North Lincolnshire Adolescent Lifestyle Survey 2016/17

North Lincolnshire Council

Public Health Intelligence Team

July 2017
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Acknowledgements
We would like to express our thanks to all of those head-teachers, deputy heads, heads of year, and form tutors who coordinated the completion of this survey. Particular thanks are due to Judy Franklin and Ben Lawrance of Frederick Gough School for their leadership and support throughout the process. The fact that so many secondary schools and academies continue to participate in the survey each year demonstrates head teachers’ continuing commitment to improving the health and well-being of their pupils, and their engagement with the local and national public health and wellbeing agenda. Finally we would like to express our thanks to all of those 5037 pupils who took part in the survey.
Introduction

1.1 Introduction

- This report presents the summary findings of the latest Adolescent Lifestyle Survey, 2016/17.
- This is the 5th lifestyle survey of secondary school children completed in North Lincolnshire. The previous surveys were carried out in the autumn terms of 2004, 2007, 2010, and 2013.
- All five surveys were commissioned by North Lincolnshire’s local secondary schools, colleges and academies, and planned collaboratively with partners in the local authority, NHS and public health staff.
- This latest survey was completed between October 2016 and February 2017, and was again led by individual schools and colleges, with the support of public health intelligence staff from North Lincolnshire Council.
- Each secondary school has access to their own school level survey data. This report summarises the results of the aggregated authority wide data for North Lincolnshire.
- The survey generated responses from just over 5,000 pupils aged 11-15 years and overall, represents more than half (57%) of this age group in North Lincolnshire.
- All mainstream secondary schools were invited to take part in the survey via an anonymous online survey tool. Technical problems prevented 1 school from taking part, whilst timetabling issues affected the participation of some year groups in a further 3 schools.
- St Hugh’s Communication and Interaction Specialist College will participate in the next academic year using a moderated version of the questionnaire.
- A small number of pupils attending local alternative education provision also took part this year and are included in the overall results.
- Participation in the survey varied widely between schools and academies, with some schools achieving close to 100% coverage.
- All but 1 school reached the minimum participation rate of 33% overall. However, there was considerable variation in participation rates between year groups within some schools.

<table>
<thead>
<tr>
<th>NCY group</th>
<th>Yr 7</th>
<th>Yr 8</th>
<th>Yr 9</th>
<th>Yr 10</th>
<th>Yr 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of participating schools/academies</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>No of other providers that took part</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total survey responses</td>
<td>1144</td>
<td>1118</td>
<td>994</td>
<td>986</td>
<td>795</td>
</tr>
<tr>
<td>% all North Lincolnshire pupils</td>
<td>60%</td>
<td>59%</td>
<td>59%</td>
<td>57%</td>
<td>47%</td>
</tr>
</tbody>
</table>
Table 2: Trends in survey responses

<table>
<thead>
<tr>
<th>Year</th>
<th>Yr 7</th>
<th>Yr 8</th>
<th>Yr 9</th>
<th>Yr 10</th>
<th>Yr 11</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>915</td>
<td>990</td>
<td>1007</td>
<td>907</td>
<td>1011</td>
<td>4830</td>
</tr>
<tr>
<td>2013</td>
<td>1165</td>
<td>1193</td>
<td>1070</td>
<td>1004</td>
<td>1257</td>
<td>5689</td>
</tr>
<tr>
<td>2016</td>
<td>1144</td>
<td>1118</td>
<td>994</td>
<td>986</td>
<td>795</td>
<td>5037</td>
</tr>
</tbody>
</table>

- Overall, 57% of all pupils of mainstream secondary schools in North Lincolnshire took part. This was a lower participation rate than in 2013/14. However, we are confident that overall, the sample is representative of 11-15 year olds, in terms of age, gender, family income, looked after status, and ethnicity.
- Steps were taken this year to ensure that the survey was accessible as possible to pupils with lower reading ability. The questionnaires were a third shorter than last time and were assessed with a reading age of 7-8 years of age.
- Nevertheless, it is possible that a significant number of young people with special educational needs may not have participated because of the potential need for additional teaching assistant support. In future, we will work closely with schools to ensure that a moderated version is available for use with young people with additional learning needs.
- Many of the questions employed have been used in national surveys to monitor trends in young people’s health and wellbeing. Where possible we have retained the original format and wording of these questions over time to enable local trend analysis.
- Another change this year is the definition of ‘long term health problem, disability or condition’, which was adopted from the recent national ‘What Youth Survey’ ([https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/](https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-young-people/)). This is a broader definition than the one we have previously used, and means we cannot compare robustly, the results about this group of pupils with those in earlier surveys.
- Where possible, we have undertaken detailed analysis by age, sex, ethnic group, disability and free school meal status and compared with national data.
- Looked After Children (LAC) are represented in the sample. However, the numbers are too small to present any specific comparative analysis for this group of young people here.
- Parents were informed by schools ahead of the survey taking place and were given the opportunity to withdraw consent for their son or daughter to take part. To our knowledge, no parents took up this opportunity.
- The sections that follow summarise the key findings from the survey across a range of key health and wellbeing outcomes. As in the previous four surveys, a small number of questions related to sexual health were only asked of pupils aged 14+, ie pupils in Years 10-11.
- Overall, the results are very positive, with continuing and measurable improvements in health and wellbeing compared with 2004, 2007, 2010 and 2013 results. This is good news for young people, their families, schools and local agencies and represents the outcome of local agencies' joint efforts to improve children's health and well-being over the last ten years.
- The report also identifies some opportunities for improvement and priorities to be taken forward by the LA, schools and partners. These are summarised in the final chapter of this report.
- Individual school reports are also being used by local schools to help them gauge how well they are meeting their own health and wellbeing objectives and to develop local plans for improvement.
1.2 Sample characteristics

- The sample broadly matches the North Lincolnshire secondary school aged population in terms of sex, age, ethnicity, disability and free school meal status.
- 13% pupils who took part in the survey said they claimed free school meals, (FSM). This compares with 12% across the secondary school population as a whole in North Lincolnshire.

**Table 3: Sample characteristics 2016**

<table>
<thead>
<tr>
<th></th>
<th>Year 7</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Year 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>English as additional language (EAL)</td>
<td>6%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>BME</td>
<td>13%</td>
<td>12%</td>
<td>14%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Live in lone or reconstituted families</td>
<td>37%</td>
<td>39%</td>
<td>42%</td>
<td>46%</td>
<td>46%</td>
</tr>
<tr>
<td>Grandparents live with them</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Long term chronic illness, condition or disability (self assessed)</td>
<td>17%</td>
<td>15%</td>
<td>15%</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Claim Free School Meals</td>
<td>14%</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>‘Looked After’</td>
<td>1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Provide care for a parent or sibling with a serious illness/disability</td>
<td>12%</td>
<td>10%</td>
<td>14%</td>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>

- Most pupils (between 91% - 95%) said they lived with at least one birth parent and more than half said they lived with both.
- The proportion living in separated or reconstituted families has risen since the last survey, especially amongst older teenagers, of which almost half live apart from one natural parent.
- Of those living with just one birth parent, 9 out of 10 lived with their Mum, although many continue to have regular contact with both, with some spending time living in each parents’ home.
- Less than 1% were living with foster carers or in children’s homes.
- 4% of young people said that a grandparent lived with them, a figure similar to the previous survey.
- More than 12% of the survey population identified themselves as being from Black and Minority Ethnic groups; the largest BME group being young people of Bangladeshi or Polish heritage. This is significantly higher than in 2013/14, when the figure was 7%.
- For 6% of pupils, English was not their first language.
- Between 7-14% said they spent time caring for a sick or disabled relative at home. This is slightly higher than in 2013 or 2010.
- More than three quarters (79%) of these young carers said they were caring for a parent, and a quarter for a brother or sister.
- 28% of those who identified themselves as ‘carers’ were eligible for free school meals, confirming the strong association between family disability, ill health and low income seen in previous surveys.
2. Summary of data

2.1 Health and wellbeing

Physical wellbeing
- The vast majority of young people, 86%, report being in good physical health. This declines with age, with 8% of 13-15 year olds reporting being in poor health, compared with 3% of 11-12 year olds.
- Just over 15% pupils self-reported with a long term health problem or disability, based on the definition employed in the national ‘What About Youth’ survey, and matches the result for North Lincolnshire in that survey.
- Looked After Children (LAC) and children on free school meals, were more likely than others to report a disability or long term health problem, at 22%.
- No details were sought on the nature of their illness or disability, although the definition encompasses children with long term medical conditions such as asthma and diabetes, as well as children with significant and long term disabilities and/or special educational needs.
- When asked, most of these young people said their condition did not affect their school work. However, more than a quarter felt it did, and almost a third (30%) felt this affected their school attendance. This result was fairly consistent across all year groups and both sexes.
- Applied across the survey sample, this suggests an average of 4% of 11-15 year olds who self assess with a diagnosed condition which, in their view, impacts on their education.

