Lifestyles of 14 to 15-year-olds in West Sussex 2010

health & wellbeing, for life

NHS West Sussex

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Contents

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Foreword

Improving the health and wellbeing of the children and young people in West Sussex is a core priority of the NHS West Sussex, the County Council and all other public partners who wish to maintain an excellent level of Public Health and Wellbeing within the county. This vital piece of work follows on from the 2007 report in providing West Sussex with a timely insight into the attitudes that our children hold and the lifestyles in which they lead.

Childhood is a time of great physical and emotional change and social development. That is why this report has been commissioned to find out as much as we can from the people that need the most support in finding a voice: the children. The report does not attempt to justify or attribute cause in its findings, but offers the observable truth in the collection of personally reported answers, from three and a half thousand of our year ten pupils.

This report is the second phase in a continuous and long-term programme to obtain robust information and understand how our efforts are impacting on children and young people. It allows us to review our joint targets to maintain high standards of living and reduce health inequalities. Every person involved in this work over the past three years has made a significant contribution, knowing that we are in line with and exceeding the targets set out by the West Sussex 'Local Area Agreement' of 2006; a warm thank you to you all.

This survey would not have been possible without the enthusiastic participation and support of our teachers, school nurses, pupils and parents. The West Sussex Public Health Observatory have produced this document to ensure the information gathered can now be used to address urgent issues and inform on policy and strategy.

Judith Wright
Joint Director of Public Health and Wellbeing,
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1 Introduction

The health and wellbeing of children and young people is vital for the future of our society. Currently there is little information to allow insight into our children's lifestyles, health and attitudes. By asking the children themselves questions about their lifestyle, we hope to better understand the world in which they live. In addition the results should help authorities plan changes for the future to counter ill-health, high-risk behaviour and poor wellbeing.

Background

In 2007 the West Sussex Public Health Observatory reported the findings of a Lifestyle Survey, conducted in the summer term of 2006, of Year 10 pupils in West Sussex schools. Three years later the survey has been repeated and many of the findings are reported in conjunction with relevant findings from the 2007 report. It is intended that the survey will be repeated every three years in order to gather trend data on important risk factors.

The Year 10 age group (pupils aged 14 and 15 years old) was chosen for the 2010 survey because many behavioural patterns are established at this age. The report will provide information on demographics, lifestyles, high-risk behaviours and attitudes and beliefs of pupils in schools in West Sussex.

Aims of the survey

The primary aims of the survey are:

1. To establish an overview of the health and wellbeing of young people in West Sussex schools.
2. To estimate the prevalence of high-risk behaviours such as smoking, drug use and binge drinking.
3. To make the findings of the survey available to schools, local residents, governing bodies and other relevant agencies in order to better understand the attitudes of young people and avoidable risk factors.
4. To provide information to guide organisations and policy makers in commissioning appropriate health promotion interventions and to draw light on unattended issues in the lives of young people.

Limitations of cross-sectional surveys

The purpose of a cross-sectional survey is to provide a descriptive epidemiology of a specified population by describing the prevalence of certain behaviours, risk factors and the relationships between them. For example, it may describe the frequency of cigarette smoking as well as showing the relationship between those who smoke and those who drink alcohol. Cross-sectional studies provide information from which useful inferences can be made and from which hypotheses can be generated. However, it is seldom possible to establish causal relationships from cross-sectional data: the fact that two variables are related does not mean that one has, or indeed has not, caused the other. The reader is encouraged to establish their own views based on the evidence provided.

Tests of significance

As there are no hypotheses being tested in this report the decision was made not to include tests of significance, as to do so may be misleading. This report describes relationships between various risk factors and to report significant differences might go beyond what the data allow. Moreover, because of the large numbers in the survey most cross tabulations produce a significant chi squared statistical test (p value). However even though it can be stated that, for example, there is a definite relationship between smoking and family structure, it cannot be concluded which particular family group is significantly different from any other.

Health inequalities

In an attempt to gather information on social class, questions were asked on family housing types and car ownership. As a reliable indicator of deprivation, the local electoral ward classifications currently in place in West Sussex called 'Local Neighbourhood Improvement Areas' (LNIAs) were used in order to highlight some of the issues surrounding health inequalities in the young. This was made possible by asking the pupils to provide their postcode. As LNIAs are mainly in built up urban areas, there were enough pupils (20.0% of the total sample) available to warrant further analysis. More information on the LNIAs is available from the NHS West Sussex website[1].

Questionnaire design

The questionnaire from the 2007 Lifestyle Survey was used again but with a few minor modifications. A few questions were asked on the pupils' relationship with their parents, some of the dietary questions were amended and some additional questions were asked about their use of the internet.

Sample frame

A letter outlining the purpose of the survey and inviting schools to participate was sent to all West Sussex secondary schools. Of the 21 schools that took part, 20 were state-maintained schools and one was an independent school. Those schools that took part were evenly distributed around the county and within all districts. It was made clear to the schools that all data would be aggregated and analysed by the West Sussex Public Health Observatory and that no individual pupil or school would be identified in the report.

Consent

Parents were notified about the survey well in advance and given the option to withdraw their child from participating if they so wished.

Data collection

Pupils completed questionnaires in supervised conditions in their schools. The process was overseen by a research team to ensure that the anonymity of the pupils was protected.

Data entry

Responses from the questionnaires were scanned electronically. Error checking was completed and the data were cleaned. The data were analysed using the Statistical Package for Social Sciences (SPSS) by the members of the Public Health Observatory and public health doctors.

Missing data and rounding

As with many surveys of this nature, the respondents were free to leave blank any questions they did not wish to answer. The figures presented in this report are those of 'valid percentage', so that those who did not respond were omitted from the figures used. Where this was a large number, the respondent numbers (N) are supplied. Due to rounding numbers to one decimal place, not all percentages sum to 100.

BMI classification

When asked, self-reported weight tends to be underestimated, while height tends to be overestimated. Given that both are continuous variables with an expected normal distribution, outliers more than 2.5 standard deviations from the mean were excluded from analysis, as were those reported values which were clearly inaccurate. Closer correspondence between the revised mean and median values provides some validation for this methodology. Unless otherwise stated, overweight BMI cut-offs were based on the 91st centile (23.5 for boys, 24.5 for girls) and for obese BMI on the 98th centile (26.3 for boys, 27.5 for girls) using the Child Growth Foundation (UK 1990) reference charts at an average respondent age of 15.3 years.

Geographical analysis based on postcode

Of the pupils who completed the questionnaire, 62.1% supplied a postcode that was confirmed as from within the county. The postcodes could be checked against a reference list for each local electoral ward so that it could be determined which ward the pupil was from. This in turn provided the opportunity to analyse the lifestyles of children from Local Neighbourhood Improvement Areas[1] (LNIAs) with the remaining children.

References

1. *LNIAs: http://www.westsussex.nhs.uk/healthy-living/inequalities/improving-quality-of-life-in-lnias-in-west-sussex/*

2 Socio demographic profile of Year 10 pupils in West Sussex

The second survey of Year 10 pupils took place during the summer term of 2009. The majority of pupils were aged 15 (83.3%) and a lesser proportion (16.6%) was aged 14; the sample was evenly divided between boys and girls.

Table 2.1 Age/sex breakdown of survey respondents

	Boys		Girls	
	N	%	N	%
14 years	284	16.7	288	16.6
15 years	1,413	83.3	1,444	83.4
All	**1,697**	**100.0**	**1,732**	**100.0**

Ethnicity

Pupils were asked to indicate to which ethnic group they belonged using a question based on the census categories. Almost 90% of respondents were White British. The largest minority groups were the Mixed (2.4%) and Other White (2.0%) groups. 'Other' groups comprised less than 1% of the pupil population. Table 2.2 shows the ethnic breakdown of the survey population.

Table 2.2 Percentage within each ethnic group

	2007 (N = 4,424)	2010 (N = 3,388)
	Percentage (%)	
White British	87.3	89.9
White Irish	0.7	0.7
White Other	2.5	2.0
Indian	1.5	0.8
Bangladeshi	0.6	0.4
Pakistani	1.1	0.3
Other Asian	0.8	0.6
Black African	1.1	0.7
Black Caribbean	0.3	0.4
Other Black	0.3	0.1
Mixed	2.4	2.4
Chinese	0.7	0.8
Other	0.7	0.9
Total	**100.0**	**100.0**

In keeping with the 2007 Lifestyle Survey, the population of the 2010 survey was also a reasonable representation of the ethnic composition of the county.

Religion

It is widely recognised that religion has an effect on lifestyle behaviour. Two questions were asked to ascertain religious affiliation and religious observance. In this survey over half of the pupils (51.6%) said that they had no religious affiliation, compared to 42.7% in 2007. There were also 6% fewer pupils affiliated to the Christian religion, as shown in Table 2.3.

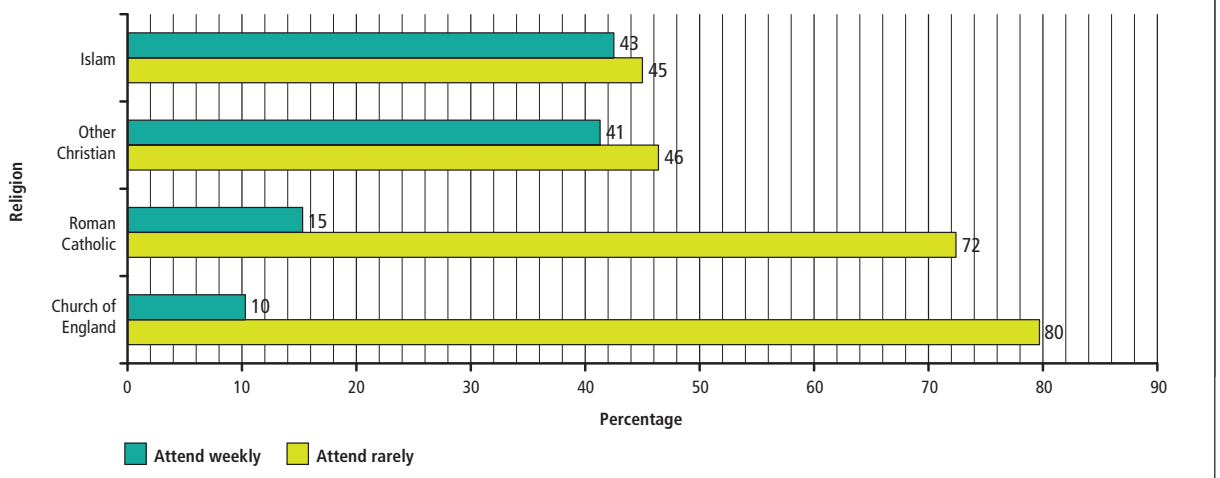
Table 2.3 Religious affiliation of West Sussex pupils

	2007 (N = 5,007)	2010 (N = 3,484)
	Percentage (%)	
No religion	42.7	51.6
Church of England	35.8	32.3
Roman Catholic	6.4	4.9
Other Christian	7.0	5.9
Islam	2.0	1.2
Buddhism	0.7	0.8
Hinduism	1.4	0.8
Sikhism	0.4	0.2
Judaism	0.4	0.3
Other	3.1	2.1
Total	**99.9**	**100.1**

Religious observance is shown in Figure 2.1. The highest rate of weekly attendance was among the Islam (42.5%) and the Other Christian (41.3%) groups, compared to 15.3% among Roman Catholics and 10.3% among Church of England. In fact, 80% of the Church of England affiliates rarely attended a religious service, which is similar to the attendance figures in 2007. Weekly attendance for Roman Catholics has declined from 26% in 2007 to 15.3% in 2010.

> "I think that teachers should have more knowledge of home and family situations around pupils which might affect their work"

Figure 2.1 Levels of religious observance for those who report an affiliation



Family structure

The link between health and family structure is well researched[1]. The majority of pupils (64.5%) were living with their natural parents, with 9% living with a natural parent and step-parent. Almost a fifth of pupils (19.9%) lived in one parent families (Table 2.4), which is similar to levels recorded in 2007 (17.5%).

Table 2.4 Frequency distribution of family structure

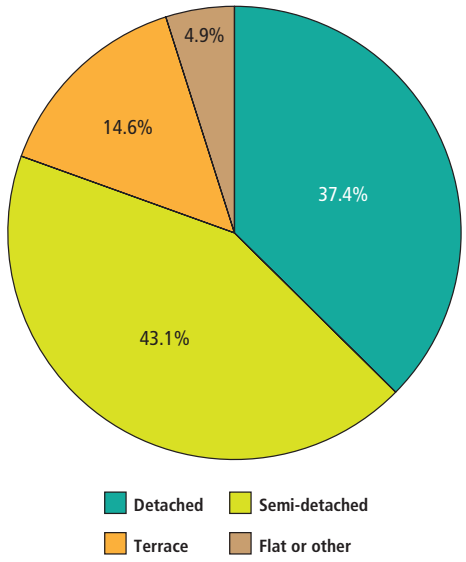
	(N = 3,413)
	Percentage (%)
Mother and father	64.5
One parent	19.9
Parent and step-parent	8.9
Guardian	0.6
Foster	0.5
Care	0.1
Other	1.0
Total	**100.0**

The family structure distribution of pupils is very similar to the structure reported in the previous survey. There is also clear evidence that single parent families are at an economic disadvantage.

Type of housing

Most pupils (43.2%) lived in semi-detached housing and 37.2% lived in detached housing, as shown in Figure 2.2.

Figure 2.2 Percentage of pupils living in each housing group



> “It’s sometimes awkward talking to teachers and parents about certain things”

Table 2.5 Type of housing by family structure

	Mother and father (N = 2,175)	One parent (N = 673)	Parent and partner (N = 141)	Parent and step-parent (N = 304)	Others (N = 75)	All families (N = 3,368)
	Percentage (%)					
Detach	45.2	18.0	27.0	30.9	29.3	37.4
Semi	40.7	48.0	44.7	49.3	41.3	43.1
Terrace	11.7	23.0	22.0	13.5	16.0	14.6
Flat or other	2.4	11.0	6.4	6.3	13.3	4.9
Total	**100.0**	**100.0**	**100.1**	**100.0**	**99.9**	**100.0**

Table 2.5 shows the relationship between family structure and housing. Pupils living with both their natural parents were the most likely to be living in detached houses. Over a third of pupils (34%) from one parent families reported living in terraced housing or flats.

Car ownership

Just over two-thirds of pupils lived in families with access to two or more cars, 27.7% had access to one car and 4.6% had no car. However in single parent families 10.5% of pupils did not have access to a car.

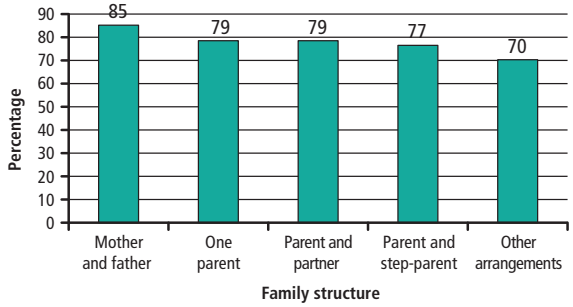
Families and LNIAs

Pupils who lived in Local Neighbourhood Improvement Areas were less likely than those in other areas of the county to live with both natural parents (Table 2.6) and were much more likely to live with only one parent (26.0%) than those from other areas (18.7%).

Table 2.6 LNIA or Not

	LNIA	Non-LNIA
	Percentage (%)	
Mother and father	53.4	67.4
One parent	26.0	18.7
Parent and partner	6.8	3.6
Parent and step-parent	10.8	8.5
Other groups	3.0	1.8
Total	**100.0**	**100.0**

Figure 2.3 Pupils who agree that they find it easy to talk to their parent/guardians

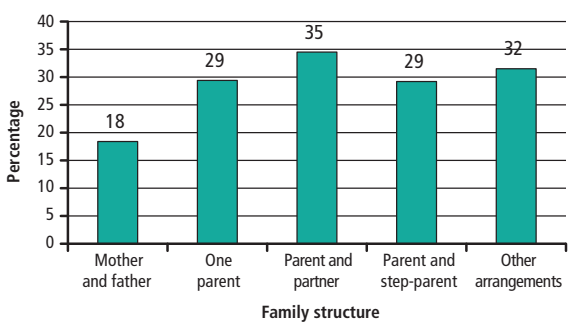


Relationship to parents

In response to the statement ‘I find it easy to talk to my parents when I need to’ over 80% of pupils agreed. Figure 2.3 shows that there is little difference by family structure.

In response to the statement ‘I spend enough time with my parents’ we found that over a third of pupils from parent and partner families disagreed with this statement, as shown in Figure 2.4.

Figure 2.4 Pupils who disagree that they ‘spend enough time with their parent/guardians’



"I feel that there should be less strictness on appearance (hair colour) as it's not fair, we're here to learn"

Health status

Table 2.7 shows self-perceived health status by sex. Almost 60% of male pupils perceived their health to be 'good' compared with 45% of females. The proportion of girls who perceived their health as 'not good' was 5.8% compared to 7.5% in 2007.

Table 2.7 Self-perceived health by sex

	Boys (N = 1,672)	Girls (N = 1,701)
	Percentage (%)	
Good health	58.8	45.0
Average health	36.7	49.3
Bad health	4.5	5.8
Total	**100.0**	**100.1**

Comments

1. This report aims to analyse the lifestyle issues by a number of social variables. As in the 2007 Lifestyle Survey, the small numbers of pupils in some ethnic groups mean further analysis is not possible.

2. Due to small respondent numbers in other categories, further analysis by religion was done by the three available categories of the Christian religion and by those who follow no religion. Some of the small groups in family structure have been included within the group 'other arrangements'.

3. It is now widely recognised that the quality of the relationship between parents and their children is an important determinant of health in children and young people.

References

1. *Turagabeci et al., 2007. Family structure and health, how companionship acts as a buffer against ill health. Available at: http://www.hqlo.com/content/5/1/61*

3 Smoking

Smoking is acknowledged to be the greatest single cause of ill health in the UK. Since the 2007 lifestyle survey, government legislation has banned smoking in public places and has begun to ban cigarette vending machines and multi-coloured displays in shops in an attempt to curb the attraction of smoking to young people. This legislation is required to push against the effects of influence (i.e. peer pressure) and self categorisation[1], which can encourage children to smoke just because their peers do.

In 2008 the NHS information centre released the report of a survey completed by over seven thousand 11 to15–year-olds in the UK[2]. One of its findings was that 6% of children are regular smokers and that this was consistent with the previous year. However, there are inherent difficulties in describing these children within one group, as so many behaviours do not begin until 13 or 14 years of age. For example, when reported as one figure, Year 7 pupils, who might not smoke, will subtract from the percentage of Year 10 pupils who do. Our findings over the same period highlighted this issue to the extent that when looking at Year 10 pupils alone, the figure rises to over 12%. Smoking prevalence during mid-adolescence may therefore be a larger problem than previously considered.

The 2007 ESPAD (European school survey) report[3] compared Year 11 pupils in the UK with other European countries and found that UK children smoke considerably less than those in mainland Europe. This gives credence to our ongoing initiatives to tackle child smoking. One of the targets set in 2007 by The West Sussex Local Area Agreement[4] was that by 2010 at least 67% of Year 10 pupils should be able to report that they have never smoked.

Smoking prevalence by age and sex

Pupils taking part in the lifestyle survey were asked to describe their smoking status by indicating whether they had never smoked, used to smoke, or smoke occasionally or regularly. The responses show that over 10% of girls and 8% of boys were regular smokers by the age of 15 (Table 3.1). This is somewhat less than in 2007, when the prevalence was 15% and 9% respectively. The total number of those reporting to have never smoked tobacco in the 2010 survey equated to 69.3%. This figure exceeds the targets set by the West Sussex LAA.

Figure 3.1 Number of cigarettes smoked per day for 2007 (inner) & 2010 (outer)

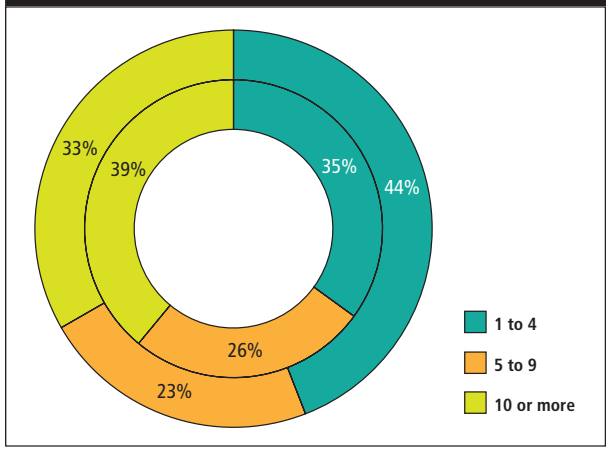
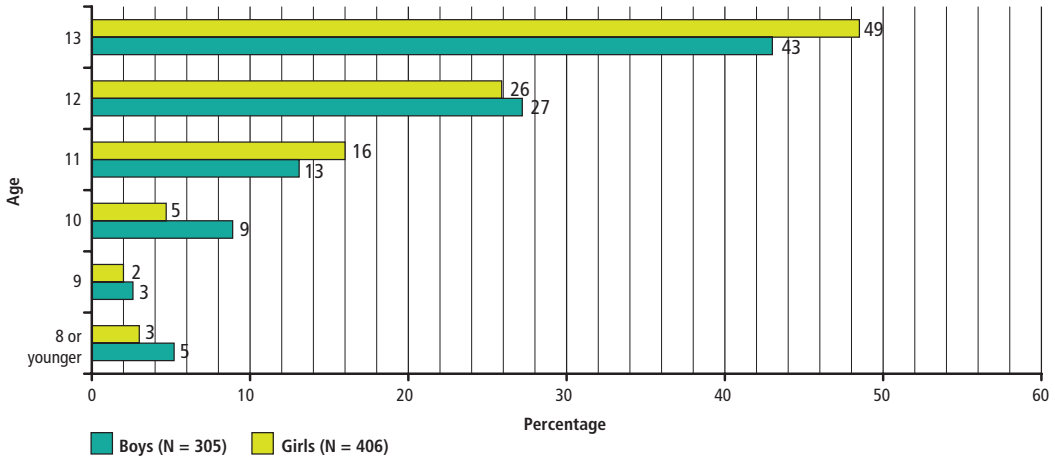


Table 3.1 Smoking experience by sex and age group

	Age 14		Age 15		All pupils	
	Boys (N = 280)	Girls (N = 282)	Boys (N = 1,388)	Girls (N = 1,426)	Boys (N = 1,674)	Girls (N = 1,708)
Smoking experience	Percentage (%)					
Never	77.9	66.0	72.2	65.4	73.1	65.5
Stopped	5.0	9.2	6.3	7.2	6.2	7.6
Occasionally	11.1	15.6	13.3	17.0	12.9	16.8
Regularly	6.1	9.2	8.1	10.3	7.8	10.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

> "I have never smoked and I never will, even though all of my friends smoke weed. I feel proud of myself for this and it makes me feel good about myself"

Figure 3.2 Age at first cigarette



Number of cigarettes per day

The students who identified themselves as current smokers were asked "If you smoke, roughly how many cigarettes a day do you smoke?". There was a similar spread in smoking patterns in this survey as there was in 2007 (Figure 3.1) although more frequent smoking habits have diminished over the period surveyed.

