The unique databank is an unrivalled resource of youngster's health-related behaviour and is used by those planning services for young people.

HRBQ - providing baseline data

If teachers could be more accurately and reliably informed of their pupils' behaviours, they would be better equipped to support them in their classes.

First developed in 1976 in Nottingham.

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

The Health Related Behaviour method arose through John's 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 even 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 and involve Primary Care Trusts. Survey results are returned to the funding authority as well as individual schools receiving their own report.

'Pyramids'

One approach that funders can make to their application of the survey is to use the 'pyramid' model. This approach involves co-ordinating HRBQ surveys in secondary schools with HRBQ surveys in their 'partner' primary schools.

Each secondary school, together with its cluster of partner 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 PCT or ward boundaries 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

Another way that funders plan their surveys is to use a strategic planning approach which involves repeated HRBQ surveys. This approach 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.

Unique databank

To date, the HRBQ has been used in over 4,800 primary and secondary school surveys in the UK. It has also been used overseas. Information from nearly 610,000 young people is stored in our unique databank. This is an unrivalled resource of young people's health-related behaviour.

Developments

Further developments include the Early Primary HRBQ and the Further Education HRBQ. We have already seen, in the previous article, that an online version is being developed with the Dudley Health Promoting Schools Project.

The HRBQ remains a robust research instrument. It continues to be used by a wide range of people, 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.

To date, the HRBQ has been used in over 4,800 school surveys and... information from nearly 610,000 young people is stored in the unique databank.