



Leicester
City Council

**MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION
SCRUTINY COMMISSION**

DATE: WEDNESDAY, 9 AUGUST 2023
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall

Members of the Commission

Councillor Whittle (Chair)
Councillor Bonham (Vice-Chair)

Councillors Gopal, Kitterick, March, Sanga Westley and Zaman

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

For Monitoring Officer

Officer contacts:

Aqil Sarang (Democratic Support Officer):

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If you have any queries about any of the above or the business to be discussed, please contact:

Aqil Sarang, Democratic Support Officer on 0116 454 5591.

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**USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION**

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View

HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

AGENDA

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- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST**

Members are asked to declare any interest they may have on any items to be discussed on the agenda.

- 3. MINUTES OF THE PREVIOUS MEETING**

**Appendix A
(Pages 1 - 10)**

The Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 16 March 2023 be confirmed as a correct record.

- 4. MEMBERSHIP OF THE COMMISSION 2023/24**

Members are asked to note the membership of the Commission for 2023/24 as follows:

Councillor Geoff Whittle (Chair)
Councillor Stephen Bonham (Vice-Chair)
Councillor Melissa March
Councillor Mohinder Singh Sanga
Councillor Syed Zaman
Councillor Jaintilal Gopal
Councillor Paul Westley
Councillor Patrick Kitterick

- 5. DATES OF THE COMMISSION 2023/24**

Members of the Commission are asked to note the dates of the Public Health and Health Integration Scrutiny Commission 2023/24 as follows:

Wednesday 9 August 2023
Tuesday 12 September 2023
Tuesday 7 November 2023
Tuesday 12 December 2023
Tuesday 6 February 2024
Tuesday 2 April 2024

6. QUESTIONS, REPRESENTATIONS AND STATEMENT OF CASE

The Monitoring Officer to confirm if any have been received.

7. PETITIONS

The Monitoring Officer to confirm if any have been received.

8. OVERVIEW OF PUBLIC HEALTH AND HEALTH INTEGRATION

**Appendix B
(Pages 11 - 12)**

The Director for Public Health and Health Partners submit a presentation to the Commission providing an overview of the Commission.

Members of the Commission are recommended to note the presentation and pass any questions or queries to the Director for Public Health and the Health Partners.

9. CHILDREN'S HEALTH AND WELLBEING SURVEY

**Appendix C
(Pages 13 - 152)**

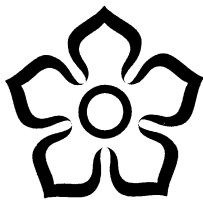
The Director for Public Health submits a summary presentation on the Children's Health and Wellbeing Survey. An additional presentation on the background of the survey has also been attached.

Members of the Commission are asked to note the summary presentation and pass any comments or queries to the Director for Public Health.

10. WORK PROGRAMME

Members of the Commission be asked to forward any item they wish to consider on the work programme for the commission to the Chair or the Scrutiny Policy Officer for the Commission.

11. ANY OTHER BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: THURSDAY, 16 MARCH 2023 at 5:30 pm

P R E S E N T :
Councillor Pantling (Chair)
Councillor Aldred
Councillor Khan
Councillor O'Donnell

In Attendance:
Councillor Dempster, Assistant City Mayor - Health

Also Present:
Prof. Ivan Browne – Director of Public Health
David Williams – LPT
Rob Howard – Public Health
Clare Mills – Public Health
Colin Cross – LPT
Julie Hogg – Chief Nurse UHL
Rachna Vyas – Chief Operating Officer UHL
Laura French – Public Health

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57. APOLOGIES FOR ABSENCE

The Chair welcomed those present and led introductions.

Apologies for absence were received from Ruth Lake.

58. DECLARATIONS OF INTEREST

Members were asked to declare any pecuniary or other interest they may have in the business to be discussed.

There were no such declarations.

59. MINUTES OF PREVIOUS MEETING

Due to a delay in their production the minutes of the last meeting were not received.

AGREED:

That the minutes of the previous meeting be circulated to Members as soon as practically possible and brought to the next meeting for approval.

60. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS

Nothing to report at this time.

61. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

62. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations, or statements of case had been submitted in accordance with the Council's procedures.

63. NHS URGENT AND EMERGENCY CARE UPDATE

Members of the Committee received a report providing an overview of the urgent and emergency care system through the peak winter months.

Rachna Vyas Chief Operating Officer presented details of key actions from the Leicester, Leicestershire, and Rutland winter plan as well as outlining preparation for 23/24 and lessons learnt to inform one-year and five-year plans across LLR.

Attention was drawn to the following points:

- System Control Centre (SCC) was launched on 1 December 2022 as per national directive, this would act as a single point of contact for health partners to manage the flow of patients through the system on a daily basis as well as providing for escalation, operational support and reporting purposes.
- Whilst demand had stabilised through the start of Q4, all parts of the system remained busy in terms of acuity and demand.
- Primary care continued to be under pressure and an unprecedented number of walk-in presentations in emergency dept. had been seen. Steps were taken to address that with an additional 1,577 appointments provided during December to minimise overcrowding ED and streaming patients presenting with specific conditions to an offsite primary care provider. The impact of that had been significant.
- There had also been a focus on providing respiratory support for adults and children with the trial of Acute Respiratory Hubs that had provided almost 9.5k appointments. Feedback showed these were easily

accessible and people were not having to seek support elsewhere.

- The Unscheduled Care Coordination Hub was a positive step to taking patients who were appropriate to be seen elsewhere off ambulance queues leading to a reduction of between 20-40 people on a daily basis.
- Virtual wards had been introduced across 10 specialities and this was giving people ability to be cared for in their own home with support as needed.
- Delayed discharges were at the 2nd lowest in the country and an integrated discharge function across health and care services had launched in February 2023 to support and facilitate patients being discharged.

Members discussed the report which included the following comments:

- The government short term funding had been received at the beginning of the year which enabled the service to plan better however health partners welcomed any support from members to get sustainable income going forward.
- As regards the Virtual Ward, it was necessary for the person to have internet, however a full assessment was made with the patient and their carer to ensure that they had the right equipment, if they did not have a network link it did not necessarily exclude them, but the team were working patient by patient to ensure the right needs were met.
- In terms of virtual care leading to isolation, contact was maintained with the patient on a daily basis, and they could also phone and speak to a nurse for advice and assurance.
- Regarding patient vulnerabilities and people at risk, there would be an appropriate conversation as part of the assessment to determine suitability for virtual wards, and it was recognised that virtual wards were not for everyone. A series of short videos were available explaining what a virtual ward is and showing some case studies of people from varied backgrounds.
- In relation to risks posed by industrial action, there was always some impact however lessons had been learnt from previous action and it was about assigning resources to the right place at the right time. Initiatives such as the Unscheduled Care Coordination Hub that helped reduce ambulance waiting had a huge impact enabling resources to be where they need to be to ensure patients get the right care.

Members discussed the pressures on nursing staff and concerns were raised about the risks to patients as a result and the need to ensure patient dignity. Members also felt it was important to recognise nursing staff and medical professionals and to do more to stop qualified staff leaving. Feedback on patient care was welcomed and it was acknowledged that it had been a difficult winter with pressures on all services, it had also been necessary to open wards in environments where perhaps they would not normally want to but there had also been investment to improve things and recruitment was ongoing to increase medical staff.

The Assistant City Mayor referred to the recent Health & Wellbeing Board

meeting which focused on winter preparedness and commented on the work being done by health partners and noted the partnership building with adult social care and the positive effects of that work upon delayed discharges. The work being done in the emergency dept was also recognised and the initiative to stream to offsite primary care was commended as too were the steps taken to redirect people calling 999 for ambulances who could be seen by other services.

Whilst members welcomed the initiatives reported it was suggested there was more that could be done to improve people's perceptions about health services and there should be wider communication about new initiatives e.g., the virtual wards as it was likely the majority of people in the city had no idea what that was. Members also felt it was important that new pathways created, and the way things were done should be translated into better communication to build peoples trust in those services.

Members noted that in terms of planning ahead, each year health partners began to plan around August however this year's winter plan was already written taking on board the learning from winter 2022-23 and so health partners were in a position to put some of the services used this year into a more sustainable position and ensure the basics would be ready for next winter.

The Chair thanked officers for the presentation, noting the very positive outlook and asked for a report to be provided to a future meeting to see progression.

AGREED:

1. That the contents of the report be noted,
2. That a letter of representation be sent to the Secretary of State in relation to sustainable funding and to include concerns about medical staff morale and to request more support,
3. That consideration be given to including a future piece of work around NHS Cultural Change on the committee work programme or as a Member Briefing.

64. MATERNITY SERVICES UPDATE REPORT

6.30pm Councillor O'Donnell left the meeting. The meeting remained quorate with 3 members present.

Members of the Committee received a report providing an update on maternity services following the publication of the Ockenden and Kirkup reports, and the maternity services current performance including reference to the Perinatal Surveillance Scorecard.

Julie Hogg, Chief Nurse UHL introduced the report reminding members of the previous update and the ongoing progress with compliance expected against the immediate and essential actions.

Members were advised that UHL continued to implement and embed the actions and overall, there had been good progress, although there was still

work to do on 3 of the actions following the Insight Visit: Listening to women and families; Staff training and working together; Informed Consent.

Members considered the report and noted the following comments:

- As far as provision for physical and mental support of young mums there was a team that looked after the caseload of women with vulnerabilities and that included young mums. The team were responsible for ensuring continuity of care throughout and to build trust and confidence with those women.
- All women including younger mums and those in care were given a risk assessment and their care was tailored to them. Midwives provided care in the home or at a hub on a personalised basis to match the care to the needs of the woman.
- In relation to pregnant refugee and asylum seekers there was a clear pathway and guidance in place, and there was raised awareness that these women were seen in adverse outcomes as some of this group were from overseas and they hadn't sought maternity care.
- Maternity Voices Partnership (MVP) was very important, and the experience was made better for women if they were able to talk within local communities about the services available. MVP encouraged people to come to maternity services and could help improve outcomes by changing pathways for women that engaged.
- A key change as a result of the Ockenden report was around the experience and treatment of those suffering still birth and there was now in place a full team every day.

The Chair thanked officers for the report and noted there were several other areas reflected in red on the Perinatal Surveillance Scorecard that required improvement and requested a further update on that in due course. The Chair also commented on the experience of those suffering still birth and noted that the treatment from hospital was excellent and this was an important area of care.

AGREED:

1. That the contents of the report be noted,
2. That a further update report, including the points specifically requested above, be provided to a meeting of the commission in the new municipal year.

65. 0-19 HEALTHY CHILD PROGRAMME CONSULTATION

Members of the Committee received a report providing an update on the recommissioning of the Healthy Together (0-19 Health Child Programme) service and the ongoing public consultation.

Clare Mills, Public Health Lead Commissioner and Colin Cross, Leicestershire Partnership Trust (LPT) introduced the report providing insight to the range of services in the Healthy Together package and the proposed changes to the service specification that would help improve and streamline the service.

Members noted the need to save money and how the £200,000 budget cut would be managed as well as changes at a national level to High Impact Areas. Members also noted that an engagement exercise had been carried out over 18 months listening to the views of young people and parents to help shape the proposed changes. The key changes proposed were currently out to public consultation until 9th April 2023 and a number of events were taking place to encourage wider feedback.

Members were advised of the process undertaken to help determine the best and most cost effective provider for services, which included the proposal to recommission via section 75 (NHS Act 2006), noting that a marketing event had taken place and expressions of interest had been invited. Three organisations including the LPT responded and LPT was recognised as a strong contender. There was also considerable discussion with other, as well as past involvement working with LPT that had been good which was taken into account when deciding the best way was to continue to work with LPT.

In terms of the consultation taking place, this was in two parts, one was focusing on the 0-19 offer and the second was very much about capturing the young person's voice and had been simplified and carefully worded for younger people to understand. So far there was not a high response from younger people and there had been further talk with the Youth Advisory Board on the approach to take and the team would be looking to young people groups directly to get their feedback and continue working hard to give young people a voice in the consultation.

As regards the provision of mental health support it was informed that school nurses offered low level support which was more around emotional support and through the LPT young people could have access to other services that support mental health, and this was very much integrated into the offer.

In terms of the budget reduction of £200k, it was acknowledged there was always a risk when taking money out of a budget and this was a significant reduction however the service specification had been thoroughly reviewed and considered to ensure that essential and equitable services could be safely provided.

In relation to s75 NHS Act 2006, it was explained that this allowed flexibilities to enable NHS organisations and local authorities to use partnership agreements so they can respond more effectively to improve services. In terms of how such a partnership would operate between LCC and LPT, it would bring about flexibility to take action quicker, enable the service to be more responsive to situations and changes and to have the ability to adapt services e.g. if there was an issue around school readiness then the service would be able to put something in place quickly to address that; or if there was an underspend then it could be re-allocated instead of being lost.

The Chair thanked officers for the report and requested an update on the outcome of the consultation in due course.

AGREED:

1. That the contents of the report and the recommendations regarding the service specifications and public consultation be noted.
2. That an update report on the outcome of the consultation be provided to a meeting of this commission in due course.

66. SEXUAL HEALTH SERVICES CONSULTATION

Members of the Committee received a report providing details of the Sexual Health Services public consultation together with the interim results and proposed next steps.

Laura French, Public Health Consultant introduced the report providing background information about the service area, the process for accessing sexual health services and noting that this was a complex wide ranging service involving contraception, family planning, sex education, and the psycho sexual counselling service amongst other things.

Members noted that:

- The current contract for providing sexual health services to the city was due to end in March 2024 and the process of re-procurement had begun.
- Although there was a mandatory period of consultation a lot of work had been done to encourage engagement online.
- The online consultation survey opened on 12 January 2023 and closed on 12 March 2023
- To date the response rate showed over 200 responses from mostly members of the public but also from some organisations and professionals.
- Responses had been received from a wide range of age groups although the majority were 18-25 years old and female, however it was to be noted that a lot of people had chosen not to answer the gender questions.
- A series of face to face engagement events had been carried out and it was expected there would be more of that with community groups and facilitated through the community champions network.
- Answers reflected peoples preference for flexibility of access i.e., online and a mixture of drop-in and fixed appointments, other responses had highlighted the need for better communication of the services available and how people could access that i.e., getting an implant or obtaining free condoms.
- The main consultation was now closed, and the results would be compiled into a detailed report alongside other feedback and outcomes.

The Chair thanked officers for the report and welcomed the inclusion of comment boxes in the consultation rather than just tick boxes.

There was a brief discussion about the suggestion of young people accessing free condoms through vending machines, where those would be sited and

whether the opportunity for conversation e.g., about safe sex practices was being lost. It was acknowledged there was always a balance to be had and that safeguarding was an important element however access to sexual services needed to be non-threatening to encourage people to use them. The use of vending machines was not hugely sophisticated, and the service would take some minimum information about the person like name and date of birth, but it was about balance and overall, it was better to have access to the condoms than not accessing the service. It was important also to maintain an ongoing dialogue with young people and this was being done through schools to maintain safe sexual habits. It was noted that the clinic within the Haymarket Centre worked well being in the city centre as people could visit easily and discretely.

The Chair thanked officers for the report.

AGREED:

That the contents of the report be noted.

67. LEICESTER , LEICESTERSHIRE AND RUTLAND CHILD DEATH OVERVIEW PANEL - ANNUAL REPORT

Members of the Committee received the Annual Report of the Leicester, Leicestershire and Rutland Child Death Overview Panel for the period 2021-22.

Rob Howard, Consultant in Public Health and Chair of the Child Death Overview Panel (CDOP) introduced the report and advised members of the Child Death Overview Panel's statutory duty to review all deaths of children normally resident in the area and to produce an annual report.

Members attention was drawn to the following points:

- The purpose of a review was not an investigation as other investigations were conducted through the police and coroner.
- The CDOP review was the final part looking at the story of what happened to that child and supporting the family through the worst possible circumstances and identifying if there was any learning that could come out or whether there were any moderation factors that could be put in place to prevent another death.
- The number of child deaths during 2021-22 were higher than the previous few years, and although there was some concern at that it was noted that the panel now looked at all deaths no matter the gestation age whereas before there was a cut-off point.
- Another factor to the number of deaths could be seen around covid and the lock downs in that during the lock down there were fewer deaths among children with life limiting conditions as they were not dying from secondary causes but as society re-opened there was exposure to more infections and that has led to a rise in deaths.
- A rise in infant mortality had been seen in the city, this was an indicator

of the health of the community and a direct link to deprivation which had increased over 10 years of austerity and was being looked at in detail.

- The common modifiable factors, e.g., parental smoking and smoking in the home, maternal obesity leading to complication in pregnancy, and unsafe sleeping practices especially where people were out of a routine.

Members noted that Safe Sleep Week had recently taken place and a video about keeping young ones safe had been produced “Live Well Little Ones”.

Members also noted that the report looked at suicide and self-harm; although numbers were relatively small those cases were audited, and consideration given to how services for families could be improved.

Members expressed alarm that around 1 in 5 deaths could be avoided if children lived in less deprived areas. There was a discussion about inequalities and how the impact of events like covid, cost of living and deprivation lead to fundamental and deep seated issues around equity.

Members felt it was crucial that this data and knowledge was shared to show it was not all right for these deaths to be happening in society.

Members noted that as a local authority, in terms of what it was trying to do with services within the resources available it was still prioritising and focusing on this area to address the situation.

The Chair thanked officers for the report and commented that during the next cycle of meetings the commission would like to explore further the issues of inequity, people not living well and the detrimental effect on mortality as well as mental health, suicide, and self-harming amongst young people.

AGREED:

That the contents of the report be noted.

68. WORK PROGRAMME

The contents of the Work Programme and suggestions made during the course of this meeting for inclusion at future meetings were noted.

69. ANY OTHER URGENT BUSINESS

None notified.

70. CLOSE OF MEETING

As this was the last meeting of the municipal year the Chair took the opportunity to thank members of the committee, officers and external stakeholders for their contributions to the meetings during the year.

Councillor Aldred expressed thanks to the Chair for her handling of the

meetings and extended that thanks to the Executive Member, the Director of Public Health and the public health team.

The Chair also thanked the democratic services and scrutiny teams for their support provided to meetings.

The meeting closed at 7.40 pm.

Public Health & Health Integration Overview

Date of meeting: 9 August 2023

Lead Director: Ivan Brown

1. Summary

Public Health and Health Integration Scrutiny Commission will receive a presentation at the meeting on 9 August from Public Health officers and health partners to provide an overview of key services within the remit of the commission and the main challenges affecting the sector.

2. Recommended actions

Members of Public Health and Health Integration Scrutiny Commission are invited to:

- note the key service areas and challenges affecting the health provision across the city.
- seek any further clarification on any topic and/or suggest potential areas for the commissions work programme for 2023/24.

3. Report

Public health and the integration of health services has a unique democratic mandate to scrutinise health services in the interests of all Leicester residents. The commission will receive a presentation regarding the key services within its area of responsibility and on challenges affecting the health sector to help facilitate the development of the work programme.

The presentation will introduce members to the Public Health Division at Leicester City Council as well as external partners responsible for health provision, including the Integrated Care Board (ICB), University Hospitals Leicester (UHL) and Leicestershire Partnership Trust (LPT).

The presentation will provide members with information to understand the role of public health in terms of its structure, functions and services it commissions. It will also outline the division's vision, mission, and priorities for the next twelve months.

Health partners will also provide the commission with an overview of the key services provided by the wider health sector as well as the main challenges and current priorities. This will include information regarding the 5-Year Plan which was published on 30th June. The Plan sets out how the ICB and partner trusts will adapt and transform services to improve care and outcomes, reduce inequalities in health, support our workforce and become more financially sustainable. The Plan is underpinned by 13 pledges to be delivered over the next five years that have been developed through public engagement of what residents have expressed as areas important to them. The plan can be read [here](#).

Leicester Children's Health and Wellbeing Survey



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Appendix C

A survey of pupils attending Leicester City Primary, Secondary and Special Schools 2021/22

Division of Public Health
Leicester City Council

Introduction

The School Health Education Unit (SHEU) were commissioned by Leicester City Council to undertake a school based survey of Leicester school pupils aged 10 to 15.

All primary, junior, secondary and special schools in Leicester were invited to participate. Children from 26 primaries, 9 secondary schools and 2 special schools completed the survey.

14 The majority of surveys were completed online in schools during the Autumn and Spring terms in the 2021/22 academic year. Over 3,000 Leicester school pupils completed the survey and responses were collated by SHEU.

The survey sample was weighted against the known school aged population using the Leicester School Census (Spring 2022) to ensure survey responses were representative of the Leicester school population.

Each participating school received a bespoke school level report detailing key health and wellbeing issues for their school.

Contents

Key findings

Changes since the 2016/17 survey

Pupil backgrounds

Healthy eating

Physical activity and active travel

Internet use, leisure and sleep

Health and use of services (Oral health & COVID-19)

Emotional wellbeing

Alcohol, smoking and drugs

Bullying

Safety (including online safety)

Relationships and sexual health

Your school and pupil voice

Summary tables and correlations

Our presentation today...

- A day in the life of Leicester children - Headlines
- Leicester children and their environment - Headlines
- Emotional wellbeing of Leicester children
- Conclusions

A day in the life of Leicester children...

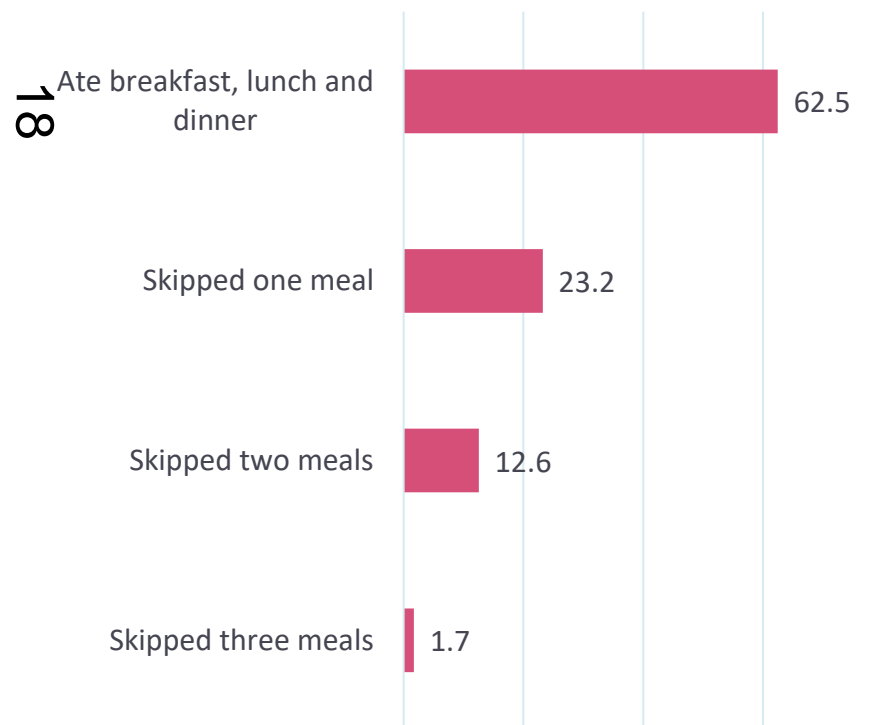
- **Healthy eating:** Three out of five children had breakfast, lunch and dinner the day before the survey. About two in five (37.5%) children skipped at least one meal.
- **Breakfast:** Nearly one in three children (31%) had nothing to eat for breakfast on the day of the survey.
- **Fruit and Veg:** Four out of five children (81%) are not eating the recommended 5 or more portions of fruit and vegetables a day, with only one in five (19%) children stating they have five or more portions.
- **Physical activity:** About half of children have completed at least 30 minutes of physical activity.
- **Leisure activities – Screen time:** The most popular after school activities include screen time activities such as watching tv, playing screen based games, and texting on a phone. Over a quarter (27.1%) of 10-15 year olds spent five or more hours yesterday looking at a screen.
- **Leisure activities:** Children are also involved in a range of activities including doing homework, listening to music, sports, reading, pet care, and caring for family.
- **Sleep:** Many children (39%) are sleeping late (11pm or later) and are at risk of not getting enough sleep.
- **Active travel:** About six out of ten children (59%) actively travel to school by walking, scooting or cycling.
- **Sanitary products:** About two in five secondary aged females could not access sanitary products all of the time.

Three out of five children had breakfast, lunch and dinner the day before the survey. About two in five (37.5%) children skipped at least one meal. The most common meal to skip was breakfast (29%), followed by lunch (15%), and then evening meal (10%).

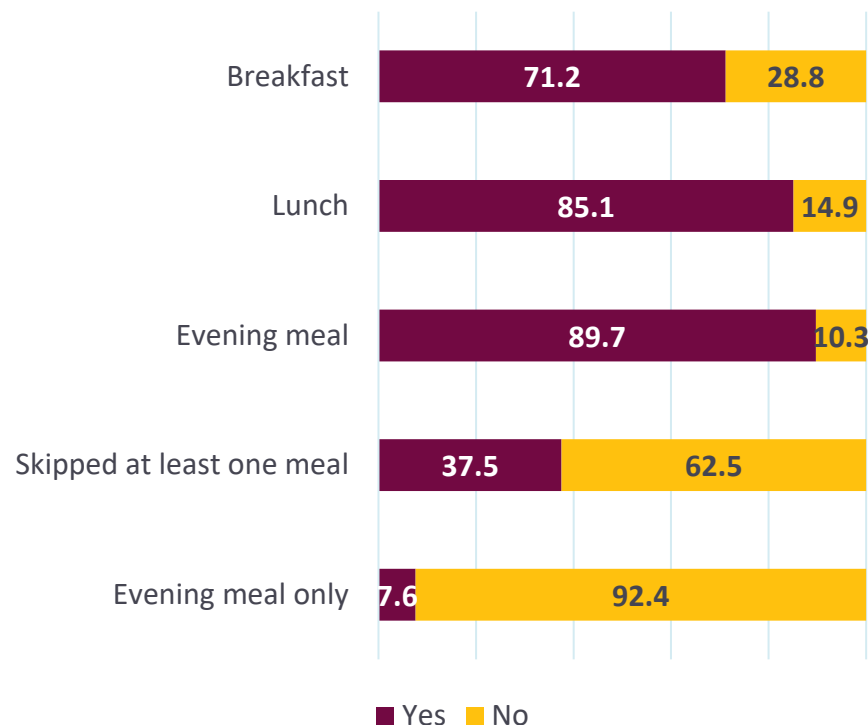
22. What meals did you have yesterday?

There is a minority of children (8%) who only had an evening meal the day before the survey. About a quarter (23%) of children skipped one meal, just over one in ten (13%) skipped two meals, and a small minority stated they skipped all meals (2%).

What meals did you eat yesterday? (%)



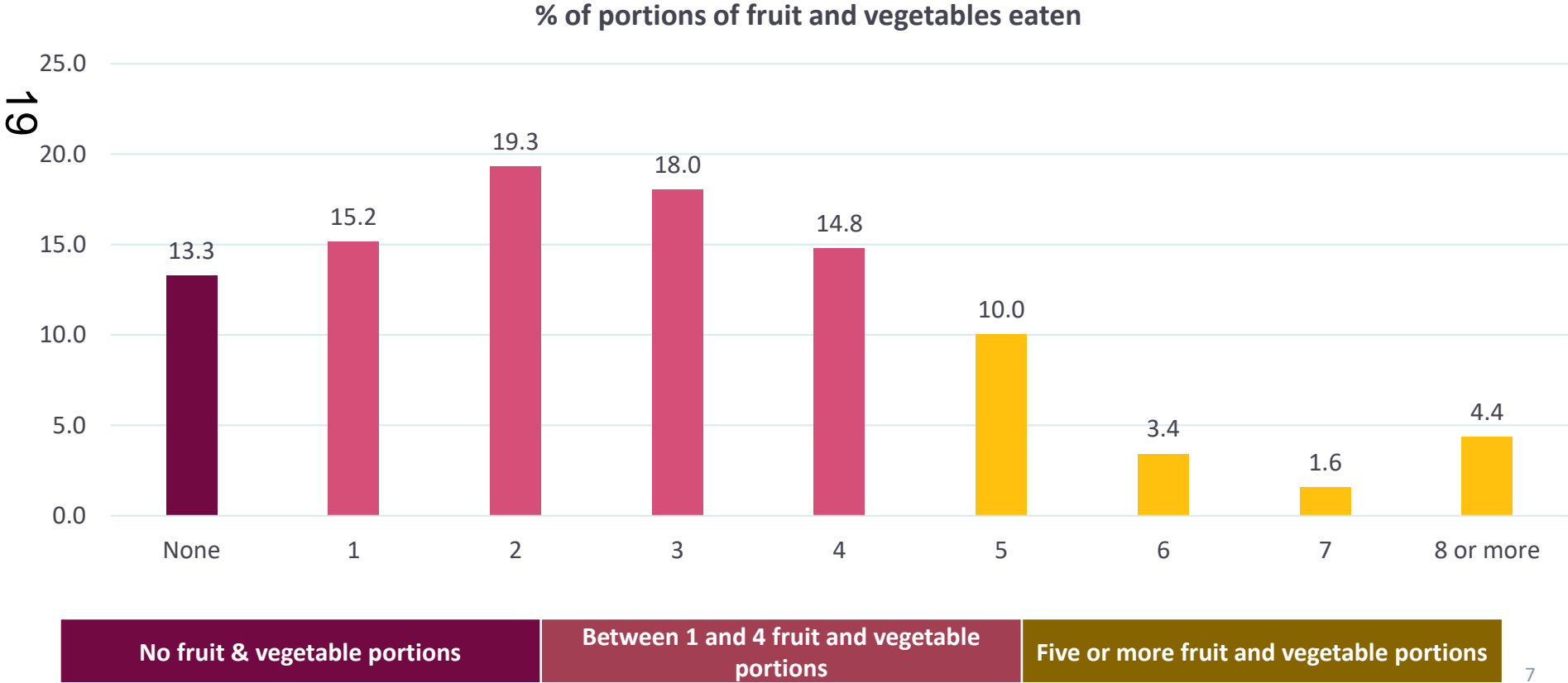
What meals did you have yesterday? (%)



One in five (19%) children are eating the recommended 5 or more portions of fruit and vegetables a day, four out of five children (81%) are not.

28. How many portions of fruit and vegetables did you eat yesterday?

Over one in ten (13%) children had no fruit and vegetable portions the day before the survey. A further two thirds (67%) of children had between 1 and 4 portions.



The most popular after school activities include screen time activities such as watching tv, playing screen based games, and texting on a phone. However, children are involved in a range of activities including doing homework, listening to music, sports, reading, pet care, and caring for family. Younger children are significantly more likely to read for pleasure compared to older children.

36. Did you spend any time doing any of these things after school yesterday?

Leisure Activity	All	10-11 year olds	12-13 year olds	14-15 year olds
Watching TV/film (live, online, catch-up)	76.0	83.3	71.0	72.7
Playing games on a phone, computer, tablet or console (e.g. Xbox, DS, etc.)	67.0	73.5	67.1	59.9
Talking/texting on the 'phone	59.5	47.1	62.5	70.5
Listened to music	49.2	47.4	48.5	51.9
Doing homework	47.1	48.3	51.6	41.6
Sport/physical activity	40.3	47.7	42.6	29.8
Read a book for pleasure	32.6	50.7	25.7	19.3
Talking/messaging online e.g. Facebook, Twitter	26.7	18.5	28.0	34.5
Met with friends	26.1	24.3	25.8	28.3
Cared for pets	25.7	29.3	27.5	19.9
Used a computer for school work	24.2	22.5	26.7	23.9
Cared for family members (babysitting, minding grandparents, etc.)	19.3	23.0	16.6	17.9
Helping and volunteering outside the home	8.2	12.9	7.3	3.8
Played a musical instrument	7.8	10.6	8.0	4.7
Extra lessons/tutoring	6.8	8.6	5.2	6.3
Other	6.2	5.9	6.9	5.8
None of these	0.5	0.3	0.7	0.6

20

Significantly Higher than Leicester

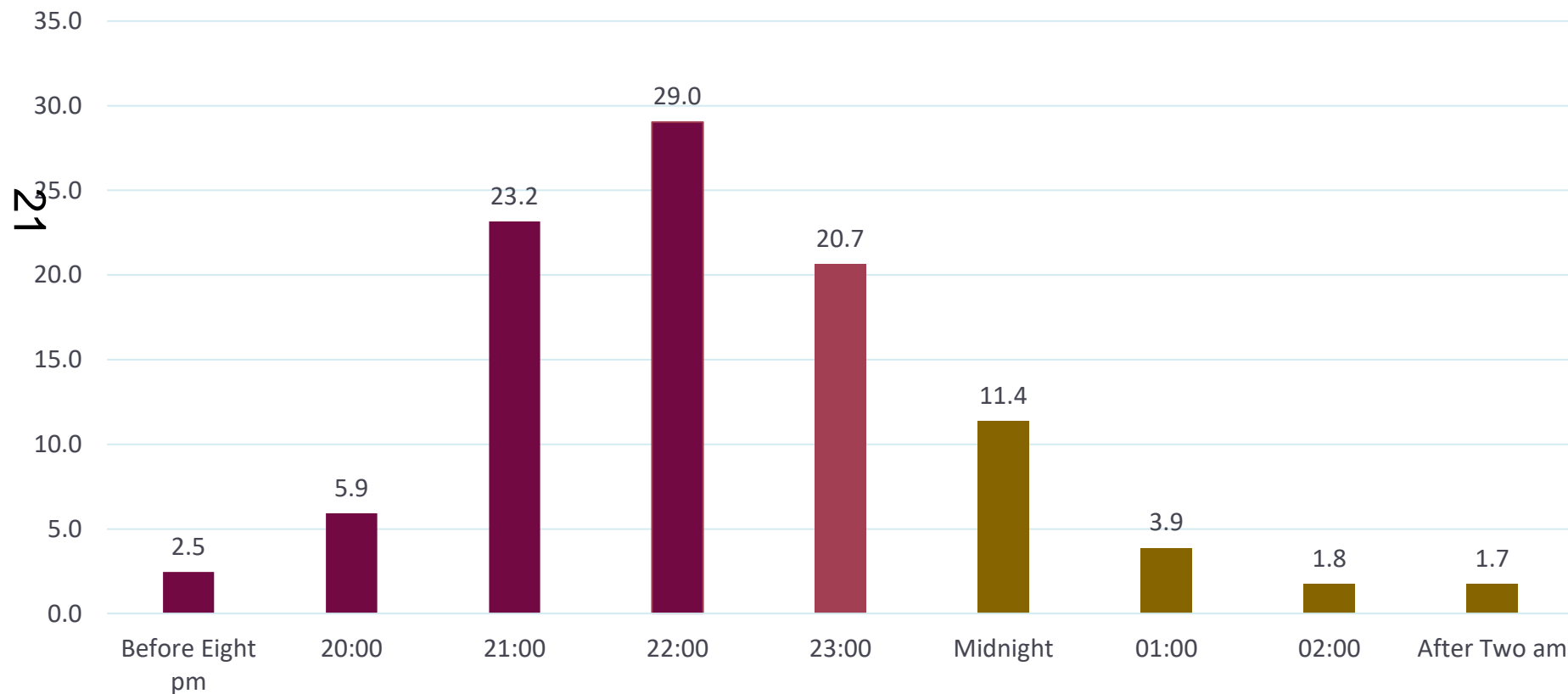
Similar

Significantly Lower than Leicester

The NHS recommends that children require 9 to 13 hours sleep. Children will be waking by at least 8 to attend school. Therefore to have the minimum recommended amount of sleep children should be asleep by 11pm. Many children (39%) are sleeping late (11pm or later) and are at risk of not getting enough sleep.

38. To the nearest hour, what time did you get to sleep last night?

To the nearest hour, what time did you get to sleep last night?



Likely to have recommended sleep

At risk of not having recommended sleep

Unlikely to have recommended sleep

Leicester children, their environment and experiences...

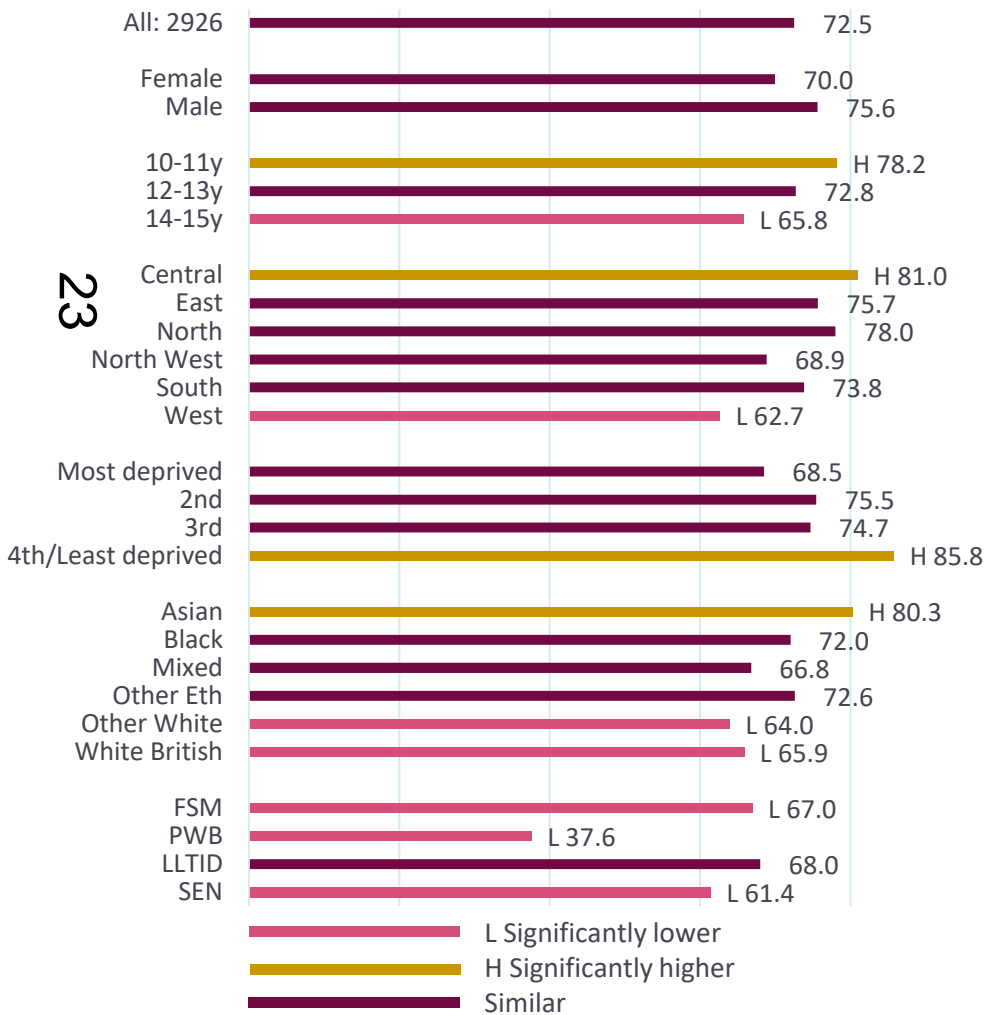
- **Local area:** Around seven in ten children (73%) reported being happy with their local area. Children largely felt safe in their local area (95%), and felt safest travelling to and from school, at school, and at home.
- **Home living:** The majority of Leicester children live with their mum or dad. Over a quarter of Leicester children also live with adult siblings. One in ten live with grandparents.
- **Internet access:** 99% of children have access to the internet at home.
- **Smoking:** Around a third of children reported that their parents/carers smoke. Children who have parent/carers who smoke are more likely to have tried smoking.
- **Drugs:** Around one in ten secondary aged children reported that they have been offered drugs.
- **Bullying:** Almost one quarter of children (24%) reported that they had been bullied in the last twelve months.
- **Services:** About half or more of Leicester children have visited their dentist, doctor, pharmacy, optician, and COVID-19 test centre in the last 12 months.

Around 7 in 10 children (73%) reported being happy with their local area, however there are differences by group. Children reported that more things for young people to do, a cleaner local area with less litter and graffiti, and better parks and play areas would improve their area.

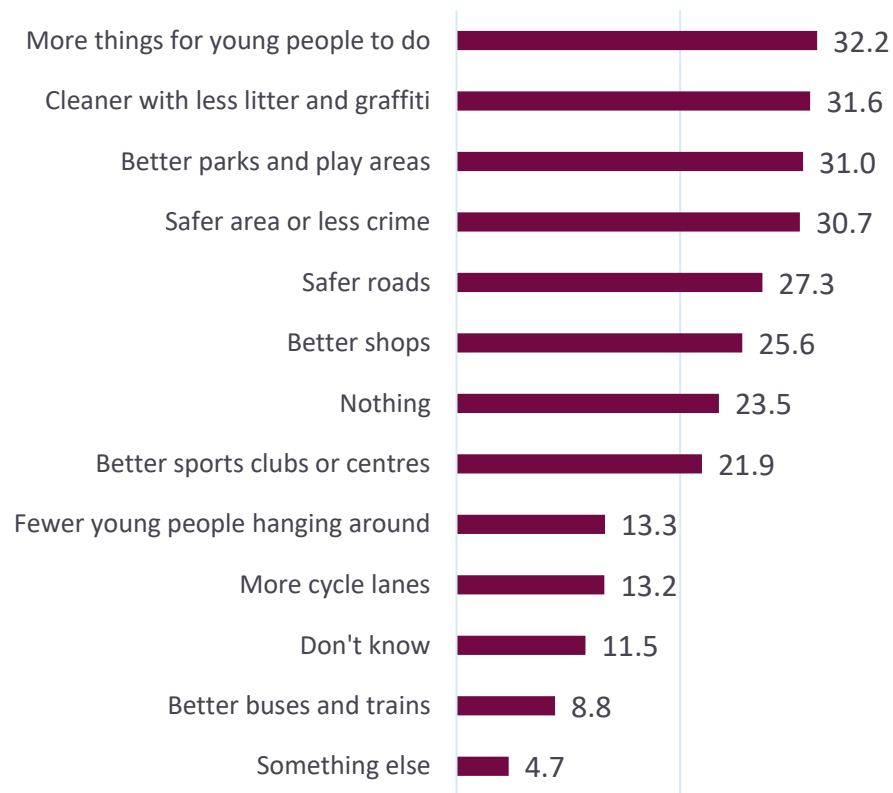
66. Overall, how happy or unhappy are you with your local area as a place to live? 67. What would make your area a better place for you to live in?

23

% Happy with local area as a place to live



% answering what would make your area a better place for you to live in

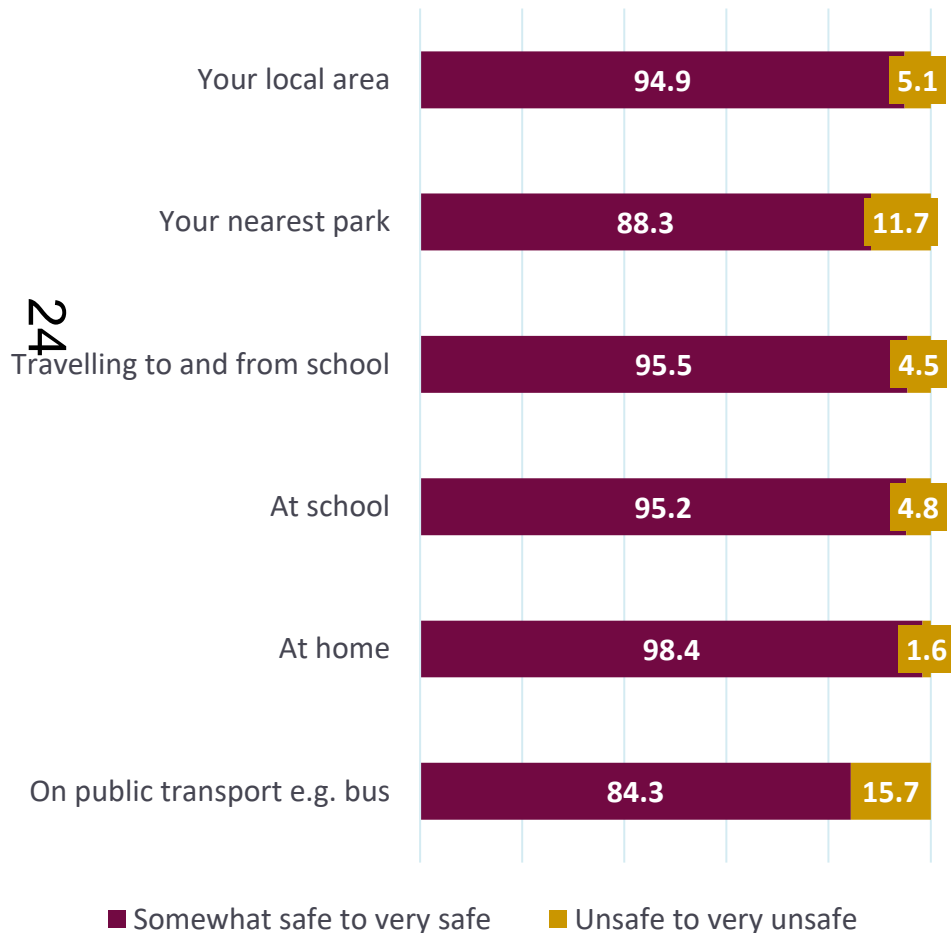


Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)
Additional groups: FSM- Free School Meals, PWB – Poor Wellbeing, LLTID – Long term limiting illness or disability, SEN Special Educational Need

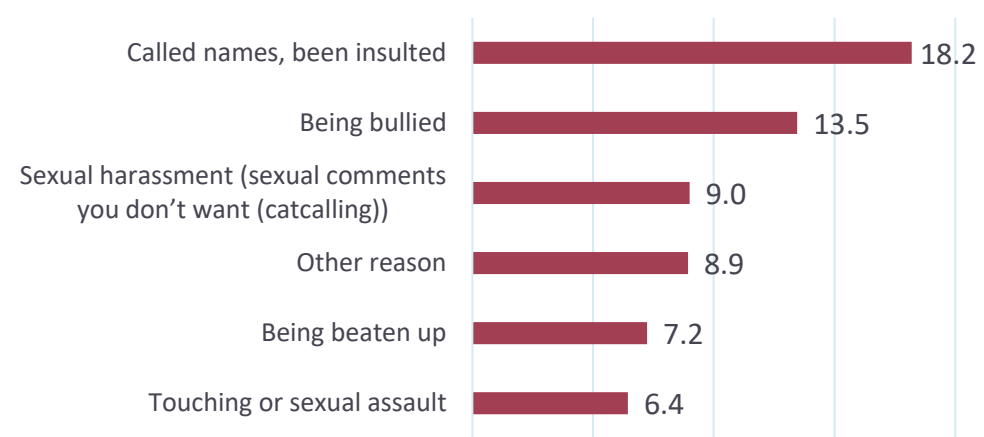
Children largely felt safe in their local area (95%), and felt safest travelling to and from school, at school, and at home. Children felt least safe on public transport and in their nearest park, with over 1 in 10 children reporting they feel unsafe in these areas.

68. How safe do you feel in these places? 69. Why have you felt unsafe in your local area?

% feelings of safety by area



% reasons why you have felt unsafe in local area*



**Note: Only Secondary aged children were asked to respond to this follow up question*

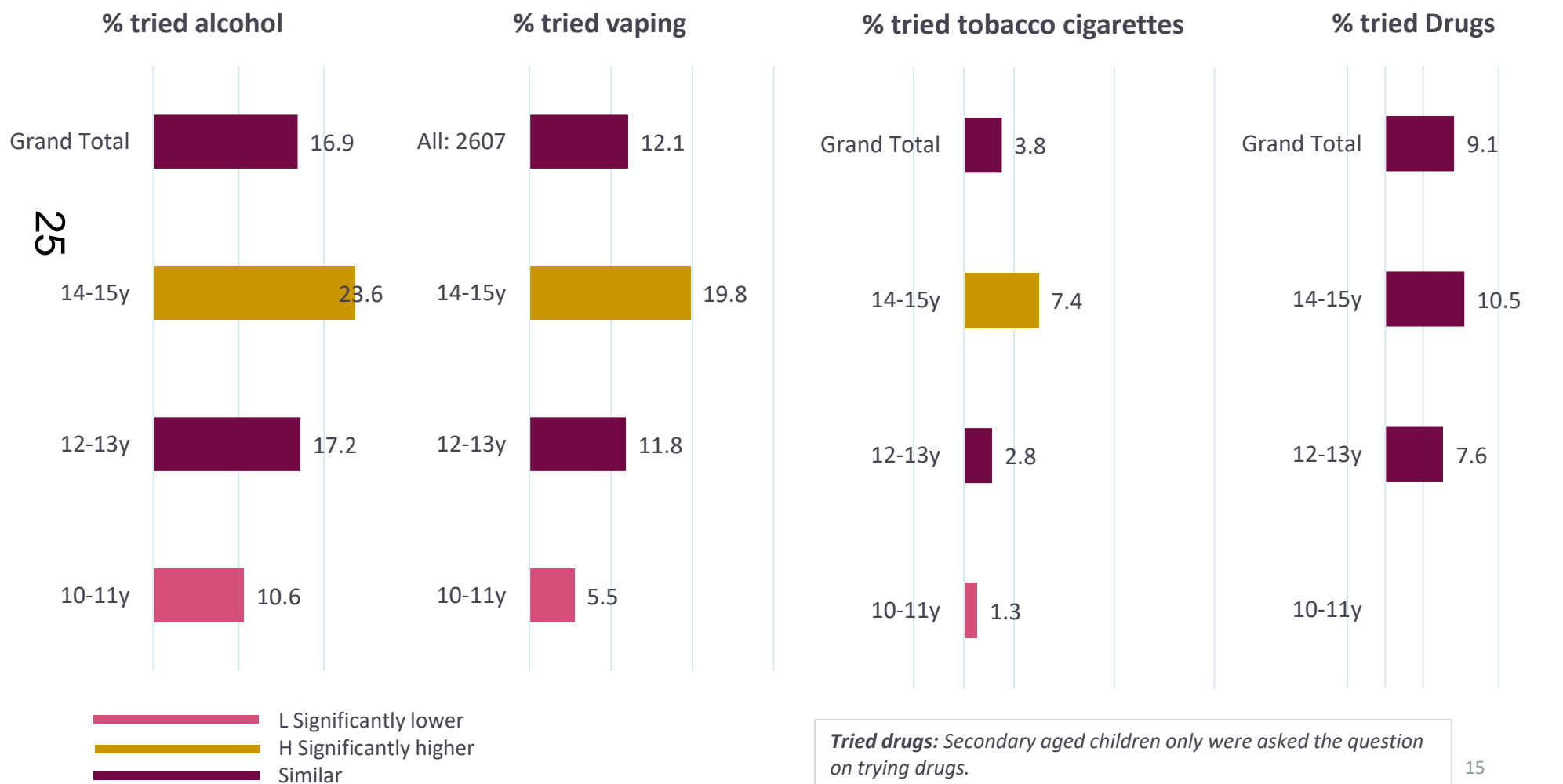
The main reasons for secondary aged children feeling unsafe in their local area include being called names and/or being insulted, and being bullied.

About one in ten (9%) children report experiencing sexual harassment and unwanted sexual comments. For females it was 17% who experienced sexual harassment.

Physical assault, inappropriate touching and/or sexual assault were the least common reasons.

Children and young people were asked if they had tried alcohol, tobacco, vaping and drugs. Older children were more likely to have experimented with alcohol, tobacco, vaping or drugs compared to younger children.

55, 59 & 61 Have you tried any of the following? (Alcohol, E-cigarettes, Tobacco Cigarettes, Drugs) - by age group



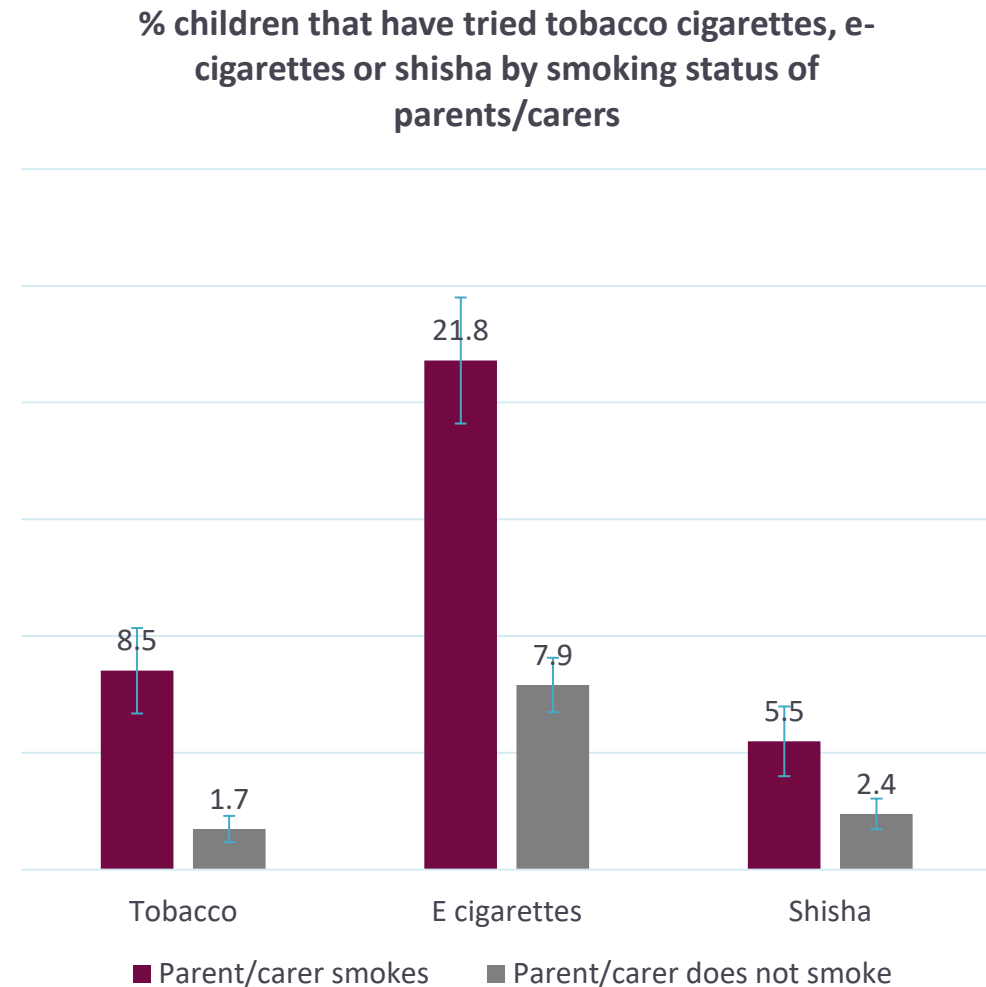
The smoking status of a parent/carer has a strong influence on whether children have tried smoking/vaping. Children who have parent/carers who smoke are more likely to have tried tobacco cigarettes, e-cigarettes or shisha.

58 and 59. Have you tried any of the following? (Tobacco cigarettes, shisha waterpipe, e-cigarettes) - by smoking status of parents/carers

The proportion of children reporting that they have tried tobacco cigarettes, e-cigarettes or shisha was significantly higher in those whose parents/carers smoke than those whose parents/carers do not smoke.

Over one in five (22%) children with parents/carers who smoke have tried e-cigarettes (vaping).

Nearly one in ten (9%) children with parents/carers who smoke have tried tobacco cigarettes, and around one in twenty (6%) have tried shisha.

