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Drug and alcohol needs assessment with young people

The Health-Related Behaviour Questionnaire (HRBQ) is a widely-used lifestyle survey instrument offered by the Schools Health Education Unit (SHEU). The original purpose of the HRBQ was needs assessment, curriculum and service planning in schools, but it has found uses in public health monitoring and needs assessment at local authority level.

In 2012, the survey was used in more than 500 schools in 28 local authorities, and completed by nearly 100,000 pupils; in 2013, an almost entirely different set of schools and authorities took part. Over the years, millions of questionnaires have been processed by the Unit, contributing to a unique databank of young people's behaviour which is both wide – having in it many different topics – and long – going back to the early 1980s.

An early example of the HRBQ being used in deciding curriculum priorities for a school was from a city in the South West.

"I had a call from a teacher, who explained in some anxiety that there was a dreadful alcohol problem in her school. We talked for a while about this, clarifying, for example, whether in her view the problem was among the staff or the students…

There had been a recent incident. A third-year pupil (Year 9) has been found on the morning of her fourteenth birthday, unconscious, and lying in a neighbour's front garden. She had left for school that day carrying supermarket bags containing bottles of Martini, vodka, cider and perhaps other drinks. She sat on the wall and drank until she collapsed. The bags were a birthday present from, I believe, her mother.

To say the least, this incident had created for the school, and the community it served, something of a focus on young people's use of alcohol (if not an actual panic). We went in to support doing a survey, not just about alcohol, but including many other topics in health and social education. The findings showed a number of important things:

☐ *Yes, there were some young people going over the top on alcohol. But they were few. Most young people's use of alcohol was occasional, moderate and also – an important point in the story above – in the presence of, and/or supported by, their parents.*

☐ *When you looked across the whole picture presented in the results, there was some justification for reviewing the timing and content of the alcohol component of the PSE curriculum. There was also a lot of other information given by these young*

people which caused as much if not more concern – about their worries, their diets and so on.

The overall effect of doing the survey in this school was to go beyond a confusion of incidents and anecdotes to give some detailed evidence on which to base all their decisions about the PSE curriculum – certainly including alcohol, but including a wider context of discussions about peer pressure, decision making and so on. Furthermore, the survey also provided a more balanced and moderate picture of young people's consumption, and calmed down a community which had reacted so strongly to an incident that, we can say in hindsight, was not typical."

Variety of topics

The questionnaire includes a variety of topics, including drugs and alcohol, and can be offered to young people in primary and secondary schools, FE colleges and Universities. Repeated use can also show changes in knowledge, attitude, behaviour and social norms among young people in a community.

Examples (below) from one set of questions currently in use in secondary schools regarding alcohol and drug use:

How many cigarettes have you smoked during the last 7 days?

If you have smoked recently, where did you get/buy your last cigarettes?

Have you ever bought cigarettes with foreign writing on the packet?

How many people smoke on most days indoors in your home?

Have you had any alcoholic drink at all during the last 7 days?

On how many days did you get drunk, in the last 7 days?

During the last 7 days, (which) of the following alcoholic drinks did you drink, if any?

Total number of units of alcohol

If you ever drink alcohol at home, do your parents know?

What do you know about these drugs? (Detail)

Have you ever been offered cannabis?

Have you ever been concerned about someone else's drug use?

Have you heard of or used any of these services? % responding 'I have used this service'

Have you ever taken more than one type of drug listed in (the above question), on the same occasion?

Have you ever taken drugs listed in (the above question) and alcohol on the same occasion?

Have you ever been concerned about your own drug use?

How much do you worry about the problems listed below? % responding 'quite a lot' or 'a lot' [inc. Alcohol]

Where would you go first for help or info. about the following? [inc. Drugs]

How useful have you found school lessons about the following? [inc. Drugs]

Examples of the sort of results obtainable for each question include:

EXAMPLE SECONDARY SCHOOL RESULTS

77: How useful have you found school lessons about the following? (Year 10 only, N=247)

	Can't remember any	Not at all useful	Some use	Quite useful	Very useful	(Missing)
HIV/AIDS	35%	11%	26%	18%	6%	3%
Puberty and growing up	10%	12%	34%	31%	9%	3%
Other sex education	12%	14%	34%	27%	10%	3%
Education about drugs	**11%**	**14%**	**30%**	**30%**	**11%**	**3%**
Citizenship	21%	24%	28%	15%	8%	4%
Careers education	21%	14%	27%	24%	10%	3%
Physical education (PE)	7%	8%	20%	32%	29%	5%