Age at first cigarette

Figure 3.2 shows that, of the current smokers, over 70% had their first cigarette between the ages of 12 and 13.

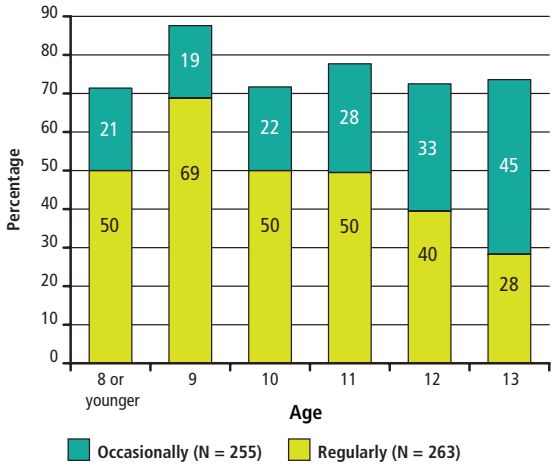
The age at which young people start smoking is known to be predictive of future smoking behaviours. The earlier a person starts to smoke, the less likely they are to give up smoking later in life[5].

Pupils' individual smoking habits were correlated with the age at which they had their first cigarette. As shown in Figure 3.3, there was a clear relationship between the age of a pupil when they had their first cigarette and how much they smoked now, i.e. occasionally or regularly.

Parental smoking

Parental smoking habits are widely accepted as strongly affecting the habits of their children[6].

Figure 3.3 Current smoking behaviours against age of first cigarette



This survey shows a high prevalence of parental smoking, with a third of all pupils reporting to have at least one parent/guardian who smokes (33%, N = 1,140). This figure is down from the 40% reported in the 2007 survey.

Widespread parental smoking was shown to correlate with the children's smoking behaviour. Pupils who had a parent who smoked were over four times as likely to smoke regularly themselves (18.9%) as those who had non-smoking parents (4.3%). Likewise, those pupils whose parents did not smoke were 50% more likely to have never tried a cigarette (Figure 3.4).

> “Smoking and drinking is mainly done socially with people of our age”

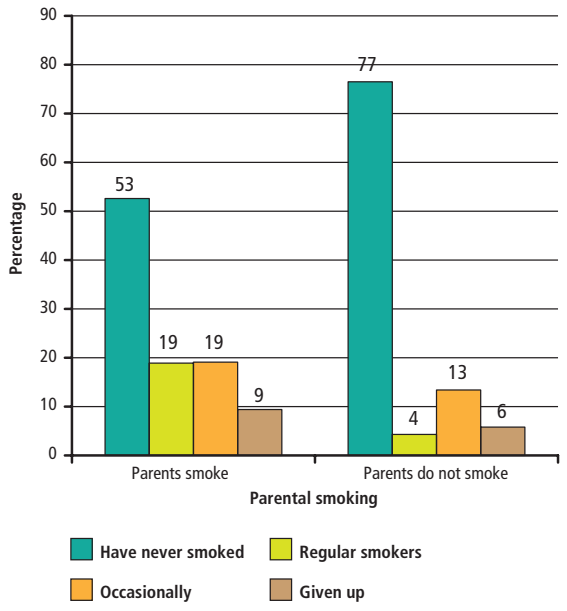
Table 3.2 Pupils who are regular smokers by regularity of religious observance

	Church of England (N = 1,089)	Roman Catholic (N = 166)	Other Christian (N = 198)
Religious observance	Percentage (%)		
Attend never/rarely	7.9	14.8	12.4
Attend monthly or more	1.4	2.3	1.0

Table 3.3 Smoking prevalence in LNIAs

	Have never smoked	Regular smokers	Occasionally	Given up	**Total**
	Percentage (%)				
From an LNIA	66.8	12.7	12.9	7.5	**100.0**
Not from an LNIA	73.3	6.9	13.1	6.6	**100.0**

Figure 3.4 Current smoking behaviours by parental smoking



Religion and family structure

Although the religious background of a pupil had little connection with their smoking habits, the level of their religious observance could be identified as impacting on the prevalence of regular smoking behaviours. Table 3.2 highlights the religious faith of pupils who smoked regularly and shows a clear reduction in the prevalence of regular smoking by those who attend a place of worship on a regular basis.

Local Neighbourhood Improvement Areas

The pupils' postcodes were cross referenced with LNIAs to see if the local environment had an effect on the prevalence of smoking. Those from an LNIA were less likely to have never smoked and twice as likely to be a regular smoker (Table 3.3).

Comments

1. The survey results show that the rate of regular smoking amongst girls is roughly 20% more than boys. Additionally, the likelihood of pupils smoking increases by at least 30% from the ages of 14 to 15 in West Sussex.

2. It appears that the amount of cigarettes 14 and 15-year-olds are smoking has decreased since the 2007 survey, with a 25% increase in those reporting to smoke only one to four cigarettes a day and a respective decrease in those who smoke more than this.

3. Although a causal effect cannot be established, there was a clear association between smoking habits and religious observance, with those who regularly attend an event in their affiliated religion reporting lower rates of smoking behaviours.

4 As with the 2007 survey, the age pupils were first exposed to cigarettes was an important factor in the prevailing habits of Year 10 students. Those who first smoked at a younger age were more likely to be regular smokers by the age of 13.

5 Parental smoking is the overwhelming factor in the uptake of smoking among children. The children of parents who smoked were four times more likely to be regular smokers, compared with children of non-smoking parents. This implies that an effective way of combating high levels of smoking in the young would be to target those people who smoke around the children.

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3. *The 2007 ESPAD Report: European School Survey Project on Alcohol and Other Drugs, summary. Available at: http://www.espad.org/espad-reports*
4. *A Local area agreement for West Sussex 2006-2009.*
5. *Fidler, J. et al., (2006). Vulnerability to smoking after trying a single cigarette can lie dormant for 3 years or more: findings from a perspective study. Tobacco Control, 15; 205-209.*
6. *Charlton A., Children and smoking: the family circle. British medical bulletin 1996; 52: 90-107.*

4 Alcohol

In the 2007 European School Survey report[1] (of 15 to 16-year-old pupils), the UK pupils were found to drink more alcohol and to be drunk more often than the pupils from any other state in Europe, with the exception of those from the province of the Isle of Man.

The Home Office, Department of Health published its Youth Alcohol Action Plan in 2008[2]. This report cited claims that most adults believed alcohol abuse was a greater problem to our society than illicit drug misuse and that drinking in public places was closely connected to anti-social behaviour. The report also found that young people who drink are more likely to use illicit drugs and to have noticeably poorer health. These comments are confirmed in the findings of this survey.

The report went on to highlight that families believed it was their own responsibility, and not that of the state or schools, to introduce drinking into their children's culture. Parents were said to be more concerned, not of how often children drank, but of how much they drank. Binge drinking in particular is a focus of this chapter and is taken to mean when a person drinks alcohol excessively with the intention of getting drunk.

In West Sussex in 2007, the Local Area Agreement[3] set its own target on alcohol consumption by young people based on baseline figures from the 2007 Lifestyle Survey. Their 2010 target was to maintain the percentage of pupils who had never participated in binge drinking at 49.5%.

Experience with alcohol

Pupils taking part in the lifestyle survey were asked to describe their experience with alcohol by indicating how often they drank. Those who answered that they never or rarely drank alcohol were asked to skip to the next section.

There was little difference between the drinking patterns of boys and girls (Table 4.1). Around one third reported never or rarely drinking, just over half reported occasional drinking and the remaining 10% reported regular drinking. This pattern is similar to figures from 2007.

Types of alcohol

There was a difference in the types of alcohol consumed by boys and girls (Figure 4.1a & b). The pupils were asked which one type of alcohol they drank the most. The main alcoholic drink consumed by boys was beer (52%) and by girls was alco-pops (40%). Since 2007 there has been a considerable decline in the consumption of both these primary drinks, with boys' beer consumption dropping from 59% to 50% and girls' alco-pop consumption dropping from 51% to 40%. Relative popularity of cider has increased in place of these.

Figure 4.1a Most common alcohol consumed by boys in 2007 and 2010

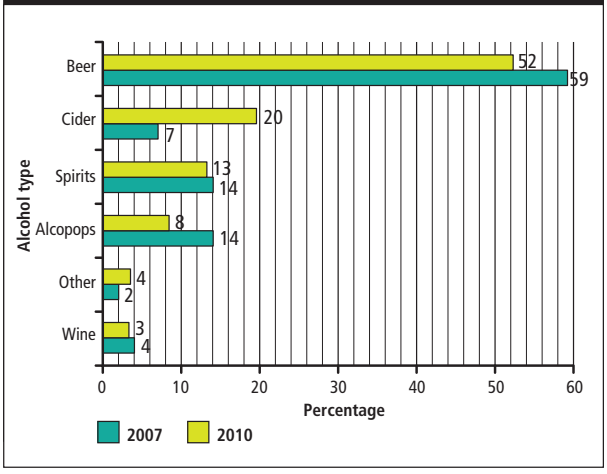


Table 4.1 Experience of alcohol by boys and girls

	Boys		Girls		All Pupils	
Alcohol consumption	N	(%)	N	(%)	N	(%)
Never/rarely	601	35.6	591	34.3	1,194	34.9
Occasionally	901	53.4	964	56	1,874	54.8
Regularly	184	10.9	167	9.7	352	10.3
Total	**1,686**	**100.0**	**1,722**	**100.0**	**3,420**	**100.0**

"My parents don't know that I drink alcohol and I only drink it at home, when they are out"

Figure 4.1b Most common alcohol consumed by girls in 2007 and 2010

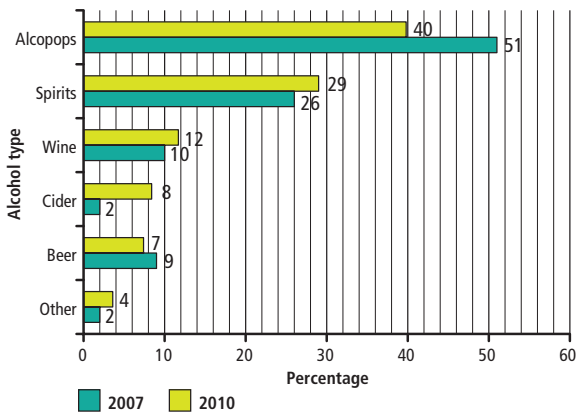
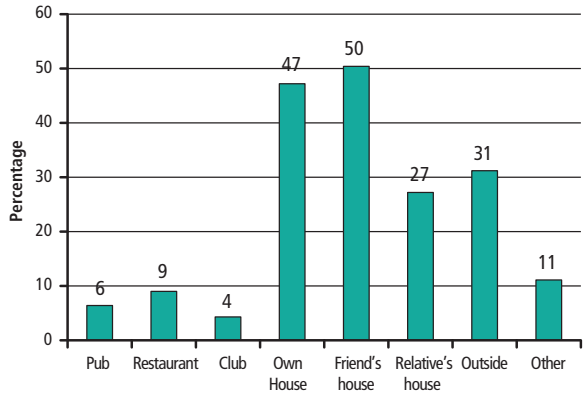


Figure 4.2 Percentage of students who drink alcohol in each location



Frequency of drinking alcohol

Of those pupils who reportedly drank alcohol (68%), 80% drank once or less a week, 18% drank on two to three days and 2% drank on four or more days a week.

Incidence of binge drinking

To estimate the frequency of binge drinking, pupils who occasionally or regularly drank were asked: "How often do you drink with the intention of getting drunk?". To calculate the true incidence of binge drinking, figures were combined with those who answered that they never or rarely drank (from the first question of the section) to display percentages for the total population.

Over 10% of pupils reported regularly drinking with the intention of getting drunk, a further one in three reported occasional binge drinking, and around one third claimed to never or rarely binge drink. As with moderate/low risk drinking, there was little difference between the habits of boys and girls. This pattern is similar to the 2007 figures, but an increase in those who never or rarely binge drink can be seen.

Place of drinking and respective binge drinking prevalence

From a set list, pupils were asked to identify all the places where they drank alcohol (Figure 4.2). This shows that the majority of drinking takes place in a private residence (own house 47%, friend's house 50% and relative's house 27%) and outside (31%).

Additionally, of the 47.2% of pupils who reported drinking alcohol in their own home, only 14.6% were regular binge drinkers. This suggests lower binge drinking attitudes from pupils who drink in their own home. In comparison, of the 31.2% of pupils who drank alcohol outside, 26.7% reported regular binge drinking, which suggests that drinking in this setting is coupled with greater binge drinking behaviours.

Table 4.2 Binge drinking by sex, 2007 vs 2010

	Boys		Girls		All	
	2007	2010	2007	2010	2007	2010
Alcohol consumption	Percentage (%)					
Never/rarely	53.0	58.7	49.0	53.1	51.0	56.0
Occasionally	35.0	30.7	38.0	35.6	37.0	33.0
Regularly	12.0	10.7	13.0	11.3	12.0	10.9

> “Just because I drink and smoke, doesn’t mean I’m reckless or a trouble to society”

Table 4.3 Regular binge drinking by family structure

	Mother and father	Parent and partner	One parent	Parent and step-parent	Other arrangement
	Percentage (%)				
Regular binge drinking	13.3	22.0	20.8	16.3	14.8

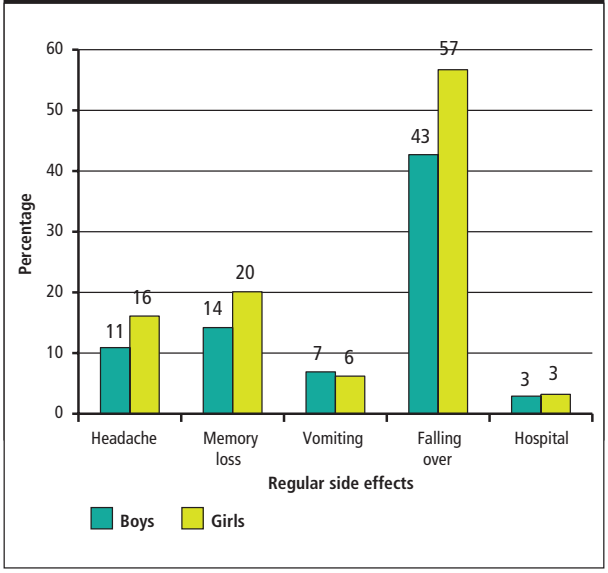
Table 4.4 Self-perceived health and regularity of alcohol consumption

	Never/rarely (N = 1,174)	Occasionally (N = 1,842)	Regularly (N = 345)	All pupils (N = 3,361)
Self-perceived health	Percentage (%)			
Good	58.3	50.6	36.8	51.9
Fairly good	38.6	44.6	49.6	43.0
Not good	3.2	4.8	13.6	5.1
Total	**100.0**	**100.0**	**100.0**	**100.0**

Regular effects of alcohol on high-risk drinkers

Pupils who reported regular binge drinking were asked how often they had experienced the following effects from alcohol: headaches, memory loss, vomiting, falling over and injuries resulting in hospital attendance. Figure 4.3 shows the prevalence of regular side effects on those who were regular binge drinkers.

Figure 4.3 Regular side effects of alcohol on those who are regular binge drinkers



Alcohol and smoking

There was a strong relationship between cigarette smoking and binge drinking behaviour. Of regular smokers, 42.7% would regularly binge drink. This falls to 6.1% for those who had never smoked.

Binge drinking by family structure

The lowest proportion of pupils who regularly binge drink was those who lived with both their biological parents (13.3%). Those with a single parent or a parent with partner were the most likely to binge drink, at 20.8% and 22% respectively (Table 4.3).

Alcohol and health

Table 4.4 shows the clear correlation between the level of alcohol consumption and a pupil’s self-perceived health. Where alcohol consumption is rare, 58.3% of pupils reported good health. Where consumption is regular, the figure drops to 36.8%. Of those reporting ‘not good’ health, 13.6% were regular drinkers, compared to 3.2% who rarely drank.

> "People do stupid things going through their teens but most of them pull through it and sort things out"

Comments

1. At least 10% of Year 10 pupils drink alcohol regularly. For boys, this is mainly beer and cider; for girls, it is mainly spirits and alco-pops.

2. Over a third of 14 and 15-year-olds reported to occasionally binge drink and one in 10 reported to regularly binge drink. The more frequent side effects of this regular drinking were falling over, vomiting, headaches and memory loss.

3. Fewer pupils reported binge drinking than in 2007. The percentage of those who reported never drinking to get drunk has risen from 51.7% to 56.1%.

4. As described in the Home Office report, this survey also found that alcohol consumption is connected to a noticeable decline in health. Those who reported regularly drinking alcohol believed their general health was worse than those who drank less.

5. Almost a third of pupils reported drinking unsupervised, outside. This may be contributing to the widespread concern over anti-social behaviour in youths reported by residents local to these areas. Those who drink outside also have a higher tendency to regularly binge drink.

References

1. *Department for Children, Schools and Families: The Home Office, Department of Health: Youth Alcohol Action Plan, June 2008. Available at: http://publications.dcsf.gov.uk/eOrderingDownload/Cm%207387.pdf*

2. *The 2007 ESPAD Report: European School Survey Project on Alcohol and Other Drugs, summary. Available at: http://www.espad.org/espad-reports*

3. *A Local area agreement for West Sussex 2006-2009*

5 Drugs

Drug misuse has a widespread impact on society that is not as clearly defined as the cost of treatment. By 2005 over a quarter of young adults in the UK (16 to 24-year-olds) had taken some form of illegal drug within the past year[1]. Of these, cannabis was by far the most commonly used and is cited in recent publications as representing an understated risk to mental health.

In January 2009 the Government reclassified cannabis as a class B drug. This was said to reflect the increasing strength, prevalence and dangers of cannabis in the UK today[2]. The legislation is intended to act as a deterrent by indicating the dangers of cannabis, which now has a higher concentrated strength than it had in the past when it became culturally acceptable[3]. In 2002, the government launched a 10 year strategy for tackling drug misuse, with the primary directive of trying to prevent young people taking drugs before it becomes a problem for them later in life[4].

Drug use

Following national trends, this survey found that cannabis is by far the most commonly used drug with 20.4% of pupils reporting that they had used cannabis at some stage. These results are similar to the recorded figures in the 2007 Lifestyle Survey.

Pupils are much more likely to take cannabis as they get older. Of those who answered the question 'How old were you when you first tried cannabis?' (N = 607), less than 9% reported being 12 or younger, 19.3% first used it at 13 years old and 46.6% first used it at 14 years old. The reported prevalence of drug use in West Sussex is summarised in Tables 5.1a and 5.1b.

Pupils were asked about their experience with other drugs. Of those pupils who answered the questions, the proportion that has used other drugs has decreased since 2007 (Figure 5.1).

Figure 5.1 Cannabis, ecstacy and solvent use in 2007 and 2010

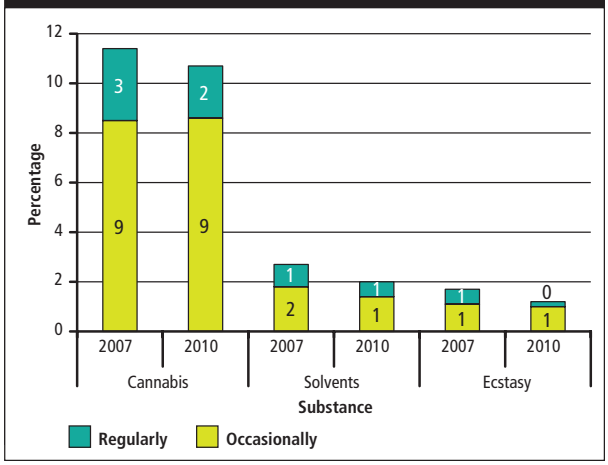


Table 5.1a Substance use

	Cannabis	
	2007 (N = 4,988)	2010 (N = 3,484)
	Percentage (%)	
Never	80.2	82.9
Used to	8.3	6.5
Occasionally	8.5	8.6
Regularly	2.9	2.1
Total	**99.9**	**100.1**

Table 5.1b Substance use

	Solvents		Ecstasy	
	2007 (N = 4,956)	2010 (N = 3,346)	2007 (N = 4,963)	2010 (N = 3,354)
	Percentage (%)			
Never	94.8	96.5	97.3	97.6
Used to	2.4	1.4	1.0	1.2
Occasionally	1.8	1.4	1.1	1
Regularly	0.9	0.6	0.6	0.2
Total	**99.9**	**99.9**	**100.0**	**100.0**

Figure 5.2 Pupils who have ever used cannabis by family structure

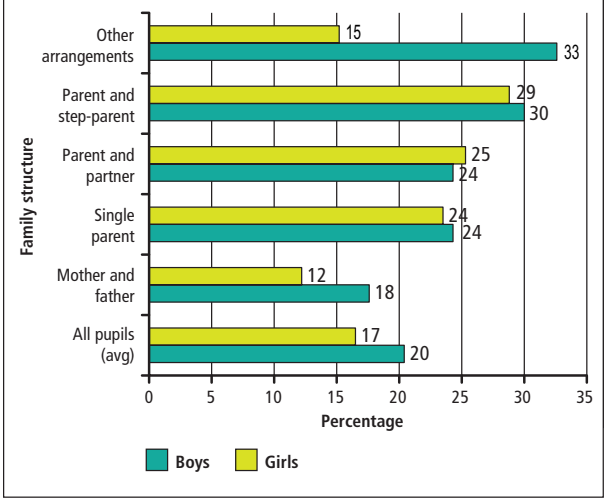
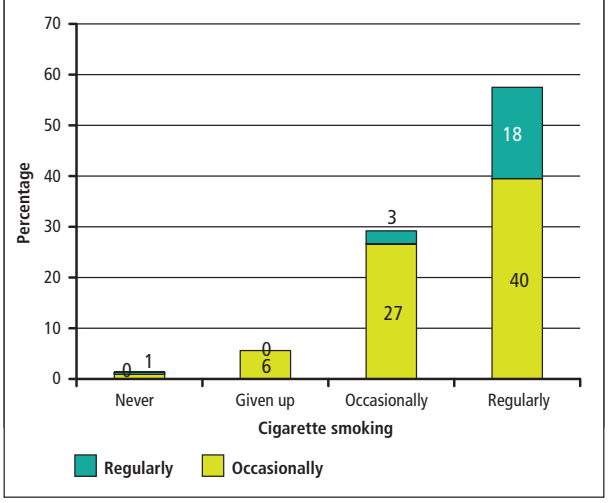


Figure 5.3 Regularity of cannabis use by cigarette smoking experience



For example, regular use of cocaine has decreased from 0.9% to 0.3% between 2007 and 2010 and regular use of ecstasy has decreased from 0.6% to 0.2% over the same period. The small sample numbers in these cases did however restrict further analysis.

