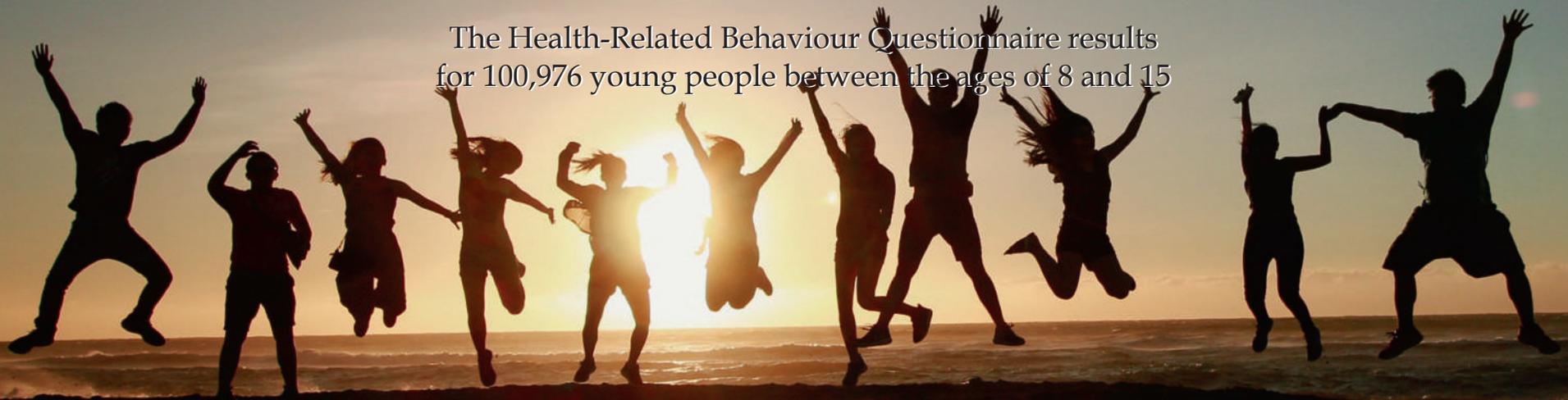


Young People into 2018

The Health-Related Behaviour Questionnaire results
for 100,976 young people between the ages of 8 and 15



Angela Balding and David Regis

SHEU 2018

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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 2018 is the 32nd in a series of annual reports
based on data collected using the Health-Related Behaviour Questionnaire

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SHEU

3, Manaton Court

Manaton Close

Matford Park

Exeter

Devon EX2 8PF

Tel: 01392 667272

Email: admin@sheu.org.uk

www.sheu.org.uk

Staff members

John Balding (1935-2015)	Founder
Charleigh Bright	Administrator
David Regis	Director & Research Manager
Angela Balding	Director & Survey Manager
Zaneta Lesniczek	Data Preparation & Analysis
Jim Podbery	Data Preparation Manager
Jane Weeks	Data Preparation Coordinator
Nick Opie	Data and Reports Officer
Nigel Balding	Computing Consultant

Data processing and preparation personnel

Margaret Bird	Karen Scant
Amy Clark	Debbie Hunt
Scarlet Tommons	Katy Howard
Ebony Davey	Emma Sampson

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.

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.

The questionnaire and the survey

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

The school used this data and took a number of actions to address it. More female peer mentors were put in place and the school asked NEXUS (the Extended Schools service) for help, so they developed a programme for girls which addressed their eating patterns, healthy eating, sex education and self-esteem issues.

We ran an anti-bullying group for Year 9 as a preventative measure, based upon data provided by our current Year 10 students.

The travel data revealed that a high number of pupils took the car to school so we involved the BIKE-IT scheme who ran assemblies, brought in their bikes (including one with a pedal-powered smoothie maker!), and raised awareness of health and green issues.

The information about how happy the students were with their lives raised some concerns as far fewer girls were as happy as the boys, so work was done around developing aspirations, role-models and self-esteem."

Deputy Head, Secondary School

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 Local Authorities, 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.

The primary and secondary versions of the HRBQ have been used in 10,413 separate schools, some schools repeating surveys of their pupils on five occasions, and over one million pupils (1,397,090) 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) *Trusts 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 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*	Paid work
Bicycle use*	Perceptions of school*
Bullying*	Personal safety
Dental care*	Physical activity
Diet*	Problem sharing
Doctor visits	Puberty*
Drugs*	Relationships
Dyslexia	Resilience*
Eczema	Responding to stress
Ethnicity*	Self-esteem*, autonomy
Family background*	Sexual health
Fitness & sports*	Smoking*
Gambling	Social activities
Homework	Stranger danger**
Hygiene*	Sun protection*
Internet access and safety	Travel to school
Leisure pursuits*	TV, videos, computers
	Worries*

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, 1976–2016

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 onward: **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 (1976–2017)

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.

'Versionitis'

For many years we had two main versions of the questionnaire, one for secondary schools, and one for primary schools, each of which evolved stepwise over time. Occasionally we would have a special version of the questionnaire for a demanding commissioner (Jersey, Dudley), but that was about it.

It's not like that any more...

Almost every commissioner wants to make at least small changes to the standard questionnaire, and some of them make quite a lot of big changes. These new versions will then undergo their own sequence of changes when the commissioner repeats the study. Sometimes these new versions are picked up by other commissioners, who make a new version of their own, which then starts a new series... As a former student of zoology, David Regis often thinks of it as an evolutionary tree.

This 'versionitis' has created some extra work in the compilation of this annual publication. Any one secondary survey may have in it 400 items to be answered, but over the year, 2400 different items were asked somewhere!

The selection of items in the question may be adjusted, or the order of items, or the position of the question in the questionnaire, or... Where such changes make an obvious difference to how the question is answered, it's easy enough to decide to exclude it from the analysis, but sometimes we make a judgement based on experience.

How much do you worry about the problems listed below? % responding Quite a lot or A lot

Authority	Problems*					
	A	B	C	D	E	F
1	30	15	52	30	44	15
Omitted items	2	52	38		51	16
3	32	19	35	24	39	16
Omitted question	4					
Omitted item	5	5	1	9	6	21
6	28	20	29	22	39	13
7	33	33	33	25	33	17
8	73	60	71	60	51	23
Omitted item	9	29		33	23	41
10	29	21	14	14	14	7

*Problems : A School-work : B Health : C Family
D Money : E The way you look : F Being bullied

We judge that about 80% of the content is common across 80% of the school surveys we do, and that is what is in this book.

"Thanks again for all your help and responses to our endless requests for further (survey) support. I am really pleased to report that the SHEU data has been disseminated widely and is being used as we speak to re-direct service provision and commissioning across a range of services and topic areas. Thank-you!"

**Public Health
Commissioning Manager**

Some previously popular questions are now present in the surveys of only a few commissioners, so the sample size has become too small and local for us to report here. On the other hand, when a question becomes adopted by a good number of commissioners, then we may be able to add it to the publication.

New questions: added in recent issues of the series
Bubbling under: might be in next year!
Here and there: used but not widely enough to make the cut
Dropped: previously published in this series

drunkenness	persistence and resilience	body image questions	water
illegal purchases	sexual activity	food allergies	height & weight
being safe online	volunteering	vegetarianism	money
new psychoactive substances	happiness	local services	
sleep		domestic violence	
sexual orientation		gangs	
intimate partner violence		sunbeds	
barriers to exercise			
pupil perceptions			
pupil voice			
crime			
religion			

Version numbers

The list on page vii indicates the progression of revisions to HRBQ. Currently (2016), 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

*It is often assumed that absentees are less positive about school and may be more inclined to adopt risky behaviours. But absent pupils include those who are too ill or anxious to attend, who may be less inclined to adopt risky behaviours school. However, staff in school may already be more familiar with the characteristics of the absentee group than with those of the section of the school population that complete the questionnaire

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 2010 figures, will be considerably larger than the number of questionnaires processed – equivalent to about 115,000 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 LAs. 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 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.

Confidentiality

If the children know that the questionnaires are completely anonymous, 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. 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.

A health organisation or LA 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 40 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 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'.

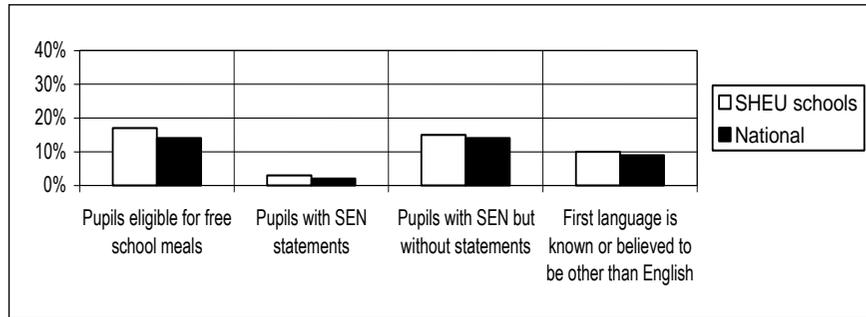
The surveys that give rise to the data are large, numerous, and from many parts of the United Kingdom, but they do not form a deliberately-selected sample. The origin and structure of these surveys is described very carefully and fully on subsequent pages.

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.

Still reasonably matched

Several years ago, we were very grateful to be able to see an analysis of our aggregate data sets conducted by David Howarth of OFSTED, comparing the set of schools taking part in our surveys with all the schools in England and Wales for 2002-2005. Here is the 2005 analysis:



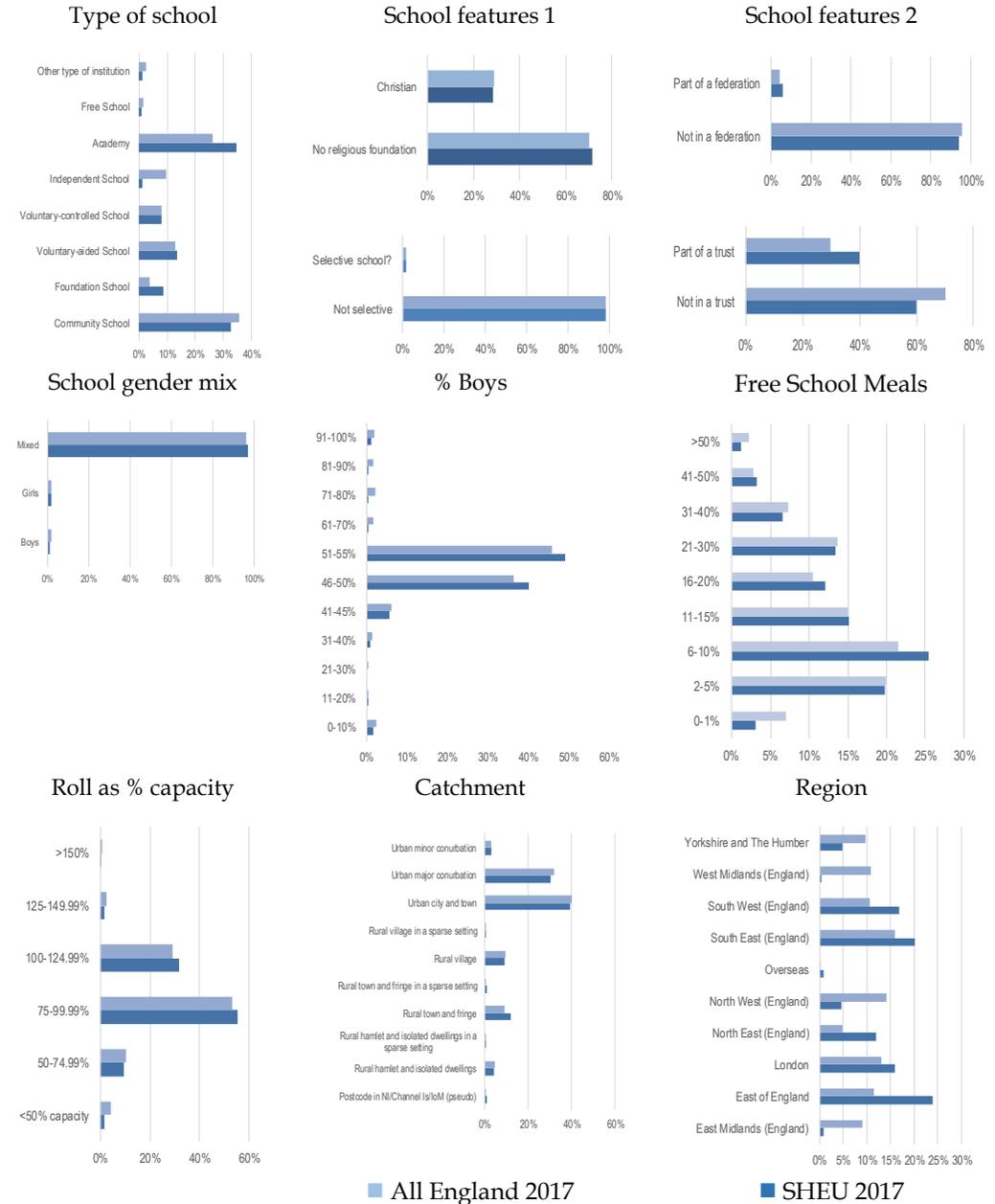
We were able to conclude that the two sets of schools had similar profiles in each year – "reasonably matched" was David's choice of words – and the small differences would not be large enough to distort the overall picture seen in the data set. That is, we might reasonably expect that the picture we saw in our data sets would be similar to the one we would see if we could survey all schools in the country. We reported this analysis in *Young People in 2006* and have repeated the account in subsequent volumes in the series.

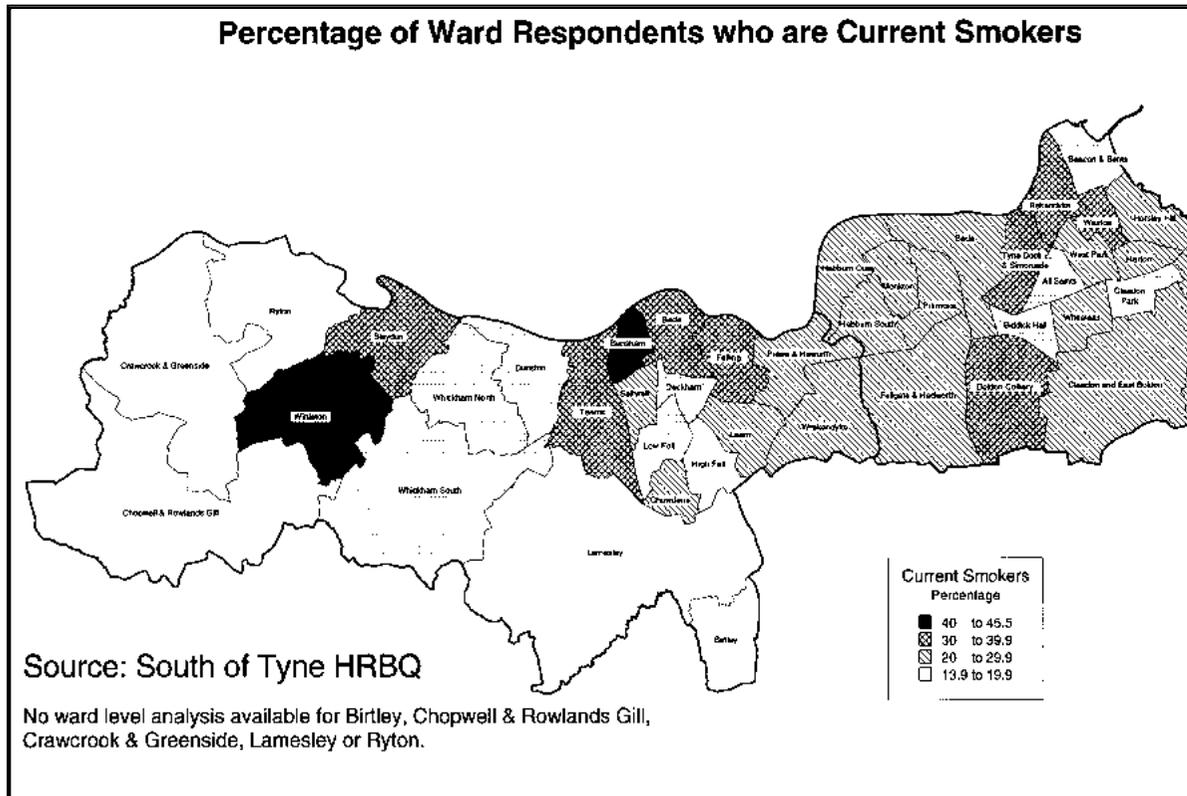
We have repeated this analysis for the most recent data set in 2017, which is reported in the rest of this book, and compared it with figures from the *Get Information About Schools* service, the successor to *EduBase*. We are happy to say that our 2017 data set is also reasonably matched to the whole set of schools on each available criterion (charts opposite), with the exception of region.

Take a bow, Jim Podbery, our database-wrangler on this occasion.

Ethnicity is not available in this data set but from a DfE data set (SFR 28/2017, 29 June 2017), in England in 2017, 68% of primary pupils and 71% of secondary pupils were White British; the figures in our sample (see Chapter 4) are 68% and 73% respectively.

We continue to have confidence that our data sets can reflect the levels and trends in behaviours going on nationally.





This graph shows the detailed mapping of health-related behaviours – in this case, the level of smoking across Gateshead & South Tyne local authorities – that is possible when the HRBQ

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.

"We would like to take part in the next ECM survey. We have found the data produced invaluable for supporting evidence in our SEF etc."

School Vice Principal

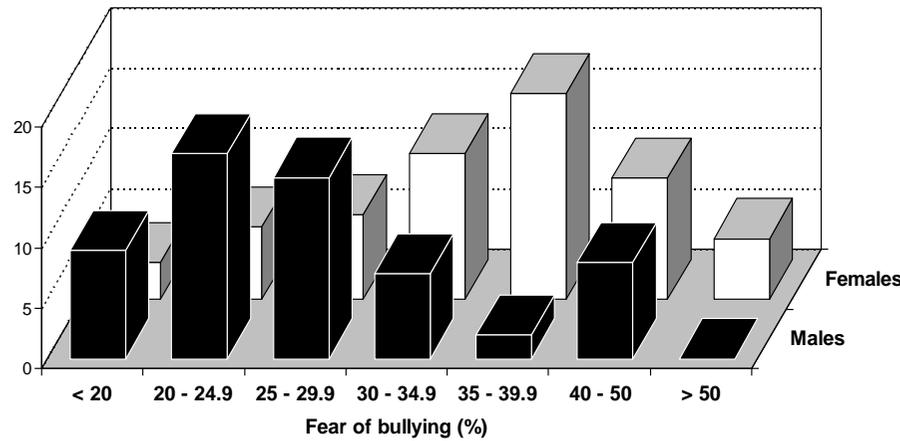
Sensible intervention or education programmes delivered in schools must be cognisant of the nature of the particular and relevant levels of behaviour in the population that they serve, if a programme is to be effective. 'Global' summaries do not meet specific community needs (Balding, 1991).

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.



% 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.

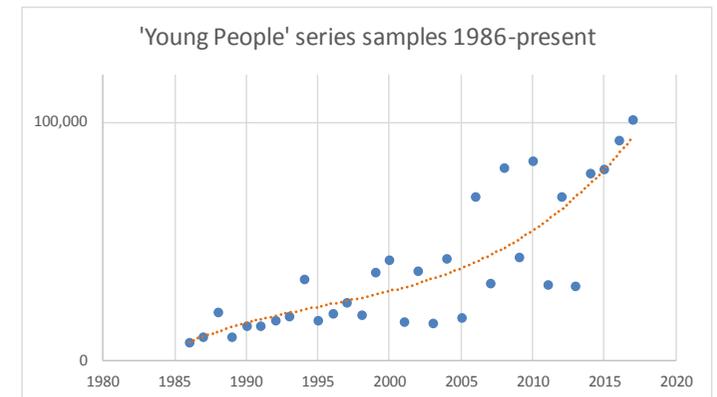
10 The 2017 sample

Because of strategic sampling by the health organisations that commissioned most of the 2017 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 134,216 young people from 1,199 schools of which 100,976 pupils were in Years 4, 6, 8 and 10.

This is the first time our published sample has exceeded 100,000.



The sample size

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

Year group	Males	Females	Total
4 (8-9)	10,299	10,363	20,662
6 (10-11)	14,350	13,830	28,180
8 (12-13)	13,653	13,608	27,261
10 (14-15)	12,513	12,360	24,873
Totals*	50,815	50,161	100,976

* excluding 'other' and missing responses

The concentration on Years 4, 6, 8 and 10 reflects a strategy that many surveyors adopt in 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 English regions represented in the 2017 data, showing the percentage of the 1,199 schools

	% of schools	
	Primary	Secondary
East Midlands (England)	0%	3%
East of England	25%	23%
London	15%	18%
North East (England)	12%	13%
North West (England)	5%	4%
Overseas	0%	2%
South East (England)	21%	16%
South West (England)	16%	17%
West Midlands (England)	0%	2%
Yorkshire and The Humber	6%	2%

School parameters

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

Type of school*	% of schools		School catchment*	% of schools	
	Primary	Secondary		Primary	Secondary
Community School	38%	17%	Postcode in NI/Channel Is/IoM	0%	2%
Foundation School	8%	10%	Rural hamlet and isolated dwellings	5%	2%
Voluntary-aided School	16%	4%	Rural town and fringe	12%	10%
Voluntary-controlled School	10%	1%	Rural town and fringe in a sparse setting	1%	2%
Independent School	0%	3%	Rural village	11%	3%
Academy	27%	59%	Rural village in a sparse setting	1%	0%
Free School		3%	Urban city and town	37%	47%
Other type of institution	0%	3%	Urban major conurbation	30%	31%
			Urban minor conurbation	3%	2%
Gender of school population*	Primary	Secondary	Percentage of children in the school qualifying for a free meal*	Primary	Secondary
Boys	0%	5%		0-1%	4%
Girls		7%	2-5%	22%	15%
Mixed	100%	89%	6-10%	25%	26%
Percentage of ethnic-minority children in the school**	Primary	Secondary	11-15%	15%	16%
0 to 1	13%	7%	16-20%	10%	17%
2 to 5	8%	7%	21-30%	13%	14%
6 to 10	14%	22%	31-40%	7%	5%
11 to 15	9%	15%	41-50%	3%	5%
16 to 20	10%	10%	>50%	1%	2%
21 to 30	13%	12%	0% indicates a figure closer to zero than one; blanks are really empty.		
31 to 40	6%	5%	Sources * DfE 'Get information about schools' website https://get-information-schools.service.gov.uk ** SHEU		
41 to 50	7%	4%			
51+	21%	18%			

Databanks

Data from the various questionnaires listed on page vii are stored in SHEU databanks. The table below shows a breakdown of figures from 1983. In the first column, 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 8-15 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 the data sets to date is over 1¾ million (1,788,369), from 14,894 separate school studies.

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	2011	2012	2013	2014	2015	2016	2017		
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	579	507	619	1070	1097	1038	1199		
Primary pupils															9545	4496	12710	23988	14157	13859	8158	17309	13978	37874	16061	39882	24854	38417	28083	41569	35727	54705	60488	53864	62870		
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	25965	52059	22513	55987	47635	61026	68090		
All pupils	10674	15205	13890	19759	27628	36116	16174	19906	25741	28070	29186	49382	39511	22067	38550	25732	43892	54264	25732	43049	18962	50282	37932	91431	45461	106234	64650	115000	54058	93628	58242	110692	108123	114930	134216		
Selected ages	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	8-9 10-11 12-13 14-15	8-9 10-11 12-13 14-15	8-9 10-11 12-13 14-15																	
M 8-9 y																																			9940	7693	10299
F 8-9 y																																			9683	7590	10363
M 10-11 y																																					
F 10-11 y																																					
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	4662	11078	4605	13515	9999	14459	13653		
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	4750	10754	5041	13770	10683	14927	13608		
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	4487	12308	4412	12909	7867	11900	12513		
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	4664	12540	4838	13107	8900	12100	12360		
Total	6,119	4,627	6,509	7,225	9,363	20,250	9,415	14,153	14,077	16,771	18,420	33,909	16,711	19,348	23,982	19,087	36,856	42,073	15,901	37,150	15,636	42,799	17,743	68,494	32,162	80,548	43,014	83,724	31,354	68,594	30,710	78,451	80,220	92,193	100,976		

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

5. **Conclusion** xxvii

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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.

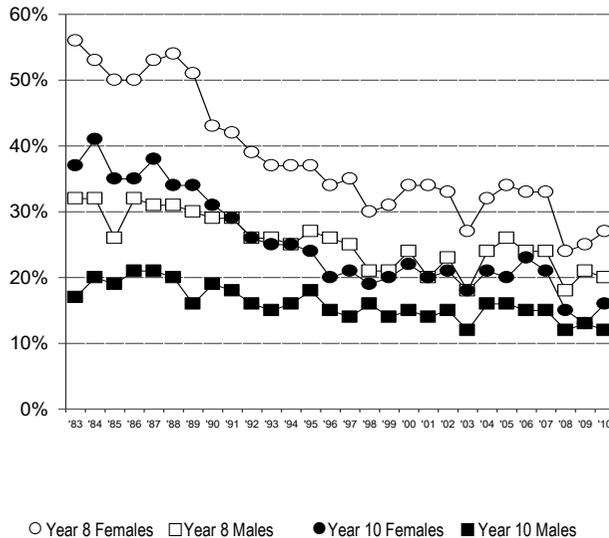
We identify here two separate aspects to the 'trustworthiness' of the data:

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 1983-2010



Above: Data from 1983-2010 – “The main source of sex information is parents” Below: A breakdown of the percentages within the principal authorities contributing to the 2005 sample.

Local 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

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 1983-2010’, 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 many 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 substantial 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 major 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.

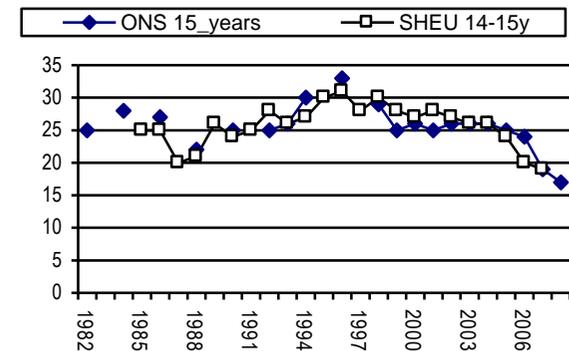
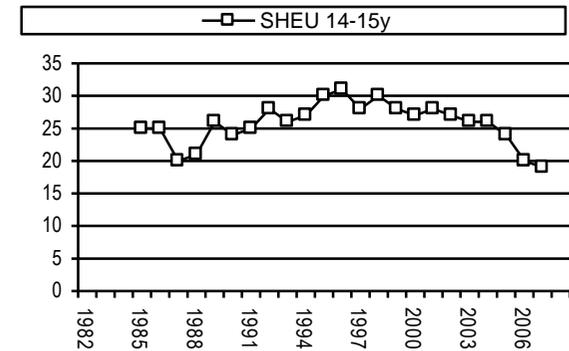
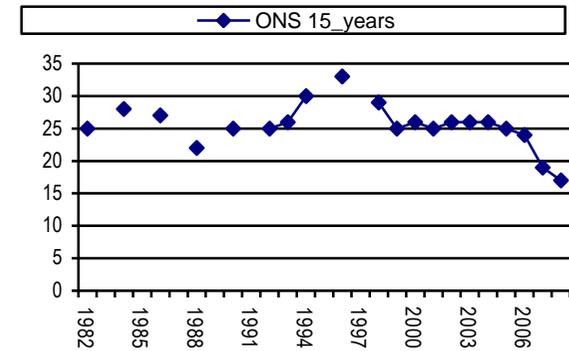
Smoking

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.

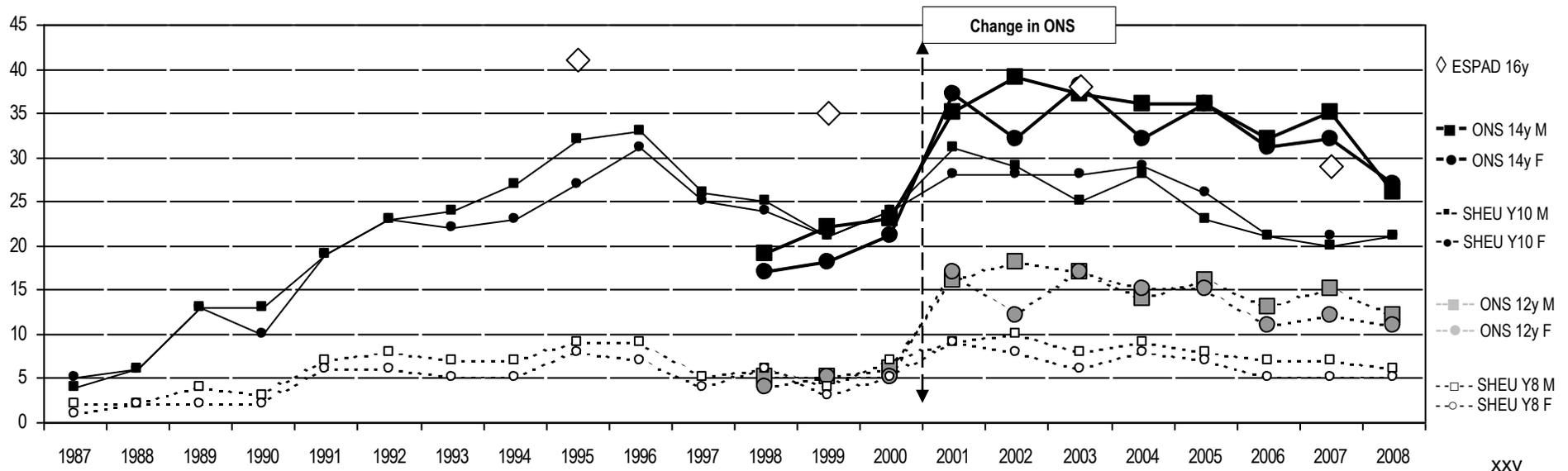
The best supporting evidence we have for a fall and rise between 1995 and 2005 is from ESPAD studies

(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.

"As a Deputy Head in a large secondary school, I was involved in taking part in a city wide health and wellbeing survey over a period of six years. Completing the survey every two years grew in importance year on year, with the final cycle having a major impact on our SDP, PHSE curriculum, OFSTED outcomes and governor understanding.

Over the six-year period, we moved from a small sample in two tutor groups filling in a paper survey to two year groups completing an online survey. The reports produced give graphical analysis of a wide range of issues. As a result of the survey, we increased the number of PSHE workshop days for students to address issues such as smoking, drug and alcohol awareness, anti-bullying workshops.

The surveys helped Governors make a positive informed decision to allow Brook Advisory Clinic nurses on site to support students. As a result of taking part and using the evidence provided, we were able to offer more support for students which had a direct impact on improved attendance and outcomes."

Deputy Head, Secondary School

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How the information is arranged

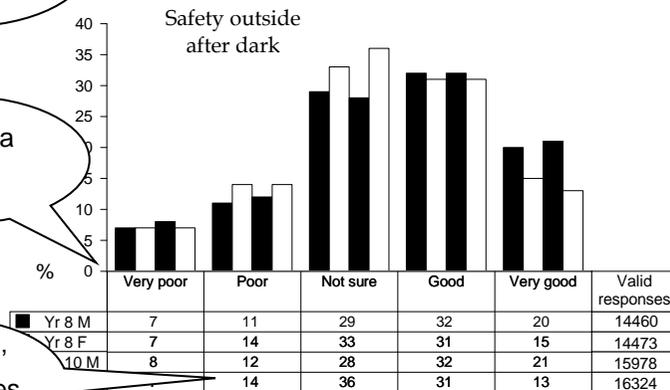
We attempt to present the information as accurately and helpfully as possible. The 2017 responses are summarised as percentages, in tabular form. The question wording, and the wording of the responses, are presented as accurately as space will permit. We like to indicate *Valid responses* rather than *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*.

Community safety

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

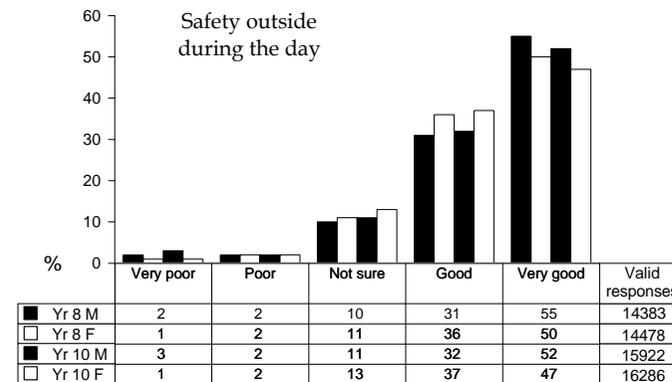
How do you rate your safety when going out during the day, and after dark, in the area where you live?

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. Males report consistently for the 'Not sure' option. Up to 21% say that safety after dark is *poor* or *very poor*. 85% say that safety outside during the day is *good* or *very good*.



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 life.
2. Are individual differences in perceived safety related to anxiety and anxieties?



Food choices and weight control

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

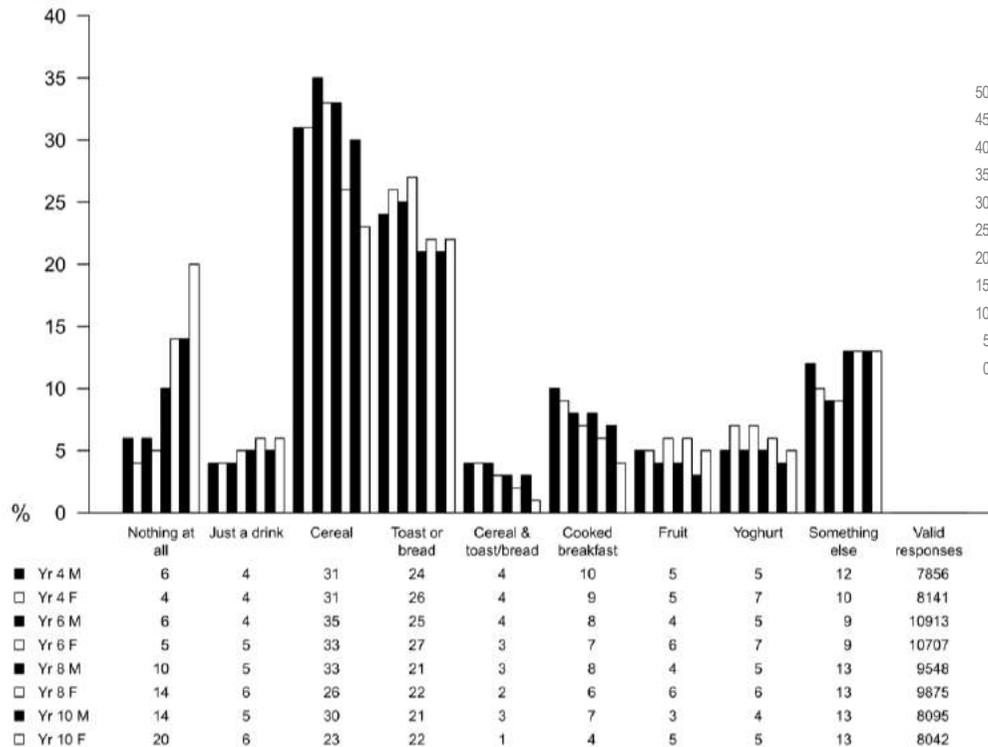
What did you have for breakfast this morning?	2
What did you do for lunch yesterday?	3
Your weight — which statement describes you best?	4
Protein items in their diet	5
Responses to eaten 'on most days'	5
Starchy items in their diet	6
Responses to eaten 'on most days'	6
Fruit and vegetables in their diet.....	7
Responses to eaten 'on most days'	7
Portions of fruit and vegetables in their diet.....	8
Drinks and snacks they enjoy	9
Responses to eaten 'on most days'	9
How much water did you drink yesterday?	10
When choosing what to eat, do you consider your health?.....	11

Schoolday breakfast

20% of the Year 10 females have *nothing at all* to eat or drink for breakfast

What did you have for breakfast this morning?

