

*25th
year*
of data about young people

Young People into 2011

*The Health Related Behaviour Questionnaire results
for 83,724 young people between the ages of 10 and 15
and data from 25 years of 'Young People reports'*

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SHEU 2011

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NOTE

Each year we produce a report in the *Young People* series, and however careful we are to describe the populations involved in the surveys, the total picture is often referred to by the media as 'national data'.

The surveys that give rise to the data are large, numerous, and from many parts of the United Kingdom, but they do not form a deliberately-selected sample. The origin and structure of these surveys is described very carefully and fully on subsequent pages.

Despite this difference, the picture produced by our annual data set typically matches survey outcomes from other data-collection agencies using orthodox strategies such as stratified random sampling. On pages v–xxvii we draw attention to evidence supporting this claim.

Young People into 2011 is the 25th in a series of annual reports
based on data collected using the Health Related Behaviour Questionnaire

Cartoons adapted with permission from © Terence Whitlock
Original work *Health Matters*, 1993, (formerly the Chichester Health Promotion Unit)

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SHEU provides a range of services to those involved in the planning, providing and commissioning of health and education programmes. The Schools Health Education Unit is part of SHEU and is involved in the collection of robust baseline data about young people's health-related behaviour. Most of the work is through surveys in schools using the Health Related Behaviour Questionnaire (HRBQ) which has been evolving and developing since 1977.

The resulting baseline data identify and confirm priorities for health needs assessment, intervention programmes, and health education planning. Behaviour changes can also be monitored over time and compared with local and national trends.

Breaking the data down by locality prompts curriculum review by the schools, promotes stronger links between schools and health authorities, and stimulates health promotion in the community.

Repeated use of the HRBQ allows intervention programmes to be monitored and evaluated.

The data presented in this report were derived from surveys carried out during 2010, and includes data from primary and secondary schools.

You are very welcome to contact us if you would like to know more about our work, or carry out a survey of the young people in your locality.

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1 The Unit and its work

The Schools Health Education Unit is part of SHEU, which has its offices in Exeter, and supports and promotes:

- (a) *Health Care planning at community level through co-operative survey and report writing with Primary Care Trusts, GP practices and other bodies.*
- (b) *The design of intervention programmes in schools through curriculum review in health and social education, and the provision of stimulus material.*
- (c) *Co-operation between teachers, parents, children, governors, and health-care professionals through survey work in both primary and secondary schools.*

These survey services are tailored to suit a co-operative method of working between different agencies supporting health promotion at community level.

"Just to say a huge thank you for all your efforts in helping us with the ... survey amongst pupils. It has provided us with significant data which will be used across the school to help us improve. It helped us to obtain a healthy schools standard as well. I hope we can make this an annual feature as we can track the changing health of our pupils." – Headteacher

Providing a nationally-recognised survey service since 1977 means that SHEU has the flexibility to meet the changing needs of the education and health sectors.

"SHEU data proved the best source of the kind of information we were looking for (...) to provide research support to the National Healthy Schools Programme." -- Department of Health

Special questionnaires have been developed for particular needs, such as monitoring young people's

smoking levels. Reports can be tailored to meet specific needs, such as being laid out under the headings of the OFSTED Self-Evaluation Form.

The primary and secondary versions of the HRBQ have been used in 7,785 separate schools, some schools repeating surveys of their pupils on five occasions, and over one million pupils (1,089,480) between the ages of 9 and 16+ have taken part in the surveys from across the UK.

2 The Health Related Behaviour Questionnaire surveys

An increasing number of authorities have become involved in funding and in co-ordinating the surveys in schools in their localities.

The outcomes from this are numerous:

- (a) *Strong links between individual schools and health personnel are created or maintained.*
- (b) *Priorities for intervention/education programmes can be identified, from within schools or from without, or, co-operatively.*
- (c) *Primary Care Trusts (PCTs) can receive the combined results from children on their GP practice lists, together with a report.*
- (d) *Methods and stimulus materials have been developed using the specific data from the school, the district, or the region.*

A secondary school carrying out a Health Related Behaviour Questionnaire survey selects a mixed-ability sample of about a hundred pupils from each year group being studied. A primary school, being smaller, may survey the entire year group. An hour

is normally enough, but the less able, whose data are just as important, may work at their own pace in

25th
year

special groups with extra support from the supervisor. The Unit processes the anonymous questionnaires, and the school receives a set of tables showing the percentages of pupils (divided into gender and year group) that gave particular responses to the questions. Each school also receives a selection of its own results set out in a written report. If desired, the data can be returned in graphical form, or in computer-readable form for interrogation by staff or pupils. See pages xii-xiii for the full range of options available.

The topic areas included in the current editions of the HRBQ include:

Accidents*	Locality*
AIDS/HIV*	Medication
Alcohol consumption*	Money*
Asthma*	National Lottery
Bicycle use*	Paid work
Bullying*	Personal safety
Dental care*	Physical activity
Diet*	Problem sharing
Doctor visits	Puberty*
Drugs*	Relationships
Dyslexia	Self-esteem*, autonomy
Eczema	Sexual health
Ethnicity*	Smoking*
Family background*	Social activities
Fitness & sports*	Stranger danger**
Gambling	Sun protection*
Homework	Travel to school
Hygiene*	TV, videos, computers
Internet access	Worries*
Leisure pursuits*	ECM*

A single asterisk means that the topic is also covered in the primary-school version. A double asterisk means that it is found only in the primary-school version.

The Unit's questionnaire versions, 1976–2011

1976–1986 : Secondary HRBQ, Versions 1–10

1987-8 : Secondary HRBQ, Version 11 (with 'illegal drugs' questions).

1989 : Secondary HRBQ, Version 12 (containing HIV/AIDS and mental health questions). Version 13 never used; 14 similar to 12.

1990 : Secondary HRBQ, Version 15 (completely re-set, with amendments). Primary HRBQ, Versions 1–4 (trial versions).

1992 : Secondary HRBQ, Version 16 (with a section on personal aspirations).

1993 : Primary HRBQ, Version 5 (with AIDS and illegal drugs).

1995 : Secondary HRBQ, Versions 17 & 18 (with new sections on gaming machines and personal protection). Version 18 permitted selection of topics if required.

1996 : Secondary HRBQ, Version 19 (as 17, without sections on gaming machines or personal protection, but with new questions on recent accidents).

1997 : Primary HRBQ, Version 6 (several new topics, including worries, 'growing up', stranger danger, bullying, accidents, sun safety and collecting stickers). Version 7 (newspapers at home and cycling) followed later.

1999 : Primary HRBQ, Versions 8 (fitness question) & 9 (female puberty question). Secondary HRBQ, Versions 20 (with extra questions about use of cannabis, and revised dietary checklist) & 21 (female puberty question, other minor amendments).

2000 : Primary HRBQ, Version 9. Secondary HRBQ, Version 21.

2002-2004 : Primary HRBQ, Version 10. Secondary HRBQ, Version 22. (Revised STI/contraception)

2005 : Primary HRBQ, Version 11. (Every Child Matters) Secondary HRBQ, Version 23. (Every Child Matters)

2006 – 2009 : Primary HRBQ, Version 11. Secondary HRBQ, Version 23.

2010 : Diverse, local, customised questionnaires.

3 Origins of the questionnaire content in 1976

The preparation of Version 1 of the HRBQ in 1976 involved around 50 secondary school teachers, who were invited to examine 30 suggested questions for inclusion.

These questions had been taken from an American source, and the teachers were asked to comment on the appropriateness of their structure and relevance with respect to inclusion in the questionnaire. Most of the teachers were highly critical, used their red ink freely over the document, and then produced prototypes of 'better' questions for inclusion. Around 90 questions were produced from this process, reflecting the views of important health issues for these teachers.

Refinement

The structure of the questions was refined in consultation with experienced teachers and with trials and interview work with pupils in schools. The bank of questions was also reviewed by professional groups other than teachers, including road safety officers, school nurses, and health authority personnel (health education officers and district community physicians).

It is important to note a third process that was applied at this time: circulating the refined list to a number of headteachers and deputy headteachers for their comments on any sensitive questions. The invitation was to put a red line through any questions that were considered best excluded because they might cause anxiety amongst some parents. They were not asked for any further information or explanation of any deletions they suggested. This process resulted in the exclusion of all the proposed questions on shoplifting, on

vandalism, and many of the questions on sexual behaviour.

4 Evolution and development (1976–2011)

In over thirty 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 the 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.

Individual questions

Individual questions have been revised to meet particular professional needs. For example, the frequency of intake of iron-containing medicines, either prescribed or non-prescribed, is of particular concern, and questions to discover how many children may have undetected asthma were added to Version 15 in 1990.

Groups of questions have similarly been revised in consequence of the attention paid to the data derived from them. The dietary questions probably receive the most criticism and revision of all sections; each expert who has paid attention to them decides that there is room for improvement, and this results in further changes. The questions connected with watching a television screen are another example of evolution, and now distinguish between TV programmes, videos, computer games, word processing, and using the Internet. This has happened in step with (or perhaps a little behind) the changing reported practices of young people.

Levels of use

Another measure that has been applied to the content of the questionnaire is that of the level of use made by the 'consumers' on the return of the summarised data to them.

Enquiries reveal that some sections of the questionnaire are much used – for example, consumption of alcohol and tobacco, and diet – whilst others receive less attention. Some sections are receiving more and more use as they become better tailored to meet the needs of the users; the section on sports and physical activities is an example of this type of evolution, and currently enables a comparison to be made between the provision

available in school and the variety of activities and the levels of involvement outside lesson time.

Other revisions

Locality In order to attribute survey response patterns to the parts of a city where young people live, and to retain anonymity and confidentiality, the health authority may allocate its own reference numbers to different wards or boroughs.

Primary Care Trusts Many health authorities ask for a question that identifies the GP or health centre with which the child's family is registered. GP practices are linked into Primary Care Trusts (PCTs), which can then be supplied with a report and combined results from the young people on their lists.

Gambling These questions examine the frequency of playing on arcade machines, updated in the more recent versions of HRBQ to include the National Lottery and scratch cards.

Personal safety Perceptions of neighbourhood safety and fear of being bullied at school are both included.

Other recent additions include requests for information about recent use of illegal drugs; Internet use; the dyslexic condition; precautions against sunburn; collecting stickers and buying scratch cards; more about the purchase of National Lottery tickets; personal enjoyment of physical activities, and the use of bicycles and safety helmets.

Version numbers

The list on page vii indicates the progression of revisions to HRBQ. Currently (2011), diverse, local, and customised questionnaires are produced. We endeavour to ensure as much continuity and comparability as possible.

Co-operation with authorities

This continuous review depicted above underpins the level of validity of the questions contained in the current version of the questionnaire. In addition, we have now developed a service enabling authorities to derive baseline statistics about the young people in their district, to support health-care planning. Adaptation of the questionnaire to meet these needs could lead to a further modification of the way in which different sets of professional views are incorporated.

Differences between genders and between regions

The figures presented in this document show clear differences between males and females on a nationwide scale. In the group surveys organised by local education authorities and the former health authorities, comparisons between the behaviour of children from schools grouped according to location (Balding & Shelley, 1989) provide information for health-care planning in different neighbourhoods. This is in addition to the data the authorities may already hold, which were gathered from other sources.

Taking the data back to schools

The survey method may well be unique. It is not uncommon in survey procedures for those collecting the information from the respondents to disappear with it and never deliberately reveal the results to those who have given assistance in the enquiry, publishing discoveries based on it in professional journals only read by their peers.

The Health Related Behaviour survey, however, is provided as a service to schools with the precise contract to return the results to the schools concerned.

Those who collect the raw data and who participate in the conditions under which the children

completed the questionnaire examine the returned summarised results; furthermore, the results are intended for use, and are often used with classes of pupils who either participated in providing the data or are close in age to those who did, and live in the same catchment area.

Feeding back the results to the classroom situation, as a routinely-available exercise, provides ideal opportunities to check on memory and on interpretation, both significant components of validity.

The service particularly encourages a positive approach towards the data by school staff, as well as by health promotion staff from outside the school with whom they have, or may develop as a result of this initiative, a working relationship (see pages xii-xiii).

5 Researching the questionnaire content

What confidence have we in the individual data returned to schools and stored in our very large data banks?

There are two aspects to this:

- *Is the set of questions contained in the questionnaire appropriate to the needs or demands of the body of people using the survey method?*
- *Do the answers collected to the questions accurately represent the behaviours or beliefs of the respondents?*

Between pages xxii and xxviii we present evidence of the quality of the survey data.

We have, over the years, brought a number of lines of enquiry to bear on these important questions, as discussed below.

Interviews

As a result of this methodology there is opportunity for the schools themselves to discover problems in interpretation and memory. A standard practice throughout the evolution and development of the method has been to interview individual pupils following their completion of the questionnaire under the conditions set by a teacher supervisor working from the prescribed method. Since the beginning of the work over a hundred different interviewers have participated in this activity.

The routine practice involves a team of about eight people, experienced in working with schoolchildren, being introduced to the class near the end of the time in which they have been completing the questionnaire. Some of the team are student teachers and fairly close in age to the young people themselves.

The team leader explains something of the difficulties of question design and asks for assistance from class members. Examination in the class of one or two difficulties that all can participate in is succeeded by private and confidential interviews between individual members of the class and of the visiting team. The interviewer asks permission to examine the completed questionnaire with the pupil and to make notes on it if necessary. The interviewer is particularly looking for misinterpretations, problems of memory, and problems of unreliability arising from children presenting answers that may put themselves in too favourable a light, or are intended to shock the reader.

Exchanges between team members and supervising staff on these visits are also very valuable in highlighting supervision problems, and methods by which they have been or might be resolved can be passed on to future users.

Following the interview excursion the team members, equipped with their annotated completed

questionnaires, share in a ‘blow-by-blow’ discussion of each question. This is an exhausting and exhaustive process by which the knowledge of the quality of each question can be built up and necessary amendments effected in the subsequent drafts.

Added to this is all the written commentary provided by the teachers involved – for every 25–30 completed questionnaires returned we also receive a supervisor’s comment sheet on which attention is drawn to areas of difficulty experienced as well as to the positive aspects, such as the pupils’ enthusiasm and the perceived relevance of the exercise. We received well over one thousand of these sheets in one year of surveys.

Validating the questions

The above processes shape the quality of each individual question. One observation to be made is that the longer a question has been contained in the questionnaire the more will be known about it and the more confident we will be in interpreting the responses. The level of confidence in new questions will be less than for the long-standing questions. Among recently-included questions are those to do with GCSEs, enjoyable school lessons and knowledge of sexually transmitted diseases and infections.

6 How are the data collected?

The way in which the questionnaire is used is entirely different from the style of most ‘national surveys’. Typically, when planning a national survey, the smallest sample that will give reliable information about a representative cross-section of the community is chosen.

Each annual sample from the Health Related Behaviour Questionnaire, on the other hand, is an

‘opportunity sample’, in that the Unit exercises little or no control over which schools and which parts of the country become involved.

Since this method is at variance with the procedures in ‘national’ surveys, a fuller explanation drawing particular attention to its content and process is offered here, to enable the reader to give full weight to the results presented and discussed. This may open readers’ eyes to the dangers of accepting statistics uncritically.

It is important to recognise, from the outset, that the results presented in this book do not arise from an organised annual survey. We are not selecting a randomised sample of schools and communities, but are responding principally to requests coming from health boards and other authorities promoting the use of the questionnaire in their schools. Naturally there will be clustering of sites.

However, as the use of the questionnaire becomes more widespread, the clusters themselves become more numerous and embrace a larger sample of the population, with the result that the ‘accidental’ sample becomes closer and closer to a ‘random’ one – as well as being far larger than the numbers in other surveys.

Confidence in the sample is raised by comparing results with those from other surveys of young people’s behaviour, such as smoking prevalence studies carried out by the Office of National Statistics (ONS - formerly Office of Population Censuses and Surveys) and other research bodies (Dobbs & Marsh, 1983; Nelson et al., 1985). Consistency between annual results is further evidence of reliability.

Researchers are wisely cautious about the representative nature of the annual sample displayed in this series of publications. As mentioned above, this important topic is discussed further on pages xx–xxvii.

The school sample

Choosing a sample on paper, and deriving data from that sample, are different things. In practice, particularly where schools are concerned, any collection of results can be to some extent an ‘opportunity sample’, as some may decline the invitation to be included in a nationally-organised survey. For example, in one ONS study (Lader & Matheson, 1991), 15 out of the 140 English schools approached declined to be involved, and within co-operating schools data were not collected from 10% of those pupils selected for interview. Similar losses were experienced in the HEA/MORI study (HEA/MORI, 1992).

In practice, the data describe the communities represented principally by comprehensive schools, which in most places offer a coherent sample of their catchment area. If schools select the recommended sample of the year group (see below), the total effective population represented in these figures will be at least twice the number of questionnaires processed. This is also explained on the following page.

The sample needs to reflect the academic cross-section of the year group, which is straightforward if the questionnaire is completed during non-streamed time or in a mixed-ability setting.

Which year groups?

Surveys usually concentrate on the pupils in Years 8 and 10 (12–13 year olds and 14–15 year olds). Year 7 are the new intake, Year 11 are concerned with exams above all else, and Year 9 may be interpolated from the Year 8 and 10 data. If the school is involved in a ‘pyramid survey’, with the Year 6 children in its feeder schools completing the primary version of the HRBQ, it will be able to ‘revisit’ the same year groups in biennial surveys as they move up the school.

The sample size and its selection

In order to discover a reliable picture of the behaviour of the total year group in a school it is not necessary to include every individual in the sample, although in some schools the decision has been taken to do this so that no one feels excluded from the exercise.

The research method used to establish the size of the sample needed to give a reliable representation of the total school population was to carry out the survey of an entire school with very large year groups numbering around 450 individuals, fairly evenly split between the sexes.

By taking samples of different sizes and comparing the results for each of these with the results of total year groups it was established that, for this large size of year group, a sample of 50 of each sex provided a reliable reflection of the total population for most questions; for some questions, in fact, a smaller sample was adequate. This represented a sample size of just over 22% for this large school.

As nearly all surveys have been carried out on year groups that are much smaller than 450 (typically around 200), a sample size of 100 selected from these represents a much larger percentage sample than the 22% random sample found adequate in the pilot work. This, coupled with the attention paid to selecting a sample that reflects the academic profile of the year group, gives even more confidence in the extent to which the sample data reflects that of the total year group.*

The connection between the health of individuals and their socio-economic status is widely accepted (Townsend et al., 1992). Links between academic success at school and social background have also been established (Lawton, 1972). Therefore, to attempt to accommodate this factor in the sampling method, the stated instruction in the survey planning

documentation is to select the sample to 'reflect the academic profile of the year group'.

Assuming that the participating schools have selected the recommended sample of the year group, the total effective population represented in, for example the 1998 figures, will be considerably larger than the number of questionnaires processed – equivalent to about 45,000 pupils, which is a very large group.

Preparation for the survey

We support very careful preparation for the surveys by working with teams of personnel from health authorities linked with LEAs. We also recommend and support training seminars for the teachers that will collect the data in their own schools, and our manual *Collecting Good Data* contains precise instructions for supervisors to follow.

It is particularly important that staff from the health authority consider the number and distribution of the schools approached to participate in the survey.

It is common practice for health authority representatives to meet the Unit's staff team to plan a programme of activities, starting well before the data collection and continuing well beyond it to include 'after-care' programmes in schools and the support of planning or report writing.

Importance to pupils

The manner in which the data are collected is also vital. The best possible sample and the best-researched enquiry instrument will not produce sound data if the respondents do not take the

*Absent pupils will tend to be those who are ill or habitually miss school. Therefore some of the data recorded in the surveys may be too 'comfortable'. This will be a feature of any school-based survey. However, staff may already be more familiar with the characteristics of this absentee group than with those of the section of the school population that complete the questionnaire

exercise seriously.

An HRBQ enquiry requires a substantial commitment by the school in terms of staff training and the need to make space for it in the timetable, which means that the collection of data is never casual. This commitment will readily communicate itself to the pupils taking part. The supervisor is also given guidance in explaining to the pupils how conscientious completion of the questionnaire is ultimately for their own benefit.

Atmosphere

From all the work that has gone into the development of the methodology, we know that in every school supervisors can be found who can generate an atmosphere of importance for the task, inspire trust in the confidentiality and anonymity of the exercise, and provide ideal support for the completion of the questionnaire. Such conditions offer the most favourable environment for the collection of valid data.

The information returned to the school is only as good as the way in which it was collected. In part this is the outcome of the quality of each question, but the manner and atmosphere in which the data were collected will have the greatest effect on their validity.

Commitment

In our experience, participating schools take a lot of trouble to follow the prescribed method of data collection. This includes careful preparation for the survey both outside and within the school, together with planned programmes of follow-up work.

Year 10 Males (continued)

PUPIL'S PIN	EXERCISE HEALTH	GENERAL HEALTH	DIET DRINKING	SMOKING + TOTAL	HRA
H1	H2	H3	H4		
1703	4	17	9	0	30 *****
3391	24	16	5	25	70 *****
8728	23	20	3	25	71 *****
8946	24	20	6	23	73 *****
0296	11	16	0	0	27 *****
6108	17	21	8	24	70 *****
4164	23	20	21	24	88 *****
2114	16	16	6	19	57 *****
0992	24	21	5	23	73 *****
6001	15	23	4	25	67 *****
4237	25	20	9	25	79 *****
3599	15	17	6	21	59 *****
6500	3	13	16	25	57 *****
5760	25	18	9	25	77 *****
3241	23	16	3	22	64 *****
9999	25	22	8	23	78 *****
3489	24	16	6	25	71 *****
1710	12	16	7	25	60 *****
1818	17	17	7	23	64 *****
0558	12	18	9	25	64 *****
4072	24	17	8	25	74 *****
6666	7	21	0	25	53 *****
2020	25	21	0	24	70 *****
9999	9	20	22	25	76 *****
6160	25	21	22	0	68 *****
5667	9	20	5	22	56 *****
7159	24	22	16	25	87 *****
2226	15	19	12	0	46 *****
9999	21	18	0	24	63 *****
6969	11	17	10	25	63 *****
6819	13	22	0	0	35 *****
2523	24	22	0	19	65 *****
<hr/>					
Average	17.3	18.4	7.7	18.2	61.6

H1 to H4 are measured on a scale of 0-25, to TOTAL is out of 100.
 H1 is a measure of how much exercise is taken.
 H2 is a measure of general attitude to health.
 H3 is a measure of the quality of the diet.
 H4 deducts points from 25 for smoking, for more than moderate drinking, and for trying other drugs.

Part of the printout showing the Health Risk Appraisal (HRA) scores for a group of Year 10 males. Each asterisk represents 5 points. The HRA score is computed for all pupils, so that the school derives its own mean for each gender and year group. Those pupils who did not supply a confidential number for identifying their score are coded 9999.

manner and atmosphere in which the data were collected will have the greatest effect on their validity.

Commitment

In our experience, participating schools take a lot of trouble to follow the prescribed method of data collection. This includes careful preparation for the survey both outside and within the school, together with planned programmes of follow-up work.

Confidentiality

If the children know that the questionnaires are completely anonymous, that they will immediately be sealed in envelopes to be sent away for processing, and that the results will be returned only as a summary in which no individuals can be identified, their motivation to be honest will be reinforced.

7 Returning the data to schools and health organisations

A routine part of the service to schools is to return tabulated data in bound, indexed volumes together with guidelines to the interpretation of the results. In addition, each pupil's Health Risk Appraisal or HRA score is calculated by awarding or deducting points for health-related aspects of their responses (see illustration). Each school participating in a group project receives its separate written report. The aim is to return each school's results within 4-6 weeks.

The data can additionally be returned in graphical form. This is necessarily less detailed compared with most tables, as only a restricted number of response options can be presented on a diagram. However, the visual impact and simplicity of a histogram or pie chart can be invaluable for certain purposes.

The Health Risk Appraisal (HRA) option uses a computer program to select each respondent's answers to key questions and bestow 'healthy' points or deduct 'unhealthy' ones. The pupils can discover their HRA scores by using a confidential method involving a PIN, which preserves anonymity.

A health organisation or LEA organising a survey of the schools in its care may request an analysis broken down by geographical location or any other division that is required.

Computer analysis

An attractive option is for schools to have their data returned in computer-readable form. This can be done in two ways:

- (1) As analysed data, representing the content and labels of the tables returned in the bound report. Pupils can use these to create their own tables, pie charts or histograms.
- (2) As the punched raw data, accompanied by a file of variable names and value labels. This can be used in conjunction with suitable software to create tables and graphs, but also permits more sophisticated analysis, for example looking for correlations between different behaviours.

These collections of data offer the opportunity to investigate lifestyles and challenge prejudices regarding young people's behaviours.

It is also ideally suited to resourcing the Mathematics Attainment Target 4 – *Handling data*. Questions that might allow individuals to be identified (for example height, weight, and family type and number) are excluded from these compilations.

These data files are available in a form suitable for use on almost all commercially-available software analysis packages.

Comparing individual schools with district results

In addition, we can offer a *Community Profile Report*. This compares a school's results with the average for all the schools in a district survey, and lists those questions where the results for the pupils sampled differ by 10% or more from this average. This is helpful to the school in signalling areas for further examination. It can also bring school staff and Public Health staff together to plan health care provision at community level.

Seminars

Many group projects have a post-survey seminar to help teachers examine and interpret their data, and to study them in the light of results from other schools in their area. A typical programme would include *Interpretation of the data, Dissemination to colleagues in school, Curriculum planning from the data, Dissemination to pupils, and Use of combined area data*.

8 Health Related Behaviour survey results and 'research/project' models

The publicity associated with our work has resulted in the Unit being widely reported as 'doing surveys', which suggests a 'research model' or a 'project model' based within the Unit. This is misleading, since the individual surveys are most commonly directed by health organisations. Models of best practice in the use of the survey method come from health organisations where the Unit's survey has been carefully set within a programme of preparation and follow-up activities (for example, intervention programmes). These activities may extend over a considerable period of time.

The reasons for doing the survey and the responsibility for the quality of the outcome rests with the regional or district co-ordinators and the members of their teams. Typically programmes do run productively, and when re-run they are even better.

It is clear from the history of the evolution and development of the HRBQ survey service that there have been many authorities who (a) have used the survey method on more than one occasion (b) been enthusiastic about the outcomes and used them to considerable advantage.

Across so many years of use, we have come to expect high levels of satisfaction in the outcome of a particular survey. As a staff we are particularly delighted when stimulus of the survey outcome leads into a fruitful after-care programme in a

district. We have long since recognised that we can support the collection of very good-quality data from young people in schools when supervised by experienced teachers who are well known to the pupils contributing to the enquiry. The method has been practised thousands of times.

For the health authority team, the particularly hard work starts when the survey data are returned to them, typically as:

- (a) *Printed tables*
- (b) *Draft reports for joint revision and refinement*
- (c) *Refined data on computer disc to match local hardware and software requirements, and to enable database interrogation to meet local needs.*

Very occasionally users of the survey have been disappointed when they have failed to plan effectively. The service the Unit provides is access to an established method with over 30 years of use. The quality of the survey method in each district depends upon the commitment to the process and to the after-care programme planned around the survey. The Unit's staff always try to provide an abundance of ideas and case histories of successful use to health authority personnel prior to their first use of the methodology.

We try to spend a lot of time in support of the planning stages for surveys with commissioning teams; we often quote:

The easiest part of the process is the survey. We know how to get good-quality data. The hard work commences when the data are returned. Have you planned appropriately for the variety of people who could usefully have access to the data to be involved, and stimulated them to anticipate ways in which they might use the data?

We observe that the most profitable and extensive outcomes arise from those health teams who make the most extensive enquiries beforehand into the opportunities for use of the resulting survey details. Commitment to the project within the district together with consistent co-ordination from the same person(s), without change of local ownership throughout, are of paramount importance in determining a successful outcome.

The quality of the data is only as good as the way in which they have been collected. In today's climate, posts do not last long and jobs started are too often not completed.

Typically the attention to the detail of the methodology is meticulous and the motivation in the schools supporting the health authority's invitation to be involved is very high. Health organisations and schools can get very good-quality data (both honest and consistent) from the young population surveyed. The accumulation and compilation of all the surveys over the years has resulted in a vast sample of information, although it is 'only as good as the way in which it was collected'. This quality depends upon the performance of the local co-ordinators and their colleagues, and usually this is committed, perceptive and resourceful, co-operative and exciting.

For our part, we have always faithfully recorded and explained:

- (a) *The questionnaire content and method of data collection.*
- (b) *The sample on which results are based.*

We also comment on our knowledge of the quality of the data and present our reservations where they exist.

The purpose of each individual survey is for the data to be examined by those who collected them in schools, and even by those who provided them. Planning can then be taken forward with an active and objective participation. Our feedback to the users of the survey method, not only of results and clarification of their method of presentation but also of commentary on insight into quality of data and any potential bias, is vital to planning.

This continuous process over more than a decade has prompted changes in questions to strengthen the process. From a research point of view interesting discoveries are made.

Unfortunately, we have very occasionally encountered projects where repeated delegation of responsibility and change of staff in charge of the programme has happened, resulting in a large amount of frustration and aggravation. Consistency in the core of the team of people promoting and co-ordinating the programme is enormously important, and the presence of an advisory teacher often enhances the work.

9 Data consistency: annual comparisons

How representative is the the Unit's annual compilation of those surveys taking place in any one year of the country as a whole?

SHEU have been publishing from our accumulated databanks in our 'Young People in...' series since 1986, and more recently in our 'Trends' series. We have been offering a little 'health warning' with these reports, as follows:

"Each year we produce a report in the Young People series, and however careful we are to describe the populations involved in the surveys, the total picture is often referred to by the media as 'national data'.

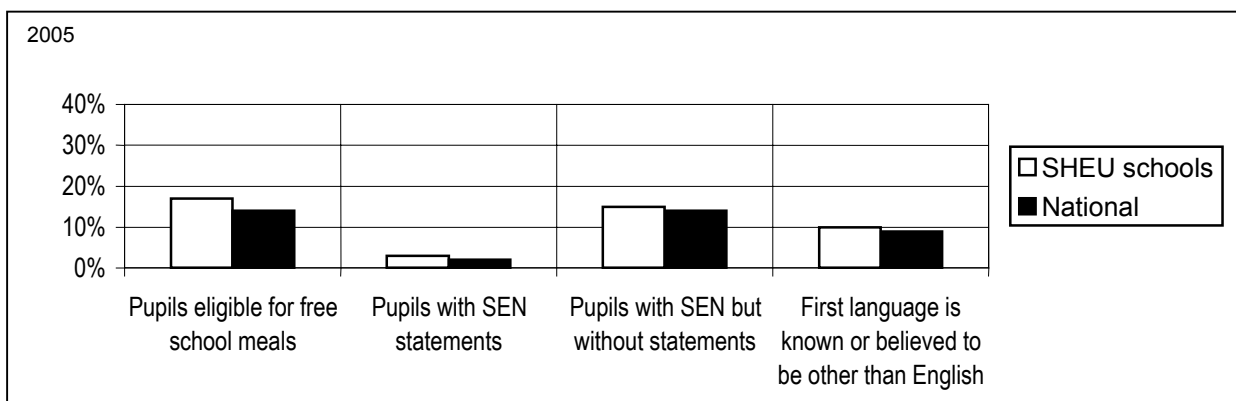
The surveys that give rise to the data are large, numerous, and from many parts of the United Kingdom, but they do not form a deliberately-selected sample. The origin and structure of these surveys is described very carefully and fully on subsequent pages.

Despite this difference, the picture produced by our annual data set typically matches survey outcomes from other data-collection agencies using orthodox strategies such as stratified random sampling. On pages xx–xxvii we draw attention to evidence supporting this claim."

We have had an opportunity to assess if there is in fact a bias in the SHEU databanks, and if so, how large or important is it.

OFSTED hold a variety of pieces of contextual information about schools. In order to test how representative the SHEU samples of schools might be of the country as a whole, OFSTED were asked to compare the SHEU schools with the national sample on some convenient measures. The results are below:

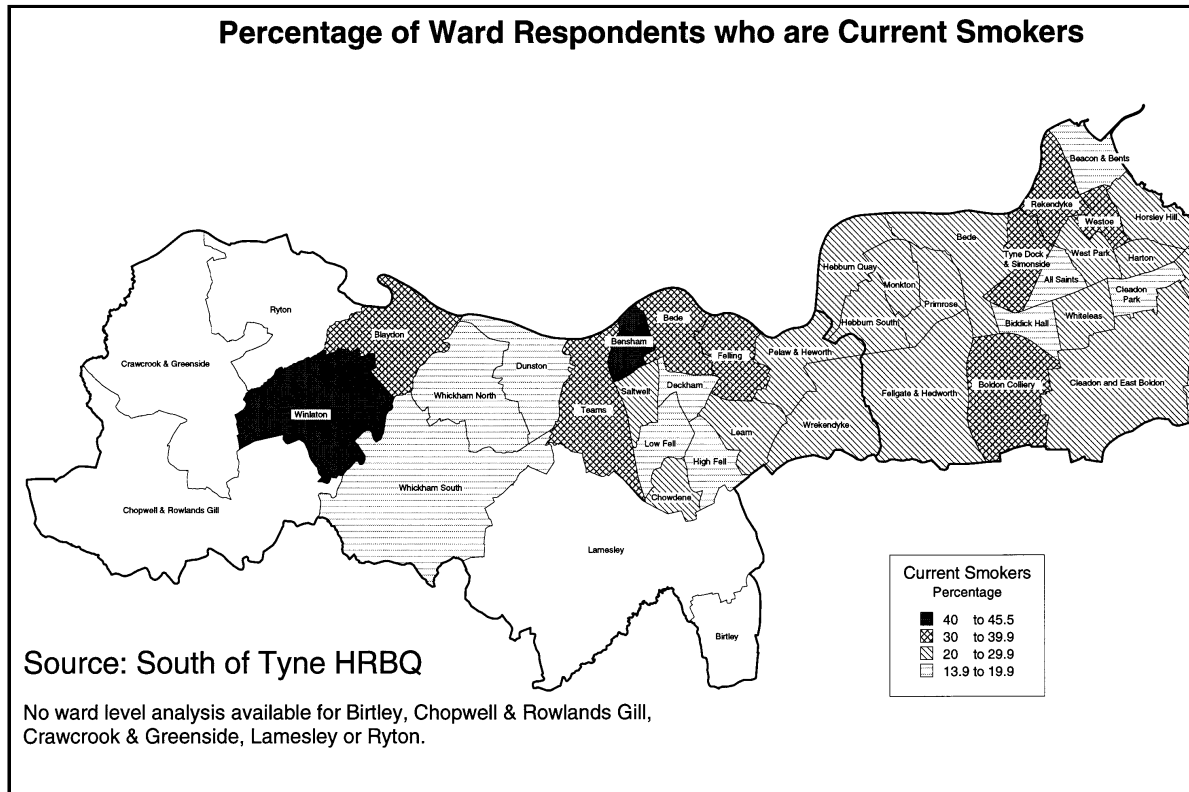
	2000		2001		2002		2003		2004		2005	
	SHEU schools	National	SHEU schools	National	SHEU schools	National	SHEU schools	National	SHEU schools	National	SHEU schools	National
Pupils eligible for free school meals	18%	16%	18%	16%	18%	15%	17%	14%	17%	14%	17%	14%
Pupils with SEN statements	3%	3%	3%	3%	3%	2%	3%	2%	3%	2%	3%	2%
Pupils with SEN but without statements	18%	17%	18%	18%	17%	16%	14%	13%	14%	14%	15%	14%
First language is known or believed to be other than English	9%	7%	9%	7%	9%	8%	9%	9%	10%	9%	10%	9%
White (UK/other)	83.6%	86.5%	83.4%	86.0%	82.5%	87.9%	80.3%	82.7%	81.2%	83.7%	81.6%	83.6%



- Overall the analysis seems to show a reasonable match between the SHEU sample averages and the national.
- For Free School Meals the SHEU sample seems to be slightly more disadvantaged
- SHEU samples have a slightly lower proportion of ethnically White pupils; there are in particular more Black pupils, although these are spread across the two main sub-groups (Caribbean and African).

So, our conclusion is two-fold: yes, there is a bias, but it is not a very large or important one.

SHEU would like to thank David Howarth of OFSTED for his time and diligence in producing this analysis.



This graph shows the detailed mapping of health-related behaviours – in this case, the level of smoking – that is possible when the HRBQ respondents identify the ward in which they live.

Health Care provision is delivered at community level

What the compilations disguise, however, is the wide variation of behaviours that can and does exist between neighbourhoods and communities. Health care action is delivered at community level by primary care trusts.

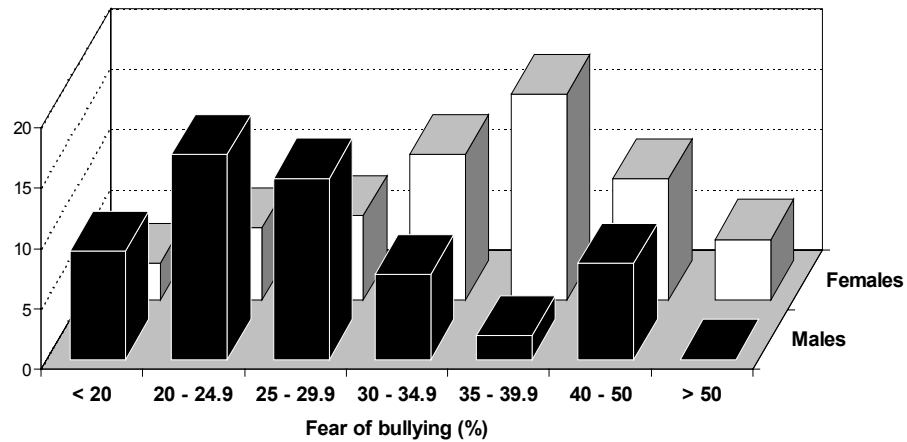
Sensible intervention or education programmes delivered in schools must be cognisant of the nature of the particular and relevant levels of behaviour in the population that they serve, if a programme is to be effective. ‘Global’ summaries do not meet specific community needs (Balding, 1991).

Stimulated by City Challenge initiatives, and particularly by Drs John Harvey (Newcastle), Kevin Kelleher (Wolverhampton), Peter Bundred (Wirral), and Ruth Wallace (Lewisham), we developed methods to associate behaviour with locality of the home of the respondent. Successful models have been developed in Newcastle upon Tyne and Liverpool, and very particularly in Dudley, where links with National Census survey data have been achieved. The illustration is taken from the 1995 Newcastle upon Tyne survey.

Bullying: an example of variation between schools

For most recorded behaviours there is wide variation between the results from different schools. Our report Bully Off (Balding, 1996) showed that this is certainly true for the levels of fear of bullying. The histogram and table opposite present the number of schools within the sample in which different percentages of Year 8 pupils feared bullying.

It will be seen that the percentages for the males’ responses accumulate towards the left of the histogram, and those for the females towards the right. This distribution reflects the overall difference in the percentage of males (24.6%) and females (34.6%) reporting fear of bullying.



10 The 2011 sample

Because of strategic sampling by the health organisations that commissioned most of the 2010 surveys, the sample is heavily concentrated on Years 6, 8 and 10, and we do not present results from the other years.

Areas and groups represented

Last year we received responses from over 115,000 young people of which 83,724 pupils were in Years 6, 8 and 10 from 1199 schools.

% that fear bullying	Number of schools	
	Males	Females
<20%	9	3
20-24.9%	17	6
25-29.9%	15	7
30-34.9%	7	12
35-39.9%	2	17
40-50%	8	10
>50%	0	5
Schools	58	60

Results from a total of 60 secondary schools were analysed in the 'Bully Off' study. The numbers of schools with different percentages of Year 8 pupils that fear going to school at least sometimes are shown here. These schools represent 7 different area health authorities, and show the wide variation in levels that go to form the nationwide 'average'. The greater vulnerability of the females is clearly seen.

The sample size

The available sample in each gender and year group is as shown in the following table.

Year group	Males	Females	Total
6 (10-11)	13373	12970	26,343
8 (12-13)	14273	14819	29,092
10 (14-15)	13790	14499	28,289
Totals	41,436	42,288	83,724

The concentration on Years 6, 8 and 10 reflects a strategy that many surveyors adopt in their anticipation of collecting serial data. This is promoted through the use of the survey in alternate years, and, provides an accumulation of data to examine for behaviour trends and the effects of intervention programmes in individual districts.

The regions represented in the 2010 data, showing the percentage of the 994 schools

	Pri	%	Sec
North West	10		05
West Midlands	16		05
Yorks/Humber	31		15
Eastern	19		29
South West	03		09
London	15		05
North East	05		03

School parameters

This information, together with other general data, is collected from each school carrying out an HRBQ survey.

Type of school	% of schools	
	Pri	Sec
Comprehensive		75
Independent		<1
Primary	90	
Junior	9	
Other	<1	3
Middle		1
Combined		
Special	1	1

Gender of school population

All-male school	<1	<1
All-female school	<1	2
Mixed school	100	98

Percentage of ethnic-minority children in the school

0-1%	23	24
2-5%	24	26
6-10%	13	11
11-15%	9	11
16-20%	7	8
21-30%	7	9
31-40%	3	3
41-50%	3	2
>50%	12	6

School lunch provision

Cafeteria	7	35
Set lunch	80	46
Other/missing	1	3
Both	13	16
Combination	<1	1

% of schools

Percentage of children in the school qualifying for a free meal

	Pri	Sec
0-1%	8	9
2-5%	22	26
6-10%	18	23
11-15%	10	11
16-20%	8	7
21-30%	9	12
31-40%	10	5
41-50%	7	3
>50%	8	4

Percentage of children in the school being transported by school bus

0-10%	90	68
11-20%	5	8
21-30%	1	6
31-40%	1	5
41-50%	0	3
51-60%	1	6
61-70%	1	3
71-80%	<1	1
>80%	0	2

Catchment area

100% r	22	28
75% r, 25% s	4	5
50% r, 40% s, 10% u	3	1
10% r, 50% s, 40% u	1	1
40% s, 50% u, 10% iu	1	1
100% iu	6	1
100% u	15	10
100% s	17	20
75% s, 25% u	32	23
75% u, 25% iu	2	7
25% u, 75% iu	2	3

r = rural, s = suburban, u = urban, i = inner urban

Databanks

Data from the various questionnaires listed on page vii are stored in SHEU databanks. Over 9,500 schools have been involved in HRBQ and other SHEU surveys. The table below shows a breakdown of figures from 1983. In column 1 the first 7 rows show the HRBQ version number, the number of schools using the HRBQ and the number of all pupils. The remaining rows show the numbers of 10-15 year olds responding to the HRBQ and the bottom row shows the total number included in publications such as the 'Young People' and 'Trends' series. The total number of respondents in HRBQ school surveys to date is over one million (1,089,480) from 7,785 separate schools.

