

A unique contemporary archive of young people, 'Young People in 1999' provides the answers to 115 health-related behaviour questions.

John Balding is Director of the Schools Health Education Unit

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Young People in 1999

36,856 young people tell us about what they do at home, at school and with their friends

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Annually since 1986, the Schools Health Education Unit (SHEU) have published the collected Health Related Behaviour Questionnaire results.

The 'Young People' series has reported on data from more than 3,500 separate school surveys. The important dimension of 'Young People in 1999' is to be able to see at the same time the behaviours from both primary and secondary school. Many surveys have involved individual secondary schools at the same time as their feeder primary schools. These results inform action in communities.

Striking changes

In 'Young People in 1998' we saw some striking changes looking back over the last 17 years of data. We didn't see a lot of additional change between 1998 and 1999, but some important findings have been repeated - like the changes in worrying about school, and the reports of illegal drug use.

This latest report provides the answers to 115 health-related behaviour questions. 36,856 young people, between the ages of 10 and 15, tell us about what they do at home, at school, and with their friends.

Good news

The data tables show clearly the changes of behaviour as children move to secondary school and begin to mature. The tables should dispel the illusion that all is innocence in the primary school, but also give some heart to those that work with older children - there is a lot of good news here.

The 'Young People' series

'Young People in 1986' (YP86) began the series and was based on a sample of 18,002 pupils between the ages of 11 and 16 in 88 schools in England, Scotland Wales and Northern Ireland. They had completed version 10 of the Health Related Behaviour Questionnaire (HRBQ). Reported in 'Education and Health' (vol. 5 no.4), the YP86 article was based on a selection from almost 200 tables contained in the report. We believed then that YP86 was the most up-to-date and comprehensive of its kind ever published - a claim which would still be upheld today with YP99.

Reading from the 1986 article a number of interesting comparisons can be made with current data as presented in this article. For example in 1986:

- ♦ 20% of 14 -15 year old females had nothing at all for breakfast
- ♦ Approximately half the sample had visited their doctor within the last three months
- ♦ Approximately 6% of the 14 - 15 year olds worked for more than 10 hours a week

'Young People in 1998' also provided a unique portrait of the health-related behaviour of young people. HRBQ results from 200,000 pupils since 1983 were analysed. 'Education and Health' (vol.17 no.1) summarised the report. Among the headlines were:

- ♦ "more girls than ever want to lose weight"
- ♦ "involvement with physical activities decreases with age"
- ♦ "the trend for smokers has been upwards"

As usual we offer readers some key findings from the report together with examples from the data tables.

Key findings

The older they get, more young people think that drugs are 'always unsafe'. Cannabis is the only drug which is considered to be safer by the older groups, and is by far the most common drug used with almost 20% of 14-15-year-old males and females reporting having tried it.

'The way you look' is the principal worry for young people, but school, money and career worries are also high on the list of the older teenagers. Females are more likely to worry about all the topics than males, with 50% of 14-15-year-old females worrying 'quite a lot' or 'a lot' about 'the way you look', and 36% about 'school work problems'.

18% of the 14-15 year old females had 'nothing at all' for breakfast 'this' morning.

Parents are the most likely group to talk with Year 6 pupils (10-11 year olds) about puberty and growing up. Over 20% of the 10-11 year old males do not have discussions with any of the listed groups. Schools may leave teaching about menstruation to the end of Year 6, which in our view is too late.

'Young People in 1999' is divided into nine sections and the following pages present some examples from the sections to provide more detail to the key findings.

very high proportion of young women who want to lose weight – over 60% this year.

We have been able to relate this desire to low self-esteem and general anxiety about their appearance. In their behaviour, we find these female pupils who want to lose weight are more likely to skip breakfast or lunch, and to eat a calorie-conscious diet – but it's certain that most of these young women do not need to lose weight.

We would like to add our voice to those who wish to see a much greater variety of body shapes presented positively in print and other media.

Breakfast (Table 1)
18% of the 14-15 year old females had 'nothing at all' for breakfast 'this' morning.

Lunch
15% of the 14-15 year old females ate no lunch on their previous day at school.

Breakfast & Lunch
23% of the 14-15 year old females who had nothing to eat at breakfast 'this' morning had nothing to eat at lunch the previous day at school.

Healthy eating
Females are more likely than males to take health into account when choosing what to eat. A quarter of the 14-15 year old males never do.

Weight
60% of the 14-15 year old females and 28% of the 14-15 year old males would like to lose weight, but only 13% of males and females are 'clinically' overweight.

Food choices
Over 60% of older pupils have dairy products. Wholemeal bread is as popular as chips. Females, from 10 - 15 years, show a greater preference for fresh fruit, salads and vegetables. Crisps remain popular but, for older pupils, around 20% lower than previous years.