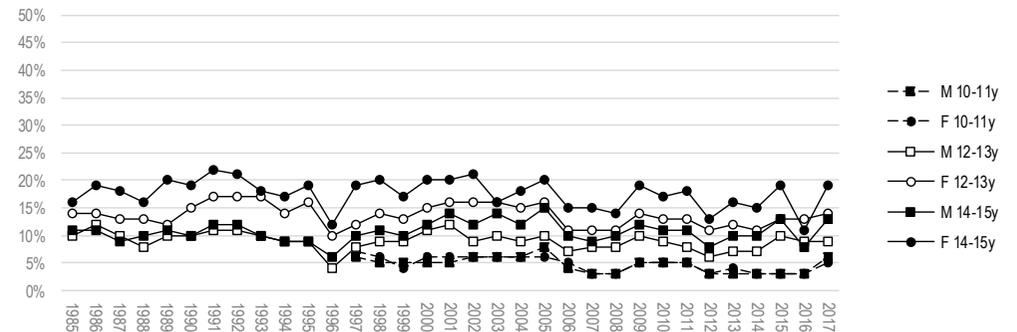
1. Among the breakfast 'missers', we find more Year 10s than Year 8s, and more Year 10 females than Year 8 females.
2. *Cereal* is the most commonly reported breakfast item, for up to 35% of pupils.



Comments

1. We show below results from those pupils responding to the 'nothing to eat or drink' option in the questionnaire. Females, more than males, consistently report having nothing for breakfast. Each group displays differences between years.

Percentage having nothing for breakfast, 1985-2017, by age and sex

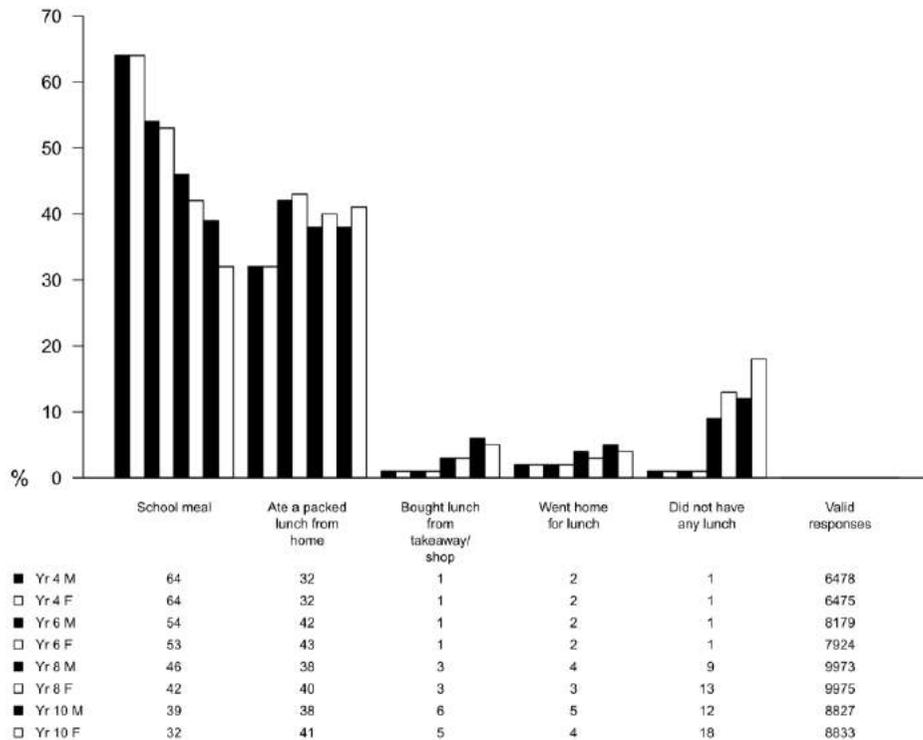


Schoolday lunch

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

What did you do for lunch yesterday?

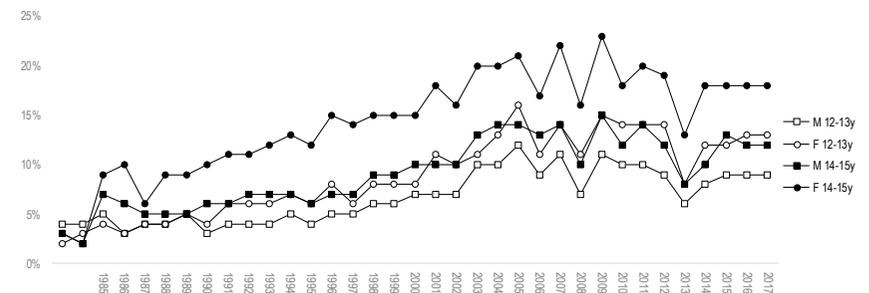
1. A 'school lunch' was the most popular option for younger pupils.
2. Up to 64% of pupils had a school lunch.
3. Up to 43% of pupils had a packed lunch.
4. 12% of the Year 10 males and 18% of the Year 10 females had no lunch.



Comments

1. We show below results from those pupils responding to the 'nothing to eat for lunch' option in the questionnaire. Females, more than males, consistently report having nothing for lunch. There was a slow climb in all groups between the 1980s and 2000s.

Percentage having nothing for lunch, 1985-2016, by age and sex



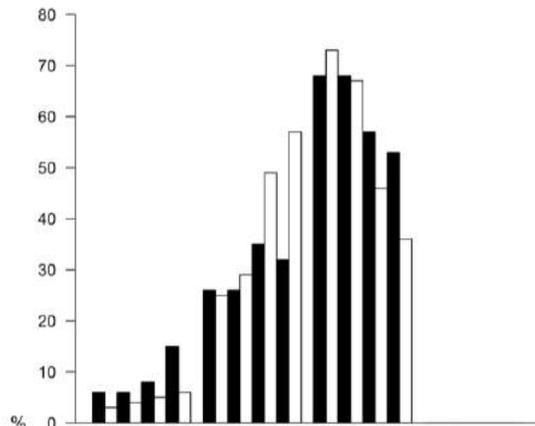
Breakfast and lunch: The breakfast question is about 'this morning', and the lunch question is about 'yesterday'. We therefore cannot demonstrate that any pupil missed both breakfast and lunch on the same day. Proportion of the Year 10 females missing lunch 'yesterday': **18%**. Proportion missing breakfast 'this morning': **20%**. Proportion of those Year 10 females having nothing to eat or drink for breakfast 'this morning' who also had nothing to eat or drink for lunch 'yesterday': **26%**

Attitude to personal weight

49% of Year 8 females and 57% of Year 10 females would like to lose weight

Your weight — which statement describes you best?

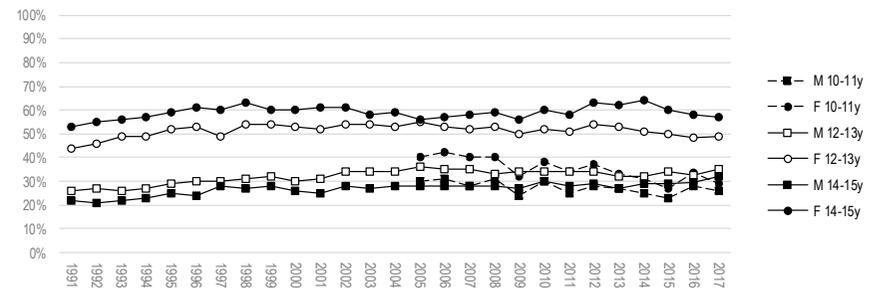
1. Many more females than males want to lose weight.
2. 57% of the Year 10 females, 49% of the Year 8 females, 29% of the Year 6 females and 25% of the Year 4 females would like to lose weight.
3. 15% of Year 10 males would like to put weight on.
4. Between 67% - 73% of the younger females and 36% - 46% of the older females said they were happy with their weight as it is.



	I would like to put on weight	I would like to lose weight	I am happy with my weight as it is	Valid responses
■ Yr 4 M	6	26	68	5326
□ Yr 4 F	3	25	73	5289
■ Yr 6 M	6	26	68	11421
□ Yr 6 F	4	29	67	11009
■ Yr 8 M	8	35	57	12062
□ Yr 8 F	5	49	46	12195
■ Yr 10 M	15	32	53	10831
□ Yr 10 F	6	57	36	10913

1. We show below results from those pupils responding to the 'want to lose weight' option in the questionnaire. Females, more than males, consistently report wanting to lose weight. There was a slow climb in all groups between the 1980s and 2000s.

Percentage wanting to lose weight, 1991-2017, by age and sex



Proportion of the Year 10 females missing lunch 'yesterday': 18%.

Proportion missing breakfast 'this morning': 20%.

Among Year 10 females who want to lose weight:

Proportion who want to lose weight who missed lunch: 23%

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

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

Protein

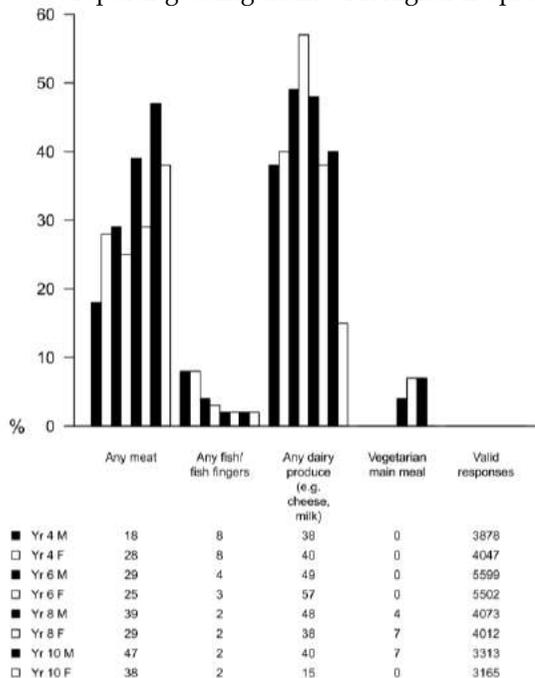
47% of 14-15 year-old males have meat *on most days*

Protein 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. *Meat* and *Fish* are more popular with males than females.
2. *Dairy products* are more frequently eaten than *meat* and *fish*.
3. There is a marked age gradient for *meat products*, with older pupils reporting eating them with higher frequencies.



Comments

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

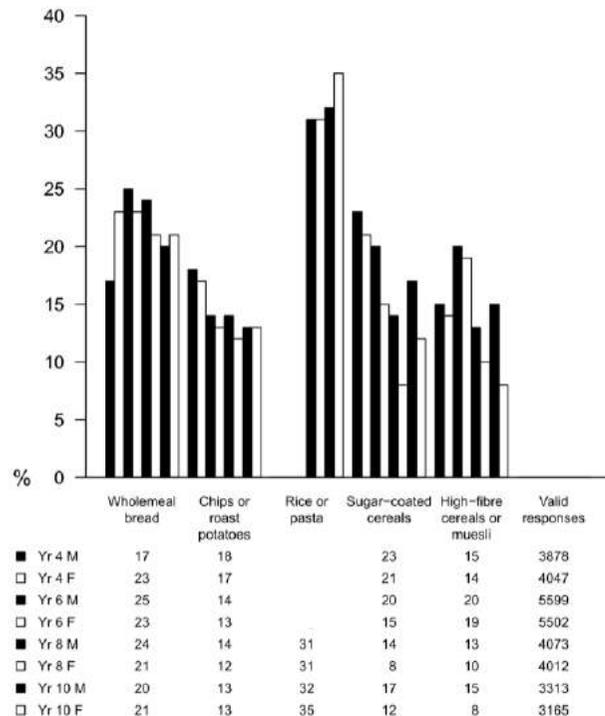
As they get older fewer females eat wholemeal bread or muesli

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.

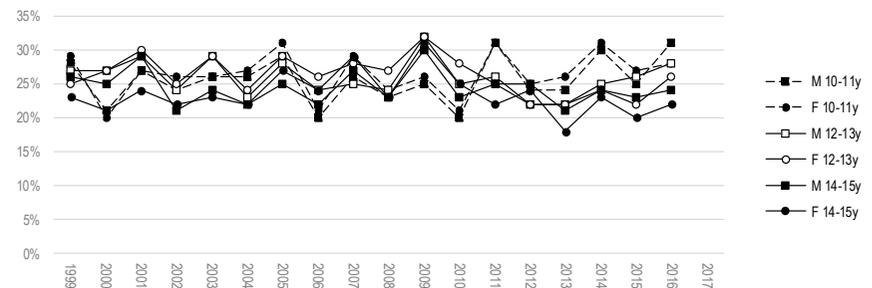
1. Interest in high-fibre cereal or muesli declines as pupils get older.
2. As they get older there appears to be more interest in rice or pasta.
3. As they get older, pupils eat wholemeal bread or muesli less often.



Comments

1. Data since 1990 reveal a general decline, from around 2000, in those choosing chips/roast potatoes 'on most days'.
2. Those reporting eating wholemeal bread remains consistent despite regional variations. Since 1999, there has been little change between boys and girls in each Year group. The chart below shows an example from 12-13 year-olds who report eating wholemeal bread *on most days*. The up-and-down pattern in the 2000s reflects the biennial approach to surveying across different local authorities, showing local differences in food habits.

Percentage having wholemeal bread on most days, 1999-2016, by age and sex



Fruit and vegetables

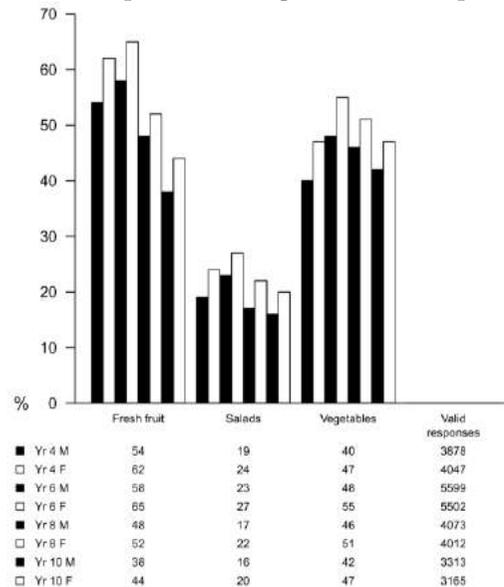
Less fresh fruit and vegetables eaten as pupils get older

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.

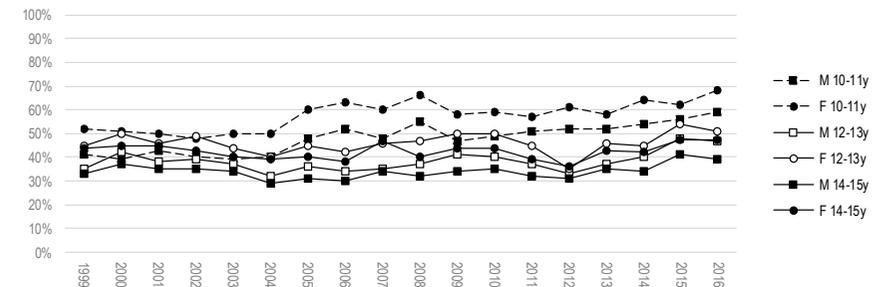
1. Less fresh fruit and vegetables is eaten as pupils get older. In most year groups, more females than males prefer salads.
2. 62% of 8-9 year-old females report eating fresh fruit 'on most days' but this has dropped to 44% as reported by 14-15 year-old females.
3. 47% of 8-9 year-old females report eating vegetables 'on most days' which persists through to the 47% reported by 14-15 year-old females.



Comments

1. Gender differences are 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 chart below shows, over 15 years, those 10-15 year-olds who report eating fresh fruit *on most days*.

Chart: 10-15 year-olds who report eating fresh fruit *on most days* 1999-2017

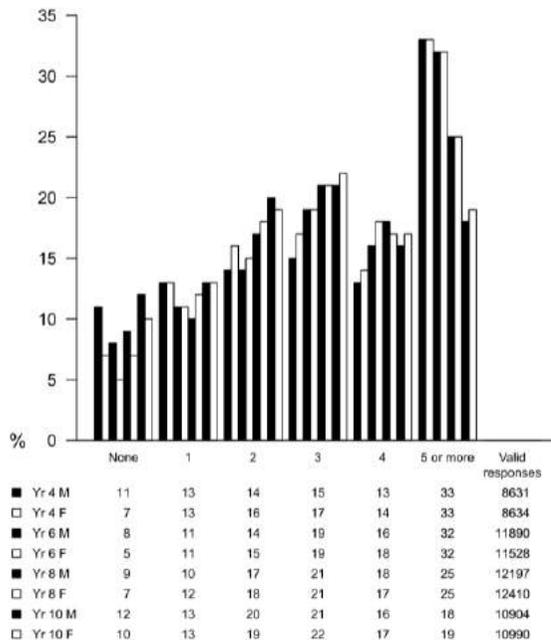


Portions of fruit & vegetables

Up to 33% report eating 5 or more portions of fruit and vegetables 'yesterday'

Portions of fruit and vegetables in their diet

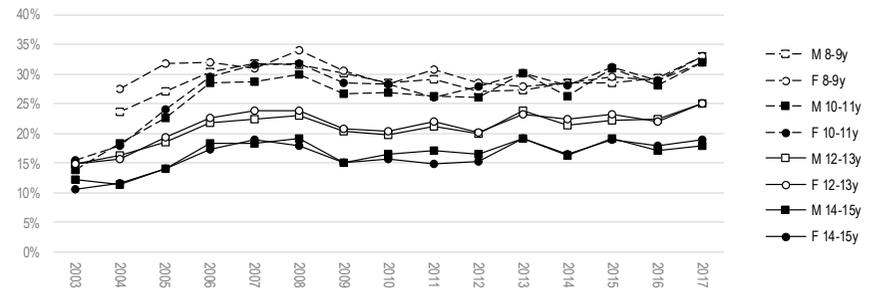
1. Between 42-54% of 10-15 year-olds report eating 1-3 portions of fruit and vegetables.
2. Females, more than males, report slightly higher percentages across the year groups for 4 portions eaten 'yesterday'.



Comments

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 pupils a brief description of what a 'portion' is, following the Food Standard Agency's '5-a-day' guidelines.
2. 18% of Year 10 pupils and 32% of Year 6 pupils ate 5 or more portions 'yesterday'.

Percentage having 5 portions fruit/veg on the day before the survey, 2003-2017, by age and sex



Drinks and snacks

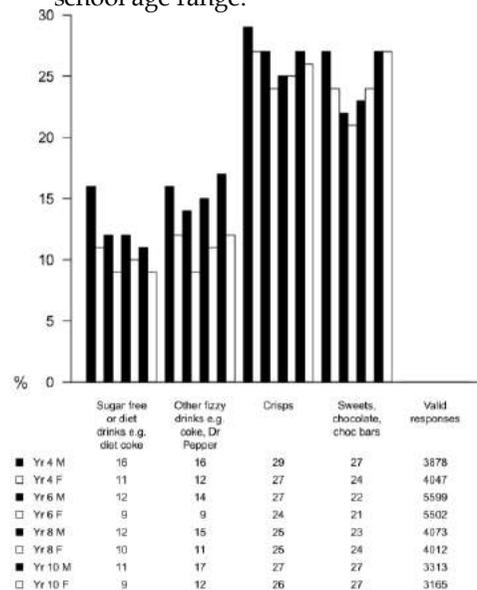
Up to 27% eat sweets ‘on most days’

Drinks and snacks they enjoy

Responses to eaten ‘on most days’.

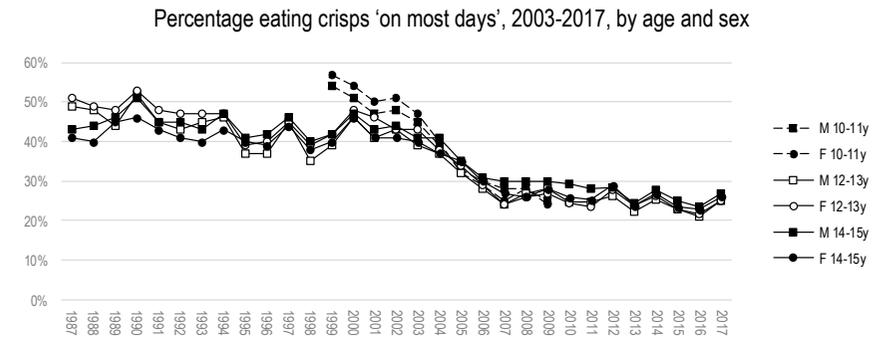
Please note that all the ‘diet’ items are offered as a single list, and are not subdivided by content as we have done here.

1. Males have a taste for fizzy drinks.
2. There is little difference between males and females and their liking for sweets.
3. Crisp consumption also remains similar across the age and gender groups.
4. Many of these high-calorie foods show high values in the primary school age range.



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 downward trend from around 40-50% to around 27% 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 finding appears to be changing and the trend for all groups is downward. We don’t know if they are swapping healthier snacks or none, but *sweets, choc bars* shows the same pattern.

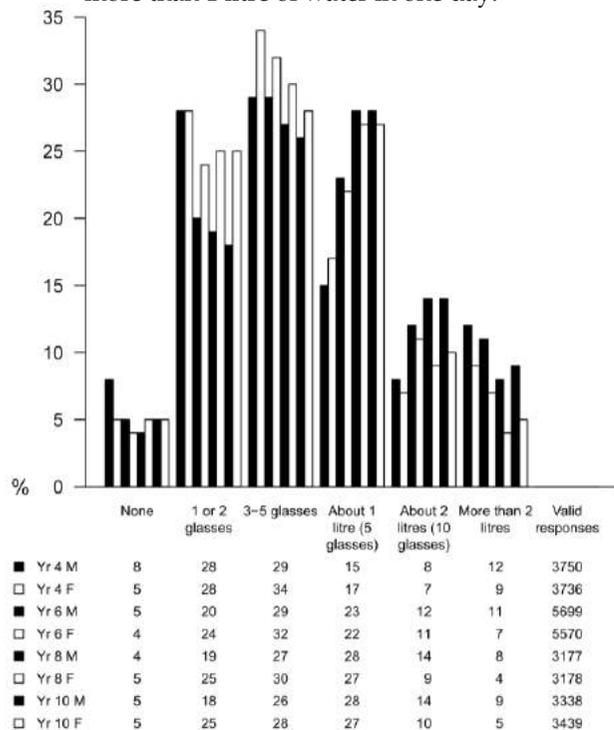


Water

49% of 14-15 year-old males report drinking less than 1 litre of water 'yesterday'

How much water did you drink yesterday?

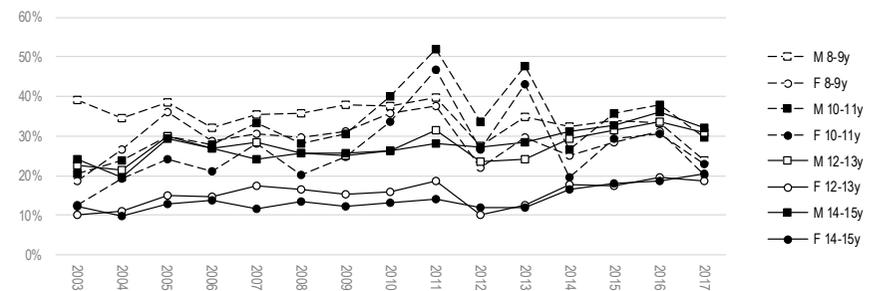
1. Most 12-15 year-olds report drinking between 1-5 cups/glasses of water 'yesterday'.
2. 49% of 14-15 year-old males report drinking less than 1 litre of water 'yesterday'
3. As they get older, more males than females continue to report drinking more than 1 litre of water in one day.



Comments

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 8% report they 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 49% of 14-15 year-old males 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.)

Percentage drinking at least a litre of water yesterday, 2003-2016, by age and sex

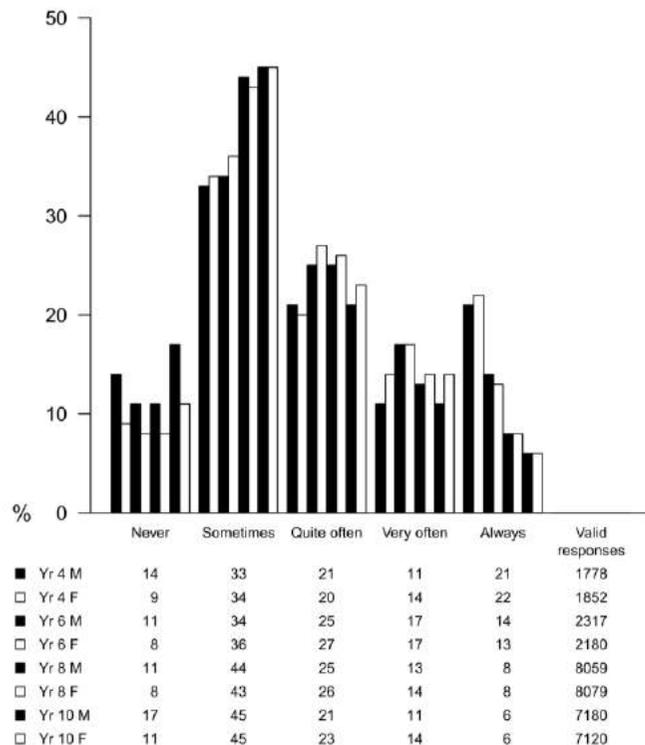


Dietary decisions

17% 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 healthier 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 reflecting a real effect on behaviour.

2 Doctor and Dentist

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

Question

How long ago did you last visit the doctor?	14
On this last visit, did you feel at ease with the doctor?	15
How many times did you clean your teeth yesterday?.....	16
How long ago did you last visit the dentist?	17

Visiting the doctor

Nearly half of pupils have visited the doctor in the past three months

How long ago did you last visit the doctor?

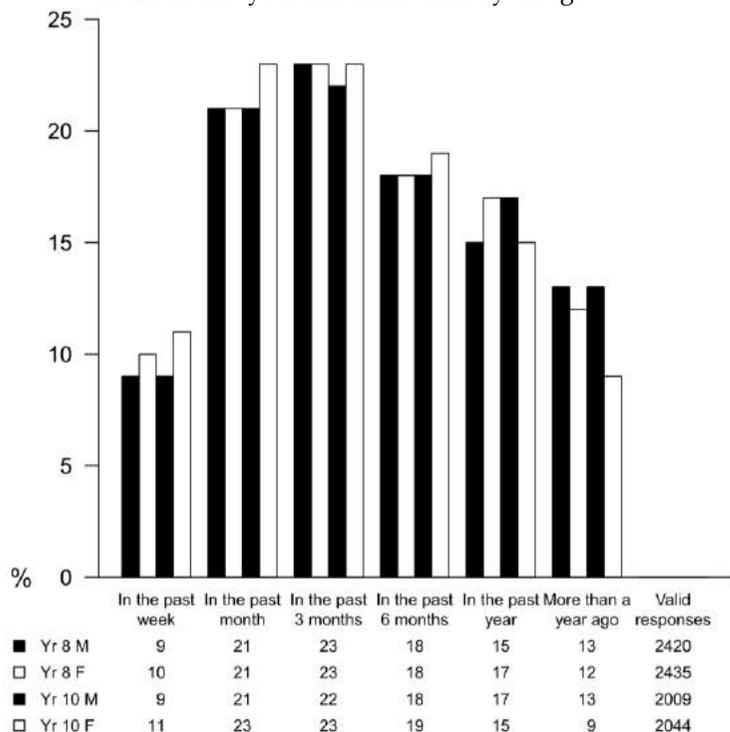
1. Nearly half of all pupils report having visited their GP within *the past 3 months*.
2. Slightly more older females than males report going to their GP in the past 7 days/month. More older males than females report going to their GP in the last year and more than a year ago.

Comments

1. 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.
2. 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 %	2014 %
Yr 8 Male	26	27	28
Yr 8 Female	28	26	31
Yr 10 Male	26	21	26
Yr 10 Female	31	29	34

Gender and age differences are generally consistent and females have usually been visiting more frequently than males. The differences are small, however.



Talking to the doctor

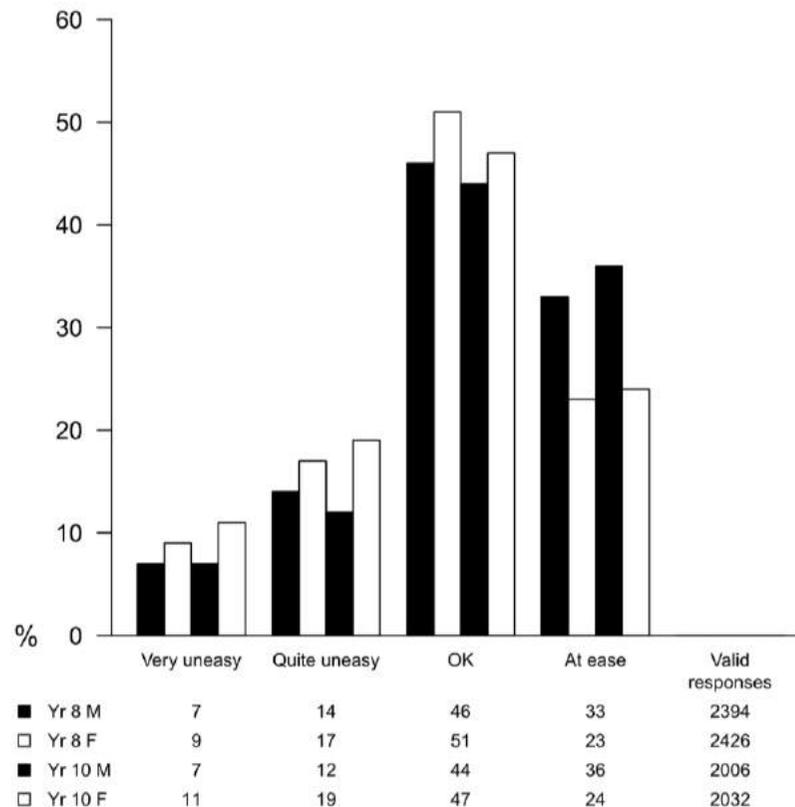
Up to 30% of the older females felt *uneasy* or *very uneasy*

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

Comments

1. More males than females felt *at ease* on their last visit.
2. Up to 30% of the females felt *uneasy* or *very uneasy*.

1. This question has been asked since the early 1980s. 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. Males, more than females, have consistently reported feeling at ease on their last visit to the GP.

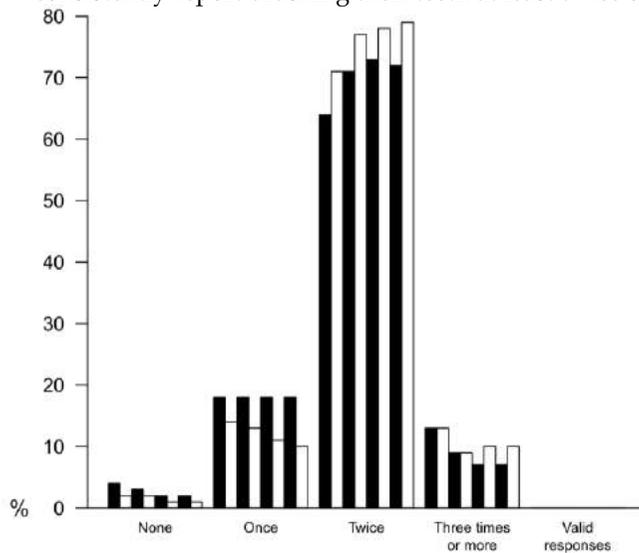


Cleaning teeth

18% of older males brush *only once*

How many times did you clean your teeth yesterday?

1. Most pupils brush twice a day.
2. Between 11-18% of pupils brush only once and up to 4% not at all.
3. Across the four age groups represented, slightly 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 half of children 15 years have some obvious decay in their permanent teeth (<https://www.nhs.uk/news/pregnancy-and-child/are-half-of-all-childrens-teeth-really-rotten/>, accessed 08 Sept 2017).
4. As well as tooth brushing, the use of floss or other inter-dental cleaning aids can be discussed with young people.



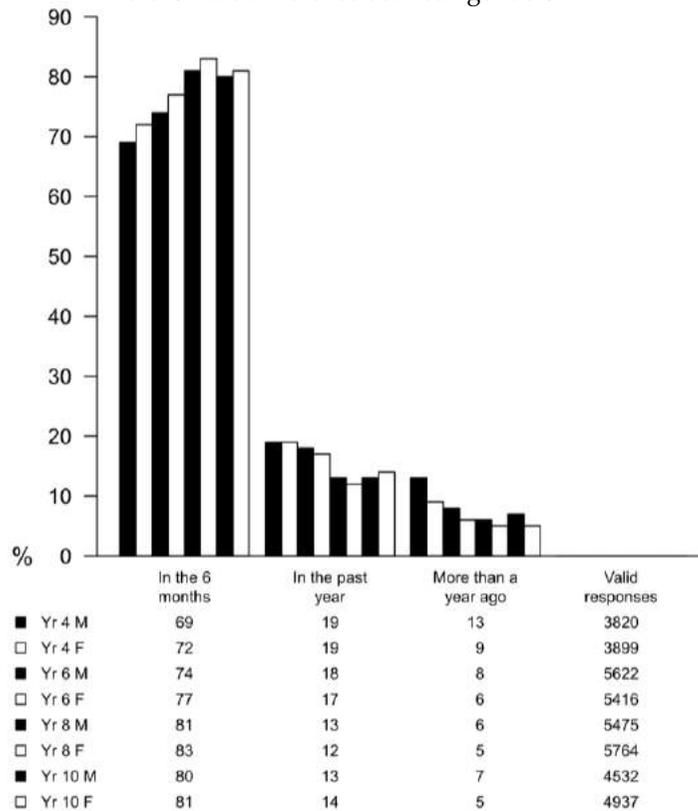
Tooth brushing frequency, as we have demonstrated over the years, is related to several other aspects of lifestyle, including birth order, ease with the opposite sex, region of the country, self-esteem and smoking.

Visiting the dentist

Most had been within the past 6 months

How long ago did you last visit the dentist?

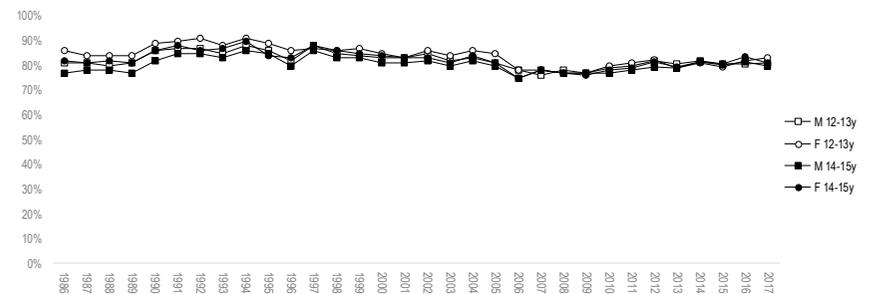
1. Most pupils state that they have been within the past 6 months, which was for a long while the recommended interval.
2. There is little difference between genders.



Comments

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 6 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. Those pupils who report going to the dentist in the last six months remain fairly consistent since 1986.

