

Young People in Cumbria in 2012

A report on the health behaviour of young people
in Cumbria, based on data from the 2012 survey



Cumbria Teaching Primary Care Trust

CONTENTS

EXECUTIVE SUMMARY	4
FOREWORD	7
INTRODUCTION	8
HOW ARE THE DATA COLLECTED?	9
THE SAMPLE.....	11
SMOKING	13
ALCOHOL	15
DRUGS	18
HOME, FAMILY AND LEISURE	20
DIET.....	23
PHYSICAL ACTIVITY	26
EMOTIONAL HEALTH & WELLBEING	31
SEX & RELATIONSHIPS	36
OTHER HEALTH ISSUES.....	39
LIST OF TABLES AND CHARTS	40
APPENDIX 1: SECONDARY SCHOOLS TAKING PART IN THE SURVEY 1988-2012	43
APPENDIX 2: PRIMARY SCHOOLS TAKING PART IN THE SURVEY 2003-2012	45
APPENDIX 3: TRENDS IN CUMBRIA 1988-2012	47
APPENDIX 4: THE SCHOOLS HEALTH EDUCATION UNIT	57
APPENDIX 5: THE QUALITY OF THE SURVEY DATA: NOTES FROM SHEU	58

Executive summary

Summary points are quoted from the main text, and are listed in the order they appear below with page numbers. Throughout the main text, references to 'wider data' within the Schools Health Education Unit data banks¹ are made. The wider sample with which the Cumbria sample has been compared is data from all the surveys carried out with the Schools Health Education Unit in 2011, which included schools from across the country.

Differences between Cumbria and a reference sample (see p.11) are shown in *italics*.

THE SAMPLE

No school took part in all waves of the survey, so conclusions about trends need to be treated with due caution.

SMOKING

The proportion of pupils who smoke in these Cumbria schools has declined since 1995. In 2012, we see that, as usual, the level of smoking among Year 10 females is the highest of all the groups. In 2010, this figure was the lowest since this survey began. There has been little, if any, lapse since then in overall smoking prevalence.

The proportion of primary school pupils who smoked in the week before the survey is given as zero; it may not be no pupils at all, but the proportion is very low.

Year 10 pupils in Cumbria are more likely to say they have never smoked (68%) than are Year 10 pupils in the reference sample (64%).

Secondary school pupils in Cumbria are more likely to say they have no smokers at home (68%) than are pupils in the reference sample (64%).

ALCOHOL

The proportion of Year 10 pupils reporting drinking over the period 2000-2006 seemed to increase but this was not sustained; in fact the levels seen in the last two waves of the survey are historically rather low.

Primary school boys in Cumbria are more likely to have drunk alcohol in the last week (7%) than are pupils in the reference sample (4%).

27% of pupils in the secondary sample said they had drunk alcohol last week.

DRUGS

Since the fluctuations of the 1990s, the proportion of secondary school pupils who know a drug user has remained rather stable throughout the 21st century, at a level below the mid-1990s peak.

Secondary school pupils in Cumbria are more likely to know a drug user (37%) than their peers in the reference sample (30%).

The proportion of young people knowing a drug user rises sharply in the last year of secondary school

Teachers were the group that pupils were mostly likely to have talked with about drugs (64%, rather lower than the 70% seen in 2008).

HOME, FAMILY AND LEISURE

Secondary school pupils in Cumbria are less likely to have played computer games last night (52%) than are pupils in the reference sample (61%).

Primary school pupils in Cumbria report they don't usually get pocket money (25%).

Secondary school pupils in Cumbria report they never get pocket money (19%).

¹ For details, see the main text.

There are several differences between the Cumbria primary sample and the reference sample in their reported leisure activities, which may be due in part to the timing of the survey in the summer.

7% of young people in Cumbria secondary schools say they are carers.

Homework was done on the previous evening by 66% of secondary pupils. 28% reported they did more than an hour.

In Cumbria, Year 10 pupils are more likely to report having a regular paid job during term-time (33% vs. 15% in the secondary reference sample).

28% of those who responded in the secondary survey spent over £10 during the last 7 days; again, this is markedly lower than in the 2008 figures and lower than in the reference sample.

57% of pupils put money into a savings scheme last week.

The drug users and the consumers of alcohol have higher average incomes than the non-users.

DIET

Primary school pupils in Cumbria are less likely to say that they drank a litre or more of water yesterday (21%) than are pupils in the reference sample (49%)

8% of the secondary pupils in this survey would like to put on weight; 47% would like to lose weight.

Secondary school pupils in Cumbria are more likely to consider health often when choosing food (55%) than are pupils in the reference sample (41%).

PHYSICAL ACTIVITY

The proportion of primary and secondary pupils exercising at least three times last week, hard enough to breathe harder and faster, seems to have been stable over recent years of study.

84% of primary pupils said they enjoyed physical activities 'quite a lot' or 'a lot'.

There seems to be some unmet demand for activities on the part of these young people.

Pupils in Cumbria secondary schools are more likely to take a bus to school than are those in the reference sample; other methods are, as we might expect, seen less often.

EMOTIONAL HEALTH & WELLBEING

Secondary school pupils in Cumbria are less likely to have a self-esteem score in the highest bracket (33%) than are pupils in the reference sample (44%). These differences have not been seen in earlier surveys.

Year 8 school pupils in Cumbria are less likely to be at ease when meeting people their own age (25%) than are pupils in the reference sample (29%).

68% of primary pupils and 67% of secondary pupils responded that they are 'quite a lot' or 'a lot' satisfied with their life at the moment.

Primary school pupils in Cumbria are more likely than not to say they could always say no to a friend (52%).

Primary school pupils in Cumbria are more likely than not to say their opinions are listened to in school (66%).

The proportion of females who are at least sometimes afraid to go to school because of bullying decreases upon entry to secondary school and drops again once pupils reach Year 10.

Pupils in the Cumbria primary sample are more likely to report being afraid to go to school because of bullying than those in the reference sample: 35% say they are at least sometimes afraid of going to school because of bullying, while in the reference sample the figure is 19%.

Primary school pupils in Cumbria are just as likely to have been scared by the approach of an adult (27%) as pupils in the reference sample (27%).

SEX & RELATIONSHIPS

The proportion of pupils who said they knew where to obtain condoms free of charge rose after 2006 but is now rather lower than in 2010. The Year 10 males have caught up with the females in their awareness of free condoms.

Primary school pupils in Cumbria are less likely than in 2010 to say they know enough about body changes (from 77% in 2010 to 69% in 2012).

51% of secondary school students say they know where they can get condoms free of charge; this is a figure higher than in 2008 but lower than in 2010.

Year 10 school pupils in Cumbria are much more likely to know of a local source of sexual health information (62%) than are pupils in the reference sample (36%)

72% of Year 10 pupils have never had sex, 8% are in a relationship and thinking about having sex.

12% of Year 10 pupils say they have had sex and 8% are currently in sexual relationship. 7% of all Year 10 pupils have had unprotected sex.

OTHER HEALTH ISSUES

Year 8 pupils were generally more likely than those in Year 10 to report lessons in the list as 'quite useful' or 'very useful.'

Young people in Cumbria are much more likely to report having several adults they can trust: 75% say they have three or more, compared with 40% in the reference sample.

Primary school pupils in Cumbria are more likely to say they wear a cycle helmet whenever possible (38%) than are pupils in the reference sample (25%).

Secondary school pupils in Cumbria are more likely to say they always wear a cycle helmet (11%) than are pupils in the reference sample (5%).

85% of primary pupils responded that they cleaned their teeth at least twice the day before the survey.

81% of secondary pupils responded that they cleaned their teeth at least twice on the day before the survey.

30% of primary school pupils responded that they went to bed after 10pm the night before the survey.

65% of secondary pupils responded that the amount of sleep they normally get is enough for them to stay alert and concentrate on their school work. 13% said it isn't enough.

82% of secondary pupils in 2012 reported 'Sometimes', 'Usually' or 'Whenever possible' to at least one of the methods of avoiding sunburn.

Secondary school pupils in Cumbria are a little more likely to say they usually take precautions to avoid sunburn (47%) than are pupils in the reference sample (46%).

FOREWORD

The health and wellbeing of children and young people in Cumbria continues to be one of our key priorities. Young people growing up in Cumbria today face many pressures and challenges. It is essential that we understand these pressures and challenges in order to deliver effective services and interventions that improve the health and wellbeing of our children and young people throughout Cumbria.

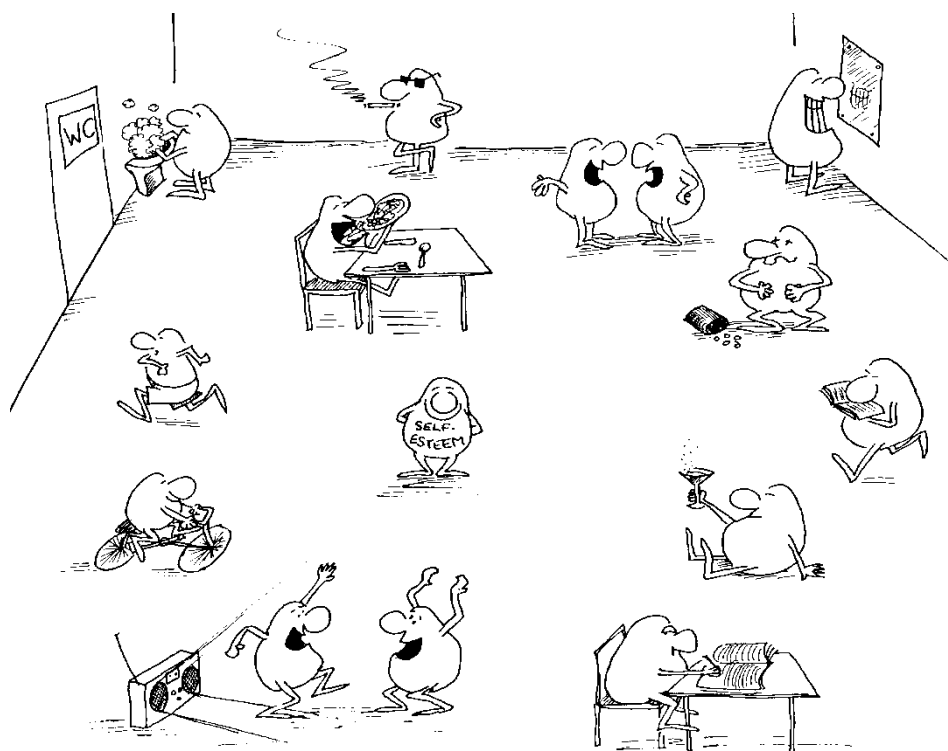
Many factors influence the health-related behaviour of children and young people. These include family background and experience, the media, social and school environments, health education and promotion, availability of children's services and support, access to the internet and increasingly social networking. By understanding the health and health-related behaviour of young people we are more able to deliver appropriate services and design interventions, which will support and enable young people to take more care of their health and wellbeing.

This survey reveals young people's knowledge, attitudes and behaviours as well as sources of information and support. The evidence gathered will contribute greatly to our work in drugs, alcohol and tobacco education, sex and relationships education, physical activity and balanced eating, as well as PSHE (Personal, Social and Health Education) in schools.

This report was commissioned by Cumbria Children's Services and Public Health, NHS Cumbria and it is part of a wider contribution by various partner agencies working together to meet the present and future needs of our children and young people. The results of this survey will contribute to the assessment of need and the development of services in the future. It provides a wealth of data, which is easily accessible to schools, public health service providers, multiagency commissioning teams and various partner agencies via Cumbria Intelligence Observatory <http://www.cumbriaobservatory.org.uk/health/Reports.asp>

Julia Morrison, Corporate Director – Children's Services, Cumbria County Council.

Jane Muller, Associate Director of Public Health, NHS Cumbria.



Introduction

The Health-Related Behaviour Survey, developed by John Balding and colleagues of the Schools Health Education Unit, formerly of Exeter University, is designed for young people of primary and secondary school age. This survey has been developed over 20 years and has been used in over a thousand schools and has been completed by many hundreds of thousands of school children.

Data from this survey will help inform the planning and decision making of Cumbria Children's Services, NHS Cumbria and the agencies who work in partnership with them, as well as the individual schools who took part. This report contains the main results of the survey carried out in 18 secondary schools and 28 primary schools across Cumbria in the Summer Term, 2012. Over 3000 schoolchildren took part this year.

Grateful thanks go to those school children, schools, staff and other workers who completed or supported the completion of this questionnaire. The Schools Health Education Unit (SHEU) have the clear impression that with the extra pressures currently on teachers, participation by schools in surveys and other research is less positive than it has been², and so we are very appreciative of the time and effort devoted to this project by schools.

Survey material was provided for all participating schools. Once completed, the questionnaires were sent to SHEU in Exeter. SHEU collated and analysed the data, and produced the draft that formed the basis of this report.

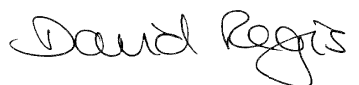
Each secondary school was asked to provide 100 pupils from Years 8 and 10 (about 4 classes) who are a representative cross-section of their school population. Primary schools completed the survey with Year 6 pupils. This means that the survey would be representative of school aged children across Cumbria.

This survey was commissioned by Cumbria Children's Services and Public Health, NHS Cumbria. The results are shared with these supporting organisations and the schools who participated and many other agencies.

Our thanks go to the staff and pupils of the schools that took part.



Angela Balding
Survey Manager
Schools Health Education Unit



Dr. David Regis
Research Manager
Schools Health Education Unit

For further information about the survey, including the full results and tables, contact:

Sue Milner
Planning and Commissioning Officer

Planning and Commissioning Team
Partnerships and Prevention
Children's Services
80 Warwick Road
Carlisle
CA1 1DU

Tel. 01228 221241

sue.milner@cumbria.gov.uk

² For example, Goddard, E & Higgins, V (1999). *Smoking, drinking and drug use among young teenagers in 1998*. London: The Stationery Office. (page 12) and Moun AM (1999). Health-related research and evaluation in schools. *Health Education*, **99**(1), pp.20-25.

How are the data collected?

The organisation of the Cumbria Health-Related Behaviour survey, 2012

The survey was carried out in the summer of 2012. The support for the work in schools was provided by the Health and Wellbeing Team (Children's Services) and a Steering Group. This included liaison with the Schools Health Education Unit in terms of support and careful preparation of the individual schools to ensure collection of the best possible data.

It was clear from the quality of the data and the prompt execution of the work that all personnel associated with the project undertook the project both professionally and efficiently.

Outline of HRBQ

Since its origin, the *Health-Related Behaviour Questionnaire* has been regularly revised and improved. The version used within this survey was designed for Cumbria, which contained the following seven sections: Personal Background; Food and Diet; Smoking, Drinking and Drugs; Health and Safety; Relationships and Mental Health; Leisure and Money; Exercise and Accidents.

Within these seven sections the topic areas include:

- | | | |
|---------------------------|---------------------|-------------------------|
| ◆ Accidents | ◆ Free School Meals | ◆ Physical activity |
| ◆ Alcohol consumption | ◆ Gambling | ◆ Problem sharing |
| ◆ Bicycle use | ◆ Homework | ◆ Relationships |
| ◆ Bullying | ◆ Hygiene | ◆ Self-esteem, autonomy |
| ◆ Caring responsibilities | ◆ Internet access | ◆ Sexual health |
| ◆ Dental care | ◆ Leisure pursuits | ◆ Smoking |
| ◆ Diet | ◆ Locality | ◆ Social activities |
| ◆ Doctor visits | ◆ Medication | ◆ Travel to school |
| ◆ Drugs | ◆ Money | ◆ TV, videos, computers |
| ◆ Family background | ◆ Paid work | ◆ Worries |
| ◆ Fitness and sports | ◆ Personal safety | |

Sampling of schools

Efforts were made to secure a balanced profile of the schools across Cumbria.

Sampling within a school

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.

Typically, the percentage of the year group sampled is high, which reduces expected sampling error. A sample of 50 of each sex provides a reliable reflection of the total population for most questions; for some questions; in fact, a smaller sample is adequate. This, coupled with the attention paid to selecting a sample that reflects the academic profile of the year group, gives even more confidence in the extent to which the sample data reflects that of the total year group³ (for further discussion on sampling see notes on page 62).

The connection between the health of individuals and their socio-economic status is widely accepted (Townsend *et al.*, 1992⁴). Links between academic success at school and social background have also been

³ Absent pupils will include those who are ill and any that habitually miss school. Therefore, some of the data recorded in the surveys may be biased. This will be a feature of any school-based survey. However, staff may already be more familiar with the characteristics of this absentee group than those of the section of the school population that complete the questionnaire. Moreover, we should not assume that the absentees are all poorly behaved; our work on bullying suggests that a number of shy, well-behaved pupils may be missing school and therefore biasing the results in the other direction.