Figure 1: Pupils with self-reported LLI/disability which impacts on their school attendance/work

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Physical activity

- The recommended amount of physical activity for children for securing healthy development and to maintain a healthy weight is 60 minutes a day of aerobic, (moderate\(^2\) to vigorous\(^3\) intensity) activity. However, we know that only 26% of five to 10 year olds meet this level, with this dropping as they move through secondary school. By the age of 15 only 15% meet this recommended level of physical activity.

- The Public Health England report ‘Everybody Active, Every Day’ emphasises the importance of the school setting in expanding children’s opportunities to be active.

- This is confirmed in both local and national data on children’s physical activity levels, as only 14% of 11-15 year olds meet national recommendations for physical activity outside school\(^4\).

- In our survey, the proportion was even lower, ranging from 13% of Year 7s to less than 8% of Year 11s, although few said they did no activity at all outside school.

- Girls continue to be less physically active than boys, with this gap widening as they get older. By the age of 15, 58% girls reported doing little or no physical activity outside school, compared with 42% boys. This gender gap is in line with national trends.

**Figure 2: Self-reported physical activity (outside school) by year group, 2016/17**

Perceptions of body weight

- More than half of 11-12 year olds (59%) said they eat school dinners, with take up declining with age. One in ten 13-15 year olds said they did not eat anything for lunch, including 5% of those who said they claimed free school meals.

- Across all age groups, more than half of children and young people thought they were an ideal weight, in line with the national result\(^5\). Almost 1 in 4 (24%) thought they were

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\(^2\) Moderate activity would include walking to school, skateboarding, cycling or playground activities

\(^3\) Vigorous activity would include running, football, netball, martial arts, gymnastics, etc


\(^5\) ‘Health Survey for England, 2015’
overweight, including 3% who considered themselves to be very overweight. 13% thought they were underweight.

- There were few gender differences in these self assessments, with boys being slightly more likely to self-assess as underweight. This is a similar result to 2007.

**Table 4: Do you consider yourself to be....**

<table>
<thead>
<tr>
<th></th>
<th>Very thin/underweight</th>
<th>A bit underweight</th>
<th>Ideal weight/jus right</th>
<th>A bit overweight</th>
<th>Very overweight</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys 2007</strong></td>
<td>3%</td>
<td>13%</td>
<td>56%</td>
<td>22%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Boys 2016</strong></td>
<td>4%</td>
<td>12%</td>
<td>54%</td>
<td>20%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Girls 2007</strong></td>
<td>2%</td>
<td>11%</td>
<td>52%</td>
<td>24%</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Girls 2016</strong></td>
<td>1%</td>
<td>9%</td>
<td>54%</td>
<td>22%</td>
<td>3%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Body image**

- Although more than half of young people were happy with their weight, a significant proportion of young people admit to worrying about their appearance/body image, especially as they get older. By the age of 14, 1 in 3 (34%) girls and 13% boys say they worry a lot about this.

- The 3% young people who self assessed as very overweight were much more likely to worry a lot about this, (53%) and almost three quarters (72%) of this group reported that they rarely or never felt good about themselves, with most of these responses coming from girls.

**2.2 Emotional wellbeing**

- The majority of children and young people have a positive outlook on life. Most 11-12 year olds are happy and confident and feel they have a lot be proud of. These scores are higher than in previous years.

**Table 5: Which of the following statements do you agree with? (Years 7-8) 2016/17**

<table>
<thead>
<tr>
<th>Do you agree...</th>
<th>Year 7</th>
<th>Year 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am happy with my life</td>
<td>91%</td>
<td>87%</td>
</tr>
<tr>
<td>I like trying new things</td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>I often feel sad or tearful</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>I like the way I am</td>
<td>84%</td>
<td>77%</td>
</tr>
<tr>
<td>I often get angry or bad tempered</td>
<td>36%</td>
<td>40%</td>
</tr>
<tr>
<td>I have a lot to be proud of</td>
<td>83%</td>
<td>75%</td>
</tr>
</tbody>
</table>

- Boys were slightly more likely to say they had a lot to be proud of 81%, compared with 76% girls aged 11-13 years. Girls this age were also more likely to report feelings of sadness, 28% compared with 17% boys. Children who reported they had a health condition or disability that affected their school work were less likely to express positive wellbeing.
Table 6: % pupils (Years 7-8) who say they often feel one of the following

<table>
<thead>
<tr>
<th></th>
<th>Happy with life</th>
<th>Often sad</th>
<th>I don't like the way I am</th>
<th>Angry/Bad tempered</th>
<th>Lot to be proud of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>86%</td>
<td>17%</td>
<td>11%</td>
<td>32%</td>
<td>81%</td>
</tr>
<tr>
<td>Girls</td>
<td>85%</td>
<td>28%</td>
<td>19%</td>
<td>26%</td>
<td>76%</td>
</tr>
<tr>
<td>Disability/LLI</td>
<td>81%</td>
<td>29%</td>
<td>18%</td>
<td>34%</td>
<td>75%</td>
</tr>
<tr>
<td>Disability that affects school work</td>
<td>75%</td>
<td>57%</td>
<td>27%</td>
<td>47%</td>
<td>69%</td>
</tr>
<tr>
<td>No disability</td>
<td>86%</td>
<td>23%</td>
<td>13%</td>
<td>27%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Emotional Wellbeing

- The Warwick Edinburgh Emotional Wellbeing Scale (WEMWBS) is a scale of positively worded items that has been validated for use with 13-15 year olds. It asks respondents to describe their feelings over the previous two weeks and is designed to measure positive mental wellbeing in a population, as opposed to mental illness and disorder.

- Its main use is to compare wellbeing scores between populations, or within populations over time. It is not designed for use as a screening tool to detect mental illness, although very low scores may indicate the need for clinical support. The minimum score possible is 14 and the maximum is 70. The higher the score, the better the emotional wellbeing.

- All participating pupils in year groups 9-11, (ie 13-15 year olds), were asked to complete this scale. And on average, their wellbeing scores were just slightly below the national average, with a mean score across all 13-15 year olds of 46.9, compared with a national average of 48.0.7

- 15% scored at least 1 standard deviation below this mean score, and a similar proportion at least 1 standard deviation above this score.

- Overall, girls scored lower than boys, and accounted for almost two thirds of young people with a low wellbeing score, (ie <35). Conversely, boys accounted for two thirds of all those with above average scores, (ie >59).

- There were no significant differences in mean scores between pupils claiming FSM, and others, although they were less likely than other pupils to score highly on this measure.

- The same applied to pupils with a disability, long term condition, with a higher proportion of this group scoring at or below the mean for all 13-15 year olds, and a lower proportion scoring significantly above the mean.

- Of all pupils, Looked After Children reported the lowest wellbeing, with an average score of 30.0 amongst 13-15 year olds, compared with an overall score 46.9 for this age group.

- Table 7 summarises the range of scores, with relatively low or relatively high scores referring to those scores which were more than one standard deviation above or below the mean.

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6 Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved

7 See Health Survey for England and What About Youth survey
the overall mean for all 13-15 year olds. ‘Very low’ and ‘very high’ scores refer to the range of scores which are at least 2 standard deviations from the average, (mean).

<table>
<thead>
<tr>
<th>Table 7: Distribution of wellbeing scores by group (% 13-15 year olds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very low wellbeing score (14-25)</td>
</tr>
<tr>
<td>All 13-15 yr olds</td>
</tr>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Girls</td>
</tr>
<tr>
<td>FSM</td>
</tr>
<tr>
<td>Disability/LTC</td>
</tr>
<tr>
<td>Young Carers</td>
</tr>
<tr>
<td>LAC (n=&lt;20)</td>
</tr>
</tbody>
</table>

- There are 14 items on the WEMWB scale. Overall, the item where pupils scored highest was on ‘feeling loved’, and the lowest, was on ‘having energy to spare’.

<table>
<thead>
<tr>
<th>Table 8: How often in the last two weeks have you felt (Years 9-11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time/Often</td>
</tr>
<tr>
<td>I’ve been feeling optimistic about the future</td>
</tr>
<tr>
<td>I’ve been feeling useful</td>
</tr>
<tr>
<td>I’ve been feeling relaxed</td>
</tr>
<tr>
<td>I’ve been feeling interested in other people</td>
</tr>
<tr>
<td>I’ve had energy to spare</td>
</tr>
<tr>
<td>I’ve been dealing with problems well</td>
</tr>
<tr>
<td>I’ve been thinking clearly</td>
</tr>
<tr>
<td>I’ve been feeling good about myself</td>
</tr>
<tr>
<td>I’ve been feeling close to other people</td>
</tr>
<tr>
<td>I’ve been feeling confident</td>
</tr>
<tr>
<td>I’ve been able to make up my own mind about things</td>
</tr>
<tr>
<td>I’ve been feeling loved</td>
</tr>
<tr>
<td>I’ve been interested in new things</td>
</tr>
<tr>
<td>I’ve been feeling cheerful</td>
</tr>
</tbody>
</table>

Source: Warwick-Edinburgh Mental Well-being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved
There were differences between schools, with mean overall scores for 14 year olds ranging from 50 to 44. (One school/academy was not included in this analysis due to a lower than average response to this question).

