

John Balding first developed the Health Related Behaviour Questionnaire in 1977 and founded the Schools Health Education Unit (www.sheu.org.uk) which continues to support those concerned about young people's health-related behaviour

John Balding

If I knew then...over 25 years of schools, health and education

July 2005 sees the retirement of the founder of the Schools Health Education Unit who looks back to research developments that continue to provide a greater understanding of young people's health-related behaviour.

In 2004 the Schools Health Education Unit surveyed 40,439 young people between the ages of 10 and 15 in 452 schools across the United Kingdom.

Looking back at some early documents I see that I wrote, "one of the aims is to give schools useful health related behaviour profiles of their pupils. It is clear that there is a great concern over health issues and much eagerness to tackle the problems but a lack of data on which to base a programme of health education".

By 2005, we have so far carried out over 5,300 health-related behaviour surveys involving over 685,000 young people. Many health education programmes have been supported by our services, a unique data-bank of young people's health-related behaviour has been developed and pupil profiles have been provided to schools. We continue to work and share the concerns over young people's health issues.

Young People in your area

The core of our survey work is the Health Related Behaviour Questionnaire (HRBQ) survey method, which has been used by secondary schools for over 25 years and by primary schools for more than a decade. These surveys produce a detailed profile of young people's life at home, at school, and with their friends. This information is then used by health authorities to inform health needs assessment and health care planning, and by schools to promote health education programmes, as well as in class work across the curriculum.

Just one minute

The 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.

Formative ideas

I used to run a one-term Certificate in Health Education where teachers took a term's secondment from their post to soak themselves in Health Education for a while (remember those days?!). I can remember teachers having real eyeball-to-eyeball arguments about what schools should be doing for pupils. These debates were sometimes based on different philosophies or values, but teachers quite often have similar values about their work. What more often seemed to be at issue was what they thought young people were really like.

We have our own experiences of pupils in our charge to reflect upon, and also so important are our own experiences of childhood and of being a parent. But however potent these experiences and reflections, they are necessarily personal, and often strongly affected by particular incidents or colourful stories that could not be owned by others in the group.

This is the key thing that made me start looking for ways of assessing behaviours: wouldn't it be better if, instead of having only our own perceptions about what pupils' lives

are like, we asked young people in our community to tell us more about what life was like for them.

Supporting communities

Growth and development of the young people we seek to support is a continuous and exciting process. Physical, mental and social components overlap inextricably. Across 30 years the design and widespread use of our enquiries via young people aged from 6 years to 19 years has developed.

The same questionnaire cannot be used at different ages because of different levels of understanding, development and experience. To derive comparable data from young people at different ages is so supportive of planning their education and support. To this end questionnaires have been developed for different levels of maturity which are complementary and the succeeding changes measured are relevant to understanding change and to planning education and health and social support.

PSHE teachers

I shall never forget a meeting involving representatives from all schools in West Devon. The teachers knew one another rather well and were typically good humoured, sometimes boisterous, highly supportive of one another, and naturally competitive. Clearly to look at results and explore their meaning and ways forward in the light of the new knowledge was the agenda.

But, surely we cannot look at a named school's results because the school would be exposed and may have the poorest (or best) results. PSHE teachers and advisers don't do that sort of thing!

So, I carefully prepared tables to project on the screen displaying different but unidentified schools results to facilitate clarification and be a resource to promote objective interpretation.

No sooner was the first table was displayed showing Line 1: "School A", Line 2: "School B", and so on, than the experienced and weighty teachers in the audience sat back in their seats and one said, "That's your school" pointing to a particular row. "And that's your school" came the retort indicating another row.

PSHE can often lead to a discipline problem. My style at the time was to listen. Getting a word in has never been my strong point. Having an effect? Surely.

Community characteristics

All sorts of things emerged from the vigorous exchanges amongst the group members, but amongst them was the discovery that characteristics of the different communities served by each school became detectable through the results. What people "knew" about each others school was recognisable, often very clearly through a comparison of the results.