Sample/Yr.	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
HRBQ Sec.	8	8&10	8&10	10	10&11	10&11	11&12	11,12,15	15	15&16	16	16	16&17	16,17,18	18&19	19	20&21	21	21	22	22	22	23	23	23	23	23	*
HRBQ Pri.															8	8	8&9	9	9	10	10	11	11	11	11	11	11	*
Schools	71	43	49	88	116	222	104	131	142	141	171	279	108	130	122	112	181	389	334	499	196	452	310	787	526	1100	783	1199
Primary pupils															9545	4496	12710	23988	14157	13859	8158	17309	13978	37874	16061	39882	24854	38417
Secondary pupils		9083	13890	19180	19834	36116	16174	19906	25741	21773	29186	49382	20089	21842	29005	21236	31182	30276	11575	29190	10804	32973	23954	53557	29400	66352	39343	76583
All pupils	10,674	15,205	13,890	19,759	27,628	36,116	16,174	19,906	25,741	28,070	29,186	49,382	39,511	22,067	38,550	25,732	43,892	54,264	25,732	43,049	18,962	50,282	37,932	91,431	45,461	106,234	64650	115,000

1,089,480 'all pupil' total

* Diverse, local, customised questionnaires

Selected ages	11-16	11-16	11-16	11-16	11-16	11-16	11-16	11-16	11-16	12-16	8-15	11-16	11-16	9-11 12-13 14-15	12-15	9-16	12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	10-11 12-13 14-15	
M 10-11 y										—2315—					—5855—	2390	468	3175	6511	3367	4067	2422	4947	3373	10339	4549	11363	6491	13373
F 10-11 y										—2314—					—5856—	2354	398	3160	6391	3425	3938	2300	4870	3336	9910	4348	10952	6215	12970
M 12-13 y	599	780	715	1585	1516	4285	2588	3152	3837	4222	4464	9377	4804	5288	5203	4282	6807	7180	2553	7075	3101	7553	3028	11682	4464	14211	6842	14273	
F 12-13 y	567	623	825	1614	1479	4231	2487	3231	3241	3947	4280	8957	4727	5240	4708	4240	7225	7548	2249	7057	2891	7427	2664	11933	4646	15133	7253	14819	
M 14-15 y	2731	1836	2493	2119	3322	5945	2113	3948	3562	4328	5070	7993	3683	4446	4933	4899	7971	7034	2219	7533	2474	8782	2691	11987	6762	14079	8067	13790	
F 14-15 y	2222	1388	2476	1907	3046	5789	2227	3822	3437	4274	4606	7582	3497	4374	4394	4800	8518	7409	2088	7480	2448	9220	2651	12644	7393	14810	8168	14499	
Total	6119	4627	6509	7225	9363	20250	9415	14153	14077	16771	18420	33909	16711	19348	23982	19087	36856	42073	15901	37150	15636	42799	17743	68494	32162	80548	43014	83724	

The quality of the survey data

1. **How reliable are the percentages?** xx
Reliability and validity

2. **Statistical analysis of the data** xxii
Calculating errors

3. **Comparison of the Unit's data with other surveys** xxiv
Good agreement where other data exist; how we surprised a sceptical GP

4. **Looking for trends: a 'health warning'** ... xxvi
Comparing different calendar years

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How reliable are the percentages?

Reliability and validity

We are often asked whether the answers are 'trustworthy' – can we really believe these figures? Ideally, any differences between answers given by two people about their behaviour should be due only to differences in their behaviour.

In practice, differences also arise because of

- *Differences in their recollection of their behaviour.*
- *Differences in their understanding of the question.*
- *Differences in their willingness to report their behaviour accurately.*

So to some extent, the trust we place in the data depends on the trustworthiness of the young people answering – that is, whether they are likely to try and mislead us or not. We have described elsewhere the various steps we have taken to try and reduce or eliminate the temptation to mislead, by getting the atmosphere for collecting data right. But the questions also need to be appropriate, and understood in the same way by different people. We

have also recorded above the care we take over question design and development.

These issues can be seen in consideration of a question we no longer ask, namely *When did you start smoking?* Answers to this question seemed internally consistent and reliable, and young people in interview were convincing in their efforts to report their behaviour honestly. We did, however, notice a curious feature of the data: the average age when respondents said that they started smoking tended to be about two years younger than they were now, no matter what their age was. Here we seem to have raised a problem of memory: the length of time since they started smoking may have 'felt' about two years for the longer-standing smokers, but could have been longer.

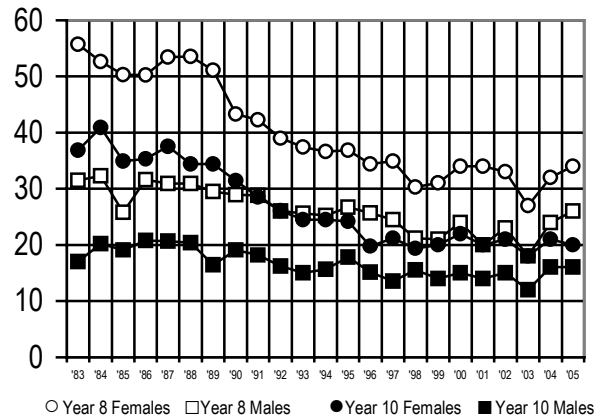
We identify here two separate aspects to the 'trustworthiness' of the data:

Reliability: Are the answers 'well-behaved' in their pattern?

Validity: Do the answers accurately represent the behaviours or beliefs of the respondents?

Researchers have a high regard for questions of trustworthiness, and have developed a whole apparatus of language and standards for investigating questionnaire quality. We discuss these standards below, and how we might know when things are going astray.

Chart : Main source of sex information is parents 1983-2005



Above: Data from 1983-2005 – “The main source of sex information is parents” Below: A breakdown of the percentages within the principal health authorities (A-G) contributing to the 2005 sample.

Health authority	12-13 yrs.		14-15 yrs.	
	M	F	M	F
A	28	36	26	29
B	24	34	19	14
C	20	28	17	23
D	09	27	02	15
E	30	41	22	20
F	25	30	15	22
G	15	31	17	17
H	17	23	14	18
I	27	31	12	25
J	27	42	17	20
K	21	26	11	16
L	22	41	16	28
M	32	31	13	16

Reliability

Reliability is the measure of whether the same question is answered in the same way on each occasion. For example, a person might be asked *What do you think of the price of eggs?* Because it is not something they think about a great deal, they might give a completely different (though equally honest) answer next week, or even elsewhere in the same questionnaire. The consistency between answers given by the same people is known as internal reliability.

It is also important to know whether another person will answer the question in the same way: the so-called external reliability. Two different groups of people, asked *Are you a vegetarian?* may have different views as to what a vegetarian is. The people in one group, who eat dairy products, may see themselves as vegetarians, but those in another group, who also eat dairy products, may see vegetarianism as being stricter than this and so not describe themselves as such. So although honest and consistent within themselves, the two groups will answer the same question in different ways. These questions of reliability are perhaps less pressing in the case of behaviours as opposed to attitudes.

Internal reliability

A scale is said to be internally reliable if a person’s answers on one part of the scale are correlated well with answers to other items in the scale. For example, we have a block of questions on self-esteem, and we know that answers to each item are highly predictive of answers to other items. So we can say that this scale is internally reliable.

This notion of internal reliability was developed in connection with scales of this sort, and not for disparate questions in ones and twos. We can apply the idea to the questionnaire as a whole, and look for consistency between items that overlap in content. Where overlap exists, we see that the items are highly consistent. For example, an early question on spending habits mentions spending money on cigarettes and alcohol, which can be related to answers many pages away which ask specifically if any cigarettes or alcohol have been consumed recently. From the 2005 data we found that of those Year 10 pupils saying they spent *any of their own money on cigarettes*, 92% reported that *they smoked last week*. Similarly, of those saying they *spent any of their own money on alcohol*, 92% said they *drank alcohol last week*.

External reliability

Questions are externally reliable if they give consistent results when used with different populations. Part of the aim of doing surveys in different populations is to see if they are different, so what we are looking for here are results that are similar in range, distribution and so on. Some of our questions are typically very stable from population to population – for example, the question about the main source of information about sex.

The chart opposite: ‘Main source of sex information is parents 1983-2005’, shows the year-to-year variations are not large enough to mask a general falling trend. However, within the sample the question records a range of values exceeding 10% when the larger contributing health authority results are examined (see table opposite).

Test-retest reliability

This is a special sort of reliability which is particularly useful to enquire into with respect to topics that are suspected of not being stable in the mind of the subjects. For example, while washing habits may be expected to be stable from week to week, opinions may not. We have very few data on this sort of reliability for our questions, and the questions on self-esteem, or attitudinal topics, would be interesting to look at in terms of their stability over time. Such studies as we and others have done suggest that scores on the self-esteem scale are indeed tolerably stable over time.

Validity

The notion of validity is what people usually have in mind when looking at a question – does this question really measure what you say it does? Validity is perhaps the critical issue: do the answers mean what they appear to mean? Are the respondents honest? Does the question mean anything to the respondents? If people were asked whether they would prefer to go on holiday to Flaunce or to Gzornenplatch, they may reliably give a preference for Flaunce, perhaps because of its earlier position or its more mellifluous sound. The fact that people have never heard of either resort cannot be detected from the reliability of their written responses.

Whether the answers to our questions mean what we think they mean must therefore be investigated in other ways, for example by interviews. There is a common-sense approach to this: namely, does it look as though it works? For example, one might be hesitant about accepting *How much do you like pop music?* as a measure of extroversion, but be more convinced by *Do you generally like loud, fast music, or is the music you prefer more often quiet and slow?* This sort of ‘looks right’ validity is called face validity. Other

sorts of validity are described in the literature, but these are not readily applied to the HRBQ.

Other aspects of the data which might reassure us about the data’s quality are the distribution of responses between pupils. Typically there are highly regular and consistent age-related trends, and often differences between the sexes. Where this pattern is seen and is consistent with expectations, we have more confidence in the data. In these annual compilations we can see age-related trends even when year groups are composed of young people from different parts of the country.

Also, we can look for associations between items in our questionnaire that have been found elsewhere – for example, there are a number of known correlates of smoking in young people, such as drinking alcohol, dating, school attainment and other variables such as self-esteem and locus of control. All these associations can be found in our data, which firstly reassures us that our data are valid, and secondly suggests that new associations can be sought in the wider range of topic items held in the databanks.

Finally, the interview and other work described above in piloting new questions, and the thousands of sheets of supervisors’ feedback relating to established ones, provide a solid foundation for our confidence in the validity of the answers.

2 Statistical analysis of the data

Expected errors

Toss a coin ten times, and you might expect to get five heads and five tails. However, you could end up with anything but this proportion, and this reflects the problem of sampling: knowing what proportion

you expect, you know that if you try to assess it by a sample, you are probably going to be a little way out, and you might be a long way out. Fortunately we can strictly define limits of doubt and uncertainty, and calculate how likely it is that a sample is going to be a certain degree ‘out’ from the expected result. We can also work backwards: given the result in a sample, we can say how likely it is that the ‘real’ population result is within a certain range. This is precisely the problem we face here.

We will adopt a standard symbol set:

n = sample size

p = proportion of sample reporting given behaviour

N = population size (whole school, or whole area sample)

The usual approach to estimating confidence limits and differences in proportions, given a sample of size n and proportion p , is to derive the standard error of proportion using Equation 1:

$$\sqrt{\frac{p(1-p)}{n}}$$

Eq. 1

95% confidence limits for a proportion are assumed to be twice this figure (technically 1.96 times). So, for a sample of 100 females, if the observed proportion is 8% (0.08), the standard error is $\sqrt{0.08(0.92)/100}$, i.e. 0.027 (3%). The 95% limits are therefore $\pm 2 \times 0.027$, which is about $\pm 5\%$. So we are 95% confident that the true figure is between 8% – 5% and 8% + 5%, i.e. 3%–13%.

The following points should be made:

- For larger samples, the confidence limits grow narrower (i.e., improve)
- For proportions nearer 50%, the confidence limits are wider (i.e., less precise) than for smaller or larger proportions observed in samples of the same size
- Confidence increases as the range increases. For the example quoted, we would be 99.75% confident that the proportion lies between 8% ±7.5% (0.5%–15.5%).

There are other connections we need to make, because this calculation assumes that N is many times larger than n . In a school, though, 50 males may be 50 out of 75 in the whole year group – see below.

Statistical models

Most methods of statistical analysis assume that the samples taken from a population are (a) gathered randomly, reducing the likelihood of sampling bias, and (b) that the size of the total population is many times larger than the size of the sample.

Our approach is rather different to this standard method.

Randomness

There is usually no attempt to randomise sampling within or between schools, and instead groups (usually classes or tutor groups) are selected to reflect the range (academic and social) of pupils within a school. Typically, schools are selected by health authority or health board personnel. Often there is a negotiation between volunteer schools and an area co-ordinator who wishes to select a representative range. This makes usual assumptions underlying statistical testing less valid, although it may be that analysis can still proceed.

Size

If we consider to what extent the school sample is representative of the school year group, it may be that 50 males have been taken from a total of 150 males on the school roll. Here the sample is 1/3 of the total, and is so large that it reduces the theoretical error that can arise through chance (i.e. that we happen to have included more of the smokers in the year in the 50 sampled than might have been expected). If the sample is a fair proportion of the population – and this can equally apply within area-wide samples, where a large proportion of the year group across the county are in schools that are surveyed – then the expected sampling errors are reduced.

Independence of pupils

The fact that each set of pupil data is not independent of others – pupils of similar lifestyles may cluster in certain schools, or in certain classes within the school – increases the uncertainty in behavioural estimates. The ONS have used a multiplication factor for confidence limits for use with their system of quota sampling within randomly-selected schools.

Confidence limits

These revised assumptions can act to make estimates based on the Health Related Behaviour methodology more accurate. In fact, the improvement can itself be calculated, and we are grateful to Dr. Ken Read of the University of Exeter’s Department of Mathematics and Operational Research for his guidance in this matter.

For statistical purposes the total population from which the sample is taken is often very much larger than the sample. For Health Related Behaviour data the population is usually not so large – in fact, in some cases the sample is the whole school year group. In this case, barring absentees, there is no

sampling error to estimate! Similarly, the proportion of schools sampled within an authority’s control may be high – for example, eight out of a possible 20 schools (40%). If these eight include the largest schools, the proportion of the total population which is in fact sampled may be nearer 50%. In many districts, over half and in some cases all of the schools in the area covered by an Authority have been surveyed.

In these cases the sampling error is much reduced. This expected reduction can be calculated, as in Equation 2, which gives the standard error of proportion with known population size.

$$\sqrt{\frac{p(1-p)}{n} \frac{N-n}{N-1}}$$

Eq. 2

Depending on the size of the actual school year, this can have a very significant effect in reducing the theoretical sampling error. For each school we record the sample sizes and the school roll for the different year/gender groups: in 1998 the average sample size for both Years 8 and 10 was 52, and the average representation of those on the roll in both years combined was 66%. Even for an observed proportion of 50% (which as stated above gives the poorest confidence limits), this means that the expected error is reduced to ±4% for a typical school.

For sample sizes of a thousand or more, as the following table shows, the expected errors and confidence limits are of the order of a few percentage points.

Sample (N)	Standard error for proportion of 50%	95% confidence limits
1000	1.6	±3.2% (46.8%–53.2%)
4000	0.4	±0.8% (49.2%–50.8%)

The figures assume that the population being surveyed is many times larger than the sample, as is the case with, for example, nationwide opinion surveys.

However, if we assume that the population is only about twice the size of the sample, then these error estimates are much reduced. As stated above, in 1998 66% of the schools' Year 8 and 10 populations were sampled.

This explains why we are so confident that the data effectively represents the population from which the samples are drawn. However, the extent to which that population represents the national picture cannot be derived from these formulae.

3 Comparison of the Unit's data with other surveys

There are some areas of the Health Related Behaviour instrument for which national data are directly available for comparison, and it is of interest to study these.

There are several differences between the way our data are collected and the methods used by other sources – for example, the uneven sampling across regions – but if we found large differences between the behaviours reported using the different methods, which were consistent for different regions sampled in our surveys, this could indicate problems with methodology.

Conversely, if we found a good match between our data and other representative surveys for which comparison data are available, we have some optimism that the remaining topics in our data are also to some extent representative of the national picture. (In the case of certain topics we know of no other work, in this or any other country, where the behaviours in question have been examined.)

It is not uncommon to find our work cited by other researchers (e.g. Plant et al., 1990, and Brannen et al., 1994).

We obviously believe that the data are of sufficient quality and interest to be worthy of attention, and some of the evidence for this is collated below.

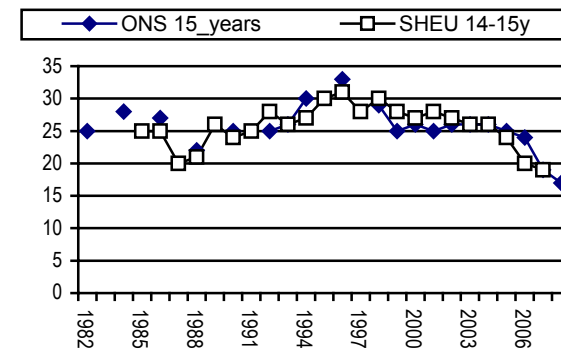
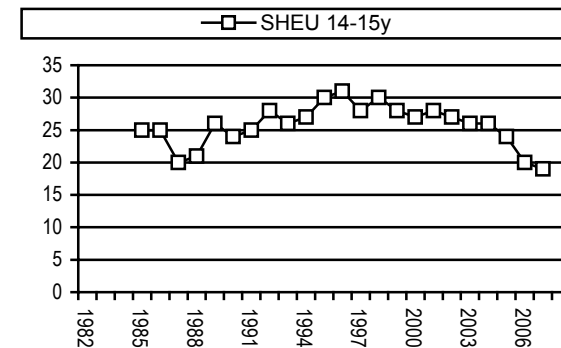
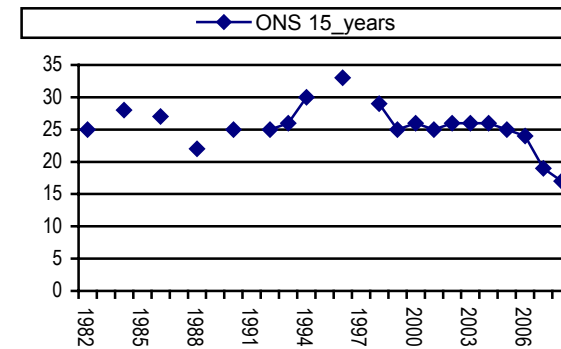
Smoking

The ONS has had a succession of biennial surveys with which our data can be directly compared: it uses a system of quota sampling within randomly-selected schools (although, as noted on pages xii-xiii, there is a level of non-co-operation by schools and by pupils).

The ONS studies define 'occasional' and 'regular' smokers using a combined diary + self-description definition, whereas we use only retrospective self-reports of consumption. If memory is accurate, this should yield similar figures to the ONS diary data from the same subjects.

The smokers (regular and occasional) in ONS include some regular smokers that did not smoke during the previous week, and some subjects that did smoke but did not describe themselves as smokers. Their figures resulting from this approach are very similar to our own (see table).

Figures for smoking among females in Year 10 (14-15 year olds) have been compared with the results for 15-year-old girls from the Government, which match them closely. We can see that the 'odd' low figure for 1988 in the ONS figures matches a low for 1987-1988 in SHEU data; we saw a peak in 1996, which matches the 1996 peak in the ONS data. Overlaying the two charts gives a very consistent impression and lends credibility to each data set.



Other drugs

ONS surveys have included a section on illegal drugs. How do these data compare with those from the Unit's surveys? The Unit's data were described in *Young People and Illegal Drugs on 2000* (Balding, 2000).

The data are derived from different questions and presented in different ways in our respective reports, but the patterns are similar and the differences are in the directions expected – for example, some differences in drug use are consistent with known differences in the age composition of the samples.

There is a difference in drugs use by gender in the ONS surveys which has also seen in other studies (as Eileen Goddard points out in her review); however, differences between males and females in drug use in our 1998 figures are smaller or absent. It is interesting to note that in the 2001 data set, when we look at the Year 10 figures males report use more often than females.

What has been happening to the drugs figures over

the years? Charts published in the 'Trends: Young People and Illegal Drugs' report show that in SHEU's figures:

- i. a steady rise in reports of drug experimentation among year 10 pupils from 1987 to 1995/6.
- ii. a drop between 1996 and 1999
- iii. between 1999 and 2004, a recovery to about the same levels as the peak in 1995/6
- iv. a further decline since 2006

There are several sources of 'noise' in the SHEU figures, as discussed elsewhere, including differences between regions, questionnaire changes, and so on. So it would be nice if there were confirming figures from elsewhere. There is a series of figures available from ONS. Sadly the Government instituted a programme of surveys of young people's reports of drug use only after 1997. The levels they have been getting are of the same order of magnitude as ours but it's hard to say that the same changes are present.

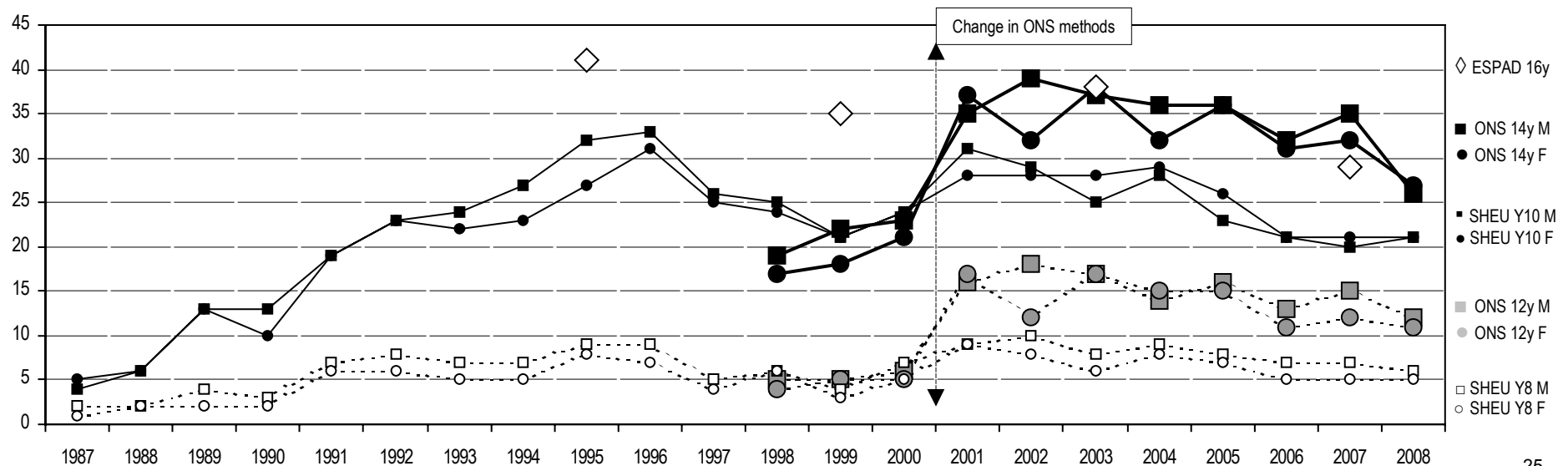
The best supporting evidence we have for a fall and rise between 1995 and 2005 is from ESPAD studies

(www.espad.org). These show a drop between 1995 and 1999. Taken together, it seems that SHEU surveys show levels of drug use that are in keeping with the levels seen using other approaches, and also show the same patterns.

The SHEU data series started in 1987 and has continued with questions in the same format ever since, although the list of drugs shown has been amended over time.

The ONS series started in 1998 and for the next two years their figures for 12- and 14-year-olds matched our Y8 and Y10 figures quite well. From 2002, the ONS used a different way of assessing drug use, and, following that change, their figures jumped to be higher than ours; in fact, their results for 14-year-olds seem similar to those given for 16-year-olds by ESPAD.

It is very interesting to us to find a similar peak in substance use among young people from other industrialised countries; there is a very robust data set running since 1997 in the Ontario Student Drug Use and Health Survey, for example, which shows a



peak in drug use in the middle 1990s in smoking, drinking and the use of selected drugs. (http://www.camh.net/OSDUHS2007_DrugHighlights_final.pdf)

Another interesting research finding is that there is also a peak for the middle 1990s in research done with adults in the UK, such as reports of crime in the British Crime Survey; rates of many types of crime peaked in 1995 - (<http://www.homeoffice.gov.uk/rds/pdfs07/hosb1107.pdf>).

It's not easy to find similarly good evidence from other countries, but rates of several types of crime in the USA certainly fell after 1993.

Alcohol

Although we spend a long time looking at comparisons between our data and figures from other studies, usually we are reassured by this exercise. However, it must be noted that our figures for the frequency of reported alcohol use in the previous week are higher than are seen in other studies. The levels of consumption, however, are not higher. The questions about alcohol used in our surveys and the ONS studies look and feel very different, it is not clear to us why they produce such different results.

Visiting the doctor — local data

At one point an opportunity arose to check young people's reports of GP attendance. A practising doctor from Barnham was presented with results of the West Sussex survey at a meeting, and thought that the rates shown for Year 8 and Year 10 pupils visiting the doctor were implausibly high. He immediately organised a check on his figures, and a colleague searched the computer files from the group practice. He was astonished to find that in his practice the GPs had seen 40% of their patients aged between 13 and 19 in the past three months, which

fitted within the summary data for the whole DHA (Wallis, 1993).

4 Looking for trends: a 'health warning'

Because of the way we collect our data (see pages x-xii), we have to be more than usually careful about interpreting our statistics. Any changes we see between successive calendar years may be due to a change in the behaviour of the whole UK population of children, which is thus reflected in our data and in surveys by others. On the other hand, the changes may be apparent, not real, due to interference from a number of other factors. These are discussed below.

Changes in the question

We occasionally make changes to the wording or layout of a question in response to feedback from schools. These changes sometimes appear to make differences to the proportions that choose different options.

This is a well-known phenomenon, but some of our discoveries about questionnaire design we have not seen reported elsewhere (e.g. the 'order effect', *Young People into the Nineties, Book 1, Doctor and Dentist*).

Changes in the context of a question

In designing new versions of the questionnaire we occasionally make changes to the order of questions and their context. So although the question and prompts may be identical, if a question is placed with new neighbours this may affect the responses; see p. 13 below. Again, this effect has been noted in the literature (e.g. Budd & Spencer, 1986).

Changes in the sample

1. Distributional

The compilation of schools taking part in surveys across the country may be very different from year to year. Usually we cannot see any major effects of these differences, but occasionally we see rather clear associations with the sample.

For example, in 1993 we had an unusually large representation of Scottish schools in year groups 7-9, and these regional biases were detectable in the newspapers taken in the home (in this case the *Scottish Daily Record*).

	92	93	94
<i>Daily Record taken</i>	%	%	%
Year 7	22.8	39.2	7.2
Year 8	6.0	26.2	1.0
Year 9	10.8	36.4	14.8

However, the 'Scottish factor' does not appear to have had any influence on the smoking data that can be recognised within the expected fluctuations between successive samples.

	92	93	94
<i>Smoked last week</i>	%	%	%
Males			
Year 7	2.7	4.3	3.6
Year 8	6.9	6.1	7.1
Year 9	14.0	12.8	11.9
Females			
Year 7	4.2	4.2	2.1
Year 8	7.9	7.8	9.2
Year 9	15.9	17.5	17.9

It can be seen from p.xviii that this year's sample featured an unusually high number of Scottish schools: 36% of all schools sampled this year were

Scottish. However, this has not so big an effect as one might suppose, for most of these schools are very small primary schools. The proportion of the pupils who are Scottish is just 12%, and if we look at the proportion of *Daily Record* readers in the Family and Home chapter (p.50) it is not very great at all.

2. Temporal

The 1997 sample was unusual, not in its regional distribution but its timing; most of the largest surveys took place in the autumn, and so the pupils in each year group were in the first term of their school year. We did notice that for some of the behaviours that are strongly age-related, like smoking, the levels reported were unusually low. If we corrected for age as an influence, the levels returned to previous normal levels: see Balding (1998 & 1998a).

Confidence

We have more confidence in attributing real significance to a change if:

- it is not associated with major changes in the wording or placing of the question;
- it persists as either a long-term change from one level to another, or part of an upward or downward trend carrying over several years.

These issues have been explored in more depth in our 'Trends' series eg. Young People and Illegal Drugs: Attitudes to and experience of illegal drugs 1987-2008

5 Conclusion

We hope that this account will provide some insight into the work we have done on the important questions of reliability and consistency. Over the years we have brought a number of lines of enquiry to bear on these issues, and hope by discussing them here to allow a more informed assessment of the quality of the data presented on the following pages.

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How the information is arranged

We attempt to present the information as accurately and helpfully as possible. The 2010 responses are summarised as percentages, in tabular form. The question wording, and the wording of the responses, are presented as accurately as space will permit. We like to indicate *Valid responses* rather than *Sample size*, as *Valid responses* excludes respondents that did not answer the question. However, some presentations combine responses to several questions or sub-questions. In this case there is no single value for *Valid responses*, instead, we give the *Sample size*. In some charts we also include *None of the these* or *None of the above*.

Talking to the doctor

Up to 25% of the females felt *very uneasy*

On this last visit, did you feel at ease the doctor?

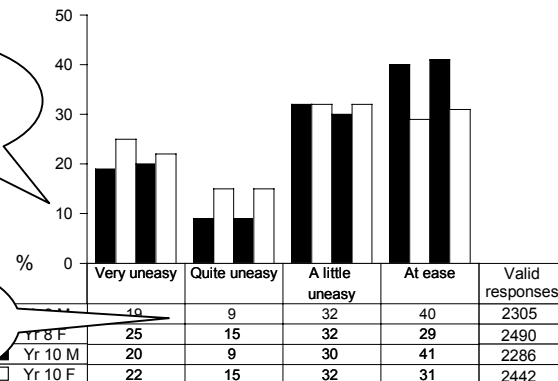
The question

1. More males than females felt *at ease* on their last visit.
2. Up to 25% of the females felt *very uneasy* with the younger females reporting higher figures.
3. As they get older, young people feel more at ease talking to the doctor.

Observations on the data

Comments

1. This question has been asked since 1981. Earlier surveys recorded the gender of the GP last visited, and suggested that both boys and girls were more likely to be at ease with female doctors, who are a small minority.
2. The level of ease with the doctor could reflect general confidence in adults, or concern about the reason for the visit.
3. A less trusting interpretation is that males are less likely to admit to being at ease.



'Rounded' percentages

The main observation

Comments on the data

Comments on linked data

In *Young People in 1997* we have shown that those young people who say they were at ease with their GP on their last visit were also likely to have visited their GP more recently:

- At ease (whole sample) : 50%
- At ease (visited last week) : 55%
- (visited last year) : 48%

Food Choices and Weight Control

25th year

This section of the Health Related Behaviour Questionnaire has passed through more revisions than any other. In earlier versions, attempts were made to derive quality and quantity measurements from the respondents' account of 'yesterday's intake', but the vagueness about amounts and quality made it impossible to do more than note the apparent presence or absence of certain important nutrients. The current versions of the questionnaire contain a checklist of common food items against which the pupils indicate typical levels of consumption. It is hoped that classroom discussion of these results will raise levels of awareness regarding 'healthy' and 'unhealthy' foods. The health-related aspect of diet, as well as attitude to personal weight, is also included in this section.

Question	
What did you have for breakfast this morning?.....	32
What did you do for lunch yesterday?.....	33
Your weight — which statement describes you best?.....	34
Do you know your weight?	35
Do you know your height?.....	36
Protein items in their diet	37
Starchy items in their diet.....	38
Fruit and vegetables in their diet.....	39
Portions of fruit and vegetables	40
The drinks and snacks they enjoy.....	41
Water drunk 'yesterday'	42
When choosing what to eat, do you consider your health?	43

Schoolday breakfast

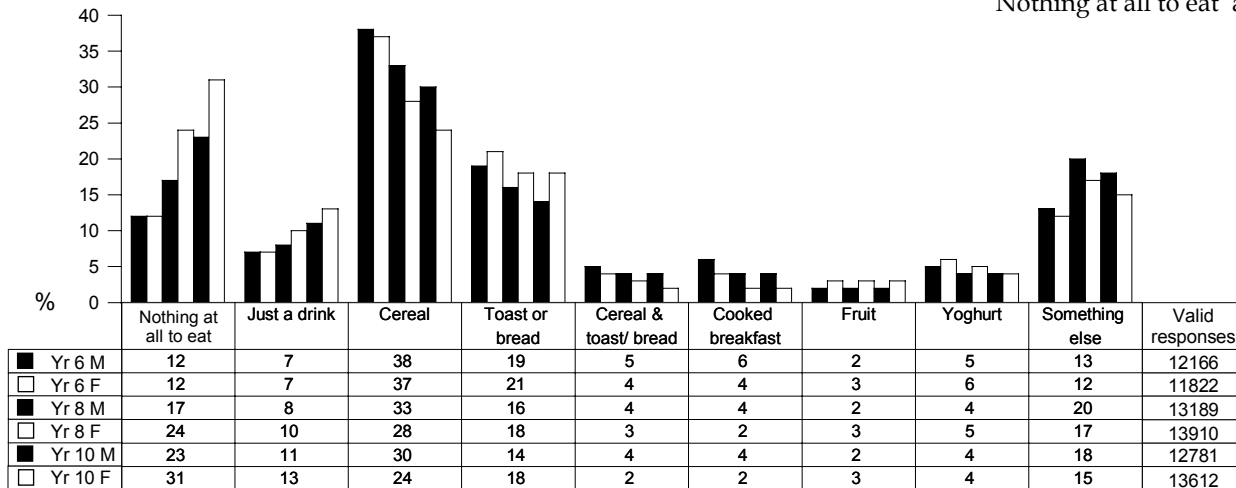
31% of the Year 10 females have *nothing at all* to eat for breakfast

What did you have for breakfast this morning?

Comments

1. Seeking the breakfast ‘missers’, we find more Year 10s than Year 8s, and more Year 10 females than Year 8 females.
2. *Cereal* is the most commonly reported breakfast item for up to 38% of pupils.
3. *Just a drink* is reported by 10% Year 8 females and 13% Year 10 females.
4. *A cooked breakfast* is taken by few and mainly the males.

1. We do not know if missing breakfast is an undesired omission or a deliberate decision to reduce food intake. In ‘Young People in 1997’, (Balding, 1998a), we found a substantial number of 9-11 year olds were eating shop bought snack-type food before school although it was not related to lack of breakfast. However, many programmes show that pupils can be encouraged to eat more healthily by the development of school policies on healthy snacks.
2. Prior to 2004, the ‘Nothing at all’ column referred to those that reported nothing to eat or drink for breakfast. Since 2004, this has changed to ‘Nothing at all to eat’ and resulted in overall lower percentages.

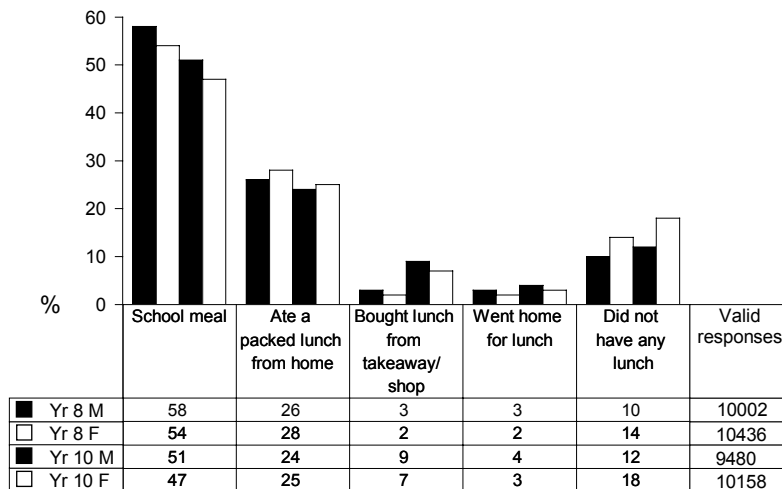


Schoolday lunch

18% of the Year 10 females did not have any lunch

What did you do for lunch yesterday?

1. A 'school meal' was the most popular option from this sample.
2. Up to 28% had a packed lunch.
3. 58% of the 12-13 year olds had a school lunch.
4. 18% of the Year 10 females and 14% of the Year 8 females had no lunch.



Comments



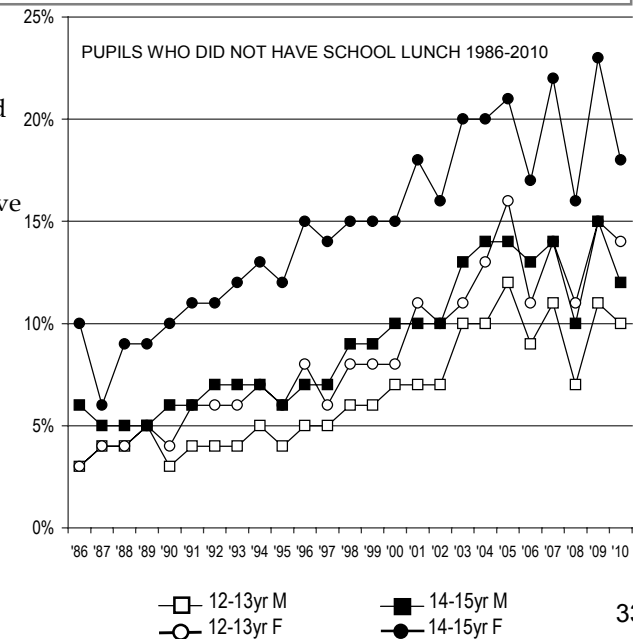
Breakfast and lunch: The breakfast question is about this morning, and the lunch question is about yesterday. We cannot demonstrate that any pupil missed both breakfast and lunch on the same day. Of the Year 10 females that missed breakfast, 24% reported having nothing for lunch the previous day:

Proportion missing lunch yesterday: 18%

Proportion missing breakfast this morning: 31%

Proportion of those having nothing to eat for breakfast this morning who had nothing for lunch yesterday: 24%

Data from 1986 show an upward trend in those pupils reporting they 'did not have any lunch yesterday'.

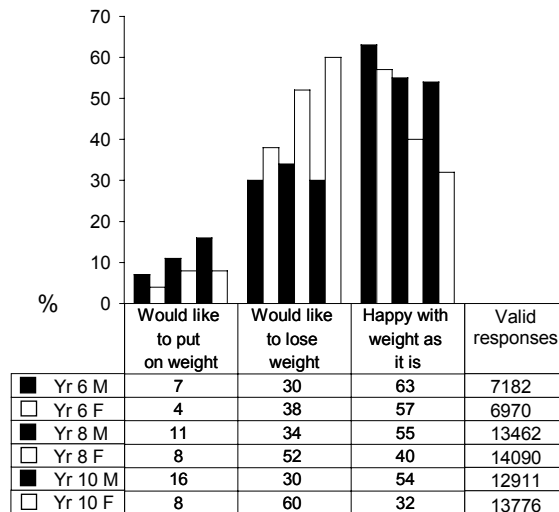


Attitude to personal weight

60% of Year 10 females and 52% of Year 8 females would like to lose weight

Your weight — which statement describes you best?

1. Many more females than males want to lose weight.
2. 60% of the Year 10 females and 52% of the Year 8 females would like to lose weight.
3. 16% of Year 10 males would like to put weight on.
4. Between 32% - 40% of the older females said they were happy with their weight as it is.



Comments

1. It is easy to understand why more females than males want to lose weight, but the age differences are interesting: The slight preponderance of younger males could mean that they feel more self-conscious, or that weight seems more of a disadvantage — it could also be because more are overweight. Conversely, the preponderance of older females suggests the opposite.
2. An analysis of the characteristics of the Year 10 females shows that most of those wanting to lose weight are within the limits of 'healthy' weight, and some are already underweight (see page 6).
3. Data since 1991 reveal an increasing trend of desire for weight loss for males and younger females.
4. We have a problem of sending appropriate messages to a population of young people, many of whom are overweight, and yet more seem overanxious about their weight.



Year 10 females who want to lose weight:

Proportion who want to lose weight who had nothing for breakfast: 21%
Proportion who want to lose weight who missed lunch: 12%

In earlier reports in this series we also showed that a desire to lose weight could be linked to food choices.

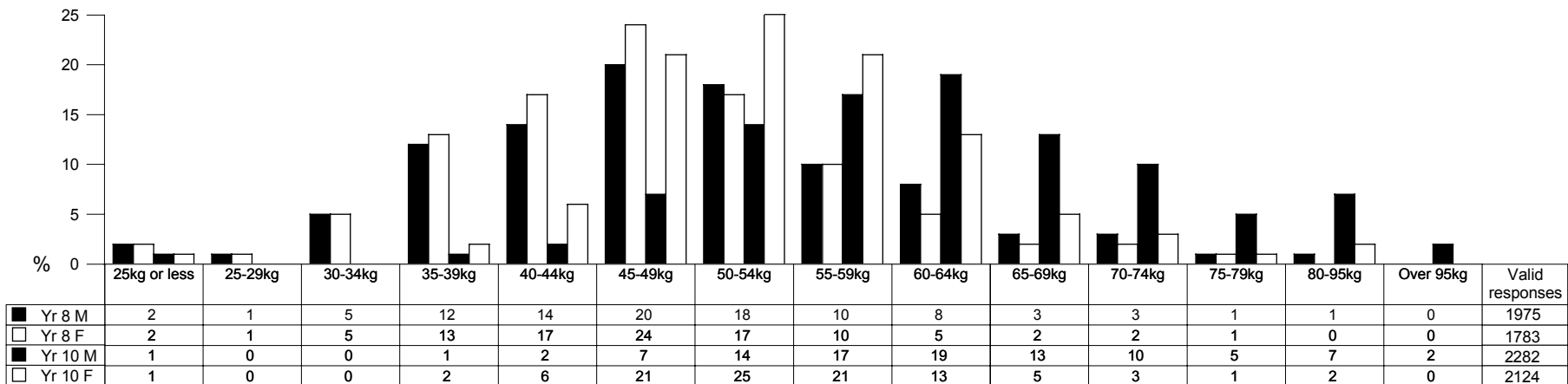
Weight

Do you know your weight?