These differences were due largely to the way pupils responded to one or two items within the overall measure.

Feeling good about themselves

On average, 42% of 14 year olds said they always or often felt good about themselves, with rates ranging from 56% in one school to 34% in another.

Teenage boys consistently scored higher on this measure of self-esteem, a finding reflected in national surveys of wellbeing amongst teenagers. By the age of 14, 37% girls and 17% boys said they rarely or never feel good about themselves. This gender difference was evident in all schools and across all ethnic groups.
The recent national Good Childhood Survey (2015)\(^8\), also observed that girls generally expressed lower wellbeing than boys, and reported evidence of increasing gender inequalities in levels of distress and anxiety, (a finding supported by the recent national adult psychiatric morbidity survey which shows rising levels of depression and anxiety amongst 16-24 year old women\(^9\)).

It is not clear what is accounting for this widening gender gap. It may be that girls are more willing than boys to talk about and seek help for emotional distress. Or it could indicate lower mental health literacy, with lower thresholds amongst girls than boys. Alternatively it could indicate poorer resilience amongst young women\(^10\).

The Good Childhood Survey (2015)\(^11\) highlighted a range of factors impacting on children and young people’s emotional wellbeing. Those groups at greatest risk of poor emotional and mental health include children and young people who:

- bully or are bullied
- from BME communities and refugees
- of parents with mental health or drug/alcohol problems
- are affected by neglect, violence and maltreatment & Looked After Children
- LGBT young people
- Are young carers
- Run away
- have disabilities and/or long term illness/condition
- are experiencing family conflict
- have witnessed domestic abuse
- have experienced bereavement, separation or loss
- are in the lowest socio-economic group
- are part of gangs
- offend

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\(^8\) ‘Good Childhood Report’ Children’s Society, (2015)
\(^10\) ‘Missed Opportunities. A Review of recent evidence into children and young people’s mental health’ Centre for Mental Health, 2016
\(^11\) Children’s Society, 2015
• In our survey, teenage pupils who self assessed as having a disability or long term illness, were more likely than others to report low self-esteem12, 33%, compared with 27% other pupils this age.

• However, Looked After Children of this age were also the least likely to say they felt good about themselves, with 59% of this group saying they rarely or never did. However these findings are based on a very small sample (<20) of LAC in the survey.

• Worrying a lot about exams and achieving their potential was also associated with lower wellbeing scores, especially amongst girls.

• The ‘national ‘Good Childhood Report’ highlighted other associations with wellbeing. In particular,
  ➢ Happiness was strongly associated with the amount of control children felt they had over their future
  ➢ Children who played sports or active games most days were half as likely to report low wellbeing than those who never did any.
  ➢ Having ‘enough friendships’ was associated with higher wellbeing

• In our survey, a small number of pupils reported ‘never seeing friends outside school’; 5% of 13-15 year olds. These young people were much more likely to say they rarely or never felt good about themselves, 44% compared with 27% of the rest of this age group.

• Young people who perceived they had been bullied a lot in the last 4 weeks were also more likely to report never or rarely feeling good about themselves at 49%.

• This association between bullying and low self esteem was stronger for girls than boys in this age group, in spite of similar self reports of being bullied. (Young people’s perceptions of bullying are considered in more detail below).

• There was no association between emotional wellbeing scores and ethnic group in our survey.

Physical activity and emotional wellbeing

• The link between subjective wellbeing and physical activity is well known, and all the research evidence suggests that the ‘five ways to wellbeing’ are as relevant to children and young people as they are to adults13.

• A recent survey of 5-10 year olds by Public Health England (PHE)14 looking at the effects of physical activity on children’s emotional wellbeing, found:

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12 Defined in this survey as reporting ‘never or rarely feeling good about themselves’
14 PHE, July 2017
being active made the majority of 5 to 11 year olds feel happier (79%), more confident (72%), and more sociable (74%), according to their parents

- nearly all children said they liked being active (93%)
- the main motivations for kids to be more active was having friends to join in (53%) and having more activities they liked to choose from (48%)
- children’s overall happiness declines with age; 64% of 5 and 6 year olds said they always feel happy, compared to just 48% of 11 year olds
- 19% of children said they were less active due to a lack of sports or activities they enjoyed.

- A national survey of 11-15 year olds published by the Children’s Society\(^{15}\) also found that the strongest predictor of wellbeing amongst this older age group was non-team sports/exercise, with the association being stronger for teenage girls than for boys.

- In our local secondary school survey engaging in physical activity outside school was positively associated with self-esteem, especially amongst teenage girls, who, overall, were less active than boys.

![Figure 6: Wellbeing and physical activity (14 year olds)](image)

- Young people who said they engaged in exercise at least 4 times a week were also more likely to report having energy to spare.

**Young people’s worries**

- Young people were asked how much they had worried about a range of issues in the last month. Most teenagers admitted to worrying a little about things from time to time, and on most issues. However, only a minority said they worried a lot.

- Across all age groups, chief amongst their concerns were achieving their potential at school, exams and tests, their appearance/body image, and for those in Years 9-11 making the right choices of subject options, and preparing for the future. These worries increased with age and were more commonly reported amongst girls.

By Year 11, half of young people, (51%), said they had worried a lot about exams in the previous 4 weeks, including two thirds of girls. This compares with 49% in 2013/14.

Figure 7: What young people say they have worried about a lot in the last 4 weeks (% 13-15 year olds)

Worries about being bullied

- In comparison with concerns about educational attainment, worries about bullying are relatively low and have fallen considerably in all age groups during the last decade.

- Overall, 8% 11-15 year olds reported worrying a lot about bullying in the last month – a figure similar to 2013/14. This compares with 13%, in 2010, 15% in 2007 and 18% in 2004.

- Falls have been greatest amongst Year 7s, although worries about bullying have halved in all age groups since 2007, with similar rates reported by both sexes.

Table 8: % Year groups who say they worry a lot about being bullied

<table>
<thead>
<tr>
<th></th>
<th>Year 7</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Year 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>30%</td>
<td>24%</td>
<td>18%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>2010</td>
<td>21%</td>
<td>16%</td>
<td>14%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>2013</td>
<td>11%</td>
<td>12%</td>
<td>10%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>2016</td>
<td>13%</td>
<td>10%</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

- Children with a disability/long term illness remain the group most likely to worry about bullying, although this varied considerably by year group.
Figure 8: Worried a lot in the last month about being bullied by disability/LLI, 2016/17

Gender differences

- Girls were more likely than boys to say they worried a lot about most things, with the focus of their anxieties being largely on school work, body image, fitting in with friends, and how others view them. This applied across all age groups.

- 1 in 10 teenage girls said they worried a lot about what people were saying about them on Facebook, and other social media.

- ‘Other’ issues highlighted by young people included, family illness, changing schools and making new friends.

Figure 9: What 13-15 year olds say they worry about most by gender, % 2016/17
Who young people talk to

- When asked what helped to relieve their worries, the most common response was talking to family and friends. 17% said they would look online for help with a problem that was really worrying them.

- Reassuringly more than 80% of 11-12 year olds and more than 70% of 13-15 year olds said they found it easy to talk to a parent about their worries and problems.

- More than three quarters of 11-12 year olds (79%), said they found it easy to talk to teachers and 70% said there was another trusted adult in school they could share their worries with. This reported ease in talking to adults declined with age, and compares with a third and a half of 13-15 year olds respectively.

- Overall, 12% 13-15 year olds said they found it difficult to talk to any adults about their worries, whether parents, school staff or social workers. This response was more common amongst girls, and applied across schools.

**Figure 10:** % 13-15 year olds who find it difficult to talk to parents/teachers/ other adults about their worries (by school) 2016/17

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2.3 Seeking help on mental health issues

- National research suggests that at any one time, in a secondary school of 1,000 pupils, an estimated
  - 150 will be at risk of poor mental health and need some extra help
  - 70 will have a common diagnosable condition
  - 17 will have a more serious condition
  - 1 will have a very serious condition potentially requiring inpatient care

- Applied to this survey, we would expect amongst our 5000+ pupil respondents at least
  - 750, (15%) at risk of poor mental health and needing extra help
  - 350 (7%) with a common diagnosable condition, such as depression or anxiety
  - 85 (1.7%) with a serious condition
  - 5 (0.1%) with a serious condition requiring inpatient care

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Adolescence is also a time when most early symptoms of adult mental illness (including psychosis) emerge, and there is strong evidence that getting help early on could limit the length and recurrence of episodes of mental illness, and reduce the risk of problems extending into adult years. Yet, national reports show that only a minority of children and young people with early signs of a diagnosable mental illness get the timely help they need.

