

# YOUNG PEOPLE SURVEYS NATIONALLY RECOGNISED

for over 33 years

### "WE'RE VERY HAPPY TO COMMISSION ANOTHER SURVEY FROM YOU..."

"We're very happy to commission another survey from you. Our colleagues in School Improvement are dead keen to work with us on this."

"During our last LA Inspection, we were flagged from our Tellus data as having a bullying problem. We could demonstrate with our SHEU data -- which had a much better sample size and coverage of the authority -- that we did not have the problem they suggested. The Inspectors went away happy and we are definitely surveying again with SHEU in 2010." Local Authority Senior Adviser

### Your reliable local figures... from our customised services — great value!



### FEEDBACK

"We use the questionnaire every two years and analyse the outcomes at school leadership level and report to Governors, families and the children." (Headteacher)

### SHEU offer flexible services:

- ☐ Flexible delivery paper or online versions of the questionnaire
- ☐ Flexible content off-the-shelf or customised questionnaires
- ☐ Light touch, single-topic or in-depth surveys pupil perceptions or student lifestyles
- ☐ Surveys for different groups: Pupils & Students Parents/Carers Staff and Governors
- Questionnaires adapted for Special Educational Needs or English as an Additional Language
- ☐ Instant results from online survey or quick turn-around from paper survey
- Reports from schools, localities and local authorities for pupils or adults on paper or computer

### SHEU are reliable:

- ☐ Child-friendly questionnaires
- ☐ Adaptable survey methods suit busy teachers
- ☐ SHEU staff have experience of teaching in primary & secondary schools, FE & university
- ☐ The leading provider of school survey services for over 33 years
- ☐ Repeat surveys by Local and Public Health Authorities

"As a result of the survey we reviewed and amended PSHE schemes of work, we are currently working on a "Green Travel Plan", a morning breakfast club was established and we further developed 6th Form mentoring."

(Health Education Coordinator)

"The survey reports have been used to inform commissioning at specific commissioning groups. They are also being used within our Extended Schools Clusters and to inform The Annual Public Health and the Joint Strategic Needs Assessment."

(Programme Manager - Young People)



### SEF & SHEU

SELF EVALUATION FORM

We have had some very good feedback from schools and local co-ordinators about the new service we are offering as part of our standard set of results that each school gets for taking part in the Health Related Behaviour Questionnaire (HRBQ):

"This is FANTASTIC - just what we need please!" Healthy Schools Co-ordinator

"How quickly after would we be able to get the SEF information from you? SEF is a big job this term and it makes sense to do it with up to date data."

School Senior manager

The following are examples of evidence from the HRBQ for some of the SEF categories:

A2.4 Pupils' achievement and the extent to which they enjoy their learning

Evidence from HRBQ;

- 75% of pupils are happy with their lives at the moment
- 25% of pupils worry about school-work problems at least 'quite a lot'
- 33% of pupils worry about exams and tests at least 'quite a lot'
- 65% of pupils enjoy at least about half of their school lessons
- 41% of pupils feel that achievements in and out of school are recognised
- 71% of pupils think that their work is marked so they can see how to improve it
- 55% of pupils know their targets and are helped to meet them

### A2.5 The extent to which pupils feel safe Evidence from HRBQ;

- 17% of pupils worry about crime 'quite a lot' or 'a lot'
- 26% of pupils had an accident that was treated at a health centre or at a hospital in the last year
- 15% of pupils worry about bullying 'quite a lot' or 'a lot'
- 81% of pupils never feel afraid to go to school because of bullying
- 14% of pupils have been bullied at school at least once or more in the last 12 months
- 59% of pupils believe that their school takes bullying seriously
- 45% of pupils rate their safety when going out after dark in their area as 'good' or 'very good'
- 85% of pupils rate their safety when going out during the day in their area as 'good' or 'very good'
- 86% of pupils rate their safety at school as 'good' or 'very good'
- 77% of pupils rate their safety going to and from school as 'good' or 'very good'
- 3% of pupils have been the victim of violence or aggression in their area in the last 12 months
- 4% of pupils carry a weapon or something else for protection when going out, at least sometimes
- 83% of pupils have been told how to stay safe while chatting online
- $\bullet\,$  74% of pupils follow the safety advice that they have been given about chatting online
- 13% of pupils have received a chat message that scared them or made them upset

Limitations on space mean we can't show all the SEF categories. For more details please email Angela Balding...

angela.balding @sheu.org.uk

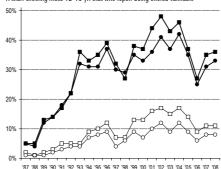


### YOUNG PEOPLE & ILLEGAL DRUGS

Attitudes to and experience of illegal drugs 1987-2008

A report in the series showing trends in young people's health related behaviour. The report provides factual information and over 30 easy-to-read charts and tables.