1. There are some unsurprising age and sex differences here: older males are the heaviest, which fits well with the data relating to height.
2. We do not ask the question in the primary version of the questionnaire because of the work that would be involved for teachers in the collection of accurate data. In the secondary surveys, schools are asked to prompt pupils to check their height and weight before completing the questionnaire.

Comments

1. Unusually high or low responses reported to us may be due to difficulties of converting. [Answers may be given in imperial or metric units, although schools have encouraged use of metric measures for years. We also provide conversion charts in the survey support materials.]
2. There is little evidence in our data that those young people who are unhappy with their weight are significantly less likely to report their weight to us than the rest of the sample. In fact, among Year 10 females, those wanting to lose weight are more likely to report their weight to us.
3. N.B. not all areas using our survey chose to include the height/weight questions, and so the sample used here is much smaller and regionally restricted. Nonetheless the figures are of interest.

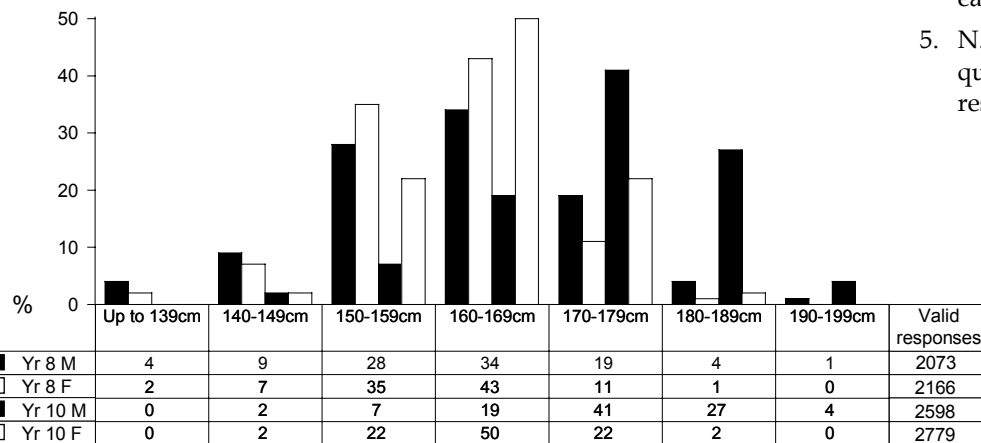
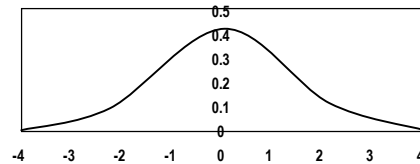


Height

Males start 'growing away' from females in Year 10

Do you know your height?

1. Again, we see that older males are the tallest. Females appear to be taller than the males in Year 8, but by Year 10 the males are clearly taller than the females.
2. Height and weight are 'continuous' measures, which show the classical pattern of a 'bell curve': a heap in the middle with two tapering ends.



Comments

1. Many of the comments we made about weight above also apply here.
2. A higher proportion of young people are sure of their height than their weight.
3. A comment from many primary school teachers is that youngsters, particularly girls, are getting taller at an earlier age. If this is combined with theories about better diet and lack of exercise producing taller individuals then it will be interesting to see if the average heights observed increase in our data in the years to come.
4. Is height a health issue? In fact, poverty and poor diet may still contribute to a failure to grow as well as possible. But beyond this, it may have more subtle effects. For example, taller young people may find it easier to purchase age-restricted material.
5. N.B. not all areas using our survey chose to include the height/weight questions, and so the sample used here is much smaller and regionally restricted. Nonetheless the figures are of interest.

Protein

52% of 14-15 year old males have dairy produce *on most days*

Protein items in their diet

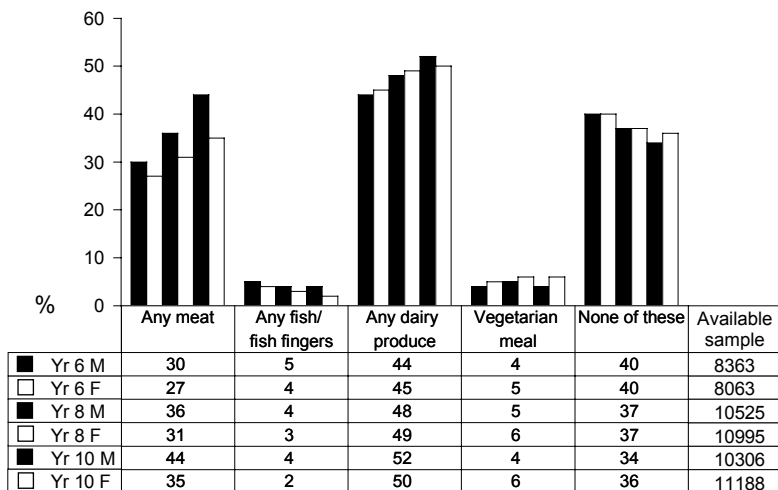
Comments

Responses to eaten 'on most days'.

Please note that all the 'diet' items are offered as a single list, and are not subdivided by content as we have done here.

1. *Meat* is more popular with males than females.
2. *Dairy products* are more frequently eaten than *meat* and *fish*.
3. Slightly more females than males have a vegetarian main meal.
4. There is a marked age gradient for *meat* and *dairy products*, with older pupils reporting eating them with higher frequencies.

1. The age differences are interesting: is it that the older age groups are better at recognising when a food item is present? For example, do primary school pupils recognise that 'cottage pie' is a meat dish? Of course, the differences may well be genuine. Is this a deliberate plan by older pupils to increase intake of protein, either by the young people or their parents, or is it a reflection of personal preference and enhanced spending power that comes with age and opportunities e.g. to eat burgers?
2. The small sex differences also demand an explanation. It may be that more girls than boys avoid meat products, either because they are uncomfortable with the way animals are raised, or because these high-protein foods may also be rich in fats.
3. Foods that are not normally thought of as being high in protein, like cereals and pulses, also contribute significantly to the amount of protein eaten.



Starchy foods

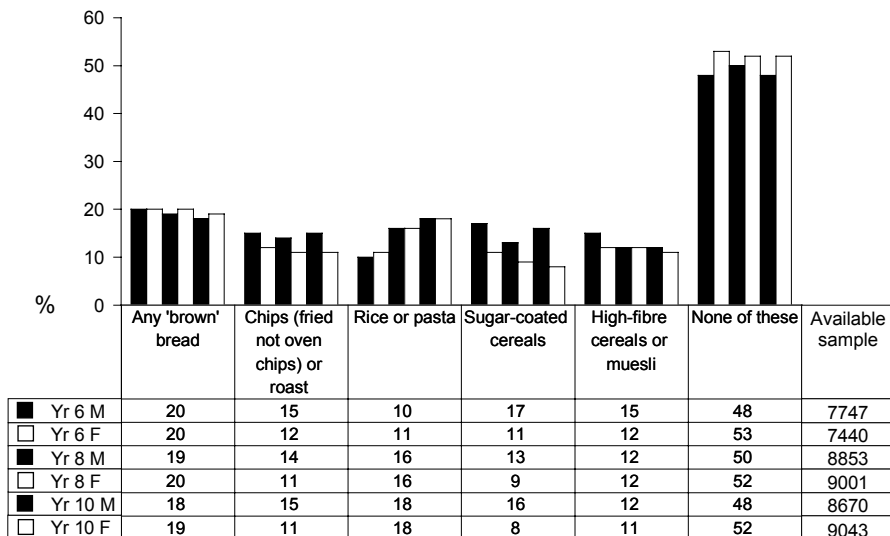
As they get older,
fewer females eat sugar-coated cereals

Starchy items in their diet

Responses to eaten 'on most days'.

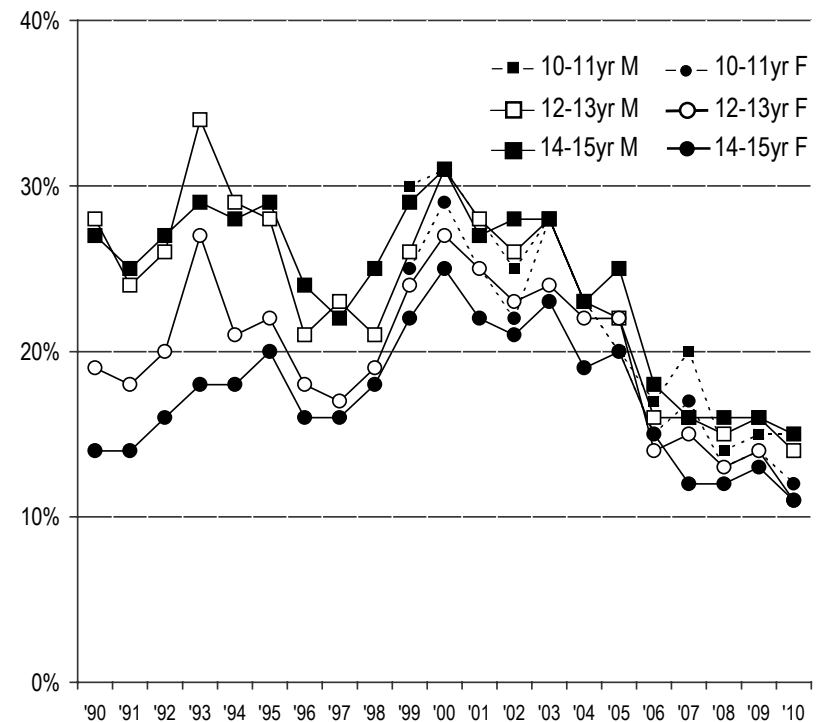
Please note that all the 'diet' items are offered as a single list, and are not subdivided by content as we have done here.

1. Pupils show no age-related rise in the consumption of chips/roast potatoes and more females than males prefer rice or pasta.
2. Where sex differences are found, the males are usually ahead of the females, especially chips and sugar-coated cereals.
3. As they get older, fewer females eat sugary cereals but more eat rice or pasta.



Comments

1. Data since 1990 reveal a general decline, (from around 2000), in those choosing chips/roast potatoes 'on most days'.



Fruit and vegetables

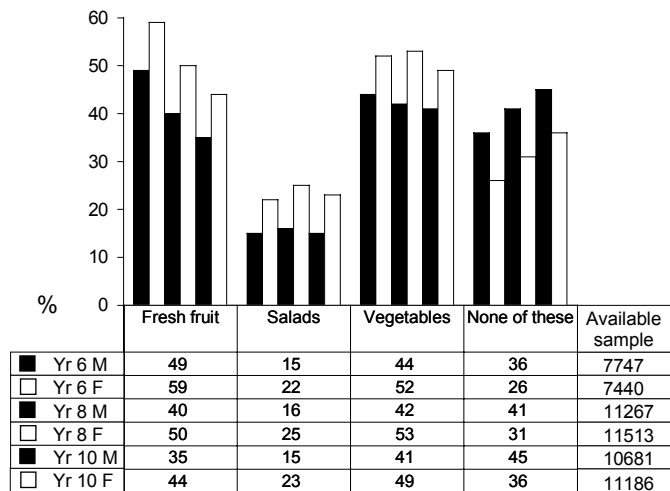
Less fresh fruit and vegetables eaten as pupils get older

Fruit and vegetables in their diet

Responses to eaten 'on most days'.

Please note that all the 'diet' items are offered as a single list, and are not subdivided by content as we have done here.

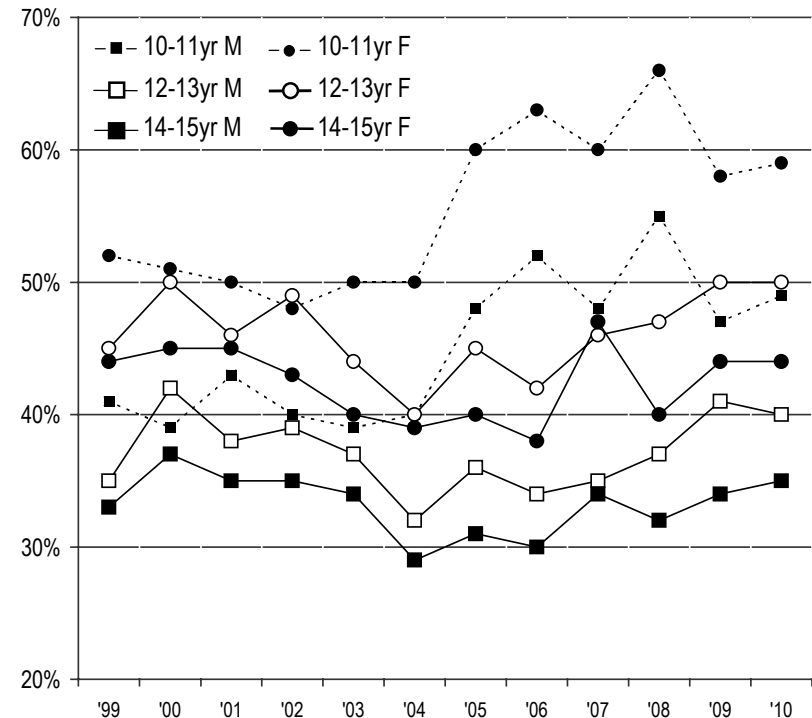
1. Less fresh fruit and vegetables eaten as pupils get older. More females than males prefer salads
2. 59% of 10-11 year olds females report eating fresh fruit 'on most days' but this has dropped to 44% as reported by 14-15 year old females.
3. 52% of 10-11 year olds females report eating vegetables 'on most days' which drops slightly to 49% as reported by 14-15 year old females.



Comments

1. Gender differences are most marked in this section: we may speculate about differences in health and diet consciousness.
2. We find that the young people who report eating fresh fruit are more likely to eat other healthy items like fish and wholemeal bread.
3. The noticeable decline in consumption of fresh fruit, as they get older, has been reversed since 2004.

Chart: 10-15 year olds who report eating fresh fruit on most days 1999-2010



Portions of fruit

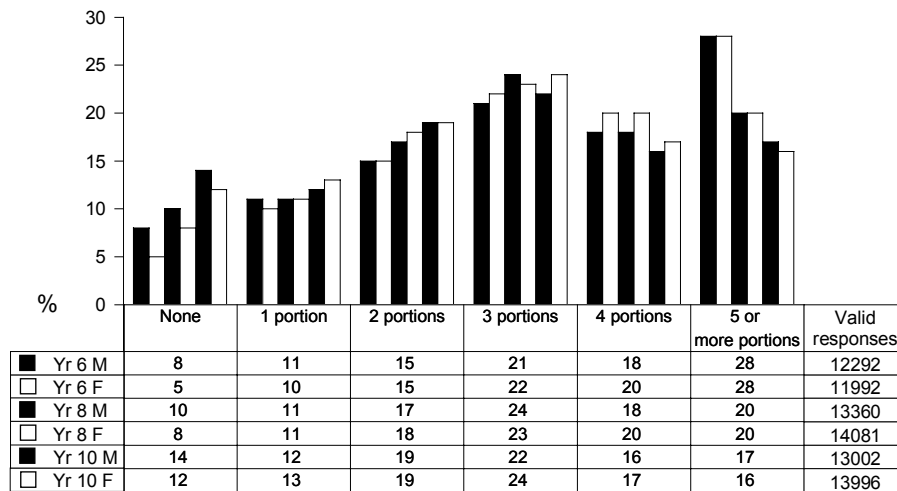
Up to 24% report eating 3 portions of fruit and vegetables 'yesterday'

Portions of fruit and vegetables in their diet

Comments

1. Most 10-15 year olds (up to 24%) report eating 3 portions of fruit and vegetables.
2. Females, more than males, report slightly higher percentages across the 3 - 5+ portions eaten 'yesterday'.
3. As they get older, fewer pupils report eating 5 or more portions.

1. This was a new question in 2006. Pupils were asked, "How many portions of fruit and vegetables did you eat yesterday?" They are given eight options and asked to circle one option. We offer a brief guidance as to what a 'portion' is following Government Food Standard Agency '5-a-day' guidelines.
2. Around 15% (Year 10) and 28% (Year 6) ate 5 or more portions 'yesterday'.



Drinks and snacks

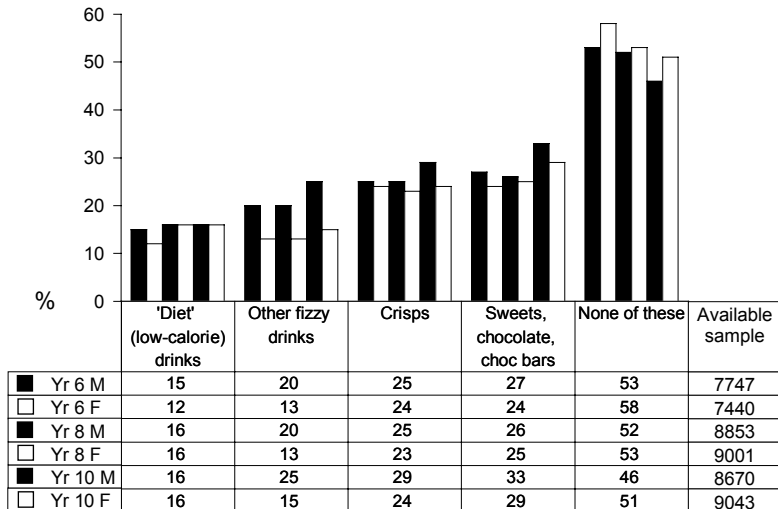
Around 1/3rd of the Year 10 males eat crisps and sweets 'on most days'

Drinks and snacks they enjoy

Responses to eaten 'on most days'.

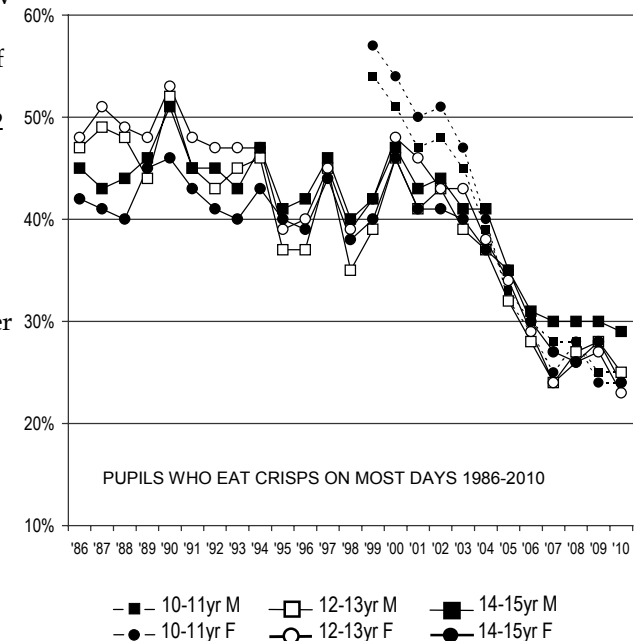
Please note that all the 'diet' items are offered as a single list, and are not subdivided by content as we have done here.

1. Males have a taste for fizzy drinks.
2. More 14-15 year old males, than other groups report eating sweets and crisps. Around 25% eat crisps and up to 33% eat sweets 'on most days.'
3. Many of these high-calorie foods show high values in Year 6.



Comments

1. The greater health-consciousness of the females is reflected in their choice of drinks, but not in other highly calorific or dentally-doubtful snacks.
2. Data from 1986 show a declining trend in the the popularity of crisps from around 50% to 30% of the 12 - 15 year olds who report eating crisps 'on most days'.
3. 10-11 year old females used to report slightly higher percentages than males for eating crisps but this trend appears to be changing and the trend is downward.



Water

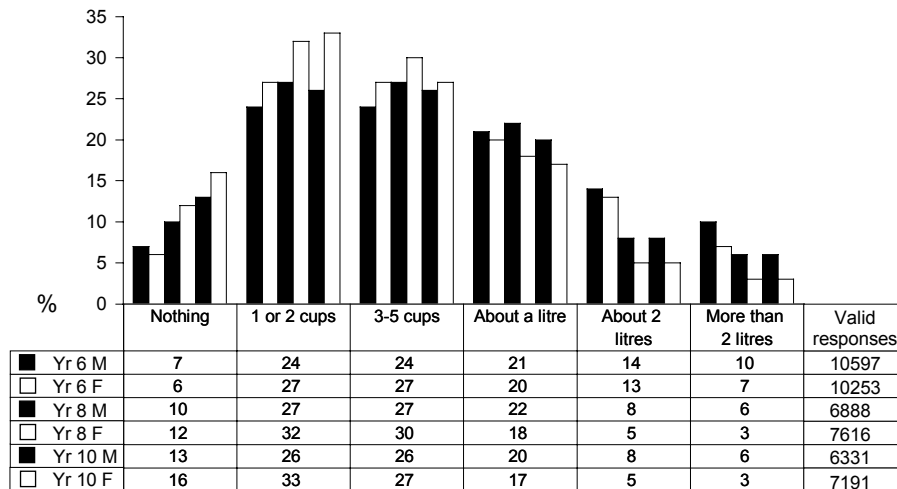
76% of 14-15 year old females report drinking less than 1 litre of water 'yesterday'

How much water did you drink yesterday?

Comments

1. Most 10-15 year olds report drinking between 1-5 cups of water 'yesterday'.
2. Up to 22% of 10-15 year olds say they drink 'about a litre'.
3. As they get older, more males than females continue to report drinking more than 1 litre of water in one day.

1. This was a new question in 2006. Pupils were asked, "How much water did you drink yesterday? They are asked only to count plain water, not juice, tea etc. They are given 5 options.
2. Up to 16% claim to have had no plain water to drink.
3. Guidelines suggest that water intake can come from many sources including food, tea, fruit squashes etc., but organisations we work with are particularly interested in water.
4. Assuming 'yesterday' was a normal day should we be concerned that 76% of 14-15 year old females report drinking less than one litre of water in a day? Generally it is advised that water, obtained from drinks per day, should be around 1.6 - 2.8 litres for the 9-18 year olds. (For details visit: www.water.org.uk/home/water-for-health/medical-facts/children.)



Dietary decisions

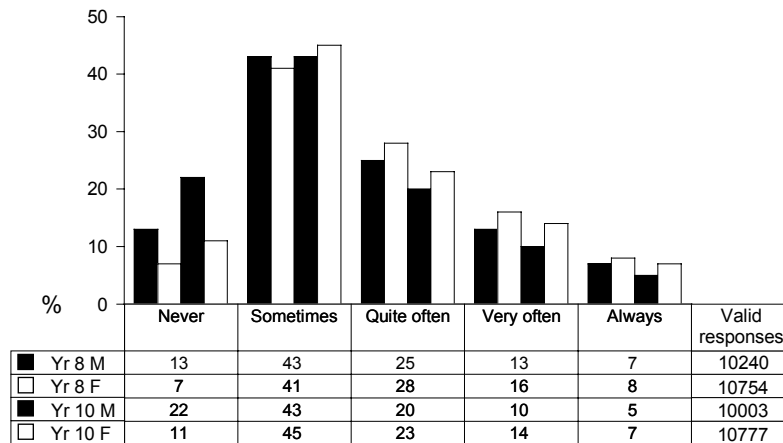
22% of the Year 10 males never consider their health when choosing food

When choosing what to eat, do you consider your health?

1. Most of the young people respond at least *sometimes*.
2. More females than males respond to the higher categories.
3. With respect to age, more of the older males respond *never*; the females show slightly less change.

Comments

1. More than half of this sample 'never' or only 'sometimes' evaluate their diet from a health point of view.
2. The table bears out the evidence of the previous pages that the females are more health-conscious about food than the males. Has 'scare fatigue' particularly affected the Year 10 males?



Are they 'really' considering their health or just saying so? We looked in the dataset for correlations between positive responses to this question and more healthy dietary choices. We found that they are clearly present: the older males and females who say they often think about their health when choosing food are more likely to: eat salads, fruit, vegetables, fish and drink low-calorie drinks on most days than their peers, and they are less likely to eat chips, sweets, sugary cereals or drink sugary fizzy drinks on most days. This tells us that these global attitudes to food may be important, not being vague opinions but having a real effect on behaviour.

2 Doctor and Dentist

25th year

The 'doctor' questions are about the respondents' last visit to their GP. With respect to dental hygiene, the questions are about toothbrushing frequency and their last visit to the dentist.

Question

How long ago did you last visit the doctor?	46
On this last visit, did you feel at ease with the doctor?	47
How many times did you clean your teeth yesterday?	48
How long ago did you last visit the dentist?	49

Visiting the doctor

Most pupils have visited the doctor in the past three months

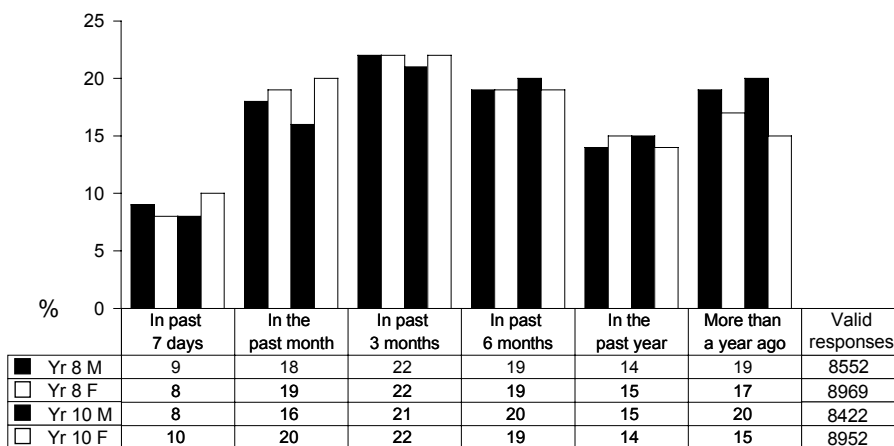
How long ago did you last visit the doctor?

- Up to 52% report having visited their GP within *the past 3 months*.
- Slightly more females than males report going to their GP in the past 7 days/month. More males than females report going to their GP more than a year ago.

Comments

- Are GPs aware of these perhaps surprisingly high frequencies of attendance? In the 'Introduction' (page xxv), we reported how one GP was so disbelieving of the attendance figures reported locally that he checked his own practice records, and found them consistent with the rates recorded in the survey.
- Are the numbers going up or down? Since 1999 the percentage of those visiting the doctor in the past month are:

Visit GP in past month	1999 %	2003 %	2010 %
Yr 8 Male	26	27	27
Yr 8 Female	28	26	27
Yr 10 Male	26	21	24
Yr 10 Female	31	29	30



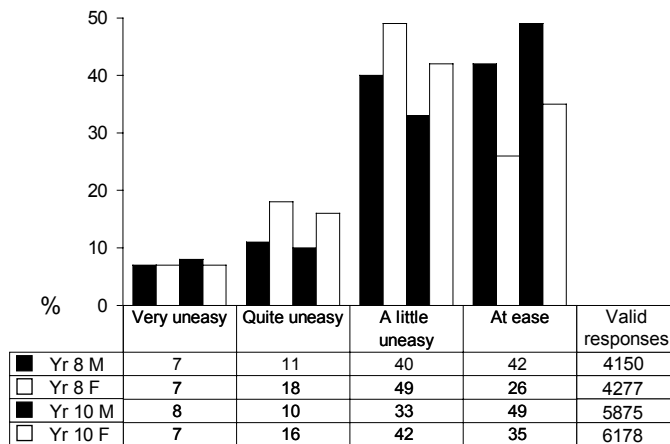
Gender and age differences are generally consistent and females have usually been visiting more frequently than males. The differences are small with the exception of older pupils.

Talking to the doctor

Up to 25% of the females felt *quite uneasy* or *very uneasy*

On this last visit, did you feel at ease with the doctor?

1. More males than females felt *at ease* on their last visit.
2. Up to 25% of the females felt *quite uneasy* or *very uneasy* with the younger females reporting higher figures.



Comments

1. This question has been asked since 1981. Earlier surveys recorded the gender of the GP last visited, and suggested that both boys and girls were more likely to be at ease with female doctors, who are of course in the minority.
2. The level of ease with the doctor could reflect general confidence with adults, or concern about the reason for the visit.
3. A less trusting interpretation is that males are less likely to admit to unease.



In *Young People in 1997* we have shown that those young people who say they were at ease with their GP on their last visit were also likely to have visited their GP more recently:

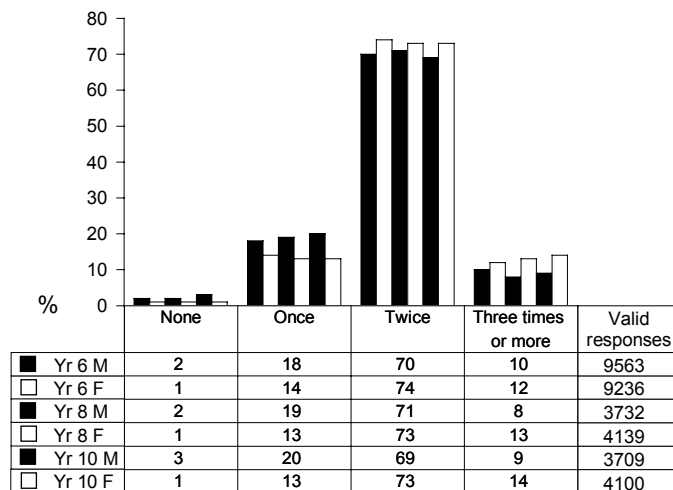
- At ease (whole sample) : 50%
- At ease (visited last week) : 55%
- (visited last year) : 48%

Cleaning teeth

Up to 20% of the males brush *only once*

How many times did you clean your teeth yesterday?

1. Most brush twice a day with up to 71% of males and 74% of females.
2. Up to 20% of the males brush only once.
3. Across the three age groups represented, more females consistently report brushing their teeth at least twice on the previous day.



Comments

1. Twice-daily brushing is recommended, and the majority of young people are achieving this.
2. The females are recording higher average brushing levels than the males, but these may be linked to having their teeth looking nice, and general concern about their appearance, rather than to 'health' issues.
3. Despite the improvement in children's dental health, decay remains a significant problem. It is estimated that between 52% and 77% children aged 8 to 15 years have some obvious tooth decay in their permanent teeth (<http://www.nhs.uk/conditions/Dental-decay>).
4. As well as toothbrushing, the use of floss or other inter-dental cleaning aids can be discussed with young people.



Toothbrushing frequency, as we have demonstrated over the years, is related to several other aspects of lifestyle, including birth order, ease with the opposite sex, region of the country, self-esteem and smoking.

Visiting the dentist

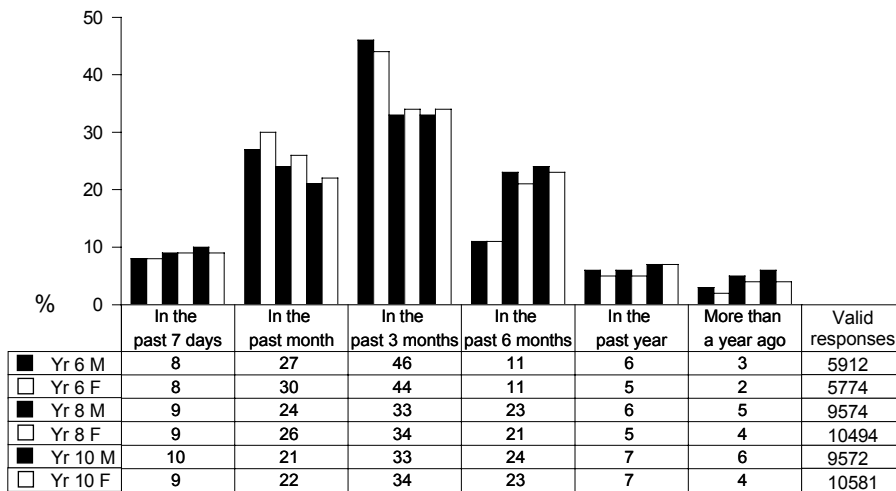
Most had been within the past three months

How long ago did you last visit the dentist?

Comments

1. Around 80% of all the groups state that they have been within the past 6 months, which is the recommended interval.
2. The females' average frequency of recent visits is slightly higher than the males', and the Year 8 pupils tend to have been a little more recently than those in Year 10.

1. The '6-month rule' is only a recommendation, and we are advised has no strictly scientific basis. This doesn't mean it should be ignored!
2. Are the Year 8 respondents better at going to the dentist because they are more biddable, more conscientious, or suffer from more dental problems? Are they more likely to share a 'joint booking' with a parent, at least for the initial check-up?



3 Health and Safety

25th year

Many of the questions in this group reflect a traditional view of health – physical cleanliness, use of medicines, and common ailments. We also have questions about accidents, and the vulnerability of young cyclists is also a major concern.

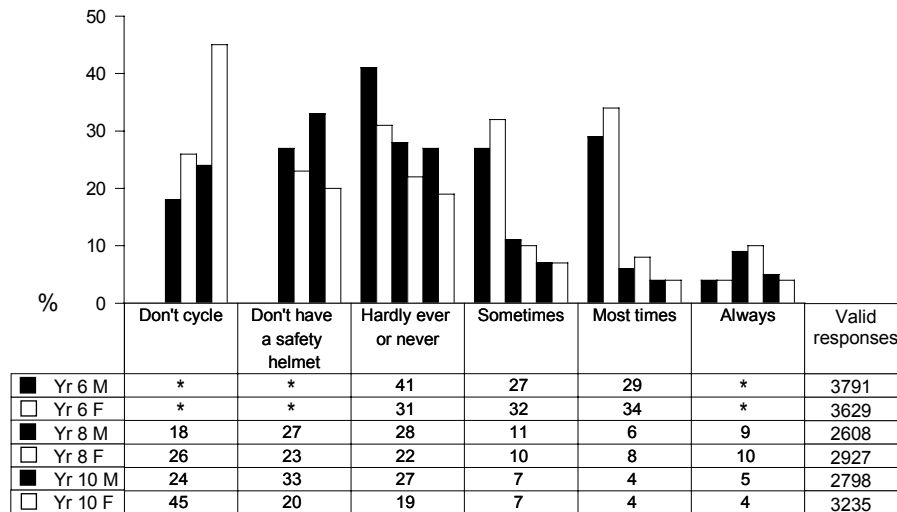
Question	
When you cycle, do you wear a safety helmet?	52
Do you have asthma?	53
How many hours sleep did you get last night?	54
Is the amount of sleep you normally get...enough for your health?	55
Is the amount of sleep you normally get...enough for your studies?	56
On how many days, in the last week, have you used remedies or medications?	57
How do you rate your safety when going out during the day, and after dark, in the area where you live?	58
Do you have friends who carry weapons or other things for protection when going out?.....	59
Do you ever feel afraid of going to school because of bullying?	60
Do you think others may fear going to school because of you?	61
E-Safety?	62
In the past year, have you had any accidents that were treated by a doctor or at a hospital?	63
Do you try any of the following ways to avoid sunburn?	64

Safety helmets

45% of 14-15 year old females *don't cycle*

When you cycle, do you wear a safety helmet?

1. Most of the respondents are able to cycle, although by Year 10 this figure is down to 65% for the females.
2. With age, the percentage of cyclists who at *most times* wear a safety helmet is seen to fall, e.g. from 34% of females in Year 6 to 4% of females in Year 10.



* Year 6 not given this option

Comments

1. Head injuries are the commonest cause of accidental death among young people.
2. Cycling seems to be currently fashionable, but does this extend to wearing a helmet? Over the years we have seen changes between years large enough to suggest that helmet-wearing may be a 'volatile' behaviour, sensitive to publicity campaigns and the opinions of others.
3. Cycling is environmentally friendly and promotes fitness, but it presents dangers to young people and is a cause of anxiety to their parents. Efforts to promote the wearing of cycle helmets have shown mixed results. The Royal Society for the Prevention of Accident's website refer to research papers about cycle safety helmets:
http://www.rosopa.com/roadsafety/info/cycle_helmets.pdf



In an earlier book in this series, we showed that young people who reported having been on a cycle training course were more likely to report wearing a cycle helmet at least most of the time.

Asthma

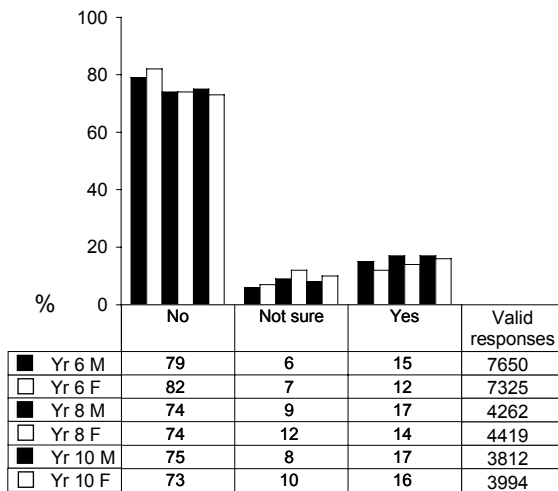
Up to 17% of pupils say yes

Do you have asthma?

1. Up to 17% of the year-gender groups report *yes*.
2. Slightly more males than females report that they have asthma.

Comments

1. The young people may 'have asthma' but be free from symptoms.
2. There are several stages from the presence of symptoms to confirmation of asthma (e.g. *have symptoms* → *notice symptoms* → *report to parents* → *see GP for diagnosis* → *child reports this in survey*). It is not clear if the observed differences relate mainly or only to having asthma symptoms, as the young people's own reports are all we have to go on.
3. An early report on young people and mental health (*No Worries?* Balding, 1998), describes a connection between general levels of worry and asthma and its symptoms. Figures for 2010 are shown below.



Asthma medication	Count	Percentage who worry about 3 or more topics
Males: No	10102	19%
Yes	1454	23%
Females: No	10259	36%
Yes	1392	42%

Sleep

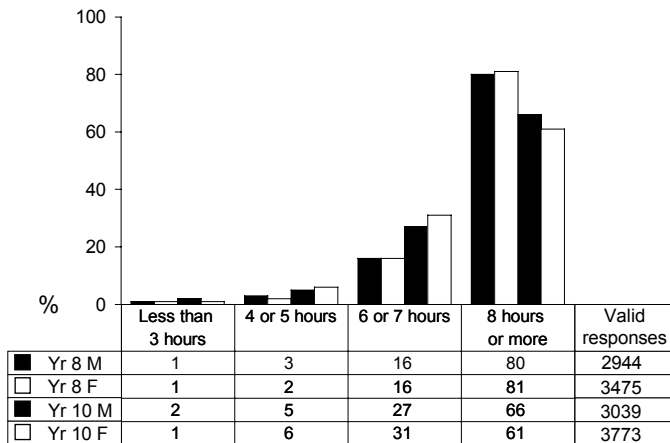
Most report sleeping 8 or more hours *last night*

How many hours sleep did you get last night?

1. '8 hours or more' sleep are reported by the majority of this sample.
2. The percentages of those having '8 hours or more' declines with age. 81% of Year 8 females reported having '8 hours or more' compared with 61% of Year 10 females
3. The percentages of those having '6 or 7 hours' increases with age. 16% of Year 8 females compared with 31% of Year 10 females reported having '6 or 7 hours' sleep.

Comments

1. This question, and the next two questions, were new additions in 2006 to the 'Young People' reports. Pupils are asked to write down the number of hours' sleep they had 'last night'.
2. In 2010 the options changed from the number of hours sleep to the number of hours sleep by categories eg. "less than 3 hours".



Sleep - health

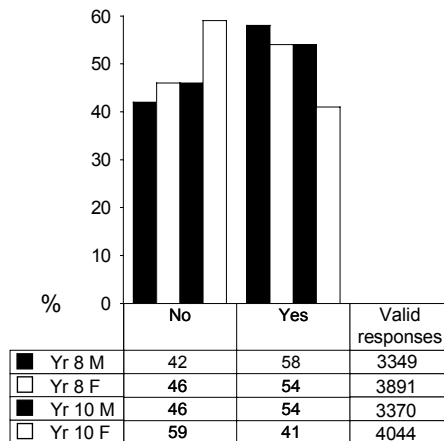
At least 41% of pupils say yes

Is the amount of sleep you normally get...enough for your health?

1. At least 41% of this sample say they get enough sleep for their health.
2. There are age and gender differences. As they get older, more pupils (and females more than males) are likely to report needing more sleep for their health (54% - Year 8 females and 41% - Year 10 females).

Comments

1. In 2010, the options changed from 'No - Not Sure - Yes' to 'No - Yes'
2. On the previous page, we have seen that most have between 8 hours or more sleep on the previous night. This question follows on.
3. As pupils get older, we see a more marked gender difference of 13% (from 54%-41%) in those females reporting getting enough sleep for their health.



Sleep - studies

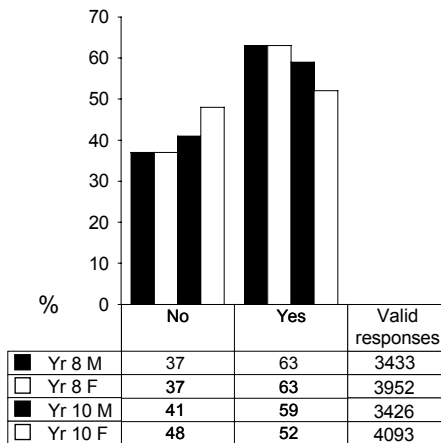
Up to 63% of pupils say yes

Is the amount of sleep you normally get...enough for you to stay alert and concentrate on your school work?

Comments

1. Up to 63% of this sample say they get enough sleep for their studies.
2. There are age and gender differences. As they get older, more pupils (and females more than males) are less likely to report getting enough sleep for their studies.
3. 48% of 14-15 year old females say they don't get enough sleep to stay alert and concentrate.

1. In 2010, the options changed from 'No - Not Sure - Yes' to 'No - Yes'
2. Once again we see a decline and in particular females (63%-52%) who report enough sleep for studies.



