
Dr David Regis is the Research Manager at the Schools Health Education Unit.

For communication, please email: david.regis@sheu.org.uk

David Regis

Pupil voice : young people tell us about their health and wellbeing

The UN Convention on the Rights of the Child asserts that children have a right to be consulted on matters that concern them. This has informed statutory guidance from the [Department for Education](#), which requires local authorities and maintained schools to consider how best to provide opportunities for pupils to be consulted on matters affecting them or contribute to decision-making in the school.

The Schools Health Education Unit [SHEU] work with local authorities providing survey services that enable pupils' voices to be heard.

Since 1977, SHEU have asked children and young people about their attitudes to health and wellbeing issues. As well as being used in schools, our surveys are used by [many local authorities](#) in England to inform their public health and education support services. Survey results are also used by a range of related groups eg. school governors, Health and Wellbeing Boards and OFSTED.

Authorities want to ask their youngsters many questions about a range of topics that are identified as important to their health and wellbeing. SHEU provide each school with their survey results compared with figures from local schools and topics can also be compared with information from the SHEU wider data.

Topics

To gauge youngsters' views about health and wellbeing, each authority decides on the range of topics in the questionnaire. Topics usually fall within a range of themes for example: At Home :

Being Healthy : Physical Activity : Alcohol, Smoking and other Drugs : Safety including Bullying : Internet : Enjoying and Achieving : Emotional Health and Wellbeing : Relationships and Sexual Health.

Naturally, the selection of topics differ across the country but certain ones re-occur and this is reflected in the annual publication *Young People into ...* For example, it is usual for authorities to seek young peoples' views about their food choices and weight control. There is much investment in obesity prevention programmes by local authorities and local data, that can be supported with contextual data from local and national sources, provide an important resource for local many agencies:

"The questionnaire is implemented among pupils across a range of ages. This allows health service commissioners and health professionals such as school nurses to consider how both healthy and unhealthy behaviours emerge as children develop through adolescence and into adulthood. Comparison of findings with national average figures also allows consideration of whether different behaviours are contributing to observed health inequalities."
Gateshead

Pupils voice their concerns

One clear way to listen to pupils' concerns is simply to ask them what they see as the main issues affecting them, or their age group. We can of course focus attention on "issues affecting your health" or "what affects your experience of school". But asked more generally, pupils in one local authority reported to us what they saw the main issues affecting young people in their area.

This question was asked early on in the questionnaire, so should not have been affected by the later content. The thousands of free-text responses were classified under these broad headings by SHEU staff (a considerable undertaking). The results for the topics attracting at least 10% of 'votes' from at least one group were:

Percentages of 12-15 yr olds in a local authority who give issues as being of importance to young people of their age.

	Yr 8	Yr 8	Yr 10	Yr 10	All
	M	F	M	F	
Safety & crime	22	49	21	34	34
Drugs	9	24	18	22	21
Sex & relationships	9	16	12	19	16
Education	7	10	8	13	11
Alcohol	4	10	8	13	10
Smoking	7	8	5	12	9
Activities	4	3	8	9	7
Emotional health	0	7	0	10	6

There are differences in emphasis depending on year group and sex: older pupils are more likely to mention Sex and Relationships while girls are more likely to mention Emotional Health and Wellbeing (in fact, boys hardly register this topic at all). We have reported [elsewhere](#) how we have seen some important unwelcome trends in the emotional health and wellbeing results for teenage girls.

Pupils' levels of concern

Results from open-ended questions like this are very rich but it is a challenge to process the variety of information that can arise. It is more often that we will present a list of commonly-reported issues to young people, and ask them how much they worry about each of them. From these results, we can get a picture of the changing landscape of young people's concerns.

One local authority reported that the top three concerns, based on the proportion of pupils worrying 'quite a lot' or 'a lot' about the issues, were:

Percentages of 12-15 yr olds in a local authority who report worrying 'quite a lot' or 'a lot' about the issues.

Boys		Girls	
Exams and tests	37%	Exams and tests	58%
Family problems	24%	The way you look	52%
Health	20%	Family problems	38%

Pupils' views about Pupil Voice

We have also used surveys to enquire about pupils' experiences in school of having a voice. For example, we found in one local authority that 48% of secondary school pupils thought that they had opportunities to give their views and opinions in school about how they are taught while 45% thought that their views and opinions made a difference to how they are taught.