Food choices and weight control

The figures that have always attracted most attention here have been those related to the

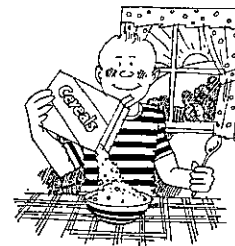
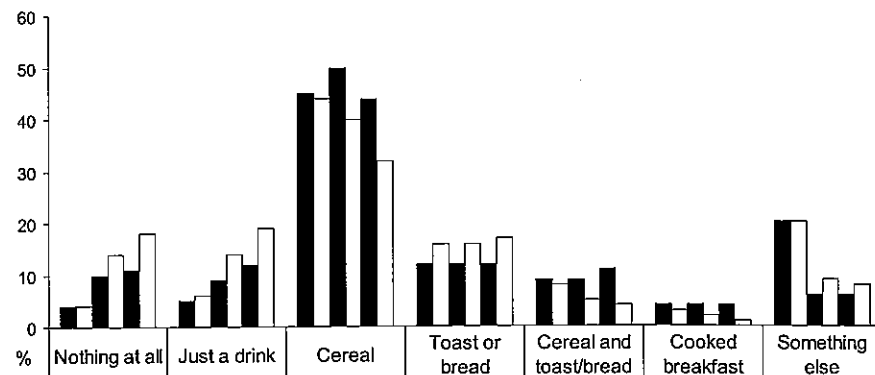


Table 1 What did you have for breakfast this morning?

18% of the Year 10 females have *nothing at all* for breakfast



Valid responses	
Yr 6 M (10-11 yrs)	3175
Yr 6 F	3160
Yr 8 M (12-13 yrs)	5982
Yr 8 F	6545
Yr 10 M (14-15 yrs)	7398
Yr 10 F	8076

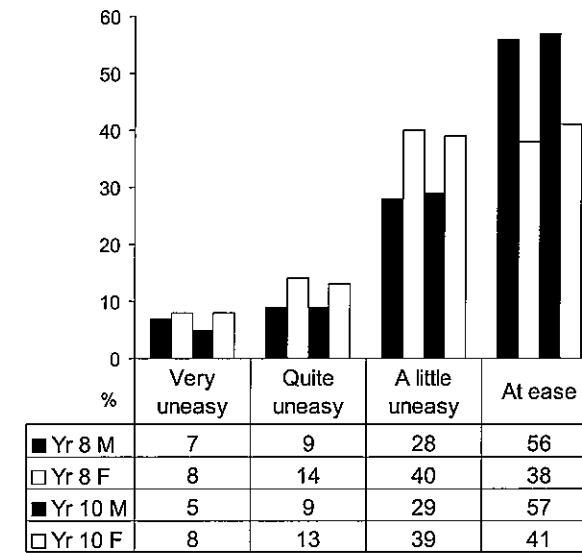


2 Doctor and Dentist

We know amongst adults that there are wide variations how much we get out of the health service – and some of that has to do with our own attitudes. We can see differences emerging in young people in how confident they are with a doctor. Some of our earlier work showed that females are more confident if they see a female GP, while boys are more confident if their GP is female. Is this still true?

Table 2 On this last visit, did you feel at ease with the doctor?

Fewer females than males are *at ease*



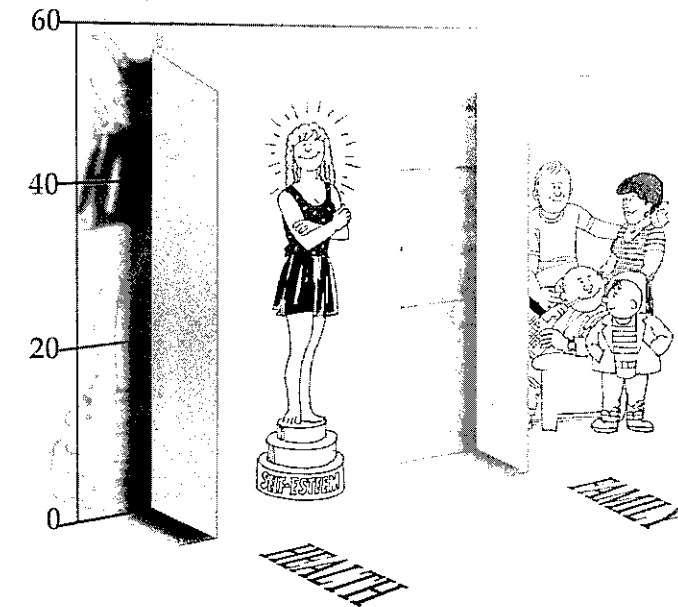
Valid responses		
Yr 8 M (12-13 yrs)	6302	
Yr 8 F	6840	
Yr 10 M (14-15 yrs)	7712	
Yr 10 F	8344	

Going to the doctor
About 25% of the males and 30% of the females reported visiting their GP within the previous month, and about 50% of all the young people had done so within the previous three months.