Remedies and medication

54% of 14–15 year old females report taking painkillers in the past week

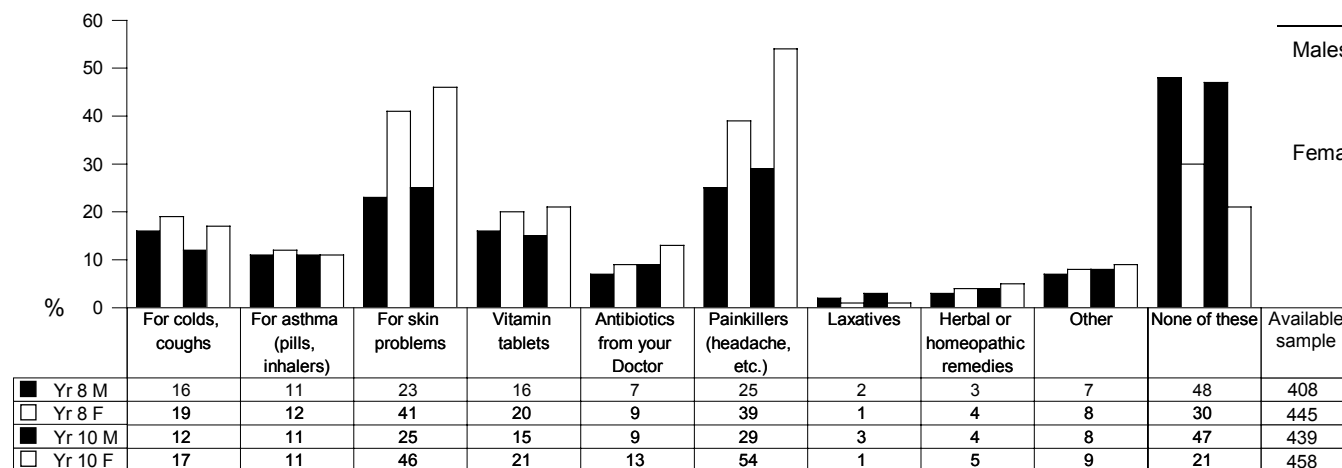
On how many days, in the last week, have you used remedies or medications?

1. The 'remedies and medication' options show *Painkillers* and medications for *Skin problems* to be taken most often and up to 21% report taking *Vitamin tablets* 'at least one day in the last week'.
2. In almost all cases, more females than males report having used these remedies and medications, the exception being 'Laxatives'.

Comments

1. This question has been asked using the options shown below which were previously covered by two questions.
2. 54% of the 14-15 year old females are taking *Painkillers*, but they cannot all be suffering from period pains during the week before the survey. Assuming that up to a quarter are, the remainder must be taking them for other reasons, compared with 29% of older males.
3. Worries may literally prove to be a headache: when we look at the number of significant worries against painkiller use, there is an association:

Remedies/medications taken at least one day



	Painkillers	Count	% who worry about 3 or more topics
Males:	No	5940	20%
	Yes	2523	22%
Females:	No	4495	31%
	Yes	4336	39%

Community safety

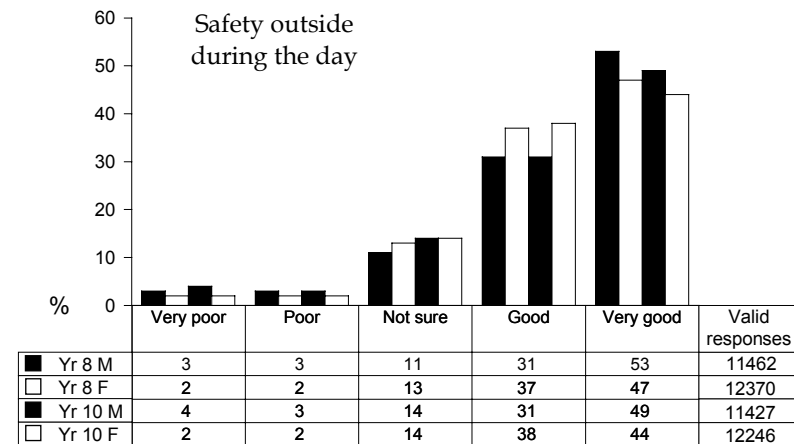
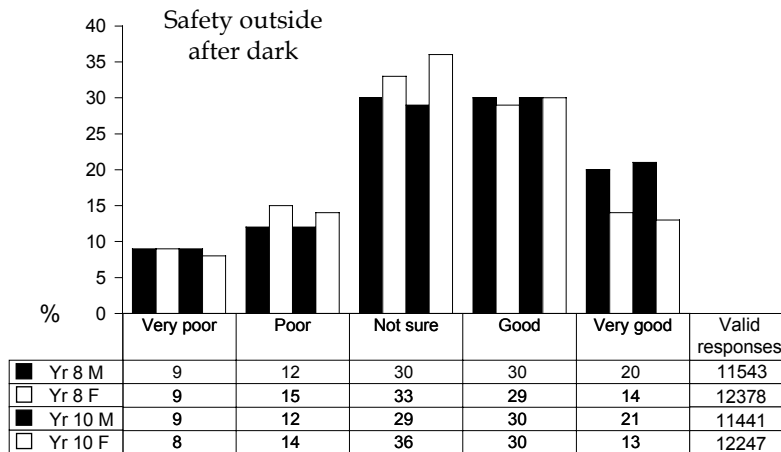
Around 21% of young people say that safety after dark is *poor* or *very poor*

How do you rate your safety when going out during the day, and after dark, in the area where you live?

1. Males are more likely to feel safe than females, and in general there is little difference in the perception of safety between the two age groups. Females report consistently for the 'Not sure'.
2. The perception of safety after dark is far lower than during the day for both age and gender groups.

Comments

1. Whether perceived safety is related to actual safety, we do not know, but it is likely that perceived safety has an effect on young people's quality of life.
2. Are individual differences in perceived safety related to other attitudes and anxieties?

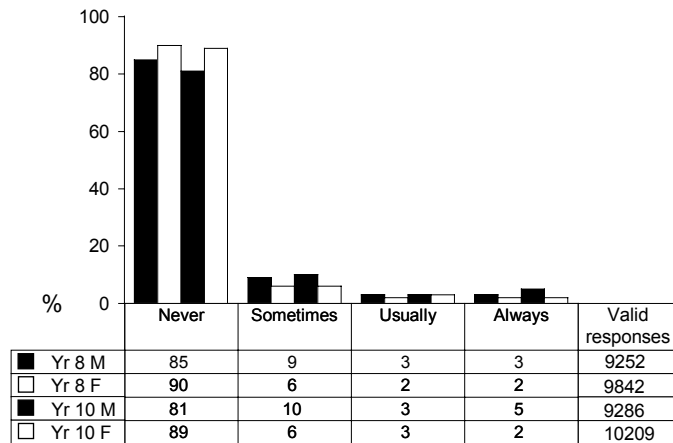


Protection outside

19% of 14-15 year old males may carry a weapon, and 14% have been a victim of violence in their area

Do you/your friends carry weapons or other things for protection when going out?

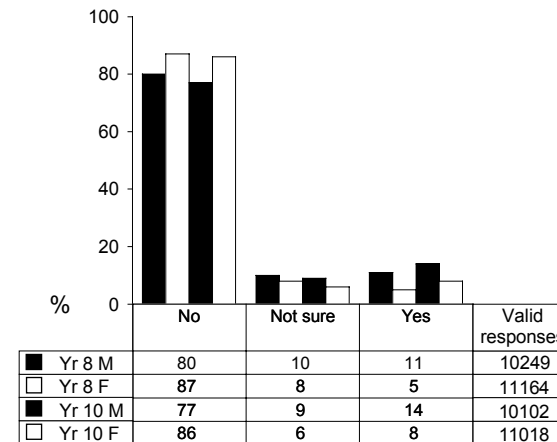
1. Around 17% of the males in this sample can go out knowing that there is a weapon or something else being carried by them/friends.
2. 4% of the males 'always' go out alone/with friends carrying protection.
3. Around 11% of 12-15 year old females, in this sample, go out with them/friends carrying something for protection.



Comments

1. In previous years this question only referred to "friends" and had different categories eg. 'fairly sure' or 'certain' that friends carried weapons. Recent questions have included a list of items including: blade (8% Year 10 males) and mobile phone.
2. Another question asks if the pupil has been, "...a victim of violence or aggression in the area where you live". 14% of 14-15 year old males say 'Yes'.

Have you been a victim of violence or aggression in the area where you live?



Fear of being bullied

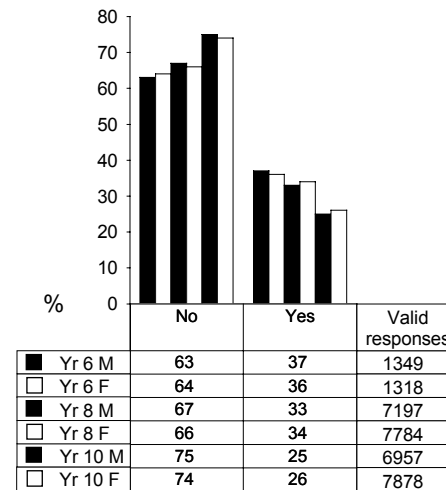
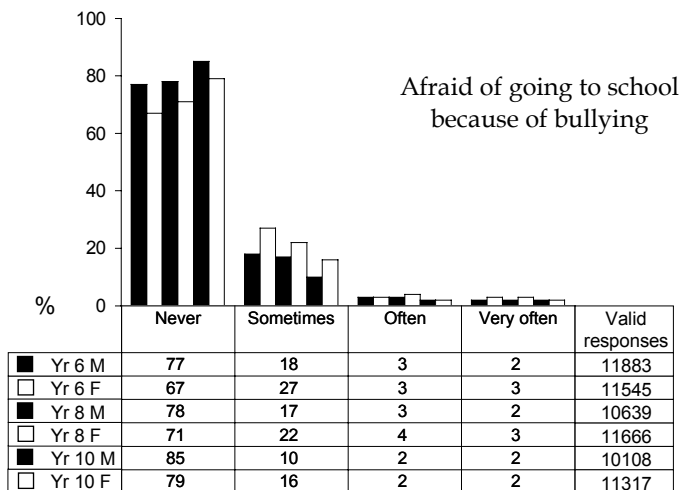
33% of the 10-11 year old females fear bullying at least *sometimes*

Afraid of going to school because of bullying...and bullied at school

- 33% of the Year 6 females and 29% of the Year 8 females fear bullying at least *sometimes*.
- The females are more fearful than the males, and the older they get the less afraid they become.
- Up to 37% report being bullied in the last 12 months.

Comments

- The proportion of pupils fearing bullying in different schools varies widely. Items in the survey have been linked with fear of bullying: low self-esteem and poor perceived control, and also asthma, eczema and birth order (*Bully Off*, Balding 1996).
- Since 1999, the figures for fear of being bullied, at least *sometimes*, show females remaining higher than males. For the Year 6 females (10-11 year olds), around 10% more females than males have reported feeling afraid of going to school because of bullying.
- Around 35% of 10-12 year olds experience some form of bullying (see chart below). In 2010, the options changed from 'No - Not Sure - Yes' to 'No - Yes'



Bullying

10% of older males bullied *last year* and as pupils get older fewer say *schools take bullying seriously*

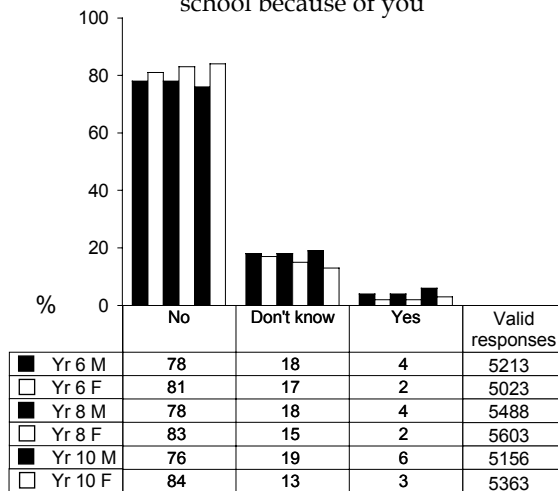
Fear going to school due to you ...bullying...taking bullying seriously

Comments

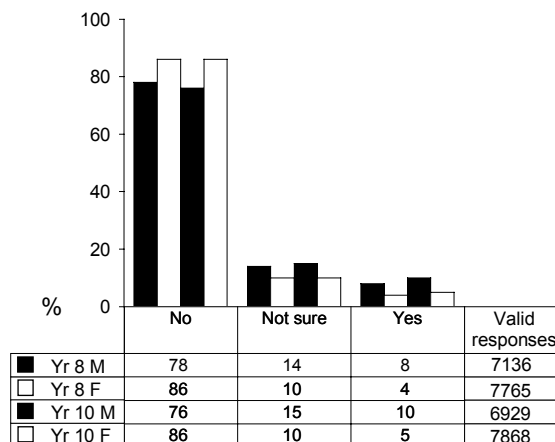
- Up to 6% report they are the cause of why others may fear going to school.
- Up to 10% (more males than females) report bullying someone *last year*.
- Up to 24% (slightly more males than females) think the school does not take bullying seriously.

- Figures, from previous years, for pupils bullying show males reporting higher percentages in the 'Yes' option but the differences between the genders is not great.
- The 'school takes bullying seriously' question was included last year for the first time and positive responses fall as pupils get older.

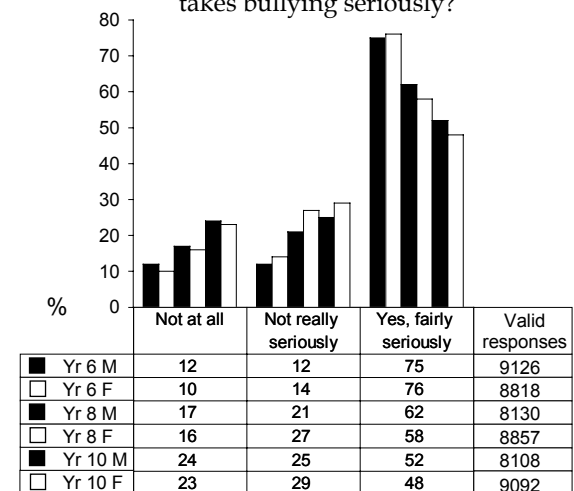
Others may fear going to school because of you



"I bullied someone last year"



Do you think your school takes bullying seriously?



E-Safety

Around 20% of older females report being upset or scared by chat messages or pictures seen online

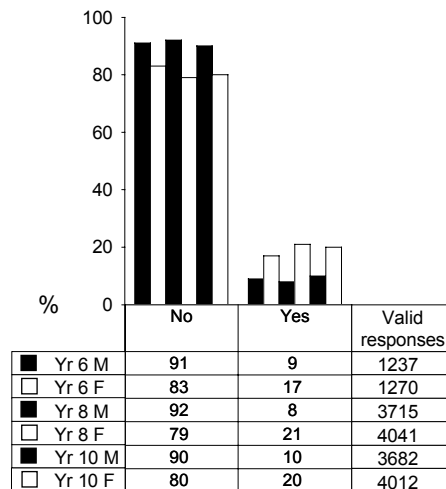
Chat messages...online pictures...chatting online

Comments

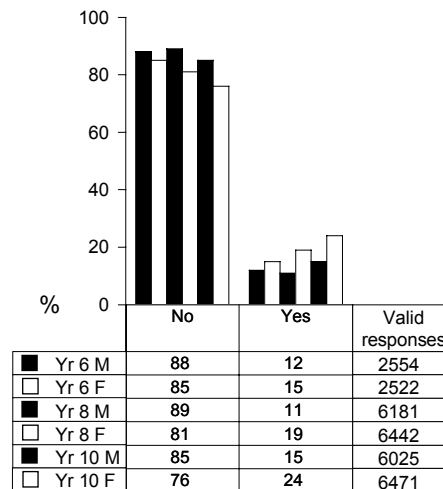
1. Up to 21% of females report receiving a chat message that scared or made them upset.
2. Up to 24% of females report seeing upsetting pictures online.
3. 29% of year 10 males have not been told how to stay safe while chatting online.

1. These three questions have been included for the first time although variations of the questions have been asked before.
2. Overall the females, and older females slightly more than the younger ones, are more likely to report being upset and scared when online. The percentages, for staying safe while chatting online, suggest there is work to be done to reinforce the stay-safe message.

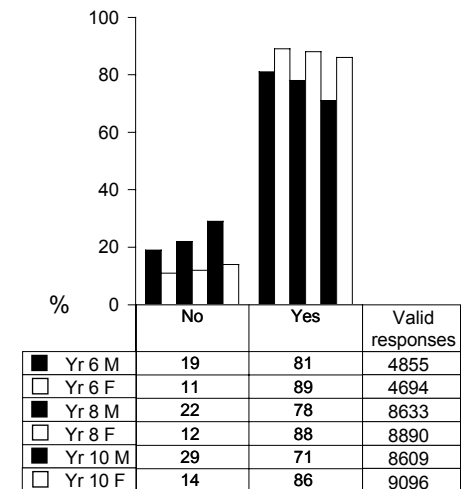
Have you ever received a chat message that scared you or made you upset?



Have you ever seen pictures online that upset you?



Have you ever been told how to stay safe while chatting online?

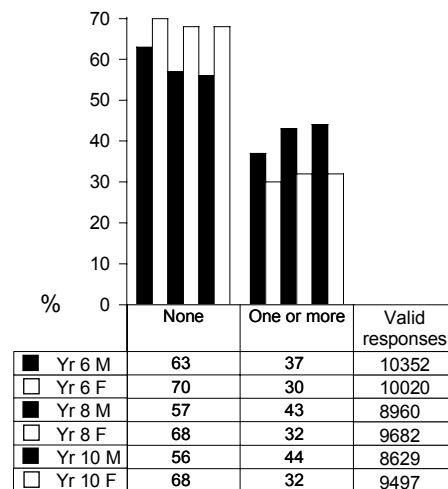


Accidents

Up to 44% of the males had accidents

In the past 12 months, how many accidents have you had which were treated by a doctor or at a hospital?

1. Up to 44% of the respondents reported having an accident that needed some sort of treatment by a doctor or at a hospital.
2. Consistently more males than females report involvement in an accident.



Comments

1. Over half the fatal accidents in very young people occur at home, but once children reach school age there is an increase in deaths through road accidents, particularly head injuries. Road traffic crashes are the leading cause of death in young Europeans - in the 15-24-year age group, road deaths occur primarily among car occupants (59%) or motorcycle riders (19%) - www.euro.who.int/mediacentre/PR/2007/20070420_1
2. Males may well pursue activities with a higher risk of injury. Are older girls generally more risk-averse? Perhaps, but the picture is complex. Some health-risky behaviours, like smoking, are actually most frequent among older girls.
3. We can support other research (Thom et al., 1999) and show links between reported accidents and health-risky behaviours relating to substance use: for example, pupils reporting a recent accident are more likely to report smoking and drinking in the last week, or ever having used illegal drugs, and these difference apply in all age groups. The figures in the table below are for the year 10 males:

Accident in last year?	Smoked last week	Drank last week	Ever used drugs
No	12%	29%	12%
Yes	19%	44%	18%

Sunburn

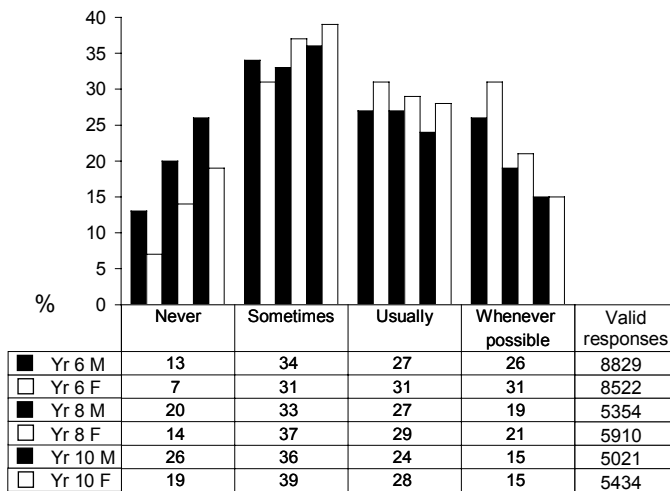
Up to 26% *never* try to avoid sunburn

Do you try any of the following ways to avoid sunburn?

1. Up to 26% *never* try to avoid sunburn and more males than females.
2. More younger than older males and females try to avoid sunburn 'whenever possible'.
3. As they get older more pupils try to avoid sunburn 'sometimes'.

Comments

1. This is an old question that has been rephrased.
2. In previous years pupils favoured *putting on sun screen* and males more than females preferred to *wear a hat* and *wear long sleeves*.
3. Despite the warnings, up to 26% of older pupils are choosing to risk exposure to the sun that may result in sunburn.



4 Family and Home

25th year

Young people spend the majority of their time in and around the home. Relevant questions are scattered through the Health Related Behaviour Questionnaire, but the ones included here relate particularly to the kind of home they live in and the things they do when at home.

Question

Which adults do you live with?	66
How many people live in your home (including yourself)?	67
How many bedrooms are there in your home?	68
Ethnic group — which of the following most nearly describes you?	69
How did you travel to school today?	70
How many cars does your family own?.....	71
How long did you spend watching television after school yesterday?	72
How long did you spend doing homework after school yesterday?	73
How long did you spend playing computer games after school yesterday?	74
Are you able to 'surf' (browse) the Internet without adult supervision?.....	75
Activities after school on the previous evening	76

Adults at home

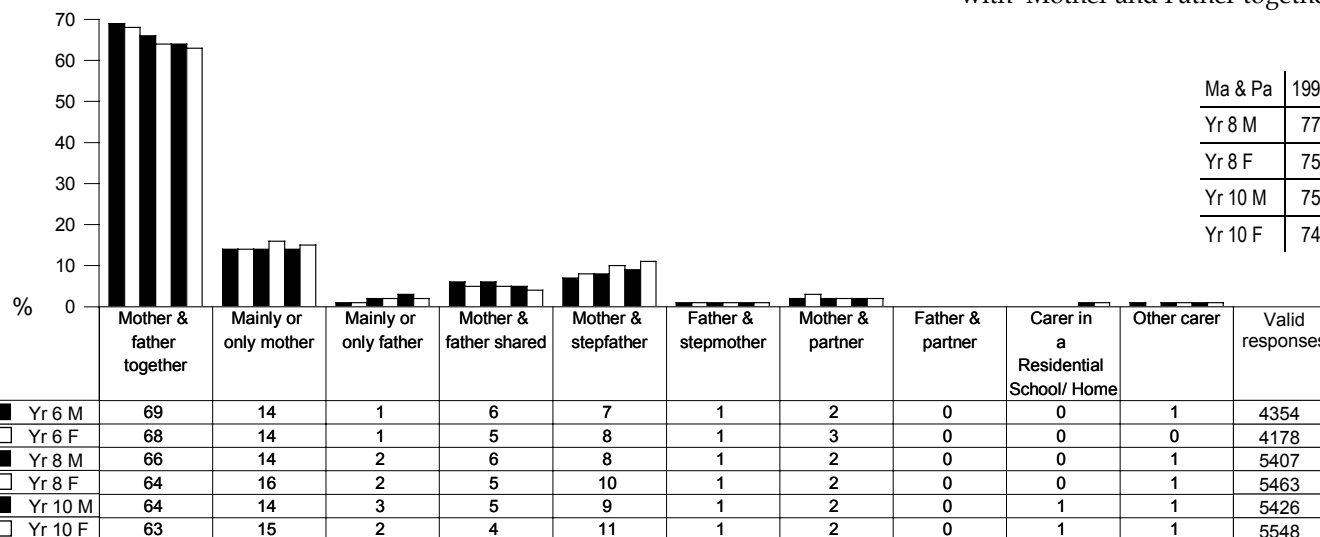
Up to 64% of older pupils live with both parents

Which adults do you live with?

1. Up to 64% of older pupils live with *mother & father*.
2. If they live with just one parent their *mother* is more likely than their *father* to be present.

Comments

1. In the case of the *mainly or only mother* category, some of these young people may have been brought up by a single parent from the beginning, while others may be with a parent who has separated.
2. It is often observed that the children of single or divorced parents fare worse, for example being more prone to depression, perhaps because of the trauma of the previous relationship, the likely poorer economic circumstances and other related factors. On the other hand, they may be in a better situation emotionally than if their parents had stayed together.
3. The table below, from 1990, shows the percentage of those pupils living with 'Mother and Father together'.



Ma & Pa	1990	1995	2000	2005	2010
Yr 8 M	77	71	67	61	66
Yr 8 F	75	70	64	60	64
Yr 10 M	75	71	67	62	64
Yr 10 F	74	69	64	58	63

Home population

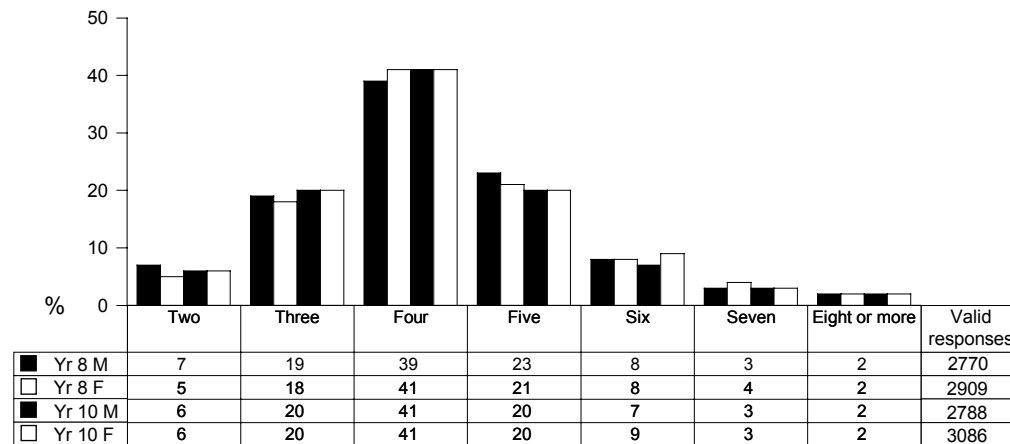
Up to 23% live in homes with five people

How many people live in your home (including yourself)?

1. The most frequent value is 4, which is most likely to correspond to two adults and two children. Up to 36% report living in a home with at least 5 or more people.

Comments

1. The community within the home may include friends and paying lodgers as well as family members.
2. While larger family groups provide richer opportunities for interaction between young people and other individuals, the opportunity for seeking privacy is also important to youngsters. The bedroom question on the next page can be used in conjunction with this question as an indicator of the amount of privacy available.



Bedrooms

Up to 51% of the sample live in a home with *three* bedrooms

How many bedrooms are there in your home?

- Up to 51% of these young people live in a three-bedroom home and up to 31% live in a four-bedroomed home.

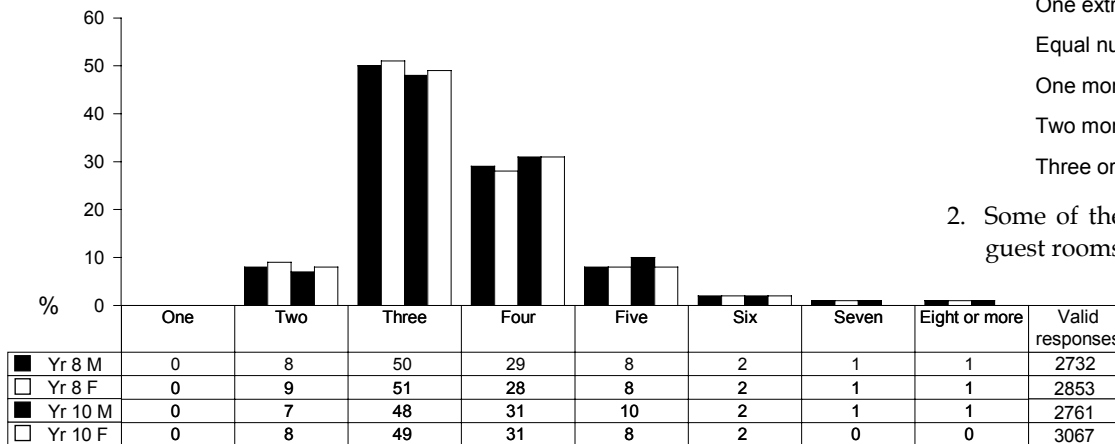
Comments

- These data, in conjunction with those describing the home population on the previous page, can be used as an indicator of the amount of privacy available. The table below shows the difference between the number of people and bedrooms in the home, obtained from the whole sample combined.

People/bedroom density

Crowding?	Percentage
Three extra bedrooms or more	1%
Two extra bedrooms	2%
One extra bedroom	9%
Equal number of people and bedrooms	28%
One more person than number of bedrooms	38%
Two more extra	16%
Three or more extra	7%

- Some of these bedrooms may not be used for sleeping in: they may be guest rooms, studies or serve some other purpose.



Ethnic Group

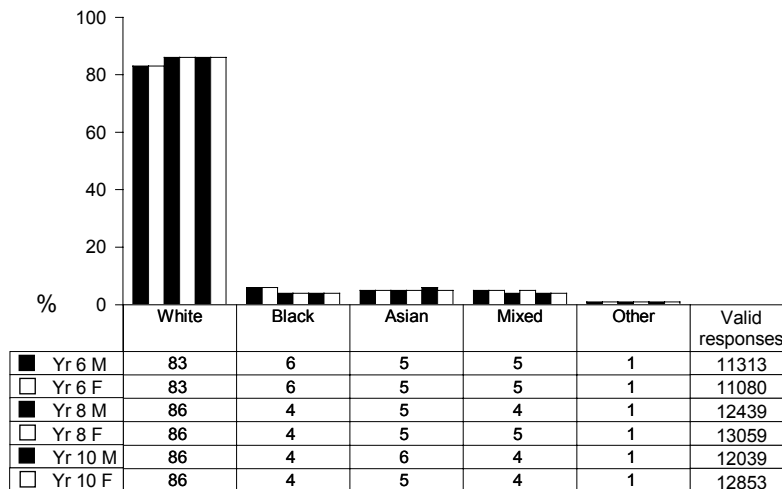
A predominately white population is represented here

Ethnic group — which of the following most nearly describes you?

Comments

1. 86% of the older sample reported being White, that is, *UK or European*.

1. Some aspects of young people’s lifestyles, such as diet and the use of legal and illegal drugs, are strongly influenced by cultural factors. For example, among Year 10 males, we see the following differences:



Ethnicity	Smoked in last week	Drank alcohol in the last week	Ever taken any illegal drugs
White	13%	43%	16%
Black	10%	20%	17%
Asian	11%	20%	16%
Mixed	14%	40%	19%
Other	18%	30%	16%

(Groups with sample sizes less than 30 have been excluded from this analysis.)

Journey to school

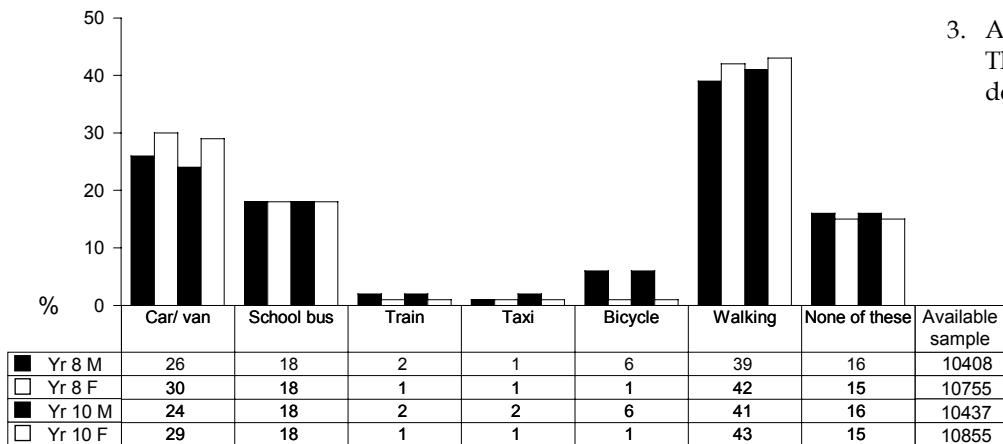
Up to 43% walk to school

How did you travel to school today?

- Over 24%, with more females than males, go at least part of the way to school by *car*.
- 18% go by *school bus*.
- Up to 43% of males and females *walk* at least some of the way to school.

Comments

- Respondents were able to select more than one of these options, for instance if they travel part of the way to school by car and then walk the remaining part of their journey they were able to circle both these answers, hence row totals may add up to more than 100%.
- The percentages of young people travelling to school by car represent a significant number of car journeys contributing to the congestion on our roads, the danger posed by traffic to pedestrians and cyclists and adding to pollution levels. Since 1999 we have seen similar percentages of pupils reporting car journeys to school. Some of these car journeys of course may occur where there are no suitable alternatives and indeed car-sharing arrangements may be operating.
- Around 40% of the older age groups still walk some of the way to school. These youngsters will benefit from this daily exercise as well as developing their independence and pedestrian skills.



Car ownership

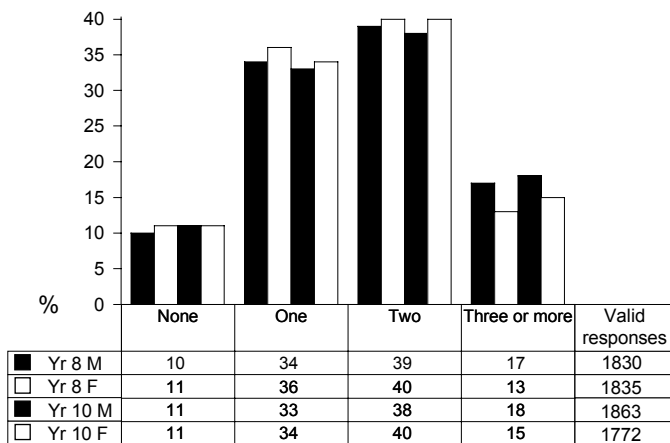
Around 40% of families have *two cars*

How many cars/vans does your family own?

1. At least 89% of households in this sample own at least one car.
2. At least 43% of families have *two or more cars*.

Comments

1. The concept of 'family' may vary depending on young people's circumstances.
2. Ownership of a second car may encourage the 'school run'. These figures reveal that up to 18% of the families within this sample owned three or more cars.
3. Car ownership is another indication of family affluence and social background, although should not be interpreted glibly: some rural areas may be relatively deprived, but have high rates of car ownership, necessitated by the poor public transport available.



Television watching

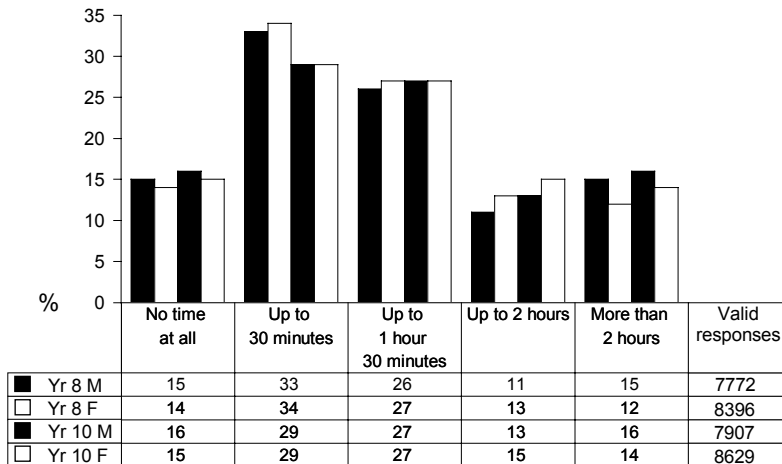
At least 84% watched some TV during the evening prior to the survey

How long did you spend watching live or recorded TV programmes after school yesterday?

1. Up to 16% watched for *more than 2 hours*, whilst 16% or fewer did not watch any at all.
2. More younger females watch *up to 30 minutes* and slightly more males than females watch TV for *more than 2 hours*.
3. At least 84% watched some TV during the evening prior to the survey.

Comments

1. The categories changed in 2010 from *up to 1 hour* and *more than 3 hours* to *up to 30 minutes* and *more than 2 hours*.
2. Many people believe that watching television is an activity incompatible with doing homework, although some pupils say they can do both at the same time. With computer games and the Internet as added possible distractions, perhaps young people today need to be more disciplined about their homework habits than ever before.
2. Time spent watching television, playing computer games and using the Internet will also prevent young people from taking part in any physical activity during these hours, thus encouraging a sedentary lifestyle.

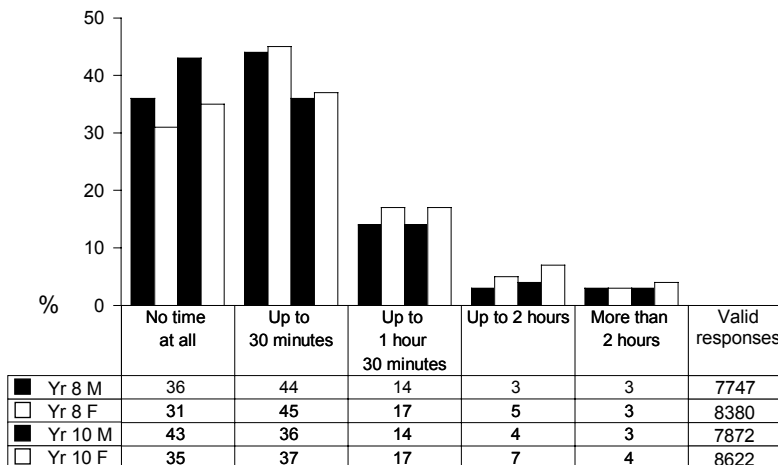


Homework

Females spend more time

How long did you spend doing homework after school yesterday?

1. In general, more females than males did homework that took more than one hour.
2. 43% of older pupils spent *no time at all* on homework *yesterday*.



Comments

1. The categories changed in 2010 from *up to 1 hour* and *more than 3 hours* to *up to 30 minutes* and *more than 2 hours*.
2. The data refer to the evenings of Monday to Thursday only.
3. The data appear to substantiate the view that females are more studious than males.
4. The average number of hours spent doing homework are calculated as follows:
 - Year 8 Males 0.9
 - Year 8 Females 1.0
 - Year 10 Males 0.9
 - Year 10 Females 1.1

Computer games

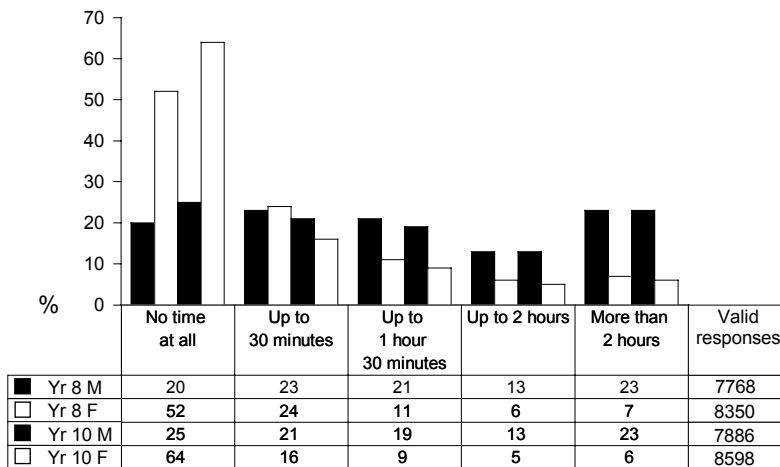
Up to 80% of males played computer games 'after school yesterday'

How long did you spend playing computer games after school yesterday?

1. The much greater involvement of males than females is clear.
2. 23% of males spent *more than 2 hours* on computer games.
3. Despite this male 'dominance', 48% of the younger females reported spending some time playing computer games after school, on the day prior to the survey.

Comments

1. The categories changed in 2010 from *up to 1 hour* and *more than 3 hours* to *up to 30 minutes* and *more than 2 hours*.
2. The question lists Playstation, Gameboy and P.C. (Personal Computer) as examples.
2. The data reveal that significant percentages of males in this sample spent a considerable amount of time playing computer games during the evening before the survey. While there are benefits to playing some computer games (Griffiths, 2002, 2003), it is easy to suppose that their time might be better spent.

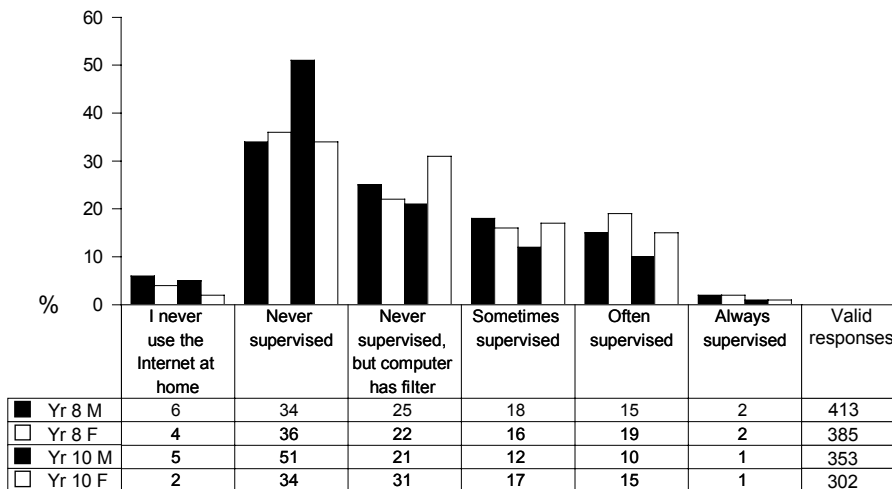


Internet browsing

51% of 14-15 year old males are *never supervised*

Are you able to 'browse' the Internet without adult supervision?

- Up to 21% of pupils report being supervised 'often' and 'always'.
- 51% of 14-15 year old males say they are 'never supervised' when browsing the Internet.



