

The primary and secondary school HRBQ have evolved since 1976. Data from over 560,000 pupils between the ages of 8 and 18 are stored in the databanks.

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The Health Related Behaviour Questionnaire

What are young people in your area up to?

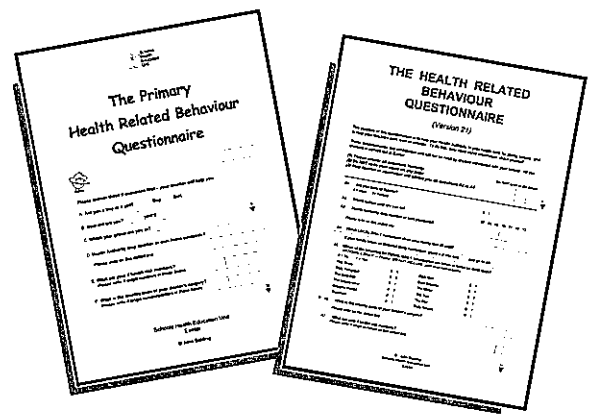
First developed in 1976 in Nottingham.

The Health Related Behaviour Questionnaire (HRBQ) was first developed in 1976 as an outcome of researches within the Department of Community Medicine at Nottingham University.

My research in Nottingham led to the development of a curriculum planning method called 'Just One Minute', through which schools could consult parents, teachers, and the children to discover priorities for the social education programme in their schools. The Open University later adopted this as part of one of its courses, and in the early 1980s the method was revised and updated to form 'Just A Tick', which was also used with governors and health care professional.

I have always felt great sympathy and admiration for the large number of teachers who care so much for the wellbeing of their pupils. They are so keen to guide them away from dangerous pitfalls. My observation has been that the motivation for much of their efforts has often arisen from the distorted media reporting of excessive behaviour. This 'bad news' takes on the status of what is normal, and not only do teachers have a distorted view, but so too do the youngsters.

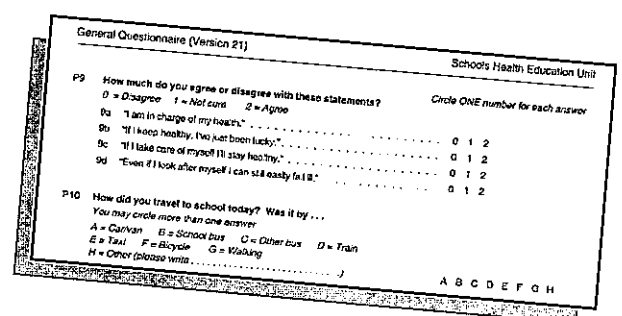
The Health Related Behaviour method arose from my belief that if teachers could be more accurately and reliably informed of their pupils' behaviours, they would be better equipped to support them in their classes. What is now 'knowledge' is that from the earliest surveys in the late 70s and early 80s, the data returned affected timing, content, and existence of health-related lessons.



Today the HRBQ is used widely across the UK and provides baseline data to identify priorities for health education planning, assessments and intervention programmes. The funders of the surveys are usually Health or Local Education Authorities. Survey results are returned to the funding authority as well as individual schools receiving their own report.

Secondary schools

The HRBQ has been used in nearly three thousand surveys in secondary schools in the UK. It has also been used overseas. Across a period of more than 20 years the method surrounding its use, together with its content, have evolved against the demands of the users. In the early years these were mainly teachers, but within the last decade the medical profession has



become more and more involved in shaping the content against the demands of 'Our Healthier Nation' - White Paper and to meet the concerns of the National Healthy School Standard. Similarly, from within schools there has been the pressure to produce information that can fit within National Curriculum targets when fed back as results.

National Curriculum targets.

Current secondary version

Since its origin, the HRBQ has been regularly revised and improved, and is now in its 21st version. It contains the following sections:

- 1. Personal background:** age, family structure, ethnicity, home background, self-esteem, feelings of control, personal safety, height and weight
- 2. Nutrition:** lunch and breakfast, frequency of consumption of listed foods
- 3. Drugs:** Smoking, alcohol, other drugs
- 4. Hygiene:** medication, dental, frequency of use of medication, relationship with GP, dental hygiene, health problems
- 5. Relationships:** mental health, HIV, 'Important others', problems and sources of support, HIV knowledge & precautionary intentions
- 6. Leisure and money:** leisure activities, income, money spent, National Lottery, Instant scratchcards, money saved
- 7. Exercise:** frequency of involvement, feelings about fitness & exercise, cycling training & safety, accidents

Primary schools

The primary-school version of the HRBQ was introduced in 1988 after many requests by primary school teachers for an enquiry instrument similar to that available in secondary schools, but appropriate to the primary school age range.