⁴ Townsend, P *et al.* (1992). *Inequalities in Health: The Black Report and The Health Divide*. London: Penguin.

established (Lawton, 1972⁵). 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'.

The questionnaire is a taxing exercise for younger and less able students, although most can complete the questionnaire with adequate time and some support in the classroom.

Importance to pupils

The manner in which the data is collected is also vital. Even with the best possible sample and the best-researched instrument, the value of the data is questionable if the respondent does not enter the spirit of the enquiry. Numbers of unanswered questions or abused questionnaires would signal a doubtful procedure, but this very rarely happens in our experience. 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.

An important strength of the Health-Related Behaviour Questionnaire is that it is not administered by or on behalf of an external agency, but by the school itself, highly motivated to derive a set of valid results on which to base curriculum improvements. If a school volunteers to fit the questionnaire administration into its already crowded timetable, then it is serious about the enquiry, and this commitment will be transmitted to the pupils.

Confidentiality

If the children know that the questionnaires are completely anonymous, that they will immediately be sealed in envelopes to be sent away for processing, and that the results will be returned only as a summary in which no individuals can be identified, their motivation to be honest will be reinforced. If, in addition, they feel that what they are doing is important for themselves — that it will affect the work they do in school to their own benefit — they will answer the questions as conscientiously as possible.

⁵ Lawton, D. (1972). *Social Class, Language and Education*. London: Routledge & Kegan Paul.

The Sample

The surveys over the years have involved pupils from years 8 and 10. In the 2000 survey, primary schools were involved for the first time. The numbers in each group are shown below.

Table 1: Cumbria secondary samples 1988 to 2012

Year Group	8	10
Male	3979	4006
Female	4056	4001
Total	8035	8007

Year	1988		1990		1992		1995		2000		2003		2006		2008		2010		2012	
(Version)	(V11)		(V12)		(V15)		(V17)		(V21)		(V22)		(V23)		(V23CU2)		(CUM7S)		(CUM2012S)	
Year Group	8	10	8	10	8	10	8	10	8	10	8	10	8	10	8	10	8	10	8	10
Male	421	471	260	337	366	344	294	301	473	588	247	202	423	342	317	254	408	439	770	728
Female	445	488	279	323	334	335	278	278	496	528	230	183	440	371	323	264	445	458	786	773
Total	866	959	539	660	700	679	572	579	969	1116	477	385	863	713	640	518	853	897	1556	1501

Table 2: Primary Cumbria sample 2000 to 2012

Year (Version)	2000 (Pri9)	2003 (Pri10)	2006 (Pri11)	2008 (Pri11.2)	2010 (CUM7P)	2012 (CUM2012P)	All
Year	6	6	6	6	6	6	6
Males	288	351	255	317	267	394	1872
Females	296	342	223	317	266	394	1838
Total	584	693	478	634	533	788	3710

Trends

For selected questions, figures have been tracked through the years to see if trends are discernible. Apparent trends may be due to confounding factors, for example, changes in questionnaire design, or in the sample.

No school took part in all waves of the survey, so conclusions about trends need to be treated with due caution.

Comparisons

In this report, 'Wider Data' has been used for comparison with the local survey.

Each year the Schools Health Education Unit (SHEU) supports surveys in very many schools throughout the UK and publishes the total picture for each year in the series Young People in 1986, 1987, ... into 2012. Each annual picture for the very large sample is a good predictor of the following year although trends across the years have been published in our series of Trends reports.

The wider sample with which the Cumbria sample has been compared is from surveys carried out with the Schools Health Education Unit in 2011, which included surveys across the country.

Table 3: Aggregate Reference samples 2011.

Year	6	8	10
Males	6470	4662	4487
Females	6321	4750	4664

The surveys making up the reference samples were carried out throughout 2011, while the Cumbria survey was carried out in Summer 2012. Therefore, any differences seen between the Cumbria survey and the reference sample may be caused by seasonal factors or the academic calendar. There may also be due to differences in home background seen in the two samples.

The 2011 aggregate sample formed the basis of the SHEU publication *Young People into 2012*.

98% of pupils in the primary and 97% in the secondary surveys described themselves as white, which is a rather higher figure than is found in the reference sample. [N.B. where attention is called to differences between groups like this, it may be assumed that these differences are statistically significant. See Appendices for discussion.]

64% of all secondary pupils in this survey live with both parents.

[In previous years, we have found high rates of car ownership. This is often seen as a mark of affluence, but in rural areas may reflect the poor level of available alternative transport. The age and quality of vehicles is not taken into account.]

Reporting and analysis

Analysis was carried out by the Schools Health Education Unit at Exeter using the statistical software package SPSS. Analysis took the form of simple frequency distributions and cross-tabulation.

Reporting from the survey has been carried out at different levels:

- The commissioners have a set of detailed tables based on the composite data set for the county, and supplementary tables and analysis.
- Each school has a similar set of tables, and a 'school report', a summary of their own data next to a summary of the whole Cumbria data, together with a supporting text. Also supplied to each school is an 'After the Survey' manual, which is a guide to getting the maximum benefit from the survey results.

Typically, investigations into confidence limits associated with particular variables, reveals 95% confidence levels at around $\pm 5\%$, for example, if in a sample of 350 we observe a proportion of 50%. With proportions less than 50% in the same sample, the 95% confidence levels improve to less than $\pm 5\%$ (see notes in appendix 4).

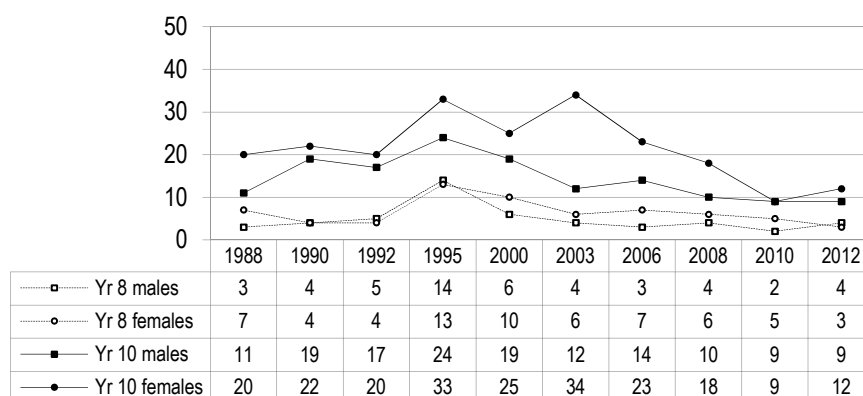
The quality of the survey data - further issues

For further information on the quality of the HRBQ data, readers may like to turn to Appendix 5 (page 58).

Smoking

☞ The picture in Cumbria since 1988: smokers

Chart 1: Percentage of secondary pupils smoking in the last week, 1988-2012.



The proportion of pupils who smoke in these Cumbria schools has declined since 1995. In 2012, we see that, as usual, the level of smoking among Year 10 females is the highest of all the groups. In 2010, this figure was the lowest since this survey began. There has been little, if any, lapse since then in overall smoking prevalence.

It is not easy to tell from these figures whether this 1995 peak is due to a behaviour change, or just because the schools involved that year had generally high smoking levels. If we look at the two schools which were present in each of the first four waves of the survey, then we see a rather similar pattern, suggesting that there was indeed a peak in smoking levels among young people in Cumbria in 1995.

The peak in 1995-96 seems also to be present in the databanks of SHEU and in official Government figures. The overall levels of smoking in Cumbria are also in keeping with those seen in these data sets.

▲ Transition from Primary to Secondary School in 2012: smokers

Table 4: Percentage of pupils in primary and secondary schools smoking in the last 7 days.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Yes	0	0	4	3	9	12
Valid Responses	393	394	629	647	630	669
Total Sample (Count)	394	394	770	786	728	773

N.B. different questions asked in Primary and Secondary surveys

The proportion of primary school pupils who smoked in the week before the survey is given as zero; it may not be no pupils at all, but the proportion is very low.

There is a steep increase in the uptake of smoking in secondary schools, between Years 8 and 10.

For technical reasons, it is sometimes appropriate to report the valid responses, and at other times the total available sample.

○ The picture in Primary Schools in 2012: Expectations

1% in the primary survey say they think they will smoke when they are older.

Other points from the primary survey:

89% in the survey say they think they will not smoke when they are older.

11% in the survey say they think they may smoke when they are older.

Table 5: Percentage of primary pupils answering they think they will smoke when they are older.

	Cumbria Data	Wider Data
Year	6	6
Males	1	2
Females	0	1

● The picture in Secondary Schools in 2012: Intentions

Year 10 pupils in Cumbria are more likely to say they have never smoked (68%) than are Year 10 pupils in the reference sample (64%).

32% say that they have at least one person who regularly smokes at home; we do not know if they do so in the same room as the pupil. There are two concerns here: the detrimental health effects of passive smoking, but also the presence of a role model for smoking in the home.

Percentage of pupils who smoke, by number of smokers at home

Number of smokers at home	All	None	One	Two	Three	Four	Five or more
Percentage of pupils in those households who smoke	7%	4%	6%	14%	17%	28%	42%

We see that 6% of all pupils smoke regularly. But the proportion of pupils who smoke goes up as the number of smokers at home goes up. So, if they live in a home with no other smokers, then just 4% of them smoke; among the small number of students who live in a household with FIVE or more smokers, 42% smoke.

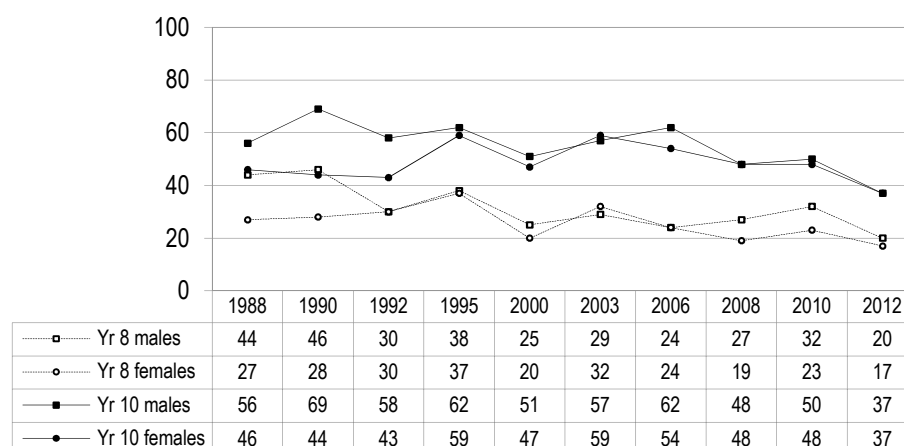
Secondary school pupils in Cumbria are more likely to say they have no smokers at home (68%) than are pupils in the reference sample (64%)

4% of the sample say they have purchased cigarettes where the description suggests illegal import, e.g. foreign packaging.

Alcohol

☛ The picture in Cumbria since 1988: drinking in the last week

Chart 2: Percentage of secondary pupils drinking any alcohol in the last week, 1988-2012.



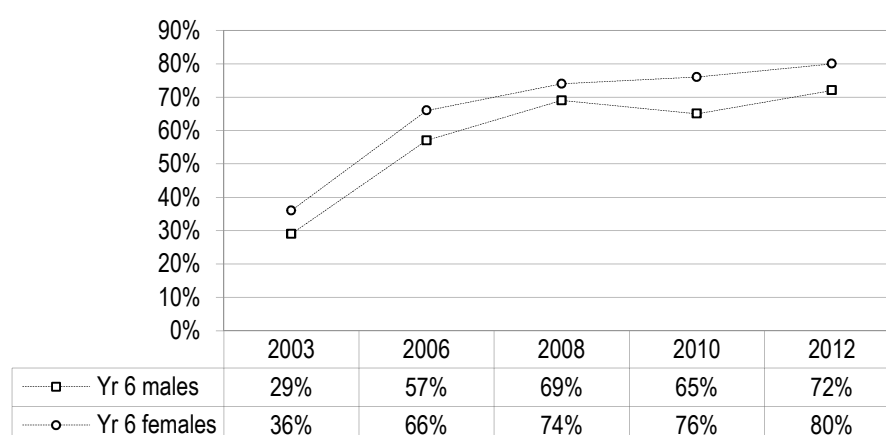
The proportion of Year 10 pupils reporting drinking over the period 2000-2006 seemed to increase but this was not sustained; in fact the levels seen in the last two waves of the survey are historically rather low.

In 1988 and 1990 there was a clear difference between the numbers of males and females reporting drinking, with more boys reporting than girls. Over time, this pattern has changed, and this year both males and females in Year 10 have reported similar proportions.

The amount drunk by drinkers has remained largely stable over the period of the survey.

☛ The picture in Cumbria since 2003: drinking alcohol

Chart 3: I don't drink alcohol among primary pupils 2003-2012.



Primary pupils are less and less likely to say that they ever drink alcohol, although the rate of change is slowing.

▲ Transition from Primary to Secondary in 2012: drinking in the last week

Table 6: Percentage of primary and secondary pupils answering they had drunk alcohol on at least one day in the last week.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Yes	7	5	19	16	36	37
Valid Responses	361	377	735	755	709	760

N.B. similar questions asked in Primary and Secondary surveys

The proportion of pupils who drink alcohol climbs throughout the school year groups surveyed, with similarly large-sized jumps between Year 6 and Year 8 and between 8 and 10.

Males in Years 6 and 10 are more likely to report drinking in the last week than are females in the same age groups. The proportions of year 10 males and females reporting they have drunk in the last 7 days have both dropped between 2006 and 2008; the 2010 figures are similar to 2008, but in 2012 they have dropped once more.

○ The picture in Primary Schools in 2012: drinking days

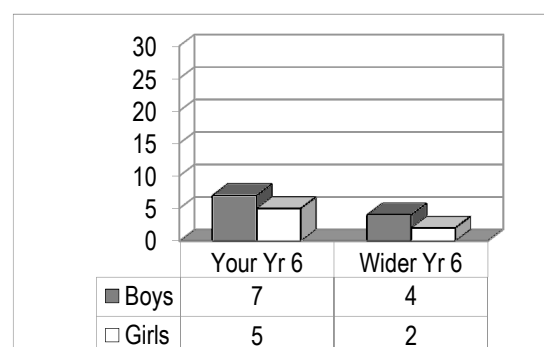
Primary school boys in Cumbria are more likely to have drunk alcohol in the last week (7%) than are pupils in the reference sample (4%).

This repeats a finding seen in earlier surveys.

The most common drinks reported being drunk were beer/lager and alcopops/pre-mixed spirits.

2% of the sample reported that they drink without their parents knowing at least sometimes.

Chart 4: Percentage of primary pupils answering they have drunk some alcohol in the last week.



These figures may surprise because they are so high, although when compared with the reference sample they are not untypical. It is known that, as a society, we are drinking more at home now. Clearly, many parents nationally are allowing their children to drink and may encourage them to do so.

● The picture in Secondary Schools in 2012: units of alcohol and heavy drinking

27% of pupils in the secondary sample said they had drunk alcohol last week.

This figure is rather higher than in the reference sample; the reference sample includes a higher proportion of abstinent pupils from ethnic minority backgrounds.

The most common site for the drinking to be done was the pupil's home; friends' homes also featured as a common site, and more so in Cumbria than elsewhere.

28% of males and 35% of females were given alcohol by their parents/carers.

The mean intake of those who drank anything last week (hereafter 'drinkers') in 'units of alcohol' is given in the table.

4% of Year 10 females and 4% of Year 10 males drank over the advised weekly limit for adult females of 14 units. 0% of Year 8 pupils reported drinking over 14 units.

Table 7: Percentage of secondary pupils answering they have drunk at least one unit of alcohol in the last week.

	Cumbria Data		Wider Data	
Year	8	10	8	10
Males	14	32	14	32
Females	13	34	11	34

Table 8: Mean reported week's alcohol units of drinkers only.

(Units)	Cumbria Data	
Year	8	10
Males	11	11
Females	8	8

It is not unusual to experience ill-health after drinking to excess, but many young people report more serious consequences.