Comments

- News items continue to appear regarding young people accessing Internet 'chatrooms' and the associated potential dangers and subsequent risks of meeting undesirable adults. This is a major concern for parents and schools alike.
- There is guidance for 'safe surfing' for parents and young people in a number of different publications, some of which is summarised in Mark Griffiths' article in *Education and Health*, Vol.22 No. 2.
- Over a 10 year period, 2000-2009, (see chart below) we saw a rise in the percentages of young people that reported browsing the Internet without adult supervision:

%	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Yr 8 M	43	55	59	63	63	64	71	63	65	72
Yr 8 F	33	45	53	59	58	61	67	63	59	68
Yr 10 M	54	67	71	74	77	78	79	81	78	86
Yr 10 F	46	60	68	73	71	75	76	79	76	81

- In 2010, an additional category was added to the list. Between 21%-31% reported browsing the Internet and being... 'never supervised, but computer has a filter'.

After-school activities

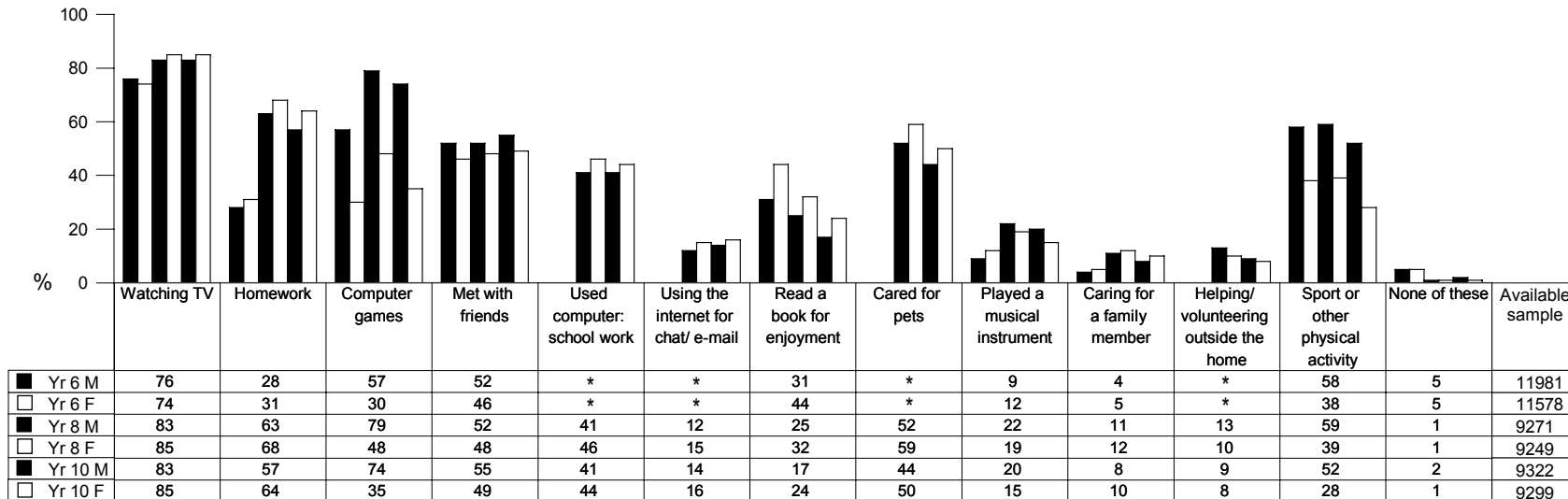
Watching television remains the most popular activity

Activities after school on the previous evening

1. More popular with males (5+% difference) - all years: *Playing computer games, playing sport, met with friends.*
2. More popular with females (5+% difference) - all years: *Homework and Reading a book and Caring for pets.*
3. Age differences (5+% difference). Both genders: *reading books, computer games, sport.* Females only: *caring for pets.*

Comments

1. The fall in the percentage of 'readers' between Years 6, 8 and 10 implies a decline in the importance of books in the lives of children as they grow older.
2. The declining participation of females in sport seen for this question is mirrored in the later section on sport.
3. The use of computers, for a purpose other than playing games, is not markedly different between males and females, but clear differences are seen in relation to use of a computer for games.



* Year 6 pupils were not asked about these activities

5 Legal and Illegal Drugs

25th year

Information about the use of drugs, whether legal or illegal, is often sensationalised. It is an area where the teacher may feel handicapped by a lack of knowledge about people’s degree of use, and a confidential questionnaire offers the best chance of deriving reliable information. Although tobacco and alcohol are in a general sense ‘legalised’, some of the questions reveal the extent of under-age purchase of alcoholic beverages. Information about personal and use of ‘illegal’ drugs is presented, together with the perceived danger associated with their use. See also ‘Young People and Illegal Drugs:Attitudes to and experience of illegal drugs 1987-2008’, ‘Trends: Young People and Smoking 1983-2007’ and ‘Trends-Young People and Alcohol 1983-2001’.

Question

During the last 7 days, have you had any of these alcoholic drinks?	79
During the last 7 days, how many pints of mixed shandy have you drunk?.....	80
During the last 7 days, how many pints of beer or lager have you drunk?	81
During the last 7 days, how many pints of cider have you drunk?	82
During the last 7 days, how many cans or bottles of ‘alcopops’ have you drunk?.....	83
During the last 7 days, how many glasses of wine have you drunk?	84
During the last 7 days, how many glasses of fortified wine have you drunk?.....	85
During the last 7 days, how many measures of spirits have you drunk?	86
The total number of units of alcohol consumed in the last 7 days	87
During the last 7 days, how many drinking alcohol? and days you got drunk?	88
Have you bought alcoholic drink at any of these places during the last 7 days?	89
Have you had an alcoholic drink at any of these places during the last 7 days?	90
If you ever drink alcohol at home, do your parents know?.....	91

5 Legal and Illegal Drugs

25th year

Question	
How many cigarettes have you smoked during the last 7 days?	92
If you have smoked recently, where did you get your last cigarettes from?	93
What kind of smoker are you?	94
How many people smoke on most days in your home?	95
What do you know about these drugs?	96
Do you know anyone personally who you think takes any of these drugs?	97
Have you ever taken any of these drugs?	98
Have you ever taken more than one type of drug on the same occasion?	99
Have you ever taken drugs and alcohol on the same occasion?	100

Alcoholic drinks

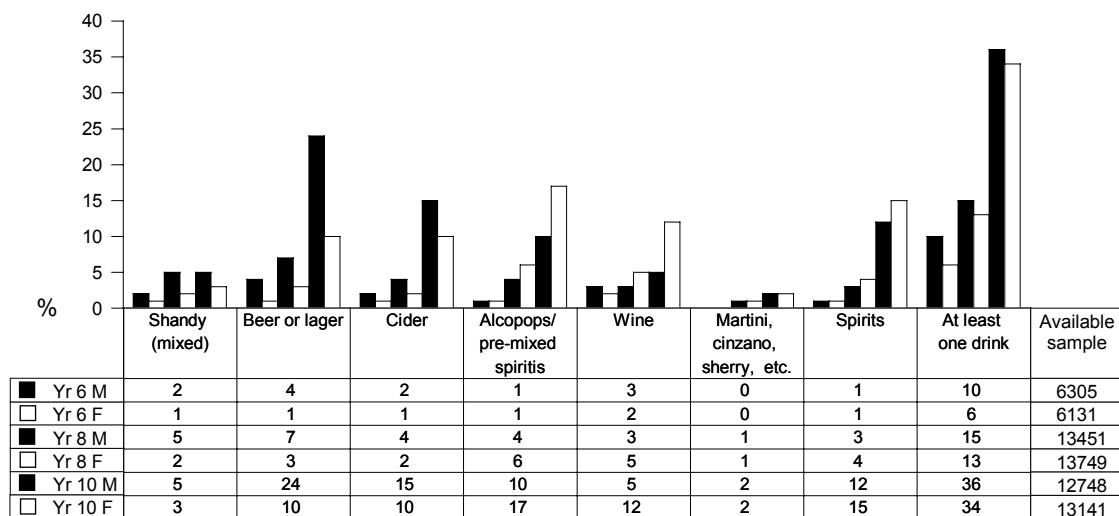
Up to 36% of the Year 10's had consumed *at least one drink*

During the last 7 days, have you had any of these alcoholic drinks?

Comments

1. *Alcopops* is the most popular drinks group for the females, and beer or lager for the males. The table shows that up to 36% of the Year 10 pupils, had consumed at least one of these drinks.
2. The inclusion of figures from Year 6 suggests that alcohol careers are established at an early age.
3. *Pre-mixed spirits (Alcopops)* account for 17% and *spirits* account for 15% of the choice from Year 10 females.

1. We note that more Year 10 females than males drank *pre-mixed spirits, wine* and *spirits*.
2. As noted in the Introduction, the figures seen in our studies for the proportion of young people using alcohol in the previous week have been higher than those found in other research.



Mixed shandy

Not a popular drink

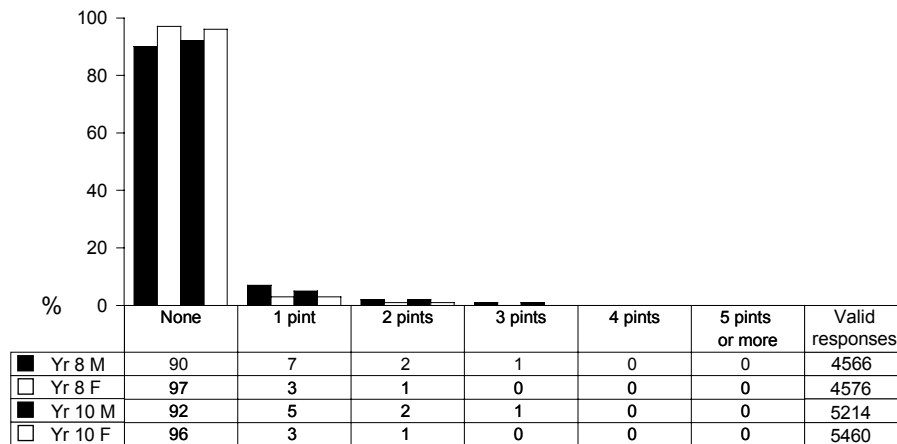
During the last 7 days, how many pints of mixed shandy have you drunk?

Half-pints are rounded up to the next whole pint. One pint is taken as one unit of alcohol when assessing total alcohol intake.

1. Not a popular drink.

Comments

1. Beer and lemonade are needed to produce a mixed shandy. The message seems to be that the Year 10s are less keen to dilute their beer with lemonade.
2. As suggested in previous volumes with data about canned shandy and supported by the decline with age, the mixing of shandy with lemonade may serve as an introduction to the taste of beer to the younger age group.



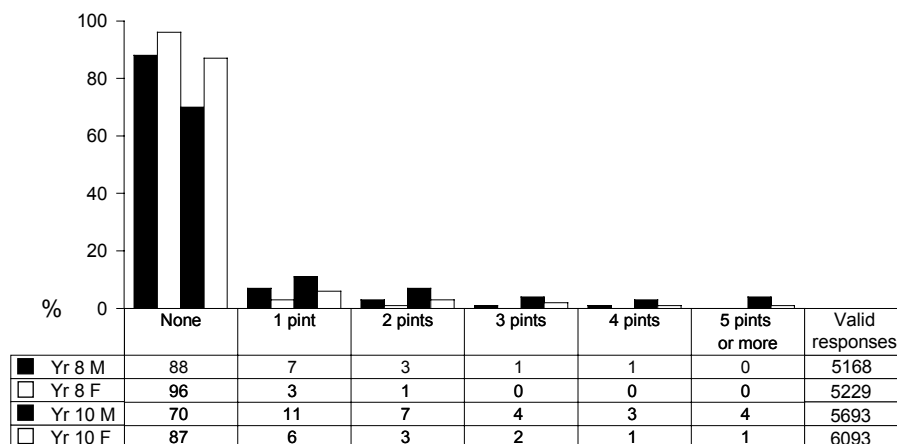
Beer or lager

30% of the Year 10 males drank at least 1 pint

During the last 7 days, how many pints of beer or lager have you drunk?

One pint is counted as two units of alcohol when assessing total alcohol intake, and half a pint is counted as one unit.

1. The attraction of beer or lager is much greater to the Year 10s, and older males in particular, although 13% of the Year 10 females report drinking beer or lager in the last 7 days.



Comments

1. Beer or lager is a predominantly male drink, although in 1995 a quarter of the females had drunk some – we suspect that this may have been lager rather than beer.
2. Data from 1983 (SHEU, 'Trends-Young People and Alcohol. 1983-2005'), show there is an overall downward trend in 12-15 year olds drinking beer or lager 'in the last 7 days'. However, the following table shows a comparison between 1991 and 2010 of those 14-15 year old males that drank at least 1 pint 'in the last 7 days':

During the last 7 days, how many pints of beer or lager have you drunk?	None	1 pint	2 pints	3 pints	4 pints	5 pints+
Males 14-15yrs. (2010)	70%	11%	7%	4%	3%	4%
Males 14-15yrs. (1991)	66%	16%	7%	4%	2%	4%

Direct comparisons between years are misleading. The data suggest that fewer report no drinking in 2010 (70%) compared with 1991 (66%).

Cider

21% of 14-15 year old males drank one or more pints

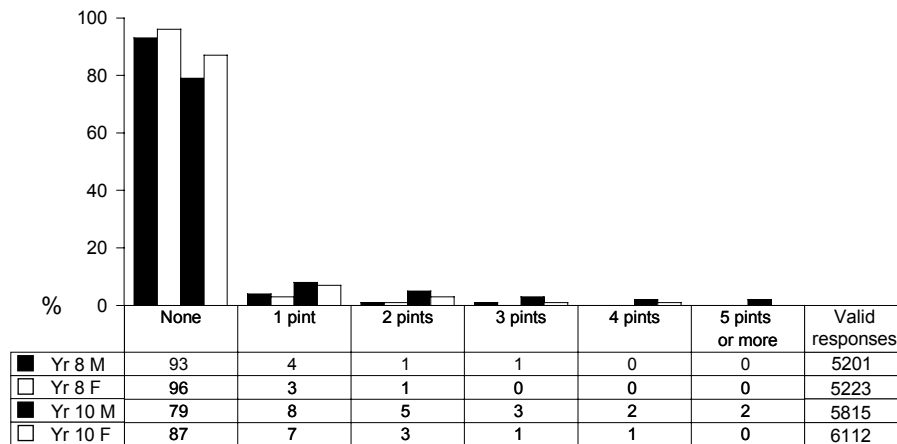
During the last 7 days, how many pints of cider have you drunk?

Comments

One pint is counted as two units of alcohol when assessing total alcohol intake, and half a pint is counted as one unit.

1. Cider appeals mainly to a small percentage of older males with 21% of 14-15 year old males who reported drinking one or more pints.

1. We have noticed from our regional surveys that cider consumption does vary across the UK.



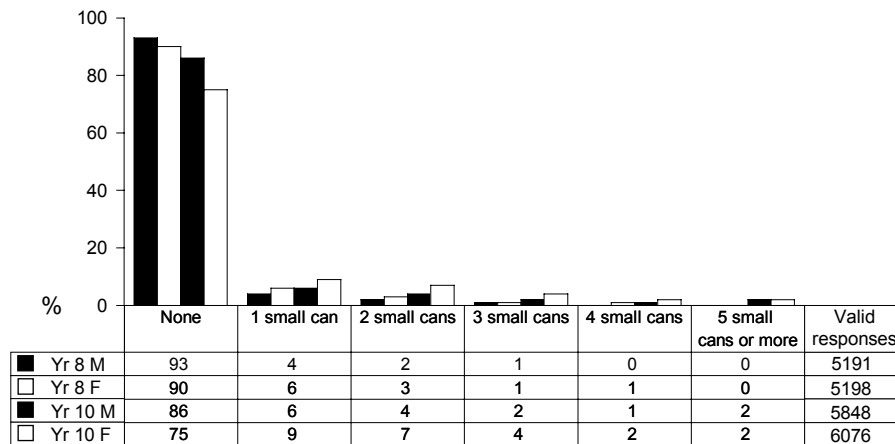
Pre-mixed spirit drinks

25% of Year 10 females drank at least 1 can/bottle

During the last 7 days, how many cans/bottles of pre-mixed spirit drinks have you drunk?

One can/bottle is taken as half a pint, and half-pints are rounded up to the next whole pint. One can/bottle is taken as one unit of alcohol when assessing total alcohol intake,

1. Pre-mixed spirit drinks ('Alcopops') have an appeal to Year 10 females and 25% drank at least 1 can/bottle.



Comments

1. These controversial drinks were launched with a lot of publicity, and were immediately added to the 'Young People...' questionnaire checklist in 1995.
2. A fear was voiced that 'alcopops' would be a gentle way of developing a taste for alcohol, and may have been marketed in part with that intention. In a detailed discussion of the place of 'alcopops' in young people's drinking patterns, ('Young People and Alcohol', Balding, 1997), we concluded that the consumers of alcoholic soft drinks tended also to consume a wider variety of other alcoholic drinks, which did not argue the case either way. However, we also discovered that the 'alcopoppers' were more likely to drink alcohol in places away from home compared with the others.

Wine

17% of older females drank at least one glass

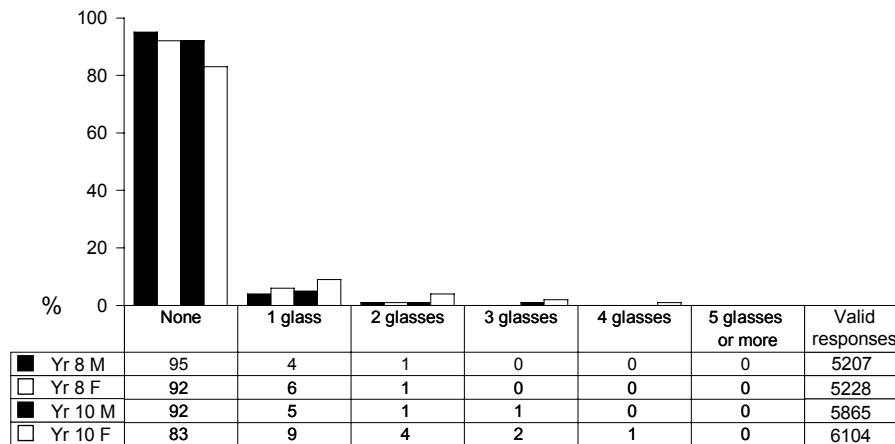
During the last 7 days, how many glasses of wine have you drunk?

One glass is taken as one unit of alcohol when assessing total alcohol intake.

1. There is little gender difference in Year 8, but in Year 10 more females than males had drunk some wine in the last 7 days.

Comments

1. Our surveys have usually shown wine to be a 'female' drink'; page 51 shows that it was drunk by more females than males.
2. We suspect that most wine-drinking goes on at home and adults buying wine from supermarkets with the family shopping. Drinking with meals is one way of introducing children to alcohol 'responsibly'.
3. Figures from 1996, for Year 10 females, range from 25% (1996) to 15% (2009) drinking at least one glass during the last 7 days.



Fortified wine

Not much appeal for young people

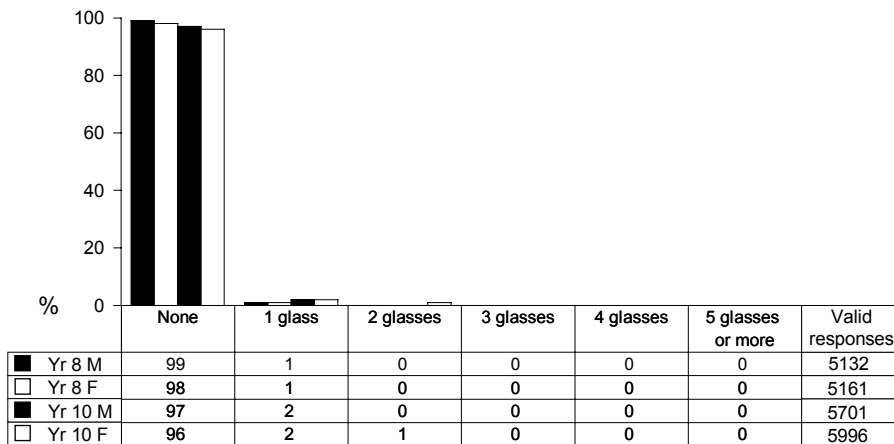
During the last 7 days, how many glasses of fortified wine have you drunk?

One glass is taken as one unit of alcohol when assessing total alcohol intake.

1. Few pupils had drunk any fortified wine; it is slightly more popular with the Year 10 females.

Comments

1. The questionnaire gives *Martini, Cinzano, sherry, etc.* as examples of fortified wine.
2. These drinks have generally declined in popularity with the exception of port.



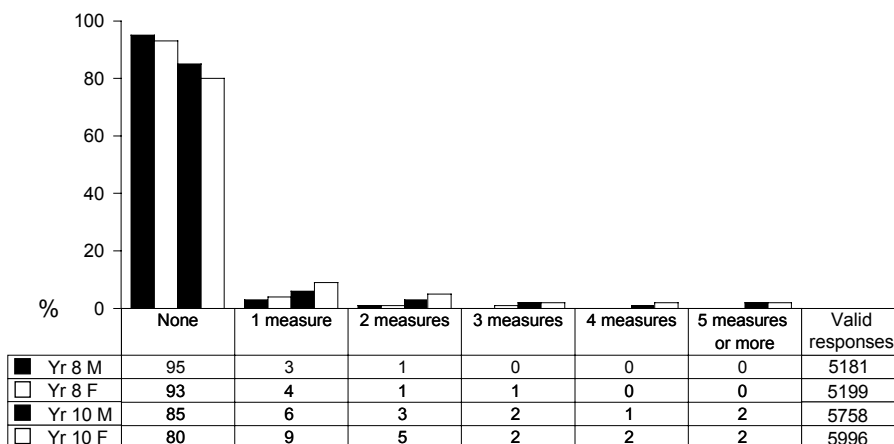
Spirits

20% of Year 10 females had drunk one or more measures

During the last 7 days, how many measures of spirits have you drunk?

One measure is taken as one unit of alcohol when assessing total alcohol intake.

1. A small difference is noticeable between males and females with Year 10 females again consuming more than the males.



Comments

1. The Year 10 females 'overtook' the males as spirit-drinkers in 1996, although the females have always been behind the males in Year 8. Clearly they develop a taste for strong beverages around the age of 14.
2. We suspect that the amorphous nature of 'alcopops', which now include many spirit-based drinks, have enhanced the recent percentages (see page 55).
3. Data from 1983 (SHEU, 'Trends-Young People and Alcohol. 1983-2005'), show there is no overall downward trend in 12-15 year olds drinking spirits 'in the last 7 days'. However, the following table shows a comparison between 1991 and 2010 of those 14-15 year old females that drank at least 1 measure 'in the last 7 days':

During the last 7 days, how many measures of spirit have you drunk?	None	1	2	3	4	5+
Females 14-15yrs. (2010)	80%	9%	5%	2%	2%	2%
Females 14-15yrs. (1991)	87%	5%	3%	1%	1%	3%

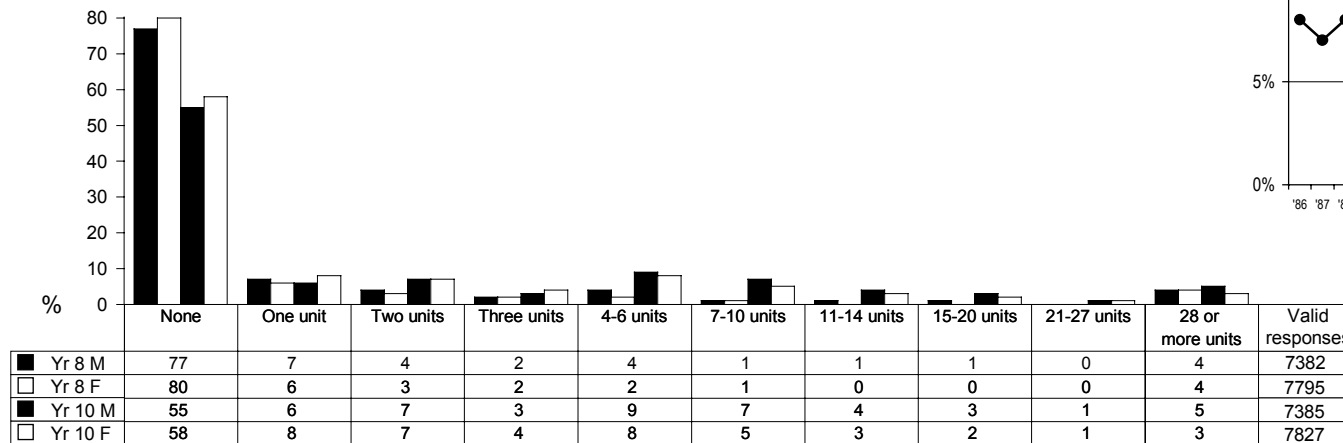
In 2010, 20% drank at least 1 measure (13% in 1991) and a similar percentage drank 5 or more measures 'in the last 7 days'.

Alcohol units consumed

Around 11% of Year 10 pupils drank more than 10 units in the previous 7 days

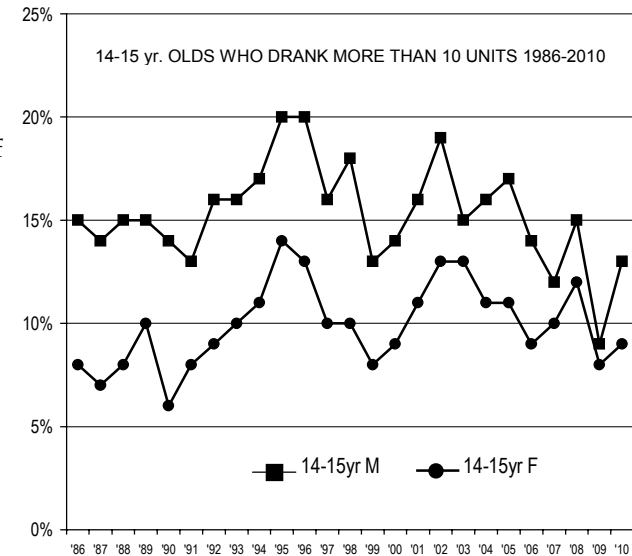
The total number of units of alcohol consumed in the last 7 days

1. Around 11% of Year 10 pupils drank more than 10 units of alcohol in the previous 7 days.



Comments

1. Data from 1986 show the number of 14-15 year olds who reported drinking more than 10 units of alcohol in the last 7 days.



Alcohol: drinking/drunk days

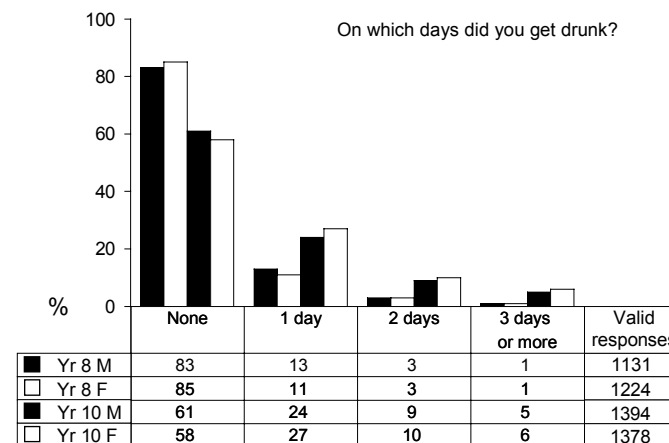
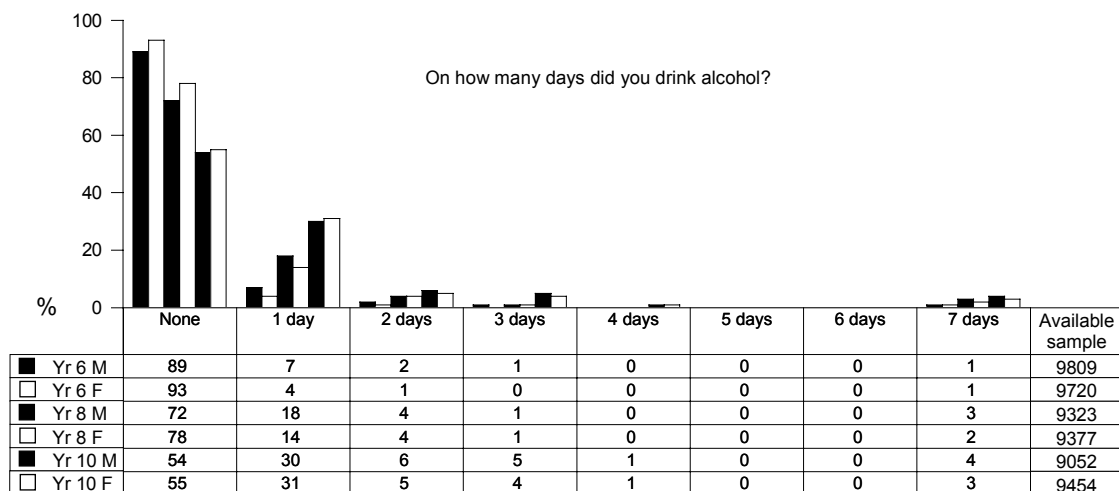
Around 54% of the Year 10 pupils did not drink 'during the last 7 days'

**During the last 7 days, on how many days did you drink alcohol?
During the last 7 days, on which days did you get drunk?**

Comments

1. Around 54% of the Year 10 pupils and around 75% of the Year 8 pupils did not drink 'during the last 7 days'.
2. Of the older female drinkers, 16% got drunk more than two days in the previous week.

1. Drinking habits of adults in general are quite regular, while that of younger adults in the 18-25 age range is more likely to feature 'binge' drinking. For young drinkers there is evidence to suggest that for some 13 - 16 year olds the figure of at least five alcoholic drinks in one session is not uncommon ('Education and Health', 2002, 20:3:46).
2. Most of those who got drunk did so on Friday and Saturday evening.



Sources of alcohol

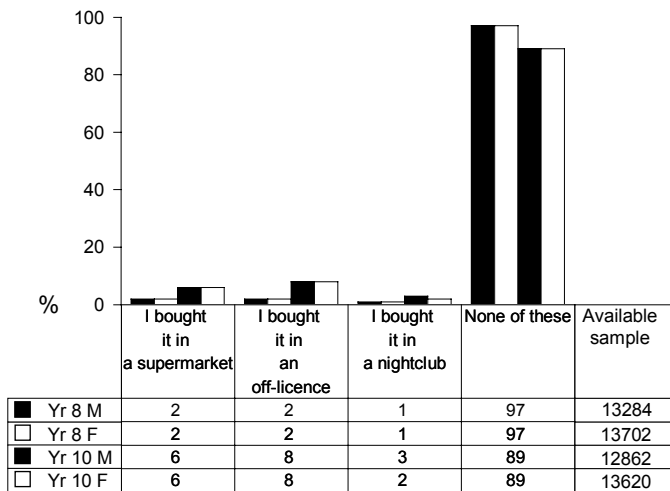
Off-licences and supermarkets are sources for older pupils

Have you bought alcoholic drink at any of these places during the last 7 days?

1. The *off-licence* and *supermarket* are important sources of purchased alcoholic drink, especially for the 14-15 year olds.

Comments

1. The sites for drinking alcohol (whether purchased or not) are given overleaf.
2. It is suspected that alcohol purchased by young people is more likely to be connected to alcohol abuse and public nuisance than alcohol supplied in the home.
3. Purchases of alcoholic drink are age-restricted and you must be 18 before buying alcohol.



Drinking venues

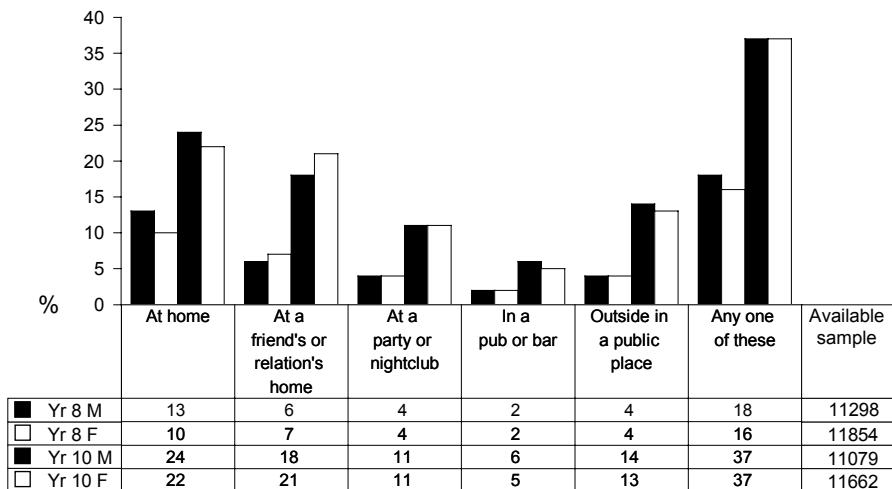
More young people consume alcohol *at home* than anywhere else

Have you had an alcoholic drink in any of these places during the last 7 days?

1. Most 'drinkers' drank at *home*.
2. Substantial numbers of 14-15 year old 'drinkers' used all the listed venues.

Comments

1. Since 1991, around 1/5 of 14-15 year olds consistently report drinking in a friends/relation's home.
2. Although drinking in the pupils' own home is a more popular venue the percentages are seen to be on a general decline -around 30%-35% in the 1990s and around 25% in the 2000s.



Drinking at home

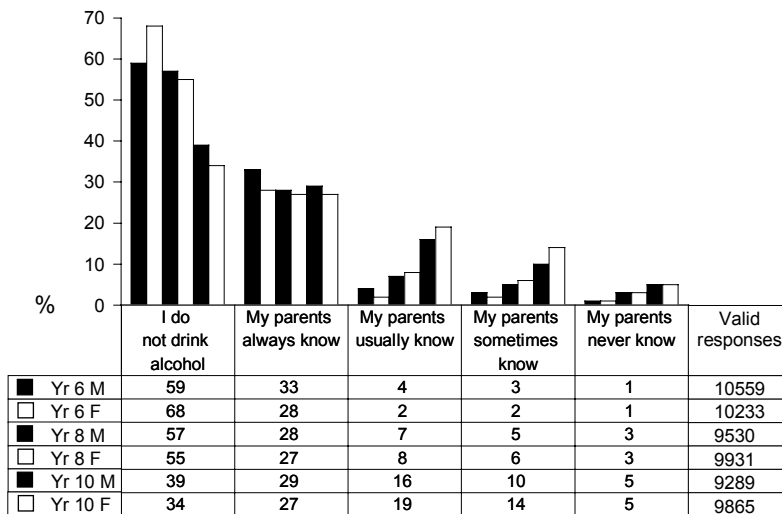
Up to 29% of older pupils say that parents always know

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

1. Up to 29% of older pupils say that parents always know.
2. Of those older pupils who do drink at home, about half do so with their parents always knowing about it.

Comments

1. The question was added because of interest in the amount of alcohol being drunk during the previous week at home – always the most popular venue. The answer is that there is quite a lot of clandestine drinking going on among the older pupils, but also a lot of drinking that is tolerated by parents/carers, if not actively encouraged.
2. The young people who say they do not drink at home may contain a substantial proportion who do not drink currently at all. These figures place an upper limit on the proportion of ‘never drinkers’, as we have not routinely collected information on drinking attitudes and experience to match that with respect to illegal drugs.



Cigarettes smoked

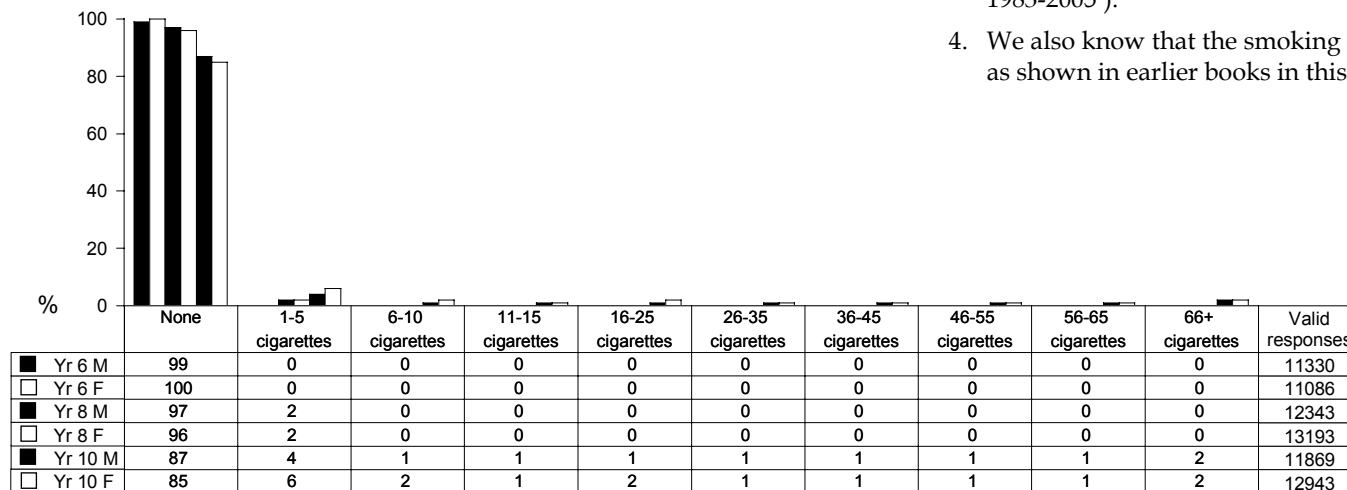
15% of the Year 10 females smoke

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

Comments

1. More Year 8 & 10 females than males had smoked and there were more smokers in Year 10.
2. There is no significant gender difference in those Year 10 pupils reporting smoking more than 20 cigarettes.
3. 15% Year 10 females reported smoking.

1. Assuming that many females may be going out with males older than themselves, it is possible that the Year 10s partners have smoking levels similar to the ones seen here.
2. Smoking levels of up to 30 a week are not thought addictive in adults; what is known about young people's addiction levels?
3. Data from 1985 show an upward trend which may have peaked around the mid-late 1990s of those 12-15 years olds that report smoking at least 1 cigarette 'in the last 7 days' (SHEU, 'Trends-Young People and Smoking, 1983-2005').
4. We also know that the smoking levels vary widely from school to school, as shown in earlier books in this series.

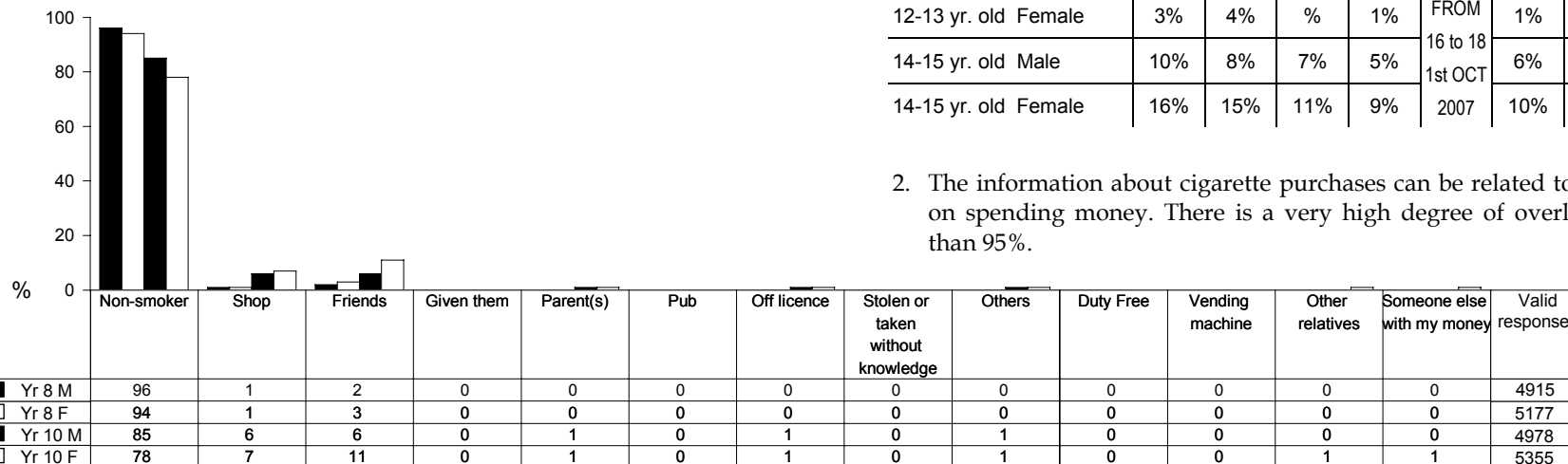


Sources of cigarettes

Shops and friends were the main source

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

1. For both age groups, *friends* were the main source and *shops* for the older pupils.



Comments

1. Purchases by under-18s are illegal. From 1st October 2007 the cigarette buying age was raised from 16 to 18 yrs of age. Table shows percentage of those purchasing cigarettes from shops before and after 2007:

Year of data collection / Purchasing cigarettes from shops by pupils	2004	2005	2006	2007	LEGAL AGE	2008	2009	2010
12-13 yr. old Male	2%	2%	1%	1%	MOVED	1%	1%	1%
12-13 yr. old Female	3%	4%	%	1%	FROM	1%	1%	1%
14-15 yr. old Male	10%	8%	7%	5%	16 to 18	6%	6%	6%
14-15 yr. old Female	16%	15%	11%	9%	1st OCT 2007	10%	9%	7%

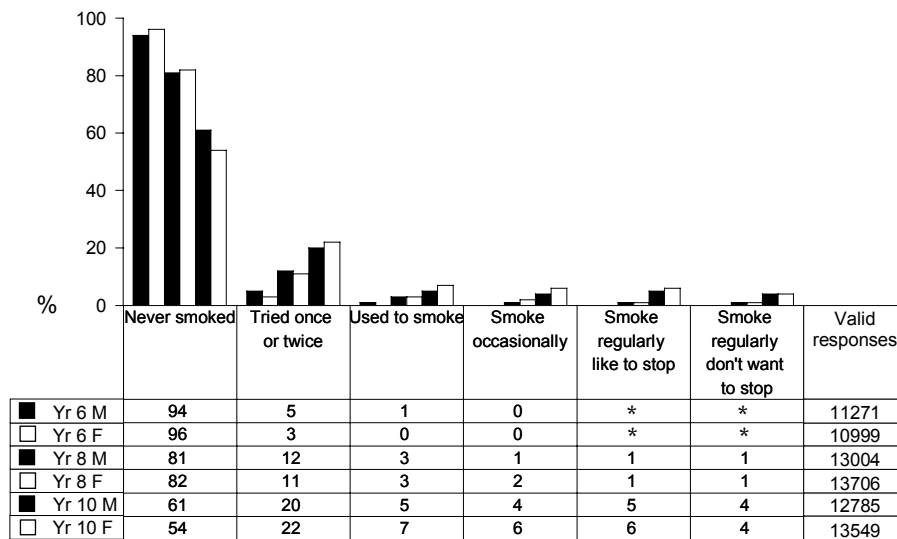
2. The information about cigarette purchases can be related to the question on spending money. There is a very high degree of overlap – greater than 95%.