Percentage of pupils visiting the dentist in the last 6 months, 1986-2017



3 Health and Safety

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? 20

How many hours sleep did you get last night? 21

Is The Amount of Sleep You Normally Get... enough For Your Health? 22

Is The Amount of Sleep You Normally Get... enough For You To Stay Alert And Concentrate on your school work? 23

Do you/your friends carry weapons or other things for protection when going out? 24

Have any of the following happened to you in the last month? 25

Where did these unpleasant experiences happen? 26

Do you think you are being 'picked on' or Bullied For Any of the Following Reasons? 27

Afraid of going to school because of bullying... and Bullied at school 28

Trends in fear of bullying and reports of bullying 29

School taking bullying seriously 30

Bullying Someone... Relationship Incidents 31

Online Advice... Meeting Online... scary pictures and messages 32

In the past 12 months, how many accidents have you had which were treated by a doctor or at a hospital?... 33

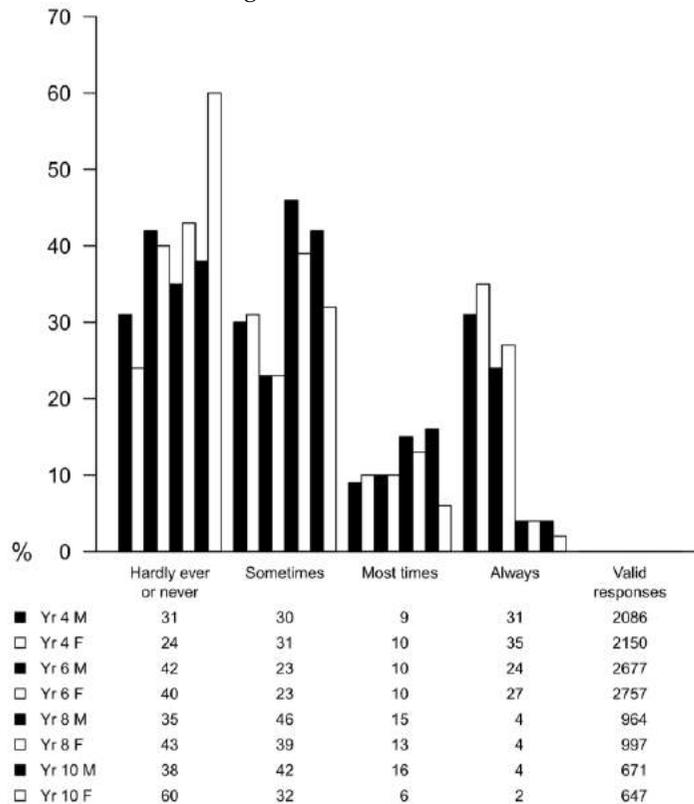
Do you try any of the following ways to avoid sunburn? 34

Safety helmets

The percentage of male cyclists who wear a helmet *at most times* drops from 34% in Yr 6 to 20% in Yr 10

When you cycle, do you wear a safety helmet?

1. With age, the percentage of cyclists who *always* wear a safety helmet is seen to fall, e.g. from 24% of males in Year 6 to 4% of males in Year 10.



Comments

1. Note the small sample sizes for this question.
2. Head injuries are the commonest cause of accidental death among young people.
3. Cycling seems to be currently popular, 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.
4. 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 website of the Royal Society for the Prevention of Accidents refers to research papers from 2003 about cycle safety helmets: http://www.rospa.com/roadsafety/info/cycle_helmets.pdf



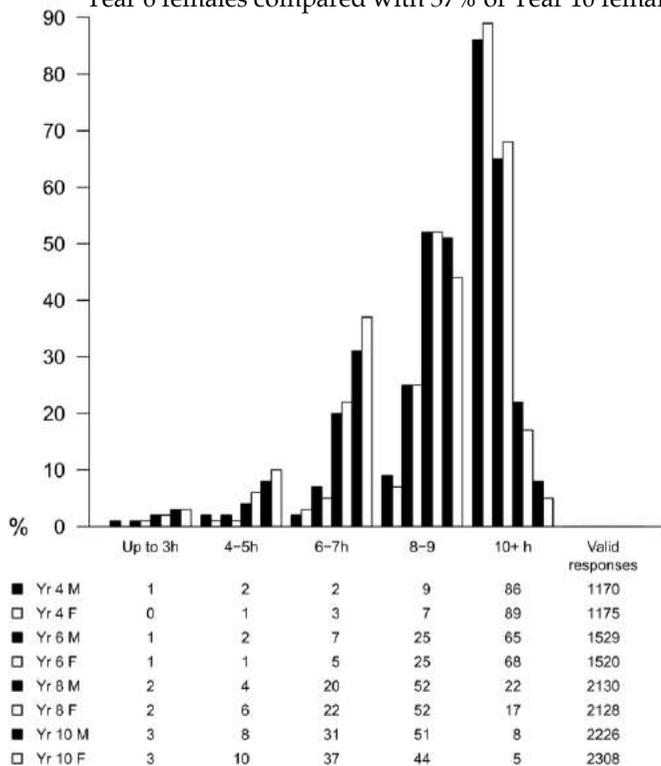
In an earlier book in this series, we showed that young people who reported having been on a cycle training course were more likely to report wearing a cycle helmet at least most of the time.

Sleep

Most younger pupils report sleeping 10+ hours *last night*

How many hours sleep did you get last night?

1. '10+ hours' sleep are reported by the majority of the younger sample.
2. The percentages of females having '8 - 9 hours' increases up to Year 8.
3. The percentages of those having '6 - 7 hours' increases with age: 5% of Year 6 females compared with 37% of Year 10 females.



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".



Year 10 females' weight loss, worrying and bullying by sleep patterns

Hours of sleep	Would like to lose weight	Worry 'A lot' about something	Never afraid of going to school because of bullying
	%	%	%
Up to 3 hrs	76	97	49
4-5 hrs	73	92	64
6-7 hrs	64	88	68
8-9 hrs	51	84	75
10+ hrs	45	79	76

For 14-15-year-old females in this sample, the more sleep they get they are less likely to want to lose weight; they are less likely to worry about anything and less likely to fear bullying.

Sleep - health

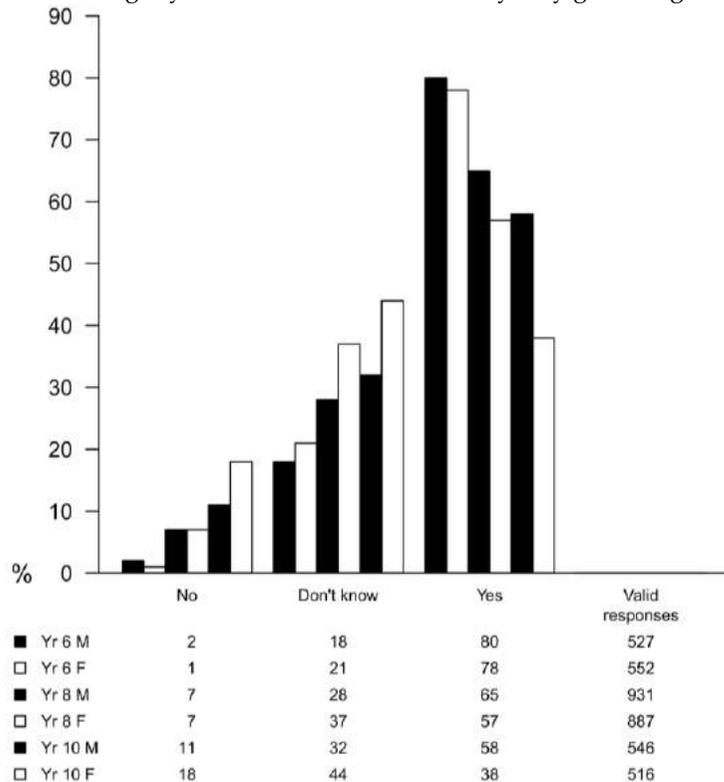
Up to 80% of pupils say yes

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

Comments

- Up to 80% of this sample say they get enough sleep for their health. However, can be as low as 38% (Yr 10 females).
- Slightly more males than females say they get enough sleep.

- On the previous page, we have seen that most have between 10+ hours sleep on the previous night. This question follows on.
- As pupils get older, we see a more marked gender difference of 20% (from 2%) with more males reporting getting enough sleep for their health.



Sleep - studies

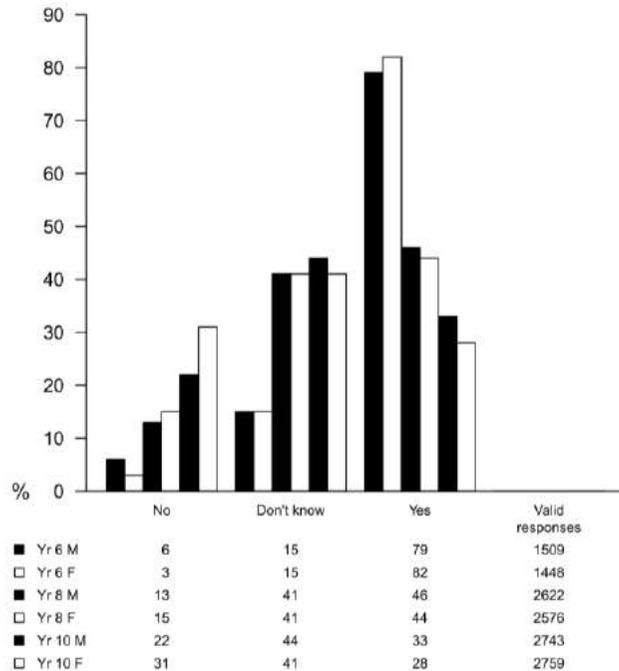
Up to 82% of pupils say yes

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

Comments

1. Up to 82% of this sample say they get enough sleep for their studies.
2. There are age and gender differences. As they get older, pupils are less likely to report getting enough sleep for their studies.
3. 31% of 14-15-year-old females say they don't get enough sleep to stay alert and concentrate.

1. We see a decline with age, in particular among females (82% → 28%), in those who report getting enough sleep for their studies.



Protection outside

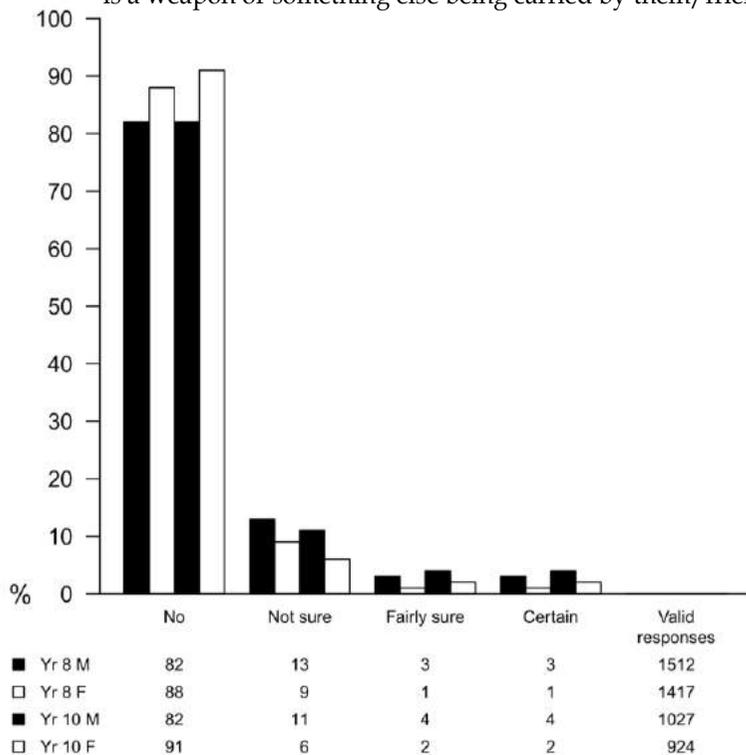
Up to 8% are *fairly sure/certain* about weapons.

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

Comments

1. Up to 8% of this sample are *fairly sure/certain* that, when they go out, there is a weapon or something else being carried by them/friends.

1. In previous years this question referred only to 'friends'. Recent questions have included a list of items including: a weapon with a blade (reported most often by Year 10 males) and mobile phone.



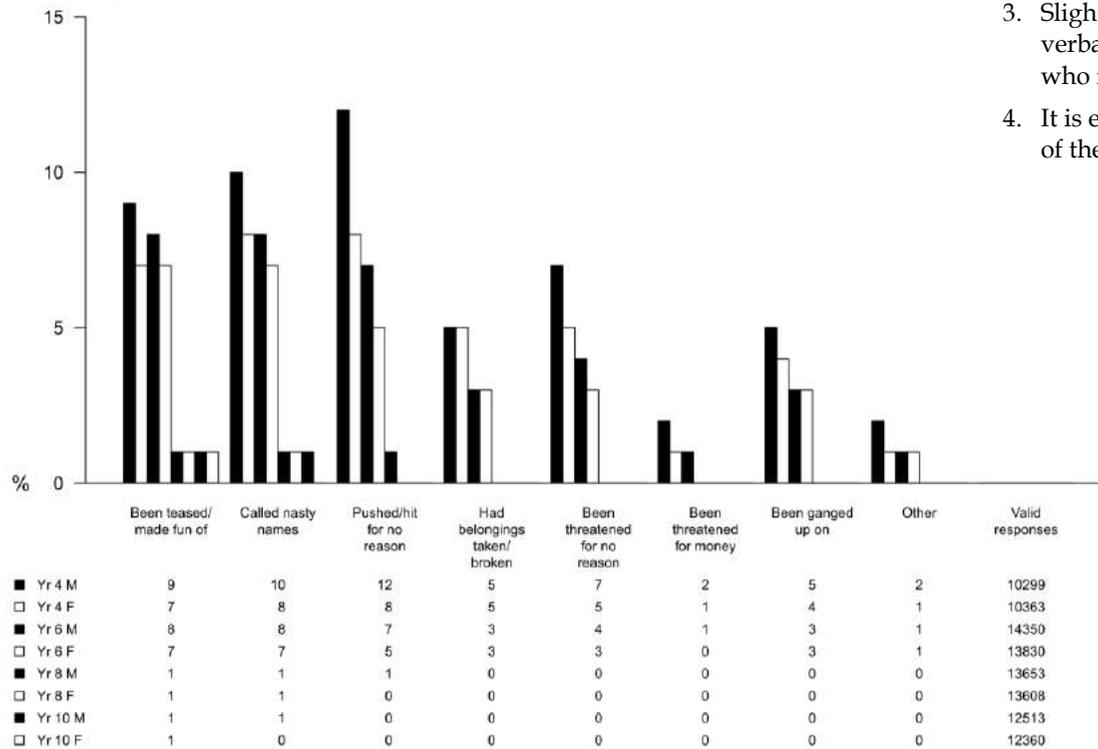
Being bullied (1)

Around 20% of 10-11yo 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 20% of primary pupils report that they have been bullied *often* or *every day* in one or more of the listed ways.
2. The first three options, *Being teased/made fun of*, *called nasty names* and *Pushed/hit* are the main actions mentioned by many primary school pupils.



Comments

1. In previous volumes of this series we have reported only the primary phase responses to this question.
2. This question is usually asked without mentioning 'bullying' and it is likely that some of these experiences are not regarded by the pupils as being bullying.
3. Slightly more males than females report incidences of physical rather than verbal forms of bullying in most age groups. It is the females, however, who report more fear of going to school because of bullying.
4. It is evident that some of these pupils are experiencing more than just one of these forms of bullying.

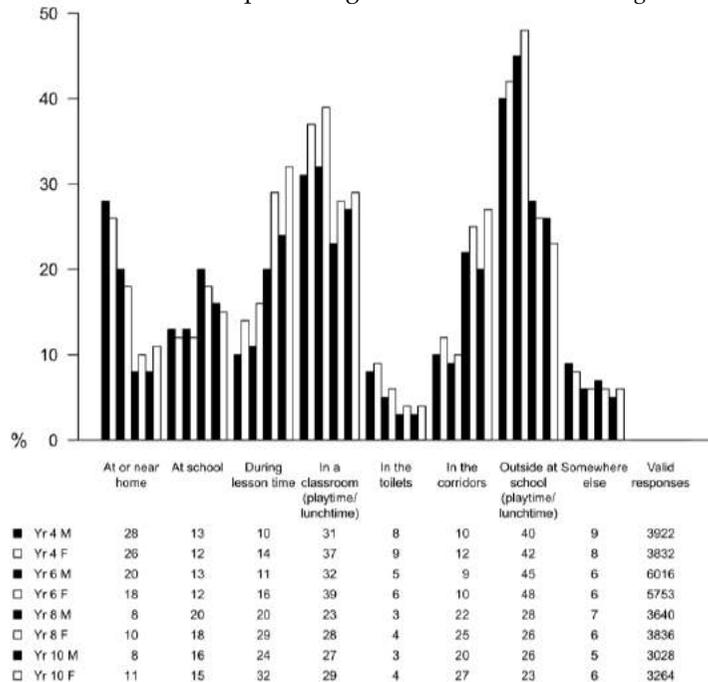
Being bullied (2)

Nearly half of 10-11yo who report bullying say it happens in the school breaktimes

Where did these unpleasant experiences happen?

Responses of those who answered 'often' or 'every day' on previous page.

1. Outside and inside during school *playtime* and *lunchtime* can cause problems for primary children: nearly 50% of 10-11yo who report bullying problems say it happens in these breaks.
2. 10-28% of pupils who report being bullied are bullied *at or near home*.
3. 10-32% who report being bullied are bullied *during lesson time*.



Comments

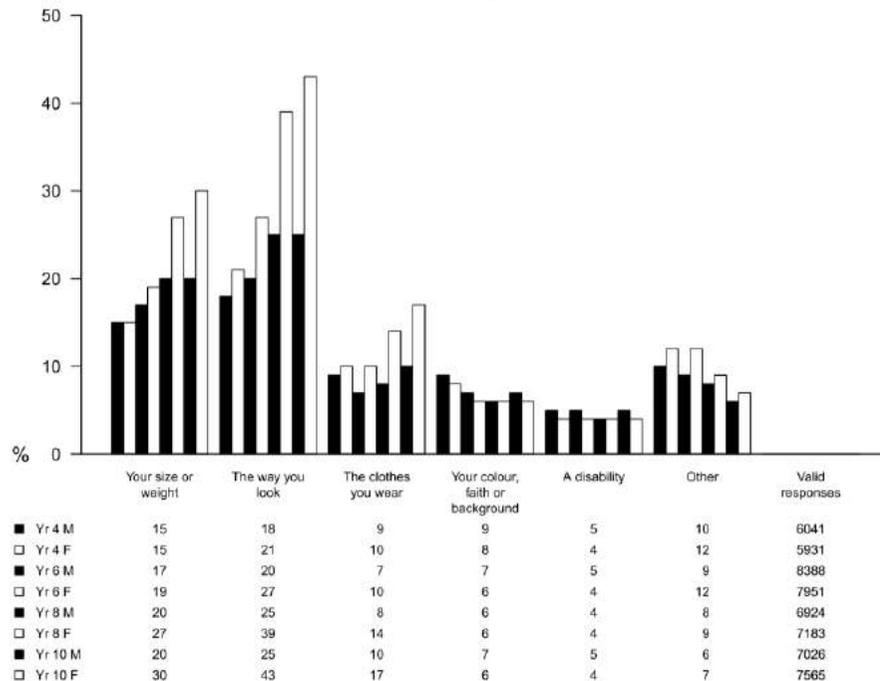
1. In previous volumes of this series we have reported only the primary phase responses to this question.
2. The top two categories unsurprisingly relate to free time during school hours – outside and inside during *playtime* and *lunchtime*. It can often be difficult for staff to monitor how much bullying behaviour occurs in this free time because of the nature of the playground.
3. Teachers may well be concerned to learn that up to 32% of older pupils who report being bullied say it happens *during lesson time*.
4. Since 1997, more primary pupils have consistently reported being bullied during breaktimes, i.e. outside and inside during *playtime* and *lunchtime*.

Being bullied (3)

Over 40% of the older females picked 'on for the way they look'

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

- Over 40% of the older females and 25% of the older males responded to being 'picked on' or bullied, due to the 'way they look'.
- Generally there are little differences between genders, but rather more older females, compared with the males, thought they were being 'picked on' because of their size and weight or the 'way they looked'.



Comments

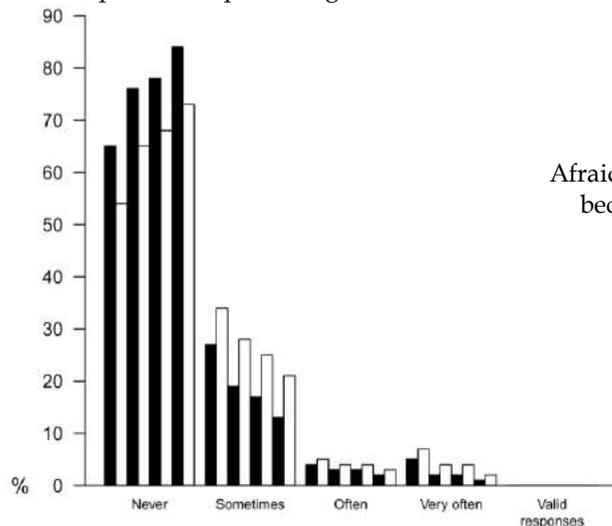
- This was a new question in 2002 and size and weight or the 'way they looked' are the main reasons for being bullied.
- In previous volumes of this series we have reported only the primary phase responses to this question.
- We note that among secondary pupils 'the way you look' is a significant worry and clearly 'size and weight' are related to this.

Fear of school bullying

35% of the 10-11-year-old females fear bullying at least *sometimes*

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

- 46% of the Year 4, 35% of the Year 6 and 32% of the Year 8 females fear bullying at least *sometimes*, with 27% of Year 10 females saying the same.
- The females are more fearful than the males and the older they get the less afraid they become.
- Up to 20% report being bullied in the last 12 months.

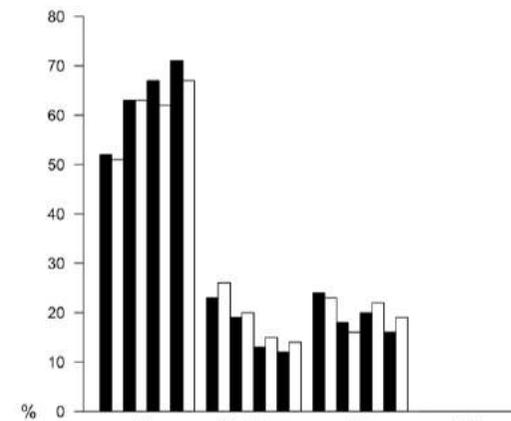


Afraid of going to school because of bullying

	Never	Sometimes	Often	Very often	Valid responses
■ Yr 4 M	65	27	4	5	9636
□ Yr 4 F	54	34	5	7	9713
■ Yr 6 M	76	19	3	2	12974
□ Yr 6 F	65	28	4	4	12621
■ Yr 8 M	78	17	3	2	10327
□ Yr 8 F	68	25	4	4	10325
■ Yr 10 M	84	13	2	1	9142
□ Yr 10 F	73	21	3	2	9281

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.
- This year, around 18% of 10-11-year-olds report some form of bullying (see chart below).



Bullied at school in last 12 months

	No	Don't know	Yes	Valid responses
■ Yr 4 M	52	23	24	2758
□ Yr 4 F	51	26	23	2861
■ Yr 6 M	63	19	18	3639
□ Yr 6 F	63	20	16	3369
■ Yr 8 M	67	13	20	7657
□ Yr 8 F	62	15	22	7836
■ Yr 10 M	71	12	16	7302
□ Yr 10 F	67	14	19	7371

Bullying trends

There are recent upwards trends in reports of bullying and the fear of bullying among 12-15yo

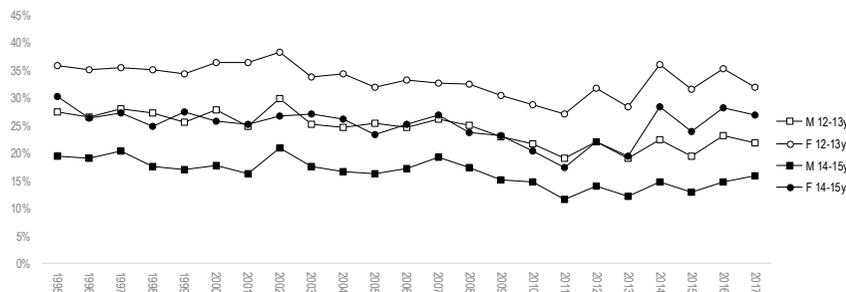
Trends in fear of bullying and reports of bullying

1. There has been a general decline in fear of bullying from 1995 to 2011, but since then the trend has been upwards among secondary-aged pupils.
2. Looking at actual reports of bullying over part of the same period, from 2005 to 2011 (plotted on the same axes), the pattern is very much the same.
3. Trends among primary school ages are steadily downwards (not shown).

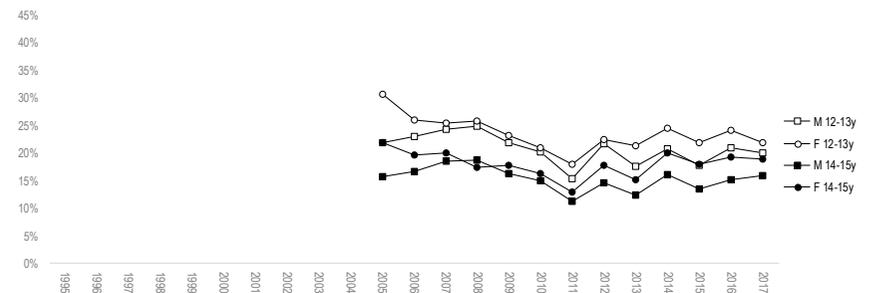
Comments

1. Plotted on the same axis, it is clear that the fear of bullying exceeds actual reports of bullying, but this does not mean these fears are unfounded.
2. The increase in fear of going to school because of bullying at least sometimes is more marked among females.
3. Since 1999, the figures for fear of being bullied, at least *sometimes*, show females remaining higher than males.

Percentage who fear going to school because of bullying at least *sometimes*, 1995-2017



Percentage who report being bullied at or near school in the last 12 months, 2005-2017

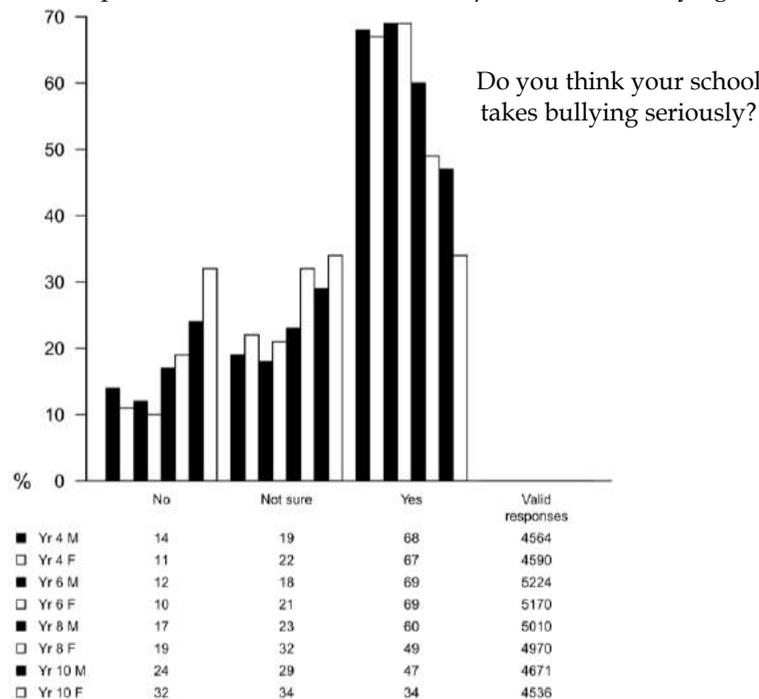


School bullying

As pupils get older, fewer say their school takes bullying seriously

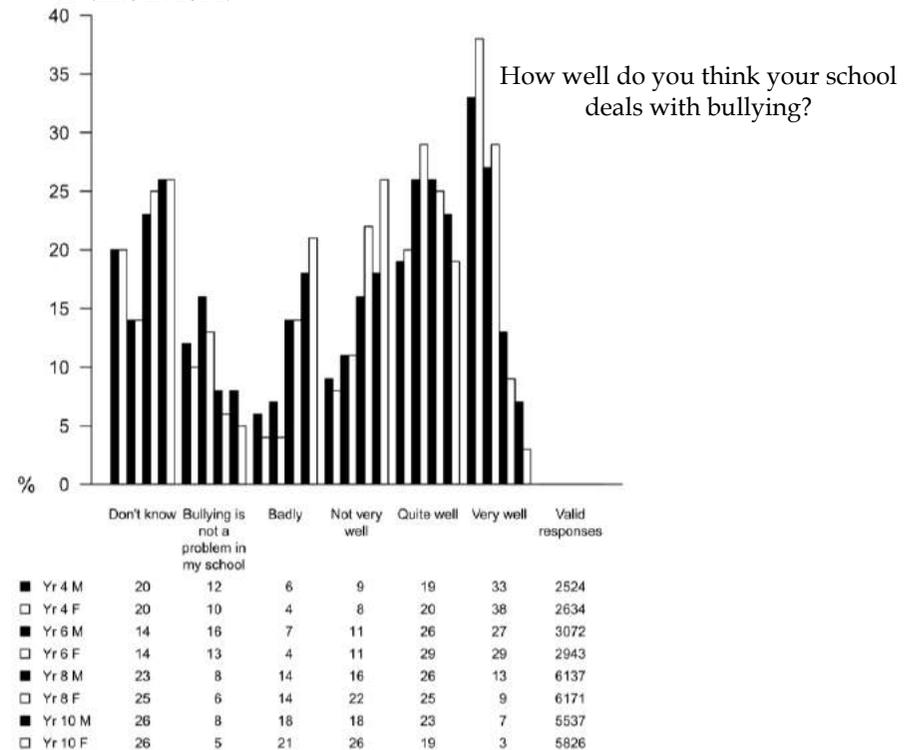
School taking bullying seriously

- Up to 32% (slightly more females than males) think the school does not take bullying seriously.
- Around 13% of older pupils think their school deals *very well* with bullying.
- Up to 29% think their school deals *quite well* with bullying.



Comments

- For the 'school takes bullying seriously' question, positive responses fall as pupils get older, while 'don't know' rises as well as 'badly'.
- The 'dealing with bullying' data were added to this report for the first time in 2014.

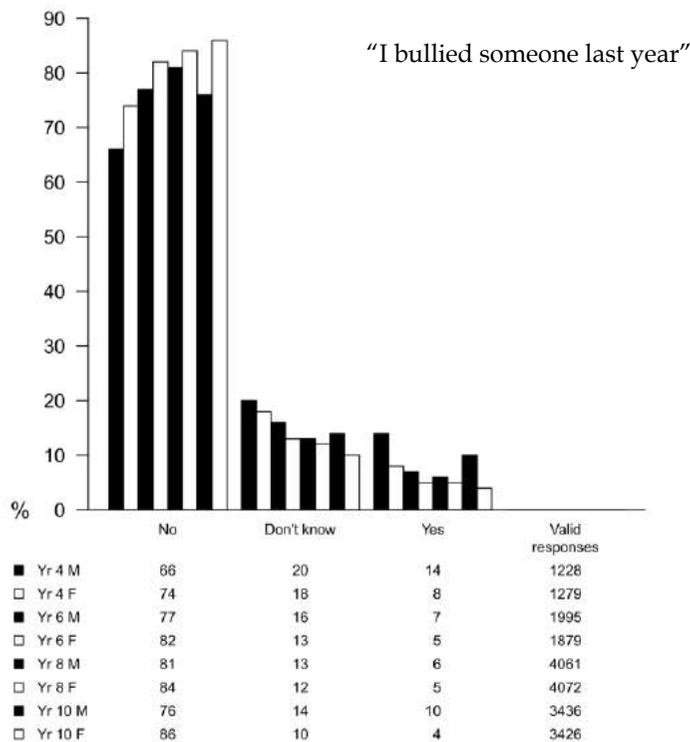


Bullying and relationships

Up to 10% of 12-15 yr olds report bullying someone *last year*

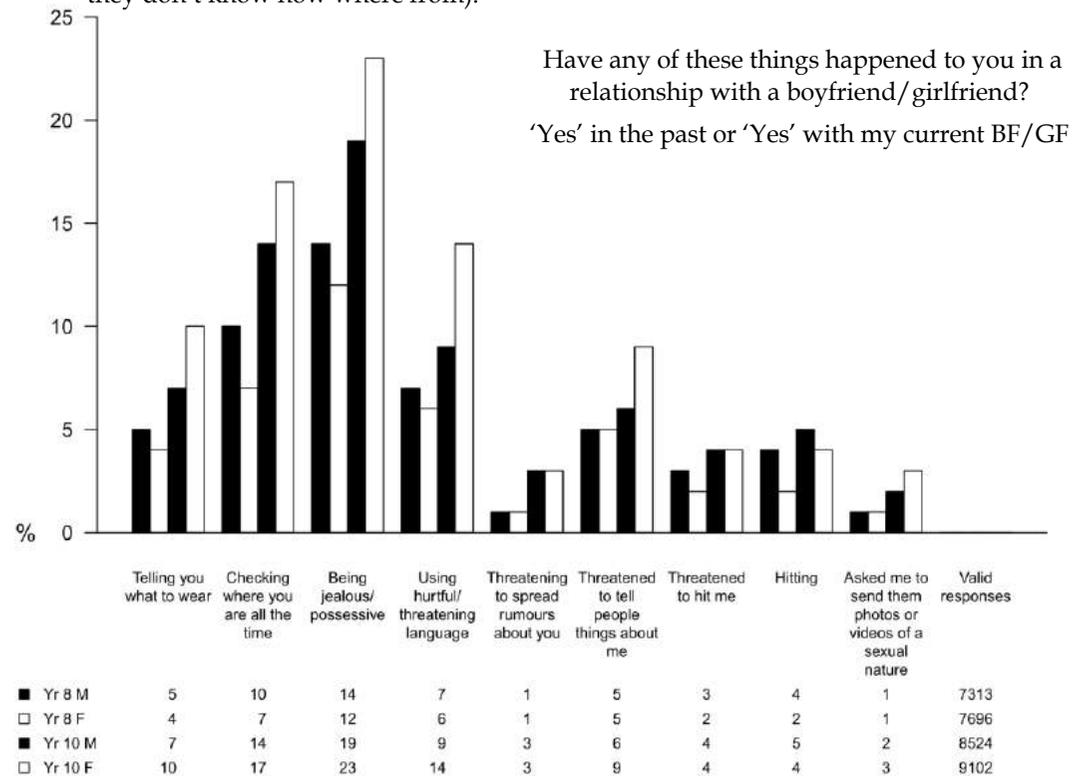
Bullying someone ... relationship incidents

- Up to 10% of 12-15 yr olds (more males than females) report bullying someone *last year*.
- Pupils in this sample report various incidents in their boyfriend/girlfriend relationships.



Comments

- 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.
- In related answers, if anything bad happened in a relationship, over 60% of older pupils say that they know where to get help, and about 70% say that they would get help (even if they don't know now where from).



E-Safety

80%-95% of pupils say they have been advised how to stay safe while online

Online advice... meeting online ...scary pictures and messages

1. Up to 95% say they have been advised how to stay safe while online.
2. Up to 18% say they have met someone in real life whom they first met online, but these were mostly of the same sort of age.
3. 11% of older females say they have sent images to someone.

Our clients all seem to want to know slightly different things about the young people in their area, so we don't have good overall figures for many questions, but some headlines may be of interest:

- 7% of pupils across four local authorities have seen racist or other extreme/radical material online.
- 53% of Y10 females in one authority have been sent sexual images, while 10% said that someone else had sent pictures of 'you'

	Yr 4 M	Yr 4 F	Yr 6 M	Yr 6 F	Yr 8 M	Yr 8 F	Yr 10 M	Yr 10 F
Been given online safety advice	82	88	90	94	91	95	90	95
Follow online safety advice	84	89	87	92	81	87	71	78
Received a chat message that scared you or made you upset?			13	16	12	23	14	31
Have you ever looked online for adults-only pictures/videos?	14f	7	7	3	20	5	46	8
Seen adults-only images	23	19	24	20	47	35	73	58
Has anyone online who you didn't know asked to see pictures of you?	8	7	7	6	3	5	7	15
Have you sent sexual pictures of yourself to someone you do know? (online or by 'phone message)					2	2	7	11
Has anyone you don't know in person, asked to meet with you offline?	4	3	6	3	7	11	13	28
Did you actually meet them?					10	8	18	18
Were they older than you?			54	33	6	13	11	27
Valid responses	1352	1353	3665	3640	2185	2345	1654	1761

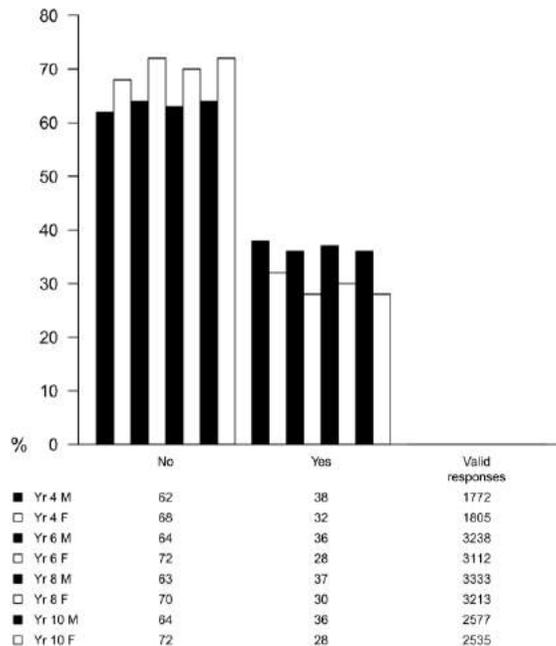
Primary-age pupils were not given options where blanks are shown

Accidents

Up to 37% 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?