Some of the likely reasons for this are summarised in a recent review of research evidence on children’s mental health and include:

- stigma
- willingness and energy to seek help (often undermined by symptoms of their condition, e.g., depression)
- poor mental health literacy (i.e., not recognising poor mental health, not knowing there is help available and not believing that help will make a difference)
- perceptions that timely help is unavailable (as well as actual delays)
- poor personal experiences or experiences of others of receiving help

National research evidence also suggests that young people this age are not always aware that their mental health is deteriorating, and tend to favour informal sources of support for mental health difficulties, such as friends or family. Yet as we have seen, a significant minority of young people do not find it easy to talk to any adults about their anxieties and emotions.

These findings illustrate the importance of raising awareness and mental health literacy among families, schools, and young people themselves. As the authors of recent research review commented,

“If young people, families, teachers and other non-specialist professionals recognise mental health problems and have relevant knowledge about risks, causes and effects of treatment, young people are more likely to seek early appropriate help.” Centre for Mental Health, ‘Missed Opportunities’ (2016) p12

In response to this and other evidence, the Department for Education has taken a number of steps to improve mental health support in schools, including

- new guidance for school counselling services.
- updated guidance on mental health and behaviour, and children with physical and mental health conditions.
- appointment of a mental health champion for schools, to help raise awareness and reduce the stigma around young people’s mental health.
- joint investment with NHS England to pilot joint training for designated leads in CAMHS services and schools; £5m in ‘character education’ including peer mentoring; and £5m for grants for organisations that work with vulnerable children and young people, including funding for a comprehensive directory of all mental health services for schools.

17 ‘Missed Opportunities’ Centre for Mental Health 2016
- Funding the PSHE Association to produce guidance and lesson plans to support teachers to deliver age-appropriate lessons on mental health in PSHE education.

- Public Health England has also provided briefings for head teachers and governors which include a summary of research evidence showing the links between positive mental wellbeing and good educational outcomes. North Lincolnshire was recently successful in bidding for some of this national funding. In particular to train all mental health champions (we have 1 in every school/college and alternative provision) in youth mental health first aid, (YMHFA). All school nurses have also been trained in YMHFA.

- In addition North Lincolnshire plan to train 8 local instructors of the YMHFA course so that in house training will be available every year to all educational settings.

- In order to inform further development work locally, we asked 13-15 year olds for their views on how mental illness was dealt with in their school.

- Specifically, young people were asked what they would do, and who they would seek help from if they had concerns ‘that a friend had a serious mental health issue’.

**Figure 11: If you were concerned a friend had a serious mental health problem who would you talk to? % 13-15 yr olds**

- The majority said they would approach their friend directly, and try and get them to seek help, for example by persuading them to get a GP appointment and offering to go with them.

- About a quarter said they would approach an adult in school about this. Form tutors were the most frequently mentioned first point of contact within school, followed by Heads of Year and Headteachers.

- School counsellors and school nurses were mentioned next, by almost 1 in 5 teenage students.

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18 "The link between pupil health and wellbeing and attainment A briefing for head teachers, governors and staff in education settings" PHE 2014
- 14% mentioned peer mentors as a source of advice on mental health issues. 18% said no one, whilst 16% did not know.

**Figure 12: Who would you talk to in school about this % 13-15 yr olds?**

- Students were also asked how they thought mental health issues were dealt with by their school. Just over half of 13-15 year olds thought this was good or OK, whilst a significant minority did not feel able to comment as they had no experience of this.

- Girls were more likely than boys to say their school response to this issue was poor.

**Figure 13: How do you think your school deals with mental health issues? % 13-15 yr olds**

- This gender difference was reflected in almost all schools, although pupils’ ratings varied.

- When asked what they thought might help, responses ranged from raising more awareness about mental health issues amongst pupils and staff, (for example, in assemblies or PSHE lessons), to identifying a dedicated staff member whose role it is to look after young people’s wellbeing and sign post young people to services, where required.

- Stigma about mental illness was generally regarded as a key barrier to seeking help from school staff, as well as lack of awareness about who they could talk to, both formally and informally.
• Young people said they wanted conversations about poor wellbeing and mental illness to be ‘normalised’ within school. They also valued confidentiality when approaching staff.

‘Allowing people to come to teachers without any consequence. Stop making it seem like a really serious thing that means you will be reported and make them feel like they’re ill. Make it seem like a normal thing’

‘Being discreet when it matters’

‘I’d prefer to talk to a counsellor about this as they’re likely to be less judgemental. But I don’t know where to find him or her.’

‘People find it difficult to open up in school about issues so there should be an anonymous programme dedicated to assisting people without them having to reveal their problem’.

‘Acknowledging the fact that not everyone is in the same boat. Not everyone will be comfortable talking about things because at home, people may not be as accepting of these things; they may be old fashioned and there is still a taboo on mental health in a lot of cultures. Plus, the main topic is usually anxiety or depression but there’s more to it than just those two problems.’

‘Actually making time to talk to the children that go to them about their problems instead of saying, oh come back at break or dinner’

‘Maybe it could be described more openly (posters around school etc) rather then it being a topic which seems to have very little approach to it.’

‘When anything to do with mental health or self harm comes up, they put the student into counselling sessions for a couple of weeks and then seem to think that solves everything and forget about it’.

• When asked later in the survey what PSHE topics they would like more information on, pupils were most likely to identify emotional wellbeing, suggested by a quarter of Year 7s, and a third of Year 10s. This was the most popular response amongst teenagers in North Lincolnshire, with two thirds of these responses coming from girls.

Figure 14: % Yr 10s who said they would like more coverage of emotional wellbeing in PHSE
2.4 Internet use

- Home access to the internet via a smartphone or other device was relatively universal amongst 11-15 year olds at more than 90%.

- Most 11-12 year olds say they use the internet at home for homework, and for watching videos or playing games. Almost half say they use it to stay in touch with family, 55% for staying in touch with friends, whilst 11% said to make new friends.

  Figure 15: What do 11-12 year olds use the internet for at home? 2016/17

- More than two thirds of this age group said they spent at least 2 hours a day online playing games, chatting or watching videos, with almost 1 in 3 saying they spent more than 3 hours a day.

  Figure 16: No of hours a day 11-12 year olds say they spend online chatting or playing games/videos (2016/17)

- National research on children’s internet use suggests that moderate use of technology can have a significant positive impact on children’s wellbeing, including increased social connectedness.  

• Although there is still a lack of good quality evidence on the causal impact of heavy internet use, some researchers have suggested a range of associated negative outcomes, including a heightened risk of sleeping disorders, obesity, stunted academic attainment, low self esteem, anxiety and depression, an increased risk of ‘cyberbullying’ and an inability to develop real-life relationships.

• Using the internet to make new friends has also been linked in national reports to lower levels of wellbeing. This may be because people who feel isolated in their everyday lives are attempting to use the internet to counteract this.

• The Mental Health Foundation argue that, ‘It is too early to say whether technology is changing our core ability to relate to others, but soon enough to conclude that while it facilitates relationships, real and virtual, technology is no substitute for the human interaction that is a buffer against loneliness’. In other words, social media use may boost the strength of existing relationships but it is less likely to help with those for whom those relationships are already lacking.

• We were not able to investigate these issues in any depth, and so cannot comment on the direction of causality, there was a relationship between heavier internet use, (ie more than 3 hours a day) and expressions of low self-esteem and sadness amongst 11-12 year olds, especially amongst girls.

• Similarly, those 11-12 year olds who said they spent most time on the internet were also more likely than ‘moderate users’ (2 hours or less a day) to say they had experienced cyberbullying in the last 4 weeks, although for both groups this experience was relatively uncommon, 9% compared with 3% of ‘moderate users’.

• Not surprisingly frequent late night use of the internet was associated with ‘low energy levels’, especially amongst girls. Overall, half of 11-12 year olds and three quarters of 13-15 year olds said they had been online after midnight, with the frequency of late night use increasing with age.

• In our survey, 6% 11-12 year olds and 1 in 4 (24%) 15 year old boys say they are online after midnight most nights of the week.

2.5 Feeling Safe
Many of the questions in this section were asked in 2007. New questions directed at older pupils perceptions of how common ‘sexting’ and viewing pornography was amongst their peers was added in 2010.

In school

• The vast majority of pupils said they felt safe in school. Although young people were not asked why they did not feel safe, of the small minority who said they did not, (6% of 11-12 year olds and 4% of 13-15 year olds), 31% said they had been bullied in the last 4

21 Insert reference in here Mental Health Foundation
weeks. There were slightly more boys than girls in this cohort. A similar result was reported in the 2013/14 survey.