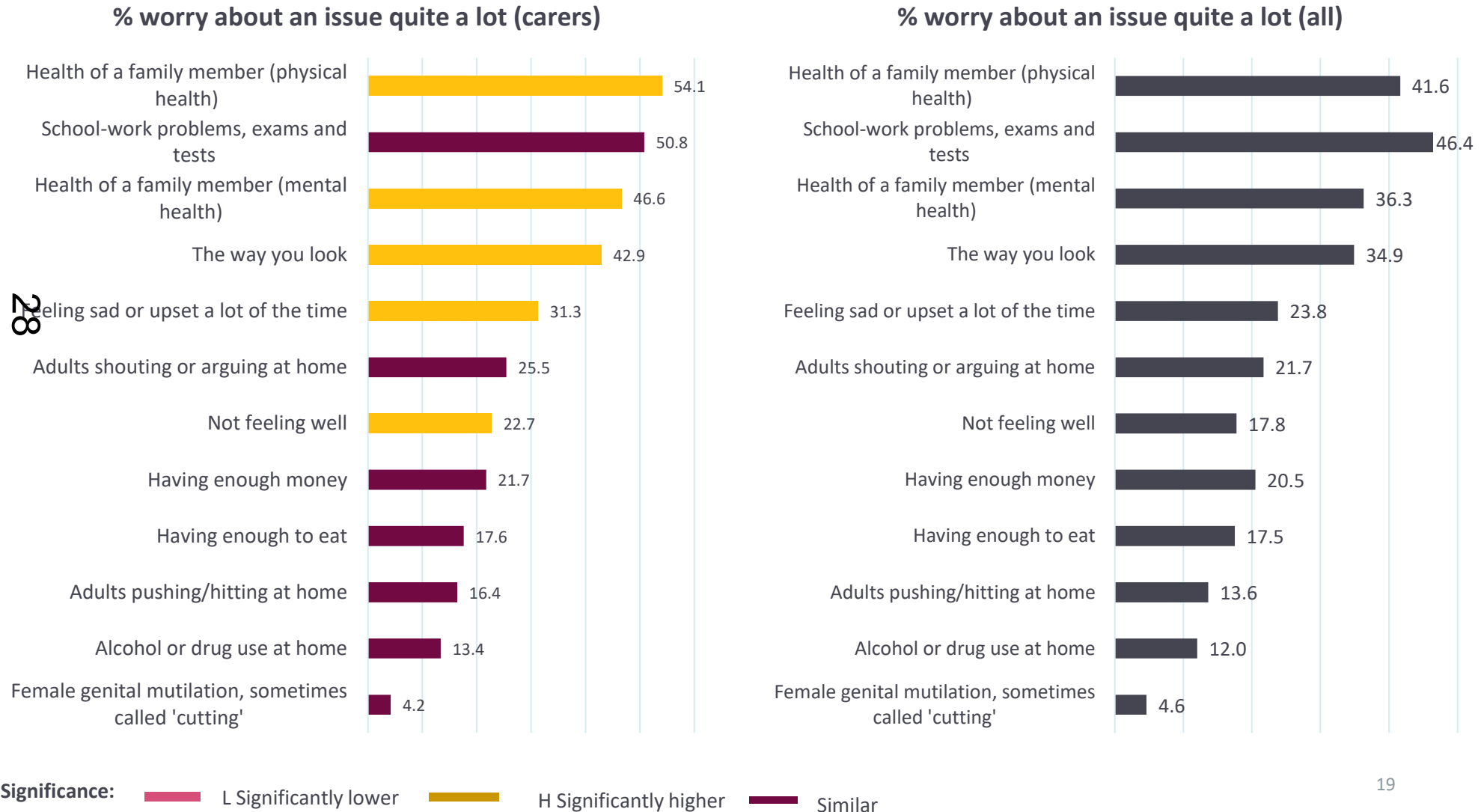


Emotional wellbeing of Leicester children...

- **Worries:** It is normal for children to worry, four out of five children worry about at least one issue quite a lot. The biggest worries include school work, health of a family member (physical and mental) and the way they look. About one in five children worry about having enough money or enough to eat.
- **Mental wellbeing:** One in ten Leicester children have a poor mental wellbeing score.
- **Adult confidant:** One in ten (10.1%) Leicester children do not have a trusted adult confidant.
- **Resilience:** Children with no adult confidant find it more difficult to deal with issues when something goes wrong and show signs of poorer resilience.
- **Reaction to worries:** A minority of children sometimes react to worries and stress by drinking alcohol or smoking cigarettes. A larger 15% of secondary aged children will react by cutting or harming themselves.

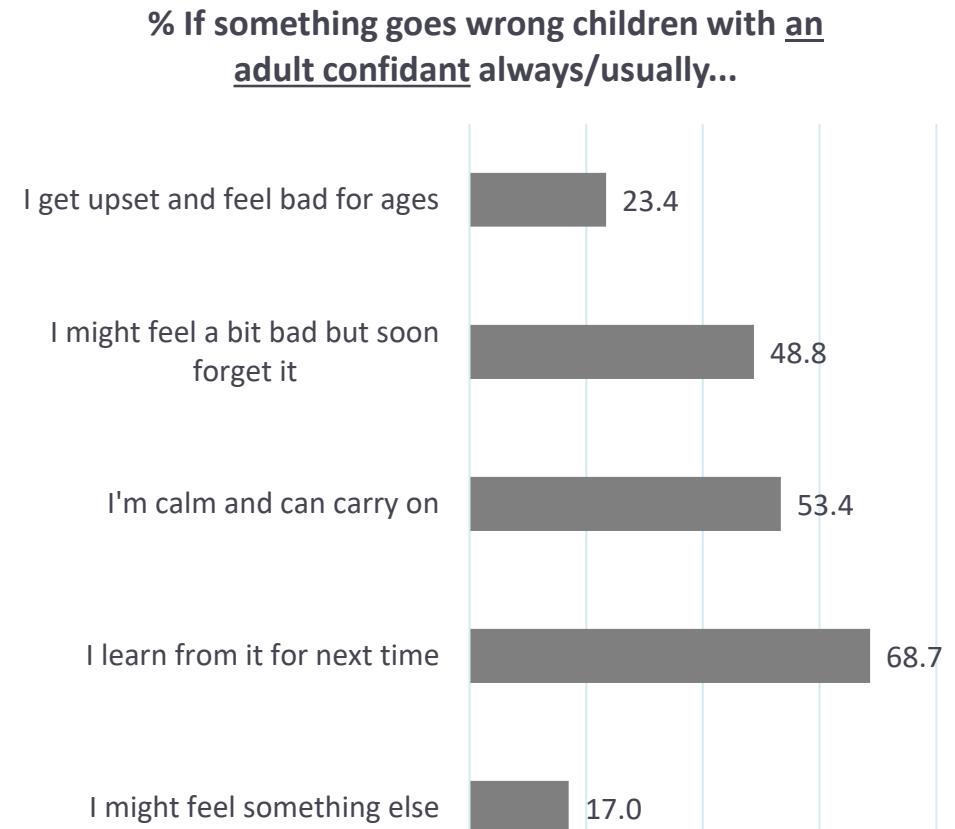
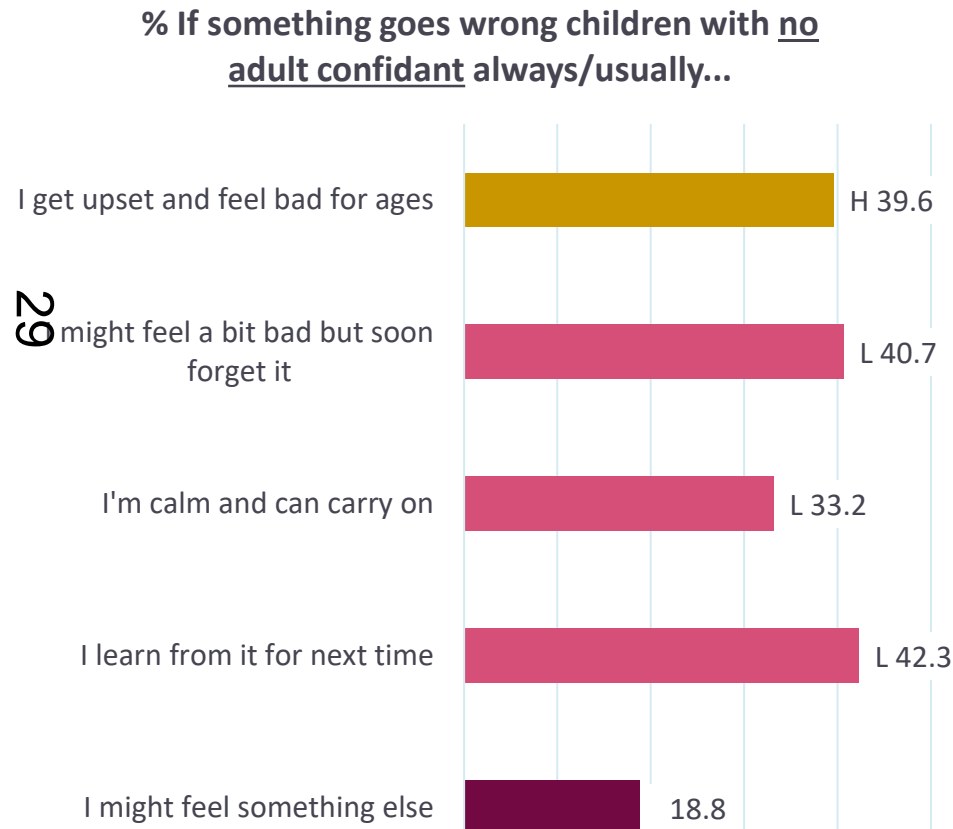
It is normal for children to worry, four out of five children worry about at least one issue quite a lot. The biggest worries include school work, health of a family member (physical and mental) and the way they look. About one in five children worry about having enough money or enough to eat. About one in five children worry about having enough money or enough to eat.

50-52. How much do you worry about the issues listed below? Young carer comparison



Children with no adult confidant (10%) find it more difficult to deal with issues when something goes wrong and show signs of poorer resilience.

48. If something goes wrong... (resilience) & 49. do you know an adult you trust?

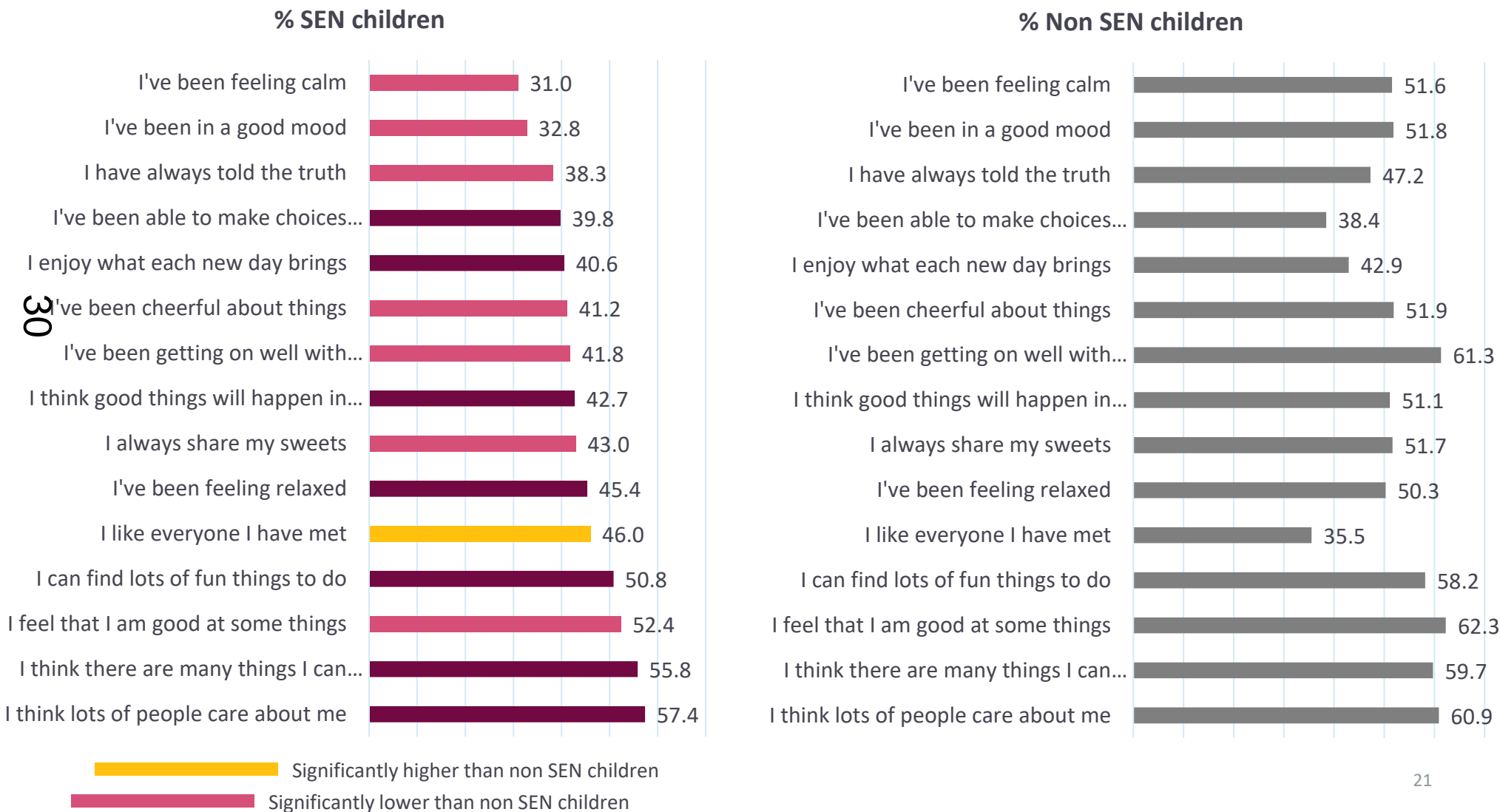


Significance compared to children with adult confidant

- L Significantly lower
- H Significantly higher
- Similar

Children with special educational need are significantly less likely to always/most of the time... enjoy what new days bring, feel calm, be cheerful about things, be in a good mood, and get on well with people compared to children with no long term illness or disability.

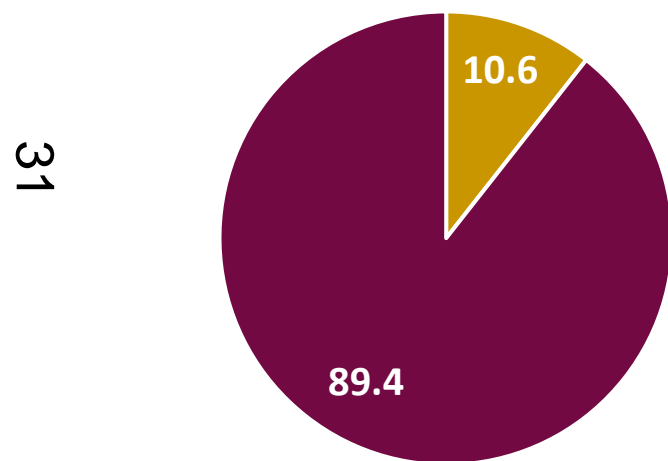
47. The Stirling Children's Wellbeing Scale. SEN statement breakdown.



One in ten Leicester children have a poor mental wellbeing score. Girls are more likely to have a poor wellbeing score. Children with a disability or long term illness and children with special education needs also report higher poor mental wellbeing scores.

47. The Stirling Children's Wellbeing Scale. Scoring indicates poor mental wellbeing

Stirling Health and Wellbeing Scale Score (%)



31

- 12-30: Indicative of poor mental health
- 31-60: Not indicative of poor mental health

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

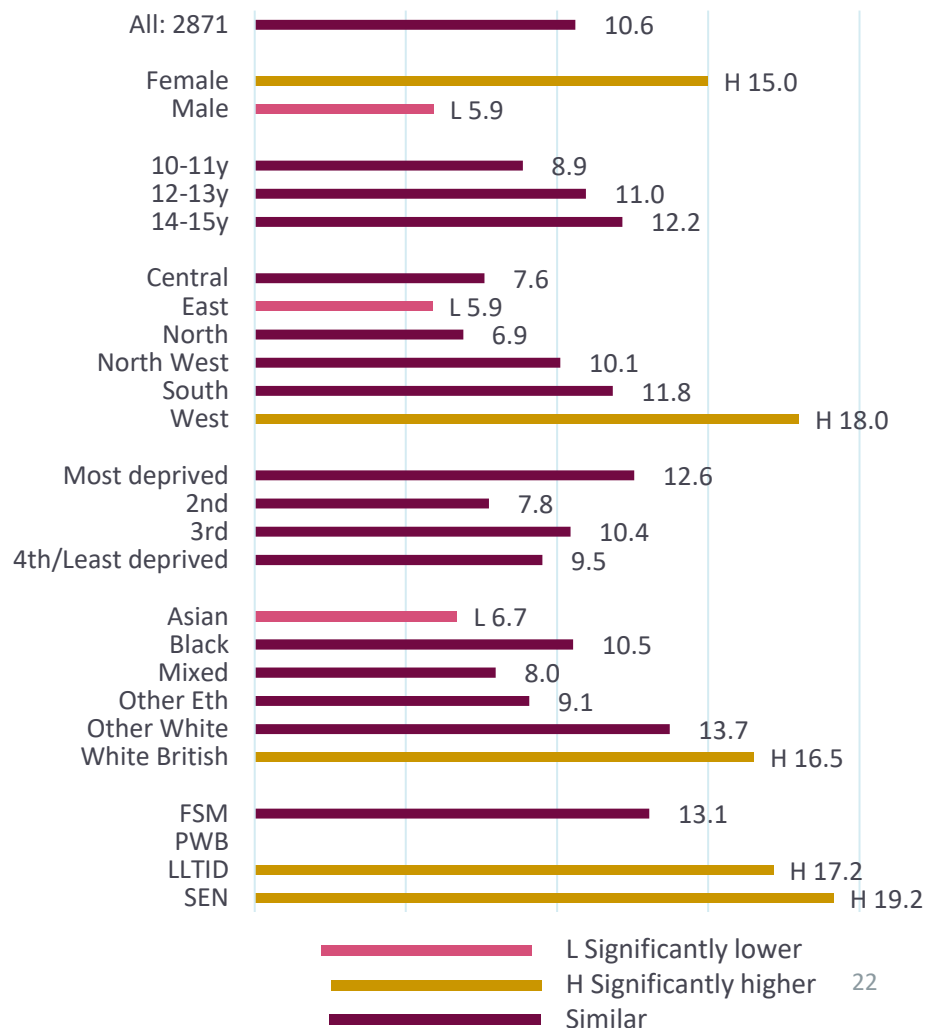
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

% Poor Mental Wellbeing



Summary table: Risk factors by demographics and other groups

% of children	Caring for family members	Nothing to eat for breakfast	No fruit and vegetable portions	Less active (under 30 mins a day)	Five or more hours of Screen time	Going to sleep at midnight or later	Poor Resilience	No trusted adult	Worry about having enough to eat	Parent carer smokes	Bullied in the last 12 months
All:	19.3	31.3	13.3	47.9	27.1	18.7	28.0	10.1	17.5	30.2	24.4
Female	23.5	33.4	12.4	53.4	26.6	19.5	35.9	10.8	14.6	29.3	26.3
Male	15.7	29.2	14.0	43.0	26.9	17.8	20.3	9.1	20.0	31.1	22.2
10-11 years	23.0	22.1	9.2	47.9	16.5	7.4	31.6	6.2	25.0	28.2	32.2
12-13 years	16.6	34.5	13.0	42.8	29.7	20.4	26.0	10.5	15.1	31.5	23.9
14-15 years	17.9	39.1	18.2	52.5	36.4	29.0	26.1	14.3	11.3	31.4	16.0
Asian British	18.6	27.0	10.8	50.0	16.0	14.7	26.4	9.6	15.7	14.1	17.7
Black British	18.2	35.7	17.7	48.2	30.8	14.8	28.9	14.0	17.5	19.2	23.8
Mixed Heritage	19.1	34.4	13.9	49.6	29.4	22.2	26.8	11.9	18.3	32.1	21.7
Other Ethnicity	19.3	30.8	10.5	46.4	23.3	17.8	19.5	14.4	23.9	17.6	19.1
Other White	17.9	29.5	13.8	50.7	41.5	30.6	30.4	10.0	17.0	58.7	30.8
White British	20.4	37.3	15.2	40.9	40.1	23.0	31.9	8.1	15.8	54.1	33.9
Free Sch Meals	20.7	33.7	13.1	47.1	34.7	24.0	31.0	10.4	19.6	42.7	29.6
Poor wellbeing	21.6	52.7	28.2	55.8	50.3	38.7	55.3	32.9	20.3	51.2	46.7
Long term ill	21.3	34.2	13.4	46.5	37.2	24.2	29.5	13.8	17.6	41.7	32.3
SEN	20.6	31.7	18.3	50.8	35.6	26.8	39.6	11.5	32.2	45.8	37.5

Significantly higher

No significant differences

Significantly lower

And finally...

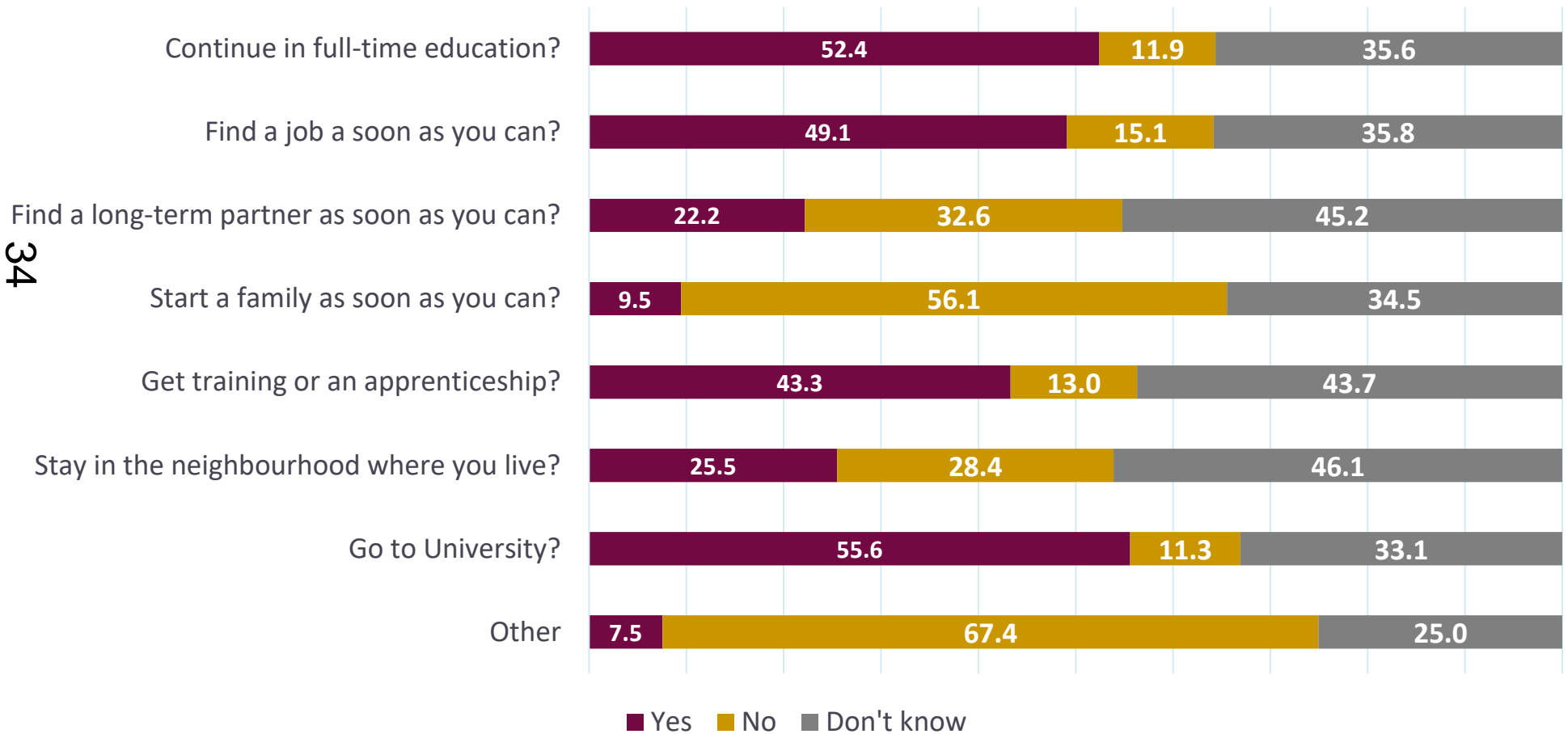
- Children's aspirations
- Reflections on changes since 2016/17
- Conclusions
- Next steps

About half of children (52%) would like to continue in full time education after leaving school, and a similar proportion of children would like to go to university (56%). About half of children would like to find a job as soon as they can (49%), and about four in ten children would like an apprenticeship (43%).

80. When you leave school, do you want to...?

34

% When you leave school do you want to...



Note: Only Secondary aged children were asked to respond to this question

Conclusions

- Overall, the survey paints a picture of children and young people who are positive about life and their prospects, but there are challenges and some Leicester children report significant health and wellbeing issues.
- About one in five children worry about having enough to eat, and for children with a SEN it is closer to one in three.
- 35 • Following the pandemic there has been a significant increase in the proportion of children who have caring/babysitting responsibilities (19%).
- Excessive screen time (27%) and poor sleeping habits (39%) is an issue for many children.
- Children with no adult confidant in their lives (10%) showed signs of poorer resilience compared to those with a trusted adult.
- Children with a poor mental wellbeing score (10%) report poor health and wellbeing and are amongst the most vulnerable group of children. Half of these children have reported self harm.

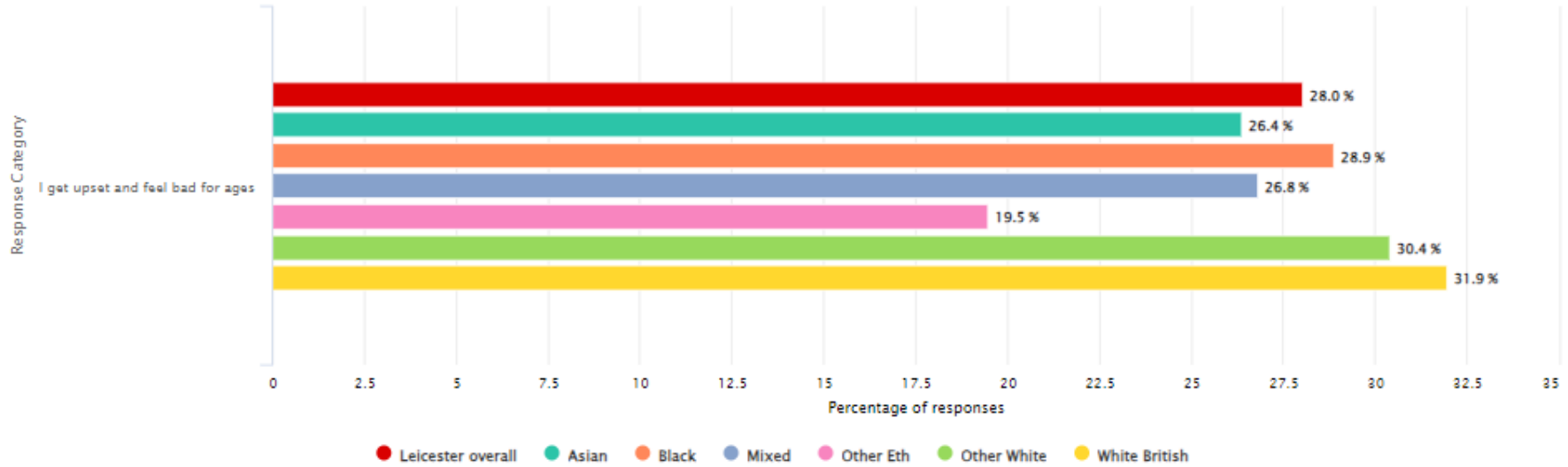
Making use of the results...

- Support the dissemination of results and data.
- Consider the results and findings when commissioning/reviewing services for children and young people in Leicester.
- To inform targeted provision of services.
- This is a unique set of data and many local authorities will not have access to this level of data for this age group. Data from past health and wellbeing surveys have been used in a variety of successful funding bids.
- Get in touch – there is a wealth of data that can be further interrogated.

Leicester Open Data Platform...

There were 3058 responses to this question

48. If something goes wrong... Resilience



37

The most significant responses to this question were:

	Demographic Category ^	Demographic Characteristic ^	Percentage ^
1	Gender	Female	35.9 %
2	Geography	West	35.9 %
3	Vulnerable Group	Poor Emotional Wellbeing	55.3 %
4	Vulnerable Group	Special Educational Need	39.6 %

The least significant responses to this question were:

	Demographic Category ^	Demographic Characteristic ^	Percentage ^
1	Gender	Male	20.3 %
2	Ethnicity	Other Eth	19.5 %



38

Leicester Child Health and Wellbeing Survey 2021/22

A survey of pupils attending Leicester City Primary, Secondary and Special Schools 2021/22

[Leicester health and wellbeing surveys](#)

Completed by Leicester City Council, Division of Public Health and the School Health Education Unit

Authors: Amy Chamberlain, Gurjeet Rajania & Hannah Stammers

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Leicester Children's Health and Wellbeing Survey



39

A survey of pupils attending Leicester City Primary, Secondary and Special Schools 2021/22

**Division of Public Health
Leicester City Council**

Introduction

The School Health Education Unit (SHEU) were commissioned by Leicester City Council to undertake a school based survey of Leicester school pupils aged 10 to 15.

All primary, junior, secondary and special schools in Leicester were invited to participate. Children from 26 primaries, 9 secondary schools and 2 special schools completed the survey.

40 The majority of surveys were completed online in schools during the Autumn and Spring terms in the 2021/22 academic year. Over 3,000 Leicester school pupils completed the survey and responses were collated by SHEU.

The survey sample was weighted against the known school aged population using the Leicester School Census (Spring 2022) to ensure survey responses were representative of the Leicester school population.

Each participating school received a bespoke school level report detailing key health and wellbeing issues for their school.

Methods

Questionnaire design: Primary, secondary and special school questionnaires were designed by SHEU and Leicester City Council Public Health professionals. Local school leaders were also consulted on the themes of the survey. There are some differences in the questionnaires to allow for age appropriate questions. There is a core of questions that were included in each questionnaire.

Quality assurance: Documents were offered to all participating schools to explain the administration of the survey to children. Each supervising teacher was asked to provide feedback about the conduct of the sessions. Most of these feedback sheets raised no concerns or made only positive comments.

Consent: Consent was sought from schools, parents and pupils. Schools informed parents/carers about the survey. SHEU provided relevant materials to support this. Pupils were advised that they could opt out or not complete all of the questions. The following analysis reports the number of children who completed each question.

Participation: Classes in school years 6 (primary), 8 and 10 (secondary) were selected to participate in the survey. Schools were instructed to select mixed ability groups to ensure a cross section of the school and that school level results would better represent the whole school.

Sample Analysis

Demographic and geographic data was collected to allow for detailed analysis of the survey.

The responses have been weighted against the Leicester School Census (spring 22) to ensure the sample is representative.

Comparisons show that the sample is similar to the known population for age, gender, geography, ethnicity, and deprivation/free school meals.

The self reporting of special educational need has led to some under reporting. Data suggests some pupils have not disclosed SEN status or are not aware.

Group	Sub-group	Number weighted	Percentage (%)	School Census (%)
All		3276	100%	
Sex	Female	1479	45%	49%
	Male	1713	52%	51%
Age	10-11 year olds	1239	38%	36%
	12-13 year olds	1001	31%	33%
	14-15 year olds	1036	32%	32%
Broad area*	Central	520	20%	17%
	East	392	15%	16%
	North	522	20%	20%
	North West	436	16%	14%
	South	275	10%	9%
	West	512	19%	17%
Deprivation quintiles*	Most deprived	1085	41%	42%
	2	984	38%	33%
	3	383	15%	14%
	4/Least deprived	163	6%	11%
Broad ethnicity	Asian	1258	41%	47%
	Black	348	11%	10%
	Mixed	272	9%	7%
	Other	172	6%	5%
	Other White	248	8%	8%
	White British	783	25%	23%
Other groups	Free School Meals (FSM)	777	24%	27%
	Poor wellbeing (PWB)	304	11%	-
	Long term illness or Disability (LLTID)	530	16%	-
	Special Education Need (SEN)	236	7%	17%

**Broad area and deprivation is dependent on a valid postcode being provided. 80% of respondents provided a valid postcode.*

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Key findings (6)

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Pupil backgrounds (13)

Healthy eating (21)

Physical activity and active travel (36)

Internet use, leisure and sleep (43)

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Bullying (86)

Safety (including online safety) (91)

Relationships and sexual health (98)

Your school and pupil voice (105)

Summary tables and correlations (109)

Key findings...

Overall, the survey paints a picture of children and young people who are positive about life and their prospects. Most, for example, like where they live and are positive about their school. They feel safe in their neighbourhood, school and home. Most children report good mental health, two-thirds say they learn from their mistakes, and most children have a trusted adult they can talk to when worried about something. Leicester children and young people are unlikely to have tried alcohol, smoking or drugs. Children recall being told how to stay safe while online. This is important given that seven out of ten children have a social media account.

44 The survey also identifies challenges involving some children and young people. One in five children reveal they care for family members after school, many children struggle to achieve the recommended level of physical activity, and about a third of children had nothing to eat for breakfast. Some children struggle with their emotional wellbeing, one in ten children report they have no adult to talk to when worried, and these children find it more difficult when something goes wrong.

Results have been broken down by different groups and this identifies that some groups of children are more likely to experience health and wellbeing issues. For example Leicester girls are significantly more likely to have caring responsibilities, older children are more likely to make poorer health and wellbeing choices, and there are also health and wellbeing issues more closely linked to some ethnic groups.

Key findings by topic...

Pupil backgrounds and poverty...

Children come from a range of backgrounds. About half are from an Indian or White British background, and the remainder are from a range of diverse communities.

The survey reveals half of children speak another language (not English) and about one in five children always or mostly spoke another language at home.

One in five children cared for family members after school.

About one in five children had worries about having enough to eat.

45

Physical activity...

Three out of four children enjoy physical education.

About half of children are completing less than half an hour of physical activity a day, and one in ten are completing less than half an hour across the entire week.

Six out of ten children's main method of travel to school is walking or cycling, three out of ten travel by car and about one in ten will use bus/public transport.

One in three children report that they have never been to a leisure centre.

Healthy eating and oral health...

Three out of five children ate breakfast, lunch and dinner the day before the survey.

Two in five skipped at least one meal, the most common meal to skip was breakfast.

About one in five children ate five or more fruit and veg portions, one in ten children had no fruit and veg portions the day before the survey.

About one in ten children have a takeaway meal more than once a week.

Two thirds of children have been to the dentist in the last 12 months.

Internet use, leisure and sleep...

99% of children have access to the internet. Four out of five children access the internet via a mobile phone.

About a quarter of children spent five or more hours looking at a screen the day before the survey.

The most popular after school activities include screen time activities, followed by listening to music, completing homework, and sport/physical activity.

Many children (two out of five) are sleeping late (11pm or later) and are at risk of not getting enough sleep. One in five are sleeping at midnight or later the day before the survey.

Emotional wellbeing...

Three quarters of Leicester children report a medium to high wellbeing score indicative of good mental health.

Two out of three children state that they learn from their mistakes.

About one in ten children report signs of poor mental wellbeing.

Children reporting a long term illness are more likely to report poor mental wellbeing.

One in ten children state they have no trusted adult to talk to and these children show signs of poorer resilience.

Alcohol, smoking and drugs...

Trying alcohol, smoking or drugs is uncommon for Leicester children.

Trying alcohol increases with age and a quarter of older children (14-15 year olds) have tried alcohol.

Some children are exposed to smoking at home. About a third of parents/carers smoke, and a smaller proportion are exposed to smoking at home and in the car.

Around one in ten children have tried vaping/e-cigarettes. A smaller proportion of children have tried tobacco cigarettes or shisha.

46

Health, relationships & sexual health..

Seven out of ten children agree that they feel healthy most of the time and one in ten disagree that they feel healthy. The remainder are unsure.

Most children agreed with positive health statements, such as 'if I take care of myself I will stay healthy'.

About two in five female secondary aged children were not able to access sanitary products all of the time when on their period.

One in twenty 14 to 15 year old children report they have had sexual intercourse.

Bullying and safety...

Three out of four children are happy with their local area.

95% of children feel safe in their local area, home, and school.

Almost one quarter of children reported that they had been bullied in the last twelve months.

Of children bullied almost half thought that they had been picked on because of the way they look.

The majority of children recall being told how to stay safe while online. This is important given that seven out of ten children have a social media account.

Key findings by population group...

Sex...

Girls (24%) are significantly more likely to have caring responsibilities compared to boys (16%).

Half (53%) of girls complete less than 30 minutes of physical activity a day compared 43% of boys.

Girls (42%) are significantly more likely to have skipped a meal compared to boys (33%).

One in five boys (22%) drink energy drinks regularly compared to 13% of girls.

Over a third (36%) of girls report poorer resilience compared to 20% of boys, and girls are also significantly more likely to self harm, with 20% of girls and 10% of boys reacting to worries by sometimes cutting or hurting themselves.

Girls (17%) are significantly more likely to experience sexual harassment compared to 2% of boys.

Two in five (37%) girls could not access sanitary products all of the time.

Age...

Older children (14-15 year olds) tended to have higher likelihood of poor health and wellbeing choices such as sleeping late (29%), excessive screen time (36%), poorer diet (18%), no breakfast (39%) and skipping meals (49%), and more likely to try smoking (7%), alcohol (24%), and have been offered drugs (14%).

Younger children (10-11 year olds) tended to make more positive health and wellbeing choices. They were less likely to have excessive screen time (17%) or sleep late (7%).

Broad area...

Children living in the West of the city reported higher rates of excessive screen time (38%), lack of sleep (25%), and poorer resilience (36%). They are also more likely to have a parent/carer who smokes (45%) and to have been bullied in the last 12 months (33%).

Children in the North of the city were significantly more likely to be less physical active (59%) and to have never been to a leisure centre (51%).

There are significant differences in walking/cycling to school with those in Central (70%), South (71%) and West (69%) more likely to actively travel compared to those in the East (27%).

Ethnicity...

Children from a White British (54%) and Other White (59%) backgrounds are significantly more likely to have parents/carers who smoke, and in turn be more likely to try smoking.

White British children are significantly more likely to have had no breakfast (37%), have excessive screen time (40%), and experienced bullying in the last 12 months (34%).

Children from Other White groups are also significantly more likely to have excessive screen time (42%) and go to sleep late (31%). They are also more likely to be vaccine hesitant with 59% stating they are not likely to have a COVID-19 vaccination.

Asian British children are more likely to be less physically active and 42% have never been to a leisure centre. They are also more likely to travel to school by car (39%).

Children from Other White (24%) and Other (23%) ethnic groups are find speaking, reading and writing English not easy.

Additional groups...

Free School Meals: Children in receipt of free school meals are significantly more likely to have excessive screen time (35%), go to sleep late (24%). These children are also significantly more likely to have a parent/carer who smokes (43%).

Special Educational Needs: Children who self-reported a special educational need are significantly more likely to consume energy drinks regularly (31%), have excessive screen time (36%), go to sleep late (27%), and have poorer resilience (40%). They are also more likely to have a parent/carer who smokes (46%) and have experienced bullying (38%).

Long term illness or disability: Children with a long term illness or disability are significantly more likely to have excessive screen time (37%) and go to sleep late (24%). These children are also more likely to have a parent/carer who smokes (42%) and have experienced bullying (32%).

Poor wellbeing: Children who had a poor mental wellbeing score were significantly more likely to report poorer health and wellbeing across a range of issues. This group of children are particularly vulnerable and report amongst the highest rates for a number of issues.

Changes since the 2016/17 survey

There are some questions where we can compare results with the 2016/17 survey

Significant increase since 2016/17...

There has been a significant increase in the percentage of children caring for family members from 17% to 19%.

49 Children showing signs of poor resilience has increased. The percentage of children who get upset and feel bad for ages increased from 23% to 28%.

Children are spending more time looking at screens. The percentage of children looking at a screen for five or more hours increased from 22% to 27%.

The proportion of children who report they have never visited a dentist increased from 4% to 9%.

Significant decrease since 2016/17...

Use of tobacco cigarettes has fallen significantly amongst 14 to 15 year old children from 13% to 7%.

Trying Shisha has also fallen significantly amongst 14 to 15 year olds from 26% to 7%.

There has been a fall in the proportion of children having a take-away meal more than once a week from 23% to 13%.

There has been a significant decrease in the percentage of children who eat five or more fruit and vegetable portions a day from 23% to 19%.

Direction of travel table for Leicester Child Health and Wellbeing Survey 2016/17 to 2021/22

Theme	Percentage of children	2016/17	2021/22	Direction of travel	Significance to 2016/17
Pupil backgrounds	Limiting long term condition	13.7	16.2	Increase	No significant difference
Pupil backgrounds	Looking after (caring for) family members	16.5	19.3	Increase	Significantly higher
Deprivation	Worry about having enough to eat	18.7	17.5	Decrease	No significant difference
Deprivation	Worry about having enough money	23.5	20.5	Decrease	Significantly lower
Healthy Eating	Nothing to eat or drink for breakfast	16.3	17.2	Increase	No significant difference
Healthy Eating	Five a day/5+ portions of fruit and veg	22.7	19.4	Decrease	Significantly lower
Healthy Eating	Water consumption rarely or never	5.0	4.6	Decrease	No significant difference
Healthy Eating	Energy drinks more than once a week	20.0	17.9	Decrease	No significant difference
Healthy Eating	Home cooked meals – more than once a week	92.7	92.1	Decrease	No significant difference
Healthy Eating	Take away meals – more than once a week	23.0	13.2	Decrease	Significantly lower
Screen time	Screen time: Five hours or more	22.1	27.1	Increase	Significantly higher
Oral Health	Never been to a dentist	4.3	8.5	Increase	Significantly higher
Oral Health	Brushing teeth less than twice a day	15.6	18.7	Increase	Significantly higher
Emotional Wellbeing	Poor Resilience: I get upset and feel bad for ages	22.9	28.0	Increase	Significantly higher
Emotional Wellbeing	No Trusted adults	9.6	10.1	Increase	No significant difference
Emotional Wellbeing	Sometimes have self harmed	16.7	14.6	Decrease	No significant difference
Emotional Wellbeing	Never like to talk about feelings	32.8	43.6	Increase	Significantly higher
Smoking/Vaping	Parents/carer smoke	32.8	30.2	Decrease	No significant difference
Smoking/Vaping	Smoke in car	9.5	10.0	Increase	No significant difference
Smoking/Vaping	Tried tobacco cigarettes –14-15 year olds	12.6	7.4	Decrease	Significantly lower
Smoking/Vaping	Tried shisha –14-15 year olds	26.4	7.0	Decrease	Significantly lower
Smoking/Vaping	Tried E-Cigarettes –14-15 year olds	21.0	19.8	Decrease	No significant difference
Bullying	Bullied in the last 12 months – All	22.5	24.4	Increase	No significant difference
Bullying	Mean and unkind to someone because you wanted to upset them	14.8	15.1	Increase	No significant difference
Online safety	E-safety - know where to get help? - 12-13 year olds	82.5	79.0	Decrease	No significant difference
Online safety	E-safety - know where to get help? - 14-15 year olds	75.7	75.6	Decrease	No significant difference

Significantly higher

No significant differences

Significantly lower

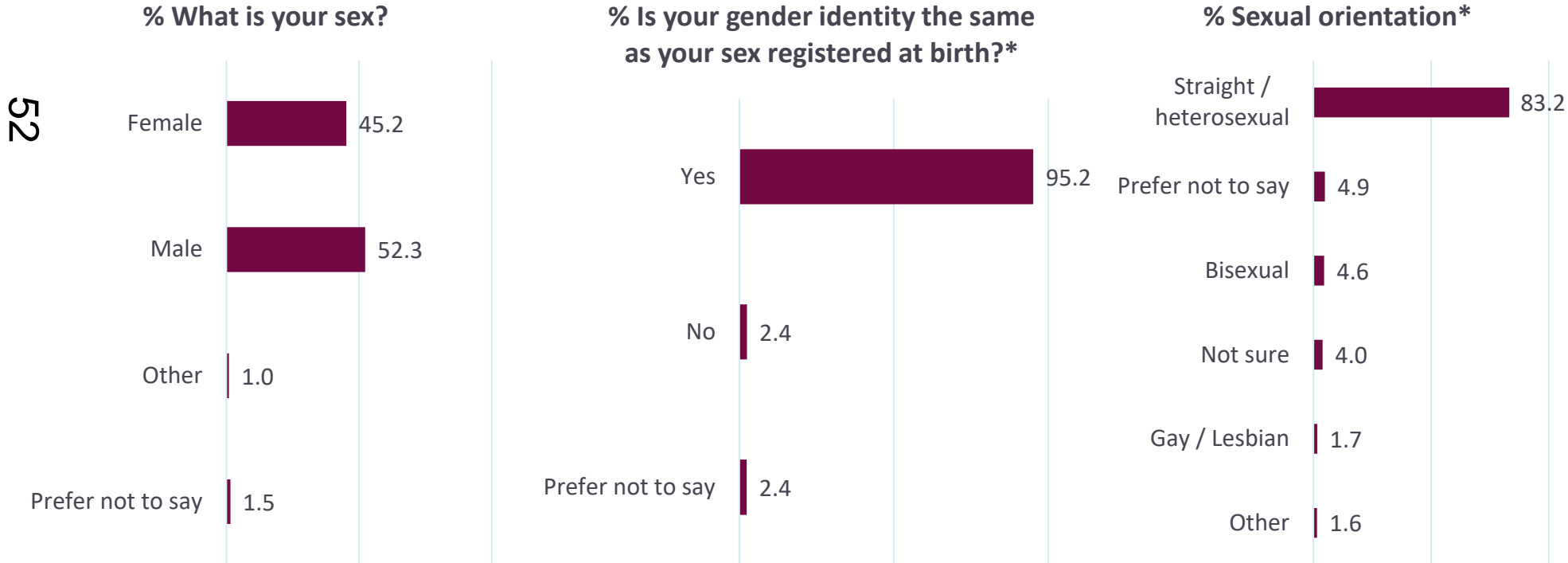
Pupil backgrounds

- Over 3,000 10 to 15 year old children participated in the Leicester Children's Health and Wellbeing survey.
- There are responses from a diverse range of communities. About half of the pupils are from an Indian or White British background, and the remainder are from a range of communities reflecting the residents of Leicester.
- One in fifty described that their sex is not the same as assigned at birth. One in twenty described they are lesbian, gay or bisexual.
- Data indicates that 6 in a classroom of 30 care for family members, and girls are significantly more likely to have caring responsibilities. Most of these young carers care for someone they live with, and some state that nobody outside of the family know they are a carer.

There are slightly more male (52%) respondents compared to female (45%) respondents in this survey. The majority describe their gender as the same assigned at birth.

Sex, gender identity, and sexual orientation

About one in fifty (2%) state their gender identity is not the same as their sex registered at birth. Over four in five (83%) describe their sexuality as straight/heterosexual, about 6% state they are lesbian, gay or bisexual, and the remaining 10% prefer not to say or are unsure.



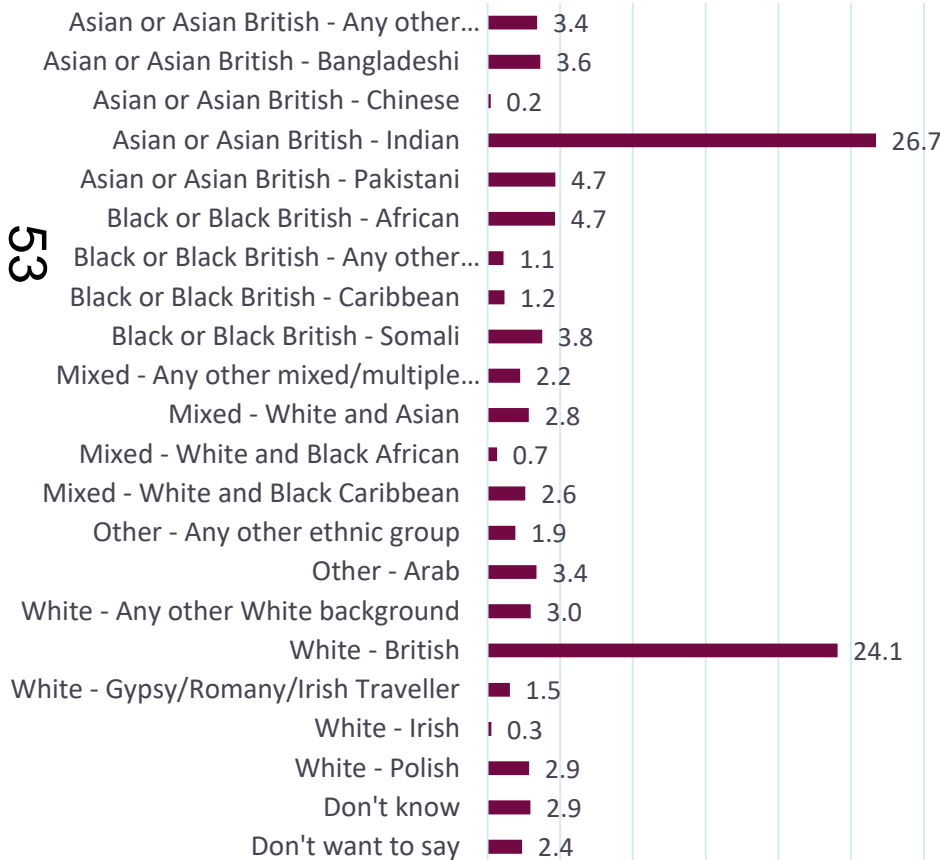
*Note: *Only secondary aged children were asked this question.*

The survey includes responses from a diverse range of ethnic backgrounds, the two largest ethnic groups participating in the survey include Asian Indian and White British. Asian, White Other and Other ethnicity groups are more likely to speak a language other than English, and speak it at home.

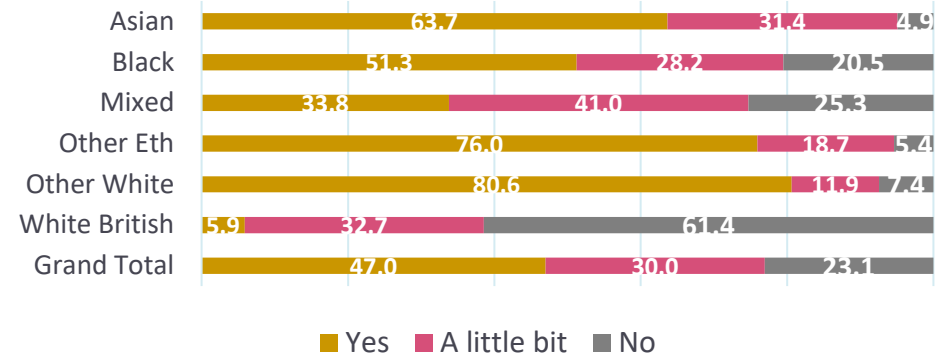
Ethnic background and language spoken

53

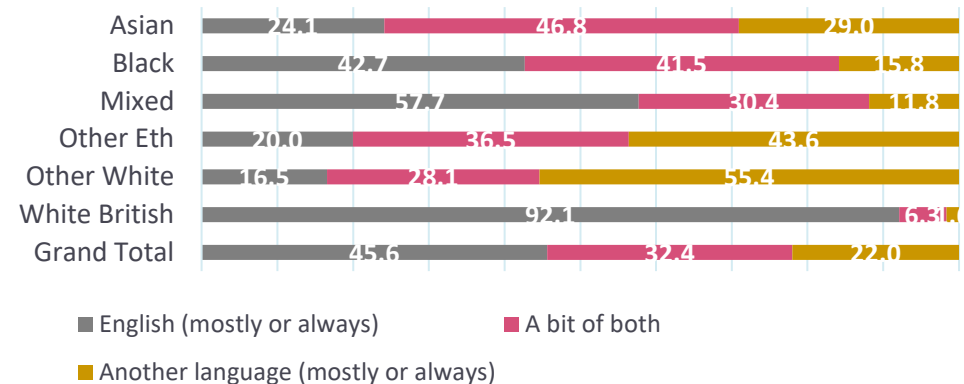
% Ethnic group*



% Speaking a language other than English by ethnicity



% Language spoken at home by ethnicity



*Ethnic group sorted by broad ethnic group Asian, Black, Mixed Heritage, Other Ethnicity, White

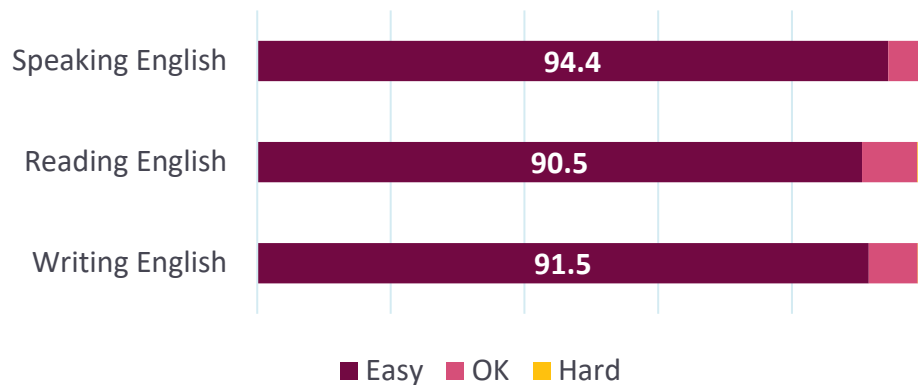
Most children find it easy to speak, read or write English, but there are some who find it more challenging. Groups significantly more likely to experience English language issues include those from Other White and Other Ethnicity and also children with a special educational need.

7. Proficiency in reading, speaking and writing English

About one in seven (14%) of children have an issue with at least one of speaking, reading, or writing English. Some groups are significantly more likely to have an issue with English including those with a poor mental wellbeing, and special education need.