- Up to 37% of the respondents reported having an accident that needed some sort of treatment by a doctor or at a hospital.
- Consistently more males than females report involvement in an accident.



Comments

- 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.
- 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.
- 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 trying smoking, drinking in the last week, or ever having used illegal drugs, and these differences apply in all age groups. The figures in the table below are for the year 10 males:

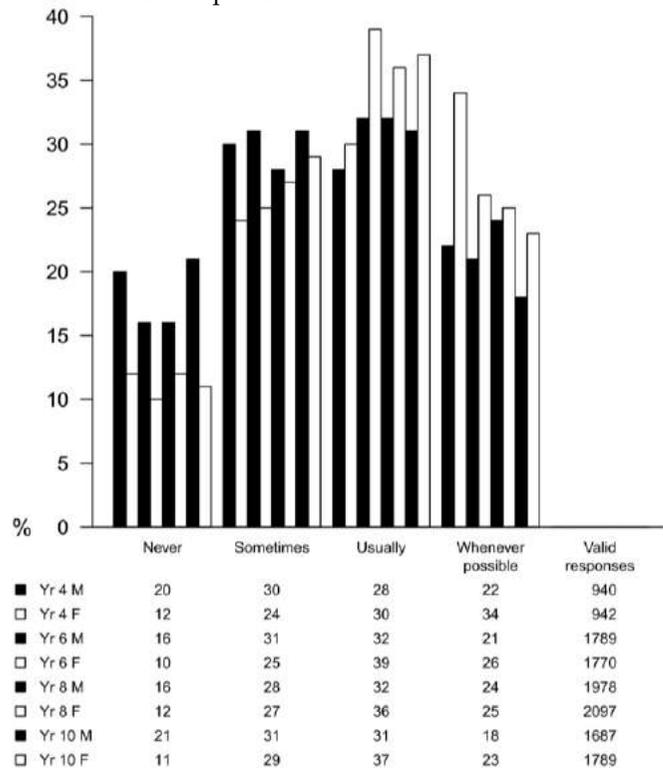
Accident in last year?	Tried smoking	Drank last week	Ever used drugs
No	27%	12%	10%
Yes	36%	20%	15%

Sunburn

Up to 21% *never* try to avoid sunburn

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

1. Up to 21% *never* try to avoid sunburn; more males than females.
2. More of the younger than older males and females try to avoid sunburn 'whenever possible'.



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, 21% of 14-15-year-old males are choosing to risk exposure to the sun that may result in sunburn.
4. Some authorities have asked about sunbed use; sunbed users are rather less likely to adopt precautions against sunburn. For example, 24% of 14-15yo females in one authority (N=239) said they 'never' tried to avoid sunburn, but if they were sunbed users, the figure was 37%.



Year 10 females' avoidance of sunburn by sunbed use

Sunbed use	% 'never' avoid sunburn
No	23
Yes	37
All	24

4 Family and Home

Young people spend most 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?	36
Do you have a disability or a long-standing illness?	37
Are you a young carer?	38
Do you have Free School Meals?	39
Ethnic group — which of the following most nearly describes you?	40
How did you travel to school today?	41
How long did you spend watching live or recorded TV programmes after school yesterday?	42
How long did you spend doing homework after school yesterday?	43
How long did you spend playing computer games after school yesterday?	44
Activities after school on the previous evening	45
What do you do online? Have you had lessons about...?	46
Light or heavy users of social media	47

Adults at home

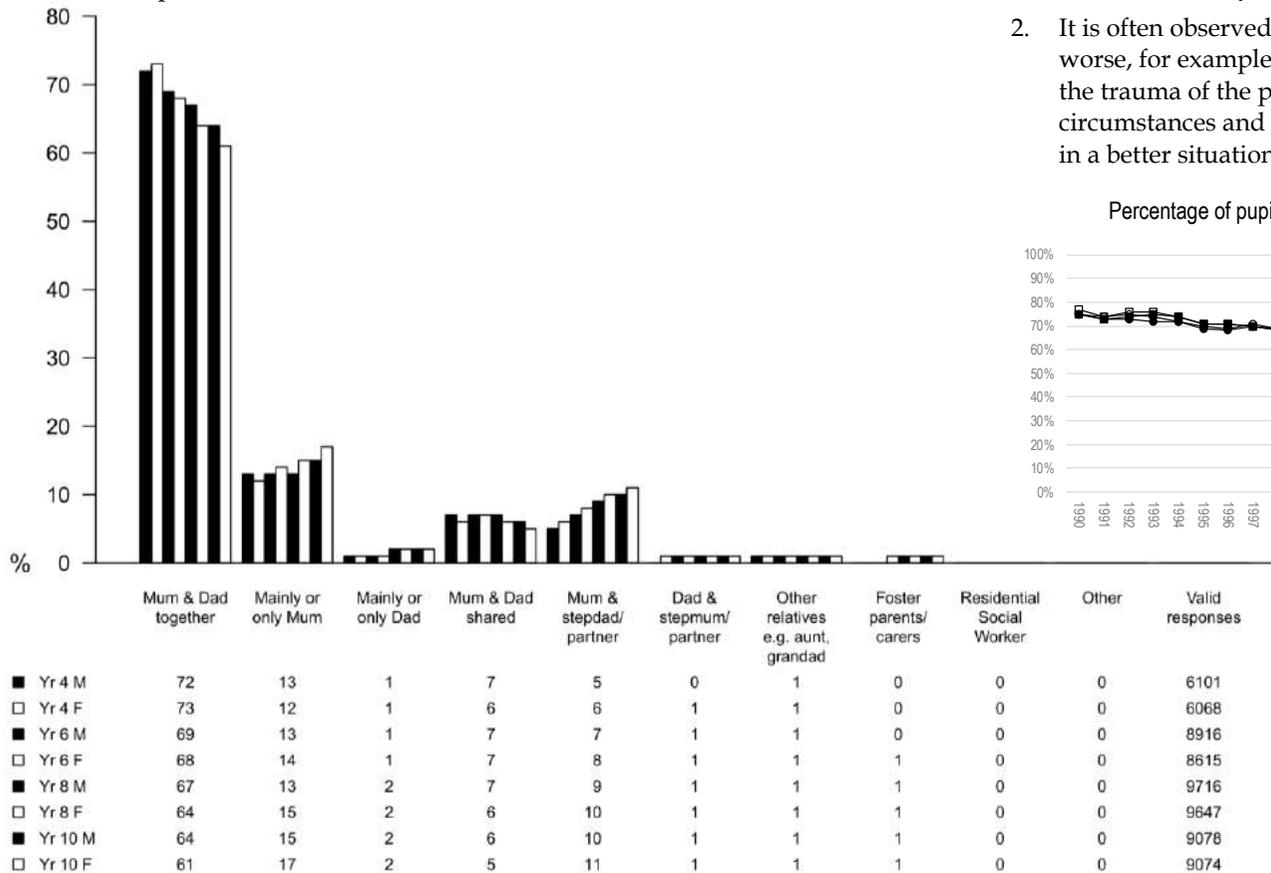
As they get older, fewer pupils report living with both parents

Which adults do you live with?

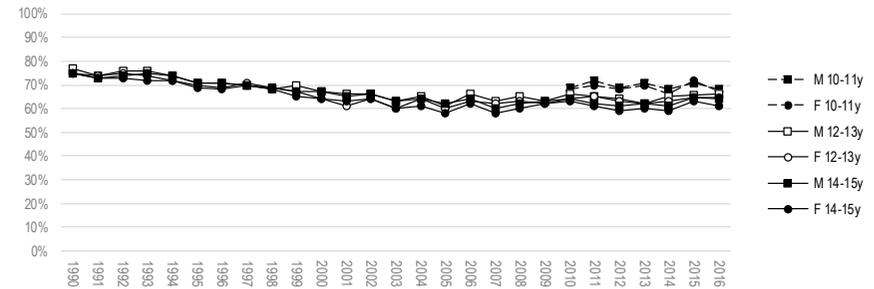
1. About 2/3 of the sample live with *mother & father*; less as they get older.
2. If they live with just one parent their *mother* is more likely than their *father* to be present.

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.



Percentage of pupils reporting living with mother and father at home 1990-2017

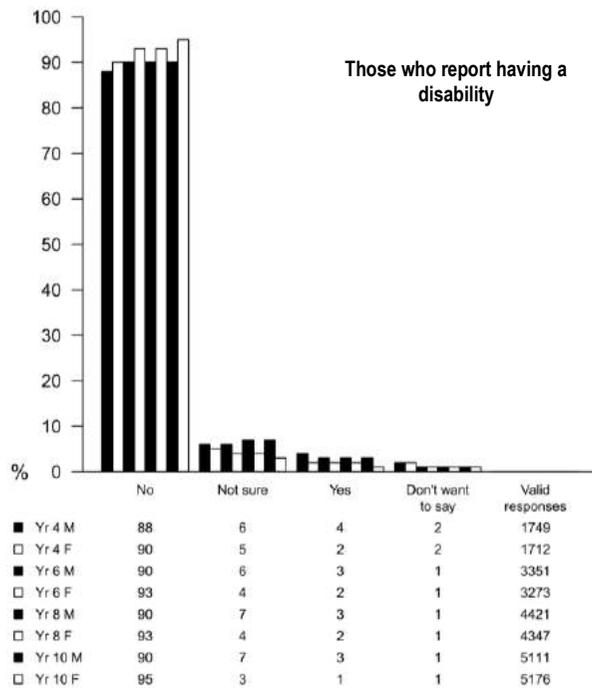


Disability or illness

Around 10% of this sample report having a long-standing illness

Do you have a disability or a long-standing illness?

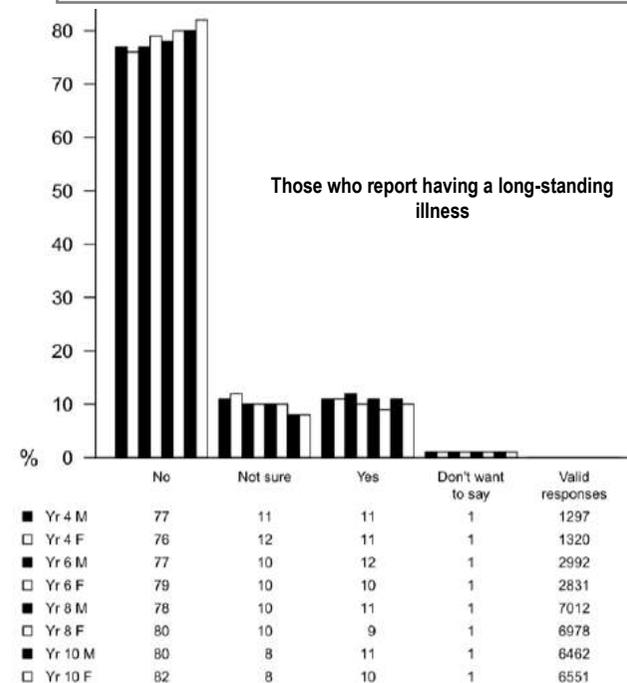
- Up to 4% of this sample say they have a disability.
- Around 10% or so of this sample say they have a long-standing illness. From other work, we know that asthma is the most common condition.



Percentages of Yr 10 pupils ever tried drugs and % bullied last year by disability or long-standing illness

	All Yr 10	Yr 10 disabled	Yr 10 long-illness
	%	%	%
Tried drugs	16	19	11
Bullied last year	19	31	25

The information above shows that those Year 10 pupils who reported having a long-standing illness or disability were more likely than their peers to report having being bullied in the last year; those with a long-term illness were less likely to have tried drugs. We have seen similar findings in many local authorities, and also contrasting ones, where long-term ill or disabled pupils were more likely to take risks.

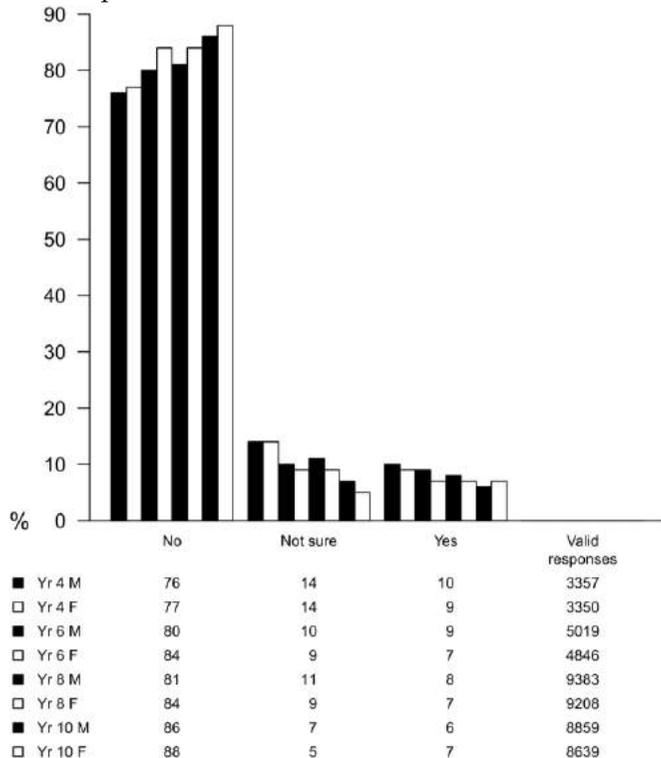


Young carer

Around 7% of 14-15yo say they are carers

Are you a 'young carer'?

1. Up to 7% of the Y10 sample say they are carers.
2. Surprisingly, we see higher figures for younger age groups, which suggests to us that the pupils are not interpreting the question in the way we expect.



Comments

1. We usually ask this question after showing young people the Local Authorities' working definition of a young carer and asking them who it is that they look after.



Percentages of Yr 10 pupils and % of a range of variables in one authority by being a young carer

	All Yr 10	Yr 10 young carer
	%	%
Bullied at or near school in last 12 months	18	32*
Ever tried smoking	17	40*
Worried 'quite a lot'/'a lot' about money	62	71*
Sexually active	15	24*
Had accident last year	32	46*
Enjoy 'most'/'all' school lessons	25	33*
Ever taken drugs	13	17

Yr 10 young carers were less likely to enjoy school lessons. They are more likely to report: having an accident; having tried smoking/being offered drugs; worrying about money; being sexually active and having being bullied compared with non-young carers.

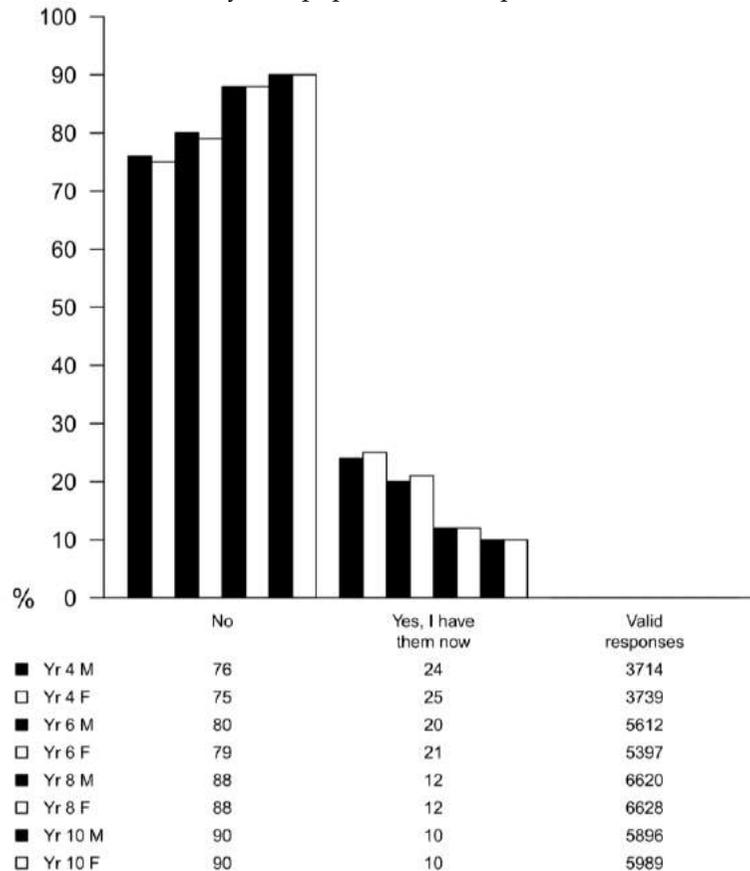
Free school meals

12% of the Year 8 pupils in this sample have free school meals.

Do you have 'Free School Meals'

[Explanation may be provided in local surveys]

1. 12% of the year 8 pupils in this sample have free school meals.



Comments

- Schools are very alert to the percentage of pupils who have free school meals as extra Pupil Premium funding may be forthcoming.
- Local Authorities have worked with us on extending the response options to try and capture a figure 'ever in the last 6 years', so the 'Yes' column is an aggregate across different questions. The official average across England for 2017 is 14%, slightly lower in the secondary phase.



Percentages of Year 10 pupils ever tried smoking, bullied last year, sexually active, want full-time education after Year 11 by free school meals (FSM)

	All Yr 10 %	Yr 10 FSM %	
Tried smoking	27	34*	
Bullied last year	18	21*	
Sexually active	15	15	
Want to stay in full-time education after Yr 11	48	39*	* p< 0.05

Those 14-15 year-olds who get free school meals were less likely to want to continue with full-time education and more likely to report having tried smoking, to be bullied in the last year and to be sexually active.

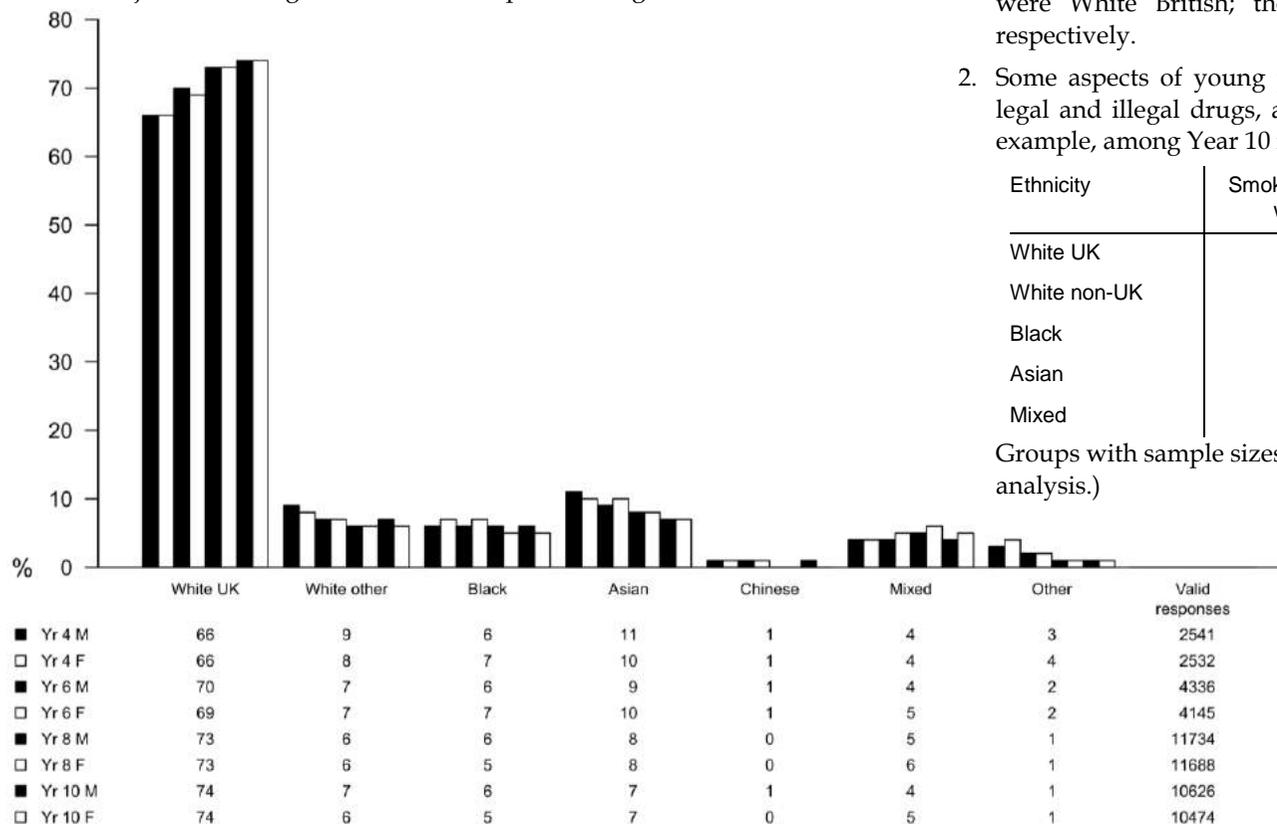
Ethnic Group

A predominately white population is represented here

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

Comments

1. Just under 80% of the whole sample reported being White, that is, not just of UK origin but also of European heritage.



1. In England in 2017, 68% of primary pupils and 71% of secondary pupils were White British; the figures in our sample are 68% and 73% respectively.
2. 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 UK	19	15	14
White non-UK	20	12	18
Black	29	1	16
Asian	11	3	10
Mixed	22	7	19

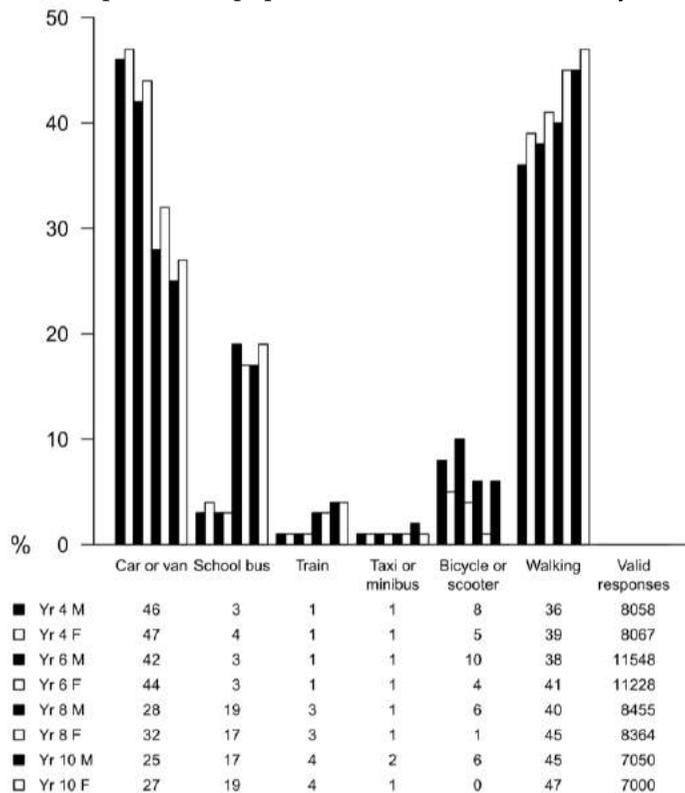
(Groups with sample sizes less than 30 have been excluded from this analysis.)

Journey to school

Up to 47% of pupils walk to school

How did you travel to school today?

1. Over 25% of older pupils go at least part of the way to school by *car*.
2. Around 18% of older pupils go by *school bus*.
3. Up to 47% of pupils *walk* at least some of the way to school.



Comments

1. 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%.
2. 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.
3. Between 36%-47% of 8-15 yr olds 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.

Television watching

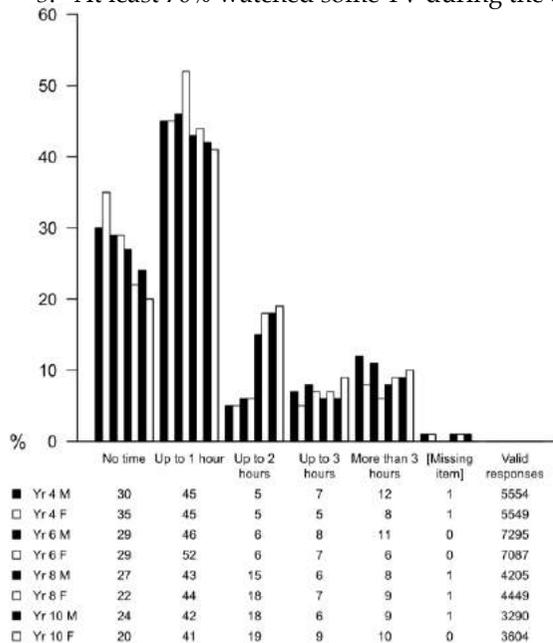
30% or fewer pupils did not watch TV during the evening prior to the survey

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

1. Up to 10% watched TV for *more than 3 hours*, while 30% or fewer pupils did not watch any at all.
2. More younger females watch *up to 1 hour* but there are few differences between the genders over the different time periods and most pupils watched between one and two hours of TV.
3. At least 70% watched some TV during the evening prior to the survey.

Comments

1. 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. In one local authority, over 50% of 14-15yo spent more than 3 hours looking at screens on the day before the survey, with over 40% of 14-15yo females spending more than 5 hours. 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.

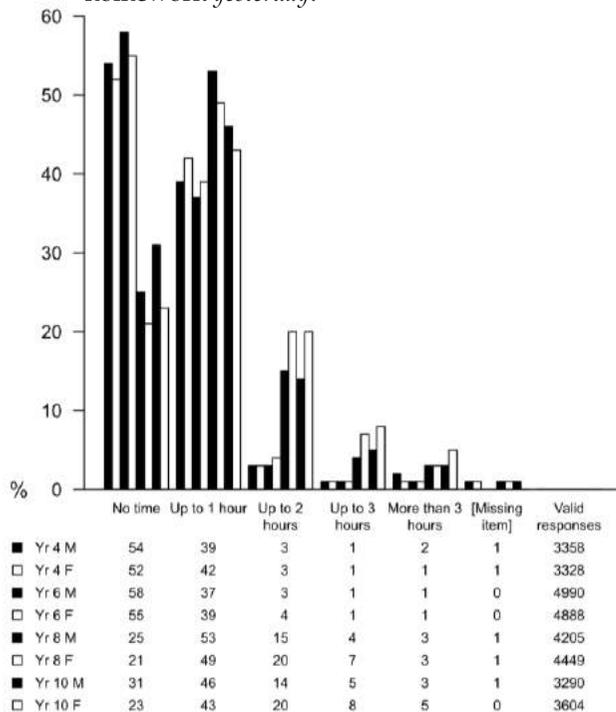


Homework

Females spend more time on homework

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. About 28% of year 8 and year 10 males report spending *no time at all* on homework *yesterday*.



Comments

1. The data should refer to the evenings of Monday to Thursday only.
2. There are differences among ethnic groups in the number of hours of homework reported:



Year 10 females reporting homework on previous evening by ethnic group

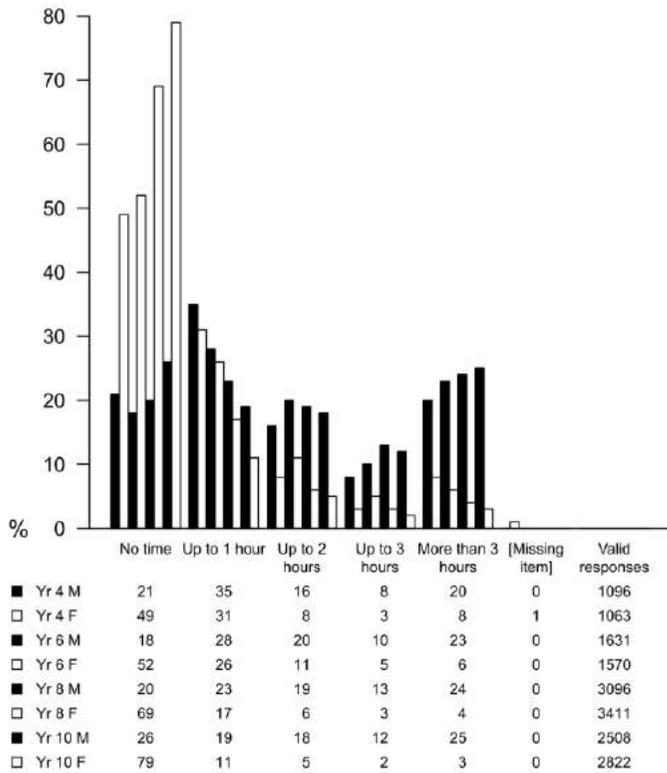
	White UK	White other	Black	Asian	Mixed
No time	24	22	22	8	18
More than 3 hours	4	2	4	8	2

Computer games

80% of 12-13yo males played computer games 'after school yesterday'

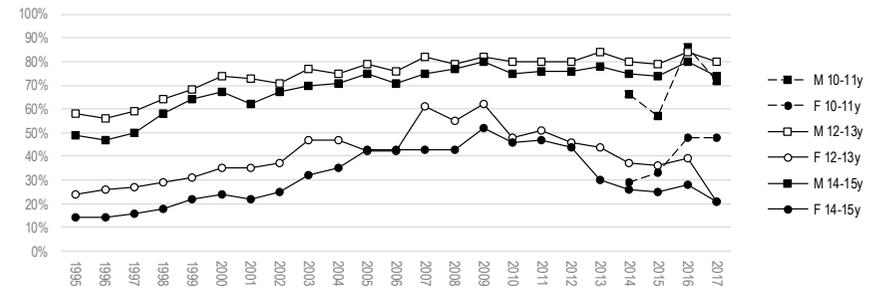
How long did you spend playing computer games after school yesterday?

1. The much greater involvement of males than females is clear.
2. Around 25% of older males spent *more than 3 hours* on computer games.



Comments

1. The findings from the smaller primary-phase samples are similar to and in keeping with those from older pupils, but we have more hesitation about accepting the accuracy of these estimates.
2. Despite the preponderance of males' involvement in this activity, about half of the younger females reported spending some time playing computer games after school, on the day prior to the survey.
3. Males have reported overall increasing rates of playing games from the outset, but females' keenness peaked in around 2009.



Percentages, from those pupils who reported spending 'no time at all' on computer games, subtracted from 100.

After-school activities

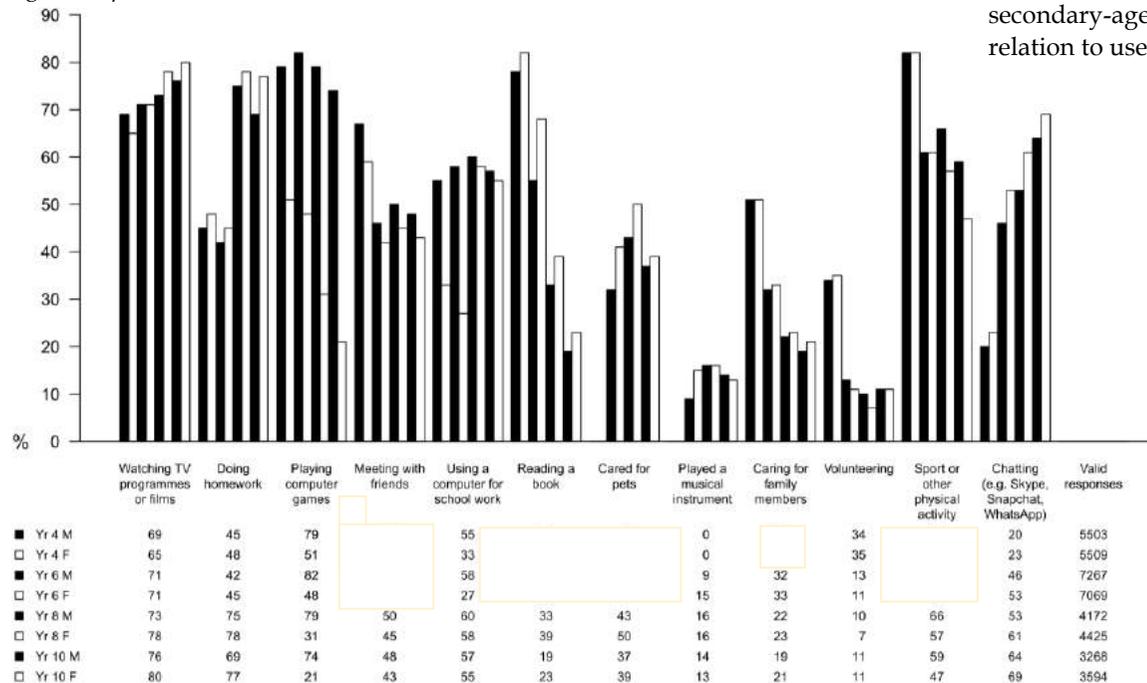
Watching television remains the most popular activity

Activities after school on the previous evening

Comments

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

1. The fall in the percentage of ‘readers’ between Years 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 school work, is not markedly different between secondary-aged males and females, but clear differences are seen in relation to use of a computer for games.



Online ?? education

83% of 14-15y pupils recall being told about sharing personal information online

What do you do online? Have you had lessons about...?

1. The most common activity that young people take part in online is social media: 88% by Year 10.
2. Pupils had been taught most often about sharing personal information online, from 70% in Year 6 to 83% in Year 10.

	Y4	Y6	Y8	Y10
Looking at web pages about hobbies and interests	23	34	55	63
Chatting (e.g. Skype, Snapchat, WhatsApp)	22	49	57	67
School work	50	51	73	76
Social media (e.g. Twitter, Facebook, Instagram)	9	32	73	88
Gaming	63	70	57	53
Updating my blog/webpage	5	5	6	6
Other	7	4	8	6
Valid Responses	5251	6187	2858	2998

Comments

1. These questions have been less widely used but shed some light on the activities of pupils and the responses of schools.
2. The CEOP report abuse system was widely promoted at one time but has fallen in young people's awareness, without, however, anything obvious replacing it.

	Y6	Y8	Y10
How to use social media well (such as Facebook)	62	77	81
Spending too much time online or gaming	63	65	68
Sharing your personal information online	70	75	83
Spam (emails from companies you don't know)	56	59	64
Phishing (trying to get your information by pretending to be someone you can trust)	55	51	58
Being bullied online (cyberbullying)	68	72	78
Communicating with people you have met online	60	65	75
CEOP's "Report Abuse" buttons	39	51	55
Identity theft (incl. 'fraping', i.e. using someone's account while they are still logged in)		55	64
Sexual, violent or other upsetting content		58	68
Sexting (sending sexually explicit pictures/videos)		56	74
Being approached online by an adult who wants a sexual encounter or relationship		54	69
Valid responses	1625	2499	2041

Social media

Association between heavy social media use and poor emotional wellbeing

Light or heavy users of social media

Comments

1. Last year, we reported on some trends indicating that young people, perhaps particularly older girls, were less confident than were their peers a decade ago. We are still not sure why that is, but we have looked a little closer into our sample for this report. We found, for example, some links between use of social media ('talking and messaging online') and both risky behaviour and poorer emotional well-being.
2. There is a very plain association between heavy social media use and poor emotional wellbeing. But the statistics don't tell us anything about cause and effect – for example, it could be that youngsters who are feeling down then spend more time online, maybe to feel better, and maybe it works for them.
3. Perhaps the standout result is the proportion of all of these young women who don't say they have an adult that they trust whom they can talk to if they are worried about something (responding *no* or *don't know*).