It is well known that several important health-related issues (such as diet, physical activity, self-esteem, drinking and smoking) have their roots in the early years. Primary-school children are often highly receptive to ideas presented by their teachers. However, the staff may have little idea where intervention is needed and at what age it is most appropriate. Introducing the questionnaire also raises interest in the topics and can begin to generate a health education agenda even before the results are returned.

Current primary version

The primary-school HRBQ is now in its 9th

version, having gone through a process of evolution and thorough scrutiny from teaching

and medical professionals alike, similar to that received by the secondary-school version.

Pupils aged 7-11 anonymously complete the questionnaire in school. It consists of 50 questions within 12 short sections:

1. You and your home
2. Your health
3. The food you eat
4. Feelings
5. Your money
6. Hygiene
7. 'Bullies'
8. Alcohol
9. 'Stranger danger'
10. Smoking
11. Leisure time
12. Growing up

The questionnaire has been used by groups of schools supported by LEA or Health Authority funding. Collective study of the results by teachers from the schools is particularly valuable, and repeated surveys can track trends and changes.

Many of the 50 questions are directly compatible with those in the secondary school version. This makes possible a unique longitudinal study, whilst maintaining continuity of the data across the primary-secondary age ranges.

After the Survey

The Health Authority or LEA funding the survey will receive a bound volume of the combined results, together with a number of other services. These include comparing the combined survey data with SHEU's unique databanks which hold HRBQ results from over 560,000 pupils.

Individual schools involved in the survey

also receive a bound volume of results together with a number of other services.

'After the Survey' is a substantial volume of information on the potential, for schools, staff, parents and governors, to use the survey result. This collection of examples of good practice is the outcome of 20 years of evolution and repeated use of the method in schools. The manual shows how specific questions link with National Curriculum requirements, and gives examples of the use of the data in health education programmes across the curriculum.

The 'School Report' presents the principal findings from the survey, with commentary on selected questions.

The 'Health Risk Appraisal' shows the results of the Health Risk Appraisal calculations for individual boys and girls. PINs are used to feed back data to individuals, so protecting their identity.

'Pyramids'

The pyramid model involves co-ordinating HRBQ surveys in secondary schools with HRBQ surveys in their 'feeder' primary schools. Each secondary school, together with its cluster of feeder primary schools is termed one 'pyramid'. Much of the resulting data may be linked, revealing patterns in health related behaviours of young people between the ages of 9 and 16 within their shared communities. Schools can reach out for help with health issues, and the opportunity is provided for outside agencies to offer support.

The pyramid model provides a detailed evaluation of current health related behaviour of pupils in primary and secondary schools, placed in the context of their social environment. Survey data can also be separated into GP practice for analysis at local level. Pyramid surveys provide opportunities for linked schools to work collaboratively, and enable the tracking of pupils from primary school into secondary school.

Repeat surveys

Strategic planning of repeated HRBQ surveys provides information whereby potential partners may monitor changes in health related behaviour patterns for their area. A sampling strategy which anticipates a repeat survey after an interval of two years requires that alternative year groups are sampled, so that the repeat survey will catch the same groups at a later stage of their development.

Using HRBQ data

The survey data enables schools to review the content and timing of their current PSHE

curriculum. This enables them to target appropriate teaching according to need to correct age groups. Current advice on good practice in PSHE programmes states that teachers must begin with what pupils already know. Although they will be able to gain a sense of this through discussions with pupils, the HRBQ is confidential and anonymous and undoubtedly will elicit information which pupils wouldn't offer within an open discussion.

The Schools Health Education Unit has developed and published a set of primary school classroom resources entitled 'Preparing for Life after Primary School'. These materials have been developed in consultation with primary school teachers, they have benefited from responses from advisers and inspectors, and they have undergone much trialling within primary classrooms. They are designed to enable teachers to begin with pupils' current knowledge and experience, through looking at survey data and discussion, and then develop appropriate attitudes and life skills to prepare them for the years ahead.

The HRBQ has seen many developments and remains a robust research instrument. Health Authorities and schools continue to use it, resulting in a greater understanding of young peoples' health-related behaviour. Many positive outcomes have also been achieved including the establishment of behaviour levels of defined groups of young people at any particular time, and effective intervention programmes. The continued use of the HRBQ ensures that this important work carries on.