54

Speaking, reading, and writing English



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

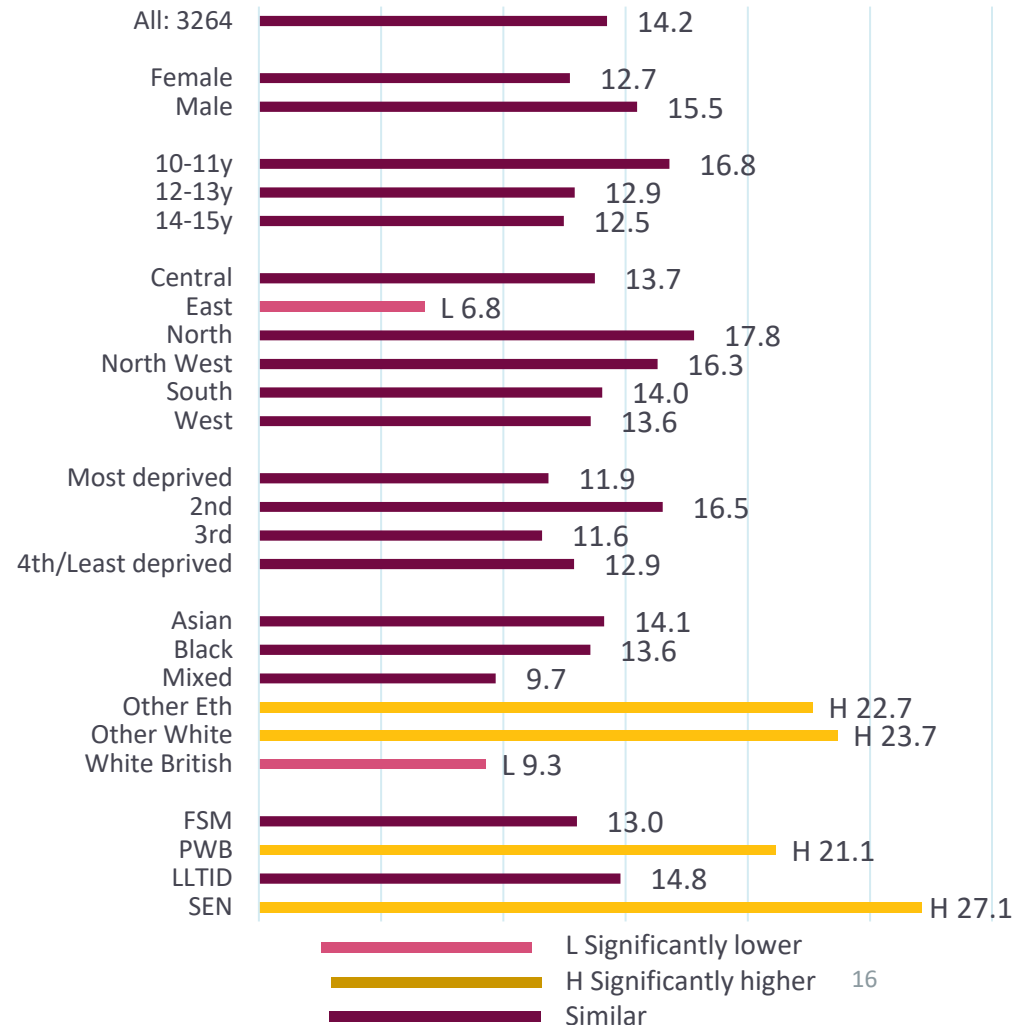
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

% who find English not easy

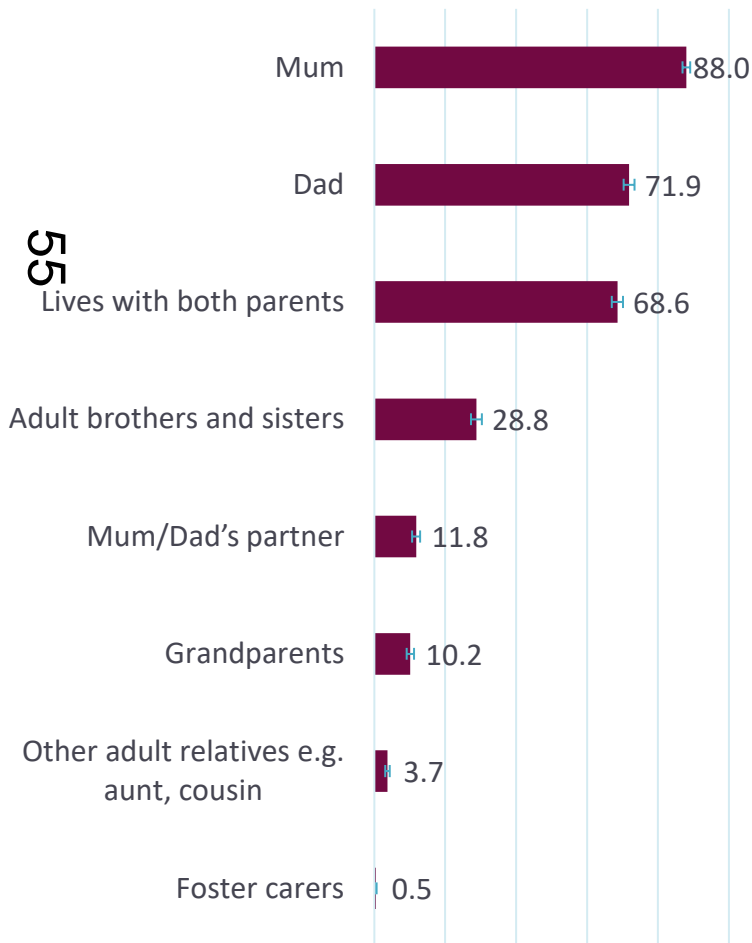


L Significantly lower
H Significantly higher
Similar

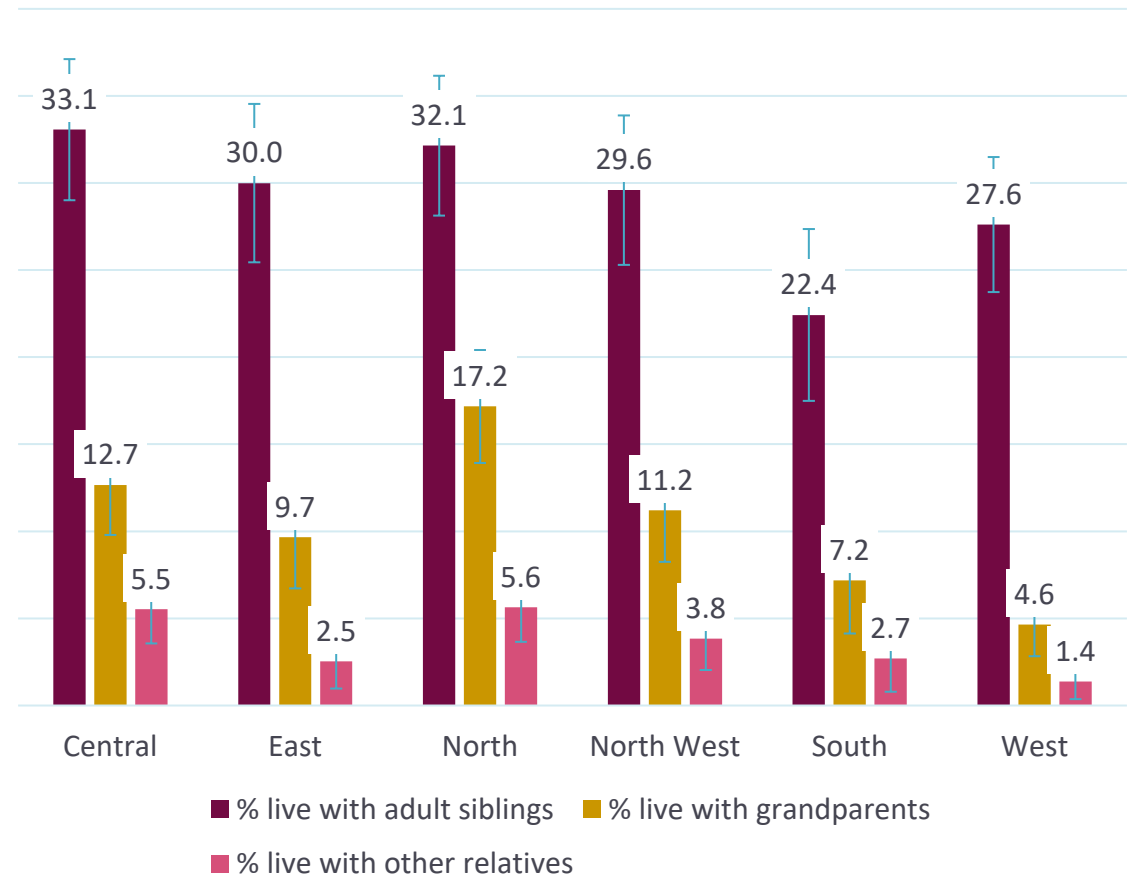
The majority of Leicester children live with mum or dad. Over a quarter of Leicester children also live with adult siblings. One in ten live with grandparents and for Asian children it is closer to one in six children living with a grandparent. Analysis by broad area shows that the Central, North and North West report higher proportions of children living with adult relatives.

8. Which adults do you live with? Including adult family members breakdown by broad area.

% adults you live with



% Children living with other adult family members by broad area



About a quarter (24%) of Leicester pupils reported that they currently have free school meals. A further 10% have had free school meals but not any more and about 7% were not sure if they had free school meals.

20. Have you ever had free school meals, or vouchers for free meals?

Children living in the West of the city are significantly more likely to be in receipt of free school meals, and children in the North are significantly less likely to have free school meals.

Children living in the most deprived areas of the city are more likely to have free school meals compared to those in less deprived areas.

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Children from Mixed Heritage, other ethnicity and white British ethnic groups are significantly more likely to have free school meals. Asian British children are less likely to have a free school meal.

Those from a special educational need and children with a long term illness are also more likely to have free school meals.

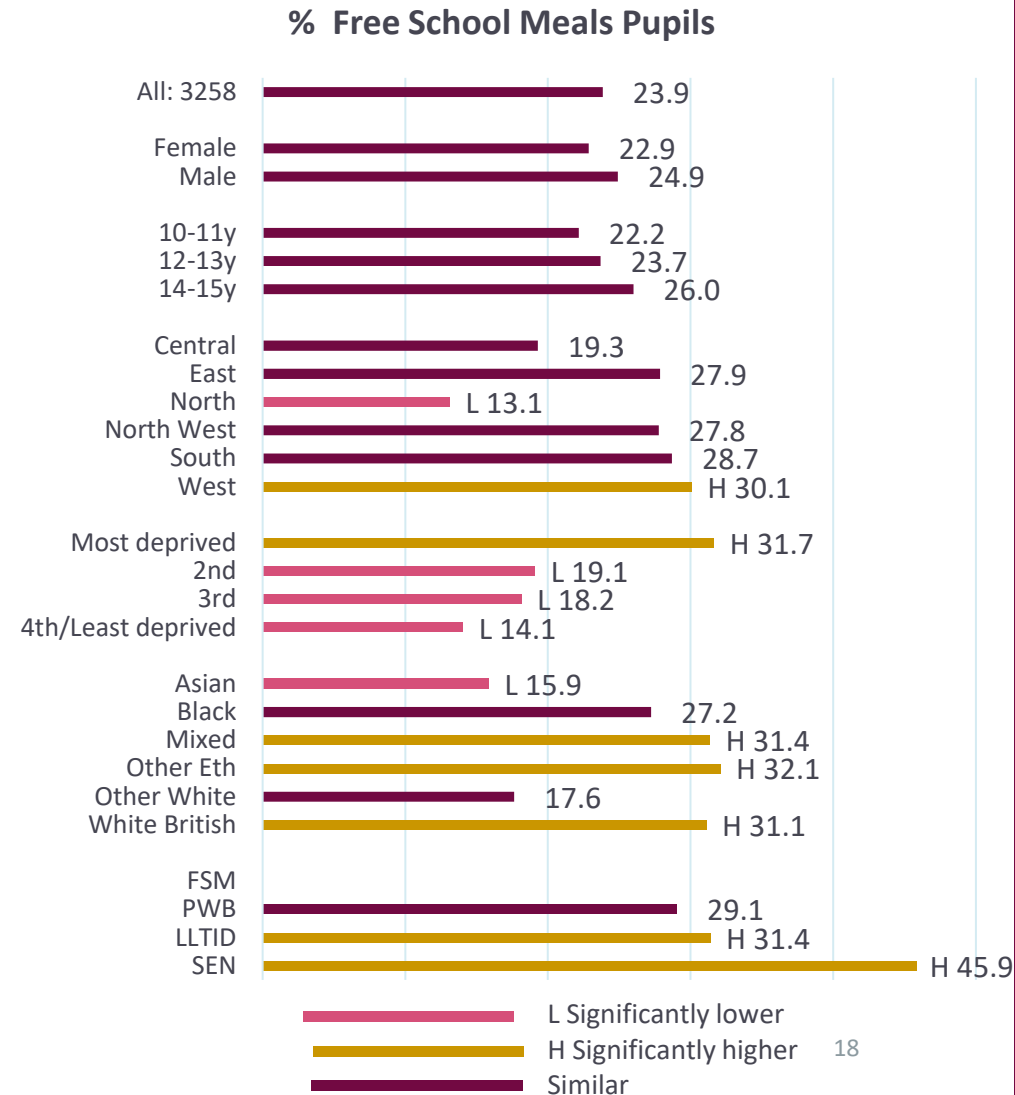
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



In an average class of thirty children about five (16.2%) reported having an illness that affects their day to day life, twenty (67.3%) report they do not have an illness, and a further five were not sure or did not want to say.

13. Do you have a health condition or illness that affects your day-to-day life?

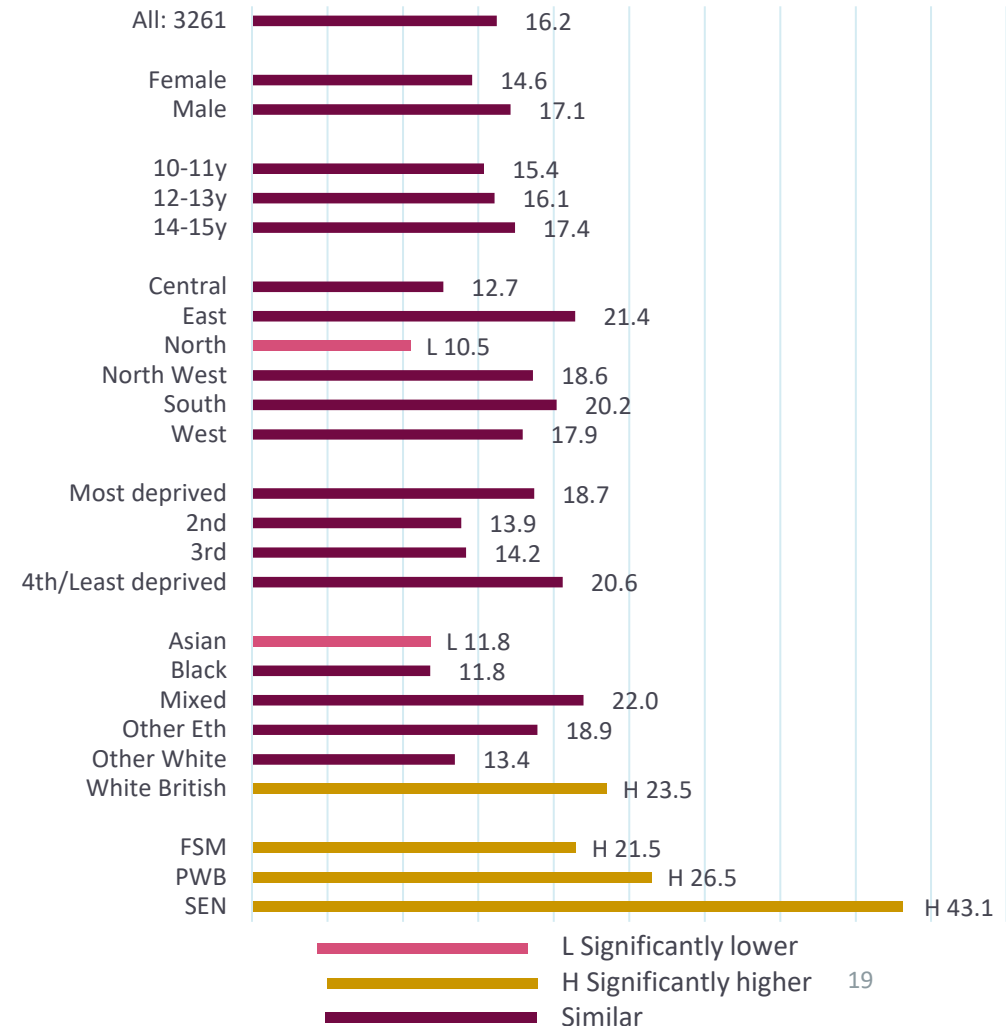
There are small differences by age and gender.

Children living in the North of the city are significantly less likely to report having a long term illness/disability.

57 Asian British children are significantly less likely to report having an illness/disability and White British children are significantly more likely to report having an illness/disability.

Free school meal pupils, those with a poor mental wellbeing, and children with a special educational need all report significantly higher rates of having an illness that affects day to day life.

% Illness/disability that affects your day-to-day life



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

Children were asked about the things they did after school. About one in five (19%) reported caring for family members.

36. Did you spend any time doing any of these things after school yesterday? Cared for family members (babysitting, minding grandparents, etc.)

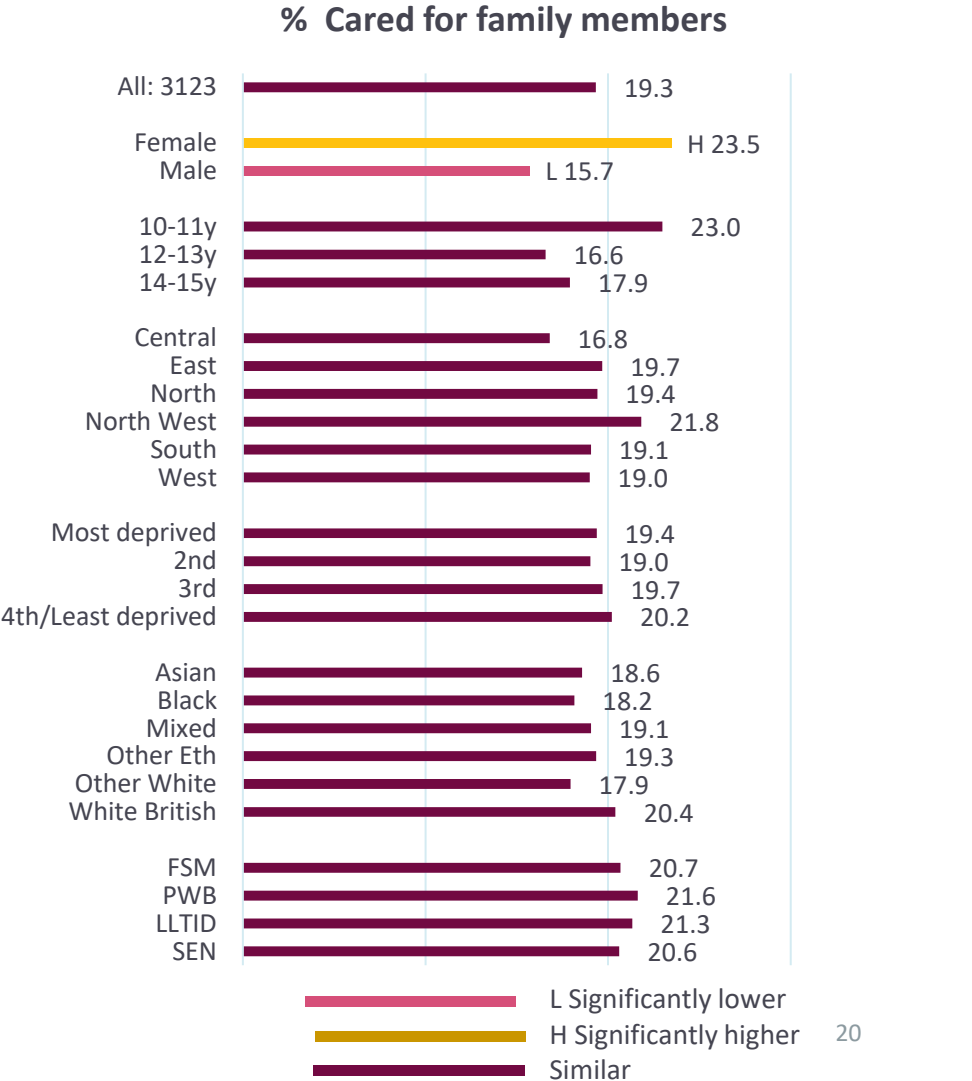
Females were significantly more likely to report caring for family members, about one in four (24%) females aged 10 to 15 cared for family members after school.

There are no further significant differences but you can see higher reporting in younger children, those from the North West, and White British children.

2016/17	2021/22	Significant change
16.5%	19.3%	Increase since 2016/17

There has been a significant increase in the percentage of children caring for family members since 2016/17.

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)
Additional groups: FSM- Free School Meals
 PWB – Poor Wellbeing
 LLTID – Long term limiting illness or disability
 SEN Special Educational Need



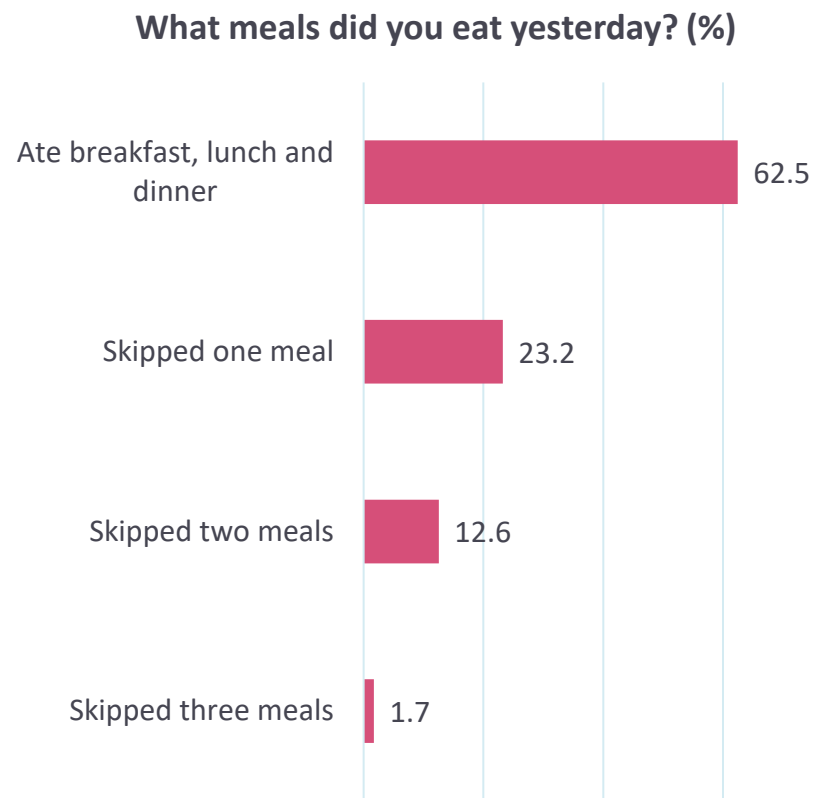
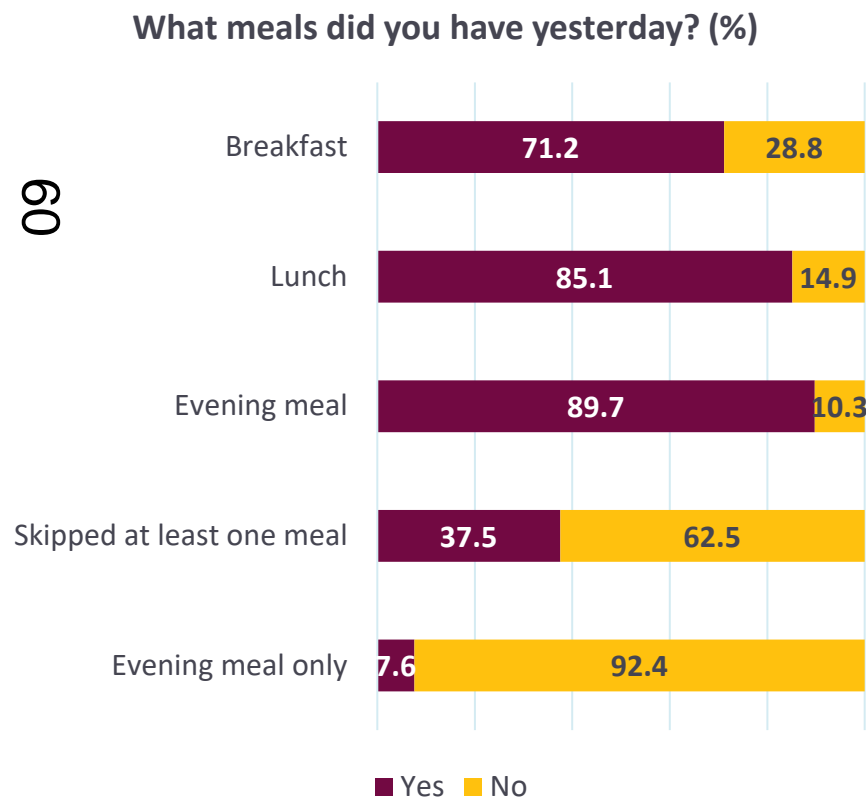
Healthy eating

- Three out of five children ate breakfast, lunch and dinner the day before the survey. Two in five skipped at least one meal, the most common meal to skip was breakfast. A small proportion of children also reported they did not have an evening meal.
- One in five children are eating the recommended five or more portions of fruit and vegetables. Just over one in ten stated they had no fruit and vegetables the day before the survey.
- The majority of children have a home cooked meal most days or everyday, a quarter of children have ready meals more than once a week, and one in ten children have takeaways more than once a week.
- The majority of children drink water most days or everyday, one in ten children have fizzy drinks most days or everyday, one in twenty stated they have an energy drink most days or everyday.
- About five in a class of thirty worry about having enough to eat. Younger children are more likely to worry about having enough to eat. A third of children with a special educational need worry about having enough to eat.
- Four out of five children eligible for free school meals ate their school meal.
- Children were most likely to get information regarding healthy eating/diet from their family, school, and social media, and were least likely to get it from books and/or magazines.

Three out of five children had breakfast, lunch and dinner the day before the survey. About two in five (37.5%) children skipped at least one meal. The most common meal to skip was breakfast (29%), followed by lunch (15%), and then evening meal (10%).

22. What meals did you have yesterday?

There is a minority of children (8%) who only had an evening meal the day before the survey. About a quarter (23%) of children skipped one meal, just over one in ten (13%) skipped two meals, and a small minority stated they skipped all meals (2%).



There are small differences in meal consumption for free school meal eligible pupils and non free school meals pupils.

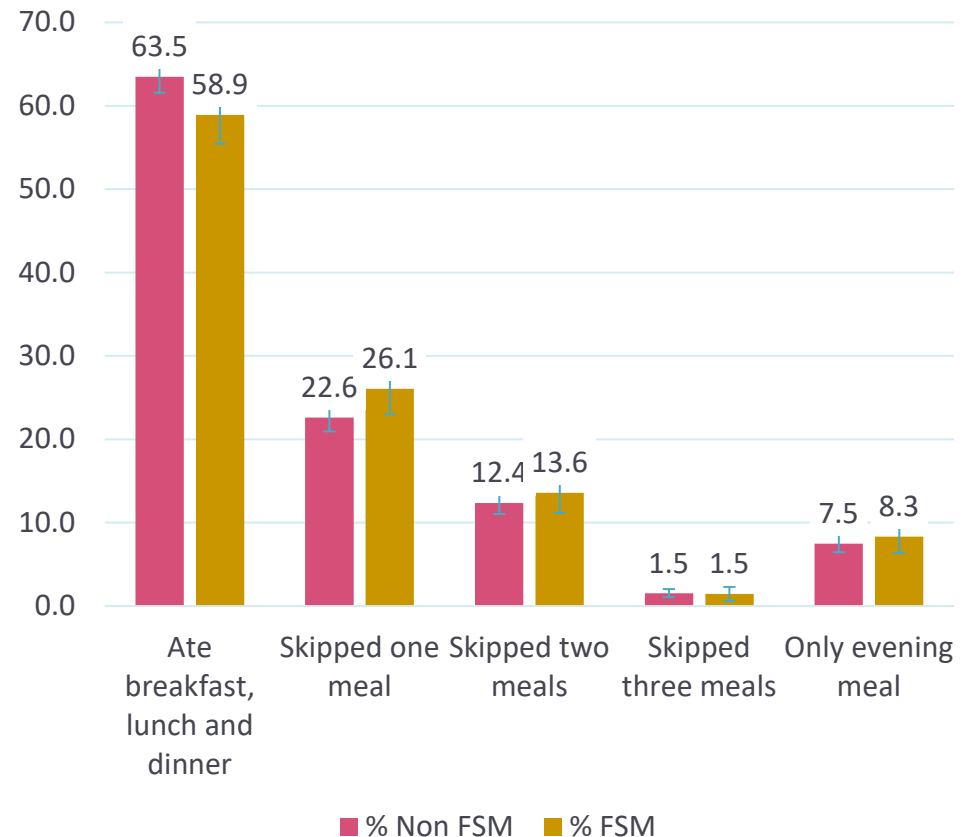
22. What meals did you have yesterday? Analysis of children in receipt of free school meals

The chart compares meals eaten the day before the survey for free school meal pupils and non free school meal pupils.

It shows that those in receipt of free school meals are less likely to have eaten breakfast, lunch and dinner the day before the survey.

Free school meal pupils are also more likely to have skipped meals and had an evening meal only. However, these differences are not statistically significant.

% Free School Meal and Non Free School Meal children eating meals yesterday



Additional groups:

FSM- Free School Meals pupils

Non FSM – Non Free School Meals pupils

About four in every ten (38%) Leicester children skipped at least one meal the day before the survey. Two thirds (67%) of children reporting a poor wellbeing score skipped a meal.

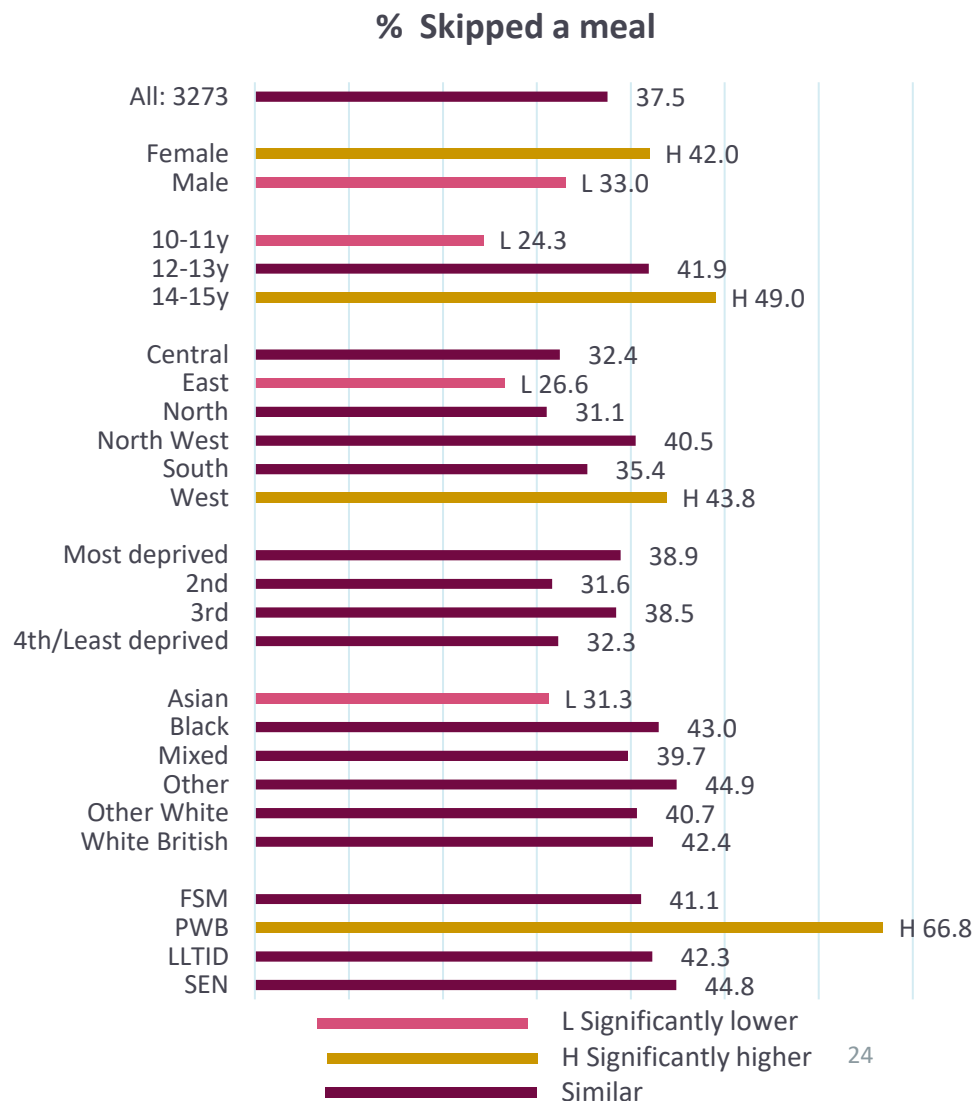
22. What meals did you have yesterday? Skipped at least one meal

Females are significantly more likely than males to skip at least one meal.

About half (49%) of 14-15 year olds skip at least one meal, this is significantly high. Children aged 10-11 years old are significantly less likely to skip a meal.

There are some geographic and ethnic differences. With Asian children significantly less likely to skip a meal.

Children reporting a poor wellbeing score are significantly more likely to skip at least one meal yesterday.



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

About 1 in 2 children reported having a school lunch yesterday (56%). Children who are entitled to a free school meal are significantly more likely to have a school lunch.

23. Did you have a school lunch yesterday? Yes

The proportion eating a school lunch increased with age-group, although differences were not significant.

Those living in the North of the City were significantly less likely to have had a school lunch (52%).

Those of Black ethnicity and those with SEN were significantly more likely to have had a school lunch.

Data suggests that while children in receipt of free school meals are significantly more likely to have a school meal, not all children are taking their entitlement.

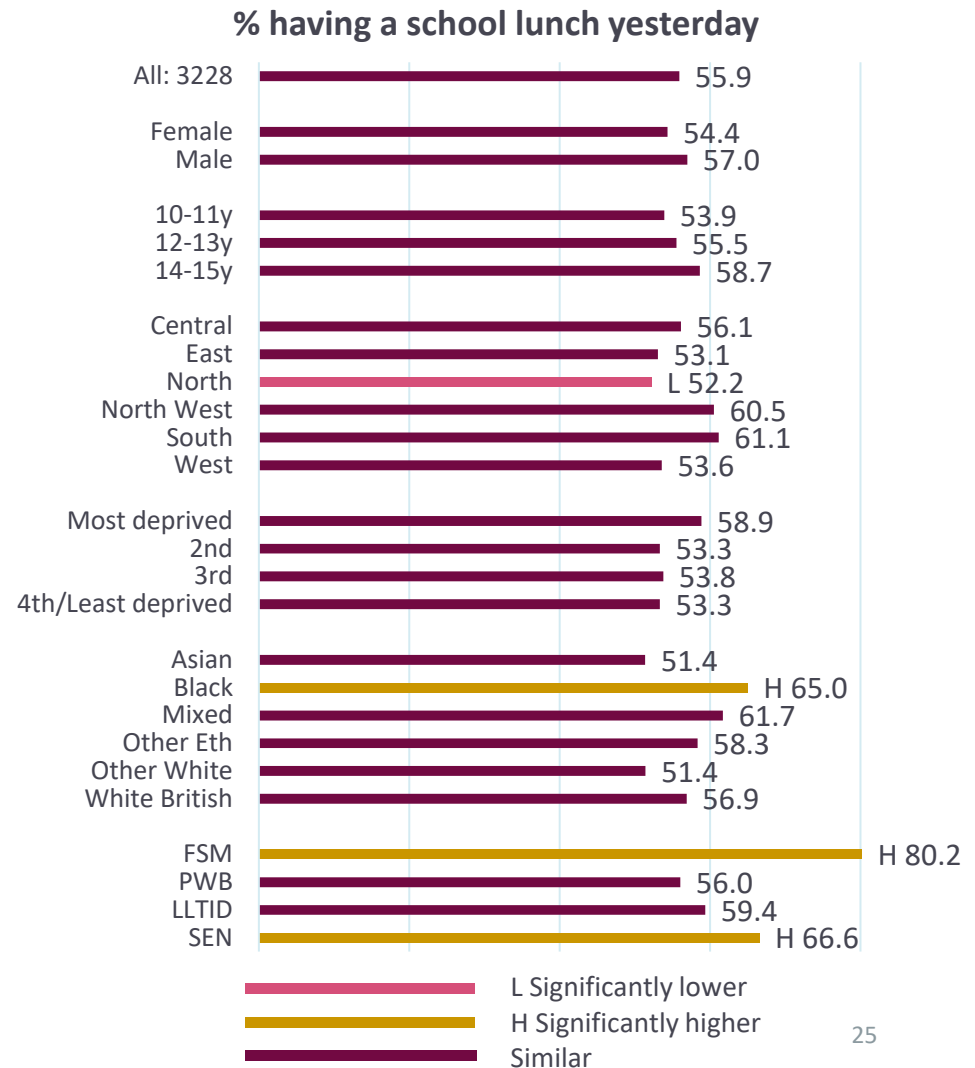
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



Nearly half (44%) of children reported they did not have a school meal. The majority of these children who did not have a school meal reported this was because they had a packed lunch instead (71%).

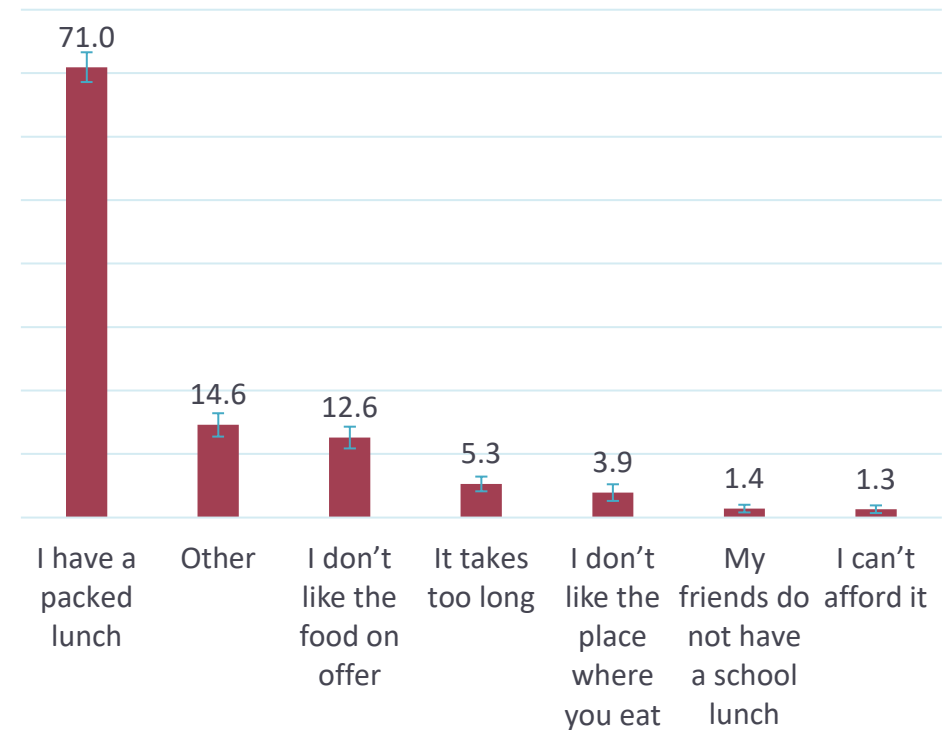
24. If you didn't have a school meal – why not?

About 7 in 10 children did not have a school meal because they already had a packed lunch (71%).

There also seemed to be contextual issues at play which reduced uptake of a school meal including: not liking the choices available (13%), food taking too long (5.3%) and not liking the dining area (3.9%).

Other unspecified reasons also seemed to be a large influence in not having a school meal (15%).

% answering why they did not have a school lunch yesterday



Note: Children who said they did not have a school meal answered this follow up question.

Nearly 1 in 3 children (31%) had nothing to eat for breakfast on the day of the survey. Older children were even more likely to have had nothing to eat for breakfast. This is likely to have implications on learning for the rest of the day.

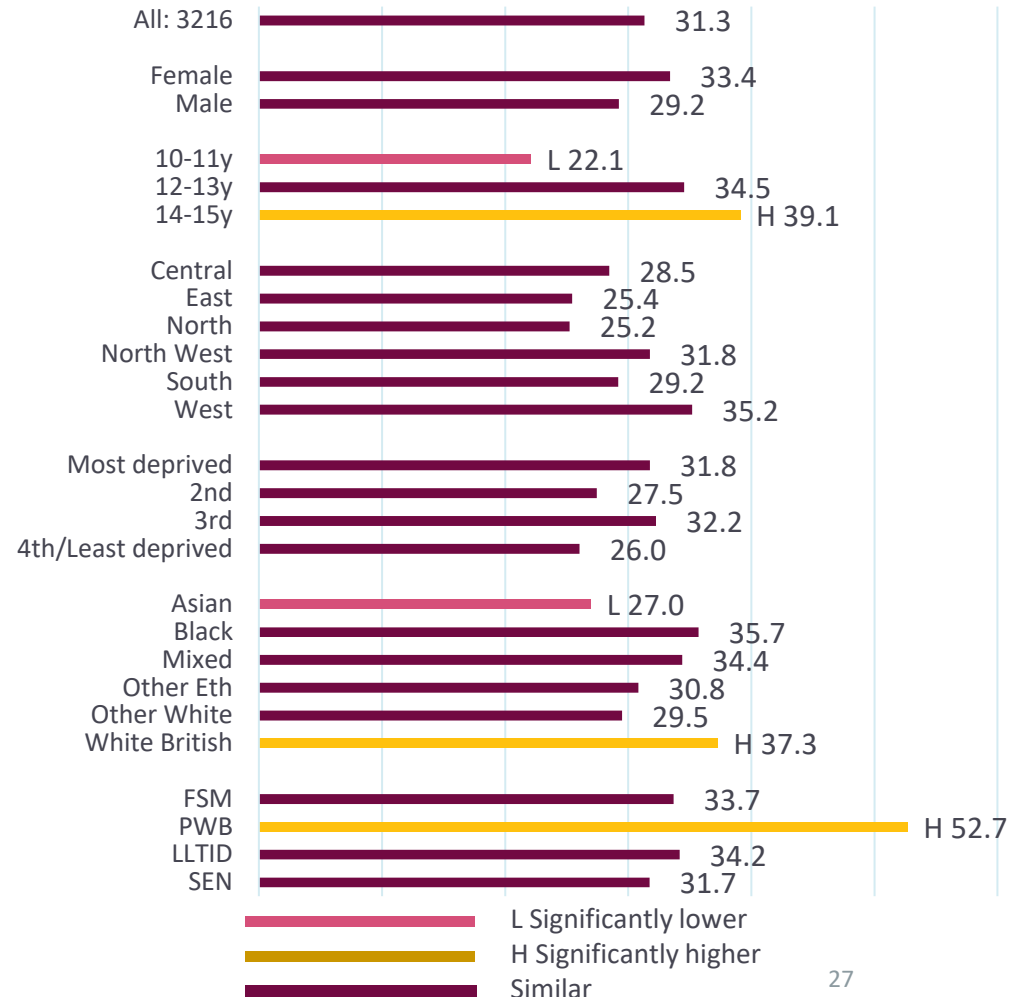
25. Did you have anything to eat or drink before lessons this morning? No, nothing to eat

Younger children (10-11 yrs) were significantly less likely to have had skipped breakfast, while older children (14-15 yrs) were significantly more likely to have missed breakfast.

Children of White British ethnicity were significantly more likely to not have had breakfast. Those with a poor wellbeing score were significantly more likely to skip breakfast.

In 2016/17 16.3% of children had nothing to eat or drink for breakfast, in 2021/22 a similar percentage of children had nothing to eat or drink (17.2%).

% of pupils who had nothing to eat for breakfast



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

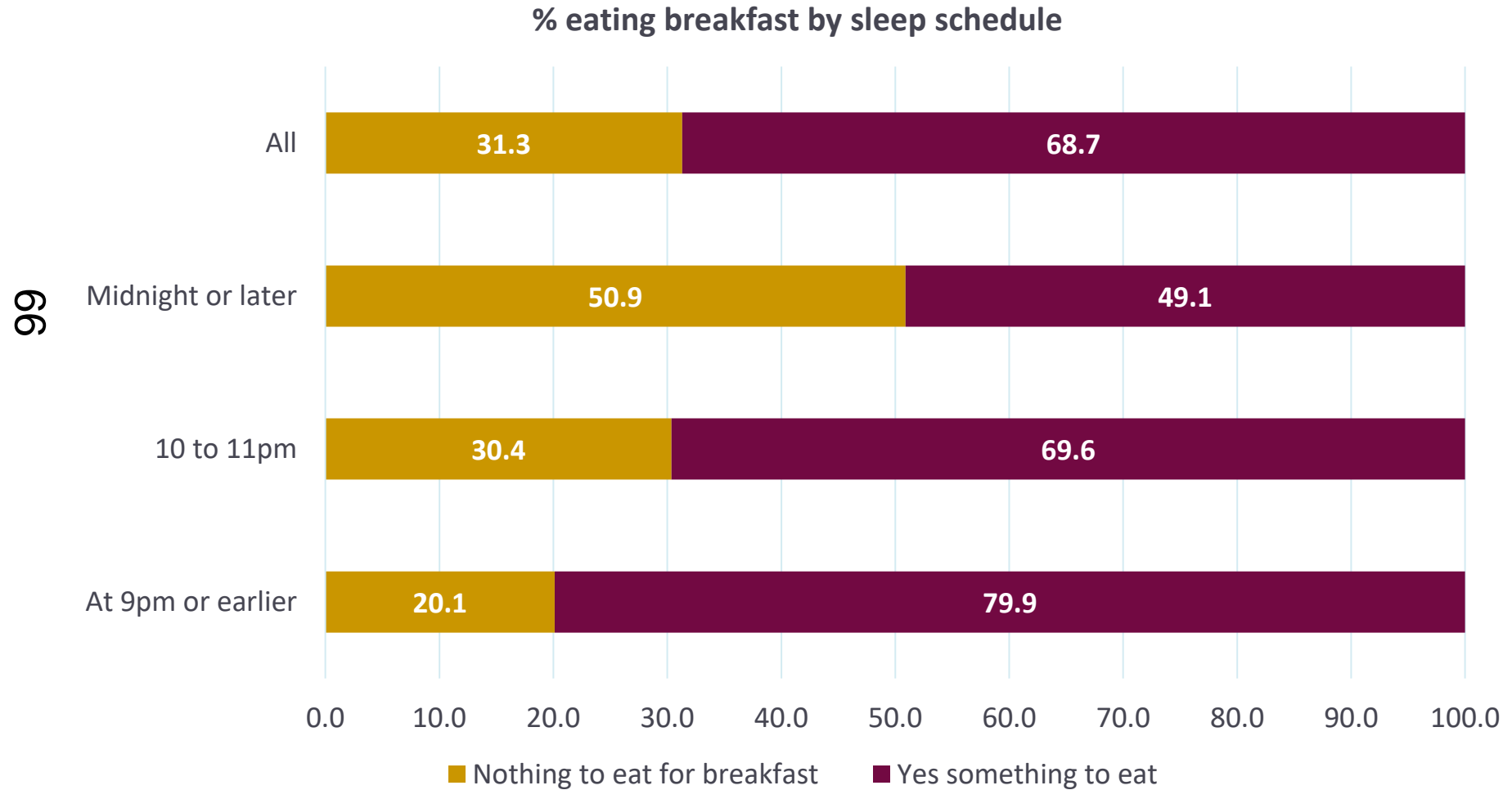
PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

Further analysis of breakfast consumption by sleeping schedule clearly shows that children who sleep later are significantly less likely to have eaten breakfast. Half of children who went to sleep at midnight or later did not eat breakfast compared to one fifth of children who went to sleep at 9 pm.

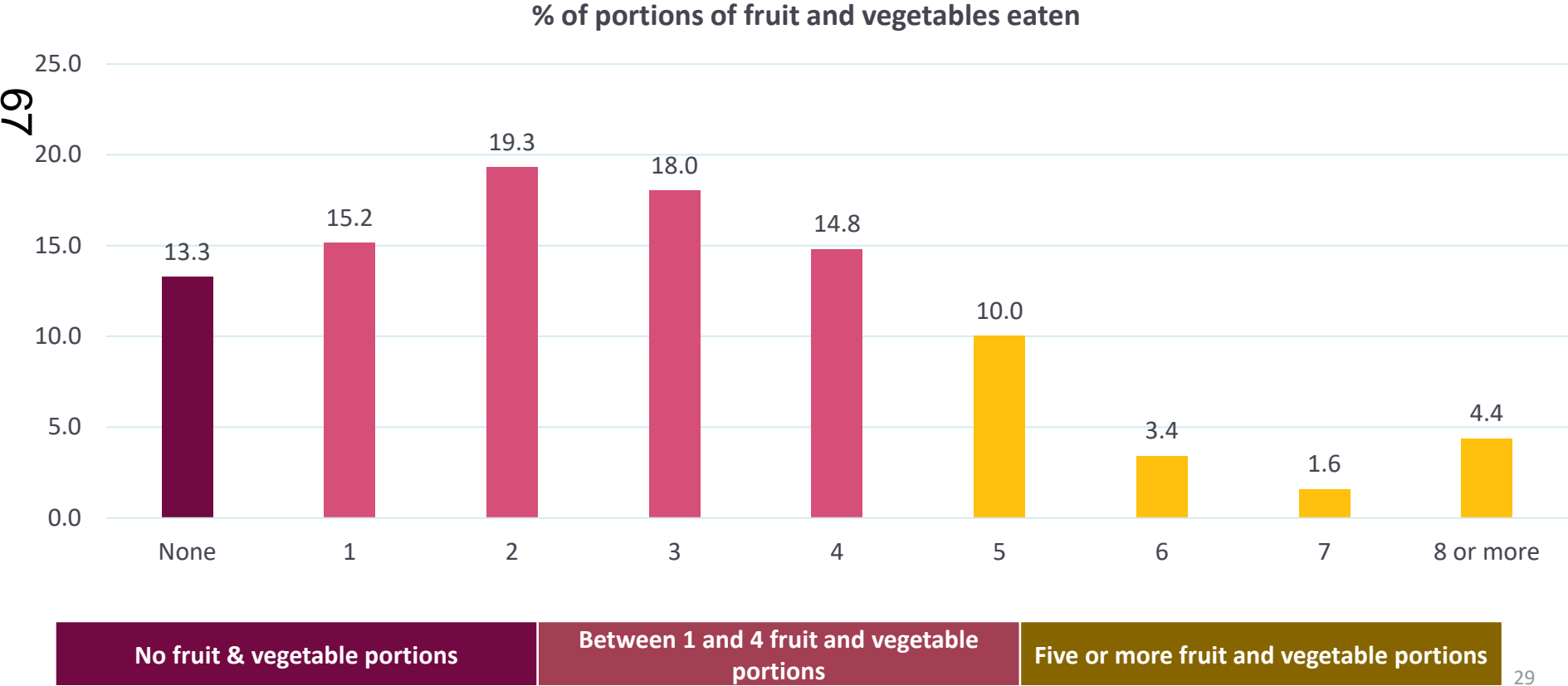
25/38. Eating breakfast and time of sleep



One in five (19%) children are eating the recommended 5 or more portions of fruit and vegetables a day, four out of five children (81%) are not.

28. How many portions of fruit and vegetables did you eat yesterday?

Over one in ten (13%) children had no fruit and vegetable portions the day before the survey. A further two thirds (67%) of children had between 1 and 4 portions.



About one in five (19%) Leicester children had the recommended five or more portions of fruit and vegetables the day before the survey.

28. How many portions of fruit and vegetables did you eat yesterday? Five or more

Younger children (10-11 yrs) were significantly more likely to eat 5 or more portions of fruit and vegetables per day, compared to older children (14-15 yrs).

Those from an Other ethnic group were significantly more likely to eat 5 or more portions. Those with a poor wellbeing score were significantly less likely to eat 5 or more portions.

2016/17	2021/22	Significant change
22.7%	19.4%	Decrease since 2016/17

There has been a significant decrease in the percentage of children eating five or more fruit and vegetables since 2016/17.

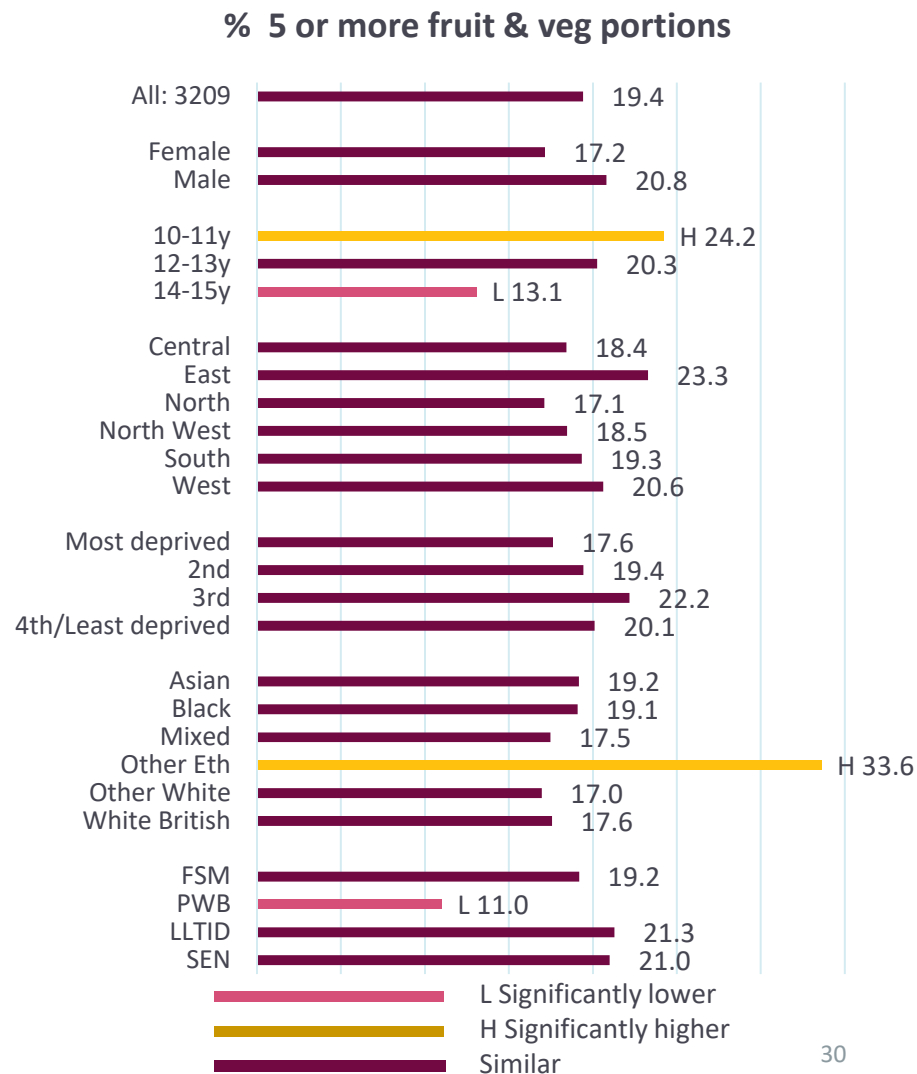
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

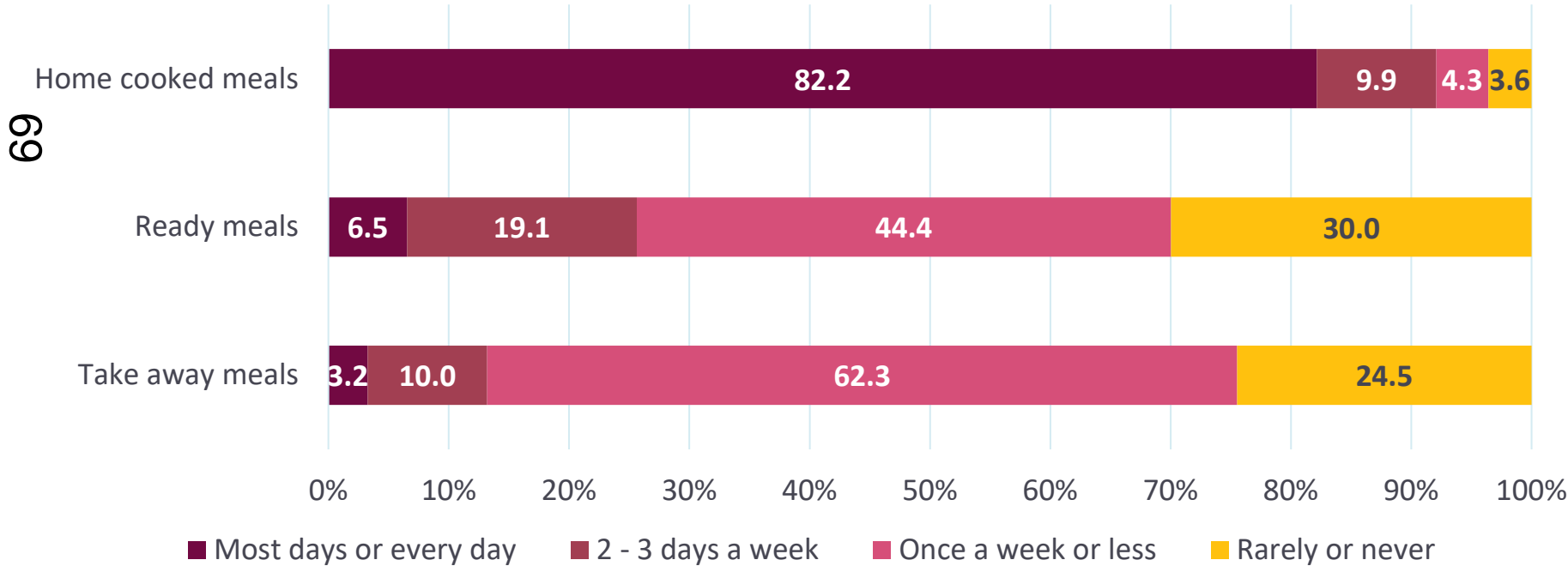


Four out of five children (82%) children reported eating home cooked meals most days or every day. Ready meals are also common with about a quarter (26%) of children eating them more than once a week.