Confidence with the doctor (Table 2)
About 55% of the males, compared with about 40% of the females, reported being 'at ease' on their last visit.

Toothbrushing
About 70% of the older males and 80% of the older females brush their teeth at least twice a day. 25% of older males brush only once.

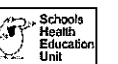
Going to the dentist
At least 85% reported visiting the dentist in the previous six months, and 70% reported having a checkup.



Young People in 1999

The Health Related Behaviour Questionnaire results for 36,856 young people between the ages of 10 and 15

John Balding Director
Schools Health Education Unit 2000



"SHEU has gained a reputation as one of the most reliable sources of information about children's health". BBC

Schools Health Education Unit (SHEU) Tel. 01392 667272



3 Health and Safety

We continue to see high attention to personal hygiene among most young people. The willingness of some of them to self-medicate must be a reassurance to the pharmaceutical industry.

A third of the 12-13 year old girls have had fears about going to school because of bullying. Any fear must have a disabling effect and undermine performance.

Cycling

The percentage of young people that 'always' or 'whenever possible' wear a safety helmet when cycling, falls from 24% (10-11 years) to 5% (14-15 years).

Toilet hygiene

Few pupils 'never' or 'almost never' wash their hands after using the lavatory.

Baths & showers

About half the young people having at least six baths or showers during the week before the survey.

Asthma

Up to 19% of the 10 - 15 year olds report having asthma. Fewer of the primary children do, but more of them are uncertain if they have asthma or not. Over 50% of the females report asthma in the family.

'Wheezers' (Table 3)

Over 50% report 'wheezing' and have trouble breathing (not just out of breath) when they run.

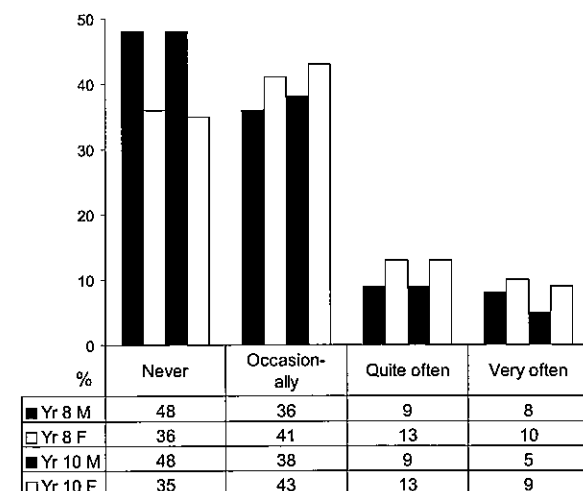
Eczema

Almost twice as many females as males report having eczema. Over 30% of females say that eczema is suffered by close family members.

Table 3 When you run, do you 'wheeze' and have trouble breathing (not just feel out of breath)?

Over 50% have had trouble breathing

	Valid responses
Yr 8 M (12-13 yrs)	6402
Yr 8 F	6953
Yr 10 M (14-15 yrs)	7772
Yr 10 F	8397



Disturbed nights

About a third of the males and almost half the females experience disturbed sleep though coughing.

Medication

Half the 14 - 15 year old females had taken painkillers on at least one day during the previous week, and two-thirds of the older females and half the older males had taken a remedy for something. During the same period nearly a quarter of the males and a third of the females had taken medication for colds, throat infections, or flu.

Safety outside after dark and during the day

Between 15% and 20% of the sample felt that safety after dark was 'poor' or 'very poor' in their neighbourhood, with females and the younger age group feeling more apprehensive.

Being bullied

Nearly half of the 10 - 11 year old females have a fear of bullying. Females are more fearful than males. Many items in the survey can be linked with fear of bullying, most notably low self-esteem and poor perceived control.

Accidents

During the previous year, 40% of the males in Year 6 (10 - 11 years) and Year 10 (14-15 years) needed treatment from a doctor or at a hospital. Nearly 30% of the older males broke a bone. Most accidents occur while playing sport and also at home for older females.



4 Family and Home

The home is such an important feature of young people's health careers. We have seen this year some interesting if not surprising differences between the health behaviours of young people from different ethnic groups.

TV and computers are no less popular in this compilation. TV tends to get a bad press when compared with reading, but there's no doubt that the best TV is better than the worst books.

Family structure

Up to 70% of the young people live with both parents, and up to 15% live in single-parent families. Around 60% live in a household with four people, and the majority live in a home with two children. At least 60% have at least one younger sibling and almost 8% are the only child at home.

