

*We must resist pressures to include questions that are not appropriate to ask young people. We might 'get away' with things that we should not.*

## John Balding

# Scraping off the Tipp-Ex

The need for a sound understanding of the changing patterns of behaviour of our young people, if we are to provide them with appropriate support, is widely accepted. But can we justify asking some of the questions that might reveal information relevant to this end?

### 'A dreadful drinks problem'

My team of four arrived in one of the largest secondary schools in the South West, half an hour before the school day began, to co-ordinate and support a Health Related Behaviour Questionnaire (HRBQ) survey. The preparation and shared planning with school staff had been very extensive.

We were all excited, and anxious that the programme should run smoothly and well. However, we were met by the deputy head Doreen together with the head of pastoral care. Doreen was in a high state of agitation and took me aside, saying: "John, we have a dreadful drinks problem here, I need to talk."

Within her study my own needs to prepare myself for the day's programme were clearly subordinate to those of Doreen.

*By the time they reach the fourth year (now year ten), they are all at it (drinking). It really is most serious, particularly amongst the girls.*

*You know, we serve the large estate just out the back here. There are two pubs there.*

*Every lunch time you can see our girls sitting on the walls of the pub car parks, kicking their heels against them and tossing away their crisp*

*packets. This is just a part of our problem.*

*Last Friday, I was asked to go to help Sandra by some of her concerned friends. She was in the cloakroom, the worse for wear. With her she had a plastic bag from the local supermarket, in which were three bottles, one sherry, one gin and one Martini.*

*These were a present to her on her fourteenth birthday from her — can you guess? Her MOTHER!*

*We really do have a major drink problem here.*

Following the survey and the return of the survey results to the school, the drinks problem had not gone away, but it was different and from that which had been perceived and feared. More than this, the timing and approaches to several areas in the social education programme were changed, some of them immediately, including 'alcohol'.

### Have we the right to be nosey?

I like to think that the results of the survey in Doreen's school, and of the 3,000 and more surveys we have supported elsewhere, have been beneficial to the children that took part, as well as to the communities served by the schools. However, although it is common practice for schools to contact parents for permission to include their children in the survey, asking the children themselves is less usual. Should they be given the chance of (a) 'opting out' of the exercise, or (b) be told specifically that if any

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questions offend them then they are free to leave them unanswered?

Clearly they are free to exercise option (b) anyway, without anyone knowing, since the questionnaires are not scrutinised by anyone to do with the school and names cannot be associated with scripts. However, with more than a third of a million questionnaires having been coded and punched 'in house', we can state that only a very small percentage of respondents deliberately leave any of the questions unanswered.

At the end of the questionnaire we do express our gratitude for their co-operation. Many write comments, and typically these responses are positive:

*No sweat! Enjoyed it!*

### Are the parents 'in the know'?

It is customary to seek parental consent concerning the use of HRBQ, the school writing to them explaining that the questions have been carefully reviewed by staff, governors, and perhaps also the Parents' Association. A brief summary of the range of question topics may also be included. The potential benefits to the school are explained, and it is pointed out that a copy of the questionnaire is available for examination, by appointment, if any parent wishes to do so.

It is also stated that if the school does not hear from the parent before a declared date, then the school will assume their consent for their child's involvement.

This routine is politically safe and administratively tidy, but it does not make it easy for parents to examine the questionnaire. It reminds me a little bit of getting planning permission to build. Planning proposals are made 'public', but the small notice may be displayed in the middle of a field, and one has to be alert, resourceful, and have time available in order to discover the information, let alone reflect upon it and talk to others about it. Only a very determined (or suspicious) parent is likely to make an appointment to examine the questionnaire!

### Protecting the respondent

What security can we offer the child, or young person, when asking them to reveal their behaviour, their ideas, their innermost thoughts, and the ways they see the world?

Obviously, the results of the enquiry should never be damaging to the person providing the data. Some objections include:

## LIFESTYLES 2 (Mainly Money)

*A datafile about pupils for pupils*

The success of *Lifestyles 1* (Mainly Social) encouraged us to develop a second datafile, aimed particularly at investigating how spending power may affect people and the things they do. *Lifestyles 2* (Mainly Money) contains 200 Year 10 pupils (100 boys, 100 girls, surveyed in 1994), with 25 variables in the database. The price is £16.31 including VAT and postage.

When ordering, please let us know the size of disc required, and the machine and software (one type only per set) into which you will be loading the datafile.

Please make cheques payable to the University of Exeter. If you have any queries, talk to Anne Wise on 01392 264728.