Differences in the responses of Year 10 females in three local authorities, depending on whether they were light or heavy users of screens on the day before the survey (N=864) [analysis from 2017]

Percentages among Year 10 females	Light screen users (<1h) on the evening before the survey	Heavy screen users on the evening before the survey (3h+)
Low self-esteem	32	40
Know a trusted adult to talk with about worries	95	85
Worry 'a lot' about something	69	72
5-a-day fruit & veg	31	12
Ever smokers	10	14
Sometimes drink alcohol at home without parents' knowledge	7	35

5 Legal and illegal drugs

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.

Question

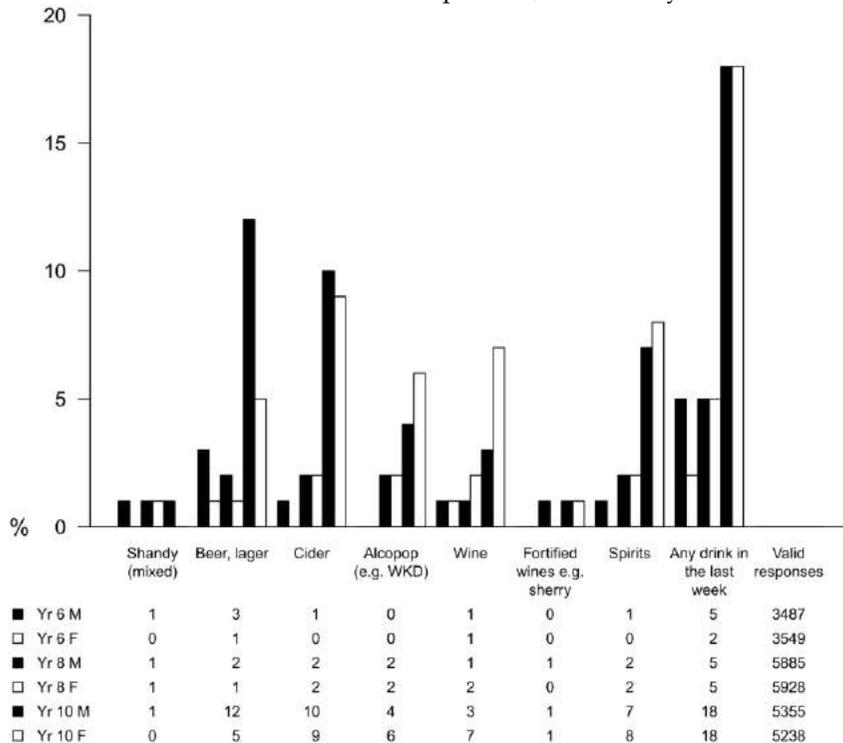
During the last 7 days, have you had any of these alcoholic drinks?)	50
The total number of units of alcohol consumed in the last 7 days	51
Have you bought alcoholic drink at any of these places during the last 7 days?	52
Have you had an alcoholic drink in any of these places during the last 7 days?	53
If you ever drink alcohol at home, do your parents know?	54
How many cigarettes have you smoked during the last 7 days?	55
If you have smoked recently, where did you get your last cigarettes from?	56
What kind of smoker are you?	57
How many people smoke on most days in your home?	58
The question asks the respondents to include themselves and regular visitors if they smoke at home.	58
Who smokes at home and in the car?	59
What best describes you? (vaping).....	60
What do you know about these drugs? Response To Always Unsafe	61
Do you know anyone personally who you think takes any of these drugs?	63
Have you ever taken any of these drugs?	64
Have you ever taken more than one type of drug on the same occasion?	65
Have you ever taken drugs and alcohol on the same occasion?	66
What was the most recent occasion you used any drug?	67

Alcoholic drinks

Spirits account for 8% of the choices from Year 10 females; *Beer* remains the older males' top choice

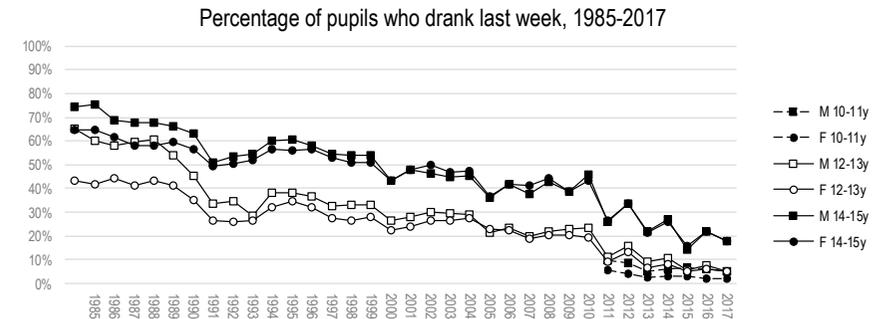
During the last 7 days, have you had any of these alcoholic drinks?

1. The table shows that 12% of the Year 10 males had consumed beer or lager during the last 7 days.
2. Wine is reported by 7% and spirits by 8% of Year 10 females.
3. Beer remains the older males' top choice, followed by cider.



Comments

1. Over the years, Year 10 females have often reported drinking spirits more often than did males.
2. The proportion of young people reporting that they had any alcoholic drink (more than a sip) in the week before the survey has fallen over the decades. The up-and-down feature of the later findings reflects differences in large local authority samples, but the conclusion still stands.



3. Alcohol use always used to be associated with higher self-esteem among older pupils, but this pattern has reversed in recent years. Here are figures from one local authority with a long history of use of our survey:

14-15yo used alcohol last week	2002	2004	2006	2008	2010	2012	2014	2016
Values 0-4 (low)	47	48	48	58	47	40	43	36
Values 5-9 (med-low)	50	49	48	48	46	36	34	36
Values 10-14 (med-high)	50	52	49	49	48	39	36	31
Values 15-18 (high)	55	52	50	51	53	40	34	32

Alcohol units consumed

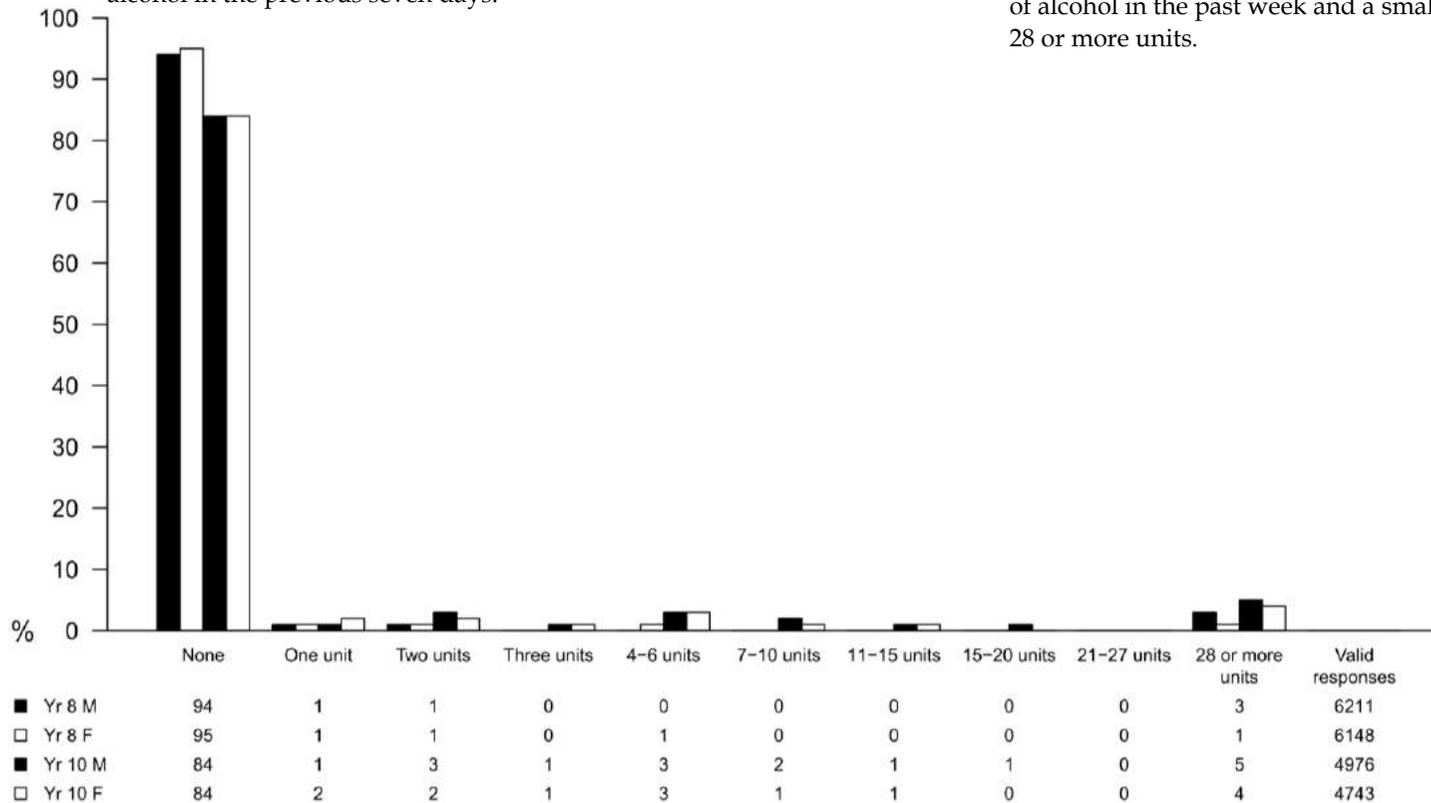
10% of 14-15-year-old males drank up to 10 units in the previous 7 days

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

Comments

- 10% of Year 10 male pupils reported drinking up to 10 units of alcohol in the previous seven days.

- In this sample, around 16% of 14-15-year-olds reported having some units of alcohol in the past week and a small percentage [4-5%] say they drank 28 or more units.

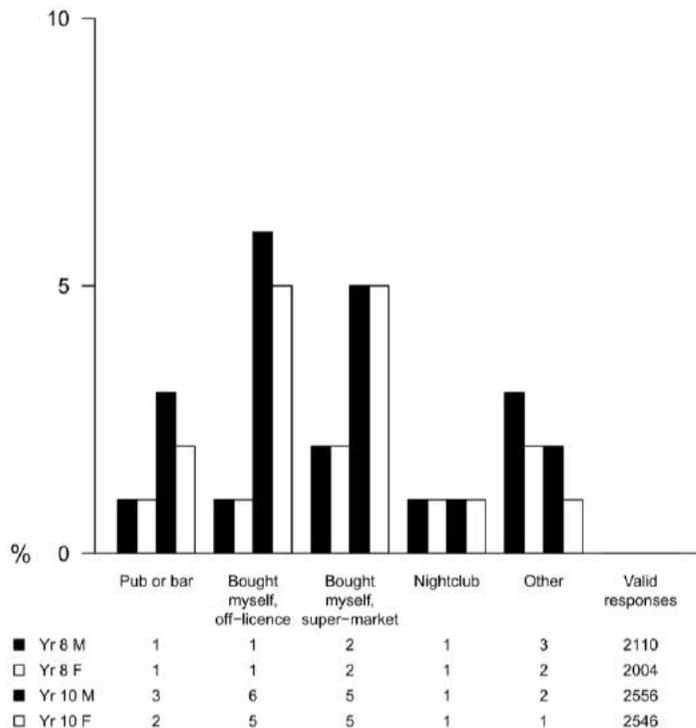


Sources of alcohol

Older pupils can buy alcohol from a number of sources

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

1. 12% of older pupils in this small sample reported that they purchased alcohol from at least one a number of sources including the *off-licence*, *supermarket* and *pubs*.



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

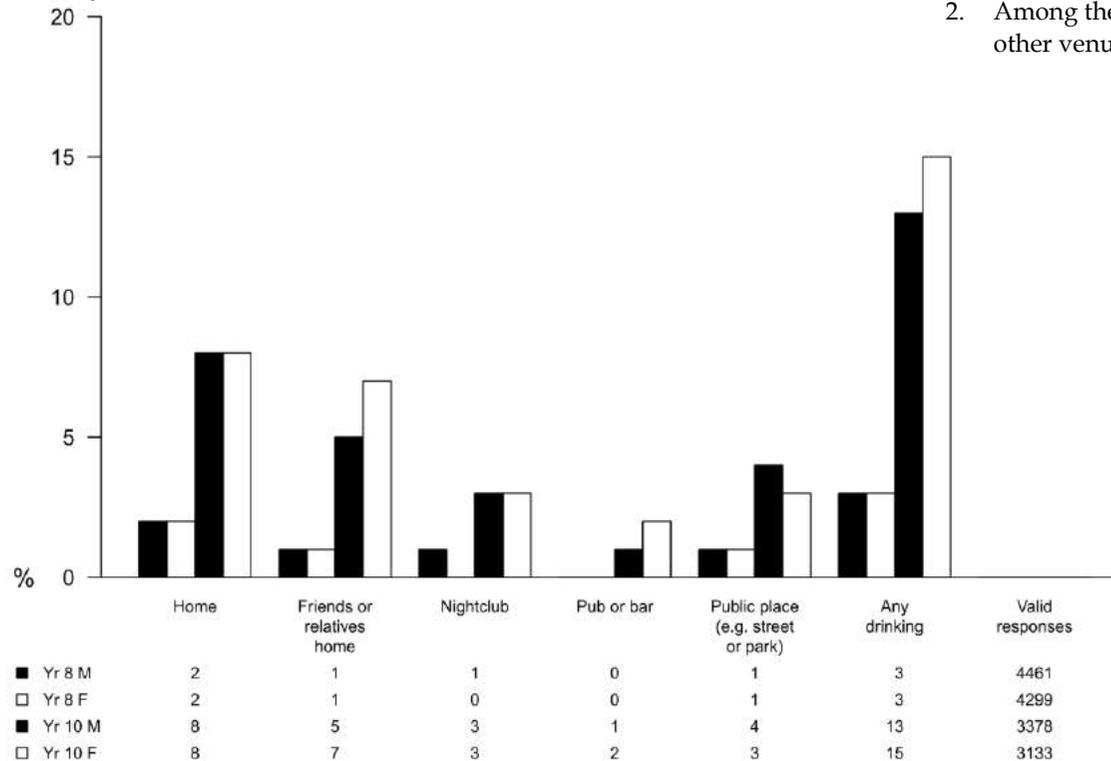
Most young people consume alcohol
at home and at a friends

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

Comments

1. Most 'drinkers' drank *at home or at a friend's/relation's home*.
2. 14-15-year-old 'drinkers' used all the listed venues.

1. Since 1991, around 1/5 of 14-15-year-olds consistently report drinking in a friends/relation's home.
2. Among the drinkers, 'In a bar/pub' remains the least favourite of the other venues.



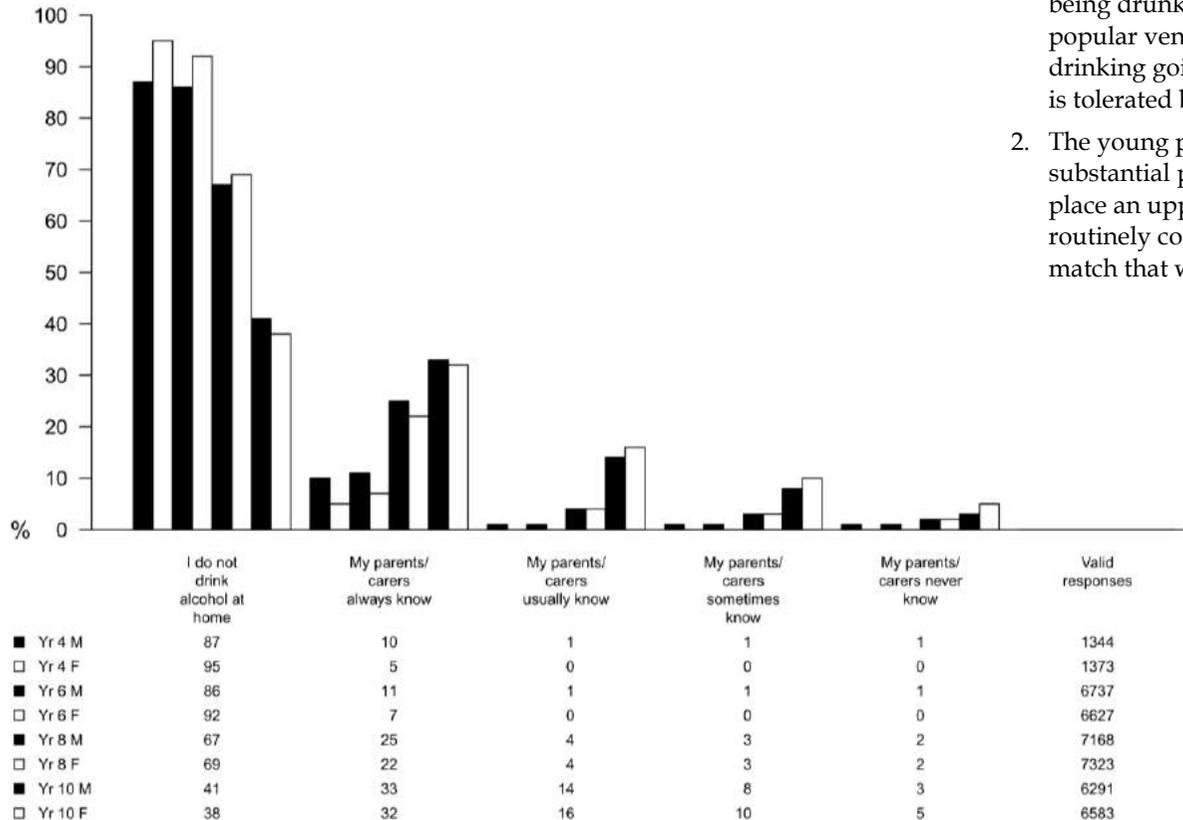
Drinking at home

Nearly 30% of the oldest pupils say that parents *always* know

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

Comments

1. Over 30% of older pupils say that parents always know while around 40% never drink at home.



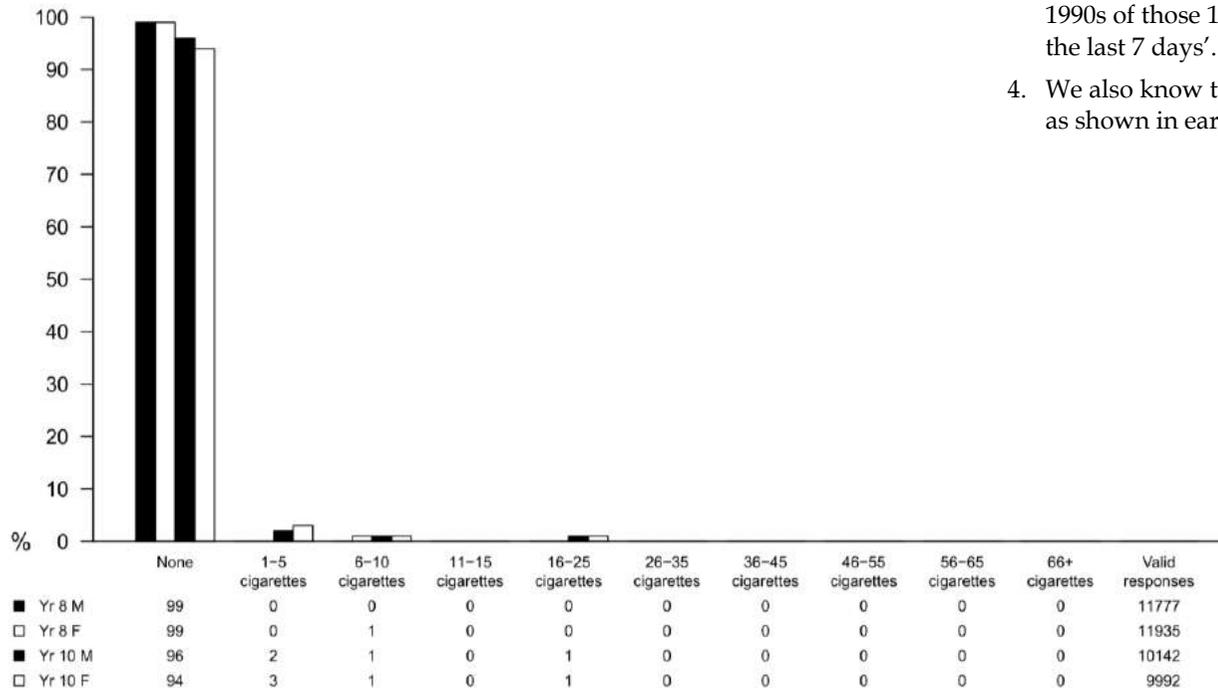
1. The question was added because of interest in the amount of alcohol being drunk during the previous week at home – always the most popular venue. The answer is that there is quite a lot of clandestine drinking going on among the older pupils, but also a lot of drinking that is tolerated by parents/carers, 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

6% of the Year 10 females reported smoking *during the last 7 days*

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

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 5 cigarettes.
3. 6% of Year 10 females reported smoking.



Comments

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 peaked around the mid-late 1990s of those 12-15 years olds that report smoking at least 1 cigarette 'in the last 7 days'.
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

Parent or Carer was the main source

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

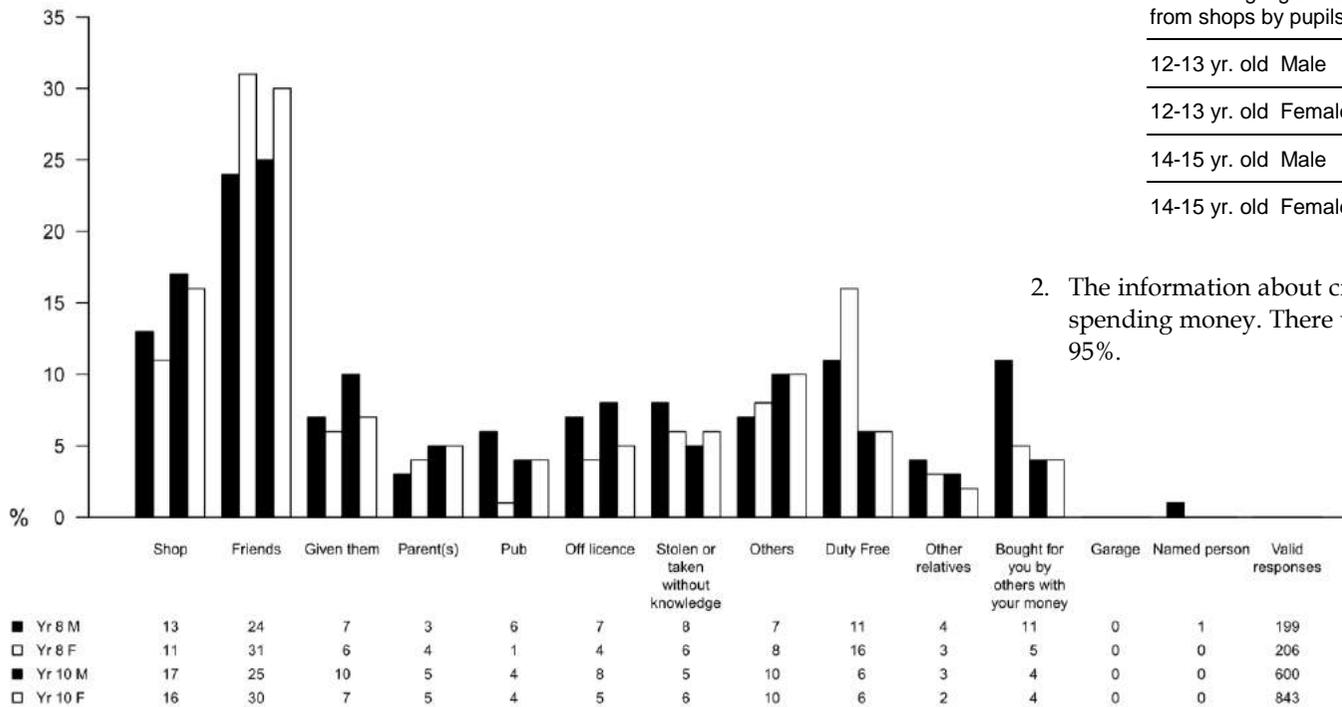
Comments

1. For both age groups, *friend* was the main source. NB the percentages are of those smoking recently, not of all pupils.

1. Cigarette purchases by under-18s are illegal. From 1st October 2007, the cigarette buying age was raised from 16 to 18 years of age. Our figures show that shops are becoming less popular as sources for cigarettes, but the change in law produced no obvious discontinuity:

Year of data collection / Purchasing cigarettes from shops by pupils	2005	2007	LEGAL AGE	2009	2014
12-13 yr. old Male	2%	1%	MOVED	1%	0%
12-13 yr. old Female	4%	1%	FROM	1%	0%
14-15 yr. old Male	8%	5%	16 to 18	6%	2%
14-15 yr. old Female	15%	9%	1st OCT 2007	9%	2%

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

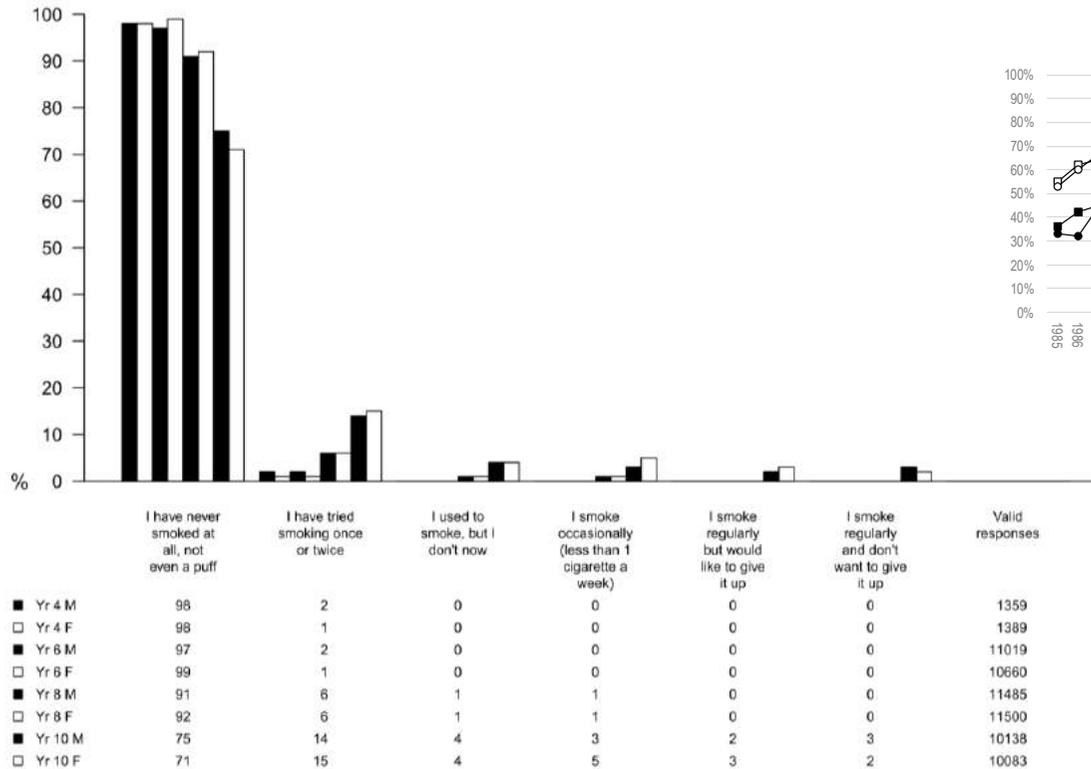


Type of smoker

Rising trend of pupils who report *never smoking at all*

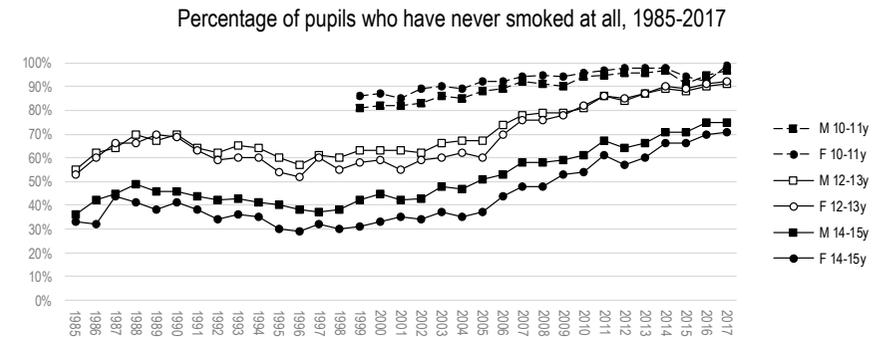
What kind of smoker are you?

1. In Year 6 around 98% report *never smoked*. By Year 10, this number declines to 75% for males and 71% for females.
2. 29% of Year 10 females have smoked and 5% report smoking regularly.



Comments

1. Data from 1985 show a rising trend, from around the late 1990s, of those pupils who report 'never smoked at all'.



Smokers in the home (1)

Around a third 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.

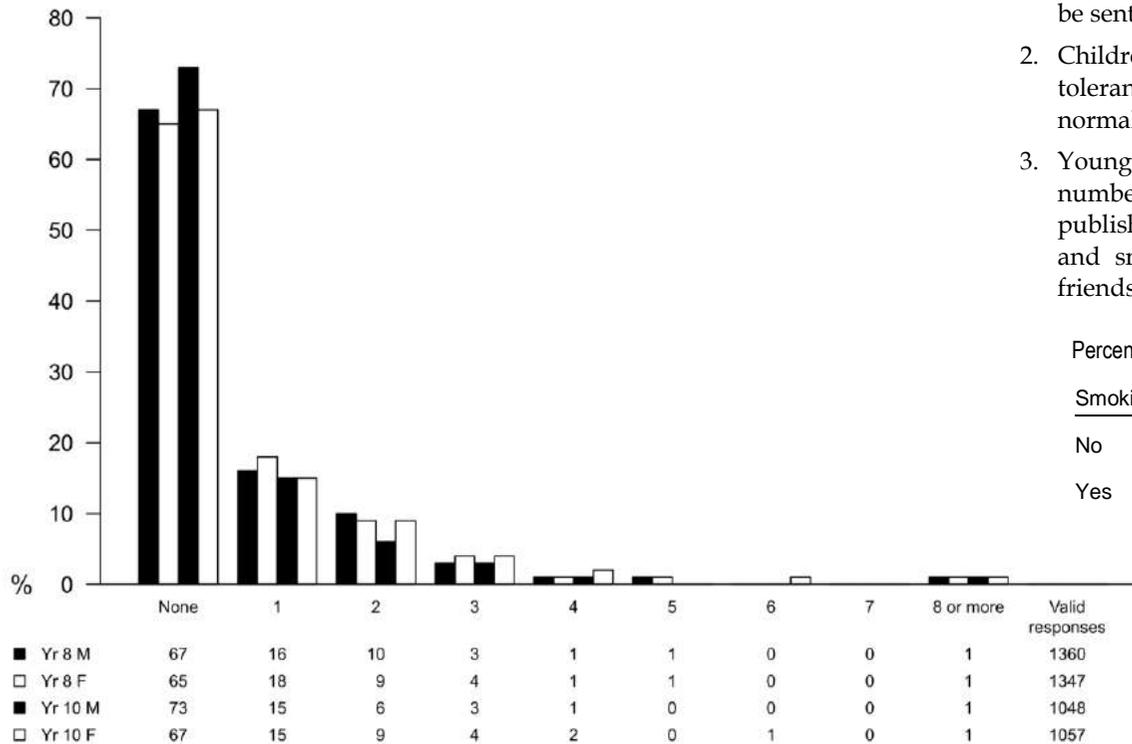
1. These figures seem to 'clump': smokers are more likely to be found where there is another smoker.

Comments

- '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.
- 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.
- Young people's own smoking habit is strongly correlated with the number of other people smoking at home. We show 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 [2006]

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



Smokers in the home (2)

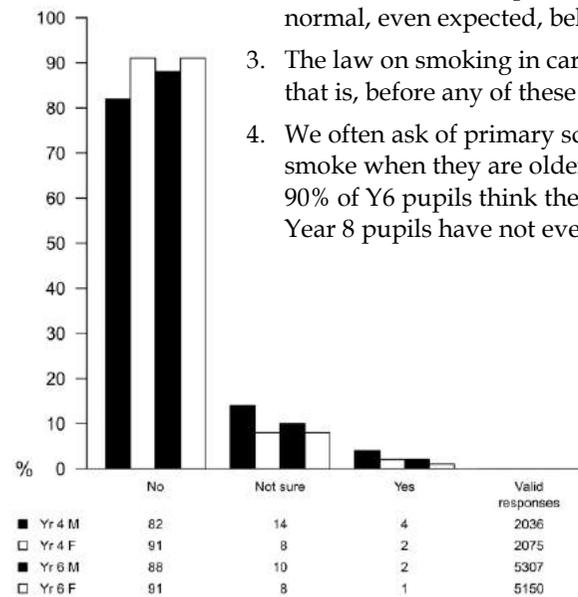
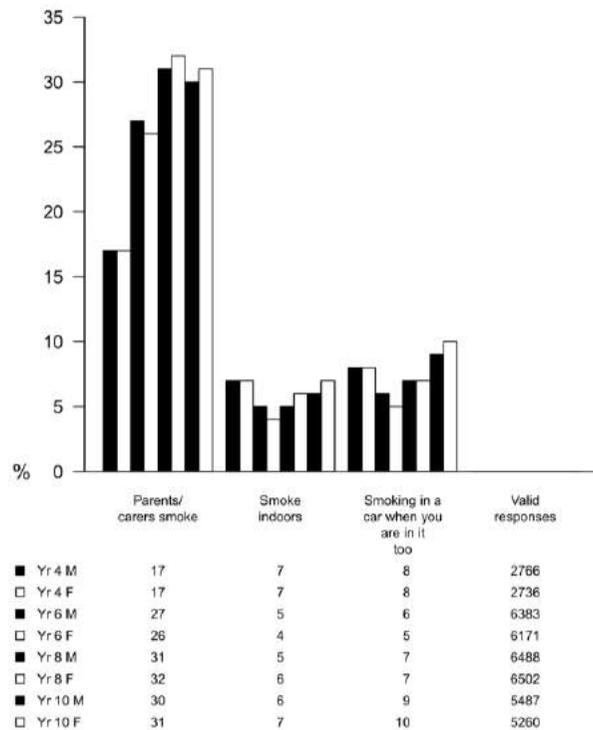
Around 30% of secondary pupils have parents/carers who smoke

Who smokes at home and in the car?

Comments

1. In this sample: over 30% of older pupils have parents/carers who smoke and 5-10% travel in cars when someone is smoking.
2. Around 4-7% live in homes where someone smokes in the rooms they use.

1. This information has not be included in previous reports. '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. The law on smoking in cars with children changed on 1 October 2015, that is, before any of these responses were given.
4. We often ask of primary school pupils if they think if they think they will smoke when they are older, and the answers are shown below. About 90% of Y6 pupils think they won't smoke when older, and about 90% of Year 8 pupils have not even tried smoking.