Did the results make sense and fit expectations? Yes, in the sense that they separated communities but the levels of behaviour could not have been predicted. Typically, problem behaviour levels were lower than the media leads us to believe. Yes, there is a problem to address but we feel clearer about its extent.

Measuring behaviour

The school changed what it was doing. They had measurement of the behaviours about which they were anxious. The problems did not go away but levels of behaviour were recorded, and typically their perceptions of the levels had been higher than the recorded results they now had to work from. A level of confidence in the team grew. Their capacity to handle their parents and the local press was enhanced. Their links with outside support, LEA advisers and HMI were strengthened. In the present day the exploration of the data can create strong bonds between Schools, Health Authorities (PCTs), Education Authorities, Drug Action Teams, and, dare I say it, the Police.

Timing of courses were altered between years. Differences between boys and girls became clearer, particularly age wise. New courses were designed. Identification of help from outside the school took place.

Skilled heads and Principals have used the data to defend the criticism from local press, even to reverse it. The data from the survey belongs to the school and wisely it is published selectively to the advantage of the

school or not at all.

A terrible problem with alcohol

Colourful incidents and stories can go around a school community like wildfire and have a distorting effect on priorities. I remember a deputy head teacher, Doreen, who called me in to work with her school because of the anxiety amongst staff concerning the drinking habits of teenaged girls in the school. During further discussion, she illuminated the background with an account of her finding Claire, year 10, with a local supermarket carrier bag in the cloakroom. This bag contained a bottle of sherry, a bottle of gin and 2 tins of lager. On tactful enquiry Doreen discovered that this collection was her 14th birthday present from ... her mother.

You can imagine that, once that story had done the rounds, the staff was tying itself in knots about what to do about the terrible problems about alcohol that were clearly present in the community served by the school. The survey was duly carried out, and, yes, there was a problem but nowhere near the levels that the caring staff were expecting.

The pupils weren't perhaps drinking as much as was imagined, and when you looked across the whole sample and across the whole range of behaviours, the picture about alcohol was less threatening than at first appeared. Moreover, there was appropriate concern about other areas of behaviour that the school would not have considered had they not done the survey.

This is always such a magical experience for me. I can't -- or won't -- tell schools what to do. After all, I don't know what the situation in the school is, and even if my recommendations were sensible, the school needs to take responsibility for decisions and seeing them through, which never happens if you get "advice from an expert". But by offering them support to get a picture of their pupil population, the school is enabled to move on, based on the security of robust information, which they own. We do refer schools to examples of successful practice in other schools and promote links between them

The early years

The Unit developed through funding from the Health Education Council and it was based in the School of Education at the University of Exeter.

Schools began using the questionnaire in 1978, and by 1982 there was a team of coders processing scripts. The data were 'punched' by the data-preparation team and stored on magnetic tape or hard discs, an arrangement that continued until we

developed our own independent network.

Our earliest surviving compilations are for 1983, preserved in two scrapbooks of printout representing the combined 1983 and 1984 data, obtained using version 8 of the HRBQ. By the end of 1983, we had health-related data from nearly 30,000 pupils.

Chris Brailey, a research assistant, said at the time, "A direct result of the health-related research is that teachers can become informed as to the behaviour of their pupils. Whilst this may seem an obvious statement, it is nevertheless particularly important, since courses in health education in schools are often based on teachers' beliefs concerning the behaviour of the children they teach. This is a largely unsatisfactory foundation for courses since the teachers' beliefs concerning children's behaviour are often wide of the mark."

Evolving and developing

Over 30 years of evolution and development the content has been under continuous scrutiny, and much revision has taken place. Professions other than teaching have been deliberately drawn in to influence the content, and the teachers' concept of health behaviour has had to be balanced against other professional views.

It is interesting to note that, at one stage in the development of the questionnaire, it was possible to have the content reviewed by numerous teachers around the country who were involved with Trefor Williams' Southampton-based 13-18 Health Education Project. The teachers were invited to assign each question to one of three categories:

Useful Undecided Not relevant
and they found no difficulty in the task. Most questions were 'Useful', and the one or two considered 'Not relevant' were excluded from subsequent versions.