Type of smoker

Up to 46% will have smoked by Year 10

What kind of smoker are you?

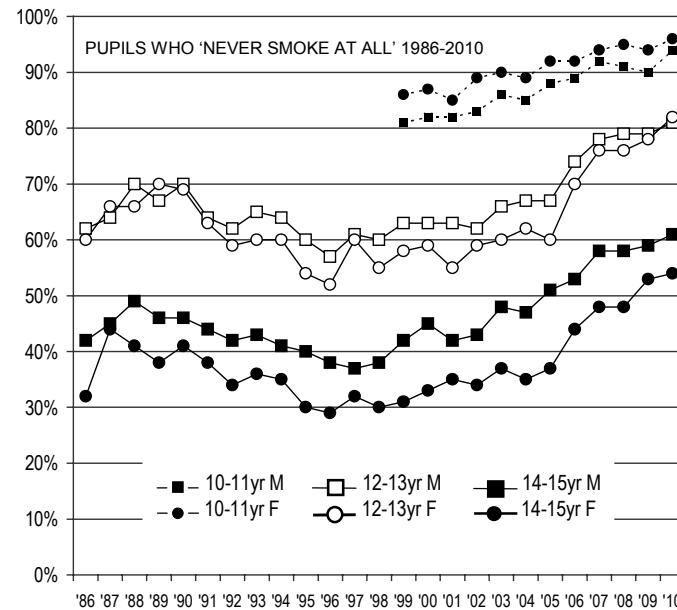
1. In Year 6 around 95% report *never smoked*. By Year 10, this number declines to 61% for males and 54% for females.
4. 46% of Year 10 females have smoked.
5. The majority of the current smokers say that they would *like to stop*.



* Year 6 pupils were not asked about these activities

Comments

1. Two-thirds of smokers want to give up. If addiction is not their problem, can we help them? Raw et al., (1998) publication recommends interventions shown to be effective with adults should be considered for use with young people with the content modified as necessary - this includes stop-smoking groups and the possible use of nicotine replacement therapy.
2. Data from 1986 show a rising trend, from around the late 1990s, of those pupils who report 'never smoking at all'.



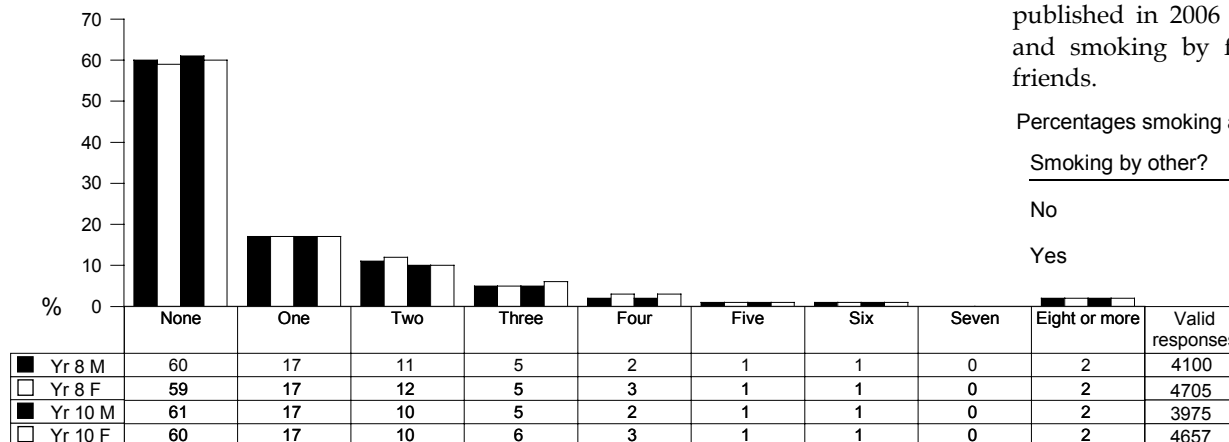
Smokers in the home

Around 40% live in a 'smoky' home

How many people smoke on most days in your home?

The question asks the respondents to include themselves and regular visitors if they smoke at home.

1. Non-smoking/smoking households are evenly matched.
2. These figures seem to 'clump': smokers are more likely to be found where there is another smoker.



Comments

1. 'Smoking in the home' does not necessarily mean that the house is smoky. It could be banned from communal rooms, or smokers could even be sent outside.
2. Children in 'smoking' homes may experience approval, rather than just tolerance, of smoking, and are more likely to grow up thinking that it is a normal, even expected, behaviour with important pleasures and rewards.
3. Young people's own smoking habit is strongly correlated with the number of other people smoking at home. We repeat below an analysis published in 2006 showing powerful links between the smoking habit and smoking by family and friends – especially siblings and close friends.

Percentages smoking among Year 10 females, by smoking among family and friends

Smoking by other?	Mother	Father	Brother	Sister	Friend
No	14%	15%	17%	17%	4%
Yes	37%	31%	38%	46%	38%

Beliefs about drugs

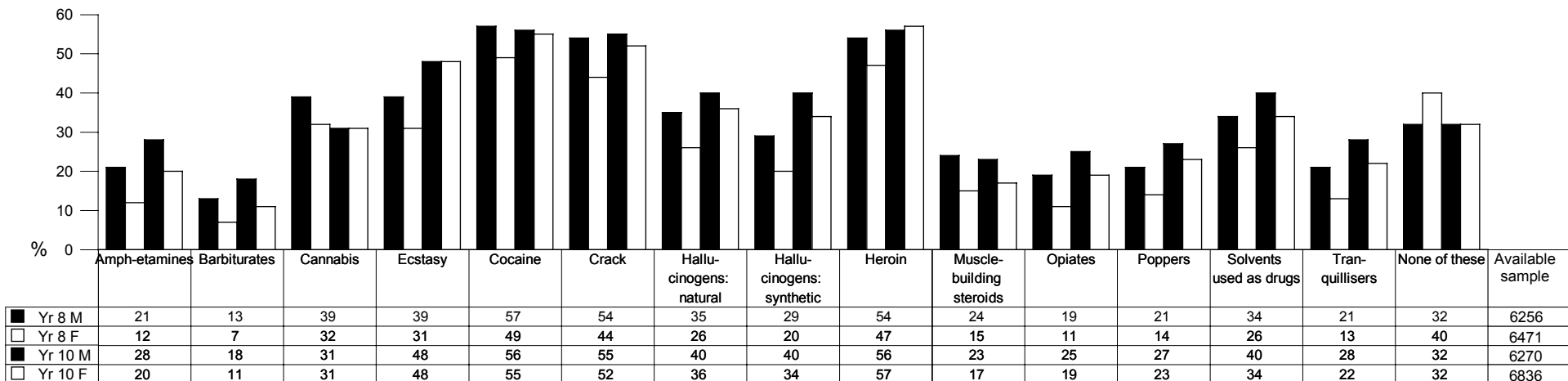
As pupils get older, fewer think that cannabis is *always unsafe*

What do you know about these drugs? Response to 'Always unsafe'

1. There is up to 8% difference between the Year 8s and the Year 10s response to the dangers of cannabis, and, it does decline with age.
2. 31% of older pupils think that cannabis *always unsafe*.
3. Up to 57% think heroin is *always unsafe*.

Comments

1. The format of this question has changed in recent years from that used in the past in the following response options: *Never heard of them*; *Know nothing about them*; *Safe if used properly*, and *Always unsafe*. Thus it is not easy to say if young people have changed their perceptions of safety of these different drugs, but we are very confident that the response of year 10 pupils are now more complacent than in previous years.
2. We report responses to *Always unsafe* and can say that the relative safety of drugs has not changed, with heroin, cocaine and crack being thought most risky.



Contact with drug users

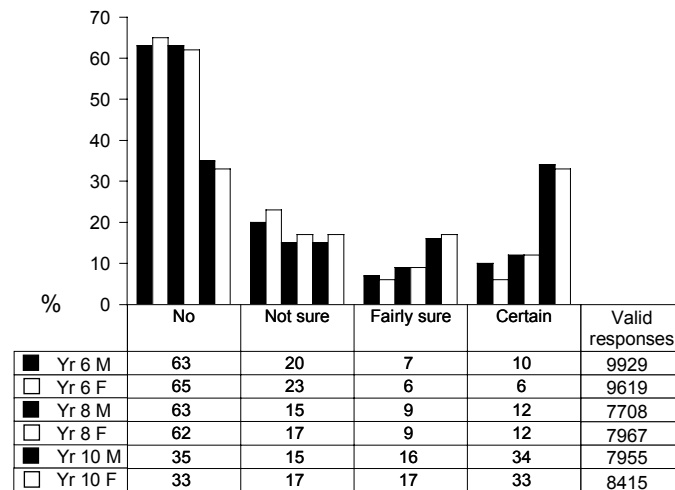
50% of the 14-15 year olds are *fairly sure* or *certain* that they know a drug user

Do you know anyone personally who you think takes any of these drugs?

1. Similar numbers of older males and females thought they knew someone.
2. Up to 17% of the Year 6s, 21% of the Year 8s, and 50% of the Year 10s, claimed to be *fairly sure* or *certain*.

Comments

1. Since knowledge of other drug users is a key to obtaining drugs, the proportion of Year 6s reporting that they think they know some one who uses at least one of the listed drugs presents concern for the potential future behaviour of these young people.
2. This does not mean that up to 17% of Year 6 pupils take drugs, since 99 pupils in a school could all be thinking of the same one person, who may not even be a school pupil. We emphasise personal knowledge to exclude depictions of drug use in the media, and give a prompt to exclude users of drugs as medicines.



Experience of drugs

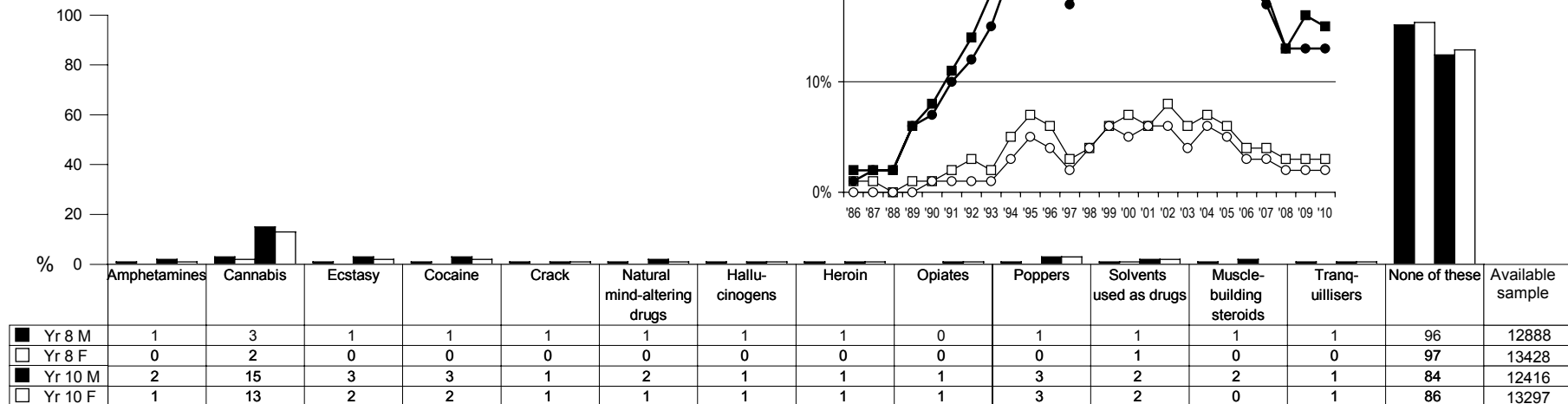
Up to 15% of the Year 10 pupils report taking cannabis

Have you ever taken any of these drugs?

1. About 1 in 5 pupils in Year 10 – four times as many as in Year 8 – have tried at least one of these drugs.
2. Cannabis is by far the most likely drug to have been tried, with 15% of males reporting having taken it. The percentage for other drugs classification are significantly lower.

Comments

1. Data from 1986 (below) show those reporting taking cannabis.



More than one drug

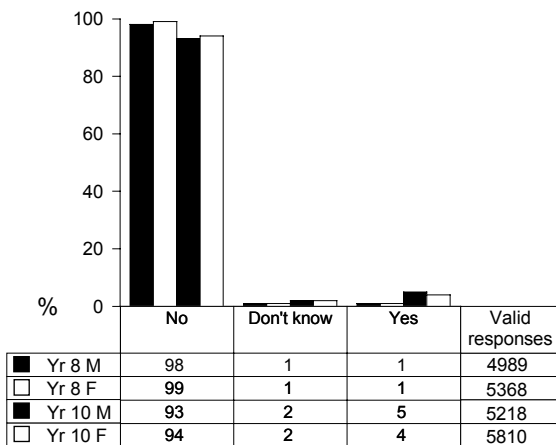
5% of the Year 10 pupils have combined more than one drug

Have you ever taken more than one type of drug on the same occasion?

Comments

1. 5% of pupils in Year 10 say they have taken one or more type of drug on the same occasion.
2. The proportion in Year 8 is much smaller.
3. There is no gender difference.

1. This was a new question in 2002 and pupils are referred to the list of drugs printed in the questionnaire. This list excludes alcohol which is the subject of the next question and reported on the following page.
2. This question tries to shift the emphasis from experimentation towards behaviour that is obviously risky.



Drugs and alcohol

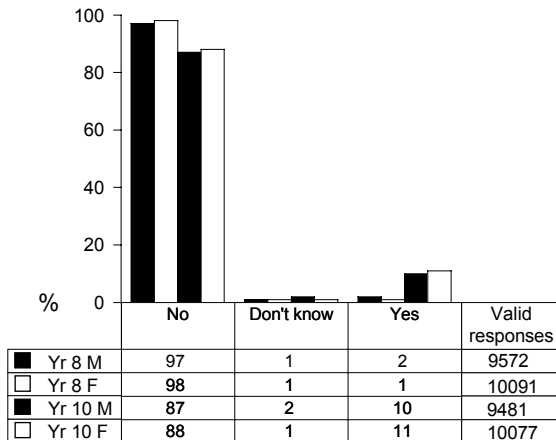
11% of the 14-15 year olds have mixed drugs and alcohol

Have you ever taken drugs and alcohol on the same occasion?

Comments

1. 11% of older pupils have taken drugs and alcohol on the same occasion.

1. Drug use associated with alcohol use is not uncommon in the experience of young people who have ever taken drugs.
2. Again, we are looking at a behaviour that suggests a less cautious attitude to risk.



6 Money and Work

25th year

The amount of money that young people have to spend is an important factor in determining their access to a host of behaviours. This section examines working for money, levels of income, and the sorts of things that they spend their money on.

Question

Have you a regular paid job during term time? 102

What type of regular paid job do you do? 103

How many hours did you work for money last week? 104

How much money did you receive last week from your regular paid work? 105

Do you usually get pocket money? 106

How much pocket money did you get last time? 107

Last week's combined income from paid work and pocket money 108

Have you put any of your own money into a savings scheme in the last 7 days? 109

How much of your own money have you spent during the last 7 days? 110

During the last 7 days, have you spent any of your own money on the following items? 111

During the last 7 days, have you spent any of your own money on the following items? 112

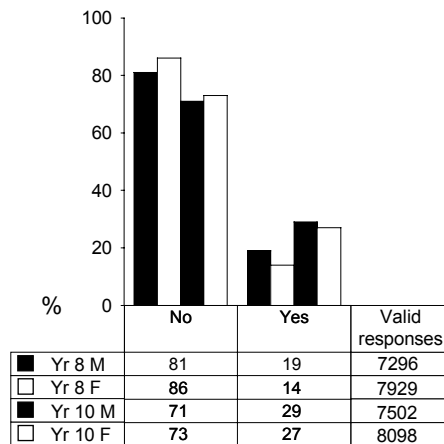
Regular work

Around 28% of the Year 10 pupils have regular paid work

Have you a regular paid job during term time?

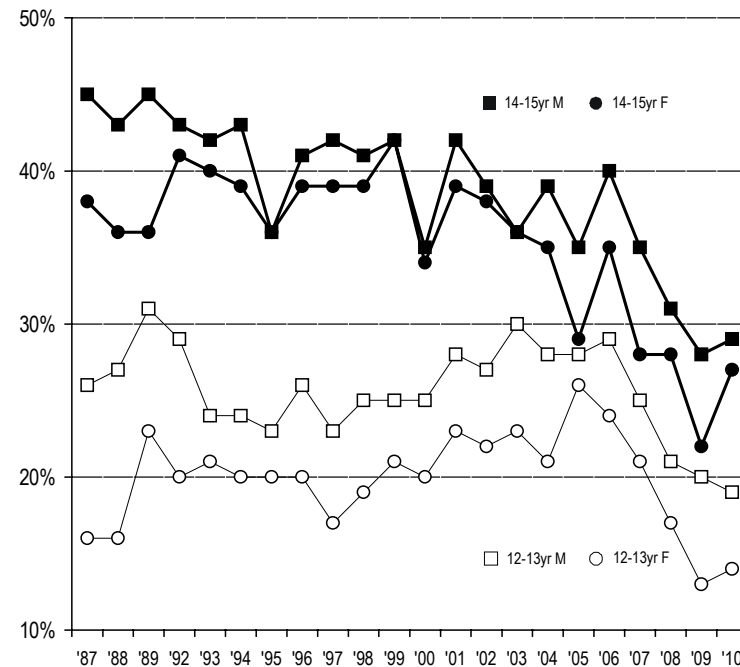
Respondents with more than one job were asked to record the one that paid the most money.

- Up to 19% of 12-13 year olds have a regular paid job during term time.
- By the time they are 14-15 years old, around 28% of pupils report having a regular paid job.



Comments

- The chart below shows data from 1987 of those pupils who report having a regular paid job in term time. The percentages, for the 14-15 year old pupils, show a general downward trend. Figures from the 12-13 year olds remained consistent over the 1990s, then rose slightly and now appear to be declining.



Type of paid work

Babysitting is the most popular for the females and *paper/milk round* for the males

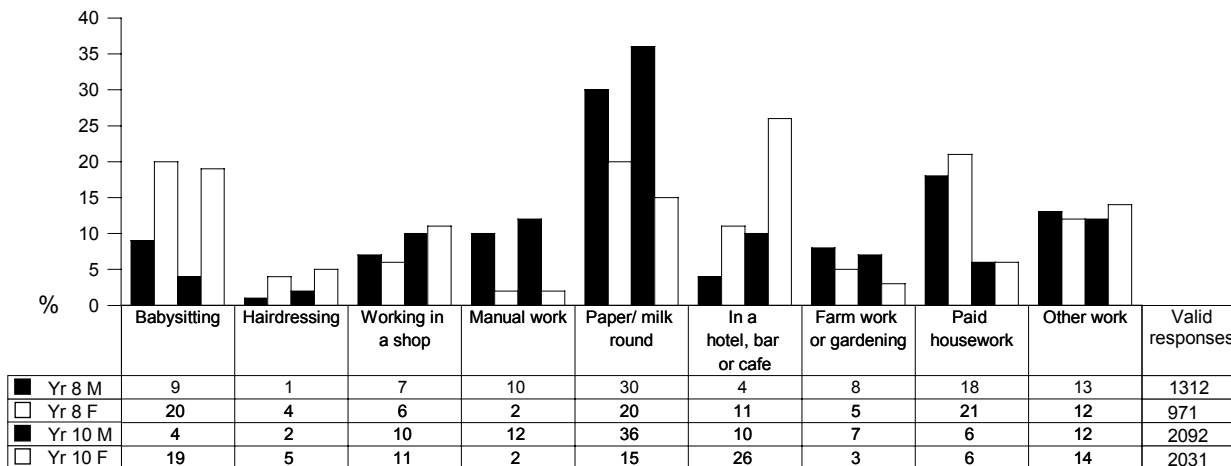
What type of regular paid job do you do?

Respondents with more than one job were asked to record the one that paid the most.

1. We note some gender contrasts; more females involved in *babysitting*, *hair dressing* and *paid housework* while more males report *manual work* and *delivery rounds*.
2. *Paid housework* diminishes in Year 10, but shop work, hotel and café work increases.

Comments

1. The distribution of jobs follows the pattern noted over recent years.
2. The involvement of some of these Year 8 pupils in regular paid work may be in violation of Section 18 of the Children and Young Persons Act, 1933. The Act places restrictions, including hours and conditions of work for children, especially for those under the age of 13.



Time spent working

Up to 23% of 14-15 year olds worked for 8 hours and more

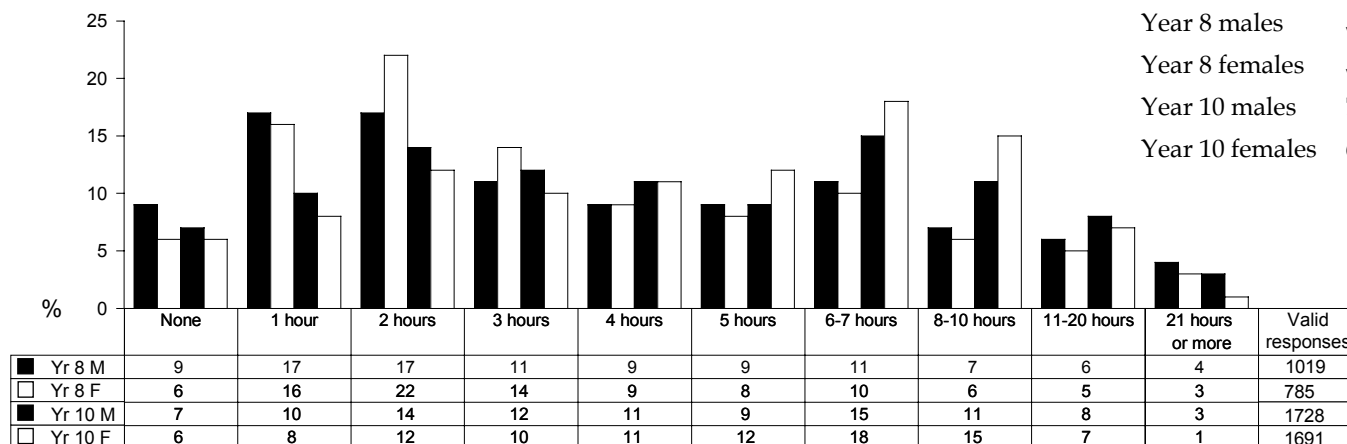
How many hours did you work for money last week?

Comments

1. The 14-15 year olds are working longer hours than the 12-13 year olds with up to 23% working eight hours and more.
2. In Year 8 (12- 13 year olds), more males than females are working the longer hours, but this is partially reversed for the 14-15 year old workers.

1. This is a small sample size, however the distribution of figures across the number of hours worked is similar to previous years.
2. The figures for *None* represent those pupils who have a regular paid job but did not work in the last week.
3. We observe a bimodal distribution, one maximum at 2 hours and the other at 6-7 hours (possibly a Saturday job?). The bimodal effect could reflect the difference between morning or afternoon work and all-day working.
4. The average hours spent working by those who work in each group is:

Year 8 males	5.2
Year 8 females	5.0
Year 10 males	7.2
Year 10 females	6.3



Money from paid work

Up to 15% of 14-15 year olds earned more than £30 *last week*

How much money did you receive last week from your regular paid work?

1. More money was earned by the Year 10 (14-15 year old) workers. 10% of Year 8 earners earned over £20.
2. Up to 15% of older pupils report earning over £30 'last week'.

Comments

1. The figures for *Nothing* represent those pupils who have a regular paid job but did not work in the last week.
2. These amounts do not reflect the rates paid per hour, but it is possible to calculate these by using the data on the previous page.

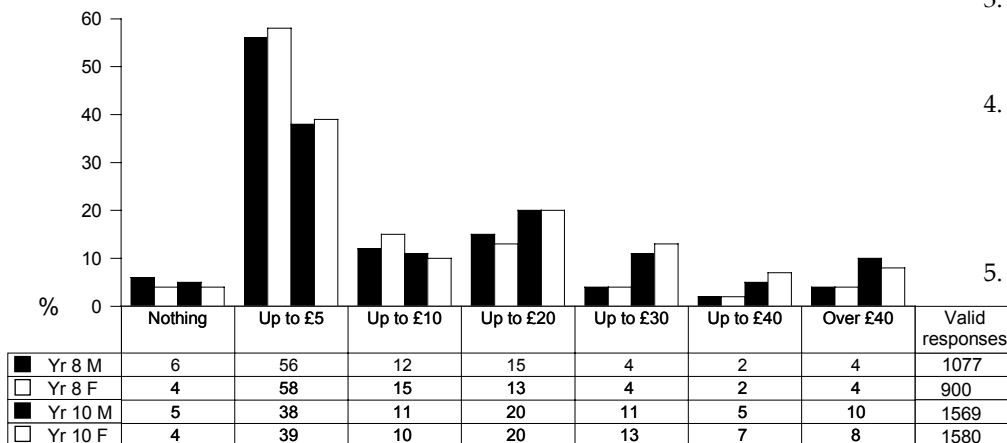
Year	8	10
Males (£)	3.08	3.81
Females (£)	3.36	3.51

3. We note that the Year 10 females hourly rate is less than the males of the same age, and on the previous page we find that, on average, they work slightly fewer hours.

4. The average earnings for workers can also be derived:

Year	8	10
Males (£)	12.40	21.56
Females (£)	12.62	20.25

5. Inequalities in pay between the sexes start early, it seems.



Pocket money

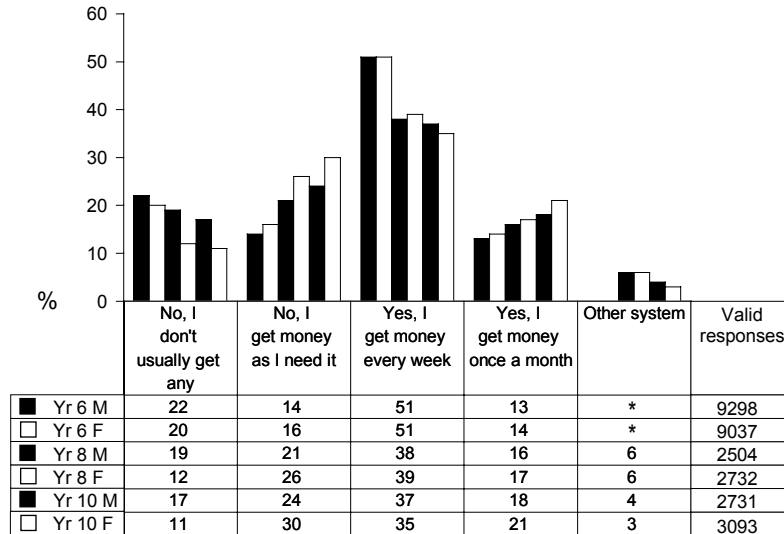
Most pupils receive pocket money each week

Do you usually get pocket money?

Comments

1. 51% of Year 6 pupils receive pocket money each week and up to 30% of 14-15 year old females receive money as they need it.
2. More females than males receive money as they need it.
3. More males than females receive no pocket money.

1. Around 36% of 12-15 year olds receive weekly pocket money. This figure remains consistent across the genders.
2. As pupils get older, the pattern of receiving pocket money shifts from weekly to 'once a month' and 'as I need it'. Again this may be influenced by the youngsters' ability to undertake paid work.



* Year 6 not given this option

Pocket money total

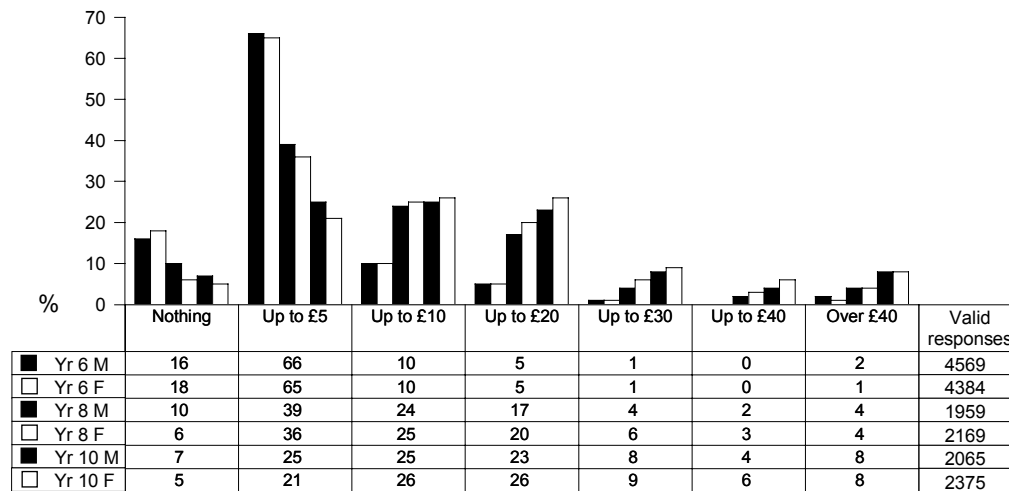
Around 45% of 14-15 year olds receive more than £10

How much pocket money did you get last time?

Comments

1. The older pupils' percentages are similar at the higher pocket money levels, and the Year 10 (14-15 year olds) amounts are greater than the Year 8.
2. Most of the younger pupils received *up to £5* and around 45% of Year 10s received more than £10.

1. We have occasionally had problems in deriving weekly amounts for those young people whose pocket money or allowance is paid monthly – where it is clear, we divide by four.



Total weekly income

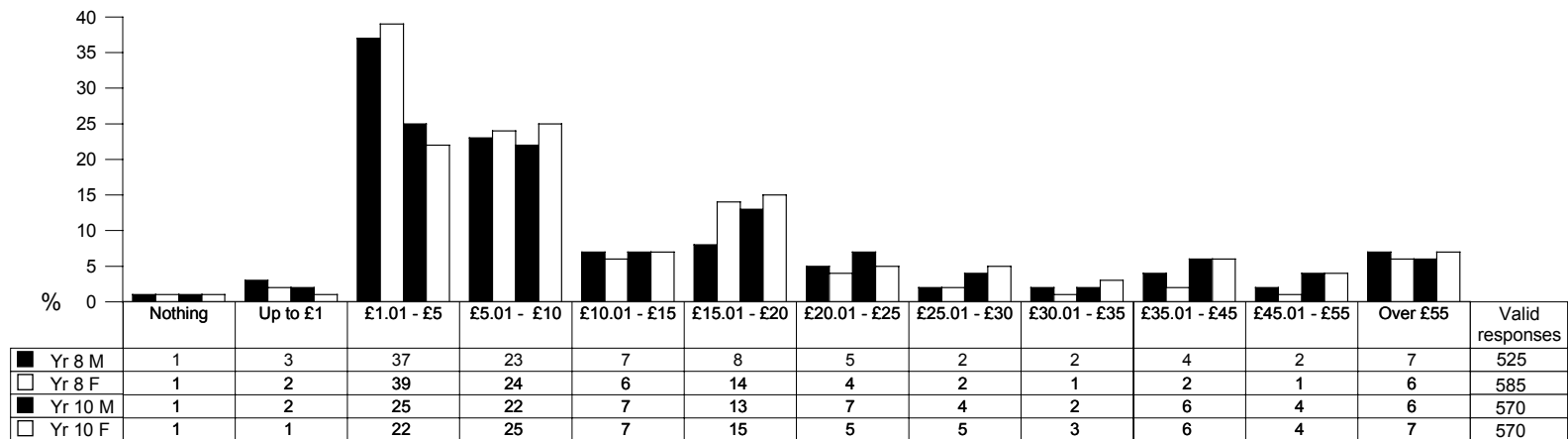
19% of the 14-15 year olds received more than £30

Last week's combined income from paid work and pocket money

Comments

1. The majority are found within the £1.01-£10.00 range, 19% of the older age group received more than £30 'last week'.
2. The table reveals a similar level of higher income for the older pupils, even though we know from page 76 that more females than males are working more than 5 hours a week.

1. Disposable income is the key to doing many other things, some healthy, others less so. It is certainly a key to lifestyle.
2. The *Nothing* group may include some youngsters that receive money at longer than weekly intervals, or for particular purposes on a negotiated basis.

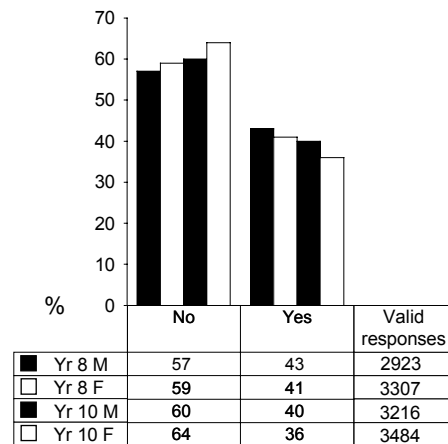


Saving money

Males save more than females

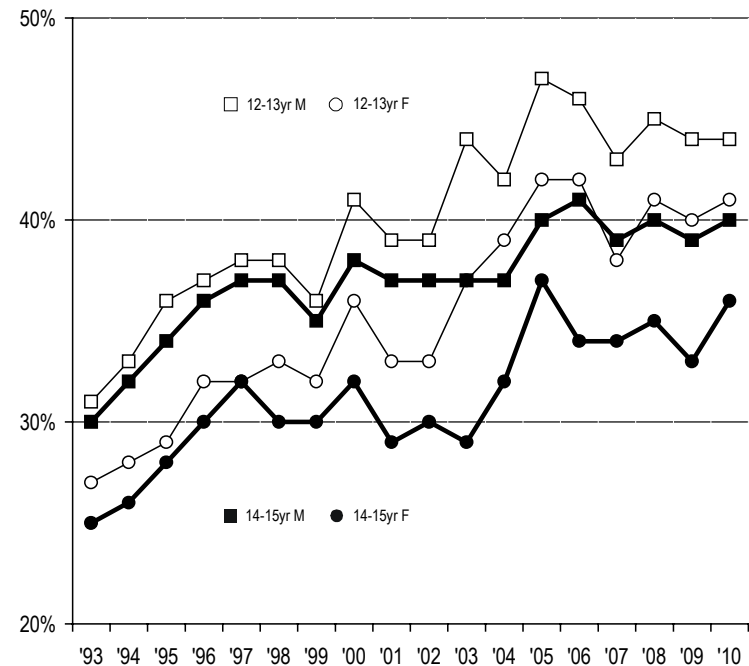
Have you put any of your own money into a savings scheme in the last 7 days?

1. More males than females are savers, with little difference between the year groups for those who save anything.



Comments

1. Previous data have shown that the older group generally receive similar weekly amounts but 5% more older males than females save money.
2. Have males always saved more than females? Data from 1993 show a general upward trend with males, and 12-13 year males in particular, saving more than females.



Spending money

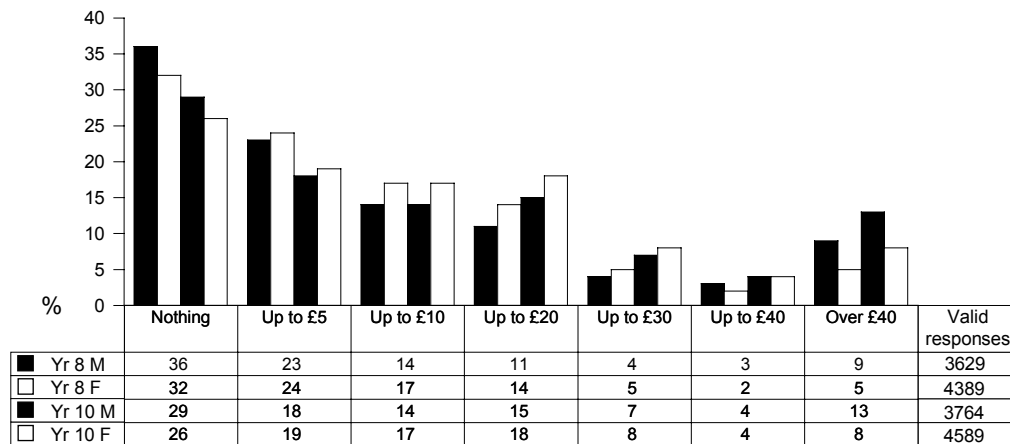
24% of older males spent more than £20

How much of your own money have you spent during the last 7 days?

Comments

1. The distribution of percentages shows 'clumping' around certain values, the most obvious being *up to £5.00*.
2. Greater levels of spending over £5 are recorded by the Year 10 respondents. When compared with older males, older females report higher percentages when spending *up to £30*.
3. 24% of older males spent more than £20 and 13% of the same group report spending *over £40* 'during the last week'.

1. This is one of our less 'precise' questions, in the sense that it is difficult for most people to recall a week's spending. Rounding off to a likely figure could explain some of the 'clumping'.



Items bought last week (1)

Book purchasing remains low after pupils pass 11 years of age

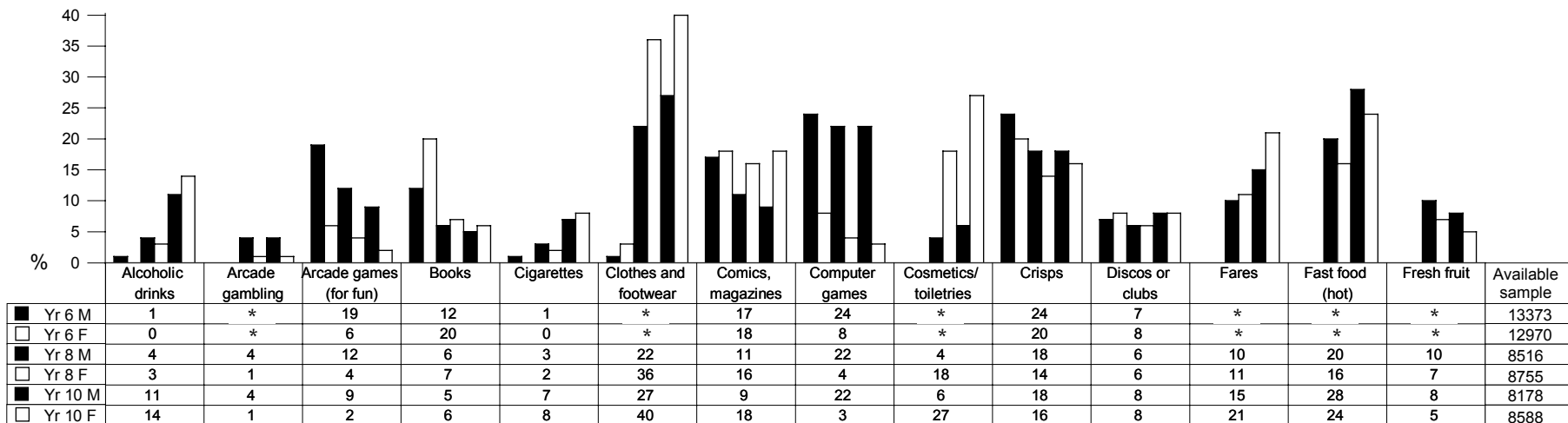
During the last 7 days, have you spent any of your own money on the following items?

For convenience, this list has been divided into two parts and rearranged into alphabetical order within each part.

1. Book purchasing remains low after pupils pass 11 years of age.
2. In Year 10, spending on *alcohol, cigarettes, clothes/footwear, fares* and *fast food* becomes important. 27% of older females spend on *cosmetics*. In Year 6, 19% of males spend on *arcade games* and 20% of Year 6 females spend on *books*.
3. Overall, more females than males spend money on *books, clothes, comics/magazines, cosmetics, and fares*.

Comments

1. This list does not indicate the relative amounts spent on these different items, so it is not possible to reflect upon the amount of money spent on some of the less desirable activities.
2. Gender and age differences provide interesting comparisons particularly spending on *alcohol, books, and cigarettes*. The differences between groups is not restricted to this year's data. For example, over the years, we have seen a reduction in book and arcade game purchases after the age of 11.



* Options not available for Year 6

Items bought last week (2)

Sweets remain the favourite item

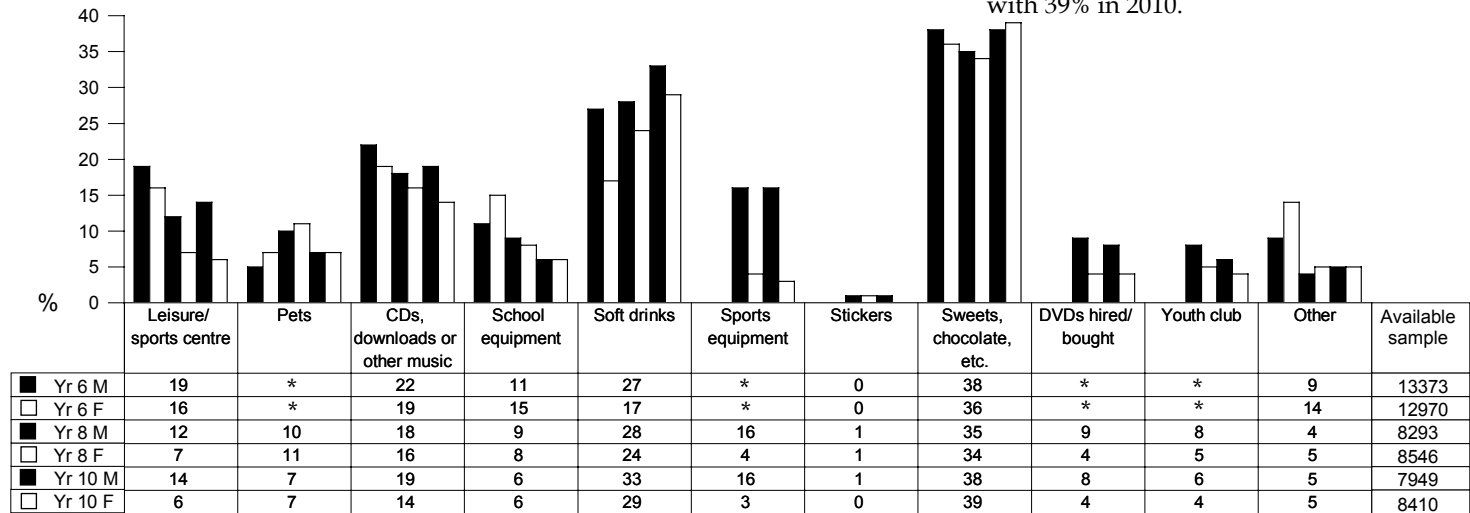
During the last 7 days, have you spent any of your own money on the following items?