Pupil voice and attainment

We have been asked by a couple of local authorities to see what can be said about school-level results. Where there is a good update among schools, the sample size of schools can be dozens or even hundreds, and then the possibility of doing some statistical testing arises. We have found, for example, significant correlations between school academic performance and whether pupils feel listened to at school:

Correlations in a local authority of schools' academic performance figures with the percentage in the school who report feeling listened to at school.

Measure	Correlation
2012 % EML4+ or 5A*CEM	*0.25
2012 % Expected Progress English	*0.24
2012 % Expected Progress Maths	**0.30
2012 VA DFE	**0.29

The first two correlations(*) are significant at $p < 0.05$ and the last two(**) at $p < 0.01$.

Attending to vulnerable groups

Authorities will present results from their SHEU surveys in different ways in order to explore the relationships between behaviours and groups. In one case the views of 14-15 year olds are shown compared with different groups, for example:

Percentages of 14-15 yr olds who report ever tried smoking, ever tried drugs, self-esteem, bullied last year. Views of pupils and Lesbian/Gay/Bisexual (LGB) pupils

	All 14-15 yr olds	14-15 yr old LGB
	%	%
Ever tried smoking	37	55*
Ever tried drugs	14	34*
High wellbeing score	40	21*
Bullied at school last year	16	33*
		* $p < 0.05$

With the above information it is possible to gauge the differences between LGB students and their peers in substance use (higher), wellbeing score (lower), and bullying (higher). This striking set of results has prompted much local action, we know.

Action in schools

As part of our normal feedback process, we ask for comments about what might have been done in the school as a result of the survey.

"Our primary school has used the data from the School Health Unit's questionnaires. Responses from our Year 4 cohort caused us concern, so we put in place a number of team building, motivational projects. We then assessed their effectiveness by requesting the SHEU survey for these pupils as Year 5's."
Primary School Learning Mentor

Responding to the demands made by health and education planners, to obtain and respond to young people's views, remains paramount:

"(The SHEU survey) 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. The school used this data and took a number of actions to address it. More female peer mentors were put in place and the school asked NEXUS (the Extended Schools service) for help, so they developed a programme for girls which addressed their eating patterns, healthy eating, sex education and self-esteem issues. We ran an anti-bullying group for Year 9 as a preventative measure, based upon data provided by our current Year 10 students. The travel data revealed that a high number of pupils took the car to school so we involved the BIKE-IT scheme who ran assemblies, brought in their bikes (including one with a pedal-powered smoothie maker!), and raised awareness of health and green issues. The information about how happy the students were with their lives raised some concerns as far fewer girls were as happy as the boys, so work was done around developing aspirations, role-models and self-esteem." Secondary School Deputy Head

Evidence in schools

Evidence, from one school, was used to apply to the local authority for an award, who responded:

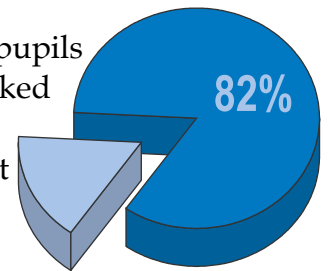
"This was an amazing set of outcomes and really good evidence that (your school) is doing a wonderful job in prioritizing the health and well-being of its pupils ...

Well done to staff, governors and parents for all your work on this through the Director of Public Health award and other strategies. It is very clear that pupils feel happy, safe and involved at the school and your caring ethos shines through this data."

Challenging negative perceptions

Among the topics in the survey, authorities seek young people's views about drugs in order to plan and develop their education and prevention programmes. A typical SHEU school report shows what their pupils say about a number of drug issues. Depending on the questions, the results will describe the attitude to; for example, smoking:

- 82% of secondary school pupils said they have never smoked a cigarette.
- 6% of pupils reported that they smoke occasionally or regularly. 3% say that they used to smoke but don't now.
- 4% of boys and 4% of girls said they smoke at least once a week.



Evidence, from one authority, of youngsters' views about smoking was widely publicised earlier this year:

"Plymouth is one of the worst places for young people's smoking rates in the country, according to official figures released yesterday. The city is the third worst area with 15.93 per cent of 15-year-olds regularly smoking compared to a national average of 12.7 per cent." ... "A spokesperson for Plymouth City Council added: The Public Health England figures are synthesized estimates – based on known factors that predict youth smoking. Public Health England themselves have said that these estimates 'cannot be considered entirely accurate but are designed to give a snapshot for local areas to recognise where young people have a higher chance of becoming smokers'... Plymouth City Council says the stats, which are an estimate, do not reflect the results of a recent study with teenagers. Recent research, [Young People in Plymouth Schools – Health Related Behaviour Survey 2014], commissioned by secondary schools and Plymouth City Council's Public Health department, suggests the actual percentage of 15 year olds smoking regularly is much lower – around 8 per cent." [\[Plymouth Herald January 2015\]](#)

The evidence 'from the horse's mouth' was very timely in challenging assumptions.