A few questions received positive approval from some teachers and negative appraisal from others. These were retained, and do draw attention to the differing views that can be held on the relative importance of aspects of health.

Two questions producing this polarity of view were in connection with (a) the importance of the amount of sleep a child was getting and (b) whether or not he or she had eaten breakfast before coming to school.

Young People in...

Data for the years 1984 and 1985 are still accessible in our databanks, although they were never published. From 1986 onwards, however, we have a complete record, as this was the year in which the annual 'Young People in...' reports started.

Some nineteen reports later, see below,

'Young People in 2004' is the 19 annual report that continues to maintain the high standard associated with SHEU publications. It was published in April 2005 and reports the answers to over 100 health related behaviour questions given by 40,439 young people, between the ages of 10 and 15. They tell us about what they do at home, at school, and with their friends.

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

'Young People in 2004' Tel. 01392 667272

we have just published our latest set of figures which show the answers to over 100 health-related questions. Our annual survey sample is accidental and not deliberate and is therefore not a representative 'national sample' in a research sense. It is however very large, and within any one community is never less than 40% of the community and often greater than 70%. Our aim is to provide robust figures for the community in which the data are collected and used. For example, in 1994, 1999, 2000 and 2004 the Unit's annual survey figures of young people ranged between over 31,000 to over 48,000 and involved schools from across the United Kingdom. With the large samples it comes as no surprise to discover that the Unit's annual data compilations usually match the outcomes of orthodox procedures for the collection of 'national data'.

Design of questions is an art

The design of questions in surveys is an art. We seek to ask a question which each respondent interprets in exactly the same way. With the range of abilities and experience amongst the young people involved in our surveys we have always built in to the supervision reports prompts to alert us of difficulties that the supervisor became aware of.

This built in feedback from every "classful" of responders completed questionnaires has been a powerful tool in our development. "New" questions take time to "settle down", and we always consider their position amongst the other questionnaires, for example, because a preceding question can/will influence the reception of the next question.

Reliability

Our long-term set of questions has a history of use and we have a level of confidence in their "reliability", in the sense that similar groups of respondents understand them in the same way. There is always a pressure on us to include more, and different, questions. New questions, or at least their answers, are always exciting. Caution in interpretation of the answers is always a good idea until they have a history of use, and have been tested.

In many of the communities in which our surveys are conducted, questions specific to the locality, and which would not export, are often suggested and, following our careful experienced design from the suggestions, are included. We learn a lot from this exercise which is always helpful in supporting surveys in new areas.

The role of the media

The behaviour of young people as they grow and develop is so important, and potentially very newsworthy, particularly bad/poor behaviour. Across 25 years of supporting surveys of health related behaviour

in communities we have built relationships with many journalists, and two I learned to trust. Typically they are drawn to bad news and to exploit conflict through seeking and exposing opposing views.

Each year we summarise the results from the previous year's surveys and publish them in our "Young people in -- --" series. Young People in 2005, which is recently published summarised the results from over 40,000 young people between the ages of 10 and 15 years, from over 400 different communities from England.

Headlines

At the time of publication journalists are forewarned and we have numerous phone calls, and interviews on local radio, and visits from journalists. We also carefully prepare press release documents in our attempt to be quoted accurately. Many journalists are extremely careful, and may even send us their draft copy for checking and I am impressed by their sense of vocation and their care about getting the story right.

However I can remember spending many hours going over a report with a journalist who sent me a draft of his copy for me to correct or comment upon. The only caveat he made was "I can't guarantee that the headline will be the same". When the story was published, the headline made a statement that was completely the opposite of the story below it! On enquiry, the reason given was that the title would be more likely to attract the reader towards the content. But what about those who read the title and not the content?

Our annual figures, published in the 'Young People in...' series, in general show young people to be outgoing, risktakers, caring, concerned with the environment and good to be with. Years ago I was influential in inspiring a journalist along these lines and his title was: "Thatcher's Children are good to be with". Within a week or so he got the sack. I was interested to know why and, on my enquiry, hints were offered that his removal was in the offing prior to his article on our work, but it was likely that it had helped his dismissal.