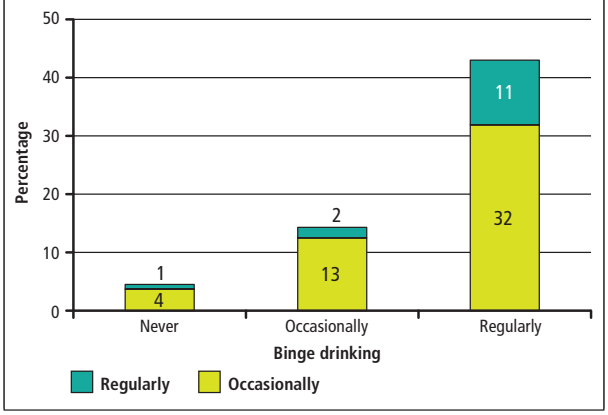
Family structure and cannabis use

To assess the relationship between family structure and drug use, the pupils' parental arrangements were compared with their reported experience with cannabis (Figure 5.2). The children with both natural parents were least likely to have ever tried cannabis (17.6% of boys and 12.2% of girls). Apart from those with 'other arrangements', pupils living with a parent and step-parent were more likely to have tried the drug than any other group (30.0% of boys and 28.8% of girls).

Cannabis, alcohol and smoking

A clear correlation was found between smoking experience and cannabis use. For example, Figure 5.3 shows that, amongst pupils who had never smoked cigarettes, 97.5% had never used cannabis and only 0.1% used it regularly. Of those who smoked cigarettes regularly, 18.3% had never tried cannabis and 18% used it regularly.

Figure 5.4 Regularity of cannabis use by binge drinking experience



As with smoking, there was a correlation between cannabis use and the regularity of binge drinking. Of those who never drank to get drunk, only 4.5% reported taking cannabis at all (occasionally & regularly); this rose to 43% for those who regularly indulged in binge drinking (Figure 5.4).

Perceived harmfulness of cannabis

To assess the pupils' attitudes towards cannabis, a question was asked about how harmful they thought smoking cannabis was. A difference in the opinions of boys and girls of this age was identified. Girls were

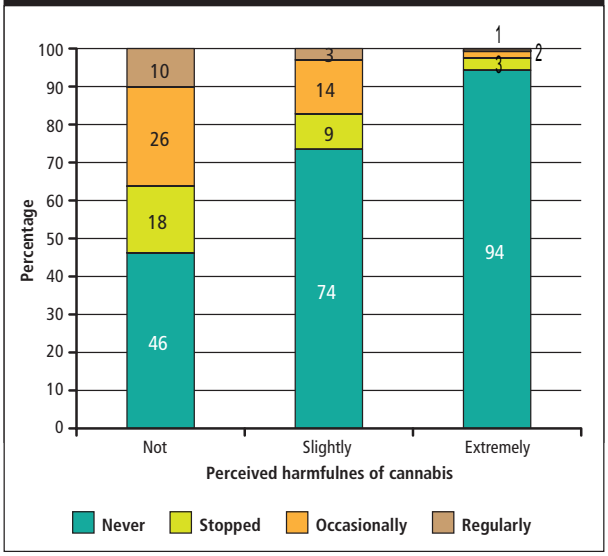
> “It’s too easy for people to get hold of drugs, even in a town this small”

generally more likely to believe cannabis was extremely harmful (53.1%) than boys (44.4%). In addition, twice as many boys (8.0%) as girls (4.1%) believed the drug was not harmful at all (Table 5.2).

Table 5.2 Beliefs about the harmfulness of cannabis

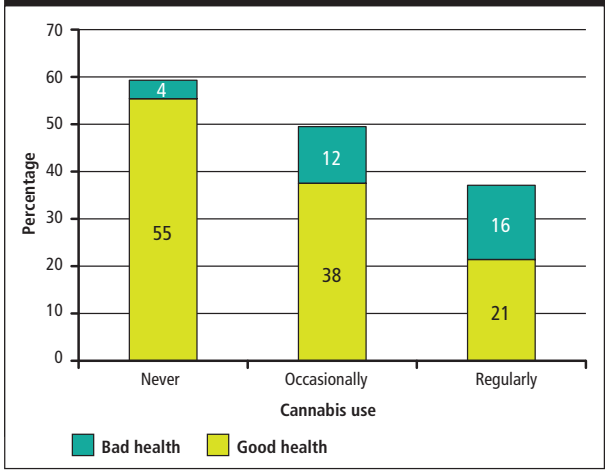
	Not harmful	Slightly harmful	Extremely harmful
	Percentage (%)		
Boys	8.0	47.6	44.4
Girls	4.1	42.7	53.1

Figure 5.5 Regularity of cannabis use by perceived harmfulness of the drug



There was a clear correlation between the perceived harm caused by cannabis and the pupils’ experience of using it. Figure 5.5 illustrates how those who perceived the drug to be only slightly harmful were more likely to be current users than those who perceived it to be extremely harmful. For example, 10.1% of those who believed it was not harmful at all were regular users, whereas this changes to 0.4% for those who viewed it to be extremely harmful.

Figure 5.6 Perception of general health by regularity of cannabis use



While looking at possible reasons for the differences of opinion on how much harm is caused by cannabis, a correlation was identified between a pupil’s view on cannabis and how strict they perceive their parents to be. Table 5.3 shows that the stricter a pupil believed their parents to be, the more harmful they were likely to view cannabis.

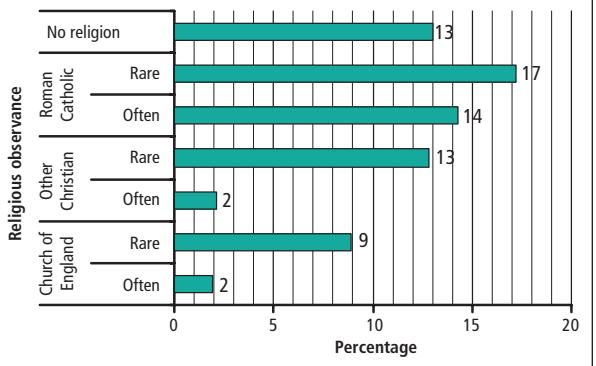
Cannabis and self-perception of health

A relationship between cannabis use and the perceived health of the pupil is illustrated in Figure 5.6. Those who had never tried cannabis were more than twice as likely to report good general health (55.4%) as those who regularly took the drug (21.4%). Likewise, an

Table 5.3 Perceived strictness of parents and harms of cannabis

	Strictness of parent(s)			
	Disagree	Mostly disagree	Mostly agree	Agree
Harmfulness of cannabis	Percentage (%)			
Not	8.5	5.7	4.9	6.0
Slightly	50.0	47.4	42.4	41.1
Extremely	41.5	46.9	52.6	53.0
Total	**100.0**	**100.0**	**100.0**	**100.0**

Figure 5.7 Pupils who smoke both cigarettes and cannabis by levels of religious attendance



occasional user was up to three times as likely to report bad health as those who have never used it. Although this relationship is clear, the findings here should be considered with respect to the other factors which correlate with bad health reported in previous sections, such as smoking and binge drinking.

Religious observance and cannabis

Figure 5.7 shows that the smoking of cannabis and cigarettes was reduced in those who regularly attended a religious service, when compared to those who rarely attended. The smoking behaviour of Church of England pupils decreased, for example, from 8.9% for those who rarely attended a service to 1.9% for those who regularly attended a service.

Comments

1. The relationship between cannabis and emotional wellbeing, stress, bullying and other personal factors is discussed later in specified chapters of this report.

2. Although a causal relationship cannot be confirmed, those who viewed cannabis to be less harmful were more likely to use it. Education on the effects of long term use could assist in reducing substance abuse in this way.

3. A clear association between smoking cannabis and other high risk behaviours like smoking cigarettes and binge drinking was identified. Attitudes to illicit/high-risk behaviours seem to correlate in this way.

4. It is possible that this report has identified the start of a diminishing trend of overall drug use amongst the children of the county. This encouraging effect appears to occur across the board and should be of key interest in future observations of children of a similar age.

5. When cigarettes, alcohol and cannabis are viewed together, the smoking of cigarettes is more likely to be regular than the use of alcohol and cannabis, which have a relatively higher 'occasional use' group. This is likely to be due to the highly addictive properties in cigarettes and the lower immediate impact on the body and mind.

6. Results for other substances, like heroin and LSD, were collected but, due to the small figures (0.1% or less), they could not confidently be included in this report.

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1. *The Home Office, Drug misuse statistics. Available at: http://www.statistics.gov.uk/CCI/nugget.asp?ID=740&Pos=2&ColRank=2&Rank=800*

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4. *Smoking, Drinking and Drug use among young people in England in 2004: Headline figures published 9th March 2005: National centre for social research.*

6 Diet and physical activity

Eating a healthy diet and taking regular exercise are widely acknowledged as vital to the physical and psychosocial development of young people. These lifestyle factors have important implications for future health as adults and establishing good habits during childhood is crucial to combating rates of obesity.

Interest in the quality of school meals has been followed by the publication of standards for food offered in schools[1]. Efforts to improve consumption of fruit and vegetables via the '5 A DAY' initiative[2] and improvements to labelling (for example, the 'traffic light' system) have been met with food industry support. The availability of healthy choices facilitates healthy eating[3] and a good diet in turn reduces the risk of some chronic diseases.

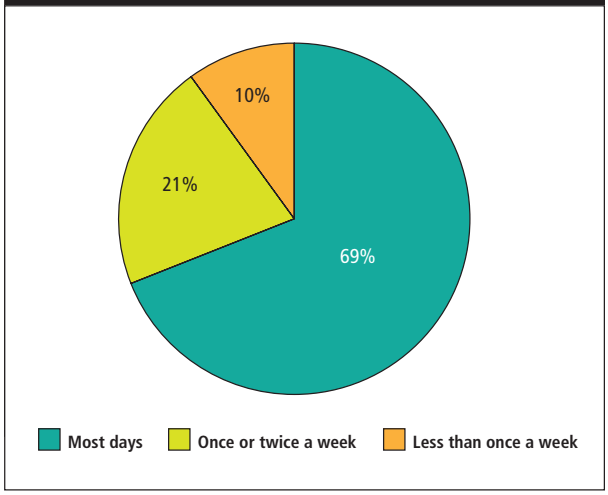
The benefits of physical activity in childhood include healthy physical development, maintenance of energy and wellbeing, better concentration and self-esteem (improving school attendance, behaviour and educational attainment), social interaction, development of healthy bones and prevention (or reduction) of excess weight[4]. The risk of developing chronic diseases, like coronary heart disease or diabetes, may be reduced and physically active children may be more likely to become physically active adults.

Healthy diet

Over three quarters of pupils (77.3%) perceived their own diet to be healthy. Compared to the 2007 Lifestyle Survey results, there has been a slight overall increase in the figures which is mainly accounted for by the girls (see Table 6.1).

Vegetarians were four times more likely to be female, as declared by 8.3% of girls and 2.1% of boys.

Figure 6.1 How often pupils eat together as a family



Eating together as a family and eating breakfast

When asked how often they eat together as a family, 69% of pupils indicated they did so on most days (66% in 2007). Although 10% of pupils did so less than once per week, this figure shows a slight improvement on the 2007 results of 12% (Figure 6.1).

Eating together as a family was associated with eating a healthy diet. Of pupils who ate with their families on most days, 82.2% considered themselves to have a healthy diet. Of those eating as a family less than once a week, only 57.6% considered their diet to be healthy (see Figure 6.2). This gradient was less striking than in 2007 when perceptions were 82% and 52% respectively. Similar gradients were observed for eating as a family and the likelihood of having breakfast, avoidance of smoking and better mood as shown in Table 6.2.

Table 6.1 Self-perceived healthy eating by sex

	Boys 2007 (N = 2,447)	Boys 2010 (N = 1,681)	Girls 2007 (N = 2,581)	Girls 2010 (N = 1,713)
Healthy diet	Percentage (%)			
Yes	76	76.2	74	78.5
No	24	23.8	26	21.5
Total	**100.0**	**100.0**	**100.0**	**100.0**

> "School should start at a later time as I find myself not having breakfast as I'm late and being late to school"

Table 6.2 Relationship between eating as a family and other wellbeing indicators

	Usually eat breakfast	Never smoked	Never feel depressed
Eat together as family	Percentage (%)		
Most days	75.2	73.4	54.6
Once or twice a week	67.0	63.0	47.0
Less than once a week	51.8	54.4	34.0

Table 6.3 The number of days pupils take part in moderate physical activity of 30 minutes or more in an average week

	None	1 day	2 days	3 days	4 days	5+ days
	Percentage (%)					
Boys	3.1	6.3	11.2	17.9	20.8	40.7
Girls	4.7	11.3	22.3	24.1	18.2	19.3

Boys remained more likely to usually eat breakfast than girls (76.4% and 65.7% respectively), proportionately similar to the 2007 Lifestyle Survey findings (78% and 64% respectively).

Fruit and vegetables

Fruit and vegetable consumption was surveyed by asking pupils to quantify the number of portions they ate on an average day (exemplified as one apple, a handful of grapes, three tablespoons of peas or a small glass of juice). The recommended five or more daily portions of fruit and vegetables were consumed by 18% of boys and 20.4% of girls. Of all respondents 69% reported eating three or more portions per day, which showed little change from the 68% in 2007 (Figure 6.3).

Physical activity

Pupils were asked how many days in an average week they engaged in physical activity for 30 minutes or more which made them out of breath. Boys were more likely than girls to be physically active on four or more days per week (61.5% of boys); the same proportion of girls (61.6%) was physically active on three or more days per week (Table 6.3). This pattern mirrors the 2007 results.

A third of pupils considered themselves to be physically active although, as in the 2007 Lifestyle Survey, boys were twice as likely as girls to self-perceive this activity level. One in five girls and one in 10 boys did not consider themselves to be physically active at all (Table 6.4).

Figure 6.2 Self-perception of a 'healthy' diet by regularity of eating as a family

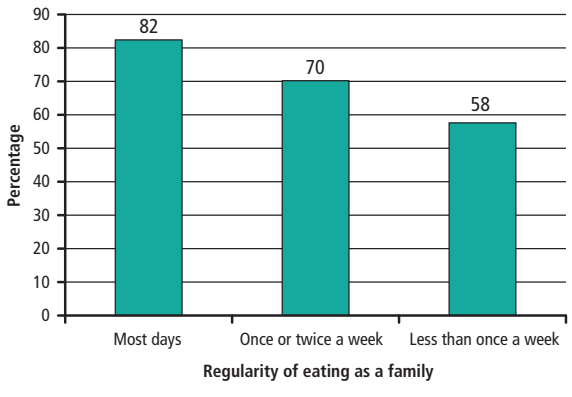
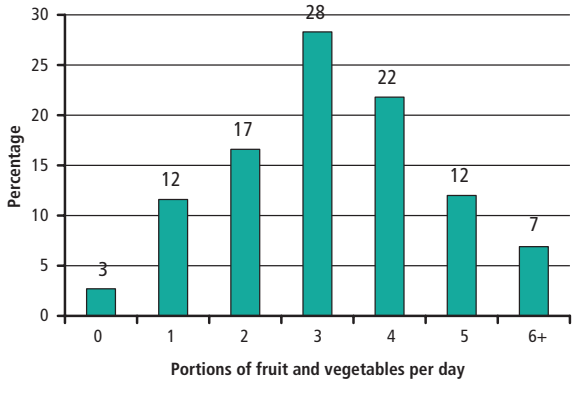


Figure 6.3 Portions of fruit and vegetables per day



> "I regularly enjoy mountain biking along the South Downs with friends"

Table 6.4 Self-perceived activity level

	Boys	Girls	All pupils
	Percentage (%)		
Very active	44.1	20.5	32.2
Moderately active	46.4	59.7	53.1
Not active	9.5	19.8	14.7
Total	**100.0**	**100.0**	**100.0**

Table 6.5 Self-perceived activity level by self-perception of weight

	Boys	Girls	All pupils
	Percentage (%)		
Very active	78.1	84.0	80.0
Moderately active	61.6	64.0	62.9
Not active	38.6	50.8	46.9

Figure 6.4 Perception of 'normal weight' by number of days of moderate physical activity for 30 minutes or more a week

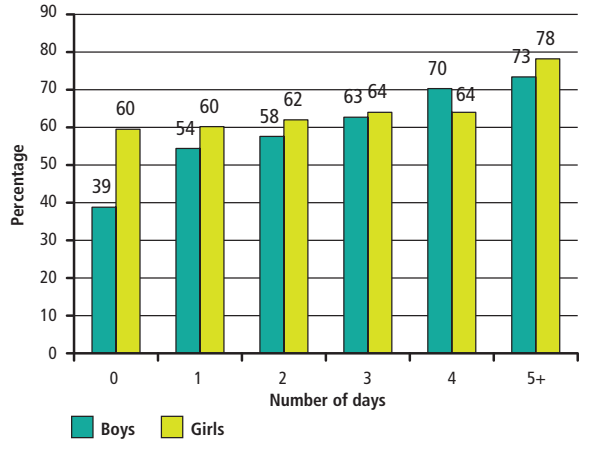
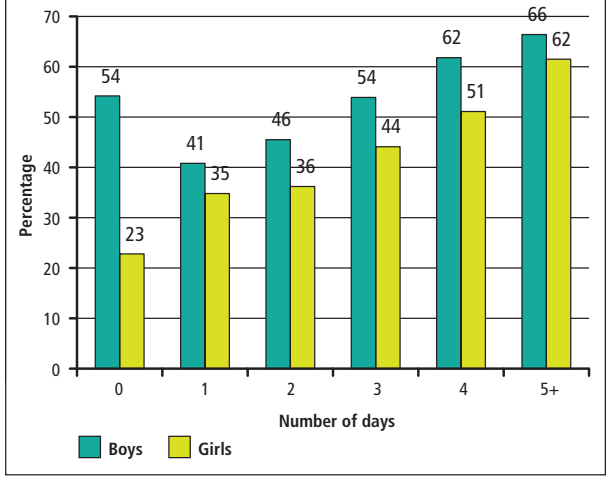


Figure 6.5 Perception of 'good health' by number of days of moderate physical activity for 30 minutes or more a week



Physical activity and weight

An increased amount of physical activity was associated with the self-perception of a normal weight (Figure 6.4). Of pupils who reported exercising on five or more days a week, 78.2% of girls and 73.4% of boys believed they were of a normal weight. This contrasts with the amount of pupils who reported getting no exercise and self-perceiving a normal weight (59.5% of girls and 38.8% of boys).

Pupils were more likely to perceive their weight as normal if they viewed themselves to be generally more active (Table 6.5). Eighty percent of pupils, who said they were 'very active', believed their weight to be normal, compared to 46.9% of those who considered themselves relatively 'inactive'. Girls were more likely than boys to consider themselves a normal weight, particular those who said they were inactive.

Physical activity and general health

As with weight, a gradient was observed for girls between the number of days of physical activity undertaken per week and self-perception of good health (Figure 6.5). Of girls exercising on five or more days, 61.5% reported good health, whereas only 22.8% of girls doing no exercise considered themselves to be in good health. The gradient for boys was not as clear as the results in the 2007 Lifestyle Survey, although the boys were still more likely than girls to perceive better general health at every level of activity.

Physical activity and diet

There was no clear relationship between physical activity and the consumption of fruit and vegetables. However, as activity levels increased, so did the proportion of pupils perceiving themselves to have a

healthy diet (Figure 6.6). A similar relationship existed between the self-perception of an active lifestyle and having a healthy diet.

Physical activity and smoking

There was an association between quantified levels of physical activity and regular smoking which was also seen in the 2007 Lifestyle Survey (Table 6.6). Of those pupils doing no exercise, 26.3% were regular smokers compared to 7.0% of pupils who took part in at least 30 minutes of physical activity on five or more days per week. Likewise, never having smoked was associated with higher levels of physical activity.