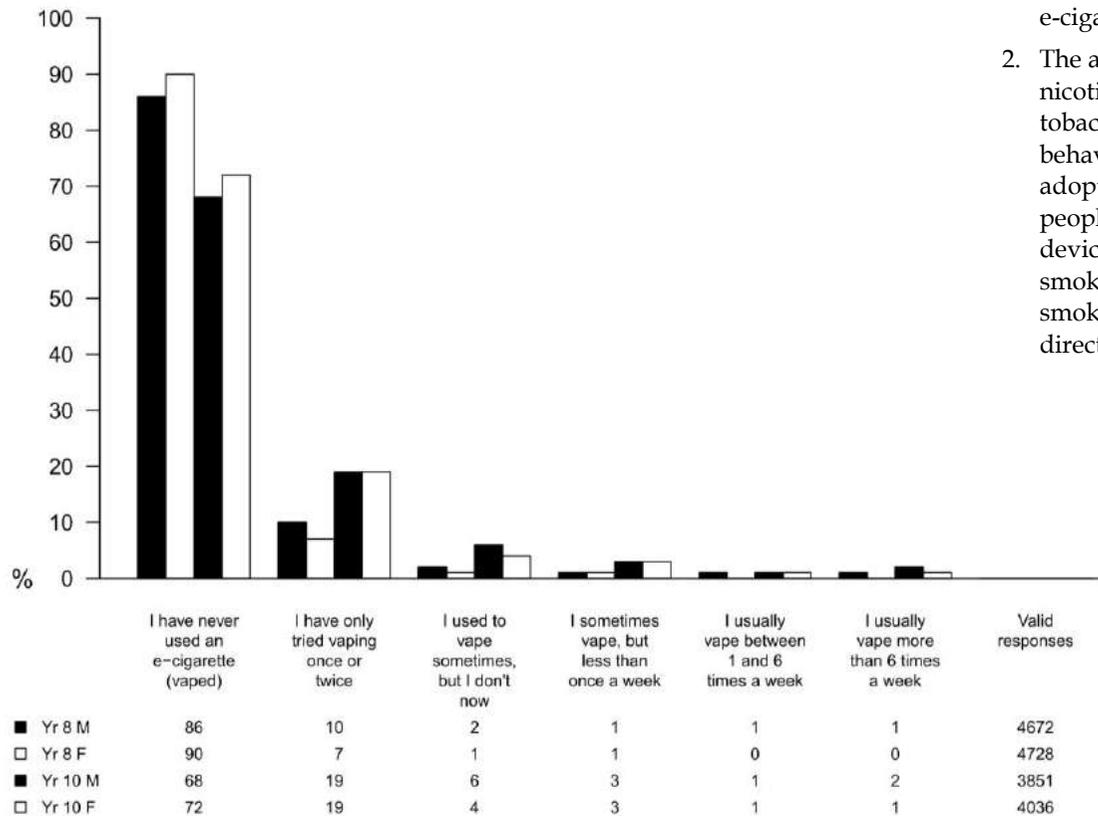


E-cigarettes

About 27% of 14-15yo have tried e-cigarettes

What best describes you? (vaping)

1. Up to 32% of older pupils have tried e-cigarettes (vaporised nicotine products) and a few percent of them are regular users.
2. Up to 10% of 12-13 year-olds have tried e-cigarettes.



Comments

1. There is a slight majority of males among current users and triers of e-cigarettes.
2. The argument for permitting the widespread availability of vaporised nicotine products is to promote the reduction or cessation of smoking tobacco among adult smokers. However, e-cigarettes may provide a behavioural bridge for young people to adopt smoking cigarettes, thereby adopting a smoking habit rather than giving it up. We can find young people who have never smoked who have tried or regularly use vapour devices. We can also find in our samples young people who are regular smokers who say that they tried using vapour devices before they started smoking tobacco, although most of the young people who smoke began directly with tobacco cigarettes.

Beliefs about drugs

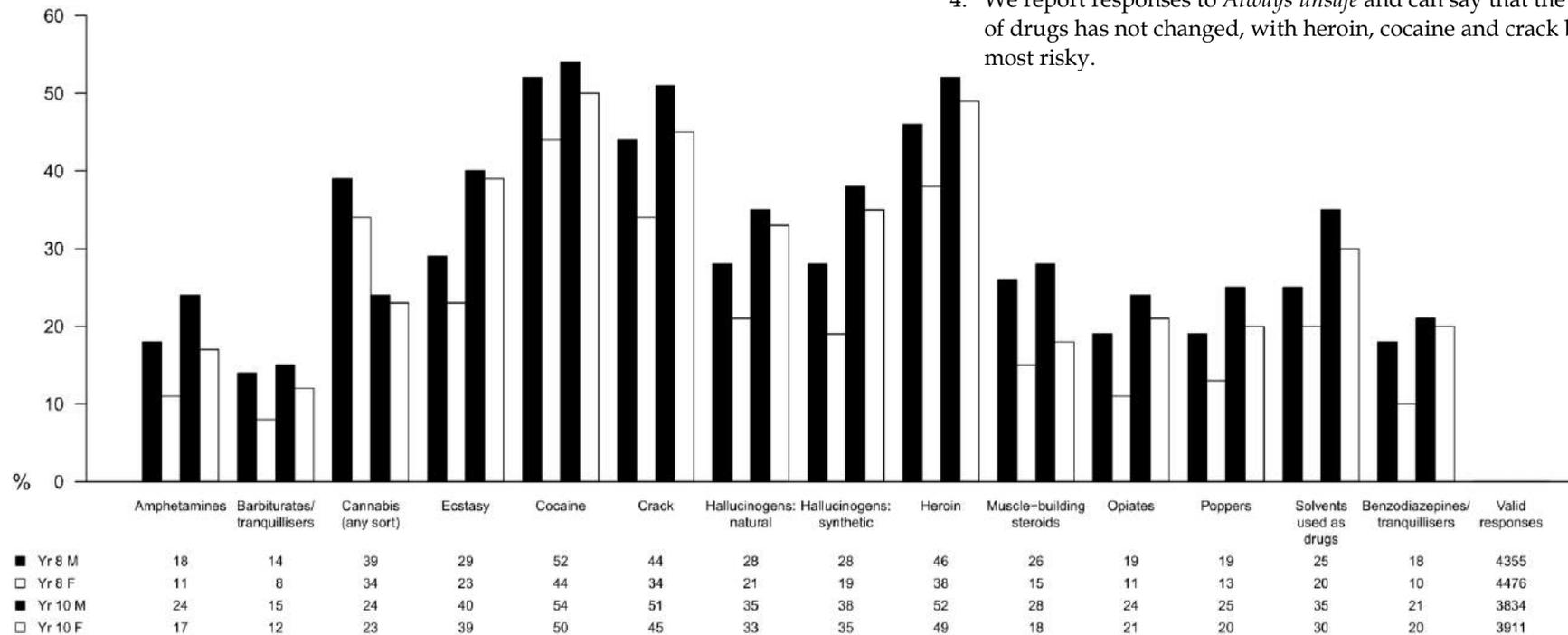
As pupils get older fewer think that cannabis is *always unsafe*

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

Comments

1. Around 24% of older pupils think that cannabis *always unsafe*.
2. Up to 52% of older pupils think heroin is *always unsafe*.

3. 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.
4. 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.



Perceptions of drugs

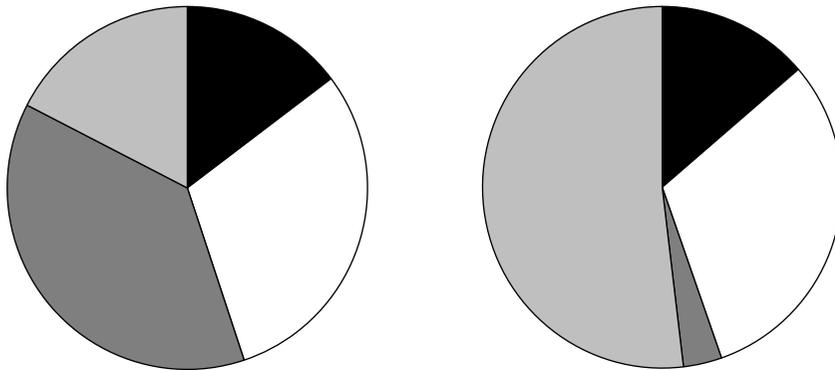
Comparing the proportions for cannabis and heroin and responses to the option *safe if used properly*

On the previous page, we focussed on just one of the responses: *I think it's always unsafe*. However, the pattern of the other responses is also interesting.

We can compare the proportions of the various options, from 14-15 year-old males, for the drugs cannabis and heroin. The most striking difference in the charts is the much larger slice for *safe if used properly* for cannabis.

Cannabis

Heroin



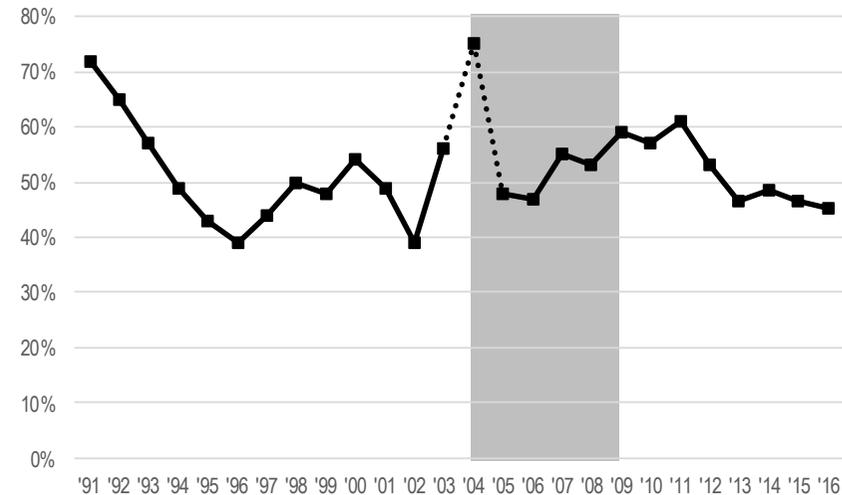
Clockwise from 12 o'clock:

- I have never heard of the drug
- Heard of it, but don't know much about it
- I think it is safe if used properly
- I think it is always unsafe

The perception that cannabis is safe if used properly is strongly associated with cannabis use, although which there is the chicken, and which the egg, is not to be found in our findings. So, 27% of those Year 10 pupils who think cannabis is *safe if used properly* have used cannabis, while 72% of those who have used cannabis think that cannabis is *safe if used properly*.

The strong association of the option *safe if used properly* with actual use has led us to monitor this response closely over the years with regard to cannabis. It was at a high level in the first years of our exploration, dropped to a lower level around the turn of the millennium, and has been at a similar level since. The anomaly in 2004 is interesting: it coincided with a re-classification of cannabis, by an amendment to the 1971 Misuse of Drugs Act, from Class B to Class C, with its attendant publicity. Cannabis was returned to Class B in 2009. There is no equivalent anomaly in reported use (see later pages).

Percentages of Year 10 males who have responded to the option *safe if used properly* with regard to cannabis, as a percentage of those giving an opinion. 1991-2016

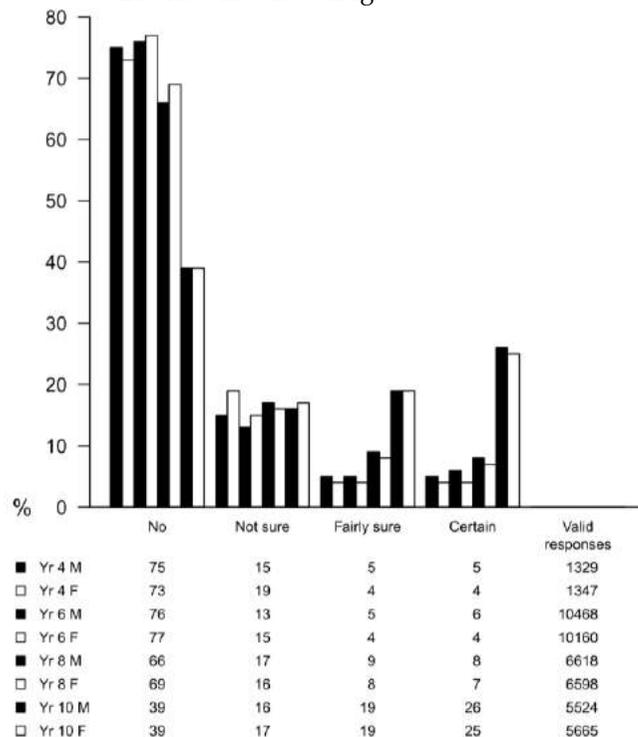


Contact with drug users

Around 45% 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. More males than females were *certain* they knew someone.
2. Around 45% of the Year 10s claimed to be *fairly sure* or *certain* they knew someone who takes drugs.



Comments

1. Since knowledge of other drug users is a key to obtaining drugs, the 10% or so of Year 6s reporting that they think they know someone 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 10% of Year 6 pupils take drugs, since 3 pupils in a class of 30 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

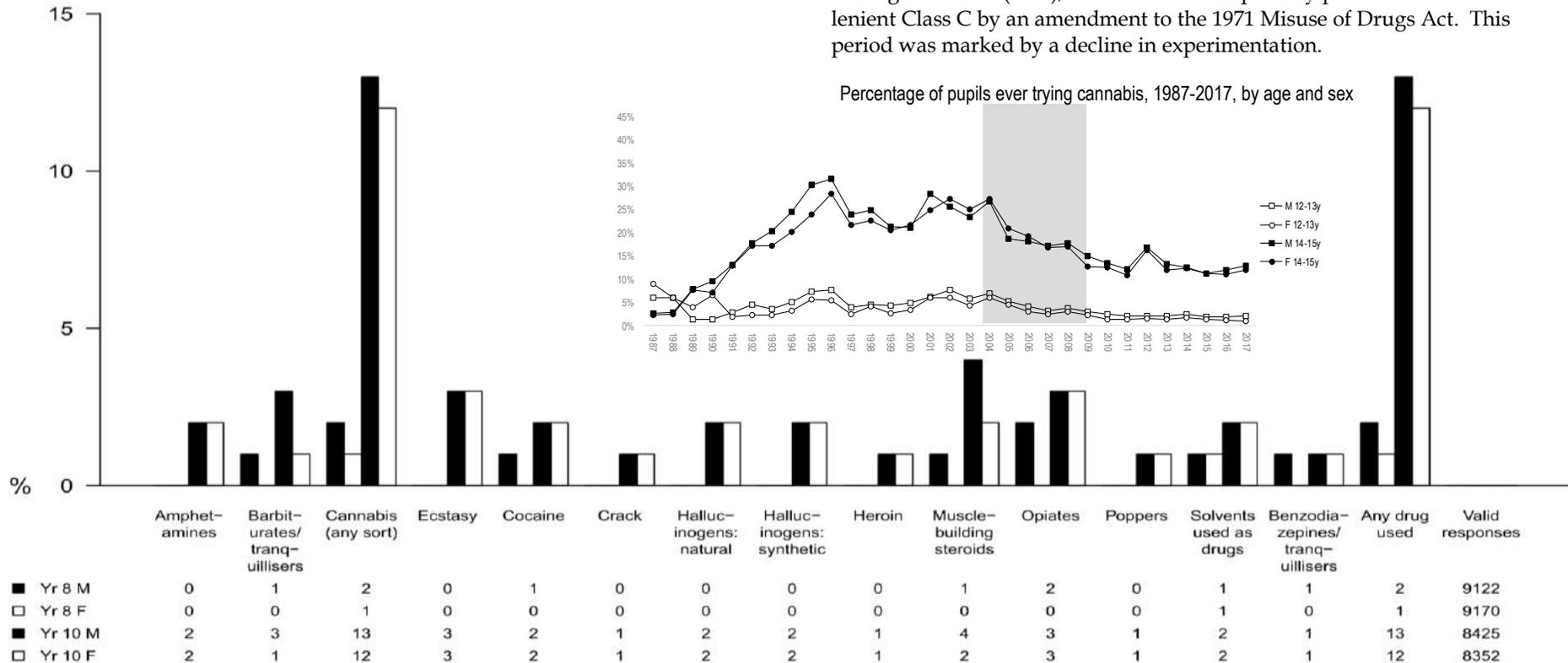
Over 10% of the Year 10 pupils report taking cannabis

Have you ever taken any of these drugs?

Comments

1. Cannabis is by far the most likely drug to have been tried, with over 10% of older pupils reporting having taken it. The percentages for other drugs are very much lower.

1. Data from the last 15 years show that fewer pupils report *taking* cannabis now than previously.
2. During 2004-2009 (tone), Cannabis was temporarily placed in the more lenient Class C by an amendment to the 1971 Misuse of Drugs Act. This period was marked by a decline in experimentation.

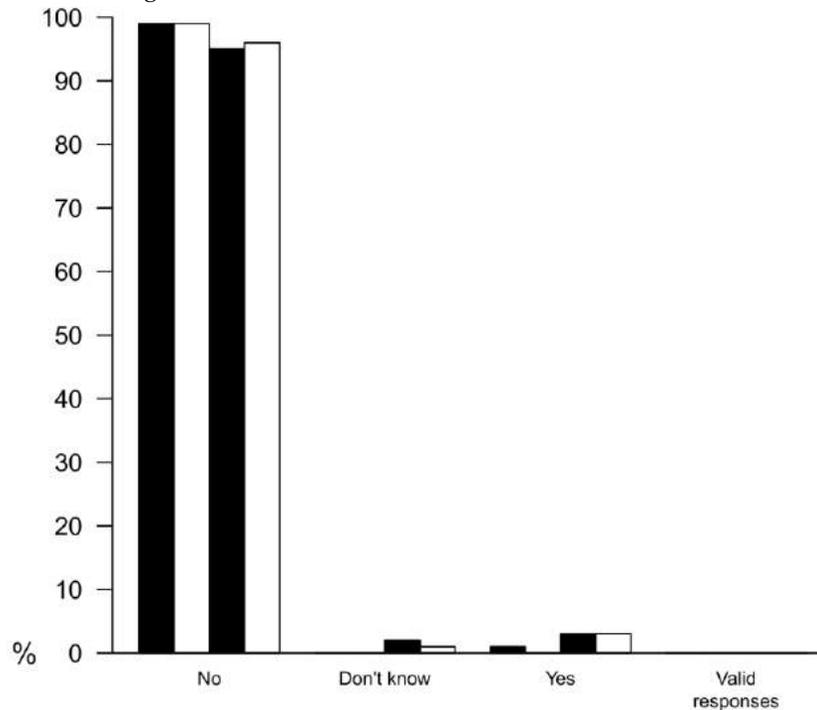


More than one drug

Few pupils have combined more than one drug

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

1. Nearly 5% of Year 10 pupils say they have taken one or more type of drug on the same occasion.



	No	Don't know	Yes	Valid responses
■ Yr 8 M	99	0	1	4059
□ Yr 8 F	99	0	0	3970
■ Yr 10 M	95	2	3	3914
□ Yr 10 F	96	1	3	3763

Comments

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 shifts the focus from experimentation towards behaviour that is obviously risky.
3. Drug use and this use where drugs are mixed are associated with dissatisfaction with school and with life in general.



Percentage of 14-15yo pupils ever used drugs and ever mixed drugs, by enjoyment of school lessons and satisfaction with life

	% ever used drugs	% ever mixed drugs
Enjoy all/most school lessons	12	4
Enjoy hardly any school lessons	22	6
Very much satisfied with life	8	2
Not at all satisfied with life	15	7

Drugs and alcohol

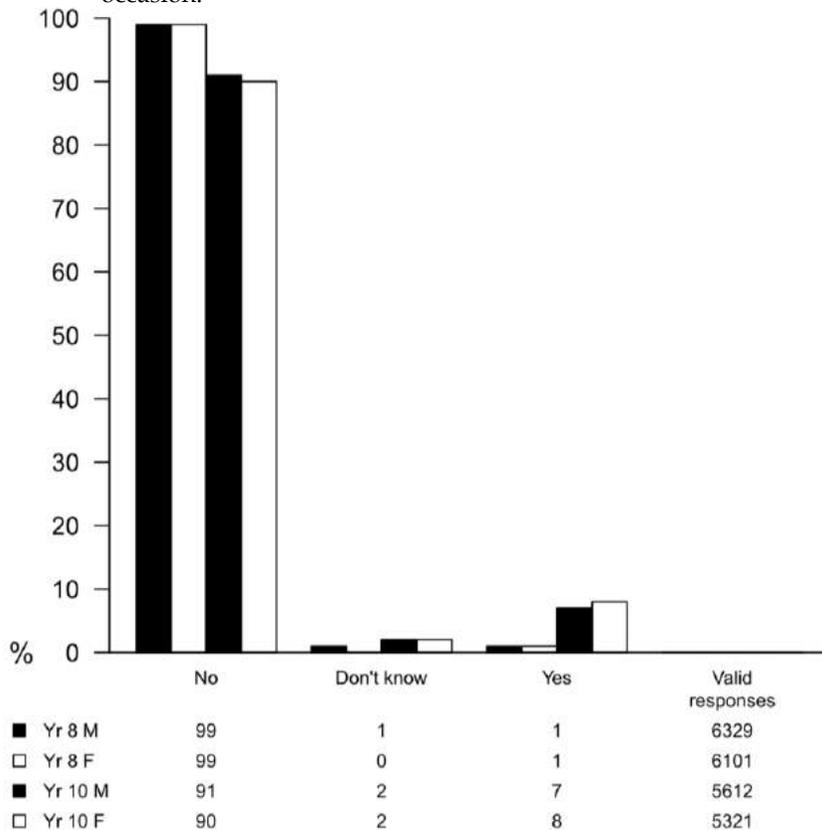
Up to 10% of the 14-15-year-olds have mixed drugs and alcohol

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

Comments

1. Up to 10% 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.
3. Mixing drugs with alcohol is also associated with dissatisfaction with school and with life in general.



Percentage of 14-15yo pupils ever mixed drugs with alcohol, by enjoyment of school lessons and satisfaction with life

	% ever mixed drugs/alcohol
Enjoy all/most school lessons	4
Enjoy hardly any school lessons	11
Very much satisfied with life	6
Not at all satisfied with life	11

Recent drug use

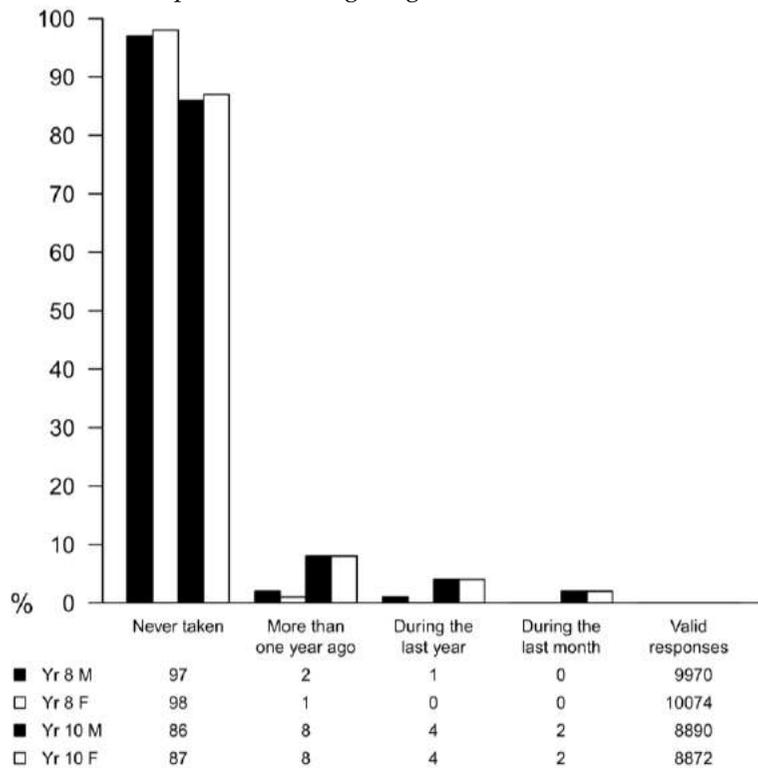
2% of older pupils used a drug *during the last month*

What was the most recent occasion you used any drug?

Comments

- 2% of older pupils used a drug *during the last month*.
- In this sample, around 98% of 12-13-year-olds and 87% of 14 - 15-year-olds report never using drugs.

- Recent drug use (*during the last month*) receives higher responses than other longer-term categories. This implies that drug use happens more than once, since, if single use was more common, it would be improbable that it was done so often in the month before the survey.



6 Exercise and Sport

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 of more than 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. 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? 70

Sports and activities participated in, at least weekly, during the past 12 months outside school 71

Sports and activities participated in, at least weekly, during the past 12 months outside school 72

Sports and activities participated in, at least weekly, during the past 12 months outside school 73

How fit do you think you are?..... 74

How many days last week did you exercise? How many days did you exercise and have to breathe harder and faster? 75

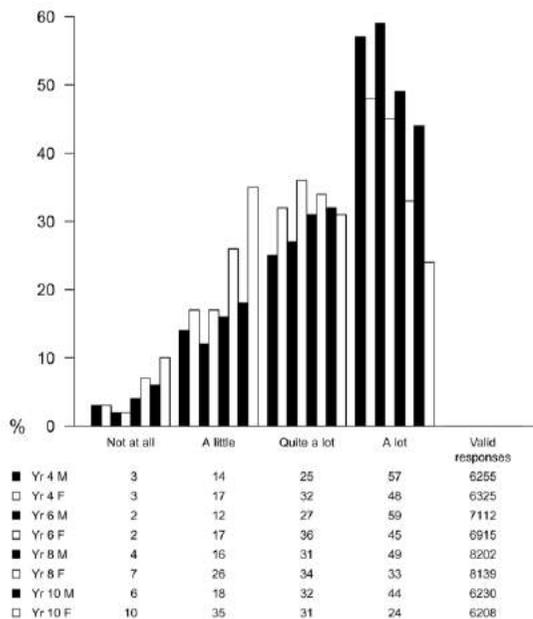
Which of the following stop you from exercising? 76

Enjoying sport

55% of 14-15 yr. old females report enjoying physical activities *quite a lot* or *a lot*

How much do you enjoy physical activities?

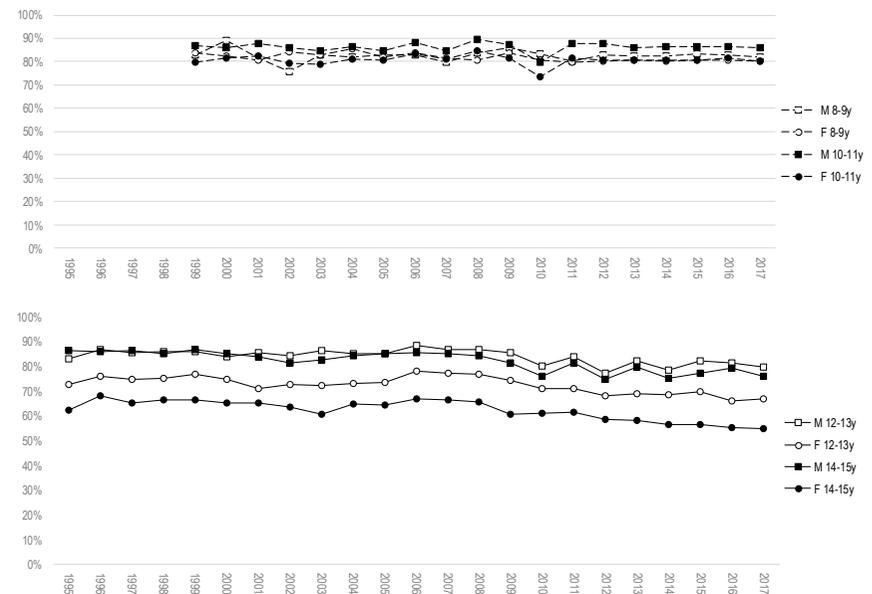
1. There is a large gender difference: far fewer females in each year group report liking physical activity *a lot*. The difference is especially marked in Year 10, where about half as many females as males say they enjoy physical activities *a lot*.
2. It is noticeable, that as pupils get older, fewer respond that they enjoy physical activities *a lot*.
3. Nevertheless, over 80% of primary school pupils and 55% of 14-15 yr. old females report enjoying physical activities *quite a lot* or *a lot*.



Comments

1. Is it uncool for females in secondary schools to show an interest in physical activities?
2. Are children enjoying physical activities less? We can see this in the chart below. There seems to be a drift downward in all groups of secondary-age students.

Percentage of pupils aged 8-11y and 12-15y reporting that they enjoy physical activities 'quite a lot' or 'a lot', 1995-2017



Participation in active sports (1)

Jogging, cycling and soccer are the most popular activities

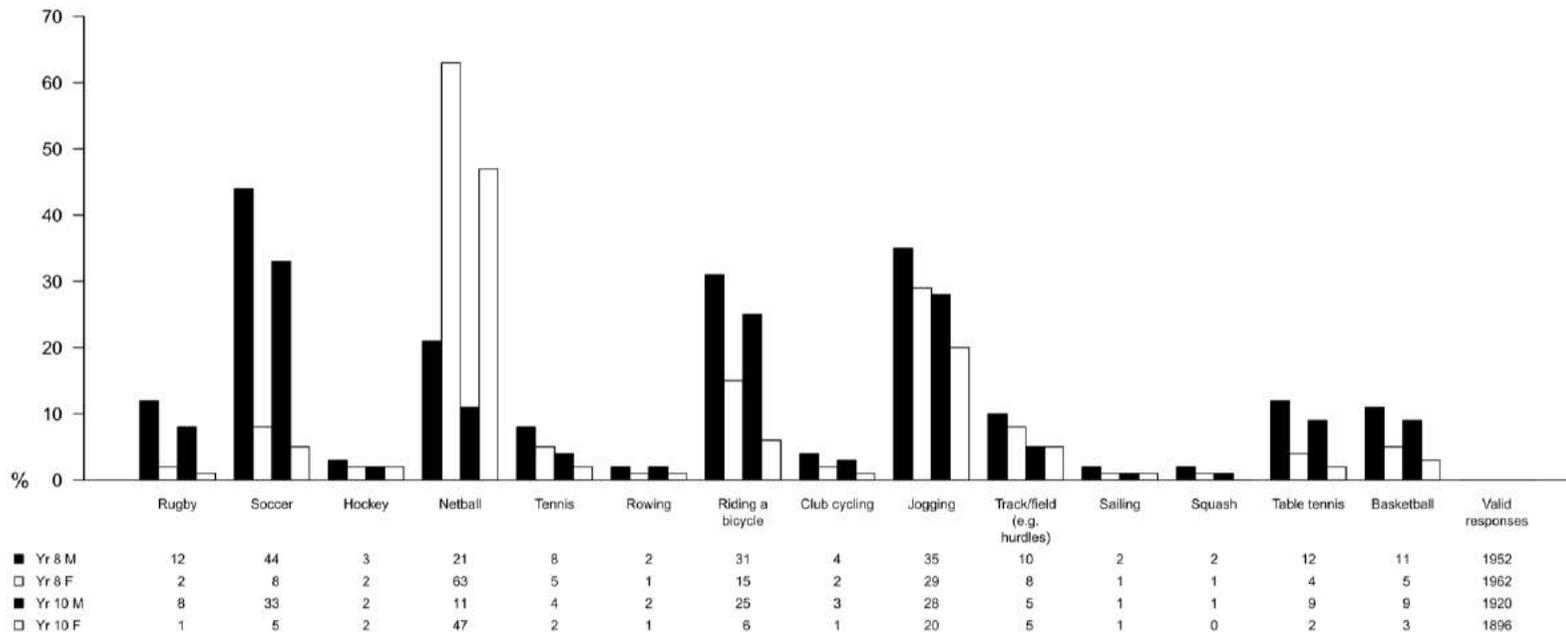
Sports and activities participated in, at least weekly, during the past 12 months outside school

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. Most activities drop in popularity as pupils get older, and show marked differences between the sexes.

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 participation for all these activities as pupils get older.



Participation in active sports (2)

Fitness/aerobics remains the only activity to show a slight, upward trend

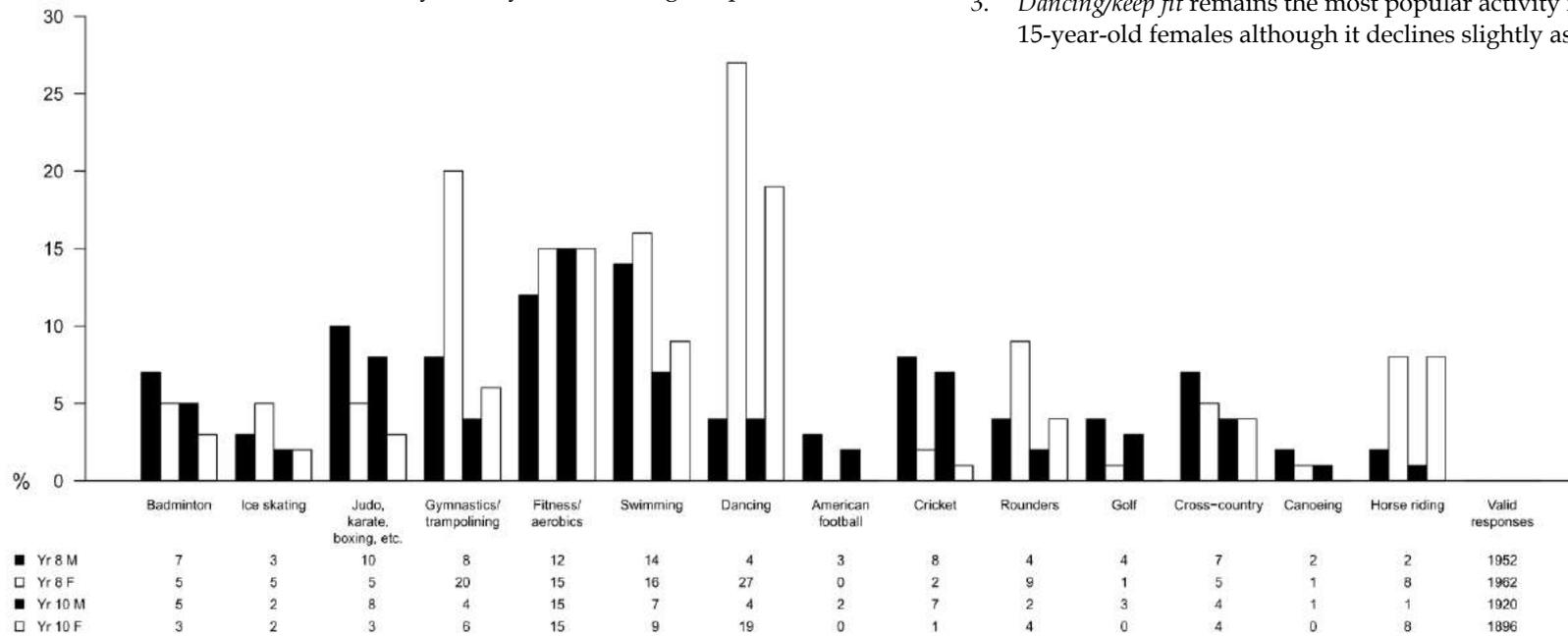
Sports and activities participated in, at least weekly, during the past 12 months outside school

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

1. *Swimming, Judo, Cricket and Badminton* are the most popular activities for males and *Dancing/fitness/aerobics* 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.

Comments

1. Once again, the figures refer to activities outside of school lessons and there is also a decline in most activities.
2. Over the last ten years *Fitness/aerobics* has remained the only activity to show an upward trend as pupils get older.
3. *Dancing/keep fit* remains the most popular activity for 12-13 year and 14-15-year-old females although it declines slightly as pupils get older.