Table 9: Pupils reported experiencing the following in the last 12 months as a result of their drinking (top 5):

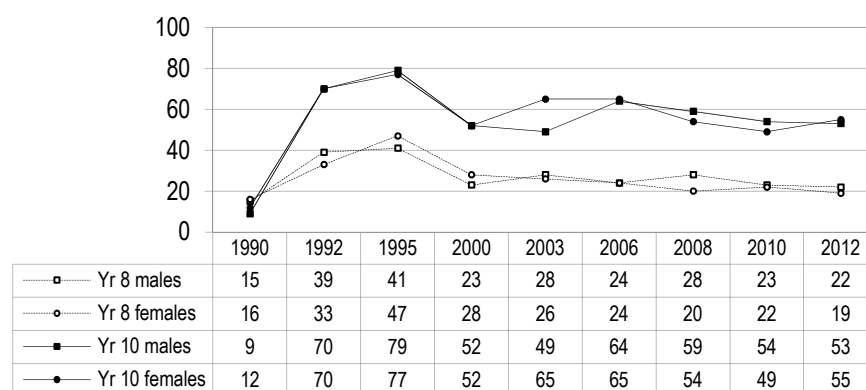
Boys			Girls		
1	Sickness	21	1	Sickness	28
2	Punching, hitting or kicking	8	2	Damaged friendships or relationships	11
3	Hurt yourself/been in an accident	8	3	Hurt yourself/been in an accident	9
4	Damaged friendships or relationships	7	4	Missed days at college/school	7
5	Missed days at college/school	5	5	Punching, hitting or kicking	6

Responses from young people suggest that most drinking is done in the home, and mostly with the knowledge and permission of parents. However, closer parental supervision is associated with lower frequency of alcohol use (primary and secondary pupils), and smaller quantities consumed (secondary only).

Drugs

➤ The picture in Cumbria since 1990: know a drug user

Chart 5: Percentage of secondary pupils who know a drug user ('fairly sure' or 'certain*'), 1990-2012.



* in 1990 there were different answers in the survey, percentage equals those responding 'Yes'

Since the fluctuations of the 1990s, the proportion of secondary school pupils who know a drug user has remained rather stable throughout the 21st century, at a level below the mid-1990s peak.

Secondary school pupils in Cumbria are more likely to know a drug user (37%) than their peers in the reference sample (30%).

▲ Transition from Primary to Secondary School in 2012: know a drug user ▲

Table 10: Percentage of pupils in primary and secondary schools who know a drug user.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Fairly sure or certain	14	10	22	19	53	55
Valid Responses	389	390	747	774	708	764

N.B. identical questions asked in Primary and Secondary surveys

The proportion of young people knowing a drug user rises sharply in the last year of secondary school

The percentages may not reflect the actual number of current known drug users, but may represent a large number of people knowing the same person. This question is nonetheless important in providing an indication of how close the young people may be to sources of drugs.

○ The picture in Primary Schools in 2012: talking about drugs

Teachers were the group that pupils were mostly likely to have talked with about drugs (64%, rather lower than the 70% seen in 2008).

49% said they have talked to their parents about drugs.

14% said they have talked to a school nurse about drugs.

Table 11: Percentage of primary pupils answering they have talked with their parents about drugs.

	Cumbria Data	Wider Data
Year	6	6
Males	47	47
Females	52	51

● The picture in Secondary Schools in 2012: drug experimentation

8% reported that they have taken a named illegal drug at some point.

13% of Year 10 pupils have ever taken cannabis leaf or resin, while nearer 29% of Year 10 pupils have ever been offered cannabis leaf or resin. So, the proportion that has ever refused a drug offer is at least 16%, and is probably higher.

4% of secondary pupils say they have taken some form of illegal drug within the last month.

Table 12: An overview of the four most common drugs (Year 10 only).

	Know little about them	Believe safe if used properly	Have used in last month	Have used
Cannabis resin/leaf	20	33	7	13
Amphetamines	49	7	1	1
Ecstasy	28	11	1	2
Mephedrone	33	9	1	2

Cannabis is by far and away the most common drug ever reported being used; when we look at use in the last month, the dominance of cannabis is even starker.

The pattern of drug use seen here is also typical of the figures seen in the reference sample.

35% of pupils have been concerned about someone else's use of drugs.

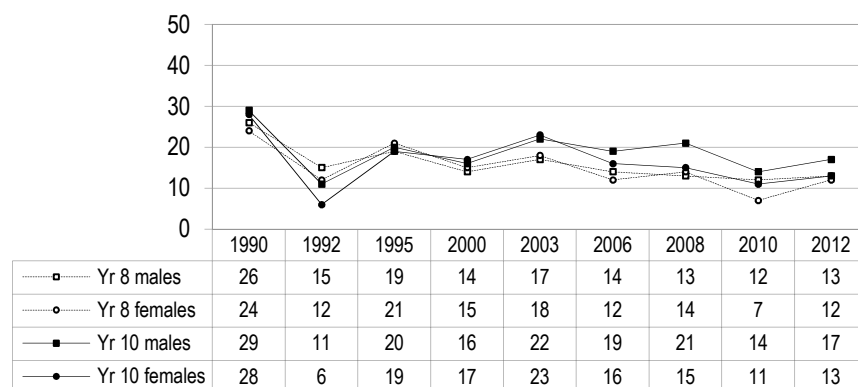
§ Links

A link can be seen between drug use and income: see page 22.

Home, Family and Leisure

➤ The picture in Cumbria since 1990: TV

Chart 6: Percentage of secondary pupils watching TV for more than 3 hours, 1990-2012.



The proportion watching TV for more than three hours last night has generally dropped in Cumbria since 2003. Competing activities include videos, computer games, homework and spending time on social networking sites, e.g. Facebook.

Secondary school pupils in Cumbria are less likely to have played computer games last night (52%) than are pupils in the reference sample (61%)

▲ Transition from Primary to Secondary School in 2012: after-school activities

Table 13: Percentage of pupils in primary and secondary schools participating in activities after school last night.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Watching live or recorded TV (sec. inc. DVDs)	74	74	89	87	88	86
Doing homework	19	27	61	72	62	67
Read a book for enjoyment	29	47	22	31	15	22
Sport	62	44	26	23	28	16
Socialising on Internet	21	36	65	75	80	82
Total Sample (Count)	394	394	770	786	728	773

N.B. different questions asked in Primary and Secondary surveys

As children grow up, there are rises and falls among the results: doing homework goes up dramatically on entry to secondary school, but then drops slightly when pupils reach Year 10. The increase in homework may be at the expense of reading for enjoyment and participation in sport.

The demands of homework do not prevent TV watching, it seems.

▲ **Transition from Primary to Secondary School in 2012: pocket money**

Primary school pupils in Cumbria report they don't usually get pocket money (25%).

Secondary school pupils in Cumbria report they never get pocket money (19%).

○ **The picture in Primary Schools in 2012: leisure and home**

Other common after-school activities were: watching videos or DVDs (27%), listening to music (52%), playing with friends (59%), playing computer games (46%), and attending clubs (19%).

There are several differences between the Cumbria primary sample and the reference sample in their reported leisure activities, which may be due in part to the timing of the survey in the summer.

● **The picture in Secondary Schools in 2012: caring, homework and paid work**

7% of young people in Cumbria secondary schools say they are carers.

Table 14: Percentage of secondary pupils that say they are a 'young carer'

	Cumbria Data	
Year	8	10
Males	8	5
Females	7	6

Homework was done on the previous evening by 66% of secondary pupils. 28% reported they did more than an hour.

The percentage doing any homework has been increasing over recent years, and our advice has been that this probably represents the demands of GCSE course work.

27% of the pupils in this survey have a regular paid job.

Table 15: Percentage of secondary pupils that received over £10 last week (wages plus pocket money).

	Cumbria Data	
Year	8	10
Males	39	60
Females	45	66

In Cumbria, Year 10 pupils are more likely to report having a regular paid job during term-time (33% vs. 15% in the secondary reference sample).

This repeats a finding from previous waves of the survey, although the 2010 figure for Cumbria is a lot lower than for 2008 (40%). The decline is possibly the result of deteriorating economic conditions.

28% of those who responded in the secondary survey spent over £10 during the last 7 days; again, this is markedly lower than in the 2008 figures and lower than in the reference sample.

Year 10 pupils in Cumbria were more likely to report spending over £10 in the last week than Year 8 pupils in the county.

57% of pupils put money into a savings scheme last week.

Table 16: Percentage of secondary pupils spending over £10 last week (percentage of valid responses).

Cumbria Data		
Year	8	10
Males	24	31
Females	20	36

§ **Links: income and alcohol and drug use**

Links can be demonstrated between substance use and income:

Table 17: Mean income (£) related to alcohol and drug use (Year 10 only).

	Days last week alcohol was used			Drug use ever		
	None	1 day	2+ days	Non-user	Cannabis only	Other drugs
Male Mean	£17.00	£24.39	£25.37	£18.39	£24.06	£26.20
Female Mean	£19.97	£21.43	£29.04	£21.05	£29.79	£19.00
Male Count	384	142	69	492	47	66
Female Count	429	139	96	542	52	81

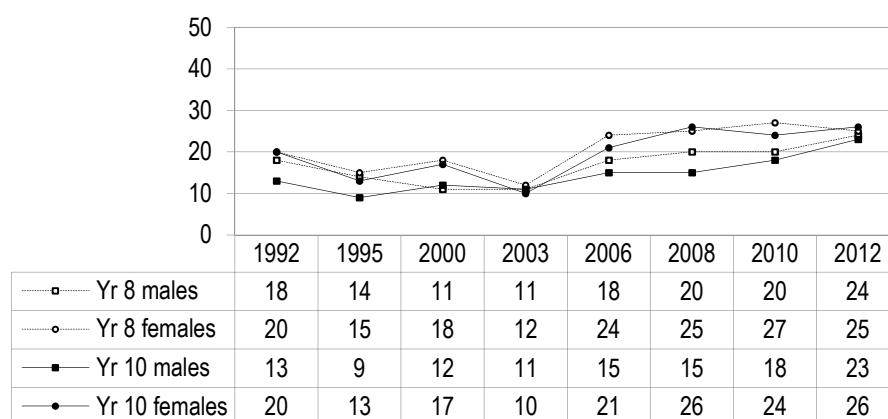
The drug users and the consumers of alcohol have higher average incomes than the non-users.

It is easy to imagine how extra income can promote consumption of alcohol and cannabis amongst young people, which may in turn lead to more accidents if their behaviour, actions and reaction times are altered as a result. Extra income may also mean that young people are more likely to purchase the latest sporting equipment (e.g. skateboards and bikes) and can afford to take part in the many sporting pursuits and activities which are available throughout the county. This, in turn, could also contribute to the higher accident levels amongst young people who have more money to spend each week.

Diet

➤ The picture in Cumbria since 1992: health-conscious food choices

Chart 7: Percentage of secondary pupils who think about their health very often or always when choosing food, 1992-2012.



The proportion that 'very often' or 'always' think about health when choosing food did not change appreciably in Cumbria between 1992, when the question was first introduced, and 2003; if anything, we saw a slight decline over that period. The results since then show some improvement, with all groups back to at least 1992 levels, with females showing the most gains.

Secondary school pupils in Cumbria are more likely to consider health often when choosing food (55%) than are pupils in the reference sample (41%).

➤ The picture in Cumbria since 2003: eating chips in primary pupils

Chart 8: Eating chips on most days among primary pupils 2003-2012.



The proportion of primary pupils eating chips on most days took a tumble after 2003, but has remained fairly level since and may even be creeping back up.

▲ Transition from Primary to Secondary School in 2012: breakfast

Table 18: Percentage of primary and secondary pupils who had nothing for breakfast on the day of the survey.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
No more than a drink for breakfast	6	5	6	10	9	11
Total Sample	394	394	770	786	728	773

N.B. different questions asked in Primary and Secondary surveys

The proportion of pupils who have no more than a drink for breakfast increases during the secondary age range. There has been a significant drop in the proportion of pupils saying they only had a drink for breakfast compared with previous years (see appendix 3, Chart 21).

It is interesting to see that 12% of Year 10 girls are missing breakfast (even those who had stated that they would like to gain weight. This suggests that breakfast is not being seen as an important meal by many and is an area in which further work in schools needs to be developed.

▲ Transition from Primary to Secondary School in 2012: commonly eaten foods

It is difficult to assess how much of any given food somebody eats, and SHEU's questionnaire asks only how often foods from the list are eaten. The top ten foods on the list with the highest percentages saying they eat the foods 'on most days'

Table 19: Food eaten most often. Percentage of PRIMARY pupils responding 'on most days' (reference data in brackets).

Boys				Girls			
1	Water*	58		1	Water*	59	
2	Any dairy produce (e.g. cheese, milk)	50	(51)	2	Fresh fruit	54	(57)
3	Fresh fruit	42	(51)	3	Any dairy produce (e.g. cheese, milk)	50	(54)
4	Vegetables	40	(42)	4	Vegetables	50	(49)
5	Any meat	39	(33)	5	Any meat	37	(31)
6	Crisps	28	(27)	6	Wholemeal bread	23	(31)
7	Sweets, chocolate, choc bars	27	(28)	7	Crisps	23	(26)
8	Wholemeal bread	26	(31)	8	Sweets, chocolate, choc bars	22	(26)
9	Other fizzy drinks	26	(23)	9	Chips or roast potatoes	19	(15)
10	Chips or roast potatoes	21	(17)	10	Salads	18	(22)

* comparative figures not available

Table 20: Food eaten most often. Percentage of SECONDARY pupils responding 'on most days' (reference data in brackets).

Boys				Girls			
1	Any dairy produce	67	(53)	1	Any dairy produce	65	(51)
2	Water*	52		2	Vegetables	55	(45)
3	Any meat	50	(41)	3	Water*	54	
4	Vegetables	48	(38)	4	Any meat	43	(35)
5	Fresh fruit	36	(35)	5	Fresh fruit	41	(42)
6	Sweets, chocolate, choc bars	27	(33)	6	Sweets, chocolate, choc bars	26	(30)
7	Fizzy drinks	25	(25)	7	Wholemeal bread	22	(24)
8	Wholemeal bread	20	(25)	8	Low-calorie drinks	21	(15)
9	Low-calorie drinks	20	(16)	9	Salads	21	(20)
10	Chips or roast potatoes	16	(17)	10	Crisps	21	(27)

* comparative figures not available

The dietary habits of pupils in Cumbria seem similar to those in the reference sample. Cumbria pupils are more likely to report eating meat and dairy produce and to eat vegetables on most days. These figures repeat findings from earlier reports.

○ **The picture in Primary Schools in 2012: drinking water**

Primary school pupils in Cumbria are less likely to say that they drank a litre or more of water on the day before the survey (21%) than are pupils in the reference sample (49%).

94% said they could get water easily at school.

● **The picture in Secondary Schools in 2012: concern with weight**

8% of the pupils in this survey would like to put on weight; 47% would like to lose weight.

From previous versions of the questionnaire, we know that few young people try to lose weight by exercise, and diet instead.

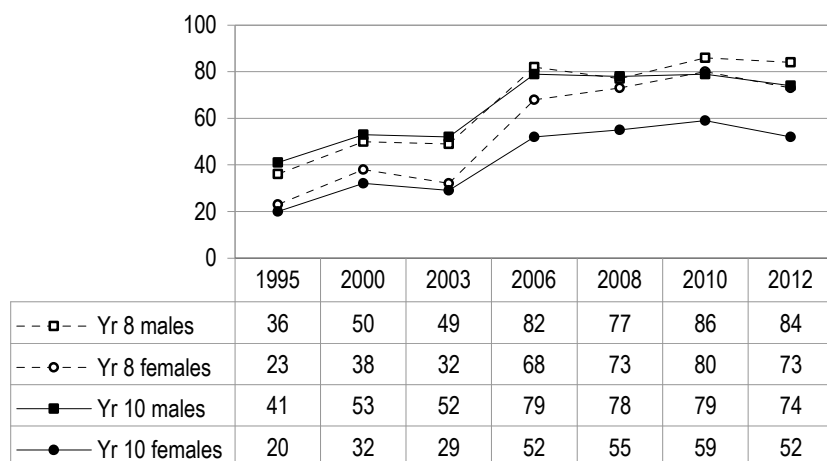
Table 21: Percentage of secondary pupils that would like to lose weight.

	Cumbria Data		Wider Data	
Year	8	10	8	10
Males	37	29	34	28
Females	53	66	51	58

Physical Activity

➤ The picture in secondary pupils in Cumbria since 1995: exercise

Chart 9: Percentage of secondary pupils who reported exercising three or more times in the last week, 1995-2012.



The jump between 2003 and 2006 is likely to be due mostly to a change in the question, where the number of options was increased.

Throughout, the Year 10 females are least likely to take part in any regular exercise.

➤ The picture in primary pupils in Cumbria since 2006: exercise

Chart 10: Exercised at least three times last week among primary pupils 2006-2012.