Figure 6.6 Perception of 'healthy diet' by number of days of moderate physical activity for 30 minutes or more in an average week

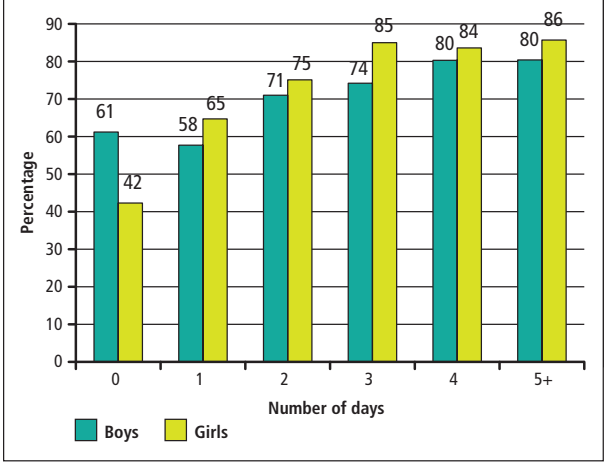


Table 6.6 Levels of physical activity and smoking habit

Days of moderate physical activity for 30 minutes or more in an average week	Regular smokers		Never smoked
	2007	2010	2010
	Percentage (%)		
0	26	26.3	3.0
1	20	16.3	7.8
2	13	10.0	15.8
3	11	6.9	21.6
4	8	6.8	20.0
5+	8	7.0	31.8

Physical activity and emotional wellbeing

As noted in the 2007 Lifestyle Survey there was a gradient between the number of days on which moderate physical activity was taken per week and feeling depressed (Figure 6.7) or feeling stressed (Figure 6.8). In general, higher levels of depression and stress were associated with lower levels of activity.

Figure 6.7 Regularly feeling depressed by number of days of moderate physical activity for 30 minutes or more a week

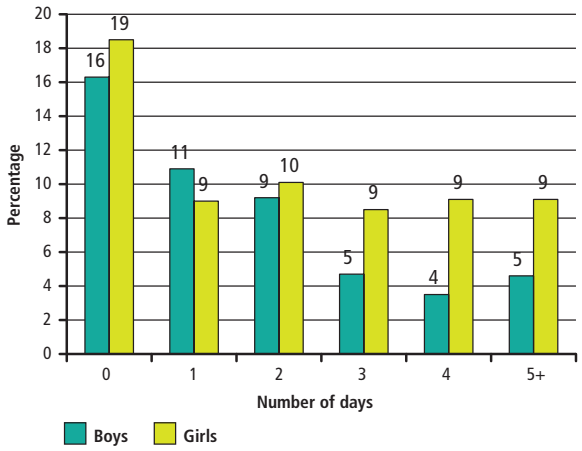
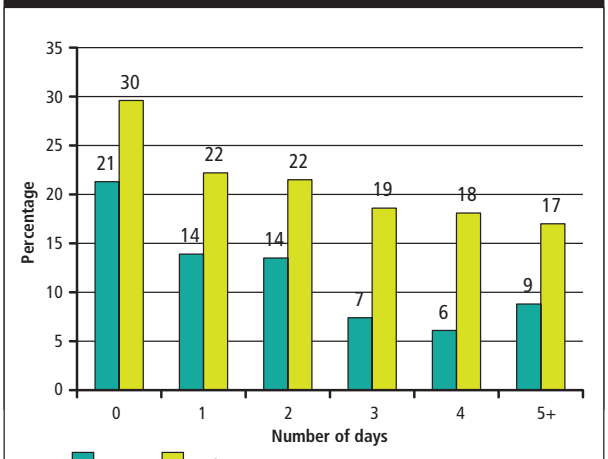


Figure 6.8 Regularly feeling stressed by number of days of moderate physical activity for 30 minutes or more a week



> “I like school just sometimes don’t feel like doing PE”

Table 6.7 Self-perceived activity level by indicator of emotional wellbeing

	Never/ hardly ever depressed		Never/ hardly ever stressed		High self-esteem	
	Boys	Girls	Boys	Girls	Boys	Girls
How active?	Percentage (%)					
Very	69.1	56.3	55.4	31.4	39.8	20.3
Moderate	53.7	42.3	41.3	25.0	23.0	8.8
Not	41.8	28.6	30.4	16.7	16.7	4.8

An increase in self-perceived activity level was also associated with increasing emotional wellbeing, with boys less likely to experience feeling depressed or stressed and reporting higher self-esteem than girls at all levels of activity (Table 6.7).

Body mass index

Body mass index (BMI) was influenced by both diet and exercise; the survey findings are considered in the Overweight and obesity chapter.

Comments

Diet

1. The 2007 Lifestyle Survey contained a question about veganism. Omission of this question for the 2010 Lifestyle Survey may have influenced the percentage of respondents declaring that they were vegetarians.

2. Among pupils who perceived themselves to have a healthy diet, over one fifth (22.2%) reported eating less than three portions of fruit and vegetables per day. Eating at least five portions of fruit and vegetables daily is recommended by the Food Standards Agency[5]

3. Almost a third of pupils did not usually eat breakfast. Missing breakfast is not recommended as it may reduce energy levels and cause young people to miss out on important dietary elements; it may even be counter to weight loss efforts[6]. The survey showed that eating together as a family may have several health benefits, including an increased likelihood of eating breakfast.

Physical activity

1. The Department of Health recommends children and young people spend at least one hour per day engaging in moderate physical activity[4]. The West Sussex Local Area Agreement also includes targets on the time young people spend doing physical activity.

2. The national PE and Sport Survey 2008/09[6] found that 42% of Year 10 pupils participated in at least three hours of high quality PE and out-of-hours school sport; the percentage for Year 10-11 in West Sussex is 38%. A national average of 101 minutes was spent by Year 10 pupils taking part in PE during a typical week, which was unchanged from 2004/05. Although a different metric is used, the percentages in this survey would tend to corroborate lower levels of activity in West Sussex, and it would be premature to comment on a possible time trend.

3. Differences in self-perception between boys and girls appear to be exaggerated for inactive pupils, with boys less inclined to consider themselves to be a normal weight but more likely to consider their health good and their diet healthy.

4. This survey lends support to the assertion that physical activity benefits both body and mind. Relationships are observed between increasing levels of physical activity and increased likelihood of normal weight, good general health, healthy diet, not smoking, not feeling depressed or stressed, and high self-esteem.

"Would like to see activity centres … such as rock climbing, abseiling, ice skating … to keep us busy"

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7 Overweight and obesity

Current national statistics indicate that about a third of UK children aged 11 to 15 years could be classified as either overweight or obese and increasing rates are widely considered 'epidemic'. Health consequences may be immediate (for example, bullying or psychological problems) or delayed with serious impacts in later life (such as heart disease, high blood pressure or diabetes).

Being overweight or obese result from the net accumulation of energy, i.e. when intake (eating) exceeds expenditure (activity). A variety of factors including genetics, ethnicity and social norms influence this energy equation, although not all factors are modifiable. Logic dictates focussing on common risk factors, such as reducing consumption of unhealthy foods and increasing levels of physical activity[1]. Being overweight in adolescence predicts poorer long-term health, irrespective of adult weight[2].

Government targets aspire to reducing childhood overweight and obesity to year 2000 levels by 2020[3]. Projections for 2020 prevalence of childhood overweight and obesity in 12 to 19-year-olds released in 2007 (44% of boys, 65% of girls) have been revised (24% of boys, 38% of girls) in the light of new data[4]. This reflects persistent uncertainties over data quality, the efficacy of various healthy eating and exercise initiatives and the best way to measure overweight and obesity.

Height

Self-reported heights were available for 1430 boys (84.0% of respondents) and 1487 girls (85.8% of respondents). Table 7.1 shows that the mean height of boys was 1.71m (1.72m in 2007) and the mean height of girls was 1.62m (as in 2007). Boys were on average 9cm taller than girls at a mean age of 15 years and four months.

Weight

Self-reported weights were available for 1360 boys (79.9% of respondents) and 1226 girls (70.7% of respondents); girls were more likely to omit their weight. Table 7.2 shows that the mean weight of boys was 61.0kg (61.7kg in 2007) and the mean weight of girls was 54.3kg (54.4kg in 2007). Boys were on average 6.7kg heavier than girls at a mean age of 15 years and four months.

Table 7.1 Mean height and 10th and 90th percentiles

	Boys	Girls
	Metres (m)	
10%	1.60	1.53
Mean	1.71	1.62
90%	1.83	1.70

Table 7.2 Mean weight and 10th and 90th percentiles

	Boys	Girls
	Kilograms (kg)	
10%	50.0	44.5
Mean	61.0	54.3
90%	74.8	63.6

Table 7.3 Self-perception of weight category

	Boys		Girls		All pupils	
	2007 (N = 2,441)	2010 (N = 1,667)	2007 (N = 2,556)	2010 (N = 1,683)	2007 (N = 4,997)	2010 (N = 3,350)
	Percentage (%)					
Underweight	9.8	11.5	4.9	4.0	7.3	7.7
Normal	67.7	66.9	63.5	65.6	65.5	66.2
Slightly overweight	17.5	15.9	24.6	23.6	21.1	19.8
Moderately overweight	3.7	4.3	4.2	4.3	4.0	4.3
Very overweight	1.4	1.4	2.7	2.4	2.1	1.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

"I would like to see more appealing healthy food options"

Self-perception of weight category

As in the 2007 Lifestyle Survey, two thirds of pupils classified themselves as having a normal weight, with 7.7% considering themselves to be underweight and 26.0% overweight (Table 7.3). Girls were more likely than boys to consider themselves to be overweight (30.3% and 21.6% respectively).

As noted in the 2007 Lifestyle Survey, pupils who perceived themselves to be overweight were less likely to provide their numeric weight (Figure 7.1).

Figure 7.1 Pupils who declined to provide their weight by self-perception of weight

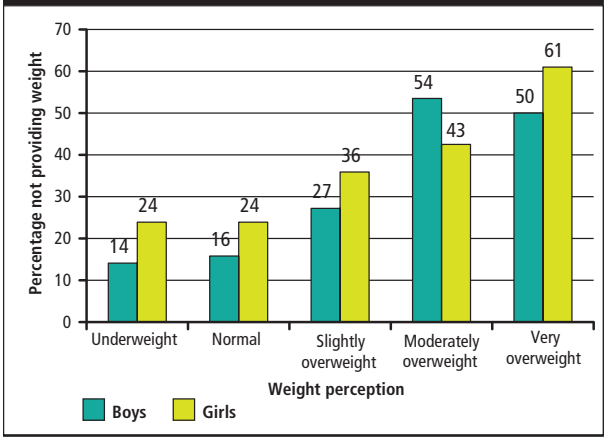


Table 7.4 Classification of weight based on UK 1990 reference data

	Epidemiological criteria	Clinical practice criteria
	Cut-off centile	
Underweight	≤ 2nd	≤ 2nd
Healthy weight	> 2nd but < 85th	> 2nd but < 91st
Overweight	≥ 85th but < 95th	≥ 91st but < 98th
Obese	≥ 95th	≥ 98th

Calculating body mass index (BMI)

Body mass index (BMI) is commonly used to assign individuals to a weight category, such as 'overweight' or 'obese'. In the case of adults, BMI is determined relatively simply by dividing the person's weight (in kilograms) by the square of their height (in metres). In the case of children, however, this ratio must be adjusted to account for the natural gains in both weight and height that occur at different rates as a child grows. This adjustment is shown in the UK 1990 reference charts for BMI, featuring cut-offs as centiles based on standard deviations from the mean, by age and sex[5].

While cut-offs at the 85th and 95th centiles are generally preferred for population monitoring and making international comparisons, in the UK different cut-offs are recommended for clinical practice[6]. The National Child Measurement Programme (NCMP) reports on the prevalence of obesity using the epidemiological criteria, but informs parents of the weight of their child by using the clinical criteria (Table 7.4).

Calculating the BMI

Self-reported heights and weights were available for 2377 pupils (68.5% of respondents). The mean BMI for boys was 20.8 (20.5 in 2007) and 20.7 (20.3 in 2007) for girls.

Using 91st and 98th centile cut-offs, 9.4% of pupils were classified as overweight and 3.6% as obese, with more boys (15.7%) than girls (8.5%) being either overweight or obese. These findings were similar to the 2007 results (Table 7.5).

Table 7.5 BMI categories by sex (91st and 98th centile cut-offs)

	Boys 2007 (N = 1,696)	Boys 2010 (N = 1,225)	Girls 2007 (N = 1,519)	Girls 2010 (N = 1,152)
	Percentage (%)			
Underweight or healthy weight	84.3	84.2	91.5	89.8
Overweight	9.3	11.5	5.9	7.2
Obese	6.4	4.2	2.6	3.0
Total	**100.0**	**100.0**	**100.0**	**100.0**

> "I think we get too much homework so never time to exercise properly and PE doesn't exactly make us out of breath"

Table 7.6 BMI categories by sex (2nd, 85th and 95th centile cut-offs)

	Boys	Girls	All pupils
	Percentage (%)		
Underweight	3.2	3.0	3.1
Healthy weight	71.7	80.7	76.1
Overweight	14.4	10.7	12.6
Obese	10.8	5.6	8.2
Total	**100.0**	**100.0**	**100.0**

Using the NICE-approved epidemiological method, with 85th and 95th centile cut-offs, 12.6% of pupils were classified as overweight and 8.2% as obese, with more boys (25.2%) than girls (16.3%) being either overweight or obese (Table 7.6).

Self-perception of weight and BMI

We asked the pupils how they viewed their own body weight (Table 7.7). Of the 517 pupils who perceived themselves to be overweight (slightly, moderately, or very) and upon whom a BMI could be calculated, 38.1% were categorised as overweight or obese (BMI ≥ 91st centile). Some pupils considered themselves to be overweight when they were not (13.7%), while a smaller proportion of pupils considered themselves as underweight or of normal weight when they were actually overweight or obese according to their BMI (4.7%).

Boys who were overweight or obese by BMI category were more likely than girls to consider themselves to be underweight or of a normal weight. This is illustrated in Figure 7.2 (boys) and Figure 7.3 (girls).

Figure 7.2 Self-perception of weight by BMI category (boys)

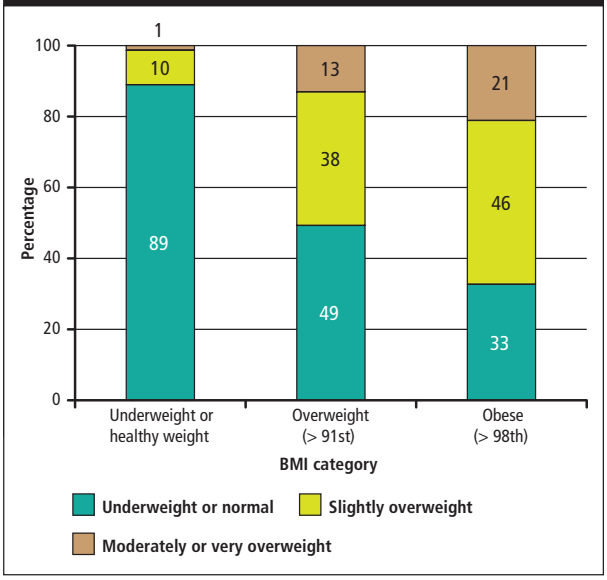


Figure 7.3 Self-perception of weight by BMI category (girls)

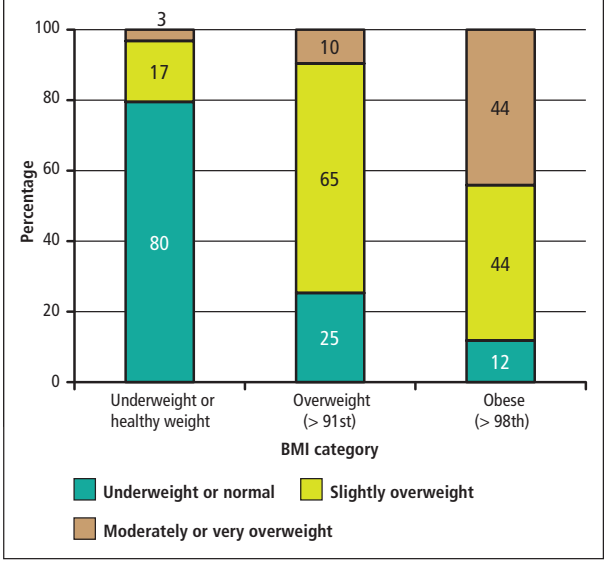
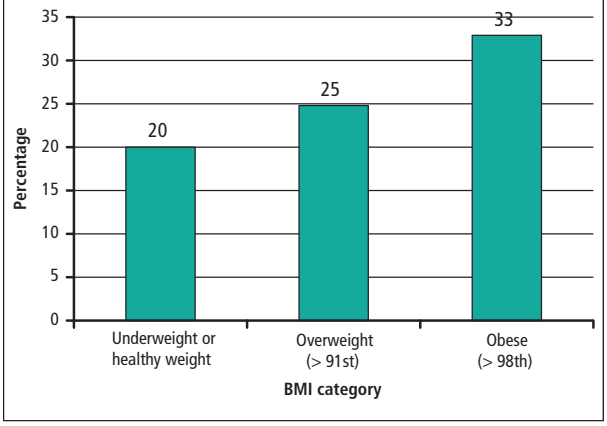


Table 7.7 Self-perception of weight and BMI

	Underweight or healthy BMI		Overweight or obese BMI (> 91st centile)		Total	
	N	(%)	N	(%)	N	(%)
Underweight or normal self-perception	1,712	73.2	110	4.7	1,822	77.9
Overweight self-perception	320	13.7	197	8.4	517	22.1
Total	**2,032**	**86.9**	**307**	**13.1**	**2,339**	**100.0**

"I eat and drink very unhealthily, but I see no effect on my body. This is why I'm not concerned"

Figure 7.4 Self-perception of an 'unhealthy' diet by BMI category



Relationship of diet and exercise to BMI

There was a relationship between BMI category and the percentage of pupils who perceived their diet to be unhealthy. A third of obese pupils had an unhealthy diet compared with a fifth of underweight or normal weight pupils (Figure 7.4).

No clear relationships were found between BMI category and fruit and vegetable consumption, eating breakfast, or following a vegetarian diet. As was the case in the 2007 Lifestyle Survey, no relationship was found between BMI and physical activity.

A relationship existed between time spent watching TV and weight. Just over 12% of underweight or normal pupils watched three to five hours of TV per school night compared to 14.3% of overweight and 22.1% of obese pupils. No relationships were evident between BMI category and smoking, alcohol or cannabis use, time spent gaming or on the Internet, or living in a deprived area.

Comments

1. BMI is derived from self-reported height and weight, but even when based on actual measurements it is an imperfect estimate[7]. It is not a direct measure of body fat and healthy fit children can record BMIs above the overweight cut-offs. Large athletes (i.e. rugby players) are mainly recorded as obese using this method.

2. We have attempted to illustrate the potential problem of misclassification caused by using different cut-offs and explain some of the difficulties in comparing prevalence of overweight and obesity between studies.

3. Children are assigned a weight category based upon either a clinical or an epidemiological cut-off point for their age. For population monitoring, lower thresholds (85th and 95th centiles) help ensure everyone who might be overweight or obese is recorded, but risk over-estimating the size of the problem. For the purpose of this survey, we used the UK reference charts to estimate levels of pupils who were overweight and obese (91st and 98th centiles). The same criteria are used when health professionals do not want to falsely classify a specific child as overweight or obese, but risk under-estimating the size of the problem.

> “Many girls my age suffer or have suffered from eating disorders such as bulimia or anorexia. There isn’t enough support available for people to go to if they need help, or there isn’t enough help advertised”

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8 Leisure time

British children spend roughly 35 hours a week going to school. The remainder of their time is spent either completing homework or engaged in whatever activity is available to them. This 'leisure time' could be spent in any range of activities, but more than anything else, children spend much of their young lives watching television shows, playing video games or exploring the internet.

When children group together to socialise in the streets, their large numbers can cause worry for some local residents who may perceive them as troublemakers[1]. In the 2007 Lifestyle Survey, we found a correlation between how late a child was expected home at night and the occurrence of illicit behaviours such as binge drinking or substance use. Similar correlations have incurred interest in other areas of the country[2].

To assess how much of a pupil's out-of-school time is spent focused in any one area, they were asked a range of questions regarding their access to television, the internet, social networking programmes and mobile phones. These answers were then analysed in conjunction with other factors, such as exercise, mood and family.

Watching television

Most boys (80.6%) and girls (67.3%) had televisions in their bedrooms. Figures in this survey show that girls were spending more of their time watching TV during the week than boys, but this evened up during the weekend (Figure 8.1). Over 40% of all pupils watched between one and three hours of TV most days of the week.

Pupils with a TV in their bedroom were likely to spend much more of their time watching it than those without (Figure 8.2). For example, those who had a TV in their room were more likely to spend three to five hours watching it on a weeknight (13.9%) than those who had not (10.7%); and those with a TV in their room were more likely to spend five or more hours watching it on a weekend (9.0%) than those who had not (6.5%).

Only 7.6% of pupils reported watching no TV during the week and only 8.8% at the weekend. This was up from the 3% during the week that was reported in the 2007 Lifestyle Survey.

Playing computer games

As the market for computer games is increasing in the UK, we asked the pupils how much time they spent playing video games. There was little difference between the time spent playing computer games during the week and at the weekend, with only slightly more pupils playing the games for longer periods of time at the weekend.

Figure 8.1 Time pupils spend watching TV on weekday and weekend day

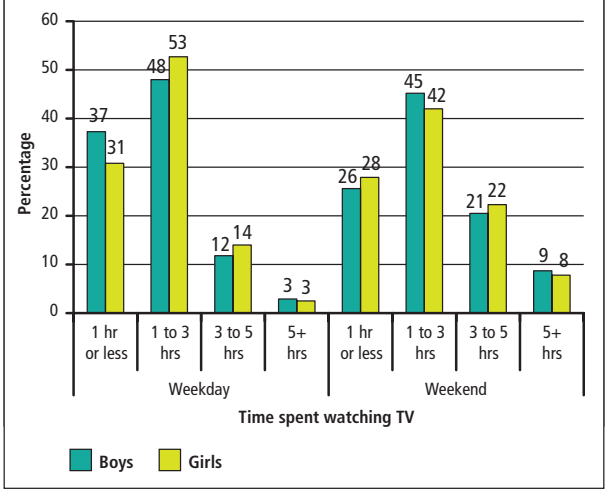
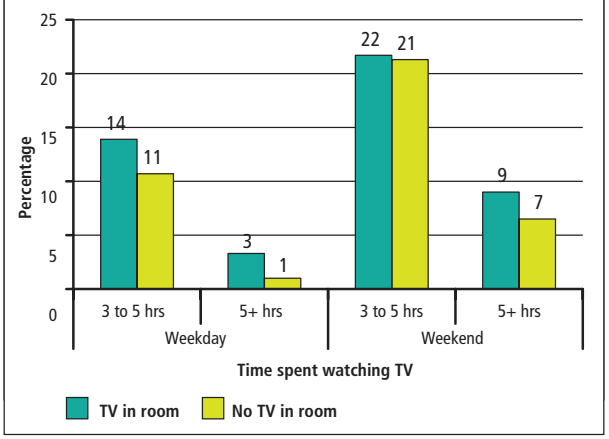


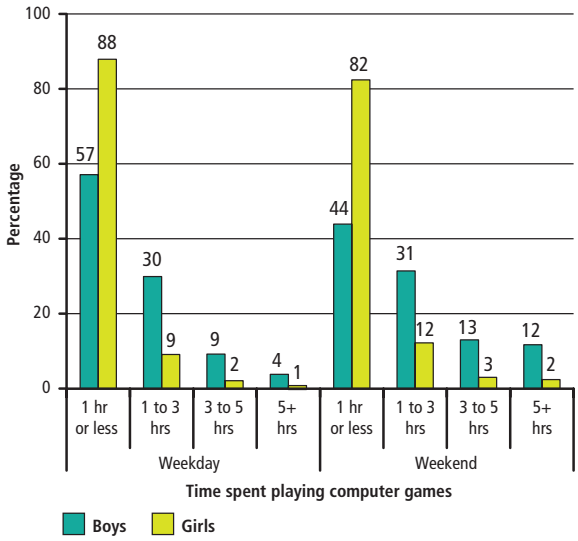
Figure 8.2 Time pupils spend watching TV if the child has one in their bedroom



> “Teachers judge us too much; if we are out after 10pm on a weekend they think our parents are bad parents!”