A chart showing those 12-15 yr. olds who report being offered cannabis



Written using data derived from the Health Related Behaviour Questionnaire surveys, the report uses a sample of 629,328 young people between the ages of 10 and 15 from across the UK.

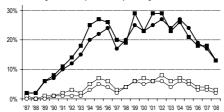
#### The illegal drugs include:

Cannabis	Hallucinogens: synthetic
Amphetamines	Hallucinogens: natural
Solvents	Poppers
Ecstasy	Barbiturates
Heroin	

#### There are trends data from:

- those who have been offered and taken at least one drug
- those who have been taken amphetamines, solvents, ecstasy, and heroin
- those that believe amphetamines are always unsafe
- ratio of believe that amphetamines, barbiturates, ecstasy and cannabis are always unsafe/safe
- taken more than one type of drug/drugs & alcohol on the same occasion
- who talks to Year 6 pupils about drugs?

A chart showing those 12-15 yr. olds who report taking cannabis



The report is £10 (hardcopy includes p&p) and can be bought with a purchase order or credit card via PayPal.

### SEX EDUCATION

There is a little chant that we sometimes hear about sex education, that it is 'too little, loo late, and too biological'. It's also the case that school sex education can assume that the pupils are and will remain heterosexual.

For this reason, it may be that school sex education does not meet the needs of young people with minority sexual identities (gay, lesbian, bisexual, transgender or just unsure [LGBTU]).

Data from thousands of SHEU school surveys are included in our unique databank. We looked in one data set for such a pattern, but found no evidence for dissatisfaction; if anything, the 7% of young people who are most worried about sexual identity issues are more likely to rate their school SRE as useful.

Year 10 pupils Thinking you are gay, lesbian or bisexual	N	% who say their sex education was very useful
Never	259	30%
Hardly ever	16	29%
A little	11	28%
Quite a lot	13	54%
A lot	22	51%
	(	ANOVA F = 2 335 n = 0.05)

It may be that the 35 young people appearing in the top two categories are in fact heterosexual. We have started asking pupils to describe their sexual identity in some local surveys. However, some schools are very hesitant to do so – in some cases it seems because they are afraid of the responses of parents.

The needs of young LGBTU people will not go away if they are not asked this question – but will the school be sure their needs be addressed?

If you would like to see some example questions, contact David Regis at SHEU, email: <a href="mailto:david.regis@sheu.org.uk">david.regis@sheu.org.uk</a>



## WHY AREN'T THEY SMOKING ENOUGH?

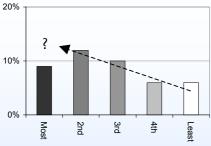
It's a well-known feature of lifestyle surveys that many health-risky behaviours are found with higher frequency in areas which are more deprived.

In a recent school survey we assigned pupils to one of five groups, bracketed according to the deprivation score associated with their postcode. Many questions showed the pattern (below), with more seen when the pupils live in a more deprived area. The chart shows the % of Year 4 pupils under 4'5" who do not always use a car seat/booster seat on journeys as required by law.

Percentage of Year 4 pupils who **should** use a booster seat **but** do not, by deprivation quintile



Percentage of Year 10 pupils who have  $\mbox{\it ever smoked},$  by deprivation quintile



But a few questions showed (above), where generally the same pattern is seen, but pupils living in the most deprived areas do not show as much of the behaviour as we might expect.

What is the explanation for the 'missing' health risky behaviour in cases like smoking? Smoking is an expensive hobby, so the one simple explanation is just the poverty that these families are experiencing. However, there is a further factor that may be important, namely, ethnicity. The group experiencing the most deprivation also contains the highest proportion of young people with a non-White heritage. These young people may be introduced to a culture which is more discouragingor of health-risky behaviours. The clearest example of this is the case of alcohol, which is forbidden in Islam.



'Education and Health' is aimed at those involved with education and health who are concerned with the healthy development of young people.

Readers come from a broad background and include: primary, secondary and further education teachers, university staff, and health-care professionals working in education and health settings.

There are occasional special editions including articles about FE health and education.

The journal is also read by those who commission and carry out health education programmes in school and college.

Articles focus on recent health education initiatives, relevant research findings, materials and strategies for education and health related behaviour data.