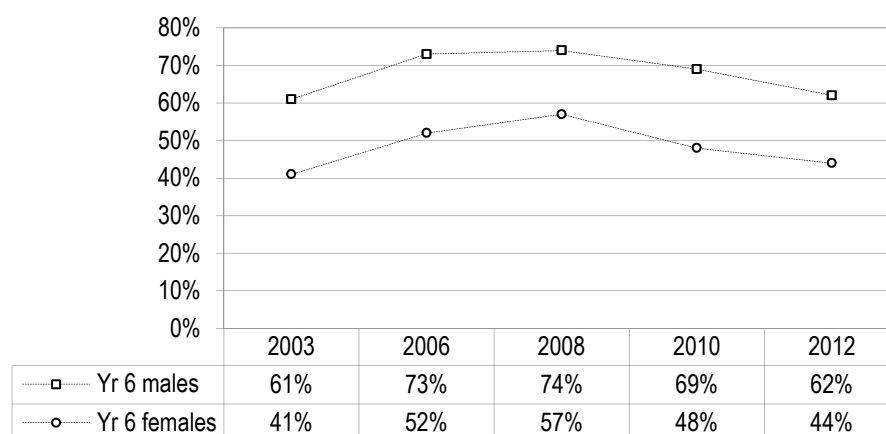


The proportion of primary school pupils who exercised at least three times last week, enough to breathe harder and faster, has been quite stable during the period of study.

The question asked has changed the range of options available over time, so this is not a firm conclusion.

➤ The picture in primary pupils in Cumbria since 2003: physical activity

Chart 11: Did sport/physical activity last night among primary pupils 2003-2012.



The proportion of primary pupils doing sport on the night before the survey reached a peak in 2008 but has declined since. There is again a marked disparity between boys and girls.

▲ Transition from Primary to Secondary School in 2012: enjoyment

Table 22: Percentage of pupils in primary and secondary schools responding that they enjoy physical activities 'quite a lot' or 'a lot.'

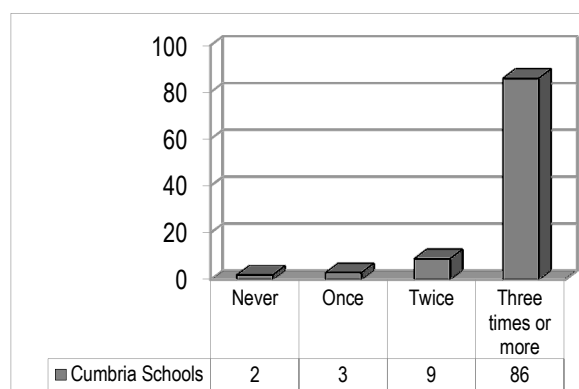
	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Quite a lot or A lot	88	80	83	68	80	54
Valid Responses	393	393	743	766	707	754

N.B. different questions asked in Primary and Secondary surveys

- ▲ The proportion of young women who say they enjoy physical activities at least *quite a lot* falls between Year 8 and Year 10, from 68% to 53%. This is in keeping with the fall in participation in physical activities in the same group and with the proportion that think of themselves as *fit* or *very fit*.

○ The picture in Primary Schools in 2012: attitudes to exercise and fitness

Chart 12: Percentage of primary pupils exercising last week.



84% of primary pupils said they enjoyed physical activities 'quite a lot' or 'a lot'.

61% of pupils thought they were 'fit' or 'very fit'.

86% say they exercised hard three times or more last week; this is a drop since 2008.

▲ Transition from Primary to Secondary School in 2012: attitudes to exercise and fitness

Table 23: Percentage of pupils in primary and secondary schools who think of themselves as fit or very fit.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Fit or Very fit	69	52	52	40	47	23
Valid Responses	390	392	738	761	700	750

N.B. identical questions asked in Primary and Secondary surveys

The percentage of pupils responding that they think of themselves as *fit* or *very fit* drops the older they get. This is particularly clear with the females, who drop from 52% in Year 6 to just 23% in Year 10. This pattern fits the decline in participation in sports and the decline in enjoyment of sports seen in the same group.

● The picture in Secondary Schools in 2012: physical activities

The physical activities reported by males and females are very different (*reference data in brackets*):

Table 24: Top ten types of physical activities out of school. Percentage of secondary pupils answering 'Weekly' or 'Twice a week or more' (*reference data in brackets*).

Males				Females			
1	Soccer	49	(41)	1	Going for walks	55	(35)
2	Riding a bike	45	(31)	2	Jogging	31	(23)
3	Jogging	33	(20)	3	Dancing	29	(26)
4	Going for walks	31	(20)	4	Rounders	26	(7)
5	5-a-side football	22	(13)	5	Riding a bike	23	(14)
6	Rugby	22	(14)	6	Swimming	19	(13)
7	Cricket	20	(9)	7	Netball	19	(14)
8	Swimming	18	(11)	8	Horse riding	15	(7)
9	Weight training	17	(8)	9	Gymnastics/trampoline	14	(11)
10	Pool	15	(32)	10	Fitness / aerobics	14	(11)

For almost all the physical activities in the survey, pupils in Cumbria are more likely or as likely to report doing them than the reference sample.

Making provision for such different tastes presents problems, but there is a clear problem of low activity levels in adults, which may be addressed in part by getting into good habits of exercise when young.

We also asked pupils, *Are there activities on the list above that you would like to start doing or do more often?* The activities identified by at least 5% of at least one group of pupils were as follows:

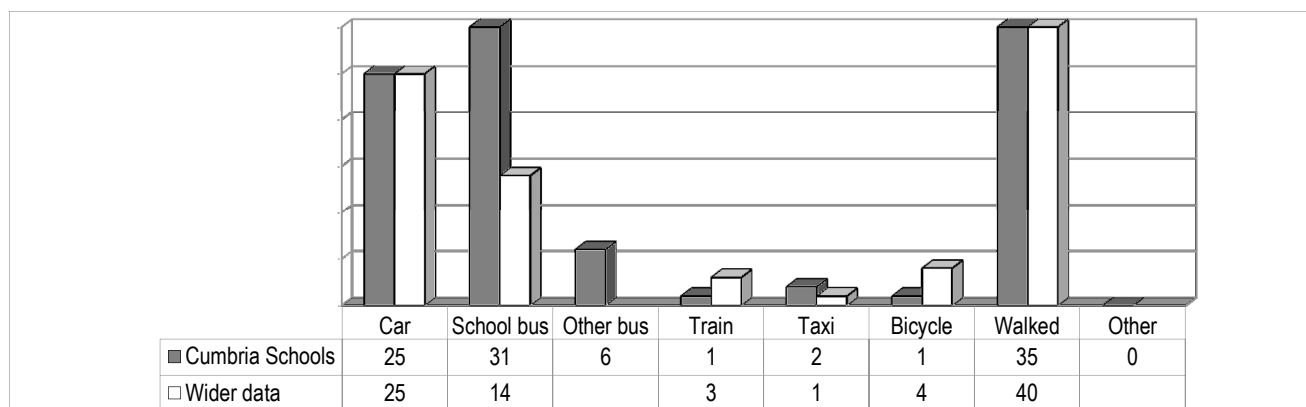
	Year 8		Year 10		All
	Male	Female	Male	Female	
Swimming	5%	17%	8%	19%	12%
Ice skating	2%	16%	3%	16%	10%
Jogging	5%	8%	5%	14%	8%
Horse riding	1%	14%	1%	16%	8%
Tennis	8%	7%	6%	8%	7%
Judo, Karate, Boxing	8%	5%	8%	4%	6%
Dancing	0%	11%	1%	11%	6%
Riding a bike	4%	5%	4%	5%	5%
Gymnastics/trampoline	1%	10%	1%	9%	5%
Canoeing	4%	5%	4%	7%	5%
Weight training	7%	3%	9%	2%	5%
Rugby	6%	5%	5%	2%	4%
Soccer	6%	4%	5%	3%	4%
Table tennis	6%	3%	4%	2%	4%
Basketball	4%	3%	6%	2%	4%
Badminton	3%	4%	4%	5%	4%
Fitness / aerobics	3%	4%	2%	8%	4%
Rounders	2%	8%	2%	5%	4%
Fishing	7%	2%	4%	1%	4%
Netball	0%	8%	0%	5%	3%
Motorbike scrambling	5%	1%	5%	2%	3%
Going for walks	2%	3%	1%	5%	3%

N.B. Percentages are of total sample.

There seems to be some unmet demand for activities on the part of these young people.

● The picture in Secondary Schools in 2012: journey to school

Chart 13: Percentage of secondary pupils responding to 'How did you travel to school today?'

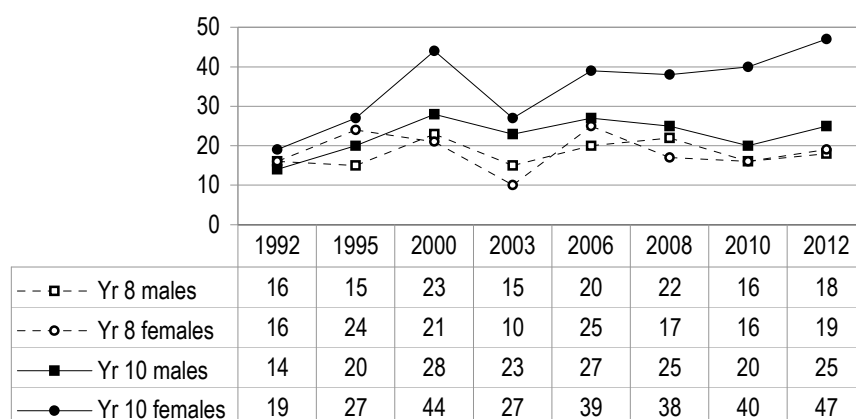


Pupils in Cumbria secondary schools are more likely to take a bus to school than are those in the reference sample; other methods are, as we might expect, seen less often.

Emotional Health & Wellbeing

☞ The picture in Cumbria since 1992: how much do you worry?

Chart 14: Percentage of secondary pupils who worry about schoolwork problems 'quite a lot' or 'a lot', 1992-2012.



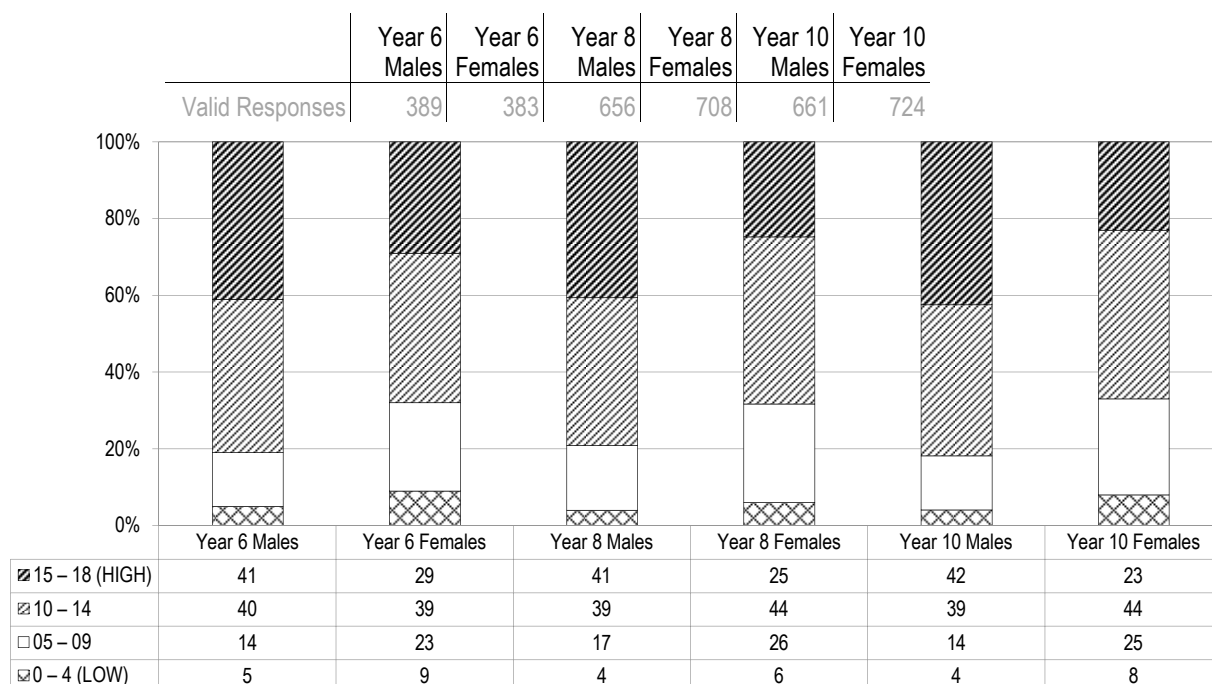
The proportion of secondary pupils reporting that they worry about schoolwork problems 'quite a lot' or 'a lot' has increased since 1992.

Year 10 girls have been more likely than boys (to report being worried about schoolwork problems) throughout the years. This pattern is not apparent in Year 8.

▲ Transition from Primary to Secondary School in 2012: self-esteem

A measure of self-esteem is derived from the responses to a set of ten statements taken from a standard self-esteem enquiry method developed by Denis Lawrence (Lawrence, 1981). The scale is based on social confidence and relationships with friends.

Chart 15: Percentage of pupils in primary and secondary schools in each bracket of the self-esteem scale.



The average self-esteem score rises as pupils get older, so that we see fewer from the older age groups appearing in the lower-scoring brackets.

It is typically found that males appear in the highest self-esteem bracket more frequently than females do.

Table 25: Percentage of primary pupils with self-esteem score of 15 or more.

	Cumbria Data	Wider Data
Year	6	6
Males	41	38
Females	29	28

Secondary school pupils in Cumbria are less likely to have a self-esteem score in the highest bracket (33%) than are pupils in the reference sample (44%). These differences have not been seen in earlier surveys.

Self-esteem is seen as crucial in Personal, Social, Health and Economic Education, not just as a way to give young people the motivation and confidence to implement more health-positive habits, but as an important dimension of mental health.

Year 8 school pupils in Cumbria are less likely to be at ease when meeting people their own age (25%) than are pupils in the reference sample (29%).

▲ Transition from Primary to Secondary School in 2012: worry about problems

Table 26: Percentage of primary and secondary pupils worrying about problems 'Quite a lot' or 'a lot' (reference data in brackets).

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
School-work problems	9 (16)	14 (13)	18 (12)	19 (15)	25 (17)	47 (31)
Exams and tests ¹	18 (34)	37 (39)	31 (27)	43 (36)	51 (36)	77 (57)
Health problems	14 (16)	22 (18)	17 (14)	23 (19)	16 (12)	29 (21)
Career problems			20 (10)	17 (10)	29 (13)	36 (18)
Problems with Friends	10	31	21	36	20	37
Family problems	24 (23)	33 (26)	25 (16)	34 (23)	27 (16)	43 (29)
Money problems	12 (12)	14 (11)	19 (13)	19 (14)	22 (15)	28 (20)
The way you look	9 (11)	30 (22)	23 (14)	50 (34)	25 (14)	66 (42)
Puberty and growing up ²	5 (11)	18 (19)	12 (8)	19 (14)	9 (6)	20 (11)
Being bullied ³			16 (8)	20 (11)	7 (5)	17 (7)
Thinking you are gay, lesbian or bisexual ³			4 (2)	4 (2)	4 (3)	4 (3)
The environment ⁴	11	18				
Crime ⁴	24	27				

¹ 'SATs/ Tests' on primary

² 'Body changes as you grow up' on primary

³ Secondary questionnaire

⁴ Primary questionnaire only

Interestingly, the two same items appear in the top five worries in each group surveyed – 'exams and tests', and 'family problems'. In addition to this, 'the way you look' and 'problems with friends' appeared in the top five worries for girls in each year surveyed.

'Exams and tests' is the problem that pupils in primary and secondary schools most frequently report worrying about 'quite a lot' or 'a lot'. The percentage of pupils who worry about 'exams and tests' increases from around a third in Year 6, to over two-thirds in Year 10 females.

Table 27: Percentage of primary and secondary pupils answering 'Quite a lot' or 'a lot' to at least one of the problems.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Quite a lot or A lot	56	73	62	77	74	92
Total Sample	394	394	770	786	728	773

64% of pupils in Year 6 worry 'quite a lot' or 'a lot' about at least one of the problems listed in the survey, this figure is higher for secondary pupils at 76%, although the pupils in secondary schools were offered a rather longer list of prompts. Throughout all year groups surveyed, more females than males report worrying 'quite a lot' or 'a lot' about at least one problem.

▲ Transition from Primary to Secondary School in 2012: satisfaction

68% of primary pupils and 67% of secondary pupils responded that they are 'quite a lot' or 'a lot' satisfied with their life at the moment.

5% of primary pupils and 4% of secondary pupils responded that they are 'not at all' satisfied with their life at the moment.

Table 28: Percentage answering that they are 'quite a lot' or 'a lot' satisfied with their life at the moment.