Boys were much more likely to spend time playing computer games than girls. Figure 8.3 shows that on an average day 42.9% of boys spend at least an hour playing games, compared to only 12.0% of girls. Some 24.7% of boys reported spending three or more hours playing the games on a typical Saturday or Sunday.

Figure 8.3 Time pupils spend playing computer games on a weekday and weekend



Use of the internet

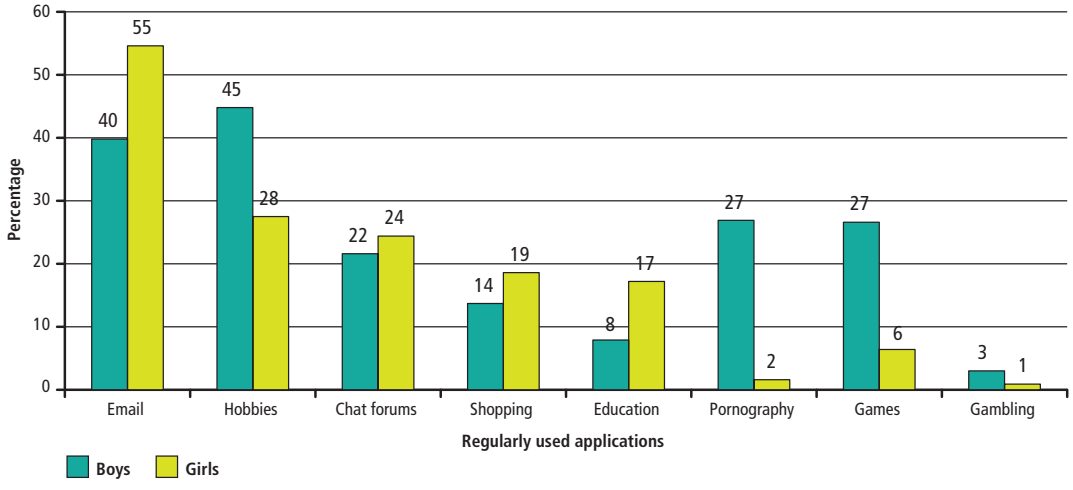
To understand the way children are using the internet, we asked the pupils how often they used each of the more common types of applications available online. Figure 8.4 shows the percentage that reported regularly using each application.

There was a wide variation between boys and girls in the regular use of the internet, from games and networking to pornography. Girls were most likely to spend their regular internet time on emails (54.6%), chat forums (24.4%) and exploring other hobbies (27.5%). Boys were most likely to spend their time on hobbies (44.8%), emails (39.8%), pornography (26.9%) and playing games (26.6%). There was little variation in the reported use of the internet for those who had their own computers or laptops in their bedrooms.

Most boys (73.5%) and girls (88.0%) regularly used social networking sites like Facebook and Myspace to interact with others. These figures are similar to those for the use of instant chat programs like MSN messenger (76.9% of boys and 86.4% of girls).

Unlike television and computer game use, girls' use of the internet increased during the weekend: the number of girls spending three to five hours online rose from 3.0% to 19.8% and the number of girls spending five or more hours online rose from 2.4% to 14.4%. The boys' time spent on the internet remained consistent throughout the week.

Figure 8.4 Applications pupils regularly use on the internet



> "There is nothing to do outside of school. All there is is watching TV and playing games"

Table 8.1 Time usually expected to be home at night

	Weekday				Weekend			
	LNIA		Non-LNIA		LNIA		Non-LNIA	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	Percentage (%)							
Around 9pm or before	52.0	61.7	53.3	56.3	13.8	22.5	13.6	13.6
Around 10pm	33.1	26.7	34.1	33.4	26.4	25.4	27.1	24.5
Around 11pm	11.4	8.3	10.3	8.2	31.0	30.8	31.6	39.5
11pm or after	3.4	3.3	2.3	2.1	28.7	21.3	27.7	22.4
Total	**99.9**	**100.0**	**100.0**	**100.0**	**99.9**	**100.0**	**100.0**	**100.0**

Pornography and drugs

As with the results of the 2007 Lifestyle Survey, a clear link for both sexes was found between regular cannabis use and watching pornography. Amongst pupils who never smoked cannabis, 68.0% never watched pornography and 10.5% watched it regularly. Amongst those who regularly took cannabis, those who never watch pornography decreased to 39.4% and those who regularly watched it increased to 35.2%.

Time expected to be home at night

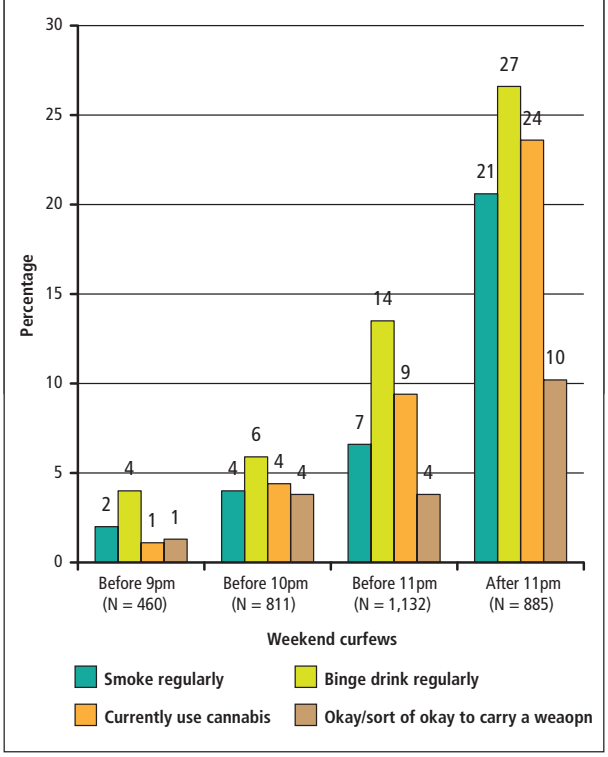
The pupils were asked by what time they usually had to be home on a weekend and weekday night (Table 8.1). These results were analysed by sex and by whether or not the pupil lived in a designated LNIA.

Generally, in LNIAs girls were required to be home earlier than boys, but in non-LNIAs there was little difference between the sexes. Additionally, girls in LNIAs were expected to be home earlier than girls in non-LNIAs, but there was little difference in the home times for boys. There was a noticeable difference in weekend and weekday home times, with a five-fold increase in those allowed to be out until 11pm on a weekday and after 11pm at the weekend.

Time expected home and risk-behaviours

As with the 2007 Lifestyle Survey, there was a strong relationship between the time a pupil was expected to be home and their lifestyle. The later they were allowed to be out at the weekend, the more likely the pupils were to smoke, binge drink, smoke cannabis and believe that it is acceptable to carry a weapon like a knife (Figure 8.5). Those who were at home by 9pm or 10pm were highly unlikely to be engaged in these high-risk behaviours and attitudes.

Figure 8.5 Percentage of pupils with selected behaviours/attitudes by the times they are expected home on a weekend



> “It’s difficult being a teenager. Everyone’s been through it, so why do adults associate teenagers with babies, knives, guns etc.?”

Comments

1. Although a causal relationship cannot be confirmed, 14 to 15-year-olds were less likely to report engaging in illicit or antisocial behaviours, if they had an earlier curfew at the weekend.

2. Girls in LNIAs were more likely to have to be home early, but otherwise there was little difference in the times pupils had to be home at night.

3. Private access to televisions and computers in a bedroom seems to be associated with an increase in use. Those pupils without their own TV were generally more likely to spend their time doing other things.

4. During the weekend, all pupils spent an increased amount of available time with electronic media, suggesting they spend much of their weekends indoors.

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9 Bullying

Bullying is the intentional and often repetitive infliction of harm on another. It can be either physical (hitting or taking belongings) or psychological. Psychological bullying can comprise verbal abuse or indirect behaviours such as spreading rumours, social exclusion or cyber bullying using mobile phones and networking websites. Bullying can be driven by any personal characteristic of someone who can be viewed as different, or simply occur for no obvious reason.

Bullying affects both the perpetrator and the victim. For the victim, bullying can destroy their sense of security, confidence and self-esteem resulting in isolation, under-achievement and deterioration of mental wellbeing. Bullying can also cause progressive emotional harm for the bully and lead to other anti-social behaviour.

Bullying is mentioned explicitly as an aim under two of the five "Every Child Matters Outcomes" ('Be Safe' and 'Make a Positive Contribution') but can impact on the other three. In addition, each school is required to have an effective anti-bullying policy to achieve National Healthy School Status.

Every Child Matters Outcomes:

1. **Be Healthy**
2. **Stay Safe**
   Aim: Safe from bullying and discrimination
3. **Enjoy and Achieve**
4. **Make a Positive Contribution**
   Aim: Develop positive relationships and choose not to bully or discriminate
5. **Achieve Economic Wellbeing**

In 2007 the Government launched 'Safe from Bullying', which focused on bullying in the community and in particular cyber bullying.

The 'West Sussex Action Against Bullying Strategy 2008-2011', the 'West Sussex County Council Anti-bullying Policy' and the 'West Sussex Action Against Bullying Guidance' outline priorities and give guidance for tackling bullying across the county.

The national TellUs2 survey conducted by Ofsted in 2007 found that 23% of Year 10 pupils had been bullied during the previous four weeks, compared with 31% of Year 8 pupils and 34% of Year 6 pupils.

Figure 9.1 The main form of bullying that victims experience

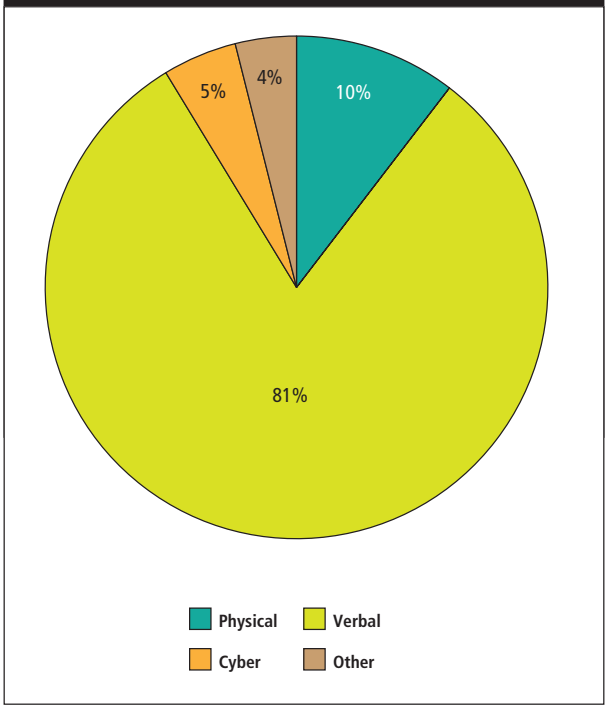


Table 9.1 Have you been bullied at school during the past year?

	Boys		Girls		All pupils	
	N	(%)	N	(%)	N	(%)
Yes	323	19	311	18	636	19
No	1,344	81	1,403	82	2,747	81

“Not enough is done to stop verbal bullying”

Figure 9.2 Pupils who have been victims of bullying in the past year by self-perception of weight

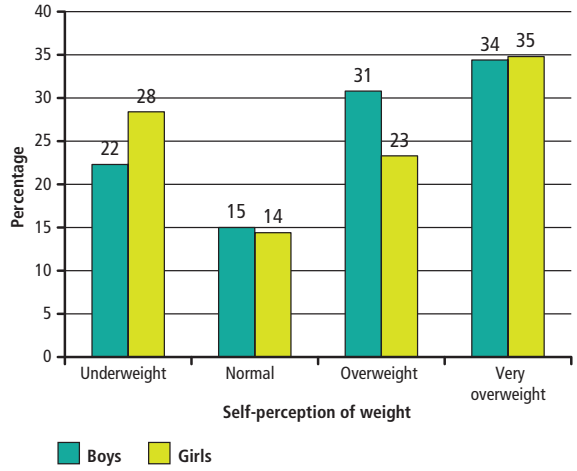
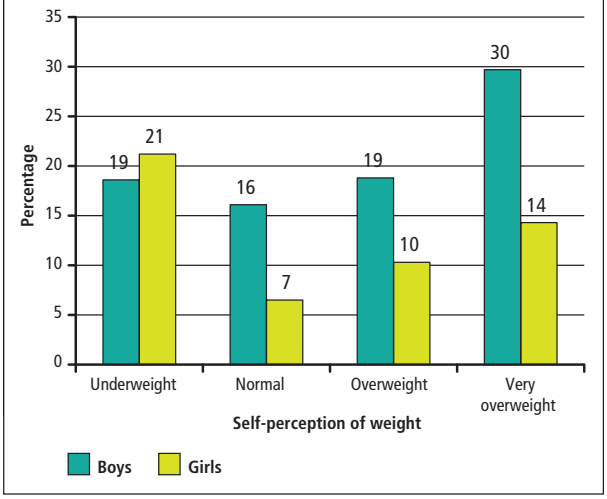


Figure 9.3 Pupils who have perpetrated bullying in the last year by self-perception of weight



Pupils bullied at school during the previous year

Of the pupils surveyed, 19% had been bullied during the previous year, which was slightly less than the 21% reported in the 2007 Lifestyle Survey (Table 9.1). Equal proportions of boys and girls reported being victims of bullying. A third of the pupils who had been bullied stated that it took place weekly (33%) and a fifth reported being bullied every day (18%). The majority of the bullying took place at school (89%) and the main form of bullying was verbal abuse, as shown in Figure 9.1.

Pupils who have bullied someone at school in the last year

The percentage of pupils who admitted to bullying others (13.0%) in this survey was lower than the 20.0% of pupils who admitted to bullying in the 2007 Lifestyle Survey. Boys were twice as likely as girls to have bullied someone (Table 9.2).

Self-perception of health and weight

Pupils who rated their health over the last year as not good were twice as likely to have been bullied (31%) as those who rated their health as good (15%).

Figure 9.2 shows that pupils who perceive themselves to be very overweight were the most likely to have been victims of bullying, although even one in six pupils who thought they were a normal size reported having been a victim at some point. Overweight boys and underweight girls were the most likely of each sex to admit to bullying other pupils at some stage (Figure 9.3).

Family

Figure 9.4 illustrates the relationship between family structures and a pupil's experience of bullying others. Pupils with both natural parents were the least likely to have bullied others at school (10.5%).

Table 9.2 Have you bullied someone at school during the previous year?

	Boys		Girls		All pupils	
	N	(%)	N	(%)	N	(%)
Yes	286	18	143	8	432	13
No	1,549	82	1,346	92	2,895	87

> "There are bullies that seem to have this insane ability to take the mick and still act innocent. They are the real problem"

Alcohol, smoking and cannabis

There was no relationship between a pupil's experience of having been a victim of bullying and alcohol consumption. However, pupils who consumed alcohol regularly (27%) were almost four times as likely to have bullied others as those who rarely consumed alcohol (7%). In addition, smokers were more than twice as likely (24%) to bully others as non-smokers (9%) and pupils who had used cannabis were almost three times as likely (27%) to have bullied others as those who had never used cannabis (10%).

Where pupils live

Pupils who rated the safety of the area they lived in as bad were more than twice as likely to be victims of bullying (44%) or perpetrators of bullying (41%) as those who rated the daytime safety of their area as good (17% and 11% respectively).

A quarter of pupils living in LNIAs had been victims of bullying during the past year compared with 18% in other areas. In comparison, 15% of the pupils living in LNIAs had bullied someone else, compared with only 12% living in other areas.

Having been a victim and bullying others

Pupils who had been victims of bullying were more than twice as likely to bully others as those who had not been victims (Table 9.3).

Figure 9.4 Pupils who have perpetrated bullying in the past year by family structure

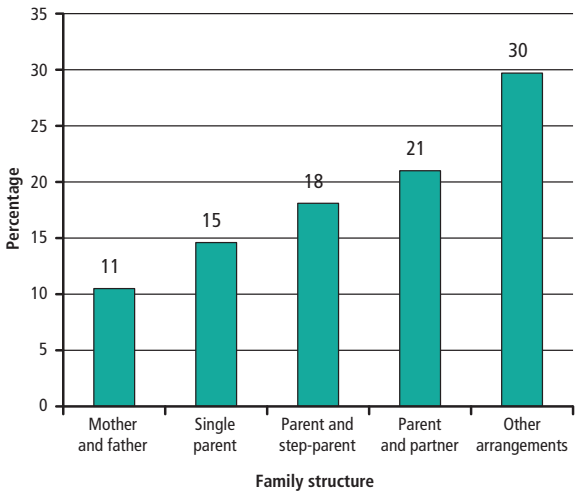
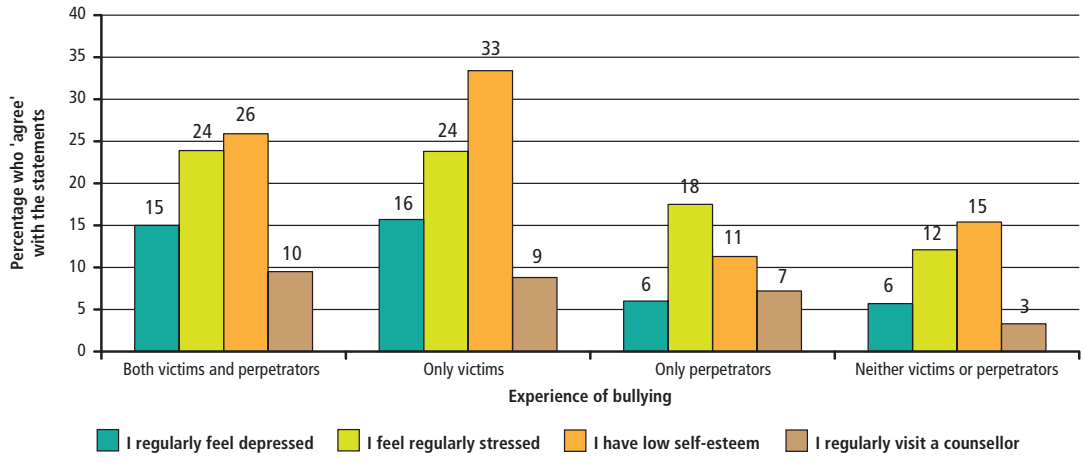


Table 9.3 Victims crossed with perpetrators of bullying in schools

	Have been a victim of bullying	Have not been a victim of bullying
	Percentage (%)	
Have perpetrated bullying	25.7	10.0
Have not perpetrated bullying	74.3	90.0
Total	**100.0**	**100.0**

Figure 9.5 Pupils' emotional wellbeing by experience of bullying



> “...People who have made your life a misery get off scot-free”

Emotional wellbeing

Each group from Table 9.3 was looked at further to assess the effects of bullying on a pupil's wellbeing (Figure 9.5). The two groups of pupils who had been victims were more than twice as likely to regularly feel depressed as the two groups with no experience of being victims. The group of pupils who had been victims only was three times as likely to have low self-esteem as the group of pupils who had been perpetrators. In addition, the group who were only perpetrators was less likely to have low self-esteem than the pupils who had no experience of bullying at all.

The relationship between experience of bullying and truancy is discussed in the truancy chapter.

Comments

1. There has been a slight reduction in the number of pupils admitting to being a bully or being victims of bullying since the 2007 Lifestyle Survey.
2. The way pupils see themselves was connected to their bullying experience. Those who viewed themselves as 'of a normal weight' were least likely to perpetrate, or be victims of, bullying. These pupils are the least at risk, but are still victims to the amount of one in six.
3. Verbal bullying strongly outweighed other forms of abuse. As the emotional and personal damage of bullying is so widespread, it must be assumed that much of this is caused by verbal bullying, rather than observable physical abuse.
4. Those pupils who reported being either victims or bullies themselves were much more likely to state they felt unsafe in the local areas where they live, although LNIAs specifically do not greatly increase reported bullying.

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8. *West Sussex Action Against Bullying Guidance.*
9. *http://www.westsussex.gov.uk/aab*

10 Truancy

Any intentional unauthorised absence from school is termed truancy. Truancy is related to a poor attitude to learning and a general disaffection with school[1]. It has been shown that pupils who have played truant are less likely to be in further education, training or employment after they are 16 years old[2]. Truancy is also associated with drug use, anti-social behaviour and increased offending[3].

Schools are required by law to record the attendance for all sessions and whether or not an absence has been authorised by the school. The latest national truancy figures for the autumn term 2008 and the spring term 2009 show an overall absence rate in secondary schools of 7.3%[4]. Of this, 1.5% is due to unauthorised absences.

The Children's Plan set a target of no more than 5% of secondary school pupils as persistent absentees within each local authority by 2011.