Participation in active sports (3)

Going for a walk remains a popular choice

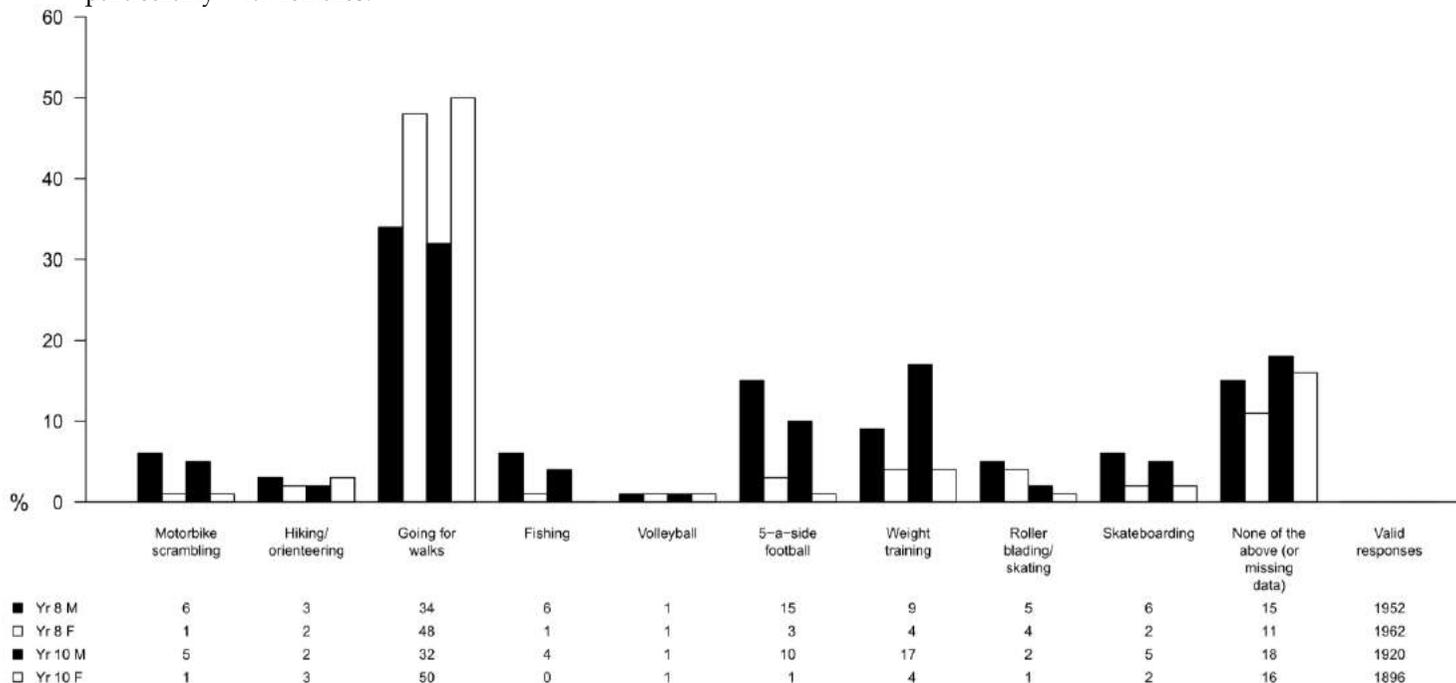
Sports and activities participated in, at least weekly, during the past 12 months outside school

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

Comments

1. The increase in popularity of *weight training* for the males is against the general trend of decreasing involvement.
2. *Going for walks* was a new category in 2002 and is a popular activity particularly with females.

1. Pupils were also asked about which activities they *would like to start doing or do more of*. The most common suggestions from the older females were: *Dancing/Swimming/Jogging/Ice skating*.

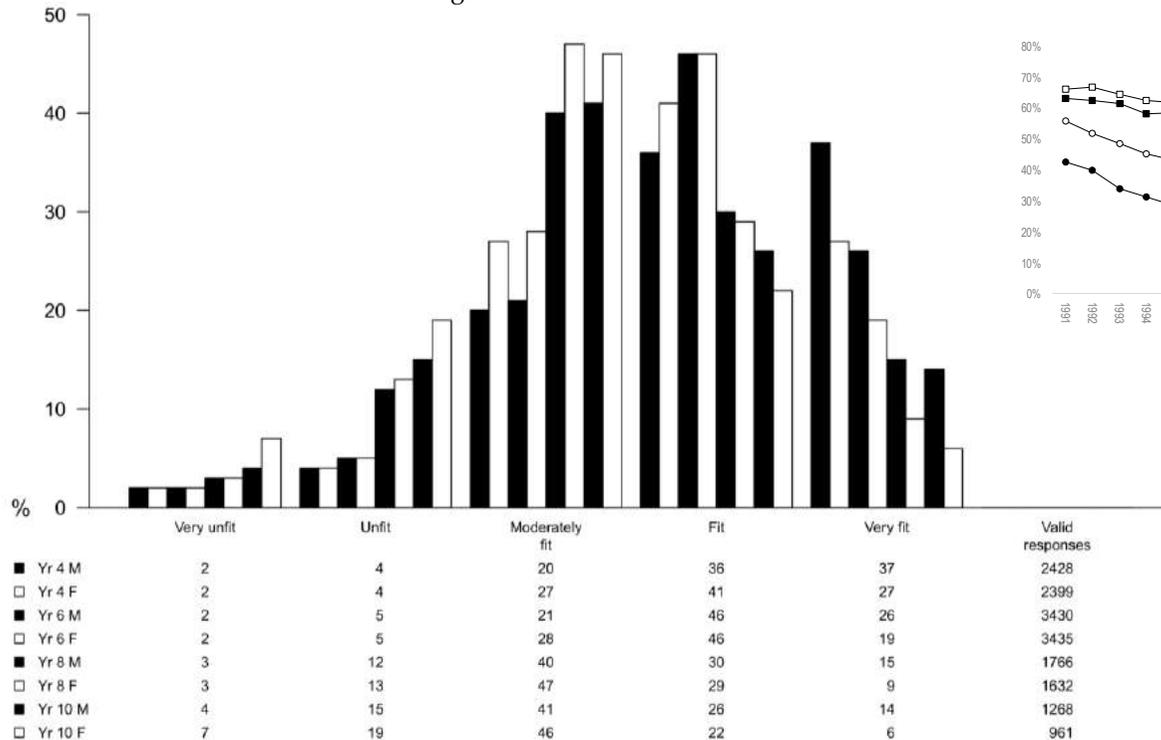


Personal fitness

28% of 14-15-year-old females think they are *fit* or *very fit*

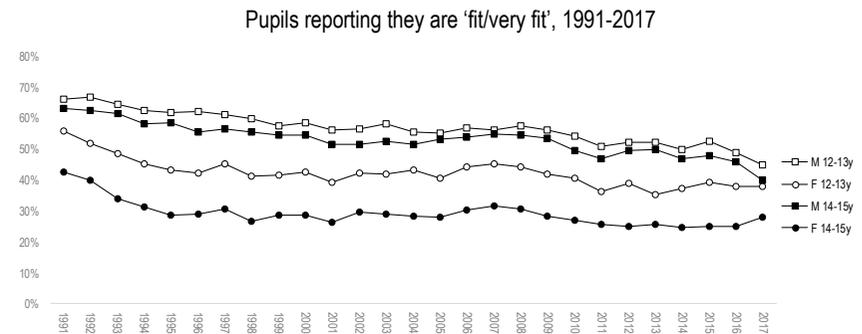
How fit do you think you are?

1. More Year 4 males continue to assess themselves as *very fit* than any of the other groups.
2. 28% of the Year 10 (14-15 year-old) females describe themselves as *fit* or *very fit* and 26% of the same group described themselves as *unfit* and *very unfit*.
3. Perceived fitness declines with age in males and females.



Comments

1. 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?
2. Since 1991, percentages showed a downward trend for some pupils reporting they are *fit/very fit* (chart below).



Aerobic exercise

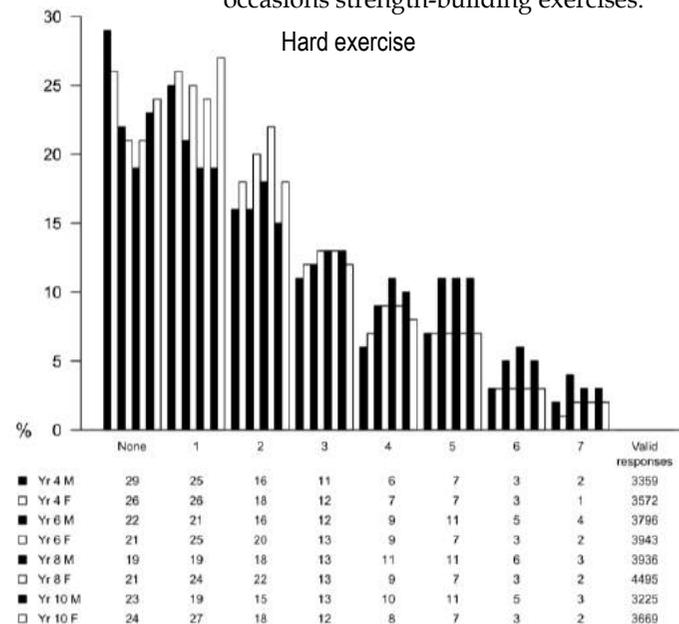
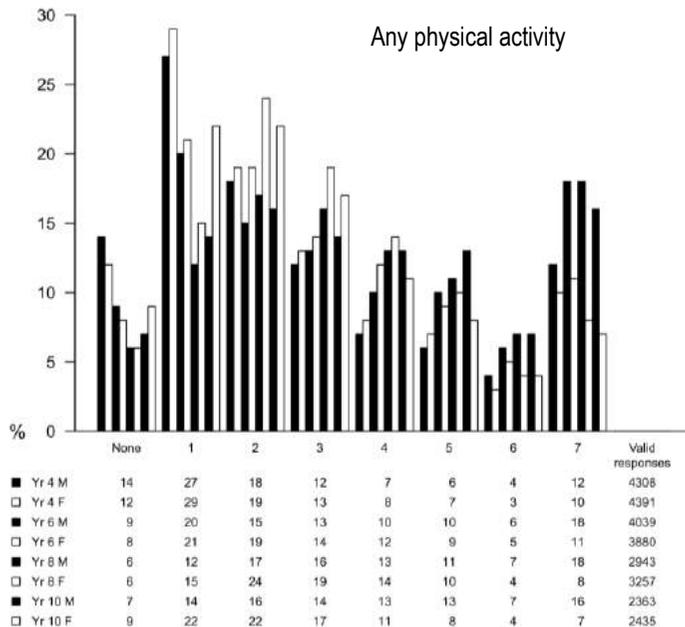
63% of the 14-15-year-old males report exercising on three or more days *last week*

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

- Over 90% of all groups report doing some sort of physical activity on at least one day in the week before the survey.
- 9% of 14-15-year-old females, report taking no exercise *last week*.
- Around 63% of the 14-15-year-old males report exercising on three or more days *last week*.

Comments

- There has been a question change from, 'How many times last week...', to 'How many days last week...' or 'On which days...'
- The data suggest that at least 63% of 14-15yo males, and at least 47% of 14-15yo females, report exercising on three or more days, but hard exercise is taken every day by less than 5% of any group of pupils.
- The 'three days' criterion had in mind the old recommendation of exercising vigorously for at least 20 minutes a time, three times a week. More recent recommendations, for 5-18-year-olds, are for at least 60 minutes of physical activity every day, which should be a mix of moderate-intensity aerobic activity, such as fast walking, and vigorous-intensity aerobic activity, such as running, and include on at least three occasions strength-building exercises.



Barriers to exercise

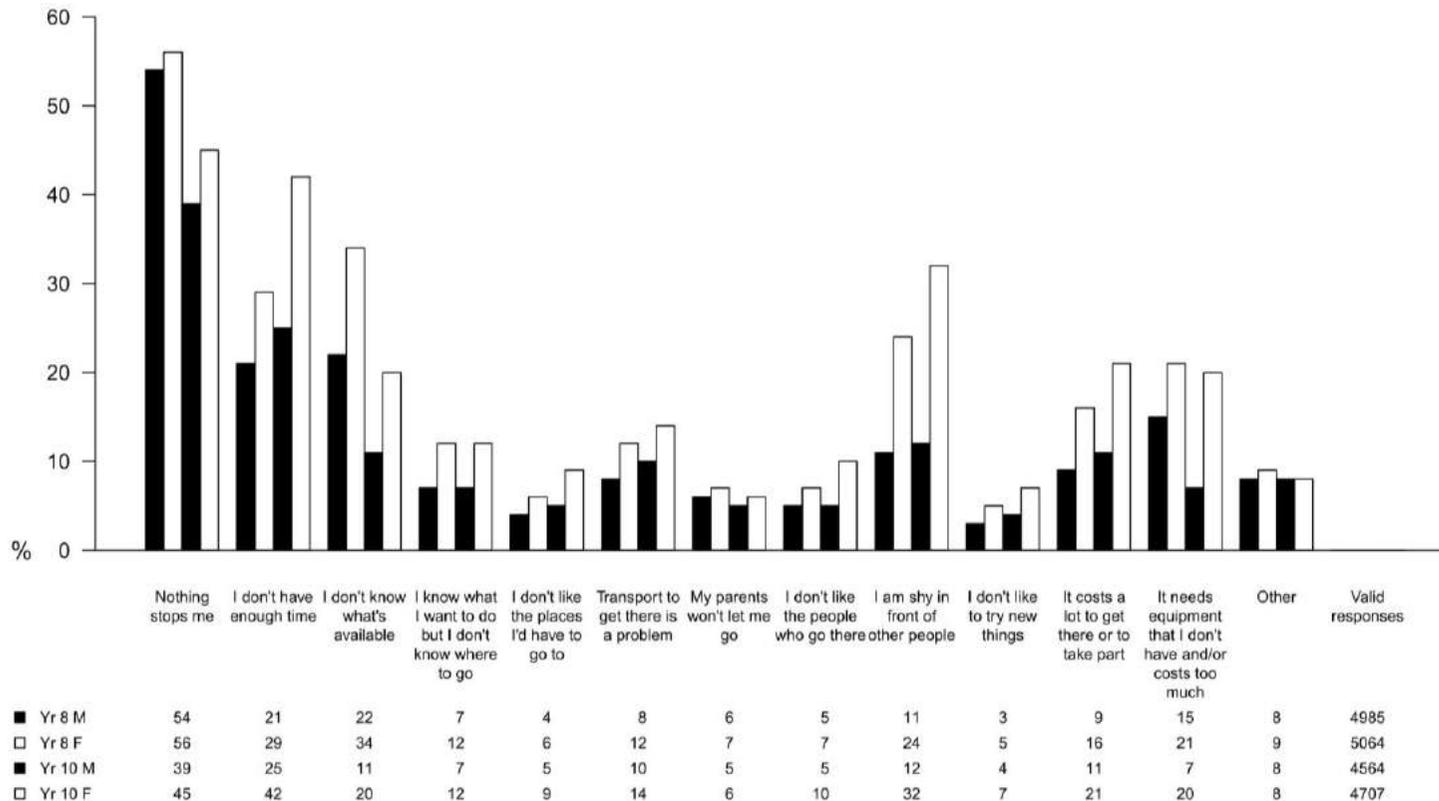
Some barriers are: time, cost, shyness [females] and transport problems

Which of the following stop you from exercising?

Comments

- 32% of these 14-15-year-old females say they are *shy in front of other people*.
- The other main reason that older female pupils give is *limited time*.

- Time* seems to be the main limiting factor although *shyness in front of other people* is a problem for females.



7 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?	78
Please think about each of the following statements... ..	79
How useful have you found lessons about the following subjects?	80
How many school lessons do you enjoy at school?.....	81
After the end of [Year 11] what would you like to do?.....	82
How much do you worry about these problems?	83
When you have a problem or are feeling stressed what do you do?	84
Where would you go first for help or information about the following?	85
Where would you go first for help or information about the following?	86
When somebody wants me to do something I don’t want to... ..	87
Self-esteem measurement (0–18)	88
“I am in charge of my health.” “If I keep healthy I’ve just been lucky.”	89
“If I take care of myself I’ll stay healthy.” “Even if I look after myself I can still easily fall ill.”	90
Health locus of control score (-4 to +4).....	91
How many adults can you really trust?	92
In general, how satisfied do you feel with your life at the moment?.....	93
Various questions	94
Which of the following best describes how you think about yourself?	95
What you know about sexually transmitted diseases and infections?	96
Responses to ‘Can be treated and cured’.....	96
What do you know about methods of contraception?	97
Which contraceptive methods are reliable to stop infections like HIV/AIDS?	98
Knowledge of local birth control service and free condoms?	99

Meeting others

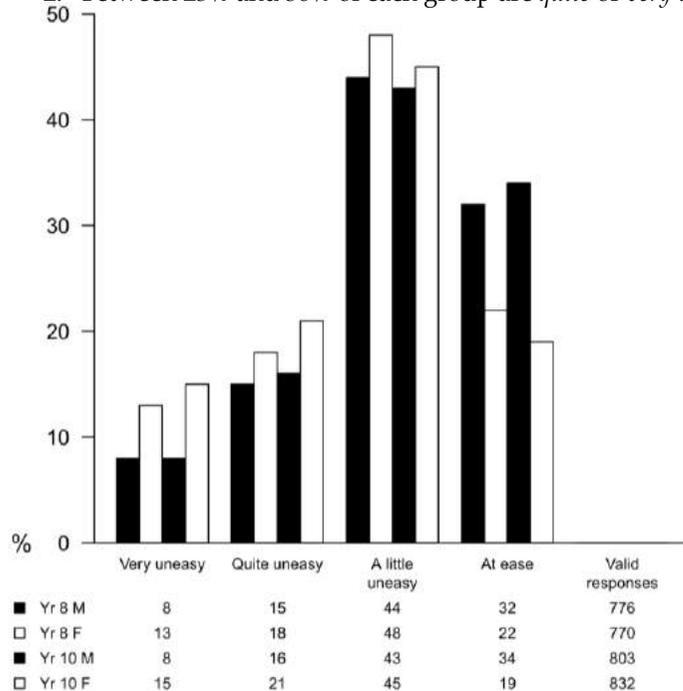
Up to 36%
are quite or very uneasy

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

Comments

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 23% and 36% of each group are *quite* or *very uneasy*.

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, which includes questions about self-confidence.



Pupil perceptions

Markedly more positive responses from 10-11 yr. olds than from 12-15 yr. olds

Please think about each of the following statements...

1. There is a marked difference between the positive responses from Primary and Secondary pupils. *'My work is marked so I can see how to improve it'* receives the most responses (about 3/4 of Y6s agree).
2. *'The school cares whether I am happy or not'* responses range well over half in Y6 to about 1/3 in Y10.
3. *'The school teaches me how to manage my feeling'* gets low responses from all Secondary pupils as do the questions about *'being listened to at school'* and *'pupils' opinions make a difference at school'*.

	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	60	64	44	41	32	29
My work is marked so I can see how to improve it	83	84	65	64	61	58
I set my own targets and I am helped to meet them	68	68	46	43	39	35
My achievements in and out of school are recognised	58	60	44	40	34	30
The school teaches me how to manage my feelings	56	57	37	32	25	19
The school helps me work as part of a team	71	73	50	51	40	38
In this school people with different backgrounds are valued	63	66	52	54	47	49
The school encourages everyone to take part in decisions	71	76	56	57	47	46
The school encourages me to contribute to community events	54	55	42	39	32	28
The school prepares me for when I leave this school	73	77	52	52	41	38
Valid responses	3637	3228	3546	4023	4153	4489

Comments

1. Should it be of concern that questions about "managing feelings" and "being listened to" receive such low responses in the secondary age range?

	Do you feel you are listened to at school?				Do you think pupils' opinions make a difference at school?			
	No	Don't know	Yes	N	No	Yes	N	
Yr 4 M	18	48	34	2798	14	36	51	3863
Yr 4 F	13	52	36	2717	9	37	54	3734
Yr 6 M	16	41	43	5242	13	32	56	6293
Yr 6 F	11	43	47	5226	10	32	59	6229
Yr 8 M	29	37	34	1713	26	38	36	2860
Yr 8 F	26	43	31	1751	23	47	30	2801
Yr 10 M	39	35	26	2016	38	38	24	2741
Yr 10 F	41	34	25	2161	40	42	18	2597

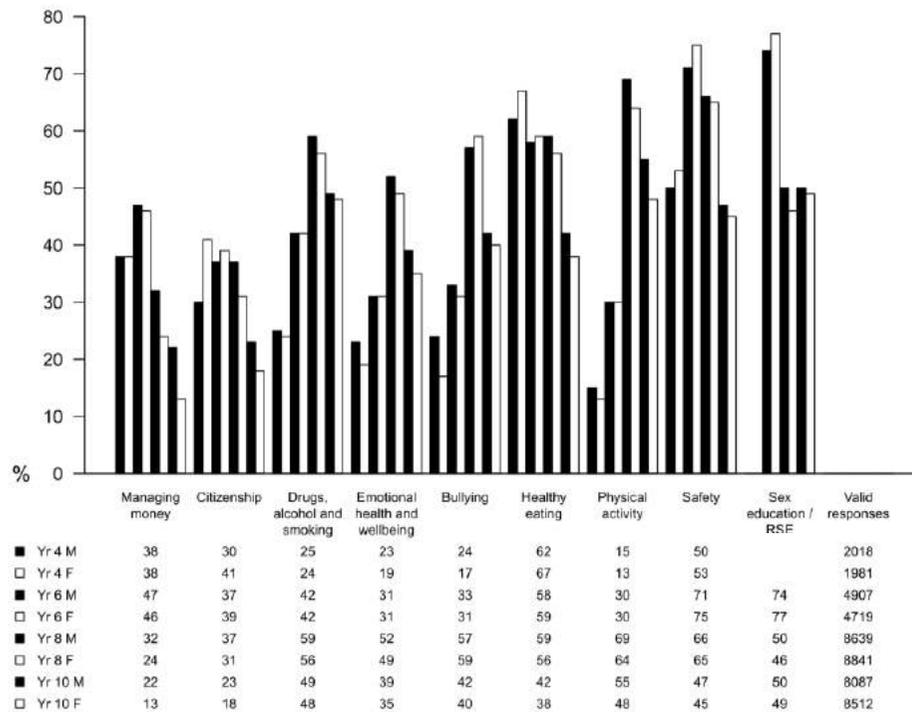
Useful school lessons

8 out of 9 subjects on 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. Least useful are reported to be *Managing Money* and *Citizenship*.
2. .



Comments

1. 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 sometimes written as 'Drug education (including alcohol and tobacco)' in the current versions of the questionnaire.
3. We can show a connection between thinking drugs lessons are useful and substance use among year 10 males:

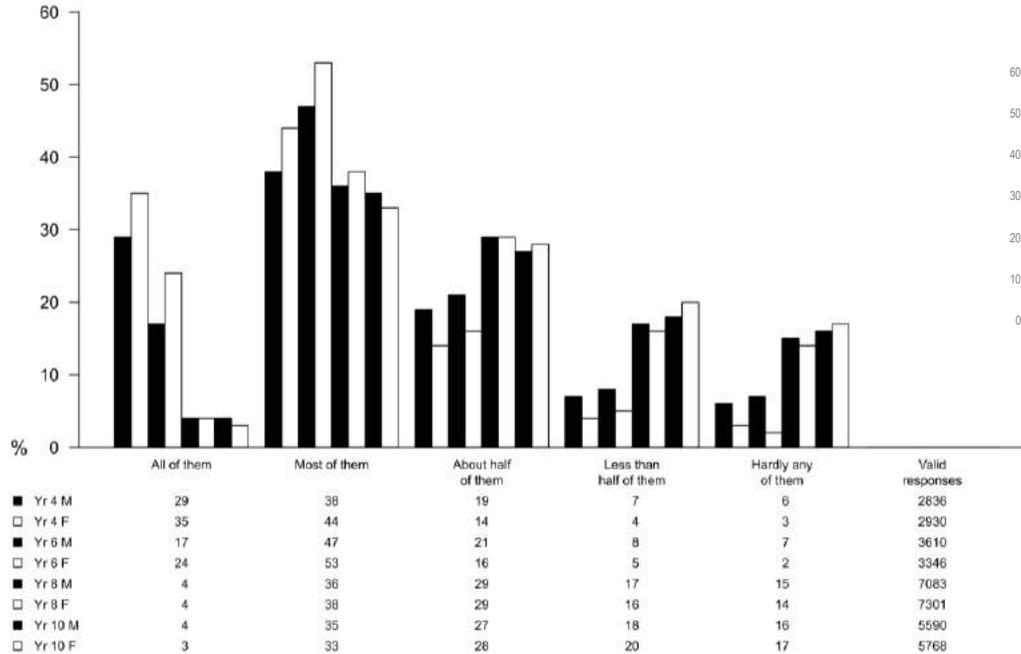
	Ever tried smoking	Drank last week	Ever tried cannabis
Can't remember any	32%	23%	16%
Not at all useful	35%	33%	20%
Some use	26%	25%	14%
Quite useful	21%	21%	10%
Very useful	17%	23%	9%

Enjoyable school lessons

Up to 42% of older pupils report enjoying 'most/all' school lessons

How many school lessons do you enjoy at school?

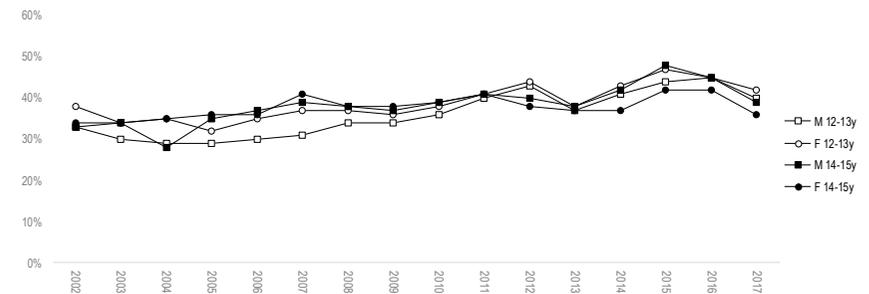
1. The majority of 12-15-year-olds report enjoying 'most' or 'about half' of their school lessons.
2. Up to 42% of older pupils report enjoying 'most/all' school lessons.
3. The differences between Primary and Secondary levels are noticeable. At Secondary level the percentages remain similar across gender and age groups. Slightly more females, compared with males, report enjoying 'most' of their lessons.



Comments

1. The question is about school lessons in general and not subject specific.
2. Since 2002 older pupils have responded consistently to this question and it appears early on in most versions of the questionnaire. There is a suggestion that enjoyment of 'all or most' lessons has slowly improved but the most recent years show a dip from the peak in 2015.

Percentage enjoying 'all' or 'most' of their school lessons, 2002-2017, by age and sex



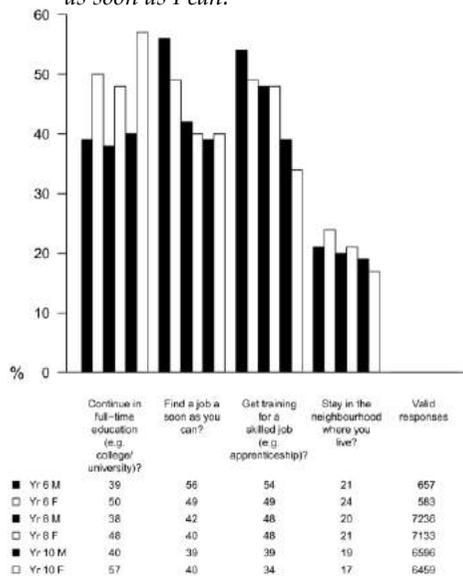
Aspirations

57% 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'

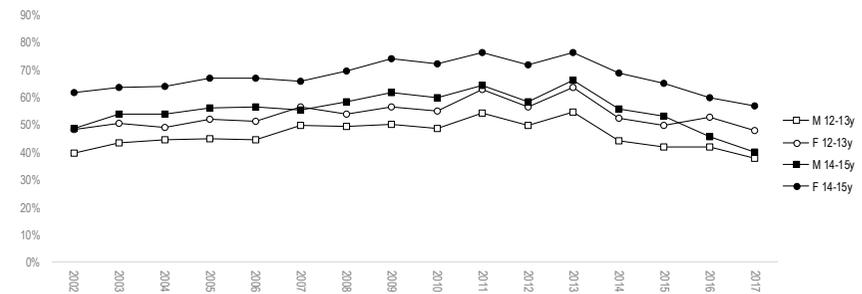
1. From this sample, 57% of 14-15-year-old females want to continue in full-time education after Year 11, while 40% want to get a job and 17% want to stay in the neighbourhood where they live.
2. For the older males, 40% want to continue in full-time education and 39% want to get a job.
3. The aspirations of over 50% of the younger pupils lie more in the direction of skills training. As they get older this view changes.
4. Just under 40% of the oldest pupils responded to the option *Finding a job as soon as I 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 (usually) four options. The 'Year 11' phrase varies between different local authority surveys, and may be phrased 'when you are able to leave school'.
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. As they get older the females are less interested in getting training for a skilled job.
3. The proportion of young people intending to stay in full-time education has declined since 2014, after climbing for many years.

Percentage intending to continue full-time education, 2002-2017, by age and sex



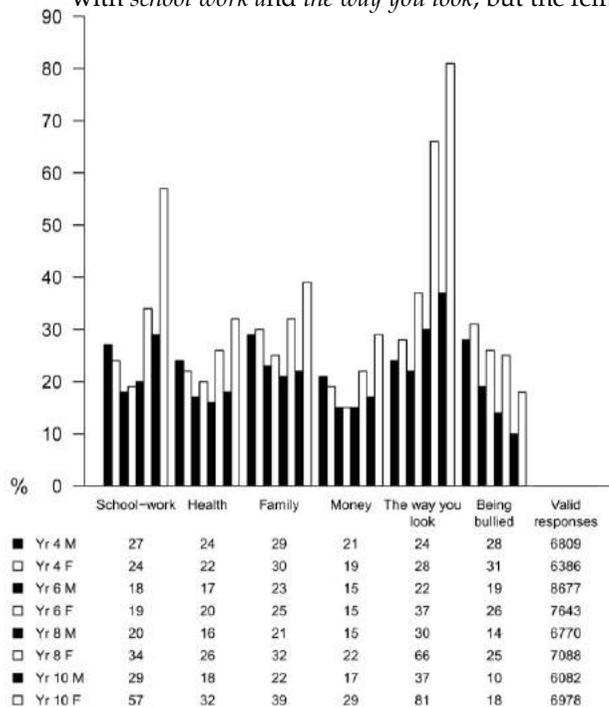
Worries

School-work and *The way you look* continue to be the main worries for 14-15-year-olds

How much do you worry about these problems?

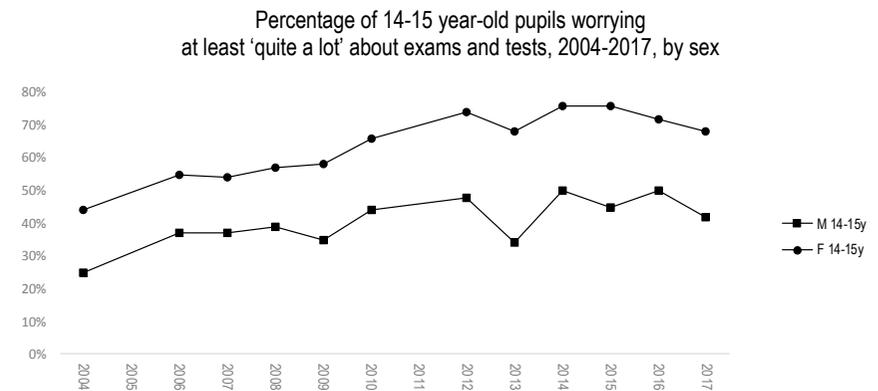
Responses to 'quite a lot / a lot'

1. There are many issues where females report worrying at higher levels than do males.
2. Among the highest worries for 14-15 year-old males are problems with *school work* and *The way you look*.
3. Among the highest worries for 14-15 year-old females are also problems with *school work* and *the way you look*, but the females worry more.



Comments

1. These problems do not necessarily concern the respondents themselves they could indicate worry about family or friends or even 'society'.
2. As the females grow older higher percentages worry about all the categories listed apart from *Being bullied*.
3. As the males grow older they worry more about *school-work* *money* and *the way you look*. Interestingly they worry less about *family problems*.
4. The actual list of worries shown to older students in different surveys may be different and can be quite long. Below is shown the trend in worrying about *exams and tests* since 2004, which has been upwards until very recently. Worry about *the way you look* seems to have declined since 1991.



Problems and solutions

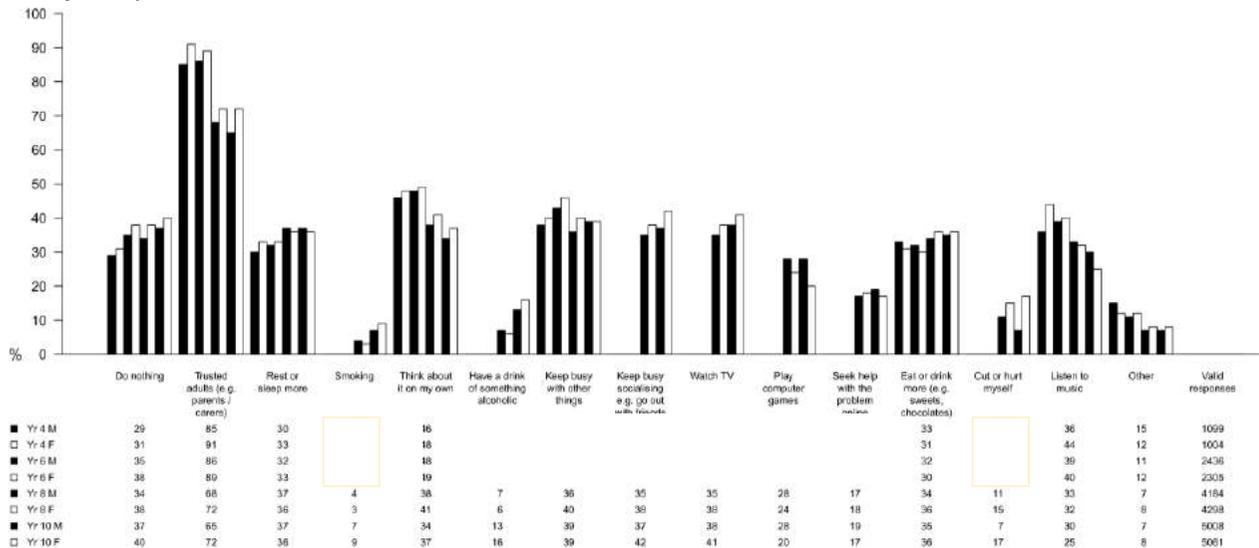
Among high responses: *rest/sleep more talk to someone think carefully by yourself watch more TV*

When you have a problem or are feeling stressed what do you do?

1. Among the highest responses were: *watch more TV, talk to someone, rest or sleep more and think carefully by yourself.*
2. As they get older fewer pupils report *talking to an adult* whereas as they get older more pupils report *eating more* as a result of a problem or stress.
3. Among the highest responses for 14-15-year-old females are *listening to music* and *think carefully by yourself.*
4. For males the majority responded to *listen to music* and *think carefully by yourself.*

Comments

1. These figures are relatively new in the 'Young People' series.
2. Several of the options were offered only to older pupils; younger and older pupils were offered a free text response in addition to the listed items.



Sources of support (1)

Family and friends are important for 12-15-year-olds

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

Comments

1. *Family* provide the main support and source of information for many of the topics.
2. 29% would look to support from a *friend* for help and information about *sex and relationships*.

1. Unsurprisingly *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.

Responses from all 12-15yo

	My family	School teachers or lessons	Friends	Internet/ social media	Other resource	No-one/ keep it to myself	N
School-work problems/exams/tests	48	38	8	3	1	2	3903
Your health	82	1	10	4	1	2	3488
Career/future	68	15	8	5	2	2	2576
Problems with friends	58	11	25	2	1	3	3619
Parents/carers not getting on/divorce	47	9	28	2	3	10	2356
Sex and relationships	54	3	29	4	1	9	2271

Sources of support (2)

Healthy eating issues are first discussed at home by 80% of 12-15-year-olds

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

1. *Family* are the usual first source of support for most of the topics.
2. Issues around *Healthy eating* are first discussed by 80% at home.
3. *Friends* are a particularly important source of support for information about *sex and relationships*. *Adult at school* (teacher or another adult) is one of the sources of support for *bullying*.

Comments

1. *Healthy eating* issues are first discussed by 80% at home. 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 only 2% report this as another resource.
2. A question used less often these days is 'what is your main source of information about sex?'. Parents/family have formed a decreasing proportion of the votes on this question since we started asking the question in 1983.