Shaping behaviour

Apart from battles with the press over the stories about my own work, I have been concerned about the part the media can play in shaping people's behaviour (one very early finding from our research was that "fifth year" (Year 11) girls whose families read 'quality' newspapers (like the Times) were more likely to drink wine than girls who had other types of newspaper at home. This sort of thing is interesting and even amusing.

The local press can have a very damaging effect on an individual school. I have seen schools have regular criticism from the local media, where a newspaper seems to jump at any opportunity to publish negative

material about a local school. This can be terribly damaging for the community and is distressing to watch.

I have been pleased, therefore, when I have seen headteachers use HRBQ figures to respond vigorously in defence of their school: "You are saying our pupils are like this, but here is the evidence that they are not". The results of the survey in any school belong to that school and are only released if the school needs them to be. They are confidential and for use in constructive planning and monitoring by those who care about the school and the community it serves.

Pyramid surveys within a community

Survey data gathered from children in the primary schools can be aligned with the data gathered from the secondary school which receives children from their feeder primary schools. The model that I describe is a near perfect one, and I know of several, where a secondary school/community college can identify primary school from which it receives most of its students.

How to plan?

HRBQ survey data from a "pyramid study" provides a robust and constructive backcloth to inform the understanding of the issues involved in the transition from primary education to "big school". The survey data bring objectivity to planning. Dominant people at meetings typically get their way. This is democracy? If reliable and trusted data is to hand, face to face confrontation is deflected and giving due consideration to evidence stands a chance. Understanding the data also needs to be explored.

Communities which have used the survey and have felt positive outcomes often repeat the survey. The skills of interpretation and the understanding of the instrument develop leading to greater confidence in decision making and in defining positive roles that the school provides to the community it serves.

Education and Health

In January 1983, the first issue of the journal 'Education and Health' was published. Paul Gardner, who was the District Health Education Officer for Bury Health Authority, wrote an introduction and asked what the journal would contribute to the debate surrounding the field of health education, "I hope it will be multi-disciplinary, include examples of practice and, where possible, the results of practice, since these provide the most valuable insights". From its beginnings until 2000, James Muirden guided the journal and it featured a broad range of topics and provided an invaluable resource for all those interested in the healthy development of young people. David McGeorge took over from James and continues to cover a breadth of health

education issues and has developed the journal as the world of electronic information places increasing demands from a world-wide audience.

Local needs

At the time of the journal's twentieth birthday in 2002, Paul Gardner, now Director of Health Improvement for Somerset Coast Primary Care Trust, once again wrote an introduction. He described local needs, "Local information and local health needs are essential prerequisites of designing new services and addressing priorities within localities. Invariably the profiles derived from the work of the Schools Health Education unit have provided a firm basis for assessing these plans". He concluded, "Education and Health continues to inform, inspire, and encourage debate...and enable agencies and individuals to engage in addressing the needs of young people today".

Fit to succeed

Eight years ago we focused upon one component of our HRBQ, specifically to support constructive monitoring and development of physical activity within schools, and particularly primary schools. It was a very refreshing aspect to our work and has a history of 5 years successful use and potential development. Its design and use has been influenced by our Pyramid Surveys.

The 'Fit to succeed' project (www.sheu.org.uk) arose from a partnership between the children of Exeter, Exeter Academic Council, Exeter City Council, Devon Curriculum Services, the Schools Health Education Unit and DC Leisure Management, to promote physical activity and achievement in schools.

Angela Balding, co-ordinated the input to the project from the Schools Health Education Unit, and described how they collected information from pupils confidentially, but children's registration numbers were linked up with schools for SATs results.

She says, "We looked at the links between those who exercised three times a week and how well they did in external SATs in Maths and English. There is a strong indication that those who exercise regularly achieve higher grades. Of course, the argument that could be raised is that they achieved the highest scores because they are likely to come from the higher socio-economic groups, so we went back to the information again and looked at those on the register for free school meals. The same success story was evident".