	Primary		Secondary	
Year	Yr 6	Yr 8	Yr 10	
Males	75	75	71	
Females	61	68	55	

● Support - HEALTH problems

Table 29: Percentage responses from primary and secondary schools to: If you had a problem about HEALTH, whom would you share it with first?(Pri) 'Where would you go for help or information about HEALTH?' (Sec)

	Family ¹	Friends	Someone at school ²	Connexions /Inspira	Doctor, Nurse etc	Books, Magazines	Internet	Keep it to myself	Other Adult	Missing
Year 6 males	82	3	1	*	*	*	*	9	2	4
Year 6 females	76	6	1	*	*	*	*	12	1	5
Year 8 males	68	2	1	0	17	0	2	4	*	5
Year 8 females	66	6	1	0	16	1	1	7	*	3
Year 10 males	56	5	1	1	18	0	4	9	*	6
Year 10 females	59	5	0	1	19	0	3	9	*	3

* Option not available

¹ Mum/Dad or Brother/Sister on primary survey; Parent/carer or Brother/Sister on Secondary

² Teacher on primary survey

- ▲ Pupils in both primary and secondary schools were likely to go to their family for help or support about health problems.
- ▲ There seems to be a slight shift between Years 8 and 10 in the support base for girls. A higher proportion of girls in Year 10 than Year 8 will go to a Doctor or Nurse for help.
- ▲ 'My family' is still the main source of support for males in Cumbria secondary schools for problems such as 'parents/ carers not getting on with each other' and 'problems between children and parents/carers in your family.' However, 'friends' become an important source of support. Females in

Cumbria secondary schools are more likely to turn to 'friends' than their family for support about these problems.

- ▲ For these two problems, about a quarter of males say they would 'keep it to myself'. If this means they have no need for support, this is fine, but if it means they would like support but cannot turn to anyone, then we should be concerned.

○ The picture in Primary Schools in 2012: confidence and pupils' voice

Primary school pupils in Cumbria are more likely than not to say they could always say no to a friend (52%).

Primary school pupils in Cumbria are more likely than not to say their opinions are listened to in school (66%).

▲ Transition from Primary to Secondary School in 2012: bullying

Table 30: Percentage of pupils in primary and secondary schools who feel afraid of going to school because of bullying at least sometimes.

	Year 6 Males	Year 6 Females	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Sometimes	21	34	18	25	11	21
Often or Very Often	5	10	4	8	4	4
Valid Responses	390	386	694	741	682	735

N.B. identical questions asked in Primary and Secondary surveys

The proportion of females who are at least 'sometimes' afraid to go to school because of bullying decreases upon entry to secondary school and drops again once pupils reach Year 10.

Females are more likely 'sometimes' to be afraid to go to school because of bullying.

○ The picture in Primary Schools in 2012: bullying

Pupils in the Cumbria primary sample are more likely to report being afraid to go to school because of bullying than those in the reference sample: 35% say they are at least sometimes afraid of going to school because of bullying, while in the reference sample the figure is 19%.

This may reflect a different, wider, understanding of bullying.

As well as the frequency of this bullying behaviour, pupils in your survey were asked where it had occurred.

Table 31: Percentage of pupils in primary school responding to 'Where did [the bullying] happen?'.

Boys			Girls		
1	Outside at school (playtime/lunchtime)	31	1	Outside at school (playtime/lunchtime)	36
2	In a classroom (playtime/lunchtime)	22	2	In a classroom (playtime/lunchtime)	33
3	At or near home	20	3	At or near home	24
4	Going out at other times during the day	15	4	During lesson time	21
5	During lesson time	10	5	Going out at other times during the day	21
6	On the way to or from school	8	6	In the corridors	10
7	Going out at other times in dark	6	7	On the way to or from school	9

○ The picture in Primary Schools in 2012: Staying Safe

Primary school pupils in Cumbria are just as likely to have been scared by the approach of an adult (27%) as pupils in the reference sample (27%).

13% of the Cumbria sample reported that they knew the person who had scared them or made them upset.

Table 32: Percentage of primary pupils answering that they had been scared or upset by an adult who approached them.

	Cumbria Data	Wider Data
Year	6	6
Males	26	27
Females	28	26

The table below shows the percentages of actions taken by the pupils who had been approached by an adult that scared them.

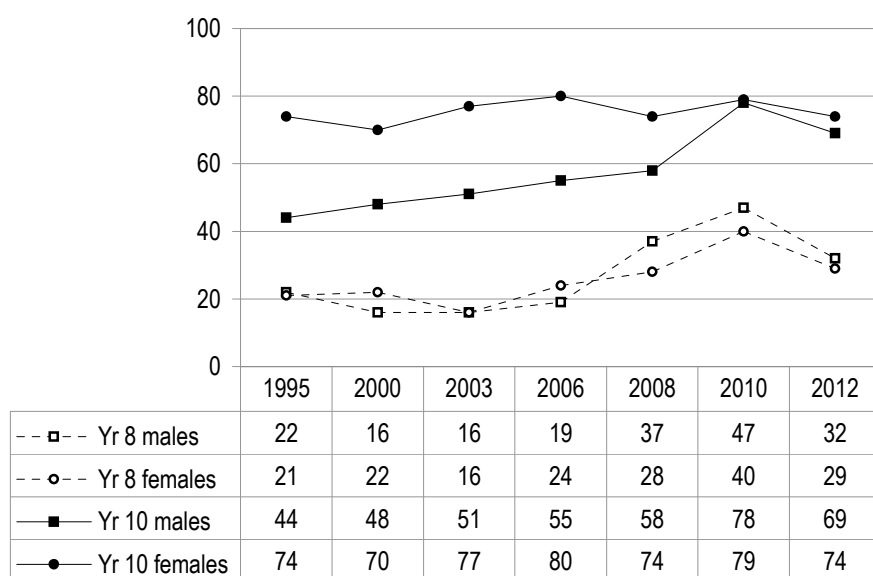
Table 33: Percentage of primary pupils responding to 'What did you do?' when approached by an adult who scared them (percentage of total sample, reference data in brackets).

Boys			Girls		
1	Ran or walked away	19	1	Ran or walked away	19
2	Told an adult straightaway	10	2	Told a friend	16
3	Told a friend	12	3	Told an adult afterwards	14
4	Told an adult afterwards	11	4	Told an adult straightaway	13
5	Shouted	7	5	Kept it to myself	6
6	Kept it to myself	7	6	Shouted	3
7	Told the police	2	7	Told the police	3
8	Other	1	8	Other	3

Sex & Relationships

➤ The picture in Cumbria since 1995: free condoms

Chart 16: Percentage of pupils in secondary schools who know where to obtain free condoms, 1995-2012



The proportion of pupils who said they knew where to obtain condoms free of charge rose after 2006 but is now rather lower than in 2010. The Year 10 males have caught up with the females in their awareness of free condoms.

The proportion of Year 10 pupils who correctly identify *Chlamydia* as being a treatable sexually transmitted infection has increased to 51% over the last few waves of the survey, although 2010 was higher than in 2012. (2006: 44%, 2008: 47%, 2010: 56%)

○ The picture in Primary Schools in 2012: talking about growing up

Table 34: Percentage of pupils in primary schools responding that the following have talked with them about how their body changes as they grow up.

		Males	Females	All
1	Parents	64	81	73
2	Teachers	60	51	56
3	School nurse	30	44	37
4	Friends	28	32	30
5	Visitors to school	28	24	26
6	Other close relatives	22	25	24
7	Siblings	19	21	20

In Year 6 it seems that females are most likely to have talked with parents about how their body changes as they grow up; males are more likely to have talked with teachers about it.

Given that a proportion of females will have had their first menstrual period by Year 6, it is encouraging that around three-quarters report that they have talked with their parents about how their body changes as they grow up.

Primary school pupils in Cumbria are less likely than in 2010 to say they know enough about body changes (from 77% in 2010 to 69% in 2012).

The Cumbria survey took place in the summer, while the reference sample is composed of surveys from throughout the year; it is possible that discussion of puberty and so on is left until later in the school year.

● The picture in Secondary Schools in 2012: sexual activity and contraception

Pupils were asked what they knew about various methods of contraception.

Table 35: Percentage of secondary pupils responding to a question on their knowledge of contraceptive methods (reference data in brackets).

	Never heard of it	Know nothing about it	Not reliable to stop pregnancy	Reliable to stop pregnancy	Reliable to stop infections like HIV/AIDS
Condoms	1	2	13	78 (63)	53 (54)
Pill	6	9	13	66 (47)	9 (13)
Emergency contraception	12	17	26	39	4 (8)
Rhythm method etc.	32	28	28	6 (8)	2
Sex without penetration	21	24	32	18 (16)	9 (13)
Rod / Implant	22	16	8	47 (3)	6 (4)

Year 10 school pupils in Cumbria are much more likely to know of a local sexual health service (62%) than are pupils in the reference sample (36%)

Table 36: Percentage of secondary pupils responding that there is a special contraception and advice service for young people locally.

	Cumbria Data		Wider Data	
Year	8	10	8	10
Males	36	59	22	35
Females	34	65	19	37

There are some questions about sexual experience for Year 10 pupils only.

72% of Year 10 pupils have never had sex, and 8% are in a relationship and thinking about having sex.

12% of Year 10 pupils say they have had sex and 8% are currently in sexual relationship.

7% of all Year 10 pupils have had unprotected sex.

● The picture in Secondary Schools in 2012: school lessons

The pupils were asked if they found school lessons about various topics 'useful' to different degrees: about 49% of Year 10 pupils described their lessons on drugs (legal and illegal) as 'quite useful' or 'very useful', and this came second on the list after physical activity.

Table 37: Percentage of secondary pupils answering that they found school lessons on the following as either 'Quite useful' or 'Very useful.'

		Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
1	Bullying	45	46	31	34
2	Citizenship	36	36	25	24
3	Drug education	46	52	47	51
4	Emotional health and wellbeing	37	40	29	32
5	Healthy eating	49	49	35	38
6	Internet safety	47	55	35	41
7	Managing money	27	27	24	20
8	Physical activity	55	53	52	41
9	Safety at home and outside	43	47	32	30
10	Sex and relationship education	39	40	44	46

Year 8 pupils were generally more likely than those in Year 10 to report lessons in the list as 'quite useful' or 'very useful.'

By contrast, both sexes in Year 10 are more likely than those in Year 8 to report finding lessons about sex and relationships to be 'quite useful' or 'very useful'. [The Year 8s may not yet have had any such lessons.]

● Relationships with adults

76% in the survey think they can trust 3 or more adults. 5% in the survey think there are no adults they can trust.

Young people in Cumbria are much more likely to report having several adults they can trust: 76% say they have three or more, compared with 40% in the reference sample.

Other health issues

▲ Transition from Primary to Secondary School in 2012: accidents

Primary school pupils in Cumbria are more likely to say they wear a cycle helmet whenever possible (36%) than are pupils in the reference sample (25%).

Secondary school pupils in Cumbria are more likely to say they always wear a cycle helmet (13%) than are pupils in the reference sample (5%).

▲ Transition from Primary to Secondary School in 2012: dental health

85% of primary pupils responded that they cleaned their teeth at least twice the day before the survey.

1% of primary pupils responded that they did not clean their teeth at all on the day before the survey.

68% of primary pupils responded that they have been to the dentist in the last year, while 1% said they have never been.

2% of secondary pupils responded that they didn't clean their teeth at all on the day before the survey.

81% of secondary pupils responded that they cleaned their teeth at least twice on the day before the survey.

13% of secondary pupils responded that they 'can't remember' when they last visited the dentist, while 1% said they have never been.

80% of secondary pupils responded that they have been to the dentist in the last 6 months; 25% of these have been in the last month.

▲ Transition from Primary to Secondary School in 2012: sleep

30% of primary school pupils responded that they went to bed after 10pm the night before the survey.

6% of secondary pupils responded that they got five or fewer hours sleep the night before the survey.

72% of pupils responded that they got at least eight hours sleep the night before the survey.

65% of secondary pupils responded that the amount of sleep they normally get is enough for them to stay alert and concentrate on their school work. 13% said it isn't enough.

53% of pupils responded that the amount of sleep they normally get is enough for their health. 11% said it isn't enough.

● The picture in Secondary Schools in 2012: Sunburn

82% of secondary pupils in 2012 reported 'sometimes', 'usually' or 'whenever possible' using at least one of the methods of avoiding sunburn.

Secondary school pupils in Cumbria are a little more likely to say they usually take precautions to avoid sunburn at least 'usually' (47%) than are pupils in the reference sample (46%).

A similar difference can be seen in the primary sample. It is important to note that the Cumbria survey took place in the summer, while the reference sample is composed of surveys from throughout the year; this may mean that their awareness of sunburn is higher.

List of Tables and Charts

Table 1: Cumbria secondary samples 1988 to 2012	11
Table 2: Primary Cumbria sample 2000 to 2012	11
Table 3: Aggregate Reference samples 2011.....	11
Chart 1: Percentage of secondary pupils smoking in the last week, 1988-2012.....	13
Table 4: Percentage of pupils in primary and secondary schools smoking in the last 7 days.	13
Table 5: Percentage of primary pupils answering they think they will smoke when they are older.....	14
Percentage of pupils who smoke, by number of smokers at home	14
Chart 2: Percentage of secondary pupils drinking any alcohol in the last week, 1988-2012.....	15
Chart 3: I don't drink alcohol among primary pupils 2003-2012.	15
Table 6: Percentage of primary and secondary pupils answering they had drunk alcohol on at least one day in the last week.	16
Chart 4: Percentage of primary pupils answering they have drunk some alcohol in the last week.	16
Table 7: Percentage of secondary pupils answering they have drunk at least one unit of alcohol in the last week.....	17
Table 8: Mean reported week's alcohol units of drinkers only.	17
Table 9: Pupils reported experiencing the following in the last 12 months as a result of their drinking (top 5):	17
Chart 5: Percentage of secondary pupils who know a drug user ('fairly sure' or 'certain*'), 1990- 2012.	18
Table 10: Percentage of pupils in primary and secondary schools who know a drug user.....	18
Table 11: Percentage of primary pupils answering they have talked with their parents about drugs.	19
Table 12: An overview of the four most common drugs (Year 10 only).....	19
Chart 6: Percentage of secondary pupils watching TV for more than 3 hours, 1990-2012.....	20
Table 13: Percentage of pupils in primary and secondary schools participating in activities after school last night.	20
Table 14: Percentage of secondary pupils that say they are a 'young carer'	21
Table 15: Percentage of secondary pupils that received over £10 last week (wages plus pocket money).....	21
Table 16: Percentage of secondary pupils spending over £10 last week (percentage of valid responses).	22
Table 17: Mean income (£) related to alcohol and drug use (Year 10 only).....	22
Chart 7: Percentage of secondary pupils who think about their health very often or always when choosing food, 1992-2012.	23
Chart 8: Eating chips on most days among primary pupils 2003-2012.	23
Table 18: Percentage of primary and secondary pupils who had nothing for breakfast on the day of the survey.	24
Table 19: Food eaten most often. Percentage of PRIMARY pupils responding 'on most days' (reference data in brackets).	24
Table 20: Food eaten most often. Percentage of SECONDARY pupils responding 'on most days' (reference data in brackets).....	24
Table 21: Percentage of secondary pupils that would like to lose weight.	25
Chart 9: Percentage of secondary pupils who reported exercising three or more times in the last week, 1995-2012. .	26
Chart 10: Exercised at least three times last week among primary pupils 2006-2012.	26
Chart 11: Did sport/physical activity last night among primary pupils 2003-2012.....	27
Table 22: Percentage of pupils in primary and secondary schools responding that they enjoy physical activities 'quite a lot' or 'a lot.'	27
Chart 12: Percentage of primary pupils exercising last week.....	28
Table 23: Percentage of pupils in primary and secondary schools who think of themselves as fit or very fit.....	28
Table 24: Top ten types of physical activities out of school. Percentage of secondary pupils answering 'Weekly' or 'Twice a week or more' (reference data in brackets).	29
Chart 13: Percentage of secondary pupils responding to 'How did you travel to school today?'	30
Chart 14: Percentage of secondary pupils who worry about schoolwork problems 'quite a lot' or 'a lot', 1992-2012.	31
Chart 15: Percentage of pupils in primary and secondary schools in each bracket of the self-esteem scale.	31
Table 25: Percentage of primary pupils with self-esteem score of 15 or more.	32