School journey (Table 4)

At least 50% walk to school, around 20% go by school bus, and about a quarter (the majority female) go at least part of the way to school by car. Almost 50% of the sample have two or more cars in their family.

Television

More females watched up to one hour and more males watched up to 3 hours of television on the previous weekday evening. 10% or fewer did not watch at all.

Homework

More females than males did homework on the evening before the survey, and they tended to spend longer at it. 34% of the 14-15 year old males did no homework.

Computer games

Up to 68% of the males, compared with up to 31% of the females, spent some time playing computer games on the previous evening.

Internet

Up to 77% of 14-15 year olds access the Internet and up to 58% of the same group have access at school. At least one quarter of pupils have access to the Internet at home. 35% of 14-15 year old males browse without adult supervision.

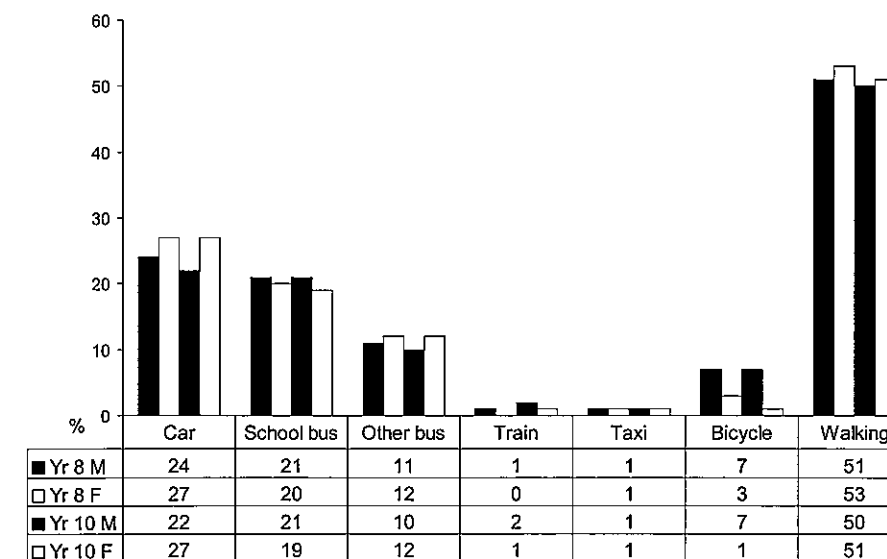
Evening activities

The most common of all is television watching (about 80%). Also popular: (with males) playing computer games, meeting with friends and playing sport; (with females) caring for pets, doing homework, reading books or magazines.

Table 4 How did you travel to school today?

At least half walk to school

	Valid responses
Yr 8 M (12-13 yrs)	6807
Yr 8 F	7225
Yr 10 M (14-15 yrs)	7971
Yr 10 F	8518



Young People in 1999

from the Schools Health Education Unit (SHEU)



5 Legal and Illegal drugs

Most young people don't smoke, or use drugs, and those that drink usually do so in moderation. It's very easy to focus only on the behaviour of those few young people who use illegal drugs or who drink to excess.

As reported in the early part of the year, this is the third year that we have seen a new lower level of reporting illegal drug use among young people in our data, which peaked between 1995 and 1996.

When we first saw a drop we were hesitant about its interpretation, but some other surveys seem to be telling the same story now (see Education and Health, 18(2) p.41-42, Steve Flood 'Drug misuse among the young may have peaked').

⊗ Drug safety (Table 5a & 5b)
The older they get pupils think that drugs are 'always unsafe' except cannabis which is considered to be 'always unsafe' by a smaller percentage of the older groups.

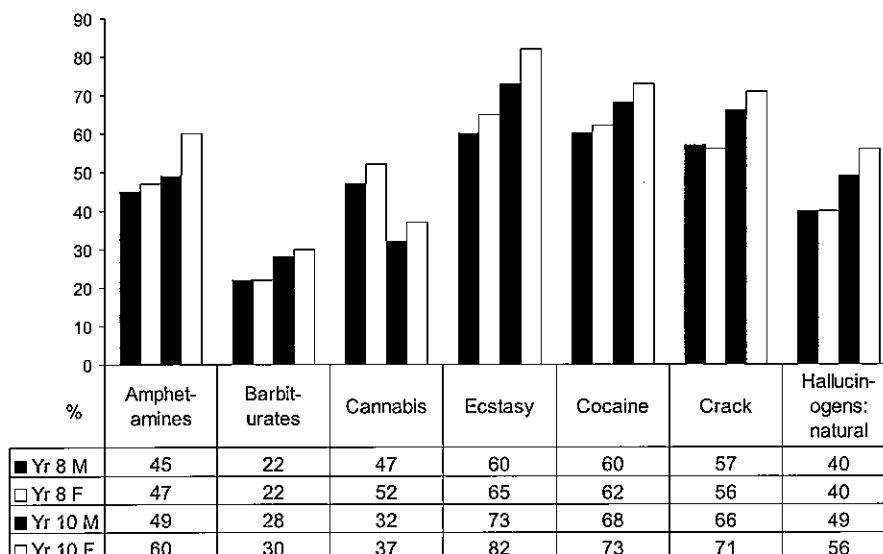
⊗ Smoking levels
28% of the 14-15 year old females and 19% of the 14-15 year old males smoked at least one cigarette during the previous week.