(Persistent absentees are defined as missing greater than 20% of all sessions due to authorised or unauthorised absences)

Behaviour and attendance partnerships have been set up to reduce disruptive behaviour and persistent absenteeism through schools learning from one another. These align with local safer school community partnerships, which have succeeded in making pupils feel significantly safer in schools in West Sussex. However, they have not impacted on truancy rates despite national evidence of a significant link between Safer Schools Officers and increases in attendance. Truancy sweeps are conducted randomly throughout the year by the WSCC Education Welfare Service and Sussex Police.

During the 2008/2009 academic year, West Sussex County Council Education Welfare Officers and Sussex Police stopped or visited 218 children as part of truancy sweeps and returned 85 to school.

(Ref - West Sussex County Council 2009)

It is the local authority's responsibility to identify any pupils with poor school attendance. Various interventions can be used depending on the individual case. Most commonly, the parent agrees through a voluntary parenting contract to receive support from the state. Alternatives involve compulsory parenting classes or receiving fines and possible imprisonment.

In state-funded secondary schools in West Sussex during the autumn term 2008 and spring term 2009:

- *7.21% of sessions missed due to overall absence*
- *6.24% of sessions missed due to authorised absences*
- *0.96% of sessions missed due to unauthorised absence*
- *5.40% of enrolments were persistent absentees*

(Persistent absentees are defined as missing greater than 20% of all sessions due to authorised or unauthorised absences)

(Ref – DCSF 2009)

Pupils who have played truant during the previous year

The survey asked pupils whether they had played truant from or 'bunked off' school during the past year. Combining the responses of both boys and girls, 29% answered 'yes', which was slightly higher than the 27% from the 2007 Lifestyle Survey.

Family structure

Truancy rates were examined by family structure (Figure 10.1). Pupils within the 'other arrangements' group had the highest rate of truancy (45%), while pupils who lived with their natural parents were the least likely to play truant (23%).

> “As school takes up so much of your time it can be tiresome and unenjoyable”

Table 10.1 Have you played truant from school during the previous year?

	Boys		Girls		All pupils	
	N	(%)	N	(%)	N	(%)
Yes	474	29	490	29	964	29
No	1,170	71	1,208	71	2,378	71

Figure 10.1 Truant in the last year by family structure

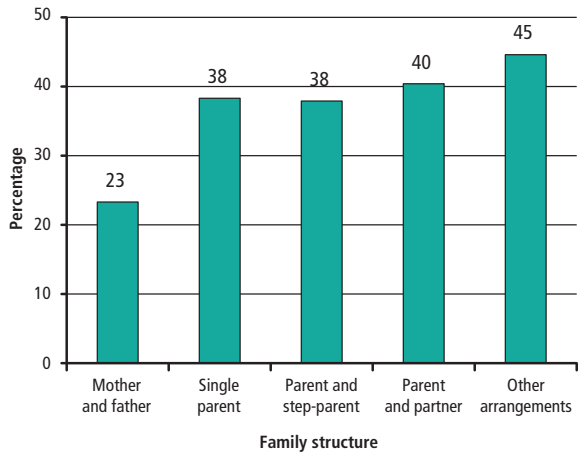
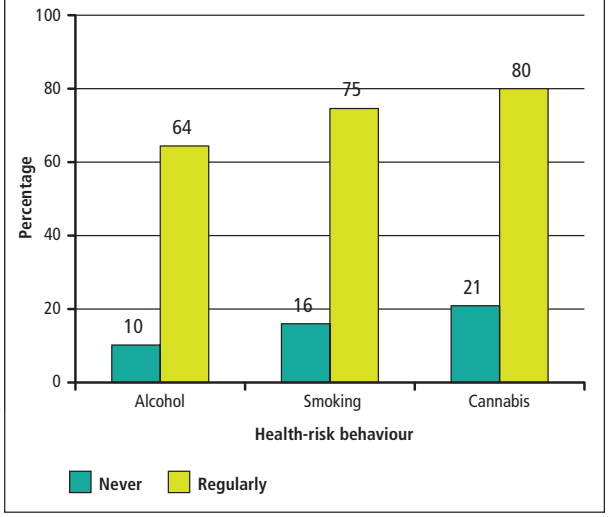


Figure 10.2 Truant in the last year by regularity of risk behaviour



Local Neighbourhood Improvement Areas (LNIAs)

There was little difference in the proportion of pupils who lived in the LNIAs and played truant (31%) and those who lived in other areas and played truant (27%).

Alcohol, smoking and cannabis

There was a strong relationship between truancy and high risk behaviours (Figure 10.2). Pupils who regularly drank alcohol were six times more likely to have played truant than those who rarely drank. Those who regularly smoked were five times more likely to have played truant. Similarly, whilst 80% of pupils who regularly use cannabis had played truant during the previous year, it was only 21% for pupils who have never used cannabis. Of the three risk behaviours, regular cannabis use was the greatest risk factor for truancy.

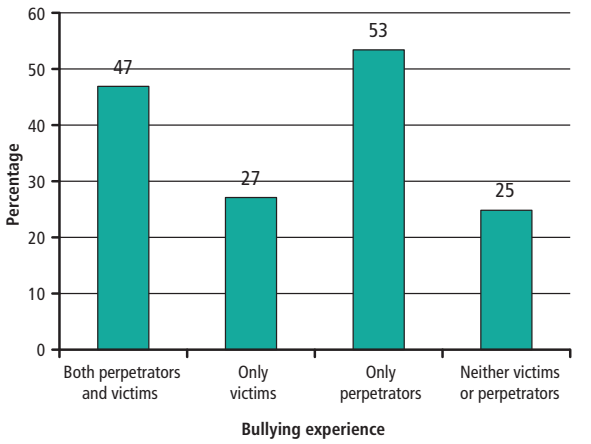
Truancy and bullying

Those pupils who had bullied others were far more likely to play truant from school (Figure 10.3). Bullies were much more likely to have played truant in the past year (53.4%) than those who had been victims (27.1%). Those who had been only victims of bullying were slightly more likely to have played truant than those with no experience of bullying. This suggests that being a victim had little effect on the likelihood of a pupil playing truant. Similarly, those who had perpetrated bullying were highly likely to have been truant whether they had been a victim themselves or not.

In addition, different forms of bullying led to different truancy rates: 44% of pupils bullied by physical abuse had played truant compared with 30% of pupils who had been bullied by verbal abuse.

> “School can be a really hard place to be sometimes, the peer pressure builds up until it’s really hard to cope and you feel like you don’t matter”

Figure 10.3 Truancy by pupils’ experience of bullying



Truancy and mental wellbeing

Truancy rates appear to be a clear indicator of the mental wellbeing of a child. Pupils who had played truant were more likely to regularly feel depressed, regularly feel stressed, have low self-esteem and regularly visit a counsellor than pupils who had not played truant, as illustrated in Figure 10.4.

Truancy and pupils’ views, opinions and perceptions

The opinions of pupils who had played truant were consistently different from those who had not played truant. Truants were less likely to think it is really wrong to lie or disobey parents, teachers or other adults, to steal something worth less than £5 or £50, to hit someone with the intention of hurting that person, or to carry a weapon.

Truancy and attitude to school

Pupils who had played truant had a more negative attitude to school than other pupils. Those who had not played truant were more than twice as likely to strongly agree with the statement ‘I try hard at school’ as pupils who had played truant. On the other hand pupils who had played truant were almost three times as likely to strongly agree with the statement ‘I don’t care what teachers think of me’ as pupils who had not played truant (Figure 10.5).

Figure 10.4 Factors of mental wellbeing by truancy in the last year

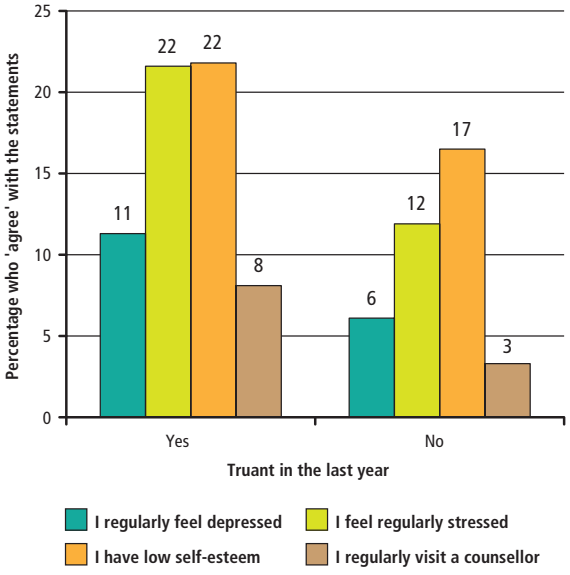
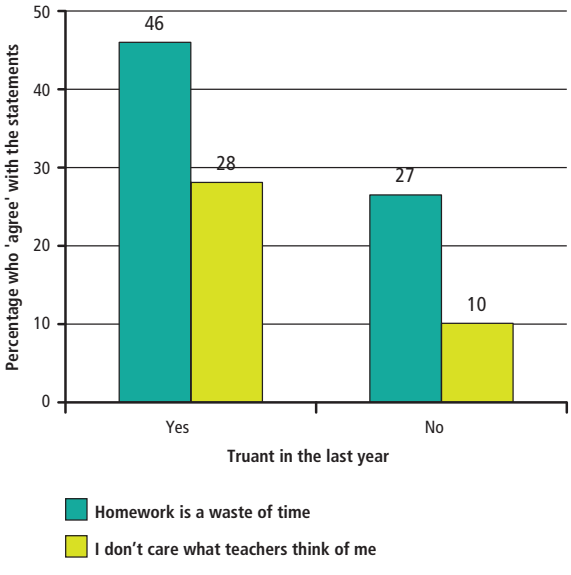


Figure 10.5 Attitudes to school by truancy in the last year



> “Sometimes I feel like there’s no point in going to school because it makes you feel bad, so I sit in the toilet”

Comments

1. There has been a slight increase in the number of pupils who admitted they had played truant during the previous year, compared with the 2007 Lifestyle Survey.
2. There was an association between truancy and other risk behaviours, such as regular alcohol consumption, smoking and cannabis use.
3. Pupils who had been truant from school were more likely to be suffering from low emotional wellbeing in areas of stress, depression and self-esteem.
4. There was an association between bullies and increased truancy. Being a victim of bullying was not associated with an increase in truancy, unless the bullying was frequent or physical.
5. Truants had a more negative attitude to school, as well as opinions consistent with a lack of respect for social values.

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11 Emotional wellbeing

There is a possibility that any teenager might feel depression, increased anxiety, or low self-esteem during their adolescent transition into adulthood. During early adolescence children develop new cognitive faculties that enable them to view themselves with a new self-consciousness which may leave them feeling isolated and overly self aware. What is avoidable, however, is over-exposure to risk factors which may exacerbate a troubled development and put the child at risk of developing poor mental or emotional wellbeing which may last into adulthood[1].

The key psychological goal of adolescence is to develop a concept of one's identity[2]. In exploring this, a child might immerse themselves in differing roles or personalities (classically referred to as "going through a phase"). In this chapter we intend to create an image of the current state of mental wellbeing in the youth of West Sussex and to isolate areas of their lifestyle which may unnecessarily increase a negative mental state.

The survey included a range of questions designed to assess the self-perceived emotional wellbeing of young people, rather than measuring clinical depression. Pupils were asked how often they suffered from stress and how often they felt depressed or held themselves in low esteem.

Stress and feelings of depression

Table 11.1a shows that girls (19.8%) were twice as likely as boys (9.2%) to report regularly feeling stressed, which was similar to the rates reported in 2007 (18% and 10% respectively).

Table 11.1a Self-perceived stress

	Boys (N = 1,667)	Girls (N = 1,715)
	Percentage (%)	
Regular feelings of stress within all pupils	9.2	19.8

Girls were more likely to report regularly suffering from feelings of depression (9.6%) than boys (5.6%), and the result was similar to that reported in the 2007 Lifestyle Survey (boys 5% vs girls 11%).

Table 11.1b Self-perceived depression

	Boys (N = 1,669)	Girls (N = 1,714)
	Percentage (%)	
Regular feelings of depression within all pupils	5.6	9.6

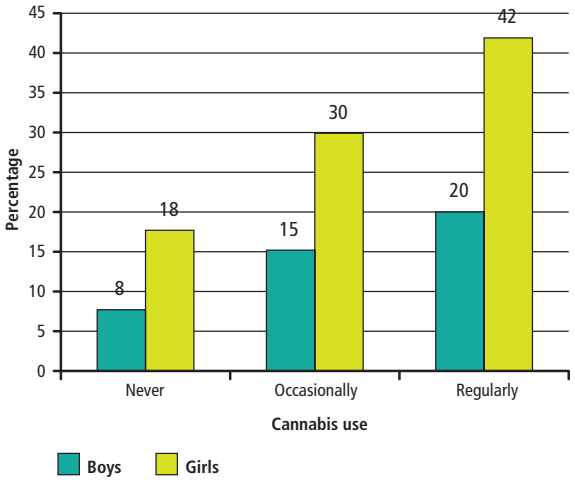
Stress and cannabis use

Figure 11.1 shows a strong relationship between cannabis use and stress. In particular, girls who regularly use cannabis had a high level of regular stress and reported more than double the rate of stress compared with those who had never used the drug.

Feelings of depression

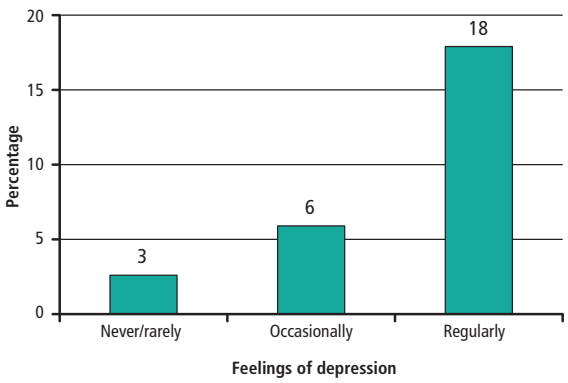
Feelings of depression had a strong correlation with how pupils perceived their health. Figure 11.2 shows self-perceived bad health status by the frequency of feeling depressed. Poor health and depression appear to rise hand-in-hand.

Figure 11.1 Feelings of regular stress by regularity of cannabis use



> "I am mostly enjoying my life so far and believe that I will succeed in getting a reasonably good education"

Figure 11.2 Reports of poor health by feelings of depression



When asked about their relationship with their parents, the level to which a pupil agreed with the statement "I spend enough time with my parents" showed a strong correlation with how often they felt depressed. For instance, of those who reported never/rarely feeling depressed, 4% disagreed with the statement, which rose to over 19% for those who regularly felt depressed (Figure 11.3).

Self-esteem

As in the previous survey, respondents were asked 'How would you describe your self-esteem, that is, how you feel about yourself?'

Girls were more than twice as likely to suffer from feelings of low self-esteem (25.4%) as boys (10.3%) as seen in Table 11.1c.

Figure 11.4 shows low self-esteem by family group for boys and girls. For both sexes, pupils living with a parent and partner reported the highest rate of low self-esteem (boys 15.9% and girls 41.7%).

Self-esteem by cannabis use

Figure 11.5 shows low self-esteem by cannabis use. Over a third of girls who currently use cannabis (34.5%) said that they were suffering from low self-esteem compared with 12.2% of boys.

Figure 11.3 Spending enough time with parents by feelings of depression

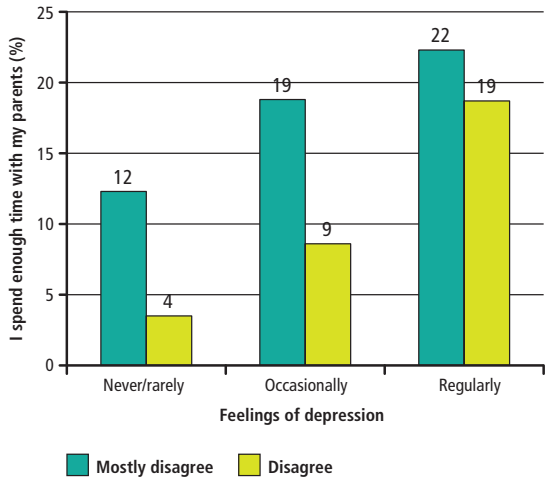


Table 11.1c Reported self-esteem

	Boys (N = 1,654)	Girls (N = 1,704)
	Percentage (%)	
Regular feelings of low self-esteem within all pupils	10.3	25.4

Figure 11.4 Reports of low self-esteem by family structure

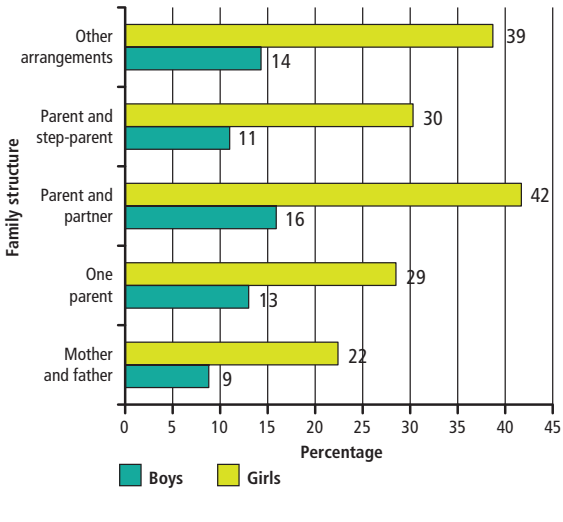


Figure 11.5 Reports of low self-esteem by experience with cannabis

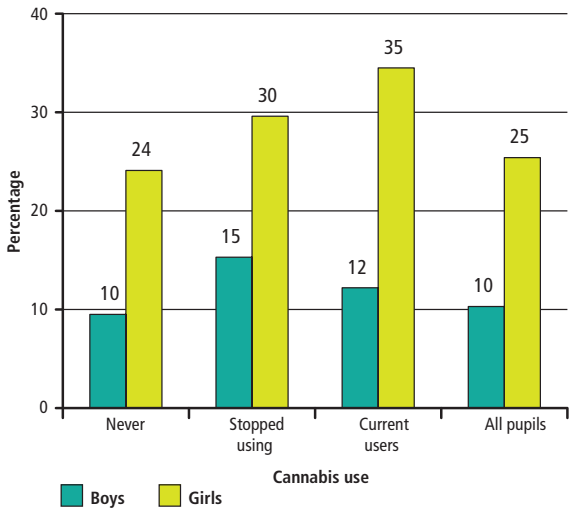
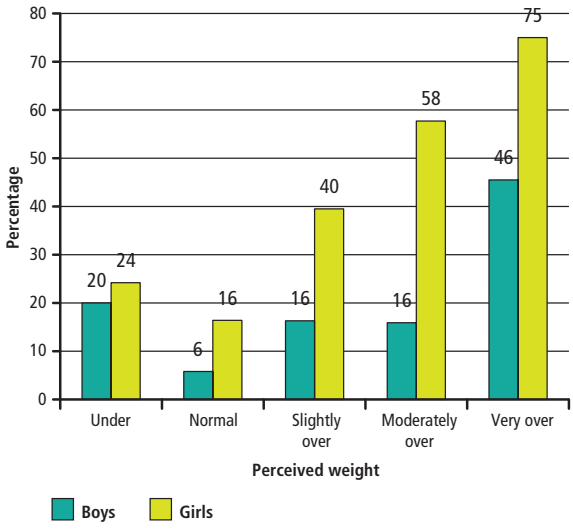


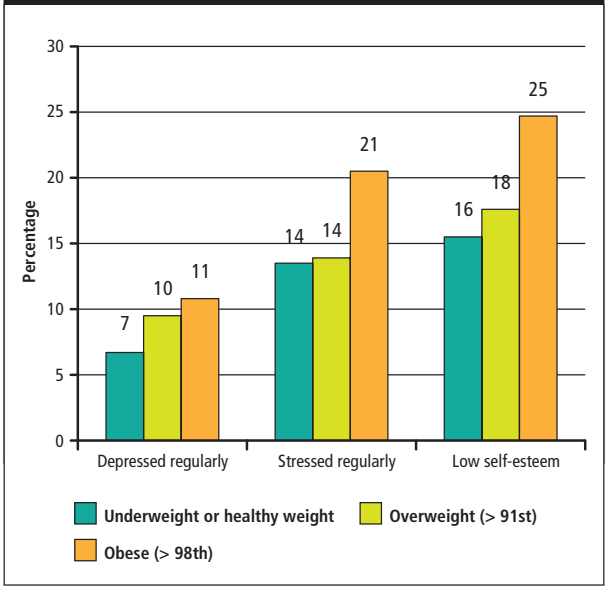
Figure 11.6 Reports of low self-esteem by perceived weight group



Self-esteem by weight perception

There was a strong association between a pupil's perception of their weight and their feelings of low self-esteem, as shown in Figure 11.6. The data suggest that girls were far more sensitive to their self-perceived body image than boys.

Figure 11.7 BMI group by mental wellbeing



Mental wellbeing and BMI

There was a clear relationship between increasing weight, as measured by BMI, and indicators of poor mental wellbeing, most notably in those who were classified as obese (Figure 11.7).

Local Neighbourhood Improvement Areas (LNIAs)

There was an increased prevalence of poor mental and emotional wellbeing in those pupils who came from areas designated as LNIAs (Figure 11.8).

Linking poor mental wellbeing

Feelings of regular stress, low self-esteem and depression were linked in a linear pattern (Tables 11.2a & b). As each of the issues increased, the others were likely to follow, creating a much larger problem for those suffering from all three states rather than only low self-esteem or occasional stress.

The effects of bullying on mental wellbeing are discussed in the chapter entitled Bullying.