Table 26: Percentage of primary and secondary pupils worrying about problems 'Quite a lot' or 'a lot' (reference data in brackets).....	32
Table 27: Percentage of primary and secondary pupils answering 'Quite a lot' or 'a lot' to at least one of the problems.	33
Table 28: Percentage answering that they are 'quite a lot' or 'a lot' satisfied with their life at the moment.	33
Table 29: Percentage responses from primary and secondary schools to: If you had a problem about HEALTH, whom would you share it with first?(Pri) 'Where would you go for help or information about HEALTH?' (Sec)	33
Table 30: Percentage of pupils in primary and secondary schools who feel afraid of going to school because of bullying at least sometimes.	34
Table 31: Percentage of pupils in primary school responding to 'Where did [the bullying] happen?'	35
Table 32: Percentage of primary pupils answering that they had been scared or upset by an adult who approached them.	35
Table 33: Percentage of primary pupils responding to 'What did you do?' when approached by an adult who scared them (percentage of total sample, reference data in brackets).	35
Chart 16: Percentage of pupils in secondary schools who know where to obtain free condoms, 1995-2012.....	36
Table 34: Percentage of pupils in primary schools responding that the following have talked with them about how their body changes as they grow up.	36
Table 35: Percentage of secondary pupils responding to a question on their knowledge of contraceptive methods (reference data in brackets).	37
Table 36: Percentage of secondary pupils responding that there is a special contraception and advice service for young people locally.	37
Table 37: Percentage of secondary pupils answering that they found school lessons on the following as either 'Quite useful' or 'Very useful.'	38
Table 38: Participation by secondary schools	43
Table 38: Participation by primary schools	45
Chart 17: Smoking in the last week, 1988-2012.	47
Chart 18: Any smokers at home, 2006-2012.....	47
Chart 19: Drinking any alcohol in the last week, 1988-2012	48
Chart 20: Cycling at least weekly, 1992-2010.....	48
Chart 21: No more than a drink for breakfast, 1988-2012.....	48
Chart 22: Very often think about health when choosing food, 1992-2012	49
Chart 23: Know a drug user ('fairly sure' or 'certain' [1990 = 'Yes']), 1990-2012	49
Chart 24: Visited dentist in the last 6 months, 1988-2012.....	49
Chart 25: 'Often' afraid to go to school because of bullying, 1995-2012	50
Chart 26: Watching TV for more than 3 hours, 1990-2012	50
Chart 27: View self as 'fit' or 'very fit', 1992-2012.....	50
Chart 28: Exercise three days or more, 1995-2012	51
Chart 29: No regular exercise from list, 1988-2012	51
Chart 30: Know where to obtain condoms, 1995-2012	51
Chart 31: Worry about school problems 'quite a lot' or 'a lot', 1992-2012	52
Chart 32: Eating chips on most days among primary pupils 2003-2012.	52
Chart 33: Enjoy physical activities 'a lot' among primary pupils 2003-2012.	52
Chart 34: Exercised at least three times last week among primary pupils 2003-2012.	53
Chart 35: Think themselves at least 'fit' among primary pupils 2003-2012.....	53
Chart 36: Did sport/physical activity last night among primary pupils 2003-2012.	53
Chart 37: I don't drink alcohol among primary pupils 2003-2012.	54
Chart 38: Worry at least quite a lot about SATs among primary pupils 2003-2012.....	54
Chart 39: Watched TV last night among primary pupils 2003-2012.....	54
Chart 40: No pocket money among primary pupils 2003-2012.	55
Chart 41: Might smoke when older among primary pupils 2003-2012.	55
Chart 42: Ever offered cannabis among primary pupils 2003-2012.	55

Chart 43: Sometimes afraid to go to school because of bullying among primary pupils 2003-2012.	56
Chart 44: The school cares whether I am happy or not among primary pupils 2003-2012.	56
Table 40. STANDARD ERRORS OF PROPORTION (S.E.P.) for samples of different sizes.	62

Appendix 1: Secondary schools taking part in the survey 1988-2012

Table 38: Participation by secondary schools

	1988	1990	1992	1995	2000	2003	2006	2008	2010	2012
Barrow FE	*									
Barrow Sixth Form	*			*						
Beacon Hill	*	*	*							
Caldew				*	*	*	*	*	*	*
Carlisle		*	*							
Cockermouth			*		*			*	*	
Dallam										*
Dowdales	*			*	*				*	*
Furness			*							*
John Ruskin					*					*
Queen Katherine	*			*				*		
Kendal			*							
Keswick	*	*	*	*						*
Kirkby Stephen						*				
Kirkby Kendal						*	*		*	*
Lakes					*				*	
Millom	*	*	*		*					
Morton		*	*	*				*		
Nelson Thomlinson									*	
Netherhall						*				
North Cumbria Tech							*			
Newman										*
Parkview					*		*	*		
QE Grammar	*	*			*		*			*
Samuel King's										*
Settlebeck	*									
Solway	*							*		*
Southfield	*	*								
St. Aidan's	*				*					
St. Benedict's	*	*	*		*	*	*			*
Stainburn			*	*	*					
Thorncliffe	*			*						
Trinity							*			*

	1988	1990	1992	1995	2000	2003	2006	2008	2010	2012
Ullswater	*	*	*	*				*	*	*
Ulverston Victoria									*	*
Walney School						*		*		*
West Cumbria	*	*	*							
Whitehaven								*	*	*
William Howard	*	*	*						*	*
Workington			*							
Wyndham		*					*			

No school took part in all nine waves of the survey, so conclusions about trends need to be treated with due caution.

Appendix 2: Primary schools taking part in the survey 2003-2012

Table 39: Participation by primary schools

name	2003	2006	2008	2010	2012
All Saints Primary School			*	*	
Alston Primary School					*
Appleby Primary School	*	*	*		*
Beaconside CE Primary School	*		*		*
Black Combe Junior School					*
Bookwell Primary School		*			
Brampton Primary School				*	
Bridekirk Dovenby CE Primary School				*	
Broughton Primary School			*		
Castle Park Primary School	*				
Crosby-On-Eden CE School				*	
Dalton St. Mary's CE Primary School				*	
Dean Gibson Catholic Primary School				*	
Dearham Primary School	*				
Ewanrigg Junior School	*				*
George Romney Junior School				*	
Ghyllside Primary School					*
Great Corby School			*		
Greengate Junior School	*				*
Haverigg Primary School					*
Hensingham Primary School			*		
Heron Hill Primary School	*	*	*	*	*
High Hesket CE School				*	
Holm Cultram Abbey CE School			*		*
Inglewood Junior School		*			
Jericho Primary School			*		
Kingmoor Junior School	*		*		*
Kirkby Stephen Primary School	*				*
Longtown Primary School					*
Lowther Endowed School			*		
Maryport Junior School	*				
Monkwearay Junior School			*		
Nenthead Primary School					*

name	2003	2006	2008	2010	2012
Newbarns Primary School		*	*		
North Lakes School				*	
North Walney Primary School (CLOSED)	*				
Penny Bridge CE School					*
Robert Ferguson Primary School		*			
Roose School		*			
Sedbergh Primary School			*		
Shap Endowed CE Primary School		*			*
Silloth Primary School			*		*
Sir John Barrow School			*	*	*
South Walney Community Junior School	*				*
St. Begh's Catholic Junior School	*	*			*
St. Bridget's Primary School	*				
St. Catherine's Catholic Primary School					*
St. Cuthbert's Catholic Primary School				*	
St. James' Catholic Primary School					*
St. James' CE Junior School					*
St. Margaret Mary Catholic Primary School					*
St. Mark's CE Primary School		*	*		
St. Mary's Catholic Primary School		*			
St. Michael's CE Primary School	*			*	*
St. Patrick's RC Primary School	*				
St. Paul's CE Junior School					*
Stanwix Primary School		*			
Thomlinson Junior School				*	*
Thornhill Primary School		*			
Thursby Primary School				*	
Valley Primary School and Nursery				*	*
Vicarage Park CE Primary School		*	*		
Windermere CE Junior School				*	
Yewdale School		*			

Appendix 3: Trends in Cumbria 1988-2012

After discussions with the Schools Health Education Unit, a selection of questions were analysed for changes over the different surveys, and the results are included here for reference. Several of these charts are included in the main text above. This selection was supplemented with some trends from the primary age group in 2012.

Secondary trends

Chart 17: Smoking in the last week, 1988-2012.

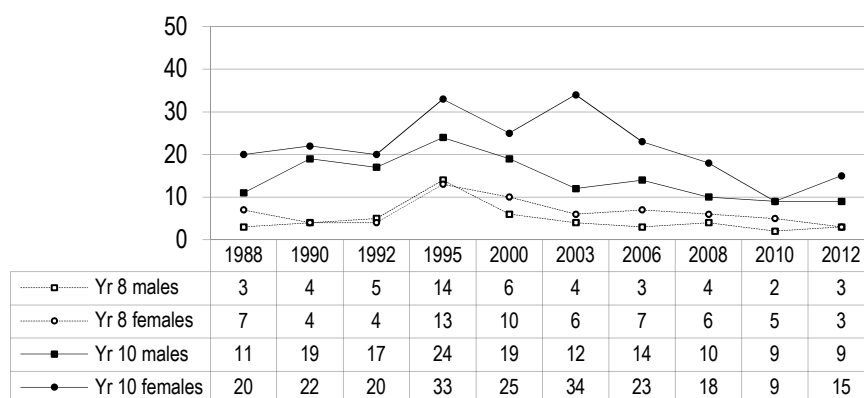


Chart 18: Any smokers at home, 2006-2012.