26. How often do you eat the following? Takeaway, ready meals and home cooked meals

Just over one in ten (13%) of children eat a takeaway meal more than once a week

% meal consumption over the week



Meal definitions:
 Take away meals (curry, chinese, fish and chips, pizza) or similar things delivered
 Ready meals (pies, Pot Noodle, pizza)
 Home cooked meals (from fresh)

About 1 in 10 (13%) children reported eating takeaways more than once a week. There are differences by demographic groups below.

26. How often do you eat the following? Takeaway

Males were more likely to eat takeaway meals more than once a week compared to females, although this was not significant.

Most notably, those from the East of the City were significantly less likely to have a takeaway compared to other broad areas. There are some other demographic differences, but these were not significant.

2016/17	2021/22	Significant change
23.0%	13.2%	Decrease since 2016/17

There has been a significant decrease in the percentage of children eating a takeaway more than once a week since 2016/17.

Meal definitions:

Take away meals (curry, chinese, fish and chips, pizza) or same things delivered

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

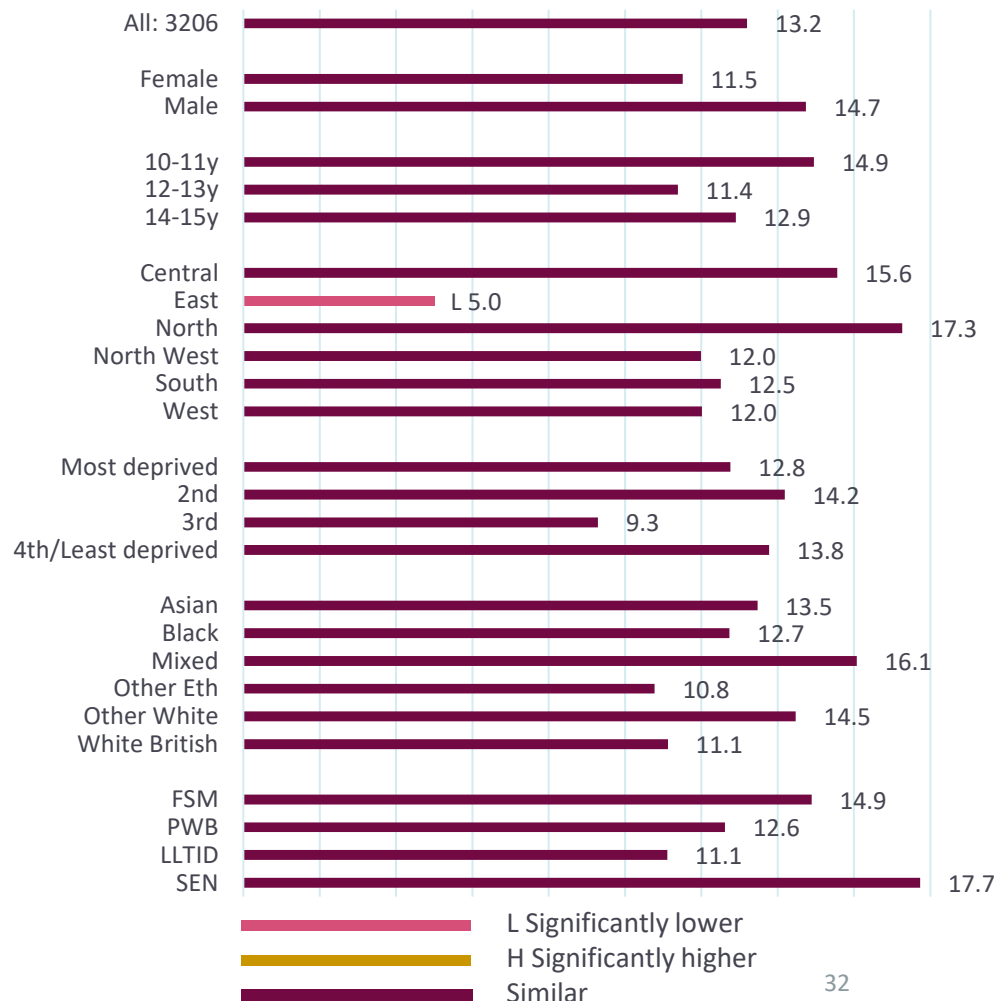
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

% eating takeaway meals more than once a week



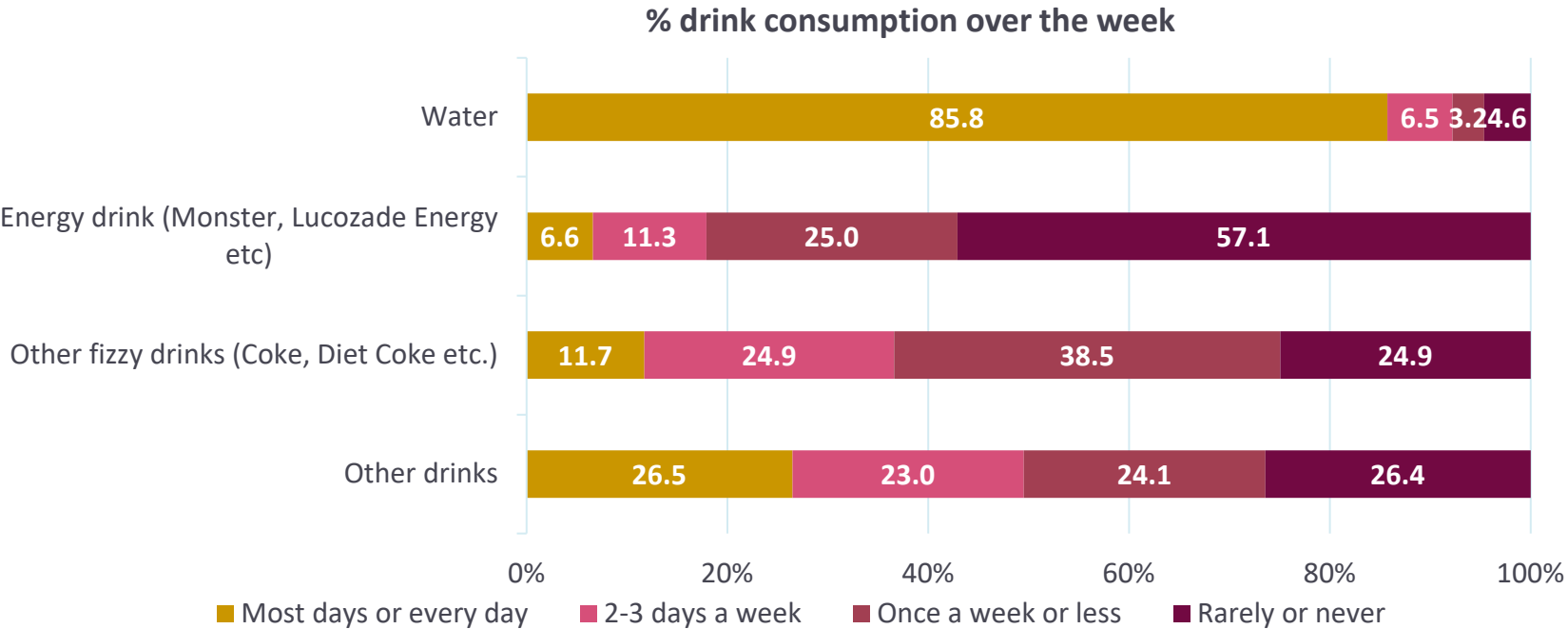
Children were asked to report their drink consumption of water, energy drinks, fizzy drinks and other drinks. The majority of children reported drinking water most days or every day (86%).

27. How often do you drink the following? Water, energy drinks, fizzy drinks and other drinks

Around 1 in 5 children (18%) and over a third (37%) of children reported drinking energy drinks and other fizzy drinks more than once a week, respectively.

Around half of children reported drinking other drinks more than once per week (50%).

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Drink definitions:

- Energy drinks (Monster, Lucozade Energy etc)
- Other fizzy drinks (Coke, Diet Coke etc.)
- Other drinks (any other drink such as milk)

Energy drinks are soft drinks that contain higher levels of caffeine and a lot of sugar. Excessive consumption of energy drinks by children is linked to negative health outcomes. In Leicester, around 1 in 5 children (18%) reported drinking energy drinks more than once per week.

27. How often do you drink the following? Energy drinks

Females were significantly less likely to drink energy drinks compared to males. Younger children and those of Asian ethnicity were also significantly less likely to have energy drinks.

Children with SEN or a poor wellbeing score were significantly more likely to have energy drinks.

72

2016/17	2021/22	Significant change
20.0%	17.9%	No significant change

There has been no significant change in energy drink consumption (more than once a week) since 2016/17.

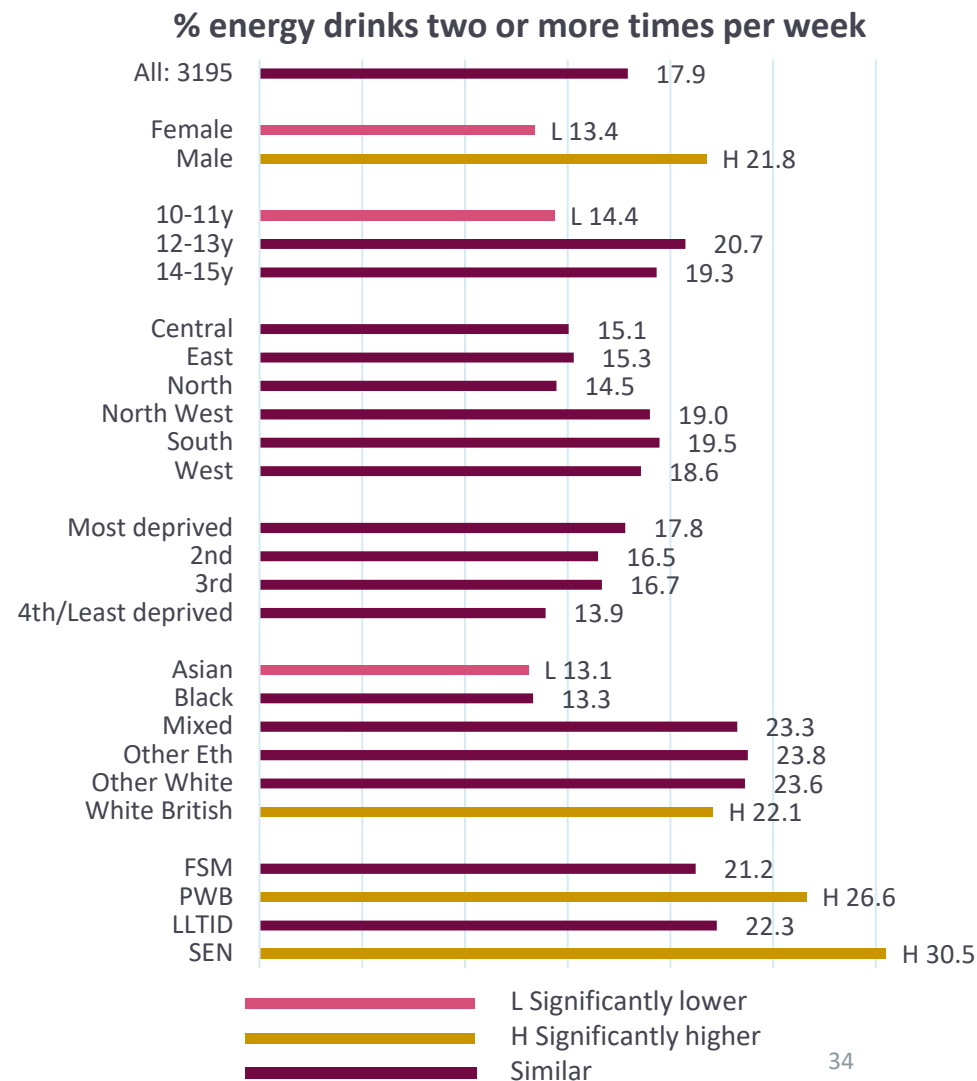
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



About five in a class of thirty children worry about having enough to eat (17.5%). Older children worry less about food, and younger children are worrying more.

50. How often do you worry about the following issue? Worry 'a lot or quite a lot' about Having enough to eat

Younger children (10-11yrs) were significantly more likely to worry about food compared to their older (14-15 yrs) counterparts.

Those in the East were significantly less likely to worry about food. About a third of SEN children were also significantly more likely to worry about food.

2016/17	2021/22	Significant change
18.7%	17.5%	No significant change

There has been no significant statistical change in children worrying about having enough to eat since 2016/17. Food poverty remains an important issue for Leicester children

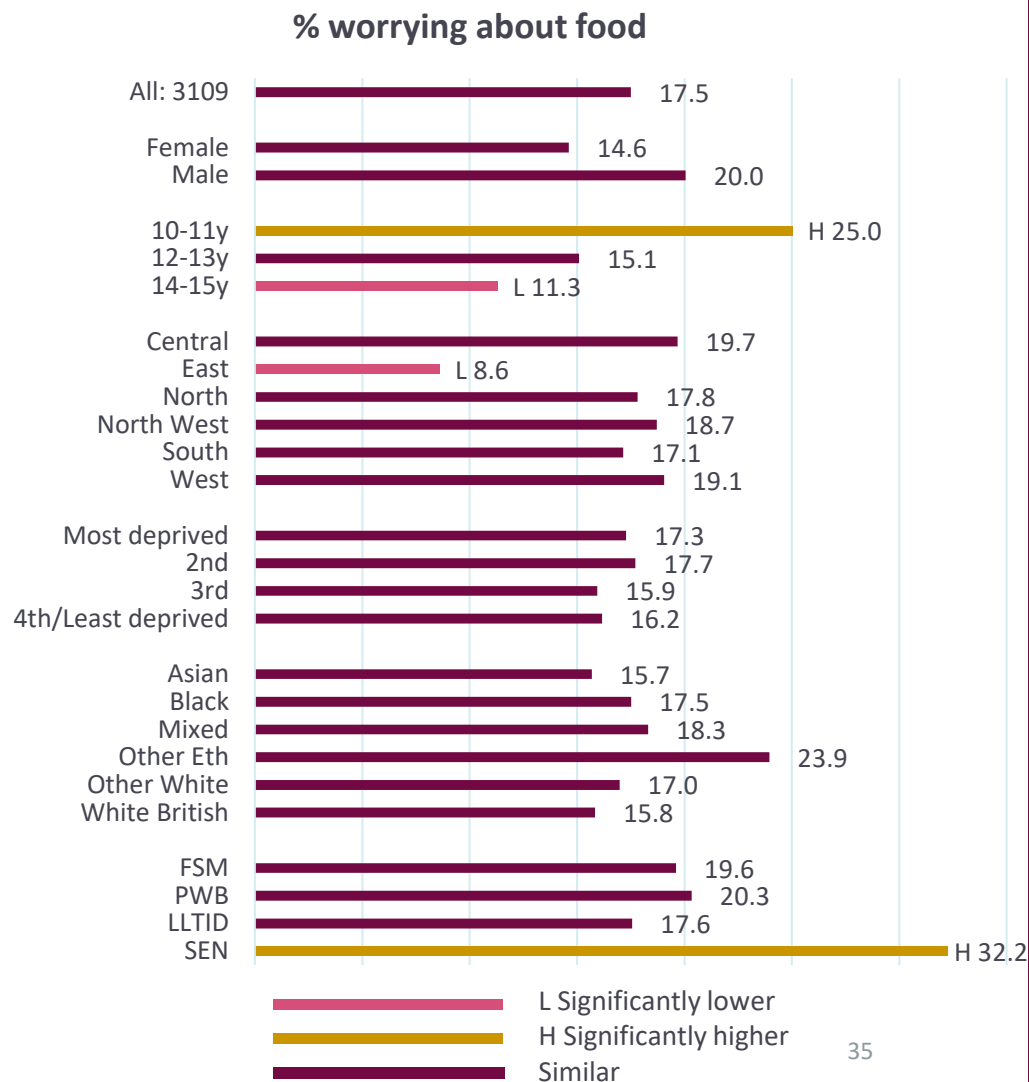
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

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PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



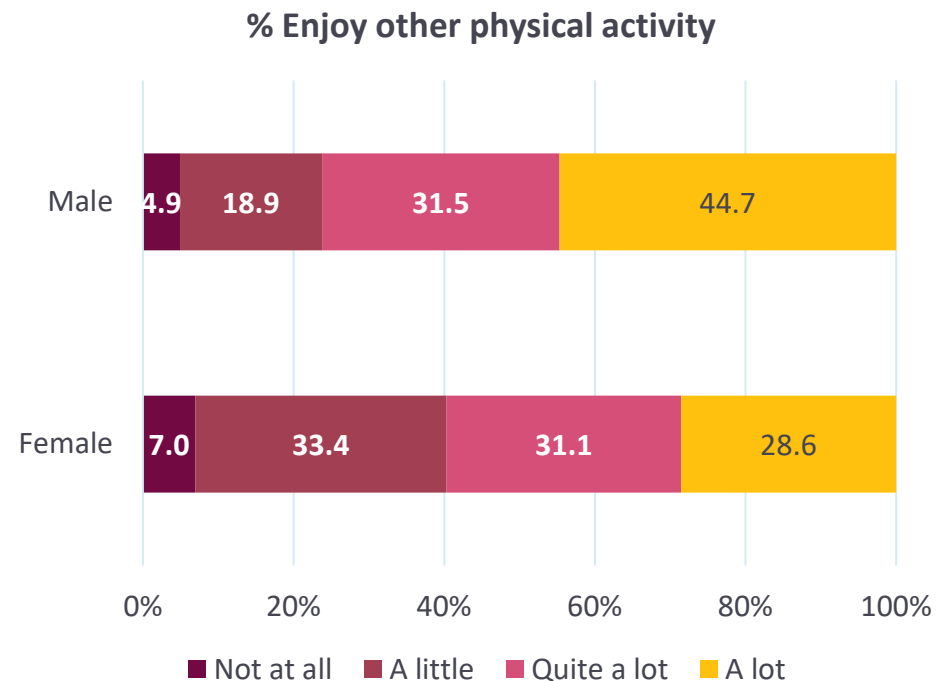
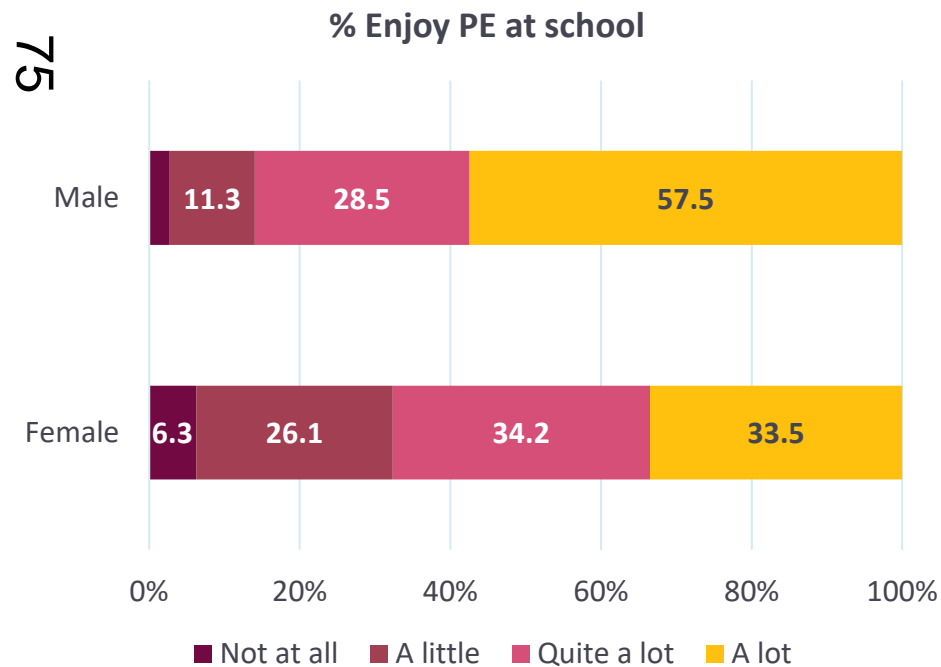
Physical activity and active travel

- About three out of four children enjoy physical education at school, and two thirds state they enjoy other physical activity outside of school.
- The Chief Medical Officer recommends that children achieve 60 minutes of physical activity a day to be active. In Leicester about 5 in a class of 30 are achieving this.
- Nearly half of children are completing less than 30 minutes of physical activity a day.
- One in three children have never been to a leisure centre.
- Active travel (walking & cycling) to school, the park, and to see friends is common. Private car is the most common method of travel to the city centre and to see family.

Not all children enjoy physical activity. About one in twenty Leicester children state they do not enjoy physical activity. Boys are significantly more likely to enjoy physical activity at least quite a lot.

29. How much do you enjoy...? PE in school / Other physical activity?

Over half of males (58%) enjoy PE in school a lot compared to a third (34%) of females. There is a similar pattern for enjoyment of other physical activity. Younger aged groups are also more likely to enjoy physical activity.

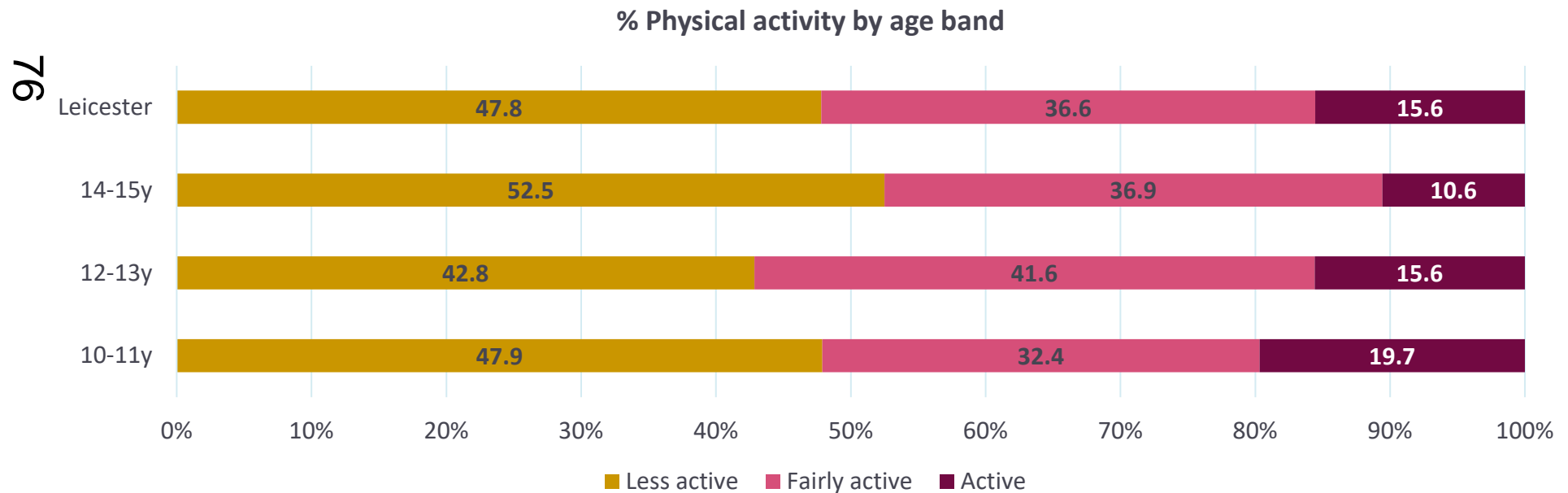


Being physically 'active' means when your heart is beating faster than normal. You are exercising hard enough so that even if you can talk while exercising, you couldn't sing. To be physically active The Chief Medical Officer advises children and young people to take part in sport and physical activity for an average of 60 minutes or more a day over the course of the week.

31. How many minutes of physical activity did you complete last week?

Children were asked how many minutes of physical activity they completed each day last week. Younger children were more likely to be active compared to older children. Levels of inactivity were slightly higher in older children but this is not a significant difference.

About 5 in a class of 30 (16%) are active according to the Chief Medical Officer recommendations, nearly half (48%) of children are completing less than 30 minutes of physical activity a day. There is a small proportion (11%) that are inactive, completing less than half an hour over the week (see the next slide for more information).



Chief Medical Officer Guidelines for weekly physical activity:

Less active – an average of less than 30 minutes of physical activity a day; **Fairly active** – an average of 30-59 minutes a day; **Active** – an average of more than 60 minutes a day

Most children are not reaching the desired 60 minutes a day of physical activity but they are completing some physical activity each day. About one in ten (11%) children described that they completed 30 minutes or less physical activity over the entire week.

31. How many minutes of physical activity did you complete last week? Physical inactivity

There are differences in levels of inactivity but few of these are significant, indicating that groups of physically inactive children are found in each group.

Females are more likely than males to be inactive.

White British and Mixed Heritage children report much lower physical inactivity rates.

Children reporting a poor mental wellbeing are significantly more likely to be physically inactive.

Weekly Physical activity levels:

Inactive – less than 30 minutes of physical activity across a week;

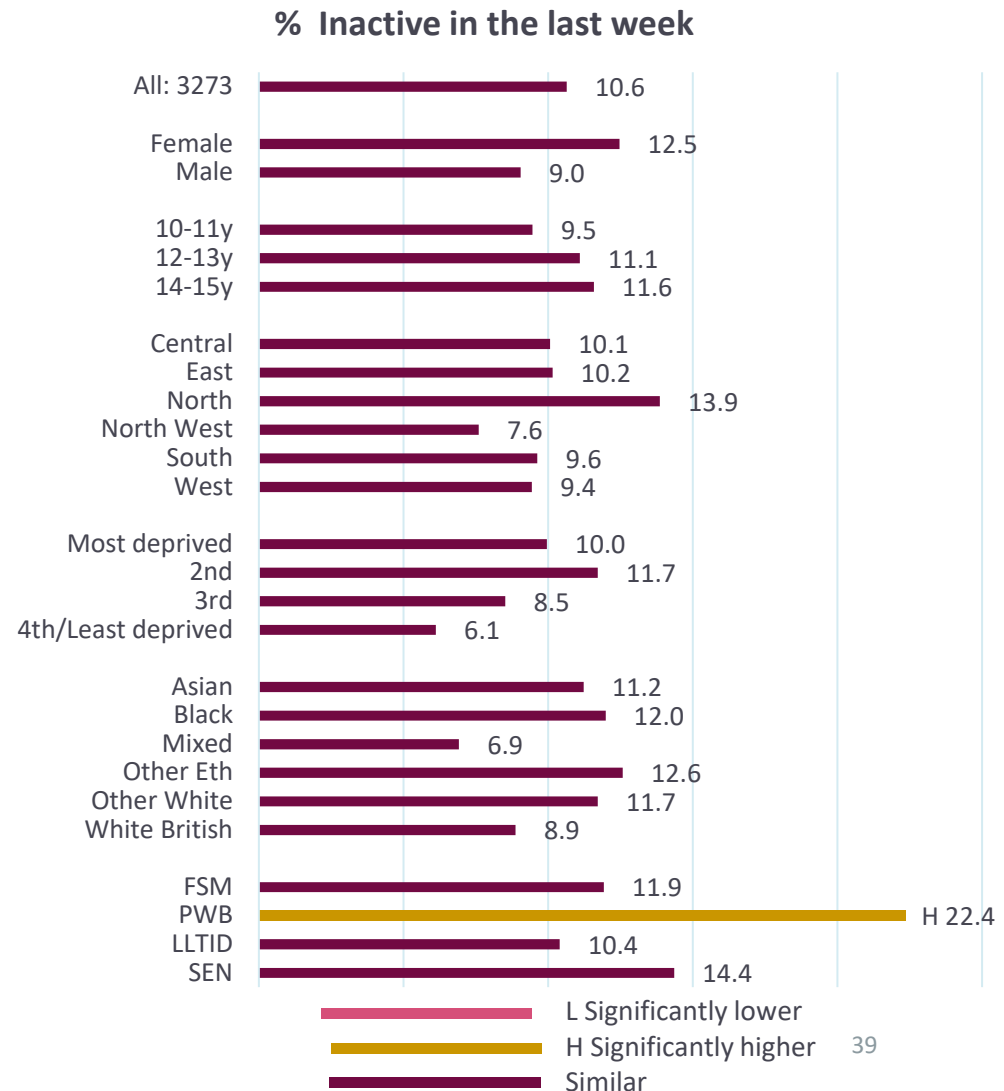
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



Children were asked about the services they use. A third (33%) of children reported that they had never been to a leisure centre. This is likely to have impacted on physical activity opportunities including swimming.

43. Have you ever used these services . . . ? Never been to a leisure centre

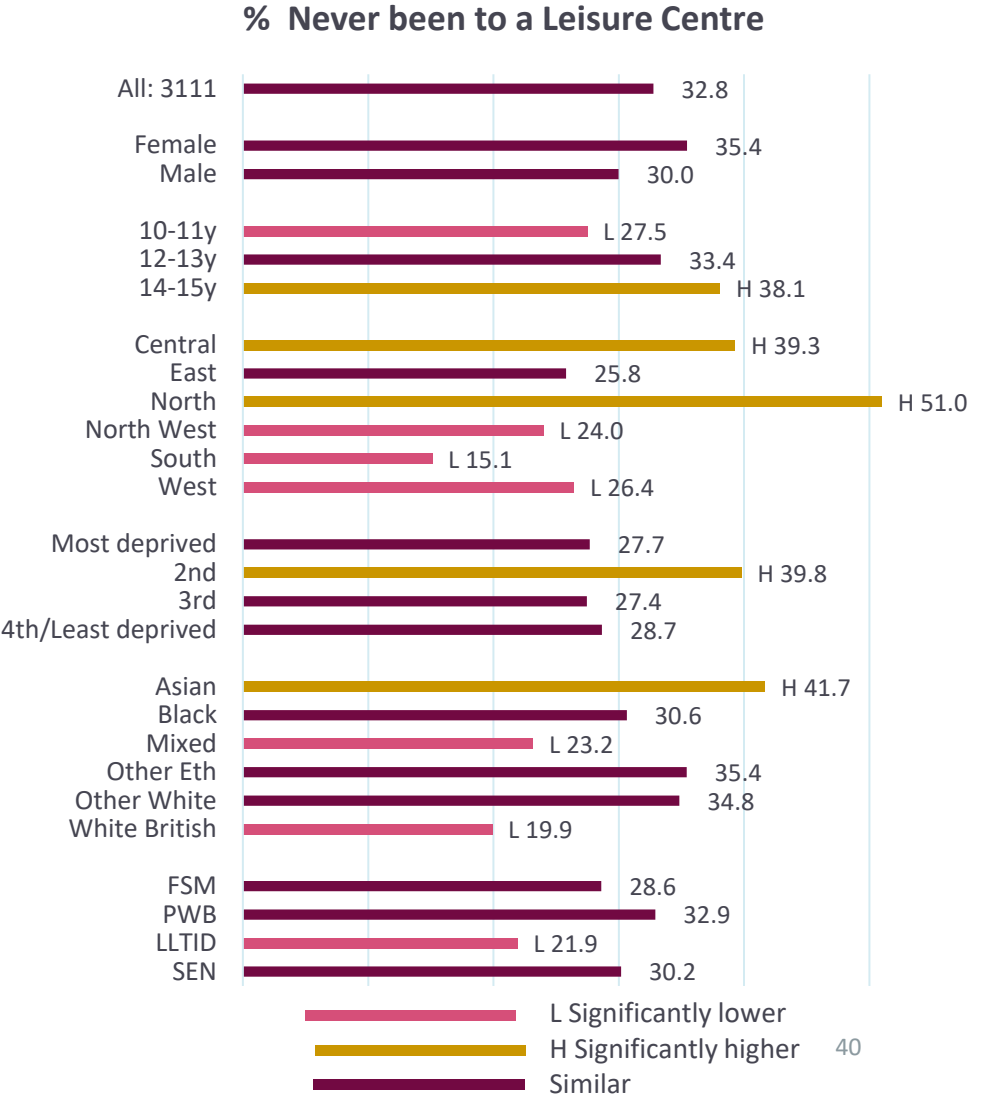
Overall about one in three 10 to 15 year old children report they have never been to a leisure centre.

Older children are significantly more likely to have never been compared to younger children.

78

Those from the Central and East areas are significantly more likely to have never been to a leisure centre.

Asian children are significantly more likely to have never been to a leisure centre.



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)
Additional groups: FSM- Free School Meals
 PWB – Poor Wellbeing
 LLTID – Long term limiting illness or disability
 SEN Special Educational Need

Active travel (walking & cycling) to school, the park, and to see friends is common. Private car is the most common method of travel to the city centre and to see family.

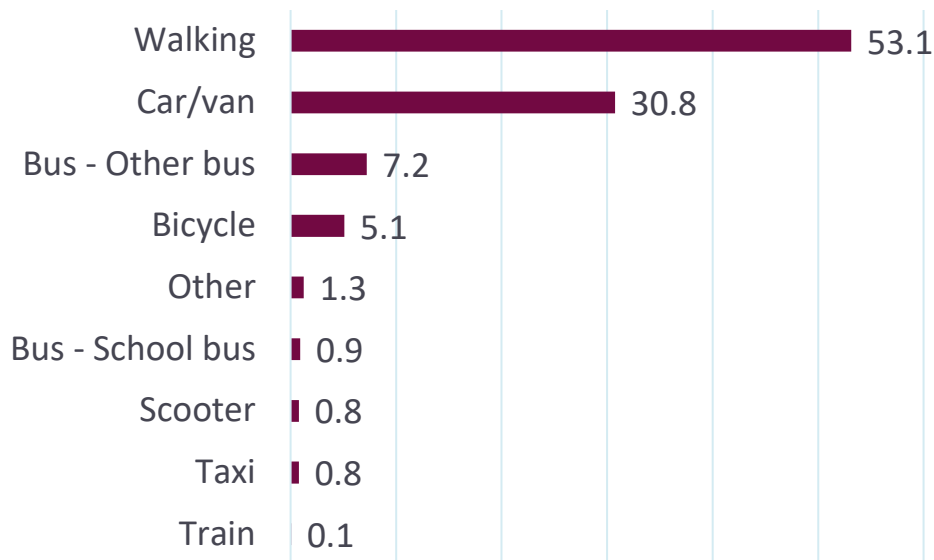
32/33. How did you travel to school today? How would you usually travel to do the following in Leicester?

Over half of children (53%) walked to school, about a third (31%) came by car/van.

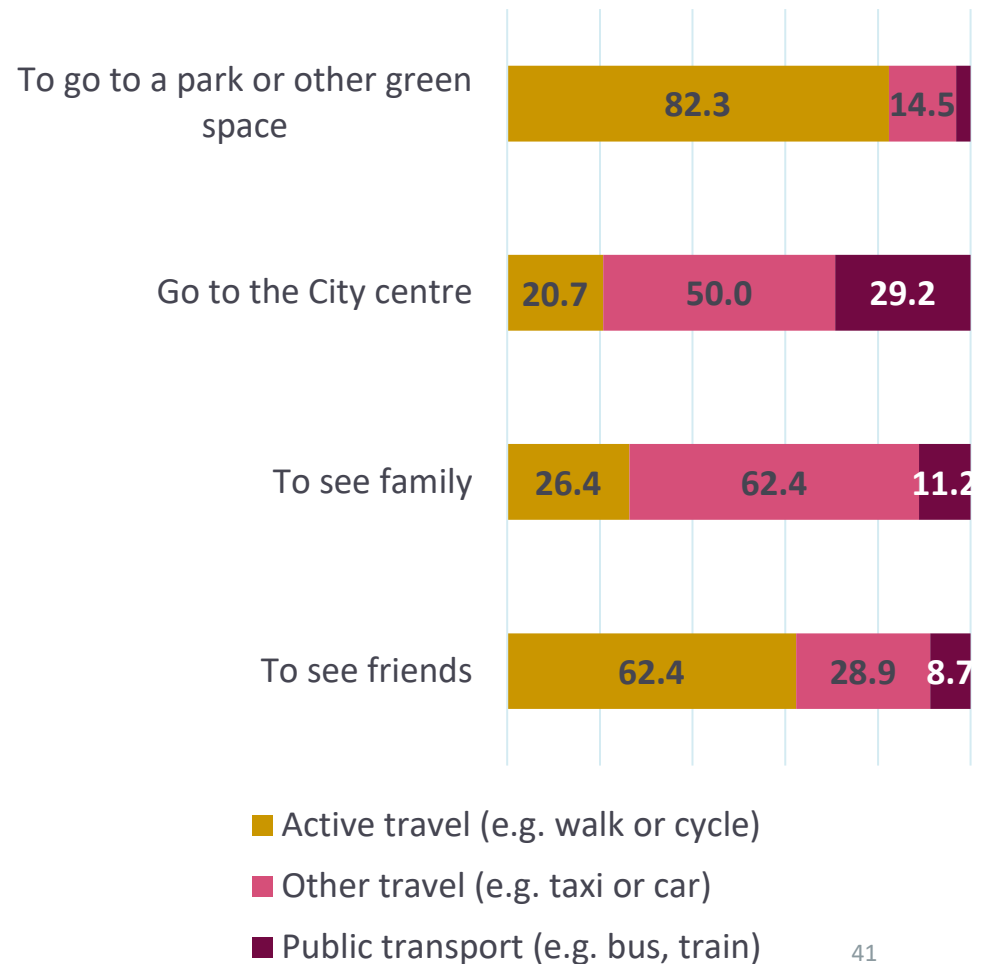
The remainder take other forms of transport including bus (7%) and bike (5%).

79

% Travel to school today



% Travelling to different places

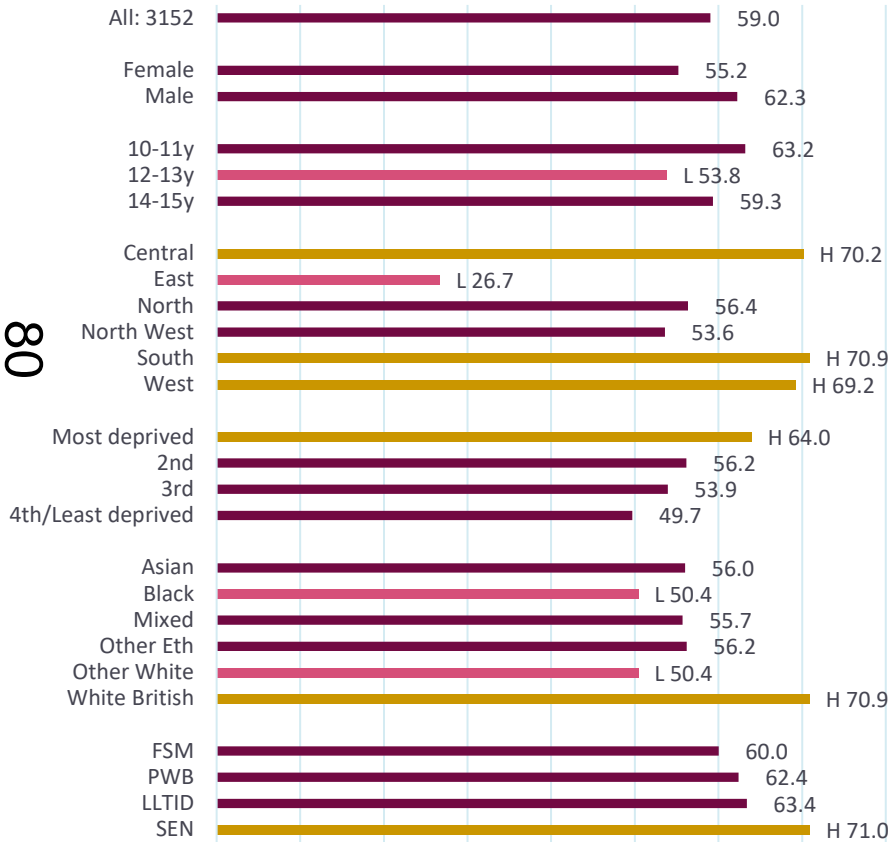


About six out of ten children (59%) actively travel to school by walking, scooting or cycling. However there are significant differences by areas and different groups. Children in the east are significantly less likely to actively travel and significantly more likely to travel by car.

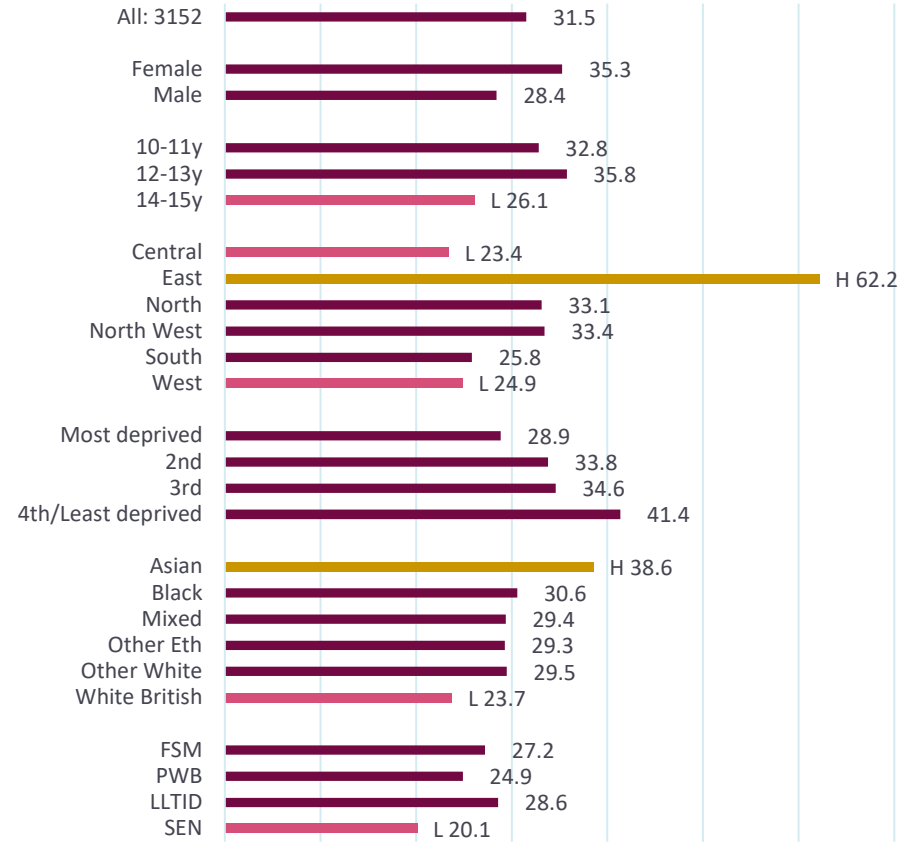
32. How did you travel to school today?

80

% Active travel to school



% Private car travel to school



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals; PWB – Poor Wellbeing; LLTID – Long term limiting illness or disability; SEN Special Educational Need

■ L Significantly lower
■ H Significantly higher
■ Similar

Internet use, leisure and sleep

- 99% of children have access to the internet at home. The most common way to access the internet is via a mobile phone.
- About a quarter of children spent five or more hours looking at a screen the day before the survey.
- The most popular after school activities include screen time activities such as watching tv, playing screen based games, and texting on a phone.
- Two in five children are sleeping late (11pm or later) and are at risk of not getting enough sleep.
- About four in every five children have access to electronic devices in their bedroom.

99% of children have access to the internet at home. Older children are significantly more likely to have mobile internet access. There are also differences by area and ethnicity.

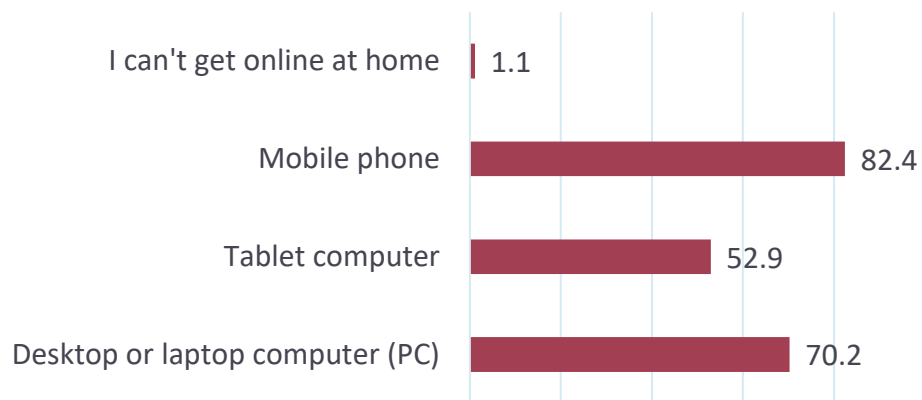
34. Do you have access to the Internet ('get online') at home by...?

About four out of five (82%) children access the internet via a mobile phone, half (53%) with a tablet computer, and 70% with a laptop computer.

Some children's (15%) access to the internet is via a mobile phone only.

82

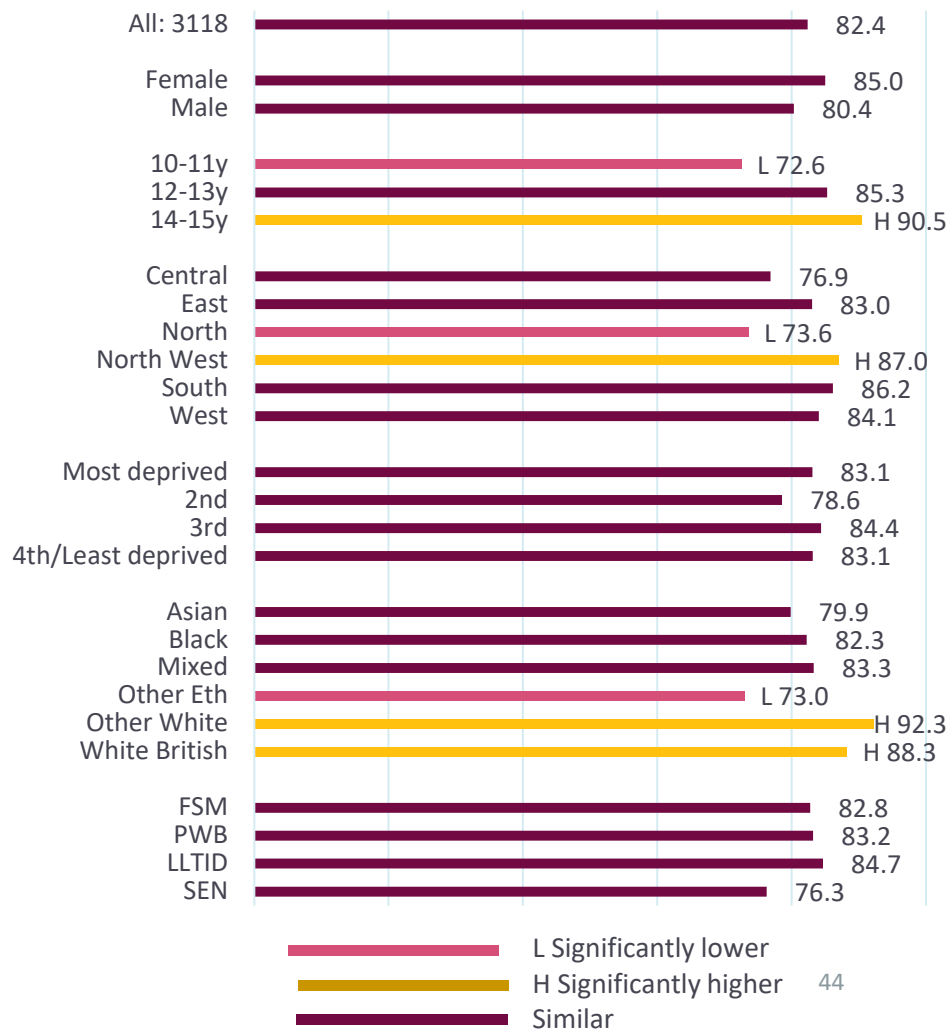
% who access the internet at home by...



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals; PWB – Poor Wellbeing; LLTID – Long term limiting illness or disability; SEN Special Educational Need

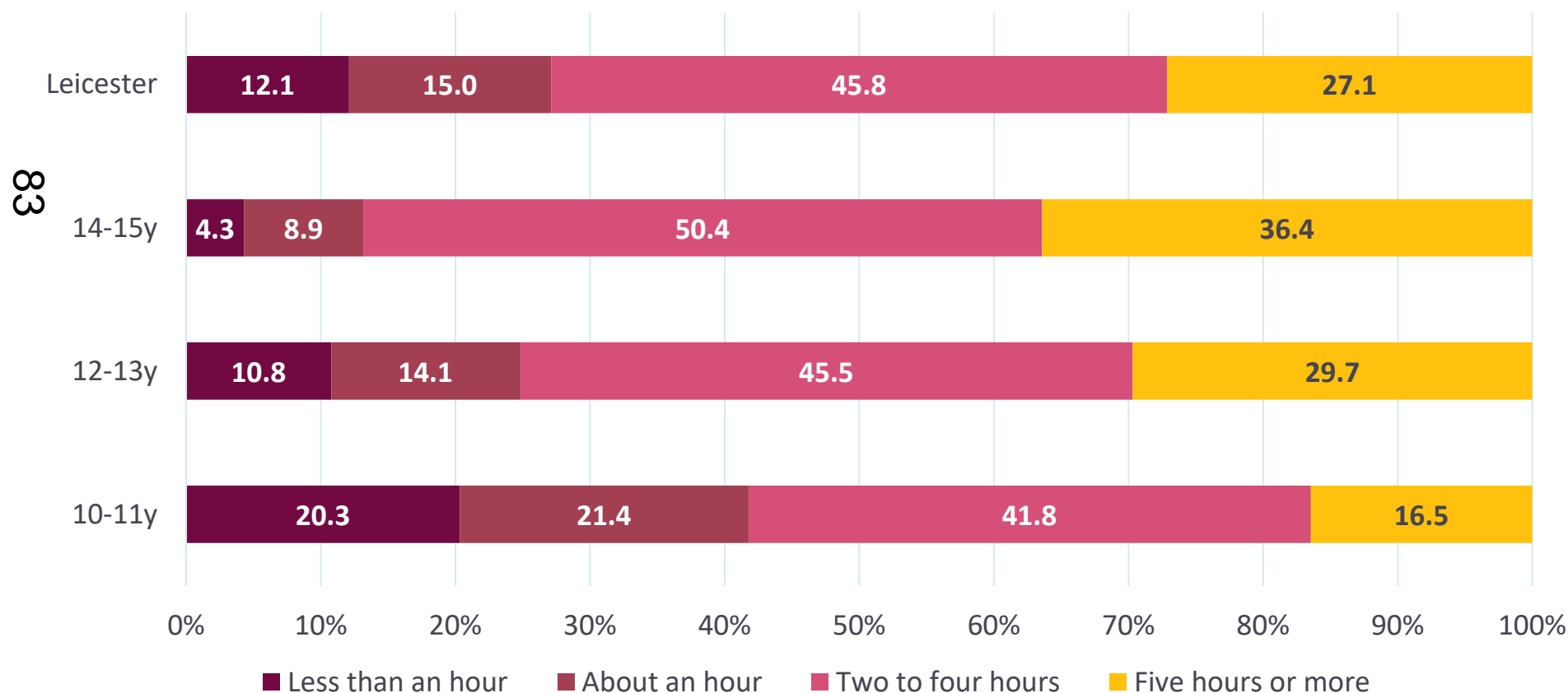
% Mobile Internet Access



Over a quarter (27.1%) of 10-15 year olds spent five or more hours yesterday looking at a screen. The chart below shows that older children are more likely to spend more time looking at a screen.

35. How long did you spend looking at a device screen yesterday?

% time spent looking at a screen yesterday



Looking at a screen for long periods of time is linked with sedentary and a physically inactive lifestyle. Over a quarter (27.1%) of children are looking at a screen for five or more hours. Some groups of children are significantly more likely to spend many hours looking at screens.

35. How long did you spend looking at a device screen yesterday? Five hours or more

Older children aged 14 to 15 are significantly more likely to spend five or more hours looking at a screen.

Children from the North West, South, and West are significantly more likely to spend five or more hours looking at a screen. Children from more deprived areas are also likely to spend more hours looking at a screen.

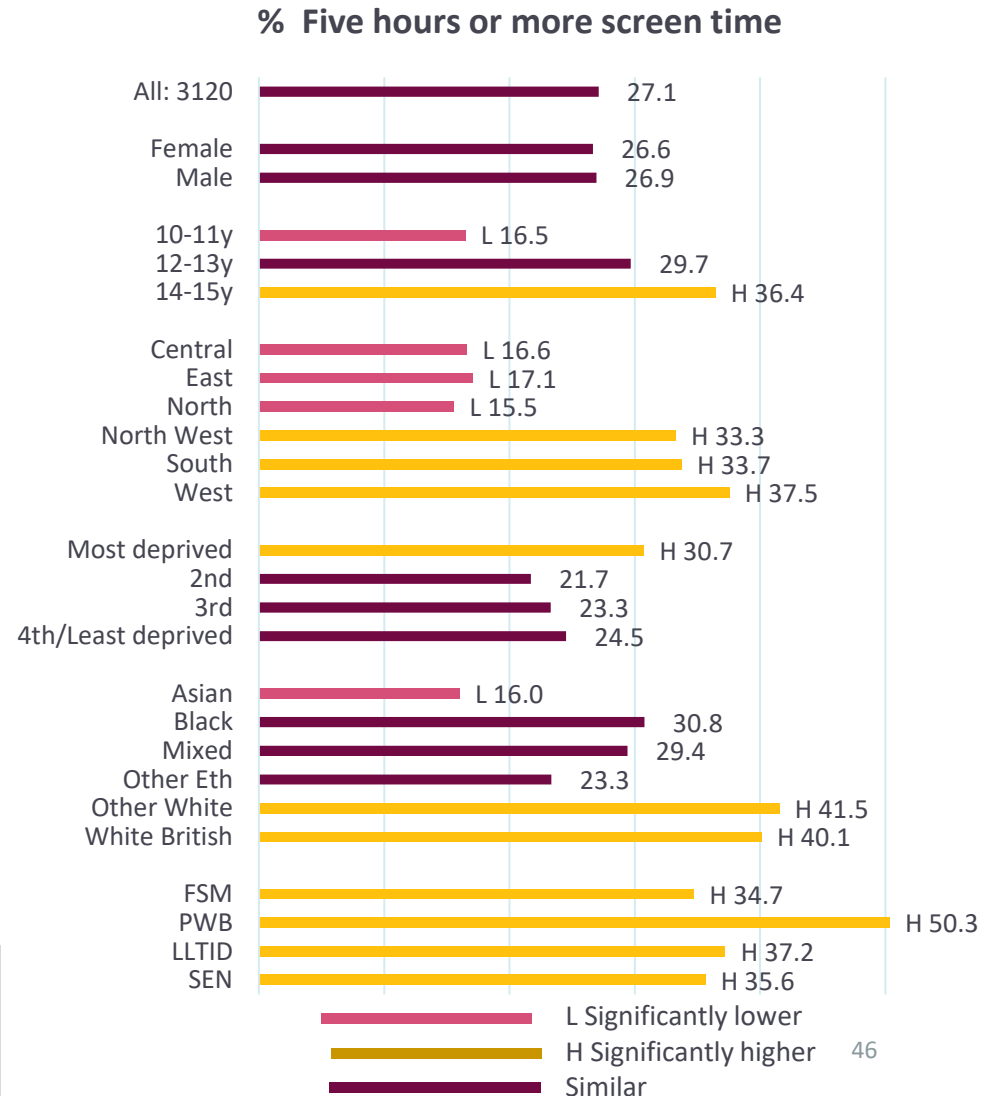
Half of children with a poor wellbeing score spend five or more hours looking at a screen.

