they have a problem or feel stressed
- 31% of secondary pupils responded that worry or anxiety doesn't affect their life 'at all' and 30% said they can 'usually deal with any feelings of worry'
- 39% of secondary pupils responded that worry or anxiety can at least 'sometimes stop [them] concentrating on or enjoying other things'

Wellbeing in primary children

What do we know about the wellbeing of primary school pupils in Bury?

Wellbeing of primary school children was measured using the Stirling Wellbeing scale. This is a validated tool, which uses a positively worded scale measuring wellbeing in 8-15 year olds.

Each of the 12 questions is scored based on a scale of 1-5 and the total scores are then calculated. The total scores are then categorised into low (12-23), medium (24-47) and high (48-60) scores. Based on the findings from the Stirling children's wellbeing scale done as part of the survey

- 3% of primary pupils had a low score (12 – 23) on the Stirling Children's Wellbeing Scale; 13% had a med-low score (24 – 35).
- 49% of primary pupils had a high or maximum score (48 – 60) on the Stirling Children's Wellbeing Scale.
- On average, primary pupils scored 46 on the Stirling Children's Wellbeing Scale.

Wellbeing in secondary school pupils

What do we know about the wellbeing of secondary school pupils in Bury?

Wellbeing in secondary school pupils was measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS was developed to enable the monitoring of mental wellbeing in the general population. WEMWBS is a 14 item scale with 5 response categories (from "none of the time" to "all of the time", summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. Evidence has shown that low scores (under 45) could indicate a high risk of depression and of psychological distress.

- On average secondary pupils scored 45 on the WEMWB Scale.
- 9% of students had a low score on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).
- 20% of students had a high score on the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS).
- 33% of secondary pupils responded that they have at least 'often' been feeling optimistic about the future and 37% said they have been feeling useful.

What do we know about life satisfaction amongst Bury secondary school pupils?

- 8% responded that they feel 'not at all' satisfied with their life at the moment.

- 55% responded that they feel 'quite a lot' or 'a lot' satisfied with their life at the moment.

What do we know about how resilient Bury secondary school pupils are?

- 46% responded that when something goes wrong they 'usually' or 'always' learn from it for next time, while 24% said they get angry or upset and feel bad for ages.
- 56% responded that if at first they don't succeed, they 'usually' or 'always' keep on trying until they do, while 42% ask for help and 13% give up

Do resilience levels vary by group and are there any inequalities?

- Lower resilience scores were obtained by females, by children attending Whitefield INT schools, by single parent families and LGBT groups. Asian students were least likely to score in the lowest bracket.
- Vulnerable groups are rather more likely to worry and LGBT most of all.

Responses to worries or problems

We know having effective coping mechanisms and having positive strategies to cope with stress, issues or worries is a key element of maintaining a positive mental wellbeing.

Conversely, we know having a lack of positive coping mechanism or negative responses can further exacerbate problems.

- Primary pupil's most common coping mechanisms included thinking about it on my own, eating more, eating less, keeping busy with other things and watching TV/DVDs or online videos.
- There was a greater likelihood of vulnerable groups in secondary schools reporting self-harm which is concerning.

Sources of support

- Family was the most common source of support for all topics, with friends scoring higher if the topic was related to sex or substances.

General

- 7% of 10-11 year olds have a score of 30 or less on Stirling's wellbeing scale, which is higher than the reference samples.
- Poorer emotional wellbeing was more common in the analysis groups.
- Females generally had poorer emotional wellbeing than males.
- A significant number of young people report anxiety can intrude importantly into their lives and some of these do not have, or do not use support.

Sexual Health

Good sexual health means that young people understand consent, avoid infections, illnesses and unplanned pregnancies and take responsibility to ensure that they protect themselves and others, both physically and emotionally.

What do we know about the sexual health of secondary pupils in Bury?

Knowledge

- 49% of secondary pupils responded that they have 'never heard of' or 'know nothing about' HIV/AIDS; 66% said the same about chlamydia.
- 71% of secondary pupils responded that they think condoms are reliable to prevent pregnancy; 55% said the same of the contraceptive pill.
- 78% of Year 8 pupils and 42% of Year 10 pupils responded that they 'don't know' how long after unprotected sex someone could take emergency contraception and still expect it to work, while 11% of Year 8 pupils and 25% of Year 10 pupils think it's only effective for the following day (24 hours) (this is significantly better than statistical neighbours at 82%).
- 1% of Year 8 pupils and 11% of Year 10 pupils responded that you can take emergency contraception up to 5 days (120 hours) after unprotected sex and still expect it to work (accurate for Ellaone and IUD contraceptives).
- 15% of secondary pupils responded that they know they can get condoms free of charge from a family planning centre in their local area.

Sexual behaviours

- 9% of Year 10+ pupils responded that they are either in a sexual relationship or have had one in the past (This is significantly less than our statistical neighbours which is 17%).
- 4% of Year 10 pupils responded that they have had sex and 'always' used a method of protection or contraception (This is significantly worse than our statistical neighbours which is 8%).
- 3% said they 'never' or only 'sometimes' did.
- 2% of Year 10 pupils responded that they have had sex and have taken risks with sex (infection or pregnancy) after drinking alcohol or drug use, while 2% said they are 'not sure' if they have.
- 4% of Year 10 pupils responded that they have gone further than they would like [sexually] after drinking alcohol or drug use, while 6% said they are 'not sure' if they have.
- 5% of secondary pupils responded that their boyfriend/girlfriend has threatened to spread rumours about them, either with their current partner or in the past; 4% said their boyfriend/girlfriend has used hurtful or threatening language towards them.