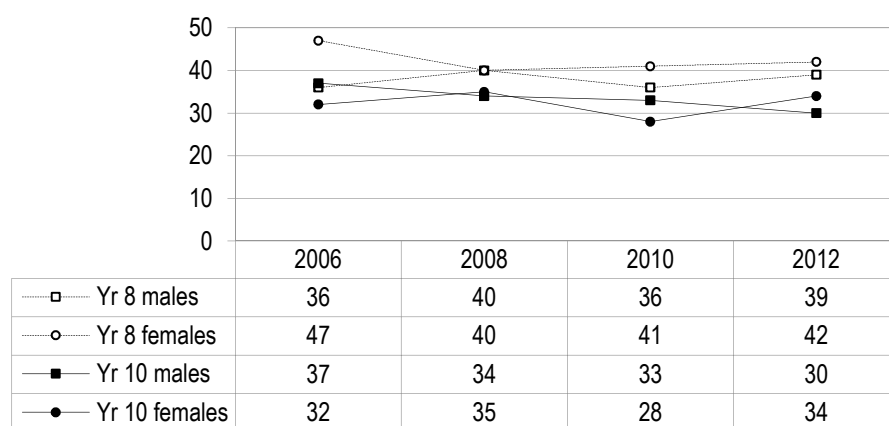


Chart 19: Drinking any alcohol in the last week, 1988-2012

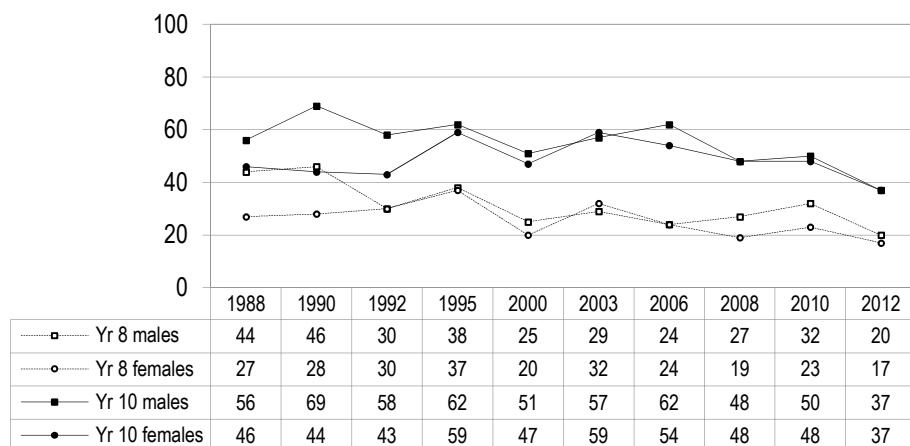


Chart 20: Cycling at least weekly, 1992-2010

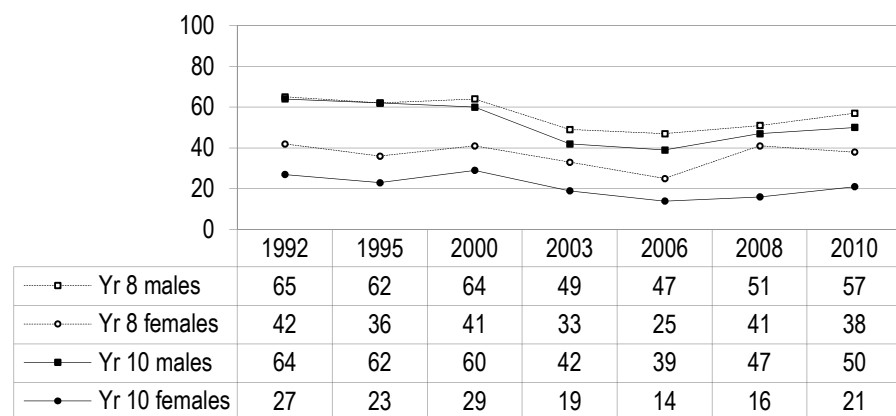


Chart 21: No more than a drink for breakfast, 1988-2012

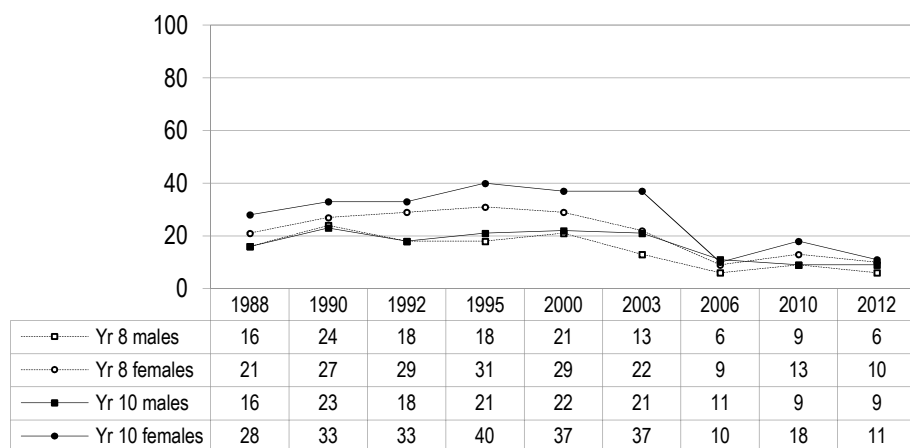


Chart 22: Very often think about health when choosing food, 1992-2012

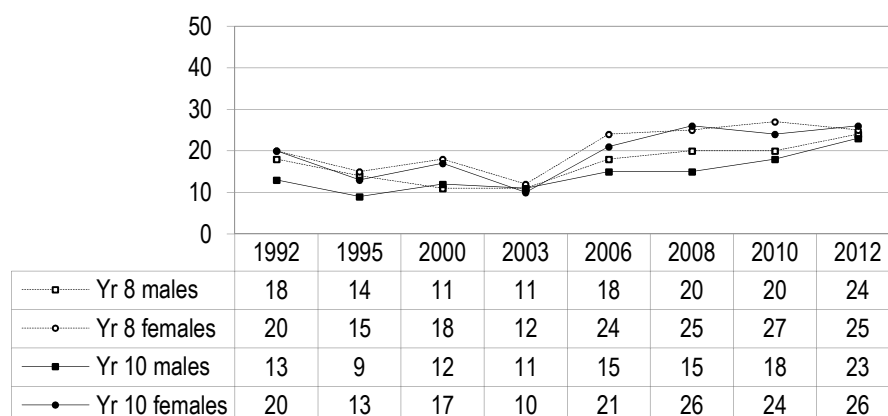


Chart 23: Know a drug user ('fairly sure' or 'certain' [1990='Yes']), 1990-2012

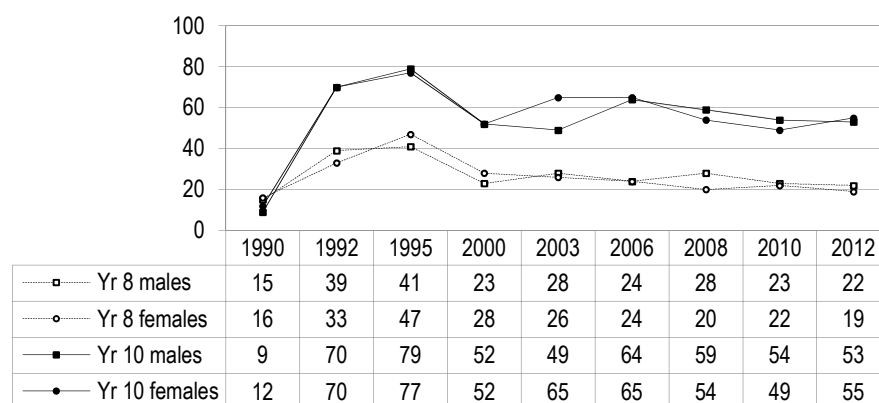


Chart 24: Visited dentist in the last 6 months, 1988-2012

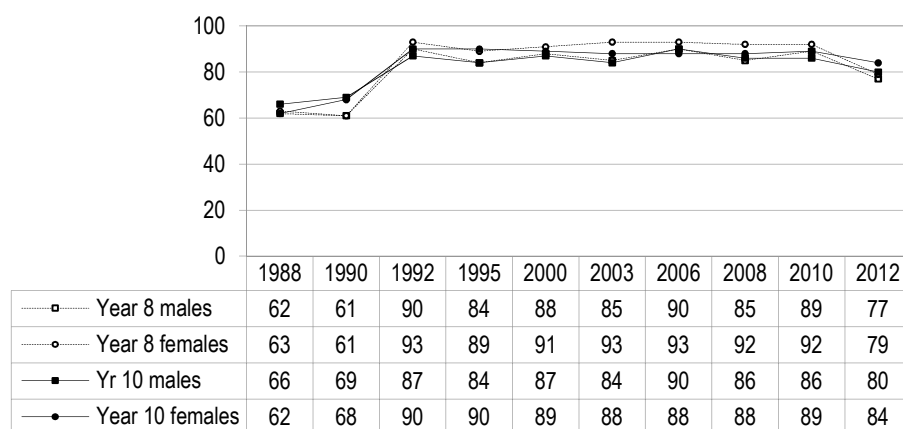


Chart 25: 'Often' afraid to go to school because of bullying, 1995-2012

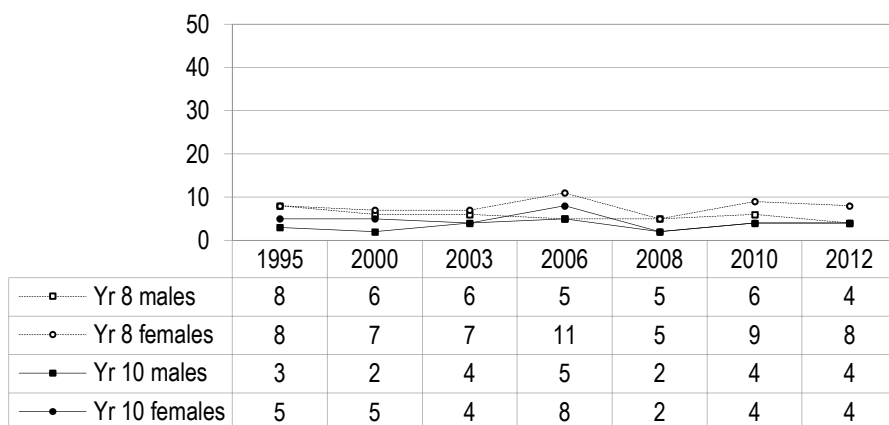


Chart 26: Watching TV for more than 3 hours, 1990-2012

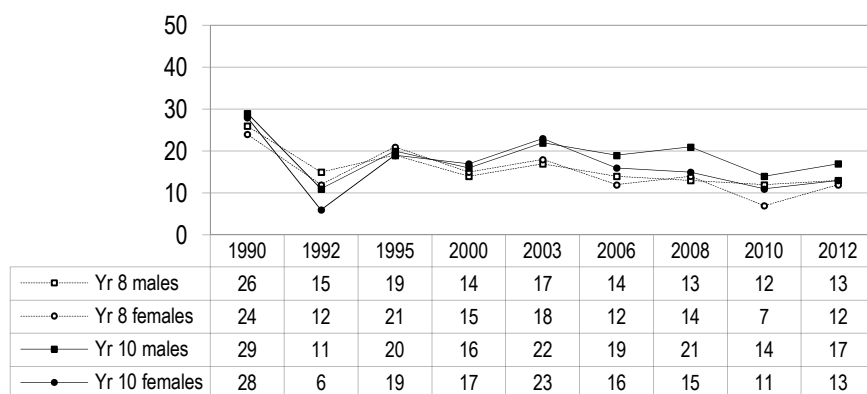


Chart 27: View self as 'fit' or 'very fit', 1992-2012

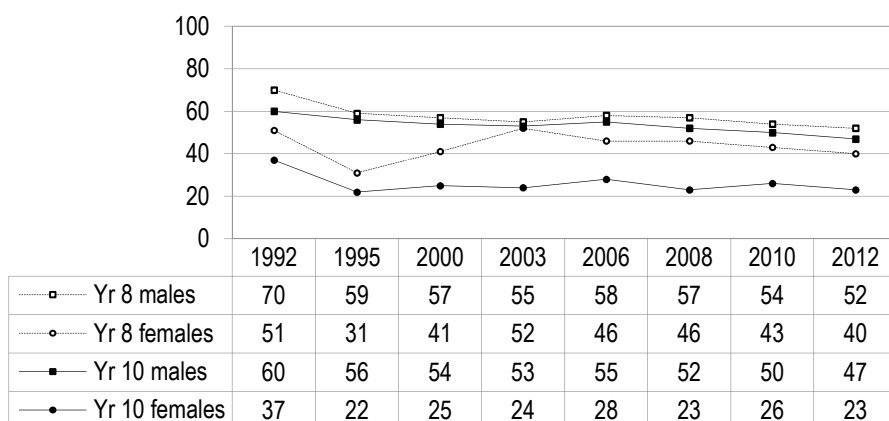


Chart 28: Exercise three days or more, 1995-2012

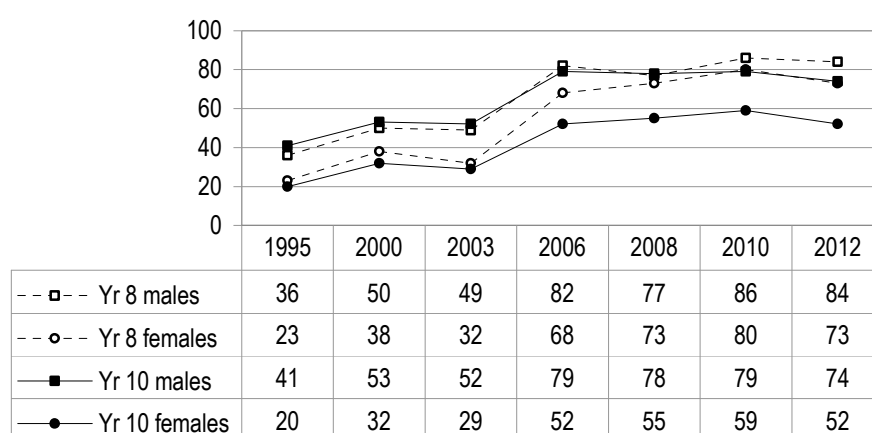


Chart 29: No regular exercise from list, 1988-2012

N.B. No comparable figures available from 2008

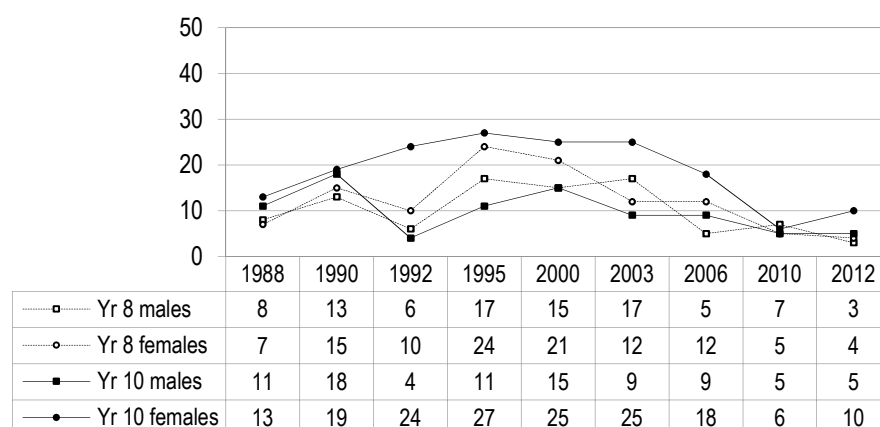


Chart 30: Know where to obtain condoms, 1995-2012

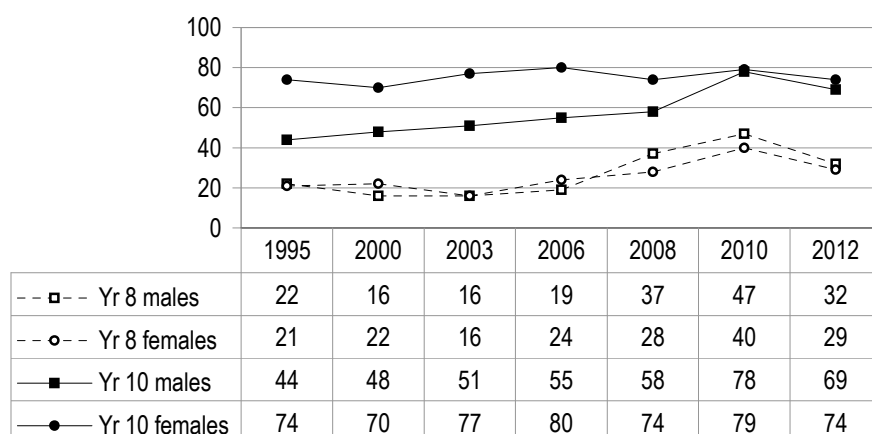
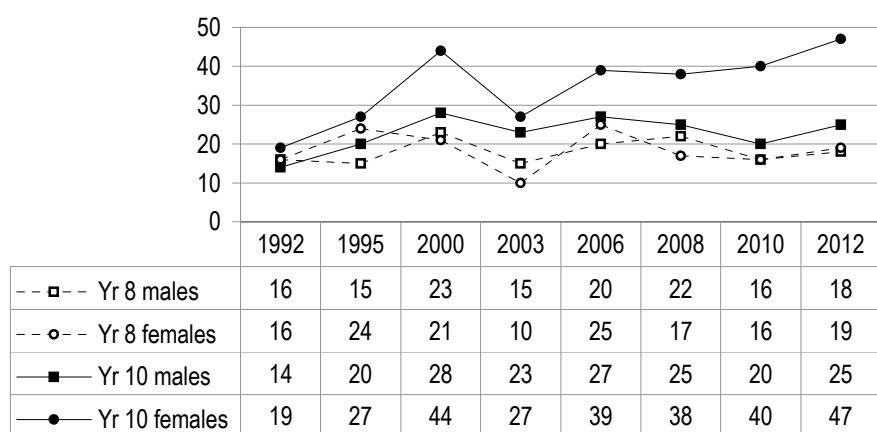


Chart 31: Worry about school problems 'quite a lot' or 'a lot', 1992-2012



Primary trends

Chart 32: Eating chips on most days among primary pupils 2003-2012.

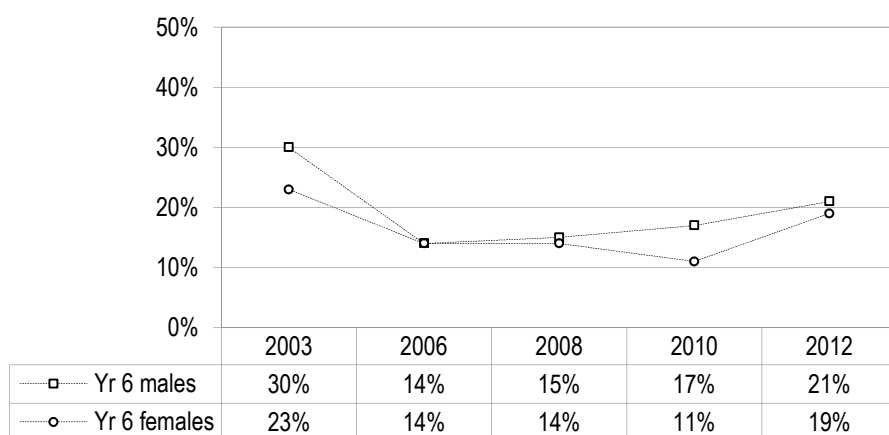


Chart 33: Enjoy physical activities 'a lot' among primary pupils 2003-2012.

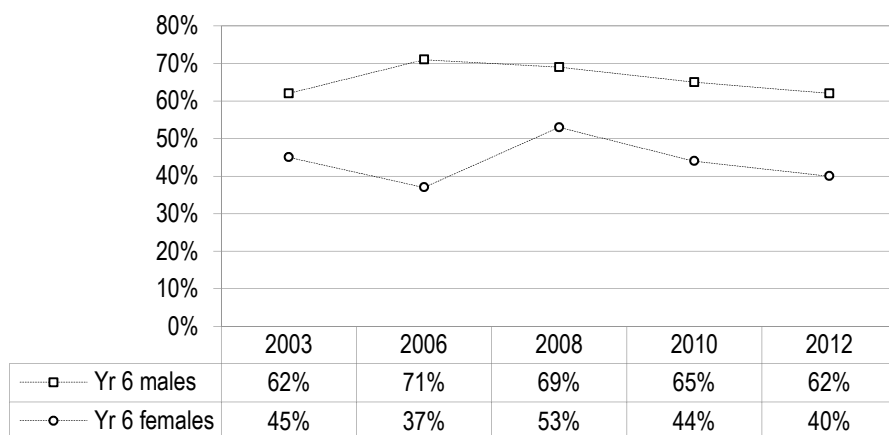


Chart 34: Exercised at least three times last week among primary pupils 2003-2012.



Chart 35: Think themselves at least 'fit' among primary pupils 2003-2012.

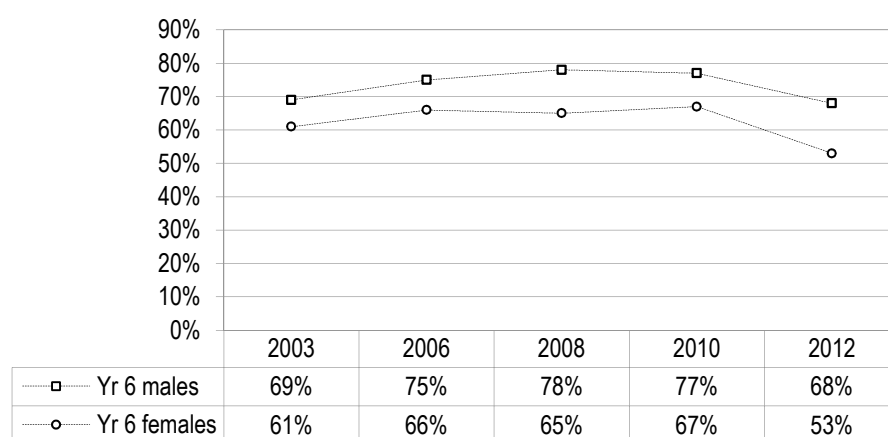


Chart 36: Did sport/physical activity last night among primary pupils 2003-2012.

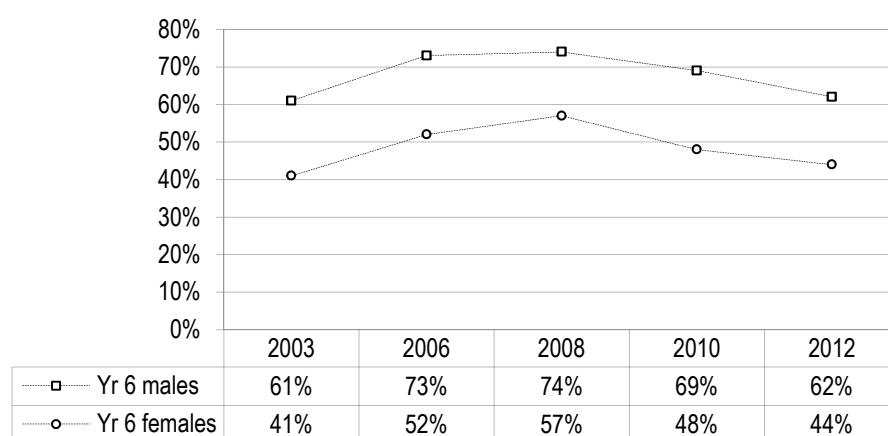


Chart 37: I don't drink alcohol among primary pupils 2003-2012.

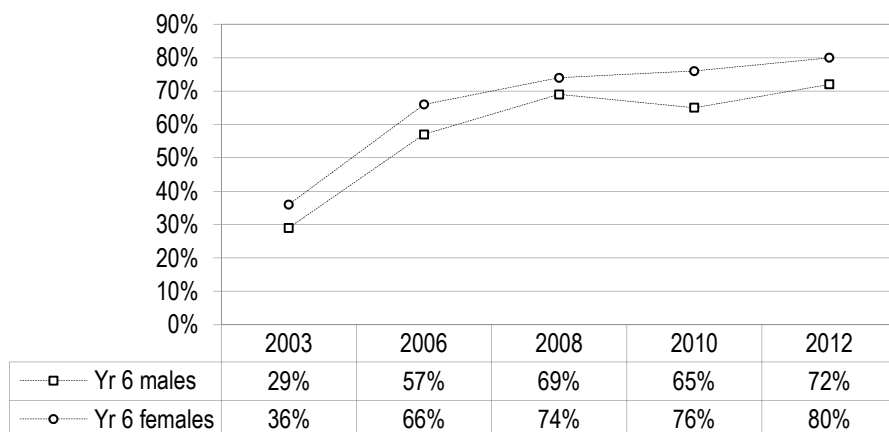


Chart 38: Worry at least quite a lot about SATs among primary pupils 2003-2012.