**Travelling about**
- Almost 9 out of 10 pupils said they felt safe walking in their local area.

**Online safety**
- About 90% 11-15 year olds say they feel safe online, a slight rise on 2013. There were no differences between year groups in this respect. Girls were slightly more likely than boys to say they felt unsafe.
- 96% of 11-12 year olds and 95% 13-15 year olds said they had had lessons on online safety. And of those that did recall having lessons, 94% and 88% in each age cohort respectively, said they found these lessons useful. This is a significant improvement on 2013, when the average response was 72%.

**Figure 17: Have lessons on on-line safety helped you understand how to stay safe online?**

- 10% of each year group said they had participated in an online ‘Facebook’ challenge. Younger pupils were more likely to mention the ‘ice bucket challenge’. Amongst older pupils, ‘drinking’, or ‘necking challenges were more common.
- Just over two thirds (67%) of 13-15 year olds and a similar proportion of 11-12 year olds, 63%, said they were aware of the online safety button, a significant improvement on 2010 when the average was 47%, although less than half of this number said they knew how to download it.
- Awareness varied between schools, ranging from 88% of 11-12 year olds in one school, to 29% in another.
Overall, more than 80% young people said they were confident about where to get help if they felt unsafe online.

17% said they would like more information on this.

2.6 Being Safe

‘Sexting’

- The NSPCC defines sexting as the ‘exchange of sexual messages or images and creating sharing and forwarding of sexually suggestive nude or nearly nude images through mobile phones or the internet’.

- Recent quantitative studies have put rates of participation in ‘sexting’ by young people at between 15 and 40 per cent, depending on the age of respondents and the definition employed. A less recent, non-representative UK study of 11–18 year olds reported that 40% of this age group said they had friends who share sexual images (via any electronic means), with 27% saying it happens ‘regularly or all the time’.

- In our survey, 13-15 year olds were asked ‘Would you say that ‘sexting’ (the sending or receiving of a sexual message or image) happens amongst your age group?’ (This matches the question asked in previous local surveys).

- Just under two thirds, 61%, said yes, whilst a quarter did not know. This varied by age, rising to almost three quarters of Year 11s, with perceptions being higher amongst girls than boys. This compares with 75% of 13-15 year olds who responded yes to this question in 2013/14.

- When asked if they had received a sexual message or image on their phone/computer in the last 12 months, less than half that number, 31% girls and 22% boys this age, said yes. Again this is lower than in 2013/14.

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‘A Qualitative Study of Children and Young People & Sexting’ Ringrose et al 2012, NSPCC
• When asked what they did in response, half said they had taken further action, most commonly by blocking further contact from that person, (34%), changing their privacy settings, (12%) and/or deleting the messages from that person, (30%). Five per cent said they had reported this to an adult or to CEOP.

• There were significant gender differences, with girls being much more likely than boys to say they had responded by blocking further messages and/or changing their privacy settings.

• The number of young people who said they had been asked to send a sexual image of themselves in the last year was lower, at 20%, with higher rates amongst girls, 29%, compared with 13% boys.

• Similarly, when asked what they did in response, just over half said they had taken action to either block that person, or change their privacy settings. 6% said they had reported this to an adult or to CEOP, whilst just under half said they had done nothing in response.

• Almost half, (48%) of 13-15 year olds thought that most, if not all of their peer group had viewed pornography online, with this perception being higher amongst teenage boys, 57%, compared with 37% girls.

**Figure 19: How many people your age do you think have viewed pornography online (boys)?**

![Figure 19: How many people your age do you think have viewed pornography online (boys)?](image)

*DK/MD = don’t know or missing data

**Experience of Bullying**

• Pupils were given the Ofsted definition of bullying to read and then asked a number of questions about their own experience, whether they felt this had ever happened to them in this school, never, sometimes, or a lot, as well as whether this had happened in the last 4 weeks.

• Overall, between a quarter and a third, (29%), of pupils in Years 7 or 8 felt they had been bullied at some time in their current school, and 6% of this age group felt they had been bullied a lot.
bullied a lot. This rose slightly as pupils got older, with 33% of Year 10s saying they had been bullied at their current school.

Figure 20: Ever bullied at this school by Year group

- When asked if this had happened in the last 4 weeks, about half of this number, 14% of 11-12 year olds (Year 7 and 8s), said yes, as did 10% of 15 year olds, (Year 11s).

- Perceptions of more recent bullying were highest amongst Year 7s claiming free school meals, (19%), and amongst those with a long term illness or disability, (21%), although these numbers were relatively small. These two pupil groups were also more likely to say they had been bullied a lot in the last month, 9% and 8% respectively, compared with 3% of all 11-12 year olds.

Figure 21: % 11-15 year olds who perceive they have been ‘bullied a lot’ in this school in the last 4 weeks

- More than half (57%) of those Year 7s who said they had been ever been bullied at their current school had sought help from someone in school, and of those that had, 83% said it had helped. There was no difference between children with disabilities or children claiming free school meals and other children in this respect. Of those who had sought help as a result of being bullied in the last 4 weeks, 78% said it helped.

- The most common source of support was a form tutor or other teacher. Of those Year 7s who had sought help, 21% had sought help from a peer mentor, although young people often reported that they had approached more than one person.

- More than 1 in 3, 39%, of those in Years 9-11, said they had sought help from someone in school as a result of being bullied, with most of them approaching an adult member of staff.
Most pupils thought their school dealt with bullying well, (64%), although this declined with age, from 71% of Year 7s and Year 8s, to 53% of Year 11s. There was no difference between children with disabilities and other children in this respect.

However, there were significant differences between schools, with positive responses ranging from 78% in one school to 57% in another.

### Cyberbullying

- Whilst there is no evidence available to suggest that online bullying has greater impacts than offline bullying or that technology use has increased the prevalence of bullying, there is considerable concern about the impact of cyberbullying on young people.
- In our survey, 5% of 11-12 year olds and 8% 13-15 year olds said they had been bullied online by someone in their school, with girls being twice as likely to say they had been a victim of this. This compares with a UK average in 2013 of 12% 11-15 year olds, although this national survey was not confined to school peers.
- Compared with other forms of bullying, pupils were less positive about their school’s response to cyberbullying, although a significant proportion were not able to comment as they had no experience of this.
- 58% of Year 7-8 pupils thought their school dealt with this well, or OK, whilst 8% thought this was poor. However, a much larger proportion of this age group, 26%, said they did not know. This was a similar response to the 2013/14 survey.
- Amongst older pupils in Years 9-11, the figures were 47% and 22% respectively.

### Healthy relationships

- More than 80% of pupils of all ages could correctly identify characteristics of healthy and unhealthy relationships presented in this section of the survey, as well as signs of domestic abuse. Where some young people were less sure, was the use of Facebook to ‘check up’ on someone, or ‘constant texts to find out what they are doing’, although there was no ‘it depends’ option, so their responses could have been context dependent.
- Two thirds said they were aware of numbers they could call to get advice if they needed help with this, and just under half said they were aware of adults in school they could approach for advice on domestic abuse.
- Just over 70% of pupils in Years 9-11 and 64% in Years 7-8 recalled having lessons on healthy relationships at school, the lowest proportion being amongst Year 7s. Of those that had, almost 80% said they had found them useful.
Table 9: % pupils who would like more information in the classroom, 2016/17

<table>
<thead>
<tr>
<th>Would like more information on</th>
<th>Year 7</th>
<th>Year 9</th>
<th>Year 11</th>
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<tbody>
<tr>
<td>Healthy relationships</td>
<td>27%</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Domestic abuse</td>
<td>34%</td>
<td>27%</td>
<td>22%</td>
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- Overall, more than a quarter of pupils said they would like more information about this in the classroom.

2.7 Staying healthy

- Self-reported levels of smoking, alcohol and drug use amongst 11-15 year olds in North Lincolnshire have all declined in line with national trends, and are at their lowest level since these surveys began, although the decline in drug use has slowed down compared with previous years.

- The percentage of 14-15 year olds who say they are sexually active has also fallen significantly since 2004.

- However, whilst behaviours that could be regarded as ‘risky’ are in decline amongst young people, we also know that these behaviours tend to ‘cluster’ amongst the most vulnerable, with multiple risks leading to negative outcomes for some groups of young people[^24].

- In this survey, only a very small minority of 14-15 year olds, (3%), claimed to have had sex, been drunk in the last 4 weeks and used drugs. Numbers were too small to draw any conclusions about trends, although they more prevalent in our more deprived populations.

Smoke free

- In 2016, the majority of pupils reported being ‘smoke free’, ie they had never tried smoking tobacco. Of those that had, few were current smokers, ie they had tried it once or had since given up.

- Even amongst 15 year olds, 62% said they had never tried smoking, compared with 42% in 2007.