2016/17	2021/22	Significant change
22.1%	27.1%	Increase since 2016/17

There has been a significant increase in children looking at a screen for five hours or more since 2016/17.

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals; PWB – Poor Wellbeing; LLTID – Long term limiting illness or disability; SEN Special Educational Need



The most popular after school activities include screen time activities such as watching tv, playing screen based games, and texting on a phone. However, children are involved in a range of activities including doing homework, listening to music, sports, reading, pet care, and caring for family. Younger children are significantly more likely to read for pleasure compared to older children.

36. Did you spend any time doing any of these things after school yesterday?

Leisure Activity	All	10-11 year olds	12-13 year olds	14-15 year olds
Watching TV/film (live, online, catch-up)	76.0	83.3	71.0	72.7
Playing games on a phone, computer, tablet or console (e.g. Xbox, DS, etc.)	67.0	73.5	67.1	59.9
Talking/texting on the 'phone	59.5	47.1	62.5	70.5
Listened to music	49.2	47.4	48.5	51.9
Doing homework	47.1	48.3	51.6	41.6
Sport/physical activity	40.3	47.7	42.6	29.8
Read a book for pleasure	32.6	50.7	25.7	19.3
Talking/messaging online e.g. Facebook, Twitter	26.7	18.5	28.0	34.5
Met with friends	26.1	24.3	25.8	28.3
Cared for pets	25.7	29.3	27.5	19.9
Used a computer for school work	24.2	22.5	26.7	23.9
Cared for family members (babysitting, minding grandparents, etc.)	19.3	23.0	16.6	17.9
Helping and volunteering outside the home	8.2	12.9	7.3	3.8
Played a musical instrument	7.8	10.6	8.0	4.7
Extra lessons/tutoring	6.8	8.6	5.2	6.3
Other	6.2	5.9	6.9	5.8
None of these	0.5	0.3	0.7	0.6

Significantly Higher than Leicester

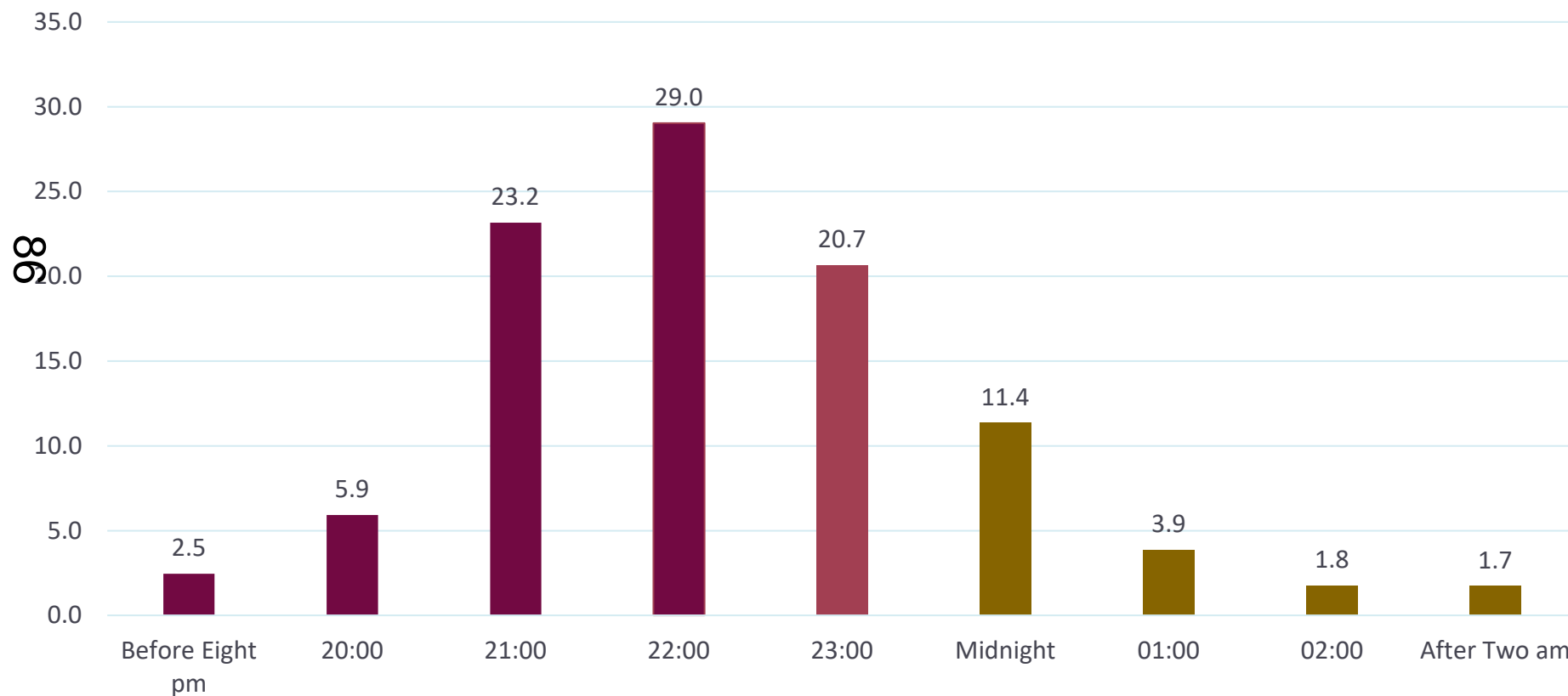
Similar

Significantly Lower than Leicester

The NHS recommends that children require 9 to 13 hours sleep. Children will be waking by at least 8 to attend school. Therefore to have the minimum recommended amount of sleep children should be asleep by 11pm. Many children (39%) are sleeping late (11pm or later) and are at risk of not getting enough sleep.

38. To the nearest hour, what time did you get to sleep last night?

To the nearest hour, what time did you get to sleep last night?



Likely to have recommended sleep

At risk of not having recommended sleep

Unlikely to have recommended sleep

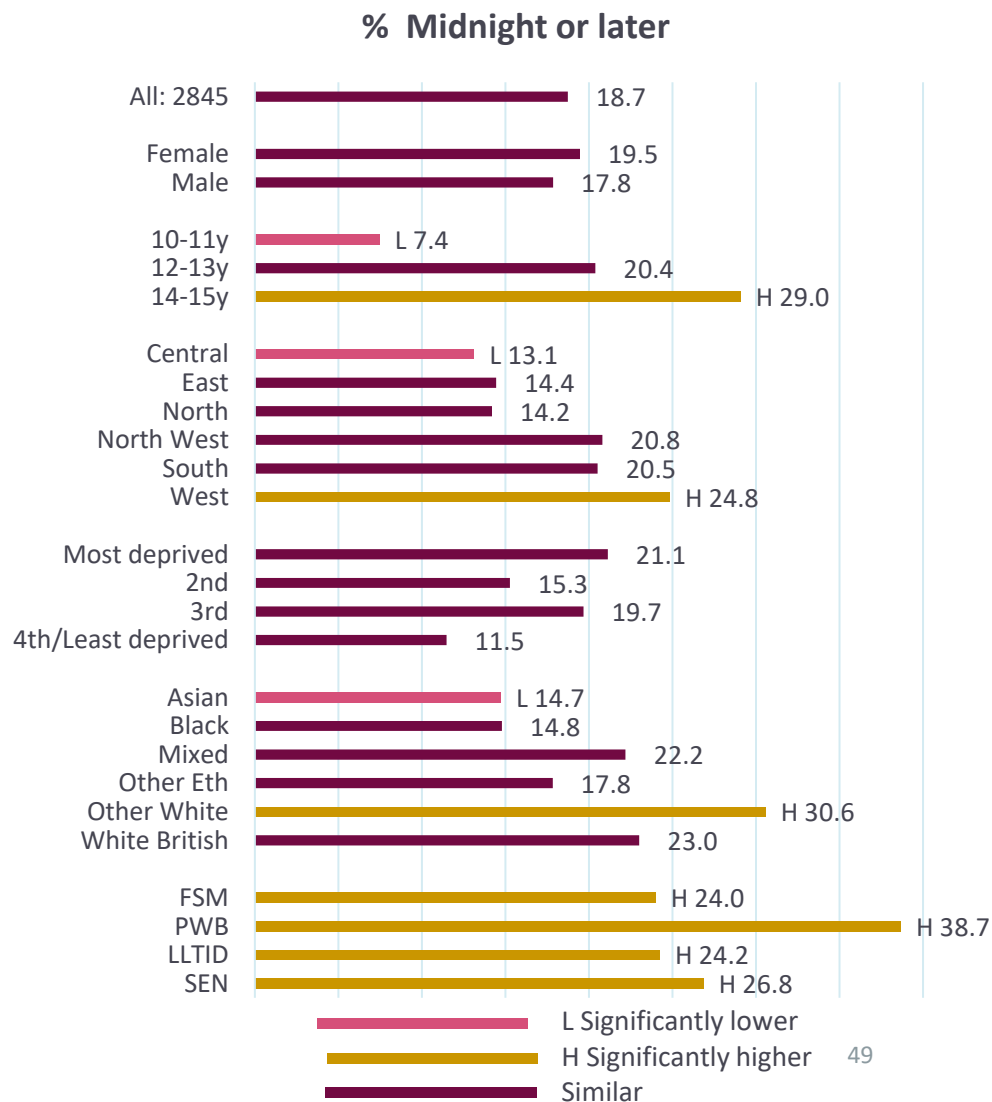
Children who are going to sleep at midnight or later are not getting the recommended amount of sleep and this is likely to affect their attention at school. About one in five (19%) of children are going to sleep at midnight or later.

38. To the nearest hour, what time did you get to sleep last night? Midnight or later

Older children aged 14 to 15 are significantly more likely to be sleeping at midnight or later.

Children from the West are significantly more likely to go to sleep at midnight or later.

Over a third (39%) of children with a poor wellbeing score sleep at midnight or later.



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals; PWB – Poor Wellbeing; LLTID – Long term limiting illness or disability; SEN Special Educational Need

Electronic devices are known to emit blue light which may affect the body's natural sleep cycle. In order to allow the mind to settle and be ready for sleep, it is advised that screens are avoided 60 minutes before planning to go to sleep.

39. Do you have any of these in the room where you sleep?

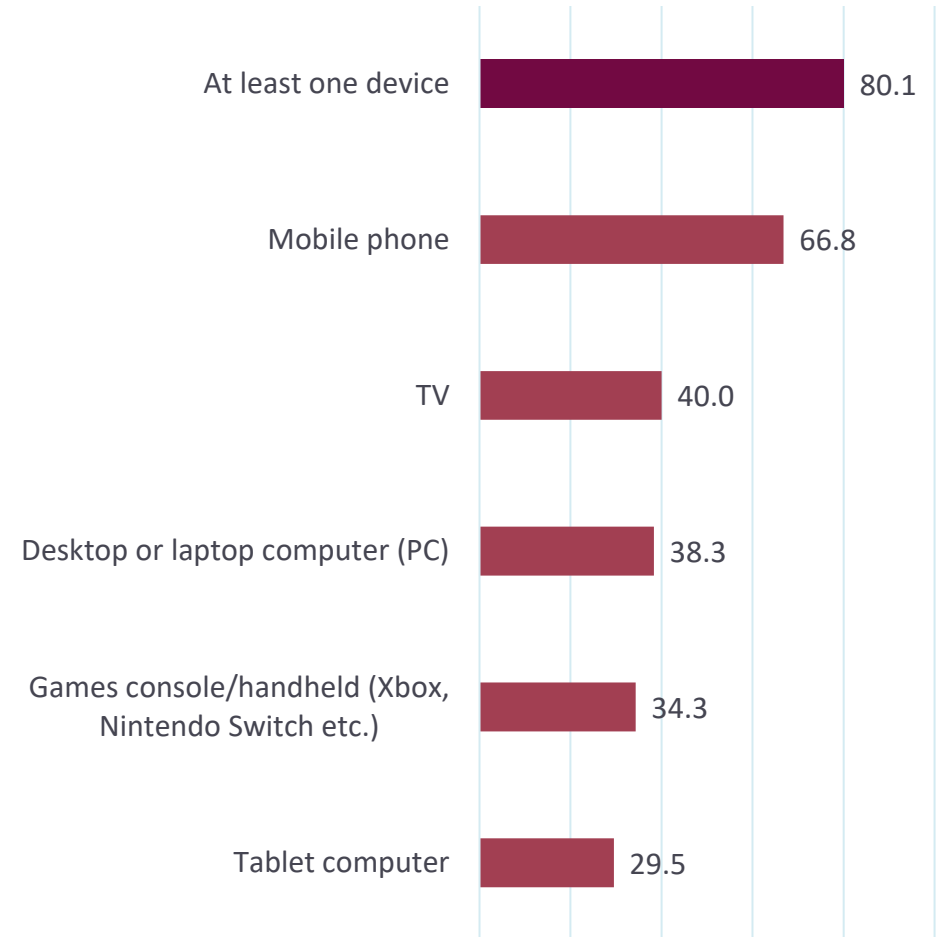
About four in every five (80%) children have access to electronic devices in their bedroom.

☞ About two out of every three have a mobile phone with them in their bedroom.

Other popular devices include tv, personal computer, and games console.

Children with devices in their room go to sleep later.

% who have the following devices in bedroom



Overall health, oral health and use of services (including Covid -19)

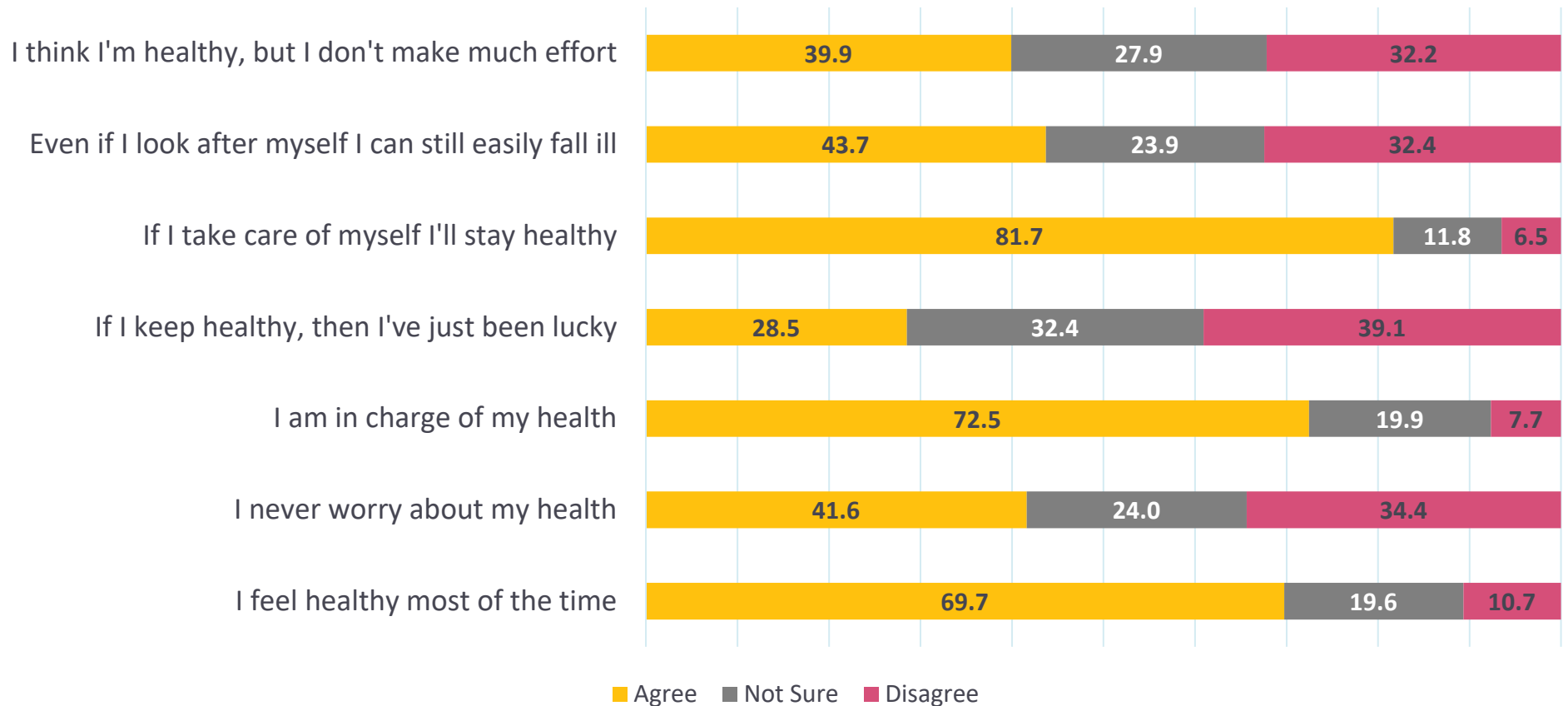
- Most children were positive about their health and agreed with statements such as 'if I take care of myself I'll stay healthy', 'I am in charge of my health' and 'I feel healthy most of the time'.
- The most used health and wellbeing service is the dentist, with two thirds of children having visited a dentist in the last 12 months.
- About half or more of Leicester children have visited the following health services; doctor, pharmacy, optician, and COVID-19 test centre in the last 12 months.
- Nearly one in ten children have never been to a dentist. This is a significant increase compared to 2016/17 when about one in twenty children had never been to a dentist. There has also been a significant increase in the proportion of children brushing their teeth less than twice a day.
- Most children have reported that they have been to a COVID-19 test centre. Four in ten children have had a positive COVID-19 test, and just over six in ten live with someone who has had a positive test.
- About four in ten children are unlikely to have a COVID-19 vaccination if offered.

Secondary aged children were asked how much they agree or disagree with a range of health statements. Four out of five agreed with 'if I take care of myself I'll stay healthy'. While about two in five had a fatalistic view that 'even if I look after myself I can still easily fall ill'.

41. How much do you agree or disagree with these statements?

% agree or disagree with these health statements

06



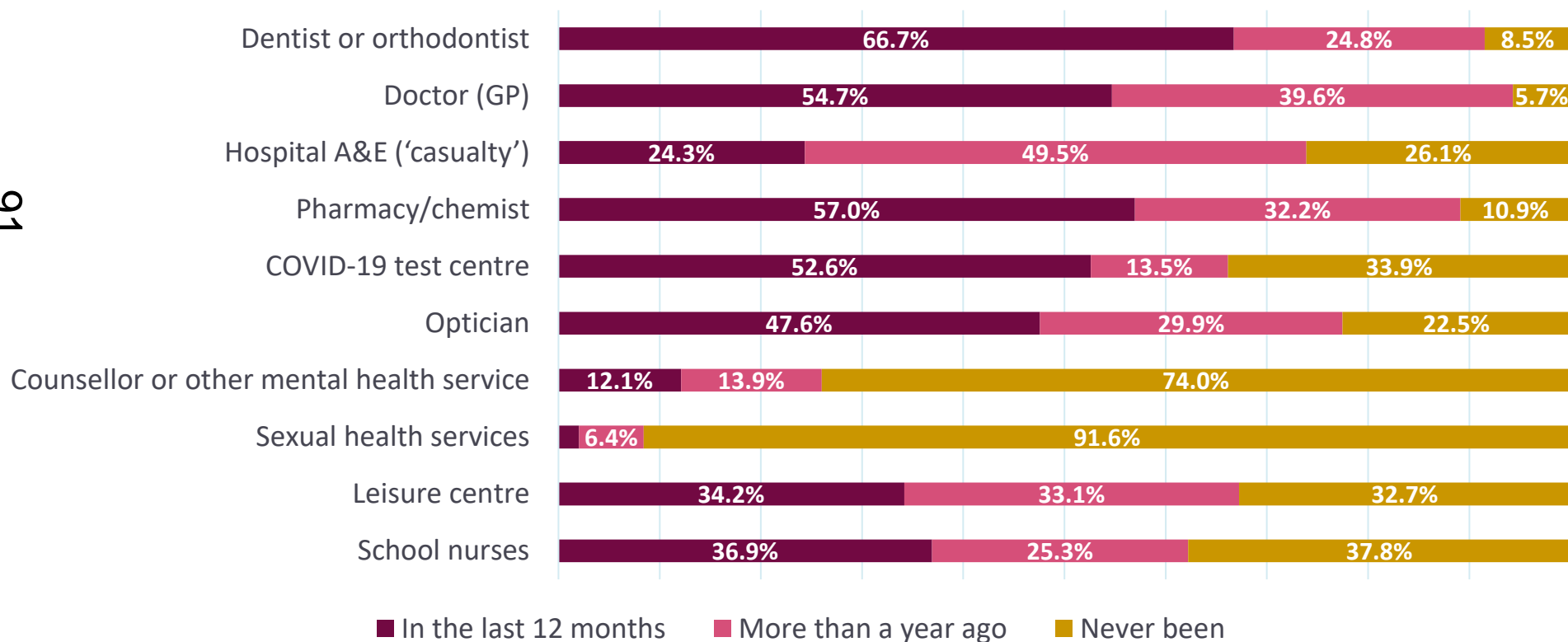
Note: Secondary aged children were asked to reply to questions about their health.

About half or more of Leicester children have visited their dentist, doctor, pharmacy, optician, and COVID-19 test centre in the last 12 months. One in four children have used A&E at the hospital in the last 12 months. One in four children have used a counsellor or other mental health service in the last 12 months or more than a year ago.

43. Have you ever used these services . . . ? List of health and wellbeing services

91

% used the following services...*



***Health and wellbeing services:**

Counsellor or other mental health services, sexual health services, and school nurses were answered by secondary aged children only

The majority of Leicester children have visited a dentist in the last 12 months and others have visited more than a year ago. However, nearly one in ten (9%) children reported never having been to a dentist or orthodontist.

43. Have you ever used these services . . . ? Dentist or orthodontist

Children in the North of the city (14%), those living in the 2nd most deprived quintile (11%) and SEN students (14%) were significantly more likely to report having never been to a dentist or orthodontist.

Children with a LLTID were significantly more likely to have visited a dentist or orthodontist.

92

2016/17	2021/22	Significant change
4.3%	8.5%	Increase since 2016/17

There has been a significant increase in children never having been to the dentist since 2016/17.

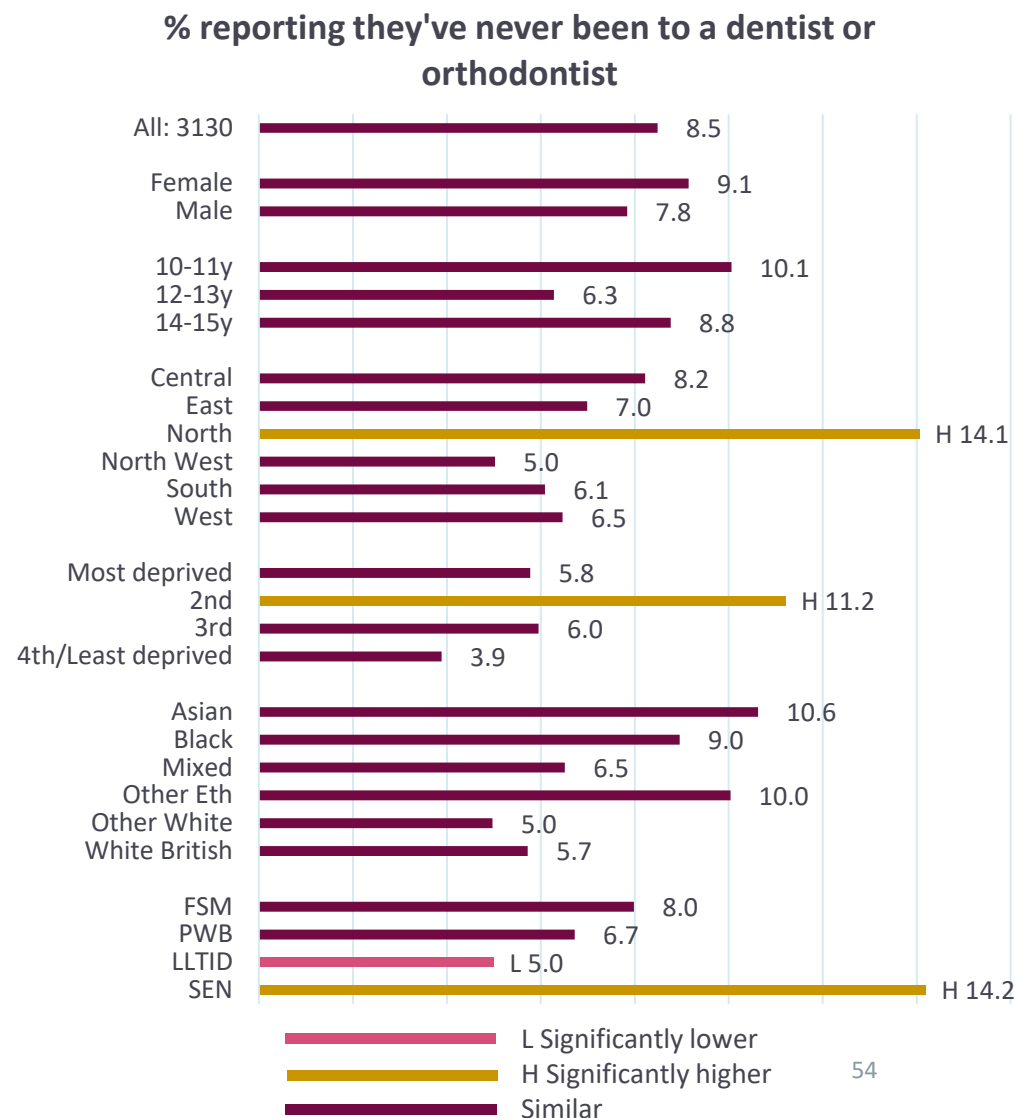
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



About one in five (19%) children brush their teeth less than twice a day. Males are significantly more likely to brush their teeth less than twice a day compared to females.

42. How many times do you usually clean your teeth each day?

Those of Black ethnicity had significantly better teeth brushing behaviour.

There doesn't appear to be a clear relationship with deprivation.

93

2016/17	2021/22	Significant change
15.6%	18.7%	Increase since 2016/17

There has been a significant increase in the percentage of children who brush their teeth less than twice a day since 2016/17.

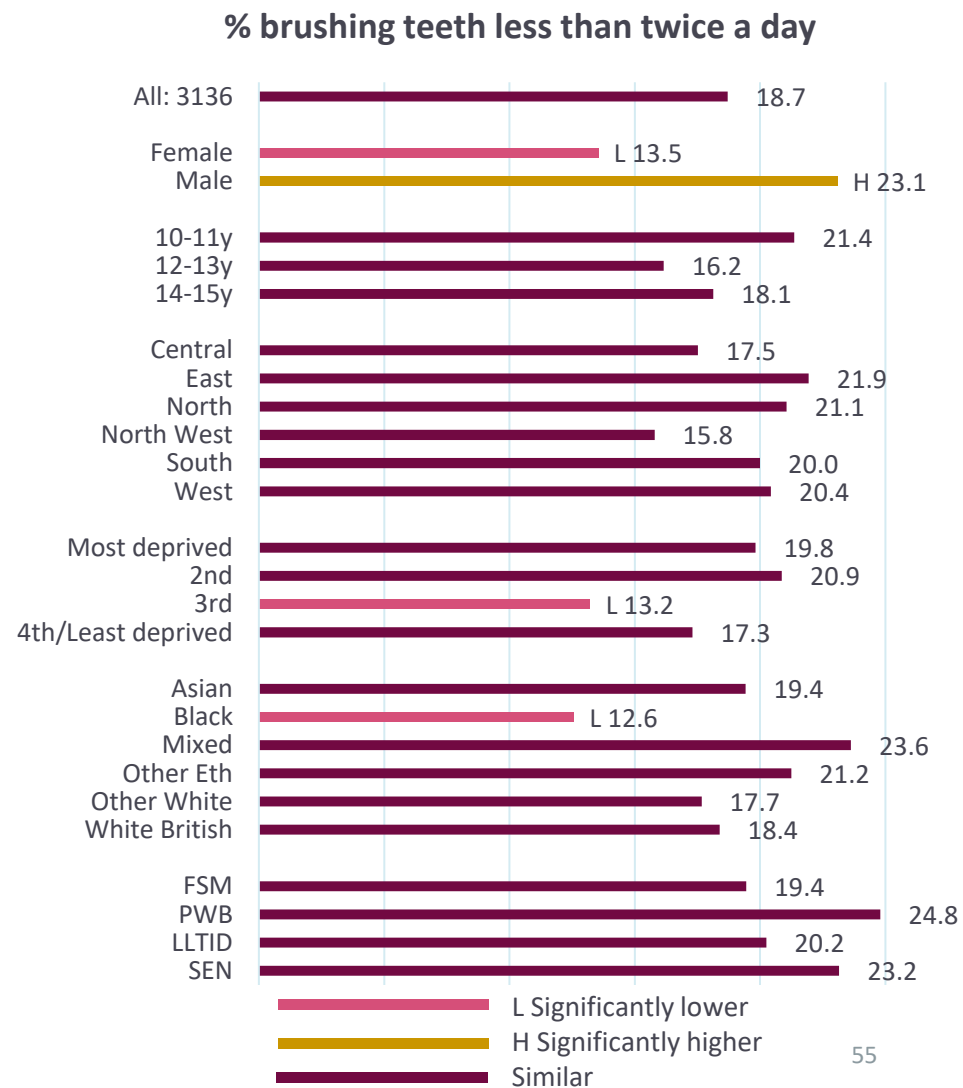
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SEN Special Educational Need

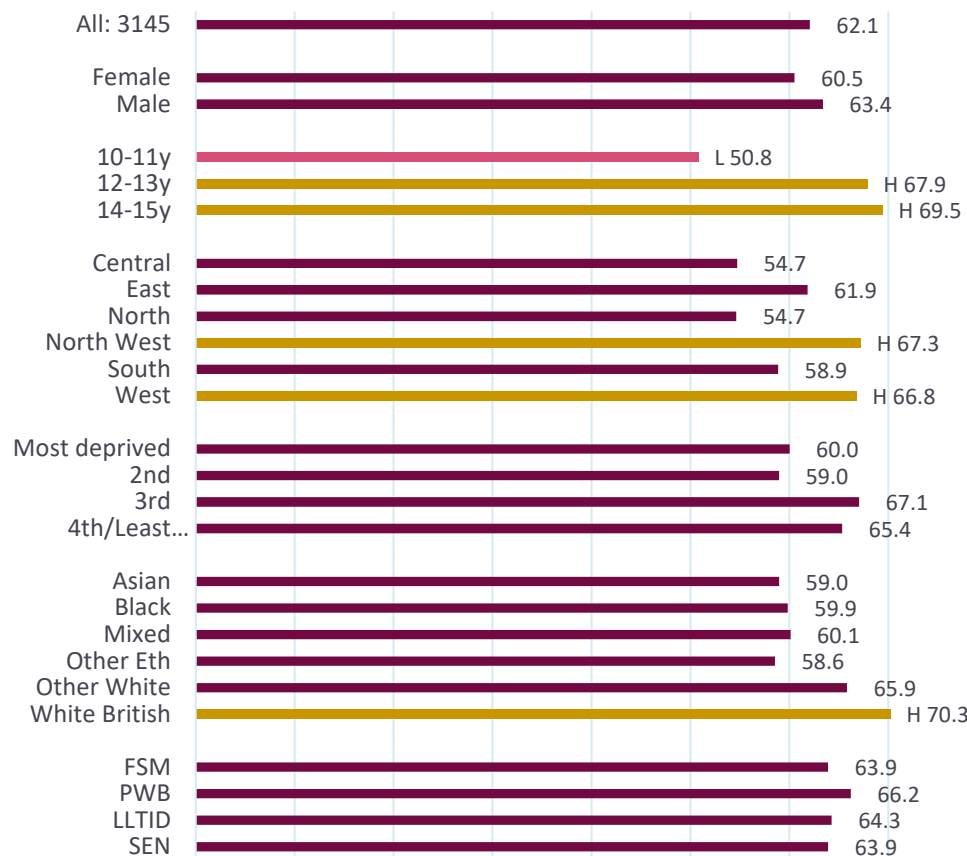
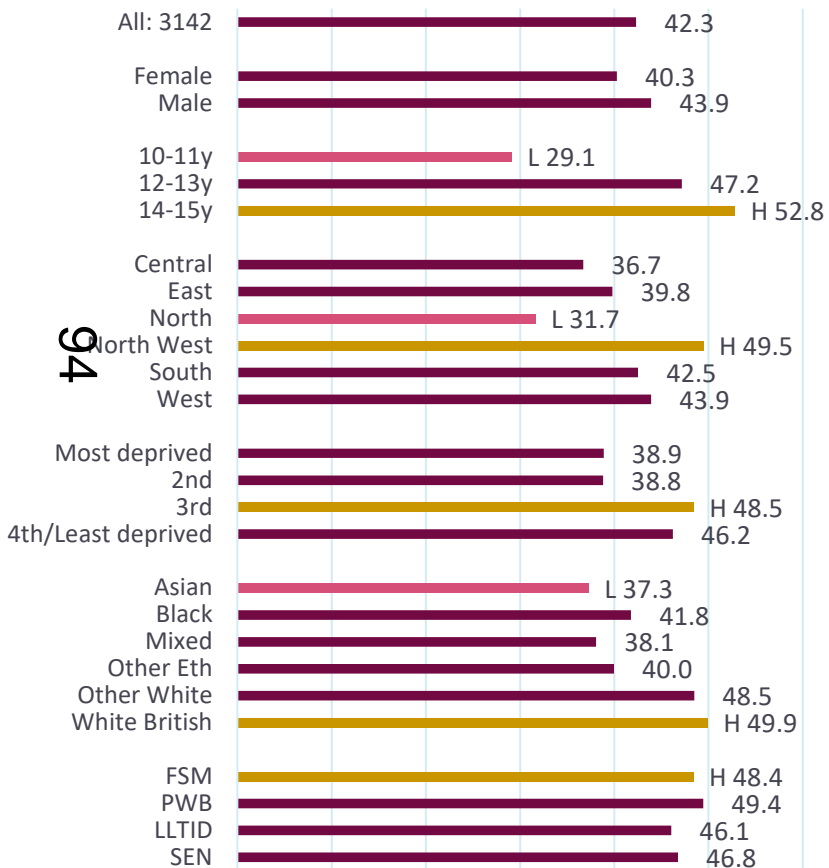


Two out of every three (66%) children have reported that they have been to a COVID-19 test centre. Over four in ten (42%) children have had a positive COVID-19 test, and just over six in ten (62%) live with someone who had a positive test. Differences can be seen below.

44/45. Have you had or a member of your household had a positive test for COVID-19? Yes

% Had a positive COVID-19 test

% Live with someone who has had a COVID-19 positive test



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals; PWB – Poor Wellbeing; LLTID – Long term limiting illness or disability; SEN Special Educational Need

— L Significantly lower
— H Significantly higher
— Similar

About 60% of 12 to 15 year old children report that they have already had or are likely to have the COVID-19 vaccine. This leaves about twelve children in an average class of thirty (42%) who are not likely to have a COVID-19 vaccine.

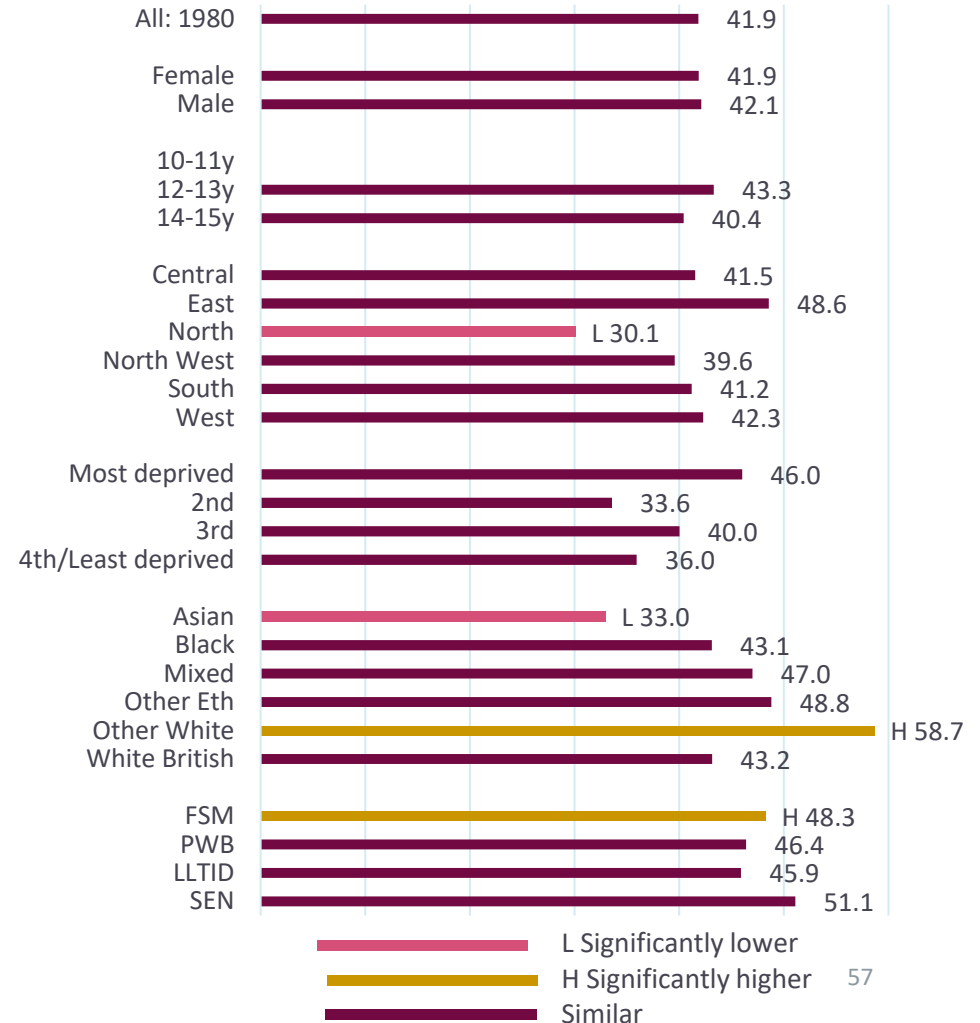
46. If you are offered a vaccine for COVID-19 (coronavirus), how likely would you be to take it? Not likely

There is little difference in age and gender regarding COVID-19 vaccine hesitancy.

There is variation by geography in the city. Children in the North of Leicester are significantly less likely to be vaccine hesitant. There is higher hesitancy in the East, but this is not a significant difference.

By ethnicity Asian children are significantly less likely to be hesitant and children from Other White backgrounds are significantly more likely to be hesitant.

% Not likely to have COVID-19 vaccine



Note: Only Secondary aged children were asked to respond to this question

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals; PWB – Poor Wellbeing; LLTID – Long term limiting illness or disability; SEN Special Educational Need

Emotional wellbeing

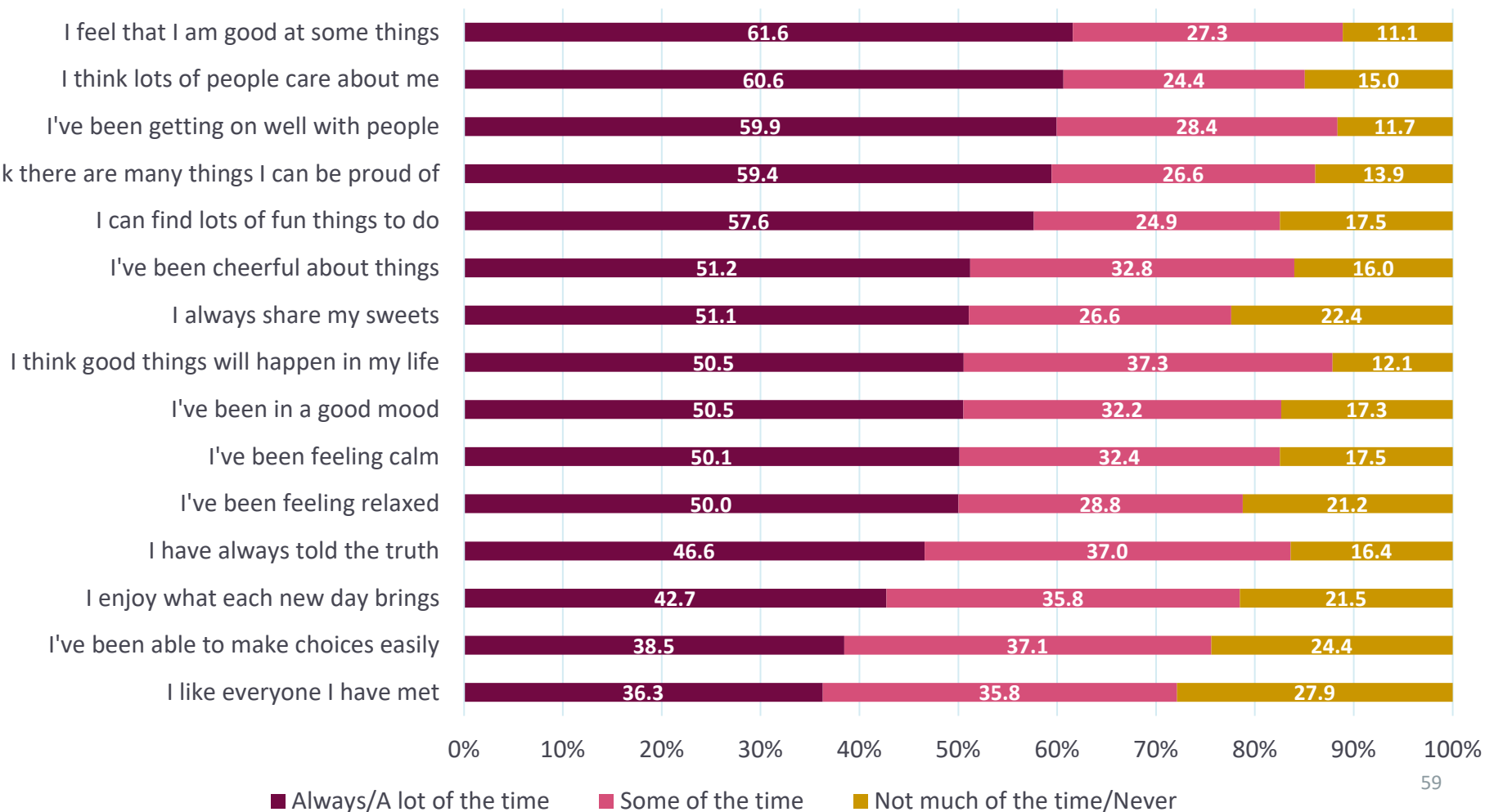
- Three out of four Leicester children report a medium to high wellbeing score indicative of good mental health.
- About one in ten children report a score indicative of poor mental wellbeing. Vulnerable groups such as those with a long term illness are more likely to report poor mental wellbeing.
- One in ten children report having no trusted adult to talk to. Children with no adult confidant show signs of poorer resilience, and are significantly more likely to report a poor mental wellbeing score.
- It is normal for children to worry, four out of five children worry about at least one issue quite a lot. The biggest worries include school work, health of a family member (physical and mental), and physical looks.
- Children react to their worries differently. Of concern, are the one in seven children who have at least sometimes reacted to a worry by self harming.
- An estimated 13 children in a classroom of 30 never like to talk about their feelings.

Leicester children were questioned using the Stirling Children's Wellbeing Scale. Over 60% of children always/a lot of the time feel they are good at some things. About one in five never/not much of the time share their sweets.

47. The Stirling Children's Wellbeing Scale. Statement analysis

97

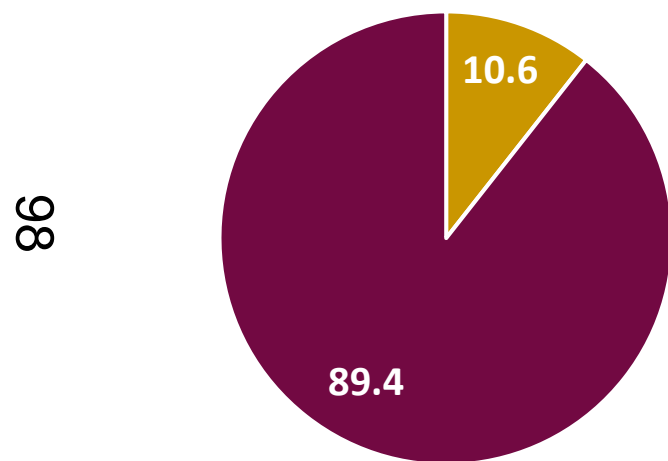
% responses to wellbeing statements



One in ten Leicester children have a poor mental wellbeing score. Girls are more likely to have a poor wellbeing score. Children with a disability or long term illness and children with special education needs also report higher poor mental wellbeing scores.

47. The Stirling Children's Wellbeing Scale. Scoring indicates poor mental wellbeing

Stirling Health and Wellbeing Scale Score (%)



- 12-30: Indicative of poor mental health
- 31-60: Not indicative of poor mental health

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

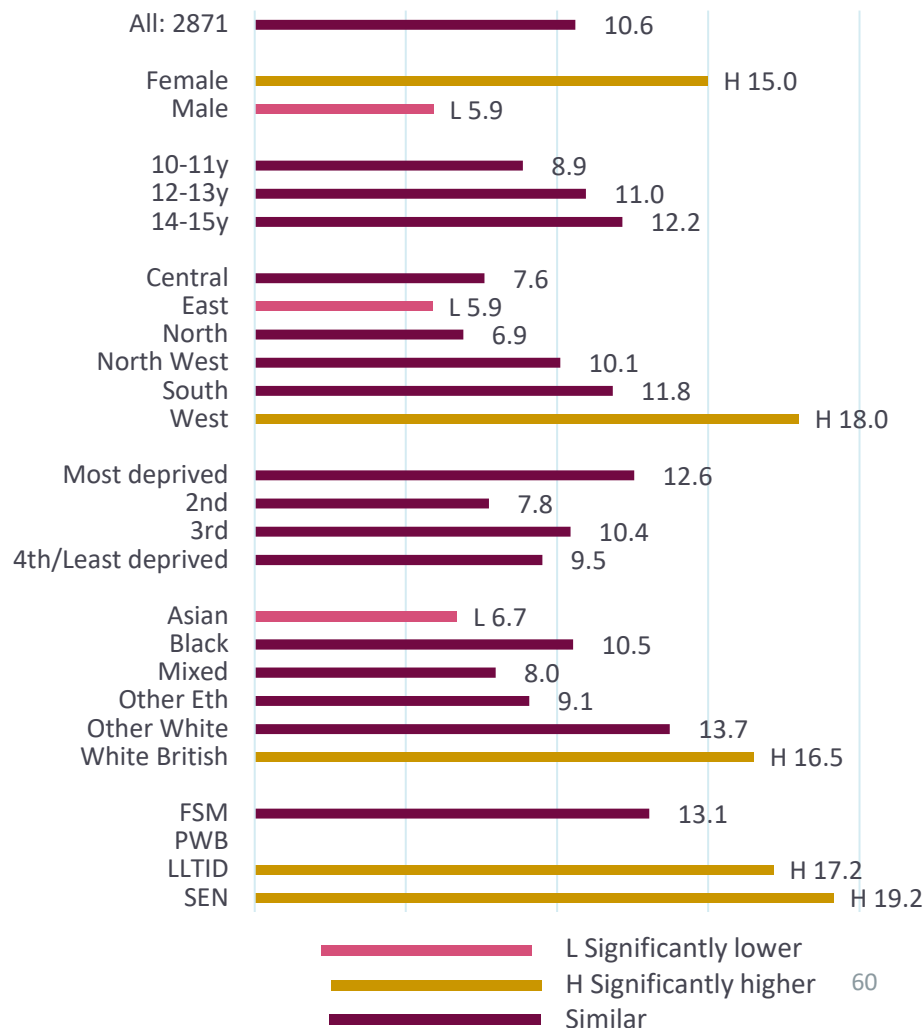
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

% Poor Mental Wellbeing

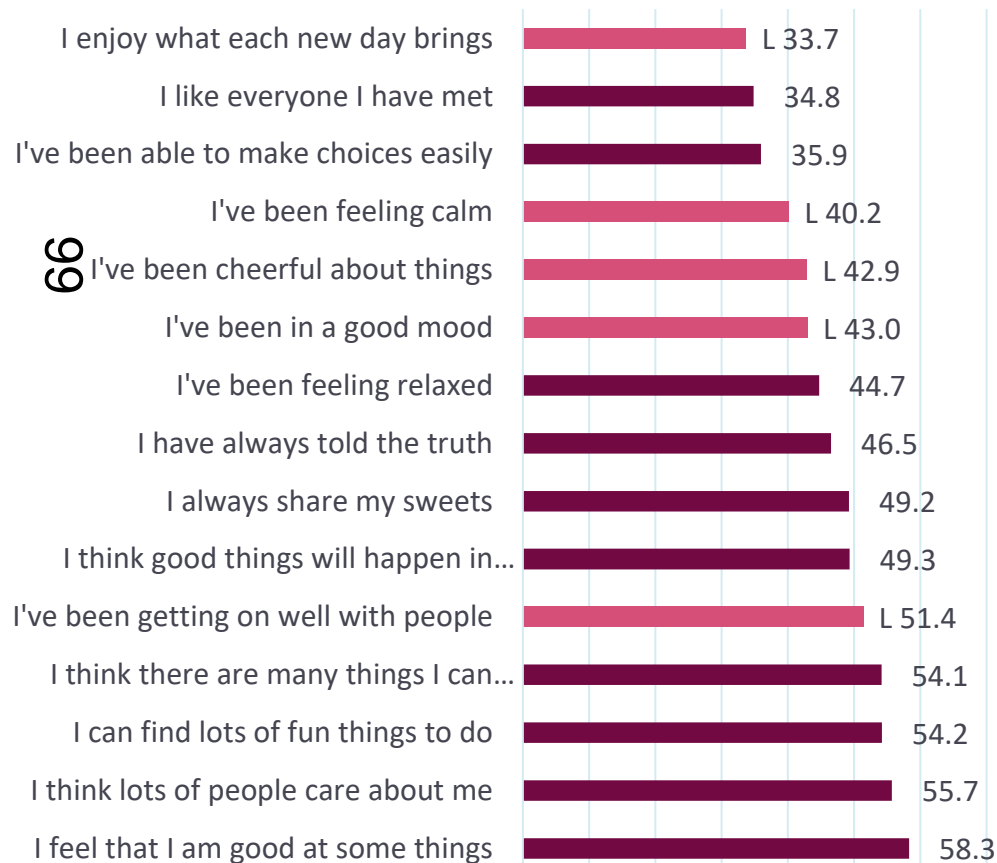


- L Significantly lower
- H Significantly higher
- Similar

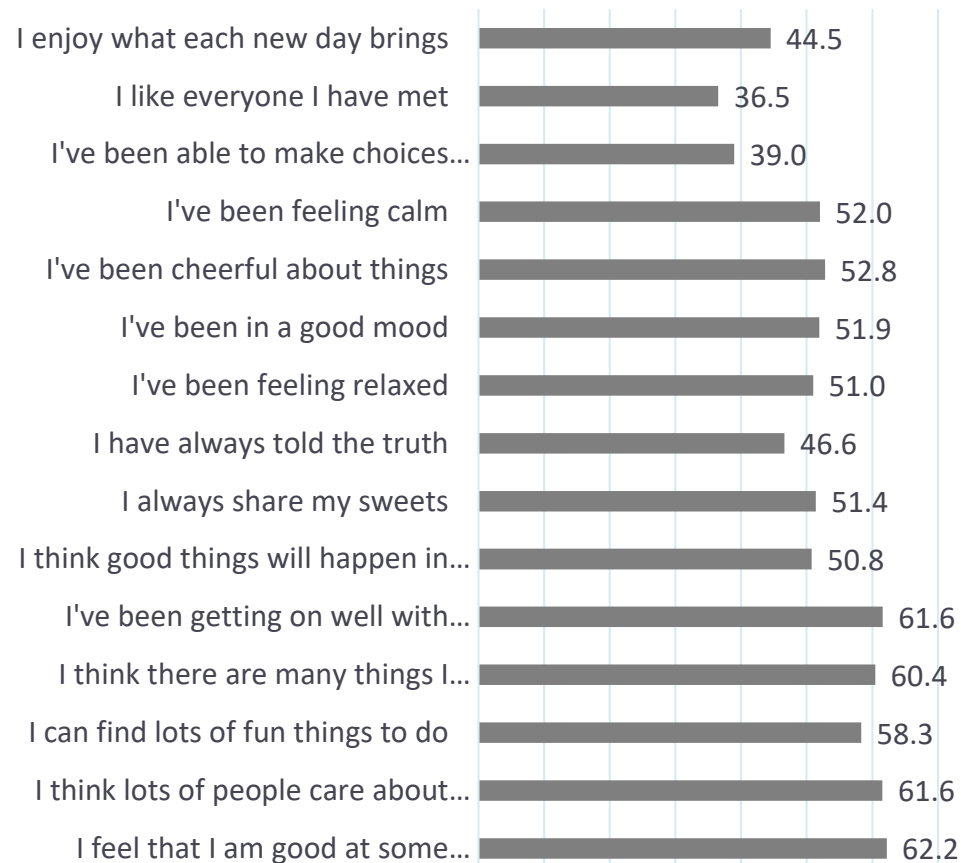
Children with a long term illness or disability are significantly less likely to always/most of the time... enjoy what new days bring, feel calm, be cheerful about things, be in a good mood, and get on well with people compared to children with no long term illness or disability.

47. The Stirling Children's Wellbeing Scale. Long term illness disability statement breakdown.

% LLTID Always/most of the time...



% No LLTID Always/most of the time...