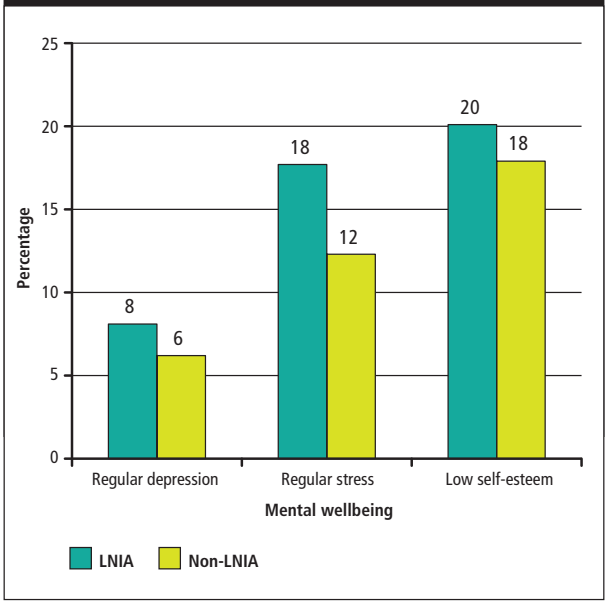
Table 11.2a Reported regularity of stress and depression

	Feelings of stress			
	Never/rarely	Occasionally	Regularly	Total
Feelings of depression	Percentage (%)			
Never/rarely	57.5	40.1	2.4	100.0
Occasionally	14.9	66.0	19.1	100.0
Regularly	2.7	26.4	70.9	100.0

Table 11.2b Reported self-esteem and regularity of depression

	Level of self-esteem			
	High	Average	Low	Total
Feelings of depression	Percentage (%)			
Never/rarely	30.2	64.2	5.5	100.0
Occasionally	10.2	65.2	24.6	100.0
Regularly	3.9	31.6	64.5	100.0

Figure 11.8 The mental wellbeing of pupils from LNIAs



Comments

1 The levels of mental wellbeing have remained consistent with those reported in the 2007 Lifestyle Survey and show that girls were as much as twice as likely as boys to report poor mental or emotional wellbeing.

2 Pupils from LNIAs were more likely to report negative emotional wellbeing. More urgently, girls from LNIAs appear to be at the highest risk of suffering from poor self-esteem or depression.

3 Although girls have reported higher levels of poor emotional wellbeing than boys, there is a possibility that the boys feel the same, but are not reporting it on the survey, or are not as emotionally aware that something is wrong.

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12 Attitudes and beliefs

As children grow older, their ability to understand abstract and multidimensional concepts increases[1]. This means that they no longer regard adults as the sole authority, but instead have to evaluate the weight of their own moral beliefs and social attitudes. This transitional phase is not always a smooth and quiet one.

Under the Anti-social Behaviour Act 2003[2], authorities were granted new powers to combat a growing sense of uneasiness regarding the lack of common respect and moral values amongst children in local communities. In response to this, a view polarised at the other extreme has arisen, which disagrees with the view that children are an enemy to be combated and instead refers to them as a misunderstood, under-represented body of the population[3].

To explore the views of young people in West Sussex, we asked the pupils a series of questions concerning, firstly, their moral judgements, and secondly, their attitudes to the education system. Using a four-point ordinal scale, pupils indicated how much they agreed or disagreed with statements in the following areas: lying, disobeying adults, stealing, physically hurting others, carrying weapons and on aspects of school life.

Little difference was found in the self reports of boys' and girls' moral beliefs and attitudes to school. Therefore, we did not control for sex in the subsequent analysis.

An overview of moral beliefs

Nearly all pupils believed carrying a weapon was wrong, but 5.1% of pupils thought otherwise (Figure 12.1). Over half (55.9%) of all pupils thought it was really wrong to physically hurt someone else, but 13.9% thought it was justifiable or perfectly fine. Most pupils thought it was wrong to lie to, or disobey, parents and teachers. More pupils thought it was wrong to disobey authority figures (82.8%) than to lie to them (74.6%).

There was a contrast in the views on stealing. The percentage of pupils who thought it was really wrong to steal something worth £50 (91.7%) dropped to only 57.0% when asked the same question about an item worth only £5. This indicates that the moral concept of stealing from someone was not as important as the value of the item being taken.

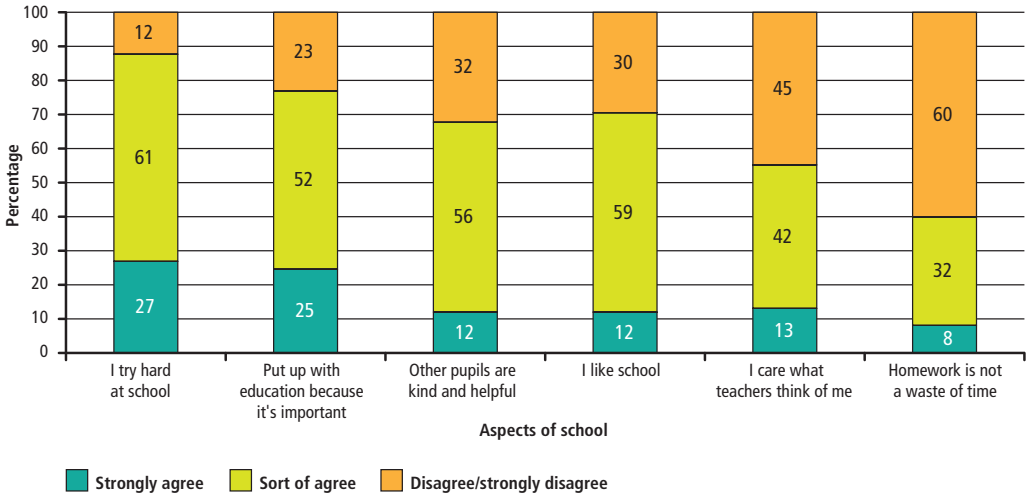
An overview of attitudes to school

Only a quarter of pupils reported they firmly believed that they try hard at school or that school is important enough to tolerate (Figure 12.2). Almost as many pupils

Figure 12.1 Beliefs of right and wrong by different select scenarios

> "I enjoy school but I feel I can put in more effort. Also I feel I should lose weight"

Figure 12.2 Attitudes towards different aspects of school



(23.1%) did not believe that education is important enough to 'put up with'. Nearly a third of all pupils did not like school (29.5%) or believe that other pupils were kind or helpful (32.3%). Nearly half of all pupils did not care how their teachers viewed them (44.8%) and over a half (60.1%) believed homework was a waste of time.

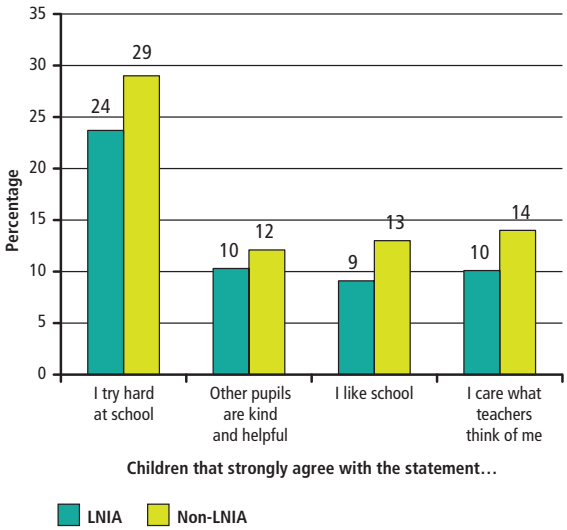
Geographical effects (LNIAs)

When comparing pupils from LNIAs with pupils from other areas, there was a marginal difference between the attitudes and moral values of the pupils and the quality of the areas in which they lived. A small relationship was observed between the level to which a pupil would lie to or disobey a parent or teacher and where they lived, with those from LNIAs generally more likely to believe it was completely wrong to do so (Table 12.1). Although these pupils were more likely to believe it was wrong to lie or disobey, they generally held more negative attitudes towards school life (Figure 12.3).

Table 12.1 Beliefs that it is 'totally wrong' to…

	Lie to a parent / teacher	Disobey a parent / teacher
	Percentage (%)	
LNIA	19.7	26.3
Non-LNIA	15.7	21.3

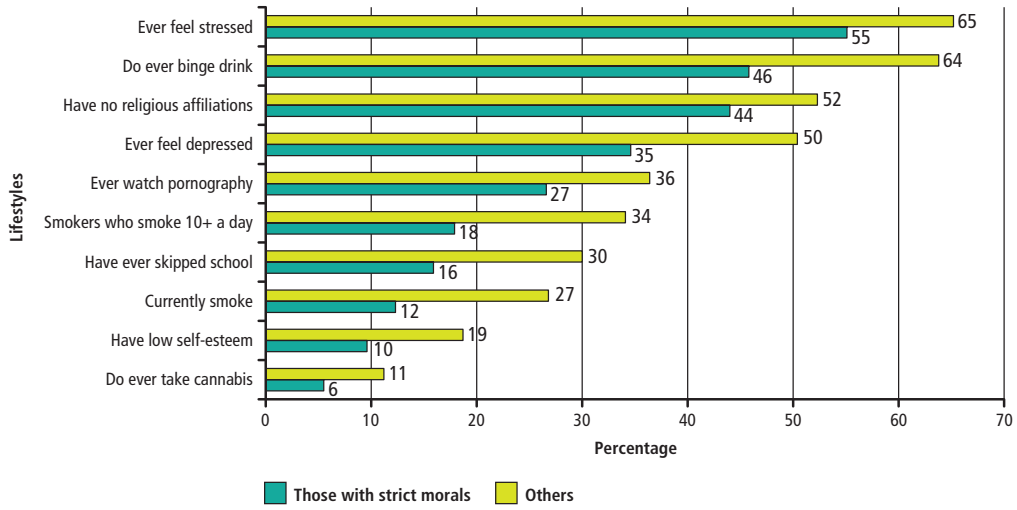
Figure 12.3 Attitudes to school by LNIA or Non-LNIA



The effects of established morality on high risk behaviour

To explore the effects of strict moral beliefs on choices pupils make, the answers were combined from three indicators which could be viewed as moral beliefs: lying, disobeying elders and stealing (even small items). Those pupils who stated they thought all three were clearly wrong (N = 286) were compared to the other pupils

Figure 12.4 Lifestyles of pupils by strictness of morality



to see if their behaviours or lifestyles differed. In this respect no difference was found between pupils from LNIAs and pupils from other areas, or in differing family structures.

The relationship shown in Figure 12.4 is clear. Pupils who reported that they have strict morals were up to half as likely to partake in the listed behaviours (drinking, cannabis use or skipping school) and were much less likely to feel depressed or stressed in their daily lives.

The effects of bullying and pupils' attitudes

Pupils with different experiences of bullying had different views and opinions. Pupils who had experience of being victims only were more than twice as likely as the bullies themselves to think it was really wrong to lie to or disobey parents or other adults. Victims of bullying were also more likely to think that stealing something worth less than £5 or worth £50 was really wrong. Those who had only been victims of bullying were the most likely to think it was really wrong to physically hurt someone (65%). In comparison, only 31% of pupils who had bullied others thought this was really wrong.

A pupil's attitude to school also varied with their experience of bullying. Pupils who had bullied others, regardless of whether or not they had been a victim of bullying, were more likely to strongly agree with 'homework is a waste of time' and 'I don't care what teachers think of me' than those who had not bullied others.

Comments

1. The morals and attitudes towards school of Year 10 pupils have remained consistent with the findings of the 2007 Lifestyle Survey and there was little observable difference between boys and girls.

2. Pupils from LNIAs were more likely to believe it was wrong to lie or disobey, but this coincided with having more negative attitudes towards the education system in which they were enrolled.

3. Those pupils who had stronger feelings regarding moral themes were less likely to be involved in high-risk behaviours or to have negative attitudes to school. They reported being less stressed and less depressed than other pupils.

4 Bullying in school had very strong connections with other anti-social behaviours, such as hurting others or stealing. Pupils who were bullies usually had a much less positive attitude to school life than other pupils.

References

1. *Laurence Steinberg, Ph.D. “Adolescence - Puberty, Cognitive transition, Emotional transition, Social transition”: Citing Erik Erickson. Available at: http://psychology.jrank.org/pages/14/Adolescence.html*

2. *Anti-social Behaviour Act 2003. Available online from: http://www.opsi.gov.uk/acts/acts2003/ukpga_20030038_en_1*

3. *Young people’s political participation - results from a 1996 MORI Omnibus survey. Available at: http://www.radstats.org.uk/no070/article3.htm*

Appendix 1 Percentage

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Ethnicity											
White British	90	90	90	93	95	77	91	93	89	87	92
White Irish	1	1	1	1	1	1	1	0	1	1	1
White Other	1	3	1	2	2	1	3	1	2	2	2
Black African	1	1	1	0	1	2	1	1	1	1	1
Black Caribbean	1	0	0	0	1	1	0	0	1	1	0
Black Other	0	0	0	0	0	0	0	0	0	0	0
Indian	1	1	1	0	0	11	0	1	1	3	1
Bangladeshi	1	0	0	0	0	1	0	0	1	1	0
Pakistani	0	0	0	0	0	2	0	0	1	1	0
Chinese	1	1	1	0	1	0	0	2	0	1	1
Other Asian	1	1	1	0	0	0	1	0	1	1	1
Mixed	2	3	4	2	1	5	2	3	2	3	2
Other	1	1	1	1	0	1	0	0	1	1	1
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Religion											
Church of England	30	35	29	31	41	46	37	35	25	24	35
Roman Catholic	5	5	6	4	2	8	3	5	6	5	5
Other Christian	5	7	4	6	5	8	8	5	5	5	6
Islam	2	1	1	1	1	3	0	1	2	2	1
Buddhism	1	1	1	1	0	0	0	1	1	1	1
Hinduism	1	1	1	0	1	10	0	0	0	2	1
Judaism	0	0	0	0	1	0	0	1	0	0	0
Sikhism	0	0	0	0	1	2	0	0	0	1	0
Other	3	1	1	2	1	1	2	1	3	2	2
None	54	49	58	55	49	23	50	52	58	59	50
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Smoking											
Never	73	66	70	69	78	85	72	74	68	67	73
Stopped	13	17	6	8	6	2	7	5	9	8	7
Occasionally	6	8	16	13	14	9	15	14	11	13	13
Regularly	8	10	8	11	2	4	6	7	12	13	7
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Parental smoking											
Yes	34	35	40	42	33	24	27	28	40	47	31
No	66	65	60	58	68	76	73	72	60	53	69
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Alcohol											
Never/rarely	36	34	33	31	33	47	35	40	40	37	37
Occasionally	53	56	57	60	57	47	57	52	53	56	55
Regularly	11	10	10	9	10	6	8	8	8	7	9
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Binge drinking											
Never	59	53	60	53	57	68	56	61	59	61	57
Occasionally	31	36	33	36	34	27	33	30	33	32	33
Regularly	11	11	7	11	9	6	11	9	9	7	10
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Ever used cannabis											
No	80	84	83	79	92	91	86	88	85	82	86
Yes	20	17	17	21	8	10	14	12	15	18	14
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Current cannabis											
Stopped	7	6	9	7	3	1	6	3	6	7	5
Current	12	10	7	12	4	7	8	8	9	11	8
Never	81	85	84	81	93	92	86	88	85	83	87
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Harm of cannabis											
Not harmful	8	4	7	6	8	2	3	4	5	5	4
Slightly harmful	48	43	43	49	47	41	46	42	42	41	45
Extremely harmful	44	53	50	46	46	57	52	54	54	54	50
Total	**100**	**100**	**100**	**100**	**100**	**100**	**101**	**100**	**100**	**100**	**100**
Vegetarian											
Yes	2	8	6	6	3	9	6	4	5	7	5
No	98	92	94	94	97	91	94	96	96	93	95
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Meal as a family											
Most days	71	67	71	68	74	70	73	70	70	70	71
Twice a week or so	21	21	20	22	18	18	19	21	17	19	20
Less than weekly	8	12	9	11	8	12	8	9	13	11	10
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Usually eat breakfast											
Yes	76	66	66	70	75	78	73	74	70	66	73
No	24	34	34	30	25	22	27	26	30	34	27
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Portions of fruit & veg per day											
0	3	2	2	7	0	4	1	2	3	5	2
1	13	10	15	11	7	11	7	11	13	14	10
2	17	16	18	19	16	12	15	16	18	20	16
3	29	28	29	32	23	28	28	30	27	27	29
4	21	23	18	20	28	23	26	20	19	14	23
5	10	14	14	8	16	15	14	14	13	12	13
6 or more	7	7	5	5	10	8	9	8	7	8	7
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Usually eat breakfast											
Yes	76	66	66	70	75	78	73	74	70	66	73
No	24	34	34	30	25	22	27	26	30	34	27
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
How active are you?											
Very	44	21	29	28	41	39	26	34	30	26	32
Moderately	46	60	59	58	46	46	53	53	57	59	53
Not active	10	20	12	14	14	15	22	13	13	15	15
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Physical exercise for 30 mins, number of days in a week											
None	3	5	2	7	3	6	2	2	3	6	3
1 day	6	11	13	9	6	8	12	11	7	11	9
2 days	11	22	13	15	13	14	23	16	18	16	17
3 days	18	24	20	23	20	18	21	21	22	20	21
4 days	21	18	24	17	16	20	18	18	22	18	20
5 or more days	41	19	28	29	43	35	23	33	28	29	30
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Weight perception											
Underweight	12	4	9	9	11	10	4	8	7	8	8
Normal	67	66	66	66	61	73	66	72	68	64	68
Slightly overweight	16	24	18	18	22	12	23	17	20	20	19
Moderately overweight	4	4	5	4	4	4	5	3	4	6	4
Very overweight	1	2	2	3	2	1	2	2	1	3	2
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
TV in bedroom											
Yes	81	67	81	86	68	67	64	69	77	84	72
No	19	33	19	14	32	33	36	31	23	16	29
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Own computer or laptop											
Yes	68	70	72	73	64	72	73	68	64	71	68
No	32	31	28	27	36	28	27	32	37	29	32
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Access online pornography											
Never	32	95	72	62	52	70	76	67	71	71	67
Occasionally	41	3	18	23	30	21	17	21	19	17	21
Regularly	27	2	10	15	18	9	8	12	10	13	11
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Home time during the week											
Before 9	49	58	57	51	56	57	58	53	58	58	55
Before 10	35	31	36	36	31	33	33	34	30	30	34
Before 11	12	9	6	10	11	7	7	11	9	10	9
Later than 11	4	2	1	3	2	2	2	2	2	3	2
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Home time at weekends											
Before 9	13	15	14	14	12	20	13	15	17	19	14
Before 10	25	25	26	25	24	24	29	19	29	26	26
Before 11	32	37	31	31	35	39	38	38	34	31	36
Later than 11	31	23	30	30	30	18	19	28	21	25	25
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**99**	**100**	**100**	**100**
Feel depressed											
Never	60	43	53	49	56	56	50	56	50	46	53
Occasionally	35	48	39	43	40	38	42	40	44	46	40
Regularly	6	10	8	8	4	6	9	4	7	8	6
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Feel stressed											
Never	47	25	38	37	42	37	33	43	29	30	38
Occasionally	44	55	51	51	50	49	52	45	54	53	50
Regularly	9	20	11	12	7	14	15	12	17	18	12
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Your self-esteem											
High	30	10	16	18	28	23	15	23	16	14	20
Average	60	64	65	63	56	59	63	62	66	66	62
Low	10	25	18	19	15	18	22	16	18	20	18
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Regularly visit a counsellor											
Yes	3	7	4	7	3	4	6	3	3	7	4
No	97	94	96	93	97	96	94	97	97	93	96
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Victim of bullying in past year											
Yes	19	18	18	25	23	16	17	13	21	25	18
No	81	82	82	75	77	84	83	87	79	75	82
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Types of bullying occurring											
Physical	14	6	12	11	13	5	13	12	7	7	12
Verbal	80	82	72	79	82	95	76	85	88	85	81
Cyber	2	8	8	4	0	0	6	2	4	4	4
Other	4	4	8	6	4	0	5	0	1	3	4
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Bullied others in past year											
Yes	18	9	13	14	17	7	8	10	14	15	12
No	83	92	87	86	83	93	92	90	86	85	88
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Played truant in past year											
Yes	29	29	30	34	31	28	25	28	23	31	27
No	71	71	70	67	69	72	75	72	77	69	73
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
Homework is a waste of time											
Strongly agree	39	26	25	34	30	22	29	29	28	32	28
Agree	25	30	30	30	26	29	28	26	30	29	28
Disagree	27	37	37	28	35	38	36	38	34	30	35
Strongly disagree	9	7	8	8	9	12	7	8	9	9	8
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
I try hard at school											
Strongly agree	25	29	28	25	22	29	32	32	26	24	29
Agree	61	61	65	64	66	62	58	61	61	63	61
Disagree	12	9	6	8	10	9	9	6	11	11	8
Strongly disagree	3	1	1	3	2	1	1	1	2	3	1
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**
I like school											
Strongly agree	12	12	13	9	11	24	12	12	11	9	13
Agree	58	59	62	58	61	55	59	59	62	57	61
Disagree	22	20	20	23	22	17	20	20	19	23	19
Strongly disagree	9	9	6	11	6	4	9	9	8	11	7
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Appendix 2 Number