⊗ Sources of cigarettes
18% of the 14-15 year old females were able to buy cigarettes from a shop and 9% of the same group were supplied by friends.

Table 5a & 5b
What do you know about these drugs?
Response to 'always unsafe'

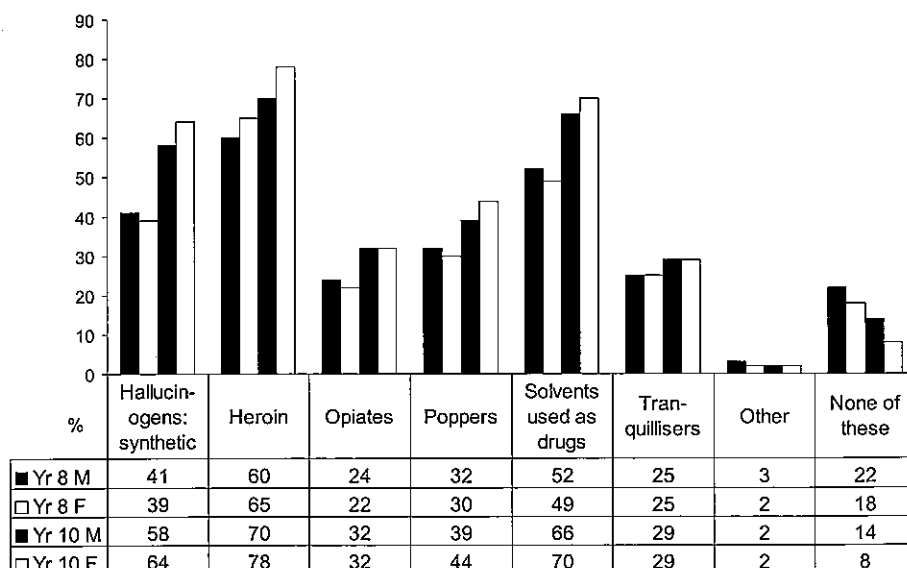
As pupils get older fewer think that cannabis is *always unsafe*

	Available sample	
Yr 8 M	(12-13 yrs)	6807
Yr 8 F		7225
Yr 10 M	(14-15 yrs)	7971
Yr 10 F		8518



Key finding

🔑 The older they get, more young people think that drugs are 'always unsafe'. Cannabis is the only drug which is considered to be safer by the older groups, and is by far the most common drug used with almost 20% of 14-15-year-old males and females reporting having tried it.



Attitude to smoking
 Between Year 8 (12-13 years) and Year 10 (14-15 years) the number of regular smokers more than triples. About 65% will have smoked by Year 10. The majority of current smokers say they would like to stop. 54% of the Year 10 females have a close friend who smokes. The contrast in smoking between females with or without friends who smoke is dramatic, but the highest proportion of all is among females with a smoking sister.

Experience of alcohol
 Over 14% of the 10-11 year olds, more than 30% of the 12-13 year olds, and at least 50% of the 14-15 year olds had consumed at least one of the listed alcoholic drinks during the previous week.

Beer or lager
 38% of the males and 18% of the females, aged 14-15, drank at least one pint of beer or lager during the previous week.

Wines and Spirits
 23% of the 14-15 year old females had drunk at least one glass of wine during the previous week. Since 1996, the data shows that older females 'overtook' the males as spirit-drinkers with at least 18%, 14-15 year old females, drinking one or more spirit measures in the past week.

Alcohol units
 Almost twice as many males (7%) than females (4%) in Year 10 (14-15 year olds) drunk 15 or more units of alcohol in the previous week.

Obtaining alcohol
 The off-licence is the most important source of purchased alcohol, especially for the 14-15 year olds, followed by the pub or bar.

Drinking at home
 65% of 'drinkers' drank at home and substantial numbers of 14-15 year olds used other venues including friends, disco, club, party, pubs and outside in a public place. Of those who do drink at home, about half do so with their parents always knowing about it.