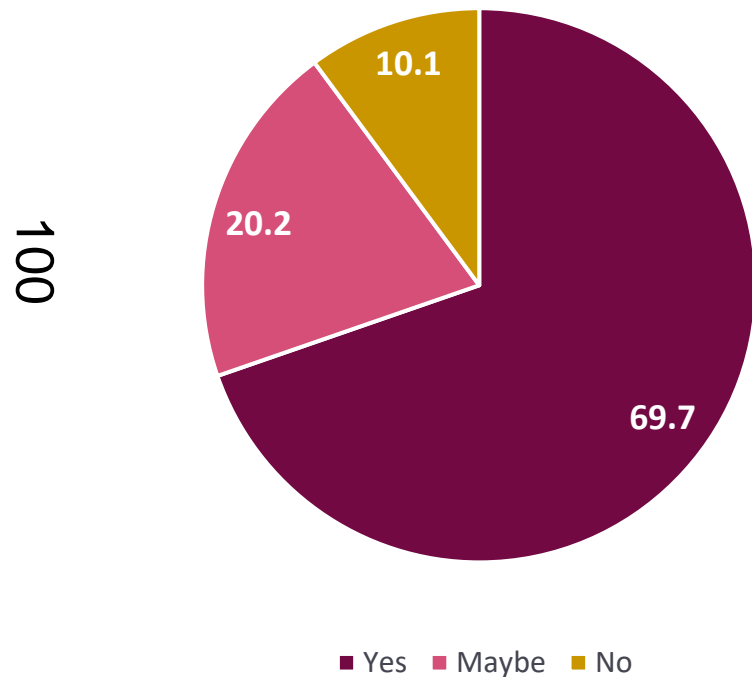
█ L Significantly lower than non LLTID

LLTID – Long term limiting illness or disability

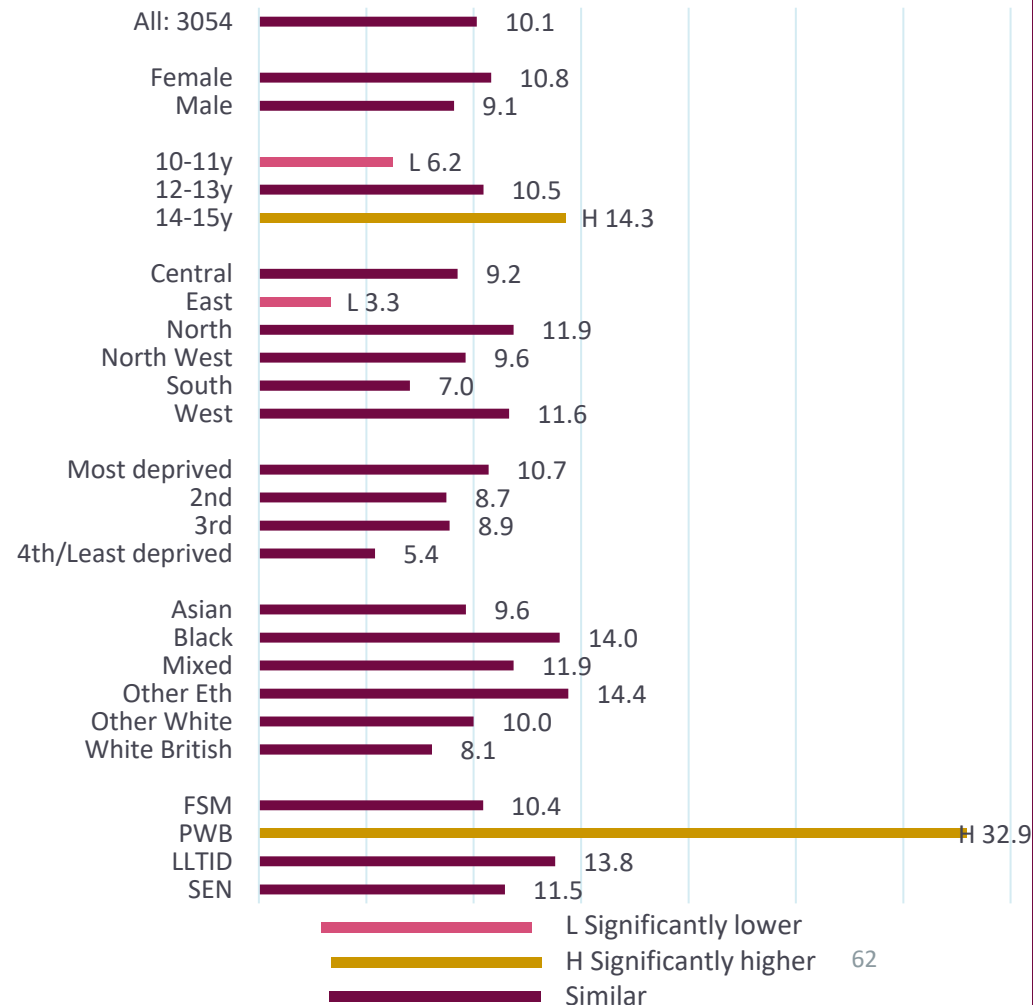
One in ten (10.1%) Leicester children do not have a trusted adult confidant, this is similar to the percentage of children who had no adult confidant in 2016/17. Older children were more likely to state they had no trusted adult. Those with a poor wellbeing score were significantly more likely to lack an adult confidant.

49. If you were worried about something, do you know an adult you trust who you can talk to about it?

% with trusted adult



% No trusted adult



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

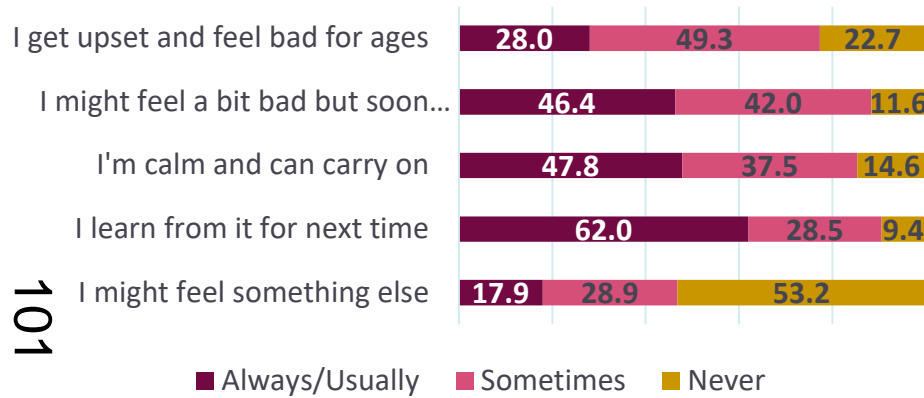
LLTID – Long term limiting illness or disability

SEN Special Educational Need

Children deal with problems differently and some children find it more difficult when something goes wrong. Nearly two out of three children say they learn from bad experiences. A quarter (28%) of children always/usually get upset and feel bad for ages.

48. If something goes wrong... (resilience)

% responses if something goes wrong...



101

2016/17	2021/22	Significant change
22.9%	28.0%	Increase since 2016/17

There has been a significant increase in the percentage of children who show signs of **poor resilience (get upset and feel bad for ages)** since 2016/17.

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

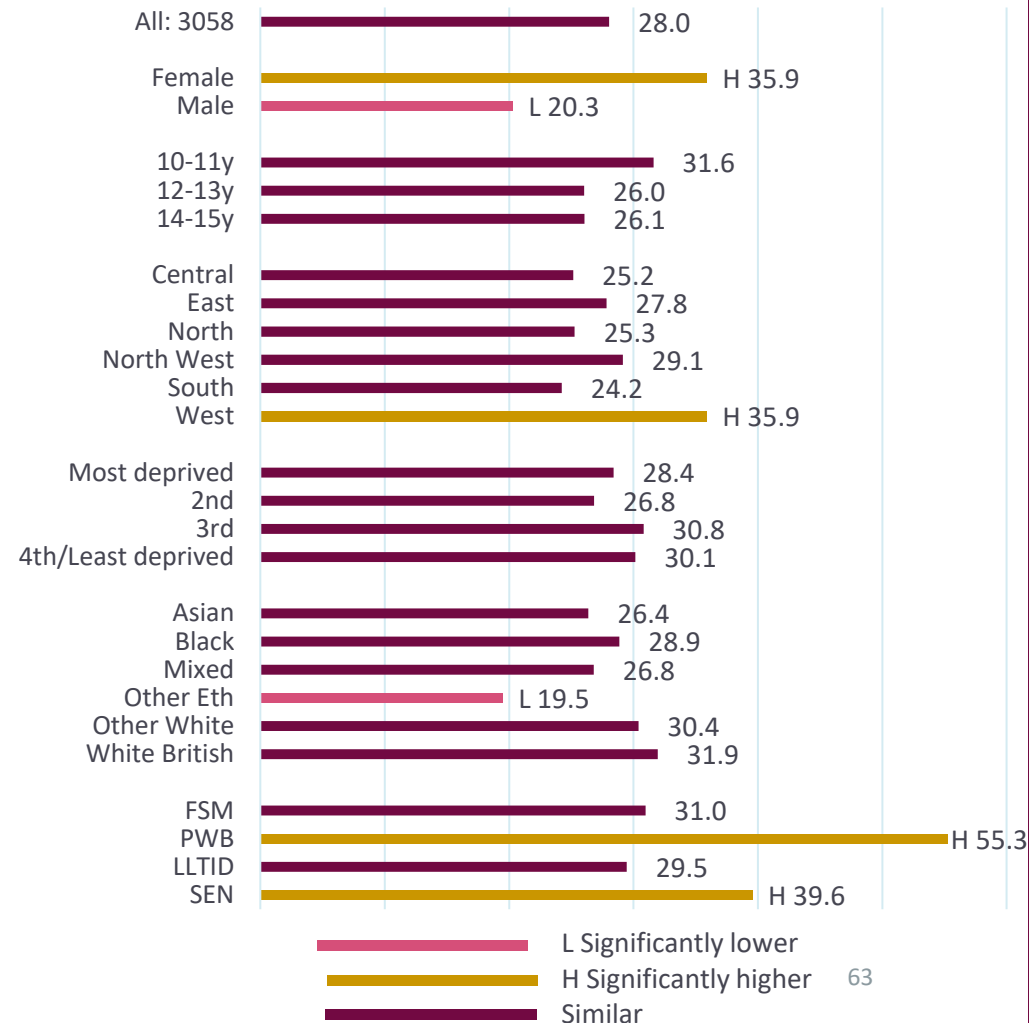
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

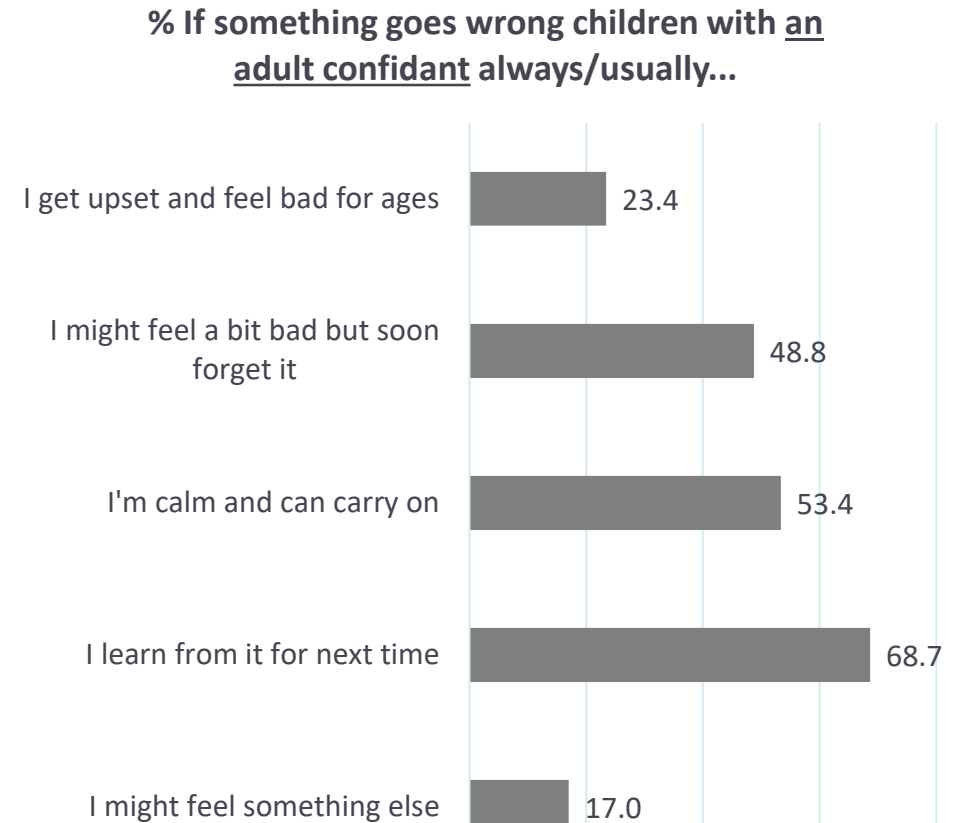
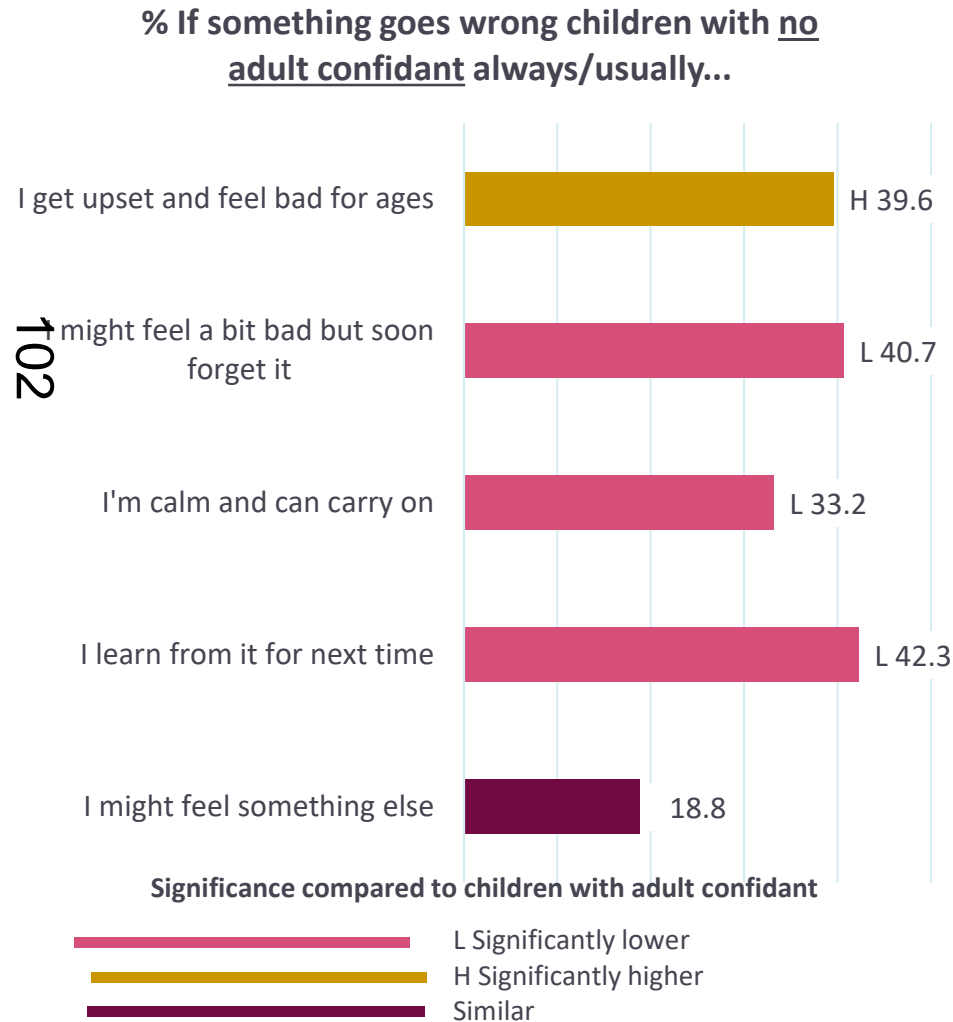
SEN Special Educational Need

% I always/usually get upset and feel bad for ages



Children with no adult confidant find it more difficult to deal with issues when something goes wrong and show signs of poorer resilience.

48. If something goes wrong... (resilience) & 49. do you know an adult you trust?

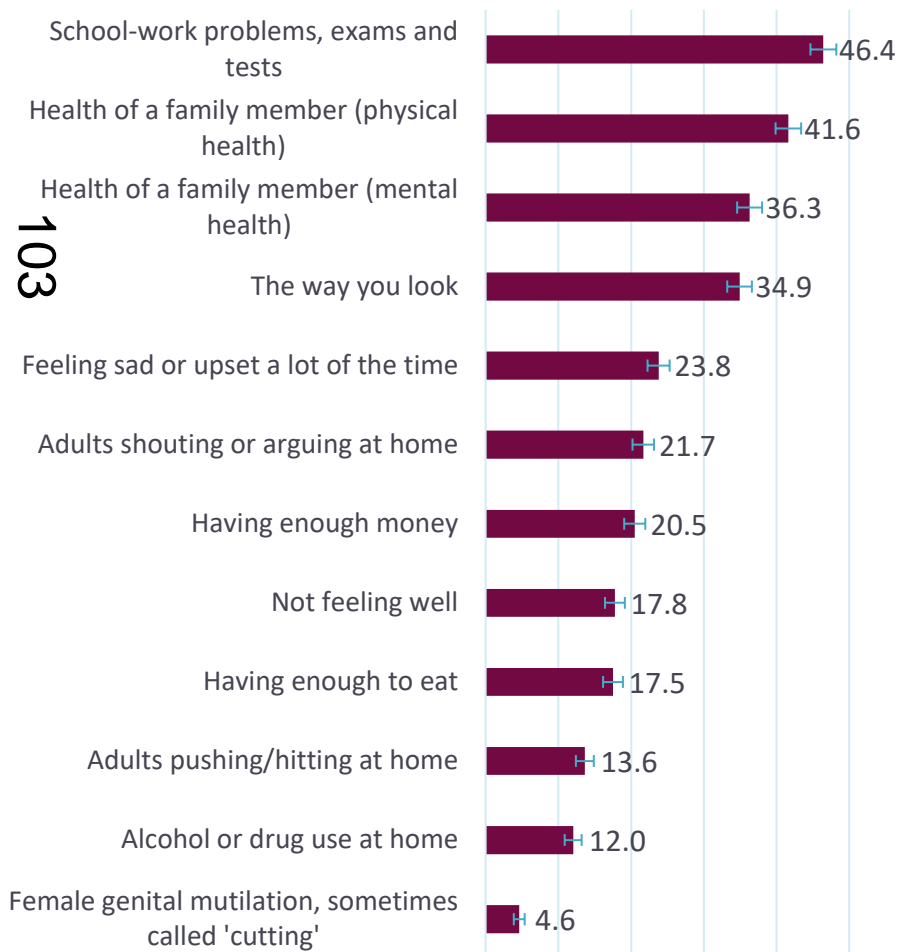


It is normal for children to worry, four out of five children worry about at least one issue quite a lot. The biggest worries include school work, health of a family member (physical and mental) and the way they look. About one in five children worry about having enough money or enough to eat.

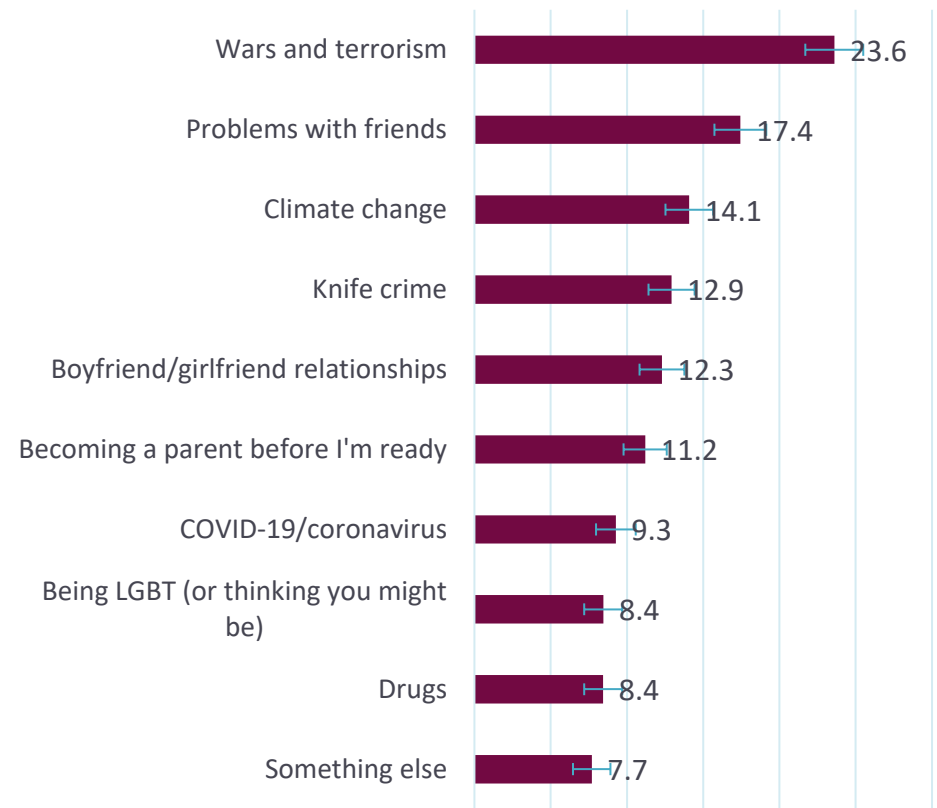
50-52. How much do you worry about the issues listed below?

103

% worry about an issue quite a lot (all children)



% worry about an issue quite a lot (secondary aged children)*

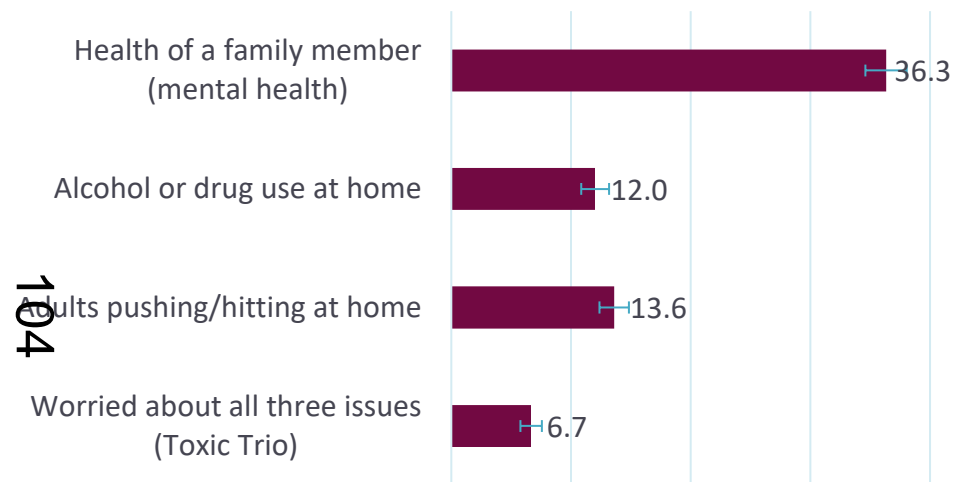


**Note: Secondary children were asked about other potential worries that they may face.*

Some children are worried about the mental health of a parent (36%), substance misuse at home (12%), and domestic violence at home (14%). It is estimated that at least 2 children in a class of 30 (6.7%) are worried about all three of these toxic trio* issues.

50 - 52. How much do you worry about the issues listed below? Toxic trio

% worried about toxic trio



104

Younger children are more likely to report worrying about toxic trio issues.

***Toxic trio:** This term describes the experience of domestic abuse, mental ill-health and substance misuse.

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

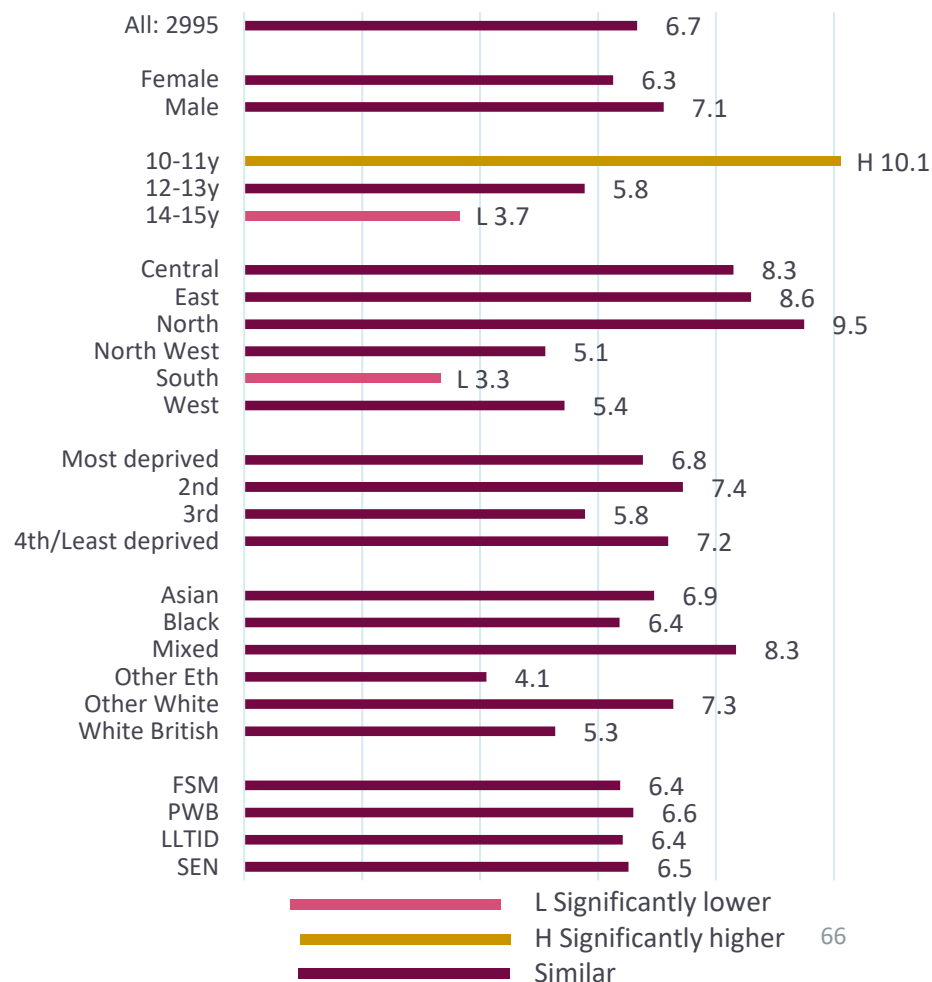
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

% Worry about mental health, domestic abuse, and substance misuse (involving parents)



Children react to worries differently. Many decide to always/usually watch tv or listen to music (62%), think about it myself (45%), or rest or sleep (40%). 39% will always/usually talk to someone about it, while a quarter will do nothing (25%).

53. When you have a problem that worries you or you are feeling stressed, what do you do about it?



***Reactions to worries and stress:** The following options were available to secondary pupils only; Pray, smoke cigarettes, drink alcohol, self harm. These are shown as a percentage of all secondary children.

A minority of children sometimes react to worries and stress by drinking alcohol or smoking cigarettes. A larger 15% of secondary aged children will react by cutting or harming themselves.

53. When you have a problem that worries you or you are feeling stressed, what do you do about it? Cut or hurt myself at least sometimes

Females are more likely than males to self harm.
There are also broad area differences.

Some vulnerable groups such as those with a poor wellbeing and children with a long term illness or disability are significantly more likely to self harm.

2016/17	2021/22	Significant change
16.7%	14.6%	No significant change

There has been no significant change in the percentage of secondary aged children who have reacted to worries by cutting or hurting themselves since 2016/17.

Note: Only Secondary aged children were asked to respond to this question

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

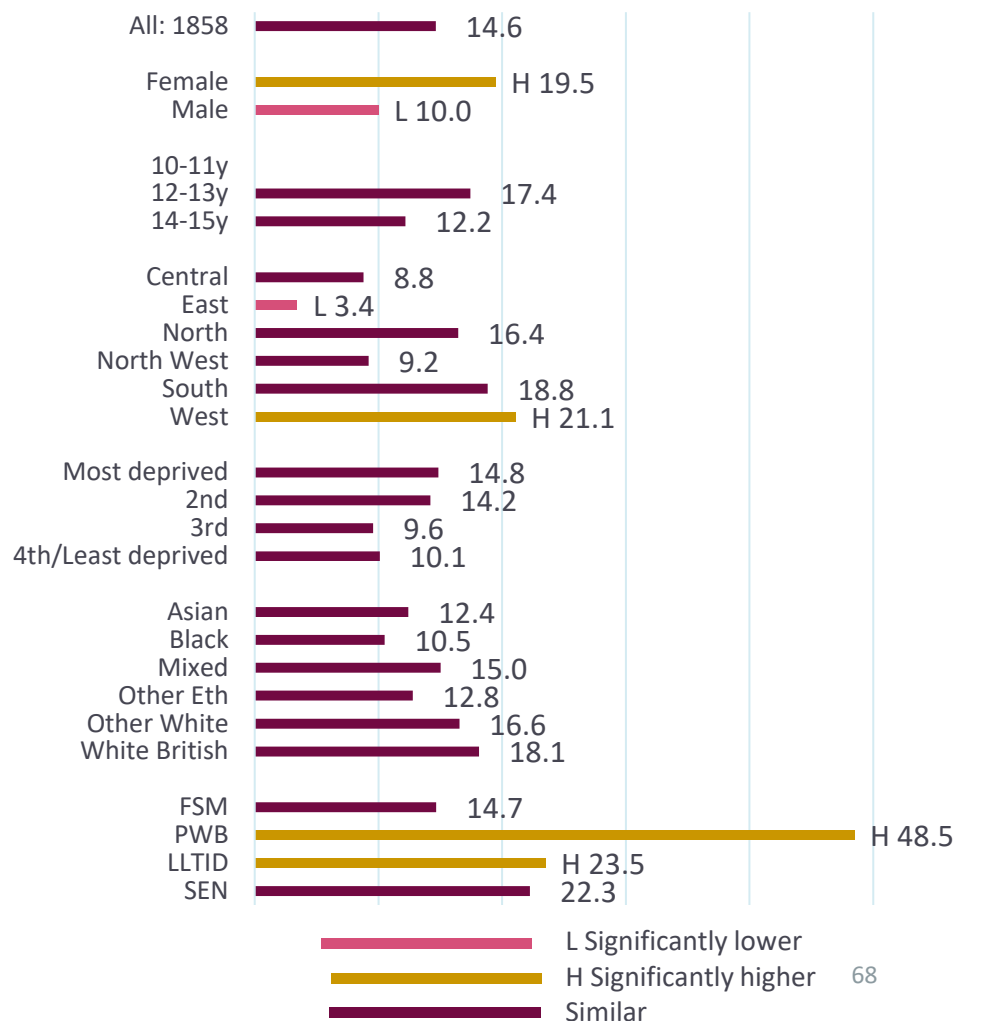
Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

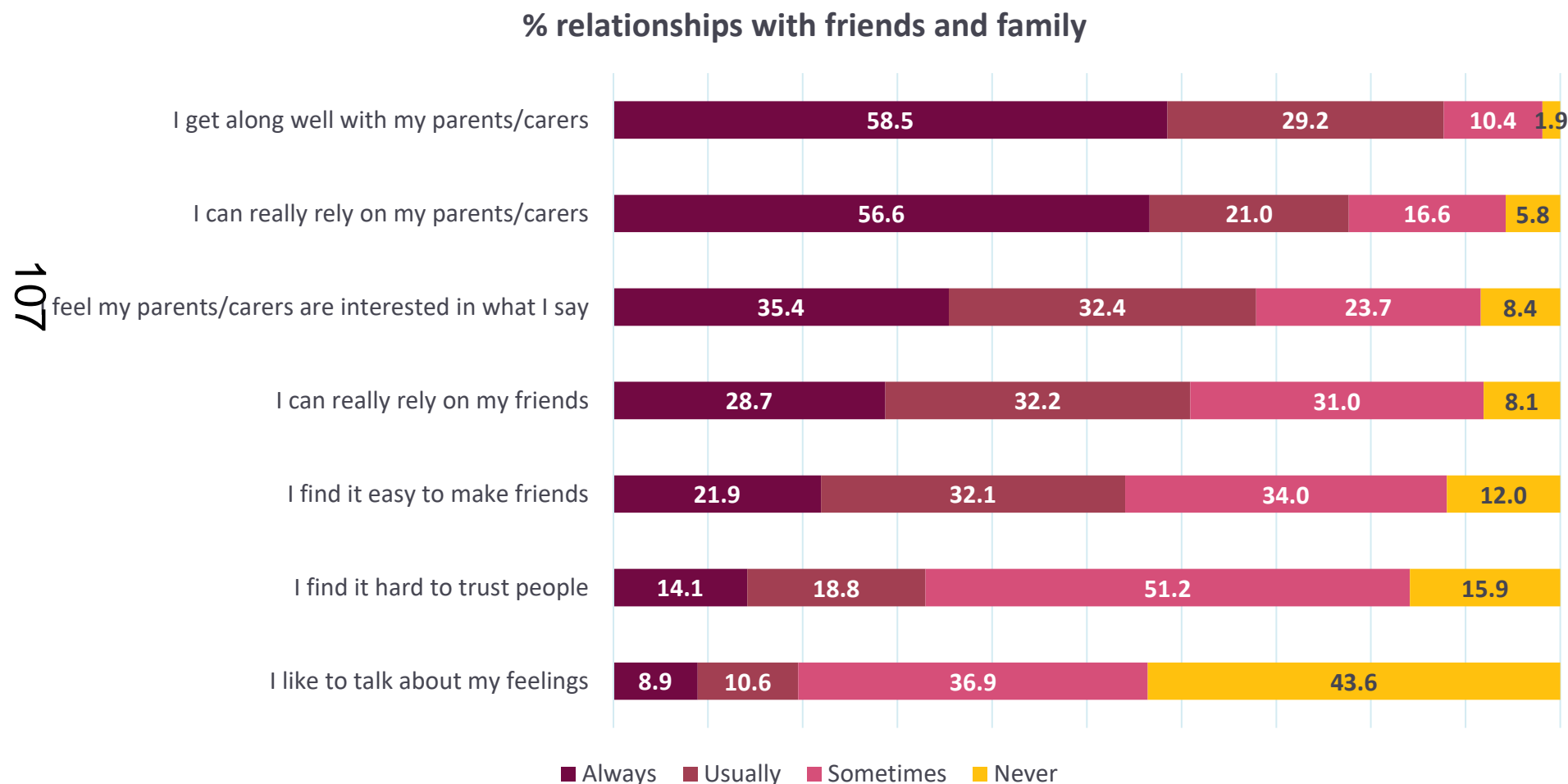
SEN Special Educational Need

% Self Harm reaction to stress



Most Leicester children report positive relationships with parents/carers, noting they always/usually get long with them (88%) and can rely on them (78%). There is a small proportion of children who do not rely on friends (8%) and never find it easy to make friends (12%).

54. Please tick one answer on each line... relationships with friends and family statements.



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It is unusual for Leicester children to like to talk about their feelings. Less than one in ten always like to talk about their feelings and nearly half of children (44%) never like to talk about feelings. Males and females report similar levels.

54. Please tick one answer on each line...I like to talk about my feelings

Older children are significantly more likely to never like to talk about feelings compared to younger children (10-11 year olds). There are also differences by broad area and ethnic groups.

Children with special educational needs and those with poor mental wellbeing are significantly more likely to never like to talk about feelings.

2016/17	2021/22	Significant change
32.8%	43.6%	Increase since 2016/17

There has been a significant increase in the percentage of children who never like to talk about their feelings since 2016/17.

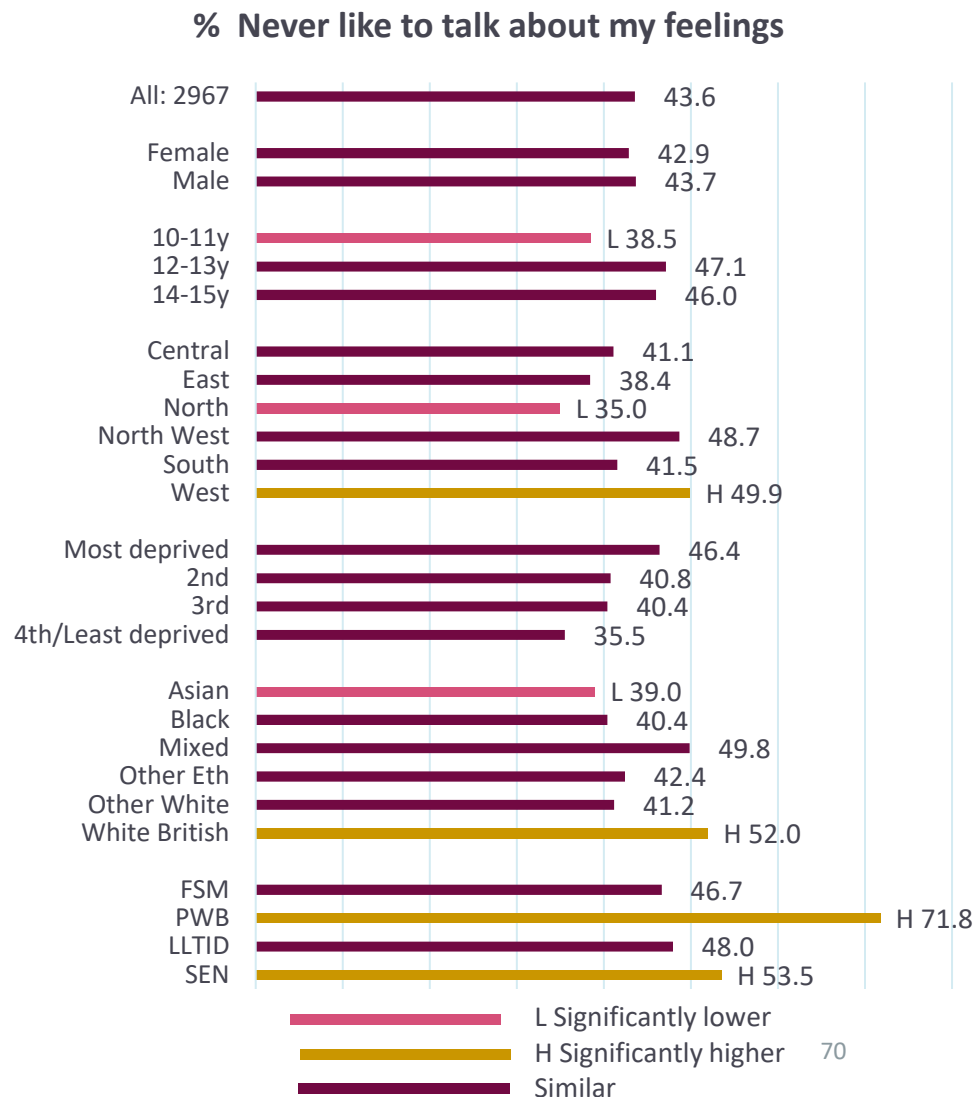
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



Secondary aged children were asked whether they had used a counsellor or other mental health service, a quarter (26%) of these children have used these services.

43. Have you ever used these services . . . ? Counsellor or other mental health service

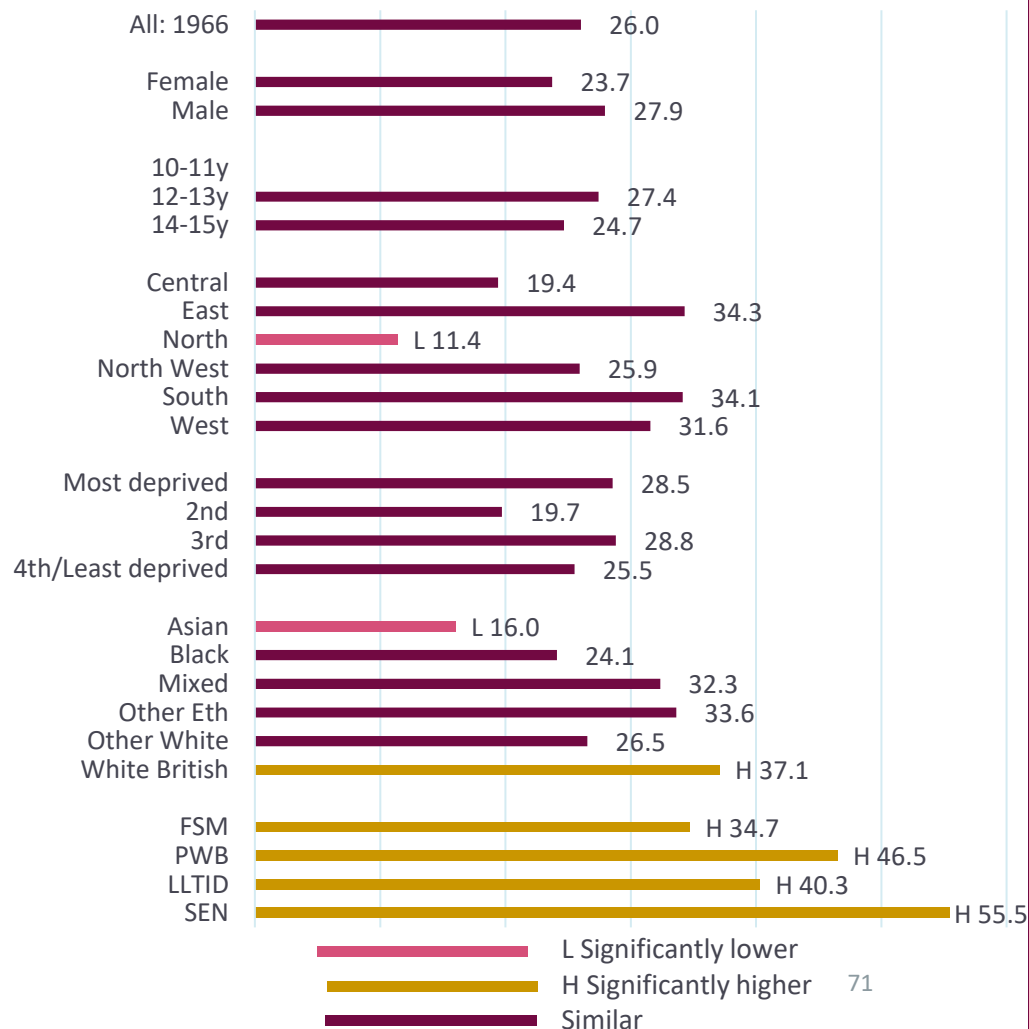
Males and females report statistically similar levels of using a counsellor or other mental health services.

Children residing in the North of the city are significantly less likely to use mental health services.

Children from an Asian background are significantly less likely to use mental health services and those from a White British background are significantly more likely to use mental health services.

Children from more vulnerable groups are all significantly more likely to use mental health services.

% Used counsellor or other mental health services



Note: Only Secondary aged children were asked to respond to this question

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

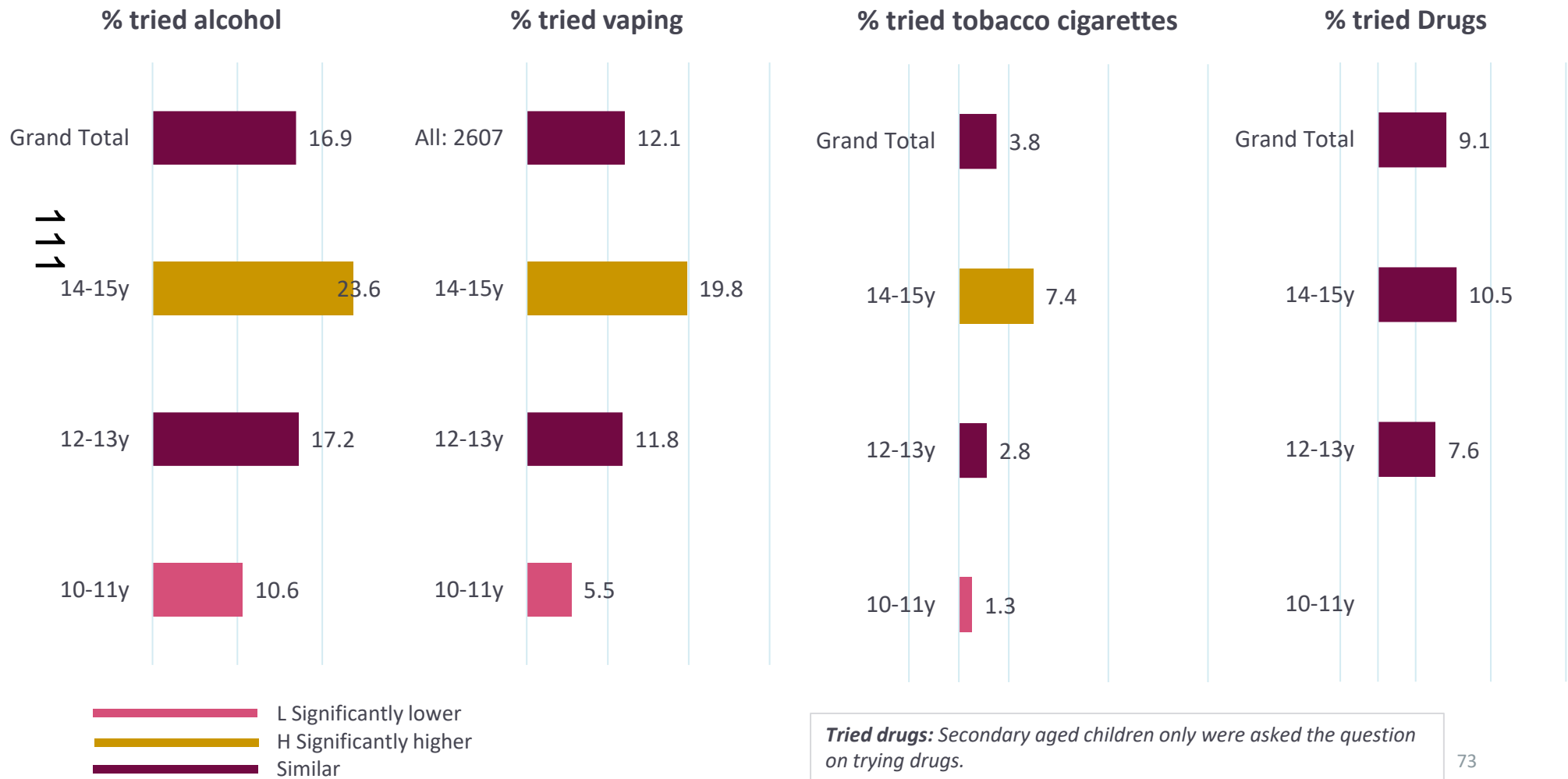
SEN Special Educational Need

Alcohol, Tobacco and Drugs

- Trying alcohol is uncommon for Leicester children with five out of six children reporting they have never tried alcoholic drinks.
- Overall around one in six children have tried alcohol, this increases with age and a quarter of older children (14-15 year olds) have tried alcohol.
- Secondary aged children who have tried alcohol most commonly had their last alcoholic drink with their parents present. Some children who have tried alcohol drink alone.
- Some children are exposed to smoking at home. About a third of parents/carers smoke, one in ten report smoking occurring at home and in the car.
- Around one in ten children have tried vaping/e-cigarettes. A smaller proportion of children have tried tobacco cigarettes or shisha.
- Secondary aged children were asked questions about drugs. About one in ten stated that they had been offered drugs.

Children and young people were asked if they had tried alcohol, tobacco, vaping and drugs. Older children were more likely to have experimented with alcohol, tobacco, vaping or drugs compared to younger children.

55, 59 & 61 Have you tried any of the following? (Alcohol, E-cigarettes, Tobacco Cigarettes, Drugs) - by age group



Trying alcohol is uncommon for Leicester children with five out of six children reporting they have never tried alcoholic drinks. Around one in six children (17%) have tried alcohol, with one in one hundred children (1%) drinking alcohol at least once a week.

55. How often do you drink alcohol? (more than just a sip)

Almost one quarter of 14-15 year olds have tried alcohol, this is significantly more than the proportion for 10-11 and 12-13 year olds.

A significantly larger proportion of respondents in the North West, South and West of Leicester have tried alcohol.

Children of White British or Other White ethnicity are significantly more likely to have tried alcohol, whilst those of Asian or Other Ethnicity heritage are significantly less likely to have tried alcohol.

Children reporting a poor mental wellbeing, a long term illness or special educational need are significantly more likely to have tried alcohol.

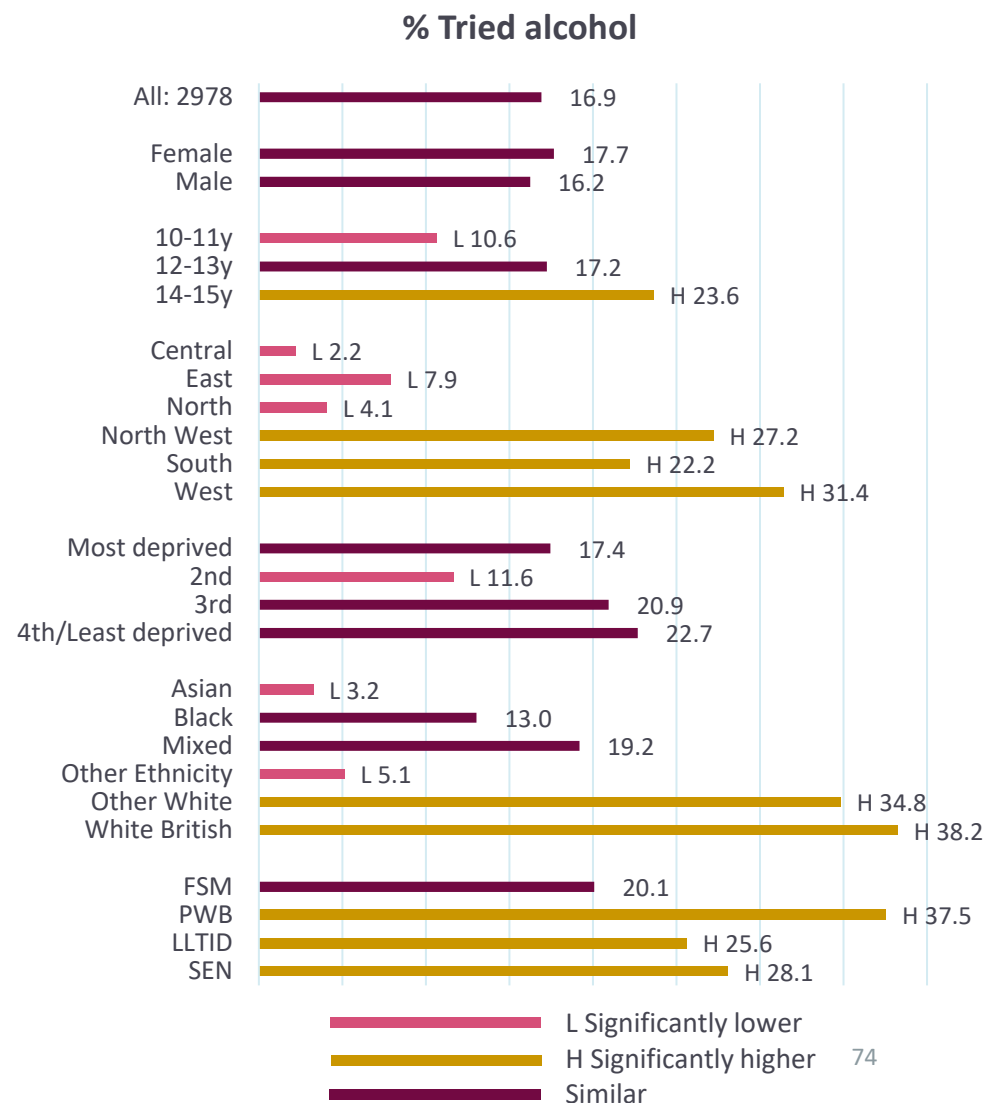
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



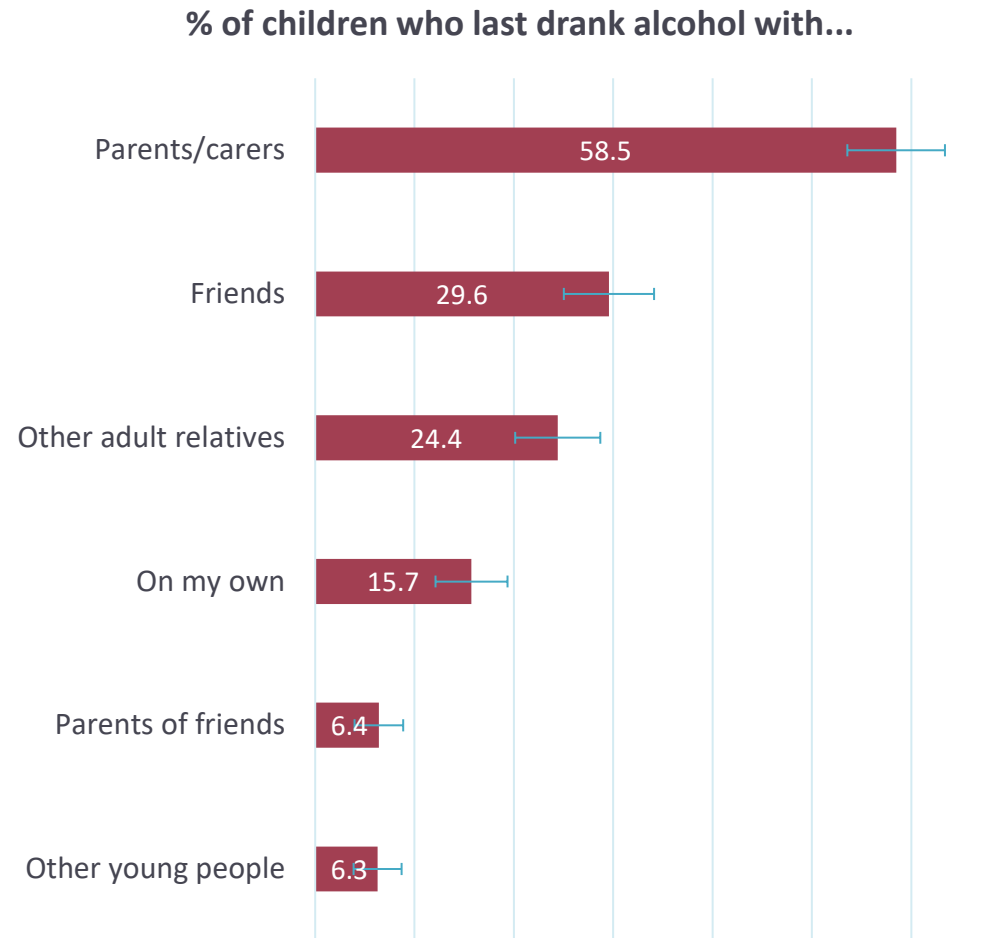
Secondary aged children who reported that they had tried alcohol were asked who they last drank alcohol with. The majority (59% of this group) last drank alcohol with their parents/carers.

56. Thinking about the last time you had an alcoholic drink, with whom did you drink it?

About half of secondary aged children who have tried alcohol last drank with their parents/carers. This is significantly higher than with any other group.

11
63
A significantly larger proportion last drank alcohol with their friends or other adult relatives than on their own, with parents of friends or with other young people.

Around a sixth (16%) of children who have drunk alcohol drank their last alcoholic drink on their own.



A small proportion of children (3%) that have tried alcohol reported that their parents/carers encourage them to drink alcohol. Most children that have tried alcohol reported that their parents/carers don't mind that they drink alcohol (36%) or that they don't know what their parents/carers thoughts are on them drinking alcohol (36%).

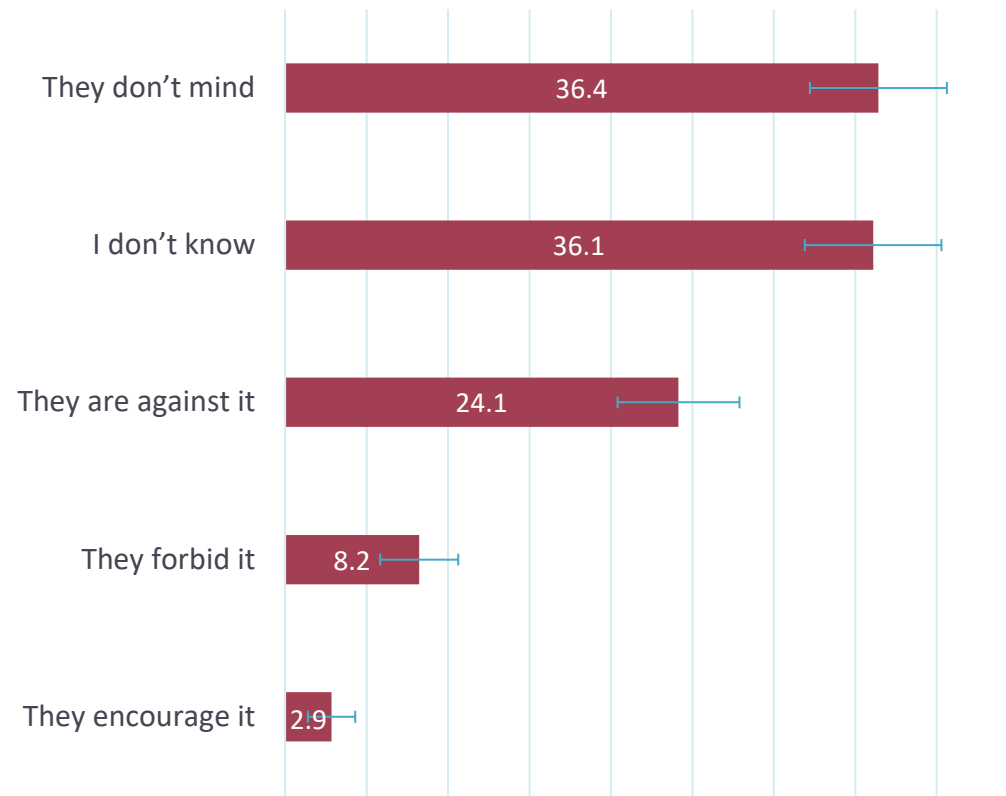
57. What do your parents/carers think about you drinking alcohol?