EXAMPLE LOCAL AUTHORITY RESULTS

Percentages responding to question about awareness of URsorted.com service (N=4471)
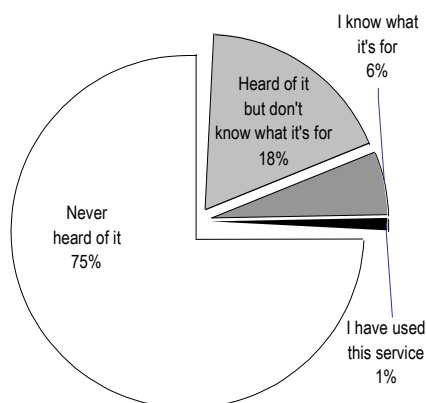
Percentages giving different issues as being dealt with by URsorted.com service (N=4471)

	Sexual health	Smoking	Alcohol	Drug	Emotional	Family	Money
URSorted.com	7	7	9	10	7	4	7
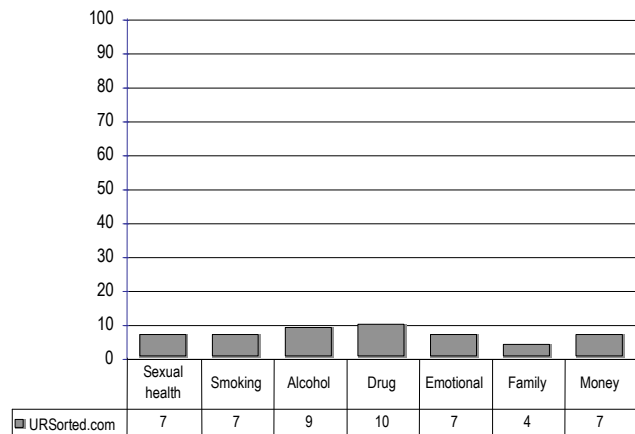
Currently, work in schools is usually paid for by local authorities (previously also Primary Care Trusts). Schools and sponsoring organisations will get a detailed profile of their community, for these questions and all the others. The schools and authorities are then left with the task of deciding which of the many hundreds of results are the most important and can be responded to most productively.

To assist them with this, we offer each school an analysis of how their school population might differ from the picture across the authority, as a list of statistically significant differences. Where a school has taken part in a study before, we will also give them a list of differences between the recent and previous set of results.

Here is an extract showing each type of analysis (I've picked out the drugs and alcohol items from a longer list, using the report from a school chosen at random):

EXAMPLE SCHOOL REPORT: Comparison results

	School		Authority	
	Yr 8	Yr 10	Yr 8	Yr 10
Boys	135	133	2067	2041
Girls	135	114	2016	2056

Sig	School	Auth	Question
***	30%	48%	of pupils responded that they have found school lessons about smoking education 'quite' or 'very' useful.
***	44%	27%	of pupils said they have smoked in the past or smoke now.
***	**30%**	**47%**	**of pupils responded that they have found school lessons about alcohol education 'quite' or 'very' useful.**
***	18%	9%	of pupils reported that they have taken at least one of the drugs listed in the questionnaire.
***	11%	4%	of pupils responded that they have taken at least one of the drugs listed during the last month.
***	17%	9%	of pupils responded that they have smoked outside in a public place in the last 7 days.
***	15%	7%	of pupils responded that they have taken at least one of the drugs listed during the last year.
***	32%	47%	of pupils responded that school lessons are their main source of information about drugs.
***	12%	5%	of pupils responded that they have smoked on the way to or from school in the last 7 days.
***	29%	18%	of pupils responded that they have been offered cannabis.

Sig	2012	2010	Question
***	37%	23%	of pupils responded that they have found school lessons about drugs 'quite' or 'very' useful.
***	32%	19%	of pupils responded that school lessons are their main source of information about drugs.
***	**30%**	**19%**	**of pupils responded that they have found school lessons about alcohol education 'quite' or 'very' useful.**
***	64%	75%	of pupils responded that they have heard of FRANK or 'Talk to FRANK'.
***	29%	19%	of pupils responded that they have been offered cannabis.
*	12%	17%	of pupils responded that they drank beer or lager in the 7 days before the survey.

Tests: Chi-squared (χ^2).   KEY: * = $p < 0.05$ (5%)   ** = $p < 0.01$ (1%)   *** = $p < 0.001$ (0.1%)

I don't know what this particular school did in response to this set of results, but it is hard to resist the temptation to read off a set of recommendations from what we are told here: there is progress that has been made but more still to be made in providing an alcohol education curriculum which is seen as useful by pupils.