Drug users
 Around 60% of the 14-15 year olds are 'fairly sure' or 'certain' that they know a drug user.

Drug experience
 About 1 in 5 pupils in Year 10 - four times as many as in Year 8 - have tried at least one drug. Cannabis is by far the most likely drug to have been tried, with almost 20% of 14-15 year olds reporting having taken it.

6 Money

Work and money open up all sorts of opportunities, including the opportunity to explore health-risky behaviour.

Paid work during term time
 The percentage of young people with a regular job rises from about 23% (12-13 years) to 42% (14-15 years).

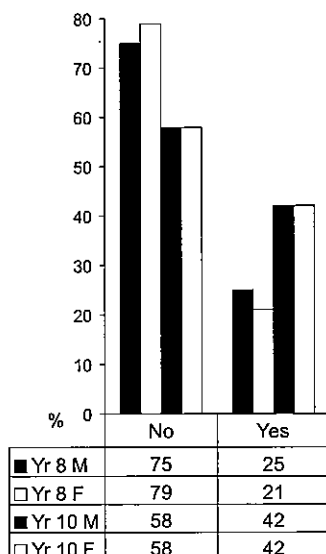


Table 6 Have you a regular paid job during term time?

42% of 14 - 15 year olds have regular paid work

Valid responses		
Yr 8 M	(12-13 yrs)	5870
Yr 8 F		6470
Yr 10 M	(14-15 yrs)	7390
Yr 10 F		8109

Hours worked
 More than 12% of the 14-15 year old workers worked for more than 10 hours a week before the survey. The average hours worked per. week was between 4.4 and 6.2.

Money earned
 Over 23% of 14-15 year olds earned more than £20 a week. The average for the same group was nearly £18 for males and nearly £16 for females.

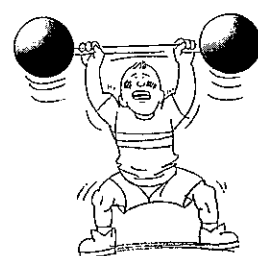
Pocket money
 About 78% of 10 -11 year olds receive up to £5, while 12% of the 14-15 year olds receive more than £10 per week.

Total income
 Almost 20% of the 14-15 year olds receive more than £20 per week from pocket money and job.

Saving money
 More males than females are savers and about one third saved something.

Spending money
 Over 30% of older pupils spent more than £10 during the week before the survey.

Items bought last week
 Sweets, crisps, and fast food were bought by more than 20% of pupils aged between 10 -15 years. In Year 10, spending on alcohol, cigarettes and fares becomes important.



7 Exercise and Sport

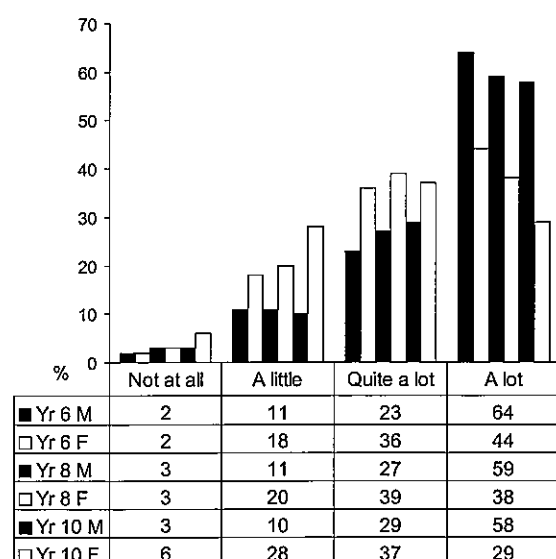
The poor levels of physical activity among many young people is of concern – particularly the older girls. We must put more effort into making sport and other physical activities attractive and accessible to them.

Enjoyment of sport (Table 7)

44% of the 10-11 year old females enjoy physical activity 'a lot'. However, far fewer females than males in each year group report liking sport 'a lot'. Half as many 14-15 year old females as males say they enjoy physical activity 'a lot'. Nevertheless, 80% of primary school pupils and over 60% of the secondary pupils enjoy physical activity 'quite a lot' or 'a lot'.

Table 7 How much do you enjoy physical activity?

44% of the Year 6 females enjoy physical activities a lot but this decreases to 29% for year 10 females



	Valid responses
Yr 6 M (10-11 yrs)	3123
Yr 6 F	3115
Yr 8 M (12-13 yrs)	5313
Yr 8 F	5977
Yr 10 M (14-15 yrs)	7011
Yr 10 F	7762

Active sports

Nearly all of the 36 activities listed show a decline in involvement with increasing age except for 5-a-side football, soccer, badminton and weight training for males. Volleyball, badminton and basketball remain generally constant across the age groups and between genders.