Just over one third (36%) of children who have tried alcohol reported that their parents/carers don't mind them drinking alcohol.

About a quarter of children that have tried alcohol reported that their parents/carers are against them drinking alcohol (24%), and a further 8% reported that their parents/carers forbid them to drink alcohol.

The proportion reporting that their parents/carers encourage them to drink alcohol was significantly smaller than any of the other parent/carer thoughts.

% parents/carers thoughts on you drinking alcohol

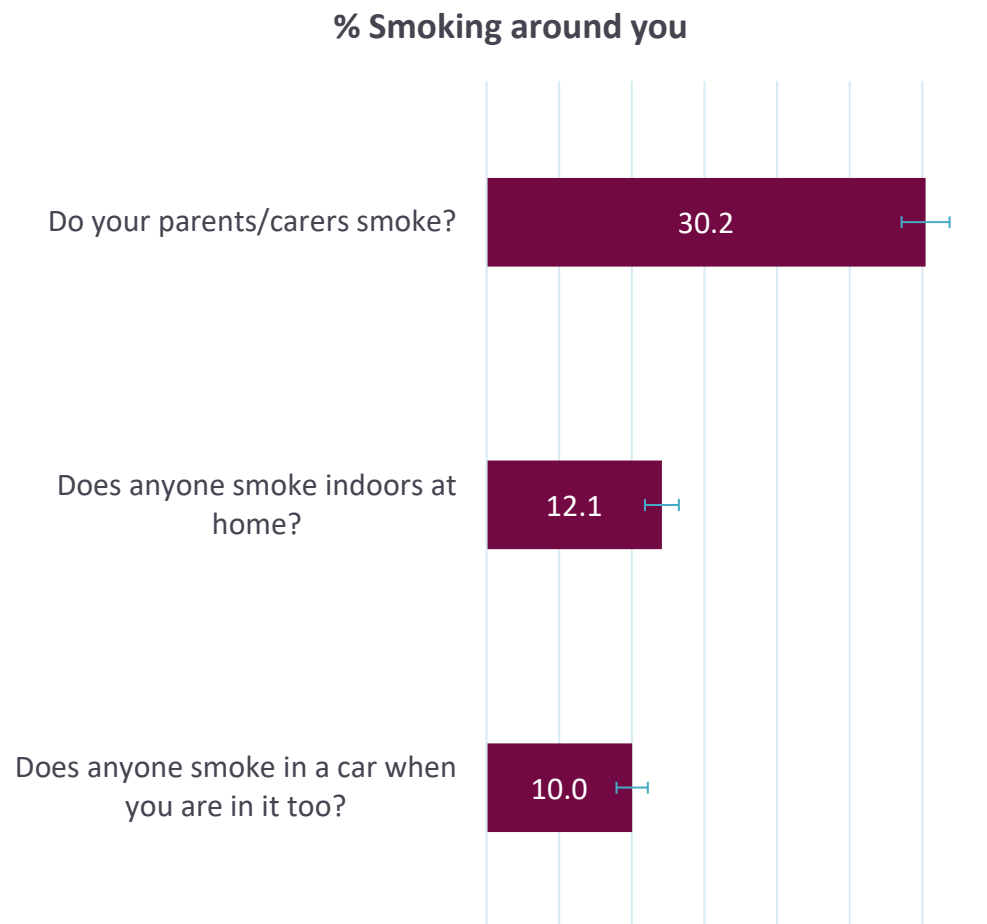


Around a third of children reported that their parents/carers smoke. Significantly fewer children reported that someone smokes at home or in the car when they are in it too.

58. Please answer on each line (statements on smoking at home)

A significantly larger proportion of children reported that their parents/carers smoke (30%) than reported that someone smokes indoors at home (12%) or in a car when they are in it too (10%).

There was no significant difference between the proportion of children who reported that someone smokes indoors at home and the proportion of children who reported that someone smokes in a car when they are in it too.



Around a third (30%) of children reported that their parents/carers smoke, this is similar to 2016/17 (32%). Parents/carers of children reporting to be part of any of the four vulnerable groups were more likely to smoke.

58. Smoking at home statement. Do your parents/carers smoke?

There were no significant differences between the proportion of parents/carers who were reported to smoke when comparing males and females or the three age groups.

A significantly larger proportion of children in the South and West and a significantly smaller proportion of children in the North and Central locality areas of Leicester reported that their parents/carers smoke.

Children of White British or Other White ethnicity are significantly more likely to have parents/carers who smoke, whilst those of Asian, Black or Other Ethnicity heritage are significantly less likely to have parents/carers who smoke.

Free school meal children, those with a poor mental wellbeing, a long term illness or special educational needs are significantly more likely to have parents/carers who smoke.

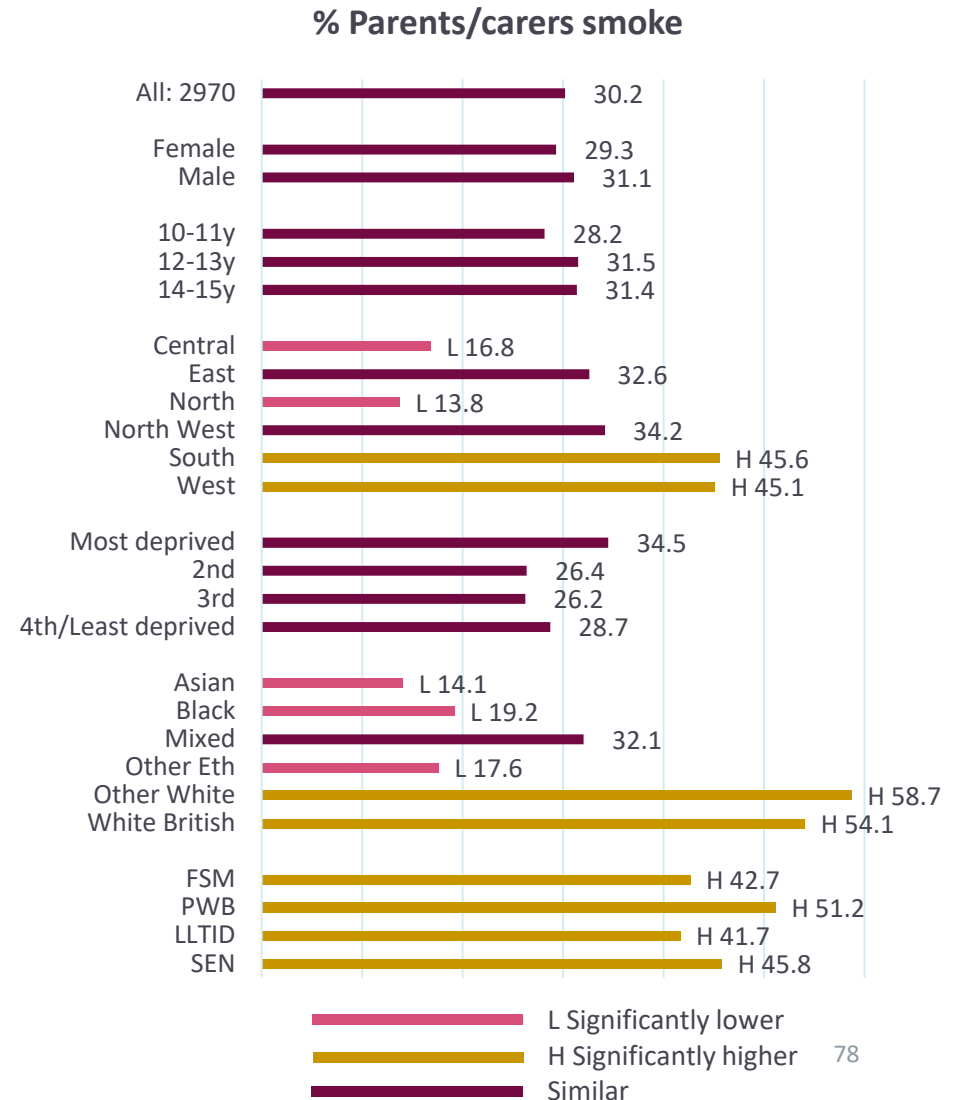
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

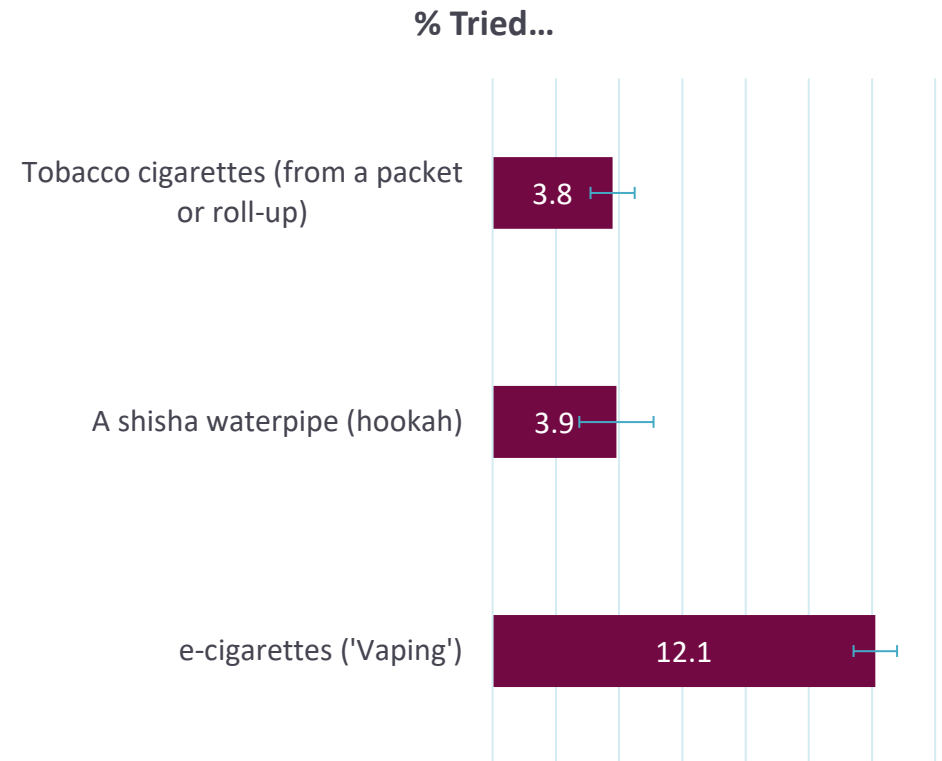


Significantly more children have tried e-cigarettes (vaping) than have tried a shisha waterpipe (hookah) or tobacco cigarettes (from a packet or roll-up).

59. Have you used any of the following? (Tobacco cigarettes, shisha waterpipe, e-cigarettes)

A significantly larger proportion of children reported that they have tried e-cigarettes (vaping) (12%) than reported having tried a shisha waterpipe (hookah) (4%) or tobacco cigarettes (from a packet or roll-up) (4%).

There was no significant difference between the proportion of children who have tried a shisha waterpipe (hookah) and the proportion who have tried tobacco cigarettes (from a packet or roll-up).



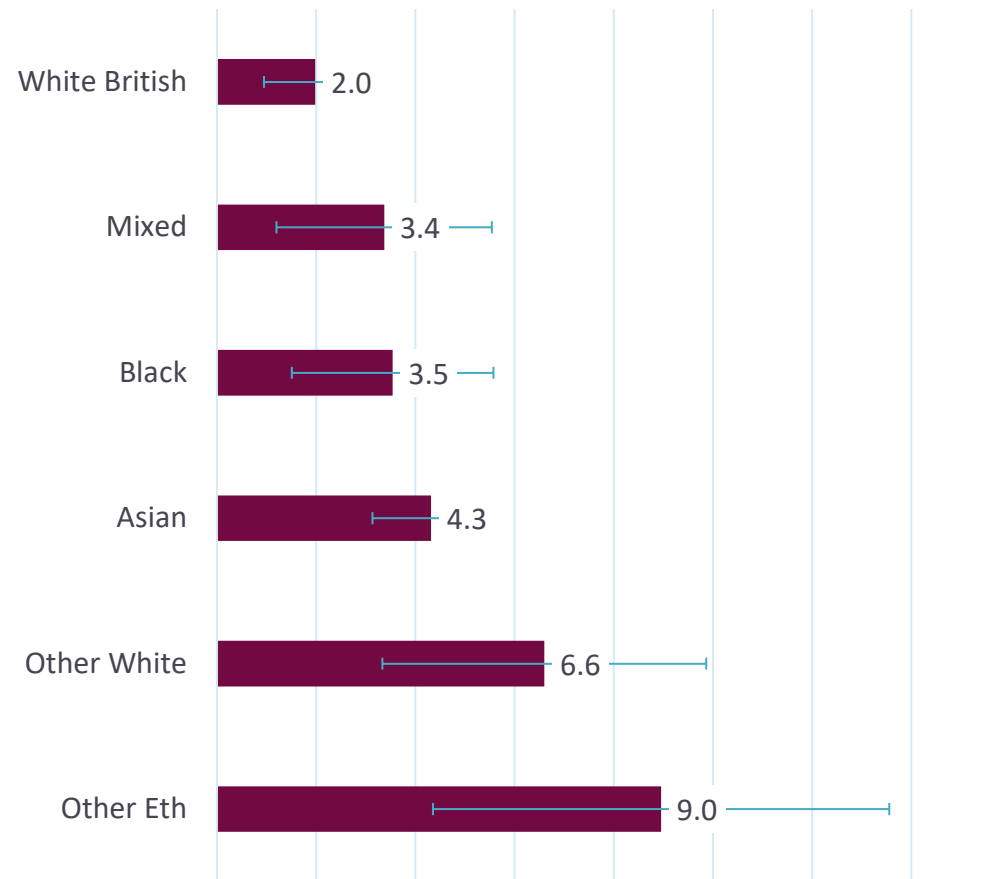
Around 4% of children reported that they have tried smoking shisha waterpipe (hookah).

59. Have you tried any of the following? Shisha waterpipe (hookah)

A significantly smaller proportion of children of White British Ethnicity (2%) had tried smoking shisha waterpipe (hookah) than the proportion of children of Asian (4%), Other White (7%) or Other Ethnicity (9%).

There were no significant differences in the proportion of children that had tried a shisha waterpipe (hookah) between children of Mixed, Black, Asian, Other White or Other Ethnicity.

% tried smoking a shisha waterpipe (hookah) by ethnicity



Around 4% of children reported that they have tried smoking tobacco cigarettes (from a packet or roll-up). Older children (14-15 year olds – 7.4%) are more likely to have tried smoking but this has fallen significantly since 2016/17 when 12.6% had tried smoking.

59. Have you tried any of the following? Tobacco cigarettes (from a packet or roll-up)

Children aged between 10-11 years old were significantly less likely to have tried smoking tobacco cigarettes than those aged 14-15 years old.

A significantly larger proportion of children in the West of Leicester and a significantly smaller proportion of children in the Central locality area of Leicester reported that they had tried smoking tobacco cigarettes.

Children of White British or Other White ethnicity are significantly more likely to have tried smoking tobacco cigarettes, whilst those of Asian heritage are significantly less likely to have tried smoking tobacco cigarettes.

Children reporting free school meal status, a poor mental wellbeing or special educational needs are significantly more likely to have tried smoking tobacco cigarettes.

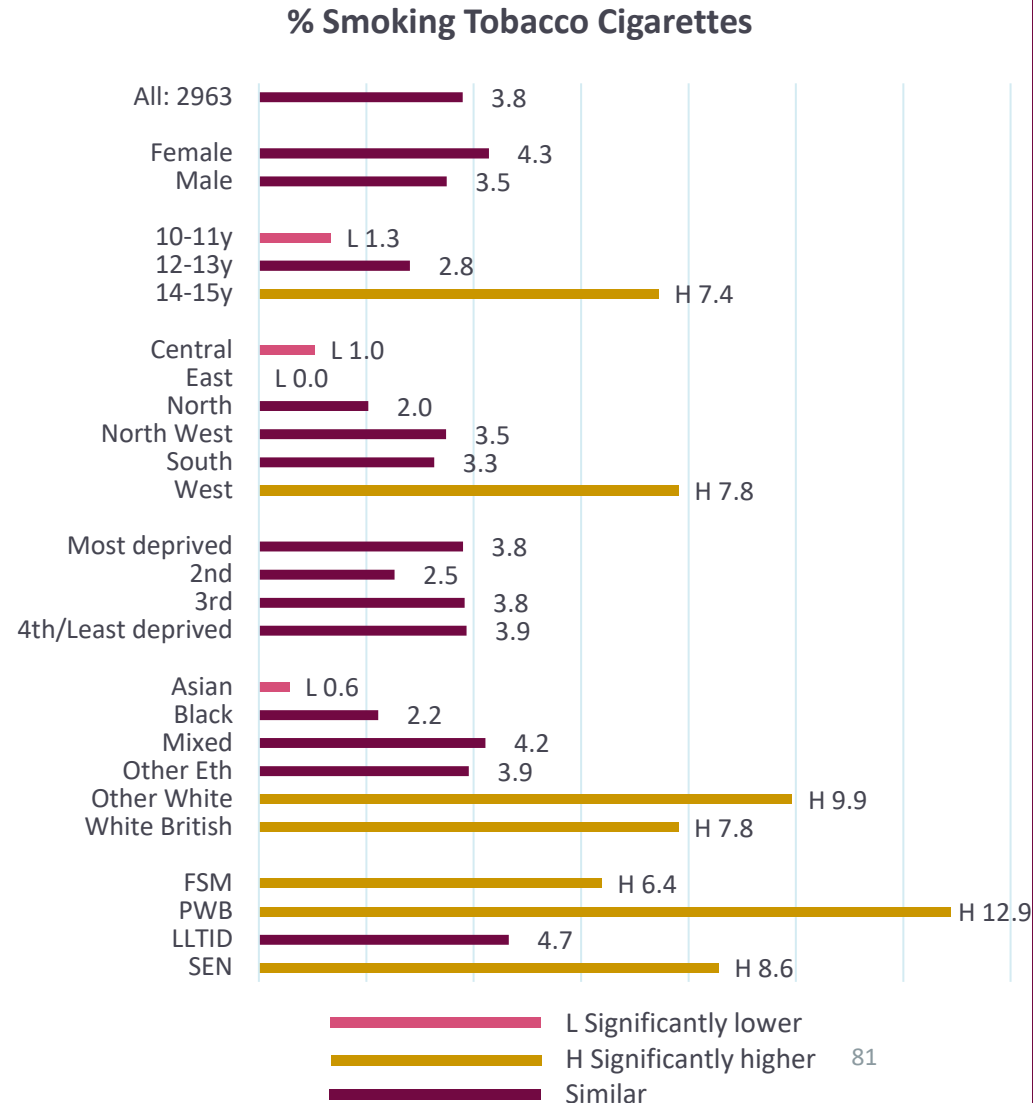
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



Around 12% of children reported that they have tried e-cigarettes (vaping). Older children (14-15 year olds – 19.8%) were more likely to have tried vaping, this is similar to the rate in 2016/17 (21.0%)

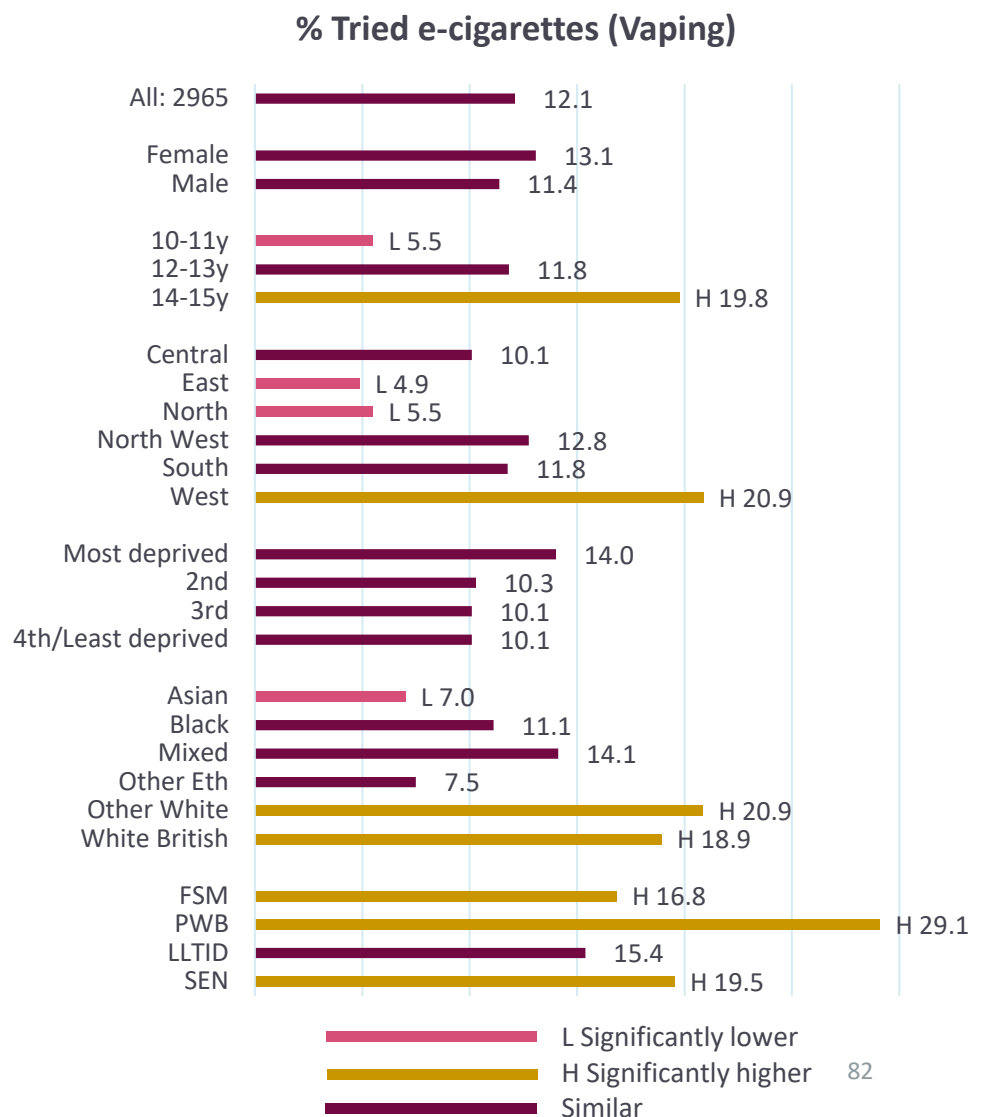
59. Have you tried any of the following? E-cigarettes (vaping)

The proportion of children reporting that they have tried e-cigarettes increased significantly with each increase in age group.

A significantly larger proportion of children in the West of Leicester and a significantly smaller proportion of children in the East and North of Leicester reported that they had tried e-cigarettes.

12% Children of White British or Other White ethnicity are significantly more likely to have tried e-cigarettes, whilst those of Asian heritage are significantly less likely to have tried e-cigarettes.

Children reporting free school meal status, a poor mental wellbeing or special educational needs are significantly more likely to have tried e-cigarettes.



Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

The smoking status of a parent/carer has a strong influence on whether children have tried smoking/vaping. Children who have parent/carers who smoke are more likely to have tried tobacco cigarettes, e-cigarettes or shisha.

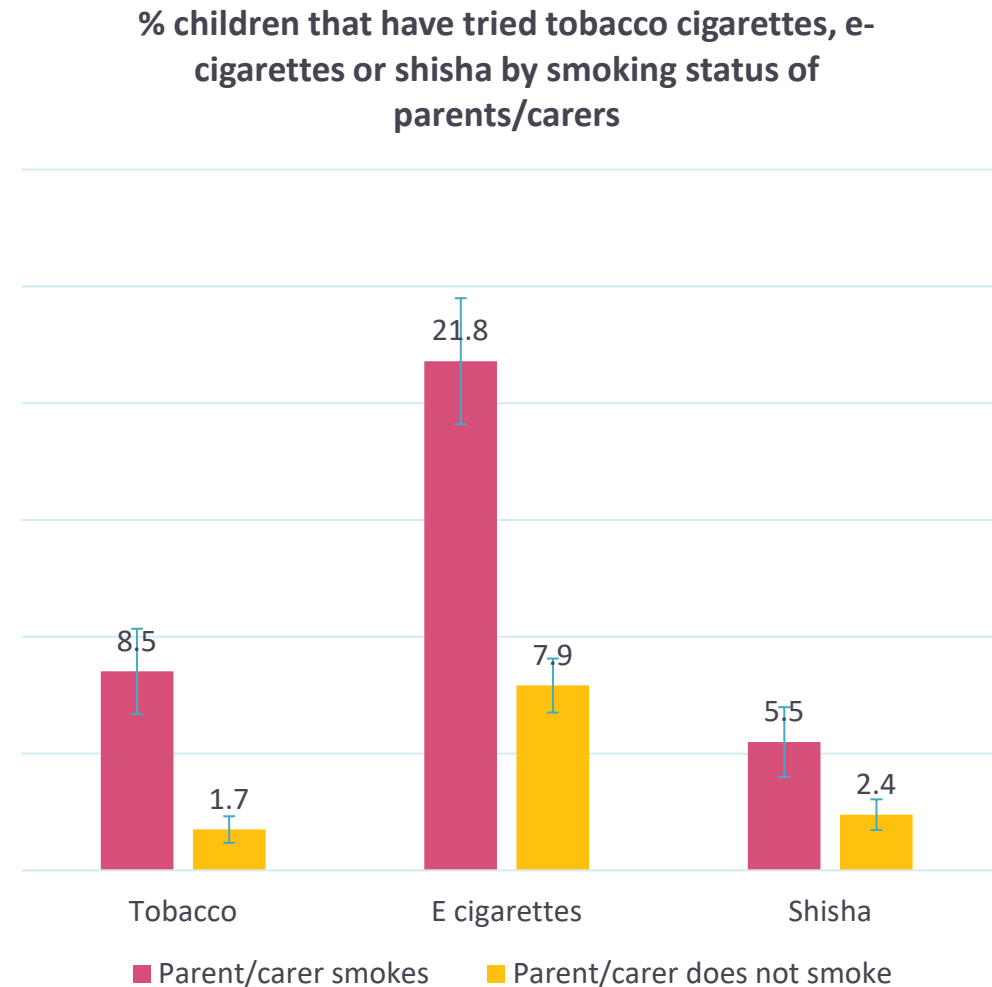
58 and 59. Have you tried any of the following? (Tobacco cigarettes, shisha waterpipe, e-cigarettes) - by smoking status of parents/carers

The proportion of children reporting that they have tried tobacco cigarettes, e-cigarettes or shisha was significantly higher in those whose parents/carers smoke than those whose parents/carers do not smoke.

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Over one in five (22%) children with parents/carers who smoke have tried e-cigarettes (vaping).

Nearly one in ten (9%) children with parents/carers who smoke have tried tobacco cigarettes, and around one in twenty (6%) have tried shisha.



Around one in ten secondary aged children reported that they have been offered drugs.

60. Have you ever been offered drugs? E.g. cannabis, ecstasy

The proportion of secondary aged children reporting that they have been offered drugs was significantly larger in the 14-15 year age group than the 12-13 year age group.

A significantly smaller proportion of secondary aged children in the Central and North locality areas of Leicester have been offered drugs, whilst those in the West are significantly more likely to have been offered drugs.

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Children of White British ethnicity are significantly more likely to have been offered drugs, whilst those of Asian heritage are significantly less likely to have been offered drugs.

Children reporting a poor mental wellbeing, a long term illness or special educational needs are significantly more likely to have been offered drugs.

Note: Only Secondary aged children were asked to respond to this question

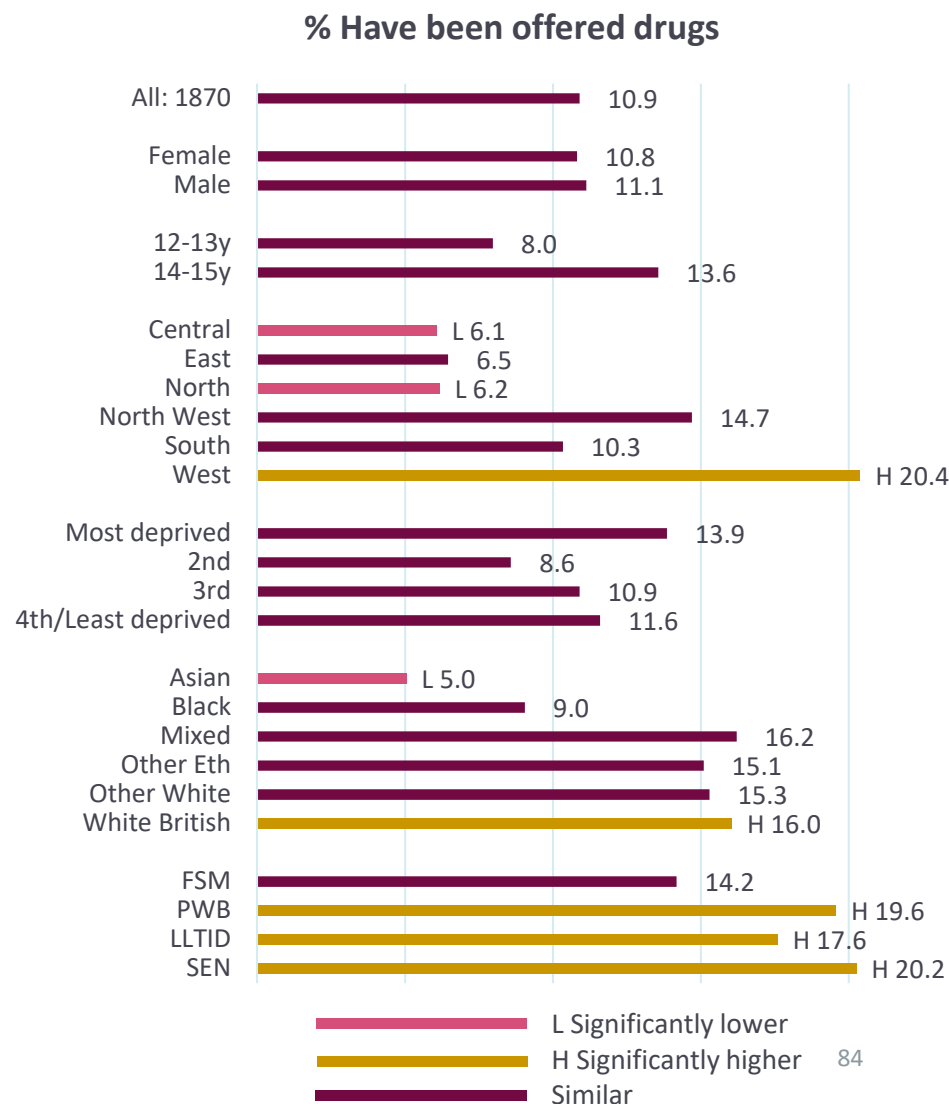
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

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SEN Special Educational Need



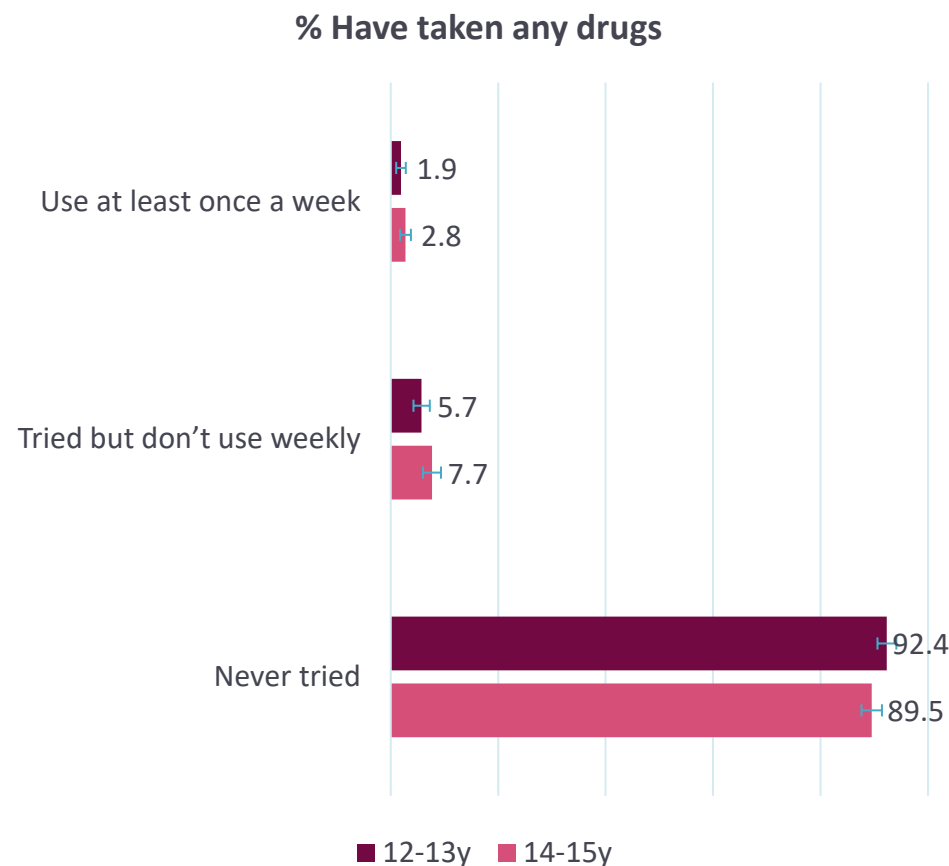
The vast majority of Leicester secondary aged children have never taken any drugs. Around one in ten secondary aged children reported that they have taken drugs.

61. Have you taken any drugs? (not tobacco, alcohol or medicine prescribed for you by a doctor)

A significantly larger proportion of secondary aged children have never tried drugs (91%) than have tried drugs (9%).

There were no significant differences between 12-13 year olds and 14-15 year olds in the proportion that use drugs at least once a week, have tried drugs but don't use them weekly and have never taken any drugs.

A significantly larger proportion of children had tried drugs but don't use them weekly than use drugs at least once a week in both the 12-13 and 14-15 year age groups.



Note: Only Secondary aged children were asked to respond to this question

Bullying

- Almost one quarter of children reported that they had been bullied in the last twelve months.
- Three out of five of those that had been bullied in the last twelve months had been bullied at school (not lesson time), this is significantly more than in any other location.
- Of children who were bullied in the last 12 months almost half thought that they had been picked on or bullied because of the way that they look, this is significantly more than the proportion that thought it was because of any other reason.
- Around 15% of children reported that they had been mean or unkind to someone in the last twelve months because they wanted to upset them.
- A significantly larger proportion of secondary aged children got their useful information about bullying from school (70%) than from any other source, followed by around half (51%) of secondary aged children getting their useful information about bullying from their family. Almost one quarter (23%) of secondary aged children got their useful information about bullying from social media.

Almost one quarter of children (24%) reported that they had been bullied in the last twelve months. Almost one third (32%) of 10-11 year olds had been bullied in the last twelve months, this is significantly more than the proportion of 12-13 (24%) and 14-15 year olds (16%).

62. Have you been bullied in the last twelve months?

There are differences in bullying by broad area geographies. Children of White British ethnicity are significantly more likely to have been bullied in the last twelve months, whilst those of Asian Ethnicity heritage are significantly less likely to have been bullied in the last twelve months.

Children reporting free school meal status, a poor mental wellbeing, a long term illness or special educational need are significantly more likely to have been bullied in the last twelve months.

2016/17	2021/22	Significant change
22.5%	24.4%	No significant change

There has been no significant change in the percentage of children who have been bullied in the last 12 months since 2016/17.

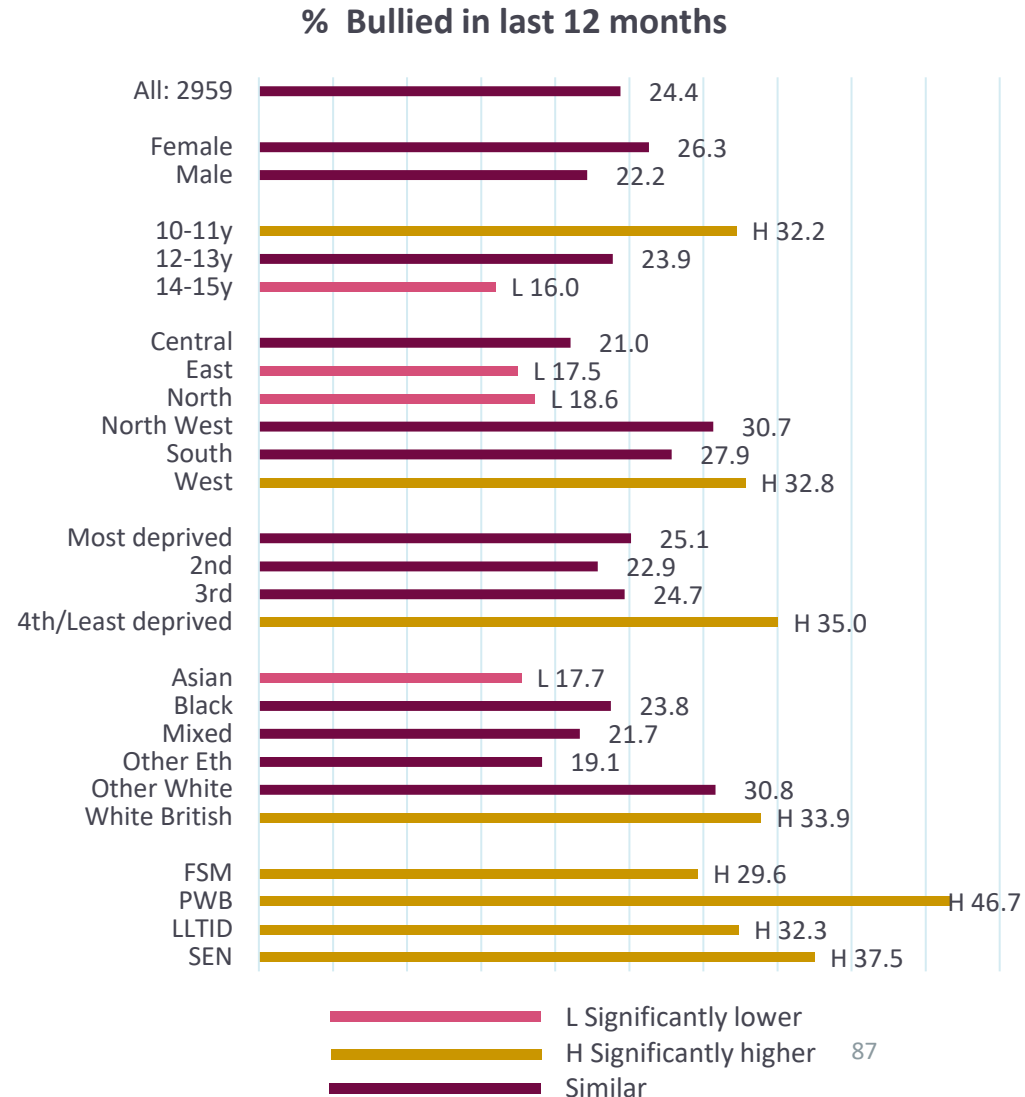
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need



Of those that had been bullied in the last twelve months, three out of five (60%) had been bullied at school (not lesson time).

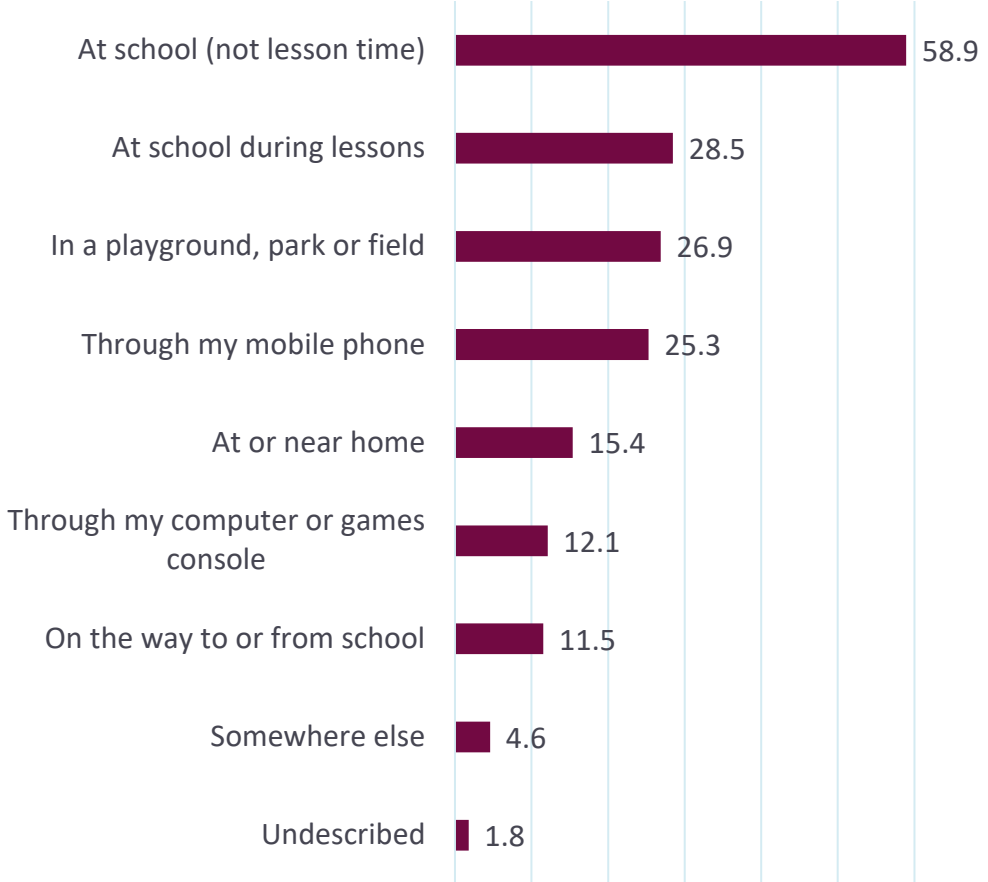
63. Where does this bullying usually happen?

A significantly larger proportion of children had been bullied at school (not lesson time) than in any other location.

Of those that had been bullied in the last twelve months, around a quarter of children had been bullied in each of the following locations: at school during lessons (29%), in a playground, park or field (27%) and through their mobile phone (25%).

Of those that reported that they had been bullied in the last twelve months, 12% had been bullied through their computer or games console.

% of children bullied by location of bullying



Note: Total does not equal 100% as respondents were encouraged to select all options that applied

Note: Only children who have been bullied in the last 12 months responded.

Of children who were bullied in the last 12 months almost half thought that they had been picked on or bullied in the last twelve months because of the way that they look.

64. Do you think you have been picked on or bullied in the last 12 months for any of the following?

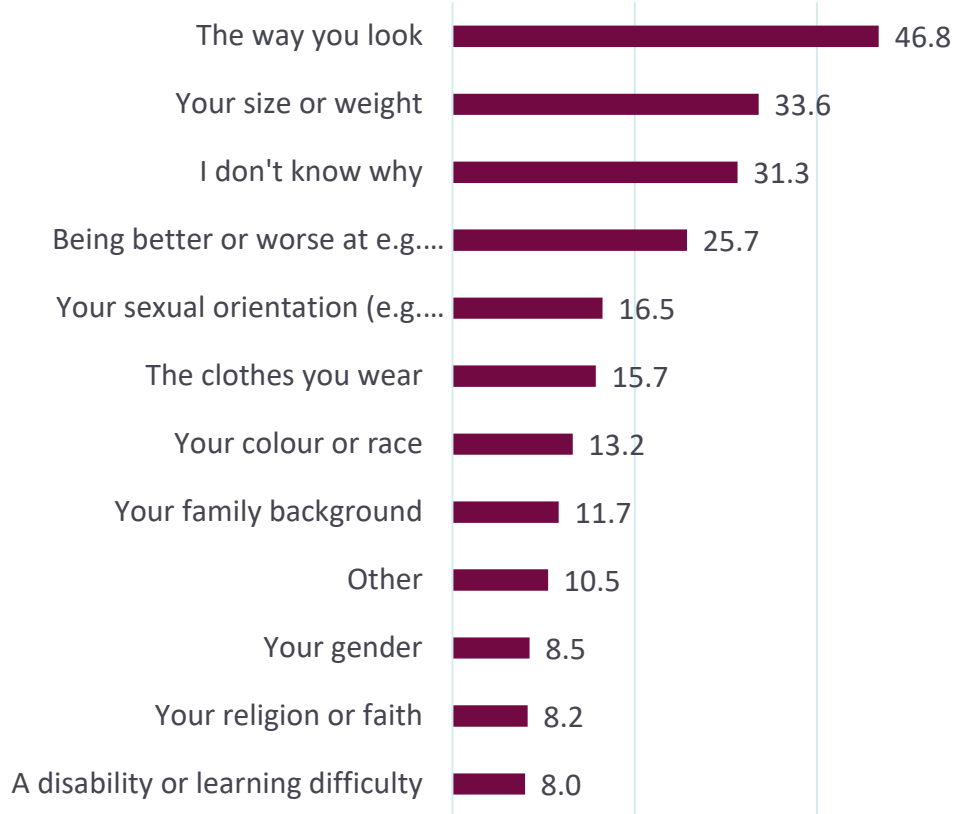
A significantly larger proportion of children (47%) thought that they had been picked on or bullied in the last twelve months because of the way that they look than for any other reason.

Around a third (34%) of children thought that they had been picked on or bullied in the last twelve months because of their size or weight.

Just over a quarter (26%) of children thought that they had been picked on or bullied in the last twelve months for being better or worse at e.g. school work.

Almost a third of children (31%) did not know why they had been bullied.

Of those that had been bullied in the last twelve months, % children that think that they have been picked on or bullied for any of the following *



Note: Only children who have been bullied in the last 12 months responded.
* The response options 'Your sexual orientation', 'Your gender' and 'A disability or learning difficulty' were only available for secondary aged children.

% figures will not total to 100% as respondents were encouraged to select all options that applied

Around 15% of children reported that they had been mean or unkind to someone in the last twelve months because they wanted to upset them, this is similar to 2016/17 (14.8%)

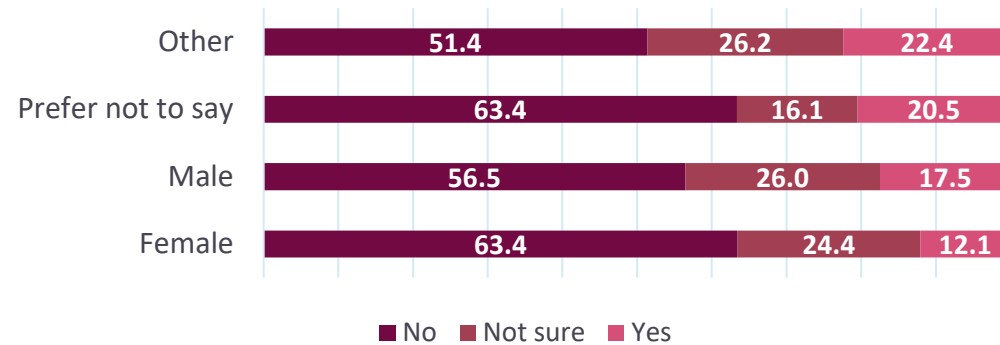
65. In the last 12 months, have you been mean or unkind to someone because you wanted to upset them?

Of all respondents, a significantly smaller proportion had been mean or unkind to someone in the last twelve months because they wanted to hurt them (15%) than had not been (60%).

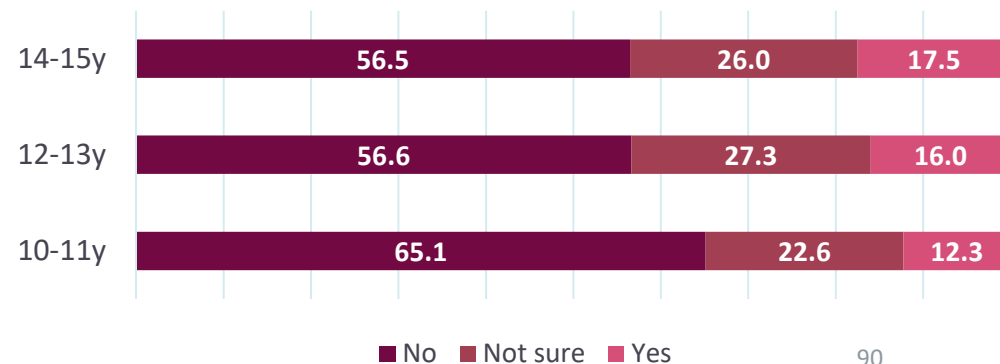
A significantly larger proportion of males (18%) than females (12%) had been mean or unkind to someone in the last twelve months because they wanted to upset them.

The proportion of children that had been mean or unkind to someone in the last twelve months because they wanted to upset them was significantly larger in those aged 14-15 years old (18%) than those aged 10-11 years old (12%).

% children that have been mean or unkind to someone in the last 12 months because they wanted to upset them by sex



% children that have been mean or unkind to someone in the last 12 months because they wanted to upset them by age group



Your local area and safety (including online safety)

- Most children report being happy with their local area as a place to live and also reported feeling safe in their local area.
- Issues raised when asked what would make your area a better place to live included more activities for children, less litter and graffiti, better parks and play areas.
- One in six secondary aged females report they have experienced unwanted sexual comments.
- The majority of children recall being told how to stay safe while online. This is important given that seven out of ten children have a social media account.
- Over a third of children have viewed images that have upset them online. One in ten secondary aged children have been sent 'sexting' images.
- Three out of four children know where to get help if they were worried about feeling safe online.

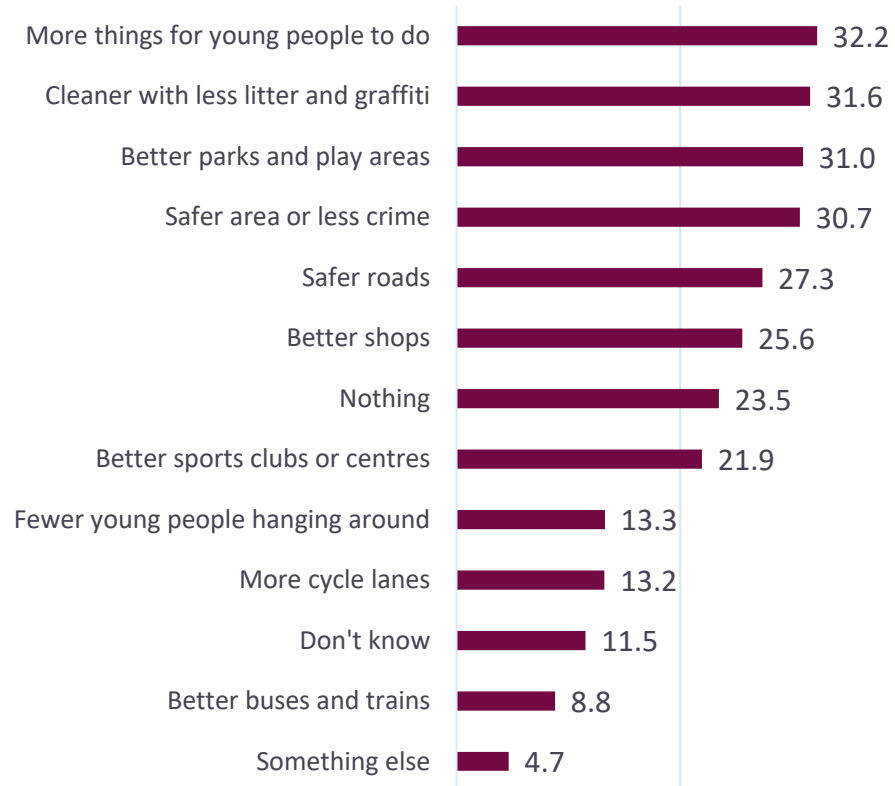
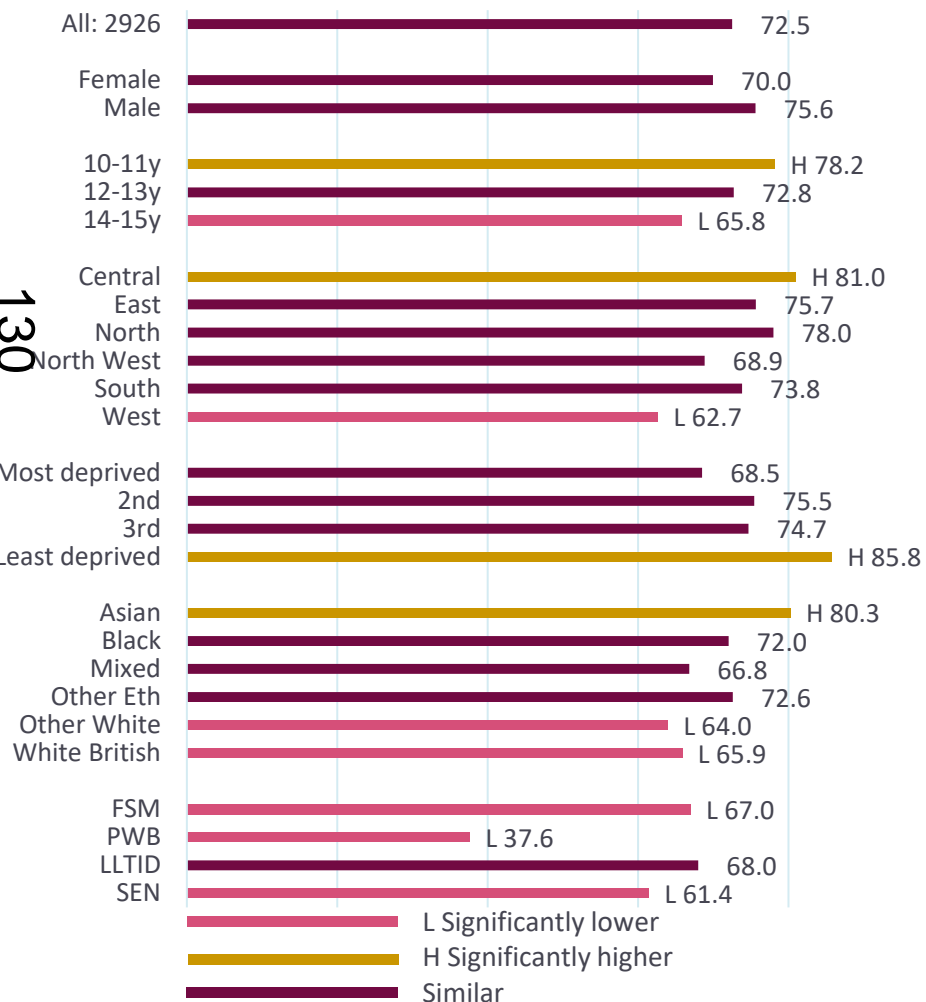
Around 7 in 10 children (73%) reported being happy with their local area, however there are differences by group. Children reported that more things for young people to do, a cleaner local area with less litter and graffiti, and better parks and play areas would improve their area.

66. Overall, how happy or unhappy are you with your local area as a place to live? 67. What would make your area a better place for you to live in?