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Ethnicity											
White British	1,502	1,532	129	384	182	96	352	328	456	369	1,558
White Irish	13	10	1	2	1	1	3	1	3	3	9
White Other	18	51	2	8	3	1	13	3	9	8	31
Black African	17	8	1	1	2	2	4	2	4	5	11
Black Caribbean	8	4	0	1	1	1	0`	0	3	3	3
Black Other	3	1	0	0	0	0	0	0	1	0	1
Indian	13	15	1	0	0	14	1	2	4	11	11
Bangladeshi	9	3	0	1	0	1	0	1	4	3	4
Pakistani	5	4	0	0	0	2	0	0	3	2	3
Chinese	10	17	1	1	1	0	1	6	2	3	9
Other Asian	13	9	1	0	0	0	3	0	7	3	8
Mixed	37	43	6	9	2	6	8	10	11	11	41
Other	19	11	1	5	0	1	1	1	3	4	8
Total	**1,667**	**1,708**	**143**	**412**	**192**	**125**	**386**	**354**	**510**	**425**	**1,697**
Religion											
Church of England	492	592	41	129	78	57	142	123	127	100	597
Roman Catholic	81	85	8	17	4	10	13	18	28	22	76
Other Christian	81	116	6	25	9	10	30	16	24	20	100
Islam	28	13	1	3	1	4	0	3	12	8	16
Buddhism	17	10	1	4	0	0	1	2	3	2	9
Hinduism	11	15	2	0	1	12	1	1	1	8	10
Judaism	3	6	0	1	1	0	1	2	0	1	4
Sikhism	4	4	0	0	1	2	1	0	2	2	4
Other	50	20	1	8	2	1	7	5	16	9	31
None	897	835	83	224	94	29	192	181	297	251	849
Total	**1,664**	**1,696**	**143**	**411**	**191**	**125**	**388**	**351**	**510**	**423**	**1,696**
Smoking											
Never	1,224	1,119	100	287	148	108	283	261	344	284	1,247
Stopped	103	129	9	31	12	3	26	19	45	32	223
Occasionally	216	287	22	54	27	11	60	49	55	55	113
Regularly	131	173	11	44	3	5	23	24	62	54	118
Total	**1,674**	**1,708**	**142**	**416**	**190**	**127**	**392**	**353**	**506**	**425**	**1,701**
Parental smoking											
Yes	548	590	52	167	62	29	104	96	199	194	515
No	1,079	1,075	78	231	129	91	282	249	298	222	1,136
Total	**1,627**	**1,665**	**130**	**398**	**191**	**120**	**386**	**345**	**497**	**416**	**1,651**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Alcohol											
Never/rarely	601	591	47	130	64	59	136	142	203	157	624
Occasionally	901	964	81	250	111	59	22	184	267	237	937
Regularly	184	167	14	38	19	7	33	30	39	31	149
Total	**1,686**	**1,722**	**142**	**418**	**194**	**125**	**191**	**356**	**509**	**425**	**1,710**
Binge drinking											
Never	999	920	86	225	111	86	221	218	300	264	983
Occasionally	522	617	48	153	65	34	129	109	169	136	571
Regularly	182	196	10	46	18	7	43	31	44	30	169
Total	**1,703**	**1,733**	**144**	**424**	**194**	**127**	**393**	**358**	**513**	**430**	**1,723**
Ever used cannabis											
No	1,337	1,436	119	330	177	114	336	310	432	347	1,471
Yes	342	284	24	87	16	12	55	44	77	78	237
Total	**1,679**	**1,720**	**143**	**417**	**193**	**126**	**391**	**354**	**509**	**425**	**1,708**
Current cannabis											
Stopped	126	98	13	31	6	1	23	12	29	30	85
Current	202	168	10	51	8	9	33	30	47	45	143
Never	1,375	1,467	121	342	180	117	337	316	437	355	1,495
Total	**1,703**	**1,733**	**144**	**424**	**194**	**127**	**393**	**358**	**513**	**430**	**1,723**
Harm of cannabis											
Not harmful	130	69	9	23	14	2	10	12	23	22	71
Slightly harmful	773	712	59	197	86	49	176	146	206	168	751
Extremely harmful	720	885	69	185	85	68	198	187	263	220	835
Total	**1,623**	**1,666**	**137**	**405**	**185**	**119**	**384**	**345**	**492**	**410**	**1,657**
Vegetarian											
Yes	36	143	9	24	6	11	25	14	23	28	84
No	1,655	1,584	134	395	186	115	366	344	489	399	1,630
Total	**1,691**	**1,727**	**143**	**419**	**192**	**126**	**391**	**358**	**512**	**427**	**1,714**
Meal as a family											
Most days	1,191	1,164	101	282	144	89	285	252	358	297	1,214
Twice a week or so	360	358	28	91	35	23	75	75	89	82	334
Less than weekly	136	204	13	45	15	15	31	31	64	47	167
Total	**1,687**	**1,726**	**142**	**418**	**194**	**127**	**391**	**358**	**511**	**426**	**1,715**
Usually eat breakfast											
Yes	1,287	1,131	94	290	145	99	287	264	355	279	1,255
No	397	591	49	125	49	28	105	94	155	146	459
Total	**1,684**	**1,722**	**143**	**415**	**194**	**127**	**392**	**358**	**510**	**425**	**1,714**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Portions of fruit & veg per day											
0	49	41	3	27	0	5	5	6	14	20	40
1	218	174	21	43	13	14	29	38	66	60	164
2	285	274	25	76	31	15	58	57	91	85	268
3	478	473	41	128	44	35	109	104	138	113	486
4	341	393	25	79	52	29	100	70	96	59	392
5	169	236	20	31	31	19	56	49	65	51	220
6 or more	122	110	7	22	18	10	34	28	37	32	124
Total	**1,662**	**1,701**	**142**	**406**	**189**	**127**	**391**	**352**	**507**	**420**	**1,694**
Usually eat breakfast											
Yes	1,287	1,131	94	290	145	99	287	264	355	279	1,255
No	397	591	49	125	49	28	105	94	155	146	459
Total	**1,684**	**1,722**	**143**	**415**	**194**	**127**	**392**	**358**	**510**	**425**	**1,714**
How active are you?											
Very	742	354	41	117	79	49	100	121	154	111	550
Moderately	781	1,029	85	243	88	58	206	188	293	253	908
Not active	160	341	17	58	26	19	84	46	65	65	250
Total	**1,683**	**1,724**	**143**	**418**	**193**	**126**	**390**	**355**	**512**	**429**	**1,708**
Physical exercise for 30 mins, number of days in a week											
None	52	81	3	29	5	7	9	6	16	25	50
1 day	105	194	18	39	11	10	47	37	33	47	148
2 days	188	381	19	63	24	18	89	58	91	69	293
3 days	301	413	28	94	37	22	81	75	113	86	364
4 days	349	311	34	72	31	25	71	62	113	77	331
5 or more days	683	331	40	120	82	44	90	115	143	121	513
Total	**1,678**	**1,711**	**142**	**417**	**190**	**126**	**387**	**353**	**509**	**425**	**1,699**
Weight perception											
Underweight	192	67	12	37	21	13	17	27	35	32	130
Normal	1,115	1,104	91	271	115	92	251	255	340	264	1,151
Slightly overweight	265	398	25	73	42	15	89	59	101	83	321
Moderately overweight	71	73	7	17	8	5	19	9	20	23	62
Very overweight	24	41	3	14	3	1	7	6	6	14	26
Total	**1,667**	**1,683**	**138**	**412**	**189**	**126**	**383**	**356**	**502**	**416**	**1,690**
TV in bedroom											
Yes	1,342	1,160	115	357	132	85	248	242	391	356	1,214
No	322	564	27	59	61	42	138	108	118	70	483
Total	**1,664**	**1,724**	**142**	**416**	**193**	**127**	**386**	**350**	**509**	**426**	**1,697**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Own computer or laptop											
Yes	1,136	1,197	102	304	123	92	281	236	322	300	1,160
No	526	525	40	112	70	35	106	113	185	124	537
Total	**1,662**	**1,722**	**142**	**416**	**193**	**127**	**387**	**349**	**507**	**424**	**1,697**
Access online pornography											
Never	526	1,620	103	256	99	86	292	232	357	294	1,131
Occasionally	666	55	26	93	57	26	65	71	93	71	360
Regularly	438	27	14	61	33	11	29	41	51	52	188
Total	**1,630**	**1,702**	**143**	**410**	**189**	**123**	**386**	**344**	**501**	**417**	**1,679**
Home time during the week											
Before 9	800	986	80	207	104	70	222	184	291	239	919
Before 10	572	532	50	144	58	41	128	118	149	123	565
Before 11	196	145	9	42	21	9	26	40	46	40	153
Later than 11	62	36	2	13	4	3	9	8	12	14	37
Total	**1,630**	**1,699**	**141**	**406**	**187**	**123**	**385**	**350**	**498**	**416**	**1,674**
Home time at weekends											
Before 9	209	249	19	55	21	24	50	52	82	78	225
Before 10	393	418	37	101	43	29	113	68	140	107	424
Before 11	508	621	43	125	64	48	148	129	165	128	594
Later than 11	493	386	42	121	54	22	75	95	104	102	411
Total	**1,603**	**1,674**	**141**	**402**	**182**	**123**	**386**	**344**	**491**	**415**	**1,654**
Feel depressed											
Never	993	730	76	201	107	70	194	197	255	192	908
Occasionally	583	819	56	176	77	48	163	142	222	196	688
Regularly	93	165	11	33	8	8	33	14	33	34	106
Total	**1,669**	**1,714**	**143**	**410**	**192**	**126**	**390**	**353**	**510**	**422**	**1,702**
Feel stressed											
Never	776	427	54	153	81	47	128	151	149	125	638
Occasionally	738	948	72	207	96	62	204	159	274	220	854
Regularly	153	340	16	49	14	18	58	43	86	74	210
Total	**1,667**	**1,715**	**142**	**409**	**191**	**127**	**390**	**353**	**509**	**419**	**1,702**
Your self-esteem											
High	494	176	23	72	53	29	59	79	83	58	340
Average	990	1,095	92	257	106	75	242	215	335	275	1,047
Low	170	433	92	257	106	75	242	215	335	84	302
Total	**1,654**	**1,704**	**207**	**586**	**265**	**179**	**543**	**509**	**753**	**417**	**1,689**
Regularly visit a counsellor											
Yes	44	112	6	27	6	5	24	12	17	30	67
No	1,621	1,599	136	384	186	122	364	340	491	391	1,632
Total	**1,665**	**1,711**	**142**	**411**	**192**	**127**	**388**	**352**	**508**	**421**	**1,699**

	Sex		Local Authority Area							LNIA	
	M	F	Adur	Arun	Chi	Crw	Hor	Mid	Wor	Yes	No
Victim of bullying in past year											
Yes	323	311	25	101	44	20	67	47	108	106	306
No	1,344	1,403	116	309	147	107	323	305	402	316	1,393
Total	**1,667**	**1,714**	**141**	**410**	**191**	**127**	**390**	**352**	**510**	**422**	**1,699**
Types of bullying occurring											
Physical	44	17	3	10	6	1	8	5	7	7	33
Verbal	244	228	18	72	37	18	48	35	85	82	231
Cyber	6	22	2	4	0	0	4	1	4	4	11
Other	11	12	2	5	2	0	3	0	1	3	10
Total	**305**	**279**	**25**	**91**	**45**	**19**	**63**	**41**	**97**	**96**	**285**
Bullied others in past year											
Yes	286	143	18	56	32	9	32	36	71	61	193
No	1,346	1,549	119	347	157	116	351	315	424	355	1,474
Total	**1,632**	**1,692**	**137**	**403**	**189**	**125**	**383**	**351**	**495**	**416**	**1,667**
Played truant in past year											
Yes	474	490	42	137	59	36	95	96	113	129	449
No	1,170	1,208	98	272	131	91	287	251	388	289	1,229
Total	**1,644**	**1,698**	**140**	**409**	**190**	**127**	**382**	**347**	**501**	**418**	**1,678**
Homework is a waste of time											
Strongly agree	634	442	35	141	57	27	113	100	140	134	479
Agree	416	513	43	122	49	36	106	91	149	120	476
Disagree	444	622	53	114	66	47	139	130	171	125	595
Strongly disagree	148	122	11	33	16	15	28	26	44	39	134
Total	**1,642**	**1,699**	**142**	**410**	**188**	**125**	**386**	**347**	**504**	**418**	**1,684**
I try hard at school											
Strongly agree	401	500	39	103	41	36	123	111	133	99	487
Agree	997	1,033	91	262	122	77	223	212	308	262	1,033
Disagree	193	151	9	34	19	11	35	21	56	46	139
Strongly disagree	44	23	2	11	3	1	4	5	8	11	23
Total	**1,635**	**1,707**	**141**	**410**	**185**	**125**	**385**	**349**	**505**	**418**	**1,682**
I like school											
Strongly agree	193	211	18	37	20	31	48	50	53	38	219
Agree	953	1,009	88	237	116	70	229	222	313	239	1,036
Disagree	356	340	29	92	41	21	77	58	97	96	319
Strongly disagree	148	145	8	43	12	5	33	19	41	46	115
Total	**1,650**	**1,705**	**143**	**409**	**189**	**127**	**387**	**349**	**504**	**419**	**1,689**

Appendix 3 Questionnaire

The West Sussex Lifestyle Survey of Young People

14-15 year olds (Year 10)

This survey is about your lifestyle and how it might affect your health. The information collected will be used to help young people lead healthier lifestyles.

The answers you give will be confidential and will not be seen by anyone outside the research team, so your parents and teachers will not know how you have answered.

Completing the questionnaire is voluntary. If you do not wish to answer any particular question, just leave it blank. Please read every question carefully, and answer **honestly**.

Personal Details

1. How old are you? ☐☐ Years

2. Are you? Male ☐ or Female ☐

3. What is your postcode? ☐☐☐☐☐☐☐

4. What is your height (without your shoes) in either feet and inches or centimetres?

feet ☐ **inches** ☐☐ **OR** **centimetres** ☐☐☐

5. Your weight in stone and pounds or kilograms?

stones ☐☐ **pounds** ☐☐ **OR** **kgs** ☐☐☐

6. What is your ethnic group?

White British	☐	Black African	☐
White Irish	☐	Black Caribbean	☐
White Other	☐	Other Black background	☐
Indian	☐	Mixed	☐
Bangladeshi	☐	Chinese	☐
Pakistani	☐	Other ethnic group	☐
Other Asian background	☐		

7. What is your religion?

Church of England	☐	Hinduism	☐
Roman Catholic	☐	Judaism	☐
Other Christian	☐	Sikhism	☐
Buddhism	☐	Other	☐
Islam	☐	None	☐

8. Apart from special occasions such as weddings, funerals and baptisms, how often do you attend services or meetings connected with your religion?

Never or practically never	☐
Once or twice a year	☐
Once a month	☐
Once a week or more	☐

YOUR HOME LIFE

9. Which sentence best describes your family?

Live with natural mother and father ☐ Live with relatives/guardian ☐

Live with one parent (mum or dad) ☐ Live in foster care ☐

Live with natural mother/father and partner ☐ Live in care home ☐

Live with natural mother/father and stepmother/stepfather ☐ Other ☐

10. Look at these statements and mark whether you agree or disagree by putting a number in the box using the code below:

Agree = 1 Mostly agree = 2 Mostly disagree = 3 Disagree = 4

a. I find it easy to talk to my parents when I need to ☐

b. My parents are strict ☐

c. I spend enough time with my parents ☐

11. How many cars does your household have?

None ☐ One ☐ Two or more ☐

12. Which of these best describes your home?

Detached (stands alone) ☐ Flat ☐

Semi detached (shares a wall on one side) ☐ Bed-sit ☐

Terraced (part of a row of houses) ☐ Other ☐

13. How would you rate the safety of the area where you live?

After dark?	Good ☐	Average ☐	Bad ☐
In the day?	Good ☐	Average ☐	Bad ☐

14. Over the last 12 months, would you say your health has been:

Good ☐ Fairly good ☐ Not good ☐

DIET AND EXERCISE

15. Are you a vegetarian?

Yes ☐ No ☐

16. On an average day, how many portions of fruit and vegetables do you eat?

One portion = 1 apple/ a handful of grapes/ 3 tablespoons of peas/ small glass of juice

0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐

17. On average, how often do you eat a meal together as a family?

Most days ☐ Once or twice a week ☐ Less than once a week ☐

18. Do you consider, in general, that you eat a healthy diet? Yes ☐ No ☐

19. Do you usually <u>eat</u> breakfast? Yes ☐ No ☐

The answers to these questions are confidential 2

20. In an average week, on how many days do you take part in physical activity for 30 minutes or more so that you are out of breath?

None ☐ 1 day ☐ 2 days ☐
3 days ☐ 4 days ☐ 5 days or more ☐

21. How active do you consider yourself to be?

Very active ☐ Moderately active ☐ Not that active ☐

22. At the present time, do you consider yourself to be:

Underweight ☐ Normal weight ☐ Slightly overweight ☐
Moderately overweight ☐ Very overweight ☐

SMOKING (CIGARETTES AND TOBACCO)

23. Which sentence best describes you?

I have never smoked ☐ **⇒ Go to Question 26**
I smoke occasionally ☐
I used to smoke and have now given up ☐
I smoke regularly ☐

24. If you have smoked, at what age did you smoke your first cigarette?

☐☐ **years old**

25. If you do smoke, about how many cigarettes a day do you smoke?

☐☐ **cigarettes per day**

26. Do either of your parents/guardians smoke? Yes ☐ No ☐

ALCOHOL

27. Which statement best describes your experience with alcohol?

I never or rarely drink alcohol ☐ **⇒ Go to Question 33**
I occasionally drink alcohol ☐
I regularly drink alcohol ☐

28. In an average week on how many days do you drink?

1 day a week or less ☐ 2-3 days a week ☐ 4 or more days a week ☐

29. How often do you drink with the intention of getting drunk?

Never ☐ Occasionally ☐ Regularly ☐

30. What alcohol do you mainly drink? Tick <u>one</u>

Spirits e.g. whisky, vodka ☐ Beer/lager/bitter ☐ Cider ☐
Alcopops (e.g. Bacardi Breezer) ☐ Wine ☐ Other ☐

The answers to these questions are confidential 3

31. How often have you had the following effects from drinking alcohol?

	Never	Occasionally	Regularly
Headache	☐	☐	☐
Memory Loss	☐	☐	☐
Vomiting	☐	☐	☐
Falling over	☐	☐	☐
Injury resulting in attending Hospital	☐	☐	☐

32. Where do you drink alcohol? Tick <u>all</u> that apply

Pub ☐ Restaurant ☐ Club ☐ Your house ☐
A Friend's house ☐ A Relative's house ☐ Outside (e.g. park) ☐ Other ☐

<u>DRUGS</u>

33. Have you ever used cannabis?

No ☐ ⇒ **Go to Question 37**
Yes ☐

34. If yes, how many times have you used cannabis?

Once or twice ☐
3-5 times ☐
More than 5 times ☐

35. Which statement describes your current experience with cannabis?

I used to take cannabis, but have now stopped ☐
I occasionally take cannabis ☐
I regularly take cannabis ☐

36. How old were you when you first tried cannabis?

☐☐ **years old**

37. Do you think smoking cannabis is:

Not harmful ☐ Slightly harmful ☐ Extremely harmful ☐

38. Which statement describes your current experience with ecstasy?

I have never used ecstasy ☐
I used to use ecstasy, but have now stopped ☐
I occasionally use ecstasy ☐
I regularly use ecstasy ☐

39. Which statement describes your current experience with solvents (e.g. glue)?

I have never used solvents ☐
I used to use solvents, but have now stopped ☐
I occasionally use solvents ☐
I regularly use solvents ☐

The answers to these questions are confidential 4

40. During your lifetime have you ever used these drugs?

Drug	Never	Occasionally	Regularly
LSD			
Ketamine			
Magic Mushrooms			
Cocaine			
Heroin			
Crack			

LEISURE TIME

41. On an average day, how much time do you spend watching TV?

On a school day? Hours ☐ minutes ☐☐

On a weekend day? Hours ☐ minutes ☐☐

42. On an average day, how much time do you spend playing computer games?

On a school day? Hours ☐ minutes ☐☐

On a weekend day? Hours ☐ minutes ☐☐

43. On an average day, how much time do you spend on the internet?

On a school day? Hours ☐ minutes ☐☐

On a weekend day? Hours ☐ minutes ☐☐

44. Do you regularly use a social networking site? e.g. MySpace/Facebook/Bebo etc.

Yes ☐ No ☐

45. Do you regularly use an instant messaging tool? e.g. Windows Live Messenger (MSN)/ Yahoo! Messenger/AOL etc.

Yes ☐ No ☐

46. How frequently do you access the following on the internet?

	Never	Occasionally	Regularly
Games	☐	☐	☐
Chat rooms (e.g. Yahoo! Chat)	☐	☐	☐
Educational	☐	☐	☐
Gambling	☐	☐	☐
E-mails	☐	☐	☐
Pornography	☐	☐	☐
Online shopping	☐	☐	☐
Hobbies/general interest	☐	☐	☐

47. Do you have a television in your bedroom? Yes ☐ No ☐

48. Do you have your own computer or laptop? Yes ☐ No ☐

49. Do you have a mobile phone? Yes ☐ No ☐

The answers to these questions are confidential

50. What time do you usually have to be home?

	On a school night	On a weekend night
Before 9pm	☐	☐
Before 10pm	☐	☐
Before 11pm	☐	☐
Later than 11pm	☐	☐

YOUR MOOD

51. Which statement best describes your mood?

I never or hardly ever feel depressed ☐
I occasionally feel depressed ☐
I regularly feel depressed ☐

52. How often do you suffer with stress e.g. feeling that you cannot cope?

I never or hardly ever feel stressed ☐
I occasionally feel stressed ☐
I regularly feel stressed ☐

53. Do you regularly visit a counsellor (including a school counsellor)?

Yes ☐ No ☐

54. How would you describe your self-esteem i.e. how you feel about yourself?

High ☐ Average ☐ Low ☐

55. Over the past year, have you been bullied at school?

Yes ☐
No ☐ ⇒ **Go to question 59**

56. If yes, how often have you been bullied in the past year?

About once a month ☐ About once a week ☐ About every day ☐

57. If yes, where has the bullying mainly taken place? Tick one

At school ☐ On the way to/ from school ☐
Near my home ☐ Other ☐

58. If yes, how would you describe the <u>main</u> form of this bullying? Tick one

Physical ☐ Verbal ☐ Cyber (e.g. text or internet) ☐ Other ☐

59. Over the past year, have you ever bullied anyone at school?

Yes ☐ No ☐

60. Over the past year, have you ever played truant or 'bunked off' from school?

Yes ☐ No ☐

The answers to these questions are confidential 6

VIEWS, OPINIONS AND PERCEPTIONS

Please read the questions and put a number in the box using the code below:

It's really wrong = 1 It's sort of wrong = 2 It's sort of OK = 3 It's perfectly OK = 4

How wrong do you think it is for someone your age to...

61. Lie to parents, teachers or other adults ☐

62. Disobey parents, teachers or other adults ☐

63. Steal something worth less than 5 pounds ☐

64. Steal something worth 50 pounds ☐

65. Hit someone with the idea of hurting that person ☐

66. Carry a weapon e.g. a knife ☐

Look at these statements and mark whether you agree or disagree by putting a number in the box using the code below:

Strongly Agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4

67. I try hard in school ☐

68. In general I find people my age kind and helpful ☐

69. Homework is a waste of time ☐

70. In general I like school ☐

71. I don't care what teachers think of me ☐

72. It is worth putting up with things I don't like because education is so important ☐

Any Other Comments

Thank you for taking the time to complete this questionnaire!

The answers to these questions are confidential