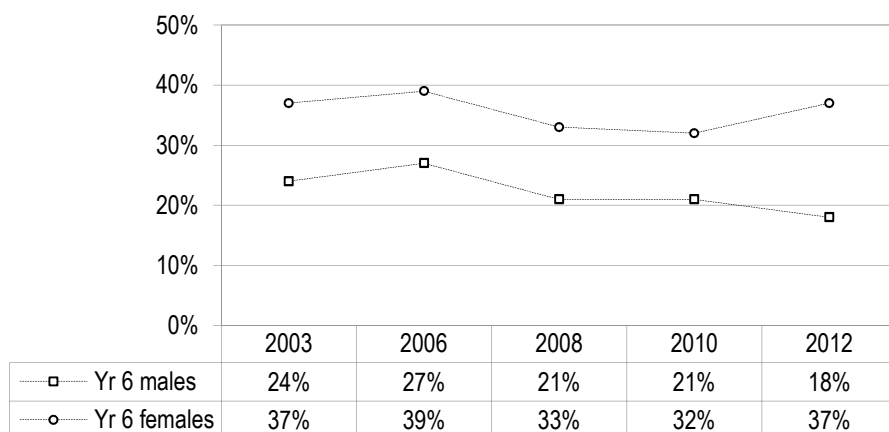


Chart 39: Watched TV last night among primary pupils 2003-2012.



Chart 40: No pocket money among primary pupils 2003-2012.

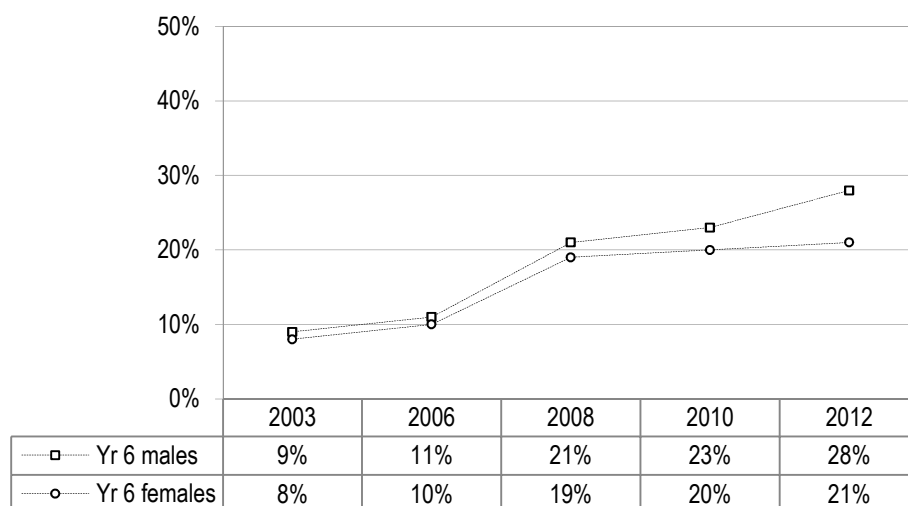


Chart 41: Might smoke when older among primary pupils 2003-2012.

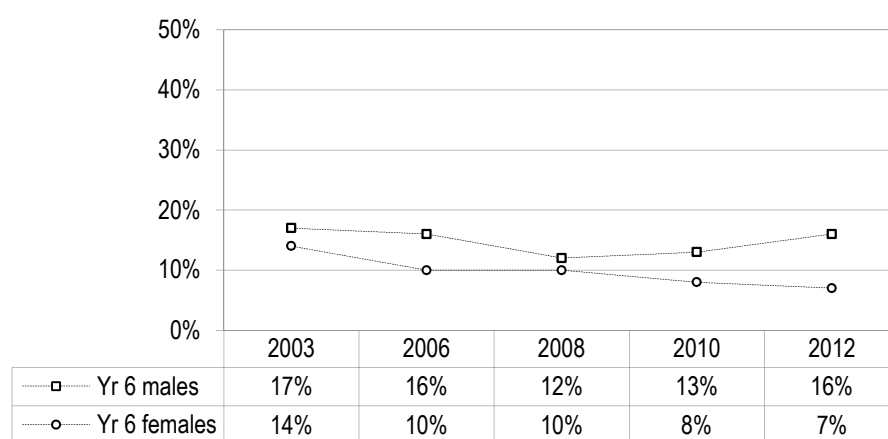


Chart 42: Ever offered cannabis among primary pupils 2003-2012.

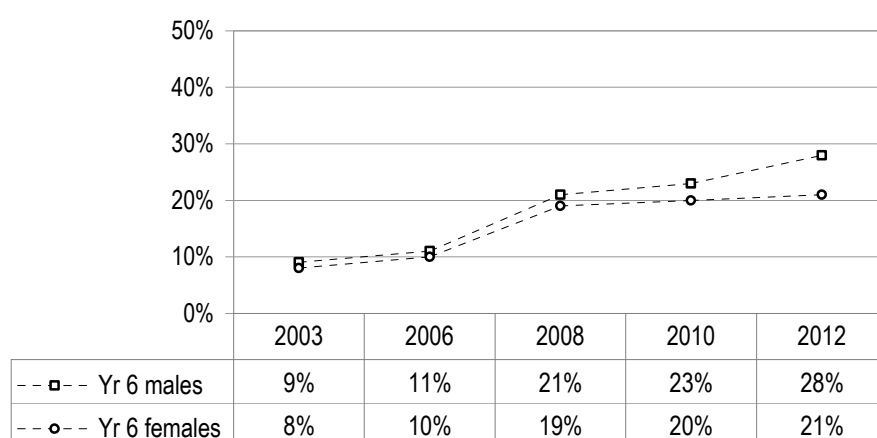


Chart 43: Sometimes afraid to go to school because of bullying among primary pupils 2003-2012.

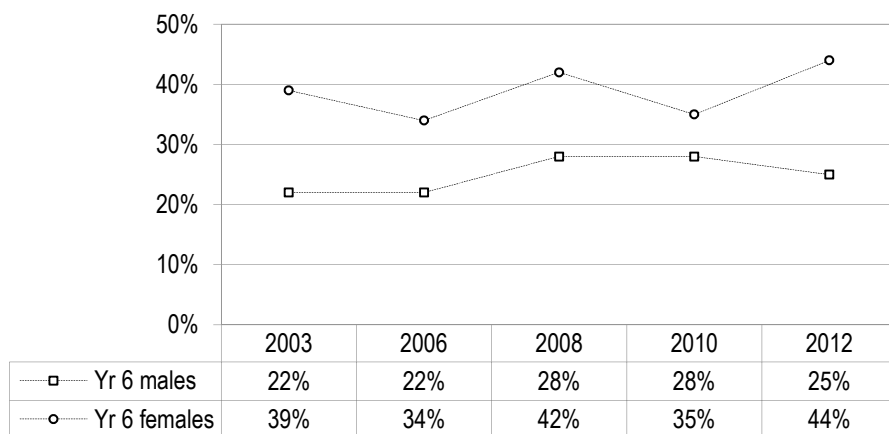
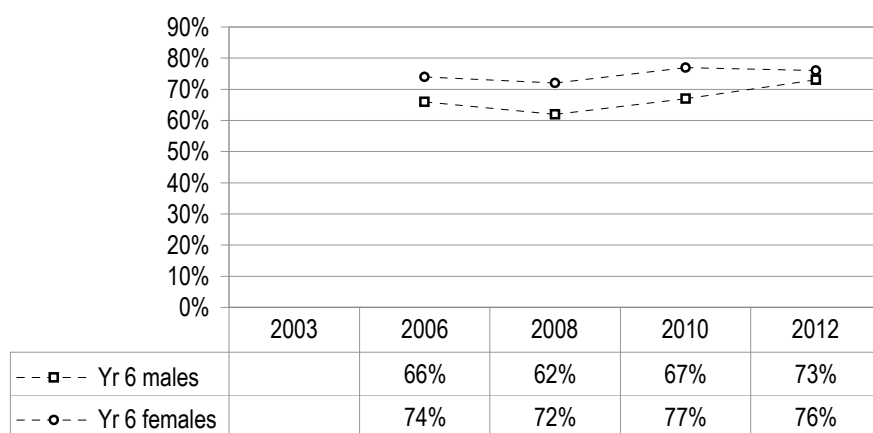
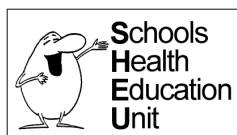


Chart 44: The school cares whether I am happy or not among primary pupils 2003-2012.



Appendix 4: The Schools Health Education Unit



The Schools Health Education Unit (SHEU), Exeter, is an independent unit, founded in 1977 by John Balding. It originated and developed within the University of Exeter, where it was based until 1998.

The core of their work is the *Health-Related Behaviour Questionnaire* (HRBQ) survey method, which has been used by secondary schools for almost 20 years. The primary version of the HRBQ was introduced in 1989.

SHEU does not just carry out HRBQ surveys, although these are the most important dimension of their work. SHEU also designs and processes questionnaires for other researchers; evaluates educational projects; produces resources for primary and secondary health education, and publishes the annual 'Young People' reports as well as the journal *Education and Health*.

SHEU personnel involved with the Cumbria survey include:

Research Manager: Dr David Regis

Survey manager: Angela Balding

Data preparation manager: Jim Podbery

Appendix 5: The quality of the survey data: Notes from SHEU

Researching the questionnaire content

What confidence have we in the data returned to schools and to the health authority?

Considerations of this nature always involve two aspects:

- 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?

The Schools Health Education Unit (SHEU) has, over the years, brought a number of lines of enquiry to bear on these important questions, as discussed below.

The content of the questionnaire

The questions in the HRBQ are constantly under interrogation, not just to ensure the greatest rigour in data collection, but also to justify their place in the survey.

SHEU is often prompted to include new topics, and new questions on old topics. If SHEU accommodated every suggestion, the questionnaire would be much longer than it is currently. The major constraint on the length of the questionnaire is the capacity of average younger pupils to complete it successfully within the time allocated.

SHEU strive to ensure that every question is seen as meaningful and of some importance, not just by Health Authorities, but also by teachers and pupils. The atmosphere in which the data is collected is paramount, and, for this reason, the inclusion of each question needs to be justifiable.

Question quality

As a result of the normal method of collection, 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 boys and girls 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 may be student teachers and 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 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 boy or girl 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 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 class who complete questionnaires SHEU 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. SHEU received well over one thousand of these sheets in one year of surveys.

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. The most recently included questions in the questionnaires currently in use are those concerning accidents and the Internet.

Reliability and validity

The Schools Health Education Unit (SHEU) is 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 described above the various steps we have taken to try to reduce or eliminate the temptation to mislead, by getting the atmosphere for collecting data right. 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. SHEU 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.

There are various aspects to the 'trustworthiness' of the data, for example:

- Are the answers 'well-behaved' in their pattern?
- Do the answers collected to the questions 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. SHEU discuss these standards below, and how we might know when things are going astray.

Reliability

Reliability is the question 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. Therefore, 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, SHEU have a block of questions on self-esteem, and we know that answers to each item are highly predictive of answers to other items. Therefore, we can say 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, a 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 1992 data, we found that of those Year 10 pupils saying they spent any of their own money on cigarettes, 94% reported that they smoked last week. Similarly, of those saying they spent any of their own money on alcohol, 98% said they drank alcohol last week.

External reliability

Questions are externally reliable if they give consistent results when used with different populations. Now, part of the point 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 visits to the doctor question, and reasons for brushing teeth.

Test-retest reliability

This is a special sort of reliability that 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. SHEU has very few data on this sort of reliability for the HRB 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 that have done so suggest 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? 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 quieter and slower?' 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 that 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 SHEU annual compilations, we can see very consistent 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 the questionnaire that have been found elsewhere — for example, there are a number of known correlates of smoking in young people, such as drinking alcohol, dating, school attainment and other variables such as self-esteem and locus of control. All these associations

can be found in our data, which firstly reassures us that the 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.

Statistical analysis of the data

Expected errors

Toss a coin a hundred times, and you might expect to get 50 heads and 50 tails. However, you could end up with anything but this exact proportion, and this reflects the problem of sampling: even knowing what proportion you expect, 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 our 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:

Equation 1

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

95% confidence limits for a proportion are assumed to be twice this figure (technically 1.96 times). So, for a sample of 100 girls, if the observed proportion is 8%, the standard error is $[0.08(0.02)/100]$ squared, 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. between 3% and 13%.

For reference, the following table may be used:

Table 40. STANDARD ERRORS OF PROPORTION (S.E.P.) for samples of different sizes

n	10%	20%	30%	40%	50%
100	3.0	4.0	4.6	4.9	5.0
150	2.4	3.3	3.7	4.0	4.1
200	2.1	2.8	3.2	3.5	3.5
* 250	1.9	2.5	2.9	3.1	3.2
300	1.7	2.3	2.6	2.8	2.9
350	1.6	2.1	2.4	2.6	2.7
* 400	1.5	2.0	2.3	2.4	2.5
450	1.4	1.9	2.2	2.3	2.4
500	1.3	1.8	2.0	2.2	2.2
600	1.2	1.6	1.9	2.0	2.0
700	1.1	1.5	1.7	1.9	1.9
1000	0.9	1.3	1.4	1.5	1.6
1500	0.8	1.0	1.2	1.3	1.3
2000	0.7	0.9	1.0	1.1	1.1
* 3000	0.3	0.4	0.4	0.4	0.4
4000	0.2	0.3	0.3	0.3	0.3

(95% confidence interval = 2 x s.e.p.)

* Approx. sample size of all pupils in a single primary year/sex group 2006

* Approx. sample size of all pupils in a single secondary year/sex group 2006

* Approx. sample size of all pupils in single secondary year/sex group in the reference samples for 2006

The following points should be made:

- For larger samples, the confidence limits grow narrower.
- For proportions nearer 50%, the confidence limits are wider 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 95% confident that the proportion lies between $8 \pm 5\%$ (3%–13%).

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 boys may be 50 out of 75 in the whole year group — see below. We might be able to reduce these estimates if we knew the total school population in the Cumbria area, broken down by year group.

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 local authority 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 boys have been taken from a total of 150 boys on the school roll. Here the sample is 1/3 of the total, and is

so large that it reduces the theoretical error that can arise through chance (i.e. that we happen to have included more of the smokers in the year in the 50 sampled than might have been expected). If the sample is a fair proportion of the population — and this can equally apply within area-wide samples, where a large proportion of the year group across the county are in schools that are surveyed — then the expected sampling errors are reduced.

Confidence limits

These revised assumptions can act to make estimates based on the Health-Related Behaviour survey methodology more accurate. In fact, the improvement can itself be calculated, and SHEU 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 year groups the sample is the whole school year group. In these cases, 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 that 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.

Equation 2

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

Depending on the size of the actual school year, this can have a very significant effect in reducing the theoretical sampling error.

Acknowledgements

Grateful thanks go to all the pupils in Cumbria for their willingness and enthusiasm to take part in this survey. The help, and the time and effort spent, by staff of the schools is also acknowledged.

Thank you to all those people from a variety of agencies who were involved in the questionnaire design and to the steering group members : Anne Sheppard (Children's Services), Mike Conefrey (Children's Services), Bruce Lawson (Active Cumbria), Mike Graham (Public Health, NHS Cumbria), Cathryn Beckett (Public Health, NHS Cumbria) and Sue Milner (Children's Services).

It is hoped that this report will encourage a wide-ranging debate that will define the actions to achieve good health for all the young people within Cumbria.

For further information about the survey, including the full results and tables, contact:

Sue Milner
Planning and Commissioning Officer

Planning and Commissioning Team
Partnerships and Prevention
Children's Services
80 Warwick Road
Carlisle
CA1 1DU

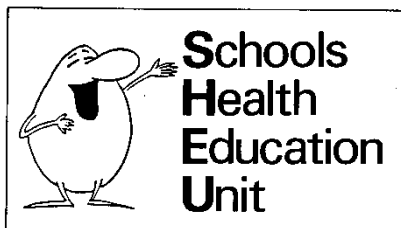
Tel. 01228 221241

sue.milner@cumbria.gov.uk

The full 2012 results and tables can also be found on the website:

Cumbria Intelligence Observatory www.cumbriaobservatory.org.uk.

This report was prepared
by Dr. David Regis of



3 Manaton Court, Manaton Close, Matford, Exeter, Devon EX2 8PF

Tel. (01392) 66 72 72

Fax. (01392) 66 72 69

e-mail: sheu@sheu.org.uk

www: www.sheu.org.uk