130

% Happy with local area as a place to live

% answering what would make your area a better place for you to live in



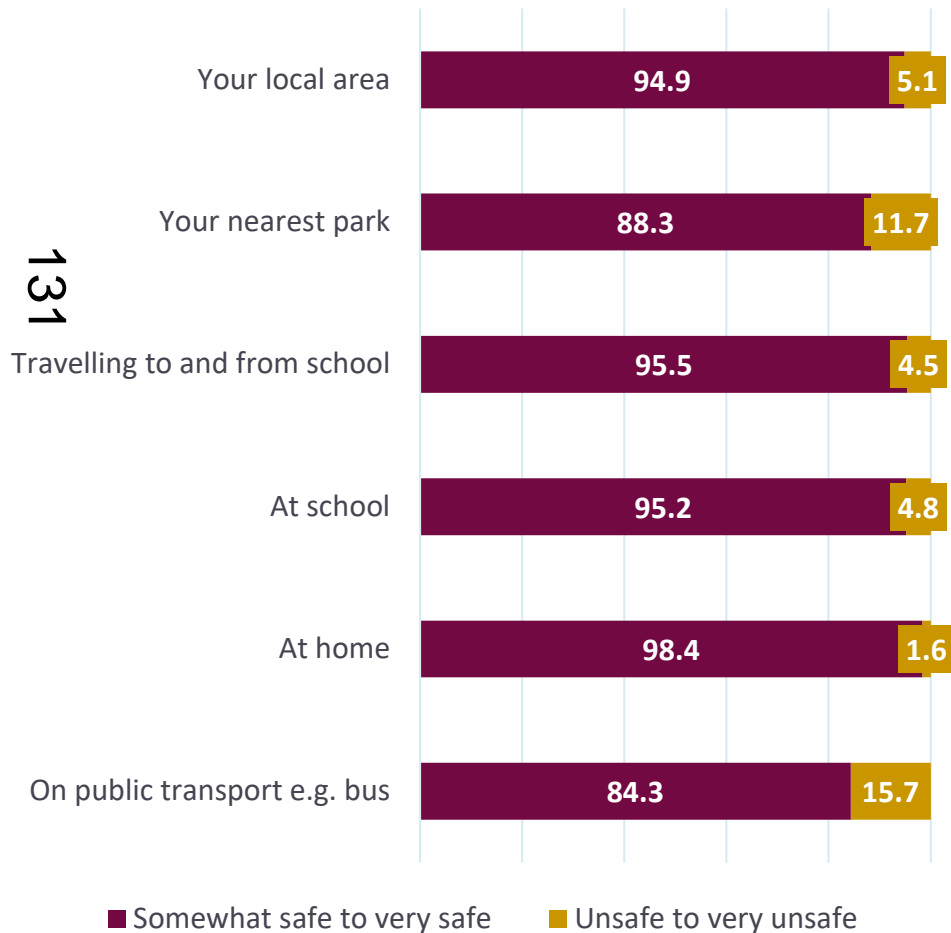
Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)
Additional groups: FSM- Free School Meals, PWB – Poor Wellbeing, LLTID – Long term limiting illness or disability, SEN Special Educational Need

Children largely felt safe in their local area (95%), and felt safest travelling to and from school, at school, and at home. Children felt least safe on public transport and in their nearest park, with over 1 in 10 children reporting they feel unsafe in these areas.

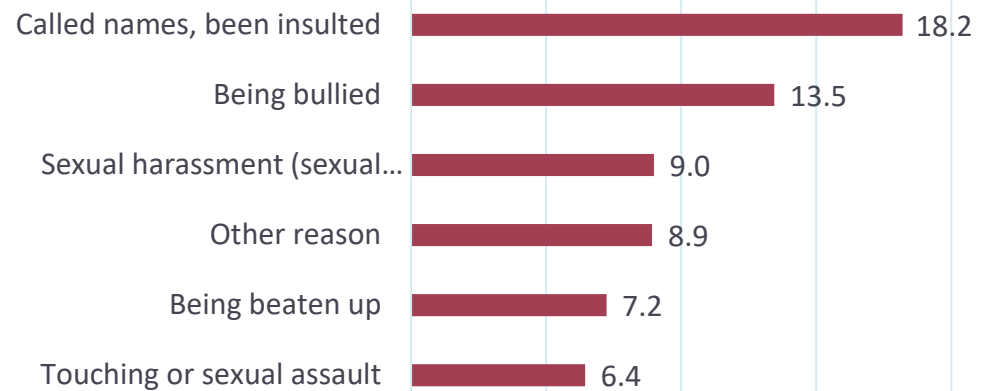
68. How safe do you feel in these places? 69. Why have you felt unsafe in your local area?

131

% feelings of safety by area



% reasons why you have felt unsafe in local area*



**Note: Only Secondary aged children were asked to respond to this follow up question*

The main reasons for secondary aged children feeling unsafe in their local area include being called names and/or being insulted, and being bullied.

About one in ten (9%) children report experiencing sexual harassment and unwanted sexual comments. For females it was 17% who experienced sexual harassment.

Physical assault, inappropriate touching and/or sexual assault were the least common reasons.

Almost one in ten secondary aged children have reported they have experienced sexual harassment or unwanted sexual comments. The majority of children who have experienced sexual harassment are female, with one in six females reporting sexual harassment.

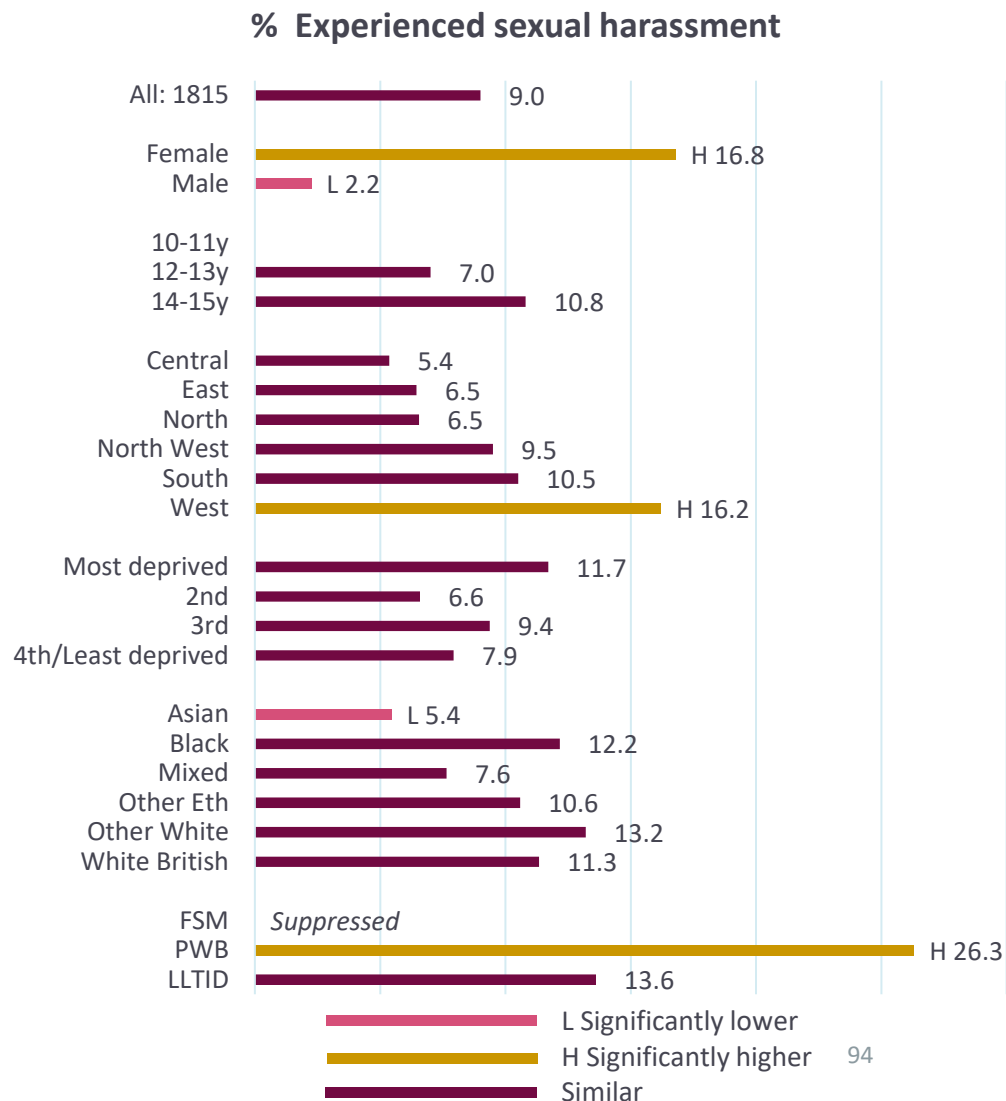
69. Why have you felt unsafe in your local area? Experienced sexual harassment

Females were significantly more likely to experience sexual harassment/unwanted sexual comments.

Older children were more likely to have experienced sexual harassment.

There are differences by geography, with children in the West significantly more likely to have experienced sexual harassment.

Asian children are significantly less likely to state they have experienced sexual harassment.



***Note:** Only Secondary aged children were asked to respond to this question

Deprivation Quintiles: Most deprived (Living in 20% most deprived areas nationally and 4th/Least deprived (living in the 40% least deprived areas nationally)

Additional groups: FSM- Free School Meals

PWB – Poor Wellbeing

LLTID – Long term limiting illness or disability

SEN Special Educational Need

Almost three quarters (71%) of children reported having at least one social media account. Almost two out of five children (38%) have seen pictures or videos online that upset them.

70. E-safety: being safe using computers and smart phones

The majority (92%) of children have been told how to stay safe whilst online. Of those who have been told how to stay safe whilst online, 79% reported that they always follow the advice that they have been given.

Almost a quarter of children (23%) have met someone in real life who they first met online. Of those who have met someone in real life who they first met online, 78% reported that they felt comfortable with this person. 34% reported that the person they met was quite a bit older than them.

Over one in six secondary aged children (17%) have looked online at pornography.

Over one in ten secondary aged children (12%) have been sent sexting images by someone who knows them and around one in twenty secondary aged children (5%) have sent sexual images of themselves.

% of children e-safety activity *



*Note: The questions 'Have you ever looked online at pornography?', 'Has someone who knows you ever sent 'sexting' images to you?' and 'Have you ever sent sexual images of yourself ('sexting')?' were only asked in the secondary school survey and therefore data for these questions includes secondary aged children only. ⁹⁵

Over one in ten secondary aged children (12%) have been sent sexting images by someone who knows them. The majority of secondary aged children that have received sexting images from someone who knows them did nothing/ignored it in response.

70. E-safety: being safe using computers and smart phones – Has someone who knows you ever sent 'sexting' images to you? If yes, you have received sexting images, what did you do?

A significantly larger proportion of secondary aged children did nothing/ignored it (59%) than responded in any other way.

Almost one third (29%) of secondary aged children that have been sent sexting images by someone who knows them deleted the images.

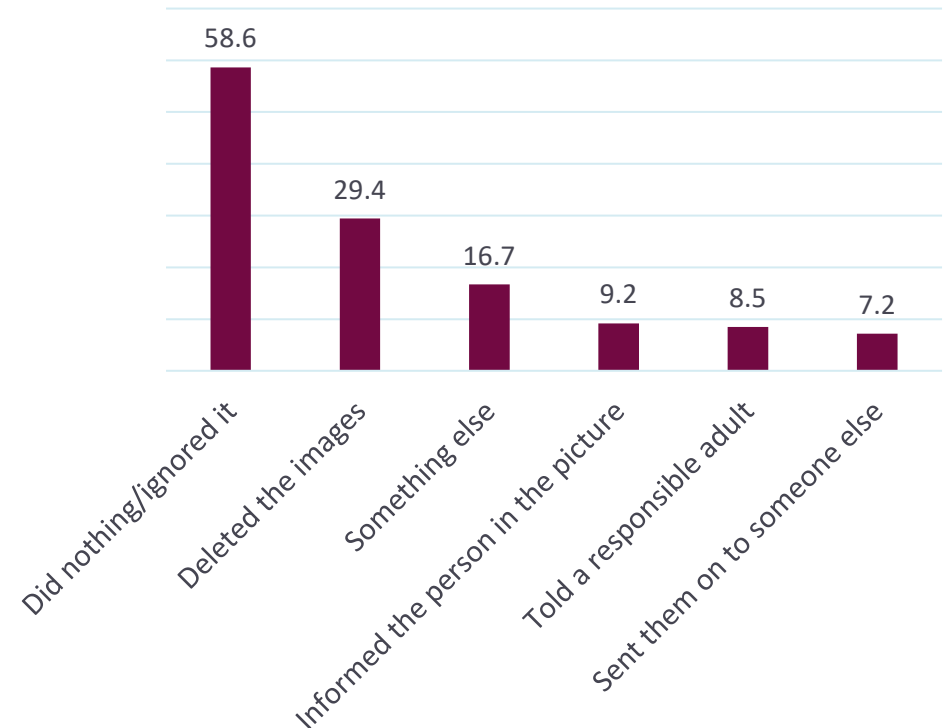
13%
Almost one in ten (9%) secondary aged children that have received sexting images informed the person in the picture.

Fewer than one in ten (9%) secondary aged children told a responsible adult that they had received sexting images.

Of those who have received sexting images, around 7% sent them on to someone else.

Around one in six secondary aged children (17%) did something else (something that wasn't listed) in response to receiving sexting images from someone who knows them.

% of secondary aged children that responded in the following way when they received sexting images from someone who knows them

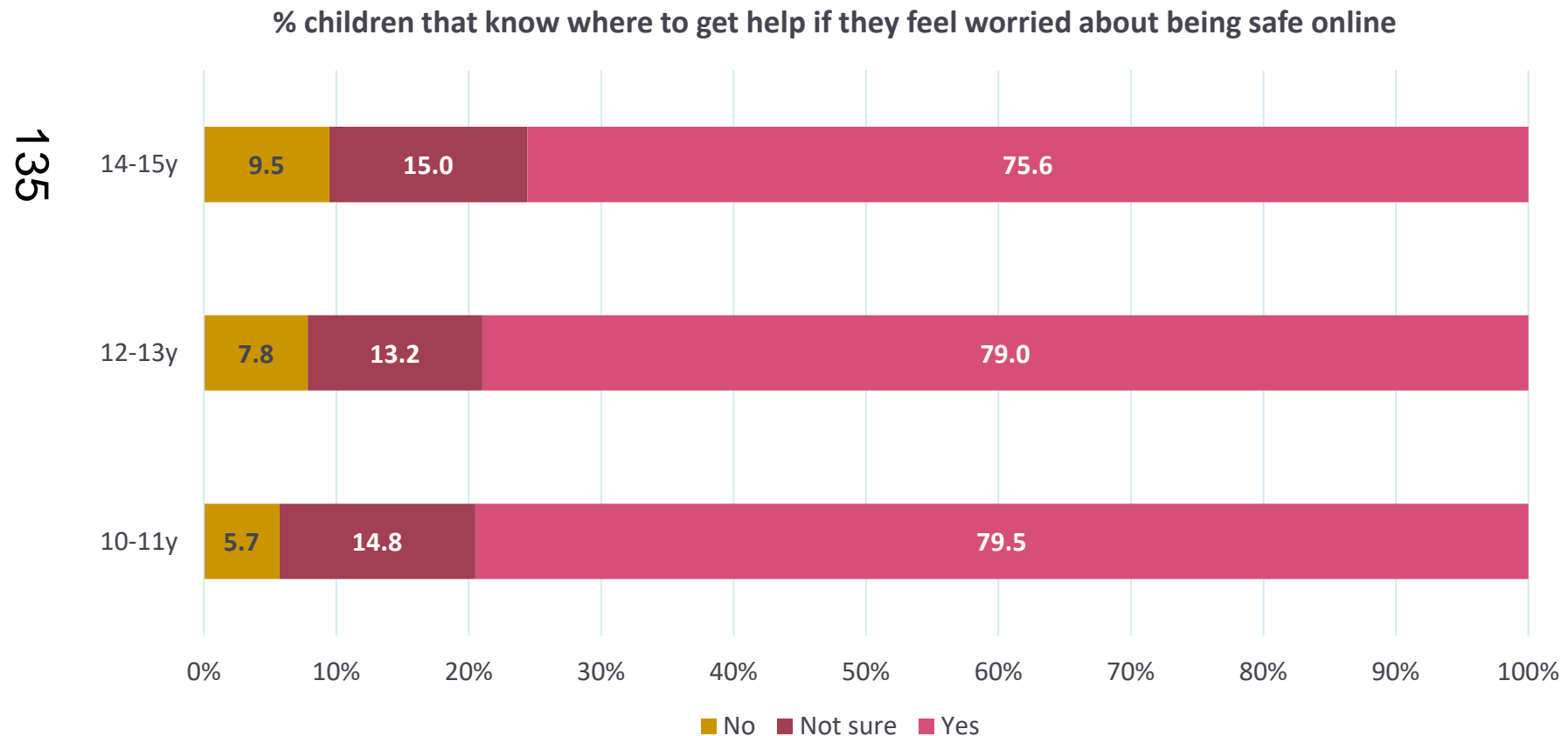


% figures will not total to 100% as respondents were encouraged to select all options that applied

Around three quarters (78%) of children reported that they know where to get help if they feel worried about being safe online.

71. Do you know where to get help if you felt worried about being safe online?

There were no significant differences between the proportion of children aged 10-11, 12-13 or 14-15 years old that know where to get help if they feel worried about being safe online (80%, 79% and 76% respectively).



135

Relationships and Sexual Health

- Over two thirds of secondary aged children found information from school lessons about puberty useful, and just over half reported finding information about menstruation useful. Females were significantly more likely to find this information useful.
- Almost four in five primary aged children recalled school lessons about puberty. Just over half of recalled school lessons about menstruation, females were more likely to recall lessons.
- About two in five female secondary aged children were not able to access sanitary products all of the time when on their period.
- Around 7% of children aged 14-15 years old have had sexual intercourse.
- There is limited awareness amongst 14-15 year olds of some of the sexual health services available.
- A significantly larger proportion of secondary aged children got their useful information about sex and relationships from school (70%) than from any other source, followed by over a third (36%) getting their useful information from their family. Around one in five (20%) secondary aged children got their useful information about sex and relationships from social media.

Over two thirds of secondary aged children found information from school lessons about puberty useful. Just over half of secondary aged children reported finding information from school lessons about menstruation useful, whilst almost one in four found information from school lessons around female genital mutilation useful.

72. How useful have you found any information from school lessons about the following? Puberty, Menstruation and Female Genital Mutilation

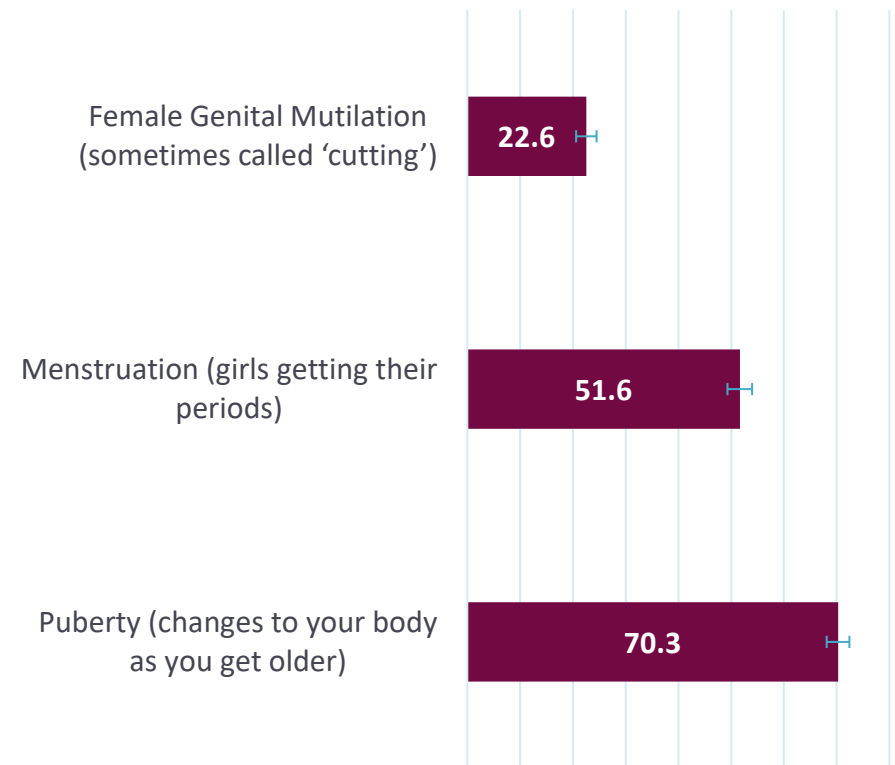
Significantly more secondary aged children found information from school lessons about puberty useful (70%) than information about menstruation (52%) or Female Genital Mutilation (FGM) (23%) useful.

The proportion of secondary aged children that found information from school lessons about menstruation useful was significantly larger than the proportion that found information about FGM useful.

A significantly larger proportion of females than males found information from school lessons about menstruation and FGM useful.

The proportion of children that found information from school lessons about menstruation and FGM useful was significantly larger in the 14-15 year age group than the 12-13 year age group.

% of secondary aged children who found information from school lessons about puberty, menstruation and female genital mutilation useful



Note: Only Secondary aged children were asked to respond to this question

Almost one in eight primary aged children recalled that they had received school lessons about puberty. Just over half of primary aged children had recalled school lessons about menstruation, whilst less than one in ten had recalled school lessons about female genital mutilation.

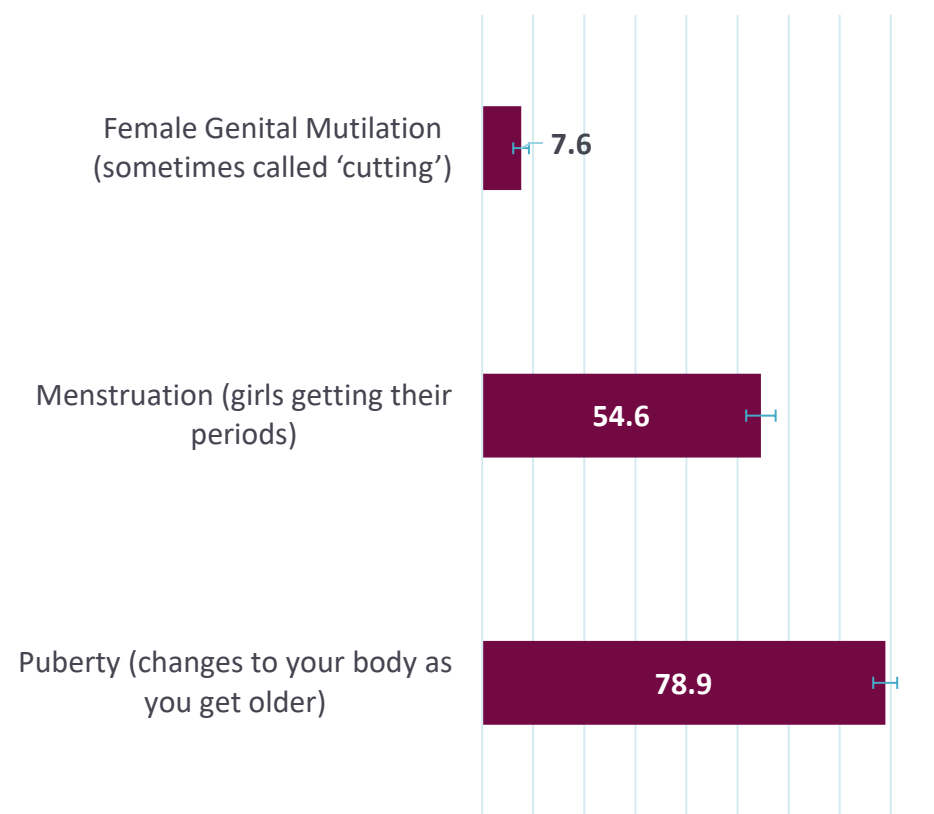
Primary 26. Have you had any school lessons about the following? Puberty, Menstruation and Female Genital Mutilation

Significantly more primary aged children had recalled school lessons about puberty (79%) than had recalled school lessons about menstruation (55%) or Female Genital Mutilation (8%).

 The proportion of primary aged children that had recalled school lessons about menstruation was significantly larger than the proportion that had recalled school lessons about FGM.

A significantly larger proportion of primary aged females had recalled school lessons about puberty and menstruation.

% of children that had received school lessons about puberty, menstruation and female genital mutilation



Note: Only Primary aged children were asked to respond to this question

Over a quarter of secondary aged children rated the quality of the relationships and sex education they received at school as good/very good. Around one in six secondary aged children rated it negatively (bad or very bad).

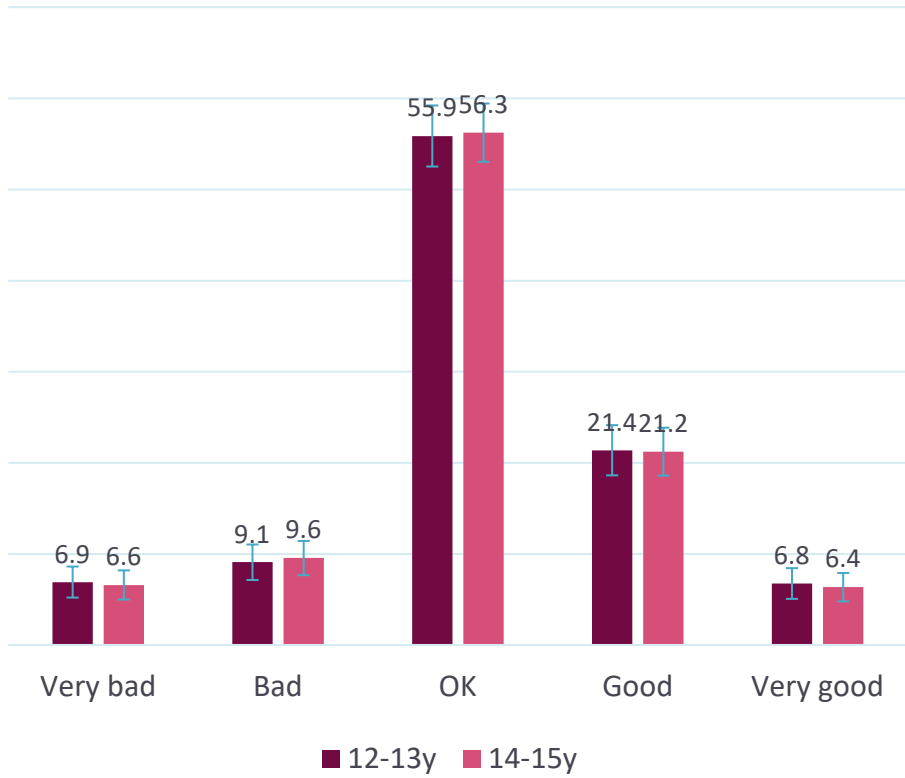
73. How would you rate the quality of the relationships and sex education you received at school?

The majority of secondary aged children rated the quality of the relationships and sex education they received at school as 'ok', this rating was given significantly more than any other rating across both the 12-13 and 14-15 year age groups.

139 significantly larger proportion of secondary aged children rated the quality of the relationships and sex education they received at school positively (28%) than negatively (16%).

Significantly more children in both the 12-13 and 14-15 year age groups rated the quality of the relationships and sex education they received at school as 'good' than rated it 'bad' or 'very bad'.

% secondary aged children rating the quality of the relationships and sex education they received at school as very bad, bad, ok, good or very good



Note: Only secondary aged children were asked to respond to this question

Around two in five (37%) female secondary aged children could not access sanitary products all of the time.

74. Are you always able to access sanitary products when you are on your period?

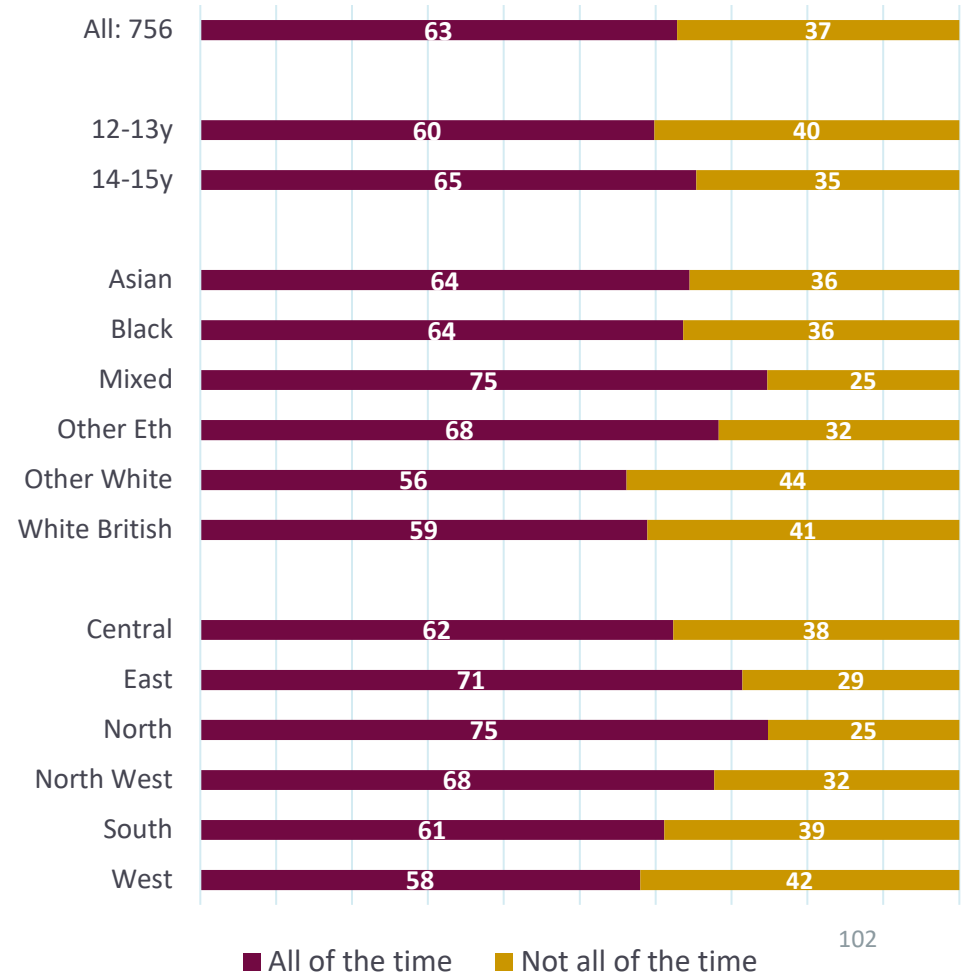
37% of female children could not access sanitary products all of the time. This was made up of almost one quarter (23%) who were able to access sanitary products most of the time, 12% able to access sanitary products some of the time, and 3% none of the time.

14%

There are no significant differences in the proportion of female secondary aged children not able to access sanitary products all of the time when on their period by age, locality area, deprivation or ethnicity.

Female secondary aged children reporting a special educational need were significantly more likely not to have access to sanitary products all of the time when on their period.

% Female secondary aged children access to sanitary products



Note: Only female secondary aged children replied to this question

Around 7% of children aged 14-15 years old have had sexual intercourse. Condoms were the most commonly used form of contraception by children aged 14-15 years the last time that they had sexual intercourse/ an intimate sexual relationship.

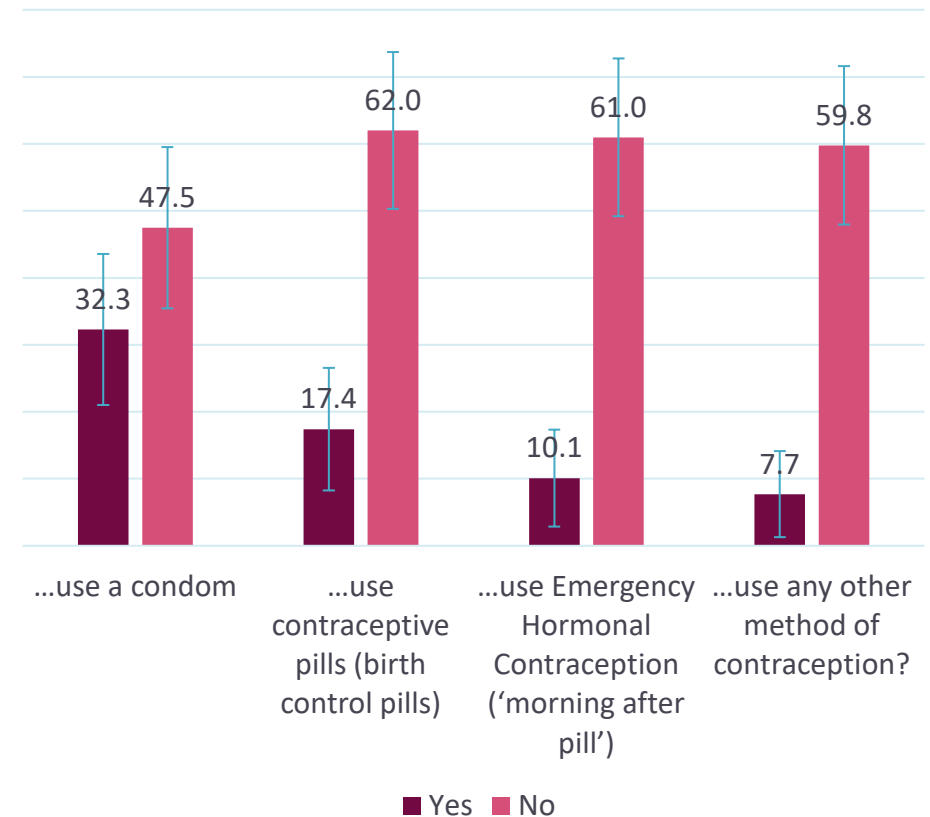
75 and 76. Have you ever had sexual intercourse? The last time that you had sexual intercourse/an intimate sexual relationship, did you or your partner use contraception?

Of those 14-15 year old children who reported having sex significantly more used a condom (32%) than used Emergency Hormonal Contraception (10%) or a method other than those listed (8%).

41

Around a sixth of children aged 14-15 years old (17%) used contraceptive pills (birth control pills) the last time that they had sexual intercourse, although this was not significantly different to the proportion of children using other methods of contraception.

% contraceptive method used the last time that they had sexual intercourse/ an intimate sexual relationship



Note: Only 14-15 year old children answered these questions

GP and local pharmacy were the most used services by secondary aged children. Local sexual health services and c-card or other free condom services were the least known health services listed amongst secondary aged children.

77. Which of the following best describes your awareness of these services?

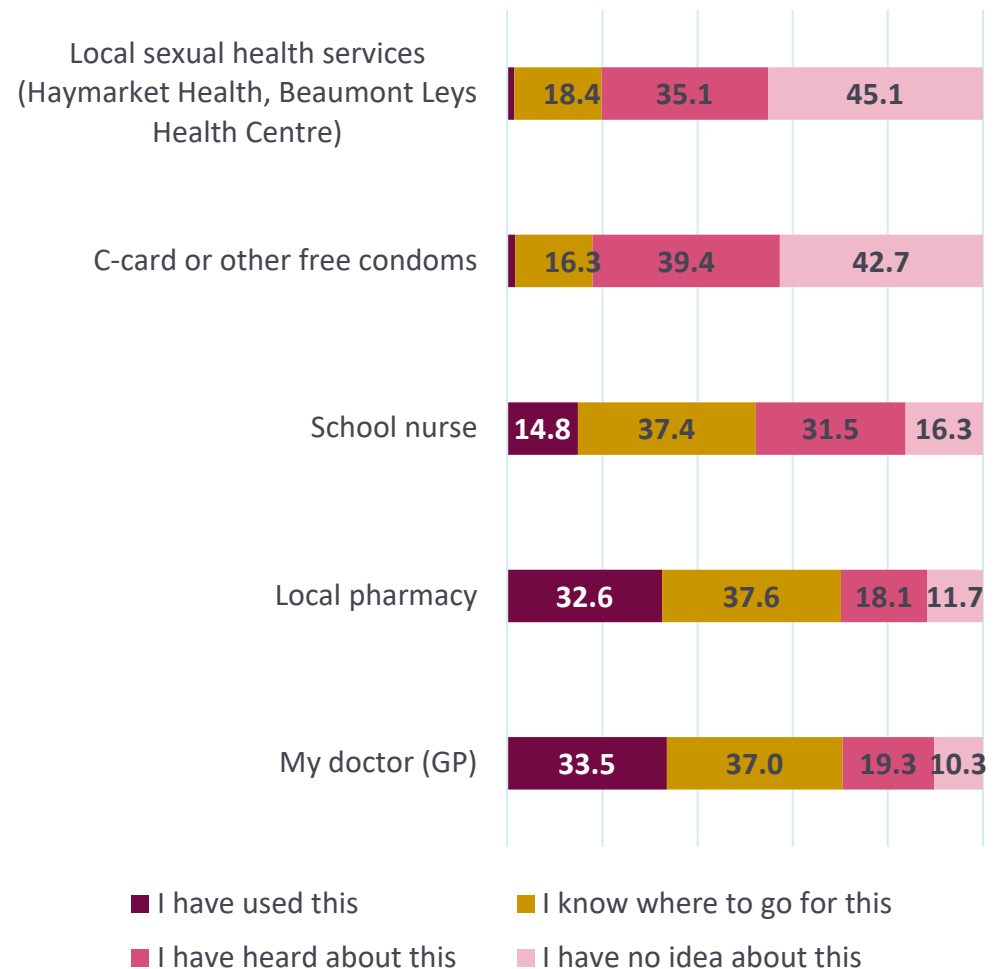
A significantly larger proportion of secondary aged children have used GP or local pharmacy services than have used the school nurse, c-card or other free condoms or local sexual health services.

A significantly larger proportion of secondary aged children have used the school nurse than have used c-card or other free condom services or local sexual health services.

Almost half of secondary aged children (45% and 43% respectively) have no idea about local sexual health services or c-card or other free condom services.

Around one in ten secondary aged children have no idea about GP services (10%), a slightly larger proportion have no idea about local pharmacy services (12%).

% Level of awareness of health services



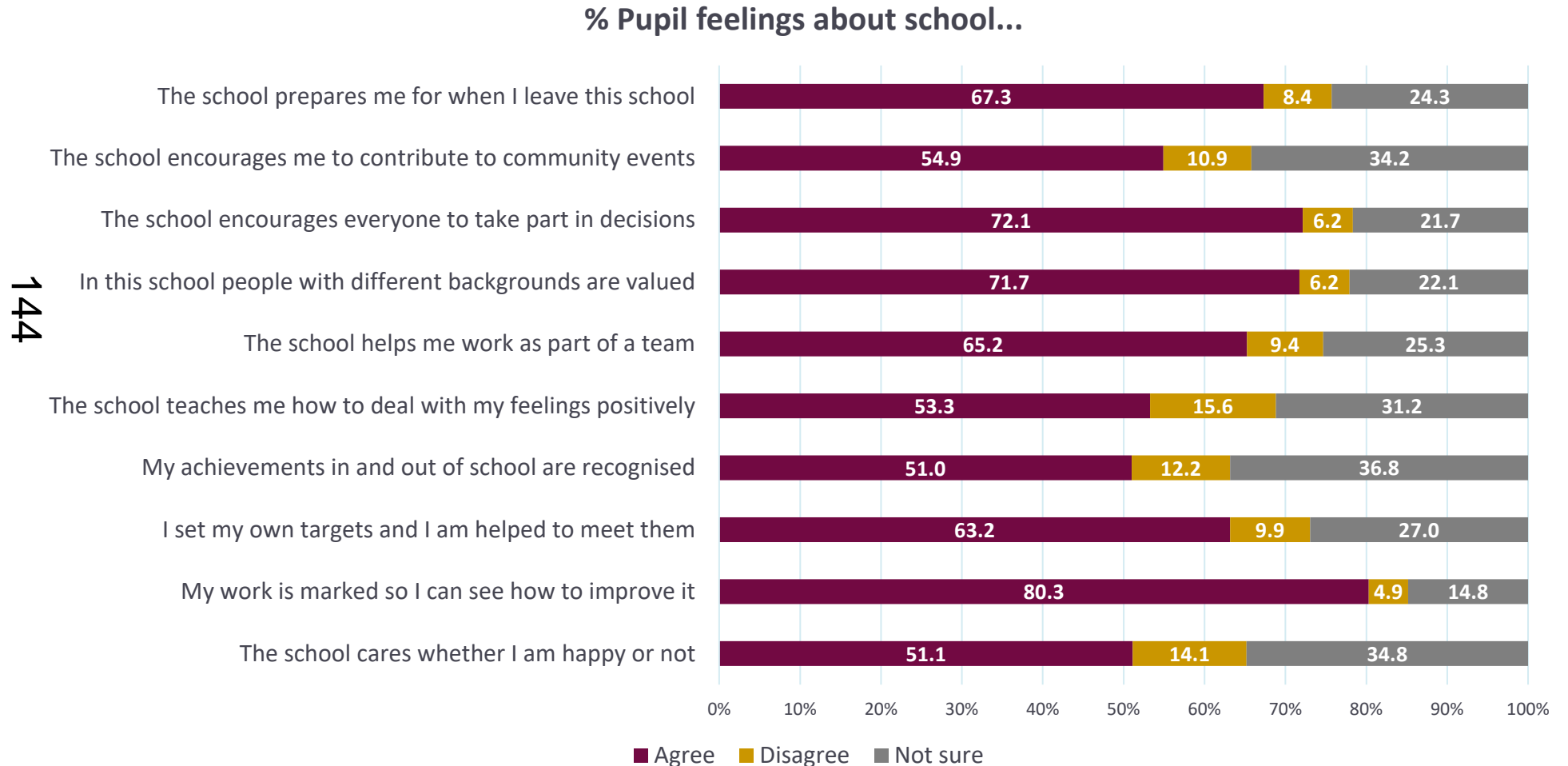
Note: Only secondary aged children were asked to respond to this question

Your school and pupil voice

- Most children agreed that people with different backgrounds are valued, and the school encourages everyone to take part in decisions.
- Children report being asked about their ideas and opinions in school, and some feel that their opinions make a difference. Children are less likely to feel empowered in the wider community.
- About half of children would like to continue in full time education after leaving school, and a similar proportion of children would like to continue to go to university.
- A quarter of children want to stay in the same neighbourhood they currently live.

Most children (80%) agreed that their work is marked so they can see how to improve, that people with different backgrounds are valued (72%), and the school encourages everyone to take part in decisions (72%). Half of children agree that the school cares whether they are happy (51%).

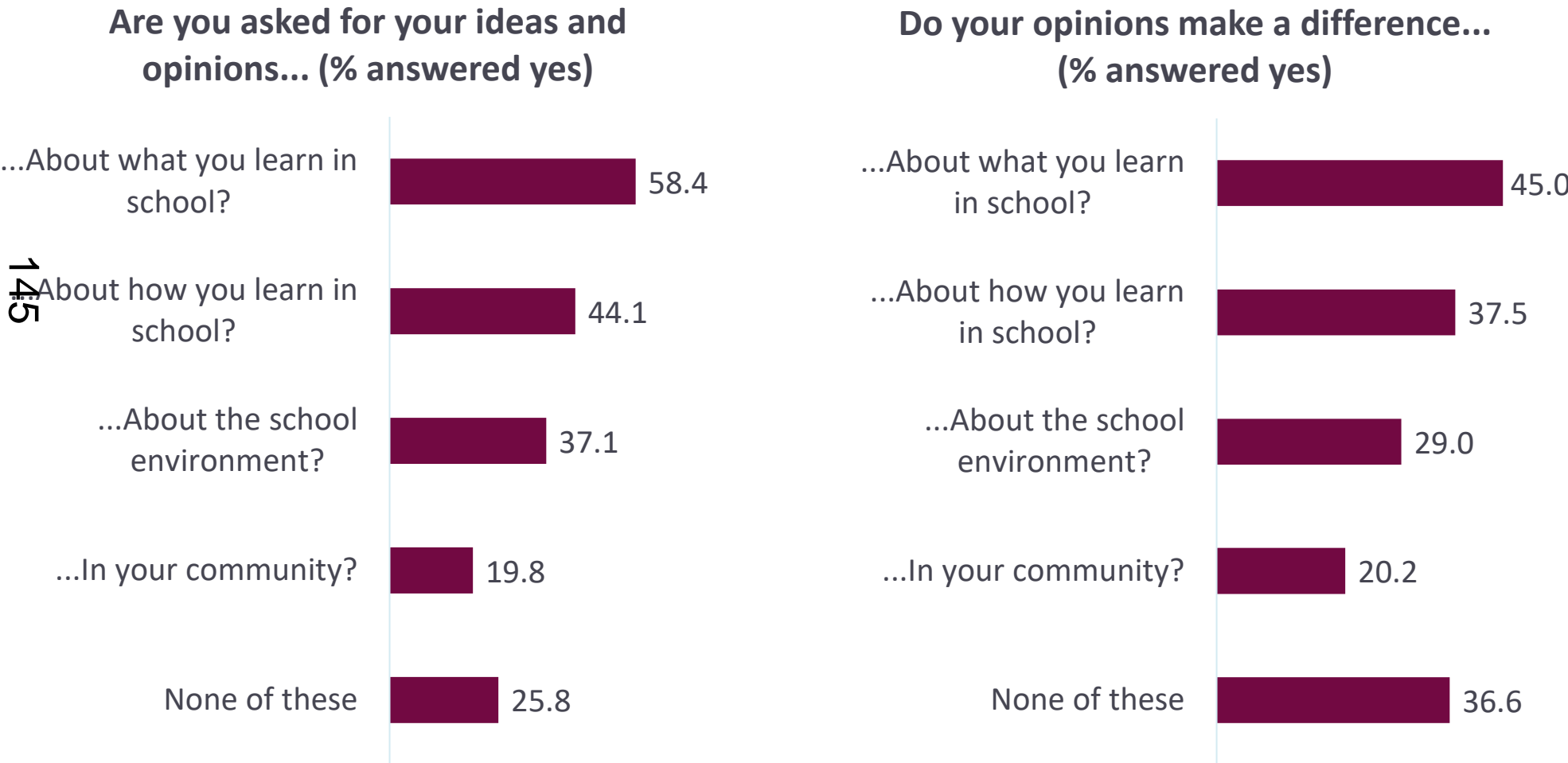
78. Please think about each of the following statements... (School statements)



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Children report being asked about their ideas and opinions in school, and some feel that their opinions make a difference. Children are less likely to feel empowered in the wider community.

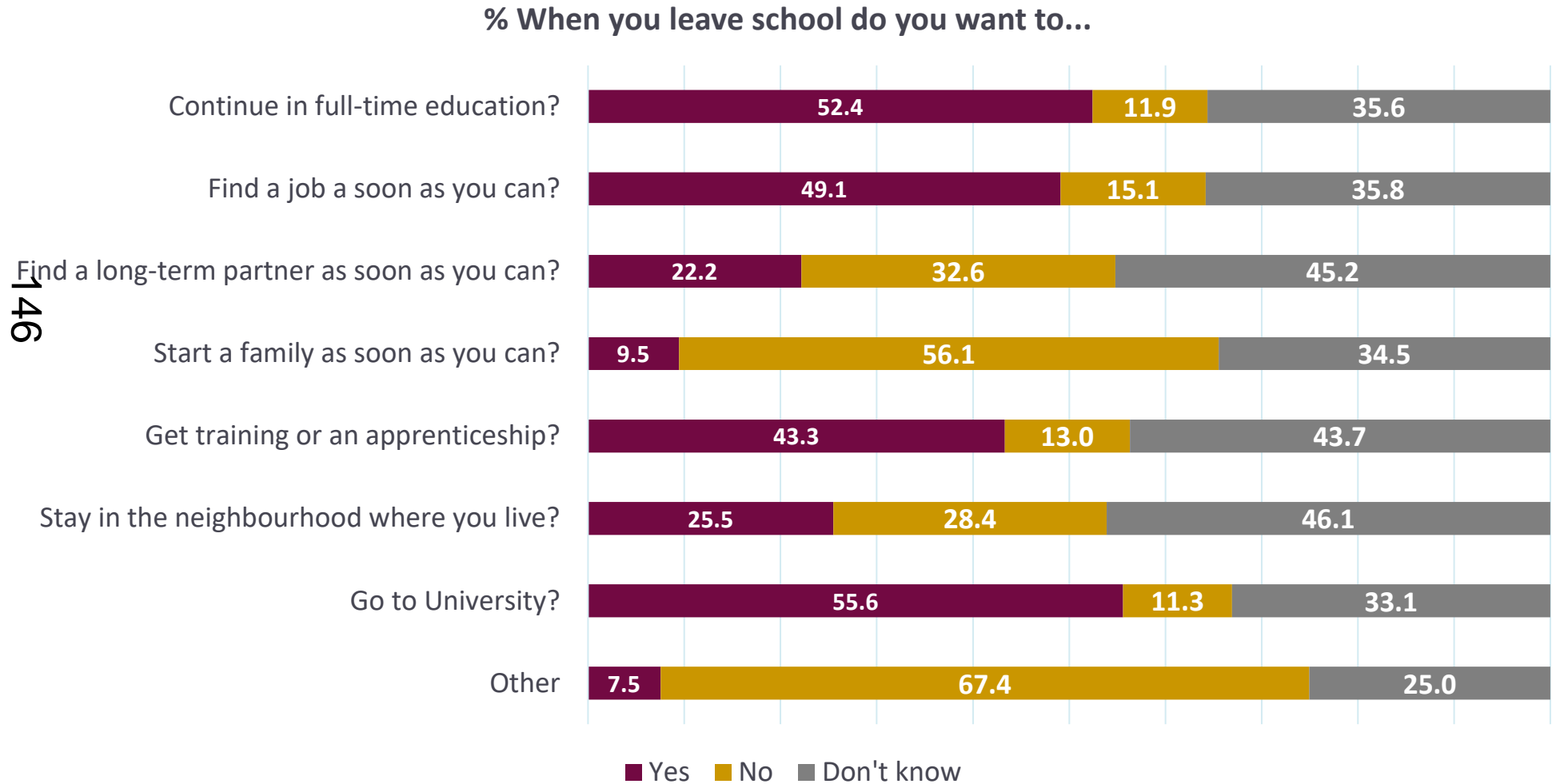
81/82. Are you asked for your ideas and opinions.../Do your opinions make a difference?



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About half of children (52%) would like to continue in full time education after leaving school, and a similar proportion of children would like to go to university (56%). About half of children would like to find a job as soon as they can (49%), and about four in ten children would like an apprenticeship (43%).

80. When you leave school, do you want to...?



Note: Only Secondary aged children were asked to respond to this question

Summary tables and correlations

There are many links between different risk factors. This indicates that children who report experiencing poor risk factors are likely to also be experiencing others. The summary table 'Correlations between risk factors' shows the following:

- Children who care for family members have a higher association with poor resilience.
- Children who spent five or more hours looking at a screen are also likely to be less physically active, and likely to sleep after midnight.
- Children who have nothing to eat for breakfast are also likely to sleep after midnight, and look at a screen for five or more hours.
- Children who get upset and feel bad for ages (poor resilience) are likely to sleep after midnight and have been bullied in the last 12 months.

Summary table: Risk factors by demographics and other groups

% of children	Caring for family members	Nothing to eat for breakfast	No fruit and vegetable portions	Less active (under 30 mins a day)	Five or more hours of Screen time	Going to sleep at midnight or later	Poor Resilience	No trusted adult	Worry about having enough to eat	Parent carer smokes	Bullied in the last 12 months
All:	19.3	31.3	13.3	47.9	27.1	18.7	28.0	10.1	17.5	30.2	24.4
Female	23.5	33.4	12.4	53.4	26.6	19.5	35.9	10.8	14.6	29.3	26.3
Male	15.7	29.2	14.0	43.0	26.9	17.8	20.3	9.1	20.0	31.1	22.2
10-11 years	23.0	22.1	9.2	47.9	16.5	7.4	31.6	6.2	25.0	28.2	32.2
12-13 years	16.6	34.5	13.0	42.8	29.7	20.4	26.0	10.5	15.1	31.5	23.9
14-15 years	17.9	39.1	18.2	52.5	36.4	29.0	26.1	14.3	11.3	31.4	16.0
14-18											
Asian British	18.6	27.0	10.8	50.0	16.0	14.7	26.4	9.6	15.7	14.1	17.7
Black British	18.2	35.7	17.7	48.2	30.8	14.8	28.9	14.0	17.5	19.2	23.8
Mixed Heritage	19.1	34.4	13.9	49.6	29.4	22.2	26.8	11.9	18.3	32.1	21.7
Other Ethnicity	19.3	30.8	10.5	46.4	23.3	17.8	19.5	14.4	23.9	17.6	19.1
Other White	17.9	29.5	13.8	50.7	41.5	30.6	30.4	10.0	17.0	58.7	30.8
White British	20.4	37.3	15.2	40.9	40.1	23.0	31.9	8.1	15.8	54.1	33.9
Carers	n/a	35.4	13.1	44.4	29.7	20.5	35.2	11.2	17.6	31.1	30.4
Free Sch Meals	20.7	33.7	13.1	47.1	34.7	24.0	31.0	10.4	19.6	42.7	29.6
Poor wellbeing	21.6	52.7	28.2	55.8	50.3	38.7	55.3	32.9	20.3	51.2	46.7
Long term ill	21.3	34.2	13.4	46.5	37.2	24.2	29.5	13.8	17.6	41.7	32.3
SEN	20.6	31.7	18.3	50.8	35.6	26.8	39.6	11.5	32.2	45.8	37.5

Significantly higher

No significant differences

Significantly lower

Summary table: Risk factors by geography and deprivation

% of children	Caring for family members	Nothing to eat for breakfast	No fruit and vegetable portions	Less active	Five or more hours of Screen time	Going to sleep at midnight or later	Poor Resilience	No trusted adult	Worry about having enough to eat	Parent carer smokes	Bullied in the last 12 months
All:	19.3	31.3	13.3	47.9	27.1	18.7	28.0	10.1	17.5	30.2	24.4
Central	16.8	28.5	12.1	47.0	16.6	13.1	25.2	9.2	19.7	16.8	21.0
East	19.7	25.4	7.1	42.2	17.1	14.4	27.8	3.3	8.6	32.6	17.5
North	19.4	25.2	13.1	59.1	15.5	14.2	25.3	11.9	17.8	13.8	18.6
North West	21.8	31.8	13.7	45.5	33.3	20.8	29.1	9.6	18.7	34.2	30.7
South	19.1	29.2	15.0	46.6	33.7	20.5	24.2	7.0	17.1	45.6	27.9
West	19.0	35.2	15.0	46.5	37.5	24.8	35.9	11.6	19.1	45.1	32.8
Most deprived	19.4	31.8	14.1	48.3	30.7	21.1	28.4	10.7	17.3	34.5	25.1
2nd	19.0	27.5	12.7	50.8	21.7	15.3	26.8	8.7	17.7	26.4	22.9
3rd	19.7	32.2	10.6	46.0	23.3	19.7	30.8	8.9	15.9	26.2	24.7
4th/Least dep.	20.2	26.0	8.9	40.5	24.5	11.5	30.1	5.4	16.2	28.7	35.0

Significantly higher

No significant differences

Significantly lower

Summary table: Correlations between risk factors

	Caring for family members	Nothing to eat for breakfast	Less Physically Active	Screentime 5+ hours	Midnight or later	Poor resilience	Worry about having enough to eat	Parent Carer smokes	Bullied in the last 12 months
Caring for family members	Grey	White	Light Pink	White	White	Yellow	White	White	Yellow
Nothing to eat for breakfast	White	Grey	White	Yellow	Yellow	White	White	Yellow	White
Less Physically Active	White	White	Grey	Yellow	White	White	White	White	White
Screentime 5+ hours	White	Yellow	Yellow	Grey	Yellow	Yellow	White	Yellow	Yellow
Midnight or later	White	Yellow	White	Yellow	Grey	Yellow	White	Yellow	White
Poor resilience	Yellow	White	White	Yellow	Yellow	Grey	White	Yellow	Yellow
Worry about having enough to eat	White	White	White	White	White	White	Grey	White	Yellow
Parent Carer smokes	White	Yellow	White	Yellow	Yellow	White	White	Grey	Yellow
Bullied in the last 12 months	Yellow	White	White	Yellow	White	Yellow	Yellow	Yellow	Grey

Significantly higher association/likelihood

No significant differences

Significantly lower association/likelihood



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Leicester Child Health and Wellbeing Survey 2021/22

A survey of pupils attending Leicester City Primary, Secondary and Special Schools 2021/22

Completed by Leicester City Council, Division of Public Health and the School Health Education Unit

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