Yet resist, we must. A school that relies on our recommendations, ignorant of local history and context, to tell them what to do, is not as likely to do it well; a school that takes ownership of and responsibility for its own results is likely to think through and believe in and implement properly a response. So, even though that school might decide to do something I wouldn't do, the fact that they believe in it might mean that it works anyway.

And to call back to the earlier reference to social norms, here are some results from a local authority who did some work on young people's perceptions of the behaviour of their peers between two waves of a survey:

Social Norms Trends in a Local Authority

Significant differences between 2013 and 2011 data

Below we have listed some statistically significant differences between the data collected in the 2013 survey and that collected in 2011.

	2013	2011
	Yr 9	Yr 9
Boys	1145	1075
Girls	1241	962

Sig	2013	2011	Question
***	52%	34%	of pupils responded that they think 0-10% of people in their class drink alcohol regularly
***	69%	53%	of pupils responded that they think 0-10% of people in their class at school smoke regularly
***	40%	55%	of pupils responded that they think over half of the people in their age group in England drink alcohol regularly
***	10%	21%	of pupils responded that they think more than half of the pupils in their class drink alcohol regularly
***	65%	51%	of pupils responded that they think 0-10% of girls in their year group have had sexual intercourse after drinking alcohol
***	70%	56%	of pupils responded that they think 0-10% of boys in their year group have had sexual intercourse after drinking alcohol
***	60%	49%	of pupils responded that they think 0-10% of boys in their year group have had sexual intercourse

What were the outcomes (whether it facilitated the implementation of specific intervention programmes) ?

It is not easy to generalise about actions based on surveys. One school's or one authority's set of actions in response to their results will be very different from the next, not just because their results are different, but also their history of recent programmes and capacity to innovate will be different to the next, and to some extent their beliefs and values. If you've just put in place a set of anti-smoking initiatives for young people, the topic is unlikely to be a priority for action following a survey, almost no matter what your results are. So we do seek feedback and commentary from schools and authorities about every step of the process, it's not easy to generalise.

An unedited collection of some school responses, to our impact assessment question, is given below (spots separate individual responses) :

" School Improvement Planning • To plan PSHE for next year and to help signpost actions where a problem lies • Healthy Schools Plus targets, Feedback for PSHEE conference mornings- suggested • Topics • To evidence information for the Annual Audit Healthy Schools • We use the information to develop our school Health Improvement Plan. • Informs planning, areas of development • Identifies issues that need to be explored further in school. • To inform planning, particularly for PSHE and to help us identify issues which need to be dealt with and the views of the children. • To complete our development plan for a healthy school. • It supports our Self Evaluation and PSHE • anti bullying / healthy schools / attendance / SRE / drugs education / assemblies • We are quite a small school which means that staff have very heavy workloads so we decided to look at the data in a staff meeting and identified four areas to be covered in school through the normal curriculum if possible with assemblies to support. • To sort out priorities and training for cohorts of children. • To look at the gaps in knowledge and understanding of our children • It was interesting to compare our results to others and so put them in context. • Inform SEF and SRE and behaviour policy. Useful information for governors. • PSHE planning Pastoral Team aware of potential issues Deputy Head addresses issues with appropriate subject areas/ pastoral staff • Linked to our healthy school's agenda, PSHE and informing our SDP and action plans. • As evidence for the SEF and setting actions for areas we need to improve • As part of our school evaluation and improvement process, we use the survey to identify areas of concern for the children, or those which indicate we could improve, and draw up action plans. We have also used the report data to draw up our Healthy Schools submission. • Identifying areas of weakness/need • To develop PSHCEE within school • For self-evaluation • Data for OFSTED etc. and school improvement on ECM issues which aren't easily collected in other ways. • Report to parents and governors, LA and as resource for Healthy Schools; data for OFSTED … "

Teachers don't have a lot of time to tell us what they do with their findings, so these are quite brisk summaries. You have to peer to find the one specific mention of drug topics, but many of the actions shown here are, or may be, relevant e.g. "Informed PSHE coordinators' focus for next year". Among the few longer responses we found the following:

> I was involved in taking part in a city-wide health and wellbeing survey over a period of six years. Completing the survey every two years grew in importance year-on-year, with the final cycle having a major impact on our SDP, PHSE curriculum, OFSTED outcomes and Governor understanding.
>
> Over the six-year period, we moved from a small sample in two tutor groups filling in a paper survey to two year groups completing an online survey. The reports produced give graphical analysis of a wide range of issues. As a result of the survey, we increased the number of PSHE workshop days for students to address issues such as smoking, drug and alcohol awareness, anti-bullying workshops. The surveys helped Governors make a positive informed decision to allow Brook Advisory Clinic nurses on site to support students. **"**

> It was very, very useful. It gave us reassurance we weren't missing a trick. For example, not many pupils in the sample year groups were taking illegal drugs, which re-enforced our opinions. But the survey also raised issues and flagged some things up. We discovered that some of our girls weren't eating enough – the percentage of girls in our school not eating lunch the day before the survey was higher than the county average. There were other concerns too, specifically around cigarettes, alcohol and attendance. **"**

Authorities also seem rather better at doing the work than documenting it – a charge that may also fairly be levelled at us, I fear. I can pick out one or two examples from client feedback…

> The data for (us) are very useful ... This is especially important when evaluating the impact of interventions regarding alcohol or other areas, as the survey data are likely to provide an earlier indication than routine data sources. **"**

…but I'm sure you are familiar with the distinction between anecdotes and data.

One Authority recently took the trouble to collate a list, possibly partial, of actions they had undertaken following a SHEU survey:

> Involving pupils in the identification of key priorities and actions • Development and further guidance for provision mapping in schools, to meet the needs of vulnerable pupils • Use of the Inclusion Passport to improve information sharing and strategies to improve pupil outcomes for individual vulnerable pupils, particularly on transition • More in-depth monitoring of variance within social identity groups, for example Gypsy/Roma travellers and new arrivals within the ethnic minority social identity group • Targeted pupil voice to follow up emerging key issues, for example interviews with Gypsy/Roma travellers, testimonials including young people's accounts of their experiences to further exemplify perceptions. This will inform planning of provision • Workshops at the Inclusion Conference focussed on SEN and disability key issues e.g. risky behaviours, anti-bullying • Suite of guidance materials for schools and settings including new guidance on tackling homophobia in schools and supporting Lesbian, Gay, Bisexual (LGB) young people, and a free school meals toolkit • Bespoke work with individual schools in addressing local/school based equalities issues • Sharing the service family findings with the local Ministry of Defence Garrison and with the PCT • Sharing the service family findings at a children and young people's multi-agency conference looking at the education and welfare of Armed Forces children, attended by school leaders, Integrated Services, Adult Learning Services, Educational Psychology Service, Army Welfare Service, Army Families Federation and the Soldiers, Sailors & Airmen Families Association (SAFA) • Publishing a CYPS guidance leaflet aimed at Armed Forces parents outlining how they can help schools support their children at times of exercise, deployment or posting: Helping us to help you and your family • Continued support from the Quality & Improvement Service for an LA funded project aimed at supporting pupils from Armed Forces families **"**

Nothing there on alcohol or drugs? Well, the focus on LGB young people was motivated in part by their relatively high alcohol and drug use. Year 10 students in that LA may have tried smoking (45%), drank alcohol last week (49%) or ever tried illegal drugs (18%), but use among LGB pupils in the same year group is rather higher in each case (61%, 64%, 47%).

Authority Needs Assessments concerning Drugs and Alcohol and mentioning SHEU results include:

Preventing Drug and Alcohol Misuse by Young People (BaNES)

Worcestershire Drug and Alcohol Needs Assessment

Health Needs Assessment of University students studying in Newcastle

Bedford Borough JSNA

Bristol Alcohol Strategic Needs Assessment 2012

Essex Joint Strategic Needs Assessment

Cornwall & Isles of Scilly Alcohol Needs Assessment

Alcohol Health Needs Assessment - Bradford

Alcohol Harm Reduction Strategy for Swindon 2011-2014

Needs Assessment 2009 - Sunderland Children's Trust

Substance Misuse Needs Assessment 2013/14 – Wiltshire

Joint Strategic Needs Assessment Director of Public Health – Derbyshire

The alcohol health needs assessment - Greater London Authority

Joint Strategic Needs Assessment – Cumbria

Alcohol Protection (Young People and Families) – Manchester

Alcohol strategy – Dudley

Solihull Joint Strategic Needs Assessment - Solihull NHS

Wakefield JSNA

Joint Strategic Needs Assessment Gateshead

Joint Strategic Needs Assessment for NHS Swindon

How it was used by local authorities, how it was used by schools?