Fitness

44% of pupils in Year 6 think they are fit. Over 20% of the Year 10 females describe themselves as 'unfit' or 'very unfit'. Perceived fitness declines with age in males and females.

Aerobic exercise

Over 80% of all groups (10-15 year olds) had exercised to the level of 'breathing hard' at least once in the previous week. The gap is seen to widen between males and females among the frequent exercisers as they get older.

Professionals "out of touch with young peoples' drug use"

New Department of Health funded research reveals that professionals working with vulnerable young people are failing to identify those most at risk of serious drug problems. Published by DrugScope, 'Vulnerable young people and drugs: opportunities to tackle inequalities', looks at the role of professionals working with young people in England.

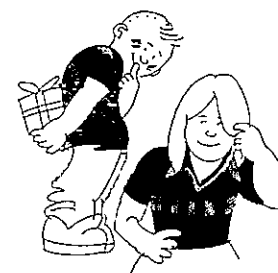
There are a number of factors which can make young people more vulnerable to drug misuse:

- ⇒ unstable or unsupervised family backgrounds
- ⇒ poor housing
- ⇒ mental and emotional health difficulties
- ⇒ use of alcohol and tobacco much earlier than their peers
- ⇒ young women can develop serious drug problems much more quickly than males
- ⇒ lack of parental supervision especially around age 11-13
- ⇒ insufficient assessment systems in place to recognise drug problems

Roger Howard, DrugScope's Chief Executive says,

"Everyone responsible for vulnerable young people needs to recognise that drugs will be an issue. They need to make sure they are trained to spot where there is a drugs problem and know how to deal with it."

www.drugscope.org.uk



8 Social and Personal

Since 1996 we have noticed a marked increase in the proportion of young people who worry about school, and, as previously reported, the 1999 figures continue at the new higher level. Schools still remain an important source of information about sex and infections like HIV, but there is always room for improvement.

Boyfriends and girlfriends

About 25% of all the young people had a 'steady' friend.

Meeting the opposite sex

Almost half of the young people feel at ease. 12-17% are 'quite' or 'very uneasy'.

Information about sex

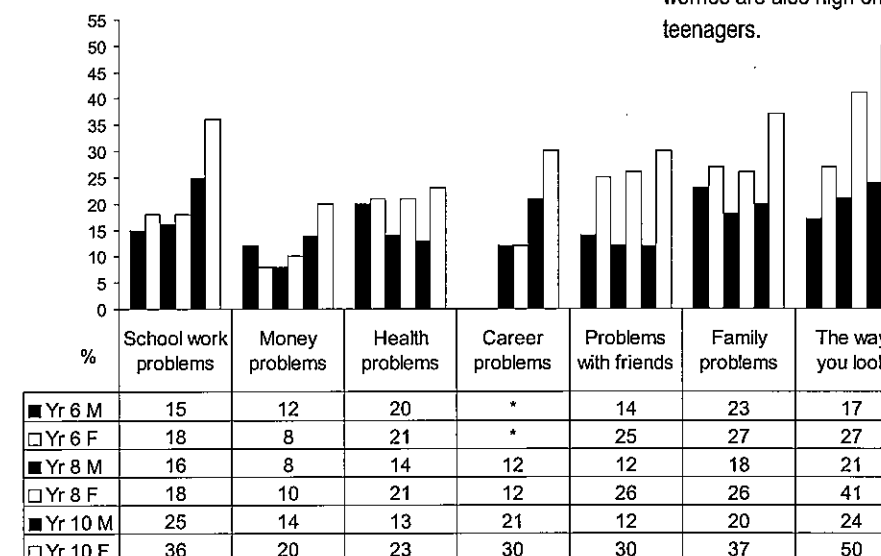
Between Years 8 and 10 there is a trend away from parents and school lessons and a trend towards friends. Parents and/or school lessons should be the main source of information according to these young people.

Worries (Tables 8a & 8b)

14-15 year old females top the list of most problem areas. 'The way you look' is the principal worry for these young people, but school, money and career worries are also high on the list of the older teenagers.