Trends in schools

Repeated survey activity in a school can give a rich picture and a potent stimulus to action:

“As a Deputy Head in a large secondary school 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. As a result of taking part and using the evidence provided we were able to offer more support for students which had a direct impact on improved attendance and outcomes”.

Deputy Head Secondary School

Local authority trends

SHEU has been working with some authorities for many years. This has provided unique datasets that support Joint Strategic Needs Assessments and local trends to be identified. As a result, young peoples’ views are now routinely included in programme and curriculum planning.

For example one authority reports that, over the period of the surveys, 2006-14, some on-going positive trends are:

14-15 yr olds

I never drink alcohol				
2006	2008	2010	2012	2014
12%	14%	16%	20%	28%

Agree “I know my targets and I’m helped to meet them”

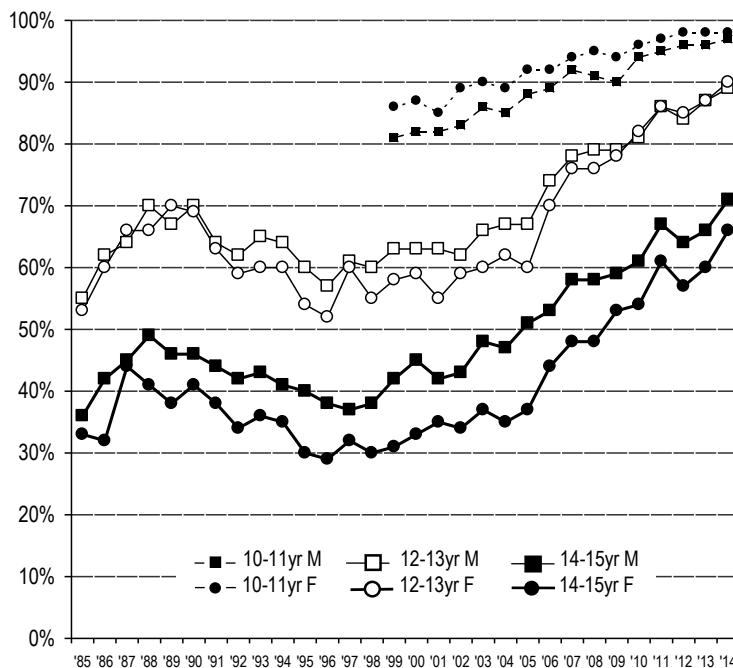
2006	2008	2010	2012	2014
46%	45%	56%	54%	62%

Trends in SHEU figures

Are positive local authority trends something to be justly proud of, or do they simply reflect an improving national picture? As well as providing local views from young people, SHEU have published, since 1983, an annual report [Young People into...](#) and often include charts that track trends over many years. In relation to smoking, we can show an upward trend of those youngsters who report having ‘never smoked at all’ (top of next column)

The ‘never smoked at all’ chart shows the combined data from thousands of schools involving the opinions and attitudes of over one million pupils. The data come from local surveys

Pupils who report having ‘never smoked at all’ 1985-2014



and we continue to have confidence that our data sets can reflect the levels and trends in behaviours going on nationally. This is due to a number of comparisons that have been made over the years that are more fully described in the *Introduction to the Young People into ... reports*

Teachers' voices

As part of our normal feedback process, we ask for comments about the exercise of doing the survey and the results they get back. One recent positive comment was:

“The survey was impressive. Useful information, quick results, easy to understand graphs, the breakdown of information was presented well. It’s very rare to be able to compare data with that of other local schools. There are clear benchmarks we can compare our kids to. It was very, very useful. The school used the data and took a number of actions to address it, including peer mentoring, Extended Schools, running an anti-bullying group, and work around developing aspirations, role-models and self-esteem. It also confirmed positive aims of the school, e.g. that pupils feel bullying is taken seriously and is acted upon.”

Head Secondary School

Local authorities are under more pressure to cut [public health budgets](#). The continued financial support for young people’s health and wellbeing programmes will be closely examined. Authorities, that can look at evidence from its young people and local data that supports programme development, will be better placed to make informed decisions. It is hoped that, amongst the competing shouts for attention, a pupil voice for health and wellbeing will still be heard.