If that all sounds a bit top-down, we have many examples of survey results being taken back to young people for comment and suggestions.

For instance, here is an account of an ad hoc group of pupils being a major pathway for deciding on responses to results in a school:

> " Two focus groups of sixteen mixed-ability, mixed-gender, mixed background students in Years 9 and 11 were established. Using their responses to the HRBQ, a senior youth worker plus colleague and school nurse then interviewed these students to 'tease out' more substantive opinions from them … A report on the findings was then produced by the Youth Service. "

For an Authority-level example, one client asked us to produce an A4 poster for each headline figure from the County results (extract below), and then worked through a thorough consultation exercise with many groups of young people, involving setting priorities and then inviting comments and suggestions. Substance use topics were two of the four most commonly prioritised topics from the survey.

Involving pupils in the identification of key priorities and actions for the 2010 ECM-HRBQ county report

Following the reporting of the survey data in October, there were a number of ECM-HRBQ Pupil Consultation activities held in secondary schools/pupil referral services, and with the North Yorkshire Youth Council to inform the key priorities and actions. Among the resources for the activity were:-

- The draft County report - useful to show pupils, especially the sections where the key priorities and key actions would be inserted, and to answer any questions that arose about the broader data
- 2010 Pupil questionnaire - this was helpful to remind pupils of the questionnaire that they had completed in the previous May.
- Pie charts with key data

Introductory Activity: 15 mins

Using the current ECM-HRBQ statements, pupils were asked to match the percentages. The correct answers were shown to the pupils to support discussion and allow the facilitator to give the background to the questionnaire in terms of content, size of county, number of pupils/schools taking part and the importance of their input.

Main Activity:

Stage 1 - 15 mins

- Pie charts were displayed around the room. Pupils were asked to place a Post-It sticker on the ones they feel are the most important to them or pupils in their school
- Pupils were asked to identify the most commonly marked (max 5 pie charts)and asked to discuss these briefly on their tables: were they what they expected and why they think they have received the most Post-Its

- Pupils were asked if there were any topics they would have expected to see and record any suggestions from them

Stage 2 -15 mins

- Each table had a flip chart for pupils to write down the top 5 statements and 2 columns to record their thoughts on 'What Should Be Done?' and 'Who Should Do It?' Pupils also had the percentages of how useful pupils report finding the lessons on aspects of Personal Social Health Economic and Citizenship education programmes and they gave their views as to the range of percentages. Pupils discussed the role of themselves, schools, their parents and any other people they thought might be involved in taking action on the priorities identified

Plenary Activity - 10 mins

- Each group fed back to the rest of the group, giving their reasons and justifications on what they had put in the 2 columns. This provoked further discussion between the different groups as they put forward their ideas as well as being able to question others
- The facilitator captured, from the pupil feedback, the key recommendations and summarised them on the flip chart for the group to see the results of their work. It was interesting to note the differences in the suggestions made by KS3 and KS4 pupils
- Pupils were told what would happen to their feedback - that it was collated and taken to next LA meeting to inform key actions and priorities together with feedback from other services

ECM-HRBQ matching exercise – answer sheet (examples)

% young people offered cannabis:

% young people who said that school lessons were main source of sex

% young people using Internet chat rooms

% young people with high self esteem scores

Feedback from pupil consultation

The top issues emerging from pupils were:

- Bullying - How schools deal with bullying (example below)
- Drinking - Drugs and Alcohol on the same occasion
- Smoking
- Sex and contraception

Example of actions identified during the pupil consultation

Table 3 (below) shows an example of actions, following the pupil consultation, relating to bullying.

Table 3. Example of actions identified during the pupil consultation

Most popular priorities	Reasons for choice	What should be done
Bullying % of pupils who think they are picked on or bullied for the way they look and for their size or weight.	It has major impact on pupil confidence and lowers self-esteem and affects attendance. Also reflects badly on the school. Leads to eating disorders. Worries about figures and think they should look like models. Boys get bulked up.	Act quickly as schools should not wait until it gets bad. Sit pupils down and encourage them to talk. Restorative justice but only when pupils are ready. Take personal responsibility for appearance. Promote that everyone is different and it does not matter how you look. Staff to tackle bullies - more sanctions. Have staff available to talk to pupils affected. Encourage people to feel good about themselves by putting more average people in magazines and newspapers. Education about healthy eating, involvement of school nurse.

