HEALTHY SCHOOLS
Enhanced Model

SHEU have been working closely with Healthy Schools Cornwall (HSC) to offer schools access to a survey tool to support needs assessment and evaluation for Healthy Schools Plus and the Healthy Schools enhancement model.

HSC have set up a wellbeing survey – “Every Child Matters in Cornwall” pupil / parent survey for pupils in Y2, Y4, Y6 and Y8 and Y10 which is available to participating schools online and via a paper survey.

Use of the tool enables schools to gather robust data for Ofsted's pupil wellbeing indicators. The data can also provide good information and evidence around pupil wellbeing and parents’ views for SEF.

The survey is based on some key elements of the Healthy Schools core themes and on the Every Child Matters outcomes. Results are analysed and presented in a report enabling schools to compare their results with other similar schools and with the whole of Cornwall.

The above text was adapted from the HSC website that can be accessed via this link - www.sheu.org.uk/whoweworkwith/cornwall.htm

In 2010, colleagues are finding that SHEU surveys are meeting their need to inform National Indicators because they provide a unique detailed picture of their young people.

Topics in SHEU surveys ensure there are data to satisfy ECM, OFSTED, National Indicators, Public Service Agreement and PSHE requirements.

Health and Education colleagues commission SHEU surveys because of their flexibility to include relevant questions to meet local needs and because they provide good evidence from a representative sample of their young people.

Professionals acknowledge the added-value of comparing local, detailed, school/college data with SHEU’s unique database allowing links to be matched across behaviours. This is a vital ingredient for health promotion planning and healthy school/college activity.

SHEU have been providing nationally recognised survey services to the Health and Education sectors for over 33 years. For more details please contact Angela Balding – email: angela.balding@sheu.org.uk

An example of successful survey work is Guernsey (see page 2) where SHEU have been working with colleagues for nearly twenty years. Dr David Regis and Angela Balding recently visited to summarise the findings of these surveys and the trends they show, and to compare the trends seen in Guernsey with those seen in the SHEU databanks from mainland UK.

One of the great things about working in Guernsey is the possibility of concerted action and how it can bring results. From SHEU’s point of view, we are happy to see how regular survey work is used to prompt and monitor good work with young people.

SHEU News
healthy lifestyle
YOUNG PEOPLE SURVEYS
for over 33 years

providing a detailed picture of your young people

“WE’RE VERY HAPPY TO COMMISSION ANOTHER SURVEY FROM YOU...”
LOOKING BACK, LOOKING AHEAD

We normally offer schools a report showing how their results compare with those from the rest of the area. In that way you can see immediately if your pupils are not smoking enough, or if they have too much self-esteem. But if your school has done a survey with us before, we can show your results from each year side by side — no need to fiddle about with piles of paper and sticky notes!

SCHOOL vs AREA

Overall, 31% (44%) say that they ‘quite often’, ‘very often’ or ‘always’ consider their health when choosing what to eat.

<table>
<thead>
<tr>
<th></th>
<th>Our school</th>
<th>All local area schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yr 8</td>
<td>Yr 10</td>
</tr>
<tr>
<td>Boys</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Girls</td>
<td>29</td>
<td>38</td>
</tr>
</tbody>
</table>

SCHOOL 2009 vs SCHOOL 2008

Overall, 31% (38%) say that they ‘quite often’, ‘very often’ or ‘always’ consider their health when choosing what to eat.

<table>
<thead>
<tr>
<th></th>
<th>Our school 2009</th>
<th>Our school 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yr 8</td>
<td>Yr 10</td>
</tr>
<tr>
<td>Boys</td>
<td>46</td>
<td>17</td>
</tr>
<tr>
<td>Girls</td>
<td>29</td>
<td>38</td>
</tr>
</tbody>
</table>

As far as ‘considering health when choosing what to eat’ it was not great news: not just worse than the other schools in the area, but also worse than last year! But there was better news elsewhere in the report.

For details of our surveys (paper and web-based) please contact Angela Balding
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e: angela.balding
@sheu.org.uk

GUERNSEY’S YOUNG PEOPLE

Two decades of SHEU Health-Related Behaviour Surveys

The Schools Health Education Unit (SHEU) have been working with the colleagues from the Bailiwick of Guernsey for two decades now, and our survey work has accumulated a database of over 10,000 cases. These have mostly been whole-population lifestyle surveys but some have been focussed on particular topics or groups.

Dr David Regis and Angela Balding, from SHEU, recently visited Guernsey to summarise the findings of these surveys and the trends they show, and to compare the trends seen in Guernsey with those seen in the SHEU databanks from mainland UK.

There was lots to say! Some trends found in Guernsey were also seen in the UK, but some were found only in one data set, or much more plainly in only one set. One of the great things about working in Guernsey is the possibility of concerted action. While Angela and David were talking they could see significant glances being passed between the departments of education and health, and between politicians.

Smoking trends

Perhaps the best example to look at is the figures for smoking. There was a sharp drop in reported smoking levels, across both age group and genders, in Guernsey between 1997 and 2002.

Data from the SHEU’s UK databanks do not show a sharp drop over the same period but a smaller drop, for the older pupils, in later years.

Professionals and politicians in Guernsey can take full credit for this achievement, because they took a number of actions to tackle smoking in young people.