Angela added: "Teachers observe that children who lead active lives tend to be more interested in their school work, and are more successful. This is a unique project, which sets out to explore the link and pupils' activity profiles and their academic

achievement using robust data".

The results from the pilot project generated quite a deal of interest among schools, many of whom were keen to improve pupils' health and fitness levels as well as spur them on to do their best in class.

The Barnardo's/GSK Right Fit Award enabled the partnership to extend 'Fit to Succeed' projects to all local middle and high schools, and in doing so gather more evidence on links between exercise and school performance.

Online surveys

As schools learned more and more about how to use the Internet, there was real opportunity for SHEU to offer our services to schools in an exciting, interactive pupil-friendly format and provide an online activity questionnaire.

The questionnaire evolved from the paper questionnaire used as part of the 'Fit to Succeed' project and initially funded by the Right Fit Award.

The online survey offers immediate feedback to those using the instrument and can be used to support the work of other schools or groups interested in finding ways to gain an accurate picture of the levels of activity of the young people they are working with. It also provides insights into the opportunities available for activity locally and potential new developments.

Since then the online survey service has developed and now operates from www.schoolsurveys.co.uk and is part of the National Grid for Learning. On the website you can design and run internet surveys for your school or group. We provide all the facilities you need for managing a survey whilst it is running and then for analysing or downloading your results. To help you design your survey we have a set of pre-defined questions on Personal, Social and Health Education topics which you can include.

Partnerships

We have been aware for sometime of our ability to provide Evaluation & Monitoring Services in a range of settings for clients who are involved with the Health and Education sectors. To date we have worked with a number of professional groups working for: the Police, Local Education Authorities, Primary Care Trusts, Local Councils, and Children's Fund Partnerships.

Experience gained from many years of survey management and data collection and analysis made us aware of the range of clients we had worked with and how we could meet their needs.

Recent developments have also shown how the many varied and inter-related groups occur as we continue our work. One of the latest Government initiatives 'Every Child Matters - Change for Children' has

enabled us to talk to groups from around the country and has so far led to our 'Every Child Matters survey.

Gratitude

I am of course proud of the work that the Unit that I have lead has achieved but a stronger feeling is the gratitude to all the staff past and present who have worked with such diligence to make things happen, many going a couple of miles beyond the call of duty to sort things out.

I'm so grateful also for the support and advice I've had from so many friends and colleagues over the years: Peter Griffiths, Ruth Joyce, Jim McEwen, Jessie and Arthur Leighton, Trefor Williams, Bill Rice, Linda Finn, Ted Wragg, Colin Noble, Donald Reid, Alysoun Moon, Sue Plant, Ray Duffell, Bob Snowden, Hugh Graham, Tony Goodall, Stephen Green...

I also formed such warm feelings for people working at the coalface of health promotion like Jeff French and Alan Tarn from Cumbria, Tony Collins, Sue Poole & Heather Jenkins from Dudley, Jon Pratt & Diane Fenner from Cambridge... it's hard to stop there, there are too many others I could/should list, but otherwise this article would consist only of people's names. I hope the unlisted friends and colleagues will forgive me my omissions. I did have a really good time working with so many dedicated people across 30 years.

Regrets, I've had a few...

What I most regret about what I have seen over the years is nothing to do with changes in young people's habits, but, rather, the constant change and lack of continuity in public life.

I really do believe that the heart of lasting positive change is a local community acting together with the support of professionals. And if these professionals are constantly being re-organised and re-prioritised, however much they care about the communities that they work with, the pressures on them to change what they are doing and where they are doing it make it next to impossible to really understand and work with a community.

A very concrete example of this is when we have to tell people in Primary Care Trusts what survey work has been carried out on their patch with SHEU over the years -- sometimes as little as two years ago! But all the people who worked with us then have moved on, and everything has changed so fast that important work has simply been lost at the top level.

Caring in a community demands stability and continuity. Repeated reorganisation, the often chosen route to the solution of problems, pays a price which a community can ill afford. Reorganisation can be good, but not too much of it.