Responses from all 12-15yo

	My family	School teachers or lessons	Friends	Internet/ social media	Other resource	No-one/ keep it to myself	N
Drugs/alcohol	64	5	19	4	2	7	2249
Healthy eating	80	2	9	4	2	3	3252
Being bullied	67	16	12	1	1	4	3349
Your sexuality	73	2	12	3	1	9	1887

Peer Pressure/Self-efficacy

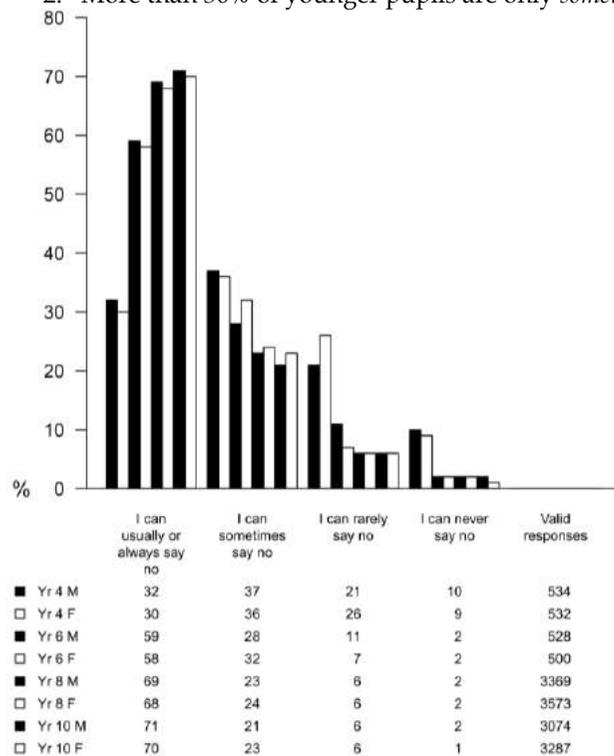
Up to 71% are *usually able* or *always able* to say no

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

Comments

- Up to 71% are *usually able* or *always able* to say no when somebody wants me to do something I don't want to.
- More than 30% of younger pupils are only *sometimes able* to say no.

- 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.



Somebody wants me to do something I don't want to

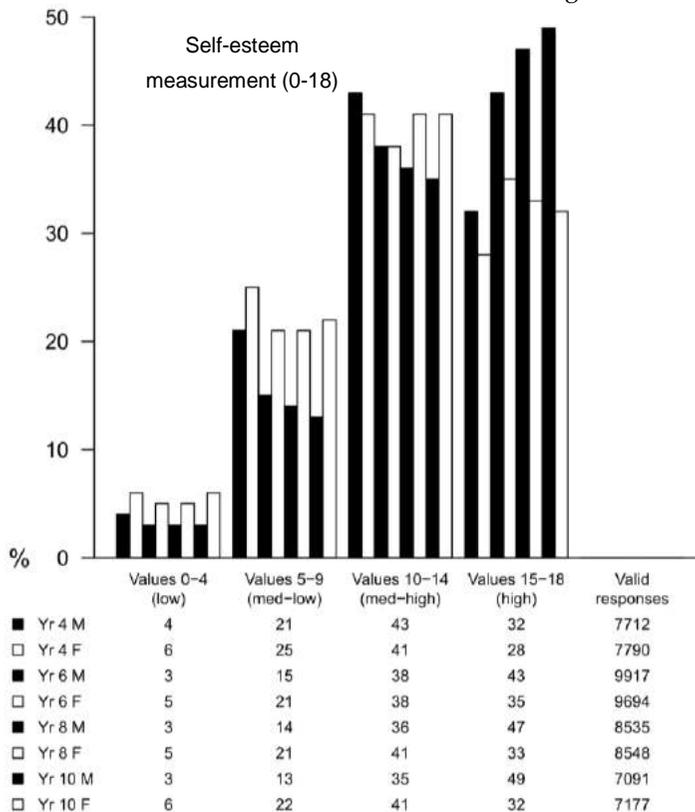
2017	
Y10 Males	
Ever offered cannabis	34%
Ever tried cannabis	13%

Index of self-esteem

More males than females report high values

Self-esteem measurement (0–18)

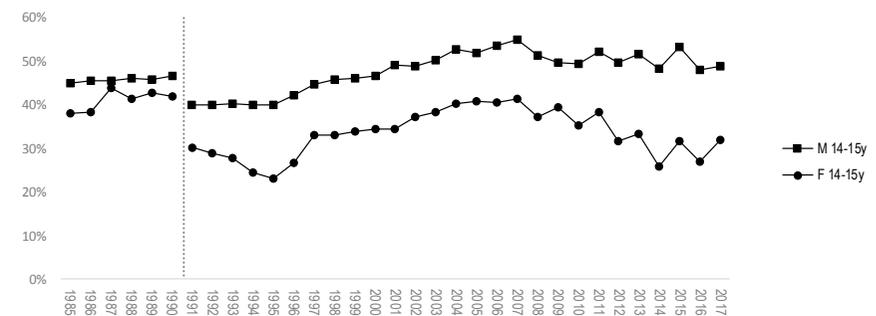
1. The *high* group included more males than females.
2. The great majority scored more than 10/14 and more than a third of the whole sample were in the *high* group.
3. The level of self-esteem tends to increase with age.



Comments

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. We have a data set for the 14-15y group going back four decades.
 - a) Initially, the trend was upwards (1985-1989). In 1990/91, a new design for the survey created an artefactual drop in the figures.
 - b) The artefactual drop was followed by what we think is a genuine decline in the figures for females
 - c) In 2005, we took stock of young people's emotional wellbeing. At the time, we were fairly sanguine, as we thought that, while different worries came and went, young people's self-esteem was holding up well and even increasing.
 - d) The data series shows a peak in the percentage of Year 10 females scoring in the highest bracket of self-esteem scores in 2007, but the figures in that group have since declined.
 - e) Recent figures show the up-and-down pattern of a measure that shows regional variation.

Percentage of young people scoring in highest bracket of self-esteem scores, 1985-2017, SHEU aggregate figures, by age and sex

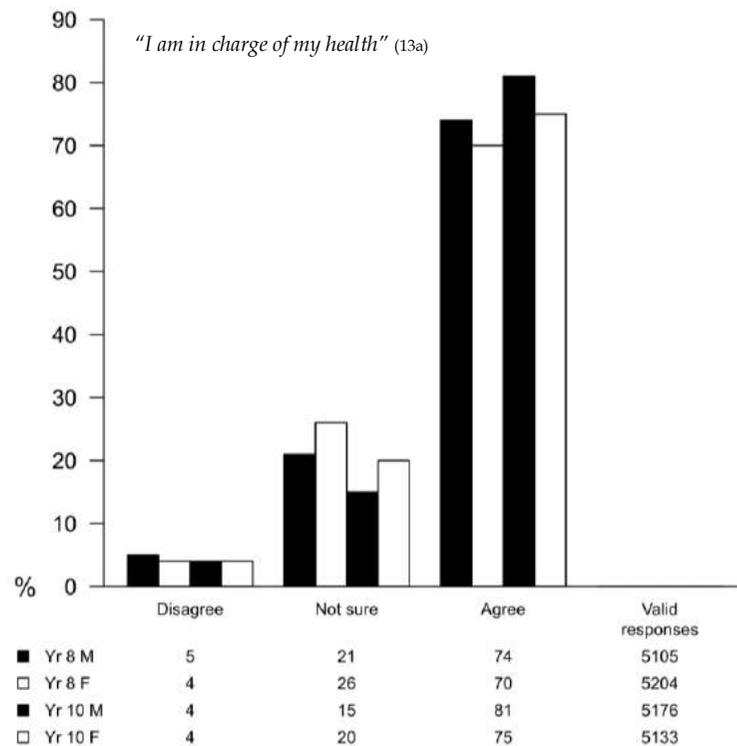


Control over health (1)

The majority feel they are in charge of their health

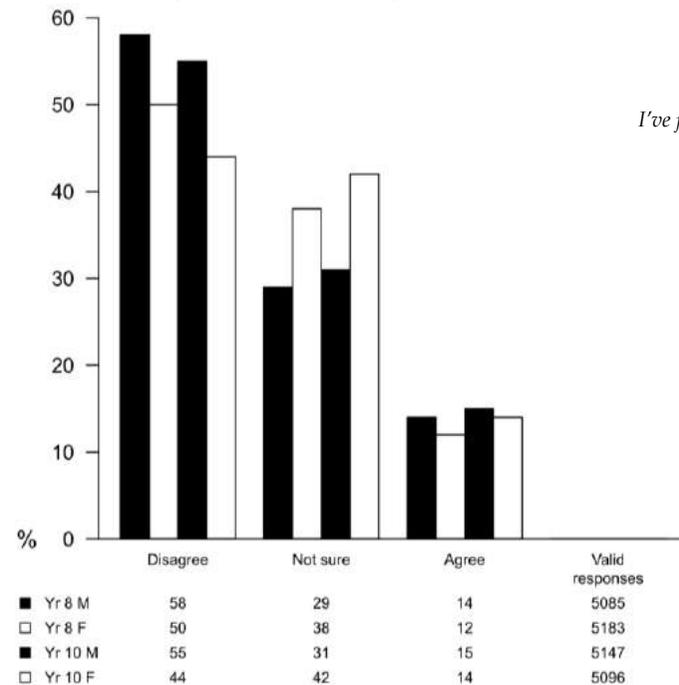
“I am in charge of my health.”
“If I keep healthy I’ve just been lucky.”

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.

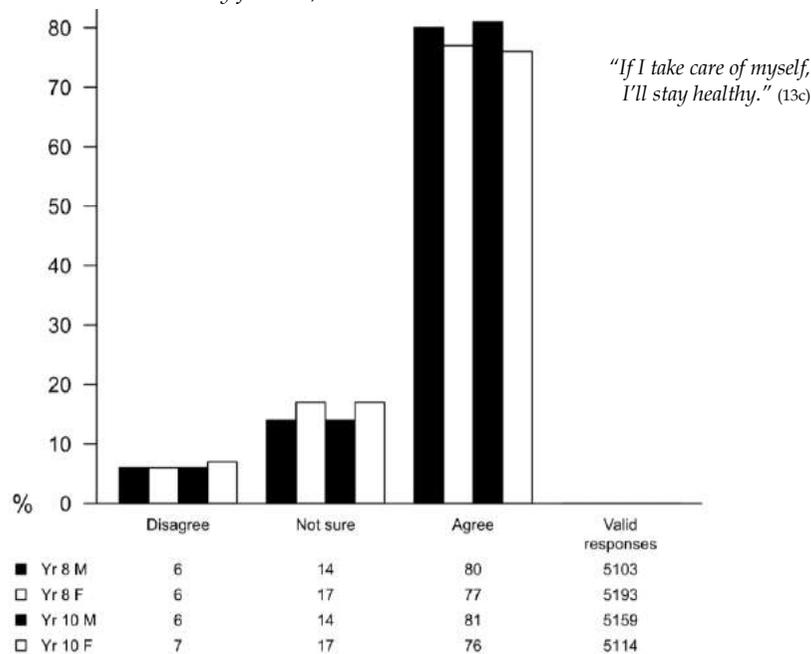


Control over health (2)

Most feel they can do something about their health

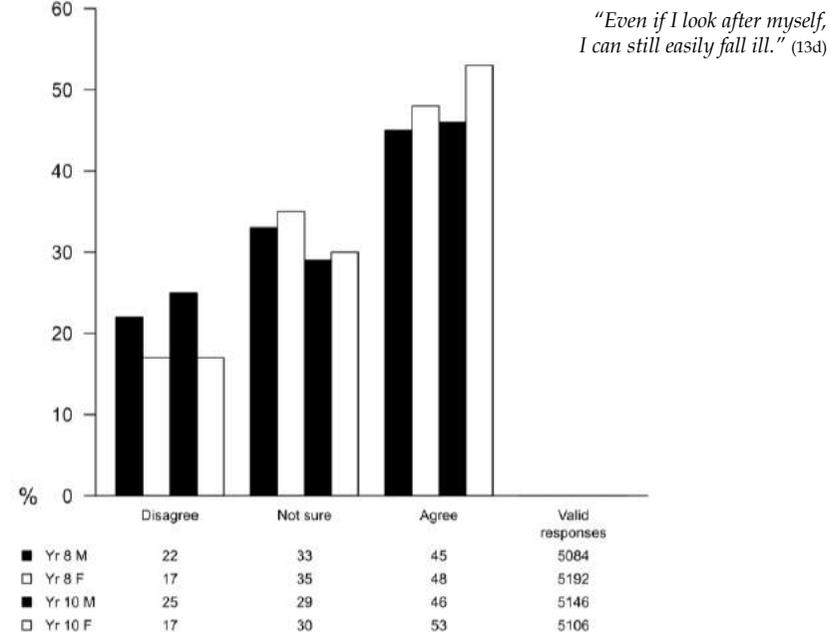
“If I take care of myself I’ll stay healthy.”
“Even if I look after myself I can still easily fall ill.”

1. 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”).



Comments

1. We find that over 75% think they will stay healthy if they take care, while more than 45% 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.

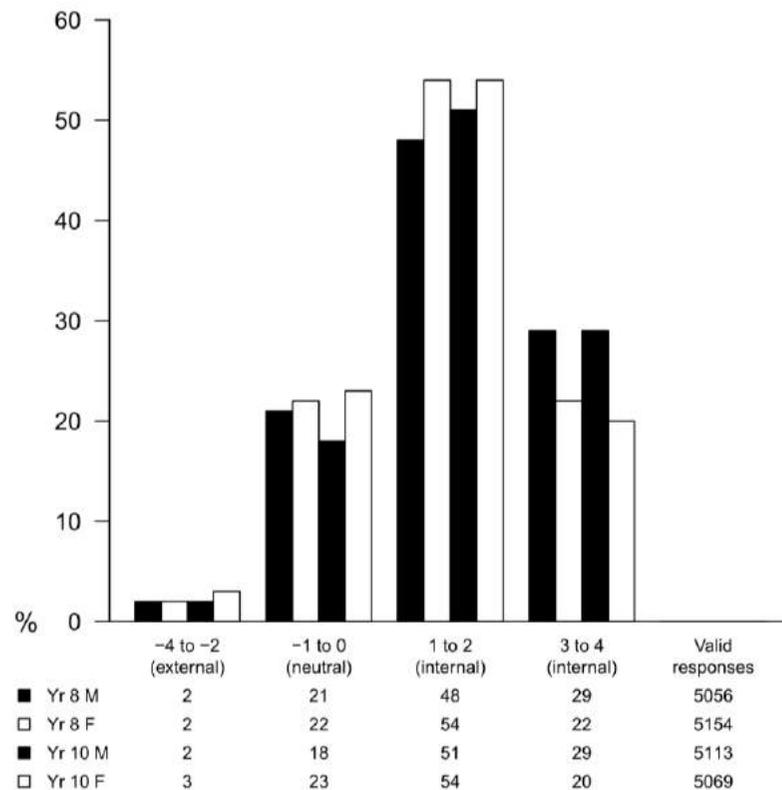


Control over health (3)

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

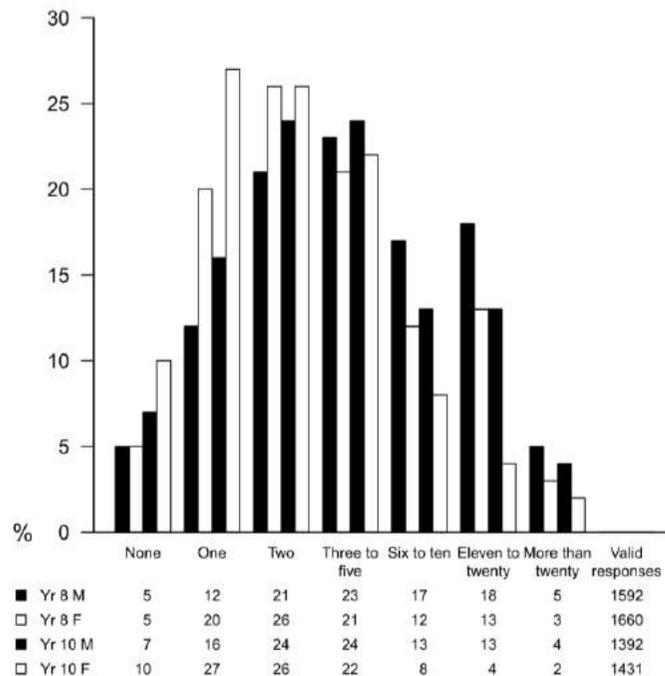
1. 'Health locus of control' is an attempt to establish whether young people feel in control of their health (positive score) or unable to influence it (negative score).
2. The HLOC score reflects the person's overall perception of whether they are personally in control of their health ('internal locus 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.

Trustworthy adults

Most older pupils trust one or two adults

How many adults can you really trust?

1. Between 5%-10% do not trust any adults.
2. Many older pupils trust no more than one or two adults.
3. We notice that Year 10 trustworthiness levels drop beyond 6 adults compared with younger pupils.
4. Females tend to trust fewer adults when compared with males.



Comments

1. The group that demand particular attention are those responding 'none' - about 5% in Year 8 and up to 10% in Year 10.
2. There are age and gender differences - (generally) more older females than males report higher percentages from the 'none' to 'one' categories.
3. This question was first asked in 1993 and the wording has not changed. The table below shows the percentage of pupils who report trusting no one.

Really trust no one %	1993	1998	2003	2008	2014
Yr 8 M	6	4	4	5	3
Yr 8 F	5	3	4	4	5
Yr 10 M	7	6	5	4	7
Yr 10 F	6	6	6	6	9
Total responses	17963	17993	10117	18936	10877

Satisfaction with life

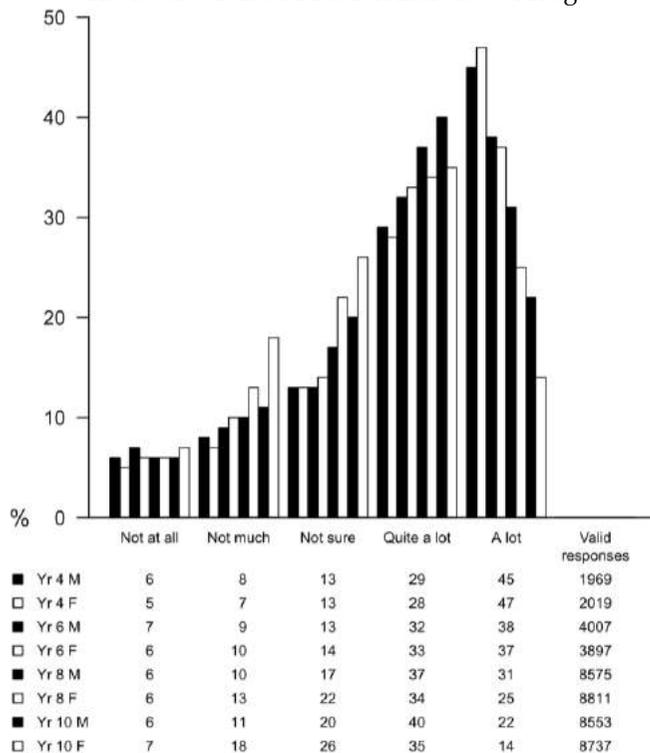
Males express greater satisfaction than females

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

Comments

1. More males record *a lot*; and more females appear less satisfied.
2. Overall more than 60% report *quite a lot* or *a lot* while up to 25% are dissatisfied to some extent (reporting *not much* or *not at all*).
3. The levels of dissatisfaction increase with age.

1. The difference in the percentage of satisfied males and females is in line with other evidence that females report poorer emotional wellbeing than males.
2. SHEU data has shown that 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*.



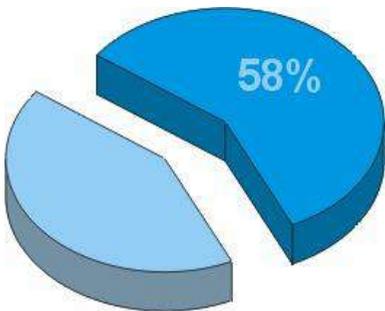
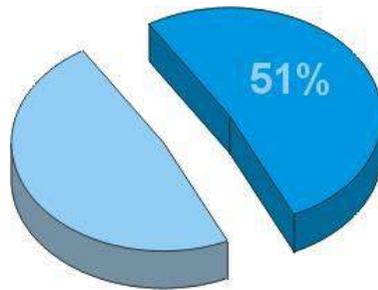
Religion and Belief

Various questions

Comments

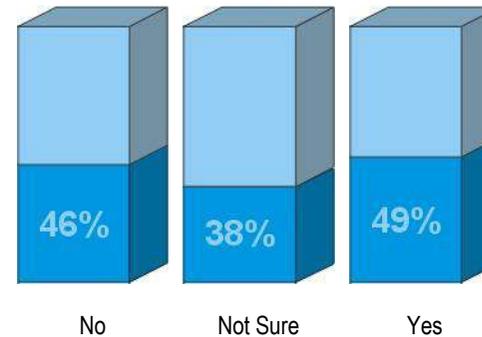
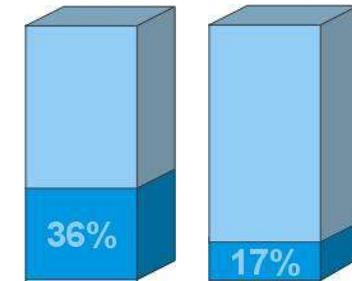
1. Several authorities have been looking at young people's involvement with religion or belief.

2. We have asked in some surveys, *Do you have a religion or belief that is important to you?* Asked in this way, around 51% of 7,164 young people aged 8-15yo say *yes* (46% of secondary pupils aged 12-15y). The figure for religious observance (*Are you a practising member of a religion? (i.e. do you attend a place of worship or worship at home)*) in the 2016 sample was just 26%.



3. When asked further *What is your religion or belief?* nearly all pupils signed up to the 'big six' religions – most giving Christianity (58%), but we also see Buddhism, Hinduism, Islam, Judaism and Sikhism, and of course a group of *no religion, atheist, or humanist*. This latter group is often the majority in secondary school samples, if we don't have a preliminary question, and just ask *'what best describes your religion, faith or belief?'*.

4. We are of course interested to see any connections between religious adherence and health-related behaviour. Among non-practising Year 10 students, 36% had ever tried a cigarette; among those who were religious practitioners, the figure was 17%.



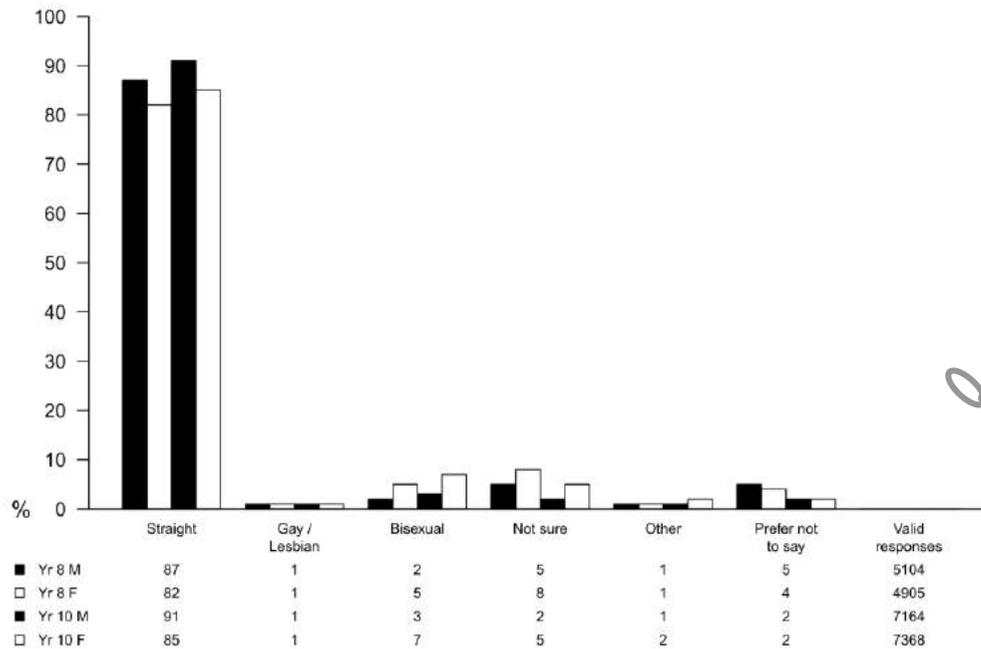
5. We have been looking at self-esteem for many years. The proportions of Y10 pupils scoring in the highest bracket of self-esteem scores who answer that they either are or are not religious is similar, but seems a little lower if they are not sure.

Sexual orientation

87% of this sample report being straight/heterosexual

Which of the following best describes how you think about yourself?

1. 87% of this sample report they are straight/heterosexual.
2. Female students are less likely to identify as straight/heterosexual than males.



Comments

1. This information has been included in this annual report for the third time. Item labels vary across authorities: 'Straight', 'Heterosexual' or 'Straight/Heterosexual' have all been adopted somewhere.
2. In Local Authorities where this question has been used we see differences between gay/lesbian or bisexual (LGB) students and their peers. In the analysis below, we see among LGB students more experience of being bullied, lower wellbeing scores, and higher substance use.
3. Some local authorities have included 'Trans/transgender' as an item in this question, but we have recently preferred to approach transgender as a question about gender, and an alternative to 'male' or 'female'. Few young people indicate 'transgender' as their preferred description, with more young people offering a variety of other terms, like 'non-binary'. Young people may of course choose 'male' or 'female' if they were assigned a different gender at birth.



Percentages of Year 10 pupils with high wellbeing score, bullied last year, ever tried smoking, ever tried drugs in one authority by Lesbian/Gay/Bisexual (LGB) (2016 figures) (* p<0.05)

	All Yr 10	Yr 10 LGB
	%	%
High wellbeing score	24	14*
Bullied at school last year	18	32*
Ever tried smoking	30	44*
Ever tried drugs	17	30*

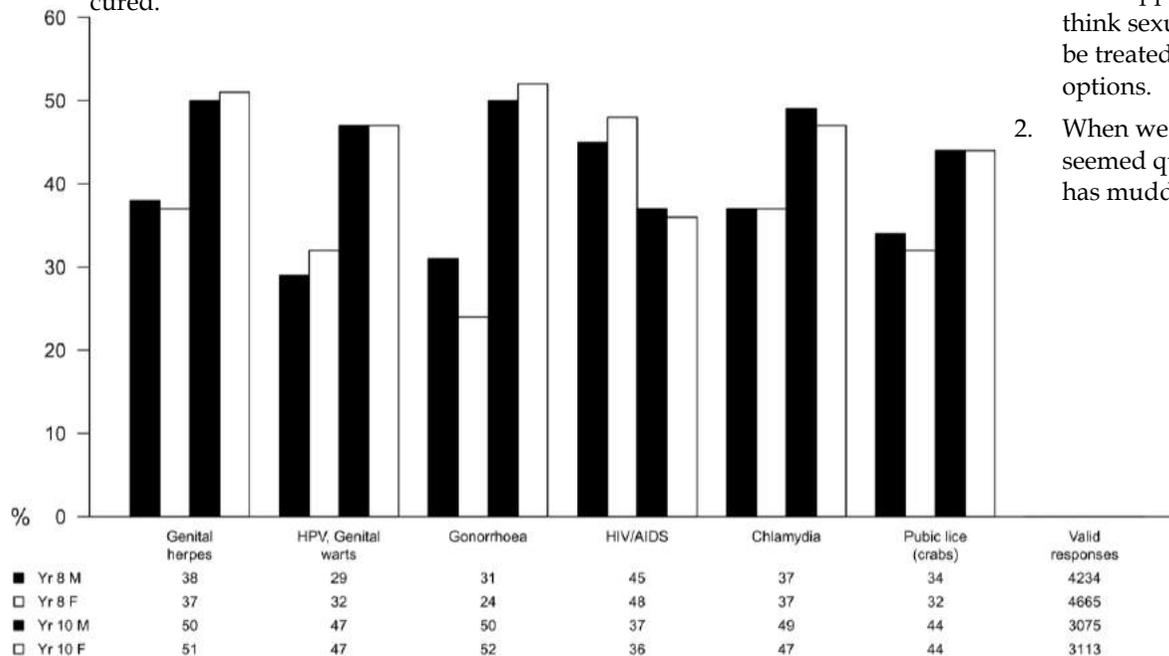
Sexually transmitted diseases

About 40% 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 chlamydia warts and pubic lice.
2. Over 45% of Year 8 pupils think that HIV/AIDS can be treated and cured.



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, as they may have opted for one of the other options.
2. When we established this question, the 'right' answers to these questions seemed quite clear, but the appearance of antibiotic-resistant gonorrhoea has muddied the waters.

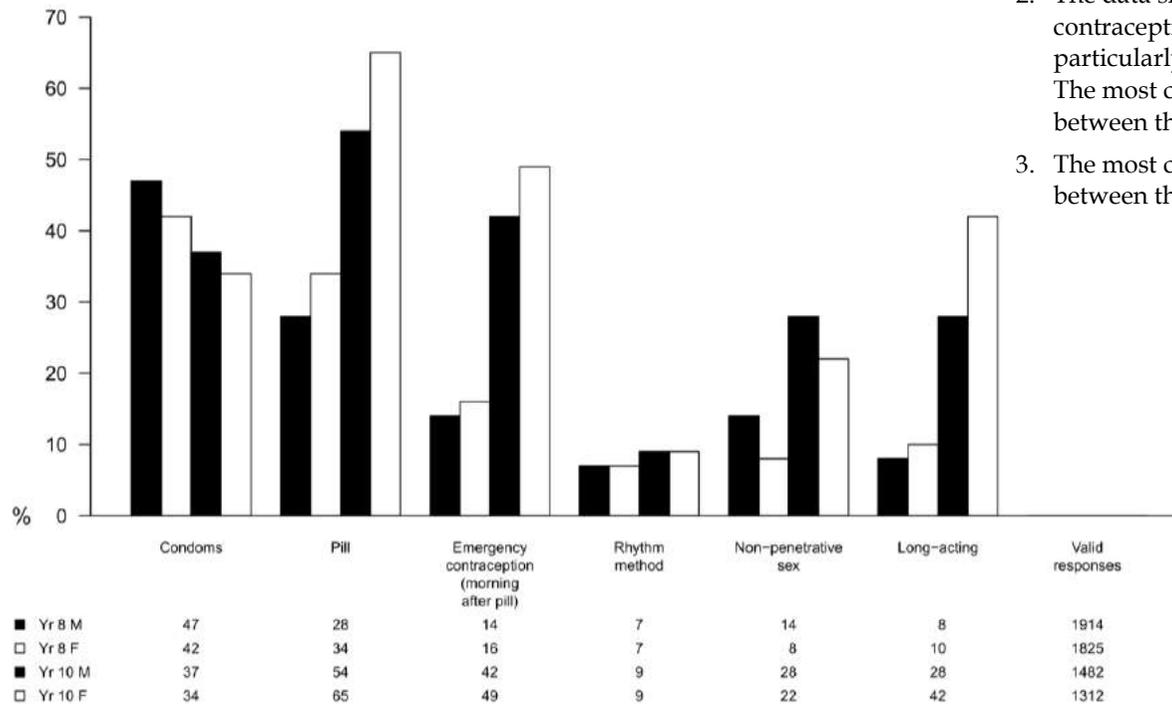
Methods of contraception

Condoms - selected by up to 47%

What do you know about methods of contraception?

Responses to 'Reliable to stop pregnancy'

1. The method most often chosen by the males that is *reliable to stop pregnancy* was *Condoms*. For older females the methods most often chosen were *Condoms* and the *Pill*.
2. Up to 47% 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 common choice for the females, *The Pill*, shows a 30% difference between the age groups.
3. The most common choice for the males, *Condoms*, shows a 10% difference between the age groups.

Contraception and HIV/AIDS

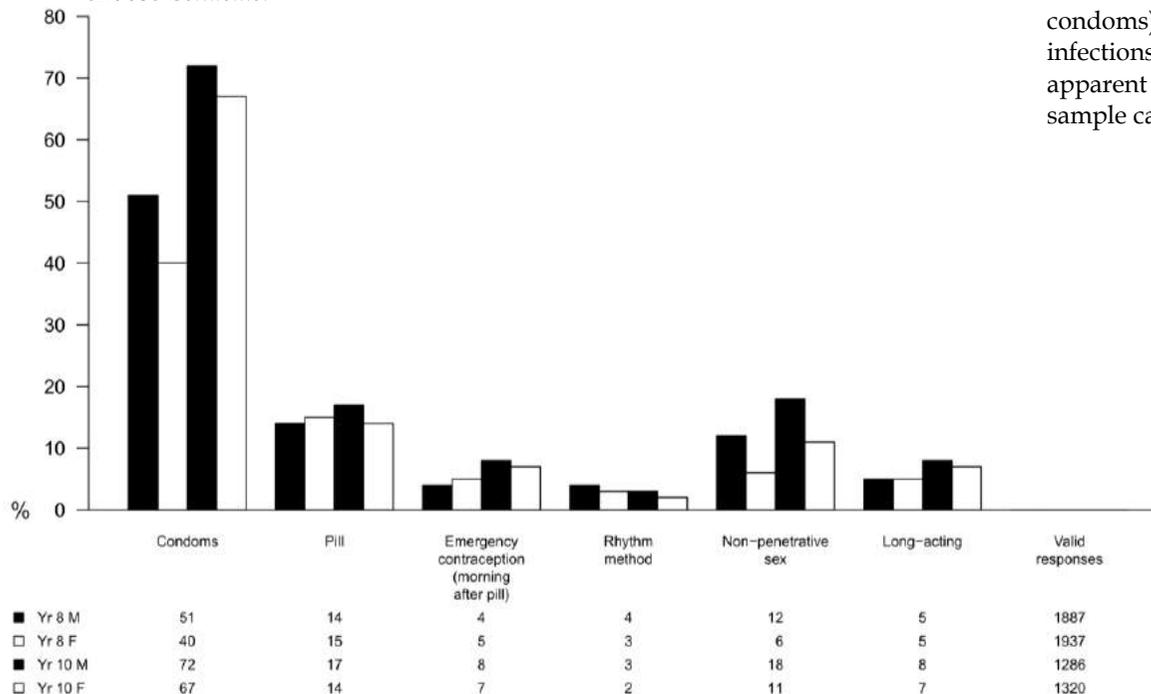
Most select *male condoms*

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

Comments

1. *Condoms* were selected by up to 72% of all pupils.
2. There are differences in percentages between some choices made by Year 8 and Year 10 pupils. For example, as they get older, 27% more females choose *Condoms*.

1. In the questionnaire this question follows the question on the previous page. Pupils are asked to indicate which of the list of contraceptive methods they think are 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 some 12-15-year-old females in this sample cause us concern?

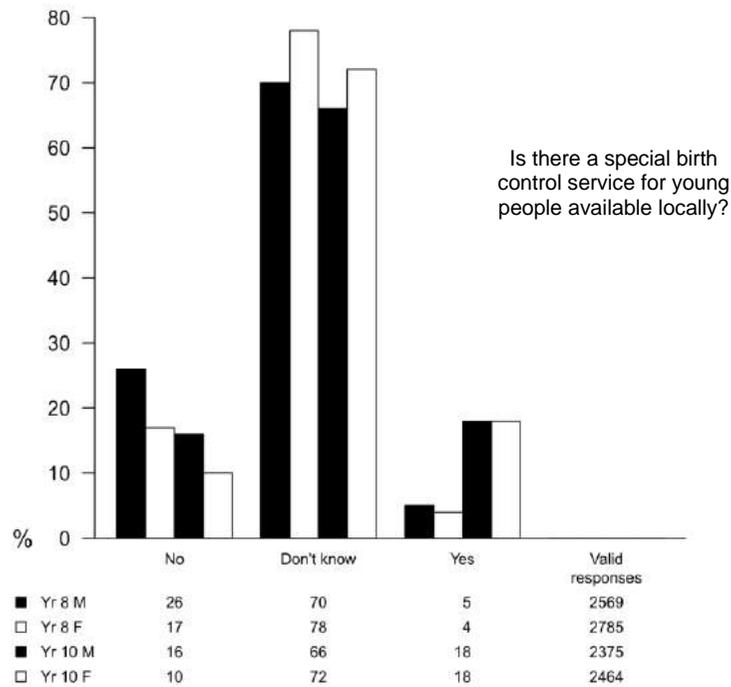


Birth control service

Over 55% of 14-15-year-olds know where to get free condoms

Knowledge of local birth control service and free condoms?

1. The older males and females were more likely to know if there was a local birth control service for young people and knowledge was much greater in Year 10. Over 2/3 of 14-15 year-olds report they *Don't know* about a local service.
2. Over 55% of older pupils know where to get condoms free of charge.



Comments

1. With the continuing concern over teenage pregnancies as well as the spread of STIs 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.