For convenience, this list has been divided into two parts and rearranged into alphabetical order within each part.

Comments

1. Within this section *sweets*, *soft drinks* and *music*, *downloads etc* are clearly the items on which money was most frequently spent.
2. Gender differences in which higher percentages of males report are apparent for items such as *leisure/sports centres* and *soft drinks* and *sports equipment*. Female biased responses are observed for items such as *pets* and *school equipment*.

1. This list does not indicate the relative amounts spent on these different items, so it is not possible to reflect upon the amount of money spent on some of the less desirable activities.
2. Spending on *sweets* has remained the favourite item for many years and older females consistently report spending most of their money on this item – 58% of 14-15 year old females selected *sweets* in 1999 compared with 39% in 2010.



* Options not available for Year 6

7 Exercise and Sport

25th year

There is widespread concern at what appear to be generally low levels of physical activity in the daily life of young people. If, as has been suggested, the four-year-olds starting in our primary schools will have a life expectancy in excess of a hundred years, then we need to ensure that they have an appreciation for the role that physical fitness plays in their quality and enjoyment of life. Trends in physical activities can be found in 'Trends: Young People and Physical Activities 1987-2003'. The questions in this section cover physical activity, perceived fitness, and which sporting activities (if any) young people took part in out of school time.

Question

How much do you enjoy physical activities? 114

Sports and activities participated in during the past 12 months outside school 115

Sports and activities participated in during the past 12 months outside school 116

Sports and activities participated in during the past 12 months outside school 117

Sports and activities participated in during the past 12 months outside school 118

How fit do you think you are? 119

How many times last week did you exercise and have to breathe harder and faster? 120

Enjoying sport

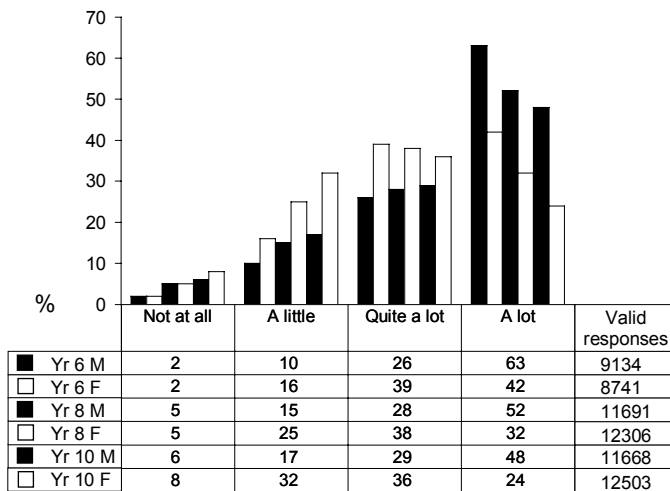
60% of 14-15 yr. old females report enjoying sport *quite a lot* or *a lot*

How much do you enjoy physical activities?

Comments

1. There is a large gender difference: far fewer females in each year group report liking sport *a lot*. The gender difference is already distinct in Year 6 (10-11 year olds) but the gap becomes wider as the age of the pupils increase.
2. The difference is especially marked in Year 10, half as many females as males say they enjoy physical activities *a lot*.
3. It is noticeable, that as males get older slightly fewer respond that they enjoy physical activities *a lot*.
4. Nevertheless, over 81% of primary school pupils and 60% of 14-15 yr. old females report enjoying sport *quite a lot* or *a lot*.

1. Is it uncool for females in secondary schools to show an interest in sport?
2. Are males enjoying physical activities less? In 2010, 48% of 14-15 year old males report enjoying physical activities *a lot*. Since 1995, this percentage has ranged from 61% to 48% (2010). It is also worth noting the decline in interest in males as they grow older e.g. 63% (10-11 yrs.), 52% (12-13 yrs) and 48% (14-15 yrs.) reported in 2010 enjoying physical activity *a lot*.



Participation in active sports (1)

Jogging remains the most popular activity for all pupils

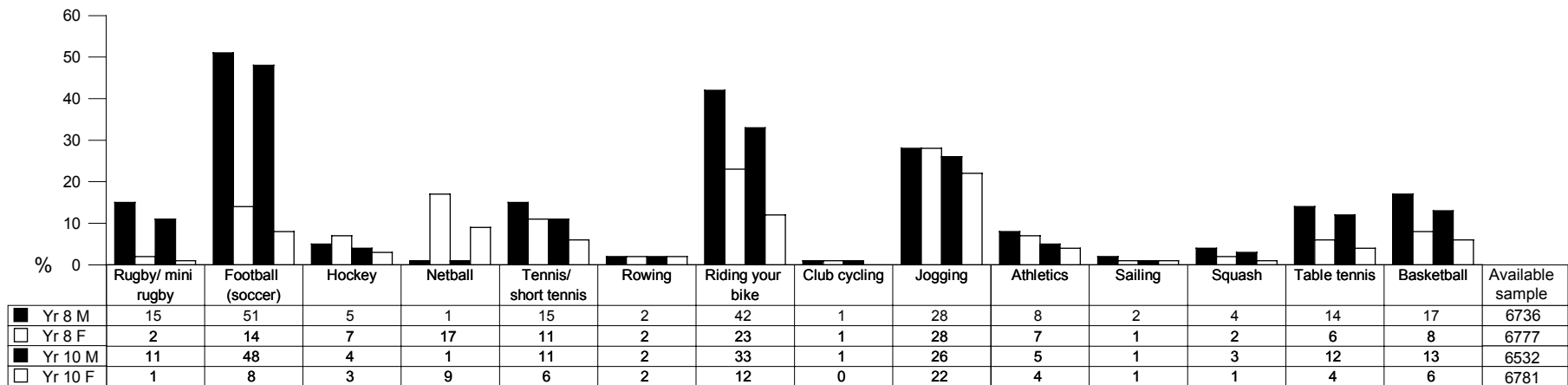
Sports and activities participated in, at least weekly, during the past 12 months outside school

The responses to this question have been divided into three pages.

Comments

1. These figures should be seen in the context of the figures on the following pages.
2. *Jogging* replaces *Riding a bicycle* as the most popular activity for all groups and, like most other activities, drops in popularity as pupils get older.

1. These sports and activities are carried out in the pupils' own time or in school clubs and not in school lessons.
2. There is a decline in these activities as pupils get older.



Participation in active sports (2)

Swimming remains a popular activity for males and *Dancing* for females

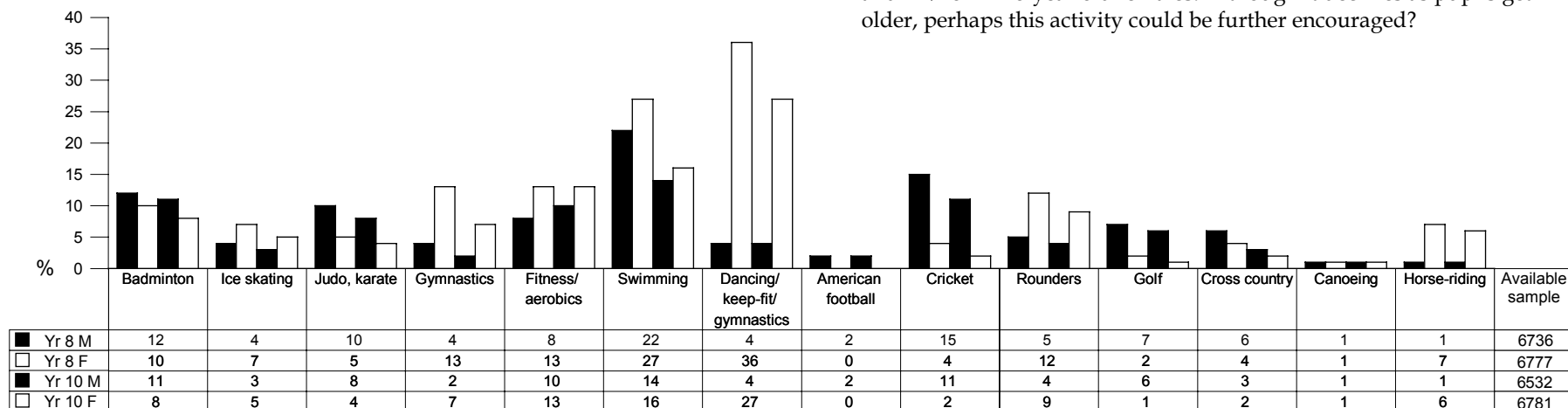
Sports and activities participated in, at least weekly, during the past 12 months outside school

The responses to this question have been divided into three pages.

1. *Swimming* is the most popular activity for males and *Dancing/keep-fit* for females in this section
2. *Swimming* is the activity that attracts overall support.
3. *Fitness/aerobics* remains the only activity to show a slight, upward trend for all pupils.

Comments

1. Once again the figures refer to activities outside of school lessons and there is also a decline in most activities.
2. Data from 1987 show a slight decline in interest in Badminton but it is one of the few sports that remain constant as pupils get older.
3. *Dancing/keep fit* remains the most popular activity for 36% of 12-13 year and 27% of 14-15 year old females. Although it declines as pupils get older, perhaps this activity could be further encouraged?
4. Over the last ten years *Fitness/aerobics* has remained the only activity to show an upward trend as pupils get older.



Participation in active sports (3)

Going for a walk remains a popular choice

Sports and activities participated in, at least weekly, during the past 12 months outside school

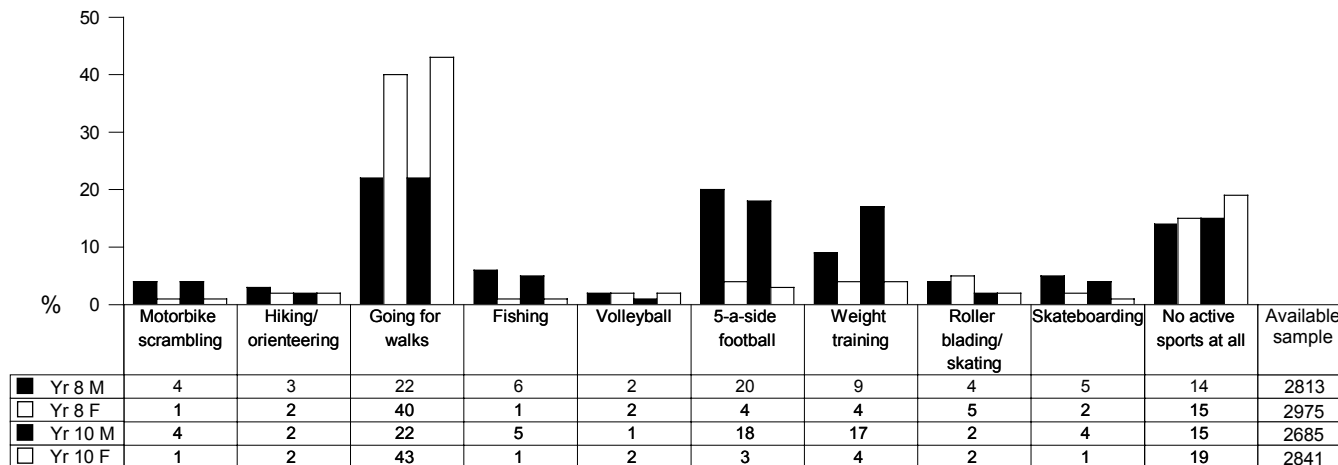
The responses to this question have been divided into three pages.

- 19% of the Year 10 females and 15% of the Year 8 females do not participate in any active sport on a weekly basis.
- The increase in popularity of *weight training* for the males is against the general trend of decreasing involvement.
- Going for walks* was a new category in 2002 and is a popular activity particularly with females.

Comments

- Comparing the Year 10 female *no active sports at all* data since 1992 shows a range from 13% (2004) - 23% (1995). For further information see 'Trends: Young People and Physical Activities 1987-2003'.

1992	19%	2002	14%	2008	16%
1997	19%	2007	15%	2010	19%
- Pupils were also asked about which activities they *would like to start doing or do more of*. Up to 16% of females said *Tae Kwan Do/other Martial Arts* not *Judo*

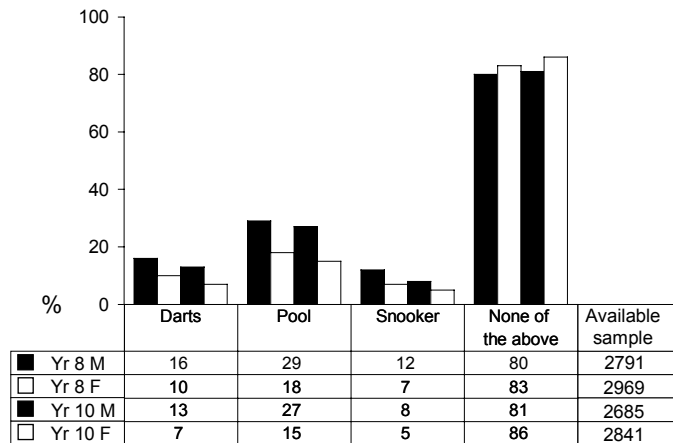


Participation in 'pub/club' sports

28% of males play pool each week

Sports and activities participated in, at least weekly, during the past 12 months outside school

1. There is a distinct gender difference seen in the data for these options.
2. 28% of the males play pool on a weekly basis.



Comments

1. Are these activities being pursued within a pub setting, or at a youth club, or do these youngsters have access to pool tables etc at home? We can see that among Year 10 males that the more often they take part in these games, the more often they have drunk alcohol in the previous week:

Mean number of days drinking alcohol last week for different frequencies of 'pub and club' sports.

	Pool	Snooker	Darts
Never or hardly ever	0.70	0.66	0.74
Once or twice in a month	0.76	0.65	0.76
Weekly	0.80	0.95	0.92
Twice a week or more	0.94	0.85	0.77

2. These highly social games, like many computer games, also require hand and eye co-ordination skills, as well as some strategic thought.

Personal fitness

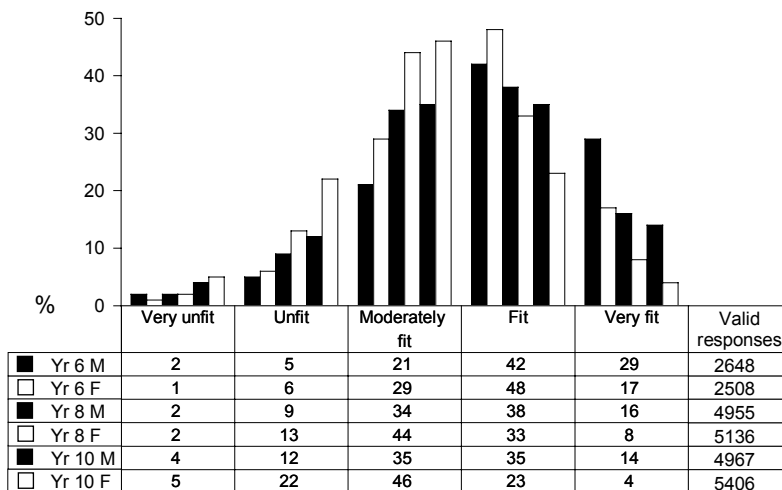
27% of 14-15 year old females think they are *unfit* or *very unfit*

How fit do you think you are?

1. More Year 6 males continue to assess themselves as *very fit* than any of the other groups.
2. 27% of the Year 10 (14-15 year old) females describe themselves as *unfit* or *very unfit*.
3. Perceived fitness declines with age in males and females.

Comments

1. The higher self-assessment of the males is consistent with their higher participation in sporting activities.
2. Do the females see themselves as less fit than the males because they participate in less physical activity or indeed are they less fit than the males?
3. This subjective method of assessing fitness may not seem very rigorous, but individual physiological measurements, in conjunction with similar questions, have shown agreement.
4. From 1991 onwards 14-15 year old females show an upward trend of those considering themselves to be 'unfit' (10% in 1991 and 22% in 2010).

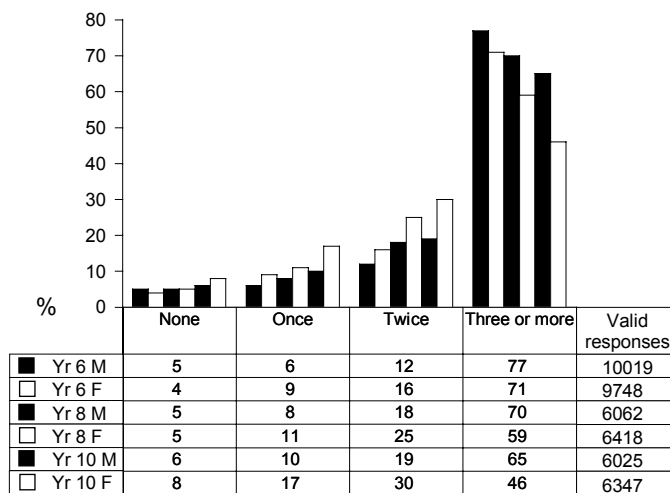


Aerobic exercise

Over 92% of 10-15 year olds report exercising at least on one day *last week*

How many days last week did you exercise and have to breathe harder and faster?

- Over 92% of all groups report exercising at least on one day last week, but again the gap is seen to widen between males and females among the frequent exercisers as they increase in age.
- Up to 8% of over 44,000 10-15 year olds, report taking no exercise *last week*.
- Up to 10% of all males and up to 17% of all females report exercising only on one day *last week*.



Comments

- There has been a question change from , 'How many times last week...', to 'How many days last week...'.
- The data suggest that at least 65% of males, and at least 46% of females, report exercising vigorously on three or more days.
- We have increasing opportunities for youngsters to adopt sedentary lifestyles: many youngsters today have seemingly endless choices for the time they spend watching television with the increased viewing options available on satellite TV, they even have televisions in their rooms; or they spend time playing computer games; and indeed the popularity of surfing the Internet is increasing on a daily basis. But how much do young people depend on parents/carers for permission and support to be active?
- Are we observing the collection of mini time-bombs where youngsters are choosing leisure options that are likely to have a detrimental effect to their general health and fitness in the years to come?
- The question has in mind the old recommendation of exercising vigorously for at least 20 minutes a time, three times a week. Current recommendations are more likely to suggest *daily* exercise.

8 Social and Personal

The questions included in this group refer to social relationships, sources of information about sex, school lessons and problem-sharing. Questions to discover the pupils' awareness about contraceptive methods and services are also included.



Question	
How do you usually feel when meeting people of your own age for the first time?	123
Every Child Matters: statements gauging pupils' perceptions of school	124
How useful have you found school lessons about the following?	125
How many school lessons do you enjoy at school?	126
Which of these statements about GCSEs best describes you?	127
After the end of Year 11 what would you like to do?	128
How much do you worry about these problems?	129
If you wanted to share school-work problems, to whom would you probably turn?	130
Where would you go first for help or information about the following?	131
When somebody wants me to do something I don't want to... ..	133
Self-esteem measurement (0-18)	134
"I am in charge of my health" & "If I keep healthy, I've just been lucky"	135
"If I take care of myself I'll stay healthy" & "Even if I look after myself I can still easily fall ill"	136
Health locus of control score (-4 to +4)	137
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In general, how satisfied do you feel with your life at the moment?	139

8 Social and Personal

25th year

Question	
Sexually transmitted diseases and infections – what do you know about them?	140
What do you know about the following methods of contraception?	141
Which contraceptive methods are reliable to stop infections like HIV/AIDS?	142
Is there a special birth control (family planning) service for young people available locally?	143

Meeting others

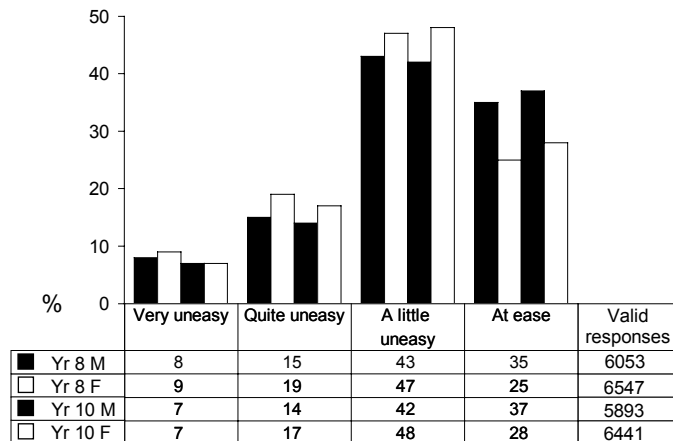
Up to 28%
are *quite* or *very uneasy*

How do you usually feel when meeting people of your own age for the first time?

1. Males are more likely to say that they are *at ease*. The Year 10 pupils express slightly more confidence than the Year 8 pupils. However, the differences are not very large.
2. Between 21% and 28% are *quite* or *very uneasy*.

Comments

1. This question is specific to age and does not refer to the 'opposite sex' as in previous years, and is closely related to our measurement of self-esteem (page 108), which includes questions about self-confidence.
2. Should we be surprised that up to 28% of young people, in a sample of 12-15 year olds, say they are *quite* or *very uneasy* when meeting people of their own age for the first time?



Every Child Matters

Marked difference between the positive responses from 10-11 yr. olds and 12-15 yr. olds

Please think about each of the following statements...

1. There is a marked difference between the positive responses from Primary school pupils (10-11 yr. olds) and Secondary pupils (12-13 and 14-15 yr. olds).
2. Having *work marked* is recognised by 86% of Primary and 57% of Secondary pupils.
3. For Primary pupils, the lowest percentages occur (57%) in the section "school valuing people with different backgrounds".
4. For Secondary pupils, the lowest percentages occur (20%-32%) in the section "school teaches how to manage feelings".

Comments

1. This is the second time accumulated data from the Every Child Matters (ECM) statements have been included in this publication although the statements have been used for some time by survey commissioners.
2. Although the differences between Primary and Secondary pupils are noticeable it is, perhaps, surprising how the percentages remain similar between the genders and age groups in both school settings.
3. Responses to two other related questions are shown below and a similar pattern to the ECM responses ie. High at Primary level. Many more Secondary pupils think their opinions make a difference in school.

% Responses to 'Agree'	Yr 6 M	Yr 6 F	Yr 8 M	Yr 8 F	Yr 10 M	Yr 10 F
The school cares whether I am happy or not	66	69	37	38	31	33
My work is marked so I can see how to improve it	85	87	58	58	56	57
I know my targets and I am helped to meet them	71	72	48	46	46	43
My achievements in and out of school are recognised	63	63	46	45	41	40
The school teaches me how to manage my feelings	60	61	32	29	25	20
The school helps me work as part of a team	76	78	48	51	41	44
In this school people with different backgrounds are valued	57	58	46	48	43	48
The school encourages everyone to take part in decisions	76	80	49	55	45	50
The school encourages me to contribute to community events	60	60	34	31	27	24
Total sample	10258	9845	7824	7833	7650	8123

Do you feel that you are listened to at school?	Yr 6 M	Yr 6 F	Yr 8 M	Yr 8 F	Yr 10 M	Yr 10 F
% responses to – 'Yes, listened to sometimes'	63	67	34	29	28	22
Total sample	8440	8260	3953	4437	3626	4053
Do you think pupils' opinions make a difference at school?			Yr 8 M	Yr 8 F	Yr 10 M	Yr 10 F
% responses to – 'Yes'			62	69	51	56
Total sample			2054	202	2151	2140

Useful school lessons

Most lessons in the list are reported to be less 'useful' as pupils get older

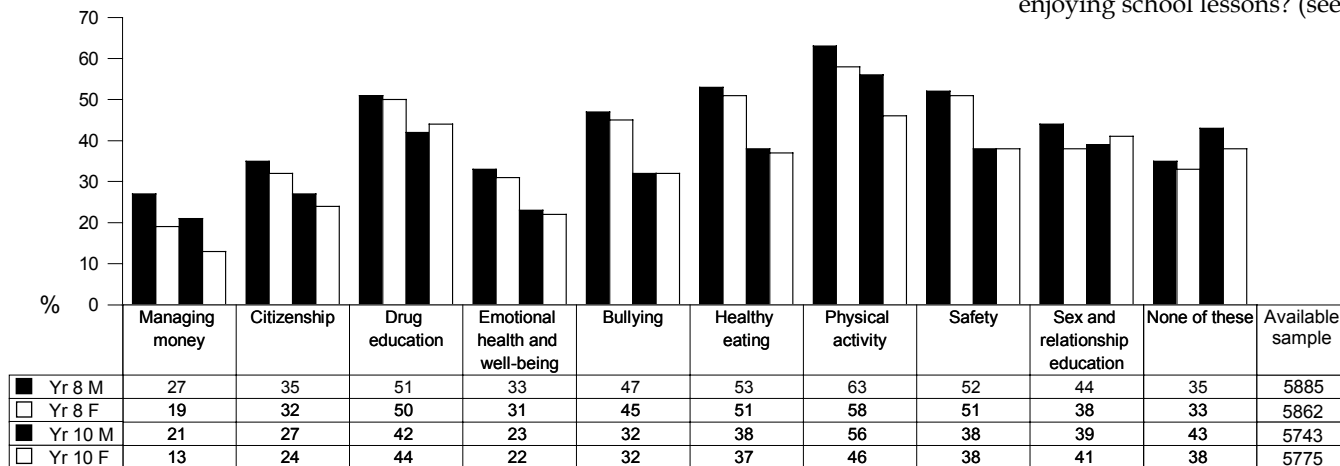
How useful have you found lessons about the following subjects?

Responses to 'quite useful / very useful'

1. Lessons about *Drug education, Safety, Sex and Relationship education* and *Physical Activity* are the most useful for both age groups and genders.
2. Least useful is reported to be *Managing Money*.
3. It is noticeable how 'usefulness' declines with age for nearly all subjects.
4. The *Sex and Relationship education* lessons appear to be the only ones where more 14-15 year old females (41%) report a higher percentage compared with 12-13 year old females(38%).

Comments

1. We first asked this question in 1999. The range of lesson topics has changed but the 'usefulness' scale has remained. Pupils are asked to 'circle one number for each answer' and each number refers to a scale of 'usefulness'. This scale ranges from *can't remember any, not at all useful, some use, quite useful, to very useful*.
2. The drugs subject is written as 'Drug education (including alcohol and tobacco)' in the current version of the questionnaire.
3. What factors influence the degrees of 'usefulness' reported for each subject? Is it surprising that the reported levels of 'usefulness' decline with age? How do these data relate to the general question about enjoying school lessons? (see next page)

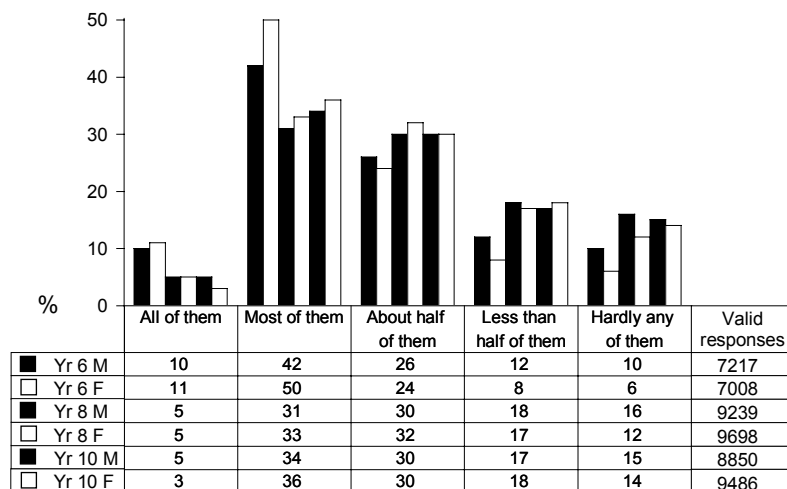


Enjoyable school lessons

Up to 36% of older pupils report enjoying 'most' school lessons

How many school lessons do you enjoy at school?

1. The majority of 12-15 year olds report enjoying 'most' or 'about half' of their school lessons.
2. Up to 36% of older pupils report enjoying 'most' school lessons.
3. The differences between Primary and Secondary levels are noticeable. At Secondary level the percentages remain similar across gender and age groups. Slightly more females compared with males report enjoying 'most' of their lessons.



Comments

1. Since 2002 older pupils have responded consistently to this question and it appears early on in the questionnaire.

Enjoying 'most / all' lessons	2002	2003	2004	2005	2006	2007	2008	2009	2010
Yr 8 M	33	30	29	29	30	31	34	34	36
Yr 8 F	38	34	35	32	35	37	37	36	38
Yr 10 M	33	34	28	35	37	39	38	37	39
Yr 10 F	34	34	35	36	36	41	38	38	39

2. The question is about school lessons in general and not subject specific.

GCSEs

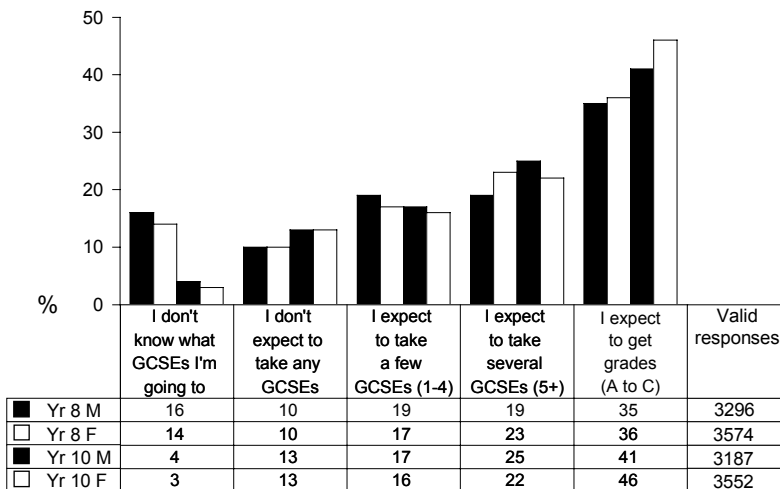
Most pupils expect to take several GCSEs and get grades A-C

Which of these statements about GCSEs best describes you?

1. The majority of 12-15 year olds *expect to take several GCSEs and get mostly good grades (A-C)*.
2. As pupils get older their expectations, about taking more GCSEs and getting good grades, increase.
3. Around 22% of pupils expect to take several GCSEs.

Comments

1. 46% of older females expect good GCSE grades compared with 36% of younger females but 14% (Year 8) compared with 3% (Year 10) don't know what subjects to take.
2. By the time they are 13 years old, around 35% of pupils expect good grades at GCSEs. This figure rises to around 43% by the time they reach 15 years of age.
3. Do the responses confirm our understanding of young people's expectations of involvement with GCSEs? Do we think more young people would expect to get good grades?
4. Across England in recent years, around 56% of pupils have achieved GCSEs at grades A-C.



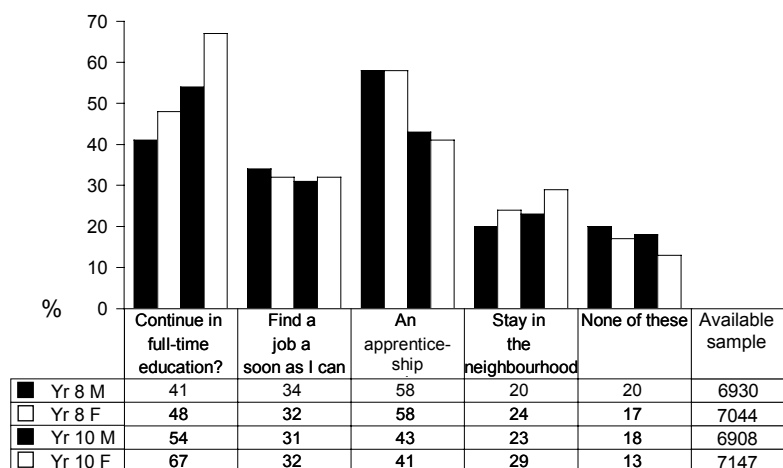
After Year 11

67% of 14-15 year old females want to continue with full-time education

After the end of Year 11 what would you like to do?

Responses to 'Yes'

1. From this sample, 67% of 14-15 year old females want to continue in full-time education after Year 11 and 29% want to stay in the neighbourhood where they live.
2. For the older males, 54% want to continue in full-time education and 31% want to get a job.
3. The aspirations of the younger pupils lie in the direction of skills training and not full-time education. As they get older, we see a reversal of these views.
4. Around 32% responded to the option *Finding a job as soon as you can*.



Comments

1. Pupils are asked to circle a three point scale ranging from 0=No, 1=Don't know and 2=Yes in response to four options.
2. It is noticeable that the gender and age differences show that, as the females get older, more are interested in continuing full-time education and staying in their neighbourhood. As they get older, the females are less interested in *finding a job as soon as you can* and getting training for a skilled job.
3. Both males and females show more of an interest in staying in the neighbourhood as they get older.
4. Over the past eight years the figures, from 14-15 year old females who want to continue in full-time education after Year 11, have risen from 54% to 67%.

Worries

57% of 14-15 year olds females worry about *the way you look*

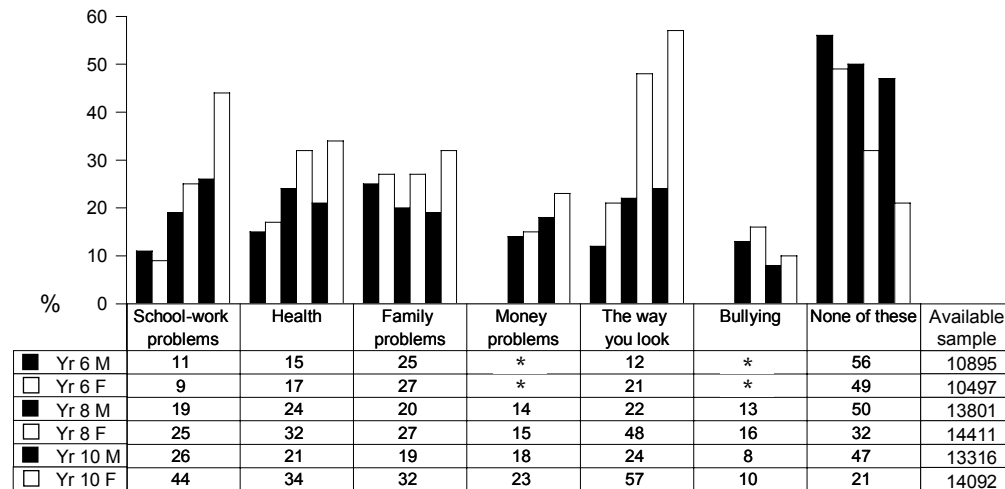
How much do you worry about these problems?

Responses to 'quite a lot / a lot'

1. *Family problems* cause concern for up to 32% of pupils.
2. *The way you look* continues to be a worry for many females
3. Among the highest worries for 14-15 year old males are problems with *school-work*, and *The way you look*.
4. The *none of these* category shows that more females than males worry about things in the list.

Comments

1. These problems do not necessarily concern the respondents themselves, they could indicate worry about family or friends or even 'society'.
2. As girls grow older, higher percentages worry about all the categories listed here apart from *bullying*.



* Options not available

School-work problems

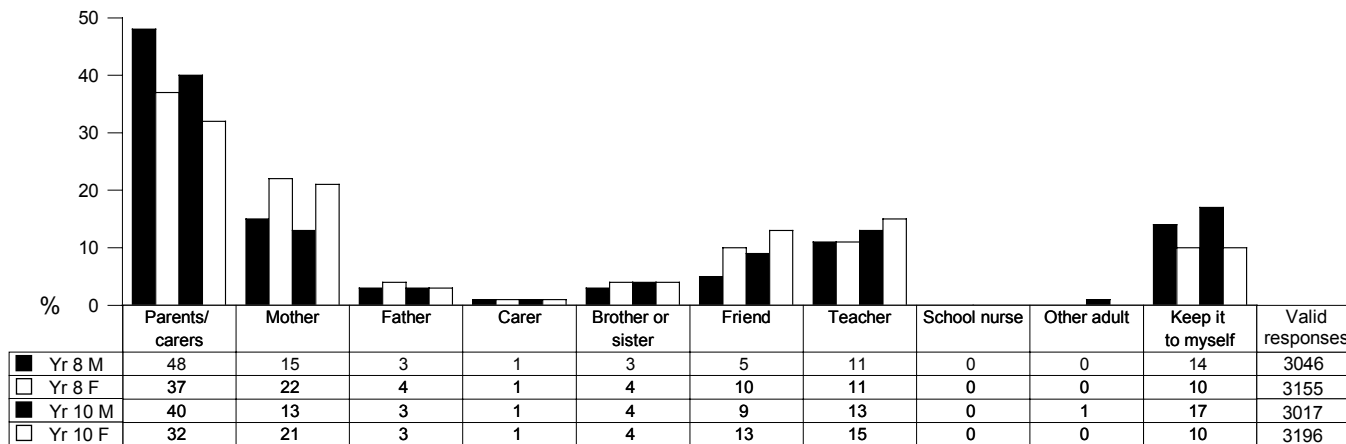
Up to 15% of pupils look to *Teachers* for support

If you wanted to share school-work problems, to whom would you probably turn?

Comments

1. *Mother and father* are the most common source of support which declines as pupils get older.
2. Up to 15% would turn to *Teacher*.
3. Up to 17% would keep such a problem to themselves.
4. The various sources of support rise (*Teacher, Friend*) or fall (*Mother and Father*) with age, and there are some marked gender differences.

1. Since 1999, between 35%-44%, of 14-15 year old females, have reported worrying 'quite a lot' or 'a lot' about school-work problems. The figure for 14-15 year old males rises in 2010 to 26%.
2. 17% of 14-15 year old males report that they would not share a school-work problem but *keep it to myself*.



Sources of support (1)

My family and friends are important for 12-15 year olds

Where would you go first for help or information about the following?

1. *My family* provide the main support and source of information for many of the topics.
2. 25% would look to support from school for school problems.
3. *Friends* remain an important resource when help is needed with *problems with other friends, problems at home and relationships*.

Comments

1. Unsurprisingly, *My family* and *Friends* are the first choices for help and information. However, a successful outcome may depend on the resources known to pupils' family members and friends.

%	My family	Friends	Someone at school	Connexions Personal Adviser	Doctor, nurse, other health worker	Local Advice Centre	Books, Magazines	Internet e.g. web pages	Telephone helpline
School problems	52	12	25	8	0	0	0	1	1
Health	64	6	3	1	16	7	0	1	1
Career	59	15	10	4	4	1	2	0	6
Problems with friends	58	22	17	2	1	0	0	0	0
Parents/carers not getting on with each other/divorce	39	34	16	4	2	2	1	1	2
Problems between children and parents/carers in your family	41	28	17	4	2	2	1	1	3
Feeling sad or upset a lot of the time	57	21	17	1	1	1	0	1	1
Relationships with boy/girlfriends	35	44	13	1	2	2	1	1	1

Sources of support (2)

Healthy eating issues are first discussed at home by 71% of 12-15 year olds

Where would you go first for help or information about the following?

1. *My family* are the usual first source of support for most of the topics.
2. Issues around *Healthy eating* are first discussed by 71% at home.
3. *Friends* are a particularly important source of support for the *way you look* (33%). *Someone at school* is one of the first sources of support for bullying problems for 18% of 12-15 year olds.

Comments

1. *Healthy eating* issues are first discussed by 71% at home and only 3% say that school would be the first source of support. Although the home would traditionally be the first place for this issue, it is perhaps surprising that, given the emphasis on food and healthy eating in school, more pupils do not see it as a resource.
2. From an information and education point of view, should we expect *school* to receive more than a 6% response from pupils for help about drugs?

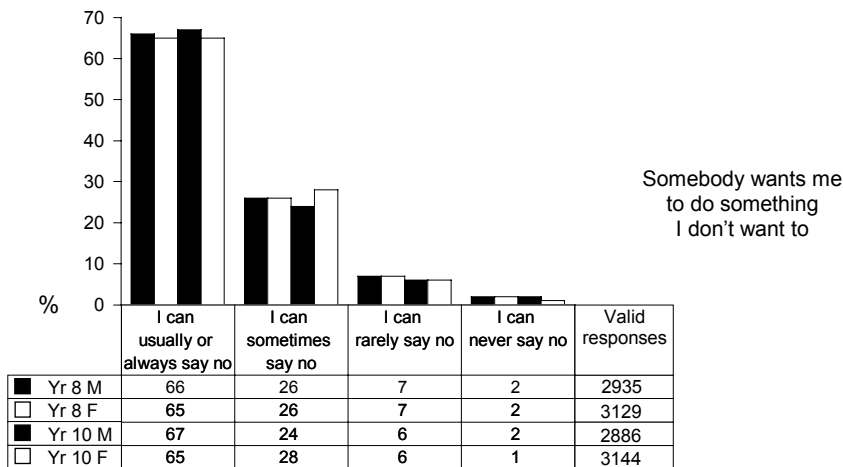
%	My family	Friends	Someone at school	Connexions Personal Adviser	Doctor, nurse, other health worker	Local Advice Centre	Books, Magazines	Internet e.g. web pages	Telephone helpline
Drugs	49	14	6	13	7	2	3	1	4
Healthy eating	71	9	3	4	2	5	1	1	6
Helping and volunteering	58	5	12	11	4	1	2	1	6
Money problems	87	6	3	1	1	1	1	1	1
The way you look	46	33	12	1	2	1	2	2	1
Puberty and growing up	65	11	14	1	1	5	0	1	3
Being bullied	60	16	18	4	1	1	0	0	1
Thinking you are gay, lesbian or bisexual	68	10	11	1	3	2	1	0	3

Peer Pressure/Self-efficacy

More pupils appear able to say no than being able to say what they want

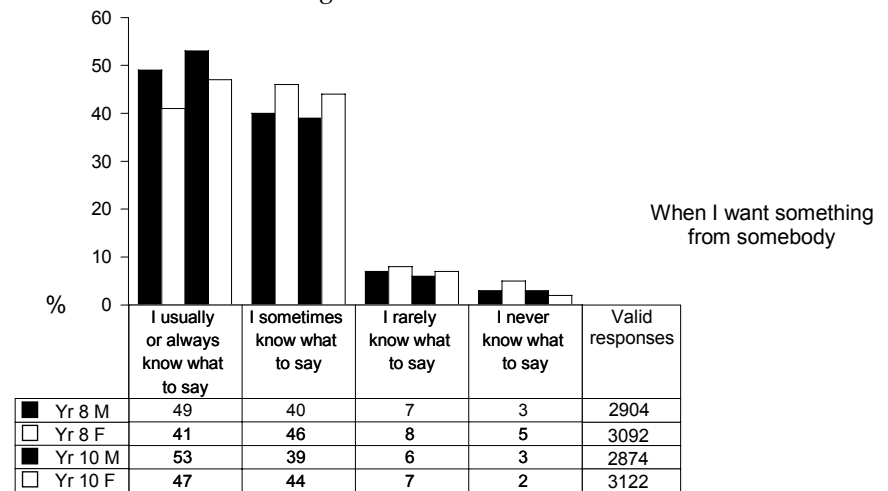
When somebody wants me to do something I don't want to... When I want something from somebody...