Figure 22: % pupils who report never having tried smoking (tobacco)

- As in previous years, experimentation tends to peak in the mid teen years, more than trebling between Year 7 and Year 9.

- Very few young people meet the national definition of ‘regular smoking’ ie 1 or more cigarettes a week, with rates ranging from less than 1% of Year 7s, 3% of Year 9s, to 9% of Year 11s. This is slightly below national figures and represents a decline on previous years. The largest local falls in teen smoking since 2010 were amongst teenage girls.

Figure 23: % pupils who are regular smokers, 2014-2017 (% Yrs 9-11)

- In spite of these declines, young people still perceive smoking to be more common amongst their peers than it actually is.
Living with smokers

- Whilst the number of young people taking up smoking has fallen, the proportion exposed to smoking of others in the home has not changed. In 2017, more than a third of young people aged 13-15 years, (36-40%) said they lived with someone who smokes, most commonly, their parents. This is the same as in 2014.

- As in previous years, the association between teen and parental smoking is very strong. More than a third of those pupils who said they lived with smokers currently smoked themselves, compared with 14% of those who lived with non-smokers. They were also more likely to be regular smokers, 9%, compared with 2% of young people who lived with non-smokers.

- There was also a strong association between smoking and low income, with 8% of 13-15 year olds on free school meals reporting regular smoking, compared with an average of 5% for this age group.

- White British teens were far more likely to smoke than Asian British pupils, as were Eastern European children. Almost three quarters of pupils (72%) said they had had lessons on smoking, and of those that did, 91% found them useful. A quarter of regular smokers say they want to quit.

E-cigarettes

- The current national advice is that e-cigarettes are significantly less harmful to health than tobacco and are the best available and less harmful alternative for those heavy smokers who find it hard to quit. However, it is an offence to sell e-cigarettes to children in this country or to purchase them on behalf of under-18s.

- In our 2016 survey, the proportion of young people who had tried e-cigarettes exceeded those who had tried tobacco, although few of those who had tried vaping were regular users. Rates of use were similar to national trends, although older teenagers in North Lincolnshire were slightly more likely to have tried e-cigs than their national peers.

Table 9: % pupils who have tried e-cigarettes or tobacco, 2016/17

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<th>Yr 10</th>
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<tr>
<td>E-cigs</td>
<td>5%</td>
<td>12%</td>
<td>24%</td>
<td>34%</td>
<td>39%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>3%</td>
<td>7%</td>
<td>14%</td>
<td>24%</td>
<td>33%</td>
</tr>
<tr>
<td>Other tobacco products eg water pipe</td>
<td>-</td>
<td>3%</td>
<td>7%</td>
<td>9%</td>
<td>16%</td>
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</table>
Some health experts (for example in other countries) have expressed concerns that e-cigarettes may be a gateway to tobacco use, especially in young people, who are more vulnerable to the addictive impact of nicotine. In this country the current national evidence suggests that regular e-cigarette use by young people is almost exclusively confined to those who smoke, and that youth smoking continues to fall. In our local survey, 87% of current vapers had tried tobacco, and almost half (46%) were also regular cigarette smokers. Overall, just 1% of young people who have never tried tobacco were current users of e-cigarettes. This is in line with national research evidence.

Use of other tobacco products by this age group in North Lincolnshire was below national rates, and was highest amongst regular cigarette smokers.

Cannabis use
- While drug use amongst young people continues to decline, both locally and nationally, the rate of decline seen over the last decade now appears to be slowing.
- In 2016, 17% of 15 year olds in North Lincolnshire said they tried cannabis, 7% in the last month. These rates compare with 21% and 10% in 2010, and 17% and 7%, respectively, in 2013. And are below the national average for 2014 of 24% and 12%.
- Rates were almost twice this amongst those young people claiming free school meals, at 28% and 16%.
- Even so, this proportion is well below perceptions. In 2016, almost three quarter of 15 year olds in North Lincolnshire thought that most if not all of their peers had tried drugs.
- The proportion of young people who say they have been offered drugs has remained relatively consistent over the last 10 years, suggesting that young people are more resilient to exposure. Older teenage boys were most likely to say they had been offered drugs, 36% in Year 11 boys, compared with 34% Year 11 girls. This has remained unchanged since 2007.
- Exposure to drugs was consistent across all areas of North Lincolnshire, and included pupils attending both urban and rural schools. Rates were highest amongst those claiming free school meals, at 40% of Year 11s.
- 85% of 14-15 year olds, said they had had lessons on the risks associated with taking drugs, and of those that had, 94% said they had found these lessons useful.

Alcohol
- Most young people this age say they have tried alcohol, and for many this tends to be on special occasions, and usually under parental supervision. Almost three quarters of 13-15 year olds in our survey, 71%, said they had had a whole alcoholic drink to themselves, compared with 50% nationally.

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26 As above
Far fewer report drinking as much as weekly. By the age of 14, (Year 10) just 7% of young people report drinking alcohol every week, compared with 6% of this age group nationally.

In 2016, 2% 11-12 year olds and 21% of 13-15 year olds said they had been drunk at least once in the previous 4 weeks. This rose to 1 in 3, (33%), 15 year olds, with girls continuing to outnumber boys. For older pupils this represents a rise on previous years. This is also significantly above the national rate, which was reported as 24% amongst Year 11s.

Figure 25: % pupils who say they have been drunk at least once in the last 4 weeks by age, 2016/17

Almost two thirds (63%), 11-12 year olds and 80% 13-15 year olds said they had already had PSHE lessons on the risks associated with drinking alcohol. Of those that had, 88% had found these lessons useful.

2.8 Sexual health

Most young people are not sexually active before the age of 16, with the average age of sexual debut being between 16-19 years. According to the National Survey of Sexual Attitudes and Lifestyle (Natsal) this trend has not changed significantly in a decade, although teen conception rates have fallen during this time, with rates currently at their lowest rate and half what they were in 1995/7.

The NATSAL survey also asked young people about what sources of information about sex and relationships they used while growing up. The results suggest those who reported their main source of information as school were less likely to have an unplanned pregnancy and less likely to report having non-consensual sex as a young adult, (Wellings, 2013). School was also identified in this survey as young people’s preferred source of information about sex when growing up.

In our survey, 57% of Year 7s, and 79% of Year 8s said they had received lessons on sexual health. This rose to almost 90% of 13-15 year olds.

27 The National Survey of Sexual Attitudes and Lifestyles is a population based sample of 15,000 men and women resident in Britain and is the largest survey of its kind in the world. The surveys began in 1992 and take place every 10 years.

Of those that had lessons, more than 80% said they had found these lessons useful, and that these lessons had answered most of their questions.

Overall, 31% 11-12 year olds and 28% of 13-15 year olds said they would like more information on sexual health in their PSHE lessons.

**Sexually active**

- In line with national trends, the majority of under 16s in North Lincolnshire are not sexually active, and the percentage of 14-15 year olds who say they are, has fallen significantly since 2007, the largest declines being amongst 14-15 year old girls.

- In our survey, the highest rates of sexual activity was reported amongst Year 11s, 25%, and, in line with previous years, were highest amongst older girls, at 29%. These results are in line with national trends.

- Of those 14-15 year olds who said they were sexually active, almost half (47%) said they were 14 years old the first time they had sex.

![Figure 26: % pupils in Years 10-11 who claim to have had sex, 2007-16](image)

- Research shows that young people receiving good quality sex and relationships education at school are more likely to delay having sex, and are more likely to use condoms and other forms of contraception when they have their first experience.

- This is reflected both locally and nationally in teen conception rates, which have halved in North Lincolnshire since 1995/7 and are currently below national rates, and for the first time in two decades.

**Contraception**

- Nationally, we know that the majority of young people use contraception during heterosexual sexual intercourse. However, use of contraception amongst sexually active teens is still not as high as it is amongst 16-24 year olds.

- In our survey, 80% of those 14-15 year olds who claimed to be sexually active said they or their partner had used some form of contraception the last time they had sex; the most common method being a condom, whilst 15% said they had not used anything. This distribution of responses is similar to that reported in 2013/14.
### Table 10: When you last had sex, what forms of contraception did you/your partner use?  
(baseline - 19% of all Years 10-11 who claimed to be sexually active)

<table>
<thead>
<tr>
<th>Condom</th>
<th>Condom &amp; other contraception</th>
<th>Implant / LARC</th>
<th>Injection</th>
<th>Pill</th>
<th>Nothing</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>14%</td>
<td>10%</td>
<td>2%</td>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

- Overall, 58% of these young people said they had used some form of barrier method either in combination with other contraceptives, or alone, the last time they had sex, which means that a considerable minority are exposing themselves to STIs.

**Perceptions of others’ sexual activity**

- Whilst young people are less likely to perceive sexual activity to be the norm amongst their age group than previously, almost half, (46%) of Year 10-11 pupils thought that at least half of their peers had already had sex, compared with an actual figure in this age group of 18%. Only 1% 14-15 year olds thought that no-one their age had had sex, compared with an actual figure of 82%.