Tobacco package

In 1996 the States supported a ‘tobacco package’ brought by the Board of Health, which included:

- Advertising ban at point of sale (from Nov. 1997)
- Increase in Tobacco Excise Duty (1997)
- Raising of legal age of purchase in January 1997 accompanied by publicity about test purchases
- Smoking cessation initiatives (Nicotine Replacement Therapy, Guernsey Quitline)
- Guernsey Adolescent non-Smoking Package (GASP), including ‘Smokebusters’ in all primary schools, and a programme for use with older pupils (in and out of school settings)
- Continued activity by Parents Against Tobacco, including involvement of a local sports figure affected by smoking-related illness.

The Bill and its associated activities was described at the time as ‘the most important precedent in tobacco control in the Western World in recent years’. This collection of recent, relevant and vigorous anti-smoking activity is undoubtedly a plausible explanation of the drop in smoking levels seen between 1997 and 2002.

We looked at many other findings, which can be summarised as follows:

- Figures for Guernsey were often better than reference sample.
- Changes we have seen in Guernsey includes a rise in scores for self-esteem, eating vegetables, awareness of sexual health services, girls’ soccer, and perhaps also a rise in levels of exercise
- We have seen falls in levels of cannabis use as well as smoking tobacco.
- There is still a challenge to be faced of young people’s use of alcohol, something Guernsey shares with the rest of the UK

Guernsey has shown that concerted local effort can bring results. From our point of view in SHEU, we are happy to see how regular survey work is used to prompt and monitor good work with young people.
EMOTIONAL WELL-BEING AND DRUG USE

Health education professionals often talk about the importance of mental health, partly for its own sake, but also because it is hoped that robust emotional well-being will be associated with lower involvement with health-risky behaviours. Is this assumption found in practice?

We can indeed find clear associations in a large local Year 10 sample between substance use and measures of emotional well-being such as self-esteem scores and happiness with life.

The percentages using different substances are shown in the table below for young people reporting different responses to the emotional health and well-being questions.

<table>
<thead>
<tr>
<th>Substances / Self-esteem scores:</th>
<th>Low (0-9)</th>
<th>Med-low (10-12)</th>
<th>Med-high (13-14)</th>
<th>High (15-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers %</td>
<td>41</td>
<td>19</td>
<td>15</td>
<td>10*</td>
</tr>
<tr>
<td>Drank last week %</td>
<td>53</td>
<td>24</td>
<td>34</td>
<td>30</td>
</tr>
<tr>
<td>Ever used other drugs %</td>
<td>37</td>
<td>21</td>
<td>25</td>
<td>28</td>
</tr>
</tbody>
</table>

Substances / In general, how happy do you feel with your life at the moment?:

- Not at all
- Not much
- Not sure
- Quite a lot
- A lot

| Smokers %                       | 49        | 24             | 18             | 13          | 12*         |
| Drank last week %               | 45        | 33             | 36             | 36          | 32          |
| Ever used other drugs %         | 53        | 35             | 25             | 26          | 28*         |

*p < 0.05

Young people with the poorest mental health show the highest levels of use of substances.

Not all of these associations are significant at p < 0.05 using chi-squared ($\chi^2$), but taken as a whole, the impression given is quite striking.

CAUSE OR EFFECT?

Results from our Health-Related Behaviour surveys in schools show that low self-esteem is strongly associated with experiences of bullying.

<table>
<thead>
<tr>
<th>Self-esteem scores: % bullied in last year</th>
<th>Low (0-9)</th>
<th>Med-low (10-12)</th>
<th>Med-high (13-14)</th>
<th>High (15-18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y4 % bullied</td>
<td>57</td>
<td>51</td>
<td>32</td>
<td>18</td>
</tr>
<tr>
<td>Y6 % bullied</td>
<td>53</td>
<td>51</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Y8 % bullied</td>
<td>41</td>
<td>33</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Y10 % bullied</td>
<td>47</td>
<td>30</td>
<td>16</td>
<td>9</td>
</tr>
</tbody>
</table>

This association can be explained by a strongly negative effect on self-esteem by experiences of bullying, but also by young people with existing low self-esteem then becoming the targets of bullying. These processes might also go on together.
Links between findings and targets

e.g. National Indicator 115: Substance misuse by young people (PSA 14)

We have been producing reports recently where the link between findings and targets are much more explicit. The different local targets and National Indicators are given as headings and the relevant figures underneath. If you would like to see an example of one of these reports, e-mail david.regis@sheu.org.uk

National Indicator 115: Substance misuse by young people (PSA14)

Headline statistics
Percentage of young people in each group in 2008 answering "Have you smoked in the last 7 days?" responding Yes.

Trends
Percentage of young people smoking cigarettes, by calendar year 2000-2008. (Results for all respondents.)

Smoking is reported in almost vanishingly small frequencies in primary schools.

Among secondary schools, we see more smoking in Year 10 than in Year 8, and more smoking in females than in males; 19% of Year 10 females report smoking in the last week.

We see less smoking now than in previous waves of survey; 2008 results are the lowest yet recorded.

HEALTHY FE COLLEGES

SHEU Healthy College online survey supports the Every Child Matters ‘Be Healthy’ agenda and supports colleges with Ofsted’s new inspection requirements. Following the National Healthy FE Conference, in January 2010, FE Colleges continue to collect baseline data using the SHEU FE survey.

One Welfare Services Principal has said, "The online survey went very well. We originally planned to undertake 700 questionnaires online, but I had to increase the number due to the volume of willing participants."

Visit our webpage for more details: www.sheu.org.uk/surveys/fe16plusurvey.htm

Please contact Angela Balding email: angela.balding@sheu.org.uk.