1. Up to 67% are usually able or always able to say no when somebody wants me to do something I don't want to.
2. Around 26% are sometimes able to say no.
3. Up to 53% usually know what to say when they want something
4. Up to 46% sometimes know what to say.



Comments

1. These were new additions to the 'Young people' series in 2007. Pupils are asked to circle the number that most closely describes them.
2. More pupils appear to be able to say no to doing something they do not want to than being able to say what they want when they want something.
3. Schools' PSHE programmes often lay some emphasis on young people being able to say 'no'. We have published other work (Trends - Young People and Illegal Drugs) which shows that many young people can and do decline offers of e.g cannabis.



Index of self-esteem

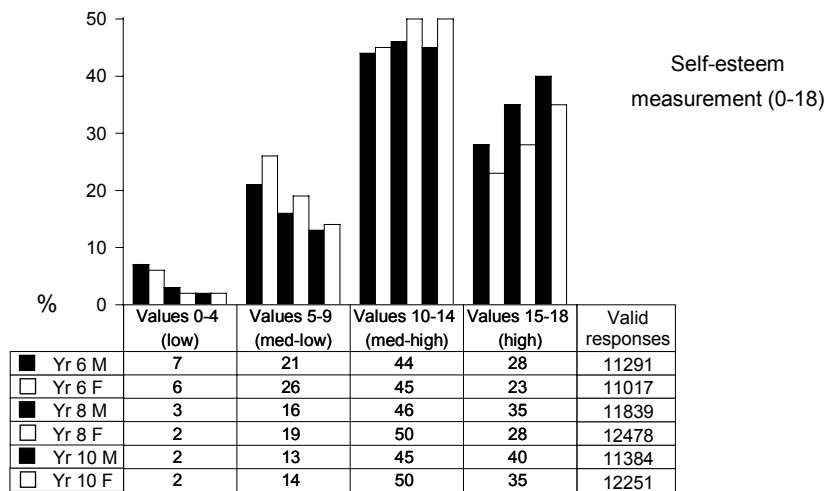
The level of self-esteem tends to increase with age

Self-esteem measurement (0–18)

Comments

1. The *high* group included more males than females.
2. The great majority scored more than 10/14, and more than a third of the whole sample were in the *high* group.
3. The level of self-esteem tends to increase with age.

1. This measurement is derived from the responses to a set of nine statements, taken from a standard self-esteem enquiry method developed by Denis Lawrence (Lawrence 1981).
2. Many health educators believe high self-esteem may motivate positive behaviour, as well as being a general contributor to emotional well-being.
4. The gender differences are a challenge: we do not see them in every school, which means that they are more marked in some other schools.



Control over health (1)

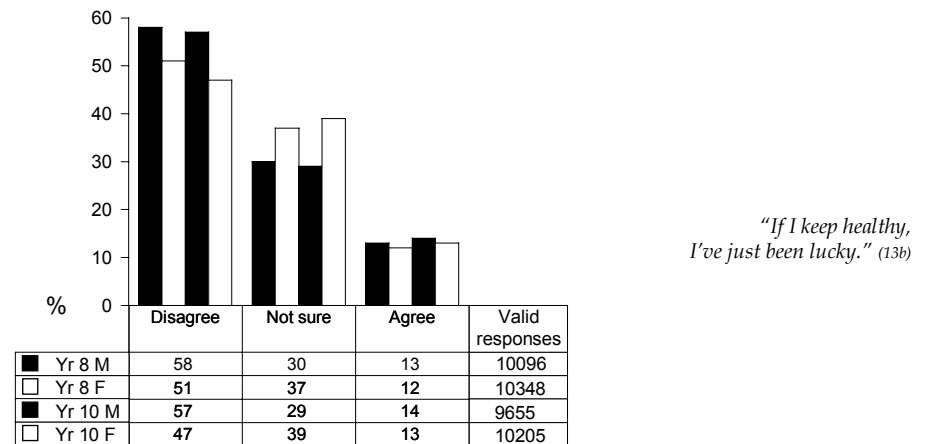
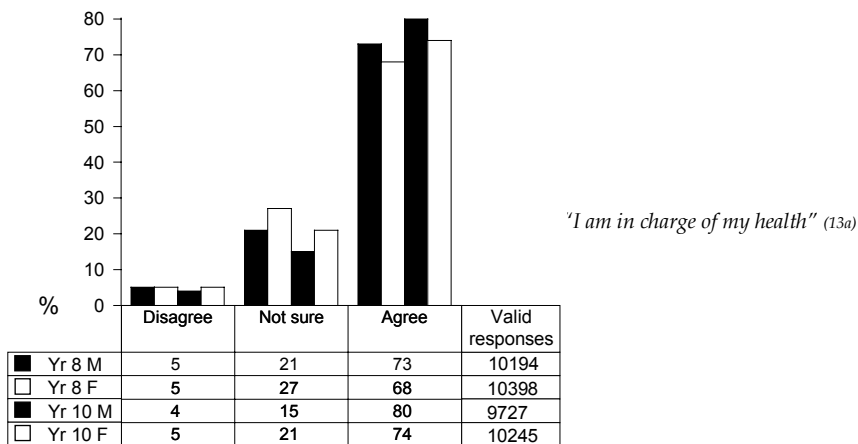
The majority feel they are in control of their health

“I am in charge of my health.”
“If I keep healthy, I’ve just been lucky.”

1. The four groups in the sample were fairly close in their responses, although more males than females agreed with (“I am in charge of my health”) and disagreed with (“If I keep healthy, I’ve just been lucky”).

Comments

1. These two sets of statements are used, together with the two on the following pages to generate a ‘health locus of control’ score.
2. We have discovered some interesting correlations with these responses. For example, a feeling of low health control links with fear of bullying and more smoking (p. 107).



Control over health (2)

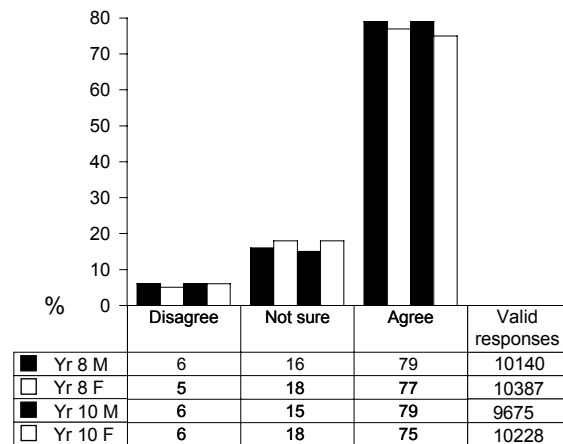
Most feel they can do something about their health

“If I take care of myself I’ll stay healthy.”
“Even if I look after myself, I can still easily fall ill.”

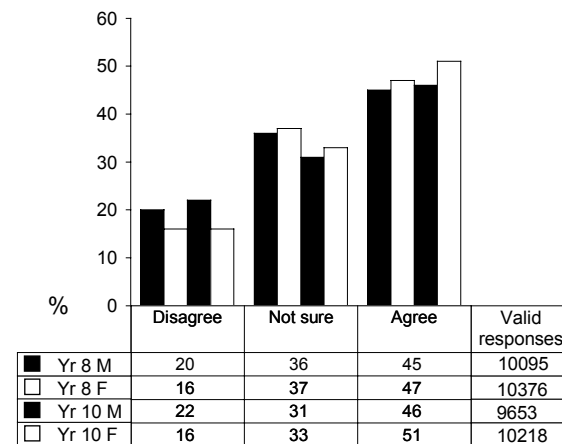
Comments

- The four groups in the sample were fairly close in their responses, although slightly more males than females agreed with (“If I take care of myself I’ll stay healthy”) and disagreed with (“Even if I look after myself, I can still easily fall ill”).

- We find that about 78% think they will stay healthy if they take care, and around 47% think that they can still fall ill even if they do take care. The apparent contradictions between the items seem to be more in the mind of the logician than the young person.



“If I take care of myself I’ll stay healthy.” (13c)



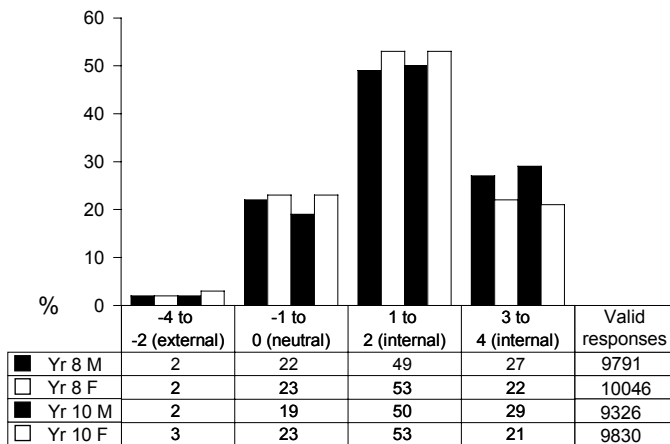
“Even if I look after myself, I can still easily fall ill.” (13d)

Control over health (3)

The majority recorded positive control

Health locus of control score (-4 to +4)

1. Half of all the groups recorded positive control at the +1 to +2 level.
2. Slightly more males than females felt that they were in positive control of their health.



Comments

1. 'Health locus of control' is an attempt to establish whether young people feel in control of their health (positive score) or unable to influence it (negative score).
2. The HLOC score reflects the person's overall perception of whether they are personally in control of their health ('internal locus of control') or not and are thereby at the mercy of outside influences ('external locus').
3. We learn from these results that at least a quarter of all the groups do not think that they can influence their health much by their own efforts.
4. We know from the work of ourselves and others that the answers to these questions can be strongly correlated with behaviours. For example:



We have found that 54% of Year 10 females with scores of 3 or 4 on this scale have never smoked at all, whereas of the females whose replies yield neutral or negative scores 36% have never smoked.

In *Bully Off* (Balding, 1996), we described a strong link between scores of these questions and fear of going to school because of bullying.

Trustworthy adults

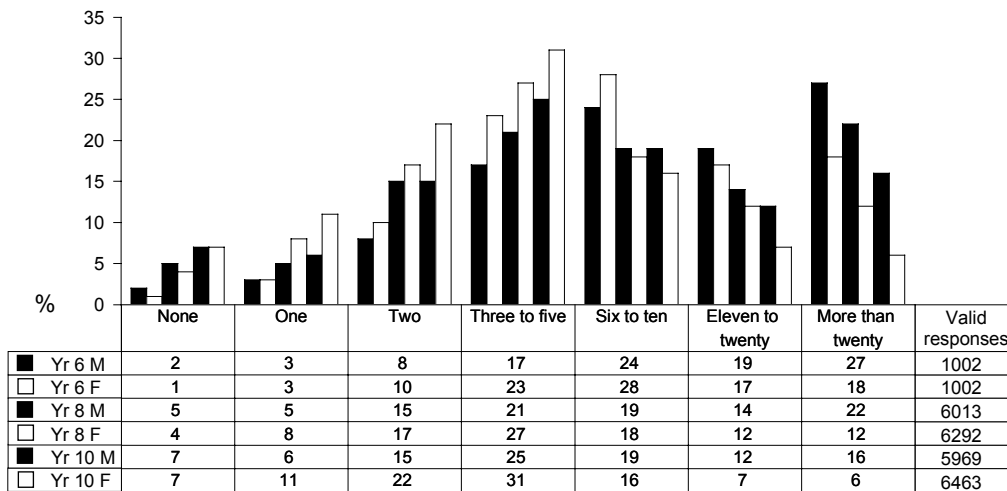
7% of older pupils trust no one

How many adults can you really trust?

Comments

1. Most pupils trust 3-5 adults.
2. We notice that trustworthiness levels drop slightly in Year 10, and that more males than females are inclined to trust a lot of adults.

1. The group that demand particular attention are those responding 'none' - 4% in Year 8 and 7% in Year 10. The percentages rise slightly as pupils get older.
2. There are age and gender difference - more females than males report higher percentages from the 'none' to 'three to five' categories. Older females report higher percentages, for these categories, compared to younger females. Does this suggest that female pupils, and in particular younger female pupils, trust fewer adults than male pupils?



Satisfaction with life

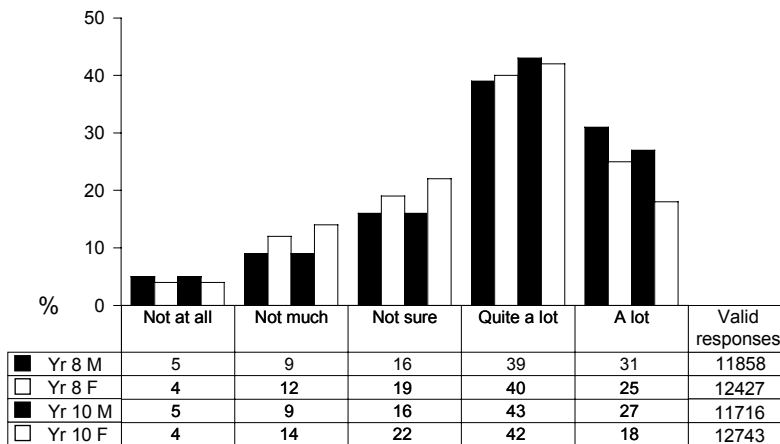
Males express greater satisfaction than females

In general, how satisfied do you feel with your life at the moment?

1. Slightly more males record *a lot*; and slightly more females record *not much*.
2. Overall, more than 60% report *quite a lot* or *a lot*, and up to 18% are dissatisfied to some extent (reporting *not much* or *not at all*).
3. The females' level of dissatisfaction increases a little with age.

Comments

1. The difference in the percentage of satisfied males and females is in line with other evidence that females worry about more things than males.
2. Since 1995, there has been (in general) an upward trend for all groups choosing the satisfied *a lot* option. Males more than females have consistently reported higher levels of satisfaction with life. Younger males have always been the most satisfied group. Older females have consistently been the group most likely to report *not much* satisfaction with life *at the moment*. (SHEU, 2004, 'Trends-Young People and Emotional Health and Well-Being 1983-2003').



Sexually transmitted diseases

Up to 12% think HIV/AIDS can be treated and cured

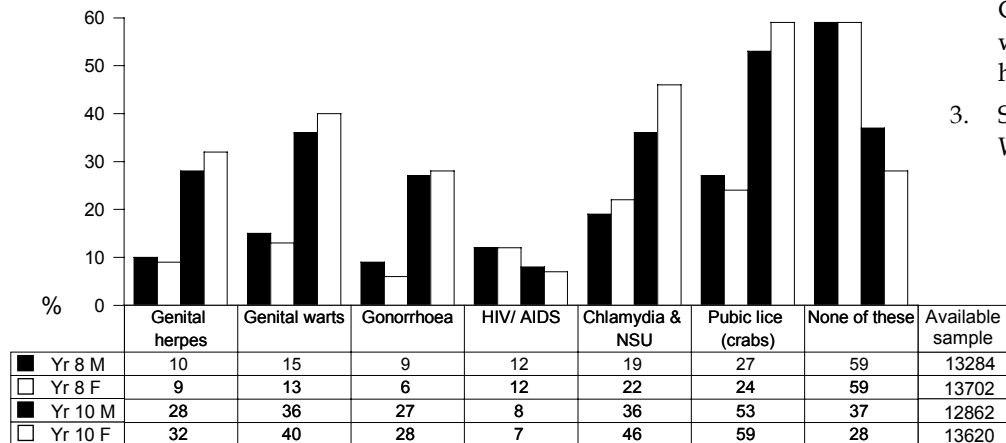
What you know about sexually transmitted diseases and infections?

Responses to 'Can be treated and cured'.

1. Most commonly identified treatable infections are warts and pubic lice.
2. Up to 12% of Year 8 pupils think that HIV/AIDS can be treated and cured.
3. Older females, compared with males, responded most frequently across categories (apart from 'HIV/AIDS').

Comments

1. This was a new question in 2002 that provides four possible options: *Never heard of it*, *Know nothing about it*, *Can be treated but not cured* and *Can be treated and cured*. Responses *Can be treated and cured* are shown in the chart opposite. This need not mean that the remainder of young people think sexually transmitted diseases/infections (STDs and STIs) cannot be treated and cured, they may have opted for one of the other options.
2. Of those on the list that can be treated and cured e.g Gonorrhoea, Chlamydia and pubic lice, we see the highest percentages for pubic lice which may be due to the pupils' knowledge of treatment and cure for head lice.
3. Should the apparent lack of knowledge about Gonorrhoea and Genital Warts, and in particular the older females, cause us concern?



Methods of contraception

Condoms - selected by up to 80%

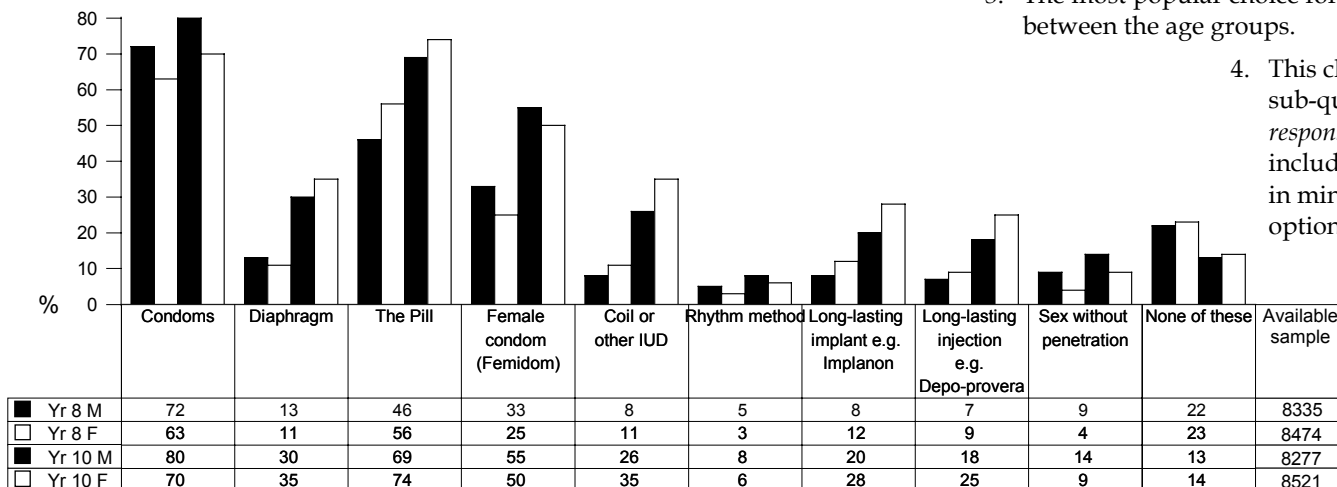
What do you know about methods of contraception?

Responses to 'Reliable to stop pregnancy'

1. The most popular method chosen by the males, that is *reliable to stop pregnancy*, was *Condoms*. For older females, the most popular methods chosen were *The Pill*, *Condoms* and *Female Condoms*.
2. Up to 80% selected *Condoms*.

Comments

1. Pupils have a choice of four answers to describe best what they know about the list of contraceptive methods. The answers are *Never heard of it*, *Know nothing about it*, *Not reliable to stop pregnancy*, and *Reliable to stop pregnancy*. Responses shown in the chart are from the last answer.
2. The data show clear gender and age differences. For many of the contraceptive methods there is a marked shift in response rates particularly between the females from 12-13 years old to 14-15 years old. The most noticeable – *Female Condom* methods show a 25% difference. The most popular choice for the females, *Condoms*, shows a 7% difference between the age groups.
3. The most popular choice for the males, *Condoms*, shows an 8% difference between the age groups.
4. This chart presents combined responses to several sub-questions. There is no single value for *valid responses*, the percentages of *missing data* are included in the *None of these* column. With this in mind, up to 22% did not respond to the answer option *Reliable to stop pregnancy*.



Contraception and HIV/AIDS

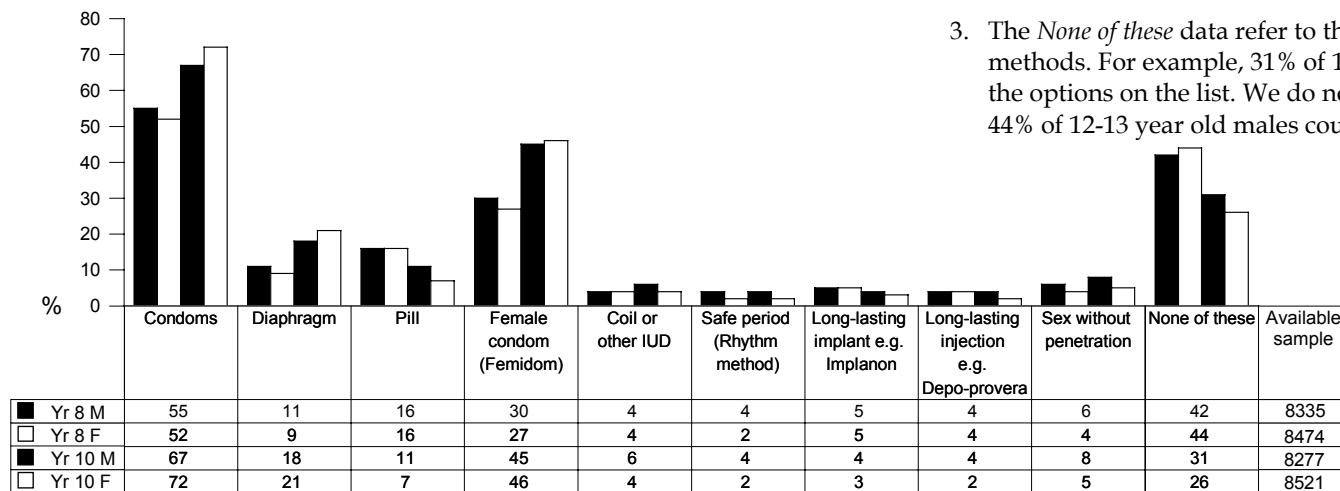
21% of 14-15 year old females selected *Diaphragm*

Which contraceptive methods are reliable to stop infections like HIV/AIDS?

Comments

1. *Male condoms* was selected by up to 72% of all pupils and up to 46% selected *Female condoms*.
2. There are differences in percentages between some choices made by Year 8 and Year 10 pupils. For example, as they get older 20% more females choose *Condoms* and 19% more choose *Female condoms*.
3. Around 20% of 14-15 year olds chose *Diaphragm*.

1. In the questionnaire, this question follows the question on the previous page. Pupils are asked to circle each letter, corresponding with a list of contraceptive methods, that they think is reliable to stop infection like HIV/AIDS.
2. If we accept that the barrier contraceptive methods (male and female condoms) and 'sex without penetration' offer protection against infections (see www.fpa.org.uk and www.avert.org.uk) then should the apparent level of knowledge of the 12-15 year olds in this sample cause us concern?
3. The *None of these* data refer to those pupils who did not choose any of the options on the list. For example, 31% of 14-15 year old males did not choose any of the options on the list. We do not know the reasons for this choice but 44% of 12-13 year old males could not decide which contraceptive methods are reliable to stop infections.
4. Often in a question we can distinguish between missing data and a definite *No* response. Because of the design of this particular question no such distinctions can be made.



Birth control service

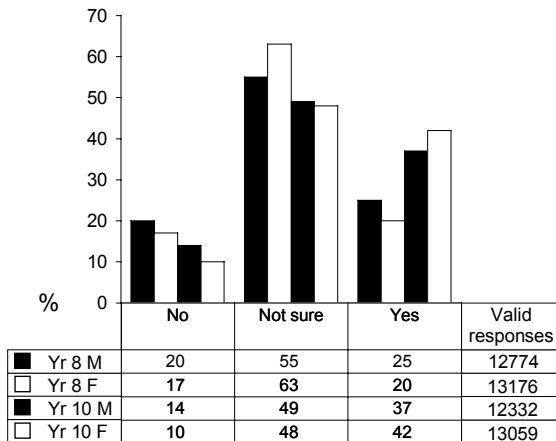
49% of 14-15 year olds are *not sure* about local services

Is there a special birth control service for young people available locally?

1. The younger males and older females were more likely to know if there was one, and knowledge was much greater in Year 10.
2. Up to 63% are *not sure* about a local service and up to 49% are aged 14-15 years old.

Comments

1. With the continuing concern over teenage pregnancies, as well as the spread of STI's, a lot of money and effort is being directed towards this area of health education.
2. Local knowledge will be required to assess the responses to this question. Districts vary in the amount of publicity given to contraceptive services for young people, as well as in the nature and scale of provision.
3. Is it a satisfactory state of affairs when up to 63% of 12-13 year olds and 49% of 14-15 year olds are *not sure* about local services?



9 More Primary Questionnaire Responses

25th year

The primary Health Related Behaviour Questionnaire contains around 50 questions, compared with more than a hundred in the secondary version. Overall, therefore, many more secondary questions lack a primary equivalent than the other way round. However, some questions in the primary version do not match up with any of the 'secondary' questions. There are also questions that cover similar aspects whose data are difficult to merge, so that some information is lost. We present the major omissions here, as they cover important aspects of the lives of these very young people.

Question

Health and Safety

Bullying - Have any of the following happened to you in the last month?	146
Bullying - Where did these unpleasant experiences happen?	147
Bullying - Do you think you are being 'picked on' or bullied for any of the following reasons?	148
Have you ever been approached by an adult who scared you or made you upset?	149
What did you do when an adult scared or upset you?	150

Legal and Illegal Drugs

Do you think you will smoke when you are older?	151
Have any of the following talked with you about drugs?	152

Exercise & Sport

During school playtimes (including dinner times), do you spend time?	153
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Being bullied (1)

Around 22% experience some form of bullying

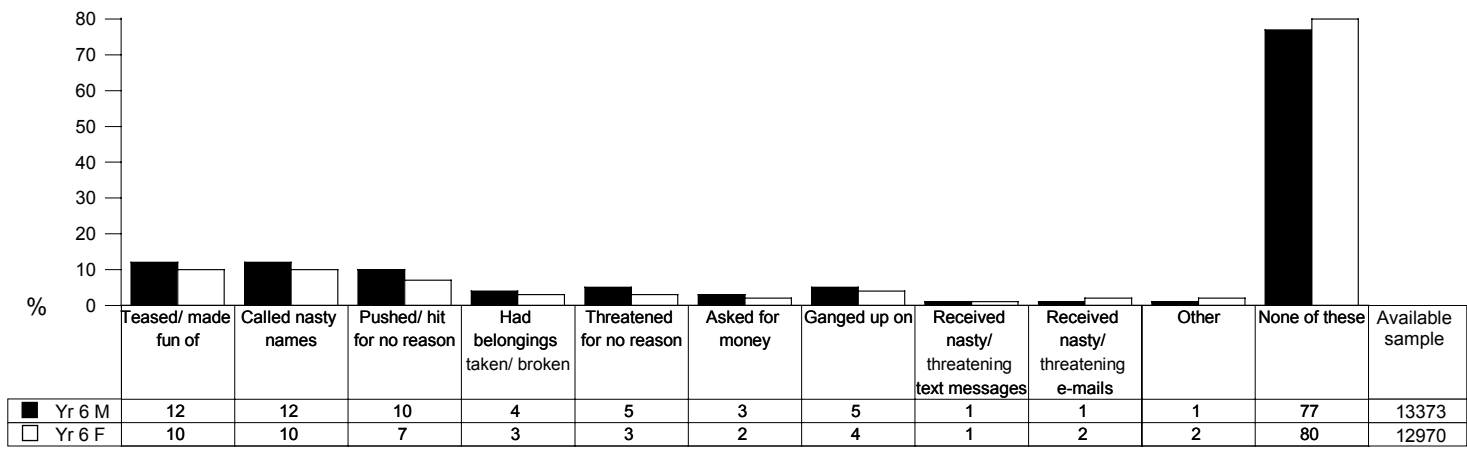
Have any of the following happened to you in the last month?

Responses to 'often' or 'every day'.

1. Around 22% of primary pupils report that they have been bullied *often* or *every day* in one or more of the listed ways.
2. *Being teased/made fun of* or *called nasty names* are the main causes of unhappiness for many primary school pupils.

Comments

1. Slightly more males than females report incidences of physical rather than verbal forms of bullying. It is the females, however, who report more fear of going to school because of bullying (See page 30).
2. The *none of these* data reveal that around 22% of pupils report at least one of these things happening to them *often* or *every day*. It is evident that some of these pupils are experiencing more than just one of these forms of bullying.



Being bullied (2)

Playtime and lunchtime can cause anxiety for up to 12%

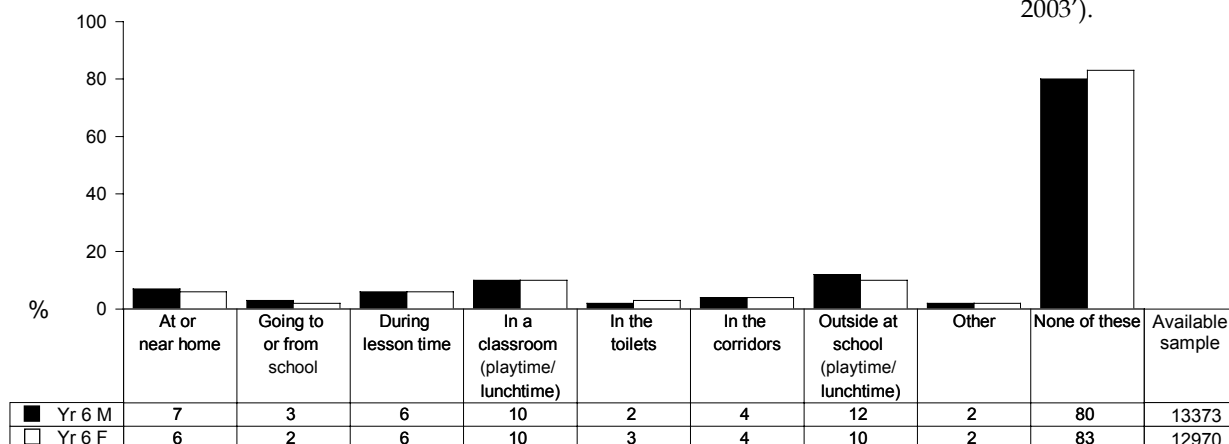
Where did these unpleasant experiences happen?

Responses to 'often' or 'every day'.

1. Outside and inside during *playtime* and *lunchtime* causes problems for up to 12% of primary children and 10% report bullying problems in the classroom at break time
2. 7% of pupils report being bullied *at or near home*.
3. 6% report being bullied *during lesson time*.

Comments

1. The top two categories unsurprisingly relate to free time during school hours - outside and inside during *playtime* and *lunchtime*. It can often be difficult for staff to monitor how much bullying behaviour occurs in this free time because of the nature of the playground.
2. Teachers may well be concerned to learn that up to 6% of pupils report being bullied *during lesson time*.
3. Since 1997, more primary pupils have consistently reported being bullied during free times, ie. outside and inside during *playtime* and *lunchtime*. ('Trends-Young People and Emotional Health and Well-Being 1983-2003').



Being bullied (3)

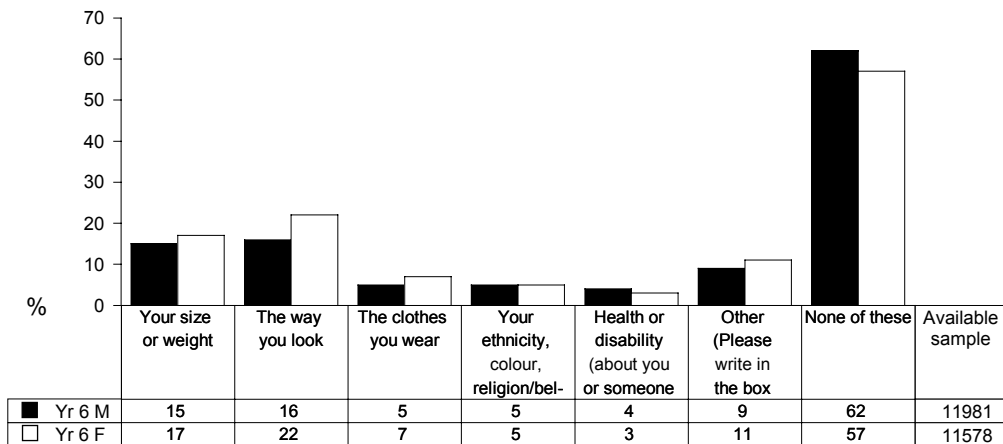
22% of the females picked on for 'the way they look'

Do you think you are being 'picked on' or bullied for any of the following reasons?

Comments

1. Around 40% responded to being 'picked on' or bullied, most felt it was due to their 'size or weight' or to the 'way they looked'.
2. Generally there are little differences between genders, but more of the 10-11 year old females, compared with the males, thought they were being 'picked on' because of their size and weight or the 'way they looked'.

1. This was a new question in 2002 and size and weight or the 'way they looked' are the main reasons for being bullied.
2. We note that among secondary pupils 'the way you look' is a significant worry and clearly 'size and weight' are related to this.

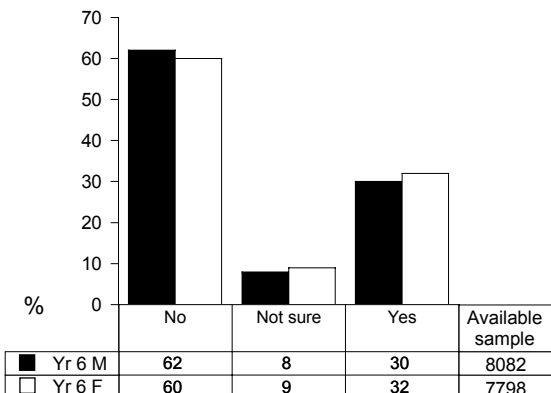


Danger (1)

Around 31% have had some sort of upsetting experience

Have you ever been approached by an adult who scared you or made you upset?

1. Around 31% report that they have been 'scared or upset' by an adult.
2. Another 9% of pupils also report some element of disquiet about an incident or incidents that may have happened to them.



Comments

1. The figures for both genders remain high as in previous years. It is important to note here, that these figures denote the percentage who felt anxious at the approach of an adult, not necessarily an incident.
2. Since 1999 between 28%-33% of primary pupils have reported being 'scared or upset' In 2010 a lower reporting of 'Not sure' increased the 'Yes' (31%) responses.
3. These data indicate that education about incidents that may cause anxiety is important for both males and females in primary schools.
4. The question doesn't ask for any details about the behaviour they were worried about, but it does ask a follow-up question 'what did you do?'
5. We recognise that adults known to a child are more likely to threaten or abuse that child than strangers. However, we do not wish to be responsible for introducing this idea to children in the context of a questionnaire when there might not be an opportunity to discuss all issues arising.

Danger (2)

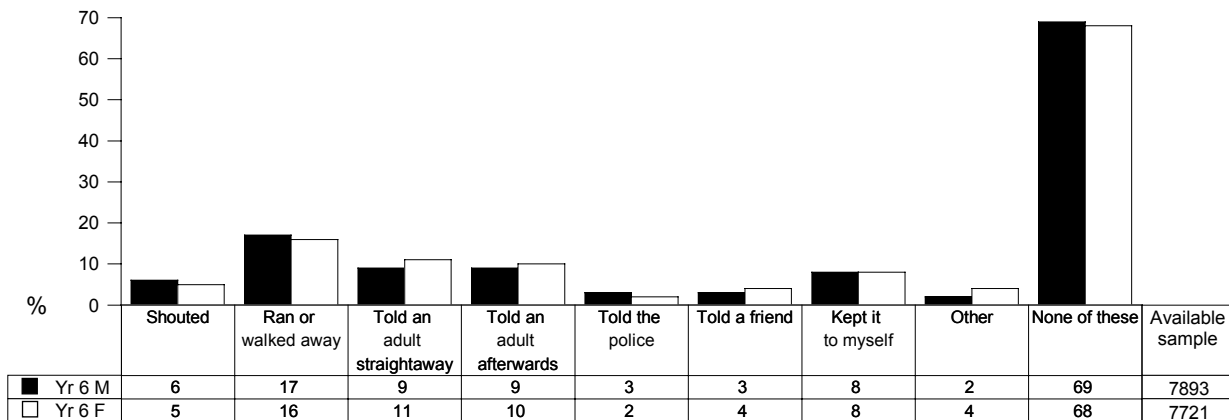
Ran or walked away was the most frequent course of action

What did you do when an adult scared or upset you?

Comments

- 16% of primary school pupils *ran or walked away* when approached by an adult who upset them.
- Up to 11% told an adult straightaway.
- 3% reported the incident to the police but 8% never told anyone.
- The 'none of these' column also includes the children who have never been so approached.

- The percentage of children recording that they *ran or walked away* is consistent with figures from 1999 onwards and range between 14%-23%.



Smoking

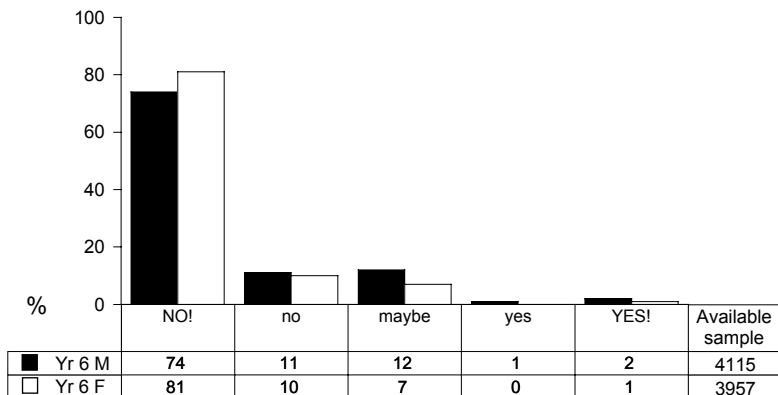
Up to 15% said *maybe* or *yes*

Do you think you will smoke when you are older?

- Up to 81% of these youngsters said that they don't think they will smoke when they are older.
- Up to 15% said *maybe* or *yes*.

Comments

- Up to 15% of over 8,000 primary school pupils say that they might well smoke. Are their perception, of the dangers, may be outweighed by their perceptions of smoking by role models?
- On page 64 we see that at age 10-11 years old, 95% of the 10-11 year old females report having never smoked at all. By the time they are 14-15 years old, 54% of the females report having never smoked at all.
- If the messages about the dangers of smoking could be reinforced earlier, would fewer young people take up smoking? Most primary pupils are adamantly anti-smoking.



Talking about drugs

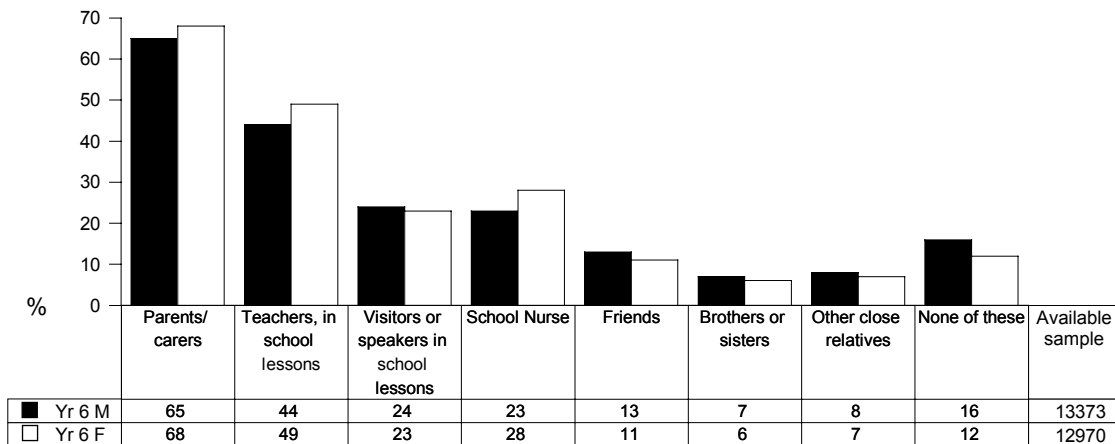
Up to 49% say *teachers* talked with them about drugs

Have any of the following talked with you about drugs?

1. Up to 68% of primary school youngsters said that their parents talked to them about drugs.
2. Up to 49% said that their teachers talked to them about drugs.

Comments

1. Teachers remain a popular choice.
2. This question was new in 2002; previously we asked 'who would you like to talk with about drugs', when parents got the top vote.



Playtime and dinner time

More females than males report playing running or skipping games

During playtimes (including dinner times), do you spend time...?

Responses to 'sometimes' or 'often'.

1. More females than males spend time chatting and playing running and skipping games at playtime.
2. More males than females report playing ball games.
3. 17% of males and 23% of females favour *reading quietly*.

Comments

1. Significantly more males than females take part in ball games during playtime, while more females than males report playing running or skipping games. We know that games such as football can occupy a large proportion of the available space in the playground.