**Figure 27:**  
Year 10-11 pupils’ perceptions of how many young people their age are sexually active, 2016

**Sexual health services**

- Although most young people this age are not sexually active, it is important that young people know in advance where they can go should they need advice and help, so that they can access this in a timely way.

- When asked where they would go if they needed sexual health advice or treatment.
  - 40% Yrs 10-11 said they would access a sexual health clinic
  - 30% would consult their GP
  - 18% the school nurse
  - 7% a school based clinic

- Asked whether they would access a clinic in school if one were available
  - 26% said yes
2016/17 Adolescent Lifestyle Survey - North Lincolnshire

- 31% said maybe
- 42% said no

- Teenage boys were more likely than girls to say they would make use of such a service, although girls were more likely to say they might.

2.9 Views on PSHE

- By the start of Year 11, the vast majority of young people have had several years’ worth of PSHE, although the detail in which some of the subjects are covered may vary by Year group.
- Most topics are covered from the end of Year 6 onwards, and whilst schools may vary in the timing, frequency and quality of PSHE, most young people value the information they receive and find it useful.
- As the table below shows, virtually all young people in each year group had had lessons on online safety, whereas coverage of healthy relationships is more variable. Even so, the majority of 11-15 year olds recalled having some lessons on this, and of those that did, more than three quarters found them useful.

<table>
<thead>
<tr>
<th></th>
<th>Year 7</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Year 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had lessons on drugs</td>
<td>62%</td>
<td>86%</td>
<td>90%</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>Found them useful</td>
<td>96%</td>
<td>96%</td>
<td>92%</td>
<td>94%</td>
<td>90%</td>
</tr>
<tr>
<td>Had lessons on smoking</td>
<td>64%</td>
<td>84%</td>
<td>85%</td>
<td>87%</td>
<td>88%</td>
</tr>
<tr>
<td>Found them useful</td>
<td>94%</td>
<td>94%</td>
<td>90%</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>Had lessons on alcohol</td>
<td>62%</td>
<td>86%</td>
<td>91%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td>Found them useful</td>
<td>93%</td>
<td>89%</td>
<td>87%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>Had lessons on sexual health</td>
<td>63%</td>
<td>79%</td>
<td>80%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Found them useful</td>
<td>91%</td>
<td>89%</td>
<td>80%</td>
<td>85%</td>
<td>79%</td>
</tr>
<tr>
<td>Had lessons on healthy</td>
<td>58%</td>
<td>70%</td>
<td>66%</td>
<td>76%</td>
<td>72%</td>
</tr>
<tr>
<td>relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Found them useful</td>
<td>83%</td>
<td>81%</td>
<td>77%</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>Had lessons on online</td>
<td>96%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Found them useful</td>
<td>96%</td>
<td>97%</td>
<td>87%</td>
<td>90%</td>
<td>87%</td>
</tr>
</tbody>
</table>

- There is considerable variation between schools in terms of when they begin PSHE and which topics are covered and when.
When asked what areas of PSHE they would like more information on, healthy relationships, sexual health and emotional wellbeing ranked within the top three and for most year groups.

Table 11: Which PSHE topics would you like more information on?...

<table>
<thead>
<tr>
<th>Year</th>
<th>Drugs</th>
<th>Domestic Abuse</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 7</td>
<td>Domestic Abuse</td>
<td>Sexual Health</td>
<td>Emotional wellbeing</td>
</tr>
<tr>
<td>Year 8</td>
<td>Sexual health</td>
<td>Healthy relationships</td>
<td>Emotional wellbeing</td>
</tr>
<tr>
<td>Year 9</td>
<td>Emotional wellbeing</td>
<td>Healthy relationships</td>
<td>Sexual health</td>
</tr>
<tr>
<td>Year 10</td>
<td>Emotional wellbeing</td>
<td>Healthy relationships</td>
<td>Sexual health</td>
</tr>
<tr>
<td>Year 11</td>
<td>Emotional wellbeing</td>
<td>Healthy relationships</td>
<td>Sexual health</td>
</tr>
</tbody>
</table>

2.10 School work and aspirations for the future

- Almost all students, (97%), recognised the importance of getting good exam results, either to secure a good job or to pursue higher education, and 89% equated hard work with success.

- When asked what support was available at home, the majority said they enjoyed the emotional support of their parents, although practical support, for example with homework, was slightly lower.

- Finding somewhere quiet at home to do homework also presented difficulties for some. Children on low incomes were more disadvantaged in this respect, with 10% of those claiming FSM saying they never have a quiet place at home to do school work, compared with 6% of the rest.

- When asked what they thought they hoped to be doing at 18 years of age (ie when they had finished school and further education), just under half of all age groups, 46%, thought they would be studying at University or college. In contrast with previous years this rose with age, with far fewer Year 7s saying they hoped to be at University compared with previous years.

- As in previous years, girls were more likely to aspire to higher education than boys, although this gender difference was not evident amongst BME pupils, with both boys and girls in BME communities being more aspirational than their white British peers.

- In contrast, teenage boys were more likely than girls to consider an apprenticeship as their preferred destination. For both genders this preferred option is half what it was in 2013.

- Similar proportions said they were not sure yet what they wanted to do.
### Table 12: What do you hope to be doing at 18?

<table>
<thead>
<tr>
<th></th>
<th>University/college</th>
<th>Apprenticeship</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 7</strong></td>
<td>12%</td>
<td>7%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Year 8</strong></td>
<td>48%</td>
<td>9%</td>
<td>19%</td>
</tr>
<tr>
<td><strong>Year 9</strong></td>
<td>47%</td>
<td>11%</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Year 10</strong></td>
<td>51%</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Year 11</strong></td>
<td>60%</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs 9—11</strong></td>
<td>41%</td>
<td>14%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Girls</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs 9-11</strong></td>
<td>63%</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>FSM status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs 9-11</strong></td>
<td>42%</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Non FSM status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs 9-11</strong></td>
<td>54%</td>
<td>11%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>BME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs 9-11</strong></td>
<td>64%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs 9-11</strong></td>
<td>50%</td>
<td>11%</td>
<td>18%</td>
</tr>
</tbody>
</table>

#### 2.11 Advice and guidance

- Most pupils in Years 10 and 11 said they had received some information on careers and advice in school, and more than 60% felt this was really good or good enough. This is a similar rating to previous years.
- 30% felt they needed more advice, whilst just 6% said there was too much information.
- There was little difference between the year groups in this respect, although significant variation between schools.
- A slightly higher proportion, 67%, were confident that they would get the right guidance and advice about careers at school, although again this varied by school.
- Students were more confident they would get the right advice from parents, at 85%.

#### 2.12 Survey feedback

- Finally, half of respondents in each year said they would like to see a copy of the local authority level report.
3. Summary of key issues

The overlap between physical and emotional wellbeing

- Overall, the findings of this local survey are consistent with national trend data on health outcomes for children and young people and provide additional evidence of continuing improvements in many areas of young people’s physical health and wellbeing in North Lincolnshire.

- For example, the proportions of young people who report smoking, alcohol and drug misuse, and/or engaging in sexual activity continue to decline and are at their lowest level since these surveys began. This is good news and reflects national and local improvements in young people’s health literacy.

- On the other hand, levels of healthy weight, (as measured by the National Child Measurement Programme) and physical activity, have not improved, and, for some groups, have worsened\(^{29}\), with significantly lower levels of healthy weight and physical activity reported than nationally.

- Yet all the research evidence suggests that physical activity has a positive impact on both physical and emotional wellbeing, leading to overall improvements in educational attainment. Our survey results confirm the strong association between emotional wellbeing, physical activity and positive body image, especially amongst older teenage girls, who, overall, are less active than boys.

- The association between physical and mental wellbeing is also evidenced by lower emotional wellbeing amongst pupils with long term conditions. National research evidence shows that this group are at much greater risk of poor mental health as adults\(^{30}\), suggesting opportunities to intervene earlier to reduce their long term vulnerability.

- Other vulnerable groups at risk of poor emotional wellbeing and poor mental health include Young Carers, and Looked After Children. These two groups, although small in number, had the lowest wellbeing scores.

- Teenagers with few or no social contacts were another vulnerable group with lower than average wellbeing scores. In our survey, 5% of 13-15 year olds said they had little or no contact with friends outside school and found it difficult to talk to adults about their worries.

- Heavy use of the internet, especially frequent late night use, was also associated with poor wellbeing and low energy levels.

\(^{29}\) Statistics on Obesity, Physical Activity and Diet, England, 2016, NHS Digital, 2017

\(^{30}\) [http://www.phoutcomes.info/](http://www.phoutcomes.info/)
Health literacy

- All of the evidence suggests that more and more young people are making positive choices about their health and that the vast majority of young people this age know how to stay healthy, value the lessons they receive at school about this and do not engage in behaviours that could put their long term health at risk.