- Just asking certain questions invades the privacy of the young respondent, and they should be protected from this risk of exposure.
- A question about a behaviour level will suggest that the behaviour in question is not uncommon, and could encourage the adoption by the respondent of undesirable behaviours.
- The content of certain questions in a questionnaire intended for a wide age-range may be outside the experience and understanding of some young people, and the necessary explanation may reveal information to them at an earlier stage than is appropriate to their level of maturity.

Questions on contraception or HIV, for example, will be most adequately answered by those with a more advanced understanding of sexual behaviour, but may create a need to clarify issues among others.

For these reasons, HRBQ content is subject to close examination by senior staff, the items on sex, drugs and personal safety usually receiving the most attention. Although there is no intention to cause discomfort or damage through the use of the survey method, we shall see later that occasionally schools exclude some items.

### Assuring confidentiality

A very important part of the questionnaire administration routine allays pupils' fears that their answers may be attributable to them. Even though the questionnaires are anonymous, hand-writing and some personal details could be sufficient clues for informed teachers. Therefore, in addition to the assurances at the front of each script that their answers will not be read by anyone within the school, at the conclusion of the survey the scripts may be sealed in an envelope in front of the pupils, reinforcing the introductory assurance.

In addition to this, however, it should be made clear in advance of the surveys just how the information will be used, and just how the outcomes will be published. Quite often this is not done in other surveys.

Some schools request a return of the HRBQ data in computer-readable form, as a curriculum resource. These data are seized upon by pupils because although the information is 'theirs' they are confident that their own responses cannot be identified. To justify their faith in us, we always exclude from these data files certain variables, such as weight, height, family size and other information that could betray particular individuals.

### 'Labelling' schools

The respondents or their parents/guardians should know that the responses cannot be identified with individual young people. But what about the school itself? Where surveys or inspections occur in schools, they can become 'labelled' even if the results are not known. The labels gained can be both good and bad, but the bad ones seem to be more easily remembered.

The unfairness of the outcome is sometimes that the school surveyed or inspected gets the attention, and schools not involved — where the situation may be similar or even worse — escape the labelling. Any school carrying out a survey into illegal drug awareness and knowledge, for example, may risk signalling that it has a 'drugs problem' regardless of the true extent of the situation.

### Are there benefits for the respondents?

Reports from the supervisors (one from each class involved and totalling over 1000 received in SHEU in any year) suggest that HRBQ sur-

veys typically take place in a good atmosphere, an immediate outcome being the interested discussion they trigger.

The questionnaire has been likened to a very wide personal inventory of lifestyle activities and concerns, and occasionally a respondent will write a comment similar to the following:

*I have never looked at myself in this way before, thank you.*

Older children sometimes refuse to answer some questions, although this is almost unknown with younger children. Very occasionally, extensive abuse of a questionnaire does occur: as it is anonymous and confidential, the opportunity to vent some aggression through this vehicle may be attractive. In recent years, however, it has become quite rare, as the commitment to the survey on the part of the school is typically high, as is also the care that the supervisor takes in explaining the purpose and importance to the boys and girls responding.

One question that caused problems in the past and had to be abandoned was designed to discover socio-economic status by enquiring about parents' jobs. Not only were the answers often very difficult to code reliably, but it could distress and anger some respondents. Some teachers were also unhappy with such a 'prying' question. *Nosey git! What's yours?* alongside *Undertaker's dummy* and *Prime Minister* were examples provided by one class — supervised, I should add, by an alienated teacher.

Research carried out in schools is very common, but even though permission has been given and children's time is being used up, it is often difficult to identify the benefits to the school or the children, or the community from which they come. The benefits to the researchers, or the research organisation to which they belong, and to those commissioning the research, may be clearer. All visits to schools disrupt normal programmes.

Where schools can see benefits they are more likely to be positive, and the more direct and immediate these benefits are the easier it is to justify the disruption. A positive and co-operative attitude in a school to an intervention will result in commitment to the process and the promise of good-quality data being gathered.

### Who owns the data?

A pupil, supervised by a teacher in a school, completes a survey funded by a Health Authority, using a method designed and developed

by an author working in a university. Who owns what and who has the right to publish?

More than a thousand schools have used HRBQ across a period of more than 15 years, many of them on more than one occasion. My policy and practice has always been to regard each school's results as its own property to use as it sees fit. I am approached for support and advice on this from time to time.

Where Health Authorities fund the surveys in a selection of schools within the area they serve, they receive a copy of the total database in which the individual results for all the schools involved are merged together and cannot be identified.

On occasion, across the years, it has come as a surprise to professionals within education and health services that SHEU will not reveal a school's identity, even though that particular service had funded the survey. For example, it may be claimed that epidemiologists and consultants in community medicine need to know the differences between school results in order to guide intervention programmes and assist the school programmes. Identification of schools would enable health care professionals to discover, for example, those where there were the most children undiagnosed as asthmatic, or where intervention programmes in smoking, or mental health, or sexual health were the most urgent, or relevant.