Since 1983 the journal, published every 3 months, has provided an eclectic mix of articles. Recent articles have included:

- · Media and advertising influences on adolescent risk behaviour
- Street-wise? Substance use in town and country as reported by young people
- Homophobic Bullying in Irish Education
- The development of a comprehensive sexual health education for Western Muslim youth
- Children and their pets: Exploring the relationships between ownership, attitudes, attachment and empathy
- Why educating learners in health and wellbeing is so important
- Healthy FE : Barnsley College
- 'That's what he said': What guys think about sex, love, contraception and relationships

We are looking for new contributors and articles can range from 500 – 2000 words.

Should you or your library not subscribe then please consider supporting this independent journal, £20 for 4 issues.

Further details can be found on the website...

www.sheu.org.uk/publications/ educationandhealth.htm



Is there a school close to Scratchy Bottom near Durdle Door?

Anna, Jim, Charleigh, David, Alex, Nick, Heather, Nigel, Val, Angela, Marta and Jane are the SHEU crew involved with your surveys.

Recent and current surveys come from schools in... Bristol, Cambridgeshire, Cornwall, Cumbria, Dudley, Essex, Hertfordshire, Knowsley, Lambeth, Lewisham, North Yorkshire, Solihull, South Gloucester and Wolverhampton.

Data come tumbling in from online and paper surveys and get processed, analysed, reported and fed back to schools, colleges and local authorities across the country.



In recent surveys thousands of young people are involved in hundreds of schools with results providing data for health promotion planning and the healthy school enhanced model. For more details please visit the website... www.sheu.org.whoweworkwith/cornwall.htm

Since 1977 SHEU have provided a nationally recognised service and continue to meet the needs of colleagues working with young people. Using SHEU data they are being provided with good information and evidence to inform National Indicators including ECM, SEF, PSA and PSHEE.

For details of ECM and parent surveys and Healthy College surveys please visit the website www.sheu.org.uk and email

angela.balding@sheu.org.uk to discuss how SHEU can provide an independent, detailed, picture of your young people.





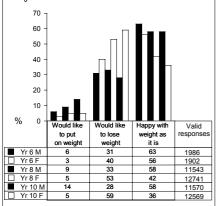
### YOUNG PEOPLE

into 2009

This report, 'Young People into 2009', is a unique contemporary archive of young people from the Schools Health Education Unit. There are over 100 health-related behaviour questions and answers from 80,548 youngsters between the ages of 10 and 15. They tell us about what they do at home, at school, and with their friends. The data have been collected from 1,100 primary and secondary schools across the United Kingdom.

The wire-bound report has 158 printed pages and has data divided into 9 sections. The following shows some of the sections with a number of example statistics.

• Food choices & weight control - 59% of Year 10 females and 53% of Year 8 females would like to lose weight



- Family & Home Up to 46% of the sample walk, at least some of the way, to school
- Exercise & Sport 64% of 10-11 year old females think they are 'fit' or 'very fit'. This falls to 31% by the time they reach 14-15 years of age
- Social & Personal 59% of 14-15 year old females and 44% of 14-15 year old females

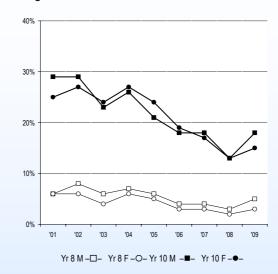
worry about exams and tests

'Young People into 2009' costs £15 (incl p&p). Please email: sheu@sheu.org.uk



### SPOT THE BILL!

Here is a chart showing young people's reports of their experience of cannabis use – the percentages are of those who have ever tried cannabis.



A game Dr Dave sometimes plays with audiences is to ask them, after looking at the chart, to guess:

- (i) When was cannabis moved from Class B to Class C (with less severe penalties)?
- (ii) When was cannabis moved from Class C to Class B (with more severe penalties)?

Answers at the bottom of the page!

There are three classes of drugs, A, B and C. The penalties for possession and dealing for each class are currently:

Class	Examples	Possession:	Dealing:
Class A	Ecstasy, LSD, heroin, cocaine, crack, magic mushrooms,	Up to seven years in prison or an unlimited fine or both.	Up to life in prison or an unlimited fine or both.
Class B	Amphetamines, Cannabis, Ritalin, Pholcodine.	Up to five years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.
Class C	Tranquillisers, some painkillers, GHB, Ketamine.	Up to two years in prison or an unlimited fine or both.	Up to 14 years in prison or an unlimited fine or both.

#### Answers:

- (i) From B to C in 2004.
- (ii) From C to B in 2009.

After the 2004 change, we were contacted several times in the years following by journalists asking if the cannabis figures had gone up. We told them no -- in fact, if anything, they've gone down. "Oh," they said, with obvious disappointment, "no story, then...".

For further details of our publications about young people and drugs please visit our website...www.sheu.org.uk