Table 8a & 8b How much do you worry about these problems? Responses to 'quite a lot/a lot'

Year 10 females top the list of most problem areas

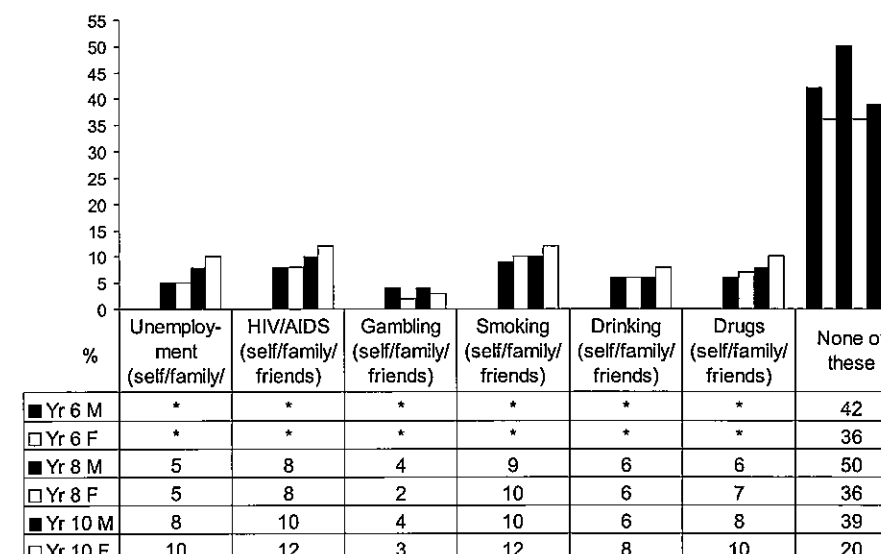


Key finding

'The way you look' is the principal worry for young people, but school, money and career worries are also high on the list of the older teenagers. Females are more likely to worry about all the topics than males, with 50% of 14-15-year-old females worrying 'quite a lot' or 'a lot' about 'the way you look', and 36% about 'school work problems'.

	Available sample
Yr 6 M (10-11 yrs)	1977
Yr 6 F	2028
Yr 8 M (12-13 yrs)	6807
Yr 8 F	7225
Yr 10 M (14-15 yrs)	7971
Yr 10 F	8518

* Year 6 pupils were not asked about this



**School problems**

There has been a marked rise in worry about school work since 1996. Mother and father are the most common source of support.

**Money problems**

Around 50% would talk to their mother and father.

**Health problems**

Almost half the males would turn to mother and father, but mother is the most frequent choice of the females.

**Career problems**

Mother and father are the most likely source of support and the school teacher plays a stronger part for older pupils. 20% of females would turn to their mother.

**Friend problems**

Gender differences are pronounced. More males say mother and father, or 'would keep it to myself'. More females say mother. A similar proportion, however, would share the problem with another friend.

**Family problems**

Females are twice as likely than males to turn to a friend. Males are more likely to go to mother and father or to 'keep it to myself'.

**Gambling problems**

Around 25% would keep it to themselves.

**Self-esteem**

The level of self-esteem tends to increase with age. The 'high' group included more males than females.

**Control over health**

The majority feel they are in control of their health. At least a quarter do not think they can influence their health by their own efforts.

**Getting on with adults**

Up to 53% 'get on best' with both parents. Older pupils show a move away from parents towards other individual family members and friend. More than 85% trust at least two adults. 5% of older pupils trust no one.

**Life satisfaction**

Males are more satisfied than females. This difference is in line with evidence that females worry about more things than males.

**Transmitting HIV**

Sharing needles and unsafe sex are correctly seen as the top risks. Within each year group, the females' knowledge is more accurate than the males'.

**Information about HIV**

TV programmes and school lessons are the most widely-mentioned useful sources.

**Precautions against HIV**

More males than females say they will not take care of getting infected with the HIV virus. Nearly 20% of the 12-13 year old males say 'no' or 'not sure'.

**Birth control services**

43% of the 14-15 year old females knew about the service for young people, and knowledge grew with age. 58% of the older males did not know of a source of free condoms whereas two-thirds of the females said they did know.

LIFTING THE LID ON UNDERAGE DRINKING

Recent research about underage drinking has been released by the Home Office. 'Underage Drinking: Findings from the 1998-99 Youth Lifestyles Survey' involved a sample of 1,790 young people aged 12 - 17. 'The Social Contexts of Underage Drinking' involved a sample of 180 young people. The findings showed that frequent drinking was more common amongst offenders aged between 12 and 17. Also, among parents with the highest level of drinking (three or more times a week), 31% had children who drank frequently. Among parents who had never drunk, only 10% had children who drank frequently. Other findings revealed that ethnic minority teenagers were less likely to say they drink alcohol. Drinking behaviour, amongst one sample of 180 young people, was found to be dependent on a number of factors, including age, gender, local culture, family background, religion and ethnic identity. Further details from the Home Office Press Release 298/2000. For copies of the reports telephone 0207 273 2084

National Curriculum targets

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.

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 nearly 530,000 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.

The next issue of
Education and Health

will be looking at

'TravelWise'

the initiative that aims to encourage people to use their cars less, particularly for short journeys

If you have been involved with this initiative and wish to make a contribution to

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Pupils describe what they do at home, at school, and at play

Many of the 50 primary questions are directly compatible with those in the secondary school