Use of the 2010 ECM-HRBQ

The 2010 data has been used in a variety of ways to inform service planning, provision and evaluation. For example it is:-

- Stranded through the 2011-14 Children and Young People's Plan – measurable outcomes.
- Providing evidence to inform inspection Local Authority e.g. service family inspection, Children's Centres and school inspections.
- Informing targeting of resources – for example: the LA Performance Reward Grant - Risk Taking Sexual Health Services Project - identification of schools and integrated into measurable outcomes on the school project action plans.
- Used widely in training

It might be asked – in fact, it has been asked – do you need to do the survey in the first place, why not just consult locally on priorities? I think the reason to answer yes was demonstrated decades ago by Doreen's school down in Plymouth – that is, while a community may come to a view about a topic like alcohol or drugs, it may be basing that view on at best a partial understanding of the local picture, and in some cases a greatly distorted one.

So, we can see that the HRBQ:

- Can be used as a drugs and alcohol needs assessment in schools
- Has the potential to be a rich and potent source of change in schools and communities
- Can also be used to monitor change

Any feedback from schools?

As part of our routine quality assurance processes, we ask schools: Would you recommend doing the survey to another school, and why? Again, some unselected schools' comments are offered:

" It gives vital information about pupil voice • Useful to collect data and use in whole school planning • it highlighted areas of strength and weakness • certainly - it has given my PSHE team a clear view of what we are doing right as well as the gaps that we need to plug. An excellent, user-friendly resource we will certainly use again. • Think the survey is very worthwhile in informing us about our pupils attitudes and awareness of social pressures around them. • Allowed an overview of the health of our students and able to focus curriculum and extra curricular activities on areas they need help and support. • Our school is fully commited to healthy schools issues - can't really speak for others • It is very useful to read the survey to find out exactly what your pupils feel/think. It highlights areas that need developing in your school that you may be unaware of. • It was quite time consuming & difficult for the younger child ten to understand & therefore give an honest answer. For KS2 colleagues I would recommend it. • Results showed some interesting trends and pinpointed issues to address • Helps identify issues and needs of the school which need to be addressed. Helps provide action plan within PSHE for school priorities. Good evidence for SEF of what is going well in school and issues which have improved for the children. • Yes I would recommend it because it gives such a wide overview. • Quick, simple and a clear and accurate piece of data about your school • It enables staff to deal with training and understanding the issues in related areas from a child's point of view • Yes - see above • Yes - it is another way of finding out the viewpoint of our children. • It gives you proof that you are doing a good job and brings to your attention areas where you need to do a better job • It gives an overall idea of students' attitudes and perceptions to the issues that we cover in different areas of the curriculum. • Really helpful and useful evidence for school self evaluation. • HRBG gives our school specific data on areas which are not easy to assess and comparisons with other schools. This is really useful in action planning. • Useful to show OFSTED and make positive changes in school. • Feedback helps to improve the service • Very useful data • Yes - provides good information for self evaluation • Useful data for OFSTED which you cannot gather another way. • When we had OFSTED a year ago we used the data effectively. • Yes, good way of collecting additional data; easy to fill in for pupils; reports clear and self explanatory • Easy to partake in, good results and can be used effectively for students • Yes. Because a school can use the information to deal with issues. • Gave us further information to support the children in need • the survey helps to provide a taylored educational plan that meets the childrens needs at that time. • These surveys used over time provide invaluable data • It raises discussion and promotes knowledge of pupil views • Gives statistical information for impact of health and wellbeing strategies. • Useful information which can be used to support pupils and their learning as well as teaching. Excellent presentation. Lots of support. • Yes. Feel that the work is valuable and informative. • Very useful information to use for school improvement and SEF, which would be hard to acquire ourselves. • Found it beneficial • Useful for highlighting areas of concern or areas for informing discussion or future teaching • Useful for identifying areas of concern / informing future discussions or planning • For highlighting concerns; for informing discussions with children and for informing planning • It is a very useful way of looking at opinions and behaviours in the school • Encourages reflection on many of issues covered in questions. • Yes. Some data has been helpful in PSHCE planning • A useful survey providing measurable data. The LA support was also extremely crucial in order to interpret the data. • It is a good way to identify areas of concern with regards to the wellbeing of every child. • The process is straight forward and the data recieved is useful. • The amount of information returned is trackable over time. You can see if school strategies are working. • Yes, very efficient. • yes, great service. • It is very useful to collect data for children in Year 5 and Year 6. • Good information to inform planning and provision • Valuable insight into needs of class / school • Yes as it is beneficial for the school to move forward in aspects that are relevant to their children, allowing the creation of a personlaised curriculum. "