### League tables: a threat to confidence?

These may seem legitimate and desirable aims, but my response has always been that only the schools themselves can give permission for this, since dissemination of this kind of information could lead to the generation of league tables of schools. If schools recognise the possibility of this happening, they will be wisely cautious of participation in the survey.

HRBQ measurements largely reflect *the behaviours, aspirations and lifestyles of the communities served by the schools*, rather than the outcome of the educational performance of the school. Nonetheless, if a school through no fault of its own is seen to have poor, let alone the poorest, local figures for any behaviour of current and particular concern (for example alcohol or smoking, or other substance use), parents would not be motivated to select that school for their children. Schools are in competition with one another.

This is why individual school HRBQ results

are supplied to Health Authorities only after the SHEU has received the head's or principal's written permission to do so. It is only recently that this has begun to happen, when it emerged as a natural step in a very sensitively-managed survey and aftercare programme in Dudley, West Midlands. Now that there is a model to follow, which negotiates and clarifies trust between schools and Health Authorities, this obviously desirable co-operation has become a probability rather than a possibility.

### Asking the right questions

HRBQ is in a continuous state of evolution. Some questions are dropped, and new ones take their place. Just what questions would we like answers to, and just what questions can we ask? We do need to ask questions. A better understanding can lead to better management, health promotion and harm reduction. We must seek permission for the questions selected, but it is difficult to ask the child for this.

A somewhat cynical over-simplification is perhaps that you have to find out what you can 'get away with'. The essence of this discovery for me is one of negotiation with members of the communities in which you want to collect your information. A particularly vital consideration for the community is 'Where do the interests of the SHEU lie? Are you to be trusted?'

In the early versions of HRBQ, the questions that we could 'get away with' originated from teachers. A screening process I used (and still do) was to work with groups of young people to discover their views on the questions, and to be guided by them in their redesign and in prompts for other questions they saw as being relevant.

Another screen I used was to send the draft version to heads and senior staff in a lot of different schools, with the invitation to them to cross out any questions that they felt should be excluded, with no obligation to provide any explanation. At this stage, I remember losing all the questions on vandalism, on shop-lifting, and all the 'best' ones on sex.

Typically the questions that come under most scrutiny are those on sex. I am often asked why there are no questions on experience of sexual intercourse, "because this is the sort of information that would be really helpful". My glib answer is usually:

*Well, I am still in business!*

My explanation is that if such questions were included, many schools would find it difficult or

**Any school carrying out a survey into illegal drug awareness and knowledge, for example, may risk signalling that it has a 'drugs problem'.**

**It is often difficult to identify the benefits of 'research projects' to the school or the children.**

**Dissemination of health-related information about pupils could lead to a 'league table' of schools.**

**"I remember losing questions on vandalism, on shop-lifting, and all the 'best' ones on sex."**

*Children may be comfortable with questions about which many adults hesitate.*

impossible to use the questionnaire, which already provides a large amount of important information on sexual health, along with vast amounts of acceptable information on other health issues.

### Scraping off the Tipp-Ex

Some schools have agreed to using the HRBQ only after certain questions have been excluded. The administrative and mechanical difficulties involved in devising a method of exclusion have led us to develop Version 18, a sectionalised 'pick and mix' questionnaire. In one experience with an earlier version we discovered that some questions had been blanked out with Tipp-Ex. Almost all children scratched off the covering and answered the questions, leaving us with a dilemma. Should we:

- *Ignore the answers and not enter them into the database?*
- *Enter the answers into the database, but not return them to the school?*
- *Process them and return them to the school?*
- *Do something else?*

I leave the reader to decide what we did!

What we do know is that children may be comfortable with questions about which many adults hesitate.

### Conclusion: Travelling hopefully

Credibility is a key feature, but it can also be a trap. HRBQ has been under scrutiny and in use for a very long time. It has been used in schools on nearly 2,000 occasions: two secondary schools have used it on six separate occasions, a few have used it four times, many on three occasions and hundreds twice. Several District Health Authorities and one Regional Health Authority have also repeated its use. Many teachers like my deputy head Doreen have realised that the 'sober truth' about their pupils may be less colourful (and more reassuring) than appearances suggest.

With so much use, and no history of damage, surely it is 'safe'? So far, yes: confidence in the service is vitally important, and we feel that we have earned the trust that has built up over the years. However, we should be careful that this trust does not tempt us to submit to pressures to include questions that are not appropriate to ask young people. We might 'get away' with things that we should not.

John Balding is Director of the Schools Health Education Unit. He has twenty years of experience of developing questionnaires for use with young people.