- In spite of this evidence, many young people continue to believe that experimentation with smoking drinking drugs and sex is much more common amongst their peers than it actually is, suggesting the need for a continued focus on the normative approach to PSHE in our schools.

- The proportion of young people taking up smoking is falling year on year, and is at its lowest ever level both locally and nationally. Nevertheless, smoking remains the single largest avoidable cause of death and ill health, with regular smoking rarely being initiated after adolescence, with adult smoking remaining more prevalent in North Lincolnshire than nationally.

- Our survey also shows that young people from more deprived backgrounds are both more likely to be exposed to smoking in the household and to take up the habit themselves, suggesting the need for a continued focus on those at highest risk, alongside population wide tobacco control measures.

- Young people’s experimentation with alcohol and drugs has also declined, but nowhere near as fast as tobacco use, with some national surveys suggesting a halt in this downward trend. Rates of alcohol and drug misuse are no higher in North Lincolnshire than elsewhere. However, North Lincolnshire pupils tend to start drinking at a younger age than their national peers, suggesting a continued need for evidence-based drug and alcohol education within school settings, which focus on strengthening young people’s resilience. This is underlined in the Government’s recent refresh of the National Drugs Strategy, (2017).

- The proportion of young people who say they are sexually active has also declined sharply, especially amongst girls. And whilst most young people who are active claim to use some form of contraception to prevent unwanted pregnancy, the use of barrier methods has not changed, with more than a third of those who are sexually active continuing to expose themselves to STIs.

Mental health literacy

- Whilst this survey provides evidence of rising physical health literacy amongst our young people, 11-15 year olds appear to be less aware of how to promote their own mental health, and the impact of staying physically well on mental wellbeing, nor where to get help should they or their peers need help with a serious mental health issue.

- When asked how their school dealt with mental health issues young people (and girls in particular) were more critical, compared with how their school deals with other issues, and were less likely to say they would approach adults in school for support with this.

- Nevertheless, a significant minority, (between a quarter and a third) said that they would approach school staff, the most commonly mentioned school point of contact being
form tutors, as well as heads of year and headteachers. National research also suggests that teachers are the first professional port of call for parents concerned about their child’s mental health and wellbeing.

- This suggests the need to raise mental health awareness of all staff who work with young people in the health, education and social care sectors, especially those who work with vulnerable groups, in order to improve young people’s timely access to help and to enable staff to support students facing work related anxiety. Mental Health First Aid training for all school staff is a starting point for this.

- Young people are clearly in support of this and between a quarter and a third of all year groups said they wanted emotional wellbeing and mental health issues to be given greater coverage in their school’s PSHE.

- Girls were much more likely than boys to express lower emotional wellbeing and to ask for more coverage of this issue in PSHE. And yet we know from national and local research evidence that males are much more likely to develop serious and enduring mental illness, are less likely than women to express concerns about their mental wellbeing or to seek help with mental health issues, and are 3 times more likely to take their own lives in adulthood. This reinforces the need for more targeted work aimed at developing the mental health literacy of boys and young men, as well as equipping female pupils with the coping mechanisms to enable them to handle anxiety and stress.

- In our survey, looked after children, children with long term conditions and disabilities, and those caring for others with chronic conditions, were more likely to express poorer emotional wellbeing, highlighting the continuing vulnerabilities of these groups.

**Trends in Feeling Safe and Being Safe**

- Fear of bullying is relatively low in North Lincolnshire and continues to fall year on year, and in all age groups. In this most recent survey, the proportion of Year 7s who reported worrying a lot about being bullied was less than half that reported in 2007, at 13% compared with 30% ten years ago.

- Although proportions are small, children with a long term condition (LTC) worried most about bullying and were more likely to say they had experienced a lot of bullying in their current school in the previous 4 weeks, (8% of Year 7s with a LTC, compared with 3% of those without).

- Reassuringly, more than half of those affected had sought help from someone in school, and for the vast majority this had helped. Indeed, most of this age group thought their school dealt with bullying well. However, this assessment varied significantly between schools, suggesting opportunities for shared learning between colleges and academies.

- Although reports of cyberbullying were relatively uncommon, reported by 7% of pupils in Years 7-11, compared with 12% of 11-15 year olds nationally, pupils were generally far less positive about their school’s response to this, with more than a fifth of 13-15 year olds describing this as ‘poor’. Again this varied by school.
Most young people this age say they feel safe online and know how and where to seek help. Awareness of the CEOP button has also risen significantly since the last survey took place, although only a third said they knew how to download this onto a PC or other mobile device.

Awareness of how to deal with unwanted emails and texts, including ‘sexts’, ie ‘exchange of sexual messages or images’, has also risen, with girls being much more likely than boys to both receive, and be asked to send a ‘sext’, and to take action to prevent this from happening again. Boys on the other hand were more likely to ignore them or do nothing in response.

Boys were also more likely than girls to regard the viewing of online pornography as common amongst their peers. By Year 11, more than two thirds of boys in our survey thought that most or all of their age group had viewed pornography online.

A recent UK study of children’s access to online pornography, published by the NSPCC and Office of the Children’s Commissioner in 2016, suggests that about half of 11-15 year olds have viewed pornography online, including two thirds of 15 year old boys, with this commonly starting at 14 years of age.

In that survey, a quarter of young people who had viewed porn had been sent a link via email or text, and about another quarter had stumbled upon this ‘by accident’, eg via ‘pop ups’. Just under half of those teenagers who had viewed pornography had actively searched for it online, with this being much more common amongst boys.

This national research study also found an association between awareness of the risks associated with porn and increased access to SRE and healthy relationships lessons in schools, suggesting a key role for schools in helping to mitigate some of the potential harms associated with viewing online pornography.

Enabling students to make healthy choices in their use of social media more generally, including both the positive and potentially negative impacts on their physical and mental health and wellbeing, may also be helpful.

Healthy relationships

In our survey more than two thirds of pupils recalled having lessons on healthy relationships, the lowest proportion being amongst the recent Year 7 intake. Of those that had, 80% said they found these lessons useful. Indeed, just over a quarter of each age group said they would like more information on this aspect of SRE.

Aspirations for the future

Attainment rates continue to rise each year in North Lincolnshire and above national levels. In addition a greater proportion of young people, are aspiring to go on to higher education than in previous years, the largest proportion being amongst girls and BME communities (of both sexes).

31 ‘Online Pornography: Young People’s experience of seeing online porn and the impact it has on them’ The Children’s Commissioner, NSPCC, Middlesex University, 2016
• In contrast, the proportion of this age group who say they are considering apprenticeships as an option has fallen, and is half what it was in 2014, with this being considered by only 6% of 13-15 year old girls.

• At the same time, more than half of all Year 11s continue to say they worry a lot about achieving their potential, with 30% saying they need more careers advice and guidance to help them make the right choice of subject options at 14 plus.

4. Methodology

4.1 Method
This was the fifth survey and the third to be completed electronically via a web based survey tool across all North Lincolnshire secondary schools. Schools organised this themselves, although they each used the same anonymous self-completion questionnaire, which was developed in consultation with local agencies. Schools were asked to complete the survey within a specific timeframe, so that the ages of pupils were consistent across schools and could be compared with previous survey cohorts. Schools were also asked to involve a representative sample of young people in their surveys (at least 33% of each year group depending on the size of their schools), and where possible to include a cross section of pupils, with a range of abilities.

4.2 Timescales
As in each previous survey, the plan was to gather data in the second half of the first term of the academic year. That is, between early November and mid-December, 2016. Most schools were able to complete this in good time. One school began their data collection in January 2017. This slight delay is unlikely to have any impact on the comparability of results.

4.3 Sample size
Each school was invited to select at least a third (33%) of each year group to participate in the survey and preferably to aim for 50%. The objective was to achieve a representative sample of pupils in each year group and from a range of abilities. The overall sample achieved was 57%, or almost two thirds of the secondary school population in North Lincolnshire, which is below that achieved in 2013, but above that in 2010, 2007 or 2004.

However there was variation between schools. Whilst some schools exceeded the minimum quota of 33% we asked for, others were just below this figure.

At least three schools ‘undersampled’ in specific year groups and are highlighted in the table below. So their results for these year groups may need to be treated with caution. Where possible we have aggregated data across Year groups or focussed on results where representation was high, or example Years 7 and 8.

4.4 National and Local Comparisons
Where possible, the results are compared with the most recently available national data (2014) and with the results of previous local surveys, (the 2013, 2010 and 2007 Adolescent Lifestyle Survey).

4.5 Missing data
For the most part, the questionnaire was completed well. However, towards the end of the survey there was obvious evidence of respondent fatigue, with missing data rising above in some places. The results presented in this report include missing data.