Vulnerable groups

- Sexual activity is more commonly reported among Y10 pupils who were looked-after or LGBT and less often by Asian pupils.
- Students were much more likely to have experienced aggressive or controlling behaviours in a relationship if they were looked-after or LGBT.

Bullying, internet safety, anti-social behaviour and violence and aggression

How young people act and are treated plays a significant part in how they feel. In addition the wider environment including their school and the internet can also influence health and wellbeing.

What do we know about how secondary pupils interact and how they engage the wider environment?

Bullying

- 27% of boys and 42% of girls in primary schools and 25% of secondary pupils responded that they at least 'sometimes' feel afraid of going to school because of bullying.
- 8% of primary pupils and 5% of secondary school pupils responded that they 'often' or 'very often' feel afraid of going to school because of bullying.
- 26% of primary pupils responded that they have been bullied at or near school in the last 12 months, while 17% said they are 'not sure' if they have been.
- 73% of boys and 65% of girls in primary schools responded that they experienced one or more of the negative behaviours listed at least a 'few times' in the month before the survey.
- 3% of primary pupils and 4% of secondary pupils responded that they think others may fear going to school because of them, while 18% and 16% respectively said they are 'not sure'

Reasons for being bullied

- 11% of primary pupils and 11% of boys and 18% of girls in secondary schools responded that they think they have been 'picked on' or bullied because of the way they look.
- 9% of pupils in primary schools and 13% of boys and 12% of girls in secondary schools think they have been picked on or bullied because of their size or weight.
- 71% of primary pupils responded that they think their school takes bullying seriously, while 11% think it doesn't take it seriously.

Vulnerable groups

- Pupils were more likely to be afraid of going to school because of bullying if they were in Year 4, were female, were White UK, or if they were in the Special Educational Needs (SEN), Long Term Illness or disability (LID) LGBT or FSM groups. Asian pupils were less likely to report being so afraid.

Summary

- There is a marked association between bullying and poorer emotional wellbeing.
- 26% of primary children reported having been bullied in the last year; secondary pupils also report experiences of bullying behaviours. If a reason was given, was most likely to be because of their size, weight or appearance.
- Bullying levels are markedly higher if pupils have poor emotional wellbeing; whether this is cause or effect (or both) cannot be decided from the results.
- Among other variation, children in vulnerable groups report more experience of bullying, especially the LGBT group; Asian pupils report less, and report less anti-social behaviour.

Internet safety: primary

- 7% of primary pupils responded that they communicate with people they have met online and don't know in real life.
- 5% of primary pupils responded that they communicate with people online by posting things that lots of people can see and 10% said they communicate with people using picture/video sharing sites/apps.
- 6% of primary pupils responded that they have seen pictures, videos or games they found upsetting online; 84% said they have not experienced any of these things.
- 24% of primary pupils responded that they are 'never' supervised when using the internet at home.
- 24% of Year 6 primary pupils responded that they have seen images or videos online that were for adults only.
- 18% of Year 6 primary pupils responded that they have told an adult about upsetting/adults-only images or videos they have seen online.
- Of the 151 Year 6 primary pupils who said they have seen upsetting/adults-only images or videos online, 62% said they told an adult about it.

Internet safety: secondary

- 88% of secondary pupils responded that they have been told how to stay safe while online; of these secondary pupils,
- 63% said they always follow the advice they have been given.
- 43% of secondary pupils responded that their parents have rules about what they can do on the internet.

- 9% of secondary pupils responded that they have experienced someone posting things online to hurt or upset them (with text, pictures or video), while
- 4% said they have sent personal information to someone, then wished they hadn't or had thought more about it.
- 71% of secondary pupils responded that they have one or more profiles online for games or social networks.
- 27% of secondary pupils responded that they have one or more profiles online for games or social networks and neither they nor a parent/carer check the profile settings so that they are as private as they would like; 13% said they don't know.
- Of the 788 secondary pupils who have one or more profiles online, 31% said that they or a parent/carer check the privacy settings on all profiles.
- 35% of secondary pupils responded that they communicate with people through online games, while 37% said they do so through picture/video sharing sites/apps.
- 13% said they don't communicate with people online

Anti-social behaviour

- 58% of boys and 42% of girls in secondary schools responded that they have done at least one of the anti-social behaviours listed at some point; 14% said they have done four or more.

Violence and aggression

- 10% of secondary pupils responded that they have been the victim of violence or aggression in the area where they live in the last 12 months, while 14% said they are 'not sure' if they have been (this was significantly worse than statistical neighbours which were 4% and 9% respectively)
- 8% of secondary pupils responded that they have carried weapons or something else for protection when going out at least 'sometimes'.
- 4% said they carry a weapon with a blade.
- 5% of secondary pupils responded that they have carried weapons or something else for protection when going out at night

6. Recommendations

- Robust Early Years and parenting support offer
- Updated physical activity strategy which has a strong focus on young people, specifically targeting those at increased risk of low levels of physical activity and utilising active travel more (specifically cycling)
- Robust universal information to be shared with young people in schools around drugs, alcohol and tobacco – with a targeted approach offering enhanced support to those young people at risk of multiple risky behaviours
- More systematic and consistent offer through schools on emotional health and wellbeing and resilience, including coping mechanisms
- Targeted support for those groups most vulnerable to emotional health and wellbeing issues
- Increased awareness raising around the basics of key sexual health issue and understanding of the available provision
- Work closely with the community safety partnership to support the online safety in children and young people agenda (specifically targeting parents and the role they can play in protecting profiles)
- Work with police and schools to raise awareness of the wider implications of anti-social behaviour and the impact it has on lives
- An ACE aware Trauma informed approach to be taken by all frontline agencies